WELCOME HOUSEKEEPING

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Chat Box
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Q & A
To ask questions through session.

Recording
Will be available on the CWHHA.ca website.

Evaluation
Please complete the evaluation form after the session.
Disclosure Statement

We do not have any affiliations (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of our presentations.
Disclaimer

We cannot provide specific advice on individual medical problems.

Today, we are not discussing specific cardiovascular diseases.

The focus is on the context of the patient's experience with cardiovascular disease in the general sense of accessing care, and challenges and tools in coping with a new diagnosis, (and hopefully eventually thriving again in the "new normal")!
Learning Objectives

At the end of this webinar, you will be able to:

• Describe the Canadian Women’s Health Alliance.
• Describe the experience of a woman living with cardiovascular disease.
• Identify the barriers to accessing acute cardiovascular care.
• List the action items to “open the gate” to women.
• Identify what patients can do to participate more fully in one’s care and recovery.
Polling Question

Who is in the audience today?

A  Person with lived experience / patient
B  Caregiver
C  Healthcare professional
D  Researcher
E  Other

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Cardiovascular Disease in Women

Cardiovascular disease is also a leading cause of death in women in Canada.

Major advances in prevention, diagnosis, treatment and overall CV mortality for women in the past 2 decades, ...but recently losing ground...

Wenger, N. JACC 2021. 3;4;701-703
In high-income regions, the decline in CVD mortality has slowed and CVD mortality has increased in women from certain countries

An analysis of the WHO Mortality Database found an increase of age-standardized cardiovascular disease death (35–74 years) during recent years in women in the USA and Canada.

Adapted from Dr. R. Mehran, ACC2021

Lopez AD et al., Int J Epidemiol 2019
Canadian Women’s Heart Health Alliance

LAUNCHED IN 2018

OUR VISION: To improve women's cardiovascular health across the life span.

OUR MISSION: To support clinicians, scientists, patients, and decision-makers in working collaboratively to implement evidence, transforming clinical practices, and impacting public policy related to women’s cardiovascular health.

Pillars:
• Knowledge Translation and Mobilization
• Education & Training
• Advocacy
• Health Systems & Policy
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ADVOCACY WORKING GROUP

ON FEBRUARY 13TH, JOIN US TO RAISE AWARENESS ABOUT WOMEN’S HEART HEALTH.

Attend or host an event in your community

Wear Red

SPREAD THE WORD USING:
#HERHEARTMATTERS

WEARREDCANADA.CA
Canadian Women’s Heart Health Education Course + Teaching Toolkit

Target Audience: Healthcare professionals and trainees within emergency medicine, general internal medicine and cardiology

9 accredited modules:

1. Cardiovascular Risk Assessment in Women – The Role of Risk Factors and Scores
2. Acute Coronary Syndromes (ACS) in Women
3. Approaches to Chest Pain - A Sex & Gender Focus
4. MI with Non-Obstructive Coronary Arteries (MINOCA)
5. Spontaneous Coronary Artery Dissection (SCAD)
6. Stress-Induced Cardiomyopathy (SIC)
7. Contemporary Management of Women with Heart Failure
8. Cardiovascular Risk In Women With Gestational Diabetes & Hypertensive Disorders Of Pregnancy
9. Recovery and Cardiac Rehabilitation (CR) for Women

Available online at CWHHA.ca
State of the Science in Women's Cardiovascular Disease: A Canadian Perspective on the Influence of Sex and Gender

Norris CM…..Mulvagh SL. J Am Heart Assoc 2020;9 (4)
CANADIAN WOMEN’S HEART HEALTH ALLIANCE ATLAS
Epidemiology, Diagnosis, and Management of Cardiovascular Diseases in Women

- 9 unique “chapters”
- CJC Open
- Editor: Dr. M. Graham
- All 9 to be submitted by Dec. 2021
- 1st: published April 2020
- 2nd, 3rd: published
- 4th: in review
- 5th and 6th: to be submitted shortly
- 7th, 8th and 9th yet to be started
- Annual chapter updates
- “living document”

Norris CM … Mulvagh SL. CJC Open 2020

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The Canadian Women’s Heart Health Alliance Atlas on the Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women—Chapter 3: Patient Perspectives

Tracey J.F. Colella, RN, PhD • Marsha Hardy, MSW, RSW • Donna Hart
Jennifer A.D. Price, PhD, RN, CCN(C) • Hope Sarfi • Kerri-Anne Mullen, PhD, MSc
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Open Access • Published: February 10, 2021 • DOI: https://doi.org/10.1016/j.cjco.2020.11.020
CHAPTER 3 | PATIENT PERSPECTIVES

EXPERIENCING AND LIVING WITH CVD AS A WOMAN
The unique, yet common, challenges of women living with CVD.

ACTION ITEMS TO ‘OPEN THE GATE’ TO WOMEN: WHAT OUR PATIENTS WANT AND NEED
Primary Care Environments: Improve survival and recovery rates for women by establishing clinical diagnostic protocols.
Institutional Environments: Reinforce cardiac rehab, physical and psychosocial, as part of the healing process.
Educational Environments: Health care professionals to be trained to understand women’s cardiovascular health.
Research Environments: Include greater representation of women in research.
Policy Environments: Public health awareness of CVD risk for all women.
What Patients Can Do: Take charge of your health and advocate to share your experiences.

Misunderstood, misinterpreted, misdiagnosed, and mistreated = BIG MISTAKE
Experience Living with Heart Disease

Hope’s Story
My Recovery...

Better eating

Physical activity

Cardiac rehabilitation and peer support programs

Online community and support groups
What am I doing now...

Advocating for Women’s Heart Health

- Participated in the first 2016 Canadian Women’s Heart Health Summit
- Media interviews sharing my story
- Member of the Canadian Women’s Heart Health Alliance
- Member of the West Regional Planning Committee for Wear Red Canada - Feb. 13
“Women patients share with us that the aftermath of a CVD event is both daunting and stressful and constitutes a complete life change.

Even after years of living with heart disease, concern regarding the risk of having a recurrent event is always present.”
Experiencing & Living with CVD as a Woman

**UNIQUE PROFILE**
- Traditional risk factors = greater morbidity/mortality impact
- Race and ethnicity - more severe impact of risk factors
- Poorer outcomes in 1-year following event

**UNIQUE EXPERIENCES**
- Lower degree of perceived health
- Higher levels - fear, anxiety, depression & stress
- Partner relationship & intimacy
- Social roles - family context
- Peer support & shared lived experience
Polling Question

Which of the following statements is true?

A. The majority of Canadian women identify diabetes and high blood pressure as risk factors for heart disease.

B. Fewer than 50% of Canadian women identify smoking as a risk factor for heart disease.

C. Awareness of risk factors for heart disease has increased significantly among ethnically diverse women.

D. Younger women (age 25-34 yrs) report the highest level of awareness of postpartum risk factors for heart disease.
Polling Question

Which of the following statements is true?

A. The majority of Canadian women identify diabetes and high blood pressure as risk factors for heart disease.

B. Fewer than 50% of Canadian women identify smoking as a risk factor for heart disease.

C. Awareness of risk factors for heart disease has increased significantly among ethnically diverse women.

D. Younger women (age 25-34 yrs) report the highest level of awareness of postpartum risk factors for heart disease.
"What are possible symptoms of heart disease that a woman might experience?"

FIGURE: Knowledge of heart disease symptoms.
Targeting Knowledge Gaps & Inequities

AHA SPECIAL REPORT

Ten-Year Differences in Women’s Awareness Related to Coronary Heart Disease: Results of the 2019 American Heart Association National Survey
A Special Report From the American Heart Association

FIGURE: Proportion of US women identifying heart disease/heart attack, cancer (all), or breast cancer as the leading cause of death among women: 2009 vs 2019. All values between 2009 and 2019, P<0.05
Yet a lack of awareness persists among the lay public and health care professionals...
“Stopped at the Gate” - Barriers to Access

Lack of Suspicion/Diagnosis/Misdiagnosis
- Multifactorial sex-specific issues → variation in symptom profile
- Traditional risk stratification tools = under-recognition - misdiagnosis

Access to Acute Cardiovascular Care
- Early heart attack symptoms missed in 53% of all women seen in ED (HSFC, 2018)
- Fewer classic symptoms of chest pain

Standard of Care Time Frames
- Target benchmarks not achieved
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Primary Care Environments: Improve survival and recovery rates for women by establishing clinical diagnostic protocols.

Institutional Environments: Reinforce cardiac rehab, physical and psychosocial, as part of the healing process.

Educational Environments: Health care professionals to be trained to understand women’s cardiovascular health.

Research Environments: Include greater representation of women in research.

Policy Environments: Public health awareness of CVD risk for all women.

What Patients Can Do: Take charge of your health and advocate to share your experiences.

Misunderstood, misinterpreted, misdiagnosed, and mistreated = BIG MISTAKE
Actions to “Open the Gate” to Women

Primary Care & Educational Environments
- Address unconscious bias - procedural changes/checklists
- Sex & gender specific clinical diagnostic protocols, testing protocols
- Provider awareness - referral to cardiac rehabilitation

Institutional Environments
- Care pathways
- Peer support
- Create culture for patient perspectives and support
Actions to “Open the Gate” to Women

**Educational**
- Sex/gender-based differences core medical education curriculum
- Allied health professionals
- Continuing education & competency training

**Research**
- Standardized reporting sex/gender disaggregated data
- Design and tools

**Policy**
- Government support & mass public awareness of CVD risk
  - diversity of women
- Targeted early risk factor awareness
What Patients Want and Need

What can we do to more fully participate in our care and recovery:

**Attend Recommended Programming**
- Cardiac Rehabilitation
- Education
- Peer Support
- As a Participant
- Patient Partner/Investigator
- Be Curious
- One’s diagnosis & Recovery
- Signs & Symptom Recognition
- Understanding our Own Risk Profile

**Get Involved in Research**
- Self-Advocacy - Champion for our Health
- Advocate for Others - Share our Stories/Recoveries
- Peer Support
In Summary…

- Significant strides in the **awareness of sex and gender differences** for women living with CVD
  - Diagnosis, treatment, management & rehabilitation
- However, there is **much work yet to be done**
- The lived experience of women is key to **understanding the journey** & facilitating change
- Critical need for **sex and gender-specific strategies at all levels** of the health care system
  - Education, awareness, clinical diagnostic protocols
  - Supportive structures to reduce barriers - “Stopped at the Gate”
  - Ensure we collectively “Open to Gate” to Women
- Continued diligence and advocacy to **improve outcomes for women**.
We want to hear from you.
Questions, Comments...
Programs and Resources

- CWHHA ATLAS Chapter 3 Publication
- CWHHA ATLAS Chapter 3 Infographic
- Heart & Stroke 2018 Ms. Understood Report
- Canadian Women’s Heart Health Centre, Women @ Heart program
- Women with Heart Online | Cardiac College
- Cardiac College
- Heartlife Canada
- Heart & Stroke, Community of Survivors
- Heart & Stroke, Canadian Women with Medical Heart Issues
- SCAD Alliance, Connect for Support
- Additional infographics from the Canadian Women’s Heart Health Centre
- How can you become an advocate? Wear Red Canada, CWHHC Community Advocate Toolkit, Join the CWHHA

Visit CWHHA.ca for more information.
The University of Ottawa Heart Institute is the convening body of the Canadian Women's Heart Health Alliance, which is a network of experts and advocates from across Canada aiming to improve women’s cardiovascular health across the lifespan.

POWERED BY:

Visit CWHHA.ca for more information.

THANK YOU!

Recording
Will be available on the CWHHA.ca website.

Evaluation
Please complete the evaluation form after the session.

Questions
Email us at cwhhc@ottawaheart.ca.