

THE MANY DIMENSIONS OF WOMEN'S CARE

Spa-like birthing centers may be all the rage in health care, but they get no mention in our issue about women's health. As Julie Schnieders, women's health practitioner at St. Vincent Women's Hospital in Indianapolis, points out in Susan Thomson's overview, women have a range of health-related concerns that are largely unrelated to pregnancy and childbirth. Although this issue is far from comprehensive in covering that range, what we love about it is its focus on some creative programs — you might even say “boutique” programs — for women at a gamut of Catholic hospitals. By “boutique,” we certainly don't mean “exclusive.” In fact, several of the programs described in these pages specifically target minorities or otherwise vulnerable women.



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Granted, health care has come a long way from the time just over 15 years ago when my sister-in-law went to the ER with chest pain and was dismissed within hours, only to die at home that night. Women's heart-related symptoms are taken much more seriously now, but we're a long way from understanding all the ways in which women's symptoms, diseases and health care needs diverge from those of men. Reproductive matters aside, research continues to prove that women's health is not men's health, any more than a child's health is a senior citizen's health, despite considerable anatomical overlap.

At Saint Agnes in Baltimore, leaders learned through a community health needs assessment that heart disease was a major concern for residents of its low-income urban neighborhood. The hospital decided to take its fight against women's heart disease to the churches with an awareness-building, risk-screening program known as Red DressSM Sunday. The outreach program has grown to 130 churches from just 3 in 2005. Also in Baltimore, Mercy Medical Center discovered, by focusing first on women, a way to bloom in the inner city.

At Mount Carmel Health System in Columbus, Ohio, professionals recognized that women between ages 40 and 65 often experience emotional, physical and practical problems related to life transitions. A new program, growing rapidly, offers classes and social interaction that help women at midlife explore new opportunities and strengthen their coping skills.

At St. Mary's Medical Center in Huntington, W. Va., leaders took action against a well-known problem: women's neglect of their own health while taking care of others. The solution: invite women to join a membership program where they can learn to bet-

ter address their own health needs and get help with navigating the health care system.

At St. Joseph/Candler in Savannah, Ga., members of the clinical team became concerned about what they regard as the medical community's lack of adequate follow-up for women in the postpartum period. An ethicist and an OB/GYN tell us what they are doing to strengthen services at St. Joseph/Candler and offer some general guidelines for upgrading care.

Two other articles address programs aimed at helping victims of pervasive social problems that often remain hidden from public view: domestic abuse and sexual assaults, whether from a partner, a friend or a stranger.

Finally, we are honored to publish excerpts from a journal in which Julie Trocchio recorded her not always positive experiences with the medical system and her gratitude for support from family and friends during her recent battle with bladder cancer. We know that many readers share our admiration and affection for Julie, CHA's senior director for community benefit and continuing care, whose tenure here stretches back over a quarter-century.

“Cancer made me lose my cool,” Trocchio writes. Happily for all of us, she got it back. She reports that she is again sporting the work and play shoes she'd worried she might never need again, and that she appreciates each day and her coworkers, family members and friends even more than before. “Cancer humbled and enriched me,” she told us recently.

We know, of course, that this smattering of articles just scratches the surface in terms of the creative programs our members have in place. We're always interested in hearing about the innovative ways in which our members care for their patients and their communities. We invite you to tell us about yours in an email attachment to HPeditor@chausea.org. Please put “creative program” in the subject line and keep your submissions to 250 words.

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