





Equity Stratification

Some data may capture other terminology to describe individuals who are born with developed characteristics, such as anatomy, chromosomes or hormones, that do not fit a doctor's expectation of a male or female body. Some terminology may be considered stigmatizing and harmful, so it is not recommended to report on categories beyond the values listed above.

Key considerations

Recorded sex or gender

Historically, health card registration and other administrative sources have captured assigned sex at birth. In response to changes such as the 2017 amendment of the Canadian Human Rights Act to include gender identity and gender expression as prohibited grounds for discrimination, Canadians have increasingly been able to change their health cards and other documentation to reflect their gender identity.

At this time, data sourced primarily from health cards or other administrative sources may represent sex or gender, depending on whether individuals have updated their official documentation to reflect gender identity different than sex at birth. In these cases, it is recommended to relabel and describe the data as a mix of sex at birth and gender (i.e., recorded sex or gender). This data can be reported on for the cisgender population only (i.e., those whose sex at birth aligns with their gender identity).

2-step approach

The 2-step approach of using assigned sex at birth and gender identity data facilitates the identification of individuals who experience or express a different gender identity from their assigned sex at birth (e.g., transgender or gender non-conforming individuals). Measuring inequalities in this group is not possible with sex at birth alone.³⁵

How can I access data on sex at birth?

Sex at birth data can be obtained where collected by the data provider.

CIHI's [Measuring Health Inequalities: A Toolkit — Equity Stratifier Inventory](#) is periodically updated with a complete list of the stratifier information available in CIHI's databases, as well as in certain Statistics Canada databases. It is best practice to rely on self-reported or clinician-recorded data to capture sex at birth because health card registration and other administrative sources are not reliable sources of this concept (see Recorded sex or gender above).



Equity Stratification