While some of the material in previous chapters addressed determinants of health other than sex and gender – such as age and ethnicity – the case studies and commentaries in this chapter have been collected specifically to illustrate the ways in which SGBA pushes us to think beyond traditional definitions of health and care.

The case study on mental health indicators, for example, examines the relationship among the determinants of health as they affect women and men. Rather than relying on standard measures of mental health disorders, the case explores an alternative approach for assessing mental health that takes into consideration sex and gender as well as other determinants of health. In the process, the case study not only underscores the importance of understanding which women and men are being considered, but also reveals the limitations of existing tools for collecting and analyzing data on mental health.

The case study on housing demonstrates the significant relationship between sex, gender and the other determinants of health as well as the importance of taking a broader view of health. While health care budgets and service delivery do not typically extend to housing, adequate shelter is undoubtedly critical to good health. At the same time, sex and gender (related to lone-parenting, living alone when elderly, or relative income) and diversity are fundamental factors determining who gets good or poor housing. The commentary on criminalized women further illustrates the ways in which specific groups in society may be disadvantaged by gender biases and institutionalized gender.

Similarly, the case study on access to care among First Nations peoples illustrates how sex (being male) and gender (marrying “out” of the reserve) within the Canadian legal context has significant implications for individuals, families and communities. Like the commentary on women and potable water, the case study on access to health care also demonstrates how the health determinants of place and public policy intersect with cultural and social patterns to influence how well a community is and how a wellness program can be used.

Finally, the process of SGBA allows for the development of new perspectives and innovative analyses. The case study on mental health, for instance, offers a new way of thinking about mental health and data collection while the case study on overweight and obesity among children and youth, provides insight into the safety dimensions of an issue that has traditionally been seen as the responsibility of health care and health promotion specialists.