

Beaufort Delta Regional Wellness Council January 29 and 30, 2021 Minutes

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

Apologies: None

Guests: Participating by Teleconference for a portion of the meeting:
Nathalie Nadeau, Executive Director, Child, Family and
Community Wellness.
Kristy Jones, Territorial Director, Child, Family and Community
Wellness.
Joanne Engram, Northwest Territories Health and Social
Services Authority, Director of Health Services.
Jenna Long, Territorial Manager, Cancer Care.

Participating in person for a portion of the meeting:
Debra English, Regional Indigenous Wellness Coordinator,
NTHSSA - BDR

**Member of
Public:** Participating by Teleconference for a portion of the meeting:
Her Worship Natasha Kulikowski, Mayor, Town of Inuvik

1) Call To Order at 9:03 a.m. by Ethel Jean Gruben, Chair

Ms. Gruben welcomed everyone in attendance.

2) Reflection / Prayer led by Debbie Greenland

3) Acceptance of Agenda

Motion 2021-01-29-01 Moved by Debbie Gordon-Ruben Seconded by Donna Keogak that the agenda be accepted as presented.

Motion Carried

The Chair informed the council that she will excuse herself and leave the meeting at 9:45am to get COVID 19 vaccination appointment at 10:00am. She will come back 15 minutes after the vaccination. She appointed Debbie Gordon-Ruben as Chair during her absence and for the meeting to proceed as scheduled.

The chair also informed the council that Denise McDonald will excuse herself at 11:25am for an appointment but will come back after lunch break.

4) Previous Meeting Minutes – Review and Approval

Final minutes from the October 23-24, 2020 meeting were reviewed.

Motion 2021-01-29-02 Moved by Donna Keogak Seconded by Debbie Gordon-Ruben

That the Beaufort Delta Regional Wellness Council (BDRWC) minutes for October 23-24, 2020 be approved with correction on page 12 of 18 to reflect corrections in Denise McDonalds name from "Mcdoald to McDonald" and with corrections on page 14 of 18 to reflect misspelled word from Chief "Opeating" Officer Report to Chief "Operating" Officer Report.

Motion Carried

The Chair informed the council about the resignation of BDRWC Member Annie Goose last January 18th, 2021. There are now two council member vacancies for the BDRWC. Chief Operating Officer (COO) informed the council that there are nominations for the new council member but there is no ministerial appointment yet. The Chair commented that it takes a long time for the minister to appoint new Regional Wellness Council (RWC) members.

5) Business Arising from Previous Minutes

COO Action Items

Action Items from prior meetings are reviewed and discussed.

10:00 a.m. recess

10:30 p.m. reconvene

6) Chairpersons Report

Ms. Gruben provided a verbal report on the last Northwest Territories Health and Social Services Authority (NTHSSA) Leadership Council (LC) Meeting.

- Acknowledge that council appointments take time to be approved.
- Talked about frustrations of RWC council members in all regions when communicating their concerns to the territorial leadership.
- Got an assurance from the Minister that she will be attending all LC Meetings so they can hear the concerns of all RWC.
- Working on improving the dialogue with the Minister. The RWC Chairs demanded to set aside hours for each regional chair to have a meeting with the Minister.
- Proud to announce that the Shingles Vaccine will now be covered by non-insured health services.
- There is no progress at the territorial level to address systemic racism in the organization.
- RWC chairs asked the Minister to be their advocate and give importance to the concerns they raise.
- Talked about the Cultural Safety Action Plan (CSAP) and the need for it to be inclusive to the Beaufort Delta Region (BDR).
- RWC Chairs were surprised by the announcement that a whole new division was created to deal with systemic racism in the Territory. There is widespread frustration among the RWC Chairs because they felt that they are not consulted and it is not the solution they are asking for.
- Discussed increasing Indigenous personnel within the organization and asked to formulate plans for implementation in every region.

7) Chief Operating Officers Report

Deferred to the next day

Ms. Nadeau and Ms. Jones joined the meeting via Telemerge

8) Guest Presentation:

Children and Family Services, New Organizational Structure

Ms. Gruben welcomed Natalie Nadeau, Executive Director, Child, Family and Community Wellness and Kristy Jones, Territorial Director, Child, Family and Community Wellness to do a presentation.

Natalie Nadeau introduced herself as the new Executive Director, Child, Family and Community Wellness.

Kristy Jones introduced herself as the new Territorial Director, Child, Family and Community Wellness

The Chairperson also welcomed Mayor Natasha Kulikowski who joined the meeting via Telemerge.

Presentation on Child and Family Service (CFS) New Organizational Structure was delivered by Ms. Nadeau

Presentation Highlights:

- CFS main focus is on building the family as an institution.
- The Executive Director will always be available to the RWC Members
- The decree recommended the structure and structural changes under the legislation.
- All CFS regional managers will directly report to the Executive Director of CFS.
- The new division will streamline accountability.
- It aims to improve the relationship with the communities.
- It will strive to make sure there will be a significant impact in their respective regions.
- Encourage us and let us know if we need to change, or improve our services and resources.
- Ensure specific issues in CFS are being managed properly.

Question and Answer/Comments:

Q: Ms. Gordon-Ruben asked "Through the new branch of the community wellness, I don't see anything about indigenous culture, traditions are priorities on how we deal with our family, deal with our children? That concerns me a lot. Because we are the people who can nurture our family and children, and there's no reflection here. Have you consulted indigenous leaders?"

A: Ms. Nadeau: The presentation today is more on introducing the new structural change in the CFS. With the new structure, we can focus more on consultations, engagements especially with the indigenous self-government and the indigenous people. Your concerns will be the forefront of our main work.

Ms. McDonald shared a comment that we have to understand and accept the fact that most of the children in care are indigenous children in the Northwest Territories (NT). We need to emphasize on the wellness part of the work and not so much on the reaction part of the new federal legislation that looks into child's rights, protection, placement and care. Look into the long-term solution in supporting care of our children.

Ms. Nadeau confirmed that the Healthy Family Program (HFP) is under her portfolio. The division is strategically trying to shift focus on prevention plan, more focus on

community wellness and big emphasis on family preservation. These programs have significant impact and are long term solution for children and families rather than reactive and protection approach.

Ms. McDonald also suggested supporting school curriculum for high school students that deals with parenting and child development because there are still large number of students who become young parents which is the reality in the north

Ms. McDonald excused herself and left the meeting.

Ms. Gruben thanked Ms. Nadeau and Ms. Jones for the presentation.

Ms. Nadeau and Ms. Jones left the meeting.

12:01 p.m. recess

1:18 p.m. reconvene

Ms. McDonald joined the meeting.

Ms. Engram and Ms. Jones joined the meeting via Telemerge

9) Presentation: Cancer Care Team

Ms. Gruben welcomed Joanne Engram, NTHSSA, Director of Health Services and Jenna Long, Territorial Manager, Cancer Care to the meeting.

Ms. Engram introduced the Cancer Care Team (CCT) and explained the third party funding sources like Canadian Partners Against Cancer and Department of Health and Social Services (DHSS). These funding sources helped to build a cancer team and hopefully make the cancer experience better for the patients of the NT. Funding expires in March 2022.

Brief overview of Cancer Care in the NT.

- Cancer is the leading cause of death in NT.
- 26% of all death are related to cancer.
- Between 2007-2016 we have an average of 136 new cancer diagnosis each year.
- Cancer screening in NT has been opportunistic vs organized. There are no proactive measures in place to reach out to people to screen for cancers and organized programs have been implemented across Canada.
- The number of cases of cancer is increasing and is expected to rise by 16% over the next 15 years. This is because we have an aging population.
- According to a graphic by the DHSS, it was highlighted: Colorectal cancer is now the second most leading cause of death by both men and women.
- Screening programs are already organized across Canada for breast cancer, cervical cancer and for colorectal cancer.

- We are going to develop screening or programs that simplify these processes for people.

Discussion on Breast Cancer

- Breast cancer is the leading cause of death amongst the women in NT.
- Screening and finding cancer early, impacts the survival of the cancer patient.
- Standard: 70% of eligible population is screened annually for breast cancer nationwide.
- Recognize that even though the community of Tsiigehtchic has 100% screening of breast cancer, they certainly don't follow the same screening for others.
- We have communities meeting and exceeding the national standards and some following about 20%.
- Explained the process and how the cancer care program will intervene.
- Aim to establish the CCT this calendar year.

Discussion on Colorectal Cancer

- Colorectal Cancer (CRC) is usually diagnosed in the later stages.
- We aim to identify CRC at the earlier stages.
- Need to create a simple way for people to be screened.
- CCT will be the bridge for the people to let them know that they are eligible for the screening.
- 50% of the times, people are being asked to complete the screening test even if they have the symptoms, delaying the time it takes for them to get the colonoscopy that they need.
- The CCT will come up with an organized CRC screening approach that will meet the needs of the patient, taking the responsibility off from the patient.
- We would also like to create a program stream for people to know who they will approach or ask for their query.
- The CCT will work with the Community Health Representative (CHR) in the community to raise awareness about CRC screening.
- Over the last year, we did rule out this organized approach to every community, working with the CHR and the Nurse-In-Charge (NIC).
- Cancer navigation team will be the one to reach out and organize the medical travel of the patients for follow up colonoscopy.

Changes after the approach of the CRC screening program:

- Anticipate that the numbers will increase.
- Working closely with CHR's
- Promotion of the program
- Program goal for the next few years, people will be more aware of the importance of the CRC screening.

- Participation rate increased all over the communities and we expect that the number will increase in the next couple of months as people are trying their kits.
- The team aims to reach a 30% participation rate from the national target of 60%.
- 14 people made their way from completing the screening up to the diagnosis in the past year.

Discussion on Palliative Care Program

- We need to identify the people with terminal illness, not necessarily cancer.
- Identify the importance of a Palliative Care Program.
- Funding from partners was used to run a sample group of patients diagnosed with cancer. This is to assess the distress or their suffering on a regular basis.
- The program will focus on managing the symptoms and making it easier for the patients.
- They tried first time ever Learning Essential Approaches to Palliation (LEAP) trainers.
- Almost 100 providers were trained for LEAP but this program was paused due to the pandemic.
- Will develop a program that will support home care.

Discussion on Important role of CHR's

- 2019, three different health awareness kits were presented for the community.
- Some challenges happened due to pandemic.
- Contests were established online to promote cancer screening programs.
- Cancer navigation team has two cancer nurse navigators, and one oncology medical social worker.
- Cancer nurse navigators offer information and emotional support.
- Oncology medical social worker was added. They provide counselling support for emotional distress, anxiety for other people and their family.
- Creation of a Survivor Care Plans
- Create a road map for patients as they navigate the system.
- Connect patients to the resources that will be available for them.
- Presentation of the health care providers across the system
- Health care providers will refer the people to the program and the cancer navigation team will reach out.
- Patients or their families will call and contact them

Community Champions

- There should be Community Champions in every community, the strategy they use might be different in communities, to promote the program and raise awareness.
- Community champions are people in the community who will take an issue or project and will be fearless in raising awareness and support.
- We will be happy to reach out to them and work with them.

Question and Answers:

Q: While setting up the system, did they consult elders? How about traditional care? How about Indigenous community?

A: Consultation was done with the Indigenous Health and Wellness Division. More oftentimes, we look into incorporating those advices to the awareness campaigns. As we go along, feedback is welcome. We are willing to reach out.

Q: In the long term, can we be more active in teaching young people about food, and lifestyle?

A: One of the challenges as a healthcare system, we don't have enough money to work with and we should be specific on the budget.

COVID has presented challenges on how to roll out the awareness kits for the last year.

We are connecting creatively with the young people and making them engaged to be interested to talk about cancer.

Ms. Gruben thanked Ms. Engram and Ms. Long for their presentation.

Ms. Engram and Ms. Long left the meeting.

Ms. English, joined in person to present her report.

10.) Regional Indigenous Wellness Coordinator Report

Ms. Gruben welcomed Debra English, Regional Indigenous Wellness Coordinator to provide the following verbal report.

Traditional Foods

- Since September, Nutritional Food research started nutritional meal survey.
- Little sweets on the side were requested.
- The Chief Operating Officer of IRC and Senior Manager of Accounting are already in the process of understanding the regulations in getting the Food Processing Plant.

- Once the plan is up and approved, advertising will be put up.

Q: Will families still be able to bring and prepare traditional foods in Long Term Care?

A: We're not disrupting what we are doing right now. They will continue doing the program as is, where they will be bringing traditional foods to the patients.

Cultural Trainings

- Progressing slowly
- The Cultural safety presentation is about 45-minutes long and presented to all staff.

Elders Advisory Working Committee

- In development.

Indigenous Culture Throughout the Organization

- Afternoon tea and talk.
- The teaching talks are two sessions a month, one hour a day. 10-12 people as audience.
- This is also cultural awareness, because it talks about the history of the people and gives more insight about culture.
- Biscuits and tea is served as refreshment.
- Another session will be held in February 2021.

Re-modelling of the Chapel

- First meeting of the consultation group was held in December 2020.
- Agreed that questionnaire should be given.
- Currently on the process of designing the questionnaire.
- Got out to community elders and talk about the chapels.
- Renaming will be an option.

Q: Where will the photos go?

A: We can keep it in a special area.

Cultural Mentorship

- We utilize some of the staff to assist and help educate the non-indigenous staff about cultural awareness.
- The engagement activity committee would be a group of seven people to host an activity once a month that relates to our culture.
- We are looking at 15 people that can comfortably sit in the tent.

Traditional Parenting Program

- On hold right now.
- Research and review on the program first.

Medical Travel

- Discussed situations when patients encounter problem with medical travel
- We determine that an orientation has to be setup for the community health center staff

Ms. Gruben thanked Ms. English for her report

Ms. English left the meeting.

12.) Closing Prayer

Ms. Greenland led the closing prayer.

January 29, 2021 3:23 p.m. recess

January 30, 9:00 a.m. reconvene

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

Apologies: None

1) Call To Order

Ms. Gruben called the January 30, 2021 meeting to order at 9:09 a.m.

2) Reflection / Prayer

Ms. McDonald led the members in prayer.

3) In-Camera

Ms. Gruben deferred the In-Camera session after the RWC Member Observation and Comments: Roundtable.

4) Regional Wellness Council Vice-Chair.

Ms. Gruben informed the members that the previous Vice-Chair is Vince Teddy and when he resigned as BDR – RWC member the position of Vice-Chairmanship became vacant and the council has not replaced the position.

Ms. Gordon – Ruben nominated Ms. McDonald as Vice-Chair.

Ms. McDonald accepted the nomination.

Motion 2021-01-30-01 Moved by Ms. Keogak Seconded by Ms. Greenland that Ms. McDonald is now the new Vice-Chair of the BDRWC.

Motion Carried

5) RWC Member Observations & Comments

Roundtable

Ms. Keogak

- Travel reservation and last minute processing are still issues of concern.
- Dental Clinic missed going to Sachs Harbour and no dentist traveled to the community.
- The COO commented that the only dental clinic adequate to operate under COVID restrictions is Aklavik.
- The Medical Travel will arrange dental appointments to Inuvik and Yellowknife for all patients who live in the community.
- Requested an in-person RWC meeting on April 2021
- Action: The COO will send members the process for accessing a dental appointment.

Ms. Greenland

- The authority must prioritize indigenous language.
- Discussion of supports available for funeral services and noted Gwich'in Tribal Council (GTC) created a binder with information on all of the supports available.
- Social workers and community organizations help in funeral of elders with no family support.
- There is a need to educate community members on how to access child and family services, social worker and counselling services.
- Suggested NTHSSA should work in partnership with the community organizations Inuvialuit Regional Corporation (IRC), GTC and local government for the welfare of every children
- Recommended trying to find different approaches in raising awareness on child and family services
- Noted lack of community counsellors is an issue in the communities because they are either not available or there is a high rate of turnover.

Ms. McDonald

- Glad on the vaccination roll-out but concerned about the 2nd dosage
- Concerned about the mental health of elders at home and in the facilities.
- Systemic racism is still on the headlines and concerned that not much has been done to address it.
- Commended the excellent work of the Regional Indigenous Wellness effort.
- Need to promote education awareness of healthy food.
- Need to find ways to encourage community members on cancer testing. Will make effort to encourage close friends and relatives.

10:00 a.m. recess

10:15 a.m. reconvene

Ms. Gordon-Ruben

- Noted there should be awareness of the need for taking care of elders.
- Requested for a revised arrangement on visitors for patients due to COVID restrictions.
- If patients don't have a family member with them, there should be a mechanism to address it.
- Elders should have an escort. It is not acceptable for elders travelling without escort.
- Shelter issues needs to be collaborated with NTHSSA - BDR and other community organizations.

Ms. Gruben

- Need to remain vigilant against COVID-19.
- Remind our community to not let our guard down despite the ongoing vaccinations.
- Cultural awareness must continue.
- Education awareness against cancer for the young ones is important.
- We need to encourage more people to do colorectal screening test.
- Noted that as indigenous people, we always took care of our own affairs on our families. But we now allow people to look after our education, housing, and everything.
- Encouraged everybody to work on programs without choking our responsibilities

10:30 Proceeded In-Camera

Motion 2021-01-30-02 Moved by Ms. Greenland Seconded by Ms. McDonald that the session enter In-Camera at 10:30am.

12:15pm Out-of-Camera

Motion 2021-01-30-03 Moved by Ms Gordon-Ruben Seconded by Ms. Greenland that the session go out-of-Camera at 12:15pm.

9) Issues and Priorities

Discussion Points:

1. Addressing culture of racism and bullying in the organization should be discussed and given priority.
2. Improvement to program and service delivery should be expedited and should benefit Indigenous people especially in the far flung communities.

3. There should be gender equality, not just for women and children but also for men. Some people don't give importance to Indigenous men in discussions about wellness. Following indigenous customs and traditions means respecting role of everybody in society. If we only give importance to one gender we are neglecting the other and sometimes that is the cause of straining family relationships which is the very basic unit of society.
4. New division should be reviewed because it seems the Regional Wellness Members are not consulted and is not what the people need. We should diligently look into the decision process of this new division especially how they justify funding allocation. The bureaucracy should be made accountable and responsible for the funding.
5. The BDRWC Issues and Priorities List is already submitted in the Territorial level and also handed directly to the Minister which is not done in the past where our concerns are not brought and read by the Minister.
6. BDRWC wants to provide a press release of the newly approved Shingles Vaccine but was told by the authority that due to COVID, it is not yet time to provide information on the vaccine. We are told to wait for their press release but no timeline is provided. Cannot announce publicly until given authority.

Date of Next BDRWC Meeting

The tentative dates for the meeting are April 16 and April 17, 2021.

The public meeting will be arranged in-person and will also be available virtually.

The Executive Assistant will send notification two weeks in advance of the meeting date.

6) Closing Prayer

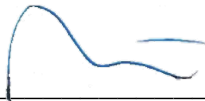
Ms. McDonald led the closing prayer.

Ms. Gruben adjourned the meeting at 12.45 p.m.

Recorded by: Dennis Dulay, Executive Assistant, NTHSSA - BDR

Minutes approved by the NTHSSA – BDRWC

On the 30th day of October, 2021



Ethel-Jean Gruben, BDRWC Chair