

Regional Planning Table Minutes

Zoom Meeting, April 22, 2021



1. Participation at the Meeting

Present:

Karen Luyendyk, community member
Lisa Loeffen, CHEO
Lynsey James, Centretown Community Health Centre
Mark MacAulay, Family Services Ottawa
Jonathan Schmidt, Family Services Ottawa
Jesse Bosse, community member
Stephanie Hemmerick, Seaway Valley Community Health Centre (for first part of the meeting)
Irena Druce, The Ottawa Hospital
Marcia Gibson, LHIN / Ontario Health;
Lisa Montroy, Family Services Ottawa
Fae Johnstone, Wisdom2Action
Lynne Tyler, Catalyst Research and Communications, facilitator

Regrets/Did not attend: Leyla Shahid, community member; Mel Thompson, community member; Noah Parchment, community member; Larissa Silver, Youth Services Bureau.

Note: due to lack of quorum, absent community members will be contacted after the meeting to obtain approval of decisions made.

2. Welcome and Acknowledgement of Algonquin Territory

The RPT acknowledged that we were meeting (online) on the territory of the Algonquin people, and we reminded ourselves that many of us are guests here and to act, as much as possible, in accordance with local protocols.

3. Welcome to New RPT Members

The RPT welcomed new community member Jesse Bosse, who brings an excellent background in the community and as a psychologist working with community members. Noah Parchment has also joined the RPT as a community member but was unable to attend the meeting.

Mark MacAulay announced that this is his last RPT meeting as he has accepted a new position as Executive Director of Ottawa Salus. Everyone offered their congratulations and thanked Mark for his steady support and presence during his time on the RPT. Jonathan Schmidt, clinical supervisor at FSO, has stepped in to represent FSO, and he was welcomed.

4. Approval of March 2021 Minutes

Those present approved the draft minutes, with elaboration of comments about Tammy's departure.

5. Update from W2A

Fae provided an update on continuing work by W2A by reviewing the annotated workplan she had circulated earlier, touching on:

- the proposed Community Table,
- suggested actions for community engagement,
- the updated website for the RPT,
- outreach to gather feedback from seniors about their service needs and experiences,
- appropriately recording information on sex markers,
- engagement with Ontario Health Teams in the region to strengthen primary care pathways and ensure consideration of trans, intersex, non-binary and gender diverse health needs in their planning,

6. Recruitment of Community Members

Fae and Karen reported on their work in the recruitment of community members. A total of 14 candidates have indicated their interest. There was some discussion of the screening questions that would help guide the selection, and it was agreed that a grid of selection criteria would be helpful to ensure consistency and transparency in our selection process. In our efforts to remove barriers to community members, we may have oversimplified the application and it would be useful to add in a few more questions about the person's background, both in terms of demographic qualities and topics they are engaged with.

Action: Fae and Karen will develop the additional application questions and a selection grid.

7. Plan to Develop Comprehensive Program at TOH

Lisa raised a question that arose from one of the physicians during her diversity rounds at CHEO, regarding the opportunity for a good connection between CHEO and the program being developed at TOH under Dr. Ryan Fitzpatrick's initiative. Comments highlighted that Dr. Fitzpatrick has been very open to input and suggestions in his interactions with the RPT. It was also re-iterated that the program needs to be situated in a community collaborative, in which community-based support services (mental health, peer support and others) are closely linked to the surgical and other aspects of the program. Although the initiative may need to start with a

specific focus, as the support for it comes from the urology department at this point, it is Dr. Fitzpatrick's intention to make as comprehensive as possible over time. The RPT will continue to engage with Dr. Fitzpatrick in support of the development of this important initiative.

8. Working Group Structure

Working group size and composition will vary depending on the task. Generally, working groups will be made up of RPT members who express an interest in being on the working group, and will sometimes include others from beyond the RPT (e.g. community members), as a way to engage specific expertise and build capacity.

Working groups would generally have terms of reference (which could be quite brief) that sets out the task, the membership and the timeline for the work.

8. Policy on Community Members Working for Service Provider Members

Action: A working group was created to craft a draft policy for the consideration of the RPT, composed of : Lynsey James, Jessie Bosse, Jonathan Schmidt, Lisa Loeffen.

9. Process for Amendments to Resource Directory

It was suggested that this would be an excellent topic for the Community Table to tackle.

9. Next Meeting

Items that arose for future discussion included:

- a) Medical records on sex markers: do we have a form that we endorse? What does it mean to say that the RPT endorses a particular document? Talk with One Click, One Call
- b) Website maintenance