



NIHB Subcommittee Zoom Meeting
December 4, 2020

Attendees	<u>NIHB Co-chairs</u> Jack Kennedy, FNIHB Kash Shade, Treaty 7 (BFC)	<u>HCoM Secretariat:</u> Erin Solway, Coordinator (Recorder) Debra Loyie, Assistant
	<u>NIHB Subcommittee Members:</u> Colleen McDonald, Treaty 6, ECN Jackie Alook, Treaty 8 <u>Liaisons:</u> Laurie Belcourt, Treaty 8 Anne Bird, Treaty 6 (YTC) <u>Presenters:</u> Keith Pink, FNIHB-ISC <u>Observers:</u> Amber Hamilton, Treaty 8 Kris Janvier, Treaty 8 Corey Leyte, FNIHB-ISC	Tessy Big Plume, Treaty 7 (SNTT) Kavita Prasad, Treaty 7 (SNTT) <u>Regrets:</u> Tracy Potts, Treaty 6 (YTC) Bernadette Crowchild, Treaty 7 (SN)

Agenda #1: CALL TO ORDER/OPENING PRAYER/ROUNDTABLE

- With a quorum present, the Co-chairs called the meeting to order at 9:09 am
- Colleen McDonald provided the opening prayer

Agenda #2: TRADITIONAL HEALER(TH)

Presenter: Jack Kennedy, FNIHB and Kash Shade, Blood Tribe



<p>Discussion</p> <p>NIHB Subcommittee November Traditional Healer Reporting and Utilization V2 deck</p>	<ul style="list-style-type: none">- Follow-up from October 30, 2020, discussions on the Traditional Healer benefit. Any feedback or comments from the Subcommittee.- Issue was the restriction on retaining funds. What happens if we do not have a report on. Focus on when there is a surplus of monies that have accumulated in the community. The first year of funding was late.- There are challenges of securing funds in the program. Hoping that the benefit is utilized and that reports are demonstrated.- Limited amount of funds. Funds are being utilized and to be accessed with NIHB. Attempting to make sure that TH is being utilized. Have seen agreements that show little TH utilization over a couple years. Agreement holders who are not using can impact the higher-level data. NIHB is being asked to use data. <p><i>Subcommittee comments:</i></p> <ul style="list-style-type: none">- In the Blood Tribe, each program has their own process in place on how they utilize traditional healers.- Q: Would the TH reporting be the same as the NIHB reporting timeline?- It is important to know who the CA holders are.- Tessa offered assistance to anyone needing help on the TH benefit- Emphasis on qualitative data, tells the story. Missing piece: protocol process is involved. FN shutdown, people were laid off. In the past, Nations gifted the Elders tobacco/blanket, horse & wagon, set traps, live off the land. Elders now must live in a hotel, eat out. Things have changed, keep in mind there is a protocol process that has focused on that. TH utilization has picked up greatly in Enoch.
--	---

Agenda # 3: MEDICAL TRANSPORTATION

Presenters: NIHB Co-chairs Jack Kennedy and Kash Shade



Discussion

- Challenges with communities accessing the benefit.
- Email from Jack Kennedy was sent-out November 30, 2020, to the Health Direct feedback, challenges and identifying issues. Willing to advocate.

Subcommittee comments/recommendation(s):

- Physiotherapy has been a challenge. Why does the therapist need to be out of a situation and cannot be from a private health service?
- Only transport to NIHB eligible therapists. Physiotherapy is in the same category as Chiropractors, Massage Therapists etc. It is available through AB Health care coverage. Loophole. Seg derived due to the pandemic, create an opportunity to demonstrate a need. Hear the voices of families. Can we provide transportation to families that need it? Snapshot on what the need is. Looked at for on-going MT support.
- Clients want to utilize massage therapy and acupuncture to heal from opioid and drug addictions.
- Retention of Medical Drivers has been an issue. Driver pay is less than CERB as Medical drivers are front line workers who are dealing with a complex clientele. They sometimes need to isolate for 14 days, in cases where clients have been tested for COVID-19, creating a shortage of drivers. Driver backlog on exams. Drivers are trained on mental health and first aid.
- Requesting additional funding for Driver's to receive a minimal comparable wage being front line workers during the pandemic.
- MT could provide a mobile unit to transport this person to the community. Advertise clinic on wheels.
- Jack indicated that if someone travels for a medically necessary appt they can pick-up their prescription. Do not usually have an empty vehicle for prescription pick-up.
- Jack will bring forward this item to determine if NIHB can support prescription service during the pandemic. Example: when the regular appt is for addiction treatment, picking up sub prescription is an eligible MT trip
- Currently in the Blood tribe the LPN and registered nurse sign out medication from the pharmacy and deliver the dose to their clients in the community.
- Enoch has a pharmacy offering curbside pickup. Concern with the vulnerable population unable to travel to pharmacy to pick-up, pharmacy can deliver. Consideration for drivers to pick-up with extra financial compensation.
- Keith Pink indicated that the cost of delivery can be included into the cost of all prescription medications. Pharmacies are willing to deliver to clients. Will bring it up to HQ again.
 - o Addiction treatment – injections/meds – Pharmacists are qualified to administer those
- Concern for isolated communities, how would this service work for them to receive their medication. Driver/manpower – one shipment to Canmore & Longview. Policy to be more flexible for issues accessing their pharmacy.
 - o Requested information to include delivery fee. Service providers may not be aware or like to communicate that.
 - o Mileage rates to be increased in this time of need. The pros and cons of the environment it affected the MT services for Doctor's.
- Jack indicated that he understood challenges – delivery by pharmacy may not be an option. send message out to providers. Transition to HHCIPS. Challenge is if the providers are willing to make a difference for people in communities.
 - o Mileage rate concern will be brought forward.
- There have been inquiries from the community on the use of private vehicle rates. When pressure from COVID-19, people are more likely to take private vehicle. When they see



DRAFT

Action Items	Person Responsible	Deadline
3.1 Subcommittee requested an update on mileage rate increase request. Report back at next meeting.	Jack Kennedy	February 2021
3.2 NIHB to send an update to communities. List of potential tax providers.	Jack Kennedy	December 2020

Agenda #4: FINANCE UPDATE

Presenter: Keith Pink

Discussion	<ul style="list-style-type: none"> - FNIHB emailed out request to CA holders requesting a general overview on financials everyone was sitting as they approach the end of 2019/2020 FY. Regions have been different finances. - Reasoning behind request; most communities have only been putting 1 person in the transporting which has been given different statistics. It is hard to predict on communities. Received 6 responses with varying financial positions. - Next Step: pressure request to see which communities require additional funding. Do NIHB receives a better response. - Will look at top-up for specific benefit areas. Funds are limited but do have some funds. - Vehicles - If a community needs another vehicle. 20Km on a vehicle. Vehicles are accumulating more mileage, look at upgrading those vehicles earlier. Email to be sent out this week. Appreciate cooperation on sending requirements. - Deadline: before Christmas break starts. Assist in early new year to have funds dispersed. - Keith Pink update on MTRS problem at HQ in October 2020. Everything was shutdown due to a security problem. Had to try come up with a fix. IT is coming out for new fix for programs, MTRS is included. IT will be looking at doing testing on security fix mid-late 2021, communication will be sent out. They are looking at introducing a fix implement week Feb 2021. - Include community members in the MTRS testing. Community clerks will be affected
------------	---

Action Items	Responsible	Date
4.1 NIHB to send out dates and times of office closure and who to contact during office closure.	Keith Pink, FNIHB	As soon as possible.

Agenda #5:

Next Meeting:	TBD – January 2021
Adjourn	Co-chair Motion to adjourn the meeting at 10:38 am.