

# Intersectionality & Knowledge Translation (KT)

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 Intersectionality Guide

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# Introduction

## Why should you use this tool?

The purpose of this tool is to inform KT intervention developers about intersectionality and how to take an intersectional approach in KT.

By applying an inclusive and equitable lens to KT interventions, you can design more effective interventions that address the complex realities of the people you work with.<sup>1,2,3,4</sup>

This tool relates to the overall **Knowledge-to-Action (KTA) Cycle**<sup>5</sup> and can be used in multiple situations (e.g., undertaking policy analysis, writing grant proposals, and conducting citizens' panels).

## What is knowledge translation?

**Knowledge translation (KT)** is the process of moving evidence into health care practice.<sup>6</sup>

**KT intervention developers** are people who create KT interventions designed to improve health care.

For example, a KT intervention developer may design a KT intervention to change how often nurses encourage patients to exercise in long-term care homes. The KT intervention may include restructuring nurses' workflow and delivering in-person education sessions.



**Please note:** Taking an intersectional approach is needed to recognize the importance of individuals' unique experiences interacting with systems and structures of power. Keep in mind that recognizing areas of advantage, disadvantage, and oppression may bring up feelings of confusion, guilt, distress, among others. It is okay to feel uncomfortable.

If you feel uncomfortable using this guide, acknowledge the moment. You are living the experience of what you ask other people to do when you ask them to step into your worldview.

## How do you take an intersectional approach to KT?

As intervention developers, we take an intersectional approach to KT by considering the dynamic nature of social identities and their interactions with social structures and systems.

You consider these social identities and their interactions at all stages of the KT process. When doing this, you think about the identities of the people designing (e.g., KT intervention developers) and receiving (e.g., clinicians) the KT intervention and those affected by the intervention (e.g., patients).

## What should you expect from this tool?

It provides background information on intersectionality, which will help you take an intersectional approach to your work. It also outlines how to consider intersectionality during each step of KT project management. In addition, it contains resources and activities you can apply to our work.

You can use this tool anytime during your project and can revisit it as often as you need to.

## Who made this tool?

This tool was collaboratively developed in an iterative fashion by an interdisciplinary team of KT scholars, KT intervention developers, intersectionality scholars, and adult education experts.

## Project limitations

See [Appendix A](#) for a tool limitation statement. This tool cannot be broadly applied to Indigenous peoples, and there may be more culturally appropriate models/theories/frameworks that are useful to consider when conducting projects that involve this population.

# Introduction

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## What is intersectionality?

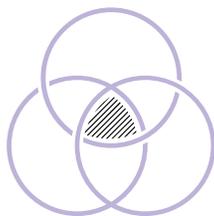
**Intersectionality\*** is a way of looking at the world that recognizes that people's experiences are shaped by a combination of social factors, including their gender, racialization, age, among others.<sup>7-13</sup> These experiences occur within and interact with connected systems and structures of power, such as sexism and racism.<sup>7-13</sup>

Taking an intersectional approach involves being inclusive and considering the unique experiences of those on your teams and in your communities.

\*Note that there are various definitions of intersectionality.\*

## History of intersectionality

For an overview of intersectionality, refer to this video (available with subtitles) from TED. **Kimberlé Crenshaw's The Urgency of Intersectionality:** <https://tinyurl.com/gs2dkny><sup>14</sup>



Kimberlé Crenshaw coined the term "intersectionality." Intersectionality is rooted in black feminist thought and the advocacy work of black feminists in the 1980s.<sup>7-10</sup>

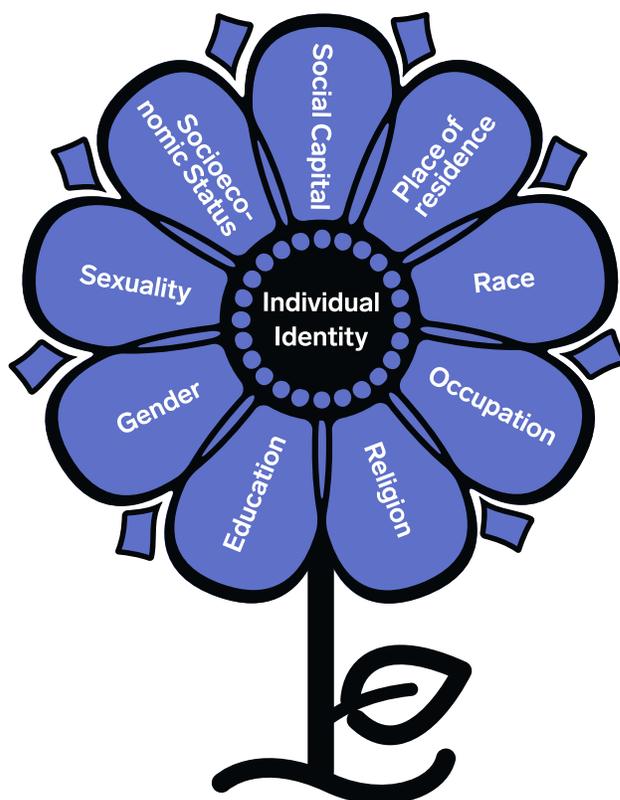
To hear about Jamia Wilson's lived experience with intersectionality, visit **Race Forward #RaceAnd: Jamia Wilson:** <https://tinyurl.com/yybfgksm><sup>15</sup>

## What are intersecting categories?

**Intersecting categories** are social categories, including age, gender identity, sex, and other aspects of one's lived experience, that interact to form one's identity (See Figure 1).<sup>2,12,13</sup> One's intersecting identities reflect larger systems of oppression/privilege (e.g., sexism, ageism).<sup>2,12,13</sup>

A person's social identities shape their experiences in the world and how they view it (including the conscious and unconscious biases they hold).

You will learn more about how to consider your biases as you start to look at the KT project management steps.



**Figure 1.** Visual representation of some intersecting categories.<sup>12,16,17</sup> The categories mentioned in this definition are not an exhaustive list.

# KT Project Management Steps

A KT project involves designing and implementing a KT strategy

## Consider your own biases

Before starting your KT project, consider the biases you may have as an individual and as a team. A bias is a preconceived judgment for or against a particular individual or group.<sup>18</sup>

A bias can be conscious or unconscious:

- Conscious bias (also known as explicit bias) is within one's conscious awareness.<sup>18</sup>
- Unconscious bias (also known as implicit bias) is beyond one's conscious awareness.<sup>18</sup>

To learn more about unconscious bias, view the **University of California, San Francisco's Office of Diversity & Research Unconscious Bias Resources:**

<https://tinyurl.com/y5bjazb7><sup>18</sup>

Review the 5 key steps of KT project management to the right and reflect on how your biases will impact the KT project.



“Taking an intersectional approach doesn’t mean that your activities include everyone, can overcome every obstacle, and accommodate every possible situation. It means you are aware of the gaps, ensuring that your work and practices are not creating obstacles and that you are working towards fair and equitable opportunities for everyone.”<sup>19</sup>

- Multicultural Centre for Women’s Health, 2017

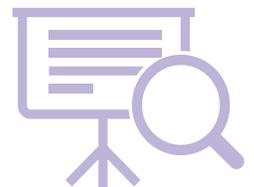
## 01 Initiation

- Define the KT project.
- Set expectations for participating in the KT project.



## 02 Planning

- Create schedules, task lists, resource lists, and a budget.



## 03 Execution

- Implement the KT project plan.



## 04 Monitoring

- Evaluate whether the execution is aligned with the KT project plan.



## 05 Close

- Reach the KT project goal.



# 01 Initiation

Define the KT project and set expectations for participating in the project

## Setting up our team

Reflect on and recognize how your values, experiences, knowledge, and social identities may influence your work.<sup>9</sup> (See [Appendices](#) for examples of different activities to consider using.)

This reflection may make you feel uncomfortable. That is OK.

- Feeling uncomfortable (e.g., feeling uneasy when you are confronted with stereotypes about a group) is not the same as feeling unsafe (e.g., feeling that your well-being is threatened).
- If a person feels unsafe, follow your organization's protocol and relevant legislation (e.g., Ontario's *Occupational Health and Safety Act*).

Encourage team members to reflect, but do not require members to disclose their responses.

- Members may identify with a number of marginalized identities; they may feel pressure to speak or fear being tokenized.<sup>13</sup>

Reflect on power dynamics that may exist on the team. Remember that power is relational and includes experiences of power over others and with others (working together).<sup>20</sup>

- For an in-depth discussion on power and its central role in intersectional analysis, see **Hankivsky, O., & Cormier, R. Intersectionality: Moving Women's Health Research and Policy Forward:** <https://tinyurl.com/y47827xl><sup>21</sup>

Prioritize, include, and respect the voices of those who experience and are impacted by the KT intervention.<sup>13,22</sup>

Ask team members how they want to be involved in the project. Be flexible in meeting their needs, desires, and ways of participating.

Celebrate each team member's different skills; do not assume each member will contribute identically.<sup>19</sup>

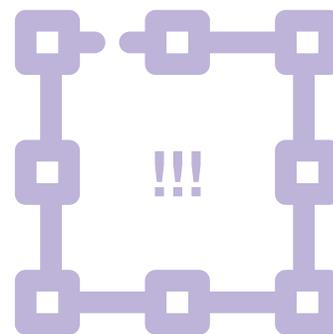
- For example, encourage team members to share their ideas through different means including visual art and poetry.



Do not assume you know team members' social identities.

Consider how your organization's policies, practices, or procedures could create advantages or disadvantages to participating in the project based on someone's intersecting categories.<sup>2</sup>

Establish how decision-making will occur. Does the process let all voices have a say?<sup>19</sup>



Create a 'safe space' for project team members to engage.<sup>23</sup>

- Consider **Lynn Weber's (1990) Guidelines for Discussion:** <https://tinyurl.com/y34gx9mr><sup>24</sup>
- Respect team members' requests for confidentiality.

# 01 Initiation

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## Accessibility

Ask team members if they require any accommodations to participate.

- In advance, inform funders that accessibility resources are important to the project. Include them in estimations
- In communications, include comments such as “if you require accommodations of any sort in order to participate in these activities, please contact \_\_\_\_.”
- Do not assume what accommodations a person needs; provide an active offer for team members to come to you with accommodations requests.
  - Collaboratively craft communication norms (e.g., agree to spell out acronyms in each project document).
- Collaboratively develop a project vision statement that reflects an intersectional approach.<sup>13</sup>

**To help plan all communications and events with accessibility and inclusivity in mind, use these resources:**

**CRIAW Diversity Through Inclusive Practice: An Evolving Toolkit for Creating Inclusive Processes, Spaces & Events:**

<https://tinyurl.com/y3rmkqtg><sup>25</sup>

**Ontario Council of University Libraries Accessibility Information Toolkit for Libraries:**

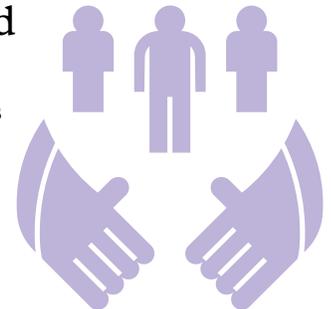
<https://tinyurl.com/y3ry25a><sup>26</sup>

**Ryerson University Hosting Accessible Events or Meetings:**

<https://tinyurl.com/y27texys><sup>27</sup>

## Work to establish and nurture trust.<sup>19,28</sup>

These suggestions apply across different project management steps:



Approach your interactions with others genuinely. Show curiosity and compassion.

Do not be afraid of difficult self-reflections or discussions.

Lead by example.

Trust your team members and assume everyone is doing their best.

Be consistent and predictable.

Honour your commitments.

Communicate honestly, openly, and often.

Encourage questions.

Explore shared experiences.

Involve all individuals in a meaningful way (avoid tokenism). Do not expect individuals to speak on behalf of the groups they identify with.

Be flexible.

Think long term. Building trust takes time; expect to put in time to build trust.

Consider how the problem is being framed. Each problem can be viewed from many perspectives. Be open to changing how you and the team frame the problem.<sup>13,29</sup>

## 02 Planning

Create schedules, task lists, resource lists, and a budget

### Support our team members

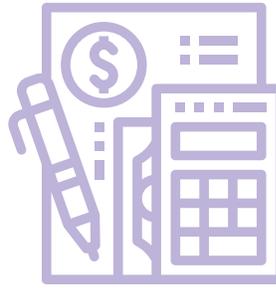


Where possible, allow for flexible working conditions (e.g., hold online meetings, provide flexible hours for project work).

- Plan to remunerate team members for their contributions (e.g., cash, gift cards).<sup>19</sup>
- Provide access to supports for members' participation (e.g., interpreters, caregivers).<sup>19</sup>
- Consider the living wage for the community we work in. A living wage is the "hourly wage a worker needs to earn to cover their basic expenses and participate in their community."<sup>30</sup>

For example, the living wage in Toronto, Ontario in November 2019 was \$22.08.<sup>30</sup>

Be particularly attentive to the needs of low-income participants. Consider offering bus tickets, parking, taxi fares, childcare, or other supports to make it easier for everyone to participate.



Note that remuneration can be complex. Consider the following resources when deciding on compensation:

**BC Centre for Disease Control. Peer payment standards:**

<https://tinyurl.com/yyuwdjku><sup>31</sup>

**Canadian AIDS Society Peerology. A guide by and for people who use drugs on how to get involved:**

<https://tinyurl.com/y7levkhy><sup>32</sup>

**Strategy for Patient-Oriented Research. Considerations when paying patient partners in research:**

<https://tinyurl.com/y6jvlt5><sup>33</sup>

**CARFAC-RAAV. Minimum Recommended Fee Schedule:**

<https://tinyurl.com/yxoamchg><sup>34</sup>

Add accessibility needs into budget planning and explore alternative opportunities for funding accessibility needs

Be mindful of the resources available for the project when selecting compensation and participant supports. Remember that it is reasonable to run a project with limited scope.<sup>29</sup>

## 03 Execution

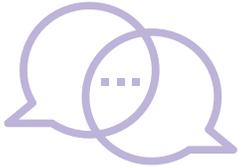
### Implement the KT project plan

#### Consider intersectionality when implementing the plan

Collect data in multiple formats that are accessible to project participants (e.g., participants can complete surveys on paper, online, over the phone).<sup>23</sup>



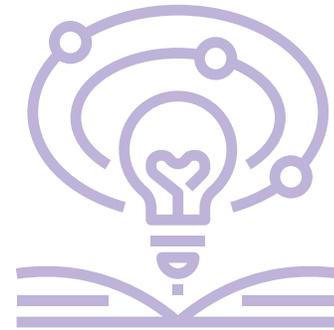
Use sample sizes large enough to capture the multiple intersecting categories relevant to the project.<sup>23</sup>



Investigate different ways of disaggregating data to understand how intersecting categories impact/ are impacted by the problem.<sup>23</sup>

Determine which intersecting categories are most important to both the project and implementation context and why.<sup>11</sup>

Collect data on multiple system levels (micro: individual; meso: regional or provincial; macro: national/ international).<sup>13, 23</sup> Reflect on how these levels interact.



Provide team members with resources on approaches to intersectionality in data analysis (e.g., Gender Based Analysis+<sup>23</sup>)

Support team members by letting them contribute in ways that work for them.<sup>29</sup>

- For example, if a team member prefers to provide feedback on materials verbally instead of via email, get their feedback by phone.

Ensure that workload is fairly distributed based on team members' identified needs and preferences.

## 04 Monitoring

Evaluate whether the execution is aligned with the KT project plan

Establish baseline indicators to measure involvement and effectiveness of the project team. Assess these indicators for different groups of people on the study team.<sup>11,23</sup> For example, ask patient partners if they feel they are participating in ways they want to. If not, why not?

For more information on engagement, visit these resources:

- **Arthritis Research Canada's Patient Engagement in Research (PEIR) Plan:**  
<https://tinyurl.com/yyrugmc5><sup>35</sup>
- **Deverka et al.'s Model for Effective Engagement:**  
<https://tinyurl.com/y5ojc8nm><sup>36</sup>

Obtain feedback from team members and project participants on whether current project management is meeting their needs.<sup>11</sup> Ask for suggestions for improvement.

Acknowledge the gaps in the project's reach.<sup>19</sup> If not all project partners were able to participate, why not? For example, single parents may not have been able to participate because the project was not able to fund and arrange childcare.

Consider intersectionality when monitoring and evaluating implementation:

- Contextualize findings in relation to forms of oppression and power structures.<sup>11</sup>  
For more on power, visit: **Hankivsky, O., & Cormier, R. Intersectionality: Moving Women's Health Research and Policy Forward:** <https://tinyurl.com/y47827xl><sup>21</sup>
- Avoid large group categorizations that may miss intra group differences.<sup>11</sup> Balance the need to report disaggregated results with the need to ensure participant anonymity.



Be mindful of how similarities and differences are recognized in project results. Do not assume that findings are applicable or essential to everyone, and do not ignore historical and current patterns of inequality.<sup>11</sup> For example, do not assume that the results from the women in the project reflect all women. How might women's different intersecting categories (e.g., immigration status, education) impact the study results and your contextualization of the results?

## 05 Close

### Reach the KT project goal

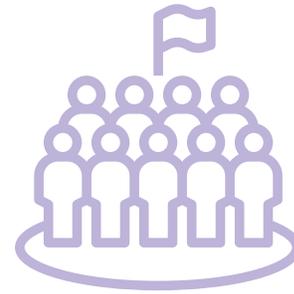


Reflect on and discuss successes and lessons learned with the project team. Share these insights across other projects.

- Think about (1) what worked and why, (2) what did not work and why, (3) what could have been done differently, and (4) what adjustments and changes are required now.<sup>37</sup>
- Review project and organizational policies and incorporate insights.<sup>11,23</sup>

Credit all project participants for their contributions.

Disseminate results through multiple means.<sup>11</sup> Tailor dissemination formats to relevant audiences through such means as media, art, music, storytelling, and community feasts.<sup>11</sup>



Think about shared goals and ideas for future projects with project partners. As you have already laid the groundwork for working together, reflect on how you can continue your positive working relationships with stakeholders.



“Our social locations are not fixed. They depend on the specific situations and settings in which we find ourselves: our political and historical contexts, as well as the forces that govern our behaviour and operate around us such as laws, policies, institutions and media. Our social locations arise from a constellation of many co-operating factors and interactions of power and discrimination.”<sup>19</sup>

- Multicultural Centre for Women’s Health, 2017

# Applying Intersectionality:

Activities to complete individually and/or with the project team

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The next section provides an overview of the activities that you can complete individually or as a team. Before you look at the activities available, there are guidelines you need to consider to take an intersectional approach to your work.

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When leading and participating in the activities highlighted on the next page, consult, adapt, and apply Weber's (1990) discussion guidelines.<sup>24</sup>

Share the following guidelines with your team:

Acknowledge that racism, classism, sexism, heterosexism, and other institutionalized forms of oppression exist.

Acknowledge that we are all systematically taught misinformation about our own group and members of other groups. This is true for everyone, regardless of our group(s).

Assume that both the people you study and the members of the team always do the best they can.

Agree not to blame yourselves or others for the misinformation we have learned but to accept responsibility for not repeating misinformation once we have learned otherwise.

- Recall that feeling uncomfortable (e.g., feeling uneasy when you are confronted with stereotypes about a group) is not the same as feeling unsafe (e.g., feeling that your well-being is threatened).
- If you or a team member feels unsafe, follow your organization's protocol and relevant legislation (e.g., Ontario's Occupational Health and Safety Act).

For see more on how to understand unique and shared experiences of others, visit: **TV 2 Danmark**

**All That We Share:** <https://tinyurl.com/hlgg3qk><sup>38</sup>

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Actively explore stories about people in your own group and in others

Share information about our groups with other team members and never demean, devalue, or "put down" people because of their experiences.

Agree to actively combat myths and stereotypes about your own groups and other groups so we can break down the walls that prohibit group cooperation and group gain.

If possible, refer team members who ask for additional support to your organization's Employee Assistance Program.

Consider other logistics before starting the activities (e.g., rules of engagement, confidentiality, privacy, informing others about what to expect, reinforcing safe spaces)

**How can a project facilitator support conducting the activity?**

Ideally, appoint an activity facilitator who has experience/expertise with discussions on intersectionality, privilege, and oppression.

Contact your organization's Diversity, Equity, and Inclusion Office (or similar) for suggestions.

**What response(s) may the activity elicit?**

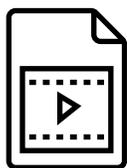
Recognizing areas of advantage or disadvantage may bring up feelings of confusion, guilt, distress, and pride among others.

| Appendix   | Time commitment   | Purpose  | Who completes the activity?  |
|--|-------------------|--|--|
| <p><b>Consider Your Own Diversity: Intersectionality Wheel</b><br/>(See Appendix B)</p> <p>KT Project Management<br/>Step 01: Initiation</p> | <p>15 minutes</p> | <p>To help individuals explore areas where they experience advantages and/or disadvantages in their lives.</p>   | <p>Individuals. Do not force team members to disclose their responses.</p> |
| <p><b>Critical Self-Reflexive Practice</b><br/>(See Appendix C)</p> <p>KT Project Management<br/>Step 01: Initiation</p>                     | <p>30 minutes</p> | <p>To help individuals pay attention to power through critical self-reflective practice. To help team members collaboratively become more aware of power and seize opportunities to challenge assumptions and renegotiate power.</p> | <p>Individuals, who engage in group discussions with the project team.</p> |
| <p><b>Small Group Exercise: Considering Barriers to Health</b><br/>(See Appendix D)</p> <p>KT Project Management<br/>Step 01: Initiation</p> | <p>1.5 hours</p>  | <p>To help team members recognize how various categories intersect and have compounded impacts.</p>  | <p>Project team</p>  |

# Intersectionality Resources

These resources supplement other resources embedded in the Guide.

## More information on intersectionality



An animated video teaching the basics of intersectionality through different stories.

**Teaching Tolerance. Intersectionality 101:**  
<https://tinyurl.com/y7kwvj6w><sup>39</sup>



Provides useful tools to use during workshops that focus on intersectionality.

**Rainbow Health Network. Training for Change: Practical Tools for Intersectional Workshops:**  
<https://tinyurl.com/yyvrgvhm><sup>40</sup>



A primer providing intersectional perspectives on health research and policy related to the context of women's health.

**Hankivsky, O., & Cormier, R. Moving Women's Health Research and Policy Forward:**  
<https://tinyurl.com/y47827xl><sup>21</sup>

## Tools / Courses / Guides



A plain language guide, focusing on how understanding social problems can be altered through applying intersectionality.

**Olena Hankivsky. Intersectionality 101:**  
<https://tinyurl.com/y485633k><sup>13</sup>



Provides an introductory course on the process of Gender Based Analysis Plus (GBA+), where participants "assess how diverse groups of women, men and non-binary people may experience policies, programs, and initiatives".

**Department for Women and Gender Equality Gender Based Analysis Plus Course:**  
<https://tinyurl.com/y4n4zaca><sup>23</sup>



A guide for minimizing harm to the individuals impacted by the policies and practices developed.

**Government of Canada: Trauma and violence-informed approaches to policy and practice:**  
<https://tinyurl.com/y64n39z6><sup>41</sup>

## Important considerations



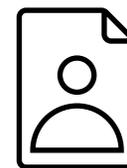
A newsletter focusing on the topic of intersectionality while highlighting "relevant information (e.g., resources), research, and promising practices".

**The Learning Network. Intersectionality Newsletter:**  
<https://tinyurl.com/yxwhdcat><sup>11</sup>



A practical guide for both individuals and organizations who are seeking to learn more about intersectionality.

**The International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth & Student Organisation. Intersectionality Toolkit :**  
<https://tinyurl.com/y2sga6c7><sup>42</sup>



Tips for using language that place people first rather than adding more stigma with stereotypes and assumptions.

**Youth Mental Health Canada. People First Language:**  
<https://tinyurl.com/y4saads8><sup>43</sup>

# Key Terms

The definitions below provide the vocabulary needed to take an intersectional approach with your work. There are a range of definitions possible for these terms, and these definitions will change over time. Be sure to reflect with your team and community partners on the definition(s) your team will use.

**Accessibility:** Accessibility involves removing the barriers faced by individuals with a variety of disabilities (which can include but are not limited to physical, sensory, cognitive, learning, and mental health disabilities) and the barriers (e.g., people's attitudes, system-level barriers) that impede an individual's ability to fully participate in social, cultural, political, and economic life.<sup>2</sup>

**Class:** A person or group's real or perceived economic status or background.<sup>44</sup>

**Disability:** The UN Convention definition of people with disabilities states that "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."<sup>45</sup>

**Equity:** Each individual is given different supports so they have equal access to opportunities.<sup>46</sup>

**Equality:** Equal conditions for realizing opportunities. For more on equal treatment, equity, and equality, please see **Department for Women and Gender Equality (2018) GBA+: Equality or Equity?** <https://tinyurl.com/y3onf5gr><sup>23</sup>

**Ethnicity:** Ethnicity is a socially constructed concept that encompasses an individual's cultural associations. This typically includes shared ancestry and/or geographic origins with common languages, cultural traditions, and cultural symbols, including but not limited to values and norms, religion, and diet.<sup>17,47</sup>

**Gender:** The Canadian Institute of Health Research (CIHR) defines gender as "the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender is usually conceptualized as a binary (girl/woman and boy/man) yet there is considerable diversity in how individuals and groups understand, experience, and express it."<sup>48</sup>

For more on gender, please visit The 519 Glossary of Terms: <https://tinyurl.com/y4l5kzol><sup>49</sup>

**Impairment:** A change in a person's physical or psychological function. The World Health Organization (WHO) emphasizes how the impairments, activity limitations, and participation restrictions that can encompass disability are a product of the interaction between an individual's body and the social and environmental barriers that exist within the society where an individual is positioned.<sup>45,50</sup>

**Intersectionality:** Intersectionality is a way of looking at the world that recognizes that human beings' experiences are shaped by a combination of social factors, including their ethnicity, gender, and age among others. These experiences occur within and interact with a context of connected systems and structures of power (e.g., laws, media).<sup>7-13</sup> These layered systems include micro (individual), meso (organizational), and macro (national/international) levels.<sup>13</sup>

**Intersectional approach in knowledge translation (KT):** An intersectional approach to doing KT considers the dynamic nature of social identities and their interactions with social structures and systems. We consider these social identities and their interactions at all stages of the KT process. When doing this, we think about the identities of the people designing (e.g., KT intervention developers) and receiving (e.g., clinicians) the KT intervention and those affected by the intervention (e.g., patients). For example, we might explore how a young nurse who works as a KT intervention developer, identifies as non-binary and as a member of an ethnic minority group, and speaks English as an additional language may have unique barriers to working with mainly older white male doctors in leadership positions. Accordingly, she may implement an intervention differently than older white male doctors in leadership positions would.

# Key Terms

...key terms

**Oppression:** When a social group is systematically denied access or resources based on their membership in a social group that is generally a targeted or oppressed group.<sup>51</sup>

**Privilege:** The unearned advantages that individuals benefit from by identifying or being born into certain groups.<sup>52,53</sup> Members of privileged groups typically do not recognize their advantages and instead view them as the way things simply are, leading to a normalization of privilege along with silence and denial about its influence on oppression.<sup>53,54</sup>

**Racialization:** Race has historically been viewed as a biological construct, representative of genetic similarities between groups from similar ancestries and geographic origins. However, the existence of distinguishable genetic differences between groups has been widely refuted, leading to a shift from race being viewed as a biological construct to race being viewed as a social-political construct where groups from similar ancestral and geographic backgrounds are grouped based on phenotypic genetic expression.<sup>17,47</sup>

**Sex:** The Canadian Institute of Health Research (CIHR) defines sex as “a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.”<sup>48</sup>

**Sexual Orientation:** The 519 defines sexual orientation as “The direction of one’s sexual interest or attraction. It is a personal characteristic that forms part of who you are. It covers the range of human sexuality from lesbian and gay, to bisexual and straight.”<sup>49</sup>

**Stakeholders:** Residents or groups who use or are affected by policies and procedures.<sup>2</sup> Other terms used to describe stakeholders can include but are not limited to partners, collaborators, allies, and contributors.

**Stereotypes:** Assumptions that all people in a particular group are the same without considering individual differences. Stereotypes are often based on misconceptions or incomplete information.<sup>2</sup>

**Stigma:** The Canadian Mental Health Association views stigma as “the negative stereotype and discrimination is the behaviour that results from this negative stereotype. For example, a woman with a mental illness may experience discrimination due to both sexism and her illness, and a racialized individual may experience discrimination due to both racism and their mental illness. In addition, living with discrimination can have a negative impact on mental health.”<sup>55</sup>

**Tokenism:** The practice of making perfunctory or symbolic efforts to engage communities, patients, citizens, or members of other groups in an activity, especially by recruiting a small number of people from underrepresented groups to give the appearance of equality.<sup>56</sup>

**Trauma:** The Centre for Addiction and Mental Health defines trauma as “the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person’s sense of safety, sense of self, and ability to regulate emotions and navigate relationships. Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness and intense fear.”<sup>57</sup>

# Key Terms

The words we use matter.

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Part of taking an intersectional approach is being aware of the language we are using.

The above list is not an exhaustive list of key terms, and key terms and definitions may change over time. Review other living glossaries, such as the following:

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Ontario Human Rights Commission Appendix 1: Glossary of human rights terms: <https://tinyurl.com/y4bsaasm><sup>58</sup>

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Learning Network Terminology: <https://tinyurl.com/yydtqv3u><sup>44</sup>

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The 519 Glossary of Terms: <https://tinyurl.com/y4l5kzol><sup>49</sup>

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# Appendix A: Project Limitations

We acknowledge that the work of our Canadian Institutes of Health (CIHR)-funded team grant was conducted on unceded lands that were the traditional territories of many people, including the Algonquin, Cree, Dakota, Dene, Huron-Wendat, Mississaugas of the Credit River, and the Musqueam Peoples, and on the homeland of the Métis Nation. We acknowledge the harms of the past and the harms that are ongoing. We are grateful for the generous opportunities to conduct work on these lands.

In 2017, the CIHR launched an opportunity for team grants in gender and KT. This opportunity (sponsored by the Institute of Gender and Health) was developed to recognize that the field of KT had yet to thoughtfully integrate gender into its research agenda. The objectives of the CIHR team grant competition were to generate evidence about whether applying sex- and gender-based analysis to KT interventions involving human participants improves effectiveness, thereby contributing to improved health outcomes; contribute to a broader knowledge base on how to effectively and appropriately integrate gender into KT interventions; and facilitate the consideration and development of gender-transformative approaches in KT interventions.

In response to this call, we submitted a grant aimed at helping KT intervention developers use an intersectional approach when designing and implementing interventions to address the needs of older adults. We received feedback from the CIHR peer review committee that substantial concern was raised about our focus on intersectionality. In particular, the Scientific Officer's notes described that the focus on intersectionality would dilute the focus on gender and needed to be reconsidered. A meeting was subsequently held with the successfully funded team and this issue was raised again. We acknowledge the limitation that our intersectional approach comes at the expense of a minimized focus on gender. However, because intersecting categories, such as gender and age, are experienced together, we ultimately elected to use an intersectional approach as it encapsulates the lived experience of those we aim to impact.

A more significant limitation of our work is that we did not include First Nations, Inuit, and Métis community members in the grant proposal. As such, their needs and perspectives were not included in the research grant and, consequently, funded activities. Our team did not have established relationships or expertise in this area and as such, we felt

it was inappropriate for our team to work on a grant in this area.

We strongly believe that consideration of gender and KT for Indigenous peoples should be a primary focus of a distinct team grant.

There are established best practices for community engagement with First Nations, Inuit, and Métis Peoples that begin with principles of collaboration, which take time to develop and must not be tokenistic. The principles for collaboration should ensure authentic engagement, shared respect, trust, and commitment to ensure long-term, mutually empowered relationships. These principles should also ensure that the research-related priorities meet the needs, perspectives, and expectations of the First Nations, Inuit, and Métis Peoples. Indigenous peoples have a long history of conducting research, and this tradition continues today with many Indigenous healers and scholars leading research in various areas. Indeed, there are many Indigenous scholars working in the KT field.

Because the team's work did not include First Nations, Inuit, and Métis Peoples and involve adhering to the principles that guide their engagement in research, the needs and considerations of these Peoples were not included in the work conducted in this team grant. As such, anyone who is considering using the outputs of this team grant needs to know that **they cannot be broadly applied to these Peoples and there may be other more culturally appropriate models/theories/frameworks that are useful to consider**. Similarly, because this research focused on older adults (and in particular, chronic disease management in older adults) **it does not apply to children and youth**.

We believe that any KT intervention work needs to begin with engaging the appropriate community and is only applicable when those communities are engaged throughout the research enterprise. Moreover, intersectionality involves deep immersion in the lived experiences and priorities of those communities. As a result, KT work requires immersive work with various populations and not just key informants to ensure the work meets the needs of the relevant populations.

*We thank and acknowledge Dr. Lisa Richardson, Co-Lead, Indigenous Health Education, Faculty of Medicine, University of Toronto, for her time and expertise in reviewing this statement.*

# Appendix B: Activity - Consider Your Own Diversity<sup>59</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

## What is the purpose of the activity?

To help individuals explore areas where they experience advantages and/or disadvantages in their lives. Do not force team members to disclose their responses.

### Consider your own diversity:

Use the wheel diagram (below) to explore areas where you have experienced advantage or disadvantage in your life.

**Circle** the factors that bring you **ADVANTAGE**

**Underline** the factors that bring you **DISADVANTAGE**

In some cases it may be both!

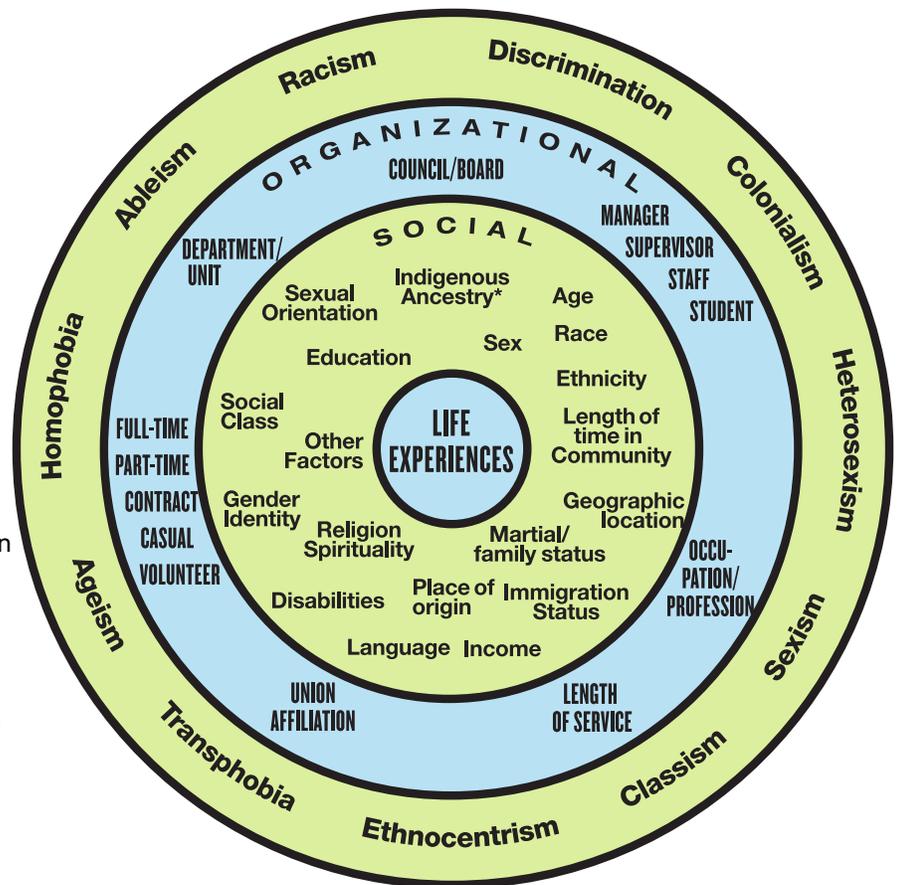
**The inner circle** contains social factors that influence the extent to which we experience advantages or disadvantages in our lives. It is the intersection of these factors that influences the way we experience life in our municipality. These factors include sexual orientation, Indigenous ancestry, age, social class, education, sex, race and ethnicity, length of time in the community, gender identity, religion and spirituality, place of origin, marital or family status, geographical location, disabilities, language, income, immigration status, and other factors.

**The middle circle** contains positions or statuses we may fill within the organizations that carry varying amounts of power and influence. It is often the intersection of these positions, statuses, and social factors that determine our opportunities. These might include being a council or board member; being a manager/supervisor/staff member/student; type of occupation/ profession; length of service; union affiliation; department/ unit; and whether you are full-time, part-time, contract, casual, or volunteer employee.

**The outer circle** contains the ways in which people are discriminated against. Most of us experience more than one form of discrimination. These factors interact with wider social forces, such as history and the legacies of colonialism, patriarchy, economic exploitation, level of education, inaccessible legal systems, and racist immigration policies. Some forms of discrimination include ableism, racism, heterosexism, sexism, classism, ethnocentrism, transphobia, ageism, and homophobia.

*\*Please see Appendix A for our project limitations.\**

**Intersectionality Wheel Diagram**



# Appendix C: Activity - Self-Reflexive Practice Questions<sup>60</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

## What is the purpose of the activity?

- To help individuals pay attention to power through critical self-reflective practice.
- To help team members work collaboratively to become more aware of power and take advantage of opportunities to challenge assumptions and renegotiate power.

## Questions for the KT project team

- 1. What are my personal values, experiences, interests, beliefs, and political commitments in the area of health we will be researching?**
- 2. How do these personal experiences relate to social and structural locations** (e.g., gender identity, race, ethnicity, indigeneity, socioeconomic status, sexuality, gender expression, age, sexual orientation, immigrant status, religion) **and processes of oppression** (e.g., patriarchy, colonialism, capitalism, racism, heterosexism, ableism) **in the area of health we will be researching?**
- 3. What are my personal values, assumptions, perspectives, and experiences related to people living with the health condition(s) or issue(s) we will be researching?**
- 4. From your perspective, what current health inequities** (i.e., avoidable and unjust inequalities in health between and within groups of people) **exist related to the area of health we will be researching?**
- 5. How do you think people with lived experience in this area of health would prefer to be involved in research and why?** What types of challenges would need to be addressed to make it easier for people living with this health condition or issue and their families and communities to become involved in research?
- 6. Working together, how can we become more aware of and take advantage of opportunities where we can challenge each other's ideas and renegotiate power within our project team?** What does building resilience look like, feel like, and sound like to you?
- 7. How do you think the issue of trauma may impact the area of health we will be researching?** (Remember to think about it both on the level of violence within relationships and on the larger level of colonialism, racism, sexism, homophobia, capitalism, ableism, etc.)
- 8. What do you think are some of the ways in which we can make sure everyone feels safe when working together on this research project?** What does physical safety mean to you? Look like to you? Feel like to you? What does emotional/psychological safety mean to you? Look like to you? Feel like to you? What are some of the best ways we can work together to address trauma? (This will be discussed in the practice section too.)

# Appendix D: Group Activity<sup>40</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

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## Small Group Exercise Barriers to Health

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### What is the purpose of the activity?

To help individuals pay attention to power through critical self-reflective practice. To help team members work collaboratively to become more aware of power and take advantage of opportunities to challenge assumptions and renegotiate power.

Time to complete: 10 to 15 minutes,  
plus 20 minutes to debrief

#### Preparation:

- If desired, review the terms and glossaries outlined in the “Key Terms” section of this guide to be sure you are familiar with the terms used in the activity.
- Retrieve copies of the “[Patient Profiles](#)” (see [Handout 1 below](#)). Distribute one copy to each small group.
- Provide one clinic intake form per group. (If your organization does not use intake forms, consider another type of commonly used form or tool [e.g., survey or interview guide].)
- Create copies of the “[Reflection Directions](#)” handout (see [Handout 2 below](#)) and distribute one to each person.

#### Set up:

Arrange participants into small groups of up to five members each, depending on the size of the group. Hand out copies of the Reflection Directions exercise. Give participants a moment to look at the questions.

Preface the exercise by saying “We are looking at the ways in which our organization may inadvertently create barriers for older adults in our community. But keep in mind that members of the older adult community come from every other community. So as you engage in this exercise, feel free to point out barriers to other groups because the first thing we know about an older adult might not be their (dis)abilities.”

Give each group a clinic intake form (or other organizational form or tool). Direct everyone’s attention to the instructions on the Barriers to Health handout. Read the instructions aloud. Tell the group they have 5 minutes to look at their intake form (or other organizational form or tool) and answer the questions on the sheet.

Hand out the Patient Profiles and explain that this is a brief outline about a service user or stakeholder who has just come in to meet you for the first time. Have them examine the intake form (or other organizational form or tool) again with this person in mind and consider if they notice any new issues.

*Give the group an additional 5 minutes to wrap up.*

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# Appendix D: Activity - Group Activity<sup>40</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

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**Small Group Exercise  
Barriers to Health**

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## Handout 1

### Patient Profiles

**Trevor:** Hearing impaired, Black, 70, in a relationship with a woman, also has sex with men, comes to community health centre with a sore throat.

**Anita:** Trans woman, 65, wheelchair user, hearing loss, long-term female partner, attends women's group for survivors of domestic violence, comes to community health centre with a broken arm.

**Raymond:** Straight, white, trans man, mid-60s, long-term committed relationship with a woman, doesn't associate with LGBTI community, not visibly transgender, comes to community health centre for incontinence and referral for a mobility aid.

**JC:** Filipina, 40s, lesbian, single mother of two, caring for aging parent with dementia, comes to parenting group for families with children under 6.

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# Appendix D: Activity - Group Activity<sup>40</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

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## Small Group Exercise Barriers to Health

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### Handout 2

#### Reflection Directions

Imagine you work for a broad-based health agency that provides a number of health and wellness services to a diverse community. The organization collects crucial information at each point of access to allow them to provide more holistic services. Critically examine the intake form samples (or a form or tool that your organization uses), and then answer these questions as a small group.

Take note of how language is used and also what language is not used.

Can you identify any barriers to health care access that might be present?

What social identity group(s) might be marginalized from a service that uses this form?

Look at your patient profile. Can you identify any reasons/issues that may prevent this client from comfortably accessing the service?

Look at your form again. Do you notice any new/different areas that may be barriers for this individual?

What form could that marginalization take?

What is the impact of these barriers on the following:

- a) The client's physical health?
- b) The client's mental health/well-being?
- c) The client's relationship with your organization?
- d) The client's relationship with the service provider?

# Appendix D: Activity - Group Activity<sup>40</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

**Please note that the common responses to this exercise below will vary based on the specific intake forms (or organizational forms or tools) being used.**

**Ask the group: “What things stood out immediately or seemed glaring?”**

### **Common Responses for Patient Profiles:**

- Intake form is written in English and on paper – marginalizes the blind community; the deaf community (whose first language might be American Sign Language [ASL]); and people who are not functionally literate, including non-English speakers and possibly English as a Second Language (ESL) speakers/newcomers.
- “Male” and “female” checkboxes only.
- Health cards necessary.
- Checkboxes for race/ethnicity, which are not usually representative/inclusive.
- Sexual orientation information not elicited.
- Sexual behaviour information not elicited.
- Privacy not available in waiting room/area while people are filling out very sensitive information.

**Ask what other barriers became evident after looking at the patient profiles.**

### **Trevor:**

- An assumption that older adults are not sexually active may lead health care providers to ask Trevor different questions than they would ask a younger person.
- Because client identifies as straight, health care providers may not inquire about same-sex activities/relationships.
- Client is Black and may be assumed to be straight and cis-gender as a result of the tendency to equate queer identities/behaviours with whiteness/White culture.

- If intake forms do not elicit sexual behaviour information, person might feel awkward about bringing it up face-to-face or may feel judged if they do.
- Trevor may be misdiagnosed if the service provider (a) doesn't know that he engages in same-sex sexual activities or assumes that his sexual behaviours are heterosexual encounters and (b) isn't aware of health risks for men who have sex with men.
- This may lead to everything from a worsening of his condition to being prescribed and taking the wrong medication, which might have other effects on his physical health.
- Trevor would most likely search for a new health care provider.

### **Anita:**

- Participants may comment on the level of physical accessibility of their organization; many buildings that can be accessed by wheelchair users do not have accessible washrooms or have other barriers inside the locations. These barriers may include internal doors without accessible buttons, bathroom fixtures that are out of reach, etc.
- Anita may be assumed to be straight because there are notions that (a) abuse does not happen in same-sex relationships and (b) people with disabilities are not sexual, and if they are, they somehow cannot be queer.
- Anita may be assumed to be cis-gender.
- Language use/climate in the group may prevent her from identifying as trans in this setting and may make her feel left out; no accommodations in group for those with hearing difficulties.
- Unable/unwilling to come out in the environment, which will impact the benefit that the program will have for her.
- She may stop attending if she feels she cannot be open about her relationships in a space designed for healing from bad relationships.

# Appendix D: Activity - Group Activity<sup>40</sup>

**\*\*Please note that the original reference activity has been modified for the purposes of this guide\*\***

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## **Raymond:**

- Because Raymond is not visibly transgender, he will be assumed to be cis-gender, especially if forms have options for sexual orientation but only M/F for gender/sex (as many do). That is, because he's straight, people may assume that he cannot be trans if they confuse gender and sexual identity/behaviour.
- Cis-gender identity may be reinforced once he reveals that he has a female partner, again because people do not often understand that gender identity and sexual orientation are different.
- Service providers may assume that biology is behind his incontinence.
- Service providers may incorrectly prioritize discussions around incontinence and forget to write the referral for the mobility aid. This requires Raymond to keep reminding the service provider that he has multiple needs.
- Some organizations may refuse to provide the service due to lack of training, information, or fear. Alternatively, they may turn this procedure into a training exercise for all of their staff, impacting on level of service, right to privacy, and dignity of the client.
- If any of these events occurred, Raymond could rightfully choose to file a complaint under the organization's anti-discrimination policy or even a human rights complaint if a satisfactory resolution is not reached.

## **JC:**

- JC may be assumed to be straight because she has children and/or because she is from a non-White background.
- Because sexual orientation is assumed to be fixed, people may assume that she is not the biological mother of the kids because she has never had sex with a man or that she had children through a sperm donor.
- People may assume that she has a poor relationship with her parents because of her sexual orientation. Therefore, they may assume that she is not responsible for the care of her parents.
- Other people may assume she was previously married and came out after having children with her husband.
- If people realize that she is a lesbian, service providers or other parents may express open disapproval of her attending the location with her children.
- Some parents may go so far as to want their children isolated from her/hers.
- If the children pick up on the adults' sentiments, JC's kids could get bullied or teased at school or daycare.
- JC may not see herself and her family reflected in the materials if only items/curricula depicting hetero-normative families are displayed. The materials also do not speak about multigenerational caregiving duties (i.e., JC is responsible for both her children and her parent).

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