

# Regional Planning Table Minutes

Zoom Meeting, March 18, 2021



## 1. Participation at the Meeting

### **Present:**

Karen Luyendyk, community member  
Tammy DeGiovanni, CHEO  
Lisa Loeffen, CHEO  
Lynsey James, Centretown Community Health Centre  
Mark MacAulay, Family Services Ottawa  
Stephanie Hemmerick, Seaway Valley Community Health Centre  
Irena Druce, The Ottawa Hospital  
Marcia Gibson, LHIN / Ontario Health;  
Larissa Silver, Youth Services Bureau  
Fae Johnstone, Wisdom2Action  
Lynne Tyler, Catalyst Research and Communications, facilitator

**Regrets/Did not attend:** Leyla Shahid, community member; Patricia Vincent, community member; Mel Thompson, community member, Lisa Montroy, Family Services Ottawa

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.

The RPT welcomed Lisa Loeffen as the new CHEO representative, replacing Tammy, who is moving into a new role at CHEO. Lisa has responsibilities related to ambulatory care across the hospital and also the gender diversity team. Tammy has been a longstanding member of the RPT and her many contributions over the years were much appreciated. The RPT thanked Tammy for her commitment.

## 3. Approval of Minutes and Agenda

The minutes of February 18, 2021 were approved as circulated, with a clarification about recruitment of community members that is noted in the relevant item below. The agenda was modified by the addition of two items: budget, and a request from the Ottawa Health Team.

#### 4. Update from W2A

Fae provided an overview of the many activities underway as the W2A team continues implementation of the workplan:

- a) Liaison with Kids Come First and other Ontario Health Teams in the region,
- b) Seniors engagement is almost ready to launch,
- c) Capacity-building: Fae asked for guidance on emerging or high priority needs and comments included:
  - Primary care, including hormone maintenance, and when/when not to refer to CHEO,
  - Referral pathways to endocrinologists,
  - Need for a mechanism to connect clinicians and keep them aware of developments,
  - Development of value-added resources by the RPT (e.g. principles, what the system should ideally look like, annualized training schedule),
  - Consider train-the-trainer approach,
  - Embed the trans+ conversation in other events and trainings that physicians already attend.

#### 5. Recruitment of Community Members

The first round of recruiting community members has been completed, and three candidates have been received. Fae and Karen will follow up with interviews to explain more about the RPT and get to know the candidates.

The RPT thanked the YSB youth team for their generous contribution of the poster, which has been successful in helping us garner three excellent candidates.

For the next round of recruitment, Fae will develop social media messaging in French and English, and these will be circulated for people to share widely. The deadline for our next round of recruitment will be April 9<sup>th</sup>.

In addition, CHEO and FSO will make a targeted outreach to parents of trans, intersex, non-binary and gender diverse youth and children, to encourage interested people to apply.

In total, we are looking for approximately 7 community members on the RPT. Patricia has indicated a desire to step down, and if the remaining three community members stay on, we will need at least four new community members.

Fae will reach out to Mel, who has not attended the last few meetings, to confirm interest going forward.

## 6. Budget for the Community Table

Mark and Fae presented a budget for the work of the Community Table, which was discussed and approved.

## 7. Working Group Structure for the RPT

As we move forward on our workplan, we will have the benefit of our contractor to support us, and it will also be useful sometimes to develop working groups. The discussion set out some preliminary thoughts about this emerging structure:

- The RPT would be the over-arching body, and would assign some tasks to contractors or to working groups;
- Working Groups would be short-term, would address defined tasks assigned to them by the RPT, and would report back to the RPT for final decisions;
- Contractors are engaged to support the operationalization of the RPT workplan and other decisions by the RPT, and report to the RPT;
- It may be useful to have a small group of two or three people to act for the RPT if decisions or actions are needed on an urgent basis between meetings. This group would work on behalf of the whole RPT.
- In all of this, we recognize we are ultimately accountable to the community, and the role of the Community Table needs to be factored into this.

There was general agreement that it was premature to make any decisions on this until we have more community members present.

## 8. Process for Amendments to the Resource Directory

This was postponed so that we might have the benefit of the views of community members. It was also pointed out that this might be a good task for a Working Group.

## 9. Request from Ottawa Health Team

The Ottawa Health Team - Équipe Santé Ottawa is developing a health equity charter to guide its work, and has asked the RPT to name one or two representatives to participate in a discussion to review a draft of the charter. The RPT concluded that Fae would be asked to take on this role.

**Actions:**

- Fae and Karen will follow up with interviews with community candidates.
- Fae will develop social media messaging in French and English to support next round of community member recruitment.
- CHEO and FSO will make a targeted outreach to parents of trans, intersex, non-binary and gender diverse youth and children, to encourage interested people to apply.
- Lynne and Mark will follow up with Fae re: Ottawa Health Team health equity charter.