CIHR IRSC | Institute of Gender and Health | Institut de la santé des femmes et des hommes

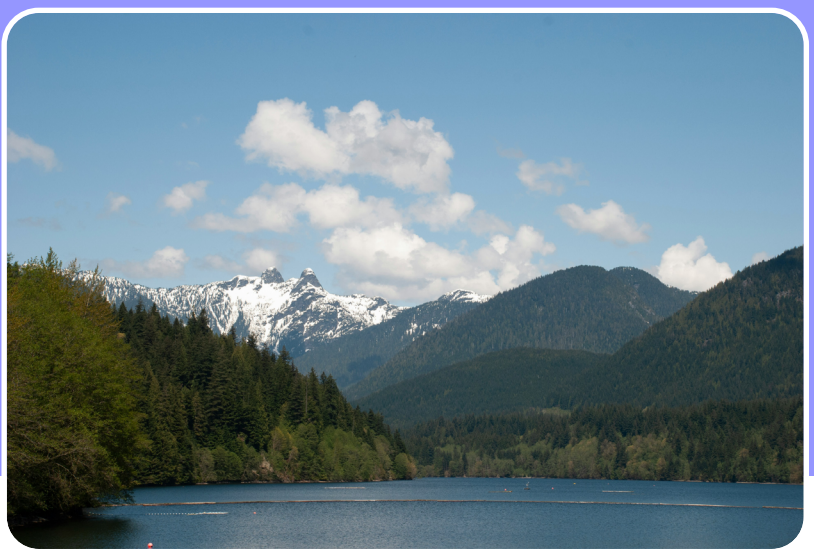
RESEARCH PRIORITY PLAN
2024-2029

Strengths to Solutions

Advancing Sex and Gender Science for Healthy Futures

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

Canada



LAND ACKNOWLEDGEMENT

In keeping with Indigenous protocols for building respectful relationships and grounding our own work as active participants on a journey of Truth and Reconciliation, we would like to acknowledge that the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health (IGH) is situated on the traditional, unceded and ancestral lands of the Coast Salish people, including the Sḵwx̱wú7mesh Úxwumixw (Squamish), səl̓ilw̓ətaʔɬ (Tsleil-Waututh) and xʷməθkʷəy̓ə (Musqueam) Nations. We acknowledge that our work extends to the traditional territories and ancestral lands of many Indigenous people across Turtle Island. We are grateful to continually learn from Indigenous people. We are committed to addressing the impacts of racist and colonial policies in Canada by supporting sex, gender, and health research that values Indigenous ways of knowing and strives to address inequities.

We also wish to acknowledge all those who came to these lands as settlers — as migrants either in this generation or in generations past — and those who came here involuntarily, particularly those brought to these lands as a result of the Trans-Atlantic Slave Trade and slavery. We are mindful of broken covenants and strive to make this right, with the land and with each other.[1]

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MESSAGE FROM THE SCIENTIFIC DIRECTOR AND ELDER-IN-RESIDENCE

On behalf of the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health (IGH), it is our great honour to share the IGH Research Priority Plan for 2024-2029.

Since its creation, IGH has been a leader in advancing sex, gender and health research in Canada and around the world. Owing to the legacies of former IGH Scientific Directors, today CIHR ranks first for appropriate integration of sex, gender and intersectional factors in health research funding policies[1]. These efforts have led to scientific discoveries that are yielding positive health impacts for men, women, boys, girls and gender-diverse communities.

We will continue to build on this strong foundation, shaping a bold vision for sex, gender and health research that centres the communities our research aims to serve.

To meet the challenges ahead, we have chosen a model of leadership for IGH, with a CIHR-appointed Scientific Director and an Indigenous Elder-in-Residence. We are resolute that sex, gender and health research is necessary to improve the health and well-being of all people in Canada. At the same time, we acknowledge that efforts to disregard Indigenous and other cultural constructions of gender and ways of knowing have hampered opportunities for inclusion and impact.

Charting a way forward will require us to weave together different but complementary expertise, perspectives and approaches. We begin by sharing our own positionality — Angela as a mixed race (Black, Indian and white), Black-identified East African woman and immigrant settler to Canada and Elder Sheila as a Two-Spirit mixed Syilx woman and member of the Lower Similkameen Indian Band in the Okanagan Valley of British Columbia. Weaving our strengths offers tremendous potential for sophisticated and necessary learnings about how to advance, generate and mobilize sex and gender science to improve health and gender equity.

Our leadership model is an enactment of IGH's commitment to Truth and Reconciliation[2] and applied learning on how to engage in good research "in a good way" and in good relations. As part of our learning, we have reflected on the Seven Generation Principle[3] and the idea that we are connected to communities that transcend time. This principle encourages us to consider the impacts of our actions for the seven generations coming after us and to remember the seven generations that came before us. We are affected by the contributions, decisions and actions of the past, and accept the responsibility to create benefits for those in the future.

In alignment with this principle, activities over the past seven generations have led us to an exciting and potentially transformative time for sex, gender and health research. Public awareness of sex and gender has increased tremendously, with conversations about these topics moving out of academic spaces and into nearly every sphere of our lives. Sexually and gender-diverse people are more visible and vibrant than ever before and this representation matters.

But this visibility can bring with it increased risk of being targeted by those who seek to suppress diversity and restrict bodily sovereignty. Our current time is also one of hateful movements that inflict extraordinary harm on sexual and gender minorities — harm that ripples within and across additional equity-deserving groups.

Our Institute has both a role and a responsibility to contribute to a community-informed, robust sex, gender and health research evidence base that prioritizes and works to advance healthy futures of our communities. Sex, gender and other intersectional considerations are pivotal to addressing the complex challenges of our time,

including widening health and social inequities, the COVID-19 response, climate change, the primary care crisis, and rapid advancements in artificial intelligence. Across these challenges and many others, IGH has a key role to play and we are committed to working towards a shared vision of health and gender equity for all, by advancing, generating and mobilizing sex and gender science.

In our first year, we embarked on a Listening Tour[4] and national planning process to co-create this new Research Priority Plan that will guide our work together. We were honoured to meet and build relations with Institute Advisory Board members, researchers and trainees across the four pillars[5] of health research, CIHR staff, policymakers, government leaders, health professionals, patients, community leaders and advocates, Indigenous people, people with lived and living experience of health and gender inequity and many other members of the IGH community. Thank you to the hundreds of you who have joined us on the journey to map our path forward, building on our strengths to deliver solutions.

We are moved by the excitement, deep commitment and felt urgency of the IGH community regarding research and action on sex, gender and health and the willingness to push ourselves and our science to improve health and gender equity. We approach the work ahead with humility and resolve.

Angela Kaida, PhD (she/her)
Scientific Director
CIHR Institute of Gender and Health

Elder Sheila Nyman, BSW, MSW (she/they)
Sal Uni At Kn - Knowledge Holder
Elder-in-Residence
CIHR Institute of Gender and Health

Understanding IGH's Role and Our Way Forward

IGH plays a unique and vital role in the Canadian health research ecosystem. IGH is:

A national and international **leader** in advancing sex and gender science, both as a distinct field of scientific study and as a practice imperative in health research.

A **catalyst**, driving advancements in sex and gender science, building community and growing capacity for research through its funding and training initiatives.

A **change agent**, achieving structural transformations in funding practices aimed at enabling sex and gender integration across all health research and peer review at CIHR.

Committed to **advancing knowledge** and **transforming inequities** through its investments in intersectional research of the health needs of communities disproportionately affected by sex and gender inequities.

While IGH has achieved much over the past two decades, the Institute's work is not done. Acknowledging our role and building on our strengths, IGH's Research Priority Plan for 2024-2029 advances a bold new vision for the way forward and articulates a path toward realizing this vision, grounded in Seven Generation thinking.

OUR VISION AND VALUES

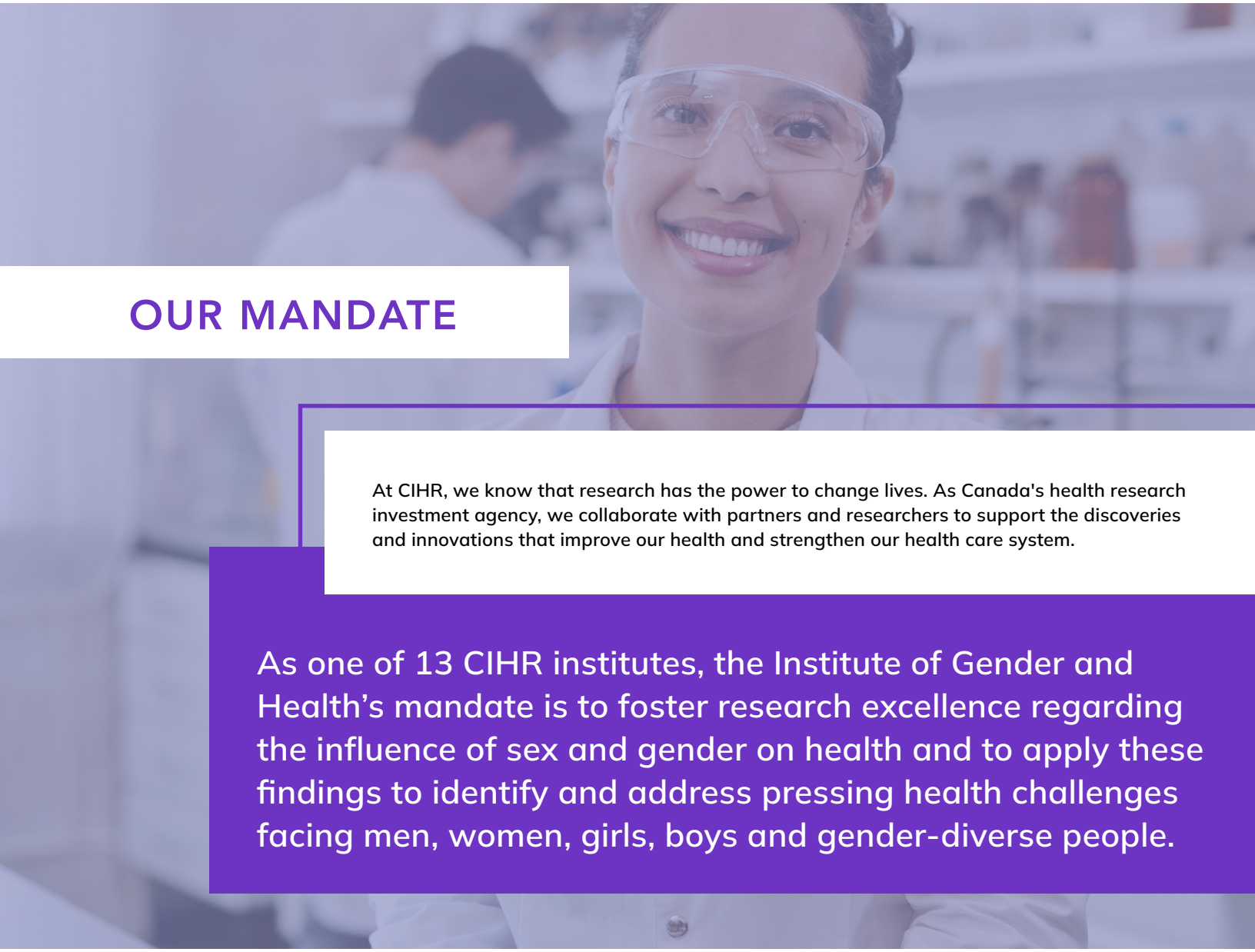
IGH envisions a future in which there is health and gender equity for all, by advancing, generating, and mobilizing sex and gender science.

To achieve its vision, IGH takes it as a given that the Institute's work must be:

- Grounded in **respect for Indigenous knowledge**, ways of knowing and self-determination and committed to Truth and Reconciliation.
- Committed to a nuanced scientific understanding of how health is shaped by the multidimensional construct of **sex as a biological attribute of humans and animals**, as well as by the multiple and temporal dimensions of **gender as a social and cultural construct** (inclusive of gender identity, gender roles, gender relations, and institutionalized gender) and their interactions across the lifecourse.
- **Advancing beyond the sex and gender binary** by examining sex and gender-related factors and processes that influence health, as an alternative to describing sex and gender differences using hegemonic categories.
- Enriched by the lens and tools of **intersectionality** including the understanding that gender intersects with other social positions, identities, determinants, privileges and oppressions to shape our health (i.e., "**gender⁺**").
- **Focused on areas of most need**, including communities disproportionately experiencing sex, gender and health inequities and areas of sex and gender science that are understudied, underrepresented, and under-reported.
- **Inclusive of community as research partners** in ways that progress partnership activities from marginalization to community ownership[5].
- Actively **strengths-based** and aware that there is solidarity, resilience, and resistance in the face of intersecting forms of marginalization.
- Enabling of research focused on **studying populations deeply**, by supporting small and large sample size research using quantitative, qualitative, mixed methods, and co-produced research methods.
- Actively nurturing and **building relationships and research funding partnerships** with other CIHR Institutes and external partners.
- Reflective of our mandate that **engages all four pillars[6] of health research** (biomedical; clinical; health services; and social, cultural, environmental and population health).
- **Inclusive** of senior and mid-career researchers, early career researchers, trainees, clinician scientists, policymakers, community partners, people with lived and living experience of health and gender inequity and Indigenous people and communities.

The IGH vision and values are represented in our refreshed visuals.

Grounded in IGH's leadership model, the woven design symbolizes the ways in which IGH is weaving Indigenous ways of knowing, being and doing with western science. It further represents intersectionality and integration, with the two round nodes symbolizing sex and gender. The four colours represent the four pillars of health research and embody the sacredness of the number four within some Indigenous worldviews, nodding to the four elements and four directions. All of this is held by the circle, showing our commitment to a lifecourse and whole-of-person approach to health research.



OUR MANDATE

At CIHR, we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

As one of 13 CIHR institutes, the Institute of Gender and Health's mandate is to foster research excellence regarding the influence of sex and gender on health and to apply these findings to identify and address pressing health challenges facing men, women, girls, boys and gender-diverse people.

OUR PRIORITIES AT A GLANCE

IGH's Research Priority Plan for 2024-2029 builds on our legacy while finding inspiration and accountability in the Institute's vision and the givens necessary to realize it. Over the next five years, IGH will focus its efforts and resources on three priorities.

PRIORITY 1

Driving Systemic Change for Sex and Gender⁺ Integration

We will drive transformation of the health research ecosystem through improved integration of sex and/or gender⁺ in health research and knowledge mobilization initiatives.

PRIORITY 2

Advancing Sex and Gender Science

We will advance sex and gender science as a distinct field of scholarship by catalyzing a renewed focus on mechanisms and processes.

PRIORITY 3

Investing in Sex and Gender Research for Health Equity

We will fund community-engaged research on the health needs and priorities of communities experiencing sex and gender-related inequities, with specific attention to three widely-supported areas of focus:

- 2S/LGBTQI+ health
- Women's health
- Gender and health within Indigenous and Black communities

OUR ALIGNMENT WITH CIHR

CIHR's actions are guided by a bold 10-year strategic plan (2021–2031)[7] that aims to achieve the best health for all, powered by outstanding research. IGH's Research Priority Plan for 2024-2029 is deeply aligned with CIHR's strategic plan overall, including all five strategic priorities.

IGH's work is also aligned with and informed by CIHR's values[7] of excellence and leadership; commitment to collaboration; respect for people; and integrity and accountability.

To deliver on its Research Priority Plan for 2024-2029, IGH will undertake activities to Advance Research Excellence, Bridge Capacity and Mobilize Knowledge. These activities align with three of the five strategic priorities outlined in CIHR's 2021–2031 strategic plan (Priority A, B, and E)[7]. CIHR's other two strategic priorities — Accelerate the Self-Determination of Indigenous Peoples in Health Research (Priority C) and Pursue Health Equity through Research (Priority D) — cut across all of IGH's Research Priorities.

IGH is also directly aligned with CIHR's strong focus on the principles of equity, diversity and inclusion (EDI) and is uniquely positioned to contribute to CIHR's efforts to deliver on its EDI commitments using a strong lens on sex and gender. In parallel, IGH has developed its Research Priority Plan for 2024-2029 with recognition that sex and gender science is a discrete field of study that will benefit from and require IGH's leadership.

CIHR STRATEGIC PLAN PRIORITIES (2021-2031)

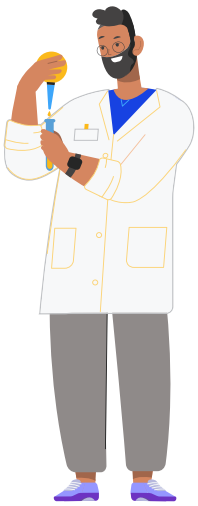
PRIORITY A
Advance Research Excellence in All Its Diversity

PRIORITY D
Pursue Health Equity through Research

PRIORITY B
Strengthen Canadian Health Research Capacity

PRIORITY E
Integrate Evidence in Health Decisions

PRIORITY C
Accelerate the Self-Determination of Indigenous Peoples in Health Research



What We've Done to Inform IGH's Research Priority Plan

IGH was created in 2000 in response to scientific and policy-driven needs for more robust evidence on how sex and gender affect health across the lifespan, as well as advancements in the methods used to generate and apply these research findings.

These remain key drivers of IGH's work 24 years later. However, the field of sex and gender science has evolved and grown considerably since IGH's founding.

NATIONAL LISTENING TOUR

To better understand the state of the field and community priorities, IGH undertook a national Listening Tour in 2023. There, the Institute heard from more than 500 people at 19 events across the country. We convened senior and mid-career researchers, early career researchers, trainees, university leaders and community partners. We made a concerted effort to include community partners as key participants in the Listening Tour to enact our commitment to the meaningful engagement of people with lived and living experience of health and gender inequity in sex and gender research, to the creation of the Research Priority Plan itself.

As outlined in our What We Heard report[4], Listening Tour attendees affirmed the need for IGH to cement our role and responsibilities as a leader in sex, gender and health research and identified clear research priorities for the years ahead. Their voices are reflected in this Research Priority Plan.

THE EVOLVING SCIENCE OF SEX, GENDER AND HEALTH

We have examined the learnings from the Listening Tour along those championed by IGH, have significantly progressed sex and gender integration at the grant application stage. However, there is not yet sufficient consideration of sex and gender at the stages of data collection, analysis and publishing[8]. We also examined understudied sex, gender and health research topics and evidence pointing to the benefits of investing in research on underfunded populations facing systemic health inequities relevant to sex and gender[9]. Identifying these underfunded, understudied and underreported areas has further informed and refined the areas of focus in this Research Priority Plan.

THE SOCIAL CONTEXT OF IGH'S WORK HAS SHIFTED

We are in a period of rapid social change around sex and gender. There is greater understanding of and support for gender and sexual diversity, with growing numbers of Canadians publicly identifying as transgender or non-binary. The 2021 Census of Canada showed that one in 300 people in Canada aged 15 and older identified as transgender or non-binary, close to two-thirds of whom (62%) are under age 35[10]. There is a growing evidence base regarding the health benefits of affirming diverse gender identities[11-13], and calls for areas where additional healthcare evidence is needed. Encouragingly, there is broad support in many circles for a more diverse and inclusive understanding of sex and gender.

However, in some contexts, there are movements toward politicization, backlash and denial of human rights for gender-diverse and 2S/LGBTQI+[2] people. These movements work to advance discriminatory actions, which aim to restrict gender-diverse and 2S/LGBTQI+ peoples' access to care and ability to exist safely in public, yielding material impacts on health and well-being.

Sex and gender science has an important role to play in this context, as there is a need for robust and community-engaged scientific inquiry into how sex and gender (and their interactions) impact our health. Here, IGH's leadership will be crucial, as informed by the Institute's "givens" and commitment to an intersectional, equity-centred and community partnered approach to our work. This shifting social context has informed the way forward outlined in this Research Priority Plan for 2024-2029.

Our Research Priorities for the Future

PRIORITY 1

Driving Systemic Change for Sex and Gender+ Integration

Many of today's gendered health inequities in prevention, diagnosis, treatment and care are attributable to reliance on a biased and incomplete scientific evidence base disproportionately informed by research with male cells, male models and men across animal models, clinical research and experimental and observational health research. Underrepresentation of female cells, female models, women and gender-diverse people in health research has had dire consequences, including biased and incomplete research findings and the development of drugs, treatments and policies that do not work or are harmful to women and gender-diverse people[14, 15].

For more than two decades, IGH has been a national and international leader in redressing these inequities by advancing the integration of sex and gender in health research[16]. Driven by IGH's leadership and advocacy, CIHR made it mandatory in 2010–11 for all funding applicants to explain whether and how sex and gender considerations are factored into their studies. By 2022, 90% of CIHR funding applications integrated sex (up from 22% in 2011) and 40% integrated gender (up from 12% in 2011)[16]. A goal of these IGH-led policy changes is to make CIHR-funded science more rigorous and policies more inclusive, while increasing research impact and opening the door to new scientific discoveries.

Expanding the breadth and quality of sex and gender integration at CIHR has contributed to several major scientific breakthroughs, from sex differences in chronic pain (with pain transmission mediated by microglia in males and likely T-cells in females) to the discovery of pre-existing *Escherichia coli* antibodies in female mice but not males[16]. IGH has also influenced clinical practice guidelines and federal health policies to become sex and gender-informed, and inspired funders in Canada and internationally to prioritize sex and gender integration in health research. Understanding that the COVID-19 pandemic would have disproportionate and different impacts on communities, IGH provided a guide for researchers regarding how to consider the impacts of COVID-19 considering sex and gender through an intersectional lens[17].

Sex and gender integration is now a priority across CIHR. In 2021, CIHR created a Learning Health Systems portfolio with an Equity Strategy Branch[18] and a Science Policy Branch with responsibility for CIHR's Sex and Gender-Based Analysis (SGBA) in Research Action Plan[19]. Together, they have a CIHR-wide mandate to develop and evolve CIHR's policies to reduce bias in the research funding ecosystem, addressing who, what, and how research is funded.

The next five years will require responsive, innovative and dynamic efforts to advance the quality of sex and gender integration in health research, from grant application, data collection and analysis, to reporting findings by sex and gender, and through to knowledge mobilization. Working across these domains is an invaluable opportunity for IGH to work in partnership and collaboration with CIHR's Learning Health Systems portfolio, contributing to CIHR's efforts to increase equity and reduce bias in research funding. These efforts will demand attention to methods, theories, practices, analytic approaches and capacity bridging. Such efforts will be even more necessary as we broaden sex and gender considerations to include other intersectional factors that influence health and well-being.

PRIORITY 1

Driving Systemic Change for Sex and Gender+ Integration

GOAL We will drive transformation of the health research ecosystem through improved integration of sex and/or gender+ in health research and knowledge mobilization initiatives.

To achieve this goal, IGH will focus on strengthening its efforts in three areas:

Advance Research Excellence

- Drive culture change across the research ecosystem to overcome persistent barriers to the integration of sex and gender (e.g., study design, data capture and collection, data analysis, reporting and publication)
- Develop and advance methodological guidance for how to integrate sex and gender in research, including how to incorporate the lens and tools of intersectionality (i.e., gender+).

Bridge Capacity

- Modernize the online training module curriculum on Integrating Sex & Gender in Health Research and develop a new module with and for community research partners[20].
- Contribute to the development and improvement of peer reviewer training, processes and expectations aimed at advancing appropriate assessment of the quality of sex and gender integration.

Knowledge Mobilization

- Convene and contribute to communities of practice in sex, gender and intersectional factors integration into health research.
- Promote best practice standards of sex and gender integration in research and knowledge mobilization, including how to increase sex, gender, and intersectional diversity of participants in human health studies.

Cross-cutting CIHR Priorities

Indigenous Self-Determination in Health Research

Health Equity

What is “capacity bridging”?

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

PRIORITY 2

Advancing Sex and Gender Science

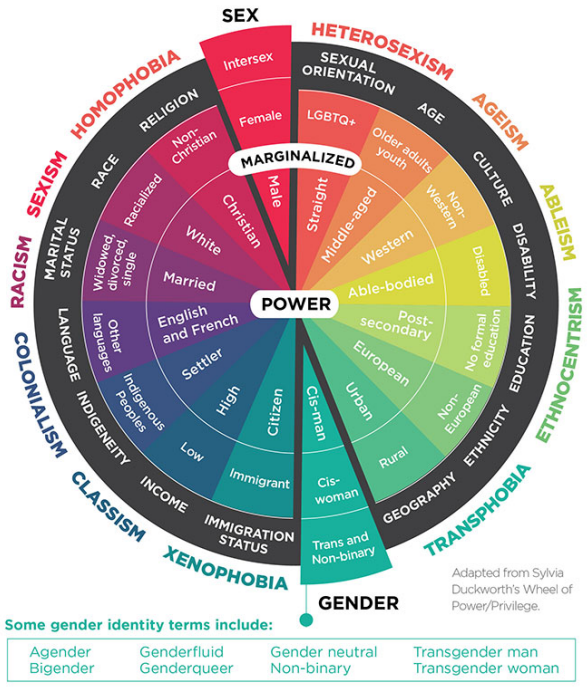
Sex and gender science has gained momentum as a distinct field of study since IGH's founding. There is a growing community of scholars dedicated to advancing knowledge, theories and methods for sex and gender science and applying this evidence to improve health. For this field to continue evolving, we need to move beyond describing sex differences and gender disparities by normative sex and gender categories to examining and understanding the sex and gender-related factors and processes that drive them, and how they intersect. This will help us explain why we see differences (or similarities), understand when those differences matter and their causal pathways and identify solutions to address related health inequities.

This priority is aimed at supporting robust sex and gender science with the potential to lead to discovery and action on sex-related biological mechanisms and/or gender-related social processes. Within this priority, we acknowledge that sex and gender interact to shape our health, as a function of the experience of being sexed bodies in gendered social contexts[21]. Such an approach enables us to advance intersectional research that centres sex and gender while considering how they intersect with other identities (e.g., age, ability, socio-economic status, sexual orientation, race/ethnicity) and social processes (e.g., sexism, ageism, ableism, classism, homophobia, transphobia, racism and other forms of discrimination) to shape our health.

As the only health research funding institute in Canada with a specific focus on sex, gender and health, IGH has a key leadership role in advancing sex and gender science by advancing research, bridging capacity, and convening communities for sex, gender, and health research and knowledge mobilization.

What is intersectionality and why does it matter in quantitative health research?

Intersectionality is a Black feminist theoretical framework with origins as early as the 1850s. The term was first coined by Kimberlé Crenshaw in 1989 to name the experiences of Black women who face intersecting and cumulative forms of oppression and discrimination (racism and sexism). An intersectional framework assumes that an individual's experiences are not simply equal to the sum of their parts but represent intersections of axes of social power. For example, the health-related experiences of immigrant women may be different from those of immigrant men and non-immigrant women. In Sex- and Gender-Based Analysis Plus (SGBA+), we discuss intersectionality as an extension of sex and gender analysis, but intersectionality also originates in critical race theory and can be applied across other social identities or positions in society (social positions).



While qualitative intersectional approaches are well-developed, quantitative approaches are less so, because of the challenges inherent in capturing and analysing intersections of social power and their causal effects on outcomes in discrete, categorical data points. A key question in quantitative intersectional research is whose experiences, outcomes, or processes need to be examined or made visible. By investigating population heterogeneity in the context of social power and studying processes of oppression, discrimination and privilege, we can develop interventions that are directly relevant to specific communities. Learn more.

As described in the IGH Meet The Methods series: "Quantitative intersectional study design and primary data collection" written by Greta Bauer. February 2021.

What are sex- and gender-related factors?

'Sex' and 'gender' are often used interchangeably, despite having different meanings.

Sex refers to 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.

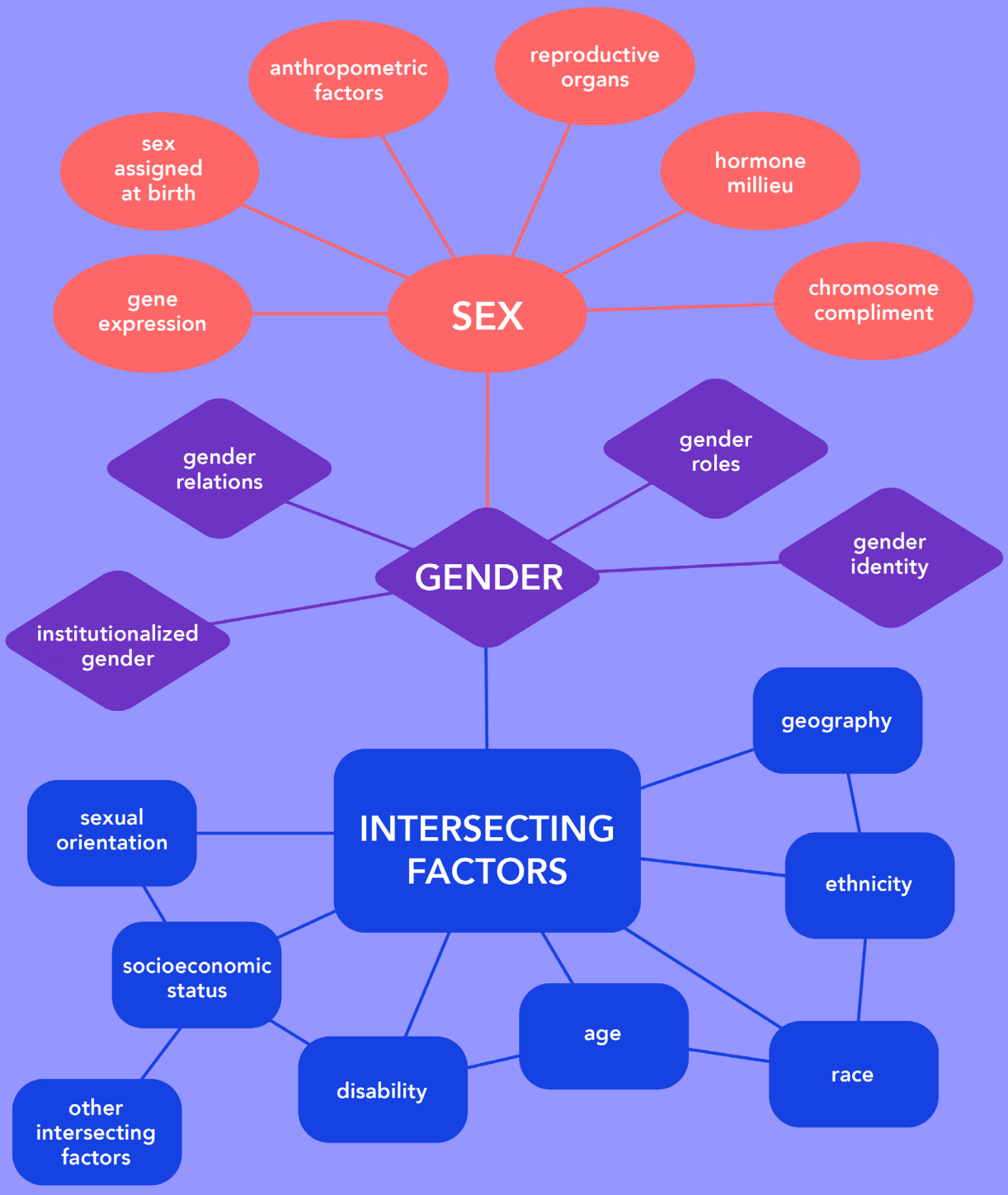
Sex-related factors may include chromosomal complement, gene expression, anthropometric factors, reproductive organs, hormonal milieu and/or sex assigned at birth.

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people. Gender influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity includes girl/woman, boy/man, non-binary and additional gender-diverse identities. Gender is not static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.

Gender-related factors may include gender identity, gender roles, gender relations and institutionalized gender[15].

In humans (and intriguingly, perhaps in animals), sex and gender can interact with gendered experiences influencing biological phenomena (and vice versa)[21].

DIMENSIONS OF SEX, GENDER AND INTERSECTIONALITY



PRIORITY 2

Advancing Sex and Gender Science

GOAL We will advance sex and gender science as a distinct field of scholarship by catalyzing a renewed focus on mechanisms and processes.

To achieve this goal, IGH will focus on strengthening its efforts in three areas:

Advance Research Excellence

- Fund research on new and improved methods to advance measures, tools, analysis and/or approaches to understand and/or address sex and gender-related factors and processes.
- Champion research that develops, implements and evaluates solutions to address sex-related differences and gender inequities in health.
- Fund research focused on discovering and examining sex and gender-related factors, mechanisms and processes to help understand why we see differences (or similarities) in health across the lifecourse.

Bridge Capacity

- Host and support IGH Summer Institutes for trainees, researchers, mentors, community partners and Indigenous leaders across the four pillars to advance sex and gender science.
- Fund, support and inspire trainees and the next generation of sex and gender health scientists.

Knowledge Mobilization

- Support specific sex and gender science knowledge mobilization activities within high-priority health domains, including to help drive policy.
- Connect policymakers to the sex, gender, and health scientific and community expertise required to make informed and equity-oriented decisions.
- Mobilize what we learn from sex and gender science into better sex and gender integration practices, and to influence sex and gender-informed policy, programs and healthcare solutions.

Cross-cutting CIHR Priorities

Indigenous Self-Determination in Health Research

Health Equity

PRIORITY 3

Investing in Sex and Gender Research for Health Equity

IGH serves the health of all Canadians yet recognizes that there are groups in Canada who experience health inequities related to intersecting social categories of sex and gender diversity. Community input gathered through IGH's Listening Tour affirmed the need to create a health equity-oriented Research Priority Plan focused on underfunded populations facing significant and systemic health disparities.

Our assessment of IGH's strengths, community and areas of need for research funding and impact identified **three widely-supported areas of focus for IGH's Research Priority Plan**:

Two-Spirit and LGBTQI+ (2S/LGBTQI+) health[2]

Women's health[3]

Gender and health within Indigenous and Black communities

People of all sexes (male, female, intersex) and gender identities (men and boys, women and girls, and gender-diverse people) are included across these three areas of focus, and an intersectional approach will enable representation from many additional communities.

It is within this priority that we can most fulsomely develop practices for community-engaged research approaches that are equity-centred and engage with the tools and lens of intersectionality.

The IGH community has researchers and community partners with the expertise, lived and living experience, relationships, theoretical groundings and approaches necessary to advance research in these three areas of focus. As the state of research and action in each of these focus areas is different, IGH will take a purpose-built approach to delivering on these priorities by working with our community to identify the most relevant and impactful ways forward. Crucially, this work will be inclusive of community as research co-producers towards enabling community ownership of research.

PRIORITY 3.1
2S/LGBTQI+ health

The populations of 2S/LGBTQI+ people in Canada are growing, yet there is a dearth of intersectional, strengths-based, community-driven research on the health needs of these communities. This contributes to 2S/LGBTQI+ health inequities and limits capacity for the development and implementation of evidence-informed policies aimed at addressing these inequities.

Recent data has shown that research grants focused on 2S/LGBTQI+-specific health comprised only 0.35% of total CIHR project and operating grants funded from 2009–2020[9]. Research funders like IGH have an important role to play in remedying this gap. By prioritizing this area, we can advance knowledge and community-informed application of that knowledge while further positioning IGH, CIHR and Canada as a global leader in 2S/LGBTQI+ health research.

Supporting intersectional, community-engaged research and knowledge mobilization is crucial to ensure that policies and programs relevant to 2S/LGBTQI+ communities across Canada are informed by robust scientific evidence and reflective of community strengths, needs and solutions.

"What and Who is Two-Spirit?" in Health Research

Two-Spirit is a term coined by Indigenous lesbian, gay, bisexual, transgender, queer, and/or non-heterosexual (LGBTQ+) leaders at the Third Annual Intertribal Native American/First Nations Gay and Lesbian Conference in Winnipeg in 1990.

Two-Spirit is a community organizing tool for Indigenous Peoples of Turtle Island who embody diverse sexualities, gender identities, roles and/or expressions.

Two-Spirit is a way to challenge Western constructions of gender and sexual orientation and is meant to facilitate Indigenous Peoples' connections with Nation-specific expressions, culture, and roles of gender and sexual diversity.

As described in the IGH Meet The Methods series: "What and who is Two-Spirit?" in Health research written by Harlan Pruden (nēhiyo/First Nations Cree) and Travis Salway[22].

PRIORITY 3.2
Women's health

There is a need for innovation and investment in women's health research aimed at filling knowledge gaps, informing practice and policy and remedying gendered health inequities. Recent analyses have shown extensive unmet needs in women's health, including for female-specific health conditions, conditions that affect women disproportionately or differently and conditions that are under-researched and under-resourced[23, 24].

Recent investments have sought to address this gap. A key example is the Government of Canada's $20M investment in the National Women's Health Research Initiative, delivered over five years (2023–2027) in a partnership between CIHR and Women and Gender Equality Canada (WAGE). IGH has an opportunity to build on the profile of the National Women's Health Research Initiative[25] as a first-in-a-generation investment in women's health research. Through the Initiative's incorporation of an intersectional approach, alignment with WAGE priorities and with the growing partnerships and coalitions invested in advancing women's health, we can generate and mobilize a strong evidence base and contribute to transforming the health of women and gender-diverse people in Canada.

PRIORITY 3.3
Gender and health within Indigenous and Black communities

Indigenous and Black people in Canada have sex, gender and health research priorities that differ from white Canadians. Focusing on gender and health priorities within Indigenous and Black communities enables us to examine the ways multiple structural and systemic factors (including anti-Indigenous and anti-Black racism, sexism, ageism, ableism, classism and other forms of discrimination) intersect to impact access to healthcare, health and wellness outcomes of Indigenous and Black communities. Moreover, this priority enables opportunities to examine and support anti-racist approaches to improving health.

The IGH community has the knowledge, skills and relationships necessary to conduct research and knowledge mobilization activities that are community-driven, intersectional and equity-centred. By having this focus, we honour the origins of intersectionality theory by Black feminists and Indigenous women's collectives and build on learnings from funding models such as the IGH co-led Indigenous Gender and Wellness[26] research initiative.

PRIORITY 3

Investing in Sex and Gender Research for Health Equity

GOAL We will fund community-engaged research on the health needs and priorities of communities experiencing sex and gender-related inequities.

To achieve this goal, IGH will focus on strengthening its efforts in three areas:

Advance Research Excellence

- Prioritize community-engaged cross-jurisdictional comparative policy analyses, policy impact analyses, and policy development research that generate evidence needed to support the health of communities experiencing sex disparities and gender inequities.
- Fund multi-phase research initiatives that engage community partners to progress activities from community-informed research prioritization, grant development, research, and knowledge mobilization.

Bridge Capacity

- Fund equity-deserving trainees, researchers, and clinician scientists who are under-represented in health research (2S/LGBTQI+, women, Indigenous, Black, and racialized people, and those at the intersection of these identities) recognizing that trainees and researchers from equity-deserving communities often lead research by, with, and for equity-deserving communities.
- Convene training opportunities in community-engaged research in sex, gender and health.

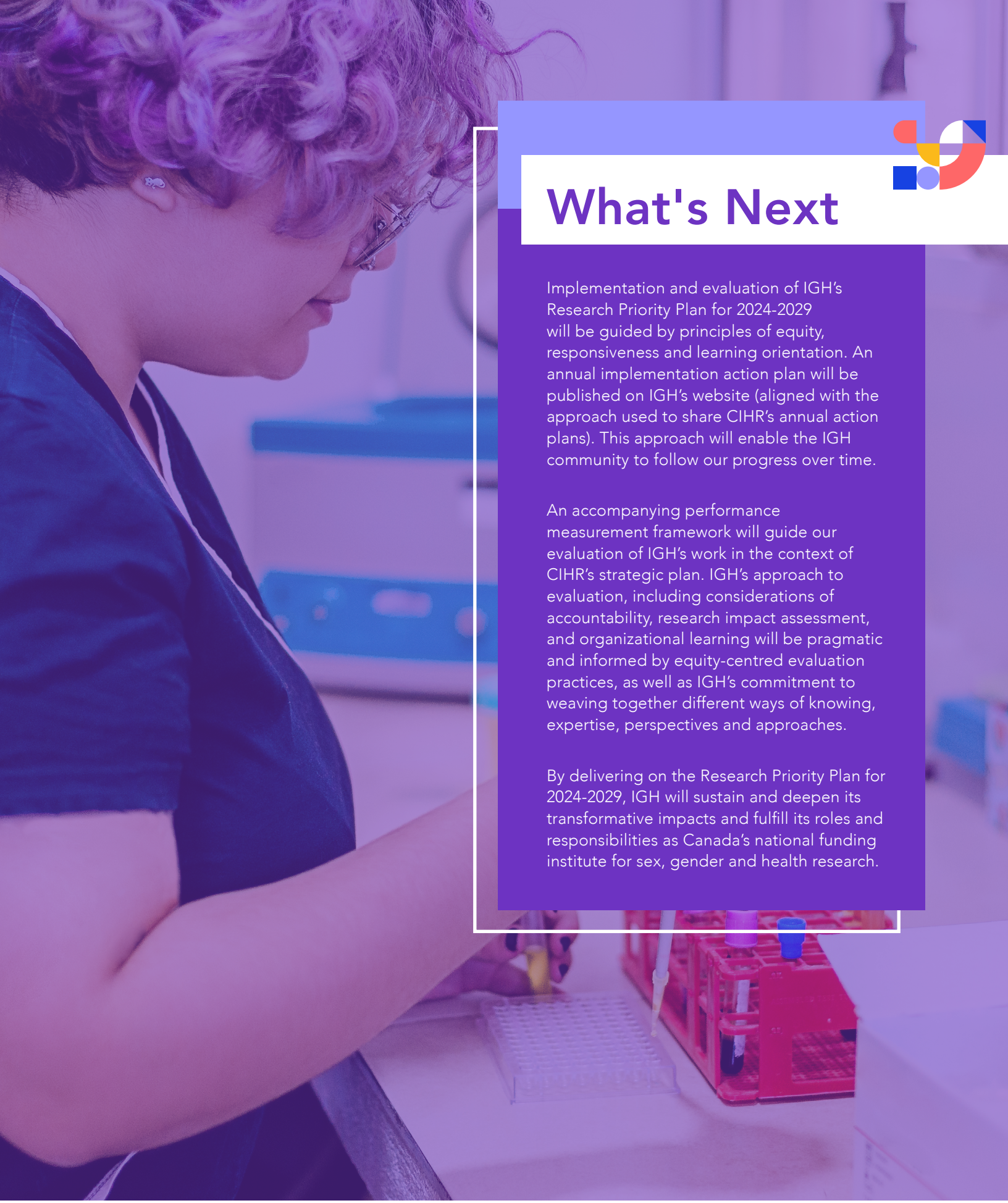
Knowledge Mobilization

- Shift practice and standards to resource, validate, and promote knowledge mobilization outputs valued by community partners.
- Leverage IGH's network and positional power to convene and enable relationship building between academic and clinical researchers with community partners and policymakers.

Cross-cutting CIHR Priorities

Indigenous Self-Determination in Health Research

Health Equity



What's Next

Implementation and evaluation of IGH's Research Priority Plan for 2024-2029 will be guided by principles of equity, responsiveness and learning orientation. An annual implementation action plan will be published on IGH's website (aligned with the approach used to share CIHR's annual action plans). This approach will enable the IGH community to follow our progress over time.

An accompanying performance measurement framework will guide our evaluation of IGH's work in the context of CIHR's strategic plan. IGH's approach to evaluation, including considerations of accountability, research impact assessment, and organizational learning will be pragmatic and informed by equity-centred evaluation practices, as well as IGH's commitment to weaving together different ways of knowing, expertise, perspectives and approaches.

By delivering on the Research Priority Plan for 2024-2029, IGH will sustain and deepen its transformative impacts and fulfill its roles and responsibilities as Canada's national funding institute for sex, gender and health research.

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END NOTES

[1] The African Ancestral Acknowledgement in IGH's Land Acknowledgment is inspired by one created by the City of Toronto's Confronting Anti-Black Racism Unit in February 2021. To view theirs, please visit https://www.toronto.ca/wp-content/uploads/2023/01/94b6-african-ancestral-acknowledgement-guidance.pdf.

[2] LGBTQI+ stands for lesbian, gay, bisexual, transgender, queer and intersex. The plus represents additional sexual and gender-diverse communities who use additional terminologies.

[3] We use a broad and inclusive definition of women's health research, incorporating both sex as a biological variable and gender as a social variable, across the lifecourse. We include people assigned female at birth, all people who identify as women (cis and trans inclusive), as well as gender-diverse individuals who do not identify as women but who share health challenges in common with women. We acknowledge that not all people who deserve to benefit from inclusive women's health research identify as women and not all people who were assigned female at birth identify as women.