



Defense Health Agency (DHA) Clinical Communities Speaker Series

Feb 2021 CCSS: Challenges in Women's and Infants' Health

S01: Sex and Gender: How They Influence Women's Health and Diseases

Unanswered Questions from the Session

1. What elements of culture/social constructs do you see contributing to pelvic organ prolapse for women, and do you see this intersection contributing to other comorbid conditions?

ANSWER: There is significant social stigma associated with discussing many gynecologic conditions. The findings of this endometriosis study (<https://www.mdpi.com/1660-4601/18/15/8210>) could be extrapolated to pelvic organ prolapse. Additionally women's symptoms are often dismissed, meaning that symptoms associated with prolapse may be minimized with other conditions with more objective findings (laboratory abnormalities, blood pressure) being prioritized.

2. Do we have any idea why morbidity is still increasing?

ANSWER: If this is in reference to maternal morbidity, the reasons for its rising rates in the US are multifactorial. Some potential factors include increasing age of pregnancy (therefore more baseline comorbid conditions), increasing rates of abnormal placentation, limited access to high quality care (obstetrics deserts), and overtreatment of low risk pregnancies in many practice settings.

3. Has the incidence of pregnancy between the different races and cultures been considered in the disparity?

ANSWER: Yes – the Centers for Disease Control and Prevention (CDC) numbers are age-adjusted population rates. More information can be found here:

- <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>
- <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

4. What is the reason for using Gender rather than Sex in these health discrepancy slides? As you showed, they are not interchangeable concepts.

ANSWER: Yes, sex and gender are separate concepts. However the concepts are often conflated in the biomedical literature. Additionally, we do not currently have universally agreed upon methods of measuring gender. So in general, I have tried to use the terms as they were used in the studies that I presented.

5. Previous medical discrepancy slides used the word gender, now you are talking about sex differences in COVID mortality. Are the words gender and sex being used precisely in these?



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ANSWER: See answer to Question 4.

6. What measures are being taking to close these health disparities that exist among the races? These findings are not new, but continuously persist with it concomitant impact on all aspect of the society.

ANSWER: Agree that these inequities are persistent and damaging to our society. The NIH has multiple initiatives designed to reduce disparities – a few are listed at this website:

- <https://www.nih.gov/ending-structural-racism/health-equity-research#:~:text=NIH%20is%20committed%20to%3A&text=Improving%20minority%20health%20and%20reducing,that%20adversely%20affect%20certain%20populations>
- <https://www.nih.gov/ending-structural-racism/health-equity-research#:~:text=NIH%20is%20committed%20to%3A&text=Improving%20minority%20health%20and%20reducing,that%20adversely%20affect%20certain%20populations>

Additional work is ongoing across multiple federal agencies. These efforts have to be multilevel interventions - factors such as housing, insurance, access to nutritious food, safe places to exercise, education – all influence health.