



Sexual Orientation, Gender Identity & Expression (SOGIE) Provincial Advisory Council Meeting Minutes

November 27, 2021; Zoom

ATTENDEES & INTRODUCTIONS	
Members	J.K. (Chair), R.A. (Vice Chair), S.B., C.G., J.O., S.S., K.W.
AHS	Dr. Sid Viner, Heather Cobb, Shahnaz Davachi, Andrea Jackson, Diane McNeil, Nicole Merrifield, Marni Panas, Bryan Peffers, Lori Roe
Regrets	B.A., J.A., K.A., J.B., R.B., S.S., J.W., Murray Crawford, Janine Sakatch
Welcome & Introductions	J.K. welcomed all in attendance and went through introductions. R.A. provided a land acknowledgment.
Approval of previous minutes	September 25, 2021 minutes were reviewed and approved by consensus.
STANDING ITEMS	
Action items from previous meeting	<ul style="list-style-type: none"> Teresa to consider providing a write up for a link on the website. Complete. Dr. Viner will enquire how payment for top surgery may be supported. Complete.
Alberta Health Services Update	<p>Dr. Sid Viner, Vice President & Medical Director-Clinical Operations, AHS:</p> <ul style="list-style-type: none"> Wave four of the pandemic is on the decline and staff are moving back to regular jobs. Vaccination for kids 5-11 is underway. This is good news because it's the age group of a lot of the new infections. It is anticipated the criteria for folks requiring third dose boosters will be expanded beyond current patient groups. AHS has a mandatory Immunization of Workers for COVID-19 Policy in effect for staff, physicians and volunteers. Post-pandemic, AHS will consider need and where changes may be required. E.g. addicton and mental health services. Connect Care was paused during the pandemic and has since begun moving forward. Wave 4 goes ahead May, 2022. The AHS Review is focused on six work strings, one being workforce, which was significantly impacted through the pandemic. There have been higher rates of people leaving and AHS will focus on how to support staff as it looks forward. Tha pandemic has increased awareness of the importance of a strong public health system and ensuring enough reserve to be prepared in the event we're faced with something similar in the futurre.



The new health minister has been vocal about the need for increased permanent ICU capacity. How will the diversion of funding take away from the opioid crisis and impacts to marginalized populations like SOGIE?

AHS understands the importance of the social determinants of health. It will be important to ensure funding is maintained in upstream, holistic care, to minimize hospitalization.

Is there any chance of an increase to funding for harm reduction-type programming?

At this time government is focused on treatment and recovery. There has been no word on additional funding.

AHS Permanent Resource Persons:

- AHS has addressed an unnecessary gender marker in the immunization confirmation form. It will not be part of the QR code.
- Work is underway to redevelop the [LGBTQ2S+](#) portion of the AHS website. E.g. updated form in the surgical care section.
- Marni Panas has provided a lot of education recently to homecare staff re LGBTQ2S+ folks coming into their care.
- Outdated diagnostic codes in the Connect Care system have been updated to ensure accurate and affirming information.
- Reproductive Health services are still available online and walk-ins have resumed. The program is getting back out to community organizations.
- AHS' Sexual & Reproductive Health is working to fill the gap in schools needing sexual health education.
- In 2020-21, the Provincial Addiction & Mental Health program provided virtual Psychological First Aid, stress management and wellness exchange training to 13,500 Albertans. Learn more at [Help in Tough Times](#).
- Mental Health Capacity Building in Schools is in 559 schools; 269 communities' reaching 184,000 students annually in Alberta.
- There's a shortage of family physicians in Primary Health Care, and a lack of contract agreements with key partners.
- Primary Health is focused on the long-term impact of COVID-19, particularly re addiction and mental health and the impact to capacity and resources of providers.
- There is additional focus on provincial priorities re transitions of care. As well, on integrating information technology and embedding the domains of the social determinants of health in Connect Care.
- Internal work is underway to provide support to the Primary Health Care team, educating staff on allyship.
- The Diversity & Inclusion Committee at Foothills Hospital Centre (FHC) will resume in 2022.
- Bryan Peffers connected with staff during leader rounds at FHC to begin forming questions re diversity and inclusion that will be discussed with larger staff teams, to ultimately improve care for gender and sexual diverse patients and their families. It will be important to ensure inclusivity in reporting.



	<ul style="list-style-type: none"> An AHS Mental Health and Substance Use Collaborative Initiatives programs is looking at processes and service provision gaps at the Metta Clinic and Gender Clinic in Calgary. It plans to provide education and orientation to various groups. The same program is connected with the Edmonton Gender Clinic to understand how to provide consistency and support provincially.
Council Round Table	<p>Council shared the following updates:</p> <ul style="list-style-type: none"> C.G. trains nurses at Norquest College on how to ensure inclusivity in their work. She'll also present to national pharmacy students on reducing barriers for trans folks when getting hormone medications from pharmacies. When people go from a Connect Care site to a non-Connect Care site, they are instantly dead-named and there are inaccurate gender markers. Working with Health Information Management is important to ensure the necessary changes. S.B. developed training on epidemiology for students, public health officers and epidemiologists in the federal government and the territories. Training includes LGBTQ2S+ 101, health outcomes data, analysis using gender/sex correctly. J.O. continues work with Calgary Police Services GSD Advisory Board to make changes re anti-racism, ensuring the workplace is GSD friendly. J.K. attended the Community Engagement Committee of the Board meeting in September where she informed AHS Board members about the SOGIE PAC. Vicki Yellow Old Woman commented on parallels Indigenous communities face. J.K. proposes Council form a working group to identify the top areas of need for LGBTQ2S+ folks re healthcare, followed by recommended solutions. An environmental scan identifying assets and gaps in service. Dr. Viner can then socialize it within AHS for awareness of issues facing the community (e.g. wait lists, etc.). Work will commence in January. Heather Cobb suggested a presentation outlining some of the major changes that have been made via Connect Care, would be helpful. Marni Panas can connect with some of the people on the SOGIE Connect Care team for this. Today is K.W.'s last meeting. He thanked everyone for their work to progress LGBTQ2S+ healthcare needs. There is a Council of Chairs meeting on Wednesday, December 8 for Chairs and Vice Chairs.
NEW BUSINESS	
Presentation	<p> The Alex Youth Centre <i>Joy Bowen-Eyre, Chief Executive Officer</i> <i>Dr. Jane Dunstan, Physician</i> </p>



Highlights include:

- Began operations 48 years ago and has a staff of nearly 400 including medical staff, social workers, mental health specialists, peer supporters, educators and community facilitators.
- In addition to providing wraparound services, The Alex provides gender-affirming healthcare via the Youth Health Centre and Community Health Centre.
- There are currently 553 patients who identify as trans and it continues to see an increase in LGBTQ2S+ patients.
- Providing Gender 101 training across the organization, which is also embedded in first year psychology and medical residents' programs.
- The Youth Health Centre managed to continue providing low-barrier care, same-day counseling and case management, virtual care and vaccinations during the pandemic.
- Youth accessing its services are identifying increasing mental health needs, particularly trans youth. A significant challenge is extended wait times to access the Metta Clinic. The pandemic has increased social isolation which increases depression and anxiety. Those with pre-existing mental health needs have been more strongly impacted.
- Barriers/challenges: deferred care for mental health supports; deferred care for STI screening; inique stressors on trans youth (home life, marginalization); increase in other complexities (eating disorders, anxiety); system-wide issues with capacity and safe spaces; need for more resources/specialty counseling
- As it looks to the future it will look address system-wide training in gender-affirming healthcare; increasing support for existing health programs' system navigation.

Comment – AHS needs to take charge of a solid Alberta-based website to coordinate LGBTQ2S+ health information that supports clinicians and patients. There isn't a program area within AHS that owns the current web pages which has led to piecemeal work across the organization to fill the gap. Diversity and Inclusion hears from people everyday to assist in navigating emails. This isn't sustainable as it's out of the scope of the program area, in addition to staffing capacity challenges.

How can the PAC support the work of The Alex?

Support the need for system-wide training on LGBTQ2S+ health issues, increased mental health supports, an Alberta-based website as a hub of information.

Do you know of any other services providing physiotherapy care prior to top/bottom surgery, as well as for general care?

It's not integrated into The Alex' model because it's not covered; it's uncertain how to make it affordable for patients who don't have private healthcare.



	<p>How are referrals made to The Alex? The Family Medicine Clinic accepts people from newborn to senior and is intended for folks who are without a family physician. The Youth Health Centre serves people up to age 25. Youth can self-refer or walk-in, and a family physician can refer. There is generally a 1-2 month wait for the first visit.</p> <p>Do you provide in-house internships for students to practice in the real world? Yes; LPNs, social workers, medical residents, family medicine, psychiatry, nurse practitioner, pharmacy and medical officer assistant students.</p>
Action Item	<ul style="list-style-type: none"> Joy and J.O. will connect with Dr. Viner and Lori re education opportunities; Joy will outline gaps in service availability.
Virtual Holiday Gathering	<ul style="list-style-type: none"> Planning for the evening of December 15.
Date of Next Meeting	<p>Date: Saturday, February 5, 2022 Time: 9:00 a.m. to 12:00 p.m. Location: Zoom</p>

Our meetings are open to the public. Dates and locations are [available here](#).
 Visit [Together 4 Health](#) (T4H) to engage with AHS online.