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the VOICE for
registered nurses,
nurse practitioners
and nursing students
in Ontario

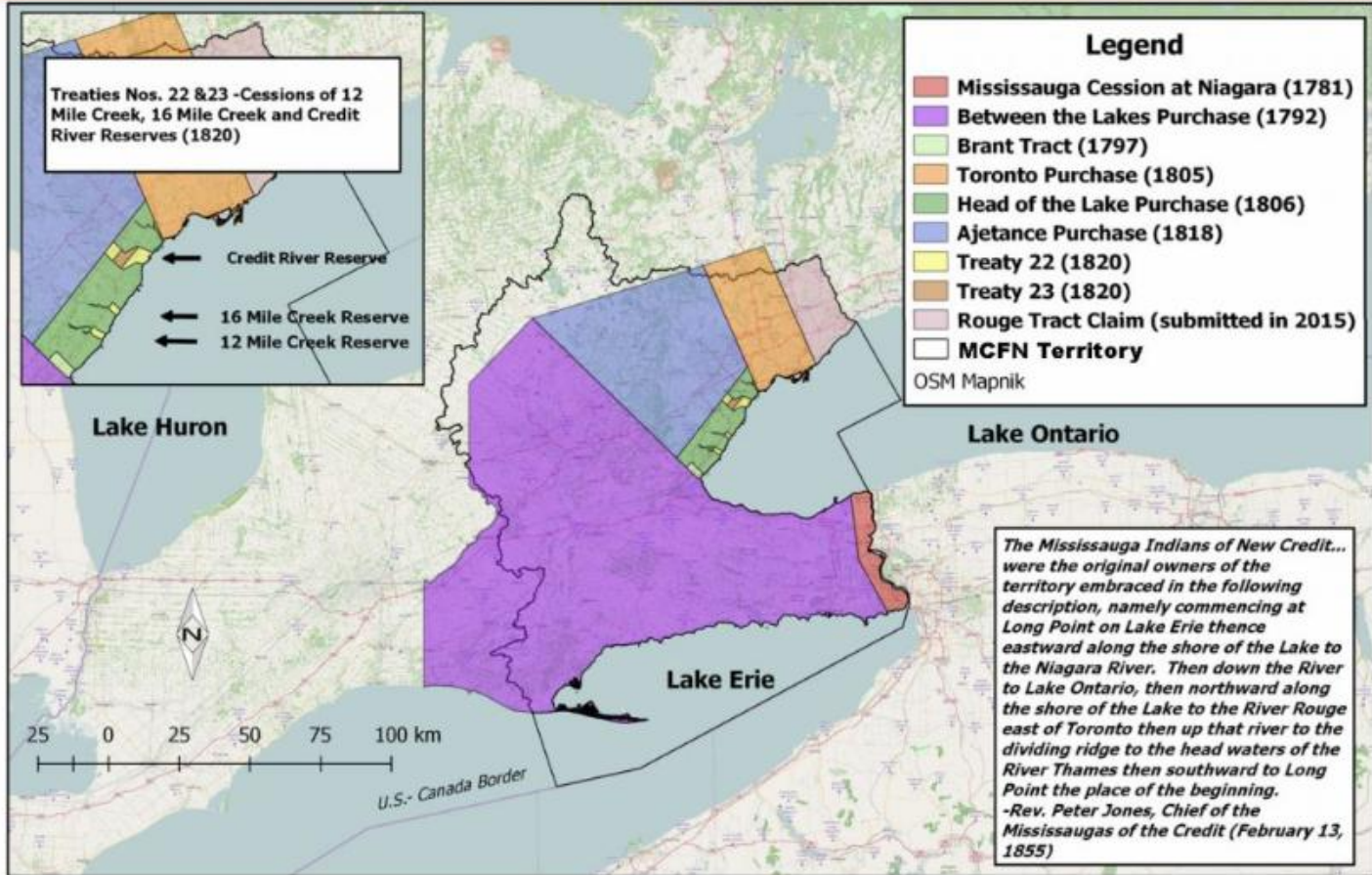
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COVID-19 Webinar Series:
Together We Can Do It!

Impacts of COVID-19 on Indigenous Communities

June 22, 2020
6:45pm-8:00pm

Land Acknowledgement



Mississaugas of the Credit First Nation Land Cessions 1781-1820 and Rouge Tract Claim, 2015

Today's Webinar

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Topic	Speakers
Welcome	Dr. Doris Grinspun, CEO of RNAO
Opening Remarks	Ontario Regional Chief RoseAnne Archibald
Panel Discussion: <ul style="list-style-type: none">❖ What does effective care for Indigenous peoples and communities look like?❖ How have nurses adjusted their care based on the needs of Indigenous peoples, especially during COVID-19?❖ What are the expectations for culturally competent care for Indigenous peoples & communities?	Ontario Regional Chief Roseanne Archibald, Chiefs of Ontario Marilee Nowsegic, Chief Executive Officer, Canadian Indigenous Nurses Association Mae Katt, Primary Care Nurse Practitioner, Temagami First Nation
Questions & Answers	All
(Time permitting: RNAO updates & Outstanding questions)	Doris Grinspun
#TogetherWeCanDolt	All

Welcome



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Panel Introductions



**Ontario Regional
Chief RoseAnne
Archibald , Chiefs of
Ontario**



**Marilee Nowsegic,
CEO, Canadian
Indigenous Nurses
Association**



**Mae Katt, Primary
Health Care Nurse
Practitioner**

Opening Remarks



**Ontario Regional Chief RoseAnne Archibald
Chiefs of Ontario**



Together We Can Do It: Impact of COVID-19 on First Nation Communities

RNAO Webinar
June 22nd, 2020
Ontario Regional Chief
RoseAnne Archibald

Introduction

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CELEBRATING INDIGENOUS HISTORY MONTH

JUNE 2020

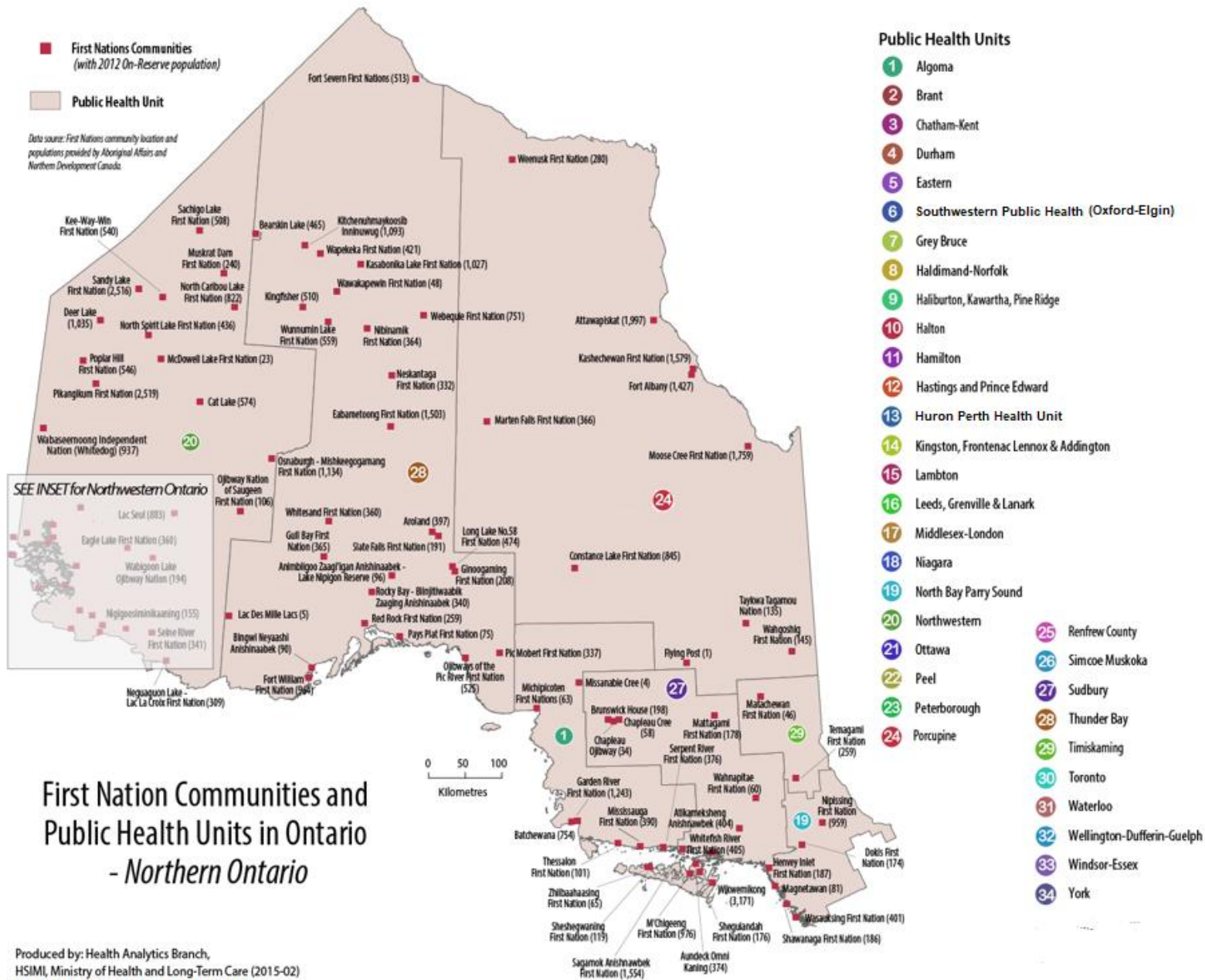
National Indigenous History Month provides an opportunity for all Canadians, Indigenous & Non-Indigenous alike, to celebrate Indigenous heritage, diversity and culture while acknowledging and reflecting on the achievements of First Nations, Métis and Inuit people. Join the conversation to promote Indigenous history by using these hashtags:

#IndigenousHistoryMonth
#IndigenousPeoplesDay
#IPDCanada
#IPD



COVID-19: Learning from Our Strengths and Directing Future Opportunities

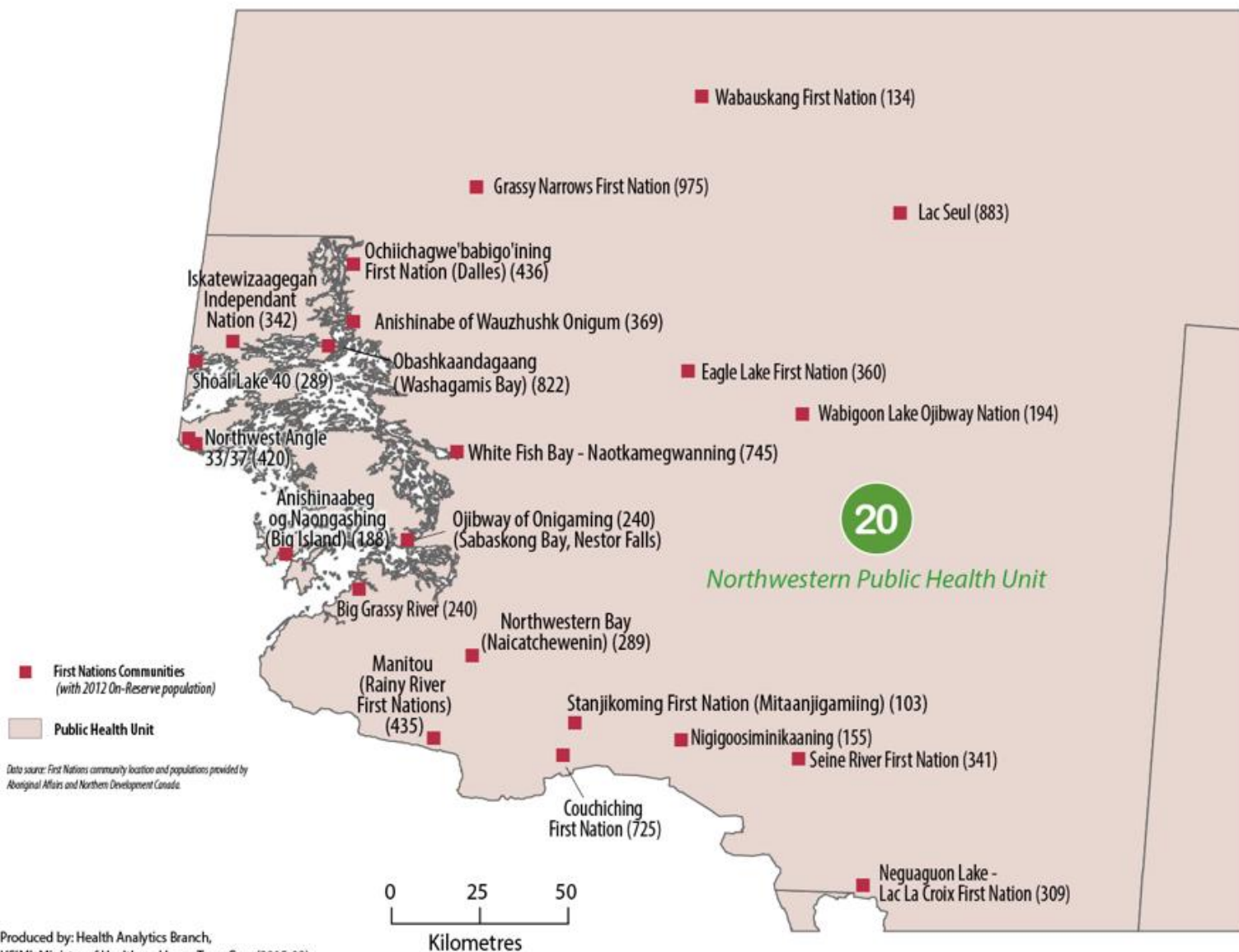
- On March 17th a state of Emergency was declared in Ontario resulting in the closing of all non essential businesses, and schools due to the COVID-19 pandemic.
- Many Chiefs and Councils in First Nation communities, ordered a shut down of their community borders also in response to COVID-19 as one measure to prevent the spread
- COVID-19 compelled FN communities to quickly develop relationships with provincially funded organizations such as Public Health Units, the Ministry of Health and Ministry of Indigenous Relations. The following three maps depict the location of First Nation communities in relationship to Public Health Units.



First Nation Communities and Public Health Units in Ontario - Northern Ontario

Produced by: Health Analytics Branch, HSIMI, Ministry of Health and Long-Term Care (2015-02)
Modified by CMOH, PH - March 23, 2020

First Nation Communities and Public Health Units in Ontario - *Northwestern Ontario inset*



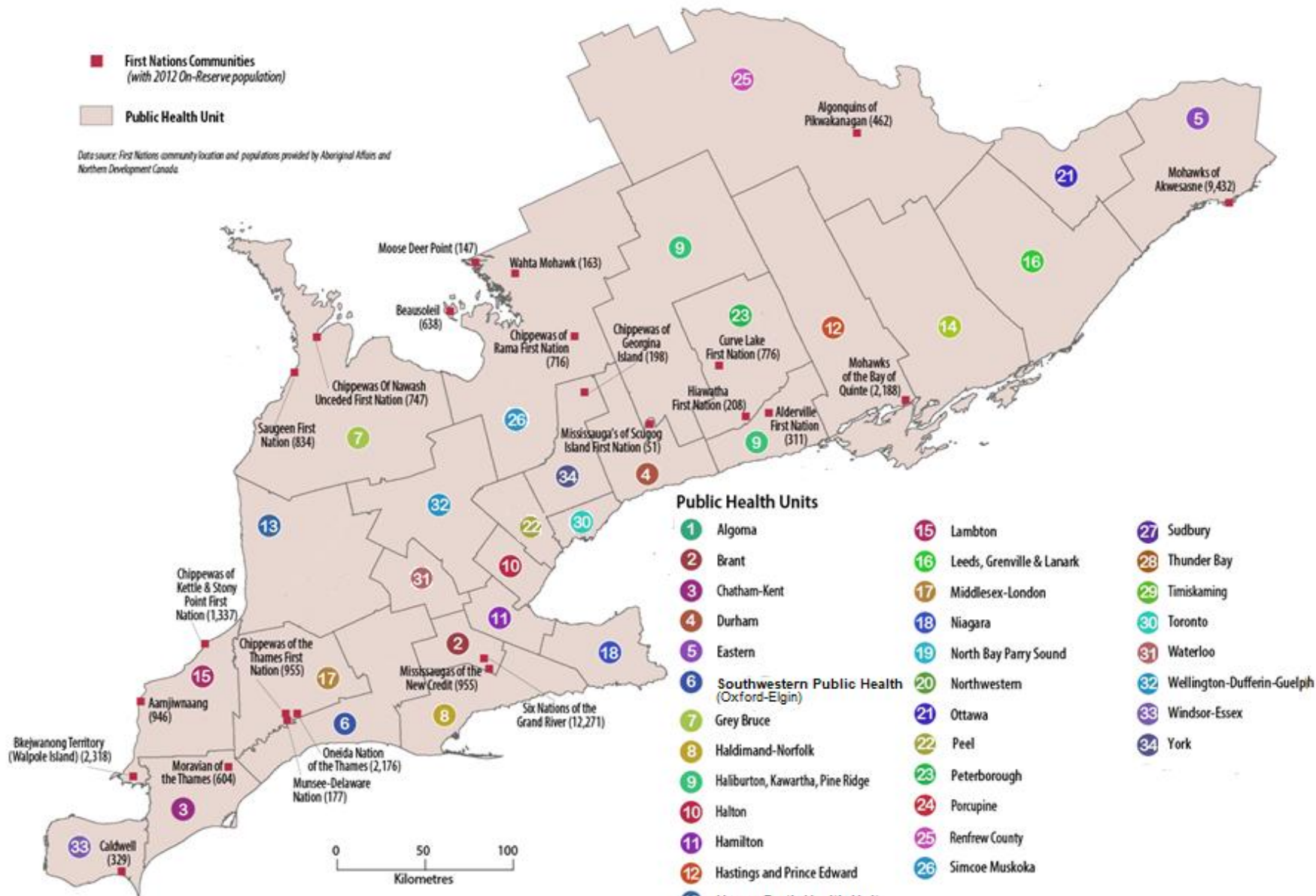
Produced by: Health Analytics Branch,
HSIMI, Ministry of Health and Long-Term Care (2015-02)

First Nation Communities and Public Health Units in Ontario - *Southern Ontario*

■ First Nations Communities
(with 2012 On-Reserve population)

■ Public Health Unit

Data source: First Nations community location and populations provided by Aboriginal Affairs and Northern Development Canada



Produced by: Health Analytics Branch, HSIMI, Ministry of Health and Long-Term Care (2015-02)
Modified by: CMOH, PH - March 23, 2020

First Nations Locations

- These highlight the geographic location of all 133 First Nations in Ontario, and
- Show the vast catchment areas and -inequities in the 2 most northerly of the 34 PHU's-Thunder Bay District Health Unit and Northwestern Health Unit, with over one-third of all communities.

First Nations and Public Health

- While NO comprehensive Public Health System was in place for First Nations prior to COVID-19 significant work had been done in the development of FN Public Health Models as well as strengthening relationships.
- The Trilateral Public Health Working Group at COO had also lobbied for legislative changes making it mandatory for Public Health Units to reach out to their nearest First Nation community. This came into place in 2018.

COVID-19- Inequities

COVID-19 has highlighted the vast inequities experienced by FN on reserve inclusive of:

- Gaps in access to PPE, testing sites, assessment centres, nursing/medical staff.....
- Lack of funding for the development and implementation of pandemic plans, knowledge resources and other COVID-19 expenses
- Limited connectivity for ZOOM or Webinars
- Limited access to acute care hospitals and critical care beds with ventilators

Chiefs of Ontario/RNAO Partnership

To address some of these health inequities COO Health Sector entered into a partnership agreement with RNAO in Sept. 2019 with the key priority actions being:

- Improving FN determinants of health
 - Addressing mental wellness, addiction and suicide prevention and
 - Improving health services across care sectors
 - Including public health, primary care and home and community care
- The major deliverable to date: Development of COVID-19 Action Plan

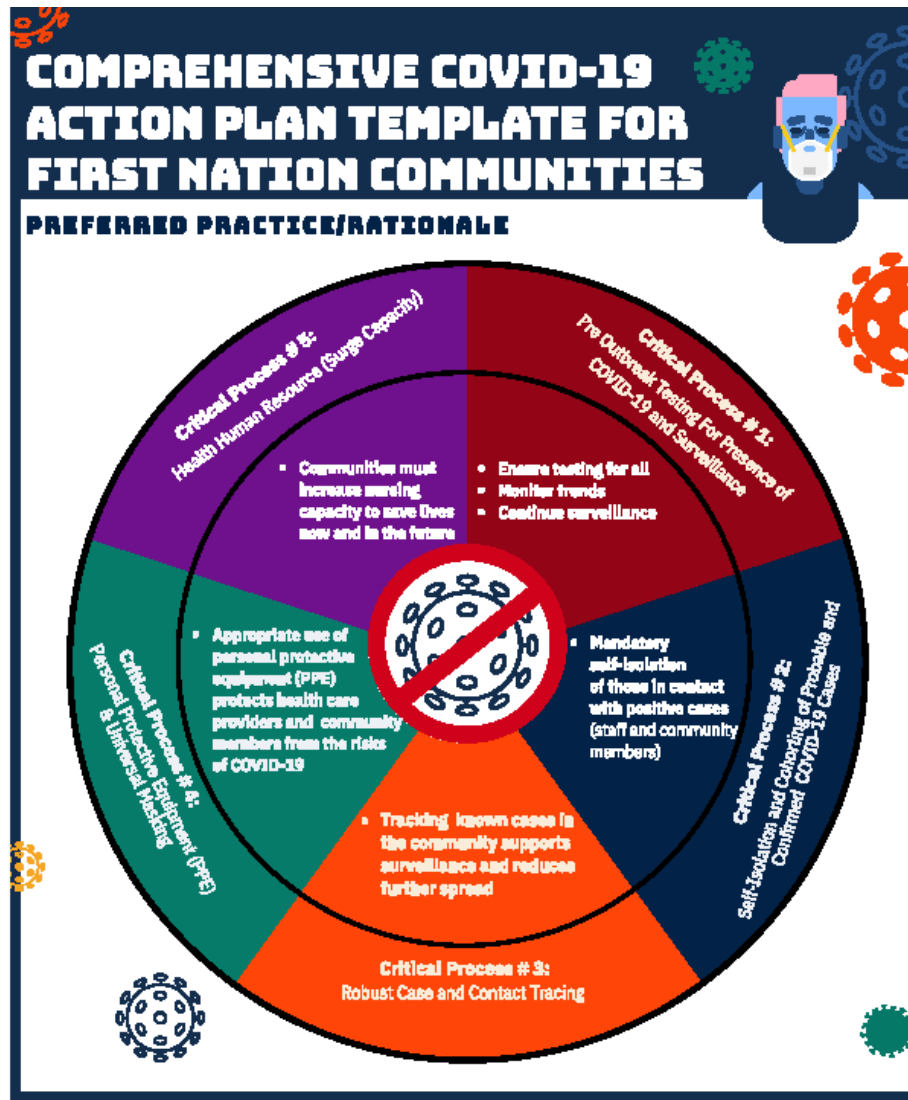
COVID-19 Action Plan

- The COVID-19 pandemic action plan has been jointly prepared by the Chiefs of Ontario (COO) along with the Registered Nurses' Association of Ontario (RNAO) tool that First Nation health staff may find helpful as FN communities strengthen their own Pandemic Response Plans

5 Critical Processes To Support First Nation Communities with Pandemic Plans

1. Pre-Out Break Testing and Surveillance: **HOW TO KEEP COVID-19 OUT**
2. Physical Distancing & Isolation: **GOOD PUBLIC HEALTH MEASURES**
3. Case Contact Tracing & Testing: **HOW TO STOP THE SPREAD**
4. Personal Protective Equipment & Masks: **WHAT WE NEED TO STOP THE SPREAD**
5. Health Human Resource Capacity (HHR): **MORE NURSES AND COMMUNITY SUPPORT**

COVID-19 Infographic



Additional Accomplishments of Partnership

- Working with Via Nurse (RNAO), COO and FNIHB over 30 Nurses and Nurse Practitioners have been dispatched during COVID-19 to assist.
- Work is being done on a Health Human Resource Strategy to determine needs of FN communities in relation to the role of Public Health/Community Health Nursing.
- Significant work is being done through NAN's Health Transformation Sector

COVID-Opportunities

- Build and strengthen a culturally competent health care workforce that will act on the social determinants of health
- Support a First Nation Public Health System in Ontario based on principles of equity, disease prevention and health promotion
- Place responsibility for action on health equity at the highest level within the Federal, Provincial and First Nations Governments
- Utilize the First Nations Mental Wellness Continuum Framework as the foundation for all future planning

Key Message & Lessons Learnt

- First Nation cultural competence from a public health perspective requires a culture which is committed to:
 - social justice & human rights
 - process of reconciliation through valuing and supporting First Nation identity
 - knowledge and peoples as integral to the provision of holistic public health programs
- Requires effective and inclusive policies, procedures and practices so that First Nations can be responsible for building their own public health/community health systems.



Canadian Indigenous
Nurses Association

Impacts of COVID-19 on Indigenous Communities in Ontario:

An overview to Indigenous Nursing Knowledge and
increasing capacity to address health impacts

June 22, 2020
RNAO Webinar



Where does the discussion start?

- Indigenous Nurses: First Nations, Inuit and Métis
- CINA will be widely recognized as the expert resource in advancing the health of Indigenous people through its work with and by Indigenous nurses
- Nurses are at the front line of the COVID-19 outbreak response (Indigenous communities have developed alternative approaches to deal with risks, exposure and limited access to resources)



Context

- ❑ Indigenous Nursing Knowledge combined with western trained practice
 - ✓ Protect themselves from infection (& their patients)
 - ✓ Use of innovation and meeting the obstacles of a “new disease”, while also responding to cultural safety & humility
 - ✓ must be communicated (in most cases via Indigenous Languages) where terminology is a large variant
- ❑ Health Human Resources/Staffing versus licensure
- ❑ “***By us and with us...***” –
foundation for most current policy development



Collaborative Framework Policy

- ❑ F/P/T nursing partners; help to provide an overview on the numbers of healthcare providers – but the data is not sufficient: types of healthcare workers, settings, etc
- ❑ International partners (NsgNow Canada established in June 2019; 4 pillars)
- ❑ TRC Calls to Action & UNDRIP (booklet?) – a good place to start Policy development or adjustments



Considerations for INK

- What is the incidence/prevalence of COVID-19 amongst healthcare providers (HCPs)?
- How do they perceive their levels of risk for contracting?
- Have our HCPs had sufficient access to PPE?
- Have additional training and skills been identified?
- How did our HCPs change their behaviour to protect household members? (lack of “extra” facilities)
- How does COVID-19 pandemic impact the mental health of HCPs? Does this conflict with their traditional ways?



COVID-19

- Supplies, PPE, ventilators: inventory? (NOT just sending body bags)
 - Northern, remote or isolated communities
 - Urban/rural population (jurisdiction issues)
 - Boil water advisories
[GOC indicates 56 longterm advisories are still active in Canada]
- Design Pandemic Plan that resonates with Indigenous groups (what is it? How to use it? How or what data to collect?)



COVID-19 (Cont)

- Labelled: “Vulnerable Population”: PHAC has indicated that certain health, social/economic characteristics are associated with a higher risk of contracting or spreading the COVID-19 virus
- Multiple chronic conditions: diabetes, heart disease, etc.
- Pre-existing health conditions
- Geographic considerations
- Inadequate housing conditions increase vulnerability



Marilee A. Nowgesic
Chief Executive Officer

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[Don't forget your membership application!!]

Mae Katt Remarks



Mae Katt, Primary Health Care Nurse Practitioner

DISCUSSION QUESTIONS & ANSWERS

#TogetherWeCanDolt

▶ RNAO

Let's cheer for health workers

Every night
@ 7:30 local time



#TogetherWeCanDolt
#Cheer4HealthWorkers

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Traditional Indigenous Approaches to Mental Health and Well-Being of Health-Care Providers During COVID Webinar

When: June 24, 2020

Time: 6:00 – 7:00 p.m. (CDT); 7:00 – 8:00 p.m. (EDT)

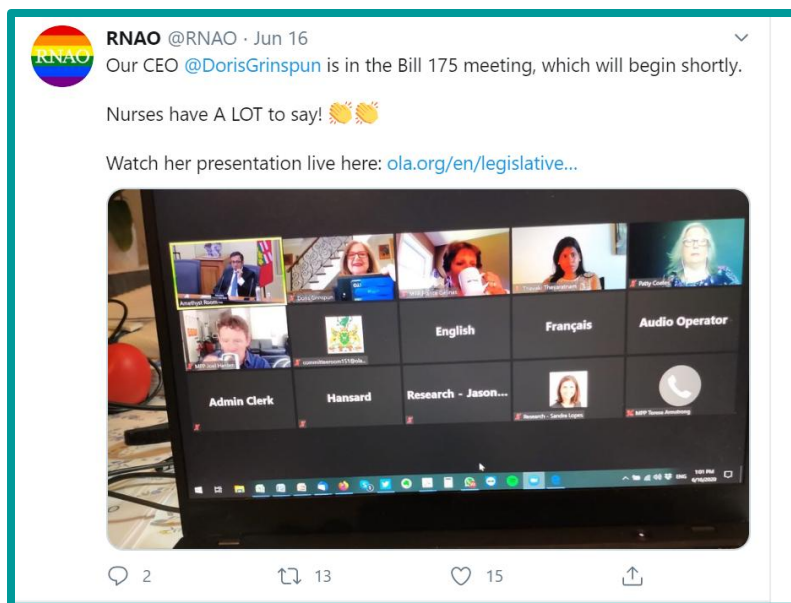
Speaker: Kahontakwas Diane Longboat, M.Ed., Centre for Addiction and Mental Health (CAMH) Elder and Senior Project Manager

Registration:

<https://myrnao.ca/indigenousapproachestomentalhealthjune2020>

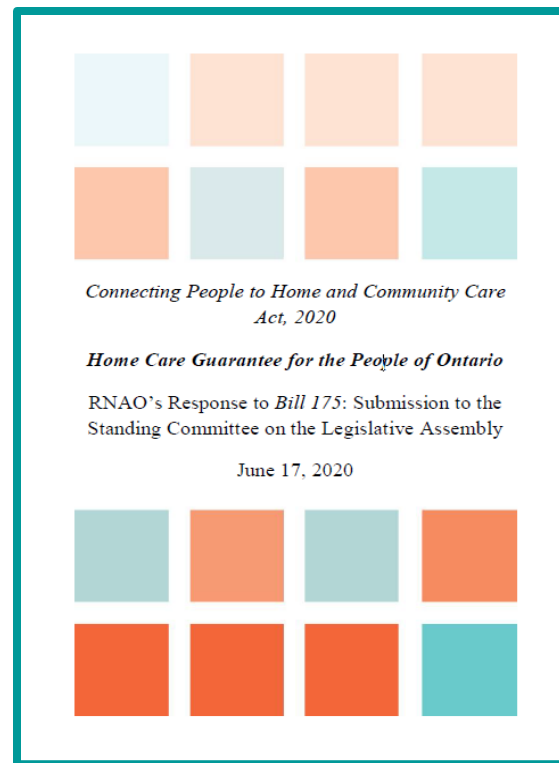
RNAO Updates: *Bill 175: Connecting People to Home and Community Care Act, 2020*

Current status: Consideration by the Standing Committee on the Legislative Assembly



Doris Grinspun presented at the public hearing on June 16, 2020

16 RECOMMENDATIONS



RNAO's written submission sent to the Committee on June 17, 2020

Action Alert

Act by **July 31** to demand
government implement
the **Nursing Home Basic Care Guarantee**

Link: www.RNAO.ca

Next Webinar: **STAY TUNED** for more details

