




Rapid Review: What is known about the impact of the COVID-19 pandemic on Indigenous communities in Canada?



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Executive Summary

Background

Indigenous communities have demonstrated resilience and social cohesion in the face of many historical and current challenges. Indigenous communities also have a lower standard of living, and many, especially those in remote regions, have limited access to health care programs and services including public health services. Indigenous individuals experience higher rates of many chronic and infectious diseases and poorer health outcomes than the Canadian population as a whole. The impact of the COVID-19 pandemic on Indigenous communities is likely to be different in timing and impact compared to other populations in Canada and presents a challenging reality in which to address public health.

This rapid review was produced to support public health decision makers' response to the coronavirus disease (COVID-19) pandemic. This review seeks to identify, appraise, and summarize emerging research evidence to support evidence-informed decision making.

This rapid review is based on the most recent research evidence available at the time of release. This version includes evidence available up to May 20, 2020.

In this rapid review, we provide the most recent research evidence to answer the question: **What is known about the impact of the COVID-19 pandemic on Indigenous communities in Canada?**

Key Points

- Indigenous communities and populations around the world are vulnerable to the effects of the COVID-19 pandemic in a variety of ways, including poverty, migration, current health status, and lack of access to information, resources, and health care services. The certainty of the evidence is moderate, given that most sources are expert opinion. The findings are consistent, with some variability that reflects local context.
- Proposed plans to address the impact of COVID-19 emphasize the importance of collaborative responses that are culturally appropriate and locally sensitive. Many Indigenous communities have cultural and traditional practices that involve collective living, enclosed spaces, and shared foods and medicines, which are impacted by physical distancing and other standard infection control practices. An emphasis on prevention before cases are identified, followed by proactive case management, is suggested.
- Mental health concerns may be exacerbated given COVID-19 restrictions and stresses.
- The isolation of some Indigenous communities can be an asset if movement into and out of the community can be limited and support to maintain isolation are provided.
- Addressing the larger context of inequity is also considered to be paramount in responding to the COVID-19 pandemic and other health concerns.
- Learning from responses to tuberculosis among the Inuit population may be informative for addressing COVID-19.

Overview of Evidence and Knowledge Gaps

- There is very little research evidence related to the impact of COVID-19 on Indigenous communities world-wide or in Canada at this time. This question should be reviewed again as more information becomes available.
- Once more primary studies become available, they need to be synthesized using rigorous methods, as no reviews of the evidence currently exist in this topic.
- Although there are some reports related to the vulnerabilities and challenges for Indigenous communities in the context of COVID-19, and some reports on plans and strategies that could address these challenges, there are no research reports specifically documenting the *impacts* of the pandemic at this time.

Methods

Research Question

What is known about the impact of the COVID-19 pandemic on Indigenous communities in Canada?

Search

The following databases were searched on May 19 and 20, 2020:

- Pubmed's curated COVID-19 literature hub: [LitCovid](#)
- [Trip Medical Database](#)
- World Health Organization's [Global literature on coronavirus disease](#)
- Joanna Briggs Institute [COVID-19 Special Collection](#)
- [COVID-19 Evidence Alerts](#) from McMaster + PLUS™
- [Public Health +](#)
- [COVID-19 Living Overview of the Evidence \(L-OVE\)](#)
- Cochrane Rapid Reviews [Question Bank](#)
- [Prospero Registry of Systematic Reviews](#)
- NCCMT [COVID-19 Rapid Evidence Reviews](#)

A copy of the search strategy is available on request.

Selection Criteria

The search first included recent, high-quality syntheses. If no syntheses were found, single studies were included. English-language, peer-reviewed sources and sources published ahead-of-print before peer review were included. Grey literature and surveillance sources were excluded.

	Inclusion Criteria	Exclusion Criteria
Population	Indigenous people in Canada, including First Nations, Inuit and Métis	Indigenous populations outside of Canada
Intervention	COVID-19 pandemic, including quarantine and physical distancing measures	
Comparisons	Normal circumstances	
Outcomes	COVID-19 specific health outcomes such as infection, hospitalization, mortality Social outcomes such as job loss, income loss, family stress, violence Mental health outcomes, substance use Cultural outcomes, loss of community	

Data Extraction and Synthesis

Data on study design, setting, location, population characteristics, interventions or exposure and outcomes were extracted when reported. We synthesized the results narratively due to the variation in methodology and outcomes for the included studies.

We evaluated the quality of included evidence using critical appraisal tools as indicated by the study design below. Quality assessment was completed by one reviewer and verified by a second reviewer. Conflicts were resolved through discussion.

Study Design

Case Report

Expert Opinion

Critical Appraisal Tool

Joanna Briggs Institute (JBI) [Checklist for Case Reports](#)

Joanna Briggs Institute (JBI) [Checklist for Text and Opinion](#)

Completed quality assessments for each included study are available on request.

Findings

This document includes zero completed and one in-progress synthesis, one single study and five expert opinion pieces, for a total of seven publications included in this evidence review. The quality of the evidence included in this review is as follows:

		Total	Quality of Evidence
Syntheses	Completed Reviews	0	-
	In Progress Reviews	1	-
Single Studies	Completed	1	1 Moderate
Expert Opinion Pieces		5	1 Moderate 4 High

Warning

Given the need to make emerging COVID-19 evidence quickly available, many emerging studies have not been peer reviewed. As such, we advise caution when using and interpreting the evidence included in this rapid review. We have provided a summary of the quality of the evidence as low, moderate, or high to support the process of decision making. Where possible, make decisions using the highest quality evidence available.

Table 1: In-Progress Syntheses

Title	Anticipated Release Date	Description of document
Lakehead University (2020). Compounding factors associated with health outcomes in First Nations facing COVID-19.	Not reported	-

Table 2: Single Studies

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating
Kaplan, H.S. et al. (2020). Voluntary collective isolation as a best response to COVID-19 for indigenous populations? A case study and protocol from the Bolivian Amazon. <i>The Lancet</i> ; 1727-34.	May 15, 2020	Case report	Tsimane of Bolivia	Amazon Rainforest	<p>Indigenous communities in Bolivia may be more vulnerable to COVID-19 for a variety of reasons, including health vulnerabilities and socio-economic conditions. Specific collective cultural practices, such as sharing beverages, may also pose risk of infection. As part of a COVID-19 response, these issues were discussed with community leadership and members, increasing their knowledge about COVID-19 and building local control of responses.</p> <p>A COVID-19 strategy is presented, based on two principles: 1) preventative measures before mass infection; 2) collaborative effort among all stakeholders, involving Indigenous populations. This prevention and containment plan has two phases: 1) awareness and prevention; 2) COVID-19 containment and patient management. The plan outlines detailed implementation strategies along with local considerations (see Table in document).</p> <p>Collective isolation of Indigenous communities has been effective in response to past pandemics and may be an effective response for COVID-19, if movement into and out of communities can be restricted before cases are present. Isolation supports would be needed to make this strategy workable.</p>	Moderate

Table 3: Expert Opinion

Reference	Date Released	Population	Setting	Summary	Quality Rating:
de Leon-Martinez, L.D. de la Sierra-de la Vega, L., Palacios-Ramirez, A., Rodriguez-Aguilar, M., Flores-Ramirez, R. (2020). Critical review of social, environmental and health risk factors in the Mexican indigenous population and their capacity to respond to the COVID-19. <i>Science of the Total Environment</i> 733, 139357	May 17, 2020	Indigenous population	Mexico	The authors document existing socio-economic, environmental, and health risks of Indigenous populations in Mexico, and identify potential responses. Vulnerability to COVID-19 is related to lack of potable water, lack of access to services, poverty and precarious work, and indoor air pollution. Prescribed prevention strategies, such as staying home and frequent handwashing have limited feasibility in many Indigenous communities. The migration of Indigenous people back to their communities with rising unemployment, and their engagement in precarious and poorly paid work in urban centres, poses a challenge to isolation of these communities. Border controls have been effectively implemented by some communities, but this strategy may also carry risks of increased stigmatization and social unrest. Language barriers and limited access to internet are other factors that increase the risks for Indigenous communities. The benefits of strengthening the health system with a community-based response are outlined, including participatory approaches, community training, and attention to improving equity for this population.	High
Power, T., Wilson, D., Best, O., Brockie, T., Bourque Bearskin, L., Millender, E., Lowe, J. (2020). COVID-19 and Indigenous Peoples: an imperative for action. <i>Journal of Clinical Nursing</i> : 1-5	May 16, 2020	Indigenous populations	World-wide	This editorial outlines vulnerabilities of Indigenous communities to pandemics, including that Indigenous people in Canada were disproportionately affected by H1N1. Inequities associated with poverty and poor health create increased vulnerability to pandemics, including COVID-19. Food insecurity, increased violence, and other challenges associated with lockdown and other isolation measures may also disproportionately affect Indigenous populations. Indigenous communities are instituting their own culturally-based strategies to respond to COVID-19, such as gathering and sharing food, harvesting traditional medicines and creating protective facemasks. The need for Indigenous participation in data collection, knowledge documentation and surveillance is noted.	High

<p>Junior, J.G., Moreno Moreira, M., Rodrigues Pinheiro, W., de Amorim, L., Tavares Lima, CK., Gleidiston Lima da Silva, C., Rolim Neto, ML. (2020). The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 coronavirus (2019-nCoV) outbreak. <i>Psychiatry Research</i>, 113094</p>	<p>May 13, 2020</p>	<p>Indigenous populations</p>	<p>World-wide</p>	<p>A lack of specialized mental health services and professionals for Indigenous peoples is being exacerbated by COVID-19 restrictions and may contribute to worsening of pre-existing mental health issues. Barriers to accessing cultural supports may also be contributing to potential negative mental health outcomes.</p> <p>Mental health first aid, commonly provided in response to emergencies, is proposed as one valuable approach to respond to this situation, although this approach currently lacks cultural relevance, and more guidance is needed to improve its effectiveness for Indigenous populations.</p>	<p>High</p>
<p>Meneses-Navarro, S., Freyermuth-Enciso, MG., Pelcastre-Villafuerte, BE., Campos-Navarro, R., Meléndez-Navarro, DM., Gómez-Flores-Ramos, L. (2020). The challenges facing indigenous communities in Latin America as they confront the COVID-19 pandemic. <i>International Journal for Equity in Health</i> 19(63)</p>	<p>May 7, 2020</p>	<p>Indigenous populations</p>	<p>Latin America</p>	<p>The authors outline four challenges associated with COVID-19 in Indigenous communities in Latin America: 1) mistrust of authority and disbelief in the existence and gravity of the pandemic; 2) the circulation of disinformation; 3) limited access to water and to health-care facilities will hinder compliance with basic preventive measures, and care-seeking; 4) widespread unemployment will result in Indigenous people returning back to their communities of origin.</p> <p>Strategies should include:</p> <ul style="list-style-type: none"> • Relevant communications; • specific action plans that ensure access to diagnostic services and hospital care, where necessary; and • eliminating discrimination, to guarantee health care to all, including Indigenous populations. 	<p>Moderate</p>
<p>Kiddell-Monroe, R., Ranta, M., Enook, S., & Saranchuk, P. (2020). Inuit communities can beat COVID-19 and tuberculosis. <i>The Lancet</i>. e312.</p>	<p>April 25, 2020</p>	<p>Inuit</p>	<p>Canada</p>	<p>The authors identify the high rate of tuberculosis among Inuit and draw parallels to COVID-19 as another infectious disease that could spread rapidly in Inuit communities.</p> <p>Approaches to eliminating tuberculosis could be applied to a COVID-19 response:</p> <ul style="list-style-type: none"> • Emergency readiness plans, including sourcing hygiene materials; • culturally relevant communications; • promotion of mask wearing; and • participation in surveillance. 	<p>High</p>

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