

FemTech Summit Workshop

Redesigning Healthcare with Women in Mind

7th June 2023

KEARNEY



AIM



1

Discuss the experience of care for women going through the healthcare system



2

Detail the underlying causes for worse economic, experiential and health outcomes



3

Brainstorm how this can be addressed and outline a call to action

Agenda



Welcome and opening



What is the experience of care for women going through the healthcare system?



Underlying causes and impact



Areas to address and areas to learn from



Individual pledge and call for action



Introduce the session and rules of engagement

Hold sharing circle on women's experience of care in the healthcare system

Dive into discussion on the experience of care for women going through the healthcare system and the impact

Brainstorm the underlying causes of identified failure/care points

Discuss what can we address from what is going wrong today and what can we learn from what is going right today

Discuss what can be done as an individual and what can key groups in society do to address this



Presentation
Sharing circle

Presentation
Interactive polls
Discussion

Discussion

Discussion

Individual pledges
Discussion



20 mins

30 mins

20 mins

15 mins

30 mins

35 mins

Our ask of you...

Be...
Present



Be...
Curious



Be...
Respectful



Be...
Open



Be...
Honest



Be...
Bold



Throughout this session we will examine the experience of care from two distinct but interconnected areas

GENDER

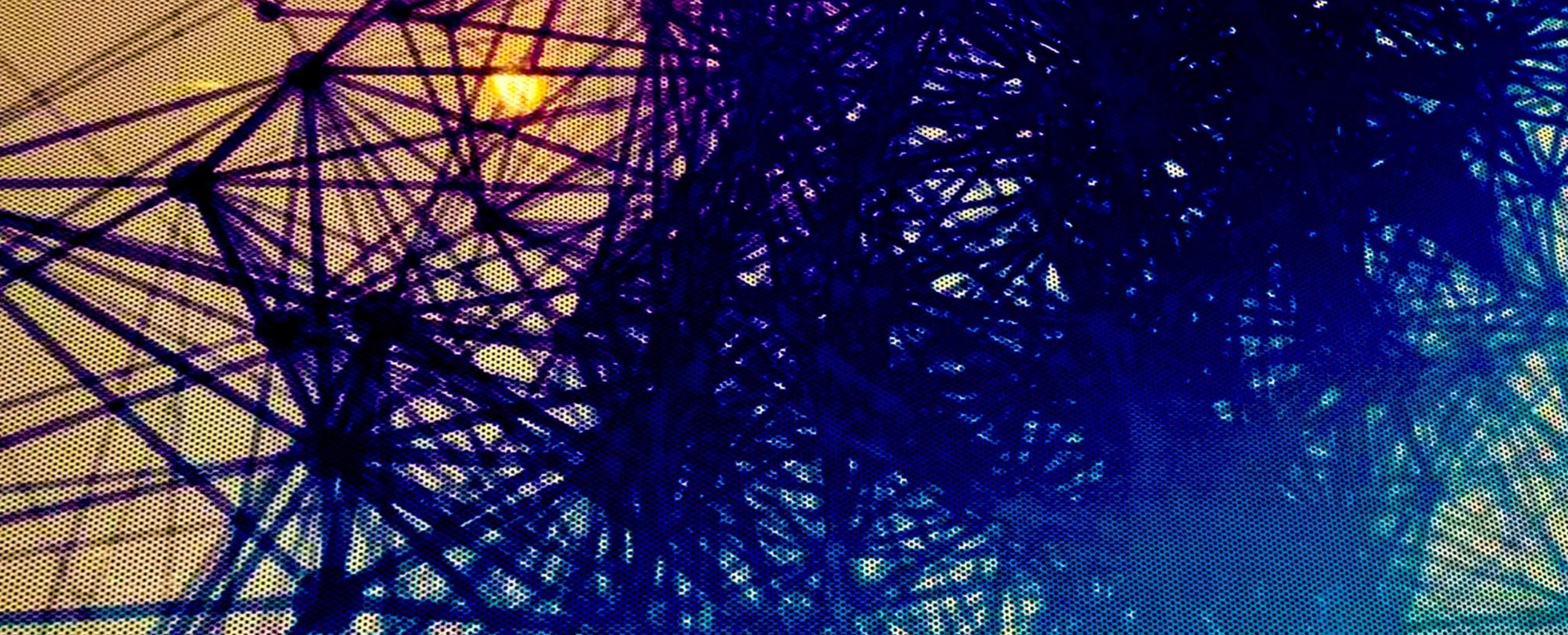


What is the nature of care required by those who are biologically assigned as female at birth?

SEX

What is the experience of care and how is it impacted by identifying as a woman?





Where have you seen the healthcare system fail or particularly care for you as a woman or female, or a woman or female you know?





Jessie

Copywriter

NYC

Meet Jessie

Jessie is a 25-year-old who identifies as a woman.

She is living and working as a copywriter in NYC, commuting to her Brooklyn-based office with artisanal coffee in hand most days of the week, spending the vast majority of her working day on her laptop creating immersive digital storytelling experiences for clients.

Ever-disciplined, Jessie takes time out every few evenings to play tennis with friends – her favorite sport since childhood.



Jessie's Health

Jessie has received little formal education about topics pertaining to female biology. Jessie feels lucky because she has a group of friends who she can talk about these topics with, but her family don't feel comfortable discussing them and her doctor often makes her feel embarrassed and awkward.

In general, when she seeks medical advice, Jessie feels her symptoms are often diminished, and that it take multiple attempts to get answers on her health.



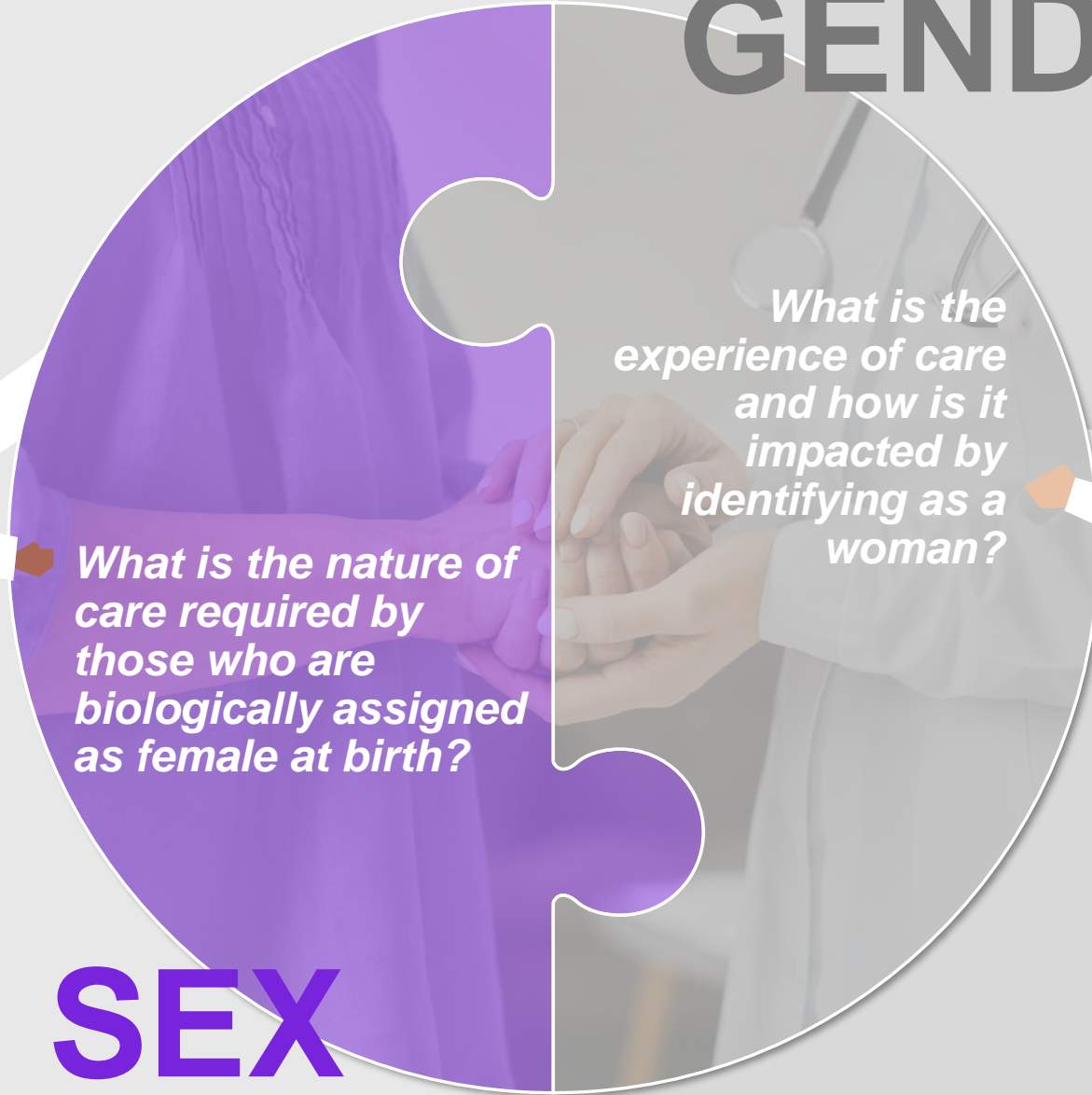
SEX

GENDER



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ADOLESCENT to MIDDLE ADULT

Affects ~10% of reproductive age females globally (190 million)

Jessie receives HPV vaccine

One of Jessie's friends falls pregnant and seeks support in having an abortion, feeling isolated & embarrassed to go to the doctor

Jessie has experienced pain for a while – her doctor explains it may be endometriosis, which is later confirmed through a laparoscopy

Post pregnancy, Jessie starts suffering from anxiety and struggles to manage her mental health

45% are unsafe, of which 97% are in developing countries

Perinatal mood and anxiety disorders affect large number of females, with ~15–21% experiencing these during or after pregnancy

Menstrual Cycle

Jessie is 12yrs old and her menstrual cycle begins, making her feel uncomfortable esp. at school & playing sports

42% females have been shamed for having a period

Sexual Health

Jessie becomes sexually active and receives limited education – she goes to the doctor to find the right contraceptive for her but has a limited & generic discussion

Abortion

Miscarriage

Jessie suffers a miscarriage, and takes time off work to recover but doesn't feel she is able to tell people why

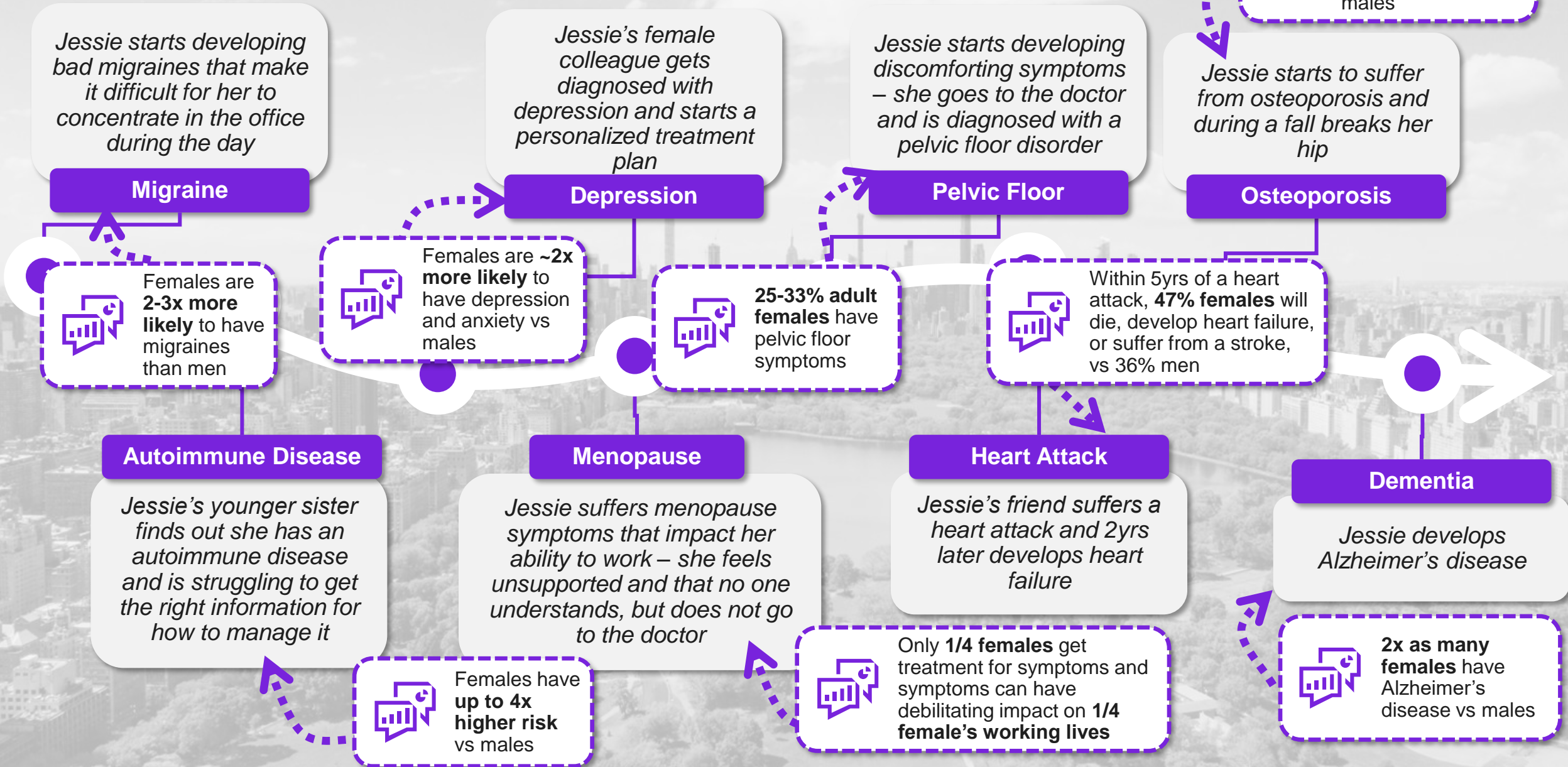
Endometriosis

Pregnancy

Jessie is unsure about how to manage her reproductive health but never seeks medical advice - over the next few years, she gives birth to two daughters

Anxiety

MIDDLE ADULT to LATER YEARS



IMPACT

What is the impact of healthcare failure/success points on women?

SEX: ASSIGNED FEMALE AT BIRTH

EXPERIENTIAL OUTCOMES



Feeling unsupported at work

Being uncomfortable to tell people about symptoms

Feeling confused and anxious about personal health

HEALTH OUTCOMES



Poorly managed pain relief

Persistent and worsening conditions

Undiagnosed reproductive issues

Adverse reaction to drug / dosage - *women are twice as likely to experience & report an ADR as men*

ECONOMIC OUTCOMES



Lower productivity at work due to period pain

Lost works days due to untreated menopause symptoms

Financial burden of cost of contraception & health visits

GENDER

GENDER



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PRE-DIAGNOSIS to DIAGNOSIS



Jessie, who identifies as a woman, is experiencing severe pain – Jessie is embarrassed and doesn't feel comfortable talking to her GP about it



Less than ½ of women experiencing severe reproductive health problems symptoms sought help



Jessie goes home, feeling like her pain wasn't taken seriously and feels neglected and sidelined by her doctor



Almost 30% who had seen an HCP indicated that they had **dismissed their concerns** and 15% reported their HCP thought they were not telling the truth



Jessie's pain only gets worse and her health deteriorates further, with new symptoms presenting themselves



After a long discussion with her doctor, and Jessie refusing to be dismissed again, the doctor runs a series of tests and diagnoses her with a condition



Compelled by the pain – Jessie steels herself goes back to the doctor



The pain gets worse and Jessie is finally convinced to go to the doctor



Jessie explains the symptoms to the doctor, but the doctor believes that Jessie is exaggerating her pain and dismisses her without diagnosing or treating her

DIAGNOSIS to TREATMENT



Jessie starts treatment for the diagnosed disease but finds her symptoms aren't improving and has an adverse reaction



Jessie goes back to her doctor, annoyed and explains this to her doctor



Jessie's doctor has misdiagnosed her and then changes her treatment plan to address her actual problem



Jessie starts treatment and begins to feel better – but the treatment is only dealing with the symptoms as opposed to treating the underlying causes



Women are **half as likely to receive treatments** as men for cardiovascular disease



Jessie feels exhausted by the whole process and disillusioned by the type of care that can be provided by the healthcare system



Jessie is unclear of the follow-up and what she has to do next



A woman is **50% more likely to receive the wrong initial diagnosis** for a heart attack

IMPACT

What is the impact of healthcare failure/success points on women?

GENDER: IDENTIFY AS A WOMAN

EXPERIENTIAL OUTCOMES



Feeling of suffering in silence

Frustration and disengagement with treatment

Reinforced internalized stigma and shame

Sense of neglect with limited opportunity to discuss therapy options

Disillusionment with and loss of trust in the healthcare system overall

HEALTH OUTCOMES



Worsening condition if not treated when symptoms appear

Development of co-morbidities

Increased risk of complications, readmission to hospital and longer hospital stay during treatment phase

ECONOMIC OUTCOMES



Decreased productivity at work

Increased absenteeism at work

Increased likelihood to leave the workplace (*around 40% of women considered leaving their job because of perimenopausal symptoms*)

Magnified cost pressures on healthcare system

DISCUSSION



? **Brainstorm**

- What are the key drivers which are resulting in how women receive their experience of care?
- What is the impact of this experience of care?

 **20 MINS**



UNDERLYING CAUSES

What are the key drivers which are resulting in how women receive their experience of care?

SEX: ASSIGNED FEMALE AT BIRTH

Limited medical research into female-specific conditions

Inadequate HCP education on female-specific healthcare conditions

Lack of solutions tailored to females

GENDER: IDENTIFY AS A WOMAN

Unconscious bias

Women tending to downplay symptoms



Break

10mins



Examples of positive care experiences



Embr Wave

WHAT

Wearable that delivers **cooling or warming Thermal Waves** at the touch of a button for **menopause symptoms**

AIM

Provide **instant relief and management** of menopause symptoms e.g., hot and cold flashes, night sweats, disrupted sleep

IMPACT

Discreet and immediate relief personalized to each woman



Clue

Menstrual health tracking app for period, ovulation and PMS and content Encyclopaedia

Provide **monitoring of menstrual cycle** including mood, skin, energy levels and **education**

Empowered women to make **informed decisions** of their menstrual health



elvie

Wearable devices for women **across life phases** including breast pumps, feeding accessories and Kegel trainer

Provide critical tools for **building pelvic floor strength** and **breast feeding and pumping** on the go

Personalized support for **breast feeding, pumping and Kegel exercises**

DISCUSSION



Source: Kearney

- ① **Brainstorm two key questions**
 - What can we address from what is going wrong today?
 - What can we learn from what is going right today?

 **20 MINS**



We want to shift to action – with personal pledges from you as individuals, as well calls for action from key system players



PERSONAL PLEDGE

What is your personal pledge and commitment to support redesigning the healthcare system for women?



CALL FOR ACTION

What change do we want to see driven by key system players?



What is your personal pledge and commitment to support redesigning the healthcare system for women?



**Please join us
in the Main Hall
for playback later!**

Sources

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Thank you

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