

Agenda and Notes



Sex and Gender Working Group

May 25, 2021

Via Teleconference

May 25, 2021

Item	Purpose	Allocated Time	Presenter
1	Welcome and Acknowledgement	3 minutes	Kelly Davison
2	Purpose of the Infoway Sex and Gender Working Group	<ul style="list-style-type: none">Recap 2 minutes	Kelly Davison
3	Erin Zeigler	<ul style="list-style-type: none">Presentation 20 mins	Erin Zeigler
4	Group Discussion and/or Questions	<ul style="list-style-type: none">Discussion 5 mins	WG
	Francis Lau	<ul style="list-style-type: none">Update 15 mins	Francis Lau
	Karen Courtney	<ul style="list-style-type: none">Update 5 mins	Karen Courtney
	Meeting Schedule	<ul style="list-style-type: none">Recap 3 mins	Kelly Davison
5	Adjournment		Kelly Davison



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1. **Welcome and Acknowledgement**

- Land acknowledgement

2. **Purpose of the Infoway Sex and Gender Working Group**

- Overview provided. 25 participants in this session.

3. **Erin Zeigler**

A state-of-the-art review to understand transgender people's health needs. 13 articles were included. Estimated 200K transgender people in CA. 80K in Ontario. Living f/t in identified gender. 23% have socially/medically transitioned. Provides gender affirming health care. Access to gender affirming care is a large need. Improves overall functioning of transgender people. Preventive care. Lack of screening, risk assessments, etc. Are often forgotten. Limited number of PCPs available for gender-affirming care. Patient travel often required, coverage governed by provinces. Is improving, but schools not incorporating LGBTQ2S+ content. Lack of knowledge about what they need to do. Transgender people often have to educate their practitioner. Not ideal. Organizational safety also a barrier. Binary gender markers, reference ranges, etc. Lack of supporting policies. How does a patient get registered? Nurses are not working to full scope. Common problem. Lack of primary care services. Care for transgender people should be normalized and embedded. Need transgender content in education to support competencies. Eliminating barriers. Safe spaces, gender neutral washrooms, etc.

4. **Group Discussion and/or Questions**

OSCAR is EHR; binary, but we contacted OSCAR to customize it – can identify as transgender and nonbinary. But OLIS still uses binary. Uses gender from OHIP card – outs them. Questions about education: less than 5 hours in physicians and less than 3 in nursing education. Huge barriers. Case studies, modules, etc. can really increase confidence. Developed an e module/virtual simulation games to improve cultural humility. Accessed 775,000 times. Lack of data – what are the major barriers to data/baby steps to change that? Lack of Canadian specific research and data. Has had to use international data. Our health care system is different, so hard to generalize. This census should help.

5. **Francis Lau – UVIC – MSFHR REACH Grant, Terminology Topics Meeting**

Information provided. Details will be posted to folder and to forum.

6. **Karen Courtney – UVIC – MSFHR REACH Grant, Meeting Plan**

Information provided. Details will be posted to folder and to forum.

7. **Meeting schedule for 2021**

Overview provided.

8. **Adjournment**

