

Agenda and Notes



Sex and Gender Working Group

May 23, 2023

Via Teleconference

May 23, 2023

Item	Purpose	Allocated Time	Presenter
1	<i>Welcome and Acknowledgement</i>	2 minutes	Kelly
2	<i>Ground rules for respectful dialogue</i>	2 minutes	Kelly
3	<i>Purpose of Infoway Sex and Gender WG</i>	2 minutes	Kelly
4	<i>What does allyship mean in Digital Health?</i>	35 minutes	Ingrid Handlovsky PhD, RN
4	<i>Co-Development and Analysis of Use Cases / Scenarios</i>	15 minutes	Kelly
5	<i>Schedule and Topics Review</i>	1 minute	Kelly
6	<i>Adjournment</i>	1 minute	Kelly



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1. Welcome and Land Acknowledgement and Ground Rules

Completed. See slide deck for details.

2. Ground rules for respectful dialogue

Completed. See slide deck for details.

3. Purpose of Infoway Sex and Gender Working Group

Completed. See slide deck for details.

4. Ingrid Handlovsky PhD, RN – What does allyship mean in digital health?

How to redress discrimination at structural and individual level. Resilience at the individual. Structural change is required. What does allyship mean? Involves people in privileged social locations working to redress oppressive conditions. Performative vs. actionable allyship. Performative is saying you're an ally. Actionable is being an ally. The title ought to be bestowed on someone. The SGWG offers a national level forum for dialogue. Terminology is critical in terms of establishing safe spaces and has broad implications. There is a disconnect between saying and doing in terms of allyship. It's important for organizations to be clear about their commitment to allyship. Allyship is a verb, not a noun. Need to show up for the long-haul. It requires humility. It requires recognition and knowledge of your privilege. Sometimes it requires being quiet and create space for someone else's voice. Privilege is a gift and an obligation. Privilege allows access. There is a responsibility to speak up and speak out for those who do not have that access. Intersectionality is a useful lens for analysis. Need to recognize people's contributions of their lived experience. Important to bear some burden of education on our own.

5. Group Discussion and/or Questions

More work being done at the national level with physician associations and standards.

6. Co-Development and Analysis of Use Cases / Scenarios

SPCU – Practices and Considerations

Spironolactone – testosterone suppressant. Reference range for testosterone would / should/ could fall within the female reference range.

Asking about last menses, obstetric history, menopause are inappropriate questions. There are potentially harmful questions. Or cis women who weren't born with a uterus or who lost it young, it may also be painful. The organ inventory can be a solution. Clinician prompts for appropriate questions.

Medication statement – design consideration: may include the purpose or rationale of the medication. Other examples include antidepressants (i.e. trazadone) or for addiction/tobacco cessation (e.g. Wellbutrin). The indication / health concern should be listed. Could talk with the messaging folks to ensure that this information can be exchanged. Could deter unnecessary questions. Adds information for care team. Could also benefit patients-as-user.



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Provincial prescription management project in BC, indication is mandated. There is a SNOMED code to cover thing.

CBC TSH wouldn't require an SPCU because administrative sex is F. Need to know reference ranges for bone density. To continue next session.

Might people NOT want their care team to know about their medications?

Each order could be associated with a separate SPCU.

The idea of normative practices should be discussed (Karen).

7. Schedule Review

Completed.

8. Adjournment

Completed.

