

# **Worth a Second Look:** *Considerations for Action on Health Inequities in British Columbia with a Sex, Gender, and Diversity Lens*

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## Foreword

The Women's Healthy Living Secretariat, Ministry of Healthy Living and Sport was created in March 2009 to advance the health and well-being of women in British Columbia. The development of the Secretariat affirms gender as an important determinant of health and recognizes that women's and men's lives result in different social, physical, and emotional conditions. One of the roles of the Secretariat is to provide a sex and gender perspective, wherever possible, in the development of healthy living policies and programs.

*Taking a Second Look: Analyzing Health Inequities in British Columbia with a Sex, Gender and Diversity Lens* systematically applies a sex and gender based analysis to two sets of health indicators. The first is an examination of cardiovascular and respiratory disease, and diabetes, and their relationship to women's life expectancy. The second examines poverty, food insecurity and homelessness from a sex and gender perspective.

*Worth a Second Look: Considerations for Action* suggests responses and actions that can be taken as a result of the sex and gender based analysis. It provides examples of the application of the analysis into concrete actions that everyone involved in policy and program can undertake.

Both documents provide pertinent illustration of how sex and gender interacts to create health and social conditions that may be more unique, serious or prevalent in one group or another. It is an analysis that can help guide planning around health promotion and prevention initiatives and is certain to provide many 'aha!' moments for those who are unfamiliar with the significant insights gained through sex and gender analysis.



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In November, 2008, the Health Officers Council of BC released the report *Health Inequities in British Columbia: Discussion Paper* (see [www.phabc.org](http://www.phabc.org)). The Health Inequities paper was intended to contribute to a better understanding of health inequities and the extent to which they exist in British Columbia, support informed discussion about health inequities among a broad range of audiences, and promote consideration of policy approaches for tackling this issue.

*Health Inequities* contribution was significant – it began to identify and characterize the health inequities that exist in BC. However, in order to most effectively understand and address these inequities, it is useful to unpack the data through a sex- and gender-based analysis (SGBA).

*Taking a Second Look* demonstrates how using SGBA to discover the linkages across health indicators deepens our understanding how health inequities tend to cluster in ways that put some populations at higher risk for health problems than others. The techniques and analysis presented in the report should be employed whenever health inequity research is conducted to help us zero in on this need.

*Worth a Second Look* offers an initial response to the question of what action can be taken with the results of SGBA? It responds to a number of the policy options proposed in the original *Health Inequities in British Columbia* report by extending the policy analysis, identifying at-risk populations, and offering refined and/or strengthened policy responses.

Taken together, these papers should stimulate further discussion by relevant stakeholders, help guide future policy work, and improve our ability to address health inequities - I look forward to your participation in those conversations.



John Millar  
PHSA Executive Director  
Population Health Surveillance & Disease Control Planning

## Executive Summary

Though British Columbia has been ranked as one of the healthiest provinces in Canada, significant health inequities persist. These include differential rates of life expectancy, cardiovascular disease, and many other indicators of health. Developing policy options to address health inequities is challenging due to the complex nature of the issue, which involves the conflux of biology, social determinants of health, and health behaviour. To be effective, policies should be ideally based on a broad understanding of their intended audience, encompassing social position, economic status, and cultural background. Sex- and gender-based analysis (SGBA) has been shown to be a valuable lens through which this intersection of social positioning and health can be viewed. *Worth a Second Look* demonstrates how that value translates into the development of effective policies for addressing health inequities.

In 2008, the Health Officer's Council released *Health Inequities in British Columbia*, which documented and characterized health inequities in British Columbia and proposed a set of policy recommendations. In *Worth a Second Look*, SGBA is used to examine the Housing and Income recommendations from the Health Inequities paper. Doing so illustrates how taking the social context of each policy into account and viewing it through a sex and gender lens can lead to a refined set of policy recommendations.

The analysis contained in this report is intended to serve as a model of how SGBA can be applied to a policy question. It demonstrates how SGBA provides a lens through which key population groups can be identified and their needs and barriers understood. Based on this knowledge, policies can be tailored to those with the highest need or where there is evidence of the need for a new approach to overcome barriers to access and utilization of services.

This approach to engaging SGBA within the policy process is described in an SGBA-informed Policy Analysis Framework. The Framework draws on much of the current SGBA literature and provides a tool for policy makers wanting to see how to incorporate SGBA into their work.

*Worth a Second Look* provides a concrete example of the benefits of applying SGBA to policy analysis. We hope the examples contained in this report, as well as the Framework, will help decision-makers plan the most effective policies for addressing health inequities in British Columbia and across Canada.

## Introduction

There is growing global recognition of the toll health inequities have on the overall health of a population. The costs to British Columbia alone have been estimated at \$2.6 billion annually<sup>1</sup>. While health inequities can be observed through differential health outcomes, the causes of health inequities for specific subpopulations are more difficult to trace. Health inequities are determined by the ways in which society is structured to provide opportunities for healthful living and how differential access to opportunities occurs based on social, economic, cultural, or geographic context. These determinants of health generally fall outside of the realm of health services provision; however their dramatic impact on health outcomes has pushed the healthcare sector into the lead in addressing them. As Perry Kendall, Provincial Health Officer for BC, notes “Government programs that reduce social inequities, mitigate the impacts of low socio-economic status, and target known risk factors will have more health impact than simply providing services for disease-based outcomes.”<sup>2</sup> Policy options, especially those made more effective through sex- and gender-based analysis (SGBA), are essential tools for accomplishing this task.

Life expectancy at birth is one of the easiest health inequities to quantify, and offers a good example for illustration. British Columbians enjoy a very high average life expectancy of 81.2 years, well above the Canadian average of 80.4. However, some populations within British Columbia experience a significantly lower life expectancy, such as those living in the downtown eastside section of Vancouver for whom life expectancy is 75.0 years.<sup>1</sup> Designing policies to address this issue, and other similar issues, requires accommodating the complicated interplay of social context, economic position, and health.

Sex- and gender-based analysis provides critical insight into the social, cultural, and economic forces that shape population health as well as the ways in which policies can exacerbate, reinforce, or create health inequities. These insights help to tailor more effective, equitable, and cost-efficient policies. In the case of life expectancy, women in BC do live longer than men on average, however SGBA reveals a number of policy-relevant contextual details:

1. Women tend to live a smaller percentage of their lives in good health; and
2. The gap in life expectancy between the sexes is rapidly closing. Effective policy options to improve life expectancy in BC must take these factors into account.

As much of current health inequity research has focused on women’s inequities, this report predominately deals with policy options addressing women’s concerns. When appropriate, men’s issues are reviewed and included in the policy recommendations.

This document begins with a short tutorial on how to integrate sex- and gender-based analysis into policy development. It is important to note that the application of SGBA is most effective when it is an integral component in all steps of policy development. Case studies are provided in which the suggested framework, based on Health Canada’s *Exploring Concepts of Gender and Health*,<sup>3</sup> is applied to the income and housing policy recommendations from *Health Inequities in British Columbia*.<sup>1</sup> The resulting analysis serves as an example of the application of SGBA, potential insights gained, and resulting gender-sensitive recommendations for British Columbia.

## A Primer on Sex, Gender, and Health Equity

*Health equity* has been defined by the World Health Organization (WHO) as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.”<sup>4</sup> As a corollary, *health inequity* refers to the presence of unfair, avoidable and/or remediable health differences among population groups. Generating equity in health entails eliminating unnecessary, avoidable, or unfair differences in health among population groups and communities.

*Social constructions of sex and gender* (e.g. gender roles and relations) can impede attainment of good health by limiting access to resources such as income, food, housing, medical care and social services, which directly affects one’s health status. In many countries for example, girls are less likely than boys to receive health care, food or education.<sup>5</sup> In Canada, women are more likely than men to be impoverished, limiting their access to housing, food and health care services that are necessary to achieve and maintain good health.<sup>6,7</sup> Male stereotypes that promote physical ruggedness can lead men to ignore physical ailments and avoid consultations with medical professionals, thus increasing their morbidity and mortality.

Gender norms often shape women’s and men’s choices in occupation, which may make them vulnerable to certain health problems. For example, unpaid care-giving is largely performed by women.<sup>8</sup> Caregivers are at higher risk for stress, emotional strain and musculo-skeletal injuries.<sup>9</sup> In many countries, men are often socialized to exhibit their masculinity by demonstrating physical prowess.<sup>10</sup> This stereotype encourages men to work in physically demanding jobs such as the military, mining, logging and construction and increases their risk of morbidity and mortality.<sup>10</sup>

*Gender health inequity* refers specifically to unjust and avoidable differences in health that stem from the social construction of sex and gender. Achieving gender health equity implies that men and women (boys and girls) have an equal opportunity and access to conditions and services that enable them to achieve good health.

The dominant approach to the study of health inequity arose out of the Whitehall studies<sup>4</sup> and emphasizes the impact of social hierarchy and income on health, but gives little attention to the role that gender plays in health inequity.

A *Sex and Gender-based Analysis (SGBA)* of health inequity integrates a sex, gender and diversity perspective into data analysis and the development of policies, programs and legislation.<sup>11</sup> This type of analysis involves asking new questions such as:

- Do women and men (girls and boys) have the same experiences (e.g., life expectancy, disease prevalence, morbidity)?
- How do we account for these similarities or differences?
- What is to be done about them?
- Which populations are affected?
- Where do the affected populations live?
- What are the implications of any diversity we see among women or among men for action?

The answers to these questions provide a clearer understanding of the issues and often point to the need for more appropriate policy, practice, and research options.

SGBA includes an analysis of diversity such as ethnicity, socioeconomic status, disability, sexual orientation, migration status, age and geography as these factors are highly associated with gender and have a strong influence on health and wellbeing. Incorporating an analysis of diversity reveals health trends among important subpopulations that may be hidden by aggregate population reporting.

Analyzing data using a gender lens uncovers trends and causal links between health determinants and health status that may be missed in aggregate statistics. SGBA provides a more holistic view of health determinants so that proposed policies, legislation and programs can be inclusive and equitable.

## Applying SGBA to Policy

Gender-based analysis (GBA) is an analytical tool. It uses sex and gender as an organizing principle or a way of conceptualizing information — as a way of looking at the world. It helps to bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their access to, and interaction with, the health care system.

(Source: Health Canada, Health Canada's Gender-based Analysis Policy)<sup>12</sup>

As the excerpt indicates, SGBA is an evidence-based framework that outlines a systematic process for analyzing and challenging policies and programs to integrate gendered concerns. The overall objectives of a sex- and gender-based analysis are substantive equity for men and women (both in terms of opportunity and outcomes), responsiveness to diversities, and meaningful engagement of a wide range of stakeholders at all stages of decision making.<sup>3</sup>

The most effective method of applying SGBA is to integrate sex and gender considerations into each stage of policy development, from conceptualization to planning to implementation. The principles and concepts underpinning SGBA will remain constant through this process, however the applications may vary depending on a variety of factors, such as the issue under consideration, what is known or assumed about a specific population, and the extent to which sex and gender perspectives already inform knowledge and action.<sup>13</sup>

Conducting a SGBA at each stage of the process also allows for regular monitoring and adjustments to address gaps, inconsistencies, and oversights as well as to accommodate new knowledge or insights. Through systematic application, SGBA becomes iterative and can therefore re-direct an analysis to include additional populations, to consider an issue from a novel perspective, or to tailor recommendations or interventions for specific policy and practice contexts.<sup>13</sup>

At a fundamental level, applying a SGBA in the policy context can be thought of as attempting to answer a set of broad questions.

- Are differences in the contexts of the lives of men and women, boys and girls addressed?

- Is the diversity within subgroups of women and men, girls and boys identified and analyzed?
- Has the policy been developed in collaboration with those who will be most affected? Has it been evaluated in the same way?
- Have unintended outcomes been considered?
- Has feasibility of intended outcomes been assessed for marginalized/vulnerable subpopulations?
- Are other social, political and economic realities taken into account?<sup>3,14</sup>

The process of generating the analyses contained in this report necessitated the creation of a new, policy-oriented SGBA framework, which is contained in Appendix A. This framework is broadly based on concepts presented in Health Canada's *Exploring Concepts of Gender and Health*, and is also informed by British Columbia's *Gender Lens: A Guide to Gender-inclusive Policy and Program Development* and other documents.

## Methods

It is generally accepted that reducing health inequities will not be possible without action taken by partners outside of the traditional realm of healthcare services. BC Provincial Health Officer Perry Kendall notes in the *Annual Report on the Health of British Columbians. Provincial Health Officer's Annual Report 2002* that "It has become clear that poverty, lack of education, unemployment, poor housing, drug and alcohol abuse, poor diet and unstable family life are highly predictive of poor health."

From this standpoint, the Health Officer's Council of BC released *Health Inequities in British Columbia* in 2008, which identified five broad policy areas in which efforts to reduce health inequities are needed, and provided specific policy recommendations. These areas are Income and Food Security, Education and Literacy, Early Childhood Development, Housing and Healthy Built Environments, and Health Care.<sup>1</sup> *Worth a Second Look* uses the recommendations put forth in *Health Inequities in British Columbia* as a base, examines them through SGBA, and proposes revised recommendations based on the findings. In specific, SGBA is applied to the recommendations in the Income and Housing areas, which were chosen as a focus because they are strongly linked to health outcomes and are highly gendered determinants of health.

Living below the low income cut-off, which is one way to define living in poverty, has been shown to have dramatic negative effects on health that increase exponentially with depth of poverty.<sup>15</sup> Issues such as the gender wage gap, the large proportion of female minimum wage workers, and the unique circumstances of low-income women all must be considered when designing optimally effective policies.

Housing is strongly related to income in that households that spend more than 30 percent of their income on housing are considered to be housing insecure. The 2001 update of the Survey of Household Spending found that shelter costs account for one-third of household spending in the lowest-income households.<sup>16</sup> Men and women experiencing housing insecurity tend to have unique experiences and needs that necessitate the development of gender-sensitive policies.

The recommendations suggested by *Health Inequities in British Columbia* were reviewed mainly using the SGBA-informed Policy Analysis Framework that was developed for this report and is contained in Appendix A. The main steps of the Framework are outlined below:

- **Stage 1.** Identify and define the policy issue
- **Stage 2.** Define goals and outcomes
- **Stage 3.** Engage in research and consultation
- **Stage 4.** Develop and analyze options
- **Stage 5.** Implement and communicate policy and program
- **Stage 6.** Evaluate policy and program

Examined data are from published and annotated sources, and many of the revised policy recommendations are based on those proposed as best practices by researchers and policy-makers.

## Analysis of Income Policy Recommendations

The income policy recommendations proposed in *Health Inequities in British Columbia* focused on four priority areas: minimum wage, earned income benefit, federal child benefit, and income assistance. Each of these recommendations is stated below, followed by a sex- and gender-based analysis and revised policy suggestions.

### Minimum Wage

#### Health Officer's Council Recommendations: Minimum Wage

Increase the minimum wage and index it to the annual cost of living. It is important that the minimum wage reflects a 'living wage' in order to eliminate the situation faced by the working poor - people working full time but still facing poverty.

#### Sex- and Gender-based Analysis: Minimum Wage

Using a sex- and gender-based analysis helps to contextualize the minimum wage and strengthen recommendations for change. As with any SGBA-informed analysis, it is necessary to determine if the policy recommendation would have a differential impact on men or women. Examining sex-disaggregated data is typically a good place to start and in this case, reveals that women make up two thirds of all minimum wage workers in Canada.<sup>17</sup> It is nearly twice as likely that a working woman will be making minimum wage compared to a working man. The gender wage gap, or the difference in average wages earned between a man and a woman doing the same job, is roughly 12-15% in Canada,<sup>18</sup> and is due in large part to the overrepresentation of women among minimum wage workers.<sup>19</sup>

This issue is particularly important for British Columbia as the province's minimum wage is currently the lowest in Canada, while the cost of living in BC is among the highest in the country.<sup>20</sup>

## Policy Suggestion: Minimum Wage

Increasing the minimum wage clearly makes sense from a health inequity standpoint as there is an established connection between low socioeconomic status and health. Applying SGBA to the issue further supports this policy suggestion as it would have the additional benefit of decreasing the gender wage gap.

## Earned Income Benefit

### Health Officer's Council Recommendations: Earned Income Benefit

Ensure that federal and provincial earned income benefits work to augment the incomes of people who are normally in the paid labour force. People in low-wage jobs, people who cannot get enough work to meet their basic requirements and people who have to periodically rely on employment insurance could all realize significant economic improvement from a well-designed plan for earned income benefits.

### Sex- and Gender-based Analysis: Earned Income Benefit

The Earned Income Benefit (EIB) is a legislative mechanism aimed at helping people climb the “welfare wall,” or in other words preventing the situation where a person receiving social assistance begins to work and ends up earning less because of the loss of government benefits.<sup>21</sup> Applying a SGBA considers how the experiences of men and women might shape their interaction with and benefit from this legislative mechanism. Research reveals that there are at least two ways in which the differential experiences of men and women might require policy action.

The first situation concerns the criteria EIB uses in determining benefit levels, which indicates that families below a certain income level receive a specified amount per child. When applying SGBA to the term “family,” it becomes clear that while the benefits vary for family size in terms of number of children, they do not vary in terms of number of adults in the family. A one-parent family is therefore considered equivalent to a two-parent family, though in reality, far more resources are available for a two-parent family compared to a one-parent family. A two-parent family has a greater capacity for childcare, household chores, and other unpaid family responsibilities. As an illustration, 83% of single parents who work or study use non-parental child care (daycare, kindergarten, nannies) compared to two-parent families in which one parent works (20%) or two-parent families where both parents work (71%).<sup>22</sup>

Evidence for the relative positions of one-parent families versus two-parent families is clear: the average one-parent family is more likely to live in poverty, experience a greater depth of poverty, and have children living in poverty.<sup>23</sup> One-parent families make up 16% of Canadian households, and the overwhelming majority of one-parent families (80%) are headed by women.

The second problematic situation arises out of the assumption implicit in the EIB's use of “family” criteria – that resources are shared equally between partners within the family. Research has shown this assumption to be false; in many cases there is inequality in the balance of financial power favoring the male partner.<sup>24</sup> In the specific context of EIB, single women considering a partner may have to forego her EIB due to the added spouse's income, which in effect places her in a dependent position.<sup>25</sup> This situation furthers the gender

power imbalance and could potentially create an artificial barrier discouraging single women with children from choosing to live with or marry their partner.

### **Policy Suggestion #1: Earned Income Benefit for Secondary Earners**

To reduce the barriers faced by single women who would lose their EIB and become dependant on new partners, an earned income benefit system should be established for secondary earners.<sup>25</sup> This benefit would help maintain independence and support women entering the workforce, as the benefit could be used to pay for childcare and other household-related expenses.

### **Policy Suggestion #2: Lone-parent Earned Income Benefit**

Considering the high rates of poverty and child poverty experienced by single-parent households, the EIB payments should be split into two levels, one providing higher levels of support for single-parent households and one providing standard levels of support for two-parent households.

## **Federal Child Benefit**

### **Health Officer's Council Recommendations: Federal Child Benefit**

Combine the Canada Child Tax Benefit base benefit and National Child Benefit Supplement into a single refundable benefit and make it available to all low-income families, with no reduction of other benefits (e.g., provincial income assistance rates) to offset the increase in the federal benefit. Consider revising income thresholds and benefit reductions to avoid undue hardship on lower income families as their work incomes rise.

### **Sex- and Gender-based Analysis: Federal Child Benefit**

The Canada Child Tax Benefit (CCTB) and National Child Benefit Supplement (NCBS) are similar to the Earned Income Benefit as they are also designed to help avoid the “welfare wall” by supporting parents who leave social assistance for work and helping low-income parents who are working stay working.<sup>26</sup> However, they both use the same “one-size-fits-all” categorization of family as the EIB and therefore do not take the specific difficulties faced by single-parent households into account.

The effects of this generalized classification of family can be seen in projected benefits from NCBS implementation. By its own estimates, the direct influence of the NCBS will cause the incidence of low income among one-parent families to fall 3.2% and the incidence among two-parent families to fall 1.2%. While this statistic seems to favour one-parent households, further statistics indicate otherwise. One-parent families are projected to have a smaller benefit in terms of number of families living in low income (-9.5% in one-parent households vs. -14.7% in two-parent households), increase in disposable income (8.4% vs. 9.7%), or change in depth of poverty (-17.7% vs. -19.0%).<sup>26</sup>

In the case of the NCBS, there is a legislative mechanism that could be used to balance the inequitable benefits between one-parent and two-parent families. Many provinces currently use a mechanism in which families receiving social assistance have their benefits decreased to adjust for the added income from the NCBS. This process is often referred to as a clawback. The clawed back funds are then reinvested into services that benefit children in low-income families. All provinces except for Newfoundland, New Brunswick, Nova Scotia, and Manitoba employ clawback mechanisms to adjust for the NCBS.

### **Policy Suggestion: Federal Child Benefit**

As the benefits of the NCBS are inequitably distributed between one-parent and two-parent families, the NCBS payments should be split into two levels, one providing higher levels of support for single-parent households and one providing standard levels of support for two-parent households. Additionally, a full or partial reversal of the clawback clause in British Columbia would significantly help those in the most need.

## **Income Assistance**

### **Health Officer's Council Recommendations: Income Assistance**

Increase welfare rates and index the rates to annual increases in the cost of living. About half of the increase will be required to make up for the erosion in purchasing power since 1994. Consider a mechanism to improve the income status of pregnant women (e.g., create a maternal nutrition benefit to start once pregnancy is confirmed, that becomes the Child Benefit once the birth is registered). Such a benefit would be cost-neutral if the Child Benefit program was terminated 6 months earlier than at present.

### **Sex- and Gender-based Analysis: Income Assistance**

When considering altering a broad-reaching government plan such as social assistance, it is helpful to use a sex- and gender-based analysis to understand the different experiences of men and women who are affected by the plan.

Sex-disaggregated poverty data in Canada reveal that women have traditionally had higher rates of poverty than men. In 2000, 11.9% of Canadian women lived below Statistics Canada's low-income cut-off, compared to 9.9% of Canadian men. As poverty is one of the most reliable predictors of poor health, women are therefore more likely to suffer adverse health outcomes than men.<sup>27</sup> Much of the sex-based differences in poverty rates can be attributed to higher rates among three subgroups of women: single-parent mothers under 65, unattached women under 65 and unattached women 65 and older.<sup>28</sup> As each of these high-risk groups is comprised of unattached women, this complicated situation warrants further exploration.

Part of the explanation has to do with women's relationship to the job market. As mentioned above, a significant gender wage gap exists between men and women performing the same work. Additionally, due to gendered stereotypes of men's and women's roles, women often end up assuming the majority of child-raising and household tasks.<sup>29</sup> These forces contribute to a situation where women on average earn less over the course of their lifetime, have smaller retirement savings, and take part-time or temporary positions

to manage household responsibilities.<sup>30</sup> Women are also more likely to forego advance schooling or job opportunities than men.<sup>31</sup> As a result, poverty for men can be directly linked to changes in the labour market, while women’s poverty, while affected by the labour market, is also strongly influenced by factors such as divorce and separation as well as women’s roles in the household.<sup>32</sup>

## Policy Suggestion #1: Income Assistance

While increasing welfare rates and indexing them to the cost of living is a positive step, social assistance programs that address the specific needs of women living in poverty can more effectively reach those in need. An example of such a program could be improved access to high-quality job training programs and post-secondary education without facing the high levels of debt necessary to access these programs.<sup>33</sup>

In a related issue, the disadvantages faced by women as a consequence of their overrepresentation in the part-time and temporary workforce have been magnified by recent changes to the Employment Insurance eligibility criteria. In 1996, regulations were altered to make eligibility contingent on a minimum numbers of hours worked, as opposed to the previously used minimum number of weeks worked. For part-time workers, this means that a significantly longer period of working time is required until benefits can be claimed, or in other words, paying in more and receiving less.<sup>34</sup> As the below table illustrates, this regulation change has had a significant impact on the gender balance of those receiving Employment Insurance.

Gender Gap in Coverage - Percentage of Unemployed Receiving UI			
	1994	1996	2001
Men	53%	45%	44%
Women	49%	39%	33%
Gender Gap	4 points	6 points	11 points

Source: Canadian Labour Congress, *Falling Unemployment Insurance Protection for Canada’s Unemployed*, March 2003.<sup>35</sup>

Additional gendered issues with Employment Insurance are revealed by examining trends in length of time taken to return to work post-pregnancy. EI maternity claims only account for 60% of births outside of Quebec, indicating that a number of eligibility issues may be preventing some women from accessing these programs.<sup>36</sup> Despite strong government efforts to support families as they care for their newborns, there is still significant variation across the socioeconomic gradient. Women returning to work within four months had median earnings of \$16,000, while women returning between nine and twelve months had a median income of \$28,000.<sup>34</sup>

## Policy Suggestion #2: Alter Employment Insurance Eligibility

Recognizing that part-time work is a critical part of the economy as it allows people the capacity to handle care-giving responsibilities while being fiscally solvent, it would be more equitable to revert to previous Employment Insurance criteria for eligibility, measured by number of weeks of work, not by number of hours of work.

### Policy Suggestion #3: Increase Maternity Benefits

Employment Insurance should consider increasing its reimbursement levels for maternity leave to 75% to ensure that low-income women can afford to stay home with their newborns for the critical first year.<sup>37</sup> Additionally, eligibility should be extended to the basis of employment over the previous five years to increase the number of mothers receiving EI. These policy suggestions move beyond the inequities that exist between men and women to address inequities that exist between different populations of women.

## Analysis of Housing Policy Recommendations

An SGBA of gendered income inequalities reveals the unique needs of men and women and points to specific policy recommendations needed to mitigate these inequities. Closely related to income issues is homelessness and housing insecurity, another critical determinant of health inequities in British Columbia. The following section will apply a gender lens to *Health Inequities in British Columbia's* housing policy recommendations to identify the specific housing needs of men and women and provide gender-sensitive housing policy recommendations.

Homelessness and housing issues are a major concern in British Columbia: the province has the highest core housing need in the country, with an estimated 2,660 homeless people living in Metro Vancouver alone.<sup>38</sup> The housing policy recommendations proposed in *Health Inequities in British Columbia* focused on 1) increasing the availability of affordable housing and 2) Housing First: Providing a range of housing and related supports for housing insecure individuals. A SGBA of the Health Officer's recommendations reveals the specific needs of populations most vulnerable to housing insecurity such as low income women and men, lone parents, disabled people, Aboriginal people, refugees and immigrants, seniors and young women<sup>39</sup> and provides revised policy suggestions tailored to the needs of these populations. The SGBA uncovers a number of priorities for housing policy options which include: availability; affordability; safety; quality and availability of appropriate support services.

## Affordable Housing

### Health Officer's Council Recommendations: Affordable Housing

Ensure there is an adequate supply of appropriate, safe and affordable housing for low-income families and individuals. Some of the housing need is being addressed through the government's housing strategy, Housing Matters BC and several other programs, but the demand is greater than the current supply.

### Sex- and Gender- Based Analysis: Availability of Affordable Housing

Women, particularly single mothers, are disproportionately affected by poverty, and are more likely to experience greater depths of poverty and longer periods of impoverishment.<sup>1,37</sup> This problem is exacerbated by a lack of affordable housing. In 2003, 42% of female-headed families who rented found difficulty finding affordable housing.<sup>37</sup> In the same year, 72% of single women 65 and over who rented experienced housing affordability problems.<sup>37</sup> Improving the availability and affordability of low-income housing will decrease

housing-insecurity among British Columbian women and men. It will also help improve women's safety, as barriers to affordable housing often keep women in abusive relationships to avoid homelessness.<sup>37,40</sup>

### **Policy Suggestion #1: Increase the Availability and Affordability of Private Rental Units**

Many low-income women are faced with an array of barriers to home-ownership, such as low-income, discrimination, part-time and unstable work conditions, that makes home-ownership a challenge. Increasing the availability and affordability of publicly funded low-income housing and private rental units would most likely decrease housing insecurity among low-income men and women in British Columbia.

### **Sex- and Gender-based Analysis: Safety and Quality**

Canadian studies have shown that self-reported housing concerns vary between men and women. Availability and affordability of low income housing is the main priority for low-income women and men in the province. In addition to affordability and availability, safety, stability, and access to appropriate programs were also identified as women-specific housing priorities.<sup>37,38,41,42</sup> In order to be optimally effective for women and men, housing policy in British Columbia needs to incorporate these priorities that reflect the differential experiences of men and women in regards to housing. Specific policy options that address the gendered housing concerns of women and men are detailed below.

### **Sex- and Gender-based Analysis: Safe Housing for Women**

Many women who are homeless and/or living in affordable housing have a history of domestic violence, physical or sexual abuse. A Canadian survey from 2006 reported that 74% of women shelter residents sampled were escaping an abusive situation, indicating a great need for safe housing for women.<sup>43</sup> Women's perceptions of safety can stem from encounters of verbal or sexual harassment. Though these actions in themselves are non-criminal, it is difficult for women to know if these behaviours are harmless or could lead to an assault.<sup>44</sup> Safety is a particular concern for women with children, as mothers strive to provide safe environments for their children to live and play. Due to the high incidence of fear and experienced violence among housing-insecure women, it is important to ensure that housing policies are responsive to the needs of women who have experienced or are at risk of violence.<sup>40</sup>

### **Policy Suggestion #2: Install Safety Features in Social Housing**

Housing features identified as improving women's sense of security include: the installation of effective locks; lighting sensors; cameras in stairwells and elevators. Also, for women on social assistance, having a telephone was identified as an important and necessary emergency safety feature. Presently, many women on social assistance cannot afford to pay for utilities such as telephone services. Only women who have reported previous incidents of domestic violence are provided an allowance for a telephone and plan,<sup>40</sup> a provision that should be extended to all women on social assistance.

### Policy Suggestion #3: Conduct Community Safety Audits

Housing safety also includes living in a secure environment. Women and other vulnerable residents (children, the disabled and seniors) need to feel safe walking home or to work late at night. Policies that make transportation routes, public spaces and private homes safer are necessary to address vulnerable residents' need for safe neighbourhoods.<sup>40,45</sup> Providing supportive services that assist women to locate safe affordable housing, and transportation to make housing appointments would also be a beneficial policy for low-income women.<sup>46</sup>

A safety audit, developed in Toronto by the Metro Action Committee on Public Violence Against Women and Children (METRAC), is an example of a tool that can be used to improve safety in urban neighbourhoods. Women's Safety Audits consist of four steps:

1. "Preparation and training: Selecting an area, informing stakeholders and policy makers as well as training community members who are to conduct the audit walk. The most vulnerable community members (women, children, the disabled, elderly) are chosen to conduct the assessment;
2. Exploratory walks: A group of community members walk through the neighbourhood with a map and questionnaire analyzing the neighbourhood design and identifying actions to be taken to make the area safer for its residents;
3. Formulating recommendations: based on the perceptions and experiences of the community members participating in the walk. Recommendations are handed to key urban policy makers;
4. Follow up to ensure the implementation of recommendations."<sup>43</sup>

Communities in British Columbia could implement Safety Audits to improve neighbourhood design and safety.

### Policy Suggestion #4: Create More Co-operative Housing

Increasing the number of cooperative housing units available may help address women's need for safe housing. A Canadian study found that women living in co-operatives felt safe, due to the security features available in their buildings and the fact that they knew their neighbours.<sup>40</sup> Having a sense of community has been shown to increase women's perception of safety. Women in this study also appreciated the opportunity to participate in decisions in the co-op, so that their ideas, including safety concerns could be expressed.<sup>40</sup>

## Housing First

### Health Officer's Council Recommendations: Housing First

Develop policies to provide a range of housing and related supports for the homeless, and particularly for those with mental illness and/or addictions. A full continuum of housing options should be provided and matched to individuals' needs, including emergency and temporary accommodation (e.g., shelters),

transition housing, and supportive (e.g., group homes often with on-site staff) and supported housing (e.g., co-operatives or independent apartments with off-site staff or case management support).

## Sex- and Gender-based Analysis: Housing First

According to the 2008 estimate of homelessness in Metro Vancouver, the majority of homeless persons are men (72%).<sup>36</sup> However, the number of homeless women has increased 16% since 2005, compared to a 13% increase among men.<sup>36</sup> Additionally, 24% of homeless women in the Metro Vancouver are affected by long-term homelessness.<sup>36, 37</sup> The numbers of homeless women are likely to be underestimated, as these measures are based on emergency shelter use, which are generally used more by men than women. Women's homelessness tends to be much less visible than men's, since women often choose to 'couch-surf' with friends or relatives, or refuse to utilize housing services which often do not cater to women's (and their children's) needs.<sup>47,48,49</sup> Many lone mothers try to meet their children's needs for food, clothing and education and opt to stay with friends or in rental spaces, which are more child-friendly than many shelters. Furthermore, to ensure their children are not removed by child welfare agencies, women often conceal their homelessness, ironically increasing their invisibility.<sup>50</sup>

As women in British Columbia are particularly vulnerable to housing insecurity and homelessness and represent a large and growing proportion of the homeless in British Columbia, it is important to develop housing policies with consideration for the specific needs of women.

## Policy Suggestion #1: Restructure Shelter Subsidies and Rental Assistance

According to the 2008 summary on homelessness in Metro Vancouver, 43% of the homeless population relied on income assistance as their major source of income. However, despite having access to welfare, the shelter component is insufficient to cover the cost of housing.<sup>36</sup> A policy solution would be to restructure shelter subsidies and rental assistance to meet the basic housing needs of recipients.

In 2008, the rental assistance program for families in British Columbia was expanded to include families with incomes of up to \$35,000, and the allowance ceiling was increased. The rental assistance program is a portable housing allowance that can be used in the private housing market. Since the expansion of the rental assistance program in 2008, there has been an increase in the number of families eligible for rental assistance, however the amount is still not enough. For example, in metro Vancouver, families of fewer than three members on rental assistance are eligible for up to \$653/month and families of more than three members are eligible for up to \$765/month. These shelter subsidies must cover rent, utilities and telephone, even when the average rent for bachelor apartments are \$754 and two bedroom apartments are over \$1,100. In addition, families receiving income assistance under the B.C. Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act (excluding Medical Services only) are not eligible for Rental Assistance under this program.

	Average Rent for Bachelor (Vacancy %)	If eligible, maximum shelter for families less than 3	Average for two bedroom vacancy	If eligible, maximum shelter dollars for women in families greater than 3
Metro Vancouver	754*	653.00**	1,124*	765.00**

\* Rental Market report- Vancouver and Abbotsford CMAs. Data released: Fall 2008

\*\*Benefits Estimate calculated using: Rental Assistance Program Calculator (2009) ([http://www.bchousing.org/programs/RAP/info\\_applicants/calculator](http://www.bchousing.org/programs/RAP/info_applicants/calculator))

Housing allowances need to be increased to meet the housing needs of women and men. Increasing shelter subsidies would provide recipients with more stability, so that they are able to maintain their residence for an extended period of time.

### Policy Suggestion #2: Broaden Social Housing Eligibility

The BC Housing program focuses on ‘vulnerable citizens’ (seniors, people with disabilities, and women fleeing abuse) as well as low-income families. Senior women and men over 65 years are eligible for a portable housing subsidy (shelter allowance) under the Shelter Aid for Elderly Renters (SAFER) program. This narrow focus excludes a large number of low-income women and men, leaving a large gap in housing need.<sup>51</sup> A policy solution would be to broaden the eligibility criteria for social housing to include different categories of low- income men and women.

Most unattached women and men are excluded from social housing programs because they do not meet the target criteria of families, seniors, youth, or persons with a disability.<sup>49</sup> Also, women and men under 65 whose children have left home may lose their eligibility for social housing. Unattached women and men below 65 have to apply for a subsidized housing unit, for which the wait times are often long, if eligible. At 55, women and men are eligible for BC housing for subsidized seniors, however the wait times for subsidized housing are also often long. Expanding social housing policies to include low-income women and men below 65 would improve the condition of housing-insecure unattached people in British Columbia.

### Policy Suggestion #3: Extend Portable Housing Subsidies

Extend portable housing subsidies to include women below 65 who are not eligible for portable housing subsidies such as the rental assistance program, or the Shelter Aid for Elderly Renters (SAFER) programme. Portable housing subsidies are advantageous for women and men because it allows them to choose where they live (near family, social supports, safe neighbourhoods, schools, employment) and eliminates the stigma of receiving government assistance.<sup>52</sup> Portable housing subsidies allow women to move when they want, providing them with the flexibility to leave abusive relationships, if necessary. Expanding the eligibility for portable housing subsidies to include women below 65 would help decrease the number of housing-insecure women in British Columbia.

## Policy Suggestion #4: Increase Supportive Services

In developing housing policies, increase access to supportive services for housing-insecure women and men. As low income women form a substantial number of British Columbia's housing insecure population, policies aimed at providing supportive services for these women should be available to prepare them for the transition from unstable to stable housing. These services should be designed in consultation with people affected in order to respond to their special circumstances. Supportive services targeting the most vulnerable populations, such as lone-mothers, Aboriginal and immigrant populations are important to improve health equity in the province.

Many housing-insecure women in British Columbia are mothers. Providing affordable child care near women's homes/subsidized housing enhances their ability to seek paid work, and pursue an education.<sup>44,49</sup>

Aboriginal people are disproportionately affected by poverty and homelessness,<sup>53</sup> earn less than other British Columbians, and spend a greater percentage of their income on housing.<sup>54</sup> Since homelessness among Aboriginal people is often a result of poverty, many of the efforts to improve housing stock and affordability will help decrease homelessness among Aboriginal people in British Columbia. Aboriginal women have unique needs for culturally-specific housing that need to be considered. There is evidence that some Aboriginal people are deterred from staying in shelters that are not sensitive to their cultures,<sup>55</sup> indicating a need for more culturally appropriate housing options. For example, having spaces that allow for family visits and stays is important, since family connectedness is an important cultural component for Aboriginal women. Consultations with Aboriginal men and women are needed to successfully incorporate their needs into housing policies and programs.

Immigrant men and women also have needs for culturally appropriate housing, since they face both cultural and language barriers when it comes to housing.<sup>44</sup> Providing housing information in a number of languages could help alleviate this problem. Also, for both Aboriginal and immigrant people, creating housing environments that are free from racism and discrimination are key to creating culturally appropriate housing for British Columbia's minorities.<sup>44</sup>

An examination of BC housing issues and policies with a gender lens reveals differential housing needs among vulnerable subgroups, such as low income women and men, lone parents, Aboriginal people, immigrants and refugees. This analysis was used to provide housing policy suggestions based on housing priorities identified by these subgroups including: affordability; accessibility; safety; quality and availability of appropriate supportive services. These policy options should help improve the state of homeless women and men in British Columbia.

## Discussion & Conclusion

The development of effective, equitable healthcare policy is ideally founded on a clear understanding of the needs of its intended population. Methods for determining these needs vary, but historically, sex-, gender-, and diversity-specific issues have tended to be subsumed within one-size-fits-all approaches to policy making. As this report's application of sex- and gender-based analysis to income and housing policy options suggests however, this oversight has potential to negatively affect policy outcomes.

The inclusion of SGBA throughout the policy development cycle, from question formation to evidence gathering to policy monitoring, helps to craft better informed policies. At each of these steps, SGBA functions to identify at-risk populations, analyze the interactions of multiple determinants of health that affect priorities of need, and evaluate what specific barriers to access and healthcare utilization might exist. Each of the policy suggestions in this report demonstrates these functions to some degree, including the policy options concerning affordable housing. SGBA of affordable housing policies identifies that men and women have different experiences of homelessness and housing insecurity. Men make up a larger portion of those in shelters, while women identify safety as a priority and barrier to accessing affordable housing. Tailoring differential policies with these considerations in mind can improve the effectiveness of affordable housing programs.

Many of the steps described above are undertaken in policy development, but they are typically applied to aggregate population numbers. Applying a sex, gender, and diversity lens allows us to see what aggregation tends to conceal – the lives of men and women of different cultural backgrounds are shaped by distinct, if sometimes overlapping, forces that have significant effects on health.

The application of SGBA, both in this report and in a broader context, typically identifies that women and men have different relationships to the economy and the family. Analysis of the Earned Income Benefit provides a good example of both relationships. The need for the Earned Income Benefit arises from the desire to assist people in moving out of poverty and its associated health risks. However it is not enough to consider socioeconomic status alone, as SGBA clearly indicates that family structure, particularly for single-parent families, and associated caregiving responsibilities significantly affect the depth and experience of poverty. Designing policies to address this situation requires an understanding of how gendered social structures assign different caregiving and economic roles to men and women and how these lead to different experiences of poverty for men and women. As can be seen from each of the examples included in this report, socioeconomic context and caregiving responsibilities are major factors contributing to the distinct experiences of Canadian men and women and should be accounted for in health policy.

The process of generating these analyses necessitated the creation of a new, policy-oriented SGBA framework, which is contained in Appendix A. This framework is based on Health Canada's *Exploring Concepts of Gender and Health*, and is also informed by British Columbia's *Gender Lens: A Guide to Gender-inclusive Policy and Program Development* as well as other referenced materials. The framework divides the policy development cycle into six stages and suggests specific sex-, gender-, and diversity-sensitive questions that should be asked at each stage. The questions can help to identify the distinct experiences of men and women from different cultural backgrounds, as well as guide policies in overcoming identified barriers. The framework also offers a brief introduction to the logic of applying an SGBA at each stage. We hope that this framework will be a resource to both policymakers in British Columbia and across Canada in designing and evaluating effective, equitable health policies.

## Appendix A

### ***SGBA-informed Policy Analysis Framework***

*Exploring the Concepts of Gender and Health*, the Health Canada framework that was modified and used to conduct the policy analysis in this report, classifies policy development into six stages.

***Stage 1. Identify and define the policy issue***

***Stage 2. Define goals and outcomes***

***Stage 3. Engage in research and consultation***

***Stage 4. Develop and analyze options***

***Stage 5. Implement and communicate policy and program***

***Stage 6. Evaluate policy and program***<sup>3</sup>

As each stage, there are a range of specific questions appropriate to the situation that should be asked. The below framework was developed for this report based on the six stages of *Exploring the Concepts of Gender and Health*, incorporating policy-specific questions aimed at equity concerns.

#### **Stage 1: Identify and define the policy issue**

Policies generally respond to an explicit issue or identified need within the government or the community. Before evidence is drawn up, clearly define the issue in relationship to sex, gender, and diversity concerns. This will have significant implications for how these concerns are integrated in the overall development process.

Questions that could be asked at this stage include:

- Is it a health issue? If yes, how will the issue be situated in the population health approach?
- Is it under federal/provincial/territorial jurisdiction?
- Who has defined the issue and why?
- What evidence has been marshaled to support this framing of the issue?
- In what ways are both women's and men's experiences reflected in the way issues are identified?
- What are the values, biases, knowledge and experiences at play in the framing of this issue?
- Do we have information about males and females from diverse ethnic and socio-economic backgrounds?<sup>3,12</sup>

## Stage 2. Define goals and outcomes

Once the issue has been clearly defined, and it has been determined that action should be taken, applying a sex- and gender-based analysis aids in estimating the ramifications of action for men and women from diverse ethnic and socio-economic backgrounds.

Questions that could be asked at this stage include:

- Who is the policy intended to benefit? Will these benefits be equally distributed to males and females from diverse ethnic and socio-economic backgrounds?
- What are the expected health outcomes from the policy?
- What are the indicators of success? Do they capture sex- and diversity-disaggregated data?
- How does the issue or problem affect men and women (and boys and girls) and different groups of women and men (and girls and boys) differently (e.g. do the objectives of the policy or program make assumptions about the social roles of both sexes)?
- What does the government hope to achieve with this policy, and how does this objective fit into its stated commitments to social and economic equality? <sup>3,12,13</sup>

## Stage 3. Engage in research and consultation

The collection of a broad spectrum of evidence is a key part to building effective, equitable, and cost-efficient policy. A sex- and gender-based analysis helps shape the scope of research to ensure that questions of sex, gender, and diversity are properly understood and supported.

Questions that could be asked at this stage include:

- What types of sex- and diversity-specific data are available? Is data available for Aboriginal peoples, persons with disabilities, members of visible minorities and other often marginalized groups?
- How has the input of these groups been pursued?
- What are the legal, economic, social, cultural, and environmental implications for different groups of men and women?
- What information do you need to ensure that all perspectives have been taken into consideration?
- What key stakeholders should be involved in determining what information is needed? <sup>3</sup>

## Stage 4. Develop and analyze options

Based on the knowledge gained from the evidence review stage, a set of realistic, evidence-based policy options can be developed. Applying a sex- and gender-based analysis to each option can help assess the differential impact they may have on diverse groups of women and men, girls and boys, effects that may increase or create health inequities. It can also reveal unanticipated negative effects that should be accounted for, such as increased barriers, accessibility issues, or stigma.

Questions that could be asked at this stage include:

- What are the probable short- and long-term effects of the policy on men and women, boys and girls? Are both sexes treated with equal concern, respect and consideration? Is the diversity among men and women, boys and girls, being considered?
- Did the research point out any high-risk or marginalized groups for whom policy options should be tailored?
- How will the division of labour between men and women, both paid and unpaid, impact each option?
- Have the perspectives of key stakeholders (men and women from diverse ethnic and socio-economic backgrounds) been included in assessing the cost, benefits, acceptability, and practicality of each option?
- How have other government departments responded to this issue or problem? Is there an interdepartmental strategy that can be proposed? <sup>3</sup>

## Stage 5. Implement and communicate policy and program

Once a policy has been agreed upon, a collaborative effort is required for communication and implementation. Using a sex- and gender-based analysis at this stage provides a reminder to involve stakeholders and consultants who were involved in the development progress. This communication should emphasize the ways in which the policy addresses sex, gender, and diversity. This communication mechanism can involve different branches of the government, community groups, academics, service providers, and others.

Questions that could be asked at this stage include:

- How does the choice of media affect dissemination to women, men and diverse groups of both?
- Are there language-related barriers to the transmission of the message?
- What methods are being undertaken to ensure the recommended option is implemented in a way that promotes equity?
- How are stakeholders involved (e.g. how are you going to include program participants in the implementation)?
- How can other departments be involved in the implementation?
- Are the gender and diversity implications of the policy explicit in the communication materials?<sup>3</sup>

## Stage 6. Evaluate policy and program

All policies and related programs must be evaluated to determine how well they are meeting their goals. The evaluation period provides the opportunity to reflect on effectiveness, changes in the social, political, or cultural context, gaps, oversights and lessons learned, all with a goal of improving future outcomes. Applying a sex- and gender-lens during this stage provides information on designing evaluations to be able to fully account for gender and diversity implications.

Questions that could be asked at this stage include:

- How will equity concerns be incorporated into the evaluation criteria? How can this be demonstrated?
- What indicators will be used to measure the differential effects of the policy on men and women from diverse ethnic and socio-economic backgrounds?
- How will experiential knowledge and the opinions of diverse groups of men and women, boys and girls, be drawn upon in the evaluation?
- What changes should be made in the policy or program so it is more responsive to the needs of diverse groups of men and women? <sup>12</sup>

As can be seen from the descriptions and questions for each stage, a SGBA is applicable at all stages of policy development, from defining the issue to tailoring existing policies to be more sex, gender, and diversity appropriate.

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