This ongoing study contributes to knowledge of participatory implementation strategies to integrate intersectionality-based sex and gender analysis (ISGA) in doctoral education and public health research.
Relevance

Implementing sex/gender across their intersections (intersectionality) into public health research can
- explain differences in public health outcomes,
- improve validity of research findings,
- contribute to more tailored programs and policies for monitoring, prevention and maintenance of population health
Background

- Intersectionality-based sex and gender analysis (ISGA) not structurally incorporated research, education and policy, causing
  - a general lack of awareness in public health communities as well as
  - misconceptions about ISGA prevent its adoption in research.
Example 1: HPV vaccination

- Dutch immunization programme girls 13 yrs (since 2009)
- Dutch Health Council advice June 2019: vaccinate boys too!

- Subgroups?
  - Migrant girls
  - MSM
Example 2: Public health research at APH in Amsterdam (*Van Hagen et al., submitted*)

Screening of sex and/or gender aspects in public health research proposals

Using sex and gender criteria from e.g. CIHR

Then giving relevant recommendations, in order to
⇒ raise awareness in researchers and reviewers
⇒ support granting agencies to incorporate sex and gender in criteria for funding
Example 2: Public health research at APH in Amsterdam *(Van Hagen, 2017)*

Intervention study for obesity: only males included *“in order to avoid disturbances in outcomes by hormonal influences of the menstrual cycle in females”*. No further explanation.

None of the research proposals specified whether questionnaires and scales were validated for sex- and gender diverse people.

In quantitative studies (binary) sex was incorporated as a confounder, not as a predicting variable. Thus, sex is mostly “neutralized” in the analysis, instead of looking at sex as a predictive or moderating variable.
Project aims and objectives

- Implement ISGA in a public health research institute by
  - collaborative, participatory implementation project,
  - building capacity and fostering institutional awareness,
  - developing PhD-training program,
  - empowering stakeholders and facilitating their role as change agents.

- Strategy
  - community of practice upskilling early career researchers
  - interdisciplinary exchange encouraging theoretical, methodological and translational innovation and further sustains ISGA implementation.
Steps (1)

• engaging a core group of PhD-students and shared ownership
  • Intersectionality
• 1st meeting, 4 more planned
  • AHA moments
  • Own experiences/cases
  • Methodological questions
    • Toolkits available, how to apply
    • Both quantitative and qualitative
Steps (2)

senior research staff in an advisory board

PhD-students in our core research group
- co-develop the training
- engage in dialogue about the relevance of ISGA for their own project and public health research in general
- interviews with stakeholders
- PhD-students partake in a ‘train-the-trainer’ module, to prepare them for local dissemination of their knowledge
- two-day PhD-training in APH research institute (N=20)
- integration in core group’s own research projects
Preliminary findings

- Enthusiasm
  - Exchange
  - Access to tools and literature

- Own initiatives for dissemination e.g. Social medicine, Midwifery, General Practice

- PhD-students need credit points and output
  - Project accredited for students’ credit points!

- Strategic plan of APH research institute, Personalized Medicine programme

- In quality assurance handbook

- No barriers yet
Picking your brain

What should we anticipate??
Tips and tricks?
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