European Gender Medicine Network

Charité – Universitätsmedizin Berlin, Germany (Coordinator)
Maastricht University, Maastricht, the Netherlands
European Institute of Women’s Health, Dublin, Ireland

Report from Workshop 1.2
‘Sex and Gender in Public Health and Prevention’
Maastricht, 2-3 February 2015
Sex and Gender in Public Health and Prevention

On February 2nd and 3rd, the second EUGenMed workshop took place in Maastricht. Twenty-six experts and stakeholders convened to discuss four major topics:

a) assemble the existing (and evidence-based) knowledge about sex, gender and risk factors for non-communicable diseases (NCDs), mental health and occupational health across Europe to compile a position paper
b) discuss and identify current gaps concerning sex and gender aspects of risk factors for NCDs, mental health and occupational health
c) devise strategies for implementing the available knowledge on sex and gender in public health and prevention
d) discuss policy briefs for lay persons about sex and gender in highly prevalent conditions as well as a set of slides for EU policymakers and officials about the relevance of sex and gender in biomedical research and clinical practice

Day 1 – February 2nd, 2015

Ineke Klinge, partner of the EUGenMed project and chair of its Public Health and Prevention domain, opened the workshop and welcomed all participants to an intense and inspiring one-and-a-half day meeting. The EUGenMed project and consortium were briefly introduced in their overall structure, and the workshop series was explained. The current workshop on ‘sex and gender in public health and prevention’ is the second of four workshops:

• Workshop 1.1. ‘Sex and gender in clinical medicine and clinical pharmacology,’ December 1-2, 2014 in Berlin
• Workshop 1.3. ‘Sex and gender in basic biomedical research and drug development,’ February, 16-17 2015 in Berlin
• Workshop 1.4. ‘Sex and gender in medicines regulation and medical education,’ March 4th, 2015 in Brussels

The project will culminate in a final conference on June 30th, 2015 at the Permanent Representation of the Federal Republic of Germany to the European Union in Brussels. The consortium partners – Vera Regitz-Zagrosek and Sabine Oertelt-Prigione from the Institute of Gender in Medicine at Charité –Universitätsmedizin Berlin and Peggy Maguire from the European Institute of Women’s Health (EIWH) – and all present experts and stakeholders then introduced themselves and their institutions.

Concept for a position paper

Elisabeth Zemp Stutz, the workshop’s co-chair, opened the first session by briefly discussing the concept of the position paper and the participants’ inputs. As evidenced by a number of key publications about sex-specific risk factor prevalence rates, time trends, associations of risk factors with health outcomes, and population-attributable risks, sex and gender play a major role in the context of NCD risk factors, mental health and occupational health. They are however mostly not taken into consideration in manuscript discussions, in recommendations or guidelines, and they are insufficiently taken into account for interventions and their evaluations. Relying on the World’s Health Organization (WHO)’s framework of the social determinants of health (figure 1), the objective of the paper is to provide evidence on the relevance of sex and gender for four
major NCD risk factors, namely tobacco, alcohol, obesity and physical in/activity, as well as for mental and occupational health, and to point to current gaps.

Figure 1. Social Determinants of Health

The position paper is also a plea for taking into account sex and gender-related aspects in prevention approaches and for conducting research on the effectiveness of gender-sensitised approaches. The experts agreed that a focus on the European region and known variations across Europe, the incorporation of knowledge about both women and men as well as about biological and socio-cultural dimensions, and the adoption – as much as possible – of an intersectionality perspective (see below) were in order. They briefly debated the notion of risk factors and adopted a broad conceptualisation of risk factors for NCDs. They agreed that an integrative approach of health was at stake, with stress and depression (and more generally mental health) having strong relations with NCDs, work being both a protective and a risk factor, and obesity as well as stress/depression/anxiety being both a condition and a risk factor (figure 2).

Figure 2. Rationale of the Position Paper
Sex and Gender Aspects of Tobacco, Obesity, Physical Activity, and Alcohol

Carole Clair and Miriam de Klein introduced the relevance and role of sex and gender in tobacco use (smoking). They highlighted that even though men generally smoke more than women, the gap is closing and there is a link between gender empowerment and women's higher smoking rates (than men). Sex and gender-related aspects in motivation for smoking, health risks, prevention and intervention were discussed, while smoking and pregnancy and smoking and the armed forces were pointed out as issues deserving attention.

Then, Radu Iliescu and Alan White dealt with sex, gender and obesity, emphasising that the obesity trend is increasing for women. Metabolic differences between men and women, gender differences in weight perception, the role of sex and gender in intervention, the importance of cultural differences in Europe, and the need for a comprehensive approach that also involves the food industry were discussed.

Next, Alan White and Helen Sweeting introduced sex and gender aspects of physical in/activity. Highlighting the increasing rates of sedentary behaviour in Europe, they mentioned the different physiological consequences of inactivity for men and women, and underlined that it is important to adopt a life-course perspective and to take into account age and socio-economic barriers. The management of physical education at school was an important point of concern while questions were asked about the possible gendered dimension of the measurement of physical activity.

After a short recess, Miriam de Klein and Dirk Gansefort presented evidence on sex and gender aspects of alcohol abuse. They underscored that while alcohol abuse is 5 times higher in men, differences between men and women in alcohol consumption are decreasing. Biological differences in terms of vulnerability, gender differences in drinking patterns, the role of femininities and masculinities in alcohol abuse, the sex and gender-blindness of diagnostic instruments, the relevance of time and culture, the importance of adopting a lifespan perspective and an integrated approach, and the national dimension of alcohol policies were briefly discussed.

The group convened that evidence of the relevance and role of sex and gender for NCDs risk factors exists, but gaps remain especially concerning European differences and intersections with other factors (migration, age, socio-economic backgrounds, etc.). Likewise, more attention should be given to balancing physiological and socio-cultural, sex and gender-related dimensions in the position paper.

Sex and Gender Aspects of Mental and Occupation Health and Intersectionality

Marrie Bekker introduced sex and gender aspects of mental health, emphasising that one out of five people in Europe will experience mental health problems in his or her lifetime and that women tend to be more affected than men. She dealt with sex, gender and mental health by focussing on the question of autonomy-connectedness. Questions were raised about the gender bias of diagnostic tools and behavioural cognitive therapy as well as about the connections between mental health and NCDs. The group convened that stress, depression, and anxiety are gendered risk factors for NCDs.

Afterwards, Petra Verdonk discussed sex and gender aspects of occupational health, highlighting that while work contributes to health for men and women, most health problems are related to types of work (horizontal and vertical segregation bring different health risks). Gender and
(informal) care and gender and multi-level interventions were also discussed. The group called for a political commitment to creating healthy working environments for both men and women. Finally, Olena Hankivsky introduced the concept of intersectionality, which demands that, as the population becomes more diverse, attention should be paid to the ways in which ethnicity, migration status, geography, socio-economic status and sexuality interacts with sex and gender: this has important implications for health and health policy. She pointed out that the position paper shows some concern with diversity to various extents, but as lives cannot be reduced to single categories, multi-level analyses should be encouraged. Recognising that conducting an intersectional analysis represents a profound challenge, she offered questions for researchers and writers to keep in mind while revising their contribution such as how does intersectionality challenge sex and gender and how explicit are differences within and between group.

Figure 3. Position paper discussion round

**World Café: How to Implement Sex and Gender in Public Health and Prevention?**

The second part of the day was more practice-oriented and concerned with how to convert the assembled knowledge about sex, gender and risk factors for NCDs into applicable measures and possible interventions in particular contexts. After a presentation by Lucie Dalibert of the preliminary results of a stakeholders’ needs analysis concerning the implementation of sex and gender in public health and prevention, experts and stakeholders were invited to participate in a world café. Divided in three groups they were encouraged to discuss the priorities (what needs to be done), practices (how things are currently done) and principles (what should be done) surrounding sex and gender in public health and prevention. Questions about the most
immediate and concrete need(s) for action, about who should be lobbied, and about the place of these priorities on the agenda informed the first table (priorities). The second table (practices) dealt with best, worst and current practices with respect to the implementation of sex and gender into their field of expertise, identifying allies, transferrable knowledge, and hurdles. During the third table (principles), experts and stakeholders were invited to discuss how sex and gender should be implemented in public health and prevention, who should help in this process, and how would a sex and gender-sensitive public health utopia look like. Sabine Oertelt-Prigione and Lucie Dalibert will convert the results of these lively and thought-provoking discussions into articles on implementation and ‘doing gender medicine.’

Figure 4. Discussion during world café

A Slide Set for EU Policymakers and Officials

Closing day one, Vera Regitz-Zagrosek, the coordinator of the EUGenMed project, updated the participants on the previous workshop on ‘sex and gender in clinical medicine and clinical pharmacology’ and its outcomes. Then, she briefly presented a slide set for EU commission services and invited the audience to comment on it. The slides are intended as briefing documents for future EU policy development. Specifically, starting in January 2015, the concept and priorities for Work Programme 2016-2017 of Horizon 2020 will be defined, and the slides might be used to encourage officials to consider sex and gender as relevant aspects in goal setting and work programme topic descriptions. The slides, which will run under the title ‘Gender dimensions in the research context,’ were rather well received by the workshop participants even though they urged the EUGenMed consortium to keep the slides very simple with easily understandable information.
Day 2 – February 3rd, 2015

Policy Briefs

The next day, the policy briefs were discussed. These are brief informative instruments designed for politicians and policymakers. Policy briefs were drafted by the European Institute of Women’s Health and presented by Peggy Maguire. Overall, they obtained much positive feedback by the experts. It was emphasised that the focus should not be on women’s health but on gender and health. All briefs will include a section on ‘why gender matters’ and address men’s and women’s health. While Alan White will take the lead in bringing men’s health in these policy briefs, the experts underscored the need for the policy briefs to adopt a lifespan perspective and concentrate on actionable information rather than useful information.

Conclusion – Position Paper, Action Points and Outlook

Then, Elisabeth Zemp Stutz informed the participants that the International Journal of Public Health confirmed its interest in publishing the position paper. The timeline was established as follows: the next (revised) version of the position paper should be done by mid-March and a submittable version should be ready by the end of June. Authors were invited to team up to revise their contribution. Experts debated whether the position paper should remain one or be converted into individual papers composing a special issue. It was decided to continue with a unique position paper, which demands to gather the hardest and newest level of evidence while being clear about one’s position and accounting for regional differences. While it is impossible to be comprehensive, at stake in the position paper is to show that equal treatment demands attention to differences. In other words, unequal treatment might be necessary to achieve equal chances for women and men. As such, contributors are urged to emphasise why and how sex and gender are relevant in public health and prevention. Finally, the experts and stakeholders gave additional communication and dissemination advice to the EUGenMed consortium.

Ineke Klinge and Lucie Dalibert thanked all participants for their relevant and insightful comments, which have made this short and intense workshop a great success with highly valuable material for the roadmap for the implementation of sex and gender in biomedical and health research and practice.

The European Gender Medicine (EUGenMed) project has received funding from the European Union’s Seventh Framework for research, technological development and demonstration under grant agreement No 602050.