

Working together to support women's health

Another Bright Paper report brought to you by Sun Life





03 »

Foreword

04 »

Understanding the
gender health gap

06 »

Why have women
been underserved in
the health system?

08 »

Group benefits plans:
ensuring support
for women’s mental
health

10 »

Group benefits plans:
ensuring support for
women’s reproductive
and menopausal health

14 »

Policies and
practices to support
women’s health in
the workplace

About this paper

We have focussed this paper primarily on the health of people who identify as women and have a uterus. This includes people who experience physical and hormonal changes associated with biological female reproduction throughout their lifetime. However, some or all of this paper could apply to non-binary, transgender or two-spirited people who have a uterus.

We have further focussed this paper’s theme on women’s health in the workplace, and how employers can support it. We recognize there are many factors outside of the workplace that can significantly influence women’s health. These include socio-economic status, race/ethnicity, social connections, sexual diversity, education, and rurality.





Foreword



This new Bright Paper report continues our commitment to promoting diversity, equity, and inclusion (DE&I) in group benefits plans. It builds on our recently released report [Integrating DE&I into Group Benefits Plans](#) and our [Workplace Benefits DE&I Playbook](#) for employers.

In this report, we've chosen to focus on **women's health**. It's a topic that even today in 2023, needs much greater awareness and advocacy.

Despite many strides in achieving women's equity, the reality is that a gender health gap still exists. A long history of inadequate recognition and support of women's health is still affecting women today. Stigma still exists, especially around women's reproductive health.

The barriers this can pose across a woman's life, including in the workplace and ability to progress in her career, are very real. Through my own personal experience as a cisgender woman in a leadership position, I see it as another layer of the glass ceiling we must break.

There's a lot at stake for employers too. Those who support women's health will be better able to attract and retain talent and maximize the potential of the women in their workforces.

Progress is being made. Organizations like the Menopause Foundation of Canada have made great strides. They're raising awareness and advocating for research resources and policies to support women going through menopause.

But there's more to do. Collectively, we can't afford to wait. That's why we are focusing on helping to accelerate change in our industry. With this new report, we're hoping to further raise awareness and help break down stigma. In it, you will find guidance and solutions to better support the health of the women in your workplaces.

Please join us in being part of this change. Read the report and share it with your colleagues. We know there's much more to be done, and we're excited to be able to work with you on this very important issue. Together, we will make a difference!

Marie-Chantal Côté

Senior Vice-President
Sun Life Health



Understanding the gender health gap

Historically, too little focus has been placed on **women's health needs**. Health care has often not taken into consideration women's physiological differences, cultural challenges and other determinants of health such as education, income and employment.

This legacy continues to affect women's health and quality of life in many ways. Too often, women aren't getting the health support they need.

This is the gender health gap. It applies across the health ecosystem, including our public health care system and employer-provided group benefits.

The reasons for the gap are wide-ranging. They include lack of awareness, not enough research on women's health and powerful stigmas around topics like menstruation. There are other barriers to care related to traditional gender roles and expectations. Women tend to prioritize the health needs of others and take on greater caregiver responsibilities.¹

But the status quo is slowly changing, and employers are playing a key role. We're working to raise awareness of the gender health gap and provide supports and solutions to better support women.

Through actions within the workplace, women can benefit from access to the specific health supports they need. And employers gain a healthier and more productive workforce – and a greater ability to attract and retain talent.



33%

One-third of women (33%) say their group benefits plan didn't provide enough coverage to meet their needs. This compares to just 17% of men.²





The gender health gap can impact women's health and quality of life in many ways



Mental health

Over 40% of disability claims for women are for mental disorders, versus 30% for men.³ There can be many reasons for women's higher incidence of mental disorders. These include the strain of multiple caregiving roles and the stress of reproductive health issues.



Menopause

Three out of four women experience menopausal symptoms that interfere with their daily lives. 54% of women believe the topic is still taboo. Four in ten women feel alone during menopause.⁸



Menstruation

Nine out of ten women report having been stressed or anxious at work because of their period.⁴ Shame, taboos and misinformation around menstruation are still prevalent across Canada. So much so, that many women suffer silently with severe menstrual pain thinking it is normal and they "just have to live with it." This translates into workplace stress.



Heart health

According to the Heart and Stroke Foundation, **half of women who experience heart attacks have their symptoms go unrecognized.** They are also less likely than men to receive the timely treatments and medications they need.⁹



Pregnancy and childbirth

Fertility challenges have doubled since the 1980s, making family building difficult for many.⁵ And for women who give birth, **23% experience post-partum depression.⁶** Post-partum depression often lasts 3 to 6 months. **Only about 30% of women actually receive treatment and about 50% of women are never diagnosed.⁷**



Why have women been underserved in the health system?



Why representation in research matters

Women's physiology differs from men's in many ways, and treatments tested on men don't necessarily work well for women. This may explain why, today, **women experience 75% of adverse drug reactions in Canada.**¹⁰

There are several reasons why the health-care system can often underserve women.



Stigma. There remains a stigma attached to many women-specific health issues. These issues include contraception, menstruation, menopause, and other gynecological health concerns. **People can be uncomfortable talking about these issues – and this has several impacts.** It reduces general awareness of certain health conditions and reduces funding for important research and medical advances. It also means women themselves may delay or avoid seeking help.



Lack of representation in medical research. In the past, researchers often excluded women from clinical trials. They worried that women's hormones would distort the results. They were also concerned about unknown drug effects on pregnant women and their fetuses. Pregnancy risk is a valid concern that they were right to consider. But the approach of exclusion has left women underrepresented in clinical trials and medical research.

The inclusion of women in research is increasing – and research undertaken today better reflects women's health needs. But it remains underfunded. **Less than 8% of Canada's national funding goes to women's health research.**¹¹



Bias in diagnosis and treatment. The lack of research and awareness means that health professionals sometimes dismiss or misdiagnose women's symptoms and health concerns. This can lead to delayed or inadequate treatment. Pain is one such area, and the studies on it are revealing. **Doctors are up to two times more likely to diagnose women with a psychological cause for their pain.** Gender bias in chronic pain diagnosis can result in women receiving little medical support and avoidable damage to their mental health.¹²



How can employers help?

While employers can't change the health research landscape, they can help close the health gap in two important ways:



Ensuring their group benefits plan supports the health needs of women. Supports for mental health issues is one key area, as the incidence for women is much higher than for men. Another is support for reproductive health, where women's health issues are unique and historically underserved.



Policies and practices to support women's health in the workplace. These might include menopause support groups and providing education during events such as [Women's Health Week](#). It can also include flexible work policies that acknowledge and support women's greater caregiver role.





Group benefits plans: ensuring support for women’s mental health

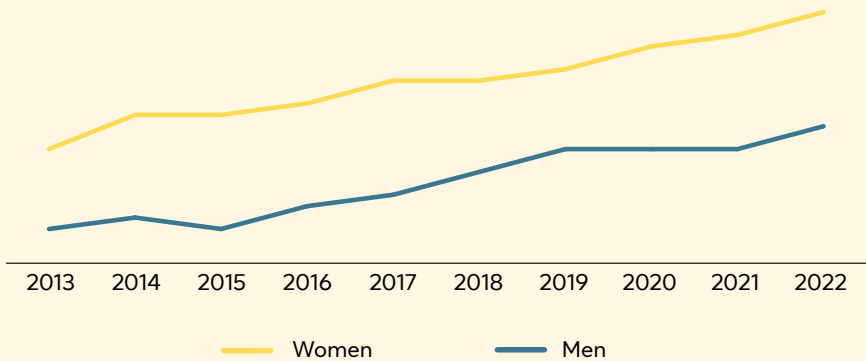
More than 40% of women’s

long-term disability claims are for mental disorders compared with **30% for men**.¹³

This is consistent with Canadian population data showing **women have a 1.7-times higher prevalence of depression**.¹⁴ There can be many reasons for this, including both societal and physiological factors. These might include the strain of multiple caregiving roles, reproductive health issues, and managing the symptoms associated with menopause.

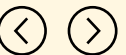
The greater prevalence of mental health claims among women continued through the onset of the pandemic. This upward trend has continued over the last 2 years. By comparison, men’s claims plateaued at the start of the pandemic and began to increase again in 2021.

Proportion of LTD claims that are mental disorder claims (new approved claims)



Sun Life data
2022 data is based on Q1&Q2

Research shows that the barriers to mental health care experienced by men and women are often different. **Women are much more likely to report barriers to mental health care related to availability or accessibility issues.** This includes a lack of transportation or childcare. Cost is another barrier affecting women more, given the gender income gap.¹⁵





Solutions to support women’s mental health

Sun Life solutions can help overcome women’s barriers to care.

Here are three actions you can take that can improve mental health supports for women and all employees.

1. **Increase mental health treatment coverage plan maximums.**

The [Canadian Psychological Association](#) recommends a standalone annual coverage maximum of between \$3,500 and \$4,000. This amount provides coverage for 15-20 sessions. This is the number of sessions required to achieve a therapeutic outcome for people suffering from depression or anxiety.

Increasingly, employers are viewing higher coverage maximums as an investment, not a cost. By eliminating the financial barrier to treatment, they can help reduce absences, lower disability rates and shorten disability duration.

2. **Add the Mental Health Coach.** The [Mental Health Coach \(MHC\)](#), provided by Kii Health (formerly CloudMD), is a new service that takes a personalized and proactive approach to mental health. The program engages employees who are the most at-risk of mental health-related absences. It then prompts them to access care before their symptoms worsen.

Employees work with a licensed health-care practitioner to create a personalized action plan. This includes focused recommendations for accessing care, whether through the group benefits plan, employer or public health resources.

During our pilot program:

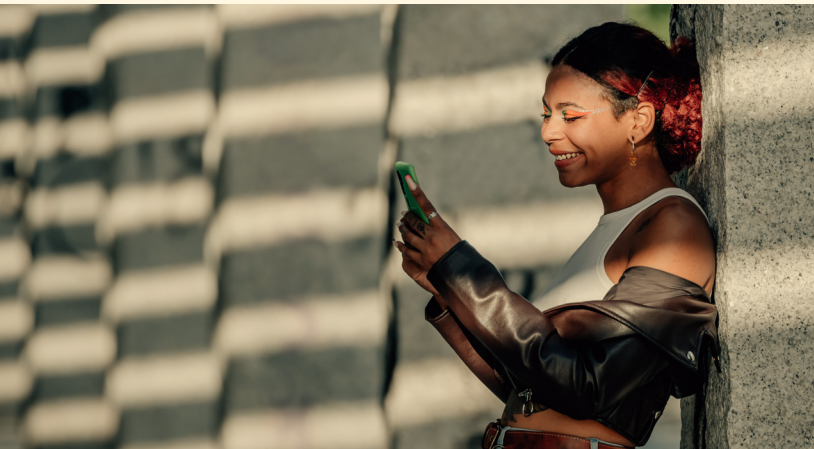
- **68%** of those reassessed with depression risks and **73%** of those reassessed with anxiety risks noticed major improvements.
- employees who met with a Coach and who went on short-term disability had leaves that were **5.6 weeks shorter** on average.

Source: Sun Life pilot data from May 2021 to September 2022. For resolved claims as of August 31, 2022.

3. **Provide access to integrated, holistic care:** [Lumino Health Virtual Care](#) suite of services, provided by Dialogue.

With one app, employees can access virtual primary care, Employee Assistance Program (EAP) and the Stress Management and Well-Being program (SM&WB). This means that health professionals can treat employee health, both mental and physical, holistically. It also means continuity of care, with employees able to move more seamlessly from one support to another.

With SM&WB, employees complete a brief online assessment. They can then connect within minutes to a mental health specialist who matches the employee to the practitioner most suited to their situation. The employee has unlimited therapy sessions until remission, at no cost to them.





Group benefits plans: ensuring support for women’s reproductive and menopausal health

Women’s health is far more than reproductive health – but women face many unique challenges in this area. And for the reasons outlined earlier (stigma, lack of research, bias) women’s reproductive health needs and experience through their menopausal years are often underserved.

Our [Workplace Benefits Diversity, Equity and Inclusion \(DE&I\) Playbook](#) highlights many specific health needs of women. It also outlines the resources available through group plans that can support them.







Breaking down stigmas

Let’s talk about genitourinary syndrome of menopause

Genitourinary syndrome of menopause (GSM) is a chronic, progressive condition of the vulvovaginal and lower urinary tract. GSM has a broad spectrum of symptoms, including vaginal dryness, frequent urination, and urinary incontinence. GSM is primarily caused by a decrease in estrogen production during menopause. It can have a significant impact on a woman’s quality of life. It’s estimated that 50-70% of postmenopausal women are symptomatic at least to some degree. Unfortunately, GSM remains vastly underdiagnosed. This is mostly due to **a reluctance among women to seek help due to embarrassment**, or to consider it as a feature of natural aging they must endure. **The taboo extends to health-care professionals** who are often reluctant to proactively address the issue with their patients.

Source: The Genitourinary Syndrome of Menopause: An Overview of the Recent Data. Angelou K, Grigoriadis T, Diakosavvas M, Zacharakis D, Athanasiou S. Cureus. 2020 Apr 8;12(4)

Benefits plan support

 Reproductive age Potential health conditions: Premenstrual syndrome, dysmenorrhea, menorrhagia, uterine or ovarian diseases (such as cancers and endometriosis) and infertility Group benefits coverage for: menstrual products, oral contraceptives and contraceptive devices, fertility drugs, fertility procedures, smoking cessation (related to fertility), mental health support.	 Pregnancy (pre-natal) Potential health conditions: Anxiety, hormone-related depression, physical discomfort, gestational diabetes Group benefits coverage for: mental health support, chiropractors, osteopaths, and physiotherapists (primarily pelvic floor specialists), dieticians, midwives, or birthing centres	 Pregnancy (post-partum) Potential health conditions: Physical recovery process, hormone imbalances, depression, lack of sleep Group benefits coverage for: mental health treatments for depression, specialized physiotherapists for physical recovery, incontinence supplies, breast pumps	 Menopause Potential health conditions: Menopausal symptoms, heart disease, osteoporosis, genitourinary and sexual health, cognitive and mood disorders Group benefits coverage for: menopause hormone therapy and other prescription options for women who can't take hormone therapy or who choose not to, non-prescription options such as cognitive behavioural therapy and coverage for physiotherapy to help treat pelvic floor issues.
---	---	---	--



Checklist: group benefits plan reproductive health and menopause

Here are some actions that can increase your plan’s support for women’s reproductive health and menopause. Speak to your group benefits plan advisor about the specific changes that could benefit your plan.



Check paramedical support maximums to ensure they’re enough to support pregnancy and menopause-related physical health issues.



Ensure mental health supports are adequate for treatments related to post-partum depression and menopause-related mental health issues. Consider the addition of [Lumino Health Virtual Care](#) suite of services to ensure immediate access to mental health supports.



Add the [Family Building](#) program to support employees using fertility services, surrogacy and adoption to grow their family.



Ensure your plan covers oral and other contraceptives, hormone replacement therapy, incontinence supplies, and smoking cessation.



Add pharmacogenomics coverage to your plan to help women more quickly determine which drugs will work best for them.



Put a [Health Spending Account](#) (HSA) in place to cover costs for midwives, birth centres and pre- and post-natal treatments.



Add a [Personal Spending Account](#) (PSA) to cover wellness-related expenses. This might include exercise, alternative therapies, menstrual products, pregnancy pillows, and baby safety equipment.



Menopause and its impact on women and the workplace

Breaking another layer of the glass ceiling

Understanding menopause

Not all women will have to deal with issues surrounding fertility. However, most women will have to deal with menstruation, perimenopause, and menopause.

Technically, “menopause” is one day and refers to the time when menstrual periods have stopped for 12 months. When we use the term menopause it encompasses perimenopause (the years leading up to menopause) and post-menopause (the years after menopause). Symptoms and health risks exist throughout a woman’s menopause journey.

Each woman’s journey through menopause is unique.

Many people are aware of common symptoms like hot flashes and night sweats. But there can be many other debilitating symptoms. These include lack of sleep and fatigue, joint and muscle pain, depression and anxiety, and memory issues.

The transition to menopause can last anywhere from 4-8 years. While many symptoms tend to subside several years after menopause, for some women they can continue for decades. It is important to understand that the significant postmenopausal drop in estrogen means women are at greater risk for heart disease, osteoporosis, and the genitourinary syndrome of menopause.

It’s a taboo topic – with four in ten women saying they feel alone during menopause. And yet, these symptoms are not benign.¹⁷

3/4

Three-quarters of women say their symptoms interfere with their daily lives.¹⁸

For example, **a majority of women (80%) experience hot flashes.** Of those women, 20% rate them as very severe and causing impairment. And symptoms can persist for 10 years or more.¹⁹

Much more than hot flashes

There are more than **30 symptoms** associated with the hormonal changes that can occur through menopause.¹⁶



A taboo topic – much more awareness is needed

54%
of women believe menopause is still taboo

4 in 10
women feel alone during menopause

46%
of women feel unprepared for perimenopause/menopause

55%
of women wish they had learned about it earlier in life

Source: Menopause Foundation of Canada, The Silence and the Stigma: Menopause in Canada, 2022





Menopause and the workplace

It has been estimated that **one in ten women will leave the workforce due to their menopause symptoms.**²⁰

There are more than five million working Canadian women over the age of 40.²¹ **This means one-quarter of Canada's workforce could be going through the menopause transition (perimenopause) – or are postmenopausal.** And with Canada's aging workforce, that percentage will only increase.

Menopause occurs at a time when many women are assuming a greater career leadership role. This makes it even more imperative for employers to support women at this critical career stage. It's an equity issue and a significant opportunity to break a layer of the glass ceiling through better workplace supports.

These supports can include fostering a gender-inclusive workplace by breaking the silence and the stigma of menopause.

Employers can also:

- offer education about menopause
- ensure they have a robust benefits plan
- create policies that are inclusive of the needs of menopausal women.

And yet, many women say the workplace does not support them during this time of change. In 2022, the [Menopause Foundation of Canada](#) undertook a national survey of Canadian women aged 40 to 60. It revealed that three-quarters of working women feel that their employer is not supportive of this life stage, or they are unsure of this support.²²

"Women in the prime of their lives should not be blindsided by menopause. Normalizing this natural part of life is long overdue and the workplace has an important role to play. We believe menopause is the missing link to explain why more women aren't breaking through the glass ceiling. By talking about menopause and providing evidence-based information, we break the taboo and empower women to thrive through their menopausal years."

Janet Ko, President and Co-Founder, The Menopause Foundation of Canada





Policies and practices to support women’s health in the workplace

Putting strategic group benefits plan coverage in place is an effective way to help close many gaps in women’s health. But policy supports can also play an important role. Here are three you might consider starting with.



Communication and awareness. Our society is moving toward greater awareness and discussion of women’s health issues. But stigma remains, especially around reproductive health and menopause. Your organization can help by engaging your entire workforce in the conversation. One way to begin this is by celebrating annual events, such as:

- International Women’s Day (March 8)
- [Women’s Health Week](#), which occurs each May (anchored by Mother’s Day).

These events are great opportunities to raise awareness, highlight supports, and reduce the stigma. You can do this in many ways: communications from leaders, expanding intranet resources, sharing on social media and more.

Perimenopause and menopause support.



Many larger organizations recognize the impact of menopause in the workplace and have created menopause champions and/or support groups. Such groups or champions can ensure there is ongoing communication about the supports available to women experiencing menopause. They can also reduce “silent suffering” by creating a community where women can share ideas and experiences.



Caregiver supports. The burden of caregiving falls disproportionately on working-age women. They are 50% more likely to report being caregivers than men. And this work takes its toll. Women are:

More likely than men to say their role causes them significant stress	
43% vs. 26%	Almost 50% more likely to have left employment due to the demands and strain of their caregiving role
About twice as likely to say that taking care of their health is very challenging	
28% vs. 15%	22% vs. 15%

Source: C.A.R.P. and Sun Life, national survey of C.A.R.P. members, June 2021

Employers can help with supports. These might include flexible work arrangements to reduce the time and scheduling stress on employee caregivers. Employers might also provide additional paid personal days that employees could use for their caregiving responsibilities or for self-care. Our research report – [Supporting the supporters](#) – has more information about supporting employees with caregiving roles in your organization.

Let's work together to better support women's health

Women's health needs greater awareness and support. As a partner committed to improving the lives of your employees, we're here to help. We can work with you to support the health of the women in your workplace. This includes raising awareness of women's health issues and ensuring that benefits coverages and other supports are in place.

These actions can allow the women in your workplace to feel supported – and remain productive throughout their careers. They can also help you attract and retain a valuable segment of your workforce.

For more information on how we can help, talk to your Sun Life Group Benefits representative.

This paper provides you with general information only. It doesn't provide you with employment, legal, health or financial advice. Consult with the appropriate professional to meet your organization's needs.

Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. MC9811-E 04-23 np-cc



¹ C.A.R.P. and Sun Life, national survey of C.A.R.P. members, June 2021

² National survey of 2,313 working Canadians, age 18-65, conducted by Ipsos on behalf of Sun Life, February 2022

³ Sun Life data, Q1&Q2, 2022

⁴ Periods and menstrual wellbeing in the workplace - the case for change, Bloody Good Period, 2021

⁵ <https://www.canada.ca/en/public-health/services/fertility/fertility.html>

⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/190624/dq190624b-eng.htm>

⁷ <https://www.postpartumdepression.org/resources/statistics/>

⁸ <https://menopausefoundationcanada.ca/>

⁹ Heart and Stroke Foundation of Canada, "System failure: Healthcare inequities continue to leave women's heart and brain health behind," 2023

¹⁰ Women's Health Collective Canada, Women's Health Collective is addressing the gap in women's health, June 2021

¹¹ <https://www.royalex.org/public/download/files/206413>

¹² Samulowitz A, Gremyr I, Eriksson E, Hensing G. "Brave Men" and "Emotional Women": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain. Pain Res Manag. 2018 Feb 25;2018:6358624. doi: 10.1155/2018/6358624.

¹³ Sun Life data, Q1&Q2, 2022

¹⁴ Albert PR. Why is Depression More Prevalent in Women? J Psychiatry Neurosci. 2015 Jul;40(4):219-21. doi: 10.1503/jpn.150205. PMID: 26107348; PMCID: PMC4478054

¹⁵ Slaunwhite AK. The Role of Gender and Income in Predicting Barriers to Mental Health Care in Canada. Community Ment Health J. 2015 Jul;51(5):621-7. doi: 10.1007/s10597-014-9814-8.

¹⁶ Menopause Foundation of Canada. The Silence and the Stigma: Menopause in Canada, 2022

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

²⁰ Brand, A. 10% of women leave the workforce due to menopause. HRreview. UK. <https://www.hrreview.co.uk/hr-news/10-of-women-leave-the-workforce-due-to-menopause/142016%20%0D>

²¹ Statistics Canada. Table 14-10-0018-01 Labour force characteristics by sex and detailed age group, annual, inactive (x1,000)

²² Menopause Foundation of Canada. The Silence and the Stigma: Menopause in Canada, 2022