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Chair

Ms. Marilyn Gladu

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● (1550)

[*English*]

The Chair (Ms. Marilyn Gladu (Sarnia—Lambton, CPC)): I'd like to call the meeting to order.

Please take your seats.

[*Translation*]

Good afternoon, everyone, and welcome.

[*English*]

We have lovely guests with us today. We have from Belgium today, Carine Joly, a consultant at the Institute for the equality for women and men. We have Nicolas Bailly with her as well.

Welcome to you.

From New Zealand, we have Dr. Jo Cribb and Helen Potiki from the Ministry for Women.

Welcome to you as well.

We're going to begin with our friends from Belgium. They'll have ten minutes to speak, and then we'll go to our friends from New Zealand. Let's begin with Carine.

[*Translation*]

You may start.

Ms. Carine Joly (Advisor, Institute for the Equality of Women and Men): I am Carine Joly, an advisor at the Institute for the Equality of Women and Men. I am responsible for what we call the gender mainstreaming unit, that is to say, the mainstreaming of gender equality. The Institute is particularly responsible for overseeing the strategy.

My colleague Nicolas Bailly, who is also a member of the unit, and I will give you an overview of the implementation of gender mainstreaming at the Belgian federal level. After a brief introduction, I will present the key provisions of our 2007 act and its concrete implementation as part of the federal plan for gender mainstreaming. Before wrapping up, my colleague Nicolas will then introduce the gender test, which is an impact analysis instrument based on the use of gender statistics.

As an introduction, I will provide some background.

Following the Beijing world conference, a pilot project on integrating gender mainstreaming in federal policies was launched in January 2001. The assessment of this project supervised by an academic team led to various recommendations in 2003, which emphasized the need to institutionalize this process or strategy. The act of January 12, 2007, is the legal expression of the political will to entrench gender mainstreaming in the Belgian federal institution environment.

I will list the key provisions of this act.

This legislation sets out a series of obligations, both at the political and administration levels.

It sets out that each member of government will integrate the gender dimension in policies under his or her responsibility, meaning that the government member will analyze and determine the differences between the respective situations of men and women and take that into account when establishing policies.

The act also provides for the creation of an interdepartmental coordination group consisting of government officials and political representatives. I will come back to this.

This legislation also provides for the creation of a gender test, namely an analysis of the impact of bills and draft regulations on the respective situations of women and men.

The act sets out that federal administrations will produce gender statistics and gender indicators.

My colleague will elaborate on these two last points, namely the gender test and gender statistics.

The legislation also requires that the government submit to Parliament reports on the implementation of the act.

Lastly, the act provides that the Institute for the Equality of Women and Men will be responsible for supervising and supporting the gender mainstreaming process in federal policies.

Note that the implementation of the act was slowed by a political crisis that disrupted Belgium between 2007 and 2011. As a result, the first federal plan could not be adopted until 2012, once there was a government in office following the elections of June 2010.

In practical terms how do we organize the implementation of this legislation?

Overall, gender mainstreaming is intended for people generally involved in policy development. Therefore, our main objective is to ensure that members of strategic units, that is, the advisors to ministers and their ministerial cabinets and officials responsible for policy in the administrations, agree to reflect and get in the habit of reflecting on the impact of proposed policies on the respective situations of women and men.

To this end, two instruments were established specifically to implement the act.

First, there is the interdepartmental coordination group, which also provides for the adoption of a federal plan. This group was mandated by a decree to implement the law enacted in 2010.

The interdepartmental coordination group consists of members of strategic units, who are advisors to ministers and officials from the various administrations. The group is chaired by management of the Institute, which also acts as its secretariat. By virtue of its composition, the group requires the direct involvement of political actors and creates a dynamic between the political and administrative levels. I think this is an important point.

● (1555)

In particular, our mission is to prepare a draft federal plan, prepare and coordinate mid-session and end-of-session reports that are submitted to Parliament, and produce a semi-annual progress report following up on the implementation of the plan.

In addition, the decree provides that all members of this group will receive training on gender mainstreaming. The Institute organizes such training through an external expert company to ensure that the approach becomes truly operational. These courses are very practical. They are based on concrete examples and include practical exercises for members of the group.

In terms of the interdepartmental coordination group, the second largest support is obviously political commitment, the federal government's adoption of a plan. Although, theoretically, gender mainstreaming is intended to include all federal policies, it is important to set goals early in the session. At the Belgian federal level, these goals are reflected in a plan that was approved in July 2015, or a little less than a year ago.

This plan represents a commitment of the whole of government, as well as each individual minister, and involves the relevant administrations that are responsible for the practical implementation of the plan. The first part includes a series of commitments related to the act, and the second part, which we think is the most important, deals with the various government policies that will be prioritized for gender mainstreaming over the course of the parliamentary session.

To make things a little more concrete, consider the minister of justice's objective of integrating the gender dimension in the reform of matrimonial property regimes and inheritance rights. This is one of the goals for this session. For his part, the minister of security and the interior seeks to integrate the gender dimension in the prevention and fight against radicalization, a very important theme right now. The goal is to get the most concrete results possible by the end of the session in order to entrench the gender mainstreaming process in policy-making and to establish the maximum number of best practices that will serve to demonstrate the feasibility and usefulness of the approach.

I will now give the floor to my colleague Nicolas Bailly, who will present the gender test, namely a regulatory impact analysis.

● (1600)

Mr. Nicolas Bailly (Attaché, Institute for the Equality of Women and Men): Good afternoon.

As Carine has just mentioned, the act provided for the creation of a gender test, that is to say, an assessment of the impact of bills and draft regulations on the respective situations of women and men. At the federal level, other *ex ante* tests already exist and others were being prepared. Negotiations ensued and resulted in the establishment of a regulatory impact analysis. This analysis includes several components, including one that focuses on the equality of women and men.

This instrument is called RIA, or regulatory impact analysis. It is mandatory for all files submitted to the council of ministers. That said, the executive branch remains entirely free to accept or ignore the findings of the analysis. The purpose of this impact analysis, which is conducted by the regulators themselves, is to stimulate reflection. The goal is actually to get them to internalize the habit of reflecting on the impact of the regulatory proposals they put forward with respect to the situations of women and men.

Specifically, there are a series of open questions on the person in question and on the differences between men and women. The objective is ensuring that regulators have a clear idea of the respective situations of men and women in the area covered by the draft regulations, so they can then evaluate the impact of their proposal on the situations of women and men.

The law under which this impact assessment was created also mandated the establishment of a committee. The committee is composed of representatives of the five administrations touched by the various aspects of the impact analysis. This committee can offer advice if regulators wish to be advised on the quality of the analyses they performed. It also prepares a report analyzing in some way the quality of responses to questions posed as part of the analysis.

The findings of the first report prepared on the RIA as a whole are not very positive. Indeed, the RIA has not yet been truly integrated in the Belgian federal decision making process. The finding was that people spend relatively little time on it and tend to conduct the analysis at the end of the process. Ideally, the impact analysis should be performed as early as possible as part of the reflection leading to the adoption of draft legislation.

Therefore, the regulators and political and administrative officials have not yet—

The Chair: Thank you.

[*English*]

That's your time, I'm sorry. We'll get the rest in the question period if that's okay.

Now, we're going to turn to our guests from the Ministry of Women in New Zealand and, Helen, I believe you're going to begin.

Ms. Helen Potiki (Principal Policy Analyst, Ministry for Women of New Zealand): [*Witness speaks in a foreign language*]

I greeted you in one of New Zealand's two official languages, te reo Maori, which is the language of the island indigenous people, the Maori in New Zealand.

It's a great privilege to be able to be here with you this morning, and now I'll hand over to our chief executive officer, Jo Cribb, to begin our statement.

[*Translation*]

Dr. Jo Cribb (Chief Executive Officer, Ministry for Women of New Zealand): Hello.

[*English*]

Thank you so much for the opportunity to be here today.

You've asked us two questions about what New Zealand does to monitor the use of gender-based analysis in government processes, and also our view on what works to measure the impacts of government policies and programs in creating more equitable results.

I'll start by making the connection with our colleagues in Belgium. All government departments, every time a piece of policy is lodged with a cabinet committee that considers social policy advice, they have been required for nearly a decade to undertake gender analysis and reflect this in a gender implication statement. It's a ministry. The ministry for women used to provide gender analysis training.

I'd like to be honest with you, often the gender implication statement is done right at the end before the paper is submitted. With the gender analysis training we did, we had upwards of 500 policy analysts working on a range of issues across government. That evidence shows that the one-day training, or even the two-day training, was not being effective. While we think it's important to keep the gender implication statement, because it sends a powerful signal, it means somewhere in the process there is a benchmark with women when gender issues are considered. We've taken a different approach evolving to it as well.

In the ministry for women, we have what's called “a second opinion policy advice role,” which means we have the ability to comment on policy initiatives as they develop. We think we can be most effective by being quite targeted about where we would put our time and energy, so we can involve ourselves in policy processes right at the beginning, when we think we have the most gender impact. This seems to work for us well, so by the time the paper comes to SOC, a gender analysis is completely embedded in a policy process.

We've also found there are areas across government where we can make more of a difference and more impact, and perhaps that's more important to do. We work alongside our colleagues in a partnered process, and we're very technical, I guess, in where we put our resources. It's a macro-level in terms of monitoring the impact of government policies. We at the ministry have a statement of intent, which is a public accountability document that monitors how well we are doing and the how the government is doing across a series of indicators.

We also are about to produce an indicators report about the status of women in New Zealand that is overt across the priorities, and across what is happening, so each year we can be open about what is happening, and of course all of us are considering how we report at the SDG 5. As a country, we're taking it very seriously, as well.

In terms of our whole government, and in terms of how we are arranged and operating, we have some hard targets. The government has a 45% target for the number of women on state sector boards. We can happily report that we've just made 33.7%, which is the highest number ever, and there's a huge energy around this target.

For our other policy areas, we have a series of what are called better public services targets—we can provide more information around this—which guide our social and economic policy. In each of those, there is a gender component. For example, there are a series that are about the education levels young people achieve. We have worked hard to make sure there is a gender analysis that's at a very macro and strategic level within government. The ministry can be true to these with some specific projects that are completely focused on women.

If I would leave you a few key messages, it would be we think it's important to have the benchmarks or the rigour around a gender implication statement, but our experiences are that we have to move further than this. We find that, particularly as a ministry, we get results by working with and alongside our colleagues in the policy area right at the beginning. We are focused and targeted on what will yield the most results or the best progress for a women in gender issues in New Zealand. This model very much aligns with our indigenous peoples' philosophies about what it is to be a leader, to walk alongside others, and to advance as we go.

Would you like to comment some more on this?

● (1605)

Ms. Helen Potiki: As a government agency, we are committed to meeting the needs of the diverse range of women in New Zealand. Our philosophies around leadership, particularly in leading the government's work on gender equality, very much align with Maori philosophies of inclusive leadership. Those are things like, not just recognizing that certain agencies and parts of government have mandate and power to do things, but also that leadership comes from humility and authenticity, as well as facilitation in connecting people to others who can also contribute to the work.

An example is that our department holds in international caucus meeting twice or three times a year, and that is about our department bringing together like-minded groups of providers, international and domestic, to talk about issues of mutual interest. One of those issues will be the sustainable development goals, and New Zealand's commitment to achieving the sustainable development goals.

We see our role in leadership as not just being a contributor to research and policy, but also being able to connect people who can do the work better, alongside others, just as we do.

Thank you.

● (1610)

Dr. Jo Cribb: We are very much looking forward to your discussion, your questions, and a good dialogue.

Thank you.

The Chair: Excellent.

I would like to thank all of you for your comments, and especially for your Maori greeting. I was a little concerned that perhaps our translator wouldn't be able to translate.

We are going to begin with our first round of questioning.

I will start with my Liberal colleague, Ms. Damoff.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you very much to all of you for joining us today. We are very grateful for the expertise you bring from other countries. It is very helpful to what we are doing here.

To the ladies from New Zealand, you mentioned that this has been required for over a decade. Is it actually mandated or legislated that it be performed? You said you are selective in where you put your resources. I had the impression that even though it is required, it is not being done.

Could you clarify that a little for us?

Dr. Jo Cribb: I can do that.

When a policy paper goes through the cabinet process—we call them cabinet papers—it goes through a cabinet committee first, and then it goes through the full cabinet. I think you probably have a similar process. A social policy paper [*Inaudible—Editor*] is in a template that has absolutely mandated that there be a gender statement around it. As my Belgian colleague said, is that a really effective way of encouraging agencies to think right at the beginning of the policy development process about how this will play out for women? In some ways, potentially but not necessarily. It can be a compliance exercise, rather than a full and integrated part of the policy process.

At the ministry, our role is obviously to ensure that the policy is as good quality as it could be. We tend to work out where the most important policies are. We actually put a person in the process, so we would be engaged right at the beginning of the policy design process, right at the commissioning, because that will mean the thinking happens all along the process.

As I said, I think it is really important and crucial to have those kinds of stakes in the ground, and we think about it around gender implication statements. It would not mean that every piece of policy has absolutely embraced gender equality thinking, and you may have to do some other things as well. That has been our experience.

Ms. Pam Damoff: Did you find that you had to get additional resources in order to be able to follow the various departments, or did you have to make do with what you already had in the ministry?

Dr. Jo Cribb: We make do with what we have in the ministry. We have a mandate. I think this is absolutely what happens with every government agency. We are the same as in your country.

My view, as chief executive, is that our role is to put ourselves where we can be most effective, and we absolutely do this.

Ms. Pam Damoff: One of the things that we had come forward to us is the need for champions within the various departments. Do you actively promote champions within the departments, or does it happen organically?

Is there a program where departments appoint a champion on gender mainstreaming, or whatever you may call it?

Dr. Jo Cribb: At the moment there is a formal program. In terms of the way we operate as a ministry through an influence model, we absolutely have champions in our organizations who we work with.

Ms. Pam Damoff: Thank you.

I have some questions for the Belgian witnesses as well.

How was it introduced in Belgium to make gender-based analysis mandatory? Or is it mandatory, and if so, how was that done?

● (1615)

[*Translation*]

Ms. Carine Joly: The analysis is mandatory by law. The act institutionalizes the process and makes mandatory this gender analysis, which we call gender mainstreaming. This the the term used to describe the integration of the gender dimension, or the comparative analysis. It is therefore mandatory. That is what I was saying when I outlined the series of obligations imposed on the government and the ministers as well as on the administrations involved.

[*English*]

Ms. Pam Damoff: When that was made mandatory, how well was it implemented within the departments? It sounds like you're still facing challenges in making it part of everyday decision-making for people if it's only being done at the end. So what can we do differently to ensure that it's just part of the process when everyone is looking to develop policy?

[*Translation*]

Ms. Carine Joly: This is part of the upstream process for a series of policies that are set out in the federal plan, as I said. In any case, the act makes it possible to apply this approach to all ministers involved, including—and this is for us one of the important points of this law —in matters where usually we do not talk about the different situations of men and women. For us at the federal level, that would be mobility or that kind of issue. We talk about that in employment much more easily than in other areas. Here, that applies to all federal ministers, whether in defence, mobility or other matters. This is a very important point. It is really a cross-cutting approach. This affects all ministers.

The entrenchment and the work done in all departments are relatively new, since the act, as I said at the beginning of my presentation, started being truly implemented in 2012, more or less. It is still relatively early in the process of a real implementation, but we have seen great progress with the establishment of a coordination group.

In all departments, certain individuals are appointed to take charge of gender mainstreaming. These people set up coordination groups made up of members responsible for statistics, research and everything else in each of the departments in question. I was not able to elaborate on this aspect, but it is already in place. We have made considerable progress, especially in collecting statistics, a point that Nicolas was not able to discuss. However, the transformative aspect is not yet there in all areas.

[*English*]

The Chair: That's your time.

We'll go to my Conservative colleague Ms. Vecchio for seven minutes.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Thank you very much.

I just want to start first by differentiating because here in Canada we've been studying GBA+, and that plus that includes age, education, language, geography, culture, and income.

From listening to both sets of witnesses, I recognize that in New Zealand it seems to be completely focused on women, and in Belgium it was between men and women. Do you have those extra plus things that we have in here in Canada as well, and are you using that with any of your analysis when you're working with your government policies?

[*Translation*]

Ms. Carine Joly: I am not sure I quite understand the question. Are you asking whether we take into account other factors, not just gender? Did I understand correctly that the question is about intersectionality?

[*English*]

Mrs. Karen Vecchio: Exactly. What they've done here is they've generalized it not to be the sex but to be the gender that's in the whole of education, income, and a variety of different things. I'm wondering if we're using the same definition of "gender".

[*Translation*]

Ms. Carine Joly: I will probably not provide a definition of the word "gender". For us, the focus is on the comparison of the respective situations of women and men. When analyzing specific policies, such as social integration, we will consider whether we are dealing with a disadvantaged target group, the poorest women, and we will cross-tabulate the data. When we ask for data, it is by gender, not for the general population. We will consider where men and women respectively lie with respect to income. The age groups are also important. We will take into account a series of factors, according to the policy being analyzed.

● (1620)

[*English*]

Mrs. Karen Vecchio: Awesome. Thank you.

New Zealand?

Dr. Jo Cribb: Sure. I think our academic colleagues call it intersectionality, the idea that a woman isn't just one woman. In New Zealand, and I'm sure it's the same in your country, there's more diversity within women than there is between women and men. As a ministry, we absolutely ask the question constantly, "Which women? Who are we talking about?" We have quite a sophistication around our analysis, using age, ethnicity, and socio-economic status as well.

From our perspective, we take the stance that we recognize that men are very important, particularly in change, but our ministry's mandate is openly about gender equality and with a focus on women. If you think institutionally, though, about how we arrange ourselves as a public service, we have an agency and very strong colleagues who have a mandate to think through a Maori lens. We work very closely, obviously, because we have a mutual interest there. We also have another agency and a group of really close colleagues who look through a Pacific lens.

So we have institutionally, I guess, some mechanisms where we all work together so that we're ensuring that we are actually presenting the reality of New Zealand women through our policy processes.

Mrs. Karen Vecchio: Thank you.

Continuing with New Zealand, what are some of the best practices the Government of New Zealand has found in efforts to ensure that gender considerations are properly taken into account?

Dr. Jo Cribb: We have found that most effective is actually early engagement from somebody who brings a gender lens to a policy project. We would absolutely recommend it. For instance, we had large changes in and around some of our social policy settings. Structurally we had somebody from the Ministry of Women bring a gender perspective right at the beginning.

This means that the questions around who we're talking about when we're talking about women, and what the impacts will be, are absolutely asked right at the first principles. We would recommend that as a way to ensure that the quality of the thinking comes through to you in the decision-making process, because it's repeated right throughout the process.

Mrs. Karen Vecchio: To the Belgian witnesses, to what level are Belgian federal departments engaged in evaluating initial gender considerations through the analysis of sex-disaggregated data? What are some of the best practices from the Belgium experience that might be helpful for us here in Canada?

[*Translation*]

Ms. Carine Joly: We think that collaboration between the political and administrative levels is essential. That is key for us. The fact that the process is made mandatory is critically valuable to us, because this is our main support at the beginning of the session. There is a law and the government must commit to implementing this strategy, to automatically adopt the plan. As I just said, this applies to all government ministers, including the finance and budget ministers. We are including two ministers who would be less likely to comply on their own. I would say it is a key element.

Another key element is adequately tailored awareness. We realized that rather general training did not work to make people buy in. We therefore set up specialized training tailored to different departments, with examples directly based on policies slated for integration of the gender dimension. In departments such as those dealing with employment, we work on employment topics, but for co-operation and development, we work on policy analysis and analytical grids. Talking to people who are generally responsible for policies about their own areas is fundamental.

The third key element is the development of work on gender statistics.

● (1625)

[*English*]

The Chair: Thank you. That's your time.

We will go to my NDP colleague Ms. Malcolmson for seven minutes.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Thank you to the witnesses for bringing your experience to us.

I have a quick question for the New Zealand experts. Some of the materials we've read indicate that all papers to the cabinet social policy committee must include a gender implication statement. Is that still a requirement?

Dr. Jo Cribb: That's what I'm talking about. Individual pieces of policy that go through have to have a statement.

I guess I'm being very honest with you in saying that I would still recommend that, if you want the best quality advice coming to you, having a statement like this is very important. It sets a very important benchmark and a signal about the quality of the thinking that is coming through, so I would suggest that you think about putting these benchmarks in place but also think about how to get the quality of policy thinking right at the beginning to be as robust as it can be. This is a compliance exercise half an hour before the paper has to be submitted to the committee. That would be my strong recommendation.

Ms. Sheila Malcolmson: We heard some reports that the policy had been changed, that this requirement had been undermined, but that is not the case. You're carrying on. Excellent.

I have some questions for the Belgian witnesses as well. I'm interested in knowing more about the budget commitment that your government has given to the gender-based analysis process. Here in Canada, our Status of Women budget represents .01% of the overall budget, and it includes the requirement to carry out oversight of GBA.

I'm hoping you can give us a sense of how much of the overall government spending is committed to your department and committed to GBA, and if you don't have that at your fingertips, we can always get it as a follow-up.

[*Translation*]

Ms. Carine Joly: Okay.

I cannot tell you exactly what percentage of the entire federal budget is allocated to the equality issue. As for our department, part of our budget is dedicated to gender mainstreaming. We use that money especially to support the entire training process, since we work with external consultants. We also use it to conduct specific studies and analyses. In particular, we completed an inventory of gender-based statistics at the Belgian federal level, for example. We have a specific budget line item within the department.

[*English*]

Ms. Sheila Malcolmson: Thanks.

Are you able to follow up with us to get an indication of the percentage of your budget that's going to it? That would be helpful.

[*Translation*]

Ms. Carine Joly: Yes.

[*English*]

Ms. Sheila Malcolmson: Thank you.

We're trying to measure the benefit of doing this program well, which our country hasn't done yet, but we're optimistic.

Do you have a comparison between before your policy became mandatory and after? Has there been a measurement of the tangible benefits of doing this program well?

[*Translation*]

Ms. Carine Joly: Is the question for a witness from New Zealand or from Belgium?

[*English*]

Ms. Sheila Malcolmson: Yes, it's for Belgium. All of my other questions are for Belgium. Thanks.

[*Translation*]

Mr. Nicolas Bailly: As was mentioned before, this is a fairly recent strategy. The act dates from 2007 and the first federal plan was established in 2012. In addition, that was a very short session, given the political crisis that emerged.

We are now in the second gender mainstreaming plan, which started after the 2014 election. Therefore we do not have enough history to see whether that had any impact on the content of public policy. It is still too early. This is really a phase of implementation, awareness raising, training, and development of instruments. We try to ensure that politicians invest in and commit as much as possible to objectives associated with the integration of the gender dimension. We do not have enough experience to see whether there has been a qualitative effect on the content of public policy.

● (1630)

[*English*]

Ms. Sheila Malcolmson: In moving forward for Belgium, does your government have a commitment to do that measurement so that you can find out in the future if you've been successful?

Your nodding does not need to be translated. That is good.

[*Translation*]

Ms. Carine Joly: That may be because the analysis aspect is mandated by means of a report to Parliament. There is no commitment towards a concrete measure before and after. The obligation to report and the analysis are already provided for.

However, a budget measure or a measure to determine the actual impact on the situation are not mandated, strictly speaking.

[*English*]

Ms. Sheila Malcolmson: Thank you.

I understand that you have a requirement to submit annual reports to ensure that there is compliance with the policy. I'm hoping that you can tell us what kinds of gender indicators you are using to measure the achievement of the strategic objectives.

[*Translation*]

Ms. Carine Joly: Yes, this is done through an interim report required by law. The report outlines the achievement of the objectives as defined in the plan, as well as the implementation of the various processes that go along with this work, specifically regarding statistics.

The Institute is responsible for preparing the plan in collaboration with the members of the interdepartmental group. In some cases, with regard to certain departments, we are able to produce some pretty concrete results, depending on what was initially defined. Some objectives have rather narrow targets, while others are much broader.

Of course, as much as possible, the report will present some indicators of the content and the policies, and not just indicators of the process.

[*English*]

The Chair: That's excellent. That's your time, Ms. Malcolmson.

We'll take the final seven-minute round with Ms. Sahota, who I believe is sharing her time with Ms. Nassif.

Mrs. Eva Nassif (Vimy, Lib.): Thank you, Chair.

I would like to thank all our witnesses.

Since my colleague addressed all her questions to the witnesses from Belgium, I will be addressing my questions to the witnesses from New Zealand.

You mentioned the public accountability document in your presentation and stated that there is a ranking based on a series of factors. What are those factors? Could you please elaborate on that document?

Dr. Jo Cribb: As a ministry, we report on achievement for women in New Zealand, and we do it across the government's priorities. The government's four priorities for gender equality in New Zealand are around reducing the levels of violence against women in New Zealand, ensuring that women and girls can access education, ensuring that women's skills are utilized in the economy as well as they can be, and ensuring that there are more women in leadership.

Under each of those four key things, there is a series of measurements for how we can actually monitor and track those using our gender database. I can go into those in some detail or we can make them available to you so you can see them. Obviously, it is all on our website about how we report against this. What it does is allow us to track the government's progress in these areas.

Mrs. Eva Nassif: Could you give us a more detailed breakdown of how GBA training and implementation was crafted and used in the policy-making and administration processes of your government?

● (1635)

Dr. Jo Cribb: The policy analysis was before my time, but this is my understanding of what happened.

When the gender implication statement was introduced, the Ministry for Women created a gender analysis training program for policy analysts. We can share with you what that looked like. It was implemented through the government agencies, but we found, and we know from all the research about how learning happens, that a one- or two-day course really isn't effective to ensure that people have the tools, the ability, and the awareness to do good quality gender analysis.

To put it candidly, we know this isn't the way to learn. Probably for those who are already inclined to think through a gender lens, it advanced them. It also provided a framework for agencies grappling with these issues. But because we found that within the policy community there was a lot of turnover, a lot of this depends on the attitudes of the leaders and the policy managers, and again it is quite a lot of change.

We're not convinced it was a fully useful way of ensuring that gender analysis came through. We can share all our materials with you, and as I've said, we've taken the approach that our research should actually be selective around the policies that we engage with and engage with in some depth.

Rather than kind of taking what we would colloquially call a spray paint approach, i.e., to try to touch everybody lightly, we've gone for a process that's really deeply embedded in some of the key policy initiatives. It's a strategy, which from our perspective, has been more impactful for New Zealand women, because we actually have quality gender analysis coming through very key pieces of work.

Mrs. Eva Nassif: What role does the Ministry for Women play in regulating training, administration, and monitoring of GBA?

Dr. Jo Cribb: As a ministry, we look at all the gender implication statements, but I would signal again that's once something is submitted to a cabinet committee.... In some ways this isn't a useful tool to change that policy, but we can also see where good analysis has been done and where not so good analysis has been done and maybe use that as an indicator about where we should offer our services to our colleagues in the policy community.

We also have what we call a second opinion role that is mandated, which means we have the ability to comment on all cabinet papers before they go to cabinet. And again, we're selective about which papers we comment on. So these are papers that are just about to be promulgated through the cabinet process.

We can use this leverage point to find things where gender implications haven't been well addressed. But obviously because that's right at the end of the process, it can be very difficult to create something, and as we would say, we are most effective when we pick the policies that we are involved in and we're actually on the project team from the very beginning.

I would say to you again that having that ability to have a second opinion on policy advice so we can put our comments and our minister can have gender-based comments within the cabinet process is a very important part of our role, as is requiring departments to do a gender implication statement. That puts the stakes in the ground; it's the institutional framework. I think you've heard my message. I think my advice to you is it's actually about the quality of the thinking that is coming through to you and that you have to do something more to think about how to manage this.

The Chair: And that is your time.

Excellent.

[*Translation*]

I would like to thank all of our witnesses here today.

[*English*]

Thank you.

If you have other information that you want us to receive, you can send it to the clerk. Anything would be helpful. We're beginning to draft our report on Thursday.

Thank you, and we will suspend for a minute while we change up our committee.

● (1635)

(Pause)

● (1640)

The Chair: For the remaining fifty minutes, we are pleased to have with us today, from the Department of Health, Cindy Moriarty, who is the executive director for health programs and strategic initiatives from the strategic policy branch. We also have Dr. Cara Tannenbaum, scientific director of the institute of gender and health at the Canadian Institutes of Health Research.

Each of you will have ten minutes for your speech.

We will begin with Ms. Moriarty.

Ms. Cindy Moriarty (Executive Director, Health Programs and Strategic Initiatives, Strategic Policy Branch, Department of Health): Madam Chair, thank you for the opportunity to present today.

I am pleased to share Health Canada's experience, and I hope the committee finds it useful.

Health Canada has a long history of considering sex and gender as a way of advancing both gender equality and sound science. In the early 1990s, we focused on women's health. In 2000, Health Canada adopted a policy on gender-based analysis, which has since been revised. I'll speak more about the policy in a minute. Also in 2000, the Canadian Institutes of Health Research was established, and with it, the institute of gender and health. The institute is a key partner, and it has had a tremendous influence on our understanding and our approach to this work.

In 2009 we shifted from a focus on women's health to a sex- and gender-based analysis approach. A gender and health unit was created with responsibility for oversight of the health portfolio for sex- and gender-based analysis policy.

Going forward, I'll refer to sex- and gender-based analysis as SGBA, which should shave about two minutes off this presentation.

As you know, Health Canada is part of the health portfolio, which includes the Canadian Food Inspection Agency, the Canadian Institutes of Health Research, and the Public Health Agency of Canada. In 2009, portfolio deputy heads approved the health portfolio's SGBA policy. The policy requires that SGBA be applied to all research, policies, programs, and services in the portfolio.

You'll note that our terminology is a bit different from that of some other departments. We distinguish between sex and gender. Sex refers to biological characteristics, such as body size, shape, hormones, and so on, which distinguish males from females. Gender refers to the array of socially constructed roles, relationships, and relative power and influence that society ascribes to the two sexes, which we tend to think of as masculine and feminine.

For example, if we consider the use of medication, sex is a key consideration in the biochemical response. It may be different in men and women. Gender would be a consideration in how the patient reports the symptoms and how that patient is perceived by the practitioner.

We have established a health portfolio working group to foster a consistent approach and collaboration across the portfolio. This includes agreement on a common goal to embed SGBA as a sustainable practice, and common indicators to measure employee knowledge and use of the policy. We collaborate on employee awareness training and sharing of best practices.

Happy gender-based awareness week, and happy anti-homophobia, anti-biphobia, and anti-transphobia day. We picked a good day to come. In any case, this week we're co-hosting a science panel with the Public Health Agency and with the institute of gender and health. Three eminent researchers will share their experience in applying the concepts of sex and gender and the impact this has had on their own research as well as in their fields.

One of the panellists, Dr. Jeff Mogil, who is the head of McGill's pain genetics lab was recently on the CBC's *The Current* speaking about the importance of testing on female mice as well as male mice. Researchers are learning that even in the animal world it's important to look at both sexes because that will have implications for humans.

● (1645)

[*Translation*]

At Health Canada, we have taken an incremental approach to implementing sex and gender-based analysis. We started with the intention to build the habit of using comparative analysis first, and then to deepen the competency.

First we had to understand our starting point, so in 2009, we conducted an employee survey to get a baseline on levels of awareness and understanding.

Based on the results, we implemented awareness-raising and training sessions. We now find it more efficient to encourage employees to take the online training offered through the Status of Women Canada, as well as the health research training modules that have been developed by the Institute of Gender and Health. While training is not mandatory, it is strongly encouraged through blitzes with prize incentives.

Other methods include “Did You Know” postings through our broadcast media, and this year we launched a micro-assignment program with the Gender and Health Unit.

From this same survey, we identified Cabinet and Treasury Board documents as our first priority. The survey showed that sex and gender was not always considered in the preparation of Memoranda to Cabinet and Treasury Board submissions. We therefore developed a checklist tool. The Gender and Health Unit played a challenge role.

We found that sex and gender was being introduced too late in the process and that it was a challenge to access sex and gender information relevant to the file. We then made changes to ensure that the Gender and Health Unit was engaged earlier in the process. We strengthened our requirements to seek more qualitative information.

There is still more to do, but we are pleased that this has led to an almost 100% compliance in considering sex and gender in these documents.

[*English*]

More recently we've focused on our science community. Health Canada hosts an annual science forum that brings together about 500 researchers and scientists. This has been a key venue for us to educate and target the researchers and scientists.

Last year we introduced a sex and gender component in the call for abstracts to be presented at that forum. We followed up with the scientists who had included sex and gender to learn more about their initiatives, to play a bit of a challenge function, and to build our evidence base. It's important to know what research is under way and available so that we can make good use of it.

Our research ethics board has integrated a sex and gender requirement into the application and review process. The board has a training package so it can now more routinely ask questions about sex and gender and do so with confidence.

I'd like to just give a flavour and touch on a few other examples.

In 2011 the Canadian Centre on Substance Abuse, which is funded by Health Canada, developed and released Canada's low-risk alcohol drinking guidelines that provides Canadians with information on how to minimize risks for their own and others' drinking. The guidelines include safer drinking tips and recommendations on consumption amounts for men, women, teens, and pregnant women.

In 2013 we revised our regulatory guidelines on clinical trials. We had done this in 1997 to ensure that women were included in equal representation in clinical trials so that we could overcome the errors of results of trials that were done solely on men and generalized to women. What we found after redoing the guidelines was that, while women were included in these clinical trials, the findings weren't necessarily considered or reported in a sex-disaggregated fashion, so in 2013 we did another review to make our expectations explicit.

In 2015 we conducted an SGBA on views and expectations toward end of life and palliative care. We learned that the concept of a good death, at home surrounded by loved ones, was not shared across all sectors. We were looking for sex differences, we were looking for differences with respect to gender roles and caregivers, but what we found in fact is that ethnic background played a more dominant influencing role. This is an example of GBA+ that takes social context and diversity into consideration.

My primary observation on barriers and challenges would be that a rigorous SGBA takes effort and needs to be integrated from the beginning. It requires access to reliable evidence or the capacity to conduct the research at the outset of a policy or program development.

The research community is changing, and while every day more research is available with sex- and gender-specific information, it's not the case in every instance. In the absence of reliable evidence to inform our analysis, we're limited to committing to do so over the life of the file. The institute of gender and health has been a gold mine in that regard in terms of hooking us up with research expertise.

While Health Canada makes a point of looking at sex and gender, it's been our experience that there's much more progress on the sex aspect than there has been on gender, which is much nuanced and complex.

On best practices I would offer the following comments. Having a policy sets a tone, but it's not sufficient on its own. Supporting continued guidance is needed to embed the practice, for example through a dedicated resource such as the gender and health unit.

Monitoring and measurement tools are critical. Putting in place a performance measurement framework, especially at the portfolio level, was not easy, and it took considerable expertise.

Taking an incremental approach has been effective for Health Canada, and the requirement for an annual report from the deputy minister level adds impetus to the collection and sharing of evidence and success stories.

A lesson learned for us has been that SGBA is not a one-time task. It's an analytical strategic competency that works best when applied continuously over the life of a project or file. It's not enough to “do it” if at some point in time, typically at the beginning or the outset of a policy or file, the results really need to be applied in the decisions to have effect.

In conclusion, I would offer that, while we're confident we've made good progress, we know that we have much more to do. We look forward to continued collaboration with our partners and to meeting these challenges.

[*Translation*]

I would be happy to answer any questions.

Thank you.

● (1650)

The Chair: Thank you.

[*English*]

We'll go over to Dr. Tannenbaum.

You have 10 minutes.

Dr. Cara Tannenbaum (Scientific Director, Institute of Gender and Health, Canadian Institutes of Health Research): Thank you, Madame Chair.

I would like to thank the committee for inviting me to discuss the issue of sex- and gender-based analysis and to speak to you on how the Canadian Institutes of Health Research is supporting the integration of sex and gender in its research and its programs.

[*Translation*]

The Canadian Institutes of Health Research, or CIHR, is the Government of Canada agency responsible for supporting health research excellence in universities, hospitals and research centres across Canada.

To achieve its mandate, CIHR supports research through a unique interdisciplinary structure made up of 13 institutes. The mission of CIHR's Institute of Gender and Health, of which I am currently the Scientific Director, is to foster research excellence regarding the influence of gender and sex on the health of women, men and gender-diverse people throughout life, and to apply these research findings to identify and address pressing health challenges.

[*English*]

It's pretty well established that sex- and gender-based factors affect health practices, outcomes, and access to health care, yet these important factors—as my colleague showed you—are often not taken into consideration. For example, the majority of basic science research is conducted on male-only animals; women continue to be under-represented in clinical trials; and, issues such as depression and suicide have been poorly studied and poorly addressed in men and boys here in Canada.

As a physician, treating patients gives me first-hand experience of how research excellence can lead to better health for men, women, boys, girls, and gender-diverse people. Daily I am reminded that to truly transform the health outcomes of Canadians, we need more scientific discoveries, treatments, and effective translations of the evidence that account for sex and gender in meaningful ways. To me, this idea is at the core of personalized medicine. After all, what trait is more personal to each of us than the sex we were born with or the gender we identify with?

CIHR has made important progress towards addressing these health and research gaps. For example, as of December 2010, after the SGBA policy came into effect, all researchers applying for CIHR funding, regardless of discipline, are asked to consider how sex and gender are accounted for in their study.

I heard a question about baseline measurement before. At baseline, what proportion of CIHR applicants do you think said “yes, we think of it”? Any takers?

It was 10%. Ten per cent of CIHR applicants reported that they had incorporated sex and gender into their research design. By last year, that number had increased to 50%. The main barrier, it seemed, for conducting SGBA was a lack of knowledge, a lack of skills, and the confidence to actually conduct the analysis and incorporate it into their research.

What did we do about this? We developed our interactive online training modules, which were launched this week, to promote competency among the researchers and also among the peer reviewers, the people who evaluate and decide if people get funded, on whether sex and gender are appropriately integrated into the research study. The launch of these modules has been highly anticipated and positively received, and I could, if you'd like, show you evidence of effectiveness in the first 300 users.

Even before the official launch this week, the National Institutes of Health in the U.S. shared the link to our modules with their 11,000 followers on Twitter. For this reason, as well as our role at the gender advisory board of the European Union, Canada is becoming an international leader in the science, implementation, and evaluation of SGBA.

When researchers understand the importance of sex and gender and apply a sex-and-gender lens to their research, Canadians benefit. That's why CIHR works to translate research findings into evidence-based practices, programs, and policies.

For example, a few months ago, we were invited to a CIHR “Best Brains Exchange” in Halifax, Nova Scotia, which I facilitated, on the topic of keeping older adults healthy and engaged in their community, socially and economically. Researchers from across Canada came together with policy-makers to share best available evidence on innovative, evidence-based, sex- and gender-responsive interventions to help inform the Nova Scotia government's seniors' framework and action plan.

● (1655)

We call these researchers who provide evidence our “sex and gender champions”. Later I could talk a little bit about how we're operationalizing that.

The researchers shared best practices for improving not just the health and prosperity of older adults; we also addressed gender equity issues. I'm not sure how many of you are familiar with what the World Health Organization calls “gender transformative” policies and programs as opposed to “gender unequal” or “gender blind” approaches. Gender transformation is currently the gold standard, we hope, to apply SGBA to health policies and programs here in Canada.

As a leading contributor to the health portfolio's sex- and gender-based analysis policy and to the tri-agency policy statement on equity, CIHR is undertaking a thorough review of its operations to inform an SGBA implementation plan and support performance measurement in this area. Through these activities, CIHR will be able to report against its multilateral commitments to Status of Women Canada, the tri-agency working group on equity, and the health portfolio's SGBA policy under a single lens.

CIHR also works with its sister granting agencies, as well as the Social Sciences and Humanities Research Council and the Natural Sciences and Engineering Research Council, to plan and host gender summit 2017, which will be held in November in Montreal. You're all invited.

[*Translation*]

In closing, Madam Chair, let me assure you that CIHR is committed to ensuring the research it funds benefits women and men equally, and to applying sex- and gender-based analysis to its programs, processes and policies.

Again, I wish to thank you for the opportunity to speak on this important issue.

I will be pleased to answer any of your questions.

[*English*]

The Chair: Excellent. Wonderful. Thank you both.

We'll start our seven-minute round of questioning with my Liberal colleague Ms. Vandenbeld.

Ms. Anita Vandenbeld (Ottawa West—Nepean, Lib.): Thank you very much.

When we had Status of Women Canada here, they told us that some of the best examples come from Health Canada. I think from your presentation, with regard to a lot of the barriers we heard from other agencies, and the challenges, it looks like you're addressing them in very innovative ways. I just want to commend you for that.

I'm interested in the notion of the sex- and gender-based analysis. I'm assuming that this is SGBA+ because of some of the examples you gave. Is the reason for this being peculiar to Health Canada because of the biological nature of a lot of the files you have, or is this something that might be applicable to other departments? In particular, I noted you said that on the sex part it's much easier and much more applied than on the gender side. I wonder if you could tell us a little bit about the reasons for that.

Ms. Cindy Moriarty: First of all, thank you. I think success is all relative, but I'm glad to take that one home.

To start with the latter, in terms of the consideration of sex being easier, it's because we can get sex-disaggregated data on almost anything. It's not always reported that way, and if it's a new and emerging issue sometimes we have to do a little digging or generate new research, but relatively speaking, we can usually tell males from females. I'll spare you the commentary on the fact that even that is not completely binary.

For gender, it is much more nuanced. That's where the plus comes in. It's about context and roles and relationships. That just takes much more of a finer touch. I think we still have a ways to go there. We've been able to tackle it in some files but not in others.

Why sex and gender? Frankly, I think it was a couple of things. One was that as a science department with a science portfolio, it was really important—critical, obviously—for us to get the science right, because that has tremendous impact, as Dr. Tannenbaum said, in terms of health outcomes and impacts. So there is a science to it. We were looking at it as more than a social construct. Reflecting back, looking at it as sex and gender versus gender-based analysis allowed us to produce some good marketing in terms of getting over some of the barriers with regard to resistance: “Here come those crazy feminists again.”

I mean, I grew up in the early eighties. Feminist analysis got translated into gender-based analysis, and now in the health sector we're looking at sex- and gender-based analysis. So it was really about positioning it for us, and to use it in training and marketing as an evidenced-based tool and an evidence-based process as well as a gender equality mechanism or method.

● (1700)

Ms. Anita Vandenbeld: Do you think that might be applicable in other departments or other science-based departments?

Ms. Cindy Moriarty: It could be. I think in the literature, even internally, we notice that the terminology around sex and gender can be used interchangeably. It's something we tend to be a bit fussy about, so I think for sure in other science research departments....

I can't really comment in depth in terms of the work of other departments that are sort of more socially engaged, but I think it's important to at least be clear on what it is we're looking at.

Ms. Anita Vandenbeld: Thank you.

I'm sharing my time with Ms. Ludwig.

Ms. Karen Ludwig (New Brunswick Southwest, Lib.): Thank you very much for your presentations.

In terms of the research, what I'm gathering is that you were looking at the sex or gender and looking at the variables of marital status, race, ethnicity, income, education, and health. Did you take in the geographical location in Canada?

Ms. Cindy Moriarty: We should. We don't always do that consistently, but absolutely.

At Health Canada and at a lot of departments, when we come out with statements they tend to be about all Canadians or all people living in Canada. For me, looking at this is getting at the question: which Canadians are we talking about? Are we talking about women in the north, men in the east, youth, etc.? It should look at all of that.

Dr. Cara Tannenbaum: It was a great question.

We just released a course on that called sex and gender in secondary data analysis. There are algorithms, not only by postal code but also for ethnicity based on name and where you're living, so that intersectional approach is something that the Canadian Institutes of Health Research is now promoting as a gold standard for researchers within government as well as health researchers in the social sciences and elsewhere.

Ms. Karen Ludwig: Great.

On that, Dr. Tannenbaum, are you working with the social science departments at any university in terms of looking at the data collection methods so that when they are being compared they are reliable?

Dr. Cara Tannenbaum: You raise an excellent point.

The answer to the first part of your question is, yes, we're multidisciplinary. The institute of gender and health takes a bio-psychosocial approach to everything including animal research where, actually, the research assistant's sex can influence the way the animals respond to pain. There's even literature out there saying that animals have gender, which is fascinating but not the topic today.

Whether we're working with universities and social scientists to look at how the questions are asked, I'd say half our researchers are social scientists. I'm thinking particularly of Greta Bauer and Elizabeth Saewyc, who are particularly looking at the questions around gender, gender identity, and what came out of the transgender youth survey.

I don't know if you all responded to the census, but I wrote my own comment, and I'm sure you saw not just to tick off male and female, which is particularly relevant to the bill tabled today. We're suggesting probably a two-step approach, for instance, about the sex that you were assigned at birth versus what gender you currently identify with.

The second part of your question regards systemic bias in questionnaires. Many of the depression questionnaires that are used ask, “Are you crying more often?” Well, men, aren't going to answer that. Men actually have a lot more physical symptoms. They may feel more anger and be more irritable, so there is bias in the data collection methods, absolutely.

Our second course, called sex and gender in primary data collection with humans, addresses those issues that you very wisely raised.

● (1705)

Ms. Karen Ludwig: I just have one quick question; it might be a long answer.

Some of the research that you've done has identified that in cardiovascular disease, it tends to appear about 10 years later in women than men. There are higher rates now of young girls smoking and, looking at the death rate for suicides, it's at least four times higher for men.

Did you do any comparison based on gender identification?

Dr. Cara Tannenbaum: It's a great question.

The Chair: I'm sorry.

We'll have to wait for the answer. That's your time. I'm sorry.

Dr. Cara Tannenbaum: It's a fascinating answer. You should really ask it again.

The Chair: Sure.

We'll go over to my Conservative colleague Ms. Harder.

You have seven minutes.

Ms. Rachael Harder (Lethbridge, CPC): Thank you very much.

I'm going to start with the Department of Health. I have a few questions for you.

First off, when addressing health issues that affect both male and female individuals, how does the health department use gender-based analysis to determine the impact on each gender? What are your procedures in place?

Ms. Cindy Moriarty: We would do the sex- and gender-based analysis in terms of identifying what the population at risk is and what the differences are. With suicide, to pick up on that one as an example, we know that boys are committing suicide more, but in fact, girls express suicidal ideation and have more attempts than boys do. We would collect that kind of data, and then it's up to whoever is the policy lead to ask what that tells us and what we look at.

Sometimes it's about making sure that there's an equitable approach within the policy. Sometimes it's because there's a crisis, like in the case of particularly boys in the north committing suicide. We need to understand what's going on there that's different from suicide among youth generally. For sure, we would look at that. I don't know if that answered your question.

Ms. Rachael Harder: I think so.

It brings me to another question.

Maybe I'll ask my other question and then come back to my original. Could you comment on that with regards to men and boys in the north?

Ms. Cindy Moriarty: Could I comment on...?

Ms. Rachael Harder: If I understand you correctly, you're saying suicide is more prevalent among boys in the north than it is among boys in the rest of Canada.

Ms. Cindy Moriarty: I was referring to it in terms of the recent media attention, in terms of the crisis of suicide. This is not only with boys.

Ms. Rachael Harder: This isn't a specific study that your department has done.

Ms. Cindy Moriarty: No, what I was referring to is a study we have that's fairly specific—and there's a risk in extrapolating—and was looking at the concurrence of substance use and abuse with suicide attempts and suicidal ideation. In that study there was information that came forward in terms of the differences between girls and boys; girls and boys in the north; and Inuit youth; and lesbian, gay, bisexual, and transgendered youth. In all cases, among the girls, there was a higher expression of suicidal ideation. There was a higher rate of attempting suicide compared to their counterparts, the mainstream population, and to the boys, but in the case of the boys there is a difference in terms of completion.

I offer that as an example in the sense that we can be driven to looking at who is committing suicide. You have to look at the whole thing in context, and there is something going on with young boys. I don't know what the answer is. I'm not a subject matter expert in that area.

Ms. Rachael Harder: Thank you.

My original question was more along the lines of, is there a specific gender-based analysis of questions, or a survey that is taken, in order to make sure it is consistently considered through all policy initiatives going forward within your department?

Ms. Cindy Moriarty: We have some tools and checklists that give some fairly high level questions, and we encourage researchers and policy-makers to look at the data, and have you looked at the data from a sex-disaggregated point of view, and have you considered this kind of research? It's at a high level. It's difficult when you're not the subject matter expert in terms of how deep you can get into the complexity, but it's playing that challenge function in terms of have you considered the differences between men and women, girls and boys, why or why not, have you looked for research out there, why or why not? We help them and point them in that direction.

Ms. Rachael Harder: Thank you.

I think you've touched on this, but maybe you could into it further, or give me another example. I would be looking for some specific examples with regard to where you see gender issues, which is a phrase we often use. Could you go into that a little within the health department? Where do you see gender issues per se?

● (1710)

Ms. Cindy Moriarty: Everywhere. Seriously, the mandate of the health department is to look at health outcomes for all Canadians. There isn't a file that doesn't have potential for some personal impact, and that makes it a huge challenge for our departments that are trying to figure out where to focus.

Do you want to give an example?

Dr. Cara Tannenbaum: Take drug policy, for instance. It's true that drugs are metabolized differently based on sex. Maybe you didn't see the Health Canada warning about sleeping pills, and that women are recommended to take half the dose. The last time you went to the pharmacist, were you asked, are you a man or a woman, or what dose should I give you? We do it for children, but we don't do it for adults, and yet for certain brands of sleeping pills, the blood level the next morning is 45% higher in women. It's not for that reason we are bad drivers. It's that we were overdosed, so that would be about sex. That's why we say that's the sex-related factor. In drug regulation are we even being transparent about what applies to men and women?

The gender-related factor is why are so many more women taking sleeping pills? I don't know if any of you here are old enough to remember the expression “take a tranq”, or take a tranquillizer. It's women's...it's the gender perception and the gender relation in society that says we need to be cool, calm, collected, always in control, juggling our kids and our jobs, and looking good at the same time. That's the societal institutionalized perception of gender, and so would it make sense that women have more anxiety than men? Probably not, when we look at suicide rates, and yet it's acceptable for women to be taking pills, to ask for more pills for depression and anxiety over men, and that's a gender issue.

I've differentiated around drug policy, for instance, that you need to approach it from a sex and a gender perspective. I don't know if that's a good example for you, but that's how we approach it from a scientific basis.

Ms. Rachael Harder: Thank you, that's helpful. That was a good answer in order to help us wrap our heads around exactly what's going on there, so thank you.

The Chair: You have 30 seconds.

Dr. Cara Tannenbaum: There's also gender and heart disease.

Ms. Rachael Harder: Do you want to talk about that?

Dr. Cara Tannenbaum: Yes, I would, just to tell you that Louise Pilote is a Canadian researcher who is funded through the Canadian Institutes of Health Research and she just came up with an analysis that is groundbreaking, world-shaking, amazing. Canada is really a leader.

She was able to give a gender questionnaire to people with early heart attacks. She looked at the Bem Sex Role Inventory, which asks: are you more nurturing or are you more aggressive, so it's kind of feminine versus masculine. She also took into account hours spent on caregiving activities and household chores and those kinds of things. She created a gender index.

In her analysis she was able to consider both sex—are you biologically male or female?—and gender and see which one predicted poorer outcomes after heart disease. It turns out that gender, independent of sex—which is what we've always believed about women—is the predictor.

If you have a certain gender identity or gender role, then that's going to make you access help either more quickly or more slowly, or follow the recommendations. I don't know if you've seen the American Medical Association's blurb on the woman who is having chest symptoms. She calls 911, and they say, “We're going to be there immediately” and she says, “Give me 10 minutes; the kitchen is a mess”. That's gender.

The Chair: All right. Thank you.

We will now go to Ms. Malcolmson for seven minutes.

Ms. Sheila Malcolmson: Thank you, Chair.

I'm trying to find some ways to talk about how outcomes might be different at a public spending level or at a health level if we did GBA well.

A number of us around the table met with representatives from an ovarian cancer lobby a couple of weeks ago. I was kind of stunned at some of their numbers. For ovarian cancer the fatality rate is terrible. There is no vaccine. There is no screening. There have been no major treatment breakthroughs since the early nineties, and no improvement in outcomes because there has been such a poor research investment.

They gave us numbers from the 2013 Canada research survey. In that year, investments in ovarian cancer were $13.8 million; for breast cancer it was $74 million; and for prostate cancer it was $36.5 million. That's just one example of something that looks really out of whack.

I'm curious. Do you have any experience with that file? Can you talk with us a little bit about how, if we had a more robust gender lens at the time of budget decisions and policy decisions and if we did this better, that kind of outcome might improve?

● (1715)

Ms. Cindy Moriarty: I can't speak specifically on this one. That would be a Public Health Agency matter, not a Health Canada one specifically, so I wouldn't have enough knowledge.

Using that as an example to extrapolate though, for sure if we looked at those kinds of issues and did a better job, we would have better outcomes, whether those were tied to the budget or just generally as health outcomes. For sure that work needs to be done.

If we looked at something like that, if we were doing a sex- and gender-based analysis, we would be looking not just at the rates but at what it is, what's contributing to those rates, and what's going on there, as well as at how the reporting is being done, and then we would go from there. I can't really speak more specifically to ovarian cancer.

Ms. Sheila Malcolmson: I'm not trying to make any guesses about how we might be able to change the outcomes for the women affected, but what happens at a decision-making level around who is digging into the research, and who is making recommendations around allocating budgets in certain areas? Could better federal GBA get at any of those issues, or is something more fundamental at play when we see such discrepancies, especially in this case, for a disease that only women are ever going to encounter?

Ms. Cindy Moriarty: Doing better sex- and gender-based analysis is certainly never going to hurt, but I think you're sort of touching on a bigger question in terms of the decision-making. Because we are public servants, our job is to give that good advice based on evidence, to do our best research, and to put the best options forward. In terms of the decisions and the budget, for example, those are parliamentary decisions.

I don't want to overstep, but there is a need to ask the right questions and to be looking for things at that level as well in the decision-making and then in the follow-up.

Do you want to add to that? I don't want to take all the time.

Dr. Cara Tannenbaum: Two things come to mind. One is how the evidence is being translated into health care. For instance, we just did a review of clinical practice guidelines for health care clinicians. Clinical practice guidelines are recommendations based on evidence. We just reviewed about 118 of them put out by the Canadian Medical Association. Maybe two-thirds actually looked at sex and gender issues, but very few had recommendations about how you should treat men and women. In the Netherlands, they had a public campaign that was launched a few months ago saying, “Treat me like a lady”. Some people may not like the word “lady”, but the point is, does your doctor, nurse, physio, naturopath, or whatever truly know the difference based on evidence, how you could be treated differently?

Men have breasts. One in ten cases of breast cancer occurs in men. Men don't have ovaries. That is an interesting point. Every man will die with prostate cancer, because with time you develop it. It is not aggressive. Ovarian cancer is still relatively rare compared to those. Are the decisions being made on a population basis? What are the arguments that are being made? There is certainly what we call ring-fenced funding, which is when Parliament says, for instance, we need more spending for dementia. We could respond only to what is being allocated to us, whether it is in the open competition or whether there is some strategic initiative.

Does that answer your question better?

Ms. Sheila Malcolmson: We are certainly trying to get at the political lens here—what advice comes to Parliament.

Dr. Cara Tannenbaum: From a gender-based perspective, it is pretty new that women talk about their breasts. Men feel comfortable talking about their prostate. Anything below the belt, they are happy talking about. Sorry, that came out wrong. Ovaries are sensitive. It is about fertility; it is about being a woman. That is maybe where the gender issues come in, in terms of the fundraising, the discussions, and things like that. Ovaries are hard to feel; breasts are kind of out there. Just from a medical perspective, you can't feel if someone has ovarian cancer if you were to examine them.

A gender-based analysis would consider all those things that maybe didn't seem scientific, that I just mentioned, which might shed light on the problem and a possible solution.

● (1720)

Ms. Sheila Malcolmson: My riding, Nanaimo—Ladysmith on Vancouver Island, has a lot of health care delivery and hospitals that are concentrated in the region, and a particularly old population. Health care issues are really at the fore. We also have one of the highest poverty rates in the province. I am concerned that we don't have an increase in health care spending.

I am curious about the kind of political decisions that might get fed through a gender lens that might, if not made...if we are not funding health care well.... Can you talk a bit about how women might be disproportionally affected if we don't do that test around [*Inaudible—Editor*]?

Dr. Cara Tannenbaum: Off the top of my head, a sex- and gender-based analysis would consider at least three things:

One is that women live longer than men. The average life expectancy for women in this country is about 82 or 83 now, and for men it's 79. There is the gender gap. Women also have a quality-of-life disadvantage in that they live longer with more disability. That is just the health expectancy proportion of the population that is going to need to be served. It is going to be disproportionately women. They will consume more medications, and they will have more chronic disease.

The second thing would be income. We know that older women are twice as likely to be below the poverty line than men. That might be gender. Maybe they didn't work; maybe they didn't have the pension plan. For the non-covered services, such as physio or psychotherapy for grief and things like that, they will not be able to access those non-covered services and will be put on medication.

I think that is my time, so you won't get the third one.

The Chair: Excellent.

We will go to my Liberal colleague Mr. Fraser, for the final seven minutes.

Mr. Sean Fraser (Central Nova, Lib.): Thank you very much. I want to start with a few questions about training, which each of you mentioned. I think you both mentioned either the GBA module or some internal modules that exist now or are being developed.

Dr. Tannenbaum, I think you mentioned that you could give us some examples of how training has led to success. Has it actually improved health outcomes for people?

Dr. Cara Tannenbaum: From a research perspective, it's hard to actually correlate who took the training and what their research discovery was. Sorry, but I'm a scientist, so correlation does not imply causation. That's a tough question to answer.

As for what I can tell you, I brought our little infographics to be handed out. They're infographics around “what is sex?” and “what is gender?”, because I do think that's helpful. We have a flyer about the training. I actually have some questions for you all to see if you know how to do sex- and gender-based analysis, so you'll tell me if filling out these questions improves outcomes here in Parliament. We could do a little study there.

On the answer to your question, I'll give you an example from the transgender youth survey: training and awareness about gender diversity has led to less stigmatization around expressing your gender identity. One of our funded researchers did a survey looking at how transgender youth feel. Are they able to talk about it? Are they able to express it? The results of that survey in the media led to schools putting into place inclusiveness policies and gender-diverse extracurricular groups and support groups. Also, there's some evidence that this reduces dropout from schools and possibly even suicidal ideation and suicide.

I don't know if that was a good example. The training has only been in place for a few years. For the data that I talked about, we have a pretest and then a test after the training. For instance, at the beginning of the training, we might ask people, if this is a gender-related variable, is this practice gender transformative, gender blind, or gender unequal? They'll say, oh my gosh, they have no idea what that means. They get a score and then they do the training. After the training, we see if they respond correctly to those questions. We can see if knowledge improves. We ask them how confident they feel, on a scale of zero to 10, that they could do SGBA. At the beginning, most people say.... I don't know what you guys would say. Zero means being not at all confident, with 10 being yes, totally confident. At the end, we see if their score has improved.

Finally, we ask people to evaluate publications and protocols and comment on the impact and knowledge translation of that evidence. We're able to compare the before-and-after answers to see if they're able to do that in an appropriate fashion. I could give you more examples of positive things, but I think it's education, education, and education.

Mr. Sean Fraser: That's very helpful.

Ms. Moriarty, still on training, I think you mentioned that staff in the health portfolio are encouraged to complete the GBA module, but it's not mandatory. Do you think there's an increase in the frequency with which SGBA is applied by those who've actually undergone the GBA module training?

● (1725)

Ms. Cindy Moriarty: That's a good question, actually. We haven't been tracking that. We've been trying to track how many people take the training, and we have information in terms of how we're seeing an increase in SGBA applied to memoranda to cabinet and Treasury Board submissions, for example, but whether or not those are exactly the same people, I couldn't say. There's definitely an improvement overall in the application across the department.

Mr. Sean Fraser: I think you mentioned that you're developing the specific subject matter module as well. Do you think this is something that's going to help increase the outcomes from the GBA training or, in the case of the health portfolio, the SGBA?

Ms. Cindy Moriarty: I think what I said is that in the gender and health unit we're not subject matter experts. We can't possibly be experts in everything that goes on in the department, so it's really much more about the process and supporting people.

I really like the phrase from the New Zealand witness in terms of walking “alongside” someone. This sort of goes to my point in terms of this being not a one-time shot. I think training can help raise awareness. I don't know that it necessarily helps develop the skill.

SGBA is something that's embedded in a suite, in a larger policy analysis, right? People go to university for that kind of thing and spend four years learning how to think critically, how to understand research, and how to read quantitative and qualitative research. To embed SGBA in something like that effectively really takes continued time and effort. It's not something that people will necessarily snap up in a two-day course or a three-hour module.

Mr. Sean Fraser: One of the other things that we've seen becoming important to different departments is the monitoring of the implementation and effectiveness of GBA.

I think you mentioned, Ms. Moriarty, that there's an annual report at the deputy level.

Ms. Cindy Moriarty: Yes.

Mr. Sean Fraser: Are there any other items that you feel are particularly important in terms of the monitoring, the implementation, and the effectiveness that has improved GBA in the health portfolio or with CIHR?

Ms. Cindy Moriarty: The exercise of monitoring is always helpful. When someone asks me at the end of the day what I've achieved and I have to come up with something, it really makes me think twice about what I'm doing and what I'm accomplishing. There's a certain self-interest and motivation there, to be sure, but to be frank, we have been monitoring more the use and application of the policy.

As much as I appreciate the compliments to Health Canada, we're probably still very much in our infancy. We've done I think a pretty good job in terms of embedding the practice, of getting it to be more routine terms of applying it. We don't get a lot of questions from people about why they have to do this, but on the quality of how that sex- and gender-based analysis is done, or the impact of those outcomes, which in Health we'll sometimes see years and years down the road, if at all, that's much more difficult to measure.

Mr. Sean Fraser: Dr. Tannenbaum.

Dr. Cara Tannenbaum: I think that's actually the critical point. You could go to see a specialist and have the initial diagnosis, but it's the follow-up that matters.

Here's where I think CIHR can help; our researchers would love to be called upon to talk about the evidence around a policy. You would just need to call me, and we could put a rapid response system in place. These really are what Cindy calls the content experts. I don't think we could expect you to know what people have spent their lifetimes researching.

I think drafting the policy early is important, but what happens when that policy is in place? We try to look at the unintended impact of, let's say, the marijuana policy, or smoking. We'll try to learn from smoking. Minors can't buy cigarettes. Well, we learned that a 17-year-old girl has a much easier time getting a cigarette than a 17-year-old boy. Why? There are lots of reasons, and most of them have to do with gender. Did anyone perceive the unintended consequences?

What are we doing to monitor the impact of a policy? Are we evaluating? There was a fitness tax credit. If your children did hockey, basketball, horse riding, sailing, and all kinds of male sports, you could get a tax credit. It didn't say dance, hip hop, or running. Did more parents apply for the tax credit for their sons than their daughters? You'll only know that if you do the analysis two years after the policy was implemented. To me, that's the real evaluation that we want.

Mr. Sean Fraser: Thanks very much.

The Chair: Thank you very much to our witnesses, and thank you for the materials. That's wonderful.

If there's anything else you want to impart to the committee, you could send the information to the clerk.

Committee members, I want to remind you that at Thursday's meeting we begin to draft our report. You will have the pleasure of being chaired by Ms. Damoff, so be kind and gentle. I expect a full report when I get back.

Ms. Malcolmson.

● (1730)

Ms. Sheila Malcolmson: I'd like to ask a question again about the RCMP witnesses. At the end of the last meeting we heard that they aren't able to come. I want to understand that a little better and express my great disappointment, especially when we heard from the Status of Women Canada witnesses who talked about the—

Oh, sorry. Pardon me. It's National Defence and the armed forces. We heard this great example from the witnesses from Status of Women Canada that the Chief of the Defence Staff has a commitment to GBA in all operational planning. It's unique in the world. I just wanted to make sure that the armed forces knew our deadline and how important this is. As a new member I need to understand a little more. Can we compel witnesses to appear? Could they not have sent us a written brief or something?

The Chair: We asked them if they would submit a written brief. We did not get one. They told us they couldn't appear before May 31, which was past the deadline that we needed to meet if we were going to come up with a report.

At this point in time you can ask the minister to compel them to appear. That would be an option, but with the timeline that we have, the analyst has advised that we won't be able to get a report out.

We can call witnesses after we start drafting a report, but to incorporate any of their content would be very difficult. The committee has to decide whether it's more important to achieve a report before Parliament rises or whether they want to extend it to the fall.

Ms. Sheila Malcolmson: I'd be interested in Ms. Vandenbeld's perspective on this. I'm sorry we didn't get a chance to talk about it beforehand. Maybe I'll put another question out there. If in September we were to call the minister or to call someone from the armed forces, we might be able to add a little more value without slowing down the report. I'm curious what our options are.

The Chair: I think it's up to the will of the committee. After the session's report, they can still call a witness on another topic. They just have to make a new motion, I think.

We will get the answer on that for you. It's duly noted.

Ms. Sheila Malcolmson: I would also like to know what our process is around being clear. Maybe next time we'll get ahead of a problem like this.

Thanks.

Ms. Anita Vandenbeld: Mine was actually not on that point.

The Chair: The clerk has the—

Ms. Anita Vandenbeld: Oh, you have the answers.

Thank you.

The Chair: Excellent. Problem solved.

Meeting adjourned.