Women and Cardiovascular Disease

Awareness Raising on Women and CVD

Research work performed in the framework of work Package 6 of the EuroHeart project

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Contents

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Summary

Cardiovascular disease (CVD) remains the leading cause of death in the European Union, accounting for over 2 million deaths each year. CVD is the main cause of death in all countries in Europe, killing 54% of all women. CVD kills 45% of all women in the European Union, which is slightly less than for Europe as a whole. Over 1 in 5 women die from coronary heart disease and over 1 in 6 women die from stroke.[1]

This report is prepared in the framework of work package 6 of the EuroHeart project. It contains an analysis of existing awareness raising campaigns on women and CVD, whether addressed to women or to health care professionals.

Public Awareness campaigns addressed to women

Public Awareness campaigns on women and CVD described in this report relate mostly to public health campaigns in general, with a section on women and CVD (most common) or to specific campaigns on women and CVD.

The target audience is not always clearly described, but is usually menopausal or post menopausal women.

Although sustainability is not always looked for in the campaigns described, we can see that for events with a recurrent or ongoing objective, this aspect is usually well thought of.

Media attention is not necessarily an objective sought for in the campaigns described in this report. On the other hand, we see that for major campaigns, like the Go Red for Women campaigns which runs in several countries, getting media attention is not a problem.

Evaluation of the campaigns is not done in a systematic way, mostly due to lack of funds, but also due to the fact that evaluation is not taken into consideration from the beginning of the campaign (i.e. when developing the campaign). When an evaluation of a campaign takes place, in most cases it is a quantitative evaluation (number of people reached by an event, etc) hardly ever a qualitative evaluation. This is all the more surprising, since most campaigns have an "awareness raising" objective, but with the exception of one or two campaigns, no measurement of increased awareness or change in attitude change is included in the evaluation of the campaign.

Cooperation with other organisations is often mentioned as increasing chances of getting a message across or ensuring sustainability of a campaign. However, most of the campaigns were run by heart foundations or cardiac societies alone. This also means that a high number of public awareness campaigns are not run in parallel with a campaign towards health professionals.

[1] European cardiovascular disease statistics 2008, EHN, Brussels

Awareness campaigns and programmes towards health professionals

Whereas gender issues are included in the general curricula for medical students of most countries, this is not the case in the curricula of the cardiology specialty or other health professionals. Hence, there is a specific need for awareness campaigns and programmes towards these target groups.

Most commonly given reasons for running campaigns and programmes towards health-care professionals are

- Lack of awareness on the difference of CVD manifestation in men and women
- Lack of sufficient research on women and CVD
- Underestimation of the impact of CVD in women

The most common barrier to implementation of women-specific programmes seems to be the fact that health professionals do not perceive the need for women specific campaigns.

Similar to public health campaigns, the evaluation of programmes is not done in a systematic way. When organizing seminars, training programmes for health care professionals, it is not common to do a follow-up afterwards to see whether it has lead to increased awareness or change in behaviour.

Similar to public awareness campaigns, cooperation with other organisations is not very common. As with the public awareness campaigns, programmes towards health professionals are not necessarily run in parallel with public awareness campaigns.

Introduction

Cardiovascular disease (CVD) remains the leading cause of death in the European Union, accounting for over 2 million deaths each year. CVD is the main cause of death in all countries in Europe, killing 54% of all women. CVD kills 45% of all women in the European Union, which is slightly less than for Europe as a whole. Over 1 in 5 women die from coronary heart disease and over 1 in 6 women die from stroke.[2]

This report is prepared in the framework of work package 6 of the EuroHeart project. It contains an analysis of existing awareness raising campaigns on women and CVD, whether addressed to women or to health care professionals.

Though not part of the report, we wish to draw attention to the World Heart Federation's campaign 'Go Red for Women'. This campaign aims to reduce cardiovascular disease (CVD) in women by building global attention and commitment to CVD in women. Many heart foundations all over the world have engaged in this campaign. From the countries participating in the EuroHeart project, Italy, Iceland, Finland and Norway have campaigns in parallel with the Go Red for Women campaign.

Equally, the European Society of Cardiology campaign "Women at Heart" was carried out in 2005 and 2006 with the objective of highlighting to medical professionals the growing burden and under-appreciation of women's heart disease and promote improved handling of women at risk of cardiovascular disease in clinical practice. A roll out was afterwards conducted by national societies of cardiology.

Background and methodology

Three standardised questionnaires were developed to perform the research task in the 17 countries that participated in work package 6 (WP6) of the EuroHeart project.

- A questionnaire on public awareness campaigns on women and CVD targeting women

- A questionnaire on campaigns and programmes on women and CVD targeting health professionals

- A questionnaire on gender-specificity within heart foundations or cardiac societies.

The questionnaires were discussed both at the Advisory Board meeting of 27 November 2008 and the coordinators' meeting of 29 January 2009 after which numerous changes were brought to the questionnaires.

Responses to these questionnaires have been given by the associated partners in the countries involved in WP6 in the first half of 2009. Coordinators were asked to

[2] European cardiovascular disease statistics 2008, EHN, Brussels

provide information on any campaign, programme, report, conference, etc. organised in their country in the field of women and cardiovascular health promotion or cardiovascular disease prevention. Commercial campaigns were not taken into consideration in this report.

The three questionnaires used for this work have been included as annex to this report.

Results

Campaigns and programmes on women and CVD targeting women

For this part of the report, we received and analysed over 40 campaigns from 15 countries.

1. Objective of the campaign/programme/conferences

Activities included: media campaigns (13), workshops and conferences (6), shopping exercises with the aim to teach people how to read food labels (1), information campaigns via distribution of leaflets in doctors cabinets (1), posters and brochures campaigns (11), government strategy, (1), internet (1), rehabilitation programmes (1), sports event (1), report (1), exhibitions (2).

Some activities did not address women only, but the population in general, with a specific focus on women. Other activities described focused on women, but included health in general, pregnant women, menopause, women with alcohol addiction, rather than focus on CVD in particular. We have included these activities in this report as well.

Aims and objectives

The objectives of the campaigns described are (please note that one activity can have more than one objective):

- Awareness raising and information: 31 campaigns. Awareness that CVD is killer number one for women (most of the campaigns) and/or on that symptoms of heart disease in women are different than for men.
- Health promotion / disease prevention: 8 campaigns
- To improve women's participation in rehabilitation programmes, improve success of rehabilitation: Women are underrepresented in rehabilitation programmes. Most rehabilitation programmes are addressing the needs of middle-aged men, therefore there is a need for specific rehabilitation programmes addressing women (e.g. women feel more comfortable in rehab groups with women only)1 campaign
- Reduction of mortality rates: 1 campaign
- Identification of high risk patients: 1 campaign

Rationale for running the campaign

Most campaigns were organised to fill in a need for more information and awareness on women and health or women and healthy lifestyles in general, and women and CVD risk factors in particular. Several campaigns mentioned that women were not sufficiently aware of the risks of developing heart disease and that health care

personnel did not pay sufficient attention to the problem in spite of the fact that CVD is the leading cause of death among women.

Information on health determinants impacting on CVD (alcohol, diabetes, tobacco consumption) were also frequently mentioned in the rationale for running campaigns on women and CVD.

2. Sustainability of the campaign

Thirteen campaigns had a long-term objective, and therefore assured sustainability of the campaigns. The other campaigns were intended to be limited in time, and therefore did not have sustainability as an objective of the campaign.

Sustainability of the campaigns largely depends on the financial means available. For some campaigns, the cost-effective solutions listed below were given to ensure sustainability of the campaigns

- Long term promotion of the campaign in the media, e.g. via ongoing publications, articles in magazines, ongoing updates of brochures, etc. This is also linked to the success of the campaign: the more successful the campaign, the more likely it is to continue
- Creation of annual (recurring) events (e.g. 'go red for women' campaigns)
- Adapting and improving the material available, e.g. further developing and adapting the existing "general" material for specific target groups, such as educational programmes for health professionals).
- Integrating the campaign into other heart health promotion activities
- Developing partnership with other organisations

Other aspects mentioned were:
- Financing for long term assured from the beginning of the campaign (e.g. 3 to 5 years)
- Funding from government or ministry of health
- Private sponsoring

3. Specific settings and geographical coverage

In most cases, no specific setting was chosen. This is not surprising, since most of the campaigns and programmes were in the field of public awareness and therefore not linked to a particular setting.

Specific settings mentioned for some campaigns/programmes were:
- Primary and secondary schools: e.g. anti smoking campaign, focusing on young girls
- Rehabilitation centres
- Medical practices, clinical centres and hospitals for distribution and dissemination of leaflets and brochures.

Almost all campaigns were intended to have national coverage.

Local or regional campaigns took place in countries with regions responsible for health delivery.

One country mentioned the development of a pilot project which took place in specific, carefully chosen cities in the country. However, a further development of the campaign would aim to a national coverage.

4. Media Coverage

Answers to the question on media coverage were very different from one campaign to another. Not all campaigns or programmes were explicitly looking for media coverage. In the framework of this research work, 15 campaigns mentioned that media coverage was explicitly sought for. Examples of how this media coverage was assured are:

- Press conferences
- TV and radio spots
- Advertisements (written press, radio, television, internet)
- Development of a website
- Famous "Ambassadors" to support and carry the campaign

Most organisations seem to be able to attract the media for major campaigns (Heart Week, Go Red for Women). For smaller campaigns, programmes, courses etc, media attention proved more illusive.

Internet is used increasingly, especially in the more recent campaigns

5. Target audience

The majority of the campaigns targeted women in general.

Other target groups were:

- Alcohol-addicted women
- Women with CVD risk factors (e.g. overweight, diabetes within the family)
- Women who are smokers
- Women after a first infarction
- Women in rehabilitation after an acute coronary syndrome

Some campaigns targeted the general public, but had some specific activities on women and CVD.

Heart week campaigns were frequent: overall, heart week campaigns target a larger public, but specific activities (seminar, lecture, conference, etc) could be dedicated to women.

Age-related target groups

Most campaigns did not target a specific age group. However, some of the campaigns had an "underlying message" towards specific age groups such as: 40+, pre-menopausal women, or menopausal women and the hope was expressed that women of these different age categories would be more receptive to the messages communicated than others.

Only few campaigns target adolescents (except for anti-smoking and anti-alcohol campaigns), but here the message is not on risk of CVD but on health-damaging behaviour in general.

More recent campaigns (last 2 years) target young women (25+ or 35+) to create awareness at early age of the increased CVD risk after menopause.

Very few campaigns targeted women after the age of 60 or 10 years after menopause, women in the second half of their life, post-menopausal women.

Specific ethnic groups or minority groups

Hardly any campaigns targeted specific minority groups. Several respondents had not perceived a need for it; other respondents mentioned language barriers which made it difficult to target or include ethnic minorities in the campaigns.

- The UK had a campaign where coverage included ethnic groups (South-Asian Health Foundation had a conference presentation in 2008 of Women's Hour conference, in addition to a 'Woman's Hour' presentation in 2007)
- Norway reported that although after one of their events, the ambassador of Pakistan approached the Norwegian organisation, indicating that women of a different cultural origin may have different needs for information
- In Germany, there was an information campaign whereby flyers were developed in different languages (Turkish, Italian, Russian). Especially in Berlin there is a large Turkish minority which was one of the target audiences for this campaign

Others

- Belgium reported a campaign where the specific target group is women in social or economic disadvantaged groups (unemployment, indebted, lower education level) or belonging to cultural minorities

6. Timeline

Information was given on campaigns running from mid nineties to 2009.

7. Evaluation of the campaign

Twenty campaigns were not evaluated.

Reasons given for not evaluating were:

- No budget available for evaluation
- Campaign still ongoing; the evaluation will be done at a later stage.

Information on 'success' of a campaign is mainly based on quantitative information (number of brochures, number of people attending an event, etc) or 'own estimations'.

Did you achieve your aims and objectives?

The nature of the campaign itself determines clearly whether an aim or objective is achievable. For most campaigns, especially those in the field of raising awareness, answer to this question remain vague.

Several reasons are mentioned:
- Aims and objectives not clearly stated;
- No measurable aims and objectives determined in advance, and therefore difficult to measure when the campaigns, programmes, etc are finalised;
- Programme very successfully implemented, but "all depends on the commitment of the therapists and the rehabilitation centres".

Generally, organisers of the campaigns stated that signs of a successful campaign are:
- Campaign which attracted a lot of media attention;
- A lot of brochures were distributed;
- Many questions were asked after the campaign.

Most campaigns analysed, limited themselves to measuring the number of participants in a given activity, not measuring whether this activity has lead to increased awareness, or to change of attitude. Most campaigns are identified as awareness campaigns, but at the level of the evaluation, it is not the change of awareness (increased awareness = qualitative measurement) that is measured, but whether the population target has been reached (= quantitative measurement).

When asked about the number of people reached and the percentage this represented of the total target audience, various answers were given. It is obvious that a media campaign has a larger audience than for example a conference. However, figures on the percentage of the total target audience vary between 40 and 100%. For most campaigns, no measurement of the percentage of target audience reached was done.

Have you measured change in attitude/knowledge from your target audience?

A majority of the campaigns (29), did not measure change in attitude/knowledge. This does not mean the change did not happen, but that it was not evaluated because behaviour change was not set out as an objective at the beginning of the campaign.

The following campaigns did measure changes:

- Denmark's 'Long live women' campaign went from a pre-unaided awareness, of CVD risks for women, of 12% to a post-unaided awareness of 34%. Pre-aided 17% awareness was increased to post-aided awareness of 41%.
- The level of awareness in Finnish women about the fact that cardiovascular disease is number one killer was measured by a survey (TNS-Gallup Oy) in 2005. 53 % of women identified that heart disease and stroke is leading cause of death among women. However, no information further information was given on whether this has increased with the Punainen campaign or not.
- Germany: in general, the change of attitude is not measured, but the German Heart Foundation has focused more on women lately. As a consequence, 'by constantly stressing the differences (between men and women), we know from our members (letters) that they have fewer problems identifying themselves as a patient and learn to better deal with their disease.'
- Ireland 'A Woman's Heart': An evaluation was done which showed that 'women had increased awareness of heart disease amongst women; of their own blood pressure and cholesterol levels; the benefits of a healthy lifestyle and food choices; and that they are becoming more active, with walking more being the biggest change, and eating less full fat dairy and wheat. Also awareness of the dangers of smoking was greatly increased.'
- UK: the British Society of Cardiology Joint Working group Recommendations showed that an educational meeting evaluation took place and that knowledge assessment from health professionals on care pathways, and students was done.

Where change was not an objective, some "derived" results were highlighted for 2 campaigns:

- 'Especially after mass campaigns such as the German heart week we note a significant increase for information material on a healthy lifestyle.'
- 'There was a 25% increase in bookings at the Risk Assessment, Hjartarannsokn in March 2009 compared to March 2008, after the go red for women campaign'.

8. Organisations / institutions involved in the campaign

A Campaigns run by Heart Foundations/ Cardiac Societies

Most campaigns analysed under this section were run by the heart foundations or cardiac societies alone.

Where cooperation took place, it was in most cases with government institutions (national and or regional ministries) and/or medical societies; the latter in cases where heart foundations took the lead on the campaign.

15 heart foundation-led campaigns were organised in cooperation with health professionals. Main reason for the cooperation: to validate the message and to get their input for the educational programmes or plans.

Only five campaigns ran in parallel with education programmes for health professionals:

- Hungary: the Menokard campaign, which ran in parallel with an education campaign for health professionals
- Iceland, the 'Go red for women' where a tool kit for health professionals which was sent to GPs, Nurses, specialists was developed
- Italy 'Project: Evaluation of risk of vascular disease in pregnant women': This includes training courses for health professionals, in particular general practitioners, obstetricians, ASL doctors are part of the programme
- Turkish Society of Cardiology: ran several campaigns in parallel with education programmes for health professionals
- UK 'British Society of Cardiology Joint Working group Recommendations': Absolutely, with Patients and Carers learning alongside health professionals in several sessions.

Cooperation with other organisations

Few respondents provided information on whether a structure was in place for cooperation with other organisations (i.e. other than heart foundations or cardiac societies).

Only three countries reported a structure:

- The German Heart Foundation built up during the years a network with different partners such as health insurances, hospitals etc. All these partners are involved every year in the implementation of the Heart Week.
- Irish Heart Foundation: 'As Irish Heart Week is an annual campaign, a structure to work with the Health Boards (now HSE Health Services Executive), who also part-fund Heart Week, as well as other organisations is in place'
- The British Cardiovascular Society Joint Working Group is a cooperation with different organisations

Funding of the campaign/programme

Most heart foundations and cardiac societies fund their own campaigns. If not, funds come from various sources such as: government institutions, business partners, research centres, slot machines.

One campaign was intended to be a fund-raising campaign, and had fund-raising instruments built into the marketing of the campaign.

B Campaigns NOT run by Heart Foundations/ Cardiac Societies

Organisations active in the field of organising campaigns on women and CVD are: Ministries (education, health, sports,) tobacco control organisations, 'alcohol control' organisations, other health organisations (diabetes, women's health council), health

insurance companies, universities and research centres, sports organisations, hospital centres.

Cooperation with other organisations

For most campaigns, no information was provided. Six campaigns, not run by heart foundations or cardiac societies, involved other organisations. Other organisations were involved in disseminating the material and informing their audience/members about the campaign by means of the promotional material (e.g. prevention collaborators of cities, health insurance companies).

Funding

The organisations which organised the campaigns were mostly the sponsors of the campaigns as well. However, ministries and government departments are often mentioned as campaign funders, even though they do not organise the campaign.

9. Lessons learned

- Finding the right, committed people to carry your message takes careful preparation. Campaigns on women do not only need women to carry the message, men can help too
- Integration of the campaign into other health promotion activities has allowed a greater success
- Cooperation with other organisations is often needed to have good visibility of the campaign, but it adds complexity; each organisation has its own agenda and reasons for participating in a campaign
- For long-term campaigns (> one year), it is important to keep the message alive. This requires careful planning and good marketing. The ‘news’ messages are very important, as PR and media will not continue to show interest in covering 'old news campaign'. Local media have an important role to play in bringing the message to all levels in society
- The use of the internet becomes more and more important for spreading a campaign itself and for spreading the messages of the campaign. Careful planning is a key issue here.

Educational programmes on Women and CVD targeting health professionals

We received and analysed 14 questionnaires.

1. General questions

For 8 countries there was a positive reply to the question whether gender issues are included in the curriculum for medical or health students.

- Finland : Gender issues are included in undergraduate, postgraduate and continued training and education (nurses, doctors, specialists)
- Germany: Students can choose gender-specificity as an optional subject in some universities, e.g. Berlin. The German Sport University Cologne offers gender within the framework of the lectures dealing with heart infarction. In Freiburg, students have the possibility to attend lectures dealing with "What is different in women?" Many universities deal with gender aspects (such as health and gender) in the degree programme Sociology
- Hungary: gender issues are included in the curriculum for medical students or healthcare and healthcare related students
- Iceland: Closest to gender issues would be included in the course "The Clinical Approach: Behavioural Science - Psychology". Gender issues are also included in lectures in the course "Internal Medicine". Within the School of Health Sciences there is a Board on gender equality
- Ireland: Gender issues are included in the specialist training for General Practitioners (GPs) in Ireland. They are specified in the core curriculum for GP training. Gender issues are also included in the continued medical education (CME) programmes for GPs (and practice nurses). The CME activities are co-ordinated by the Women's Health Programme at the Irish College of General Practitioners
- Slovenia: There are some specific gender-related issues regarding the education for medical students at the National University: different factors are important in different periods of life, which might have an impact on the development of CVD and are specific for women
- Turkey: Gender issues are included in the curriculum for medical students or healthcare and healthcare related students in National Medical Schools. Every topic has a detailed instruction about gender differences. Also, continued medical education programmes include gender issues.
- UK:
  - Medical schools linked to major Teaching NHS (National Health Service) Hospital Trusts
  - Equality Duty Act 2006 implemented across NHS and all public institutions by 'diversity impact assessment' demands relevant curriculum
  - Educational emphasis in recent years on knowledge, skills and attitudes has been supportive
  - Medical school representative reports a more 'patient-focussed' approach within curriculum, women's cardiovascular health within student-selected component

modules, epidemiology tending to concentrate on gender differences in diseases rather than access to treatment, some cultural issues addressed

When asked about the inclusion of gender-specific issues in the certification of cardiology specialists, most countries gave a negative reply. Only Hungary and the UK provided a positive answer.

- UK:
  - Previous points for the UK are also relevant in specialist training on defined rotations linking to Teaching NHS Trusts
  - Cardiology Trainees are encouraged to attend national ASC as well as Deanery based Training Days where dissemination of national recommendations and campaigns may be shared e.g. campaign with Recommendations for Women's Heart Health (Q 1)
  - Attitude assessment forms an important part of training today in addition to knowledge base and skills
  - Cardiology Trainees are also aware of the 'Women's Network' to support women trainees and younger female Cardiologists, as are some medical students

Other medical specialisations do not seem to include gender specificity either.

When asked whether gender issues are included in the continuous medical education programmes (e.g. for specialists – nurses – GPs - cardiologists - gynaecologists,…) Most replies are negative. Positive replies came from:

- Hungary: gender issues are included in continued medical training since 3 to 5 years.
- Ireland: gender issues are included in training for GPs and practice nurses since 1998. The project "The Emergency Department Assessment of Women with Acute Cardiac Syndrome" is a continuing education programme aimed at doctors and nurses working in Emergency Departments in Ireland
- Norway: gender issues are included in the education programme for nurses who want to specialise in cardiology. A book written by the Swedish professor, Karin Schenk Gustafsson, called "Women's heart" is a part of the curriculum. In the education for cardiology, gender differences do not seem to be a part of the curriculum, but can be a part of lectures
- Turkey: Continued medical education programmes include gender issues.
- UK: There has been a gradual increasing realisation of the issues for 20 years, aided by campaigns and awareness of gender problems; the need for both more gender specific research, and the need to include more women in research studies is evident (see BCS Joint Working Group Recommendations summary/ full report)
  - Gender issues pioneered by the BCS Affiliated Groups: BANCC (nurses); BACR (rehabilitation specialists); BNCS (nuclear cardiologists) in their individual meeting programmes for > 10 years; PCCS (Primary Care Cardiovascular Society) also
  - Royal College of Obstetricians and Gynaecologists 51st Study Group 2006 addressed high maternal mortality and there is now an increasing emphasis on maternal cardiovascular risk assessment

Some countries point out that gender issues may be included in the continued medical training, but not in a systematic way:

- In 2003, the Berlin Institute of Gender in Medicine started 2003 with annual congresses on Gender in medicine with a focus on CVD.
- Italy: Second National Congress on Gender Medicine, (Padua, April 15/17- 2010) under the auspices of Fondazione Giovanni Lorenzini, Milan Italy and in collaboration with the European Society of Gender Health and Medicine.
- Netherlands: occasionally a course is offered.

Other comments

- Belgium, VAD (Organisation for alcohol and drugs problems) has a 30 days training session for care workers and half-a-day is dedicated gender-specific aspects of problematic use of alcohol and drugs.

2. Specific questions

1. Content of the programmes on Women and CVD

Respondents have provided information on programmes ranging from education programmes spread over several years to one day lectures, conference, seminars on specific topics.

When asked about the reasons for having programmes on women and CVD, most answers related to increased awareness and need for more research and training in general and health care professionals in particular. Most common answers were:

- To increase awareness of women and CVD: Heart disease has traditionally been regarded as a disease affecting men, however, cardiovascular disease is the single leading cause of death among women

- To increase awareness and knowledge on women and CVD among health care professionals. Comments from the replies received read:

    - "Cardiologist should be aware that CVD is different in women and be able to react adequately"
    - "To convince the general practitioner of the necessity of referring the patient to a specialist, even when specific symptoms are not apparent"
    - "To disseminate appropriate information to pharmacists"
    - "Lack of proper attitude among health-care staff"
    - "To improve the diagnosis and treatment of CVD in women by educational programmes targeting health professionals, especially GPs, cardiologists, etc."

- To increase research:

    - Women and CVD is a subject insufficiently investigated up to now

    - Women have been under-represented in clinical trials and this affects treatment practice and procedure usage

- To increase training:

    - Medical professionals under-estimate the impact of CVD in women. We need more physicians training and clear guidelines to improve quality of care for women

One other comment related to alcohol consumption and lifestyle:

- Apart from the quantitative differences between male and female consumption of alcohol (2/3 are man) there are clear qualitative differences. Those sex differences in alcohol consumption and alcohol problems are due to a larger biological vulnerability of women to alcohol, sex differences in life style and the stricter standards concerning drinking alcohol by women. The more we understand the differences between men and women, the more our therapeutic and diagnostic work can be refined.

2. Sustainability of the programmes

Except for academic courses where sustainability is assured through the education system itself, most activities do not have a sustainability objective i.e. they are conferences, seminars, other ad hoc initiatives, limited in time.

For longer-term projects (>one year) sustainability can be assured through:

- Cooperation with other organisations
- Funding through other sources (sponsoring, government funding, etc)

3. Target audience

Almost all countries mentioned health professionals as their specific target audience of these programmes. This can include public health specialists, cardiologists, gynaecologists, GPs, occupational health physicians, doctors and nurses working in emergency departments, nurses, pharmacists, students, research groups.

For some of its programmes, the UK also mentioned patients among their target audience.

Belgium mentioned care workers active in specialised centres for problematic use of alcohol and drugs; care workers who work on a regular basis with individuals with alcohol, drugs and/or medication problem.

4. Barriers to implementation of the programme

The most common barrier to implementation of women-specific programmes seems to be the fact that health professionals do not perceive the need for women specific campaigns.
Furthermore, problems of fund-raising, or the fact that involvement in the development of a programme is done on a voluntary, rather than a professional basis is a barrier. Finally, competing professional interests reduce potential attendance at large auditorium sessions.

5. Promotion of the programme

Promotion of education programmes on women and CVD is often done in classic ways: via the organisations' own existing communication tools, via cooperation with other medical organisations (cardiac societies, gynaecology societies), publication in medical journals or medical magazines mailed e.g. to GPs,

In some cases, communication by email or via the internet is reported. Occasionally, promotion of programmes is left to business sponsors.

6. Timeline

Programmes mentioned in this analysis were organised between the nineteen nineties and 2009, although most activities were organised after 2000.

7. Evaluation of the educational programme

Did you achieve your aims and objectives? Please explain

Hardly any information is available, and it is not of a quantifiable nature. Only Italy states that the behaviour of the specialists towards the female patient and the behaviour of women towards the specialists have been modified by the programme(s) they run.

For other campaigns or programmes, success of the activity is measured by e.g. attendance of health professionals in seminars. No outcome evaluation was done.

One country mentions that a sufficient number of care centres joined the programme and that results were introduced to many health care professionals

Did you evaluate (measure) the success of the programme? If yes, how

Finland: The evaluation confirmed that the need for the continued training exists. As a whole, participants were very pleased with the course. They also appreciated instructions given by clinicians.

Norway: 176 of the participants gave a written evaluation of the seminar.

UK: Standard evaluation of attendance and chair feedback (evaluation of a symposium)

Percentage of target audience reached

Based on the information received so far, it would appear that only a small percentage of the target group has been reached.

Have you measured change in attitude/knowledge from your target audience?

Organisations that participated in this research did not measure change in attitude/knowledge. However, the following subjective information on changes in attitude and knowledge was given: "We have no numbers but we know that the physicians' attitude has deeply changed especially among specialists"; "Many of the participants wrote that the seminar had given them positive input and more knowledge about women and heart disease".

UK went further by actually setting out to measure impact on mortality: "There will be eventual monitoring of local morbidity and mortality data with appropriate gender analysis across the national databases (NICOR)"

8. Organisations involved in the programme

Programmes run by cardiac societies / heart foundations

Only on four occasions was cooperation with other organisations (i.e. other than heart foundations and cardiac societies) mentioned. Other organisations involved were: Medical Association, Society of Gynaecology, Association of Family Physicians, members of the British Cardiovascular Society Working Group for Women's Heart Health.

Few respondents mentioned whether the programme ran in parallel with public awareness campaigns. When this was the case, the education programme was run by the cardiac society and the public awareness campaign by the heart foundation.

As to the involvement of other NGOs, local government agencies, etc only the UK mentioned that "the Cardiac Networks which involve local agencies have been involved in awareness drive". Similarly, only the UK mentioned that there is a structure in place for cooperation with other organisations: NHS Improvement (Heart) and Cardiovascular Networks; Affiliated BCS groups of other cardiac professionals also organise roll-out of educational events.

The programmes run by heart foundations and cardiac societies are financed by themselves, or by business partners, or occasionally (e.g. education programmes) by the programme participants themselves.

Programmes NOT run by cardiac societies/ heart foundations

From three countries, we received information on programmes not run by cardiac societies or heart foundations:

- Belgium: Flemish Association for alcohol and drug problems
- Ireland: Women's Health Council and IAEM (Irish Association of Emergency Medicine): the awareness project (The Emergency Department Assessment of Women with Acute Cardiac Syndrome), was funded and advised on by the Women's Health Council and the IAEM prepared and circulated the educational resources
- UK: 'Her at Heart II' followed in September 2007 to aid further dissemination to health care professionals with special interest and commitment. This programme ran in co-operation and co-ordination with the British Cardiovascular society (BCS), Primary Care, Network Commissioning, and the National Director for Heart Disease and Stroke

Only the UK mentioned that the programme was run in parallel with public awareness campaigns (ongoing awareness campaign with leaflets and website: www.heratheart.org.uk and the BHF data and website: www.bhf.org.uk)

Funders of the programme are mostly those who organise the programme. Education courses are also part-funded by the participants in the course. Occasionally industrial sponsorship is mentioned

9. Lessons learned

- The need for gender training seems high, mainly on CVD and menopause; topics related to the younger women seem less desired
- Difficult to engage GPs for a long(er) period of time
- Collaboration with other organisations is useful, but each organisation has its own agenda
- Importance of high quality speakers at workshops
- Spin-off of existing cooperation programmes is possible

Gender-specificity

15 partners in the project responsed to this questionnaire.

1. Legal requirements for gender diversity

In most countries, there are no legal requirements for gender diversity. Although Norway mentioned that since 2001 there are directives to include women in medical research. The UK mentioned the Equality Duty Act 2006 accepted by Council in 2007 for implementation e.g. in diversity impact assessment of trainee support, as well as in care pathways for women with heart disease.

2. Working groups on gender issues in your organisation

Most organisations do not have a working group on gender issues.

The Cypriote cardiovascular society explains it will set up a working group on gender issues in the future.

The German Cardiac Society has established the working group *CVD in women* in 2001. Every year the working group organizes a symposium which takes place in the framework of the annual meeting of the German Cardiac Society. This lecture is usually very well attended and takes place in one of the largest halls. Sometimes further training such as lectures for members of the medical associations are organized. The next step is to try including women more efficiently in the guidelines so that the focus is shifted a bit. Another activity of the working group was the publication of the guidelines for Heart disease and pregnant women.

The Turkish Society of Cardiology has a newly structured task force working on women and cardiovascular health. This task force plans a structured approach to women and cardiovascular health issues.

The British Heart Foundation has a working group on women and heart disease which has lead to the development of 2 policy statements on: 'Women and heart health: medical research'; and 'Women and heart health: Awareness of symptoms and diagnosis'.

The British Cardiovascular Society has a working group on gender issues which has developed the following material:
- Working Group Report on Women in UK Cardiology, HEART, March 2005
- Council position to support Women in Cardiology established 2005, with Women's Network, website, newsletters, ad hoc support and counselling, annual survey of Higher Specialist Training Committee chairs, annual reports to BCS Council, ESC, and ACC (Appendix VI)
- BCS Joint Working Group for Women's Heart Health established 2006

3. Organisation of information campaigns/ programmes /material on CVD:

- **Is this made gender-specific?** Six organisations replied no to this question. Some organisations indicate that they make it gender-specific when it is relevant; other organisations indicate they take this aspect into consideration by adding specific paragraphs on gender issues to their publications, or by making publications equally relevant to men and women, giving different advice to men and women (e.g. in telephone advice), by having gender-specific material in campaigns. One organisation replied that a that in 2010, there will be a specific part of its CVD campaign addressing education of women about CVD and risk factors especially in the field of physical activity, healthy heart cooking, etc.

- **If not gender-specific, do you consider how to make them equally relevant for men and women?** Eight organisations did not provide an answer or gave a negative reply. Other organisations gave a positive reply or indicated they made efforts to make campaigns etc. equally relevant for men and women. One organisation indicated that the majority of the audience and participants in activity programmes are women (however, no information on the type of activities or messages was provided).

4. Organisation of information campaigns/ programmes/ material on risk factors (tobacco, nutrition, physical activity):

Is this made gender specific?

Eight organisations gave a negative reply. The other organisations did not reply to this question

5. Funding and publishing research

Do you have gender criteria that need to be met in order to obtain funding grants?

Only five organisations indicated they fund research. Of those five organisations four gave a negative reply to this question.

The UK highlighted that European legislation demands reasonable gender representation in clinical trials. The British Heart Foundation (BHF) stated that its policy statement emphasises that companies and organisations carrying out medical research and clinical trials should ensure that trial populations adequately represent women. This may require specific efforts where appropriate to recruit more women. Additionally, work programmes should consider the potential impact on both men and women individually and collectively. Gender should be among a number of different characteristics by which trials should record differences in results. All relevant research grants funded by the BHF should also reflect these criteria.

If you fund research, do you make sure it does not increase inequalities

Only three organisations replied to this question. Other organisations did not provide an answer or indicated the answer was not applicable since they do not fund research.

- ALT makes sure not to increase inequalities
- BHF: Yes. One of our strategic objectives is to reduce inequalities in the levels of heart disease across the UK. We also have a policy statement on reducing health inequalities. Chairs and members of our grant award committees are aware of BHF policy, and will query the design of studies where women appear to be under-represented
- Turkish Society of Cardiology highlighted that the research conducted or supported by the Turkish Society of Cardiology is carried out in accordance with statistical methods of sampling in order to reflect the population best, including gender, age.

If you fund research, do you publish specific calls for research on women?

Except for the UK, all organisations gave a negative reply to this question

If you publish research:

- **Does your editorial board consider gender issues?** Most organisations do not publish research, but those who do take gender issues into consideration.

- **Does your editorial board include women?** Seven organisations do not have an editorial board or did not answer the question. Eight organisations give a positive reply to this question.

What opportunities do you offer to present research outcome?

- Denmark: We offer researchers to speak at the conferences that we organise. We offer to write about the research in our own media, such as our web pages and newsletters. We also offer to print research findings in reports that we publish and we also deliver research findings to the media (newspapers, etc)
- Finland: Finnish Cardiac Society has in its annual meeting a session on progress reporting; Finish Heart Association publishes the 'Sydän-magazine' (5 numbers per year) and offers an opportunity to put information on its website www.sydan.fi.
- Germany: The German Heart Foundation publishes articles and notes in the membership magazine, press releases, website
- The Irish Heart Foundation indicates that at medical conferences, they invite doctors to submit abstracts and present these, e.g. at the annual Stroke Study day
- The Netherlands Heart Foundation organises a yearly research conference and allows publications in the bi-monthly Netherlands Heart Bulletin
- The British Heart Foundation (BHF) publishes press releases of awards on new funding and research outcomes from BHF researchers to national or regional media. For outcomes which are jointly funded they liaise with the funding bodies and press offices at the institutions and release collaboratively. They encourage

researchers to engage with the media upon requests from print and broadcast journalists as a result of the press releases. BHF proactively selects outcomes and pitch to journalists or publications they are best suited to, for example, as a feature article or when they are suitable for a particularly publication type (e.g. New Scientist). BHF also now produces publications which showcase outcomes of BHF research - this involves interviewing researchers and featuring them in a print article and occasionally producing supporting information for our website such as podcasts and vodcasts. BHF promotes results of research in charity publications which are sent to its supporters

- The British Cardiovascular Society (BCS) offers full peer-reviewed facilities, reviewers of peer reviewed research also include women cardiologists. Opportunities to present research are offered eg. at the Annual Scientific Conference, organised with British Cardiovascular Society/British Heart Foundation: Industry support of international speakers. Women's Track through meetings began in 2008, as a response to recommendations.

Annexes

Questionnaire 1 on campaigns and/or programmes on women and CVD targeting Women – Work Package 6 of the EuroHeart project

Name of your organisation

Contact person for further information

Contact details (phone – email)

1. Title of the campaign/programme/conference

2. What was the objective of the campaign/programme/conferences? – Please be specific:

- Please describe the activity
- Please describe the aim and objectives (these should be measurable)
- What were the reasons for having the campaign? Rationale for running the campaign and its timing (e.g. research showing lack of awareness, others,..)?
- How will you ensure sustainability of the campaign? What is the long term planning for this campaign?
- Was any specific setting chosen (workplace, etc)?
- Geographical coverage (national, regional, pilot project, …)

3. Media Coverage

- How was the campaign promoted (brochures, TV. Radio, internet, conference, other,…?)
- Did you ensure media coverage for the campaign? If yes, how
- What was the media coverage? (Visibility)

4. Target audience:

- Did you target women in general or women with CVD (patients?)
  - Rationale?
- Did you target women of a specific age group?
  - Rationale?
- Did you target specific ethnic groups or minority groups
  - Rationale

5. Timeline : give start and end date of the campaign

6. Evaluation of the campaign

- Did you achieve your aims and objectives? Please explain
- Did you evaluate (measure) the success of the campaign? If yes, how?
- How many people were reached?
- Which % of the target audience does this represent?
- Have you measured change in attitude/knowledge from your target audience?
- Have you measured change in behaviour/Intent?

7. Organisations / institutions involved in the campaign

a. Campaigns run by Heart Foundations/ Cardiac Societies

- Did your campaign involve other organisations/institutions **(NGO, government/government agencies, local government/local government agency/other partners)**? In what way?
- Did the campaign involve health professional organisations (cardiac societies, general practitioners, nurses, others) Why/why not?
- Was this campaign / programme run in parallel with education programmes for health professionals?

- Is there a structure in place for cooperation with other organisations?
- Who funded the campaign/programme?

Campaigns NOT run by Heart Foundations/ Cardiac Societies

- If it was not your campaign, who was behind it/leading it?
- Which organisations/institutions, NGOs, government agencies, etc were involved in the campaign?
- Was this campaign / programme run in parallel with education programmes for health professionals?
- Did your campaign encourage cooperation with other organisations
- Were other organisations involved
- Who funded the campaign/programme

8. Lessons learned / Recommendations for future campaigns/barriers encountered / achievements/challenges/ unintended positive and negative outcomes (e.g. change in legislation, …)

Please describe

Questionnaire 2 on <u>educational programmes</u> on Women and CVD <u>targeting health professionals</u> - Work Package 6 of the EuroHeart project

Name of your organisation:

Contact person for further information:

Contact details (phone – email):

1 General questions

- Are gender issues included in the curriculum for medical or health students (nurses, doctors, …)? National universities? Do private institutions include this? If yes which ones
- Are gender issues included in cardiology specialist certification ?
- Are gender issues included in the continued medical education programmes (e.g. for specialists – nurses – gp's cardiologists, gynaecologists, …?
- Do you know since when this was included?

Please explain

2 Specific questions

2.1. Title of the educational programme focusing on women and CVD

2.2. Content – please be detailed in your description

- Please describe the activity
- Please describe the aim and objectives (these should be measurable)?
- What were the reasons for having the programme?

- How will you ensure sustainability of the programme? What is the long term planning for this programme?

- Who was your target audience (GPs, cardiologists, nurses, gynaecologists, public health specialists others,...?) and what was the rationale for choosing this specific target audience?

- Did you encounter barriers to implementing the programme. If yes, please explain

- How did you promote the programme / how does your target audience know about the programme?

2.3. Timeline : give start and end date of the medical education programme

2.4. Evaluation of the educational programme

- Did you achieve your aims and objectives? Please explain

- Did you evaluated (measure) the success of the programme? If yes, how

- How many people were reached?

- Which % of the target audience does this represent?

- Have you measured change in attitude/knowledge from your target audience?

- Have you measured change in behaviour/intent?

2.5. Organisations involved in the programme

2.5.1. Programmes run by cardiac societies / heart foundations

- Did your programme involve other organisations? In what way?

- Was this programme run in parallel with public awareness campaigns (from NGOs; local government agencies, etc)?

- Was this programme run in cooperation with NGOs; local government agencies, etc?

- Is there a structure in place for cooperation with other organisations?

- Who funded the programme?

2.5.2. Programmes NOT run by cardiac societies/ heart foundations

- If it was not your programme, who was behind it / leading it
- Which organisations were involved in the programme? In what way?
- Was this programme run in parallel with public awareness campaigns (from NGOs; local government agencies, etc) ?
- Was this programme run in cooperation with NGOs; local government agencies, etc?
- Who funded the programme?

2.6. Lessons learned / Recommendations for future programmes/achievements / challenges Unintended positive and negative outcomes (e.g. change in legislation, change in curriculum,…)

Please describe

Questionnaire 3 on gender specificity

Name of your organisation:

Contact person for further information:

Contact details (phone – email):

1 Do you have legal requirements for gender diversity?

2 Do you have a working group on gender issues in your organisation? Please explain

3 When you organise information campaigns/ programmes /material on CVD in general:

- Do you make them gender specific?
- If not gender specific, do you consider how to make them equally relevant for men and women?

4 When you organise information campaigns/programmes/material on tobacco, nutrition, physical activity:

- Do you make them gender specific?
- If not gender specific, do you consider how to make them equally relevant for men and women?

5 If you fund research, do you have gender criteria that need to be met in order to obtain funding grants? Please explain

6 If you fund research, do you make sure it does not increase inequalities

7 If you fund research, do you publish specific calls for research on women? Please explain

8 If you publish research:

- Does your editorial board consider gender issues?

- Does your editorial board include women?

9 What opportunities do you offer to present research outcome?

10 Any other Comments?