

# Women delay getting healthcare—and that's a problem

The issue of women delaying healthcare not only has a profound impact on their personal well-being, but it also has significant consequences for employers. As women make up a substantial portion of the workforce, their health is intrinsically linked to the overall productivity, stability, and success of their organizations. By recognizing and addressing why women delay healthcare, employers can foster a more supportive and high-performing work environment, manage healthcare spend, and pave the way for a more equitable, healthy future for women everywhere.



When women delay healthcare, they are more likely to suffer from untreated or undiagnosed health conditions. This can lead to increased absenteeism, as women may require time off to deal with worsening symptoms or seek medical attention at a later stage. Furthermore, presenteeism—when employees are physically present but not functioning at their full capacity due to illness or other factors—can also be a concern. Both absenteeism and presenteeism can result in decreased productivity, which negatively impacts the employer's bottom line.



The long-term health consequences of delayed healthcare can also put a strain on employer-sponsored insurance plans. Untreated or poorly managed health conditions may eventually require more extensive and expensive medical interventions, driving up claims and insurance costs for employers. Investing in preventive care and encouraging employees to seek timely medical attention can help mitigate these expenses in the long run.



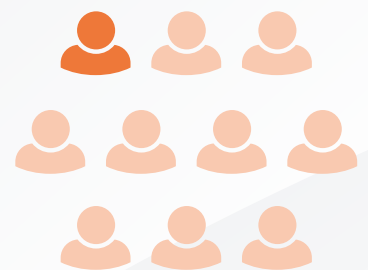
Addressing the issue of delayed healthcare for women can contribute to a healthier, more engaged workforce. By implementing policies and practices that promote gender equity and encourage self-care, employers can create a supportive work environment that not only attracts top talent but also improves employee retention rates. This can include offering flexible work schedules, promoting a healthy work-life balance, and providing access to quality healthcare resources and wellness programs.

The ripple effect of women delaying healthcare is felt not only by the women themselves but also by their employers. By acknowledging the importance of timely healthcare and implementing supportive measures, employers can ensure a healthier, more productive workforce that benefits both the individual employees and the organization as a whole.

## Women face unique barriers to healthcare

While women have long delayed care for a variety of reasons, the COVID-19 pandemic intensified existing disparities in women's healthcare access. A recent Kaiser Family Foundation report revealed that 38% of women skipped preventive services, compared to 26% of men.<sup>1</sup> Women already facing health or economic challenges suffered the most, with 27% reporting worsening health conditions due to skipped care.<sup>1</sup> Unsurprisingly, low-income women and women of color were disproportionately affected, emphasizing the deep-rooted inequities in our healthcare system.

The pandemic's impact on reproductive healthcare is also significant: nearly **one in 10 women** aged 18-25 and 7% aged 26-35 delayed or couldn't access birth control, resulting in potential unintended pregnancies and limited reproductive choices.<sup>1</sup> This is especially important as women and their employers navigate the anti-abortion laws that are being passed in the wake of overturning *Roe v. Wade*.<sup>2</sup>



However, the repercussions extend beyond reproductive health, as delayed routine check-ups, cancer screenings, and other preventive care services hinder early detection and treatment.

## Why do women delay care?

A complex web of interconnected factors contribute to the reasons why women put off their healthcare. Societal expectations, caregiving responsibilities, financial concerns, and even a lack of gender-specific medical research all play a role in this worrying trend. A survey conducted by the Stark County (Ohio) Health Department found that nearly half of women skip, cancel, or delay healthcare due to the following barriers<sup>3</sup>:



- **Inability to take time off work:** Cited by 40% of women who responded to the survey, a rigid work schedule is the most common barrier to accessing healthcare.<sup>3</sup> Finding time for an appointment can be difficult for women, especially those who work and have caregiving responsibilities. Providers that don't offer after-work or weekend appointments can exacerbate this issue, making it even harder for women to find suitable times for healthcare visits.
- **Past negative experiences:** The survey also found that 20% of women “had been made to feel unsafe or discriminated against due to an aspect of their identity” in a healthcare setting.<sup>3</sup> Women may feel uncomfortable at the doctor's office due to various issues such as being patronized, having their pain ignored or brushed off, and not being taken seriously by healthcare providers. Medical gaslighting disproportionately affects women, particularly women of color. Research has found that when male and female patients express the same amount of pain, female patients' pain is viewed as less intense.<sup>4</sup> A 2016 study showed that nearly half of medical students surveyed believed Black patients had “thicker skin” than white patients.<sup>5</sup> In 2019, another study reported that Black patients were 40% less likely to receive medication for acute pain and 34% less likely to be prescribed opioids.<sup>6</sup> These experiences can make women—and especially women of color—hesitant to seek medical care, which contributes to the delay in receiving proper treatment. Almost half of the survey respondents in the study mentioned that they had skipped, canceled, or delayed a health appointment because of barriers or previous negative experiences with healthcare.
- **The high cost of care:** Economic factors contribute to women's delayed care. Women are often paid less than men and are more likely to work part-time or in jobs without benefits. As a result, it can be more challenging for them to access healthcare services, leading to delays in care. This can result in untreated health conditions and poorer health outcomes for women overall. Even with health insurance, high deductible health plans expose people with low incomes and chronic health conditions to additional financial burdens.<sup>14</sup>

In addition to the specific factors above, the traditional healthcare system perpetuates the challenges women face when it comes to their healthcare:

- Many health insurance plans are not comprehensive enough to meet women's health needs.<sup>7</sup>
- Only 9% of medical schools in the U.S. offer courses on women's health.<sup>8</sup>
- Current federal and state policies are not designed to achieve health equity for women of color and their families.<sup>7</sup>
- Reproductive health services, particularly abortion, are stigmatized and thus not integrated into the healthcare system.<sup>7</sup>
- The healthcare providers whom women rely upon are underfunded or otherwise inaccessible for many.<sup>7</sup>

## The negative consequences of delaying healthcare

The consequences of neglecting women's health affects women most of all, but employers face them, too. Women who do not receive adequate healthcare are more likely to experience complications during pregnancy and childbirth, as well as chronic health conditions such as heart disease, diabetes, and cancer. They are also more likely to experience mental health conditions such as depression and anxiety, which can impact their quality of life and ability to function in their daily lives.

Neglecting women's health also has a ripple effect on families and communities. Women are often the primary caregivers for children and elderly family members, and their health status directly impacts the wellbeing of those they care for. **Disregarding women's health can lead to increased healthcare costs for everyone**, lost productivity, and increased social and economic inequalities.





## DID YOU KNOW?

During the pandemic, **41% of U.S. adults delayed healthcare**, including preventive, urgent, and emergency care.<sup>9</sup>

Delayed medical care has long-term health consequences, including a **decline in life expectancy**.<sup>11</sup>

**Female sex**, higher levels of education, greater concerns about the pandemic, and poorer self-rated physical health were associated with delayed medical care.<sup>10</sup>

The **2.7 year decline in life expectancy** in 2020 and 2021 was the biggest two-year decline since 1921 to 1923.<sup>12</sup>

It's not just women and their families who suffer when they delay healthcare— employers are also significantly affected. Productivity and employee health go hand-in-hand. When women put off seeking medical attention, it often results in more severe health conditions or complications, which can cause them to miss more work days or experience diminished productivity due to ongoing health issues.



“Postponing or deferring medical treatment is a risky gamble with health. Sometimes, delaying medical care does not result in significant consequences, but there are also scenarios where such delay can worsen health conditions, some of which may require admission to an Emergency Department. The COVID-19 pandemic presented us with valuable insights

into the consequences of reduced access to non-urgent healthcare. With the rise of virtual healthcare, I hope that women in particular will find more convenient and accessible ways to access the care they need and deserve.”

**- Dr. Mary Jacobson, Chief Medical Officer at Hello Alpha.**



## Delayed care directly impacts employers' costs and employee engagement

Employers will likely see a rise in healthcare costs as a result of women delaying care. Late diagnoses and treatments can lead to more expensive and extensive medical interventions, which can drive up insurance premiums and increase the financial burden on employers.



Diabetes, for example, is a leader in rising health costs, topping the IFEPB's Workplace Wellness Trends 2017 Survey where employers selected the three conditions most impacting plan costs.<sup>13</sup> Diabetes totals \$327 billion<sup>15</sup> in direct and indirect costs each year:

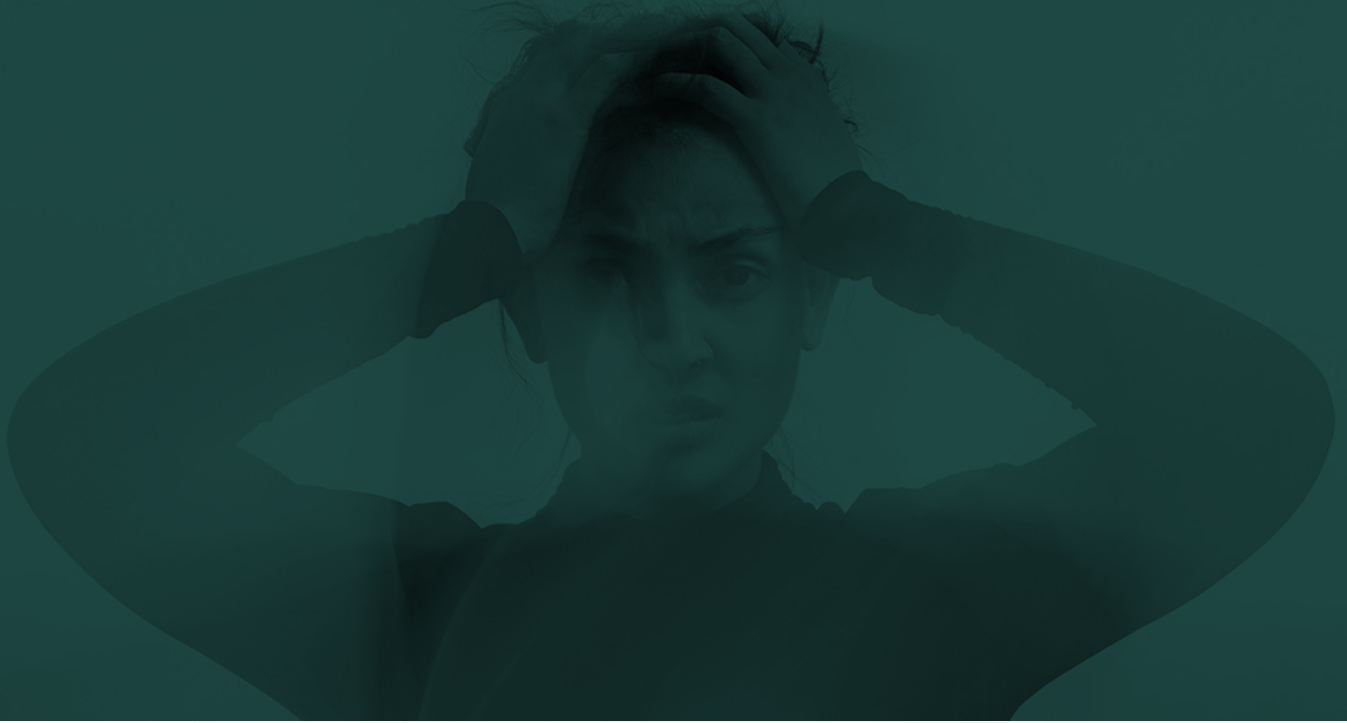


- Increased absenteeism (\$3.3 billion)
- Reduced productivity while at work (\$26.9 billion) for the employed population
- Reduced productivity for those not in the labor force (\$2.3 billion)
- Inability to work as a result of disease-related disability (\$37.5 billion)
- Lost productive capacity due to early mortality (\$19.9 billion)



Diabetes is a women's health issue due to the connection between insulin resistance, type 2 diabetes, and Polycystic Ovary Syndrome (PCOS). In the United States, an estimated 5-6 million women have PCOS but, despite it being the most common hormonal disorder among women of reproductive age, many women don't know they have it.<sup>16</sup> PCOS can be a complex and challenging condition to diagnose, and many women are unaware that they have PCOS, even if they have symptoms.<sup>17</sup>

One of the largest studies of PCOS diagnosis and experience showed that over a third of women reported that it took two years and seeing at least three healthcare professions before their receiving a diagnosis.<sup>18</sup> These symptoms exact a heavy toll on a woman's physical and mental health that cause lost productivity in the workplace. While we don't have enough data to estimate the overall cost of PCOS to employers, some of the potential costs associated with PCOS for employers include healthcare costs, absenteeism, and presenteeism. What we do know is that PCOS leads to over \$8 billion in healthcare costs annually in the U.S. alone.<sup>19</sup>



The financial impact isn't the only way that delayed care affects employers. Women who postpone healthcare may experience increased stress and anxiety related to their health concerns, which can impact their overall wellbeing and job satisfaction. This can lead to lower employee morale, affecting not only the individual but also their colleagues and the overall work environment.

What's more, if women feel that their workplace does not support their health and wellbeing or fails to offer adequate healthcare benefits, they may be more likely to leave their job in search of an employer who better meets their needs. This can result in higher employee turnover and the associated costs of hiring and training new staff.



Finally, it's worth noting that employers who fail to address the issue of women delaying healthcare, or who do not provide adequate support and flexibility for employees to prioritize their health, may face damage to their reputation. This can negatively impact their ability to attract and retain top talent, as well as harm their public image and relationship with customers or clients.

## Meet Laila

Laila is a married 35-year old mother of two with a demanding job as a project manager at a retail company. She also has undiagnosed endometriosis. During the height of the pandemic, Laila wasn't able to get screenings and lab tests during the pandemic, when non-essential and preventive care measures were postponed by her doctor's office. Laila lives with the painful symptoms of endometriosis: she can't practice her beloved yoga any longer, sex is painful, she is not sleeping well, and she is calling in sick more often. Her doctors have recommended that she try to lose weight before they run any tests.

### **The connection between cost savings, health equity and employee engagement is critical.**

Laila's story is a reflection of the inequities many Black women face for their healthcare: one in four women report pelvic disorders but they are often misdiagnosed or ignored, and Black women are less likely to be diagnosed with endometriosis (endo).<sup>20</sup> Yet endometriosis is one of the most common health conditions: one in 10 people with a uterus are affected by endometriosis, a condition where the tissue lining the womb starts to grow in other parts of the abdomen, such as the ovaries and fallopian tubes.<sup>21</sup> Endometriosis is another woman-specific health condition that is quickly emerging as a cost driver. For employers, the combined cost of healthcare to diagnose and treat endo and the lost productivity due to the symptoms of endo comes out to nearly \$30,000—per year, per employee with endometriosis.<sup>22</sup>

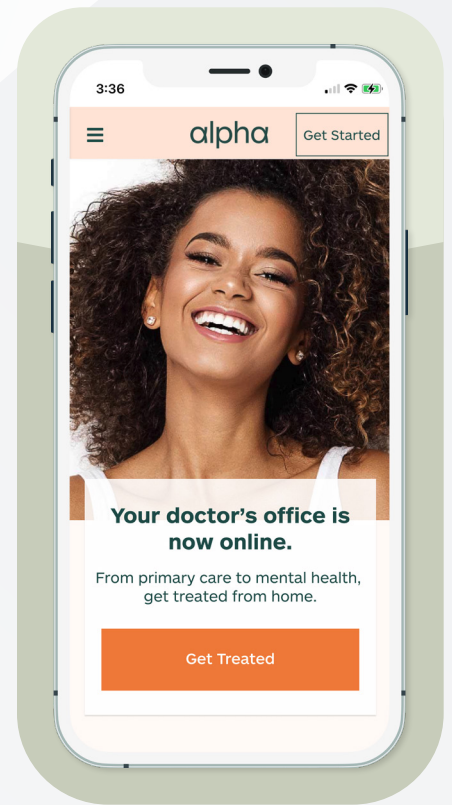
Without addressing health disparities, employers' medical benefits get less engagement which translates into higher costs. Meanwhile employees suffer. Despite how common a condition like endometriosis is, it takes an average of 8 years from the onset of symptoms for women with the condition to receive a diagnosis.<sup>21</sup> During this time (and often for long after a diagnosis is received), people with endometriosis suffer from physical pain, as well as subsequent mental health concerns. An estimated 20 days of work each year are missed by individuals due to endo-related symptoms, treatment or recovery.<sup>23</sup>





Today's healthcare consumers have high expectations for their experience, and instead of transactional, anonymous providers, they demand a dedicated team that delivers gender-competent, personalized mental and physical care.

During her lunch break, Laila completes a virtual visit for a women's health exam with Hello Alpha. On her commute home, she receives a reply from her Alpha provider with a lab referral for additional tests, and a prescription for a hormonal treatment for her to try. Laila starts this treatment and reports her symptoms are improving. Her dedicated provider sends her regular messages to check in and make sure Laila is able to manage her endometriosis. Laila feels more confident and has started living with endometriosis, instead of suffering from it.



## Supporting your female employees' access to healthcare

By prioritizing the health and wellbeing of your employees, you can mitigate these risks and build a more productive, engaged, and successful workplace. Employers can take several proactive steps to support their female employees and create a healthier work environment. These steps may include:

- **Offer health and wellness benefits tailored to women's needs:** Provide comprehensive health and wellness benefits that cater to the unique needs of women, such as coverage for reproductive health, mental health support, and resources for managing menopause symptoms. Additionally, offering virtual healthcare support can ensure women in your workforce are getting the care they need, when they need it.
- **Offer flexible work arrangements:** To accommodate the caregiving responsibilities that many women have, companies should provide genuinely flexible work schedules, allowing for both remote work and adaptable working hours. This flexibility can help alleviate stress and the feeling of being stretched too thin between home and work.
- **Offering wellness programs:** Implementing wellness programs that include yoga, meditation, and fitness classes can promote healthy lifestyles and help women maintain their overall health. This can lead to reduced healthcare costs as employees are less likely to develop chronic conditions.

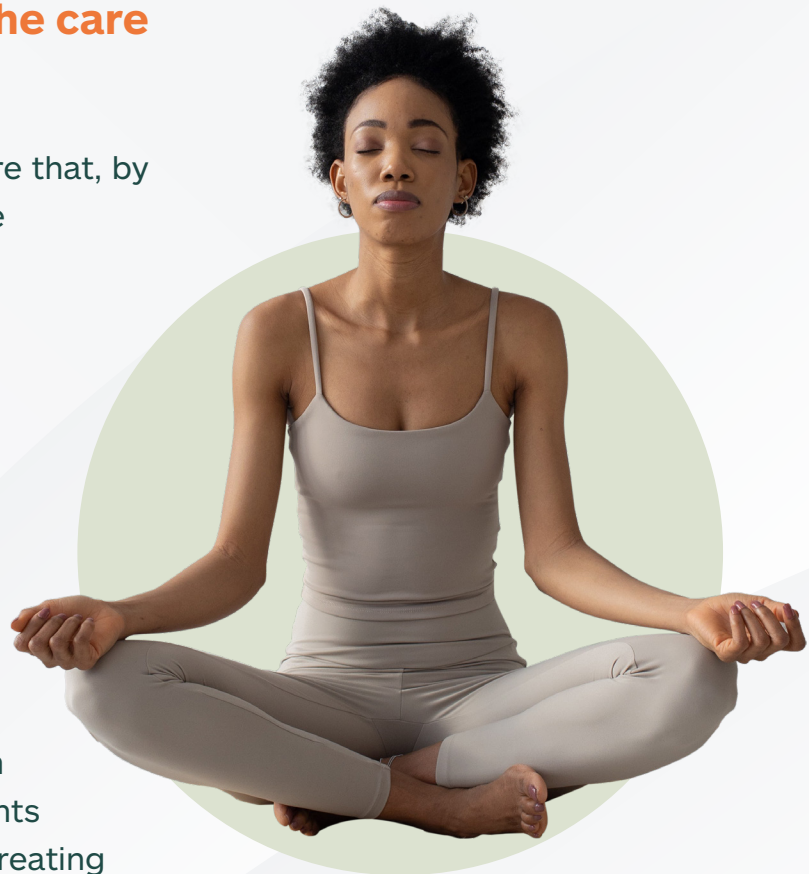
- **Fostering open communication:** Encouraging open dialogue about health-related issues and providing a supportive environment where employees feel comfortable discussing their needs can help women feel more empowered to prioritize their healthcare.
- **Providing education and resources:** Employers can help raise awareness about the importance of timely healthcare and women's unique health needs by offering educational resources, workshops, or seminars on these topics.
- **Supporting work-life balance:** Encouraging a healthy work-life balance can reduce stress and help employees better manage their personal and professional responsibilities, making it easier for women to prioritize their health.

By taking these steps, employers can not only support the health and wellbeing of their female employees, but they can also create a positive and productive work environment that benefits everyone. Ultimately, when employers recognize and address the issue of women delaying healthcare, they contribute to a healthier workforce, improved employee satisfaction, and stronger organizational performance.

## How Alpha can help women get the care they need when they need it

Hello Alpha is a nationwide virtual primary care that, by specializing in women's health, improves care and access for everyone.

Alpha focuses on women of all ages, delivering **whole person care** optimized for their unique behavioral and physical needs. While only 9% of medical schools offer courses in women's health, all of Alpha's providers are experts in women's unique healthcare needs. Alpha doesn't just offer episodic care; it's a comprehensive healthcare partnership. **From mental health to chronic care management**, Alpha patients have a dedicated primary care provider treating them from head to toe.

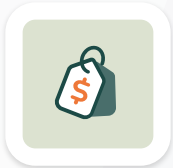




“Today’s generation has high expectations for their healthcare experience, and instead of transactional, anonymous providers, they demand a dedicated care team. They reject generic, disjointed care and seek personalization that accounts for gender-specific needs and the relationship between mental and physical health. We’re closing a gap in benefits plans to offer truly inclusive and comprehensive primary care for women at all life stages. It is important for patients to feel empowered in their healthcare choices, including being able to receive care that aligns with their preferences and schedules.”

- **Gloria Lau, Hello Alpha’s Founder & CEO**

## Hello Alpha provides comprehensive virtual primary care that is:



### **Affordable**

Covered members pay nothing to get care from Alpha and employers benefit from utilization-based pricing and significant claims avoidance.



### **Accessible**

Accessible. Patients typically connect with an Alpha provider within 12 hours from anywhere in the US (under 8 hours for urgent care needs).



### **Convenient**

Convenient. At their own pace, patients can start and complete a visit at any time, removing barriers to care and improving presenteeism for employers—no appointment or video conferencing required.

Members who are covered by employers pay nothing for their care with Hello Alpha. With flexible pricing, employers can control their costs while expanding access to care.



To learn more about how Hello Alpha can support the women in your workforce, contact [sales@helloalpha.com](mailto:sales@helloalpha.com).

## Sources

1. “Women’s Experiences With Health Care During the COVID-19 Pandemic: Findings From the KFF Women’s Health Survey.” KFF, 15 Apr. 2021, [www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey](http://www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey).
2. Totenberg, Nina. “Supreme Court Overturns Roe V. Wade, Ending Right to Abortion Upheld for Decades.” NPR, 24 June 2022, [www.npr.org/2022/06/24/1102305878/supreme-court-abortion-roe-v-wade-decision-overturn](http://www.npr.org/2022/06/24/1102305878/supreme-court-abortion-roe-v-wade-decision-overturn).
3. Gonzalez, Georgina. 47% of Women Skip, Cancel or Delay Healthcare Due to Barriers, New Poll Finds. [www.beckershospitalreview.com/strategy/47-of-women-skip-cancel-or-delay-healthcare-due-to-barriers-new-poll-finds.html?oly\\_enc\\_id=0817F0530789I4O](http://www.beckershospitalreview.com/strategy/47-of-women-skip-cancel-or-delay-healthcare-due-to-barriers-new-poll-finds.html?oly_enc_id=0817F0530789I4O).
4. Zhang, Lanlan, et al. “Gender Biases in Estimation of Others’ Pain.” *The Journal of Pain*, vol. 22, no. 9, Elsevier BV, Mar. 2021, pp. 1048–59. <https://doi.org/10.1016/j.jpain.2021.03.001>.
5. Hoffman, Kelly M., et al. “Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites.” *Proceedings of the National Academy of Sciences of the United States of America*, vol. 113, no. 16, National Academy of Sciences, Apr. 2016, pp. 4296–301. <https://doi.org/10.1073/pnas.1516047113>.
6. Lee, Paulyne, et al. “Racial and Ethnic Disparities in the Management of Acute Pain in US Emergency Departments: Meta-analysis and Systematic Review.” *American Journal of Emergency Medicine*, vol. 37, no. 9, Elsevier BV, Sept. 2019, pp. 1770–77. <https://doi.org/10.1016/j.ajem.2019.06.014>.
7. “The Coronavirus Crisis Confirms That the U.S. Health Care System Fails Women - Center for American Progress.” Center for American Progress, 7 Nov. 2021, [www.americanprogress.org/article/coronavirus-crisis-confirms-u-s-health-care-system-fails-women](http://www.americanprogress.org/article/coronavirus-crisis-confirms-u-s-health-care-system-fails-women).
8. “Transforming Primary Health Care for Women — Part 1: A Framework for Addressing Gaps and Barriers.” [www.commonwealthfund.org](http://www.commonwealthfund.org), July 2020, <https://doi.org/10.26099/8c0s-fj12>.
9. Czeisler, Mark É., et al. “Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020.” *Morbidity and Mortality Weekly Report*, vol. 69, no. 36, Centers for Disease Control and Prevention, Sept. 2020, pp. 1250–57. <https://doi.org/10.15585/mmwr.mm6936a4>.
10. Zhong, Selena, et al. “Delayed Medical Care and Its Perceived Health Impact Among US Older Adults During the COVID -19 Pandemic.” *Journal of the American Geriatrics Society*, vol. 70, no. 6, Wiley-Blackwell, Apr. 2022, pp. 1620–28. <https://doi.org/10.1111/jgs.17805>.
11. Edelman, Elazer R., and Mike Mussallem. “The Pandemic Has Irreversibly Changed America’s Health Care System. Here’s Why We Will All Be Feeling the Consequences of Delayed Care for Years to Come.” *Fortune*, 21 Feb. 2023, [fortune.com/2023/02/21/pandemic-irreversibly-changed-america-health-care-system-consequences-delayed-care-edelman-mussallem](http://fortune.com/2023/02/21/pandemic-irreversibly-changed-america-health-care-system-consequences-delayed-care-edelman-mussallem).
12. Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. [www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2022/20220831.htm](http://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm).
13. Otto, Nick. “Top 10 Health Conditions Costing Employers the Most.” *Employee Benefit News*, 9 Oct. 2019, [www.benefitnews.com/slideshow/top-10-health-conditions-costing-employers-the-most](http://www.benefitnews.com/slideshow/top-10-health-conditions-costing-employers-the-most).
14. Linan, Steve. “High-deductible Health Plans Raise Risk of Financial Ruin for Americans.” *USC News*, 5 Apr. 2018, [news.usc.edu/140182/high-deductible-health-plans-raise-risk-of-financial-ruin-for-vulnerable-americans-study-finds](http://news.usc.edu/140182/high-deductible-health-plans-raise-risk-of-financial-ruin-for-vulnerable-americans-study-finds).
15. The Cost of Diabetes | ADA. [diabetes.org/about-us/statistics/cost-diabetes](http://diabetes.org/about-us/statistics/cost-diabetes).
16. Society, Endocrine. “Polycystic Ovary Syndrome.” *Endocrine Society*, Mar. 2022, [www.endocrine.org/patient-engagement/endocrine-library/pcos](http://www.endocrine.org/patient-engagement/endocrine-library/pcos).
17. Copp, Tessa, et al. “Overdiagnosis and Disease Labels: The Case of Polycystic Ovary Syndrome.” *STAT*, 31 Oct. 2017, [www.statnews.com/2017/11/01/polycystic-ovary-syndrome-overdiagnosis](http://www.statnews.com/2017/11/01/polycystic-ovary-syndrome-overdiagnosis).
18. Gibson-Helm, Melanie, et al. “Delayed Diagnosis and a Lack of Information Associated With Dissatisfaction in Women With Polycystic Ovary Syndrome.” *The Journal of Clinical Endocrinology and Metabolism*, Endocrine Society, Dec. 2016, p. jc.2016-2963. <https://doi.org/10.1210/jc.2016-2963>.
19. Inserro, Allison. “PCOS Estimated to Cost \$8 Billion in Immediate, Long-term Health Issues.” *AJMC*, 20 Sept. 2021, [www.ajmc.com/view/pcos-estimated-to-cost-8-billion-for-immediate-long-term-health-issues](http://www.ajmc.com/view/pcos-estimated-to-cost-8-billion-for-immediate-long-term-health-issues).
20. Farland, Leslie V., and Andrew W. Horne. “Disparity in Endometriosis Diagnoses Between Racial/Ethnic Groups.” *Bjog: An International Journal of Obstetrics and Gynaecology*, vol. 126, no. 9, Wiley-Blackwell, Aug. 2019, pp. 1115–16. <https://doi.org/10.1111/1471-0528.15805>.
21. Endometriosis Facts and Figures | Endometriosis UK. [www.endometriosis-uk.org/endometriosis-facts-and-figures](http://www.endometriosis-uk.org/endometriosis-facts-and-figures).
22. Soliman, Ahmed M., et al. “The Direct and Indirect Costs Associated With Endometriosis: A Systematic Literature Review.” *Human Reproduction*, vol. 31, no. 4, Oxford UP, Apr. 2016, pp. 712–22. <https://doi.org/10.1093/humrep/dev335>.
23. Endometriosis.net Editorial Team. “Work and Endometriosis.” <https://endometriosis.net/>, reviewed by The Health Union Medical Review Board, 6 July 2018, [endometriosis.net/coping/work](http://endometriosis.net/coping/work). Accessed 13 Apr. 2023.