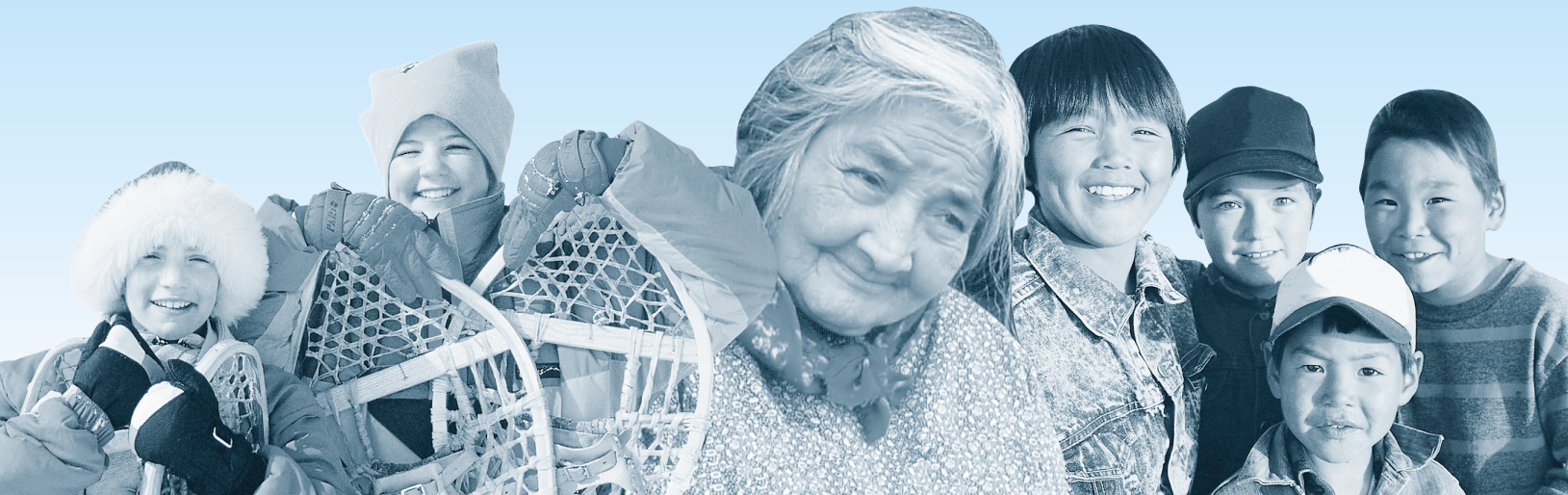
Our Communities Our Decisions

Let's get on with it!

Final Report of the
Minister's Forum
on Health and Social Services

Yellowknife, Northwest Territories
January, 2000



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APPENDICES

Minister's Forum on Health and Social Services

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January 20, 2000

Hon. Jane Groenewegen
Minister, Health and Social Services
Government of the Northwest Territories

Enclosed, please find the final report of the Minister's Forum on Health and Social Services.

This report is a blend of philosophy and desires, theory and practice. Looking at Health and Social Services through four specific areas - Governance, Finance, Human Resources and Program & Service Delivery - the Forum consulted with users of the system as well as managers and providers of the system.

Through 12 community visits, over 800 people and organizations spoke to the Forum. From private citizens to non-government organizations to governing boards we received input telling of both a system that meets needs and a system that is in serious trouble.

Two things were clearly articulated to the Forum. First, no more reviews, studies, reports are needed. Second, action is wanted today, not tomorrow. The people want a better system at the grass roots level. They want a better system of governance for Health and Social Services. They want accountability for carrying out their wishes.

With only a few exceptions, money was not an issue, however, the manner in which it is spent is an issue. The Forum recognizes that new initiatives particularly in the area of promotion and education would require new money.

This Forum has undertaken a responsibility of tremendous proportions. Each Forum member understood the seriousness of the task presented to him or her and undertook to deliver "do-able" recommendations.

Throughout our travels we assured people that their concerns and their recommendations would be the basis of this report.

The Forum members believe that this report provides the basis for a fresh approach to the delivery of health and social services to the citizens of the Northwest Territories. It is crucial that the Department of Health and Social Services understand this report is not the thoughts and wishes of Forum members. Rather, the beliefs and desires of the people as expressed at our meetings are the basis of this report.

The report was written from the perspective of the people. We all look forward to seeing the recommendations of this report implemented in the near future, and hearing how they have been implemented through semi-annual reports by the Minister of Health and Social Services to the Legislative Assembly.

We thank the Minister for the trust placed in Forum members and we are confident this report can serve as the guiding instrument in implementing a sustainable Health and Social Services system for the people of the Northwest Territories.

Sincerely,

Duncan McNeill, Chair

Don Blaquiere

Gina Dolphus

Blair Dunbar, MSW

Dee McCallum, RN

Hazel Nerysoo

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Our Perspective

In June, 1998, the Department of Health and Social Services released *Shaping Our Future, A Strategic Plan for Health and Wellness*. This plan builds on the *Med-Emerg* plan which was released in 1997. *Shaping Our Future* presents 22 strategic directions and some 90 tasks. The *Med-Emerg* report offered 49 recommendations. Three years earlier, the *Special Committee on Health and Social Services* had released its final report with 39 recommendations.

The Minister's Forum on Health and Social Services has reviewed these documents, and we agree they include worthy objectives, and generally, they represent the views of the people we heard from during our community meetings in the autumn of 1999.

However, our concern, and that of many professional and community people we talked to, is that too much time has elapsed and too few of these 180 recommendations have been implemented. Perhaps there are too many directions and too many tasks in these documents. More likely, many recommendations in these reports are impossible to implement in the Northwest Territories in 1999/2000, because of their outdated "top down" philosophical approach.

The Forum sees this lack of action as a governance issue. Although the health care system devolved from the Federal Government over ten years ago, the same philosophical approach to governance has been carried through a series of transfers, from the Government of Canada, to the territorial government, and recently to nine Health and Social Service Boards.

The aim of these transfers is laudable. Each time a transfer occurs, it can be said that the "power has moved closer to the people". While the power has, indeed, moved closer physically to the people, philosophically, the approach to governance remains the same. That philosophy was described to us as colonial. In the past that philosophy permeated all government activities in the North. However, it is not a model of governance that works today in the Northwest Territories.

The people of the Northwest Territories are presently developing self government models, which will be implemented in the future. These will rely on community or consensus to determine priorities. The difficulty in accommodating health and social services delivery into these concepts is that many of these models are still being negotiated. However, it is clear from our community meetings that this move towards self governance influences priorities for health and social services in all regions of the NWT. We were told time and again that communities wished to set their own health and social service priorities and wanted the authority and the funding to do so.

Our recommendations are based on the concerns of community people and caregivers

The Minister's Forum had no mandate to look at health and social services in the context of self-government. We were, however, asked to listen to the people, and bring forward their comments in the form of recommendations. Our recommendations, we believe, deal with the health and social services issues which are troubling people in the communities of the Northwest Territories. Our recommendations are based on the concerns of community people and caregivers. Their concerns are summarized in the next section of this report. A more detailed list of concerns appears in Appendix VI. Summarized notes from the community meetings which include these concerns, appear on the Forum website: www.ducttape.nt.ca/hssforum.

Community Concerns

The issues raised at our meetings have led us to make the following observations. These provide a context for our recommended action priorities:

- The NWT has many unhealthy communities. Communities are concerned with the level of substance abuse, and the impact this will have on their future.
- Substance abuse accounts for a very large percentage of both health and social service expenditures across the NWT. (*NWT Health Status Report, 1999*)
- Communities and individuals are looking for assistance to break the pattern of dependency on government, a legacy from the past.
- Within communities, there is a pressing need for a cohesive, integrated unit to deal with health and social problems.
- Assessment and treatment of children with mental health problems is considered a particularly pressing concern.
- Communities are demanding that programs and services be evaluated for results, not just for careful financial management.
- The health and social service delivery system appears to be driven by Ministerial priorities. These priorities do shift and as a result, necessary changes are not made.
- Some communities are struggling with distant boards, while others have control but lack training and skills.
- The results of health and social service programs are not being adequately communicated to communities. Communities have no basis for assessing the success or failure of programs.
- Knowledge alone is not successful in helping people to make healthy decisions - people are aware of the dangers of bottle caries, addictions, unprotected sex and poor diet, but carry on as if they do not know.
- Travel for medical purposes is a contentious issue. Many community residents believe central agencies are responsible for selecting those who will travel. They question whether central agencies select the most economical means of travel. They are also concerned that unilingual elders may not be receiving adequate support and advice on their condition/treatment, due to the absence of trained interpreters in the system.
- There appears to be a lack of liaison services between communities, Stanton Regional Hospital and medical services in Edmonton. This may be having an adverse impact on patients undergoing treatment outside their community, and may also have an effect on those being returned home to ill-equipped communities.

In summary, we learned that larger NWT communities with good facilities, resident professionals, and a range of health and social service organizations are coping with the health and social service needs of their communities. They do have problems, but they do not appear to be as serious as those in the smaller communities.

Smaller communities, with fewer resident staff and limited facilities, appear to be rapidly losing ground in the battle for wellness.

There is a need for a transfer of knowledge at many levels from the larger centres to smaller communities.

Our Terms of Reference

The Forum's mandate was to make recommendations to sustain and improve the NWT's health and social services system without increasing expenditures. We were also asked to seek recommendations in four specific areas:

1. Governance
2. Finance
3. Human Resources
4. Program and Services Delivery

All our Action Priorities relate to these four areas.

Governance

We heard repeatedly that the three main players in the health and social services system, government, boards and non-government organizations (NGOs), often do not work in harmony. We also heard that front line workers, NGOs and groups such as the RCMP, schools, and recreation officers are prevented from working together by obsolete territorial and federal funding arrangements and inappropriate lines of authority. As a result, the communities, particularly the smaller communities, are suffering, because programs are delivered piecemeal, or not at all, due to dispersal of funding.

Our Recommendation: Move the decision-making authority to the people who are prepared to negotiate assumption of responsibility. Move from a rigid to a more flexible system of governance which addresses the NWT's ongoing need for change, and allows for control to be easily transferred. Measure the governance system on "successes achieved" rather than on dollars spent. Simplify the lines of communication between those who need the funding and those who control its distribution.

Finance

Communities believe there may be enough money in the system but feel that it is not being used effectively. Boards, communities, NGOs and some professionals take issue with the way funding is allocated and controlled under the Financial Management Act. Communities want to be able to establish their own priorities for spending of health and social services budgets. This becomes a governance issue.

While community control may not be feasible for some nationally regulated areas of health care, the Forum believes communities should be able to direct social program funding to the areas they decide are local priorities.

Our Recommendation: During negotiations for self-governance or devolution, funding for health and social services programing and services should be negotiated, and be based, at least in part, on community and/or regional priorities. This would include the out of province contracts such as with the CHA.

Human Resources

While communities are aware of the world-wide shortage of human resources in some areas, such as the nursing profession, they are also concerned about home-grown front line health and social service workers. Communities pointed out community-based staff, including alcohol and drug workers, community health representatives and mental health workers can offer direct contact with the patient and his or her family. However, many front line staff are suffering from a high rate of burnout resulting from heavy workloads in unhealthy or dysfunctional communities.

Our Recommendation: Develop a comprehensive human resource plan which will lead to development of a home-grown pool of health care and social service professionals. Support the transfer of health and social services responsibility to the people of the Northwest Territories, with more education and training for northerners and more community based resource programs. Recognize the value of community and people skills, as well as professional skills in the delivery of health and social service programs.

Programs and Services

The Forum found that community residents were reluctant to criticize existing health programs, but consistently stated that more should be done on the social side. We concluded that while there were some particular comments relating to health care, they related to levels of care, not lack of care. We believe these issues can be resolved with effective community input.

On the social side, communities consistently expressed a growing fear of the consequences of substance abuse - family violence, community violence and the long term difficulties of dealing with FAS/FAE. From the Sahtu to Tuktoyaktuk, and from Fort Providence to Fort Resolution, smaller communities at public meetings demanded the resources to develop local programs to heal their own people.

Our Recommendation: Initiate a capitation process to determine funding allocations per NWT community based on a range of criteria; from population and distance to overall health of the communities and needs identified by community residents. (See *Med-Emerg* recommendations on capitation, 21 to 26 inclusive.)

Once the funding allocation per community is in place, communities should be encouraged to access control and funding for programs they require to meet their health and social service needs. While we are aware that no new funds are available, existing funds must be reallocated to deal with rampant social problems, particularly substance abuse. Progress in reducing the extent and impact of social problems can help ensure the sustainability of the system in the future.

Our Recommendations

Let's Get On With It!

Based on what we have heard, we have concluded that there are five major areas to be addressed within health and social services in the NWT. Within each area specific tasks have been identified for immediate action. The five areas, referred to in this report as *Action Priorities*, are:

ACTION PRIORITY AREA #1

Initiate a new way of governing health and social service programs in the Northwest Territories

Transfer authority, responsibility and related management and funding of health and social services programs to the people they serve. Involve people served in management decisions.

ACTION PRIORITY AREA #2

Give people the training and tools to do the job

Support the transfer of health and social service responsibility with training, skills development and needed resource programs.

ACTION PRIORITY AREA #3

Deal more effectively with substance abuse in the NWT

Put health and social services dollars where they are needed most. Concentrate efforts on reducing substance abuse which is responsible for increasing costs of health and social services programs, and drives up costs for education and justice.

ACTION PRIORITY AREA #4

Recognize and involve NGOs more fully in the health and social services system

Recognize and enhance the role of NGOs in the health and social service delivery system. Integrate NGOs more fully into the funding and management of these services.

ACTION PRIORITY AREA #5

Provide regular reports on progress to the Legislative Assembly

The Minister of Health and Social Services should be required to make semi-annual reports to the Legislative Assembly on progress made in implementing these Action Priorities.

Action Priorities

During our many public meetings, we received a large number of suggestions for changing and improving the health and social services system. They ranged from small suggestions regarding needed equipment in Health Centres, to major suggestions on methods of moving health and social services funding to communities.

Rather than include a long and cumbersome list in this report, we chose to group the suggestions into priority areas, where suggestions could be best addressed and acted upon. For example many suggestions related to specific community needs. In fact, many of these could be dealt with by the community, if they choose to assume more control for their own health and social service delivery.

Within each of the five priority areas, we have itemized specific tasks which require attention immediately, to be completed within one year.

The Forum believes that prompt action in the following five areas will help resolve problems identified through the consultation process and will improve the state of "wellness" in NWT communities.

ACTION PRIORITY AREA #1

Initiate a new way of governing health and social service programs in the Northwest Territories

Transfer authority, responsibility and related management and funding of health and social services programs to the people they serve.
Involve people served in management decisions.

People want more control over the delivery of health and social services. They want their concerns heard. They want to make their own decisions. They want money and tools to do the job. They want to take over control of their own future.

Work done in Saskatchewan (*A Population Health Promotion Framework for Saskatchewan Health Districts)* suggests that people are usually healthier if they have control or power over their own lives. Too often this control or power is simply given to communities and individuals, and is not earned by them. This type of "handing off" of power can often result in failure, since recipients may be neither willing nor able to assume new powers.

Rather than trying to give power to people and communities, we need to create environments in which individuals and communities can take the power they need to transform their lives in an organized and staged manner.

We suggest that the best route to helping our communities return to good health is to help them increase control over their lives. The move to a board system in the NWT may be considered a step in this process, but the board system must be changed to provide an appropriate level of community control.

Priority Task 1

Set criteria for the establishment/continuation of health & social services boards

Background

Of the nine boards currently operating, two represent cultural groups (Dogrib and Deh Cho), two represent single small communities (Fort Resolution and Lutsel K'e), three represent larger communities, including immediate surrounding communities (Yellowknife, Hay River, Fort Smith), one represents a government administrative area (Inuvik) and one is territorial in scope (Stanton Regional Hospital).

What We Heard

Communities which are included in larger regional health boards feel they lack control over the services they require. A group from the Sahtu region, including MLA Stephen Kakfwi and leaders from several communities, made an eloquent plea for local control of health and social services, now controlled from Inuvik.

Other communities in the South Slave and Deh Cho pointed out they are governed by one regional board, but receive diagnostic, acute care services and social services from other boards, with which they have no direct contact. (e.g. Hay River Reserve is governed by the Deh Cho, receives services from Hay River.)

The boards and the people generally agreed that the role of the Stanton Regional Health Board was a necessary one, and that it should continue to serve as a territorial resource.

Board staff generally believe there should be fewer boards. They pointed to the high cost of maintaining a board and the difficulties of maintaining a board structure with a small talent pool.

Our Conclusions

There are no readily available criteria for the establishment of boards, so the Forum was unable to determine if there were too many or too few boards. Without criteria no one can say whether the Sahtu has a case for a board, or whether the community boards in Fort Resolution and Lutsel K'e serve too small a population. Financial priorities, service needs, geographic area and number of people served certainly should be part of the criteria.

Criteria must be developed immediately for the establishment of Health and Social Services Boards. The new criteria will determine the final number and representation of Health and Social Services Boards in the Northwest Territories.

Priority Task 2

Define who should make up board membership

Background

Most board members are appointed at the Minister's discretion, based on community recommendations. The Town of Hay River makes its own appointments, while the Dogrib Community Services Board is elected. The Fort Smith Board is made up of equal representation from the Dene Band, the Metis and the Town, and the Stanton Board includes the chairs of all the other boards.

What We Heard

Communities expressed a preference for elected health and social services boards, to ensure

involvement of strong local leaders. We heard several times that members of health and social services boards must set an example and lead healthy, sober lifestyles.

Our Conclusions

Boards require members who bring certain skills to the table, in line with the need of the organization. These may be health or social service skills or financial, leadership, communications or other business skills. Required skills should be incorporated into the selection and eligibility criteria for board membership. We also recommend that a representative from a community NGO sit on each board.

Priority Task 3

Clarify the roles and responsibilities of each player in the health and social service delivery system

Background

This task is included in the strategic plan of the Department of Health and Social Services (*Shaping Our Future*, Strategic Direction 1). The report suggested development of a framework that defines the roles, responsibilities and accountabilities of the department and boards. It would appear that there has been no action on this recommendation to date.

What We Heard

Communities repeatedly expressed a need to combine and simplify services at the community level. These services are now provided by a variety of departments - health and social services, housing, justice, municipal and community affairs. The Yellowknife Health and Social Services Board recommended that the department develop shared programming with education, housing, justice and municipal and community affairs. A participant at the Inuvik public meeting suggested that recreation staff should be at the table when discussing health and social service needs. Many boards were concerned about housing, particularly for elders.

Communities also believe that social workers are buried in paper work, and some are required to carry out duties related more to the justice system than the health and social services system. Front line workers, boards and NGOs recommend implementing the recommendations in the *Med-Emerg* report regarding increasing the overall responsibility of social workers for community based care. (Recommendations 31-36)

Our Conclusions

The system, including the reporting relationships, has to be restructured, so that roles and responsibilities are clearly defined, and lines of communication are open and accessible. Community advisory councils made up of all participants in the direct or indirect delivery of health and social services was one suggested way of ensuring that people are working together. Since there are significant regional differences, the Forum concludes that communities must develop their own models for determining roles and responsibilities, and setting up working relationships.

Priority Task 4

Devolve responsibility and funding to boards for most health and social services programs

Background

Just as the federal government devolves responsibility for program delivery to the provinces and territories, so too, should the GNWT, Department of Health and Social Services devolve this responsibility to existing or new groups as appropriate, including, where warranted, communities. Currently there is some concern that boards have responsibility but no funding to carry out a task, or they have funding, but no decision making responsibility for expending specific funds.

What We Heard

Remote communities expressed a strong desire to take on more responsibility for social services. This responsibility ranged from carrying out wellness programs, to establishing and operating group homes. There is an increasing desire to "take back control" of personal and community wellness and to reject models which encourage dependency on centralized health and social services models.

Communities do not understand why health and social services funding cannot be re-allocated to meet urgent community needs.

Speakers from different communities and regions believe that if the various community health and social services program budgets were provided in one lump sum, the funding currently allocated to the variety of social programs in their communities could be used more effectively to deal with community concerns.

Our Conclusions

The communities should have responsibility and funding for the delivery of programs. If the boards have this responsibility, a system must be put in place for delegating part of this responsibility to communities as they request it and are prepared to assume it.

The Northwest Territories Government should continue to maintain overall responsibility (and the related liability) for the public health care system, as it does now. Government should set direction based on public input and develop public policy to carry out the direction. Government should establish standards for communities to assume local responsibility for programs and services. The Department of Health and Social Services should continue to be responsible for legislation, standards and enforcement as well as the health insurance system.

The Minister and the Department should continue to negotiate territorial and federal funding on behalf of the health and social services system. The Department should continue to co-ordinate the development of the health records/information system, co-ordinate and implement telehealth technology, and provide technical advice relating to Canadian standards of health care.

The Department should not be involved in the direct delivery of services unless boards have specifically requested and agreed to their involvement. Examples of this direct departmental involvement include providing funding for so-called territorial services which have not been agreed to by the boards.

Priority Task 5

Establish a procedure for flowing board responsibilities to communities

Background

Just as the government established a procedure to flow some of their responsibilities to boards, so also should existing boards have a system in place to transfer responsibilities for some or all programs and services to communities. This procedure should consider that communities will differ in the amount and type of responsibility they want, and that the timing of transfers will vary with the communities.

What We Heard

Concerns were expressed in every community the Forum visited that social needs and mental health needs were not being accorded the attention and budgets they deserved. Public forums and community and other representatives repeatedly said, “Give us the money and let us make the decisions.” NGOs and front line workers also told us more responsibility should be devolved to communities.

Our Conclusions

The Forum envisions a staged or gradual devolution of services to an existing local group such as a band council, municipal council or local health and social services advisory council. These groups should be encouraged to develop a timeline for the transfer of responsibility for services within the next five years.

Priority Task 6

Improve allocation of financial resources to boards through funding methods which reflect population characteristics and board responsibilities

Background

This action was defined in *Shaping Our Future* (Strategic Direction 6) and the Forum agrees with the essence of the recommendation.

What We Heard

Equitable funding is an issue with all boards. The Dogrib Community Services Board recommended that the government develop an equitable funding formula for core health and social services. Boards also told us funds must allow for exceptional health situations or emergencies such as a TB outbreak or natural disasters such as forest fires where people are injured.

Our Conclusions

The Forum suggests that block funding be provided to each board on the basis of a new funding formula which considers population, state of wellness of communities, distance from hospital facilities, cost of living in board communities and types and quantity of services being provided. In turn, boards should allocate block funding to communities to meet local priorities for social programs. *Med-Emerg* Recommendation 27 suggests that funds not be tied to particular sectors or programs.

The Forum notes that policies are in place to allow boards to retain unspent funds at year end (as recommended in the *Med-Emerg* report, Recommendations 21 and 22). The Forum urges the department to apply these policies liberally in order to encourage efficiency in the system.

Priority Task 7

Deliver specialized programs via boards, through a series of shared services agreements

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Background

Currently some boards operate and/or share certain specialized services such as diabetes clinics, or family counseling services. The perception in the communities is that many specialized services are provided centrally through the department, and are often not considered to be close enough to the people they serve to be effective.

What We Heard

Health and social services are among the most complex organizations anywhere. They provide a range of services from medicine, pharmacology, human development, family dynamics, addictions, post traumatic stress, the cycle of violence, stages of grief, computer technology, the law and legislation, and much more according to the Fort Smith Health and Social Services Board.

Boards told us it is unrealistic to expect a small staff to become experts in all areas. Boards believe they must share specialist services and develop particular expertise which they can share, on an as-needed basis, with other boards.

Our Conclusions

The Forum suggests that boards should continue to negotiate, between themselves, the special services they will deliver, and then enter into shared services agreements to deliver these services to other boards. One example might cover mobile treatment teams. The Forum also suggests sharing tasks with local companies rather than hiring full time staff. An example of this approach would be to engage a northern employment agency to recruit nurses, rather than attempting to take on this task internally. And finally, boards should be encouraged to share costs and returns, particularly for capital projects, through public/private partnerships.

Priority Task 8

Integrate front line health and social workers into cohesive teams focused on individuals and families

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Background

Currently some health and social services workers are located in different offices, with different reporting relationships and different management. One group or individual often is not aware of what another care giver in the same community is doing.

What We Heard

Communities told us that primary care givers, social workers, the Department of Health and Social Services and other social agencies such as housing, community alcohol and drug and mental health workers, teachers and educators, the courts and the

RCMP do not always co-operate in a unified approach to protection of children and families. Communities believe this is having a negative impact on the lives of many northerners, particularly children.

Communities expressed impatience with programs that appeared to waste resources through lack of integration between departments or levels of government, lack of staffing, lack of cultural relevance, inappropriateness for the needs of the community, and excessive control from headquarters.

Front line workers admit there are problems in communication between health services and social services at the community level. They told us social workers and other community health workers are burning out in part due to work loads that could be shared. Front line workers feel they should work together, but are prevented by funding, jurisdictional impediments or confidentiality requirements.

Front line workers recommended putting health and social services staff in the same building, and developing a more integrated organizational structure. (Recommendation 35 - *Med-Emerg*)

Our Conclusions

As part of the structure for delivery of health and social service programs, a team approach is suggested for the community level. Where possible the team should be located in one building, and formalized communications processes, such as weekly meetings, should encourage ongoing communications between all members of the team.

Priority Task 9

Make boards accountable to the people they serve

Background

Generally people in the communities feel that health and social service boards are accountable to the Health and Social Services headquarters in Yellowknife, and not to the people they serve. They are not sure what recourse they have if the boards are not listening to them (the people) and some communities complain that they seldom if ever see anyone from the board....either board directors, or staff.

What We Heard

Communities want to hold the health and social services system accountable. They want results from health and social services programs.

Boards suggested that there should be an annual review of regional health and social services programs and services. They told us accountability should depend on “wellness” results, and not only financial results.

Our Conclusion

The Forum recommends that reviews be conducted on a rotating basis throughout the NWT to assess the effectiveness of programs and services provided by recipients of health and social services funding, including boards and NGOs. Review results should be published and circulated in the region. This assessment could be carried out internally or by a contracted group.

ACTION PRIORITY AREA #2

Give people the training and tools to do the job

Support the transfer of health and social services responsibility with training, skills development and needed resource programs.

If boards and communities are to be truly responsible for the delivery of their health care and social services, they require the people and tools to do the job. Health care providers include both professional staff and non-professional staff who have specific medical or social counseling skills, or community skills. Currently most professional staff in the health and social service field are imported from outside the Northwest Territories. Although some northerners are moving into professional jobs, generally northerners have jobs requiring community skills, and their training ranges from one or two month courses, to skills developed on the job.

To ensure that an environment is created whereby responsibility for programs can be devolved to communities, and communities take the power, the Forum suggests the following tasks.

Priority Task 10

Accelerate efforts to increase the number of northerners in health and social service jobs

Background

Northerners, particularly aboriginal northerners, are poorly represented in the professional and management ranks of health and social service delivery. There are some northern and aboriginal nurses and social workers, but many more are needed to meet the demands of our growing population. Currently Aurora College offers nursing and social work programs which can lead to degrees, and offers a number of short term courses to provide introductory skills in a number of counseling areas. At present, northerners fill the positions requiring community and people skills, but interest in professional positions, such as doctors, dentists, nurses, social workers is not high, although more aboriginal people are entering the legal and teaching professions.

In the communities, northerners, including many elders, fill the health and social service support jobs. The contribution they make to the health of the community is not adequately recognized or supported at the management or community level.

What We Heard

Communities told us a lack of training, certification, co-ordination and communication between workers in the health and social fields was a major health and social services issue. There appears to be no career path or financial incentive for Community Health Representatives or Alcohol and Drug Workers to upgrade their skills.

At public meetings, many told us there is a lack of understanding of the unique cultural knowledge community health representatives (CHR) bring to their work on the health and social services team.

Front line workers told us training standards for CHRs, environmental health, mental health and alcohol and drug workers need to be addressed, and workers need recognition for their achievements.

Boards, NGOs, front line workers and communities are concerned with retention of staff. Many feel northerners should receive more encouragement to take up careers in health and social services. There is widespread concern also among professional groups that it is increasingly difficult to keep nurses, doctors and dentists in the North.

NGOs recommended both community nursing and geriatric nursing training programs should be added to those already available.

Our Conclusions

The Forum recommends additional training programs with continuous intakes be designed in co-operation with educational institutions to encourage health and social services staff to earn additional educational and professional credits.

Competency-based education and training leading to a certified designation is not currently offered for community health representatives, nursing assistants, community alcohol and drug workers, mental health workers. Educational credits, and the support provided by a team approach as outlined in Priority Task 8, would provide community health and social service workers with an opportunity for recognition by their peers. Advanced training might also be offered through Aurora College to develop geriatric nurses, psychiatric nurses and social workers. These programs should be of a quality to enable transfer for university credits.

Board members and CEOs identified training and continuing education for board members as a priority, as well. The training is related to the responsibilities of being a board member, and development of communications skills to bring community priorities to the boards.

Existing professional staff should also be offered ongoing training and development programs to update and expand their skills, and provided with the support a team approach would give, as outlined in Priority Task 8.

Priority Task 11

Establish a separate bargaining unit for health and social services workers within the Union of Northern Workers

Background

Currently nurses, social workers and other GNWT health care providers are part of the Union of Northern Workers. Northern teachers have their own bargaining unit in line with working conditions that differ from the majority of UNW workers.

What We Heard

The boards recommended that health and social services workers should have their own bargaining unit within the Union of Northern Workers. This would allow both parties to negotiate the terms necessary for workers who provide services on a 24 hour on-call basis.

Boards and front line workers told us health and social services workers need strong professional associations to assist in maintaining and developing skills, and to help prevent burnout.

Communities are concerned at the high rates of burnout for workers in the health and social services field, and feel more effort should be directed to supporting and maintaining these community workers. A need for administrative support particularly for nurses and social workers was identified.

Our Conclusions

The Forum suggests that future negotiations with health and social services workers include the following points:

a) a front line worker support program for all health and social services personnel. This should include at least one annual week-long professional oriented workshop to enable front line workers to meet with their peers from other communities. This would help support retention of front line workers and alleviate epidemic burnout which is affecting all workers. Healthy workers are a prerequisite for healthy communities. The annual retreat would also provide an opportunity for workers to develop the professional organizations they require.

b) in order to meet the ongoing and pressing need for full time, professional nursing, medical and social services personnel, benefit programs for community, hospital and NGO staff should be topped up to a level that at least matches or exceeds benefits available in similar jurisdictions in Canada.

c) conduct a review of salaries paid to community health and social services workers to ensure positions in remote locations, subject to high stress, and demanding a high level of performance, can be filled with suitably trained and committed professional staff.

Priority Task 12

Establish competency based assessment for community health workers, alcohol and drug workers and mental health workers

What We Heard

Community health and social service workers bring a variety of skills to their jobs. Some may have a combination of education and traditional knowledge, while others may have only education, or only traditional knowledge. We were told that many successful community health and social services workers have skills acquired over a lifetime in a community. We also heard that community alcohol and drug workers and community health representatives (CHRs) deserve more recognition. Front line workers told us salary levels for these positions are substantially lower than other social services workers.

Our Conclusions

These are vital positions in the health delivery system. They are filled by people with a variety of life experiences, who would benefit from competency based assessment, and valuation of their traditional knowledge. These assessments, combined with college credits as described in Priority Task 10 above, would allow salary levels to be related to proven skills.

Priority Task 13

Enact licensing standards for health care professionals

What We Heard

Front line workers again requested that licensing standards be enacted for such professions as physiotherapists, occupational therapists, social workers, counselors, to ensure these professions are self regulating.

Our Conclusions

This recommendation was contained in the *Med-Emerg* report (Recommendation 16): "... prepare a Health Professions Act to govern all self regulating health professions." We recommend this be carried through.

Priority Task 14

Develop and implement an orientation program for all new health and social service staff

What We Heard

Community members are concerned that short staffing, high turnover and language and cultural barriers are causing difficulties in detecting illnesses among aboriginal patients.

As part of a retention program, many communities discussed the need to make their health and social services professionals feel welcome. They commented particularly on worker safety and suggested that community orientation is an important part of welcoming new staff.

Our Conclusions

The Forum recommends a standard orientation program be developed by the boards for new hires, with community input. It should include basic information on the various linguistic and cultural groups in the community or board territory, in addition to a cross cultural awareness session and community orientation developed and provided by community people, including elders.

Priority Task 15

Increase utilization of recognized traditional healers in the NWT

What We Heard

Many communities feel some healing services could be provided more economically if traditional aboriginal healers were recognized. Boards in Hay River, Deh Cho, Rae (Dogrib) and Fort Smith all discussed the need for some form of recognition for and access to aboriginal traditional healing.

Our Conclusions

This recommendation also appeared in the *Med-Emerg* report (Recommendation 39). The Forum suggests that Boards be encouraged to hire competent traditional healers in situations where their expertise and knowledge may be beneficial in treating a patient.

Priority Task 16

Implement a "float" system to fill peak demands for services

What We Heard

Social workers, in particular, requested that the boards include a "float" position to deal with caseload build-up, and to offer relief, during vacation or training programs.

Our Conclusions

Boards could also apply the "float" concept to nursing, to cover staff shortages, vacations, training time, and high work load situations.

Priority Task 17

Introduce Telehealth to all NWT communities as quickly as possible

Background

WestNet Telehealth currently provides scheduled health and educational services to connect Yellowknife, Inuvik and Fort Smith. Telehealth is designed to improve the access and delivery of health and social services and health education services in the NWT using electronic networks. Currently orthopedic and internal medicine services are offered to Inuvik and Fort Smith on alternating Thursdays. As well, the system responds to urgent/emergency radiology consultations, as needed. Telehealth also provides a medium for professional development, health and social service education and promotion activities, patient visitation and committee/conference work.

Forum members saw telehealth demonstrations in Fort Smith, Yellowknife and Inuvik. The technology currently exists to connect all our communities to a centralized telehealth system. Wider application of telehealth would allow a medical specialist in Yellowknife (or Edmonton) for example, to examine a patient in Deline without travelling to the community.

What We Heard

Front line workers are enthusiastic about the opportunities telehealth offers for faster diagnosis of certain conditions.

Boards feel it is important to hear community concerns and respond to them. They suggested the information technology network also could be used to encourage community feedback.

Our Conclusions

The Forum believes wider application of telehealth would facilitate training and communications. We believe the cost to add more communities is manageable, and that telehealth will assist in the development of a sustainable health and social services system over the longer term by reducing the costs of patient and staff travel.

ACTION PRIORITY AREA #3

Deal more effectively with substance abuse in the NWT

Put health and social services dollars where they are needed most. Concentrate efforts on reducing substance abuse which is responsible for increasing costs of health and social services programs, and drives up costs for education and justice.

Far and away the most pressing, most pervasive and most shattering health issue, and the symptom of a society broken down in the Northwest Territories, is substance abuse.

Communities, boards and front line workers talk of alcohol, drugs, inhalants, gambling, food, promiscuous sexual activity and nicotine as addictions. Substance abuse problems in our communities are deeply rooted and of long standing. People are beset with feelings of hopelessness, despair and impotent rage. From this comes violence, suicide and sexual abuse.

Those affected must define, analyze and act upon the problems in their lives and communities. They must regain a sense of mastery of their lives. There is no quick fix for the situation, but the situation has to be addressed, and appropriate programs, funds and resources must be allocated to alleviating the abuse and addiction problems in our communities.

Priority Task 18

Eliminate barriers that prevent addiction and other front line staff from working effectively together

What We Heard

Communities are very concerned that programs and services currently in place do not meet their needs in attempting to develop healthy families, youth and elders. Specifically, they told us, the system is not addressing adequately the problems of abuse of alcohol and other substances.

Abuse of alcohol is widely understood as a significant health issue. Community residents believe many suicides can be related to substance abuse and a lack of community will to face these problems. Community support is essential.

Front line personnel believe abuse of alcohol and drugs is linked to family violence, crime and youth pregnancy. They told us many children in communities are in peril, and many are already damaged due to inadequate support services resulting from poor communication and lack of co-ordination between services.

Front line workers are reluctant to send community residents for addiction treatment when there are insufficient after care services for families in the community.

The Dogrib told us that addictions had been identified as the single most important health issue in their communities. They have developed a plan to deal with addictions. They believe their Community Services Board which also includes community chiefs, has the will and the power to develop and carry out addictions programs.

Our Conclusions

Only with a concerted effort of all the players can we begin to make an improvement to the unhealthy situations caused by substance abuse. Governments (all levels and all departments in the social envelope), boards and non-government organizations must pool their efforts and resources to assist communities to deal with the problem. Communities themselves must face and deal with these problems.

Priority Task 19

Increase funding for alcohol and drug programs

Background

Funds to deal with community abuse problems, for prevention, counseling and treatment, support for recovering addicts, and dealing with the residual impacts of alcohol (FAS/FAE children), do not begin to match the extent of the problem in most of our communities.

Expense breakouts provided by the GNWT show that direct funding for alcohol and drug programs is usually less than 2% *(Geographic Tracking of Expenditures, Western Community Data, 1996/97)* of the total budget of a community - while funds to deal with the results of alcohol abuse account for a substantial portion of the budget. Substance abuse, alcohol in particular, is a significant factor in most accidental deaths in the north according to the NWT Coroner's office.

What We Heard

NGOs told us abuse of alcohol, tobacco, and gambling are the most pressing health problems in the NWT, but healing and treatment receive only a small part of direct GNWT funding. The Hay River Board specifically noted the need for funding for alcohol and drug programs.

Our Conclusions

Funding to address substance abuse should be a matter of the highest priority for the Government of the Northwest Territories. There is no more pressing problem facing our northern people.

Priority Task 20

Immediately address the shortage of addictions treatment facilities operating in the North

Background

The NWT currently has about 40 treatment beds to treat a large population with various addictions. There is currently a waiting period to get into a treatment facility of about two months. Northerners are being sent outside the NWT for treatment.

What We Heard

Two treatment centres, Northern Addiction Services and Delta House both funded by the GNWT, have lost their GNWT funding. While these closures saved money, the resulting lack of treatment services in the North leads to steadily increasing health care costs caused by family abuse and other self - destructive behavior. Culturally appropriate treatment is not currently available in the Northwest Territories for Inuvialuit and non-aboriginals.

Alcohol and drug workers told us treatment far from home is less effective than healing of whole families in the community.

Our Conclusions

Health costs are rising because of a lack of treatment programs in the NWT. Addictions treatment programs must be re-instated and delivered in the North. Priority should be given to prevention and support at the community level, but territorial or regional treatment programs are also required.

Priority Task 21

Immediately address the shortage of addiction workers, and the skill levels and salaries of NWT drug and alcohol workers

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Background

Community drug and alcohol workers have huge responsibilities in the communities, and often do not have the training or tools to do the job.

What We Heard

Alcohol and drug workers are the lowest paid staff on the front line health and social services program delivery team.

Our Conclusions

The skill levels and salaries for alcohol and drug workers have to be raised immediately. Reporting responsibility for these positions should be examined, and perhaps centralized. Mobile drug and alcohol treatment teams may be one method to address the shortage of front line workers.

Priority Task 22

Encourage and assist the development of on-going community support programs for recovering substance abusers

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What We Heard

Front line workers told us many northerners go through a 35 day treatment program for addictions or stress problems. Some take the program, two, three or four times. Front line workers told us time and again the missing element in the delivery of residential treatment is after care. After care in the community must include family counseling, support groups, and general community co-operation to assist the person in recovery.

Our Conclusions

Re-allocation of funding must include after care programs within communities.

ACTION PRIORITY AREA #4

Recognize and involve NGOs more fully in the health and social services system

Recognize and enhance the role of NGOs in the health and social service delivery system. Integrate NGOs more fully into the funding and management of these services.

Non-government organizations provide a host of support services for health and social services, both within communities and on a territorial scale. These services and programs include mental health organizations, organizations devoted to support for northerners with various conditions or disabilities, including care of children (foster care and learning disabilities), care of the aged, care of the disabled (independent living, CNIB) and many more. The Forum heard presentations from many of these organizations, describing their work and the need for more services.

We discovered that NGOs are providing many of the programs we would expect boards to provide, but with limited budgets and with less formal support. In Yellowknife, for example, community groups have financed and provide staff to run community facilities for the aged, for the disabled, for battered women and for persons with FAS/FAE, face extreme difficulties in retaining professional staff due to limited budgets and single year funding programs.

We believe if these organizations received more recognition and professional assistance other programs presently provided by the central system would be developed and delivered successfully at a community or regional level by non-government organizations.

To avoid duplication of services, funding for territorial NGOs should be discussed and co-ordinated by a committee of board members on an annual basis. NGOs should receive their funding through the regional boards. The tasks related to encouraging more involvement by NGOs in the delivery of health and social services include:

Priority Task 23

Develop multi-year funding programs for NGOs through the regional boards

Background

As part of the delegation of responsibility and funding for health and social services to the boards, transfer responsibility for funding local and territorial NGOs to the boards.

What We Heard

Front line workers and NGOs told us current funding programs are inflexible and many programs respond more to funding criteria than to actual community needs. NGOs also feel they spend too much time writing proposals for funds, rather than attending to community needs.

The boards and NGOs told us that some government funding programs, which oblige NGOs to raise an increasing percentage of their operating budgets each

year, are not suited to supporting essential services. Annual or multi-year contribution agreements would be a preferable method of financing many NGOs.

Our Conclusions

If NGOs were funded under the revised funding arrangement for boards (see Action Priority One), their program financing would be tied to the needs of the region or community. This should lead to community commitment and longer term financing.

Priority Task 24

Ensure program funding is pooled to permit better integration of NGOs into the system

Background

NGOs feel isolated from one another and from board programming.

What We Heard

Communities want to see effective programs for the protection and enhancement of the lives of families and children. They are concerned with the rapid increase in numbers of FAS/FAE children, and are looking for effective long term support for families and individuals.

Boards and NGOs expressed the need for co-ordinated services for special needs children and adults. NGOs told us there is a shortage of foster homes, partly due to the low per diem remuneration offered to people who assume responsibility for these children. A high proportion of these children are from homes where substance abuse is a problem.

The Yellowknife Health and Social Services Board recommended inter-agency and non-proprietary approaches to health and well-being programs for communities.

Our Conclusions

Community and regional NGOs should be encouraged to provide support services for health and social services. These organizations are closer to the people they serve, and can adapt programs or develop services to suit local needs, provided program funding is available. The Forum suggests community and territorial NGOs should pool their administration where possible and request block funding from boards. Where possible funds from both territorial and federal sources should be pooled.

Priority Task 25

Encourage NGOs to develop resources which can be shared with other boards wishing to provide community services for children, the disabled and the elderly

Background

We found many communities are not aware of the range of diagnostic and support services available for children and adults in the Northwest Territories.

What We Heard

People feel “out of balance”. Mental illness in communities is not being adequately addressed.

Mental health services and counseling services are available in some communities but not in others. These services need to be culturally relevant, and to be effective must be provided in the region where the client feels at home.

Residential school graduates told us that specialized services are required to help them cope with social and cultural dislocations caused by their schooling, and to help them face and deal with the impacts of their involvement in criminal investigations relating to alleged physical abuse.

Regional mental health teams told us they should have more regular, direct contact with clients in communities. NGOs told us maintaining clients in community housing is more economical and more humane than moving clients needing care to a major centre. We also learned assisted independent living costs far less than institutional care. We heard that respite care is essential to support families dealing with the elderly, FAS/FAE, and children in care.

Our Conclusions

NGOs have developed custom support services for a range of clients and situations. NGOs should be encouraged to adapt these successful models to regional and community care situations, and transfer this knowledge to communities.

Priority Task 26

Adjust social assistance requirements to permit the disabled to maintain dignity and control over their lives

What We Heard

Communities and NGOs told us that many special needs clients are being penalized by the social support system due to clawbacks of support payments, or through a lack of any support at all.

NGOs told us that basing financial support on employment is not appropriate for many people with disabilities. Work is an “impossible dream” for some. For others, employment income, if available, causes income clawbacks. The disabled have the same requirements as other citizens for dignity and control over their lives. They should be encouraged, not penalized, for earning additional income. NGOs believe there is a breakdown in communication between Health and Social Services and Education, Culture and Employment on the need for income support for the disabled.

ACTION PRIORITY AREA #5

Provide regular reports on progress to the Legislative Assembly

The Minister of Health and Social Services should be required to make semi-annual reports to the Legislative Assembly on progress made in implementing these Action Priorities.

Conclusions

In addition to the five Action Areas and 26 tasks outlined previously, several other concerns were raised in our community visits which we have not included in our priority recommendations, but which do need action.

Often these involve work at the community level to co-ordinate efforts with the existing boards.

Medical Care

Communities are concerned with apparent increasing rates of disease, such as diabetes, cancer and TB.

Medical Travel

In addition to concerns about the costs of medical travel noted above, community health workers noted that local care options may not meet the needs of some patients recently released from hospital.

Community members are concerned that communication with patients sent to Edmonton for treatment is inadequate. The Northern Health Services Network (NHSN) office is located in the basement of the Royal Alexandra, one of six Edmonton hospitals where patients may be sent. We were told certain services which are contracted to NHSN are difficult to access, particularly referral and transfer services. Perhaps, for the number of people served, we should consider a Shared Services Agreement, to look after northerners sent to Edmonton for medical attention.

Dental Care

The dental associations are extremely concerned that the quality of dental care in the Northwest Territories is declining. There are two causes, one involves rules regarding registration of dentists. Dentists trained outside Canada have for many years filled the majority of northern positions. A change in the way dentists are registered is now preventing the recruitment of dentists outside Canada, resulting in a shortage of those willing to work in the North.

The second reason for a decline in the quality of services is related to federal administration and regulation of Non-Insured Health Services (NIHS).

Communities and front line workers told us cuts in NIHS benefits and delays in procedure approvals and payment are causing a dramatic decline in the quality of dental services provided to northern aboriginals. Delays in approvals for services are resulting in dental extractions rather than restoration work.

Elder Care

Front line workers told us facilities and services for elders in many communities need upgrading. Budget cuts are causing declines in services to elders when their numbers are increasing. Elders need adequate incomes, protection from abuse, and more rehabilitation programs to ensure quality of life. In communities where there is no facility for elders, residents are concerned that elders must move far from their families to receive care.

The Environment

Dogrib communities and Fort McPherson in particular expressed concern about the quality of their drinking water. Other communities expressed concerns that a lack of treatment for municipal and industrial waste may be affecting community health.

APPENDIX 1

Terms of Reference

INTRODUCTION

In 1992, the Legislative Assembly initiated the Special Committee on Health and Social Services. One of the primary recommendations from the Special Committee was for the GNWT to consolidate the Department of Health and the Department of Social Services. The objective of consolidation was to reduce overlap and foster greater program integration. In June 1994 the Departments of Social Services and Health were amalgamated and work began on the consolidation.

The Special Committee also identified a number of issues that the new Department would have to address. In an effort to meet these challenges and some of the root causes of health and social problems, the Department collaborated with the public, boards, professional groups and nonprofit associations. Health and Social Services Boards each undertook extensive consultations in their respective communities. In addition, the Department commissioned the *Med-Emerg* Group to conduct a comprehensive review of the health and social services system. As a result of these consultations and the information gathered from the *Med-Emerg* report, the Department of Health and Social Services released "*Shaping Our Future*: A Strategic Plan for Health and Wellness" in June 1998.

As the Department of Health and Social Services implements the Strategic Plan, it is necessary to ensure the Department works within its limited resources to sustain the highest level of care possible.

BACKGROUND

The health and social services system is facing significant challenges. The expectations of the public have never been higher and the resources available within the system are extremely limited. As such, existing resources are not keeping pace with increased demands for services.

The Strategic Plan outlined several key directions aimed at improving the system and improving health and well being. The directions for improving the system focused on: governing the system, human resources, financial sustainability, and program and service delivery. These directions will form the basis of the review.

Governing the System

Under the current system of governance, there are nine (9) health and social services boards in the NWT. Primarily these boards deliver health and social service programs of a specific region or community. Some boards also provide services on a Territorial basis (e.g. Stanton). These boards are:

- Inuvik Regional Health and Social Services Board
- Deh Cho Regional Health and Social Services Board
- Dogrib Community Services Board
- Yellowknife Health and Social Services Board
- Stanton Regional Health Board
- Fort Smith Health and Social Services Board
- Hay River Community Health Board
- Deninu Health and Social Services Board
- Lutsel K'e Dene Band

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. There is an opportunity to organize the system in a way that better reflects the needs and values of people in NWT. 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.

A number of administrative and operational issues have come to the forefront. There is currently no governance structure that has a clear mandate to administer Territorial facilities such as addiction treatment facilities, children's facilities, or elder's facilities. Some services have become fragmented, some boards lack effective clinical supervision and some services suffered a loss of economies of scale. This has put an additional strain upon the limited financial resources funding the system. It is critical that agencies work together so people get the services they need.

The sustainability of the current system is a significant concern. 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. Many of the smaller Boards are struggling to meet the continued demand for programs and

services. This pattern is unlikely to change and the GNWT will not have sufficient resources available to meet such demands in the future without realizing the economies of scale necessary to operate an efficient health and social services system.

Human Resources

The recruitment and retention of doctors, nurses and social workers is an issue across Canada and is particularly urgent in the NWT. Each of the nine boards across the NWT is struggling to attract health and social service providers to their region. The Department has initiated a comprehensive Recruitment and Retention Strategy but there is still a significant role for the communities to play in offering positive working and living conditions to help retain health and social service providers.

There is a need to create stability in our workforce. There is also a 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.

Worker's roles and scopes of practice should reflect the working conditions unique to the NWT. The isolated working conditions for many front line workers mean these employees need to be able to handle a broad range of issues and problems. These workers must have the skills, knowledge and training to respond to a wide range of health and social needs.

Financial Sustainability

Health and social services are expensive, especially in the North, and they cost more each year. More people are using services more often. Meanwhile, the population is growing and aging while the resources have stabilized which means the demands are outpacing the government's ability to respond. Information regarding the costs that are driving the system needs to be shared with the public. Consensus is required to make the changes and choices necessary to ensure that services are there for the future.

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 at the highest level possible.

The department needs to improve the process of allocating resources of 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. Funding needs to be adequate, predictable and sustainable. Financial responsibilities should match service delivery and management responsibilities.

Program & Service Delivery

Problems with service coordination and integration can mean service delivery is fragmented. It can also mean gaps in service. It is also necessary to build on the strengths of the system and share best practices.

The system focuses mostly on providing treatment and responding to crisis. Data indicates the increased incidence of preventable illnesses and conditions such as FAS/E and tobacco related illnesses. Many health and social problems, and demands on the system could be greatly reduced if they could be avoided or detected at an early stage. It is important to balance the focus on treatment by emphasizing promotion, prevention and early intervention services. There is a need to ensure partners work towards greater wellness through their policies and programs.

Everyone wants to have the best possible services to prevent, detect and treat health and social problems. The department is interested in setting and maintaining high standards for all services. There is also a need 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.

SCOPE

The review will focus on the directions in the Department's Strategic Plan related to improving the system: Governing the System; Human Resources; Financial Resources; Program and Service Delivery.

Governing the System

- clarifying roles and responsibilities of Department, boards, private service providers and non-profit organizations
- promoting strong relationships between the government, boards and communities

Human Resources

- creating a stable, northern workforce with increased competencies
- developing the role and scope of northern front line professions in health and social fields

Financial Sustainability

- create a sustainable system with necessary economies of scale that allows effective community and/or regional governance
- fair and equitable allocation of financial resources

Program and Service Delivery

- remove gaps and duplication in delivery of programs and services and increase integration and improve coordination of services
- support greater emphasis on prevention and health promotion
- improve quality of programs and services through evaluation and sharing of best practices

The Strategic Plan describes key outcomes of an improved, efficient and effective system. The Minister's Forum will seek input regarding the communities' role in the process of how we achieve the defined outcomes.

PROCESS

Minister's Forum

The Minister will appoint a Minister's Forum of 6-8 people to consult with the general public, professional groups and nonprofit associations on the above issues. MLAs and Aboriginal Organizations will be requested to nominate individuals with past experience in the health and social services system (as a front line worker, governance role or as an advocate). Current Health and Social Services Trustees, Department & Board staff will be considered ineligible to ensure the Minister's Forum is as objective as possible. The Minister's Forum will represent a broad cross-section of the NWT population: geographically, professionally, and politically.

Consultation

The Minister's Forum will travel to and consult with one community in each constituency. Each MLA will be asked to identify the appropriate community in their constituency. Arrangements shall be made to ensure elected representatives from other communities in the constituency attend the meetings.

The meetings will take a 'workshop' format. An official from the Regional Health and Social Services Board or the Department will make a brief presentation on the "state of the system" and review current trends and cost drivers. Meeting participants will be presented with focused questions and asked to formulate recommendations to the Minister's Forum members.

The Minister's Forum will be asked to develop a process to ensure an appropriate level of input from professional groups and nonprofit organizations.

The Minister's Forum will host a final meeting which will be held in October. Delegates from across the NWT will be invited to hear the results of community meetings and be given the opportunity to comment upon the findings.

Communication

Extensive communication will be necessary to ensure that everyone has the opportunity to prepare and submit recommendations to the Minister's Forum. A website will be developed so people can submit their comments and access the latest information regarding the Minister's Forum. Radio and newspaper advertisements will notify the public of the location and the dates of the community meetings and stress the importance of their attendance and input.

OUTPUTS

The Minister's Forum will prepare a final report and submit their recommendations on improving the system and potential delivery models to the Minister of Health & Social Services in November 1999.

TIMEFRAME

Recommendations to be delivered to Legislative Assembly by December 1999.

APPENDIX 1I

Forum Members

Members were appointed by the Minister in July, 1999. The members were selected from nominations provided by MLAs and professional associations.

Don Blaquiere, Fort Smith

Mr. Blaquiere, a resident of the NWT for 23 years, was Warden of the Territorial Women's Correctional Centre in Fort Smith for seven years. He was seconded to the Department of Justice and oversaw the design and implementation of new inmate programs targeted to address clients' criminogenic and psychological needs. Currently Mr. Blaquiere provides consulting services in the justice and health and social services areas.

Georgina (Gina) Dolphus, Deline

Ms. Dolphus has been involved as an advocate in community and regional health and social services for 20 years. Ms. Dolphus has served as a Mental Health Co-ordinator, as a Social Worker for the Inuvik Regional Health and Social Services Board, and as a Trustee of the Board. Ms. Dolphus has also served her community as mayor, sub-chief and executive director of the Deline Dene Band.

Blair Dunbar, Yellowknife

Mr. Dunbar has a Master of Social Work degree and has lived in the NWT for 30 years. He began his career as a front line social worker and eventually served for 15 years as the Assistant Deputy Minister for Social Services.

Dee McCallum, Yellowknife

Ms. McCallum has worked as a nurse and a senior nursing officer across the NWT over the past 18 years. She is presently employed as an Occupational Health Nurse for BHP at the Ekati Mine. She is a member of the NWT Registered Nurses Association and serves on the Board of Directors of the Aboriginal Nurses Association of Canada.

Duncan McNeill (Chair)

A Hay River businessman for the past 25 years, Mr. McNeill has served his community as a town councillor, coroner, Chair of the Woodland Manor Multilevel Care Facility and as a Trustee and chair of the H.H. Williams Memorial Hospital. He has also served on the executive of the NWT Health Care Association and on the Board of the Canadian Hospital Association, now known as the Canadian Health Care Association.

Hazel Nerysoo, Fort McPherson

Ms. Nerysoo has completed the Alcohol and Drug Certificate Program and has worked as the program director at the Tl'oondih Healing Society in Fort McPherson and has also worked as a school community counsellor. Ms. Nerysoo has served her community as the mayor, the chair of the District Education Authority and as sub-chief of the Tetlit Gwich'in Council.

Ross Wheeler, Yellowknife

Dr. Wheeler has practiced medicine in Yellowknife for over 25 years. He has extensive experience in the delivery of alcohol and drug treatment services. Dr. Wheeler is the chair of the Alcohol and Drug Coordinating Council, and vice chair of the National Native Alcohol and Drug Abuse Program. He is also a member of the board of the Northern Addiction Services, the Canadian Centre on Substance Abuse and the Canadian Society of Addiction Medicine. He provides consulting services in addiction medicine and mental health for the Stanton Regional Health Board.

Note:

Glenna Hansen of Inuvik co-chaired the Forum until her resignation in late October, when she chose to run for MLA. Ms. Hansen served her community as chair of the Local Education Advisory Board, as vice chair of the Inuvik Regional Education Board and as Chair of the Inuvik Community Corporation. She also sits on the board of directors of the Inuvialuit Regional Corporation. Ms. Hansen submitted her recommendations to the Forum members prior to submitting her resignation.

APPENDIX 1II

Community Visits

Forum members divided into two teams for the Community visits. One team visited communities south of Great Slave Lake and one group visited communities north of the lake as follows:

August 31, 1999

Hay River
Yellowknife

September 1, 1999

Fort Resolution
Norman Wells

September 2, 1999

Fort Smith
N'dilo

September 7, 1999

Rae/Edzo
Inuvik

September 8, 1999

Fort Providence
Aklavik

September 9, 1999

Fort Simpson
Tuktoyaktuk

All meetings were advertised in local newspapers and on CBC radio. One meeting was held in each constituency and representatives from other communities within that constituency were provided with an option to fly in to attend the meeting in their constituency.

APPENDIX 1V

List of Oral and Written Presentations

HEALTH & SOCIAL SERVICES BOARDS

Deh Cho Health & Social Services Board
Dogrib Community Services Board
    Dogrib Addictions Strategy - Summary
Fort Resolution Health Board (no written submission)
Fort Smith Health & Social Services Board
Hay River Community Health Board
Inuvik Regional Health & Social Services Board
    Excerpts from Business Plan
Lutsel K'e Health Committee
Yellowknife Health and Social Services Board

COMMUNITIES

Aklavik - Charles Furlong, Chief and Mayor
Beaufort/Delta Self Government Negotiations,
    Vince Teddy
Fort Smith - Mayor Peter Marselos
Inuvik
Inuvik Elder's Committee
Sahtu, MLA Stephen Kakfwi
Tetlit Gwich'in Council
Yellowknives Dene First Nation
    Chief Richard Edjericon
    Chief Fred Sangris

ASSOCIATIONS

Adult Healing & Recovery and Child and Youth
    Clinical Assessment Review
    (Facility and Program Review Meeting,
    Draft Terms of Reference, Alternative
    Program Review Overheads)
Canadian Institute for the Blind,
    Alberta / NWT Division
Canadian Mental Health Association, NWT Division

Canadian Physiotherapy Association, NWT Council
Canadian Public Health Association - NWT Branch
Child Development Assessment Team, Stanton Regional Hospital
Clinical Practice Advisory Group, Stanton Regional Hospital
Community Health Representatives
Grollier Hall Residential School Healing Circle Organization, Activities and Recommendations, Residential School Programs and Projects Directive, Backgrounder
K'asho Got'ine Alcohol and Drug Project
Learning Disabilities Association
Native Women's Association
Northern Nutrition Association
Northwest Territories Medical Association
NWT Council for Disabled Persons Issues Concerning NWT Residents with Disabilities
NWT Dental Association
NWT and Nunavut Occupational Therapy Association
NWT Registered Nurses Association
NWT Seniors Society
NWT Status of Women
Supported Independent Living Association, Yellowknife
Supported Living Arrangement Committee of Yellowknife
Western Arctic Dental Group
Yellowknife Association for Community Living
Yellowknife Association of Concerned Citizens for Seniors
Yellowknife Catholic Schools
Yellowknife Foster Family Association

INDIVIDUAL SUBMISSIONS

The Forum also received 19 confidential submissions from individuals.

APPENDIX V

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Canada, Wellness Funding Administered by GNWT
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National Aboriginal Achievement Foundation, *Aboriginal Social Work Scholarship* (pamphlet)
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Northwest Territories, and Deh Cho Health and Social Services Board Agreement
Northwest Territories, Bureau of Statistics, *NWT Alcohol and Drug Survey*, 1996
Northwest Territories, Health and Social Services, *Community Wellness In Action*, 1997-98
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Northwest Territories, Health and Social Services, Establishment Policy
Northwest Territories, Health and Social Services, Federal Funding
Northwest Territories, Health and Social Services, Health and Social Services Boards, Facilities 1999, and Members 1999
Northwest Territories, Health and Social Services, Health Status Report, 1999, Highlights, PowerPoint presentation
Northwest Territories, Health and Social Services, Health and Social Services Legislation, (list)
Northwest Territories, Health and Social Services, *NWT Health Status Report*, 1999
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Northwest Territories, Health and Social Services, *Sustaining Our Future*, 1999
Northwest Territories, Job Descriptions: Community Health Nurse III, Community Mental Health Worker, Community Health Representative, Specialist Alcohol & Drug, Community Social Service Worker III, Community Social Service Worker IV
Northwest Territories, *Med-Emerg Report*, Executive Summary, 1997
Northwest Territories, *Medical Travel Policy*
Northwest Territories, *Shaping Our Future, A Strategic Plan for Health and Wellness*
Northwest Territories Medical Association, *Response to Human Resource Issues in Health Reform*
Northwest Territories Medical Association, *Response to NWT Health and Social Services Draft Strategic Plan*
Northwest Territories Medical Association and NWT Registered Nurses Association, *Joint Statement on Health Care Reform*
Northwest Territories, Minister's Forum on Health and Social Services, *Background Issues*, 1999 (PowerPoint presentation)
NWT Status of Women *Annual Report* 1998
Ruttan, Lia, *Review of Social & Health Needs Assessments* - Fort Smith, 1992-1998
Saskatchewan, *A Population Health Promotion Framework for Saskatchewan Health Districts* (excerpts)
Special Committee on Health and Social Services, *Front line Worker's Survey* 1992 - Fort Smith
Special Committee on Health and Social Services, *Front line Workers Survey Results*, October 1993
Special Committee on Health and Social Services, *Renewed Partnerships, Final Report*, 1994
Stanton Regional Health Board, *Financial Statements* 1999
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Stanton Regional Health Board, *Risk Management Report*, 1996-1999
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Stanton Regional Health Board, *Trustee Manual*
WestNet Pilot Project Committee, *WestNet Telehealth Pilot Project, Final Report*, 1999
Yellowknife Foster Family Association, *Proposal for Youth Transitional Home*
Yellowknife Health and Social Services Board, Women's and Children's Advisory Committee minutes

APPENDIX VI

Community Concerns

A) What the People/Communities Said

Concerns relating to medical services

Communities are concerned that medical professionals are in short supply, and that it is becoming increasingly difficult to keep nurses and doctors as well as dentists in the North.

Community members are concerned that short staffing, high turnover and language and cultural barriers are causing difficulties in detecting illness early among more elderly aboriginal patients.

Communities are concerned with apparent increasing rates of diseases, such as diabetes, cancer and TB.

Communities believe medical travel budgets are not being applied fairly, and are being abused.

Communities are concerned that medical services for aboriginal residents, (NIHB) such as eye care and dental services, are being cut at the expense of patient health.

Addictions

Abuse of alcohol is widely understood as a significant health issue in the communities. Communities see alcohol abuse as detrimental to physical and mental well being of individuals, and the development of the community.

Communities are very concerned that the health and social service programs currently in place do not meet the needs of communities attempting to develop healthy families, youth and elders.

Specifically, the system is not addressing adequately the problems of alcohol and other addictions within communities.

Concerns regarding Social Services

Concerns were expressed in every community the Forum visited that social needs and mental health were not being accorded the attention and budgets they deserved. The same level of concern was not expressed regarding primary health care.

A lack of training, certification, co-ordination and communication between workers in the social field was identified as a major health and social services issue. There appears to be no career path or financial incentive for Community Health Workers or Alcohol and Drug workers to upgrade their skills.

The workload, training and pay scales for community drug and alcohol workers were identified several times as a concern. Community Health Representatives were identified as neglected members of the health and social services team. There appears to be a lack of understanding of their unique cultural knowledge and role as a bridge to the people on the part of professional staff.

Social workers are perceived to be buried in paper work, and in some instances are required to carry out duties related more to the justice system than the health system. In the community perception, social workers have little time for proactive work supporting children and families.

Community participants perceive a lack of commitment to resolve problems within the Department of Health and Social Services. They ask why recommendations from previous health and social services studies have not been implemented.

Primary care givers, social workers, the department and other “social services” such as housing, community alcohol and mental health workers, the courts and the RCMP do not appear to be Co-operating in developing a unified approach to protection of children and families. This is believed to be having a negative impact on the lives of children who need care.

There is a need to define appropriate standards for selecting the person in charge of health and social services programs and services in communities.

Other health and social issues

Suicide is an issue in many communities, and community members feel this issue is not being dealt with effectively. Many residents feel this is related to a lack of addiction services and community after care programs.

Several communities expressed environmental concerns - the quality of drinking water is questioned in some, as is the treatment of municipal and industrial waste.

Many communities are concerned that elders in care in the community are lacking rehabilitation services and are being subjected to family abuse. In communities where there is no local care facility, participants voiced the concern that elders must move far from their families to receive care.

Organization at the community level

Communities are aware of the overall budget for health and social services. They expressed impatience with programs that appear to waste resources through lack of integration between departments or levels of government, lack of staffing, lack of cultural relevance, inappropriateness for the needs of the community, and excessive control from headquarters.

Communities want to see effective programs for the protection and enhancement of the lives of families and children. They are concerned at the rapid increase in numbers of FAS/FAE children, and are looking for effective support for families and schools who must care for them.

Communities are concerned at the high rates of burn out for workers in the health and social services field, and feel more effort should be directed to supporting and maintaining these community workers. A need for administrative support particularly for nurses and social workers was identified.

Communities want to hold the health and social services system accountable. They want results from community health and social services programs. They view some expenditures, particularly those related to medical travel, with some suspicion. They see a need to combine and simplify programs provided by a variety of departments - health and social services, housing, justice, municipal and community affairs.

The Dogrib expressed this need for accountability when they described having the political will and the power to develop and carry out needed addictions programs, through their community services board. Community chiefs sit on the board and provide the community will necessary to carry out board resolutions.

Communities feel the services provided could be improved if local alcohol and drug and community health representatives were to receive better recognition. Many communities feel some healing services also could be provided more economically if traditional healers were recognized.

Community governance

Communities which are included in larger regional health boards feel they lack control over the services they require. A group from the Sahtu region, including MLA Stephen Kakfwi and leaders from several communities, made an eloquent plea for local control of Health and Social Services. Other communities in the South Slave and Deh Cho pointed out they are governed by one regional board but receive diagnostic, acute care services, and social services from other boards, with which they have no direct contact.

Remote communities expressed a strong desire to take on more responsibility for social services. There is an increasing desire to “take back control” of personal and community wellness, to reject models which encourage dependency on traditional health and social services models.

Several speakers from different communities and regions believe that if the budgets were provided in one lump sum, the funding currently allocated to the variety of social programs in their communities could be used more effectively to deal with community concerns.

Communities expressed a preference for elected health and social services boards, with strong local leadership involvement. There was general agreement that those involved must set an example by themselves leading healthy, sober lifestyles.

B) What the Health and Social Service Boards Said

The Forum met with all NWT regional, community and hospital health and social services boards.

NWT boards follow several different models - elected, appointed, community run with representatives of each population group, regionally run with community representatives, appointed by and responsible to a town, and virtually independent of community or regional direction. However constituted, the boards all delegate their power to a chief executive officer, who is responsible for carrying out the direction of the board, and managing the programs and services offered by the health and social services board or hospital.

Both board members and the CEOs identified training and continuing education for board members as one of their most important tasks. The training is related to the responsibilities of being a board member, and also to the responsibility of being a community contact for the board, and of conveying community concerns to the board.

Regional boards are particularly susceptible to poor communications. One CEO suggested that to keep communities informed and communications open, someone should be travelling all the time.

The Boards had several recommendations for the Minister's Forum, summarized below.

Board Responsibilities

The Boards generally agreed that the role of Stanton Regional Hospital was a necessary one, and that it should continue to serve as a territorial resource.

On the topic of the number of boards, generally boards were of the opinion there should be a smaller number. Their rationale was the high cost of maintaining a board, and the difficulties of maintaining a board structure with a small talent pool.

Boards feel it is important to hear community concerns and respond to them. To reduce costs, boards suggested the information technology network could be used to encourage community feedback.

Shared Services

"We recognize that sustainability is a major concern for small boards. Health and social services are among the most complex organizations anywhere. They provide a range of services from child protection to utilization of space age technology to the provision of "hotel services" such as room and meals.... As the work is extremely complex, this requires a tremendous depth of skill and knowledge in medicine, pharmacology... human development, family dynamics, addictions, post traumatic stress, the cycle of violence, stages of grief, group dynamics, computers, administration, the law and legislation, human and financial management, motivational techniques, fundraising - and the list grows with every advance." *Fort Smith Health and Social Services Board*

It is unrealistic to expect a small number of staff to become experts in all areas. Boards must share specialist services, and develop particular expertise which they can share on an as-needed basis with other boards.

The Yellowknife Board recommended that the department develop shared programming with education, housing, justice and municipal and community affairs. Housing, particularly, is a common concern of the boards. Yellowknife also wants to see inter-agency and non-proprietary approaches to health and well-being programs for communities.

Front Line Workers

Health care workers need to form strong alliances and associations to assist in keeping members up to date with professional skills.

Health and Social Services Boards recommended that health and social services workers should have their own bargaining unit to permit the variations necessary for workers who provide services on a 24 hour on call basis.

The Dogrib Board suggested that the government research other models of healthcare program delivery in rural and remote areas of the world. They feel paraprofessionals should be added to the health care team, to take some of the load from nurses and doctors.

Financing

The Boards noted that certain departmental funding initiatives, where boards or NGOs must raise an increasing percentage of the operating budget, are not well suited to supporting on-going programs. They felt these funding programs should be eliminated in favor of annual or preferably multi-year contribution agreements, which provide more assurance of a stable level of funding.

Equitable funding is an issue. The Dogrib Community Services Board recommended that the government develop an equitable funding formula for core health and social services.

There is also a need to plan for funding to assist with exceptional health situations, such as the 1995/1996 TB outbreak in Lutsel K'e.

Other Concerns

Boards in Hay River, Deh Cho, Rae (Dogrib) and Fort Smith all discussed the need for some form of recognition for and access to aboriginal traditional healing.

The Yellowknife Health and Social Services Board recommended standardized computer programs and financial systems for all boards to facilitate the exchange of information.

Together with other boards, they requested government develop accountability measures that depend on results, in addition to financial guidelines.

Several Boards are concerned with the need for co-ordinated services for special needs children and adults. Currently, many special needs patients are being penalized by the social support system through clawbacks of support payments, or through lack of any support at all.

The Hay River Board specifically noted the need for funding for alcohol and drug programs.

C) What the Front Line Workers and NGOs Said

Concerns relating to medical services

A variety of standards for medical travel and abuses of the system are a concern among health care workers. They believe travel decisions should be made at the community or regional level, and a better mechanism for decisions should be put in place.

Community health care workers are concerned that local care options may not meet the needs of some patients released from hospital.

There is concern that the quality of dental and eye care is declining.

Nursing staff are concerned with the amount of paperwork involved in their jobs and a lack of administrative support.

NGOs are concerned with retention of staff, and losing staff to community health centres or hospitals.

NGOs suggested community and geriatric nursing training programs should be developed.

Addictions

Addictions (alcohol, tobacco, gambling) are the most pressing health problem, but treatment receives only a small part of direct GNWT funding.

Front line personnel believe abuse of alcohol, drugs, is linked to family violence, crime, and youth pregnancy.

Front line workers believe many children in communities are in peril, and many are already damaged due to inadequate support services.

There is a shortage of foster homes. A high proportion of these foster children are from homes where addictions are a problem.

Front line workers and NGOs believe that support workers must deal with families, not simply individuals. Social services personnel are reluctant to send community residents for addiction treatment when there are insufficient after care services for families in the community.

Social and cultural dislocation and alleged physical abuse at residential schools are being blamed for

addictions abuse, and crime. NGOs and community residents claim those who attended residential schools lost the opportunity to learn parenting skills. A treatment program is required.

Concerns regarding social services

Front line workers admit there is little communication between health services and social services at the community level. Social workers and other community health workers are burning out due to heavy work loads and lack of support.

People are "out of balance" There is a very high level of mental illness in communities, which is not being adequately addressed.

Training standards for CHRs, environmental health, mental health, alcohol and drug workers need to be addressed, and workers need recognition for their achievements.

FAS/FAE and the disabled

Communities are not aware of the range of diagnostic services available for children and adults. Regional therapeutic teams based in hospitals need to have more regular, direct contact with communities.

Basing financial support on employment is not appropriate for people with disabilities. Work is either an "impossible dream" or causes income clawbacks. There is a breakdown in communication between Health and Social Services, and Education, Culture and Employment on this matter.

A planned system of respite care is required to assist families dealing with the elderly, FAS/FAE and other disabilities.

Children need early assessment and diagnosis by appropriate professionals. Treatment and some remediation can be carried out at home with the assistance of professional support programs via information technology.

Support is required for families and the disabled in their home communities. Community housing is a more economical solution than paying for similar services in a major centre. Assisted independent living costs far less than institutional care.

Mental health and treatment for disabilities, need to be culturally relevant for all cultural groups, Inuit, Dene, Metis and non-natives. Central services force people to leave their comfort zone.

Other health and social issues

Access to information. The public needs to be more aware of health and social service resources available both within the NWT and outside.

Dental caries among children is an epidemic requiring immediate attention.

Cuts in NIHS benefits and delays in procedure approvals and payment are causing a decline in the quality of dental services to northern aboriginals.

Elder facilities and services need upgrading. Budget cuts are causing declines in services when the number of elders is increasing. Elders need protection from abuse, adequate incomes and more rehabilitation programs to ensure quality of life.

The physical safety of health workers in some communities is an issue.

Health and Social Services organization at the community level

Northerners should be encouraged to take up careers in health and social services.

Communities require outreach programs which provide access to community services.

Front line workers feel they must work together, but are prevented by funding and jurisdictional impediments. Front line workers recommend putting health and social services staff in the same building.

NGOs and front line workers feel more responsibility should be devolved to communities. Front line workers, NGOs and Boards recommend the department implement the recommendations in the *Med-Emerg* report regarding community based care.

Funding programs are inflexible and many programs respond more to funding criteria than to actual community needs.

NGOs spend a large part of their time writing proposals for funds, rather than attending to their core services.