NORTHWEST TERRITORIES
Health and Social Services Authority

Beaufort Delta Regional Wellness Council
October 23 and 24, 2020
Minutes

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

Apologies: Debbie Greenland, BDRWC Member

Guests participating by Teleconference for a portion of the meeting:
Millie Thrasher, Paulatuk

1) Call To Logistics and Safety Review

Ms. Jorgensen reviewed the expectations to comply with COVID-19 precautions which were included in the meeting package.

2) Call To Order at 9:24 a.m. by Ethel Jean Gruben, Chair

Ms. Gruben welcomed everyone after technical difficulties caused a delay in the meeting's start.

The Northwest Territories Health and Social Services Authority (NTHSSA) has not sent official notification that the vacancy on the Beaufort Delta Regional Wellness Council (BDRWC) has been filled. As such, Millie Thrasher left the meeting.

3) Reflection / Prayer led by Denise McDonald

4) Acceptance of Agenda

After agreeing to switch 23rd's #10 and the 24th's #4, the agenda was accepted.

Northwest Territories Health and Social Services Authority
Beaufort-Delta Region
Bag Service #2, Inuvik, NT X0E 0T0

5) Previous Meeting Minutes – Review and Approval

Final minutes from the February 1 and 2, 2020 meeting were reviewed.

Motion 2020-10-23-01 Moved / 2nd by Donna Keogak / Annie Goose

That the Beaufort Delta Regional Wellness Council minutes presented be approved after they are amended to reflect that Debbie Gordon-Ruben was not in attendance either day, with apologies; and that Vince Teddy was in attendance for both days.
Motion Carried

Motion 2020-10-23-02 Move / 2nd by Donna Keogak / Denise McDonald

That the Beaufort Delta Regional Wellness Council minutes for June 11 and 12, 2020 be approved with correction to 5f (page 2) to reflect information on the Federal Day School Claims process was sent to the Inuvialuit Regional Corporation's (IRC) resolution health support unit, not to BDRWC member Debbie Gordon-Ruben.
Motion Carried

9:57 a.m. recess
10:17 a.m. reconvene

Dr. Sarah Cook joined the meeting via Telemerge

6) Virtual Integrated Care Teams and The Pandemic Plan

Ms. Gruben welcomed Dr. Cook to the meeting.

Dr. Cook is a Family Physician, the NTHSSA Medical Director, and a Co-Lead on the NTHSSA COVID-19 Response Team (ACRT).

Included in the meeting packages:

i. PowerPoint: *NWT Pandemic Response Plan For Health Services, September 2020* (18 slides)
ii. *Northwest Territories Health and Social Services Authorities COVID-19 Response Team's Pandemic Response Plan for Health Services* (75 pages). This plan was also emailed to BDRWC members earlier.
iii. *Northwest Territories "Virtual" Integrated Care Teams: A model for culturally-safe, relationship-based primary care in remote communities* (5 pages)

Dr. Cook went through the PowerPoint slides.

10:50 a.m. Scott Robertson, COVID Operations Co-Lead, joined the meeting via Telemerge

Discussion highlights:

a) Success of the pandemic plan is dependent on compliance. Adherence to protective measures should keep the Northwest Territories (NT) below the critical level.
b) Planning assumes that approximately 80% of people who contract COVID-19 will exhibit mild symptoms which can be handled at home, 15% moderate, and 5% severe that will require advanced care.
c) National discussions include the importance of ensuring that non-COVID-19 patient care remains on the forefront. Decreasing non-COVID-19 care would have a greater impact than the COVID-19 pandemic.
d) To date all cases in the NT have been travel linked, there has been no community transmission.
e) The average NT test response is one day. Remoteness of where the test is taken does have an impact on response time. NT is procuring more rapid testing equipment.
f) BDRWC members questioned whether a small community is prepared for the worst-case scenario. Dr. Cook explained the NT response stages, Stanton Territorial Hospital (STH) is the NT care site. If STH's maximum capacity of 92 beds is insufficient, the severly unwell patients may be transported to Inuvik Regional Hospital (IRH) or facilities in Alberta (AB). AB documents were used to develop the NT pandemic response. AB is a major partner for the NT.
g) Ideally families will have discussed personal goals of care to guide healthcare during significant issues and potential end of life care.
h) Flu shots are being encouraged to prevent potential twin-demic (getting both at one time) which would be dangerous.
i) BDRWC members expressed concerns for elders in care and those living alone. Members said there doesn't seem to be a plan to address the serious impacts of loneliness on this population. Dr. Cook acknowledged means to keep vulnerable populations safe has caused loneliness and that it is a challenge across the country. The risks for long term care residents are real and vigilance must continue.
j) BDRWC members queried if indigenous governments were consulted on the pandemic plan. The Chief Public Health Officer (CPHO) sets the pandemic plan parameters, neither Dr. Cook or Mr. Robertson could say whether consultation with indigenous governments occurred.
k) BDRWC members indicated the current methods being used by the COVID-19 Secretariat are not working. Citizen are encouraged to report but the secretariat's response is an issue.
l) BDRWC questioned the safety of having long term care providers working in multiple facilities, it is fairly common especially for the casual workforce. Mr. Robertson assured that there are triggers in the pandemic plan at which point they can stop the ability of a person working in multiple locations.

11:03 a.m. Dr. Cook left the meeting.

The "Virtual" Integrated Care Teams document was not discussed.

Dr. David Urquhart, North Area Medical Director, joined the meeting via Telemerge.

7) Q & A Pandemic Plan

Question	How will care be prioritized, who gets service first? General feeling is that the information available is too vague.
Answer	Mr. Robertson affirmed that new diseases are scary and that officials have come a long way in COVID-19 response planning. Anyone diagnosed will receive care and will be monitored. Most cases are mild and can recover at home. If needs increase care plans initiated will include medevac where warranted. The *Pandemic Response Plan for Health Services* (the Pandemic Plan) are public and can be read/accessed on-line. NTHSSA acknowledges that housing is a challenge but it is not in their mandate.
Question	What is the plan for the Beaufort Delta region? What resources are in Inuvik? Can 50+ potential simultaneous cases be accommodated in the Beaufort Delta region?
Answer	Dr. Urquhart said many disciplines put in long days resulting in plans that include the worst-case scenario. The plans allow for appropriate response to changes in communities, hospital workflows, and presentation of multiple sick people at IRH. There have been mock tests of the plan and results were satisfactory.
Question	How many respirators, qualified staff, etc. are at IRH? Who gets to make decisions on what type of care is provided?
Answer	Ms. Jorgensen encouraged members to refer to Page 30 of the Pandemic Plan that outlines work flow for Transportation & Patient Movement. Municipal and Community Affairs (MACA) takes a lead role for community response. Symptoms dictate the type of care. Patients presenting with high needs will be medevaced to STH.
Question	Frustration expressed that the questions are not being answered directly. Is the IRH prepared? Does IRH have enough respirators? How many does STH have?
Answer	Dr. Urquhart said IRH has two heavy respirators and two transportable respirators. The flight teams have their own respirators. Its expected that even in the worst-case scenario only 10% of patients will require ventilators. As soon as a need for ventilator is identified the IRH team is on the phone with STH and plans for transport are initiated, IRH ventilators are used up until medevac team takes over. Resource plans include the

military. IRH staff are trained in airway management with equipment at IRH.

Answer Mr. Robertson indicated page 24 of the Pandemic Plan outlines the number of inpatient beds in the NT. He also said there is an ethical decision-making framework in place. The professionals determine who is sickest and requires service first, why and what type. The decision team includes an indigenous advisor.

Question Are meetings happening with municipal entities?

Answer MACA takes lead role, there have been meetings. Plans are in place to handle COVID-19 cases that may occur in remote communities.

The tight restrictions put in place by the CPHO aim to keep the number of cases down and prevent the worst-case scenario. When there has been a COVID-19 case the response has been quick. Dr. Urquhart and Mr. Robertson thanked the BDRWC for their input and recognized the resilience of Beaufort Delta residents.

11:40 a.m. Dr. Urquhart and Mr. Robertson left the meeting

8) COO Action Items and Follow ups

Documents included in the meeting package:

COO Action Items from June 11 & 12, 2020 RWC meeting, with attachments

i. *Jordan's Principle Uses*
ii. *2020-08-19 Chair's letter to Vince Teddy*
iii. *Hospitalization with a Main or Secondaary Diagnosis of Self-Harm and/or Suicide Ideation*
iv. *BDR Community Nursing Positions*
v. *Self-Isolation for Travelling Nurses*
vi. *Specialist Wait Times*
vii. *Community Counselling Program poster*

Ms. Jorgensen explained the Chief Operating Officer's (COO) follow up actions. Discussion highlights:

a) Require further input from BDRWC member D. Greenland on expectations of Gabore Mate and Cindy Blackstock invitation.
b) The Gwich'in Tribal Council (GTC) and IRC are now the lead roles for Jordan's Principle.
c) There are 434 diabetics in the Beaufort Delta region from a population of approximately 6,400.
d) Self-Harm and/or Suicide Ideation statistics are not compiled on site and are idependent on codes the physician puts into the patient's chart. BDRWC members expressed concerns about the increased attempts. **Action**: **COO** will ask if there are different methods of collecting statistics.

e) Nurse job share rotations are now eight weeks to reduce in/out. The CPHO gave COOs approval level for allowing nurses to fly directly into remote communities. Focus remains on recruiting indeterminate full-time nurses.

BDRWC members said regional citizens are very worried about the nurses travelling from southern locations high in COVID-19 cases directly to the remote communities. Some sick people won't go to the health centre because of their COVID-19 fear. Ms. Jorgensen acknowledged these concerns and assured that the incoming nurses are swabbed/tested before flying further than Inuvik. It is challenging to assure service provision with rotational staff in pandemic times. Other professionals (i.e. RCMP, Power Corportation) also face this dilemma.

12:01 p.m. recess
1:18 p.m. reconvene

f) Holter Monitor tests can be done locally via a Cardiologist in British Columbia.
g) Information on how to access the Community Counselling Program has been advertised on social media and sent for posting throughout the communiites. BDRWC members suggested this information also be put into mailboxes and shared on the radio in order to reach housebound elders.
h) Complaints about the state of public accommodations in Inuvik continue.
i) Ms. Gruben queried whether returning residents could isolate in Yellowknife prior to flying further north. Ms. Jorgensen said Medical Travel should respond to this along with advise on who would pay and the process for coverage of the accommodation costs if this is allowed.

As agreed October 24th agenda item #4 was discussed at this point of the meeting.

4) RWC Member Observation & Comments – Roundtable

Ms. Goose

- Feel much of the roundtable reporting remains the same.
- Was away from her community for two months which included two weeks of isolation at the designated hotel in Inuvik when she would have preferred to isolate in Yellowknife. The isolation experience can be a trigger for people who have lived through residential school. Concerns that Ms. Goose noticed include: food left on the corridor floors, having to use three flights of fire escape stairs instead of having access to the elevator, insufficient personal hygiene supplies if a person doesn't speak up, not everyone respecting the distancing rules.
- Medical travel patients should be checked prior to returning to their communities to lessen the potential of transporting alcohol.
- Concern that mental health issues will rise because of impacts from the COVID-19 protocols.

- Appreciate the efforts of all the professionals to keep the NT safe.

Ms. Keogak

- Some specific concerns were brought directly to the COO.
- Concerns about the continuance of regular services such as physician clinics, eye team clinics, dental team visits.
- Some patients are declining appointments in the south to avoid the two week mandatory isolation in Inuvik.

1:46 p.m. Ms. Keogak left the meeting

Ms. McDonald

- Ms. McDonald has commenced her third term on the BDRWC and continues to wonder if this council makes a difference in service delivery.
- Although the racism may not be as blunt as that experienced by Joyce Echaquan (recorded staff's racist taunts prior to her death at hospital in Joliette Quebec on September 28) it is present in the facilities in the NT. The cultural orientation given to staff is questionable, most non-indigenous staff are not aware of the painful history. These are the same professionals who are entrusted with the people when they are most vulnerable. Quality cultural training must be provided to NTHSSA staff.
- There is a high number of elders in the Beaufort Delta region awaiting long term care beds. **Action**: **COO** to obtain number on waitlist and the status of the planned 48 bed long term care facility.
- Aurora College should be offering courses to establish trained local wokers in the long term care professions.
- There is a high number of (outsiders) working in support positions in health and social services, many through contracted services. These private contractors pay attention to their profit margins.
- As an advocate for a family member Ms. McDonald is often at off-site locations and at the hospital. She has witnessed that dialoge is sometimes hindered by the articulation of the English language by immigrants working in our facilities.
- Excellent care is provided by the medical and nursing staff but not all interactions with patients are witnessed.
- It must be a goal to ensure someone is available to assist our vulnerable population in understanding what is happening when accessing services.
- It seems patients sent south of Inuvik to access services has escalated.
- It is imperative to partner with the education sytem to offer preventative curriculum on health issues such as diabetes, cancer, heart problems, dementia, etc.

Ms. Gordon-Ruben

- Concerns from the public have increased, often received electronically.

- Instances of depression are rising and those suffering often hesitate to go to non-local counsellors who do not understand the impacts of residential school.
- It seems that there have been more deaths in the region this year. So much sadness everywhere that is compounded because the normal cultural grieving process and funeral attendance is limited due to COVID-19 restrictions.
- Many people in mandatory isolation are not following protocols. Reports to the COVID-19 secretariat don't seem to be dealt with very seriously.
- Elders 60 years old and older with serious conditions are not always provided with a medical escort. In some situations a family member pays their own flights/hotels to be at the bedside. Unfortunately they witness some other sanctioned escorts not taking their role seriously, often treating the travel as a shopping trip. The protocols of how an escort is authorized and what is expected of an escort needs to be reviewed.

9) Chairperson's Report

Included in the meeting package:

BDR RWC Chair notes from August 2020 Leadership Council Meeting, with attachments

i. *Regional Wellness Report, August 26 & 27, 2020 (3 pages)*
ii. *Chief Executive Officer Report to Leadership Council, May 29, 2020 – August 27 2020 (12 pages)*
iii. *Healthy Family Program Renewal (33 PowerPoint slides)*
iv. *Caring for Our People: Cultural Safety Action Plan 2018-2020 (31 pages)*
v. *Report and Reccomendations* (sic)*: NWT Physican Workforce Plan (34 PowerPoint slides)*
vi. *2020-08-19 Chair's letter to Minister re: Homelessness*
vii. *2020-08-24 email from NTHSSA Senior Advisor re: Dene Wellness Warriors*

Discussion highlights:

- All of the regional wellness councils are frustrated with their relevance. Recently it was learned that not one of the Leadership Council's (LC) concerns were brought to the attention of the Minister who'd been in office for 10 months even though the Assistant Deputy Minister is at most of the meetings. Shortly after there was a cabinet shuffle resulting in a new Minister. The LC expects the Minister to be at meetings and/or request that concerns be brought to him/her. The LC Chair will now be meeting regularly with the Minister. This issue is scheduled for the next LC agenda.
- Ms. Gruben committed to continue to bring issues/concern to the LC until there has been feedback.

- The response of the Government of the Northwest Territories (GNWT) on intergenerational systemic racism and bullying is disappointing. The Cabinet should be advocating against it like what was done for the Black Lives Matter movement.
- The Yellowknife core gets much support. Beaufort Delta region expects the same with a regional focus. Many issues such as traditional foods are not the same in each region. **Action**: **Chair** to forward letter she received from Minister Green to the BDRWC members.
- A predicted $17 million deficit is now $26 million. Services may need to be cut. Budget concerns caused abolition of the past Boards yet not much has changed. Physician recruitment was $15 million more than what was in the budget. Decisions are made by bureaucrats not the Members of the Legislative Assembly. NTHSSA has a new financial administrator who will bring deficit management to the LC. It is imperative to advocate for correct funding.
- A senior administrator in another region approached Ms. Gruben and identified an organizational culture of bullying. Resentment doesn't complement performance, stress leave and short term disability are areas costing the system a lot. Bureaucrats say this is a Human Resources issue but Ms. Gruben feels it is not and that lobbying for improvement must happen.
- BDRWC pondered regional costs taken to maintain and operate the new STH and who will be managing it. They also queried how the old hospital building will be utilized. **Action**: **COO** will request some information.
- Ms. Gruben complemented the many great things happening and the strong passionate people serving on the regional wellness councils.

2:41 p.m. recess
Ms. McDonald left the meeting
3:02 p.m. reconvene
Donna Keogak, Tim VanOverliw and Peter Long joined the meeting by Teleconference

10) Chief Opeating Officer Report

This agenda was discussed on second day of the meeting.

11) Medical Travel Policy and Issues

Ms. Gruben welcomed Tim VanOverliw, Executive Director, Corporate and Support Services; and Peter Long, Territorial Manager, Patient Movement (Medical Travel), to the table.

Included in the meeting package: *GNWT Ministerial Policy Department of Health and Social Services Medical Travel – Escort Criteria (4 pages)*
Handed out: *NWT Medical Travel Overview Presentation to: BDRWC (15 PowerPoint slides)*

Discussion highlights:

- Case by case factors determine what level of assistance is provided to patients on medical travel.
- The cost of medical travel should not be an economic barrier for patients requiring care.
- Not all cases are vetted through the NTHSSA medical travel unit. Some are handled by others like the Workers's Safety and Compensation Commission, insurance companies, or private employers.
- The policy is administered within set parameters.
- BDRWC members shared a few specific instances that cause adherence to the policy to be questioned. Official documents say elders are a priority but it doesn't always seem so.
- Mr. ? said being an elder is not a stand-alone criteria to have an escort and they will bring this request to the decision makers.
- Mr. Long stated that the healthcare practitioner makes the decision on who needs non-medical escorts and the medical travel office administers the request. Ms. Gordon-Ruben queried how much training health centre staff get to help determine who needs escorts and she was encouraged to take specific concerns to the Department of Health and Social Services who have a Quality and Risk Manager in each region. The BDRWC Chair can bring broader concerns to the LC.
- Ms. Gruben stressed the need to educate patients on how important their choice of escort is. Ms. Goose said communities need input on who is designated to assist their elders.
- The daily per diem and compensation for private accommodation is not enough, it is a rate that hasn't changed for several years. Ensuring sufficient funds to purchase good nutritious food should be reviewed. Staying in private accommodation also means a patient is responsible for their own transportation to appointments, an additional cost.
- At times patients are aware of an appointment weeks before they get the travel arrangments, often that is given on the day of travel. Mr. Van Overlew said last minute or incomplete paperwork, incorrect information, staff workloads, patients changing mind or dates all impact the timeliness of booking travel. Medical travel personnel recognize time lags are problematic and are working on solutions.
- Too often a patient shows up at an appointment and the southern location doesn't even know why they have come, no paperwork was sent to them.
- Ms. Goose relayed the problems faced by unilingual speakers being sent south without an escort. Patients from remote locations often face confusing information at their destination and it is stressful. She suggested better signage would help but having an escort woud be best.

Mr. VanOverliw said there has been movement towards a patient advocate position. Hearing the specific problematic instances has increased his understanding of patient experiences.

3:56 p.m. Tim VanOverliw and Peter Long left the meeting.

12) Closing Prayer

Ms. Goose led the closing prayer.

October 23, 3:58 p.m. recess

October 24, 9:00 a.m. reconvene

In Attendance: Ethel Jean Gruben, BDRWC Chair
Annie Goose, BDRWC Member (via Telemerge)
Debbie Gordon-Ruben, BDRWC
Donna Keogak, BDRWC Member (via Teleconference)
Denise McDonald, BDRWC Member
Arlene Jorgensen, Chief Operating Officer, NTHSSA-BDR (via Telemerge)
Debra English, Regional Indigenous Wellness Coordinator

Apologies: Debbie Greenland, BDRWC Member

1) Call To Order

Ms. Gruben called the October 24, 2020 meeting to order at 9:08 a.m.

2) Reflection / Prayer

Ms. McDoald led the members in prayer.

3) Introduction to Role of Regional Indigenous Wellness Coordinator

Ms. Gruben welcomed Debra English to the table. Ms. Jorgensen was pleased to introduce Ms. English in her new indeterminate role as the the NTHSSA Regional Indigenous Wellness Coordinator, a territorial wide position that will focus on the Beaufort Delta. Built into the budget, this pilot project is a direct result of a need identified by the BDRWC. The position reports to the BDRWC COO and will work closely with XX and XX ? Other jurisdictions are interested in this positive endeavor.

Ms. English expressed her excitement and gratefulness of being able to bring her many levels of training and experience to this position in her home region. She explained that her role will include:

- Providing cultural safety for the patients/clients, the staff and general public.
- Work plans being developed for specific projects:
  - Having an elder in residence much like what is at STH
  - Rituals that would be regionally appropriate
  - Development of a working group
  - Development of a parenting program relevant to the Beaufort Delta region
  - Cultural mentorship

- Traditional foods in the IRH. BDRWC discussed details and history on this long standing goal. A working group will be established to figure out how to attain best results.

- Being welcomed to daily rounds allowd her to give the local indigenous perspective to medical professionals.
- Positive response from the staff to this new position. Fear of racism works both ways.
- Improvement of the IRH signage will be looked at.
- Looking at ways to enhance interactions/communication between non-English and English speaking professionals. Active offers can be used with the local languages.
- Consulting with the local indigenous governments and establishing contact with key people. She will travel to communities.
- Making the IRH chapel more regionally spiritually inclusive.
- Obtaining more community related artwork.
- Re-establishig a local regional health advisory group would be ideal.
- Having an advocate for patients/clients at their greatest time of need/transition.

The BDRWC is pleased to have this position in this region and looks forward to all the changes being worked on. There was caution advised on keeping the cultural components true to those of this region, not to adopt those of jurisdictions further south. Also the differences between the delta and the coastal communities must be in the forefront. Cultural awareness has been offered in the past and many felt intimidated. Its expected this new approach will help alleviate systematic racism, bullying and ignorance.

Ms. Gruben said that many staff experience these negatives at work, having an advocate for personnel and lobbying senior government officials to improve the situation will help. The organization needs a huge culture shift, change induces fear. Ms. Gruben encouraged Ms. English to explore PTSD impacts from the residential school experience. People in Tuktoyaktuk requested their community be a site for any pilot projects that may occur. People want to get well but it takes a lot of courage to seek help. That Ms. English's work will not always be easy was acknowledged.

Ms. McDonald proposed the Beaufort Delta is a good location for research students. Improving end of life protocols could be looked at. More utilization of the cultural area on the hospital grounds would be welcome.

Ms. Goose reiterated that the loneliness experienced by elders in care also needs to be a priority. Enabling means for them to listen to recordings in their own languages would be beneficial.

10:45 a.m. recess
Ms. English left the meeting

11:00 a.m. reconvene

4) RWC Member Observation & Comments – Roundtable

Covered earlier in the meeting, on October 23rd.

As agreed October 23rd agenda item #10 was discussed at this point of the meeting.

10) Chief Opeating Officer Report

Included in the meeting package:

Chief Operating Officer Report to the BDRWC October 23, 24, 2020 (5 pages),

with attachments

i. *Inuvik Managed Alcohol Plan Program Report (17 pages)*
ii. *Beaufort Delta Information, Cases – September 30, 2020 (2 pages)*
iii. *Fort McPherson Healthy Familiy Program (3 pages)*
iv. *Public Health COVID Testing Sites*
v. *Community Physician*
vi. *NTHSSA Rehabilitation Wait List – BDR and SR*
vii. *Inuvialuit Settelment Region TB Elimination Project (7 pages)*
viii. *Staff Appreciation BBQ July 24, 2020*

Ms. Jorgensen went over her written report. Discussion highlights:

- Much focus remains on COVID-19.
  - There is now a rapid test GeneXpert on-site and people tested must still isolate for the 14 day period.
  - Physicians assess who gets rapid tests. At time of reporting: an average of 16 per day; 725 COVID-19 tests have been done.
  - NTHSSA-BDR has sufficient supplies and stable laboratory staffing.
  - Much forethought has resulted in a successful screening process.
  - It is now mandatory for all persons entering/in NTHSSA facilities to wear a mask.
  - NTHSSA-BDR personnel work closely with the region's mandatory isolation centre.
  - The Inuvik Warming Centre residents have moved back into their previous location. Many relationships built with service providers while they were housed at Aurora College remain intact. The Managed Alcohol Program has ceased, a report is in meeting package.
  - Work is underway to ensure consistency on visitation restictions/protocols throughout all NTHSSA facilities.
  - The COVID-19 testing tent in Inuvik has reduced traffic in the government office building, with colder weather this service will be moved to a heated shed.

    - Getting an influenza vaccine is encouraged during the COVID-19 pandemic.
- There are people who can be called when an interpreter/translator is needed. Optimally there would be indigenous care providers who are aware of local cultural traditions and patterns of speech.
- Budget realities impact how many positions the organization can have. Too often local people are screened out of the hiring process before the COO is aware. It is imperative to figure out how to provide some means of on-the-job training, a GNWT program exists that needs to be accessed. Managers have been advised to recruit differently and will get orientation on the benefits of hiring local indigenous personnel.
- All GNWT employees must fill in an 'Outside Activity' approval request. Requests are declined if the activity will interfere with their GNWT job. This includes any risk that might be brought to long term care locations by working in multiple facitlities. Restricting a citizen's right to second job requires Labour Relations input.
- Government run care facilities undergo regular audits, standards, oversight and the accreditation process. A manager must go to all our off site locations once per month. When complaints are received they are referred to Quality and Risk Management for investigation. Despite all these safeguards it is still difficult to send elders out of their home community to receive care and communities still want local elder care facilities. The physical/cognative deterioration of elders seems to speed up when they are sent out which is distressing for families.
- GNWT plans for a new 48 bed long term care facility in Inuvik has been slowed by unexpected problems with the ground stability.
- Next to Yellowknife the Beaufort Delta has the highest number of Child and Family Services (CFS) investigations. Some calls are to facilitate connection to resources, not all require investigations or removal of children from homes. Statistics are in the meeting package.
- Successful Healthy Families programs in Fort McPherson, Inuvik and Tuktoyaktuk resulted in five new NT communities getting the program.
- Recruiting qualified personnel for Community Counselling Programs continues.
- Each community has a physican assigned to their health centre (in meeting package) which will increase consistent care. That particular physician will oversee patient care even when it is another physician who does community clinics. The NTHSSA-BDR is a leader in this virtual care. **Action**: **COO** find out if a physician is assigned to oversee the Charlotte Vehus Home and the Billy Moore Home.
- COVID-19 protocols has restricted some school services.
- A collaborative program with the IRC is utilizing federal funds to eliminate tuberculosis amongst Inuit.
- NTHSSA-BDR held their annual staff appreciation BBQ in July and adhered to COVID-19 protocols.

5) Issues & Priorities – Review of BDRWC Issues and Priorities List

Members went through the document titled *BDR RWC Outstanding Issues/Priorities August 20, 21 2020* - developed for the Chair to take regional issues to the Leadership Council. Discussion points:

BDRWC members felt this list should be divided into two, regional and territorial.

	Description – Initial date at the Table	October 2020 update
1	Life skills and personal development programs – 2016	The LC can recommend that Apprenticeship programs be reinstated / reevaluated. **Action**: **COO** get information on a GTC program and send it to Allan Stanzell.
2	Youth and young adults don't know where to go for help – 2016	Social media platform (Facebook) is being utilized more often. GNWT service officers are another resource. • Can be removed from list
3	Suicide – 2016	Closely linked to item 1 and 2 (above) The BDR has a higher number than the rest of the NT. More collaboration with other departments is needed. To remain on list, waiting for DHSS information on planned community engagement and how that impacts the BDR.
4	Interdepartmental collaboration – 2016	Several interdepartmental forums have been developed. Clients accessing/seeking services would benefit from a more centralized approach.
5	Drugs of abuse concerns – 2016, updated 2019	Territorial Polysubstance Inter-departmental Team led by DHSS. Waiting for end results of their work. BDRWC feel that drug activity has increased in their region.
6	Recognizing the quality of health and social services care – 2016	Management is encouraged to do walkabouts to build morale.
7	Ensuring culturally safe care – 2016, updated in 2017 and 2019	Consistency of cultural awareness training is questionable. Silos exist in every community. **Action**: **COO** add a Cultural Safety section to this list.
8	Management presence in the communities – 2019	Regular visits and pre-notification / canvassing for issues to continue.
9	Focus on good health rather than illness – 2016, updated 2019	**Action**: **COO** to combine with issue #12
10	Ambulance services – 2018	Update in package was not discussed
11	Frame and post the Vision, Values and Guiding Principles – 2019	Update in package was not discussed

12	Diabetes – 2018	Good information needed in school curriculum. Ms. McDonald available to brainstorm. **Action**: **COO** to combine with issue #9

Ms. Gruben indicated these identified issues/priorities require feedback from the new Minister who will be at the next LC meeting. NTHSSA puts a master list together and sends it to the Minister.

13	Programming geared for men – 2018, updated 2019	Update in package was not discussed
14	Morgues in small communities – 2019, updated February 2020	Update in package was not discussed
15	Traditional foods that reflect the BDR cultures – 2019	Update in package was not discussed
16	Dental care – 2019, updated February 2020	Update in package was not discussed
17	Consistency in elder's medical travel – 2019	Update in package was not discussed
18	Medial Travel Accommodation Inuvik Transient Center (ITC)	Update in package was not discussed
19	College program to train health workers – 2019	Update in package was not discussed
20	Traditional parenting – 2019	Update in package was not discussed
21	Specialist wait lists – 2019	Update in package was not discussed
22	Rehabilitation wait lists – 2020	Update in package was not discussed
23	CFS participation in the accreditation process – 2020	Update in package was not discussed
24	Homelessness – 2020	Update in package was not discussed
25	Expanding healthy family programming – 2020	Update in package was not discussed
26	Cancer Navigator – 2020	Update in package was not discussed
27	Medical Travel for Cancer Patients – June 2020	Update in package was not discussed
28	COVID-19 concerns – June 2020	Discussed earlier in the meeting.

6) Decision Items and Recommendations to the NTHSSA Leadership Council

Action: **COO** compile the BDRWC list, seek members feedback and submit the final version to NTHSSA for inclusion in their master list. The current list/updates is too cumbersome and BDRWC requested that it be summarized.

7) Date of Next BDRWC Meeting

Action: The Vice-Chair position on the BDRWC is to be on the next agenda.

Friday and Saturday meetings are best for members travel options. Administration is to send out date options of January 22/23 or 29/30, 2021. BDRWC members to advise which works best, majority rules. Two weeks notification of upcoming meetings will require advertising in early January 2021.

8) Closing Prayer

Ms. Gordon-Ruben led the closing prayer.

Ms. Gruben adjourned the meeting at 1:26 p.m.

Recorded by: J. Baryluk

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

On the 24 day of November, 2020

Ethel-Jean Gruben, BDR Council Chair

Acronyms used:
AB – Alberta
ACRT – NTHSSA COVID-19 Response Team
BDR – Beaufort Delta Region
BDRWC – Beaufort Delta Regional Wellness Council
CFS – Child and Family Services
COO – Chief Operating Officer
CPHO – Chief Public Health Officer
DHSS – Department of Health and Social Services
GNWT – Government of the Northwest Territories
GTC – Gwich'in Tribal Council
IRC – Inuvialuit Regional Corportion
IRH – Inuvik Regional Hospital
LC – Leadership Council
MACA – Municipal and Community Affairs
NT – Northwest Territories
NTHSSA – Northwest Territories Health and Social Services Authority
STH – Stanton Territorial Hospital