

UNIVERSITY  
OF ROCHESTER

# WOMEN'S SUMMIT

MARCH 27-29, 2025 | NEW YORK, NY

**PRESENTED BY:**

WOMEN'S NETWORK

SCHOOL OF MEDICINE AND  
DENTISTRY: WOMEN IN MEDICINE

SIMON WOMEN'S ALLIANCE

# BRIDGING GAPS IN WOMEN'S HEALTH

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# AGENDA

- Welcome and Ice Breaker
- Current state of Women's Health
- Social Determinants of Health
- Sociopolitical Issues in Women's Health
- Case Reviews





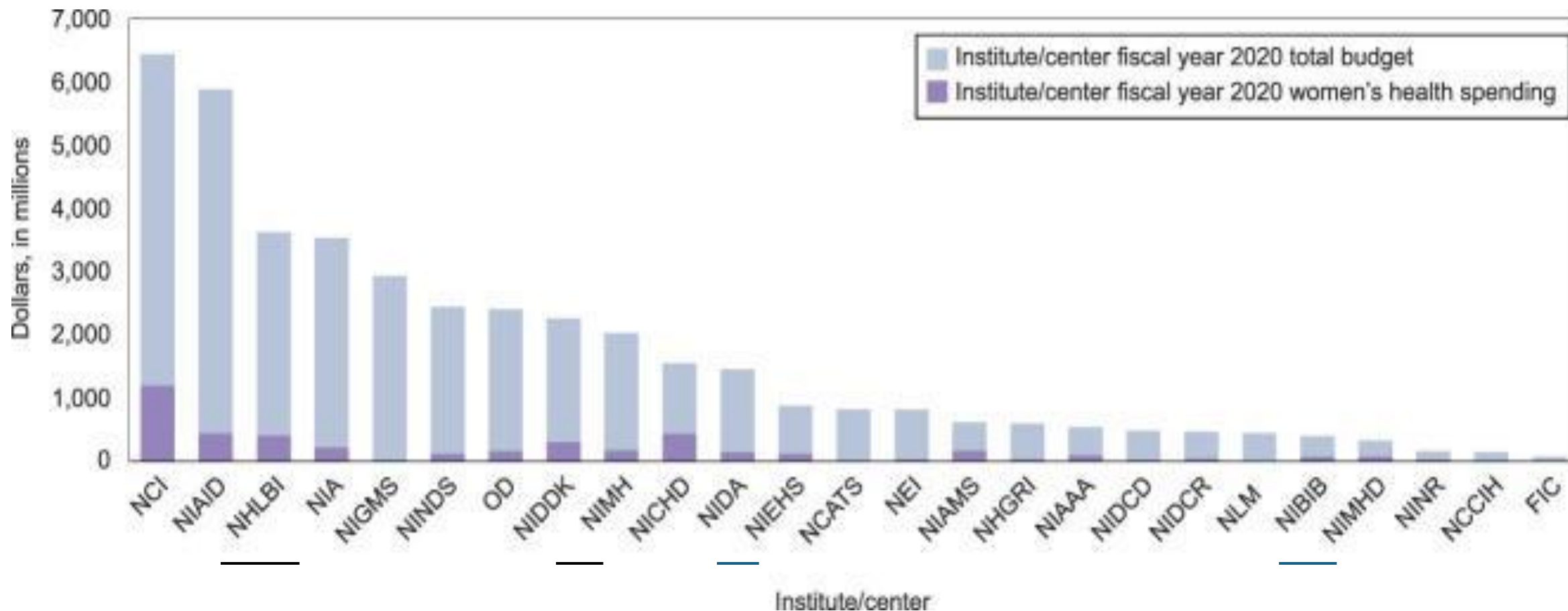
# Perspective of Research Gap

- In 2020, only 5% global research and development (R&D) funding allocated to women's health.
- 4% for women's cancers and 1% for all other women-specific health conditions,
- 25% of that further limited to fertility research
- NIH's investment in women's health research fell from 9.7% of total spending on research grants in 2013 to 7.9% in 2023 (NIH's spending on grants grew \$26.3 to \$43.7 billion)





# National Institutes of Health Budget for Fiscal Year 2020



<https://pmc.ncbi.nlm.nih.gov/articles/PMC9205296/>

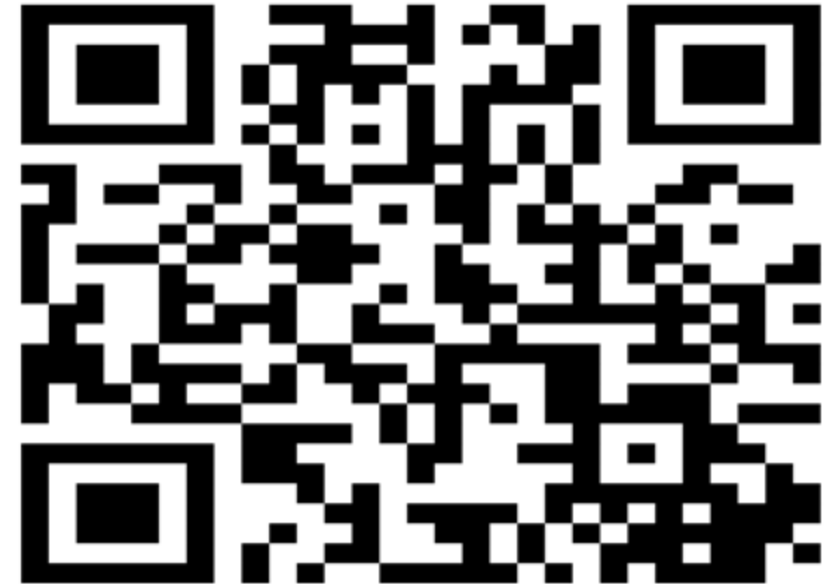
# Mentimeter Poll



**TAKE THE POLL!**

<https://www.menti.com/alpvoqxqxgiu>

**Code 6824 7884**



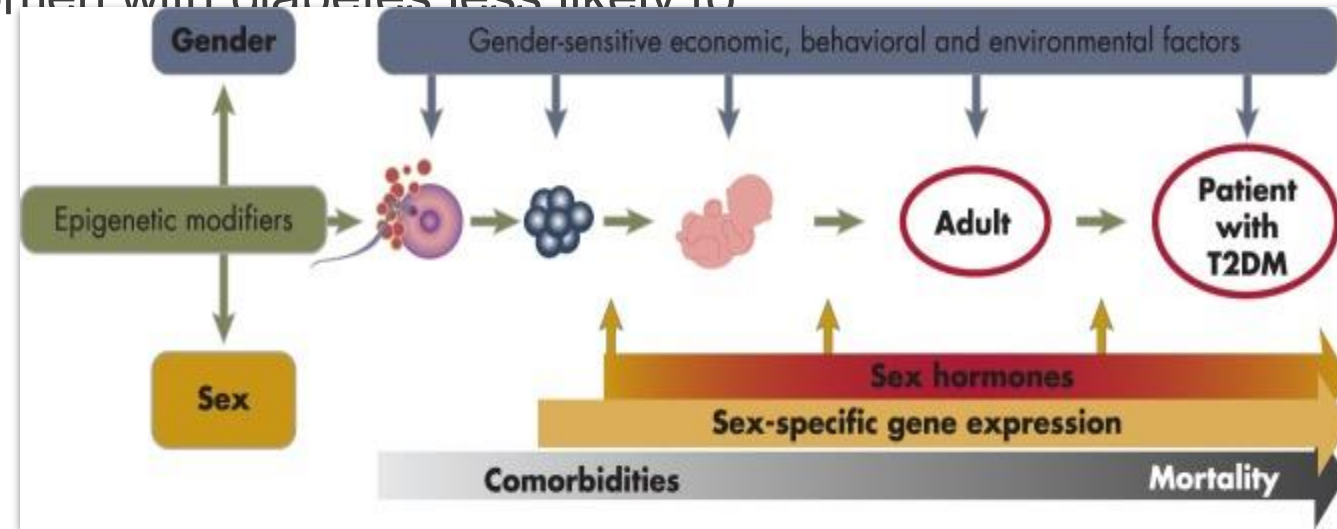
# Women's Health Disparities

- Women < 65 2x as likely to die from heart attack compared to men same age
  - Poor awareness of women's risk for heart disease among women and providers (focus on breasts and weight)
- Hospitalizations for heart attacks among women <55 is increasing but has dropped among men
- < likely to be prescribed blood thinning drugs and treated for high cholesterol w statins (lowers risk for attacks and stroke)
- Cancer incidence rates rising faster in women, especially those <50
- Women with metal hip replacements 29% more likely to experience implant failure than men
- Women experience 2x the adverse effects from medications



# Women's Health Disparities

- 1 in 3 women experience rape, physical violence, and/stalking (underreported)
- higher prevalence of hypertension than men 56% vs 40% >61 y.o.
- Higher rates of depression, anxiety and other conditions (Depression W 10.4% and M 5.5%)
- Greater risk factors for diabetes; young women with diabetes less likely to receive tx compared to men





# Women's Health Disparities

- Higher rates of developing autoimmune disorders
- Chronic vulvovaginal and pelvic pain affects 1 in 4;
  - Average 3 doctor visits before dx for, 35% see up to 4
- Women and providers lack knowledge of perimenopause and menopause; symptoms under treated
- Women less likely to participate in physical activity

## New Study Identifies Gaps in Menopause Care in Primary Care Settings

October 1, 2024

*Even women reporting bothersome menopause symptoms, such as hot flashes, aren't getting their symptoms documented or getting the treatment they need*

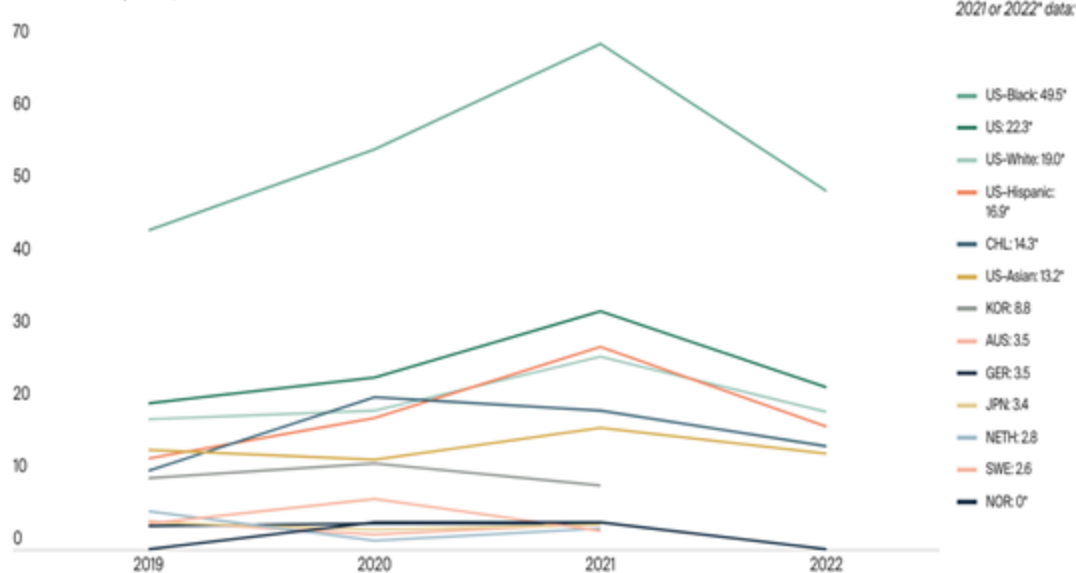
CLEVELAND, Ohio (Oct 2, 2024)—Timely identification and treatment of bothersome hot flashes have the potential to improve the lives of many women and save employers countless days of related absenteeism and lost work productivity. Yet, a new study finds that such symptoms are often not documented in electronic health records (EHRs) or not adequately addressed during primary care visits. The study is published online today in *Menopause*, the journal of The Menopause Society.

Approximately 75% of women experience hot flashes as they go through the menopause transition. Despite the common occurrence of these bothersome symptoms in midlife women, these symptoms receive inadequate attention in primary care settings.

# Maternal Health: International Comparisons

While the maternal mortality rate increased in several countries during the COVID-19 pandemic, the rate has begun to decline since then.

Maternal deaths per 100,000 live births in countries with available data



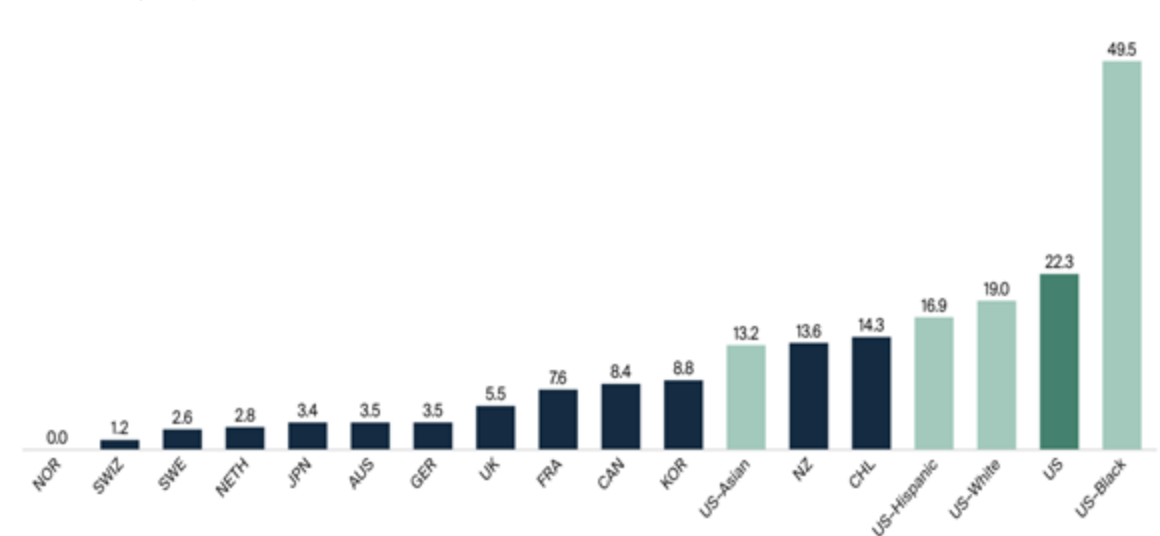
Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in Health at a Glance 2023: OECD Indicators (OECD, 2023). Only countries with at least 2021 data available are shown. Due to sample size limitations in earlier years, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "Maternal Mortality Rates in the United States, 2022."

Source: Munira Z. Gunja et al., Insights into the U.S. Maternal Mortality Crisis: An International Comparison (Commonwealth Fund, June 2024). <https://doi.org/10.26099/cthn-st75>

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



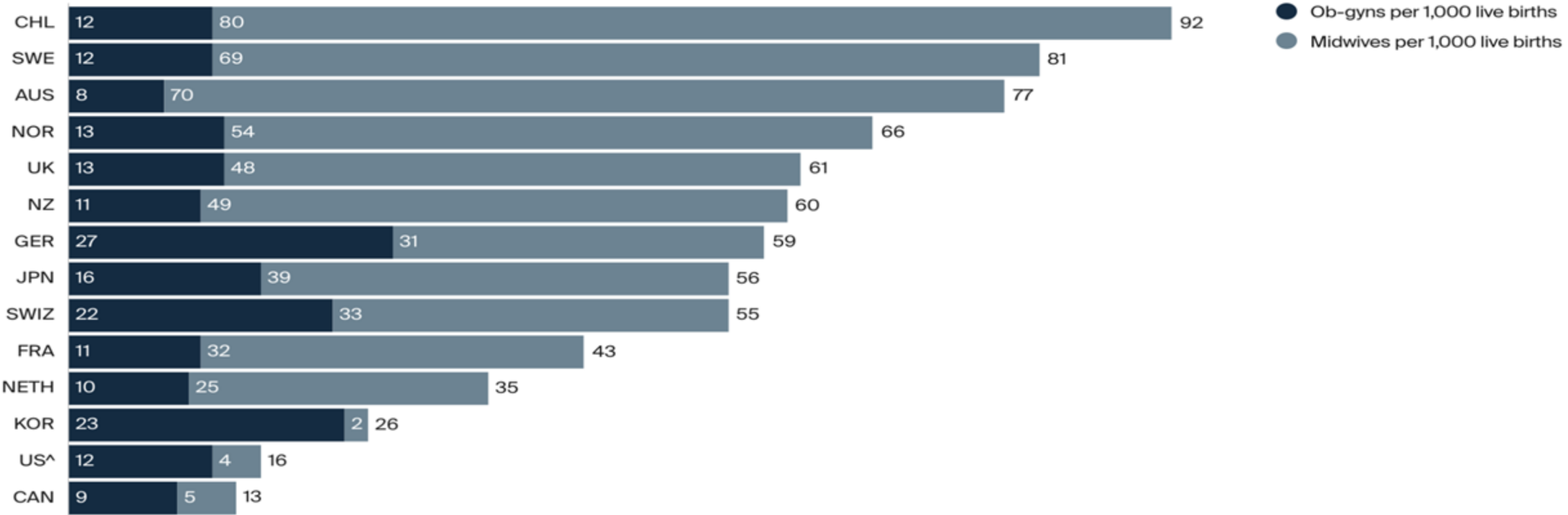
Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in Health at a Glance 2023: OECD Indicators (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWIZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional), NOR, and US. Due to sample size limitations, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

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# The U.S. and Canada continue to have the lowest supplies of midwives and ob-gyns.

Number of providers (head counts) per 1,000 live births\*



Notes: \* The sum figures shown to the right of the horizontal bars do not reflect the total maternity care workforce, since primary care physicians/family practitioners also deliver some care in many countries (not shown here). Each sum may not reflect the arithmetic sum of figures shown for ob-gyn and midwife providers because calculations were performed on exact figures, while the graph presents rounded figures.

Data: OECD Health Statistics 2023 data extracted on February 29, 2024, representing “practicing midwives” for all countries except CAN, CHL, and US, where data reflect midwives “licensed to practice.” Data for professionals “licensed to practice” tend to be higher than data for “professionally active,” while numbers of “practicing” professionals tend to be the lowest. 2021 data for FRA, GER, NETH, NZ, NOR, SWIZ, and US (ob-gyns); 2020 data for AUS, CAN, CHL, JPN, KOR (ob-gyns), SWE, and UK; 2016 for US (midwives); 2015 for KOR (midwives).

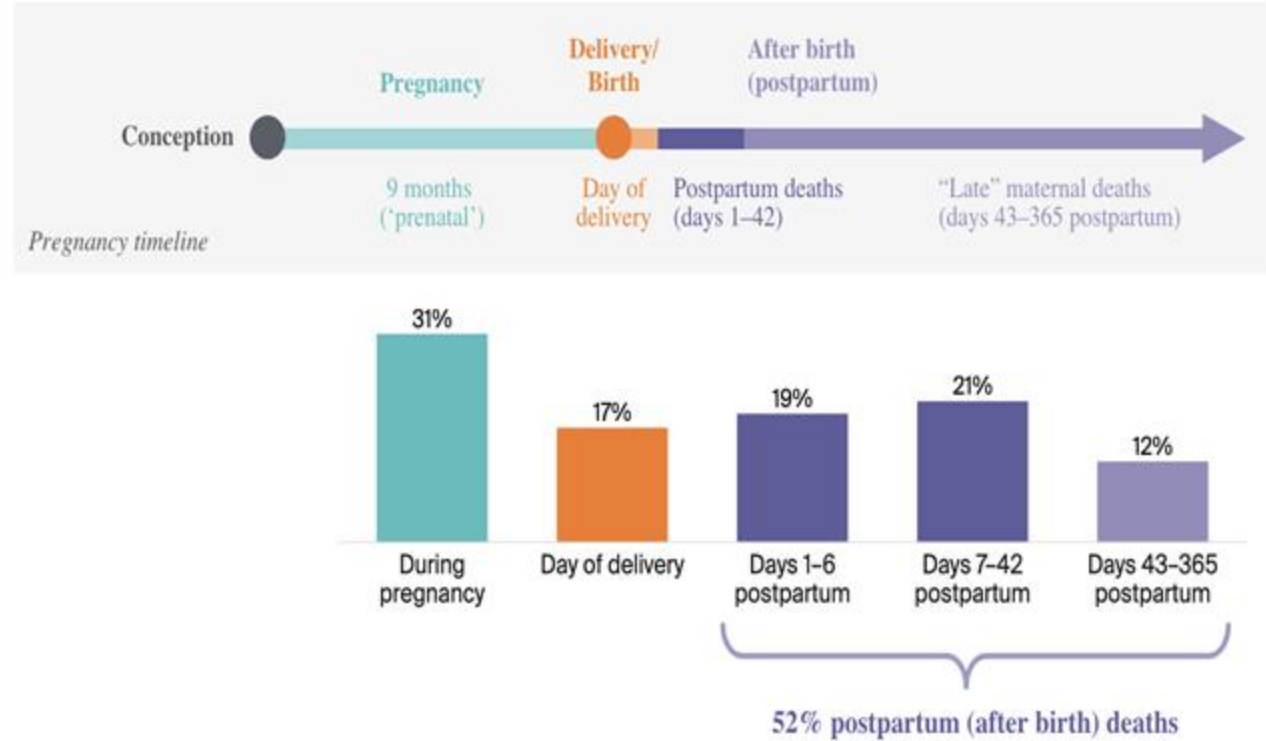
Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). <https://doi.org/10.26099/cthn-st75>

# When does Pregnancy-Related Mortality occur?

- about 1/3 of deaths (31%) happened **during pregnancy**
- about 1/3 (36%) happened **at delivery or in the week after**
- about 1/3 (33%) happened **1 week to 1 year postpartum**

Exhibit 2

## Timing of U.S. Maternal and Pregnancy-Related Deaths, 2011–2015



Data: Centers for Disease Control and Prevention Pregnancy-Related Mortality Surveillance data from: Emily E. Petersen et al., "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017," *Morbidity and Mortality Weekly Report* 68, no. 18 (May 10, 2019): 423–29.

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). <https://doi.org/10.26099/411v-9255>



# Social Determinants of Women's Health

- Socioeconomic Factors
- Social and Cultural Factors
  - Race/Ethnicity
  - Rural/Urban
- Race and Ethnic Discrimination
- Access to Healthcare
- Environmental Factors



# Best Practices

- Research funding
- Women's voices in research
- Community-based programs
- Policies and laws
- Healthcare provider training on women's health including maternal but also midlife and older adult women's health

**HEALTHY WOMEN =  
HEALTHY COMMUNITIES**

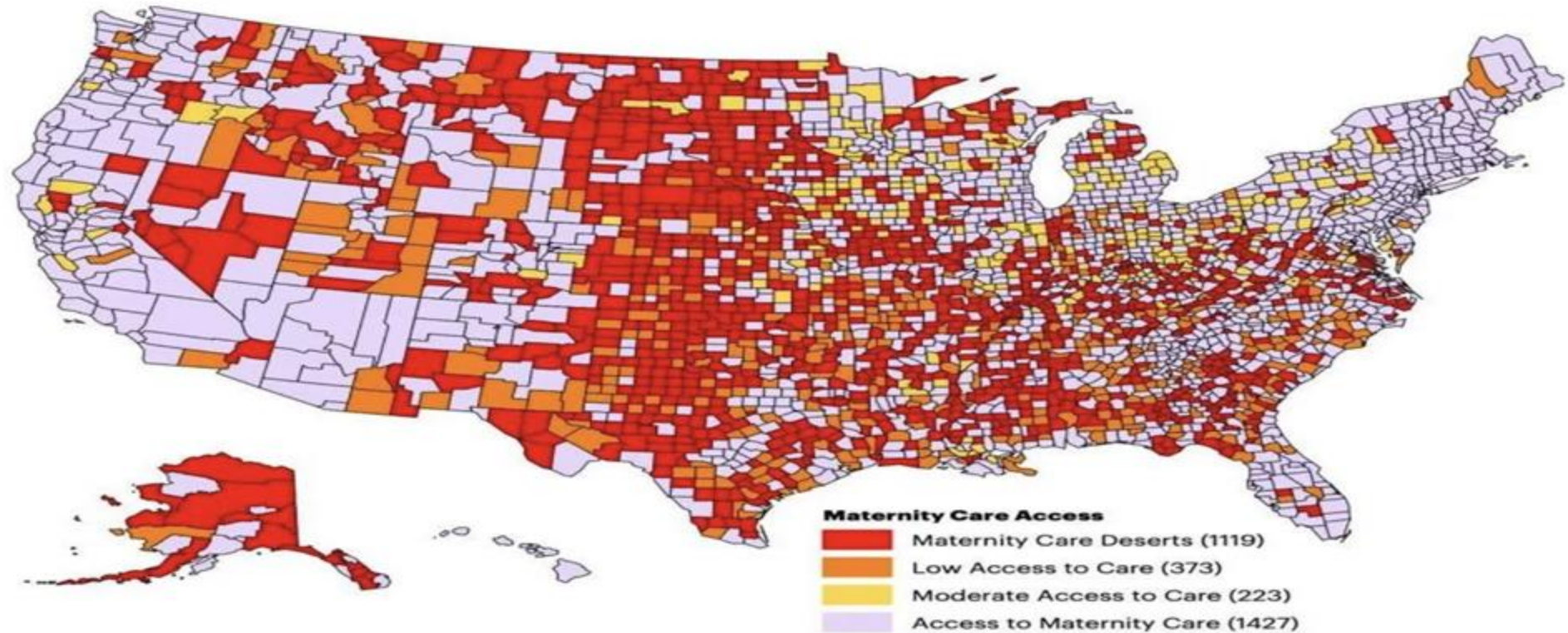


# Millions of Americans are losing access to maternal care. Here's what can be done

OCTOBER 12, 2022 · 9:37 AM ET

By Rachel Treisman

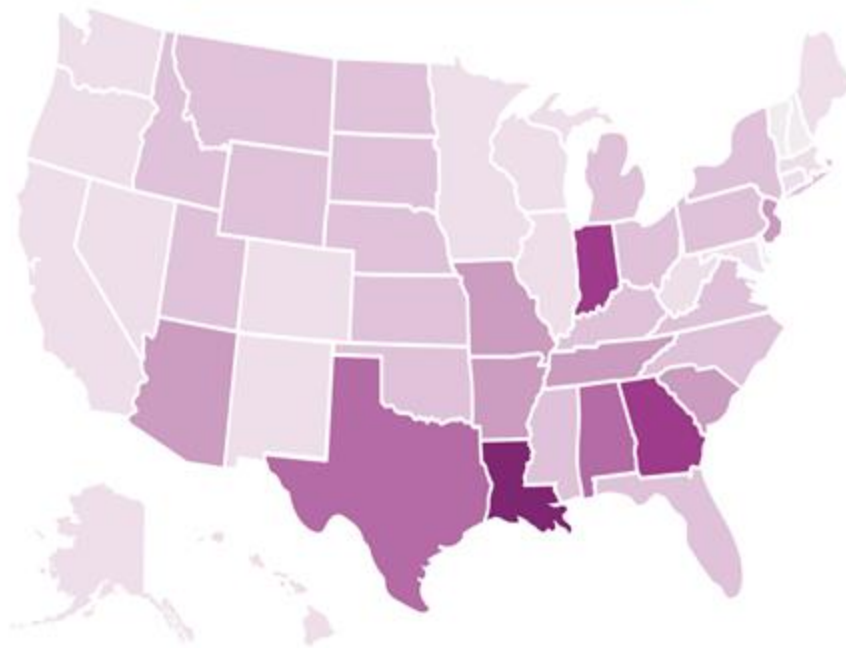
**Figure 1: Maternity Care Deserts, 2020**



This map from the nonprofit March of Dimes shows maternity care deserts across the U.S. in 2020.  
*March of Dimes/US Health Resources and Services Administration.*



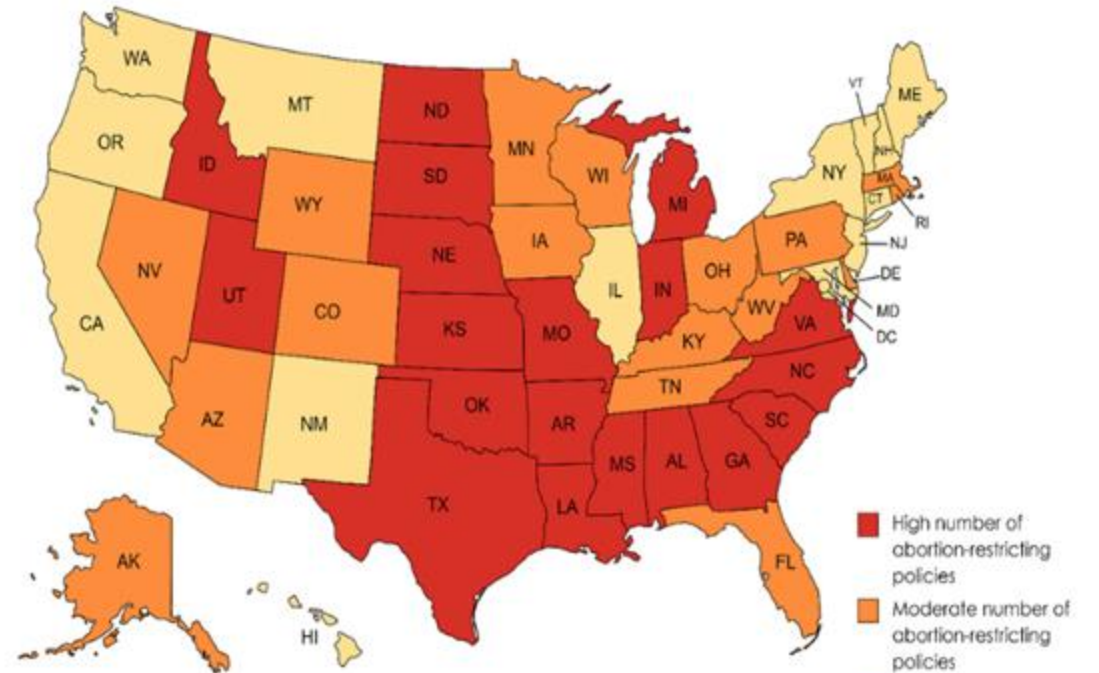
## Maternal Mortality Rates by State 2021



<10
  >10
  >20
  >30
  >40
  >50
  >60

Deaths per 100,000 live births

SOURCE: "Maternal Mortality by State 2021," World Population Review, accessed April 8, 2021, <https://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state/>.



- High number of abortion-restricting policies
- Moderate number of abortion-restricting policies
- Low number of abortion-restricting policies



# Role of Society and Politics

- 84% report minimizing their needs to avoid burdening others
- Black and Indigenous women 3X more likely to die of pregnancy-related complications compared to white women



# Words Matter

From the list of words that cannot be used in federal agency contracts

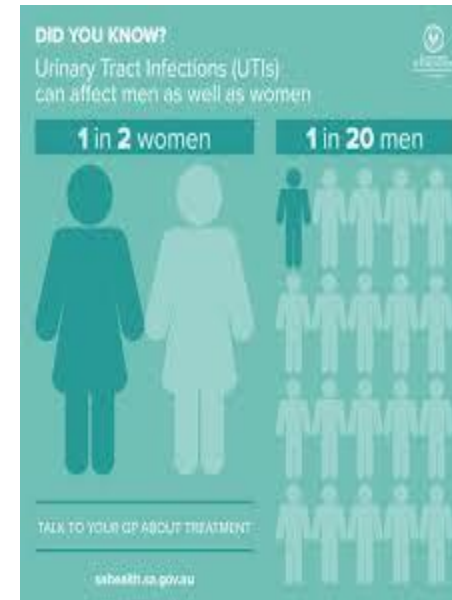
- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Women</li><li>• Female</li><li>• Feminism</li><li>• Pregnant person</li><li>• Gender-based</li><li>• Gender-based violence</li><li>• Sex</li><li>• Sociocultural</li></ul> | <ul style="list-style-type: none"><li>• Socioeconomic</li><li>• Race</li><li>• Underrepresented</li><li>• Underserved</li><li>• breastfeed + people or person</li><li>• chestfeed + people or person</li><li>• Commercial sex worker</li></ul> |
|--|--|



# Cases and Discussion

## Urinary Tract Infections among older women

- Common in women over 65
- Community perspective



### How UTIs affect men and women differently

UTIs manifest differently in elderly men and women due to anatomical and physiological differences. Women generally experience UTIs more frequently because their shorter urethras allow bacteria to access the bladder easier.

In contrast, elderly men, though less commonly affected, face increased UTI risks linked to prostate enlargement, which can impact urine flow and promote bacterial growth.

In women

Women are particularly vulnerable to UTIs due to having a shorter urethra facilitating the quicker transfer of bacteria to the bladder.

Postmenopausal women face a higher risk of urinary tract infections, primarily due to a decrease in oestrogen levels. Oestrogen plays a critical role in protecting the urethra and vaginal areas from bacterial infections, particularly from *E. coli*. As oestrogen levels drop during menopause, the risk of *E. coli* overgrowth and subsequent UTI increases significantly.

# Cases and Discussion

## UN Human Rights Committee: “They Are Girls, Not Mothers” Cases

“The rulings came in cases brought by the Center for Reproductive Rights and its partners filed on behalf of four Latin American girls who were raped at the ages of 12 and 13, denied access to sexual and reproductive health services—including abortion care—and forced to remain pregnant and give birth.”

## Defending Reproductive Autonomy: Center Sues Hawai‘i to Protect Midwifery Care

“The Center for Reproductive Rights and its partners [filed a lawsuit today](#) in a Hawai‘i state court against a midwifery restriction law that is preventing pregnant people from receiving pregnancy and birth care from trusted, skilled midwives.”







# Women's Health Resources

- <https://www.heart.org/en/news/2019/10/04/6-things-every-woman-should-know-about-heart-health>
- <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/menopausal-transition-perimenopause-what-is-it/>
- <https://www.healthinaging.org/tools-and-tips/tip-sheet-good-health-later-life-older-women>



# Links to References

- <https://pubmed.ncbi.nlm.nih.gov/36897358/>
- <https://www.nature.com/articles/s44222-024-00253-7>
- <https://www.heart.org/en/news/category-womens-health>
- <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>
- <https://nap.nationalacademies.org/download/27802>
- <https://www.aamc.org/news/why-we-know-so-little-about-women-s-health>
- <https://swhr.org/about/the-role-of-womens-health-research/>
- <https://www.pewresearch.org/search/womens+health>
- <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>
- <https://www.npr.org/2022/10/12/1128335563/maternity-care-deserts-march-of-dimes-report>
- <https://reproductiverights.org/victory-un-girls-not-mothers/>

