



### **Present**

Jasmin Tecson	President
Bounmy Inthavong	Acting Vice President
Genia Stephen	Secretary
Mandy Levenson	Treasurer
Disha Alam	Member at Large
Kim Cloutier-Holtz	Member at Large
Janis Dalacker	Member at Large
Liz Fraser	Member at Large
Sarah Martineau	Member at Large

### **AOM Staff**

Juana Berinstein	Acting Executive Director, Director, Policy & Communications
Allyson Booth	Director, Quality and Risk Management
Ellen Blais	Director, Indigenous Midwifery
Tasha MacDonald	Director, CPG
Cara Wilkie	Manager, Quality and Risk Management
Julie Toole	Quality and Risk Management Specialist
Feben Aseffa	Quality and Risk Management Specialist
Anna Ianovskaia	Executive Assistant (recorder)

### **Guests**

Maryam Maha	CAM Student Representative
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The meeting began at 9:34 am.

### **Land Acknowledgement**

J. Tecson began the meeting with a land acknowledgement.

### **Welcome to New Board Member and Student Guest**

J. Tecson welcomed Sarah Martineau to her first official Board Meeting and welcomed Maryam Maha, CAM Student Representative.

### **Business Arising**

J. Berinstein added HR updates to the agenda that were not included in the ED Report.

## 1. Agenda Approval

**MOTION:** *To approve the agenda as circulated.*

**MOVED:** *L. Fraser*

**SECONDED:** *B. Inthavong*

**CARRIED.**

The agenda was approved as circulated.

## 2. Meeting Evaluation

The evaluator for this meeting was M. Levenecrown.

## 3. Consent Agenda

M. Levenecrown pulled agenda item 3.2.4 – ESW Instructor Designation and agenda item 3.3.1 – HIROC Scholarship Criteria. These were added to Business Arising.

B. Inthavong noted that the board member that could best speak to the ESW Instructor Designation policy and the Locum Reimbursement policy was absent.

**MOTION:** *To approve the consent agenda as amended.*

**MOVED:** *J. Dalacker*

**SECONDED:** *S. Martineau*

**CARRIED.**

## 4. President Report

J. Tecson provided the President Report. The beginning of the President term has been intense, with media interest peaking surrounding PPE shortage, the impact of COVID-19 on pregnancy and birth, pandemic pay and the exclusion of midwives. Nationally, J. Tecson is now attending CAM board meetings as the Ontario representative. CAM has established a national COVID-19 task force, and is currently creating and disseminating an equity justice statement for equity-seeking groups. J. Tecson is also participating in the provincial midwifery stakeholders COVID-19 group.

At the Midwifery Services Committee (MSC) table, the AOM's work surrounding the Funding Agreement and midwifery activities continues, despite challenges of COVID-19, currently discussing implementation. Other recent participation has included the QIRM Committee meeting, and supporting a statement from the Alliance for Healthier Communities, calling for anti-Black racism to be declared a public health crisis.

## Business Arising

### ED Report

J. Berinstein provided HR updates. The AOM has hired a new Director of HR and Operations. This position was vacant for approximately one year, previously held by Arnie Levitan. Rebecca

Carson, former Board Member and Audit Committee Meeting, assisted on the hiring panel. The position will be filled by Nancy Chisholm, who comes with a wealth of experience in the human resources, operations, and finance sector. She additionally has experience in the legal sector, at the Human Right Legal Support Centre, and Advocacy Centre for Tenants of Ontario, and the mental health sector in Alternatives and CMHA.

Hiring for the Director of Anti-Racism and Equity position moves forward. The AOM will lean on a hiring panel of racialized midwives, experts, and community members. A similar protocol for the hiring of the Indigenous Midwifery Director position will be followed. Board members were encouraged in getting the posting out to racialized communities.

K. Stadelbauer passed forward hellos to everyone. There is a plan for J. Berinstein to connect with K. Stadelbauer every few weeks.

Proposed amendments to the drug regulation act are near certain. No effective date has yet been announced, but the AOM will share communication with members.

### **ESW Instructor Designation Policy**

M. Levencrowd brought up concern regarding the required level of maintenance for ESW instructor designation. T. MacDonald acknowledged the concern and agreed that those who teach more typically have better skills; this policy is doubling the previous requirement, and is balancing capacity of full-time working midwives.

B. Inthavong recalled previous concerns voiced at meetings, specifically about ESW On Demand in Northern communities, where creating capacity for instructors is difficult with regards to qualifying requirements. T. MacDonald noted senior instructors will be taking on more of a leadership role to problem-solve challenges and concerns that arise in a hands on way. Concerns brought forward will be addressed through the ESW On Demand policy, and not specifically with respect to Instructor Designation. The ESW on Demand policy will specifically refer and accommodate to remote/rural community.

### **HIROC Scholarship Criteria**

M. Levencrowd commented that the HIROC scholarship criteria denoted was vague and unspecified. A. Booth responded that this was intentional. The AOM did not want to evaluate area of 'financial need' or create limits, leaving for applicants to identify. J. Tecson noted the open parameters convention is often used with scholarships.

*Recorder's Note: G. Stephen and D. Alam joined the meeting at 10:14 am.*

## 5. Racial Equity Committee Report

A. Booth introduced herself and the Quality Risk Management work. The racial equity work at the AOM arose in the QRM department in large part because of Feben Aseffa's leadership in addressing systemic racism within the midwifery profession. A. Booth refreshed the board with the history of anti-racism and equity work at the AOM, acknowledging the Indigenous Midwifery team's contributions. It has been fairly recent that the AOM has started to formally recognize the many ways in which racism exists and the white supremacy attitudes on which the profession has been built. The REC report provides an opportunity to demonstrate a shift in organizational values and do things differently.

F. Aseffa presented the Racial Equity Committee report, noting it as a monumental moment in midwifery history. The AOM has engaged with membership and stakeholders to not only name racism, but also to commit to take immediate action to dismantle racism. This Board has stepped up to the challenge and expressed commitment to leveling the playing field and fighting injustices. It is prudent that the AOM build credibility among BIPOC midwives and centre the voices of BIPOC members in order to build trust and bring about transformative change. J. Tecson noted that allyship is not a badge received once, but is constantly earned.

### 5.1 Racial Equity Committee Terms of Reference

J. Tecson noted that given the priority this committee's members placed on creating a protected space for discussion, they felt strongly that the President and ED be in attendance at meetings for just a portion of the meeting, as adjusted by the Committee's needs. This amendment is intended to create space for talking more candidly, and to recognize an existing power dynamic.

M. Levencrowd noted that the addition of the MEP within the ToR is encouraged, as it has been lacking in the past. G. Stephens requested clarification regarding purpose/responsibilities and delegated powers, as it pertains to the IMAC statement. B. Inthavong clarified that Indigenous midwives may have different experiences than racialized midwives; the statement serves to not diminish the experiences of Indigenous midwives and the existing investment in the AOM strategic goal towards indigenous midwifery. Board members and staff discussed intention of the report in both including separate communities, while respecting parallels in terms of the scope of the Committee.

***MOTION:** to approve ToR with clarifications that will be made, spearheaded as Bounmy as the Chair, to clarify relationship and intersection with Indigenous midwives.*

***MOVED:** G. Stephens*

***SECONDED:** J. Dalacker*

***CARRIED.***

### 5.2 Revisions to Strategic Goal and AOM Constitution

F. Aseffa presented expanded language for the racial equity strategic goal, in order to include equity in the community. Additional changes in the REC was around language with white

privilege, white supremacy, and incorporating anti-black racism, so that these pieces are going to be included in the work moving forward.

**MOTION:** *To accept the recommended amendments to the strategic goal*

**MOVED:** J. Dalacker

**SECONDED:** M. Levenscrown

**CARRIED.**

The presented amendments to the AOM constitution were discussed at the February 2020 board meeting.

**MOTION:** *To accept the recommended amendments to the AOM Constitution to propose to membership for ratification*

**MOVED:** J. Dalacker

**SECONDED:** M. Levenscrown

**CARRIED.**

B. Inthavong noted the significance and emotion behind these changes, commending the board on its work to prevent the erasure of BIPOC midwives and students that we experience.

## 6. COVID-19 Report

J. Toole presented the COVID-19 report. Midwives across the province have responded incredibly quickly to the needs of their communities and hospitals, pitching in and changing the way that they work. There are a few programs across the province where all obstetrical patients who meet eligibility criteria are being discharged home early and having follow-up care done by midwives.

Certain practice groups have had a hospitalist position and doing triage and back-up work, as well as births for physicians and responding to increase workload in general. Practice groups have recognized the risk for babies in the community to fall through the cracks. The AOM has been able to secure funding for midwives to provide that care.

The AOM advocated with the College for a temporary expansion of scope to reduce the number of unnecessary consults, as well as for changes in fee codes with the Ministry in order to support midwifery work and streamline processes. Staff have worked to support midwives through the changes, both in terms of clinical work as well as administrative and health and safety measures during pandemic times.

### 6.1 Pandemic Pay

The AOM launched a significant social media campaign to put pressure on government to consider including midwives as frontline workers because of increased risk and workload, following the eligibility criteria for pandemic pay set out by Ministry. The AOM was in contact with CORHPA and received feedback that everyone was impressed with the campaign we were able to mount. Examples of social media engagement numbers were shown.

The board was reminded that Twitter is considered a key place of what is trending, and an effective way of amplifying the messages of the AOM and its campaigns. L. Fraser noted that Twitter may additionally come with risks of violence and threats, and that board members may not be comfortable using their own names and faces to leverage issues. J. Berinstein agreed to revisit this issue at a later date and to look at risks and ways for board members to engage.

Despite the campaign and efforts, Ministry shared that they will not be including midwives in pandemic pay, which was infuriating given that midwives met the criteria. The AOM has been creatively thinking about how to compensate midwives for the increased risk, workload, and costs associated with providing care. The AOM is investigating what is possible through the Ontario Midwifery Program. A sub-committee of MSC that specifically looks at increased cost, risk, and workload of midwives during COVID has been approved, and the terms of reference are being established.

## 6.2 Impact of COVID-19 on Students

There were a number of impacts for students as a result of COVID-19. The AOM published Maha Maryam's blog post regarding student issues and have engaged in discussions regarding the functionality of a student representative on the CAM board. Maha Maryam has requested for a student rep to be considered to be added to the Board.

**MOTION:** *To task the Board Recruitment Task Force with exploring the addition of a student representative on the Board, and reporting back at the September 2020 Board meeting (or sooner)*

**MOVED:** L. Fraser

**SECONDED:** B. Inthavong

**CARRIED.**

J. Berinstein noted the financial impact in adding a student representative is not significant. Further, significance lies in demonstrating to students that the AOM is supportive and responsive in wanting them to access information. The AOM seeks to acknowledge students in what they're experiencing.

L. Fraser expressed great enthusiasm for supporting students, and stated the need for an advocacy committee that addresses the needs of students specifically. The AOM has a powerful role to play for students to get what they need and deserve, e.g. compensation for clinical work and placement. This should be brought forward to a future meeting.

**MOTION:** *To waive student fees for 2020 and to return any students fees for 2020 which have already been collected from students.*

**MOVED:** L. Fraser

**SECONDED:** B. Inthavong

**CARRIED.**

CAM student representative Maha Maryam thanked the board for the meeting welcome, and for prioritizing students needs. The AOM has been supportive and students greatly appreciate its continued advocacy, and the recent waiving of fees for student memberships.

## 7. Code of Ethics

T. MacDonald presented the history of the Code of Ethics work thus far, and presented the most recent working draft. A specific piece to students has been added, through they are integrated throughout the draft. Various experts, including the QIRM Committee, have received the Code of Ethics to review from their lens of expertise.

Next steps were presented:

- Consultation of membership – sending open-ended survey to membership regarding code of ethics
- Workshop/focus groups/presentations during AOM AGM or a future membership meeting
- Examination and integration of member feedback
- Final version to the Board for approval

M. Levencrowne suggested replacing specific identification of the church with a broader category of religious institutions. A question regarding role clarification with potential conflicts of interest was posed. L. Fraser brought forward concerns under subheading 3, regarding self-worth and self-care practices. T. MacDonald countered that there has been difference of opinion surrounding this issue, and flagged for future follow-up. L. Fraser expressed interest in feedback on this point from the disability working group.

T. MacDonald noted there will be various “knowledge translation pieces” for the Code of Ethics in the future. It could be that self care is defined by the person in question, not by institutions or society.

B. Inthavong noted parts of the Code read as heteronormative, and that it is missing an 2SLGBTQ+ lens, as well as a reproductive justice lens to this Code of Ethics. I think that should be considered. T. MacDonald noted there is representation from those groups in the Task Force and quite a bit of discussion on reproductive rights; feedback has been taken to amend moving forward.

## BREAK

## 8. Acting ED Hiring Process (in camera session)

The meeting went in camera at 11:44 a.m.

The meeting came out of camera at 12:23 p.m.

## **9. Closing the Gender Pay Gap for Midwives**

J. Berinstein provided this update.

### **9.1 Campaign Following Feb 20, 2020 Remedy**

A successful campaign was launched by the AOM, pressuring government to stop fighting midwives in court and instead close the gender wage gap. Similar campaigns will be held in the future, as the AOM hopes to continue to win in the legal process. There has been an incredible amount of support from the public and media in supporting fair pay for midwives. We can continue moving this forward and sustaining momentum for our membership who are funding this action through the levy.

### **9.2 Divisional Court Update**

Two issues regarding cost have come up, which were noted in the reporting letters. The Ministry of Health initially said they would not be seeking costs for the Judicial Review, while the AOM stated that we are seeking costs for Judicial Review from Ministry. The Ministry then amended their position, stating they will go after costs if the AOM loses. The AOM's position is that Ministry tabled their official position on costs and that it is not appropriate to change this position. This issue may come back to the Board in the future.

### **9.3 Applicant Eligibility**

A number of members were deemed ineligible from the decision. There is an FAQ document posted on the website for members regarding this issue. The AOM has been pushing Ministry to move the mechanism to pay out midwives. Right now we have 1000+ midwives on the list of eligible midwives, with some midwives who had not originally submitted their consent forms being added. If board members hear from midwives who are being excluded from remedy, please forward concerns to J. Berinstein. Overall, the AOM has been able to include the vast majority of midwives, but there is a small handful who are not eligible for remedy.

## **10. Board Recruitment Task Force Update**

This item will come to the Board by e-mail.

## **11. Lease at 365 Bloor St E.**

J. Berinstein will update the Board by e-mail with any further changes.

## **Meeting Evaluation**

M. Levencrowne conducted the meeting evaluation.



## Meeting Adjournment

***MOTION:** To adjourn the Board Meeting.*

***MOVED:** D. Alam*

***SECONDED:** J. Dalacker*

***CARRIED.***

The meeting ended at 12:35 pm.