healthywomen

Rural Women's Health:

Opportunities for Innovation and Investment

Welcome

Beth Battaglino, RN-C

President & CEO, HealthyWomen

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Sumitomo Pharma America (SMPA)
Viatris

Opening Remarks

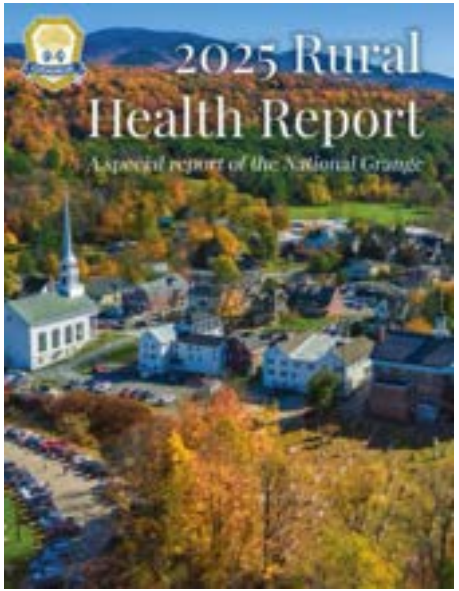
Martha Nolan

Senior Policy Advisor, HealthyWomen

Christine Hamp

President, The National Grange

2025 Rural Health Report



https://www.nationalgrange.org/rural-health-report/

Key Access Stats

- Since 2005, over **180 rural hospitals have closed** and, as of today, **over 700 are at risk of closing** or are facing significant cuts
- In rural areas, over **2.5 million women** of childbearing age live in areas without adequate prenatal and maternal care
- 67% of counties **lack a single obstetric hospital**
- 57% of rural counties have **no OB-GYN services**
- More than 60% of rural counties **don't have one single oncologist**

Key Access Stats

- Children in rural areas are **less likely** to receive the recommended preventive vaccines on schedule for their age compared to urban children
- Some counties have reported **vaccination rates below the 90%** threshold needed for herd immunity, putting them at risk for mass outbreaks
- Rural Americans experience higher depression and suicide rates, in fact, suicide rates in rural counties are **over 60% higher** than those living in urban areas
- Approximately 17%-20% of rural counties are classified as food deserts, **affecting over 2 million Americans**

Addressing the Challenges

- Maintain federal block grants and state matching funds for community health clinics
- Reform Pharmacy Benefit Manager (PBM) practices to ensure transparency and prevent pricing manipulation that harms patients and hospitals
- Fix the IRA's "pill penalty" to keep affordable oral treatments on the market
- Incentivize rural healthcare careers with stipends, student loan forgiveness, and service-based education repayment
- Take steps to ensure all Americans have access to reliable internet
- Support community food programs and local agriculture to combat food insecurity
- Continue to support mobile and telehealth clinics that bring care directly to those who live far from hospitals

Joyce Knestrick, PhD, CRNP, FAANP

Professor, George Washington University School of Nursing; Family Nurse Practitioner, Wheeling Health Right

Gap in Mortality Rates in Rural Areas

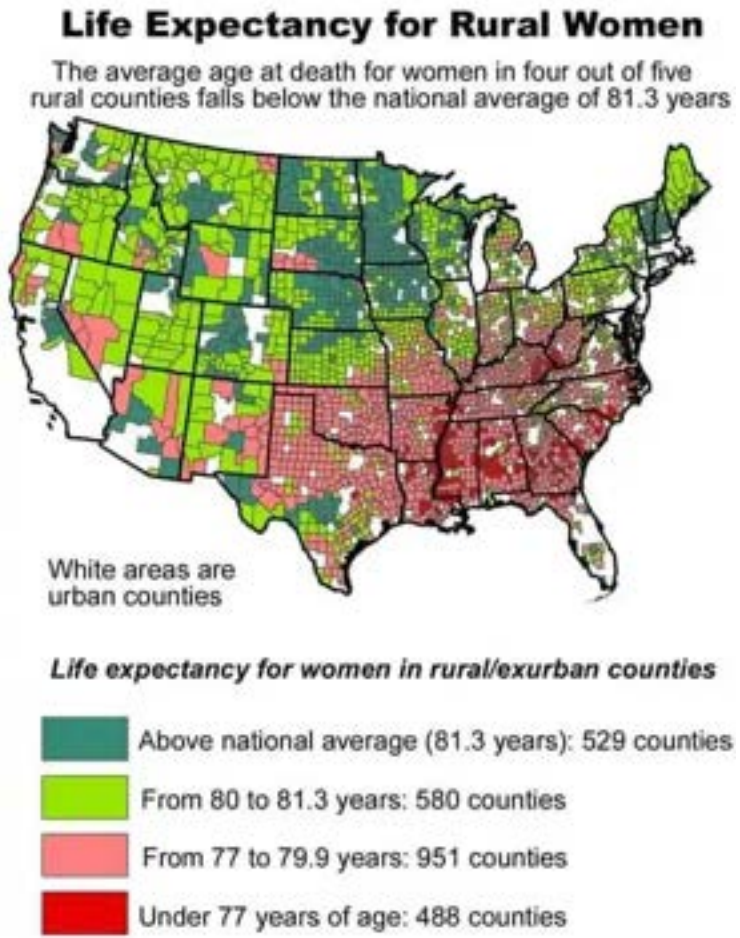
- The gap between rural and urban mortality rates from natural causes is widening.
- Twenty-five years ago, natural-cause, or disease-related, mortality rates were similar for working-age adults in both rural and urban areas.
- However, by 2019, the natural-cause mortality rate for rural residents of prime working age (ages 25–54) was 43% higher than for those living in urban areas. (Thomas, 2024)

This growing disparity reflects both an improvement in urban health and **a decline in rural health**, which has negative implications for rural families, communities, employment and the rural economy.

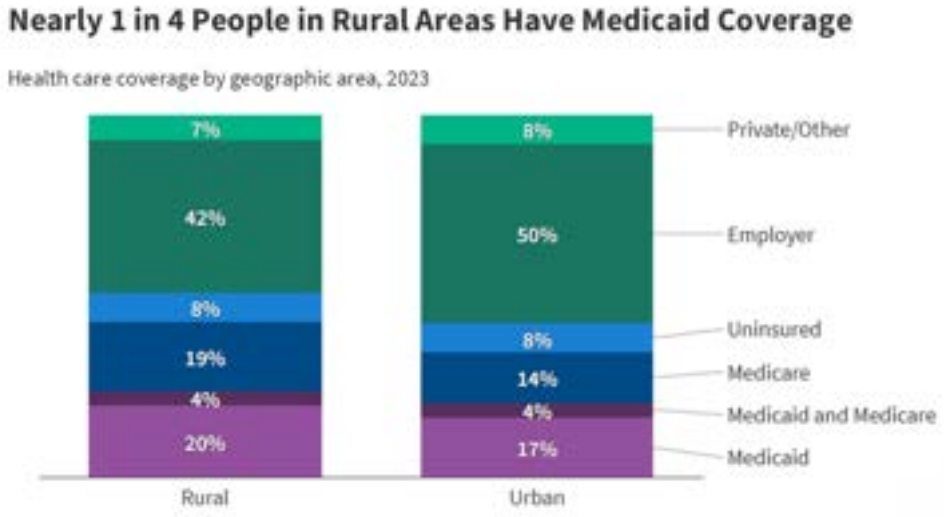
- Rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need.
- Access to healthcare implies that healthcare services are available and obtainable in a timely manner. Even when an adequate supply of healthcare services exists in the community, there are other factors that may impede healthcare access.

- For instance, to have healthcare access, rural residents must also have:
  - **Financial means** to pay for services, such as health or dental insurance that is accepted by the provider
  - Means to reach and use services, such as **transportation to services** that may be located at a distance, and the ability to take **paid time off of work** to utilize services
  - Confidence in their **ability to communicate** with healthcare providers
  - Trust that they can use services without compromising **privacy**
  - Confidence that they will receive **quality care**

- **Barriers to healthcare result in**:
  - Unmet healthcare needs
  - a lack of preventive and screening services
  - Challenges in the treatment of chronic diseases
  - A reduced lifespan
- While access to healthcare does not guarantee good health, **access to healthcare is critical for a population's well-being and optimal health**



- **Medicaid funding is critical for sustaining rural healthcare systems**, including hospitals, clinics and community health centers.
- A strong relationship exists between Medicaid coverage levels and the financial viability of rural hospitals and providers. Medicaid expansion is associated with improved hospital financial performance and substantially lower likelihoods of closure, especially in rural markets and counties with large numbers of uninsured adults before Medicaid expansion.



Nearly 50% of rural hospitals operate with negative margins and further reductions in Medicaid funding would force many facilities to:

- Reduce or eliminate essential services
- Delay much-needed equipment upgrades
- Close their doors entirely

Rural hospital closures would leave many residents without nearby healthcare access, forcing them to travel long distances for even basic treatments and emergency care.

- As a result, many patients may forgo preventive or routine care, leading to higher utilization of emergency departments, increasing costs to the larger healthcare system

Rural hospitals are the largest employers in many rural areas, creating further economic challenges for individuals living in rural communities.

Amber’s Story

- Amber is a patient from Appalachia.

Ariana McGee

Founder & CEO, Navigate Maternity

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This investor presentation has been prepared solely for informational purposes and is not an offering document for any securities or a solicitation of any offer to sell any security or to participate in any trading strategy. The information herein outlines the general structure, and summarizes certain but not all of the characteristics of Navigate Maternity, Inc. (the "**Company**"). This material is furnished to you to determine your preliminary interest in receiving a copy of the governing documents of the Company and the offering materials (collectively, the "**Company Documents**"). If any offer to sell securities is made, it shall be made pursuant to the Company Documents, which would contain material information not contained herein and which would supersede this information in its entirety.

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Our Leadership

Ariana McGee
CEO and Founder
Mother of 4.
13 years in healthcare commercialization, sales, and reimbursement leadership for med device and biotech

BD
Biogen
SANOFI GENZYME
Alcon
evidencematters
AdvaMed

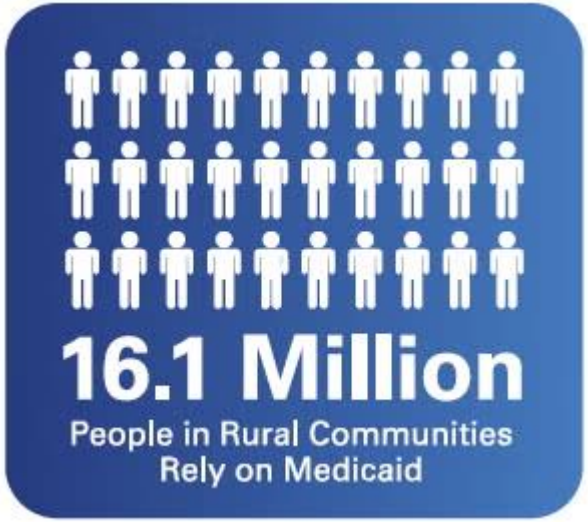
Thea James, MHA
COO
13 years of experience in healthcare operations, managed care, data analytics and digital health

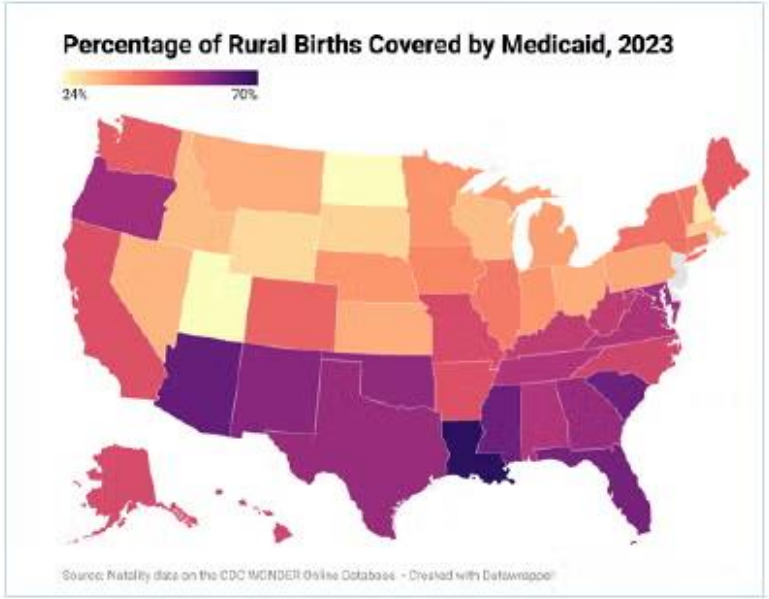
NOVAN HEALTH
CENTENE Corporation
VA U.S. Department of Veterans Affairs

Dr. Elicia Harris MD, MBA
CMO – OB/GYN
15 years practd- certified OB/GYN with an executive MBA in healthcare

Community Health Network
Lutheran Health Network
PARKVIEW HEALTH
WOMEN'S HEALTH ADVANTAGE
ACOG The American College of Obstetricians and Gynecologists
KELLEY

Lack of access to care and elimination of Medicaid service has **devastating consequences** not only for individuals but **for the entire rural community**.





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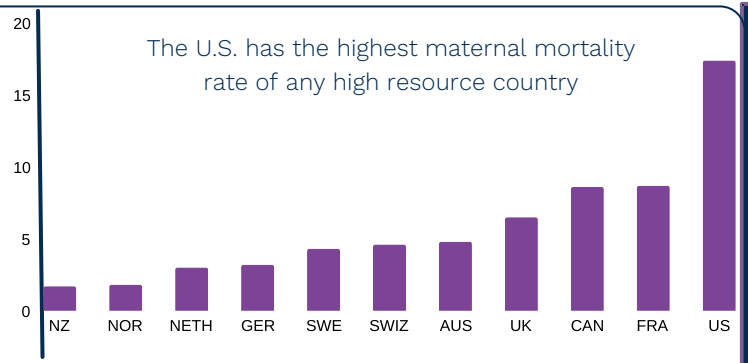
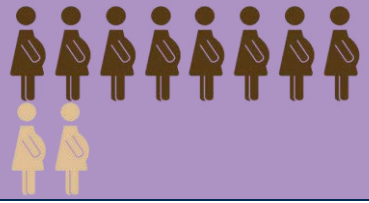
Mothers Are Dying to Have a Baby

1

Maternal Mortality Ratio



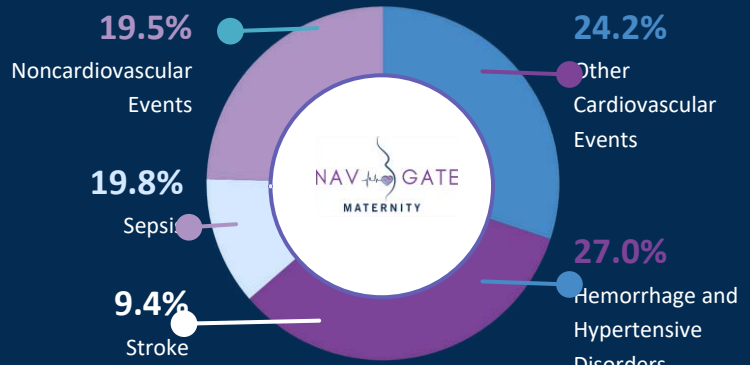
2 **Black women die from childbirth complications 3x the national average**



3 **50% of rural counties lack OB services, and rural moms are 60% more likely to die from pregnancy complications**

4

Per the CDC, more than 80% of the deaths are preventable.



Source: https://www.cdc.gov/hearher/aian/disparities.html

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Gaps in Key Clinical Data Lead to Inadequate Maternal Care

No or limited clinical data between prenatal appointments

Reactive vs. proactive patient care

Limited Social Determinants of Health (SDoH) data

HCP's implicit bias resulting in a lack of patient trust

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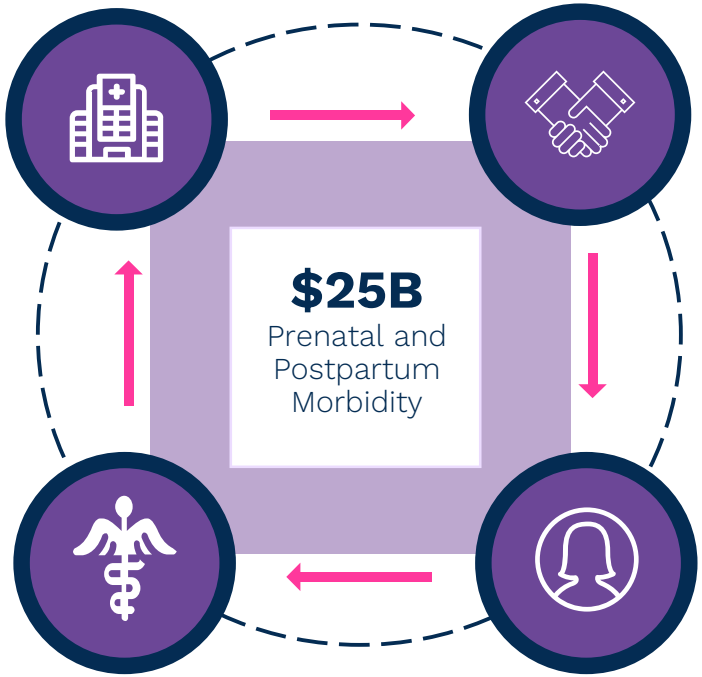
Stakeholder Problem

Hospital Systems

Payers



Providers

Patients

Source: https://www.commonwealthfund.org/publications/issue-briefs/2021/nov/high-costs-maternal-morbidity-need-investment-maternal-healthData: Centers for Disease Control and Prevention, "Severe Maternal Morbidity in the United States," last updated Feb. 2, 2021; Roosa Tikkanen et al., Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (Commonwealth Fund, Nov. 2020); Jiajia Chen et al., "Assessment of Incidence and Factors Associated with Severe Maternal Morbidity After Delivery Discharge Among Women in the US," JAMA Network Open 4, no. 2 (Feb. 2, 2021): e2036148

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The Infrastructure for Maternal Care

Whole Mom Care — Not Just Vitals.

No extra burden. No added workflow. Just better outcomes.

Covered by most insurance plans.

- No upfront cost
- No heavy lift
- Just plug us in and we do the rest

Your patients get access to essentials like:

- Prenatal and postpartum compression
- Breast pumps and lactation supplies
- Posture support products

Educational webinars

Let’s close the gap in maternal care together.

Learn more at www.navigatematernity.com

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NavigateHER — App
NavigatePRO — Platform

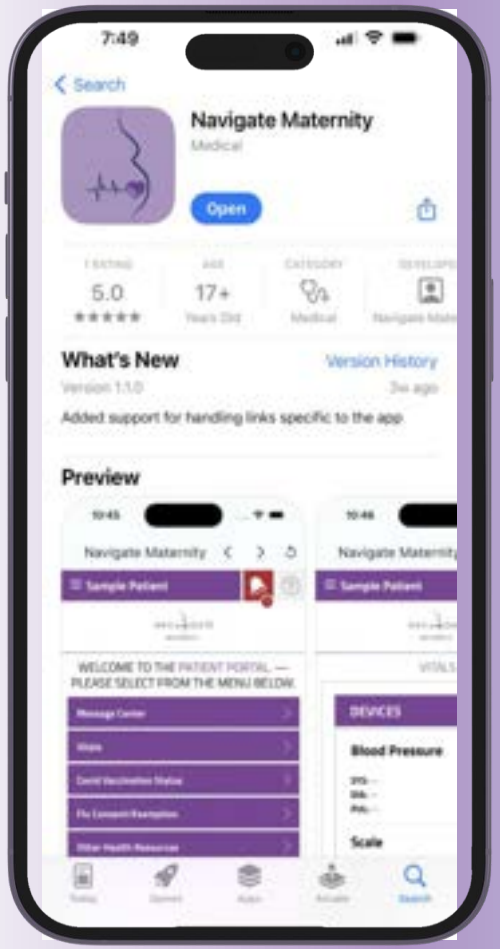
ONBOARDING and DATA REPORTING
Digitize the onboarding process with robust and granular data reporting.

SDoH and MENTAL HEALTH SCREENINGS
Pre-loaded and validated SDoH and mental health screenings. Screenings are customizable.

PATIENT NAVIGATORS and CARE COORDINATION
NM Patient Navigators engage patients and automate referrals to local partners, addressing SDoH and documenting interventions.

SMS TEXTS and INTEGRATED TELEHEALTH
Send SMS texts, in app messages and alerts. In-app telehealth allows you to triage patients from home.

CERTIFIED EHR SOFTWARE and INTEGRATION
Software is backed by a certified EHR. Connect with Epic, Cerner, etc. via HL7 and/or FHR.



Available on the App Store

GET IT ON Google Play

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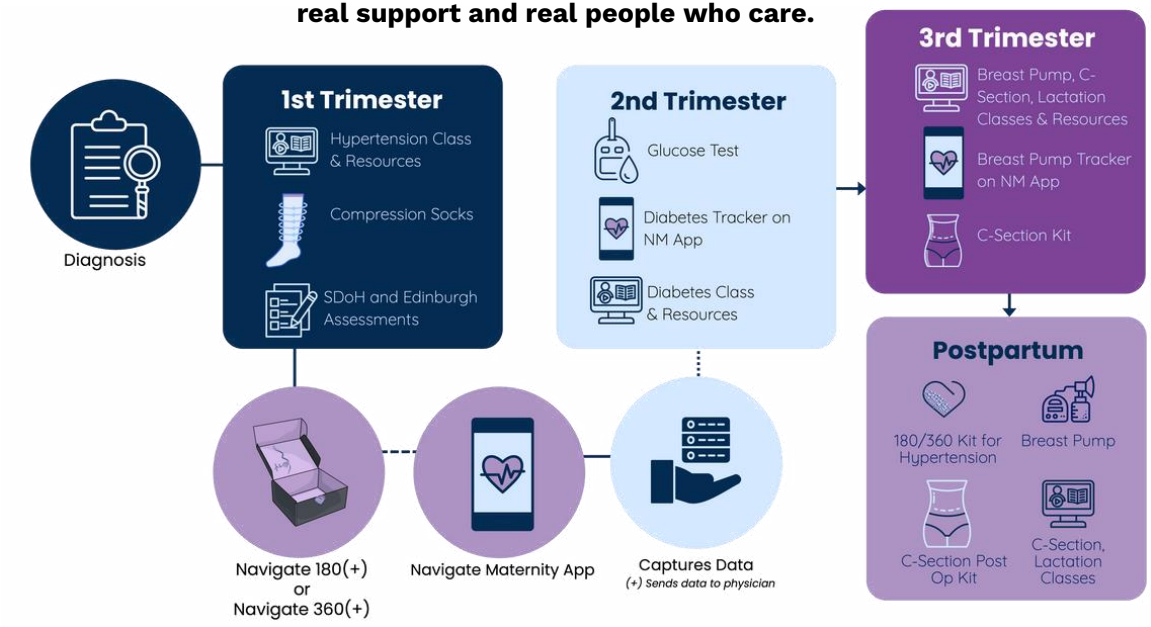
Supporting Mom through Every Trimester

Moms are too often overlooked between appointments.

Too many symptoms are missed. Too many outcomes are preventable.

That's why we created a full-service solution that bridges the gap — with real tools, real support and real people who care.



For more information visit our website at navigatgematernity.com

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NEW Offerings and Expansion

Q2 2025

Breast Pumps and Disposables

Compression Garments

NM Podcast

NM Educational Library

Construct Phase II Winner

Q4 2024

NavigateHER

NavigatePRO

Navigate180

NM Educational Webinars

Q3 2025

61 Active Indiana Prescribers in <1 year

Partnered with CoAction, AHA, HMB, etc.

Passed CMS DME Accreditation = National Expansion, 2 HRSA sites

Q4 2025

National HSA/FSA Rollout

2026 Midwest and Southern Expansion – 18 NEW States

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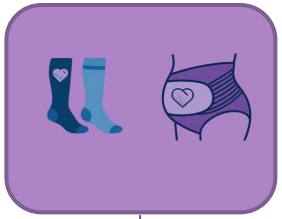
How Does Navigate Maternity Work?

EHR Integration or Interoperability



Real-Time Patient Data Alerts HCP Alerts (360)

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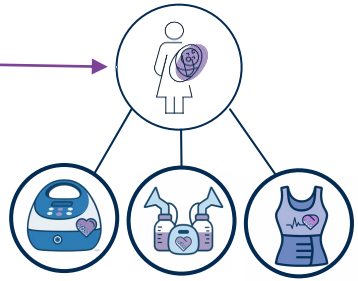
Connected Care Team



Postpartum Monitoring & Community Resources up to 1 year after birth

Patient Navigator (360)

Perinatal Educational Webinars

*HCP: Healthcare provider

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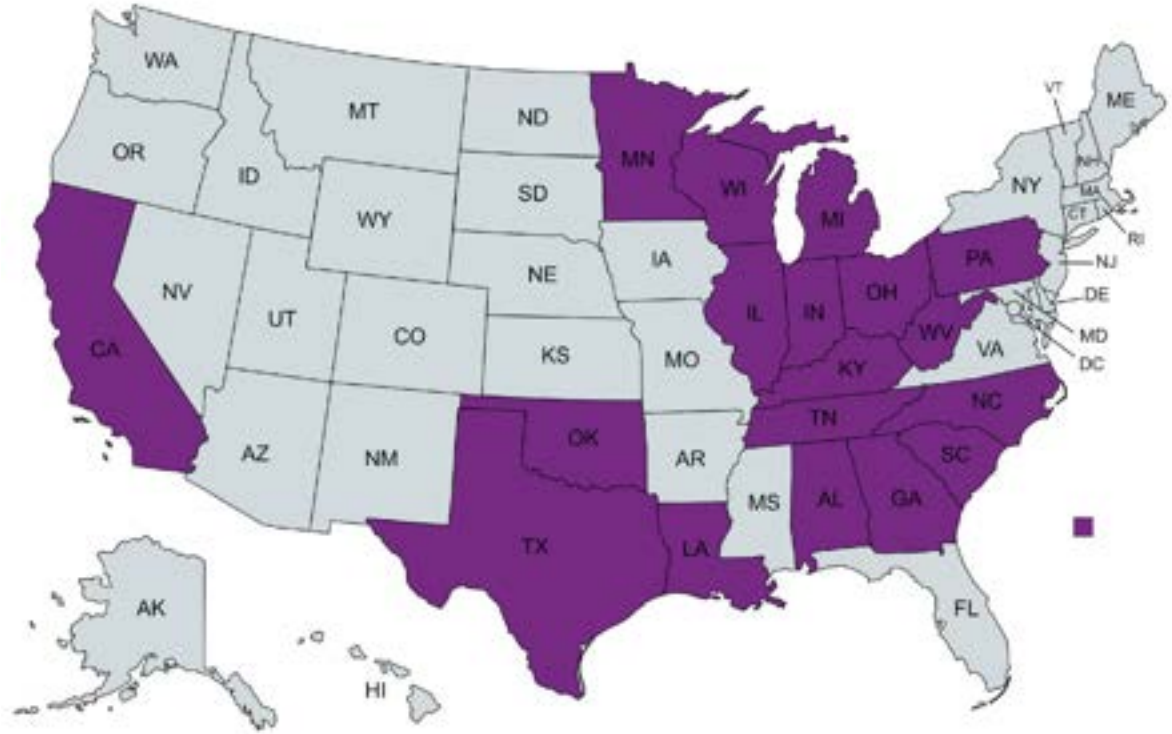
Multi-State Expansion in 2026



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Navigate in the News 2025


Forbes

Navigate Maternity Offers Hope For The Maternal Health Crisis

Follow

The Black women founders who are tackling maternal-health disparities

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Recognition

Competitions

PRIME HEALTH
Innovation Challenge
Finalist
Pilot with CA Medicaid Payer

RECONSTRUCT CHALLENGE
Humana. UofL Health
Maternal Health Challenge - $100
Pilot with state of Kentucky, U of Louisville, & Humana

DELTA TANK
Startup Grand Prize
1ST Place - $25k

STANFORD BYERS CENTER FOR BIODESIGN
Impact1 Maternal Health Competition
2nd Place - $15k

MedTechColor
3rd Place - $25k

NEI NORTHEAST INDIANA PIONEER STARTS HERE
Inaugural Pioneer of the Year

ARCHIMED
Innovation Grant

KELLEY
2022 Pitch Competition Winner

Accelerators

WBL WOMEN LEADING HEALTH CARE
Women in Business Leadership Fellow Cohort

American Heart Association.
AHA's Empowered to Serve Business Accelerator Finalist

Springboard ENTERPRISES
Inaugural Women's Health Cohort

TMC | ACCELERATOR
Texas Medical Center's Health Tech Cohort

MedTechColor
Finalist Accelerator

verizon
Forward for Good Health Equity Accelerator $50k

Features

ESSENCE

THE MEDTECH CONFERENCE

DEVICETALKS

DIGITAL HEALTH CEO SUMMIT

The Journal Gazette

REFINERY29

abc 21 ALIVE

CANVASREBEL

IBJ INDIANAPOLIS BUSINESS JOURNAL

AFRO TECH

VENTURES

healthywomen

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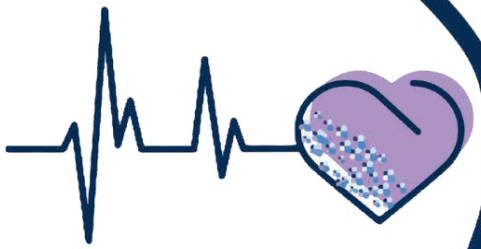
Join Navigate Maternity in the fight to end the maternal health crisis



For partnerships and investment:

amcgee@navigatematernity.com

Follow us

Instagram: @navigatematernity

Facebook: Navigate Maternity

Elizabeth Wallace

Executive Director, Mobile Healthcare Association

mobile healthcare association

Mobile Healthcare Programs

Mobile Health Clinics in the United States

Mobile clinics are improving access across the country!

- **59%** serve rural/urban clients
- **31%** serve rural clients only
- **23%** serve urban clients only

Data Source – Mobile Health Map

Mobile Programs Reach Rural Populations

Meeting Patients Where They Are

Mobile units serving remote areas with no local clinics

Outcomes:

- Improved preventive care uptake
- Chronic care follow-up
- Reduced travel burden
- Increased access

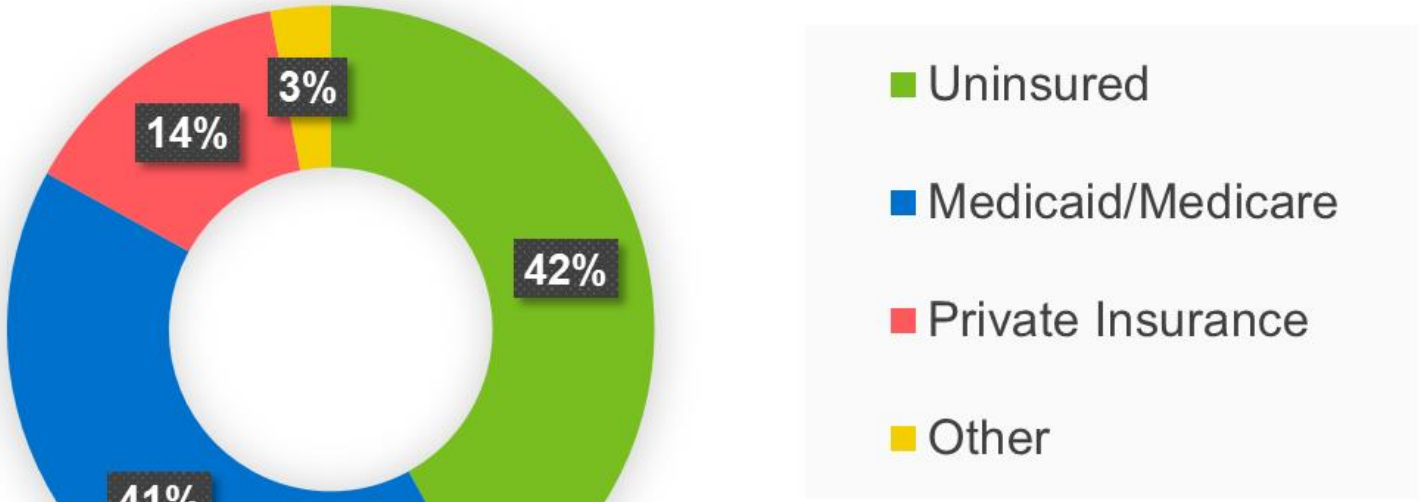
Mobile Healthcare Lines of Service

72%

Mobile Healthcare Association members **serve rural communities.**

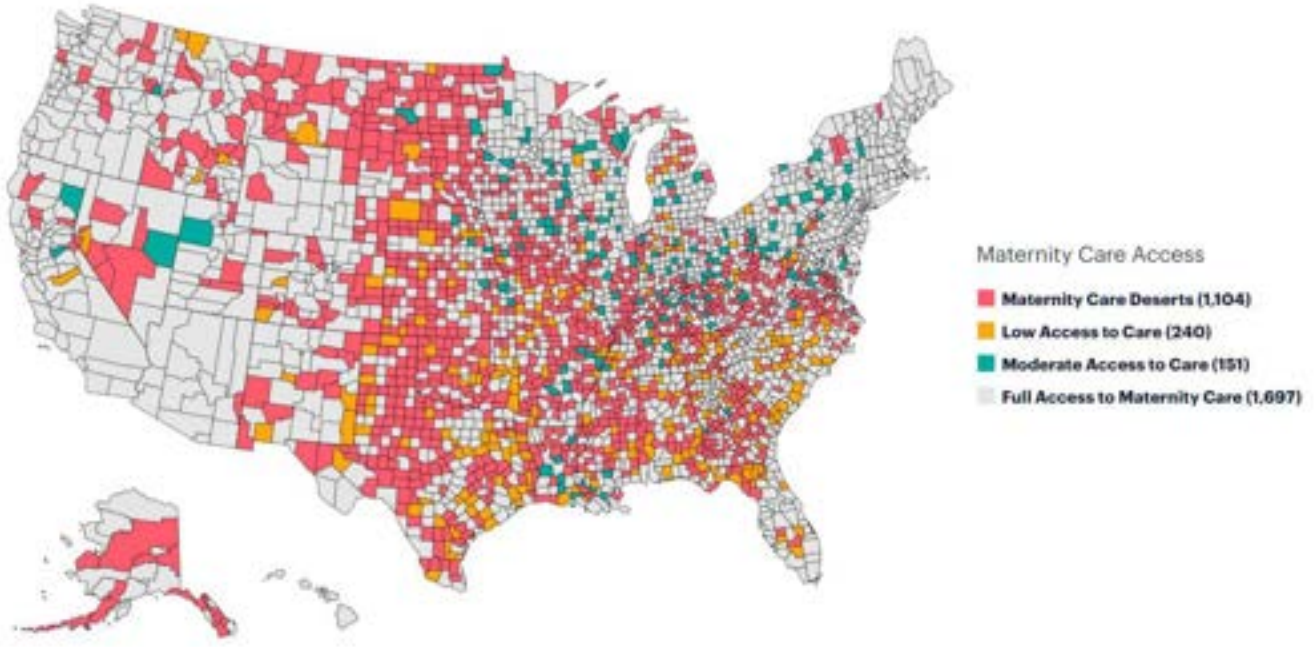
- Adult/Family Primary Care
- Cancer Screening
- Chronic Disease Management
- Harm Reduction
- Health Education
- Health Screening
- Immunizations
- Mammography
- Maternal and Infant Health
- Mental Health
- Oral Health
- Pediatrics
- Social Services
- Women's Health

Insurance Coverage of Populations Served



The Challenge: Maternal Health Deserts And Women's Health Disparities

Over 35% US counties are maternity care deserts.



Maternity care access designation by county, US

Innovations: Comprehensive Community Care Hubs

Knowledgeable Neighbor Model

Building long-term community relationships to improve:

- Chronic disease detection
- Self-management
- Adherence

This model includes **community health workers** and **social service navigators** embedded within mobile teams, linking patients with support:

- Food
- Housing
- Behavioral health

Impact of Mobile Healthcare on Breast Cancer

- Participation is **2x–4x higher among rural, minority and low-income women**.
- **Expands access and promotes earlier detection** without replacing facility-based services.
- Mobile clinics screen 800–4,000+ women per year and **help reduce diagnosis disparities for underserved groups.**

A Harvey L. Neiman Health Policy Institute 2024 study.

Questions?

Please type questions in the Q&A box

Key Takeaways

- Healthier women lead healthier families, healthier communities and a healthier nation!
- We must improve the healthcare infrastructure in our rural counties and where there are “care deserts.” Federally funded initiatives should:
  - Increase the number of rural health clinics and mobile health units offering women’s health services, including maternity services
  - Strengthen the rural women’s healthcare workforce
  - Expand access to improved care via telehealth, broadband and flexible service delivery/mobile health units and ensure reimbursement parity for these services
  - Extend postpartum coverage and improve continuity of care

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Edwards Lifesciences
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