

EUROPEAN INSTITUTE OF WOMEN'S HEALTH

WOMEN'S HEALTH MATTERS

OCTOBER 2012

Putting Women's Health (Back) on the Agenda

A Message from the EIWH Board of Directors



Dear Members and Friends,

Welcome back from the summer break. For this autumn, we have a range of important activities planned for women's health.

This newsletter reports on some of the key activities and projects of the Institute this summer to maintain women's health issues and gender equity in health on the European policy and political agenda. In particular, as 2012 is the European Year of Active and Healthy Ageing, the EIWH has been involved in activities to highlight the health needs of older women.

Women outlive men by an average of 6 years, however more women spent their additional years burdened by chronic disease, reduced physical or mental capacity. This burden eventually leads to the loss of these women's ability to live independently or requiring costly long-term care.

Women play a vital role in society as workers, carers and citizens. We must ensure that economic and social pressures do not increase health inequalities across European countries and population groups.

Over the years researchers have recognised that due to health inequities, women across various racial and ethnic groups, women with disabilities, and low-income women are bearing a disproportionate burden of disease; special attention is warranted for these population groups.

The current research landscape in Europe in women's health is fragmented, an integrated approach to women's health is needed requiring experts from different disciplines, the biomedical and the social field, to work together to develop a consistent, comprehensive and innovative strategic plan for advancing women's health research.

By working together and supporting each other, we can achieve more than each of us on their own. The EIWH objective is to support women's health issues across the lifespan; please let us know your news and activities so we can share it across the EIWH Network.

We wish you every success with your work.

Kind Regards,

EIWH Board of Directors

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EQUITY IN ACCESS ROUNDTABLE DISCUSSION

Promoting a Cervical Cancer Prevention Strategy for Europe



On 6 June 2012, in celebration of the European Week Against Cancer, *Nessa Childers*, MEP from Ireland, Vice President of MEPs against Cancer (MAC), and *Alojz Peterle*, MEP from Slovenia, President of MAC, in conjunction with the EIIWH, held a Roundtable entitled, “*Promoting a Cervical Cancer Prevention Strategy for Europe*,” to discuss the need for a multi-pronged European cervical cancer prevention strategy.



Worldwide, cervical cancer is the second most common cancer in women under the age of forty-four. In the EU, 31 300 women develop and 13 600 die from this cancer annually with higher rates in new Member States. On average, there are 175 000 women living with cervical cancer in the EU at any given time.

Speakers presented on variety of topics relating to cervical cancer prevention and screening. Dr. Martin Seychell, Deputy Director General of DG Health & Consumer at the European Commission, gave the keynote address on EU Action on Cervical Cancer. Guest speakers included Dr. Gunta Lazdane, Programme Manager of Sexual and Reproductive Health, Division of Noncommunicable Diseases and Health Promotion at WHO/Europe; Dr. Grainne Flannelly, Clinical Director of CervicalCheck at the National Cervical Screening Programme in Ireland; and Dr. Marc Arbyn, Co-ordinator of the Unit for Cancer Epidemiology at the Scientific Institute of Public Health.

Cervical cancer can largely be prevented. Yet, it kills many women in Europe and worldwide. “*Cervical cancer strikes women during their 30s and 40s—when they are often raising families or focusing on their careers. Cervical cancer is a physical and emotional burden to these women, as well as to their children, family and friends. It largely impacts society through loss of lives as well as medical and economic costs,*” said MEP *Nessa Childers*.

We were particularly pleased that the Institute’s Patron, *Jolanta Kwasniewska*, could take part in the Roundtable to explain the situation in her own country, Poland. Like many CEE and some Baltic countries, Poland has a higher rate of cervical cancer, but is struggling to find the resources for integrating vaccination and screening into a comprehensive strategy.

ROUNDTABLE CONCLUSIONS

The disparity in cervical cancer screening and prevention programmes is a result of the lack of properly organised prevention programmes and allocation of financial resources. Such programmes, together with effective health education and communication to encourage women to take up the services provided, have the potential to decrease the burden of cervical cancer and ensure more equitable healthcare for all women across Europe and indeed worldwide.

1. Provide practical assistance to existing coalitions and networks that support prevention and screening of cervical cancer, particularly in countries where it is most needed.
2. Continue the European Partnership - Action Against Cancer under the “Health for Growth” programme and target more practical actions at national levels.
3. Urgently update the European Code against Cancer under the present European Partnership - Action Against Cancer initiative to reflect current scientific progress in HPV vaccination.
4. Urgently revise the Cervical Cancer Prevention Guidelines to include the integration of HPV vaccination and screening; involve women’s groups in the process to improve communication and increase uptake of screening and vaccination.
5. Encourage EU consensus on an efficient model of health technology assessment, instead of the current confusing and costly number of different assessments.
6. To reduce health inequalities, encourage, support and improve outreach and communication to young girls and women, targeting specifically disadvantaged or hard to reach women, to increase wider screening and vaccination coverage with the view of conquering this most preventable cancer of women.

WHY ARE WOMEN ON THE FRONTLINE OF AGEING?

European Parliament Hearing on the prevention of age-related diseases in women

Women tend to live longer than men and make up a growing proportion of older people. One in four women in Europe is 60+, while the 80+ age group is mostly female and is steadily increasing.

Women outlive men on average by 6 years in Europe, although this varies between and within countries. However, chronic diseases, disability and difficulty to function independently all too often burden those additional years. Most feared by all is loss of independence and costly long-term care.

Most of our society's informal unpaid care is still provided by women who look first after their children then ageing parents and other family members. Women also provide the major workforce in schools, healthcare and social services. At the same time women have less financial resources than men, for various reasons: wage-gap, lower socio-economic status, interrupted work years, lower paid or part-time jobs, etc.

Despite women's greater longevity their later years are not always blessed with good health. For instance, older women are particularly vulnerable to heart disease, breast cancer, osteoporosis and other musculoskeletal disorders, depression, dementia and Alzheimer's.

Yet, the EIWH believes that disease and disability are not inevitable accompaniments of growing older, but our public health strategies need to be redirected to taking a life-course approach to health, investing in prevention and better management of the chronic disease burden to avoid disability and dependence in later life.

Following the parliamentary Hearing, in which the EIWH participated, Roberta Angelilli, Vice President of the European Parliament, tabled a draft report for the Committee on Women's Rights and Gender Equality (FEMM) on "*Prevention of age-related disease of women*". The report reflects in large parts the discussions at the Hearing. Importantly, it "calls on the Commission to publish a new report on the state of women's health, focusing in particular on the over-65 age group." The draft report is available on the European Parliament's website and is expected to be adopted this autumn.

The European Parliament's focus on the health of older women is a welcome move during 2012, the European Year of Active Ageing. Generally women's health is mostly considered a reproductive health issue. While this is undoubtedly very important, since women's health impacts on their children and thereby the health of the future generation, the EIWH has argued for the last 15 years that the health of women 50+ merits special attention in order to fill these additional 30 or 40 years with a better quality of life and enable women to avoid chronic diseases and dependency.

European Parliament draft report on prevention of age-related diseases in women:

<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2F%2FEP%2F%2FNONGML%2BCOMPARL%2BPE-491.089%2B01%2BDOC%2BPDF%2BV0%2F%2FENwebsite>

EIWH Presentations

Active & Healthy Ageing

European Parliament Hearing *The Prevention of Age-Related Disease of Women*

European Parliament, Brussels

On 7 June 2012, the European Parliament's largest political group organised a Hearing to raise awareness of the need to prevent age-related chronic diseases in women. Along other experts such as the WHO's Regional Director for Europe, Zsuzsanna Jacob, Board Member Hildrun Sundseth provided the EIWH perspective on healthy ageing (see report this page).

Already in 1996, the EIWH highlighted in its report *Women in Europe—towards healthy ageing* the challenge that Europe was facing with its ageing population. The report's analysis and recommendations are still as relevant as ever today.

Obsession with Youth and Age Anxiety Symposium

Vienna, Austria

14 June 2012

Director General Peggy Maguire made a presentation entitled "What's Age Got To Do with It? Active and Healthy Ageing." The Vienna Women's Health Organisation and the senior center of Vienna held the symposium to help identify opportunities, strategies and challenges for the mature stage of life.

Gender and Health Through Life

Copenhagen, Denmark

14-15 June 2012

The conference was organised by the European Men's Health Forum, European Patients' Forum, European Cancer Patient Coalition, European Cancer Organisation and Men's Health Society of Denmark. Board Member M. Mercè Rovira presented a keynote address entitled "Women's Health and Healthy Ageing." She also participated in panel discussions on gendered health policies, access to healthcare and cancer.

2ND EDITION REPORT

Women in Europe—Towards Active and Healthy Ageing

2012 is the European Year for Active Ageing and Solidarity between Generations (EY2012). As a contribution to the European Year for Active Ageing, the EIWH will update its report: *Women in Europe—Towards Healthy Ageing*.

First published in 1996, much of the information and recommendations on the various disease areas—osteoporosis, heart disease, depression and cancer—remain pertinent today.

The objective is to update the report, retaining the user-friendly language and format to ensure the report is accessible to a wide audience—policy makers, politicians, patient groups and women themselves.

We will include the following sections in the updated report:

1. Current demographic trends in the EU
2. Age-related diseases
3. Access to health services and long-term care
4. Research
5. Prevention across the lifespan
6. Recommendations

EIWH BOARD MEMBERS AT WORK

MEMBER ON THE FOREFRONT OF AGEING RESEARCH

Board Member Dr. Karen Ritchie has recently been working on a wide variety of age-related research. These activities have been principally stress and hormonal changes as causes of cognitive loss and depression with ageing, prevention strategies for reducing ageing-related cognitive loss, the long-term consequences of trauma (childhood abuse, war exposure, diagnosis of breast cancer and violence). Over the past few years, Dr. Ritchie has focused on gender differences in risk factors for neurological and psychiatric disorders.

Her publications this year include, but are not limited to “Hormone treatment, estrogen receptor polymorphisms and mortality: a prospective cohort study” in *PLOS One*, “Mild Cognitive Impairment twenty years on” in *International Psychogeriatrics*, “Estrogen receptor gene variants are associated with anxiety disorders in older women” *Psychoneuroendocrinology* and “Stress reactivity in elderly depressed subjects is modified by the presence of co-morbid anxiety disorder” *Journal of Affective Disorders*.

WOMEN AND WORLD NO TOBACCO DAY 2012

The EIWH joined the celebrations for World No Tobacco Day on 31 May 2012 by reminding women and young girls of the urgent need to STOP SMOKING. Smoking is the leading cause of preventable disease and death for European women.

Women are not aware that they are vulnerable to die from lung cancer if they smoke. In the past, this cancer has mostly affected men and was considered rare in women. Although more men than women are diagnosed with lung cancer, incidence is leveling off, even decreasing in men, but it is on the rise in women.

In Europe, lung cancer is the third most common cancer among women. Lung cancer is increasing rapidly in European women, overtaking deaths from breast cancer in the UK and Poland, while it is stabilising or declining among men.

“The European Institute of Women’s Health is campaigning to step up anti-smoking programmes targeted at young girls and women. Unless we can stop them smoking, we will face a lung cancer epidemic in women in the future,” said Hildrun Sundseth, Board Member, EIWH.

The smoking gap between men and women has been narrowing in recent years. In many EU countries, young girls are more likely to smoke than boys. In order to be more effective, policies and interventions need to be gender-sensitive and targeted at women, especially the poorer, socially disadvantaged and more vulnerable groups. The WHO has recognised this in its Framework Convention on Tobacco Control; in 2010, the focus of World No Smoking Day was on young girls and women.

Current tobacco control legislation implemented in many EU countries has raised the hope that the smoking tide can be stemmed, yet it will always remain a challenge to reach the private sphere of the home. Therefore, changes of behaviour must be encouraged and support provided to smokers rather than stigmatising them.

In 2012, the EIWH looks forward to the revision of the Tobacco Products Directive and encourages inclusion of plain packaging to help stop the targeting of products towards women and girls. *“Concerted efforts must be made by all stakeholders to make stopping women and young girls from smoking a priority and to secure the political will and the resources to act across Europe,”* said Peggy Maguire, Director General, EIWH.

EIWH BOARD MEMBERS AT WORK

THE 'LET'S TALK ABOUT GENES' RAP

Researchers are increasingly becoming aware of how health is affected by family background and the traits inherited from parents. Board Member Dr. Rachel Iredale served as the Principal Investigator for the Let's Talk About Genes Project.

The project explored with children ages 12 and 13 in South Wales what they think about families and health with particular focus on families and cancer. Using funds from an Innovation Grant from Tenovus, the Welsh cancer charity, the project looked at the interaction between the genetic and the environmental influences on cancer with the children using stories, games and creative activities.

The children worked with an animator and some musicians to produce a Rap that would convey to other children in their age group what they should know about cancer prevention. The 'Let's Talk About Genes' Rap was written, performed and directed by pupils at Stanwell School in Penarth.

Dr Rachel Iredale, Principal Investigator, said, "*Families share lots of things – their genes, their environment and often behaviours and attitudes – which can increase or decrease the risk of getting cancer. Kids need to be more aware of the role that family history can play in health and disease and need to be exposed to messages that are relevant to preventing cancer, such as healthy diet, lifestyle, and sun awareness.*"

The Rap is an amusing tool to make children aware that cancer can be prevented—and healthy lifestyles can be fun. It also addresses the worries that children may face due to cancer in the family. By speaking their language, the Video appeals to the imagination of young and old.

The Rap can be viewed on YouTube and the children hope that it will be viewed 20,000 times by the end of the year: <http://www.youtube.com/genomicspolicyunit>. *We invite you to view it!*

EUROPE TAKES UP THE CHALLENGE OF AN AGEING POPULATION

The Europe 2020 strategy is setting the scene for Europe's economic growth to become a smart, sustainable and inclusive society. Inter alia, it calls for an increase of 2 healthy life years by 2020.

The EIWH is pleased that the European Commission recognises the importance of ageing as a societal and economic challenge through various initiatives such as the launch of the European Innovation Partnership on Active Healthy Ageing. The Partnership aims to establish Europe as a global leader in providing innovative solutions to an ageing society.

The Innovation Partnership will pursue a triple win for Europe:

- enabling EU citizens to lead healthy, active and independent lives while ageing;
- improving the sustainability and efficiency of social and health care systems;
- boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

Interested parties wishing to take part can register on the Commission website:

http://ec.europa.eu/research/innovation-union/index_en.cfm

The Institute hopes that this strategic focus on active healthy ageing will bring new opportunities for older people to continue work if they so wish, stay healthy for longer and contribute to the good of society.

NCD ALLIANCE NETWORK

Chronic diseases are on the increase in an ageing Europe and responsible for most illness and death in older people. These diseases heavily burden EU citizens and their healthcare systems. Gender impacts on susceptibility, prevention, diagnosis and treatment of chronic diseases. As a result, the EIWH believes it is important to raise awareness of the gender differences in chronic diseases with patients, policy makers and healthcare professionals.

The EIWH is a member of the NCD (non-communicable disease) Alliance Network. The Alliance works to ensure that the fight against chronic diseases is made a priority worldwide. Increasingly it is the cause of illness, death and, especially in developing countries, poverty and a barrier to economic development. By working with a variety of partners and organisations, the NCD Alliance highlights the need for action to prevent chronic diseases and campaigns governments to enlist their support.

For more, please visit: <http://www.ncdalliance.org/>.

GENDERED INNOVATIONS

The EU/US Gendered Innovations project and the Expert Group Innovation through Gender is directed by Londa Schiebinger (chair) and Board Member Dr. Ineke Klinge (rapporteur).

Why Gendered Innovations?

Sex and gender bias can be socially harmful and expensive. For example, between 1997 and 2000, 10 drugs were withdrawn from the U.S. market because of life-threatening health effects—8 of those showed greater severity in women (*Science* 26.3.2010). It is crucially important to identify gender bias and understand how it operates in science and technology. But analysis cannot stop there: Designing sex and gender analysis into research stimulates new knowledge and technologies. From the start, sex and gender analyses act as additional “controls” (or filters for bias) to provide excellence in science, health & medicine, and engineering research, policy, and practice.

Gendered Innovations in Science, Health & Medicine and Engineering

The goal of the Gendered Innovations project is to provide scientists and engineers with practical methods for sex and gender analysis. The European Commission (EC) is the global policy leader in this area. EC-funded researchers are asked to address “Whether, and in what sense, sex and gender are relevant in the objectives and the methodology of the project” (FP6). This will also be a vibrant part of Horizon 2020. Major funders of the Gendered Innovations project include the Europe Union, the US National Science Foundation, and Stanford University.

Examples of Gendered Innovations:

1. Sex and gender analysis have led to the development of **pregnant crash test dummies** that can be used to enhance seat belt safety in automobile design.
2. Sex and gender analysis have **included men in osteoporosis research**, leading to better diagnoses and treatments.
3. Sex analysis **in animal research** has led to new knowledge about how sex hormones influence basic molecular pathways involved in immune system function.

For more information, visit: <http://genderedinnovations.eu/>

UPCOMING EIIWH EVENTS

EIIWH Board Meeting

9-10 September 2012

From 9-10 September, the EIIWH will hold its annual board meeting in Dublin, Ireland.

European Health Forum Gastein

3-6 October 2012

Each year the European Health Forum provides an opportunity for health policy makers to meet and discuss the latest challenges to health in Europe. Under the title “Crisis and Opportunity – Health in an Age of Austerity”, this year’s Forum will examine how to keep health systems sustainable at a time of economic crisis. Board member Hildrun Sundseth has been invited to speak about the role of vaccination across the lifespan to keep infectious diseases at bay.

For more information, visit: <http://www.ehfg.org/>

What’s Age Got to Do with It? Active and Healthy Ageing Through Women’s Employment Roundtable Discussion

In celebration of Global Entrepreneurship Week and the Year of Active Ageing and Solidarity between the Generations, two prominent MEPs and the European Institute of Women’s Health in partnership with Business and Professional Women International will hold a Roundtable exploring the complex interaction between gender, ageing, employment and health. Many older women wish or are obliged to work longer due to extended retirement ages, interrupted working careers and lower private or public pension and financial resources. Yet, at the same time, many older women are having difficulty finding employment past age 50. These employment issues have implications for women’s physical and mental health and their ability to live dignified and fulfilled lives

