

Terms of Reference

Executive Sponsors:

Brenda Huband, Vice President & Chief Health Operations Officer (Southern AB)
Peter MacKinnon, Senior Program Officer, Population, Public and Indigenous Health
Nadine McRee, Executive Director, AHS Indigenous Health Program

Purpose:

The Wisdom Council and Elder Circle fulfills an advisory function to the Executive Leadership Team and to the President and Chief Executive Officer of Alberta Health Services (AHS).

Terms of Reference

The Wisdom Council and Elder Circle will provide guidance and recommendations to AHS on service delivery, program design, and evaluation for province-wide, culturally appropriate health services delivered by AHS to Alberta's Indigenous peoples. The Wisdom Council and Elder Circle will provide guidance and recommendations that draw upon traditional and cultural knowledge and practices to ensure appropriate and innovative health service delivery for Indigenous people in Alberta.

Mandate

The Wisdom Council and Elder Circle will consider health priorities, resource needs and service delivery for Indigenous people throughout the province, drawing upon expertise of the Elder Circle and other expertise as required, to provide guidance and recommendations to AHS on the following, but not limited to, as it relates to the health of Alberta's Indigenous peoples:

- Improving access, quality and health outcomes
- Cultural safety, humility, literacy and professional education
- Relationship and partnership development
- Health literacy
- Communication strategies
- Program development
- Research and evaluation
- Traditional healing practices

Roles and responsibilities

The objective of the Wisdom Council and Elder Circle is to advise AHS on health for Indigenous people. The Wisdom Council and Elder Circle is responsible to:

- Review and provide guidance to AHS system-wide priorities and strategies to improve health and wellness for First Nations, Métis, Inuit and urban-based Indigenous people.

- Provide guidance on how AHS programs/services can be adapted to meet the health needs of Indigenous people and enable services to support traditional healing in primary, secondary and tertiary health service delivery.
- Identify issues, gaps and barriers such as inequitable access for Indigenous people and identify strategies to address them.
- Provide guidance on health planning, implementation and evaluation through community engagement strategies that maximize effective internal and external stakeholder relationships to increase AHS' involvement with Indigenous communities.
- Consider workforce development issues and make recommendations with respect to opportunities for Indigenous people to facilitate workforce career development and sustainability.
- Provide guidance and recommendations on workforce development within AHS that contributes to competence and cross-cultural relationships and improves cultural safety and health service delivery.
- Develop an annual work plan with measures (key performance indicators) for review and approval of the AHS Executive Leadership Team.
- Develop an annual report for review and approval of the AHS Executive Leadership Team.

Wisdom Council and Elder Circle Membership:

The membership includes up to 20 people. Members will include two representatives from each of the AHS Zones (South, Calgary, Central, Edmonton and North) as well as representation from Métis and Inuit communities and Indigenous youth. An effort will be made to ensure equitable Treaty, rural and urban representation, particularly among the Elder Circle. Senior Advisors within the Indigenous Health Program will work in conjunction with Indigenous communities in Alberta to recruit Wisdom Council and Elder Circle members who are supported by their communities and appointed by the AHS Executive Leadership Team.

Membership includes two groups who collaborate closely together:

Elder Circle

The Elder Circle is made up of 6-8 elders. The role of the Elder Circle members is to provide guidance and insight to Wisdom Council members based on their experience and status within Indigenous communities.

While Elder Circle members are not expected to attend Wisdom Council meetings in their entirety, including presentations, they are welcome to participate in the full meeting. Elder Circle members will be encouraged to attend at a specified time to provide wisdom and guidance to the Wisdom Council. The time frame for Elder participation will be provided by the Chair and Vice-Chair with the notice of the meeting and directly to the members of the Elder Circle. The goal is to ensure AHS and the Wisdom Council make the best use of the valuable time of Elders and respect the key leadership roles they hold in their home communities.

The Elder Circle members will have an expanded role beyond the Wisdom Council and may also act as advisors to Health Advisory and Provincial Advisory Councils on Indigenous Health issues.

Council Members

There are 12-14 Wisdom Council members who participate in all scheduled meetings including presentations and discussions. The role of Wisdom Council members is to provide guidance and recommendations to ensure AHS develops and implements culturally appropriate and innovative health service delivery for Indigenous Peoples.

Membership shall consist of:

- Wisdom Council (12-14 members)
- Elder Circle (6-8 members)

Non-members shall consist of:

- President and CEO, or designate;
- Senior Program Officer, Population, Public and Indigenous Health
- Executive Director, Indigenous Health Program
- Executive Director, Community Engagement and Communications, or designate
- Cultural helpers
- Indigenous Health Program directors, as needed

Appointments to the Wisdom Council will be made for three-year terms with the option for renewal, not to exceed six years of total time served. Appointments to the Elder Circle will be self-determined following an annual review between the Elder Circle members and the Chair to discuss ability and desire for ongoing commitment to their role.

Chair:

A Chair and Vice-Chair will be appointed by members of the Wisdom Council for adoption by AHS Executive Leadership Team. The Chair and Vice-Chair will hold the positions for up to a three-year term and be available during their tenure to participate in the planning and implementation of Council meetings, activities and communications. The Chair and/or the Vice-Chair may also be Elders but should not be considered to be part of the Elder Circle; however, should their term on Wisdom Council end, they may be considered for membership in the Elder Circle.

The Chair will meet annually with each member of the Elder Circle to discuss their experience and review their role to determine interest and ability to remain on the Elder Circle.

Meeting Frequency:

There shall be a minimum of three in-person meetings per year which shall be scheduled at the beginning of the fiscal year. Wisdom Council members shall attend all scheduled meetings. Where weather or ability to travel is an impediment to holding a meeting, technology may be incorporated (Video conferencing, Skype or Telehealth at AHS sites closer to individual's homes could be considered.)

The Elder Circle will attend for one-half day meeting to provide their guidance and advice to Wisdom Council members on any key initiatives or decision-making items. They are welcome to attend the Wisdom Council meeting in its entirety.

Quorum:

A quorum shall consist of 50 per cent plus one of the core membership. Electronic/virtual participation is permitted.

Open invitation:

The Minister of Health and the Deputy Minister of Health, or their respective designate(s), have an open invitation to attend Council meetings. As per bylaws, meetings are open to the public.

Decisions:

Decisions shall be made on the basis of consensus.

Roles and responsibilities

Council members shall be responsible to:

- Promote and support improved health and a patient focused health system;
- Prepare for meetings in advance by reading or researching information provided;
- Ensure items brought forward are approved by members;
- Ensure items align with AHS Strategic Directions;
- Ensure action items are followed up in a timely manner;
- Participate on sub-committees and working groups as required;
- Identify issues and problem resolution; and
- Produce a brief annual report for the June meeting of each year.

Secretariat:

A Secretariat will be created to support the work and role of the Wisdom Council from within the Population, Public and Indigenous Health and Community Engagement teams. Members will include those with expertise and knowledge in the health spectrum for Indigenous people and candidates will be appointed to support this function for the Council.

Membership may include, but is not limited to, people with expertise in the following areas:

- Prevention, Health Promotion and Wellness
- Acute, Primary, Tertiary, and Supportive Healthcare
- Patient Advocacy
- Social Resource Advocacy
- Health Literacy
- Research and Evaluation
- Professional Education
- Addiction and Mental Health
- Community Engagement

Sub-Committees and Project Groups:

The Wisdom Council may from time to time, as required, recommend to AHS Executive Leadership Team, the formation of project groups to achieve time-limited work, or seek expertise not resident within the Wisdom Council. With approval, these project groups will:

- Be established for a maximum length of time, appropriate to need;
- Report back to the Wisdom Council on progress;
- Provide a written report to the Wisdom Council upon completion of their specific task or project; and
- Fulfill such deliverables as requested by the Wisdom Council.

Recruitment and Vacancy Management:

Recruitment: Senior Advisors within the Indigenous Health Program will work in conjunction with Indigenous communities in Alberta to recruit Wisdom Council and Elder Circle members who are supported by their communities and appointed by the AHS Executive Leadership Team.

Vacancies: The Indigenous Health Program will work in collaboration with Indigenous communities in Alberta to fill Wisdom Council and Elder Circle member vacancies, who will then be appointed by the AHS Executive Leadership Team.

Remuneration of Wisdom Council and Elder Circle Members:

Remuneration of Wisdom Council and Elder Circle members will be in accordance to the AHS Indigenous Traditional Protocols as approved by AHS Executive Leadership Team based on their exclusive and distinct expertise. AHS Executive may authorize payment of expenses incurred by members of the Council in the course of acting as a member, which, in the opinion of the Executive, are reasonable. Payment of such expenses shall be pursuant to the terms set out in the AHS Travel, Hospitality and Working Session Expenses – Approval, Reimbursement, and Disclosure policy #1122, as amended from time to time. Consideration will be given to aligning honorarium with cultural protocols; more research into this process will be completed and incorporated into Terms of Reference.

Support to the Wisdom Council and Elder Circle:

Logistical and process supports to the Wisdom Council will be provided by the AHS Indigenous Health Program.

Relationship with Health Advisory Councils and Provincial Advisory Councils:

Health and Provincial Advisory Councils can provide a valuable perspective on Indigenous health issues. The Wisdom Council will work to establish relationships with these Councils and to seek their input where appropriate. The Elder Circle, in an expanded role, may be available to Health and Provincial Advisory Councils to provide advice on Indigenous Health issues within Zones.

Reporting:

The Wisdom Council and Elder Circle will report through a designated AHS Executive leader to the President and Chief Executive Officer.

Approval:

These Terms of Reference may be reviewed and approved as required by AHS Leadership Team.

Evaluation:

The Wisdom Council and Elder Circle will conduct a self-evaluation annually for inclusion in its Annual Report to AHS.

Notice:

Notice of the date, time and place of every meeting of the Wisdom Council shall be given electronically, at least seven days in advance of a meeting. In the event the Wisdom Council Chair or Vice-Chair or the Executive Leadership Team determines an urgent requirement to meet, notice of the time and place of the meeting may be given electronically or by telephone at least 24 hours in advance.

Agenda/Minutes:

The Indigenous Health Program will provide administrative support for meeting scheduling, agendas, minutes and communications.

Minutes will be circulated to the Wisdom Council members as well as the ad hoc members, in a timely manner.

Resources:

Resources required for the Wisdom Council may include:

- Volunteer expenses;
- Alberta Health Services personnel;
- Office supplies; and,
- Meeting space.

Amendments: The Terms of Reference will be reviewed at the first Wisdom Council meeting of each fiscal year, with recommendations to the AHS Executive Leadership Team for changes as required.

Approval: These Terms of Reference will be reviewed and revised as required by the AHS Executive Leadership Team.