

EVALUATION RUBRIC

Gender and Sex

Considerations in Research

Updated May 4, 2026



Gender and Sex Considerations in Research: Evaluation Rubric

Information for Applicants

Purpose

This document outlines gender/sex considerations that applicants will need to include in their proposals/applications. It includes examples of hypothetical justifications for sex and gender-based analyses and a rubric to guide evaluation of justifications for gender/sex-based considerations. For more resources, see our [Gender and Sex Considerations in Research Flowchart](#).

What to address

Applicants must consider how to account for:

- Sex (a biological attribute) and/or
- Gender (socially constructed roles, behaviours, expressions, and identities)

These are not mutually exclusive.

Please describe briefly how [sex and/or gender considerations](#) will be integrated into your research. The strongest applications demonstrate integration of these considerations throughout the research process (i.e., within the proposal, where relevant).

If not applicable

It is possible that sex and/or gender may not apply to your research question and if not integrated, please explain why. Please describe and provide rationale for your sample eligibility and inclusion/exclusion criteria (or sample characteristics, if archival) with respect to sex and gender (e.g., will participants of any gender, sex or sexual

orientation be eligible, or will eligible participants be, for example, women, female at birth, or those with uteruses, and why?) Please also specify any considerations with respect to sexual orientation (e.g., are individuals of all sexual orientations eligible? If not, what are the inclusion criteria for sexual orientation and their rationale?)

Eligibility

inclusion/exclusion criteria

Participants who are divergent with respect to sex, gender, or sexual orientation should be included in all data collection unless there is a compelling reason not to. It is not sufficient to simply state that the sample size of sex, gender, or sexual orientation divergent participants would be too small for group comparisons. Some options to consider include, but are not limited to: plan data analyses to allow for testing whether results differ by inclusion or exclusion of gender/sex divergent participants, even with small samples; if there is evidence of expected sex, gender, or sexual orientation differences, collect a large enough sample and make direct comparisons; consider whether participants' data may be aggregated, clustered, or collapsed (based on theory) in order to create groups that are large enough to analyze.



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Example justifications

We have provided some example justification statements on the following pages. Some portions of these examples may be relevant to your research, but applicants are expected to have actively engaged with the resources and demonstrated their own understanding of how sex, gender, and sexual orientation applies to their specific research questions. This list of hypothetical justifications for sex and gender-based analyses, are provided for illustrative purposes. The following examples are not based on comprehensive literature reviews, as such, we list fictitious citations as “Researcher, 20XX”.

Where sex, gender, and/or sexual orientation were considered and deemed relevant.	Where sex, gender, and/or sexual orientation were considered and deemed not relevant or could not be thoroughly considered due to practical limitations.
<p data-bbox="383 1037 559 1078">Example 1</p> <p data-bbox="236 1095 781 1194"><i>This study aims to examine biological factors associated with poor outcomes in patients who received treatment for prostate cancer.</i></p> <p data-bbox="236 1237 791 1862">We will investigate biological risk factors for poor treatment outcomes among individuals who have undergone any treatment for prostate cancer within the previous six months. All individuals with a prostate, or who had a prostate within the last six months, will be invited to participate. Thus, individuals of any gender, sex, or sexual orientation will be eligible, provided they had or have a prostate and received treatment for prostate cancer. In turn, individuals without prostates in the last six months will be excluded because they do not have experiences and/or physiology pertinent to our research question. We will follow best practices for assessing sex, gender, and sexual orientation to characterize our sample by, for example, asking separate</p>	<p data-bbox="1031 1037 1207 1078">Example 1</p> <p data-bbox="885 1095 1412 1194"><i>This study aims to characterize experiences with using an insulin pump among adults with Type 1 Diabetes.</i></p> <p data-bbox="885 1237 1424 1862">In this qualitative study, we will investigate experiences of using an insulin pump among adults with Type I Diabetes. The study will be inclusive to any individuals with Type I Diabetes who currently uses an insulin pump, including those of any sex, gender, or sexual orientation. To our knowledge, there is no evidence of sex, gender, or sexual orientation differences in use of an insulin pump among those with Type I Diabetes. In fact, preliminary data showed similar rates of use and overall satisfaction with the insulin pump among women and men (Researcher, 20XX). There are no prior studies that we are aware of that compared the insulin pump experiences of gender/sex divergent populations to majority</p>

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questions for each and including open ended response options for participants to offer their own language and explaining how answers to these questions will be used in the research (Researcher, 20XX). We will also follow guidelines for effective recruitment strategies for inclusive research provided by the Centre for Gender and Sexual Health Equity (e.g., precise language, adequate compensation). We will assess whether patients' gender, sex, and/or sexual orientation influences the strength of associations between biological risk factors for poor treatment outcomes using moderation analyses, given the known impact of gender, sex, and sexual orientation on health-related behaviours and outcomes more broadly (Researcher, 20XX)

Example 2

This study aims to examine predictors of treatmentseeking behaviours among individuals with cardiovascular health conditions.

We will investigate predictors of treatment-seeking behaviours among individuals with a chronic cardiovascular health condition. Our study will be inclusive to individuals of any sex, gender, or sexual orientation. Given that patients who are trans and/ or gender divergent have unique experiences and known challenges interacting with the healthcare system including discrimination (Researcher,

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populations; however, we do not have a theoretical reason to assume that their experiences will be different. Therefore, we will conduct our primary analyses with our full sample of gender, sex, and sexual orientation diverse individuals included. We will follow best practices for assessing sex, gender, and sexual orientation to characterize our sample by asking separate questions for each and including open-ended response options for participants to offer their own language (Researcher, 20XX). We will aim for at least 10% of our sample to be gender, sex, and sexual orientation diverse individuals by following guidelines for effective recruitment strategies (e.g., precise language and inclusive imagery in recruitment ads) provided by the Centre for Gender and Sexual Health Equity. We will reflect on and consider sex, gender, and sexual orientation in the interpretation and discussion of our results, including acknowledging any limitations to the diversity of our sample.

Example 2

This study aims to examine quality of life among individuals with thyroid irregularities.

We will investigate quality of life among individuals with thyroid irregularities, including hypo- or hyperthyroidism. This study will make use of an archival dataset in which participants were asked to indicate their gender and the response options

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20XX) and given the well-established gender differences in cardiovascular symptoms, both of which could affect treatment-seeking behaviours (Researcher, 20XX), we will test whether our results differ by sex and gender diversity and sexual orientation. We will follow best practices for assessing sex, gender, and sexual orientation to characterize our sample by asking separate questions for each construct and including open-ended response options for participants to offer their own language (Researcher, 20XX). Because gender expression has been linked with treatment access and can differ from gender identity (Researchers, 20XX), we will follow recommendations provided by the Centre for Gender and Sexual Health Equity to also assess participants' gender expression. To achieve our desired sample size to make these comparisons, we will specifically promote this study among gender, sex, and sexual orientation divergent communities following guidelines by the Centre for Gender and Sexual Health Equity for effective recruitment (e.g., clear and inclusive recruitment ads, building relationships with community organizations). We will reflect on and consider sex, gender, and sexual orientation in the interpretation and discussion of our results, including acknowledging any limitations to the diversity of our sample and discussing any observed differences by sex, gender, or sexual orientation in terms of unique implications for different communities.

Where sex, gender, and/or sexual orientation were considered and deemed not relevant or could not be thoroughly considered due to practical limitations.

were binary (male or female). Therefore, sex and gender were conflated in their assessment. It is impossible to know whether participants responded to this item based on their sex and/or their gender, to identify whether participants were cisgender or gender/sex divergent, or to consider non-binary sex or gender and additional identities. The dataset also does not contain data on sexual orientation. Given some evidence of biologically influenced differences in thyroid disease among males and females (Researcher, 20XX), we will test moderation by binary sex/gender in our sample. We will discuss our results in the context of any existing literature examining gender, sex, or sexual orientation differences for our key construct of quality of life in terms of unique implications for different communities. However, we will acknowledge in all publications of this work the limitations of the assessment of gender/sex and resultant implications for the interpretation of the findings. We will also acknowledge our inability to fully characterize our sample in terms of in terms of sex, gender, and sexual orientation.

CRITERION: OVERALL

There is consideration of EDIA concepts appropriate to the project and research design.

Criteria Level	Description
1 No evidence of EDIA considerations	<ul style="list-style-type: none">• No mention of EDIA relevance or concepts to proposed research.• Applicant dismisses EDIA without rationale.• No discussion of how dissemination strategies will consider EDIA.
2 Brief acknowledgment without details	<ul style="list-style-type: none">• Applicant mentions EDIA concepts but does not connect them to the research.• Dissemination strategies do not consider EDIA.• If EDIA cannot be fully integrated, there is no explanation of why or acknowledgment of impacts.
3 Some recognition of EDIA but limited integration	<ul style="list-style-type: none">• EDIA concepts are noted as relevant but lack clear rationale or application.• Dissemination plans mention EDIA but are vague with no description of implementation.• If full integration of EDIA is not possible, applicant provides some explanation, but it is incomplete and does not fully consider potential impacts or excluded groups.
4 Clear evidence of EDIA awareness and action	<ul style="list-style-type: none">• Applicant clearly explains constraints and demonstrates thoughtful strategies to promote equity, accessibility, and inclusion within what is feasible.• Dissemination plans include specific actions to support equitable knowledge sharing (e.g., accessible formats, co-developed outputs).• Integration is meaningful and well-developed but not comprehensive or fully consistent across all areas.
5 EDIA is thoroughly and intentionally integrated	<ul style="list-style-type: none">• Applicant shows a good understanding of EDIA concepts and principles in relation to their research, using appropriate terminology.• Clear explanation of how EDIA will be considered in the study.• Dissemination strategies are clear, detailed, and developed collaboratively to ensure accessibility and equity.• The research has the potential to advance EDIA practices in patient-oriented research more broadly.• If full integration is not feasible, applicant provides a compelling, well-justified explanation and demonstrates outstanding inclusive practices within what is possible.

Score:

CRITERION: METHODS

Inclusion of perspectives less heard in health research; recruitment/study sample; outcomes.

Criteria Level	Description
<p>1</p> <p>No evidence of EDIA considerations</p>	<ul style="list-style-type: none"> No mention of inclusion criteria, recruitment strategies, or sample characteristics in relation to EDIA. No plan to consider diverse perspectives or accommodate different participant needs. Outcomes selected may not be appropriate, feasible, or relevant for all participants, with no acknowledgment of this risk.
<p>2</p> <p>Brief acknowledgment without details</p>	<ul style="list-style-type: none"> Applicant briefly mentions the importance of diverse perspectives but provides no clear plan to support this. Recruitment strategies are described in general terms but not tailored to reach underrepresented groups. Limited attention to appropriateness of measures or outcomes.
<p>3</p> <p>Some recognition of EDIA but limited integration</p>	<ul style="list-style-type: none"> Applicant shows commitment to including diverse perspectives and voices less heard but does not clearly describe methods to ensure it. Recruitment strategies are outlined but limited in scope or not fully adapted to reach diverse populations. Outcomes are chosen with some consideration of cultural relevance, accessibility, or appropriateness, but justification is weak. Limitations related to EDIA are acknowledged (e.g., if EDIA cannot be fully integrated, or there are feasibility constraints) but implications are not well explored.
<p>4</p> <p>Clear evidence of EDIA awareness and action</p>	<ul style="list-style-type: none"> Applicant demonstrates thoughtful planning to ensure diverse perspectives are included, even if not all voices can be directly involved. Recruitment strategies are detailed, proactive, and feasible, showing clear efforts to reach underrepresented or marginalized groups. Outcome measures are inclusive and relevant, with rationale for choices and, where appropriate, adaptations or accommodations (e.g., modified tasks, alternative measures). If some EDIA elements cannot be addressed, the limitations and implications are clearly described.
<p>5</p> <p>EDIA is thoroughly and intentionally integrated</p>	<ul style="list-style-type: none"> Applicant describes explicit plans to engage and include voices of those who experience health issues differently, have been historically underrepresented, or face systemic barriers. Recruitment strategies are highly tailored and co-developed, with clear processes to build trust and ensure equitable participation. Outcome measures are collaboratively selected, culturally safe, and adapted as needed to be meaningful and accessible (e.g., alternative measures, modified scoring). Limitations are addressed critically and transparently, with plans to mitigate inequities and inform future inclusive research practices. When EDIA cannot be fully integrated, the applicant provides clear justification for this, and demonstrates an awareness of EDIA implications. Applicant describes steps taken to mitigate inequities to ensure transparency, such as reflexive analysis, sensitivity checks, or plans for future more inclusive research.

CRITERION: ANALYSIS

Considerations of how EDIA will be analyzed.

Criteria Level	Description
<p>1</p> <p>No evidence of EDIA considerations</p>	<ul style="list-style-type: none"> No mention of diversity factors, disaggregation, or intersectional assessment. No acknowledgement of potential biases or inequities in results.
<p>2</p> <p>Brief acknowledgment without details</p>	<ul style="list-style-type: none"> Applicant mentions EDIA in analysis but provides no clear plan to incorporate it. No plan to disaggregate data or examine intersections of diversity factors.
<p>3</p> <p>Some recognition of EDIA but limited integration</p>	<ul style="list-style-type: none"> Plans to disaggregate data by some diversity factors. Recognizes importance of assessing intersections, but statistical tests or methods are limited or absent. If EDIA data are not available or cannot be captured, implications are not fully discussed.
<p>4</p> <p>Clear evidence of EDIA awareness and action</p>	<ul style="list-style-type: none"> Data will be disaggregated by multiple diversity factors where possible. Intersections are acknowledged and evaluated where appropriate. Limitations due to unavailable or incomplete EDIA data are explicitly described, and mitigation strategies (e.g., sensitivity analysis, reflexive interpretation) are provided. Appropriate individuals or partners in the project are engaged to guide analysis and interpretation of EDIA data.
<p>5</p> <p>EDIA is thoroughly and intentionally integrated</p>	<p>When full integration is possible:</p> <ul style="list-style-type: none"> Data are disaggregated by all relevant diversity factors, including intersections. Statistical tests assess differences in outcomes across factors and intersections. Partners and collaborators guide the analysis to ensure culturally safe, equitable interpretation. Appropriate community members, or individuals with lived experience are actively involved in guiding methods, analysis, or interpretation. <p>When full integration is not possible (e.g., data unavailable):</p> <ul style="list-style-type: none"> Applicant provides a clear, compelling explanation for limitations. Demonstrates critical reflection on potential impacts of missing data and how results may be biased. Describes strategies to mitigate inequities in interpretation, including transparency and future research plans. <p>In all cases:</p> <ul style="list-style-type: none"> The approach demonstrates leadership in integrating EDIA principles and can inform best practices in inclusive research analysis.

Score: