

**MINUTES OF A PUBLIC MEETING (“MEETING”) OF THE
BOARD OF DIRECTORS (THE “BOARD”) OF THE
PROVINCIAL HEALTH SERVICES AUTHORITY (“PHSA”)
HELD ON THURSDAY, JUNE 24, 2021
AT 9:45 A.M.**

Directors:	Tim Manning, Chair Suki Gill Robert Kiesman Sharon Stromdahl	Dr. Ken Bassett Sandra Martin Harris Chief Clarence Louie	Donisa Bernardo Dr. Kerry Jang Gary Pooni
Guests:	Elder Gary Oleman Dr. Stuart Turvey, Senior Executive Director (Interim), Research BC Children’s Hospital		
Management:	Dr. David Byres Michael Lord Dr. Maureen O’Donnell Zulie Sachedina	Laurie Dawkins Scott MacNair Donna Wilson Carolina Cerna (Recorder)	Lexie Flatt Kendra McPherson Susan Wannamaker

1.0 CALL TO ORDER

Mr. Tim Manning, Board Chair, called the Meeting to order at 9:45 a.m. It was established that a quorum of the Board was present. Ms. Carolina Cerna was appointed recording secretary of the Meeting.

2.0 LAND ACKNOWLEDGEMENT

The Chair provided the land acknowledgement and welcomed Elder Gary Oleman to provide the Indigenous Welcome for the meeting.

3.0 INDIGENOUS WELCOME

The Chair advised Elder Gerry Oleman who is of St’át’imc descent from Shalalth, BC and has worked in human service since 1976. In addition, Elder Gerry works with Indigenous Health at PHSA primarily in Indigenous Youth Wellness and the San’yas Training program.

Mr. Manning also paused and acknowledged the weight of the extraordinary tragedy of the discovery of 215 bodies at the Kamloops residential school and the finding of the 751 unmarked graves discovered on Cowessess First Nation in southeast Saskatchewan and stated that as an organization, PHSA is committed to addressing systemic racism in our organization and the larger healthcare system.

4.0 CHAIR ADDRESS TO THE PUBLIC

The Chair provided an address to the public and stated that since our last Board meeting on April 29, 2021. Provincial Health Officer Dr. Bonnie Henry announced that we were moving into stage two of the COVID-19 Restart Plan, and with that we are on the road to resuming face-to-face interaction across both our personal and professional lives. Key to this, of course, is the tremendous success of the provincial COVID-19 immunization plan. Most recent data indicated that close to 76% of all eligible people, 12 and up, in British Columbia had received at least one dose of vaccine. The rates are even higher for some target populations like physicians, paramedics, and those who are Clinically Extremely Vulnerable. It is simply extraordinary to think of how far we have come since this time last year.

The Chair, on behalf of the board, extended appreciation to the staff, medical staff and leaders across PHSA who are contributing to the ongoing pandemic response, including vaccination efforts, but also to all those who are making a difference above and beyond COVID. The board is grateful for the continuous display courage, compassion and true innovation.

5.0 QUESTIONS FROM THE PUBLIC

The Chair acknowledged receipt of a question the public. A PHSA employee posed the question of “*Why will there be two PHSA policies for anti-racism?*” Adding that “*we are all human beings – so shouldn’t it just be one policy for all?*”

Mr. Manning addressed this question, which is in reference to “Addressing Anti-Indigenous racism” policy and the broader “ACT on racism” policy, highlighting that it is important that we, as settlers and guests on this land, honour and recognize the land that Indigenous Peoples have cared for over many, many years. It’s important that we acknowledge that – as part of our history, and as part of our commitment to collaborating with and honouring those who came before us.

There have been a number of reports and important work done to really underscore the importance of specifically addressing racism against Indigenous Peoples: to name a few, Mary Ellen Turpel-Lafond’s recent report, *In Plain Sight*, the national report by the Truth and Reconciliation Commission, and globally, the United Nations Declaration on the Rights of Indigenous Peoples.

What these reports have told us is that, in order to move toward reconciliation, we have to acknowledge some truths. And the truth is, for many years, there have been racist and colonial practices that have harmed Indigenous Peoples *disproportionally*. We must acknowledge this, distinctly, and work together to improve health outcomes for Indigenous Peoples, alongside our partners, with open hearts and minds.

The Chair stated that we are making progress, but we still have plenty of work to do to make PHSA a fully inclusive workplace. Racism, in any form, has no place in a culturally safe place to seek care.

Mr. Manning extend his sincere appreciation to the board members and the members of PHSA’s executive leadership team who are championing this work, with a focus on tangible actions and improved outcomes and thanked the individual who asked this question, as it is an important opportunity for us to acknowledge the critical work that must go into combatting racism against Indigenous Peoples, but also, racism as a whole.

6.0 DECLARATIONS OF CONFLICTS OF INTEREST

The Chair requested the Directors to declare any conflict with the agenda items. No declarations came forward.

7.0 APPROVAL OF JUNE 24, 2021 MEETING AGENDA

Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors approves the Meeting agenda as circulated.

8.0 APPROVAL OF APRIL 29, 2021 OPEN BOARD OF DIRECTOR MEETING MINUTES

Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors approves the minutes of the public Board meeting held April 29, 2021.

9.0 PRESENTATION

Who knew that clues to childhood asthma could be found in dirty diapers?

Dr. Maureen O’Donnell, EVP Provincial Clinical Policy, Planning & Partnerships introduced Dr. Stuart Turvey, Senior Executive Director (Interim), BC Children’s Hospital Research Institute (BCHRI) to the meeting to present the findings on this topic. BCHRI play a pivotal role in health sciences education with more than 800 researchers.

Dr. Turvey is a valued member of the clinical community at BC Children’s Hospital. In addition to his leadership role at the Institute, Dr. Turvey is a Principal Investigator at BC Children’s Hospital; a Canada Research Chair in Pediatric Precision Health; was awarded the Aubrey J. Tingle Professor of Pediatric Immunology prize and is a Professor, Division of Allergy and Immunology, Department

of Pediatrics at the Faculty of Medicine, UBC. Dr. Turvey's presentation showcases the link between clinical research and clinical care.

Dr. Turvey's presentation explored the association between early life antibiotic use and pediatric asthma. Pediatric Asthma is the number one chronic disease in childhood, is the number one reason why children interact with our health care system and the number one reason why children miss school in early childhood.

Why do Children develop asthma? The paradigm used to address the problem is embedded in the Development of Origins of Health and Disease. We know that children who are born in larger family and go to day-care or are exposed to farm or farm animals are less prone to asthma. Underlying this is the early life exposure to microbes.

When children are born, they are exposed to few microbes and are then slowly and further exposed as they develop, creating changes to their immune system. Microbes that live within the child's body train the immune system. If children are not exposed, immune system training is not as affective. As we move to become more industrialized, we lose microbial diversity and that's where we see illnesses, such as asthma.

Dr. Turvey's cohort of study included 3,495 families recruited prenatally from 4 provinces across Canada. Clinical data and biological samples have been collected. from infancy to 5 years. This research identified associations between early life antibiotic use and asthma. Province wide data provides insight on how many children were getting antibiotics in their first year of life, and how many went to have asthma later in their early years, showing strong association between antibiotics and risk to asthma.

- 6% of children were diagnosed with definite asthma at age of 5,
- ~20% of children received systemic antibiotics in the first year of life.

Over the years, studies across the world support Dr. Turvey's research findings.

Conclusions:

- 1-in-5 Canadian children receive systemic antibiotics before their first birthday.
- Systemic antibiotic use before 1yr is associated with increased risk of being diagnosed with asthma at age 5yrs.
- Antibiotic exposure is associated with microbial dysbiosis and differences in the trajectory of gut microbiome development.

What can we do?

Introduce: Encourage breast feeding and "re-wilding" urban environment

Maintain: Breastfeeding and minimize household disinfectants

Intervene: Swab microbes after C-section; live bio therapeutic products and feed prebiotics to reintroduce healthy bacteria after antibiotic treatment.

Questions and comments:

What is the connection between diversity and microbiome in the gut and asthma? Research shows that there is specific bacteria that is missing. The link we are trying to understand is that bacteria that lives in the gut and metabolizes, trains the immune system and therefore reduces asthma. These microbes that live in the gut may metabolize and this is the currency they talk to our bodies. There is ongoing research to support this hypothesis.

Regarding re-wilding of the environments: It is important to not be afraid of bacteria. There is a universe of bacteria that is helpful to us. Get the kids out and play, letting them go to the farm and play with pets is healthy. As we design urban spaces, it is important to allow biodiversity element. Similar to the work done on child's playground.

How is the information and the research being disseminated and delivered to clinicians and families? Team is committed to knowledge transfer through multiple mechanisms, telling stories in multiple ways time and time again. Working with Children’s Hospital, BCCDC, and working with Cartoon/YouTube style videos to be used for education. Dr. Findley made a movie “let them eat dirt” embracing concept. Team is committed to getting message out through multiple mechanisms.

The Chair thanked Dr. Turvey for his presentation and for his significant research and dedication to this topic. This type of research reinforces the relationship between clinical care and academic research.

10.0 BOARD COMMITTEE REPORTS

10.1 Cultural Safety & Humility Committee

Ms. Sandra Martin Harris, in her capacity as Chair of the Cultural Safety & Humility Committee indicated that there were no matters to report to the board at this time.

10.2 Finance Committee

Mr. David Turchen, in his capacity as Chair of the Finance Committee advised of one item for approval.

For Approval

FY2020/21 PHSA Capital Fund Update

The Finance Committee recommends to the PHSA Board of Directors ratification of the updated 2020/21 PHSA Capital Fund of \$222.2M.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors ratify the updated 2020/21 PHSA Capital Fund of \$222.2M

10.3 Audit Committee

Ms. Suki Gill, in her capacity as Chair of the Audit Committee advised of two items for approval.

For Approval

Reappointment of External Auditor

The Audit Committee recommends to the PHSA Board of Directors the annual reappointment of PricewaterhouseCoopers (PwC) to provide audit services for the 2021/22 fiscal year.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board reappoints PricewaterhouseCoopers (PwC) to provide audit services for the 2021/22 fiscal year.

Name of the Committee

The Audit Committee recommends to the PHSA Board of Directors that the name of the Committee be changed to the Audit and Risk Committee.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board approves the name change of the Boards’ Audit Committee to Audit and Risk Committee

10.4 People and Governance Committee

Mr. Robert Kiesman, in his capacity as Chair of the People and Governance Committee advised of three items for approval.

For Approval

Appointment of PHSA Health Authority Medical Advisory Committee (HAMAC) Chair

The People & Governance Committee recommends to the PHSA Board of Directors the appointment of Dr. Eric Webber as the Chair of the Provincial Health Services Authority Health Authority Medical Advisory Committee (“HAMAC”) for a term of one year, be approved.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board approves the appointment of Dr. Eric Webber as the Chair of the Provincial Health Services Authority Health Authority Medical Advisory Committee (“HAMAC”) for a term of one year.

Amendments to PHSA Medical Staff Rules

The People & Governance Committee recommends to the PHSA Board of Directors the approval of the to the Provincial Health Services Authority Medical Staff Rules with changes as set out in the materials provided to said committee.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board approves approval the Provincial Health Services Authority Medical Staff Rules with changes as provided to the People & Governance Committee.

Policy Updates

The People and Governance Committee carried out its scheduled review of Board Policies and Terms of References. Changes to the Policies were explained in the accompanying briefing notes and discussed. As a result, the Committee and recommends to the PHSA Board the approval of the following Board Governance Policies and Terms of References, with the revisions recommended during the Meeting:

- Fostering a Culture of Respect;
- Board Chair Terms of Reference;
- Directors Terms of Reference;
- Board of Directors Terms of Reference;
- Officers of the Board Terms of Reference; and
- People & Governance Committee Terms of Reference.

Motion

It was **MOVED** and **SECONDED** that the PHSA Board of Directors approves the above noted Board Governance Policies and Terms of References with certain changes as discussed at the meeting.

10.5 Quality and Safety

Dr. Kerry Jang, in his capacity as Chair, Quality & Safety Committee, advised that there were no matters to report to the board at this time.

10.6 Research and Academic Development Committee

Ms. Sharon Stromdahl, in her capacity as Chair, Research and Academic Development Committee, advised of two items for information.

Gender and Why It Matters in Research

The Research and Academic Development Committee received an excellent presentation from Dr. Lori Brotto, Executive Director of the Women’s Health Research Institute, regarding issues of gender, sex, ethnicity, diversity and inclusivity in health research. Gender and sex have

profound impacts on health outcomes, and Dr. Brotto reviewed how WHRI actively addresses these issues, as well as those related to EDI, in both the conduct and focus of its research.

BC Cancer Pilot for Remote Access to Clinical Trials

The Committee was pleased to learn that BC Cancer - Prince George is participating in one of three proof of concept projects across the country aimed at enabling patients in remote and rural communities to participate in clinical trials when they do not have access to the healthcare centre where the trial is primarily offered. The project is being conducted in collaboration with Mills Memorial Hospital in Terrace and Kootenay Boundary Regional Hospital in Trail.

General practitioners in partner communities will undergo clinical trial training and help with patient follow-up, physical exams, and adverse event reporting, enabling patients from more remote communities, including First Nations, to commit to the multi-year follow-up programs needed for clinical trials. This project is possible because of the virtual health infrastructure established across PHSA during the COVID-19 pandemic.

11.0 NEXT MEETING

The next PHSA Board of Director's meeting is scheduled for Thursday, September 30, 2021.

12.0 TERMINATION

Meeting was terminated at 10:47 AM.