

*A First Nations Wholistic Approach to  
Pandemic Planning:  
A Lesson for Emergency Planning*



PREPARED BY THE ASSEMBLY OF FIRST NATIONS

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## ABOUT THE ASSEMBLY OF FIRST NATIONS

The Assembly of First Nations (AFN) is the national, political representative of First Nations governments and their citizens in Canada, including those living on reserve and in urban and rural areas. Every Chief in Canada is entitled to be a member of the Assembly. The National Chief is elected by the Chiefs in Canada, who in turn are elected by their citizens.

The role and function of the AFN is to serve as a national delegated forum for determining and harmonizing effective collective and co-operative measures on any subject matter that First Nations delegate for review, study, response or action and for advancing the aspirations of First Nations.

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## TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>1</b>
1. Rationale.....	1
2. Objective .....	1
<b>METHODOLOGY</b> .....	<b>3</b>
<b>THE WHEEL</b> .....	<b>5</b>
<b>RESULTS</b> .....	<b>6</b>
1. Sturgeon Lake First Nation .....	6
2. Sucker Creek First Nations .....	6
3. Katzie First Nations.....	7
4. Overall Results .....	7
<b>Conclusion and Recommendations</b> .....	<b>8</b>
<b>APPENDICES</b> .....	<b>10</b>





## INTRODUCTION

### 1. Rationale

The Assembly of First Nations (AFN) has had serious concerns regarding community preparedness in the event of a pandemic or other health emergency. As part of its role in supporting First Nations communities, the AFN developed a pilot to test a wholistic way to engaging essential community members in emergency plan development, and specifically relating to pandemic preparedness.

A wholistic approach to health maintenance has always been the preferred approach for First Nations and planning for a health emergency is no different in that respect. Pandemic influenza plans have been developed by the federal government as well as most of the Provinces and Territories. However, First Nations, in most cases, have not been included in the development of these plans, and in none is their unique wholistic approach recognized and appreciated. The AFN pilot was also seen as an opportunity for heightened awareness around the role of vaccines and self-care in the pre-pandemic phase.

This pilot project was intended to provide a multi-dimensional approach to pandemic planning of which every First Nations community member would form a part. The original version of the approach was illustrated as a wheel with six axes that represent essential components to emergency/pandemic preparedness. Although it was designed with pandemic influenza emergency as an example, it could also be used in general emergency planning. Communities went on to adapt the wheel to suit their community approaches to emergency planning.

The wheel has three rows that correspond to the time phases of a given emergency (pre-, during and post-emergency phases). By compartmentalizing emergency preparedness into dimensions of time and essential factors, the wheel can break a complex problem into more manageable segments. For each of the eighteen (18) cells of the wheel, a decision analysis or prioritization can be used to select policies or actions with greatest feasibility or influence.

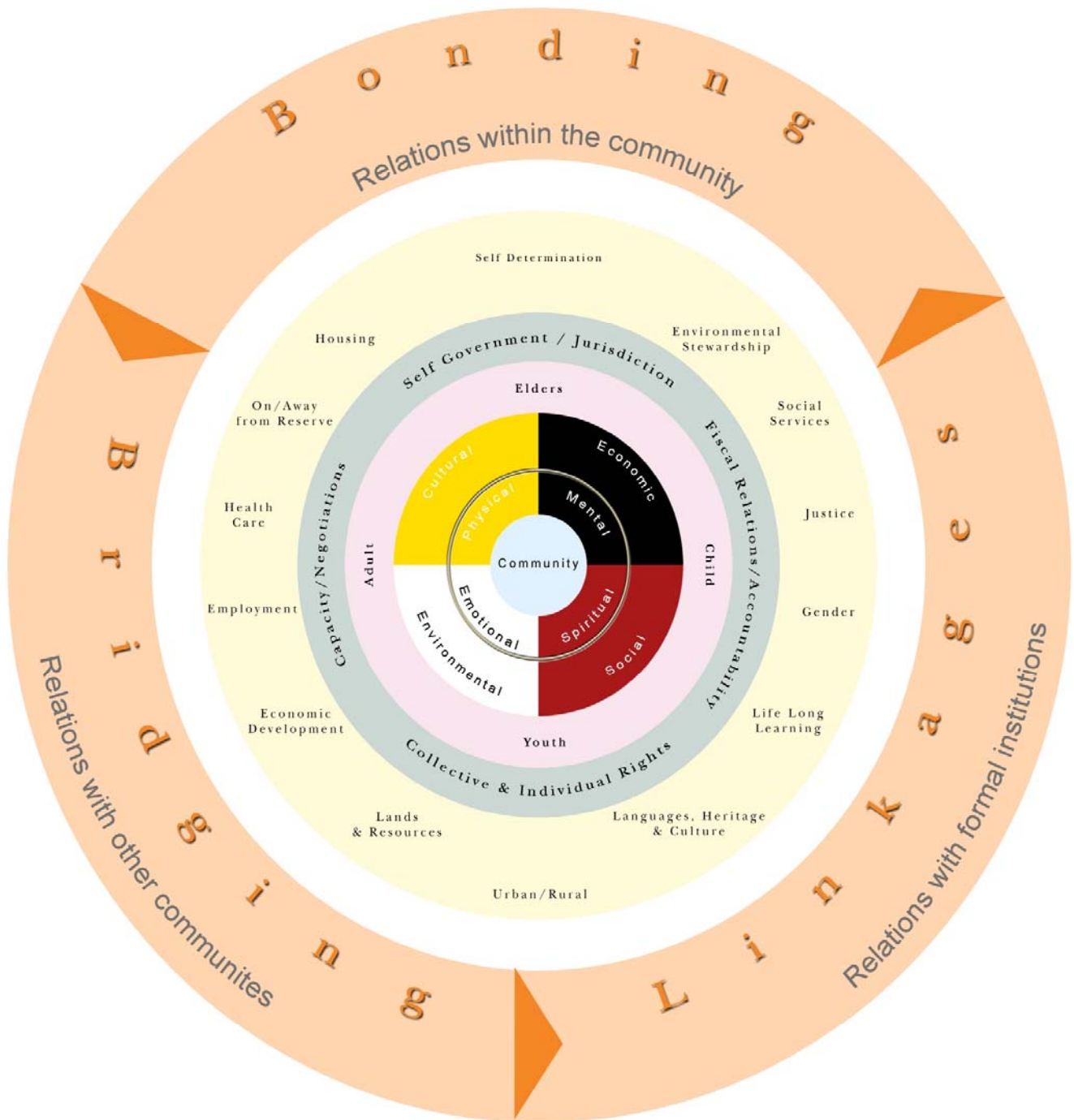
This approach is also unique in its multi-stakeholder inclusion approach. Each of the major stakeholders can have their own wheel specific to their roles and responsibilities. These individual wheels can then be merged into one comprehensive one to be housed by the individual (the project lead) deemed responsible in the community for an emergency.

### 2. Objective

The objective of this pilot was to determine if a wholistic approach to pandemic planning is a more effective way for First Nations communities to approach pandemic influenza planning. A wholistic approach is one that understands the importance of spirituality, and all elements relating to an individual's health and well-being, i.e. commonly understood as a health determinants/social determinants of health/or even population health approach. A wholistic approach factors in the contribution of all individual level factors such as spirituality to community cooperation and population health. In a public health emergency, the health of the population will rely heavily on the health of the mind and the spirit when faced with community member loss and essential service disruption.

In July 2005, the AFN proposed a First Nations Wholistic Policy and Planning Model which applies the wholistic approach to all AFN sectoral policy areas. More recently, the evidence that underlies this model was detailed in a paper co-authored by Dr Jeffrey Reading, Dr Andrew Kmetz and Dr Valerie Gideon (AFN) and submitted to the World Health Organization's Commission on Social Determinants of Health in April 2007 (available at <http://www.afn.ca/article.asp?id=103>).

Figure 1 First Nations Wholistic Policy and Planning Model, AFN, 2005



- L e g e n d**
-  Medicine Wheel
  -  Lifespan
  -  First Nations Self-Government
  -  Health Determinants
  -  Social Capital



## METHODOLOGY

First Nations communities were made aware of the pilot through the AFN's quarterly health bulletin. Three communities were chosen on a first-come basis. The three communities were Katzie First Nation in British Columbia, Sucker Creek First Nation in Alberta and Sturgeon Lake First Nation in Saskatchewan.

For each pilot, one community member was hired to lead this project. They initially met with AFN's Public Health Advisor to finalize the proposed project and review the proposed methodology of pre/post assessment of community readiness using stakeholder questionnaires and the development of pandemic preparedness "wheels". Throughout the project, the team met with the AFN weekly via teleconference and each team member made themselves available to support the other community leads as required.

At the start of the pilot, a large list of stakeholders were identified by the project lead to complete a questionnaire relating to each stakeholder's sense of comprehensive public health emergency preparedness and response, and the roles of vaccines such as the pneumococcal vaccine. The following stakeholders were suggested to participate in the project:

Traditional Healer; Elders; Health care staff from the community; Health care staff from the most frequently used health referral center outside of the community (including laboratory manager where specimens would be sent for testing); Health Canada's First Nations and Inuit Health Branch (FNIHB) Regional Medical Officer of Health; Regional Health Authority- Medical Officer of Health; Band Manager; Communication lead (someone that would act as spokesperson to media, prepare information bulletins for the community); Health Director; Emergency Response Team Leader; Nurse in Charge; School Principal; Home Care Coordinator; Day Care Center Manager; Ambulance Service Lead; Medical Transport Services Contact; Regional Nursing Contact; FNIHB CDC Nursing; Environmental Health Officer; Funeral home/mortuary director; Grocery Store Owner/Manager; Chief of Police; Fire Chief; Correctional Facility Lead (if facility within community); Head of airport authority (if fly-in community); Community member that has no other stakeholder role; Someone to represent the business sector of the community; others as appropriate.

At a community meeting(s), an overview of pandemic planning was provided, including a review of the current preparedness status of the community. As well, a review of the general emergency preparedness plan of the community was demonstrated. The pilot was described. Participants were then asked to fill out the questionnaire and then asked to complete a community-specific wheel identifying the activities for which they felt they could be responsible over the next two weeks. A list of activities was provided as a reference to the stakeholder so that they may be aware of what roles and responsibilities they could feel relevant to them. These activities were identified either through the FNIHB Region Plan, Regional Health Authority Plan, Provincial Plan, their own Emergency Plan, or a draft provided by the AFN. However, the participants were also encouraged to come up with their own activities.

At the two week mark, the project lead collected the wheels and, where needed, assisted the stakeholder in completing their wheel. The project lead then completed the community plan based on the information gathered from the wheel and merged all the wheels into one larger wheel which can then be turned into a number of essential products:

1. Posters for each of the stakeholders to post in their offices for general staff awareness;
2. Posters for Band Offices to have for general staff awareness;
3. Small posters (7" x 8") developed and turned into fridge magnets for each community household.

2

In a final community meeting, each of the stakeholders presented their wheel.

After completion of the project, the same questionnaire was also completed by the same original group of stakeholders to determine whether the project had left the community feeling more prepared than at the outset. The project lead was responsible for documenting all of the gaps identified by the community stakeholders as they went about this activity and to present these as part of the pilot report. The project lead was also responsible for proposing ways to address the gaps including: identifying the need for additional resources and a timeline for gap closure.

Two months later, a follow-up meeting was held in Edmonton with representation from the Public Health Agency of Canada, FNIHB, AFN and the three pilot communities to allow for a more comprehensive review of the projects and to develop recommendations for future First Nations pandemic planning/preparedness. Furthermore, each project lead was asked to attend a meeting in Ottawa to:

1. Present their comprehensive poster wheel;
2. Present the gaps that the community felt were still outstanding and what solutions the community felt would address these gaps;
3. Present the opinion of the community as to the success of the pilot to offer a new approach to community preparedness;
4. Report on the level of increased understanding for the role of vaccines and self-care.

This summary report and the three community reports will be widely disseminated to all First Nations, as well as the pandemic planning tool to benefit other communities.

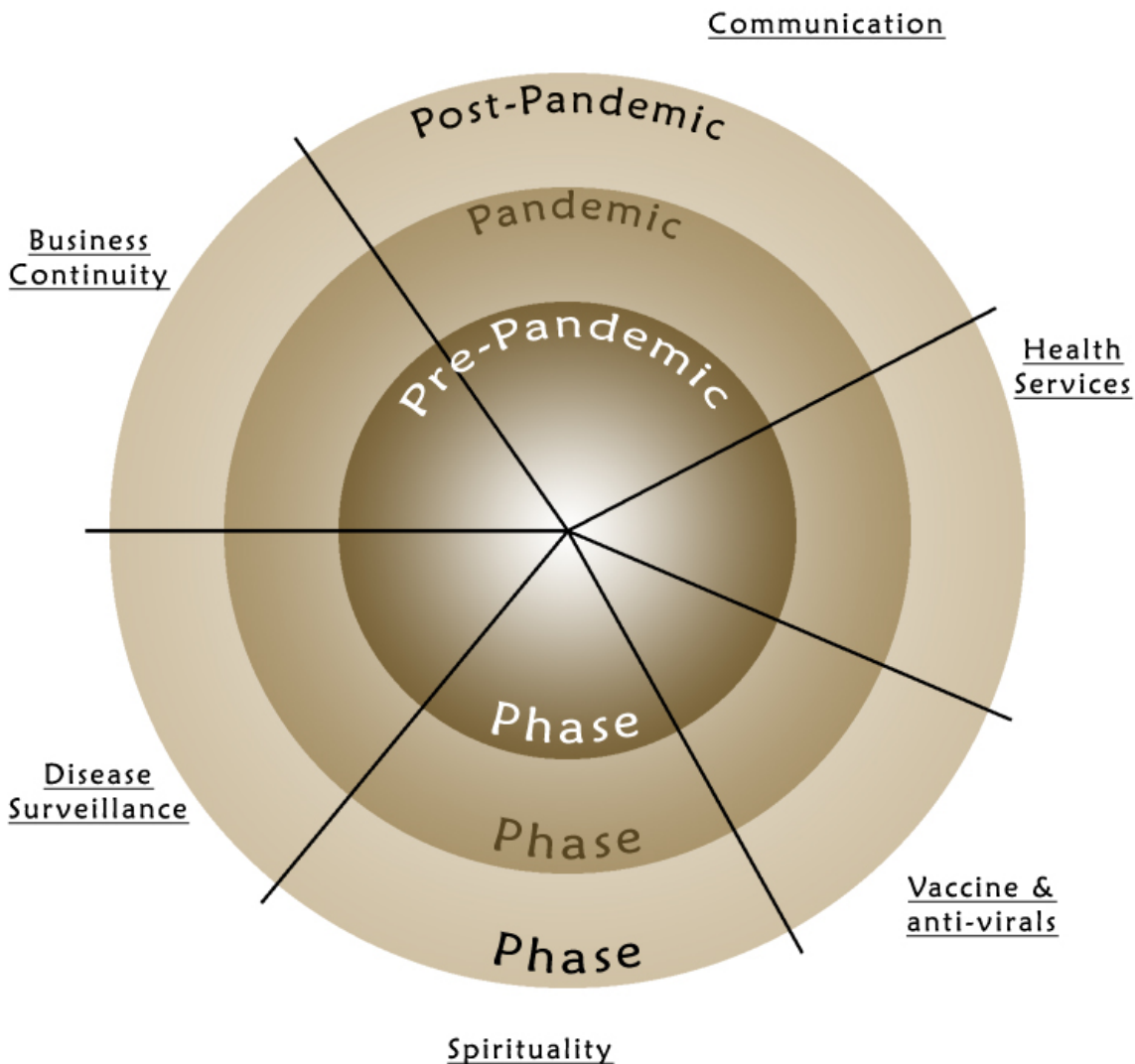


## THE WHEEL

The wheel is not static; the contents (activities) within its cells can and should be modified according to changing disease dynamics and situational challenges to maintain its usefulness in an evolving crisis. Furthermore, even during the pre-emergency phase, the choice of contents for each cell is not absolute, and open to the subjective interpretation of those who are preparing the wheel. The AFN has recommended using the FNIHB Region Plan for the most relevant list of activities to ensure continuity.

Also, while many of the items in the wheel may be measurable, the wheel itself is only a planning instrument—not an evaluation tool. The evaluation tool consisted of the questionnaire issued to all stakeholders at the beginning of the project and at the end.

The known potential for an influenza pandemic offers not only challenges, but also unprecedented opportunities for planning at all levels of public health. This planning window may be rapidly closing. However, as an efficient yet comprehensive analytic approach, the wheel lends itself to the types of rapid and complex decision making necessary to plan for and respond more effectively to an urgent pandemic health threat. Furthermore, a wholistic approach that recognizes the importance of spirituality and the roles of traditional medicine in any given health emergency is an important aspect of First Nations community preparedness that the wheel takes into consideration.



## RESULTS

The pilot project was well received and lessons can be learned from these three communities' pilot pandemic plans.

Communities' engagement and response were very good in the three pilots and the level of awareness has significantly improved. Communities want to continue with their planning as they feel that there is still a substantial amount of ongoing work that will need to be done.

This pandemic preparedness initiative represented an opportunity for the community to discuss traditional medicine and practices that could assist the community when facing a pandemic. A wholistic approach creates an opportunity for an essential inclusion of elders and valued traditional practices.

A key limit to First Nations pandemic preparedness was found to be the lack of First Nations engagement in regional FNIHB and provincial/territorial initiatives.

Communities unanimously called for increased support in research to allow self-empowerment and resilience in emergency preparedness.

The complete community project reports are attached as Appendices 1-3. A brief summary of each project's findings however are provided below.

### **1. Sturgeon Lake First Nation**

Upon the review of this plan, it is clear that the emphasis is placed on informing community individuals and families on pandemic influenza. The desired outcome is that individuals and families become a primary actor in each phase of the pandemic (pre-pandemic, pandemic, post-pandemic). Furthermore, great importance is placed on the role of Elders and spiritualists in providing the necessary support throughout each phase, such as stock piling of traditional medicines, awareness building, etc. This plan is divided into six components (taken from the Canadian Pandemic Influenza Plan): Surveillance, Vaccine, Antiviral Drugs, Health Services, Communications and Emergency Response. Under each section concerning the components, an explanation as well as a list of objectives is listed. Under the Antiviral Drug portion, however, further research is needed surrounding the outstanding antiviral supply issues before the Sturgeon Lake FN plan can develop this section further. This plan is comprehensive, it has identified the key areas in which planning are necessary during all three phases of pandemic and it has outlined their strategy and objectives.

Of significance is that there was a notable increase in the annual flu shots given. Twice as many annual flu shots given this year and they attribute this to the flurry of pandemic planning activity in the community. There was however, a concern that the casino received their annual flu vaccine supply before the community got theirs this year. This highlighted the worry that in a pandemic, there may be delays or other communities might take priority over them

### **2. Sucker Creek First Nations**

This document provides an assessment of a six week pilot project and its outcomes. The population of Sucker Creek were surveyed both prior to and post the project in order to measure the community's response. It was found that although the community's knowledge concerning pandemic influenza was increased, overall the community felt that they were not fully prepared for a pandemic. The community agreed that it is necessary to revive traditional methods and a



wholistic approach in their pandemic planning. The pilot project also indicated the gaps and solutions their community is facing. Overall, the pilot established increased awareness and understanding of pandemic influenza, fostered an increased desire to learn traditional ways and values, and a sense of self-empowerment at the individual level.

### **3. Katzie First Nations**

This plan provides a general overview of Katzie FN with a description of the three communities forming this FN. In their planning process, Katzie FN held meetings with both their Regional Medical Officer and with representatives from the Fraser Health Authority in order to gain more information on what should be included in the Katzie FN pandemic plan. In Katzie FN Indian Reserve #1 (Pitt Meadows) it was agreed that in the event of a pandemic that there will be no physical contact with the other two reserves. In reserve #2 (Langley) it was established that an increased focus on physical health and proper nutrition was needed. Finally, in the third community (Barnston Island) it was found that the main concern dealt with the threat of flooding and it destroying any stockpiled pandemic supplies. It was agreed that pandemic stockpiles would be kept in plastic in one location. In their pandemic plan, a wholistic approach has been selected, in which each phase of a pandemic is treated on the emotional, spiritual, mental and physical levels for each community. From the project, increased knowledge concerning pandemic influenza was achieved among community members in addition to a number of priorities being identified, such as a return to traditional knowledge and increased preparation.

### **4. Overall Results**

Overall, several similarities existed among all three plans. First, each community employed a wholistic approach to their plan and used the elements of the medicine wheel to guide their plan. All three communities approached their plan in three phases - pre-pandemic, pandemic and post-pandemic - in order to adequately identify their needs and responses. Each plan emphasized the importance of incorporating traditional knowledge and medicines into their pandemic planning processes. All of the plans recognized the importance of individual and family preparedness in the event of a pandemic and have therefore agreed that increased awareness and education is needed. In the Sucker Creek and Katzie FN's it was found that the community members did not feel that they were prepared for pandemic, however the members of both demonstrated enthusiasm and desire to increase planning.

There were several key results that deserve mentioning in further detail.

1. Recognizing the value of what already exists within communities
2. Acknowledging the importance of community resilience
3. Understanding that preparedness goes well beyond a written report
4. Identifying the success of inclusion

A comment received by all participants was that when provided with an opportunity to host community meetings and ask that individual community members participate in emergency planning it became clear that a number of fabulous resources that had not been previously recognized exist within each of these communities. Otherwise termed asset mapping, communities became quick to offer skill sets, resources and other essential preparedness ingredients to the project. This activity is one that requires no additional resourcing but relies on the mobilization of community members through leadership.

Through the project, communities were given an opportunity to identify areas of spiritual and mental wellness that are essential to maintaining community resilience. A forum that provides elders and traditional healers an opportunity to facilitate members to talk openly about their concerns and to collectively develop solutions to maintain community resilience was a huge success of this project.

A wholistic approach to emergency planning is not necessarily something that can be easily captured in a written report. It is not something that can take the form of a written Plan on a shelf, and it is certainly not something that will easily fit into a request for funding or budget line. However, it is a concept that had the most impact on the communities that participated in the project. The capacity to measure this impact is clearly difficult.

Up until recently, communities have had little opportunity to participate in pandemic planning activities. To add to this frustration has been the lack of information for individual community members whose daily lives do not provide them with access to regarding the pandemic and preparedness activities has been escalating. This project provided opportunities for all community members not just to listen but to also actively participate and to contribute towards developing solutions.

Communities found the approach developed by AFN it was a useful tool and should be more largely distributed. A number of them have received requests from other First Nations communities to assist them with developing their community plans.

## Conclusion and Recommendations

The pilot has demonstrated that a unique approach to pandemic planning that is inclusive of the values and traditions of First Nations communities results in a more united and comprehensive approach to health emergency planning. This tool is one that could be adapted to a number of emergency planning situations and should be considered as the model of choice.

**Recommendation #1:** Consider the deliberative dialogue tool as a good way to talk about pandemic planning with community representatives with the objective of teaching them the tool to return to their communities with.

**Recommendation #2:** Consider adapting the Canadian Pandemic Influenza Plan to include the essential component of respecting the importance of First Nations communities' wholistic approach to emergency preparedness.

**Recommendation #3:** Consider the repackaging of the AFN tool to a more user friendly tool that could be distributed to all FNIHB Regions and FN community leaders.

**Recommendation #4:** Identify a role for the Public Health Agency of Canada in making Provincial and Territorial emergency planners aware of the tool as well as encouraging Provinces and Territories to engage First Nations in the planning efforts.

**Recommendation #5:** Have a meeting with INAC to identify a role in which they may play in distributing the tool and educating their staff on the wholistic approach.

**Recommendation #6:** Encourage emergency planners generally at all levels to use this tool in developing plans that are not just health specific.

**Recommendation #7:** Fund emergency readiness for FNs as part of the annual Contribution Agreement or in conjunction with funding with INAC.

**Recommendation #8:** Offer FNa support in creating a pandemic readiness plan, but understand that each community is different with its own set of challenges and assets



**Recommendation #9:** Hire one person per Nation to work strictly on emergency preparedness/pandemic planning for one year

**Recommendation #10:** Make pandemic readiness a political priority for FN leadership as well as provincial, territorial and the federal government.

**Recommendation #11:** Establish a communication approach that ensures that all people feel that they have a role to play - through self-care, contributing to community resilience, and understanding the role of immunization.

**Recommendation #12:** Ensure that the option of having a spiritual and traditional health component to emergency preparedness is encouraged and facilitated.

**Recommendation #13:** Ensure that any communication strategy being developed either by PHAC or HC recognize the unique approach to engaging and communicating with First Nations leaders either through the AFN or Provincial/Territorial FN Organizations.

**Recommendation #14:** Consideration should be given to developing an interactive DVD or website that specifically target First Nations communities interested in developing a wholistic and comprehensive approach to emergency planning.

**Recommendation #15:** FNIHB employed nurses who come to work in the community should be given an education and demonstrate sensitivity to First Nations spirituality and traditional values.

**Recommendation #16:** Spirituality and traditional values should be considered a part of elements on workplans for all initiatives.

## APPENDICES

1. Katzie First Nation
2. Sucker Creek First Nation
3. Sturgeon Lake First Nation