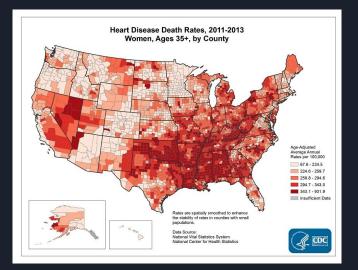
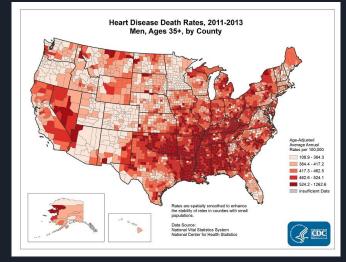
Cardiac Health Treatment: Analysis of Institutional and Internalized Gender Discrimination

Malithi Desilva

Introduction

- Heart diseases rank as the top leading cause of death
- 735,000 Americans suffer from a heart attack
- 610,000 people die of heart disease in the US annually
- 1 in every 4 deaths is caused by heart disease
- Issue: gendered difference in diagnosis, treatment, and outcome in AMI and CHD





Project Summary

I aim to construct a specified health approach for heart diseases in both men and women



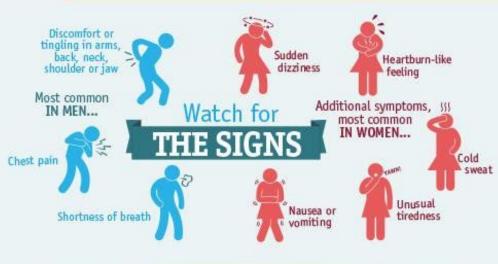
To identify systemized gendered biases within hospitals and analyze the impacts this bias has on the treatment of heart diseases among women



A Gendered Culture

HEART ATTACK





For more information, visit CardioSmart.org/HeartAttack

- Sex v. Gender
- Stigmatized role of women
- Hierarchical social beliefs

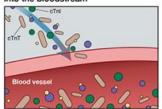
Cultural Impact on Biology

- Gendered Treatment Difference:
 - Aggressiveness of treatment received
 - Sex diagnostic and treatment threshold
 - Sex-specific reference ranges
 - Diagnostic timeframe
 - Biopower
- Ideologies influence on biological health issues

Cardiac Troponins Structure of cardiac troponins Myofibrillar troponins Cystosolic troponins

Ischemia-induced cardiomyocyte damage

Release of cardiac troponins into the bloodstream

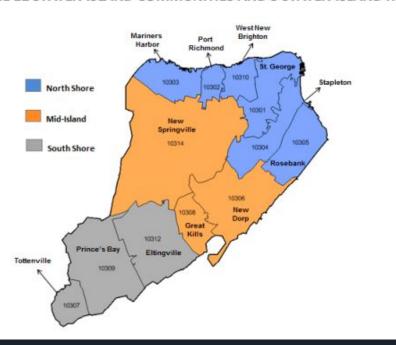


de Lemos JA. JAMA. 2013;309:2262-2269.

Publication	Female (n)	Female-specific 99 th percentile	Male (n)	Male-specific 99 th percentile	Reference cohort (n)	Overall 99 th percentile
		(ng/L)		(ng/L)	,	(ng/L)
hs-cTnI						
Apple et al. 2012 (1)	252	15	273	36	525	23 [16-63]
Hickman <i>et al.</i> 2017 (2)	226	13	222	27	484	14
Kimenai <i>et al.</i> 2016 (3)	806	11 (8-13)	729	20 (14-22)	1535	13 (11-18)
Ko et al. 2017 (4)	338	23 [17-29]	303	46 [26-60]	641	32 [28-56]
Mueller et al. 2016 (5)	143	24	259	39	402	29 (15-101)
Ungerer <i>et al.</i> 2016 (6)	705	20 [10-52]	1299	31 [25-58]	2004	29 [23-41]
hs-cTnT						
Apple <i>et al.</i> 2012 (1)	252	13	273	20	525	15 [13-28]
Hickman <i>et al.</i> 2017 (4)	262	21	228	19	490	20
Kimenai <i>et al.</i> 2016 (2)	806	12 (10-14)	729	16 (15-17)	1535	15 (13-16)
Ko et al. 2017 (3)	338	10 [9-15]	303	16 [13-23]	641	14 [13-20]
Mueller et al. 2016 (5)	143	11	259	14	402	12 (9-20)
Ungerer <i>et al.</i> 2016 (6)	705	10 [9-11]	1299	18 [16-20]	2004	16 [15-18]

Research Sites

MAP OF THE 12 STATEN ISLAND COMMUNITIES AND 3 STATEN ISLAND REGIONS



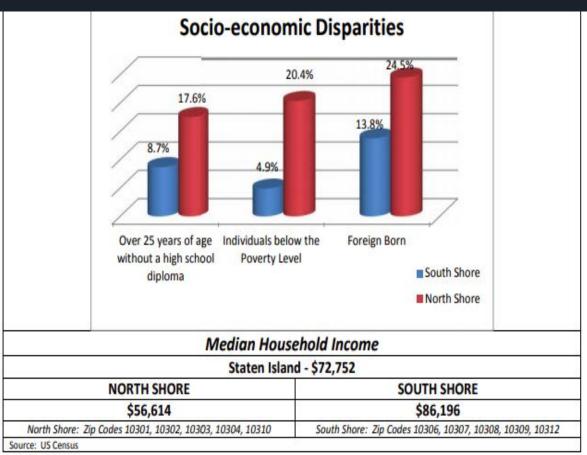
Sites:

- Staten Island University Hospital (SIUH): South
- Richmond UniversityMedical Center (RUMC):North

Socio-economics

- RUMC
 - > 473 bed acute care

- ❖ SIUH
 - 206 bed acute care



Hypotheses

- 1. If there is a social dismissal of women within healthcare then I would expect to observe behaviors indicative of social dismissal that would result in the underdiagnosis of women
- 2. If preconceived gender stereotypes influence the diagnosis, treatment, and outcomes then I would expect to see actions, both subtle and blatant, that are biased in favor of men.
- 3. If biological sex differences such as reproductive status, are incorporated into healthcare treatment for women, I would expect to see a higher diagnosis than currently of cardiac diseases for women.

Research Methods



Participant Observation	Guided interviews	Targeted Surveys	Data Collection
 Cardiac Study Medical School sit-in Research Journal Shadowing Cardiologists 	 Open ended questions for qualitative responses 	 Specific to each group with concentration on predetermine d concern Gather 	 Symptoms Treatments Diagnosis Mortality rates
		statistical knowledge	

Significance

- Understanding the influence of biology and culture would reveal the holes in our healthcare treatments
- Promote research of cardiac issues specific to women, uncover areas of focus, and develop our understanding and means to address the gendered difference in treatment
- Construct specific medical approaches to heart diseases tailored to males and females

