

David Stewart

Hey, Jen. How are you today?

Dr. Jen

I'm good. David, how are you?

David Stewart

I'm great. We have sponsors of this podcast. But I want to tell everybody. Like today is brought to you by caffeine and protein. Because that's what I did right before, right? I'm like, oh, like I feel a little slow. Like, yeah, let's have some eggs and some coffee.

Dr. Jen

Perfect. Nothing wrong with.

David Stewart

That. No. We have so much to talk about today. I think sort of the top line thing that we've discussed in the past is that essentially, women are not different shaped men, and there's sort of a top to bottom on that. We're going to get into a little bit of the the medical stuff and the physiology. But I want to talk to you just a little bit first about prosper.

David Stewart

Yeah. And what you're doing with that.

Dr. Jen

Yeah. So we started prosper about a year ago to try to fill that gap in professional development programing. That was we felt lacking for women. We had talked to women from all different arenas of life, from law enforcement to central intelligence to medicine to sport, corporate world, everything in between. And the constant feedback was I'm a highly educated, really talented entity and yet I don't feel super supported in in the workplace.

Dr. Jen

I feel burned out. What can we do to try to help these women stay engaged, to try to help organizations understand how to really attract and develop and

retain their female talent, because the cost of losing that talent is high economically. You know, it's about 200% of a C-suite women salary to replace her. To close that gender gap in the C-suite.

Dr. Jen

So 135.6 years. So we can't lose these women. We know that teams and organizations are more efficient and more productive and more financially productive if they have women on their leadership teams. And in fact, if women are leading. So it's really imperative for multiple reasons to keep women engaged and thriving in the workforce. And so we reverse engineered a lot of that programming to say, okay, where do we need to start?

Dr. Jen

And we need to start making sure that individuals feel whole, actually, you know, that they can show up and that they have the capacity to absorb stress. They have the capacity to absorb learning, that they have the capacity to be a great teammate, to be a great leader. And so to be able to build that capacity, we really feel that pathway is to enhance personal resilience, and that when we can create a toolkit to enhance resilience, it leads to higher performance in whatever field.

Dr. Jen

It's kind of field agnostic, to be perfectly blunt. And so that's prospers. Goal is to bring in some resilience training and to help individuals learn how to build that capacity. And we kind of joke around our kind of catchphrase is to learn to bend, not break. So people are not getting to the point where there is no alternative except to leave, change careers, retire early.

Dr. Jen

All of these things that we're being pushed to because what we're asked to do day in and day out from not only the workplace, but from societal cultural expectations that still exist differently from men and women, that these women were just burning out way before there they should be and way before they want to. You know, I guess nobody wants to burn out.

Dr. Jen

But just how can we keep people feeling better engaged, feeling like they're at the top of their game until they choose actively to say it's time to do something else?

David Stewart

Forgive me for asking was probably a really dumb question, but what's different for a woman in that position than a man that would cause her to burn out quicker than the man?

Dr. Jen

So I think a lot of it is just the expectations, the expectations outside of the workplace. Women are still our primary caregivers of not only their own children, but aging parents, other family members. They still bear a lot of these almost caregiving responsibilities in the workplace, that they need to be seen as the sympathizer. As you know, the collaborator.

Dr. Jen

And so a lot of these things that require a lot more energy than the expectations that are traditionally put on men in the workplace and men outside the workplace. And I think some of it is just bringing visibility to the number of men that are now taking on these roles as well. That kind of helps also balance the playing field, because we know that that is happening.

Dr. Jen

You know, that more men are exposed to these challenges as well. And so these tools are probably important for men equally. I think the other part that women go through is we go through some really large physiological shifts in our life, and I know I'm using the word woman and female and kind of going back and forth, and not everybody that's a woman goes through these physiological shifts, and not every female can experience these physiological shifts, identifies as a woman.

Dr. Jen

But just to keep things simple, I'm going to keep going. And so I think these physiological shifts, whether it's pregnancy, whether it's menopause, they kind of create havoc on us as entire humans. And so how do we plan for that, prepare for that and not get derailed when all of a sudden we just don't feel like ourselves?

David Stewart

So this brings me to sort of what we started with, that women are not just different shaped men. It's very different thing. And one of the instances that we discussed earlier was about the shoes, soccer cleats, something really simple. So tell me about this.

Dr. Jen

We still live in this world of shrink it and pink it, and then it's designed for women. And that's not true. That's not how we work. You know, I've been really fortunate to spend some time with some biomechanics. These just brilliant young women who have finished their PhDs. And they were talking to me about how the forces transmitted when when a woman strikes the ground, the force distribution is very different.

Dr. Jen

But just because our bodies are designed differently and when we pivot and do other things, the force distribution is different. And yet most female athletes that are wearing cleats, the cleat pattern itself is still designed off a man's foot and a man's impact pattern. And so I don't have the numbers. They're out there, I don't know, off the top of my head.

Dr. Jen

So I don't want to give you incorrect statistics, but, you know, women are really high risk of ACL injuries. Like my high school daughter's soccer team. There was two this weekend. There's pretty much one a game. And we know that if we change the cleat pattern, we can probably lower that incidence of injury if it is more representative of how women their force patterns, their pivot patterns, things like that.

Dr. Jen

And so luckily and fortunately, this is starting to get more mainstream. And there are groups working on this because it's not a big it's not a challenging fix. It's just taking the science that we know and having industry support it to develop some things that are truly designed for a different body.

David Stewart

And you tell me another story about the military and body armor. The dogs get it, but the women don't.

Dr. Jen

I was super fortunate to present to Congress last year in DC, and we had some female warfighters with us, which I mean, first of all, just a badass title to say I'm a warfighter. And they were just talking about how, you know, a lot of the gear is standard issued, which means the pants, their body armor, their rucksacks are all designed from a male body type, which means they don't fit correctly as far as accommodating breasts and breasts of different sizes, accommodating different shapes with wider hips and smaller waist.

Dr. Jen

And so it is, you know, and the boots are based off male foot sizes. And so the volume of the boot is different than the volume of a female foot. And so all of those over time and when consistent pounding with rocking and running and all of the physical demands of being in the military is leading to chronic overuse injuries and in these female warfighters and also affecting their performance.

Dr. Jen

And one was saying that her body armor doesn't fit correctly. Therefore, it's hard to shoulder her weapon correctly, which then lowers her accuracy in firing her weapon. And it's kind of the last thing you want to worry about when you're in those situations.

David Stewart

I find this all amazing. My guess is there are millions of women in the military currently.

Dr. Jen

Yeah, I know I don't have the right numbers.

David Stewart

I it's a big number.

Dr. Jen

It's a big number. And they're the most attractive recruits to the military. So like we need women going into the military to sustain that vital function that they serve.

David Stewart

So help me to understand what we're talking about. This is like dichotomy here again, what you said shrink in pink it that somehow we as a society, we don't quite get it, that things are different. What's up with that? I don't I don't understand that.

Dr. Jen

I think, you know, it's just a paucity of research, like we haven't invested in doing dedicated research on women. You know, 94% of performance research is still based on men or male physiology. And that's in 2024. You know, just in the last two decades, women have started to be included and or had clinical trials of different medications and therapies designed for them.

Dr. Jen

And so before women's or female physiology was considered too complicated to study because it muddied the data with the cyclic nature of how the female body works, it was too hard to get consistent data, and so therefore females were just excluded from the studies. And so we're just starting to learn a lot of this. And I think it's going to take time for that research to then translate into commercial products and to kind of reach the mainstream public.

Dr. Jen

It just a process that takes time. And so hopefully by us continuing to bring awareness to this, and there's groups working on how can we fast track, how can we get some of this amazing research that groups are now doing on women to revolutionize, you know, the athletic shoe market, all of these things that we should be able to translate pretty quickly.

Dr. Jen

Can we get those going? Can we raise awareness about needing to study more women in the military to make sure that they have the gear they need to protect themselves? Why? They're protecting the rest of us.

David Stewart

I'm way out of my zone of comfort here, so I just want to tell you. But from what I have heard from the other women in my life, an ObGyn in is a very siloed area, mostly around having babies and maybe reproductive health, but it's sort of mostly about reproduction. But female health is a much wider topic. And speaking to someone who's an ObGyn and saying like, hey, I'm a woman, talk to me about estrogen and cholesterol or something, whatever.

David Stewart

Sort of like other biology is going on here doesn't seem to work out so well.

Dr. Jen

I think it's hard. I was having a conversation just the other day with a woman, and we were discussing this about if we could redesign medical education to create a women's health field, that at the end of it, you were a women health physician, what would that look like? What would that need to encompass? Because we've become so siloed in medicine, which has its advantages, but it also has its disadvantages.

Dr. Jen

And so when you look at female physiology, there's estrogen receptors on almost every cell in the body. So it's not just the ovaries and the uterus and the breasts that make up women's health. It's our entire bodies. And so it's really hard to find someone because medical education is not designed to produce that these types of physicians. And so it is, you know, finding the needle in the haystack of the endocrinologist that's done extra training or taking an interest in this, or the Ob-Gyn who's decided to dive into this more holistic approach to what that field is.

Dr. Jen

But it's not very mainstream or even, you know, a family practitioner or internist who said, I really this is really interesting to me. It's more the individual practitioners who have tried to take this on their own and round out that education that is kind of lacking from the medical community. So, yeah, I think it is. It's time that we figure this out, because you're exactly right, especially as we go through menopause and those estrogen levels change and drop so much.

Dr. Jen

What's happening to happening to us cardiovascular really like all of a sudden our risk of atherosclerosis is exponentially higher. You know, it's not the normal trajectory that we see in male physiology. Our cognitive function, like what's happening with our bones, with our lean mass, like all of these things that really have nothing to do with our reproduction but are impacted by those hormonal shifts through all these different body systems.

Dr. Jen

And it's really hard to find someone that is able to manage that and kind of walk women through those transitions. With all these organ systems.

David Stewart

Aligned again, out of my depth. But from what I know from my wife's experience Ob-Gyn and come back and what they tell her, I just like what? Like I fire that because why do what they're talking about?

Dr. Jen

And I think unfortunately, it does really take finding special people that are that are really trying to stay up to date because like I said, you know, we didn't study this for a long time. Then unfortunately, the studies that were done, the wrong conclusions were brought out and therefore set us back like another 20 years. And we're just kind of starting to come out of that.

Dr. Jen

But yet, you know, our oath says, first, do no harm. And so it's really hard to go into these kind of gray areas, which is kind of where we are right now, is we're kind of figuring this out as we go. And for a lot of physicians, that's a really uncomfortable place to practice. And so they do rely on more conservative ideas that have been quote unquote, proven, but they tend to lag what you and I are learning by reading and being in these active spaces, they tend to lag quite a bit.

Dr. Jen

And so it is really hard to find practitioners that can have kind of forward thinking, innovative conversation with you about trying some different things or approaching problems differently, and even proactively preventing some things that we know are coming at us, maybe more aggressively, than what we have in the past.

David Stewart

I find the whole topic of human physiology to be just swampy at best. You know, it's like if I break my arm, that's really clear, okay? And we know the solution. Beyond that, we're looking at statistical probabilities, essentially. But then when you start putting things in like, I would be very curious about, you know, something as simple as protein.

David Stewart

So what happens to a woman's protein needs as she goes through her luteal cycle post menopause? I have no idea the answer to that question.

Dr. Jen

Yeah. I mean, and I think we're still learning this. You know, thankfully there are really, really dedicated groups and teams and individuals that are promoting their lives to this end. You know, Doctor Stacey Sims is a good friend of mine and prospers and she's doing just trailblazing, amazing work in this area. And it's so counterintuitive for us to do based on what society has told us to do, which is eat less carbs, eat less overall, walk, you know, be in this like zone to do all of this stuff.

Dr. Jen

And that's really counterproductive for perimenopausal women. We're learning. We actually really need to fuel aggressively. We need protein pre and post our workouts, and that is critical to maintaining our lean mass, especially as our estrogen levels start to fluctuate and then drop precipitously, that if we don't have fuel on board, our bodies immediately start breaking Arleen mass down when we're trying to, in fact, do the opposite.

Dr. Jen

There's so many stereotypes that we have to overcome as we're even learning this. And I mean, I have a myself. It is an act, a conscious act every morning to say I have to put some protein in my body before I go workout, and we work out at six in the morning. It's really hard to say at 515 in the morning, what am I going to eat to fuel?

Dr. Jen

But the science is there that, you know, if for females, if we're not blunting that cortisol spike before we go in and have some fuel on board, our bodies think we're starving. What we thought was this longer window post fueling because it is for men. You know, we used to think it was this really tight window for men that they needed to fuel after exercise.

Dr. Jen

And then we kind of found out, oh, they probably have about three hours until they lose that post-workout advantage. Women don't. You know, a lot of Stacey's research is showing this, that that first 45 minutes to an hour after doing some resistance training is really, again, critical. So the body doesn't think it's starving and you actually build lean mass instead of break it down.

Dr. Jen

And so I think we're still learning these, but it really fights what we see in the media and what we've been told historically about what we need to eat, how we need to train all of these things.

David Stewart

I didn't know that I'd heard about the coders. All that's super interesting is one of the other things I've heard. I don't know, the data is on this about intermittent fasting not being so great for women because of the cortisol response.

Dr. Jen

Yeah, we already are a little more sympathetically driven than men. And then that fasting just ramps that up and again is counterproductive for most people. There is. But there are special conditions where fasting is still helpful in women. So I don't want to put out a blanket statement there. But for most of us it is again counter productive to trying to build that lean mass that we know is crucial to staying fit and active and healthy as we age.

David Stewart

I've never spoken to her, but I really like what Lisa mosconi is doing. Estrogen and brains.

Dr. Jen

Yeah, fascinating isn't it? Her books are outstanding.

David Stewart

She's rather brilliant. This whole idea of how women are, it's like a multiple. I want to say it's like forex or something with Alzheimer's in men.

Dr. Jen

Yeah. And again, those curves are exponential. You know that it's not this linear, gradual rate of, I guess cognitive decline. It's exponential when we lose estrogen and things like that. And I love what she says in her book, How estrogen is the CEO of the brain. Because it really, you know, from neuro protection to mood to inflammation to all of these things, it plays such a vital role.

David Stewart

It's it's it's unfortunate to me. I have noticed I've had different primary care docs for the time and my previous one was male. So being able to talk about male hormonal things was very clear. I currently have a female one less clear. I mean, she's great, but it's just like a different sort of focus, which would make sense, right?

David Stewart

There's something about what we're talking about here that there's so much the physiology that's so different that, you know, as you said, the the medical education system is really set up like this. But if you're a primary care doc, I would want somebody who's sort of understands my biology. Right? Yeah.

Dr. Jen

Medicine for the most part, traditional medical education, the medical education I had. You're designed to treat the sick, not keep people healthy. It's a very different mindset. And so I think, you know, when people who are really passionate about staying healthy and, you know, I, your listeners on this podcast and yourself is the perfect example. Walk in and they're like, we want to do all these things.

Dr. Jen

I, you know, most practitioners are like, I don't even know what you're talking about. I have 25 patients there, 20 of them are super sick and complex. I'm just

trying to keep their kidneys functioning and trying to get them to lose some weight and like, get their blood pressure down, kind of these really common things that plague most of America.

Dr. Jen

There's just not the bandwidth. With the way our systems are set up for people to really become invested in. Like what is the physiology of aging and how do we slow it down? How do we counteract it? What positive things can we do? I think that unfortunately, in our medical system is a luxury not a half to. And so it's really hard to find either a practitioner that's willing to work with you on those things because they're interested in it themselves, and they know that it's a benefit and what they can learn from you, they can take to other patients.

Dr. Jen

It's super hard. Yeah. And I think, I guess for myself, you know, I've had both male and female practitioners myself and I for me it's been more do are like mindsets online. You may not understand me enough, but will you work with me to get to a common place? And are you willing to, like, try some things that may not be super mainstream?

David Stewart

It's sort of like related to this topic. I've been getting information that some of the large life insurance companies are now giving people the Grail blood marker, cancer test, free testing. And it's sort of interesting how an element of this, I mean, some of the insurance industry, like the health insurance industry, is really has a vested interest in us, like not being so healthy, oddly.

David Stewart

But there's not part of the insurance industry, which is people who are life insurance, long term care, people like that are very interested in us staying healthy. And it's so I'm starting to see a certain amount of that coming in to saying like, okay, these other people are going to be proactive, but you're going to cost us a ton of money if you're not healthy.

David Stewart

So how can we help you stay healthy?

Dr. Jen

Yeah. Interesting. And yeah, those tests are fascinating to me because we don't quite know what to do with them as medical providers. You know, we don't quite know. I think that's a really great example of medical technology accelerating at a pace that we don't know how to keep up on the care side. And, you know, it's interesting that the insurance issue, right, like, you have your life insurance company that is saying take these tests and then they flip back and they find something.

Dr. Jen

And then your health insurance company is saying, no, that's experimental. We won't pay for you to have work at that. You need. And so it's like you're kind of caught in the middle of it. So that's a challenging problem.

David Stewart

Okay. I hadn't thought that through. I just got a bunch of epigenetic sort of aging stuff back. And it's now it's getting a little more granular. Used to just be like pass fail. It's become much more granular. And it's still so much of these things are they're conflicting bits of information. So you have to sort of balance out like, okay, well maybe this, that and then, you know, we're all sort of involved in this experiment of one and this sort of like, okay, I'll take this and, you know, test myself in six months and we'll see what happens.

David Stewart

And I look forward to the day that I'm not the one making these decisions because I don't have a medical degree. Okay. It seems as though if I do x, y will happen, but who knows?

Dr. Jen

Yeah, it's it's such a challenging question and situation because I think we don't know. Everything is so personalized. Right. And I still think we're lacking that beautiful biomarker that says you're on the right track. You know, we try to extrapolate that from a lot of other things that I agree with. You are very codependent. You know, like for myself, I found out I had an LP literally value like off the charts, higher than most that's reported in the literature, which isn't surprising given my family history of cardiac disease, etc..

Dr. Jen

So then that, okay, well, we're going to put you on a statin early. So just trying to find literature like what statin is the best for a perimenopausal woman.

David Stewart
Not right.

Dr. Jen
Can't find it. So then first statin liver numbers like not crazy high but it change. And I said statins because I still have my glass of wine at night. And I'm getting older like what's going on? Stop taking it for a few weeks. Didn't change anything else in fact, went to Italy, drank more wine than usual I came back.

Dr. Jen
Liver numbers are better. Okay, let's try a new stone once again. And I'm pretty savvy at looking at research. I couldn't find any information, like as a female, my age demographic with my risk factor. Is there a preferred medication? No, I couldn't find anything. I asked a couple people that I thought might know really know. No great advice.

Dr. Jen
So now trying the second one. Haven't rechecked my liver numbers yet to see, but then it's like, what's the balance? Do I continue to take this drug that is causing some mild but yet their real liver inflammation to prevent something that I may or may not actually happen. And it's actually a drug that's not even been working against my problem.

Dr. Jen
Really. I mean, it's keeping my other cholesterol in check. It's really not doing anything for. Why am I not that I'm saying it's wrong to be on it, because I think it's the best we have right now. But it is. It creates these dilemmas, just like you talked about, that it's like you treat one thing and you break something else.

Dr. Jen
And where does that balance lie when we're actually just trying to prevent disease? We're not really treating anything. And I don't know the answer to that question.

David Stewart

Yeah. It's interesting what you bring up about that. Statins and perimenopause, menopause, all of this that there's no research on this. I'm astonished.

Dr. Jen

Just beginning to understand that the pathogenesis of lipids as women's hormones are changing, actually, you know, it gets higher and we begin to accumulate disease at a faster pace than what would be expected from a traditional model going through menopause. And so a lot of these kind of age related processes that are related to the aging are acutely accelerated in this menopausal period.

Dr. Jen

And I think we're just beginning to understand that, understand the kind of physiology behind that, to then have to do the next step, which is, okay, how do we influence this? So we start so women start taking a statin early when they first start having some perimenopausal I don't know, maybe maybe some should I'm not sure. You know, should we be more aggressive about monitoring lipids through this time period.

Dr. Jen

You know, do we need to get better tests? Should we be looking at things more specifically, you know, is the standard cholesterol panel still cutting it kind of all of these things like do we need greater calcium scores earlier, especially if we know that the risk of pathogenicity is higher than what it had traditionally been thought to be?

Dr. Jen

Okay, I think these are all questions that are emerging. And I think fortunately, like I said before, there's an awareness around this now. So people are interested in it. And I hopefully with some of these dollars that have been put aside for women's research, you know, all of those funds haven't been awarded yet, but hopefully we're going to be able to answer some of these questions.

Dr. Jen

because there is some dedicated dollars going to fund, female based research.

David Stewart

And what are you seeing out there? That's been funded or about to start the research that really excites you?

Dr. Jen

You know, I the grants haven't been awarded yet. The chatter that I hear, I think cognition, I think is huge. You know, I think that how do we preserve cognition? Because if we understand how we preserve male cognition and we understand how we preserve female cognition, we can then begin to understand how we preserve cognition across all genders.

Dr. Jen

And however. And so I think that that's what's really is exciting to me. I think the cognitive I think the cardiovascular health, these things that we know affect women more post-menopausal women are dying out, going back and really looking at, okay, what are the changes, what are the differences and where can we make interventions. So that's really exciting to increase awareness, because I also think then we will have a better understanding.

Dr. Jen

How do supplemental hormones play into this. Like helpful not helpful helpful for a little while. And I think we're still trying to figure that out. How do other medications play into this? Like how long when should we start? how long do we need to be on them? Are they the right drugs? I think all of these questions will be able to get some more data around and be able to.

Dr. Jen

I have longer be able to answer them, but at least will have a better hypothesis of what's going on and can help people direct therapy based on their individual goals and risk factors a little bit better. And then I think the sports stuff is super exciting. I mean, I'm such a sports fan at heart. I think really looking into and, you know, there's so much excitement around women's sports right now.

Dr. Jen

And then I think we're capitalizing on that to say, these are amazing athletes. They always have been. But finally, we're having an awareness around around how exciting women's sports are that, to really push, you know, hopefully some

of these big brands and, or even these smaller startups who are really doing great work in this space, like, let's look at sports bra design, let's look at cleat pattern design, like all of these things to really let these amazing athletes elevate their game, stay safe, stay healthy.

Dr. Jen
All of these things.

David Stewart
We just finished the Olympics. I'm just like an Olympics junkie. Every time I watch them, I cry. I don't know what's wrong with me. Oh, yeah, no, I just this is so awesome. And the women's I'm thinking of, like the four by 100 relay, right? Oh my God. And then know all those women, they're just like so awesome.

Dr. Jen
Yeah. I love the positive messaging that's coming out that like these are strong women. It is not okay to be this prototypical. Like these are strong women and it is just awesome to watch. Like every sport. It's just been amazing.

David Stewart
The sense of cooperation is what I really got. How there was one moment I forgot what sport it was, but one woman was having a hard time and there's some medical people going to help her off. The opposing Cuban athlete came over and picked her up.

Dr. Jen
It was handball. Yeah, it was women's.

David Stewart
Do you know, like she was a ragdoll just like that. And I heard her off and I thought, wow, this is like, that woman probably weighs 140 pounds and you just carried her off like that. That's incredible. Or that you would even have the desire to do that.

Dr. Jen

The sportsmanship and. Yeah, just excitement, you know, and it's I think it shows that you can have that part of your personality without losing your competitiveness and your want to win and your dedication to what you've done. Like they're not mutually exclusive of each other and I think that that's forgotten sometimes. So yeah, there were some beautiful examples of that throughout the last couple weeks.

Dr. Jen
It's been so.

David Stewart
Fun. Yeah, I mean, I like men's sports. I just like all sports, like I like skiing and ski race or so it's always the women that I watch. Yeah, there's something about that that I don't know. I had a single mom, so maybe it was like, I'm sort of wired into that. I find there's something about how the women are able to switch between these gears of, like, being feminine.

David Stewart
And as you said, there's the caretaking and then the game face comes on and we're in warrior mode, you know, like the rugby people like, oh my God.

Dr. Jen
They're out there. And full faces of makeup and lipstick and like, oh, right. You know what? I think that's the true evolution of women's sports is it's okay to be feminine and be a badass. And I think, yeah, you know, even when I was growing up, like I was an athlete, oh, we didn't we shouldn't wear pink. We shouldn't do it.

Dr. Jen
That makes us look soft. Like all of these things. And like, I love seeing these little girls running around town with pink braids in because Trinity Rodman had pink braids. And, you know, it's so cool. And I think seeing you're seeing the track athletes with their amazing nails and you know, they it's again like it's collaborative. It's like you can embrace your femininity and still just be a badass.

Dr. Jen

It's not you know, it doesn't mean you're delicate or fragile or all of these other adjectives we used to equate with that. It's so it's it's just awesome to have, you know, being the mom of two female to girl teenager athletes. Like, it's awesome for them to watch this and see this and say, you know, you can be who you are and still be a fierce competitor.

Dr. Jen

And they're, you know, you can just own that.

David Stewart

Yeah. It's wonderful. There's a complexity to it that I, I just love that the male athletes may be stronger, faster, but they don't have that complexity. But it's more like what you see is what you get. And nothing wrong with that. They're amazing, but it's different.

Dr. Jen

I also think the women in that and again, this is a generalized statement. Obviously the men are technically excellent too, but I think a lot of women's sports have a technical component to it because there is a difference in strength and power. And so sometimes it's just amazing to watch that, like really detailed technical skills that they put on display, I think, and are maybe more noticeable because, some of the games they're not as fast and as powerful.

Dr. Jen

And so you see these, this beautiful technique come out. That's just I love watching.

David Stewart

So, Jen, what are we going to do about this shrink it and pink it thing like a problem.

Dr. Jen

You know it is. But I think you know like thank you for letting me talk about it with your followers and your fan base, because I think the more we talk about it and realize how important it is and demand for it to be different, I think and I think we're getting there. You know, I think I remember when I was a collegiate

athlete, I got the leftover football stuff, and now that I was so grateful for it, I'm so grateful to have a place to play that I didn't care what I played in.

Dr. Jen

It didn't matter. I was so grateful. But now they're demanding more. They have weightlifting staff that understand the needs of a female body and are training these young women differently, you know? So I think it's all of those steps and I think it is continuing this awareness, and I think it is like having to capture this media attention.

Dr. Jen

And, you know, if sports is what catapults this into the limelight. Perfect. I you know, it doesn't really matter what the entity is. But if sports says, wow, we want to watch the Caitlyn Clarkes, we want to watch, you know, name your athlete the Simone Biles. We want to watch these women continue to compete. It's so exciting. So fun to watch these games.

Dr. Jen

We need to make sure that they have what they need to perform at the highest level. We need to make sure they have what they need to perform safely. So let's go back and say is their gear right. You know, and hopefully these big sports entities, you know, the Nike's of the world, the Adidas fans of the world are taking note to say there's a lot of good research coming out.

Dr. Jen

Let's capitalize that. Let's go make some products, because there's also the economic advantage of how many girls are playing sports across the world. So it's not like you're you're just targeting this very, very small part of the population. There's millions and millions and millions of girls that are playing sports across the world, that all of these products will help.

Dr. Jen

This is a big thing in youth sports. The girls don't need to wear white shorts. Why would girls wear white shorts.

David Stewart
Right?

Dr. Jen

And now, like, I was really proud of like my 14 year old little soccer club in little small town Utah said, we're going to change our uniforms this year. We're not going have white shorts for girls. I'm like, thank you. You know, there's, you know, there's nothing more devastating than starting your period on the field and you're wearing white shorts.

Dr. Jen

Yeah. So it's you know, it's just all of these little changes that you don't think about until it happened to you or happened to your teammate or happen to your daughter or, you know, happened to your friend, and you're like, why would we do that? And so I think it's, again, just continue to talk about this, continuing to ask for it.

Dr. Jen

You know, there's great people that are advocating for this that are, you know, prominent individuals. And we just got to keep keep working at it.

David Stewart

If somebody wants to find out about prosper, what do they do?

Dr. Jen

So our website is we Prosper eco. And my email is Jen at We prosper.com. So come and check us out. Follow us on Instagram or LinkedIn. We have lots of exciting stuff coming up. We have a really great year kind of being unveiled piece by piece, and so we're pretty excited to be able to work with some amazing organizations and get some of this programing to the women and men really, who have just given us great feedback about how interesting and helpful it is.

David Stewart

I just want to say, like, for all of you out there that share my gender, the more that you learn about this other gender, the better off you're going to be.

Dr. Jen

So yeah, and I think that's how we learn more about all genders, right? It's like we understand one role. Well we're working on the second one. And then we can embrace all genders so much better because we we understand from physiology. And then we can start to understand what different manipulations of that physiology does. And combining that with cultural and societal influences, we'll be able to take care of everybody better, which is really the best goal ever.

David Stewart

Absolutely, Jen, it is always a pleasure. I count you as my friend and I feel privileged for that.

Dr. Jen

Well, thank you, David, and thank you for being a champion of these issues and these topics and continuing to bring them to light. It means the world to me. Thank you.

David Stewart

Thanks. Take care now. Bye.