

**Implications For Primary Care of
*New Directions for Women's Health:
Expanding Understanding, Improving Research, and Addressing
Workforce Limitations****

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“Addressing health disparities for women through improved science, data, care delivery, and investment in research not only could give each woman, on average, an additional 500 healthy days over their lifetime, but also would result in \$1 trillion in worldwide economic growth by 2040.”

(Source: WEF & McKinsey, 2024)

What are the top-line, take-aways from the NAM Vital Directions Paper for Primary Care?

- Need to define women's health - emphasize the need for a holistic, whole person approach to women's health that considers the role of biology, genetics, sex, gender, and myriad other intersecting social, economic, behavioral, environmental, and structural and upstream factors across the lifespan.
- Historically, women's health has been reduced to a singular focus (reproductive health) that fails to recognize the full array of health issues that impact health throughout their lives and the vital role that Primary Care plays in their lives.

What are the top-line, take-aways from the NAM Vital Directions Paper for Primary Care?

- Challenges exist as women's disease symptoms and progression impacts diagnosis, management and treatment, including heart disease, neurological disorders, mental health conditions, cancers, and communicable and non-communicable diseases.
- Continued knowledge gaps related to research methodology and funding, serve as barriers to quality health care (e.g., care delivery is often based upon guidelines drawn from research that fails to account for sex and gender, as well as myriad influencers of health).

What are policy implications and potential solutions for primary care?

- Increase investment in women's health, including investing in strengthened women's health provider network and workforce payment rates (e.g., eliminating gendered pay disparities between providers).
- Eliminate disparities in reimbursement for female-centric procedures (CMS and insurance).
- Improve provider capacity to more consistently apply evidence-driven practices across systems of care, geographies, and heterogeneous segments of the population.



What are policy implications and potential solutions for primary care?

- Recognize knowledge gaps due to:
 - Barriers related to research methodology and funding, for example, lower enrollment in NIH trials of underrepresented groups that may lead to clinical guidelines that do not account for sex and gender.
 - Discrepancies in disease risk, prognosis, presentation and treatment, and uninformed decision making that may contribute to further health disparities.
 - Lack of awareness of how state laws might affect PHC practitioners, including reproductive health.



Challenges and Opportunities for Primary Care

- Continue to address women's health workforce vulnerabilities, including funding and reimbursement for female-specific procedures and health care delivery.
- Address clinician burnout and well-being, including gendered drivers of burnout.



Challenges and Opportunities for Primary Care

- Strengthen social medicine initiatives that consider holistic health and the influence and impact of social determinants of health.
- Adopt a comprehensive, intersectional and lifecourse framework, prioritizing investments in women's health to enhance health outcomes and achieve societal benefits.
- Close care delivery gaps preventing access to high quality care across the lifespan.

