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## The Women's Health Cost Gap in the UK



## Introduction

This survey has been conducted by Deloitte Health Equity Institute Europe aiming to investigate the additional cost that women face surrounding their health, and respondent's attitudes towards workplaces offering women's health benefits to alleviate this cost gap.

Following an analysis of claim spend data in the US, "Closing the cost gap: Strategies to advance women's health equity" which found that out-of-pocket health care costs for employed women is $\$ 15$ billion higher than for men, we wanted to understand the extent of the health cost gap in out-of-pocket spending by men and women in the UK.

In October 2023, we surveyed a nationally representative sample of working adults in the UK and asked 5 questions on their healthcare spend and how they view women's health in the workplace.
The sample size was 3156 men and women aged 18+, and the survey was conducted through YouGov.
Whilst we take a binary view of gender in the analysis of survey results, we acknowledge that not all people are represented within this binary, and costs associated with women's health services can extend to individuals who do not identify as women.

## Get in Touch



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## Out-of-pocket spend

## Higher "out-of-pocket" health spend equates to working women spending $£ 1.5$ billion more on healthcare per year than men

You indicated you spent money on the following personal health and care categories in the last 12 months... Approximately how much did you spend in each health category? (An average was taken for men and women across each health category)


## Average UK "out-of-

 pocket" spend for women than men

Resulting in working women spending


In the UK working population, more women spend out-of-pocket on their health per year, and have a higher average spend than men when they do.

We asked people if they spend money on a set of personal health and care categories - defined as 'out-of-pocket' spend. In the average UK population, we found that 52\% of women surveyed spent out-of-pocket on health per year, versus only $39 \%$ of men, suggesting that women have more pressure to spend out-of-pocket.

Based on the survey results, out-of-pocket health costs for employed women are $£ 305$, whilst for men it is $£ 210$. This means that employed women in the UK are spending almost 1.5x more out-of-pocket on health per year than employed men in the UK.

The out-of-pocket healthcare spend equates to the working population of UK women spending $\sim £ 1.5$ billion more than men per year.*
*£1.5bn was calculated by multiplying the surplus amount women spent out-of-pocket on health per year (£95) by the number of working women in the UK (16.06million)
 on the categories identified in the past 12 months ) $=2572$ total

## Women are spending consistently more out-of-pocket than men in every health category

You indicated you spent money on the following personal health and care categories in the last 12 months... Approximately how much did you spend in each health category? (An average was taken for men and women in each health category)


Women
$\square$ Medical diagostics and wearables
$■$ Fertility, menopause and menstrual health


Men

■ Private counselling or other mental health support
■ General healthcare

Note: Please see appendix for detailed breakdown of the analysis
Women are spending up to $2.5 x$ more "out-ofpocket" on fertility, menopause and menstrual health, as well as consistently more on other healthcare categories

Out-of-pocket spend in UK women versus men:

- $10 \%$ more on medical diagnostics and wearables (e.g. glucose monitors, Fitbits / health and exercise monitors)
- Almost $\mathbf{2 5 \%}$ more on private counselling or other mental health support
- $\mathbf{2 5 \%}$ more on general healthcare (e.g. dental, physio, pain, private GP)
- Unsurprisingly, women spent 250\% more on fertility, menopause and menstrual health. However, the average spend for men in this category was over $£ 1000$ - more than double the average female spend - potentially reflecting the high cost of fertility treatment and family planning

This may reflect the 'pink tax', whereby women's health items tend to be more expensive, or because women often seek specialist treatment for female-specific concerns.
 spending on the categories identified in the past 12 months ) $=2572$ total
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## Attitudes in the Workplace

## In general, women are more aware of the healthcare benefits offered by their employer

Which of the following women's health benefits are you aware that the company you work for offers?


Women are more aware of workplace benefits than men
There is a noticeable difference between men and women when it comes to awareness whether their workplace offer women's health benefits. Women are more aware if their workplace does not offer any benefits at all, with $36 \%$ of women responding N/A versus $18 \%$ of men.

A higher percentage of men (40\%) said that they do not know if their workplace offers women's health benefits at all - versus only $17 \%$ of women.

However, if aware whether their workplace offer women's health benefits, there is a similar level of knowledge of those specific policies between men and women.

These inverted responses suggest that, in general, women are more aware of the benefits offered by their employer - which is perhaps not surprising given that they are most affected by these policies.
[1] e.g. time-off for fertility treatment, menstrual pain, menopause etc.
[2] e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc.
Total number of respondents: 1264 women, 1308 men = 2572 total
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## Most employees aren't sure what to expect from their workplace in terms of supporting women's health

In which of the following ways would you like your company to support you and your colleagues' needs better?


Even though awareness of women's health has improved, employees still don't know what to expect from their workplace

Almost a quarter of women indicated that supportive policies giving time-off fertility treatment, menopause, and menstrual pain etc was the most preferred outcome. Yet 'don't know' was the second highest response, reinforcing the idea that there is a lack of awareness.

Perhaps unsurprisingly, 42\% of men don't know how workplaces can support employees in terms of women's health.

The remaining responses show that those men who selected potential benefits chose the same categories as the women with both groups responding similarly across the board.
[1] e.g. time-off for fertility treatment, menstrual pain, menopause etc.
[2] e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc.
Total number of respondents: 1264 women, 1308 men $=2572$ total
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## Whilst women's health benefits are viewed as demonstrating a commitment to female talent, it is only considered a key factor in decision-making for $28 \%$ of women and $14 \%$ of men

On a scale of 1 to 10, where 1 is "Completely disagree" and 10 is "Completely agree", to what extent do you agree or disagree with the following statements:
"Women's health benefits demonstrate a company is serious about attracting and

"Women's health benefits are a key factor in my decisions to take or leave a job"


In general, women responded more positively towards women's health benefits.

Whilst the majority of respondents agreed that women's health benefits reflect positively on the company in terms of attracting and retaining female talent, almost $\mathbf{7 5 \%}$ of women agreed with this, highlighting an opportunity for employers to differentiate themselves in the fight for talent.

Similarly, $\mathbf{2 8 \%}$ of women indicated that women's health benefits would be a key factor in their decision to take or leave a job. However, most respondents (both men and women) disagreed with this statement overall, suggesting that it is not a dealbreaker.

## Women, particularly younger women, are more attracted to companies which invest in women's health benefits for their workforce

On a scale of 1 to 10 , where 1 is "Completely disagree" and 10 is "Completely agree", to what extent do you agree or disagree with the following statements:
"I am more attracted to join companies which invest in women's health benefits for their workforce"

"I am more attracted to join companies which invest in women's health benefits for their workforce" - Women's responses by age group


Our data shows higher numbers of female respondents are more attracted to companies that invest in women's health.
$60 \%$ of women said they are more attracted to join companies which invest in women's health benefits; this is significantly more than men, with only $31 \%$ agreeing. In fact, $48 \%$ of men disagreed with the statement, suggesting a lack of awareness of how women's health benefits might impact them.

This highlights an opportunity for employers to attract and retain female talent in a competitive market - and is even more true with regards to younger women. $67 \%$ of women aged 18 -44 were more attracted to companies which invest in women's health benefits for their workforce; at their life stage, they may be more interested in health benefits relating to reproductive health, career and family planning, health and wellness, and career advancement and professional growth.
 Total number of respondents: 1264 women, 1308 men $=2572$ total

## Recommendations

## How can we address gender-based disparities in health?

Addressing gender-based disparities in health requires a collaborative and multi-sectoral approach that involves action at the individual, community, institutional, and policy levels. By working together, stakeholders can help create a system that promotes equitable access to high-quality care for all individuals, regardless of gender.

## Employers

- Creating women-friendly working environments by understanding the needs of different demographics of working women and offering womenspecific benefits (e.g., fertility and pregnancy, bereavement for miscarriage, menopause etc.)
- Promoting a culture where women can take leave for conditions without it negatively impacting their career prospects


## Providers

- Updating medical education curriculum to be more comprehensive for the full life cycle of women's health and by incorporating female-specific content to challenge outdated gender biases and stereotypes
- Upskilling HCPs and increasing their awareness on specific women's health conditions and manifestations of disease will accelerate referrals, diagnosis and treatment for women


## Policy makers

- Ensuring that a women's age, sexuality, ethnicity, disability or their postcode does not impact their ability to receive treatment or care
- Providing adequate funding for women's healthcare services and financially incentivizing research organizations and employers to prioritize women's health


## R\&D organizations (academia, life sciences etc.)

- Addressing lack of research into women's health conditions by increasing the representation of women of all demographics in research. This provides the evidence base for more women-centric R\&D innovation, better diagnosis of women's conditions and women's health policy development


## Health insurers

- Ensuring that treatment for pre-existing medical conditions relating to women's health (e.g. endometriosis) is covered by health insurance policy plans. This enables women to be proactive about their health, seeking additional treatment beyond what the NHS can offer


## Investors

- Increasing the amount of investment is being femtech and R\&D specifically focused on women's health conditions, and therefore providing the funding to enable the roles of other stakeholders


## Appendix

## Survey Questions

1. Which of the following women's health benefits are you aware that the company you work for offers? (Please select all that apply)
2. In which of the following ways would you like your company to support you and your colleagues' needs better? (Please select all that apply)

- Supportive Policies giving time-off for fertility treatment, menstrual pain, menopause etc.
- Information and more educational resources pertaining to women's health
- Access to and more solutions for women's health problems
- Access to experts
- Funding policy or insurance coverage for women's health (e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc)
- Other
- Don't know
- Not applicable - My company does not offer any women's health benefits

3. On a scale from 1 to 10 , where 1 is "Completely disagree" and 10 is "Completely agree", to what extent do you agree or disagree with the following statements? (Please select one option for each row)

- Women's health benefits demonstrate a company is serious about attracting and retaining female talent
- Women's health benefits are a key factor in my decisions to take or leave a job
- I am more attracted to join companies which invest in women's health benefits for their workforce

4. Have you spent money on any of the following health and personal care categories in the last 12 months (i.e. since October 2022)? (Please select all that apply)

- Fertility / menopause / menstrual health
- Private long covid treatment
- Private counselling or other mental health support
- General health care (e.g. dental, physio, private GP, pain)
- Medical diagnostics and wearables (e.g. glucose monitors, Fitbits/ health and exercise monitors)
- Other
- Don't know
- Not applicable - I have not spent any money on personal health

5. Approximately how much did you spend in each category?

- Up to $£ 100$
- Between $£ 100$ and $£ 249$
- Between $£ 250$ and $£ 499$
- Between $£ 500$ and $£ 999$
- Between $£ 1000$ and $£ 2499$
- Between $£ 2500$ and $£ 4999$
- $£ 5000$ or more
- Don't know


## Analysis Details

- 'Out-of-pocket' spend was determined by the answers to questions 4 and 5.
- To determine the average spend, we used the midpoint of each range to determine the mean spend for each category. We then multiplied this by the total number of respondents within that category to give the total average spend per category. We then divided this figure by the total number of male or female respondents to show the average spend across the whole population. We repeated this for both men and women to give the average 'out-of-pocket' spend for each.
- Private long covid treatment' cannot be seen as a healthcare category in breakdown slide as the number of respondents was low (average $£ 1$ for women and $£ 3$ for men), but the average is included in the total.

