Chest Heart & Stroke Scotland

Building a brighter, healthier future for women in Scotland

CHSS Women's Health Plan 2026-2029

Contents

Introduction

The health and social care system is failing women. This is evidenced by the United Kingdom's female life expectancy falling from 20th to 26th place out of the 38 Organisation for Economic Co-operation and Development (OECD) countries list.[1]

There are **over 2,850,000 women** in Scotland.[2] Despite making up over half of the population, **women are fighting against systemic barriers to receive quality healthcare**.[3,4] Too often, **women struggle to access care and their symptoms are dismissed, under-recognised, misdiagnosed, or under-treated**.[3,5]

As a result, women experience poorer health outcomes and spend a greater proportion of their lives in ill health compared to men.[4,5,6] In this context this includes having functional limitations, chronic conditions, or a reduced quality of life.[7]

This pattern is seen across health conditions, including chest, heart, stroke, and Long Covid. The **price of these inequalities is being paid by women in the form of their health and their lives**.

Now more than ever **change is needed to mitigate this gender health gap, which has widened** significantly since 2019.[7]

Calls to action to address gender health inequalities have been made across the Scottish health and social care system,[4,8,9,10] with Chest Heart & Stroke Scotland (CHSS) part of that chorus.

There are
OVER 2,850,000 WOMEN IN SCOTLAND

Despite making up over half of the population, women are fighting against systemic barriers to receive quality healthcare

Introduction

As outlined in the No life Half Lived 2023-28 Strategy, **CHSS strives for a Scotland where everyone affected by chest, heart, stroke, or Long Covid conditions can live their lives well**.[11] Full lives, with the right support, at the right time, and in the right place. **CHSS recognises targeted action to support women is vital to bringing this vision to life**.

That is why CHSS has created this **Women's Health Plan 2026-2029, which sets out our aims and commitments for the next three years to improve the health and wellbeing of women** in Scotland affected by our conditions. This plan aligns with the CHSS No Life Half Lived 2023-28 Strategy and builds on the women's health work CHSS has done to date.[11,12] Additionally, it complements and aligns with the national and international progress made in improving women's health and access to healthcare, including the Scottish Government Women's Health Plan Phases 1 and 2.[13,10]

Together, we can build a brighter, healthier future for women in Scotland.

**Throughout this plan, the terms 'women' and 'woman' are used. However, CHSS recognises that these terms do not fully encompass everyone who may experience the health inequalities and needs referenced in this plan. Due to the intricacies and impact of biological sex, gender identity, and social determinants of health, content in this plan may be applicable to a wider audience and we aim to ensure our services are delivered based on individual needs. It is recognised that identities are diverse and as such may include non-binary people, trans people, people with differences of sex development (DSD), and others with relevant biological characteristics. CHSS is committed to delivering an inclusive, respectful, and person-centred approach to ensure equitable access to services for all who require them.*

CHSS conditions in women

Chest

Women have **higher prevalence and greater disease burden** than men for respiratory conditions including:

- Asthma[14]
- Chronic Obstructive Pulmonary Disease (COPD)[4]
- Bronchiectasis[15]

83,000+ women living with COPD[16]

200,000+ women living with Asthma[17]

Women are nearly **2x more likely to die** from asthma compared to men[14]

Stroke

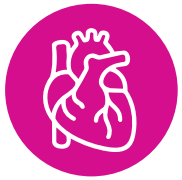
53,900+ women living with cerebrovascular disease[28]

4,700+ stroke incidences in women each year[29]

Women have **higher stroke mortality** and **worse stroke outcomes** than men[30]

Women are **less likely to be prescribed optimal secondary prevention** treatment than men[31]

Heart



Women are **less likely to receive evidence based treatment** for out of hospital cardiac arrest (OHCA)[18], heart attack[19], and heart failure than men[20]

Despite lower prevalence than men, women have:

- **Higher mortality rate** for heart attack[21]
- **Higher burden of disease** for atrial fibrillation[22]

90% of spontaneous coronary artery dissection (SCAD) cases[23] and of Takotsubo Cardiomyopathy cases are in women[24]

Women-specific conditions[25]

- Peripartum cardiomyopathy
- Hypertensive disorders in pregnancy

In 2022/23

- **2,800+** heart failure incidences in women[21]
- **4,100+** heart attack cases in women[21]

In 2024

- **89,400+** women living with heart disease[26]
- **55,400+** atrial fibrillation cases in women[27]

Long Covid

Women are more **likely to have Long Covid** than men

- **10% of females vs 6% males** reported Long Covid in 2023[32]

Women with Long Covid are **more likely to have fatigue, headaches, brain fog and depression** than men[33]

CHSS conditions in women

Women's health is often associated with reproductive and maternal health. And while these are important components of women's health, they are not the full story. **The health of women encompasses conditions across the whole body, including chest, heart, stroke, and Long Covid conditions**.

In Scotland, chest, heart, and stroke conditions are leading causes of death and disability for women.[34,35] Furthermore, research highlights that women are disproportionately affected by certain CHSS conditions compared to men.

Women in Scotland experience:

- **Higher mortality for cardiovascular disease,** including **stroke and heart attack,** despite lower prevalence.[30,21]
    - Every year, there are **4,600+ stroke incidences in women resulting in 1,200+ deaths**.[29]
    - Every year, there are **4,100+ heart attack incidences in women resulting in 1,500+ deaths**.[21]
- **Greater disease burden and severity of conditions** including asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, atrial fibrillation, and Long Covid.[14,4,15,22,33]
- **Lower likelihood of receiving optimal, evidence-based treatments** for Out of Hospital Cardiac Arrest (OHCA), heart attack, stroke, and heart failure. [18, 19,31,20]
- **Less likely to access and receive referrals for rehabilitation** for chest, heart, and stroke conditions.[36,37,38]

Women are more likely to die due to stroke and heart attack
despite lower prevalence[30,21]

8,700+ stroke and heart attack incidences in women every year resulting in 2,700+ deaths[21,29]

Less likely to access and receive referrals for rehabilitation
for chest, heart and stroke conditions[36, 37,38]

CHSS conditions in women

Women in Scotland experience:

- **Higher prevalence of asthma, chronic obstructive pulmonary disease (COPD), and Long Covid**.[14,39,32]
  - **19% of adult women in Scotland** have doctor-diagnosed **asthma** vs 16% of men.[32]
  - **Incidence of chronic obstructive pulmonary disease (COPD) in women is 116.4 cases per 100,000 population** vs in men is 106.1 per 100,000 population.[40]
  - **10% of adult women in Scotland** report **having Long Covid** vs 6% of men.[32]
- **Higher mortality rate and hospitalisation rates for asthma**
  - Women are nearly 2x more likely to die due to asthma than men.[14]
- **Cardiovascular diseases**, such as spontaneous coronary artery dissection (SCAD), **are frequently underdiagnosed in women**.[41]
- **More likely to experience certain cardiovascular disease** conditions including spontaneous coronary artery dissection (SCAD), heart failure with preserved ejection fraction (HFpEF), microvascular disease, and takotsubo cardiomyopathy (also known as stress cardiomyopathy).[23,42,43,24]
  - 90% of spontaneous coronary artery dissection (SCAD) cases and takotsubo cardiomyopathy cases are in women.[23,24]

Women are nearly 2x more likely to die due to asthma
than men[14]

Cardiovascular diseases are frequently underdiagnosed in women[41]

90% of spontaneous coronary artery dissection (SCAD) cases are in women[23]

Factors driving women's health inequalties

The health inequalities women experience are driven by factors including:

- **Under-treatment: Women's symptoms are routinely dismissed, misdiagnosed, and under-treated**[3,37,44,45]
    - Only **25% of women get tested for heart failure** when presenting to their GP with symptoms compared to **75% of men**.[46]
    - **Women wait on average 20 weeks for a heart failure diagnosis** compared to men's average 3.6 week wait.[46]
    - Women with heart failure are **2x more likely to be misdiagnosed** than men.[46]
    - Women experiencing a heart attack are **50% more likely to receive an initial misdiagnosis** compared to men.[47]
    - Women experiencing a heart attack are **less likely to receive diagnostic testing**, such as coronary angiography imaging, within 72 hours of hospital admission.[48]
    - Women are **less likely to be prescribed medications** that help **reduce the risk** of having **a second heart attack**.[49]

25%

75%

25% of women get tested for heart failure

when presenting to their GP with symptoms compared to 75% of men[46]

Women wait on average 20 weeks for a heart failure diagnosis

compared to men's average 3.6 week wait[46]

Women are 50% more likely to receive initial misdiagnosis for heart attack

compared to men[47]

Factors driving women's health inequalties

- **Under-representation and under-prioritisation: Women are under-represented and under-prioritised in research, data collection, public messaging, policy, and clinical education**.
    - Globally, **only 1% of research and development funding focuses on non-cancer related women's health**.[50] Moreover, women make up less than 30% of early phase clinical trial participants.[51] As a result, healthcare access, information, and treatments are based on men while female-specific health needs lack understanding.[7,45,51,52,53]
        - For example, women have unique risk factors for cardiovascular and respiratory diseases, including hormonal influences and sex-specific biomarkers, yet risk and diagnostic tools do not always account for these.[41,54]
        - **Medicine continues to treat women as 'mini men' applying the assumption that drugs tested on male bodies will work the same on female bodies**. However, this assumption is false given female bodies absorb, process, and respond to medications differently due to biological differences. Consequently, **women are nearly 52% more likely** than men **to experience adverse drug reactions and 29% more likely to die from an adverse drug reaction**.[50,55]

Non-cancer related women's health makes up only 1% of research and development funding globally[50]

Women make up less than 30% of early phase clinical trial participants[51]

Medicine continues to treat women as 'mini men'

applying the assumption that drugs tested on male bodies will work the same on female bodies[47]

Factors driving women's health inequalties

- **Socioeconomic disadvantage: Women are more likely to experience poverty as well as part-time, low-paid, and unstable employment.**[52,56]
  - **Women are paid 15% less per hour than men and the gender pay gap has risen since 2024** with men's hourly earnings increasing at a faster rate.[57,58]
  - **Women make up two-thirds of the pensioners living in poverty** across the UK.[57]
  - **Women born in the most deprived areas** (SIMD 1) in 2019–2021 can expect to **develop poor health 25.7 years earlier** than one born in one of the least deprived areas (SIMD 10).[61]
- **Caring responsibilities: Women are more likely to be carers** for dependent children as well as older, ill, or disabled relatives. **Being a carer**, both paid and unpaid, **can negatively impact individuals' health and wellbeing** as well as their **ability to access care**.[52,7]
  - **Women make up 60% of carers** and **97% of unpaid child-carers**.[62, 63]
  - **Women are 2x more likely** to **leave employment to fulfil unpaid caring roles.**[57]
  - **55% of female unpaid carers** have reported their physical **health suffers due to their caring role.**[64]

Women are paid 15% less per hour than men
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Factors driving women's health inequalties

- **Discrimination and marginalisation: Women experience discrimination and marginalisation in education, employment, and healthcare** through a multitude of ways **that influence their ability to access and receive quality healthcare**.
    - Examples include structural pay gaps, under-representation in leadership, gender bias and stereotyping. In Scotland, **women make up only 1/3 of positions in power**.[65]
    - There is stigma, bias, and stereotyping associated with women's health embedded at cultural, institutional, and interpersonal levels.[3,7,66,67] This is illustrated by **4 out of 5 women reporting that they are not listened to by healthcare professionals**.[3]
- **Violence and harassment: Women are more likely to experience gender-based violence, abuse, and harassment, which limit their freedom of movement and personal safety**.[52,68]
    - In Scotland, **83% of domestic abuse victims are women**.[68]
- **Intersectionality:** It's important to recognise that **women from minoritised groups including women of colour, disabled women, and LGBTQ+ women, often face compounded inequalities**.[3,67,70,71]
    - Certain ethnicities are also disproportionately affected by and have unique risk factors for cardiovascular and respiratory diseases.[72]

Women make up only 1/3 of positions in power[65]

Intersectionality compounds inequalities[3,67,70,71]

4 out of 5 women report they are not listed to by healthcare professionals[3]

Why a CHSS Women's Health Plan is essential

The consequences of these inequalities and influencing factors include preventable death, increased long-term disease burden, psychological distress, and reduced quality of life for women.[44]

It is important to note that these inequalities are not inevitable. They are socially constructed and preventable.[4]

Women in Scotland require better.

Structural and cultural changes must be made to narrow the gender health gap. Across the health and social care system, recommendations have been put forward.[6,7,8,44,73,74] These include:

- Bias-aware clinical assessments
- Improved education on sex-based differences in conditions
- Comprehensive system-level strategies
- Investment into women's health
- Expanded access to care
- Broader socioeconomic barriers addressed
- Increased awareness of women's health needs

CHSS has created this Women's Health Plan to translate these broad recommendations into real improvements for women affected by chest, heart, stroke, or Long Covid conditions.

** Please note that the above lists of inequalities and factors shaping them is not exhaustive or all inclusive. There are other gender health inequalities, contributing factors, and external recommendations that have not been named due to the nature of CHSS' work and this plan's remit.*

CHSS women's health aims (2026-2029)

This plan has seven key aims to improve the health and wellbeing of women affected by chest, heart, stroke, or Long Covid conditions in Scotland:

1. Develop clear, accessible women-specific health information resources

- Develop new resources on women-specific symptoms, risks, and conditions
- Update existing CHSS materials to reflect gender differences

Impact: Empowers women through increased awareness and understanding about what CHSS conditions look like in women and how they can live well with them.

2. Improve awareness and visibility of women's health

- Use clear, recognisable women's health messaging
- Deliver targeted awareness campaigns and storytelling
- Strengthen understanding amongst CHSS colleagues and volunteers
- Increase engagement with communities and external partners

Impact: Topic of women's health becomes more visible, understood, and prioritised both within CHSS and nationally.

CHSS women's health aims (2026-2029)

3. Develop a women-specific prevention and early detection programme as part of the CHSS Health Defence and Community Healthcare Support Service

- Design a women-focused prevention programme
- Deliver targeted campaigns on symptom recognition and screening
- Support behaviour change and self management

Impact: Earlier detection, reduced risk, and improved long-term outcomes for women in Scotland with regards to CHSS conditions.

4. Strengthen education and training about women's health

- Enhance training for CHSS colleagues and volunteers on women's health
- Provide women's health education for healthcare professionals and partners
- Scope women's health education for the general public and identify needs and formats of delivery

Impact: A more informed health and social care workforce and public, leading to better care and reduced disparities.

5. Enhance post-diagnosis support for women

- Expand peer support opportunities for women
- Enhance CHSS supported self management and community support services

Impact: Women with CHSS conditions are supported, connected, and empowered beyond diagnosis.

CHSS women's health aims (2026-2029)

6. Campaign and advocate for women's health

- Advocate for improved policy, funding, and research
- Promote women's inclusion in clinical research and data
- Work in partnership with national organisations and government
- Challenge stigma and raise the profile of women's health
- Deliver fundraising campaigns to generate income to support the delivery of this women's health plan

Impact: A stronger national focus and commitment to women's health equity.

7. Evaluate progress and drive continuous improvement

- Develop a robust monitoring and evaluation framework for this women's health plan
- Continuously integrate lived experience feedback
- Seek to improve CHSS understanding of health inequity through an intersectional lens

Impact: A dynamic, responsive CHSS Women's Health Offer that evolves with need.

Core principles and themes

The CHSS Women's Health Plan 2026-2029 is guided by core principles including:

- Person-centred care
- Life course approach
- Comprehensive support (physical, emotional, social)
- Accessibility and inclusivity
- Co-production with health and social care professionals and women with lived experience
- Evidence-based practice
- Alignment with CHSS strategies
- Alignment with wider health and social care priorities

Additionally, there are core themes that will be woven throughout the plan's aims including:

- Prevention and early intervention
- Post-diagnosis support
- Menopause, maternal, reproductive, and gynaecological health
- Mental health and wellbeing
- Intersectionality and social determinants of health

This plan aligns with strategies, frameworks, and policies that are internal and external to CHSS through the aforementioned principles, core themes, and overarching aims.

Namely, this women's health plan helps directly achieve the CHSS No Life Half Lived 2023-28 Strategy[11] and supports the ambitions of the Scottish Government Women's Health Plan Phase 2,[10] Population Health Framework[75], Public Health Scotland 10-year Strategy,[76] Long Term Conditions Framework,[77] and Health and Social Care Service Renewal Framework.[78]

Lived experience at the heart

An evidence-based, person-centred approach was taken to develop this plan to help ensure that it meets the needs of women in Scotland. This plan has been shaped by:

- **Feedback solicitation:**
  - Feedback survey with over 140 responses from women across Scotland representing people with lived experience, volunteers, health & social care professionals, supporters, and the general public
  - Consultation with colleagues from across the health and social care system
  - Engagement with CHSS Voices of Experience Panel consisting of people affected by chest, heart, stroke, and Long Covid conditions

- **Desk-based research:**
  - Analyses of CHSS condition prevalence in women in Scotland
  - Literature review of reports, policy documents, research studies related to women's health nationally and internationally
  - Audit of women's health work done to date at CHSS

We are extremely grateful to everyone who has contributed to this women's health plan. We will continue to co-produce our work alongside experts and women with lived experience to ensure their voices inform this plan's delivery.

Conclusion

Scotland and the women living here cannot afford for gender health inequalities to persist. Women's health must no longer be overlooked, misunderstood, or under-prioritised.

The health and social care system has a responsibility to take action. **CHSS understands this and will continue to rise to the occasion**.

CHSS endeavour for every woman in Scotland to have the opportunity to live a full, healthy life. **This CHSS Women's Health Plan 2026-2029 represents a clear, ambitious, and necessary step forward to achieve that**.

Through **seven key aims**, the plan champions change to improve health outcomes for women in Scotland affected by chest, heart, stroke, or Long Covid conditions. The plan outlines ambitions to do so through **awareness raising, improved prevention and early detection, strengthened education and training, enhaced post-diagnosis support, and campaigning for greater equity in research, policy, and healthcare**.

Guided by person-centred, evidence-based, continuous improvement, and inclusive principles, this Women's Health Plan will **create an enhanced CHSS support offer that meets women's needs and empowers them to live well**.

This work does not exist in isolation. It builds on preceding CHSS' women's health work as well as national progress made to date. To deliver the plan, CHSS will continue to work with women, health and social care professionals, and communities. This plan complements the CHSS No Life Half Lived 2023-28 Strategy[11] alongside national health and social care frameworks, including the Scottish Government Women's Health Plan Phase 2[10] and Population Health Framework.[75]

Together, we can build a brighter, healthier future for women in Scotland.

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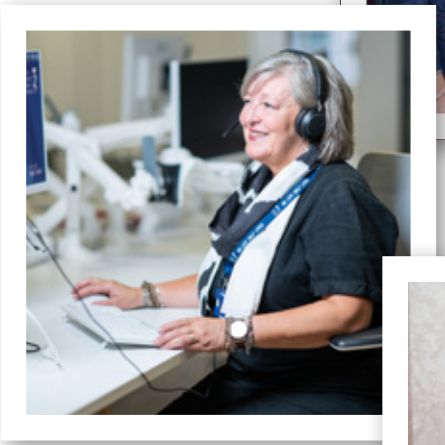

NO LIFE HALF LIVED

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