



A Guide to Applying Gender and Diversity Analysis in Health For Policies, Planning and Decision Making

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EXECUTIVE SUMMARY

Health staff identified a need for better support in contextualizing Gender and Diversity Analysis (GDA) in the health sector. Women and Gender Diverse People's Health Section created this guide to provide key information, questions, and examples to support staff in making equity considerations. By using GDA and similar health equity analysis tools, health staff can identify and address potential barriers, advancing health equity and ensuring positive health outcomes for all. Key health-specific prompting questions cover aspects such as:

- **Identifying the problem,**

1. What problem are you trying to solve and why is it being prioritized as an issue at this time?

**Example
#1**

Patient Medical Homes are being introduced to address gaps in access to primary care on PEI. It is being prioritized because lack of access negatively impacts patients, providers and the system, and creates risks for the overall health outcomes of people.

2. Are there current, or historical, health equity concerns related to the issue?

**Example
#2**

Due to forced sterilizations in Canadian history, some Indigenous people are mistrustful of reproductive care and are less comfortable accessing services.

- **Understanding people and their needs,**

3. Are there known systemic barriers for particular population groups that could impact their ability or willingness to access the initiative?

**Example
#3**

Language barriers can make it hard for newcomers to understand the health system, access services, and communicate with providers.

- **Assessing potential impacts,**

4. How will the initiative affect access to and experience of health care and outcomes for the intended population groups?

**Example
#4**

The Mental Health and Addictions Emergency Department & Short Stay Unit in Charlottetown provides targeted, high-quality care to individuals in crisis, addressing critical needs and ensures holistic support.

- **Developing options to mitigate barriers,**

5. Are there options available that could address possible barriers?

**Example
#5**

Providing in-home and personalized support helps families overcome barriers like access to transportation, mobility issues, or childcare challenges.

- **Monitoring the initiative's impact on equity,**

6. How will you monitor the initiative to determine if it has enhanced equity?

**Example
#6**

Develop a periodic anonymous survey and collect disaggregated data.



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PART I: BACKGROUND

ABOUT THIS RESOURCE

This guide provides information, prompting questions, and examples to support health staff to make equity considerations in their work. The main intent is to help contextualize Gender and Diversity Analysis (GDA) for the health sector; however, it can also be used as a general resource to help staff consider health equity and the needs of diverse groups. It can also be useful as part of the information gathering and analysis process when completing an Anti-Racism Impact Assessment (ARIA).

GDA is an equity assessment tool endorsed by Provincial Government. The province's GDA resources are maintained by the Interministerial Women's Secretariat (IWS) and align with an evidence-based approach developed by the Federal Government called Gender-Based Analysis Plus (GBA+).

Using GDA, or other similar policy lenses/tools, helps ensure that potential impacts (positive or negative) on equity-denied and other groups are identified. It helps us recognize and mitigate potential barriers so people can access what they need and have a positive experience. For the health sector, the overall goal is to achieve health equity and overall positive health outcomes.

HEALTH-SPECIFIC EQUITY ANALYSIS TOOLS

Department of Health and Wellness (DHW) and Health PEI (HPEI) staff may already be familiar with using health-specific equity analysis tools. Many such tools exist, are readily available online, and follow a similar step-wise approach as GDA. Their intention is also similar – to identify impacted population groups (especially vulnerable groups), assess other relevant and intersecting identity factors (i.e. the social determinants of health) and recognize possible impacts so barriers can be mitigated.

DHW or HPEI staff may prefer to use health-specific tools as opposed to GDA. The Health Gender and Diversity Coordinator with the DHW maintains a resource/tool inventory to support this need and can help staff identify the best analysis tool to meet their current needs.

The Coordinator can also support staff to transfer their findings, if a tool other than GDA is used, into the [GDA Worksheet](#) to support decision-making and ensure no important considerations that would be captured by GDA are missed (See Appendix A).

CONTACT US

This guide is maintained by the Health Gender and Diversity Policy Coordinator, Community Health Division, DHW.

If you have suggestions, questions, or ideas for future updates for this guide, please share your feedback using the following link: [Suggestions & Questions Form for Guide to Applying GDA in Health](#)

For further information or support, contact healthhub@gov.pe.ca.



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KEY CONCEPTS

WHAT IS EQUITY?

Equity is considering people's unique experiences and differing situations, and ensuring they have access to the resources and opportunities that are necessary for them to attain desired outcomes. Equity aims to eliminate disparities and disproportions that are rooted in historical and contemporary injustices and oppression.¹

WHAT IS HEALTH EQUITY?

Health equity is achieved when everyone, regardless of sex, gender, income, race, or other socio-demographic characteristics, has the fair opportunity to reach their optimal health.²

Health equity is an outcome which can be reached, in part, by ensuring that policy tools such as GDA or health-specific equity-analysis tools are used when government develops or reviews existing health care initiatives like policies, programs/services, strategic plans, legislation, budgetary planning, and more. In doing so, we can identify potential impacts on equity-denied and impacted groups and develop mitigation strategies to address barriers.

OTHER CONCEPTS

Many other terms and concepts are used throughout this guide. Links are provided, where possible, to sources providing more information or specific definitions. The [Health Gender and Diversity Policy Coordinator](#) can support staff by answering questions or pointing to resources and training opportunities.

Great places to start include:

- PSC Certificate Series – [Pathways to Equitable Policies, Programs and Initiatives](#)
- Interministerial Women's Secretariat's [Gender and Diversity Analysis Guide and Worksheet](#) (available under "Policy Lens Resources" at the link)
- The Government of Canada's free online [GBA+ training](#) and [Guide on Equity, Diversity and Inclusion Terminology](#)
- Canadian Institute of Gender and Health (CIHR) [Sex and Gender Training Modules](#)
- The National Collaborating Centre on Determinants of Health's [Resource Library](#), including:
 - [Let's Talk: Determinants of Health](#)
 - [Keeping it political and powerful: Defining the structural determinants of health](#)
 - [The determinants of health: A curated list](#)

¹ Guide on Equity, Diversity and Inclusion Terminology. Government of Canada. Accessed 16/9/2024: <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-E>

² CIHI - <https://www.cihi.ca/en/topics/health-equity-and-population-health>



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WHERE DO I START?

Evidence-informed research and analysis of available data about impacted groups and engaging internal and external partners are key when making health equity considerations. Section 3 of the [GDA Worksheet](#) allows you to record your research sources and engagement activities, as well as to document whether information or data was unavailable.

- Recommended information sources include demographic data, peer-reviewed articles, literature reviews, white papers and grey literature, jurisdictional scans (formal or informal), and consultation and engagement results.
- For existing programs or initiatives under review, you can also look at available program information, data, and internal/external partner feedback.
- Consultation and engagement, with internal partners and groups who will be affected, is critical whenever possible and supports are available to help you.

IDENTIFYING BARRIERS TO HEALTH EQUITY AND FINDING SOLUTIONS

Most equity-analysis approaches, including Gender and Diversity Analysis (GDA), follow a similar process even if different terms are used or the steps are ordered or named differently.

In all cases, research and engagement provides the foundation for the process. The general intent, regardless of the approach used, is to:

- Understand the initiative being proposed, what issue it intends to address, and why it is being prioritized at this time. “Initiative” is used to broadly refer to policies, programs/services, strategic plans or budget plans, legislation, etc.
- Identify how people will be impacted, positively or negatively, by the initiative, with special attention paid to equity-denied or other vulnerable groups and to identity factors rooted in the determinants of health.
- Name potential barriers to access, experience, and overall health outcomes.
- Develop evidence-based options to mitigate those barriers by removing them or providing support to ensure people can access what they need.
- Ensure monitoring and evaluation criteria are in place for the initiative so that improvements to equity can be measured.

The following sections provide health-specific prompting questions and examples to help contextualize equity analysis for the health sector. The GDA guide and worksheet contain other questions, not specific to health but important for identifying barriers for equity-denied and vulnerable groups, that should be considered when conducting an analysis. For those using the GDA worksheet to record their findings, each section notes which parts of the worksheet the prompting questions support.



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PART II: KEY QUESTIONS AND EXAMPLES OF EQUITY ANALYSIS IN HEALTH

The following sections highlight questions and different examples to help consider equity analysis for the health sector. Examples include a mix of fictional scenarios, health-specific issues, and actual programs and services offered by the Department of Health and Wellness (DHW) or Health PEI (HPEI).

PART ONE – IDENTIFY THE ISSUE (Sections 1&2 of the GDA Worksheet)	
OBJECTIVES - Understand the initiative you are working on. What issue it is trying to address, and why?; - Consider what internal partners need to be involved; - Start recognizing and challenging assumptions.	
Considerations	Examples
What problem (or perceived problem) are you trying to solve and why is it being prioritized as an issue at this time?	Patient Medical Homes are being introduced to address gaps in access to primary care on PEI. It is being prioritized because lack of access negatively impacts patients, providers and the system, and creates risks for the overall health outcomes of people.
Who brought the issue forward as a concern and who has provided input so far into possible solutions? What other internal partners should be consulted?	French-language home care has been identified as a key priority by members of the Acadian and Francophone community through the French Language Services consultation process, a key element in the implementation of the <i>French Language Services Act</i> . Based on the feedback received in planning French Language Services for Home Based Care, a learning module was developed specifically for the PEI Francophone and Acadian population: “Active Offer “of French language services in home care for staff. This online learning module explained the importance of offering services in French. In summary, the Active Offer of French Language Services is now the regular and permanent offer of services to the Francophone population.
Have other government jurisdictions (nationally or internationally) and health systems addressed similar concerns?	Other jurisdictions and health systems have addressed concerns regarding access to free contraceptives. In April 2023, British Columbia (BC) became the first province to offer free prescription contraceptives for all residents. As of June 2025, BC, Manitoba, Yukon, and PEI have signed bilateral agreements with the federal government to participate in the national pharmacare program.



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Are assumptions being made about the needs or socio-economic situations of our patients/clients?	As of June 2025, OHIP+ covers prescription contraception for people under the age of 24 who don't have private insurance in Ontario³. This assumes that people over age 24 can afford contraceptives.
Are there social or systemic factors, norms or stereotypes informing our assumptions about what our patients need that may result in negative health outcomes?*	While clinical indicators for diagnosing and prescribing will not differ based on race, there is an opportunity to educate and remind providers about challenging personal bias. It is known that broadly speaking, across healthcare systems, BIPOC individuals' pain is underestimated and undertreated⁴. This can lead to misdiagnosis, delayed treatment and mortality. It can also reinforce beliefs among members of the BIPOC community that they should not trust the health system, leading to them delaying or avoiding care in the future.
Are there current, or historical, health equity concerns related to the issue?*	In various Canadian jurisdictions, frontline staff observe that Indigenous individuals seem less likely to access, or are less comfortable accessing, cervical screening clinics. Given that Indigenous people were victims of forced sterilization in Canada, some people in those communities are justifiably mistrustful of reproductive care.⁵
*Research and lived experience demonstrate that equity-denied individuals may avoid accessing the health care system due to systemic discrimination such as racism or homophobia. As policy makers, it is important to continuously build our knowledge of this history, so we have an awareness of potential concerns when initiatives are developed or reviewed.	

³ [Learn about OHIP+ | ontario.ca](#)

⁴ [Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites - PMC](#)

⁵ [The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada - Part II](#)



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PART TWO – IDENTIFY PEOPLE AND THEIR NEEDS

(Section 2 of the GDA Worksheet)

OBJECTIVES

- Identify population groups who may be affected by the initiative, with particular consideration for equity-denied groups;
- Identify social, structural or other determinants of health that may impact different groups or individual experiences, access or outcomes, in relation to the initiative;
- Identify any intersecting demographic, socio-economic or other factors that could contribute (positively or negatively) to someone's experience or ability to access the initiative.

Considerations - People	Examples
Have the needs of equity-denied groups been considered to ensure equitable access, experience, and overall positive health outcomes?	In 2022, Health PEI's Virtual Care Project Coordination Centre conducted a survey and community meetings to assess peoples' use of virtual care and identify areas for improvement⁶. The findings highlighted barriers for seniors, individuals with disabilities, low-income individuals, rural residents, and others, such as unreliable internet access, low digital literacy, and limited English language skills. In response, two eHealth Support Specialists are now available to assist everyone – patients and providers – with navigating virtual care and providing technical support.
Are there other population groups or communities that may be impacted (positively or negatively)? Depending on the scope and context of the initiative, impacts on groups not defined as equity-denied (e.g., men, religious majority groups, etc.) may require consideration.	In 2019, CPHO and Public Health Nursing observed a decline in the number of people accessing the Smoking Cessation Program and initiated a program review. Program data revealed that people living in rural areas, notably rural men, are less likely to access smoking cessation support compared to other population groups. Since then, targeted efforts have been made to reach all populations that are less likely to access the program, with future evaluations of these efforts planned for 2026/2027.
In addition to equity-denied groups, have patients/health care clients, frontline providers (public and private), and subject	DHW reviews options for expanding the Fertility Funding Support Program. The program originally served people with a uterus who are trying to become pregnant using IVF or IUI. Egg and sperm retrieval and storage are not covered.

⁶ [Virtual_Health_Care_Survey_Results_2022](#)



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matter experts been consulted where appropriate?	Partner and patient feedback indicate that gender-affirming and oncology care patients may also benefit if this option is added to the program. As a result, planning staff are exploring the feasibility of expanding the program to address this need.
Are there known <u>systemic barriers</u> for particular population groups that could impact their ability or willingness to access the initiative?	Historically, information about the healthcare system and front-line services have been provided primarily in English, with French available when needed. With a large influx of people moving to PEI in recent years, the language needs of the population have expanded. Language barriers can make it difficult for newcomers to understand the healthcare system and how to access available services and limit their ability to communicate with providers and understand the information provided. Various solutions have been implemented to support this need, including 24/7 phone-based language interpretation support and a partnership with the Immigrant and Refugee Settlement Association to offer interpretation services for medical appointments.
Considerations – Determinants of Health	Examples
Which determinants of health are relevant in the context of this initiative, for each population group identified?	The Provincial Dental Care Program subsidizes basic dental treatment services to low-income residents and those receiving financial assistance. Eligibility criteria include being a PEI resident (i.e. providing a home address), having an active PEI Health Card, and meeting the income criteria (i.e. filing the most recent tax return and meeting the income eligibility threshold).⁷ Several determinants of health are relevant here, such as income, access to dental care providers, mental health and addictions, geographic location and access to transportation, housing, health and digital literacy, immigration status (potentially no health card), and ability to file tax returns.

⁷ Provincial Dental Care Program | Government of Prince Edward Island



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How could belonging to an equity-denied group(s), combined with factors rooted in the determinants of health, combine positively or negatively to impact a person's access to or experience of this initiative?

A Black transgender woman with a high income, living in a rural area with limited access to primary care, will face different challenges accessing services compared to a Chinese immigrant in an urban setting with limited transportation options.

The first individual, despite having no financial barriers, may encounter systemic or individual racism or transphobia, struggle with accessing services due to her rural location, or feel unsafe seeking certain services in her community due to confidentiality concerns.

The second individual may have better access to a variety of services but face significant challenges due to language barriers and lack of transportation.



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PART THREE – IDENTIFY POTENTIAL IMPACTS

(Section 2 of the GDA Worksheet)

OBJECTIVES

- Describe the potential unintended negative or positive impacts of the initiative on the population groups identified.

Considerations	Example
How will the initiative affect access to and experience of health care and outcomes for the intended population groups? For other population groups?	One example of an initiative is The Mental Health and Addictions Emergency Department & Short Stay Unit in PEI. This was designed to provide 24/7 access to emergency and crisis care for individuals experiencing mental health, addiction, or substance use crises. ⁸
Will the gap between best and worst health outcomes be narrowed or widened by this initiative?	The dedicated facility beside the Queen Elizabeth Hospital provides specialized care, reducing the strain on general emergency departments and offering a more appropriate environment for individuals in crisis. Providing targeted, high-quality care to individuals in crisis addresses critical needs and ensures holistic support. The initiative will likely narrow the gap between the best and worst health outcomes. Accessing the services at the Mental Health and Addictions Emergency Department & Short Stay Unit may be more difficult for individuals with limited access to transportation, and for those located outside the Charlottetown area. Those residing in rural communities face a particular challenge due to greater travel time if in a crisis. Although everyone in PEI has access to the Mental Health and Substance Use Access Line (1-833-553-6983), the central location of the ED and Stay Unit could, therefore, lead to differential access to mental health and substance use supports.

It is important to note that considering known biological or genetic differences, and how these might contribute to health outcomes alongside the determinants of health, is often necessary (especially in the context of health research). Most of the initiatives we work on at DHW and HPEI will not require that level of consideration and can rely on existing research that addresses sex or genetic differences. Further information can be found on the Canadian Institutes of Health Research [website](#).

⁸ [Mental Health and Addictions Emergency Department & Short Stay Unit | Government of Prince Edward Island](#)



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PART FOUR – DEVELOP OPTIONS TO MITIGATE BARRIERS

(Section 4 of the GDA Worksheet)

OBJECTIVES

- **Develop evidence-informed options to minimize or eliminate negative impacts and maximize positive impacts on equity-denied groups, and other population groups, for consideration by decision-makers.**

Considerations	Examples
Are there options available that could eliminate, or provide supports to counter, possible barriers for patients who belong to equity-denied or other vulnerable groups?	Families often face various social, health, economic, and educational challenges which affect their well-being. To help address these challenges, the Best Start Program was created. Best Start is a free and in-home visiting program offered through CHANCES (a nonprofit organization that provides services for children and families) in partnership with Public Health Nursing and supported by the Department of Health and Wellness ⁹ . This program is designed for families with children from birth to age three. The program offers personalized support to help parents navigate the early years from postpartum wellness to child development in their home. The in-home support allows the program to cater to the families' needs. This helps families overcome barriers such as access to transportation, mobility issues, or childcare challenges. This tailored approach ensures that support reaches those who need it most, contributing to improved health and social outcomes for parents and children.
How do the proposed options address systemic barriers to equitable access to care created by health care and other systems?	

⁹ Best Start | CHANCES | Childcare and Development PEI



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PART FIVE – MONITORING AND EVALUATION

(Section 5 of the GDA Worksheet)

OBJECTIVES

- Establish a monitoring and evaluation strategy that includes criteria to help determine if the initiative has been successful in advancing health equity;
- Determine what health equity indicators and objectives will be measured and how;
- Monitor whether recommendations for mitigation were implemented;
- Monitor whether or not recommendations were effective;
- Disseminate learnings and evaluation results.

Considerations	Examples and Additional Information
How will you monitor the initiative, in whatever form it moves forward, to determine if it has enhanced equity? Consider what indicators and objectives should be in place to monitor and evaluate whether the initiative resulted in the following for different population groups: • Created or maintained barriers for certain groups • Was effective in removing barriers for certain groups • Has enhanced equity of access, experience, and overall health outcomes • Has had unanticipated outcomes (positive or negative) for some groups • Has differential impacts between groups	The types of indicators used to measure success and how to communicate evaluation data will be specific to individual initiatives. For example, if the objective of an initiative was for a specific health service to better reach the BIPOC community, a periodic anonymous survey to program participants (or the general public) could be built into program monitoring and evaluation. In addition to questions aimed at measuring program success and client satisfaction, disaggregated data could be collected, such as geographic area, race, sex, gender, sexual orientation, age, income, immigrant status, etc., to help the program administrators better understand what demographics are using the program and where there might be gaps.
How will you communicate your evaluation findings? Are there opportunities to: • Communicate updates and evaluation data with internal and external partners, engagement participants, and/or the general public • Communicate updates and findings to senior leadership and decision-makers	



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- | | |
|--|--|
| <ul style="list-style-type: none">• Share data and information with others (internal or external) who may be able to use the information in their own work• Share findings through presentations, conferences, journal articles, educational sessions, etc. | |
|--|--|



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APPENDIX A: GENDER DIVERSITY ANALYSIS WORKSHEET

Created by the Interministerial Women's Secretariat

DIVISION Click or tap here to enter text.

DATE Click or tap to enter a date.

NAME OF INITIATIVE Click or tap here to enter text.

STEP 1: IDENTIFY THE ISSUE

TYPE OF INITIATIVE:

Policy ☐ Program/Service ☐ Budget ☐ Funding or Grant Program ☐

Other

STAGE OF INITIATIVE:

Planning ☐ Development ☐ Implementation ☐ Evaluation ☐

Other

DESCRIPTION:

Click or tap here to enter text.

STEP 2: IDENTIFY PEOPLE AND THEIR NEEDS

EQUITY-SEEKING GROUPS

Groups are listed alphabetically and are not ranked in order of importance or priority.

Identify the needs, inequalities, and barriers that equity-seeking groups (populations) may experience with respect to this initiative. You may identify other groups and diversities that are not explicitly named here; we encourage you to consider all relevant identity groups in your analyses (see Additional Groups). Depending on the degree of impact, population(s) impacted, or focus area/topic, further analysis may be required. The following content experts are available to help determine whether further analysis is required and to support this analysis:

- [Anti-Racism Policy Advisor](#)



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- [Gender and Diversity Policy Analysts](#)
- [Indigenous Relations Secretariat](#)

Note: Although research and engagement is step 3 in this worksheet, research should be used early, and as needed, to help you identify impacted populations and their needs.

Click the TRIANGLE to expand any groups where the group may be affected.

CHILDREN & YOUTH	NOT AFFECTED: ☐
FRANCOPHONE	NOT AFFECTED: ☐
PEOPLE WITH DISABILITIES	NOT AFFECTED: ☐
INDIGENOUS PEOPLE	NOT AFFECTED: ☐
PEOPLE WITH LOW INCOME	NOT AFFECTED: ☐
NEWCOMERS	NOT AFFECTED: ☐
RACIALIZED PEOPLE	NOT AFFECTED: ☐
RURAL POPULATION	NOT AFFECTED: ☐
SENIORS	NOT AFFECTED: ☐
2SLGBTQQIA+ PEOPLE	NOT AFFECTED: ☐
WOMEN	NOT AFFECTED: ☐

INTERSECTIONALITY CONSIDERATIONS

Now that different equity-seeking groups have potential inequalities/impacts have been identified, consider how those identities may intersect to further impact people and their needs.

DESCRIBE ANY SIGNIFICANT INTERSECTIONS OF IDENTITIES WHERE THERE MIGHT BE FURTHER INEQUALITIES OR BARRIERS:

Click or tap here to enter text.

STEP 3: RESEARCH AND ENGAGEMENT



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IDENTIFY SOURCES OF DATA AND INFORMATION ABOUT THE VARIOUS IMPACTED POPULATIONS GROUPS:

Demographic Data ☐

Peer-reviewed articles

☐ Jurisdictional Scans ☐

Literature reviews ☐

“White” papers

☐ Other ☐

Key findings: Click or tap here to enter text.

☐ Engaged stakeholders

☐ Internal stakeholders, list: Click or tap here to enter text.

☐ External stakeholders, list: Click or tap here to enter text.

Provide rationale if engagement of stakeholders did not take place: Click or tap here to enter text.

Key findings: Click or tap here to enter text.

☐ Program evaluation and/or complaint/concern history

Key findings and sources used: Click or tap here to enter text.

☐ Other Sources of Information

Key findings and sources used: Click or tap here to enter text.

Identify any gaps in available data: Click or tap here to enter text.

STEP 4: DEVELOP SUGGESTIONS AND RECOMMENDATIONS

Develop and list your suggestions and recommendations; describe how they will address the needs and potential barriers of this initiative on the identified equity-seeking groups.

Click or tap here to enter text.



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