EUGenMed Final conference: "Presentation of the Roadmap", 30th June 2015, Brussels

Report of session "Sex and Gender in Public Health and Prevention"

The session "sex and gender in public health and prevention" presented the results and outputs for the EUGenMed roadmap of the corresponding workshop that took place in Maastricht on February 2nd and 3rd, 2015. This session was structured in two parts, one on knowledge and one on implementation.

1) The session opened with Ineke Klinge's presentation of the **EUGenMed's second workshop**, on sex and gender in public health and prevention. After thanking Elisabeth Zemp Stutz, who co-chaired the workshop but was not able to attend the final conference, and all the workshop participants, I. Klinge pointed out that non-communicable diseases (NCDs), such as cardiovascular and chronic respiratory diseases, cancer and diabetes are a major global health concern and the leading cause of premature death, in Europe and worldwide. With modifiable risk factors, such as tobacco smoking, alcohol abuse, or lack of physical activity, contributing to the majority of NCD, the group of experts gathered during the workshop focussed their efforts on **sex and gender aspects of risk factors for NCDs**. As I. Klinge emphasised during the final conference, not only considerable differences exist between women and men in risk factor prevalence, but there are also factors, such as ethnicity, migration status, socio-economic status, sexuality, geography, that intersect with sex and gender as well as variations between countries and country income groups. She also reported that an integrative approach to health and a **broad understanding of risk factors** was chosen: available but frequently unstructured evidence needed to be assembled not only on modifiable risk factors, but also on mental health due to its strong relations with NCDs, on obesity insofar as it is both a condition and a risk factor, and on work which is both a protective and a risk factor. As such, the expert group developed a **position paper** on sex and gender aspects of risk factors for NCDs that addressed the public health relevance and epidemiology of each risk factor, gathered evidence on their sex- and gender-related aspects, assembled knowledge on gender-sensitive interventions, and pointed out gaps and open questions.

Lucie Dalibert presented the subchapter on **sex and gender in obesity**. In the European Union, the number of overweight and obese persons has risen over the past decade: obesity and overweight, which promote and exacerbate the progression of NCDs, affect now 25% of European school children. Obesity is a complex condition, from a political, biological and behavioural perspective, yet most initiatives miss the significance of the sex-differences and gendered nature of this problem. In this respect, it was shown that **sex matters in obesity**, with women and men not only storing different amounts of fat but also having different patterns of fat storage, which has consequences for their cardio-metabolic risk. Menopause and age have an effect too on obesity. **Gender is also of significance in obesity**: gender differences in body image, satisfaction and related behaviour, which are influenced by gendered norms and men and women's perceived role in society, have an effect on boys' and girls' weight concerns. In this respect, boys have less weight concerns than girls while overweight boys are more likely to exercise and begin dieting at higher BMI than girls, the latter being more likely to attempt quick-fix dieting practices. While these differences extend into adulthood, gendered views on obesity also extend into healthcare with women more likely to access slimming groups and to have their weight discussed within consultations with their family doctor. Gendered differences have also been found in the relationship between mental health and obesity, with women showing a greater risk of anxiety and depression,

which suggests that men support the 'jolly fat' hypothesis while social stigma is more pronounced for overweight women than overweight men. Moreover, other **factors intersect with sex and gender in obesity**: poorly educated women are 2 to 3 times more likely to be overweight than those with high levels of education (almost no disparities are found for men), and sexuality has an impact on obesity with lesbian women for instance being more likely to be overweight than heterosexual women. Regarding the sex-differences and gendered nature of obesity, which are also influenced by other factors (cf. socio-economic status and sexuality), **gender-sensitive interventions** can be expected to be efficient. In obesity, interventions combining dietary modifications and physical interventions are the most effective, but the challenge is to get men and women into weight loss programmes, especially as there is a strong societal assumption that overweight and obesity are a female issue, the majority of weight loss services being aimed at women, which signals a lack of appreciation of men's needs. As exemplified by the Football Fans in Training (FFIT) initiative, effective interventions addressing health-damaging behaviour are gender-sensitised and consistent with prevailing gender cultures. L. Dalibert concluded by drawing attention to the fact that besides key intervention studies still adjusting for age and sex, which reduces the ability to identify sex-specific factors, **policies** are not yet ensuring that proper attention is given to gender. Major publications do not address sex and gender aspects, there is a paucity of sex- and gender-specific interventions and recommendations for prevention, research on the impact and efficiency of such approaches is scarce, and a critical discussion on methodology of gender-sensitised interventions is lacking. **Implementation of sex and gender in public health and prevention remains an urgent issue**.

2) The second part of the session was therefore dedicated to **implementation**. Sabine Oertelt-Prigione presented the results of the second part of the workshop during which stakeholders were invited to share their **experiences and expectations** as concerns sex and gender in public health and prevention. Starting from the definition of implementation research offered by the Centres for Disease Control and Prevention (CDC) and the Canadian Institutes of Health Research, she emphasised how **implementation in public health and prevention** demands the adoption of a **healthcare systems perspective**, should be **evidence-based**, **grounded in specific settings** (i.e., implementation embraces an intersectional, culturally-aware and socio-economically informed perspective), **ethically sound** and **stakeholder-inclusive**. S. Oertelt-Prigione showed that the workshop followed such an approach. She did so by reviewing the different values that were put forward by the stakeholders when discussing sex and gender in public health and prevention (e.g. equity, social justice, better quality of life, acceptance of people's lifestyle choices, transdisciplinary teams working on intersectional issues, etc.), by emphasising the workshop's reliance on best practices and gender-impact assessment, and by pointing out the inclusion of many – if not all – stakeholders (be they researchers, nurses and physicians, funding and regulatory bodies, politicians and policy-makers, NGOs, patients, the media, etc.). Further emphasising that implementation requires qualitative analysis, S. Oertelt-Prigione introduced the ERIC (Expert Recommendations for Implementing Change) project that identified 72 **implementation steps** and discussed its utility as a blueprint for sex- and gender-sensitive implementation strategies based on the workshop discussion (e.g. including Gender Impact Assessment for each new policy, increasing academic-policy liaisons, building networks of gender experts, making gender-sensitive knowledge visible, etc.). Finally, she thanked the participants for their highly valuable input and mentioned that the paper on 'Implementation Strategies for Gender-Sensitive Public Health Practice' will be circulated to stakeholders by mid-July and ideally submitted for publication by the end of August.

The session concluded with the **perspective of three stakeholders** on the implementation of sex and gender in public health and prevention. **Maeve Cusack**, from the National Cancer Control Programme in Ireland, discussed the importance of social marketing and awareness raising in order to reach populations for prevention. **Margo van den Berg**, from the Dutch funding body ZonMW, talked about the Research Agenda on Gender and Health, produced by the Alliance for Gender & Health, that has very recently been presented to the Dutch minister of health and emphasised the importance of using existing knowledge and adopting multidisciplinary, holistic and integrated perspectives. Finally, **Karin Nordmeyer**, the President of UN Women Germany, mentioned the importance of being strategic and the difficulties of overcoming ideologies and patriarchy, and she invited the participants of the EUGenMed final conference to get involved in UN processes, especially the Global Agenda that will be set in September 2015.