*"I wish I could lock all my doctors in one room, and make them work together to **figure out what is wrong with my health**."*

AI Skills 4 Women - Open Challenge Submission
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HealthControl.

Empowering women to confidently navigate their health with research-based, trusted information

Healthcare was not made for us.

Dismissed complaints[1]

93% of women felt dismissed when seeking medical help.

~40% were prescribed medication without full investigation of symptoms.

54% experienced delayed diagnoses due to dismissal.

56% reported worsened symptoms because medical action was delayed.

Fragmented system[2]

Women experience later diagnoses across a wide range of diseases, **reflecting systemic gender bias in symptom interpretation and clinical pathways**.

Large-scale datasets show women are consistently older at first diagnosis for most major conditions, demonstrating a pervasive diagnostic delay.
40%+ had to visit multiple providers before receiving a diagnosis.

Male-based research[3]

Women's health is still evaluated through a system built on the male body as the default. **Fewer than 30% of participants in early-phase clinical trials are women**.

Decades of research have routinely extrapolated male data to female patients, creating diagnostic and treatment pathways that fit men far better than women.

[1] FemTech World, "93% of women feel dismissed when seeking medical help, new survey reveals," 2025. Reports delayed diagnoses (54%) and worsened symptoms (56%) from the same 900-women dataset. [2] Psychology Today, "She's Not Imagining It: The Continuing Medical Dismissal of Women," 2025. Reports findings from a survey of 900 women aged 25–34, including dismissal rates, multiple-provider visits, and inadequate investigation. [3] The Lancet, "Sex and gender: modifiers of health, disease, and medicine," 2020. Demonstrates systemic diagnostic disparities across major diseases, with women consistently diagnosed later than men.TIME, "Does the Gender Gap in Medical Research Still Exist?" 2024; Nature, "Women are poorly represented in clinical trials. That's problematic," 2025; BMJ, "Under-representation of women in research: a status quo that is a scandal," 2023. These sources document that women make up <30% of early-phase trial participants and that medical science continues to rely on male-default data.

These problems have actual consequences.

Dismissed complaints

Women's pain is more likely to be **interpreted as emotional or psychological rather than physical.**

- Women are less likely than men to receive strong opioid pain medication in emergency departments. [1]
- Women often wait longer than men for pain treatment in emergency settings.[2][3]
- It was found that Endometriosis has an average diagnostic delay around 7–10 years. [4]

Fragmented system

Each condition treated separately, **no one connects the whole picture**.

- In Autoimmune diseases there's an average diagnostic delay around 4.5 years for many patients.[5]

Male-based research

A prime example is Heart Attack. Woman's symptoms don't match the "typical male" pattern; she is initially dismissed.

- Women are about **50% more likely than men to receive the wrong initial diagnosis** during a heart attack. Women with the most serious type of heart attack (STEMI) are about **59% more likely to be misdiagnosed.**[6]
- ADHD is often diagnosed years or decades later than in men, frequently in adulthood.[7

[1] Journal of Pain / NIH-linked studies on gender differences in opioid prescribing in emergency departments. [2] Annals of Emergency Medicine studies on gender differences in wait times and pain treatment. [3] Harvard Health and similar reviews on gender bias in pain perception and the tendency to psychologize women's pain. [4] University of York / major reviews on endometriosis diagnostic delay (approx. 7–10 years). [4] Autoimmune Association – reports on average diagnostic delays for autoimmune diseases. [6] NIMH / APA summaries on ADHD in women and later-life diagnosis patterns. [7] University of Leeds / European Heart Journal study on sex differences in heart-attack misdiagnosis/

Gaining our control back.

01

Clarity

02

Confidence

03

Control

04

Integrated health understanding

05

Help preparing for doctor appointments

06

Trusted, research-based information
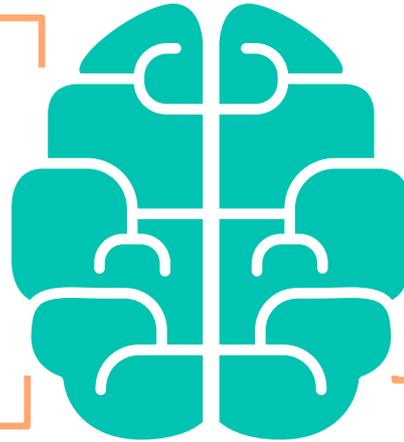
There is a solution.

A responsible AI companion, built for women who want medical clarity, confidence, and better communication.

Centralizes medical information

Symptom + medication mapping

Identifies missing data that can help the diagnosis process

Highlights comorbidities

Empowers informed decisions

Explains medical terms

Helps conducting research with trusted resources

Provide tools to gain confidence, be assertive and demand equal and better treatment

Prepares women for appointments

Helps preparing coherent questions to the medical staff

Current market doesn't offer one holistic solution.

Today's leading services fall into four categories:

Symptom checkers

Ada Health, K Health, Buoy Health, WebMD Symptom Checker, Mayo Clinic Symptom Checker

Women's health & cycle trackers

Flo, Clue, Natural Cycles, Glow, Ovia Health

Chronic condition apps

Livongo, Omada Health, MyTherapy, Hinge Health, Kaia Health

Medication trackers

Medisafe, MyTherapy, Dosecast, Pill Reminder, CareZone

This solution is different.

It connects the whole picture, identifies gaps, prepares women for appointments, and supports better communication with clinicians.

Responsible AI

AI is not a doctor, but it can help women understand their health.

No diagnosis or treatment decisions.
The app never replaces clinical judgment or provides medical decisions.

Research-based information
All guidance is grounded in reputable, evidence-based medical sources, pre-approved by humans.

Personal information will always be kept private.
The app will fully support GDPR, HIPAA, IPS, HL7, and other key European and American standards to ensure user privacy, data security, interoperability, and regulatory compliance.

Transparent limitations
The app clearly states what it can and cannot do, including areas of uncertainty.
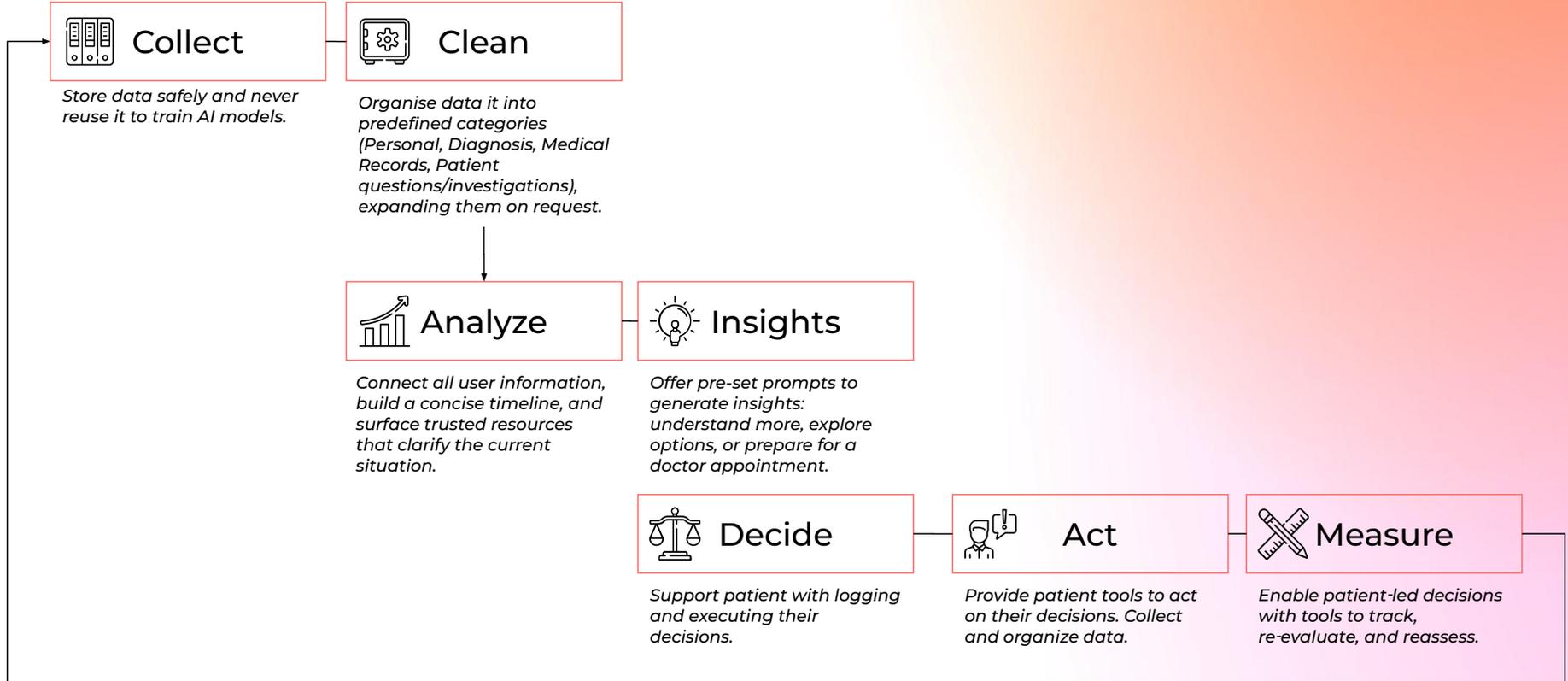
User in control
Users choose what to share, what to store, and can delete their data at any time.

AI Architecture

High-level framework outlining how the system handles data, privacy, and user interaction.

Collect

Store data safely and never reuse it to train AI models.

Clean

Organise data it into predefined categories (Personal, Diagnosis, Medical Records, Patient questions/investigations), expanding them on request.

Analyze

Connect all user information, build a concise timeline, and surface trusted resources that clarify the current situation.

Insights

Offer pre-set prompts to generate insights: understand more, explore options, or prepare for a doctor appointment.

Decide

Support patient with logging and executing their decisions.

Act

Provide patient tools to act on their decisions. Collect and organize data.

Measure

Enable patient-led decisions with tools to track, re-evaluate, and reassess.

Next Steps.

θ1
Research expansion
Analyze existing customer needs and identify gaps in the market to find new opportunities

θ3
Privacy-first design
Monitor changes in the marketplace, such as shifts in consumer behavior or emerging technologies, to stay competitive and capitalize on new opportunities and trends
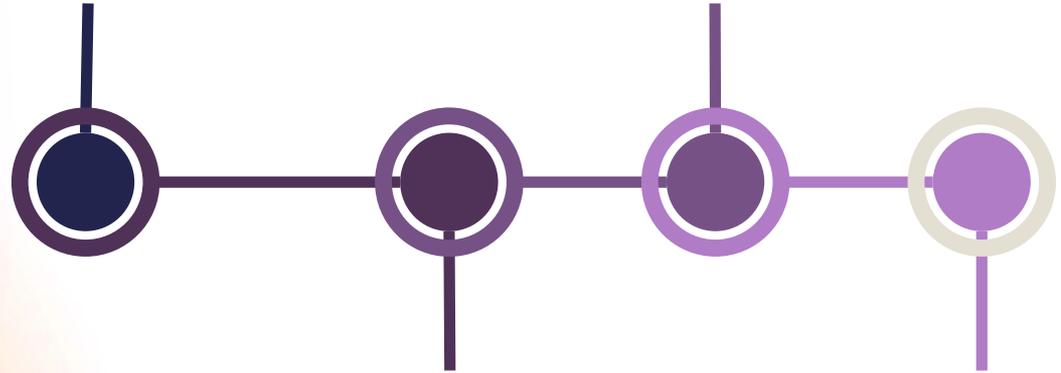
θ2
User Interviews
Utilize technology and customer feedback to come up with novel solutions that meet your customer's demands or needs

θ4
Prototype development
Identify times of year when demand for certain products may spike, such as holidays or special occasions, and use these times to target customers or maximize sales

THANK YOU

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