|  |
| --- |
|  Inclusion of Sex/ Gender and Intersectional Considerations in Patient/Consumer Health Information  |
|  |
| **State of Literature/Theoretical Foundations**  | Y | P | N | n/a |
| Is there a clear articulation of the extent to which sex/gender have been addressed in research on the health topic (health condition, treatment program, or device etc.) |  |  |  |  |
| Is there a clear articulation of the extent to which intersectional issues have been addressed in research on the health topic (health condition, treatment program, or device etc.) |  |  |  |  |
| Were the theories or issues that determine how sex/gender affect the health issue stated clearly and accurately? |  |  |  |  |
| Were the theories or issues that determine how key intersectional factors affect the health issue stated clearly and accurately? |  |  |  |  |
| Was sex/ gender considered at an individual and organizational/system and/or societal level (e.g., gender relations, socially constructed roles). |  |  |  |  |
| Were individual and organizational/system and/or societal level intersectional factors considered (e.g., gender relations, socially constructed roles). |  |  |  |  |
| **Tailoring of messages, resources, recommendations or tools.** |  |  |  |  |
| Are non-binary sex and gender terms defined and used clearly/appropriately acknowledged as determinants of health issues addressed |  |  |  |  |
| Have sex and gender been appropriately acknowledged as determinants of health issues addressed? |  |  |  |  |
| Were intersectional factors such as race, age, disability, education, poverty, marginalization, history of trauma or oppression considered as mediators/covariates of the health issue? |  |  |  |  |
| Are differences in epidemiology (prevalence, incidence, risk etc.) been between sex/gender subgroups discussed in information provided, or evident in messages, resources, recommendations or tool adaptations? |  |  |  |  |
| Are differences in epidemiology (prevalence, incidence, risk etc.) between important intersectional factors /subgroups discussed in information provided, or evident in messages, resources, recommendations or tool adaptations? |  |  |  |  |
| Are differences in prognosis been between sex/gender subgroups discussed in information provided, or evident in messages, resources, recommendations or tool adaptations? |  |  |  |  |
| Are differences in prognosis been between important intersectional factors /subgroups discussed in information provided, or evident in tool adaptations?? messages, resources, recommendations or tool adaptations? |  |  |  |  |
| Were disaggregated treatment effect sizes presented or differences in treatment responses presented/discussed for relevant sex/gender subgroups?  |  |  |  |  |
| Were disaggregated treatment effect sizes presented or differences in treatment responses presented discussed for relevant intersectional factors? |  |  |  |  |
| Were conclusions stated for the key messages/facts in terms of relevant sex/genders?  |  |  |  |  |
| A plan for tracking outcomes by sex/gender is stated |  |  |  |  |
| A plan for tracking outcomes considering intersectional issues at a personal or system level is stated. |  |  |  |  |
|  Did the developer acknowledge that there may be sources of health inequity due to sex/gender or intersectional factors in? |  |  |  |  |
| The tool or implementation plan includes goals/strategies to reduce marginalization and measures the impact on inequity |  |  |  |  |
| Were patients/knowledge users included in the design process? |  |  |  |  |
| Was it clear that different sex/genders were included in knowledge users’ consultations or engagement? |  |  |  |  |
| Was it clear what efforts were made to engage intersectional viewpoints/ priorities in development of the information resource/program or tool? |  |  |  |  |
| **Overall rating of the adequacy of considering sex/gender KT tailoring?** **Tailoring of KT strategies should be gender sensitive or gender transformative are included in the KT plan** | G | F | P | X |
| **Overall rating of the adequacy of considering intersectional KT tailoring?** **Intersectional issues are integrated in the KT plan with appropriate tailoring e.g., culture, literacy, preferences, trust, accessibility, language,** |  |  |  |  |
| Comments:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Y= yes N=No, P= Partially; Make notes errors, specific gaps and potential areas needing improvements as you evaluate nuanced evidenced-based tailoring based on sex/gender and other intersectional factors.

Adequacy of Tailoring:

G (GOOD to EXCELLENT) = excellent tailoring based on sex/gender and intersectional differences based on research findings with clear evidence for differential or transformative recommendations

F (FAIR)= Some acknowledgement of sex/gender or intersectional differences, with limited tailoring of evidence/health resources

P(POOR) = Minimal attention to sex/gender or other intersectional factors which are considered or superficially, and no tailoring evident.

X (NO)= Research is sex/gender blind or does not address intersectionality

Separate evaluation statement should be made for sex/gender and intersectionality.