

CHAPTER 8

Knowledge Gaps and Status of Existing Research Programs in Canada

CWHHA ATLAS ON THE EPIDEMIOLOGY,
DIAGNOSIS AND MANAGEMENT OF
CARDIOVASCULAR DISEASES IN WOMEN



JENNIFER MONAGHAN
LLB, BA
Kelowna, BC

SHARON MULVAGH
MD, FRCPC, FACC, FAHA, FASE
Halifax, NS | [@HeartDocSharon](#)

MARIE-ANNICK CLAVEL
DVM, PhD, FAHA
Québec, QC

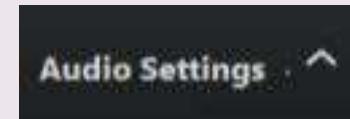
LISA COTIE
PhD, RKin, CSEP-CEP, CSEP High Performance
Specialist
Toronto, ON

COLLEEN NORRIS
PhD, MSc, BScN, RN, FAHA, FCAHS
Edmonton, AB | [@womensheart2](#)

WELCOME & HOUSEKEEPING



To notify the presenters and moderators if you are having any technical difficulties and to ask questions through session



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Polling Question: Who is joining us today?



- Clinician
- Allied health
- Researcher
- Clinical Trainee
- Research trainee
- Person with Lived Experience
- Family/Friend or caregiver for someone with heart disease
- Other

DISCLOSURE STATEMENT

We do not have an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of this presentation.

Learning Objectives

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

- Gain insight into the existing education and research on cardiovascular disease in Canadian women, knowledge gaps to guide future research
- Recommend prioritizing women's heart health in research, leading to systemic changes in education and public health policies.
- Highlight a person with lived experience with cardiovascular disease and the importance of engaging patient partners in research.



Canadian Women's Heart Health Alliance (CWHHA)

LAUNCHED IN 2018
Nearly 200 members!



Mission: Disseminate education and best practices re: Women's cardiovascular (CV) health among healthcare providers and women with lived experience.

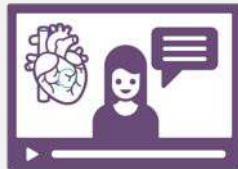


Goal: Eliminate knowledge gaps in specific CV issues and develop new practice considerations in care for women, thereby improving the health of Canadian women.

CWHHA Project Themes



Advocacy



Training and Education



Research and
Knowledge
Generation



Knowledge
Translation and
Mobilization



Health Systems
and Policy

CANADIAN WOMEN'S HEART HEALTH ALLIANCE ATLAS

Epidemiology, Diagnosis, and Management of Cardiovascular Diseases in Women



- 9 unique “chapters”
- CJC Open
- Editor: Dr. M. Graham
- 1st: published April 2020
- Annual chapter updates
- “Living document”

Norris CM Mulvagh SL. CJC Open 2020



CANADIAN WOMEN'S
HEART HEALTH CENTRE

NATIONAL
ALLIANCE

CWHHA.CA | @CWHHAlliance

JENNIFER'S STORY



Jennifer Monaghan, LLB, BA
Person with Lived Experience
Kelowna, BC

Jennifer's Story

- My journey in research
- The importance of encouraging women to volunteer as subjects in studies
- Otherwise we will remain under-researched

2/3

of all heart disease and stroke clinical research has historically focused on men

Heart & Stroke Foundation

Call for Action to Patients & the Public (Table 5)

RECOMMENDED ACTION	JUSTIFICATION and ANTICIPATED OUTCOMES
Seek Education	Become aware of the importance of sex and gender considerations in research and how these factors can impact health outcomes
Engage with researchers, healthcare providers, and policymakers	Communicate the importance of these factors
Participate in sex and gender research studies	Contribute directly, enabling a more comprehensive understanding of how these factors impact health outcomes
Share their experiences and perspectives	Shared experiences and perspectives of patient partners on how sex and gender impacted their health and healthcare experiences will help inform and guide future research and policy decisions

Importance of Patient Partners in Research

Our **expertise** as Patient Partners on research teams - we add the perspective of living with heart conditions. We are the next wave the health researchers.

Strategy for Patient Oriented Research (SPOR) main goal is “for patients, researchers, health care providers and decision makers to actively collaborate to build a sustainable, accessible and equitable health care system and bring positive changes in the health of people living in Canada.” - CIHR, Patient Engagement Framework

Future projects and initiatives

- Patient Partners need to be **trained**. We need a **platform** to find opportunities.
- CWHHA's new Research and Knowledge Generation **Project Theme**
- CWHHA's new funding to be one of ten **Hubs** for the National Women's Health Research Initiative for the Pan-Canadian Women's Health Coalition
- CWHHA's has applied for funding for the “Research **Networks** of Excellence in Women's Heart and/or Brain Health” (\$5M)

REVIEW | ARTICLES IN PRESS

Chapter 8: Knowledge Gaps and Status of Existing Research Programs in Canada

Marie-Annick Clavel, DVM, PhD • Harriette G.C. Van Spall, MD, MPH • Laura E. Mantella •
Heather Foulds, PhD, MSc, CEP • Varinder Randhawa, MD, PhD •
Monica Parry, MEd, MSc, PhD, NP-Adult, CCN • Kiera Liblik • Amy A. Kirkham, PhD • Lisa Cotie, PhD •
Shahin Jaffer, MD, MHSc • Jill Bruneau • Tracey JF. Colella, RN, PhD • Sofia Ahmed, MD, MMSc •
Abida Dhukai, NP, PhD • Zoya Gomes, MSc • Najah Adreak, MD, MSc • Lisa Keeping-Burke, RN, PhD •
Jayneel Limbachia, MSc • Shuangbo Liu, MD • Kerri A. Mullen, PhD • Sharon L. Mulvagh, MD •
Colleen M. Norris, PhD, MSc, BScN, RN • Show less

Knowledge Gaps

Gaps of knowledge threaten women's heart health approaches to prevention, diagnosis, treatment and care do not consider the unique female physiology, or gender roles and identities, which may vary across the lifespan.



Research Programs in Canada

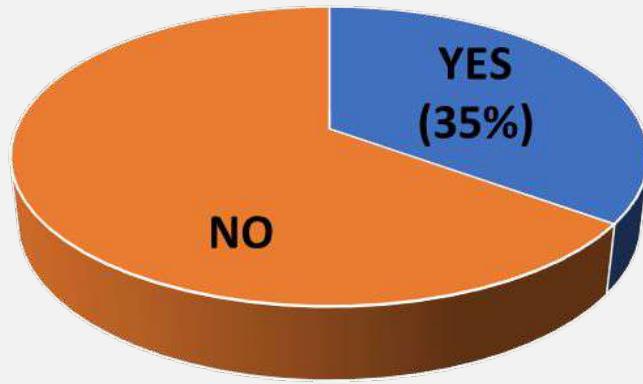


Coincident with new directives from Canadian granting agencies require applications to address sex and gender as biological and social variables, progress has been made over the last decade.

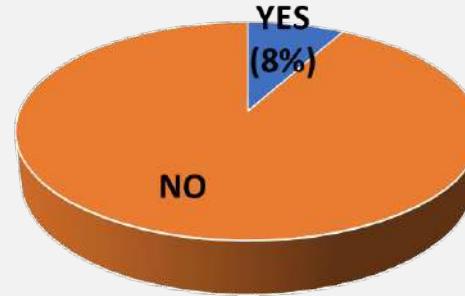
However, this focus is yet evolving and far from sufficient.

Research Training

Sex and gender content in courses



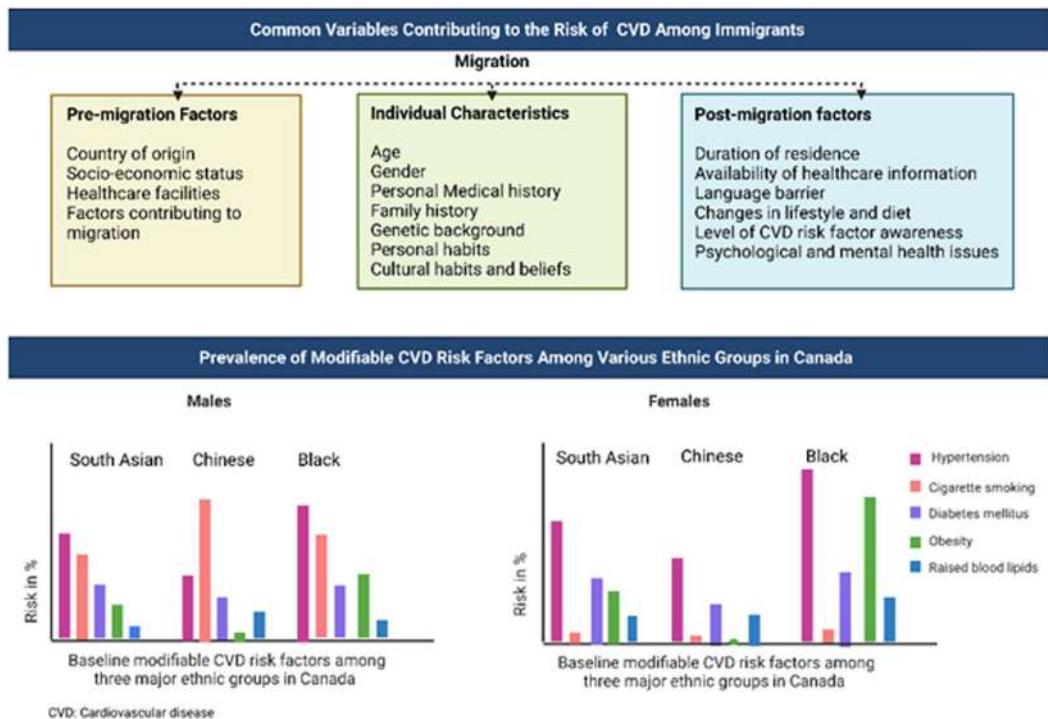
Required in dissertation



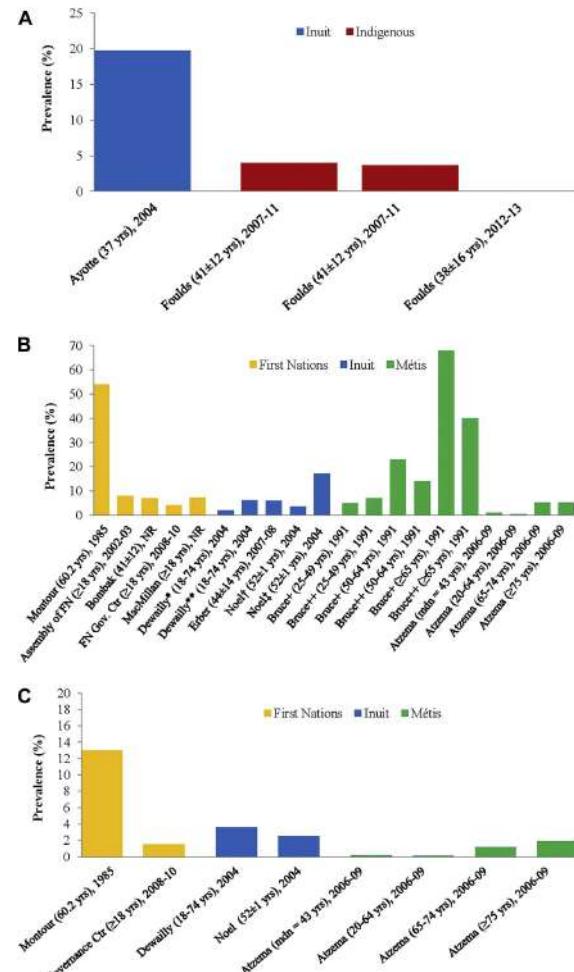
Among barriers identified:
paucity of trained research faculty

It is essential that instruction in sex-and gender- based research techniques be required in all research training programs, along with compliance and competency-based assessments of implementation.

Intersectionality and Research in Women

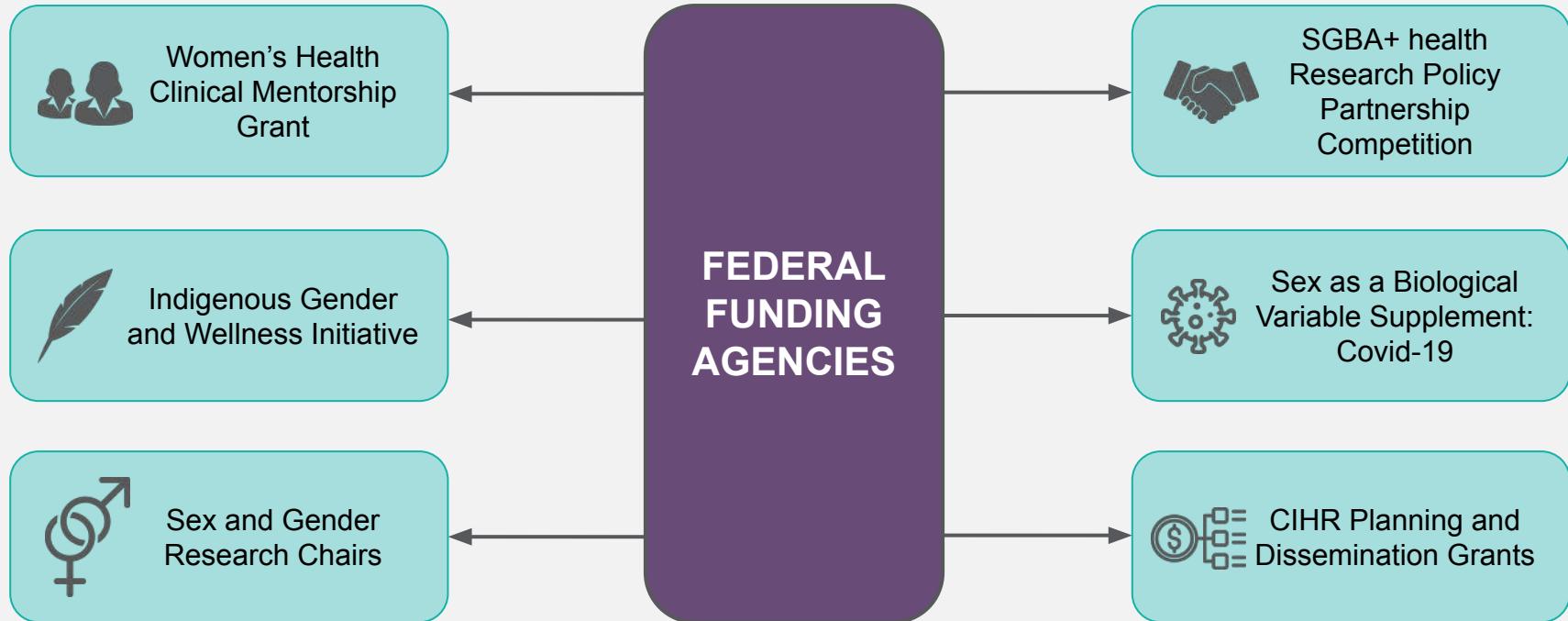


Sebastian, et al. (2024)



Prince et al. (2018)

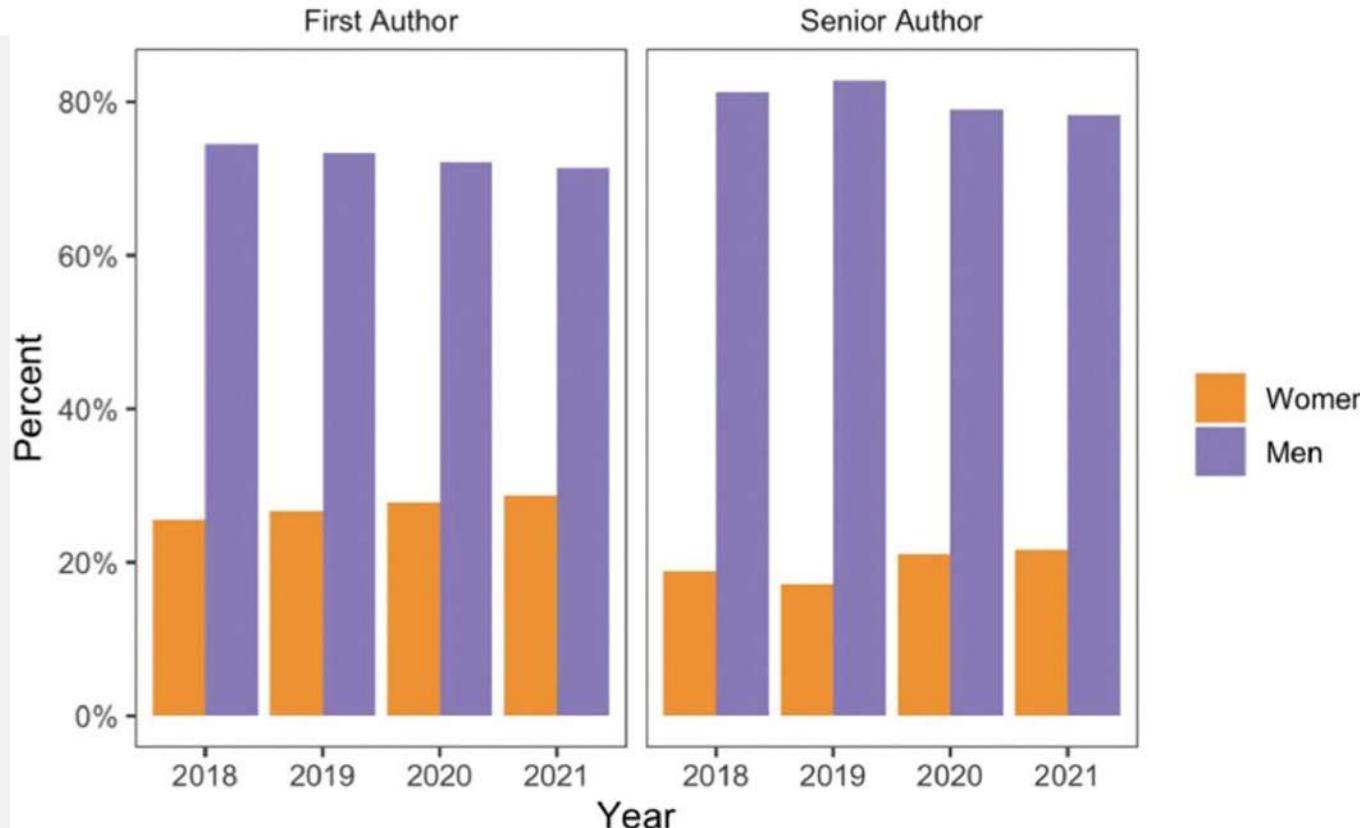
Funding Agencies: Grants, Scholarships, and Awards



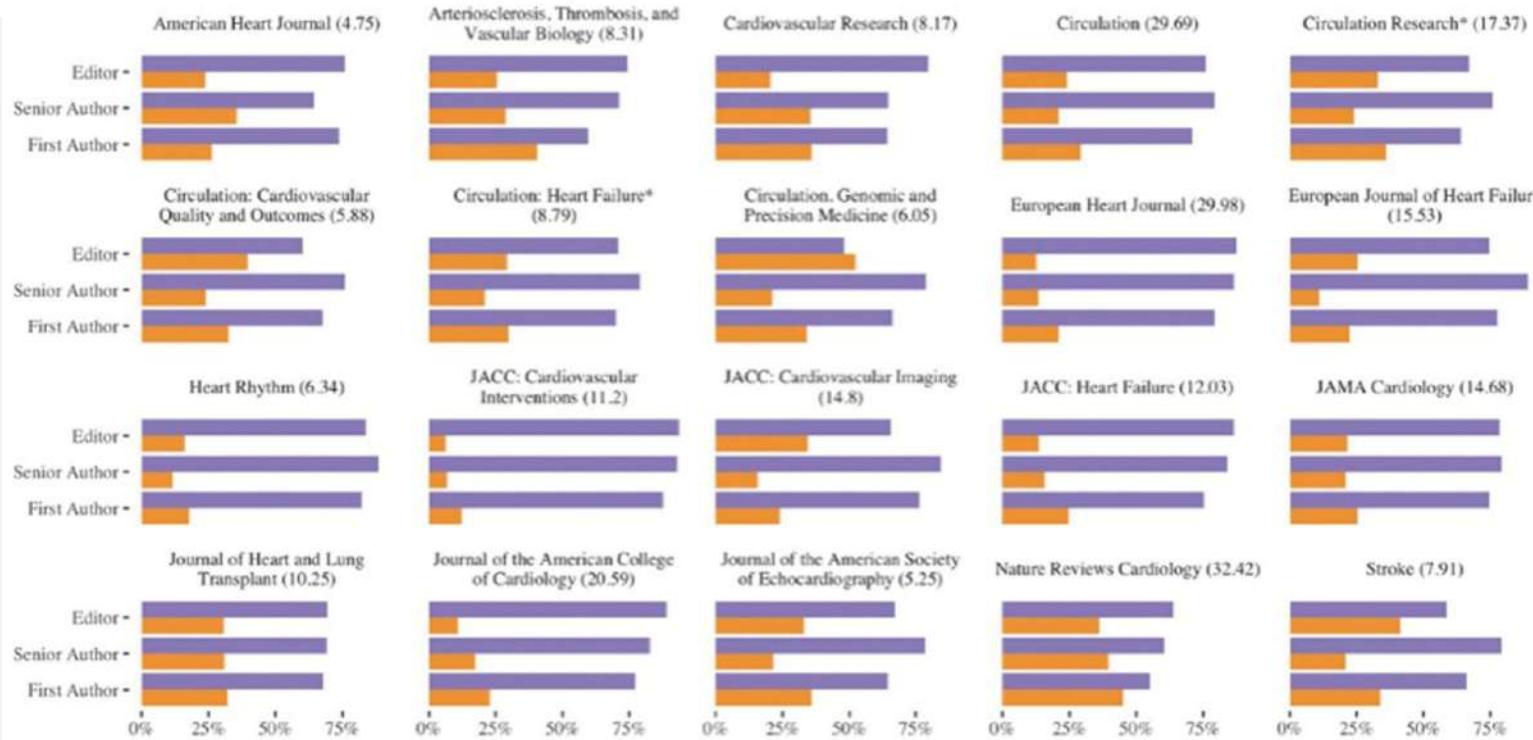
Journal Publications



Authors, Editorial Boards and Reviewers



Authors, Editorial Boards and Reviewers



Meetings and Conferences



CANADIAN WOMEN'S HEART HEALTH ALLIANCE ATLAS

Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women



CHAPTER 8 | KNOWLEDGE GAPS AND EXISTING RESEARCH PROGRAMS IN CANADA

KNOWLEDGE GAPS

Gaps of knowledge threaten women's heart health: approaches to prevention, diagnosis, treatment and care do not consider the unique female physiology, or gender roles and identities, which may vary across the lifespan.

RESEARCH PROGRAMS IN CANADA

Coincident with new directives from Canadian granting agencies requiring applications to address sex and gender as biological and social variables, progress has been made over the last decade. However, this focus is yet evolving, and far from sufficient.

RESEARCH TRAINING

It is essential that instruction in sex- and gender- based research techniques be required in all research training programs, along with compliance and competency-based assessments of implementation.

FUNDING AGENCIES: GRANTS, SCHOLARSHIPS AND AWARDS

Federal granting agencies now require integration of sex and gender as variables in all applications, or in lieu of this, presentation of a strong rationale as to why it is not required. Provincial and local granting agencies do not consistently have this requirement, and policy change to require the integration of sex and gender into all funding applications is recommended.



JOURNAL PUBLICATIONS

Reporting results disaggregated by sex/gender should be mandatory for all published articles.

AUTHORS, EDITORIAL BOARDS AND REVIEWERS

Studies across several published sciences, including medicine, demonstrated that women are less likely than men to be first or last authors, members of the editorial boards or reviewers, especially in high impact factor journals. This underrepresentation may partly explain the shortage of women at the top ranks of academic positions.

MEETINGS AND CONFERENCES

Women's heart health research is less likely to be presented at conferences, or relegated to categories described as a subset of "Special Populations" which can perpetuate the knowledge gap in women with heart disease.

INTERSECTIONALITY AND RESEARCH IN WOMEN

Cardiovascular disease and their risk factors are rising among Indigenous and racialized women, while research and literature are sorely limited.

TRANSLATION OF RESEARCH KNOWLEDGE INTO CLINICIAN TRAINING/ KNOWLEDGE

Effective knowledge translation of new information derived from research enables development of guidelines which when applied clinically, improve patient outcomes and reduce healthcare costs.



Knowledge Gaps and Status of Existing Research Programs in Canada

Summary

- Despite progress in medical research, a significant gap exists in knowledge of women's heart health. **Clinical trials have focused predominantly on men/males, limiting our understanding of how cardiovascular treatments impact women.** Prioritization of women's heart health in research is required to address these gaps and provide a foundation for systemic change in education and public health policies.

Action Items

- Emphasize the importance of sex and gender considerations in research (for all)
- Provide training on sex and gender concepts and methods
- Foster a culture of inclusivity and diversity
- Publish and disseminate research findings that account for sex and gender

Questions & Answers



**WE WANT TO
HEAR FROM YOU.**

Questions, Comments...

Save the Date! Chapter 9 Webinar

Chapter 9: Lessons Learned and Recommendations to Ensure Equitable Care for Women with Cardiovascular Disease in Canada

February 13, 2024
12:15pm - 1:30pm EST

Visit CWHHA.ca or
WearRedCanada.ca to register



HER HEART MATTERS WEAR RED CANADA • FEB 13

CANADIAN WOMEN'S HEART HEALTH ALLIANCE ATLAS Epidemiology, Diagnosis, and Management of Cardiovascular Diseases in Women

CHAPTER 9 | NEXT STEPS/RECOMMENDATIONS, CHALLENGES AND OPPORTUNITIES AND CONCLUSIONS

PRESENTATION, DIAGNOSIS, TREATMENT & PROGNOSIS

Women gender issues in different phases of symptom presentation, pathophysiology, and treatment of CVD, which are not being adequately addressed. Women are often underrepresented in clinical trials, which may impact management and prognosis of cardiovascular health in women, yet, includes the data points concerning incorporation into guidelines. Refer to Table 9-1, Annex Chapters 9 and 10 for further details.

GUIDELINES

Sex- and gender-based analysis of CVD guidelines and trials. A gender bias has been identified by underrepresented. Ocular signs and symptoms of CVD are often under-recognized and under-treated, largely due to under representation of women and female advice in CVD research trials. Guidelines, several documents have been published regarding primarily treated CVD risk.

ACCESS TO CARE

Best practices in CVD care for women in clinical risk assessment, diagnosis and management of acute and chronic CVD manifestations. The clinical reality is, however, currently, women are less likely to receive appropriate care. Women's Heart Health Program and other programs have been developed to address this gap. These resources have recently been developed to support the clinical access to appropriate treatment in underserved populations, where barriers to care may be present, including geographic, socioeconomic, and cultural barriers to care.

RESEARCH

Recognition of the need for training female providers in cardiovascular risk with regard to sex- and gender-based analysis, interventions with equitable representation of women, and the need for sex- and gender-based research.

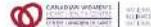
CLINICAL CARE
Strategies to improve CVD care in women: 1) Education of sex, gender, race and ethnicity components to CVD (potentially improve CVD prevention, risk and treatment). Women's Heart Health Program and the Canadian Women's Heart Health Centre for Women have been increasingly recognized to improve outcomes for women with CVD, and their emergence across North America in both academic and community settings. 2) Sex- and gender-based analysis of CVD risk, use a algorithm inclusive of symptoms, a transsectional factor, and management of women presenting to the emergency department without a clear diagnosis. 3) Sex- and gender-based analysis of CVD risk and treatment (CVD risk for women should be implemented, however, women's disease). CVD appears sex biased, particularly the SCAD patients.

HEALTHCARE PROVIDER EDUCATION & TRAINING

Translating evidence of education into actual clinical use of sex- and gender-based education requires more responsiveness on women's health, both patients and clinical practice training. Specifically a continuing education database for women is required.

ADVOCACY

National campaign with involvement of Canada and the U.S. immediately 2008 to increase women's awareness of their CVD risk and encourage them to take action to lower their risk through health screening, diet and exercise. These are currently maintained by the Wear Red Day and the Canadian Women's Heart Health Program, as initiated by the American Heart Association in 2004.



CWHHA.CA



THANK YOU!



EVALUATION

Please complete the evaluation

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AtlasWebinars](https://www.surveymonkey.com/r/CWHHA_AtlasWebinars)

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