**Gender-Mainstreaming Accessibility Analyses: Access to Care**

Highlights

-Conducts multimodal accessibility analyses to mobility of care, i.e., all household-serving travel

-Car provides greatest access to care using both constrained and unconstrained measures

-The bicycle provides second greatest access to care (more than walking or transit)

-Access is highest in central city across all modes

-Equity analysis is offered to highlight neighbourhoods in need of intervention

-Access to care proposed as a tool to gender-mainstream accessibility analyses

Things to discuss:

* Figures? Colours – do nothing.
* Okay with structure? --
* Okay with opportunity weighting? Each category is 1/5 important, does that make sense? Or alternatively, we could calculate the accessibility measures for each category and them sum them together; results for cumulative opp would be the same, but SA would be slightly different.
* Thoughts on the use of spatial availability use? Main point: spatial availability assumes opportunities are finite – so they are proportionally distributed based on the travel time (%) and population (%) that each origin has.
* Thoughts on equity analysis – what more can we discuss? The main point: those v\_i^(car) and (cycle) is not as strongly correlated with LICO-AT than walking and transit modes when a 30 min threshold is considered. The reverse is true when a 15-min threshold is considered. This means: car/cycling

Things to change:

* Intro as well as Discuss—why we are doing BOTH measures. The contribution of doing both.
  + Car dependency is intrengced.
* Incorporate all tracked changes
* Make data sources into a table
* Shorten methods,
* Be careful with references,
* Future research can look at emissions, equity, but make it more care-oriented
  + “***Gender, Place and Culture*”**

In discussion: This critic exists. How do we resound to this critique. How do we gender mainstream? This paper provides an empirical example of one way people may want to do this. Feminist accessibility analysis. Destinations are care-destination, instead of jobs. We look across mode as well, as we have data on what modes get used.

Limitations: doing these analysis is an important first step but they highlight biases in the data. Like weighting. We don’t have it within travel survey.

This isn’t the most amazing access measure you’ve ever seen – it’s an empirical example of a theoretical concept.

Intro: The goal od this study is to put forther this theoretical contribution as an empirical example. One tool of many.

In discussion: limitations in data. We don’t know much about these trips.

‘access to care’—holistic. Errand running – it happens every day, like going to work!

* Trip-chaining; that’s trips along the way.
* Planning for care; the bias is there.
* 15-min cities; they think of access to all things.
* New transit projects are assessed to help people get to jobs. What about other destinations? Destinations to
* Without care, we will all die. It is undervalued, done by women. If you don’t have access to a car, meeting care needs is a lot of work. We design.

What might a care-centric analysis look like? Pitfalls: data limitations, that is our contribution, there is not data.