

Women's Health Matters: When, Where, and Why



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Women's health matters today



Women make up the **majority of the U.S. population**—and nearly **50% of the workforce**

Women are responsible for **85% of consumer spending**—and make over **85% of health care decisions**

Women control **60% of personal wealth**

Women are more likely to be **caregivers**

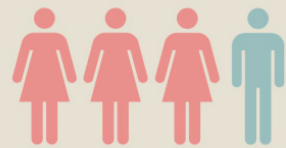
Women's health matters because . . .

Cardiovascular disease is the #1 killer of **WOMEN** in the US, yet only 1/3 of the participants in clinical trials are female.

TRIAL SUBJECTS



Not until 2016 were female mice mandated to be included in research by NIH.



78% of Americans with autoimmune disease are women—it is estimated that **50 million** people are afflicted.

Women are **3/4** of the **5.4 MILLION** people suffering from Alzheimer's disease

Yet **66%** of the animals used in neuroscience research are male or of unreported gender.



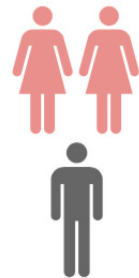
3X
LUNG
CANCER

Lung cancer is the #1 cause of cancer death in women.

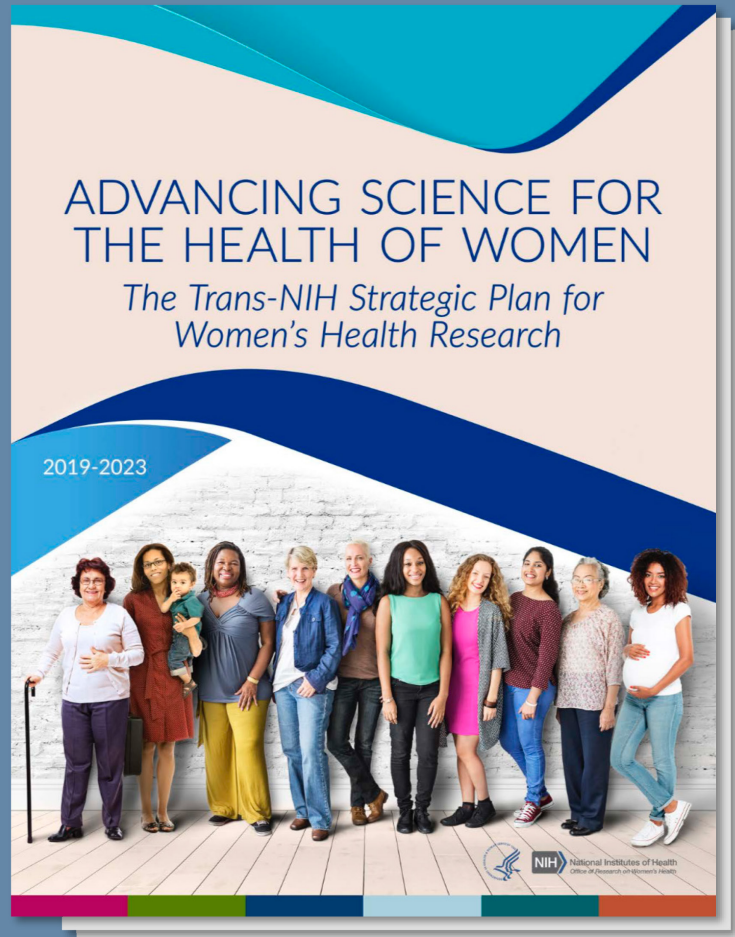
More women die of lung cancer each year than from breast, ovarian and uterine cancers combined.

Non-smoking women are three times more likely than non-smoking men to get it.

Twice as many women as men suffer from depression in the U.S. It is the leading cause of disability in women.



The NIH has set an ambitious goal of advancing rigorous research that is relevant to women's health

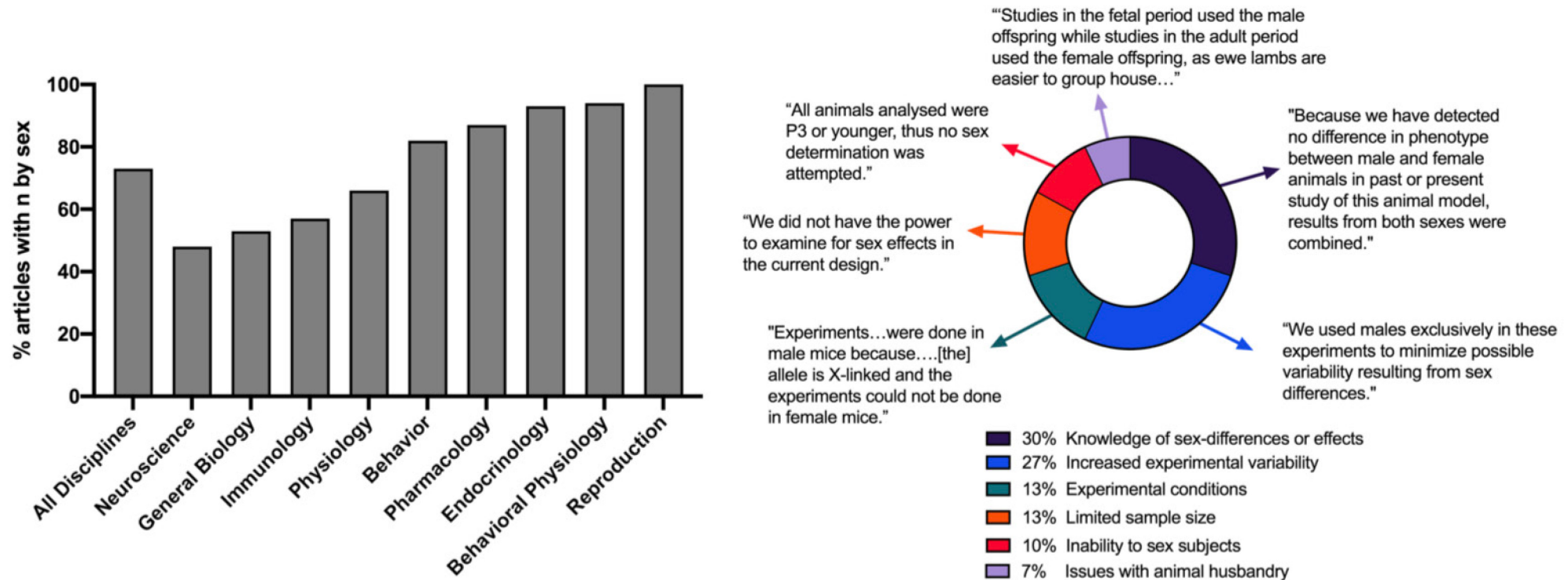


- a world where the biomedical research enterprise thoroughly integrates **sex and gender influences**
- a world where **every woman receives evidence-based disease prevention and treatment** tailored to her own needs, circumstances, and goals
- a world where **women in science careers** reach their full potential

But the year in
which we realize
this goal is a long
way off



Females remain underrepresented in research, and few studies analyze the data by sex



Percent of articles that provided the sample size (n) by sex, rationale for single-sex studies, or rationale for the lack of sex-based analyses

Current policies are making a difference, but they lack teeth

National Institutes of Health Revitalization Act of 1993 - Section 113

[Public Law 103-43, Enacted June 10, 1993]

NIH Policy on Sex as a Biological Variable

Studying SABV is important because:

- Men and women metabolize and react to many drugs differently.
- Men and women experience differences in the manifestation and intensity of pain.
- Disparities exist between sexes in the incidence of many diseases and conditions.



WHAM commissioned RAND to assess the societal impact of increasing investment in research on the health of women

December 2020




THE WHAM REPORT

A Collaboration with the RAND Corporation to Study
THE IMPACT OF RESEARCH AND FUNDING ON WOMEN, FAMILIES AND THE NATIONAL ECONOMY

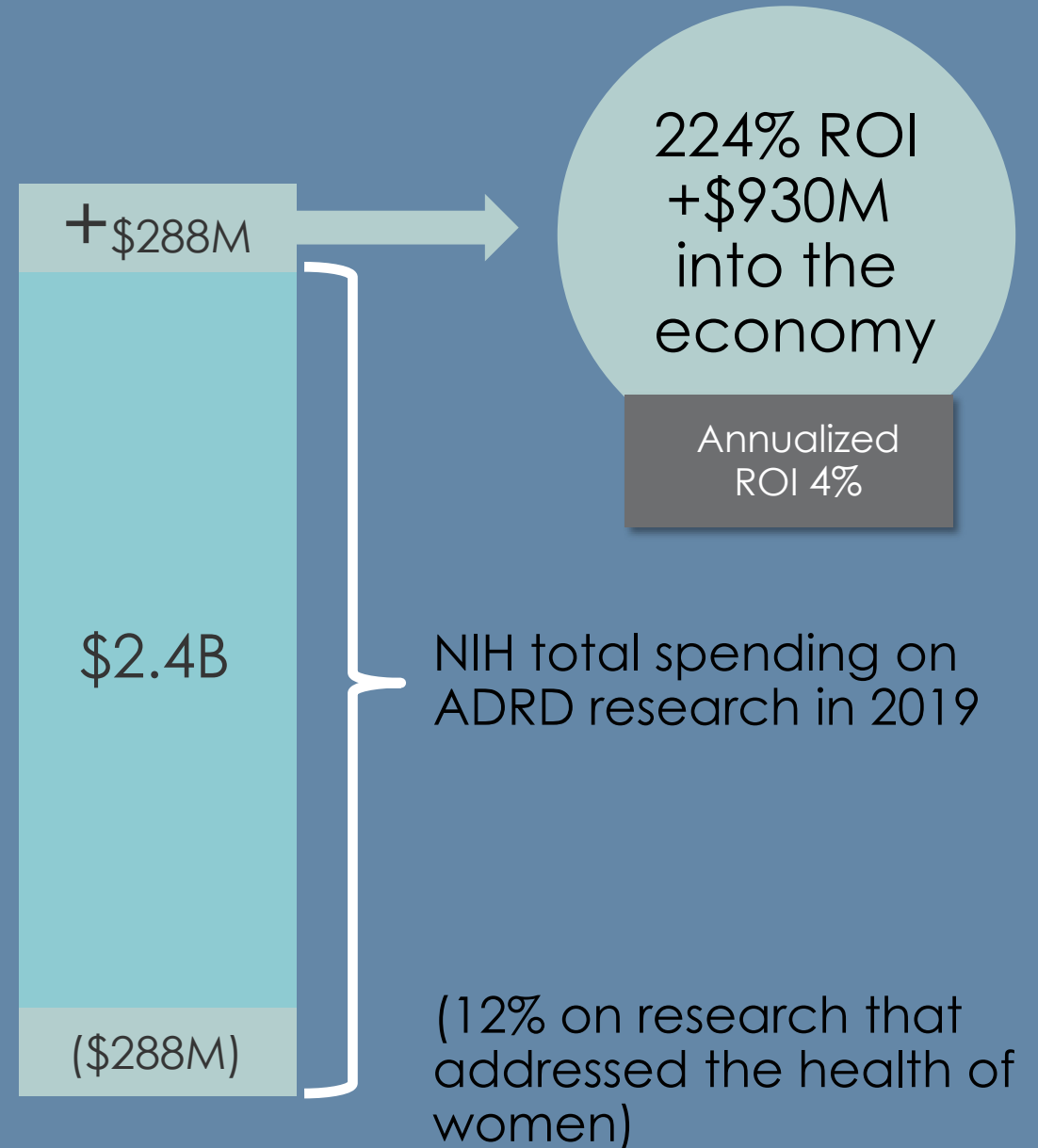
FINDINGS IN:
Alzheimer's Disease and Related Dementias

Matthew Baird, Melanie Zaber, Andrew Dick, Chloe Bird, Annie Chen, Molly Waymouth, Grace Gahlon, and Lori Frank

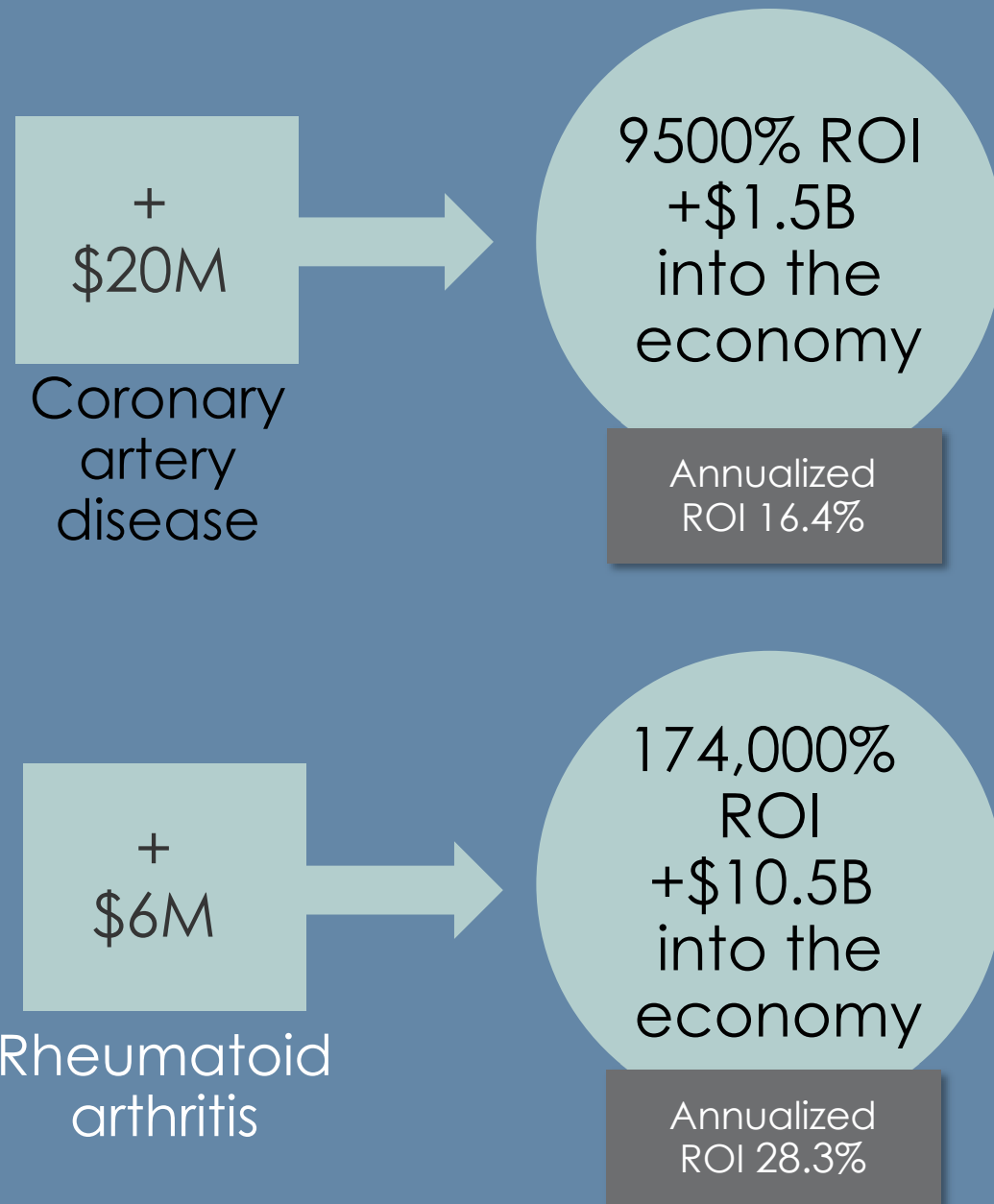
Photo by: Komkrit



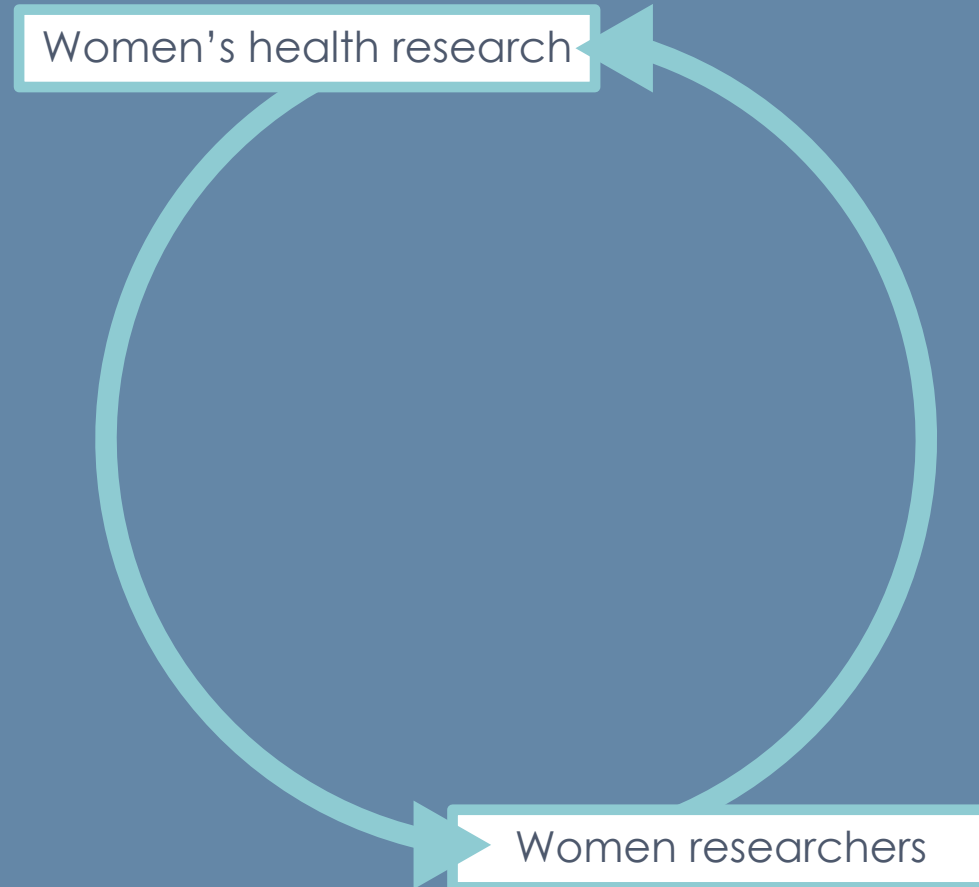
Doubling NIH funding for women's ADRD research pays for itself **3X over**



Doubling funding for other diseases leads to even higher ROIs



Women are the majority—but they are not yet the norm



And if we valued women's innovation, we would see many more patented health devices that help women

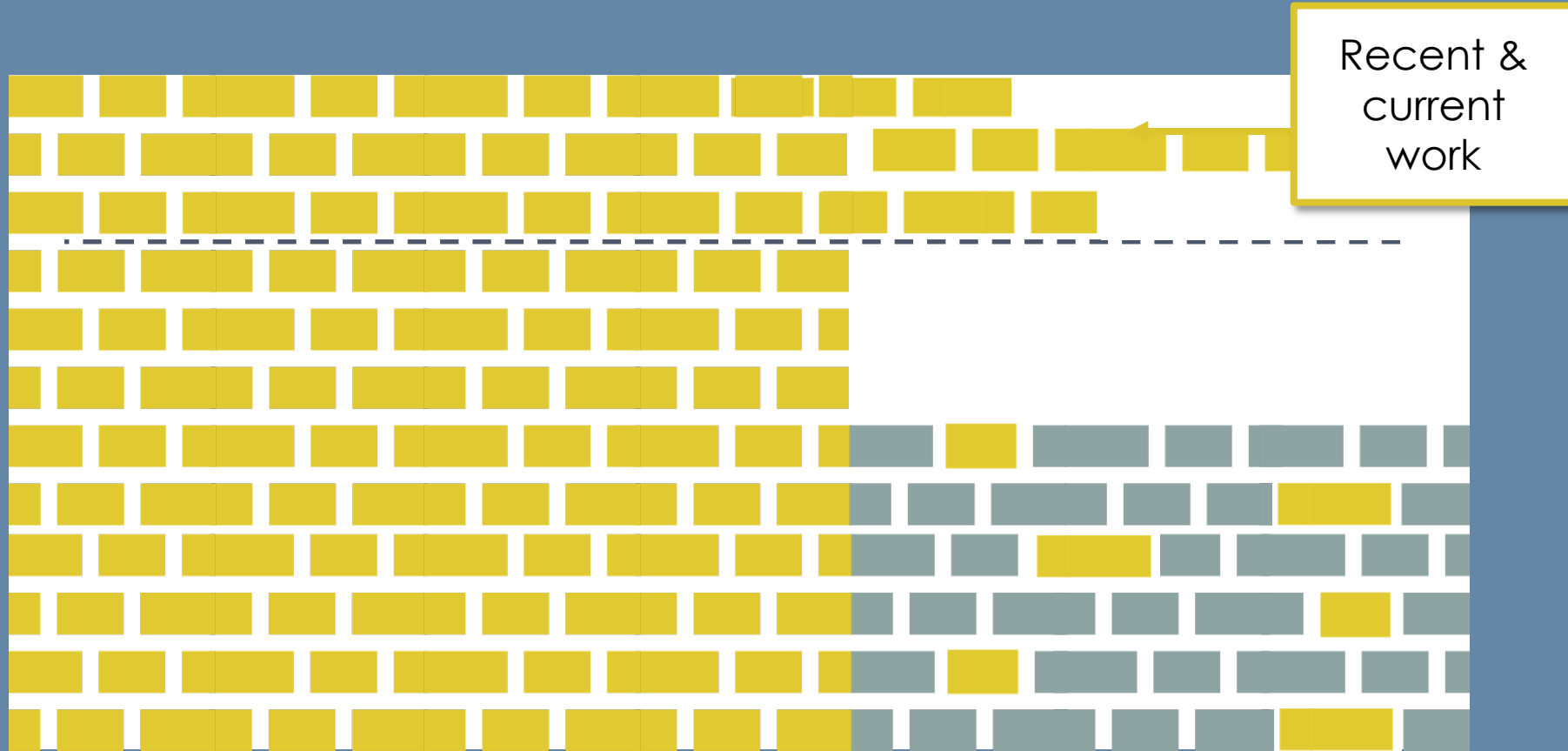
6,500
more female-
focused
health
inventions



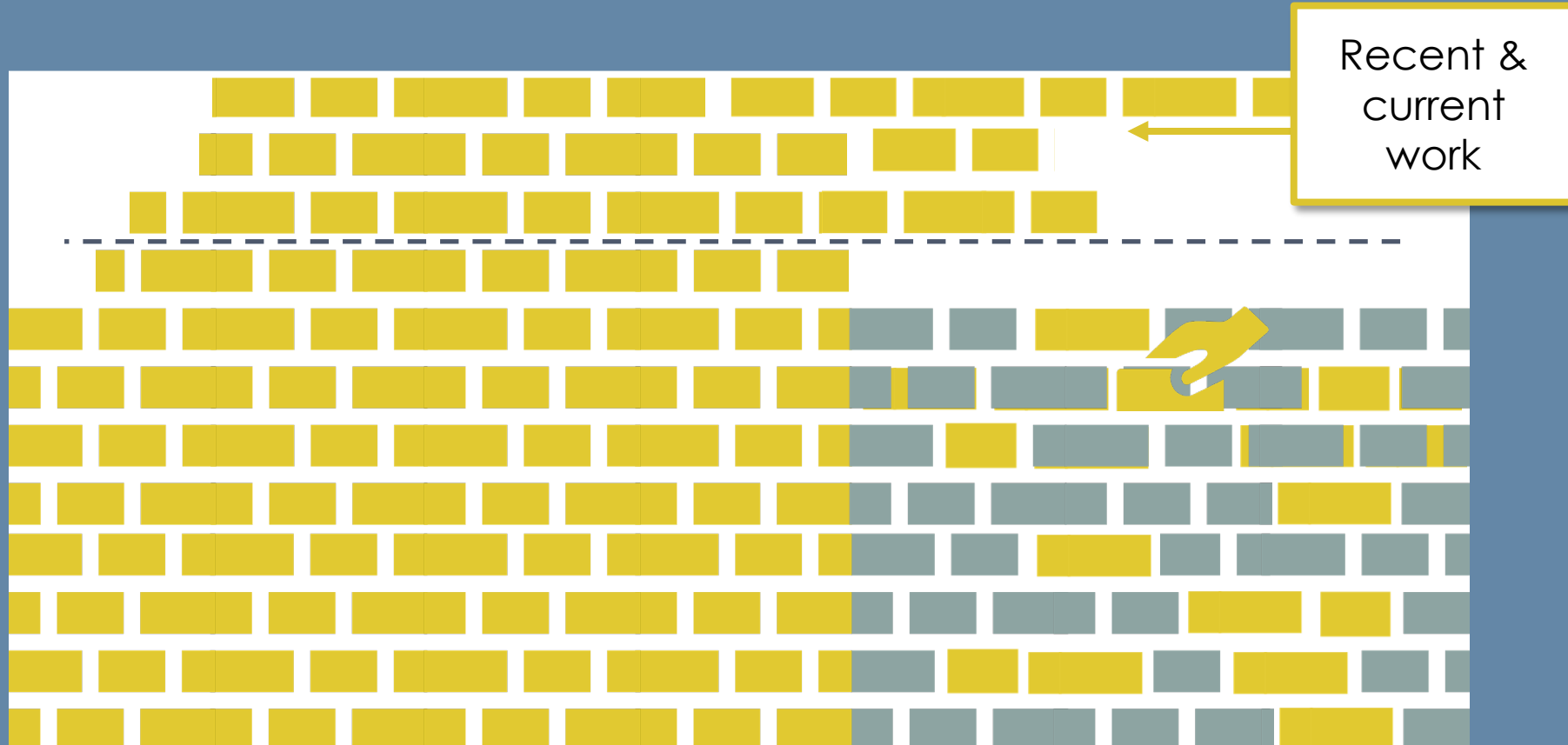
40,000
more female-
focused
health
discoveries



Today, we have a knowledge base that is built disproportionately on studies of men's health



Getting to evidence-based care for all women will require additional funding to address the knowledge gaps



Men: evidence-base

Women: good-enough medicine

The gaps in the evidence base come at a high cost to society



In 2020,
Alzheimer's disease
cost our economy

**\$305
BILLION**



In 2020 cardiovascular
disease cost our
economy over

**\$555
BILLION**

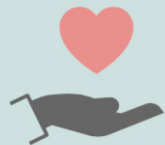


Rheumatoid
arthritis costs our
economy over

**\$40
BILLION**
a year.



Nearly
**2 million
women** are pulled
out of the workforce to
care for loved ones with
Alzheimer's disease.



Heart disease

kills
approximately
one woman
every
minute.



80%



of rheumatoid arthritis
patients are between
ages 35-50.

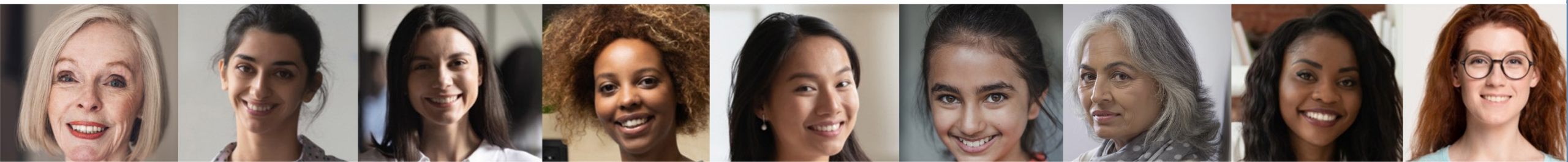
The goal is a year in which all women have access to evidence-based care—that is based on them



So how do we
get to *that*
year?

- Getting clear about what has been assumed and what has and has not been studied
- A research agenda informed by an understanding of the extent and consequences of existing knowledge gaps
- Policies that require research to look for and report indications of sex and gender differences
- Scoring rubrics that acknowledge that addressing gender gaps in the evidence-base is both innovative and significant
- Funding to level the playing field—and not just get us to ‘a little better’

Women's health matters today, not because it would be nice or good or equitable, but because we are getting it wrong and it is costing lives and health and the economy



Thank you



For questions, email chloe@rand.org

