



Date: Tuesday, April 2, 2024 9:00 am – 11:00 am

Meeting Minutes

1. In Attendance & Welcome:

- Lisa, Brittany, Sophia, Tracey, Robbie, Barb, Bernie, Deepa, Carol, Jennifer, Giz, Leona, Beth, Sadie, Amanda, Roxanna, Denise
 - Regrets: Nola, Emily
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2. Action Follow Up – March

- NA
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3. Reporting

- Quarter 4 ORS is due no later than 9:00 am on Friday, April 5, 2024.
 - Narrative reports are due Friday, April 12, 2024.
 - Unaudited schedule bs are due April 30, 2024.
 - Audited financials are due June 30, 2024.
 - EFAN yearend financials are due April 30, 2024.
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4. EFAN Membership and Confidentiality Forms 2024

- The Edmonton and area Fetal Alcohol Network Society warmly invites individuals to join our network, fostering a collaborative environment where diverse views, talents, and expertise converge in community development, with a specific focus on Fetal Alcohol Spectrum Disorder.
 - <https://edmontonfetalalcoholnetwork.org/about/through-the-years/2024-2025/network-membership-2024/>
 - It is the policy of the Edmonton and area Fetal Alcohol Network Society that board members, volunteers, and independent contractors of the Society will not disclose confidential information belonging to, or obtained through their affiliation with the Edmonton and area Fetal Alcohol Network Society to any person, including their relatives, friends, and business and professional associates, unless the Edmonton and area Fetal Alcohol Network has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.
 - <https://edmontonfetalalcoholnetwork.org/about/through-the-years/2024-2025/confidentiality-2024/>
 - **Action: EFAN members to complete both forms asap.**
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5. Finances



Meeting Minutes

- \$738.26 (lanyards), \$199.50 (Sandify, EFAN banner design), \$328.13 (Vistaprint, EFAN banner).
- Upcoming expenses include Survey Monkey (WRAP), Board & Liability Insurance

6. Health Outcomes Fund Applications

- Motion, Lisa, seconded, Sophia, to provide the Bridges Programs with Leduc County, \$2,500 to run family/food security programming.
- Motion, Lisa, seconded, Sadie, to provide the Step-By-Step program with Catholic Social Services, \$1,500 to run Mother's Day programming.
- Expenditures April 1, 2023 – March 31, 2024: \$34,950.00

7. FASD Frontline Collective

- Spring fling: Tuesday, April 23, 2024, 9:00 am – 11:00 am.
- Location: Unlimited Potential (10403 172 Street, Unit 145)
- Agenda:
- <https://edmontonfetalalcoholnetwork.org/about/through-the-years/2024-2025/fasd-frontline-collective-spring-fling/>
- Agenda: visionary masks, speed networking, Towards Healthy Outcomes
- Our starting point is looking at the framework's core beliefs and examining what we currently do to support these beliefs, where do we struggle or what are the barriers/challenges, and what can we begin doing/change our practice to support these beliefs?
- Registration closes Friday, April 5, 2024.

8. In Focus: Across Program Referrals

- Efficient across-program referrals are vital in community development and social work, seamlessly connecting individuals with diverse needs to the right resources, from mental health support to specialized services like Fetal Alcohol Spectrum Disorder (FASD) assistance.
- MNA presentation.
- Senior resources.

9. 'Prevention Conversation' Project – Brittany

- Two day strategic planning May 29 and 30th.
 - Shifting from 'evaluation' to 'collective impact framework'.
 - Based on the updated framework Lisa will make changes to the prevention conversation blog.
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Meeting Minutes

10. 'WRaP 2.0 FASD Coaching Partnership' Project

- Project manager currently completing year-end review with FASD instructional coaches and supervisors/Network coordinators.
- Have yet to meet with the GoA representatives regarding the exit strategy.

11. New Research/Resources

- <https://preventionconversation.org/2024/03/25/the-prevalence-of-alcohol-use-during-pregnancy-in-canada/>
 - *The Prevalence of Alcohol Use During Pregnancy in Canada*
 - Key Message: In Canada, research on the prevalence of and risk factors associated with alcohol use during pregnancy is scarce. Current evidence suggests that the prevalence of alcohol use during pregnancy is rising globally, with an estimated 10 – 15% of pregnancies in Canada being alcohol exposed. In the issue paper CanFASD describes what is known about the prevalence of alcohol use in pregnancy, influences and factors associated with alcohol use during pregnancy, and the role of stigma in perpetuating fear, shame, and blame around substance use during pregnancy. They conclude with policy, practice, and research implications.
 - Policy and Practice Implications include:
 - Alcohol has become a normalized part of our society. Shifting gender norms and roles, as well as the increasing targeted marketing and advertising that posits alcohol as fun and as an aid for social connection, coping and relaxation, has contributed to women's increased alcohol use. Understanding the role of alcohol use in our daily lives and developing responsive policies to targeted marketing, can help reduce the overall prevalence of alcohol use in Canadian society.
 - Implementing alcohol policies such as those restricting availability can help improve everyone's health and contribute to reducing alcohol use during pregnancy while promoting women's and fetal health. Supportive alcohol policies that are trauma-informed, evidence-based, and harm reduction oriented can enable healthy pregnancies, while mitigating the barriers that prevent women from seeking medical and supportive services.
 - [Canada's Guidance on Alcohol and Health](#) is based on the principle of harm reduction and the fundamental belief that people living in Canada have the right to know that all alcohol use comes with risk. Provincial policies, including policies mandated through professional medical, nursing, and midwifery associations, must adopt a similar harm reduction oriented approach, so that providers can ask
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Meeting Minutes

questions about substance use in pregnancy and pregnant people feel safe to answer them.

- Integration of strengths-based, trauma-informed, and harm reduction-oriented approaches in service delivery can increase women's access to the services and supports that they may need to reduce their substance use. Such approaches address the complex external and internal factors influencing alcohol use during pregnancy, combat stigma, and address the structural and systemic influences that adversely impact maternal and fetal health outcomes.
- Normalizing conversations about alcohol use in the preconception and pregnancy periods, including through integrating questions about alcohol with conversations about nutrition and diet, can help foster a safe and non-judgmental environment for individuals who use alcohol. By normalizing conversations, providers can focus on building trust and relationships, thus decreasing stigma women experience when discussing alcohol use during pregnancy.
- Increasing the availability of preconception care can effectively aid increased health promoting behaviours and increase the effective use of contraceptive methods. Embedding discussions in school-based educational programming or brief interventions in preconception or during early years programs can help decrease the risk of prenatal alcohol exposure, unplanned pregnancies, and continued alcohol use prior to pregnancy recognition.
- Conclusion: In Canada, numerous social and structural factors have been associated with alcohol use during pregnancy, such as stigma, misinformation regarding safe levels of alcohol consumption, the normalization of alcohol use, and using alcohol to cope with trauma and other stressors. Despite understanding factors that contribute to alcohol use during pregnancy, there remains limited accurate and reliable information of the prevalence of prenatal alcohol use, including in Canada.

12. Rounds Table - Discussion

Upcoming meetings: May 7, 2024 at CASA (14940 121 a Ave, street parking only)