

Making Your FemTech Work for All Women

A guide for founders, innovators,
the community and everyone in-between

Introduction



This project arose from an urgent need to bring this topic to conversation. **Women's health is at a turning point.** Investment in FemTech is growing, and the economic case is clear. As the sector expands, a critical question emerges:

Is FemTech being designed and built with all women in mind?

Accessibility, equity and inclusion are not a 'nice-to-have'. They separate a product that reaches everyone from one that quietly leaves the same people behind, again.



FemTech: FemTech refers to electronic devices, software, or other technology relating to women's health.

Women's Health: Women's health refers to conditions that affect women differently, disproportionately or exclusively.

For FemTech founders, that means designing with accessibility, equity, and inclusivity from the very start.

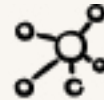
Building a product that genuinely serves women's health is one thing. Building one that reaches the women most likely to be overlooked: women with low digital skills, women who share devices, those from ethnic minority backgrounds, LGBTQ+ communities, Traveller communities is another challenge entirely.*

Women make up 51% of the population, live longer than men, yet spend more years in poor health. For women already facing barriers such as race, disability, or identity, **that gap in health outcomes is even wider.**

This matters globally. The United Nations Sustainable Development Goals call for good health and well-being for all (SDG 3) and gender equality and the empowerment of all women and girls (SDG 5) by 2030. FemTech has real potential to contribute to these goals, particularly if these lenses are built in.

Championing accessibility, equity and inclusivity across health innovation is the core of our mission at One HealthTech.

As a community, we took an emergent approach: connecting with FemTech founders, innovators and academics who were putting these lenses into practice. In this toolkit we share those learnings so that others in this space don't have to start from scratch.

*(See the 'FemTech Inclusion Mindmap') 

Inequity in Women's Health: The Numbers

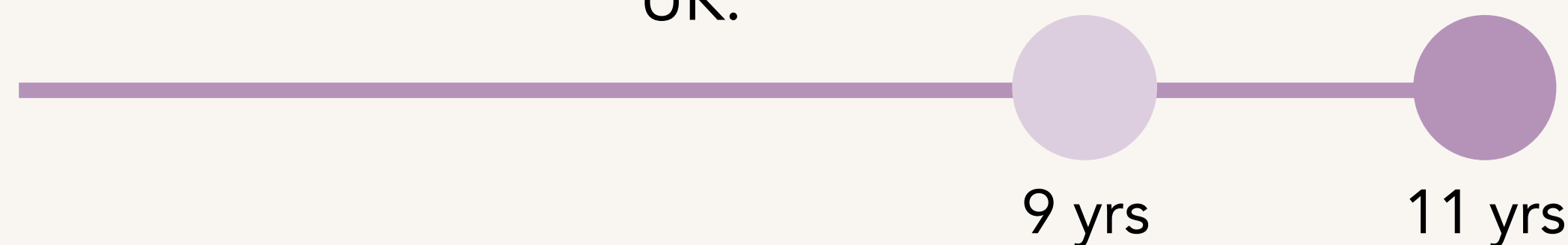
2x

2x greater maternal mortality rate for women living in the most deprived areas of the UK.



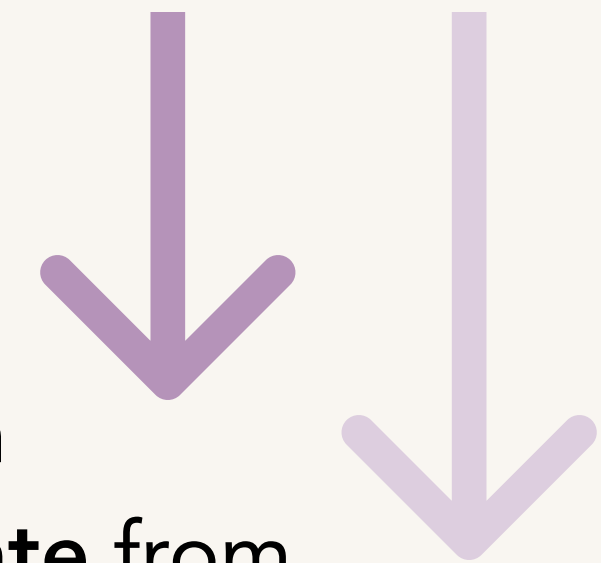
+2yr

Ethnically diverse communities wait 2 years longer for an endometriosis diagnosis in the UK.

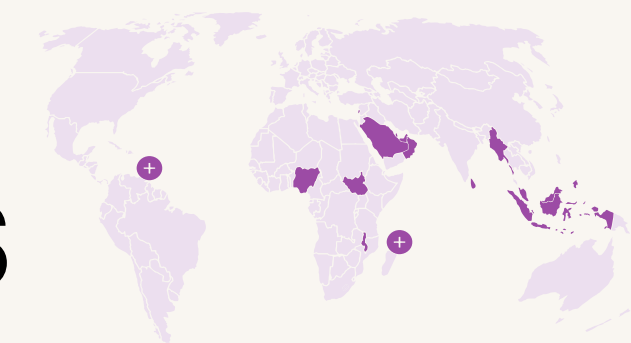


21% lower

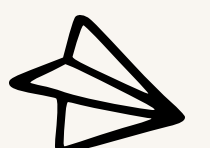
In the USA Black women face a 21% lower five-year survival rate from endometrial cancer compared to white women.



13 countries



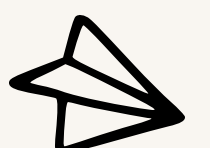
13 countries criminalise the gender identity and/or expression of transgender people.



Four clear themes emerged from our conversations. These shaped the learnings in the toolkit:

- **Co-creation and Community Partnerships:** Building with communities, not just for them.
- **Structural access and Digital Inclusion:** Tackling the structural and digital barriers that shut people out.
- **Language, Culture and Health Literacy:** Recognising women come with different languages, backgrounds and levels of health knowledge.
- **Healthcare Data Privacy and Trust:** Ensure you are building with trust, going beyond legal compliance.

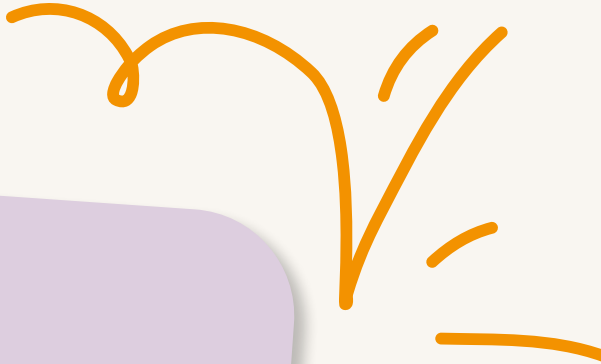
Prioritising inclusion can feel overwhelming and it's difficult to know where to start. We've also created a question bank for founders, to help you evaluate where you are and plan ahead.



This toolkit is for:



Founders and innovators: you might be a founder, product team lead, designer. Whether you're just starting out or revisiting something already built, this toolkit consolidates real-world insights and practical strategies for inclusive design and innovation in FemTech.



Learners and allies: people who may not be building directly or working in FemTech, but want to better understand inclusive design in FemTech and advocate for it in their work or organisation

Commissioners, investors and supporters: investors, policymakers, and advocates who shape which products get built and who they reach.

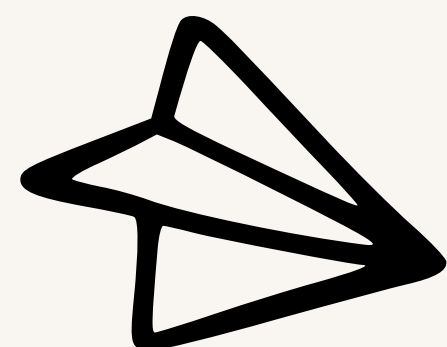
How to navigate the toolkit

Skip ahead using these buttons: These link to the different chapters of the toolkit. Click to skip ahead to that chapter.

You are here: the circled section title tells you where you are in the guide.

About

Question Bank



Need to go home? Click on the paper plane next to the page number to head back to the beginning of the guide.

Top Tips: Dotted boxes like this share helpful tips, relevant insights and learnings from the design of this guide, and additional thinking points.

Key Definitions: Throughout the guide these rectangular boxes provide key definitions from the glossary relevant to that section.



Contents of the toolkit

About

Section 1: Embedding accessibility, equity and inclusion across the product lifecycle, a *question bank*.

Section 2: What the findings tell us: four themes for inclusive design

FemTech Inclusion Mindmap

Theme 1: Co-creation
and Community
Partnerships

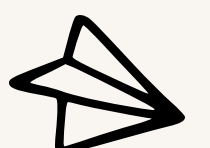
Theme 2: Structural
access and Digital
Inclusion

Theme 3: Language,
Culture and Health
Literacy

Theme 4: Healthcare
Data Privacy and
Trust

Tools and Resources

Glossary



A question bank

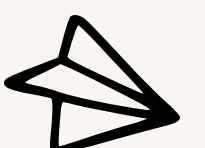
What is this?

A bank of prompts to spark thought, **surface challenges and introduce accessibility, equity and inclusion lenses** to your team, grouped by broad stages across the product lifecycle.

What this is not:

An exhaustive toolkit on how to build a product or an exhaustive toolkit on accessibility, equity or inclusion. These questions came from **community conversations**, so we won't have covered everything.

* If something valuable isn't here, please share it with the One HealthTech team at: womenshealth@onehealthtech.com



How to use this question bank?

You're a first time, pre-product, HealthTech founder and want to integrate these lenses in your work.

1.

Read through all the stages to understand the broader learnings. These lenses are much harder to retrofit later, note what you want to prioritise and add it to your roadmap from the start.

You've already started building your HealthTech product and want to check where you stand in terms of integrating these lenses.

2.

Start at Stage 1 and work through to where you are now, noting anything you haven't considered or acted on yet. Is there anything you can change today? Can any of this feed into your next product or feature launch?

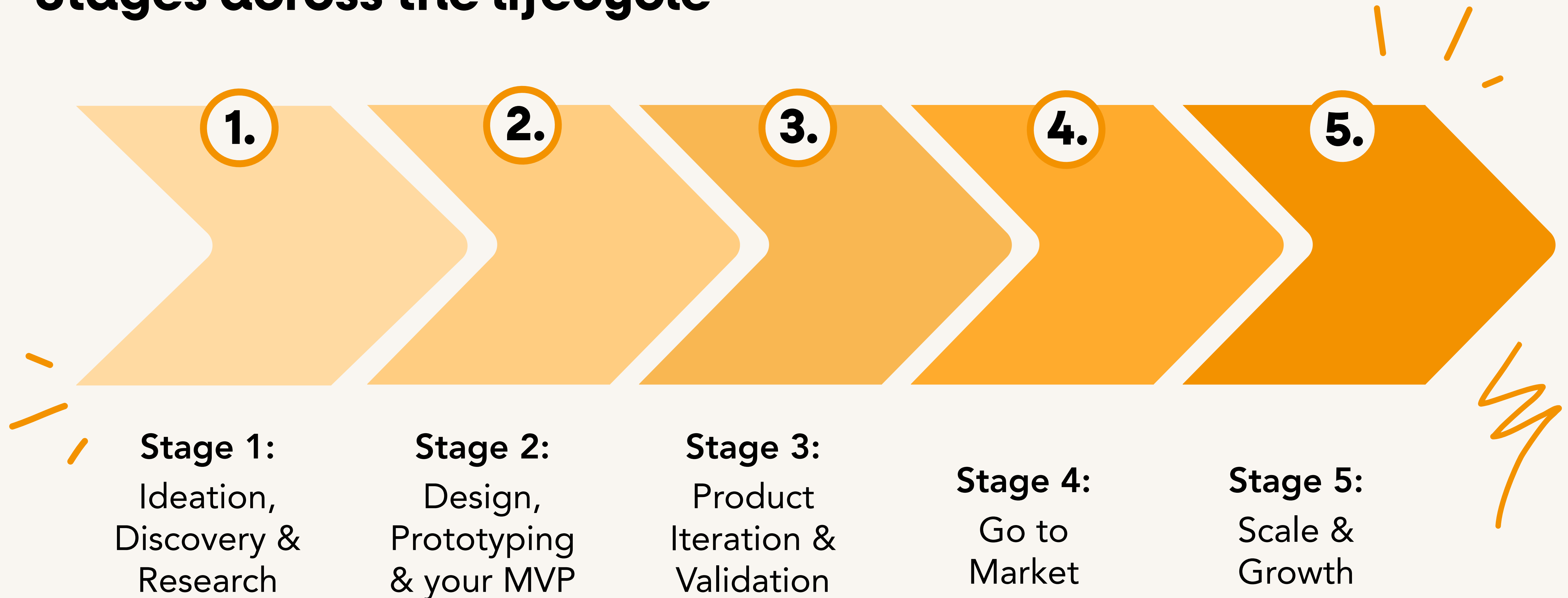
You're supporting founders as an investor or advisor and recognise the importance of these lenses. .

3.

Read across the stages to understand how these considerations evolve as a product develops. Circle anything unfamiliar and come back to it.

Our further resources and themes are a good next step for going deeper.

Stages across the lifecycle



Stage 1: Discovery & Research

Whose problem are you solving - and who is excluded?

Who faces structural barriers or different starting points that might affect how they will access or experience your product?

*(See the FemTech Inclusion Mindmap)



What are your "minimum inclusivity requirements"?

These are the baseline commitments you won't compromise on. Consider digital inclusion, language, culture, health literacy, disability. E.g. 'Outside of regulatory requirements, I will always ensure my product is accessible for those with older smartphone models and it does not rely on the internet'.

Can you define the health outcome you are trying to improve?

What changes in someone's life because of your product? Is it a clinical outcome or could it be broader, e.g. someone missing days of work because of their condition. Name a specific, recognised measure.

Look at your team, advisors and mentors. Do they bring diverse perspectives or even lived experience of the problem you're solving?

It might just be you at this stage, but consider this early as you start to get support from others!

In your research, who are you speaking to, how are you reaching them? Are your research practices inclusive?

Are you on the ground with real users or relying on desktop research? Have you identified community partners who can open doors? Are there barriers to participation - time, language, trust? Are you compensating people fairly? Conduct generative research as early as possible to go into design with a good understanding of your user.

*(See the theme "Co-creation and Community Partnerships")

Stage 2: Design, Prototyping & your Minimum Viable Product

*(See the theme “Healthcare Data Privacy and Trust”)

*(See the theme “Co-creation and Community Partnerships”)

Are you designing with your users, or just for them?

Are the communities you’re building for involved in shaping the product - developing user personas or mindsets, language choices, feature trade-offs? Are you connecting regularly? Are you testing your product with diverse users?

Are you solving the problem they’re truly experiencing rather than your perception of it?

What type of product are you building, do you understand who regulates it and what that means for the communities you serve?

Regulators increasingly expect the evidence behind Software as a Medical Device to reflect the diversity of the people who will use it. GDPR and HIPAA set standards for privacy and consent of health data collection.

Why this matters:

This allows for deeper analysis to understand how the product varies across user demographics, and check if your product works equitably across different user groups. This is also a data point that payers and healthcare systems increasingly demand.

How will you measure your health outcome defined in Stage 1? Have you considered how this will change for people with different backgrounds, levels of digital confidence or health literacy?

Which demographic variables will you collect? Where on the user journey is the right moment to ask? Have you identified which user groups are most likely to be missed by your default measure? Have you built in a way to capture their experience specifically?

*(See the themes “Language, Culture and Health Literacy” and “Structural Access and Digital Inclusion”)

Stage 3: Product Iteration & Validation



Are there differences in health outcomes or usability across your user groups?

Do certain groups have different health outcomes? Are there groups underrepresented in the data, do you know why? Have you run usability testing with a diverse range of user groups to understand why these differences may occur?

Founders mentioned disability and sexuality are characteristics that were commonly overlooked at this stage.

*(See the FemTech Inclusion Mindmap)



When or if differences appear, are you solving them? Are you asking for help?

Start with your co-design partners to understand the gaps. Act on what you learn and validate product iterations with your partners.

If you don't address these differences now, are you making a note internally to explain why? Is it being added to your product roadmap?

Gaps and biases embedded now are much harder to fix later.

Have you built checkpoints into your product lifecycle so that accessibility, equity and inclusion cannot be missed?

Founders mentioned running all designs through a free accessibility checker before passing it to developers. Developers do the same once the product is coded. It only ships if both checkpoints pass.

At this stage, revisit the minimum inclusivity requirements you set at Stage 1 of this toolkit. Are you still following them? Are you ready to expand them?



Stage 4: Go to Market



If your product or service is already launched, some of these questions will be harder to act on.

Accessibility, equity and inclusion are most powerful when they are built in from the start. Identify the gaps and make a plan. Some things can be retrofitted; others will need to wait for your next product cycle.

Are you collecting feedback post-launch across different communities?

Post-launch feedback will surface barriers a pilot won't - social, cultural and structural factors that shape whether people actually purchase and use your product. Build in processes to capture and review this feedback, check that the way you collect it doesn't create barriers for certain users.

Who is paying for your product?

Think carefully about your pricing model and what it means for breadth of access. Is your business model Direct-to-Consumer (D2C), Business-to-Business (B2B) or Business-to-Business-to-Consumer (B2B2C)? Will you use a subscription model or one-off payments? Each has different implications for who can and can't afford to use it.

Does the language used to communicate your product or service support users or create barriers to use?

As you communicate with more audiences, remember to consider language, health literacy and cultural nuance carefully. Co-develop and test your language with diverse users and community partners.

***(See the themes "Language, Culture and Health Literacy")**

For example, describing hormonal medication as "health management" rather than "birth control" can prevent alienating LGBTQ+ users who use the product for reasons unrelated to pregnancy.



Stage 5: Scale

Are your prospective investors aligned with your mission and values? Have you done your due diligence on them?

Do your core values align with your investors? Are they aligned with your minimum inclusivity requirements? Do they understand the importance of inclusive design and the users you serve?

Don't rush investment decisions, speak to founders they've invested in, including those that closed down their company to learn if they put their values into practice.

As you grow, are you building a culture which champions diversity, inclusion and equity?

Are you hiring for diverse experience and perspectives? Are you creating a psychologically safe space for the team to challenge assumptions? Do you act on feedback shared?

Do you have a user-centred research and design approach? Do your working practices allow a diverse workforce to thrive, do they quietly favour the same people?

Are you still testing for differences in health outcomes, use and bias across different user groups?

Continue testing with users who have low digital literacy, different access to technology, or who belong to communities that are often underserved. Are you considering the next steps of your findings in your product roadmap?

As your brand grows, familiarity may create bias when testing new feature concepts or product usability - remember to test with people who've never heard of your product

This is a strategic argument: inclusive products build the trust needed to win over health systems and insurers, and create a genuine barrier to entry that competitors can't easily replicate.

An open invitation...

This toolkit is a **starting point**, not an exhaustive resource on accessibility, equity and inclusion. It's grounded in real conversations with founders and communities - these topics deserve far more space than any single resource can give them, and we know we've only scratched the surface.

We invite you to continue building on these insights and turn them into action.

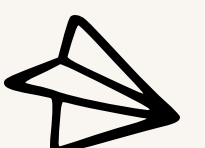
If something valuable is missing here, or you have the expertise, tools or community to take this further - please do! Add to it, improve it or help us spread the word.

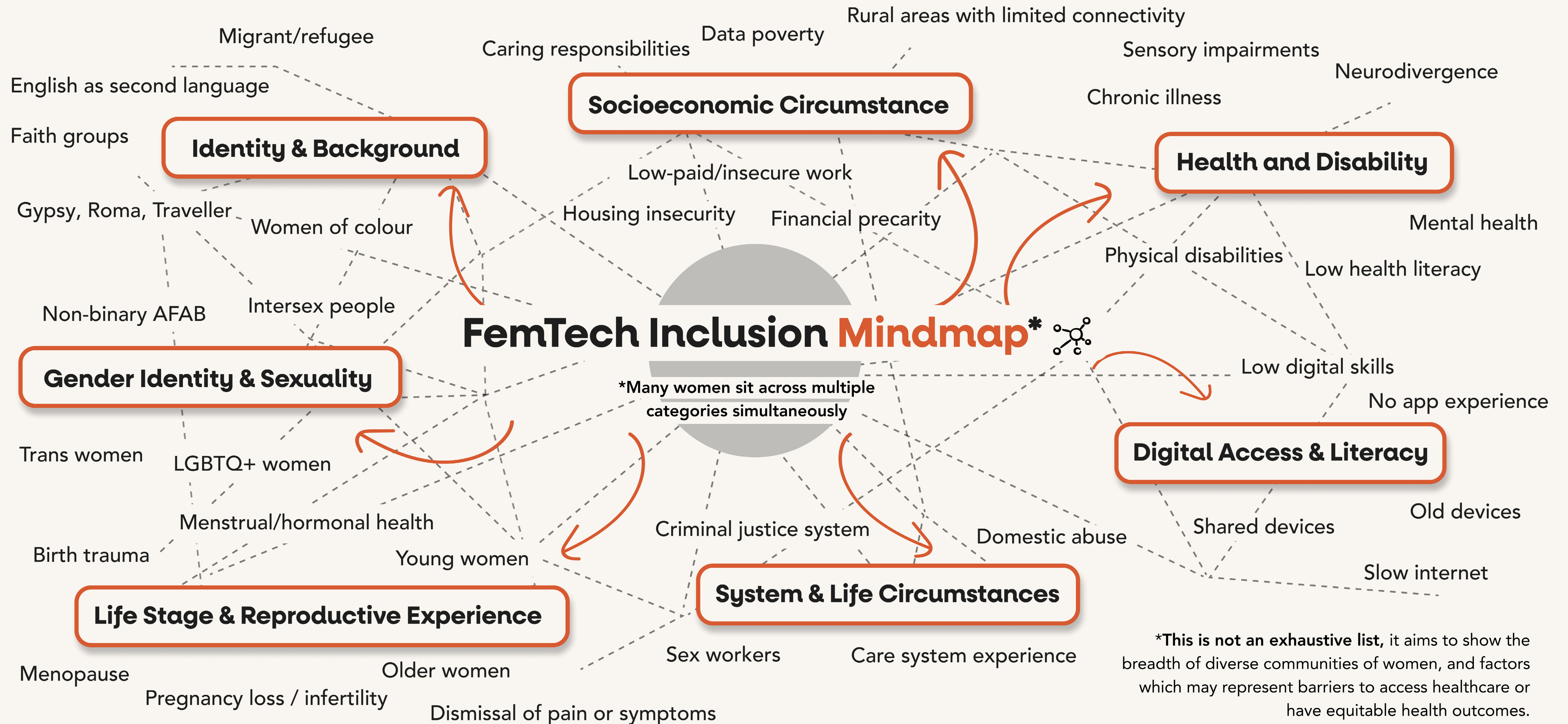
Through feedback and a co-editing session, **the community told us they want interactive resources they can keep coming back to.**

Could this be a plug-in for Claude, prompt cards to use in reflective team sessions, or a tool that sits within your product roadmap?

These conversations are at the core of what One HealthTech stands for.

We hope this is the start of a conversation, not the end of one.





An Introduction to Themes

What is this? Insights created from conversations with founders and the community bringing together learnings across four themes:

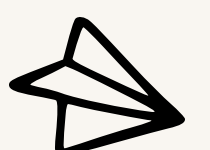
1. Co-creation and Community Partnerships
2. Structural Access and Digital Inclusion
3. Language, Culture and Health Literacy
4. Healthcare Data Privacy and Trust

What is this? The themes work like chapters in a book, read them on their own if you're interested in a particular topic, or as a whole if you're new to this space.

What this is not

An exhaustive toolkit on accessibility, equity and inclusion. These topics deserve far more space than any single resource. This is just a starting point. **We know we haven't covered everything**, so we encourage you to do your own research and explore the tools and resources linked.

* If something valuable isn't here, please share it with the One HealthTech team at: womenshealth@onehealthtech.com



Co-creation and Community Partnerships

Co-creation: In the context of product design co-creation is defined as a collaborative product development activity in which consumers dynamically contribute and select various elements of a new product offering.



Build in “Grace” When testing with marginalised communities, remember they often carry heavy burdens. Build in flexibility for last-minute cancellations due to e.g. health flare-ups.

Co-creation is most effective if executed at the outset of the ideation and design journey. ORCHA, which has reviewed over 5,000 health apps, found that 85% of FemTech and pregnancy apps fail to meet its quality threshold — only around 15% pass. The ones that do make it to market are often abandoned, but **building with your users can create something people access, trust and keep using.**

Co-creation and community partnerships bring together different groups to plan, build, and test healthcare solutions. **Including marginalised and hard-to-reach groups from day one means you will hear all voices early, not as an afterthought.** This will help you develop solutions that truly meet user needs.

Co-creation and Community Partnerships

Who should be involved

This will depend on your product or service – ask yourself:

1.

Who will use this product or service?

2.

Who is missing from our conversation right now?

Refer to the 'FemTech Inclusion Mindmap'  to identify which communities are missing.

Co-creation and Community Partnerships

Why does it matter?

The trap many startups fall into: Early-stage products **rush to launch and skip working** with marginalised communities because “it takes too long or is a nice to have”. This can create products that only work for privileged users.

Why co-creation is essential:

- **It is the right thing to do:** Everyone deserves health solutions that work for them.
- **It is expected:** Patient and community involvement is becoming embedded into how Health Technologies are evaluated and procured. Frameworks like NICE’s Evidence Standards Framework and NHS procurement expect evidence that real users have shaped your product. Getting ahead of it now is a genuine market advantage.
- **It makes your product better:** When you design with the people most often left out, you uncover unmet needs, challenges and use cases you would never have found otherwise. Addressing these groups is cheaper than retrofitting.
- **It benefits your business and brand:** Co-creation builds trust, expands your user base, and attracts investors who care about impact.

Co-creation and Community Partnerships

You can't build everything at once, but you can keep these communities in the conversation and plan for their needs on your roadmap.

How do you do this?

Be clear about what you're asking

- Are you designing with your users or asking them to validate decisions you've already made? Be honest about which one it is.
- Are you conducting discovery research to understand user's experiences, contexts and current practices to inform user needs?
- Are you co-designing a new feature, testing a prototype, or building personas together?
- Be clear about scope and know who you're communicating with and ensure you are compensating these communities or partners fairly for their time.

Co-creation and Community Partnerships

Find the right partners

- Look for people with lived experience of the problem you're solving, or engage with patient advocacy and patient and public involvement groups.
- Seek partners who can speak for and are accountable to the wider communities they represent.

Create regular ways to connect

- Don't make connectivity ad-hoc. Schedule research interviews, focus groups and advisory boards as far ahead as possible. Follow up after every session with a summary and clear next steps.
- Prioritise direct community connection over desktop research.

*See helpful tools and resources 

Make it a two-way conversation

- Give people multiple ways to share feedback: surveys, in-app feedback, focus groups, 1:1 calls.
- Allow anonymous feedback mechanisms.
- Close the loop, tell people what you did with their input: "you said X, so we did Y".

Build a champion network

- Identify your most engaged community members.
- Nurture these relationships - they become your early adopters and advocates.

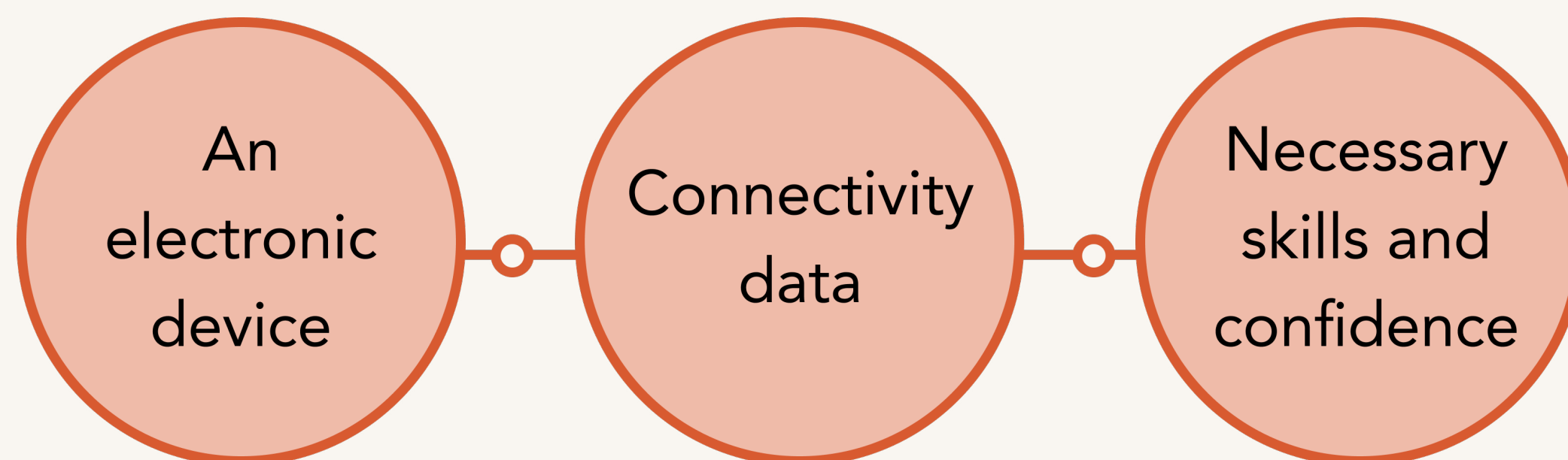
Make it official

- Allocate budget for community partnerships.
- Define and track metrics, e.g. community feedback implementation rate.
- Ensure someone on your team is accountable.

Structural Access and Digital Inclusion

FemTech has the potential to work for all women, but structural access and digital exclusion must be addressed.

Digital exclusion overlaps with other forms of social disadvantage and isn't simple or static. Research identifies three essential elements for people to use digital services:



This isn't guaranteed for all women.

(The King's Fund, 2025).

So who faces digital exclusion

- Nearly a quarter of people in the UK have the lowest level of digital capability, and 1.6 million are not even online.
- Women are 14-22% more likely to be in digital poverty than men.

The women who need FemTech the most are often the same women locked out by digital barriers. If your product only works for women with greater financial security, who have their own devices and digital skills, you are widening health inequalities, not closing them.

Structural Access and Digital Inclusion

Who should be involved

Two groups need to work together:

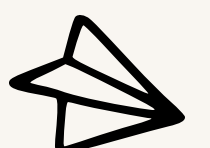
1.

Users with low digital skills and varied backgrounds*

2.

The wider ecosystem: Society and infrastructure providers such as local authorities, NGOs and government

Co-developing digital tools and services with communities and digitally excluded people can help make digital services more usable and, therefore, more inclusive.



Structural Access and Digital Inclusion

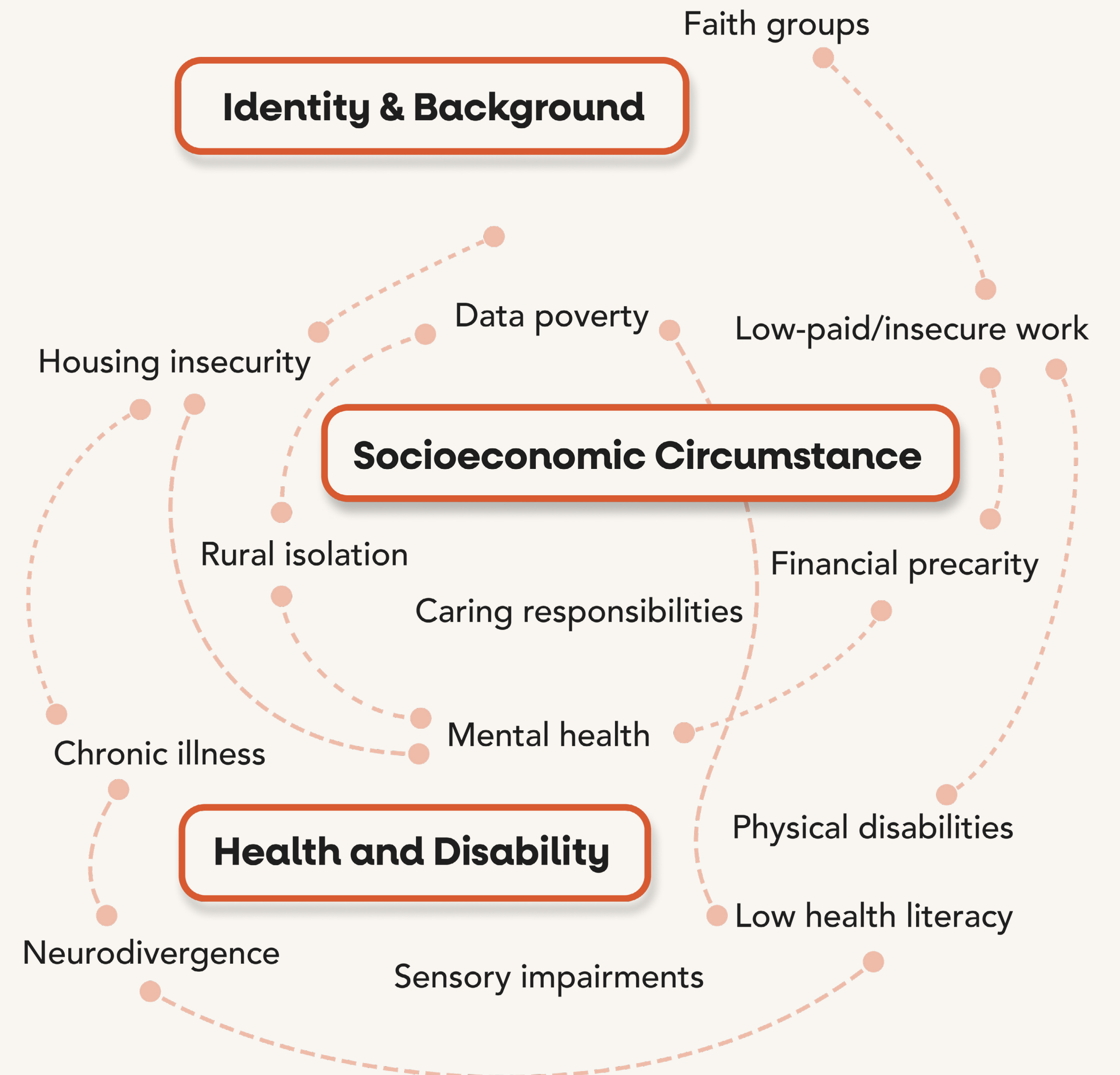
Why does it matter?

Platform inequality compounds health inequality. In FemTech, this means women who can't afford smartphones miss out on period tracking, women without privacy for video calls can't access virtual care, and women with low digital skills can't navigate signing into a new app.

Products that wait until after launch to think about digital inclusion often spend more money, and still fail to reach the women who were excluded from the start.

Does your product bridge the digital inclusion gap or widen it?

Users who are often left behind:



Structural Access and Digital Inclusion

How do you do this?

You can build innovative FemTech and make it work for women with limited digital access. Here are practical steps to get them right:

Design for all access levels

- Test on old smartphones with 2G or 3G connection speeds
- Build core features to work offline or with very low data usage
- Create a web version so women can use library or community centre computers
- Design for shared devices with privacy protection (quick-exit buttons, no persistent notifications, easy history clearing)

Test with real users as early as possible

- Conduct generative design research as early as possible to go into design with a good understanding of users with low digital literacy, low digital confidence, users with old phones or slow internet, who share devices and come from low-income areas, rural communities, and varied ages

Follow accessibility standards

- WCAG 2.1 AA - Makes websites work with screen readers and for people with disabilities (required for many grants and NHS partnerships)
- NHS DTAC - Digital Technology Assessment Criteria (needed if targeting NHS contracts)
- ORCHA - Helps health apps get approved faster and builds credibility with users

Structural Access and Digital Inclusion

Remove cost and access barriers

- Free core features (premium subscriptions only for extras)
- Partner with NGOs or health systems to subsidise access for low-income users
- Work with local authorities to provide free Wi-Fi in community spaces
- Partner with libraries, community centres, and schools for access points
- Enable women to use your product in public settings, not just at home

*See helpful tools and resources 

**You can build
innovative FemTech
and make it work for
women at every level
of digital access.**

Language, Culture and Health Literacy

Health Literacy: a person's ability to understand and use available information to make decisions about their health.

Language is about more than whether someone can read. Does your product or service speak in a way that feels relevant, trustworthy and genuinely useful to the person using it?

FemTech has real potential to improve women's health literacy and, in doing so, improve health outcomes. But that potential is only realised if the language and content itself is accessible to the women who need it most.

Health literacy is not a fixed skill. It is shaped by social determinants including income, education, age, language, and access to devices.

How women's health, pain and bodies are talked about varies enormously across communities. The words you use, the tone you take, and the assumptions you make about what someone already knows can quietly determine who feels welcome and who does not.

It's important to genuinely understand the people you are building for, and letting that shape how you communicate with your users across their journey.

Who should be involved

1.

Community and cultural advisors: such as grassroots organisations, community health workers, and advocates embedded in the communities you are designing for, who can share experiences of their communities and guide your decision around language.

2.

Actively involving women with varied literacy levels and cultural backgrounds as co-designers, not just as testers after key decisions have already been made, and compensating them for it.

3.

The wider ecosystem that shapes access: local authorities, NGOs, governments, and infrastructure providers who can remove structural barriers at scale.

Refer to the **'FemTech Inclusion Mindmap'**  to identify which communities are missing.

Why does it matter?

FemTech products are often built by and tested with a narrow selection of users. This shapes everything from the vocabulary used to the reading level assumed. When language is overly clinical, formal or culturally narrow or includes many numbers, it can make a product harder to use.

Why is it so essential:

- **Language carries power:** The way your product or service describes pain, presents reproductive choices, and frames sensitive topics can either preserve a user's dignity or reinforce shame.
- **Business benefit:** Designing for a wider range of literacy levels and cultural contexts expands your user base, builds trust, and strengthens your product for everyone.
- **Positioning and trust:** If a product is described only as being "for everyone," women from underrepresented groups may assume it was not built with them in mind. Intentional, targeted language in the right context can increase engagement, meaningfully, from the communities you want to reach most.
- **Countering misinformation:** Low health literacy leaves users more vulnerable to misinformation. FemTech products have a responsibility to ensure the information they provide is accurate, clearly communicated, and accessible to all.

Language and content are product decisions.

How do you do this?

Write for accessibility from the start

- Aim for plain English across all product copy.
- Ensure communications are in plain English where possible.
- Avoid overly medicalised or clinical language unless it is necessary and explained e.g. high blood pressure instead of hypertension.
- Be mindful of cultural contexts. The way health topics, pain, and the body are spoken about varies across communities. From your discovery research, ensure your language reflects this sensitivity rather than defaulting to a single cultural frame.

Language, Culture and Health Literacy

Test with real users as early as possible

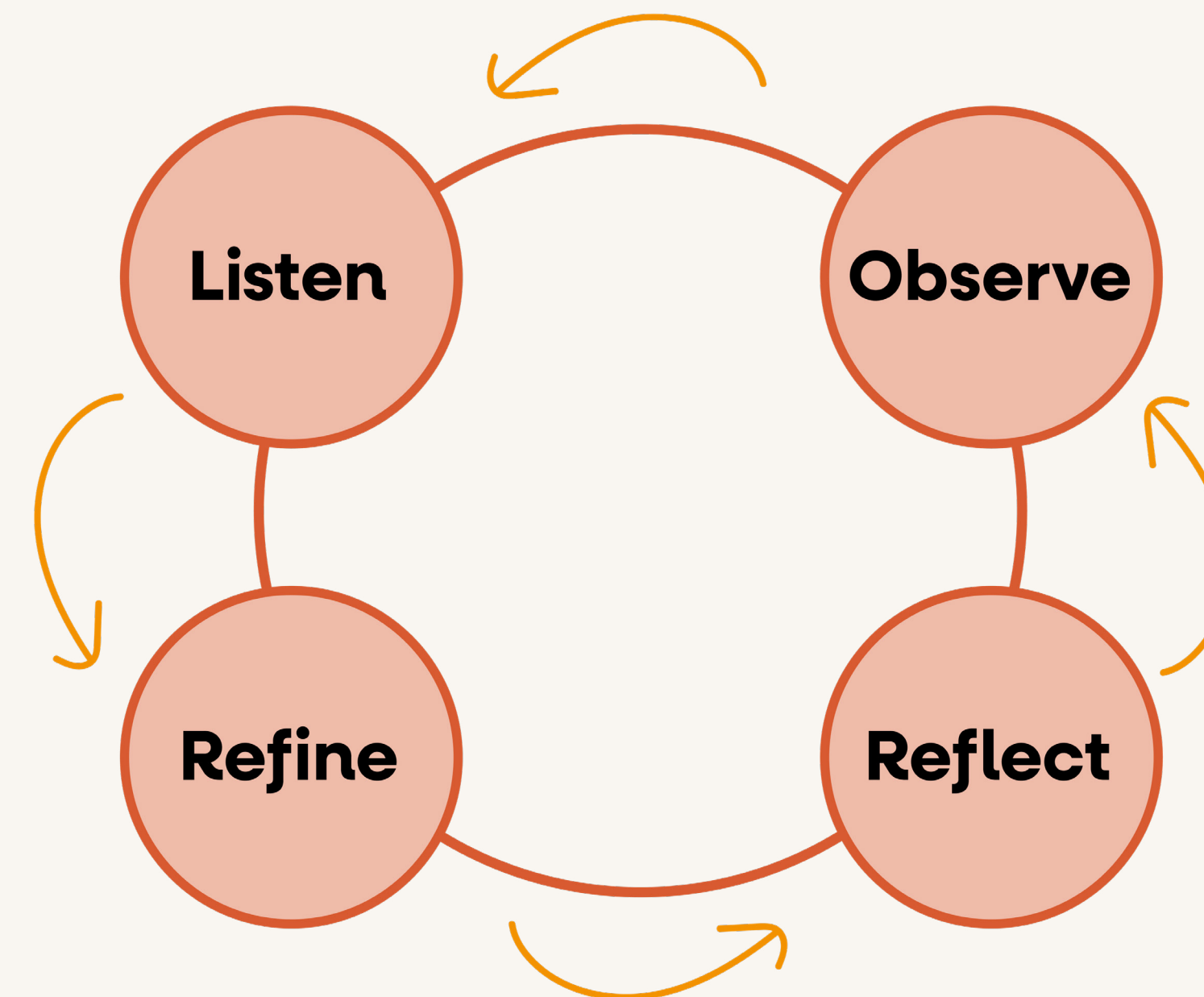
- Conduct generative design research as early as possible to go into design with a good understanding of appropriate vocabulary, information architecture, cultural considerations and attitudes to trust.
- Consider users such as women with low health literacy skills or women with English not as their first language.

Adapt your language by context/audience:

- Do not apply one content template across all channels and communities.
- Where relevant, explicitly signal to underrepresented groups that your product was built with them in mind. Broad “for everyone” messaging can unintentionally exclude the people you most want to reach.

Build in ongoing feedback loops:

- Build mechanisms to hear from users when something does not resonate or feels exclusionary.
- Revisit your content regularly, especially as you enter new markets or reach new communities including design research.



*See helpful tools and resources 

Healthcare Data Privacy and Trust

Healthcare data privacy: Healthcare data privacy is the implementation of measures that guarantee the confidentiality, integrity, and availability of patient information

Healthcare data privacy and trust will impact a woman's decision to engage with your product or service.

Simply put, this means keeping health information safe, secure, and only accessible to the right people. Getting this right builds trust, and that trust is essential.

This means going beyond legal compliance. It requires being open about what data you're collecting, who it is shared with, and why. **Writing privacy policies in plain, everyday language and avoiding technical jargon to ensure your users truly understand what you're doing with their data.** Reproductive and sexual health data are among the most sensitive information your users share, and how you handle it will directly shape whether they engage with your product or service at all.

Why are you collecting this data?

Where does this data go?

Who has access to this data and why?

Healthcare Data Privacy and Trust

Who should be involved

Innovation comes with immense responsibility: safeguarding personal health data.

- **Someone in your organisation needs to be responsible for data privacy.** In small teams, this can be an existing team member taking it on part-time. As you grow, it may become a dedicated role.
- **Your users and community.** Consider co-creation and community partnerships to understand your users' healthcare data privacy and trust concerns.
- **The people building your product need to understand the data they are handling.** Building a culture of data security and governance at the minimum viable product stage is far easier than retrofitting later. As your team grows, make sure everyone who handles user data understands your data protection requirements and what to do if something goes wrong.

Consider external legal support to understand the rules in the markets you operate in especially if you are working across **different countries** where laws such as GDPR, HIPAA, and regional frameworks **apply differently**.

Healthcare Data Privacy and Trust

Why does it matter?

FemTech products collect some of the most sensitive health information that exists.

This might include menstrual cycle data, pregnancy history, sexual activity, contraceptive use, and symptoms that can reveal details about a person's beliefs and sexual orientation. Your users are trusting you with information they may not share with anyone else. When that trust is broken, the consequences are serious.

Despite the presence of robust regulatory frameworks (GDPR, HIPAA), the increasing use of digital health tools has significantly amplified the risk of data breaches and unauthorised access.

Healthcare data breaches have been the most costly of any industry for 13 consecutive years, with the average cost reaching \$11 million.

In FemTech, global cycle tracking apps have already faced class action lawsuits in the US and Canada for sharing user data without meaningful consent. Going beyond legal compliance is what responsible data practice looks like.

Healthcare Data Privacy and Trust

How do you do this?

Going beyond legal compliance is what responsible data practice looks like. Here are practical steps to get them right:

Know the law

- If operating in the EU or UK, familiarise yourself with GDPR requirements or seek external help.
- Reproductive and sexual health data is classified as special category data, meaning stricter rules apply.
- In the US, familiarise yourself with HIPAA requirements or seek external help.
- Research the specific data protection laws in every country you plan to deploy in before launch. Seek external support if unsure.

Listen to this podcast with Amber Vodegel, founder of 28X to learn how they are using on-device technology.

Embed healthcare data privacy into your product from the start

- Data privacy should be a product decision made at the design stage, not retrofitted later.
- Conduct a data mapping exercise early: what are you collecting, why, how is it stored, and who can access it?
- Consider design research to understand users' attitudes to data collection and sharing.
- Only collect data you can justify. If you cannot articulate why a data point is necessary, do not collect it.
- Consider processing data on-device rather than storing it on cloud servers.

Healthcare Data Privacy and Trust

Make consent meaningful

- Use plain language for consent and do not bury it in terms and conditions.
- Do not process data without clear, informed consent, and be explicit if you share data with third parties.
- Give users easy, accessible ways to access, correct or delete their data at any time.
- If your product contributes to research, tell your users clearly and give them a genuine choice to opt in or out.

28X's model, where users choose from specific research causes they want to support, is a strong example of what meaningful consent looks like in practice.



Define your data ethics principles and own them internally

- Write a clear set of data ethics principles, include as part of design reviews and make them public.
- Assign ownership to a named person or team with real authority to act on them.
- Revisit them as your product scales, what works for an early-stage product may not be sufficient as your product scales.

*See helpful tools and resources



Tools and resources 1/5:

Top tip: Click on the hyperlinked titles to view the tools and resources.

A quick note: Throughout this project, we've identified multiple online tools and resources that could be helpful to you on your journey. These links were active and available when the toolkit was published. This space moves quickly and some resources may have changed or been updated so it's always worth checking directly to get the most up-to-date version.

General:

Women's Health

- [McKinsey Health Institute - Closing the women's health gap: A \\$1 trillion opportunity to improve lives and economies](#) - global report making the economic and health case for investing in women's health.
- [DHSC - The Renewed Women's Health Strategy for England](#) - the UK government's strategic framework for improving health outcomes for women across their life course.
- [RCOG - A Work in Progress: Evaluating the Women's Health Strategy](#) - assessment of progress since the 2022 Women's Health Strategy, highlighting persistent inequalities and gaps in gynaecology care.
- [NHS Confederation - Women's Health Economics: Investing in the 51%](#) - makes the economic case for sustained investment in women's health services in England.

Tools and resources 2/5:

Race, Culture and Equity

- [Race, Culture, OBGYN Community](#) - community of medical resources and experts addressing racism, culture and equity in OBGYN.
- [The Newham Health Equity Toolkit](#) - a framework that focuses on accessibility, relevance and trust.
- [Race Equality Foundation- Better Health Briefings](#) - series of briefings exploring race inequality across different areas of health, with practical recommendations for practitioners and commissioners.

Design

- [The NHS Service Standard](#) - an interactive guide, this website has a good overview of a high-quality, inclusive approach to healthcare design with practical tips and clear instructions.

By Themes:

Co-creation and community partnerships

- [Using Human Centred Design to Identify Opportunities for Reducing Inequities in Perinatal Care](#) - research paper demonstrating the application of human centred design to address inequities in maternal health.
- [WREN - Digital Transformation by Design](#) - inclusive design tool to aid critical reflection during the design process in response to evolving societal values.
- [The Inclusive Design Guide](#) - inclusive design toolkit and general tool sharing practices, tools and activities for design.
- [Tips for Co-design](#) - Cambridge University - short guide taking you through the basic principles of co-design.

Tools and resources 3/5:

Co-creation and Community Partnerships continued

- [GOV.UK - Do's and don'ts on designing for accessibility](#) - practical posters outlining accessibility considerations for different user needs.
- [IDEO - Design Kit: Human-Centred Design Methods](#) - practical, freely available design methods for building with communities rather than for them.

*(See the theme "Co-creation and Community Partnerships")

Language, Culture and Health Literacy

- [Oxfam Inclusive Language Guide](#) - principles and language guidelines designed to prompt thought when using language across diverse communities.
- [Plain English Campaign](#) - UK-based organisation providing guidance on writing clearly and accessibly, particularly useful for health communications aimed at general audiences.

- [NHS - Health Literacy: applying All Our Health](#) - NHS England guidance on health literacy for practitioners, including why it matters and how to communicate health information more effectively.
- [Centers for Disease Control and Prevention - Health Literacy](#) - comprehensive resources on health literacy including tools, research and plain language guidance for health communicators.
- [World Health Organization - Health Literacy toolkit](#) for low and middle income countries - WHO toolkit specifically addressing health literacy in under-resourced settings, relevant for FemTech teams designing for global or diverse audiences.

Tools and resources 4/5:

Language, Culture and Health Literacy continued

- [RCGP - Health Literacy: Report from an RCGP-led health literacy workshop](#) - report from the Royal College of GPs on the impact of low health literacy on patient outcomes and how practitioners can adapt their communication.
- [What is digital accessibility? | AbilityNet](#) - A plain-language introduction to digital accessibility, explaining what it means, why it matters, and how to make products and services more inclusive for people with disabilities.
- [Health-Literacy-Toolkit](#) - a practical guide sharing more details of health literacy & practical tips to consider in language and design.
- [The Role Of Language In The Gender Health Gap | Daye](#) - An article exploring 'The Gender Health Gap: Exploring The Role Of Language'.

*(See the theme "Language, Culture and Health Literacy")

Structural Access and Digital Inclusion

- [Ability Net](#) - What is Digital Accessibility - introductory guide to digital accessibility principles and why they matter.
- [For Equity](#) - toolkit and resources for research into health inequalities - practical tools for researchers and practitioners working to address health inequalities.
- [NHS England - Inclusive digital healthcare: a framework for NHS action on digital inclusion](#) - framework for making digital health services work for everyone, including those most at risk of exclusion.
- [Microsoft's Inclusive Design framework](#) - an inclusive design framework developed by Microsoft.

*(See the theme "Structural Access and Digital Inclusion")

Tools and resources 5/5:

Healthcare data privacy and trust

- The Inclusive Innovation Playbook - a comprehensive data collection guide with a focus on equity and inclusion.
- Open Data Institute - Data Ethics Canvas - a practical tool to help teams identify and manage ethical issues in data projects, from collection through to use.
- ICO Guide to Data Protection - the UK Information Commissioner's Office guide to GDPR compliance, written accessibly for organisations of all sizes.
- HIPAA - The US federal law governing how health data must be stored, shared, and protected.
- GDPR - The UK and EU framework governing how personal data is collected, stored, used, and shared.

*(See the theme "Healthcare data privacy and trust")

Glossary

- **Accessibility:** refers to the design and provision of products, services, environments, and facilities that can be accessed and used by everyone, regardless of their age, ability, or status. It aims to eliminate barriers, ensuring equal access and participation for all individuals, including those with disabilities, limited mobility, or diverse backgrounds. Accessibility encompasses various aspects, including physical, digital, and communication accessibility ([Ulster University](#)).
- **Co-creation:** In the context of product design the focus is defined as a collaborative new product development activity in which consumers dynamically contribute and select various elements of a new product offering ([Mandolfo, Chen & Noci, 2020](#)).
- **Digital Confidence:** An individual's belief in their ability to use, learn, and adapt to digital tools, systems, and technologies required in their role ([NHS England](#)).
- **Digital Inclusion:** Digital inclusion refers to the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use of Information and Communication Technologies ([National Digital Inclusion Alliance, 2024](#)).
- **Digital Literacy:** This is about capabilities that fit someone for living, learning, working, participating and thriving in a digital society ([NHS England](#)).
- **Diversity:** Diversity refers to different characteristics – for example: race/ethnicity, gender, disability, LGBT+, religion or belief, age, socio-economic background. The focus is often about ensuring fair representation ([The Law Society](#)).
- **Equality:** Equality means each individual or group is given the same resources or opportunities ([Royal College of Nursing](#)).
- **Equity:** Equity is not about trying to be equal because different people have different needs. It means that you might need to give more to others to ensure everyone's needs are met ([Health Innovation Network](#)).
- **Ethnic Minorities:** Ethnic minority refers to a group of people within a population who share a distinct cultural, racial, or national identity and who are numerically smaller or hold less societal power compared to the dominant ethnic group. It's important to note that being part of an ethnic minority is not solely about numbers; it is also about relative access to social, economic, and political power and opportunities ([The Oxford Review](#)).

Glossary

- **FemTech:** FemTech refers to electronic devices, software, or other technology relating to women's health ([Ida Tin](#)).
- **Healthcare Data Privacy:** Healthcare data privacy is the implementation of measures that guarantee the confidentiality, integrity, and availability of patient information ([Conduah, Ofoe, Siaw-Marfo, 2025](#)).
- **Health Literacy:** This is about a person's ability to understand and use information to make decisions about their health ([NHS England, 2024](#)).
- **HealthTech:** Health technologies include medicines, medical devices, assistive technologies, techniques and procedures developed to solve health problems and improve the quality of life (World Health Organization).
- **Inclusion:** Inclusion means creating an environment in which people feel valued, respected and safe ([The Law Society](#)).
- **Intersectionality:** Intersectionality is a framework that examines how different aspects of a person's identity, such as race, gender, sexuality, class, and disability, interact to create unique experiences of discrimination or privilege...
- ...The term was coined by legal scholar Kimberlé Crenshaw in 1989 to describe the ways in which multiple forms of inequality can compound and reinforce each other ([The Oxford Review](#)).
- **Marginalised Groups:** Marginalised communities are groups of people who have been systematically excluded from full participation in social, economic, political, and cultural life. This marginalisation can occur due to various factors including race, gender, disability, socioeconomic status, sexual orientation, religion, ethnicity, or immigration status. These communities often face systemic barriers that limit their access to resources, opportunities, and decision-making power ([The Oxford Review](#)).
- **Transgender:** is a broad term that can be used to describe people whose gender identity is different from the gender they were thought to be when they were born ([Advocates for Trans Equality](#)).
- **Women:** An adult who lives and identifies as female though they may have been said to have a different sex at birth ([Cambridge Dictionary](#)).
- **Women's Health:** Women's Health refers to conditions that affect women differently, disproportionately or exclusively ([WHAM Reports](#)).

How this toolkit came to life

This project is powered by the **OHT Women's Health Specialist Network** and made possible thanks to funding from **UCL Innovation & Enterprise**, who are supporting us to make FemTech more inclusive, practical and accessible to all.

We would like to thank all of the interviewees and those that completed our survey to share their insights with the community!

How did we make this toolkit?

This project arose from an urgent need to bring this topic to **conversation**. Women's health is at a turning point. Investment in FemTech is growing, and the economic case is clear. As this sector expands, a critical question emerges: who is it actually built for? **As a community, we took an emergent approach: connecting with FemTech innovators who were putting these lenses into practice, understanding their thought processes, and asking what they wished they'd known sooner.**

This toolkit aims to share those learnings so that other founders and innovators in this space don't have to start from scratch.

We spoke with FemTech founders and health innovators about what equity, accessibility, and inclusion looks like in practice - what works, what doesn't, and where the gaps are. In total, we received 14 survey responses and had 10+ founder conversations.

About One HealthTech

One HealthTech (OHT) is a global, grassroots community, built by volunteers, for changemakers. **We exist to champion equality, diversity, inclusion, and accessibility across the health innovation sector.** Our mission is simple: to empower local communities of health innovators to thrive, by inspiring, celebrating, and championing diversity in HealthTech.

The OHT Women's Health Specialist Network is a specialist network aimed at connecting those who are passionate about advancing women's health, including the applications of HealthTech within the industry.

We aim to create a safe, supportive and equitable space to share knowledge or participate in discussions, particularly around current innovations, challenges within the field and exploration of solutions.

About UCL Innovation and Enterprise

UCL Innovation & Enterprise works with students, staff, businesses, government, and the third sector to turn knowledge and ideas into real-world solutions. At its heart is the belief that everyone in the UCL community has a role to play and a contribution to make. Through its 2024–2029 strategy, UCL is focused on growing its innovation ecosystems to deliver meaningful economic and societal impact, including through funding initiatives like this grant, led by Dr Briec Lehmann. We'd also like to thank other advisors and the start-up community from UCL who have offered their support and insights.

The One HealthTech & UCL contributors



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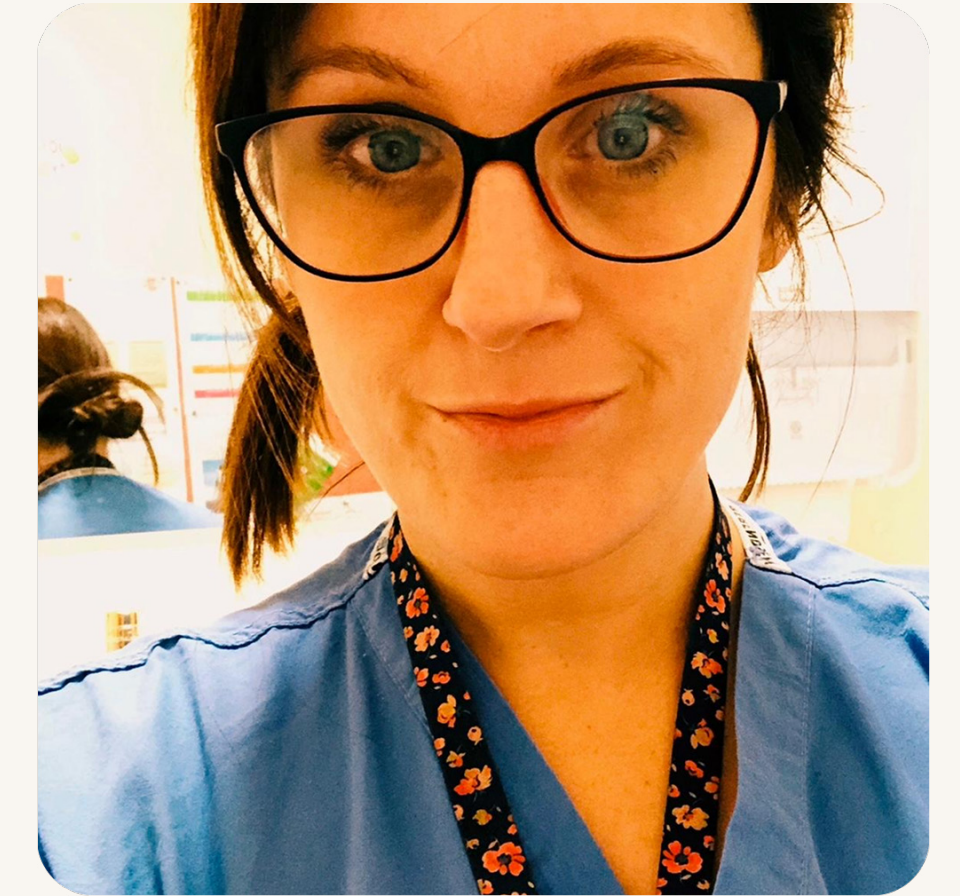
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Thank you!

