

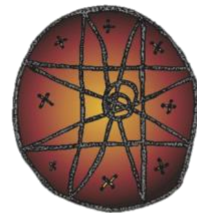
COVID-19 Post-Pandemic Recovery Regional Engagement Report

Office of the Regional Chief – Newfoundland & Nova Scotia

August 18, 2022

For: Regional Chief, Paul Prosper, Newfoundland & Nova Scotia

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Office of the Regional Chief

Assembly of First Nations
Newfoundland & Nova Scotia

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Acknowledgements

The Assembly of First Nations, Office of the Regional Chief – Newfoundland & Nova Scotia, wishes to express our deepest appreciation and gratitude to all our member First Nations, organizations, businesses, and health care providers, who took the time to complete surveys and to participate in our engagement sessions. We thank you for giving us your time and wisdom by participating and supporting this project. We respectfully acknowledge all our Mi'kmaw Elders and youth, in Newfoundland and Nova Scotia, who shared their stories and experiences with us. We know that the last two years of living through this pandemic has been difficult. One of the greatest lessons that COVID-19 has taught us is that we are all in this together. As Mi'kmaw citizens of Mi'kma'ki, we continue to be a strong and resilient Nation. We can get through anything together.

Wela'like



Photo by Noel Joe, Mi'kmaw petroglyph, Bedford Bason, NS

Introduction

The Assembly of First Nations' (AFN) report, *A New Path Forward AFN COVID-19 A Discussion Paper – Summary for Input* (2020), highlights the need for Canada to support and address basic human rights for all First Nations. The COVID-19 pandemic has clearly shown that First Nations are increasingly vulnerable to the direct and indirect impacts of the pandemic.

In response to COVID-19, AFN established the AFN COVID-19 Task Force. This task force brought together experts and leadership to make sure First Nations needs are addressed.

The AFN, Office of the Regional Chief – Newfoundland & Nova Scotia, was mandated by the Chiefs-in-Assembly to work with the Mi'kmaw communities of our region to:

- Better understand the impacts of COVID-19 on First Nations owned business in our region;
- Identify any further needs of the community and possible national responses that may help; and
- Inform future strategic planning as our communities begin the path of recovery from the pandemic.

The AFN, Office of the Regional Chief – Newfoundland & Nova Scotia represents 17 Mi'kmaw First Nations. The AFN recognizes, the 13 Mi'kmaw First Nations in Nova Scotia, and 4 Mi'kmaw First Nations in Newfoundland. We provide support and regional advocacy on behalf of our member First Nations.

This report is a summary of what was shared with our Regional Office by our Mi'kmaw community members.



The role of the AFN is to advocate with all governments for planning, preparation and response measures that address the unique needs of First Nations and involve First Nations, to facilitate direct communication with First Nations and governments, and to share important and helpful information.

~ <https://www.afn.ca/coronavirus/>

Methodology

As a result of the COVID-19 pandemic, the method for holding community engagement sessions was adapted to stay consistent with changing health and travel restrictions. Engagement sessions were held both in-person and virtually. Our office was able to engage with Mi'kmaw youth, Elders, community service providers and organizations.

At each engagement session participants were asked four questions:

- 1) When COVID relief services and supports were offered to the community what worked well?
- 2) Can you identify any gaps in the COVID responses? How do you see those gaps being closed?
- 3) What would you like to see included in any future COVID recovery efforts for First Nations?
- 4) What do you see as some priorities in COVID recovery planning for First Nations?

In addition to hosting engagement session, three COVID-19 surveys were developed:

- 1) The COVID-19 Post Pandemic Recovery Survey for Business (see appendix A);
- 2) The Moving Forward During COVID – Community Members Needs and Priorities Survey (see appendix B); and
- 3) The First Nations Health Care Providers – Community Mental Health and Wellness Survey (see appendix C).

The community voices reflected in this report are a collection of those who attended our engagement sessions, responded to one of the online surveys, or provided our office with a written submission. From the discussion notes, surveys and written submissions, our Team analysed the themes that emerged.

Timeline and Purpose

The timeline set for the COVID-19 Post-Pandemic Recover engagements was from January 2022 to May 2022.

The purpose of these engagements was to better understand the impacts that COVID-19 has had on Mi'kmaw owned business, and to begin strategically planning with communities as we begin to recover from the pandemic.

Summary of Discussions

The following sections are the key themes and input that was provided by the participants of both the engagement sessions, the online surveys, and written submissions.

Trust

The Mi'kmaq of Newfoundland and Nova Scotia have a long history of mistrust with the federal and provincial governments. These broken relationships, due to historical mistreatment, caused many First Nations in the region to be hesitant to get the vaccine. Participants also reported that many did not trust the information being circulated by the federal and provincial governments.

Participants indicated that many community members “felt like they were guineapigs” and questioned, “Why are they giving [the vaccines] to us first?”

Mi'kmaw Youth

Mi'kmaw youth engaged across Newfoundland and Nova Scotia reported that they had nothing when COVID started. All the youth centres closed, there were no youth specific COVID supports, and services offered to youth, and no communications about COVID were geared to youth or shared with them. Youth stated they found information about COVID on social media platforms, such as google, TicTok and YouTube.

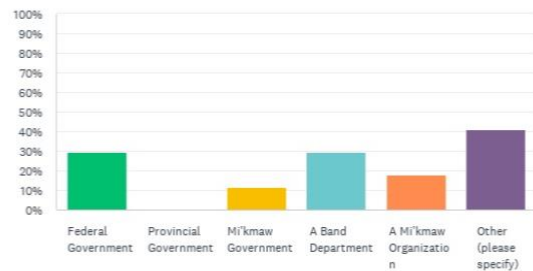
The youth indicated that the pandemic has increased mental health issues among their peers, such as anxiety, depression, and feelings of isolation. They reported not being able to hang out with their cousins and some reported having very little social interactions.

Finally, youth spoke to their experience with on-line learning during COVID-19. Almost all youth identified virtual education as having been a struggle for them, and their families. Youth shared that they found on-line classes harder to follow. There were too many distractions, with some having siblings at home to not having access to a proper workspace. There was no one-on-one work time or anyone there to show them how to do things. Some youth reported they lost access to their Teacher's Assistants when on-line schooling started.

***I like to be in the school, cause I like hands on learning.
How can we do that through a screen?***

~ Mi'kmaw Youth Participant

Q7 Who did you receive the COVID relief supports and resources from?

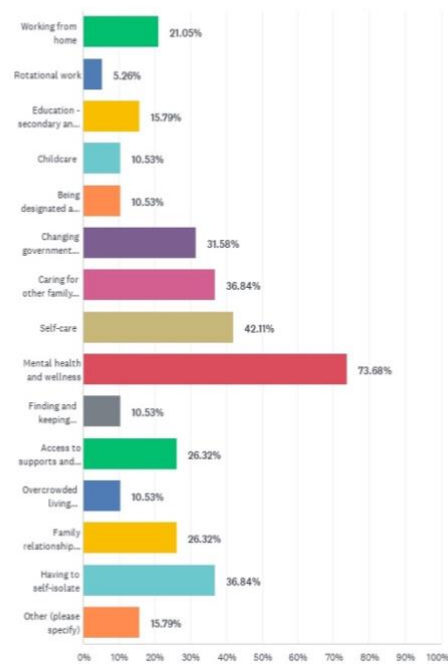


In some areas of Newfoundland, youth reported that devices were not provided to every child for on-line learning. Some families, even with a device, did not have access to high-speed internet (dial-up only). In some schools Wi-Fi boxes were sent out with students to help with connectivity. Even with all of this, youth still reported that Google Meet would crash, and many times students were kicked off the server.

In Nova Scotia, the *Mi'kmaw Kina'matnewey* schools provided all students with an iPad or laptop. For some single parent families, Indigenous Student Support Workers helped pay for home internet services.

In places where students switched between on-line and in-school learning, youth indicated school became unpredictable. They shared that having to wear a mask all day in school, made being at school unbearable.

Q5 What has been your greatest challenge during this pandemic (choose all that apply)?



Mi'kmaw Elders

COVID-19 affected community Elders in many ways. Elders reported feeling isolated. Many elders may not have home phones or cell phones, as these can be expensive. In addition to this, it was reported that many elders do not have access to the internet.

During COVID-19 community ceremonies and social visiting at seniors' homes stopped. This left many elders with no form of social contact, which was reported as having a negative effect on their spirits. Some elders reported there were times when they "feared they were going to die alone."

Mi'kmaw Women

Throughout the engagement process it was consistently reported that women have been the most affected by the pandemic. To this day, women make less income than their male counterparts and many women tend to work in the service industries (non-essential).

During one engagement session it was reported that domestic violence had gone up by 60% in the area. This situation was worsened by the housing market and the shutdown of shelters. This left women with no place to go if they wanted to leave an unhealthy situation.

Due to COVID, Mi'kmaw women working the streets could not work anymore, and they had nowhere to go. Some women wanted to return home, but their community went into lock down, leaving them stranded. One participant advised that communities must not forget about their girls who had to leave the community. How do we support our First Nation girls? How do we break the cycle?

First Nations Peoples with Disabilities in the Atlantic

In May 2020, the Wabanaki Council on Disability (WCD)¹ created a pandemic impact survey for Indigenous persons with disabilities and special needs living in Atlantic Canada. Through a partnership among WCD, Mawita'mk Society, and their allies, they sought to obtain information from Indigenous persons with disabilities and those with special needs. These surveys focused on gathering information “about how they were coping with and managing their issues, concerns and impacts on them from the pandemic.”²

The results of the surveys were compiled into the report, *Community and Organization Pandemic Planning Guide Considerations for Indigenous Persons with Disabilities and Special Needs* (November 2020). The report is meant to act as a beginning for inclusion and identifying “the needs and supports those persons with disabilities and special needs have during times of emergencies including health pandemics.”³

Major themes and areas of impact for Indigenous persons with disabilities, as identified in the report include:

- Community Pandemic and Emergency Plans,
- Communications and Reliable Information,
- Internet,
- Cell Phone and House Phones,
- Medications and Prescriptions Assistance,
- Mental Wellness,
- Food Security,
- Household Supplies and Personal Security,
- Education Needs,
- Financial Security,
- Elders and Seniors with Disabilities and Special Needs, and
- Children and Youth with Disabilities and Special Needs.

In the case of Indigenous persons with disabilities and special needs many of the supports they require simply do not exist or funded whether on or off reserve. This reality forces many Indigenous persons with disabilities and special needs to live in poverty resulting in poor health and poor living conditions.

~WCD Brief regarding Bill C-7, at 2

¹ The WCD is recognized as an Indigenous organization in Atlantic Canada that advances the economic, social and cultural, spiritual, civil and human rights of Mi'kmaq, Wolastoqiyik (Maliseet), Passamaquoddy, Penobscot, Inuit and Metis persons with disabilities and special needs residing in the Atlantic region.

² Wabanaki Council on Disability Mawita'mk Society, *Community and Organization Pandemic Planning Guide Considerations for Indigenous Persons with Disabilities and Special Needs*, (November 2020), at 1.

³ *Ibid*, at 3.

Connectivity

It was shared that many Elders do not have access to the internet. It was identified that many First Nations living in cities do not have phones or access to Wi-Fi. By not having access to reliable internet people missed out on information about COVID-19, as most of it was shared on-line.

Mi'kmaw front line workers in both Nova Scotia and Newfoundland reported that trying to connect with clients virtually does not work. With no reliable access to internet virtual programs were difficult and at times ineffective. Many relied on telephone calls. On-line booking for appointments was identified as a barrier during the pandemic. Many organizations provided help to people by assisting with booking their appointments on-line.

Housing

The lack of adequate housing and overcrowding has been an on-going issue for many First Nations across Canada for decades, COVID-19 only exasperated the situation. Participants reported that in some communities there are 10 to 15 people in a household. This left many people with nowhere to isolate. Many stories were shared of people living in tents in their yards to self-isolate.

Poverty and Homelessness

As a result of COVID-19, many businesses shut down and people lost their livelihoods. It was reported that people experienced food shortages. A lot of people in the region had to choose between paying the light bill or buying food. When communities went into lock down, only being able to shop in the community became expensive.

Along with the price of food increasing, the cost of housing also increased during the pandemic. Some participants believed, this increase in housing prices led to an increased number of homeless clients living on the street.

Many people living with homelessness are couch surfers, this left many homeless people with nowhere to go to self-isolate. Front line workers stated that, "most homeless people are just trying to survive. Using masks and cleaning their hand is just not on the priority list." Food security and access to food resources were identified as issues, as well as transportation and the need for personal hygiene products.

People do not stay at the shelter because it reminds them of residential school. When you go to a shelter the staff are monitoring every move and sometimes people are told to be there. Our clients tell us that it's too much like the residential school system.

~ Mi'kmaw Front Line Worker

Access to PPE and Testing

Communities and organizations reported that they were provided with enough PPE to meet their needs. Remote communities in Newfoundland indicated their biggest issue is with increasing gas prices, and the distance community members must travel to get a rapid test. Some First Nations and organizations in the region reported, in addition to the rapid tests provided by the governments, they used their own source revenue to purchase extra tests to ensure all community members and clients could access to them.

Vaccines

Due to the historical mistreatment of the Mi'kmaq of Newfoundland and Nova Scotia, people were hesitant to get the vaccine. Many reported they felt like “guineapigs”. People did not know what would happen to them in 18 to 30 years after getting it, therefore causing many to resist getting vaccinated. Another factor that caused lower rates of vaccinations in some areas was the lack of trust for the federal and provincial governments.

The Health Care Systems

Participants at the engagement sessions stated that the current Canadian health care system is broken. In Newfoundland, participants reported that Public Health is non-existent in some areas, as most staff were involved in the vaccine role out for the province. The lack of health care services has caused more stress on individuals and families.

Mental Health, Wellness and Addictions

Many engagement participants believe that COVID-19 has impacted family and community dynamics – creating a disconnect within community and increased tensions within families and households.

The pandemic brought on an increase in new people seeking mental health supports. This rapid influx in clients resulted in less resources to go around. It was reported that during the third wave of COVID-19, people with mental health issues really struggled. People felt more alone and seeing the COVID-19 numbers all the time put a strain on them, causing their mental health to deteriorate.

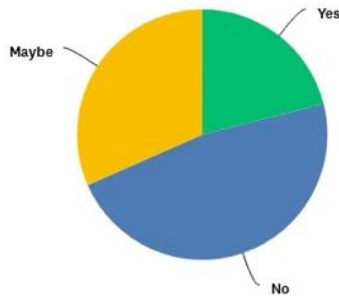
The lack of mental health supports was identified as the biggest problem. Crisis intervention, quick response times, consistency and trust were identified as being important when providing mental health supports. It was estimated, by one participant, that it will take about 4 to 5 years to address the mental health backlash caused by COVID-19.



Organizations and communities are attempting to respond to the mental health needs of their clients and community members by providing their own mental health services. Some communities have started to hire additional staff, holding outdoor events, providing care packages, and holding ceremony and sacred fires again.

Overall participants indicated that there has been an increase in substance abuse in their communities or among their clients. Many reported that the major impacts of COVID-19 have been isolation and the disruption of community activities and programs.

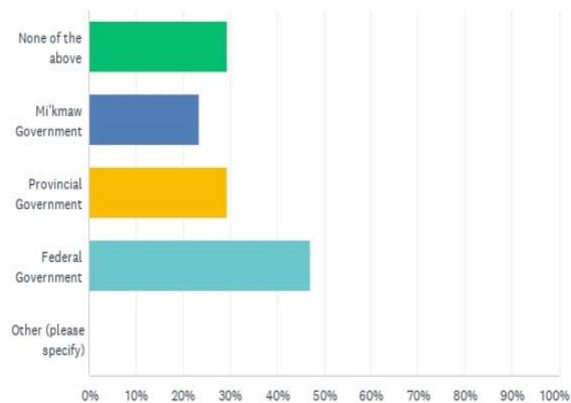
Q10 Do you feel that your community has sufficient supports and resources to care for the mental health and wellness of its community members during the pandemic?



Mi'kmaw Owned Businesses

For this report Mi'kmaw business owners across Newfoundland and Nova Scotia were engaged through surveys and interviews. 72% of Mi'kmaw businesses surveyed reported that they operate their business off-reserve, while 33% reported that they operate a business on-reserve. The majority of respondents reported their business operations were impacted negatively from the pandemic. Business owners reported having to endure long periods of shutdowns and faced a number of closures, resulting in lost of revenue, lack of customer support, and other missed revenue generating opportunities.

Q11 Who were you able to access COVID relief supports and resources from?



Business owners also reported that some of their employees left their jobs to receive the Canada Emergency Response Benefit (CERB). This resulted in reduced hours of operations and worker burnout for those who stayed, due to covering off shifts and working longer hours. The increase in shipping and rising fuel costs, along with inflation, increase costs on stock items, and interruptions in the supply chain made it difficult to maintain overhead expense. 61% of business owners stated they were able to access COVID-19 relief supports and resources to help their business through the pandemic. Business owners said that the rising demand and cost of PPE and sanitation equipment, in the early stages of the pandemic, prevented them from reopening when restrictions were lifted.

Of the business owners surveyed, 47% of business owners reported they accessed COVID-19 relief supports and resources from the federal government, while 29% said they accessed supports through the provincial government, with another 23% saying they accessed support through their Mi'kmaw governments. Businesses owners indicated that while accessing COVID-19 relief supports and resources from the provincial and Mi'kmaw governments were easy to access. Supports from the federal government, on the other hand, were difficult and complex to access and it was difficult to understand the federal guidelines and application requirements.

Finally, business owners stated that the last two years of the pandemic have been challenging. They are still feeling the affects of the pandemic and trying to catch up on lost revenue and meet the demands of loan repayments with high interest rates on top of existing expenditures.

“We have always worked towards serving locally first and the pandemic proved that this is certainly the most import way to do business”

~ Small Business Owner

Recommendations for Consideration

Based on the outcomes of the engagement sessions, responses to the online surveys, and the written submissions provided to our office, the following are recommendations for consideration for any future COVID-19 related activities and recovery planning:

1. Relationship and Trust Building

- (a) All efforts should be made by governments to work collaboratively with First Nations leadership and organizations to provide COVID-19 relief and recovery services.
- (b) First Nations in the region should be included in all COVID-19 recovery processes and be invited to sit at provincial and federal tables established to address COVID-19.
- (c) Priority should be placed on creating space to share and collaborate on ideas related to information sharing around COVID-19:
 - (i) How do we get relative information about COVID-19 out to First Nations people, particularly to youth, elders and people with special needs or disabilities?
 - (ii) How do we break down barriers to accessing reliable COVID-19 information for First Nations people, particularly for youth, elders and people with special needs or disabilities?
- (d) To further strengthen partnerships and relationships, resources should be made available to ensure First Nations leadership and organizations may participate in on-going dialogues, consultations, and collaborations.

2. Mi'kmaw Youth Specific Activities

- (a) Resources must be invested into creating and sharing COVID-19 information with Youth.
- (b) There should be a specific person available, in each community and at each organization, for youth to talk to and receive information and support.
- (c) To prevent the spread of misinformation and provide youth reliable information that they can understand on a platform that they access.
- (d) Resources must be invested into providing Youth with emotional supports going forward. Communities need to be able to access therapists and health care workers to help youth deal with stressors to get back into society.
- (e) Investments should be made in educational activities to help rebuild youth for the future.
- (f) More resources should be mandated to go directly to community Youth Centres that provide services directly to youth.
- (g) Youth Centre Staff should be included in decision making and planning youth responses and priorities around COVID-19 recovery.
- (h) Create more outdoor spaces for youth in all communities and urban settings.
- (i) Find a way to keep sports going for youth – even if it is in smaller groups.

3. *Connectivity and Technology*

- (a) Computer literacy training should be offered to Elders and community members.
- (b) Funding should be available to programs that provide access to phones, tablets, or laptops to stay connected.

4. *Housing and Homelessness*

- (a) Explore the development and establishment of COVID-19 short-term relief housing.
- (b) Explore the development and establishment of Supportive Harm Reduction Housing.

5. *PPE and Sanitation Supplies*

- (a) The federal and provincial governments should continue to provide First Nations with PPE and sanitation supplies, as required.
- (b) First Nations and organizations that provided “care packages” of cleaning supplies and other essential items should continue to do so. These were greatly appreciated by community members and clients.

6. *Mental Health, Wellness and Addictions*

- (a) The next step in recovery is moving toward reconnecting again. Resources should be provided for community-based wellness groups and gatherings.
- (b) Resources should be directed to cultural activities that give us comfort and are good for our mental health and wellbeing, such as getting people back on the land and crafting.
- (c) Governments should support First Nations communities and organizations in developing and administering mental health supports for their community members and clients.
- (d) Resources are needed to support activities and programs that bring people together once COVID-19 counts are more under control, or *via zoom* if COVID-19 counts remain high.
- (e) First Nations and organizations should have access to a community-based crisis line.
- (f) Increased resources and supports are required for substance abuse programs in the region.
- (g) Resources should be provided for activities that work to control substance abuse, build self-esteem, promote conflict resolution and healthy family dynamics.
- (h) Investments in capital and human resources should be made into culturally grounded clinical counselling, family healing, and addictions treatment programs.
- (i) First Nations should be given resources to complete a detailed community health survey.

7. *Cultural and Land-Based Activities*

- (a) Cultural connectivity is needed. People must reconnect and restructure as we move through this pandemic. Investments should be made into infrastructure for outdoor spaces for activities such as, cooking and gathering.
- (b) Resources should be available for ceremonial activities, such as sweat lodges.

- (c) First Nations and organizations need resources to bring people back to the land to exercise their rights to harvest and engage in land-based healing initiatives.

8. *Emergency Response and Planning*

- (a) Resources to develop or update community and organizational Emergency Response and Pandemic Planning.
- (b) Resources should be invested into ensuring youth and peoples with special needs and disabilities are considered in all emergency and pandemic planning and recovery.
- (c) Resources should be made available to continue the involvement of First Nations in the pandemic recovery process. We must ensure we have inclusion in the process of recovery.

9. *Funding and Resourcing*

- (a) Governments, First Nation, federal and provincial should find ways to continue providing COVID-19 relief funds directly to community members, such as through the CERB program or offering those on social assistance double cheques from time to time.
- (b) Continued access to the Emergency Funding by First Nations governments and organizations.
- (c) Restrictions on emergency funding and relief should be lifted. The funding should be flexible and allow for First Nations and organizations to provide programs and services that respond to the changing needs of their community members and clients.
- (d) Adequate resources are required to support front line workers on the ground. This should include increased resources for capacity building and training for front line workers.
- (e) Community health centres and First Nation organizations in urban areas should be provided funding to complete a detail home survey of unmet needs.
- (f) Resources should be provided for First Nation communities and organizations to hire a designated person to focus on COVID-19 recovery planning for the community and work through identified community needs.
- (g) More resources are needed to fund and operate First Nations specific mental health, wellness, and addictions programs.

10. *Supports for First Nations Business*

- (a) More funding resources should be provided to First Nations to help small business owners on-reserve.
- (b) More resources and funding are required for PPE to help small business meet the health care guidelines.
- (c) The federal and provincial governments should invest in COVID-19 program navigators who can help small business owners apply for resources and funding.
- (d) Resources and funding should be made available to support new start up business during the pandemic.

Appendices

Appendix A: COVID-19 Post Pandemic Recovery Survey for Businesses

1. Which AFN recognized Mi'kmaw First Nation community are you a member of?
2. What type of business do you operate?
3. Is your Business located on- or off- designated reserve lands?
4. How long has your business been open?
5. Has the coronavirus pandemic had a positive or negative impact on your overall business operations?
6. In follow up to the question above, please tell us a little about your experience.
7. What has been your greatest challenge to keeping your business open during the pandemic?
8. Have you been able to access COVID relief supports and resources to help your business during the pandemic?
9. What COVID relief supports and resources were you able to access?
10. How easy was it to access COVID relief supports and resources for your business?
11. Who were you able to access COVID relief supports and resources from?
12. Please tell us a little about your experiences accessing COVID relief supports, resources and programs
13. What is your top priority for your business in relation to post-pandemic recovery?
14. If you would like to participate in a follow up phone interview to further discuss the impacts of COVID 19 on your business, please leave your name and contact information below?

Appendix B: Moving Forward During COVID – Community Members Needs and Priorities Survey

1. Which AFN recognized Mi'kmaw First Nation are you a member of or connected to?
2. Do you live on- or off- reserve lands?
3. What gender do you identify as?
4. What age range do you fall under?
5. What age range do you fall under?
6. Since the beginning of the pandemic, what COVID relief supports, and resources have you received?
7. Who did you receive the COVID relief supports and resources from?
8. How easy was it to access the COVID relief supports and resources?
9. In follow up to the questions above, what other COVID relief supports and resources would you like to see available to community members?
10. Do you feel that your community has sufficient supports and resources to care for the mental health and wellness of its community members during the pandemic?
11. In follow up to the question above, what could the community use more of, or what else should be available to community members?
12. Can members of the community easily access mental health and wellness services?
13. What do you see as the biggest barrier to accessing mental health care and services for community members?
14. What do you see as the top priorities for the AFN to focus on, as we continue to support First Nations in our region recover from this pandemic?
15. Please share any other comments you may have below:

Appendix C: First Nations Health Care Providers – Community Mental Health and Wellness Survey

1. Which AFN recognized Mi'kmaw First Nation are you a member of or connected to?
2. What is your age?
3. What is your gender?
4. What area of health care do you work in?
5. How would you rate the overall mental health and wellness of your community?
6. What do you see as the greatest impact of COVID on overall community mental health and wellness?
7. What programs and services has your Health Centre or department been able to enhance, adapt or create to respond to the mental health and wellness needs of the community?
8. Are there any services or programs you would like to offer to your community members or health care staff around mental health and wellness?
9. In follow up to the question above, please provide any details you would like to share.
10. What are your top priorities for mental health and wellness in your community?
11. Can you identify any gaps in funding or programming that was provided by ISC?
12. Does your community have a Pandemic Plan?
13. Was the community pandemic plan useful?
14. What do you see as the top priorities for the AFN to focus on, as we continue to support First Nations in our region recover from this pandemic?
15. Please share any other comments you may have below: