

**BYLAW FOR THE
PROVINCIAL ADVISORY COUNCIL ON
SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION**

Article 1 - Statutory Basis of Bylaw

1.1 Statutory Basis of Bylaw

Alberta Health Services (AHS), a corporation established under the *Regional Health Authorities Act, R.S.A. 2000, c.R-10*, hereby enacts the following Bylaw governing the organization and functioning of the Provincial Advisory Council on Sexual Orientation, Gender Identity and Expression as described in this Bylaw and under the provisions of the Act, the *Community Health Councils Regulation, AR 202/97* and the *Community Health Councils (Ministerial) Regulation, AR 193/97¹*, and amendments thereunder and other legislation as may be applicable.

1.2 Binding Effect

The Bylaw binds the Council and all present and future members of the Council to the same extent as if each had signed, sealed and delivered to each of the others a promise to comply with and be bound by the Bylaw and all acts, decisions, proceedings and things done and taken under the Bylaw.

1.3 Conflict with Act or Regulations

The Bylaw is subordinate to the Act and the Regulations and is not intended to conflict with the Act or Regulations. In the case of conflict, the Bylaw is to be interpreted to the extent possible so as to eliminate the conflict. If it is not possible to interpret the Bylaw, the conflicting provision of the Bylaw shall be considered as separate and severable from the Bylaw, the balance of which shall remain in force and be binding as if the conflicting provision had not been included.

1.4 Severability

Each provision of the Bylaw is intended to be severable and if any provision is determined by a court of competent jurisdiction to be illegal or invalid or unenforceable for any reason whatsoever, such provision shall be severed from the Bylaw and will not affect the legality or validity or enforceability of the remainder of the Bylaw or any other provision hereof unless it affects the entire intent and purpose of this Bylaw.

Article 2 - Definitions

2.1 Definitions

In this Bylaw:

"Act" means the *Regional Health Authorities Act, R.S.A. 2000, c.R-10*.

"AHS" means Alberta Health Services.

"Board" means the AHS governance board appointed by the Minister in accordance with the Act.

¹ Regulations under the Act

"Council" means the Provincial Advisory Council on Sexual Orientation, Gender Identity and Expression.

"Minister" means the Minister of Health, Government of Alberta.

"Ministerial Regulation" means the *Community Health Councils (Ministerial) Regulation, AR 193/97*.

"Permanent Resource Persons" means individuals appointed by virtue of the roles they play within their organization and subject to the rules and regulations of their organizational position. Permanent Resource Persons are without voting rights and assist the Council in achieving its objectives.

"Regulation" means the *Community Health Councils Regulation, AR 202/97*.

"Regulations" means the *Ministerial Regulation* and the *Regulation*.

Article 3 - Name

3.1 Name

This Council will be referred to as the Provincial Advisory Council on Sexual Orientation, Gender Identity and Expression.

Article 4 - Objective

4.1 Objective of the Provincial Advisory Council on Sexual Orientation, Gender Identity and Expression

The objective of the Council is to advise AHS on healthcare issues and strategies in the best interest of sexual and gender minority Albertans throughout the province.

Article 5 - Functions and Duties

5.1 Functions and Duties

The primary functions and duties of the Council, guided by the standards and tools provided by AHS are to provide:

- (a) evidence informed public input for AHS decision into AHS strategies, policy, planning and service delivery that:
 - improves the quality of services and consumer satisfaction through effective planning of sexual and gender minority care;
 - prevents stigma and discrimination faced while accessing and navigating the healthcare system; and
 - enhances and creates opportunities to work towards a collaborative and integrated partnership among consumers, their family members and service providers.
- (b) a vehicle for patients and communities to identify existing and emerging healthcare issues affecting sexual and gender minorities; and
- (c) suggestions to AHS on ways to improve quality, access and sustainability of safer and more inclusive healthcare services in Alberta, recognizing fiscal environment.

In an advisory role, the Council will encourage Albertans to participate in the development of the Council's advice for building safe and inclusive quality healthcare services. The Council will also provide evidence-informed advice related to their communities' priorities for services provided throughout the province, drawing upon other expertise and lived experience as required. Therefore, guided by the standards and tools provided by AHS' Community Engagement team, the Council will:

- seek and appropriately consider evidence and information from Albertans across the spectrum of sexual orientation, and gender identity and expression when advising on planning, delivery and evaluation of healthcare services;
- gather the perspectives of the intersectionality of diversity by engaging with Albertans across the spectrum of sexual orientation, and gender identity and expression through communications, discussions or through other methods to hear their experiences, as they pertain to improving healthcare for sexual and gender minorities in their region or locale;
- provide ongoing feedback about what is working well in the healthcare system and opportunities for improvement from the perspective of the Council members;
- provide recommendations to AHS to improve access and provincial coordination of health services and assist Albertans to navigate Alberta's health system,
- provide recommendations to AHS to share with Alberta's professional regulatory bodies to support knowledge and awareness of current key issues such as respectful provider interactions, correct terminology and data collection for diagnostics and laboratory as examples.
- provide feedback on tools, resources and training to support healthcare providers in providing safer and more inclusive care for all Albertans;
- provide advice and input on strategies to prevent stigma and discrimination affecting the access and quality of care for sexual and gender minorities;
- consider information provided by AHS and provide feedback, or seek out further inputs to identify issues or trends from a diverse perspective;
- review key performance indicators for AHS;
- provide feedback to AHS about strategies to further engage the community on sexual orientation, gender identity and expression in healthcare;
- develop an annual work plan for review by the Community Engagement Committee of the Board; and
- develop an annual report in accordance with Article 11 of progress against its Annual Work Plan for review by the Community Engagement Committee of the Board.

Article 6 - Council Membership and Permanent Resource Persons

6.1 Membership

There shall be a maximum of fifteen (15) voting members on the Council. The members will include patients, patient families, and a minimum of three (3) workers/formal caregivers, all with experience in sexual and gender minority healthcare issues, with a broad representation across the Alberta.

6.2 Eligibility

- (a) The following persons are not eligible to be or remain a member of the Council:

- (i) members of the Board;
 - (ii) the President and Chief Executive Officer of AHS;
 - (iii) all AHS management personnel who report directly to one or more members of the Board;
 - (iv) all AHS management personnel who report directly to the President & CEO of AHS;
 - (v) all remaining AHS management personnel who report to management personnel referred to in clause (iv); and
 - (vi) all persons who are engaged on a fee for service basis in a management capacity referred to in any of clauses (ii) to (v).
- (b) The following persons are eligible to be members of the Council, but not more than one-third (1/3) of the membership may consist of such persons:
- (i) employees of AHS, other than persons referred to in subsection (a) above;
 - (ii) independent health service providers who, directly or indirectly through a corporation, partnership or other association, receive from the Government of Alberta or AHS, income through the provision of health services;
 - (iii) employees of persons referred to in clause (ii);
 - (iv) other persons who rely in whole or part on contracts with AHS as a means of earning their livelihood; and
 - (v) directors, officers or employees of a corporation that is a person referred to in clause (iv) or partners or employees of a partnership that is a person referred to in clause (iv).

6.3 Member Nomination Process, Selection Criteria and Appointment Process

- (a) All nominations shall meet the eligibility requirements set out in section 6.2 and the following selection criteria:
- (i) the individual is 18 years of age, or older;
 - (ii) the individual is ordinarily resident in Alberta;
 - (iii) the individual has a demonstrated interest in the health of the community and in health issues generally, or has significant lived experience with sexual and gender minority healthcare;
 - (iv) the individual undergoes a conflict of interest (COI) assessment which includes:
 - standard AHS COI forms distributed to all returning and shortlisted new members to identify possible conflicts of interest or history/desire to advocate for specific issues or agendas;
 - biographies of potential members include the results of the review including potential conflicts and next steps; and
 - a plan will be put in place by Community Engagement, the Council Chair and the member to manage any potential low-risk conflicts (e.g. member recusing him or herself from certain discussions or votes); and
 - (v) the individual submits a complete, signed application form, as appropriate.
- (b) Vacancies will be advertised internally and externally to communities throughout Alberta through media and stakeholder organizations. Applications will be vetted by an interview panel comprised of the Council Chair, AHS Permanent Resource Person(s) and at least one public Council member, with interviews of top candidates. AHS, in consultation with the interview panel, shall put forward recommendations for appointment of members, and such recommendations shall be considered for appointment by the Board.
- (c) The successful appointee(s) shall be notified, by mail, by the Board.

6.4 Term of Office

The term of office for members of the Council shall be for a maximum of six (6) years (two 3-year terms or three 2-year terms), unless otherwise determined by the Board. Each Council member must re-apply and be re-appointed, in accordance with article 6.3, for any second and subsequent terms as determined by the Board.

6.5 Council Chair

- (a) A Council Chair shall be appointed by the Board from the membership of the Council. A member may serve a maximum of six (6) years as Council Chair, unless otherwise determined by the Board and in accordance with article 6.4 of this Bylaw.
- (b) The Board shall submit, in writing to the Minister, the name of each Council Chair.

6.6 Permanent Resource Persons

Permanent Resource Persons may include, among other AHS or non-AHS persons, representatives from the following program areas of AHS:

- (a) AHS Community Engagement;
- (b) AHS Diversity and Inclusion;
- (c) AHS Addiction and Mental Health;
- (d) AHS Population, Public and Indigenous Health;
- (e) AHS System Innovations & Programs;
- (f) AHS Primary Care;
- (g) AHS Zones (ad hoc); and
- (h) Alberta Health representatives (TBD).

All Permanent Resource Persons or their designate shall attend all meetings of the Council but are not entitled to vote.

6.7 Remuneration

Members of the Council are not entitled to remuneration for acting as members; however, the Board may authorize the payment of expenses incurred by members of the Council in the course of acting as a member, which, in the opinion of the Board, are reasonable. Payment of such expenses shall be pursuant to the terms set out in the AHS Travel, Hospitality, and Working Session Expenses - Approval, Reimbursement, and Disclosure policy #1122, as amended from time to time.

6.8 Termination and Resignation

- (a) The Board may, for cause, terminate the appointment of members of the Council by notice in writing. This includes, but is not limited to, non-compliance with this Bylaw and non-attendance at three (3) consecutive meetings. The Board, in consultation with the Council Chair, may review with the member their ability to continue as a member.
- (b) A member of the Council may resign, by notice in writing to the Board. Such resignation shall be effective upon receipt of notification by the Board.

6.9 Vacancies

Vacancies on the Council shall be filled by the Board pursuant to the process referred to in sections 6.2 and 6.3 of this Bylaw.

Article 7 - Conflict of Interest

7.1 Conflict of Interest

- (a) This Article 7 is in addition to the Conflict of Interest provisions as set out in section 6 of the Regulation, and is not intended as a substitute for section 6.

- (b) No member shall take part in a decision in the course of carrying out the member's office or powers as a member knowing that the decision may, or may potentially further a private interest of the member, a person directly associated with the member or a minor child of the member.

7.2 Declaration of Conflict

A member must make a verbal declaration of that interest and must withdraw forthwith from the meeting without participating in the discussion, or voting on, the matter where:

- (a) a matter for decision is before the Council, or a committee of the Council; and

- (b) a member has reasonable and probable grounds to believe that the member, a person directly associated with the member, or a minor child of the member, has or may have a private interest in the matter, whether real or perceived.

7.3 Power to Influence

No member shall use the office or power of the Council or as a member to influence a decision to be made by, or on behalf of, the Council or the Board to further a private interest, whether real or perceived, of the member, a person directly associated with the member, or a minor child of the member.

7.4 Information Use or Communication

No member shall use or communicate information not available to the general public that was gained by the member in the course of carrying out the member's office or powers as a member to further or seek to further a private interest, whether real or perceived, of the member, a person directly associated with the member, or a minor child of the member.

Article 8 - Meetings of the Council

8.1 General

The Council shall meet at least four (4) times per year or at the call of the Council Chair. The proceedings of the meetings shall be in accordance with Roberts' Rules of Order, unless otherwise provided for in the Bylaw. The members of the Board may attend any public or private meeting of the Council, to observe and provide input to the Council.

8.2 Public Meetings

A meeting of the Council must be open to the public unless the members determine that holding the meeting, in whole or in part, in public can or will result in the release of:

- (a) information that will, or may, impair the ability of the Council to carry out its

responsibilities; or

(b) information relating to the personal interest, reputation or privacy of any person.

In determining whether to hold a meeting or part of it in private, the Council shall take the following considerations into account:

- (a) whether holding the meeting, or part of the meeting, in public would result in the release of information that would prejudice measures protecting health, safety, security or the maintenance of the law;
- (b) whether holding the meeting, or part of the meeting, in private is justified in order to permit the Council to carry out its responsibilities in an effective and efficient manner; and
- (c) any other significant and relevant consideration as determined by the Council.

8.3 Closed Meetings

- (a) Where the Council has determined that a meeting, or part of a meeting, shall be held in private, the Council shall ensure that the minutes of the meeting indicate:
 - (i) the nature of the subject matter to be discussed in the closed meeting; and
 - (ii) the reason(s) the Council deems it necessary to hold the meeting, or part of the meeting, in private.
- (b) Where a meeting, or part of a meeting is held in private under section 8.3 (a), no resolution related to the subject matter that was discussed in the closed meeting may be passed unless the meeting reverts to a public meeting.

8.4 Quorum

A quorum shall consist of 50 percent plus one (1) of the members then in office. A resolution may be passed, or action taken on any matter, only where a duly constituted meeting has been called and a quorum is present at the time the resolution is put forward. In the event that a quorum is not present, the meeting may proceed; however, any action or resolution shall be deferred to the next meeting where a quorum is present.

Article 9 - Minutes of Meetings

9.1 Minutes of Council Meetings

- (a) The Council shall record the minutes of all meetings.
- (b) At each meeting, the Council shall adopt the minutes of the previous meeting.
- (c) A copy of the adopted Council's minutes shall be forwarded to AHS within seven (7) days after the meeting at which the minutes were adopted.
- (d) AHS shall make the adopted minutes of the Council available for inspection by the public during normal business hours of AHS.
- (e) AHS may exclude from the minutes made available to the public, any matter that related to a meeting, or part of a meeting, that was held in private, other than a resolution that was passed in respect of that matter at a public meeting of the Council.

- (f) The Council and AHS shall keep a copy of the minutes of each meeting of the Council in accordance with the legal requirements to retain such records.

Article 10 - Fiscal Year

10.1 Fiscal Year

The fiscal year of the Council shall be 01 April to 31 March of the following calendar year.

Article 11 - Annual Report

11.1 Annual Report

- (a) The Council shall provide to the appropriate committee of the Board an annual report of its activities for the previous fiscal year. Such annual report shall be forwarded to the appropriate committee of the Board no later than ninety (90) days from the end of the fiscal year that is reported.
- (b) The appropriate committee of the Board may require the Council to submit the annual report in the form and containing the information as specified.
- (c) The appropriate committee of the Board shall make the annual report of the Council available to the public.

Article 12 - Amendment to Bylaw

12.1 Amendment(s)

- (a) All motions to amend the Bylaw will require at least two (2) months' written notice to Council members prior to the vote on any resolution.
- (b) Any amendment(s) made to the Bylaw must be done on resolution of a quorum of members and shall be submitted to the Board for approval and ratification.
- (c) The Board shall submit to the Minister any amendments proposed to the Bylaw.
- (d) Such amendment(s) have no effect until the amended Bylaw receives written approval of the Minister.

Article 13- Disestablishment of the Council

13.1 Disestablishment of the Council

In the event that the Board wishes to disestablish the Council, it shall submit to the Minister a proposal for the disestablishment and the winding up of the Council's affairs. Upon written approval of the proposal by the Minister, the Board shall pass a Bylaw to disestablish the Council in accordance with the approved proposal and submit such Bylaw to the Minister. The Bylaw to disestablish the Council has no effect until written approval of the Minister is received.

Article 14 - Effective Date

14.1 Effective Date

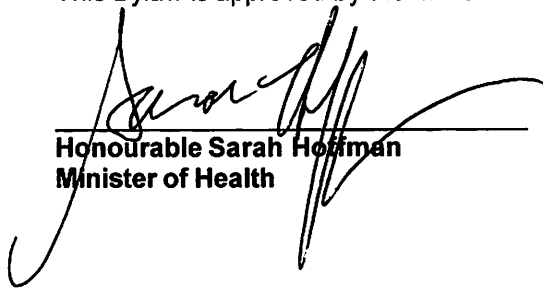
This Bylaw comes into force and effect upon written approval of the Minister.

This Bylaw is passed by resolution of the Alberta Health Services Board the 12th day of December, 2018.



Ms. Linda Hughes
Board Chair
Alberta Health Services

This Bylaw is approved by the Minister of Health, the 4th day of February, 2019.



Honourable Sarah Hoffman
Minister of Health