

## BOARD OF DIRECTORS REGULAR MEETING

### MINUTES

June 23, 2021, 5 – 7 PM

Virtual Meeting

#### Board Members

Doug Cochrane, Chair  
Karen Hamling  
Spring Hawes  
Diane Jules  
Selena Lawrie  
Allan Louis  
Cindy Popescul  
Cindy Stewart

#### Resource Staff

Susan Brown, President & CEO (Ex Officio) (regrets)  
Karen Bloemink, VP Pandemic Response & Surgical Strategy  
Dr. Sue Pollock, Acting Chief Medical Health Officer  
Lori Parker, Executive Assistant (recorder)

#### Guests/Presenters

Item 2.2:  
Ginny Becker, Executive Director, Child Advocacy Centre  
Chief Chris Derickson, Westbank First Nation  
Tami Lund, Executive Director of Service, Ministry of Child and Family Development  
Superintendent Kara Triance, Officer in Charge, RCMP Kelowna Detachment

| ITEM   | DISCUSSION  | ACTION |
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| <b>1.0 CALL TO ORDER</b>                       | Chair Cochrane called the meeting to order at 5:00 pm.  |        |
| 1.1 Acknowledgement of Traditional Territories | <p>Chair Cochrane acknowledged that we are gathered on the traditional territories of the seven Interior First Nations, and the fifteen Métis Chartered Communities, where we are privileged to live, learn, collaborate and work together. He was grateful to speak from the traditional territory of the Syilx Nation.</p> <p>Chair Cochrane recognized that June 21, 2021 was National Indigenous Day, and acknowledged the recent confirmations of unmarked graves at residential schools in both Kamloops and in Saskatchewan.</p> <p>A moment of silence was provided for personal reflection on the history of the treatment of Canada's First Nations, Métis and Inuit Peoples, and on the effect of colonialism on the Aboriginal Peoples.</p> <p>Chair Cochrane welcomed new and returning Board Members, Director Cindy Popescul and Director Dennis Rounsville.</p> <p>A review of the agenda was provided.</p> |        |
| 1.2 Declaration of Conflict of Interest        | There were no changes to the recorded conflicts of interest on file.  |        |
| 1.3 Approval of Agenda                         | The agenda was adopted as presented.  |        |
| 1.4 Adoption of Consent Agenda                 | The consent agenda was adopted as presented.  |        |
| 1.5 Follow Up from Previous Meeting            | None.   |        |
| <b>2.0 NEW BUSINESS</b>                        |   |        |
| 2.1 COVID-19 Pandemic Response Update          | Dr. S. Pollock, Acting Chief Medical Health Officer and K. Bloemink, VP Pandemic Response and Surgical Strategy provided an overview of the pandemic and immunization implementation.   |        |

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|  | <p>Highlights include:</p> <ul style="list-style-type: none"> <li>• There has been a steady decline of cases across BC and the Interior Health region since April 11, 2021.</li> <li>• There are no current outbreaks within the Interior region.</li> <li>• The BC Restart Plan was reviewed, which included four indicators: <ul style="list-style-type: none"> <li>○ Declining COVID-19 case counts</li> <li>○ Declining COVID-19 hospitalizations</li> <li>○ Increasing vaccination rates</li> <li>○ Declining COVID-19 mortality rate</li> </ul> </li> <li>• It was confirmed that the Interior Health region is in Stage 2 of the provincial restart plan, and will continue to monitor the indicators until July 1, when it is hoped to move to Stage 3.</li> <li>• Masks remain mandatory in public spaces, physical distances to be maintained, and staying home when sick and if sick, obtaining a COVID-19 test. Gradual return to workplaces may occur, and up to 50 spectators are allowed at outdoor events.</li> <li>• Immunization updates provided; more information is available on the <a href="#">external webpage</a>.</li> <li>• Gratitude expressed to IH employees and medical staff, pharmacists, community physicians, paramedics, firefighters, retired health-care professionals, the Canadian Red Cross, volunteers, and local government and communities for working together to achieve these immunization goals.</li> </ul> <p>Question/Answer:</p> <ul style="list-style-type: none"> <li>• Second dose vaccinations were discussed, and it was stated that in BC there is an opportunity for those who received their first dose of AstraZeneca to choose to have the same version for a second dose, or to receive the MRNA vaccine instead.</li> <li>• Director Jules stated that she has been advising First Nations community members to register and book their second doses using the provincial online booking system, even though they received their first dose at an “in community” clinic (from FNHA and or IH). Confirmation was provided that this information is correct. IH continues to work with the First Nations Health Authority to bring clinics to the First Nations communities for further immunizations of both dose one and dose two.</li> <li>• It was confirmed that the province continues to support that the time required between the first and second doses are a minimum of eight weeks, and the maximum is 16 weeks. Those registered with the provincial online booking system will receive notification to book their second dose after 8 weeks of receiving their first dose.</li> <li>• It was noted that the data provided translates to 70% of the eligible population aged 12 years and older have had their first</li> </ul> |  |
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|   | <p>dose; the target is 80% or more of the Interior Health population to be immunized.</p> <p>Chair Cochrane expressed his gratitude over how smoothly the Westbank clinic ran when he received his immunization.</p> <p>On behalf of the Board, Chair Cochrane welcomed and thanked Sue Pollock for stepping back into the role of Acting Chief Medical Health Officer. It was also noted that the Pandemic began with her in that role, and her expertise is appreciated.</p>   |  |
| <p>2.2 Child Advocacy Centre Update</p> | <p>Chair Cochrane introduced the guests and thanked them for coming to present their topic.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> <li>• G. Becker provided an overview of the collaborative partnerships between agencies.</li> <li>• Chief Derickson spoke about the young generations that are being molded to lead us into the future, and the reshaping of Canada to better understand victims of abuse, neglect or those unacknowledged by society.</li> <li>• Chief Derickson recommended viewing the Centre's <a href="#">website</a>, and when safe to do so, to take an in person tour of the Centre.</li> <li>• G. Becker spoke about the impacts of abuse over time, and how the story can progressively change with advocacy centres like this one.</li> <li>• An overview of the traditional system was provided.</li> <li>• T. Lund acknowledged that she lives and plays on the land of the Secwepemc Peoples, and that she works on the land of the Syilx Peoples.</li> <li>• It was stated that the collaboration around the work is changing the way that service delivery functions for children and youth experiencing trauma. Partnerships and system changes were discussed.</li> <li>• Superintendent K. Triance is the officer in charge for the geographical area from Lake Country to Peachland. She stated that partnerships and collaboration can create meaningful change, address childhood trauma and focus on prevention.</li> <li>• Superintendent Triance spoke about a recent study, which showed that of incarcerated participants 95% of men and 97% of women experienced acute trauma prior to being charged with a crime. Focussing on providing preventative systems can counteract instances of reoccurring trauma.</li> </ul> <p>Question/Answer:</p> <ul style="list-style-type: none"> <li>• It was stated that there are more than 40 centres in Canada and eight in BC that work collaboratively as a provincial and national network to ensure that children have access to services.</li> <li>• Superintendent Triance stated that an older statistic revealed that only 2-3% of violence/abuse is reported to police. By</li> </ul> |  |

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|                              | <p>partnering to build trust more people will start reporting which will create more need of services.</p> <ul style="list-style-type: none"> <li>• It was stated that all staff receive cultural awareness training, and build and use culturally safe, informed practices. It was noted that First Nation Partners were involved in the building stage to ensure the rooms felt culturally safe.</li> <li>• It was advised that the centres are not-for-profit and are supported by the provincial network. Other centres opening in BC include one in Kamloops, and one in Burnaby.</li> <li>• It was stated that the CAC provides an intake from a report of abuse or maltreatment made to either the Ministry or Police.</li> <li>• There was purposeful design to incorporate research and evaluation. The CAC is partnering with UBC.</li> <li>• It was stated that the goal is to prevent abuse from occurring generationally.             <ul style="list-style-type: none"> <li>○ The Centre provides preventative education and awareness, partnering with school districts, Elizabeth Fry, and the Foundry.</li> <li>○ Traditionally supports are centred on the child, the CAC provides a focus on the child and their support network.</li> <li>○ There is an opportunity to build different relationships between children and law enforcement; police are dressed in plain clothes at the Centre and work with the kids in a child focussed manner.</li> <li>○ The RCMP is endeavouring to provide a better cultural safety component and acknowledge history of reconciliation, and acknowledging the inherent right for Indigenous Peoples to make decisions and create their path for healing.</li> </ul> </li> <li>• It was stated that the presentation shows the work being done to break down barriers:             <ul style="list-style-type: none"> <li>○ RCMP acknowledging the past and making changes for the future.</li> <li>○ The new role of child and family advocate builds a holistic approach so the child has a safe journey, which starts with safety plans and ways keep the child with their family, or extended family wherever possible, while providing supports to protect the child.</li> </ul> </li> </ul> <p>Chair Cochrane expressed gratitude for everyone who contributed to the presentation and offered continued support of the work being done.</p> |  |
| <b>3.0 STANDING REPORTS</b>  |  |  |
| 3.1 President and CEO Report | Chair Cochrane reported that the President and CEO sent her regrets and was unable to join this meeting.   |  |
| 3.2 Board Chair Update       | Chair Cochrane provided an overview of recent activities including:  |  |

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|                        | <ul style="list-style-type: none"> <li>• With the news of the unmarked burial sites in Tk’emlúps and in Saskatchewan, on behalf of the Board, support was offered to the Aboriginal Peoples. It was noted that the Sisters of St. Ann came forward to offer enhanced access to private records to aid in identifying the children.</li> <li>• Participated in the provincial First Nations Partnership Table addressing the recommendations of the <i>In Plain Site</i> report.</li> <li>• It was noted that the Board of Directors recognized and approved the Interior Health Board Statement on Racism which will be shared with the Public.</li> <li>• Attended the graduation of the second cohort for Physician Quality Improvement. Eighteen projects led by physicians and administrative staff in a dyad model to affect change in healthcare were presented.</li> <li>• Acknowledgement of the success of vaccination program.</li> </ul> <p>Chair Cochrane adjourned the meeting by thanking the guests and the attendees.</p> |  |
| <b>4.0 ADJOURNMENT</b> | The meeting adjourned at 6:23 pm.   |  |