

Regional Planning Table Minutes

Zoom Meeting, November 16, 2021



1. Participation at the Meeting

Present:

Noah Parchment, community member
Karen Luyendyk, community member
Annie Chen, community member
Jesse Bosse, community member
Oliver Thorne, community member
Jonathan Schmidt, Family Services Ottawa
Lynsey James, Centretown Community Health Centre
Irena Druce, The Ottawa Hospital
Larissa Silver, Youth Services Bureau
Lisa Loeffen, CHEO
Stephanie Hemmerick, Seaway Valley Community Health Centre
Jeanne Thomas, Ontario Health East
Fae Johnstone, Wisdom2Action
Alex Tesolin, Wisdom2Action
Lynne Tyler, Catalyst Research and Communications, facilitator

Regrets/Did not attend: Brittany Smyth, Family Services Ottawa; Asha-Maria Bost, community member; Leyla Shahid, community member.

1. Welcome and Acknowledgement of Algonquin Territory

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

2. Membership

The RPT welcomed Sarah King, our new parent representative. Sarah and the other members of the RPT introduced themselves.

Leyla has not responded to our outreach, so Fae will poke her on Facebook. We will leave her on the distribution list for now.

3. Approval of October Minutes

The October 2021 minutes were approved with the correction of the date of the meeting.

4. Update from Centretown CHC on Volumes and Waitlist

Lynsey introduced her colleague, Holly Brown, from the Trans Health Team at Centretown CHC, who gave a brief presentation on the growing volumes and wait times. Referrals are doubling every year, and the wait times are growing from 6-9 months in 2018 to 15-22 months projected for 2022, which is unacceptably high. The high levels of violence, stress and suicidality experienced by these community members means that extended wait times have serious implications. The target should be a 200-day wait time. The ideal is for most clients to have their needs addressed by their GP, and these wait times really emphasize the importance of expanding the number of primary care providers who are prepared to provide these services, as well as enhancing the capacity of Centretown CHC to meet the rapidly growing need.

Possible actions:

- a) Is there a possibility for funding for additional clinicians at Centretown to try to meet at least some of the immediate growth in clients/wait times? Also, these staff need to be able to devote time for consults to support other primary care practitioners as an additional strategy to address the need.
- b) Can Ontario Health help raise awareness among primary care providers and develop strategies to strengthen their comfort with providing this care? Jeanne is open to the conversation and could raise this with some of the primary care leaders she is in contact with.
- c) Practitioners want brief trainings and consultations to increase their basic knowledge, skills and comfort with providing this care appropriately. Even a half-day training is a big commitment for a GP who has, for example, one trans client. It might be better to have 5 or 6 short videos. Connect2Knowledge is apparently doing mini-modules for primary care practitioners.
- d) Need a hub for primary care practitioners, to provide consults, take each other's roster if the provider is briefly away, share tips, questions and experiences, etc.

5. Update from W2A

Fae provided updates from Wisdom2Action on the following areas:

- a) Community Advisory Table: 8 successful candidates have joined the CAT, the first meeting is planned to occur before the end of November, and the onboarding process is underway.
- b) Website: work is progressing well and nearly completed. There will be a final review by clinicians and community members for specific considerations, and also by some community organizations. Then it will be translated and go live in the new year.
- c) Outreach to rural providers: W2A will return to providing greater outreach in the coming months to connect rural providers with resources and information they might need, and will report back to the RPT on next steps needed.
- d) RHO co-hosted trainings are continuing.
- e) OHTs: W2A will continue and deepen the connections with OHTs.

6. Other updates

- a) Medical records on sex markers: Following up on our previous discussion about the work that The Ottawa Hospital is doing in this area, Jesse and Karen have continued discussions and TOH is exploring working with the RPT to develop a presentation that could be shared with other providers.
- b) Canadian Blood Services is looking to meet with us to discuss how to appropriately frame some questions they ask prospective donors. In light of the fact that CBS treatment of trans individuals has been highly problematic in the past and it would be inappropriate to expose RPT members to that, and also they are a national rather than Champlain Region organization, the RPT concluded that it would be more appropriate to refer them to other resources and organizations who have crafted questions for similar situations.

7. Evolution of RPT Structure

Lynne suggested that it may be time for the RPT to consider moving to a different structure, and specifically that an external facilitator may not be needed anymore. One option is to establish co-chairs for the RPT, and there are also other possibilities that could be considered. This discussion will be continued in the new year.

8. Next Meeting

The RPT will meet next in January. Brittany has previously circulated the recurring meeting notice.