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Who Decides? The Problem of Male-Dominated Healthcare Innovation

Brian Walker, Harvard Business School

Contact: bwalker@hbs.edu

Abstract

What is the message? Breaking a pattern of male-dominated decision-making in healthcare innovation requires managerial shifts that broaden women's access to professional networks and traditional venture-building playbooks, advocate for differentiated deal flow and innovation, address caregiving realities, and foster both women-only and gender-integrated solutions.

What is the evidence? The author's own research, as well as government and scholarly data.

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When we talk about innovation in healthcare, we often talk about science, strategy, and scalability. But we don't talk enough about who gets to decide which problems are worth solving in the first place. Right now, in most corners of the healthcare innovation ecosystem, those

decision-makers are overwhelmingly men.[1]

This matters—not just symbolically, but materially. Who makes the decisions shapes what gets funded, what gets built, and who benefits. And in healthcare, where innovation can mean the difference between suffering and survival, between dignity and neglect, it's not just a missed opportunity when women are excluded from shaping the future — it's a direct risk to health outcomes.

To be clear, women are already a driving force in healthcare innovation, whether they're launching new ventures or leading transformative work inside existing institutions. They've led the global proliferation of electronic health records, built hospital systems, advocated for systemic change, and designed solutions that reflect the needs of diverse populations.

Still, healthcare is a massive, complex industry, and it's one where gender disparities show up in subtle but deeply consequential ways. For example, while women make the majority of healthcare decisions in households and comprise the vast majority of frontline healthcare workers, they're still vastly underrepresented in leadership roles and investment decision-making.[2] And when women do build companies — particularly in overlooked areas like caregiving, maternal health, or chronic disease management — they face steeper hurdles for funding and recognition.[3]

But here's the kicker: the exclusion of women from innovation isn't just unjust, it's inefficient. It suppresses valuable insight, narrows the range of ideas, and weakens the overall quality of solutions being developed. Healthcare innovations shaped by more diverse leadership, and particularly by women, are more likely to address long-ignored clinical problems and reflect the needs of those most impacted by the system.[4]

This exclusion is especially troubling because of three interrelated realities:

First, women are central to healthcare decision-making, both formally and informally. They make the vast majority of healthcare decisions at the household level, serve as the primary caregivers across generations, and make up roughly 76% of all healthcare workers.[5] Their firsthand exposure to the system makes them uniquely positioned to identify pain points and opportunities for improvement. When they're not part of the innovation conversation, entire

categories of need may go unaddressed.

Second, the market for health innovations that directly affect women is enormous. In areas such as reproductive health, maternal care, autoimmune disease, and eldercare, women represent not only the majority of users but also the majority of informal care providers. Ignoring these markets is not just a moral oversight, it's a commercial misstep. The historical underinvestment in these areas reflects a failure to recognize opportunity, not a lack of it.

Third, entrepreneurship and innovation are the crucial engines of change in a capitalist society. As Joseph Schumpeter famously wrote, "the function of entrepreneurs is to reform or revolutionize the pattern of production."[6] And yet, women founders are routinely locked out of the systems that govern that transformation. Their work spans fields from AI-enabled detection of intimate partner violence to novel therapeutic platforms for reproductive care.[7],[8] It's not about doing what's nice, it's about doing what's urgent, systemic, and impactful. These aren't fringe goals; they are essential to fixing what is broken in today's healthcare system [9]

Despite all this, women continue to receive a disproportionately small share of investment and support: between 2019 and 2021, healthcare organizations founded by women received just 16.6% of venture capital funding. This isn't because their ideas are weaker — it's because the system is wired to reward the familiar. And too often, "familiar" still means male.

Managerial Decisions That Matter

Disparities in funding and leadership are often described as structural, but in truth, they are the sum of everyday choices. It's in these choices — who to invite to pitch, how to define traction, where to recruit board members — that we see how gendered power operates in practice. These are managerial decisions that can, and must, be redesigned.

Drawing from my research, here are several high-impact shifts organizations can make:

Supplement entrepreneurial skillsets to unlock capital:

Many women founders bring deep subject-matter expertise or community-rooted insight, but may not have the same networks or exposure to traditional venture-building playbooks. Instead

of seeing this as a shortcoming, investors and organizational leaders can make managerial decisions to provide structured support—pairing operators, advisors, or platform teams to help translate vision into scale. As one investor shared in my research, “It’s not about questioning her credibility—it’s about asking what scaffolding we can offer to help her build bigger.” These decisions mirror well-established methods in management development, where scaffolding—through intentional support such as feedback loops, mentoring, and progressive responsibility—is used to safely accelerate growth and mitigate perceived risk.[11].

Secure internal buy-in from limited partners (LPs):

Investment committees often attribute the underperformance of a startup to a founder’s lack of prior executive experience in a narrowly defined vertical — conclusions that are rarely applied with the same scrutiny to male founders. These sweeping generalizations risk becoming self-fulfilling prophecies. Venture firms and LPs alike must be cautious not to apply anecdotal outcomes as universal truths. Changing this norm requires more than data; it demands intentional messaging and internal advocacy. General partners must educate LPs on the cost of exclusion and the upside of diversification, not only in social terms, but in terms of differentiated deal flow and innovation.[12]

Provide familial support structures that address caregiving realities:

For both founders and those innovating within established institutions, women often navigate disproportionate caregiving burdens.[13] Managerial leaders can address this by offering paid parental leave, childcare subsidies, flexible scheduling, and return-to-work fellowships. These supports are not “extras”—they are enablers of participation, retention, and long-term leadership.

Foster both women-only and gender-integrated solutions:

Organizations need both dedicated spaces for women and broader engagement with men. Research shows that women-only forums improve mentorship satisfaction, reduce isolation, and spark innovation.[14] At the same time, including men in diversity efforts leads to more sustainable change. In fact, recent research found that 96% of organizations that involve men in gender diversity initiatives report progress, compared to just 30% of those that do not.[15] Leaders must invest in both: creating protected spaces for candid peer exchange while

designing inclusive pathways for shared accountability and cultural change.

These managerial shifts, whether inside startups or within large health systems, hold the power to transform not only who leads but what gets built, leading to better health outcomes for women and, ultimately, for all of us.

Conclusion

These actions are not just about fairness; they are about performance and innovation. Creating a more inclusive healthcare innovation ecosystem doesn't require waiting for a generational shift, nor do we have time for that. It requires intentional, managerial decisions about who is funded, who leads, and how we support them. By redesigning the conditions under which ideas are evaluated and ventures are supported, we can unlock a wave of health innovation that better serves women — and everyone else who depends on a more equitable system.

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