



Comité économique et social européen
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Education, Training and Health Literacy

Going beyond sex-disaggregated data and thinking interdisciplinary

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Celebrating 21 Years of Setting the Agenda in Women's Health



Background



- Changes in the landscape of the medical profession, but in medical research & teaching gaps still need to be filled
 - Analyzing sex and gender in studies
 - Teaching gender and sex differences and similarities in medicine
 - Going beyond sex-disaggregated data
- Efforts undertaken to changes this:
 - Guidelines for reviewers (journals)
 - Recommendation for inclusion of women
 - Inclusion of sex and gender in medicine (-> Gender Medicine)
 - Projects
- Changes can be detected when teaching Gender Medicine -> greater importance recognized

(e.g. Siller et al., 2017; Heidari et al., 2016)

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Central Issues

1. *Sex and Gender aspects in medicine/medical curricula*
 1. *Lack of mandatory inclusion of sex and gender aspects in teaching, research, practice*
2. *Interdisciplinarity in medical education*
 1. *Strengths of each discipline to promote gender in health*
 2. *Doctors treat people, not diagnosis*
3. *Salutogenetic aspects*
 1. *What resources are already there? (e.g. health prevention)*

Recommendations

1. *Inclusion of sex/gender in medicine*
 1. *Best practice examples of those medical universities that already include it in their curriculum: What works, what doesn't*
 2. *Acknowledgment and respect regarding sex and gender by all staff – underlining benefit of these aspects, making it mandatory; our attitude towards these aspects influence our students!*
2. *Acknowledging interdisciplinary action*
 1. *Actually focusing on gender (beyond sex-disaggregated data) - learning more about gender relations in health and disease; bringing together different contexts*
 2. *Including focus in curriculum; courses for all health professions together etc., not separating groups based on professions*

Recommendations

1. *Focusing also on salutogenetic aspects*
 1. *Shifting focus: How does successful access to healthcare for women look like? What needs change?*
 2. *be aware of reinforcing gender bias*
 3. *What works (e.g. health prevention programs, breast cancer awareness -> advertisement, money invested in campaign) -> focus on small groups, not everybody at once (age; menopausal women... etc.)*