

The Hamilton Charter for Promoting Gender Equity in Healthcare

Gender discrimination, sexual harassment and gender inequity have no place within health care and health education. Over the past few decades, female representation in health sciences, medicine and health education has gradually increased. However, gender representation is markedly different from gender inclusivity.¹ Female identifying individuals continue to face systemic discriminatory practices regarding pay equity (i.e., equal pay for equal work), sexual harassment, and microaggressions within health care and health education environments. For example, it is estimated that full-time working women in Canada earn 75% of their male counterparts in comparable professions². This wage gap is significantly higher for women from equity-deserving groups³. Results from a 2016 survey from Statistics Canada indicate that Canada's health workforce is composed largely of women, and this proportion has continued to increase⁴. Despite a rise in representation, estimates of female identifying individuals in health care and health education leadership roles is less than 30 percent⁵ - a notable discrepancy.

Gender equity is complex and multifaceted, however as leaders in health care and health education we must commit to make changes that contribute to the advancement and inclusion of female-identifying, gender-diverse, racialized and other equity deserving health care and health education professionals within our health systems to create an environment of inclusion for all.

The **Hamilton Charter for Promoting Gender Equity in Healthcare** is a consortium of organizations in the greater Hamilton, Niagara and Waterloo areas dedicated to excellence in health care and health education working together to advance gender equity. These organizations aim to improve workplace satisfaction by creating a health system free from sexual harassment and regular microaggressions, where such behaviours are not tolerated. The consortium unites health care and health education professionals committed to ending discrimination and to changing the culture to advance gender equity and inclusion. As a member of this consortium, we aim to adopt equitable processes and policies that ensure gender discrimination and harassment have no place in the health care and health education sectors. Members of the consortium will work together to develop innovative approaches to bring about gender equity for women of many ethno-racial backgrounds. Most importantly, we will measure and demonstrate our progress with regard to gender equity. Ultimately, our shared goal is to enhance inclusion for all.

¹ The Lancet, *Working toward gender diversity and inclusion in medicine: myths and solutions* <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2933138-6> (retrieved April 23, 2021)

² BC Women's Health Foundation, *Why Does Gender Equality Matter in Healthcare?* <https://www.bcwomensfoundation.org/gender-equality-week/> (retrieved April 20, 2021).

³ EDG refers to equity-deserving groups historically and contemporarily under-represented, underutilized and underserved in higher education. EDGs include (1) the four federally designated groups (FDGs) – Indigenous (First Nations, Métis, and Inuit) peoples, members of racialized communities including people of Black/African descent and diaspora, persons with disabilities, women and particularly those in STEM fields, and (2) members of sexual orientation and gender identify (SOGI) minoritized groups (i.e., 2SLGBTQ+ communities), who also experience workplace barriers.

⁴ LFS, Statistics Canada, *Proportion of Female Health Care Providers* <https://www.who.int/hrh/Oral-Gender-equity-and-womens-economic-empowerment-Porter-and-Bourgeault-16Nov-17h30-18h30.pdf?ua=1> (retrieved April 20, 2021), Pg 5.

⁵ Wedny Glaser, *Rise of Women in Medicine not Matched by Leadership Roles* <https://cmajnews.com/2018/03/26/rise-of-women-in-medicine-not-matched-by-leadership-roles-cmaj-109-5567/> (retrieved April 20, 2021).

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Definitions

Gender binary is a social system whereby people are thought to have either one of two genders: man or woman. These genders are expected to correspond to birth sex: male or female. In the gender binary system, there is no room for interpretations between genders, or for crossing the binary. The gender binary system is rigid and restrictive for many people who feel that their natal sex (sex they were assigned at birth) does not match up with their gender or that their gender is fluid and not fixed⁶.

Gender identity is each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex⁷.

Gender expression is how a person publicly expresses or presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender. Others perceive a person's gender through these attributes. A person's gender identity is fundamentally different from and not related to their sexual orientation⁸.

Intersectionality: A term coined by Kimberlé Crenshaw⁹ that describes the interconnected nature of social categorizations such as race, class and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Trans or transgender is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans woman, trans male, transsexual, gender non-confirming, gender variant or gender queer¹⁰.

⁶ Ontario Human Rights Commission, *Appendix B: Glossary for Understanding Gender Identity and Expression* <http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression/appendix-b-glossary-understanding-gender-identity-and-expression> (retrieved April 20, 2021)

⁷ Ibid.

⁸ Ibid.

⁹ Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=ucf> (retrieved July 26, 2021)

¹⁰ Ibid.

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As a member of the Hamilton Charter for Promoting Gender Equity in Healthcare, we pledge to:

1. Address and improve the structures and barriers within our respective institutions that threaten gender equity and safety.
2. Ensure equitable practices of recruitment, selection, promotion, development, and compensation are implemented and maintained throughout our institution, by:
 - a. encouraging a diverse applicant pool,
 - b. ensuring diverse selection committees (e.g., by gender and ancestral origin),
 - c. minimizing overt and unconscious bias in conducting search and selection committees,
 - d. and revising current practices where bias or the potential for bias still exists.
3. Review current policies, procedures, and resources for addressing sexual harassment and discrimination, including safe reporting pathways and update in accordance with best evidence. Expand upon existing resources to address harassment and discrimination, providing multiple avenues of support and reporting.
4. Measure and track sexual harassment and other gender-based inequities, including salary, occurring in our institutions.
5. Enhance prevention strategies through modelling by senior leadership, education and training around gender equity, and bystander training for members of our organization, to bring about a cultural shift that prevents gender-based discrimination from happening.
6. Increase the representation of gender-based, equity deserving individuals in positions of power and leadership to ensure decision making is inclusive of diverse perspectives. Develop retention strategies to ensure leaders are properly supported and set up for success.
7. Implement support networks for gender-based equity seeking groups in the communities that we serve to aid those who have faced gender discrimination or harassment.
8. Recognize and consider the impact of intersectionality through ongoing consultations with equity deserving groups. This will identify the specific barriers faced by female identifying health professionals and educators who are part of more than one equity deserving group.

With our signature, we commit to the above pledges outlined in the Hamilton Charter for Promoting Gender Equity in Healthcare. We will continue to work together to strengthen our structures, processes, and outcomes as with the goal of a safe, respectful, equitable and inclusive workplace for all.

Sincerely,

Paul O'Byrne
Dean and Vice-President
Faculty of Health Sciences
McMaster University

Rob MacIsaac
President and CEO
Hamilton Health Sciences

Melissa Farrell
President
St. Joseph's Healthcare Hamilton

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