



Date: Tuesday, March 4, 2025

Meeting Minutes

- 1. In Attendance:** Brittany, Lisa, Denise, Bernie, Raelee, Barb, Shay, Beth, Carol, Mariam, Sadie, Sophia, Stephanie

I acknowledge that we are on the traditional lands of First Nations, Métis, and Inuit peoples, who have long cared for and stewarded it with deep respect and reciprocity. As a Ukrainian settler, I reflect on the privilege of calling this place home and the responsibility that comes with it—to listen, learn, and take meaningful action toward reconciliation.

As March moves in like a lion and out like a lamb, we are reminded that change is inevitable, both in nature and in the world around us. Global events demand our attention, yet we must also recognize the injustices and inequities in our own communities. Reconciliation is not separate from these struggles—it is part of the same global call for justice, equity, and healing. Let this season of transition be a reminder that our actions, no matter how small, shape the future we leave for the generations to come.

2. Action Follow Up – February 2025:

- **Action:** Lisa will post the LOAs up on the blog.
- **Action:** Signed Letters of Agreement must be returned by March 14, 2025.
- **Action:** Members to complete the membership form at <https://edmontonfetalalcoholnetwork.org/about/through-the-years/2025-2026/network-membership-form-2025/>
- **Action:** Lisa will create a 'WRaP' page, with the resources on the EFAN blog, including the 'staff only' section.
- **Action:** Members to circulate WRaP engagement surveys:

3. EFAN Business Priorities:

⇒ *Reporting*

- Quarter 4: January 1 – March 31, 2025
 - ORS is due no later than 9:00 am on Friday, April 4, 2025.
 - Narrative reports are due Friday, April 11, 2025.
 - Unaudited Schedule Bs are due no later than April 30, 2025.
 - Audited financial statements are due June 30, 2025.
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- LOAs due March 15, 2025 (please note, funding cannot be released until LOA is received)
- ⇒ *Finances*
 - Lisa expenses: \$67.96 Feb Mtg Tim Hortons, \$282.00 Room Rental Frontline Collective, \$67.96 March Mtg Tim Hortons.
 - Upcoming video ad for the WRaP 2.0 project, \$250 for Provincial Network meeting (to be send to CFAN).
 - Motion (Lisa) to approve current and upcoming expenses, seconded (Sadie), motion carried.
- ⇒ *FASD Service Network Program Update*
 - Planning a face-to-face meeting in Edmonton, sometime at the beginning of April 2025.
 - Higher level GoA Cross Ministry strategic plan expected to be released asap.
 - Met with Lakeland and Director Chris Emmerling.
- ⇒ *FASD Frontline Collective*
 - April 29, 2025 10 am – 12 pm
 - Event will include 30 minute welcome/introductions/get to know you, 30 minute Metis learning, 1 hour tuppie making.
 - Event will be capped at 35 people.
 - **Action: Lisa will email the Frontline Planning Committee the registration link, then forward the link to the agency supervisors to have staff register.**
- ⇒ *GRH request to present PINC pilot at April's membership meeting*
 - **Action: Frontline program supervisors will invite staff to the presentation.**

4. Health Outcomes Fund Applications

- \$65,050 allocated for April 1, 2024 – March 31, 2025
 - To date: \$62,500 (\$2,550 available).
 - Applications:
 - Bissell Centre, FASS: \$2500 (April 2025 – March 2026 Peer Support Group supplies, activity cost, food, and bus tickets)
 - Bissell Centre, FASS: \$2000 (Collective Kitchen for up to 10 individuals who have or may have FASD who are working with either the FASD System Navigator or FASD Adult Advocate program).
 - Bissell Centre, FASS: \$1500 (FASD December Holiday Event will provide opportunity for up to 40 individuals who are a part of the FASS program to participate in a one-time bowling social).
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- CSS, Step By Step, \$5000 (Mother's Day event)
- Elves, \$7,250 (Summer activities)
- EFRY, GES, \$3,500 Summer camp (July)
- EFRY, GES, \$3,500, Summer camp (August)
- Leduc, \$1,000, awareness activities/baking
- Leduc, \$3,000, workshops
- Leduc, \$1,000 summer activities
- CSS, Coaching Families, \$5,000 summer activities
- Motion (Lisa) to approve the applications, seconded (Sadie), motion carried.

5. Provincial FASD Initiatives:

⇒ *Prevention Conversation*

⇒ *WRaP 2.0*

- Year 4 annual report was emailed to the GOA this past Monday.
- Evaluator has had preliminary meeting with the researcher for peer-reviewed publication on the project.

6. New Research & Resource

⇒ Summary of Cook et al.'s Response to Difficult FASD Questions

Cook et al. provide an international response to concerns raised by Eliason et al. regarding the terminology and diagnosis of Fetal Alcohol Spectrum Disorder (FASD). They emphasize the necessity of maintaining FASD as a recognized diagnosis, reinforcing that prenatal alcohol exposure (PAE) is a neurobehavioral teratogen with lifelong impacts. The authors argue that eliminating the term does not reduce stigma but rather conceals it, removing opportunities for education, prevention, and support. They highlight the importance of diagnostic precision, reducing stigma without erasing the condition, and ensuring culturally informed care.

Key Takeaways

- i. FASD is a Unique, Recognized Disability – Unlike other neurodevelopmental disorders, FASD has distinct brain and behavioral impairments caused by PAE, making accurate diagnosis essential for appropriate support and care.
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- ii. Diagnosis Improves Understanding and Access to Services – Individuals with FASD and their families report that a formal diagnosis helps them understand their challenges, secure funding, and access necessary supports.
- iii. Eliminating the Term Does Not Reduce Stigma – Instead of removing the diagnosis, efforts should focus on reducing barriers and stigma surrounding prenatal alcohol exposure, particularly by working alongside women and affected families.
- iv. FASD and Postnatal Adversity Can Be Differentiated – Emerging research shows that FASD and the effects of postnatal trauma can be distinguished, reinforcing the importance of rigorous diagnostic criteria.
- v. FASD is Not a Racist Term – While FASD disproportionately affects marginalized communities due to colonialism, intergenerational trauma, and systemic inequities, the condition itself occurs across all populations, making equitable, culturally sensitive care crucial.
- vi. Listening to Lived Experience is Key – Achieving healthy pregnancies, reducing stigma, and improving care requires centering the voices of individuals with FASD, caregivers, and affected communities.
- vii. The response calls for continued international collaboration to ensure individuals with FASD receive the understanding, services, and respect they deserve.

⇒ Summary of Eliason et al.'s Response to Cook et al.

Eliason et al. clarify and expand on their original Viewpoint, emphasizing that while prenatal alcohol exposure (PAE) is a significant public health concern, FASD diagnosis alone is not sufficient to fully understand an individual's functional challenges. They argue that a universal neurodevelopmental profile for FASD has not been definitively established and that diagnostic frameworks must consider broader social, genetic, and environmental factors. The authors stress the importance of anti-oppressive, anti-racist approaches to avoid perpetuating harmful stereotypes and systemic biases. They advocate for a shift toward neurodiversity-affirming, non-categorical support systems that move beyond diagnosis-based care.

Key Takeaways



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- i. PAE is a Public Health Concern, but Diagnosis Alone is Limited – While PAE has known impacts, FASD diagnosis does not fully capture an individual’s functional needs and should not be the sole determinant of support.
- ii. FASD Lacks a Universal Neurodevelopmental Profile – Despite diagnostic guidelines, it remains difficult to distinguish the effects of PAE from other prenatal and postnatal influences, such as family history and genetic factors.
- iii. A Diagnosis-Based System Can Be Harmful – While a diagnosis can help secure services, inequities in access and potential misdiagnoses call for a more inclusive, non-categorical approach to support.
- iv. FASD Has Contributed to Racism and Systemic Biases – The authors acknowledge that FASD itself is not racist but has been used in ways that reinforce racial and socioeconomic stereotypes, often misattributing disabilities to alcohol exposure rather than systemic inequities like colonialism, poverty, and discrimination.
- v. Shifting Towards Neurodiversity-Affirming Support Systems – The authors advocate for community-driven, strengths-based approaches that prioritize culturally safe, inclusive care for all individuals with disabilities, including those with PAE.
- vi. Collaboration with Lived Experience is Essential – Moving forward, listening to individuals with FASD, caregivers, and marginalized communities is crucial for developing more equitable, effective policies and support systems.
- vii. This response highlights the need for reform in how FASD is understood, diagnosed, and supported, urging a more holistic, inclusive, and intersectional approach to neurodevelopmental care.

7. Upcoming Meeting Dates

- Tuesday, April 1, 2025: Catholic Social Services 11405 - 163 Street
 - **Action: Lisa to bring a list of those who have completed the online membership/confidentiality form to the April meeting.**
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