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HealthCareTN

ADDRESSING KEY NEEDS OF WOMEN IN THE WORKPLACE

MAY 7, 2025

AGENDA

- **Welcome - HealthCareTN**
- **Chronic Conditions & Their Impact on Women's Work & Well-being**
  - **Oriana Kraft,** Founder – FemTechnology.org
- **Navigating Menopause & Midlife Health**
  - **Dr. Stacey Silverman-Fine,** OB-GYN – Maven Clinic
  - **Carolina Garcia,** Regional Vice President – Maven Clinic
- **Advancing Equitable Access to Care to and Support for Women**
  - **Andrea Stelk,** VP, Commercial Solutions - Progyny
- **Closing Comments** – HealthCareTN

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CHRONIC CONDITIONS & THEIR IMPACT ON WOMEN'S WORK & WELL-BEING

Oriana Kraft
FemTechnology.org

OUR JOURNEY:

SUMMIT

FemTechnology Summit brings together femtech startups, researchers, clinicians and corporates for a 360 degree perspective on innovation in women's health.

UNIVERSITY SERIES

Scout the next generation of researchers in women's health. Break down siloes, connect innovation ecosystems & disseminate groundbreaking research

ORI

Centralized care navigation tool that integrates existing resources and clinical knowledge to help employers reduce healthcare costs and support women's health.

www.ori.care

Healthcare Doesn't Work For Women:

Diagnostic Guidelines	Care	Priorities
Women are **50% more likely** to be **misdiagnosed** following **heart attack17%** of premenopausal **women missing Diabetes diagnosis**	Women **experience** more overlaps: **comorbidities, chronic conditions & reproductive transitions** — yet our healthcare system siloes organs	**80% of women feel dismissed** by providers **90% of men** vs **10% of women** undergoing prostate vs cervical cancer treatment **asked about sexual wellbeing**

→There are sex differences in every single cell in the human body, impacting the way diseases manifest: how they should be **diagnosed, treated and cared for.**

Women Drive 80% of Healthcare Purchasing Decisions,

But:

Pay $15B More In **Out-Of-Pocket** Costs Per Year Excluding Pregnancy

Ages 45-64, **Direct Healthcare Costs** Are **21% Higher** Than Men

Diagnosed 4 years Later For The Same Disease

20-30% More Likely To Be **Misdiagnosed**

Experience Worse Outcomes: Diabetic Women 13% Higher Mortality Risk (Heart Disease, Depression, Blindness etc.)

The HBA's First State of Women's Health in the Workplace Survey

WOMEN'S HEALTH IN THE WORKPLACE SURVEY

Your voice matters. Take the survey today!

In partnership with FemTechnology

HBA

THAT SHOWS UP IN THE WORKPLACE

OF THE 1'000+ WOMEN WORKING IN HEALTHCARE ACROSS 42 COUNTRIES

70% reported their **productivity was impacted** by a 'women's health'* condition **1-5 days per month**

Only 10.14% agreed **their employer provides adequate education and resources on women's health** issues affecting work.

LACK OF EMPLOYER SUPPORT

ECONOMIC IMPACT
$$$$ in lost value per employee

CAREER DERAILMENT

62% had to **take time off work because of a 'women's health'*** condition

STORIES OF YOUR EMPLOYEES

AUTOIMMUNE CONDITIONS

"Fatigue, joint pain, brain fog.
I struggled to remember things or focus at work.
I went to multiple doctors seeking answers, but was dismissed ... until years later a doctor diagnosed me with lupus."

$3,000 - $15,000
per employee per year in lost productivity
4-year diagnostic delay
4+ providers
14% of women

STORIES OF YOUR EMPLOYEES

ENDOMETRIOSIS

"Terrible pelvic pain and heavy bleeding. I was told 'it's all in my head'.
After thousands of tests, pills and injections ... 4 surgeries later, I was diagnosed with stage 4 endometriosis.
Due to the delays in treatment, my nerve endings were damaged. I now live in chronic pain."

$15'000
per employee per year in lost productivity

10.8 hours lost work weekly

7 year diagnostic lag

5+ providers

1 in 6 women have lost their job due to symptoms

10% of women

STORIES OF YOUR EMPLOYEES

PELVIC FLOOR DYSFUNCTION

"As a physician who developed pelvic floor issues requiring surgery, I was shocked by commercial insurers' denials. I knew how to fight back with guideline data, but most women don't. There is a need for employers to offer better resources and awareness. Another big issue is that payers often deny necessary treatments."

$10'000

per employee per year in lost productivity

40% of women

6.5 years to treatment

<25% discuss with clinician

AUTOIMMUNE CONDITIONS
15% OF WOMEN
$3,000 - $15,000 PER YEAR

ENDOMETRIOSIS
10% OF WOMEN
$15,000 PER YEAR

PELVIC FLOOR
DYSFUNCTION
40% OF WOMEN
$10,000 PER YEAR

PCOS
10% OF WOMEN
$2,500 PER YEAR

THROUGHOUT HER CAREER,

A WOMAN WILL FACE SEVERAL HEALTH CONDITIONS

INADEQUATELY ADDRESSED BY OUR HEALTH SYSTEM.

(PERI)MENOPAUSE
100% OF WOMEN
$1,500 PER YEAR

DIABETES
$1,000 - $2,000 PER YEAR
MORE THAN MEN

MIGRAINES
21% OF WOMEN
$4,000 PER YEAR

+ MORE ...

THIS COSTS:

TIME, MONEY & LIVES.

Unaddressed women's health conditions cost between **$3'000** to **$15'000**

per female employee per year

in lost productivity alone

minimum loss
$1'500'000
for 500 **female employees**

minimum loss
$15'000'000
for 5'000 **female employees**

minimum loss
$150'000'000
for 50'000 **female employees**

"The cost of medical care prevents some of us from addressing these conditions. Some costs are copays, but **some are deductibles, which are very expensive—especially if multiple appointments are needed."**

MAIN OBSTACLES :

STRUCTURAL INEQUALITIES

MISDIAGNOSIS

CAREER IMPACT

EMPLOYER SUPPORT

"I looked into benefits that include Women's Health. It was impossible to get an accurate response. My daughter has PCOS, I have an autoimmune condition & Factor 5 [a genetic condition that increases the risk of blood clots and pregnancy complications, impacting **5% of the female population**]. **Finding coverage for birth control and medications for Factor 5 was very difficult, if they were covered at all."**

OBSTACLES :

"I've had terrible premenstrual symptoms since age 10, yet **was only diagnosed with Polycystic Ovary Syndrome (PCOS) at 37.**"

"I've been told many times that **I didn't display the symptoms 'normally' associated with** [a condition], **only to find, after testing, that I had it.**

Structural Inequalities

Misdiagnosis

Career Impact

Employer Support

"I held a senior position whilst being impacted by problematic perimenopause symptoms. Within 3 years I went from rated as exceeding expectations to being put on a performance review then made redundant. **Medics misdiagnosed me, I was uncertain why my performance was dipping.** I had no psychological safe space in the workplace."

OBSTACLES :

"Lost opportunities due to women’s health issues are real and pervasive."

"Although I experience these conditions, I typically work through them rather than taking time off. I’m unsure if my employer would support me in addressing these issues with a healthcare provider."

Structural Inequalities

Misdiagnosis

Career Impact

Employer Support

"Each month, I experience severe cramps that keep me in a fetal position on the first day of my period. If that day falls on a workday, **I’m forced to take sick leave.** This means scheduling a GP visit, waiting to be seen, obtaining a medical certificate, **handing it to HR, and ultimately receiving reduced pay—just for being a woman.** It’s disheartening to be labeled ‘sick’ for something so common.”

OBSTACLES :

"The men I work with don’t even know what endometriosis is. They barely see women as equals."

Structural Inequalities

Misdiagnosis

"I hesitate to bring up my health challenges. Women already earn less than men in equivalent roles, and discussing women’s health issues may just give employers a reason to justify the wage gap or deny promotions."

Career Impact

Employer Support

"We’re encouraged to discuss women’s health, but as soon as there’s a cost involved (…) **there’s little willingness to act if it requires resources or change.**"

'THE HIDDEN GAPS: UNVEILING THE IMPACT OF OVERLOOKED WOMEN'S HEALTH IN CLINICAL PRACTICE'

OUT OF THE 200 PHYSICIANS WE SURVEYED ACROSS

ONCOLOGY. CARDIOLOGY. OPHTHALMOLOGY. ENDOCRINOLOGY. NEUROLOGY

53% cited insufficient sex & gender research and treatment guidelines as a major concern in their ability to deliver clinical care

47% acknowledged that systemic biases, including unconscious gender stereotypes, undermine the quality-of-care patients receive

80% of physicians observe sex differences in disease progression & treatment response
yet less than **30%** feel equipped with resources to address them.

DIABETES

Higher
risk of diabetes-related complications like **blindness, kidney disease and depression.**

2x
risk of heart disease

37%
more likely to die from secondary complications

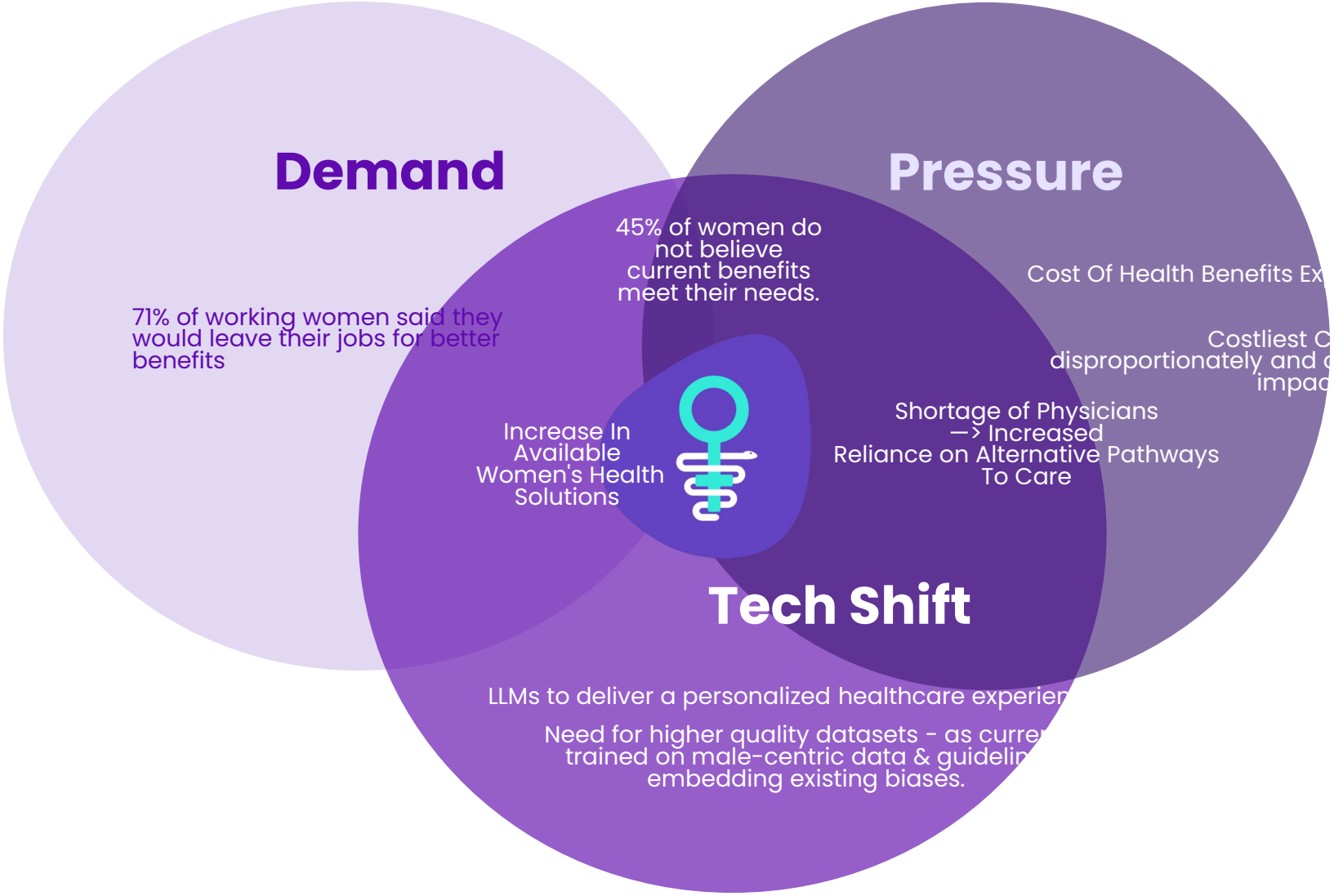
OF 200 PHYSICIANS SURVEYED IN 6 COUNTRIES ACROSS

CARDIOLOGY	ENDOCRINOLOGY	NEUROLOGY	OPHTHALMOLOGY	ONCOLOGY
77% report moderate to significant **challenges in adapting male-centric protocols** to female patients	**90%** identified **research gaps** as having a **moderate to significant impact on patient outcomes**	**80%** believe hormonal changes affect neurological health of women & **requires further research**	**75%** believe hormonal changes **significantly affect women's retinal health but lack guidelines**	**80%** frequently observe **gender differences in cancer symptoms & diseases progression**
STROKE	PCOS	ALZHEIMER'S	RETINAL VEIN OCCLUSION	LUNG CANCER
HEART FAILURE	THYROID DISORDER	MIGRAINES	UVEITIS	OVARIAN CANCER
HYPERTENSION	DIABETES	MULTIPLE SCLEROSIS	DIABETIC RETINOPATHY	BREAST CANCER
HEART ATTACK SYMPTOMS	OSTEOPOROSIS	EPILEPSY	AGE-RELATED MACULAR DEGENERATION	ENDOMETRIAL CANCER

RECOMMENDATIONS

Listen To Women	Provide a safe place to collect real-time feedback from women
Centralize Resources For Women's Health	76% of women indicated interest in an employer provided tool that would help them navigate women's health
Reconsider How 'Women's Health' Is Defined	IBS, Pelvic Floor Dysfunction, Factor V, PCOS, Endometriosis etc. are all essential women's health issues - not just those traditionally linked to reproductive transitions.
Build Better Benchmarks	Current data sets are biased and limited - especially when it comes to women's health

GROWING NEED, DESIRE & ABILITY FOR CHANGE



ORI

Outcomes. Research. Innovation.

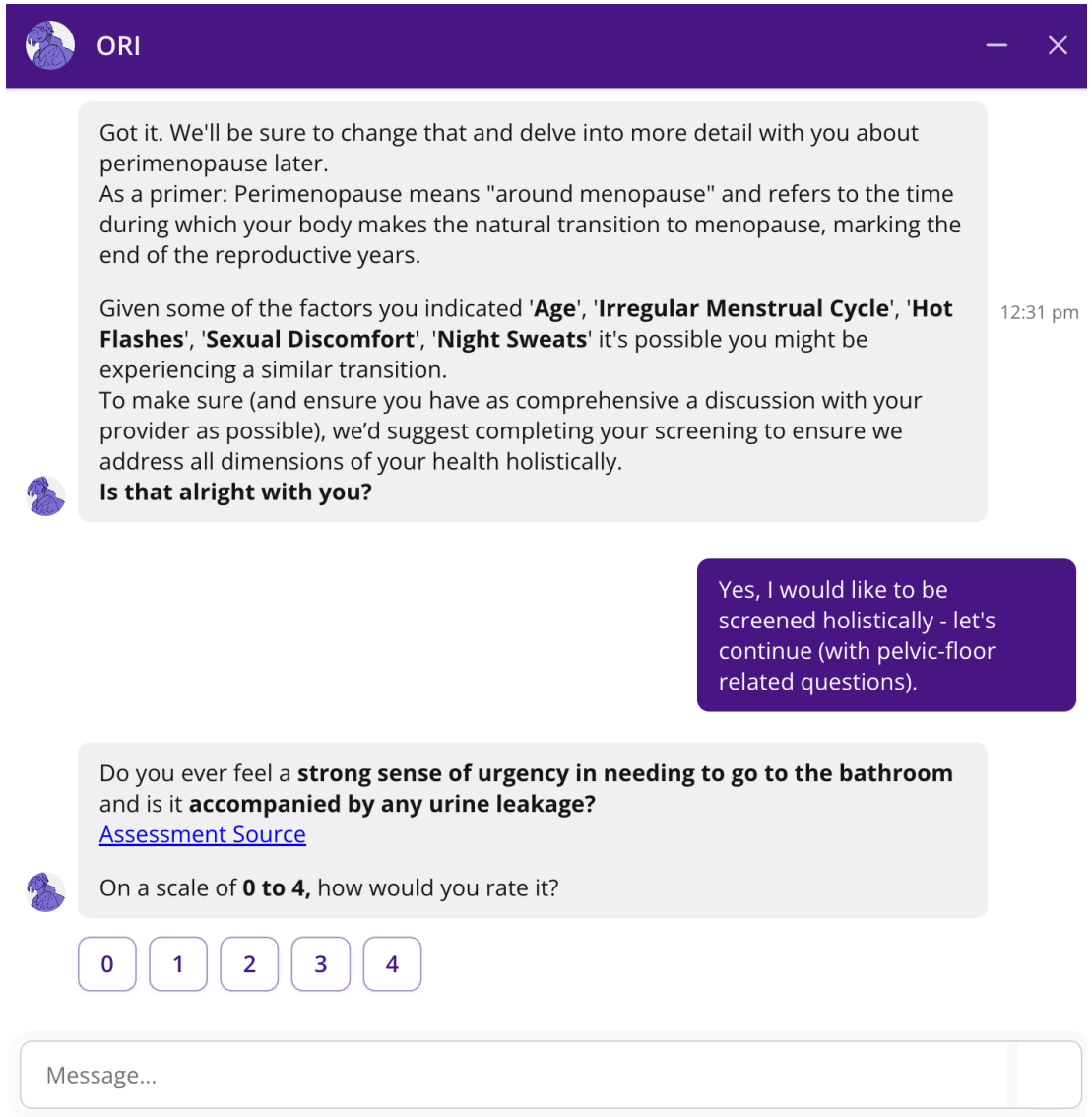
CENTRALIZING WOMEN'S HEALTH SOLUTIONS FOR BETTER CARE & LOWER COSTS

A New Model Of Care Built For Women

Asks About Priorities, Preferences & Constraints In Care

Proactively Prompts: 'You Don't Know What You Don't Know'

Expands Options Offered



Synthesizes & Draws From Established Best Practices

Connects The Dots

Follows Up Until Problem Is Resolved

Leverages What Already Exists, Plugs In Gaps

Employee Issue

ORI

might be relevant. Can you walk me through what I should do next?

Of course! What happens next, we're going to:

1. Walk you through your options for addressing urgency urinary incontinence
2. Ask you about your **preferences and priorities** in care (as a factor of symptom reduction, time, money etc.) and how that aligns to your treatment options.
3. Provide you with **a personalized report** with everything we've flagged and discussed that would be worth exploring with your provider

12:32 pm

You can then then use that report to inform your discussion/ treatment plan with your existing provider.
You can also use the report in the context of an **employer-sponsored benefit** offered to you free of charge: a **virtual pelvic floor physiotherapist who can assist you in confirming a diagnosis and care.**

Walk me through what my options for urinary incontinence are based on my preferences so I can have a more nuanced discussion with my provider

Filters For IndividualPreferences & Priorities In Care

Internal Solution?

Best Match For You: Omada

Because you said: 'Money is an issue. Please prioritize treatments that are fully reimbursed.' 'I want an option that also addresses painful sex.' 'I want non-hormonal treatment.' We are recommending: Omada - a benefit fully reimbursed by your employer. Omada supports muskuloskelettal care -- pelvic floor physiotherapy is included in that. Pelvic floor physiotherapy can also help with painful sex. Omada is also movement-based (so non-hormonal). Would you like to redeem this benefit ?

Explore Benefit

Surfaces Internal Benefit

No Solution?

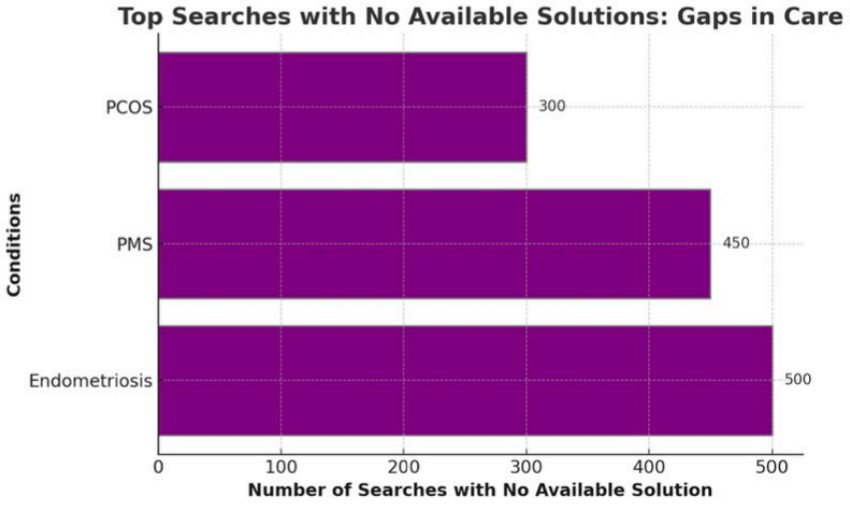
Some other options for you to consider: Flyte

This option aligns, because you said: 'I don't have a lot of time to dedicate to treatment.' (It takes 5 mins a day for 6 weeks) 'I want non-hormonal treatment.' This options does not align as well, in respect to: 'Money is an issue. Please prioritize treatments that are fully reimbursed.' 'I want an option that also addresses painful sex.' Would you like to find out more about Flyte?

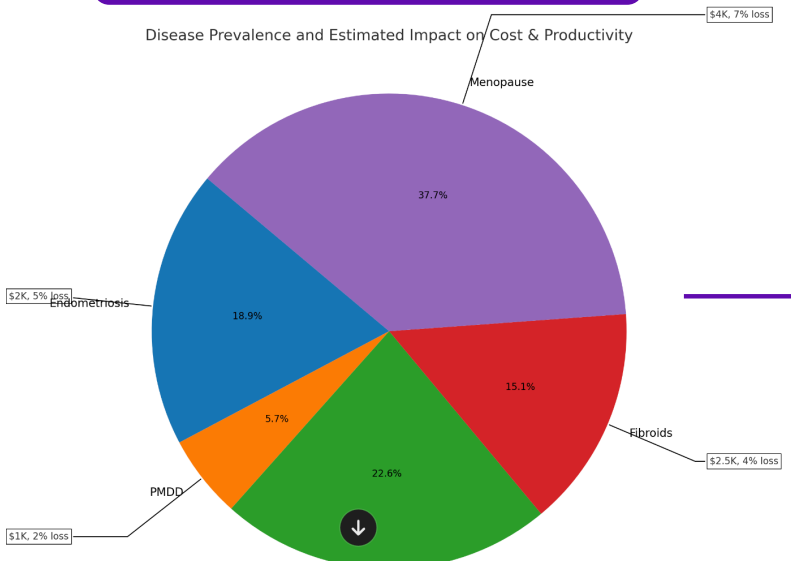
Plugs Gaps With Personalized External Solutions

Collects Nuanced Data To Establish A New Baseline

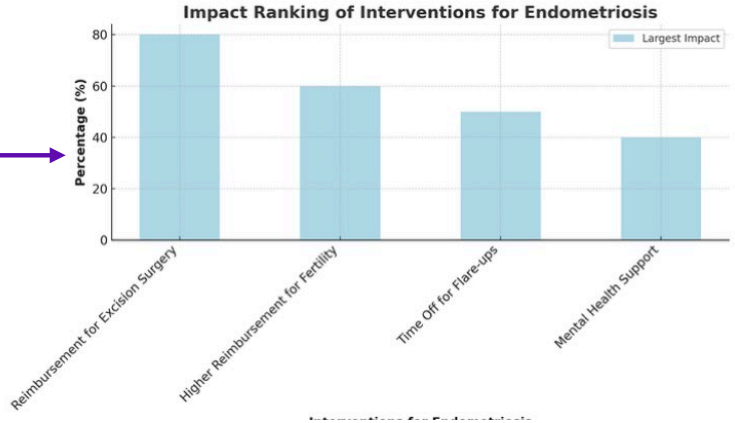
Map Gaps In Care



Quantify Cost Drivers



Tailored Interventions



HEALTHCARE NEEDS A REDESIGN.

Let's redesign it with women in mind.

contact: oriana@femtechnology.org

www.ori.care

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NAVIGATING MENOPAUSE AND MIDLIFE HEALTH

Dr. Stacey Silverman-Fine, OB-GYN – Maven Clinic
Carolina Garcia, Regional Vice President – Maven

Navigating Menopause and Midlife Health

Presented by Maven Clinic

MAVEN

Thank you for joining us!

Dr. Stacey Silverman-Fine
OB-GYN

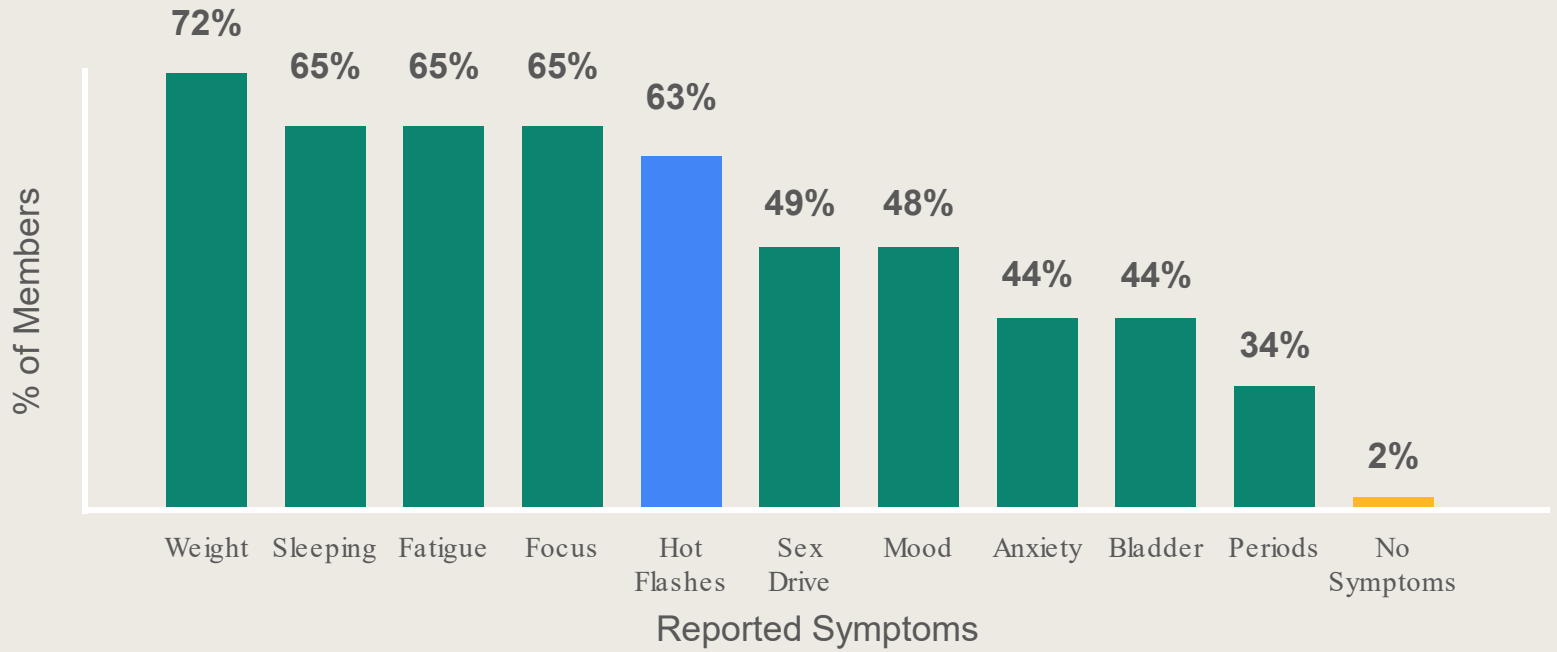
With over 20 years of experience, Dr. Fine serves as a lead practitioner on Maven Clinic, a virtual clinic for women and families. She previously served as Medical Director of Women's Services at Camarillo and Women's Health Partners of Los Robles

Carolina Garcia
Regional Vice President

Menopause: you are not alone

PREVALENCE

47 million women globally enter menopause each year



33% of Maven members report **3 or more severe symptoms**

And **49%** of men and women in midlife have multiple chronic conditions

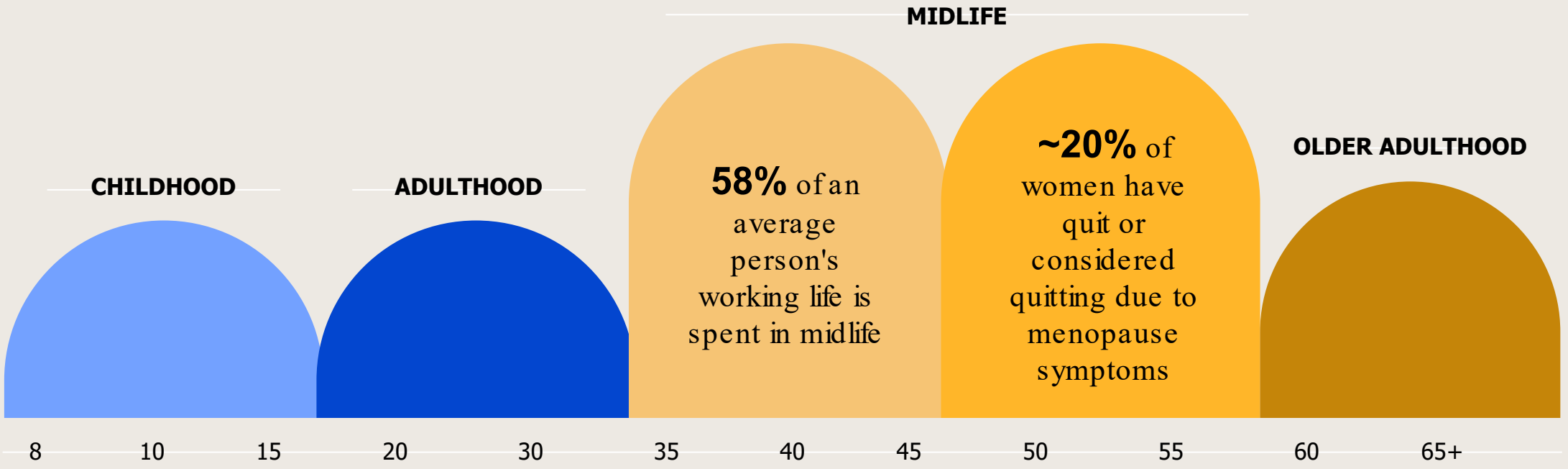
GAPS IN CARE

Yet fewer than **1 in 5** OB-GYNs receive formal training in menopause

And **18%** of men and women haven’t visited a doctor in five years or more

IMPACT

Poor care impacts your health and productivity at the peak of your career

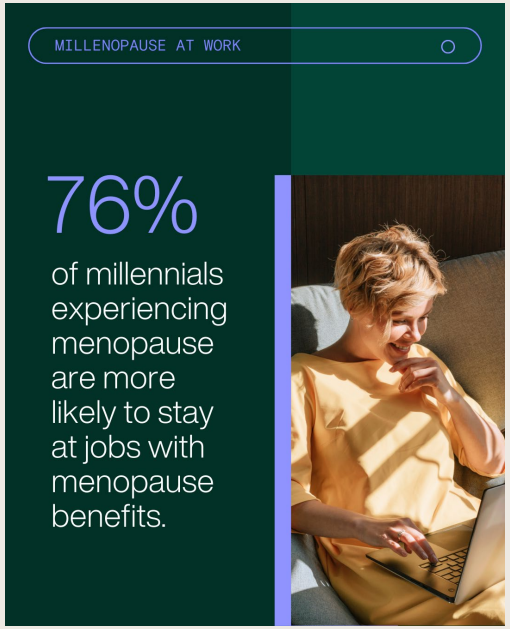


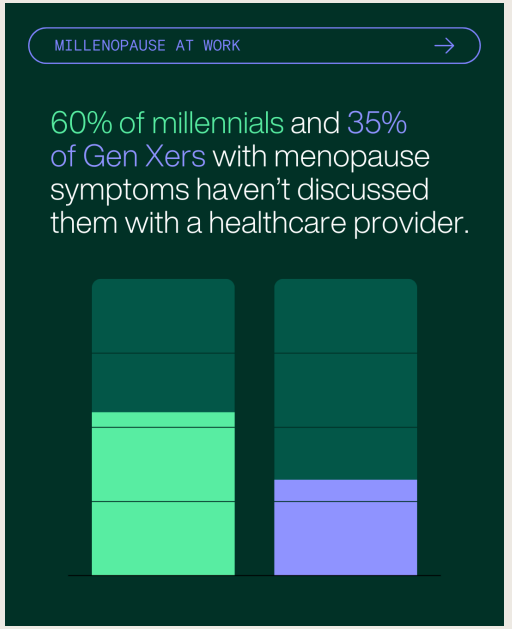
Millenopause at Work
The Newest Generation Entering Midlife

Maven conducted 3rd party research examining the workplace needs of millennials and Gen X experiencing menopause: **"Millenopause at Work: Opportunities for the Newest Generation Entering Midlife"**

Key findings:

- **1 in 3** millennials experiencing menopause symptoms say symptoms have impacted their ability to perform at work
- **60%** of millennials and **35%** of Gen Xers with symptoms haven't discussed them with a healthcare provider
- **29%** of millennials and **26%** of Gen Xers experiencing perimenopause or menopause say they feel unsupported around managing their symptoms in the workplace
- **76%** of millennials say that having or getting a menopause benefit would impact their desire to stay with their current employer



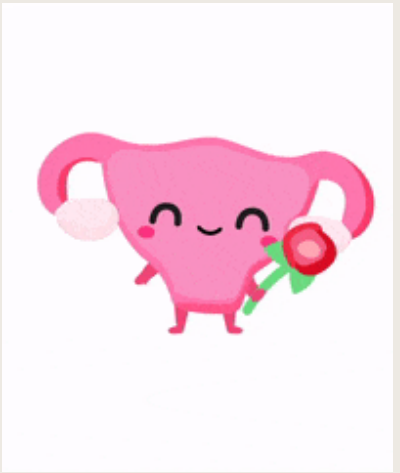


Hormones 101

How hormones work in the body

The endocrine system is a messenger system composed of glands that produce hormones

Hormones run the show! They carry critical messages to every part of your body



How the menstrual cycle works

The menstrual cycle is the shedding of uterine lining, accompanied by bleeding

The menstrual cycle is regulated by hormones

Healthy Hormones During Menopause

What is menopause?

The definition of menopause is one full year without a period.

Symptoms of menopause can include:

- Irregular periods
- Hot flashes
- Changes in sleep
- Mood symptoms
- Palpitations
- Mental fog
- Joint pain
- Vaginal dryness with pain during intercourse
- Urinary urgency, frequency, and incontinence

How do hormones change in menopause?

The body no longer produces high levels of the hormones estrogen and progesterone.

Hormone replacement therapy during menopause:

- Systemic hormone therapy
- Non-hormonal medications

How to have better hormone health in menopause

- Talk to your providers about hormone replacement therapies that could work for you
- Eat a balanced diet of protein, fiber, healthy fats, and low sugar
- Prioritize your sleep hygiene to get a good night's sleep
- Limit alcohol
- Minimize external heat
- Exercise regularly
- Try to reduce stress

Common Questions

- How long will my menopause symptoms last?
- Do I need my hormones drawn in perimenopause? What about menopause?
- Will hormone replacement therapy help me with weight gain?

Take Care!

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ADVANCING EQUITABLE ACCESS TO CARE & SUPPORT FOR WOMEN

Andrea Stelk BSN, RNC-OB
Progyny

progyny

Addressing Key Health Needs of Women in the Workforce

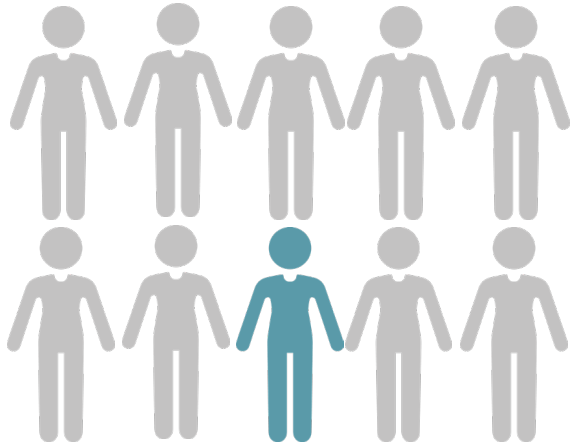
Advancing Equitable Access to Care & Support for Women




Andrea Stelk BSN, RNC-OB
VP, Commercial Solutions

May 17, 2025

The need to address gaps in women's healthcare continues



1 in 10

Experience issues that take an average of 10 years to diagnose.[6]

Effective care for conditions that specifically impact women or impact them differently are still emerging.

1977
FDA bans women from research[1]

1993
NIH inclusion policy passes[1]

2009
Infertility recognized as a disease by WHO[2]

2011
Urogynecology recognized as a subspecialty[3]

Care gaps for women's health and working families are widespread due to lack of research and social factors

- OB-GYNs are relied upon for women's primary care, but training past maternity care is low
- 36% of counties are considered a maternity care desert.[4]
- <15% of cardiologists are women, and women are less likely to receive a timely diagnosis.[5]

1. https://www.ncbi.nlm.nih.gov/books/NBK236532/ 2. Infertility: A Disease by Any Other Name | Pediatrics | JAMA Forum Archive | JAMA Network 3. Establishing the subspecialty of female pelvic medicine and reconstructive surgery in the United States of America - PMC (nih.gov) 4. Confronting the Issue of Maternity Care Deserts - Johns Hopkins School of Nursing (jhu.edu) 5. To Improve Cardiac Outcomes for Women, Increase Representation | Commonwealth Fund 6. Endometriosis < Yale School of Medicine

Women's & family health demands a **reimagination**

Having an outsized impact on the 65% of the workforce between the ages of 25-54[1]

Low Efficacy

- No early risk detection
- Fragmented, self-driven care
- Lack of coverage for all family building pathways
- Lack of trained care specialized to women's & reproductive needs

Rising Issues

- Maternity is a top 3 cost driver
- Women wait an average of 9 months to seek medical care, and the ER/urgent care is too often the front door[2]
- 1 in 5 are unable to build their families without assistance[3]
- 47% more cost per case for women in menopause from seeing multiple untrained specialists[4]

Poor member experience

Turnover & absenteeism

Unnecessary & catastrophic costs

1. US Bureau of Labor Statistics | 2. | 3. Infertility: Frequently Asked Questions | Reproductive Health | CDC| 4. Healthcare cost and utilization for women in menopause (milliman.com)

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The status quo **isn't working** for modern workforces

1 in 5 women impacted by infertility; 25% of women child-bearing age report having 2 or more chronic conditions[1]

50% of U.S. counties have no OB-GYNs; **Only 1 in 5 OB-GYNs** have any level of menopause training, even fewer PCPs[2]

Only 1% of research and innovation investment goes to women's-specific health concerns beyond oncology[3]

The U.S. ranks worst in maternal care outcomes and maternity for any developed nation[4]

1.https://www.ncbi.nlm.nih.gov/books/NBK562258/#:~:text=Overall,%20the%20male%20factor%20substantially,performed%20if%20abnormalities%20are%20found. | 2. https://pubmed.ncbi.nlm.nih.gov/36115433/ | 3.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7008178/#:~:text=The%20main%20parameters%20of%20semen,abnormalities%20and%20single-gene%20defects.

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What's next to empower working families and women in their **pivotal moments**?

Focused care

COE approaches with connected expert wraparound support enable quality care, earlier in member journeys

Modern coverage

Comprehensive plan designs enable members & physicians to focus on outcomes-based decisions

Mainstream needs

Promotion of benefits align with a member's key life priorities to attract and retain talent and elevate culture

Equitable experience

Support through personalized nuances of women's health & family building enable equitable access and progression

Cost Avoidance & Optimization

Effective & Focused Care

Attraction & Retention

Health & Career Equity

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How are employers bridging the gap with holistic care programs?

Thinking more broadly about the journey to close care gaps from family building through menopause

Raising awareness for risk factors of underlying health conditions with proactive education and navigation

Choosing equitable coverage that is intentionally designed for common health and well-being needs of women; with access and convenience in mind

Destigmatizing through consistent benefit messaging and access to a trusted, expert concierge

[My PCA] was absolutely amazing to speak with! She was so caring and supportive and explained everything to me in a way I could easily understand. I struggle to understand most insurance lingo, but she did an incredible job relaying it to me in terms I understood. Absolutely wonderful to work with her!!

- **Progyny member**

progyny

Driving early clinical engagement in one place

- **Whole person** needs assessment to curate member care
- **Prescriptive care model** with clinical experts to drive outcomes
- **High-cost claims avoidance** from accelerating the right care

Accelerating **high-touch clinical management** at key moments:

Underlying Conditions

Drive early intervention and access to care for conditions that influence fertility and maternity risks

Menopause & Midlife Care

Evidence-based virtual & in-person treatment, prescriptions and care coordination nationwide

Pregnancy & Postpartum

RN-led coaching curriculum, doula and lactation visits, loss support and specialized leave, childcare and benefits navigation

Parent & Child Well-being

Licensed social worker-led parent and child development support, expert care navigation; family primary care

progyny

We're launching our Women's Health Survey!

Help us better understand how Tennessee employers are supporting women's health in the workplace and identify opportunities for improvement. Your input can help inform future strategies and resources!

- 📊 **Survey Highlights** – Share your perspective on topics like maternity care, mental health services, menopause support, and weight management, and help identify gaps that need attention.

- 💡 **Your Voice Matters** – Share your experiences and challenges in providing women's health benefits. Together, we can make real progress toward improving the health and well-being of working women.

- 🎁 **Get Rewarded** – Participate and complete the survey – You will receive a **$25 Amazon gift card** as a token of our appreciation!

The survey will launch the week of May 19th - Make sure your voice is heard!

Upcoming Events

- **Mental Health Webinar**
  - May 14, 2025
- **Benefits Roundtable**
  - May 20, 2025
- **Nashville Regional Conference**
  - June 4, 2025
- **Diabetes Webinar**
  - June 19, 2025

May 11 – 17, 2025

THANK YOU