

The State of Women's Health in the Workplace

January 2025

By Mary Stutts (CEO, HBA)

LaToya Tapscott (Senior Director, HBA ThinkTank)

Oriana Kraft (CEO, FemTechnology)



Mary Stutts

CEO, HBA



LaToya Tapscott

Senior Director, HBA ThinkTank



Oriana Kraft

CEO, FemTechnology



Table of Contents

Executive Summary.....	4
Part 1 - Setting the Stage.....	5-6
Part 2 - How This Shows Up in the Workplace.....	7
Part 4 - How That Manifests Structurally: Systemic Inequalities in Women’s Care.....	8
Part 5 - The Gender Health Tax: A Hidden Cost of Healthcare Inequality.....	9-10
Part 6 - A Gap Between Support and Action in the Workplace.....	11
Part 7 - Recommendations.....	12-15
Support.....	17
A Global Issue.....	18-21
Methodology.....	22
References.....	23-24

Executive Summary

INSIGHTS FROM OVER 1,000 RESPONDENTS ACROSS 42 COUNTRIES
HBA Think Tank in Collaboration with FemTechnology

Women are vital to the growth of any organization - but their needs are of particular import in the healthcare sector where they constitute 80% of the workforce (About Healthcare Workers | Healthcare Workers, 2024).

This report – spanning 42 countries and 6 continents – reveals both critical gaps in corporate support for women’s health and lays out opportunities for companies to set themselves apart through meaningful action. By championing women’s health, companies can unlock new levels of productivity, engagement, and innovation - and distinguish themselves as true pioneers in setting a new standard in workplace well-being.

This survey gathered insights directly from over 1,000 employees working in the healthcare sector to better understand their authentic experiences and pressing needs, highlighting that women’s health is not just a personal concern but a corporate priority with substantial impacts on productivity and financial well-being—for both women and organizations.

The data collected makes one thing clear: while awareness is building, major barriers to meaningful support persist. It is time for companies to listen, act, and implement policies that champion women’s health at every stage.

Women are 20-30% more likely than men to be misdiagnosed

(Whalen, 2023)

Women are diagnosed on average

four years later than men across 770 diseases

(Study: Across Diseases, Women Are Diagnosed Later Than Men, 2019)



Women face significant delays in receiving correct diagnoses compared to men, not because women inherently have more complex conditions, but because their symptoms are often measured against a "default" norm rooted in male-centric data.

A well-known example? Women experiencing a heart attack are 50% more likely to be misdiagnosed and sent home with less aggressive treatment plans than men because their symptoms often differ from the male-standard of chest pain and pressure (Al Hamid & Beckett, 2024).

Even when diagnosed correctly, women frequently receive treatment that is less effective because clinical trials and medical guidelines are often based on data that excludes or minimizes female-specific responses.

For instance, women metabolize certain drugs differently than men and may experience higher rates of adverse reactions or ineffectiveness.

Research shows that women are more likely to report side effects from common medications. Researchers have identified 86 drugs with clear evidence that women metabolized the drugs more slowly than men, in 96% of these cases leading to higher drug exposure levels and, consequently, a greater likelihood of adverse effects (Lerner, 2020).

Additionally, some treatments may be less effective for women due to hormonal differences that remain often unaddressed in clinical trials.

This research oversight contributes to poorer treatment outcomes and the need for more follow-up visits and consultations as women seek to manage ongoing symptoms or side effects.

As one respondent shared, “I’ve been told many times that I didn’t display symptoms normally associated with [a condition], only to find, after testing, that I had it. There’s also no comprehensive research on how women metabolize medication.”

Another respondent noted,



Treatment options and information are always the biggest barriers. Expectations for performance will never go away, nor should they. But support is needed in the healthcare system itself:

(1) providers believing women when they describe pain and issues, (2) research actually geared towards treating women’s health issues (men and women ARE biologically different), and (3) actual treatment options for women. I’ve had terrible premenstrual symptoms since age 10, yet was only diagnosed with Polycystic Ovary Syndrome (PCOS) at 37.”

The male body has historically been considered the standard in medical research and clinical practice. As a result, medical training and diagnostic criteria often overlook the unique ways in which women present symptoms for the same conditions, leading to higher rates of misdiagnosis or delayed diagnosis. This gap in understanding perpetuates a cycle where women are more likely to be disbelieved or dismissed contributing to repeat visits and poorer overall health outcomes.

Women’s pain is often minimized or labeled as emotional or psychological rather than physical. Studies have shown that women reporting pain are more likely to be prescribed sedatives rather than pain relievers compared to men (Calderone, 1990).

One study found that middle-aged women with chest-pain were twice as likely to be diagnosed with a mental illness than their male counterparts (Maserejian & Link, n.d.).

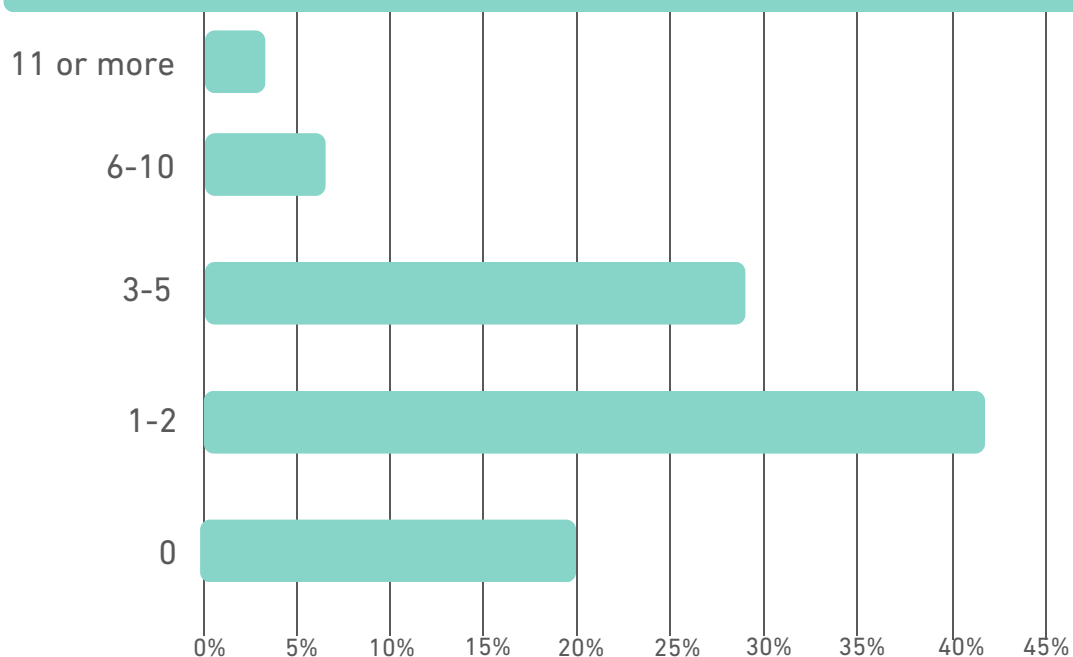
How This Shows Up in the Workplace

"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."

Another respondent echoed the sentiment: "Even though studies equate menstrual pain to heart attacks, we're expected to 'suck it up.' The culture around women's health needs to shift, and men need to support this change."

Conditions like migraines, endometriosis, and menopause not only impact women's health but also affect their ability to work effectively, underscoring the need for a healthcare model that directly addresses women's unique health needs.

On average, how many days per month do you feel your productivity is impacted by your women's health issues?



In the survey, 70% of respondents reported losing 1-5 days of productivity in just the past month due to women's health issues.

Unsupported health conditions translate to thousands of dollars in productivity losses per employee each year—adding up to millions in hidden costs for companies. A healthcare system built around a one-size-fits-all model fails the workforce ignoring these gaps drains value that companies could reclaim through targeted support.

The true issue isn't that women have inherently more expensive health needs;

it's that healthcare systems poorly manage and understand conditions that women are disproportionately or exclusively impacted by - like autoimmune conditions, pelvic floor dysfunction, endometriosis, PCOS, menopause. This leads to women being frequently misdiagnosed or under-treated, leading to years of ineffective care and substantial out-of-pocket expenses. For instance, women with endometriosis consult on average 5 providers over 7 years before receiving a diagnosis (Backman, 2024).

This situation is compounded by medical biases and a significant lack of research into female-specific health issues, creating a cycle of suboptimal treatment that drives up healthcare costs and requires frequent provider visits.

Redefining these standards to include women's health experiences can lead to more accurate diagnoses, better treatment outcomes, and reduced long-term healthcare costs.

Healthcare in the U.S. is designed to address catastrophic care far better than it handles chronic diseases and comorbidities. Yet, women—who experience higher rates of chronic conditions—end up paying more out-of-pocket. The healthcare formula assumes that men and women are the same, despite clear differences in circumstances, health needs, and life expectancy. This assumption is financially punishing for women.

As one respondent shared, “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.” Essential services, such as pelvic floor therapy (a service from which the 1 in 3 women who experience pelvic floor dysfunction could benefit), are often subject to deductibles or are uncovered. Out-of-pocket costs to merely manage and not cure incontinence are \$900 alone.

One physician shared her own struggle navigating the system: “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 have that ability. There's a need for employers to offer better resources and awareness, yet the bigger issue remains that payers often deny necessary treatments.”

Another respondent added, “I recently looked into benefits that include Women's Health. It was incredibly difficult to get an accurate response. My daughter has PCOS, I have an autoimmune condition and Factor 5 [a genetic condition that can increase the risk of blood clots and pregnancy complications, impacting 5% of the female population]. Finding coverage for birth control and medications needed for Factor 5 was very difficult, if they were covered at all.”

Single women in the U.S. spend 6.8% of their income on health insurance, while single men spend only 3.9%

(Shepard, 2024).

With age, the disparity worsens. This "gender health tax" impacts women's financial stability, leading to less disposable income and lower retirement savings over time.

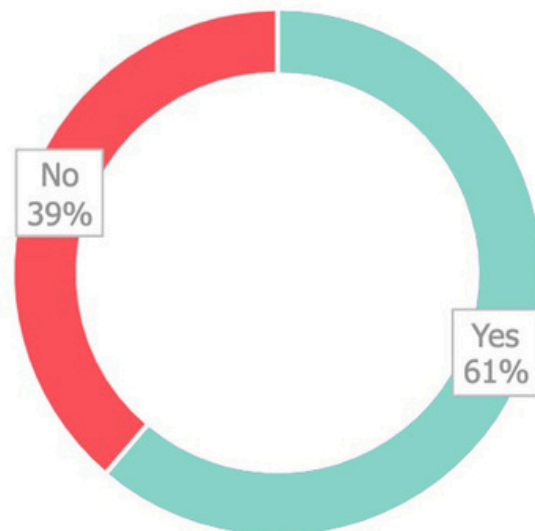
Between the ages of 45 and 64, women's direct healthcare expenditures are 21% higher than men's (New Study Shows Employers' Support of Women's Health Is on the Rise, 2024)

Between the ages of 45 and 64, women's direct healthcare expenditures are 21% higher than men's

(new study shows employers' support of women's health is on the rise, 2024)

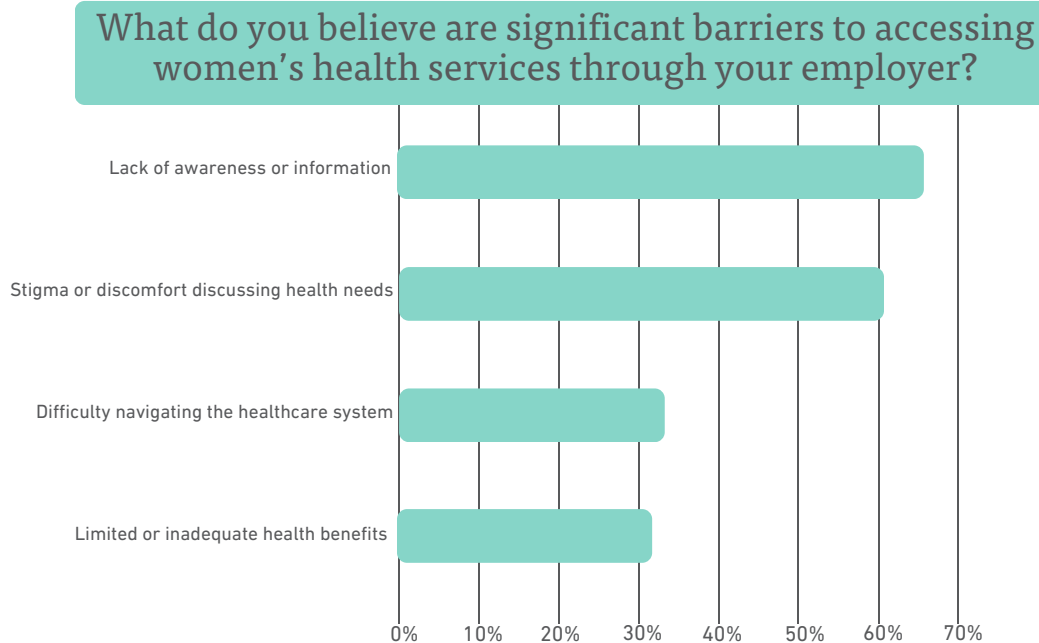
Inequitable healthcare directly contributes to larger disparities, exacerbating the gender pay gap and barriers to career advancement for women. Health challenges—from chronic conditions to caregiving responsibilities—often disrupt career trajectories, reinforcing income gaps and stalling promotions.

Have you ever had to take time off due to a women's health-related condition?



Without equitable health support in the workplace, these challenges continue to feed the gender pay gap:

In the survey, 61% of respondents indicated they'd taken time off due to women's health conditions, yet many shared that this metric didn't fully capture their experience. They felt pressured to continue working even when sick to avoid falling behind.



"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."

"I have always just pushed through the pain (...) I suspect this is the case with many women."

"For women, disclosing any health condition, especially one perceived as a 'woman's issue,' often lowers their perceived value to employers. From my experience, women dealing with health challenges or acting as caregivers often keep their struggles private to avoid being seen as less than fully committed. It's a modern version of the 'Mommy Track,' where choosing family responsibilities—or facing health issues—can impact eligibility for upper management roles."

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

"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."

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

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

Although some Employee Resource Groups (ERGs) are beginning to address women's health more openly, a disconnect remains between raising awareness and providing concrete support. As one respondent put it, "We're encouraged to discuss women's health, but as soon as there's a cost involved—like providing menstrual products or allowing time off for appointments—the conversation shifts to productivity. We can talk about it, but there's little willingness to act if it requires resources or change."

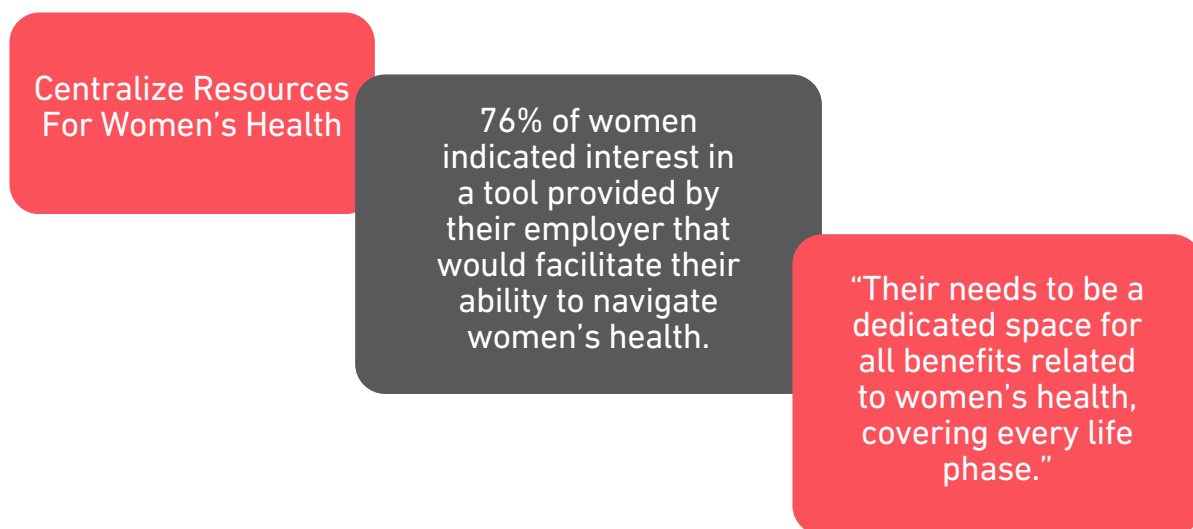
While many employees support workplace initiatives for women's health, building trust is still a significant hurdle. Addressing these needs often requires disclosing deeply personal information in environments that may not feel safe. As another respondent expressed, "The men I work with don't even know what endometriosis is. They barely see women as equals."



The gaps in women's health support are vast and deeply embedded in current healthcare models. However, there are actionable steps that employers can take to create a more inclusive, equitable health landscape for female employees. Here's how to start closing the gap, why it matters, and the impact it can create:

Recommendation #1

Centralize Resources to Create a New Care Model for Women's Health



Women face a fragmented healthcare system and untrained providers, leading to missed support and higher costs. Simplifying access to tailored benefits ensures timely care, improves benefit engagement, and fosters a sense of organizational support.

"There needs to be a dedicated space for all benefits related to women's health, covering every life phase," shared a respondent.

76% indicated interest in a tool provided by their employer that would facilitate their ability to navigate women's health.

Why It Matters: Women currently face a fragmented system that's difficult to navigate, and physicians who have not been trained on how to support their needs - leading to missed opportunities for support and increased out-of-pocket costs.



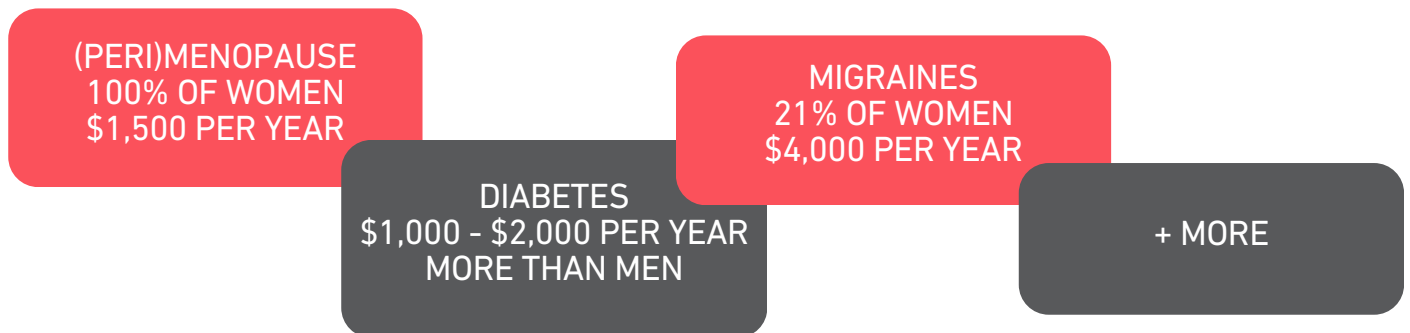
Allowing women to easily access and understand all available benefits related to their unique health needs, covering everything from reproductive health to chronic condition support, would ensure that women can connect to the care they need without undue complexity - improving engagement with health benefits, reducing delays in accessing care, and ensuring employees feel supported by their organization.

Recommendation #2

Reconsider How 'Women's Health' is Defined Within Your Organization
And What is Being Done to Address It



**THROUGHOUT HER CAREER,
A WOMAN WILL FACE 4+ HEALTH CONDITIONS
INADEQUATELY ADDRESSED BY OUR HEALTH SYSTEM.**



As one respondent put it, "Having seminars on women's health issues isn't enough. We need more women-specific health benefits in our health insurance systems."

Another respondent added, "Women's health is still an underrepresented aspect of employer benefits. In the three organisations I have worked in so far, none of them have any special provisions regarding women's health except for maternity leave."

Survey responses highlight that conditions like Irritable Bowel Syndrome (IBS), pelvic floor dysfunction, Factor V, PCOS, and endometriosis are essential women's health issues—not just those traditionally linked to reproductive transitions like fertility, pregnancy, and menopause.

Recommendation #2

Reconsider How You Are
Defining 'Women's Health'

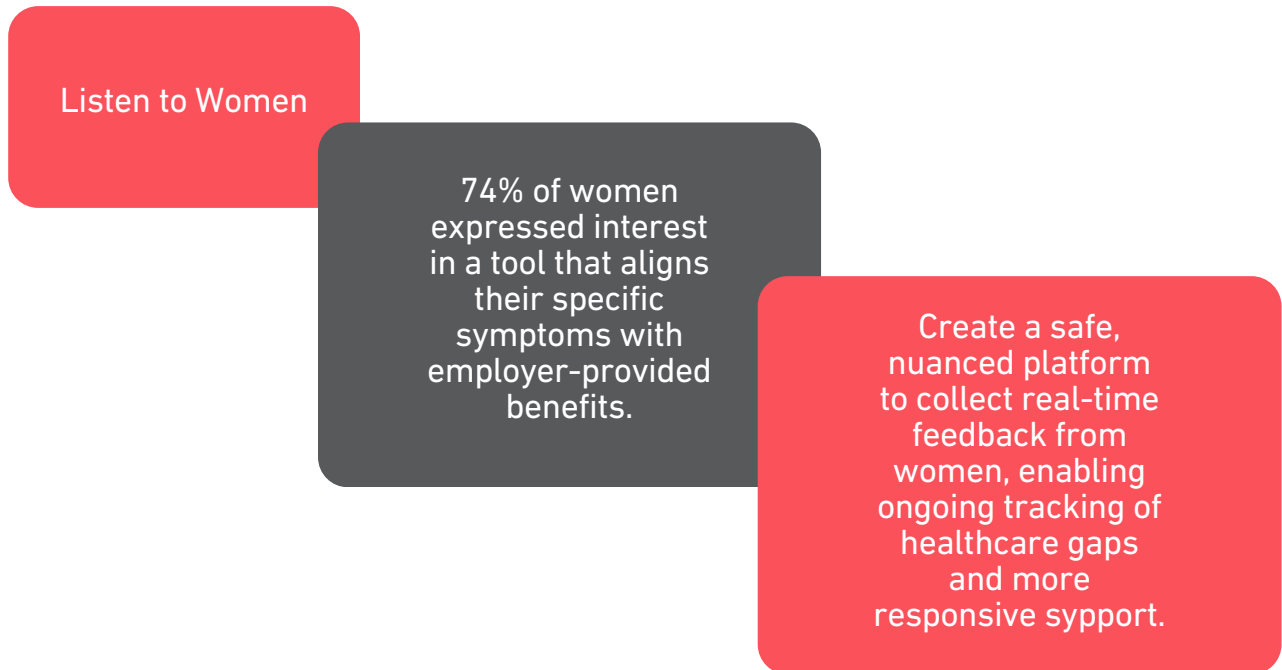
Having seminars on women's health issues isn't enough. We need more women-specific health benefits in our health insurance systems.

IBS, Pelvic Floor Dysfunction, Factor V, PCOS, Endometriosis etc. are all essential women's health issues - not just those traditionally linked to reproductive transitions.

Why It Matters: Investing in support for these conditions, along with chronic issues like cardiovascular disease, diabetes, and mental health, which often present differently in women, can reduce hidden costs for companies. Addressing these conditions with a gender-informed approach, will allow employers to reduce the costs associated with these conditions (in terms of healthcare expenses and productivity losses), benefiting both employees' well-being and companies' bottom lines.

Recommendation #3

Invest in Listening to Women



74% of women expressed interest in a tool that aligns their specific symptoms with employer-provided benefits.

Investing in a tool that maps out gaps in women’s healthcare and captures direct feedback from female employees presents a valuable opportunity for companies. Such a platform would allow women to input their health concerns, identify areas where benefits exist to meet their needs, and receive support where there are existing gaps.

Why It Matters: By collecting this feedback, employers can gain insights into the most pressing health needs and adjust their benefits to better support women across different life stages. This proactive approach not only helps close care gaps but also demonstrates a commitment to women’s health, fostering a more engaged, satisfied, and resilient workforce.

This report highlights a pivotal opportunity: by prioritizing women’s health, companies can reduce healthcare costs, boost productivity, and foster a more resilient workforce.

Women are essential to organizational success, yet gaps in support result in direct costs from absenteeism, retention and turnover, as well as indirect losses in engagement and innovation. Supporting women’s health is more than a benefits upgrade; it’s a strategic investment that lowers costs, enhances well-being, and sets a new standard for workplace success.

Now is the time for companies to step up, take action and position themselves as true pioneers in supporting women in the workplace. We hope you will join us in that cause.



How ORI Can Support:

ORI is a personalized health navigation platform designed to close gaps in women's healthcare, reduce employer costs, and improve employee outcomes. By centralizing best-in-class solutions in women's health and providing actionable data on workforce health trends, ORI helps organizations uncover hidden cost drivers, optimize benefit utilization, and implement actionable, tailored strategies for women's health. Employers gain a nuanced understanding of their workforce's needs through anonymized, aggregated data, along with evidence-based recommendations and targeted interventions to reduce absenteeism and healthcare expenses. Employees benefit from seamless access to personalized care options, ensuring their unique health needs are met effectively and efficiently.

For more information on how ORI can support your organization, contact us at contact@femtechnology.org.



How the HBA Think Tank Can Support:

Women's health and wellness is a core pillar of the HBA Think Tank, which serves as a collaborative hub for companies seeking actionable strategies to redefine women's health. Through actionable insights, expert collaboration, and benchmarking resources, the Think Tank helps organizations transform their approach to women's health and wellness. Member companies gain access to best practices, research collaborations, and customized solutions that not only improve health outcomes for women but also establish their leadership in workplace equity and innovation.

For more information on how the HBA Think Tank can support your organization, contact us at thinktank@hbanet.org.

The gender health gap is a pervasive issue that transcends borders, with systemic biases and economic repercussions that vary by region but share underlying inequities. Below is an overview of how this issue manifests in different countries, highlighting the shared challenges and unique regional disparities.

United Kingdom

The UK faces one of the most pronounced women's health gaps in the G20, driven by systemic neglect and a male-centric design of healthcare systems. Women in the UK experience **three additional years of ill health and disability compared to men**, compounded by dismissive attitudes from healthcare professionals, as highlighted in reports like Baroness Julia Cumberledge's First Do No Harm.

Key Statistics:

- **£11 billion annually:** Economic loss due to absenteeism from conditions like severe period pain, endometriosis, and ovarian cysts.
- **£1.5 billion annually:** Direct economic impact of unemployment caused by menopause symptoms, with 60,000 women out of work.
- **£11 return on investment (ROI):** For every £1 invested in OB-GYN services per woman, generating potential economic gains of £319 million in gross value added (GVA).

Challenges include gynaecology waiting lists that have soared post-COVID, with up to 95% increases in Scotland, leaving nearly 30,000 women waiting over a year for critical interventions. Delayed care results in advanced, costly conditions like organ prolapse and cancers. The UK government's Women's Health Strategy and recent investments in women's health hubs aim to address these disparities but remain insufficient given the magnitude of the issue (Gorham & Langham, 2024).

Australia

Australia grapples with a similarly entrenched health gap, exacerbated by rising out-of-pocket expenses and a gender-biased healthcare system. Women are more likely to live with multiple chronic conditions, such as endometriosis, polycystic ovary syndrome (PCOS), and autoimmune disorders, alongside mental health issues.

Key Statistics:

- **1 in 25 women** delay healthcare annually due to costs, nearly double the rate for men.
- Medicare penalizes women, with procedural medicine (e.g., vasectomies) receiving higher rebates than women's health procedures like IUD insertions, which often cost significantly more.

Many women are forced to choose between basic living expenses and essential healthcare, exacerbating financial and emotional stress. The lack of investment in preventative and cognitive medicine means conditions often go untreated, leading to worsened outcomes and higher long-term costs. The National Women's Health Advisory Council is working to address systemic biases, including rebate inequities and medical misogyny, but these efforts are nascent (May, 2024).

Switzerland

Switzerland demonstrates the direct financial impact of the gender health gap through its insurance system, where premiums are gendered based on perceived healthcare costs.

- **Higher Premiums for Women:** Women pay an average of **12% more** for supplementary hospital insurance than men, with disparities increasing by age. **A 31-year-old woman pays 37% more than her male counterpart.**
- **Systemic Bias in Costs:** These higher costs reflect systemic biases that fail to account for the disproportionate burden women face due to reproductive health and chronic conditions. While Swiss insurance is private and mandatory, these inequalities in pricing reinforce the financial burden women bear.
- **Access Challenges:** While Switzerland boasts high-quality healthcare, cost barriers can discourage preventive care, which is essential for managing conditions that predominantly affect women. (Gunja et al., 2018)

Canada

The gender health gap in Canada significantly impacts working women, with reproductive health, menstruation, and menopause posing barriers to career advancement.

- **Key Statistics:**

- **60% of working women** report health issues related to menstruation, menopause, or reproductive health as obstacles to career growth.
- **4 in 10 women** have made career-limiting decisions due to health concerns or caregiving responsibilities.
- **1 in 10 women** have considered leaving their jobs due to menopausal symptoms.
- **30% of women** have lied to managers about the reasons for taking sick days related to women's health.
- Only **42% of women** feel their workplace fosters an open culture for discussing women's health.
- Just **37% of women** believe their employers provide adequate health resources.

(The Gender Health Gap: Its Impact on Working Women in Canada, n.d.)

Methodology

The methodology for this report is based on a survey completed by women of the Healthcare Businesswomen’s Association community. The survey was designed to gather insights into respondent experiences with women’s health issues and their workplace impact. The survey was distributed via email and social media over a four-week period, and included a combination of Likert-scale questions, multiple-choice items, and open-ended questions, allowing for both quantitative analysis and qualitative insights. Responses were collected anonymously to protect participant confidentiality and encourage candid responses. The data was analyzed using descriptive statistics for quantitative items, while qualitative responses were thematically summarized to identify recurring themes and illustrative quotes.

United States of America	53.13%		Poland	0.28%
Switzerland	9.26%		Mexico	0.28%
Japan	5.43%		Colombia	0.28%
India	5.33%		Turkey	0.19%
United Kingdom	4.58%		Nigeria	0.19%
Canada	3.09%		Libya	0.19%
Germany	2.81%		Greece	0.19%
Spain	2.15%		Brazil	0.19%
South Africa	1.78%		Argentina	0.19%
France	1.78%		Morocco	0.09%
Belgium	1.59%		Latvia	0.09%
Austria	1.50%		Kuwait	0.09%
Ireland	1.22%		Kenya	0.09%
Czechia (Czech Republic)	0.65%		Iceland	0.09%
Singapore	0.47%		Hungary	0.09%
Australia	0.47%		Ghana	0.09%
Netherlands	0.37%		Finland	0.09%
Italy	0.37%		Egypt	0.09%
Denmark	0.37%		Croatia	0.09%
United Arab Emirates	0.28%		China	0.09%
Portugal	0.28%		Bulgaria	0.09%

References

About Healthcare Workers | Healthcare Workers. (2024, September 24). CDC. Retrieved December 23, 2024, from <https://www.cdc.gov/niosh/healthcare/about/index.html>

Al Hamid, A., & Beckett, R. (2024, February 15). Gender Bias in Diagnosis, Prevention, and Treatment of Cardiovascular Diseases: A Systematic Review. PubMed Central. Retrieved November 20, 2024, from <https://pmc.ncbi.nlm.nih.gov/articles/PMC10945154/>

Backman, I. (2024). Endometriosis < Yale School of Medicine. Yale School of Medicine. Retrieved December 23, 2024, from <https://medicine.yale.edu/news/yale-medicine-magazine/article/endometriosis/>

Calderone, K. (1990, December). The influence of gender on the frequency of pain and sedative medication administered to postoperative patients. SpringerNature. <https://link.springer.com/article/10.1007/BF00289259>

The gender health gap: its impact on working women in Canada. (n.d.). Sun Life. Retrieved November 20, 2024, from <https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/the-gender-health-gap-its-impact-on-working-women-in-Canada-mc1047.pdf>

Gorham, B., & Langham, O. (2024, October 2). Women's health economics: investing in the 51 per cent. NHS Confederation. Retrieved November 20, 2024, from <https://www.nhsconfed.org/publications/womens-health-economics>

Gunja, M., Tikkanen, R., Servai, S., & Collins, S. (2018, December 19). What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries? Commonwealth Fund. Retrieved November 20, 2024, from <https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries>

Lerner, L. (2020, June 22). Women are overmedicated because drug dosage trials are done on men, study finds. UChicago News. Retrieved November 20, 2024, from <https://news.uchicago.edu/story/women-are-overmedicated-because-drug-dosage-trials-are-done-men-study-finds>

Maserejian, N., & Link, C. (n.d.). Disparities in Physicians' Interpretations of Heart Disease Symptoms by Patient Gender: Results of a Video Vignette Factorial Experiment. PubMed Central. Retrieved November 20, 2024, from https://pmc.ncbi.nlm.nih.gov/articles/PMC2825679/?itid=lk_inline_enhanced-template

May, N. (2024, November 11). How much does the gender health gap cost? For Alyse, it's \$400,000. Guardian. <https://www.theguardian.com/australia-news/2024/nov/12/alyse-chronic-health-conditions-have-cost-her-400000-doctors-say-the-system-unfairly-penalises-women>

New study shows employers' support of women's health is on the rise. (2024, October 16). CVSHealth. <https://www.cvshealth.com/news/womens-health-care/new-study-shows-employers-support-of-womens-health-is-on-the-rise.html>

Shepard, D. (2024, November 18). Average Health Insurance Cost in 2025. ValuePenguin. Retrieved November 20, 2024, from <https://www.valuepenguin.com/average-cost-of-health-insurance>

Study: Across Diseases, Women Are Diagnosed Later Than Men. (2019, March 10). Novo Nordisk Foundation Center for Protein Research. Retrieved November 20, 2024, from <https://www.cpr.ku.dk/cpr-news/2019/study-across-diseases-women-are-diagnosed-later-than-men/>

Whalen, J. (2023, July 21). Misdiagnoses cost the U.S. 800,000 deaths and serious disabilities annually. STAT. <https://www.statnews.com/2023/07/21/misdiagnoses-cost-the-u-s-800000-deaths-and-serious-disabilities-annually-study/>



FemTechnology is a company dedicated to building the future of women's healthcare by addressing the gender health data gap and driving innovation across the women's health ecosystem. From their global FemTechnology Summit, which brings together thought leaders to catalyze change, to their university series, which scouts groundbreaking research and amplifies its impact, FemTechnology connects insights to action. At the core of their work is ORI, a personalized health navigation platform that centralizes best-in-class solutions in women's health. ORI collects and analyzes data to uncover hidden cost drivers, provide actionable workforce insights, and implement tailored strategies. It empowers employers to reduce healthcare expenses, optimize benefits, and improve employee outcomes while ensuring women have seamless access to personalized care that meets their unique needs. For more information, please visit www.femtechnology.org.



Developed by FemTechnology, ORI is a personalized health navigation platform designed to close gaps in women's healthcare, reduce employer costs, and improve employee outcomes. By centralizing best-in-class solutions in women's health and providing actionable data on workforce health trends, ORI helps organizations uncover hidden cost drivers, optimize benefit utilization, and implement actionable, tailored strategies for women's health. Employers gain a nuanced understanding of their workforce's needs through anonymized, aggregated data, along with evidence-based recommendations and targeted interventions to reduce absenteeism and healthcare expenses. Employees benefit from seamless access to personalized care options, ensuring their unique health needs are met effectively and efficiently.



The Healthcare Businesswomen's Association (HBA) is a global organization dedicated to furthering the advancement and impact of women in the business of healthcare. With more than 80 locations throughout the world, the HBA serves a community of more than 85,000 individuals and nearly 150 Corporate Partners. The HBA provides access to industry thought leaders and influencers; educational programs to develop leadership skills; and distinctive global recognition of outstanding individuals and companies to promote visibility of their achievements in advancing gender parity in the workplace.



The HBA Think Tank is a research-driven, collaborative hub dedicated to addressing systemic barriers and advancing opportunities for women in healthcare. As part of the Healthcare Businesswomen's Association (HBA), the Think Tank equips companies with actionable insights, benchmarking tools, and innovative strategies to foster meaningful change. Its mission spans four critical areas: leadership representation, amplifying women of color, workplace health and wellness, and financial acumen. Through cutting-edge research, expert collaboration, and customized solutions, the Think Tank empowers organizations to transform their workplaces, enhance health outcomes for women, and lead the way in creating a more equitable healthcare ecosystem.