

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

Friday, May 26, 2017 | 11:00am – 4:00pm
Hamlet of Tulita Board Room, Tulita, NT X0E 0K0 and via Teleconference

May 26, 2017		
#	Item	Notes
1.0	Call to Order by Chair.	11:04a.m.
2.0	Reflection/Prayer	
	Led by Theresa Etchinelle.	
3.0	Attendance	
	<p><u>Attendees:</u> Gina Dolphus - Chair Andrea Modeste Theresa Etchinelle Alphonsine McNeely Irene Kodakin Sandy Whiteman Mireille Hamlyn – Chief Operating Officer (COO) Bryan Bishop – Regional Manager Child, Family and Community Wellness Sharlene Rankin – Executive Assistant (Recorder)</p> <p><u>Regrets:</u> Brenda T'Seleie</p>	
4.0.	Approval of Agenda	Action
	<p><i>The Council moves to approve the Agenda as presented.</i></p> <p>Motion # 07-17 Moved by: Andrea Modeste Seconded by: Sandy Whiteman All in Favour. Motion Carried</p> <p>Question: How was meeting advertised? Answer (COO): Notification of the public RWC meeting was sent to all local leadership by email and was also sent to all staff to assist in spreading the word. E.g. poster at Northern Store and in Health Centre and Wellness Centre.</p>	

	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ Recommendation to send a hand-delivered letter to leadership as a courtesy. ▪ Engage community members by using the radio (e.g. Community Health Representative to announce on weekly program). 	
5.0	Previous Meeting Minutes – Review and Approval	Action
	<p><i>The Council moves to approve the Minutes from March 24-25, 2017 as presented.</i></p> <p>Motion # 08-17 Moved by: Sandy Whiteman Seconded by: Irene Kodakin All in Favour. Motion Carried</p> <p>Question: Did all RWC members receive a copy of the Deline Traditional Healer/Counsellor Pilot Project facilitated meeting notes and a copy of the final report? Answer (COO): Due to the length of these documents, 36 and 86 pages respectively, these have been emailed to you. Hard copies can be printed at your local health centre.</p>	<p>Executive Assistant to make a correction to the Agenda regarding the date of the minutes to be approved (March 24-25, 2017).</p>
6.0	Action Items Review	Action
	<p>Please refer to Action List provided with Agenda.</p> <p>Item 1 – Ongoing. Final draft to be digitally signed by the Chair, emailed and hand delivered to local leadership. RWC contact information for inclusion was reviewed and confirmed. RWC terms to be added to letter and the section regarding complaints to be removed. Item 2 – Ongoing. Item 3 – Ongoing. Tulita Health and Social Services staff were invited to lunch with RWC. Item 4 – Completed. Response sent via email. Item 5 – Completed. Response sent via email. Item 6 – To be discussed under Agenda Item #14 – <i>Sahtu’s Esther Story</i>. Item 7 – Completed. Medical Travel Guide is available at airport counters. Item 8 – Reviewed draft. Executive Assistant to complete and distribute. Item 9 – Ongoing. To be presented at upcoming Leadership Council meeting by Chair. Item 10 – Completed. Palliative and Home Care was reviewed with Nurses in Charge at Face-to-Face meeting on May 24-26, 2017. Additional information provided in COO Report. Item 11 – Completed. Client travel to and from a Long-Term Care Facility (facility transfer or respite care) is a Non-Insured Health Benefit (NIHB); travel must be paid by the client. To be presented at upcoming Leadership Council meeting by Chair. Item 12 – Addressed and completed by COO.</p>	<p>Executive Assistant to follow-up with update from the Department of Health and Social Services regarding renewal of RWC terms.</p> <p>Executive Assistant to circulate final copy of “Complaints” poster once it has been approved by the Manager of Communications. Executive Assistant to determine if a toll-free number (or collect calls are possible) for the Director of Quality, Safety and Patient Experience (NTHSSA).</p>

Item 13 – Ongoing. COO reviewed positions of those sitting on the Territorial Admissions Committee (TAC). Names of committee members were unavailable at time of meeting.

Question: Where are Long-Term Care Facilities located?

Answer (COO):

- They are located in Inuvik, Fort Smith, Yellowknife, Tlicho and the Dehcho regions.
- Clients are placed as close as possible to their home communities.
- Yellowknife is the only facility available for dementia clients.
- Long-Term Care board rate is \$796.00 per month.
- The Long-Term Care Application is 72 pages long. It involves a client needs assessment. The package is reviewed, assessed and given a score.
- Facility placement is a territorial process and beds are assigned based on need (high score).
- The Territorial Admissions Committee (TAC) involves one public representative, one Chair (Department of Health and Social Services), two additional representatives from the Department of Health and Social Services, and four Regional Managers of Home and Continuing Care.
- The Committee currently does not have a Sahtu representative. The committee has two year terms. Sahtu Region’s Regional Manager, Continuing Care just completed her term.

Question: Is there a TAC appeals committee? It shouldn’t be up to staff. People need qualifications and training.

Answer (COO):

- Long-Term Care clients are given two choices. No one is refused a bed. The choice of facility in which they are placed may be limited depending on the level of care needed by the client (e.g. dementia).
- Clients can choose to remain on the Territorial Wait List for their preferred placement.
- In the application, clients rank their preferred facilities, or they can select the first available bed.
- The Committee will try to place a client in their first choice if it is available.
- For those on the Territorial Wait List, they can be supported through Home Care (ongoing) or Respite Care services (two-week duration).

Question: Did students from the Sahtu complete training for Long-Term Care?

Answer (COO):

- Six students participated in Personal Support Worker (PSW) training.

Executive Assistant to email a copy of the Long-Term Care Application package (72 pages).

Discussion:

- It might be beneficial to have a representative and a voice on the TAC.
- We need a better understanding on how these services will happen.
- Many elders are asking, 'How do we get in there?'

COO:

- The NTHSSA-Sahtu Region office sent letters and packages to local leadership.
- Staff has been educated on processes and information packages are also available at health centres.
- Information is posted online and it has been reviewed on the radio.
- Currently eight clients wish to relocate to the Norman Wells facility and one is on the Territorial Wait List.

Discussion:

- We need to do a better job of getting information out to people and managing expectations.
- Community members in Norman Wells are under the impression that they will have first choice at placements.
- People are unaware of the application process.
- We need to get out and explain it to them, one-on-one. Five people have approached me and I have printed out the package for them.
- I heard on the radio someone talking about that Norman Wells will have a well-equipped hospital and cancer patients will be treated there. We will no longer have to go to Inuvik or Stanton.

Question: Do Sahtu residents have first choice for placement in the new long-term care facility?

Answer (COO):

- Yes, anyone who is already placed in a facility outside of the region has the option to be considered for transfer to the Norman Wells facility – if their care needs can be met at that facility.
- After that process is complete, it becomes a territorial facility/process and beds are assigned based on need.

Item 14 – Update provided in COO Report. Hiring of psychiatrist ongoing in Beaufort Delta Region (to provide support to Sahtu Region as well). Previous psychiatrist retired in April

	<p>2017.</p> <p>Item 15 – Completed.</p> <p>Item 16 – Ongoing.</p> <p>Item 17 – Included in package. Traditional Healer Accreditation standards have been requested by COO.</p>	
7.0	Business Arising from the Previous Meeting Minutes	Action
	<p>Chair:</p> <ul style="list-style-type: none"> ▪ Discussion of the Traditional Healer/Counsellor Pilot Project in Deline to continue under Agenda Item 13 (COO Report). <p>Question: Has there been any feedback on the Medical Travel Guide?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ It was distributed in March 2017 in the health centres across the region and is available at the airport. No feedback has been reported. <p>Chair:</p> <ul style="list-style-type: none"> ▪ Review and discussion of Medical Travel to continue under Agenda Item 17 (Medical Travel). 	
8.0	Chairperson’s Report	Action
	<p>Chair:</p> <ul style="list-style-type: none"> ▪ Chairperson conducted interview in North Slavey on April 12, 2017 on CBC Radio (Le Got'She Deh with host Leitha Kochon). ▪ Follow-up English interview to be scheduled. 	Executive Assistant to follow-up with CBC reporter to schedule English interview with RWC Chair. Topic of interview: Role and introduction of the Sahtu Regional Wellness Council.
9.0	RWC Member Observations and Comments	Action
	<p>Chair:</p> <ul style="list-style-type: none"> ▪ Discussion of Agenda Item #9 to be held at end of agenda. 	
10.0	NTHSSA Program and Services Overview	Action
	<p>Regional Manager, Child, Family and Community Wellness joined the meeting at 11:35a.m.</p> <p>Regional Manager, Child, Family and Community Wellness:</p> <ul style="list-style-type: none"> ▪ Provided a personal introduction and an overview of Child Protection, Adult Services, 	

	<p>Adoption and Foster Care services provided by the NTHSSA in the Sahtu Region.</p> <ul style="list-style-type: none"> ▪ Discussion of alcohol, domestic violence and child protection, and the processes/steps involved (screening, investigation). ▪ Discussion of Structured Decision Making (SDM) tool which assists in screening/response priority and risk assessment. ▪ If screened in, an investigation takes place to validate reports and to ensure the child is safe. A plan of care is then determined. ▪ If a family simply needs support, a voluntary service agreement/support services agreement can be developed. ▪ The intention is not to remove a child; the family plays an important role. Children belong in the home. The goal is to help the family. ▪ RWC has an important role in helping support families to change, to support wellness and healing. <p>Question: Regarding foster care training, what is available? Who goes to each house to explain it?</p> <p>Answer (Regional Manager, Child, Family and Community Wellness):</p> <ul style="list-style-type: none"> ▪ It begins with an expression of interest. ▪ Advertisements are done locally, e.g. posters, radio, community channel, community presentations. ▪ It also depends on the need in each community. There may only be a need for a standby foster home (e.g. if a child needs to be apprehended and requires a temporary safe place to stay). ▪ We try to place children with a family member first, or an extended family member or a family friend. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ I haven't seen advertising regarding foster care or emergency shelters. ▪ I call the Wellness Centre in Deline and no one answers the phone. ▪ Wellness staff members need to put up a notice and state on their phone message that they are travelling or out of office. ▪ They need reception support or have specific office hours to answer phone calls. ▪ They need to be there for the people. ▪ We are getting many questions in our communities. <p>COO:</p> <ul style="list-style-type: none"> ▪ Reviewed processes that staff members perform when they are travelling or on annual 	
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leave including providing support numbers on their voicemail and placing a sign on the door.

- Staff members are encouraged to share this information with their local partners, e.g. Government Service Officers or the Deline Got'ine Government. It is important for everyone to know the process.

Discussion:

- In those cases, when staff members are away, their calls can be transferred to a dispatch in Yellowknife (RCMP), or from one staff member to another.
- Callers become frustrated if they have to re-explain their need over and over.
- They try to help themselves and do not succeed. They become frustrated with the system. What's next for them?
- Who answers the phone when the Community Social Services Worker (CSSW) has clients or is visiting a client?
- It would be good to have a timeframe for a response, e.g. Monday, Wednesday and Friday mornings.
- Someone in the community could work closely with the Mental Health and Addictions Counsellor, the CSSW and RCMP; a job shadowing position or a local receptionist position could be created.
- The Health Centre has a clerk. A local person in Deline could be hired to answer the phone at the Wellness Centre and guide clients right away in how best to handle a situation.
- Discussion of a family in Tulia in which children were removed from a home when the grandmother lived next door. The grandmother called the CSSW and they were in Norman Wells for the weekend. She called the RCMP and got the switchboard in Yellowknife. She asked them why the RCMP didn't bring the children next door. That is what should have happened. Family members should have been approached first.
- People need to be able to reach the right person for the right situation.
- Could a proposal be made through Education Culture and Employment (ECE) for an on-the-job training position or a partnership with a local organization?

COO:

- Social services staff members in Norman Wells and Fort Good Hope are co-located and share a clerk.
- It is important for the Regional Office to know when there is a problem. Please do not wait for meetings to bring issues forward.
- In order to create a clerk/receptionist position, the NTHSSA-Sahtu Region would need

COO to request an examination of telephone/call-forwarding system at the Deline Wellness Centre.

	<p>to make a supported business case to the CEO and/or reassign an already existing position.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Brief discussion regarding elder abuse and the stresses of elders having to take care of grandchildren and to provide for them. ▪ Concerns regarding sexual abuse of children and the need for supervision. <p>Regional Manager, Child, Family and Community Wellness left the meeting 12:01p.m.</p>	
11.0	Social Services, Foster Care and Emergency Shelters	Action
	<ul style="list-style-type: none"> ▪ Discussion completed in Agenda Item 10.0. 	
12.0	Projects and Priorities	Action
	<p>Please refer to attached document.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Review of Southwest Ontario Aboriginal Health Access Centre (SOAHAC) model of care. ▪ One of the facilitators for Deline Traditional Healer/Counsellor meeting was hired by Deline Got'ine Government to provide separate On the Land healing programs and services in March 2017. ▪ Many people attended the facilitator's workshops. It was hard to let her go. She knows the families in Deline and the language. ▪ Within the Deline Traditional Healer/Counsellor Meeting (March 22-23, 2017) Final Report, the facilitator discusses the needs of the community and how it is grieving. <p>COO:</p> <ul style="list-style-type: none"> ▪ Reviewed mental health staffing updates. ▪ Career Fair to be held in Tulita on June 7, 2017 with NTHSSA nursing and social work staff participating. ▪ Home and Continuing Care Standards are followed by Nurses and Home Support Workers. <ul style="list-style-type: none"> ○ Nurses in Charge (NICs) are attending a Face-to-Face conference this week and Home Care makes up a large portion of the agenda. ○ Along with Mental Health, Home Care is also a priority with the 2017-2020 Health and Social Services Strategic Plan. A copy of this plan was emailed to the 	<p>Council requests a copy of the Home and Continuing Care Standards to be emailed.</p>

	Council for review.	
	Break: 12:20p.m. – 12:50p.m.	
13.0	COO Report	Action
	<p>Please refer to attached COO report.</p> <p>COO:</p> <ul style="list-style-type: none"> ▪ Noted an error on page 5. Corrections are below: ▪ Statistics from April 1, 2017 - Current <ul style="list-style-type: none"> ○ Reported Suicide Ideation: 4 ○ Suicide Attempt: 2 ○ Suicide Completion: 0 <p>Discussion:</p> <ul style="list-style-type: none"> ▪ If the Healthy Families Community Wellness Worker position in Colville Lake cannot be filled, perhaps the position should be offered in Fort Good Hope to service both communities. <p>COO:</p> <ul style="list-style-type: none"> ▪ Discussion of Healthy Families and Community Wellness training. ▪ Healthy Families Community Wellness Program is currently under a review led by the Chief Public Health Officer. <p>Question: What is Duty to Accommodate?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ A medical practitioner can advise accommodations (a medical prognosis) to help an employee with a health issue return to work or continue to work with some modifications. ▪ Can involve recommendations to support the physical health or mental health of an employee. <p>Discussion:</p> <ul style="list-style-type: none"> • It is important for staff to be helping hands and to be making home visits with elders. • I am concerned about it. We need more male figures. • COO noted that performing elders' visits is part of the Healthy Families Community Wellness Worker Job Description. 	<p>Council requests information on Health Promotion/Disease Prevention Activities April/May 2017 for Deline and Norman Wells.</p>

	<ul style="list-style-type: none"> • Discussion regarding Youth Centre in Deline and its partnership with Recreation to create a structured after-school program for children/youth. Kids depend on this program. • There needs to be more visibility/transparency in what each community group is doing – including NTHSSA, e.g. Collective Kitchen or Sharing Circles. • All groups should be planning programming (four months in advance) together and advertising in the same places. • Discussion of using employee lieu time so that NTHSSA staff can attend or host events in the evening or on weekends to improve community attendance/benefit. 	<p>RWC Member to provide a copy of the Deline Wellness activities calendar so that NTHSSA can determine the best timing for particular programs (no conflicts) and to participate in publicizing events as a group; explore how NTHSSA and Wellness Workers can collaborate further to support the community.</p>
14.0	Sahtu’s Esther Story	Action
	<p>COO:</p> <ul style="list-style-type: none"> ▪ Sahtu’s Esther Story is being recommended for use as a territorial model to illustrate relationship-based care. ▪ It is important to review the text, and revise it if necessary, to ensure it is current and relevant. ▪ The story can be viewed as a vehicle to highlight/recommend priorities and issues for examination at the regional and territorial level. ▪ The goal is to continue to use the story to engage new staff (employee orientation) and to continue to promote it at the community level. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ All those NTHSSA workers [counselor/wellness/social] encouraging people to come and talk. ▪ There are family secrets and dysfunction; people don’t want others to know about it. ▪ That is why we don’t reach out. We need to ask for help. ▪ It is important for elders to have a voice and to grieve. Traditionally, elders are resistant to crying but God gave us tears to cry. ▪ The Esther story is captivating. It could be read on the radio. <p>Question: Where did this story come from?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Sahtu Health and Social Services Authority underwent a transformational strategic planning session (2014-2016). ▪ Using a story as a model for transformation (illustrating our priorities and how we 	<p>Council to send Esther Story feedback/comments to Executive Assistant by June 16, 2017. Feedback to be shared with the Executive Committee.</p>

	<p>wanted to provide care and services) was an example borrowed from Sweden.</p> <ul style="list-style-type: none"> ▪ Now that we are one territorial health authority, transforming into one system, the NTHSSA is using the Esther Story as a model for building partnerships and relationship-based care. 	<p>Executive Assistant to provide additional history of how the Esther Story was developed to the Council.</p>
15.0	GNWT Response	Action
	<p>Please refer to attached document: <i>Responding to the Truth and Reconciliation Commission of Canada: Calls to Action.</i></p> <p>COO:</p> <ul style="list-style-type: none"> ▪ This document was tabled in the Legislature. ▪ The Government provided a response from each Department in regard to the Calls to Action. ▪ The document provides a review of what each Department is actively doing in response to those recommended Calls to Actions. <p>Question: What does it mean for us in Health and Social Services?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Several of the Calls to Action are highlighted as priorities within the Department of Health and Social Services 2017-2020 Strategic Plan, e.g. Child and Family Services, Mental Health and Addictions, cultural competencies and education development. <p>Question: Were GNWT funds allocated in this response?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ This document is not related to any meetings held for COO level. <p>Question: What is happening with cultural awareness training?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ It is mandatory for staff to complete online cultural awareness training. ▪ Additional education is currently being developed. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ This is unacceptable. ▪ Staff should participate in residential school education and training. Is this happening? ▪ Health and Social Services staff are affected by residential school through caring for their patients and clients. ▪ Aboriginal Language Plan; we lost our language. We were beaten, spanked or worse 	

	<p>for speaking our language in residential school.</p> <ul style="list-style-type: none"> ▪ Are we getting a copy of the Child Welfare Report? ▪ There are many Truth and Reconciliation Committee recommendations and there are many items that need to be answered. ▪ This response is inadequate. ▪ There have been no forums in our communities. Who put this response together? ▪ This topic is to be brought forward to the Sahtu Member of Legislature (MLA). 	<p>RWC Chair to address the <i>Responding to the Truth and Reconciliation Commission of Canada: Calls to Action</i> in her Chair report to the Territorial Leadership Council.</p>
16.0	Mental Health and Addictions	Action
	<p>Question: Where do clients go to attend addictions treatment? Answer (COO):</p> <ul style="list-style-type: none"> ▪ Clients are referred out of territory. Several facilities are available. These were outlined in the previous COO Report in March 2017. 	
	Break: 3:00p.m. – 3:07p.m.	
17.0	Medical Travel	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ I am concerned regarding the transfer of patients to Inuvik that formerly went to Yellowknife for medical appointments. ▪ With an elder, there can be a language barrier; a family member will also need to travel with them. ▪ Even for a one day appointment, it can take up to three days due to the regional flight schedules from Deline and Tulita (overnight in Norman Wells, overnight in Inuvik and overnight again in Norman Wells). ▪ This is costing a lot of money and takes a lot of time; difficult for people that work. The flights are better going to Yellowknife. ▪ I don't understand why appointments have been transferred to Inuvik. Most Sahtu residents don't know people there and there is no traditional food available. <p>COO:</p> <ul style="list-style-type: none"> ▪ This issue was temporary and has been resolved in respect to specific types of appointments (e.g. mammograms) which were historically offered in Yellowknife. ▪ This was occurring with patients in Norman Wells as well as other communities. ▪ Occupational therapy will continue to be offered in Inuvik. ▪ Regarding other appointments, patients may have been offered a specialist appointment in Inuvik rather than Yellowknife, as their appointment could occur sooner (e.g. 	

	<p>orthopedics or cardiac).</p> <ul style="list-style-type: none"> ▪ It is important to examine which clients are travelling and why. If a client doesn't wish to travel to Inuvik, they can refuse the appointment and wait for one to be scheduled in Yellowknife. <p>Question: In the new facility, will there be any specialists?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Not that this time. This possibility may be examined in the future. ▪ Currently, there is only one visiting specialist -- a psychiatrist. ▪ Orthopedics is offered via telehealth or the patient is sent out. ▪ A physiotherapist has scheduled visits to the Sahtu twice per year. <ul style="list-style-type: none"> ○ Throughout the year, the physiotherapist assists patients via telehealth or the patient will travel to Inuvik for five days to receive a treatment/exercise plan. ▪ Medical Travel is now a territorial program. Their goal is to ensure that clients are seen sooner by medical practitioners. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Council member expressed concerns regarding access to food for diabetics and wash-room needs for those on Medical Travel. The food in Inuvik is terrible. ▪ Patients require a proper assessment at the community level prior to Medical Travel. For example, a patient from Tulita was travelling to Inuvik for an appointment. They required assistance from two people from Deline at the airport. That person should have had an escort. ▪ COO noted that the Home Support Worker (HSW) in Norman Wells picks up elders who have extended wait times at the airport. Elders will be able to go to the Day Program area of the new facility once it is operational. ▪ Elders are provided accommodations at the Yamouri Inn. I know one elder that left and slept elsewhere. The temperature was too cold there. This complaint was sent to the NTHSSA Sahtu Regional Office but not resolved. The Yamouri is not appropriate for Medical Travel accommodations. ▪ The Sahtu Dene Inn or Heritage Hotel are other options in Norman Wells. 	<p>COO to bring forward concerns regarding regional flight schedule and accommodation selection for Medical Travel to Executive Director Corporate and Support Services.</p>
18.0	Client Intake Process (e.g. Cancer)	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ People in Deline have approached me with several complaints. 	

- Clients sit in the waiting area while the nurses are on break.
- The nurses focus on screening but people are not getting reminders about coming in for regular screening/check-up appointments. People are concerned about cancer, diabetes and disease prevention.
- We need more home visits and awareness. We need additional health prevention and promotion, traditional foods, etc.
- Nurses need to address people's pain when they come into the clinic. Patients/clients are there for a reason. They are frustrated.

COO:

- If this a staffing issue, the COO and the Regional Manager, Community Health Centres can work together to address this.
- If this is a programming issue, the COO can work with health promotion and wellness staff members to resolve the issue and ensure programming is being delivered.
- It is important to differentiate and identify the specific problem.

Discussion:

- Electronic Medical Records (EMR) takes a lot of time but provides patient history more easily.
- Proper assessment and screening is important.
- If a patient is at the health centre and states they are in pain, then something is wrong. A patient can be given pain killers and sent home again and again. They can give up. Cancer can go through their body and then they are gone.
- Will there be better equipment at the new facility? Will there be better screening tools?
- Parents advocate on behalf of their children and fight to have them sent out in some cases for further assessment. I feel for those people.
- Do the nurses need more training? There are things we can do as community members as well, such as self-examinations.
- As parents, it is important to learn and to be aware. There needs to be more training and prevention and teaching.
- It would be helpful if the schedule for screening was more open. It would be comforting if it was less secretive and not a guessing game.

COO:

- The COO reviewed ongoing initiatives in the Sahtu: Community Health Representatives (CHR) have been working with groups such as the GOBA Cancer Group in Fort Good Hope, community members are translating medical terminology into Slavey, videos are

	<p>being created in two languages and being posted on Youtube, education regarding testing for cervical, bowel, breast and prostate cancer is ongoing.</p> <ul style="list-style-type: none"> ▪ NTHSSA-Sahtu Region staff members are working to educate and encourage people to come in for testing and are working to address their fears and concerns. ▪ Nursing staff have been told numerous times by community members to please discontinue reminders however this can be reinstated at the request of the RWC (e.g. Well Woman clinics). ▪ NTHSSA-Sahtu Region can undertake more advertising regarding screening – videos, letters. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ We need to work on Medical Travel. We need to talk about cancer and prevention. ▪ Can we also build a big hospital in Deline? Why are we going to Yellowknife? What about grants? If they can build a highway and a bridge, why not help people? We need to discuss this with leadership. ▪ The current Community Wellness program (Deline Got'ine Government) has been in operation for five years. A work plan is being developed and community wellness plans are being refreshed. This program addresses important social issues – issues we can look into. There are three focus areas: children, families and mental health and addictions. ▪ We need more education regarding diabetes and foot care to avoid problems and amputations. We need someone to put all of the diabetes education pieces together. Even a little cut can be a problem. <p>Question: How is the Sahtu compared to other regions regarding diabetes? Answer (COO):</p> <ul style="list-style-type: none"> ▪ Sahtu Region's diabetes numbers are stable and generally patients are doing well. ▪ Please refer to 2014-2016 SHSSA Strategic Plan final report for additional information. ▪ All regions in the NWT have similar diabetes programs with dietitians and foot care. ▪ Sahtu nurses perform diabetic foot care. ▪ Dietitians can assist clients through telehealth by referral. ▪ Community Health Representatives provide diabetes prevention education and healthy living advice. 	<p>COO to follow up regarding re-initiating reminders to clients regarding screening and additional education/prevention opportunities and advertising to community members.</p>
19.0	Other Business	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ Discussion regarding Restorative Justice in which clients receive a diversion and no 	<p>COO to investigate restorative</p>

	<p>criminal record.</p> <ul style="list-style-type: none"> ▪ A client owns up to his/her error and works towards a solution. ▪ The client is more likely to stick with the solution as he/she is participating in choosing the sentence rather than the authorities selecting and enforcing it. ▪ Deline is pursuing this. It is a good way to go rather than hiding people. ▪ The program involves a wellness sentence that the client can choose. It focuses on their unique journey. A traditional healer could be involved in this process. <p><i>The Council moves to have meeting in-camera – 3:58pm.</i> Motion # 09-17 Moved by: Alphonsine McNeely Seconded by: Theresa Etchinelle All in Favour. Motion Carried</p> <p><i>The Council moves take meeting out of in-camera – 4:24pm.</i> Motion # 10-17 Moved by: Alphonsine McNeely Seconded by: Theresa Etchinelle All in Favour. Motion Carried</p>	<p>justice further with the Department of Justice.</p> <p>COO to circulate Casual and Full-Time Equivalent Job Postings to RWC.</p>
20.0	Closing Reflections/Prayer	Action
	<ul style="list-style-type: none"> ▪ Closing prayer led by Gina Dolphus. 	
21.0	Adjournment	Action
	<ul style="list-style-type: none"> ▪ The Council moves to adjourn meeting. ▪ <i>Moved by Alphonsine McNeely.</i> 	
Adjourned: 4:30 p.m.		
Next Meeting: July 4-5, 2017; Colville Lake		