

Recommendations for the Status of Women Committee Study:
Gender Based Analysis Plus in the Federal Government

Submitted by:

The Women's Xchange Team

Paula Rochon, MD, MPH, FRCPC

Lead, Women's Xchange, Women's College Hospital
Women's College Research Institute, Women's College Hospital
Vice President, Research, Women's College Hospital
Department of Medicine, University of Toronto

Robin Mason, PhD

Scientific Lead, Women's Xchange, Women's College Hospital
Women's College Research Institute, Women's College Hospital
Dalla Lana School of Public Health and Department of Psychiatry, University of Toronto

Stephanie Lagosky, MSc

Project Lead, Women's Xchange, Women's College Hospital

Suzanne Day, PhD

Postdoctoral Fellow, Women's Xchange, Women's College Hospital

KEY POINTS:

- Integrating sex and gender is essential for developing equitable and effective federal policies for the wellbeing of all Canadians.
- Women's Xchange has identified **5 focal areas** that we recommend the Status of Women Committee consider in studying sex and gender integration.
- Women's Xchange has developed **a set of metrics** that can facilitate the integration of sex and gender in federal policy. These metrics may prove useful to the Committee in assessing the quality of sex/gender integration.

Introduction

Women's Xchange is a women's health research knowledge translation and exchange centre based at Women's College Hospital in Toronto. A mandate of Women's Xchange is to enhance the integration of sex and gender in health research. We submit the following recommendations from our work for the Committee's consideration in studying Gender Based Analysis Plus (GBA+) in the federal government. While our expertise is grounded in health research, the issues we have identified and interventions we have developed may be adapted to and prove useful in other policy fields.

Sex and gender are essential to consider in developing effective and equitable policies, programs and legislation for diverse populations (Coen et al., 2012; Greaves et al., 2014). However, adoption of this perspective has been uneven and challenges remain with translating policy into practice. For example, despite mandatory consideration of these factors as a condition of funding by the Canadian Institutes of Health Research (CIHR), integration of sex and gender in health research has yet to be considered a standard practice (Johnson et al., 2012) and tends to vary by discipline (Johnson et al., 2014). This uneven uptake affects the quality of evidence on health outcomes, experiences and behaviours, with implications for subsequent policy development. This also points to the need for a standardized tool to promote meaningful sex and gender integration.

We have identified five focal areas where strategic investment of the Committee's efforts in the study of GBA+ may further promote the uptake of a sex and gender lens. In addition, we have developed and are currently validating a set of Metrics for Sex and Gender Based Analysis, which are designed to help the user integrate sex and gender in a given policy, project or program, as well as evaluate the quality of sex and gender integration. This tool may prove particularly useful to the Committee as you move from the review of whether or not sex and gender have been considered in governmental policies and practices, to determining how thoroughly they have been considered. We encourage the committee

to consider both the following points and the potential application of our Metrics for Sex and Gender Based Analysis in your efforts to promote the meaningful consideration of sex and gender.

Strategic Area One: Terminology

There is a need to promote consistent terminology in referring to sex and gender. Conflation of the terms is a widespread problem in both research and the media, contributing to confusion as to their proper use (King, 2010). The use of standardized definitions for sex and gender in federal policy may help to resolve this confusion. We recommend the following definitions as put forth by CIHR (2010):

- **Sex** refers to the *biological and physiological* characteristics that distinguish males from females.
- **Gender** refers to the *socially constructed* roles, expectations, relationships, behaviours, relative power, and other traits that societies ascribe to women, men, and people of diverse gender identities.

A key challenge in using these definitions is that in reality sex and gender are interrelated and intersect. For example, differences in both sex (e.g. gene expression, protein patterns) and gender (e.g. patients' health seeking behaviour, physicians' disease management strategies) are factors in the manifestation and outcomes of heart disease (Regitz-Zagrosek, 2012) and both biological processes as well as factors shaped by gender (including clothing, physical activity, and occupation) are implicated in bone health (Fausto-Sterling, 2005). These terms assume that sex and gender are binary categories. Yet, the assumption that people are either male or female does not accurately reflect the full diversity of human biology given that approximately 1.7% of the population is intersexed (Blackless et al., 2000). Similarly, gendered terms such as *woman* or *man* are insufficient to describe the dynamic continuum of gender identity as well as variation in the gender continuum over time and across cultures (Bottorff et al., 2011). We urge the Status of Women Committee to consider sex and gender diversity in its study of policy and

to be cautious of the tendency to render invisible the experiences of persons for whom binary categorizations are insufficient (Bauer et al., 2009). This caution is particularly salient amidst mounting evidence that transgender people are an especially vulnerable and under-serviced group in Canada (Bauer et al., 2014; MacFarlane, 2015).

Strategic Area Two: Applying the Concepts of Sex/Gender

Meaningful integration of sex and gender requires applying the concepts from the outset of research, program, and policy development. Understanding the influence of these concepts involves asking different kinds of questions, designing and conducting different kinds of research, and identifying and observing different phenomena. Considering sex and gender from the beginning thus helps to avoid the costly, inefficient and insufficient revisiting of a project to ‘add-in’ sex and gender post-hoc.

In applying the concepts of sex and gender, it is of further importance to attend to their explanatory limitations when reporting on the evidence. For instance, data disaggregated by sex may illuminate differences between males and females but will not allow exploration of the gender-based inequities in social and economic power that additionally shape health (Nowatzki et al., 2011). Conversely, finding that there are sex differences in a study outcome does not necessarily tell us anything about the biological mechanisms behind this difference (Springer et al., 2012). Misattributing the influential mechanism behind a particular outcome has consequences not only for how differences in outcomes are explained, but also for developing preventive strategies and policies. For example, attributing differential rates and patterns of occupational injuries to assumed sex differences without investigating the more precise explanatory power of differences in body size can impact the design and implementation of safety measures, with additional implications for the development of occupational health policies (Messing et al., 2006).

Strategic Area Three: Promoting Sex- and Gender-Based Analysis as Standard Practice

To date, the inclusion of sex and gender tends to be treated as an ‘extra’ or optional consideration (Nieuwenhoven et al., 2011) – or it is incorporated in a tokenistic way to satisfy funding application requirements (Johnson et al., 2014). To shift perspectives and practice in a meaningful way, one strategy is to emphasize that sex and gender integration leads to innovative programs and effective policy-making. Failure to consider these concepts is to risk important sources of error (Sims et al., 2010). Thorough consideration of sex and gender requires attending not only to sex/gender differences, but also sex/gender-specific conditions (Miller et al., 2015), as well as conditions that affect specific communities. These strategies may be similarly taken up in the policy-making field by emphasizing the integration of sex/gender as the key to developing more effective, efficient and equitable policy and programs for all Canadians.

Strategic Area Four: Data Collection and Datasets for Analysis of Sex and Gender

A fourth area for strategic intervention involves ensuring there is data for sex and gender analysis. Decision-makers need to know where to go to find accessible, relevant, reliable and complete information that includes both sex and gender. For example, health care administrative datasets are a primary source of evidence for the health research and reports that are in turn used to inform health policy. While administrative data may often (though not always) contain basic sex disaggregated data, indicators pertinent to gender analysis (e.g. income, household composition, caregiving responsibilities) are rarely collected (Nowatzki et al., 2011). Furthermore, when sex data are available, study findings may not be reported separately by sex. An important strategy for moving forward will be to consider how datasets can be expanded to consider sex and gender, as well as alternative methods and mixed-

methods analyses to obtain different kinds of data. We encourage the committee to consider ways that data on sex and gender among the Canadian population can be collected, and reported and therefore made accessible for use by decision-makers – not only in health care, but also education, labour, employment, etc.

Strategic Area Five: Assessing the Quality of Sex/Gender Integration

Finally, decision-makers need to have the skills to discern whether the evidence they are using to inform policy has adequately incorporated sex and gender. This can be facilitated through a set of criteria to assess high-quality, relevant evidence for consideration of sex and gender issues, as compared to evidence that only marginally includes sex and gender (or that does not include these considerations at all). A number of guidelines have been developed to promote excellence in the integration of sex and gender considerations (see for example Gender Basic, 2007; Gendered Innovations, 2011, Doull, 2011, European Commission, 2011). However, missing from these tools is a set of criteria for assessing *how well* sex and gender have been integrated in a given study, program or policy. While existing guidelines are useful starting points for thinking through the inclusion and impact of sex and gender, to date there has been no accompanying evaluation system to assess whether and to what degree sex and gender have been integrated. This is a gap that Women's Xchange is working to address.

Recommendation: Metrics for Sex and Gender Based Analysis

Women's Xchange has drawn on established resources for sex and gender integration (Gender Basic, 2007; Gendered Innovations, 2011, Doull, 2011, European Commission, 2011) and synthesized these guidelines into a set of Metrics for Sex and Gender Based Analysis. This scaled tool is designed to assist not only with the integration of sex and gender but also with assessing the relative quality of

sex/gender integration. Although developed with health researchers, reviewers and funders in mind, these metrics are adaptable to the policy-making environment, and may prove useful to decision-makers in considering whether and how well sex and gender have been included in the process of policy development.

The Metrics for Sex and Gender Based Analysis guide the user through each stage of the study process, from initial issue identification, literature review and question development (Stage 1), through to the knowledge translation (Stage 5) and participant engagement (Stage 6). In each stage, a series of questions is posed about the integration of sex and gender. For example, in Stage 1 the metrics' user is asked, "Have diverse populations of men and/or women (boys and/or girls) and persons of diverse sex/gender identities been engaged in identifying the research issue? Have sex/gender considerations been reviewed in the background literature? Is there an explicitly defined research question that addresses sex/gender?" These questions guide the evaluation, which follows a 5-point assessment scale: O (Outstanding), E (Excellent), G (Good), F (Fair), and P (Poor). A description of the criteria for each assessment level on the scale is included, providing standardized guidelines for evaluating sex and gender integration.

Women's Xchange is currently validating the metrics through a rigorous review and feedback process involving Canadian and international experts on sex and gender. We are also developing a working group to further explore applicable areas for the metrics and how they can additionally be used as an educational tool for promoting sex and gender integration as standard practice. Once validated, we would welcome the opportunity to discuss the use of these metrics in the work undertaken by the Status of Women Committee.

Conclusion: Sex and Gender as the Key to Better Policy

Women's Xchange believes that the Status of Women Committee study on GBA+ presents an important opportunity to demonstrate that the meaningful integration of sex and gender is essential for better policy and planning at the federal level. Whether and how sex and gender considerations are adopted has far-reaching implications for equitable, effective policy for the wellbeing of all Canadians. Addressing the five strategic areas outlined above, as well as implementing the Metrics for Sex and Gender Based Analysis, will help to achieve the mandate of our new federal government "to ensure government policy, legislation, and regulations are sensitive to the different impacts that decisions can have on men and women" (Office of the Prime Minister of Canada, 2015).

References

- Bauer GR, Hammond R, Travers R, Kaay M, Hohenadel KM, Boyce M. "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *J Assoc Nurses AIDS Care* 2009 Sep-Oct;20(5):348-61.
- Bauer GR, Scheim AI, Deutsch MB, Massarella C. Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Ann Emerg Med* 2014 Jun;63(6):713-20.
- Blackless M, Charuvastra A, Derryck A, Fausto-Sterling A, Lauzanne K, Lee E. How sexually dimorphic are we? Review and synthesis. *Am J Hum Biol* 2000 Mar;12(2):151-166.
- Bottorff JL, Oliffe JL, Robinson CA, Carey J. Gender relations and health research: a review of current practices. *Int J Equity Health* 2011 Dec 13;10:60.
- Canadian Institutes of Health Research. Gender, sex and health research guide: a tool for CIHR applicants. 2010. <http://www.cihr-irsc.gc.ca/e/32019.html>.
- Coen S, Banister E (Eds). *What a difference sex and gender make: a gender, sex and health research casebook*. 2012. Ottawa: Canadian Institutes of Health Research.
- Doull M, Runnels V, Tudiver S, Boscoe M. Sex and gender in systematic reviews: planning tool. Ottawa: The Campbell and Cochrane Equity Methods Group. 2011.

http://methods.cochrane.org/equity/sites/methods.cochrane.org/equity/files/uploads/SRTool_PlanningVersionSHORTFINAL.pdf.

European Commission. Toolkit for gender in research: checklist for gender in research. Brussels: European Commission. 2011. <http://bookshop.europa.eu/en/toolkit-gender-in-eu-funded-research-pbKINA24840/>.

Fausto-Sterling A. The bare bones of sex: part 1 – sex and gender. *Signs* 2005;30(2):1491–527.

Gender Basic. Gender awakening tool, bibliography: sex and gender in research. Maastricht: Center for Gender Diversity. 2007.

<http://www.genderbasic.nl/downloads/pdf/WISER%20fest%20booklet%20extra%20pages.pdf>.

Gendered Innovations. Health and medicine checklist. 2011.

https://genderedinnovations.stanford.edu/methods/health_med_checklist.html.

Greaves L, Pederson A, Poole N (Eds). *Making it better: gender-transformative health promotion*. 2014. Toronto: Canadian Scholars' Press Inc./Women's Press.

Johnson J, Beaudet A. Sex and gender reporting in health research: why Canada should be a leader. *Can J Public Health*, 2012 Nov 8;104(1):e80-1.

Johnson J, Sharman Z, Vissandjeé B, Stewart DE. Does a change in health research funding policy related to the integration of sex and gender have an impact? *PLOS One* 2014 Jun 25;9(6):e99900.

King BM. Point: a call for proper usage of “gender” and “sex” in biomedical publications. *Am J Physiol Regul Integr Comp Physiol* 2010 Jun;298(6):R1700-1.

MacFarlane D. Literature review to support health service planning for transgender people. 2015.

<http://www.cpath.ca/wp-content/uploads/2015/10/Trans-lit-review-supporting-service-planning-final.pdf>

Messing K, Stellman JM. Sex, gender and women's occupational health: the importance of considering mechanism. *Environ Res* 2006 Jun;101(2):149-62.

Miller VM, Walter AR, Faubion SS. Sex differences research, precision medicine, and the future of women's health. *J Women's Health* 2015 Dec;24(12):969-71.

Nieuwenhoven L, Klinge I. Scientific excellence in applying sex- and gender sensitive methods in biomedical and health research. *J Women's Health* 2010 Feb;19(2):313-2.

Nowatzki N, Grant KR. Sex is not enough: the need for gender-based analysis in health research. *Health Care Women Int* 2011 Apr;32(4):263-77.

Office of the Prime Minister of Canada. Open letter to the Minister of the Status of Women. 2015.

<http://pm.gc.ca/eng/minister-status-women-mandate-letter>.

Regitz-Zagrosek V. Sex and gender differences in cardiovascular disease. In Oertelt-Prigione S, Regitz-Zagrosek V, editors. *Sex and gender aspects in clinical medicine*. London: Springer; 2012, p. 17-44

Sims ST, Stefanick ML, Kronenberg F, Sachedina NA, Schiebinger L. Gendered innovations: a new approach for nursing science. *Biol Res Nurs* 2010 Oct;12(2):156-61.

Springer KW, Stellman JM, Jordan-Young RM. Beyond a catalogue of differences: a theoretical frame and good practice guidelines for researching sex/gender in human health. *Soc Sci Med* 2012 Jun 30;74(11):1817-24.