Implementation of sex and gender into public health practice and policy

Sabine Oertelt-Prigione, MD, MScPH
Gender in Prevention and Implementation
Institute of Gender in Medicine (GiM), Berlin
What is Implementation Research?

„the systematic study of how a specific set of activities and designated strategies are used to successfully integrate an evidence-based public health intervention within specific settings“ (CDC, RFA_CD-07-005)

„the exchange, and ethically-sound application of knowledge – within a complex set of interactions among researchers and users- to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system“ (Canadian Institutes of Health Research)
Why does implementation in public health differ from medicine?

- Health care systems perspective
- Evidence-based (PH)
- Specific settings (intersectional, culturally-aware and socioeconomically informed perspective)
- Ethically sound
- Stakeholder inclusive

"the systematic study of how specific set of activities and designated strategies are used to successfully integrate an evidence-based public health intervention within specific settings“ (CDC, RFA_CD-07-005)

"the exchange, and ethically-sound application of knowledge – within a complex set of interactions among researchers and users – to capture the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system" (Canadian Institutes of Health Research)
Why does it matter?
(ethically sound / healthcare systems perspective)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Values/Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideology</td>
<td>• (Health) Equity&lt;br&gt;• Remove health inequalities&lt;br&gt;• Social justice&lt;br&gt;• Fight discrimination&lt;br&gt;• Support fundamental rights</td>
</tr>
<tr>
<td>Outcomes</td>
<td>• Health promotion for women and men&lt;br&gt;• Better quality of life</td>
</tr>
<tr>
<td>Practice</td>
<td>• Transdisciplinary teams working on intersectional issues</td>
</tr>
<tr>
<td>Empowerment</td>
<td>• Support informed choice&lt;br&gt;• Offer tools for behavioural change&lt;br&gt;• Acceptance of people’s lifestyle choices</td>
</tr>
<tr>
<td>Economy</td>
<td>• Achieve effectiveness&lt;br&gt;• Reduce costs through improvement of measures</td>
</tr>
<tr>
<td>Policy</td>
<td>• Set reasonable goals for health based on differentiated analysis&lt;br&gt;• Maintenance of current state can be a target</td>
</tr>
</tbody>
</table>
Best practice examples (evidence-based and setting-specific perspective)

CRITERIA FOR GENDER IMPACT ASSESSMENT:

1. Differences between women and men in the policy field, such as:
   * participation (sex-composition of the target/population group(s), representation of women and men in decision-making positions)
   * resources (distribution of crucial resources such as time, space, information, and money, political and economic power, education and training, job and professional career, new technologies, health care services, housing, means of transport, leisure)
   * norms and values which influence gender roles, division of labour by gender, the attitudes and behaviour of women and men respectively, and inequalities in the value attached to men and women or to masculine and feminine characteristics
   * rights pertaining to direct or indirect sex-discrimination, human rights (including freedom from sexual violence and degradation), and access to justice, in the legal, political or socio-economic environment

2. How can European policies contribute to the elimination of existing inequalities and promote equality between women and men (in compliance with Articles 2 and 3 of the Treaty of Amsterdam), in participation rates, in the distribution of resources, benefits, tasks and responsibilities in private and public life, in the value and attention accorded to male and female, to masculine and feminine characteristics, behaviour and priorities?

http://www.ffit.org.uk/
http://ec.europa.eu/social/BlobServlet?docId=4376&
Who to involve and how to proceed? (stakeholder inclusive perspective)

EVERYONE
Who to involve and how to proceed? (stakeholder inclusive perspective)

Policy/politics
- At the European commission it's policymakers – there's the obligation to do a Gender Impact Assessment for every new policy (Health Impact Assessment already mandated), in addition Gender auditing and gender budget analysis would be helpful
- Need for gender audits
- WHO works with priorities (in the current framework, six of them), each with 9 target areas and gender is mainstreamed into them
- Need for CER (comparative effectiveness research) in policymaking
- Hold cross-sectoral conversations with practice and community and academics and policymakers – focus on developmental approach (best practice, funded by CIH)
- Policymakers need simple and practical messages, for them perception by the public is important, so the PR value of the message needs to be taken into account.
- Try to influence annual programmes, know the policy calendar, work with the policy cycle
- Work on national reports to include gender even if it is not formally requested
- In ZonMW (funding organization) projects are obliged to include implementation/dissemination details, so this needs to be taken into consideration during the planning process.
## The ERIC project and the adaptation of S&G sensitive implementation strategies

### Institute of Gender in Medicine (GiM)

<table>
<thead>
<tr>
<th>Audit and provide feedback</th>
<th>Include Gender Impact Assessment for each new policy (e.g. EU Commission), in addition gender auditing and gender budgeting should be incorporated</th>
</tr>
</thead>
</table>
| Build a coalition          | Foster interdisciplinary working teams addressing intersectional issues  
Involving multiple stakeholder (see list)  
Increase academic-policy liaisons |
| Capture and share local knowledge | Build networks of gender experts (e.g. genport, EUGIM, EUGenMed project) |
| Centralize technical assistance | Implement a European gender knowledge hub (e.g. genport) |
| Change accreditation and membership requirements | Make gender-sensitive knowledge visible, e.g. in your training credentials, in the name of your working group |
| Change liability laws | Need for a formal law to address gendered discrimination in medicine and public health |
| Change physical structure and equipment | |
| Change record systems | Change recording practices for systematic data acquisition systems to include sex and gender (e.g. UAE databases at EMA, population survey data, European observatory data) |
| Change service sites | Offer gender-sensitive prevention measures in the community (e.g. in malls, pharmacies, barber shops, retirement homes, daycares) |
| Conduct cyclical small tests of change | |
| Conduct educational meetings | Inform different stakeholder groups; e.g. policymakers in areas other than health, hold breakfasts for politicians to raise awareness, organize meetings/conferences/grand rounds in clinical setting, organize master classes for media, organize community events with community leaders |

### ERIC – Expert Recommendations for Implementing Change – 72 steps

Powell BJ, Implementation Science; 2015
Output:

Expert paper on objectives, targets and specific implementation steps

Tentative title: „Implementation strategies for gender-sensitive public health practice”

Timeline:

Paper to be circulated with experts by mid-July

Submission by end of August
Many thanks

EUGenMed Public Health Team

Planning Group: Ineke Klinge, Lucie Dalibert, Elizabeth Zemp-Stutz, Petra Verdonk and Sabine Oertelt-Prigione

Participants: Olga Barna, Marrie Bekker, Carole Clair, Miriam de Kleijn, Isabel de la Mata, Dirk Gansefort, Olena Hankivsky, Radu Iliescu, Peggy Maguire, Shanti Mendis, Jörg Müller, Dorota Sienkiewicz, Astrid Stuckelberger, Helen Sweeting, Margo van den Berg, Barbro Westerholm, Alan White
Thank you very much for your attention!

for enquiries:
Sabine Oertelt-Prigione
sabine.oertelt-prigione@charite.de