

Integrating Health Equity into Funding Proposals: A Guide for Applicants



TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

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About This Guide

Addressing health equity is a key public health priority. The Government of Canada's Health Portfolio has a mandate to apply [Sex- and Gender-Based Analysis Plus \(SGBA Plus\)](#) to advance health equity, diversity, and inclusion in all its policies, programs, and initiatives. Doing so ensures that our policies, research, and programming are responsive and tailored to the diverse needs of people living in Canada. SGBA Plus is an analytical, intersectional approach that is used to assess how determinants of health interact and intersect with each other and broader systems of power and discrimination. Integrating SGBA Plus helps applicants like yourself develop responsive and inclusive public health programs and initiatives that meet the unique needs of diverse groups of people. This guide was created to support applicants' in integrating health equity through the application of SGBA Plus in their Public Health Agency of Canada (PHAC) funding proposals.

Key SGBA Plus Principles and Approaches

The following provides an overview of SGBA Plus, and related principles and approaches. It is used for understanding which populations are impacted by different issues and to anticipate and implement plans to mitigate any barriers to accessing or benefiting from policies, programs, and initiatives.

The "Plus" in SGBA Plus recognizes the importance of considering multiple, intersecting factors (i.e., [determinants of health](#)) that go beyond sex assigned at birth and gender, such as race, Indigenous identity, ethnicity, age, income, and education (among others), which shape the priority population's experiences and lived realities. It also acknowledges that these experiences occur within different social contexts, and are shaped by systems of power and discrimination (e.g., racism, ableism, sexism, homophobia, etc.)

Social Determinants of Health¹

The [social determinants of health](#) are the structural conditions and social circumstances that influence one's health and well-being, including socioeconomic resources (e.g., income, education, or employment), physical, political, and social environments (e.g., housing and geographic status), and personal factors (e.g., racial identity, ethnicity, gender, sexual orientation, or Indigenous identity). Experiences of discrimination, racism, and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, members of the 2SLGBTQIA+, and Black Canadians.

Health Equity²

When talking about advancing health equity, a central public health principle, we are referring to health equity as both a practice and a desired state. Health equity as a

practice is responsive to historical and current systems of colonization, oppression, and other structural barriers. Health equity as a **state** means that all people have the same opportunity to reach their fullest health potential and are not disadvantaged from attaining it because of conditions and circumstances related to the social determinants of health. Health equity seeks to remove unfair systems and policies that cause systematic, avoidable, and unjust differences in the health of individuals or groups, also known as health inequities². This is different from equality, where the same opportunities or resources are provided without consideration of structural barriers.

Intersectionality³

Intersectionality is an analytical framework that explains how interlocking systems of power, oppression, and privilege (e.g., colonialism, racism, heterosexism) intersect and reinforce one another to generate compounding inequities. It offers a lens to understand how these systems of power inequitably distribute social and material resources, access to opportunities, and barriers across intersecting social hierarchies (e.g., based on Indigenous identity, race, and gender).

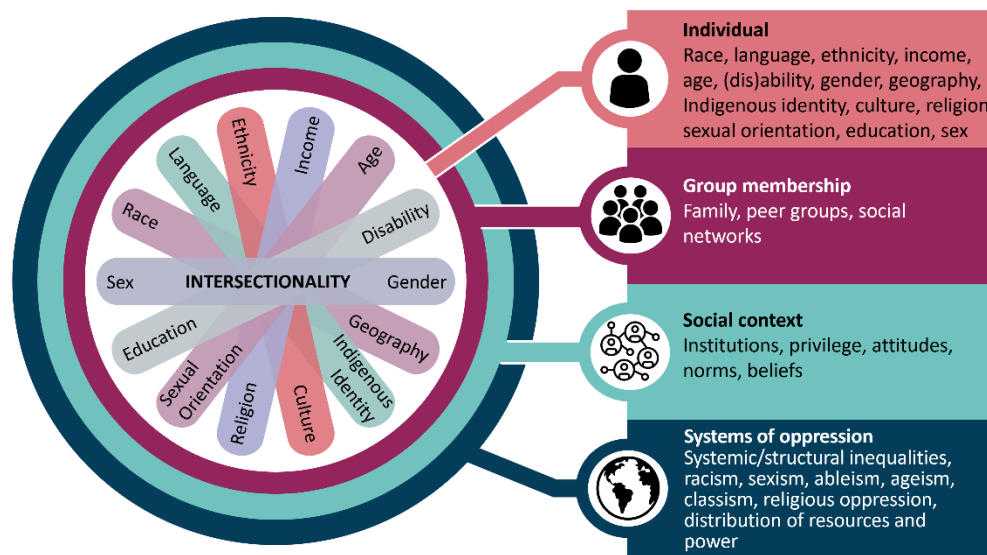


Figure 1. SGBA Plus Intersectionality Wheel and Flower⁴

Text Description: This figure illustrates some of the determinants of health that intersect to shape our experiences and realities. A graphic depicting social identities is centred within a concentric circle of four layers. From the centre of the circle, and moving outwards, the figure describes intersectionality considerations related to individual-level factors, group membership, social context, and systems of oppressions, i.e. from individual identities to increasingly broad levels of influence.

At the centre, seven oblong shapes of differing colours overlap and fan out. At the end of each oblong an individual social identity is named. The individual social identities named on the figure are: sex, race, language, ethnicity, income, age, disability, gender, geography, Indigenous identity, culture, religion, sexual orientation, and education.

The second layer of the circle directly surrounding the individual social identities is "Group membership" with the following examples listed: family, peer groups, and social networks. The third layer of the circle surrounding group membership is "Social context" with the following examples listed: institutions, privilege, attitudes, norms, and beliefs. The outermost level, which surrounds social context is "systems of oppression", with the following examples listed: systemic/structural inequalities, racism, sexism, ableism, ageism, classism, religious oppression, and distribution of resources and power.

[Figure 1](#) demonstrates that looking at individual identities can help us understand how these systems of power create compounding experiences of discrimination among people with multiple marginalized identities. It also illustrates how these identities interact within unique contexts of group memberships, social networks, and conditions that are shaped by systems of power, oppression, and privilege.

Example: Intersectionality

A Black trans woman may be subjected to experiences of anti-Black racism, cissexism, and transphobia which places her at a higher risk of violence, discrimination in the workplace, and hate crimes, compared to a White cisgender woman, whose existence and experiences of oppression within these systems are not the same. Therefore, individual identities and interrelated systems of power must be analyzed together rather than individually, to meaningfully address structural inequities. Watch [this short video](#) to learn more.

SGBA Plus in Action: Immunization Partnership Fund Recipient, Science North's "Give Vaccines a Shot!" Campaign

Science North is a trusted source of science communication, amplifying government priorities including immunization, virology, climate change, and climate action across the province of Ontario. As a recipient of the [Immunization Partnership Fund](#), Science North's "Give Vaccines a Shot!" campaign is a digital campaign that aims to promote vaccine uptake across Ontario. The project remained flexible and reflected upon challenges as they emerged. To reach a wider and more diverse audience, some activities were revised, resulting in tailored approaches such as: in-person outreach throughout Northern Ontario, print and radio media to reach Indigenous Peoples and Northern communities without access to internet, culturally tailored messaging using a holistic perspective on vaccines for Indigenous Peoples, working with students and

young adults to determine effective methodologies to communicate messaging to youth, and conducting research and evaluation to understand if program objectives were met and people's confidence in vaccines increased. As a result, more than 50 diverse partnerships including Indigenous health centres and specialists were developed, engagement from underrepresented audiences across Canada including youth, older adults, Indigenous Peoples, and Francophones increased, and accessible, engaging, and relevant science communication approaches were determined.

SGBA Plus in Action: Healthy Canadians and Communities Funding Recipient, University of Toronto's "Expand" Project

This project addresses tobacco use among young adults in 2SLGBTQIA+ communities using a social marketing approach. 2SLGBTQIA+ communities have considerably higher smoking rates than the general population and benefit from more targeted programs. Community partners including working group members, advisory committee members, and young adult advisors play a critical role in the project. 2SLGBTQIA+ individuals are involved in all aspects of the project. Initial focus groups suggested that stress, mental health, and social connect were major factors contributing to smoking. 2SLGBTQIA+ individuals were also involved the review of the data collection tools, defining of the focus of the social making campaign and the brand co-creation. The project developed resources and information resources around mental health and surgery supports which are important conversations to start within the community to support cessation in an encompassing way that is needed for queer and trans communities. Recruitment of local influencers from Toronto, Thunder Bay and Montreal to film discussions about their own experiences with smoking and cessation and how it relates to their 2SLGBTQIA+ identities as well as in-person events including, live music and performances by members of the communities and presence at the major Pride festivals in all three cities of Toronto, Thunder Bay and Montreal are also strategies that were used to raise awareness of the campaign. Through continuous learnings and advisory process, the project was able to produce a quality campaign that strongly resonated with 2SLGBTQIA+ communities.

How to Integrate SGBA Plus into Your Project Proposal

Incorporating SGBA Plus throughout your project will help you to consider how diverse groups of people may access and experience your project's activities differently. This can help enhance the reach and impact of your intervention by using a more tailored approach. At the same time, applying SGBA Plus allows PHAC to understand how diverse groups of people could be impacted by your project. Integrate SGBA Plus considerations throughout your proposal (e.g., in the workplan and activities).

SGBA Plus Checklist

Applying SGBA Plus to your proposal may be done in a series of steps. **This process is not linear**—certain steps can occur simultaneously, in a different order, or reoccur at various points in the process. For example, when identifying the audience and their needs, you may also wish to give thought to how you will measure the impact of your project. Considering the following steps can help guide your project and funding proposal.



Figure 2. The SGBA Plus Process

Text Description: SGBA Plus is a five-step process that is cyclical. These steps are: 1. Identifying the issue; 2. identifying people and their needs; 3. identifying inequalities and inequities; 4. developing options; and 5. implementing, monitoring, and evaluation. Throughout the process:

- Make evidence-based decisions
- Challenge assumptions and biases

Identify the issue

Develop a clear understanding of the issue you are addressing by identifying its **context** and potential **impacts** (both positive and negative) on diverse groups of people. Your assumptions and unconscious biases will shape how you define an issue.

Consider:

- What is the problem I am trying to address?

- Do I have any underlying assumptions about this issue?
- Is it possible that my assumptions about this issue prevent me from asking questions and identifying diverse experiences and perspectives?
- Are others being consulted in identifying and defining the issue?
- What are the broader social, political, and economic contexts influencing the issue?

Identify people and their needs

Identify who is impacted by the issue and how, to determine your priority population(s). Identify how you will be **consulting** or **collaborating**, in culturally sensitive ways, with people or communities who have lived and living experience of the issue to help strengthen your understanding. Ensure that engagement is meaningful, authentic, and in solidarity with your priority population(s).

Consider:

- Who faces barriers, bias, or exclusion related to this issue?
- What needs has the population(s) indicated are important to them?
- How can I engage those with lived experiences in a meaningful and respectful way?
- What existing strengths (e.g., capacity, infrastructure, other initiatives) could the intervention build on?

Identify inequities and inequalities

Understand how experiences and health outcomes differ **between** and **within** the priority population(s). Consider how **systems of power and oppression** might produce or sustain inequalities and inequities in your priority population(s) and other diverse groups. Identify groups within the priority population(s) based on determinants of health, such as age, income, race, and education.

Consider:

- Within your priority population, who benefits most from your proposed intervention and who benefits least?
- Outside of your priority population, are there any groups who could experience further disadvantage by your proposed intervention?
- What current data, knowledge, or evidence would help us understand the systemic barriers and inequities in relation to the issue in question?

Develop options

Ensure that your project is designed to effectively reach and meet the diverse needs of your priority population(s) and is reflective of health equity considerations. Tailor it for

the unique **strengths, needs, barriers, and implications** for different groups of people.

Consider:

- What gaps exist within existing programs that serve this population(s)?
- How do the gaps need to be filled to address the core issue?
- Does the project examine potential barriers that project beneficiaries might face in accessing services, such as transportation, language barriers, childcare, time, access to information, and unpaid labour, among others?
- How can the project meet the population's immediate needs (for food, shelter, medical care, etc.) to create space for their participation in activities?

Implementation, monitoring, and evaluation

Analyze whether your project is being implemented in a way that is consistent with the intersectional nature of the issue. Develop an **evaluation and knowledge mobilization** plan outlining approaches that will be used to synthesize, adapt and share project results, insights, and lessons learned to audiences. It is expected that your priority population(s) will be engaged in the planning, development, evaluation, and sharing of knowledge products. [Disaggregated results](#) are encouraged to determine the extent to which specific populations were reached, and which groups benefited the most from the intervention. Ensure that your approach aligns with the funding opportunity you are applying to, as disaggregation of results is a requirement for some programs.

Consider:

- What populations were reached and what populations were not reached? Were there differences in the experiences of, or results obtained, by these groups?
- What does this suggest about gaps in services, or how programs and activities need to be adapted in the future?
- How will you document and capture the challenges, successes, learnings, and knowledge generated by your intervention throughout its life cycle? How can these learnings be applied to improve the quality of your project going forward?
- How will you report on results and outcomes by groups within your priority population(s)?

SGBA Plus in Action: Intersectoral Action Fund Recipient, Toronto and Region Conservation Authority's (TRCA) "Growing Healthy Towers: Transformative Partnerships for a Healthy Built Environment" Project

This project seeks to improve the social determinants of health and well-being in two tower communities living with low income in the Greater Toronto Area. The goal of the project is to collectively address built environments in tower communities living with low income, where community health and built environment issues intersect. Resources from the Government of Canada, such as health equity job aids were used to guide the

TRCA teams' work throughout the project. A SGBA Plus was conducted with insights integrated into the initial co-design of healthy built environmental solutions and will continue to inform the teams' approach to data collection, indicator selection, program design, and impact tracking. The team engaged in consultation with community leaders and local networks to provide insights, identify underrepresented or groups living in vulnerable situations, and develop effective engagement and communication strategies. Residents and partners were invited to contribute to the several aspects of the project including design and implementation to ensure that they are inclusive and equitable. Resident champions were recruited from within the communities and paid an honorarium to design and deliver engagement activities in their own communities. This supported a tailored approach and local ownership in the project.

Culturally-Responsive Approach

SGBA Plus is not meant to be a one-size-fits-all approach. Other critical approaches, community development principles, and theories, including social justice and anti-oppression frameworks (e.g., feminist theory, decolonization theory, critical-race theory, disability justice), align with the purpose of SGBA Plus. Any approach that considers how multiple determinants of health may interact and intersect to shape the experiences and health outcomes of your project's intended priority population(s) and/or communities aligns with the purpose of SGBA Plus. It is also important to consider tailoring the process you choose to use, to fit the cultural context of your priority population(s).

To conduct a culturally-responsive SGBA Plus, consider the following:

- Identify the key historical, political, cultural, and current realities of your priority population(s).
- Acknowledge that culture evolves; therefore, the application of SGBA Plus needs to be flexible, reflexive, and adaptable.
- Consult and meaningfully engage with your priority population(s) throughout your project's life cycle.

Example: Culturally Responsive GBA Plus Tool for the Métis Nation

The Women of the Métis Nation have tailored the GBA Plus process to meet the lived experiences of Métis women, while considering their Indigenous ways of knowing. Page 9 of the [Métis-Specific Gender-Based Analysis Plus \(GBA Plus\) Tool](#) displays the culturally adapted version of the SGBA Plus flower, which integrates Métis-specific factors, such as resilience and coping mechanisms.

Collection of Disaggregated Data

Collecting data disaggregated by socio-demographic and socio-economic factors (for example, gender, age, socioeconomic status) can help you assess who your project will be reaching and to what extent. It also supports the implementation, monitoring, and

evaluation phase of your project. Disaggregated data can include quantitative data, qualitative data, or a mix of both. Qualitative data (e.g., focus groups and interviews with individuals with lived experience of the issue) can be very beneficial in identifying barriers and next steps to better meet the needs of your priority population(s).

It is important to note that not all data requirements will be appropriate or suitable for all projects, as data confidentiality and privacy issues may make it inappropriate to collect data. However, where possible, the collection of disaggregated data is an essential part of completing an effective SGBA Plus. To collect disaggregated data, carefully select the socio-demographic and socio-economic factors that you will be reporting on.

Consider the following:

1. Review the factors presented in the SGBA Plus [intersectionality flower \(Figure 1\)](#) and select those that align with your project's objectives and priority population(s).
2. Consider consulting the [Health Inequalities Data Tool](#) or other available resources to collect relevant data.
3. Consider the *ABCs of SGBA Plus data collection* (Box 1)⁵

Box 1. ABCs of SGBA Plus data collection⁵

- A. What **A**ssumptions are you making by collecting this data?
 - B. Who could **B**e left behind?
 - C. Did you **C**onnect with people who will be most directly impacted by this information and the decision made from it?
 - D. What is the **D**ata?
 - Does the data include both quantitative and qualitative data?
 - Does it integrate lived and living experiences?
 - Does it consider the multiple intersecting factors that shape one's lived experience?
 - Does it reflect or reinforce social norms?
 - E. How will collecting this data help inform efforts to achieve **E**quitable health outcomes?
-

Before the process of data collection begins, it is important that participants are aware that their experiences will be used to inform the development of equitable policies and programs, and of what will be done with the collected data in an effort to maintain accountability, transparency, and trust. Accordingly, you must ensure that the data collection process as a whole respects the safety and human rights of all individuals involved through informed consent⁶.

SGBA Plus in Action: Mental Health Promotion Innovation Fund Recipient, Newcomers Employment & Education Development Services’ “Enhanced Wellness of Refugee Children, Youth, and Families” Project

This project aims to increase the mental health of newcomer and refugee children and youth (aged 6 – 21) and their families. It creates a trauma-informed curriculum for children and youth delivered through psychosocial groups that focus on increasing protective factors and developing pro-social behaviours, as well as Circle of Security groups for parents. Consultations are held with parents from various ethnocultural communities to receive their feedback on the curriculum with respect to language, content, and activities. The project addresses multiple factors that influence the overall mental health of refugee children, youth and families including risk and protective factors and the social determinants of health. Interventions are delivered to service providers and educational staff. Psychosocial and educational support is provided to children and youth through psychosocial groups and one-on-one interventions, and a homework program that provides youth with a safe space to learn, grow and develop academic abilities. The curriculum’s initial priority population was Syrian refugee children and youth, but it has been adapted to service other ethnocultural refugee groups and to meet the needs of all newcomers of various cultural backgrounds. At the community level, in partnership with other local organizations, training is delivered to service providers and educational professionals and the book *Big Feelings Come and Go* will be translated and available digitally in multiple languages.

SGBA Plus in Action: Supporting the Mental Health Needs of Those Most Affected by COVID-19 (Black Canadians) Recipient, Black Coalition for AIDS Prevention’s “Promoting Health Equity” Project

This project addresses the counselling mental health needs of African, Caribbean, and Black (ACB) 2SLGBTQIA+ community members who are experiencing mental health issues. The project’s objectives are to provide culturally appropriate trauma-informed screening and support that promotes retention in care by encouraging engagement through collaboration, transparency, trust, and consistent support; to increase opportunities for peer engagement, capacity building and competencies to address mental health issues; to provide opportunities for social inclusion and integration through program participation; and lastly to increase understanding of the intersectional needs, barriers to, and social determinants of mental health for ACB 2SLGBTQIA+ people across age, gender identity, sexual orientation, immigration status, and HIV-positive status. It utilizes frameworks centred on social justice and health promotion, such as social determinants of health, Black feminist theory, intersectionality, anti-oppression on transphobia, homophobia, and anti-Black racism. As a result, this project has reached a diverse population of adult males, females, gender nonconforming/ non-binary, 2SLGBTQIA+, Indigenous and ACB people. The project actively listened to the

needs of diverse communities throughout to ensure interventions were addressing core concerns.

Key Takeaways

- During every step of the process, reflect on how diverse population groups may experience your project differently based on the social determinants of health.
- Identify how systems of power and discrimination can produce privileges, oppressions, or social exclusions, and how that can impact your project's reach.
- Regardless of the approach you decide to move forward with, ensure that you are aiming to reduce disparities and promote health equity.
- Ensure that diverse community members and individuals with lived and living experiences will be meaningfully engaged and supported throughout all stages of your project.

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