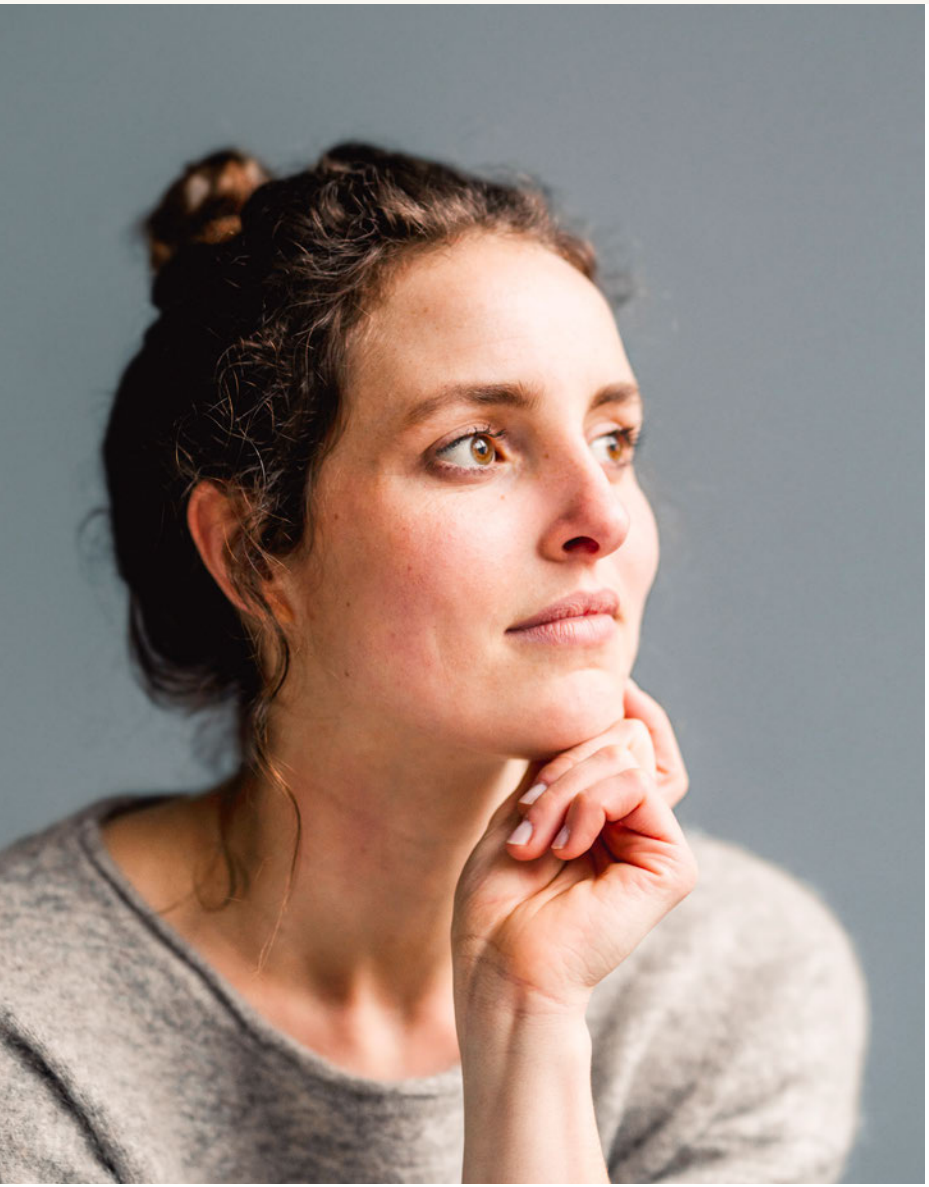
Optum

Health equity and women's health

A guide to taking action

Contents



Introduction

Business leaders are being surrounded on all sides – by pressure to reel in health care costs, revamp employee retention efforts and cultivate a more diverse, equitable and inclusive culture. Workplace efforts to advance women's health equity can be a powerful step forward on all 3 fronts.

Luckily, in a time when health disparities and social inequities continue to inform the national conversation, benefits leaders are stepping up to do their part. Roughly two-thirds of large employers (20,000-plus employees) and half of those with more than 500 employees report that addressing health equity and social determinants of health will be an important priority over the next 3 to 5 years.[1] In fact, a recent survey indicates that 58% of organizations have appointed a dedicated chief health equity officer (CHEO) to spearhead these efforts.[2]

For women, disparities in health access and outcomes have been a tragic reality for decades, if not centuries.

Women face both systemic barriers and specific care gaps as they try to meet their physical, behavioral and mental health needs. The widespread results are significantly worse health outcomes and hampered well-being.

Employers – who play a pivotal role in how employees access health care and the health benefits available to them – are uniquely positioned to create meaningful change for the women in their workforce.

Here's how.

The social determinants of women's health

Health is about much more than health care.

It's shaped by the conditions in which people are born and grow, by where they live and work, play and worship. This simple but profound idea has been proven by a growing body of research that suggests that between 80% and 90%[3] of a person's health is shaped and determined by factors beyond the doctor's office.[4]

Social determinants of health (SDOH) can span everything from education, employment and economic stability to food security, housing stability, safety and transportation access.

Around the world, the lower a person's socioeconomic position, the worse their health tends to be, on average.

Gender is one social determinant that can have both subtle and staggering influences on an individual's health. Women are more likely to have severe obesity, to be diagnosed with Alzheimer's and to die from heart disease. They are far more likely to be the victim of intimate partner violence and abuse and to suffer from the residual mental health issues that abuse causes, such as post-traumatic stress disorder. They are more likely to visit a doctor's office for preventive screenings but also more likely to delay necessary medical care due to its associated costs.

In the United States, researchers have found a stronger correlation between a **person's health** and their **ZIP code** than their genes.[5]

Gender's influence on health outcomes is almost always compounded by other factors, such as socioeconomic status or race. Long-standing systemic sexism and implicit bias across all areas of the health care system also play an outsized role in shaping a woman's ability to access and utilize the most appropriate care she needs.

Consider heart disease, for example. It's the number one killer of American women, responsible for roughly one in 5 female deaths.[6] Symptoms often present differently in women than in men, and women don't seem to fare as well after undergoing certain heart-related medical procedures.[7]

And an analysis in the journal *Circulation* found that women who present with heart attack symptoms are less likely than men to receive the full cardiovascular diagnostic workup or to be given advanced cardiac therapies and are more likely to be sent home with a diagnosis of stress or panic disorder.[8] All of that likely contributes to the sad reality that women are far more likely than men to die within a year of having a heart attack.

Caregiving may seem a far cry from the clinical world of heart disease, but here, too, one sees gender shape health outcomes in substantial ways. The majority of informal care providers for children or aging parents in the United States are women, and they face uniquely burdensome stresses that, on their own, can negatively impact mental and physical health.[9] Current societal expectations of women have resulted in women shouldering a majority of the caregiving at home, which negatively impacts their sleep quality, available time for physical activity and ease of attending regular health screenings. [10]

Yet, for the most part, women are still treated with interventions developed predominantly **through research on men.**[11]

Gender and judgment

Just as gender is inherently woven into who people are and how they move through the world, so too is gender an ever-present element in a woman's health.

As more health care stakeholders understand the importance of SDOH, they've begun opening the aperture of traditional health care services to aim for "whole-person" delivery models that better integrate different kinds of care.

Their big goal: increase health equity and outcomes by focusing on patients' broader physical, mental and social needs.

Rather than reactively treating specific diseases or addressing acute care needs, future-facing health care leaders aim to safeguard health across a lifespan.

To that end, achieving health equity for women will require a concerted effort across all stakeholders – providers, payers and employers alike – to remove existing health barriers and instead build bridges between the health needs of women and the care that serves them best.

29% of women who visited a doctor in the previous 2 years said a health care provider had disregarded their concerns.[12]

15% said their doctor didn't believe they were telling the truth.[12]

13% said their doctor had blamed them for their health concern.[12]

The harsh realities of women's health inequities

Systemic biases within the health care system and public health infrastructure have long shaped women's health outcomes. Nearly a dozen data points still only scratch the surface of how health inequities impact women.

2x **Globally, women are nearly twice as likely as men to have a mental health condition.**

This is due to risk factors that disproportionately impact women and the socially engrained expectations of women, including gender-based violence, lower social status and lower average income.[13]

33% **Women are more likely than men to be misdiagnosed.**

For example, they are 33% more likely to be misdiagnosed after a stroke and 50% more likely to be misdiagnosed following a heart attack.[14,15]

~One third **of women report having felt that a health care provider** had dismissed their symptoms.[16]

9.2%

Women are 9.2% more likely to have severe obesity than men. And Black women have higher rates of obesity (34.7%) than white women (21.6%). Black women also experience higher rates of hypertension, diabetes, stroke, maternal morbidities, stress and heart disease compared to white women.[17]

40%

There is a 40% increase in breast cancer mortality for Black women, compared with white women, though rates of the disease are similar between the 2 groups.[18]

2.5 points lower

In a study on pain, providers rated women's pain 2.5 points lower than men reporting and demonstrating identical levels of pain. Women were also more likely to be prescribed a sedative or psychological intervention, while men were more likely to be prescribed a painkiller.[19]

4.6 years

On average, it takes 4.6 years to be diagnosed with an autoimmune disease such as rheumatoid arthritis, celiac disease, lupus or Crohn's disease.[20] **Women account for 78% of all autoimmune disease patients.[21]**

26%

26% of women who suffer a heart attack will die within a year — compared to 19% of men. If a heart attack patient is female and her emergency physician is a man, her risk of death rises by 12%, according to one study.[22]

342,000

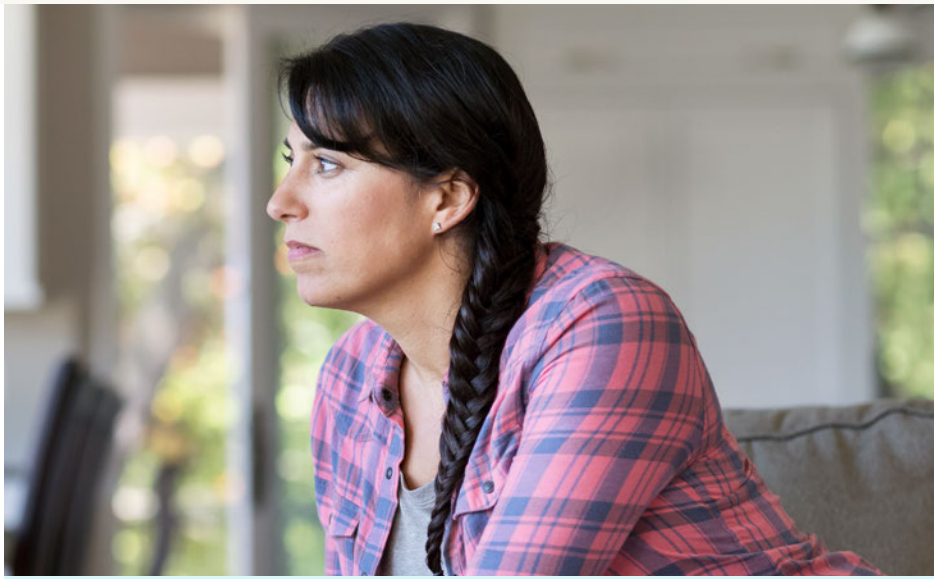
In 2020, 342,000 women died from cervical cancer, which is up to 93% preventable. The vast majority of those deaths — about 90% — occur in low- and middle-income countries.[23,24]

50%

Women who identify as LGBTQ+ are about 50% as likely as heterosexual women to engage in health-related behaviors, such as maintaining a healthy weight, not smoking, limiting or abstaining from alcohol use, getting adequate sleep and staying active. These habits are associated with longer lives and less chronic disease.[25]

18%

18% of Black pregnant women felt pressured from a health care provider to have a cesarean, compared with 9.5% of white women. At their postpartum visits, one in 5 Black mothers weren't asked if they were feeling depressed and were not offered assistance with birth control.[26]



"Women are the predominant sufferers of chronic diseases that begin with pain. But before our pain is taken seriously as a symptom of a possible disease, it first has to be validated — and believed — by a medical professional."

— Elinor Cleghorn, from *Unwell Women: Misdiagnosis and Myth in a Man-Made World* (2021)

Equity in action: Widening access to fertility solutions

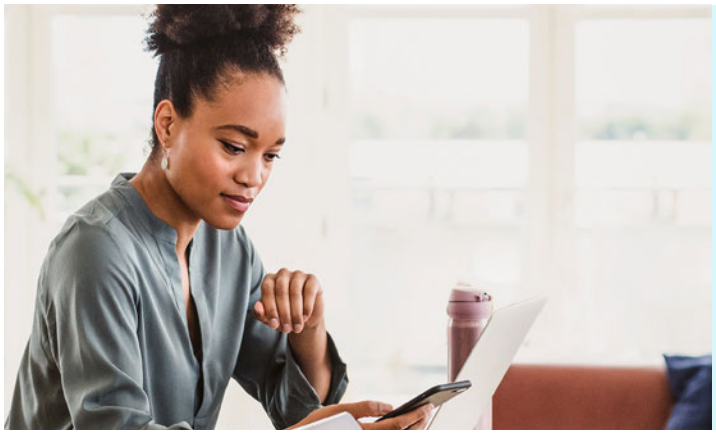
The equity issue: Starting a family should be one of life's greatest joys.

For many women and their partners, however, difficulty conceiving a child can make the process a challenging and deeply emotional experience. **Roughly 10% of women report that they or their partners received medical help to get pregnant.**[27]

But despite a clear need for fertility services, many people in the United States cannot access them because they are not covered through insurance.

The result is a striking health care inequity. More affluent patients are able to pay thousands of dollars out of pocket, while others never obtain fertility assistance because high costs are out of reach.

The business impact: Not offering fertility solutions to employees comes at a cost.



There's also an incredible pressure to offer fertility benefits from a talent management perspective. **A full 75% of the companies ranked by Great Place to Work offer such benefits.**[28]

First, women who experience infertility are more likely to experience emotional stress, depression, anxiety, partner violence and social stigma.[29]

Second, when infertility coverage is not available, members often turn to lower-cost, less invasive procedures that are less clinically advanced. When these unmanaged treatments do not work, they can take a toll emotionally, leading to stress and reduced productivity. When they do work, multiple births are 20% more likely to occur — and half of all twins and 90% of all triplets are born preterm.[30]

In the end, employers often end up bearing some of the medical costs of unmanaged fertility treatment as a result of more expensive prenatal care and delivery, preterm births or neonatal intensive care utilization.

Even for employees who don't plan to put such support to use, fertility benefits (or lack thereof) signal how committed a company may be to women's health and being a family-friendly employer.

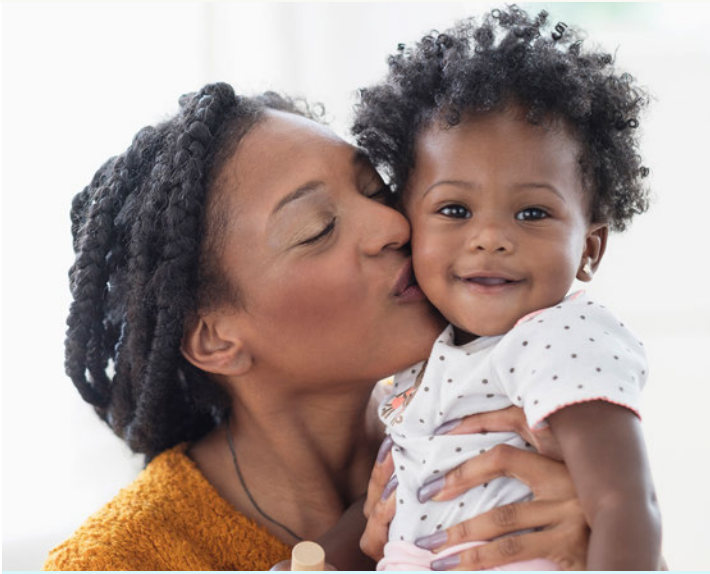
As of early 2023, 42% of the nation's companies offered some form of fertility benefits,[31] and as these offerings become more ubiquitous, employers that don't rise to meet shifting expectations may find themselves outpaced in the labor market.

The step forward: "Addressing infertility can also mitigate gender inequality," the World Health Institute notes.

More employers are doing just that, by offering evidence-based fertility services to their workforce. Two-fifths of large employers say they're doing so to "support diversity, inclusion and equity (DEI) efforts," and an even greater number of companies who recently rolled out such benefits point to DEI as a primary objective.[32]

Historically, employers have hesitated to cover fertility benefits for fear of runaway costs. But data shows those fears are unfounded. In Mercer's in-depth survey, 97% of employers that cover fertility benefits report that adding coverage did not result in a significant increase to medical plan costs.[33]

In fact, health plans offering fertility solutions help members get pregnant safely and cost-effectively. Optum® Fertility Solutions provides members clinical guidance throughout their journey while also offering access to a Centers of Excellence network of leading reproductive endocrinologists. Women aren't simply ushered through the system, but are empowered through education and counseling to understand the available treatment paths. **Employers have reported a 2:1 ROI with the program, driven in part by a reduction in newborn costs (up to 25%) and a significant reduction in multiple births (almost 20%).**



"The ability to have and care for the family that you wish for is a fundamental tenet of reproductive justice."

– Kaiser Family Foundation

Equity in action: Prioritizing maternal health solutions

The equity issue: For American women, the perinatal period can be one of the riskiest in their lives.

One in 3 deaths within a year of pregnancy are pregnancy-related.[34] Roughly 3 in 5 of these deaths are preventable.[35] And each year, some 60,000 pregnant women in the U.S. experience a "near miss" involving a hemorrhage or other severe complication with significant health consequences.[36]

It's clear those appalling statistics aren't biologically driven, because they are not globally realized.

For women of color, the terrain of maternal care can be even more treacherous. Black women are 3 times more likely to die from a pregnancy-related cause than white women.[37]

The maternal death rate in the United States is **more than double** the rate found in most other high-income countries.[38]

Education alone can't close the gap: A college-educated Black woman faces a 60% greater risk of maternal death than a white woman with no high school diploma.[39]

What *can* share the blame are social determinants of health (such as access to quality health care and health literacy), as well as structural racism and implicit bias across the health care system.

The business impact:
Even when everything goes exactly right, pregnancy is a time of high health care utilization. But when a woman's pregnancy doesn't go to plan, the associated costs can escalate exponentially.

Women living in rural areas, meanwhile, have a 9% greater probability of maternal morbidity (the catchall term for any serious and potentially life-threatening event surrounding pregnancy and birth) and maternal death.[40]

Severe maternal morbidity increases the length of hospital stays for childbirth by as much as 70%. Cesarean delivery – which carries significant health risks to both baby and mother – adds an extra $19,032, on average, to the total charges to employer-provided commercial health insurance.[41]

The step forward: It is unequivocal that comprehensive maternal health care during and after pregnancy improves health outcomes for both mother and baby, as well as lowers health care costs dramatically.

Premature birth is the leading cause of very low birthweight in newborns. Caring for such newborns costs $13.4 billion annually in neonatal intensive care units. The average hospital cost for a very-low-birth-weight newborn is $76,700 — more than 20 times the $3,200 for a normal-weight newborn.[42] Preterm infants also need more outpatient visits and prescriptions, meaning those higher costs don't end when baby finally goes home.[43]

No wonder, then, that high-risk pregnancies have in recent years been among the top drivers of employers' rising health care costs. Among people who access insurance through an employer, the combination of labor, delivery and newborn care makes up nearly one in 6 dollars spent on inpatient care.[44]

The word "comprehensive" is crucial. Because when the lens of maternal care is limited only to pregnancy and the immediate postpartum period, such programs have inherently limited potential.

To provide truly equitable care, maternal health programs must consider the whole person — the full range of health needs and where they come from — and place her at the center of care. Education and support must be integrated throughout the journey, starting before pregnancy when possible.

Consider, for instance, the Optum® Maternity Support Program. Employees can access the benefit for preconception care, receiving personalized care recommendations based on their health history and lifestyle, empowering them to enter pregnancy at their healthiest state possible. Employees with higher-risk pregnancies also have access to a maternity nurse throughout the pregnancy, as well as postpartum educational support and connectivity to emotional and behavioral health support teams.

That kind of personalized continuity of care makes it easier to spot and address high-risk pregnancies early on, to close care gaps that might otherwise be overlooked, and to empower women throughout. For their part, employers can enjoy the peace of mind that they are moving the needle on health equity for their female workforce, without feeling a financial pinch from taking a positive stance.

In fact, employers offering comprehensive maternal care benefits from Optum report a 3:1 ROI, due in part to a 38% drop in NICU spend.

Closing the gap in health equity

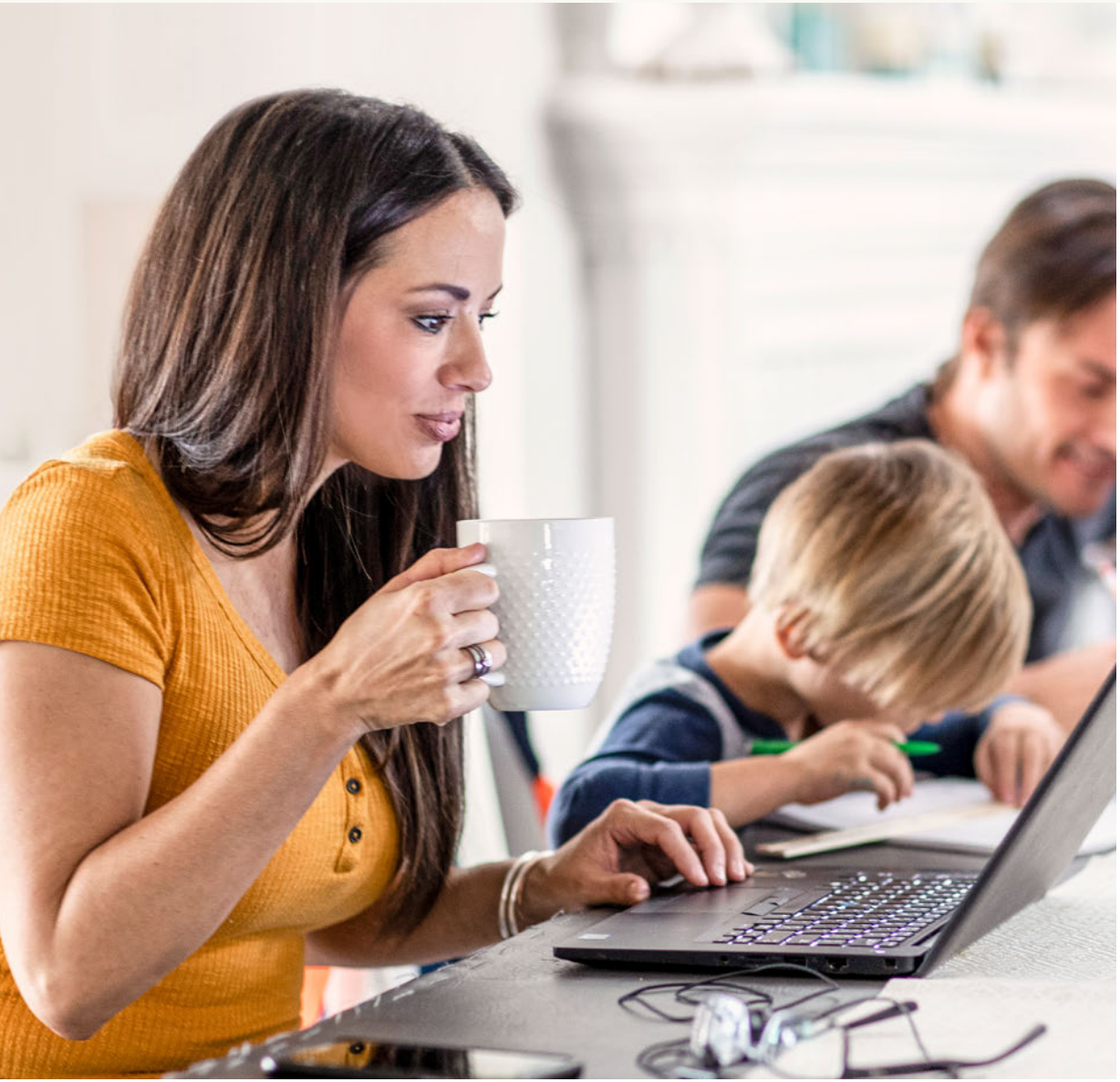
Health equity doesn't happen overnight.

And no one program or benefit can erase the long-standing disparities women face in navigating the health care system or safeguarding their own health. But there are concrete steps employers can take to make a measurable difference in women's health equity.

The first step is simply to start. Leverage existing payer relationships or partner with new vendors to offer more expansive, inclusive benefits. Survey women at work about the health programs and workplace policies that would make a difference in their personal health journeys. Implement new offerings, keep an eye on realized benefits and iterate on what can be improved.

Action is the easiest and most effective way to combat a sense of overwhelm.

Because while women's health inequities can indeed be overwhelming, change is possible. **And thanks to future-ready employers, change is happening now.**



Want to learn more about programs and benefits that can drive greater health equity for workers at your organization?

Let's get started.

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