



**A GENDER-BASED APPROACH TO HEALTH FUNDING:
ONE PATH TOWARD GREATER ECONOMIC
EMPOWERMENT FOR WOMEN**

DECEMBER 2017

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A photograph of two business women in an office setting, overlaid with a teal color. One woman is in the foreground, looking down at a tablet device. Another woman is partially visible in the background, also looking at a device. The overall mood is professional and collaborative.

1. EXECUTIVE SUMMARY

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Women in Ontario and throughout Canada face barriers to full economic empowerment. Policy makers at all levels of government have identified women's economic empowerment as a key focus, and research suggests that it is essential for Canada's future economic success.

An integral part of ensuring economic empowerment and success for women includes bringing invisible barriers to light and facilitating better outcomes for women through sensible policy change. One of these barriers is women's health issues which require time off work.

For example, uterine fibroids are a common, yet debilitating health issue experienced by many women in their reproductive years. Until recently, surgical removal of the uterus (a hysterectomy) has been the most common treatment, requiring women to take significant time off work which impacts their career development. There is a Health Canada-approved once daily oral medication option called FIBRISTAL[®] indicated for the treatment of moderate to severe signs of uterine fibroids. This may help women retain their uterus and avoid surgery. Unfortunately, due to current gaps in public funding, not all women have access to this new treatment option.

As the age and number of women in the workforce increases, it's essential that health funding and access to treatment consider women's health specifically. This paper outlines and recommends a gender-based approach to public health funding for women to have better treatment access, allowing them to contribute fully and successfully to the Canadian economy.



2. INTRODUCTION

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There are seismic shifts underway in the Canadian workforce.

In 2015, for the first time, Canada saw its population of people older than age 65 exceed that of its population younger than age 15, signifying an aging and retiring workforce. By the mid-2030s, it is estimated that 1 in 4 Canadians will be 65-years or older.¹ The aging workforce necessitates that women be fully integrated and empowered in the economic future of the country - both for the economic success of Canada, and for the well-being of Canadian families.

At the same time, there has been a sharp increase of women in the workforce, with 82 percent of working-aged women in Canada participating in the labour market in 2015 - up from 21 percent in 1950 and 65 percent in 1983.² Of these women, an ever-increasing number are the chief breadwinners for their families - now over 17 percent.³

Statistics Canada reports, however, "...in spite of this trend, women's experiences of paid work tend to differ from those of men, being shaped to a greater extent by their caregiving roles and/or their employers' presumptions of these roles..."⁴

This disparity is reflected in several ways throughout the economy. For example, average take-home pay for women is roughly 26 percent less than that of men.⁵ And, while women make up over half of all employees in the workforce, "...they continue to be under-represented in leadership positions — as of 2015, 51 percent of businesses listed on the TSX had no women on their boards..."⁶ Additionally, research conducted for this paper found evidence that common health issues that affect workplace-aged women can have an overall effect on their ability to compete and advance in the workforce, hindering their ability to be fully empowered economically.

Because of our rapidly aging workforce, addressing such disparities is critical to the overall success of the Canadian economy today and in the future.

Combining both trends, it is clear the future of the Canadian economy is inextricably linked to the ability to integrate women into the workforce. Yet, in a survey conducted for this paper, 78 percent of employers stated that it is more difficult to attract and retain women than men in the workplace.⁷ Several reports have focused on this exact issue.^{8,9}

Last year, the Province of Ontario released *Women's Economic Empowerment: A Call to Action for Ontario*. This report clearly articulated what economic empowerment means and how to achieve it:

The goal of economic empowerment is for women and girls of all ages, abilities and backgrounds to access and benefit from economic and social opportunities, and be able to participate fully in society. This means: equal access to opportunities and resources in education, and skills development, entrepreneurship, and employment institutional environments that promote economic growth and safety for women and girls and remove systemic barriers.¹⁰

One key area of focus for the Report was “Goal Four: Shift Social Attitudes” and included the following actions:¹¹

- *Examine gender bias in institutions (public, private sector)*
- *Generate social awareness about gender equity at home and work*
- *Encourage use of gender based analysis*
- *Examine social norms in a multicultural context*

Driven by a growing recognition that there are distinct barriers to workforce participation facing women, including common health issues, this paper outlines how a gender-based approach to public funding may provide women a full range of clinical and therapeutic options that allow them to remain productive in the workforce and advance their careers, without unnecessary interruption.

What follows is informed by new and original primary research that has never been shared publicly, showcasing compelling evidence that employers and Ontario's policy community acknowledge the importance of women's economic empowerment and support taking gender into consideration while developing health policy.

Finally, this paper includes potential areas to apply a gender-based approach to address the widespread health concern for women with uterine fibroids. It is the position of this paper that this approach would result in better care, as well as improved workforce participation for Canadian women.

A woman with short blonde hair is sitting at a desk in a dimly lit office. She is looking off to the side with a thoughtful expression, her hand resting on her chin. The scene is bathed in a teal light. In the background, there is a desk lamp and a computer monitor.

3. KEEPING WOMEN WORKING

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The Ontario Government's 2017 *Women's Economic Empowerment: A Call to Action for Ontario* initiative defines the specific goal of economic empowerment as follows:

*Our goal is for all women and girls to access and benefit from economic and social opportunities, have diverse leadership roles and be able to participate fully in society.*¹²

The report underscores the need for action to achieve economic empowerment for women, including closing a substantial wage gap whereby, *“women take home approximately 26 percent less than men...”*¹³ The causes of this wage gap and inequality are multi-fold: *“part-time, low-paid and precarious jobs are often done by women, biased hiring practices, limited access to quality, affordable childcare, limited access to safe and affordable housing, especially those fleeing domestic violence, experiencing hidden homelessness and difficulties accessing support.”*¹⁴ This is compounded by the fact that a majority of Ontario employers – 88 percent – say extended leave impacts an employee's professional development opportunities.¹⁵

One key aspect of action highlighted in the Ontario report is a gender-based policy analysis to thoroughly reflect the impact, both positive and negative, of policy choices. This approach is a new method of policy analysis, which is gaining currency and acceptance.

For example, the City of Toronto—Canada's largest city—continues to explore Gender-Responsive Budgeting (GRB) which is *“...a framework used to analyze budgets to assess how policies and programs have different impacts on different genders. A GRB analysis takes into account issues such as unpaid childcare and the impact of public services, all from a perspective that focuses on who would benefit from particular budget allocations...with the aim of offering women better access to the job market...”*¹⁶

In another example, Status of Women in Canada has been working on a similar approach called Gender-Based Analysis Plus (GBA+) which is “...*an analytical tool used to assess how diverse groups of women, men and gender-diverse people may experience policies, programs and initiatives.*”¹⁷

Research conducted for this paper found that 85 percent of public and private sector employers—78 percent of whom are struggling to attract and retain women in the workforce — agree that more must be done to address the unique barriers and challenges women face in the workforce.¹⁸ Considering policies related specifically to women - whether family care or specific health issues - through a gender-based lens would advance the cause of women’s economic empowerment.

Over the past half-century, the average age of women having children has gone up,¹⁹ which has led to a rise in the number of women in the workforce,²⁰ and by extension the number of

mid-career health challenges women face. These challenges can be common women’s health issues that require extended leaves, such as uterine fibroids as described in this paper, and often hold women back from fully participating in the workplace.

In our survey, nearly 90 percent of employers acknowledged that extended leaves from work have an impact on an employees’ development and career advancement opportunities.²¹ The number of mid-career health challenges women face in the workforce require government to consider strategies to accommodate the specific health and wellbeing needs of working women. This includes preventing absenteeism or departures from the workforce for medical reasons.

4. RECOMMENDATION

A grayscale photograph of two young women sitting at a desk in a study or office. They are looking at a laptop screen. The woman on the left is smiling and resting her chin on her hand. The woman on the right is looking at the screen. The desk is cluttered with papers, a laptop, and a mug. The background shows a wall with several framed photos or posters. The overall atmosphere is focused and collaborative.

4. RECOMMENDATION

Understanding how the Canadian workforce is changing as well as the impact women's economic empowerment would have on the future of the Canadian economy. CANFib (Canadian Women with Fibroids), Women's Health Coalition (WHC), Women's Health Initiative Network (WHIN), and Allergan Inc. have reflected upon what policy options should be considered to empower women economically.

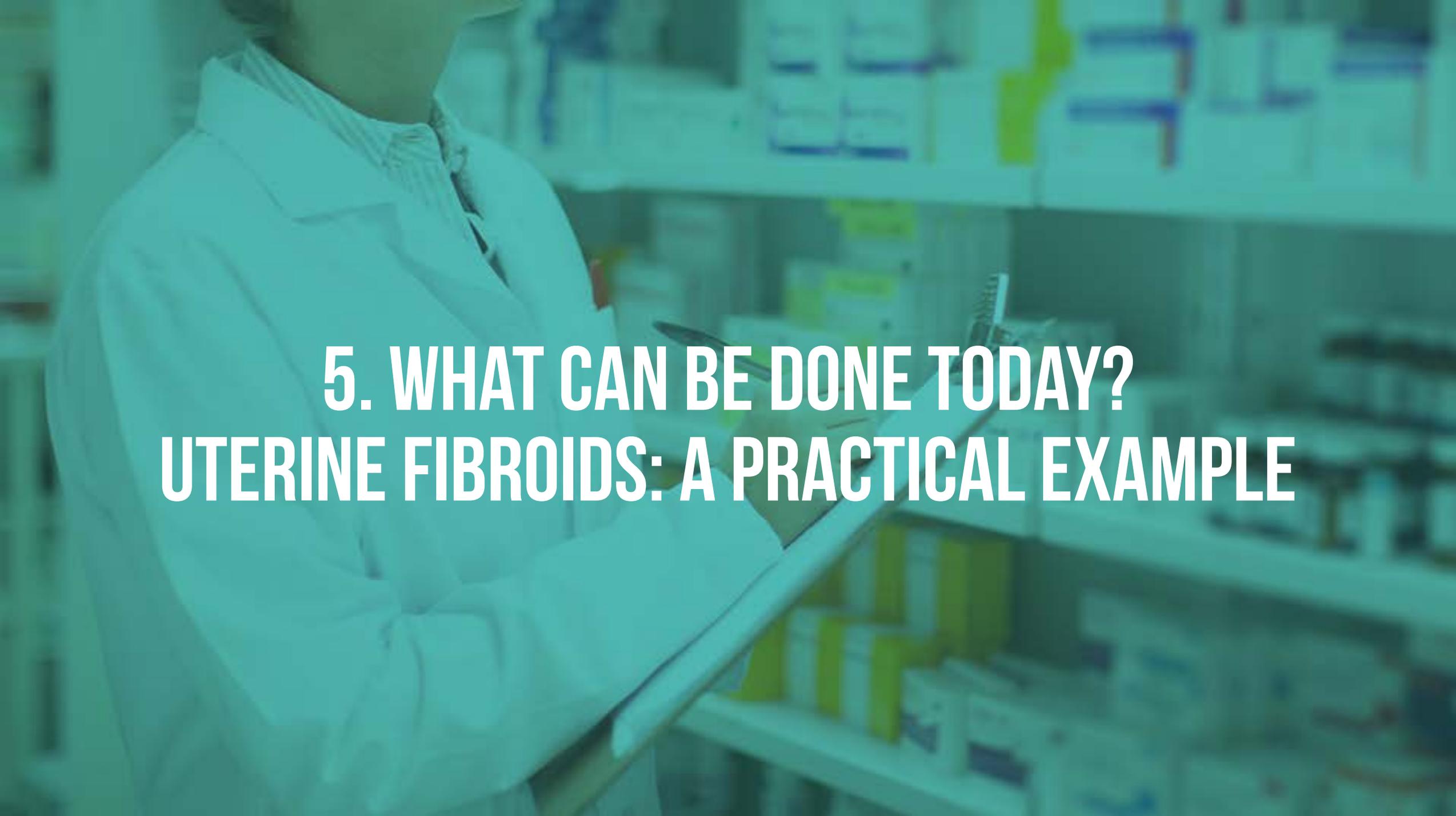
Specifically, CANFib, WHC, WHIN and Allergan believe that if a focused effort were made to address women's health concerns in the workplace, it is possible that fewer career-impacting extended leaves would be experienced.

To accomplish this, provincial drug plans, if viewed with a gender-based lens, would be more sensitive and responsive to the needs of working-aged women raising families. Our research suggests broad support for this: to address the challenge of attracting and retaining women in the workplace, nearly 85

percent of human resource professionals believe that benefit design needs to change.²² Moreover, 57 percent of respondents to a survey of Ontario's policy community, believe that there is not enough public funding for healthcare and pharmaceuticals for women. In fact, 69 percent strongly agreed that women need more choice in healthcare and pharmaceutical treatment options.²³

Further, nearly 47 percent of employers surveyed for this paper reported that caring for children and parents is already a barrier for women staying in the workplace.²⁴ Therefore, any way to limit avoidable absences especially from medical conditions, would help address inequities experienced from time away from work.

We believe that this speaks to strong support from employers and governments in clinical treatments that prevent absenteeism and keep women in the workplace with minimal interruption.



**5. WHAT CAN BE DONE TODAY?
UTERINE FIBROIDS: A PRACTICAL EXAMPLE**

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To understand how a gender-based approach to health benefits may advance women's economic empowerment, it is instructive to review a common women's health issue: uterine fibroids. Uterine fibroids are a common, yet debilitating health issue experienced by many women in their reproductive years.

WHAT ARE UTERINE FIBROIDS? HOW COMMON ARE THEY?

Uterine fibroids are the most common benign (non-cancerous) growths in women of reproductive age. They appear within the lining of the uterus, can be big or small and singular or multiple. As many as 70 to 80 percent of women get uterine fibroids by age 50, and 20 to 50 percent of these patients will become symptomatic.²⁵

Some of these symptoms can include: heavy, irregular and prolonged uterine bleeding; anemia; bulk symptoms (e.g. pelvic pressure/pain, bowel dysfunction and bladder symptoms such as urinary frequency and urgency); and fertility issues. Symptomatic uterine fibroids account for 30 to 50 percent of hysterectomies (surgical removal of the uterus) in Canada annually.²⁶

HOW ARE UTERINE FIBROIDS TREATED TODAY? WHAT IS THE IMPACT?

In the past, the most common approach to uterine fibroid treatment has been hysterectomy. Hysterectomies have substantial economic, physical, emotional and psychological costs to the patients and the healthcare system. In fact, the Canadian health care system spends \$192 million every year on fibroid-related surgical procedures.²⁷ Patients who undergo a hysterectomy are often recommended to take six weeks away from work if they have a job that does not involve manual labour, and possibly longer for a job that does.²⁸

There are other treatments available as well, including minimally invasive surgery (myomectomy) and non-surgical interventions (ablation, uterine artery embolization, etc.), which are also largely undesirable from a patient perspective given the need to take time

off from work, find and pay for childcare or care of parents, and the associated risks such as infection.

Women living with symptomatic uterine fibroids report missing days from work and experience a decrease in productivity due to their debilitating symptoms.²⁹ They visit the doctor twice as often as those who do not have fibroids and use more prescription analgesics.³⁰ It is well established that uterine fibroids greatly diminish quality of life, placing strain on families, relationships and employment. In one survey, half of women said uterine fibroids had a negative impact on their daily lives, affecting their performance at work and relationships with their family.³¹

ALTERNATIVES TO SURGERY AND WORKFORCE ABSENTEEISM

FIBRISTAL® (ulipristal acetate) is a once-daily oral medication proven to reduce the abnormal uterine bleeding, bulk symptoms (fibroid volume) and quality of life impact of uterine fibroids by directly treating the condition, and offering women rapid and sustained relief from their debilitating symptoms.³²

FIBRISTAL® received approval from Health Canada in 2013 for the treatment of moderate to severe signs and symptoms of uterine fibroids in women of reproductive age, who are eligible for surgery.

The product is now approved to help even more patients. As of November 2016, FIBRISTAL® is available to patients for:

- treatment of moderate to severe signs and symptoms of uterine fibroids in women of reproductive age, who are eligible for surgery, and
- intermittent treatment of moderate to severe signs and symptoms of uterine fibroids in women of reproductive age.

The duration of each treatment course is limited to three months.³³

WHAT IS THE IMPACT OF FIBRISTAL® TREATMENT?

According to a recent study of women living with moderate/severe uterine fibroids that were prescribed FIBRISTAL®, on average, 61 percent avoided surgery at their follow-up appointment one year later by having access to and taking the medication.³⁴

Until recently, surgical removal of the uterus (a hysterectomy) has been the most common treatment for uterine fibroids.³⁵ Canada has one of the world's highest rates of hysterectomies.³⁶ In Ontario, average wait times for hysterectomies are 82 to 155 days (roughly 3 to 5.5 months).^{37,38}

While uterine fibroids are a common health concern for working-aged women, the surgical treatment of uterine fibroids by hysterectomy requires women to take an average of six weeks away from work.³⁹ As noted previously, nearly 90 percent of employers acknowledged in our survey that extended leaves from work have an impact on an employees' development opportunities.⁴⁰

Yet, there is a significant care gap between public and private coverage for medications that present the possibility of avoiding surgery. For example, currently the Ontario health system covers only one treatment course (90 days of continuous therapy) of FIBRISTAL®. Employers and Ontario's policy community seem to agree less invasive treatments that avoid surgery are more desirable.⁴¹

Ninety-one percent of Ontario employers supported prescription treatments that allow employees to avoid surgeries, related recovery, and in-hospital procedures,⁴² while nearly 70 percent of Ontario's policy community surveyed also agreed that there was not enough public funding for health care and pharmaceuticals for women specifically.⁴³ If government implemented a gender-based approach to health benefits, more women would have the ability to choose medication rather than a surgical option and the care gap that currently exists between public and private coverage could be addressed. This would allow women to not only avoid the need for invasive surgeries, but also avoid extended medical leaves from the workforce - a strong economic empowerment benefit for women and their employers.

As policymakers consider how their policy decisions impact women and their economic empowerment, so too must employers begin to consider how the health benefits for employees impact women and their economic empowerment, including limiting absences from work.



6. CONCLUSION

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As large-scale demographic trends impact the age and composition of the Canadian population and the workforce, increased action must be taken to ensure women can contribute fully and successfully to the Canadian economy.

This paper argues that achieving economic empowerment of women in Ontario requires a gender-based approach to health funding. Access to treatment options that prevent absenteeism both from the government policy perspective, and from companies with employer-provided benefits is one such example. It involves ensuring access to a modern and innovative range of treatment options, including non-invasive treatments and/or medications for common health issues that specifically enable reduced health-related leaves from the workforce, economically empowering women, while supporting their roles as caregivers.

Ontario policy makers, employers, patients suffering from fibroids and those most closely connected with providing health care options for women agree that policy changes are required to address the challenge of empowering women economically.⁴⁴ Ensuring women the access to a full range of treatment options when treating women-specific health issues will be key to forwarding the economic empowerment of working aged women in Ontario and across Canada.

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