



Sexual Orientation Gender Identity and Expression (SOGIE) Provincial Advisory Council (PAC) Meeting Summary October 3, 2020 Online via Zoom

Introducing your SOGIE PAC members:

In attendance: Jennifer Kneller (Chair), Rebecca Alley (Vice Chair), B Adair, J. Anderson, Jason Beck, Stephanie Booth, Renate Braul, Rachel Braeuer, Carla Grant, Jane Oxenbury, Jolene Wright, S. Stewart, Dr. Kristopher Wells

Alberta Health Services: Dr. Ted Braun, Shahnaz Davachi, Lana Dunn, Andrea Jackson, Diane McNeil, Marni Panas, Janine Sakatch

Regrets: Kenyo Arujo, Heather Cobb, Murray Crawford, Terri Miller, Bryan Peffers

AHS Presentations

Patient Relations & Patient Concerns Resolution Process Greg Stead, Program Manager, Patient Relations, AHS

Highlights include:

- The role of Patient Relations is to support patients, families, staff and practitioners; to enhance the relationship between the public and AHS to deliver the patient relations resolution process.
- Patient Relations is one of the few services in AHS created by regulation; the Alberta Ombudsman oversees it. Any patient may complain about any good or service provided or denied by the health authority. A response is required, as is fair process.
- There are approximately 40,000 contacts from the public per year, resulting in 10,000 reviews and 2,000 accommodations. 70 per cent of routine concerns are resolved within 30 days.
- Intake receives calls from the public and helps navigate the health system or make referrals to appropriate authorities (e.g. professional college or parking authority).
- Outcomes include bringing about change in processes, explanations of what happened, apologies where required and elevating the concern.
- Under the Health Information Act, Patient Relations is required to collect data that is medically relevant. If a patient doesn't identify they are LGBTQ2S+ and doesn't identify this as a factor in their care, Patient Relations doesn't record it.

Questions and comments from Council:

Is it possible to include a tick box with different identities as options, for reporting purposes?

The idea of collecting certain demographic information was explored with Indigenous folks and Patient Relations was advised not to. The individual or family member needs to identify if they believe identity was a factor in the level of care. Consultants then need to recognize if identity was a factor and report it.



How do you work with other departments to get ahead of issues before they become a human rights complaint?

Nothing precludes our review from going on to another. The Human Rights Commission conducts reviews as it sees fit. If there's an AHS component Patient Relations will conduct its own review. The same applies to professional associations. AHS' focus is internal. This does not apply to criminal matters or when it's not appropriate for AHS to look at (e.g. family physicians of clinics, etc.). Patient Relations is working with human resources to address systemic issues such as triaging discrimination, racism, prejudice complaints, etc. Marni Panas adds Diversity & Inclusion can be brought in as a consultant to support Patient Relations.

Can the patient concerns consultant (PCC) intake process include a prompt asking the client if they feel identity was a factor in the concern? How would that information be used in the PCC process?

This is an idea to incorporate into training. Consultants first reach out to the patient and explore the concern for a comprehensive understanding of the issue. The patient relations team frequently consults other AHS departments – Human Resources, Diversity & Inclusion, Legal, Medical Affairs, et al. Gaps or revision to policy are often identified quickly. Aggregate data is used for analysis.

Trans people may be scared to make a complaint out of fear a much-needed services will be changed or withdrawn. What's being done to encourage people to make complaints in these circumstances?

Everyone is encouraged to come forward; nothing can be addressed if it's not known. Lack of awareness of the service, fear of reprisal and loss of privacy are themes identified in an Indigenous project the patient relations team worked on. It would be beneficial learning the impact to sexual and gender minorities.

Ted adds the first and best opportunity for expressing concerns is directly in the care environment. Managers are adept at listening and addressing concerns on the spot. Alternately, an individual can come forward with someone else (friend or support). Input is valued and helps drive change in the system.

Anybody can make a complaint, so long as the patient consents. This is in accordance with the Health Information Act (HIA) and Freedom of Information and Privacy (FOIP).

Is there any coding that can be done to indicate a person is from the LGBTQ2S+ community, a person of colour, etc. so analysis can be done at the systemic level?

It's not coded, it's captured in the text fields where a key word search can then be used to find the information. Hence why patient identification is so important. An analyst has been assigned to the team since COVID and it's hoped they will be able to gather data pertaining to LGBTQ2S+ calls.

Subcommittee Updates and Work Plan Review

As a part of Council's strategy to address the priorities in its work plan, members have formed three working groups/sub-committees to create space for focused efforts on specific priorities. Recognition that focus has been limited since the beginning of the pandemic and over the summer.



Education & Training – the group would like increased collaboration with internal and/or external groups. The group requests status updates on consultations to the AHS LGBTQ2S+ website and Alberta Breast Cancer Screening Program (ABCSP).

Community Engagement & Partnership Building – multiple members have been involved in some great engagement work in the last several months:

- PAC webinar in June: a great opportunity to spread awareness of the purpose and work of the PAC.
- Jenn spoke at the [YYC Pride Live Series](#) to AHS staff, about lived experience and about the PAC.
- Ren and Scott spoke to the Seniors and Continuing Care PAC about issues LGBTQ2S+ people encounter when entering continuing care sites.
- Work is underway on a repository for events and groups to network with for future engagement.

Involvement in Key AHS Projects & Initiatives – Council anticipated being involved in consultation as the AHS Review rolls out. Council has provided input to a Conversion Therapy document for AHS staff; in the process of developing guiding principles for AHS staff.

Actions/next steps:

- Andrea will enquire status of input to AHS website; results from consultation with Alberta Breast Cancer Screening Program; Heather’s work to connect the PAC with the Workforce Resource Group.
- Andrea will enquire the status of My Buzz, a platform for Council to connect to share files, work on documents, etc.
- Andrea to update the photo on the brochure to one of Council.

Council Member Roundtable

Council members and AHS representatives shared updates and information on work underway related to improving the healthcare experience of LGBTQ2S+ Albertans. Some of the highlights from the discussion are included below:

- There continues to be a large gap in trans-related data in Alberta. E.g., accessing gender affirming care; system navigation; changes to surgical requirements, need for psychiatrists; impact of COVID on continuity of care for marginalized people.
- Interest is increasing for a diversity and inclusion department within the Municipality of Wood Buffalo.
- There was a recent manufacturer shortage for testosterone so people had to switch to gels for the interim.
- There has been a lot of work done to address anti-racism. An ethnic minority’s workforce resource group has been formed, with 600 members. It will be active for six months and will develop an action plan for all of AHS, not just minorities. A BIPOC (Black, Indigenous, People of Colour) advisory group will also be established out of this work.
- A person can now use their affirmed name in the online chart in [MyAHS Connect](#).
- Work is underway with the HR Shared Services team and Pension Plan on gender options.
- Many diversity education programs in Calgary have lost funding so people are providing private options.
- Both AHS Pride Drives in Calgary and Edmonton went exceptionally well!



- The AHS Review implementation plan was submitted to Alberta Health in August and AHS awaits a response.
- COVID response
 - there is rising prevalence of COVID in communities, outbreaks in acute and continuing care facilities and more patients requiring hospitalization
 - contact tracing is labour intensive as is responding to outbreaks
 - since the pandemic began AHS has advanced virtual care across the province
 - a three-year pilot study is underway on e-mental health services for Indigenous and LGBTQ2S+ youth in 10 communities across Alberta
 - [Text4Hope](#) is a free service that helps people identify and adjust negative thoughts through daily text messages
 - outpatient and mental health clinics were moved to virtual care rather quickly
 - the gender and meta clinics are at hospital sites though public access has been reduced. AHS is supporting clients of each clinic through virtual care.
- Council provided input to 2020-21 Influenza Campaign promotional materials.

Chair and Vice Chair Elections

SOGIE PAC held its elections for Chair and Vice Chair as follows:

Jennifer Kneller put forth an expression of interest for the position of Chair. Andrea Jackson asked three times if there were any further nominations from the floor.

Moved by Jason Beck that nominations cease. **MOTION CARRIED.**

Jennifer Kneller was declared Chair of the SOGIE PAC by acclamation.

Rebecca Alley put forth an expression of interest for the position of Vice Chair. Jennifer Kneller asked three times if there were any further nominations from the floor.

Moved by Jason Beck that nominations cease. **MOTION CARRIED.**

Rebecca Alley was declared Vice Chair of the SOGIE PAC by acclamation.

The next meeting of the SOGIE PAC is scheduled for Saturday, February 6, 9:00 a.m.-2:00 p.m., via Zoom.

Learn about the four organizational goals of AHS in the [2017-2020 AHS Health Plan and Business Plan](#).

Join us in changing the conversation from [illness to wellness](#).

Contact us at: SOGIE.PAC@ahs.ca

Call: 1-877-275-8830.