

healthywomen

Aging Smart. Aging Well.

A National Action Plan



Executive Summary

The health of women in midlife has long gone under-researched and under-resourced, despite the complex and nuanced challenges that women in midlife, defined here as ages 35 to 64, face in maintaining or improving their health and well-being. Midlife women typically juggle professional and personal responsibilities, whether managing a career or caring for children and/or parents or some combination. These pressures and burdens can take a toll on women’s physical, emotional, mental and financial health.

HealthyWomen seeks to shine a light on the unique needs, challenges and opportunities of women in midlife. Representing **one-fifth** of the United States population, women in midlife need and deserve to be able to find trusted health information, openly discuss their concerns, and receive care and support within an inclusive and respectful healthcare system. Only through open dialogue and examination of issues will women get the resources and support they need to proactively manage their health and overcome barriers to care.

Some groups of women face even greater barriers to care that disproportionately impact their health and quality of life. These barriers serve as key social determinants of health and widen gaps in health disparities and health inequities, impacting health outcomes and quality of life across various therapeutic areas and among women nationwide. In particular, substantial gaps exist in access, affordability, research, clinical training and education relating to the health needs of women in midlife.

HealthyWomen has embarked on an ambitious initiative to improve the health of women as they age through a National Action Plan. The National Action Plan is a triphase, multiyear initiative that locates the gaps, addresses barriers, and raises awareness about deficits and solutions in midlife women’s health; advances education; and fosters systemic change to improve access to care and information to support the many facets of healthy aging across diverse women.

In the first phase of this work, HealthyWomen convened experts in women’s health to identify key conditions and gaps in women’s health, to inform the design of a national benchmarking survey. The goal of the survey was to identify the barriers contributing to the gaps and use this knowledge to create opportunities for education and public policy and ultimately, improve women’s health.

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HealthyWomen fielded a national survey of 6,199 women that included a diversity of voices and represented people from a variety of backgrounds. The survey was conducted in July 2022 to better understand midlife women's perceptions of their health, the presence of health conditions, and barriers to diagnosis, treatment and prevention.

A roundtable of 25 women's health experts from organizations representing various therapeutic areas, geographies, perspectives and demographic groups reviewed these and other findings from the survey. The group discussed implications and interpretations of the data, identified questions for further exploration, and proposed potential solutions and next steps.

Women noted roadblocks to managing mental and sexual health, including social, emotional or personal barriers.

Overall Goals of the Process

HealthyWomen's goals for the National Action Plan process are ambitious and far-reaching. They include:

- To define improvement areas across education for patients and healthcare providers (HCPs), policy, and research in order to positively impact women's midlife health
- To create systemic change in education, policy and research to address inequities, health disparities and social determinants of health
- To set shared priorities and identify opportunities to coordinate actions across organizations to harness collective strength and accomplish more together

Key Takeaways

Insights from the survey and the roundtable will inform the next phase of the National Action Plan, with the goal of turning dialogue and investigation into action.

- **Significant numbers of women in midlife do not feel like they are thriving.** Approximately four in 10 respondents rated their overall health, their mental health and their sexual health as just okay or worse.
- **Though virtually all women go through menopause during midlife, it remains taboo or mysterious for many.** The biggest barrier to addressing menopause symptoms was lack of knowledge, with 21% of women ages 45 to 54 reporting they don't know what they should be doing about menopause. Many cited barriers to seeking care for menopause, including shame, denial, fear, cultural norms, lack of trust in HCPs, and a sense that no one understands what they are going through.
- **Most women in midlife have some health condition, with mental health being the single most common.** Nearly three-quarters (73%) of women reported having at least one health condition, including 36% who reported having a mental health condition.
- **Women reported a range of barriers to managing their overall health and specific health issues.** A majority of women (62%) reported feeling that there are factors preventing them from taking care of their overall health, including healthy food being too expensive and lack of motivation.
- **The most common structural barrier to managing overall health was the cost of care,** with one in 10 women surveyed reporting difficulty affording care despite having health insurance.

- **Women noted roadblocks to managing mental and sexual health, including social, emotional or personal barriers.**

Women reported feeling that they're not being listened to by HCPs or friends and family about mental and sexual health. Women also reported shame and lack of understanding about how to take care of themselves or improve their mental and sexual health.

- **Getting a diagnosis remains a struggle for many women, especially for certain conditions.** Almost a quarter of respondents report having had difficulty obtaining a diagnosis. Nearly half of women with autoimmune disorders (49%) and sexual health disorders (46%) said it had been somewhat or very difficult to get a diagnosis. The biggest hurdle to getting diagnosed was having to go to multiple healthcare provider visits, which was especially burdensome for women with autoimmune disorders, bone conditions and chronic pain.
- **Virtually all women in midlife report trying to stay healthy, but much fewer report being current with recommended preventive care.** Just half (51%) of women surveyed said they are fully up-to-date on all recommended health screenings and one out of five had no preventive exam in 2021.

- **Many women are embracing new ways to get care.** More than half of respondents had used telehealth or other digital health tools, though many reported that they prefer in-person care.

Next Steps

As HealthyWomen moves into the next phase of work, it has officially transitioned its working group into a formal coalition that includes federal agencies, real women, HCPs and diverse voices. The coalition will work to discuss and determine appropriate action steps to address gaps and barriers. HealthyWomen will lead and mobilize the coalition efforts to initiate macro-level change, broaden recommendations and implementation plans; amplify and elevate current resources across coalition members; build synergy and national recognition around women's midlife health; conduct additional research; and create new resources, opportunities and tools to fill gaps and address disparities and inequities affecting the health and healthcare needs of midlife women. The goal is to equip every woman with the knowledge and resources she needs to grow older with health, vitality and dignity.

Introduction

Women in the United States spend more on their healthcare than women in other high-income countries, yet they report the least positive healthcare experiences and more chronic conditions than their counterparts around the world, according to the **Commonwealth Fund**. The combination of burdensome healthcare costs and higher burdens of disease affect midlife women in unique and complex ways.

About 63 million people, nearly **20%** of the overall population in the United States, are women between the ages of 35 and 64, which spans childbearing age through menopause. During this time in women's lives, risks for certain cancers and other conditions increase. In turn, routine screenings and vaccinations become increasingly important. As women's physical health and their health risks change, mental health and well-being may also be impacted. Caring for both children and aging parents, and working and tending to career responsibilities while seeking to build or maintain thriving personal lives can take a financial, physical and/or emotional toll.

Many women face barriers to needed healthcare in midlife. Those barriers may be financial, structural or psychological — or some combination. From feeling too financially stretched to pay for treatment that insurance will not cover — if they have insurance at all — to feeling dismissed or not taken seriously by an HCP, women often encounter obstacles to diagnosis and treatment. Some of these barriers are internal or personal, such as when women feel embarrassed about their symptoms or fearful of what they might find out if they seek care. Some women simply do not know how to get the care they need or what they need in the first place, but the net effect is the

same: Many women in midlife are unable to live their healthiest, most fulfilling lives.

Barriers to care and health outcomes are worse for women in marginalized groups. For example, Black and Latina women experience **earlier onset of menopause**, putting them at an increased risk of cardiovascular disease, osteoporosis and premature mortality. More severe menopausal symptoms can also be linked to **economic status and psychological stressors**, particularly among lower-income cohorts.

HealthyWomen is dedicated to ensuring all women in midlife have the information and knowledge and sense of empowerment necessary to make sound healthcare decisions and to advocate for themselves in a healthcare setting. This effort is dedicated to helping women age well and age smart by being informed and prepared.

To further understand the challenges midlife women face and identify opportunities to improve women's midlife health, HealthyWomen has undertaken a comprehensive, multiyear initiative to develop a National Action Plan aimed at breaking down barriers to healthy aging.

The overall goals of this process are:

- To define improvement areas across education for patients and HCPs, policy, and research in order to positively impact women's midlife health
- To create systemic change in education, policy and research to address inequities, health disparities and social determinants of health
- To set shared priorities and identify opportunities to coordinate actions across organizations to harness collective strength and accomplish more together

Our Approach

During the first phase of this initiative, HealthyWomen gathered feedback and collective expertise from a broad range of women's health experts to establish priority areas to include in the National Action Plan. A May 2021 expert roundtable discussion identified key issues for exploration. These efforts sought to identify information needs and gaps, to understand how different women approach aging, and to uncover best practices to address the diverse needs among midlife women. Discussions covered the conditions and symptoms women associate with aging, communication gaps between women and their HCPs, the impact of sociodemographic differences and disparities on access to prevention and treatment, and educational opportunities about women's midlife health.

Taken together, the quantitative findings and expert discussions yielded the following key themes on how to expand access to care, provide resources and empower women to take control of their health as they age.

- Internal and external barriers to care
- Racial and ethnic health disparities
- Stigma around age, weight and specific health conditions
- Unique challenges faced by women in rural and underserved communities
- The need for mental and physical health integration and expanded access to mental healthcare and treatment for substance use disorder

This process also helped establish several key priority conditions that affect women in midlife that warrant additional examination and action planning. These priority conditions include:

- Autoimmune disorders
- Bone health
- Brain health
- Cancer
- Cardiovascular disease
- Chronic pain
- Menopause
- Mental health and substance use disorder
- Sexual and reproductive health

The insights informed the development of a national benchmark survey. The goals of the survey were to quantify the identified issues and to identify real-time needs of midlife women, as well as gaps and barriers to healthy aging, particularly related to the conditions identified as priority concerns.

To synthesize the key findings and implications of the national survey, HealthyWomen convened a working group that included the original group of experts and additional members. The goals of this convening were to:

- Define the needs of midlife women and identify the gaps and locate the barriers in women's midlife health
- Determine how to address health inequities, disparities and social determinants of health that affect health and aging outcomes
- Find consensus on recommendations and action plans that address the identified needs and bridge the gaps

Survey Results

In July 2022, HealthyWomen conducted an online survey with 6,199 women between the ages of 35 to 64 in the United States. The goal of the survey was to understand women's perceptions of their own health; the presence of medical conditions; and barriers to diagnosis, treatment and prevention that inhibit their ability to access quality care, trusted information and available resources. The survey also explored women's attitudes and responses to different tools and resources for accessing care and managing their health.

The survey addressed a wide range of topics relevant to women's midlife health, including:

- Health self-assessment and healthcare barriers
- Menopause
- Medical conditions and treatment barriers
- Preventive measures, screening and vaccines
- Telehealth and digital health tools

Respondent Demographics

Demographically, survey respondents represented the diversity of midlife women nationwide. Nearly half of respondents (45%) were in the South, with the rest roughly evenly distributed across the West, Midwest and Northeast. More than one-third (37%) said they live in a suburb near a large city, and approximately one in five live in a large city (23%), a small city or town (19%), or a rural area (20%). Respondents skewed slightly younger on the midlife age range but were fairly evenly split, with 38%

between ages 35 and 44, 33% between ages 45 and 54, and 29% between ages 55 and 64.

Virtually all respondents (97%) took the survey in English. The other 3% took it in Spanish. Twenty-three percent of respondents were Hispanic/Latina. Over half (64%) were white/Caucasian, 23% were Black/African American, 7% were Asian/Asian American, and the remainder were American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, multiracial, other or preferred not to answer.

More than half of respondents were married or living with a partner or significant other (45% and 10%, respectively). Nearly one-quarter (22%) were single, never married, while 15% were divorced, 3% were separated, and 4% were widowed.

One-fifth of respondents earned less than \$20,000 per year and nearly as many (18%) earned \$100,000 or more. Most respondents said they perform paid work either outside the home, remotely from home or a combination. One-quarter of respondents said they have a high school diploma or equivalent, while nearly three-quarters reported having some college or associate degree (40%) or a bachelor's degree or higher (32%).

Half of respondents reported having private insurance through a job, the health insurance marketplace or another source. One quarter said they have Medicaid, the publicly funded insurance program for lower-income people and people with certain conditions or disabilities, and 10% of respondents said they have Medicare, the health insurance program for people 65 and older and younger people with disabilities.

Approximately one in 10 (11%) reported being uninsured. Among respondents with insurance, 60% said they understand their health insurance coverage and 37% said they understand it somewhat; just 3% said they do not understand their coverage.

Many women in this age group are caregivers, and the survey sample was no exception. Nearly half of respondents said they are some type of caregiver: caring for a child or children under age 18 (34%) or for an elderly relative or a relative with a chronic health condition. Twelve percent identified that they are also HCPs but were instructed to complete the survey from their perspective as a patient/nonmedical professional.

Health Self-Assessment and Healthcare Barriers

Overall health

most half — 42% — of respondents rated their overall health as just okay or worse (poor or extremely poor). Among the respondents who rated their health as good or extremely good, there were notable differences. Asian/Asian American women were most likely to rate their overall health as extremely good or good (74%). Given this high percentage, this is an area that needs further research to elucidate the reasons behind this and whether this is a true measure of good health or the way that different women define or express good health.

Suburban women were also more likely than women from any other geographical type to report extremely good or good health (64%). Among other geography types, women in large cities (60%) were more likely to give their own health high marks compared with women in smaller cities (53%) or rural areas (51%). Respondents

with private health insurance were also more likely to rate their health as extremely good or good than people with publicly funded insurance. Conversely, people on Medicaid and Medicare were more likely to report their health as okay, poor or very poor rather than extremely good or good.

Despite generally positive ratings of their own health, **nearly two-thirds (62%) of women reported at least one barrier to taking care of their overall health.** Food was a barrier in some way to 37% of the respondents, with the top barrier being the cost of healthy food, which 22% of respondents cited. Another 8% said that they need more information about healthy foods and 7% said it is hard to find food that is healthy. Women in large cities were more likely to say they need more information about healthy foods and less likely to say they cannot afford care, despite having health insurance.

62% of women reported at least one barrier to taking care of their overall health

Healthy habits were difficult for some because of time constraints, know-how and motivation. Approximately one in 10 respondents said they do not have time to exercise or take care of themselves. Twelve percent simply said they lack the motivation to take care of themselves and 6% said they do not know what to do to take care of their overall health.

For some respondents, **costs also serve as barriers to taking care of their overall health.** For example, 10% said they have health insurance but still cannot afford the cost of care because of deductibles, co-payments or other out-of-pocket costs, or because their preferred HCP does not accept their insurance. Another 8% said

they do not have health insurance, and 3% said they have insurance but the care they need is not covered or that they have reached the coverage limit for visits. Small numbers of respondents also said they could not find an HCP who accepts their health insurance or that their insurance does not cover prescription drugs.

Logistical barriers get in the way for some women, as well, including 8% who said they have difficulty getting to appointments. Small percentages also reported difficulty getting appointments at all and challenges finding HCPs in their area or with the relevant expertise or language capabilities.

Lack of trust in or comfort with HCPs was another set of barriers cited. One in 10 respondents said they feel like no one understands what they are going through and the same proportion said that HCPs have minimized or dismissed their concerns in the past. Smaller percentages said they find communicating with HCPs difficult and that they feel judged by HCPs because of their weight, age or specific health condition. Six percent of respondents went so far as to say that they are afraid of or do not trust HCPs.

Barriers varied for different demographic groups, and there was no clear pattern to which groups had more or fewer barriers. For example, Hispanic/Latina respondents were more likely than other groups to report not having insurance.

On the other hand, Asian/Asian American respondents were less likely than respondents in other groups to report feeling like no one understands what they are experiencing. Black/African American respondents were less likely than others to report feeling like they do not know what to do.

Mental health

More than half (61%) of participants rated their mental health as extremely good or good, with the other 39% reporting their mental health is just okay or worse. Asian/Asian American women rated their mental health higher than their counterparts do, with 76% saying their mental health is extremely good or good and just 4% saying their mental health is poor or extremely poor. By comparison, 68% of Black/African American respondents and 56% of white/Caucasian respondents rated their mental health as extremely good or good. And 13% of white/Caucasian respondents and 8% of Black/African American respondents said it was poor or extremely poor.

Women reported structural barriers to addressing their mental healthcare needs

Geographical type seemed to play a role in the respondents' assessments of their mental health. Women in suburbs and large cities were most likely to rate their mental health as extremely good or good (64% and 63%, respectively), compared with just 57% of women in smaller cities and 54% of women in rural areas.

Nearly one-fifth (19%) of respondents said they have never been concerned about their mental health, but among those who do have concerns, no single barrier emerged as a dominant theme. Approximately one in 10 (11%) said they feel embarrassed or ashamed about their mental health and the same proportion said they feel like no one understands what they are going through regarding their mental health. Some women said they do not know where to find information or what they should be doing for their mental health, while others said they

are afraid of finding out what is wrong or do not have time or do not feel ready to look into their mental health concerns.

Other subtle barriers reported included fear or lack of trust in mental health providers, difficulty communicating with their mental health provider, or a sense of being judged by the provider. Small percentages of women noted barriers related to their race or ethnicity, such as cultural norms that keep people from speaking about mental health, or having been treated differently by a provider because of their race, ethnicity or color of their skin.

Women also reported structural barriers to addressing their mental healthcare needs, including not having insurance or not being able to afford to pay for mental healthcare even with health insurance, not being able to find a mental health provider in their area or one who takes their insurance, or not being able to get an appointment or find a mental health provider with the appropriate experience. Some respondents also noted transportation challenges.

Younger women (ages 35 to 44) were more likely to have challenges with their mental health than their physical health. Women in this younger group were less likely to say their overall health is poor or extremely poor than women in older groups but were more likely to say their mental health is poor or extremely poor compared to women ages 55 to 64. This is an area that warrants further exploration given the stressors of the pandemic and the pressures of childrearing and caregiving.

Sexual health

Sixty-one percent of respondents also said their sexual health is extremely good or good, while 39% said it was just okay or worse. **Women who rate their overall health**

as extremely good or good were also much more likely to rate their sexual health the same way, with 86% of women who feel their overall health is extremely good and 70% of those who said their overall health is good rating their sexual health as extremely good or good. Younger women (ages 35 to 44) were more likely than older women to report their sexual health extremely good or good (68%).

Women who rate their overall health as extremely good or good were also much more likely to rate their sexual health the same way

Women in large cities were more likely than other women to rate their sexual health as extremely good or good (66%). Though most differences between racial groups were not statistically significant, white/Caucasian women rated their sexual health as poor or extremely poor at a statistically significantly higher rate than other women.

Nearly three-quarters (73%) of survey respondents said they have been concerned about sexual health; 8% said they feel embarrassed or ashamed about it and 6% said they do not know how to explain what is bothering them or feel like they cannot talk to their partner about it. These barriers were more frequently cited among white/Caucasian women and Hispanic/Latina women compared with Asian/Asian American and Black/African American women. This finding may warrant further exploration to determine if there are cultural differences and/or other factors that explain women's perceptions of their sexual health.

Women on the younger end (between ages 35 and 54) were more likely than their older counterparts to report feeling embarrassed or that they do not know how to explain what is bothering them. Rural women reported feeling like they cannot speak with their partner about sexual health issues at a higher rate than other groups.

In addition to difficulty or discomfort communicating about or seeking help for issues with sexual health, some women also noted lack of knowledge about what they should be doing for their sexual health or not knowing where to turn for information, resources or care. Small numbers of respondents did not prioritize their sexual health or feel they have time or access to appropriate HCPs to address their concerns. White/Caucasian women were more likely to report feeling that their sexual health is not important.

Menopause

Though 13% of respondents said they were not sure if they were experiencing perimenopause or menopause, a majority of survey respondents (59%) indicated that they are either perimenopausal or have reached menopause. Of those, 16% said they have never been concerned about menopause, and 8% said they did not think it is important to seek care for menopause symptoms.

The biggest barrier for women addressing menopause symptoms was lack of knowledge. When asked about dealing with or seeking care for menopause, more than one-fifth (21%) of women ages 45 to 54 said they do not know what they should be doing for menopause, which was consistent across racial and ethnic groups and geography types.

Shame, denial or fear, cultural norms to not speak about menopause, lack of trust in or comfort with healthcare providers, and a sense that no one understands what they are going through also serve as barriers to seeking care for menopause symptoms.

More concrete barriers, such as lack of health insurance coverage and difficulty accessing appointments or appropriate providers, also stand in the way.

White/Caucasian women were more likely to believe they are in or approaching menopause (65% compared with 59% overall). Black/African American and Hispanic/Latina were more likely than white/Caucasian women to report not being sure if they were in or approaching menopause (15% compared to 11%). Women in smaller cities were also more likely than others to be unsure about their status (15% vs. 13% overall).

Some groups reported experiencing shame and fear at higher rates than others. Hispanic/Latina women were the most likely to say they feel embarrassed about menopause and to say they feel afraid of finding out what is wrong, though the numbers are small. Urban women were more likely than women in other types of geographies to say they feel embarrassed or ashamed about menopause.

Medical Conditions and Treatment Barriers

Rates of disease

The survey sought to understand how many respondents had certain health conditions and how easy or difficult it was for women with each condition to receive a diagnosis.

Overall, nearly three-quarters (73%) reported having at least one condition, with mental health conditions being the most common. More than one in three (36%)

respondents reported having a mental health condition such as depression, anxiety, panic disorder, stress or substance use disorder, among others. Approximately one-quarter reported weight management issues, chronic pain conditions (including fibromyalgia, migraine and back pain), and sleep disorders (such as insomnia, sleep apnea and restless leg syndrome). Approximately one-fifth (21%) said they have heart disease or related conditions and approximately one in 10 reported a sexual disorder, diabetes, autoimmune disorder, reproductive or gynecologic health issues, and urologic disorders.

Compared with other groups, white/Caucasian women were more likely to report most conditions, including mental health, weight management, chronic pain, sleep disorders, urologic issues and bone disorders. Black/African American women reported higher rates of diabetes than other groups. Conversely, Asian/Asian American women were less likely — sometimes half as likely — to report having these conditions.

Women in rural areas were more likely to report chronic pain than any other group and, in general, were more likely to report health conditions than women in large cities or suburbs.

Barriers to diagnosis

Regardless of how common a condition was, substantial portions of respondents with certain conditions reported difficulty getting diagnosed. For example, **though autoimmune disorders were not among the most commonly reported conditions, they were the most likely to have been difficult to diagnose.** Nearly half (49%) of women with autoimmune disorders said it had been somewhat or very difficult to get a diagnosis. Nearly as many said it was

somewhat or very difficult to get diagnosed with a sexual health disorder (46%), brain disorder (44%), chronic pain (41%) or reproductive health issues (42%).

On the other hand, women with heart disease (78%), diabetes (76%), cancer (65%) and bone disorders (62%) said it was very or somewhat easy to get their diagnosis.

Barriers to diagnosis varied depending on the condition, but overall, the biggest hurdle women reported in getting a diagnosis was having to go to many healthcare provider visits to get the diagnosis (23%). Two-thirds of women with autoimmune conditions said their diagnosis required many visits, as did more than half of respondents with bone conditions (54%), cancer (51%) and chronic pain (51%).

Another top barrier to diagnosis was feeling like their healthcare provider does not believe or listen to their symptoms, which was reported by almost one in five (17%) respondents.

Other barriers to getting diagnosed included being able to find a healthcare provider with relevant experience, feeling like family and friends were not listening to them, feeling afraid to find out what might be wrong, and the lack of availability of a test to provide a clear diagnosis.

Less common but notable barriers were related to cost (lack of insurance or coverage for needed tests or visits), access (having trouble finding an available appointment or getting to an appointment), and time (time to go to a healthcare provider and or to wait for test results). Some respondents blamed Covid-19 for getting in the way of their diagnosis, either because the healthcare provider's office was closed, because they did not want to go to the provider's office to avoid Covid-19 exposure or because they got Covid-19.

Perceptions of treatment

Turning from diagnosis to treatment, between one-fifth and nearly one-half of respondents said they are still trying to receive treatment for their condition. For example, 43% of women with brain disorders said they are still trying to get treated, as did 37% of women with chronic pain and 34% of women with reproductive health issues. Approximately one in three women said they are still seeking treatment for autoimmune, bone, mental health, sexual, sleep and weight conditions.

Among respondents who have received treatment for their condition, many were satisfied. Approximately 60% of respondents who have received treatment for diabetes, heart disease and cancer reported being satisfied with that treatment, as did more than one in three respondents with autoimmune, mental health and urologic conditions.

Fewer respondents were dissatisfied with their treatment, but still nearly one in five people with autoimmune disorders and chronic pain were not satisfied. Among women who were not satisfied with their treatment, 15% said it was because the treatment did not make them feel better or work well enough to fix the issue.

Nearly one in three women with sexual health issues chose not to get treatment.

Preventive Measures, Screening and Vaccines

Virtually all women (94%) surveyed reported trying to stay healthy. The top strategies included healthy eating (61%), sleeping six to eight hours per night (55%) and seeking preventive care, including getting recommended vaccines (50%) and screenings (47%). Nearly half reported participating in physical activity more than three times a week (48%) and treating themselves with kindness (47%).

Almost half (49%) of respondents said they are up to date on all recommended health screenings and another 11% said they are current on some screenings. A majority of respondents (81%) said they had some type of health screening in 2021, including an annual physical exam (64%), a dental exam (48%) or an annual gynecological exam (46%). But that leaves one out of five who did not have any exam in 2021.

Nearly one in five (17%) respondents said they have not made any health screening appointments in 2022 and just one in four (26%) said they plan to schedule health screenings. Approximately one-third of respondents said they have scheduled an annual physical exam (38%), a dental exam (33%) or an annual gynecological exam (27%).

Race and geographical type both seemed to have an influence on the likelihood of having health screenings. Asian/Asian American women and Black/African American women were more likely than average to have had or to have plans to have health screenings. Women living in suburbs reported getting health screenings at a higher rate than women living in other types of areas and women living in rural areas tended to report getting health screenings at a lower rate than urban and suburban women.

The most common barriers to getting needed screenings were noted as a lack of motivation, fear of finding a problem and lack of insurance.

In addition to health screenings, vaccinations are also a key part of preventive care. Two-thirds (64%) of respondents said they are up to date on all recommended vaccinations, but of the third that are not up to date, there was no prevailing reason to explain it.

Telehealth and Digital Health Tools

The Covid-19 pandemic has accelerated adoption of new technologies, including telehealth and digital health tools. Among survey respondents, 58% said they have used telehealth services. Of those, 70% have had a video visit while four in 10 have had an audio-only call.

Most respondents (57%) who had used telehealth were satisfied with the experience, reporting that everything had worked well. Among the benefits respondents cited were that it took less time to get care than going into a healthcare provider's office (13%) and that they were able to get appointments sooner (7%). Despite relatively high levels of satisfaction, respondents preferred in-person to telehealth visits by a margin of two-to-one.

Among those who had not used telehealth, most (64%) said it was because they prefer in-person care, and 20% said they had never been given the option or that their healthcare provider does not offer telehealth.

Beyond telehealth, digital health tools, such as smart watches, fitness trackers and weight loss apps, have also taken off in the general population. About half of survey respondents reported using at least one digital health tool to support their overall health. The most popular digital health tools among respondents were smartwatches (23%) and activity trackers (22%). One in 10 respondents said they use mindfulness apps and sleep trackers, and almost as many said they use weight loss apps.

Among those who do not use digital health tools, one in four cited cost as a barrier, even with health insurance. Healthcare providers are also influential in respondents' decisions not to use digital health tools; 13% said their healthcare provider had not recommended digital health tools, but 17% said they would use such tools if they were recommended. Other barriers included lack of understanding of what digital tools are, difficulty using them and privacy concerns.

Recommendations and Next Steps

In August 2022, HealthyWomen convened a group of experts from across the field of women's midlife health, including representatives of women's health advocacy groups and a range of therapeutic areas as well healthcare providers and patient representatives to review and process the quantitative survey results. Using the building blocks from the early phases of the National Action Plan process, the group was charged with further defining the needs of women in midlife, identifying persistent gaps and cumulative barriers in women's midlife health, and helping create a foundational directive to address real-time needs of women.

The discussion addressed the following questions:

- Women's expectations and perceptions of their own health
- The role of healthcare providers in access to and quality of women's healthcare
- How to overcome social and emotional barriers and stigma, especially regarding menopause, mental health and sexual health disorders
- Opportunities to improve health equity
- Areas for further research and examination

Several tangible recommendations and broader areas for further exploration emerged from the discussion, informed by the survey results.

Education

A key theme throughout the discussion was the opportunity to improve education — for patients, HCPs and providers in training. Specific ideas included:

- Ensuring that HCPs are trained on the complex and diverse needs of women and on how to communicate effectively with patients as individuals
- Working with academic training and residency programs to provide targeted education to address implicit bias, remove barriers and gaps in care, reduce health disparities, and ensure cultural sensitivity and appropriateness
- Specifically training medical and nursing students on the needs of women in midlife to reduce bias and stigma when they enter clinical practice
- Exploring nontraditional learning opportunities and settings, such as community spaces (e.g., churches or salons), in recognition of the fact that most learning happens outside of clinical encounters
- Leveraging peer support and influence to teach women about their health and how to advocate for themselves within the healthcare system

Opportunities for Provider Collaboration

HCPs can remove barriers, but many of them are overworked or overburdened. As a result, there is a need to identify additional potential opportunities to improve women's health such as:

- Tapping into community health workers and health educators to extend their capacity
- Improving access to telehealth, community health workers and health educators to address rural and urban healthcare deserts
- Connecting professional societies and patient organizations to jointly develop solutions and strategies to improve women's health

Data and Technology

The HealthyWomen survey offers a robust set of data with ample opportunity for additional analysis. Other data and technology opportunities include:

- Disaggregating the HealthyWomen data and exploring the possibility of connecting it with other sources, such as large surveys conducted by other organizations or academic institutions
- Exploring opportunities to use artificial intelligence to help make sure women get what they need
- Integrating new quality measures into electronic health records to support improved equity and address social barriers to health

Communications

Many of the barriers to health and wellness for midlife women that were uncovered were personal, such as shame, discomfort or lack of knowledge. The roundtable discussion identified several communications strategies that could provide enhanced support and reduce isolation among this group. These strategies included:

- Using storytelling to help reduce stigma and increase empowerment as well as to shift cultural and societal norms to support women's health
- Creating safe spaces to share experiences with other women facing similar challenges
- Developing gentle reminders and soundbites to help women navigate healthcare challenges and barriers
- Reminding women that resources are available to them and providing those resources in an accessible way
- Developing linguistically appropriate and culturally responsive materials and messages
- Providing patients with tools to help them navigate the healthcare system

Policy

Policy measures that could impact women's midlife health include:

- Focusing advocacy efforts on access, affordability and safety
- Developing, engaging in and amplifying advocacy initiatives to help address the various barriers and gaps identified in this report, some of which are already in action
- Identify targeted areas to take action at a national level
- Exploring whether new screening measures to address social determinants of health (such as food insecurity, housing instability and geographical location) could help ameliorate identified barriers and gaps

Additional Research

Further research, including additional surveys, focus groups and/or follow-up discussions with survey participants, HCPs and HealthyWomen's Women's Health Advisory Council, may be warranted to advance understanding of the issues unearthed in the survey and roundtable, including:

- Diving deeper into definitions of good health to understand what may be reflected, or in need of additional research, from the survey
- Teasing out deeper insights about cultural differences and norms that hold back women's health

Conclusion

The National Action Plan to improve the health and quality of life of women in midlife is an ambitious project with a bold goal: to advance the health of midlife women nationwide. The most recent phase of work yielded deep and broad insights about how women think about their health, the barriers they face in obtaining diagnoses and treatment and accessing health information, and the importance of feeling supported rather than stigmatized as they age.

The national benchmarking survey revealed that while a majority of women feel good about their overall health, their mental health and their sexual health, about a third of women feel these aspects of their lives are just okay or worse. The expert roundtable helped shed light on dynamics that may not be clear from any survey, such as the idea that when women say they are okay, it may be an automatic or stoic response, or it may be culturally expected, rather than a true reflection of their health status. Women may not even know what good health can really be, so they may be resigned to sub-optimal health because they do not expect anything more.

Experts from across women's health identified isolation, shame and stigma as key barriers, alongside structural barriers such as cost and availability of HCPs who have the time and expertise women need. Roundtable participants also shed light on opportunities to use storytelling, peer

support and broad-based education to raise the bar for women's health, to show women that they are not alone, and to encourage women to expect and demand more for their health and from their healthcare. In short, to empower women to age smart and age well.

Out of these findings emerge countless opportunities for individual and collaborative efforts to improve access to care and reduce barriers to early interventions, accessible resources, diagnosis and treatment. Across education, policy, communications, data and technology, the unique needs of women as they age must be elevated.

Looking ahead, HealthyWomen will explore more of the research themes or data points to determine where additional analysis is needed to drive actions, formulate a roadmap by which to bridge the gaps, build on existing initiatives, and advocate for solutions that support policy and education improvements.

In addition, the working group has been mobilized to form a coalition. HealthyWomen will work with the coalition to integrate the action-oriented solutions and recommendations needed to bridge the identified gaps, amplify and elevate the work and resources needed to equip midlife women with the tools, support and advocacy needed to age smart and to age well.

It's time to turn dialogue into **action**.

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