

WINTER 2022 EDITION

# HEALTH NEWSLETTER



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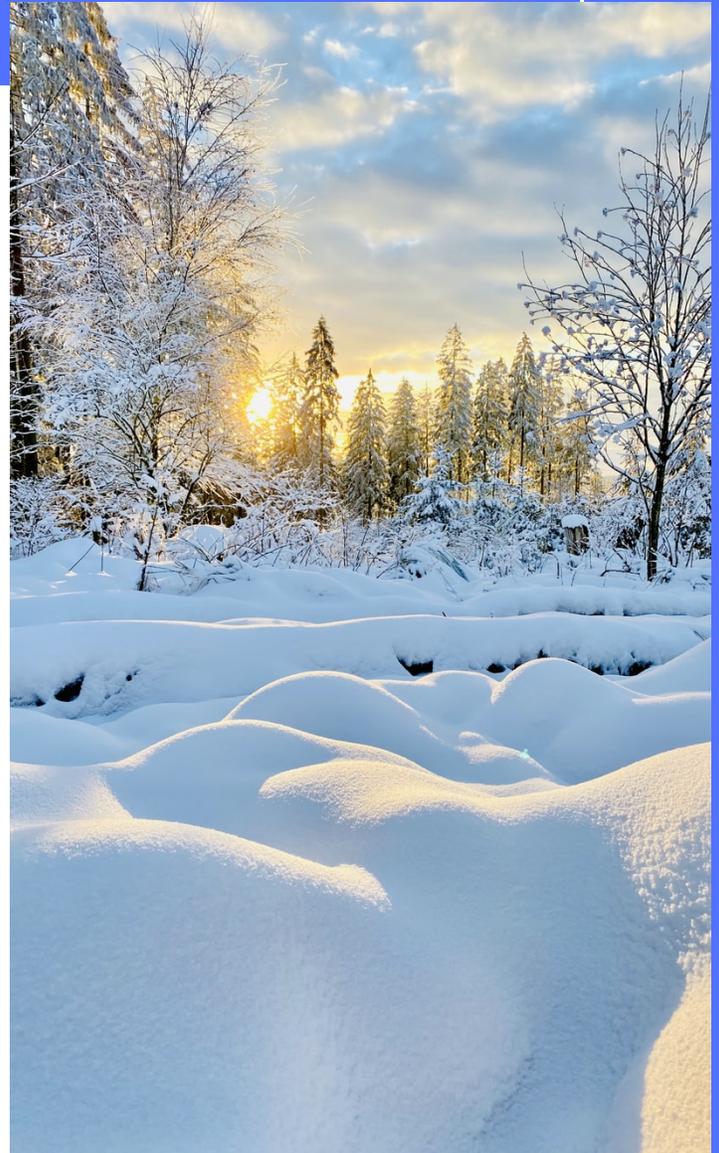
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[http://chiefs-of-  
ontario.org/priorities/health/](http://chiefs-of-ontario.org/priorities/health/)



# A Message from the Health Director



She:kon/Aaniin/Koolamalsi/Wachiyaa,

My name is Tobi Mitchell, and I am the new Director of Health for the Chiefs of Ontario as of July 2021. I come from my home community of Akwesasne, finishing up a term as an elected Chief and bring forth years of technical experience in Health Policy with the Independent First Nations, Chiefs of Ontario in Non-Insured Health Benefits and at the Assembly of First Nations. I want to thank Carmen Jones for her hard work and dedication over these last few years. I would also like to acknowledge all of the hard work that is being done on the front lines in all 133 First Nations. Without the dedication of front-line staff in coordinating emergency response, our communities would be in a much more critical condition, and we want to acknowledge the collective efforts put forth by the communities to keep their members safe.

While I know we are all suffering from ‘pandemic fatigue’ and are feeling the strain of the last two years; I want to extend our utmost appreciation to the leadership and front-line workers for the valuable work you are doing to help your communities navigate their way through this difficult time. While the pandemic is far from over, I encourage everyone to continue to get their vaccines and booster shots as they are eligible to receive them. We encourage you to practice all public health measures for the safety of you, your family and your community. We will see you all at the Annual Health Forum February 22-24, 2022, and hopefully in person again at the 2023 Health Forum!

Nia:wen,

Tobi Mitchell - [Tobi.Mitchell@coo.org](mailto:Tobi.Mitchell@coo.org)



Save the Date



Chiefs of Ontario

# 16th Annual Health Forum

*"Resiliency and Caring for Each Other Through the Teachings of our Elders and our Ancestors"*

February 22, 23, 24, 2022

A Virtual Event

More information to be available soon.

*Our Health, Our Future*

# REGISTRATION IS OPEN!

[CLICK HERE TO REGISTER!](#)

[HTTPS://PHEEDLOOP.COM/COOHEALTHFORUM/SITE/HOME/](https://pheedloop.com/coohealthforum/site/home/)

For assistance or additional information please contact:  
Healthforum@coo.org or Bernadette@coo.org.



# PUBLIC HEALTH UPDATES

LINDA OGILVIE, PUBLIC HEALTH ADVISOR  
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## OMICRON VARIANT

On 26 November 2021, the World Health Organization designated the variant B.1.1.529 a variant of concern (VOC) following advice from the WHO's Technical Advisory Group on Virus Evolution. The variant was given the name Omicron. New data from the Ontario Science Table estimates that approximately 4 million people in Ontario may have contracted the Omicron Variant since December 1st, 2021. This is based on surveillance testing of virus levels in wastewater. However, the lack of widespread PCR testing and a shortage of rapid test kits has made it difficult to achieve accurate numbers.

Omicron is a highly divergent variant with a high number of mutations, including 26-32 mutations in the spike protein of the virus. The Omicron variant is not a single strain, but rather a family of three: BA.1 BA.2 and BA.3. Omicron BA.1 is the most prolific strain in Ontario and currently accounts for the majority of cases. BA.2 is less prolific but has been found in some countries such as Denmark, Nepal and the Philippines. BA.3 sub-variant has been detected in Belgium but it is too early to predict how this variant will evolve.

Evidence to date continues to demonstrate that infection with the Omicron variant causes less severe disease compared to infections with the previous Delta variant. However, due to the increased transmissibility of Omicron, the absolute number of severe cases continues to pose a threat to our health care system. Accelerated vaccination efforts are necessary especially for those individuals most at risk as well as continuing with community-based public health measures.

Most recently Ontario's Chief Medical Officer of Health, Dr. Kieran Moore credited COVID-19 vaccines, especially third doses, and the new antiviral medications, as the reasons why Ontario needs to shift to a more "balanced response to the pandemic. This could include learning to live with the virus."



# PERSPECTIVES OF ONTARIO'S CHIEF MEDICAL OFFICER OF HEALTH: OMICRON VARIANT, HOSPITALIZATIONS AND ICU OCCUPANCY



- Dr. Moore indicated that the number of hospitalizations and cases in ICU is increasing at a slower pace. The length of stay for hospitalizations is now five days compared to nine days for the Delta variant.
- He noted that the province's PCR test positivity has stabilized between 20-25 percent and suggested Omicron transmission in Ontario may peak in the coming weeks.
- Health Minister Elliott indicated that Omicron cases are expected to peak this month with the peak of hospitalizations to follow. The peak of ICU admission will happen in mid-February.
- While the unvaccinated only make up 10 percent of Ontario's population, 50 percent of individuals currently in ICUs across Ontario are unvaccinated.
- Health Minister Elliott indicated the province is waiting for pressure on hospitals to ease before permitting non-urgent surgeries to resume. She said, "as soon as we can see that the numbers are going down both in terms of admissions to hospitals and intensive care, then we'll be able to get back on track with those surgeries and procedures."

# ONTARIO'S PHASED APPROACH TO GRADUALLY EASE PUBLIC HEALTH MEASURES

In the absence of concerning trends in public health and health care indicators, Ontario will follow a phased approach, described below, to lifting public health measures, with 21 days between each step.

Effective January 31st, 2022:

- Ontario will begin gradually easing restrictions while maintaining protective measures, including but not limited to:
  - Increasing social gathering limits to 10 people indoors and 25 people outdoors.
  - Increasing or maintaining capacity limits at 50 percent in indoor public settings, including restaurants, bars, recreational fitness facilities, including gyms, cinemas, religious services, rites, or ceremonies, recreational amenities
  - Allowing spectator areas of facilities such as sporting events, concert venues and theatres to operate at 50 percent seated capacity or 500 people, whichever is less.

February 21st, 2022:

- Ontario will lift public health measures, including:
  - Increasing social gathering limits to 25 people indoors and 100 people outdoors.
  - Removing capacity limits in indoor public settings where proof of vaccination is required, including but not limited to restaurants, indoor sports and recreational facilities, cinemas.
  - Permitting spectator capacity at sporting events, concert venues, and theatres at 50 percent capacity.
  - Limiting capacity in most remaining indoor public settings where proof of vaccination is not required to the number of people that can maintain two meters of physical distance.
  - Indoor religious services, rites or ceremonies limited to the number that can maintain two meters of physical distance, with no limit if proof of vaccination is required.
  - Increasing indoor capacity limits to 25 percent in the remaining higher-risk settings where proof of vaccination is required, including nightclubs, wedding receptions.

March 14th, 2022

- Ontario will take additional steps to ease public health measures, including:
  - Lifting capacity limits in all indoor public settings.
  - Lifting remaining capacity limits on religious services, rites, or ceremonies.
  - Increasing social gathering limits to 50 people indoors with no limits for outdoor gatherings.

Enhanced proof of vaccination and other requirements would continue to apply in existing settings at every stage.



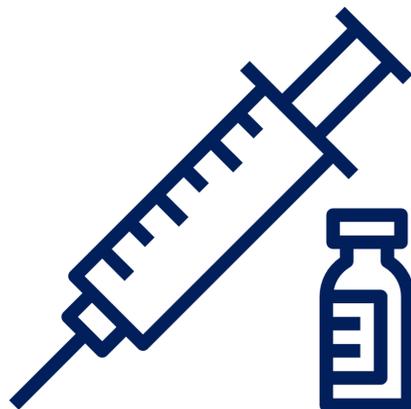
# NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) GUIDANCE ON THE USE OF BOOSTER COVID-19 DOSES IN ADOLESCENCE 12-17 YEARS OF AGE

On January 28, 2022, the Public Health Agency of Canada (PHAC) released updated advice from the National Advisory Committee on Immunization (NACI) regarding the use of booster COVID-19 vaccine doses in adolescents 12 to 17 years of age. These recommendations are based on current scientific evidence and NACI's expert opinion.

NACI reviewed the evidence on the need for, and benefit of, a booster dose in adolescents 12 to 17 years of age. At this time, NACI is making an off-label recommendation for booster doses only in adolescents 12 to 17 years of age who may be at high risk of severe COVID-19 outcomes due to underlying medical conditions or living conditions, or who belong to racialized or marginalized communities disproportionately affected by COVID-19.

NACI continues to strongly recommend that:

- A complete primary series of an mRNA COVID-19 vaccine should be offered to adolescents 12 to 17 years of age without contraindications to the vaccine with an interval of 8 weeks between doses. The Pfizer-BioNTech vaccine (30 mcg) is preferred.
- to start or continue the primary series to further minimize the rare risk of myocarditis,
- and/or pericarditis following vaccination in this age group.
- Adolescents 12 to 17 years of age who are moderate to severely immunocompromised should be offered a three-dose primary series of an mRNA COVID-19 vaccine.



# NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) GUIDANCE ON THE USE OF BOOSTER COVID-19 DOSES IN ADOLESCENCE 12–17 YEARS OF AGE

NACI now recommends a booster dose of COVID-19 vaccines in adolescents 12 to 17 years of age who may be at higher risk of severe outcomes from COVID-19 infection, as follows:

1. A booster dose of an mRNA COVID-19 vaccine may be offered at least six months after the completion of a primary COVID-19 vaccine series to adolescents 12 to 17 years of age who:
  - a. Have an underlying medical condition that may put them at high risk of severe illness due to COVID-19, including those who are immunocompromised and who have already received a three-dose primary series (for adolescents who are immunocompromised, a booster dose would be their fourth dose);
  - b. Are residents of congregate living settings, including shelters, group homes, quarters for migrant workers, correctional facilities;
  - c. Belong to racialized or marginalized communities disproportionately affected by COVID-19.

The use of the Pfizer-BioNTech mRNA booster dose (30 mcg) is preferred to the use of the Moderna mRNA booster dose (50 mcg dose) in adolescents to further minimize the rare risk of myocarditis and/or pericarditis following vaccination in this age group.

To see the full update, please visit [NACI rapid response: Guidance on the use of booster COVID-19 doses in adolescents 12-17 years of age.](#)



# PEDIATRIC VACCINES (5-11 YEARS OLD)



On Friday, November 19th, 2021, Health Canada approved the use of the pediatric Pfizer COVID-19 vaccine for children aged 5-11. While Health Canada has a very rigorous scientific review system for the approval of any vaccine, it is important to address some of the key questions that leadership, parents and community members have been asking.

## **Why should children (5-11 years) get the COVID-19 vaccine? Is it safe?**

Vaccinating children and youth will provide a strong level of protection against COVID-19 and the Delta variant. Having children vaccinated will also support a safer school environment. Children receiving the vaccine will also help protect others in the family (those under five and more vulnerable elderly family members).

Vaccination is a very personal choice, and it is important to make informed decisions. Experts, including Health Canada, have indicated that the pediatric vaccine is safe, works, and meets the highest manufacturing and quality standards. There is no evidence that any vaccines, including COVID-19, affect your ability to have children in the future.

## **Will children receive the same dosage of the COVID-19 vaccine? What is the dose interval?**

Children aged 5-11 will receive a distinct pediatric Pfizer formulation. This is a lower dose vaccine of one-third the amount given to individuals aged 12 and over in a two-dose series. A smaller needle will be used.

On November 19th, the Public Health Agency of Canada released guidance from the National Advisory Committee on Immunization (NACI) recommending a dosing interval of eight weeks.



# PEDIATRIC VACCINES (5-11 YEARS OLD)

## **Are there enough doses for every child?**

Ontario is expected to receive 1,076,000 doses of the pediatric Pfizer vaccine in the first shipment from the federal government, which will be enough to provide a first dose to every eligible child.

## **Where will children be able to get the vaccine?**

Pediatric COVID-19 booking appointments have already begun through the Ontario COVID-19 vaccination portal or by calling the Provincial Vaccine Contact Centre at 1-833-943-3900.

Families can also book directly through public health units that use their own booking systems, First Nations-led vaccination clinics and participating pharmacies.

Indigenous Affairs Ontario has recommended that First Nation Communities work through the Public Health Units in their area to determine readiness for pediatric administration.

## **Will children receive proof that they are vaccinated?**

Yes. Vaccine certificates with QR codes will be available for children aged 5-11 if the information is entered into the provincial booking system. At this time there are no requirements for children to show proof of vaccination in Ontario.

## **Will parents or caregivers need to provide consent?**

Parents or substitute decision makers will usually have to provide consent on behalf of their child at the time of the appointment or fill out a paper consent form for their child.



## APPROVAL OF PAXLOVID ANTIVIRAL MEDICATION

On January 17, 2022, Health Canada authorized the use of Pfizer's COVID-19 antiviral treatment Paxlovid, the first oral and at-home prescription medication to be approved for use in Canada.

Health Canada states that Paxlovid – a prescription-only medication- can be given to adults ages 18 and older to treat mild to moderate cases of COVID-19 if they have a confirmed positive test and are at a high risk of becoming seriously ill. The medication, two antiviral medicines co-packaged together, nirmatrelvir and ritonavir, cannot be taken for longer than five days in a row, nor can it be given to teens or children. Paxlovid stops COVID-19 from multiplying. This can help your body to overcome the virus infection and may help you get better faster. Antiviral drugs are not sold over the counter and are different from antibiotics. You can only acquire them from your doctor or health care provider.

Antivirals are initially being prioritized for patients at the highest risk of severe outcomes from COVID-19 infection, and will be available for these eligible patients through select sites:

- Immunocompromised individuals aged 18 and over regardless of vaccine status
- Unvaccinated seniors aged 60 and over
- Unvaccinated First Nation, Inuit and Metis individuals aged 50 and over
- Unvaccinated individuals aged 50 and over with one or more risk factors

Antivirals will be available through 15 select sites, Clinical Assessment Centres (CACs) in Ontario including Sioux Lookout, Kenora and the James Bay Coast/Moosonee region. These sites will work to coordinate access for rural and remote communities in their catchment areas. Urban Indigenous communities located near an approved CAC will be supported to access antivirals for eligible populations there. Additional sites (yet to be confirmed) include Scarborough, Ajax, Ottawa, Kingston, Toronto, Mississauga, Orangeville, Markham, Niagara, Hamilton, Kitchener, and Windsor. Health Canada's Chief Medical Adviser Dr. Supriya Sharma said that while the use of Paxlovid may help reduce the number of COVID-19 patients who end up in the hospital, "no drug, including Paxlovid, is a substitute for vaccination" when it comes to reducing the risk of hospitalization.

Further information in regards to the supply, distribution and prioritization of Paxlovid is found in the Federal Developments summary below. For more information, please visit the Government of Canada website:

<https://covid-vaccine.canada.ca/info/paxlovid-en.html>.



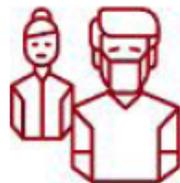


# Public Health Reminder

To prevent the spread of COVID-19:



Clean your hands often. Use soap and water, or an alcohol-based hand rub



Maintain a safe distance from anyone who is coughing or sneezing



Wear a mask when physical distancing is not possible



Don't touch your eyes, nose or mouth



Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.  
**Stay home if you feel unwell.**



If you have a fever, cough and difficulty breathing, seek medical attention.



# MENTAL WELLNESS UPDATES

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SR. MENTAL HEALTH & ADDICTIONS POLICY ANALYST

## FIRST NATIONS OPIOID USE HARMS AND TREATMENT REPORT

Opioid-related harms are a leading public health issue in Canada. While the opioid crisis impacts communities across the country, research suggests that First Nations communities are at a higher risk of experiencing opioid-related morbidity and mortality due to the intergenerational impacts of colonialism and residential schools, the historical erosion of First Nations culture, and the ongoing barriers to accessing health care services. However, there is little published research examining prescription opioid use, access to treatment, and opioid-related harms among First Nations people at a provincial or national level. As a result, First Nations communities and policymakers in Ontario have not had access to the data needed to generate evidence-based and culturally informed responses to the opioid crisis.

Over the past several years, the Chiefs of Ontario (COO), ICES, and the Ontario Drug Policy Research Network (ODPRN) have been collaborating to study opioid prescribing and opioid-related harms among First Nations people in Ontario. In 2013, the Chiefs in Assembly passed Prescription Opioid Surveillance Resolution 13/10, which mandated COO to begin this work and saw the establishment of the Opioid Surveillance Steering Committee, guided by an Elder and comprised of First Nations representatives from the Political Territorial Organizations, Independent First Nations, Six Nations of the Grand River, and the Ontario First Nations Young Peoples' Council. This Steering Committee continues to guide the current research, mandated by Resolution 18/20, on the questions, approaches, and interpretations of the data, ensuring that the research meets the needs of the community and is culturally relevant.

On Friday, November 26, 2021, Chiefs of Ontario, in collaboration with the Ontario Drug Policy Research Network, released two new reports entitled "Opioid Use, Related Harms, and Access to Treatment among First Nations in Ontario" and "Impacts of the COVID-19 pandemic on opioid-related poisoning among First Nations in Ontario", along with accompanying infographics. These reports highlight the increasing need for support to address the opioid crisis affecting First Nations in Ontario and the impact of the COVID-19 pandemic on this crisis. Links to these reports are provided on the following page.

Links are also provided for the newly released Interim Report on "First Nations Mental Health and Addictions System Use," completed in collaboration with ICES. Additional report(s) on Mental Health Systems Use will follow in the spring of 2022.



# FIRST NATIONS OPIOID USE HARMS AND TREATMENT REPORTS (CLICK LINKS)

[DOWNLOAD THE MENTAL HEALTH AND ADDICTIONS SYSTEM  
PERFORMANCE IN ONTARIO FIRST NATIONS \(2009-2019\),  
INTERIM REPORT](#)

[DOWNLOAD THE FIRST NATIONS COVID OPIOID-RELATED  
POISONING REPORT](#)

[DOWNLOAD THE FIRST NATIONS COVID OPIOID-RELATED  
POISONING INFOGRAPHIC](#)

[DOWNLOAD THE FIRST NATIONS OPIOID USE HARMS AND  
TREATMENT REPORT](#)

[DOWNLOAD THE FIRST NATIONS OPIOID USE HARMS AND  
TREATMENT INFOGRAPHIC](#)

For more information please contact:  
Bernadette@coo.org



# STRESS/ANXIETY/WORRY DURING COVID-19

COVID-19 has had a big impact on how we feel and has caused an increase in stress, anxiety and worry. Here are some things you can do right now to reduce anxiety, stress and worry related to COVID-19:



Only read, watch or listen to news when you want to.



Stay socially connected with friends & family by phone, text or video applications.



FaceTime, Skype or Zoom



Check on your elderly neighbours, see if they need help picking up important household items.



Consider getting up at your usual time. Routines can help reduce mental fatigue.



Stay connected with the outdoors. Go for a walk, or bike ride to enjoy the scenery and fresh air.



Eating healthy, drinking water and getting plenty of sleep are also important factors.



# NON-INSURED HEALTH BENEFITS HIGHLIGHTS

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## **New coverage for continuous glucose monitoring system for children**

- The continuous glucose monitoring (CGM) system Dexcom G6® is now covered by NIHB as a limited use benefit. Prior approval is required.
- This device is covered for children 2 to 19 years of age on intensive insulin (short-acting insulin three or more times per day).

## **New Suboxone product coverage**

Suboxone is a medication used to treat opioid dependence

- In addition to tablets, Suboxone is now available as sublingual film (a small, dissolvable strip that is placed under the tongue).
- NIHB covers all strengths of this product as a limited use benefit for the treatment of opioid dependence. Prior approval is not required.
- Clients who receive coverage for Suboxone will be enrolled into the NIHB Client Safety Program.
- Check the NIHB drug benefit list for complete listings and coverage criteria for Suboxone products.

For a complete list of NIBH program updates, please visit

<https://www.sac-isc.gc.ca/eng/1578079214611/1578079236012#s21-12-a3>  
for regular program updates.

If you would like to subscribe to Non-Insured Health Benefits (NIHB) Program updates, please visit <https://www.sac-isc.gc.ca/eng/1583175473241/1583175525178>. A link to the new updates will be emailed to you when posted on the web about every three months.



# ENDING OF ONTARIO OPTOMETRIST JOB ACTION

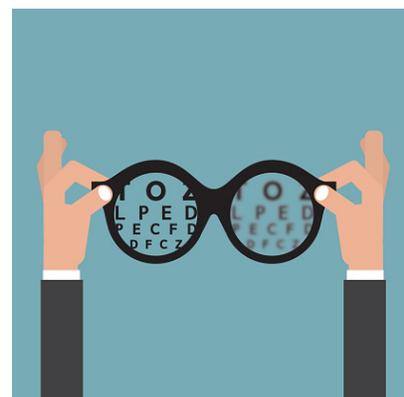
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On Sunday November 22, 2021, Minister Christine Elliot, Ministry of Health, announced that the province and the Ontario Association of Optometrists will resume negotiations on OHIP Optometrist fees. As a result of this agreement to resume negotiations, the Ontario Association of Optometrists advised the province that any OHIP eye care services that were impacted by the Ontario Optometrists' job action will be resumed effective November 23, 2021.

As of Monday, November 23, 2021, optometry services resume for individuals who are:

- 19 years old or younger and 65 years old and older, they can now receive a major eye examination through their local Ontario optometrist;
- 20 years old to 64 years old and have a specific medical condition that affects their eyes/vision and requires regular monitoring (major eye exam), they can now visit their local Ontario optometrist for this service; And
- Any individuals who have outstanding medical referrals for major eye examinations, these medical referrals will now be observed by local Ontario optometrists.

Should you have any further questions on the services that are being resumed by Ontario optometrists, we encourage you to contact your local optometrists for detailed responses.





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 using 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, Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team provides a first-hand narrative of their experiences with the Indigenous-focused BPSO® program.

Barrie Area Native Advisory Circle (BANAC) is a regional social services and health planning body and service delivery organization since 1989. BANAC is comprised of First Nation, Metis and urban Indigenous communities across Simcoe, Muskoka, and York region. BANAC developed and manages Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team (MWIIPCT) which officially opened in June 2019. MWIIPCT clinics are collaboratively led by Nurse Practitioners (NP), a Physician, Traditional Healers, and allied health professionals.

We partnered with RNAO to enable practice excellence and positive client outcomes. We have developed a dynamic, mutually beneficial venture to co-create, implement, and evaluate tailored guideline(s) towards achievement of a Best Practice Spotlight Organization® designation while supporting health interventions in Indigenous communities.

In the context of the opioid crisis, we have implemented the Best Practice Guideline "Engaging Individuals Who Use Substances". We consulted on this guideline revision to incorporate Indigenous knowledge, language, and ways of knowing into the comprehensive assessment. The ability to incorporate Indigenous epistemologies that are distinct from academic health sciences enhanced our interconnected efforts and will raise awareness and hopefully cultural sensitivity within mainstream settings who will use this revised guideline.

MWIIPCT offers, Anishinaabe Miikan - Red Road to Recovery 10-week program that uses the Medicine Wheel teachings and truth to guide individuals and/or their families along a good path. Red Road to Recovery is grounded in Indigenous healing practices to address the physical, emotional, mental, and spiritual aspects of addictions and mental health recovery. The Red Road Team provided valuable input on our guideline adaptations. COVID-19 stimulated a pivot to virtual platforms, which has been met with favourable engagement, feedback, and successes. As a new organization or service this speaks to our ability to continue to meet the needs of our community members in new and creative ways, despite the uncertainties and challenges the pandemic presented. We are in the evaluative stage of our guideline implementation and can proudly say we have been responsive to the needs of our community members and have been able to reduce emergency room visits and safely managed relapses. We value our partnership with RNAO as well as the Indigenous BPSO cohort partners in navigating through these unprecedented times.

Miigwetch, Janet Greaves, Nurse Practitioner- Mamaway Wiidokdaadwin

# Chiefs of Ontario 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.

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# 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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