

Addressing Inequities in Women's Heart Health

How digital health can help improve health equity in your population



Women's heart health impacts half the workforce



Heart disease:

kills more women
than all cancers
combined¹

7X more deadly
than breast cancer.²



As employers strive toward more diverse, equitable, and inclusive environments, benefits leaders are focusing on health and well-being offerings to mitigate disparities and harmful social determinants of health.

One successful strategy is emphasizing the health of women, who make up 56.5% of the American workforce.³ Many believe that breast cancer is women's most significant health challenge, causing them to overlook an even more dangerous condition: heart disease.

Targeted support for women's cardiac health advances equity by improving health outcomes, boosting presenteeism, lowering costs, and making benefits packages more just.

Digital care solutions are useful tools in this work.

Women deserve women-centered care

Many current heart health approaches are adapted from practices based on male physiology. Women are not “small men.” While their hearts are smaller and their blood vessels narrower than men’s, other important differences impact women’s heart health and management. Acknowledging and addressing the crucial differences is a major step forward to better health and equity.

Heart related differences between men and women:



1 Cholesterol is deposited differently

Plaque/cholesterol is deposited differently for women and men. Women are more likely to have cholesterol buildup in the smallest blood vessels.⁴

2 Heart disease in women develops later

Significant heart disease in women develops about seven to 10 years later than in men, and increases two- to threefold after the age of 50.⁵

3 Women have higher levels of HDL cholesterol

Women’s cholesterol scales are different because women have higher levels of HDL (high-density lipoprotein) cholesterol than men. The female sex hormone estrogen seems to boost this good cholesterol.⁶

4 Some heart attack symptoms are the same regardless of sex, but several are unique to women.⁷

Most common signs for men & women



Chest pain



Pain or discomfort in the left arm, back, neck, or jaw



Shortness of breath

Women also commonly feel



Nausea or vomiting



Cold sweat



Lightheadedness



Indigestion or heartburn



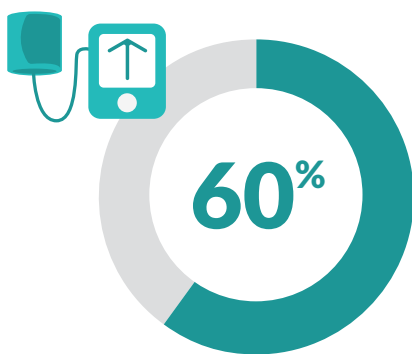
Sudden anxiety/panic attack

Black women are at particular risk

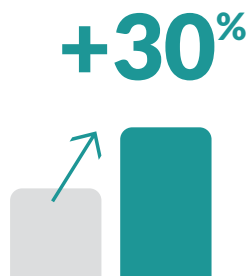
The health of non-White people and especially non-White women has been damaged by systemic, long-term inequities in care access, affordability, and appropriateness. Ongoing institutional racism and differential participation in research have produced additional enduring harm.

Confronting this reality is imperative in the quest for equitable and inclusive workplaces because Black women have the highest labor participation rate among women.⁸

Disparities disproportionately impact Black women



Black women are nearly 60% more likely to have high blood pressure compared to non-Hispanic White women and are less likely to have it under control.⁹



Black Americans are 30% more likely to die from heart disease than non-Hispanic White adults.¹⁰



The persistent underrepresentation of non-White women in major cardiovascular research and clinical trials leads to under-treatment and ineffective care.¹¹

Multiple factors make women more likely to die from a cardiac event

Age and other conditions

Woman's first cardiac event usually happens later in life when other conditions and comorbidities like diabetes or Chronic Obstructive Pulmonary Disease (COPD) exist.¹²

Time to treatment

Women wait to seek care **37 minutes** longer than men.¹³ In a situation where seconds count, delaying care is dangerous.



Women are 2x more likely to die from complications of a heart attack than men.¹⁴ They're also more likely to have a second heart attack or a stroke.¹⁵

Missed symptoms

Women may be slow to get help because they don't know their symptoms are heart-related. One study found that over half of women having a heart attack assume that their symptoms are not heart-related, with **21%** of those women instead attributing their symptoms to stress or anxiety.¹⁶

Misdiagnosed

Providers also often misdiagnose heart attacks in women, with **53%** of women reporting that their provider did not think their heart attack symptoms were heart-related.¹⁶

Women face more barriers to heart health

Even when they do seek care, women encounter additional barriers to health.



Common barriers to care for women

Medical gaslighting and physician lack of knowledge:

A recent NY Times article highlighted the prevalence of healthcare providers ignoring or dismissing symptoms of women, including the story of one woman who had to see multiple providers before being properly diagnosed and getting potentially life-saving heart surgery.¹⁷ In one study focused on cardiac arrest, 53% of women reported that their provider did not think their heart attack symptoms were heart-related.¹⁸

Unconscious systemic and personal bias:

Research shows that providers' implicit gender bias contributes to disparities in administering cardiac tests for people being evaluated for Coronary Artery Disease (CAD),¹⁹ and that women having a heart attack wait longer to receive cardiac catheterization.²⁰

Research gap: Clinical research practice and the research agenda were set by White men for centuries. Until 2001, most studies enrolled White men and used male lab rats for animal research. This means that the majority of medical research up to that point excluded the majority of people (women make up 50.5% of the American population) and anyone who is non-White.²¹

Many heart disease risk factors are modifiable

70% of heart disease cases and deaths are caused by modifiable risk factors²²

Heart disease risk factors:²³



High blood pressure



High cholesterol



Obese or overweight



Smoking



Lack of regular activity



Diabetes

A woman's heart health is influenced by several factors that can change with behavior modification and medication. Pinpointing hypertension is particularly vital since 44% of adult women have high blood pressure,²⁴ and Black women have about 40% higher rates than white women.²⁵

Personalized interventions and ongoing support can help women understand and address the top and most prevalent risk factors for heart disease: high blood pressure and high cholesterol.²⁶

44% of adult women have high blood pressure²⁴

40% higher rates for black vs. white women²⁵



Digital therapeutics can help women be healthier

Digital care spans the gap between the traditional health system and self-care. Hello Heart includes women-specific insights and support, demystifying blood pressure, cholesterol, and other heart-related topics.



Educate members on women's risk factors and heart attack symptoms.

The app features content that explains risk factors and outlines the symptoms that women and providers often overlook. It includes born-gender-based explanations of lipids panels (HDL cholesterol ranges), and workflows to check for possible heart attack symptoms that are unique to women.



Empower women to manage their own health.

The digital program helps women be active participants in their health with real-time monitoring and management of blood pressure and cholesterol anywhere and at any time.

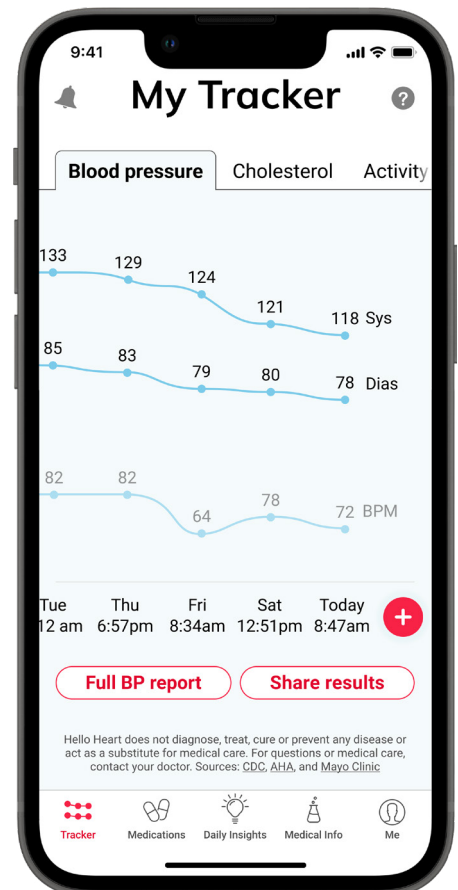


Enable behavior change with personalized coaching and other resources. Hello Heart makes it easier for users to make and stick to changes with support and content based on sex, comorbidities, age, and geography.



Encourage women to get care sooner.

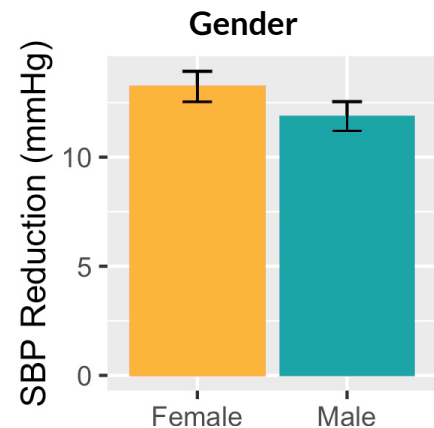
The app can help women seek care faster with prompts to talk to their doctor or schedule an appointment with CVS MinuteClinic® providers.



Digital therapeutics can contribute to health equity

A recent study, published as an abstract in the American Heart Association's *Hypertension Journal*, indicates that Hello Heart's hypertension digital coaching program could contribute to health equity.²⁸

Participants in the study using Hello Heart's smartphone-based hypertension self-management program achieved consistently lower systolic blood pressure (SBP). The data show similar improvements in heart health for a range of populations across age, race, and preferred language.



Women charted higher decreases in SBP than men, indicating that the digital coaching program could be one tool to contribute to health equity.

[Read the full study](#)

A digital heart program is a cost-effective solution

Offering a digital solution for heart health can generate thousands in savings per participant. One multinational corporation deployed Hello Health and experienced notable results in just 12 months.

Case Study:

↓ **83%** of participants starting in stage 2 hypertension reduced their systolic blood pressure by an average of **21 mmHg** and lowered their heart risk.^{29,30,31}

↓ **Even a 10-point drop** in systolic blood pressure can cut the risk of:

- Major cardiovascular disease by **20%**
- Heart failure by **28%**
- Stroke by **27%**³²

These clinical outcomes enabled the employer to potentially avoid significant medical costs by reducing spending on expensive surgeries and invasive procedures related to high blood pressure. Validation Institute recently found that the Hello Heart program delivered a:



\$1,865

reduction in year 1 total medical claims per participant.³³

Benefits leaders can make significant progress toward DEI goals, improve operational metrics, and support a healthier workforce by offering digital therapeutics like Hello Heart.





About Hello Heart

Hello Heart is the digital leader in preventive heart health. Hello Heart provides members with a connected heart monitor that connects to an AI-driven digital coaching app. Members receive actionable insights around healthy eating and exercise, and can track key heart metrics like blood pressure and cholesterol unique to each person's physiology. By building a habit of monitoring heart health, members create sustained lifestyle changes. Validated in peer-reviewed studies, Hello Heart has been proven to lower the blood pressure of 84% of members and sustain that level over a 3 year period. The solution is easy to use and works alongside an employer's benefits ecosystem. Founded in 2013, Hello Heart is a member of the American Heart Association's Innovators' Network.

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