

Beaufort Delta Regional Wellness Council June 11 and 12, 2020 Minutes

In Attendance: Ethel Jean Gruben, BDRWC Chair (via Teleconference)
Annie Goose, BDRWC Member (via Teleconference)
Debbie Greenland, BDRWC Member (via Teleconference)
Donna Keogak, BDRWC Member (via Teleconference)
Denise McDonald, BDRWC Member
Arlene Jorgensen, Chief Operating Officer, NTHSSA-BDR

Apologies: Debbie Gordon-Ruben, BDRWC Member

Guests participating by Teleconference for portions of the meeting:

Brian Smith, Tsiigehtchic
Bobbi Jo Greenland-Morgan, GTC President
Grant Scott, Tsiigehtchic
Phillip Blake, Chief Tsiigehtchic
Betty Haogak, SAO Sachs Harbour
Millie Thrasher, Paulatuk

1) Call To Order at 9:13 a.m. by Ethel Jean Gruben, Chair

Ms. Gruben welcomed everyone and indicated the public was welcome to participate in the meeting.

Vince Teddy has resigned from the Beaufort Delta Regional Wellness Council (BDRWC) after accepting a position a Constituency Assistant for a Member of the Legislative Assembly. The Northwest Territories Health and Social Services Authority (NTHSSA) is canvassing to fill the vacancy.

2) Reflection / Prayer led by Annie Goose

3) Acceptance of Agenda

Motion 2020-07-11-01 Moved/2nd by Donna Keogak / Annie Goose
That the agenda be accepted as presented.
Motion carried

4) Previous Meeting Minutes – Review and Approval

Final minutes from the February 1 and 2, 2020 meeting were not available despite numerous attempts to receive them from the contractor.

Item TABLED until next meeting.

5) Business Arising From Previous Minutes

Ms. Jorgensen took personal notes at the February 2020 meeting and the BDRWC members agreed to review those notes which were included in the meeting package.

- a) BDR Surgical Services Research Project
 - Research delayed due to a death in physician's family, will proceed in early autumn.
- b) Invitation to Gabor Mate and Cindy Blackstock
 - Not actioned yet.
- c) Jordon's Principle Funding
 - Because Child and Family Services (CFS) is funded for service provision they do not qualify for Jordon's Principle Funding.
 - Staff provide support letters and advising clients who do qualify to apply for the funding.
 - Primary Care's work with the Inuvialuit Regional Corporation to review list of children on waitlists for specialist services has been put on hold during the COVID-19 pandemic.
- d) Two Identifiers
 - The Nurse In Charge (NIC) of health centres ensures adherence practice of clients/patients providing pieces of ID.
 - Monitored by the Regional Manager (RM) of Health Centres.
- e) Homelessness
 - Preparation of a letter to the Minister of HSS is still on the table.
- f) Process of Accessing Charts for Claims
 - The Federal Day School Claims process was sent to the Resolution Health Support unit at the Inuvialuit Regional Corporation.
- g) Cancer Navigator
 - Awareness sessions and emails were provided for health centre staff.
 - Posters have been requested but some NTHSSA communications staff have been redeployed to the COVID-19 pandemic needs.

- NTHSSA-BDR's request to have one of the territorial Cancer Navigator's is on the Regional Priorities list and brought forward by the Beaufort Delta Regional Wellness Council (BDRWC) Chair at the territorial leadership meetings. There has been no response to a letter submitted to the NTHSSA on this.
- h) Expected Behaviours
- The Chief Operating Officer (COO) and the RM of Health Centres are doing community visits but that has been put on hold during the COVID-19 pandemic.
 - During meetings with staff they go over Expected Behaviours.
- i) Self-Referral to Rehabilitation Services
- Posters have been sent out.
- j) Rehabilitation Waitlist
- The RM of Rehab Services is to confirm practice change; however, services have been impacted by the COVID-19 pandemic.
- k) Meeting Evaluation
- The evaluation form is now a part of the meeting package.
- l) Medical Travel
- Invitation to have Medical Travel personnel attend the BDRWC is on hold due to COVID-19 pandemic.
- m) Community Health Representative (CHR) Work, Sachs Harbour
- The Community Health Nurses (CHN) in Sachs Harbour are doing the CHR work.
- n) Employee Family Assistance Program (EFAP)
- Allan Stanzell has confirmed that BDRWC members qualify for coverage under the Government of the Northwest Territories (GNWT) assistance program.
 - The COO will send the contact information to the BDRWC members.
- o) Diabetes Regional Stats
- Statistics will be ready for the next BDRWC meeting.

Ms. Greenland expressed concerns over travelling during the COVID-19 pandemic and that she felt the COO should have discretion on who travels.

6) Chairperson's Report

Ms. Gruben provided a verbal report.

The last NTHSSA Leadership Council meeting was via teleconference on May 28 and was focused mostly on the COVID-19 pandemic and keeping the north safe.

Ms. Gruben urged the territorial leaders not to let pre-pandemic priorities and concerns be forgotten. Examples:

- a) Cultural Safety and Traditional Foods
- b) Relocation of a Cancer Navigator to the Beaufort Delta
- c) Shingles Vaccination to be covered
- d) Post-Traumatic Stress Disorder (PTSD) from Residential School, determining what type of resources are needed
- e) Deficit Concerns

The COVID-19 pandemic is getting so much focus it is uncertain if the other concerns are getting to the Ministerial level. The leadership group is the voice of the people and should not be seen as a means to rubber stamp departmental decisions. Issues are brought to the table but it's rare to get follow up information. It is not just this region that is frustrated. RWCs have been in place for four years and most feel they should have more impact than they do.

BDRWC members acknowledged the frustration and encouraged the Chair to press on. General consensus is the RWCs should be a public advocacy role with more authority. Being an advisory committee doesn't make the RWCs accountable to anyone. At present RWC members do not represent any particular community or regional government agency. The GNWT contact has not attended the past few leadership meetings. Correspondence about these concerns have been sent to the NTHSSA in the past. There is a new GNWT and the NTHSSA Leadership Council is encouraged to submit these concerns again.

9:50 a.m. recess

10:06 a.m. reconvene

7) Chief Operating Officer's Report

Included in the meeting package were these informative documents:

- *NTHSSA BDR Services During COVID-19*
- *two April 23, 2020 letters from the NTHSS Chief Executive Officer COVID-19 Response*
- *pamphlet on the Community Counselling Program – Inuvik Managed Alcohol Plan Program (MAP)*
- *Public Health Order – COVID-19 Travel Restrictions and Self-Isolation Protocol – as Amended April 27, 2020*
- *NTHSSA BDR CFS January 3, 2020 – snapshot*
- *CFS Beaufort Delta Information May 31, 2020*
- *COVID-19 NTHSSA Long Term Care Response*

Ms. Jorgensen provided a written report and went over the highlights:

- COVID-19 State of Emergency has taken up a significant amount of time since the beginning of March 2020.

- Ensuring sufficient Personal Protective Equipment (PPE) for employees and public and PPE management processes.
- Determining best methods of care, virtual where able.
- Managing staff travel, ensuring essential services in the entire region.
 - BDRWC members sought more information on how communities are being kept safe from staff that may come in from the south with COVID-19.
 - Incoming staff undergo a health check by Inuvik's Public Health unit prior to going to a community. Immediate isolation would come into action if anyone tested positive.
 - Incoming staff are instructed to wear a mask while in the health centre for the entire 14 days of self-isolation.
 - Staff are to do self-checks every day. Any staff developing mild symptoms are to remain in their apartments.
 - The staff who have been in the community longer provide services to the most vulnerable population.
 - If there is sufficient staffing on site the incoming employee will be on call only during their initial 14 days.
 - There are not enough available professional staff to hire only Northwest Territories (NT) residents.
 - Professionals cannot be forced to work beyond their contract.
 - **Action:** COO will take the staffing concerns to the Manager for exploration of alternate scheduling options.
 - **Action:** COO will get statistics on job shares, amount and in which communities.
 - **Action:** COO will provide statistics on how many staff self-isolated in Inuvik and how many went directly to communities.
- A guest queried the days that nurses visit Tsiigehtchic.
 - Community members indicated, and on-site staff confirmed to the Minister of HSS in January 2020, that there was need for nurses to provide services two days per week. This worked well for a while but demand for services decreased. Services returned to one day per week and the needs are being monitored.
- Safety in caring for the elderly and the most vulnerable clients.
 - Concerns expressed regarding service provision by an out of territory contractor and adherence to territorial 'rules'. There has been no discussion on returning that service back under the GNWT.
 - Addressing the loneliness of elders.
 - Determine if it is feasible, and methods, to increase the ability to interact with family.
- Provision of shelter for the homeless while promoting social distancing.
 - Partnered with other GNWT departments to secure housing until July 31, 2020.
 - Dr. Quinn has done some 1:1 medical appointments at shelter.
 - Delivery of the Managed Alcohol Program (MAP).

- There has been good feedback from the Royal Canadian Mounted Police.
- Complications arose for people who accessed the Federal CERB funding.
- As the next Phase in *Emerging Wisely* approaches employees can receive two weeks of vacation time and are strongly encouraged to remain in the NT. This cannot be enforced and proper precautions are enacted when necessary.
- NTHSSA and DHSS have developed a Pandemic Plan.
Action: COO will ask when that plan will be released to the public.
- BDRWC members expressed concerns over the public's confusion and non-compliance to the COVID-19 restrictions that are in place.
 - NT has a false sense of security.
 - Monitoring for compliance seems insufficient.
 - Populations of particular concern are youth and addicted persons.
 - Closed borders are appreciated.
 - Worries over a predicted second wave.
 - An 'Order' vs 'Recommendation' makes the issue more complex.
 - Order = incoming travelers must self-isolate 14 days, Protect NT Officers can follow up on compliance.
 - Recommendation = advising a symptomatic person to self-isolate until test results come back.
 - Concern about precautions taken by service providers in high risk areas that are not NTHSSA employees (eg. Taxi).
 - GNWT employees must get approval to participate in activities outside of their home position, an approved form should be on their file. BDR is consulting with Labour Relations and employees who fall into this category are being contacted for follow up.
- The COO visited Ulukhaktok in February and Paulatuk in March. The community visits will resume after COVID-19 restrictions are lifted. A letter is sent to community leadership prior to visits.
- NTHSSA currently has 44 children placed in out-of-territory care, only one from the BDR.
- Improved service delivery has resulted in a decrease waitlist for all Specialist clinics with the exception of ENT (Ears Nose Throat) because there was no professional available in that area.
- BDRWC members questioned whether rehabilitation needs of the region are being met and asked for more detail on waitlist decrease.
Action: COO will seek reasons for the decrease in specialist waitlist. (virtual care, patients moved away, patients' needs changed, etc.). Increasing the number of professional rehab staff is doubtful. These professionals tend to stay for approximately four years.

After some discussion it was decided to proceed with items scheduled for next day.

8) RWC Member Observation and Comments

Ms. McDonald

- Stronger public information and consequences are needed for the COVID-19 pandemic.
- The BDR is isolated and it is essential to ensure there is adequate PPE.
- There needs to be vigilance in monitoring and addressing mental health effects from the COVID-19 pandemic.
- Concerns over the Charlotte Vehus Home (CVH) being operated/managed by an outside business and propose evaluation of this home and determine if it should be operated/managed by the GNWT.

Ms. Goose

- There are concerns that some individuals are not compliant with the COVID-19 restrictions.
- An appreciation event for Ulukhaktok's essential service employees went well.
- Activities planned in Ulukhaktok to alleviate impacts of pandemic isolation are appreciated.

Ms. Greenland

- Some questions on status of Aklavik Community Wellness Worker (CWW) vacancy.
- Questioned if BDRWC will be doing anything to show appreciation of all the employees who continued to work throughout the pandemic. Ms. Gruben indicated this was discussed at the leadership level too. Ms. Gruben believes more than emails and posters needs to be done so that the employees feel recognized and appreciated.

General discussion ensued:

- Adherence and Enforcement of Pandemic Restrictions.
- There are 30 enforcement officers in place throughout the NT.
- Messaging has been okay; however, attitude of the public hasn't been optimal.
- Indigenous people are just getting their voice back and don't want to be told what to do.
- Public opinion tends to be because the NT currently has no active cases the rules can be ignored. This attitude is putting our vulnerable population at risk.
- Community and regional governments have held many successful mental health outreach events.
- There has been much effort to provide resources through the pandemic, unfortunately the public is not always receptive to the procedures in place.

11:40 a.m. June 11, 2020 - recess

9:17 a.m. June 12, 2020 – reconvene

9) Guest Presentation: Cultural Safety Training

Ms. Gruben welcomed presenters from the NTHSSA to the meeting.

Joining by teleconference:

Kyla Kakfwi-Scott,
Karen Blondin-Hall,

Included in the meeting package:

Caring for our People: Cultural Safety Action Plan 2018-2020, GNWT
Presentation: Cultural Competency Pilot Training Update, GNWT

The presenters introduced themselves and shared that their new team members are Dana Francey; Maureen VanOverliw; Janelle Bruneau, Intern; and Morgan Ramsa.

Two audio clips from February 2020 meeting were shared:

- David MacGuire, on personal reaction to the training as a non-indigenous person.
- Dénézee Nakehk'ó, Funding Member of Dene Nahjo, on racism.

The two day in-house cultural competency training has evolved through nine pilot sessions facilitated by local and national contractors. Three in-house sessions have been held thus far and 217 staff have been trained.

The training model is intended to normalize conversations on racism so issues are not avoided. Training exposes vulnerability, there are three main reactions to the training: defensive, engaged, and truth tellers. Most participants are excited to be trained and not always prepared on how emotional and difficult it can be. Participants' wellbeing is ensured by having a counsellor on-site, wellness tables, and journals for reflection. Experience shows that full circle sessions are best done on the morning of the second day.

Using both indigenous and non-indigenous facilitators/speakers is most powerful. These leaders must be trained in de-escalation. It is best if the same leaders are not used all the time. This is emotional work with challenging moments, burnout happens, so there are supports in place for the facilitators.

Balancing comfort with discomfort creates and inspires change but it can also have the opposite effect. Facilitators are prepared for this. Content can trigger some employees, considerations for indigenous staff are in place and there have been some indigenous-only sessions.

Two days is not always sufficient time for this sensitive training. Options are being investigated (i.e. pre and post sessions). Limited resources are a reality. Costs vary, the average is \$500 per participant and a maximum of 30 per session is best. The GNWT has a multiyear commitment to this training.

The COVID-19 pandemic has impacted training. The February 2020 session was recorded so it can be used on-line, it will be determined if such training

will work. Tool kit resources are being developed in collaboration with indigenous groups.

Feedback from the BDRWC members:

- All the training sessions were done in Yellowknife focusing on indigenous cultures from that region. BDRWC expressed concern that the Beaufort Delta, coastal communities and the Sahtu region did not have input into the development of this training. The Chair wants this item to remain on the agenda for tracking purposes.
- The presenters indicated this training is about racism and biases, nobody can say it doesn't apply to them. The training is not intended as an orientation to a particular culture. The model is flexible and responsive. The team will connect with local leaders to customize sessions to specific areas ensuring there is regional content. NTHSSA Leadership Council will have a presentation, all regions are represented at that table.
- The members expressed appreciation of professionals who come to them in their small communities and take the time to truly listen to them. They are happy for this new training but disappointed that they were not included in development of the training model right from the beginning.
- This training should be brought to the Beaufort Delta region.
- Appreciation that strong indigenous traditions are being recognized.
- Acknowledgement that some 'southern ways' can clash with traditional ways.
- NTHSSA-BDR has developed a *Regional Indigenous Wellness Coordinator* position (job description included in meeting package) whose goal will be to shift/improve the organization's culture. The incumbent will work closely with the NTHSSA Cultural Competency Team.

10:47 a.m. – recess

Kyla Kakfwi-Scott and Karen Blondin-Hall left the meeting.

11:05 a.m. – reconvene

RWC Member Observation and Comments – continuation of agenda #8

Ms. Keogak

- Sachs Harbour residents are frustrated at having to repeat their medical history at each visit because of the CHN turnover, the history should be on their patient charts. Parents ask for infant immunizations and the CHNs postpone until later dates. Community resident are frustrated and wonder when their regular nurse will be returning from British Columbia.
- Ms. Keogak encourages people to submit concerns/complaints through the proper process.

Ms. Greenland

- Queried how NTHSSA-BDR has dealt with the increase in child welfare and domestic violence concerns during the COVID-19 pandemic restrictions.
 - The Community Counselling Program (CCP) staff provide services where needed. If needed virtual care is provided. The local health centres have all the process and contact information.
 - *CFS Beaufort Delta Information May 31, 2020* included in the meeting package show the current statistics, 149 cases. Initially the numbers did not increase but COVID-19 stress has had impact.
 - Cell phones are not given to domestic violence victims. The CCP staff are aware of those at most risk and are reaching out to them.
- Queried how many ventilators are at the Inuvik Regional Hospital and how they have prepared for a second wave of COVID-19.
 - The current plan is anyone requiring hospitalization because of COVID-19 symptoms will be sent to the Stanton Territorial Hospital which has staff specifically trained in ventilator use, and more ventilators. Inuvik's hospital has three ventilators that would be used to stabilize patients for medevac transport to Yellowknife.
 - The NTHSSA Pandemic Plan was shared with the Leadership Council but it has not been released to the public. The BDRWC members expressed frustration that this information has not been shared with them.
- Concerned about Minister's statement that one-third of the NT is immune compromised and at high risk for COVID-19.
- Seeking clarification on whether under the Human Rights legislation tourists are allowed to enter the NT because the media is stating that Nunavut says that the pandemic overrides Human Rights.

Ms. Goose

- The proper process for lodging concerns/complaints is encouraged when people bring their concerns to Ms. Goose.
- Medical travel for cancer patients needs to be better organized. The patient often gets their itinerary on the day of travel, this has caused postponement of appointments.
- COVID-19 anxiety levels of children and elders must be addressed.
- Information from the department must come in the indigenous languages.

Ms. McDonald

- Emphasized that there should be more education and public awareness of the BDRWC members roles. Generally, it is believed that members represent a specific community or organization and that BDRWC members take complaints.

- Concerned there have been some suicide attempts by children as young as 12 years old. Gathering statistics showing that level of detail would be a good tool for working on curriculum development with the Department of Education. **Action: COO** will seek reasons for primary admissions and any secondary information available.
- A personal concern will be followed up with the COO.

Ms. Gruben – Decision Items and Recommendations to the NTHSSA Leadership Council (agenda #11)

- The Leadership Council receives regular weekly updates.
- The NT will be moving to Phase II of the COVID-19 pandemic recovery.
- Messaging is so important. Communicating with the people must continue despite some of their attitudes being scary.
- Feedback from the BDRWC members is appreciated.
- At the Leadership Council Ms. Gruben stated COVID-19 cannot be the sole focus of the Department of Health and Social Services (DHSS) and NTHSSA. Other concerns are still there and the Leadership Council receives no feedback.
- The financial situation is well known from media coverage, the Leadership Council isn't certain what role they have in addressing the budgets. They are supposed to be a management entity but are not utilized as such.
- Regional issues are often handled with the COO. Territorially the Chair is unable to do much.
- The Leadership Council has been in place for four years and they are no closer to understanding their role than they were at the beginning.
- The Ministerial contact for the Leadership Council has missed the last three meetings.
- Ms. Gruben welcomes support and concerns from the regular members.
- Letters from NTHSSA have gone the NT regional leadership but there was no reference to the Regional Wellness Council handbooks that are available on-line. **Action:** NTHSSA-BDR sends out approved minutes and will include the link in the next letter.
- **Action: Chair** will send a letter to Vince Teddy thanking him for his service.

11:45 a.m. – recess

1:03 p.m. – reconvene

An email received from BDRWC member Debbie Gordon-Ruben was discussed. She will be asked to follow the proper process for complaints and concerns so that it can be properly documented.

Members talked about the need for clarity on the use of face masks and specifics of self-isolating.

10) Activities and Priorities

Members went through the document titled *BDR RWC Outstanding Issues/Priorities* which is developed in support of the Chair taking issues to the Leadership Council. Discussion points:

	Description – Initial date at the Table	June 2020 update
1	Life skills and personal development programs – 2016	No further development on coordination of services
2	Youth and young adults don't know where to go for help – 2016	An Inuvik CWW has outreach experience Partnerships with southern counselling
3	Suicide – 2016	Suicide is a pandemic of its own NTHSSA had one Director over two large portfolios, there are now two so this issue will get more focus The COO has advised NTHSSA there needs to be BDR focus
4	Interdepartmental collaboration – 2016	There are ongoing issues, the COO will identify what has been done Inuvik's Warming Shelter was provided with temporary alternate space for the COVID-19 pandemic
5	Drugs of abuse concerns – 2016, updated 2019	Public presentation developed in 2017 is the most recent activity
6	Recognizing the quality of health and social services care – 2016	Recognition needs to be ongoing, there has been positive feedback when it has been done Communities have held events to celebrate essential services staff
7	Ensuring culturally safe care – 2016, updated in 2017 and 2019	There is a new BDR <i>Regional Indigenous Wellness Coordinator</i> position
8	Management presence in the communities – 2019	The COO and the RM of Community Health Centres did visit some communities and will resume the visits when travel is less restricted. An advisory letter is sent to community leadership canvassing for meetings.
9	Focus on good health rather than illness –	The NTHSSA Communications

	2016, updated 2019	unit is available to support the BDRWC with their endeavors.
10	Ambulance services – 2018	Responsibility for this bounces between Municipal and Community Affairs and DHSS. The Chair will ensure attention is kept on this concern because of its impacts on the smaller communities.
11	Frame and post the Vision, Values and Guiding Principles – 2019	Work on this has stalled due to NTHSSA staff away from work Needed to promote the public's awareness of the BDRWC work
12	Diabetes – 2018	Ongoing education needs to be in more communities and in indigenous language Appropriate food available in the communities is often cost prohibitive
13	Programming geared for men – 2018, updated 2019	No updates in programming thus far Concerns were expressed that most of the self-improvement programming available tends to have a female focus, these barriers must be broken
14	Morgues in small communities – 2019, updated February 2020	The infrastructure to have morgues in all the communities is what is needed, this item is not about the management /responsibility of these buildings Former Minister Abernathy asked his staff to look into this but there has been no update
15	Traditional foods that reflect the BDR cultures – 2019	The NTHSSA focus is on food service at Stanton Territorial Hospital, the Beaufort Delta has both a hospital and assisted living facilities
16	Dental care – 2019, updated February 2020	NTHSSA-BDR manages Dental Therapy programming but is not responsible for the Dentist contracts. Dentists falls under the non-insured health services.

		Concerns that there are no dental services available in the region during the COVID-19 restrictions. The nursing staff have the parameters and processes on how to handle dental emergencies.
17	Consistency in elder's medical travel - 2019	Inviting the Medical Travel unit to a BDRWC meeting remains on the agenda
18	Medial Travel Accommodation Inuvik Transient Center (ITC)	<p>ITC is undergoing some updating. Cameras have been installed at the entrance. There is now an electronics charging station in the shared space.</p> <p>BDRWC members requested there be locking cabinets for clients to use.</p> <p>Some clients find it stressful to share a room with people they do not know. A member from the public stated that men do not like staying at the ITC and should be given other options. Action: COO will provide this feedback to the Medical Travel office. The residents from CVH were housed in the ITC while their home was being renovated. During that time medical travel patients stayed at the Nova Inn. The ITC is reopening at 50% capacity. Overflow will now be housed at Capital Suites.</p>
19	College program to train health workers - 2019	There have not been very many applicants for the Licensed Practical Nurse and the Personal Care Attendant courses
20	Traditional parenting - 2019	The new BDR <i>Regional Indigenous Wellness Coordinator</i> position will be involved in this
21	Specialist wait lists - 2019	A presentation to BDRWC is planned
22	Rehabilitation wait lists - 2020	Recommendation to increase staffing has been submitted, no word back

23	CFS participation in the accreditation process – 2020	Accreditation is health focused, the recommendation to increase CFS reviews has been submitted
24	Homelessness – 2020	The concerns have been shared with the Housing Corporation Staff need more training on how to support the homeless
25	Expanding healthy family programming – 2020	No update
26	Cancer Navigator – 2020	Discussed earlier in the meeting

11) Decision Items and Recommendations to the NTHSSA Leadership Council

Ms. Gruben gave her update earlier during the RWC Member Observation and Comments.

Concerns for people’s mental health during the pandemic restrictions was discussed again. Of particular concern is the elders struggling with loneliness.

12) Date of the Next RWC Meeting

Members prefer to hold the next meeting on a Thursday and Friday. The next meeting will likely be via teleconference. The meetings are public and notices will be sent out. There is an open seat on the BDRWC, encourage people to apply.

13) Closing Reflections / Prayer

Ms. McDonald’s term ends in July 2020 and she is requesting an extension.

Members were asked to complete the meeting evaluation form included in the meeting package and send it to the Executive Assistant, Emma Noksana. The results will be emailed to the Chair.

14) Adjournment

Ms. Gruben adjourned the meeting at 2:18 p.m.

Recorded by: J. Baryluk

Minutes approved by the NTHSSA – Beaufort Delta Region Regional Wellness Council

On the 23rd day of October , 2020



Ethel-Jean Gruben, BDR Council Chair