



L G B T Q

Lesbian, Gay, Bisexual, Trans, Queer

C A N C E R S T R A T E G Y



SIMCOE MUSKOKA REGIONAL CANCER PROGRAM

2016 - 2019

Simcoe Muskoka
Regional Cancer Program



Royal Victoria
Regional Health Centre

A Cancer Care Ontario Partner



QUALITY LEADS TRAINING

The SMRCP Quality Leads will be supporting and leading much of the LGBTQ inclusivity work under the SMRCP LGBTQ Cancer Strategy. The leads will act as champions of this work and will be encouraged to integrate an LGBTQ inclusivity lens into all of their projects.



The weekly Quality Lead huddles provide an excellent platform for LGBTQ inclusivity training. The frequency of the huddles allows for the presentation of concepts in an accessible micro-learning or “spark” format. The learning will need to be largely discussion based and can be facilitated by both the manager and a Quality Lead team member with training in the area.

The training will be vital in preparing the Quality Leads team for work in policy audits, inclusive language, intake forms, and program development. Suggest areas to cover are as follows:

Discussing gender, sex, and sexuality

LGBTQ culture, history, and society

LGBTQ experiences

Homophobia, transphobia, cisnormativity, heterosexism

Best practices in being supportive and inclusive

Community resources

Proposed Timelines:

Ideally, one of each of the above concepts will be covered as a segment of two separate Quality Leads huddles. This will allow for maximal reflection and better application to work:

6 to 12 weeks

A note about this strategy proposal:

This strategy proposal was informed by best practices, guidelines, and documents from multiple organizations including: The Gilbert Centre (servicing the Simcoe Muskoka Region); Rainbow Health Ontario (a program of Sherbourne Health Clinics, servicing the province of Ontario), and the National LGBT Cancer Network (a cancer-specific LGBTQ organization based in New York, NY).

Section 1: PLANNING & CONSULTATION

Community Consultation

It is extremely important that the work in the SMRCP is guided by careful consultation with the LGBTQ community in North Simcoe Muskoka. This keeps with best practices in inclusivity, respect, and equity capacity building. The most effective way to appropriately consult with the community is to work with community partners and organizations.

The Gilbert Centre has been providing programs and services in the community for over 25 years and is a recognized community organization. The Gilbert Centre takes a broad, social determinants approach to health equity work and will be well prepared to guide a consultative process. Partnering with this organization will ensure an equitable strategy that is informed by community needs.

www.gilbertcentre.ca

Literature Review

A solid base of current literature will be necessary in order to create an evidence-informed equity strategy for the LGBTQ population in the region.

The RVH Health Librarians are able to perform a literature review on LGBTQ topics in health and cancer care. A Quality Lead can be assigned to review the collected documents for statistics, themes, and current trends. The collected information can be turned into a one-page document to be used by SMRCP leadership and staff throughout the next sections.

Environmental Scan

A collaborative approach will expand the reach of the LGBTQ cancer strategy. The SMRCP will need to be aware of work that is currently being done in LGBTQ diversity and inclusivity. Since the Gilbert Centre is the main organization doing this work in the region, partnering with them will again be necessary to complete this component. The Gilbert Centre maintains a registry of organizations committed to inclusivity. The results of the scan will be used to identify areas for collaboration and to increase efficiency.

Proposed Timelines:

Appropriate consultation is important and will take some time:

4 to 8 weeks

Section 2: LEADERSHIP EDUCATION

Rainbow Health Ontario (RHO) lists training for leadership as an integral component of any LGBTQ inclusivity strategy. It is important that leadership visibly supports social justice and health equity work in the organization.

Nambiar, D. (2016). *Removing the Barriers: Making Your Organization LGBTQ Positive*. Presented at the Rainbow Health Ontario Conference, London, ON.



SMRCP leadership should participate in LGBTQ inclusivity education. Leadership understanding sends the message to the community that LGBTQ inclusivity is a priority and sends the message to staff that inclusivity is an important part of day-to-day practice.

The Gilbert Centre is able to provide adaptable educational sessions for organizations in the region. The sessions can focus on skill development and available tools to create an inclusive environment of accessible services. The information can be presented as part of a one-day session or potentially as a series of lunch-and-learn type sessions focusing on leadership topics in the previous six priority areas.

Alternatively, the Gilbert Centre is providing an education session at the April LEI in collaboration with the **RVH Diversity and Inclusion council**. This session is oriented to organizational leaders and can be a springboard for this work. However, leadership education should happen in advance of broader staff education and this will delay implementation of the strategy.

At the end of the education period, leadership will be well-prepared to complete a service accessibility assessment

Proposed Timelines:

Dependent on the format of the training sessions:

1 to 4 weeks



Clinical leadership education is equally important for this strategy and should happen in tandem with the leadership education component. Both the Gilbert Centre and Rainbow Health Ontario are prepared to offer physician and other clinician education sessions.

Alternatively, there is a wealth of speakers who can present on clinical pearls for LGBTQ patients.

Section 3: FORMS & PROCESSES

“In many professional situations, intake forms are one of the first interactions and impressions a client has of the agency. Documentation and forms provide an opportunity to offer LGBTQ people a discreet yet meaningful indication of acceptance and inclusivity”

The Gilbert Centre. (2016). *Welcoming the LGBTQ Community*. Page 8: Forms. Published by author. Barrie, ON



Once managers have completed the education section of the strategy, they can forward forms, policies, and processes to an assigned Quality Lead. The Quality Lead can perform a form and process ‘audit’ to align forms with best practices in LGBTQ inclusivity:

The Gilbert Centre and RHO both provide evidence-based insight into language for forms and processes. Generally, the guidelines suggest reviewing forms to make sure information is relevant, sensitive, and collected in the most accessible way.

Some services in the SMRCP have already reviewed intake forms. The Sexual Health and Intimacy and Cancer Clinic (SHIC) has an up-to-date new patient form using forms from the Centre for Addictions and Mental Health as a guide.

PATIENT QUESTIONNAIRE
Sexual Health, Intimacy and Cancer Clinic (SHIC)
To be completed prior to initial consultation

NAME(S): _____ DATE: _____

Do you identify as:

<input type="checkbox"/> Female	<input type="checkbox"/> Trans – Female to Male	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Male	<input type="checkbox"/> Trans – Male to Female	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Intersex	<input type="checkbox"/> Don't know	

Do you identify as:

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Don't know
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Prefer not to answer
		<input type="checkbox"/> Other: _____

Are you attending:

<input type="checkbox"/> Alone	<input type="checkbox"/> With a partner	<input type="checkbox"/> Other: _____
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Please describe your current relationship status:

<input type="checkbox"/> Married or Common-law	<input type="checkbox"/> No partner	<input type="checkbox"/> Casual dating
<input type="checkbox"/> One partner but living apart	<input type="checkbox"/> More than one partner	<input type="checkbox"/> Other: _____

Proposed Timelines:

Dependent on the number of forms to be reviewed and the amount of necessary

1 to 4 weeks

Information gathered by the Quality Lead during this section can be used to inform the Inclusive Language and Staff Training sections of the strategy. The Quality Lead can use existing form guidelines and adapt for a cancer program specific document.

Section 4: SMRCP STAFF EDUCATION

Team Champions Training Model:

Each team in the cancer centre can identify one or two 'champions' who will participate in extended training opportunities about LGBTQ inclusivity. The training opportunities can be facilitated by the Gilbert Centre, Rainbow Health Ontario, or both.

The champions would then be responsible for sharing best-practices with their respective teams in collaboration with the team manager. To help facilitate the sharing of lessons, small learning challenges can be developed to be implemented at community meetings.

These learning challenges would help guide the champion in providing a comprehensive training base while also be sensitive to busy clinical schedules of cancer centre staff.

The champions would also receive direction on how to do non-intrusive team check-ins for best practices at strategic points in the year.

Messaging will reflect the team responsibility of building inclusive environments.

The champions model, based off the Adolescent Health Initiative from the University of Michigan, demonstrates cumulative benefits for patient care.



Centre-Wide Training Sessions Model:

The Community Coordinator of the Gilbert Centre is able to provide adaptable training sessions for staff.

A set time of training can be established with all staff supported to attend.

Training provided to all staff at the same time benefits patients and families by ensuring all staff are receiving the most updated information at the same time.

Challenges include finding the time to support all staff to attend the sessions as well as ensuring the training partner is available.

A partnership could be formed with the RVH Diversity and Inclusion council to offer these sessions.



“When an agency claims to be an LGBTQ inclusive and accessible space, the expectation is that a client will experience safety and acceptance throughout all aspects of the organization... Staff training within an organization promotes professional accountability and the use of best practices.”

The Gilbert Centre. (2016). *Welcoming the LGBTQ Community*. Page 8: Forms. Published by author. Barrie, ON

Lunch and Learn Drop-In Model:

A series of lunch and learns can be held on a drop-in basis to train staff on LGBTQ inclusivity. Sessions can focus on real skill development and emphasize how to share lessons with peers and colleagues. Participant numbers would be tracked using sign-in sheets. An incentivized program would most likely result in a higher attendance. Attending more lunch and learns would earn participants more tickets in a draw.

Drop-in models do not accurately reflect the importance of this training for centre staff. However, lunch and learns are recognizable methods for sharing information in the cancer centre.

E-Learning and Lunch and Learn Series Model:

The Indigenous cancer portfolio recently experienced success with a facilitated elearning lunch and learn series in which participants were invited to complete online modules and then attend lunch and learns to complement the information.

A suitable online learning opportunity would have to be located in collaboration with community partners. The CCO Aboriginal Relationship and Cultural Competency series provides an excellent model for this type of learning. The voluntary nature of the program may not reflect the importance of the training and lead to lesser impacts on patient care in the centre.

Section 5: COMMUNICATION & LANGUAGE

In collaboration with the Gilbert Centre and other community partners, a “current language” backgrounder can be developed to guide the use of LGBTQ inclusive language in the cancer centre.

Internally and externally facing documents and resources should be reviewed, using the backgrounder as a tool, to ensure that they adhere to best practices.

After receiving training on LGBTQ inclusivity, staff in the cancer centre (or team champions) should be prepared to review any resources or programs to confirm they are using inclusive language and imagery.

Quality Leads can support this process through help with graphic design, writing, and guiding on best-practices.

Commonly identified priority areas for communication and language improvement include:

Educational Resources and Materials
(Prepared in-house)

Agency Website

Social Media and other Media

Health Promotion Materials and Other Resources
(Selecting diverse materials from other sources)

Inclusive language also extends to verbal communication. The training for centre staff should cover self-reflection on communication styles, however it will be important to provide refresher information.

This can be accomplished by holding a discussion during rounding for a set month or similar period of time - a “check-in” about inclusive language.

Proposed Timelines:

Dependent on the extent of SMRCP staff participation

1 to 4 weeks

Section 6: 1ST IMPRESSIONS & ENVIRONMENT

The physical environment in the cancer centre must clearly be accessible for LGBTQ individuals and their families. LGBTQ community members should be able to clearly see that the cancer centre, and their care teams, are making a serious effort to be inclusive of their experiences and needs.

This means regularly scanning the centre and ensuring that signs, instructions, and other visuals do not make assumptions of cisnormativity or heteronormativity. This also means that staff in the cancer centre do not inappropriately react to gender non-conformity or LGBTQ relationships.

Common priority areas for improvement in the physical environment can include:



Safer Spaces Signs and Diversity Statements

It is a common practice to display a diversity statement or safer space symbol throughout the organization *after* staff have received training on LGBTQ inclusivity. A sign or statement at the front door is a commonly sought notification that an organization is LGBTQ friendly.

The Gilbert Centre and RHO both provide widely recognized safer spaces signage to organizations that participate in their trainings or educational opportunities.

Similarly, job descriptions should include a statement of diversity and protection from discrimination inclusive of LGBTQ professionals.

Section 7: COMMUNITY VISIBILITY and ONGO

Being an LGBTQ inclusive organization extends beyond the walls of the cancer centre. Actively participating in community events increases the visibility of the organization and makes the organization more accessible for LGBTQ families and individuals.

Celebrating LGBTQ culture and contributions to society are important aspects of maintaining a visible presence in the region. This can include:

Participating in Pride festivals and parades

Raising Pride flags at the organization

Publicly acknowledging LGBTQ observances

Supporting LGBTQ community health and well-being programming

Organizing LGBTQ inclusive clinical education presentations

Getting involved with local LGBTQ networks and communities of practice



ONGOING QUALITY IMPROVEMENT

Promoting LGBTQ inclusivity in an organization is not a one-time initiative. It requires an ongoing commitment to quality improvement and staying up-to-date with trends and best practices. The SMRCP can help be a leader in this area by ensuring that training, outreach, and reflective efforts remain strong. This can include:

Organizing and holding LGBTQ specific clinical education content sessions for community providers (e.g. presenters at UIO)

Establishing a task force on LGBTQ cancer care needs and inclusivity in collaboration with community partners like the Gilbert Centre

Offering LGBTQ specific psychosocial support programming in collaboration with community partners like the Gilbert Centre

Offering ongoing educational sessions for staff as well as supporting staff to seek out their own educational opportunities

Increasing outreach to LGBTQ patients and families

Encouraging diversity on the Patient and Family Advisory Council including encouraging participation from those with LGBTQ experiences

Promoting ongoing consultation with the LGBTQ community through collaboration with community partners and other organizations

“Having someone who accepts you unquestioningly for where you are, in terms of your orientation, is critical, because you don’t have to explain everything you know? They just get it.”

Pinder, S (2014). The Pathways Project: Examining pathways to effective depression treatment for sexual minority women and trans people of all genders in Ontario. Toronto: Re:Searching for LGBTQ Health, Health Systems and Health Equity Research Group, Centre for Addiction and Mental Health.

Potential DELIVERABLES AND EVALUATIONS

Section 1: Planning and Consultation:

Literature review

Trends and statistics backgrounder document

Completed environmental scan

Section 2: Leadership Education:

Completed "practice evaluations" for units - to be used as a baseline

E.g. Gilbert Centre report card evaluation, Crisps' Gay Affirmative Practice Scale

of managers/leaders who complete the training

Section 3: Forms and Processes:

of forms/processes reviewed and changed

Quality Lead notes used to inform educational sessions

Section 4: SMRCP Staff Education:

of staff participating in educational opportunities

Completed self-reported "practice evaluations" for staff

Section 5: Communication and Language:

Language backgrounder document

of communication channels updated

Section 6: 1st Impressions and Environment

Completed workplace assessments - signage, symbols, etc.

E.g. Ontario Public Health Association Positive Space Workplace Assessment Tool

and location of safer spaces imagery

Section 7: Community Visibility and Ongoing Quality Improvement:

Events, education and collaborative relationship trackers