Shaping Our Future

A Strategic Plan for
Health and Wellness

Northwest Territories Health and Social Services

Shaping Our Future

A Strategic Plan for Health and Wellness

© June 1998

Northwest Territories Health and Social Services

Message from the Minister

Next year, two new territories will be created. The people of the Northwest Territories face historic change. Great opportunities and equally great challenges for the new governments of Nunavut and the Western Territory flow from this change.

Shaping Our Future: A Strategic Plan for Health and Wellness summarizes the main challenges that we face. Our approach emphasizes finding solutions to the root causes of health and social problems. The strategic plan explains what the Department of Health and Social Services, in cooperation with its many partners, wishes to achieve. It provides a framework for planning for the transition and the future of the two new Territories.

Many people collaborated in the creation of this plan, including department staff, boards, professional groups and nonprofit associations. Health and social services boards each undertook extensive consultations in their respective communities. I thank all involved for their hard work. I also thank the members of the public who participated in community meetings and other consultation activities.
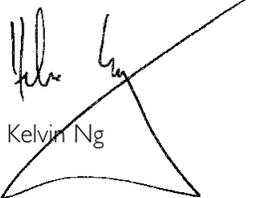
As a result of the consultation, *Shaping Our Future* reflects the interests and concerns of the public, boards and various groups. Three themes emerged. There is an urgent need for:

- greater cooperation between frontline workers and agencies;

- more involvement of other departments to improve health, well-being and quality of life; and

- more responsive and effective programs and services.

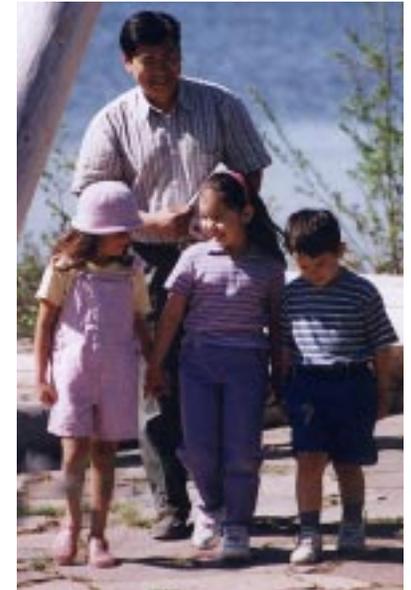For these reasons, we will actively seek to enhance partnerships, create policies that support health and well-being, and improve our network of programs and services.

We look forward to continuing to work with our partners and the public to develop a system of health and social services that truly reflects the priorities and needs of the people we serve.

Yours sincerely,

Kelvin Ng

Table of Contents

Introduction: A New Approach

The people of the Northwest Territories face historic change with the creation of two territories on April 1, 1999. This change presents great opportunities and equally great challenges for the governments of Nunavut and the Western Territory. During the transition, programs and services must continue to meet people's needs.

The Department of Health and Social Services has the lead role in addressing health and social issues. However, factors outside the department's control, such as education, culture, housing, employment, economics and the physical environment, have a profound effect on health and well-being. The involvement of many agencies and the active support of the public are essential if health and well-being are to improve.

Effective planning is essential for responding to needs and emerging issues. The department has taken a strategic approach to planning to prepare for the significant changes and challenges ahead. We began by reviewing the issues facing the health and social services system. Consultations with health and social services boards, stakeholder groups and the public have shaped priorities and contributed to the development of this plan.

Our approach emphasizes finding solutions to the root causes of health and social problems. It examines our programs and services, and focuses on how they fit together. It promotes partnerships within and outside government.

This plan is the department's commitment to deal with health and social issues in a well-defined way. The department will use this document to improve the services we provide and the way we manage them. Priorities and directions in this plan will guide the development of detailed strategies and actions.

Planning for the Future

In some ways, we are much healthier in the NWT than we were several decades ago. Infant mortality rates have fallen. Many infectious diseases have nearly disappeared. A growing number of people and communities are involved in healing activities to lessen addictions and family violence problems.

Yet, as our population grows and our social and economic environments change, we face new challenges to our health. Too many people continue to suffer from consequences of substance abuse, violent death and injuries, and child abuse and neglect. More people are getting sick from preventable illness and disease, like diabetes, heart disease and lung cancer.

These new challenges place demands on the system at a time when government has less money to spend. Health and social services are expensive, especially in the North. More people are using services more often, and the services are becoming more expensive to provide.

We have improved some things we do to help people when they need health or social services. However, we have more opportunities to simplify the way people get help when they need it. We are working with health and social services boards to put strong management and administrative structures in place to support services that are appropriate for each community and region. Still more work needs to be done to define our evolving roles. Accountability for each function in the system must be clear to everyone.

We need to look at what we do, and how we do it. We need to create a system that provides the care people need most in the best possible way. We need to work together to improve health and well-being, both now and in the future.

Looking Forward: Our Mission, Vision and Goals

The Department of Health and Social Services is one of many agencies with a responsibility for health and well-being in the North. Within the territorial government, the department leads system-wide planning and policy development. It sets and maintains standards in management and service delivery practices. It funds the public health and social services system. The department's responsibilities are expressed in our mission statement:

The department's mission is to promote, protect and provide for the health and well-being of the people of the Northwest Territories.

The department's vision statement was developed in collaboration with health and social services boards. It describes the future as we would like it to be:

Our children will be born healthy and raised in a safe family and community environment which supports them in leading long, productive and happy lives.

▶ *Collaboration across many sectors and the active support of the public are essential.*

To achieve this vision, the department has identified four long-term goals:

- *to improve health status;*

- *to improve social and environmental conditions;*

- *to improve integration and coordination of health and social services, including services by government, non-government agencies, and private and volunteer sectors; and*

- *to develop more responsive, responsible and effective methods of delivering and managing services.*

▶ *The system needs to work together towards common goals.*

The department's mission, vision and goals form a base for planning by all partners in the public health and social services system.

Areas of Investment

The health and social services system is complex and, currently, somewhat fragmented. Many different agencies and individuals help people with diverse needs in a variety of ways. We heard consistently throughout our consultations that a strong, cohesive system can do a better job of meeting people's needs. For this reason, the department has identified three areas of investment:

- *building strong partnerships between workers and agencies;*

- *building a continuum of health and social services; and*

- *improving decision making by developing public policy with health and well-being in mind.*

Strong Partnerships

People told us agencies and workers need to improve how they work together. Too often, agencies do not know what others are doing, or why. The actions of one agency can result in problems for another. Sometimes people get inappropriate services, or get referred to the wrong agency or worker for the services they need. There are gaps and overlaps in services.

All players in the system need to work in partnership if we are going to see an improvement in the health and well-being of Northerners. Roles and responsibilities of agencies and people need to be clear. People need to know what they do, and what others do, in the system.

Partnerships are important for better planning and management of services. Partnerships are imperative between publicly funded agencies with similar interests and levels of responsibility. Local and regional organizations must work closely with boards. Territorial organizations must work with the department. Agencies that provide services to clients must work with each other.

Partnerships in the Health and Social Services System
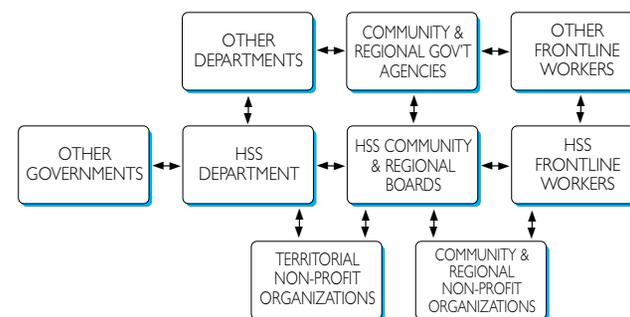
Continuum of Programs and Services

During consultations, people expressed concerns about gaps and duplication in services. For example, people want more attention and resources given to health promotion, prevention and early intervention programs. Services should be provided closer to home. We should invest in our frontline workers to be sure the full range of services can be delivered. Different agencies need to work closer together so services are not duplicated.

We also heard about problems with how services fit together. Support and benefits programs need to be better coordinated. We need to develop a continuum of programs and services so people get quality services when they need them. This is especially important for people who use more than one program. Assessments and referrals need to be improved at all levels of care, including "first contact" care from frontline workers to more specialized services offered in treatment facilities or by visiting specialists.

Healthy Public Policy

We were also told government should deal with the root causes of health and social problems, not just the symptoms. Factors that contribute to ill health include low income and education, unemployment, poor lifestyle choices, addictions, abuse, violence and crime, inadequate housing and environmental pollution. Together, these can lessen quality of life in our homes and communities. Improving quality of life requires the involvement of many departments, agencies and private industry.

Public policy is the way government makes decisions and follows through on priorities set by the people. This can include how funds are spent and what programs are developed. "Healthy public policy" is a commitment by government to consider every policy in terms of its impact on the well-being of people. The department can work with other agencies to promote the development of policies that enhance well-being, like policies about housing, education, economics, employment, and the environment.

Policies are set at community, regional and territorial levels. For example:

community councils may:

- set by-laws that require the immunization and control of dogs, to protect the public from rabies or injuries;

- establish land zones that protect the quality of the community's water supply;

regional agencies like boards may:

- establish committees to increase public involvement in local and regional issues;

- help develop local programs and resources for employment, education, health or social needs;

territorial departments may:

- set legislation to protect children from abuse and neglect; and

- set criteria for access to services like income support, housing assistance and educational support.

▶ *How can government make better decisions regarding health and well-being?*

Strong
Partnerships

Healthy
Public Policy

Continuum of
Programs and
Services
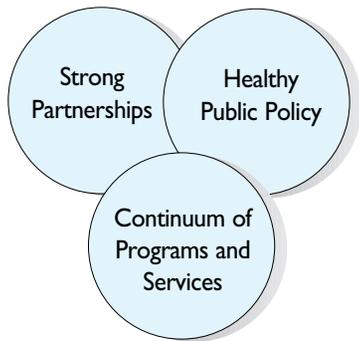
Our role is to make sure other departments, agencies and governments have the information they need to think broadly when setting policies and priorities. We can influence decisions that will improve health and well-being.

Building Blocks for a Strong System

Strong partnerships, healthy public policy and a continuum of programs and services are the basic building blocks for a system that can meet people's needs and respond to change. Strong links between these building blocks will result in a strong system.

For example, partnerships between different agencies and workers are needed to provide a full range of programs and services. Partnerships are required to develop public policies and government actions that work together to improve health. Finally, public policy sets the kinds of programs and services government provides, and influences how well agencies and programs work together.

Building the Foundation: Improving the System of Care

Publicly-funded health and social services are provided by a system of agencies and individuals: the Department of Health and Social Services, health and social services boards, private service providers and nonprofit organizations. This system has grown and changed significantly since 1968, when the territorial government created the Department of Social Development.

Gradually, the department took on more responsibility for social programs, child welfare and corrections. In 1988, the Federal Government transferred responsibility for health care to the Government of the NWT. Separate departments of health and of social services were created. Corrections and income support programs were transferred to other departments. More recently, as recommended by the Special Committee on Health and Social Services, health programs and social services programs were brought together again under one department.

These changes show the government's ongoing interest to improve the delivery and management of services. However, our past efforts have concentrated on changing the department. In our consultations, we heard there are opportunities to improve how the system works as a whole. In particular, people want the roles of volunteers, nonprofit groups and private service providers to be recognized, supported, and integrated with the role of the department and boards.

In the following sections, we present issues related to the delivery and management of services. We present principles that will guide our management and service delivery decisions. We identify changes that will improve the system.

Principles to Guide Change

Principles reflect people's values and beliefs. They are general statements of what we believe is important. They guide all our decisions and actions.

During consultations, many people stressed the importance of fair and equal access to services. They indicated people need to take greater ownership of personal and community issues, and government should support empowerment of individuals and communities. The system needs to be managed so basic health and social needs can always be met. This means better management of our financial resources and finding ways to reduce or prevent health and social problems. The system must place the needs of individuals and families first, not those of government administration. Services should be coordinated and integrated so people get the services they need when they need them.

The department has developed a set of principles which reflect these values and beliefs:

- *Universality:* All residents of the NWT have access to the services they need, and are treated fairly and with respect in the health and social services system.

- *Personal Responsibility:* Individuals and families have personal responsibilities to address their health and social needs.

- *Basic Needs:* Publicly funded programs and services will address basic health and social needs when these needs cannot be met by an individual or family.

▶ *Our principles reflect the values and beliefs of Northerners.*

Bringing health and social services together has expanded the responsibilities of the department and the boards.

- *Sustainability:* The health and social services system will operate in a way that does not threaten its ability to meet basic health and social needs over the long-term.

- *Continuum of Care:* Programs and services will fit together as seamlessly as possible and will be integrated with other GNWT services wherever possible.

- *Prevention-oriented System:* All activities of the health and social services system will support the maintenance of physical, social and mental health, in addition to the treatment of illness and injury.

- *People-oriented System:* All activities of the health and social services system will support an approach that places the needs of people first.

These principles will be used by the department, and agencies that receive funding, to deliver and manage public services. These principles will help keep our decisions and actions consistent with values expressed by the public.

Governing the System

The term "governance" refers to the way services, facilities, people and institutions are managed and regulated. The Minister of Health and Social Services is ultimately responsible for making sure the public system provides and manages services according to standards and government priorities. The department is directed by the Minister to provide leadership and direction to the entire territorial system. Department responsibilities include funding, planning, monitoring, evaluation

and support. The twelve boards in the NWT were created by the Minister to deliver and manage services according to standards set by the department. Boards also make sure people have access to services provided by other boards or agencies.

Other groups, agencies and individuals work with the department and boards to support or deliver services. Nonprofit groups provide public education about diseases, mental health or disabilities. Boards contract nonprofit groups and private companies to provide services, such as group home management or specialized counselling services. Dentists and doctors, especially those in larger communities, often work in private clinics. Relationships between these stakeholder groups, the department and boards have not been well-defined. As a result, it is difficult to coordinate services.

Bringing health and social services together has expanded the responsibilities of the department and the boards. In addition, their activities are changing to better reflect new roles, responsibilities and relationships. For example, the department is moving away from providing services directly to the public and increasing its role in monitoring and evaluating system-wide issues. Boards are increasing their planning activities and assuming management for new areas of service, like medical travel. These changes will ultimately lead to clearer roles and responsibilities and improved relationships, but the changes have introduced some uncertainty in the short term.

In the Western Territory, nine boards serve a population of about 40,000. Some boards provide services to single communities (ranging in population from less than 300 to greater than 17,000). Other boards provide services to regions. One board's responsibilities include education, while another provides hospital services for people from many

regions. The number and variety of boards can make it difficult to coordinate or develop services that are shared by more than one board. It can also be difficult, particularly for small boards, to maintain expertise and stability in management, administration and service delivery.

There is uncertainty in the Western Territory about how public and Aboriginal governments will develop after division in 1999. These changes will shape how the public system of health and social services will be governed.

In Nunavut, there are three regional boards serving a population of about 25,000. Each obtains specialist services from different jurisdictions. Baffin residents receive specialized services from Ontario, Keewatin residents from Manitoba, and Kitikmeot residents from the Western Territory and Alberta. The development of these out-of-territory arrangements has resulted in fewer links and shared services between Nunavut boards.

There is uncertainty about the role of boards in the Nunavut government. The future of boards will become clearer as the new government develops.

WHAT NEEDS TO BE DONE?

Strategic Direction 1: Improve management of the system by clarifying roles and responsibilities of the department, boards, private service providers and nonprofit organizations.

There will be significant changes to public government over the next few years. The system of health and social services will be shaped by these changes. We have an opportunity to organize the system in a way that better reflects the needs and values of people in Nunavut and the Western Territory. The size and number of public institutions must be appropriate for the size and make-up of our population. These institutions should reflect the best way to deliver and manage services.

Where do we start?

- develop a framework that defines the roles, responsibilities and accountabilities of the department and boards, and includes:

  a. core services to be provided or made available by all boards;
  b. management and service delivery standards;
  c. planning, evaluating and reporting requirements;
  d. appropriate legislation to reflect board responsibilities; and
  e. an appropriate means to fund boards

- increase public and board trustee education on roles and responsibilities of the department, boards and stakeholder groups

- define appropriate size and number of boards to reflect the size and make-up of the population being served

- develop a territorial board that will manage and deliver shared services to maintain service quality, effectiveness and efficiency

Strategic Direction 2: Improve the overall functioning of the public system of health and social services by promoting strong relationships between agencies and governments.

Not all services can be provided in all communities. For many services, there are simply too few people to maintain service quality and keep costs affordable. It is important that agencies work together so people get the services they need.

Actions To Date:
Strategic Direction 1

- *draft list of core services under review*
- *draft memorandum of understanding between the department and boards on roles, responsibilities and account-abilities under review*

Where do we start?

- develop links between boards, stakeholder groups, and the department in the areas of planning, management, administration and service delivery

- improve the sharing of information among agencies for effective decision-making

Human Resources

People are best served by a stable workforce of health and social service providers who can provide a complete range of quality services. This workforce includes frontline workers, managers and administrators. They must have appropriate training. They must reflect the cultures, values and practices of the people they serve.

Many boards and private clinics face shortages and high turnover among frontline workers, including nurses, doctors and social workers. This places the system under a great deal of stress. While some staff are experienced in their positions, many others are new to the job or community. New staff need time to adjust to their work environment and community to do the best job they can.

Continual turnover also means remaining staff must carry a higher work load. They often have fewer opportunities for time away from work and suffer from fatigue or "burnout." These problems are often greater in smaller communities where there are fewer positions and less flexibility to deal with vacancies. The reasons for shortages and turnover are complex but there are a number of important factors.

The ability to *attract* frontline staff is strongly influenced by:

- competitive salaries and benefits, particularly since the cost of living is high in northern communities;
- training, educational and career opportunities;
- quality of life for the worker and their family; and
- staff shortages and work restrictions in southern Canada.

The ability to *keep* staff is related to:

- social and cultural connections;
- the work environment; and
- peer support and interaction.

Another issue is scope of practice for various frontline workers. The lines drawn between areas of professional responsibility are generally based on southern models of service delivery. Northern workers often work in small, remote communities, with limited access to basic support services. These workers must have the skills, knowledge and training to respond to a wide range of health and social needs. We would like to see more team work among frontline workers. If workers do not have a clear understanding of their roles and responsibilities, or those of others, team work is difficult.

The department would like more Northerners to choose careers in health and social services, including frontline workers, managers and administrators. Right now, there are a number of reasons people may not choose these careers, including:

- education and training are often located in other communities — people may not be able or willing to move from their communities to get this training;

Actions To Date:
Strategic Direction 2

- *board annual plans will be linked to department strategic and annual plans*

- people may not know of the many different types of work available in health care and social services;

- difficulty moving from entry-level positions into other positions due, in part, to big jumps in education and training requirements; and

- heavy workload or high stress levels may deter some people from entering certain professions.

WHAT NEEDS TO BE DONE?

Strategic Direction 3: Improve quality of care by creating a stable, northern workforce.

We need to create stability in our workforce. We also need to increase the number of Northerners qualified to fill health and social services positions. Quality care can only be achieved when all workers are familiar with the communities they serve and the system they are working in.

Where do we start?

- increase partnerships with, and among, boards, private service providers and professional associations to develop strategies to recruit and keep workers

- increase professional and community supports for frontline workers

- develop shared pools of relief workers for professions with high turnover or vacancy rates

- set workload guidelines for frontline professions and establish measures to effectively monitor changes in workload

- develop partnerships with northern and southern educational institutions to increase the placement of new workers in northern positions

- develop partnerships with boards, Aboriginal organizations and professional associations to encourage greater northern participation in all areas of the workforce, including frontline, management and administration

- continue to work with educational institutions to develop northern career development programs

Strategic Direction 4: Improve service delivery by developing the role and scope of northern frontline professions in the health and social fields.

Workers' roles and scopes of practice should reflect the working conditions unique to Nunavut and the Western Territory. The isolated working conditions for many frontline workers mean these employees need to be able to handle a broad range of issues and problems. They need to carry out their responsibilities with confidence and work as part of a team.

Where do we start?

- identify the skills, knowledge and abilities frontline professionals require

- create legislation to recognize and support sets of competencies for frontline professions

- examine the development of new regulated professions which are appropriate for the northern work environment

- develop training and education programs structured to develop or maintain competencies

Actions To Date:
Strategic Direction 3

- *successful northern nursing program developed*

- *Recruitment and Retention Strategy developed to address immediate staff shortages*

- *developing an Integrated Human Resource Plan to address longer term issues*

- increase opportunities for professional development and peer interaction between frontline workers

- increase monitoring and evaluation of practice patterns for frontline professions

- develop a community-based model of service delivery that uses a team of health and social professionals to provide primary (first contact) care. The team could include nurse practitioners, community and public health nurses, social workers and community health representatives in the community, with regional or territorial professionals as advisory members. It could also include other community resource people, such as teachers, elders, RCMP, mental health workers, midwives or addictions workers.

Financial Resources

Health and social services are expensive, especially in the North, and they cost more each year. More people are using services more often. Meanwhile, our population is growing and the government has less money to spend.

Over the next few years, we expect funding for the system to remain stable. Even so, there will continue to be financial challenges due to differences in population growth and needs among regions.

We spend much of our money responding to crises and treating preventable diseases and social problems. These services are often expensive to provide. Money spent on these services means less for promotion, prevention and early intervention. Finding ways to prevent or reduce problems while still providing treatment is an ongoing challenge.

Boards are funded by the department for the delivery and management of public services. The amount of money they receive has been largely determined by the board's mandate and historical spending patterns. This approach to funding does not recognize some boards need more funding than others because of differences in health and social needs. It also does not link funding to population. Boards serving larger populations need proportionately more money to provide the same set of services as boards serving smaller populations.

Boards have limited flexibility to spend money in a manner that reflects the needs and priorities of the communities they serve. For some services, board responsibilities and actions have not been linked to financial consequences, good or bad. To improve the management of public funds, financial arrangements between the department and boards need to reflect their roles and responsibilities. The way we allocate funding to boards needs improvement.

WHAT NEEDS TO BE DONE?

Strategic Direction 5: Create a financially sustainable system through effective planning and management of financial resources.

A priority of the territorial government is to make sure programs and services are affordable and sustainable. The health and social services system must be structured so that people receive the care they need in the most effective way. Funding needs to be managed wisely and fairly so all core services are delivered and service quality is kept high.

Actions To Date:
Strategic Direction 4

- *competency-based training program developed for child protection workers*
- *new Child and Family Law promotes team approach for child protection issues*
- *midwifery project in the Keewatin has brought birthing services closer to home*

Actions To Date:
Strategic Direction 5

- *Strategic Initiatives Fund created to encourage greater investment in prevention and promotion*
- *shared purchasing and pharmacy arrangements developed between boards to achieve greater savings*
- *some smaller facilities re-profiled to better meet local and regional service needs*
- *developing a surplus-deficit retention policy to improve board management of funds*

Actions To Date:
Strategic Direction 6

- *developing formula-based funding for more appropriate allocation of funds to boards*
- *developing funding arrangements which permit greater flexibility for boards to meet local and regional needs*

Where do we start?

- invest in strategies and actions that promote more appropriate and efficient use of services

- increase investment in promotion, prevention and early intervention services to ease pressure on more expensive treatment services

- improve financial accountability by matching decisions to financial consequences

- support shared service arrangements between boards for greater efficiency in service delivery, management and administration

- support the maintenance or development of facilities that have sustainable operating and maintenance costs, and do not compromise the delivery of other core services

Strategic Direction 6: Improve allocation of financial resources to boards through funding methods which reflect population characteristics and board responsibilities.

The department needs to improve the process of allocating funds for health and social services across the Territories. Funding to boards should reflect the populations they serve, both in terms of their characteristics and needs. The method of setting funding levels should be fair and understandable. Financial responsibilities should match service delivery and management responsibilities.

Where do we start?

- develop stable funding methods that finance the system in an appropriate and fair manner

- develop policies that improve the boards' ability to allocate financial resources to community and regional priorities while still meeting territorial standards and priorities

- relieve pressure on yearly financing of the system by developing private/public partnerships to finance large one-time capital projects, such as facility renovation or construction

Program and Service Delivery

Health and social services are important to maintaining and restoring well-being. The department, in partnership with boards, offers a broad range of programs and services to support the health and well-being of Northerners. Many services are very effective. Some could be improved.

During consultations, people expressed concerns about gaps in services. Services were not available when people needed them, or were not offered at all. There were not enough promotion, prevention and early intervention programs. Services for people with special or complex needs were lacking or poorly coordinated.

People also want to see more services provided near their families and communities. People recognize the need to travel for some services, like specialized medical treatment. Certain services, like long-term care, palliative care and birthing services, need to be closer to home so people remain with their families and friends. Others, like addictions treatment and aftercare, are more effective

in treating the underlying causes of addiction when they are provided with family, community and cultural supports.

Quality of service remains a high priority for the public and workers in the system. Quality of care depends on worker skills and training and availability of information, equipment, supports and funding. This means some services cannot be provided as close to home as people would like. With our small population, there are simply too few people for some specialized services to be provided in each region, or even in the North. Balancing quality of care with providing services closer to home remains a challenge.

People wish to see better coordination and integration of programs. A common concern is that services do not consider the needs of the person or the family as a whole. This seems to be particularly true for people who have complex needs or when services are offered by different workers. Another concern is that assessment and follow-up services may not be well linked to treatment services provided elsewhere. We need to improve referrals between workers and facilities so people get the right services at the right time.

WHAT NEEDS TO BE DONE?

Strategic Direction 7: Improve the continuum of programs and services by removing gaps and duplication, increasing integration and improving coordination of services.

Problems with service coordination and integration can mean service delivery is fragmented. It can also mean gaps in service. We need to look at the current network of programs and services to see where the problems are. We must build on the strengths of this network while we tackle the weaknesses.

***Actions To Date:
Strategic Direction 7***

- *draft list of core services under review*
- *recent investment in home care services in many communities*
- *developing a Mental Health Strategy to improve mental health services for all age groups and conditions*
- *improving assessment and placement of people requiring long-term care services*
- *improving many areas of addictions services, including assessment, referral, treatment and aftercare*
- *examining telemedicine as a way to bring services closer to home*

***Actions To Date:
Strategic Direction 8***

- *Early Childhood Intervention Strategy developed in partnership with GNWT Education, Culture and Employment*
- *Strategic Initiatives Fund encourages boards to invest in prevention and promotion*
- *developing a Health Promotion Strategy*

Where do we start?

- develop an accountability framework to make sure the entire range of services is provided — this includes developing and monitoring core services that must be available to all residents

- improve services for groups at risk (particularly seniors; the mentally ill; the emotionally, mentally and physically challenged; and the chronically ill) with emphasis on improving quality of life

- improve assessment and placement methods for long-term care so that people get the best care from the right provider

- improve coordination of benefits programs by various departments and agencies

- support linkages in service delivery between boards where there are opportunities to provide services closer to home, improve quality of care or increase efficiencies

- develop stronger links among service providers, including nonprofit organizations, private service providers and boards

- improve coordination of federal and territorial programs

- increase integration of services between facilities and between services offered at home, in the community and in facilities, particularly in the areas of long-term care, addictions, mental health and the treatment of people with complex needs

- examine opportunities in technology, like telemedicine, to bring quality services closer to home

- develop information systems which support timely, effective decision-making by frontline workers as well as program planners, managers and administrators

Strategic Direction 8: Support greater emphasis on promotion and prevention through policies that balance treatment services with promotion and prevention services.

Our system focuses mostly on providing treatment and responding to crisis. Many health and social problems, and demands on the system, could be greatly reduced if problems could be avoided or detected at an early stage. We want to balance our focus on treatment by emphasizing promotion, prevention and early intervention services. We want our partners to work towards greater wellness through their policies and programs.

Where do we start?

- develop partnerships across government to develop policies and programs that support promotion and prevention activities (including housing, environmental health, income support and education services)

- develop planning and reporting requirements for service providers to demonstrate how they are providing promotion and prevention services

- invest in staff training and development in the areas of promotion, prevention and early intervention

- improve funding for promotion and prevention activities by:

    a. providing stability in funding;

b. re-investing money saved in other areas into promotion and prevention; and

c. providing funding incentives to develop effective promotion and prevention programs

Strategic Direction 9: Improve the quality and effectiveness of programs and services through increased partnerships among service providers and improved monitoring and quality assurance activities.

Everyone wants to have the best possible services to prevent, detect and treat health and social problems. We are interested in setting and maintaining high standards for all services. We also wish to improve the effectiveness of these services. This may mean changing or creating services so they reflect need better or are more culturally appropriate. It may also mean finding ways to improve collaboration between workers, agencies and communities.

Where do we start?

- develop legislation and standards to safeguard the quality of public services

- develop or improve quality assurance methods for assessment, screening, referral, treatment and follow-up services

- monitor health and social outcomes as indicators of program and service effectiveness

- increase ability to analyse and use information to improve decisions at the community, regional and territorial levels

- increase community involvement in the design and delivery of promotion, prevention and early intervention programs,

and make sure legislation supports the development of local solutions to local issues

- examine opportunities for using and combining the knowledge, skills and philosophies of different cultures to improve promotion, prevention, healing and treatment services

- improve team work and case management at the community level by improving information sharing and developing clear roles, responsibilities and reporting requirements

- adjust the current mix of home, community and facility services to reflect current needs

- improve information systems to enable timely and useful monitoring of service quality and effectiveness

Actions To Date: Strategic Direction 9

- *some smaller facilities re-profiled to better reflect local or regional service needs*

- *supported and participated in workshops for health and social workers and Aboriginal traditional healers to discuss health and healing*

- *new Child and Family Services Act promotes community solutions to local child protection issues*

- *developing a set of indicators for monitoring health and social status*

- *developing standards for group homes, long-term care, home care and foster care*

- *developing health and social databases to improve data use and management*

- *upgrading computer systems in community and regional offices*

Health and Wellness: A Shared Commitment for Life

Many things shape well-being. Some are:

- level of income, education and social status;
- support networks among families, friends and the community;
- physical environment, including the home, work place and community;
- personal health practices, lifestyle choices and coping skills;
- cultural identity; and
- physical characteristics or traits inherited from our parents.

Different factors are more important during certain life stages. For example, nutrition and good parenting are very important for childhood growth and development. Strong social supports and good role models are important for youth as they move from childhood into adulthood. Meaningful work and self-sufficiency are important to adults. Seniors need strong social ties to family, community and culture. Problems in any of these areas can lessen well-being.

Traditionally, government services have treated health and social problems but not their underlying causes. As a result, problems would remain or return. By dealing with root causes, we can prevent health and social problems before they happen.

What are the root causes of poor health and social problems for our children, youth, adults and seniors? For our families and communities? In the following sections we explore these questions, and show areas where we think improvements are possible.

Infants and Children

The effect of prenatal and early childhood experiences is powerful and long lasting. The period from conception to age five is an extremely sensitive time in physical development. We begin to learn how to cope, how to deal with conflict and how to make choices. We begin to form a sense of identity about ourselves and others around us. The way we are cared for during these early years influences our ability to learn, to have healthy relationships, and to succeed. Our lifelong health is vulnerable to the choices others make — for us, and for themselves.

Birth weight is a good indicator of an infant's overall health and its need for services during the first few years of life. While there are fewer low birth weight babies now than in the past, low birth weight is still a problem, especially in Nunavut. Low birth weight is related to the mother's health — nutritional status, smoking, alcohol use or drug abuse — as well as level of care during pregnancy.

1991-1995 Rates of Low Birth Weight Infants*

REGION	% OF BIRTHS
Canada	5.8
NWT	6.2
Nunavut	7.4
Western Territory	4.7

* low birth weight is less than 5.5 pounds or 2500 grams (GNWT Bureau of Statistics)

Elders say that a child is like a seed, born with all it is meant to be, born with integrity. (Dene Kede Curriculum)

Respiratory infections are an all too frequent cause of childhood illness in both Nunavut and the Western Territory.

▶ *1996 surveys indicated up to 30% of women in the NWT drink during pregnancy.*

(GNWT Health and Social Services; NWT Status of Women)

▶ *"It is much easier to destroy confidence in country food and harvesting activity than it is to restore it."* (Inuit Tapirisat of Canada, 1995)

Many people in the NWT smoke. In a 1996 survey, 59 percent of women reported they smoked during pregnancy. Smoking can affect the development of the unborn child and doubles the risk of Sudden Infant Death Syndrome. Exposure of young children to second-hand smoke increases the frequency and severity of middle ear and lung infections and can lead to life-long lung problems.

In the NWT, the highest levels of alcohol and substance abuse occur at the age when people are having babies and raising families. Obvious consequences of alcohol use during pregnancy include Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Long-term damage to a child's physical and behavioural development from other substances can be harder to detect.

The number of children in care is increasing. This may mean child neglect and abuse may also be increasing. Neglect and abuse can lead to poor health, problems in learning and poor social development. Some children are in care often or for long periods of time. These children may have trouble developing strong, stable bonds with their families or care providers.

Children must have nutritious food to grow strong and healthy. Poor nutrition during pregnancy and early childhood can interfere with growth and development, and lead to learning disabilities or health problems. Many women breastfeed for a short time, or not at all, even though breastfeeding has many nutritional and social benefits for the infant. Limited knowledge about the value of different foods may mean parents are choosing less nutritious food for their infants and children. High food costs combined with low incomes can mean some

children are not getting enough food to eat. Some schools have meal programs because children are not getting the food they need at home.

Many Northerners rely on wildlife as an important part of their diet. Studies show environmental contaminants are building up in northern wildlife. Long-term exposure may cause health problems, especially for unborn babies and small children. However, there are still many unanswered questions about those health effects. We do know wildlife and other traditional foods have many nutritional, lifestyle and cultural benefits. There is concern people may avoid traditional foods for fear they are unsafe. Women may turn to less nutritious food during pregnancy and may decide not to breastfeed. This may have greater and more immediate effect on the health of the very young than exposure to current low levels of contaminants.

Children in Care: 1986-1995/96
(GNWT Health and Social Services)
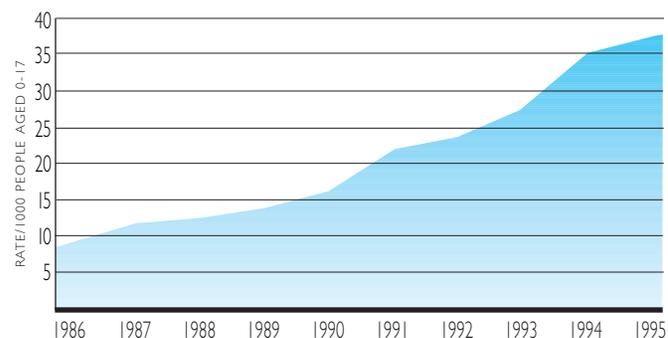
WHAT NEEDS TO BE DONE?

Strategic Direction 10: Prevent illness and disease in infants and children through greater emphasis on health promotion, disease prevention and early intervention programs.

Children deserve the best possible start in life. Many health problems can be prevented by encouraging expectant mothers and parents with young children to make healthy choices. Screening programs can prevent diseases before they happen, or detect and treat problems at an early age.

Where do we start?

- improve pre-natal health programs, including outreach programs for expectant mothers whose behaviours pose health risks to their babies

- improve basic screening and immunization programs for infants and children

- increase educational and support programs on infant and child nutrition, with information on the benefits of breastfeeding and traditional foods

- support further research about the health risks of environmental contaminants in traditional foods

Strategic Direction 11: Help children reach their full potential through effective childhood development programs.

Personality, social skills and intellect are shaped by a child's experiences during the first few years of life. Strong connections with parents and a stable, nurturing, home environment help children grow and develop to their full potential. Some parents do not have the supports, skills or resources to provide for their child's needs. This may be true when parents are inexperienced or when the child has complex needs. For these children, support programs can improve early childhood development.

Where do we start?

- increase parenting programs, including outreach programs for parents who are inexperienced, have few social supports or have children with complex needs

- improve screening programs to detect and treat learning or behavioural problems

- improve health, social and educational services for children with long-term disabilities and illnesses, including social, mental and physical conditions

Strategic Direction 12: Make sure infants and children are raised in stable, caring environments by improving early intervention and child protection programs.

Child neglect and abuse can have serious immediate and long-term consequences for children's health and social development. We need to find ways to identify children who may be at risk. Programs need to be developed, or improved, to prevent neglect and abuse by dealing with root causes. We need to improve child protection services by working with families and communities.

Actions To Date:
Strategic Direction 10

- *prenatal nutrition programs developed in a number of communities and regions*

- *department and board support and participation in community-based contaminants research*

Actions To Date:
Strategic Direction 11

- *Early Childhood Intervention Strategy developed in partnership with GNWT Education, Culture and Employment to promote early childhood development*

- increase programs that build parenting and coping skills, particularly for inexperienced parents, those with few social supports, or those with mental, social or addictions problems

- increase programs that build family and community supports for children

- increase early intervention and community involvement in child protection

Youth and Young Adults

Important physical and social change happens when we move from childhood through adolescence. We develop a sense of personal identity and self-worth. We acquire personal and social skills that affect our well-being in the short-term and for the rest of our lives. We become sexually mature. These changes make us uncertain about the choices we make. During difficult times, we can be vulnerable to the actions or choices of others. We can make poor decisions that place us in danger. Youth and young adults need loving, supportive homes and communities to develop into healthy, well-adjusted adults.

Poor mental health and low self-esteem are important concerns for youth and young adults. At this age, these problems often result from:

- physical, sexual, or emotional abuse;
- under-developed or dysfunctional family and social supports;
- conflicting values, beliefs and sense of identity in the family or community because of cultural change; and
- undetected disabilities such as learning disabilities, hearing problems or Fetal Alcohol Syndrome or Effects.

Actions To Date:
Strategic Direction 12

- *new Child and Family Services Act increases opportunities for prevention, early intervention and community involvement in child protection*

▶ *The health and social issues of our youth are linked to important changes they go through during adolescence.*

Young people with poor mental health and low self-esteem are more likely to take risks that can seriously affect their health. Some risky behaviours, like drinking and driving, speeding or not wearing helmets, can lead to serious injury or death. Other high risk behaviours can lead to life-long addictions and health problems.

Addiction is an important issue for this age group. A recent survey showed 60 percent of youth aged 15 to 24 smoke, with another 15 percent indicating they were former smokers. Numbers are higher in Nunavut where almost 80 percent of youth and young adults smoke. The same survey showed close to 74 percent of this age group drank alcohol in the year they were surveyed. This age group also had the highest percentage (20%) of heavy drinkers.

The high level of sexually transmitted disease among youth indicates many are sexually active and are not using condoms. While many of these diseases can be treated some, like AIDS, are deadly. Other diseases, like hepatitis or chlamydia, can result in life-long problems or sterility. Pregnancy at a young age places a great responsibility on young and inexperienced people or other family members.

Perhaps the most tragic outcome of mental and social problems is the alarmingly high number of suicides in the NWT. Over half (52%) involve youth and young adults. Of these suicides, most (almost 80%) are by young Aboriginal men. It is also clear young Inuit men are, by far, the most at risk to commit suicide.

1987-1996 Incidence of Suicide by Territory

GROUP	# OF SUICIDES (%)
Nunavut	171 (70)
Western Territory	74 (30)

1987-1996 Incidence of Suicide by Ethnicity

GROUP	# OF SUICIDES (%)
Inuit	178 (73)
Dene	30 (12)
Other	37 (15)

(GNWT Health and Social Services)

WHAT NEEDS TO BE DONE

Strategic Direction 13: Promote healthy lifestyle choices in youth and young adults through health promotion programs.

Youth and young adults base many of their attitudes and behaviours on the examples of others in their family and community. Programs to promote healthy lifestyle choices and good personal health care should be improved for this age group.

Where do we start?

- develop strategies in partnership with youth and young adults to promote healthy lifestyle choices, self-esteem and leadership skills

- expand health education programs in schools to include information on social skills development, mental health and personal health care habits

Strategic Direction 14: Reduce high risk behaviours in youth and young adults through effective early intervention programs.

High risk behaviours, like unprotected sex, alcohol and substance abuse, and tobacco use, often lead to health and social problems later on in life. High risk behaviour is often a signal of deeper mental or social problems. Left untreated, these problems can lead to injury, illness or death. We need to improve the continuum of programs for high risk youth and young adults.

Where do we start?

- increase counselling in schools (including sessions with peers) on unsafe sex, addictions, sexual abuse, mental health and coping skills

- develop programs that reach out to high risk youth and young adults

- increase screening services for early detection of learning disabilities

- improve community-based treatment, healing and aftercare for addictions, abuse and self-injury

Strategic Direction 15: Protect youth and young adults from sexual, physical and emotional abuse through increased involvement of youth, family, and community in protection and awareness programs.

Sexual, physical and emotional abuse can lead to many health and social problems. Abusers can be family members, peers or others in the community. We need to increase awareness about the signs of abuse. We need to be sure homes and

Actions To Date:
Strategic Direction 14

- *developing a Mental Health Strategy to address mental health issues for this age group*

▶ *Almost 50% of deaths in the 15 to 24 age group are due to accidents and injuries.*

25

communities are safe. Programs that increase awareness and improve detection of abuse will help protect our youth and young adults from immediate and long-term problems.

Where do we start?

- improve early detection and follow-up services for abuse

- improve community-based services, including safe shelter and crisis response services, to protect youth and young adults from abuse

Strategic Direction 16: Develop strong social supports for youth and young adults through increased involvement of youth, family, and community in youth leadership and development programs.

Youth and young adults need strong social supports as they develop into adults. They need opportunities to become responsible, respected members of their families and communities. Programs are needed that foster strong links between youth and their families and communities.

Where do we start?

- increase youth, family and community involvement in resolving social issues for youth and young adults

- increase opportunities for youth and young adults to contribute to community and cultural events

- bring treatment and long-term care services for physically and mentally disabled youth closer to their home

▶ *Heart disease and diabetes are more common in the Western Territory. Lung cancer and respiratory diseases are more common in Nunavut.*

Actions To Date:
Strategic Direction 16
- *continued support for Community Wellness projects that help to address social issues for this age group*
- *ongoing work to develop or improve northern long-term care resources and services for youth and young adults*

Adults

Once we reach adulthood, many of our attitudes and behaviours are set. Some habits are good for our health, like regular exercise and eating nutritious foods. Others, like eating poorly, smoking and alcohol abuse, can create serious health and social problems. Attitudes and behaviours can be difficult to change, but change may be needed to reduce the risk of illness and disease.

Physical health problems among adults are becoming more like those in southern Canada. For Aboriginal people, the traditional way of life includes plenty of exercise and a nutritious diet of food from the land. As lifestyles change, more people are getting less exercise and eating less healthy food. Heart disease, diabetes and some forms of cancer are closely linked to inactivity and poor diet. These diseases are increasing, particularly in Aboriginal people. More people smoke. As a result, lung cancer and respiratory disease are increasing.

Poor mental health is a major concern. In many communities, adults have limited opportunities for meaningful work in the wage economy. Dependence on government assistance to meet basic needs creates low self-esteem. For some, past experiences, like sexual abuse and family violence, have led to addictions to alcohol, prescription drugs and other substances. These addictions can result in many health problems, including liver disease and brain damage. They can also lead to sexual abuse, family violence and crime.

Mental disorders and diseases, like clinical depression and schizophrenia, are another concern. If left untreated, these disorders can affect people's ability to look after themselves. For adults with few social supports, this can mean health problems due to poor nutrition, addictions or a worsening of their condition.

Strategic Direction 17: Modify adult lifestyle choices through programs aimed at reducing the risk of health problems.

Many adult health problems are preventable and related to lifestyle choices, behaviours and experiences. Effective programs can modify key behaviours and reduce the risk of certain types of illness and disease.

Where do we start?

- develop effective health promotion strategies to encourage active living and healthy nutrition in adults

- develop programs to modify lifestyle choices that lead to increased risk of illness and disease

- target younger adults (ages 25 to 35), particularly those raising young families, to improve lifestyle choices

Strategic Direction 18: Improve adult health and well-being by improving detection and treatment services.

During our adult years, health problems can start to show up as a result of poor lifestyle choices or because our bodies are getting older. Left untreated, mental health problems and addictions can lead to serious health and social problems that can affect our ability to look after ourselves or our families. We need to improve our ability to detect problems early and treat them effectively.

Where do we start?

- develop a full range of services, including pre-care, assessment, treatment and after-care, to treat adult addictions

- develop a full range of services for adult mental illness

- improve screening services for early detection and treatment of illness and disease (this includes increasing public and worker awareness of the need for regular screening services)

- increase treatment effectiveness, particularly for addictions and mental health problems, by developing culturally appropriate services and dealing with root causes

Seniors

Well-being for seniors is related to quality of life and strong connections to family and community. As people age, they become physically frail and more susceptible to disease. Seniors can experience a loss of independence because of reduced physical or mental abilities. They can become socially isolated as their spouses and friends pass away.

Some seniors become isolated because of the need to leave their home or community for special care. Isolation and loss of independence can lead to poor mental health, and a decline in physical health and quality of life.

Quality of life is also important when we plan palliative (end of life) care. Until recently, palliative care was provided in hospitals. Seniors and their families are asking for palliative care in their home communities, where they are near family and friends. They are also requesting services that balance health care with emotional and spiritual needs.

▶ *About 4% of seniors in Nunavut and 9% in the Western Territory have to leave their communities to receive long-term care.*

***Actions To Date:
Strategic Direction 18***

- *recent improvements to pre-care, treatment and aftercare services for addictions — greater flexibility for other models of service delivery like community-based treatment, mobile treatment units and workshops*

- *developing a Mental Health Strategy to improve adult mental health services*

Actions To Date:
Strategic Direction 20

- *Seniors Independent Housing Strategy developed in partnership with NWT Housing Corporation to address housing needs*

- *recent improvements and greater access to home care services*

- *some smaller facilities re-profiled to improve local and regional long-term care services*

- *developing an improved assessment and placement tool to determine long-term care needs for people of all ages*

▶ *Characteristics of family and community wellness:*

- *a strong sense of community;*
- *a strong sense of family life;*
- *an emphasis on personal dignity;*
- *a state of well-being;*
- *a strong sense of culture & tradition;*
- *zero tolerance for violence; and*
- *integrated services.*

(Community Wellness Directions Document)

Cultural change may also affect the well-being of seniors. They can be isolated from younger generations because of changing values and beliefs. Younger family members may not speak their language. Like social and physical isolation, cultural isolation can result in poor mental and physical health.

WHAT NEEDS TO BE DONE?

Strategic Direction 19: Develop strong social supports for seniors through increased involvement of family and community in the development of appropriate health, social and cultural programs.

Seniors can become isolated from family, peers and community as a result of reduced physical and mental abilities. They may require more assistance in daily living. Some seniors may also feel a loss of cultural connection. Mental and physical health may decline due to this isolation and loss of independence. Seniors need strong social supports with family, peers and community to remain physically and mentally healthy. Health, social and cultural programs should help build strong social connections and supports for seniors.

Where do we start?

- support community-based services and activities that increase social and cultural ties between seniors, youth, families and the community

- support advocacy groups that work to improve community-based supports and communicate information about relevant issues

---

Strategic Direction 20: Improve quality of life for seniors by providing health and social services closer to home.

Long-term care for seniors is often located far from family and community. Quality of life may suffer because of limited contact with family and friends. We need to provide long-term care services closer to home so social ties between seniors, their families and their communities remain as strong as possible.

Where do we start?

- improve or develop home care and supported living services in all communities

- develop regional services such as group homes and seniors' homes for people who need daily supervision, medical care and support services

- develop territorial services for individuals requiring specialized care and 24-hour supervision (highly specialized services that cannot be provided here will continue to be offered by agencies in southern Canada)

- develop options for culturally appropriate palliative care as close to home as possible

Families and Communities

People are happier, feel healthier and require fewer specialized services when they live in a supportive family and community setting. Healthy families and communities provide opportunities to realize personal and shared goals. People have a sense of belonging and shared responsibility for problems and solutions. People respect, trust and look after each other. Children and youth are treasured as our hope for the future. Parents are

responsible for raising healthy children who respect themselves and others. Elders are respected and honoured because they hold the wisdom and teachings of the past.

Dysfunction and crisis are continuing issues for our families and communities. Family violence, alcohol and substance abuse, sexual abuse, child neglect, suicide and violent crime indicate deep-rooted social problems. Each of these problems has a ripple effect on the health and well-being of others. Clusters of violent events, like suicide, can cause an entire community to go into crisis.

Getting help may be difficult. Dealing with these sensitive issues often means talking about them with family, friends and neighbours. If the family or community is not ready or willing to deal with the issue, an individual may not seek the help or treatment they need. Problems, like sexual abuse or family violence, may become worse or show up in the next generation. To find solutions, we must take a look at some of the root causes of crisis and dysfunction.

Income and Employment

Low income and high unemployment play a large role in a person's ability to meet their basic need for food, clothing and shelter. It also affects how they feel about themselves and their ability to look after others.

Many people in the NWT receive income support. In many communities, the number of jobs is limited. Unemployment can be as high as 60 percent. Few people have the opportunity to earn a wage to provide for their family's needs. The high cost of living also presents a challenge. While the average income in the NWT is comparable to Canadian earnings, the higher cost of food, clothing and shelter means people are not able to buy as much with the same amount of money.

Living Conditions

Adequate housing is a basic need for all people. The NWT has struggled with a housing shortage for many years. Overcrowding can increase the spread of infectious disease, like tuberculosis (TB). It can also contribute to mental and social health problems. Many houses (about 30 percent in some regions) need major repair or improvements. Some improvements, like indoor plumbing, would mean better sanitation and reduce the spread of infectious disease.

Education

Education plays a large role in people's ability to take care of themselves and others. It can improve employment opportunities which, in turn, lead to greater self-sufficiency. Education can directly affect well-being by increasing awareness of healthy lifestyle choices and improving social, parenting and coping skills.

Although education levels are rising, they are still well below Canadian levels. Education levels are lower for Aboriginal people.

Culture

Culture is particularly important to well-being. It connects an individual with family, community and the land. Cultural values and beliefs are foundations for making lifestyle choices. These choices can protect us from, or lead to, health and social problems.

In spite of its small population, the NWT has considerable cultural diversity. This is particularly so in the Western Territory where there are many Aboriginal and Non-Aboriginal cultures. Keeping all these cultures strong is a challenge when there are so few people.

Aboriginal people have experienced rapid cultural change in this century. This change has had both positive and negative effects on health and well-being. Modern health care has

▶ *Over 50% of people in Nunavut and 30% of people in the Western Territory received income support during 1996.*

(GNWT Education, Culture and Employment)

▶ *The high school graduation rate in the NWT is about one-third the national average.*

(GNWT Education, Culture and Employment)

▶ *Studies done in northern Inuit and First Nation communities indicated that getting enough food and proper nutrition were important issues.* (EpiNorth, July/Aug. '97)

Actions To Date:
Strategic Direction 21

- *continued support for Community Wellness initiatives*
- *ongoing improvements in providing community-based pre-care, treatment and aftercare services for addictions*

Actions To Date:
Strategic Direction 22

- *ongoing work with other departments to improve income support programs*
- *Seniors Independent Housing Strategy developed in partnership with NWT Housing Corporation*

greatly reduced infant mortality. Social programs have eliminated starvation. But rapid change has also resulted in a loss, to varying degrees, of traditional knowledge, skills and language. It has also introduced conflicts in values, customs and practices, often within the same family.

Government policies have led to social problems that are still found in many communities. Relocation of Aboriginal families during the 1950's to newly-created High Arctic communities caused social problems in families that are only now beginning to heal. Some Aboriginal people have social and mental problems related to sexual, physical and mental abuse during residential schooling. These experiences have sometimes led to addictions, family violence and crime. They have also shaped views on family life and parenting, particularly for some who had very limited contact with their family and home community while growing up.

WHAT NEEDS TO BE DONE?

Strategic Direction 21: Increase partnerships within communities to improve service delivery and strengthen social supports.

Many of the social problems in families and communities require local solutions. We need to provide opportunities for families and communities to build on their strengths and develop social supports to deal with these issues.

Where do we start?

- continue support for community development and wellness initiatives that strengthen family and community social supports, support voluntarism and leadership, and empower the community to deal with local issues

- increase coordination of resources and services at the community level
- improve community-based healing and treatment programs to deal with family violence, abuse and addictions
- increase community involvement in the design and delivery of health promotion, disease prevention, early intervention and healing services
- improve parenting and educational programs for inexperienced parents to develop the skills and social supports they need to raise a family

Strategic Direction 22: Improve partnerships across government to be sure the basic needs of families are met.

Many families struggle to meet their basic need for food, clothing and shelter. Families lacking these things experience health and social problems that are preventable. Government departments need to work together, with people and their communities, to be sure the basic needs of all families are met.

Where do we start?

- help families get nutritious food through continued government support of food subsidy programs, subsistence harvesting activities and the sharing of traditional foods within and between communities
- improve coordination of income support programs, particularly for families with multiple needs, to be sure people get the assistance they need
- improve living conditions, particularly housing, to reduce overcrowding and the spread of contagious illness

Moving Forward

Our plan lays out the most important challenges to improving the health of our people and our system of health and social services. These challenges reflect the main concerns and interests expressed by the public, stakeholder groups, boards and other departments.

Our plan sets broad direction for planning to meet these challenges. We must develop strong partnerships to create healthy families and communities. Our policies must support our vision of a strong and vibrant society. Our network of services must reflect the needs and priorities of our people.

To reach our goals and realize our vision, we have identified 22 strategic directions. These directions identify our priorities: together, they represent our commitment to improve health and well-being.

This plan gives us a strong foundation to keep our commitment to Northerners at the centre of all we do. Some of the work has already begun. Other work is just starting. All of the work will continue to reflect the needs and values of Northerners.

We will collaborate with our partners to move this plan into action. The department will develop annual business plans and projects that are consistent with the directions in this document. Health and social services boards and other organizations will be able to align their work with the department's strategic directions. In this way, the day-to-day activities of all agencies will contribute towards achieving our long-term goals.

During the next few years, the new governments of Nunavut and the Western Territory will develop, reflecting the priorities of the people they serve. These emerging governments will be able to use this plan as a starting point to address the health and social issues of their people. They will be able to keep their focus on meeting health and social needs during this time of transition and change.

Improving the well-being of our people, families and communities requires a collective effort. We look forward to working with the public and our partners to meet these challenges with innovation, cooperation and collaboration.

Strong Partnerships

Healthy Public Policy

Continuum of Programs and Services
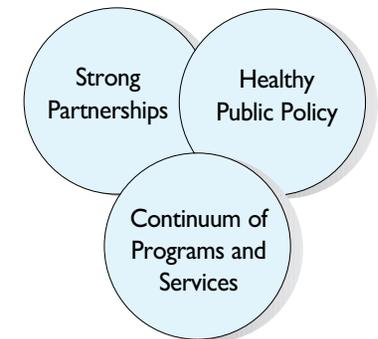
Summary of Strategic Directions

IMPROVING THE SYSTEM

Governing the System

1. Improve management of the system by clarifying roles and responsibilities of the department, boards, private service providers and nonprofit organizations.
2. Improve the overall functioning of the public system of health and social services by promoting strong relationships between agencies and governments.

Human Resources

3. Improve quality of care by creating a stable, northern workforce.
4. Improve service delivery by developing the role and scope of northern frontline professions in the health and social fields.

Financial Resources

5. Create a financially sustainable system through effective planning and management of financial resources.
6. Improve allocation of financial resources to boards through funding methods which reflect population characteristics and board responsibilities.

Program and Service Delivery

7. Improve the continuum of programs and services by removing gaps and duplication, increasing integration and improving coordination of services.
8. Support greater emphasis on promotion and prevention through policies that balance treatment services with promotion and prevention services.
9. Improve the quality and effectiveness of programs and services through increased partnerships among service providers and improved monitoring and quality assurance activities.

IMPROVING HEALTH AND WELL-BEING

Infants and Children

10. Prevent illness and disease in infants and children through greater emphasis on health promotion, disease prevention and early intervention programs.
11. Help children reach their full potential through effective childhood development programs.
12. Make sure infants and children are raised in stable, caring environments by improving early intervention and child protection programs.

Youth and Young Adults

13. Promote healthy lifestyle choices in youth and young adults through health promotion programs.
14. Reduce high risk behaviours in youth and young adults through effective early intervention programs.
15. Protect youth and young adults from sexual, physical and emotional abuse through increased involvement of youth, family, and community in protection and awareness programs.
16. Develop strong social supports for youth and young adults through increased involvement of youth, family, and community in youth leadership and development programs.

Adults

17. Modify adult lifestyle choices through programs aimed at reducing the risk of health problems.
18. Improve adult health and well-being by improving detection and treatment services.

Seniors

19. Develop strong social supports for seniors through increased involvement of family and community in the development of appropriate health, social and cultural programs.
20. Improve quality of life for seniors by providing health and social services closer to home.

Families and Communities

21. Increase partnerships within communities to improve service delivery and strengthen social supports.
22. Improve partnerships across government to be sure the basic needs of families are met.