WomenTALK® 2018

Executive Summary and Report
September 2018

About HealthyWomen

HealthyWomen is the nation's leading independent, nonprofit health information source for women. Our mission is to educate women to make informed health choices for themselves and for their families. For 30 years, millions of women have turned to HealthyWomen for answers to their most personal health care questions. HealthyWomen provides objective, research-based health information reviewed by medical experts to ensure its accuracy.

Nothing is more important to our health than access to competent and affordable care and the safety of our medicines and health care delivery practices. HealthyWomen works to educate women about health policy issues in these and other areas. We recognize the importance of clinical trials to improving women's health and support women's health research, particularly where sex may make a difference in research results. HealthyWomen advocates on behalf of women to ensure that women's health is a primary focus of policy makers and advocacy groups. Our investment in developing science-based information and our effort to incorporate perspectives reflected by advances in research and technology will further our mission to provide women with relevant and accurate health resources.

healthy women

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Introduction

HealthyWomen developed the WomenTALK survey to learn directly from women about their top health concerns and health care challenges. Women are navigating an increasingly complex health care system and have much to share about their experiences. From their survey responses, we glimpse their decision-making approaches to choosing health insurance, the barriers they encounter — primarily barriers imposed by insurance companies — that limit their access to timely quality care, women's comfort level with sharing personal health information with their employers, and much more.

WomenTALK 2018 surveyed 1,001 women ages 35 to 64 across the United States (see Appendix for survey demographics). Their insights offer HealthyWomen a unique opportunity to inform health care stakeholders — including health care providers; health care professional associations; patient and disease advocacy groups; federal agencies and members of the biopharmaceutical and medical devices industries — about the health issues of greatest concern to women, the challenges they face when seeking health services and how best to develop resources that improve women's health care experiences.

WomenTALK 2018: Executive Summary

HealthyWomen conducts the WomenTALK survey periodically as a barometer of U.S. women's attitudes, perceptions and concerns about issues affecting their health. As such, WomenTALK 2018 zeroes in on insurance issues, health conditions and work-place-related health matters that worry women the most.

Even more significantly, WomenTALK 2018 addresses the increasing difficulty women have in purchasing adequate health insurance coverage and navigating common insurance practices that delay access to needed tests and treatments or force patients to take less effective therapies. ***What follows is a summary of these research findings on pages 3 to 5.***

Obtaining adequate health insurance coverage is an increasing challenge for U.S. women who worry their health plan may not cover important health services or will require deductibles and co-pays that put the cost of certain treatments out of reach.

- Today, almost nine in 10 women (86 percent) have some form of health insurance. Of these insured women, about half (52 percent) are covered through their employer or their spouse's employer and another third are covered either by Medicaid (22 percent) or Medicare (12 percent). Additionally, 10 percent buy individual policies, including plans offered on the state health insurance exchanges.
- When selecting a health plan, women across all age groups rank access to primary care and regular preventive services as the most important benefit (77 percent) followed by prescription drug coverage (74 percent), emergency care and hospital services (73 percent) and access to specialty care physicians (67 percent).
- Yet, while most women have health coverage, a sizeable majority (60 percent) finds it difficult to locate plan details and understand what the plan covers. As a result, less than a third (31 percent) say they are very confident the plan will provide adequate coverage and more than two-thirds (69 percent) say they are not very confident the plan will meet their health needs.
- Additionally, women are increasingly concerned that escalating monthly premiums, co-pays and deductibles are making the cost of health care unaffordable. When asked what is the most important factor when choosing a health plan, almost half (47 percent) of respondents ranked first the cost of premiums, deductibles, out-of-pocket maximums and co-pay costs for treatment and health services.

Currently, women show little interest in purchasing so-called "skinny" health plans as a more affordable health insurance option.

- When asked about buying a "skinny" health plan, few of the women polled expressed an interest in insurance that offers low monthly premiums but leaves patients with big medical bills for their health care and does not cover preexisting conditions, prenatal and maternity care, prescription drugs and other benefits important to women.
- Specifically, only 35 percent of the women surveyed said they would consider a health plan that has low monthly premiums and no cap on the insured person's out-of-pocket costs for medical care. Similarly, fewer than one in five (16 percent) would sign up for a plan that has low monthly premiums but charges more for a person who has a health condition than for someone without the medical problem.
- However, consumers may be enticed to buy a skinny plan once new regulations that go into effect in October 2018 allow insurers to offer this form of coverage for up to one year. Thus, women's health advocates are mobilizing to educate the public about the serious limitations of skinny plans, so consumers will not mistake this insurance option for comprehensive coverage.

Even though they now pay significantly more for their health insurance, women confront mounting obstacles getting timely medical care or access to the treatments their doctors prescribe.

- In the WomenTALK survey, more than half of women with health insurance (54 percent) have experienced care delays while their physicians waited to get prior authorization so the health plan would cover a prescribed medication or medical treatment. According to the American Medical Association, prior authorization requirements can be a lengthy administrative process of recurring paperwork and multiple phone calls that can delay or disrupt a patient's access to vital care.
- For women waiting for a prior authorization decision, fewer than one in four (23 percent) received insurance approval the same day. In contrast, 35 percent waited two to six days, 16 percent waited seven to 14 days, and 10 percent waited more than two weeks.
- As a consequence of insurers' prior authorization requirements, 27 percent of women abandoned treatment, and almost one in five (19 percent) said their condition got worse due to the delay in care.
- Equally disturbing for women taking one or more prescription drugs, the survey finds that insurance companies routinely employ cost-savings practices that force patients to take less effective therapies. One in four women (24 percent) reported their health plan forced them try one or more less expensive treatments first and "fail" on them before the health plan would cover the one prescribed by the provider, a practice known as step therapy.
- Another concern is nonmedical switching, a practice where the health plan switches patients who are stable on a medication to a different treatment for nonmedical reasons by refusing to cover the therapy any longer or significantly increasing the co-pay. In the survey, four in 10 women with chronic health conditions (39 percent) said their medication coverage changed in 2017, resulting in 45 percent having to switch medications. Of those forced to switch, 37 percent said the new drug was less effective than the original therapy.

More than one-third of American women have problems paying for their medications.

- The WomenTALK survey reveals that 37 percent of women in the U.S. have difficulty paying for their prescription medicines and the number is significantly higher for those with a chronic condition (48 percent) and those without health insurance (52 percent).
- Reflecting this reality, 52 percent of women who fall into this category say they received financial help from family and friends to pay for their medicine and 41 percent got help from a pharmaceutical company in the form of a coupon payment or discount card. Additionally, more than a quarter (27 percent) received financial assistance from a nonprofit patient assistance program.
- In light of these findings, patient advocates are working to preserve access to co-payment assistance and patient assistance programs as safety nets for women and families in need.

Fear of discrimination prompts most women in the workplace to opt to keep their medical information from their employers.

- Especially among employed women living with a chronic disease or health condition, more than half (57 percent) say they are not comfortable discussing their medical situations with their employers.
- Among these women, three in four say they prefer to keep their health information private and will not ask their employer for an accommodation that could improve their job performance, citing concern about discrimination (30 percent) and being treated differently (30 percent).

Being diagnosed with cancer, having heart disease or a stroke or living with a mental illness are women's top health concerns.

- Among women ages 35 to 63, almost half (44 percent) identified cancer as their top health concern followed by four in 10 (41 percent) who are most worried about having heart disease or a stroke.
- This finding shows that women still do not recognize that heart disease is the number one killer of US women and is responsible for one in four female deaths.
- Additionally, a third of U.S. women (36 percent) are very concerned about living with a mental health condition, such as depression or anxiety. This finding reflects the fact that women are twice as likely as men to develop clinical depression, yet nearly two-thirds do not get the help they need.
- Also of note, the survey finds that many women overlook diabetes as a serious health concern. Among the 1,001 women polled, 31 percent cited diabetes as a major worry even though about 15 million women in the U.S. have diabetes, or one in nine women.

WomenTALK 2018 Survey Findings

I. Women and Health Insurance

A. Health Care Coverage

Most women in this study (86 percent) have health insurance coverage. About half get their insurance through an employer—either their own (31 percent) or their spouse's (21 percent). A little more than one in five has Medicaid (22 percent), 12 percent have Medicare and 10 percent purchase their own insurance (Table 1).

Table 1. Source of Health Insurance Coverage

Sources of Health Coverage	Percent Respondents
Through your employer	31%
Through Medicaid	22%
Through your spouse's employer	21%
Through Medicare	12%
You pay for health insurance yourself	10%
Through the VA or TRICARE	2%
Don't Know	2%

B. Health Plan Selection

Most women (73 percent — data not shown) are personally involved in choosing their current insurance but find the process difficult. Specifically, more than one in five (26 percent) say it is very or somewhat difficult to locate plan details while a third (35 percent) find it difficult to understand the plan details and what it covers (Table 2). Reinforcing these findings, only 31 percent of decision makers said they were very confident that they had selected a plan that best meets their health care needs (Table 3).

Table 2. Rating the Process of Selecting a Health Plan

Ease of Selecting Health Plan	Locate the details of the plan and what it covers	Understand the details of the plan and what it covers
Very/Somewhat Difficult (Net)	26%	35%
Very/Somewhat Easy (Net)	74%	65%

Table 3. Confidence that Plan Selected is the Best Plan for Personal Health Needs

Confidence in Selecting a Health Plan*	Total
5 – Very Confident	31%
4 –	36%
3 –	24%
2 –	6%
1 – Not at All Confident	3%

** Confidence among those personally involved in choosing health insurance.*

Cost is an important factor women consider when making decisions about health insurance coverage. Among women who are personally involved in choosing a health plan, almost half (47 percent) rank cost — including monthly premiums, deductibles, out-of-pocket maximums and co-pays they will be responsible for — as a significant factor in their decision-making. Other factors important to women are whether the woman's doctor is in the health plan's network (22 percent) and whether the services and treatment for a specific condition are covered (21 percent) (Table 4).

Table 4. Ranking Importance of Factors in Choosing a Health Plan .

Most Important Factors When Choosing a Health Plan	Mean Scores*	% Women Ranking Most Important
Cost of premiums, deductibles, and out-of-pocket maximums	2.5	32
Cost of copays for treatment or services	2.9	15
Whether services and treatment for your condition are covered	2.9	21
Whether you doctor is in-network	3.0	22
Which insurance company is providing the health plan (for example Blue Cross, Blue Shield; Aetna; Kaiser; Cigna)	3.8	11

**Mean scores where 1 is most important and 5 is least important (among those personally involved in choosing health insurance).*

The majority of women research cost requirements and coverage issues before choosing a health plan. Not surprisingly, women most often investigate the financial aspects of health plans before making a decision. What women say they are most interested in knowing is the cost of the copay for physician visits (80 percent) and the out-of-pocket spending limit for the year (77 percent). Of slightly less interest is whether certain physicians are in-network and coverage for medications and other treatments (Table 5). Interestingly, the factors related to physicians in-network and coverage for medications and other treatments are more important for women aged between 55 to 64 years (data not shown).

Table 5. Factors Checked Before Signing Up for A Health Plan

Factors Checked Before Signing a Health Plan*	Total
The cost of the copay for your doctor visits	80%
How much your maximum annual out-of-pocket cost would be	77%
The cost of the copay for your medication	76%
Whether your doctor(s) are in-network	76%
Whether your treatments (including medications) were covered	74%

**Among those personally involved in choosing health insurance.*

C. Plan Benefits

Women across all age groups rank access to primary care services, regular preventive services, prescription drug coverage, and emergency care and hospital services as the most important benefits when selecting a health plan (Table 6). Also of importance to two-thirds of women (67 percent) is having access to physician specialists. Moreover, among women ages 35 to 54, coverage for mental health services and substance abuse treatment are important health benefits. Due to the age range of the women polled in the survey, maternity and newborn care and pediatric care for family members ranked lowest in importance (Table 6).

Table 6. Importance of Various Benefits When Choosing a Health Plan*

		AGE		
Health Plan Benefits	**Percent Very Important**	**35 – 44**	**45 – 54**	**55 – 64**
Access to primary care and regular preventative services	77%	74%	77%	80%
Prescription drugs	74%	69%	76%	75%
Emergency care and hospital services	73%	67%	76%	77%
Access to specialty care physicians	67%	62%	70%	69%
Rehabilitative services (for example, physical therapy, canes, knee braces, walkers, and wheelchairs)	44%	37%	45%	48%
Mental health and substance abuse services	37%	39%	41%	33%
Pediatric care	32%	51%	29%	16%
Maternity and newborn care	20%	32%	19%	10%

**Among those personally involved in choosing health insurance.*

Access to primary care and regular preventive services are especially important to women with chronic conditions. Although women generally want their health plans to cover such health benefits as primary care, preventive services, prescription drugs, and emergency room and hospital services, the importance of these benefits is much greater when women have one or more chronic conditions. One of the largest gaps regards coverage for prescription drugs, ranked as the top concern for 80 percent of women with a chronic condition compared to 66 percent of those without a chronic disease or health problem (Table 7).

Table 7. Importance of Benefits When Choosing a Health Plan Among Women With Chronic Versus Non-Chronic Conditions

Health Plan Benefits*	**Chronic Condition**	**Non-Chronic Condition**
Prescription drugs	81%	66%
Access to primary care and regular preventative services	81%	73%
Emergency care and hospital services	76%	71%
Access to specialty care physicians	75%	58%
Rehabilitative services (for example, physical therapy, canes, knee braces, walkers and wheelchairs)	46%	40%
Mental health and substance abuse services	45%	28%
Pediatric care	27%	38%
Maternity and newborn care	18%	23%

**Among those personally involved in choosing health insurance.*

D. Low-Benefit, "Skinny" Health-Care Plans

For the high percentage of women who investigated health plan cost and coverage issues (Table 8), there is relatively little interest in low-benefit, "skinny" insurance plans that offer lower monthly premiums, but require higher cost-sharing and provide fewer covered benefits. Among the women surveyed, only 35 percent say they would consider a health plan that has low monthly premi-

ums and no cap on the insured person's out-of-pocket costs for medical care. Similarly, fewer than one in six (16 percent) would sign up for a plan that has low monthly premiums but charges more if a person has a health condition than someone without the medical problem (Table 8).

Table 8. Interest in Low-Benefit, "Skinny" Health Care Insurance Plans

Interest in Low-Benefit, "Skinny" Plans*	Yes	No	Not Sure
Low monthly payments AND did not place a cap on how much you had to pay out-of-pocket each year	35%	33%	32%
Low monthly payments AND charged you more based on your health condition compared to someone else without your health condition	16%	56%	28%
Low monthly payments AND would stop providing you with coverage after you reach a certain benefit amount	14%	65%	21%

**Among the total sample.*

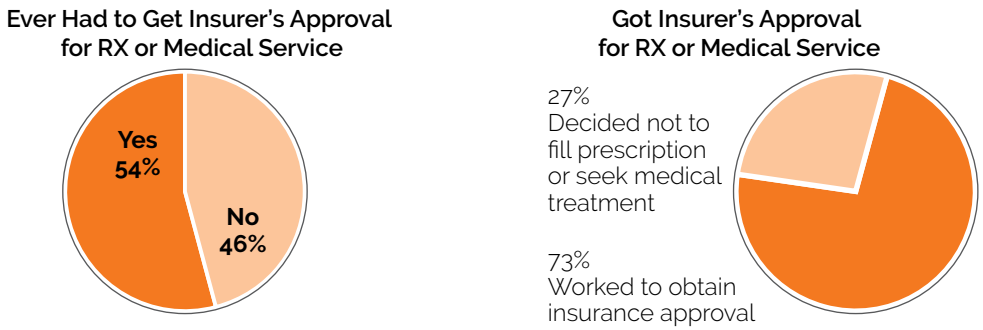
II. Insurance Barriers

A. Prior Authorization

A strategy of insurance companies to control their costs, prior authorization requires physicians to obtain approval from a patient's health plan to prescribe a specific medication or treatment. Benefits are paid only if the medical service or treatment is preapproved.

Today, more than half of women with health insurance (54 percent) have experienced care delays while their physicians waited to get prior authorization from an insurer before filling a prescription or obtaining a medical service. Of concern is the finding that about a quarter (27 percent) of women decided not to fill the prescription or seek the medical service because it was too much work to get approval from the insurer.

Figure 1. Impact of Prior Approval by Insurer*



**Among those who had health insurance.*

For women waiting for a prior authorization decision, less than one in four (23 percent) received insurance approval the same day. In contrast, 35 percent waited two to six days, 16 percent waited seven to 14 days, and 10 percent waited more than two weeks (Table 9).

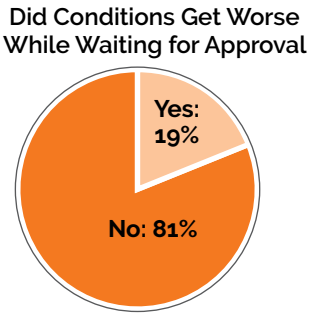
Table 9. Length of Time for Insurance Approval

Length of Time for Insurance Approval*	Total
Less than a week (Net)	58%
It happened the same day	23%
It took 2 to 6 days	35%
It took 7 to 14 days	16%
More than two weeks (Net)	10%
It took 15 to 30 days	7%
It took 31 to 60 days	2%
It took more than 60 days	1%
Don't recall	15%

**Among those who got approval from their insurer.*

Due to insurers' prior authorization requirements, ***almost one in five (19 percent) said their condition got worse due to the delay in care (Figure 2)***. As might be expected, those who waited the longest for approval from insurance companies for treatment experienced the worst health outcomes.

Figure 2. Condition Got Worse While Waiting for Insurer's Approval



**Among those who got approval from their insurer.*

B. Nonmedical Switching and Step Therapy

A cost-containment approach insurers use to reduce prescription coverage, nonmedical switching forces patients to switch to a different treatment for no medical reason, often in the middle of a coverage year. Examples include dropping a medication from coverage, suddenly requiring prior authorization for a drug the patient has been taking and significantly increasing the co-pays so the drug is no longer affordable.

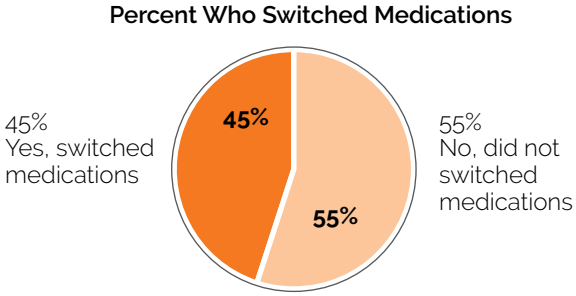
With another widely used cost-containment strategy called "step therapy," insurers force patients to try one or more less expensive treatments first and "fail" on them before the plan will cover the therapy or medical service prescribed by their doctor.

Documenting the scope and impact of these restrictive insurance practices, the survey reveals that one in four U.S. women taking prescription medicines were required to undergo step therapy. Additionally, four in ten women with chronic health conditions (39 percent) said their medication coverage changed in 2017 resulting in 45 percent having to switch medications (Table 10 and Figure 3).

Table 10. Changes In 2017 Insurance Coverage

Type of Changes to Insurance Coverage in 2017	Total % Choosing Each
Medication Coverage Did Not Change	61%
Medication Coverage Changed (Net)	39%
Your copayment went up	18%
You had to get approval from your insurer before you could fill your prescription (which you did not have to do before your coverage changed)	15%
Your medication coverage changed in some other way	12%
You had to try and fail on different medication(s) before you could access your medication	9%
Your insurance plan stopped paying for your medication	7%

Figure 3. Switched Medications*



** Among those whose medication coverage changed in 2017.*

Of those who switched, 37 percent said the medication did not work as well at managing their condition, with most noting that it did not work or was not as effective, with some noticing specific side effects (Table 11).

Table 11. Effectiveness of New Medication*

Effectiveness of New Medication	Total
It worked better than your original medication at managing your condition	9%
It worked as well as your original medication at managing your condition	54%
It did not work as well as your original medication at managing your condition (for example, you experience a harmful side effect)	37%

**Among those who switched medications based on a change in health insurance coverage.*

In light of these findings, it is not surprising that many women worry about being subject to step therapy and nonmedical switching. ***Two-thirds of women with chronic conditions said they are very or somewhat concerned about the possibility of their condition getting worse if they had to switch to a different medication based on their insurance coverage*** (Table 12).

Table 12. Concern about Nonmedical Switching

Concern About Nonmedical Switching*	Total
Somewhat or Very Concerned	67%
Slightly or Not at All Concerned	33%

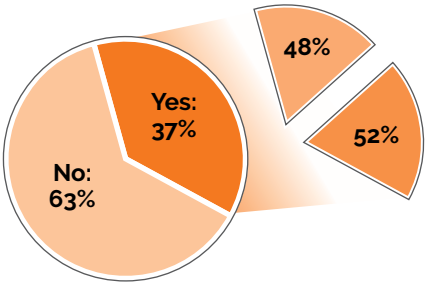
** Among those who have health insurance and a chronic health condition that requires treatment.*

III. Affordability and Safety of Prescription Medicine

A. Affordability of Prescription Medicine

The WomenTALK survey reveals that 37 percent of women in the U.S. have difficulty paying for their prescription medicines and the number is significantly higher for those with a chronic condition (48 percent) and those without health insurance (52 percent) (Figure 4).

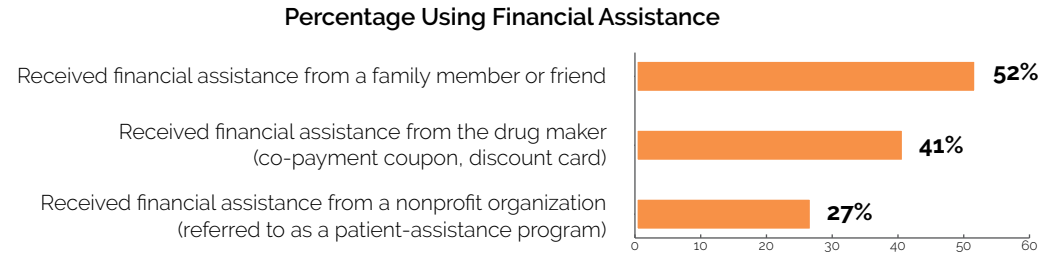
Figure 4. Percentage of Women Having Trouble Paying for Medicines



Higher among those who have
a chronic condition (48%) and
those who have no health insurance (52%)

Reflecting this reality, 52 percent of women who fall into this category say they received financial help from family and friends to pay for their medicine and 41 percent got help from a pharmaceutical company in the form of a coupon payment or discount card. Additionally, more than a quarter (27 percent) received financial assistance from a non-profit patient-assistance program (Figure 5).

Figure 5. Sources of Financial Assistance



**Among those who have problems paying for medications.*

B. Safety of Prescription Medication

While two-thirds of women (65 percent) say they are aware of the risks associated with prescription medicine, many have safety concerns, especially about receiving a counterfeit or adulterated medicine (46 percent). Additionally, over half the women surveyed (54 percent) said television advertising about people being injured by a drug added to their concern and a third acknowledge that they personally knew someone who experienced adverse effects of a prescription medication, while one in five experienced serious adverse events themselves (Table 13).

Table 13. Safety of Prescription Medicine

Safety of Prescription Medicine*	Total
All things have risks, and more powerful and effective prescription medicines may have greater risks.	65%
I see the ads on TV about people being hurt by certain prescription medicines and they worry me.	54%
I am concerned about counterfeit prescription medicine ("counterfeit" medicine refers to medicine that is fake, contaminated or a product that contains the wrong or no active ingredient, or contains the right active ingredient at the wrong dose)	46%
I know someone who had serious problems that were caused by prescription medicines.	34%
If prescription medications are approved by the Food and Drug Administration I have confidence that they are safe.	35%
I have had serious problems that were caused by prescription medicines.	21%

**Among the total sample.*

IV. Women's Top Health- and Workplace Health-Related Concerns

A. Women's Top Health Concerns

In this survey, women identify cancer (44 percent), heart disease/stroke (41 percent) and mental health conditions, such as depression or anxiety (36 percent) (Table 14) as their top three health concerns.

Table 14. Top Health Concerns

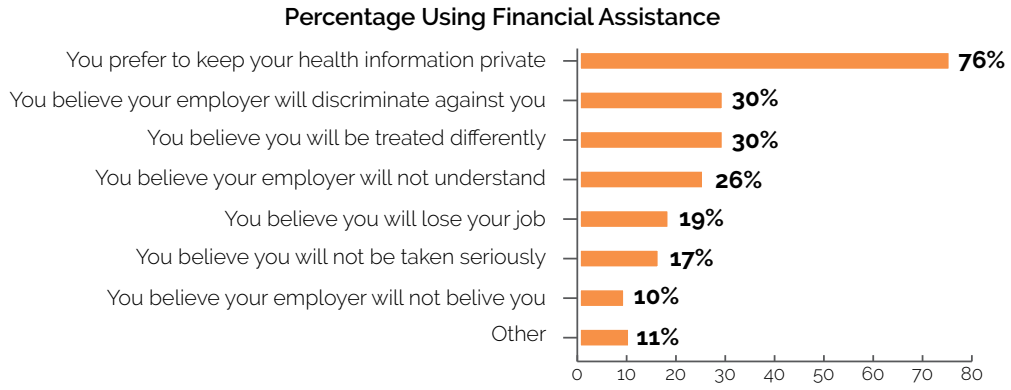
Top Health Concerns	Total
Cancer	44%
Heart disease/stroke	41%
Mental health conditions, such as depression or anxiety	36%
Diabetes	31%
Chronic pain	28%
Inherited illnesses	24%
Alzheimer's disease	22%
Infectious diseases such as flu, pneumonia, or hospital-based infections	15%
Substance-use disorder or substance misuse, such as misusing alcohol or other drugs (excluding heroin or opioid-based pain relievers)	5%
Opioid use disorder	3%
Other	11%
Not sure	8%

**Among the total sample.*

B. Work-Place Related Health Concerns

Among women who have a chronic health condition and are employed, more than half (57 percent — data not shown) say they would not be comfortable discussing their health condition with their employer. The primary reason for this is a preference for keeping health information private (76 percent) (Figure 6).

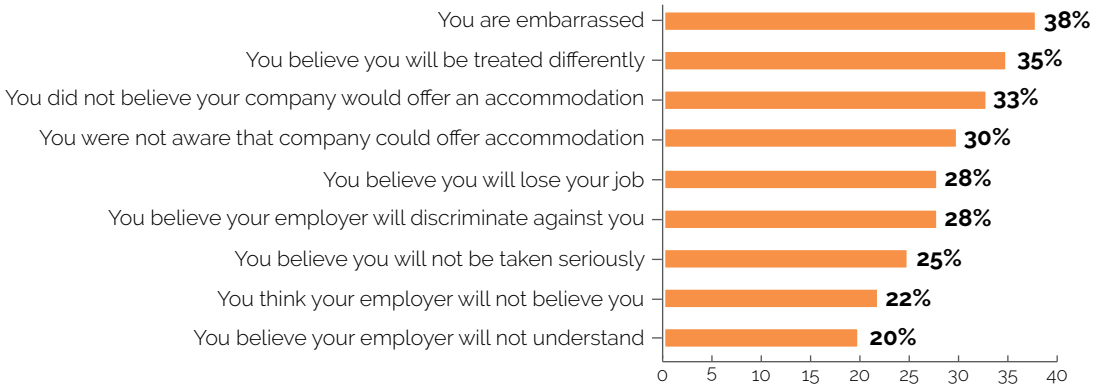
Figure 6. Reasons for Not Feeling Comfortable Discussing Your Condition with Your Employer*



**Among those who do not feel comfortable discussing condition with their employer.*

More than four in ten women (42 percent) who have a chronic health condition and are employed feel they would do their job better if their employer provided an accommodation; however, most (66 percent) have never asked for an accommodation. *Among those who believe they would do their job better with an accommodation, no single reason stands out for not asking for an accommodation (Figure 7). However, reasons for not asking for an accommodation mentioned by at least three in 10 include embarrassment (38 percent), concern about being treated differently (35 percent), and the belief that your company would not (33 percent) or could not offer an accommodation (30 percent).*

Figure 7. Reasons for Not Asking for An Accommodation*



**Among those who never asked for an accommodation and feel they would do a better job if employer offered an accommodation.*

V. Perspectives About Specific Health Issues

A. The Opioid Epidemic

Although most women in this survey did not identify opioid use disorder as one of their top three concerns, approximately (36 percent — data not shown) know someone who has had a problem with opioids (including inappropriately using prescription pain medicines or heroin). Most women feel that opioid use disorder and treatment should be addressed by health care professionals, especially those who specialize in treating substance use disorders (60 percent) and those who prescribe opioid medicines (48 percent) (Table 15).

Table 15. Entities That Should Determine How the Opioid Epidemic Is Addressed

Entities That Should Determine How the Opioid Epidemic is Addressed*	Total
Health care professionals who treat people with opioid use problems	60%
Health care professionals who prescribe opioid medicines	48%
Hospitals	20%
Federal government agencies other than law enforcement	18%
State government agencies other than law enforcement	13%
Local government agencies other than law enforcement	11%
Federal law enforcement	11%
Local law enforcement	10%
State law enforcement	9%
Other	3%
Not sure	17%

**Among the total sample.*

Medication-assisted treatment (MAT) is the use of medicines with counseling and behavioral therapies to treat substance use disorders. Knowledge of MAT among women in the WomenTALK survey is limited (17 percent — data not shown). However, among those who know someone with an opioid use disorder, more than four in 10 (44 percent — data not shown) are aware of someone who has been in a MAT program.

Many women (39 percent) who know someone with an opioid use disorder note that private insurance or Medicaid paid for the treatment. However, nearly three-in-10 of those polled (29 percent) said the person did not get treatment due to the cost (16 percent) or because the individual died first (10 percent) (Table 16).

Table 16. Understanding of Medication-Assisted Treatment MAT for Opioid Use Disorder

Understanding of Medication-Assisted Treatment for Opioid Use Disorder	Total
He/she received treatment that was paid for by private insurance or Medicaid	39%
He/she didn't get treatment (Net)	**29%**
He/she didn't get treatment because it was too expensive	16%
He/she died before getting treatment	10%
He/she didn't get treatment because there were no treatment centers nearby	8%
He/she didn't get treatment because the doctor had a long wait list	4%
He/she received treatment but had to leave his or her state to receive it	5%
I don't know about his/her treatment	34%

**Among those who know someone who has had an opioid use disorder.*

In this survey, a sizable number of women (28 percent) say they do not have any opinion about MAT. However, among those who know someone in a MAT program, 42 percent say the program should be widely available and that insurance should be required to pay for it (39 percent) even though 46 percent believe MAT benefits some individuals but not others. (Table 17).

Table 17. Opinion of Medication-Assisted Treatment*

Opinion of Medication-Assisted Treatment	Total	Know Someone Who Was in MAT Program
It should be as widely available as possible, every individual with an opioid addiction should have access to it	32%	42%
It may benefit some patients but not others	31%	46%
I don't have an opinion about MAT	28%	6%
Only specially certified clinicians should be able to provide MAT	26%	31%
Insurance should be required to pay for MAT	25%	39%
MAT should only be provided at in-patient settings, like hospitals	21%	21%
MAT sounds just like being addicted to another drug	18%	31%
Insurers should place restrictions on MAT	8%	9%

**Among the total sample.*

When asked about the use of MAT for those convicted of a non-violent crime, 35 percent of women and 42 percent of those who know someone who received MAT agree that those with an opioid use disorder who are convicted of a crime should be in jail or prison. Just one in five women (22 percent) believe MAT could replace jail or prison time if the judge or prosecutor approves while three in ten (31 percent) of women who know someone who received MAT feel this way (Table 18).

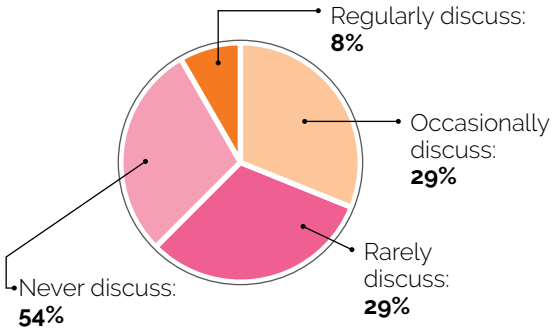
Table 18. Opinion of Offering MAT for Non-Violent Crime Offender with Opioid Use Disorder

Opinion of Offering MAT for Non-Violent Crime Offender with Opioid Use Disorder	Total	Know Someone Who Was in MAT Program
People with opioid use disorder who commit crimes should go to jail or prison, but the jail or prison should offer MAT	35%	42%
I don't have an opinion on MAT in jails or prisons	23%	6%
If the judge and prosecutor think it's a good idea, that sounds OK	22%	31%
If the MAT program doesn't cost the government more than jail or prison, then the MAT program is OK	11%	12%
People with opioid use disorder who commit crimes should go to jail or prison instead of being put into a MAT program	8%	9%

B. Brain Health

In this survey, the phrase "brain health" is used to describe normal brain function, including processing and retaining information; performing logical thinking, judgement and perspective; storing and recalling memory; and the ability to concentrate, among other functions of a healthy brain. Brain health is not a common topic of conversation for most women, with only eight percent saying they discuss it regularly and 29 percent saying they discuss it occasionally (Figure 8).

Figure 8. Frequency of Brain Health Conversation*



*Among the total sample.

Despite not being a topic of conversation, brain health is a topic of interest for most women. Half of the women surveyed (50 percent) say that they interact or have interacted with family members living with dementia and 64 percent admit that they worry about the health and performance of their brains as they age. Therefore, it is not surprising that most women want to know about ways to maintain brain health. In the poll, almost seven in 10 women (68 percent) expressed interest in learning more about ways to measure and track brain health. Additionally, two-thirds (67 percent) said if it were possible to do so, they would ask their health care provider to measure their brain health (Table 19).

It is also noteworthy that the clear majority of women do not feel that brain health is relevant only for older people. Yet despite the widespread interest, fewer than half of U.S. women (45 percent) are aware of preventive or proactive measures they can take to protect brain health.

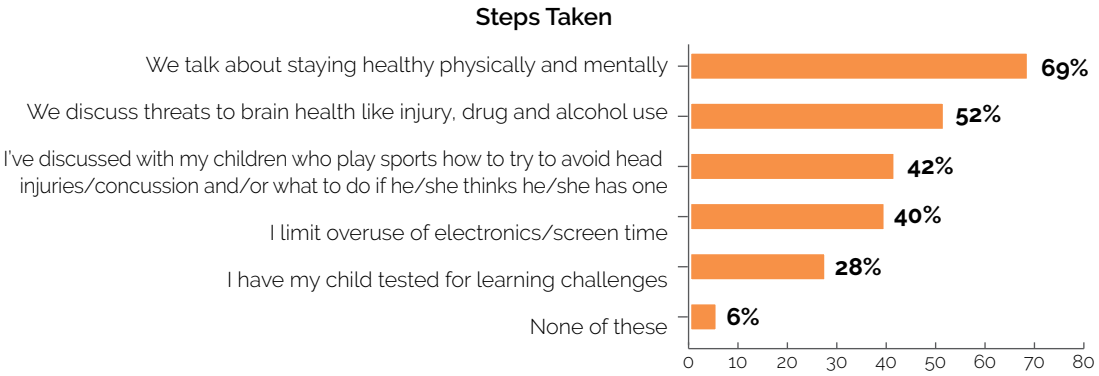
Table 19. Agree/Disagree Statements Regarding Brain Health

Agree/Disagree Statements Regarding Brain Health	Total
I'd be interested in learning more about measures of brain health as something to track and care for.	68%
If I could ask my health care provider to measure my brain health to maintain or protect it, I would do so.	67%
The health and performance of my brain as I age is something that worries me.	64%
I interact/have interacted with family members who live with dementia.	50%
I am aware of preventive care/proactive measures that I can take to maintain or protect my brain health.	45%
Brain health is relevant only for older people.	12%

*Among the total sample.

Three out of 10 women (30 percent) surveyed say they take steps to protect the brain health of their children. The most common steps taken relate to conversations with their children about staying healthy physically and mentally (69 percent) followed by discussing threats to brain health like injury and drug and alcohol use (52 percent) (Figure 9).

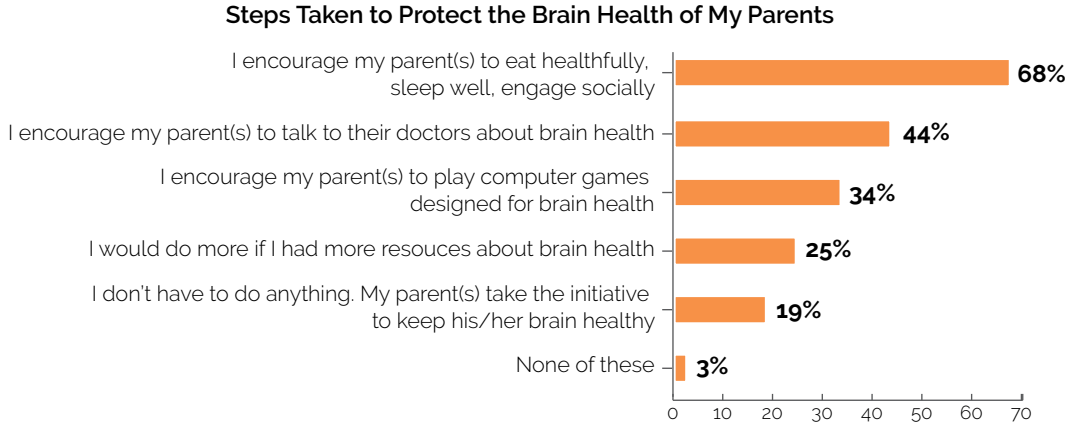
Figure 9. Steps Taken to Protect the Brain Health of Children*



Among those who take steps to protect brain health of children.

However, fewer than one out of five women (17 percent) say they take steps to protect the brain health of their parents. Among those who do, 68 percent say they encourage their parent or parents to eat healthfully, sleep well and engage socially, 44 percent talk to their parent(s) about brain health and 34 percent encourage their parent(s) to play computer games that promote brain health (Figure 10).

Figure 10. Steps Taken to Protect the Brain Health of Parents



Among those who take steps to protect brain health of parents.

C. Aging/Menopause

Many women ages 35 to 64 have not discussed aging, menopause, or menopause-related symptoms with their primary care provider (54 percent) or with their obstetrician/gynecologist (more than 50 percent for all age groups) (Table 20).

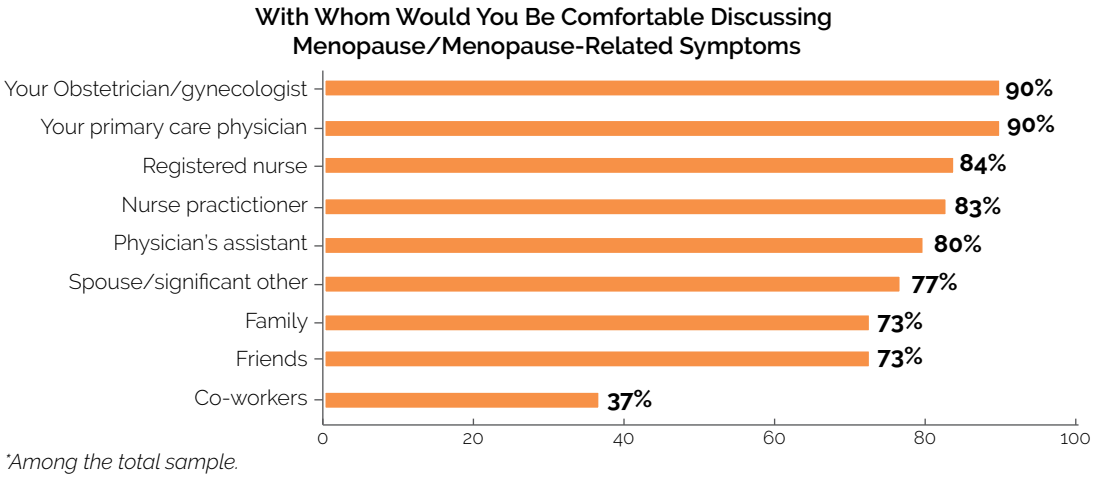
Table 20. Percentage of Women Who Discussed Aging/Menopause-Related Symptoms with Health Care Provider

Percentage of Women Who Discussed Aging/Menopause-Related Symptoms with Health Care Provider	Total	35 – 44	45 – 54	55 – 64
Primary care physician, nurse practitioner, or physician's assistant				
Yes	46%	26%	53%	57%
No	54%	74%	47%	43%
Obstetrician/gynecologist				
Yes	40%	28%	48%	44%
No	60%	72%	52%	56%

One reason women do not talk about aging or menopause with their primary care clinicians, according to 69 percent (data not shown) of the women surveyed, is the belief they have the access to resources and information they need to help them prepare for menopause. Yet, only 54 percent of respondents say they received information and support from health care professionals about what to expect as they age and transition to menopause. Moreover, when women had a conversation with a health professional about menopause, most say they initiated the discussion with their primary care physician, nurse practitioner or physician assistant (75 percent), or with an obstetrician/gynecologist (69 percent).

In terms of health professionals with whom women would be most comfortable discussing menopause and menopause-related symptoms, 90 percent ranked their primary care physician or obstetrician/gynecologist first followed by a registered nurse (84 percent), nurse practitioner (83 percent) and physician assistant (80 percent)(Figure 11).

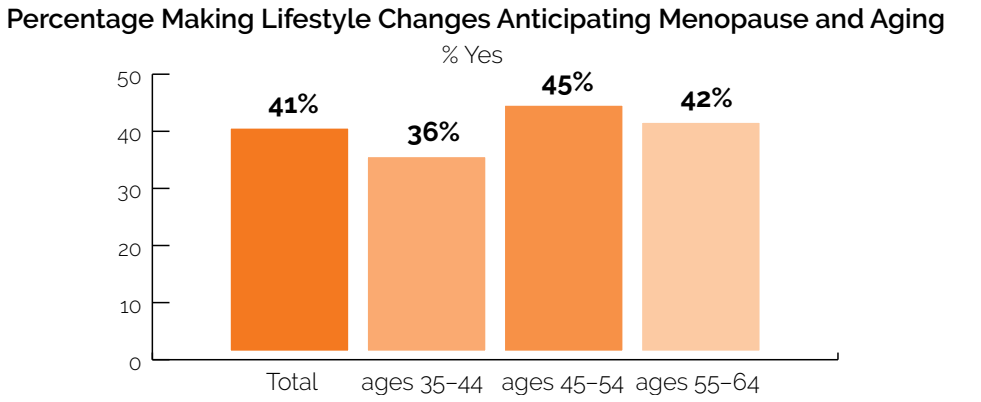
Figure 11. With Whom Would You Be Comfortable Discussing Menopause/Menopause-Related Symptoms?



*Among the total sample.

Four in 10 women (41 percent) surveyed report making lifestyle changes to improve their health and well-being in anticipation of menopause (Figure 12).

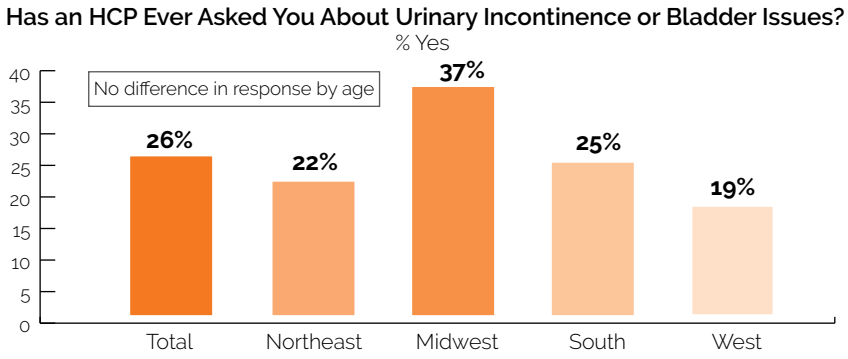
Figure 12. Made Lifestyle Changes in Anticipation of Menopause and Aging



D. Urinary Incontinence/Bladder Issues

About one out of four (26 percent) women of all women surveyed acknowledge that a health care professional has ever asked them about urinary incontinence or bladder issues during a regular office visit. Surprisingly, there is no difference in response by age. According to survey responses, caregivers, those who have a chronic health condition, those who live in the Midwest, Hispanic women (versus Black women), those who are married/living with a significant other (versus those who are single) and those who have health insurance are more apt to say that they have been asked about urinary incontinence or bladder issues during a regular check-up (data not shown).

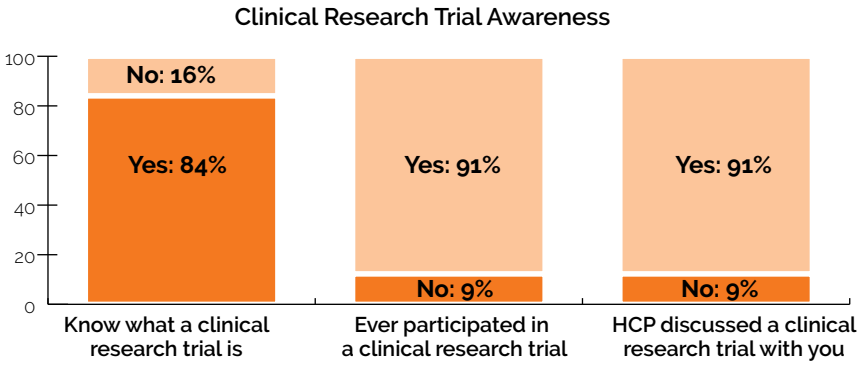
Figure 13. Has HCP Ever Asked About Urinary Incontinence or Bladder Issues?



E. Clinical Research Trials Awareness

While the majority of women (84 percent) say they know what a clinical research trial is, only about one in ten (9 percent) has participated in one. Among those who know what a clinical research trial is, but have never participated in one, fewer than one out of ten (9 percent) say that a health care provider has ever discussed a clinical research trial with them (Figure 14).

Figure 14. Clinical Research Trial Awareness



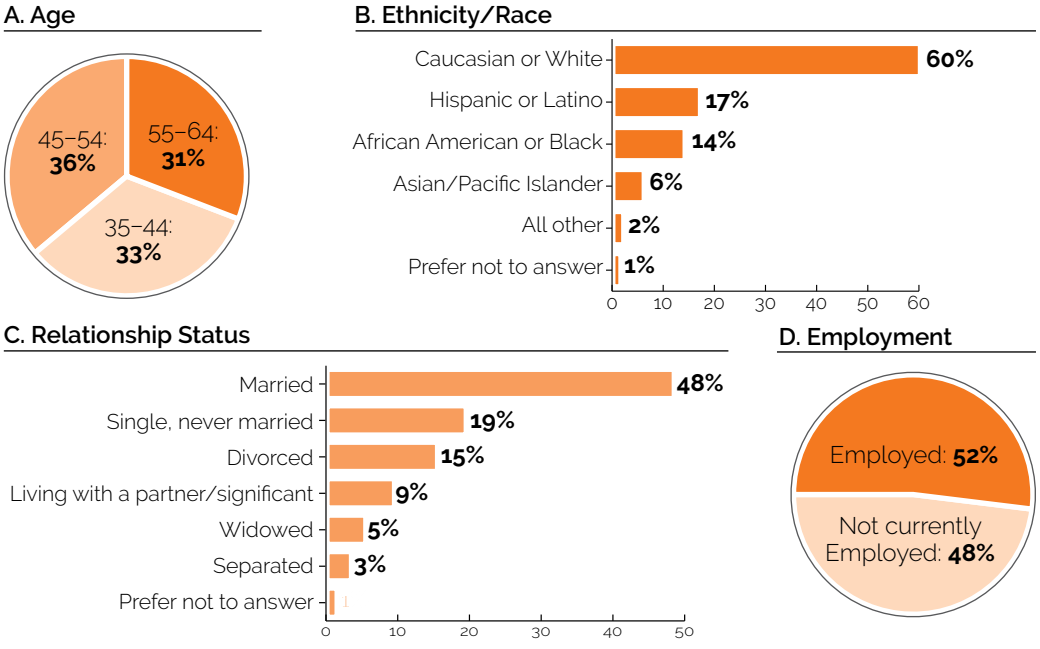
Appendix: Methodological Approach and Sample Profile

A. Survey Methodology and Profile

This research was conducted as a 15-minute online survey among 1,001 U.S. women between 35- and 64-years-of-age between April 30 and May 7, 2018, on behalf of HealthyWomen by Kramer Research, LLC, with Online Survey Solutions.

The women surveyed equally represented three different age groups, 35- to 44-years-of-age, 45-to 54-years-of-age, and 55-to 64-years-of-age (Figure 12.) This nationwide sample was drawn and balanced to represent the U.S. census based on age, gender, geography and ethnicity/race, and all 50 states and the District of Columbia were included in this study. Specific demographic information is also presented below (Figure 12).

Figure 12. Demographic data of the survey sample included Age, Ethnicity/Race, Relationship Status and Employment Status.



Most women in this survey had some college education (with no degree) or had a bachelor's or an associate degree (up to 62 percent). Few women surveyed had a graduate, professional, or doctoral degree (10 percent), and less than three percent were without a high school education. Also, women surveyed reported low- to median-income level households.

B. Comparison between 2018 WomenTALK® Survey Sample Profile and U.S. Census

	Total Sample	U.S. Census*
Base:	1,001 (A)	131,915 (B)
EDUCATION		
Less than high school graduate	3%	11%A
High School Graduate/Some College/ Associates Degree	65%B	57%
Bachelor's Degree or more	30%	32%
Prefer not to answer	1%B	NA
INCOME^		
Less than $25,000	22%	22%
$25,000 - $34,999	15%B	10%
$35,000 – $49,999	14%	13%
$50,000 - $74,999	20%	18%
$75,000 - $99,999	11%	12%
$100,000 - $149,999	8%	14%A
$150,000+	4%	11%A
Prefer not to answer	6%B	NA

**2016 Annual Community Survey based on five-year estimates.*
^Income data is for the total US population, not limited to those in households with women 35 – 64.

A Note on Reading this Report

Survey statistics are estimates of how a given audience feels about a topic. In this study, we are estimating attitudes about health issues among women aged 35 to 64 living in the US. The margin of error varies based on the size of the audience.

In this study, among the 1001 US Women 35 to 64, we can have confidence that the survey data accurately estimates within approximately three percentage points (plus or minus 3.1%). For example, if 50 percent of our total sample answer positively to a given question, then in the universe of US women 35- to 64-years of age, we can be sure that 46.9 percent to 53.1 percent would answer in the same way.

This report presents the major findings of the research and highlights statistically significant differences in the results. The term "significant," as used in this report, implies that the chances that the survey result would not vary if interviews were conducted among all members of the target audience are 95 times out of 100. Significant differences are marked with a letter (A, B, C, etc.) a box or a circle.

The margins of error associated with various sample sizes are shown below:

Sampling Error
(At the 95% Confidence Level)

Approximate Sample Size	Plus or Minus Factor
N = 1000	+ 3.1%
N = 500	+ 4.4%
N = 250	+ 6.2%
N = 100	+ 9.9%
N = 75	+ 11.5%
N = 50	+ 14.2%

Please note that in some charts, the columns may not add up to exactly to 100 percent due to rounding or questions that allow respondents to choose more than one option

Ed. Note: Some of the phrasing and terminology in the text and data tables in this summary have been adjusted from the original survey language for clarity and consistency of usage. For example, in referring to the opioid epidemic, the terms "abuse" and "addiction" were used in some questions, but the preferred terminology used in this summary is "opioid use disorder."

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