
**MINUTES OF THE YUKON HEALTH AND SOCIAL
SERVICES COUNCIL MEETING
WHITEHORSE
December 1 & 2, 2006**

**MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL
MEETING**

Windsor Boardroom at the Edgewater Hotel
December 1 & 2, 2006

- MEMBERS PRESENT:** Colleen Wirth – Chair
Glenis Allen – Co-chair
David Ravensdale
Iris Cormier
Phil Dyke
Jane McIntyre
Naresh Prasad
Penny Ferbey
Darcy Tkachuk
Maxwell Rispin
Rosemary Rowlands
James Allen
- REGRETS:** Shirley Laverdure
Margaret Titus
- SECRETARIAT:** Othmar Arnold (in Sidney Maddison’s stead)
- ALSO PRESENT:** Farley Hayes, President, Hepatitis C Council of Yukon,
Jan Horton, Coordinator, PHCTF, H&SS,
Bryce Larke, Medical Health Officer,
Brian Kitchen, Director, Policy and Program
Development, H&SS
Chris Balzer, Policy Analyst (Emergency Planning),
H&SS,
Marie Fast, Clinical Manager, Mental Health Services,
H&SS,
Ian Parker, Health Promotion Coordinator, H&SS,
John Greschner, Deputy Minister, H&SS,
Jamie McGowan, Constable, RCMP,
Bea Felker, Director, Emergency Medical Services, H&SS,
Marilyn Wolovick, Executive Director, Yukon Family
Services Association,
Nancy McInnes, Street Outreach Counsellor, Yukon
Family Services Association,
Sheila Rose, Volunteer, Substance Abuse Prevention
Coalition,
Judy Pelchat, Manager, Corporate Information
Management, H&PW,
Mel Maloch, Facilitator

The Yukon Health and Social Services Council held its third meeting of 2006-07 on December 1 & 2, 2006. The meeting commenced at 9:00 a.m. on Friday, December 1, 2006 and was called to order at 9:01 a.m.

RECOMMENDATIONS:

None

FRIDAY, DECEMBER 1, 2006

ANNOUNCEMENTS:

Chair advised that Shirley Laverdue is unable to attend the meeting. Next Council meeting will be on March 16 & 17, 2007. The date has been moved due to the 2007 Canada Winter Games.

REVIEW OF AGENDA:

An updated agenda was distributed. Chair reviewed the agenda and noted that Minister Cathers will not attend this Council meeting.

Motion: Moved by Maxwell Rispin, seconded by David Ravensdale to accept the agenda as amended – carried.

REVIEW OF MINUTES – SEPTEMBER 2006:

Motion: Moved by Phil Dyke, seconded by Iris Cormier to accept the minutes as presented – carried.

HEPATITIS C PRESENTATION:

[Farley Hayes, President, Hepatitis C Council of Yukon]

Mr. Hayes presented an overview of the issues around Hepatitis C in the Yukon and Whitehorse in particular. Mr. Hayes' advocacy work for Hep C patients is grounded in his personal experience. He shared with the Council details on his disease progression, treatment, and liver transplant.

There are 600-700 people in the Yukon diagnosed with Hep C infection. The presenter estimates that the number could be significantly higher since it can take years or decades between the infection and the recognition of symptoms. Most symptoms are vague and

non-specific, therefore often Hep C only gets diagnosed when the disease causes severe complications. 30% of those infected have the ability to clear the virus naturally. Routine screening appears to be not feasible due to the high cost of testing.

The pharmaceutical treatment of Hepatitis C infection is very costly. The presenter quoted the cost for direct treatment at \$20,000 per year. This does not include the cost for medications to treat the numerous side effects experienced by the patient. Medications for the side effects are difficult to claim under the chronic disease program.

The presenter mentioned various barriers for Hep C patients. First, because of the non-specific symptoms, a person infected gets treated for isolated symptoms, or the recurring symptoms get dismissed by their doctors, leading to undiagnosed advancement of the disease. The Yukon physicians seem to be better aware than elsewhere. However, the presenter wished that GP's would refer patients quicker to the visiting specialist.

Secondly, Hep C is often associated with HIV and other sexually transmitted diseases which attaches stigma to those infected. Furthermore, support services for Hep C patients are co-located with services for HIV/AIDS patients at Blood Ties. The access to the services is highly visible and associated with needle exchange. Although Hep C can be transmitted by sharing equipment for intravenous drug use, many Hep C patients have acquired the disease from blood transfusions. There seems to be a disproportionate allocation of funding when comparing HIV and Hep C support services.

Mr. Hayes advocated for a separation of the support services at Blood Ties and suggested a satellite location, more privacy when submitting claims, and that expenses for live organ donors be covered in the future. He can be reached at 668-7831 or Hepcyukon@whtvcable.com.

PRIMARY HEALTH CARE TRANSITION FUND:

[Jan Horton, Coordinator, Primary Health Care Transition Fund, H&SS]

The funding for the Primary Health Care Transition Fund has been closed. Most of the projects are now completed. The presentation focused on the evaluation of the activities undertaken under the PHCTF agreement.

The process evaluation found that the projects initiated with PHCTF monies were highly relevant to the purpose of the fund and the particular circumstances in the Yukon. A major outcomes of the projects were a better connectivity between health care providers, which was achieved through relationship building between health professions and also through increasing the capacity of technical systems.

A common experience of many projects under the PHCTF was that the project execution took longer than anticipated. Two examples are the Chronic Disease Management, which rolled out recently, and access to the BC Nurse Line, which is being negotiated at this time.

Some of the highlighted outcomes are:

- increased activity in the RDAY programs, supporting healthy living.
- Better access to health information through the distribution of the Health Guide to all households
- Feasibility study for multi level care facilities; the one in Watson Lake is under construction, and there are plans for other communities
- Chronic Disease Management which fosters the collaboration in diabetes care. Changes in care delivery are already visible, as well as changes in outcome are being reported (better compliance with clinical guidelines, establishment of a Foot Care Coalition).
- Coordination and collaboration on Information Technology projects in Mental Health, Public Health, the palliative care group, and in the development of a client registry.

Key lessons learned from the PHCTF projects are that change takes time. In the Yukon, capacity is always an issue since there are a limited number of people available. Most of them function in multiple roles. There is often a reliance on outside resources and partnerships, a process that is challenging and time consuming. The evaluation also found that the engagement of the community could be enhanced.

A quick look into the future revealed that the Yukon might need specific Health Information legislation. There will be more development in the Information Technology sector with projects associated with Infoway funding. There is development underway that will lead to an Electronic Health Record that will follow the client across the country.

Another initiative on the horizon is the legislation of Nurse Practitioners. Currently the nurses practicing at the NP level are not recognized as such outside the Yukon. As mentioned before, Yukoners will have access to the BC Nurse Line in the near future. There is also planning done towards a model for a Collaborative Care Clinic. New funding is now available to address Health Human Resources and develop strategies to avoid future shortages and imbalances.

In the discussion, the question about continuity of the activities was raised. Most of the projects are ongoing and are now integrated into various branches of the department. New funding is available through the Territorial Health Access Fund. Based on the PHCTF experience, the territories are seeking an extension of the funding agreement to accommodate the time frames of the projects. First Nations governments are not partners in the tri-territorial initiative, but are consulted on an ongoing and regular basis.

Jan Horton will supply a Palliative Care Report to the Council. At the end of the presentation, a video called “A different way of living” was shown. This video is part of the orientation for new health care providers practicing in the three territories and illustrates the uniqueness of the communities and the cultural approaches to health.

UNDERSTANDING PANDEMICS

[Bryce Larke, Medical Health Officer]

[Brian Kitchen and Chris Balzer in attendance]

Dr. Larke provided the Council members with a brief introduction to virology and the nature of the influenza virus. He also explained the links between avian flu and human influenza. Based on the specific qualities of the influenza virus, the question of the next pandemic is not “if”, but “when”. He clearly dismissed the media hype around the imminent danger.

Dr. Larke outlined the impacts of a future pandemic. The largest impact will be on the workforce, including in the health sector. For a short period of time during a first wave of a pandemic, up to 35% of the workforce may be absent, either ill or caring for family members. In response to a declared pandemic, based on criteria set by WHO, the development of a vaccine will be promoted. Antiviral medication will not be a first line of defense since it can not be known in advance if they will be effective. The Medical Health Officer also cautioned that the belief that such a virus will be containable with closure of borders, facilities or events is not realistic.

A pandemic will have an impact on the social and economic fabric of the global community, and it will be felt in Canada. However, the extent is not predictable. It is largely influenced by misinformation and media hype. Industry and government can do their part by having contingency plans for a possible pandemic based on current knowledge and not speculation and doom scenarios.

Dr. Larke also answered a few questions from Council members in relation to public health measures experienced in the Yukon in relation to norovirus infection.

MENTAL HEALTH SERVICES PRESENTATION

[Marie Fast, Clinical Manager, Mental Health Services, H&SS]

Marie Fast presented a very positive status of Mental Health Services today. A stable staffing situation is attributed for the successes of the service. The service is meeting the current demands in territory with a minimal waitlist for clients seeking services. However, it was cautioned that there might be an unknown number of people in the Yukon that could benefit from Mental Health Services who are currently not accessing them.

The presenter also made some announcements in regards to changes that were enabled through Territorial Health Access Funding. There will be a Mental Health Nurse located in Dawson City, serving all rural communities. There will be also a new Early Psychosis Intervention Educator working in prevention of more serious mental illness through early identification.

The current programming including outreach and education based short- term treatment is complemented by Mental Health Awareness work The Goldner Report in 2005 identified several recommendations, such as an inpatient unit (is being planned for at WGH), housing needs (study in progress), and recruitment of an additional psychiatrist (contract signed for service to rural Yukon).

Services for the mentally disordered accused are provided by the Salvation Army's Adult Resource Centre and in Alberta Hospital under supervision by the Review Board.

The discussion illustrated that definitions of mental health are diverse and do not necessarily correspond with clinical categorizations. Issues around care giver support for family members caring for geriatric clients with cognitive and mental health challenges have been raised. These services are being provided by the Continuing Care branch. Clarification was also sought on the availability of after hour services for crisis situations. Currently, a toll-free crisis line is offered in partnership with BC.

A copy of the Goldner Report will be distributed to the Council members by email.

PANDEMIC PREPAREDNESS:

[Brian Kitchen, Director, Policy and Program Development, H&SS]

Nora Tremblay, Director of Emergency Health Service was unable to attend. Brian Kitchen presented an update on the Yukon Pandemic that was originally developed in 2000. There is now a communicable disease contingency plan in place that will be supplemented with specific annex such as the pandemic plan.

Building on the presentation by the Medical Health Officer, pandemic planning for Emergency Health Services (EHS) response was outlined. While a pandemic will create challenges in business continuity due to workforce impacts as well as the potential for social disruption from impacts on infrastructure, transportation, and utilities, Health and Social Services is only responsible as a lead department for the health response.

Surveillance is well established on a local and global scale. There is good interagency communication in place. The Yukon has planned for immunization campaigns and currently stockpile antiviral medications. Alternate care delivery site might have to be established to reserve the hospital for the most critical cases and ongoing medical services.

SCHOOL HEALTH PRESENTATION:

[Ian Parker, Health Promotion Coordinator, H&SS]

A position for a school health coordinator has been created to strengthen the prevention efforts collaboratively undertaken by the Department of Education and the Health Promotion Unit. It is recognized, that a "toxic environment" is not supporting the goals of

an education system to enable the children to develop to their full potential. Healthier children show enhanced academic performance, social development, and suffer less from serious illness and premature death.

School health activities target preventable behaviors in sexual health, tobacco and substance use, as well as body image. Additional efforts are made to address media awareness. A newly formed Yukon School Health Advisory Committee will support this collaboration between health practitioners and educators.

Ian Parker illustrated several initiatives that had a successful uptake in Yukon schools and elaborated on the plans to continue such activities.

SATURDAY, DECEMBER 2, 2006

DEPARTMENT OF H&SS : UPDATES

[John Greschner, Deputy Minister, H&SS]

The Deputy Minister started his presentation with a follow-up on the four goal stated in the last meeting.

- A new director of Risk Management and Quality Assurance will start working in January.
- The departmental emergency plans are almost complete.
- Infoway funding is being accessed under an improved funding structure for the territories to work towards an Electronic Health Record.
- Improved labour relations have produced improved processes, which led to a decrease in grievances.

Platform commitments will lead to new focuses for the upcoming year:

- Social Assistance regulations will be reviewed and necessary changes implemented to reflect the current circumstances.
- Child Care programming will also be reviewed, a process that has been started. Current issues have been identified in stakeholder consultations.
- Continuing Care is evolving as a separate branch with an Assistant Deputy Minister.
- Federal funding from the Territorial Health Access Fund is being invested in programs and initiatives with Health Human resources as one priority.
- Nurse Practitioner legislation is being considered.
- Children's Act review should be ready for Spring Sitting.

The department is concerned about succession in its management ranks due to anticipated retirement of many members of a good team. Staff development is being addressed. The department is also working on a updated corporate plan to complement the mandate covered in the Health Act.

A new initiative in the service delivery area is the proposed collaborative care clinic, a model whose impacts need to be considered carefully in order to not upset the functioning structures of the current health care system. However, other considerations are also made to address access to care issues. Changes are being planned at WGH and future programs considered should the numbers justify them. As an example, renal dialysis was mentioned.

In response to a question from the floor, John Greschner provided assurances that the department is considering requirements and options around midwifery practice in the territory.

ADDRESSING DRUG ISSUES:

[Jamie McGowan, Constable, RCMP]

Constable McGowan presented an interactive overview of current issues on the drug scene in the Yukon. The Substance Abuse Action Plan and the new Safer Communities and Neighborhoods legislation are not only addressing enforcement issues, but also build capacity in drug awareness and prevention.

Whitehorse and the communities are increasingly affected by crack cocaine. Alcohol and Marijuana continue to be the most used substances. The RCMP continues to be involved in prevention efforts, addressing the school children with several programs.

The question of enforcement was brought up and discussed, with supporting voices for stiffer sentences for dealers and bringing forward the issue of mandatory minimum sentencing. Vigilante justice is not supported by the RCMP. New legislation also provides new tools for enforcement and its effects need to be evaluated. Rehabilitation is often difficult due to a lack of treatment facilities and support services for people who desire to overcome their addiction.

McGowan emphasized the importance of community involvement to address the complex issues of substance use.

PRE-HOSPITAL CARE PRESENTATION:

[Bea Felker, Director, Emergency Medical Services, H&SS]

The director of EMS explained that the name change from ambulance service reflects the increased capabilities and nature of services that are being provided to Yukoners. The rural volunteer services, the full time service in Whitehorse and the medevac service form a chain of pre-hospital care that many people have benefited from.

Over the last 10 years, the number of calls has doubled, reflecting a change in attitude in the population, but also changing demographics. The level of training has to keep up with the increased expectations and in order to meet national competencies. The service has

invested heavily in training recently and sees it as an ongoing commitment. The response times continue to be an issue in comparison with other jurisdictions. Solutions can be found for Whitehorse, but in the rural communities there will be no change in the near future.

OUTREACH VAN:

[Marilyn Wolovick, Executive Director, Yukon Family Services Association, Nancy McInnes, Street Outreach Counsellor, Yukon Family Services Association, Sheila Rose, Volunteer, Substance Abuse Prevention Coalition]

This presentation provided the Council members with a good overview of the history and purpose of the activities carried out by the Outreach Van team. The backbone is a broad based Substance Abuse Prevention Coalition that has started providing services more than five years ago, carrying on the earlier street nursing services. The Van, which is an old vehicle with severe mechanical limitations, provides a service center that goes to the clients where they are.

Poverty, homelessness, and addictions are common challenges. The clients are also known to not regularly access more traditional health and social services. The van team provides food, clothing and blankets, personal care items, telephone use, counseling and nursing services, and makes referrals to other services. Advocacy is an important component. Harm reduction measures, such as needle exchange and safe crack kits, are also promoted. Direct care is being provided for wound management, public health education, immunizations, and occasionally palliative care for the dying.

The Outreach Van has reached a new phase in its development. Government now provides core funding that allows a continuity and expansion of services for a population of more than 150 individuals with more than 3,300 contacts per year. The coalition needs to continue to fundraise and its partners are committed to provide in-kind services to make the program successful.

ATIPP PRESENTATION:

[Judy Pelchat, Manager, Corporate Information Management, H&PW]

Judy Pelchat explained the larger legal framework concerning privacy issues and access to information. Privacy is legislated under the federal Privacy Act for government bodies. The private sector is subject to federal PIPEDA legislation. The technological developments in the health information sector (Electronic Health Record) require a close inspection of privacy issues since there will be much sensitive personal information involved.

The current ATIPP legislation regulates access to government records to increase public accountability at the same time as it aims at safeguarding personal information held by governments. The Yukon Government, as the main service provider in the health and

social services sector, is guardian of large amount of personal information. The current ATIPP Act is tens years old and could be evaluated based on lessons learned and opened for revision.

Most requests for access to information come from private persons, many in relation to residential school history. Other requests come from political parties and the media that scrutinize government activities. Appeals and investigations are the responsibility of the privacy commissioner. An annual report is being produced, and the presenter will forward a copy to the Council.

COUNCIL BUSINESS:

Council Action Plan

[facilitated by Mal Melloch, Management Consultant]

The objectives were to look at the action plan from 2003/04, identify priorities, and choose the top priorities the Council wants to focus on for the next 12-18 months. Instead of breaking into small groups, the Council found it more congruent with their consensus-building style to conduct the session in a plenum.

The Co-Chair provided an update on all the items from the previous action plan and added new issues that the Council has worked on in the past years. The new issues identified are:

- Social Assistance
- Collaboration between Departments of Health, Education, and Justice
- Pharmaceuticals for chronic disease
- Universal Drug Plan
- Health Summit Forum
- Educational Programs, alternative school, DARE
- Sustainable development indicators
- Primary health care
- Palliative care
- Young offenders facility

Individual members identified the many activities of the Council. It was suggested that the Council's action plan needs to be correlated to the platform commitments of the re-elected government to see where priorities match, overlap, or are diverging. This work could be done in a subcommittee with Colleen Wirth. It was also suggested to set aside a planning day for the Council.

As a group, the Council then proceeded to discuss and list priority items for future business:

1. Poverty
2. FASD

3. Mental Health Issues
4. Complementary and Alternative Health Care
5. Restorative Justice
6. New Whitehorse Correctional Center
7. Youth Issues and Challenges
8. Alcohol and Drug Services
9. Child Welfare
10. Seniors
11. Health Promotion
12. Medical Profession Issues
13. Holistic Approaches to service delivery
14. Workings of the Council
15. Social Assistance
16. Education

Mal will compile this information and the process of establishing priorities will be continued.

Discussion of Presentations

Hepatitis C: interesting issue raised from an activist perspective. Council would like to raise some of the issues with Blood Ties Four Directions and Yukon Communicable Disease Control. Council could go and visit the Blood Ties support center.

Primary Health Care Transition Fund Evaluation: Council members requested 5 copies of the DVD on First Nations health perspective.

Understanding Pandemics: The Council appreciated the clear and concise presentation and the myth busting on pandemics.

Mental Health Services: The Council was impressed by the positive outlook. There was agreement that for professionals it is better to work at capacity rather than 'rusting out'. However there is the notion that more services are needed as needs are being identified based on better awareness and understanding of the issues.

Pandemic Preparedness: Accepted as information

School Health: Accepted as information

Departmental Update:

Addressing Drug Issues: Council members noted a change in communication style from the RCMP, citing more openness. Council would like to follow up on staffing, funding, and resource issues and learn how adequate they are for the RCMP's mandate. It was also suggested to invite the Minister of Justice to express concerns regarding awareness campaigns, prevention programs, and leniency in enforcement.

Pre-Hospital Care: Accepted as information

Outreach Van: Accepted as information

ATIPP: Accepted as information.

Meeting adjourned.