



Minutes – Wood Buffalo Health Advisory Council

May 22, 2019 / 5:00 p.m. – 8:00 p.m. / Nistawoyou Friendship Centre

Council members present: Valerie O’Leary (Chair), Patience Akenbor, Lisa Barter, Angela Betts, Natalie Castro – Gentili, Mary Gerosa, Evelyn Okoh, Stacey Stevens, Carol Theberge, and Rita Uzorchukwuamaka

AHS: Melony Cole-Zettler, Murray Crawford, Simon Ross, Gail Hachey

Public: Three

Regrets: Tinna Ezekiel (Vice Chair), Cathryn Beck, Todd Hillier, Sandra Grandison, Jim Moore

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
Welcome and Introduction	Valerie O’Leary welcomed everyone to the meeting and acknowledged the meeting being on Treaty 8 and Metis Region 1 land.	
1. Approval of Agenda	Moved by Lisa Barter to approve the agenda for May 22, 2019. MOTION CARRIED.	
2. Approval of Minutes	Moved by Mary Gerosa approve the minutes for January 19, 2019. MOTION CARRIED.	
3. Presentations 3.1. Indigenous Health Program – Simon Ross, Senior Advisor, Cultural Competency	Simon Ross provided a presentation on the Indigenous Health Program. Highlights include: <u>Indigenous Health & Diversity</u> <ul style="list-style-type: none"> Is under and works closely with the Population, Public and Indigenous Health (PPIH) portfolio Supports Addictions & Mental Health <u>Program Purpose</u> <ul style="list-style-type: none"> To bridge support and health services between Indigenous Peoples and AHS 	

- To foster better understanding of lifestyles, traditional and cultural practices of Indigenous peoples
- To support and assist Indigenous communities to better understand health services

Goals for Indigenous Health in the North Zone

- Establish appropriate staffing levels in communities, settlements and hospitals
- Works with the provincial AHS strategy team to meet the needs of North Zone residents and work towards equity across the Zone, aligning with strategic planning.
- Continue to support and serve Indigenous Albertans
- Collaborate with the Indigenous Health Program on cultural sensitivity programming, staff orientation and safety and competency standards
- Collaborate with the First Nations and Inuit Health Branch as appropriate with agreements, and updates on crisis response

Indigenous Communities in the North Zone

- The Zone encompasses part of Treaty 6 and all of Treaty 8
- 33 First Nation communities
- Eight Métis Settlements
- Five out of the six regions for Métis Nation of Alberta

North Zone Indigenous Health Workforce

- 19 Indigenous Health Liaison and Community Health Representatives
- Four Zone Indigenous Wellness Travel Teams
- Includes six Indigenous Cultural Helpers with Addiction and Mental Health teams in areas 6, 7, 8 and 10

Role of Indigenous Health Staff

In Community:

- To run chronic disease management, cancer screening, public health immunization clinics and women's wellness programs
- Patient/client language interpretation services are available upon request at public health centre's for health professionals, This includes Indigenous Culture and how it affects health care service delivery

- Community agency initiatives: e.g. HIV North
- Attend Teddy Bear Fairs
- Improve health status of community members by screening and making referrals for Mental Health services, Health Promotion & Injury Prevention Activities, Cultural Safety and awareness Training
- Participates in annual celebrations June 21 for Indigenous Peoples Day

In Acute Care:

- Staff Orientation
- Attends medical rounds for supportive care
- Completes patient/client language interpretation for health professionals and liaises between family members and medical staff
- Participates in discharge planning and family conferencing
- Coordinates traditional ceremonies as per requests from patients
- Facilitate Cultural Sensitivity and Awareness Training
- Liaises with social workers and relevant programs

Indigenous Mental Health Travel Teams:

- Staff orientation
- Clinical services
- Liaise between family members and medical staff
- Participates in family conferencing
- Coordinates traditional/sacred ceremonies as per request
- Coordinates prevention trainings and circle groups as per request

Questions Council had for Simon:

Q- Can blanket exercises be performed outside of AHS?

A- Right now they are only offered internally. AHS is working to build capacity to offer it externally.

Q- Are there blanket exercise facilitators in Fort McMurray?

A- The closest facilitators are in Edmonton.

Q- Is a cultural helper available in Fort McMurray?

A- Yes, her name is Tammy Couhie and she works out of the Queen Street Building.

<p>3.2. Indigenous Health and Resilience Through Disaster- Terry Lin Fedorus, Community Research Lead</p>	<p>Terry Lin provided a presentation on Indigenous Health and Resilience Through Disaster (IHRD), highlights were:</p> <p>In May 2016, wildfires burnt across the Regional Municipality of Wood Buffalo in Northern Alberta causing the largest wildfire evacuation in Canadian history. Wood Buffalo is home to a large population of Métis and First Nations Peoples living on reserves and settlements, and in urban Fort McMurray. A group of Indigenous service providers and leaders and non-Indigenous university-based and community-based researchers came together to understand how Indigenous Peoples in Wood Buffalo have been affected by the wildfire, in order to identify ways to reduce negative impacts on their health and well-being. IHRD is a Canadian Institutes for Health Research (CIHR) funded study that began in January 2017 by a University of Alberta research team, in partnership with the Nistawoyou Association Friendship Centre in Fort McMurray.</p> <p><u>Goal:</u> The critical analysis of Indigenous Peoples’ health and mental health after a disaster is a significant but under-studied public health issue. IHDR applies Indigenous research methods, protocols and ethics to examine how the health and well-being of Indigenous residents and communities in Wood Buffalo were impacted from the wildfire, and how this affects their resilience.</p> <p><u>Focus:</u> The research strongly affirms the principles of Ownership, Control, Access and Possession (OCAP). By first engaging our community partners in a university-community partnership, and ensuring that community partners play key roles in the design and implementation of the research, and in how research findings are interpreted and shared with communities.</p> <p><u>Objectives of IHRD Research:</u></p> <ul style="list-style-type: none"> • To understand factors that helped Indigenous Peoples and communities to cope during and after the fire; • To examine how the evacuation and recovery process affected Indigenous residents/communities; • To identify health and mental health impacts of concern in urban and rural reserve and settlement communities; 	
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	<ul style="list-style-type: none"> • To engage Indigenous children and youth in conversations to explore how their health and well-being was affected by the wildfire; and • To support community partners and decision makers to identify ways for reducing negative impacts of the wildfire and to enhance resiliency of Indigenous people and communities in Wood Buffalo. 	
4. Voices of the Community	<p>Jeff Cree of Fort McMurray First Nation (FMFN) - would like to thank Council for the invitation to attend this meeting. The evacuation experience in 2016 was very traumatic for everyone. The FMFN wasn't directly affected by the fire, and they received a lot of financial backing from levels of government when they reentered. Three members had births on the way to Edmonton during the evacuation. Lots of community members had not left the community in a long time, when they got to Edmonton several didn't leave their hotel rooms, they are not used to such a large urban setting. Friends and family members on other nations had very different experiences. His chief took care of their houses, they emptied fridges and replaced food, and the Nation took care of its members. Since the fire, addictions in the community has increased. Marijuana and cocaine were prevalent before the fire, now meth and opioids seem to be the largest concern in the community. He is looking forward to learning about new resources to bring back to his community.</p> <p>Kim Fleming, Consultant with Rural Health Professions Action Plan (RhPAP) – there is a new attraction and retention committee starting up in Fort McMurray. This committee will not be specific to just health professionals, but will be used to attract all professionals to the area.</p>	
5. New Business		
5.1 Physician Recruitment Report – Gail Hachey, Physician Resource Planner	Gail Hachey provided a report of physician vacancies to Council. They are recruiting for one obstetrics and gynecology physician and two child and adolescent psychiatrists for the region. A pediatrician has left the community recently so AHS is awaiting an impact assessment to see if it can start recruitment to fill that vacancy.	
5.2 North Zone Update – Murray Crawford, Senior Operating Officer	Senior Operating Officer Murray Crawford was present and provided a full written report with information about workforce recruitment, capital projects, major events and initiatives specific to the communities in the Council area. He also provided highlights from the North Zone operational plan and performance measures and initiatives.	

	<p><u>Questions for Murray:</u> Council asked Murray the status of the Queen Street Walk in Clinic Murray responded The walk in clinic will be moving to Timberlea. The Queen Street Building will still have a clinic, but some physicians are going to be working under the wellness profile when funding shifts in 2020.</p>	
<p>5.3 Report from the Chair – Valerie O’Leary</p>	<p>Valerie O’Leary provided the following Chairs report: Valerie organized a table for Council at the local TimeRaiser Event on April 9. The event was well attended and members were able to meet several community members and share the work of the Council. A lot of fun was had and we definitely increased awareness of our Council.</p>	
<p>5.4 Work Plan Progress and Upcoming Priorities</p>	<p>Work Plan and Annual Report discussion: Moved by Lisa Barter to approve the 2019/ 2020 work plan. MOTION APPROVED. Moved by Mary Gerosa to approve the 2018/2019 annual report. MOTION APPROVED.</p>	
<p>5.5 Advisory Council Update – Melony Cole-Zettler, Advisory Council Coordinator</p>	<p>Melony Cole-Zettler provided the following report:</p> <ul style="list-style-type: none"> • Welcome new members! • Council Survey Results - Council discussed results and ideas for improvement. • Top Concerns – Council updated its list, for sharing with the AHS Board. • Recruitment campaign – Recruitment took place in the winter and will continue until vacancies are filled. • Advisory Council member profiles – There is still room for anyone wanting to be profiled as part of the awareness of Councils. • Kudos – Council is asked to share any ‘kudos’ of AHS staff, physicians or volunteers with Mel, for the communications team to share with others in AHS. • 2019 Advisory Councils’ Fall Forum – October 25 & 26th in Edmonton. 	
<p>6. Council Round Table and Good News Stories</p>	<p>Council members shared the following updates: Lisa Barter – The Street Connect team feels that the Indigenous population is underserved across the province and especially in Wood Buffalo. The Street Connect team is working with</p>	

	the Opioid Dependency Program to improve access for its clients. By helping remove barriers they hope to improve relationships with these communities.	
7. Next Meeting	The next Wood Buffalo Health Advisory Council Meeting will be: Date: September 25, 2019 Time: 5:00 p.m. to 8:00 p.m. Location: Father Begin Community Hall	
8. Meeting Adjournment	Moved by Natalie Castro – Gentili to adjourn the meeting at 7:32 p.m.	

***Please note that these minutes will be adopted at the next Council meeting.**