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Prevention Programs Subcommittee
YTC Boardroom 3rd Floor, 17304 105 Ave, Edmonton, AB
June 28 & 29, 2016

<p>Co-Chairs: Shawn Grono, FNIHB Calvin Badger, Treaty 8</p> <p>HCoM: Darcy Jagodzinsky Beverly Swampy</p> <p>Guests: Kris Janvier, Treaty 8 Lauren Stewart, Treaty 7 Ebbinie Sawchuck, FNIHB Student</p>	<p>Subcommittee: Parminder Thiara, FNIHB Wendy Ward, Treaty 8 Heather Hirsch, Treaty 7 Tammy Bruno, Treaty 6 (Maskwacis) Bruce Ironshirt, Treaty 7</p> <p>Liaisons: Nicole Tailfeathers, Treaty 7 Arleen Thomas, Treaty 6 (YTC)</p> <p>Regrets: Nora Alook, Treaty 8 Lisa Beaverbone, Treaty 6 (YTC)</p>
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| 1. Meeting Call to Order | 9:00 a.m. |
| 2. Review of Meeting Summary | |
| <ul style="list-style-type: none"> • Action Items reviewed and discussed with no changes. | |

2016-06-28-#01 Moved by Parminder Thiara, to accept the minutes for April 19 & 20th, seconded by Wendy Ward, all in favor, motion carried.

- 3. HCoM Update/Liaisons Update** **Darcy Jagodzinsky/Liaisons**
- Treaty 7 – New representatives from Treaty 7 were introduced – Heather Hirsch and Bruce Ironshirt.
- HCoM Update:** **Darcy Jagodzinsky**
- The HCoM annual report will be worked on during the summer months and will be completed on schedule.
 - The Operations and Support Subcommittee will only review the Nursing and CHR salaries at this time.
 - Ongoing work being done by the Financial Analysis working group will be presented to each HCoM Subcommittee at a later date.
 - HCoM Orientation packages will be reviewed and presented at the next meeting.
 - Additional community visits expected with presentation of HCoM 101.
 - Recommendations for the role of the secretariat have been discussed at the HCoM Task Force level and recommendations to come to meet the needs of the HCoM Committee. Also discussed 2 possible positions for communication and financial analyst.



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- Discussions of a new HCoM structure model was discussed, each subcommittee will be able to provide their input upon review.

Items that the subcommittee would like to see in the HCoM Update

- Links between the subcommittees
- Documents that other subcommittee provide to be made available on the HCoM Website.

Action Item: Darcy to send out a briefing on all the activities of the HCoM Task Force.

Treaty Area Reps

Subcommittee

First Nations reps feel that there has been a lack of FNIHB representation at this subcommittee and are not present in the meetings when they are on the agenda.

Action Item: FNIHB Co-Chair will bring the concern back to FNIHB. [Meetings are scheduled a year ahead of time and everyone is aware of the meeting dates, however, there are some situations where there is no control and have to attend other meetings].

Action Item: HCoM Coordinator to bring the issue to the HCoM Task Force along with concerns for discussion. Funds that were expended could be reimbursed by FNIHB if they do not attend.

Action Item: Co-Chairs to send a letter to Treaty 6 rep for YTC on attendance.

Action Item: Darcy Jagodzinsky to work with Heather Hirsch regarding a presentation briefing template for large documents.

- Reminder: that within the Terms of Reference (TOR) documents are to be sent out one-week prior, briefing notes should be provided with the document. A draft motion should also be presented.
- Suggestion: that at the end of each meeting discuss what they like to see at the next meeting and what the outcome they would like to see.

Action Item: FNIHB and First Nations representatives can work together to set the next agenda along with the documents rather than this being only presentations by FNIHB. Also for the First Nations representatives to present their agenda items and as a representative how are they accountable, what does this look like and how is this measurable.

- Suggestion: To invite Alberta health services (AHS) as an observer to the meetings and there are always some for of hybrid going on in each community with Alberta Health Services. They would only sit as an observer, no voting authority and to always consider protecting the treaties.

4. Break

10:30 – 10:45 a.m.

5. Prevention Programs Terms of Reference

Subcommittee

- Mission – Regional Director s/b Regional Executive Officer
- Equity: Is this within communities. Is there a framework that the communities need to be looking through? Agree with the principle. Fair and Equitable should be the wording.
- Prevention Program Subcommittee “Mandate” is where it should be tailored and the Mission is for HCoM in general and should remain the same.



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- Have a timelier update to the members on what is happening.
- What is the reporting process for each subcommittee to Co-Management? Look at the wording and rewrite.

6. IP and FSS Evaluation Frameworks

Leah Bill

An evaluation framework allows you to look at the components that are missing. This will help measure that what they are doing is required to make changes and redesign how injury prevention is approached in the future. Subcommittee want to see the framework in how injury prevention looks like spiritually and culturally and ensure that they are more holistic in the approach.

Action Item: Any comments that the subcommittee request for changes are to be forwarded by July 30, 2016 to Leah Bill who will make changes and a final document will be presented at the next meeting in September.

7. Lunch:

12:20 – 1:30 p.m.

**8. Chronic Disease Prevention and Management
Pederson/Parminder Thiara**

Tamara Elm/Steve

The feedback that was presented was positive. Action plans were then printed and sent to all First Nations in Alberta and were also on the HCoM Website.

Next steps: Discuss how to operationalize the document. Continuous work will take place and discuss where they want to be 3 years from now. Engage with AHS and the proper people in the communities as well. There will need to be work required in the area of Non Insured Health Benefits also. Work with AHS with Chronic Disease Management as they are the providers and we are the “link”. AHS would support this.

Establishing partnerships in priority areas is crucial and to work with AFNIGC to see what areas have higher rates of chronic disease. There are always challenges with data and it is important to have AHS at the table to make those connections.

Suggestions:

- AFNIGC to help lead data relevance systems
- Engage with funders of Electronic Medical Records (EMR)
- Trauma informed care/cultural competency for front line service providers
- NIHB Access to services – NIHB Subcommittee
- Integrate cultural components of care
- Building capacity in community
Access to traditional healers and health services
- Create a best practices approach for nurses.
- Create best practices for Aboriginal Chronic disease management include culture and jurisdiction.

In order to stay focused on the plan the and to get the funding out to the CA holders, FNIHB will need to know what that will look like and a workplan will be required. Will need to identify a lead for collaborative work and utilize the pieces of work that was done by the working group



Action Item: FNIHB will summarize the discussion and provide to the subcommittee to review and reflect and to determine what three items need to be funded.

Action Item: Teleconference to be held in the next few weeks, subcommittee request harder recommendations on what this should be used for. Could be different options presented, a briefing note to be provided to the subcommittee with options and decision after review of briefing note.

Action Item: Heather Hirsch will work with FNIHB to put together an action plan and request that her community hold the CA if no objections. Provide options and have conversation around the discussion that was held today on the scenarios that were presented. Funding to get out and to work with the CA holder on the workplan. The Operations and Support SC would approve the CA. September would be the latest

Action Item: Tamara Elm to send out the scenarios and call a teleconference prior to the September meeting.

- The Chronic Disease workplan and to review the briefing note with options at a teleconference and the CA holder would develop the workplan in September. A clear decision is required by September 7 or 8th for a funding mechanism.

9. Aboriginal Diabetes Initiative/Operational Plan Update 2016/17 **Emily Vespi**

The Preventions Programs Subcommittee are still in agreement with the 16/17 activities that were reviewed by the one-year ago. FNIHB to provide the breakdown amount for each activity and who the agreement holders will be.

2107/18 Funding:

A template will be filled out and presented to the subcommittee at the next meeting. The anticipated is the same as 16/17 fiscal year. Funding should be identified to ensure that funding flows.

Action Item: Emily to proceed to develop recommendations as presented and come back at the next meeting with an outline of what the recommendation looks like and funding required.

10. Meeting Adjourned

4:00 p.m.

11. Day 2

9:07 a.m.

12. Diabetes Eye Program

Parminder Thiara

The Slick program was in the region for 7-8 years, which looked for complications from diabetes. The focus has changed and now supports those with eye complications from diabetes. Retinal photographers are in communities. Data has been collected and it was discovered that people are not aware of the program. Frontline workers are responsible for informing the community.

Action Required: Have exploratory discussions with AFNIGC to understand the true need of this projects, discuss other mechanisms out there and possibilities and if there a need for more evaluation and more awareness of the program

Re-launch and advertise the program and after 2 years re-evaluate. Have a lead to do this and include an evaluation at the launch. Gather data, work with chronic disease nurses, work with PCN's to gather the data and can capture the need areas and have an



evaluation in a year or so. Francine Steinheur can determine the appropriate option for the community and connect with AFNIGC.

Suggestion: To task a lead to build a collection of success stories on those who have had screening and laser surgery, has this prevented the blindness that could occur.

Action Item: Subcommittee recognizes there is a need for the program and indicators are missing. Work can be initiated on marketing and making connections with community. By September 2016 present an update on what can be done with AFNIGC and at the December 2016 meeting can have an update by Francine Steinheur as she will be better prepared to make a presentation at that time.

13. First Nations Food, Nutrition & Environment Study **Simon/Judy**

The study came to Alberta in 2013. The community's chosen involved were voluntary. If the subcommittee requires more information the coordinators can provide that. The goal was to get a cross section of information on food, nutrition and environment across Canada. If a community want to do follow up they can access the data that would move another study forward. There is also the national environment contaminant program that can look at different areas. There is a study on fish in one of the water bodies on one reserve. Information of this study can support others. This a national study for eco zones.

14. Break **10:25 a.m. – 10:40 a.m.**

15. Food Security Working Group **Judy Halladay**

A callout was done to other subcommittees and will require a Prevention Programs Subcommittee member on this group. The member would attend the meetings, review information and make recommendations on bulk food buying. Elder representation is also required however the decision of Elders reps on committees is currently under review and discussion. The Food Security TOR includes 3 Treaty area Elder reps and needs to be addressed. Once the working group meets the recommendations will come to this subcommittee as well as the outcome of the Elder engagements that are being held. There is currently no budget for this group however, there is a project charter.

- Judy has also spoken with Alberta Health Services and completed cost of healthy eating in Alberta and took data from FNEFS study and interested in next steps and how they address specific populations.
- Calvin Badger Co-Chair appointed to the Food Security Working Group.

16. Elders Engagement Wild Game **Dale Tallman**

An Elders engagement session was held on June 6, 2016. Common themes arose and at the end discussed what the outcome will be. Elders want their input into the legislation and request that another meeting be held to discuss next steps. There were many different perspectives and question is how to develop a parallel approach and within the "western" public health act.

Next Steps: Goal is sovereignty and safety. There is no funds set aside to engage the Elders any further. They have been identified in the working group but can be creative to make this happen. The Elders want the traditional practices shared and to also bring people together. Group to document the traditional procedures and government procedures. Can meet with the province and show them what data they have and work parallel.



Suggestion: To allocate \$30,000.00 for further Elder engagement in the next fiscal year. The task is to collate the knowledge of best practices.

Action Item: Judy to look at allocations for next year and come up with a budget for another Elders engagement in the new fiscal year but will work within what they have for this fiscal year. Discussions regarding funding will take place in September 2016 and Judy can provide an update. Existing commitments are good but amounts to each activity may change. Judy will follow up if there are any other Elder engagement meetings over the summer for the possibility of having more meetings. The talk was to have 3 lead Elders from each treaty area. The talk was about parallel protocols.

17. Lunch **11:55 a.m. – 12:30 p.m.**

18. CHPP Update **Shawn Grono**

The new CHR Educational Program. They have engaged different groups

19. Are We Doing Enough Report **Shawn Grono**

For informational purposes of the subcommittee's review.

20. Terms of Reference **Subcommittee**

With the document template being developed by the HCoM Coordinator it will include specifics as to outcome, why are you here, and what is required, for example. Add item on table dropping and roles and responsibilities. A template should have standing agenda items and a standard reporting template. Communities should also have a spot on the agenda.

Action Item: HCoM Coordinator to send an email regarding prioritizing within the subcommittee's. Priorities to be discussed for yearly planning and when the proposed structure of the HCoM committee is finalized this is when they can discuss priorities. [Clarify how priority areas are identified, look at the accountability to leadership, people and each other. What are the priorities within the priority areas].

Action Item: Darcy Jagodzinsky and Bruce Ironshirt to facilitate priorities, accountabilities and terms of reference. Begin on 6.4 at the next meeting.

Action Item: Add appointment of First Nations Co-Chair

21. RAI and Homecare Program Update **Toby Pascal/Pam Tailfeathers**

24 First Nations are on the system so if one community is already using a different system they may not join with RAI. For the RAI/HC assessment they are hoping to encourage everyone to come on board by 2018/19. This is the system that the province uses and if community members move to long-term care this is the system that the province uses. The huge advantage is keeping their own data in their own environment. PIA's are being update for the utilization of desktops. Had to do this to access Netcare and it more than meets requirements, both desktop and laptops can be used.

Homecare

For the Nurses working group, there is not a set amount of time and current work is reviewing policy of the Homecare program and may be done by Spring. They may need to change the membership of that group. Nurses are from all treaty areas and work on policies.

Action Item: Heather will send an email regarding CDPM and the Homecare and how they should be connected.



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Documents handed out during meeting included:

- First Nations and Inuit Home and Community Care 10 year plan 2013-2023
- First Nations and Inuit Home and Community Care – Project Fact Sheets (May 2015)
- Developing First Nations Dementia Fact sheet
- Improving Health Through Education
- Analysis of e-SDRT and e-HRTT data First Nations and Inuit Communities 2013/14
- Alberta Regional Home and Community Care Program Multi-year workplan (duration 3 years)
- First Nations and Inuit Home and Community Care Program

Action Item: Follow up regarding the ERDST report on nurses -40 to be clarified by Pam
Next Steps: Requirement from the subcommittee to approve the 2014-2017 Workplan as presented. Will need to discuss a new CA holder

Action Item: Darcy to figure out the rotation of the CA's and does this group want to use another HFA as KTC has held the CA for the past 3 years. (Home and Community Care training)

Question to reports from subcommittee include: Where in the whole area in the scope of work is there a best practice for Aboriginal Health care, home care best practices, homecare for Aboriginal Health on reserve. Want a body for evidence-based nurses. Suspecting that eventually a big piece of this will navigate through the health systems.

2016-06-29-#01 Moved by Heather Hirsch to approve the Alberta Regional Home and Community Care Program 2017-2020 Multi-year workplan, seconded by Tammy Bruno, all in favor, motion carried.

22. Date and Time of Next Meeting:

September 7 & 8, 2016	Red Deer, AB
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- May need a teleconference within a couple a weeks. Judy Halladay to provide a briefing note.

23. Meeting adjourned

- Moved by Shawn Grono, seconded by Wendy Ward @ 2:35 p.m.