

Health Newsletter



We know you are very busy helping your communities get their COVID-19 vaccines and otherwise stay as safe as they can in this pandemic. Chiefs of Ontario is working to get access to data about progress with vaccination.

Some communities are putting their vaccination data into the central provincial COVAXON system – and many are not. We understand there might be different reasons for this. Maybe communities have not been asked to enter data into the COVAXON system. Maybe they are entering the data into their own system. Maybe there are other reasons.

Regardless of the how data are being managed locally, entering data into COVAXON is important. It can help individuals by making sure they and their doctors get reminders and alerts about their vaccines. It can also help track how many doses have been given, how safe the vaccine seems to be and how well it is working for all First Nations in Ontario. This can help strengthen advocacy for First Nations.

With respect to self-determination, the Chiefs of Ontario, Ministry of Health and Indigenous Affairs Ontario have agreed that First Nations data in COVAXON are only to be used to track and improve the roll-out of COVID-19 vaccine. The data which is collected are not to be used for research.

For more information about why putting data in COVAXON will help individuals as well as the common good of all First Nations in Ontario, please see the attached infographic. For more information about getting started with data entry, **please contact: Susy Faria (MOH) Susy.faria@ontario.ca**

(continued: pg. 4 & 5)

HIGHLIGHTS

Message from Health Director

- Farewell Carmen R. Jones

Public Health Highlights:

- Public Health Alert COVID-19 - Variants of Concern, Importance of Vaccination, Public Health Measures
- Toolkit

Research Highlights

- Vaccination Data Path

Community Wellness Highlights:

- RAO: Best Practice Spotlight Organization Indigenous Focused
- Optional Educational Opportunity - HIV and Hepatitis C Testing
- Mental Health Crisis Lines

Non-Insured Health Benefit Highlights

- NIHB Joint Review Update
- Non Insured Health Benefits Program Progress List 2016-2020



UPCOMING EVENTS

July 2021

Meeting to discuss the COVAXON System: Details to follow

HEALTH DIRECTORS COMMENTS

Final Comments from Carmen R. Jones



Carmen R. Jones
COO Health Director

As my time will be coming to an end I look back on the past several years with pride. It has been a great pleasure to be the Health Director for the Chiefs of Ontario I can't believe how quickly the time has flown. I have had the opportunity in meeting many great health professionals from communities. As well to my colleagues at the Federal and Provincial levels it has been great seeing many familiar faces and meeting new individuals along the way. I am honored to have had the opportunity to work alongside a great team within the Chiefs of Ontario Health Sector. Thank you to the Ontario Chiefs Committee on Health for providing great political advice and the Health Coordination Unit Health Directors for providing that technical lens. I wish you all the best as we move forward with the health agenda. My hope is that the Federal and Provincial Governments continue to provide that commitment to increase capacity to assist communities in their journey.

I find great comfort in knowing that the strength of our Health Department at the Chiefs of Ontario will continue and I have confidence that the new Health Director will continue to build on these achievements. I will not be leaving the Chiefs of Ontario but moving into the new Research and Data Management Sector as the Director.

I look forward to crossing paths in the future.

Miigwetch

Sincerely,
Carmen R. Jones

A handwritten signature in black ink, appearing to be 'C. Jones', written over a horizontal line.

PUBLIC HEALTH HIGHLIGHTS

Public Health Alert COVID-19 – Variants of Concern, Importance of Vaccination, Public Health Measures

Dear Chief and Health Director:

As you are aware, COVID-19 Variants of Concern (VOCs) have been circulating in Ontario and the Alpha variant (also known that the variant first identified in the United Kingdom) was responsible for the “third wave” that Ontario experienced over the winter and early spring. Unfortunately we are still seeing outbreaks in some communities that were impacted late by this wave.

We now know that the Delta variant (also known as the variant that was first identified in India) has been confirmed in all health units in Ontario. This variant is currently responsible for over 25% of cases in one of the southern ON health units. It is predicted that over the summer the Delta variant will become the dominant variant of COVID-19 in ON.

Research is continuing into the Delta variant, but we have learned that it is even more transmissible than the Alpha variant, and that 2 doses of vaccine provide much more protection than one dose.

We are writing to inform you of this evolving information and to emphasize the importance of continuing vaccination efforts, especially ensuring that your community members do get vaccinated, and that they get that critical second dose.

Continuing to Follow Public Health Measures

Children have not yet been fully vaccinated – they are still susceptible to COVID-19, and we have seen many children affected in some communities. Although most children recover easily and quickly from COVID-19, some can have severe disease.

Please continue to advise your residents to practice public health measures to prevent the spread of COVID-19 even if they have been vaccinated:

□

If there are clusters or outbreaks in a community people should not visit other people’s homes and limit interactions with others as much as possible to prevent spread

□

PERSONS WITH ANY SYMPTOMS should get tested immediately and stay away from others as much as possible

□

Persons waiting for test results should self-isolate until test results are known and they are notified by their health care provider about next steps

□

Wear a well-fitting 3-ply mask and practice physical distancing of 2-metres when out of your home to get essential supplies, groceries, medications, etc.

□

Continue to wash hands often and practice good hygiene

□

Cover your cough or sneeze

This advice is intended to supplement, not replace, the advice of your local public health unit. Communities continue to work hard to prevent the spread of COVID-19. Thank you for all of your continuing efforts in promoting vaccinations and public health measures.

Dr. Maurica Maher

Regional Public Health Physician

First Nations and Inuit Health Branch, Ontario Region

CLICK
HERE

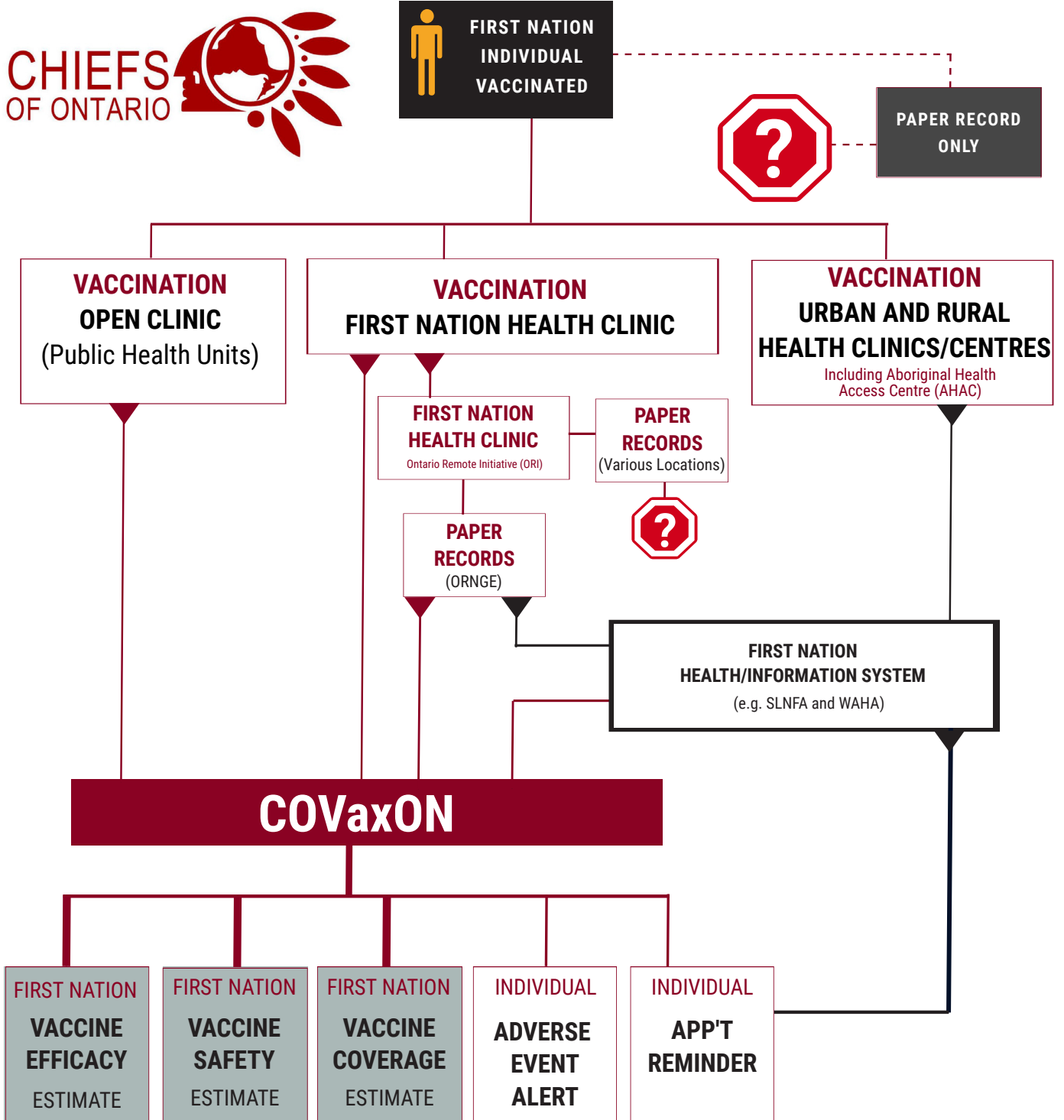
[COVID-19 TOOL KIT: UPDATE 5](#)

RESEARCH HIGHLIGHTS

Weekly Covid-19 test reports can be found here <https://www.coo-covid19.com/news>

VACCINATION DATA PATH

COVaxON DATA SYSTEM





Benefits First Nations collective data (COVaxON)

First Nation individuals:

1. **Tracking receipt and dosage of vaccine inventory:** Information is recorded, less likely to miss second shot, will eliminate the potential of a delay in receiving second shot, it will ensure the second shot matches the product used for the first shot (e.g. *Pfizer -vs- AstraZeneca*) notifications about adverse events

First Nation communities:

1. **Vaccine coverage:** Estimates of how many doses have been administered could help in advocacy for more access to vaccines, if needed. The fact that the coverage estimates are based on the Ontario government's own information system will make it easier to focus on vaccine uptake rates, rather than debate the source of the data. Vaccine uptake information could also help increase enthusiasm for and confidence in vaccination within communities.
2. **Vaccine safety:** It is important to know if adverse events among First Nations people are more or less common and same or different from events in other populations. Because adverse events are mercifully very rare, analysis has to be done over a large population, larger than any individual community.
3. **Vaccine effectiveness:** It is crucial to know how well COVID-19 vaccines work in First Nations people. Because vaccine failure is likely to be uncommon, analysis of how well the vaccine works has to be done over a large population, larger than any individual community. It also requires comparison of vaccination data with COVID-19 test results and hospitalization data, which may or may not be available within every community.

When all communities enter their data into COVaxON, the analysis can be done FOR all First Nations in Ontario BY First Nations, through the secretariat at Chiefs of Ontario. This can tell the most accurate story about how many more doses of vaccine are needed, how safe the vaccines are and how well they work among First Nations people. It also takes the work of doing these analyses off the backs of individual communities, who may already be busy enough supporting the health and wellness of their people.

Community Wellness Highlights

Mental Health Crisis Lines

First Nations and Inuit Hope for Wellness Help Line

Service languages: Ojibway, Cree, Inuktitut, English, French

Provides 24/7 culturally grounded assessment, referrals, support in times of crisis, and suicide intervention. The Hope for Wellness Help Line offers immediate help to all Indigenous peoples across Canada.

It is available 24 hours a day, 7 days a week to offer:

- counselling
- crisis intervention

Call the toll-free Help Line at 1-855-242-3310 or connect to the online chat at hopeforwellness.ca

ISC: <https://www.sac-isc.gc.ca/eng/1576089519527/1576089566478>

NATIONAL INDIAN RESIDENTIAL SCHOOLS RESOLUTION HEALTH SUPPORT PROGRAM

<https://www.irsss.ca/faqs/how-do-i-reach-the-24-hour-crisis-line>

Crisis Line 1-866-925-4419 provides immediate emotional support for former Indian Residential School students. Available 24 hours a day, 7 days a week.

Indigenous Services Canada – Indian Residential Schools Resolution Health Support Program

<https://www.sac-isc.gc.ca/eng/1581971225188/1581971250953>

Coverage:

1. The initial assessment covered - 2 hours
2. Counseling sessions covered are 60 hours 1-2 hour sessions (If the client is traveling to the counseling session minimum of 2 hours needs to be booked)

The client can divide the 60 hours with individual, family and/or telehealth counseling, if the client requires further sessions, the provider can request for more counseling hours to be approved.

NAN HOPE: <https://nanhope.ca/> tel:1-844-626-4673

<https://www.nan.ca/resources/nan-hope/>

The Nishnawbe Aski Mental Health Wellness Support Access Program (NAN Hope) provides community-driven, culturally appropriate and timely mental health and addictions support to members of the 49 First Nations communities in the Nishnawbe Aski Nation Territory.

The Program features:

- 24/7 live answer at the toll-free telephone line at 1-844-NAN-HOPE (626-4673)
- Live web-chat and text support through the website at nanhope.ca or Facebook Messenger
- Streamlined navigation to existing community-based and regional support services, bridging possible gaps in services;
- Rapid access to confidential counselling support by telephone; and,
- Access to a 24/7 crisis/distress support line.

These links provide locations for local urban Indigenous Health Centres and Friendship Centres which may provide crisis supports.

LOCAL ABORIGINAL HEALTH ACCESS CENTRES

https://www.iphcc.ca/home/iphcc_members/

LOCAL FRIENDSHIP CENTRES

<https://ofic.org/friendship-centres/find/>

Mental Health Crisis Lines

NATIVE WOMENS ASSOCIATION OF CANADA

<https://www.nwac.ca/covid19-support/>

NWAC Elder Support

Our team of in-house Elders are here to support you during this time of crisis, offering support and building resiliency.

They are available Monday–Friday, from 9–11 a.m. EST and 1–3 p.m. EST.

Elder Roberta Oshkawbewisens Toll Free: 888-664-7808

Talk 4 Healing

Service languages: Ojibway, Oji-Cree, Cree, English, French

Provides 24/7 culturally sensitive counselling, advice and support to Indigenous women.

1-855-554-4325

Online service at www.talk4healing.com

MMIW Crisis Line

Service languages: English, French

Provides 24/7 support to family, friends and community members who are being impacted by the loss of a missing or murdered Indigenous woman, girl or Two-spirit person.

1-844-413-6649

Kid's Help Phone

Service languages: English, French

Provides 24/7 anonymous and non-judgemental support to youth and teens.

1-800-668-6868

Online service at www.kidshelpline.ca

Youth Services Bureau Service languages: English, French

Provides 24/7 counselling and crisis line for youth and the LGBTQ community in Ottawa and Eastern Ontario; will also make referrals in other cities.

1-877-377-7775

Online service at www.ysbchat.ysb.ca
Thurs to Sun 4 p.m.–10 p.m. EST

Trans-Lifeline

Service language: English

Provides 24/7 support, information and resources to transgender or questioning people, as well as to their families and friends.

1-877-330-6366

Canadian Association of Suicide Prevention

Service language: English

Provides educational materials and resources. Links to suicide prevention and intervention lines across Canada.


www.suicideprevention.ca


Canada Suicide Prevention Helpline, 1-833-456-4566

Crisis and support services are listed below. If you or someone you know has suicide-related concerns, please call.

**Whenever you need to talk,
we're open.**

 KidsHelpPhone.ca/Indigenous

 Text 686868 (youth) or 741741 (adults)

 Call 1-800-668-6868

 Message at [Facebook.com/CrisisTextLinepoweredbyKidsHelpPhone](https://www.facebook.com/CrisisTextLinepoweredbyKidsHelpPhone)

Indigenous people can connect with an Indigenous volunteer crisis responder when available by messaging FIRST NATIONS, INUIT or METIS over text or messenger.



Kids Help Phone 

Mental Health Crisis Lines

The Tkaronto Indigenous Peoples Portal (TIPP) is a response to recommendations made by the local urban Indigenous community in Toronto, providing access information to services, events, programs, businesses in a centralized way. The following link provides links to numerous counselling services in Tkaronto. <https://indigenousto.ca/tag/counselling/>

Call Auntie: Indigenous COVID Pathways Helpline - 437-703-8703

Call Auntie <https://indigenousto.ca/call-auntie-indigenous-covid-pathways-hotline/>

A call line for support services for those with difficult family and community situations, run by the Baby Bundle Project and 7th Generation Midwives, Toronto

Ontario.ca:

If you are experiencing a mental health or addictions related crisis:

- Contact your doctor
- Go to the nearest hospital
- Find resources at ConnexOntario
- Call 911 or Telehealth Ontario at 1-866-797-0000



Distress and Crisis Ontario

If you are in distress, crisis, or are experiencing suicidal thoughts, we are here to help and support you.

For support over text, text SUPPORT to 258258

<https://www.dcontario.org/>

<https://www.dcontario.org/locations/> Find a location near you.





Kids Help Phone offers kids, teens and adults a critical lifeline of hope and support through our free services which are available 24/7 in English and French. First Nations individuals reach out to Kids Help Phone from every corner of the country via phone, text, Facebook Messenger, and through our internationally-recognized website. In addition, Kids Help Phone helps connect young people to local services through the largest national database of youth-serving programs in Canada.

Brighter Days: An Indigenous Wellness Program

After a successful pilot, Brighter Days: An Indigenous Wellness Program by Kids Help Phone will launch across Canada in September to an even wider audience of Indigenous youth. Brighter Days was developed by Indigenous experts to empower First Nations, Inuit and Métis youth with skills, tools and resources to support their well-being. The program is offered to any group of Indigenous youth from six to 29 years old in both audio and video format.

Groups begin with an introductory session, featuring a video of former NHL player Jordin Tootoo, that demystifies Kids Help Phone services and encourages help-seeking behaviours. Groups then have the option of selecting additional sessions based on the priorities of their community. Each session module is focused on a different wellness topic such as healthy relationships, coping with anxiety, substance use, online safety and more. Registration for the Fall is now open at [KidsHelpPhone.ca/BrighterDays](https://www.KidsHelpPhone.ca/BrighterDays)

Indigenous Engagement Program

This summer we are launching a new [Indigenous Engagement Program](#) in Ontario. The program is a network of volunteer Champions and Ambassadors in Indigenous communities and urban centres to connect youth to resources and critical supports from Kids Help Phone and our partners. It's a wonderful volunteer opportunity for adults and youth as young as 10 years old.

Spread the Word about Kids Help Phone in your Community

Please download materials to share on your social channels, order free outreach materials to distribute and subscribe to our Indigenous Initiatives Network to stay informed on new services and partnership opportunities. You'll find all of this information and more at www.KidsHelpPhone.ca/FindingHope or by emailing us at Indigenous@kidshelpphone.ca.

Registered Nurses' Association of Ontario



At the Registered Nurses' Association of Ontario (RNAO) the Best Practice Spotlight Organization (BPSO®) designation is a strategy that supports best practice guideline (BPG) implementation and sustainability at the organizational level to enable practice excellence and positive health outcomes. It was established in 2003, is internationally renowned, and has been successful in driving clinical, organizational and health system improvements in over 1000 health and academic organizations locally, nationally and internationally. The program's strategic approach has served to promote the development of evidence-based cultures, improve care and enrich the professional practice of nurses and other health-care providers. The overall goal is to optimize nursing care, client and organizational outcomes through the use of RNAO BPGs by promoting a culture of evidence-based nursing practice and management decision-making.

The RNAO is partnering with Indigenous communities and organizations to tailor RNAO's successful BPSO® program described above. The BPSO® adaptation for Indigenous communities is occurring collaboratively with local BPSO® sites to ensure that Indigenous values, beliefs and needs drive the program. Through a tailored approach for Indigenous communities, the RNAO is partnering with six Indigenous communities in this first BPSO® cohort. They are: Anishnawbe Mushkiki, Chigamik Community Health Centre, Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team, Ontario Native Women's Association, Sandy Lake First Nation and Seventh Generation Midwives Toronto. In this article, Sandy Lake First Nation provides a first-hand narrative of their experiences with the Indigenous-focused BPSO® program.

Sandy Lake First Nation is located in Northwestern Ontario. It is a remote rural community accessible only by flying in and winter road travel. The current population of Sandy Lake is over 3100. In February 2019, the Chief and Council of Sandy Lake First Nation signed a contract with the Registered Nurses' Association of Ontario (RNAO) to collaborate on the Indigenous-focused Best Practices Spotlight (BPSO®) program.

Although Sandy Lake may be one of hundreds of BPSOs® to use RNAO's evidence-based best practice guidelines to improve client outcomes, it stands out amongst many BPSOs® because of its community led, grass roots approach to implementing guidelines. Sandy Lake is the most remote community to participate in the Indigenous-focused BPSO® program in Ontario. Their engagement is vital to the breath and depth of the BPSO® program. As Greta Meekis, BPSO® Lead says "our voices should be heard".

Sandy Lake BPSO® created a team which consists of knowledge keepers, traditional healers, kokums and mothers. These community members are who Sandy Lake seeks guidance and opinions from with respect to future positive impacts of the BPSO® program on services, clients and the community. The team collaborates with prenatal mothers, babies, families, elders, community team, prenatal staff, the local nursing station (Indigenous Services Canada) and physicians who support community care.

The Sandy Lake BPSO® team works together to provide the best available care for all. The approach is to integrate Indigenous traditional and western approaches to care. The BPSO® team integrates specific recommendations from RNAO's Person- and Family-Centred Care Best Practice Guideline in a way that continues to preserve Sandy Lake's traditions with today's technology. Over the past two years, Sandy Lake BPSO® has worked one-on-one with prenatal women and moms to maintain Sandy Lake's traditions and sustain the trust of community members, with great success.

Written by: Greta Meekis, BPSO® Lead

Educational Opportunity



FNIHB-OR: CD Unit
Education Opportunity (Optional)

CD Unit: Educational Opportunity (Optional)

Please share this free optional education opportunity with CHNs, or other allied service providers and supports within your zone involved with HIV and Hepatitis C support.

Topic:	HIV and Hepatitis C Testing
Offered by:	CATIE (Canada's Source for HIV and Hepatitis C information)
Date & Time:	July 5 th – July 30 th , 2021 (see below details)
Language offered in:	English
Geographical Region:	Canada
Registration:	https://survey.alchemer.com/s3/6307176/TST-CAN-0721-OR?ct=t(outreach_email_bi_HIVHCVtesting)

About the Course: The course is comprised of 4 weekly online modules. Each module takes approximately 1 hour to complete at your own pace during the week. The course concludes with an online meeting that brings together participants to discuss and reflect on the testing knowledge as it relates to their work. The online meeting is 2 hours in length and will be recorded for those participants who cannot attend live.

Course Details: Throughout this course, participants learn about the importance of testing for HIV and hepatitis C, what testing technologies exist in Canada, and key considerations to support people throughout the testing process. By exploring different approaches to testing and the barriers that exist from both an individual-level and system-level, service providers come away with strategies to facilitate testing and linkage to care, treatment, and prevention in their communities and with their clients. Please see further details on the course outline attached.

Registration: Please register for the course to access the modules and further information at: [https://survey.alchemer.com/s3/6307176/TST-CAN-0721-OR?ct=t\(outreach_email_bi_HIVHCVtesting\)](https://survey.alchemer.com/s3/6307176/TST-CAN-0721-OR?ct=t(outreach_email_bi_HIVHCVtesting))

About the Webinar: Please see course outline attached.

About the Presenter: Mary Choy is an education coordinator at CATIE providing education on HIV and Hepatitis C to health care providers across Canada. Mary can be contacted at mchoy@catie.ca or 1-800-263-1638 ext 261

Course Overview

/ COURSE OUTLINE

éduCATIE+
 HIV and hepatitis C courses for service providers

HIV and Hepatitis C Testing

Topics covered

Week 1: Introduction to Testing

Week 2: HIV Testing & Diagnosis

Week 3: Hepatitis C Testing & Diagnosis

Week 4: Key components of the HIV and hepatitis C testing process

Online meeting: HIV and Hepatitis C Testing: Implications for front-line service providers

Target audience

This course is geared towards front-line service providers who work with people who can benefit from HIV and/or hepatitis C testing. Participants should have a basic understanding of HIV and hepatitis C before beginning this course.

Time commitment

Participants should expect to commit 1.5 hours per week to complete all assigned online activities. The online meeting is approximately 2 hours long.

Technical requirements

- Desktop, laptop or tablet computer
- Internet connection
- Up-to-date Chrome, Firefox, or Safari web browser. *Note: this course cannot be completed with Internet Explorer.*
- Valid email address

Course Overview

CATIE's *HIV and Hepatitis C Testing* course aims to develop in-depth knowledge of testing technologies, approaches to testing, and how all service providers play an important role in reaching people with HIV and hepatitis C. Throughout this course, participants learn about the importance of testing for HIV and hepatitis C, what testing technologies exist in Canada, and key considerations to support people throughout the testing process. By exploring different approaches to testing and the barriers that exist from both an individual-level and system-level, service providers come away with strategies to facilitate testing and linkage to care, treatment, and prevention in their communities and with their clients.

This course is facilitated by a CATIE health education coordinator, providing instruction through a combination of online interactive e-learning units, discussion board assignments, and an online meeting.

Participants are requested to complete all online activities prior to attending the online meeting.

Learners will receive a certificate upon completion of all learning activities.

Learning objectives

At the end of the course, the learner will be able to:

1. Explain the importance of testing.
2. Identify barriers and facilitators to HIV and hepatitis C testing.
3. Explain the HIV testing and diagnosis process and the types of tests used for HIV.
4. Explain the hepatitis C testing and diagnosis process and the types of tests used for hepatitis C.
5. Describe testing procedures that are key components of the HIV and hepatitis C testing process.
6. Identify key strategies and actions to support reaching people with undiagnosed HIV and hepatitis C.

For more information contact Mary Choy,
Health Education Coordinator.

✉ mchoy@catie.ca | ☎ 1-800-263-1638 ext. 261

Non-Insured Health Benefits Joint Review Update

Overview

To date, the Assembly of First Nations (AFN) and the First Nations and Inuit Health Branch (FNIHB) have been undertaking a National Joint Review process of Non-Insured Health Benefits (NIHB) program. This was made possible when the AFN secured an agreement from then Federal Health Minister Ambrose in March 2014 to conduct a comprehensive joint review of NIHB which came to be known as the AFN – FNIHB NIHB Joint Review. A Joint Review Steering Committee (JRSC) was created to provide oversight and guidance to the National Joint Review with members of equal representation from First Nations and FNIHB.

The overall objectives of the Joint Review was identified and to implement actions that:

- Enhance client access to benefits;
- Identify and address gaps in benefits;
- Streamline service delivery to be more responsive to client needs; and
- Increase program efficiencies.

A critical path was created through the JRSC to outline steps to take in the review process in order to gain feedback on the Benefit areas: 1) Dental and Orthodontics, 2) Drug and Pharmacy, 3) Medical Supplies and Equipment, 4) Mental Health Counselling, 5) Medical Transportation, and 6) Vision Care. This was informed through regional engagements, surveys, site visits, written submissions from First Nation citizens, Health Providers and Service Providers, and a national NIHB Forum.

The feedback from the engagement process was rolled into individual Benefit Recommendations. As each Individual recommendations are reviewed by the JRSC, Implementation Plans were identified and based on approval by the First Nations caucus (of JRSC) and FNIHB. In Ontario, the recommendations were reviewed by the Ontario NIHB Networking Group, a table coordinated by COO Regional NIHB Navigators and submitted to AFN for the Joint Review process.

The Joint Review So Far:

The following benefits areas have been completed: Mental Health Counselling (2016), Dental (2018), Vision (2018), Pharmacy (2018/2019). Medical Supplies and Equipment is pending upon final approvals. Medical Transportation is the last benefit to be reviewed and is currently on-going.

As part of the implementation, AFN was active in securing First Nation representation to participate on the following NIHB Advisory Committees:

- Drug and Therapeutics Advisory Committee (DTAC)
- National Oral Health Advisory Committee (NOHAC)
- Medical Supplies and Equipment / Vision Care Advisory Committee (MSEAC)

For more details on NIHB Program progress, please refer to the AFN-FNIHB Non-Insured Health Benefits Program List 2016-2020.

Next Items for the Joint Review Process:

Due to the on-going COVID-19 pandemic, the JRSC's review of the Medical Transportation benefit is delayed. Following the complete review of the Medical Transportation benefits, the JRSC will review Administrative and Operational Irritants of the NIHB program.

Once the Joint Review is complete, its expected that an NIHB Overview Report will be produced to highlight the changes to the NIHB program as result of the Joint Review process.

AFN Resolution 74/2018, Non-Insured Health Benefits: Ongoing Commitment to a Joint Process, is a continuation of the conversation with the FNIHB on NIHB to ensure there is a process for on-going input into the NIHB Benefits while supporting First Nations as they consider options for transfer and/or transformation of NIHB.

Non-Insured Health Benefits Program List 2016-2020

Non-Insured Health Benefits Program Progress List 2016-2020

The NIHB Program prepared this document to highlight some key changes and improvements made since 2015. For more information on current NIHB Program policies and coverage, please visit www.canada.ca/nihb

2016	2018	2019	2020
<p>Pharmacy Benefit NIHB added 199 items (DINs), including 32 different medications, for treatment of conditions such as epilepsy, type 2 diabetes, osteoarthritis and chronic obstructive pulmonary disease.</p> <p>NIHB added coverage of Naloxone for treatment of opioid overdose, and simplified the process for coverage of Suboxone to treat opioid use disorder.</p> <p>Dental Benefit NIHB increased coverage for partial plastic dentures to be eligible for replacement every 5 years (instead of 8).</p> <p>NIHB established an advisory body of oral health professionals to provide expert advice on dental benefits and oral health for NIHB clients. The committee includes First Nations and Inuit dental professionals, and the AFN has an observer seat.</p> <p>To increase access to preventive oral health care, dental hygienists can now submit claims to NIHB as independent providers (within provincial/territorial scope of practice).</p> <p>NIHB removed the predetermination requirement for standard root canal treatments (except for wisdom teeth).</p> <p>Vision Care Benefit NIHB added coverage of progressive lenses for close and distance vision correction.</p> <p>Communications and Client Support NIHB shared client information through the Healthy First Nations and Inuit Facebook page, on topics such as client eligibility/registration of children; preventive dental and vision care benefits; coverage of smoking cessation products; coverage of prenatal vitamins.</p> <p>NIHB created a generic email address so client can easily contact the Program online.</p>	<p>Dental Benefit NIHB reviewed preventive dental benefits and increased coverage for sealants and preventive resin coatings. Coverage for these services now includes bicuspid and is provided for clients age 17 years and under (increased from 14 years).</p> <p>Medical Supplies and Equipment Benefit NIHB added new types of hearing aids as eligible benefits.</p> <p>NIHB increased coverage for urinary catheters to 4 per day and removed the prior approval requirement.</p> <p>Mental Health Counselling Benefit New funding was announced for the introduction of traditional healer services through projects to be developed and delivered by First Nations and Inuit organizations.</p> <p>Access to mental health counselling was expanded by removing the 'crisis' requirement to access benefits.</p> <p>Medical Transportation Benefit NIHB expanded coverage so all pregnant women who require transportation outside their community to deliver their babies are eligible for an escort.</p>	<p>NIHB listed new limited use benefits including commodes, diabetic walking boots, orthosis for club foot, and oxygen conserving devices.</p> <p>NIHB removed prior approval requirements for many bathing, toileting, transfer and mobility aids, as well as numerous off-the-shelf limb and body orthotics (e.g. splints, braces), within Program price and quantity guidelines.</p> <p>Communications and Client Support NIHB extended coverage for unregistered infants up to 18 months of age to give parents more time to apply for their child's status number.</p> <p>The NIHB Drug Exception Centre (DEC) now takes calls from clients related to medication benefits, and received over 7000 client calls in 2018.</p>	<p>Vision Care Benefit NIHB implemented changes to coverage of corrective eyewear. New standard coverage amounts are based on prescription strength and can be used toward the purchase of any type of prescription eyewear.</p> <p>Pharmacy Benefit NIHB added 393 items (DINs) including 21 new medications and products for treatment of conditions such as rheumatoid arthritis, chronic obstructive pulmonary disease, type 2 diabetes, eczema and opioid use disorder.</p> <p>NIHB listed Shingrix, a vaccine to prevent shingles, as a limited use benefit on January 11, 2021. Prior approval is not required for clients between 65-70 years of age. Shingrix is also covered for clients in cancer treatment, and may be covered on exception for clients with other serious health conditions that weaken their immune system.</p> <p>NIHB changed the listing status of numerous oral diabetes medications to open benefit (no prior approval required).</p> <p>NIHB launched a new and improved online Drug Benefit List. Updated daily, it allows clients and prescribers to easily search NIHB drug benefits and coverage criteria.</p> <p>Dental Benefit NIHB expanded coverage for preventive dental services. Topical antimicrobial treatments such as silver diamine fluoride are eligible for coverage without predetermination. Clients under 17 years of age are eligible for 3 applications in 12 months, and clients 17 and older are eligible for one application in 12 months.</p> <p>Medical Supplies and Equipment Benefit NIHB added new coverage for augmentative and alternative communication (AAC) face-to-face equipment and accessories. These communication aids are used to supplement or replace natural speech when clients have a significant speech impairment, and include items like speech generating devices (SGD), communication displayboards and software, and wheelchair mounting equipment.</p> <p>Communications and Client Support Express Scripts Canada now processes claims for NIHB pharmacy, dental, MS&E, vision and mental health benefits. New services for NIHB clients include a national call centre and personal client web accounts for online claims submission and access to claims history.</p>
<p>2017</p> <p>Pharmacy Benefit NIHB added 180 new items (DINs), including 35 different medications, for treatment of conditions such as asthma, ADHD, type 2 diabetes and various types of cancer.</p>	<p>Pharmacy Benefit NIHB added 207 items (DINs), including 64 different medications for treatment of conditions such as cancer, diabetes, hypertension, and psoriasis.</p> <p>Naloxone nasal spray (Narcan) was listed as open benefit.</p> <p>Dental Benefit NIHB increased coverage of fluoride treatment to include clients of all ages. Clients 17 years and older are eligible for one fluoride treatment in 12 months.</p> <p>NIHB removed the predetermination requirement for mild sedation (nitrous oxide and oral sedation).</p> <p>NIHB increased provider fees for orthodontic services, and created a new tool that makes it easier for providers to submit cases for predetermination of coverage.</p> <p>Medical Supplies and Equipment Benefit NIHB added new benefit coverage for electronic blood pressure monitors, completely-in-canal hearing aids, nipple shields for nursing mothers, and various items to support gender identity.</p>	<p>Pharmacy Benefit NIHB added 479 items (DINs) including 124 new medications and products for treatment of conditions such as multiple sclerosis, type 2 diabetes, HIV, eczema, opioid use disorder and chronic obstructive pulmonary disease.</p> <p>Coverage for blood glucose test strips and lancets for clients who manage their diabetes with insulin was increased to 8 per day of each item.</p> <p>NIHB established the Nutrition Products Formulary for clients with a medical need for products like thickening agents, infant formulas, and nutritional supplements. These are limited use benefits, and include products for infants, children and adults.</p> <p>Dental Benefit NIHB added coverage for all-porcelain/ceramic crowns.</p> <p>Medical Supplies and Equipment Benefit NIHB added new listings for limited use benefits including medical strollers, standing frames, positioning chairs, portable ceiling lifts and tracks, FM systems, cochlear implant and bone anchored hearing system processors, voice restoration equipment, and a 'back-up' manual wheelchair for clients using a power wheelchair.</p> <p>NIHB added new types of health professionals to prescribe or recommend benefits within their scope of practice, including chiropractors, dietitians, speech-language pathologists, occupational therapists, and physiotherapists.</p>	

THE COO HEALTH COORDINATION UNIT

The Health Co-ordination Unit (HCU) is the technical advisory body operating under the umbrella of the Chiefs of Ontario. 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 Unit is supported by the coordinating capacity of the Chiefs of Ontario office. 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.

COO HEALTH SECTOR

CARMEN R. JONES
HEALTH DIRECTOR
RESEARCH & DATA MANAGEMENT DIRECTOR
CARMEN.JONES@COO.ORG

ZACHARIAH GENERAL
ASSOCIATE HEALTH DIRECTOR
ZACHARIAH.GENERAL@COO.ORG

ROSEANNE SUTHERLAND
RESEARCH MANAGER
ROSEANNE.SUTHERLAND@COO.ORG

CAROL ANN MARCOUX
COMMUNITY WELLNESS MANAGER
CAROLANN.MARCOUX@COO.ORG

VACANT:
POLICY AND RELATIONSHIPS MANAGER

HEALTH CO-ORDINATION UNIT

GEORGINA LENTZ
NISHNAWBE ASKI NATION
GLENTZ@NAN.CA

JAMIE RESTOULE
ANISHNAWBEK NATION
JAMIE.RESTOULE@ANISHNAWBEK.CA

LYNDIA JONES
INDEPENDENT FIRST NATION
LYNDIA@IFN.CA

SUZANNE NICHOLAS
ASSOCIATION OF IROQUOIS ALLIED INDIANS
SNICHOLAS@AIAI.ON.CA

TASSANEE WEESE
GRANDCOUNCIL TREATY #3
TASSANEE.WEESE@TREATY3.CA

LORI DAVIS-HILL
SIX NATIONS OF THE GRAND RIVER
LDAVISHILL@SIXNATIONS.CA

