



## Wood Buffalo Advisory Council Meeting Minutes

Wednesday, May 18, 2022/ 5:00 – 8:00 p.m. / Zoom

ATTENDEES & INTRODUCTIONS	
<b>Members</b>	Todd Hillier (Chair), Sonia Burke – Smith, Natalie Castro – Gentili, Sandy Grandison, Evelyn Okoh, Carol Theberge, Beverly Tupper
<b>AHS</b>	Melony Cole – Zettler, Stacy Greening, Jordanna Lambert, Patrick McLane
<b>Regrets</b>	Tinna Ezekiel (Vice-Chair), Cecile Calliou, Patience Akenbor, Farooq Shamshad
<b>Public</b>	Two
<b>Welcome &amp; Introductions</b>	Todd welcomed all in attendance and went through introductions.
<b>Approval of previous minutes</b>	March 16, 2022 minutes were reviewed and approved by consensus.
STANDING ITEMS	
<b>Alberta Health Services Area 10 Update</b>	<p>Jordanna Lambert, Senior Operating Officer provided a written report with information about workforce recruitment, capital projects and major events and initiatives specific to the local area. He also provided highlights from the North Zone Operational Plan and performance measures and initiatives. An update on COVID-19, the novel coronavirus, was provided. Information on its impact and measures to reduce spread is changing daily. Visit <a href="https://ahs.ca/covid">ahs.ca/covid</a> for the most up-to-date information.</p> <p><u>Questions from Council:</u>            Q. Were any social work students brought in to the Fort McMurray Hospital from the social work program at the College?            A. Yes, social work diploma students from Keyano, and bachelor students from U of C are in placements in Fort McMurray.</p>
<b>Community Partners</b>	<p>Jennifer Best, Rural Community Consultant with Rural Health Professions Action Plan (RhPAP), provided a written report with information about RhPAP’s upcoming information sessions, Rural Health Week celebrations, Rhapsody Awards and the Rural Education Supplement and Integrated Doctor Experience (RESIDE) program. She also provided information about <i>Put on your Perspectacles!</i>, RhPAP’s Attraction and Retention Conference scheduled for October 4-6, 2022 in Drayton Valley. As well, information on the Wood Buffalo HealthCare Attraction and Retention Committee. Visit <a href="https://www.rhpap.ca">www.rhpap.ca</a> for more information.</p>



<b>Voices of the Community</b>	One member of the public was present. Andrea Spring, Executive Director, local HERO Foundation, shared that discussions about helicopter EMS dispatch processes are ongoing.
<b>Council Round Table</b>	<p>Council members shared the following updates:</p> <ul style="list-style-type: none"> <li>• Seniors week is the first full week in June, and World Elder Abuse awareness day events will be held at MAC Island.</li> <li>• Members are excited about the Spring Forum and for getting back to in-person meetings in the fall.</li> </ul>

**NEW BUSINESS**

<b>Presentation(s)</b>	<p><b>Quality of Care for First Nations Members in the Emergency Department in Alberta</b> – Patrick McLane, Senior Researcher with the Emergency Strategic Clinical Network</p> <p>Highlights of the presentation:</p> <ul style="list-style-type: none"> <li>• 2012-2017 data shows there were 11+ million emergency care visits by about three million unique persons.</li> <li>• First Nations people make up 4 per cent of the provincial population but 4.8 per cent of unique emergency patients, and 9.4 per cent of emergency care visits.</li> <li>• Limited access to appropriate primary care drives Emergency Department (ED) use.</li> <li>• First Nations people have limited access to primary care. 22.6 per cent of adults reported that a physician or nurse was not available in their area, according to the 2015/2016 FNIGC Regional Health Survey.</li> <li>• More visits by First Nations people end in leaving before treatment is completed, compared to non-First Nations visits. (6.7% v. 3.6%). First Nations persons also live further from emergency facilities than others. This can be due to lack of transportation to/from emergency facilities, discrimination within the system and leaving to fulfill family responsibilities.</li> <li>• Patient perspectives:             <ul style="list-style-type: none"> <li>○ First Nations participants experienced lack of access to services, stereotyping, fear of Child Services involvement, providers lack of understanding, uncertainty if negative interactions are underlying racism.</li> <li>○ As well, fear of profiling and different treatment leads to hospital avoidance and concerns about specific sites.</li> </ul> </li> <li>• Interviews with emergency department (ED) providers got their perspective on care for First Nations patients:             <ul style="list-style-type: none"> <li>○ All providers acknowledged there is racism and stereotyping in the ED. It is reflective of wider societal sentiment.</li> <li>○ There is a clash between the ED environment and First Nations care expectations. Providers don't have a lot of time, there is a lack of resources and perceived differences in decision-making styles.</li> </ul> </li> </ul>
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- Stereotypes of First Nations patients includes the assumption of avoidable or inappropriate ED presentations, stereotypes related to substance use, stereotypes of First Nations parenting styles.
- Racism impacting care - differential medical care included: less thorough investigations, missing serious illness, not addressing domestic violence, overt racism causing a very ill patient to leave.

#### **Recommendations for Change**

It is important providers understand colonial history and determinants of health, particularly when taking medical history around drugs and alcohol. The creation of ethical spaces and systemic approaches to address racism is also important.

Patrick shared practical steps providers can take to improve Indigenous patients outcomes. This includes treating each patient as a unique individual, conducting complete investigations at each ED visit, learn about colonialism and reflect on one's personal biases, and recognizing access to resources may not be the same for First Nations patients.

Practical steps for departments include developing training, standardizing triage, care and discharge pathways to address social determinants of health and ensuring continuity of care. As well, developing formal relationships with First Nations communities to become familiar with the realities First Nations patients face, and resources available.

Practical steps for health systems include creating safe and well-moderated ED-specific training to help providers identify prevalent stereotypes and develop anti-racism skills. Ensuring appropriate processes for reporting and restorative follow up of racist behaviour that ensure anonymity of the reporting party. Promoting education in First Nations languages, English dialects, communication styles and behavioural norms. Creating standard forms, planning documents, information resources and other tools to facilitate the above.

#### **Questions from Council:**

Q. What is AHS doing to implement these changes in the healthcare system?

A. AHS has support from the Indigenous Wellness Core (IWC) and has received grant funding to help fund these changes.

Q. Has there been any thought to having advocates to help patients in clinical settings?

A. The largest factor in emergency medicine is time. The SCN is working with physicians and staff to teach them the importance of spending time with these patients. AHS also has cultural liasons available.



	<p>Q. Would having more physicians in rural and remote communities decrease the amount of First Nations people needing to access emergency services?</p> <p>A. Yes, the Auditor General of Canada has indicated that Canada doesn't seem to be providing equal amounts of care to First Nations communities. Funding and recruitment can be difficult for these communities.</p> <p>Q. Language barrier is a huge issue, especially with elders – how is AHS working to change this?</p> <p>A. The SCN is working on education, which is one step forward. AHS need to change how departments operate so they are working with First Nations. More recently, emergency medicine residents have been going to First Nations to do hands-on training for grand rounds.</p>
<p><b>Elections</b></p>	<p>Elections were held for the position of Chair and Vice Chair of the Council.</p> <ul style="list-style-type: none"> <li>• Melony Cole-Zettler opened the floor for nominations of the position of Chair and Vice Chair.</li> <li>• Todd Hillier put his name forward for the position of Chair.</li> <li>• Sonia Burke-Smith put her name forward for the position of Vice Chair.</li> <li>• Melony Cole-Zettler asked three times if there were any further nominations from the floor.</li> <li>• Carol Theberge moved nominations cease.</li> <li>• Todd Hillier was declared the successful candidate for the position of Chair of the Wood Buffalo Health Advisory Council by acclamation.</li> <li>• Sonia Burke – Smith was declared the successful candidate for the position of Vice Chair of the Wood Buffalo Health Advisory Council by acclamation.</li> </ul>
<p><b>Action Items:</b></p>	<p>Melony to put forth the names of Todd Hillier, Chair and Sonia Burke – Smith, Vice Chair to the CE Committee of the Board.</p>
<p><b>Date of Next Meeting</b></p>	<p>Date: October 19, 2022          Time: 5:00 – 8:00 p.m.          Location: Northern Lights Regional Health Centre Boardroom</p>

Our meetings are open to the public. Dates and locations are [available here](#).  
[Find your Health Advisory Council here](#). Visit [Together 4 Health](#) (T4H) to engage with AHS online.