

Agenda and Notes



Sex and Gender Working Group

November 22, 2022

Via Teleconference

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Item	Purpose	Allocated Time	Presenter	
1	<i>Welcome and Acknowledgement</i>		2 minutes	Kelly Davison
2	<i>Ground rules for respectful dialogue</i>	•	2 minutes	Kelly Davison
3	<i>Purpose of Infoway Sex and Gender WG</i>	•	2 minutes	Kelly Davison
4	<i>CIHI – A New Approach Presentation</i>	•	45 minutes	Shannon O'Connor and CIHI team
5	<i>Group Discussion and/or Questions</i>	•		
6	<i>HL7 Gender Harmony 2.0 Update</i>	•	5 minutes	Francis Lau
7	<i>Schedule and Topics Review</i>	•	1 minute	Kelly Davison
8	<i>Adjournment</i>		1 minute	Kelly Davison



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1. Welcome and Land Acknowledgement and Ground Rules

Completed. See slide deck for details.

2. Purpose of Infoway Sex and Gender Working Group

Completed. See slide deck for details.

3. CIHI Presentation -

Shannon O'Connor and team. New strategy working to standardize administrative and clinical data with Infoway and StatCan. Allows for flow and access. Old approach is related to performance data. New approach is to support clinical care. Data content and data exchange standards. CIHI is moving to sociodemographic data collection. Has not mandated it. Need to include data collectors. Currently, use two-step approach. Aligns with StatCan. Two-step approach may not be appropriate. May cause harm – there might be a better way. Anecdotal at this point. Looking at quality from systems, operational and individual level. Moving toward Common, rather than Minimum Data standard. Looking for high quality sociodemographic data. Looking for guidance on how to develop standards. 1) plain language, 2) compensation and planning for clinicians' and patient participation, 3) overwhelming and "unsafe" (psychologically) process, 4) will reach out to stakeholders to shape what is "safe." 5) be flexible in your engagement, 6) draw on consulting groups to help with engagement planning, 7) governance – who will be participating in the decision making?

4. Group Discussion and/or Questions

We talk a lot about equity, but fundamentally, this is about data quality and quality representation of sex and gender concepts. We have not been accurate. Two-step may not be relevant. What body parts I have is relevant. Need to engage in a psychologically safe way. Need to be believed. Not dismissed or ignored or harmed. Need to really consider whether it is the system or the patients. Thinking about who the data is for. Not linking to gender. There are multiple organizations who would be willing to provide input. Still early days. GHP and HL7 is US-focused. Need to be careful about influences introduced for Canadian healthcare. Canadian perspective. Human rights – rights holders, rather than stakeholders.

5. HL7 GHP 2.0 Ballot Process Update

Breaking into subgroups to tackle data elements.

6. Schedule Review

No meeting in December.

7. Adjournment

