WOMEN &

heart disease

FORUM

19 JUNE 2019, SYDNEY

Major supporters

Laverty Pathology

The George Institute
for Global Health
Heart disease in women is not just a women’s issue. It is a societal problem.

Key Note speaker Professor Robyn Norton AO

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INTRODUCTION

In June 2019 the Heart Foundation, in collaboration with the George Institute for Global Health, held a one-day forum to showcase emerging research and clinical advances in the prevention, treatment and management of heart disease among women. Multidisciplinary in focus, this followed the Heart Foundation’s inaugural Women and Heart Disease Forum held in June 2017, where five priorities for action were identified. Namely to:

1. Advocate for a federally funded national campaign to raise awareness of heart disease in women;
2. Facilitate health system changes and sustainable programs to better support women in relation to the prevention, treatment and management of heart disease, including those with vascular complications in pregnancy;
3. Promote greater investment in gender specific research;
4. Ensure future clinical guidelines address sex and gender related issues; and
5. Review relevant undergraduate and post graduate education and training for medical and nursing staff and insert gender related CVD issues into the curriculum.

OBJECTIVES

In holding the 2019 forum our objectives were to:
- Report on the progress made on the above priorities over the last 2 years;
- Shine a greater light on the impact of sex and gender on heart disease;
- Showcase programs and initiatives that have recognised a life course approach to women’s heart health; and
- Agree on our next set of priorities.
The Program

In developing the program, we consciously sought to provide sessions on women’s heart health from a range of perspectives. This included clinicians, researchers, community health professionals and women themselves. For a copy of the program please see Appendix 1. To watch individual presentations, from the Forum please visit the Heart Foundation website and click here


We were fortunate in having the Hon. Bronnie Taylor MLC, NSW Minister for Mental Health, Regional Youth and Women, officially open the event, with her account of having been a Breast Care Nurse in the Illawarra for many years and thus knowing the needs to continually advocate for women’s health in rural and regional areas of Australia.

It was also a pleasure to have Professor Robyn Norton AO, Principal Director of the George Institute give the keynote presentation on why disaggregated analysis of sex and gender in cardiovascular research and practice across the life course is so essential to our understanding of heart disease in women, both locally and globally.

Participants

Over 260 delegates registered for the day, with representatives from Nursing (36%), Research (24%), Cardiology (12%) and General Practice (6%). See Appendix 2 for a full breakdown by profession and the organisations they represented. This was a significant increase on the 170 delegates who attended the 2017 forum and there were many comments made that with more publicity, the forum could have been run on a larger scale and held over 2 days – such is the interest in the topic.

Progress on Actions since the Women and Heart Disease Forum in June 2017

The Forum commenced with a reflection on how far we had progressed on actions taken over the last two years. Delegates heard that the NSW branded campaign #womenshearts; Making the invisible Visible had resonated well with the 3 target groups in mind; women, clinicians and researchers, describing in 7 simple words the essence of what we are collectively trying to do. Its success had also formed the basis of an advocacy strategy to the federal government, under the National Women’s Health Strategy 2020-2030 to fund a national women and cardiovascular disease (CVD) campaign.

Secondly, they heard how elements of the NSW Women and Heart Disease Equity Program had been scaled to a national approach under the Heart Foundation’s national One Heart Strategy 2018-2020 and that the community grants made available under the NSW program had strengthened community ownership of this issue locally and resulted in initiatives and programs that were being showcased as part of the 2019 forum.

In terms of impact on clinicians, researchers and health practice, delegates heard that:

- the NSW Hearts and Heels female cardiology roundtable had inspired other clinicians around the country to establish a female cardiology network in their jurisdiction, such as VicWIC in Victoria;
- the two awarded Women and Heart Disease research grants in NSW (2016 and 2017) had resulted in an overwhelming number of applications for both rounds and had inspired other CVD researchers to look more closely at this issue within their own sphere of work;
- That work nationally and internationally on the potential risk of vascular complications in pregnancy was now recognised and reflected in specific resources for women and for GP’s and being made available through Health pathways and other networks, and
- The Australian Institute of Health and Welfare (AIHW) had updated its inaugural 2010 Report on the profile of Cardiovascular Disease in Australian Women and would be releasing key findings as part of the forum.
DELEGATE’S INVOLVEMENT IN PRIORITY SETTING FOR 2019

One of the key objectives of this Forum was to identify a set of priority actions to inform future planning. Formally delegates were asked to identify what they considered their first, second and third priorities to improve heart health among women as part of their evaluation form. See Appendix 3 for a summary of their responses. But calls for action were also made by experts in the field and in the discussion that followed some of the presentations.

To begin with there were several issues that were consistently identified as key contributors to disparities in care and poor outcomes observed among women with heart disease. These included:

1. Poorly understood pathophysiology frequently observed in women eg. Myocardial infarction with non-obstructive coronary arteries (MINOCA), Atherosclerosis, Spontaneous Coronary Artery Dissection (SCAD), and Heart Failure with preserved Ejection Fraction (HFpEF).
2. Low levels of personal awareness of heart disease in women and the competing priorities that many women must attend to.
3. Lack of awareness/bias at a physician level of sex-specific factors in clinical presentation and management.
5. A paucity of gender disaggregated analyses in research studies and inadequate female representation in preclinical and clinical cardiovascular research.

Responders were keen to emphasise that these should not be seen as isolated issues as they are interrelated in many ways and that an overarching comprehensive approach to address each area is the most effective way to improve the prevention, treatment and management of heart disease in Australian women.

However, to guide health policy responses, key issues and actions to address these issues have been grouped under the following four headings:

- Research
- Implementation of evidence-based practice
- Public awareness/education
- Equity

“We have the data to identify the discrepancies in women’s health, but we need to incorporate this into practice.”
IDENTIFIED ISSUES AND PRIORITIES FOR ACTIONS

1. RESEARCH

Identified issues:
- Poorly understood pathophysiology eg. MINOCA, SCAD, atherosclerosis, HFpEF;
- Paucity of gender disaggregated analyses, lack of female representation in preclinical and clinical cardiovascular disease (CVD) research; and
- Less adherence to guideline-based care for women.

Priority ACTIONS:
1. Ensure requirements for sex and gender analysis be a mandatory requirement for CVD research funding and publication.
2. Enhance efforts to discover and apply new blood, and imaging markers (eg. mammography, coronary calcification) of subclinical disease and risk relevant to women.
3. Enhance fundamental biological research to unravel sex-specific differences in cardiovascular signalling and pathophysiology that may point to new therapies and strategies of prevention.
4. Establish a national network of multi-disciplinary women’s cardiovascular health clinics, for coordinated efforts aimed at examining the potential benefits of using non-traditional risk factors such as pregnancy events, to risk stratify and alter management in women, and to specifically care and study women who have suffered heart disease or stroke.
5. Investigate reasons why gender disparities continue for in-hospital and post discharge CVD care.

2. IMPLEMENTATION OF EVIDENCE-BASED PRACTICE

Identified issues:
- Lack of awareness/bias at a physician level of sex-specific factors in clinical presentation, course and management; and
- Lack of acknowledgement/understanding of and response to sex-specific CVD risk factors.

Priority ACTIONS:
1. Improve adherence to current clinical guideline recommendations.
2. Increase commitment to ensuring future Australian clinical guidelines (Absolute Risk, Hypertension, Heart Failure) take into account the impact of sex and gender in their recommendations, through.
   a) Review of existing guidelines based on sex-specific data from meta analyses.
   b) Addition of gender-specific CV risk factors to current guidelines and CV risk assessment.
3. More investment in inclusion of sex and gender in undergraduate, post-graduate, fellowship training and above.
4. Expand strategies that use a multidisciplinary, life course approach to identify women at risk as they engage with the health system through Obstetrics & Gynaecology, Oncology, Endocrinology & Women’s Health). Priorities include care for women who experience vascular conditions of pregnancy.
5. Greater support for improving gender equity in the cardiology profession in Australia.
3. PUBLIC AWARENESS-RAISING

**Identified issues:**
- Low levels of awareness & competing priorities among women

**Priority ACTIONS:**
1. Greater advocacy for implementation of a national women and CVD campaign as stated in the National Women’s Health Strategy 2020-2030.
2. Expand NSW Community Grant Program into other jurisdictions to improve community engagement with high risk populations.

4. EQUITY

**Identified issues:**
- Low levels of awareness & competing priorities among women.
- Lack of awareness/bias at a physician level
- Lack of acknowledgement/understanding of and response to sex-specific CVD risk factors

**Priority ACTIONS:**
1. Greater commitment and action to close the gap on Aboriginal and Torres Strait Islander women’s heart health.
2. Continued attention paid to the elimination of Rheumatic Heart Disease and acknowledgement of the impact of this condition on childbearing for Aboriginal & Torres Strait Islander women.
3. Expand NSW Community Grant Program into other jurisdictions to improve community engagement with high risk populations.

**CONCLUSION**

In the time between 2017 and 2019 we have seen interest in women and heart disease escalate, both nationally and internationally. It is a program priority for most state, national and international heart health organisations and research institutes, and it is a subject of lively debate on twitter and other forms of social media.

In terms of next steps, the Heart Foundation commits to holding another forum in 2 years eg in 2021. We will continue to advocate for the 4 priorities articulated at this forum (research; implementation of evidence-based practice; public awareness raising and equity) and encourage you to do the same. We will work with others in responding to the Federal Minister for Health’s public request to work with CVD researchers to identify research priorities to help improve women’s diagnosis and care in acute medical settings. We will also look to strengthen our relationships with women’s health organisations more generally to ensure our messages are integrated into a more holistic approach to women’s health across the life course.

If you were unable to attend the 2019 forum or would like to see presentations from concurrent sessions you were unable to attend, please view these presentations on our website.


Otherwise we wish you well in your efforts to ‘make the invisible visible’.
THANK YOU

On behalf of the Heart Foundation I would like to extend our appreciation to the following:

OUR COLLABORATOR: The George institute for Global Health for their energy and support in helping us stage this event.

OUR SPONSORS: Major sponsor, Laverty Pathology for their kind support and UNSW medicine for their session support.

THE HEART FOUNDATION DONORS AND SUPPORTERS: Our donors and supporters who have enabled the NSW Women & Heart Disease Program 2015-2018 to be rolled out as a comprehensive program working with community, clinical and research partners and helped light the spark that has become a movement.

THE HEART COLLECTIVE: who are an inspirational group of women living with heart disease who support this cause with passion, advocacy, commitment and generosity. It’s been their stories that have been an inspiration to much of what we have done. Thank you for sharing your personal experiences and stories and helping other women feel not so alone.

MEMBERS OF THE HEARTS AND HEELS CARDIOLOGY ROUNTABLE: Female cardiologists who belong to this group helped us shape the 2019 program and gave their time willingly to present and chair various sessions throughout the day. It was invaluable. Thank you in particular to A/Professor Lynne Pressley for her guidance and generosity.

FORUM PRESENTERS: There were many presenters from a range of disciplines we reached out to both in NSW and in other jurisdictions such as Queensland, Victoria, South Australia, ACT and Northern Territory. Thank you for your time and willingness to share your expertise.

THE HEART FOUNDATION TEAM: Thank you to all of the Heart Foundation staff who contributed to making this Forum happen. Special thanks is extended to Angela Hehir, Women & Heart Disease Manager, along with the Event team Jayne Fatley, and Celeste Ambalong, who made the day the success that it was.

Julie Anne Mitchell
Director of Prevention
August 2019

This was one of the most rewarding conferences I have attended

Forum attendee
APPENDIX 1:

1. Program for The Day

![Program Schedule Image]
APPENDIX 2: Attendees

This was the breakdown by profession of those who attended on the day.
Listed below are the organisations they represented.

Delegates

- Video: 36%
- Research: 24%
- Cardiology: 6%
- GP: 6%
- Health Promotion: 6%
- Other Specialty: 6%
- Consumer: 12%
- Project Officer: 6%
- Policy: 3%

**HOSPITALS**
- Albury Hospital, AWH
- Alfred Hospital, Melbourne
- Bankstown Hospital
- Bankstown-Lidcombe Hospital
- Bowral and District Hospital
- Cabrini Hospital/Victorian Heart & Lung Clinic
- Cardiac Rehab Sutherland Hospital
- Children’s Hospital Westmead
- Darwin Hospital
- Fiona Stanley Hospital
- Jessie McPherson Private Hospital
- Lake Macquarie Private Hospital
- Maitland Hospital
- North Shore Private Hospital
- Nepean Hospital
- Prince of Wales Hospital
- Queen Elizabeth Hospital, Adelaide
- RNS Hospital
- Royal Hospital for Women
- Royal Melbourne Hospital
- Royal North Shore Hospital
- Royal Prince Alfred Hospital
- St George Private Hospital
- St Vincent’s Private Hospital
- Sunshine Coast University Hospital
- Sutherland Hospital
- Sydney Adventist Hospital
- The Canberra Hospital
- The Queen Elizabeth Hospital
- Westmead Hospital

**UNIVERSITIES**
- Australian National University
- Deakin University
- Flinders University
- Macquarie University
- Monash University
- The University of Sydney
- University of Adelaide
- University of Newcastle
- University of Technology Sydney
- University of Wollongong
- University of NSW
- Centenary Institute
- Western Sydney University
- Coronary Atlas - UNSW

**PRIMARY HEALTH**
- Barton Lane Practice
- Tharawal Aboriginal Corp AMS
- Balmain Community Pharmacy

**CARDIOLOGY SERVICES**
- Capital Cardiac Centre, Canberra
- Mosman Cardiology
- Eastern Health, Bond Cardiology

**PRIVATE ORGANISATIONS**
- Australian American Media
- Laverty Pathology
- LDS Consulting
- Magnum & Co
- Person Centred Leadership
HEALTH DEPARTMENTS / SERVICES
Illawarra Shoalhaven Local Health District
Lower Hunter Community Health
Murrumbidgee Local Health District
National Aboriginal Community Controlled Health Organisation
Northern NSW Local Health District
National Rural Health Alliance
NSW Ministry of Health
NSW Multicultural Health Communication Service
Office for Health and Medical Research
Office of Preventative Health
SA Health
South East Sydney LHD
South West Sydney LHD
Sydney North Health Network
Health Clinical Academic Group
Western Sydney Local Health District
Australian Institute of Health and Welfare
Australian Centre for Heart Health
Bendigo Health
Central Adelaide Local Health Network
Central Coast Local Health District
Coffs Harbour Health Campus
Commonwealth Department of Health
Department of Health
George Health Technologies
George Institute for Global Health
HNE Health
Justice Health
NSW Ambulance
Nepean Blue Mountains Local Health District
Central Adelaide Local Health Network
Diabetes NSW
SAHMRI

WOMEN’S HEALTH
Bankstown Women’s Health Centre
Franklin Women
Her Heart
Illawarra Women’s Health Centre
Jean Hailes for Women’s Health
Lismore Women’s Health and Resource Centre
Liverpool Women’s Health Centre
Penrith Women’s Health Centre
School of Women’s and Children’s Health
Women’s Health NSW
Women’s Health, South Eastern Sydney LHD

COMMUNITY / NON-GOVERNMENT / PROFESSIONAL ORGANISATIONS
CASS
END RHD
Heart Foundation
Heart Research Institute
Heart Research Institute
Victor Chang Cardiac Research Institute
Young Hearts
CSANZ
### Appendix 3: Evaluation

Attendees were invited to complete a feedback/evaluation form on the day or via Survey Monkey post event. A total of 92 completed surveys were received and responses are summarised below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESEARCH</strong></td>
<td>&quot;There is an enormous gap in female cardiovascular research&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Women are not adequately represented in the data&quot;</td>
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<tr>
<td></td>
<td>&quot;Sex and gender disaggregated research is important&quot;</td>
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<tr>
<td><strong>AWARENESS-RAISING CAMPAIGN</strong></td>
<td>&quot;Teach women that they may experience different chest pain to men&quot;</td>
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<td></td>
<td>&quot;Spread the word&quot;</td>
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<tr>
<td></td>
<td>&quot;Giving patients an awareness of gender and heart&quot;</td>
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<tr>
<td></td>
<td>&quot;Creating awareness of risk factors&quot;</td>
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<tr>
<td></td>
<td>&quot;Public awareness campaign&quot;</td>
</tr>
<tr>
<td><strong>IDENTIFICATION OF THOSE AT RISK</strong></td>
<td>&quot;Continuing to raise awareness especially to pregnant women&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Increase community awareness of the long-term CV risk of women after a complicated pregnancy&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Addition of pregnancy related risk factors into GP screening and checks&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Higher risk in Aboriginal people and CALD community&quot;</td>
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<tr>
<td></td>
<td>&quot;Indigenous women have a very different view of heart health&quot;</td>
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<tr>
<td><strong>INHOSPITAL CARE</strong></td>
<td>&quot;Low rates of referral for rehab and prescription of medication&quot;</td>
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<tr>
<td></td>
<td>&quot;Encourage women to attend cardiac rehab&quot;</td>
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<tr>
<td></td>
<td>&quot;Lower participating in cardiac rehab – unpack&quot;</td>
</tr>
<tr>
<td><strong>PROFESSIONAL DEVELOPMENT</strong></td>
<td>&quot;How few cardiologists are female&quot;</td>
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<td></td>
<td>&quot;Cardiology trainee gender disparity&quot;</td>
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<td></td>
<td>&quot;Better training of GPs awareness of cardiac risk in women&quot;</td>
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<tr>
<td></td>
<td>&quot;Having more female doctors at the first point of contact for a woman experiencing chest pain&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Get more male cardiologists on the page&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Engaging men would be great to see more at the forum&quot;</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td>&quot;Women are a high-risk group, especially Aboriginal and refugee populations&quot;</td>
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<td></td>
<td>&quot;Programs for populations of women at risk&quot;</td>
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<tr>
<td></td>
<td>&quot;Higher risk in Aboriginal people and CALD community&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;There is significant community interest in this area&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;There has been very little research with CALD and refugee women&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Indigenous women have a very different view of heart health&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Aboriginal model of health&quot;</td>
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<tr>
<td></td>
<td>&quot;Various strategies to engage and educate CALD communities&quot;</td>
</tr>
</tbody>
</table>

**General Feedback:**

- "We need to keep working to overcome the barriers women face everywhere!"
- "This was one of the most rewarding conferences I have attended"
- "We need to encourage more male doctors to be attending in order to reduce the gaps in women’s health"
- "Heart disease in women is not just a women’s issue. It is a societal problem."
- "Having more female doctors at the first point of contact for a woman experiencing chest pain"
- "We have the data to identify the discrepancies in women’s health, but we need to incorporate this into practice"
- "Ensuring equitable access to services and supports"
- "Excellent day – very thought provoking"
- "Insightful and relevant"
- "This seems to be gaining momentum and the hearts of the researchers"
- "Lets expand the forum to 2 days and make it truly national in focus."
Evaluation
Responses from delegates to the evaluation questions

1. Change in Awareness About Impact of Sex and Gender:

% Aware of impact of sex and gender on the experience of heart disease

2. Likelihood of considering sex and gender in future everyday practice:

% Likely to consider sex and gender in future practice

3. Awareness of the major sponsor of the event

73% of survey respondents identified Laverty Pathology as the major sponsor for the event.
4. Survey respondents were asked to identify their first, second and third priorities to improve heart health among women. Their responses are summarised below:

**First Priority**
- RAISE AWARENESS: 23.75%
- NETWORKING: 0%
- MEN ENGAGEMENT: 3.75%
- INTERVENTION, PREVENTION: 13.75%
- GENDER-SPECIFIC RESEARCH: 26.25%
- FUNDING AND GUIDELINES: 5%
- COLLABORATE, IMPLEMENT: 6.25%
- CLINICAL EDUCATION: 15%

**Second Priority**
- RAISE AWARENESS: 29.56%
- NETWORKING: 2.82%
- MEN ENGAGEMENT: 0%
- INTERVENTION, PREVENTION: 14.08%
- GENDER-SPECIFIC RESEARCH: 16.9%
- FUNDING AND GUIDELINES: 12.68%
- COLLABORATE, IMPLEMENT: 2.82%
- CLINICAL EDUCATION: 0%

**Third Priority**
- RAISE AWARENESS: 33.33%
- NETWORKING: 0%
- MEN ENGAGEMENT: 0%
- INTERVENTION, PREVENTION: 10.42%
- GENDER-SPECIFIC RESEARCH: 12.5%
- FUNDING AND GUIDELINES: 2.08%
- COLLABORATE, IMPLEMENT: 6.25%
- CLINICAL EDUCATION: 0%

**Post Forum Action Survey: % Priorities Identified 2019**

**References**
1. Heart Foundation Report on the 2017 Women and Heart Disease Forum understanding risk, diagnosis and management