Session 2
Identification of target audiences and building consensus

• Who should be our main audience?
  – NGOs (Health Centres; Health Promotion)
  – Researchers, gender and health experts; public health specialists
  – Funding agencies
  – Horizon 2020 policy advisers
  – Patient organisations and family groups
  – Health education organisations
  – Health insurance providers
  – Industry
  – Medical societies
  – Ministries of Health; Ministries of Equal Opportunities in European countries
  – (Scientific) Institutes for Quality of Healthcare; Institutes for Innovation in Healthcare (e.g. REShape Innovation Centre in NL)
  – Organisation management in gender training/gender mainstreaming
  – Alliance(s) Gender and Health(care)

• Is there a hierarchy of audiences? (priority issue)
This is adapted from the different questionnaires. They are however not only oriented towards public health and prevention but also concern who shall contribute to the workshops. The distinction audiences/stakeholders might prove problematic.

Lucy Dalibert, 02.04.2014
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• Are audiences different for the four working fields?

• Definitions and delineations of work fields: who are the included groups and are there unintentionally excluded groups?
  – ‘Health human resources’ and the ‘organisation/management of care’ (Kuhlmann)
  – Towards an inclusive, participatory professionalism (e.g. hospital workforce management); new professionalism and gender-sensitive hospital management must be part of medical education and CDP (Kuhlmann)
• Strategies to reach relevant stakeholders
  – How shall we ensure that all relevant stakeholders and audiences are integrated and reached?
  – Are there appropriate tools? What kind of strategies and tools shall we devise?
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• State of affairs of Gender Medicine:
  – What are the consensual issues?
  – Are there potential points of conflict or disagreement?

• Ensuring coherence and building consensus
  – Travelling concepts
  – Consensus among ALL stakeholders?
  – Tools for building consensus?
    • Mainstreaming gender into multi-level governance (Kuhlmann)
Conceptual model: Mainstreaming gender into multi-level governance

Organization
- Management of Work
- Worktime models
- Performance

Profession
- Specialisation
- Academic career
- Professionalism/identity

Social contexts, Childcare facilities

Individual actors, work-life-balance, mentoring

Health policy/governance

[Image nanxnan to nanxnan]
Tools for building consensus

• Make it meaningful (from the ground-up – it improves outcomes with efficiency and cost savings) and adopt a tiered approach to the professional community (Miller):

  o Tier 1. Scientific method providing evidence for medical practice (develop and enforce guidelines for reporting sex of research material; develop and enforce reporting of results by sex; to not do so violates a basic expectation of scientific investigation)

  o Tier 2. Curriculum: embed concepts of sex and gender into all levels of professional education (graduate programs, medical programs, nursing, rehabilitation, pharmacy, CME, CNE, etc.)

  o Tier 3. The message: make it meaningful and tailored to different learning modalities
Strategy: Make it meaningful

Efficiency

Outcomes  Money
Strategy: Learning modalities
How do you learn?

- Courses
- Visual
- Auditory
- Manual/verbal
- Web-based
- Hands-on

XX or XY
Building consensus

• What shall be the main message concerning the implementation of Gender Medicine?
  – Gender medicine as a mainstreamed or separate discipline?
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