Edzanèk'e Gots'ǫ
Ek'ètehtsodǫ
Łegehdì Kǫ̀

STANDING COMMITTEE ON SOCIAL DEVELOPMENT

WEDNESDAY, APRIL 30, 2025
**DET'ANCHOGH KÝÉ - EAGLE ROOM / ZOOM**
1:30 PM

AGENDA

1. Call to Order

2. Prayer

3. Review and Adoption of Agenda

4. Declarations of Conflict of Interest

5. Public Matters
   a) Public Briefing on Primary Healthcare Reform with HSS Minister Honourable Lesa Semmler

6. In Camera Matters
   a) Housing as a Human Right Project
   b) Confidential correspondence
      i. 2025-04-08 GHL to SCOSD
      ii. 2025-04-15 Nightingale Law to SCOSD
   c) SCOSD Workplan

7. New Business

   a)

8. Date and Time of Next Meeting:
   a) May 28, 2025 at 10:30am

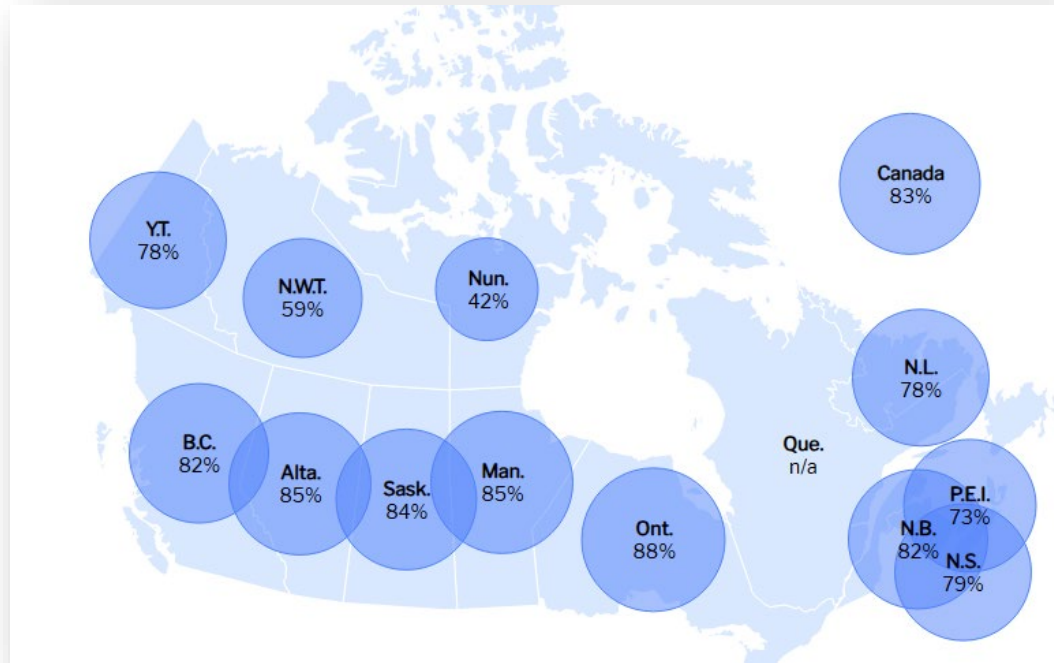9. Adjournment

Primary Health Care Reform

Standing Committee on Social Development

April 30, 2025
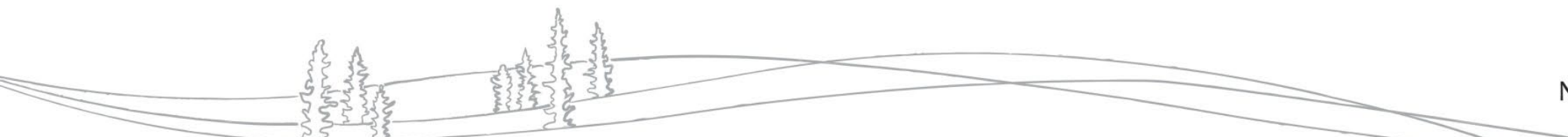
Government of
Northwest Territories

Access as a Social Determinant of Health

(Source: Canadian Institute for Health Information)

Map data showing access to a regular health provider by province/territory:
- Canada 83%
- Y.T. 78%
- N.W.T. 59%
- Nun. 42%
- N.L. 78%
- B.C. 82%
- Alta. 85%
- Sask. 84%
- Man. 85%
- Ont. 88%
- Que. n/a
- P.E.I. 73%
- N.B. 82%
- N.S. 79%

- Primary health care is the foundation of the health system.
- When people don't have access to high-quality primary care, everything else falls apart.
- People that do not have access to a primary care provider have worse health outcomes and higher rates of preventable diseases.

59% of NWT residents aged 18 and older have reported having access to a regular health provider in 2023 (compared to 84% in Canada).

65% of Indigenous residents live in small communities with nurse-led care models.

Despite highest per capita investment, the NWT faces some of the worst access gaps and health care disparities in Canada.

Indigenous residents are less likely to have a regular care provider, and more likely to experience chronic disease and avoidable hospitalizations.

Current Primary Health Care and Integrated Care Team model

Assumption versus Reality

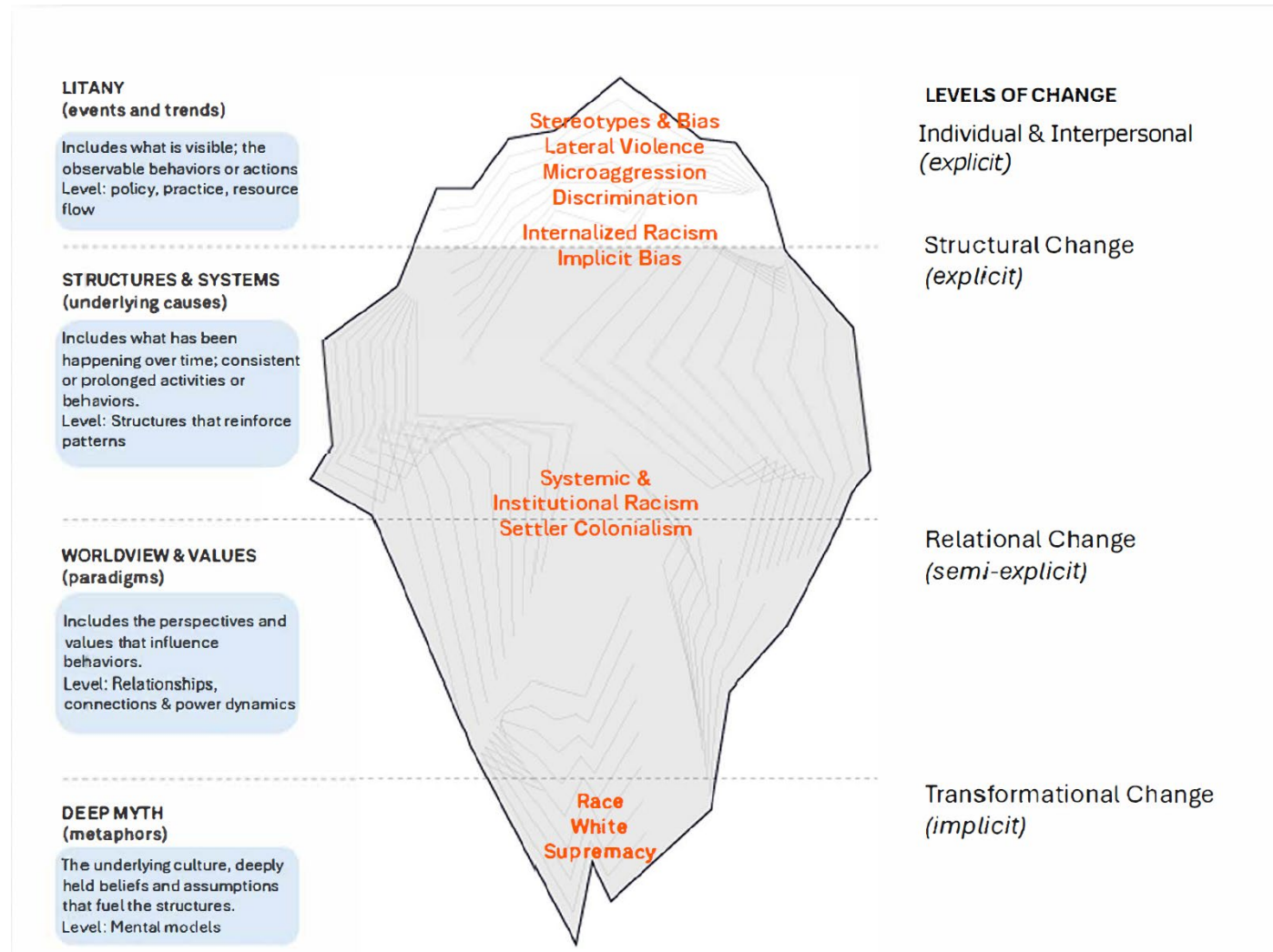| Assumption	Reality
Everyone has the resources, support and tools needed to easily access primary health care services across the NWT.	People have diverse needs, resources and supports when accessing health care. This includes significant barriers, such as geographic location, mistrust, and health providers attitude and unconscious biases.

Technical and Adaptive Solutions

| *Technical solutions are **easy to identify**.* *Solutions are easy to find and use existing skills and experience.*	*Adaptive solutions are **easy to deny.*** *Solutions require change in values/beliefs/roles relationships and approaches.*
Create integrated care teams for all NWT residents to access.	Solutions should take into account anti-Indigenous racism. Engage and co-design services with Indigenous communities.

Racism as a Social Determinant of Indigenous People's Health

LITANY
(events and trends)

Includes what is visible; the observable behaviors or actions
Level: policy, practice, resource flow

STRUCTURES & SYSTEMS
(underlying causes)

Includes what has been happening over time; consistent or prolonged activities or behaviors.
Level: Structures that reinforce patterns

WORLDVIEW & VALUES
(paradigms)

Includes the perspectives and values that influence behaviors.
Level: Relationships, connections & power dynamics

DEEP MYTH
(metaphors)

The underlying culture, deeply held beliefs and assumptions that fuel the structures.
Level: Mental models

Stereotypes & Bias
Lateral Violence
Microaggression
Discrimination

Internalized Racism
Implicit Bias

Systemic &
Institutional Racism
Settler Colonialism

Race
White
Supremacy

LEVELS OF CHANGE

Individual & Interpersonal
(explicit)

Structural Change
(explicit)

Relational Change
(semi-explicit)

Transformational Change
(implicit)

Equitable Access

An outcome where all individuals have the opportunity to get the care, they need to achieve their full, self-determined health and wellness potential in a system committed to explicitly removing barriers associated with socioeconomic status, race, gender, geographic location, the ongoing and historic impacts of colonialism, and other drivers of unequal opportunity.

Available

Adequate

Appropriate

Access

Affordable

Accessible
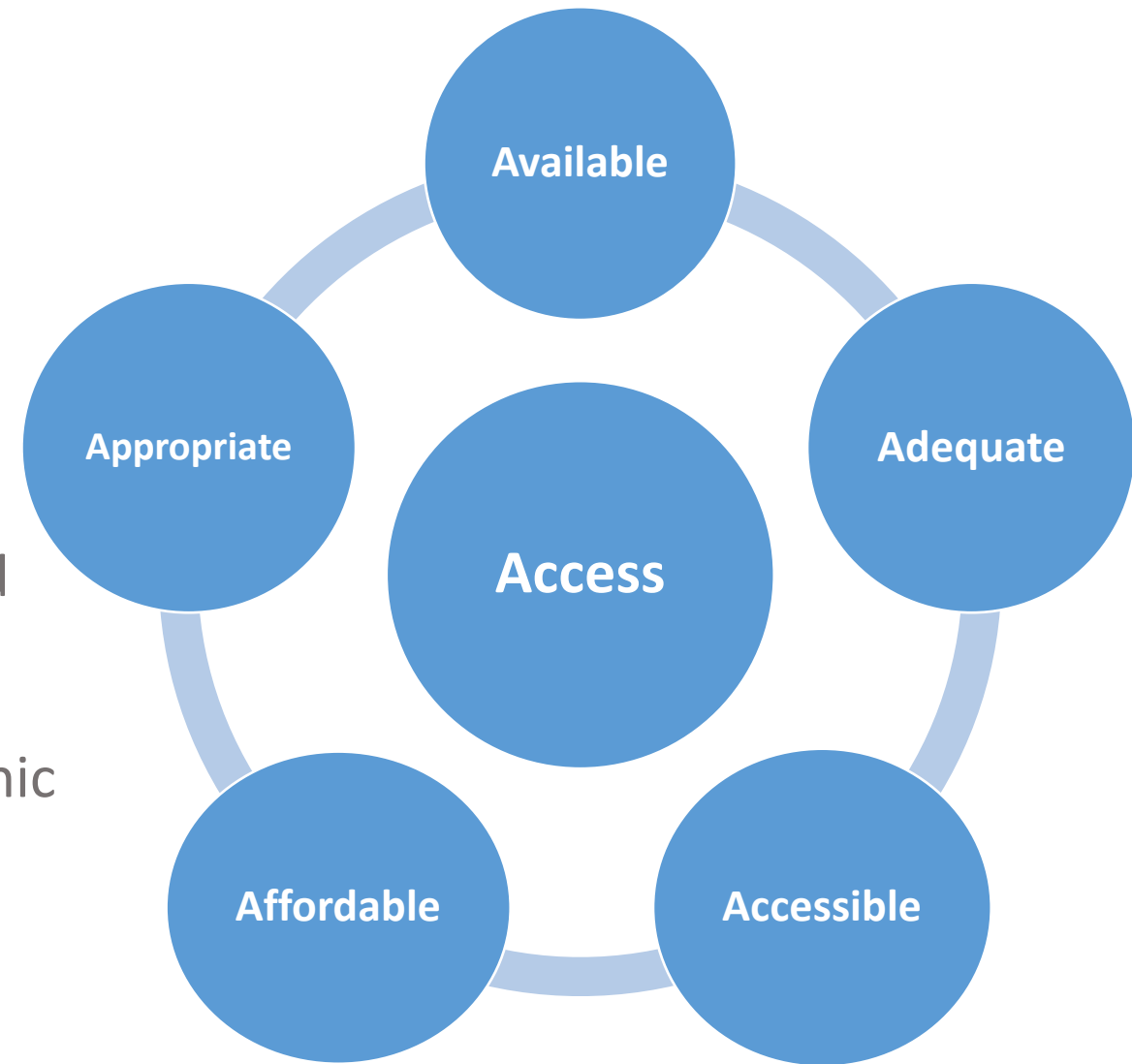
Overarching Goal

All residents have equitable access to culturally safe team-based care with integrated care pathways connecting them seamlessly to primary, secondary and tertiary health and social services.
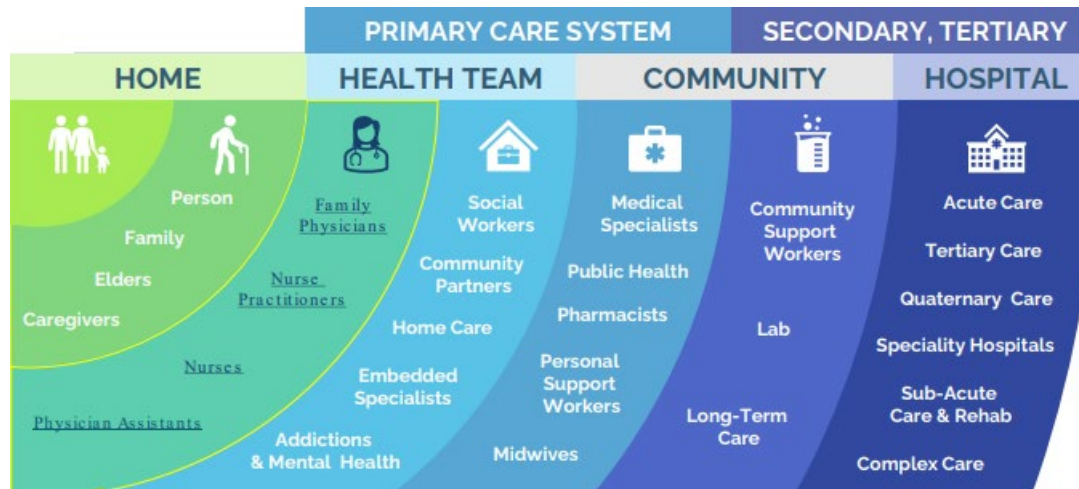
(Source: Ontario Government)

- We are organizing health and social services system staff and external shareholders to pursue a transformative, community-driven approach to primary health care.

- By 2026, we will develop a comprehensive strategy (framework) that outlines goals, objectives, and actions across three interconnected levels of change:

  - Macro (System level) by strengthening internal capacity for cultural safety, anti-racism and equity

  - Meso (Operational level) by centering Indigenous Peoples voices/needs/priorities in care models and pathways

  - Micro (Relationship level) by supporting community-based regional teams to co-design solutions tailored to local needs

What we have going for us... a strong foundation

- Salaried Physicians Compensation Model
- Territory-Wide Single Electronic Medical Record
- Governance Structure
- Experience with Integrated Care Team Models
- Strong Vision
- Relationships with Indigenous communities
- Cultural Safety and Anti-Racism Commitments
- Office of Client Experience and Indigenous Patient Advocates

Forces that will support system transformation that need be coordinated

1. A learning health system and workplace that values a just culture and transparent communication, celebrates successes, and works towards a clear vision for successful implementation.

2. Our system supports the needs of residents and provides care in a new way that meets the person or family where they are at by engaging with Indigenous Peoples and communities in a meaningful way.

3. A comprehensive integrated medical IT system that streamlines and optimizes processes and operations while prioritizing privacy and access to the health system.

4. The system is structured to allow for the prioritization of preventative care, while being able to adjust or change as needed based on the individual or context.

5. The primary health care system systematically gathers and analyzes data to inform practice. Funding mechanisms support flexibility and innovation in service delivery design.

6. Robust planning, training, learning and succession planning empowers staff to work to full scope.

7. Clear health human resource planning and pathways attract the right person for the right job, create space for professional development, and build strong partnerships for human resources to enable hiring and retention of Indigenous staff.

Foundational principles of the framework

Principles

- Clarity, transparency and accountability
- Traditional healing
- Reconciliation
- Integrated people-centered care
- Access, continuity, and quality of care

Priorities

- Advance primary health care reform as a model of cultural safety
- Align local health data with community-driven needs
- Address social determinants of health such as racism
- Maximize scope of practice, align team composition based on population needs, and enhance Indigenous recruitment.
- Test new approaches to chronic disease prevention and wraparound support teams
- Improve integration of mental health services with primary care teams
- Improve service access, virtual care, reduce wait times, and enhance transitions of care

Guiding Questions

What have we already heard from Indigenous communities about the vision, priorities and needs for health and wellness in the NWT?

How can we provide equitable access to primary health care services for Indigenous Peoples in the Northwest Territories?

What Traditional Healing practices should be in place when accessing primary health care? Are there challengesto incorporating traditional healing with primary care?

How can we develop and implement culturally safe team-based care models in primary health care, and what metrics should be used to measure their performance and outcomes?

Approach

Evidence generation & gathering
April to June 2025

Evidence synthesis
June to Sept 2025

Meaning Making Tables
Sept to Oct 2025

Sharing & Applying
Oct to Dec 2025

Activities

- Review of existing engagement reports & community wellness plans
- Reviewing exiting evidence- including models, scoping reviews and site visit documentation.

- Indigenous engagement
- Public surveys: Our Care, Patient Experience Questionnaire
- Community Roundtables with organizations representing equity-deserving groups
- Collaboration Tables with Professions and Professional Associations

- Assembling technical committee to review evidence and shape recommendations and components of the framework collectively with shared meaning

- Develop framework and performance measurement plan
- Formalized within practice through the Implementation curriculum

A Made in the North Curriculum

- Designed to help communities and teams to work in a new way, emphasizing that **how** we do this work is as important as the outcomes we achieve.

- A **community-driven** approach for communities and regional teams to co-create and implement changes that truly reflect community needs and priorities, aiming to foster sustainable improvements in health outcomes across the region, in particular for Indigenous peoples and communities.

- The curriculum reflects the principles of cultural safety, relationship-based care, anti-racism, and equitable access.

- A comprehensive step-by-step series comprising workbooks, presentations, and case studies.

- The design and structure of this curriculum is based on data, best practices, and frameworks related to integrated service delivery and supporting communities.

Regional Endorsement

A document completed by the region or community to acknowledge they have completed the initial steps in the curriculum which allows the GNWT team to determine readiness to engage in a "New Way of Working" and commitment to Primary Health Care Reform.

Primary Health Care Reform = a guiding strategic framework for system wide initiatives

Governance & Policy Considerations

- Review roles and responsiblities within the HSS System including corporate functions and the Territorial Board of Management (NTHSSA)
- Investigating HRHSSA becoming part of GNWT (HCSSU/HRHSSA)
- Review governance structure of HSS System for entire NWT (NTHSSA)
- Implement HSS WG under the NWT Council of Leaders (DHSS)

Financial Sustainability

- Restoring Balance (DHSS/HSSAs)
- Federal Funding Agreement Negotiaions (DHSS)
- NTHSSA Deficit Reduction Plan (NTHSSA/DHSS)

Operational Efficiencies

- Primary Healthcare Reform (DHSS)
- Community Health Centre Model (DHSS)
- Defining Core Health and Social Services (HCSSU)
- Workforce Review (NTHSSA/FIN)
- Policy and Legislation Modernization (DHSS)

Improved access to care and system sustainability