Gender and Public Health in Spain

Session on Public Health and Genetics

Antonio Daponte Codina, MD, ScD, MPH

Andalusian School of Public Health (EASP)
Granada, Andalusia, Spain

Center for Biomedical Research on Epidemiology and Public Health (CIBERESP), Spain

Berlin, Tuesday September 22nd, 2015
Outline

• **Spanish** Context On Gender
• General policies to promote gender equality
• Specific public health policies on gender
• Gender differences in the prehospital process of an acute coronary syndrome
Gender, Public Health and Coronary Artery Disease

The GENCAD project aims to:
Increase knowledge and awareness on the relation of GENDER and CORONARY ARTERY DISEASE

Gender specific mechanisms in coronary artery disease (CAD) in Europe

....relevance is:
To create the need to consider GENDER as a fundamental dimension in CORONARY ARTERY DISEASE

Further Information
email: info@gencad.eu (Nicholas Alexander)
Read more: www.gencad.eu

---

The GENCAD project aims to: Increase knowledge and awareness on the relation of GENDER and CORONARY ARTERY DISEASE

Gender specific mechanisms in coronary artery disease (CAD) in Europe

....relevance is:
To create the need to consider GENDER as a fundamental dimension in CORONARY ARTERY DISEASE

Further Information
email: info@gencad.eu (Nicholas Alexander)
Read more: www.gencad.eu
Gender, Public Health and Coronary Artery Disease

- Patient
- Citizens
- Professionals
- Scientific and Academic Institutions
- Government and Policies
- Society

Intervene: Prevent, Promote and Protect
Learn and Understand
Gender violence in the origen..........

- By the end of the 90s gender violence had become a “crucial” social issue
- Political parties introduced gender violence in the political agenda
- Professional societies mobilize
- Involvement of significant others, like Unions, the media, etc
Legislation

- Law 1/2004 of 28 December on *Comprehensive Protection Measures against Gender Violence*.

  Law 3/2007 of 22 March for the *effective equality between women and men*. (Article 27 is on integration of the principle of equality in health policy)

  Law 33/2011, of October 4, on *General Public Health* ("genderequity is considered that have a significant impact on the health of the population. Also, incorporates public health perspective and measures")

- Some regions developed their own legislation
Key developments in Gender and Public Health in Spain 2004-2012

- Creation of the **Observatory of the Health of Women (OSM)** in 2004, as a unit within the Spanish Health Ministry to promote gender equality in the Health Care System (2004).

- Organization of the **Spanish Network for Research on Gender and Health**, leadership in the Andalusian School of Public Health (Granada), and with financial support of Spanish Health Ministry (2007).


- Organization of the **Program for Training of Health Professionals** to prevent gender violence (2007-08).

- Organization of **Surveillance systems** to detect gender violence at Primary Care level and hospital emergency rooms.

- Occupational health **promotion programs** for gender equality.

- The organization of regional programs for Research on Gender and Health:
  - **G+ Program**: specific funding for gender health research.
  - **Guides for gender perspective** in research protocols and activities.
ENFERMEDAD CARDIOVASCULAR EN LA MUJER. ESTUDIO DE LA SITUACIÓN EN ESPAÑA

Sociedad Española de Cardiología

Informe realizado para el Observatorio de la Salud de la Mujer, Ministerio de Sanidad y Consumo

 Estrategia en Cardiopatía Isquémica del Sistema Nacional de Salud
Actualización aprobada por el Consejo Interterritorial del Sistema Nacional de Salud el 22 de octubre de 2009

Informe sobre metodología y determinantes psicosociales de género en enfermedades cardiovasculares.

Para la revisión del Plan de Prevención de Enfermedades Cardiovasculares de la Comunidad Valenciana - 2008

Visibility of gender

© 2009, Sara Velasco Arlas
Consultora de Salud y Género
In Spain: women for the Heart

http://www.mujeresporelcorazon.org/
Our Epidemiological Context: Mortality from Coronary Heart Disease, 2012

Coronary heart disease mortality data from the latest available year standardized using two different standard populations, ESP 2013 and ESP 1976, by European country, among men (A) and women (B).

Andalusia and Spain

Andalusia:
Pop (2014): 8,402,305
Largest Spanish region
Mortality from Coronary Ischamic Disease, Andalusia 2012

Municipalities with significantly higher mortality rate, relative to Spanish average

Historical East-West pattern of Inequality

Red: higher mortality
Green: lower mortality
What to do in case of a Heart Attack?

**Context:**

According to emergency services, cardiology societies, a majority of persons with an acute coronary syndrome (acute myocardial infarction and unstable angina) did not use “emergency transport services-061”

Pre-hospital delay times were too large, overall in women

**General objective:**

Know the process of seeking help followed by men and women with acute coronary syndrome (acute myocardial infarction and unstable angina) since the start of symptoms to hospital admission, from a gender and social inequalities perspective
Design

1. Professionals: In-depth interviews with professionals of emergency services, cardiologists, and hospital urgency services

2. Subjects diagnosed with ACS: Eleven focal groups were held with subjects diagnosed with ischemic cardiopathy. The discussions were related to the method of transport (using 061 or their own means of transport to a major hospital or to a nearby health facility for onward transfer), depending on the existence of previous experience and distance to the hospital.

3. Epidemiological study:
   - **almost 1500 subjects (948 men and 468 women)**
   - Questionnaire
   - Public hospitals: the 32 hospitals of the Andalusian Health Care System
Starting Symptoms are different

Symptoms: more women have tiredness, respiratory difficulties, loss of consciousness, digestive symptoms.
Symptoms Interpretation are different

Perception of Severity

Nunca pensó que fuera algo grave

Desde el 1er momento pensó que era algo grave

Interpretation of symptoms

Anxiety/nervous attack

Myocardial infarction/something in the heart

p<0,01

p<0,01
## Thoughts when symptom started

<table>
<thead>
<tr>
<th></th>
<th>Hombres</th>
<th>Mujeres</th>
<th>Sig. sexo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>To avoid alarming the family and people around me</td>
<td>326</td>
<td>35,7</td>
<td>203</td>
</tr>
<tr>
<td>Disliked being admitted to a hospital and to have to stay there</td>
<td>234</td>
<td>25,7</td>
<td>141</td>
</tr>
<tr>
<td>Had to wait for them to come to be helped and be rescued</td>
<td>181</td>
<td>19,8</td>
<td>119</td>
</tr>
<tr>
<td>Could not ignore the people who was caring</td>
<td>82</td>
<td>9</td>
<td>65</td>
</tr>
<tr>
<td>She had to end domestic work before asking for help</td>
<td>28</td>
<td>3,2</td>
<td>29</td>
</tr>
<tr>
<td>He had to finish the workday before asking for help</td>
<td>64</td>
<td>7,2</td>
<td>10</td>
</tr>
<tr>
<td>He disliked to go through the same disease process</td>
<td>157</td>
<td>17,3</td>
<td>93</td>
</tr>
<tr>
<td>Not give importance and continued what she/he was doing</td>
<td>287</td>
<td>31,1</td>
<td>137</td>
</tr>
<tr>
<td>I wanted to wait for the pain forwarded</td>
<td>291</td>
<td>31,7</td>
<td>156</td>
</tr>
<tr>
<td>He wanted to know what was going fast</td>
<td>506</td>
<td>55,6</td>
<td>265</td>
</tr>
<tr>
<td>Pain will disapear</td>
<td>439</td>
<td>48,8</td>
<td>218</td>
</tr>
</tbody>
</table>
Decisions are different

Who decided you had to receive health care?
What about transportation?

Actions performed by men and women when they think they need help (1st performance)

- Him/herself
- Other people
- Transportation him/herself
- Transportation other people
- Family/Friends
- 061 Hospital emergency
- Other H emergency

Decisions are different
Means of transport used. First means of transport used to access the health center

Transportation modes are different

- Emerg serv 061
- Other ambulance
- Own means
- Means other people
- Public transport
- Walking a pie

%}

0 5 10 15 20 25 30 35 40 45 50

Hombres Mujeres

Transporte sanitario
Medios propios

*Propios él mismo: vehículo particular conducido por él/ella mismo/a
**Propios, otra persona: vehículo particular conducido por otra persona
Pre-hospital delays are different

Prehospital Delay. Minutes from symptom onset thru the prehospital process in ACS

<table>
<thead>
<tr>
<th>Step</th>
<th>Average</th>
<th>Median</th>
<th>Percentil 90</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Ask for health</td>
<td>136</td>
<td>190</td>
<td>12</td>
</tr>
<tr>
<td>Ask “health services assistance”</td>
<td>147</td>
<td>205</td>
<td>20</td>
</tr>
<tr>
<td>To get health assistance</td>
<td>162</td>
<td>216</td>
<td>30</td>
</tr>
<tr>
<td>To reach the hospital</td>
<td>199</td>
<td>248</td>
<td>60</td>
</tr>
</tbody>
</table>
Factors associated to delay

<table>
<thead>
<tr>
<th>HOMBRES</th>
<th>OR (IC 95%)</th>
<th>MUJERES</th>
<th>OR (IC 95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income below 1500 euros</td>
<td>1,56 (1,06- 2,30)</td>
<td>Income below 1500 euros</td>
<td>1,2 (0,49- 2,91)</td>
</tr>
<tr>
<td>Being out of the residence</td>
<td>1,81 (1,29- 2,54)</td>
<td>Not worrying about what was happening to them</td>
<td>2,00 (1,34- 2,98)</td>
</tr>
<tr>
<td>Not worrying about what was happening to them</td>
<td>2,00 (1,34- 2,98)</td>
<td>Preferring to wait for the pain to pass</td>
<td>2,38 (1,60- 3,53)</td>
</tr>
<tr>
<td>Preferring to wait for the pain to pass</td>
<td>2,38 (1,60- 3,53)</td>
<td>Other than go to hospital emergency or call 061 performances</td>
<td>1,46 (1,04- 2,06)</td>
</tr>
<tr>
<td>Other than go to hospital emergency or call 061 performances</td>
<td>1,46 (1,04- 2,06)</td>
<td>No history of coronary disease</td>
<td>1,53 (1,08- 2,17)</td>
</tr>
<tr>
<td>No history of coronary disease</td>
<td>1,53 (1,08- 2,17)</td>
<td>Distance: 25km and the referral hospital</td>
<td>3,59 (2,08- 6,17)</td>
</tr>
<tr>
<td>Distance: 25km and the referral hospital</td>
<td>3,59 (2,08- 6,17)</td>
<td>Preferring to wait for the pain to pass</td>
<td>1,68 (0,92- 3,04)</td>
</tr>
<tr>
<td>Own transport</td>
<td>1,8 (1,13- 2,89)</td>
<td>Symptoms called 'typical'</td>
<td>2,46 (0,97- 6,21)</td>
</tr>
<tr>
<td>Same municipality that referral hospital and use of own transport</td>
<td>1,77 (1,11- 2,84)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>0,69 (0,50- 0,96)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms called 'typical'</td>
<td>0,78 (0,47- 0,78)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some Gendered Recommendations

- There is a need to *raise awareness*
  - *among women* about their vulnerability to heart diseases, overall, regarding risk factors and emergency medical events
  - *among primary care professionals*: main health care providers and educators
  - *among family members* of older women (daughters and sons)
  - *small towns* (populated by the old and the very old)
- To organize and deploy “*specific emergency services*” in rural areas: “special teams” based on Primary Care
- To organize comprehensive CARDIOVASCULAR programs
- To recognize the need to organize *support services (social, health and other)* for old and very old women living by themselves
Danke schön!
Thank you!
Muchas gracias...!