

## NATIONAL LISTENING TOUR 2023

# WHAT WE HEARD REPORT



In 2023, the Canadian Institutes of Health Research's (CIHR) Institute of Gender and Health (IGH) embarked on a national Listening Tour to co-create our new Research Priority Plan for 2024-2029.

Keeping with IGH's long history of engaging the health research community in our strategy development, IGH co-leaders Elder Sheila Nyman and Scientific Director Dr. Angela Kaida travelled across Canada seeking insights to inform our future directions and research investment priorities.

### We asked:

- How can we best foster research excellence regarding the influence of sex and gender on health?
- What is your vision for achieving health equity for women and girls, boys and men, and gender-diverse people?
- What sex and gender science priorities do you think should be centered in IGH's next Research Priority Plan?
- How can we better support and develop trainee and early career researcher (ECR) capacity in health research?
- How can we better support community-led and community-engaged health research?

In summary, we heard broad support for:

- Progressing intersectional, community-engaged sex, gender, and health research focused on health equity, particularly among three understudied and underfunded populations experiencing systemic health inequities;
- Influencing systemic change through continued attention to sex and gender integration across all health research, with emphasis on best practice guidance and accountability for impact;
- Advancing sex and gender science through a focus on research capacity building, moving beyond uncovering differences to examining sex and/or gender-related mechanisms and processes that influence health, as well as the development and advancement of sex and gender science research methods.

The Listening Tour convened **511 people** at **19 events across the country**, with townhalls in Vancouver, Edmonton, Winnipeg, Toronto, Montréal and with Atlantic Canada.

We brought together senior and mid-career researchers, early career researchers (ECRs), trainees and community partners across all four health research pillars, reflecting IGH's uniquely cross-cutting mandate.



# What we heard: Highlights



## Health equity

The IGH community values the creation of a health equity-oriented strategy with specific areas of focus, to incentivize and support health researchers to pursue understudied sex, gender and health research topics, and to focus on underfunded populations who face significant and systemic health inequities.

### Three widely-supported areas of focus for IGH's next Research Priority Plan:

1. 2S/LGBTQI+ health\*
2. Women's health\*\*
3. Race, racism, gender and health, with emphasis on Indigenous and Black peoples' health

Listening Tour attendees highlighted that across all areas of focus, intersectional, community-engaged research approaches that go beyond the sex and gender binary will have the highest impact. There is also recognition that sex (male, female, intersex) and gender diversity (men and boys, women and girls, and gender-diverse people) exists within all areas of focus, and that many additional populations are included from an intersectional perspective.

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\* 2S/LGBTQI+ stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex. The plus (+) represents additional sexual and gender diverse communities who use additional terminologies.

\*\* See the [National Women's Health Research Initiative's inclusive definition of women's health](#).

## What is your vision for health equity? From our survey respondents.

**"Intersectionality as central to understanding the impacts of power/privilege on health and well-being, applied as a means to promote policies/programs that redress structural inequities"**

**"It is important to name sex and gender diversity, to recognize and validate its existence, to actively listen to people who identify with it (because they are the experts in their experiences) and to look at the issues they raise. Words matter."**

## Sex and gender science

Listening Tour attendees emphasized that when science integrates sex and gender, it is not only more inclusive, but more rigorous. Research that considers sex and gender has increased impact, can lead to major scientific breakthroughs, and is a defining feature of research excellence.

Our community is proud of IGH-led policy changes at CIHR, which have significantly progressed sex and gender integration in health research. However, we also heard that:

1. More supports are needed to ensure that sex and gender integration becomes the standard, and a well-supported norm in health research; and that
2. IGH should continue playing a lead role in growing the field of sex and gender science as a distinct scholarly discipline.

# 1. Integration of sex and gender+ into health research



*Why gender+? We use this term to signal gender diversity and intersectionality.*

GOAL	HOW TO ACHIEVE IT
Cement IGH's role and responsibility as a global centre of expertise for the integration of sex and gender+ across all health research.	Provide <b>centralized methodological guidance and best practice standards</b> , with a focus on terminology, sex and gender measurement, data collection and analysis, and developing knowledge mobilization outputs including clinical practice guidelines, policies and programs.
Drive culture change across the research ecosystem to overcome persistent barriers to the integration of sex and gender+ considerations in health research.	Support <b>peer researchers</b> and the <b>CIHR peer review process</b> to better understand, advance and evaluate high-quality sex and gender integration in health sciences.  Influence sex and gender integration at other points in the research ecosystem, including <b>ethics review</b> and the collection of sex and gender information in <b>administrative datasets</b> .
Train, resource and inspire the health research community, with a focus on the next generation of sex and gender scientists.	Modernize the online <b>sex and gender training modules</b> , and add a new module focused on community research partners.  Influence academic <b>health science curricula</b> to integrate sex and gender considerations.  Support <b>equity-deserving researchers</b> and <b>clinician scientists</b> .  Convene the <b>health research community</b> to promote interdisciplinary and community-engaged research teams.  Bring back the <b>IGH Summer Institute</b> .



*"Overall, I'm leaving with a great feeling about the townhall, and hope for inclusive gender-transformative practices. Way to lead, Canada!" – Evaluation survey respondent*

# Capacity-bridging

## Trainee and ECR perspectives

- Provide funding opportunities for trainees and early career researchers (ECRs), especially those underrepresented in health research professions (2S/LGBTQI+, Indigenous, Black and racialized people). This focus also acknowledges that trainees and ECRs from equity-deserving communities often lead research by, with and for equity-deserving communities.
- Build trainee mentorship and ECR leadership into funding opportunities such as team grants.
- Provide travel awards for trainee participation and research presentation at sex and gender science conferences.
- Offer trainee and ECR-specific resources and provide in-house IGH expertise for questions, guidance and support on integrating sex and gender considerations into research proposals.
- Support mid-career researchers in sex and gender science to inspire career pathways for ECRs.



We use the term “capacity-bridging” to acknowledge and honour the IGH community’s existing capacity, including training, professional expertise, lived and living experience and wisdom. Our community is calling on IGH to build bridges from existing capacity toward greater capacities and success in research and impact in sex, gender and health. We honour Indigenous women who, as health researchers and community leaders, conceptualized and evolved the concept of capacity-bridging.

## Capacity-bridging best practices, according to trainees and ECRs

Trainee and ECR attendees identified existing best practices that are addressing their capacity-bridging needs related to mentorship, direct funding and training opportunities.

- IGH Summer Institute on sex and gender science (returning in 2024)
- [CIHR Research Excellence, Diversity and Independence \(REDI\) Early Career Transition Award](#)
- [Health Research Training Platforms](#)
- [CIHR Institute of Infection and Immunity New Investigator Forum](#)



*“Many of us are inheriting flawed techniques, methods and measures. Cultural shift will only occur if we equip the up-and-coming researchers with everything they need to do better.” – Survey respondent*

## Community partner perspectives

- Connect researchers to training in trauma-informed, cultural safety and community compensation best practices to support their capacity to more safely engage community partners facing forms of sexual and gender\* inequity in their research.
- Involve community partners in updating IGH training modules, and consider developing a new training module for community partners and people with lived and living experiences who are involved in research projects.

## 2. Advance sex and gender science and the state of the field

GOAL	HOW TO ACHIEVE IT
Support the development of more advanced sex and gender science methods.	Provide <b>funding opportunities</b> dedicated to <b>new and improved methods</b> , such as quantitative measures of intersectionality, working with small sample sizes or measures of sex and gender diversity.
Invest in research that moves beyond uncovering sex and gender differences and toward a deeper understanding of why these differences exist.	Offer <b>funding opportunities</b> to discover <b>sex and gender-related factors and processes</b> that help understand why we see differences (or similarities) in health experiences.  These could examine causal pathways and their significance, as well as the interactions between sex and gender, structures causing marginalization and/or strengths-based protective factors.
Drive change by promoting research for impact.	Focus on <b>implementation science</b> and community-engaged <b>knowledge mobilization</b> .  Offer <b>impact awards</b> in sex and gender research, and explore sex and gender <b>accountability mechanisms</b> in end-of-grant reporting.  Progress <b>community-engaged research</b> , and broaden the assessment of research impact beyond academic journal publishing (for example, to value the outputs of Indigenous and community-led research).



*"CIHR has the opportunity to promote new ways of thinking about, valuing and validating research, as well as avenues for community input (i.e. community-infused as validity) and knowledge transfer!"*  
– Evaluation survey respondent

# How to progress community-engaged research as a new standard of research excellence and rigour

## Community partner perspectives

- Provide funding for multi-year research initiatives that can be led or co-led by community partners, phased in a way that progresses activities from community-led research design to knowledge mobilization and implementation.
- Work in collaborative research models with community partners, valuing lived and living experiences and community relationships, as well as expertise gained from providing frontline health and social service delivery to people who experience health inequities based on sex and gender diversity.
- Include community fellowships in funding opportunities and ensure systemic supports are in place to resource and fund community involvement in research.
- Consider funding opportunities that embed researchers into community organizations for relationship-building, opening new career progression pathways in health research.
- Support mechanisms for greater relationship development between academic and clinical researchers with community partners.
- Facilitate community data stewardship and open data access, with policies against extractive research.

## The IGH team and volunteers at Listening Tour events across Canada



# Principles and values to ground our work

A commitment to Truth and Reconciliation, and valuing Indigenous ways of knowing

1

2

Going beyond the sex and gender binary

What's in a name?

Biomedical and clinical researchers in particular would like to see IGH's name change to include "Gender, Sex and Health", while francophone researchers are calling on IGH to move beyond the binary by changing the Institute's name in French.



Embracing intersectionality

3

4

Advocacy, research safety and increasing public trust of health research

5

Equity, diversity and inclusion (EDI)

Tip! Sex and gender science is not the same as EDI.

The two are complementary and important, but not the same. Sex and gender science creates and understands empirical evidence about how sex and gender-related factors and processes impact health. EDI aims to achieve equity through policies, processes, organizational frameworks and other mechanisms.



6

Life course and whole-of-person approaches

Focusing on the least served yields the highest results

7

The research community is interested in more support to study small populations deeply in their research findings, especially when it comes to the health needs of gender-diverse communities.



# Where do we go from here?

In spring 2024, IGH will launch a new 2024-2029 Research Priority Plan to guide our work together, informed by what we heard during the Listening Tour: your health equity and research priorities, reflections on the state of the sex and gender science field and how to advance it, as well as your suggested strategies to help us reach our mutual goals.

## What is a Research Priority Plan?

In short, it's like a Strategic Plan but more action-oriented. Expect to see the IGH community's big-picture visions aligned to the [CIHR Strategic Plan 2021-2031: A Vision for a Healthier Future](#), accompanied by defined tactics to help us achieve them and stay accountable to you.




*"Feeling excited & hopeful about IGH's future direction as well as appreciating all the hard work & leadership that got us here."*  
– Evaluation survey respondent


## Let's keep visioning together!

Our community is our strength! The IGH team extends a heartfelt thank you to everyone who took the time to participate in and contribute to the Listening Tour.


Please stay in touch to keep up with IGH funding opportunities, events and initiatives, and to celebrate research in action.

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 E-mail us: [IGH-ISFH@cihr-irsc.gc.ca](mailto:IGH-ISFH@cihr-irsc.gc.ca)

 Visit the [IGH website](#)

*The Institute of Gender and Health respectfully acknowledges that we are located on the unceded, ancestral and traditional territory of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Saálwata?/Selilwitulh (Tsleil-Waututh) Nations. We're grateful for the opportunity to host our Listening Tour across many Indigenous territories from coast to coast on Turtle Island.*



# Appendix A: Overview of Listening Tour events

## The Listening Tour convened 511 people at 19 events!

We held focus groups and audience-specific townhalls for communities with shared experiences, as well as open, public townhalls and networking events that encouraged peer learning and relationship-building across the research ecosystem.

Using multiple different event formats allowed us to respond to local contexts and diversify conversations, while maximizing accessibility through online and in-person participation and through bilingual presentations in English and French.

## Expanding our community

Our outreach efforts intentionally expanded the IGH research community by calling in and inviting community partners and people with lived and living experiences—many of whom are often excluded from priority-setting initiatives in health research.

Many shared that this was the first time they were invited to and involved in a CIHR Institute-led event, and appreciated IGH's efforts to hold specific townhalls for community partners. Beyond co-creation of our Research Priority Plan, this was an important step for IGH to develop community relationships, demonstrate the way we value community expertise, and to build trust in IGH-supported health research.

## BY THE NUMBERS

**13** townhalls across **5** cities: Vancouver, Edmonton, Winnipeg, Toronto, Montréal

**1** regional townhall with Atlantic Canada

**2** national townhalls for ECRs and trainees, featuring an “Ask a Sex and Gender Science Specialist” mentorship opportunity

**3** virtual focus groups with the Sex and Gender Science Chairs, Sex and Gender Champions and the IGH Trainee Network

**1** online survey

Additionally, we met with our IGH Institute Advisory Board (IAB) members, IGH-funded Health Research Training Platform leads, and held several 1:1 meetings with senior university administrators, researchers, Indigenous leaders and community partners across the country.

## Event satisfaction

At the end of each event, we distributed an evaluation survey for ongoing learning and improvement.

**92% of respondents agreed or strongly agreed that the townhalls met their expectations.**



To be added to our community contact list for future events, please e-mail [IGH-ISFH@cihr-irsc.gc.ca](mailto:IGH-ISFH@cihr-irsc.gc.ca)



*“It was really great to have these kinds of sessions and hear from community organizations as part of the consultation. Thank you!!” – Evaluation survey respondent*

# Appendix B: A snapshot of the IGH community at the Listening Tour

*\*Using our townhall registration data as a proxy indicator; categories are not mutually exclusive*

## Organizations

80% academic



Of those, 29% were researchers, 29% trainees, 24% ECRs, 3% presidents and deans, and 14% identified as another academic role.

12% community partners

4% hospital/ clinic

4% charity/ foundations

3% government

2% self-employed/ consultant

1% private sector

1% individual community member

## Health Research Pillars



21% Pillar 1: Biomedical



29% Pillar 2: Clinical



51% Pillar 3: Health services



60% Pillar 4: Social, cultural, environmental and population health



## Gender Identities

76% women

19% men

6% gender non-binary, agender, genderqueer or similar

5% have experience living as a transgender person\*

0.1% Two-Spirit

5% prefer not to answer

*\* this question was asked separately from gender identity*

## Participant Demographics\*

27% identify as a racialized person

24% 2S/LGBTQI+

17% francophone

12% African, Caribbean and/or Black

12% people with disabilities

8% youth (15-24)

4% older adult (65+)

4% Indigenous

3% living in a rural, remote or Northern location

32% none of the above

9% prefer not to say

*\* many people selected multiple, signalling expansive intersectional identities in our community*