



Sexual Health Community Needs **ASSESSMENT**

York Region Public Health
September 2024



Land Acknowledgement and Moving Toward Truth and Reconciliation

We acknowledge that York Region is located on the traditional territory of many Indigenous peoples including the Anishinaabeg, Haudenosaunee, Huron-Wendat and Métis peoples and the treaty territories of the Haudenosaunee, Mississaugas of the Credit First Nation and Williams Treaties First Nations. Today this area is home to many diverse Indigenous Peoples, and we recognize their history, spirituality, culture and stewardship of this land. We also acknowledge the Chippewas of Georgina Island First Nation as our closest First Nation community.

We recognize that Indigenous Peoples in Canada experience higher rates of sexually transmitted and blood borne infections (STBBI) than other populations, driven by factors such as colonialism, the residential school system, intergenerational trauma and systemic racism. York Region Public Health sexual health clinics are committed to a health equity approach which includes reducing the health impacts of STBBIs among First Nations, Inuit and Métis Peoples. Cultural competency training for health care professionals is identified in the Truth and Reconciliation Commission's Call to Action #23 and is a requirement of York Region Public Health staff.

We also acknowledge the disproportional impacts on other communities, including equity-deserving groups, driven by a set of combined root causes including slavery and systemic racism. York Region Public Health sexual health clinics believe in a rights-based, proportionate universalism approach and recognize that no 'one size fits all' approach works given communities' different historical and current experiences.

Acknowledgements

We would like to thank all staff, community partners and agencies, local health care professionals and clients of York Region Public Health sexual health clinics who contributed their time and effort to this needs assessment.

Project Sponsors

Dr. Fareen Karachiwalla, Medical Officer of Health
Dr. Barry Pakes, Medical Officer of Health
Julia Roitenberg, General Manager and Chief Nursing Officer

Project Advisory Committee

Dr. Richard Gould, Associate Medical Officer of Health
Dr. Kathryn Cleverley, Associate Medical Officer of Health
Zahra Kassam, Director, Healthy Living
Shelley Stalker, Manager, ERCQIHE
Marie Wright, Manager, Projects and Program Policy Strategy
Cheri Jessop, Supervisor, Sexual Health Clinics Program
Heather Pimbert, Epidemiologist
Sheree Shapiro, Health Promoter
Deanna Quattrociocchi, Program Evaluation Analyst

Project Leads

Lindsay Rosien, Manager, Sexual Health Clinics Program
Emily McMorris, Health Promoter

External Consultant and Support

Moxley Public Health, LLC
Dr. Alysha Ahmed

Community and Health Services Department, York Region

Access York, IBSB
Community Partnerships & Support Services, Housing Services Branch
Community Paramedicine, Paramedic and Senior Service Branch
Financial and Employment Services Team, Ontario Works, Social Services Branch
Homelessness Community Programs, Social Services Branch
Integrated Service Delivery, Planning and Partnerships, IBSB

Social Policy, Data and Partnerships, Strategies and Partnership Branch
Substance Use Prevention and Harm Reduction, Public Health Branch
Sexual and Blood Borne Infections, Public Health Branch
Vaccine Inventory Program, Public Health Branch

Community Partners

360 Kids
Agincourt Community Services
Blue Door Shelters
Canadian Mental Health Association (CMHA) York Region - Gender Affirming Health Clinic
CAYR Community Connections
Georgina Island Community Service
Family Services York Region - Rainbow Network
Georgina Nurse Practitioner- Led Clinic
INN from the Cold
Markham Stouffville Hospital
MCI – The Doctor's Office
Northern Ontario School of Medicine University
Routes Connecting Communities
Primary Care, Northern York South Simcoe Ontario Health Team
Peel Region
Vaughan Community Health Centre
Women's Support Network of York Region
Yellow Brick House
York Regional Police - Victim Services of York Region
We would like to say a special thank you to the individuals from our priority populations, organizations that serve newcomer populations and educational institutions not listed here who took the time to speak with our consulting partner and share their experiences.

Table of Contents

Purpose	5
Introduction	6
Background	7
Overview and Methodology	14
Findings	22
Recommendations	39
References	42

Purpose

In April 2023, York Region’s Public Health Sexual Health Clinics Program initiated a needs assessment to

1 Better understand the sexual health needs of York Region residents who are most at risk of negative health outcomes related to sexual health including those who have increased barriers in accessing sexual health care (priority populations)

2 Assess the availability of comprehensive sexual health services in York Region

The assessment provided an opportunity to hear from a diverse group of community partners, community agencies, local health professionals, internal partners, clients of the sexual health clinics and individuals in the community that fall within the priority populations for York Region Public Health’s (YRPH) sexual health clinics.



01

Introduction

Sexual health care is essential for maintaining overall wellbeing and preventing acute and chronic health issues. Comprehensive sexual health care includes education, prevention, diagnosis and treatment of STBBIs, and contraception services. Specialized sexual health clinics offer an inclusive and equitable service delivery model for sexual health care and play an important role in addressing the rising rates of STBBIs.¹

As part of York Region's internal auditing practices, YRPH sexual health clinics were

selected for an audit in 2019. A primary recommendation from Audit Services was the completion of a comprehensive needs assessment to assess community needs related to sexual health.

The findings and recommendations of this needs assessment will act as a roadmap for the YRPH sexual health clinics as the program strives to meet the identified needs of priority populations while continually assessing impact and need for sexual health services provided.



02

Background



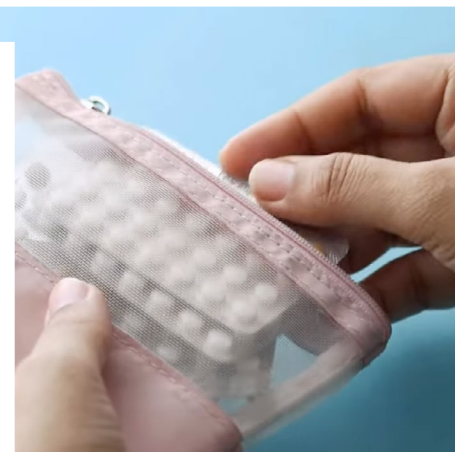
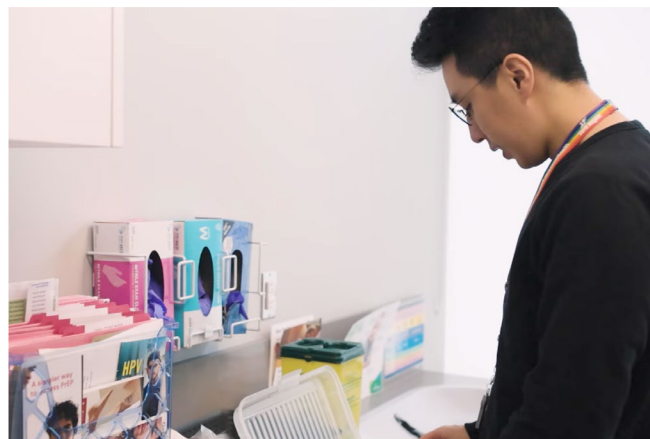
Sexual health services are currently offered by YRPH and are available throughout York Region communities.

Overview of the YRPH Sexual Health Clinics Program

The primary goals of the sexual health clinics program are:

- 1. To prevent or reduce the burden of STBBIs by providing clinic services, comprehensive health promotion initiatives and harm reduction services**
- 2. To promote healthy sexuality by providing clinic services and comprehensive health promotion initiatives**

The sexual health clinics program uses a population health approach with a focus on health prevention and promotion. The YRPH sexual health clinics program prioritizes support and services to priority populations while also offering services to those within the general public who require sexual health care. YRPH sexual health clinics do not require OHIP or other coverage, providing equitable and inclusive access to services.



YRPH Sexual Health Clinics Program

To further support equity and accessibility, YRPH provides sexual health services at five clinic locations across York Region, provides access to virtual sexual health services and offers outreach clinics at local emergency housing sites.

YRPH sexual health clinics offer the following sexual health related services:

- Free condoms
- Pregnancy testing, counselling and referral
- Sexual health examinations
- Sexually transmitted infection (STI) testing and free treatment
- HIV testing (including anonymous HIV testing and Rapid HIV testing)
- HIV pre-exposure prophylaxis (HIV PrEP) prescriptions
- Hepatitis A and B vaccination
- Gardasil 9 vaccination
- M-pox vaccination
- Harm reduction services (needle exchange services, safer smoking supplies and naloxone)
- Low-cost contraception
- Emergency contraception
- IUD and Nexplanon* insertions and pap testing (clients 30 years of age and under or for anyone without OHIP)
- Support and information on healthy relationships
- Referrals

In addition to clinical services, the sexual health program:

- Operates a nurse-led sexual health information line to support clients with sexual health concerns, offer referrals and book appointments based on clinical assessment needs
- Provides sexual health education support to community agencies and groups
- Develops curriculum matched activities and resources for educators to support them in teaching sexual health components of health and physical education curriculums
- Operates a community agency condom distribution program
- Works collaboratively with community partners to provide outreach testing opportunities to at-risk groups
- Administers the Public Health biomedical waste program

The program is staffed with:

- 1.0 Full Time Equivalent Program Manager
- 1.0 Full Time Equivalent Clinic Supervisor
- 9.0 Full Time Equivalent Public Health Nurses + 3 Casual Public Health Nurses
- 3.0 Full Time Equivalent Registered Practical Nurses
- 2.75 Full Time Equivalent Admin/Clerk Secretaries
- 6 Part Time contracted Clinic Physicians

All staff receive training in best practices to support 2SLGBTQIA+ clients, human trafficking identification, stigma and its effects on health and wellbeing, trauma informed care, motivational interviewing, harm reduction and social determinants of health. It is a priority for the program to ensure that clinic spaces feel welcoming to ensure clients feel supported by both staff and the environment.



YRPH Sexual Health Clinic Locations

50 High Tech Rd, Richmond Hill

4261 Hwy 7 E, Markham

9060 Jane St, Vaughan

17150 Yonge St, Newmarket

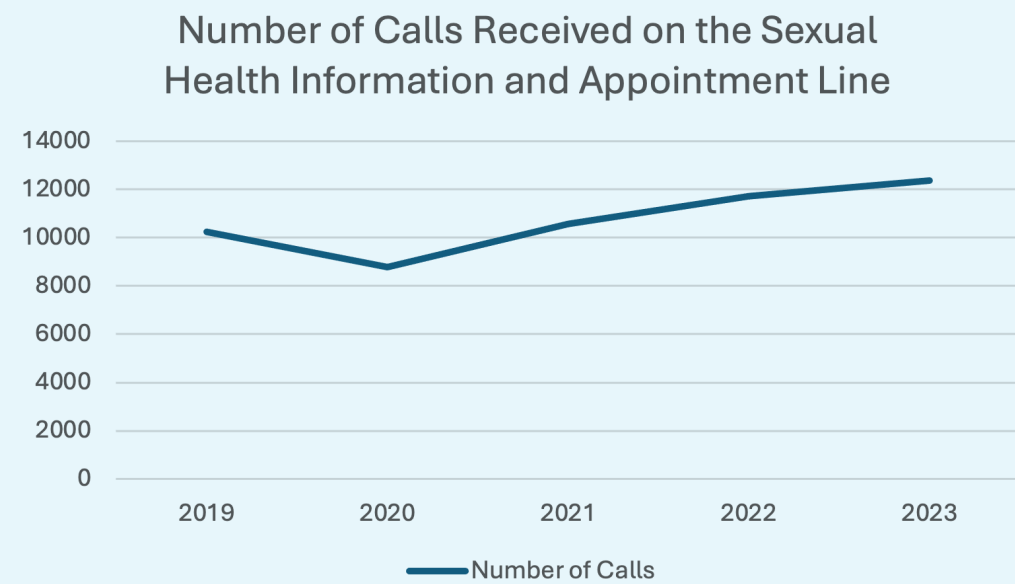
20849 Dalton Rd, Sutton/Georgina

*Nexplanon is a long-acting reversible contraceptive (LARC) implant

YRPH sexual health clinic appointment and call volumes

Demand for sexual health information and sexual health clinical services is growing annually in York Region. Figure 1 outlines the call volumes to YRPH’s nurse-led sexual health information and appointment line. Data to date in 2024 shows a continued increase and this trend is expected to continue.

Figure 1. Number of calls received by YRPH nurse-led sexual health line

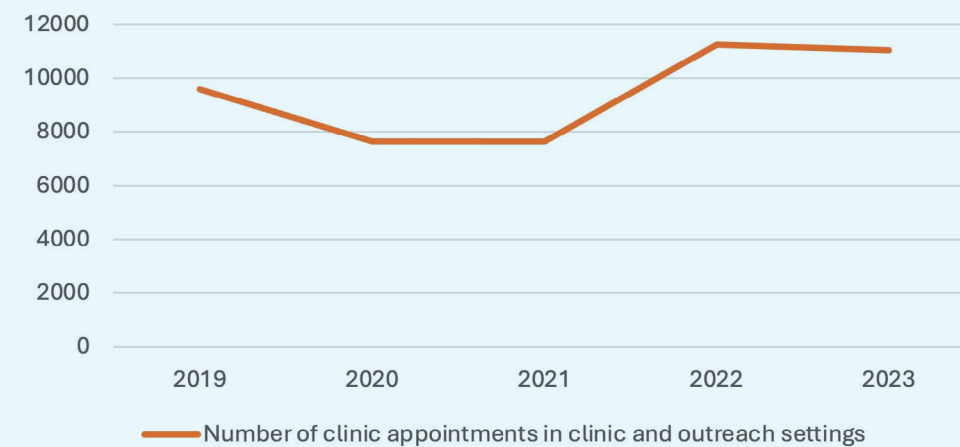


Source: © Cisco Queue Line Reporting as of June 30, 2024



Figure 2. YRPH sexual health clinic appointments

Number of clinic appointments in clinic and outreach settings



Additionally, client visits to YRPH sexual health clinics have remained steady or increased annually except for 2020 and 2021 when the program was operating at partial capacity due to the COVID-19 pandemic (Figure 2). Current data for 2024 shows a continued increase in client visits. The ability to accommodate increased demand has been achieved through continual reassessment of appointment booking times, adding additional nurses to clinics where possible, inception of the virtual nurse clinic, expanding outreach initiatives and opening a fifth sexual health clinic location in Georgina in 2022. Previously, limited clinic services were offered rotationally at the 2 York Region District School Board high schools in Georgina.

* Note: There was a complete clinic closure in 2020 for 6 weeks followed by reduced clinic services due to the COVID-19 pandemic which continued through 2021 until all staff were returned from redeployment in Q1 2022.

Source: © Hampson Clinic Management EMR –Due to issues with the Hampson Clinic Management EMR system and its reporting features, clinic appointments may include bookings that were moved or deleted; however, the purpose of this data is to reflect the percentage change of appointments over time



Sexual Health Services in the Community

Sexual health services are available outside of YRPH sexual health clinics at primary care offices, walk-in clinics, Vaughan Community Health Centre and local hospital emergency departments. The range of sexual health services offered through these service providers varies and not all services offered at YRPH sexual health clinics are available in these community settings. Additionally, OHIP is generally required to access sexual health services at primary care offices and walk-in clinics.

Primary care in Ontario is currently facing capacity issues. In 2022, roughly 7% of Ontarians (2.2 million individuals) and roughly 7% of the York Region population (154, 049 York Region residents) were without a family doctor.² Family physicians report high levels of burnout and a large number are expected to retire over the next 5 years.³ The number of individuals without a family doctor is expected to grow.

While sexual health services are available outside of YRPH sexual health clinics, YRPH sexual health clinics play an important role in providing care to clients with barriers to access, including those without a family doctor and/or without OHIP coverage.

Applying a Health Equity Approach

YRPH sexual health clinics offer clinical services to the general public but prioritizes sexual health care and services to equity-deserving populations most at risk for acquiring STBBIs and who are most affected by their burden. Offering clinical services at a scale and intensity proportionate to the need of clients is an approach known as proportionate universalism. YRPH sexual health clinics reduce barriers to accessing clinical services by not requiring OHIP, providing outreach clinics and by locating clinics across York Region including in Georgina.

Across Ontario public health units, there is no single criteria or approach for selecting priority populations. Public Health Ontario has identified two common approaches: health equity and burden of disease.⁴ A health equity approach considers the social determinants of health as the criteria for priority population selection while a burden of disease approach considers the risk of acquiring disease or increased risk for adverse outcomes as the primary component for selecting priority populations.

YRPH sexual health clinics have identified the following priority populations for clinic services:

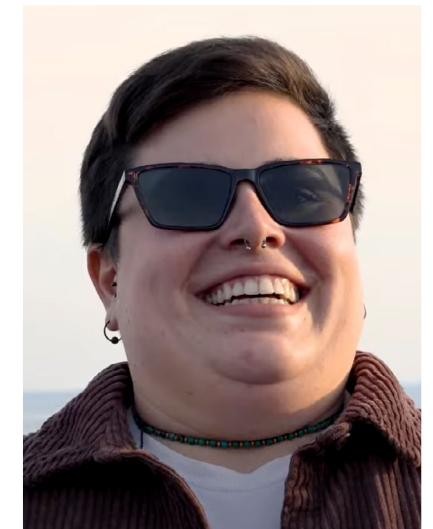
- 2SLGBTQIA+ clients
- Youth and younger adults
- Those experiencing homelessness or at risk of being homeless
- Clients without access to OHIP
- People who use injection drugs
- Individuals that engage in sex work
- African, Caribbean and Black communities
- Indigenous peoples
- Others who may be at increased risk of STBBIs

Although the population groups listed above may seem to have one social identity or face a single health inequity, some clients may belong to one or more groups. This intersectionality can exacerbate conditions and pose additional challenges in achieving health equity.

Specific priority populations including Indigenous Peoples, African, Caribbean, and Black communities; gay, bisexual and other men who have sex with men; and people who use injection drugs are recognized by the Ontario HIV Action Plan (Ontario Advisory Committee on HIV/ AIDS)⁵ as populations experiencing disparities related to HIV and other STBBIs. The remaining priority populations listed above were identified as priority populations for YRPH sexual health clinics through local data and context based on the burden of STBBIs and/or health equity approach.

“Finding a family doctor is hard, especially one who speaks the language”

- Community Partner



03

Overview and Methodology

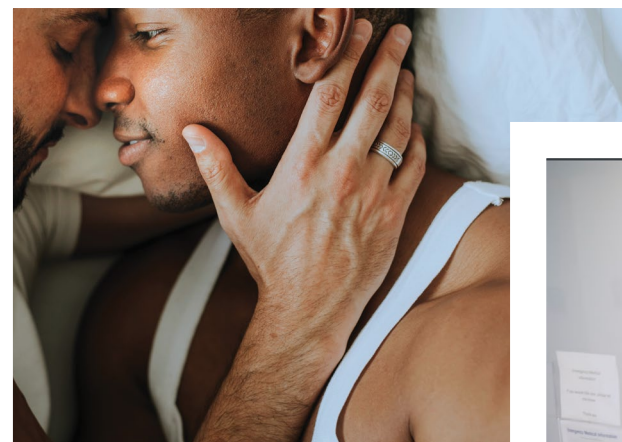
Project Overview

A project advisory committee was appointed consisting of key internal stakeholders who met monthly to provide input into project scope, goals, timelines, and progress. The committee reviewed data collection findings and the final report. Project leads managed the project and completed components of the data collection activities. Project sponsors (YRPH's Medical Officer of Health and General Manager/Chief Nursing Officer) provided guidance, scoping direction and approvals.

A project charter was drafted by project

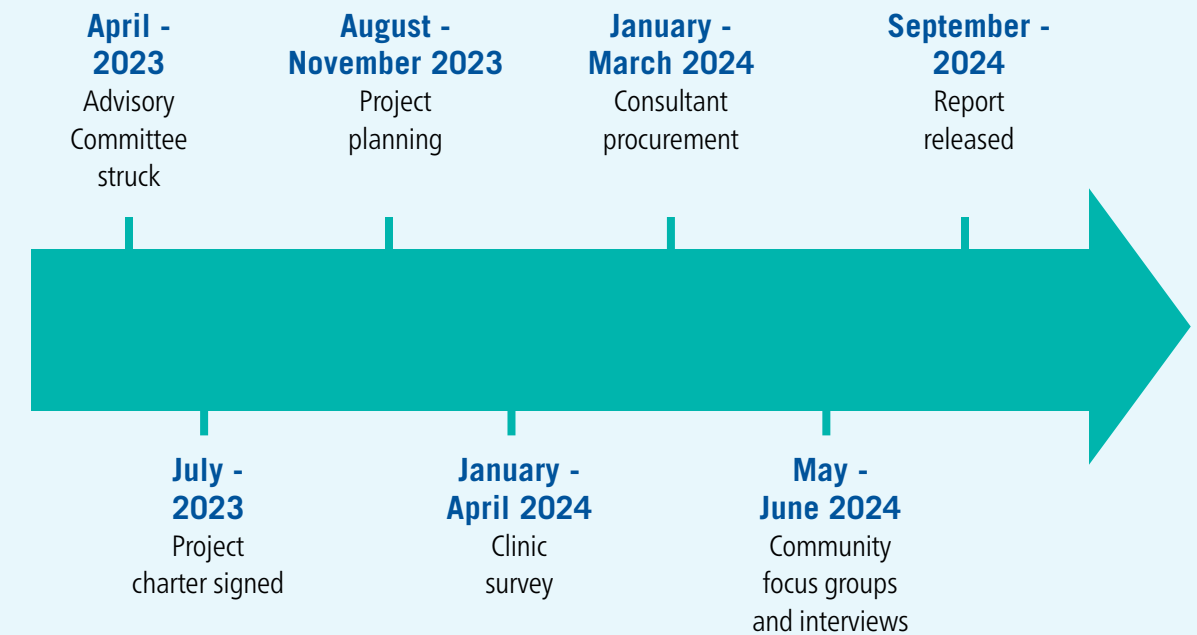
leads with input from the project advisory committee and was approved by project sponsors. Throughout the project, project leads solicited feedback and direction from project sponsors on data collection activities. Additionally, quarterly progress updates were shared with the Commissioner of the Community and Health Services Department (CHS).

The CHS Department Leadership Team provided input into community partners and agencies invited to participate in the project, and CHS management and staff participated in internal partner focus groups.



Key Milestones

Figure 3. Key Milestone Timeline



Methodology

A wide range of data collection activities took place between April 2023-June 2024. To support an unbiased approach, the project leads procured an external consultant, Moxley Public Health, LLC to review the project methodology, collect and analyze qualitative data and provide recommendations.

All primary data collection components of the needs assessment underwent review

and approval by York Region's Public Health Internal Research and Review Committee (IRRC).

Through interviews, focus groups and surveys, the project team heard from a diverse group of community partners, community agencies not yet partnered with, local health professionals, internal partners, clients of YRPH sexual health clinics and other individuals in the community that belong to the clinics priority populations.



Overview of Data Collection Activities

01 Client Survey

YRPH sexual health clinic clients completed a survey focused on demographics, reasons for using YRPH sexual health clinics and sexual-health related behaviours. The survey took place for 4 weeks - one randomized week per month over a four-month period. A paper survey was available in English, as well as in Mandarin, Russian and Turkish which are the top three requested languages for translation in the clinics. Phone translation services were offered to support completion in other languages. Due to the sensitive and personal content, special care was taken in drafting the survey to use inclusive language and to explain why sensitive questions were asked. Staff ensured clients clearly understood the survey was completely optional and their results would remain anonymous. Staff heard from 433 clients, a 96% response rate of clients choosing to complete the survey. The survey helped the project team to better understand the current clients of the sexual health clinics and assess if clinics are serving identified priority populations.

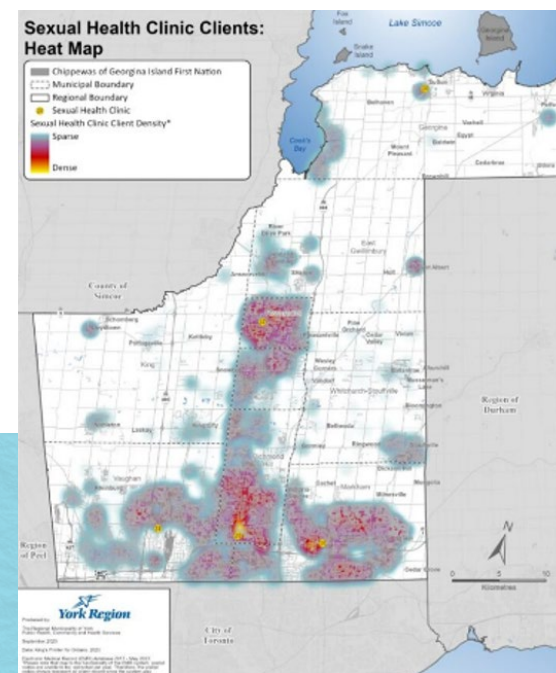
02 Walk-in Clinic Sexual Health Assessment

An assessment of sexual health services available at York Region walk-in clinics was completed. The purpose of the assessment was to gain an understanding of sexual health services offered across York Region, determine service gaps and overlaps, and assess the role of YRPH sexual health clinics in relation to the larger York Region community. York Region walk-in clinics were surveyed to determine the types of sexual health services offered, access to care for patients without OHIP and specific measures in place to create welcoming environments for 2SLGBTQIA+ patients. The assessment focused on walk-in clinic settings because like York Region sexual health clinics, patients do not have to be rostered to a physician to access care which is a barrier for some clients. 59 walk-in clinics out of a possible 76 responded (77% response rate).

03 Postal Code Mapping and Analysis

The first three digits of YRPH sexual health clinic client's postal codes were analyzed to determine the geographic distribution of clients and to compare against geographic trends related to the social determinants of health including culture, race and ethnicity, housing, income distribution and Indigenous identity.

Figure 4. Sexual Health Clinic Clients Heat Map



04 Environmental Scan of Public Health Units

The project team surveyed 6 local and comparable public health units to better understand if and how they have assessed community needs related to sexual health. The scan showed one out of six had completed a comprehensive needs assessment related to sexual health in 2017. The project leads learned from this public health unit's approach and methodology and applied it to the needs assessment. Additionally, all 34 public health units in Ontario were surveyed to better understand different models of sexual health clinical service delivery. This data collection was undertaken by a public health and preventive medicine (PHPM) resident who was on rotation with York Region during the project.

05 Epidemiological Data Collection and Analysis

Local and provincial epidemiological data related to sexual health and STBBI rates were analyzed to further inform the project.

06 Health Equity Impact Assessment (HEIA)

A HEIA was completed using the results derived from the needs assessment data collection activities. The completion of a HEIA strengthens project recommendations by ensuring that the needs of equity deserving groups and those at highest risk of negative sexual health outcomes are in program recommendations.

07 OHIP Billing Codes Review

Billing codes for sexual health services were compared for YRPH sexual health clinics and primary care in York Region. The purpose of this analysis was to explore the distribution and proportion of sexual health related OHIP billing claims by York Region providers compared to YRPH sexual health clinics.

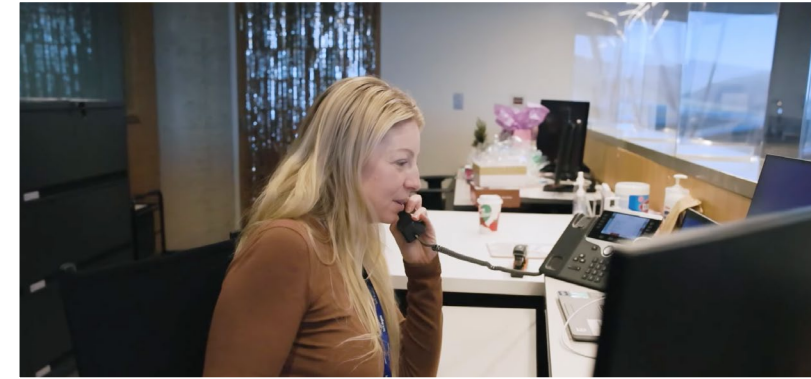
08 Literature Review

To inform the needs assessment methodology, a literature review of systematic reviews on effective methodologies and strategies for conducting comprehensive sexual health needs assessments was completed. The literature review highlighted existing barriers and solutions for providing comprehensive and stigma free sexual health services and heavily informed the HEIA.

Sources:

- © Electronic Medical Record database 2017- May 2023. King's Printer for Ontario, 2024. Internal use only.
- © Environics Analytics, 2023. Internal use only.

Qualitative Data Collection



09

Internal Partner Focus Groups

Sixteen client-facing staff and 11 managers from across York Region's CHS Department took part in focus groups to discuss how sexual health clinics can better meet the needs of the priority populations they work with.

10

Community Partner Focus Groups

Moxley Public Health, LLC conducted focus groups with nine community partners who had existing relationships with YRPH sexual health clinics. Participating agencies included:

- Shelters and drop-in centres for people experiencing homelessness
- Organizations serving survivors of sexual and/or domestic violence
- 2SLGBTQIA+ serving organizations
- Youth-serving organizations
- HIV/AIDS related organizations
- Educational institutions

11

Community Agency Interviews

Moxley Public Health, LLC conducted focus groups with five community agencies that serve priority populations but are not currently working with the sexual health clinics. These agencies included:

- Organizations serving newcomers and refugees
- Indigenous health organizations
- Youth-serving organizations
- Organizations serving survivors of sex-trafficking

12

Health Care Professional Interviews

Moxley Public Health, LLC conducted interviews with seven health professionals representing health care organizations across York Region who provide sexual health services. These included emergency medicine physicians, walk-in clinics, nurse practitioner-led clinics, family physicians and community health centres.

13

Priority Populations Interviews

Moxley Public Health, LLC conducted interviews with 14 individuals receiving services from organizations that serve priority populations. This included individuals:

- Experiencing homelessness/precarious housing
- Receiving gender-affirming health services
- Accessing services related to HIV/AIDS

To reach members of priority populations not currently accessing sexual health clinics, participants were recruited through partner organizations.

Hey, York Region!

We want to hear from you!

Participate in a short interview to provide your feedback on sexual health services in York Region.

- Interviews will be held at the date and time of your choosing
- 45 minutes to 1 hour
- Phone, Zoom, or in-person (your choice!)
- Findings will be used to develop and implement programs and strategies to improve sexual health services in York Region
- Information shared by participants will remain confidential
- A \$20 Walmart gift card will be provided as a thank you!

Interested?
Contact
alexandra@moxleypublichealth.com or
647-608-9354 to sign up.

Moxley Public Health has been retained by York Region Public Health to assist with a needs assessment. For questions contact shd@york.ca



Data Collection Highlights



606 people

We heard from sexual health clinic clients, priority populations, health professionals, community agencies and York Region staff

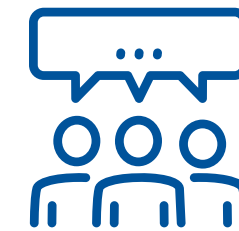


COMMUNITY CONVERSATIONS INCLUDED

6 focus groups 24 interviews



SEXUAL HEALTH CLINIC SURVEY COMPLETED BY



433 clients



SEXUAL HEALTH CLIENT SURVEY WAS AVAILABLE IN ENGLISH, MANDARIN, RUSSIAN AND TURKISH



20 community agencies

20 community agencies participated including emergency housing providers, York Region Police, Georgina Island Community Services, local health care providers and other agencies that support clients that require sexual health services

04

Findings



In the following section, results from key data collection activities are organized by the following themes.

1. STBBIs continue to be a Canadian and global health issue
2. YRPH sexual health clinics provide comprehensive care to priority populations
3. YRPH sexual health clinics provide specific sexual health services that are difficult to find in other clinical settings
4. There is a lack of awareness of the sexual health clinics in the community
5. Community partners want to be more involved and engaged with YRPH sexual health clinics
6. Offering more clinical service and alternate ways of accessing sexual health care would better meet the needs of priority populations
7. There is a need for further outreach and clinics held in community-based settings
8. Health professionals need support to provide comprehensive and inclusive sexual health care, especially for 2SLGBTQIA+ clients
9. There is a lack of gender affirming care for residents within York Region
10. Inclusive and safe spaces are critical for comprehensive sexual health care

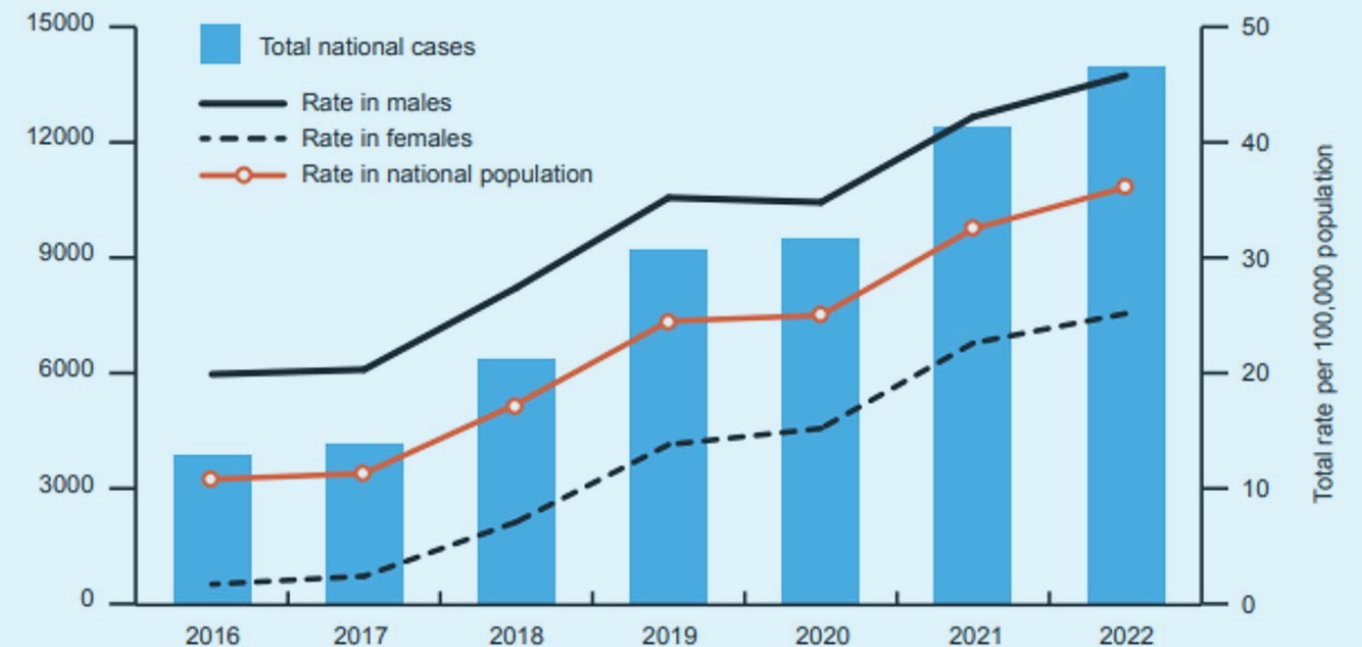
STBBIs continue to be a Canadian and global health issue

Sexually Transmitted and Blood Borne Infections (STBBIs)

Sexually transmitted infections, HIV and viral hepatitis continue to be major challenges globally.⁶

In Canada, rates of bacterial sexually transmitted infections (STIs); chlamydia, gonorrhea and syphilis, were all rising prior to the COVID-19 pandemic. Cases of gonorrhea and chlamydia have slowed post-pandemic however, syphilis cases continue to be on the rise in Canada.⁷

Figure 5. Number of reported cases and rates of infectious syphilis by sex in Canada, from 2016-2022

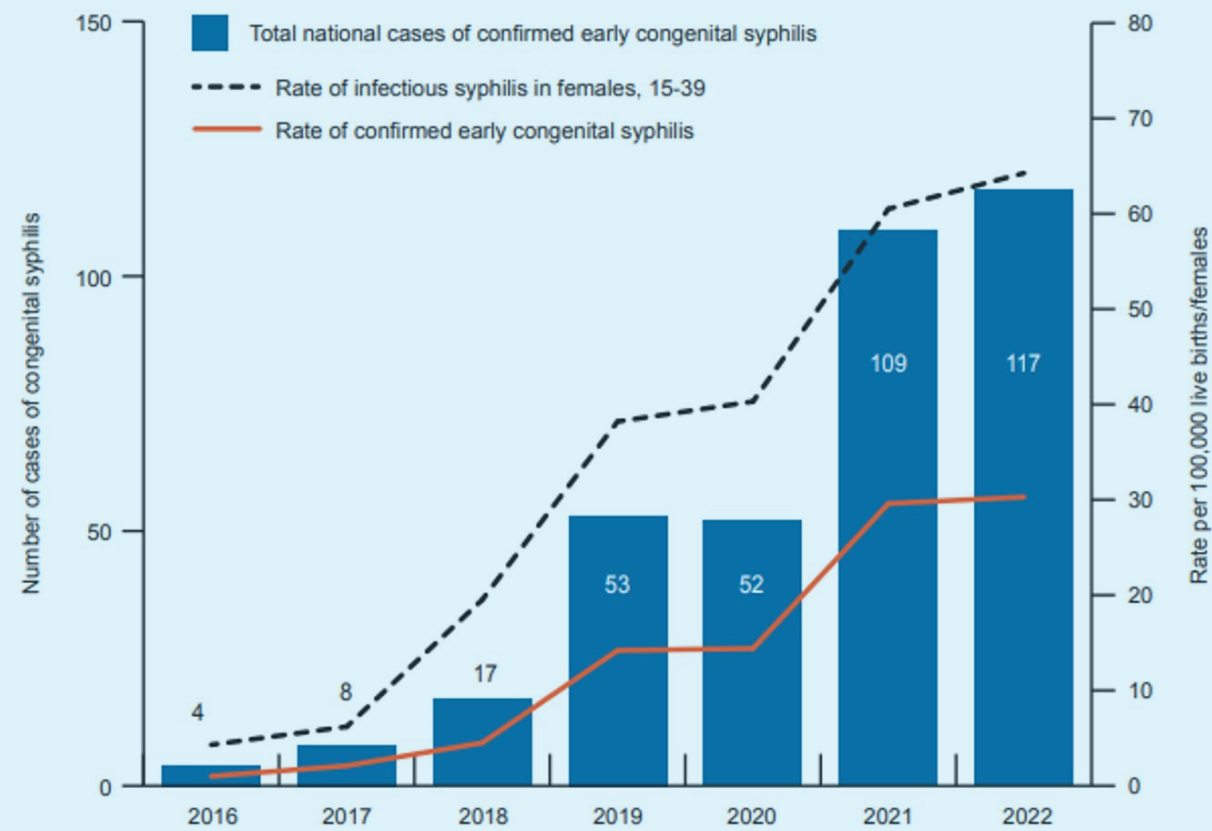


Total national cases and rates include reported cases among males, females, transgender individuals and those of other or unknown sex.

Source: © Public Health Agency of Canada. 2023. Infectious syphilis and congenital syphilis in Canada, 2022. Infographic. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-10-october-2023/ccdrv49i10a04a-eng.pdf>. Reproduced with permission.

Of major concern, in 2022, there were 117 cases of early congenital syphilis which is a 599% increase since 2018.⁸

Figure 6. Number of reported cases and rates of confirmed early congenital syphilis and rates among females aged 15-39 years in Canada, from 2016 to 2023.



In Ontario,^{9,10}

- Chlamydia rates increased steadily between 2013 and 2019, before decreasing in 2020 and 2021 followed by a slight increase in 2023 that has remained below incidence in 2019
- Gonorrhea rates increased between 2013 and 2023, with the exception of a temporary decrease in 2020 and 2021. The incidence in 2023 is now above 2019 incidence
- Infectious syphilis rates increased steadily between 2013 and 2022 with a slight decrease in 2023. Non-infectious syphilis rates increased between 2013 and 2023

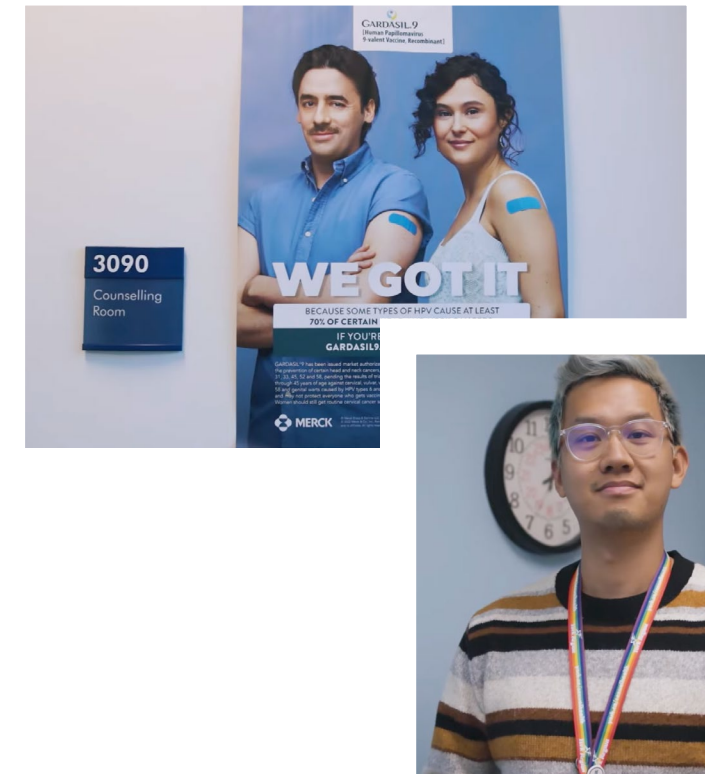
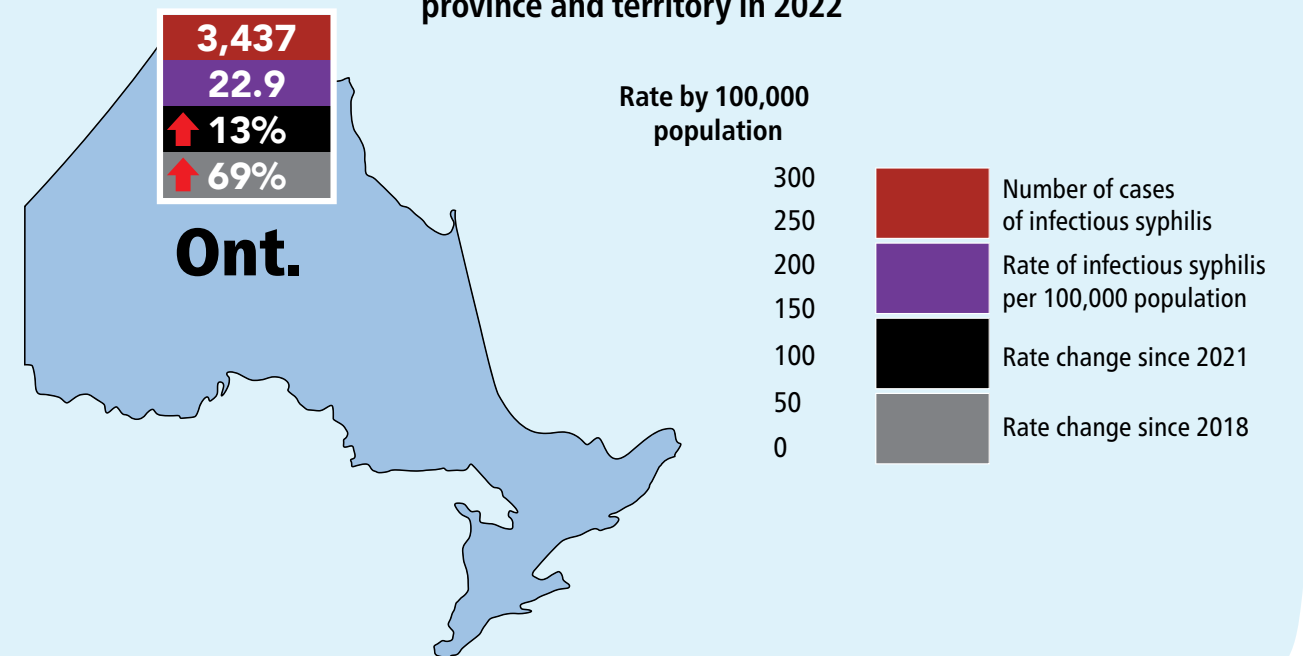


Figure 7. Reported cases and rates of infectious syphilis by province and territory in 2022



Source: © Public Health Agency of Canada. 2023. Infectious syphilis and congenital syphilis in Canada, 2022. Infographic. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-10-october-2023/ccdrv49i10a04a-eng.pdf>. Reproduced with permission.

Source: © Public Health Agency of Canada. 2023. Infectious syphilis and congenital syphilis in Canada, 2022. Infographic. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-10-october-2023/ccdrv49i10a04a-eng.pdf>. Reproduced with permission.



Table 1. Rates of selected sexually transmitted and blood borne infections, 2014 to 2023, York Region (rate per 100,000 population)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	YR - 10 Year Trend	ON - 10 Year trend
Chlamydia	169.2	166.0	182.2	200.3	212.9	225.1	231.9	167.6	167.5	198.0	up	up
Gonorrhoea	26.5	23.1	22.7	32.9	37.3	36.9	27.2	28.6	33.1	43.2	up	up
HIV	2.0	1.8	2.6	1.6	3.0	3.6	1.8	2.3	2.3	3.7	up	up
Syphilis, (Infectious)	1.7	3.2	3.4	3.7	3.4	5.7	5.3	6.0	7.1	7.0	up	up
Syphilis (Non-infectious or unspecific)	3.9	2.8	4.6	3.3	4.2	4.7	3.9	5.0	8.2	6.8	up	up
Hepatitis B (Acute)	0.4	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.6	0.7	up	up
Hepatitis B (Chronic)	36.9	33.1	31.7	30.6	29.4	25.4	17.8	20.9	24.8	27.0	down	down
Hepatitis C (Total)	15.3	14.7	14.2	14.9	21.0	14.5	9.6	10.9	10.5	13.4	down	down

STI rates in York Region demonstrate the same pattern of incidence seen provincially. Table #1 shows rates of relevant sexually transmitted diseases in York Region, with the 10 year trend locally and provincially.

Data note: Surveillance data for STBBIs reported between 2020 and 2022 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case entry during the COVID-19 pandemic.

Sources: © Ontario Agency for Health Protection and Promotion. Infectious disease trends in Ontario. Toronto, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2022.
© Regional Municipality of York. Diseases of public health significance monthly report [dashboard], 2024.



In Ontario,^{9,10}

- HIV rates increased steadily between 2013 and 2019, before decreasing in 2020 and 2021 followed by an increase in 2023 that is above incidence in 2019
- Hepatitis B (acute) rates remained steady between 2013 and 2022 followed by a slight increase in 2023
- Hepatitis B (chronic) rates decreased between 2013 and 2022, followed by a slight increase in 2023 that has remained below incidence in 2019
- Hepatitis C rates remained steady between 2013 and 2019, before decreasing through 2020 to 2022, followed by a slight increase in 2023 that has remained below incidence in 2019



Age and Gender

In York Region, Chlamydia rates are higher among females than males. Males have a higher burden of Gonorrhoea, HIV and infectious Syphilis compared to females.

Burden and impact by age group:

- Chlamydia has the highest burden in individuals aged 20 to 29
- Gonorrhoea impacts individuals in their 20s and 30s
- HIV and Infectious Syphilis have the highest burden in individuals aged 30 to 39
- Hepatitis B (Acute and Chronic) have the highest burden in individuals aged 40 to 49
- Hepatitis C impacts individuals aged 60 to 69 the most

Reproductive Health

In 2021, overall pregnancy rate (ages 15 to 49) in York Region was 41.6 births per 1,000 women and the teen pregnancy rate (ages 15 to 19) was 2.1 births per 1000 women. Both pregnancy rates (overall and teen) have been declining since 2013. York Region pregnancy rates remain consistently lower than Ontario.¹¹

In 2022, the Ontario average age for a mother to give birth was 32.2 years old and the average age has been slowly increasing over time.¹²

YRPH sexual health clinics provide care to priority populations

The YRPH sexual health clinics program provides sexual health care at 5 community clinics and in outreach settings, using a proportionate universalism approach. This means services are available to all clients, but different services and service delivery strategies and intensity are used to meet the needs of priority populations. For example, HIV PrEP, Mpox vaccination and free and low-cost contraception options are some of the clinical services available to support the sexual health needs of priority populations. Translation services, later clinic hours, outreach clinics and a no OHIP requirement are service delivery strategies to decrease barriers to access for priority populations.

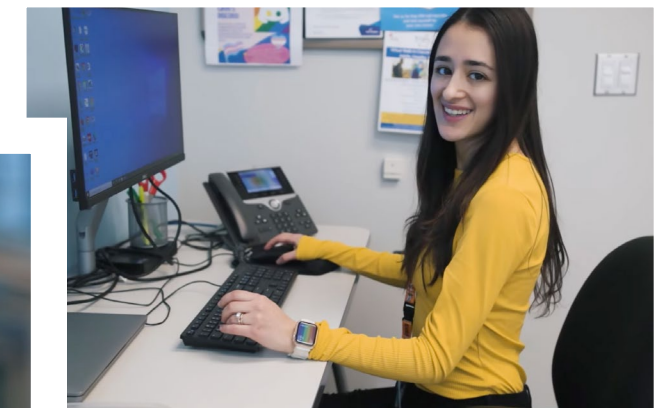
To better understand YRPH sexual health clinic clients, a 2024 client survey was conducted 1 week per month for 4 months. 96% of clients completed the survey, with between 97-100% of clients answering each question.

DATA FROM THIS SURVEY DEMONSTRATES YRPH SEXUAL HEALTH CLINICS ARE PROVIDING SERVICES TO PRIORITY POPULATIONS; WITH A GREATER PROPORTION OF SERVICES BEING DELIVERED TO CLIENTS WHO IDENTIFY AS MEMBERS OF PRIORITY GROUPS THAN WOULD BE FOUND IN THE GENERAL YORK REGION POPULATION-BASE.

For example, 8% of clinic survey respondents identified as Black and 1% as Indigenous which is higher than the 5.1% of York Region residents who identified as Black and 0.5% of York Region residents who identified as Indigenous from the 2021 Census. 28% of respondents identified as part of the 2SLGBTQIA+ community which is a higher proportion than the 4.4% of Canadians who self-identified as lesbian, gay, bisexual, or of another sexual orientation other than heterosexual in Statistics Canada data from 2019-2021.¹³

Other priority populations who access the sexual health clinics responded to the survey including homeless individuals (2.8% of respondents), those who have been paid for sex (2% of respondents), those experiencing sexual assault (11% of respondents), those sharing drug use equipment (4.7% of respondents) and those without access to OHIP (10.5% of respondents).

Additionally, YRPH sexual health clinic electronic medical records (EMR) show 60% of clinic clients are youth and young adults (under 30 years of age).



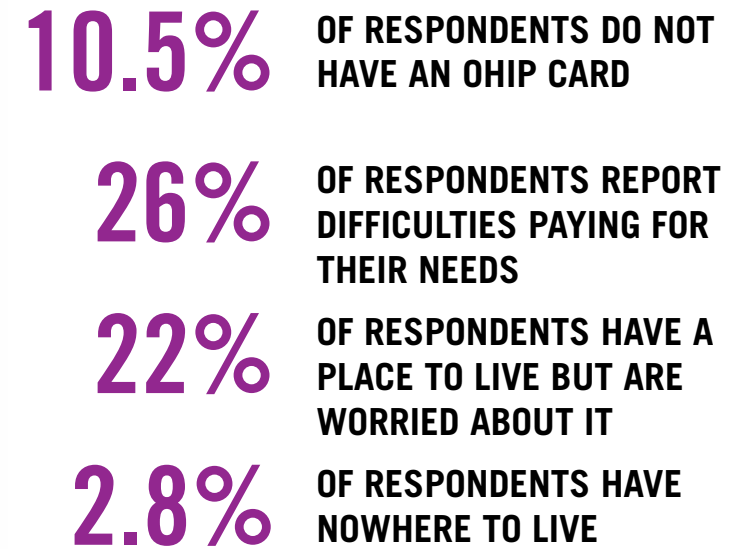
Sexual Health Clinic Demographics



Reasons for visiting the sexual health clinic

Sexual health clinic expertise and services not offered elsewhere, quicker access to services and private and confidential services were the top 3 reasons clients listed for accessing services

Ability to meet basic health, money, and living standards



Mental health affecting relationships



of respondents visiting the clinic feel their mental health negatively affected their relationships in the last 4 weeks. In 2019-2020, 8.7% of York Region Residents rated their mental health as fair or poor and this has been increasing since 2015¹⁴

Sexual health and STBBI risk behaviors



While YRPH sexual health clinics are supporting priority populations with their current services and delivery model, findings from qualitative data collection indicate that there is benefit in engaging with additional priority groups, including newcomers.

© Regional Municipality of York. 2024 York Region Public Health sexual health clinic survey
*Age and self-reported gender statistics from the electronic medical records for the same weeks as survey implementation

YRPH sexual health clinics provide specific sexual health services that are difficult to find in other clinical settings

An assessment of sexual health services available at York Region walk-in clinics was undertaken to better understand sexual health services offered across York Region, determine service gaps and overlaps and assess the role of YRPH sexual health clinics. York Region walk-in clinics were surveyed to determine the types of sexual health services offered, access

to care for patients without OHIP and specific measures in place to create welcoming environments for 2SLGBTQIA+ patients. The assessment focused on walk-in clinic settings because, like YRPH sexual health clinics, patients do not have to be rostered to a physician to access care. 59 walk-in clinics out of a possible 76 clinics responded (77% response rate).

Table 2. Sexual health services available at walk-in clinics and ease of access

Easier to find	Harder to find	Difficult to find	Services only offered by YRPH sexual health clinics
Free STI medication	Low cost or free birth control	IUD insertion	Mpox vaccination
Pregnancy testing and options counselling	Syphilis staging and treatment	Nexplanon insertions and removal	HIV rapid testing (Point of Care testing)
Pap testing	HIV PrEP prescriptions	Access to services without an OHIP card	Anonymous HIV testing
	Genital wart diagnosis and in-office treatment		

Through this assessment it was found YRPH sexual health clinics provide specific sexual health services not widely available in other clinical settings in York Region, including:

- IUD and Nexplanon insertion. For patients without a family doctor and those whose doctors do not offer IUD or Nexplanon insertion, these services would be difficult to access outside of YRPH sexual health clinics
- HIV rapid testing program (POC testing) and anonymous HIV testing programs. The Ministry of Health confirmed YRPH sexual health clinics are the only clinical setting in York Region offering this program
- Mpox vaccination. YRPH vaccine inventory program confirmed, YRPH sexual health clinics are the only clinical setting in York Region to routinely offer Mpox vaccination
- Management and treatments of syphilis. YRPH sexual health clinics provided treatment to 35% of all York Region syphilis cases in 2022 and 32% of all cases in 2023
- Sexual health care to patients without OHIP. Outside of YRPH sexual health clinics access to sexual health care is very limited for those without OHIP or other insurance coverage (Figure 8)

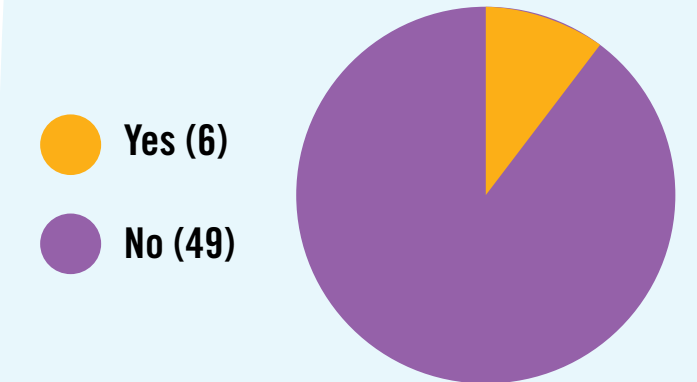
In the 2024 clinic survey, the top three reasons clients accessed care at YRPH clinics included sexual health clinic expertise and services not offered elsewhere, quicker access to services and private and confidential services.

In addition, the project epidemiologist compared the distribution and proportion of sexual health related OHIP billing claims by York Region providers to the YRPH sexual health clinics. Due to limitations in both datasets, it became evident this data resulted in no relevant findings, therefore no results are included in the report.



Figure 8. Walk In Clinic Services to Patients without OHIP

Do you see patients without OHIP or other coverage, at no cost to the patient?



Source: Regional Municipality of York. Walk in Clinic Assessment, 2024.



“A good example of collaborating with the sexual health clinic, we connected a young lady from a shelter. Staff had called 911 about some sexual health concerns and we identified that it was more appropriate to take her to the sexual health clinic. We spoke to the public health nurse and they were very helpful. She went to the clinic and was connected to an excellent Obstetrician and Gynecologist. She had been to a walk-in clinic a week prior and had a terrible experience. The sexual health clinic was a breath of fresh air for her. It was a good news story.”

(Source: Internal partner focus group)



"I don't know what services are available" (Source: Priority population interview)

"Are services trauma-informed? Struggle not knowing if staff are trained in trans competency" (Source: Community Agency Interview)



"We should talk about this! I would like to work with them" (Source: Health professional interview)

"Do great work engaging with community partners" (Source: Community agency focus group)

There is a lack of awareness of the sexual health clinics in the community

Both internal and external partners, including health professionals expressed more could be done to promote YRPH sexual health clinics and their services in York Region. Many members of priority populations who participated in interviews were not aware of YRPH sexual health clinics or the services provided.

Additionally, community partners stated that they were unsure if YRPH sexual health clinic staff receive training to practice inclusive and trauma-informed care and a greater understanding of the training sexual health program staff receive would improve community partner comfort in referring clients to YRPH sexual health clinics.

Community partners want to be more involved and engaged with YRPH sexual health clinics

Community partners, internal partners and health professionals are eager to partner and work with the YRPH sexual health clinics program. Participants, including individuals from priority populations, were excited to participate in data collection and are eager to see findings, hear about next steps, and be engaged in an ongoing way with the program.

Qualitative data collection found there is a need for more consistent and integrated partnerships and, in engaging community partners in ongoing dialogue and collaboration. Health professionals spoke of poor integration between public health and primary care with different electronic medical record systems resulting in communication barriers. Primary care partners spoke about the need to improve communication and data sharing between public health and primary care providers to ensure continuity of care.

The theme of mental health came up in interviews with individuals from priority populations citing the need for better connections between mental health and sexual health services. In addition, many members of priority populations were eager for overall sexual health education on a number of topics.

Since the return to full staff capacity post the COVID-19 pandemic, the YRPH sexual health clinics program has been working to rebuild and improve community partnerships and engage with agencies they have not previously worked with. This has resulted in an increase in the number and strength of partnerships. This finding, highlights a continued need to build, expand and deepen partnerships.

Offering more clinical service and alternate ways of accessing sexual health care would better meet the needs of priority populations

YRPH sexual health clinics play an important role in meeting the sexual health needs of York Region residents who have the highest burden of STBIs and face barriers in accessing sexual health care. As reported by internal and external partners, health care providers and priority populations, more could be done locally to meet the sexual health needs of priority groups including offering more clinic availability and providing additional service offerings.

The service delivery model environmental scan completed as part of this project, found Ontario public health units have identified additional strategies and service offerings to meet client needs. These include formalizing walk-in appointments at clinics, online booking services and offering HIV and STI self-testing options.

There is a need for further outreach and clinics held in community-based settings

To reduce service barriers, services should be located where clients can easily access them. Currently, YRPH operates 5 clinics within York Region buildings and offers outreach clinic services at local emergency housing sites.

While mapping of existing sexual health clinic client postal codes shows YRPH sexual health clinics are in prime areas where sexual health clinic clients have the highest density, qualitative data collection indicates some clients may have transportation barriers to attending a YRPH sexual health clinic. This could be due to a lack of access to a vehicle or ability to pay for a taxi or transit. Existing client postal codes were also mapped to compare against geographic trends related to social determinants of health, but no concrete conclusions could be made by analyzing this data.

Both internal and external partners stated not all clients feel comfortable accessing services in York Region buildings due to the presence of security and court services. A small number of residents have trespass notifications making them unable to enter York Regional buildings and therefore cannot access YRPH sexual health clinics.



"Need more hours and staffing to sexual health clinics" (Source: Health professional interview)

"While researching, I didn't see any services themselves missing. My feedback/input more so goes into access and making the services more accessible to populations who traditionally wouldn't access such services" (Source: Community agency interviews)



"Logistical challenges, such as finding transportation to appointments." (Source: Priority population interview)

"There is a need for more community-based and less stigmatizing testing locations" (Source: Community agency focus group)

"Some of the clinics are buried within the woodwork of a building, which can be intimidating" (Source: Internal partner focus group)



"I still think people have some biases. Where we are right now in this space...younger physicians would react to this better than older physicians." (Source: Health professional interview)

"Online webinars that could be recorded could be helpful - useful for physicians and nursing staff - HIV PEP, reviewing sexual health risks of transmission, Syphilis resistance patterns, Chlamydia resistance patterns, medication recommendations, etc." (Source: Health professional interview)



"Huge lack of trans-affirming health care in York Region - every client I have has struggled to find anything in York Region" (Source: Community agency interview)

Health professionals need support to provide comprehensive and inclusive sexual health care, especially for 2SLGBTQIA+ clients

2SLGBTQIA+ individuals are disproportionately affected by the burden of STBBIs. For these clients, negative encounters with the health care system can ultimately lead to avoidance of health care.¹⁵

In a mixed method study of 2SLGBTQIA+ youth in York Region, over a quarter (~29%) of youth were dissatisfied with their access to health care. Youth who were dissatisfied spoke of major barriers including being unable to access 2SLGBTQIA+ inclusive care and gender-affirming health care.¹⁶

The walk-in clinic assessment found some walk-in clinics in York Region are making efforts to create welcoming environments for 2SLGBTQIA+ patients however, almost 30% of walk-in clinics are not implementing any specific measures. Only 12% of walk-in clinics reported providing inclusive intake forms and only 34% reported using patient preferred language.

The physicians, nurse practitioners, and clinic managers who took part in a needs assessment interview discussed needing cultural competency training to handle sexual health issues sensitively and without judgement as well as regular training to stay updated on new treatment protocols for STBBIs.

Literature supports what was heard locally and states unequivocally health professionals receive inadequate training in 2SLGBTQIA+ care and there is a need for training on this topic.¹⁵

There is a lack of gender affirming care for residents within York Region

Gender-affirmative health care can include any single or combination of social, psychological, behavioural or medical interventions designed to support and affirm an individual's gender identity.¹⁷ When transgender clients receive gender-affirming medical and social services, rates of self-harm and suicidal ideation and completion drop significantly.¹⁸

There are limited places for transgender clients to access gender-affirming medical care in York Region and clinics that offer these services have lengthy wait lists which means some clients must travel out of region to access or go without services altogether.

Inclusive and safe spaces are critical for comprehensive sexual health care

Common barriers to sexual health services include sensitivity and shame, fear, and embarrassment people may feel when accessing services. When speaking to members of priority populations through qualitative data collection, they expressed non-judgmental environments are critical for feeling safe when seeking sexual health services. This was echoed by health professionals and community partners.

The walk-in clinic assessment found only 12% of walk-in clinics reported providing inclusive intake forms and only 34% reported using patient preferred language. No walk-in clinics reported providing visual cues of inclusive spaces in waiting rooms (for example, rainbow flags or non-discrimination signage). In interviews, priority population members specifically said "If I see a Pride flag, I feel like it's a safe space".

YRPH sexual health clinics program applies routine client feedback and the Registered Nurses Association of Ontario Best Practice Guideline on 2SLGBTQIA+ Health Equity to create inclusive, welcoming and non-judgmental spaces. The clinics implement the following specific measures to create welcoming environments for 2SLGBTQIA+ patients:

- Patient-preferred language (i.e. asking clients what pronouns staff should use)
- Inclusive intake forms
- Visual cues in waiting rooms (rainbow flags and non-discrimination signage)
- Training for staff on 2SLGBTQIA+ health issues, trauma informed care, stigma and the social determinants of health
- Educational materials about 2SLGBTQIA+ health concerns displayed
- Gender neutral bathrooms

Community partners identified 2SLGBTQIA+ individuals, newcomers and those who do not speak English as a first language, Black, Indigenous and People of Colour (BIPOC) communities, those who have experienced sexual trauma, and people experiencing homelessness/precarious housing as populations that may be stigmatized and deserve inclusive care to meet their needs.

YRPH sexual health clinics support priority populations through:

- Outreach clinics
- Harm reduction services
- No OHIP requirements
- Low cost or free birth control
- Translation services
- Accessible examination tables
- Offering services that are difficult to access



"Need more hours and staffing to sexual health clinics" (Source: Health professional interview)

"Experiences of discrimination can prevent people from seeking care" (Source: Priority Population interview)

Recommendations and Next Steps



The needs assessment was an incredible opportunity to gather input and recommendations from clients of YRPH sexual health clinics, community partners, community agencies, individuals from priority populations, local health professionals and CHS Departmental partners. The needs assessment:

- Provided opportunity to learn about the need for continued sexual health services and how the program can better serve priority populations
- Strengthened existing relationships with community partners and built new partnerships with agencies who serve clients who may benefit from YRPH sexual health clinics

Participants in interviews and focus groups suggested while current services have strengths, there is always room for improvement. Suggestions included enhanced training for staff on cultural competency, trans health and trauma informed care.

The literature review found several common themes for supporting the provision of equitable access to sexual health services for priority populations. These included closing sexual health knowledge gaps,¹⁹⁻²² expanding service delivery options,^{19,21,23-25} enhancing training for staff around bias, cultural competency and stigma to provide culturally sensitive and competent care,^{19,26,27} and curating inclusive spaces.²⁸⁻³⁰

Findings from this needs assessment have informed a health equity impact assessment (HEIA). The HEIA will be reviewed annually by the sexual health clinics program in conjunction with ongoing program data collection.

In response to “What makes you feel comfortable when seeking health care services?”:

“Feeling safe and not judged”
(Source: Priority population interview)

“Seeing diverse staff and staff that look like me, including different ethnicities, makes me feel more comfortable” (Source: Priority population interviews)



Recommendations for York Region Public Health Sexual Health Clinics

USING THE DATA COLLECTED AND ANALYZED, A **ROADMAP FOR THE SEXUAL HEALTH CLINICS PROGRAM** HAS BEEN DEVELOPED. THE ROADMAP OUTLINES A PLAN FOR THE PROGRAM TO IMPROVE AND CONTINUALLY ASSESS SERVICE DELIVERY.



"Increased outreach and collaboration with community organizations to reach underserved populations"



"I will be honest in that I know very little. It wasn't until you reached out for an interview that I did a bit more digging as to what you offer."



"Help physicians to understand where to send which patients, when testing is required and what tests are available"



01 ENHANCE PARTNERSHIPS AND ESTABLISH FORUMS FOR ONGOING WORK WITH COMMUNITY PARTNERS

How YRPH sexual health clinics are currently supporting this:

- An expanded team lead role for a Program outreach clinic and community engagement coordinator was established in 2023 to allow for increased program capacity to work collaboratively and enhance partnerships
- Expanding partnership with local AIDS service organization CAYR community Connections (CAYRCC) on Hepatitis C program including education and awareness activities and testing drives geared to priority populations
- Enhancing internal partnerships with other CHS programs to work more collaboratively

Next Steps:

- Expand access to outreach services where possible to provide sexual health support and clinical service to clients who may have barriers accessing a sexual health clinic site
- Explore ways for the community to have more input into public health sexual health services
- Develop new partnerships with community partners YRPH sexual health clinics have not previously worked with



02 INCREASE AWARENESS OF SEXUAL HEALTH CLINICS, AVAILABLE SERVICES AND HOW TO ACCESS

How YRPH sexual health clinics are currently supporting this:

- Implementation of an Inclusive Spaces Campaign (2024)
- Clinic tours offered in 2024 for internal programs (i.e. Access York staff) and external partners (CAYRCC, RISE Support Services)
- Updated the sexual health clinics webpage in 2024 to be more comprehensive and more user-friendly
- Presence at relevant community events to promote the YRPH sexual health clinics

Next Steps:

- Continue to promote sexual health clinics and services – build on the success of the Inclusive Spaces Campaign
- Consider hosting “open houses” at the sexual health clinics for community partners and health professionals to learn more about services offered, how to refer clients and opportunities for collaboration
- Consider new ways to promote the clinics and their services to newcomer groups



03 CONTINUE TO TAILOR SERVICES AND SERVICE DELIVERY MODELS TO REACH IDENTIFIED GAPS IN SERVICES FOR PRIORITY POPULATIONS

How YRPH sexual health clinics are currently supporting this:

- Outreach clinics at local shelter sites
- Offering routine clinical assessment services based on client needs. Recent service additions include HIV self-test kits and Nexplanon insertions and removals

Next Steps:

- Explore what YRPH's role could be in supporting gender affirming care for trans populations
- Expand sites of outreach clinics to reach more priority populations
- Expand virtual and self-service offerings – (e.g. adding the Get A Kit program to York Region)
- Continue to explore YRPH's role in offering HIV treatment support and care to York Region residents
- Explore ways to support clients with barriers to accessing sexual health services (e.g., transportation, financial)



04 INCREASE COLLABORATION WITH HEALTH PROFESSIONALS

How YRPH sexual health clinics are currently supporting this:

- Facilitating a Sexual Health Matters webinar for health professionals (October 2024)
- Providing health professional updates about sexual health best practices through the Public Health Matters e-newsletter
- Continuing to support educational experiences in YRPH sexual health clinics for family practice and public health and preventive medicine residents
- Onboarding the Ocean e-referral system to improve client care referrals

Next Steps:

- Continue to work with branch supports to build and implement new EMR system
- Establish formalized channels of communication with health professionals
- Consider hosting “open houses” for local health professionals
- Offer updates to health professionals on inclusive spaces and safe/trauma informed care



05 STAFF TRAINING AND EDUCATION

How YRPH sexual health clinics are currently supporting this:

- Staff that work in the sexual health clinics receive training in supporting 2SLGBTQIA+ clients, human trafficking identification, stigma and its effects on health and wellbeing, trauma informed care, motivational interviewing, harm reduction and social determinants of health

Next Steps:

- Expand training offerings for clinic staff to include training on trans-affirming care and cultural competency
- Continue with implementation of RNAO 2SLGBTQIA+ Health Equity Best Practice Guideline



06 CONTINUOUS QUALITY IMPROVEMENT FOR SEXUAL HEALTH CLINICS PROGRAM

How YRPH sexual health clinics are currently supporting this:

- Completing a comprehensive sexual health needs assessment to establish a baseline for York Region
- Annual and ongoing client satisfaction surveys in sexual health clinics
- Annual performance plans and annual program reports to benchmark program operations
- Annual team planning and skills review days

Next Steps:

- More fulsomely engage priority populations and community partners in program planning
- Update and revisit program HEIA annually to inform program planning
- Leverage experiences of other Ontario public health units when revising program activities and exploring alternate service delivery models
- Expand clinical services where feasible (types of services and amounts of services) in strategic ways that aim to meet the needs of marginalized and equity-deserving groups



References

1. Ramchandani MS, Bourne C, Barbee LA, et al. The need for sexual health clinics, their future role, and contribution to public health. *Sex Health*. 2022; 19(4):346–356. doi:10.1071/SH22087
2. Ontario Community Health Profiles Partnership. Primary care data reports for Ontario Health Teams (OHTs) [Internet]. OCHPP; 2023 [cited 2024 Aug 13]. Available from: <https://www.ontariohealthprofiles.ca/ontarioHealthTeam.php>
3. Ontario Medical Association (OMA). Ontario's doctors say primary care is in crisis, burnout at record levels [Internet]. Toronto, ON: OMA; 2023 [cited 2024 Aug 4]. Available from: <https://www.oma.org/newsroom/news/2023/may/ontarios-doctors-say-primary-care-is-in-crisis-burnout-at-record-levels/>
4. Tyler I, Hassen N, Ontario Agency for Health Protection and Promotion (Public Health Ontario), Priority populations project: understanding and identifying priority populations for public health Ontario. Toronto, ON: King's Printer for Ontario; 2015.
5. Ontario Advisory Committee on HIV/AIDS (OACHA). HIV action plan to 2030: closing the gaps in the HIV care cascade in Ontario [Internet]. Toronto, ON: OACHA; 2023 [cited 2024 Aug 15]. Available from: <https://www.ontario.ca/files/2023-12/moh-oacha-hiv-action-plan-en-2023-12-01.pdf>
6. World Health Organization (WHO). Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030: report on progress and gaps 2024 [Internet]. Geneva: WHO; 2024 [cited 2024 Aug 15]. <https://iris.who.int/bitstream/handle/10665/376814/9789240094925-eng.pdf?sequence=1>
7. Public Health Agency of Canada. Chlamydia, gonorrhoea and infectious syphilis in Canada: 2021 surveillance data update [Internet]. Ottawa, ON; His Majesty the King in Right of Canada, as represented by the Minister of Health; 2023 [cited 2024 Aug 10]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/chlamydia-gonorrhoea-infectious-syphilis-2021-surveillance-data/chlamydia-gonorrhoea-infectious-syphilis-2021-surveillance-data.pdf>
8. Public Health Agency of Canada. Infectious syphilis and congenital syphilis in Canada, 2022 [Infographic]. Ottawa, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2023 [cited 2024 Aug 8]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-10-october-2023/ccdr49i10a04a-eng.pdf>
9. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infectious disease trends in Ontario: hepatitis b (chronic) [Internet]. Toronto, ON: PHO; 2022 [cited 2024 Aug 8]. Available from: <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/reportable-disease-trends-annually#/26>
10. The Regional Municipality of York. Diseases of public health significance monthly report [Dashboard]. Newmarket, ON: Regional Municipality of York; 2024 [cited 2024 Jul 31]. Available from: <https://app.powerbi.com/>
11. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Reproductive health snapshot: PHU/LHIN (2013–2022) [Dashboard]. Toronto, ON: PHO; 2024 [cited 2024 Jul 15]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Reproductive-Health>
12. Statistics Canada. Mean age of mother at time of delivery (live births) [dashboard]. Ottawa, ON: Statistics Canada; 2024 [cited 2024 Aug 23]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310041701>
13. Statistics Canada. Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021. Table 13-10-0874-01 [Internet]. Ottawa, ON: Statistics Canada; 2024 [cited 2024 Jul 15]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310087401>
14. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Overall health snapshot: PHU/LHIN (2015 to 2020) [Dashboard]. Toronto, ON: PHO; 2023 [cited 2024 Jul 15]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Mortality-Overall-Health/Self-Reported-Overall-Health>
15. Schreiber M, Ahmad T, Scott M, Imrie K, Razack S. The case for a Canadian standard for 2SLGBTQIA+ medical education. *CMAJ*. 2021; 193(16):E562–E565. Available from: doi:10.1503/cmaj.202642
16. Abramovich A, Pang N, MacKinnon KR. Investigating the mental health outcomes among LGBTQ youth experiencing homelessness in York Region, Ontario. *Children and Youth Services Review*. 2023; 155:107282. Available from: <https://doi.org/10.1016/j.childyouth.2023.107282>
17. World Health Organization (WHO). Gender incongruence and transgender health in the ICD [Internet] Geneva: WHO; [n.d.] [cited 2024 Aug 8]. Available from: <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd#:~:text=What%20is%20gender%2Daffirmative%20health,affirm%20an%20individual's%20gender%20identity>
18. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Netw Open*. 2022; 5(2):e220978. Available from: doi:10.1001/jamanetworkopen.2022.0978
19. Aibangbee M, Micheal S, Mapedzahama V, et al. Migrant and refugee youth's sexual and reproductive health and rights: A scoping review to inform policies and programs. *Int J Public Health*. 2023; 68:1605801. Available from: doi:10.3389/ijph.2023.1605801
20. Burns JC, Reeves J, Calvert WJ, et al. Engaging young black males in sexual and reproductive health care: A review of the literature. *Am J Mens Health*. 2021; 15(6):15579883211062024. Available from: doi:10.1177/15579883211062024
21. Gan J, Kularadhan V, Chow EPF, et al. What do young people in high-income countries want from STI testing services? A systematic review. *Sex Transm Infect*. 2021; 97(8):574–583. Available from: doi:10.1136/sextrans-2021-055044
22. Maheen H, Chalmers K, Khaw S, McMichael C. Sexual and reproductive health service utilisation of adolescents and young people from migrant and refugee backgrounds in high-income settings: A qualitative evidence synthesis (QES). *Sex Health*. 2021; 18(4):283–293. Available from: doi:10.1071/SH20112
23. Busza J, Matambanadzo P, Phiri L, Meki B, Cowan FM. HIV prevention in individuals engaged in sex work. *Curr Opin Infect Dis*. 2023; 36(1):1–8. Available from: doi:10.1097/QCO.0000000000000891
24. Kularadhan V, Gan J, Chow EPF, Fairley CK, Ong JJ. HIV and STI testing preferences for men who have sex with men in high-income countries: A scoping review. *Int J Environ Res Public Health*. 2022; 19(5):3002. Available from: doi:10.3390/ijerph19053002.
25. Onukwugha FI, Hayter M, Magadi MA. Views of service providers and adolescents on use of sexual and reproductive health services by adolescents: A systematic review. *Afr J Reprod Health*. 2019; 23(2):134–147. Available from: doi:10.29063/ajrh2019/v23i2.13
26. Brown E, Lo Monaco S, O'Donoghue B, et al. Improving the sexual health of young people (under 25) in high-risk populations: A systematic review of behavioural and psychosocial interventions. *Int J Environ Res Public Health*. 2021; 18(17):9063. Available from: doi:10.3390/ijerph18179063
27. Klein DA, Malcolm NM, Berry-Bibee EN, et al. Quality primary care and family planning services for LGBT clients: A comprehensive review of clinical guidelines. *LGBT Health*. 2018; 5(3):153–170. Available from: doi:10.1089/lgbt.2017.0213
28. Davison K, Queen R, Lau F, Antonio M. Culturally competent gender, sex, and sexual orientation information practices and electronic health records: Rapid review. *JMIR Med Inform*. 2021; 9(2):e25467. Available from: doi:10.2196/25467
29. Lund EM, Burgess CM. Sexual and gender minority health care disparities: Barriers to care and strategies to bridge the gap. *Prim Care*. 2021; 48(2):179–189. Available from: doi:10.1016/j.pop.2021.02.007
30. Nicholls EJ, Samba P, McCabe L, et al. Experiences of and attitudes towards HIV testing for Asian, Black and Latin American men who have sex with men (MSM) in the SELPHI (HIV self-testing public health intervention) randomized controlled trial in England and Wales: Implications for HIV self-testing. *BMC Public Health*. 2022; 22(1):809–7. Available from: doi:10.1186/s12889-022-13189-7
31. Registered Nurses' Association of Ontario (RNAO). Promoting 2SLGBTQIA+ Health Equity [Internet]. Toronto, ON: RNAO; 2021 [cited 2024 Aug 8]. Available from: <https://rnao.ca/bpg/guidelines/promoting-2slgbtqi-health-equity>

