



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Canada

The CIHR Institute of Gender and Health

What's Sex and Gender Got to Do
With It?
Integrating Sex and Gender into
Health Research

February 27-March 1, 2003

Final Report
Spring 2004

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Denise L. Spitzer,
PhD
Spring 2004

Executive Summary

The first International Think Tank on Sex, Gender and Health, *What's Sex and Gender Got to Do With It? Integrating Sex and Gender into Health Research*, brought together participants from across a range of research disciplines to discuss ways in which sex and gender could be integrated into a programme of health research.

Participants agreed that:

- Sex and gender are complex concepts—influenced by cultural, social and political contexts—which cannot be equated simply with biology and culture; and that
- Innovative methodologies and analytical tools must be devised in order to capture the significance of sex and gender to health research.

The Institute of Gender and Health (IGH) can continue to facilitate the integration of sex/gender into the full spectrum of health research by:

- Supporting the development of relevant conceptual frameworks and analyses;
- Building research capacity through mentorships, training programmes and support;
- Enhancing the understanding of sex, gender and health among peer review committees;
- Partnering with other CIHR Institutes to deepen the understanding of sex and gender as they relate specifically to each Institute's mandate; and
- Sharing the emerging knowledge with a broader audience.

Introduction

In late February 2003, 76 delegates from across Canada, the United States, the United Kingdom and Hungary met in Ottawa for three days of invigorating discussion and debate. This diverse group of academicians, government officials, and representatives from non-governmental organizations and national voluntary health organizations were brought together to discuss the task of integrating sex and gender analysis into the broad range of health research. The initial query that drew these individuals to Ottawa was.....***What's Sex and Gender Got to Do With It?***

Participants readily agreed that sex and gender have a lot to do with "it" when the "it" is health research. But what is meant by sex or gender? The definitions of these terms vary between and sometimes within disciplines. For instance, biologists may regard sex and gender as the classification of living organisms into the categories of male and female. Others suggest that sex and gender are manifestations of the binary of biology and culture wherein the social and cultural construction of gender roles and ideologies that produce potentially differential access to power and resources are layered on top of the material male/female body. Those informed by more psychoanalytic or bio-psycho-social approaches may focus on social and cognitive processes including self-labelling and identity formation that pertain to the categories of male and female. From some perspectives, all the ways humans view and converse about the world around us are inherently cultural, therefore, sex is as much a cultural construct as gender. Some scholars (and gender activists) eschew the dichotomies of sex/gender as they mask genetic diversity and the fluidity of gender roles preferring to see sex and gender as a continuum. Finally, in some fields, the terms are used

interchangeably either because they are viewed as inseparable or apparently synonymous.

Regardless of one's definition, sex and/or gender can be integral to our understanding and experiences of health, disease and illness. Sex/gender status and the attendant gender roles influence interactions with social, physical, and physiological environments contributing to differing patterns of morbidity and mortality. These interactions are further complicated by a host of other factors including genetic endowment, socioeconomic status, cultural background, and sexuality. Unfortunately, health research has for many years glossed over the complexities of sex and gender, relying instead on a male norm that served as the "normal body" upon which research and research interventions were tested. This lack of nuance was a disservice not only to women, but also to men who were often homogenized into a singular category lacking analytical sensitivity. In response, the women's health movement and other initiatives that brought more women into the sciences, along with the development tools such as gender-based and diversity analysis, has altered the health research landscape. It is within this context that the CIHR Institute of Gender and Health (IGH) established in 2000 is asked to meet the challenge of promoting the development of health research that attends appropriately to sex and gender.

Purpose of the IGH Think Tank

Recognizing that disparate research cultures and approaches to sex, gender and health exist along the spectrum of health research, the IGH hosted this Think Tank to provide a forum for discussing the challenges and opportunities to integrating sex and gender in a programme of health research. Using a CIHR cross-pillar—biomedical, clinical, health systems and services, and population and public

health—and cross-Institute dialogue framework, the Think Tank provided opportunities for participants to debate obstacles to integrative initiatives and to target factors enabling innovative ways of linking concepts, methods, and researchers. Dedicated to making stronger science through sex and gender integration into health research, the Think Tank offered an open space for expressing divergent views as well as facilitated learning experiences. Another goal of the Think Tank was to provide participants with a deeper appreciation and enthusiasm for the complexities of studying the linkages between sex, gender, and health, and to enhance incentives for experienced researchers to train young researchers to pursue work in the field.

Purpose and Format of this Report

The Think Tank provided participants with an opportunity to hear from keynote speakers and to reflect on their own experiences in small discussion groups. The groups were organized around the primary interests of the participants that comprised of:

- Aboriginal Peoples' Health
- Cancer and Genetics
- Cardiovascular and Respiratory Health
- Health Across the Lifespan
- Health Services
- Neurosciences and Mental Health
- Population Health.

Discussion group members discussed the ways in which the concepts of sex and gender are employed in their areas of health research. In addition, participants were prompted to identify key barriers, issues and opportunities pertaining to the development of a programme of health research that integrates gender and sex analysis.

This report is designed to highlight the key messages and recommendations that emerged from these discussions and to outline how the IGH has addressed these priorities. Quotes from keynote speakers are employed to help illuminate some of the key messages and recommendations.

"Sex and gender research is: interesting, important, impactful, interactive, incremental, integrated, international, [and] its implementation is crucial to human health."
-
Jacques Simard

Key Issues: What's Sex and Gender Got to Do With It?

"Among youth who report having been suicidal at some time in their lives, 45% of young men and 32.3% of young women indicate that they never told anyone. In general, young men are more likely to use disengaging forms of coping (e.g., drugs and alcohol and distraction) while young women are more likely to use more engagement coping strategies (e.g. seeking social support)."

-Tan

The implications of sex and gender are a vital, perhaps inescapable, part of the human experience whether in reference to gender roles, genetics—or as the quotes from our speakers suggest, coping strategies and access to health services—; however, health research has not always adequately considered these issues.

Think Tank participants agreed that sex and gender are complex concepts that need to be unpacked with greater attention. This is especially important in cross-pillar or interdisciplinary research environments as the semantics and use of the terms differ across disciplines.

"Women had greater need and unmet need, [they] visited physicians more than men but [were] less likely to have had TJA (hip/knee joint replacement), be on TJA waiting list, and to have discussed

Participants noted that:

- Sex and gender cannot be simply equated with biology and culture;
- Sex and gender are fluid categories that are simultaneously influenced by race/ethnicity, socioeconomic class, sexual identity and orientation, and political and historical context and are

represented through gender roles and identities;

- The intersectionality of all of these factors and the slipperiness of the terms themselves challenge researchers to capture their understandings of sex and gender as they pertain to health research.
- As different disciplines employ disparate glossaries of terms and assign different meanings to gender and health, researchers, therefore, need to clarify how they are employing the concepts for each project in which they are engaged.
- These efforts can help bring gender-based analysis into the mainstream and as Dr. Sapienza's remarks suggest are imperative to enhancing our understanding of human health and disease.

"Until the question of sex, is routinely asked and the results—positive or negative—are routinely reported, many opportunities to obtain a better understanding of the pathogenesis of disease and to advance human health will surely be missed,"

-Carmen

Sapienza.

Temple University and Institute of Medicine
Committee on Understanding the Biology of Sex and

Key Issues: What is the CIHR's Role in Integrating Sex and Gender in Health Research?

"We need mechanisms to translate our scientific findings into improved programs and practices. We need scientists, economists, sociologists, psychologists among others, working together to inform long-term, interdisciplinary programs of research to pave the way to effective policy and program interventions. The outcome will be a more efficient health system based on increased knowledge, science and research aimed at ensuring that the health care system is responsive to the needs of all Canadians."

The IGH plays a major role in integrating gender-based analysis across all pillars of health research. As Dr. Hawker notes, the promotion of a supportive environment is essential.

Integrating Sex/Gender into Arthritis Research.

Facilitators:

- a receptive and supportive research environment

- Institutional buy-in
- Belief in the value of multidisciplinary teams

-Gillian Hawker
University of

- The IGH can continue to facilitate the incorporation of sex and gender into health research by:
 - Documenting and auditing the process of integration; and

- Revising grant applications to require applicants to address how they will employ sex/gender analysis.

The Circulatory and Respiratory discussion group suggested that biomedical researchers should be encouraged to include sex as a variable in their research and that clinical researchers focus on the safety and efficiency of interventions on women and men. They urge health services and population health researchers to apply a sex/gender lens to all of their projects.

- The IGH can continue in its leadership role of forwarding a program of sex, gender and health research by:
 - Continuing to build capacity within its peer review committees to enable them to properly adjudicate proposals using a gender lens;
 - Supporting the development and use of culturally appropriate approaches;
 - Encouraging the use of qualitative and quantitative methodologies; and
 - Promoting community participation in research, policy and practice. For instance, the Health Services discussion group recommended engaging users in the development of health services research and demonstration projects.

"Youth Net/Réseau Ado (YN/RA) is a bilingual mental health promotion and early intervention program for youth, run by youth, with the support of youth friendly professionals. . . Many youth who have participated in YN/RA activities disclosed their mental health concerns and risk behaviours for the first time. . . The YN/RA experience demonstrates that sensitivity to the youth perspective, including the inherent gender differences in youth mental health, can foster an approach that can effectively engage both young

Key Issues: Research, Sex and Gender

"Taking into account sex and gender should be done where relevant, but only after considering carefully the **mechanism** by which sex/gender are thought to act. If, as is usual, sex or gender, are surrogates for some other factor(s) more closely linked to exposures or effects, those factors should be identified. **Thus looking for sex/gender differences can be a useful clue to biological mechanisms.**"

-Karen

New knowledge creation requires new ways of doing research. For example, the Health Services discussion group asserted that gender analysis must consider the cumulative effects of gender roles and that innovative research methodologies are required to capture the dynamic nature of this concept.

To adequately and appropriately account for sex and gender in health research, we need to:

"Many apparent sex/gender and ethnic differences reflect social differences. Social differences not biological differences explain majority of Aboriginal health differences. Research Agenda—Cast our net widely to study the *interactions* of these factors, otherwise results can be

- conduct research that will focus on the complexities of sex and gender to underline the intersections of ethnicity, socioeconomic class and sexuality, gender roles and the cumulative effects of gendered lives

- situate these issues within the context of historical and socio-political power relations;
- promote the development and uptake of innovative methods that capture the dynamic effects of gender; and
- ensure that attention to these issues does not contribute to pathologization of any group. As the Aboriginal People's health group reminded us paradoxes arise when attending to marginalized voices in that people may become vulnerable to dangerous labeling and stereotyping.

Publication, with respect to analysis by sex:
 -in clinical trials, very few mention analysis of outcomes by sex.
 -Joseph Caron

In addition, we must forward a research agenda that:

- is inclusive of women and men and applies sex and gender analysis where appropriate as Dr. Messing's, Dr. Caron's and Dr. Sheikh's comments indicate;
- addresses inequities in sex, gender and health research by:
 - promoting research on men's health using a gender lens; while,
 - continuing to redress the gaps in our knowledge regarding women's health.

"We now know that the risk factors, symptoms and patterns of cardiovascular disease (CVD) are different for women and men. However CVD has not always been understood in terms of its sex and gender-based differences, and therefore, has not been appropriately addressed by the health system. From studies on using aspirin as a preventative medicine, to doses of drugs for treatment, the exclusion of women in medical research on CVD has led to numerous potentially fatal pitfalls in both diagnosis and treatment for women."

Recommendations and Responses: What Have We Done and Where Do We Go From Here?

"Sex does matter. It matters in ways that we did not expect. Undoubtedly, it also matters in ways that we have not begun to imagine."

-Mary-Lou Pardue

quoted by Carmen

Sapienza

The recommendations presented here emerged from the seven discussion groups. Many suggestions overlapped and contributed to a consensus around certain priorities. Other propositions were offered by an individual group, often reflecting the focus of that group rather than disagreement with other discussion group participants; however, statements attributable to a single group are indicated with an asterisks (*). A description of IGH initiatives that address follows the recommendations.

Introduction

The IGH has taken a leading role in enhancing our understanding of gender, sex and health by fostering the creation of new knowledge, synthesizing existing knowledge and building capacity across the spectrum of health research. The IGH's leadership is recognized within Canada and abroad including the U.S., Mexico, Latin America, Australia, U.K., and South Africa.

What were the strengths of the Think Tank?

"Good/diverse mix of individuals, including people from all stages of research (students, Institute Advisory Board members, new researchers, community researchers)."

-Participant

Recommendations and Responses

(1) **The IGH can continue to deepen our understanding of the complexities of sex, gender and health by:**

- **Promoting** the creating of new conceptual frameworks that consider epistemological and ethical issues, the political economy of health and cross-pillar knowledge production;
 - *IGH's funding program, "New Perspectives on Gender and Health" is specifically designed to support new knowledge creation generated by the efforts of cross-disciplinary teams. Five new Institute partners have become involved in the program in the past year. Other strategic initiatives, including those that focus on reducing health disparities, gender and health equity, the environment and violence among others, continue to invite the construction of new conceptual models. Moreover, a new funding initiative on gender differences in cardiac and lung disease has been launched following the recommendation from the Think Tank's Circulatory and Respiratory Discussion Group.*

- **Identifying** existing tools and supporting the creation of new analytical instruments and perspectives that can aid in the critical analysis of health research; and
 - *IGH continues to support the identification and refinement of existing analytical tools through its strategic funding initiatives and has advocated for the implementation of gender-based analysis in governmental institutions. Partnerships with the IPPH and the IHSPR have led to the development of new methodologies and intervention research that focus on issues such as participatory action and reducing health*

disparities. Moreover, the IGH commissioned the "Report on Governmental Health Research Policies Promoting Gender or Sex Differences Sensitivity" by Dr. Joseph Caron in addition to seven synthesis papers focused on reducing health disparities that have contributed to new perspectives on gender, sex and health equity.

- **Launching** initiatives that include: a collaboration with the IAPH to conceptualize research methodologies consistent with Aboriginal worldviews; the creation of a joint research initiative with the IAPH that addresses the concerns of Aboriginal women, men and children across the lifespan; an examination of men's health through a gender lens; research on women's health focusing on gaps in our knowledge and equity; and work on knowledge translation in mental health research.

○ *The IAPH and the IGH have collaborated on new perspectives on gender and Aboriginal health. Furthermore, the IGH has commissioned a paper by Dr. Naomi Adelson on Aboriginal health and health disparities and has been engaged in partnerships in lifespan research.*

What suggestions would you make for follow-up events?
"I would like to hear from youth, student researchers."

(2) **IGH continues to encourage the integration of sex and gender analysis in health research by training new researchers and rewarding the efforts of senior researchers who have furthered our understandings by:**

- **Establishing** a mentorship program for emerging scholars;
 - *The Institute routinely hosts workshops for emerging scholars and supports new researchers including doctoral and post-doctoral students and new investigators through CIHR's training programs.*

- **Providing** support for new emerging teams to address issues of sex, gender and health;
 - *To date, the IGH has supported approximately twenty new interdisciplinary teams to address issues ranging from violence and gender and chronic conditions to early childhood and gender, sex and health across the lifespan.*

- **Hosting** an institute to train students; and
 - *Three-day symposia have been offered annually for student researchers. Furthermore, the IGH collaborates with other CIHR Institutes who may recommend young scholars who are interested in learning more about gender, sex and health to participate.*

- **Developing** an award to recognize outstanding contributions to sex, gender and health research.*
 - *A cadre of outstanding researchers is recognized each year via the funding of successful grants through strategic initiative and open competitions. In addition, the IGH supports researchers through CIHR Mid-Career and Career Transition awards.*

"First, women are not simply small men. Therefore, before drawing conclusions about women, the appropriate studies must be conducted with the participation of women. Second, when you have an excellent idea, fight for it, continue to work to support it even when the review committee characterizes it as too esoteric, too complex, too costly, etc. Third, challenge the conventional wisdom which may have misinterpreted the guru."

-Dr.

(3) **Integrating sex and gender analysis into health research requires appropriate training for and selection of members of adjudication panels. These efforts can be facilitated by:**

- **Recruiting** persons who are well versed in sex, gender and health to participate on CIHR Institute Advisory Boards (IAB); and
 - *The IGH has played a leadership role in creating appropriate compositions of peer review committees. Importantly, through the efforts of the IGH, a standing peer review committee on gender, sex and health has been established. Moreover, using an inventory of its researchers, the IGH and its IAB recommends peer reviewers for all strategic initiative committees for which it is a lead or partner and for all open competitions. The IGH also initiates opportunities for IABs from other CIHR Institutes to learn more about gender, sex and health and about the IGH's mandate by inviting IAB members to workshops and symposia, making presentations to IAB meetings and inviting other Scientific Directors and IAB members to reciprocate these exchanges. These efforts have contributed to joint relevancy reviews in partnership with other Institutes.*

- **Including** gender-based analysis as a criterion for open competitions and priority themes at the CIHR;

- *The IGH has initiated four cross-pillar priority announcements relevant to its mandate and priorities to promote gender/sex analysis across health research pillars.*
- **Ensuring** a continued commitment to the integration of gender-based research and analysis across all pillars of research.
 - *In addition to offering new funding opportunities through the new perspectives on gender, sex and health program, the IGH conducts an annual audit of CIHR funding for gender, sex and health research and of the success of women researchers across the pillars in strategic and open competitions.*

(4) The health research community needs to embrace more inclusive methodologies to develop situated knowledge pertaining to sex, gender and health. This can be facilitated by:

- **Promoting** and supporting research partnerships and community-based research;
 - *The IGH has supported funding initiatives for non-governmental organizations and has promoted the inclusion of partnership criteria for research and training programs. Specifically, the Institute has backed the Community Alliance for Health Research (CAHR) program as well as grants for reducing health disparities, rural and northern health and global health that have strong community-based orientations and require linkages with community as broadly defined.*

- **Adapting** grant application forms to record and acknowledge non-academic experience and knowledge; and
 - *The IGH has actively advocated for changes to grant application forms to make them more inclusive of non-academic experience and expertise and for the inclusion of lay/community representatives on peer review committees.*

- **Supporting** the development of new gender sensitive and culturally appropriate approaches to research in cultural communities.
 - *These issues have been the focus of a variety of initiatives including reducing health disparities, gender, sex and global health and the new perspectives initiative in collaboration with the IAPH. In addition, both International Think Tanks on Gender, Sex and Health and Reducing Health Disparities highlighted cultural communities as did many of the synthesis papers produced for the latter symposium. Finally, the IGH has been instrumental in facilitating communication between SSHRC and the Metropolis Network—an international consortium of academic, government and non-governmental organizations that focus on migration.*

"It is most informative that the need to open up the strategic and the open investigator initiated grant competition peer review process to include meaningful citizen participation was raised repeatedly. It is time to understand that citizens are allies of science and can be great advocates and that their informed participation is not to be feared."

(5) The Institute of Gender and Health can also build on the success of this symposium by:

- **Partnering** with other CIHR Institutes to offer a variety of granting opportunities pertaining to sex, gender and health including longitudinal studies and multi-sectoral pilot interventions; and
 - *The IGH has partnered with—and been partnered with—all other CIHR Institutes for granting programmes and special events. In addition, the Institute has been engaged in several longitudinal studies including the birth cohort study and the Canadian Longitudinal Study on Aging as well as supporting pilot interventions in a variety of strategic areas including those aimed to reduce health disparities.*

- **Hosting** a series of think tanks on sex, gender and health with partner institutes to engage in a discussion regarding sex and gender implications in their areas of research.
 - *The IGH profiles gender, sex and health issues at analysis at other CIHR Institute events and encourages representatives from other Institutes to participate in IGH events including International Think Tanks, National Policy Forums, and the forum on tobacco.*

"I would like to thank you for this wonderful opportunity to further expand my understanding of sex and gender in research as well as discuss my work and interests with a number of experienced, knowledgeable individuals."

(6) Lastly, IGH is urged to share this knowledge with the research community and Canadian society. This can be accomplished by:

- Taking stock of the current state of knowledge translation on gender-based analysis in health research;
 - *Knowledge translation is now a component of all funding initiatives and the IGH is a partner on the current knowledge translation granting programme. In the past several years, the IGH has also commissioned eleven synthesis papers, five of which deal specifically with gender, sex, and health. These include "Sex and Gender: Concepts, Understanding and Implementation" by Dr. Danielle Julien and the IGH Working Group; "Globalization, Gender & Health: The Research-To-Policy Interface" edited by Dr. Heather Maclean, Dr. Suzanne Sicchia and Dr. Ronald Labonte;; "Report on Governmental Health Research Policies Promoting Gender or Sex Differences Sensitivity" by Dr. Joseph Caron; and "Gender, Sex and Health: An Overview of Recent Research" and "Engendering Health Disparities" by Dr. Denise L. Spitzer.*

"Gender-based analysis allows policy makers to target health funds more accurately, and ultimately, more effectively."

-Munir
Sheikh

- Forwarding a more inclusive vision of knowledge translation that acknowledges health research contribution to health and social policies and the mitigation of "real world" problems.
 - *In addition to providing funding opportunities for projects on health disparities and global health*

that offer insights into the alleviation of real world problems and hosting a national policy forum, the IGH has cultivated relations and formed partnerships with policymakers and policy influencers and made presentations to the Romanow Commission of the Future of Health Care. The Scientific Director, Dr. Miriam J. Stewart is forwarding recommendations from the International Think Tank on Reducing Health Disparities to the Federal, Provincial and Territorial Deputy Ministers of Health meeting.

"The interaction between research and policy is far from linear. In many fields, policymakers are involved with researchers in setting research agendas and interacting in a variety of ways in the research/policy process. [We need to] explore how the research/policy interface actually works in the field and to draw up guidelines to improve the dialogue in the future "

Conclusion: Sex and Gender Matter

"Lessons learned: promote analysis by sex in scientific publications, support development of university curricula, support young researchers, finance the crucial research issues directly, attention to diversity and life span issues and assure sex disaggregated data."

-Joseph

Genon

The continued production of, and support for, meaningful and effective health research requires attention to the interactions between sex, gender and health. While the complexity and fluidity of these concepts present challenges to researchers and their constituent audiences across the four pillars of health research, efforts to engage in this endeavour, as was undertaken at the IGH Think Tank, are vital to the integration of sex and gender to health research.

The IGH must continue to play a leading role in refining concepts, developing analytical tools, supporting innovative methodologies, building capacity among researchers and brokering knowledge exchange across research and community divides, and research pillars in order to contribute to the health of all Canadians.

"The majority of NIH institutes have not made research into sex differences an explicit part of their research portfolio. At present, there is no entity (Institute, Center, Division or Office) charged with coordination of sex-based biology research programs across the NIH. This is in contrast to the Canadian Institutes of Health Research, which include the Institute of Gender and Health. The mission of this institute is to support research on ' . . . how sex and gender interact with other factors that influence health to create conditions and problems that are unique, more prevalent, more serious or different with respect to risk factors or effective interventions for women and for men.' "

Appendix 1: Schedule of Events

DATE	TIME	ACTIVITY	RESOURCES	OBJECTIVES
Thursday , Feb. 27	1600-1900	Registration		Set stage for Think Tank: focus attention on objectives, strategies, anticipated outcomes Set the national context for integrating gender into health research in the context of increased international focus on the gender dimension of science and technology
	1900-2100	Welcome Reception CIHR representatives: <ul style="list-style-type: none"> ○ Miriam Stewart, Scientific Director Institute of Gender and Health, ○ Sonya Corkum, CIHR VP Partnerships & Knowledge Translation ○ Scientific Directors of partner Institutes 		
	1940-2000	Opening Kenote: Munir Sheikh, Associate Deputy Minister, Health Canada		
Friday, Feb. 28	0800-0815	Welcome	Jean Gray , IGH Institute Advisory Chair Mark Bisby , VP Research, CIHR	
	0815-0845	Introduction: Institute Advisory Board members Keynote/Plenary	Karen Messing , UQAM, CINBIOSE Ian Manion , Research Institute, Children's Hospital of Eastern Ontario	Reflect different perspectives/ substantive areas / work in team environment
	0845-1000	Plenary Session - Breakthrough Panel Invited researchers with experience working in a multi/inter-disciplinary research team	Researchers: Catherine Lazier , Dalhousie, biomedical (Pillar I) Maria New , Cornell, biomedical (Pillar I) Gillian Hawker , U of Toronto, clinical (Pillar II) Research focus includes: prostate cancer, inter-sex disorders, chronic disease and disability	Provide concrete examples of the integration of sex and gender into team health research: What are challenges? What are successful strategies?
	1000-1030	Break		
	1030-1130	Plenary Session - Breakthrough Panel Invited researchers with experience working in a multi/inter-disciplinary research team	Researchers: Helen McDuffie , U of Saskatchewan, health services (Pillar III) Sonia Anand , McMaster,	Provide concrete examples of the integration of sex and gender into team health research: What are challenges? What are

			population & public health (Pillar IV) Research focus includes: Aboriginal peoples, cultural diversity, lifespan, rural environment	successful strategies?
	1130-1230	Initial Workshop Discussion Group Focus: Introduce group members, describe research area/program and role in research	Skillful facilitators	Develop awareness of diverse group membership, meet and begin to develop rapport within group
	1230-1330	Lunch		
	1330-1530	Breakthrough Workshop Discussion Focus question: What do sex and gender represent in your area of research?	Skillful facilitators	Dialogue among researchers from diverse perspectives to promote awareness of questions, issues, variety of perspectives (language, views, implications, etc)
	1530-1600	Break		
	1600	Partner Institute welcome	John Frank , Scientific Director, Institute of Population and Public Health	
	1600-1700	Keynote Address	Carmen Sapienza , Temple University, member of Institute of Medicine Committee on Understanding the Biology of Sex and Gender Differences	Provide a vision and motivational background for the think tank
	1700-1730	Reports from Workshop Discussions Report of key themes by each discussion group		Promote sharing and synthesis of ideas Set stage for building on conceptual focus toward practical focus in Day 2
	1800	Dinner		Promote networking, discussions, idea exchange

Saturday , Mar 1	0830-1000	Workshop Discussions - "Problem"/substantive focus Focus question: What are key barriers, issues and opportunities in developing a program of gender, sex and health research?	Skillful facilitators	Dialogue among researchers from diverse perspectives to stimulate consideration of barriers, challenges, opportunities and resources/supports to integrating sex and gender in health research in particular substantive areas Incorporate particular research priorities of partner Institutes (e.g., Aboriginal health)
	1000-1030	Break		
	1030-1130	Synthesis from Workshop Discussions Report of key themes by each discussion group	Skillful synthesizers	Promote collective understanding of issues raised across various substantive areas. Promote identification of common/divergent issues and directions
	1130-1230	Plenary - International perspective on integrating sex and gender into health research	Ilona Kickbusch , School of Public Health, Yale	Set the international context for integrating sex and gender into health research from a policy perspective
	1230-1245	Gender, Sex & Health Policy Review Report	Joseph Caron	Promote awareness of national and international research funding policy issues
	1245-1345	Lunch		
	1345-1500	Workshop Discussion Focus question: What are the implications of discussions?	Skillful facilitators	Promote development toward identifying potential strategies, "solutions" in integration of sex and gender into health research
	1500-1530	Break		
	1530-1630	Presentation of Conclusions and Next Steps	Jacques Simard , Laval (research) Betsy McGregor , CIHR IGH (knowledge)	Synthesize discussions relevant to research, knowledge translation and policy

			translation) Geoffrey Oldham , UK (health policy)	
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Appendix 2: Sponsors

Institute of Gender and Health

Institute of Aboriginal Peoples' Health

Institute of Human Development, Child and
Youth Health

Institute of Aging

Institute of Population and Public Health

Institute of Circulatory and Respiratory
Health

Institute of Health Services and Policy
Research

Appendix 3: Participants

Amaratunga, Carol	Lazier, Catherine
Anand, Sonia	Lee, Jo-Anne
Anderson, Joan	Lefebvre, Yvonne
Barnfather, Alison	Lewis, Nancy
Bassett, Ken	Lippman, Abby
Beausoleil, Natalie	Lord, Linda
Béland, François	Maclean, Heather
Bentley, Sandra	Manion, Ian
Bisby, Mark	Marts, Sherry
Boivard, Victoria	Masuda, Jeff
Boscoe, Madeline	McLeod, Carolyn
Brotman, Shari	McDuffie, Helen
Camm, Megan	McGregor, Betsy
Chockalingam, Arun	McWilliam, Susan
Chow, Donna	Medves, Jennifer
Clarkson, Ron	Messing, Karen
Commanda, Laura	Mill, Judy
Corkum, Sonya	Mintzes, Barbara
Crawford, Susan	Mulay, Shree
Curtis, Lori	Nadeau, Louise
Day, Anna	New, Maria
Desfaits, Anne-Cecile	Oldham, Geoffrey
Dion Stout, Madeline	Premji, Stephanie
DiRuggiero, Erica	Pringle, Dorothy
Dixon, Lisa	Robinson, Nicholas
Elias, Brenda	Ritz, Stacey
Gahagan, Jacqueline	Robson, Elizabeth
Gray, Jean	Sapienza, Carmen
Greaves, Lorraine	Shoush, Bronwyn
Hagedorn, Kathy	Simard, Jacques
Hawker, Gillian	Spitzer, Denise
Hills, Marcia	Stephen, Alison
Johnson, Joy	Stewart, Miriam
Julien, Danielle	St. Lawrence, Natalie
Kazanjian, Arminée	St.Prix-Alexander, Deanna
Kirby, Sandra	Vissandjée, Bilkis
Kushner, Kaysi	Watson, Jonathan

Appendix 4: Keynote Presentations

Dr. Sonia Anand^{1*}

Dr. Joseph Caron*

Dr. Gillian Hawker*

Dr. Catherine Lazier*

Dr. Ian Manion*

Dr. Helen McDuffie*

Dr. Karen Messing*

Dr. Geoffrey Oldham*

Dr. Maria New

Dr. Carmen Sapienza*

Mr. Munir Sheikh*

Dr. Jacques Simard

¹ Keynote presentations whose names are marked with asterisks (*) are available upon request from the IGH.