

RECRUITING AND RETAINING WOMEN+ IN THE WORKPLACE

Insights from people who identify as female (women+) with inflammatory arthritis and rheumatic and psoriatic diseases

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RECRUITING AND RETAINING WOMEN+ MATTERS

Women+ are a critical part of the workforce

Inflammatory arthritis & psoriasis are each estimated to impact roughly 1 million people in Canada

These diseases impact people in the prime of their lives – for women+, when they are making decisions about starting a family, parenting, and living through peri/menopause

RECRUITING AND RETAINING WOMEN+ MATTERS

Important to consider how to support employee wellness and participation
~ diversity, equity, and inclusion a key HR priority in many workplaces

Benefits and other support offered by employers are an important part of an organization's recruitment and retention strategy

Benefits offered to all workers provide better support and improved access

WHAT WOMEN+ TOLD US

We asked **more than 400 people** who identify as female (women+) living with these diseases about their sexual and reproductive needs

These diseases impact their health throughout their lives and highlight different needs:

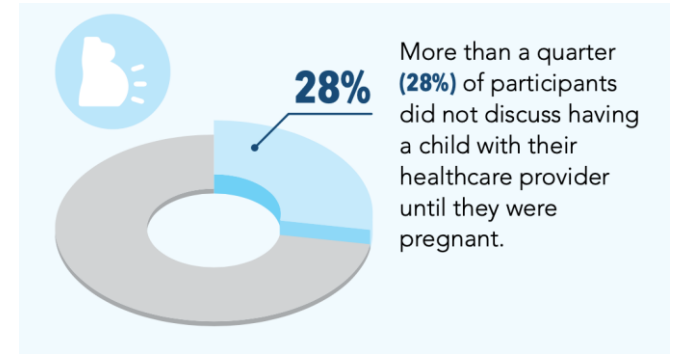
- Sexual health including self-esteem
- Family planning / pregnancy
- Pain
- Mental health
- Parenting
- Perimenopause/menopause
- Accessing care and treatments (including paying for medications)

Women+ with these diseases have specific needs that can be better supported in the workplace & by private plans

BARING IT ALL:

Final report from a survey on reproductive and sexual health in women+ with inflammatory arthritis, rheumatic, and psoriatic diseases

MEDICATION CHANGES: PREGNANCY & BREASTFEEDING



Not all medications for these diseases are safe in pregnancy and breastfeeding. More than one-quarter of women+ told us they did not discuss having a child with their HCP before becoming pregnant.

When women+ are taking unsafe medications, their healthcare provider has to switch them to a safer one to protect the health of the fetus or the baby. **More than three-fifths of women+ had to switch** to a medication that was **safer in pregnancy and breastfeeding.**

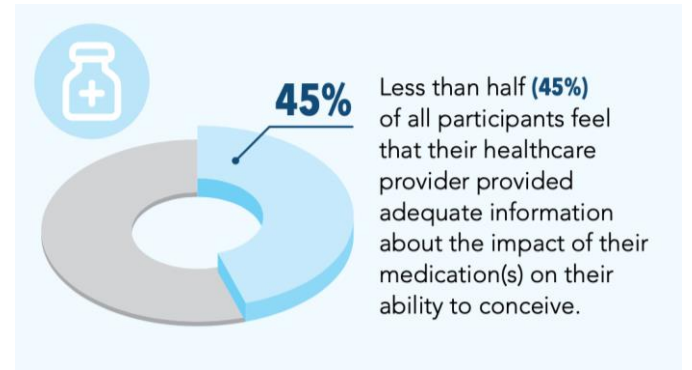
PRIVATE PLAN SOLUTIONS

- Ensure that private plans **include these safer options**
- Offer **navigational support** to plan members where prior authorization is needed
- **Do not make pregnancy a precondition** to accessing safer medications as these should be available before the start of pregnancy

MEDICATION CHOICE IN FERTILITY & CONTRACEPTION

Fertility and contraception are important sexual health needs for many women+ with these diseases. **Nearly 1 in 10 were actively trying to prevent pregnancy** (particularly younger women+).

However, the impact of these medications on fertility and conception are not well-known among women+ patients. **Less than half (45%)** of participants indicated their health care provider provided **adequate information about impact of medications on ability to conceive.**



PRIVATE PLAN SOLUTIONS

- Plan design should **provide choice in reimbursing contraception options**, especially considering the effects of medications for these diseases on fertility and conception
- Benefits advisors should review plans and **educate plan sponsors about the medications offered** that impact reproductive health (e.g., fertility, pregnancy)

PAYING FOR MEDICATIONS

Access to medication is impacted by sex and gender. **Over half** of the women+ surveyed indicated they **had experienced financial hardships** associated with paying for their medications – more so for younger women+ (under 30).

They reported spending **up to \$4,000 per month out-of-pocket for prescription medications** (prescribed by a healthcare provider) and told us they used various strategies to mitigate the out-of-pocket financial burden, which reduces efficacy of medications.

THERE ARE IMPORTANT REGIONAL DIFFERENCES IN THE NUMBER OF PARTICIPANTS WHO REPORT NOT FILLING THEIR PRESCRIPTIONS:



PRIVATE PLAN SOLUTIONS

- Support for women+ **in navigating plan options** to reduce financial burden and potential impacts on employee wellness
- Simplified processes focused on recipients for navigating plans, including **prior authorization**
- Support the inclusion of temporary workers in benefit plans

DEI & PAIN: TALK THE TALK, WALK THE WALK

I was employed by a school board a couple of years ago. **At the point of hire, HR gave me lots of forms to fill out, some of which pertained to my health.** It asked what I considered personal questions about my health. **I answered truthfully, but was scared that I was going to be discriminated against.**

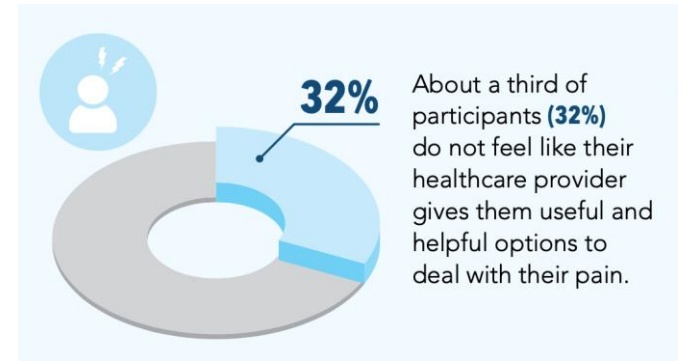
A while after submitting the paperwork, I received a phone call from HR to follow up, and was informed as such. **She asked me so many questions with a perfunctory tone that I found myself becoming defensive.** There was no softness, kindness, or understanding in her tone.

The reason why I bring this up is because **while DEI may be a HR priority, it doesn't translate into practice.** I know it doesn't translate into safety for the BIPOC community, and I certainly didn't feel it with regards to chronic pain, and I think because **pain is still stigmatized;** it's invisible and therefore people don't understand (she didn't understand). I think what I'm trying to get at is that while the School Board stated in their documents that they supported DEI, in practice it felt a bit different, **which in return didn't make me feel safe to ask for support.**

PAIN

Many people become isolated when experiencing pain related to these diseases. Though 91% of survey participants can honestly discuss pain with their healthcare provider, **only 58% feel like their healthcare provider relates to the pain they experience** from their condition.

Important gaps remain in access to information, tools, and support for patients in pain. About **a third of participants (32%) do not feel** like their healthcare provider gives them **useful and helpful options** to deal with their pain.



PRIVATE PLAN SOLUTIONS

- Provide access or flexibility to the **paramedical services** that people need
- Share patient organizations' **resources on pain management** with patients
- Include **comprehensive pain management options** in plan design (robust formulary, allied health services like massage therapy, acupuncture, physiotherapy, etc.) **and mental health supports**

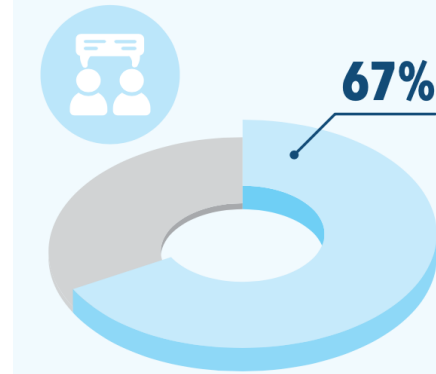
MENTAL HEALTH

Mental health is often underappreciated. Seven-eighths (87%) of participants **worry about the impact of their condition on their mental health.**

*This was **higher** for people who identified as LGBTQ2S+ (96%) and women+ between 31-50 (95%).*

Yet, **only 16% of participants have a mental health professional** (e.g., psychiatrist, psychologist, social worker) as part of their care team.

More mental health supports are urgently needed for women+ with these chronic inflammatory diseases.

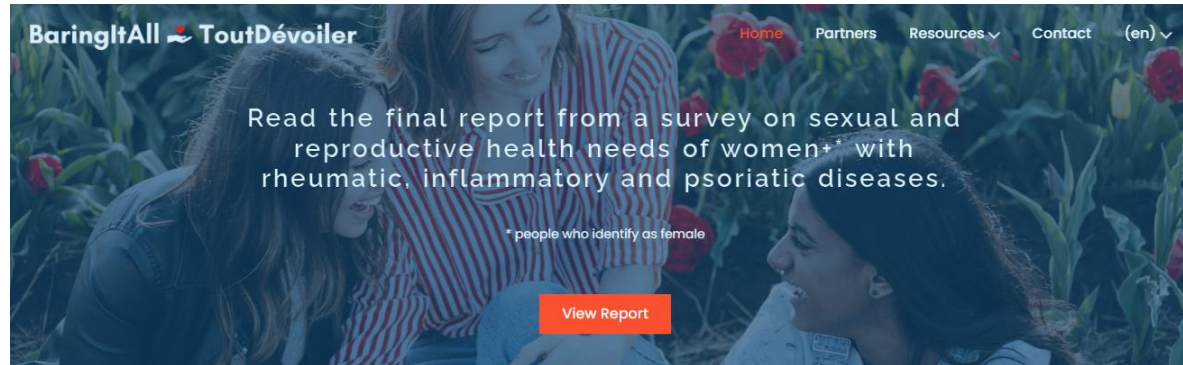


Only **67%** said that they have someone to talk to about their worries and concerns.

PRIVATE PLAN SOLUTIONS

- Offer **access to EAPs** to support employees
- **Improve scope** of services in EAPs
- **Increase flexibility** in access to paramedical treatment (e.g., psychology and social work)
- Explore **co-development** of mental health supports with patient organizations.
- Educate plan sponsors about the **distinction between EAPs** (free to employee) and **access to mental health support** (often a shared expense)

RESOURCES



www.baringitall.ca

- ✓ Read the **report**
- ✓ View the **infographics**
- ✓ Share **social media** assets
- ✓ Check out the **tip sheet** for private benefit plans