

How supplemental coverage can help shield women from the high costs of heart disease



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? You're looking at a bunch 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 It does kill more men than women, but more women die from heart disease than anything else.²

Heart disease looks different in women

It isn't just search engines that suggest people think of heart disease as a men's issue; it's women themselves. Unfortunately, only 44% of women are aware that heart disease is the leading cause of death among women.¹

And awareness has actually dropped over the past 10 years — in 2009, 65% of women knew the facts.³ Women of color were particularly likely to have seen a drop in awareness levels, with Hispanic women showing an 86% decline in awareness, black women showing a 67% decline and younger women (ages 25-34) showing an 81% decline.⁴ This lack of awareness takes concrete form. It shows up in women's survival rates (fewer women than men survive a heart attack).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 65% 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

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 experience symptoms other than chest pain, such as indigestion, cold sweats, fatigue, neck or jaw pain and shortness of breath.⁵

While some practitioners refer to these symptoms as "atypical," the fact is that they're not atypical. They're female.



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.⁵ 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 and is the leading cause of hospitalization in the U.S. Without insurance, a cardiac bypass carries a national average price tag of \$55,694.⁶ Even with some of the best health insurance coverage, some costs fall to patients. A year's worth of out-of-pocket expenses for treatment of a heart condition can range from \$2,000-\$5,000.⁶ 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.⁷

Critical illness is a robust form of coverage, but it isn't the only one available. Aflac also offers a heart event rider that pays a benefit when heart surgery and certain cardiovascular techniques are performed. 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 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 gender 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 1.9.23.](#)

²Circulation. GE Healthcare> "Heart disease is a bigger threat to women than breast cancer — How gender-specific ECG algorithms may help predict risk." March 7, 2022. [Accessed 1.9.23.](#)

³Circulation. "Ten-Year Differences in Women's Awareness Related to Coronary Heart Disease: Results of the 2019 American Heart Association National Survey: A Special Report from the American Heart Association." Published 9.21.2020. [Accessed 1.9.23.](#)

⁴American Heart Association. "Heart Disease Awareness Decline Spotlights Urgency to Reach Younger Women and Women of Color." Published 9.21.2020. [Accessed 1.9.23.](#)

⁵The New York Times. "Why heart disease in women is so often missed or dismissed." May 9, 2022. [Accessed 1.9.23.](#)

⁶Good RX Health. "How to manage the continuing costs of heart disease." Updated Aug. 4, 2022. [Accessed 1.9.23.](#)

⁷Aflac. "Aflac Product Reference Guide: Group Critical Illness Insurance."

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