

Session 2

Identification of target audiences and building consensus



- Who should be our main audience? 1
 - 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)



Folie 1

- 1 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)





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- 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?





Session 2

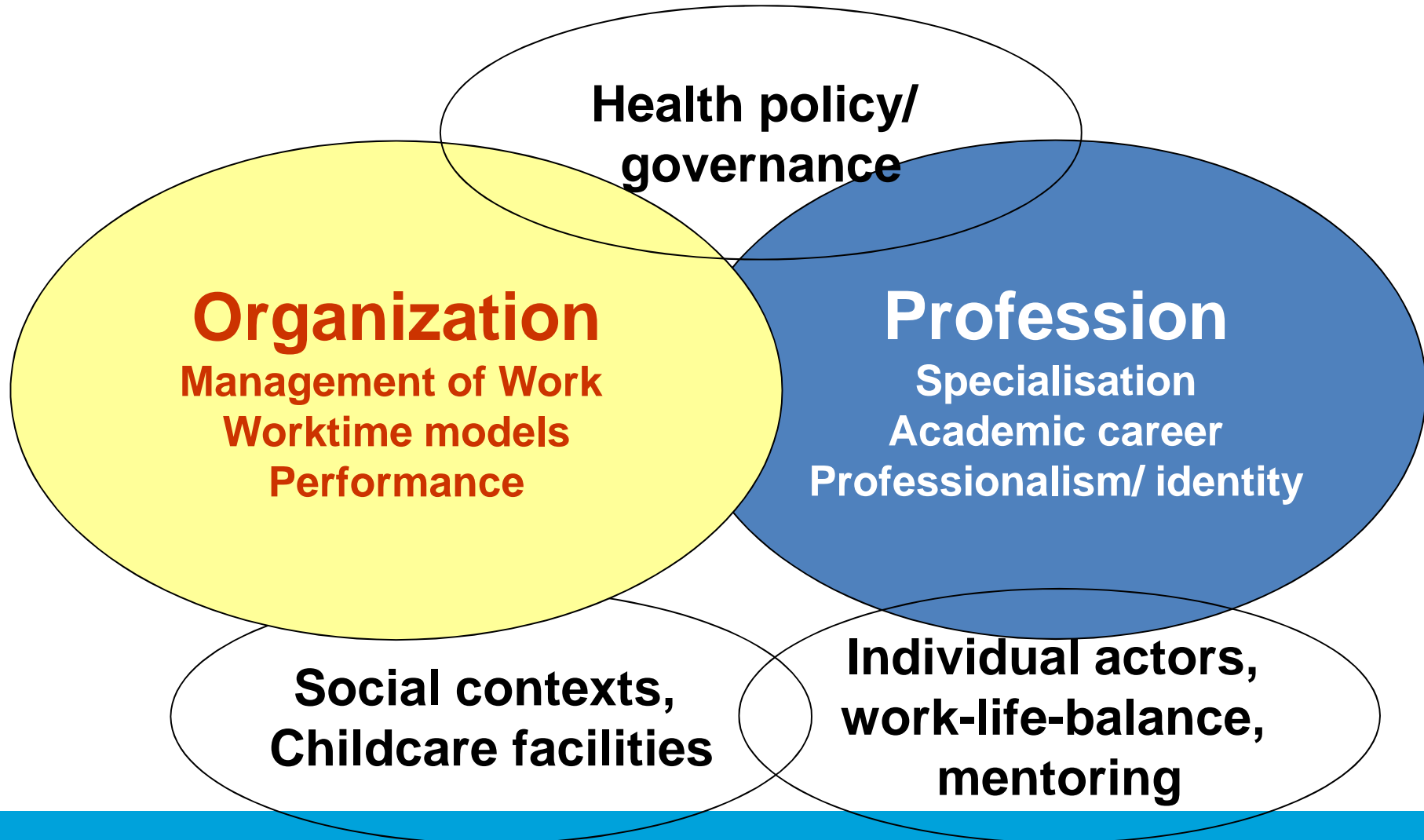
Identification of target audiences and building consensus



- 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





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):
 - 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)
 - 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.)
 - Tier 3. The message: make it meaningful and tailored to different learning modalities

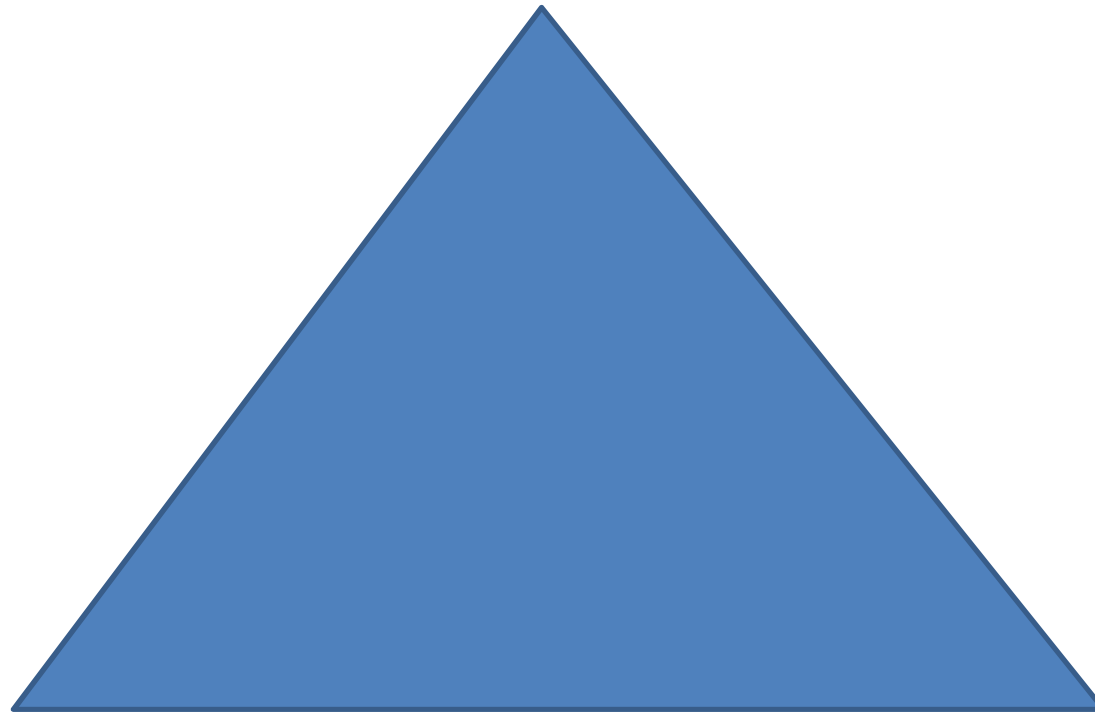




Strategy: Make it meaningful



Efficiency



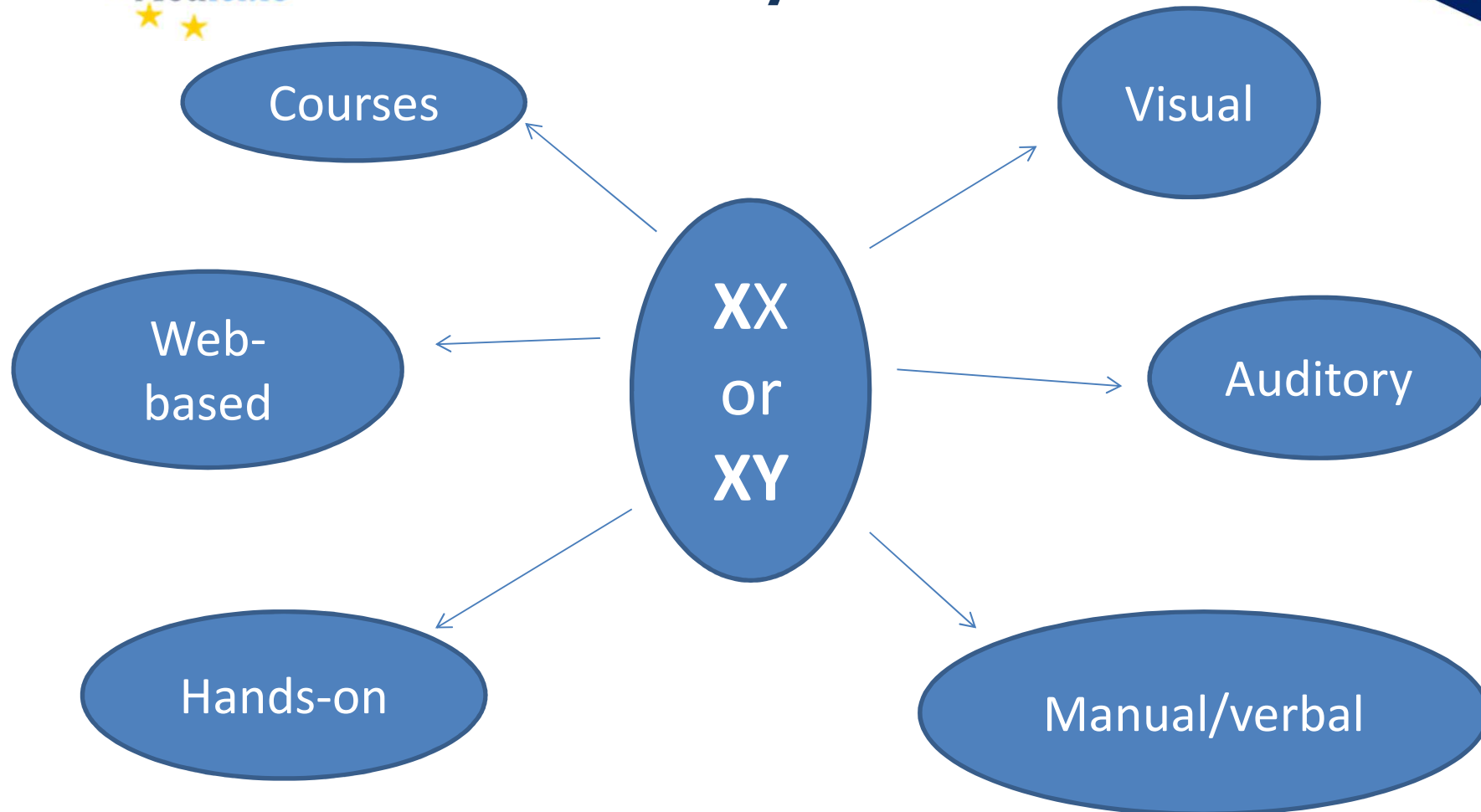
Outcomes

Money



Strategy: Learning modalities

How do you learn?





Working Smarter Diverse Modalities



Meaning

Required

Application

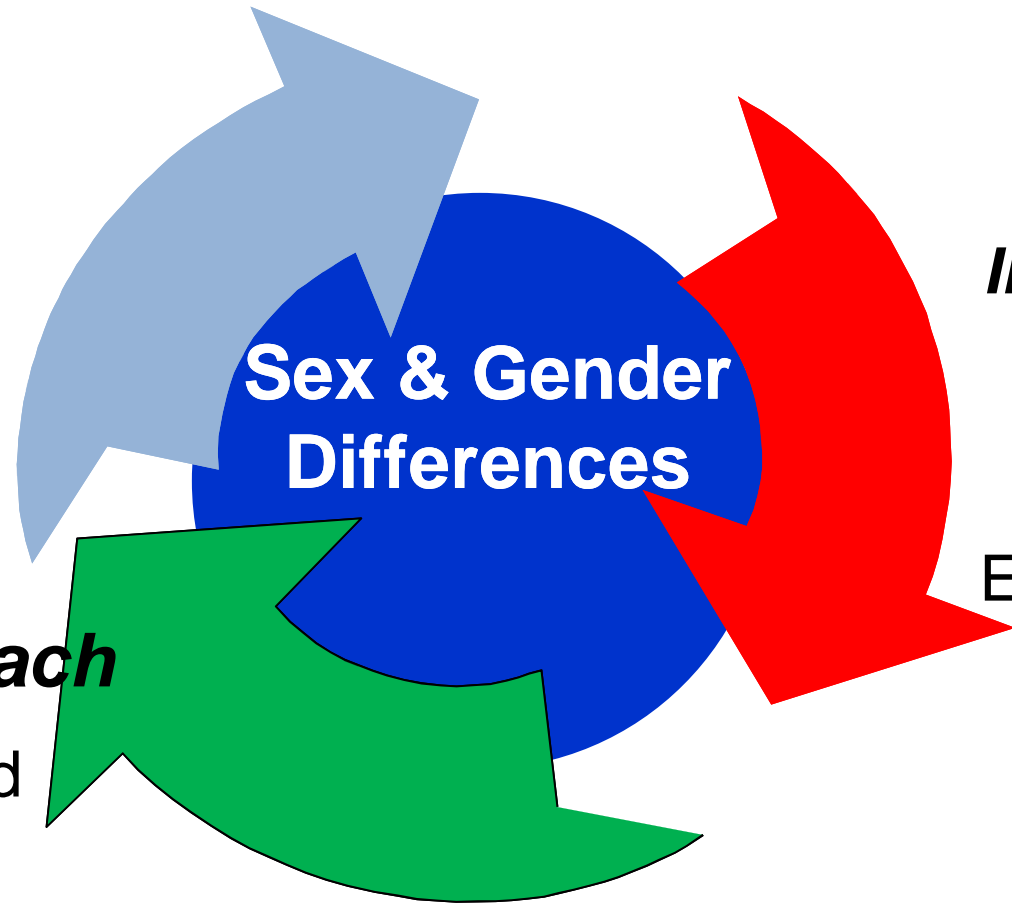
Positive
feedback

Tiered approach

Scientific method

Curriculum

Translational message



New Information

Sex
Hormones
Environment
Culture





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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