

# The 21st Century Paradigm Shift: How Public Health is Getting Personal with Sex and Gender

Public Health 2019

Dr. Cara Tannenbaum

Scientific Director, CIHR Institute of Gender & Health

May 2, 2019



# Disclosure Statement

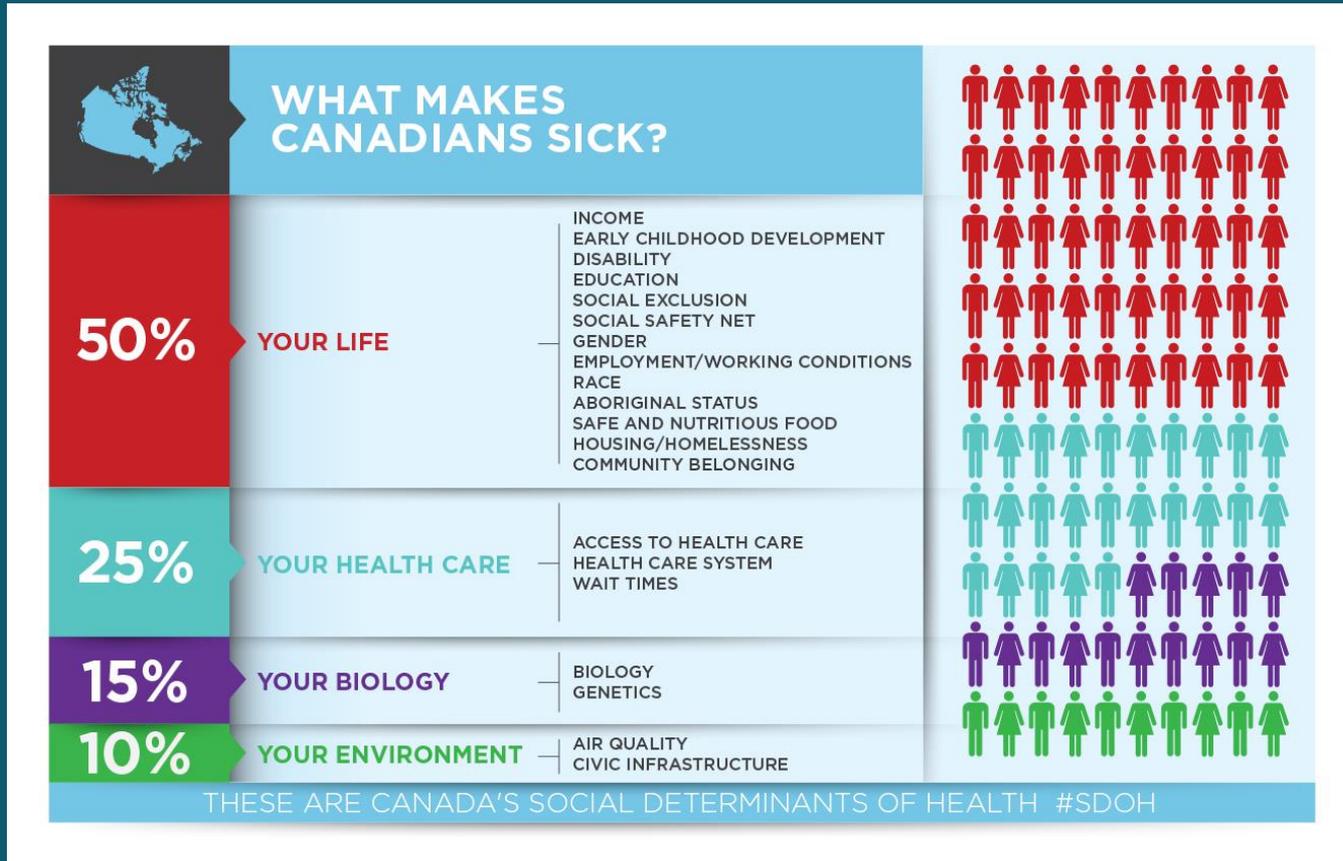
- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

**HIGH-LEVEL TRUE OR  
FALSE QUESTIONS TO  
START REFLECTIONS ON  
SEX AND GENDER**

#1

THE CONCEPT OF A  
PERSONAL APPROACH  
IS IN CONFLICT WITH THE  
ETHOS OF A PUBLIC HEALTH  
APPROACH

# SOCIAL DETERMINANTS OF HEALTH



#2

THE TERMS

SEX AND GENDER

MEAN THE SAME THING

AND CAN BE USED

INTERCHANGEABLY

# GENDER

Socially-constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people.

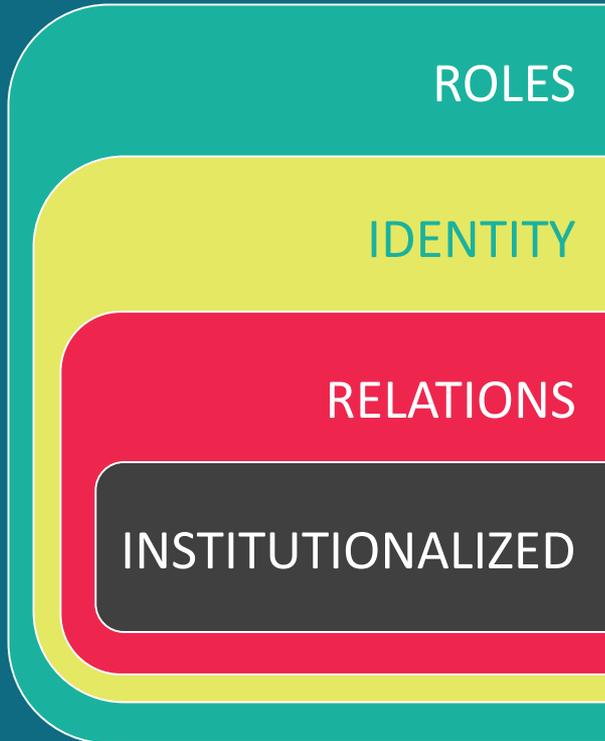


# SEX

Biological attributes of humans and animals, including physical features, chromosomes, gene expression, hormones and anatomy.



# GENDER IS A MULTIDIMENSIONAL CONCEPT



- ✓ Behaviour norms (societal expectations)
- ✓ Occupations, environmental exposures
- ✓ Role in family, labour force, etc.
- ✓ Inner sense of self as masculine, feminine, in between or neither
- ✓ Cis, trans, or 'it depends' (distinct from sexual orientation)
- ✓ Interpersonal interactions  
eg. family, workplace dynamics
- ✓ Distribution of power in political, educational, social institutions in society
- ✓ Shapes social norms

# GENDER IS...

- RELATIONAL
- INTERSECTIONAL
- NON-BINARY
- SOCIALLY-CONSTRUCTED
- CHANGES OVER TIME

...COMPLEX

**...AND ARGUABLY NOT  
WELL-SUITED TO  
ADMINISTRATIVE  
DATABASE ANALYSES**

# 2009: SGBA policy

## *sex- and gender-based analysis*



The screenshot shows the Health Canada website interface. At the top left, there are logos for Health Canada and Santé Canada. At the top right is the Canada wordmark. A large red banner features a maple leaf and the text "Health Canada" and "www.hc-sc.gc.ca". Below this is a navigation bar with links for Français, Home, Contact Us, Help, Search, and Canada.ca. The breadcrumb trail reads: Home > Healthy Living > Reports & Publications > Women's Health. The left sidebar contains sections: "Back to" (Women's Health), "Explore..." (Main Menu, Healthy Canadians, Media Room, Site Map), and "Transparency" (Regulatory Transparency and Openness, Completed Access to Information Requests, Proactive Disclosure). The main content area is titled "Healthy Living" and "Health Portfolio Sex and Gender-Based Analysis Policy". It includes a "Policy Statement" and an "Application" section.

Health Canada  
www.hc-sc.gc.ca

**Français** **Home** **Contact Us** **Help** **Search** **Canada.ca**

Home > Healthy Living > Reports & Publications > Women's Health

**Back to**  
Women's Health

**Explore...**  
Main Menu  
Healthy Canadians  
Media Room  
Site Map

**Transparency**  
Regulatory  
Transparency and  
Openness  
Completed Access to  
Information Requests  
Proactive Disclosure

**Healthy Living**

Print | Text Size: S M L XL Help | Share

### Health Portfolio Sex and Gender-Based Analysis Policy

#### Policy Statement

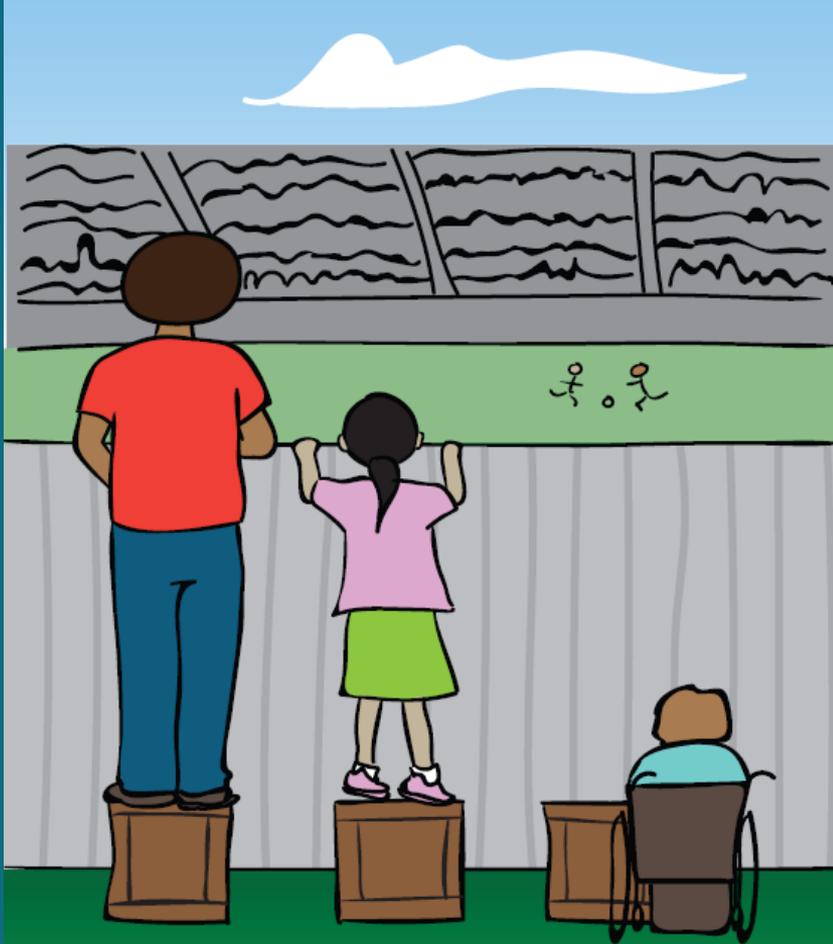
It is the policy of the Government of Canada's Health Portfolio to use sex and gender-based analysis (SGBA) to develop, implement and evaluate the Health Portfolio's research, programs and policies to address the different needs of women and men <sup>1</sup>.

#### Application

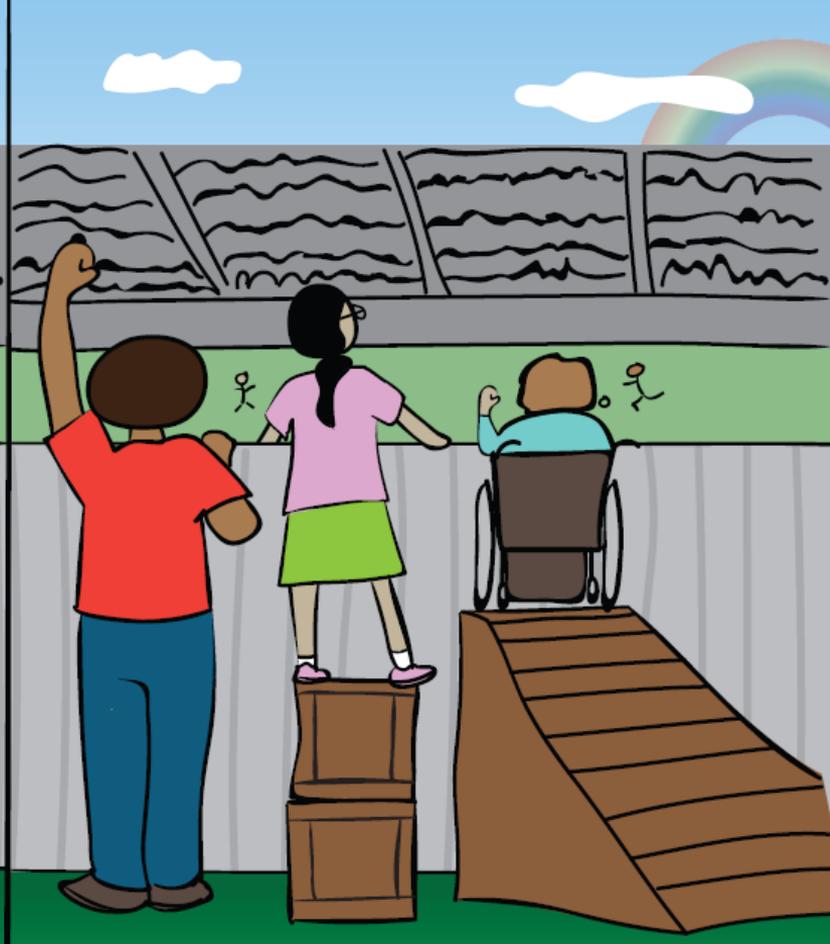
This policy applies to the entire Health Portfolio and replaces Health Canada's Gender-Based Analysis Policy (2000). The Health Portfolio is comprised of the following organizations at this time: Assisted Human Reproduction Canada, Canadian Institutes of Health Research, the Hazardous Materials Information Review Commission, Health Canada, the Patented Medicine Prices Review Board, and the Public Health Agency of Canada <sup>2</sup>.

#3

EQUITY AND  
EFFICIENCY ARE  
IRRECONCILABLE



**EQUALITY**



**EQUITY**

SEEMINGLY EFFICIENT  
APPROACHES **WILL NOT REDUCE**  
**DISPARITIES** AMONG DIVERSE OR  
COMPLEX SUB-POPULATIONS

# EFFECTIVE IMPLEMENTATION REQUIRES STAKEHOLDER BUY-IN...

- **ADAPTATION TO CONTEXT AND INDIVIDUAL /  
IDENTITY-LEVEL CHARACTERISTICS**
  - **Culture**
  - **Gender**
  - **Literacy**
  - **Motivation**
  - **Other social factors**

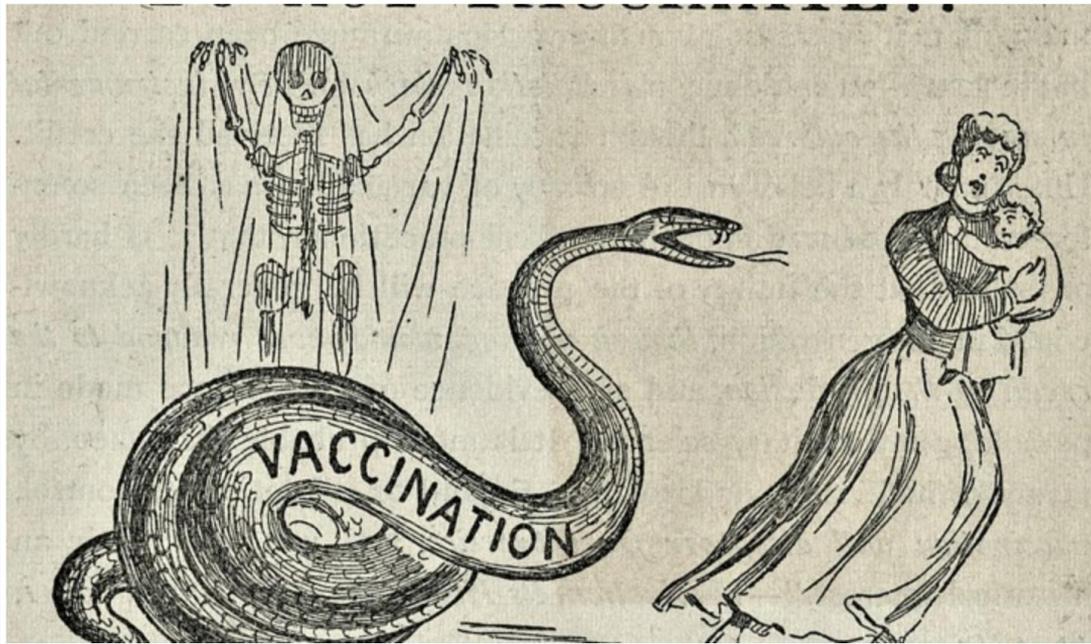
**MAKING PUBLIC HEALTH  
INTERVENTIONS  
MORE EFFECTIVE  
WITH  
SEX AND GENDER**

# SELF-EVALUATION

On a scale of 0 to 10, how confident are you about integrating sex and gender your work?



**SEX AND GENDER-BASED  
ANALYSIS IN PUBLIC HEALTH:  
THE GOOD, THE BAD  
AND THE UGLY**



A cartoon from a December 1894 anti-vaccination publication (COURTESY OF THE HISTORICAL MEDICAL LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA)

## HEALTH

# The Victorian Anti-Vaccination Movement

Today's anti-vaccination movement is not the first. Riots, pamphlets, and an outcry in 19th-century England set the stage for contemporary misinformation campaigns.

Opinion

# The Real Horror of the Anti-Vaxxers

This isn't just a public health crisis. It's a public sanity one.



**By Frank Bruni**

Opinion Columnist

March 9, 2019



OPINION

## Instead of vilifying anti-vaxxers, we'll be better off finding ways of reaching them

Ridiculing and ostracizing non-vaccinating parents is tempting to do: It's easy to roll our eyes at those who opt their children out of life-saving vaccination, and those who believe in erroneous theories about vaccine harms. But this is counterproductive. Instead, Canadian vaccine advocates should swallow their righteous pride and do the work it takes to build confidence.

**JULIE BETTINGER AND DEVON GREYSON**  
CONTRIBUTED TO THE GLOBE AND MAIL  
PUBLISHED APRIL 12, 2019

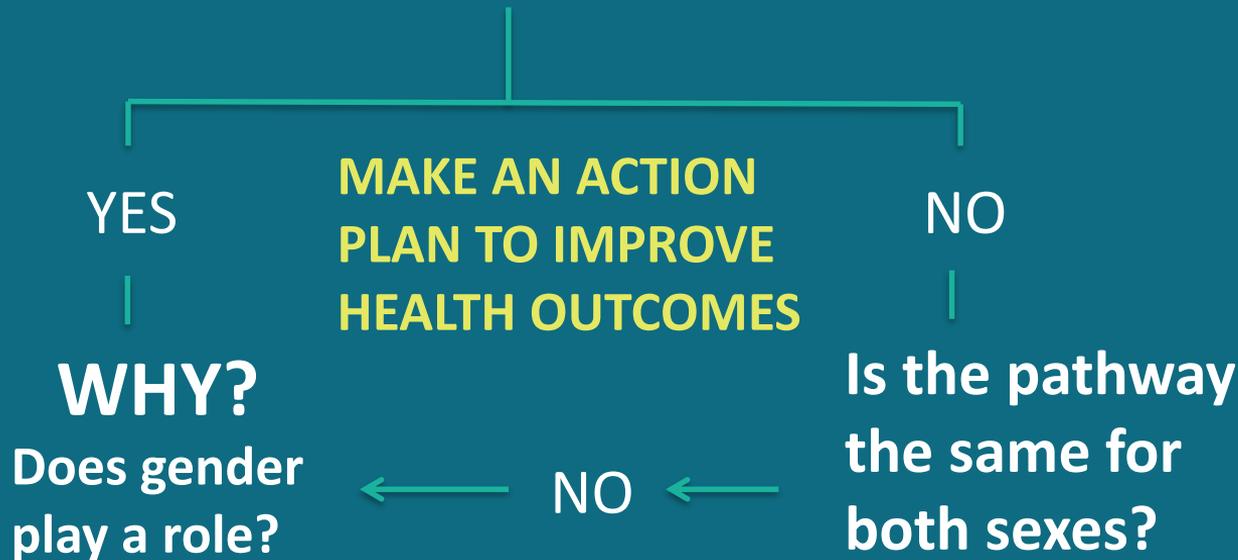
**TIME TO GET  
PERSONAL:**

**IS VACCINE HESITANCY**

a failure to consider sex and  
gender?

**HERE'S HOW  
YOU MIGHT CONDUCT  
A SEX AND GENDER BASED  
ANALYSIS  
ON VACCINE HESITANCY**

# ARE THERE SEX DIFFERENCES?



***GENERIC SGBA APPROACH***

# Mia

5-years old,  
no measles vaccine



# Matthew

16-years old,  
no HPV vaccine





Government  
of Canada

Gouvernement  
du Canada

[Français](#)

Search Canada.ca



MENU ▾

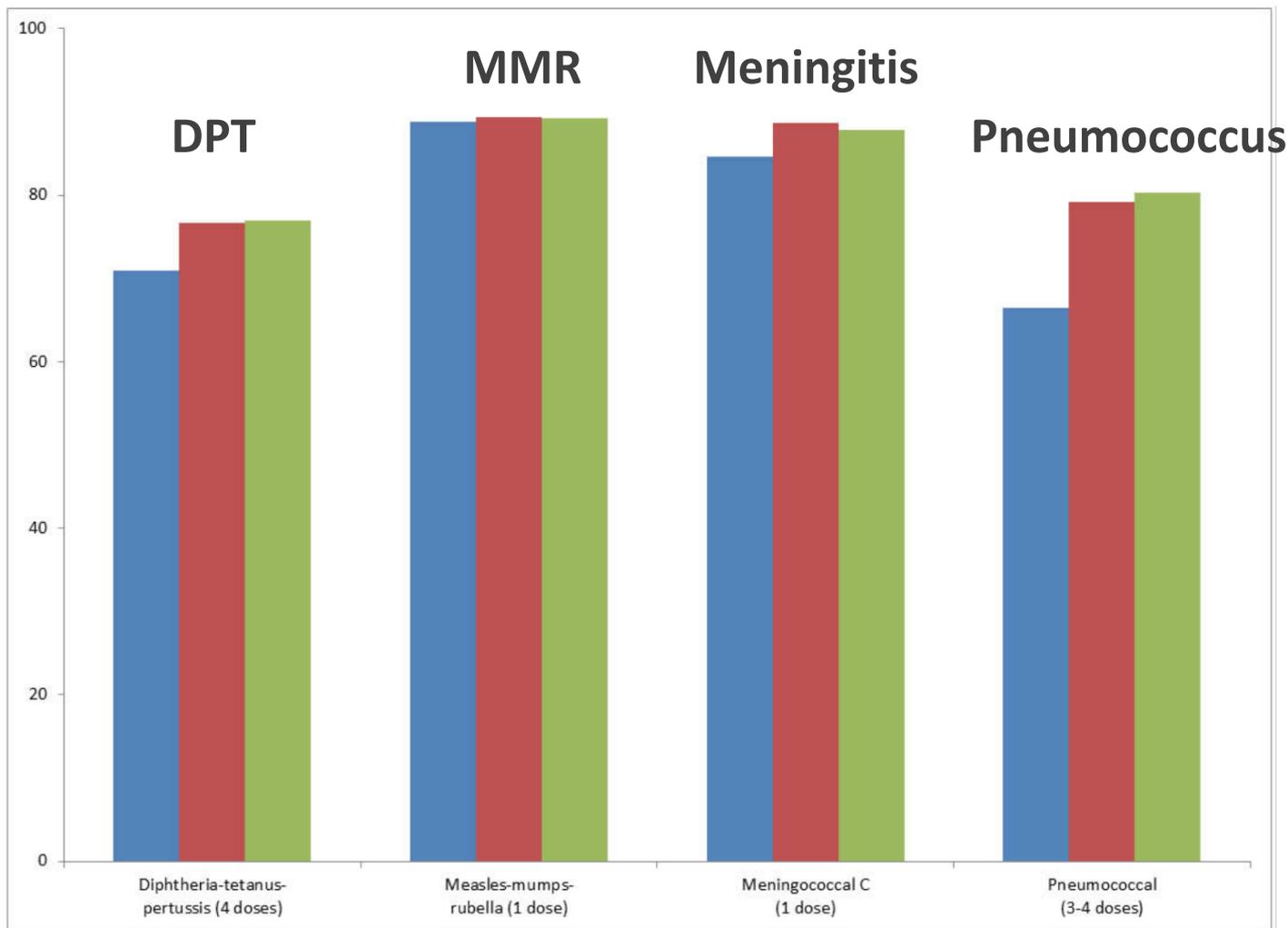
[Home](#) > [Health](#) > [Publications – Health](#)

## Vaccine uptake in Canadian children: Highlights from childhood National Immunization Coverage Survey

<https://www.canada.ca/en/public-health/services/publications/healthy-living/2015-vaccine-uptake-canadian-children-survey.html>

Accessed April 28, 2019

Figure 1. Percentage of children vaccinated before their second birthday in 2011, 2013 and 2015



# Mia, 5-years old, no measles vaccine





# Delayed measles vaccination of toddlers in Canada: Associated socio-demographic factors and parental knowledge, attitudes and beliefs

Simone Périnet, Marilou Kiely, Gaston De Serres & Nicolas L. Gilbert

To cite this article: Simone Périnet, Marilou Kiely, Gaston De Serres & Nicolas L. Gilbert (2018) Delayed measles vaccination of toddlers in Canada: Associated socio-demographic factors and parental knowledge, attitudes and beliefs, Human Vaccines & Immunotherapeutics, 14:4, 868-874, DOI: [10.1080/21645515.2017.1412899](https://doi.org/10.1080/21645515.2017.1412899)

29% of Canadian children  
were unvaccinated for measles at 13 months

Being a GIRL was a risk factor

*WHY?*

Being BORN OUTSIDE CANADA

JURISDICTION of residence

Longer delays occurred among SINGLE PARENTS

# DEEP DIVE: TOP 3 CITED REASONS FOR VACCINE HESITANCY AMONG 194 COUNTRIES (NOT SEX-SPECIFIC)

23%

**Risk-Benefit**  
“vaccine safety concerns”  
“fear of side effects”

12%

**Religion/Gender/Culture**  
**/Socioeconomic Status**  
“traditional beliefs”

10%

**Lack of Knowledge**  
“parents not aware  
of importance”

# INFORMATION AND MISINFORMATION

Who do parents trust for vaccine  
safety information?

n=2521 US households

	A lot (%)	Some (%)	Not at all (%)
My child(ren)'s doctor	76	22	2

# WHO DO PARENTS TRUST FOR VACCINE SAFETY INFORMATION?

n=2521 US households

	A lot (%)	Some (%)	Not at all (%)
My child(ren)'s doctor	76	22	2
<b>Other health care providers</b>	<b>26</b>	<b>70</b>	<b>4</b>

# WHO DO PARENTS TRUST FOR VACCINE SAFETY INFORMATION?

n=2521 US households

	A lot (%)	Some (%)	Not at all (%)
My child(ren)'s doctor	76	22	2
Other health care providers	26	70	4
<b>Government vaccine officials</b>	<b>23</b>	<b>61</b>	<b>16</b>

# WHO DO PARENTS TRUST FOR VACCINE SAFETY INFORMATION?

n=2521 US households

	A lot (%)	Some (%)	Not at all (%)
My child(ren)'s doctor	76	22	2
Other health care providers	26	70	4
Government vaccine officials	23	61	16
<b>Family and friends</b>	<b>15</b>	<b>67</b>	<b>18</b>
<b>Other parents who believe their child was harmed</b>	<b>8</b>	<b>65</b>	<b>11</b>
<b>Celebrities</b>	<b>2</b>	<b>24</b>	<b>74</b>

# WHO DO PARENTS TRUST FOR VACCINE SAFETY INFORMATION?

n=2521 US households

	A lot (%)	Some (%)	Not at all (%)
My child(ren)'s doctor	76	22	2
Other health care providers	26	70	4
<b>Government vaccine officials</b>	<b>23</b>	<b>61</b>	<b>16</b>
<b>Family and friends</b>	<b>15</b>	<b>67</b>	<b>18</b>
<b>Other parents who believe their child was harmed</b>	<b>8</b>	<b>65</b>	<b>11</b>
<b>Celebrities</b>	<b>2</b>	<b>24</b>	<b>74</b>

# IDENTITY CHARACTERISTICS & VARIATION IN PARENTAL TRUST OF VACCINE SAFETY INFORMATION n=2521, US households

	A lot (%)	Some (%)
<b>Trust friends, family &amp; other parents</b>		
Male vs female parents	5 vs <b>10</b>	61 vs 67
White vs Black	14 vs 16	71 vs 45
White vs Hispanic	14 vs <b>22</b>	71 vs 62
<b>Trust celebrities</b>		
Male vs female parents	1 vs <b>3</b>	18 vs 28
White vs Black	1 vs 0	23 vs 24
White vs Hispanic	1 vs <b>8</b>	23 vs 32

# SEX AND GENDER – LOOKING FOR THE “WHY”

## Risk-Benefit

“vaccine safety concerns”  
“fear of side effects”

**SEX: 2X greater**  
production of antibody  
titers in females for  
influenza vaccine – 2X more  
side effects

Religion/Gender/Culture  
/Socioeconomic Status  
“traditional beliefs”

**GENDER ROLES:** Who  
takes care of children, what  
are their communication  
networks, level of trust in  
other parents with children  
and celebrities, immigration  
status or racial group

Morgan & Klein. The intersection of sex and gender in the treatment of influenza. Current Opinion in Virology 2019;35:35–41

# INTERSECTIONALITY

or GBA+ studies the ways that race, gender, class, age and other social factors interact to produce **shifting relations of power and oppression**



# PUBLIC HEALTH AGENCY: HEALTH INEQUALITIES DATA TOOL

*Measures health indicators  
based on various intersecting  
stratifiers*

[https://infobase.phac-  
aspc.gc.ca/health-inequalities/data-  
tool/](https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/)

Government of Canada / Gouvernement du Canada

Search Canada.ca

Jobs | Immigration | Travel | Business | Benefits | Health | Taxes | More services

Home > Health > Science, research & data > Infobase > Health inequalities > Data tool

## Health Inequalities Data Tool

National, Provincial and Territorial Data | Geographic Comparison

Select item(s) from each list below:

**Geography**  
Canada

**Framework Components**  
Mental illness and suicide

**Indicator**  
Suicide mortality

**Stratifier**  
Overall

**Measure**  
Crude rate

More information is available about the indicators and their stratifiers.  
More information is also available about the measures of inequality.

### Suicide mortality, crude rate, mortality rate per 100,000, Canada

Category	Crude rate	95% CI
Total	11.3	11.1-11.5
Total [Males]	17.4	17.1-17.8
Total [Females, reference]	5.4	5.2-5.6

Download Graph (.png)

For more information on the interpretation of the data please see the notes below.

### Summary Table: Suicide mortality, crude rate, mortality rate per 100,000, Canada

Sex	Overall	Crude rate	95% CI
Both sexes	Total	11.3	11.1-11.5
Males	Total [Males]	17.4	17.1-17.8
Females	Total [Females, reference]	5.4	5.2-5.6

Download Detailed Table | Copy Summary Table

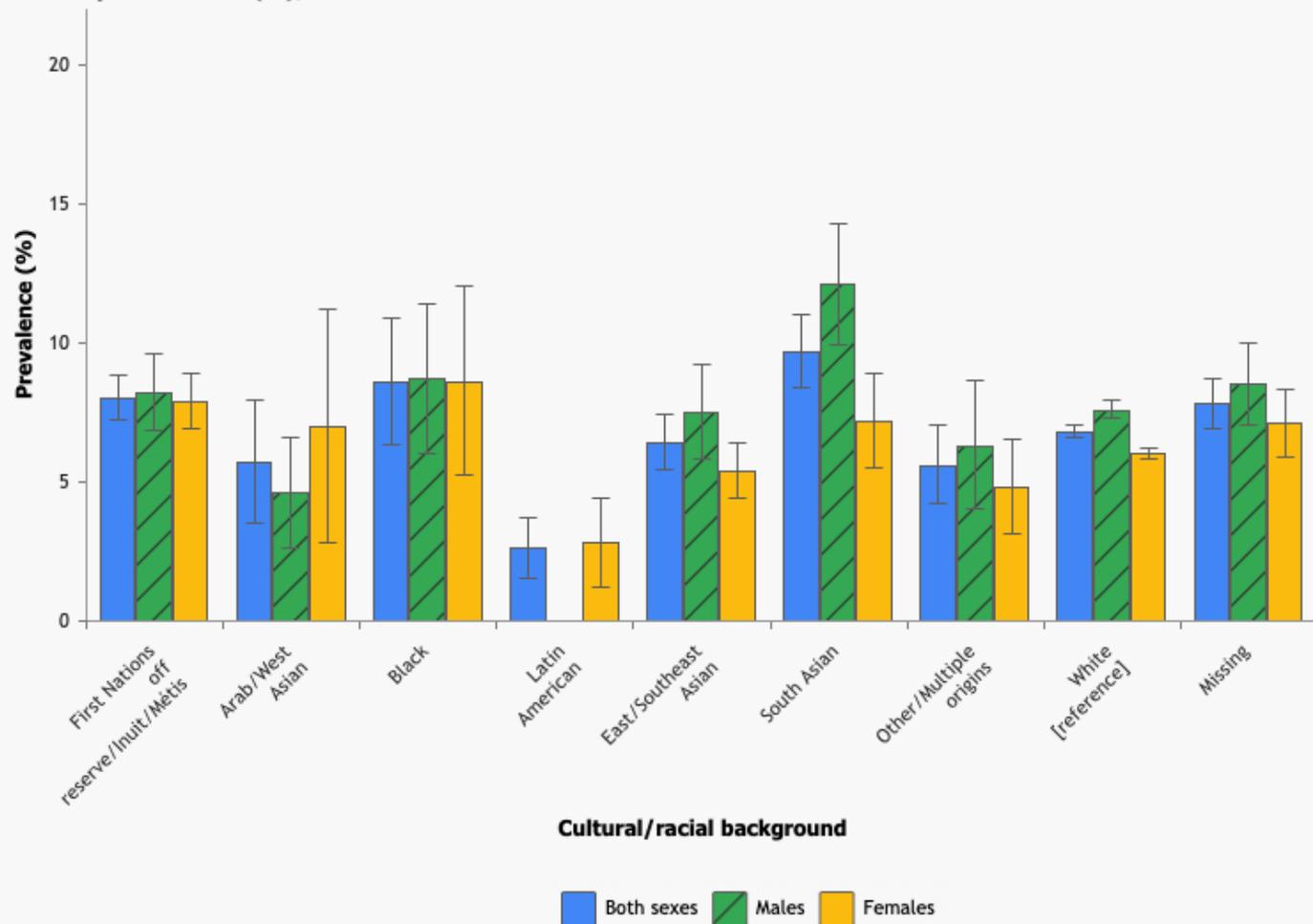
### Notes:

These notes apply to both the Graph and the Data Table.

- Cells highlighted in yellow should be interpreted with caution, as the measure itself or at least one of the components used to calculate the value has a coefficient of variation between 16.6 to 33.3%.
- Cells highlighted in red indicate that values have been suppressed because the measure itself or at least one of the components used to calculate the value has a coefficient of variation greater than 33.3%, a small numerator (<10), small denominator (<20), or empty age-standardization groups.
- Cells highlighted in blue indicate that values have been suppressed because their interpretation is complex or not possible.
- A dash symbol indicates that the value was suppressed for one of the reasons described above, or that the calculation was not applicable.
- When an indicator and a stratifier are crossed, the age interval is limited to that available in both the indicator and the stratifier.
- Data are age-standardized to the 2011 Canadian population, using five-year age groups.

Source: Vital Statistics - Death Database (2009-2011)

## Diabetes, excluding gestational (self-reported, aged 18+), crude rate, prevalence (%), Canada



**SURVEY DATA**

**NOT ENOUGH**

to understand the role played  
by gender and other  
intersectional factors

**TO UNDERSTAND WHY:  
UP CLOSE  
AND  
PERSONAL**

# Interviews about vaccines with Somali women in Minnesota



“For me – if I take the flu shot it makes me sick”

“I’m more likely to be like,  
“Why are we doing this? Is there alternative?”

Compared to my parents, where it was just like, well, if the doctor said it, hurray, we’re doing it.”

“Oh, you came to America, so you have to take the shot because you never know when you’re bringing stuff from Africa”

*Pratt et al.* “We are Muslims and these diseases don’t happen to us”: A qualitative study of the views of young Somali men and women concerning HPV Immunization. *Vaccine* 37 (2019) 2043–2050

**Matthew, 16-years old, not  
vaccinated for HPV**



What's the **first step** in  
a sex and gender-based  
HPV vaccine hesitancy  
analysis?

# Sex differences in Canada for HPV (Human Papilloma Virus) vaccination rates to prevent cervical, oropharyngeal and anal cancer?

**47%** male initial  
HPV vaccination rate

**57%** female initial  
HPV vaccination rate

**Completion rates (all 3 doses) are much lower for both sexes**

# 2013 CDC National Immunization Teen Survey

Analysed parents' perceptions and experiences of HPV vaccination (n= 18,264 teen parents)

**33%** male initial HPV vaccination rate

**57%** female initial HPV vaccination rate

Vaccination intent of parents did not differ by the sex of the adolescent

# What mattered was the messaging from the healthcare providers

**33% male initial HPV vaccination rate**

**42% of boys received a recommendation from their healthcare provider for the vaccine**

**57% female initial HPV vaccination rate**

**64% of girls received a recommendation from their healthcare provider for the vaccine**

Johnson et al. Variation in human papilloma vaccination uptake and acceptability between male and female adolescents and their caregivers. J Community Health 2017;42:522-532.

**Providers more hesitant to offer HPV vaccines to male teens because they felt that parents were more reluctant to vaccinate their sons than their daughters.**

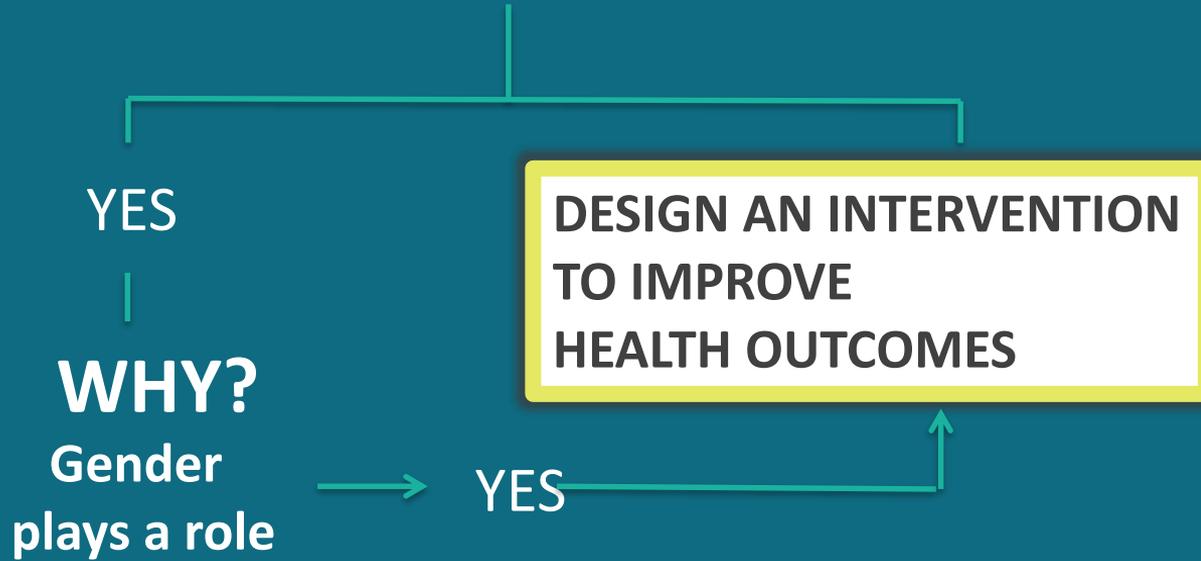
Perkins et al. Providers' attitudes toward human papillomavirus vaccination in young men: Challenges for implementation of 2011 recommendations. 2012 Am J Men's Health; 6(4):320–323.

# GENDER ISSUES

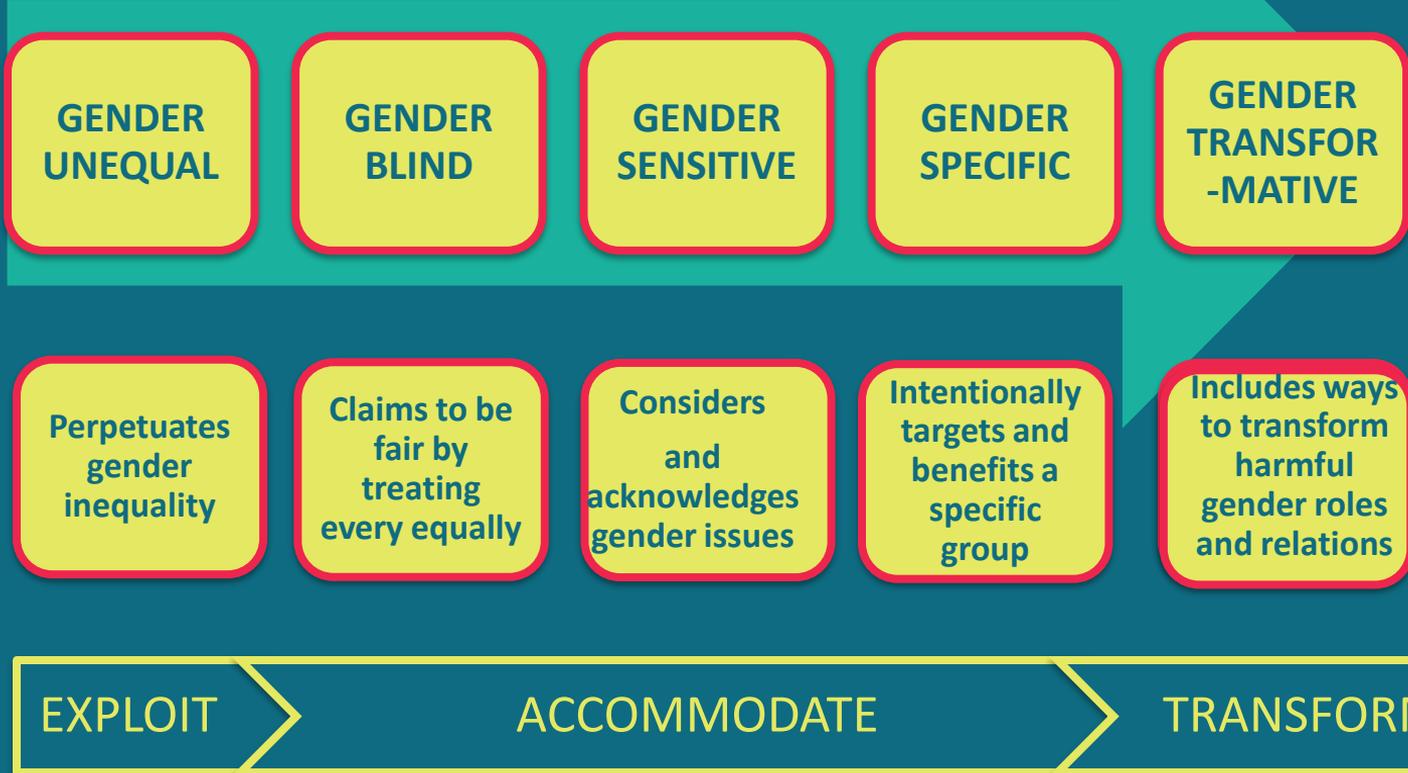
- Beliefs and stigma around male sexual orientation and GBMSM (Gay, Bisexual, Men who have Sex with Men)



# ARE THERE SEX DIFFERENCES?

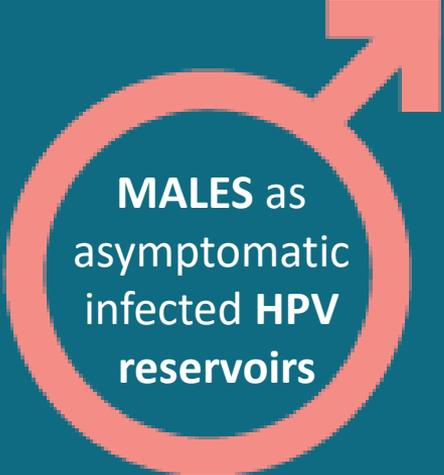


# WHO GENDER-RESPONSIVE INTERVENTION ASSESSMENT SCALE



# A GENDER-TRANSFORMATIVE PUBLIC HEALTH APPROACH TO HPV

**45%** prevalence of HPV  
in 18-59 year old men in  
nationally representative US  
survey

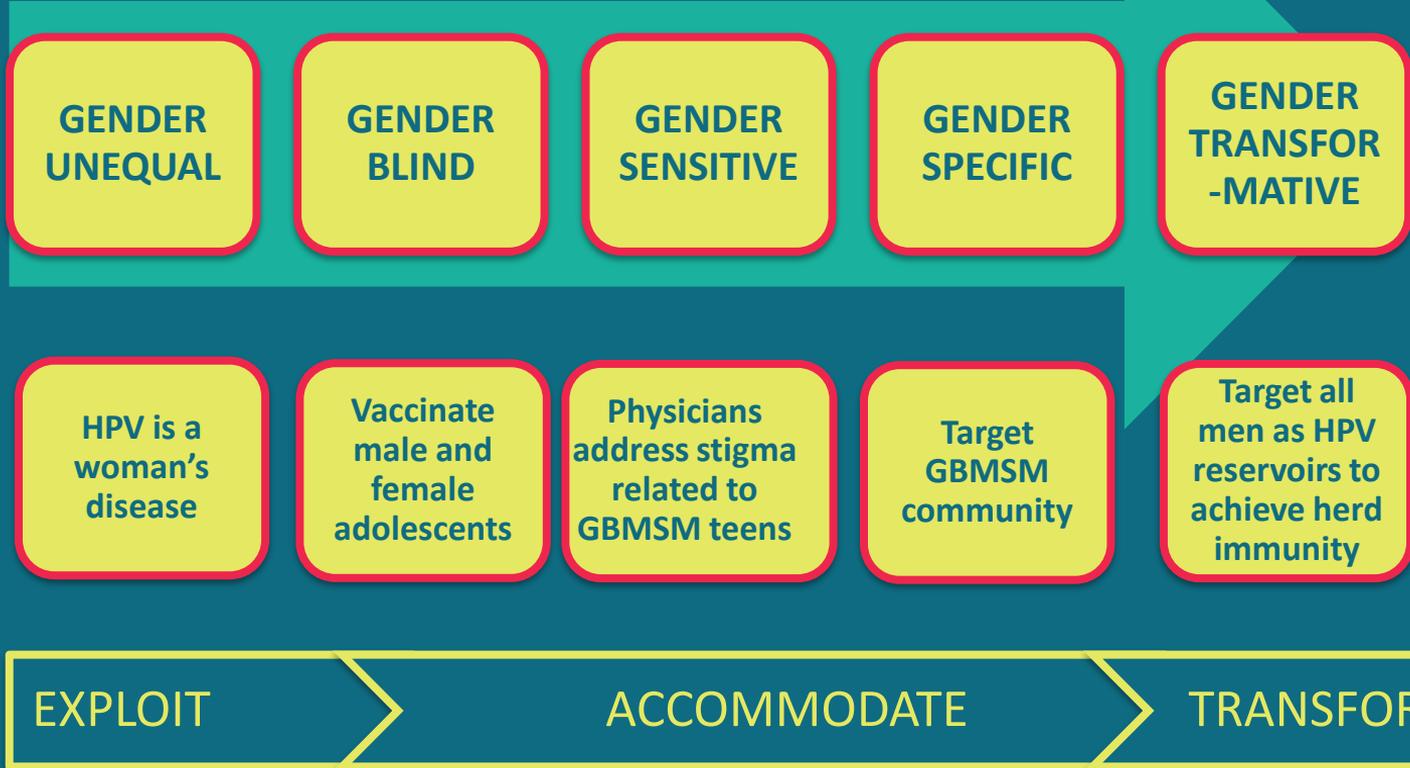


**MALES** as  
asymptomatic  
infected **HPV**  
reservoirs

**“It is very safe to say that if all males were immunized against HPV, substantial benefit would accrue to all sexually active people...”** *Franklin D. Pratt, AJPH, 2018*

Han et al. Prevalence of genital human papillomavirus infection and human papillomavirus vaccination rates among US adult men: National Health and Nutrition Examination Survey (NHANES) 2013–2014. *JAMA Oncol.* 2017;3(6):810–816.

# WHO GENDER-RESPONSIVE INTERVENTION ASSESSMENT SCALE



# TAKE HOME MESSAGES

## SGBA AND VACCINES



Vaccine hesitancy solutions may be gender-related and intersectional



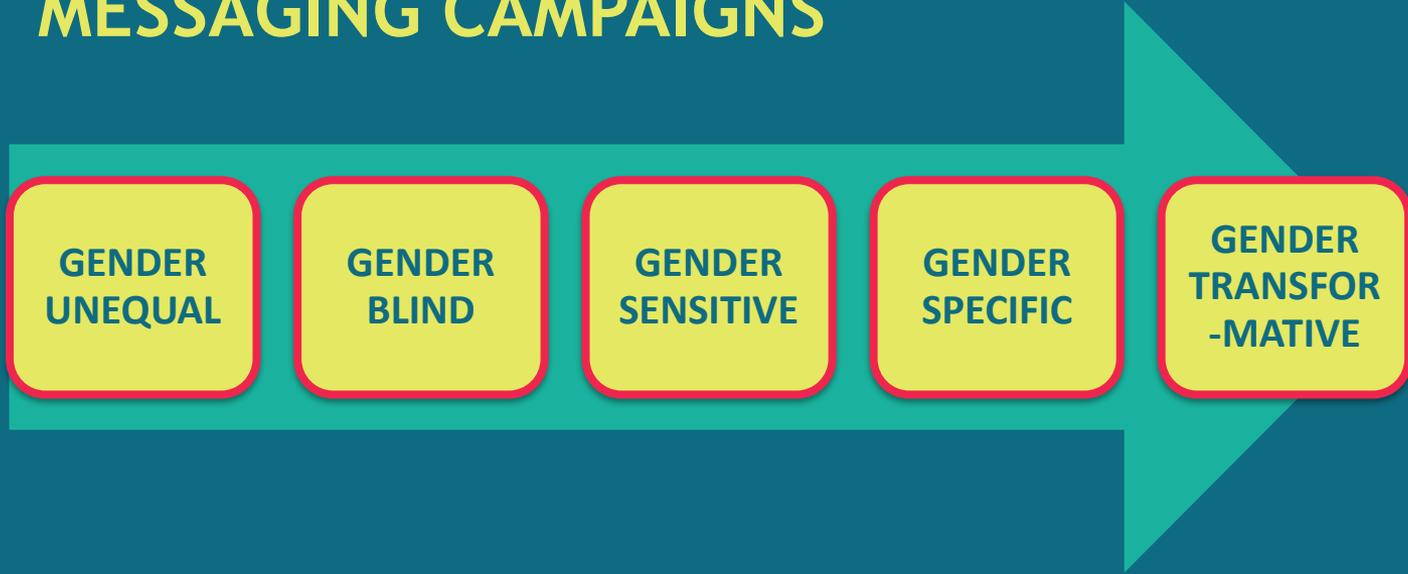
There is an opportunity for gender-transformative approaches



Awareness needed about sex-specific responses to vaccines

**SOLUTIONS WILL BE BASED ON  
QUALITATIVE OR MIXED  
METHODS STUDIES THAT  
GIVE A VOICE TO INDIVIDUALS  
IN POSITIONS OF  
POWER IMBALANCE**

# USE THE WHO GENDER-RESPONSIVE SCALE TO ASSESS OTHER PUBLIC HEALTH MESSAGING CAMPAIGNS



# HEALTHY BODY WEIGHTS



Greaves, Pederson, Poole, Durey, 2013. 7<sup>th</sup> Australian Women's Health Conference, Sydney, Australia. <http://www.slideshare.net/AWHN/1415-1455-panel-discussion>

**You wouldn't go to a job interview wasted, would you?**



**Everything has its limits.  
When you drink, think**

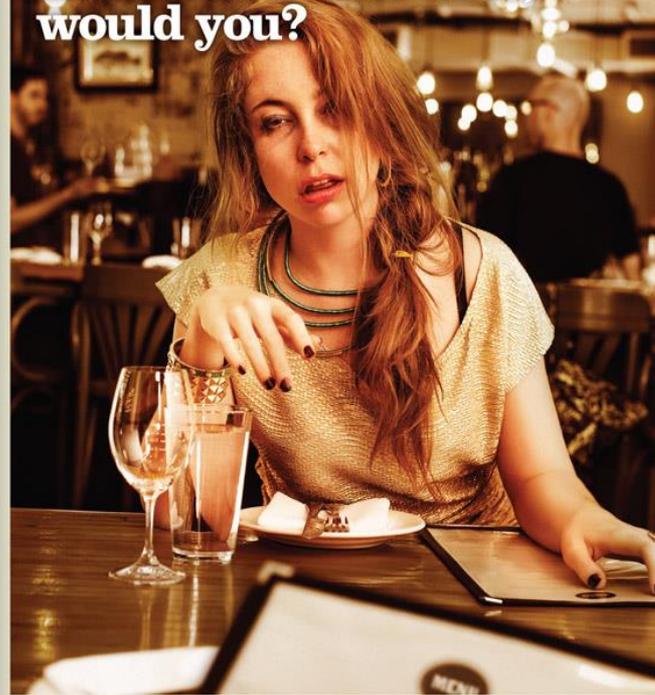


**Educational Alcohol** Moderation is always in good taste.



[facebook.com/educational](https://facebook.com/educational)

**You wouldn't show up drunk on a first date, would you?**



**Everything has its limits.  
When you drink, think**

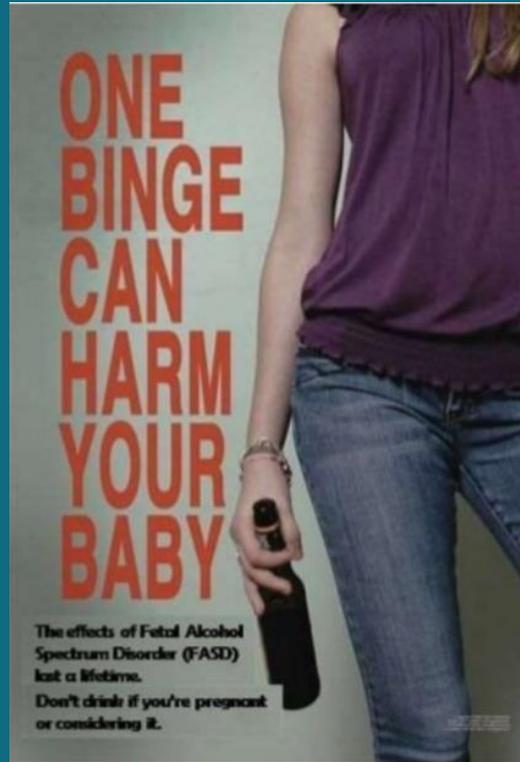


**Educational Alcohol** Moderation is always in good taste.



[facebook.com/educational](https://facebook.com/educational)

# DRINKING DURING PREGNANCY



Greaves, Pederson, Poole, Durey, 2013. 7<sup>th</sup> Australian Women's Health Conference, Sydney, Australia. <http://www.slideshare.net/AWHN/1415-1455-panel-discussion>

# SMOKING DURING BREASTFEEDING

photo



**Women who smoke feed  
more than  
just milk to their children**

# Kicking the habit together for the health of your child



# SEX AND GENDER IN PUBLIC HEALTH MESSAGING



Can help reach the appropriate target audience by drawing on communication networks, context and barriers

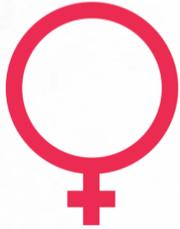


Aims to deliver a personal, tailored message that speaks to one's identity

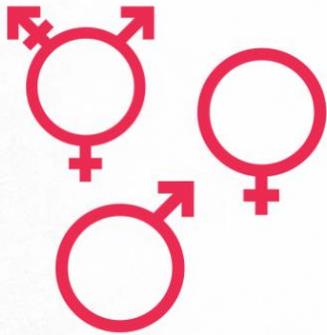


Can address gender inequities (and not accommodate or exploit them) if done properly

# Measuring Sex and Gender in Data Analysis



## Analyzing Sex Differences

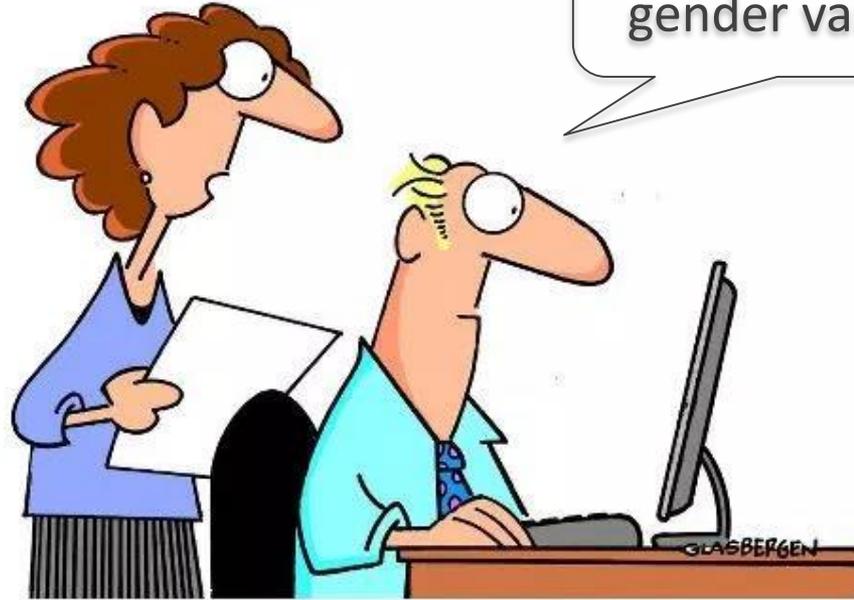


There are 3 common methods for analyzing sex:

1. Stratifying by sex
2. Testing the significance of sex using modeling techniques
3. Testing sex in interaction terms

Controlling (or adjusting) for sex in multivariate models is NOT an appropriate sex and gender-based analysis strategy

Where's the  
gender variable?





# Transgender student says some Canadians need 3rd option for gender on census

**'As a non-binary person, often when I fill out forms there's only 2 options ... and that's not enough'**

By Matthew Kupfer, CBC News Posted: Jan 06, 2016 7:18 PM ET | Last Updated: Jan 07, 2016 3:28 PM ET



Quinn Nelson, a transgender University of Calgary student, identifies as neither male nor female. Nelson says there should be a third gender option on the long-form census. (CBC News)

# NEW 2-STEP STATISTICS CANADA QUESTIONS

1) What was your sex at birth (as assigned on your original birth certificate)?

- Male
- Female

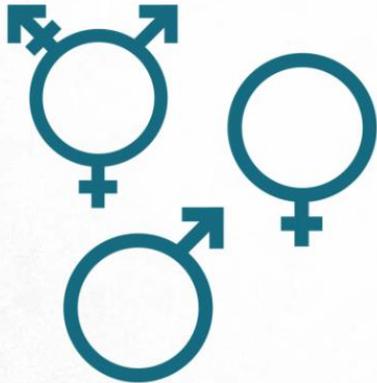
2) What is your gender (refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.)

- Male
- Female
- Other (please specify) \_\_\_\_\_

## Objective 1

# Identifying Gender-Related Variables in Human Datasets

Which of the following variables, which can be found in Statistics Canada's health and labour market surveys, **CAN** interact with gender to affect health outcomes?



- A Primary responsibility for doing housework
- B Having taken time off work to care for family members in the past week
- C Being the primary income earner in the household
- D Marital status
- E All of the above

## Objective 2

# Create a Composite Gender Index/Gender Score to Analyze Gender Independently of Sex

Which of the following strategies could be used to create a gender index or gender score?

A

Summing up different variables to create a score.

B

Regressing variables to predict male/female.

C

Factor analysis to capture underlying gender-based constructs.

D

Create a ranking based on the male/female distribution to a single variable.

E

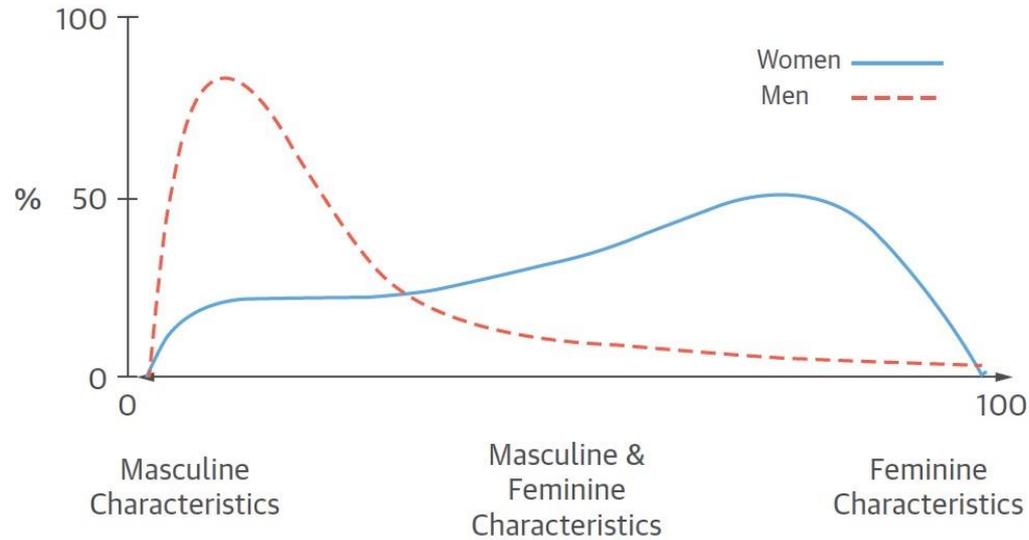
All of the above.

# A **GENDER** score was created using the following 7 variables

1. Status of household primary earner
2. Personal income
3. Number of hrs/wk doing household chores
4. Status of primary person responsible for doing housework
5. Level of stress at home
6. Bem Sex Role Inventory masculinity score
7. Bem Sex Role Inventory femininity score



**FIGURE 1** Gender Score Distribution in Men and Women With Premature Acute Coronary Syndrome



Adapted with permission from Pelletier et al. (22).

# GENDER IS MORE PREDICTIVE THAN SEX OF ACUTE CORONARY SYNDROME

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY  
© 2016 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION  
PUBLISHED BY ELSEVIER

VOL. 67, NO. 2, 2016  
ISSN 0735-1097/\$36.00  
<http://dx.doi.org/10.1016/j.jacc.2015.10.067>

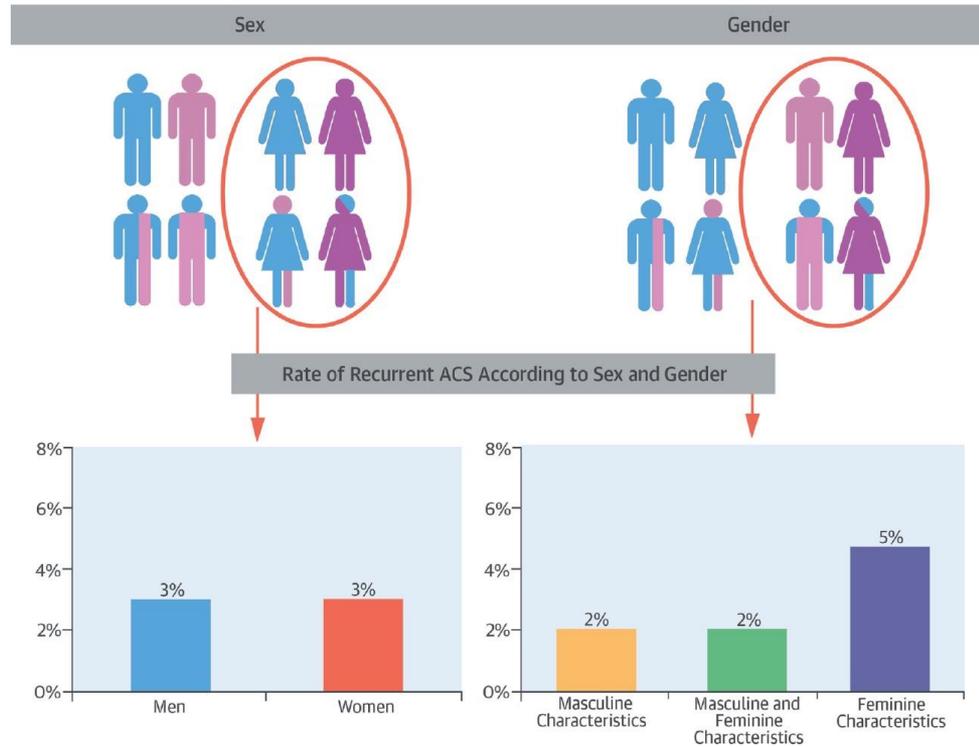
## ORIGINAL INVESTIGATIONS

### Sex Versus Gender-Related Characteristics Which Predicts Outcome After Acute Coronary Syndrome in the Young?



Roxanne Pelletier, PhD,\* Nadia A. Khan, MD, MSc,† Jafna Cox, MD,‡ Stella S. Daskalopoulou, MD, PhD,§  
Mark J. Eisenberg, MD, MPH,|| Simon L. Bacon, PhD,¶ Kim L. Lavoie, PhD,# Kaberi Daskupta, MD, MSc,\*\*  
Doreen Rabi, MD, MSc,†† Karin H. Humphries, DSc,‡‡ Colleen M. Norris, PhD,§§ George Thanassoulis, MD,|||  
Hassan Behloul, PhD,¶¶ Louise Pilote, MD, PhD,\*§ for the GENESIS-PRAXY Investigators

**CENTRAL ILLUSTRATION** Gender-Related Characteristics Versus Sex: Cardiovascular Outcomes



Pelletier, R. et al. *J Am Coll Cardiol.* 2016; 67(2):127-35.

Gender identifies both men and women who are at increased risk through their high level of characteristics traditionally attributed to women. Sex distinguishes between males and females independent of their gender-related characteristics. ACS = acute coronary syndrome.

[www.discoversexandgender.ca](http://www.discoversexandgender.ca)

## 3 ONLINE TRAINING MODULES

### ① Biomedical Research



### ② Primary Data Collection with Human Participants



### ③ Secondary Analysis of Data from Human Participants



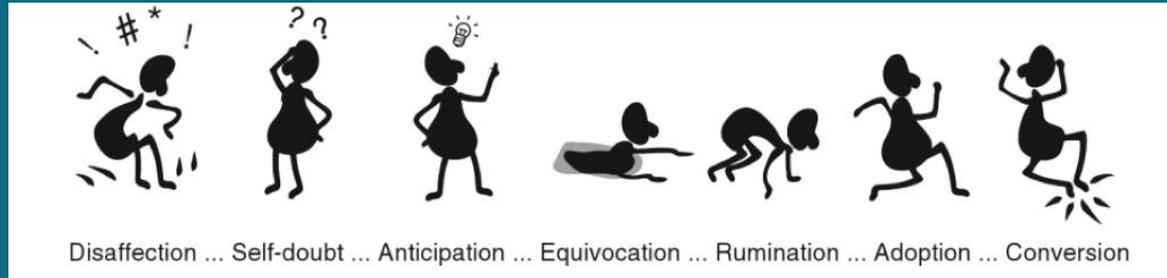


# TRAINEE NETWORK

- 100+ trainees
- Chapters at 9 universities across Canada
  - Provide training and mentorship opportunities
  - Build a community of sex and gender-based analysis specialists

# HARD TO BREAK OLD HABITS

Most of us do not routinely conduct meaningful SGBA+ analyses - but it's time to change



**PUT IT ON YOUR  
AGENDA  
STRIKE A  
WORKING GROUP**

**SUPER COOL**  
**PUBLIC HEALTH**  
**INNOVATIONS CAN**  
**OCCUR WHEN**  
**YOU LOOK AT**  
**SEX AND GENDER**

ONE OF THESE  
HAPPENED IN  
SWEDEN WHEN  
THEY LOOKED AT  
**SNOW CLEARING**  
WITH SGBA

Ottawa · Q&A

## Should Ottawa adopt Sweden's gender-balanced snow-clearing policies?

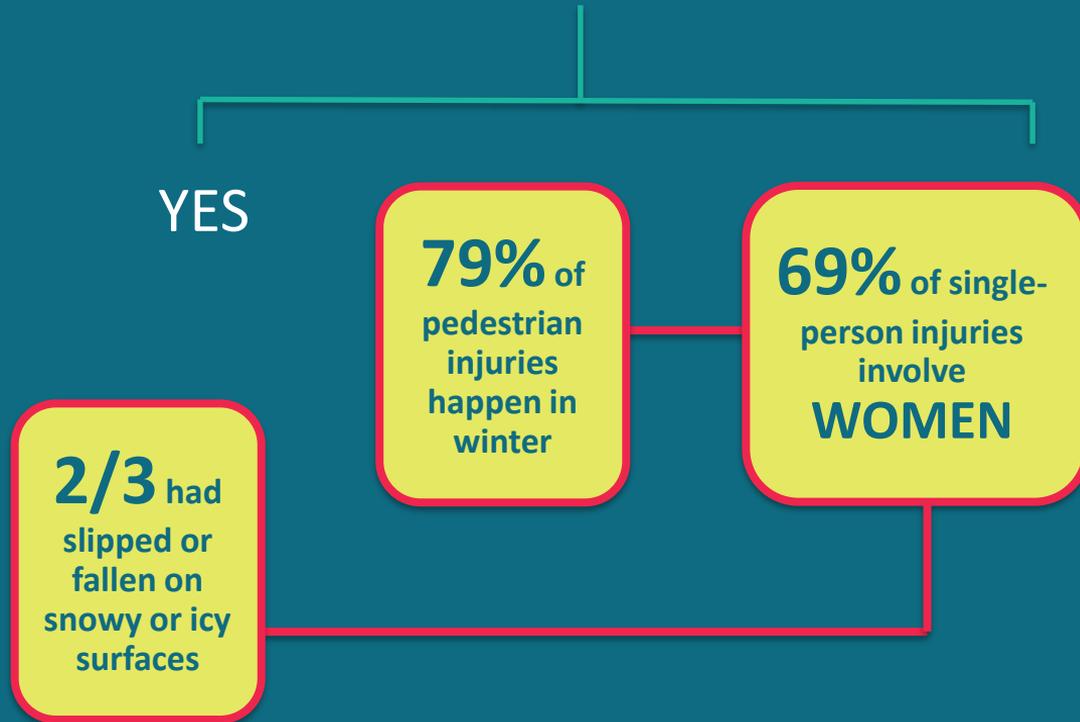


The vice-mayor of Stockholm says they wanted to change the way people get around and it's worked

CBC News · Posted: Jan 24, 2018 8:31 AM ET | Last Updated: January 24, 2018



# HEALTHY CITIES AND PEDESTRIAN INJURIES - ARE THERE SEX DIFFERENCES?



# ARE THERE SEX DIFFERENCES?

YES

**WHY?**

Does gender  
play a role?

**YES.** The first streets to be  
snow-cleaned were the large  
arteries leading to  
areas. Small  
and bike

**Older** women,  
**WOMEN WITH  
UNPAID WORK,**  
women with **LOWER SES**  
were more likely not to use cars

# ECONOMIC ANALYSIS

**\$\$\$ of  
pedestrian  
injuries**

**3X HIGHER**

**\$ of snow  
clearing**

# INTERVENTION TO IMPROVE OUTCOMES

## DESIGNED A “GENDER-BALANCED” SNOW CLEARING SYSTEM

- ✓ Clear sidewalks, bikepaths and small streets first
- ✓ Then clear roads to hospitals (where more women work) and schools
- ✓ Last, clear snow from the large arteries

**2x decrease  
in pedestrian  
accidents**

**“According to Daniel Helldén, a local councillor in Stockholm’s traffic department, pedestrian accidents have gone down by half on the 200 km of joint cycle and pedestrian lanes that are now being cleared with special machines (‘which make them as clean as in the summer’)” *Criado-Perez, p32***

**FINAL STEP in  
sex and gender-based  
analysis is  
EVALUATION**

# SELF-EVALUATION

On a scale of 0 to 10, how confident are you about integrating sex and gender your work?



# KEY TAKEAWAYS

- Do not give in to the *'tyranny of the urgent'* and leave sex and gender for 'later'
- Sex and gender must be key components of effective and efficient public health planning (*always ask 'are there sex differences, why or why not, and does gender play a role'*)
- *Intersectional approaches* will require listening to individuals who experience power imbalances
- *Gender-transformative solutions* address root causes of gender inequalities AND eliminate harmful stereotypes

# THREE ACTIONS YOU CAN TAKE IMMEDIATELY



Start a working group for SGBA+ analyses



Include sex and gender in the curriculum



Propose gender-transformative solutions

CIHR INSTITUTE OF  
GENDER AND HEALTH  
SHAPING SCIENCE FOR A HEALTHIER WORLD

L'INSTITUT DE LA SANTÉ DES FEMMES  
ET DES HOMMES DES IRSC  
FAÇONNER LA SCIENCE POUR UN MONDE EN MEILLEURE SANTÉ

Thank you!

