

**Regional Wellness Council (RWC) – Sahtu Region
Meeting MINUTES**

November 18, 2020 | 10:00 am – 4:00 pm
Norman Wells, NT – Via Teleconference

| # | Item | Notes |
|-----|--|---------------|
| 1.0 | Call to Order by Chair. | 10:10 am |
| 2.0 | Reflection/Prayer | |
| | Prayer led by Gina Dolphus. | |
| 3.0 | Attendance | |
| | <p><u>Attendees:</u></p> <p>Gina Dolphus – RWC Chair Brenda T'Seleie Pierrot – RWC Member Andrea Modeste – RWC Member Irene Kodakin – RWC Member Dorathy Alberta – RWC Member Mireille Hamlyn – Chief Operating Officer (COO), NTHSSA – Sahtu Region Bambi Duncan – Executive Assistant to COO (Recorder) Joanne Engram – Director, Health Services Jenna Long – Cancer Navigator Melissa Mok – Territorial Specialist, Cancer Care</p> <p><u>Regrets:</u></p> <p>Irene Kodakin – RWC Member (afternoon only)</p> | |
| 4.0 | Approval of Agenda | |
| | <p><i>The Council moves to approve the Agenda for November 18, 2020:</i></p> <p>Motion #05-20 Moved by: Andrea Modeste Seconded by: Brenda T'Seleie Pierrot All in Favour. Motion Carried.</p> | |
| 5.0 | Presentation(s) | |
| | <p>Colorectal Cancer Project Presentation</p> <ul style="list-style-type: none"> Joanne Engram, Director, Health Services, Jenna Long, Cancer Navigator, and Melissa Mok, Territorial Specialist, Cancer Care, presented an outline of the territorial Colorectal Cancer Program. Several areas have been revamped, especially a privacy driven testing model. In review: | |
| | | Action |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • Until now, cancer care has fallen under health care yes, but did not have a an organized, focused program. They have now received funding to be able build a cancer care program in the territory and work towards alignment with other provincial programs and federal standards. Screening levels in the territory are lower then 12% and rates in the Sahtu are even lower, where the national standard is 60% - these outcomes need change. • The current program being opportunistic and provider-led, places a heavy administrative burden on Community Health Nurses and locum staff who work in remote, understaffed environments. It also requires patients to present and have a preventative mindset as opposed to reactive. In this more directed program there will be organized screening, an independent surveillance program, as well as automatic follow-ups via reminder letters and phone calls. • One of the biggest areas of focus is improving the testing mechanism to make it more user friendly and private with the hopes of building a culture of early testing and removing some of the stigma around testing. Unfortunately, many cases in the NT are diagnosed in late stages. Integrated into this program will be standardized screening for all clients over 50 every 2 years. • Another crucial area that they will be focusing on is once a diagnosis is determined, people feel supported as they navigate their cancer journey from beginning to end. • To help in the rollout of this revamped program, all Community Health Representatives have been trained and participated in a 2-day work-shop which included survivorship, screening and navigation. CHR's are trusted community members and help facilitate and encourage screening. • In the Sahtu, we benefit from being second in the rollout of this program and lessons learned in the Beaufort Delta Region, including, the implementation of EMR territory wide, the Inuvik endoscopy unit increasing capacity to manager demand, culturally appropriate and culturally safe cancer awareness and promotion campaigns, and more. • As a way forward, it was requested of RWC members to think of who in their communities might be good champions of this program. This will be crucial to the success of this program. • As this program is implemented there will be targeted timeframes and communities. Tentatively, the first batch will go to Norman Wells, Fort Good Hope and Colville Lake; the second batch will include Deline and Tulita. | |
|--|--|--|

| | | |
|------------|--|-----------------------------|
| | <ul style="list-style-type: none"> • RWC Chair questioned why so many cases aren't diagnosed until late stages. Joanne noted that it simply boils down to clients not presenting early and waiting until they are symptomatic. • RWC Member T'Seleie Pierrot wanted to know if clients who have had colonoscopies in the last 10 years will be the ones being contacted. Director Engram clarified that if someone has already had a colonoscopy in the last 10 years won't be contacted unless they experiencing symptoms that would warrant another screen. RWC Member also commented in her opinion, this is a great program for the communities and will take some of that administrative burden off health center staff and hopefully, really improve participation. | |
| 6.0 | Previous Meeting Minutes: Review, Approval, Business Arising | Action |
| | <p><i>The Council moves to approve the Minutes from previous meeting from August 11, 2020:</i></p> <p>Motion #06-20 Moved by: Andrea Modeste Seconded by: Brenda T'Seleie Poirrot All in Favour. Motion Carried.</p> | |
| | LUNCH BREAK | BREAK 12:15 – 1:00 p |
| 7.0 | Action Items Review | Action |
| | <p>Please refer to the Action List provided with the Agenda.</p> <ul style="list-style-type: none"> • Item 1 – On going. Standing item. • Item 2 – On going. Standing item. • Item 3 – On going. Standing item. For this report, additional information and pictures were provided on activities in LTC as they continue to be in lockdown. • Item 4 – • Item 5 – On going. Standing Item. As requested, the COO provided updated statistics on diabetes in Sahtu communities. RWC Member Modeste questioned how education is getting communicated, noting that numbers among children and youth seem to be increasing. COO noted that most prevention education is via the CHR's. The Collective Kitchen program is more of a supportive program by way of teaching healthy cooking and healthy living – it does not teach specifically diabetes prevention. However, during Covid, many of these types of programs have been put on hold or are in transition so this year is not a good touchstone. When programming is up and running, whenever events happen, they are communicated via postings throughout the communities on message and/or bulletin boards, social media platforms, radio announcements, | |

| | | |
|-------------|---|---------------|
| | <p>translations, etc. These workers do go into schools and do some prevention education with the kids, particularly around sugar intake. Dietician services are available online for those who have access.</p> <ul style="list-style-type: none"> • Item 6 – In process. • Item 7 – Currently on hold. No update. | |
| 8.0 | Projects and Priorities | Action |
| | <ul style="list-style-type: none"> • Combined with COO Report. Please refer to the Priorities List provided with the Agenda. | |
| 9.0 | Chairperson’s Report/Updates | Action |
| | <ul style="list-style-type: none"> • | |
| 10.0 | COO Report | Action |
| | <p>Key Initiative Updates</p> <ul style="list-style-type: none"> • Fort Good Hope Integrated Care Teams / Physician Model: <ul style="list-style-type: none"> • Staff and community consultation occurred September 15, 16 & 17. Heard from elders and community leaders about trauma, trust, residential school impacts, suicide, alcohol, leadership and exhaustion. • Heard from local staff working in various wellness positions in the Band, with On the Land programs, and the Land Corporation about opportunities, strengths and siloes. • They attended a camp on the Mackenzie and heard stories of wellness on the land, the importance of knowledge sharing and the importance of family and relationships. Some of the themes that emerged include: <ul style="list-style-type: none"> Trust • Too much turnover of staff, especially counselors and doctors • Not a lot of trust, people don’t want to come in because they don’t want to tell their stories over and over • Leads to presenting late in course of illness or disease Stability • People want stability in staff – they want to have a relationship so their care providers know them Silos of effort • Lots of people in different roles working on health and wellness but not coordinated • Interagency meetings used to be a good way to address these Strengths | |

- Understanding among elders and leaders of the role of social determinants of health and upstream effects leading to current issues with mental health and additions and chronic disease
- Strong sense of community
- Very welcoming and kind to those coming in from outside
- On the land opportunities – unwritten rule no alcohol or drugs other than marijuana
- Leadership from elders who know the community well and want to help

Challenges

- ++history of trauma in the community
- Alcohol use is prevalent
- Sense of uncertainty on how to address this
- Marijuana use is quite normalized
- Next community visit will be December. Looking at presenting to community and community leadership options for data collection and evaluation. *How will we know this model made a difference?*

- **Mental Health Programs:** Working on the Stepped Care 2.0 counseling model. It provides a 9-step process that helps match client with the right level of care based on their needs. Introduction to Stepped Care given to staff at the end of August and training will continue until full implementation by year end.
- **Child Youth Care Counselors (CYCC):** Working on strategies with Education to explore the role they could play to increase school attendance.
- **Colville Lake Programs and Services:** In consultation with the Chief in Colville Lake, we will increase Mental Health services. Mental Health and Additions Counselor will visit for one day every 2 weeks from FGH and the CYCC will visit every 2 weeks for one day.

Significant Policy Changes

- COVID-19 Pandemic Response
- Weekly NTHSSA meeting to keep updated on COVID requirements.
- Essential Worker approval process changes.
- Ongoing masking for staff – cloth mask for non-clinical staff and surgical mask for clinical staff.

| | | |
|-------------|--|---------------|
| | <ul style="list-style-type: none"> Limited visitors per resident on Long Term Care <p>NTHSSA Operational Plan Updates</p> <ul style="list-style-type: none"> Territorial Colorectal Screening program. Presentation on the agenda. The Sahtu Dental Hygienist program has resumed. Visiting Dentist – NTHSSA, DHSS and NIHB working on a solution to resume services as soon as possible. Falls Prevention – oncoming LPN does a check with each resident at the beginning of each shift. Our falls have dramatically decreased. Averaging 1-2 per month mostly due to the resident’s medical condition. NTHSSA partnering with DGG for the utilization of the Wellness Centre in Deline. Physician Coverage between in person and virtual until the end of the fiscal year. <p>Public Engagement Activities</p> <ul style="list-style-type: none"> Regional Manager, Community Health Centres had a teleconference with the Tulita Leadership regarding - Essential Worker Process. Project Lead, Primary Care Reform and Territorial Medical Director met with FGH community leadership and community groups to introduce and receive feedback for the Integrated Care Model/ new physician services. Regional Manager, Mental Health and Addiction met with DGG program staff- collaboration of programs between DGG and NTHSSA. Regional Manager Mental Health and Addiction and Regional Manager Child and Family Services met several times with Chief in Colville Lake to discuss/review programs and services options. Work in progress with Chief in Colville Lake for a community information session on programs and services in the areas of Mental Health and Addictions and Child and Family Services. | |
| 11.0 | RWC Member Observations and Comments | Action |
| | <ul style="list-style-type: none"> No additional comments were provided. | |

| | | |
|-------------|--|---------------|
| 12.0 | Other Business | Action |
| | Member Update <ul style="list-style-type: none"> Currently there are 2 vacant memberships on the council. No word as to when they will go out for nominations. | |
| 13.0 | Closing Reflections / Prayer | Action |
| | Closing prayer was led by Gina Dolphus. | |
| | Adjournment | Action |
| | Meeting Adjourned at 4:15 pm | |