

**Beaufort Delta Regional Wellness Council
October 29 and 30, 2021
Minutes**

- In Attendance:** Ethel Jean Gruben, BDRWC Chair
Debbie Gordon-Ruben, BDRWC Member (via Telemerge)
Donna Keogak, BDRWC Member (via Telemerge)
Annie Goose, BDRWC Member (via Telemerge)
Arlene Jorgensen, Chief Operating Officer, NTHSSA-BDR
- Apologies:** Denise McDonald, BDRWC Member
Debbie Greenland, BDRWC Member
- Guests:** Participating via Telemerge for a portion of the meeting:
Nathalie Nadeau, Executive Director, Child, Family and
Community Wellness.
Collete Prevost, Territorial Executive Director, Child and Family
Services
Sandra Mann, Director, Seniors Affairs Unit, Department of Health
and Social Services,
Perry Heath, Director, Infrastructure and Planning, Department of
Health and Social Services
Kyla Kakfwi-Scott, Director, Community Culture and Innovation
Division, Department of Health and Social Services
- Participating in person for a portion of the meeting:
Debra English, Regional Indigenous Wellness Coordinator,
NTHSSA - BDR
- Member of Public:** Sharla Greenland, Chief Operating Officer,
Gwich'in Tribal Council
- Eric Bowling, Inuvik Drum

1.) Call to Order at 9:25. by Ethel Jean Gruben, Chair

Ms. Gruben welcomed everyone in attendance.

2.) Reflection / Prayer led by Annie Goose at 9:30

3.) Approval of the Agenda

Motion 2021-10-29-01 Moved by Donna Keogak Seconded by Debbie Gordon-Ruben that the agenda be accepted as presented.

4.) Previous Meeting Minutes – Review and Approval

Final minutes from the January 29 to 30 meeting were reviewed.

Motion 2021-10-29-02 Moved by Donna Keogak Seconded by Debbie Gordon-Ruben

That the Beaufort Delta Regional Wellness Council (BDRWC) minutes for October 29-30, 2021 be approved with correction on page 12 to reflect corrections from “Reuben” to “Ruben”.

Motion Carried

5.) Business Arising from Previous Minutes

Q: Ms. Gordon-Ruben asked “from page 12. I believe it is. It says Palliative Care Program is that something that is started in the communities for like cancer patients. Do they do that?”

A: COO, they do palliative care in every community, if families are trained to take care of their loved ones in their home. It's got to be a family effort. So, it is available in the communities if that's a family's choice.”

Q: Ms. Gordon-Ruben “So do they go in and train?”

A: COO, “The nurses can go in and because a lot of the palliative care is like managing pain, for example, and so the families are trained on how to administer medication. The nurses still come regularly to check in on them, but the nurses are in charge of the training for the family and provide support to them.”

Q: “I was just wondering. A lot of the indigenous people in our region are quite afraid of COVID. So, there's a patient who was going for cancer treatment and stopped the treatment, because of being afraid of staying in Alberta. Because of the high number of cases that were in there, and also in the hospitals, where they were attending. And they have contacted the hospital and tried to contact the doctors to continue their care for their treatment or to have an update or to have contact with the doctor but there hasn't been any success for the person or their family members who are trying to reach out. I'm just wondering,”

A: COO, “With the Chair’s permission, I’ll respond. The palliative care program is really an end-of-life program. And so, the training and support for people to die at home is what the palliative care program is. We do have a limit to what kind of services we're able to provide in communities. That is just simply based on some very specialized training that's required to deliver some of those treatments. If somebody is having difficulty getting a response or want to consult about the choices that they're making, and what kind of support they could get at home, if they're not getting a response from their community physician or the health center, they should

call either myself or Sara Fitzgerald our Quality Risk Manager (QRM). It is going to be specific for each individual, but I would either link them to Sarah or Sarah would, with their consent, look in their chart and help them connect to the right people and get them their answers.”

Action Item: COO will send all Regional Wellness Council members Sarah Fitzgerald, QRM – North contact information.

COO Action Items

- Invite Ms. Gabor Mate and Cindy Blackstock to present to the regional wellness councils. The recommendation was passed on to Allen Stanzel, who is responsible for governance, and let him know that that was a request for education.
- Questions on funding equity in the region. There was a full presentation provided to the Leadership Council in March of 2021. This was about the old Stanford Hospital and how it's going to be utilized. The document explaining how the old Stanton was going to be utilized is in the package. There was no response specifically to the cost of the new facility.
- There's a high number of elders in the Beaufort Delta Region waiting for long term care assistance. There is a presentation on the long-term care facility later in the meeting. Questions can be asked to the presenter.
- I have questions on the new Indigenous Wellness Division but there is also a presentation about it later in the meeting so we can ask questions to the presenter.
- No response from an invite out through email to the regional wellness council members to act as elders on the Elders Advisory Committee. The terms of reference were modified to reflect an ad hoc participation by regional wellness council members.
- Chairperson met with the Health Services Administration and raise the concerns about dental services in our region and access. They've been working on a clear statement on what that process is going to look like. But as of last week, they still hadn't finalized the statement on how to access dental services.

Ms. Nadeau and Ms. Prevost joined the meeting via Telemerge at 9:40am.

6.) Presentation:

Child, Family and Community Wellness Organizational Update

Chairperson welcomed Natalie Nadeau, Executive Director, Child, Family and Community Wellness and Colette Prevost, Territorial Director, Child and Family Services to do a presentation.

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

Colette Prevost introduced herself as the new Territorial Director, Child and Family Services.

Presentation Highlights:

- An overview of the new federal legislation for children and families.
- Ms. Prevost focused on prevention and the topic in which the Child and Family Services system is in, which direction it's going, what the vision is, how the new federal legislation impacts the services, but also how the structure the delivery of Child and Family Services differently in terms of competition.
- The Federal Law is not child welfare legislation. It's a legislation that is built to recognize inherent rights and the pathways to building legislation to make sure children are in care.
- The foundation is prevention and early intervention. It is to ensure the capacity for indigenous children and youth to stay with their families and communities.

Ruth Anne Blake joined the meeting in person at the Large Boardroom at 10:10am.

Ruth Anne Blake introduced herself as the Territorial Director, Engagement and System Development for Child, Family and Community Wellness.

Discussion on the Engagement with Indigenous Organizations.

- Meeting with the Gwich'in Tribal Council (GTC) and the Inuvialuit Regional Corporation (IRC).
- March of 2021, after Ruth Anne Blake started, they had collaboration meetings. It was explained in the meeting about what the federal legislation meant and how they have many opportunities to be involved. The IRC at that time, explained that they've already given notice that they will be assuming legislation, and they are working on it. IRC requested to continue to meet to establish a collaboration table.
- We set up terms of reference and meet monthly. During those monthly meetings, we provide a monthly point in time information to media and regional corporations.
- They also review any notice of significant measures. IRC indicated back in January 2021, that they wanted to be notified of any significant measures that we've taken. And as IRC pointed out, if there's going to be an apprehension, then we need to notify the IRC as soon as possible.
- They are also sharing data with them on a quarterly basis, and it covers any apprehensions, voluntary services, any type of involvement that we have with children that are present in each of the communities.

Natalie Nadeau mentioned that it was a good overview and to continue with the Questions and Discussions.

Annie Goose thanked the presenter for the new system format required for health authority and different types of child welfare.

Q: Annie Goose: I appreciate the fact that there are many changes to the Child and Family Service Act happening. At the same time, there still is a backlog of situations that we still must work with.

A: Nathalie Nadeau: "We have significant shortages in our ability to recruit, we've always had difficulty retaining staff and recruiting in Child and Family Services, but due to COVID, it is more difficult to recruit and attract."

Action Item: COO will send Board Member Annie Goose Nathalie Nadeau, Executive Director, Child, Family and Community Wellness her contact information.

Recruiting Staff

- What we've been doing in some communities has been successful, where we have a social worker position. We've hired local individual that has an interest in family preservation.
- Instead of hiring a social worker to do Child and Family Services, we went more the route of family preservation and more of a support type position.

Q: Debbie Gordon-Ruben "We need to start in the community, use our people. I believe that's the way that we're going to help our families become whole, it's not going to happen overnight, we realize that, but it needs to start in the community."

A: "We're able to hire a local staff, but we've worked really hard to implement the training model."

- They are requiring somebody that has an interest in helping families that have the right skills and ability.
- They've called individuals specifically that were identified from either the regional wellness council or other leaders in the community to have them as part of the system.
- What they want to achieve is to have less and less involvement at the child protection side with more involvement in the preventative side.

Child Welfare

- Dealing with an intergenerational foster care cycle that's been going on, kind of like intergenerational residential school.
- Dealing with not only children, but we're dealing with children who are the offspring of an intergenerational foster care system that's gone wrong for so many years.
- It is important to talk about the transition period, and work with housing and others, to ensure that when these children are aging out into young adults, hopefully the healthiest, educated children because they should not be in foster care system
- Offer suggestions to help build the best kind of child welfare service program, and services to our communities.

- It is essential to give support to the people who work for Child and Family Services so that we can develop those relationships and trust that these programs work.

Action Item: Beaufort Delta Regional Wellness Council will again discuss the details of Child, Family and Community Wellness next meeting.

Chairperson thanked the Presenters and invited them again in the next BDR Regional Wellness Council.

Nathalie Nadeau and Colette Prevost left the meeting.

The Executive Assistant reminded the meeting that the next presentation will be In-Camera and asked Sharla Greenland and Eric Bowling to come back after the lunch break when regular meeting resumes.

Sandra Mann and Perry Heath Joined the meeting via Telemerge at 11:03am

7.) Presentation:

Home Care and Long-Term Care Services to Support Aging in Place with Dignity.

The Chairperson welcomed Sandra Mann, Director, Seniors Affairs Unit, Department of Health and Social Services and Perry Heath, Director, Infrastructure and Planning, Department of Health and Social Services

11:19 Proceeded In-Camera

Motion 2021-10-29-03 Moved by Ms. Keogak Seconded by Ms. Gordon-Ruben that the session enter In-Camera at 11:19am.

12:25pm Out-of-Camera

Motion 2021-10-30-04 Moved by Ms. Gordon-Ruben Seconded by Ms. Keogak that the session go out-of-Camera at 12:25pm.

Action Item: COO will communicate with Sachs Harbour Community Leaders about the Homecare Program and will follow up with the Community Health Center Operations Manager on present Homecare situation.

12:30 p.m. recess

1:30 p.m. reconvene

Sharla Greenland from GTC rejoined the meeting via Telemerge at 1:30pm

Eric Bowling from Inuvik Drum Rejoined the meeting via Telemerge at 1:30pm

Ms. Kyla Kakfwi-Scott joined the meeting at 1:30pm

8.) COO Report

Deferred tomorrow October 30, 2021 meeting.

9.) Presentation:

Community Culture and Innovation Division Overview

Chairperson welcomed Ms. Kakfwi-Scott, Director, Community Culture and Innovation Division, Department of Health and Social Services to do a presentation.

Presentation Highlights:

- Since 2013, the division has more focus on indigenous health and community development, with additional project areas that have changed over time, depending on what we've been hearing from communities about different priorities and focus for us.
- Once the planning part was done, that moved over to the Health Authority to implement the plan.
- In 2014, it first went out in support of the federal funding that was administered to work with communities to establish community wellness plans.
- In 2015, the local cancer strategy and the territorial empowerment action plan was released. At the same time, the division started to work on the cultural safety areas for the system.
- In 2016, it released a culturally respectful health and social services system commitment to action.
- In 2017, the division used a community development approach to change the way the system works with people and communities at every level, thus enabling public participation in priority setting, planning and design.

Position Summary

- In total, the division has 27 staff positions.
- 12 of the positions are funded by the GNWT. Five are from federal cultural safety and primary health care reform funding; another five are from the northern wellness agreement, and that's unchanged from what it's been two previous years; the rest are short term positions.
- 19 of the positions are filled and they are at various stages of proposal to hire for the eight, we had to work very closely with HRMS.

Questions and Discussions:

Q: Ms. Debbie Gordon-Ruben: How are you implementing into our region and into our communities? How do you assess the cultural needs of our people and assess that and put them into your programming?

A: Ms. Kakfwi-Scott: If there is an offer to someone who lives somewhere other than Yellowknife, we'll figure out a full rent office space for them or something so that they can stay in our community. We just started this year and because of the outbreak, training had to stop. Since we have figured out our training model, we've started to go outside of Yellowknife and deliver in different communities. The other plan is to reach out to GTC and to IRC and have a little bit of a planning committee to make sure that we were working with the right people in the region.

Q: Ms. Debbie Gordon-Ruben: How can they know what's going to work in the Delta Region?

A: Ms. Kakfwi-Scott: We can't until we come and talk to you. So you know, that's the kind of conversation we're having here right now. And I hope that will be a regular conversation. But I'm always happy to bring anything that you're interested in hearing more about.

Ms. Ethel Jean-Gruben commented that we are dealing with serious issues when it comes to racism, bullying, abuse of authority within the organization, not only with the people we serve and the people we give care to, but also within the organization itself.

Ms. Debbie Gordon-Ruben spoke more about how she thinks the cancer care department or system doesn't work because some patients do not get any response from them.

Arlene Jorgensen discussed with Ms. Debbie Gordon-Ruben that if she wants Ms. Fitzgerald to call the patient, she could send Ms. Fitzgerald that person's name and information. If there is still no response, report back to her so she could make sure that it gets responded to.

Action Item: COO to invite Kyla Kakfwi Scott, Director, Community Culture and Innovation Division again next BD Regional Wellness Council meeting.

The Chairperson thanked Kyla Kakfwi-Scott presentation.

10.) Presentation:

Beaufort-Delta Primary Health Care Reform Demonstration Project Ideas.

Chairperson invited Ms. Kakfwi-Scott, Director, Community Culture and Innovation Division, Department of Health and Social Services again to do a presentation.

Presentation highlights

- For the primary health care reform, we have demonstration projects in different parts of the territory.
- The priority, if we're working on improving care in the Beaufort Delta Region is that the focus should be on the community health centers, rather than on the Inuvik Primary Care clinic.
- We need cultural safety to be a key component in the delivery of care.

11.) Public Feedback and Questions:

Chairperson invited Ms. Sharla Greenland, Chief Operating Officer of Gwich'in Tribal Council (GTC) to speak on her concerns and ask questions.

Sharla Greenland, Chief Operating Officer of GTC informed Beaufort-Delta Regional Wellness Council that they are having concerns regarding their LARGA Facility located in Edmonton, Alberta that they would like BDRWC to bring to the Leadership Council's attention.

Ms. Sharla Greenland shared in the meeting that the GTC is currently facing financial crisis with LARGA Facility that they own through Gwich'in Development Corporation and their partners. They found out that Non-Insured Health Benefits (NIHB) funds very similar programs that LARGA Limited is doing in other Provinces with the help of Ottawa. These funds help those businesses run programs that ensure patient welfare and care while on medical travel. Their concern is that GTC through Gwich'in Development Corporation is not receiving these funds that LARGA limited could have used to operate and run their programs. We believe that there was interference that Northwest Territories Health and Social Services Authority (NTHSSA) is involved that hinders the GTC to receive this funding. Chief Ken Kyikavichik has sent a few letters to Minister Green and brought this to the attention of the minister, but they have not received any response from her office about the issue. They are very concerned and worried about this because it greatly affects the people that the facility serves especially the patients travelling with very serious medical concerns.

Closing Prayer

Ms. Annie Goose led the closing prayer.

Chairperson adjourned the meeting at 4:00 p.m.

October 30, 9:05 a.m. reconvene

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

Apologies: Denise McDonald, BDRWC Member
Debbie Greenland, BDRWC Member

Member of Public: Eric Bowling, Inuvik Drum

1) Call To Order

Ms. Gruben called the October 30, 2021 meeting to order at 9:05 a.m.

2) Reflection / Prayer

Ms. Goose led the members in prayer.

3) Regional Indigenous Wellness Coordinator Presentation:

Presentation highlights:

Traditional Foods

- The Processing Plant that the Community Economic Development Organization (CEDO) of IRC spearheaded is now operational. Traditional foods will be available for purchase soon. Priority will be given to IRC communities and its beneficiaries and then to the different school's breakfast program within the ISR. Next in priority will be the IRH Long Term Care residents. The kitchen will be provided with traditional food and the dieticians will coordinate with Aramark how to best serve the traditional food to our elders.

Cultural Safety Presentation

- Cultural Safety presentation is a training that is given to educate staff about Cultural Safety specific to the Beaufort-Delta Region. Our aim is for all staff of NTHSSA-BDR to have the sense of awareness and information on how to deal with the Indigenous People in their work and in their communities. We are trying to help them communicate better and culturally safe with other staff,

clients, patients, and the public in general whenever they are in the health facility having their appointments or dealing with their medical health issues.

Elders Advisory Committee

- Term of reference were finalized and signed by COO in February of 2021.
- Another meeting will be scheduled with IRC to discuss roles and their selection of Elders Advisory Representation.
- The Gwich'in Tribal Council Medical Terminology Workshop in March 2021 is a success.

Indigenous Culture Throughout the Organization

- Afternoon Tea and Teach is now on a Youtube video and is available in OURNTHSSA so it can be viewed by all NTHSSA staff.
- Door signages in all communities are now documented and ready to be sent to managers for review and eventually for translation and display. Also working on the plaque to recognize the names of individuals whose community health centers are named for.

IRH Chapel Remodeling

- The COO wanted the support of the council to move forward in trying to do a little bit of remodeling in the chapel and changing the sign and name of the chapel so more people would be comfortable using the space.
- Members agree that the chapel have some large furniture that takes up a lot of space. There should be a way to maximize the space to be able to have more room for hospital clients and visitor to use whenever they need a quiet atmosphere and a place where they can be by themselves to reflect or with their family member.
- Members comment that the chapel is mostly designed for a couple of religious faith and the need for a space to be conducive to almost all types of faith and religious denomination.
- The chair suggests that there is a need to plan for a bigger place in the hospital for clients and visitor to have a place for reflection, meditation and a solace for mental wellness conducive to all faiths and religious denomination.

Action Item: COO will direct the Regional Indigenous Wellness Coordinator to reach out to the Roman Catholic Community Leaders in Inuvik on the furniture's and historical items in the Inuvik Regional Hospital Chapel.

Will also communicate with Inuvik Drum on the messaging for The IRH Chapel remodeling.

Student Mentorship Program

- NTHSSA – BDR hired a total of 21 Indigenous Student this summer for different programs in the hospital including seven student nurses.
- Mentorship is a lot of cultural engagement activities and utilizing some of the staff who would come in and assist in helping to educate non-indigenous staff about the history, the culture, the values, and the traditions of the people of the Beaufort-Delta Region.
- When staff engage in something that they have a hands on experience, and experiential experience, they actually thrive in regards to their involvement in their own.

Cultural Mentorship

- Storytelling: Past and Present was hosted on February 20, 2021 with 16 participants including staff and community members who joined via Telemerge.

Traditional Parenting Program

- last November 12, RIWC presented with Ruth Ann Blake “Death and Dying” A Palliative Care Presentation.
- The traditional parenting program is at a standstill.
- There are still some discussions on funding and expenses for instructors and presenters but IRC and GTC are looking into bringing in the program to Inuvik. They will still need time to review the proposal so that more participants in the region can avail of the training in the region.

Medical travel

- Still waiting for a review on some discussion about what the issues are on medical travel and looking about the escort issues. Internal review is coming and we might have some more information about what to do moving forward.
- A lot of people who are going on these medical travels are not feeling like they got a full understanding of what they're doing, where they're going, and what's going to happen.
- Concerns and requests towards how travel continues, and how we can help to make it more efficient and more respectful.
- Medical Travel is issuing travel based on the guidelines and policies. They follow the approved guidelines and policies.

Action Item: COO will try to identify where the bottleneck in Medical Travel processing is coming from.

11:05 am break.

11:15 am reconvene.

4) In-Camera

11:16 Proceeded In-Camera

Motion 2021-10-30-01 Moved by Ms. Gordon-Ruben Seconded by Ms. Keogakd that the session enter In-Camera at 11:16am.

12:30pm Out-of-Camera

Motion 2021-10-30-02 Moved by Ms. Goose Seconded by Ms. Keogak that the session go out-of-Camera at 12:30pm.

4) COO Report

Immunization

- The NTHSSA – BDR continues to promote Immunization and the region is doing pretty well vaccinating community members.
- We anticipated that community spread and an outbreak will eventually happen in the region so we designated an Isolation Center and prepared them to be ready for use when numbers rise exponentially.
- Our most vulnerable population had an outbreak so they are isolated at Mackenzie Hotel where alcohol and cigarette was served mitigate concerns about their mental health and addiction.
- Community spread and outbreak happened in Inuvik but contained within a week.
- Public and community cooperated and self/household isolated which mitigated a very precarious concern of widespread outbreak and hospitalization.
- With constant communication, assurance and guidance to the public, people did not panic and almost everybody followed COVID protocol and guidelines.
- Territorial Medical Director and COO meet with Hamlet of Fort McPherson twice to guide them with the community spread in their town.
- Meetings with Northwind LTD.
- Flu vaccines were rolled out to communities and COVID booster shoots were available to everyone above the age of 18.

Management Planning Sessions

- The Regional Management Team held two Management Planning sessions. One is for every department to come up with their own planning objective for this year using the Quadruple Aim Framework and the other one is to come up with a plan to Increase Indigenous Employees within the NTHSSA – BDR.

Staffing Challenges and Update

Staffing Challenges

- NTHSSA-BDR had significant staffing challenges and COVID Pandemic made it more difficult. The organization struggled in staffing nurses during the COVID outbreak specially in the communities.
- Recruiting nurses is a huge challenge because nurses are going out of profession, and we eventually shut down our Operating Room in the hospital for a couple of months because we have to designate. O.R. nurses to COVID related staffing.
- Our Child and Family Services Social Workers are also having issues with staff shortage and a lot of them are covering multiple communities just to have service available.
- The other area that's really critical, in terms of staffing, is our mental health and addictions program. We're probably down to at least 40% vacancies in our counseling positions in our communities.
- The region is trying all kinds of recruitment strategies and one step we will try to implement is to recruit a Wellness Worker from every community to work in their community to help Community Counsellors.

Summer Student

- The organization hired more Summer Student in the Health and Services position and almost all of them are Indigenous Students.
- 7 of them are nurses so we are very hopeful that we can sign and recruit them to join NTHSSA – BDR to work in their own community.

Employee Losses

- Lost 2 nurses just this winter due to sudden death and it's been very difficult for the staff and management especially those who are close to them in the hospital.
- We also lost a Community Health Representative due to sudden death who is a long-time indigenous employee and well loved by her community.

Service Delivery Highlight

- After years of failing phone service, a new phone system is installed in the hospital with brand new phones for all department.
- Only two elders now are waiting for beds in acute care which is far less for a long time since.
- NTHSSA – BDR worked closely with the Local government on the Aklavik Flood Response.

Regional Consultation

- Long Term Care presentation was presented to all regional indigenous governments and communities and the COO offered individual presentation to those indigenous governments and communities who want to have a separate presentation for their organization and councils.
- Dr. Urquhart, Medical Director for BDR and Sahtu have some concerns with the midwifery program in Inuvik and wanted to do a consultation on this.
- The challenge with midwifery in the region is that doctors need to be delivering a certain amount of babies in a year in order for them to keep their skill set up and this will be an issue when midwives start delivering babies.

5) Chairperson's Report

- Ms. Gruben gave an update that Ms. Goose is back on the board and has been reappointed. She was also reappointed for one more year which will be the last year of her chairmanship because of the regulations in place.
- Attended the Leadership Council Meeting in January 2021 and not sure if the Leadership Council Meeting in November 2021 will push through due to the outbreak in Yellowknife.
- Reminded the board when the reports are submitted and that the Regional Wellness Council list of priorities is also included in in the report so they could see all priorities.
- Updated the board that the Regional Wellness Councils are trying to develop a closer working relationship with the Minister of Health. They have confirmed with that they are going to try to make every meeting every three months to develop and build a more open relationship when we provide a report to them or we provide a letter to them.

6) RWC Member Observations & Comments

Roundtable

Ms. Goose

- Ms. Goose is concerned that there is no counselor available in Ulukhaktok.
- She is grateful to be back as board member again for the BDR Regional Wellness Council.
- Very appreciative of Chief Operating Officer and Executive Assistant for the assistance on being reappointed again.
- Sharing her sadness at work in part because she has to deal with family violence and addictions in the community. Also, grief in losses and death in Ulukhaktok.

MS. Goose left the meeting at 2:38 pm

Ms. Keogak

- Asking to have a Community Wellness Worker established in the Sachs Harbour. Also need a Community Health Representative from the community.
- Sachs Harbour now have 3 cancer patient and will need a Homecare Worker to take care of the patients in the community.
- Hamlet is now dealing with Flu, Strep throat, colds and eventually COVID will arrive which led to a committee meeting involving the nurses and the social worker.
- The Hamlet made a motion that all travelers coming to Sachs Harbour will be required to get tested in the airport or go to the health center to get tested.
- The health center is not equipped to handle a widespread COVID outbreak so everyone coming in need to get tested to protect the Hamlet.

Ms. Gordon-Ruben

- Appreciates the Palliative Care Program Training that is planned for the different communities. It will help community members take care of their loved ones who want to remain in their community and in their household until they pass away.
- Reiterated ones more that the organization should continue to hire our own people from the communities because they are the ones who understands the culture, tradition and experience of this region.

7) Review of BDR RWC Issues and Priorities list

Discussion Points:

- Members who want an update on any of the action items to send an email to COO. She will provide an update on the status of those action items unless there is a need to talk about it.
- Some of the Issues and Priorities will remain until the Drug Information Strategy is rolled out because the leadership Council thinks this is one of the solutions to our issues and priorities.
- There is a need for programming geared for men. There is a gap in implementing gender equity that should be reflected in the delivery of programs and services. This advice is provided to the Leadership Council and then to the department.

8) Decision Items and Recommendations to the NTHSSA Leadership Council

- The Chairperson will work on a report with all the concerns raised with some of the priorities on the list and bring it to the next Leadership Meeting.

9) Date of Next BDRWC Meeting

- The council decided to have the next Beaufort-Delta Regional Wellness Council Meeting in February 2022. The tentative dates will be sent to all members in January 2022 for confirmation and to finalize the date of the meeting.

10) Closing Prayer

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

Minutes approved by the NTHSSA – BDRWC

On the 10th day of December, 2022



Debbie Gordon-Ruben, BDRWC Acting Chair