



**Arthritis affects one in five Northwest Territories voters. Two-thirds are under the age of 65. It is a leading cause of disability in the Northwest Territories and a significant economic burden related to direct health care costs and indirect costs to the economy related to lost employment, sick leave, and absenteeism.**

**Health care delivery is one of the most important issues for Northwest Territories voters leading up to the November 14, 2023, territorial election. The time to address models of care in arthritis is now after years of being at the back of line of health care planning and delivery. The way people living with arthritis access and receive health care varies significantly across Northwest Territories. This particularly affects Northwest Territories voters living with inflammatory arthritis – like rheumatoid arthritis – who depend on getting a timely and accurate diagnosis, fast access to rheumatologists, and appropriate public reimbursement for needed disease-modifying medications.**

**The candidates running in the upcoming territorial election have diverse policies on health care. If elected, what will you do to improve the level of arthritis prevention, treatment and care in the Northwest Territories?**

1. Arthritis affects more than 7,000 Northwest Territories residents, many of whom live with a type of inflammatory arthritis (IA), like rheumatoid arthritis. Timely diagnosis, treatment and on-going management by a rheumatologist is needed to optimise treatment, manage flare-ups and limit long-term joint damage so that people with IA can maintain their quality of life and stay active and in work. Current guidelines, for example, state that anyone presenting arthritis symptoms should be referred to, and seen by, a rheumatologist within six weeks. In the past year, the delivery of rheumatology care for IA patients in the Northwest Territories has been transferred from in-territory care from a visiting rheumatologist to a new model where IA patients have to travel to Edmonton to see a rheumatologist.

**What will you do to ensure inflammatory arthritis patients in Northwest Territories receive the optimal care they require to manage their serious chronic disease?**

The NWT desperately needs to fix its crumbling healthcare system and this includes access to specialists and better care for residents living with chronic conditions including arthritis. For over a decade nothing has been done by the GNWT to stop the exodus of healthcare staff south including previous rheumatologists. First, we must recruit and retain all levels of healthcare staff so that our system is whole again and can function properly. Incentives such as bonuses, flexible working hours through job sharing, and other methods should be employed to hire and keep



staff. The GNWT needs to create an International recruitment strategy so they can access a larger pool of candidates. An employee satisfaction committee that advises senior management should be struck with an anonymous feedback loop so that staff can express their concerns without fear of reprisal. The GNWT must also invest in the expansion of telecommunications services so that telehealth or virtual care can be implemented that would save a lot of travel money that could then be used for wages and improved services instead. Additionally, HSS needs to provide wrap around services to those living with arthritis such that care is a coordinated effort with all healthcare professionals on the same page when it comes to the patient.

2. Many Canadians are positively adapting to virtual care. A majority of respondents in an Arthritis Consumer Experts Survey reported they believe virtual care could save costs in the healthcare system and improve access to specialists and timeliness of test results. However, respondents who identified as Indigenous were over 3 times more likely to report difficulties using virtual care services.

**What will you do to ensure the continuation, improvement, and expansion of virtual care for all Northwest Territories residents and ensure access is equitable to all?**

This is an issue across the territory with respect to accessing services online, especially as many GNWT services are moving to a virtual format. Not only are the telecommunications systems in most small communities unreliable, they're expensive, therefore internet and computer literacy is significantly lower in some small communities than in the capital. I think the GNWT could benefit from an educational campaign to increase computer literacy across the territory. Computers and high speed internet should be available for public use in every municipality and health centres should have dedicated, private rooms constructed so that patients can utilize these services in a place that is inviting, secure, and comforting. The Indigenous Patient Navigator Program which was created through negotiations with cabinet by myself and other Regular MLAs in the 19<sup>th</sup> Assembly, could be trained to support patients in this area as well. They could receive the training needed to help others navigate online health supports.

3. Indigenous Peoples in Canada have some of the highest rates of serious or life- threatening arthritis in the world and are at greater risk for becoming disabled by arthritis. Significant gaps in Indigenous arthritis care currently exist in the Northwest Territories. Care models, such as an Indigenous community-based patient care facilitator, that address health in a culturally relevant



manner and address the many barriers to care has been proven to resolve care gaps more effectively and optimize health outcomes of Indigenous Peoples with arthritis and comorbidities.

**Will you introduce culturally appropriate, patient-centered policies, such as a patient care facilitator or “arthritis liaison,” to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?**

Yes, as I mentioned in my answer to number 2, regular MLAs negotiated the creation of the Indigenous Patient Advocate Program in the hospitals in the territory. I think that this program could be expanded to include advocates for specific conditions or illnesses, and to include the telehealth training I mentioned above. When in Inuvik on committee travel, I had the opportunity to meet with one of these advocates who expressed how much they loved their job and how they felt it was working. Having helped advocate for Indigenous patients myself throughout my four years in office and having chronic health conditions for which I have to self-advocate, I know that being the “squeaky wheel” is how you get better care in the north. This is unfortunate and not right but it is the reality. I envision everyone living with chronic conditions in the NWT eventually having such an advocate if they need it. And if re-elected I’ll continue to advocate myself for those that need help navigating the system, as I’ve always done.

4. Arthritis is the leading cause of joint replacement surgeries, including 99 per cent of knee replacements and more than 70 per cent of hip replacement.<sup>2</sup> Individuals with severe osteoarthritis require joint replacement surgery to achieve better quality of life, less pain and more joint function.

**What will you do to ensure Northwest Territories patients receive hip or knee joint replacement surgery within the medically recommended time of six months?**

For years, I watched my own Mom suffer from debilitating osteoarthritis in her knees and hip. Even going down a flight of stairs required a lot of time and she’d often have to go down backwards to minimize pain. The surgeries she received were life changing but took years to happen (15 years ago in BC). We need to get people back on their feet again as quickly as possible so that they are not living with pain and can return to being productive members of NWT society. And that means timely access to replacement surgery. If re-elected I will strongly advocate for increased funding to Stanton’s OR program. We need to ensure that we are doing these surgeries here, in the territory, with a properly functioning hospital with trained staff. Investing in our Healthcare system is definitely something that I see as being a top priority for the 20<sup>th</sup> Assembly.