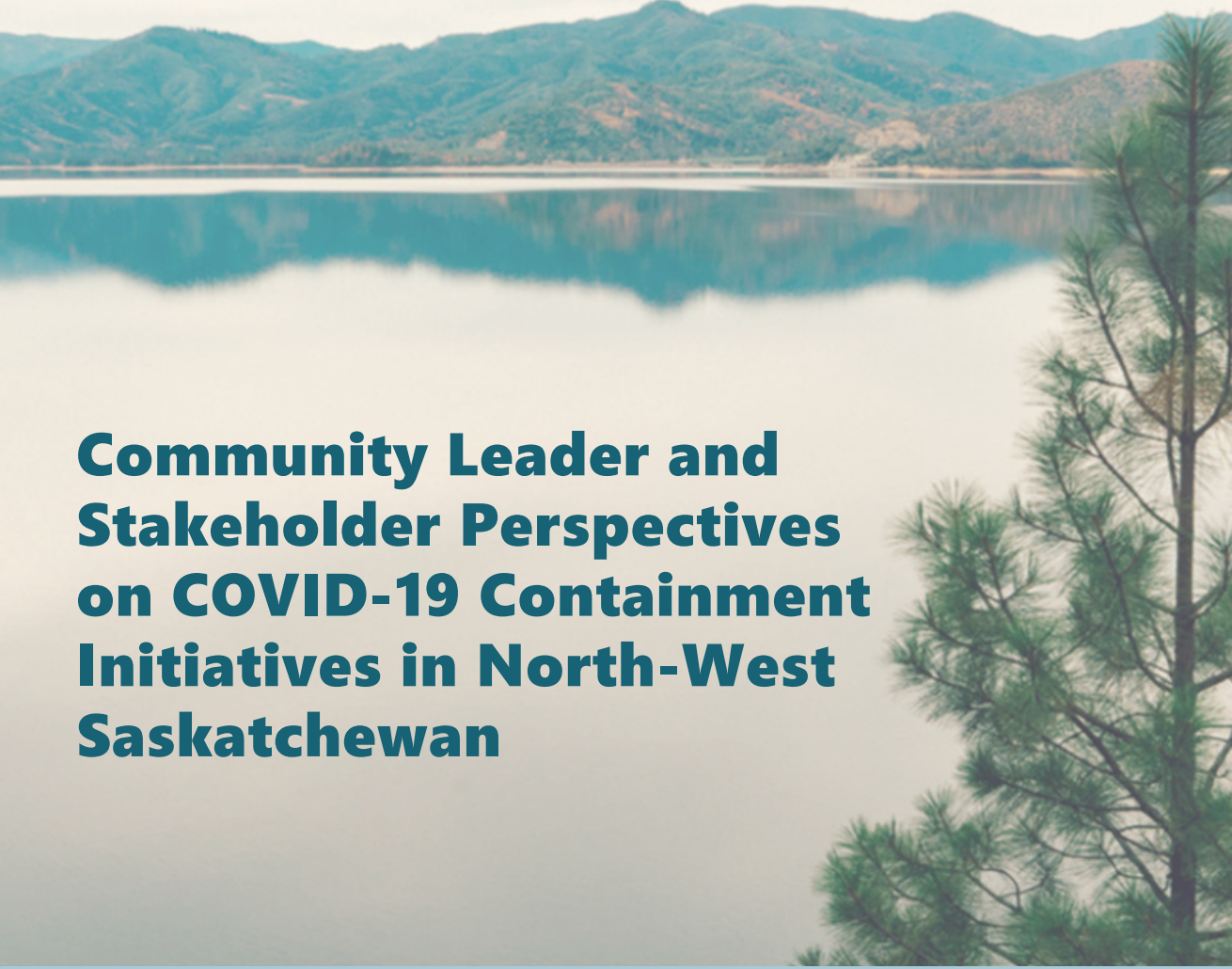




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RESEARCH REPORT

A scenic landscape photograph showing a calm body of water reflecting the surrounding green mountains under a clear sky. A pine tree is visible in the foreground on the right side.

Community Leader and Stakeholder Perspectives on COVID-19 Containment Initiatives in North-West Saskatchewan

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We would like
to thank the
community
leaders
and community
members who
shared their stories



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EXECUTIVE SUMMARY

In the spring of 2020, the first significant COVID-19 outbreak in Saskatchewan occurred in north-western Indigenous communities. Amid challenging conditions, the outbreak was contained within weeks of the first case. To understand the experiences and perceptions of the outbreak response, Dr. Groot, Dr. Carr, and researchers at University of Saskatchewan (USask), conducted key informant interviews with community members and organizational officials. A final Knowledge Translation (KT) event was held in May 2022 with community leaders, public health professionals, and policy makers. Draft recommendations for future public health emergency preparedness were distributed to stakeholders for input and summarized in this final report.

This report outlines the challenges and successes to containing the COVID-19 outbreak in the communities of La Loche and Clearwater River Dene Nation. Overall, the response was especially difficult because of the lack of basic infrastructure, resources, and underlying socioeconomic conditions within the communities. Many emphasized how local leadership and multi-sectoral partnerships played a major role in the success of the response.

The outbreak and its containment underscored the importance of public health emergency preparedness, Indigenous leadership, and building upon pre-existing relationships across jurisdictions. Implementing these recommendations would help improve emergency response outcomes, build on the capacity of local communities, and uphold principles of the Truth and Reconciliation (TRC) Calls to Action and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

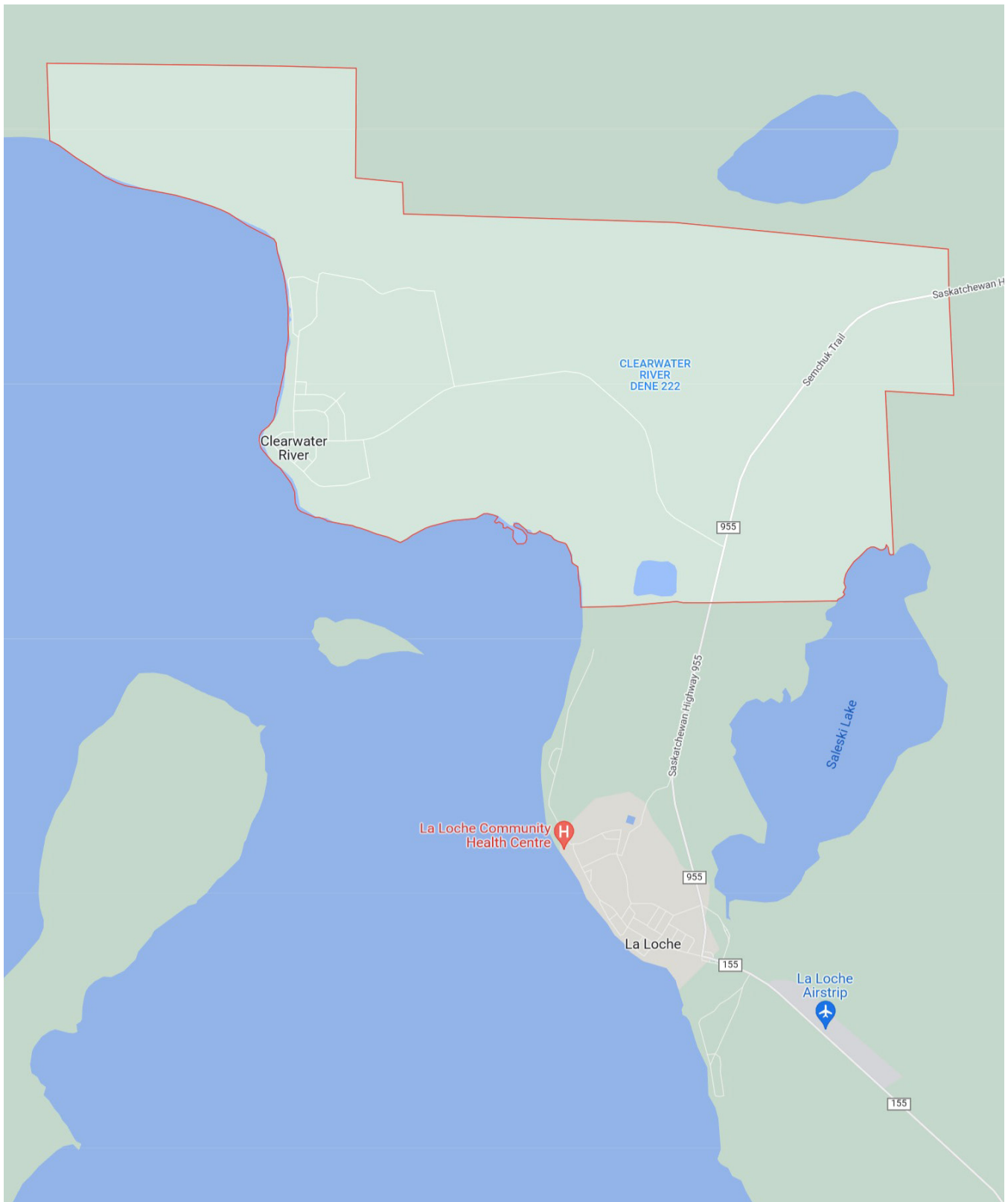
In this report, we make several key recommendations to:

- 1. Respect Indigenous leadership and ways of knowing.**
- 2. Invest in community infrastructure (e.g., healthcare and disaster response personnel, resources and facilities).**
- 3. Provide communities resources to train and retain staff.**
- 4. Build support for mental health and addictions into current public health initiatives and pandemic preparedness.**
- 5. Improve communication, coordination, and consistency with ongoing relationships between organizations and communities.**
- 6. Provide culturally responsive care.**
- 7. Address healthcare practitioner shortages in rural and remote areas in Saskatchewan.**

BACKGROUND

In Canada, the impact of colonial policies have created long-lasting effects on Indigenous Peoples wellbeing and their relationships with Western institutions.¹ Today, Indigenous communities continue to live with the burden of socioeconomic inequities that influence health and wellbeing.² The pandemic, occurring against a backdrop of these long-standing inequities, further exemplified the daily challenges faced by many Indigenous communities across Canada.^{3,4}

In spring of 2020, La Loche and Clearwater River Dene Nation experienced the first significant COVID-19 outbreak in the province. On April 15, 2020, the first COVID-19 case occurred in the local health authority, which was linked to travel from Fort McMurray, Alberta. Given the rapid spread of the virus, partnerships between local leaders, Indigenous authorities, governments, medical health officers (MHOs), law enforcement, public safety officers, and Indigenous communities were established. Nearby communities and the local Emergency Operations Centre (EOC) responded quickly to aid the response, along with the Northern Inter Tribal Health Authority (NITHA), the Meadow Lake Tribal Council (MLTC), and the Métis Nation-Saskatchewan (MN-S).³ Because of these efforts, the outbreak was contained by May 31, 2020.⁵ This report describes a community-based study, where Dr. Groot, Dr. Carr, and the research team at USask partnered with community leaders to share stories of the COVID-19 outbreak.



Clearwater Dene Nation and La Loche.
(Source: Google Maps)

INFORMATION SOURCES

In November of 2020, a virtual meeting was conducted between Indigenous leaders and USask, facilitated by the MHO for the region. A community advisory committee (CAC) was formed comprising four leaders from Clearwater Dene Nation and La Loche who collaborated directly with the CAC for each stage of the study. Following USask ethics approval (REB #2390), a virtual interview was held in April 2021 between USask researchers and the CAC to record community leader stories. Community leaders then suggested strategies to recruit additional participants for the key informant interviews. The data gathering methods for this report, which included interviews and the KT event are described below.

KEY INFORMANT INTERVIEWS

Key informant semi-structured interviews were used to explore the perspectives and experiences of those involved with the COVID-19 response in north-west Saskatchewan communities. Key informants were identified by the CAC based on their role in the COVID-19 outbreak response, and additional participants were selected using snowball sampling. Participants were First Nations and Métis leaders, community members, individuals from the North West Communities' Incident Command Centre (NWCICC), MLTC, MN-S, NITHA, Saskatchewan Public Safety Agency (SPSA), RCMP officers, a conservation officer, local MHOs, and employees of the Saskatchewan Health Authority (SHA) and the Northern Lights school division. A total of 39 people were contacted and 22 (56%) were interviewed via Zoom between April and August 2021.

KNOWLEDGE TRANSLATION EVENT

On May 14th, 2022, Dr. Groot, Dr. Carr, and the USask research team hosted a KT Event, funded by a Truth and Action grant from the Saskatchewan Health Research Foundation in Saskatoon. Those in attendance were community leaders from Indigenous communities in north-west Saskatchewan and representatives from MN-S, SHA, SPSA, and the Ministry of Health (MoH). The aim of the event was to hear perspectives from communities affected by the spring 2020 COVID-19 outbreak. Recommendations were drafted from the topics covered during the event and were then circulated to stakeholders for further input.



Community leaders speaking at KT Event

CHALLENGES

MANAGING THE OUTBREAK

At the beginning of the outbreak, local leaders had few resources and limited knowledge about the coronavirus to manage the response. This required collaboration between Indigenous agencies, nearby Indigenous communities, government, and law enforcement to control the situation effectively. Table 1 summarizes the challenges identified by those who were involved and impacted by the outbreak.

TABLE 1: CHALLENGES MANAGING THE COVID-19 OUTBREAK

<p>UNCERTAINTY</p>	<ul style="list-style-type: none"> • Stress and fear relating to the uncertainty of the virus and its impact. • Some community members did not perceive COVID-19 as a threat. • Confusion early on about COVID-19 transmission. • News stories about serious COVID-19 outbreaks in other areas of the world increased fear.
<p>LACK OF INFRASTRUCTURE</p>	<ul style="list-style-type: none"> • Communities did not have some basic health care services. • Health clinics require renovations, leading to infection control issues. • Shortage of adequate housing for people to isolate. • Shortage of housing for nurses and doctors who came from outside the communities. • Lack of banks for people to cash their Canada Emergency Response Benefit (CERB) cheques.
<p>LACK OF RESOURCES</p>	<ul style="list-style-type: none"> • Challenges ensuring people had access to food and basic resources while isolating. • Limited access to mental health resources. • Limited Personal Protective Equipment (PPE). • Initially, lack of technology made remote communication difficult.
<p>HIDDEN HOMELESSNESS AND HOUSING</p>	<ul style="list-style-type: none"> • Inadequate housing infrastructure. • Overcrowding and hidden homelessness. • Limited shelter supports.
<p>COMMUNICATION BARRIERS</p>	<ul style="list-style-type: none"> • Delays in determining COVID-19 as a cause of death for community members. • Misinformation through social media. • Pre-existing challenges with language and communication barriers between patients and doctors on Telehealth calls. • Some provisions sent from the south were unsuitable. • Community leaders faced opposing views within the community. • Restrictive public health measures were not consensual.
<p>PRE-EXISTING LACK OF TRUST</p>	<ul style="list-style-type: none"> • Community started to lose trust in COVID-19 data when case numbers did not appear to coincide with provincial data. • Distrust between Indigenous communities and the government because of the residential school system and colonial legacies.
<p>PRIVACY ISSUES</p>	<ul style="list-style-type: none"> • Public health officials could not explicitly share who had COVID-19.
<p>BURNOUT AND OVERWORK</p>	<ul style="list-style-type: none"> • Burnout among health care workers worsened for those in the COVID-affected communities. • Nursing shortages in remote communities.
<p>REMOTENESS</p>	<ul style="list-style-type: none"> • Difficulty getting resources to communities. • Workers reluctant to travel far north to the communities. • Community members needing to travel south to get to medical appointments.



Aerial View of La Loche⁶

“I felt like we were all building the plane as we were flying”

- Healthcare Leader



Clearwater River Dene Nation⁷

“Getting resources into the community, food supports, making sure that those that needed to quarantine or isolate had food and basic human needs [safely accessible], that was one of the biggest hurdles to overcome”

- Government Official

CONSEQUENCES OF THE OUTBREAK

While the immediate threat of the virus necessitated public health measures, the pandemic response exposed other pre-existing issues, driven by social conditions and differing worldviews of Indigenous communities and Western institutions. Consequences of the outbreak and the public health response are summarized below in Table 2.

TABLE 2: CONSEQUENCES OF THE OUTBREAK	
ISSUES WITH PUBLIC HEALTH RESTRICTIONS	<ul style="list-style-type: none"> • Some doctors and nurses had trouble getting through blockades. • Community leadership faced challenges enforcing public health rules within the community.
FOOD INSECURITY	<ul style="list-style-type: none"> • Limited number of essential service stores in communities. • Blockades restricted outside travel for food and other resources.
STIGMA	<ul style="list-style-type: none"> • Community members were turned away from hotels in the south of the province.
CULTURAL DIFFERENCES/ DIFFERING WORLD VIEWS	<ul style="list-style-type: none"> • Challenges holding traditional wakes to honour loved ones. • Restrictions triggered trauma from the residential school system and past harmful government policies.
MENTAL HEALTH AND ADDICTION	<ul style="list-style-type: none"> • Community members with addictions were at risk of harmful effects of withdrawal. • Addictions and mental health worsened, worrying family members. • Suicide increased during COVID-19. • Isolation negatively impacted mental health.

SUCCESSSES

Although there were challenges with containing the COVID-19 outbreak, there were many aspects of the response that went well. Through local and organizational leadership and support from MN-S, NITHA, MLTC, SHA, the SPSA, and law enforcement, the COVID-19 outbreak was contained by May 31, 2020. Successful elements of the outbreak are summarized in Table 3.

TABLE 3: SUCCESSFUL ELEMENTS OF THE OUTBREAK RESPONSE

LEADERSHIP	<ul style="list-style-type: none"> • Strong and consistent community leadership who built a response on existing local capacity. • Leadership from MHOs, the SPSA, MN-S, and the SHA who travelled to communities. • Nearby communities responded quickly to support. • MHOs were strong advocates for the communities.
PARTNERSHIPS	<ul style="list-style-type: none"> • Integrated response between sectors: Indigenous governments and organizations, the SHA, SPSA, the Northern Lights school division, and the RCMP. • Collaboration with nearby Indigenous communities, the SHA, and the EOC who provided support and resources such as PPE. • Door-to-door testing was a collective effort with NITHA and SHA. • Other communities helped to transport resources and provide food. • Weekly calls with government and northern mayors for information sharing.
COMMUNITY MANAGED ALCOHOL PROGRAM (MAP)	<ul style="list-style-type: none"> • The MAP was implemented rapidly, faster than would normally be possible. • RCMP reported a significant drop in calls and arrests.
ISOLATION AND HOUSING SUPPORT	<ul style="list-style-type: none"> • Isolation units were developed to support the response in partnership with friendship centers and MN-S.

TABLE 3 CONTINUED.

COMMUNICATION	<ul style="list-style-type: none">• Good communication between nearby communities, the community leaders, and supporting organizations.• Radio broadcasts, hosted by community leaders and the MHO, and Facebook updates were effective in getting COVID-19 messages to the communities.• Radio news was translated to Dene in real-time.
KINSHIP	<ul style="list-style-type: none">• Pre-existing relationships helped people communicate and coordinate well in the communities.
CONNECTING TO TRADITIONAL WAYS	<ul style="list-style-type: none">• Some community members connected back to traditional territory and described it as a “safe haven” during the outbreak.

“...when we went to [a nearby community], they openly shared their pandemic plans with us. There was no secretive of ‘us’ and ‘them.’ ”

- Community Member

“...what the community did well was the collaboration of having everybody on the same page... making sure that we [were] working together as a team instead of in silos.”

- Community Member

RECOMMENDATIONS

Informed by stakeholder consultations from the KT event, several key steps were emphasized to improve public health responses for future emergency preparedness in northern Indigenous communities:

- 1. Respect Indigenous leadership and ways of knowing.**
- 2. Invest in community infrastructure (e.g., healthcare and disaster response personnel, resources and facilities).**
- 3. Provide communities with resources to train and retain staff.**
- 4. Build support for mental health and addictions into current public health initiatives and pandemic preparedness.**
- 5. Improve communication, coordination, and consistency with ongoing relationships between organizations and communities.**
- 6. Provide culturally responsive care.**
- 7. Address healthcare practitioner shortages in rural and remote areas in Saskatchewan.**

These recommendations align the Truth and Reconciliation Calls to Action: Call #19, consultation with Indigenous peoples to identify and address the gaps in health outcomes in Indigenous communities; Call #20, acknowledging the distinct health needs of Indigenous communities; and Call #23, encouraging governments to increase the number of Indigenous health professionals, retain health providers in Indigenous communities, and ensure cultural competency training for healthcare professionals.⁸ Future steps should also uphold Indigenous Sovereignty and respect Indigenous ways of knowing,⁹ affirming principles set out by United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).¹⁰

“... we could really learn a lot from the way [the Indigenous leaders] respond[ed] and come together to help the communities... we need to learn from them.”

- Healthcare Leader

“... the main success was related to working with the community. And without this, we would never be successful.”

- Healthcare Leader

CONCLUSION

By learning from the successes and challenges of the COVID-19 outbreak in these communities, recommendations were co-created by key stakeholders to improve future public health planning and emergency response for Saskatchewan. It is clear that pre-existing socioeconomic conditions exacerbated the impact of the COVID-19 outbreak, and that mental health, addictions, housing, and inadequate infrastructure require immediate attention. Although this report illustrated many challenges, the outbreak also demonstrated how people can effectively collaborate across jurisdictions and organizations. Given that the determinants of health, such as homelessness, housing, and access to healthcare services are inextricably related, committing to the proposed recommendations could result in great benefits for northern communities.

ACKNOWLEDGEMENTS

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