

Medicine At Work

Women's Health Expert
Donnica Moore, MD,
Speaks Out On
The Challenges
Women Face When
Balancing The Demands
Of Work, Life, And Health

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Q:

Dr. Donnica, in your estimation, how healthy are women in America today?

MOORE: There are many ways we can measure the current health status of women in America. First there’s life expectancy. Life expectancy for women is now longer than it ever has been in history. Is that in large part because of their health? Absolutely, and that’s a very good sign.

However, we can look at other, more specific health parameters and say, in some respects, that we are less healthy than we ever have been in history. For example, more than 50% of our overall population is more than 20% overweight. That’s unacceptable. Obesity is a major risk factor for numerous chronic diseases, including, but not limited to, heart disease, high blood pressure, elevated cholesterol, joint problems, etc. So that is not a good sign. Stress among women is also at very high levels.

Q:

So when you look at the overall health status of women, are you optimistic about what lies ahead?

MOORE: I’m always an optimist. To me the cup is always half full. As a society we complain an awful lot about things that aren’t quite right. But I am very grateful to be living in a country that has, in my opinion, the best healthcare delivery system in the world—by far. When I talked to Hillary Clinton years ago about healthcare reform and how critical she was of our system, my comment to her was, “As a mother, if your daughter is sick, what country do you want her to be treated in?” The answer is undeniably the United States. So yes, I am truly optimistic about the future of women’s health.

That being said, I think we still have major issues to address. Obesity, as I mentioned before, is completely out of hand. It’s only been recently that public health officials have decided to take on the issue of overweight and obesity in this country.

There are other public health issues that have tremendous

room for improvement, too. Take cigarette smoking, for example. Teenage girls are the only demographic in our country where smoking is on the rise. For women—or anyone at all—to smoke in this day and age in our country is unacceptable. We have all the information we need to help people quit, yet 25% of the population still smokes.

Recently, there have been some employers who have done a tremendous job in implementing smoking cessation programs, and they’ve had great results. Some large corporations have also initiated worksite weight management programs that have been successful. You know it only makes sense—since people who are employed spend the majority of their time at work—the workplace can have phenomenal influence on helping people change health behaviors for the better.

Organizations are also doing some good things with cholesterol management programs. Johnson & Johnson recently conducted an 8-week program where they demonstrated a significant reduction in cholesterol just by providing regular information, meetings, and, of course, cholesterol screenings for their employees. That’s a situation where a little effort on the part of the company can pay big dividends in the health status of their employees. The bottom line, of course, is that good health will always be good business, for our employees as well as for our customers.

Q:

What are some of the most significant challenges that working women face?

MOORE: In my opinion, the number one challenge is childcare. Maybe it’s because I’m a mother of young children, but the fact of the matter is, it always comes back to childcare. Working Mother magazine has their annual issue on The 100 Best Companies For Working Women, and the number one criteria they identify as influencing the life of working women, is what kind of support companies provide in terms of childcare.

How is this a health issue? Well, first, childcare is certainly the most stressful issue that working mothers have to deal with. This stress can be reduced if working moms have access to quality childcare. Even better, if a company has onsite childcare, it allows working mothers to be close

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to their children throughout the day. If the organization helps parents finance childcare, or at least helps working mothers locate reliable childcare options, female employees will have peace of mind that their children are well taken care of. That can help contribute to increased productivity as well as increased loyalty.

Also, if companies can provide sick childcare options or flex time so that mothers can be available to take care of their own children when they're sick, this is an incredible benefit for women.

Q:

Do you think women really understand their health and what they need to do to be healthy, or do you think it's still a little bit of a mystery in terms of their cognitive understanding?

MOORE: I think there's a big difference between cognitive understanding and implementation. Women physicians are a classic example. There is no group that is more educated about what they need to do for their health than women physicians, and yet, according to the women's physicians study done by Dr. Erika Frank at Emory University, 4% of women physicians in 1998 were still smoking. An equal percentage of women physicians are overweight to the general population.

It is apparent that female physicians are not doing the things that we tell other women they should be doing. I can even speak for myself. I made one New Year's resolution this year and that was to start practicing what I preach. I am really good at telling everybody else what they should be doing with their health, but I was 30 pounds overweight. I wasn't exercising regularly; I wasn't even taking my vitamins every day. I was one of the biggest advocates for the use of an aspirin a day to reduce cardiac risk factors, but I wasn't taking aspirin, either. So all of those things changed for me on January 1st.



Q:

So when we start to bridge the gap between knowledge and action, how can we help women—who are approximately 50% of the workforce—take that information and then translate it into action?

MOORE: First of course, we have to remember that knowledge is power. We live in an information super age. There is tons of information available. But it's simply not being accessed the way it should be—it has to be acted upon. To act upon that information, individuals have to first admit and accept that there is a problem that needs to be changed. Change is easier once the decision to change has been made. Making that decision is the hard part.

I think the way we give women information makes it difficult to act upon. We simply give too much information. We say, "Here's the 2,700 things that you need to do to maintain your health, now go do them." On the contrary, I think if we said, "Okay, make one small change this week. Then make one small change next week," we'd be much better off. Small changes yield big results.

Q:

Are there differences in the way that health promotion programs need to be offered to women as opposed to men?

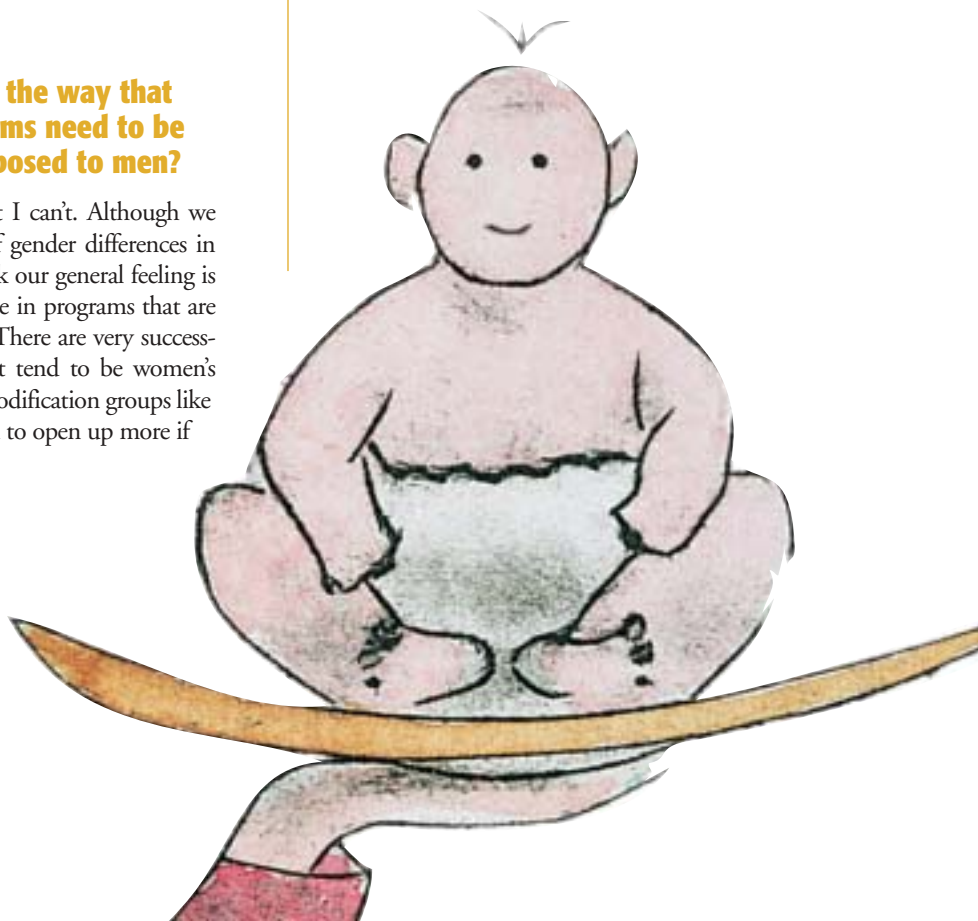
MOORE: I would like to say no, but I can't. Although we don't have much data in the area of gender differences in health promotion programs, I think our general feeling is that women are more comfortable in programs that are specifically targeted to women. There are very successful walking club programs that tend to be women's group programs. In behavior modification groups like Weight Watchers, women tend to open up more if it's only women in the room.

In past years when I did Lunch 'n Learn programs for women at the worksite, I was shocked at the kinds of questions women felt comfortable asking in front of other female coworkers. They asked questions about their sex lives, about intimate symptoms, questions about the stress they felt at the workplace and at home. They asked questions about depression, mental status, and anxiety disorders, too. So, when you consider that these women are much more open and much more supportive of each other when they're in groups comprised of only other women, it may be wise to consider offering health promotion programs to women-only groups. Of course, it goes without saying that the program would benefit from being led by a woman, too.

Q:

From your perspective as a woman physician, are there disparities in healthcare between men and women?

MOORE: The jury is still out on that one. There are certain disease areas where there are some striking differences, but, in general, it's difficult to say if there is a disparity between the care that women receive compared to the care men receive.



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It should be noted here, though, that there is a big difference between the way women and men are treated when it comes to heart disease. For the most part, women and their physicians are still acting as though heart disease is a man’s problem. If a woman has chest pains, she’s more likely to be treated for panic attacks or anxiety. If a man comes in complaining of chest pain, he’s going to be taken very seriously and evaluated for a heart condition until proven otherwise.

We do know that women access the healthcare system more frequently than men—but this can be a misleading fact. As anyone who is married will tell you, women are more high maintenance—they depend on the healthcare system for many more “non-disease” conditions than men do. For example, there’s contraception. 25% of all women of reproductive age take birth control pills, and they have to access the healthcare system to get them. There’s no male equivalent to that.

There’s also hormone replacement therapy for menopausal women. Again, hormone replacement therapy is not intended to treat a specific disease condition, but rather, it’s preventive or symptomatic care. Women require more invasive, preventive examinations, too. While men and women do require an annual rectal exam, which is certainly invasive, women also require an internal pelvic exam, Pap smear, and a mammogram, for which, of course, there is no male equivalent.

Q:

What can women do to maximize their relationship with their physicians? How can they make that relationship a great one?

MOORE: First of all, women need to accept that their interaction with their doctor is a relationship. Women are relationship experts. We love nurturing relationships. But somehow, when we’re dealing with perceived authority figures like doctors, we forget the doctor is a person, too. Unfortunately, sometimes the doctors forget that as well.

As with any relationship, the hallmark for making a doctor-patient relationship successful is communication. That communication has to go in both directions. The woman

needs to be as open and honest as possible so the doctor can do his or her best work, and the doctor needs to be as communicative as possible with the patient, putting her at ease and explaining things satisfactorily. Most importantly, both parties need to listen to each other. Establishing a good relationship with a physician you’re comfortable with and letting that physician be your personal trusted healthcare professional for all of your healthcare needs is very, very valuable.

Many women are more willing to “vote with their feet” and simply find a new doctor instead of putting in the time to establish a great, lifelong relationship with their physician. And often, we wait until there’s a crisis before we take action. Women need to improve in this area.

The second thing women should remember when it comes to interacting with their physicians is that they need to know what they want. Think of it this way. Women who go to the grocery store with a shopping list generally come out with what they need, and very little of what they don’t need. They also go back to the grocery store less frequently. I’d love for women to take that approach with their doctors. They should go to the doctor with a three-part list.

First, they should list out the symptoms they’re experiencing—what is it that prompted the visit? Second, what are the issues that need to be reviewed since the last visit? And finally, women should ask follow-up questions or get clarification on any confusing points. If women went to the doctor with their three-part “grocery list,” they’d generally come away from the visit better educated and prepared to treat their condition.

Q:

What are the three or four most important pieces of advice you would give working women to help them preserve and enhance their health?

MOORE: The first thing I would say is put your health on your priority list. I would like to say put your health on the top on your priority list, but I know that’s unrealistic. So if it’s at least on the priority list, I’m happy.

Second, I'd tell women they've got to realize and accept that they can't do their best taking care of others or doing their job if they haven't taken care of themselves first.

I fly a lot and I've got that whole airline speech memorized. The line that always strikes me is, "In the event of an emergency, put on your own oxygen mask first, then take care of the person sitting next to you." As women, our instinct is always to put everybody else's oxygen masks on first.

Number three, I honestly believe that it is possible to do it all and be it all. But you can't then have it all, because in the process you lose yourself. What do I mean by that? Well, everything has its time and its place. You can do it all and be it all, but just not all at the same time. When you're at work, you focus on work. When you're at home, you focus on your home life. If you don't take care of yourself properly, you're not going to be as effective as you could be if you were in better shape.

Now, those are global recommendations. With regard to specific health behaviors I'd tell women to concentrate their efforts in four areas—sleep, nutrition, exercise, and water intake.

First, you've got to get a good night's sleep. Women notoriously have sleep deprivation problems. The average working woman gets 6-1/2 hours sleep per night, which is simply not sufficient.

Second, women have to eat a well-balanced diet. I can't emphasize the importance of this enough. "Well balanced" not only means food from the different food groups, but it also means eating appropriate portions. As Americans, we've come to think of portion size as how much can be eaten in one sitting. That is not an appropriate portion size. We need to realize overfeeding our bodies can be just as dangerous as underfeeding our bodies.

Next is exercise. Exercise benefits us in so many ways—and we don't have to go to the gym to get it. Exercise can be walking around the campus of your workplace for twenty minutes at lunchtime, or taking the stairs instead of the elevator.

Finally, women need to drink more water. Most women do not drink enough water. Drinking 8-10 glasses per day reduces the risk of colon cancer by up to 40% and helps us maintain proper bowel and bladder habits.

Q:

Donnica, if you could give advice to CEOs, what advice would you give them about enhancing and protecting the health of women at their workplace?

MOORE: I like to put it this way—every CEO has a mother. Most of them have wives and daughters, too. Getting CEOs to really think about this fact usually has a big impact on how they address women's health in the workplace. They begin to see it as more of a priority.

I would also try to get them to realize that healthy women

in the workplace will reflect a healthy bottom line. As I said before, good health really is good business. Any indicator management wants to examine—whether it's employee productivity, days lost from work, accident days, sick days, health insurance utilization, health insurance costs, etc., how improving the health of women employees improves business, period.

Lastly, I would tell CEOs to step up and set an example for making health a priority in the workplace. Here's an example of how a CEO can really set the tone. Years ago, I was invited to speak to the women employees at Fannie Mae. It was a real surprise to me that I was introduced by Fannie Mae's CEO Frank Rains. I wasn't introduced by the nurse in charge of employee health, or by the director of HR which is usually how it happens, I was introduced by the CEO himself. I could tell that made a big impact on the women who attended. He made it clear that women's health was important to him and important to the company. In doing so, he made it clear that the women workers at Fannie Mae were important to him, and their health was particularly important to him. More CEOs should follow his lead. ★

ABOUT THE EXPERT: **Donnica Moore, MD**

Donnica Moore, MD is highly regarded as a women's health educator and as a media commentator. Dr. Moore is President, Sapphire Women's Health Group, a multimedia women's health education and communications firm. She also hosts DrDonnica.com, a popular women's health information website. Her impact online goes beyond this site: she is also the women's health expert for YahooHealth.com.

Dr. Moore is most well known for her former role as the weekly women's health contributor for NBC's Later Today Show (1999-2000) and for her frequent appearances on NBC's Weekend Today Show, "The Oprah Winfrey Show", "The View", and others. Her voice was heard daily in 132 markets from September 2000 through March 2002 on her nationally syndicated radio spot, "Dr. Donnica's Women's Health Report".

Dr. Moore has received more than 30 prestigious awards. She is a popular speaker for professional, consumer, and medical audiences. Her work has been featured in more than 40 periodicals such as Business Week, The New York Times, and The Wall Street Journal. She serves on the editorial board of the Journal of Women's Health and as the regular "Doctor on Call" columnist for First for Women magazine.

Dr. Moore graduated from Princeton University and the SUNY School of Medicine. She undertook residency in OB/Gyn at Temple University and family medicine at Memorial Hospital of Burlington County. She has served on the Boards of Directors of the American Medical Women's Association, the Society for Women's Health Research, and Research!America.

