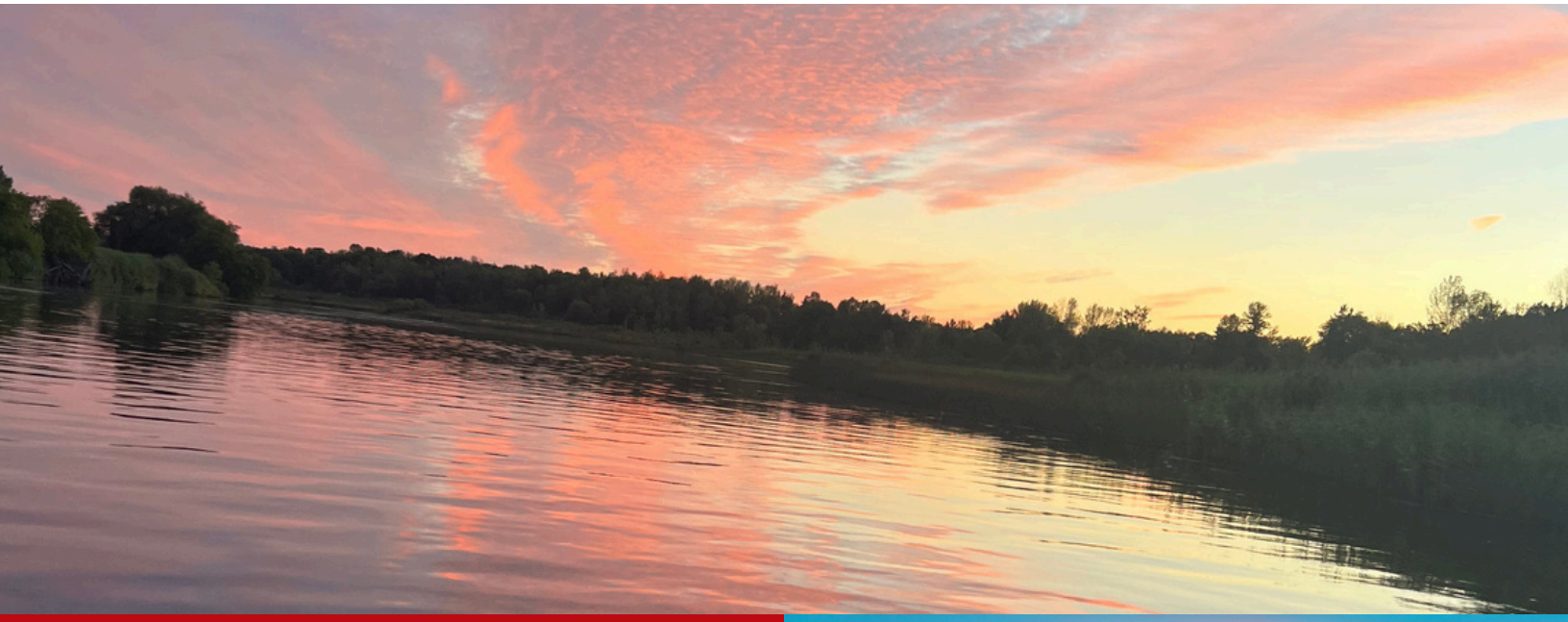
HEALTH SECTOR NEWSLETTER
SUMMER 2026



Highlights

- *Meet our newest team member!*
- *Special Projects Updates*
  - *Health Human Resources*
  - *Mental Health Mapping*
- *Collaboration with the Ontario Drug Policy Research Network (ODPRN)*
- *And more!*

Greetings,

Welcome to the Summer 2026 edition of the COO Health Sector Newsletter.

I would like to take this opportunity to acknowledge and uplift the communities that have been and continue to be impacted by this year's wildfires. We would also like to extend our gratitude to the communities who have provided support wherever and however they could.

Our summer edition provides updates on files undertaken by the Health Sector, including Health Human Resources updates, collaboration work between COO and the Ontario Drug Policy Research Network (ODPRN) and we are excited to welcome a new staff member to the Health team.

As we move through the summer months, we remain committed to working alongside First Nations, leadership, and partners to advance priorities that strengthen health systems and improve the well-being of our Nations. We hope you find this edition informative and encourage you to connect with the Health Sector if you have any questions.

Sincerely,

Zachariah General
Director of Health
Chiefs of Ontario

Aanii!

I am excited to join the COO Health Team. I am an Anishinaabe Kwe whose homelands extend through Sagamok Anishinawbek on my mom's side and Molanosa / Montreal Lake Cree First Nation on my dad's side. Before I started at COO, I was catching babies and training to become a midwife at the Toronto Metropolitan University. In 2022, I transitioned away from hands-on work for my health and focused on policy! I rely on my research and analysis skills from my time spent at the University of British Columbia, where I earned my Bachelor of Arts in Sociology. I have worked with the Chiefs of Ontario as the Early Learning and Child Care Policy Analyst for over three years.

The Chiefs of Ontario Early Learning and Child Care file is dedicated to the care and well-being of First Nation children and families, with a focus on children ages 0-12.

COO ELCC works to:

- Support First Nations in Ontario to incorporate Indigenous Early Learning and Child Care (IELCC) into their communities in ways that honour self-determination, jurisdiction, and self-governance.
- Assist in navigating the multiple policy and funding frameworks across numerous federal and provincial programs, departments and ministries.
- Coordinate the regional funding allocation for federal funding under the Indigenous Early Learning and Child Care Framework.

The COO ELCC work is guided by a technical table, the Early Learning and Child Care Regional Table (ELCCRT). ELCCRT works to advocate on key ELCC issues for First Nations in Ontario. This includes addressing gaps in data, funding and policies and asserting jurisdiction over ELCC with a First Nations perspective.

Miigwetch,

Anangons Johnson-Owl
Early Learning and Child Care Policy Analyst,
Chiefs of Ontario

The Chiefs of Ontario (COO) have been working in collaboration with the Ontario Drug Policy Research Network (ODPRN) on the following:

- Creation of an Opioid Community Steering Committee to guide all stages of the research.
- Produced annual reports on opioid use, related harms, and access to treatment among First Nations people in Ontario.
- Developed confidential community-specific reports to support local planning and decision-making.
- Shared findings through community presentations, conferences, reports, webinars, and peer-reviewed publications.
- Secured funding to continue and expand this work in response to First Nations priorities.

COO Opioid Research Communications and Project Liaison, Sacha Bragg (third from right) pictured with ODPRN staff.

The collaboration between the Chiefs of Ontario (COO) and the Ontario Drug Policy Research Network (ODPRN) is built on a shared commitment to improving the health and well-being of First Nations people through respectful, community-driven research. Over the past several years, the partnership has grown through ongoing collaboration, trust, and a shared understanding that research must be guided by First Nations priorities.

Special Projects Updates

Health Human Resources (HHR)

The Health Human Resources project officially concluded in March 2026. However, Special Projects Officer Frances Pine will continue to maintain and update the Community Contact List Database as new information is received. Some First Nations have not yet registered to access the database. If your community has staff changes or updated contact information, or if you would like to register your community for database access, please reach out using the contact information below. Once registered, your community will receive a pre-recorded training overview, along with login credentials for up to two designated password holders.

Mental Health Mapping

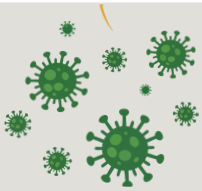
For the 2026–2027 fiscal year, the Special Projects Officer and the Chiefs of Ontario Mental Health Mapping Project Steering Group will work with individuals, organizations, agencies, and the 133 First Nations in Ontario to develop a comprehensive inventory of mental health services available to First Nations. The project will identify a broad range of supports, including services related to substance use disorders and other specialized needs, such as gambling, gaming, vicarious trauma, and related mental health concerns.

The project will also place a specific focus on neurodiverse and neurodevelopmental populations. Standard mental health approaches and assessment measures may need to be adapted to better support these individuals and their families, caregivers, and broader support circles. Data collection will take place between July and November 2026. Once completed, the information will be compiled into a comprehensive report for the Health Coordination Unit and First Nations. An online component will also be developed to provide community members and community workers with access to an asset map of mental health services and resources available across Ontario.

The online component will also:

- Identify service gaps and areas where culturally safe, community-based mental health supports are limited or unavailable.
- Provide detailed information on specialized support needs, including services for neurodiverse and neurodevelopmental individuals.
- Highlight services identified by First Nations as culturally safe, effective, and responsive to community priorities.
- Include user-friendly tools and resources recommended by First Nations to help individuals, families, and community workers navigate available supports, develop care plans, and advocate for appropriate services.

If you have any questions regarding the HHR Project or the Mental Health Mapping Project, please feel free to contact the Special Projects Officer – Health, Frances Pine at: frances.pine@coo.org or via cell phone at: 416-200-0299.



INFECTIOUS DISEASE PREVENTION

The Health Sector, along with the Chiefs of Ontario Public Health Advisor, continues to prioritize efforts to address viruses that circulate and pose risks to our communities.

Respiratory illnesses such as influenza, RSV (respiratory syncytial virus), and COVID-19 remain active and continue to spread.

In addition, Measles, which can also infect the respiratory tract, has seen a recent surge in cases.

WORKING GROUP

Public and community health remain a priority for First Nations in Ontario.

The Chiefs of Ontario, in partnership with the Ministry of Health, has established a Public Health Information Sharing Working Group for 2026–2027. The group will include representation from each PTO, IFN, and Six Nations of the Grand River, and will meet two to three times per year to discuss priority issues and share relevant public health information.

PUBLIC HEALTH ACTIVITIES

Other public health activities occurring within the Health Sector include membership on various committees such as:

1. Vaccination Distribution Table

2. FNIHB-Ontario Region Chiefs Calls

3. AFN National Public Health Experts Table

4. Membership on the Emergency Operation Centre-Fire and Flooding Evacuation Calls

5. STBBI working group calls

6. Vaccine Preventable Disease Working Group.

Measles vaccine

Protect your children, protect yourself, protect your community.

Vaccines have been protecting people and communities against diseases for many years. Boost your vaccine confidence by learning how vaccines can protect First Nations, Inuit and Métis from measles.

What is measles?

Measles is a virus that spreads easily and can lead to serious complications, such as brain swelling and death. Measles can cause high fever, cold-like symptoms and a bad cough, followed by a red, blotchy rash on the face that spreads down the body. Measles is especially dangerous for children under 5 years, pregnant people and those with a compromised immune system.

Vaccination is the best way to protect yourself and your children from getting measles.

Why should I get this vaccine?

When you have all the recommended doses of the measles vaccine, protection is nearly 100%. The vaccine can protect against severe symptoms and complications caused by the virus.

Who should get this vaccine?

In Canada, the measles vaccine is usually given in childhood but is also recommended for those who did not receive all doses or never had a measles infection in the past.

Canada has 2 measles vaccines: measles-mumps-rubella (MMR) or measles-mumps-rubella-varicella (MMRV).

Where can I get the measles vaccine?

All provinces and territories offer free measles vaccines as part of their routine immunization program. If you think you or your child missed any measles vaccine doses, please contact your local healthcare provider or public health department.

What are the possible vaccine side effects?

Most side effects are minor and resolve on their own. Common side effects include pain, redness and swelling at the injection site. You may experience a mild fever, joint pain and a rash appearing 1 to 3 weeks after the vaccine. Severe reactions are rare.

Talk to your community health nurse or healthcare provider about how to help relieve symptoms after vaccination.

What to do after vaccination?

Wait in the clinic for 15 minutes after receiving your vaccine. Notify someone immediately if you experience any side effects.

Seek medical help if your symptoms get worse (for example, trouble breathing, swelling of face or rash) or last longer than 48 hours.

Catalogue: R122-65/2024E-PDF
ISBN: 978-0-660-71507-0

For more information:
Canada.ca/vaccines

Indigenous Services Canada | Services aux Autochtones Canada

Canada

Resources and Guidance
Information on specific measles exposure locations and what do if you are exposed: Measles Exposures in Ontario.

The routine measles and outbreak-related immunization schedules for Ontario: Routine and Outbreak-related Measles Immunization Schedules

Additional Resources related to measles prevention and exposure can be found here:

- ***Indigenous Services Canada***
- ***Ontario College of Family Physicians***
- ***SickKids***

PHUs are working with local Indigenous healthcare organizations and First Nations communities to collaborate on tailored strategies that are culturally appropriate and based on what the communities' needs are for supports and messaging.

First Nations communities and organizations can also reach out to local PHUs or healthcare providers for more information on individual vaccination schedules, access to measles vaccines, and to learn more about specific guidance on measles outbreak response in their region.

If there are any additional questions please reach out to Leonor Tavares, Manager, Indigenous and Intergovernmental Unit at leonor.tavares@ontario.ca.

Health Canada has created a fact sheet for NIHB clients on the Canadian Dental Care Program (CDCP). The Fact Sheet provides clarification on questions from First Nations on CDCP enrollment and how it relates to their NIHB. A link to the fact sheet will be shared on Health Canada's website.

Fact Sheet
For Eligible Non-Insured Health Benefits (NIHB) Clients

There is no change to how First Nations and Inuit access dental coverage through the NIHB Program. Eligible clients should continue to access the dental coverage available to them through Indigenous Services Canada's NIHB Program.

The Canadian Dental Care Plan (CDCP) helps make the cost of oral health care more affordable for uninsured Canadian residents with an annual adjusted family net income of less than $90,000.

First Nations and Inuit who are eligible for the federally delivered NIHB Program can apply to the CDCP if they meet the eligibility criteria. However, given the similarities in the coverage, services, and the established fees paid by both the CDCP and NIHB Program, it is expected that limited to no additional coverage will be available through the CDCP.

CDCP Eligibility

Canadian residents may qualify for the CDCP if they meet all of the following criteria:

- have no access to dental insurance*
- have an annual adjusted family net income of less than $90,000
- be a Canadian resident for tax purposes
- have filed their tax return in Canada the previous year, including their spouse or common-law partner if applicable.

Additional information can be found on Canada.ca/dental and under the section 'Do you qualify'.

Eligibility is reassessed annually to confirm that individuals covered under the CDCP still meets the eligibility criteria. Information on how to renew the coverage under the plan is available on Canada.ca/dental.

**This means having no access to dental insurance through: an employer or a family member's employer benefits (including health and wellness spending accounts); a pension or a family member's pension benefits (including federal, provincial and territorial government pension plans); a professional or student organization; or purchased individually by a family member or through a group plan from an insurance company.*

Government of Canada Gouvernement du Canada

Canada

Co-Payments

While there is no co-payment under the NIHB program, CDCP requires a client co-payment in some circumstances.

A co-payment is the percentage of CDCP established fees that are not covered by the plan, and that clients must pay directly to their oral health provider.

Co-payments are based on the CDCP client's annual adjusted family net income as follows:

- no co-payment for those with an annual adjusted family net income under $70,000;
- a 40% co-payment for those with an annual adjusted family net income between $70,000 and $79,999;
- a 60% co-payment for those with an annual adjusted family net income between $80,000 and $89,999.

In addition to any potential co-payments, CDCP clients may also have to pay additional costs directly to their oral health provider if the cost charged by the provider for the service they received is more than CDCP's established fees and/or the service is not covered under the CDCP.

Coverage

The CDCP and NIHB Program both cover a broad and similar range of dental services.

- Dental services covered under the NIHB Program are described in the NIHB Dental Benefits Guide.
- Dental services covered under the CDCP are described in the Dental Benefits Guide.

The NIHB Program provides coverage for medical transportation to access health services (including dental services) that are not available locally. Medical travel and transportation costs are not covered and will not be reimbursed under the CDCP.

Coordination of Benefit between NIHB and the CDCP

The NIHB Program is the first payer in relation to the CDCP.

Individuals covered under both plans must visit an oral health provider that will bill to the NIHB Program directly, as claims must be sent to NIHB first. Once claimed to NIHB, an Explanation of Benefits (EOB) will be provided, which can then be submitted to the CDCP by the oral health provider. Claims submitted to CDCP without an EOB from NIHB will be declined. The CDCP does not allow for client reimbursement.

Fees

The CDCP will not pay additional charges above the established CDCP fees. Since the fees of both CDCP and NIHB Program are aligned, no reimbursement solely on the fees is to be expected. This means that if a provider charges an NIHB client above the NIHB maximum fees, the balance will not be covered by the CDCP.

The CDCP Dental Benefit Grids identify the fees that will be reimbursed for CDCP eligible services directly to providers, which may not be the same as what providers charge. Any additional amount not covered by the CDCP will need to be paid by the CDCP clients directly to their providers, in addition to their co-payment, if applicable.

Additional Coverage

Through the coordination of benefits, there will be no service stacking or duplication of coverage between the CDCP and NIHB Program. For example, if an NIHB client used the maximum allowable units of scaling services under NIHB, the CDCP will not provide coverage for additional units of scaling.

Given the similarities in coverage and that benefits cannot be stacked, it is expected that the NIHB Program will cover all eligible services with limited to no coordination between the two plans.

Coordination of Benefit with Provincial/Territorial Programs

Coordination of benefits with the CDCP and NIHB Program will vary depending on provincial/territorial legislation and/or direction.

NIHB clients should continue to access benefits from any provincial/territorial plans for which they are eligible, before accessing NIHB coverage.

For information on how the CDCP coordinates benefits with provincial/territorial social dental programs, please refer to the CDCP Coordination of Benefits section on the Canada.ca/dental website under Information for oral health professionals.

More Information on the CDCP

For more information on the CDCP visit Canada.ca/dental. You can also contact the CDCP call centre at 1-833-537-4342 (select option number 2).

If a CDCP client or an oral health provider has questions, they can communicate with Sun Life CDCP call center at 1-888-888-8110.

With the rising rates of opioid-related harms and death, there is a pressing need to secure low-barrier access to harm reduction supplies, such as Naloxone (Narcan) in particular. Naloxone is a lifesaving medication that can reverse an opioid overdose by replacing the opioid molecules responsible for the overdose at receptor sites in the brain. Access to Naloxone, as well as Naloxone training, are instrumental to reducing the number of opioid overdose deaths in First Nations.

This program seeks to address this issue by ensuring that Ontario First Nations can access as many Naloxone kits as they need, when they need and where they need, with as little barriers possible.

For more information and to receive bulk quantities of Naloxone kits for your First Nation, please reach out to Faisal Khawaja, CEO at faisalk@marchesehealthcare.ca

For individuals interested in having kits shipped directly to your home, please visit www.getnaloxone.ca

Instructions for Use

NARCAN® (naloxone HCl) NASAL SPRAY 4 mg

Step 1: Identify Opioid Overdose & Call for Emergency Medical Help

Check for signs of an opioid overdose:

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest.
- Breathing is very slow, irregular or has stopped.
- Centre part of their eye is very small, like a pinpoint.

Call 911 or ask someone to call for you.

Lay the person on their back.

Step 2: Give NARCAN® Nasal Spray

Remove device from packaging. **Do not test the device.** There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.

Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into one nostril.

Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

Step 3: Evaluate and support

Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

Note: Each NARCAN® Nasal Spray device contains only one dose; use a new device for each additional dose.

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For a list of serious warnings, precautions and contraindications, refer to the product monograph.

Canada's Opioid Crisis: How You Can Help

The opioid crisis is a complex public health issue devastating the lives of many Canadians and their families who are experiencing accidental overdose or death from opioids.

TOGETHER, WE CAN SAVE LIVES

Get a free naloxone kit from a pharmacy. Naloxone is a medication that can temporarily reverse the effects of an opioid overdose. You do not need a prescription.

Take opioids as prescribed, store them in a safe place and dispose of unused opioids at a pharmacy. It is illegal to share prescribed opioids or take them from others.

Call 911, if you suspect an opioid overdose. Follow their instructions and administer naloxone if you have it.

Find support. If you or someone you know needs support for their opioid dependence or opioid use disorder, know that help is available. Our resource, Finding Quality Addiction Care, can help you to find services in your area.

Use non-stigmatizing language. Choose person-first language, which describes someone as a person before describing their health condition. Doing so can help break down negative stereotypes associated with substance use disorder or dependence.

An **overdose** can happen when you take more opioids than your body can handle, which can lead to difficulty breathing and unconsciousness. It can even be fatal.

The *Good Samaritan Drug Overdose Act* protects you from simple drug possession charges if you stay on the scene and call 911 after witnessing an overdose. The Act is designed to encourage and protect people to better prevent overdose deaths.

Instead of: Addict
Use: A person with a substance use disorder

THE OPIOID CRISIS IMPACTS US ALL

Substance use disorder or addiction is a treatable medical condition, not a choice.

Stigma creates barriers that prevent people who use substances from seeking and receiving the care and support they need. Be kind and compassionate to people living with a substance use disorder.

Canadian Centre on Substance Use and Addiction

Learn more at ccsa.ca/opioids

Lakehead University | Centre for Education and Research on Aging & Health

In partnership with Indigenous Services Canada Health and Social Services Sector and Health Canada, Lakehead University's Centre for Education and Research on Aging & Health (CERAH) is pleased to offer palliative care education for health and social care providers working with Indigenous Peoples in Canada.

BEGINNING THE JOURNEY

*Caring for Indigenous Peoples: Palliative Care Education for Health & Social Care Providers**

ALL DELIVERED VIRTUALLY

FEBRUARY 11, 18, 25 & MARCH 4, 2026

1:00 PM - 4:00 PM ET
(all dates)

COURSE FULL

Request to Register Form Due:
January 30, 2026

APRIL 30, MAY 7, 14, & 21, 2026

1:00 PM - 4:00 PM ET
(all dates)

COURSE FULL

Request to Register Form due:
May 1, 2026

JULY 8, 15, 22, & 29, 2026

1:00 PM - 4:00 PM ET
(all dates)

COURSE FULL

LIMITED SEATS AVAILABLE

OCT 8, 15, 22, & 29, 2026

1:00 PM - 4:00 PM ET
(all dates)

Request to Register Form due:
July 31, 2026

**formerly known as Palliative Care for Frontline Workers in Indigenous Communities*

Complete your Request to Register at cerah.lakeheadu.ca/events

Health Canada Santé Canada

Canada

Lakehead University | Centre for Education and Research on Aging & Health

BEGINNING THE JOURNEY

*Caring for Indigenous Peoples: Palliative Care Education for Health & Social Care Providers**

VIRTUAL WORKSHOPS

CERAH's education is Indigenous-led and facilitated by Indigenous and non-Indigenous health and social care providers, with guidance and support from local Elders and Knowledge Carriers. Workshops incorporate circle work, ceremony, case studies, hands-on learning, and small and large group discussions, along with additional resources to support continued learning.

Three identical workshops will be offered throughout 2026–2027. Space is limited

WHAT

This workshop is the **first part** of a **two-part** series that provides an introduction to the palliative approach to care.

WHO

This workshop is intended for health and social care providers who work with Indigenous Peoples. Priority will go to those who have not previously participated.

The workshop will be facilitated by a team that includes Indigenous and non-Indigenous registered nurses, social workers, and an Elder/Knowledge Carrier.

HOW

Interactive sessions will be held online via Zoom. They will include Q&A, discussions, and breakout sessions. Zoom allows for video and audio participation. Please note that connection through Polycom videoconferencing will not be available.

Participants are strongly encouraged to participate by video in order to experience the full benefit of the education, including small and large group activities, face-to-face engagement with facilitators and other participants, film presentations, resource sharing, and more!

REGISTRATION PROCESS

Enrollment is a two-step process.

Step 1: Complete the **Request to Register form**. Submitting this form does not guarantee a workshop spot, and you may be placed on a waitlist.

A member of the CERAH team will email you to either confirm your registration and request additional information (Step 2) or confirm you have been added to the waitlist. If a space becomes available, it will be offered to you.

Please note that the workshop and all supporting documents will be available in English only.

Notice of Photography: Photographs may be taken during this event, which may or may not include your recognizable image. By participating in this event, you consent to being photographed and authorize the University to use the photographs in print, digital or web-based format for its promotional and archival purposes. If you do not wish to have us use your photo, please advise us by email at: cerah@lakeheadu.ca

Questions? Contact cerah@lakeheadu.ca

knowledge collaboration action

Health Canada Santé Canada

Canada

Supporting the Journey Home:
Growing the Community Bundle to Care for those with Serious illness

Supporting the Journey Home: Growing the Community Bundle to Care for those with Serious Illness is an educational program designed from a First Nations lens. The goal is to promote the early integration of a palliative care approach in community care teams. It is intended for community care providers (not palliative care specialists) who want to embed palliative care approaches into their practice.

THE MODULES

1. Gathering Early in the Journey

2. Communicating in an Honest, Clear & Healing Way

3. Strengthening Connections among Community Helpers

WHAT YOU CAN EXPECT:

- Opening and Closing from a Language Speaker in each module
- Indigenous knowledge and wellness practices
- Features knowledge from First Nations community resource helpers who co-designed this program
- Circle Reflections to share successful strategies and how to overcome challenges
- Case studies depicting care in First Nations communities
- Language that is appropriate for community care providers in First Nations communities

COMMITMENT:

- 9 weekly 1.5-hour sessions (offered twice per week)
- Virtual learning (Zoom with audio and video)
- Participate in Circle Reflections and complete weekly exercises
- Provide feedback on the modules
- Access to an online learning platform (Moodle)

WHO IS IT FOR:

- This program is open to health and social care providers involved in supporting First Nations, Inuit, Métis, and Urban Indigenous (FNIMUI) individuals, families, and communities experiencing serious illness across Canada
- E.g. Physicians, nurse practitioners, nurses, social/mental wellness workers, patient coordinators, personal support workers, community health representatives, cultural workers, Elders.

FUNDED BY:

- Health and Social Sector of Indigenous Services Canada (ISC)–Ontario Region
- First Nations and Inuit Home and Community Care-National Branch, Indigenous Services Canada (ISC) -Government of Canada

CONTACT US:

Kathlene Bartlett: bartlk4@mcmaster.ca

Bethany Bocchinfuso: bocchinb@mcmaster.ca

www.palliativecareinnovation.com/journey-home

Project ECHO®

WoundPedia - Ontario Skin and Wound

REGISTER NOW

Register at: https://www.surveymonkey.com/r/3XDVRYS

Project ECHO is A LEARNING COMMUNITY for health care providers who have an interest in skin and wound care. The Project ECHO model features:

- live online 2 hour sessions
- short didactic lecture
- participant presented de-identified patient cases
- collaborative case discussions and care planning
- NSWOCC and partners-led discussion on integrating interprofessional teams for improved skin and wound patient outcomes
- Certificate of Attendance and Continuing Medical Education (CME)/Education Credits awarded by Queen's University

Open to all Healthcare Professionals across Ontario AT NO COST

Sessions held virtually through Zoom, on Wednesdays from 1-3pm ET

Cohort E Cycle 1: Limb Preservation (Leg & Foot ulcers)

September 30th - November 18th 2026

CYCLE 1

Sept. 30 - Diabetes, blood glucose control, foot ulcers, and Wound Bed Preparation: simplified 60 second screen to prevent foot ulcers

Oct. 7 - Arterial supply and concept of ability to heal

Oct. 14 - Other leg ulcers - skin biopsies, adjunctive therapies, etc

Oct. 21 - Pain control, wound bed preparation and pain, local measures, nociceptive and neuropathic approaches

Oct. 28 - Infection - local infection, deep and surrounding infection, NERD/STONEES

Nov. 4 - Vascular Leg ulcers, differential diagnosis - vascular and lymphatic

Nov. 11 - Venous ulcers and lower leg edema-compression therapy

Nov. 18 - Plantar pressure redistribution - contact cast and removable cast walker made irremovable, other offloading

Cycle 2 - Long Term Care Focused (Pressure injuries and other wound types) will run in Winter 2026/2027

Cycle 1 is complemented with our 1-Day skills training linked directly to our ECHO toolkit that includes an audible handheld Doppler, infrared thermometer, offloading materials and other enablers. This toolkit further strengthens daily practice by facilitating access to specialized tools and devices for knowledge translation into optimized clinical decision-making and patient outcomes.

Please stay tuned if there is a skills day hosted in your area.

NSWOCC ISPSCC
NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE CANADA

Queen's University

For more information, contact
Reneeka Jaimangal, Project Manager OR Linda Dorrington, Admin Assistant

289-232-0073

reneeka@woundpedia.com or linda@woundpedia.com

https://wound.echoontario.ca/

WoundPedia

Project Lead: Dr. Gary Sibbald BSc, MD, MEd, D.Sc (Hon), FRCPC (Med), (Derm), FAAD, MAPWCA, JM

Presented by: Interprofessional wound care team members from WoundPedia, Queen's University and NSWOCC

READY-TO-USE EDUCATIONAL BANNER SERIES FOR

INDIGENOUS AWARENESS & TRUTH AND RECONCILIATION

IN HEALTHCARE SETTINGS

When you're expected to:

- Advance awareness and education across your organization
- Support culturally safe care practices
- Deliver visible action tied to Truth and Reconciliation

All while managing limited time and resources, this banner series is already created, curated, and ready to go *— so you can implement meaningful education quickly and easily.*

No content development. No design process. No delays.

SIX BANNERS IN THE SERIES

- Professionally developed content focused on Indigenous healthcare realities
- Connected to additional resources for deeper learning
- Designed specifically for healthcare environments
- Quick to order, quick to deploy

WHAT THE BANNERS COVER

- Indigenous health disparities and systemic barriers
- Best practices for culturally safe care
- Programs and supports available to Indigenous patients

WHY IT MATTERS

- Reinforces staff awareness in everyday environments
- Supports institutional commitments to Truth and Reconciliation
- Creates visible, ongoing education beyond one-day events
- Helps you demonstrate action — not just intention

IDEAL TIMING

- National Indigenous Peoples Day (June 21)
- Truth and Reconciliation Day (Sept 30)
- Or as part of year-round education initiatives

Already in use in Ontario healthcare settings supporting Indigenous health initiatives.

READY-TO-USE EDUCATIONAL BANNER SERIES FOR

INDIGENOUS AWARENESS & TRUTH AND RECONCILIATION IN HEALTHCARE

A practical, low-lift way to bring Indigenous health education into your space — without creating materials from scratch.

HEARTEAM

HEALTH EQUITY ACTION RESEARCH TEAM

Western · London Health Sciences Centre Indigenous Health · CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

DEVELOPED BY EXPERTS IN HEALTH EQUITY

This banner series was an outcome of the Engaging for Change CIHR funded research project, led by Dr. Lloy Wylie, Dr. Lana Ray and the Health Equity Action Research Team (HEART) — an interdisciplinary group focused on advancing health equity through:

- Community engagement
- Health professional education
- Evidence-informed healthcare practices
- Policy and systems change

With a specific focus on Indigenous, immigrant, and refugee populations, HEART's work is grounded in real-world healthcare environments and partnerships.

PREVIEW BANNER DESIGNS

- Each banner is 33" w x 81" h
- **Includes Premium Stand** (wide, sturdy base has no protruding feet, levelling mechanism allows banners to stand on uneven floors. Silver aluminum finish and chrome caps)
- Graphic is printed in full colour, 1 side on 13oz matte vinyl

	BANNER DESIGN:	QUANTITY
1.	BRIAN SINCLAIR REPORT	
2.	JORDAN'S PRINCIPLE	
3.	IN PLAIN SIGHT	
4.	JOYCE'S PRINCIPLE	
5.	FIRST CLASS PEOPLE, SECOND CLASS TREATMENT	
6.	TRUTH & RECONCILIATION COMMISSION	
	TOTAL QUANTITY	

Single banners: $290 each
8-14 banners: $275 each
15-21 banners: $245 each

Eg. 4 banners would be $1,160 (4 x $290)
14 banners would be $3,850 (14 x $275)

OPTIONAL: Customize with your logo for $130.

x UNIT RATE _____
SUBTOTAL _____
CUSTOM BRANDING ☐ $130.00
SHIPPING (TBD) _____
TAX _____
TOTAL _____

ORGANIZATION NAME: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

SHIPPING ADDRESS: _____

PURCHASE ORDER# _____

PAYMENT OPTIONS:

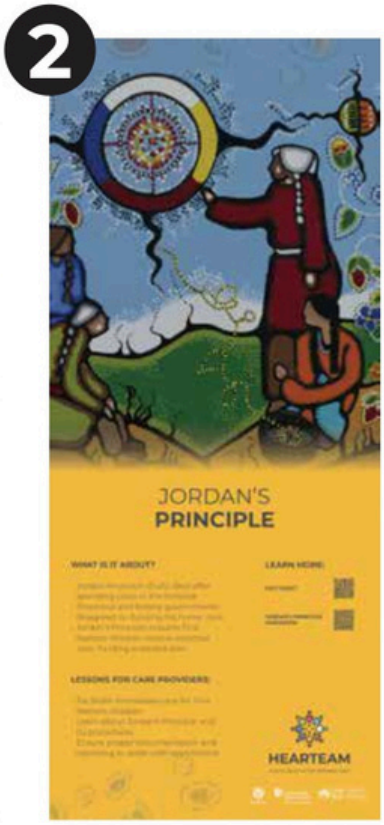
- ☐ CREDIT CARD
- ☐ CHEQUE
- ☐ ETRANSFER
- ☐ INVOICE

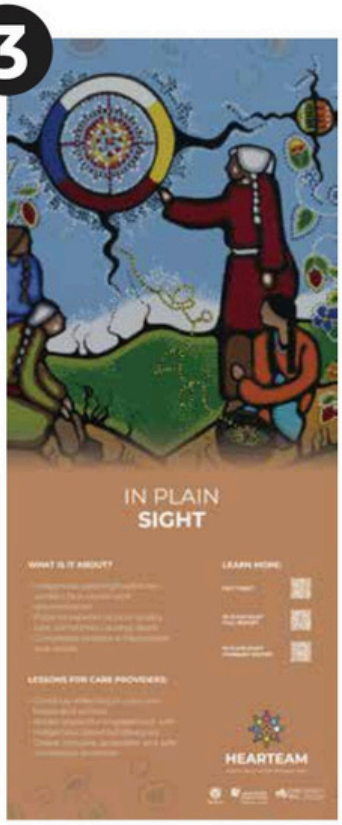
Please send completed forms to:
dawn@hipmama.ca
Contact 519-791-7061 for more information.

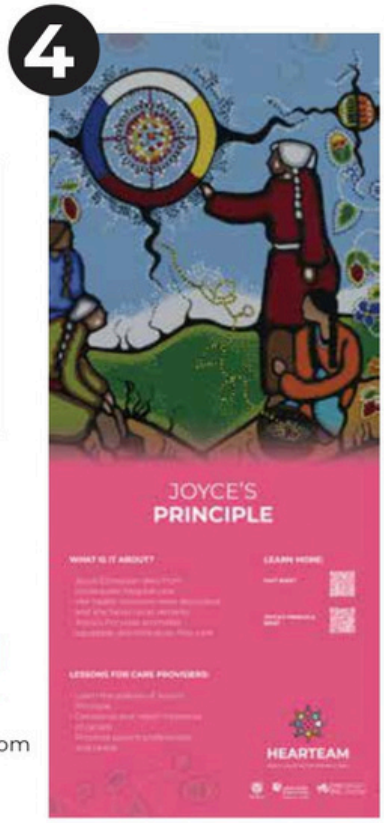
ADVANCING EQUITY
IN HEALTH & HEALTH CARE

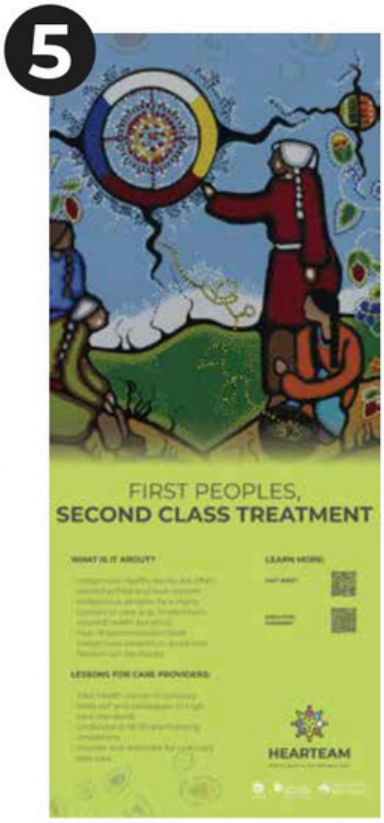
For each banner, corresponding single or double sided handouts are available.

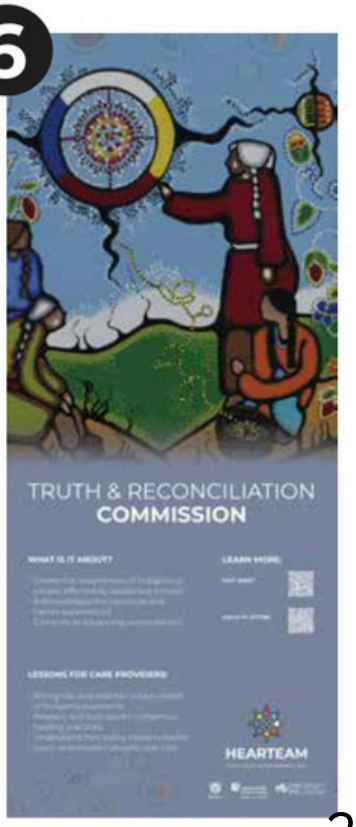
Please inquire for details.











HEARTEAM

HEALTH EQUITY ACTION RESEARCH TEAM

HealthEquityActionResearch.com
T: 519-661-2111 x 86309

Spotlight Opportunity!

Have an upcoming First Nations-led community event you would like to share?

Would you like to spotlight a staff member/program/ department from your community in the COO Newsletter?

Chiefs of Ontario's Health newsletter is published on a quarterly basis. If you are interested in providing a spotlight for the next newsletter, please email Kallie Diabo, Communications Officer, at Kallie.Diabo@coo.org.