

HEALTH NEWSLETTER

— FALL 2022 EDITION —

CHIEFS
OF ONTARIO



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A MESSAGE FROM THE HEALTH DIRECTOR



She:kon/Greetings Everyone,

Welcome to the fall edition of the Chiefs of Ontario (COO) Health Newsletter.

The COO Health Sector has had some changes to our team over the summer. In this Newsletter, you will find staff biographies to introduce our new and reintroduce current team members.

We have been discussing the Distinction-Based Indigenous Health Legislation coming down from Canada and how to best provide information to leadership and communities. We are hoping to have a virtual event in the 2023 to begin conversations on this topic on a broader level.

Mental wellness is something that we are hoping to assist with. As such, we have highlighted Wikwemikong's Aaniish naa gegii: The Children's Health and Well-Being Measure, a tool that can be utilized to gauge the well-being of young people in your community. We have included COVID-19 Communiques that have previously gone out to leadership and directors regarding topics such as the removal of COVID-19 restrictions, the bivalent COVID-19 booster dose, and Non-Insured Health Benefits (NIHB) updates. You will also find information on funding and training opportunities.

Lastly, the COO Health Sector has begun planning work for the 17th Annual Health Forum: "Our time, Our Health: Time to Reconnect, Restore and Refocus," which will be held from February 28 to March 2, 2023. In preparation for this event, you will find a Save the Date and Call for Presenters.

We wish everyone a great fall and holiday season and we hope to see everyone at the 17th Annual Health Forum.

Nia:wen,

Tobi Mitchell

Director of Health



MEET THE COO HEALTH STAFF!



Alice Longboat, Senior Health Coordinator

Alice is in her 29th year at the Chiefs of Ontario. Working in Social Services and Health Sectors, Alice is Cree and originally a Constance Lake First Nation band member.



Bernadette deGonzague, MSc

Bernadette is a member of the Abenaki First Nation, Odanak, QC. She is a former Registered Dietitian with over 15 years of experience in hospital food service management and clinical dietetics before pursuing her M.Sc. degree. Her Master's research thesis explored the Importance of Traditional Food among Ojibwe People in two communities in Minnesota and Wisconsin, supporting harvesting rights. She worked as a Community Dietitian for five years at Noojmowin Teg Health Centre, Manitoulin Island, and six years at the Southwestern Ontario Aboriginal Health Access Centre in London before joining Chiefs of Ontario in 2008 as Sr. Health Policy Analyst (Mental Health and Addictions).



Linda Ogilvie, Public Health Advisor

Linda has worked at the Chiefs of Ontario as the Public Health Advisor since 2007. Before 2007 she worked for many First Nation Communities as a clinical nurse specialist in remote and isolated areas of Ontario. Linda has a degree in Nursing from McMaster University, specializing in Public Health, and a Master of Education Degree from Brock University. Linda focuses on strengthening and advocating for improved public health services for all First Nations in Ontario. She is the proud mother of 3 adult children and five grandchildren who bring her great joy. Linda can be reached at linda@coo.org.



Alexis Kydd, Health Policy Analyst

Alexis is a member of the Munsee Delaware Nation and has worked in the Indigenous Health field in research and education for the past two years since finishing her Master of Public Health Degree from Western University. She has joined COO as a Health Policy Analyst. She looks forward to building relationships and contributing to program and project developments that will help improve First Nations peoples' well-being in Ontario.



MEET THE COO HEALTH STAFF!

Megan Logan, Health Policy Analyst (she/her)



Megan Logan is a Lunaapexkwe from Eelūnaapèewii Lahkèewiit. Megan has been a part of the Chiefs of Ontario organization for ten years in various capacities, beginning as a representative on the Ontario First Nations Young People's Council. Megan has been employed at COO since 2018 as the Youth Coordinator, before joining the Health Team as a Policy Analyst in 2021. Her main files include Long-Term Care, Home and Community Care, Palliative End of Life Care and Accessibility. Megan is a nguk (mother) to two beautiful girls and is an active member of her small Lunaapeew community with a passion for empowering and educating future generations.

Emily King, NIHB Navigator and Jordan's Principle Liaison



Emily has been with the Chiefs of Ontario for ten years and enjoys working for First Nations. Emily is a citizen of Kingfisher Lake First Nation and comes from a large family. She is a mom and grandmother and resides in Thunder Bay, Ontario. Emily enjoys walking and being outdoors and loves campfire tea.

Jennifer Shisheesh, NIHB Navigator



Jennifer Shisheesh's role at the Chiefs of Ontario includes working with Health and Service Providers and providing support and advocacy to First Nations and clients navigating NIHB benefits, including appeals and general information. I enjoy the outdoors, music, and baking. I currently reside in Thunder Bay, Ontario.

Trudy Maness, NIHB Navigator



Trudy is a member of Kettle and Stony Point First Nation. She has worked in the Health field for 30 years: first for Kettle & Stony Point First Nation in the Family Resource Center, then for the last 20 years at Aamjiwnaang First Nation as the Health Services Clerk. Her primary responsibilities included administering the Medical Transportation Program and helping members with Non-Insured Health Benefits. Trudy is looking forward to helping our members out with their needs.



MEET THE COO HEALTH STAFF!



Tasha Toulouse, NIHB Navigator

Tasha Toulouse is from Sagamok Anishnawbek. She has worked in the Urban Indigenous community of Toronto for seven years as a Youth and Cultural Resource Worker providing families with culturally appropriate support in either one-on-one or group settings and creating new program opportunities. Tasha has been working as an NIHB Navigator at the Chiefs of Ontario since February 2022, providing advocacy and client support to First Nations related to the NIHB program.



Brenda Owl, NIHB Navigator

Brenda has recently joined the Chiefs of Ontario as an NIHB Navigator. Brenda's duties include providing NIHB advocacy and liaison support for First Nation communities and organizations. Brenda is truly excited to be in this role and looks forward to supporting our First Nations people and communities.



Sacha Bragg, Opioid Research, Communications and Project Liaison

Sacha is Wolf Clan from Munsee Delaware Nation. She returned to school as a mature student as she knew she wanted to do something to help her community. Sacha graduated from the University of Western with a Master's in Public Health. She has a passion for mental health with a focus on harm reduction and how we can keep our loved ones alive. Sacha is a mom, grandma and auntie., with two grandsons who are her whole world. Everything Sacha does is in hopes of making this a better world for her children and grandchildren. She is an animal lover with two cats and two dogs. Sacha hopes to someday be able to move to the country where she can have as many animals as she wants.

Zachariah General, Associate Health Director
Lily Menominee-Batise, Senior Policy Advisor





17TH ANNUAL COO HEALTH FORUM

Save the Date



Chiefs of Ontario

17th Annual Health Forum

Our Time, Our Health: Time to Reconnect, Restore, and Refocus

Where: Hybrid - Join in person or online
Marriott Downtown at CF Toronto Eaton Centre
525 Bay St., Toronto, Ontario

Dates: February 28 - March 2, 2023

Registration is not open yet. More information to be available
at www.chiefsmeeting.com.

 @ChiefsofOntario

**ALL INQUIRIES AND
SUPPORT REQUESTS CAN BE
EMAILED TO:
ALICE@COO.ORG**



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CALL FOR FORUM PRESENTATION ABSTRACTS

We invite you to take this opportunity to help us create the agenda for the
17th Annual Chiefs of Ontario Health Forum!

Theme: “Our time, Our Health: Time to Reconnect, Restore and Refocus”

Does your community have an inspiring story to share about how to reconnect, restore or refocus after being apart?

We are accepting abstracts for in person and virtual presentations from interested First Nations, programs, agencies, or individuals who wish to share their stories with other First Nations in Ontario about resilience and how we can come together to care for each other.

Submission deadline: December 16, 2022

Topic area ideas:

- Promoting mental physical, emotional and spiritual wellness.
- Youth programs and initiatives.
- Workforce wellness.
- Mental health and addictions initiatives.
- Reconnecting with culture.

Breakout sessions:

Sessions will be conducted in person and online

- Concurrent session (30 or 60 min).
- Chiefs of Ontario reserves the right to combine two related 30 minute sessions together into a 60 minute time slot.

Additional Information:

- Abstracts should be submitted to healthforum@coo.org with subject line “Forum Abstract” and presenters name.
- Abstracts will be assessed on originality, timeliness, and relevance to the theme.
- Successful applicants will be notified in the new year.
- Final electronic versions of slides and any other materials are required to be submitted by January 16, 2023.
- Presenters must ensure they have the necessary audio video equipment (camera, microphone) and adequate bandwidth if presenting virtually.
- Pre-recorded presentations may be submitted in advance, if presenters do not have the required equipment or bandwidth, but could still be present online for Q&A session.



**FOR ABSTRACT FORM PLEASE EMAIL
ALICE@COO.ORG**





PROPOSED DISTINCTION BASED INDIGENOUS HEALTH LEGISLATION

BACKGROUND

In 2019, the Prime Minister of Canada mandated the Minister of Indigenous Services Canada (ISC) to "co-develop distinctions-based Indigenous health legislation, backed with the investments needed to deliver high-quality health care for all Indigenous peoples". The September 2020 Speech from the Throne affirmed the Government of Canada's commitment to "expediting work to co-develop distinctions-based Indigenous health legislation with First Nations, Inuit and the Métis Nation." In support of this work, the 2020 Fall Economic Statement announced \$15.6 million over 2 years, starting in 2021.

To co-develop distinctions-based Indigenous health legislation, Indigenous Services Canada will work collaboratively with First Nations, Inuit and Métis Nation partners. Engaging provinces and territories and their main health authorities will also be a necessary aspect of the co-development process.

Engagement for the co-development of distinctions-based Indigenous health legislation was officially launched at the January 27 and 28, 2021 National Dialogue on Addressing Anti-Indigenous Racism in Canada's Health Systems.

CURRENT STATUS:

While there have been a few more meetings regarding DBHIL in the few months of this calendar year, there continues to remain a significant gap of information and communications from ISC.

Chronology includes:

- "Open Dialogue Session" (February 23rd, 2022) which COO staff was unable to attend due to conflict with our Annual Health Forum
 - Draft Report provided to First Nations in May 2020 and subsequently shared with the COO Health Coordination Unit (HCU) and Ontario Chiefs Committee on Health (OCCOH) in June 2022
 - As part of their Annual General Assembly, the Assembly of First Nations (AFN) hosted a special Health Legislation dialogue session on July 4, 2022, which was open to all First Nations and AGA delegates
- On September 1, 2022, ISC released the second draft of the "What We Heard" report which summarizes the most recent feedback from First Nations/Inuit/Metis who participated in engagement sessions
- Health Director Tobi Mitchell and Senior Health Advisor Lily Menominee-Batise attended a virtual "Co-Analysis Working Group" meeting on September 7, 2022, to review the 10 key themes identified in the What we Heard document. This working group is a joint committee facilitated by ISC and includes Pan-Indigenous representatives (First Nation/Metis/Inuit) on a national level.



ISSUES

Despite these recent meetings, and as per previous COO Health Coordination Unit and Ontario Chiefs Committee on Health Briefing Notes, there continues to remain a number of unanswered questions and significant areas of concern:

- What will be the structure of the proposed “co-analysis” process and who will be involved in negotiations?
- First Nation Leadership have already expressed issues regarding “co-development” (as per the All Ontario Chiefs Conference Resolution 13/19)
- Where and how is “distinction-based” truly being recognized? We are not Indigenous – we are First Nation. In previous discussions with ISC, First Nations across Canada also expressed the need for separate legislation which respects our distinct voice and distinct Treaty Rights
- There is now an extension to 2024 with the Department of Justice requiring work to be completed by Spring/Fall 2023. How will First Nations be guaranteed a voice and influence in the implementation and evaluation of any proposed Legislative pieces?

In addition, should First Nations and Indigenous Services Canada achieve a mutual level of understanding and agreement on new Health Legislation standards, how will enforcement and compliance be addressed? First Nation authority and capacity for remediation is critical.

UPDATE

On October 12, 2022, the second draft of the DBIHL “What we Heard” document was received from ISC. If you are interested in reviewing this document it can be located here: <https://health.chiefs-of-ontario.org/wp-content/uploads/2022/10/IHL-What-We-Heard-Summary-Report-DRAFT.pdf>.

A list of Indigenous Health Legislation Reports that contributed to the “What we Heard” Document can be found [HERE](#).

ISC has also indicated that they are still interested in receiving input from First Nations in Ontario to contribute, if you haven’t done so already. The link to the engagement guide can be found here: [Co-developing federal distinctions-based Indigenous health legislation](#).

For more information please contact Lily Menominee-Batise at lily@coo.org.





NON-INSURED HEALTH BENEFITS NAVIGATORS

Please be advised that the Chiefs of Ontario (COO) has expanded their Non-Insured Health Benefits (NIHB) Navigators team to better support First Nations peoples in Ontario accessing the NIHB program. This expansion has allowed the NIHB navigators team to increase from two to four navigators in total. Along with this expansion, the newest NIHB navigators are being trained to provide support for all First Nations in Ontario and are becoming familiar with the intricacies of how NIHB is accessed and applied in northern and southern Ontario contexts. Moving forward, the NIHB Navigators are available to:

- Provide support and advocacy for First Nation community and organizations workers to better assist their clients in accessing benefits under the NIHB program;
- Improve awareness among First Nations, First Nation Organizations, Health Care Providers, provincial and federal health partners on the scope and accessibility of the NIHB program; and
- Liaison and advocate with Health Care Providers, and provincial and federal health partners on behalf of First Nations communities and organizations to resolve NIHB accessibility and coordination issues.

The NIHB Navigators will continue to identify and inform First Nation leadership on new and outstanding issues of accessibility and administration of the NIHB program. They will also continue to advocate at relevant regional and national tables on NIHB and support the implementation of any COO NIHB resolutions.

The current contact information for the COO NIHB Navigators is listed below:

Jennifer Shisheesh

NIHB Navigator

Work Cell: (647) 548-9581

Thunder Bay Office Phone: 1-807-626-9339

Email: Jennifer.shisheesh@coo.org

Tasha Toulouse

NIHB Navigator

Work Cell: (416) 809-7489

Toronto Office Toll-Free: (877) 517-6527

Email: Tasha.Toulouse@coo.org

Brenda Owl

NIHB Navigator

Work Cell: 416-522-7459

Toronto Office Toll-Free: (877) 517-6527

Email: Brenda.Owl@coo.org

Trudy Maness

NIHB Navigator

Work Cell: 416-570-7559

Toronto Office Toll-Free: (877) 517-6527

Email: Trudy.Maness@coo.org

Should you have any questions regarding NIHB or need of guidance on the program, we encourage you to contact any member of the NIHB navigator team for assistance. We look forward to the newly expanded NIHB Navigator team's work and to the support and successes they will bring to Ontario First Nations people in accessing the NIHB program.





EASING COVID-19 RESTRICTIONS

On September 26, 2022, the Government of Canada announced the removal of all COVID-19 entry restrictions as well as testing, quarantine, and isolation requirements for anyone entering Canada, effective October 1, 2022.

Transport Canada is also removing existing travel requirements. As of October 1, 2022, travellers will no longer be required to:

- undergo health checks for travel on air and rail; or
- wear masks on planes and trains.

Effective October 1, 2022, all travellers, regardless of citizenship, will no longer have to:

- submit public health information through the ArriveCAN app or website;
- provide proof of vaccination;
- undergo pre- or on-arrival testing;
- carry out COVID-19-related quarantine or isolation;
- monitor and report if they develop signs or symptoms of COVID-19 upon arriving to Canada.

Cruise measures are also being lifted and travellers will no longer be required to undergo pre-board tests, be vaccinated, or use ArriveCAN. A set of guidelines will remain to protect passengers and crew, aligning with the approach used in the United States. Even though masking requirements are being lifted, all travellers are strongly encouraged to wear high-quality and well-fitted masks during their journeys. Individuals are reminded not to travel if they have symptoms of COVID-19. Travel outside of Canada can continue to be a risk. Travel advice can be found at: <https://travel.gc.ca/travelling/advisories>

It is vitally important to continue to protect yourselves and others and reduce the spread of COVID-19 by getting vaccinated and boosted, using high quality and well-fitted masks where appropriate, self-isolating if you have symptoms, and self-testing if you can.

For more information, please visit the following links:

- <https://www.canada.ca/en/public-health.html>
- [Backgrounder – COVID-19 Border Measures](#)
- [COVID-19: Travel, testing and borders](#)
- [ArriveCAN](#)
- [COVID-19: Boarding flights and trains in Canada](#)
- [Summary data about travellers, testing and compliance](#)
- [Travelling to, from and within Canada](#)





SHARING COMMUNITY MEMBERSHIP LISTS WITH ONTARIO HEALTH TEAMS

You may be hearing from Ontario Health Teams (OHTs) about the need for data from your community. You may or may not decide to share your data. The information below is meant to help your community decide.

OHTs were introduced by the Government of Ontario as part of their effort to ‘reduce hallway medicine’. Briefly, OHTs include healthcare providers like hospitals, primary care clinics, home care services, and public and for-profit community agencies. They aren’t generally new providers, nor are they focused on providing new services. Instead, their goal is to improve the efficiency of existing services. For more information about OHTs, please visit: <https://health.gov.on.ca/en/pro/programs/connectedcare/oht/>.

Some OHTs are asking First Nations communities to share their membership lists. The goal appears to be to link First Nations identity to the health records of First Nations people to help OHTs analyze the use and effectiveness of healthcare services by First Nations people. OHTs indicate that this information will help in planning and improving health services for First Nations people. Most OHTs are doing (or trying to do) these analyses for all people served by the OHTs, not just First Nations people.

Your community may decide to share your membership list (i.e. First Nations identity of your community members). This is your choice. However, you do not have to do this. Whether you share your community's membership data or not, the kind of care your community members receive should not be better or worse. The only difference is that, if you share the First Nations identity of your members (i.e. share your membership list), the OHT will possess your data. They may then have control over who can use it, and you may or may not be able to access it yourself. In other words, sharing your membership data with the OHT could undermine your sovereignty. It may end up going against OCAP® principles that are intended to support the self-determination of your community.

Some OHTs are putting measures in place to uphold OCAP® principles. There are ways to do that. They require effort and investment on the part of the OHT and likely additional resources in your community. This could be a rewarding way for your community to get better access to your own data to support your own members. Your community may want to explore exactly how that would work with your OHT. The Research and Data Management (RDM) Sector of the Chiefs of Ontario has been working with some OHTs on this issue. Staff from the RDM Sector are willing to assist your community in conversations with your OHTs regarding sharing data about First Nations identity of your members.

The bottom line is that your community membership list, the First Nations identity of your members, belongs to your community. You have the right to share that or not. You do not have to do it, even if you are asked. Access to care is not and should not be affected by your community’s decision to share your data. Nonetheless, requests like this could start conversations that might result in better access to your own data. Please feel free to contact the RDM Sector for more information or support in your conversations with OHTs and your control over your data.

MINISTRY OF INDIGENOUS AFFAIRS KEY MESSAGES ON BIVALENT COVID-19 BOOSTER

- Individuals aged 18 and older, as well as individuals aged 12 to 17 who are immunocompromised, are eligible to receive the bivalent booster vaccine at a recommended interval of six months, regardless of the number of booster doses previously received.
- The bivalent vaccine is only authorized as a booster dose. This means that eligible individuals must have completed their primary series to receive it.
- The bivalent COVID-19 booster better protects against the most recently circulating COVID-19 variants in Ontario compared with the original vaccines that only target the original COVID-19 virus. The bivalent vaccine is an updated version of the original COVID-19 vaccine, it is not a new vaccine.

Adults 18+

- As of September 26, 2022, all adult COVID-19 vaccine booster dose appointments are for the bivalent vaccine. **Individuals should only be offered the bivalent booster.**

High-risk Individuals

Individuals belonging to the following groups are recommended to get their bivalent booster as soon as they are eligible (i.e., at an interval of three months or 84 days), to protect themselves this fall as people spend more time indoors:

- individuals aged 65 and over;
- residents of long-term care homes, retirement homes, Elder Care Lodges, and individuals living in other congregate settings that provide assisted-living and health services;
- First Nations, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over;
- pregnant individuals aged 18 and over;
- health care workers aged 18 and over; and
- moderately to severely immunocompromised individuals aged 12 and over:
 - For adolescents 12-17 years of age with moderately to severely immunocompromising conditions and/or who have biological or social risk factors that place them at high risk of severe outcomes from COVID-19, a booster dose of the **bivalent Moderna** COVID-19 vaccine may be offered off-label based on clinical discretion.

Important to note:

The original COVID-19 vaccines can only be offered:

- o as primary series,
- as a booster for all children aged five to 11 and individuals aged 12 to 17 year who are not immunocompromised, or
- as a booster for individuals aged 18 and older only if the individual clearly requests it at the vaccine site.

MINISTRY OF INDIGENOUS AFFAIRS KEY MESSAGES ON BIVALENT COVID-19 BOOSTER

If you have questions, please contact or visit:

- The [Ontario COVID-19 website](#), which continues to be updated to reflect any changes to vaccine recommendations and eligibility.
- The Provincial Vaccine Contact Centre at 1-833-943-3900 to speak with an experienced health agent or health specialist at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired, or speech-impaired: 1-866-797-0007), available in more than 300 languages, seven days a week from 8:00 a.m. to 8:00 p.m.
- The SickKids COVID-19 Vaccine Consult Service at 1-888-304-6558 or sickkids.ca/vaccineconsult (appointments are available in multiple languages)
- The Scarborough Health Network VaxFacts Clinic at 416-438-2911 ext. 5738 or www.shn.ca/vaxfacts. Appointments are available seven days a week, from 9 a.m. to 8 p.m., in over 200 languages.

NUTRITION UPDATES

Announcement: Nutrition North Canada Enhancements

Minister Dan Vandal announced the enhancements to NNC. The investment of \$143.4 million over two years will expand NNC and includes an additional \$36 million for the Harvesters Support Grant, \$60.9 million to launch a new Community Food Programs Fund and \$1.5 million over two years for NNC's Food Security Research Grant to inform ongoing and locally driven food security solutions. Please see the infographic and announcement link below.

Learn how the expansion of **Nutrition North Canada** is helping to strengthen food security in the North

Nutrition North Canada is a **key piece** of the federal government's food security response in northern communities



RETAIL SUBSIDY

Extend subsidy to include local food producers, charitable organizations and food banks.



HARVESTERS SUPPORT GRANT

More grant funding, broader support for local food production, including food and harvesting infrastructure.



COMMUNITY FOOD PROGRAMS FUND

A dedicated fund to support a variety of community-led food security activities for retail, locally grown, and country food.



NUTRITION EDUCATION INITIATIVES

Continue to support culturally appropriate and community-based nutrition education activities.



FOOD SECURITY RESEARCH GRANT

A dedicated grant to support research to gather new information for supporting food security in the North.



Government
of Canada

Gouvernement
du Canada

Canada

[LINK TO NEWS RELEASE](#)





NUTRITION UPDATES

Website: [Anishinabek Agriculture](#) (click link)

Developed by the Anishinabek Nation; this site provides information on a large variety of topics including; agriculture, aquaculture, agricultural education, environmental sustainability, food security and food sovereignty, and funding sources.

Virtual Conference: University of Toronto: Food as Medicine Update 2022

- Nutrition Around the World: Best Practices and Clinical Integrations

The Food as Medicine Update series was created to address the knowledge-gap in continuing medical education related to the role of nutrition in patient care. It is a full day symposium for healthcare professionals designed to address the emerging interest in therapeutic diets for chronic disease prevention.

The conference will be held on November 25, 2022. Register [here](#).

Resource: Nutrition Surveillance Data Tool

Health Canada's Bureau of Food Surveillance and Science Integration (BFSSI) has released the [Nutrition Surveillance Data Tool on the Public Health Infobase](#). The tool presents usual intakes of energy, nutrients and other dietary components using data collected in the 2015 Canadian Community Health Survey – Nutrition (CCHS – Nutrition) in an interactive and user-friendly way.

This data tool enables users to look at the 2015 CCHS – Nutrition usual intake data in three ways:

1. In a graph that displays the usual intake distribution among Canadians for a nutrient and age-sex group of interest and where these intakes fall relative to Dietary Reference Intakes (DRIs).
2. On a map of Canada that shows the percentage of children, adolescents and adults in each province consuming inadequate or excessive intakes of nutrients of interest.
3. In a customizable table that presents usual intake distributions for nutrient, age-sex group(s) and region(s) of interest.

All questions may be directed to nutrition.surveillance-nutritionnelle@hc-sc.gc.ca.



CANCER DRUG FUNDING FOR FIRST NATIONS, INUIT, MÉTIS AND URBAN INDIGENOUS PEOPLE

This reference sheet summarizes drug coverage options for First Nations, Inuit, Métis and urban Indigenous peoples in Ontario.

Getting and Renewing an Ontario Health Insurance Plan (OHIP) Card

All First Nations, Inuit, Métis and urban Indigenous peoples who live in Ontario are eligible for coverage under OHIP and public drug coverage programs available to Ontarians.

A valid OHIP number is needed to access services in the hospital and to apply to Ontario's drug coverage programs.


- To apply to OHIP and get an Ontario Health card, please visit: ontario.ca/page/apply-ohip-and-get-health-card#section-3
- To renew an Ontario Health card, please visit: ontario.ca/page/health-card-renewal#section-0

Cancer Drug Coverage Programs in Ontario

All First Nations, Inuit, Métis and urban Indigenous peoples living in Ontario can apply to any of Ontario's cancer drug coverage programs. A valid OHIP is needed to apply.

	Take-home cancer drugs (e.g., oral cancer drugs)	IV or hospital-administered cancer drugs
Programs	Ontario Drug Benefit Program (ODB); Exceptional Access Program; Case-by-Case Review Program (<i>for rare cancers</i>)	New Drug Funding Program Case-by-Case Review Program (<i>for rare cancers</i>)
Who is Covered?	<ul style="list-style-type: none"> • Ontario residents with a valid health card • Must meet one of the eligibility categories for ODB (e.g., over 65 years or older, live in long-term care, on social assistance) • Patients who do not qualify under other categories for ODB benefits, should enroll into the Trillium Drug Program. 	Ontario residents with a valid health card
How to Apply	If prior approval is required your prescribers can apply on behalf of their patients.	Prescribers apply on behalf of their patients.
Costs Covered	Amount covered depends on age/income. Patients may have co-payments/deductibles when they fill their prescription at the pharmacy.	100% drug costs covered. (Ontario Health directly reimburses the hospital).





CANCER DRUG FUNDING FOR FIRST NATIONS, INUIT, MÉTIS AND URBAN INDIGENOUS PEOPLE

Non-Insured Health Benefit Program (NIHB)

The NIHB program provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other social programs, private insurance plans, or provincial or territorial health insurance. For eligibility details, visit the Indigenous Services Canada (ISC) website at canada.ca/en/indigenous-services-canada.html.

- NIHB will consider funding for oral cancer medications. Patients should apply to the Ontario Drug Benefit/Exceptional Access programs first.
- NIHB is often seen as a payer of last resort.
- Options if your drug is not covered.
- Ask your cancer care team for an alternate treatment option that is covered.
- Private insurance companies and drug companies may offer some financial assistance.
- Ask your cancer care team for a referral to a medication reimbursement specialist (also called drug access navigator, drug access facilitator). These individuals can assist in finding drug coverage from a variety of sources.

Sample of Other Supports

Please see below for more information on some of the types of supports that are available for First Nations, Inuit, Métis and urban Indigenous people. Please contact your Indigenous Navigator to learn more.

- Seek out supports through the hospital you are accessing
- Reach out to charitable organizations, such as the Canadian Cancer Society, to learn about programs and services such as:
 - Finding accommodation during cancer treatment.
 - Getting transportation to cancer treatment.
 - Accessing financial support programs.
- Learn about programs and services, such as the ones listed below, through the Indigenous Health and Wellness Strategy (Provincial) and Indigenous Services Canada (Federal).
 - Indigenous language translation services in a health and medical context.
 - Health navigators.
 - Jordan's Principle.
- For primary care supports please reach out to the Indigenous Primary Health Care Council: iphcc.ca.



TRAINING OPPORTUNITIES

éduCATIE+

HIV and hepatitis C courses for service providers

Education and training for your organization, from Canada's source for HIV and hepatitis C information.

CATIE offers blended learning courses on HIV and hepatitis C at no cost, combining the best of online education and live instructor training for service providers across the country.

				
Learn Online for	Flexible Schedule	Interactive	Live Training	Certificate
3 to 6 weeks	1 hour per week	online lessons, forums, webinars, readings	knowledgeable and experienced instructors	issued for all participants upon completion

Preventing the Sexual Transmission of HIV covers:

The Biology of HIV Transmission | Assessing and Communicating Sexual HIV Transmission Risk | Highly Effective HIV Prevention Strategies
Benefits and Limitations of Additional Risk Reduction Tools

To find out how your organization can participate, contact a Health Education Coordinator at CATIE:
info@catie.ca | 1-800-263-1638






AANIISH NAA GEGII: THE CHILDREN'S HEALTH AND WELL-BEING MEASURE

What is the ACHWM?

The ACHWM is a self-report, tablet-based health and well-being survey. It is designed for Indigenous children from 8 to 18 years of age.

The ACHWM is 'wholistic' and gauges the spiritual, emotional, physical, and mental health of Indigenous children and youth.

CONTACT US

-  achwm.team@gmail.com
-  achwm.ca
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ACHWM

AANIISH NAA GEGII: THE
CHILDREN'S HEALTH AND
WELL-BEING MEASURE

FREQUENTLY
ASKED
QUESTIONS



What is the purpose of the ACHWM?

- The ACHWM provides Indigenous communities or organizations with an overview of the health and well-being of children and youth.
- The ACHWM can be support your community in population health assessments, clinical health screenings, and program evaluations.

Why was the ACHWM developed?

- The ACHWM was intended to empower Indigenous children and youth by allowing them to have a voice in their own assessment.
- It was developed because there were no children's assessment tools relevant to Indigenous cultures.

What information will my community get back?

- Communities will get individual information in the form of the ACHWM report (ex. flags and health scores) as well as group information (ex. health trends).
- The ACHWM team will not look into a community's individual data unless the community requests specific data or a report from us.

Do children and youth get to see their results?

- Yes, children and youth who complete the survey are given the option to see their results visualized on the BALANCE app.
- No one beyond the mental health worker and ACHWM facilitator will see individual children and youth's results without parent or guardian permission.



How can my community get started using the ACHWM?

- Visit achwm.ca/contact to connect with the ACHWM team. We can recommend first steps based on your community and your needs.
- Our ultimate goal is to enable communities to gather their own data for their own purposes as part of local best practices.

What supports are offered to children and youth after completing the ACHWM?

- Mental health supports must be available to children and youth after they complete the survey.
- After an initial session, a mental health worker will determine if additional appointments with them or another health care practitioner would be helpful.
- Support services are provided by the community's local health team.

What happens if a child or youth's responses to the ACHWM suggest urgent support is needed?

- When the child completes the ACHWM, the tablet will 'flag' any concerning responses. A mental health worker will confirm that the answers provided are valid and true. Then, the mental health worker will connect the child to local supports.
- The mental health worker uses their discretion in order to determine if they need to follow the legal duty to report in the case that the child is in immediate risk of harm.

Benefits of the ACHWM

Developed by Indigenous Children

The ACHWM was developed with and for Indigenous children, giving them a voice in their own health assessment.

Wholistic Health

The ACHWM generates a better understanding of spiritual, emotional, physical, and mental wellness.

Voluntary

The survey is completely voluntary, requires consent, and takes between 10 to 15 minutes.

Connect with Supports

The ACHWM is a starting point to connect children who need support to local services. The tablet engages hard to reach children and acts as a catalyst for honest conversation.

Balance app

The results are shared with each child or youth in a visual format to help them understand their strengths and opportunities for growth.

Overview of Health

The ACHWM provides Indigenous communities or organizations with an overview of the health and well-being of groups of children in their communities. The results from groups of children suggest areas where community leaders should direct more services or provide support to advocate for program funding.

Important Information

Post-Survey Brief Health Assessment

The ACHWM has sensitive questions that children told us are really important. The tool 'flags' any responses that require a private conversation with a local health worker after completing the ACHWM. This person can help them understand their strengths and challenges, and connect them to local supports if necessary.

Confidentiality

All data gathered remains confidential. In the event that the results suggest that a child may be at potential risk, the information will be shared with a local health worker to ensure timely assessment and local support.

Data Storage

Each community decides how children's data is owned, stored, and controlled. Some data may be securely stored at Laurentian University, without names or personal information, for access to group reports.



SAVE THE DATE: CHIEFS OF ONTARIO FALL CHIEFS ASSEMBLY

Save the Date



Chiefs of Ontario

Fall Chiefs Assembly

The Chiefs of Ontario (COO) will be hosting a Fall Chiefs Assembly (FCA) in Toronto, Ontario, on the territory of many nations, including the Six Nations of the Grand River, Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. The FCA will take place in person and online on November 15-17, 2022, with Dialogue Sessions on November 14, 2022. Please note agenda items and discussions on Day 1, November 15, 2022, will be specific to Mining and Resource Development (TransCanada).

Where: Hybrid - Join in person or online

Marriot Downtown Toronto
475 Yonge St, Toronto, Ontario

Dates: November 15-17, 2022

Registration is now open. Please register using this link: <http://coo.smudging.ca/>.

For more information, please visit www.chiefsmeeting.com or email meetingsupport@coo.org.

 @ChiefsOfOntario



**REGISTRATION FOR THE COO FALL CHIEFS ASSEMBLY IS NOW OPEN.
PLEASE REGISTER USING THIS LINK: [HTTP://COO.SMUDGING.CA/](http://COO.SMUDGING.CA/).**



FOR ADDITIONAL INFORMATION AND MEETING MATERIALS, PLEASE SCAN THE QR CODE OR VISIT WWW.CHIEFSMEETING.COM. ALL INQUIRIES, PLEASE EMAIL MEETINGSUPPORT@COO.ORG.





HEALTH COORDINATION UNIT

The Health Coordination Unit (HCU) is the technical advisory body supported by the coordinating capacity of the Chiefs of Ontario office. It is comprised of the Health Directors of the PTOs, Six Nations of the Grand River and one representative from the Independent First Nations. The Health Coordination Unit is accountable to the Ontario Chiefs Committee on Health (OCCOH), the Leadership Council and the Ontario Chiefs in Assembly. The Health Coordination Unit identifies health issues, prepares briefing papers and develops and recommends health strategies that require political support and action.

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Interim member: ALANA HILL, ALANAHILL@SIXNATIONS.CA





ONTARIO CHIEFS COMMITTEE ON HEALTH

The Ontario Chiefs Committee on Health (OCCOH) is comprised of Political Leadership from the PTOs, Six Nations of the Grand River and one representative from the Independent First Nations. The OCCOH is supported by the coordinating capacity of the Chiefs of Ontario office. The Ontario Chiefs Committee on Health works with the Health Coordination Unit to identify health issues from the communities they represent and provide political support to advocate to all levels of Government. The OCCOH members are accountable to and provide direct updates to the Chiefs-in-Assembly.

MEMBERSHIP

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