

Heart disease looks different in women – supplemental coverage can help



Here's an exercise in public perception: Type "person having heart attack" into a search engine, then look at the images that come up. Notice anything? Most are of men.

Google searches aren't clinical, but they can reflect attitudes and perceptions at large. And in the case of heart disease, those perceptions can be deadly. Heart disease is the No. 1 killer of women in the United States, accounting for roughly 1 in every 3 female deaths each year and killing more women than all forms of cancer combined.¹ While heart disease is sometimes considered to be a man's disease, almost as many women as men die of heart disease each year in the U.S.²

Women need to know about heart disease

It isn't just search engines that suggest people think of heart disease as a men's issue; it's women themselves. Unfortunately, only about half (56%) of women are aware that heart disease is the leading cause of death among women.²

And that's important because 80% of cardiac and stroke events may be prevented with education and action.³ Cardiovascular disease impacts some women at higher rates than others, but most cardiovascular diseases can be prevented with education and healthy lifestyle changes.¹

Among females 20 years and older, nearly 45% are living with some form of cardiovascular disease and less than 50% of women entering pregnancy in the United States have good heart health.¹ Studies have also shown striking disparities in heart disease outcomes in Black versus non-Black women, including earlier development of cardiovascular disease and a nearly 20% higher rate of cardiovascular-related death.⁴

Heart disease looks different in women

Heart disease isn't just viewed differently between the sexes. Heart attacks take different forms — women tend to have different symptoms than men. Go back to those pictures that turned up on Google. Chances are it's not just a man, but a man clutching his chest. But women often delay seeking care or are misdiagnosed because they can experience symptoms other than chest pain, such as upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, upper body discomfort, dizziness and shortness of breath.²

Seventy-two percent of women who had a heart attack waited more than 90 minutes to go to a hospital or call 911, compared to 54% of men. Women who went to the emergency room with chest pains, particularly women of color, had to wait an average of 11 minutes longer to see a doctor or nurse than men who complained of similar symptoms. And women were less likely to be admitted to the hospital, received less thorough evaluations and were less likely to receive tests such as an EKG.⁵



Women are often less likely to receive bystander CPR because rescuers often fear accusations of inappropriate touching, sexual assault or injury.¹

Supplemental insurance coverage can support female workers

Health experts are calling for change in how heart disease is researched, treated and understood by the medical community, with the goal of improving gender equity in heart disease care.⁶ But systemic change takes a long time, which doesn't help women now.

Heart disease has other costly impacts as well, such as treatment and overall care costs. It is one of the most expensive health conditions in the U.S. The typical average cost for a heart bypass surgery (and only the surgery), without insurance, is \$123,000.⁷ Even with some of the best health insurance coverage, which could pay as much as 80% of the total bill, the remaining 20% of the costs can exceed \$100,000 for a major surgery and can fall to the patient.⁷ That doesn't include other expenses such as lost income from recovery time, certain rehabilitative equipment and things that support recovery but aren't directly related to health care, such as meal delivery services.

Critical illness coverage can help women protect themselves against high financial costs. Let's say that one of your clients' employees purchases Aflac's group critical illness plan. If that employee suffers from a critical condition covered in the plan — including heart attack, stroke, major organ transplant or sudden cardiac arrest — she could receive a benefit of \$5,000 to \$50,000, based on the coverage she has, to use in whatever way helps her the most.⁸

Critical illness is a robust form of coverage, but it isn't the only one available. Several hospital indemnity coverages are available to help with the out-of-pocket costs of hospital stays. And Aflac's health screening benefit, available through several different coverage types, pays benefits for certain preventive care, including annual physical exams that can help detect early signs of heart disease.

While these benefits can help alleviate some of the costs and worry associated with heart disease and treatment, no insurance policy is a substitute for equity in health care. Nor can supplemental coverage be a remedy for the gaps in women's awareness and education that often put them more at risk. As we gain a greater understanding around a condition that everyone is at risk for, supplemental coverage can be a lifeline to help with the associated costs.



¹American Heart Association Go Red for Women. "The facts about women and heart disease." Accessed 01.05.24.

²CDC "Lower your risk for the number 1 killer of women." Published 11.03.2023. Accessed 01.05.24.

³American Heart Association Go Red for Women. "About heart disease in women." Published 2024. Accessed 01.05.24.

⁴Cedars-Sinai. "Racial and ethnic disparities in heart disease" Published 11.26.2023. Accessed 01.05.24.

⁵The New York Times. "Why heart disease in women is so often missed or dismissed." May 9, 2022. Accessed 01.05.24.

⁶NIH. National Library of Medicine. "Analysis of gender-based inequality in cardiovascular health: an umbrella review." Updated August 2023. Accessed 01.05.24.

⁷Debt.org. "Hospital and surgery costs." Updated 11.30.2023. Accessed 01.05.24.

⁸Aflac. "Aflac Product Reference Guide: Group Critical Illness Insurance."

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