

Open Access

Reframing the View of Women's Health in the United States: Ideas from a Multidisciplinary National Center of Excellence in Women's Health Demonstration Project

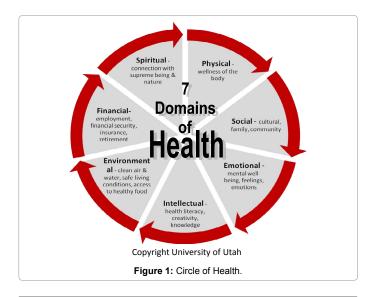
Caren J Frost^{1*}, Patricia A Murphy², Janet M Shaw³, Kirtly P Jones⁴, Michael Varner⁴, Nicole Mihalopoulos⁵, Erica Lake⁶, Sally Patrick⁶, Leanne Johnston⁴ and Kathleen B Digre⁷

¹College of Social Work, University of Utah, USA ²College of Nursing, University of Utah, USA ³College of Health, University of Utah, USA ⁴Department of Obstetrics and Gynecology, University of Utah, USA ⁵Pediatrics Adolescent Medicine, University of Utah, USA ⁶Spencer S. Eccles Health Sciences Library, University of Utah, USA ⁷Department of Neurology, University of Utah, USA

U.S. women's health has only recently received concerted attention, reflecting a historic lack of information about how to serve female clients in health care settings, and understanding the components of holistic approaches to women's health [1-3]. Women's health care has traditionally focused on reproductive health, with little emphasis on other areas such as cardiovascular, environmental, financial, and mental health, social connectedness, and consideration for spiritual and intellectual pursuits [3-6]. To remedy these deficits, the U.S. Department of Health and Human Services' Office on Women's Health launched in 1996 the National Centers of Excellence in Women's Health initiative. These multi-disciplinary programs involved academic, clinical community, and rural frontier Centers [4]. In each Center, the five initiative principles were similar: advancing women's health by providing efficient, effective and comprehensive clinical care, promoting education and championing women's health research, providing outreach to underserved women, and endorsing women's health leadership development. The University of Utah became a contributing member to this CoE network in 2005 as a National Center of Excellence in Women's Health Demonstration Project (CoEDP) for U.S. Region VIII.

Our CoEDP adopted an inclusive philosophy, involving the entire University Health Sciences Center, including the School of Medicine, the Colleges of Nursing, Pharmacy and Health, and the Eccles Health Sciences Library (EHSL). Our CoEDP emphasized the inclusion of faculty and students on the university's main campus, notably from the College of Social Work, to conduct research on, and teach content relative to, women's health. Our core group consisted of committee chairs on clinical care, professional education, outreach, research and leadership development plus key members from all the aforementioned academic units. Early on we established a vision statement clarifying the work we would embark on together: "Connecting Women to Wellness". In addition, we conceptualized a generalized approach to health based on a holistic and multifaceted perspective--all aspects of women's lives are connected and are linked to health in the broadest sense possible.

It became clear in developing this statement that we needed a multidisciplinary definition of "health and wellness". Although the concepts of wellness and wellbeing are quite common in the literature on social development, much of the discussion about these concepts is quite narrow and not as encompassing as the ideas we were attempting to identify and implement though the CoEDP. For example, White [7] notes that "wellbeing is viewed as a social process with material, relational and subjective dimensions "which can be assessed at individual and collective levels". This view of wellbeing was not broad enough from our view. Thus we explored the idea of "360 degree screening" (a "Circle of Health") view of women's health (Figure 1). Since we all acknowledged that women are not just their reproductive body parts, we considered those aspects of health that would promote clinical experience, educational offerings, research opportunities, and community outreach efforts. We wanted to highlight women's health in multi-faceted dimensions and across disciplines. In identifying and reviewing the literature about women's health, we explored the clinical, research, and educational literature to determine what was being discussed from a multidisciplinary and transdisciplinary view about women's health. This search was a challenge since much of the scholarly literature examines women's health in terms of silo--either physical



*Corresponding author: Caren J. Frost, Global Social Work, College of Social Work, University of Utah, USA, Tel: (801) 581-5287; Fax: 801 585-6865; E-mail: Caren.Frost@socwk.utah.edu

Received December 19, 2013; Accepted December 18, 2013; Published December 25, 2013

Citation: Frost CJ, Murphy PA, Shaw JM, Jones KP, Varner M, et al. (2013) Reframing the View of Women's Health in the United States: Ideas from a Multidisciplinary National Center of Excellence in Women's Health Demonstration Project. Clinics Mother Child Health 11: 156. doi: 10.4172/2090-7214.1000156

Copyright: © 2013 Frost CJ, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Frost CJ, Murphy PA, Shaw JM, Jones KP, Varner M, et al. (2013) Reframing the View of Women's Health in the United States: Ideas from a Multidisciplinary National Center of Excellence in Women's Health Demonstration Project. Clinics Mother Child Health 11: 156. doi: 10.4172/2090-7214.1000156

or emotional or financial, etc., but not as physical and emotional or emotional and financial. The literature discussed for this commentary presents the more holistic view we were conceptualizing.

Since our CoEDP working group firmly adhered that women are not just their body parts, we began thinking about what areas of health should we consider. We also thought a "complete assessment" should be part of our clinical experience, educational offerings, and research objectives. In order to determine what had been researched and published in the scholarly literature about women's health in 2005, we asked our information specialists of the Eccles Health Sciences Library (EHSL) to search the literature in the context of women's health. The "social determinants of health" is a concept that has been known since the 1950s, and includes concepts around environmental, physical, and social health [8]. As noted by the World Health Organization, health is "a state of complete physical, mental and social well-being". In addition, Healthy People 2010 and 2020 list behavior, biology, physical environment and social environment as "determinants of health" (Healthy People 2010/2020). Even in quality of life research, different domains of life are regarded as important to an individual's overall quality of existence. For example, the MOS 36-item form [9] highlights social, physical, and emotional health, vitality, and bodily pain among its domains. Novel aspects of our approach included the interdisciplinary discussion, developing definitions for each domain, utilizing these domains for discussing women's health, and considering these domains across a woman's lifespan. Interestingly, having many domains, determinants, and/or points of engagement is not as fully described in the literature as would seem appropriate for the 21st Century [4,5] Institute of Medicine, 2010a and 2010b [3,6,10].

With these ideas as a basis, our librarians searched through various article databases using the terms around "wellness" and "health". On May 5, 2006, the EHSL specialists returned with a set of literature that we used to delineate seven specific areas of women's health after reviewing many approaches about how researchers and providers were defining wellness. The 7 Domains of Health as reflected in the Circle of Health (Figure 1) are:

• Physical health is the biological health traditionally addressed by health care providers, including nutrition, body-mass index, blood pressure, and the health of various body systems are routinely screened by health providers. Physical pain and its management are also included here.

• Mental health is defined by the WHO as "a state of well-being in which every individual realizes his or her own potential, copes with normal life stresses, works productively and fruitfully, and makes contributions to her or his community" (2011). This domain is increasingly appreciated as having direct effects on an individual's physical and overall health [11].

• Social/cultural health is determined by relationships and personal connections with others in a variety of contexts. Women are social beings and the quality of their relationships with others directly affects health [12].

Woman's social health may include her connection to family, intimate partner, friends, co-workers, and larger structures such as community, church, and workplace. Intimate partner violence is recognized as having significant negative impact on women's health.

• Intellectual health promotes active and creative thinking. Intellectual stimulation is important for a sense of wellbeing and even improves the processes of aging [2]. • Environmental health is important for overall health. In fact, water quality, air quality, toxins, and pollution probably have the most direct effect on health worldwide [13]. Community safety directly impacts all aspects of the 7 Domains of Health.

• Financial/occupational/economic health allows an individual to access services and participates in her environment. When poverty reduces a woman's access to health services, her ability to obtain the needed help is diminished [14,15].

• Spiritual health involves the pursuit of understanding one's place in the universe and in nature. Spirituality creates meaning in one's life through relationships within ourselves and with others [16]. Spiritual health may involve religion, nature, a supreme being and other dimensions of the human spirit it is the interconnectedness of all things [1].

The interconnectedness of the domains through any number of health behaviors such as physical activity, nutrition, sleep and stress management is a crucial consideration. For example, while physical activity may help a woman maintain her blood glucose levels, physical activity to her may be more important as a means to spiritual and emotional health. Nutrition practices may be helpful for maintaining healthful cholesterol levels, but regularly scheduled family meals can be a means for improving social health. Enrolling in a continuing education course directed toward managing personal finances may be an intellectual pursuit, but may also provide a means of stress management associated with saving for retirement. It is these connections that we are promoting as a more generalized approach for viewing women's health--and for that matter men's health as well.

Because of their utility, the 7 Domains of Health concepts are incorporated into all of our CoEDP products and we share these concepts with community partners, faculty colleagues, and students. These include:

• Adopting the guiding principle that all women's health efforts would be informed by the 7 Domains of Health.

• Developing an Interdisciplinary Graduate Certificate on Women's Health from the Colleges of Health, Nursing, and Social Work. The Certificate includes courses culled from the entire University of Utah course listing that allow students to understand women's health in a broader context and encourage multidisciplinary discussions among educators and researchers.

• Creating a catalog of women's health resources housed on the CoEDP website and based on Go Local and Utah health net information for the State of Utah. This resulted in a Women's Resource Inventory, now publicly available.

• Publishing a supplement to Utah Health providing a view of the state of Utah women's health [17].

• Creating a web-based tool to assess a woman's 7 Domains of Health based on validated instruments that will measure at least one of the aspects of health for each domain and identify appropriate resources. This web-based tool will aid in determining what it takes to implement this holistic approach.

• Exploring how to educate health care providers on how to utilize the information from this web-based tool.

• Considering how to use this information with additional populations, men, youth, LGBQTA, etc.

• Incorporating the 7 Domains of Health into all of our projects

Page 2 of 3

Page 3 of 3

including health fairs, community presentations, informational sessions, and educational programs for women.

• Determining how one domain impacts the others, i.e., if a woman focuses on one domain, will the other domains improve?

Conclusions

This commentary has highlighted a comprehensive approach to women's health that could be a model for other providers and systems as health care reform moves forward. We are developing a web-based tool to assess the 7 Domains of Health so that women can access it and take the information to their health care providers. The individualized information from this tool, to be launched in 2014, can be used to focus discussions about women's health care needs in a variety of settings.

References

- Chester D, Himburg S, Weatherspoon L (2006) Spirituality of African-American women: correlations to health-promoting behaviors. Journal of National Black Nurses' Association 17: 1-8.
- Fillit HM, Butler RN, O'Connell AW, Albert MS, Birren JE, et al. (2002) Achieving and maintaining cognitive vitality with aging. Mayo Clinic Proceedings 77: 681-696.
- Miller VM, Rice M, Schiebinger L, Jenkins MR, Werbinski J, et al. (2013) Embedding concepts of sex and gender health differences into medical curricula. Journal of Women's Health 22: 194-202.
- Garcia FR, Freund KM, Berlin M, Digre KB, Dudley DJ, et al. (2010) Progress and priorities in the health of women and girls: A decade of advances and challenges. Journal of Women's Health 19: 671-680.
- Hankivsky O (2012) Women's health, men's health, and gender and health: Implications of intersectionality. Social Science & Medicine 74: 1712-1720.

- 6. Lu M (2010) Health care reform and women's health: a life-course perspective. Current Opinion in Obstetrics & Gynecology 22: 487-491.
- White SC (2010) Analyzing wellbeing: A framework for development practice. Development in Practice 20: 158-172.
- Macgregor G (1961) Social determinants of health practices. American Journal of Public Health 51: 1709-1714.
- Ware JE, Sherbourne CD (1992) The MOS 36-item short-form health survey (SF-36) I Conceptual framework and item selection. Medical Care 30: 473-483.
- Vamos CA, Richman AR, Noel-Thomas SS, Daley EM (2012) Teaching women's health from a public health perspective: Development of an innovative undergraduate course. Education for Health: Change in Learning & Practice 25: 4-10.
- Ostir GV, Goodwin JS, Markides KS, Ottenbacher KJ, Balfour J, et al. (2002) Differential effects of premorbid physical and emotional health on recovery from acute events. Journal of The American Geriatrics Society 50: 713-718.
- Young AF, Russell A, Powers JR (2004) The sense of belonging to a neighborhood: Can it be measured and is it related to health and wellbeing in older women? Social Science & Medicine 59: 2627-2637.
- 13. Silbergeld E, Flaws J (2002) Environmental exposures and women's health. Clinical Obstetrics and Gynecology 45: 1119-1128.
- Mead H, Witkowsk K, Gault B, Hartmann H (2001) The influence of income, education, and work status on women's wellbeing. Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health 11: 160-172.
- 15. Sicchia S, Maclean H (2006) Globalization, poverty and women's health: mapping the connections. Canadian Journal of Public Health 97: 69-71.
- Reed PG (1992) An emerging paradigm for the investigation of spirituality in nursing. Research in Nursing & Health 15: 349-357.
- 17. Murphy PA, Baksh L, Cusick S, Frost CJ, Holtorf AP, et al. (2007) Utah's Health: An Annual Review. Volume 12: Supplement to Women's Health in Utah. Salt Lake City: University of Utah's National Center of Excellence in Women's Health & Utah Department of Health.