

Integrating diversity, equity and inclusion into field epidemiology

What does gender and disability have to do with it?



“...epidemiologists as individuals count and determine who and what counts...”

– Đoàn et al, 2020

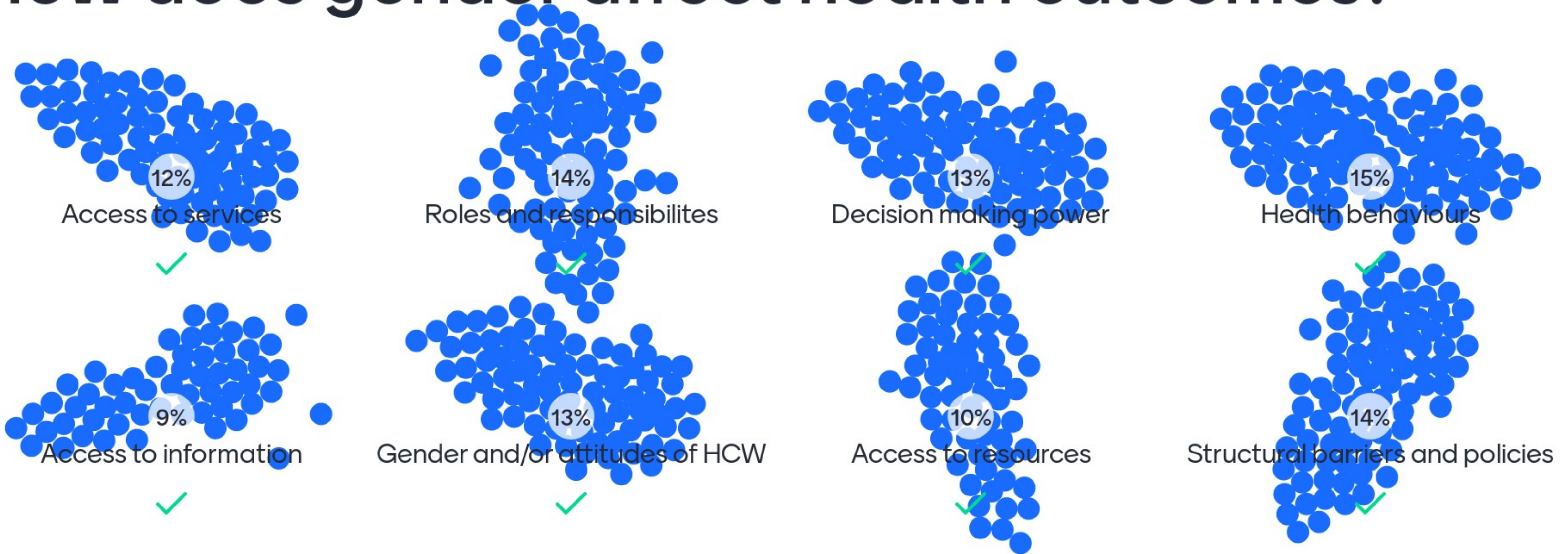
Gender and sex

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

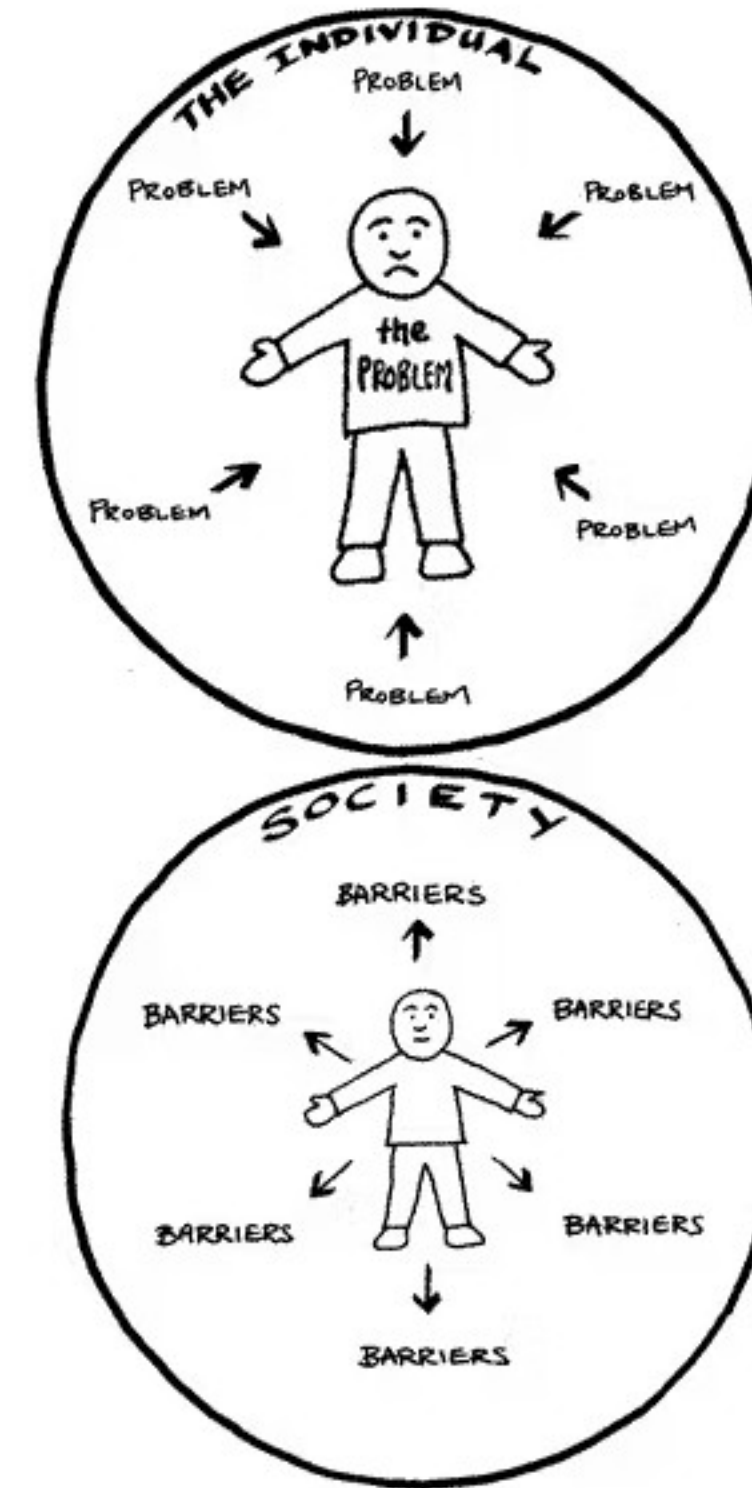
SEX
Biological attributes of humans and animals, including physical features, chromosomes, gene expression, hormones and anatomy.

The infographic is divided into two vertical panels. The left panel, titled 'GENDER', has a teal background and features icons representing social roles (a waiter, a person in a uniform), social interactions (a group of diverse people, a person with a speech bubble), fashion (men's shoes, women's high heels), communication (two people talking), a globe, a person holding a baby, a scale of justice, a car, and a crown. The right panel, titled 'SEX', has a dark grey background and features icons representing biological concepts: a fetus in a womb, a DNA double helix, chemical structures, a brain, lungs, a heart, three stylized human figures, a microscope, various microorganisms, sperm cells, a red kangaroo, a blue kangaroo, and male and female symbols.

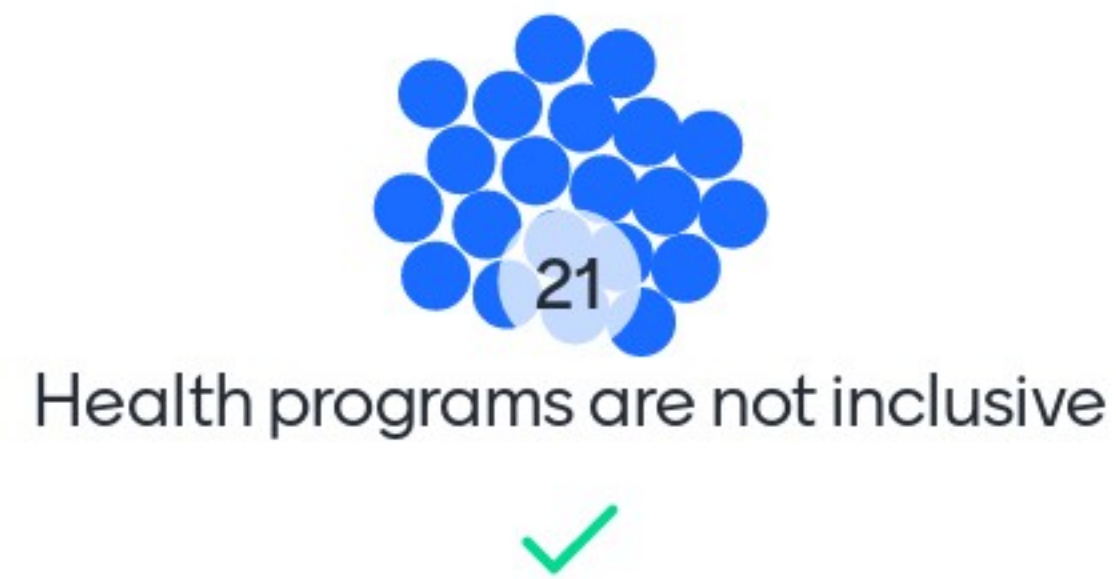
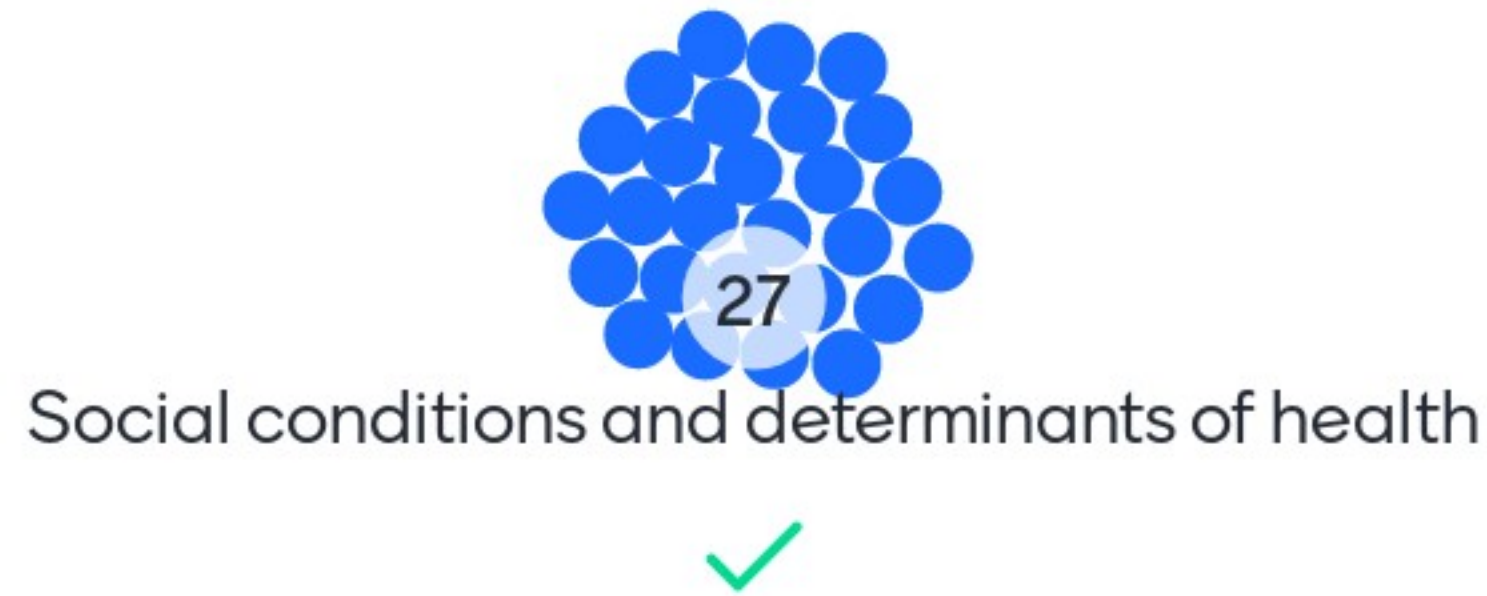
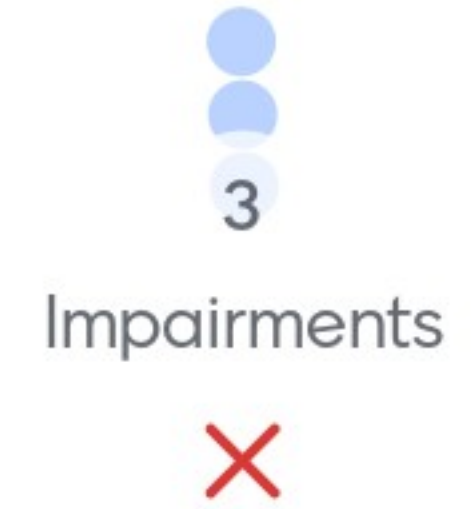
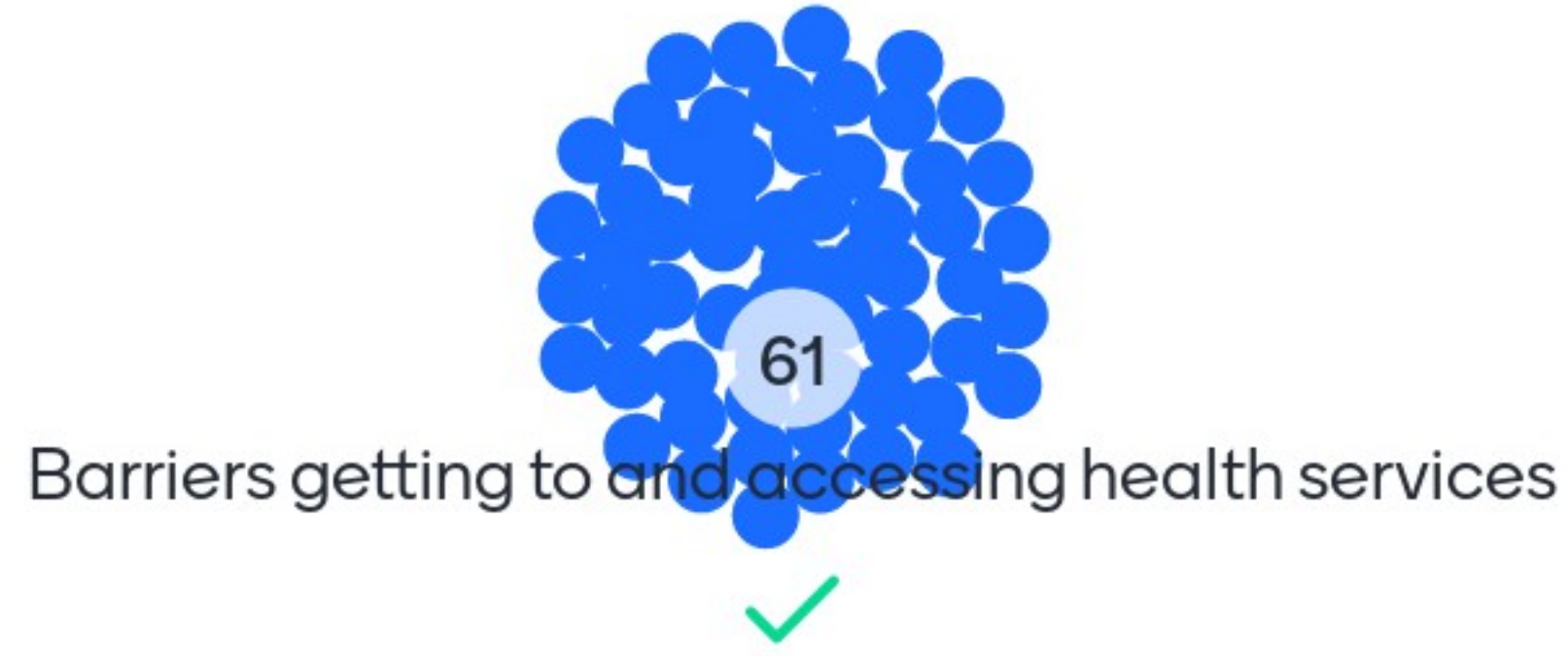
How does gender affect health outcomes?



Disability



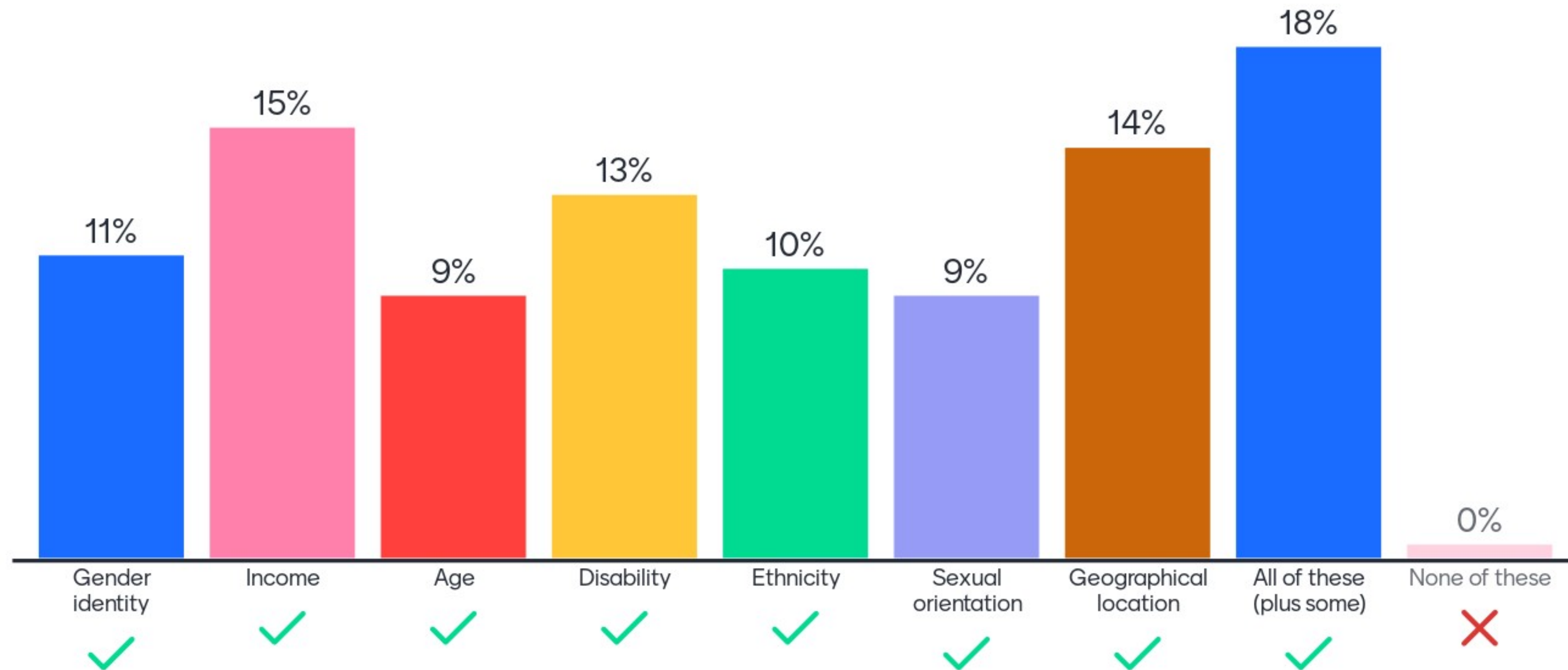
What are the major contributors to the health inequities experienced by people with disabilities?



Health inequities for people with disabilities:

- A higher incidence of communicable and noncommunicable diseases
- At risk of dying up to 20 years earlier
- Inequities cannot be explained by underlying health conditions or impairments
- Caused by unjust or unfair factors that are avoidable
- Outcomes are worse for certain groups of persons with disabilities

Which of the following create additional health inequities?



Gender and social inequities in COVID-19

- Approx. 70% of the health and care workforce are women
- Approx. only 25% of women fill senior health roles.
- Disaggregated data a gap along the care pathway
- Majority of policies found to be gender unaware.

Case Study, STRIVE PNG

Learnings from DFAT's health programming

- Attention to inequities needs to be strongly embedded from the beginning
- Analysis and strategies lead to better performance
- Engagement of representative organisations and diverse populations improves inclusion
- Resourcing and investing in capability matters
- Review of progress and evaluative exercises can support action
- Investing in health and organisational governance, workforce development and leadership are important to drive change

Gender equality is not a 'nice' objective, to be deferred or deprioritised against 'serious' matters of health or economic prosperity.

It is a prerequisite for those other objectives to be achieved.

– Australia's Foreign Minister, Hon. Penny Wong

Key messages

- Identifying (and addressing) gender and social inequities is a prerequisite for resilient health systems and effective health responses
- Taking targeted and well informed approaches are needed to understand who is at risk of being left behind
- Meaningful engagement of underrepresented groups in data collection and research processes is key
- Investing in organisational change, leadership and workforce development all matter
- Ask the question: who is being counted and who is not - and who is at risk of being left behind?

References & resources

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