The importance of addressing the needs of special populations in women's health

With **Sue Sherman**, Ph.D
Keel University, UK

Healthcare is more than detecting and treating disease. It is also about the prevention of illness. Considering the psychosocial needs of patients is a significant component in achieving successful healthcare outcomes. However, the approaches that succeed with one population may not prove as effective with another. The many competing demands currently placed on clinicians may leave little time for exploring the needs of minority groups.

Women's health issues touch on some areas that are at best intensely private and at worst shrouded in taboo, such as sexual activity and reproductive health. As a result, the women's health field, cultural, religious and societal differences can have a profound impact on a patient's healthcare experience. We share some examples from the women's health field of how special populations can be affected and outline the benefits of specifically addressing these atypical needs in your practice.

The challenge with standardized guidelines

Healthcare guidelines and algorithms are created to form a standard practice of care within a specific field. They help ensure continuity of care and quality assurance throughout multiple healthcare systems and scenarios. A standardized care plan guides clinicians and provides security to patients that they are receiving the best medical interventions.

However, by definition, standardized guidelines are created to be as broad as possible to encompass the majority of patients. Inevitably some individuals and groups of patients fall outside of those guidelines or have specific, additional needs not covered by national guidelines.

Inevitably some individuals and groups of patients fall outside of those guidelines or have specific, additional needs not covered by national guidelines.

When guidelines 'disadvantage' some populations:

Postmenopausal women

While national guidelines serve the majority of patients, at times these same guidelines create barriers to specific groups from accessing healthcare. Although guidelines cannot be altered to fit every possible scenario, an understanding of where they can lack in meeting the needs of some women can help clinicians make adjustments in their approaches in certain cases.

Sue Sherman, Ph.D Psych at Keele University, researches patient experience and attitudes surrounding women's health, particularly cervical cancer screening, treatment, and prevention. Her research into the cervical cancer screening experiences of post-menopausal British women found that in this population, the national screening guidelines failed to take into account the complex needs of this group.

Although women over 65 are no longer eligible to receive cervical cancer screening according to UK guidelines, they account for half of all cervical cancer deaths[1] in the UK. In her research, Dr. Sherman identified several factors that could contribute to this disproportionate mortality rate. On a physiological level, the physical symptoms of cervical cancer might be less readily apparent to older women, as reduced sexual activity might lead to symptoms, such as pain or bleeding, associated with intercourse being missed.

However, Dr. Sherman suggested that the self-perception of older women is a major contributing factor. "In the UK, we had what we called the 'Jade Goody effect.'' It has given the impression that cervical cancer is a young women's disease," she recounts. British TV celebrity, Jade Goody died of cervical cancer at the age of 27 in March 2009. There was a significant increase in the rate of cervical cancer screening in the following years, however, it was mainly among the 26-35 years old age group.

Although women over 65 are no longer eligible to receive cervical cancer screening according to UK guidelines, they account for half of all cervical cancer deaths in the UK

"When the public face of cervical cancer is young, and the national guidelines don't call for screening over 65, it is understandable how older women assume that cervical cancer doesn't affect them," Dr. Sherman says. This cultural perception among post-menopausal women has a direct effect on their healthcare outcomes.

Dr. Sherman has advocated for revisiting the national screening guidelines to extend cervical cancer screening to older women and increasing public awareness campaigns targeted at older women, in response to her findings.

Psychosocial factors impact healthcare outcomes

Even when national guidelines are broad enough to address the technical requirements of special populations, specific cultural, social, and religious factors can create barriers to healthcare. Taking these psychosocial factors into account can lead to measurable improvements in patient outcomes.

Psychosocial factors have been demonstrated to be determinant of patient progress[2] in many cases. The need for healthcare systems to address the psychological and cultural needs of patients has been stressed. Patients should be treated 'as a whole person and not merely as a disease entity.' While clinicians might see a disease or medical need in a patient as an isolated healthcare issue, the patient themselves experiences that condition within the context of their whole life.

"Psychosocial issues of patient engagement are as relevant as physiological factors," Dr. Sherman explains. "When we view the patient within the wider context of their life, we are able to create healthcare solutions that fit their unique circumstances."

When the existing research is not the 'answer': the Eastern European migrant community

Dr. Sherman uses the Eastern European migrant community in the UK as a prime example of how investigating the psychosocial experience of a specific population allowed researchers to pinpoint barriers to care that were not otherwise documented.

"We found that many Eastern European women were returning to their native country to receive gynecological care." It is well documented that recent immigrants frequently find language and cultural barriers to accessing healthcare in their host countries. Without investigating the specific needs of the Eastern European expatriate community in the UK, one might assume that the language barrier was impairing their access to healthcare and suggest creating more public health materials in relevant languages.

However, when researched, it became clear that for a proportion of the women, this was not the determining factor. Dr. Sherman shared, "When my colleague researched this phenomenon, she found that some Eastern European women distrusted the British medical system in this area. For example, they are accustomed to receiving women's health screening from an OBGYN, not a primary care nurse as in the UK." Therefore, women were returning to Poland to receive gynecologic care from a specialist OBGYN. They also believed that cervical smears should be performed annually and mistrusted the 3 or 5 year screening interval in the UK.

In this case, the guideline recommendation of screening frequency addressed the technical needs of the Eastern European migrant community in the UK. But a deeper understanding of the psychosocial experiences of these women can enable steps to be taken to ensure that the necessary patient participation is achieved.

The power of patient empowerment

Beyond removing barriers to care, adapting healthcare approaches to a specific populations needs creates better healthcare outcomes.

A patient's experience of healthcare and their level of engagement with the process has a profound effect. The power of its impact has been compared to 'a blockbuster drug'[3] for its potential to improve healthcare outcomes. Patient engagement through education and personalized treatment programs has been shown to dramatically reduce mortality in cardiac care, decrease the length of hospital stays[4], and has had positive outcomes in many other areas.

> *Patient engagement is not a destination but an ongoing process as patients gain "knowledge, confidence, and self-determination for their own health and healthcare needs."*

Patient engagement is not a destination but an ongoing process as patients gain "knowledge, confidence, and self-determination for their own health and healthcare.[5]" As patients increase their knowledge of their own health conditions and their options in accessing healthcare, so does their confidence in making decisions. With confidence, patients are more motivated to communicate with healthcare providers and express their preferences and concerns. This leads to patients having greater self-determination and feeling empowered to seek more information, continuing this positive cycle.

The patient-provider relationship plays an essential role for patient empowerment and engagement. Engaging patients in their healthcare and ensuring that they can understand and participate in the process is not an optional extra.

Lack of clear communication[6] between patients and clinicians can undermine an otherwise sound treatment plan. The inability to navigate the healthcare system leaves some patients at an insurmountable disadvantage. It has been suggested that limited engagement in wellness and preventative medicine is a contributing factor to the greater severity and disease[7] burden among minorities.

'Designing culturally-sensitive personalized interventions[8]' represents the first step in encouraging patients to take an active role in their healthcare. Through an increased understanding of the nuanced needs of special populations within healthcare practice, clinicians are able to provide the most effective care for their patients.

As Dr. Sherman concludes, "Understanding the unique needs of different groups within your women's health practice enables you to create strategies that maximize your effectiveness, making the most of often limited financial resources as well as clinician time and emotional energy. Taking your patients' experience of the world into account enables you to put your efforts in the places that will have the maximum benefit for your patients and practice."

REFERENCES

1. Sherman Susan M, Castanon Alejandra, MossEsther, Redman Charles W E. Cervical cancer is not just a young woman's disease *BMJ* 2015; 350 :h2729

2. Brown, E. L. (1963). Meeting Patients' Psychosocial Needs in the General Hospital. *The ANNALS of the American Academy of Political and Social Science, 346*(1), 117–125

3. http://healthstandards.com/blog/2012/08/28/drug-of-the-century/

4. Care Coordination/Home Telehealth: The Systematic Implementation of Health Informatics, Home Telehealth, and Disease Management to Support the Care of Veteran Patients with Chronic Conditions Adam Darkins, Patricia Ryan, Rita Kobb, Linda Foster, Ellen Edmonson, Bonnie Wakefield, and Anne E. Lancaster Telemedicine and e-Health 2008 14:10, 1118-1126

5. Chen J, Mullins CD, Novak P, Thomas SB. Personalized Strategies to Activate and Empower Patients in Health Care and Reduce Health Disparities. *Health Educ Behav*. 2016;43(1):25–34. doi:10.1177/1090198115579415

6. Graham S, Brookey J. Do patients understand?. *Perm J*. 2008;12(3):67–69. doi:10.7812/tpp/07-144

7. Nelson A. Unequal treatment: confronting racial and ethnic disparities in health care. *J Natl Med Assoc*. 2002;94(8):666–668.

8. Chen J, Mullins CD, Novak P, Thomas SB. Personalized Strategies to Activate and Empower Patients in Health Care and Reduce Health Disparities. *Health Educ Behav*. 2016;43(1):25–34. doi:10.1177/1090198115579415

THE CONVERSATION STARTS **HERE**

MobileODT's commitment to women's health goes far beyond creating technical solutions to healthcare challenges. Working together with clinicians in 42 countries, MobileODT is facilitating conversations, cooperation and knowledge sharing between women's health professionals internationally.

From supporting scientific research to organizing professional development workshops, MobileODT is working to increase excellence in the women's health field.

Our website **mobileodt.com** hosts a range of regularly updated, original content, designed especially for women's health clinicians, including:

Weekly blog articles

Whitepapers and in-depth reports

Medical research

Professional development webinars

Colposcopy refresher course

Follow us on **Facebook**, **Twitter**, and **LinkedIn** to get the latest women's health news as it happens.

It is our pleasure to support you in your work for the benefit of women **everywhere.**

MobileODT
Mobile Optical Detection Technologies

MobileODT is reinventing visual diagnostics at the point of care with the EVA System digital visualization solution. The portable and affordable EVA System enables clinicians to provide on-the-spot assessment via smart image capture and patient management tools along with secure online consultation features for expert review. Used in over 40 countries for cervical cancer screenings, EVA enables women's health workers to save lives in the US and around the world.

hello@mobileodt.com
+ 1 929 376 0061
www.mobileodt.com