



maple

Closing the care gap:

the state of women's
health care in Canada

2025 Maple Women's Health Report

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Executive summary

Canada's health care system was built for a different time. The Canada Health Act — the legislation that underpins our system — was passed in 1984, a generation before the internet, smartphones and modern approaches to chronic disease management reshaped how people live and access care. Designed for a smaller, younger and less complex population, the system now strains under the demands of an older, more diverse country facing rising rates of complex and chronic conditions.

Today, the strain is visible across every dimension of care. Wait times stretch from weeks to months. Diagnoses are often delayed until conditions have advanced. Access to a primary care provider, once a given, is now incredibly difficult to secure. What were once gaps in service are now defining features of a system no longer equipped to meet Canadians' needs.

Women's perspectives on health care offer a powerful reflection of these broader challenges. Across the country, they are navigating not only their own health needs but also, for the many who are part of the 'sandwich generation', the overlapping responsibilities of work, raising a family and caring for aging relatives.

These insights on the Canadian health care system spotlight where access, responsiveness and personalization are failing. In a national survey of 1,505 Canadian women conducted by Maple among members of the Angus Reid Forum:



The consequences reach far beyond the exam room. These findings reflect a deeper truth: when the system fails women, it fails families, workplaces and the economy.

But while the pressures are mounting, so is the opportunity for change.

Technology is reshaping health care delivery, enabling faster, more personalized and more accessible models of care. Among Canadian women, 31% have accessed virtual health care, and over half of those who haven't say they'd be willing to try it. Virtual consultations, health care AI, remote monitoring and proactive care models aren't distant possibilities. They're active tools transforming care today.

At Maple, we see women's health care not as a niche issue, but as a blueprint for redesigning care for everyone. The future won't be built through incremental fixes. It will be shaped by systems that meet people where they are.

This report invites you to hear directly from Canadian women.



From our CEO and co-founder



As an emergency room physician, I saw it again and again: manageable health issues escalating into serious complications. Not because people didn't try to get care, but because our health system wasn't built to deliver the right care at the right time or, frankly, at *any* time for many.

Missed symptoms. Overlooked signs. No access. These aren't outliers. They're the predictable outcomes of a system that can't meet today's needs.

We're focusing on women today because their health care experiences lay bare the system's deepest failures that affect everyone. When we examine how women navigate care as patients, caregivers and advocates, the weak points in our infrastructure become impossible to ignore. The ripple effects across families, workplaces, communities and our economy show just how far-reaching the consequences are.

Our national survey found that 62% of women have chosen to delay care due to long wait times. Another 43% have experienced delays in receiving the right treatment. These numbers reflect a growing disconnect between the care people need and the care the system is able to provide.

The numbers tell the story. The system's not just strained. It's breaking. Full stop.

At Maple, we believe the future of health care demands a different model — one built for how people live now, with faster access, earlier intervention and more personalized support. Technology is central to that shift. We already have the tools to expand access, close gaps and rebuild a system that can no longer keep up with demand.

This work is part of a broader effort at Maple to confront the cracks in the system head-on by listening to different populations and helping lead the way toward solutions that work better for everyone.

We won't fix health care by working around the edges. We have to face what's broken and have the courage to build what's next: a system that delivers care earlier, faster and with greater empathy and agency for every person it serves.

That work starts here.

A handwritten signature in red ink that reads "Belchetz". The signature is written in a cursive, flowing style.

— Dr. Brett Belchetz
CEO and co-founder, Maple

A system out of step for more than half of Canada

Women make up 51% of Canada's population,¹ yet their experiences reveal a health care system that routinely overlooks, dismisses or delays their care.

Across the country, women describe feeling unseen and unheard when they seek support for their health. What emerges is not a scattershot set of frustrations, but a consistent pattern of systemic failure:



70%

of women say navigating the health care system is exhausting — for many, so overwhelming that they avoid it altogether until an emergency forces their hand.

76%

believe the health care system is not designed with their realities in mind.

74%

say their health conditions aren't taken seriously.

54%

say the system hasn't met their needs.

The weight of these experiences is often heaviest at the first point of contact: primary care. Faced with mounting patient loads and limited time, providers are stretched thin, and the result is care that can feel rushed, fragmented and dismissed. One in three women (33%) say that excess demand on their primary care provider resulted in their health care concerns being dismissed, a figure that rises to 42% among women aged 35–54.

The impact goes further:

43%

of women say that they've experienced delays in receiving the proper treatment for their conditions.

35%

say they have experienced misdiagnoses and delayed diagnoses.

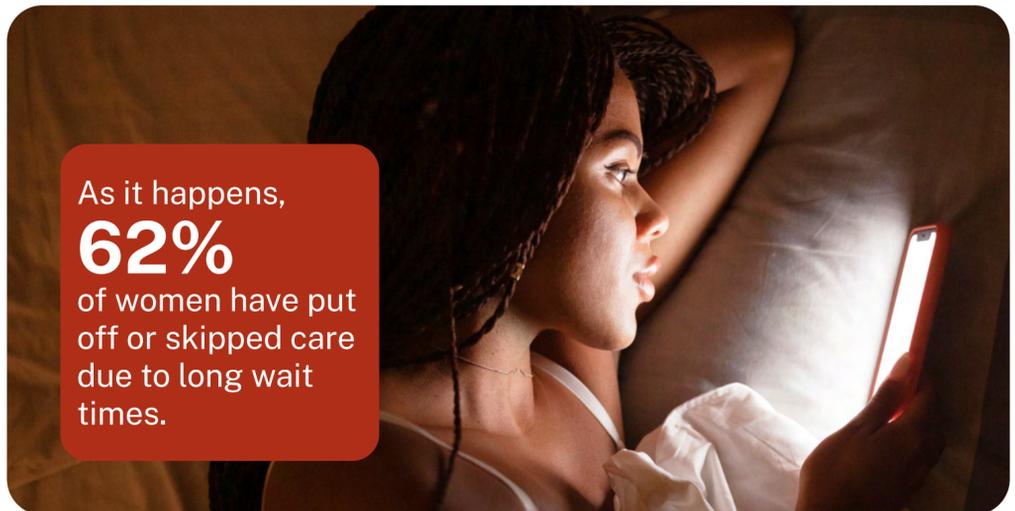
When health conditions aren't taken seriously, care is delayed. Conditions worsen. Trust erodes. And people stop seeking help altogether. These aren't rare exceptions; they're regular outcomes in a system that's failed to evolve with the times.

Behind the wait: what delayed care really costs women

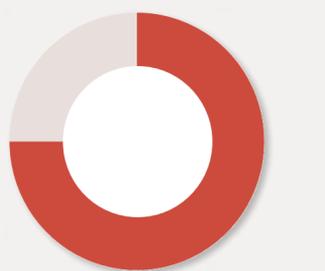
Accessibility is one of the five pillars of the Canada Health Act.² For many, this does not reflect reality. Long wait times have become a defining feature of the system.

Today, more than 6.5 million Canadians are without a family doctor.³ Among those who do have one, just 26% are able to secure a same- or next-day appointment.⁴

For women, these delays are reshaping how and when care is accessed — and whether it's accessed at all.

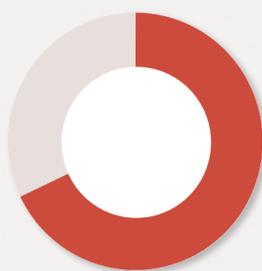


That number rises sharply among women aged 18 to 34, a stage of life when timely access to care is especially critical for proactive care:



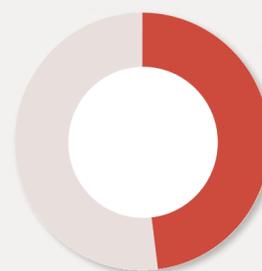
75%

of women aged 18–34



68%

of women aged 35–54



48%

of women aged 55+

When care is delayed, everything is delayed: screening, diagnosis, treatment, prevention. And while women bear the brunt, the strain ripples across the entire system.

Sources: ² Canada Health Act: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hcs-sss/alt_formats/pdf/pubs/cha-ics/2015-cha-lcs-ar-ra-eng.pdf/

³ CMAJ: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10125184/> ⁴ Canadian Institute for Health Information: <https://www.cihi.ca/en/international-survey-shows-canada-lags-behind-peer-countries-in-access-to-primary-health-care>

When specialist care becomes a waiting game

The average wait time to see a specialist in Canada now stretches to 30 weeks,⁵ more than half a year. Most patients only get faster access when their condition becomes urgent and symptoms have escalated beyond manageable.

For women, the consequences are profound. Fifty-eight percent report difficulty accessing specialists, despite the fact that many of the conditions that disproportionately affect women require specialist expertise to diagnose, manage and treat.

Hormone-related conditions are a clear example. Issues like endometriosis and polycystic ovary syndrome (PCOS) often require a gynecologist, endocrinologist or reproductive health specialist. But without timely access, women are left managing symptoms alone, often for years.

PCOS, which affects roughly 1.4 million women,⁶ can take more than two years and three health professionals to diagnose.⁷ In that time, women may face unmanaged pain, fertility challenges and increased risks of high blood pressure and high cholesterol⁸ without clear answers or coordinated care.

When specialist access breaks down, it's not just appointments that are missed. It's trust, clarity and productivity. One North American study found that 50.4% of women with PCOS reported missing work because of the condition, and 72% felt that PCOS impacted the quality of their work.⁹

Women are left waiting — not just for care, but for **agency.**

“ [A barrier to care is] the need for a referral to get to a specialist, and the wait time for said specialist since there is only one for my town.

— Survey respondent

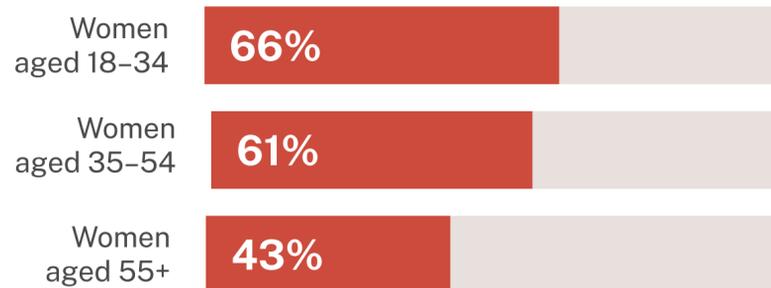
Being there doesn't mean being believed

Delays in access are only part of the problem. Even when patients do get in the door, many say they still struggle to be heard.

In a health care system stretched for time and resources, meaningful patient-provider communication often falls through the cracks. And for women, this can translate to shortened appointments, unanswered questions and concerns that are dismissed or not taken seriously at all.

Over half of women (55%) say their health concerns have been minimized or dismissed by a provider. The issue is especially pronounced among women aged 18 to 54, who are more likely to say they feel ignored and more likely to believe gender plays a role in how seriously they're taken.

Breakdown of women who feel their concerns are dismissed because they're women

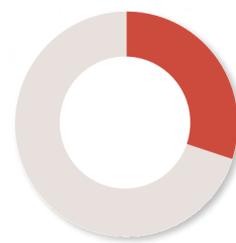


This generational pattern reflects a growing understanding of what good care should look like, especially among younger women. Younger women have come of age in an era when women's health stories are more visible through social media, peer networks and news coverage of serious conditions repeatedly overlooked or misdiagnosed.

As expectations rise and systemic realities remain unchanged, the result is a collision between rising expectations and an outdated system. Many women are navigating the physical toll of delayed diagnoses and dismissed symptoms, *and* the emotional weight of not being believed.

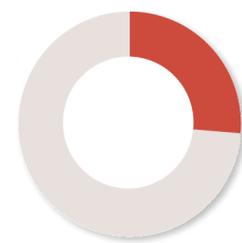


The cost is real:



30%

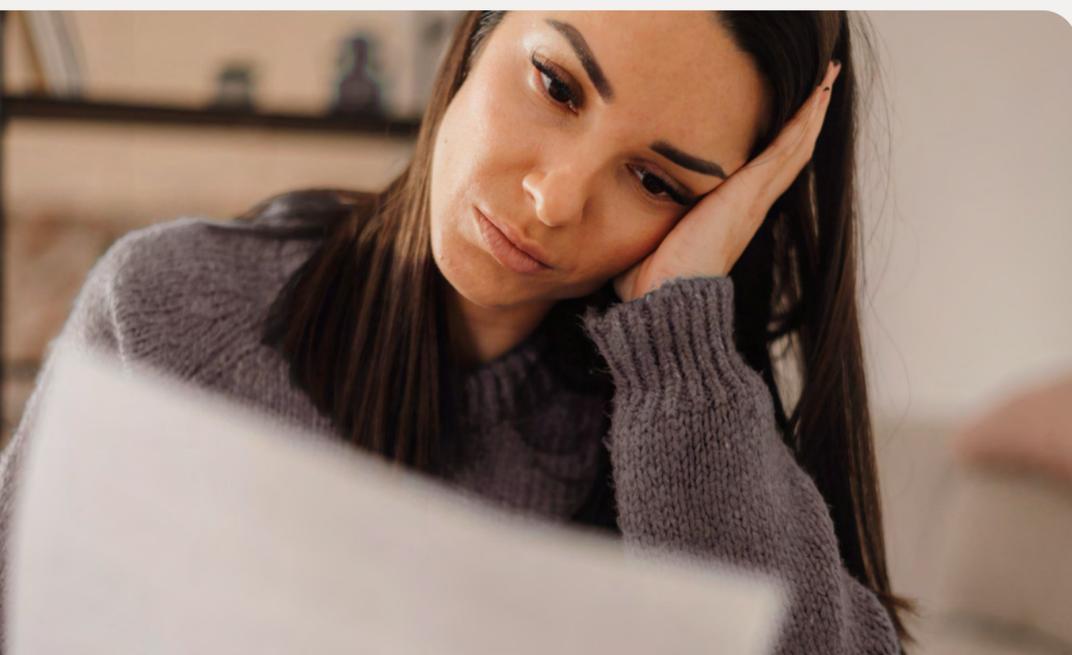
of women report a decline in physical health because their concerns weren't properly addressed.



27%

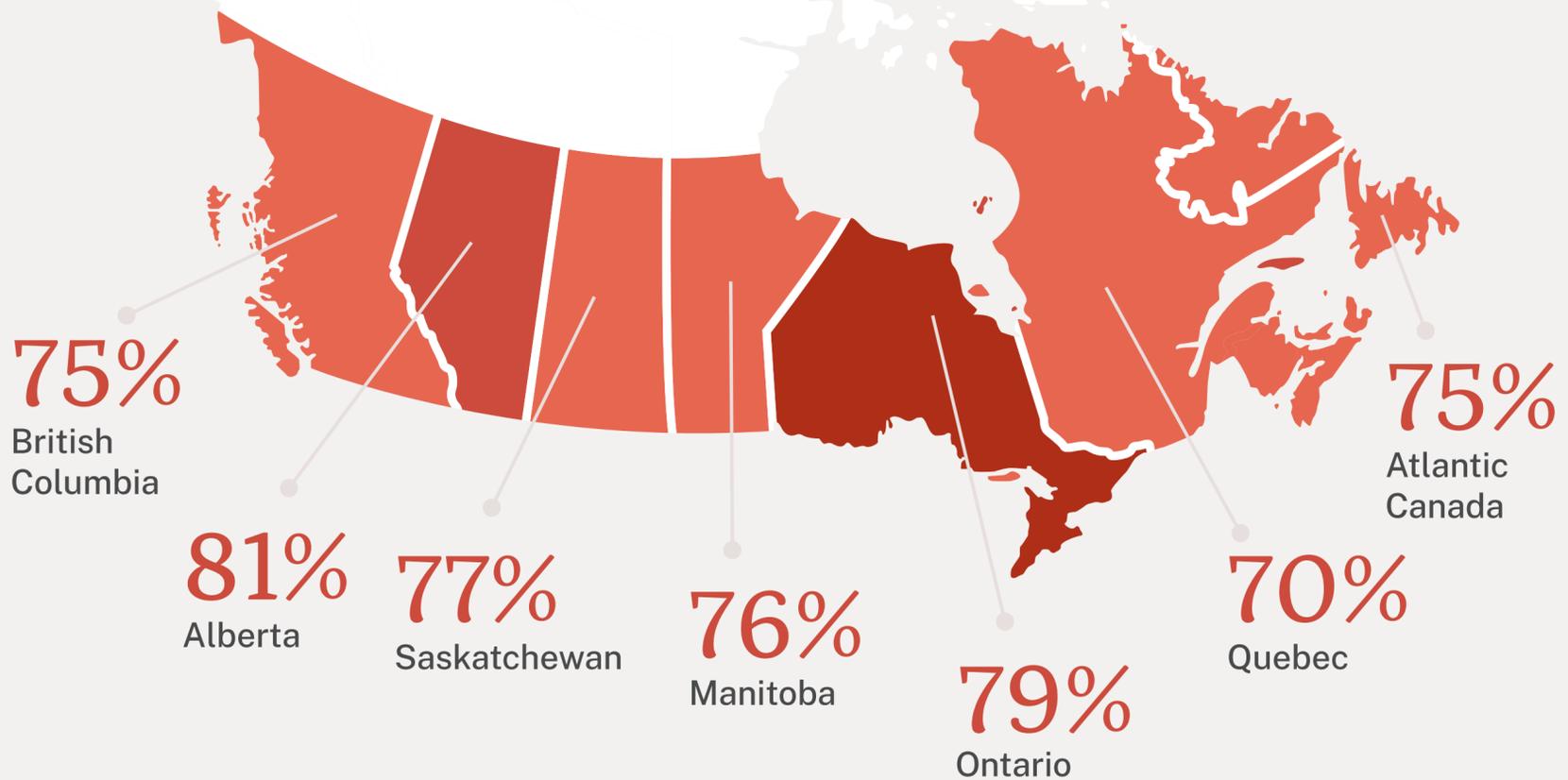
report a decline in mental health for the same reason.

When women feel dismissed, trust erodes. And the harder it becomes to trust the system, the less likely they are to turn to it again, even when they need it most.



Cross-Canada checkup: different provinces, similar struggles

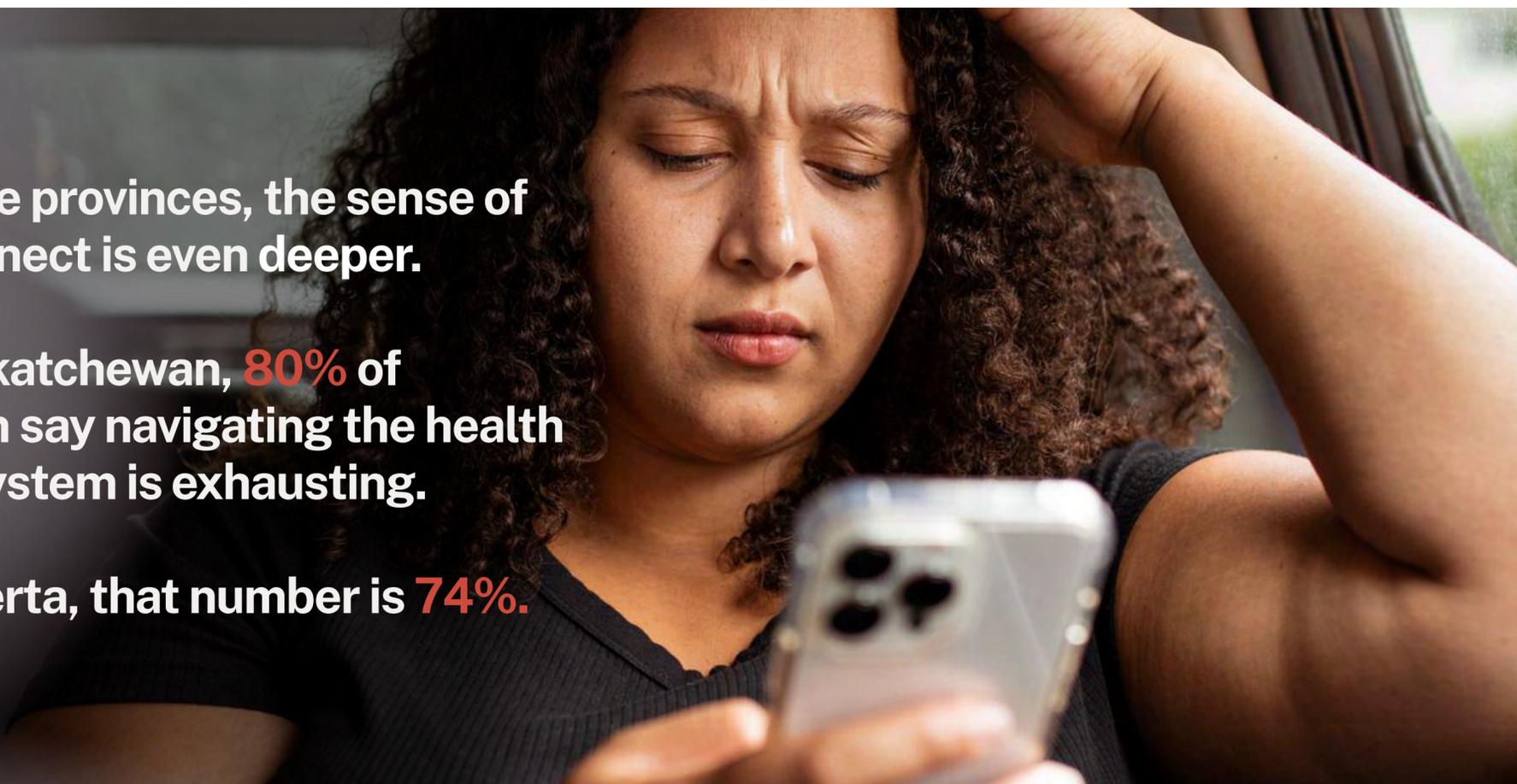
From coast to coast, Canadians are feeling the strain of a health care system that isn't working. And across provinces, a majority of women say the system doesn't reflect their needs:



In some provinces, the sense of disconnect is even deeper.

In Saskatchewan, **80%** of women say navigating the health care system is exhausting.

In Alberta, that number is **74%**.

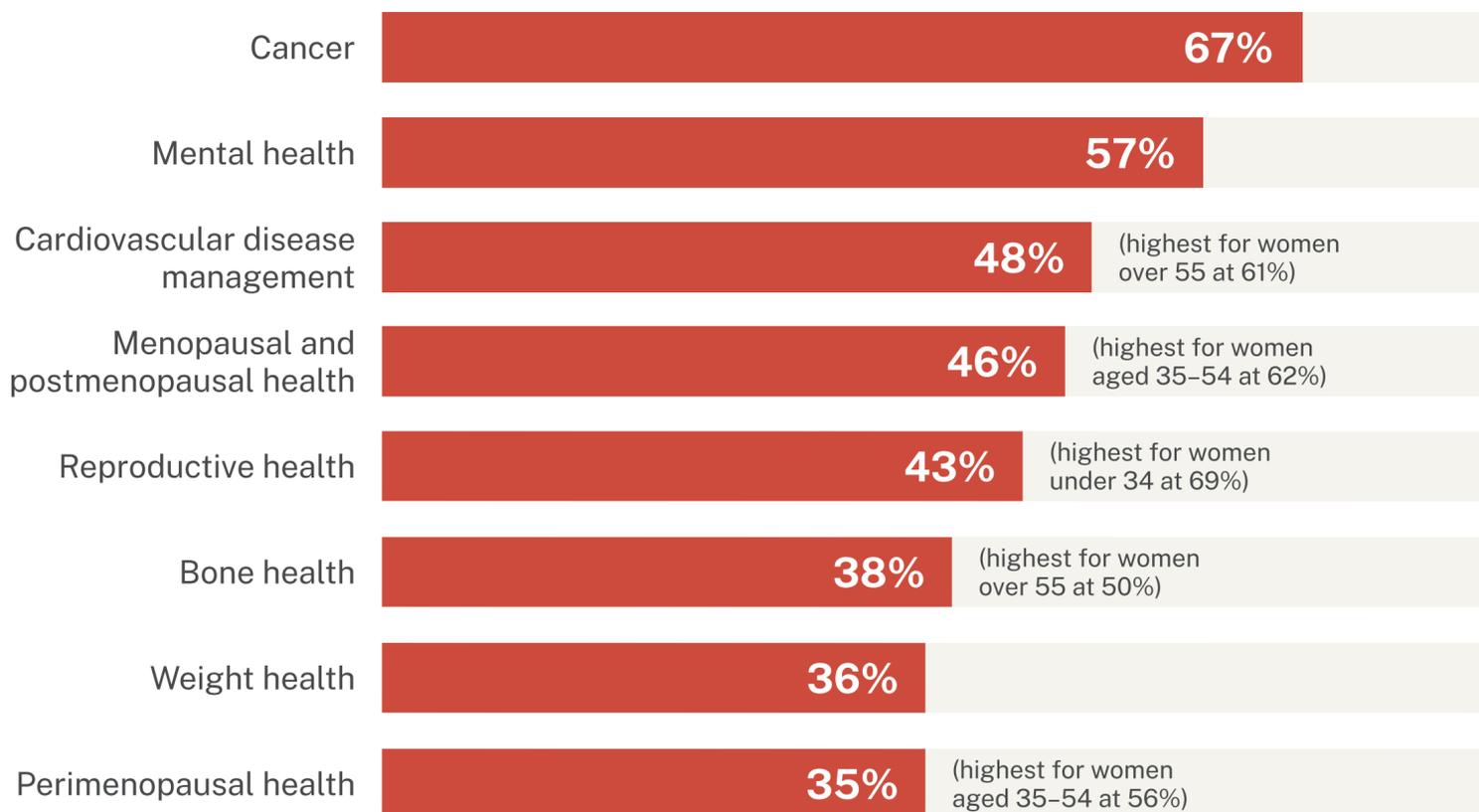


Condition by condition: care gaps we cannot ignore

Canada's health system was designed to respond to illness, not anticipate it. Women's health needs are often dynamic, intersecting and shaped by life stages that are unique and poorly addressed by today's care models.

Our survey asked women directly what they're most concerned about when it comes to their health. The answers were remarkably consistent: they want care that is timely, proactive, personalized and grounded in their realities, not assumptions.

Women's top health care concerns



Across age groups and regions, women highlighted their deepest concerns: cancer, mental health, cardiovascular health, menopause and perimenopause, reproductive health and more.

We'll explore what those concerns reveal about the system's blind spots and what's at stake when they go unaddressed.



Cancer: the rising risk that can't wait



“ I can't get a family doctor in my area so I cannot be proactive. I must wait for a serious enough health issue to qualify for hospital emergency department care.

— Survey respondent

Cancer is the top health concern for women in Canada, with 67% citing it as a primary worry. The concern is warranted: nearly 120,000 women were diagnosed with cancer in 2024,¹⁰ and breast cancer alone accounted for one in eight of those cases.¹¹

Even more troubling: rates are rising among women in their 20s, 30s, and early 40s¹² — a group historically excluded from early screening programs. While some provinces, like Ontario, have lowered the screening age and enabled self-referral starting at 40,¹³ access remains uneven.

Awareness is rising, but action hasn't kept pace. Delayed access to diagnostics, waitlists for specialists and family doctor shortages all limit early intervention.



Sources: ¹⁰ Canadian Cancer Society: <https://cancer.ca/en/research/cancer-statistics/cancer-statistics-at-a-glance>

¹¹ Canadian Cancer Society: <https://cancer.ca/en/cancer-information/cancer-types/breast/statistics#:~:text=It%20is%20estimated%20that%20about,go%20to%20Canadian%20Cancer%20Statistics>

¹² University of Ottawa: <https://www.uottawa.ca/about-us/news-all/breast-cancer-rates-rising-among-canadian-women-their-20s-30s-40s>

¹³ Cancer Care Ontario: <https://www.cancercareontario.ca/en/types-of-cancer/breast-cancer/screening/ages-40-49-what-you-need-to-know>

Mental health: a crisis just below the surface

Mental health ranked as the second most pressing concern, with 57% of women naming it a top issue. And the data backs that up: women face higher rates of anxiety and mood disorders than men,¹⁴ and 47% of women are considered at high risk of developing a mental health disorder.¹⁵

Yet access remains siloed. More than one in four women (26%) said their mental health needs were not addressed alongside their physical health, rising to 39% among women aged 18 to 34.

This signals a growing demand, particularly among women who are establishing their careers, for care models that recognize the mind-body connection rather than treating mental health as a secondary concern.

Mental health issues drive absenteeism, burnout and long-term strain on families, workplaces and the broader system. Without earlier, more integrated care, the ripple effects will only intensify.

“ I have mental health issues that make it challenging to vocalize my concerns, and I just ‘live’ with the issues until they become unbearable.

— Survey respondent

Conditions like anxiety, depression and ADHD have been historically misdiagnosed or underrecognized in girls and women due to coexisting disorders, overlapping symptoms or symptoms that, on the surface, can present differently or less dramatically than in boys or men.

Women also have a greater tendency to mask their symptoms to conform to societal standards, fit in and not appear different.

Cardiovascular health: the silent threat

Despite being the leading cause of premature death among Canadian women,¹⁶ heart disease and stroke remain poorly understood, underdiagnosed and frequently missed.

Forty-eight percent of women surveyed say they are concerned about cardiovascular disease. And with good reason: every 16 minutes, a woman in Canada dies from heart disease,¹⁷ five times the mortality rate from breast cancer.¹⁸

The knowledge gap is a key barrier. Thirty-nine percent of women say confusion over how symptoms of medical conditions present differently by gender stopped them from seeking care.

Symptoms like nausea, fatigue or shortness of breath are easily overlooked, even by women themselves. In a 2018 *Circulation* report cited by the Canadian Heart and Stroke Foundation, early heart attack signs were missed in 78% of women.¹⁹

Meanwhile, risk factors like obesity, hypertension and cholesterol often go unmonitored due to a lack of consistent, proactive care. Without better education, screening and risk management, too many women remain vulnerable to conditions that are entirely preventable.



36% of women in our survey expressed concern about their weight health. While obesity has long been framed as an individual failure — a problem of willpower, not biology — a growing body of research recognizes obesity as a complex and chronic disease, shaped by genetic, metabolic and environmental factors. And the impact goes beyond physical health: Obesity Canada notes that women with obesity are 5.3% less likely to be employed than women of a healthy weight, compared to a gap of 0.3% for men, resulting in an estimated \$8.2 billion in lost wages every year.²⁰



Sources: ¹⁶University of Calgary: <https://libin.ucalgary.ca/community/resources/cardiovascular-health/womenshearts#:~:text=Most%20women%20are%20aware%20that,disease%20th>
¹⁷University of Calgary: <https://libin.ucalgary.ca/community/resources/cardiovascular-health/womenshearts#:~:text=Most%20women%20are%20aware%20that,disease%20than%20of%20breast%20cancer> ¹⁸Heart and Stroke Foundation: https://www.heartandstroke.ca/-/media/pdf-files/canada/2018-heart-month/hs_2018-heart-report_en.ashx ¹⁹Heart and Stroke Foundation: <https://www.heartandstroke.ca/women/womens-risk-factors/polycystic-/obesitycanada.ca/news/obesity-impacts-women-more/>

Menopause and perimenopause: finally getting the attention they deserve

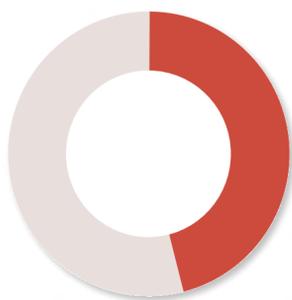


According to the Menopause Foundation of Canada, menopausal symptoms interfere with daily life for three in four women, one in four have severe symptoms and 10% stop working due to unmanaged symptoms.²¹ Still, many women endure perimenopause and menopause without understanding what is happening to their bodies, how changes in hormone levels contribute to longer-term health issues and what to do about it.

As estrogen levels decline, a woman's risk for a range of health conditions, from heart disease to osteoporosis and genitourinary issues, rises.²² With more than 10 million women in Canada over the age of 40²³ — the start of the decade when perimenopause symptoms tend to arise — menopause-related health issues need to be taken far more seriously.

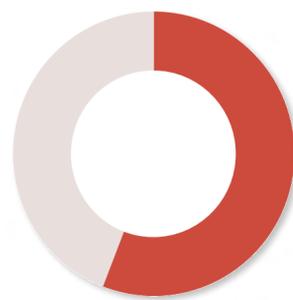
For decades, menopause and perimenopause have been overlooked, seen as inevitable rather than manageable. But that's changing and women are demanding more.

In our survey:



46%

of women listed menopause and postmenopausal health as a concern.



56%

of women aged 35-54 said perimenopause is a health issue they're navigating.

The impact is wide-ranging. Hormonal shifts can affect everything from heart health to sleep, bone density and mental well-being.²⁴ Yet care remains fragmented. Many symptoms are treated in isolation, if at all.

Although sleep disorders can affect women of any age, the convergence of life factors in a woman's 40s, like caring for children and aging parents, with fluctuating hormone levels during perimenopause, can lead to profound sleep disturbances.

These may continue throughout menopause thanks to a variety of factors, such as hot flashes, age-related sleep apnea, depression and anxiety.²⁵ In our survey, 30% of women said they are concerned about sleep health, with those over 55 (36%) expressing the most concern.



“ There's a tendency to view every condition in its own silo rather than recognizing how multiple symptoms may stem from perimenopause.

— Survey respondent

²¹Menopause Foundation Canada: <https://menopausefoundationcanada.ca/#:~:text=3%20out%20of%204%20women,before%20the%20age%20of%2030>

²²Menopause Foundation Canada: <https://menopausefoundationcanada.ca/#:~:text=With%20the%20onset%20of%20menopause,and%20need%20our%20urgent%20attention>

²³Menopause Foundation Canada: <https://menopausefoundationcanada.ca/#:~:text=There%20are%20more%20than%2010,%E2%80%93%20perimenopause%2C%20menopause%2C%20postmenopause> ²⁴National Institutes of Health: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8020896/>

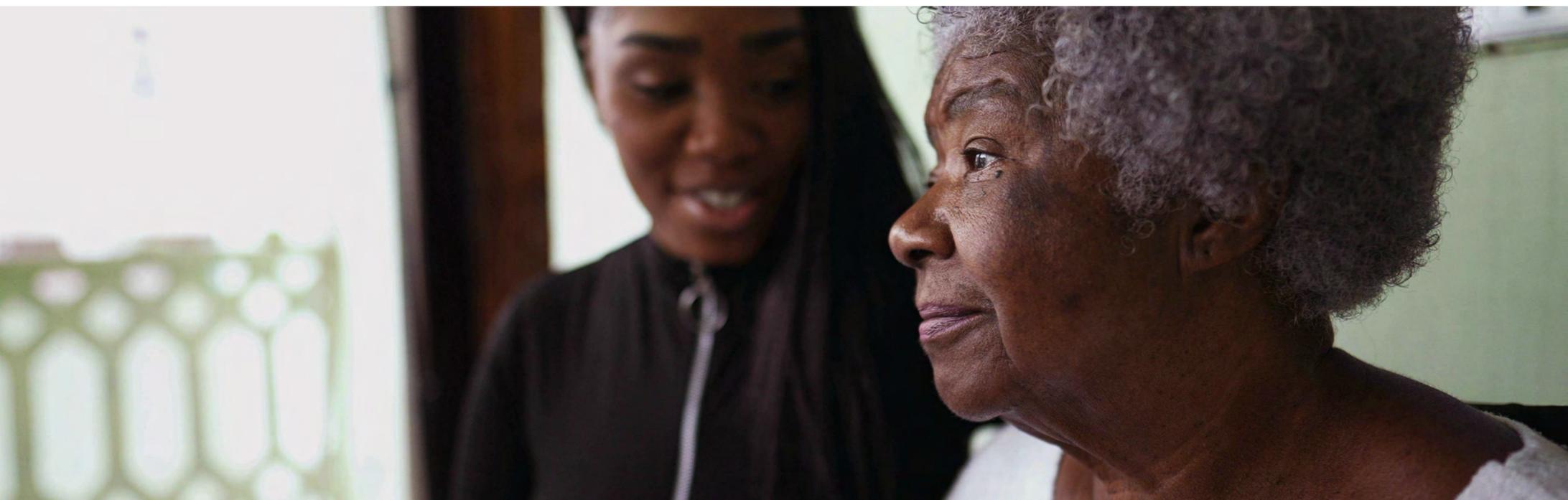
²⁵National Institutes of Health: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/>

²⁶National Institutes of Health: [https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20\(37\)\%E2%80%93%20perimenopause%2C%20menopause%2C%20postmenopause](https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20(37)\%E2%80%93%20perimenopause%2C%20menopause%2C%20postmenopause)

²⁷National Institutes of Health: [https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20\(37\)](https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20(37))

²⁸National Institutes of Health: [https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20\(37\)](https://pmc.ncbi.nlm.nih.gov/articles/PMC10910023/#:~:text=Menopausal%20women%20are%20particularly%20susceptible,of%20developing%20depression%20(37))

The sandwich generation: a dual burden



Across Canada, many women are managing their own health needs while taking on the care of others. In our survey, 40% of women say they are responsible for the care of a parent, child, partner or other family member.

The pressure is most acute for women in the so-called “sandwich generation” — those aged 35 to 54 — who are simultaneously raising children and caring for aging parents or relatives. It’s also the stage of life when perimenopausal symptoms often begin, compounding physical and emotional strain.

According to our data, 5% of women aged 35–54 report caregiving for both a child and an aging relative at the same time.

These demands are more than emotional. They come with material costs to health, finances and long-term security.

According to Statistics Canada, 41% of women sandwich caregivers experience financial hardship due to caregiving.²⁶ Even more striking, 93% of women in this role say caregiving has had a negative impact on their health.²⁷

Our survey found:



of women say caregiving has led them to delay care for themselves.



of women aged 35–54 cite out-of-pocket costs (for medications, services or travel) as a major barrier to accessing care. This was the highest of any age group.

These pressures are pulling women out of the workforce, out of proactive care and out of the system — not by choice, but because they’re being asked to carry too much with too little support.

Sources: ²⁶ Statistics Canada: <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm>

²⁷ Statistics Canada: <https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm>

The true costs of accessing care

Access isn't just about getting an appointment. It's about time, flexibility and the ability to step away from work without penalty. Yet 23% of the women we surveyed say they've had difficulty taking time off to manage their health.

When care is delayed, work is missed. And that burden falls heaviest on women in their prime working years:



These gaps aren't just about age. They reflect the layered pressures women face: work, caregiving and, often, invisible health demands.

Burnout doesn't stay personal. It affects households, drains workplace participation and increases downstream health system costs, all while worsening outcomes for women.

The economic impact adds up

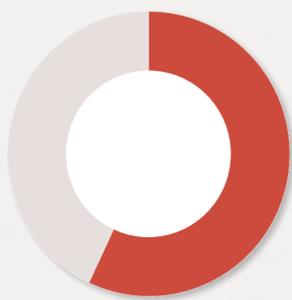
Women contribute nearly 30% of Canada's GDP through paid work²⁸ and women aged 25 to 54 are performing 61.3% of the country's unpaid labour,²⁹ from caregiving to elder support. That unpaid work alone is valued at \$490 billion annually.³⁰

But when care is delayed, those contributions erode:

Employers are uniquely positioned to help close these gaps. Yet 55% of women say their workplace benefits don't address access issues; this number rises to 71% among women aged 35 to 54. These are women at the peak of their careers, calling for care that's flexible, affordable and accessible. By adapting benefits to better reflect the realities of women, employers can support not just individual health, but long-term participation and stability in the workforce.

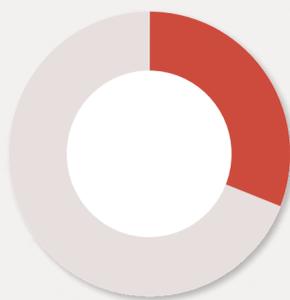
Over time, the cost compounds in lost wages, unpaid care and missed opportunities. However, the implications go far beyond the workplace: McKinsey estimates that addressing gaps in women's health care would add \$1 trillion to the global economy.³¹

When women can't stay healthy, the system doesn't just lose labour hours. It loses stability, equity and future economic growth.



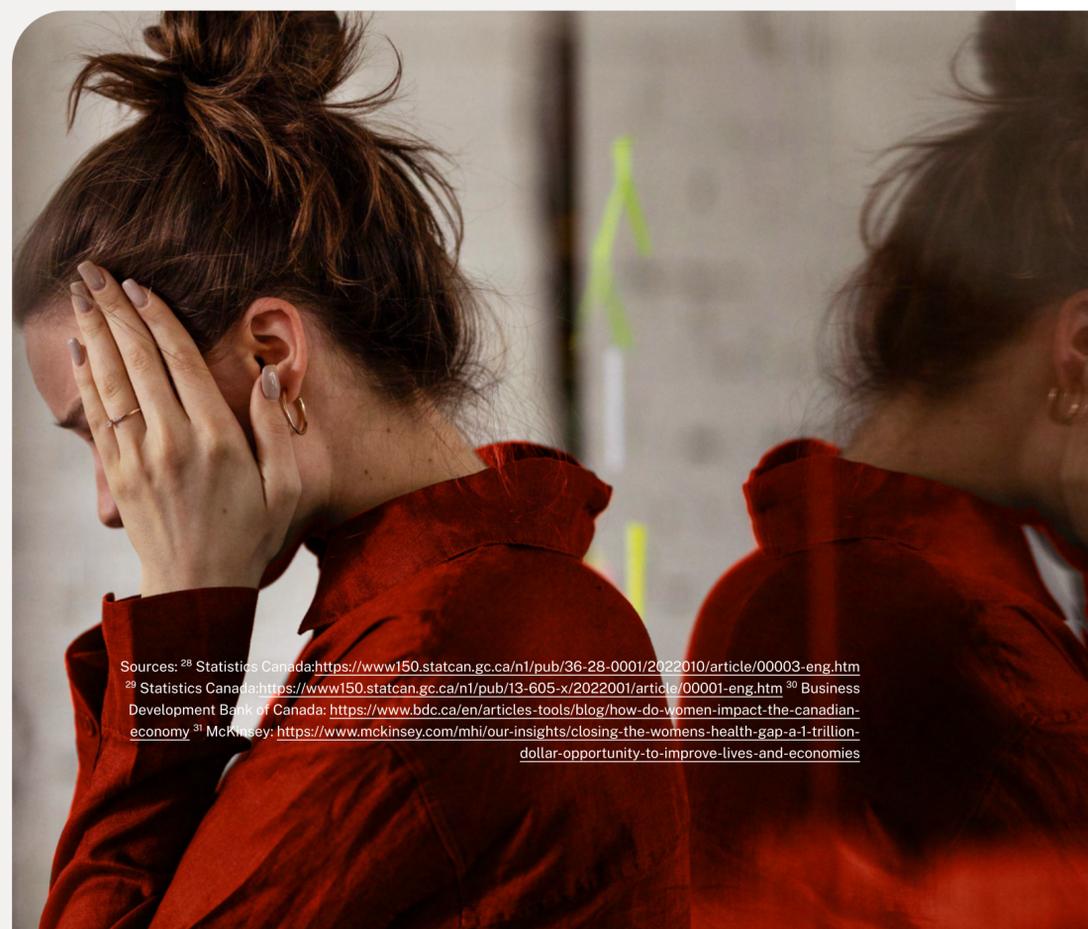
57%

of women have missed work due to a health issue.



31%

report that out-of-pocket costs for care, travel or medications strain their household finances.



Sources: ²⁸ Statistics Canada: <https://www150.statcan.gc.ca/n1/pub/36-28-0001/2022010/article/00003-eng.htm>
²⁹ Statistics Canada: <https://www150.statcan.gc.ca/n1/pub/13-605-x/2022001/article/00001-eng.htm> ³⁰ Business Development Bank of Canada: <https://www.bdc.ca/en/articles-tools/blog/how-do-women-impact-the-canadian-economy>
³¹ McKinsey: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>

Technology as an enabler of connection, continuity and control

Proactive health care is not just an aspiration; it's essential. When care comes too late, small issues become serious ones and manageable conditions become harder to treat. Awareness of these gaps is growing, and with it, expectations. Women, for example, are asking for care that reflects the realities of their lives: care that's timely, flexible, continuous, intuitive and easier to navigate.

Innovation is helping enable that shift. When used well, technology can remove friction, connect people to care sooner and make it easier to manage health over time.

In our survey, 82% of women said they've used or would be open to using technology-enabled care from virtual visits to digital navigation to personal health records.

They see the value in what innovation can enable and the health system challenges it can address, including:

- Reduced wait times: 68%
- Faster access to health care professionals: 63%
- Improved access to specialists: 58%
- More convenient access to care: 68%
- Continuous care and follow-up: 62%
- Earlier diagnoses: 66%
- Help navigating a fragmented system: 74%
- Tailored, personalized care: 53%
- Data-driven health insights: 67%
- Better support for mental health: 52%

This isn't about replacing in-person care altogether.

It's about making it possible to reach the right care **sooner.**



Where innovation can make the greatest difference

Women highlighted the health concerns where smarter, more connected models of care could make the most meaningful impact:

- Mental health: 51%
- Weight and metabolic health: 49%
- Sleep health: 37%
- Cancer screening and management: 32%
- Cardiovascular health: 31%
- Menopause and postmenopausal care: 29%

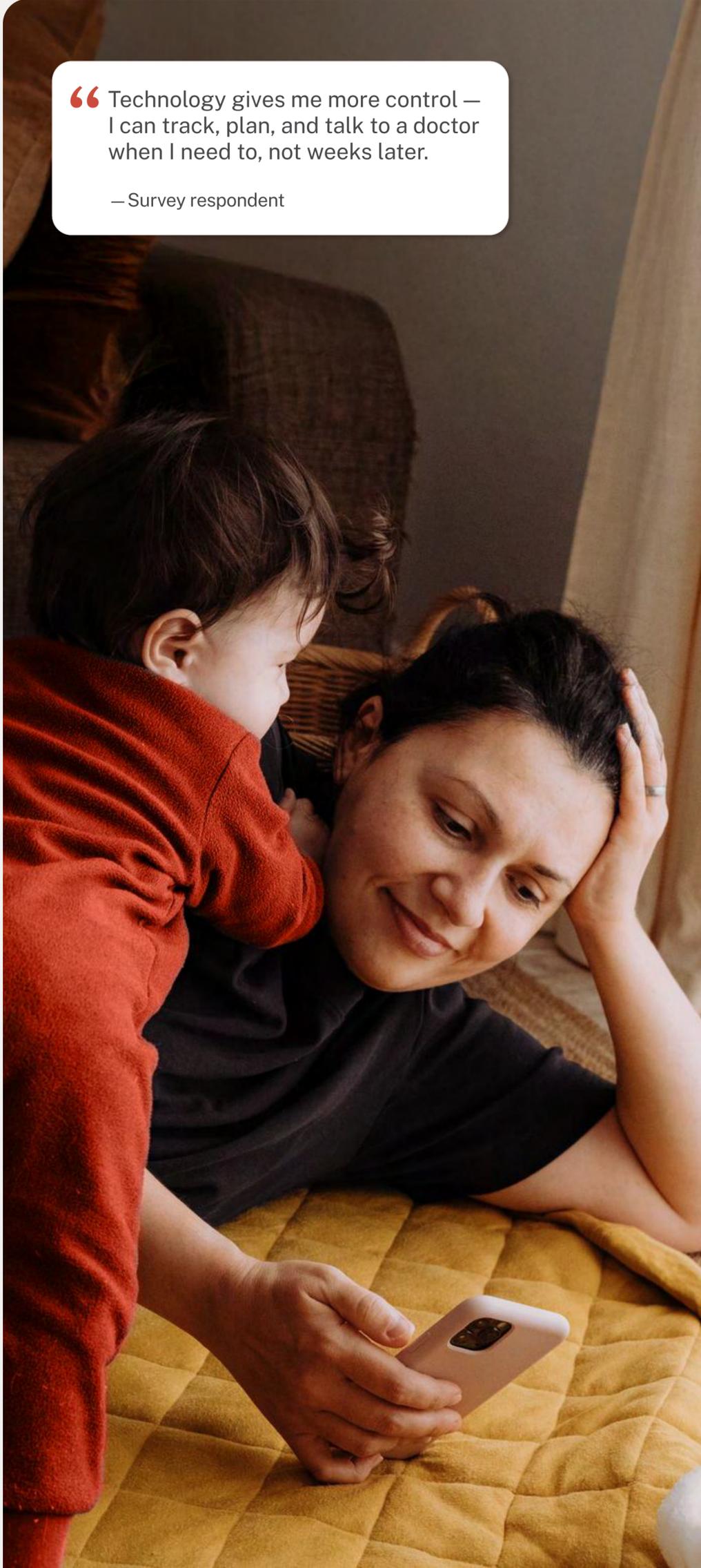
These are areas where needs are high, access is uneven and traditional models often fall short. Technology-enabled solutions offer a way to connect earlier, act sooner and stay engaged across life's transitions.

From Access to Enablement

A shift towards embracing technology is already underway among women. Thirty-one percent of women say they've used virtual care in the past year. Among those who haven't, more than half (51%) say they'd be willing to try it.

Technology is enabling a model of care that is faster, more continuous and designed around the realities of modern life.

The future of health care isn't just connected. It's coordinated, proactive and built for everyone.



“ Technology gives me more control — I can track, plan, and talk to a doctor when I need to, not weeks later.

— Survey respondent

A look ahead: from overlooked to empowered

Women's health care is a clear lens into the deeper fractures shaping Canada's health care system and a roadmap for how it must evolve.

Women have long navigated fragmented care. Their experiences are not isolated gaps, but broader design failures in a system built for another time. As our population grows older, more diverse and more complex, these failures are becoming harder to ignore — and more urgent to address.

Technology has a role to play in enabling what comes next. When thoughtfully integrated, it can support faster access, more continuous care and more personalized models that reflect the way women actually live. But it is not a fix on its own.

Real change will require alignment among care providers, policymakers, innovators and employers. It means shifting away from crisis-driven responses and toward smarter, earlier, more connected care. In the workforce, for example, women are looking for more support to act earlier, stay healthy and avoid unnecessary burnout or escalation. That includes bridging mental and physical health, expanding proactive services and removing barriers that delay or derail care.

Addressing gaps in women's health care isn't just a moral imperative. It's a strategic one. A system that meets women's needs more effectively will be a stronger, more sustainable system for everyone.

At Maple, we believe the path forward is to design a system that reflects the real lives of people who need it. That's how we move from fragmentation to connection. From delays to prevention. From reactive systems to smarter, more responsive care.

Investing in women's health is investing in the future of health care for all Canadians. And that work can't wait.

About Maple

Maple is Canada's proven virtual care platform, improving access to timely, high-quality care. Guided by a clear purpose to meet the world's health care needs, our software enables patients to connect with Canadian-licensed physicians and nurse practitioners within minutes, 24/7, via secure text, phone or video. Since 2016, Maple has grown to support care for over 7 million Canadians and powers Nova Scotia's provincially funded virtual care program. With a network of more than 2,000 health care providers, Maple has extensive experience partnering with governments to deliver scalable, secure and integrated solutions within the public system.

Survey methodology

These findings are from a survey conducted by Maple from April 2 to 7, 2025, among a representative sample of 1,505 online Canadian women who are members of the Angus Reid Forum. The survey was conducted in English and French. For comparison purposes only, a probability sample of this size would carry a margin of error of +/-2.53 percentage points, 19 times out of 20.

Media inquiries

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