# Intersectionality & Knowledge Translation (KT)

## Reflection Workbook

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# Introduction

Summary of background on the reflection workbook

## Who is this workbook for?

This workbook is for knowledge translation (KT) intervention developers. KT is the process of moving evidence into health care practice.[1] KT intervention developers are people who create KT interventions designed to improve health care.

For example, an intervention developer may design a KT intervention to encourage physiotherapists to use a patient physical activity program. The KT intervention may include restructuring physiotherapists' workflow and delivering in-person education sessions.

KT intervention developers come from many different fields. To design more effective interventions, they can take an intersectional approach.

## Why should I use this workbook?

This workbook guides KT intervention developers through reflection questions about intersectionality.

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.[2-5]

## What is the purpose of this workbook? When do I use this workbook?

This workbook can be completed throughout a KT project's life cycle but is most applicable to the initial stages of a KT project, as conceptualized in the Knowledge-to-Action (KTA) Cycle[6]:

- Identifying a problem;
- Defining evidence-to-practice gap(s); and
- Selecting practice change(s)

You can use this workbook with any of the models, theories, and frameworks you would use to guide a KT project, making it easy to integrate.

This tool is part of a set of tools that help us take an intersectional approach when doing KT. Consult the tools below for more information on key topics.

- Running a KT project with an intersectional approach: Intersectionality Guide.
- Conducting an intersectional barriers and facilitators assessment: Guide for Common Approaches to Assessing Barriers and Facilitators to Knowledge Use.
- An intersectional approach to selecting and tailoring KT interventions using the results of a barriers and facilitators assessment: Selecting and Tailoring KT Interventions Workbook.

## How do I use this workbook?

**This workbook contains reflection questions that are meant to be completed individually.** Fill in the blank boxes following each question with your thoughts on the reflection question.

It also contains activities and resources. It is meant to prompt reflection; it is not meant to be prescriptive.

The time it takes to respond to each question will vary will vary from person to person. In general, each question takes approximately 10–25 minutes to answer. This may seem like a long time, but this work will help us create KT interventions that consider diverse human experiences.

Revisit your responses as you work through a project. Once the project is complete, reflect on your previous responses. Consider how these insights can apply to other and future KT projects.

If everyone on the team is comfortable with it, individuals may choose to share their responses to the reflection questions. Before deciding to share responses, teams should reflect on power and team dynamics (see resources in the Intersectionality Primer). If the team shares responses, consider pooling responses to keep individual responses anonymous.

## Who made this workbook?

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 project limitation statement.**

This tool cannot be broadly applied to Indigenous Peoples, and there may be more culturally appropriate models, theories, and frameworks that are useful to consider when conducting projects that involve Indigenous communities.

## Key terms

**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.[7-13] These experiences occur within and interact with connected systems and structures of power, such as sexism and racism.[7-13]

**Note that there are various definitions of intersectionality and that they are evolving.**

**Intersecting categories** include age, gender identity, sex, and other aspects of one's lived experience. These aspects interact to form a person's identity (See Figure 1).[3,12,13] One's intersecting categories reflect larger systems of oppression/privilege (e.g., sexism, ageism).[3,12,13]

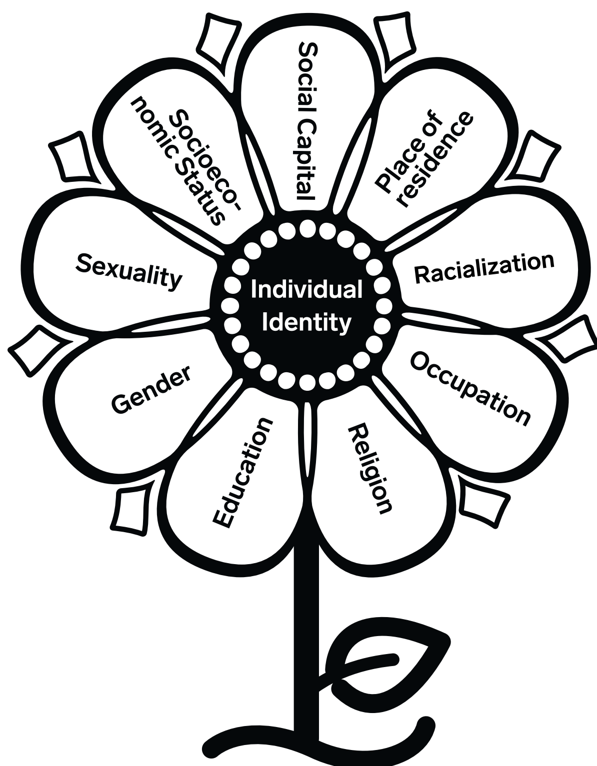



**Figure 1.** Visual representation of some intersecting categories.[12,14,15] The categories mentioned in this figure are not an exhaustive list.

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

Intervention developers can take an intersectional approach to KT by considering the dynamic nature of intersecting categories and their interactions with social structures and systems. Their interactions with social structures and systems may oppress or privilege different groups.

These intersecting categories and their interactions can be considered at all stages of the KT process. When doing this, you can think about the people designing (e.g., KT intervention developers) and receiving (e.g., clinicians) the KT intervention and those affected by it (e.g., patients).

By taking an intersectional approach in your work, you can identify the root causes of inequities, overcome conceptual gaps, and consider complex factors together to create an effective KT intervention.[2-5]

> **There is no such thing as a single-issue struggle because we do not live single-issue lives."[16]**
>
> - Audre Lorde, 1984, p.138

**Please note:** Taking an intersectional approach is needed to recognize the importance of individuals' social identities within the greater context of systems and structures of power which reflect macro systems of privilege and oppression. 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. There is a difference between feeling uncomfortable and unsafe.

# Self-Reflection: Where am I situated?

## Reflections on your beliefs and behaviours

Before starting the project, it is important to reflect on your own beliefs and behaviours. Like the people you work with and the populations you support, your individual identity and perceptions are shaped by your intersecting categories and their interaction with systems and power structures.[13]

This self-reflection is designed to be completed by everyone on the implementation team, including those who join the team throughout various project stages.

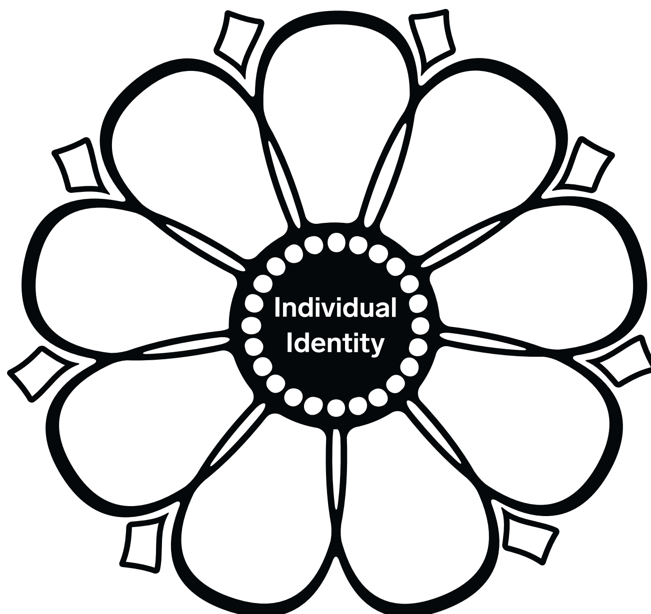
An individual's place in society is based on their identity. One's identity includes intersecting categories like age, gender identity, socioeconomic status, disability, and geographic location among other intersecting categories. This place in society relates to processes of privilege (e.g., socioeconomic privilege) and disadvantage/oppression (e.g., sexism)[13]:

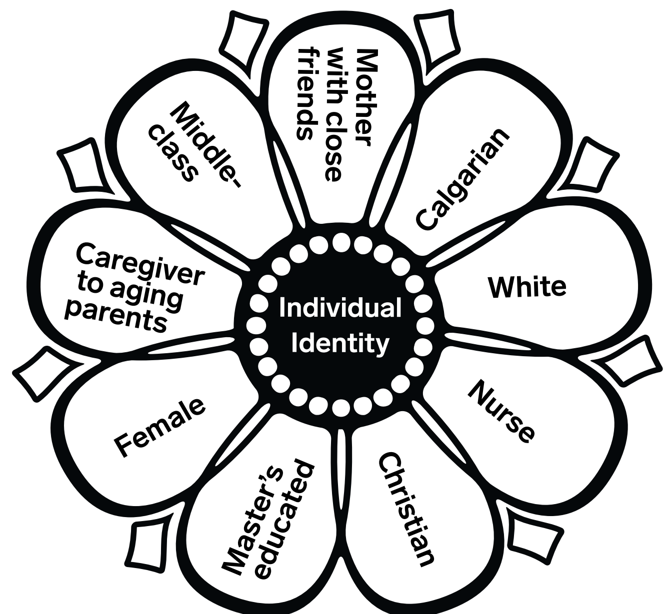
- Privilege is a special right or advantage available to a particular person or group of people.[17] It can be earned or unearned.[17]
- Disadvantage is when a special right or advantage is unavailable to a particular person or group.[17]
- Oppression occurs when a person or a group faces systematic disadvantages, mistreatment, exploitation, and abuse.[17]
- An individual can simultaneously experience privilege and disadvantage/oppression.[17] For example, a Canadian physician who self-identifies as a person of colour may simultaneously experience privilege (through their respected role as a physician) and disadvantage/oppression (through racism).

**Question 1:** What intersecting categories make up your identity?[18]

Use the empty intersectionality flower below to identify the intersecting categories that you think make up your identity.

> **"Reflexivity acknowledges the importance of power at the micro level of the self and our relationships with others, as well as the macro level of society. It recognizes the multiple truths and a diversity of perspectives, while giving extra space to voices typically excluded from 'expert' roles"[19,20]**
>
> - Shimmin et al. (2017)




Example response to reflection Question 1

# Activity: Exploring unconscious bias

## Complete the following self-reflection questions individually.

Bias is a preconceived judgment for or against a particular individual or group.[21] There are multiple types of bias:

- Conscious bias (also known as explicit bias) is within one's conscious awareness[21];
- Unconscious bias (also known as implicit bias) is beyond one's conscious awareness.[21]

Everyone holds biases; biases about identities and social groups stem from the tendency for people to categorize individuals.[21]

An example of an unconscious bias would be the unintentional differences in how a clinician interacts with patients depending on their age, race, and whether they speak English as a first language.

To explore and try to mitigate your biases, review these free tests and courses:

- **Harvard Project Implicit**
  https://tinyurl.com/6yyyc[22]
- **Government of Canada - Unconscious Bias Training Module**
  https://tinyurl.com/yacj5ao3[23]
- **EdX - Unconscious Bias: From Awareness to Action**
  https://tinyurl.com/yxk5lmb2[24]

**Question 2:** Reflecting on your response to question 1, how do your intersecting categories impact your place in society?[18]

**Question 3:** How do your identities relate to the project's topic area? How might your place in society impact your work on this project?[18]

For example, consider your personal and professional experiences, values, and interests.[18,19]

# Who is on the implementation team?

Considerations for including voices that reflect a range of intersecting categories

**An implementation team** is the group of people responsible for designing and delivering a KT intervention. You may not be able to select members of an implementation team. However, you can reflect on the voices that are and are not represented on the team. You can also reflect on how to better incorporate voices that represent a range of intersecting categories.

In addition, you can reflect on who is on the team throughout the project's life cycle (see Questions 4–8).

**Question 4:** What does an inclusive approach mean to you? What inclusive approaches have been used by your team, in your organization, or in other organizations? What about these approaches worked well and what did not work well?[18] Note that not all teams or organizations take an inclusive approach.

- Instead of the term "inclusive," terms like "diversity" and "equity" may be more appropriate for your context. Refer to the Intersectionality Guide for a more detailed understanding of these terms.
- "Diversity" refers to all differences within, between, and among a population.[25]
- "Equity" is a process whereby individuals are given different supports appropriate to their needs so that they have access to equal opportunities.[26]
- The purpose of reflecting on what you and the project team consider to be an "inclusive approach" is to explore what it means to work together by respecting different perspectives, experiences, and backgrounds.
- Consider using the following toolkits in your reflection: **Canadian Centre for Diversity and Inclusion Toolkits:** https://tinyurl.com/yxkoqd4z[27]

# Activity: What are we talking about? Who are we talking with?

The following table can be completed individually by project team members.

Individual results may be shared with the team, but do not force team members to share their responses. Before beginning the exercise, it is important for the team to set ground rules for sharing these results and to clarify what actions may or may not be taken based on the information shared.

*Think about the project team and rate your level of agreement with the following prompts*[28]*:*

| Prompt | 1 strongly disagree | 2 disagree | 3 somewhat agree | 4 agree | 5 strongly agree |
|---|---|---|---|---|---|
| Gender idenities are regularly discussed/ considered as part of our work. | ✔ | ✔ | ✔ | ✔ | ✔ |
| Our team has links with organizations doing anti-oppression work relating to gender (e.g., The Canadian Centre for Gender and Sexual Diversity). | ✔ | ✔ | ✔ | ✔ | ✔ |
| Racial and ethnic identities are regularly discussed/considered as part of our work. | ✔ | ✔ | ✔ | ✔ | ✔ |
| Our team has links with organizations working in a range of racial and ethnic communities (e.g., Calgary Multicultural Centre). | ✔ | ✔ | ✔ | ✔ | ✔ |
| Disabilities are regularly discussed/ considered as part of our work. | ✔ | ✔ | ✔ | ✔ | ✔ |
| Our team has links with organizations working in the disability space (e.g., Tangled Art + Disability). | ✔ | ✔ | ✔ | ✔ | ✔ |
| Socioeconomic statuses are regularly discussed/considered as part of our work. | ✔ | ✔ | ✔ | ✔ | ✔ |
| Our team has links with organizations working to address socioeconomic disparities (e.g., Ontario Living Wage Network). | ✔ | ✔ | ✔ | ✔ | ✔ |
| *Include additional prompts for categories that are relevant to a KT project, team, and community.* | ✔ | ✔ | ✔ | ✔ | ✔ |

**Question 5:** Who is the patient, healthcare provider, and community population affected by the project topic area? What would they want to get out of the project topic area? How do you plan to get them involved?[29]

Here are examples of how team members can balance power[29,30]:

- ☑ Include multiple individuals to represent a particular group (e.g., include five patient partners instead of one)[29,30]
- ☑ Employ trained moderators to focus on deliberation of ideas (i.e., ensure that no one voice is prioritized over the rest of the group)[29,30]
- ☑ Provide a range of supports (e.g., information support, training)[29,30]
- ☑ Create space for informal social interaction (i.e., build relationships among team members)[29,30]

**Question 6:** What are the real and perceived power differences on the team?[19,29]

- Consider how the team can become more aware of potential power differences or inequities (e.g., are there perceived power differences between team members who have many years of work experience compared to those who do not? Are there perceived power differences between those who speak with an accent and those who do not?).
- Consider how I can encourage team members to challenge ideas or renegotiate power.[19]
- Consider your response to question 3 on defining an “inclusive approach”.

# Resources for team engagement

Team engagement takes time and resources. To estimate a budget for team engagement, consult the free downloadable budget tool available here:

**George & Fay Yee Centre for Healthcare Innovation - Budgeting for Engagement:**
https://tinyurl.com/y2x78oww[31]

To learn more about engaging patients and members of the public, consult this resource:

**George & Fay Yee Centre for Healthcare Innovation - How to Engage Patients & Public in Health Research:**
https://tinyurl.com/y25nz3f7[32]

For more considerations when paying patient partners, please visit the following:

**Canadian Institutes of Health Research - Considerations when paying patient partners in research:**
https://tinyurl.com/y6ktlxgd[33]

To explore an interactive guide to developing a meaningful patient/community engagement strategy, visit the following:

**Arthritis Research Canada - Workbook to guide the development of a Patient Engagement In Research (PEIR) Plan:**
https://tinyurl.com/yxhj2h3f[29]

As an example of how to create policies on team engagement, please visit:

**SPOR Evidence Alliance- Policies and Procedures:**
https://tinyurl.com/vtk3teg[34]

**Question 7:** Reflect on whether everyone who could be on the team has been asked if and how they would like to be involved. Think about how different perspectives that represent a range of intersecting categories have been examined.

- What are the intersecting categories of the health care providers who work in this area of health? Are they reflected on the implementation team?[18]
- If the intersecting categories of the health care providers and community are not diverse, consider the reasons for this (e.g., because the health topic affects only certain people, because gender roles have specified who are considered “leaders” in the organization).
- Consider ways to engage people with a range of perspectives, such as patients, families, caregivers, communities, policy makers, trainees, project funders, and organizational leadership.

**Question 8:** Does your team reflect the makeup of the patient, community, and health care providers that experience the project topic?[30]

- ☑ What are some potential challenges people with lived experience on this topic (including families and communities) might face when getting involved in project work? Consider how these challenges may be mitigated.[20]
- ☑ Consider your response to question 3 on defining an “inclusive approach.” What does the implementation team need to do to create an inclusive environment for everyone involved, including patients and community members? For example, budget for accommodations and supports for all team members (e.g., translators, caregiving, meals) in advance.

# Reflection: Problem, gap, and practice change

Overview of how to navigate the next steps of reflections

## Problems are discrepancies between a current state and a desired state.

For example, in the late 2000s, the Division of Geriatric Medicine at the University of Toronto, along with collaborators, identified challenges related to geriatric care.[35] Through quality improvement initiatives, the group discovered that the current state of geriatric care fell short of the desired state. The identified problem was hospital-induced immobility in older adults.

## Once you identify a problem area, you can define the evidence-to-practice gap.

An evidence-to-practice gap is the difference between what we know works and what happens in practice. For example, the Geriatric Medicine team reviewed evidence and found that without mobilization, older patients lose 1% to 5% of their muscle strength each day they spend in the bed and in the hospital.[35] However, the team discovered that current rates of mobilization were very low for older patients admitted to acute care hospitals.[35] Accordingly, there was an evidence-to-practice gap between the evidence in favour of mobilization and the current practice, which did not readily incorporate mobilization.

## Once you define an evidence-to-practice gap, you can identify the practice change that can minimize the gap.

A practice change is something that can minimize the identified evidence-to-practice gap.

For example, to increase rates of mobilization among older patients, practice changes (identified from credible evidence by the Geriatric Medicine team) can include using progressive, scaled mobilization and assessing mobility within 24 hours of a patient's admission.[35]

To read more about this example, visit
**MOVE Canada - The MOVE Program:**
https://tinyurl.com/y2kd974z[35]

# Identifying the problem

## Find the difference between the current state and the desired state

**Question 9:** Whose point of view is reflected when defining the problem? For example, is it the Chief Executive Officer or the nurse who has prioritized a specific problem as the focus of the KT project?

- ☑ Is the problem a priority for the population affected (e.g., adults 65+ years)? Consider the KT project as a co-creation activity with all team members.
- ☑ Who may gain and who may lose if this problem is addressed?[30]
- ☑ Refer to your definition of an "inclusive approach." Consider how you can incorporate different perspectives at this stage.

**Question 10:** What are the information gaps in the problem area? How can these gaps be filled? Information gaps are areas where you do not have complete knowledge.

- ☑ Speak with those who experience the area of health (e.g., patients) and those who work in it (e.g., providers). Do I have knowledge about their lived experience with the topic?
- ☑ Consider if information gaps are similar for different demographic groups. Do people of different ethnicities experience the problem at similar rates? Is there information regarding some intersecting categories but not others?
  - Document and disseminate information about knowledge gaps pertaining to underrepresented perspectives. Disseminating what information you do not know can help other practitioners identify what assumptions you have made and the limitations of your work. Communicating this information is also helpful for researchers to identify research questions.
- ☑ Review quantitative and qualitative data to seek evidence on potential information gaps.

# Defining the evidence-to-practice gap

Determine whose voices are prioritized and how decisions are made

**Question 11:** Who decides which evidence-to-practice gaps is prioritized?

- ☑ Be clear about whose behaviour an evidence-to-practice gap is reflecting: is it the health professional, the patient, community and/or another group?
- ☑ Consider again, who may gain and who may lose if a particular gap is prioritized?[30]
- ☑ Consider the potential for bias depending on who is defining the problem (e.g., a CEO and a nurse may identify different problems to prioritize).
- ☑ How will decisions be made? What methods will you and the team use in the prioritization process so that all voices are heard?
- ☑ Have those who will be affected by the practice change been involved in decision-making?

> **“The application of an intersectionality lens at this stage helps our team really think about the population we are supporting… before getting lost in the complex decision-making steps that take place in the early stages of intervention development. We see limitations in what we don’t know from the research on how the problem is being experienced across the diverse populations we support. This prompts us to plan for how we will fill these gaps moving forward.”**
>
> - Andrea Chaplin, Evaluation Specialist, Public Health Ontario

# Selecting the practice change

## Identify who is expected to change their behaviour

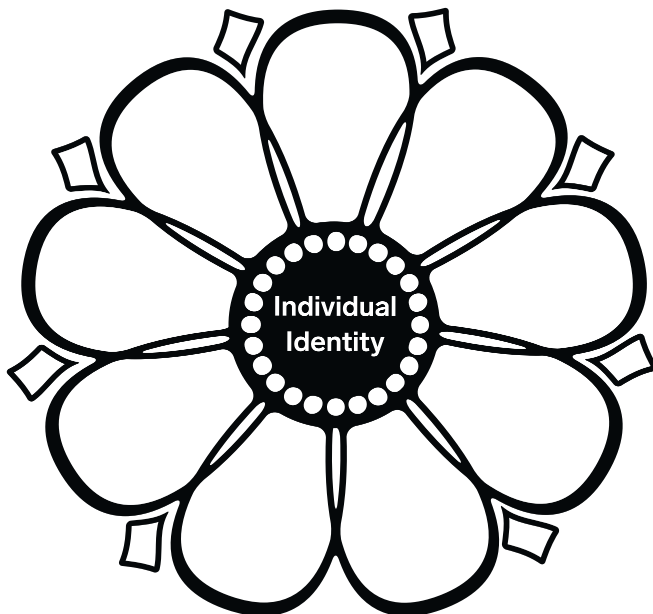
There is often a range of practice changes available to bridge an evidence-to-practice gap. Each practice change will affect those who are expected to change their practice/behaviour (e.g., nurses) and those who are affected by the change in practice/behaviour (e.g., patients) in various ways.

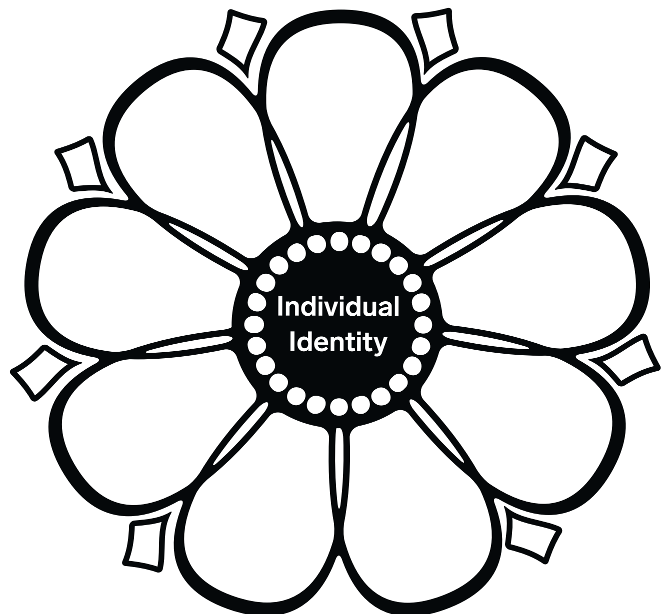
**Question 12:** Of the practice changes under consideration, who is expected to change their behaviour and "do" the practice changes? This "who" could be a health professional the patient, the community, and/or another group.

☑ Consider general barriers and facilitators to the practice change at this stage.

**Question 13: a)** Think about the group expected to change their behaviour (e.g., nurses). What intersecting categories might group members have? What intersecting categories may be relevant to the practice change? Write each relevant intersecting category within each petal of the blank flower below.

**Question 13: b)** Think about the group affected by the practice change (e.g., patients). What intersecting categories might group members have? What intersecting categories may be most relevant? Write each relevant intersecting category within each petal of the blank flower below.



# Reflection: Appraising evidence

Evaluate the quality of the data used in this process

Research gaps are areas with insufficient or absent information. These gaps limit the ability to reach reasonable conclusions or decisions.

You can critique the research used to identify the problem, define the evidence-to-practice gap, and select the practice change.

Relevant evidence includes published evidence and the experience of those living and interacting with the problem, the evidence-to-practice gap, and the practice change. Be sure to evaluate lived-experience research, grey literature, and commentaries in addition to evidence syntheses.

**When appraising evidence, consider the following:**

**Question 14:** What information do I have? What information do I wish I had? Who might have this information? Who should I talk to about this?

- ☑ Consider supplementing available data with additional indicators from other sources (e.g., program evaluations, qualitative studies, lived-experience commentaries, strategic reports) to better understand different perspectives.
    - Look for ways to avoid categorizing groups with binaries (e.g., man or woman).[26]
- ☑ What do I consider to be "credible" evidence? From our team's perspective, what makes evidence "credible"?
- ☑ Document and disseminate information on knowledge gaps about underrepresented perspectives. Communicating this information is helpful for researchers to identify questions they can help answer.

**Question 15:** Critically assess the data

- ☑ Compare data from an internal organization survey to data from a national public database).
- ☑ How old are the data?
- ☑ What is the data source?
- ☑ Are the data reliable?
- ☑ Are the data valid?
- ☑ Does the data include binaries?
    - For example, are the data presented as “females” and “males”?
- ☑ If people are excluded, does it make sense why?
- ☑ Does the evidence identify and consider intersecting categories in a fair and sensitive way?
    - Does that data include stereotypes or assumptions?

# Optional activity: Adapting critical appraisal tools

Critical appraisal is a process of assessing evidence by examining its source, study design quality, risk of bias, trustworthiness, relevance to a particular context, and other characteristics. Critical appraisal can be done individually or as a group. Individual results may be shared with the team.

**Example adaptation of Kuper et al.'s qualitative research critical appraisal questions with an intersectional approach.**[36] Intersectionality enhancements are italicized.

☑ Was the sample used in the study appropriate for the research question?[36]

- ***Who asked the research question? Were those impacted by the research (e.g., people with lived experiences) involved in defining the research question?***

☑ Were the data collected appropriately?[36]

- ***What would be "appropriate" for the population impacted by the research?***
- ***Was the sample size sufficiently large to capture the intersection of multiple intersecting categories?***[19]

☑ Were the data analyzed appropriately?[36]

- ***Does the research identify and consider intersecting categories in a fair and sensitive way?***
- ***Is the methodology based on stereotypes or assumptions?***

☑ Can I transfer the results of this study to my own setting?[36]

- ***Are the intersecting categories represented in the study similar to those in the population we are working with?***

☑ Does the study adequately address potential ethical issues, including reflexivity?[36]

☑ Overall, is it clear what the researchers did?[36]

We can adapt existing critical appraisal tools to incorporate an intersectional approach. If you or your organization prefers to use a certain critical appraisal tool, please consider how intersectionality could be incorporated into this tool.

**Examples of critical appraisal tools (without intersectionality enhancements):**

**Joanna Briggs Institute Critical Appraisal Tools:**
https://tinyurl.com/y32xg8ln[37]

**Critical Appraisal Skills Programme - CASP Appraisal Checklists:**
https://tinyurl.com/y7qx99mq[38]

# Next steps

Take this moment to reflect on your responses. Think about how you can apply these considerations to other projects you are working on or any future ones.

You may choose to share your responses with other team members as long as everybody is comfortable with sharing their own. Reflecting on how others perceive the KT project helps you understand different perspectives that you did not originally consider.

For other stages of a KT project's life cycle, use these tools to integrate an intersectional approach:

- ☑ Running a KT project with an intersectional approach: Intersectionality Guide.
- ☑ Conducting an intersectional barriers and facilitators assessment: Guide for Common Approaches to Assessing Barriers and Facilitators to Knowledge Use
- ☑ An intersectional approach to selecting and tailoring KT interventions using the results of a barriers and facilitators assessment: Selecting and Tailoring KT Interventions Workbook.

# 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, and 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.

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# Appendix B: Optional activity

## Reflecting on surveying intersecting categories

To assess the project team members' intersecting categories, consider surveying the team.
Be mindful of the following:

- Why you are asking team members for this information. Commit to using this data for the purpose of recognizing which voices are at the table and which ones are not.
- How data will be used and not used (i.e., it will not be used in staffing decisions beyond the implementation project).
- The language/terminology you use to ask questions.
- How data will be collected.
- How data will be stored.
- Who has access to data (including risks of data breaches).
- Including "I prefer not to answer" as an option for each question. Do not force team members to disclose information they are not comfortable disclosing.

Curious about how other organizations survey the intersecting categories of their team members and project partners?

See the **Canadian Institutes of Health Research - Equity and Diversity Questionnaire**:
https://tinyurl.com/yyq9ugad[39]

# References


1. Government of Canada. Knowledge Translation in Health Care: Moving from Evidence to Practice - CIHR. 2010. http://www.cihr-irsc.gc.ca/e/40618.html. Accessed May 28, 2019
2. Tannenbaum, C., Greaves, L., & Graham, I.D. Why sex and gender matter in implementation research. BMC Med Res Methodol 2016;16:145. doi: 10.1186/s12874-016-0247-7
3. City of Ottawa and City for All Women Initiative. Advancing Equity and Inclusion – A Guide for Municipalities. CAWI. 2015. http://www.cawi-ivtf.org/sites/default/files/publications/advancing-equity-inclusion-web.pdf. Accessed February 6, 2019.
4. Public Health Agency of Canada. Key Health Inequalities in Canada: A National Portrait – Executive Summary. 2018. https://www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html. Accessed February 6, 2019.
5. The Association for Women's Rights in Development. Intersectionality: A Tool for Gender and Economic Justice. Women's Rights and Economic Change. 2004. https://lgbtq.unc.edu/sites/lgbtq.unc.edu/files/documents/intersectionality_en.pdf. Accessed February 4, 2019.
6. Graham I.D., Logan J., Harrison M.B., Straus S.E., Tetroe J., Caswell W., Robinson N. Lost in Knowledge Translation: Time for a Map? J Contin Educ Health Prof. 2006; 26(1):13.
7. Collins, P. H. Black feminist thought: knowledge, consciousness, and the politics of empowerment. Routledge. 1990. https://trove.nla.gov.au/version/21207078
8. Crenshaw, K. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. U. Chi. Legal F. 1989;139.
9. Crenshaw, K. A Black feminist critique of antidiscrimination law and politics. The politics of law: A progressive critique. 1990;195.
10. Crenshaw, K. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. Stanford Law Review. 1991;43(6), 1241-1299. doi:10.2307/1229039
11. The Learning Network. Issue 15: Intersectionality. 2015. http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/Intersectioanlity_Newsletter_FINAL2.pdf. Accessed February 7, 2019.
12. Hankivsky, O. Intersectionality 101. The Institute for Intersectionality Research & Policy, SFU. 2014;1-34. http://vawforum-cwr.ca/sites/default/files/attachments/intersectionallity_101.pdf. Accessed February 7, 2019.
13. Hankivsky O, Grace D, Hunting G, et al. An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. International Journal for Equity in Health. 2014;13:119. doi:10.1186/s12939-014-0119-x.
14. PROGRESS-Plus. Cochrane Equity Methods. https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus. Accessed November 12, 2019.
15. O'Neill, J., Tabish, H., et al. Applying an equity lens to interventions: Using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. Journal of Clinical Epidemiology. 2014;67:56-64.
16. Lorde, A. "Learning from the 60s," in SISTER OUTSIDER: ESSAYS & SPEECHES. Trumansburg, NY: Crossing Press, 1984: 138.
17. Grace D. When oppressions and privilege collide: a review of research in health, gender and intersectionality in late (post) modernity. Can J Hum Soc Sci. 2010;1(1):20-24.
18. Hankivsky O, Grace D, Hunting G, et al. ntersectionality-based policy analysis. An intersectionality-based policy analysis framework, 2012;33-45.
19. Shimmin C, Wittmeier KDM, Lavoie JG, Wicklund ED, Sibley KM. Moving towards a more inclusive patient and public involvement in health research paradigm: the incorporation of a trauma-informed intersectional analysis. BMC Health Serv Res. 2017;17(1):539. doi:10.1186/s12913-017-2463-1
20. Bolzan N, Heycox K, Hughes L. From pillar to post: women and social work studies in the 21st century. Aust Soc Work. 2001;54(1):67–79. doi: 10.1080/03124070108415265.
21. Office of Diversity and Outreach. Unconscious Bias. UCSF. N.d. https://diversity.ucsf.edu/resources/unconscious-bias. Accessed May 7, 2019.
22. Harvard EDU. Project Implicit. N.d. from https://implicit.harvard.edu/implicit/. Accessed March 7, 2019.
23. Government of Canada, I. C. Canada Research Chairs. 2018. http://www.chairs-chaires.gc.ca/program-programme/equity-equite/bias/module-eng.aspx?pedisable=false. Accessed March 7, 2019.
24. EdX. Unconscious Bias: From Awareness to Action. 2017. https://www.edx.org/course/unconscious-bias-awareness-action-catalystx-ub1x. Accessed March 7, 2019.
25. SGBA e-Learning Resource. Define Diversity. N.d. http://sgba-resource.ca/en/concepts/diversity/define-diversity/. Accessed May 13, 2019.
26. Government of Canada, Status of Women Canada. Gender-based Analysis Plus (GBA+) - Take the GBA+ course. September 26, 2018. https://cfc-swc.gc.ca/gba-acs/course-cours-en.html. Accessed March 7, 2019.
27. Canadian Centre for Diversity and Inclusion Toolkits. N.d. https://ccdi.ca/toolkits/. Accessed March 7, 2019.
28. The International Lesbian, Gay, Bisexual, Transgender, Queer & Intersex Youth and Student Organization (IGLYO). Intersectionality Toolkit. 2014. Available at: https://www.luthercollege.edu/public/images/Intersectionality_Tookit_and_other_resources.pdf. Accessed March 7, 2019
29. Arthritis Research Canada. Workbook to guide the development of a Patient Engagement in Research (PEIR) Plan. 2018. Available at: https://www.arthritisresearch.ca/wp-content/uploads/2018/06/PEIR-Plan-Guide.pdf. Accessed June 7, 2019.
30. Kothari A, & Graham I. Thinking deeper about integrated knowledge translation: What comes next? Presentation at: Knowledge Translation Canada Annual Scientific Meeting; May 2019; Winnipeg, MN https://ktcanada.org/wp-content/uploads/2019/05/KT-Canada_Annual-Scientific-Meeting-Program_May-2019_v7_FD.pdf. Accessed June 7, 2019.
31. George & Fay Yee Centre for Healthcare Innovation. Considerations When Building a Budget for Public and Patient Engagement. N.d. https://chimb.ca/sub-sites/1-patient-engagement?page=79-budgeting-for-engagement. Accessed June 7, 2019.
32. George & Fay Yee Centre for Healthcare Innovation. How to Engage Patients & Public in Health Research. N.d. https://chimb.ca/sub-sites/1-patient-engagement?page=75-how-to-engage. Accessed June 7, 2019.
33. Government of Canada, C. I. of H. R. Considerations when paying patient partners in research - CIHR. 2019. http://cihr-irsc.gc.ca/e/51466.html. Accessed June 7, 2019.
34. SPOR Evidence Alliance. Patient Partner Appreciation Policy and Procedure. N.d. https://sporevidencealliance.ca/about/policies-procedures/. Accessed December 29, 2019.
35. MOVES. The MOVE Program. https://www.movescanada.ca/. Accessed May 2, 2019.
36. Kuper, A., Lingard, L., & Levinson, W. Critically appraising qualitative research. BMJ. 2008;337:a1035.
37. Joanna Briggs Institute. Critical Appraisal Tools. N.d. https://joannabriggs.org/critical_appraisal_tools. Accessed March 7, 2019.
38. Critical Appraisal Skills Programme. CASP Appraisal Checklist. 2018. https://casp-uk.net/casp-tools-checklists/. Accessed March 7, 2019.
39. Government of Canada, C. I. of H. R. Equity and Diversity Questionnaire for applicants. 2018. http://www.cihr-irsc.gc.ca/e/50956.html. Accessed March 7, 2019.