

Investing in women's health is vital to creating a healthier, happier, and more productive world for everyone.* Such investments are not only the right thing to do, but the science and data clearly demonstrate they also make good business sense.

Research from the World Economic Forum and McKinsey Health Institute shows that addressing women's health could add years to life and life to years — and potentially grow our global economy by \$1 trillion a year by 2040. That is thanks to lower healthcare costs, better quality of life, and more people contributing to the global workforce.

Investments tied to five key areas of women's health — autoimmune disease, Alzheimer's disease, lung cancer, heart disease, and mental health — can generate significant returns in healthcare cost savings, economies, and years of life. Additional studies support this as well: when communities invest in women's health, healthcare costs decrease, and both women's health and the local economy improve.

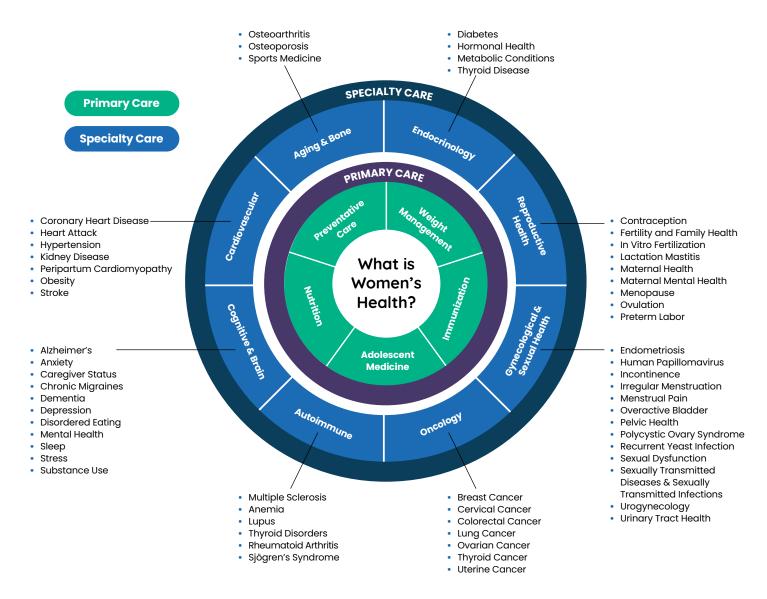
^{*} The terms woman, women, and women's health encompass the full spectrum of needs experienced by cisgender women and all individuals with similar health needs.



Women's health is often narrowly equated with reproductive or gynecological care, but it encompasses much more. Unfortunately, there's no universal definition or agreed upon starting place.

Some define women's health as diagnosis and treatment of conditions unique to women, or those that affect women differently than men. This framing falls short of defining the full scope of women's unique health needs.

Women's health should span a woman's entire lifetime and encompass both primary and specialty care. The chart below illustrates the full breadth of this care. Each category includes conditions that must be addressed comprehensively, not in silos. For example, connections between pregnancy and heart health, or between menopause and heart, bone, and brain health, have a real impact on a woman's life.





Why focus on women's health, rather than just health or even men's health? There are several key reasons.

- (+) Biological differences between men and women exist at the molecular and cellular level. Yet historically, **medicine has** overlooked the impact of sex on disease prevention, diagnosis, and treatment. As a result, we don't always understand how medications and therapies affect women.
- Women spend an average of nine more years in "poor health" than men about 25 percent more. Many assume these years occur at the end of life, but they often occur earlier, during the prime years of work, family, and community involvement.
- Some medical conditions only occur in women, such as endometriosis, polycystic ovarian syndrome, and cervical cancer. Others — like breast cancer, lupus, and multiple sclerosis – affect women far more often than men. Even common conditions such as diabetes and asthma, can present differently in women.

Heart disease is the leading cause of death for women, but heart attacks can look different for women than men. While chest pain is still the most common symptom, women are more likely to experience shortness of breath, nausea, and back or jaw pain. Yet, research shows that when women present with these symptoms, they wait longer in emergency departments, receive fewer tests, and are less likely to be admitted or treated appropriately.

BY THE NUMBERS: WOMEN'S HEALTH

of the population are women — and women bring 51% of the population are from 51 100% of future generations into the world.

80% of all healthcare decisions are made by women.

10% more healthcare services are used by women – even excluding maternity-related care.



women's health remains UNDER-RESEARCHED, UNDERFUNDED, and MISUNDERSTOOD.





Keys to Improving Women's Health

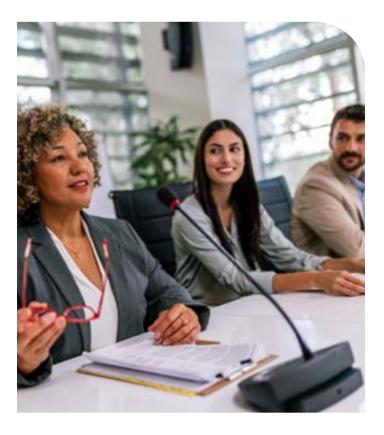
There are many barriers limiting advancement in women's health which present opportunities for hospital and health system leaders.

Funding

Fewer dollars are directed to research, development, and investment in women's health. Less than two percent of healthcare venture funding goes to women's health. Globally, only one percent of research dollars focus on conditions that specifically impact women.

Research

For far too long, the male body was considered the default standard, resulting in research that was disproportionately male or gender-neutral focused. It was only in 1993 that women were required to be included in clinical research, and they still remain underrepresented today.



Access to Providers

There is a shortage of clinicians needed to address women's health. Currently, over 35 percent of counties in the United States are considered maternity care deserts, meaning the county does not have a birthing facility or obstetric clinician available. Applications to obstetrics and gynecology residency programs declined in 2023 and 2024. A shortage of providers, including doctors, nurses, doulas, and midwives, means limited access points for women during pregnancy and throughout their lives.

Affordability

Recent data from Deloitte shows that women incur, on average, approximately \$266 more in annual out-of-pocket medical expenses than men, excluding pregnancy. This adds up to \$15.4 billion more annually for women's healthcare. Even with insurance, many women report difficulties meeting deductibles or their insurance paying less for care than expected.

Missed Care

<u>Deloitte</u> research also highlights that **women are** more than 35 percent likely to skip or delay care. The top reasons included affordability, challenges accessing care such as long wait times or lack of transportation, and negative past experiences with a healthcare provider.





Strategies to Improve Women's Health

Today, hospitals are improving women's health in a variety of ways from small to big.

Educating Patients

Provide patients with trusted information during visits and through the organization's website on conditions unique to women's health.

Educating Communities

Host community events, in person or virtually, to educate people on women's health topics such as menopause, weight management, breast health, heart disease, and more.

Asking Patients What They Want

Create opportunities for patients to provide feedback on education topics they'd like to see and services they need. This can be done through surveys, town halls, or patient and family advisory councils.

Improving Access

Consider in-person and virtual care opportunities that help women access physical, mental, and specialty care – for example, care for women during perimenopause and menopause.

Addressing Patients' Non-Medical Needs

Address the non-clinical needs of women to improve health outcomes. For instance, maternal health navigators can help patients through postnatal/postpartum care, offer prenatal-specific health education, and connect patients to necessary resources such as food and transportation.

Designing Policies and Benefits that Support the Health of Women in the Workforce

Offer policies and benefits that support women throughout their entire careers — including those that address family building, maternal health, mental health, menopause, equal pay, flexibility, and paid parental leave (for both parents).

Advancing Clinical Research

Increase hospital-supported research that covers health conditions spanning a woman's lifetime, including those that present differently in women. Alternatively, focus on increasing recruitment and participation of women in existing clinical research.





Learn more about women's health.

This includes understanding what women's health is, why it's essential to focus on the unique needs of women, and how certain conditions impact women across their lives.

Elevate women's health for leadership and boards.

Start by asking questions such as, "how does this impact women?" From there, build the business case for prioritizing women's health. Women are the most important healthcare consumers. They make up 51 percent of the population, serve as primary healthcare decision-makers for their families, and consume more healthcare resources than men. Include women's health as a strategic priority for the organization, acknowledging that hospitals do not need to meet every identified need or do it on their own.

Assess opportunities for improvement now.

Use community, local, and hospital data to identify gaps in access and care outcomes. Evaluate current services, programs, policies, and benefits. Gather feedback from hospital patients, the workforce, and broader community. This data, combined with an analysis of existing resources, preferences, financial forecasts, and partnerships, will allow hospital leaders to identify the most effective approaches for the organization. This work should evolve as feedback, data, resources, preferences, financial forecasts, and partnerships change over time.

Identify goals and metrics that will be used to track progress and measure overall success.

Establish metrics tied to improving access, outcomes, and/or patient experiences in the short and long-term. Ultimately, the approaches selected should lead to happier and healthier patients.

Be a champion of women's health.

Hospital leaders can educate, eliminate stigma and taboos, and normalize conversations around all aspects of women's health — including menstruation, sexual health, and menopause. Creating opportunities for dialogue on these issues will help drive collaboration and increase efforts to improve women's health.

Lead the change in women's health.

Nyoo Health helps hospitals, healthcare leaders, and organizations INSPIRE new thinking, ASSESS needs, NAVIGATE barriers, and COLLABORATE toward strategies that transform care for women.

Contact info@nyoohealth.com to build your plan to better support women's health.

