

CONNECTION



2020
2021

OPTIONS FOR
SEXUAL
HEALTH

**ANNUAL
REPORT**



We acknowledge the Options for Sexual Health Provincial Office is within the ancestral, traditional and unceded territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and selílwitlh (Tseil-waututh) Nations. Our clinics are located on the homelands of the more than 198 First Nations and 30 Métis charter communities throughout the province. We share our gratitude for the land keepers who care for the land we live on beautiful, bountiful, and lush year round. We recognize the oppression that persists against the Indigenous peoples in British Columbia and we are committed to activism around decolonization and oppression.

Annual report prepared by Options for Sexual Health. This annual report shares what we have been up to as an organization during the 2020-2021 Fiscal Year. We encourage readers to share this document as a means of others getting to know
Options for Sexual Health.

If you have any questions about anything in this annual report, or about Options for Sexual Health, you can contact our Executive Director, Michelle Fortin at mfortin@optbc.org
Thank you for reading!

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OUR BOARD OF DIRECTORS

2020 TO 2021

It's been hard to reflect on the past year because even with all the creativity and commitment to finding ways to be connected, it was tough. We were all navigating change that none of us had anticipated and likely didn't want. I feel like Options' team decided that since we couldn't change the reality of COVID, we would change the way we perceived it and much like a river, found our course to move on.

We started the year, April 1, 2020, knowing very little about how much life would change and the province had just over 1000 confirmed cases of COVID-19 and 25 people had died.

You might remember that time when we were washing groceries before they came in the house and the quiet, empty streets looked the scenes from an episode of The Twilight Zone.

This is when Options' clinical team turned on a dime and implemented telehealth services to offer support and access to folks who could not or were too nervous to access care at one of our clinics. Telehealth amplified our services and provided consultation for our rural and remote clinicians who didn't have physician partners. Nurses, frontline (s)heroes, were left to operate clinics without our amazing volunteers who were asked to stay home until we could guarantee their safety. Our drop-in clinics that created safe space for younger, care resistant folks had to be shut down and an 'appointment only' approach was implemented.

In some communities we were given 48 hours' notice that we would have to find other space as the one we shared was to be turned into a COVID testing or care site. In other communities, our nurses were exhausted and just stretched too far with their full-time work and they had to make the hard choice to give up their Options' work. This put overwhelming demands on our Human Resources folks as we had 12-15 positions open at any given time.

CONT.

The way that schools navigated the pandemic seemed to be ever-changing, impacting our ability to deliver effective and engaging sex-ed. What was once only done in person became an online opportunity, shifting the way in which we create safety and active learning for students and teachers. Our Sex Sense team didn't have a single day of lag, moving to working from home on their own phones and putting the systems in place to ensure privacy and safety for the callers. The team quickly reported that the level of anxiety from folks on the line was unusually high and far more time was required to allay fears related to the pandemic and getting back to 'normal'.

This time in our shared herstory really allowed us to lean into our culture of caring and inclusion. Staff meetings moved from once a quarter to weekly with a focus on how people were doing, personally. We embraced the idea that if staff were supported, the work would get done so we let go of the limitations on a 'standard workday'. We encouraged people to share our own version of 'Some Good News' along with recipes, podcasts and tv shows that were keeping people balanced.

We took time to discuss, dissect and debrief things like racism, colonization, homophobia, and activism giving space to uncomfortable conversations and creating a safer container. There were impacts on a governance level as Options' welcomed three new Board members even though none of them have met any staff or board colleagues in person. Amazingly, Board attendance has been strong and just like with staff, dedicated time to 'connect' personally on our zoom calls has proven invaluable in creating a sense of shared determination to make the organization even stronger.

By March 31, 2021, we had figured out ways to 'McGiver' many things including our responses to the emotions we experienced like stress, loss, fear, grief and anger. Miraculously, vaccines were being distributed and we had mastered masks and social distancing; we had also lost over 1400 souls and had more than 100,000 confirmed cases in the province. There is no wonder why people were exhausted; the wonder is in our willingness to continue to show up and be there for each other and community. Has COVID been hard? Absolutely. Has it beaten us? Absolutely not!



MICHELLE FORTIN
EXECUTIVE DIRECTOR

EDUCATION

Submitted by Kristen Gilbert,
Education Director

For those of us who didn't grow up in the digital age, there's often an assumption that online relationships and experiences aren't as valid or real as those which take place in person. We might roll our eyes about dating apps, or complain about people's "addiction" to their phones. We might feel virtuous when we "unplug" or take a digital vacation, and we've probably found ourselves saying, "I wouldn't want to be a teenager these days, with all the pressure to look perfect on Instagram!" But young people in the 21st century are also thriving because of their access to online resources and information, and the digital age has offered unprecedented access to learning.

Internet safety, sexually-explicit messaging, and porn literacy are relatively new topics in sex education and it's fair to say that parents and educators often feel out of date, or out of their depth when they try to talk with youth about these experiences which weren't a part of their own adolescence. Working as a sexual health educator has meant that I've needed to be knowledgeable and nonjudgmental about the digital world. It helps that I have a 19-year old daughter and that my partner is a computer engineer, but it also helps to know about what the 2018 Adolescent Health Survey revealed about BC youth and "sexting" (they're not doing it as much as you might think), and to learn that comprehensive sexual health education can fill a young person's gaps in knowledge, so that they don't need to learn all about sex from porn.

When COVID first starting impacting the delivery of our school-based workshops in March 2020 we had to face another digital worry: could online sex ed ever be as good as in-person delivery? I'll be honest with you and say that this Gen Xer was worried. How could the Options signature style of delivery (sex-positive, accurate, current, and always engaging) translate into an online delivery model? Would schools cancel bookings? Would students participate, engage, and learn? Could we continue to connect with young people, even though we weren't in person?

We pivoted quickly. I learned the differences between Zoom and Google Classroom; I emptied my teaching kits onto my dining room table, forcing my family to eat dinner from the couch; I fashioned a document camera out of a cardboard box and an old cell phone; and I set up every side lamp in my home to point directly at my face from various angles. And I remember the very first online class I taught—a Grade 12 class on navigating safety and independence after graduation—and it was a revelation to me. Links were dropped in the chat, students raised their digital "hand" to ask questions, and every student face peered back at me from the side bar, connected and engaged. The anonymous questions rolled in, too—questions they never would have asked in person. Private questions from students appear in red in the chat box, precious and shy. I couldn't believe how well it went—how connected the students were to the material, and to each other. The teacher emailed us that afternoon, thrilled with how well it had gone.

Over the course of the year, we also discovered that online delivery helped us connect in another way: by being able to teach and reach folks who would otherwise not have been able to hire us. Geography and budgets are often huge barriers to the delivery of comprehensive sexual health education, and online delivery meant that we could say yes to a morning session in Kamloops, and an afternoon class in Abbotsford. It meant that a school board could afford to bring us in for a full day of teacher training, since we didn't need to fly into their community. And it meant that our Sexual Health Educator Certification (SHEC) program was finally accessible to educators across Canada, and the world.

For the Education department, 2020-2021 was all about learning how to connect online. We're much more sophisticated now, with our fancy document cameras, laptop stands, and ergonomic chairs. Heck, I even have a ring light. But we also learned a profound lesson: talking about sexuality is always connecting, regardless of the mode of delivery. Sexual expression can be about pleasure, identity, reproduction, and might also include information about consent, STIs, etc. but at its core sexual expression is about connection—being seen, and being known. In the digital age, that profound feeling of connection can absolutely happen through a screen. Even when school and sexual health education has returned to its old delivery model, we are committed to continuing to offer an online option. Now that we know how powerfully we can connect to each other online, we are never going back.

COMMUNICATIONS

Submitted by Ashleigh Turner
Communications Director

It feels like it is becoming a bit of a cliché to say that we are enduring unprecedented times, and yet, here we are! The world went digital: as we locked down and isolated, we adapted by shopping for all our needs (and wants!) online, utilizing curb side pick-up, and meeting and connecting virtually on Zoom. For many of us, our in-person connections dwindled while we kept ourselves safe. Despite this, we found ways to connect.

Over the past 18 months we have seen some epic changes in the way we do things; however, we have discovered new ways to connect and to create community. Communications has never been more important than it is right now and the way we have embraced the digital form of connection has been nothing short of extraordinary. Our team at Options has been largely remote for the past 18 months, and with the support of happier IT and iTel we have managed to maintain a high level of functioning.

As the Communications Director at Options my role has included website updates, social media management, daily tech support, live streamed events, and various other projects. Ultimately, the focus of the past year for us has been to find ways to connect people when we couldn't be together in person. It has not always been easy, and our commitment to connection has meant that we have found ways to be the same caring and empowering organization we have always been!

One of the most important ways we have communicated is through our social media. Social media is where many folks go for their information, as well as their "daily scroll" or disconnect for what is in front of them. As a sexual health organization this has unfortunately not been an easy means of communication or connection due to the continued stigma around sex and sexual health that exists in society; social media platforms continue to minimize the views on posts related to sexual health information and education despite our best efforts. A prime example of this is that our name "Options for Sexual Health" isn't even allowed to be used as our page name or URL on Facebook- and has in fact been denied on three separate occasions when escalated to Facebook services, despite it being our organization's registered charitable name. While some individuals and organizations have found ways around this, many other organizations like ours have experienced challenges and seen their "views" and "interactions" drop.

- Social media is often the "go to" for info (with very little required in terms of accuracy—COVID has shown this to us in so many ways!)
- Connecting through social media has worked...unless you are a BIPOC person, provide sexual health education or services, or do anything else that angers the "Facebook Gods"

Access to reliable sexual health education is already limited and social media has the potential to be a digital mecca of resources! We know the people reading this are already part of the change- normalizing sexual health, sex, sexuality, etc. and continuing to advocate for access! If you don't already, please consider following us on our Facebook and Instagram social media channels and like, save, and share our posts to help us boost access to factual sexual health information!

CLINICAL UPDATE

Submitted by Helena Palmqvist de Felice and Nicole Pasquino
Clinical Team

At risk of repeating what every organization is reporting for 2020/2021, this has been an extraordinary year for the Clinic Services Department.

Never has so much been asked of our clinic teams.

We underwent more change in one year than in the previous ten years combined. Within days of the first public health announcements, our Clinical Practice Director had developed protocols that would support the safety of both our staff and clients, while ensuring continued access to STI treatment and birth control. We limited in-clinic services to those who really had to see us in person. We offered care by phone. We sourced the necessary supplies. We started a telehealth clinic to provide care to those who didn't need to come into a clinic, or who couldn't. We had "no touch" hand-offs of medication in paper bags at the clinic door. We had nurses providing birth control injections in vehicles in parking lots. We created an online booking process. We created new partnerships for sexual health care in Indigenous communities. We could go on.

The innovations that this past year spawned are the real gifts of these times and they have changed how we work forever. The ways we have worked to increase access are here to stay, and our passion for increasing access is stronger than ever. Our Nurses, Doctors, Coordinators, Admin staff and Volunteers not only led Options in providing exceptional care, but also came from their other roles working on the frontlines of care and never once complained.

Never has the essential nature of our services been more clear to us.

In many places, Options Clinics became the only clinic in the community that would see people for in-person care. We have met both profound gratitude that our services stayed available to the degree that they did, and frustration, anxiety, and stress that the reduced access to services in general created for our clients - on top of every other challenge they were facing.

Did you know that Options' has been doing work with a Community Impact Network (CIN) focusing on supporting women (trans and cis inclusive) who are HIV/HCV+ or at risk of becoming HIV/HCV+? Initially a project supported by 2 part time nursing positions, feedback and insights had us reimagine the possibilities and create a Knowledge Exchange and Translation Coordinator. What is a KETC you ask? Knowledge exchange and translation (KET) or knowledge mobilization consists of a variety of methods in which research and knowledge is transferred, translated, exchanged, and co-produced to enhance the practical application of knowledge between researchers and research-users (individuals and community organizations seeking to use research to inform decisions in public policy and professional practice). A key characteristic of community-based research projects is a comprehensive plan for KET. While COVID has limited some of the work to deliver KET, the project has progressed with a 'Women Only' Saturday clinic at our Kootenay Loop site and the development of an evidence informed approach to engaging people with lived experience is in place.

SEXUAL AND REPRODUCTIVE HEALTH WEEK 2021

How do you celebrate Sexual and Reproductive Health Week in the midst of a pandemic? You take it all online of course! In 2021 we navigated the reality that we are living in by connecting online. This year's theme focused on the rights of youth, and what better way to do that than to meet youth where they are at: online! Although it was not by any means a normal year, we discovered new ways to connect! We were once again given the opportunity to place advertisements throughout Vancouver on bus shelters, and we think we did a fabulous job of using the space - what do you think?

You may recall that last year we used the word vulva in our ad. This year we pushed to normalize many aspects of sexual and reproductive health including gender, consent, and self-pleasure. This campaign was once again supported by the City of Vancouver, and we are grateful for their support and partnership. For us, working towards the normalization of not just words, but also important concepts that support the sexual and reproductive health of every individual across the lifespan is important. The City of Vancouver was fully supportive of this, and we are very grateful to have had this opportunity. Thank you CoV!

Although COVID forced our events online, we know we were able to reach folks in a new and creative way. We look forward to the 2022 rendition of Sexual and Reproductive Health Week when we hope to reconnect in person!

WE BELIEVE
ALL BODIES ARE GOOD BODIES
GENDER IS FLUID
SEXUAL HEALTH CARE IS CONFIDENTIAL
CONSENT IS MANDATORY
ACCESS TO HEALTH CARE INCLUDES RESPECT AND NON-DISCRIMINATION
SELF-PLEASURE IS SELF-CARE
ACCESS TO FREE CONTRACEPTION AND ABORTION SERVICES IS ESSENTIAL
SEXUAL AND REPRODUCTIVE CARE AND EDUCATION ARE FOR EVERYONE
VIRGINITY IS A SOCIAL CONSTRUCT
PEOPLE GET TO CHOOSE AND REFUSE HEALTH CARE SERVICES
YOUTH HAVE THE RIGHT TO EVERY ONE OF THESE BELIEFS

OPTIONS FOR SEXUAL HEALTH
 CHAMPIONING SEXUAL HEALTH CARE, EDUCATION, AND INFORMATION IN BC SINCE 1963

JOIN US IN CELEBRATING
 SEXUAL AND REPRODUCTIVE
 HEALTH AWARENESS WEEK
 FEBRUARY 8-14 2021

● OPTIONSFORSEXUALHEALTH.ORG
 ● @OPTBC
 ● @OPTIONSFORSEXUALHEALTH

POSTED WITH THE SUPPORT OF THE CITY OF VANCOUVER

FUNDING PARTNERS

**WE WOULD LIKE TO THANK OUR
PARTNERS FOR THEIR GENEROSITY:**

**MINISTRY OF HEALTH
BC WOMEN'S HOSPITAL AND HEALTH CENTRE
PROVINCIAL HEALTH SERVICES AUTHORITY
MERCK
CITY OF VANCOUVER
BC GAMING AND POLICY ENFORCEMENT BRANCH
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
FRASER HEALTH AUTHORITY
BC WOMEN'S HEALTH FOUNDATION**

COMMUNITY PARTNERS

**WE WOULD LIKE TO ACKNOWLEDGE
THE AMAZING ORGANIZATIONS WE WORK ALONG SIDE WITH A
COMMITMENT TO THE CONTINUED GROWTH OF SEXUAL AND
REPRODUCTIVE HEALTH KNOWLEDGE AND AWARENESS:**

**CENTRE FOR GENDER AND SEXUAL HEALTH EQUITY
WOMENS HEALTH RESEARCH INSTITUTE
CART
STIGMA AND RESILIENCE AMONG VULNERABLE YOUTH CENTRE
WOMYNS' WARE
AISLE
FEMINISTS DELIVER
BCTF**

DID YOU KNOW?

Over the past year we had over 45,000 masks donated to support our staff, volunteers, and patients! Three generous community organizations donated these masks to help keep us safe and we are so grateful! Our immense gratitude to MINISO Canada, Tzuchi Foundation, and BCWHF!

FUNDRAISING

Like many social profits, Options relies on fundraised money to amplify and enhance our work. From delivery of sex ed in an inner-city school classroom to our 'compassionate contraception' program or funding an MOA position for telehealth delivery, donations and fundraising provide possibilities.

First launched in 2013, our signature fundraising brunch 'Heart Your Parts' (HYP) has become a vehicle to share our stories, expand our allies and honour a sexual health champion. Although unable to meet in person, the response to HYP was as strong as ever and our online weekend brunch brought together a diverse group of clinicians, researchers, educators and more to celebrate 2020, the International Year of Nurses and Mid-Wives. Nurses are the backbone and strength of Options so it was only fitting that our Sexual Health Champion was Dr. Elizabeth Saewyc, professor at UBC in the School of Nursing and Executive Director of the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC). Dr Saewyc has a Ph.D. in nursing and is passionate about research related to health issues of youth, with a particular emphasis on how stigma, violence and trauma affect adolescent health and risk behaviours, and the environmental assets and protective factors that foster resilience among vulnerable young people in spite of stigma and trauma. These populations include: sexual minority youth (gay, lesbian, bisexual and transgender teens), homeless and runaway youth, sexually abused and sexually-exploited teens, pregnant and parenting adolescents, youth in custody, immigrant youth, and indigenous young people in Canada and other countries.

We were pleased to welcome Dr. Alexa Lesperance from the Native Youth Sexual Health Network (NYSHN) as our keynote speaker. We were impressed to hear about the work of this very small and creative team that ensures youth voice is present in all they do. The inventive designs and taglines produced by young people reflect the deep connection Indigenous youth have to land, family and culture. NYSHN is an intergenerational network of Indigenous youth leaders, aunties and mentors dedicated to working across issues of sexual and reproductive health, rights and justice throughout the US and Canada.

<https://www.nativeyouthsexualhealth.com/>

Meeting together online did have its advantages for our HYP Brunch because we were able to have breakout groups and give folks an opportunity to connect in a smaller group setting. We were pleased that each of the three options: Breathwork with Shayla; Intro to Being an Askable Adult; and, learning more about NYSHN were well attended and feedback was positive. Perhaps we will find a way to do more with breakout sessions in the future!

FINANCIALS

Options for Sexual Health

STATEMENT OF FINANCIAL POSITION

As at March 31

	2021 \$	2020 \$
ASSETS		
Current		
Cash	310,065	306,437
Temporary investments <i>[note 3]</i>	166,058	164,212
Accounts receivable <i>[note 4]</i>	45,852	58,032
Inventories	138,680	168,565
Prepaid expenses	22,545	12,141
	683,200	709,387
Capital assets <i>[note 5]</i>	4,834	6,323
	688,034	715,710
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities <i>[note 6]</i>	118,359	118,975
Deferred revenue <i>[note 8]</i>	225,423	244,747
Current portion of obligation under capital lease <i>[note 9]</i>	3,362	2,475
	347,144	366,197
Obligation under capital lease <i>[note 9]</i>	11,378	14,740
	358,522	380,937
NET ASSETS	329,512	334,773
	688,034	715,710

FINANCIALS

CONTINUED

Options for Sexual Health

STATEMENT OF OPERATIONS

Year ended March 31

	2021 \$	2020 \$
REVENUE		
Provincial government contracts <i>[note 10]</i>	1,330,495	1,401,214
Fee for service <i>[note 12]</i>	388,235	726,774
Donations and fundraising <i>[note 13]</i>	280,628	523,517
Grants <i>[note 11]</i>	173,545	158,668
Investment income	1,931	3,705
	2,174,834	2,813,878
EXPENSES		
Salaries, benefits and volunteer hours	1,479,666	1,823,331
Rent	297,896	389,333
Medical supplies	228,761	335,030
Advertising and promotion	38,199	52,652
Office and administration	37,802	45,824
Equipment and leases	26,246	20,871
Professional and consulting	20,353	24,005
Delivery	14,994	16,413
Insurance	12,361	12,425
Training and education	11,399	50,811
Amortization of capital assets	6,189	21,954
Interest on capital lease	5,008	5,660
Travel	1,062	5,741
Fundraising	159	7,721
	2,180,095	2,811,771
Excess of revenues (expenses) for the year	(5,261)	2,107

WHAT ELSE HAPPENED IN 2020-2021?

IN CASE YOU
MISSED IT...
THERE WAS A WORLD-
WIDE PANDEMIC AND
THINGS CHANGED
DRASTICALLY AS A
RESULT...

OUR PROVINCIAL OFFICE
HAD 49 WEEKLY STAFF
CHECK-INS VIA ZOOM TO
HELP US STAY
CONNECTED

HEART YOUR PARTS
WENT VIRTUAL!
WE HOSTED VIA ZOOM AND
CONNECTED WITH PEOPLE
AROUND THE PROVINCE

OUR RECEPTION, ADMIN,
AND MEDICAL OFFICE
ASSISTANT ROLES
INCREASED
EXPONENTIALLY TO DEAL
WITH INCREASED
DEMANDS

WE HIRED 42 NEW
STAFF MEMBERS:
19 NEW NURSES
AND
24 NEW ADMIN STAFF

BLACK
LIVES
MATTER

OUR 2020-2021 BOARD OF DIRECTORS

Kathryn Fitzgerald

Janice Turner

Joyce Rautenberg

Nicole MacDonald

Kaye Hare

Jack Guo

Sarah Nelligan

Tanya Davoren

Milo Leraar

Brandi Scales

Brandy Wiebe

Kathy Greenberg

Ashley Brookes



OPTIONS

FOR
SEXUAL
HEALTH

All About Choices