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Innovative Benefit Design for Women's Health

Comprehensive Programs, Digital Solutions, & Impact



Sera-Leigh Ghouralal, PhD, Lead Researcher
Carole Bonner, MSAS, MSET, Researcher

Executive Summary

Overview

This report investigates how the utilization of women's health benefits impacts workplace outcomes such as attendance, retention, and productivity. Drawing from a survey of 1,001 full-time employed women in the U.S. across various industries, the study highlights the importance of health benefits in shaping employee satisfaction and performance.

Perceptions of Benefits

- 89% of participants agree that employer benefits positively influence overall workplace satisfaction.
- 85% believe that benefits play a crucial role in attracting and retaining talent.
- 90% rate their employer's benefits as excellent or good, with 84% satisfied with how these benefits are communicated.
- Over 50% expressed a need for clearer explanations and more frequent updates regarding their benefits.

Benefit Utilization

- Preventive care emerged as the most commonly used benefit, with 63% of respondents accessing it, followed by mental health support at 54%.
- The 30-39 age group had the highest rates of benefit engagement, with higher utilization in industries such as healthcare, education, and technology.
- Higher-income women (\$100,001-\$150,000) reported more frequent use of benefits than lower-income groups.

Barriers to Utilization

- Cost, time constraints, and scheduling difficulties are the top barriers to utilizing benefits.
- Women aged 40-50 reported the highest levels of difficulty across all barriers, while those aged 50-64 faced fewer obstacles.
- Middle-income women encountered the most barriers, with higher-income women primarily citing scheduling challenges.

Impact on Productivity, Absenteeism, and Presenteeism

- All benefit use was associated with fewer missed work days.
- Mental health benefits had the strongest association with reduced absenteeism, followed by reproductive health services and maternity care.
- Depression and anxiety had strongest impact on work performance.
- Chronic conditions such as cancer, chronic obstructive pulmonary disease, and musculoskeletal disorders stand out as having the highest overall impact on absenteeism.

The findings underscore the critical role women's health benefits play in promoting employee well-being and productivity. Enhanced benefit communication, accessibility, and utilization can lead to improved workplace attendance, engagement, and retention across various industries.

Recommendations:

- Prioritize comprehensive preventive care and mental health support programs.
- Tailor benefit packages and communication strategies to different demographics.
- Address cost barriers with innovative funding models and cost-sharing options.
- Expand digital health offerings to enhance access and convenience.
- Increase benefit awareness through targeted communication campaigns.
- Develop programs specifically for reproductive health and menopause support.
- Regularly assess and adapt benefits based on utilization data and employee feedback.



Introduction

The shifting dynamics of employee benefits highlight the importance of focusing on women's health to address unique needs, boost job satisfaction, and enhance retention and productivity. We examine comprehensive women's health programs, digital health solutions, and trends in fertility and family planning benefits, highlighting their impact and implications for employers.

A study by the Utah Women & Leadership Project (UWLP)¹, found that companies offering flexible and family-friendly policies report higher employee satisfaction and retention, with over 94% seeing increased employee satisfaction and 80% reporting higher retention rates due to these benefits. Similarly, Marsh McLennan Agency's² 2024 report emphasizes that holistic health benefits enhance employee experience and talent retention. Investment in women's healthcare has surged, focusing on critical areas such as obstetrics/gynecology and fertility services. This trend is driven by the increasing demand for healthcare experiences that address women's unique needs across different life stages. Comprehensive care models that integrate various health services are emerging as effective strategies to meet these needs.^{3,4}

Digital health solutions have transformed accessibility, user satisfaction, and health outcomes in women's healthcare. Telemedicine and artificial intelligence (AI) offer personalized and continuous care, which is crucial for managing chronic conditions and mental health support.⁵ The COVID-19 pandemic accelerated the adoption of digital health platforms, underscoring their importance in maintaining healthcare continuity. These platforms offer convenient access to health services, which is especially beneficial for women balancing work and personal responsibilities.

Trends in fertility and family planning benefits emphasize offering paid maternity and paternity leave, remote work options, and flexible work arrangements. These benefits help women balance work and personal lives, leading to higher job satisfaction and retention.⁶ Organizations offering comprehensive family planning benefits, including fertility treatments and parental leave, experience increased employee engagement and productivity. These benefits are crucial for attracting and retaining top talent as they meet the evolving needs of the workforce.⁷

Addressing women's unique health needs promotes health equity. Studies indicate that women face higher out-of-pocket medical expenses than men, exacerbating the gender wage gap.⁸ Tailored benefits can significantly reduce these financial burdens, improving women's health outcomes and economic stability.⁹ Achieving gender health parity offers substantial economic benefits. Closing the gender health gap could add \$1 trillion to the global economy annually by 2040, as healthier women are more likely to participate in the workforce and contribute to economic growth.¹⁰

This study advances our understanding of the future of benefit design with a focus on women's health. By addressing health equity, enhancing workforce productivity, promoting economic benefits, supporting comprehensive care models, and encouraging innovation in digital health, this research offers valuable insights and strategic recommendations for employers. These insights can help create a more equitable, productive, and economically beneficial workplace for women, ultimately enhancing their overall health and well-being.

Study Objectives

- Assess how programs affect employee retention, job satisfaction, and productivity.
- Investigate the adoption, effectiveness, and impact of digital health solutions.

Methodology

The survey collected data on the availability and impact of women's health benefits, focusing on awareness, usage, satisfaction, and perceived impact on retention, satisfaction, and productivity. Questions assessed awareness, communication methods, and satisfaction. The survey covered the use of various benefits over 12 months and evaluated digital health solutions. Participants were asked about the importance of benefits, their impact on talent attraction and retention, and their influence on workplace attitudes.

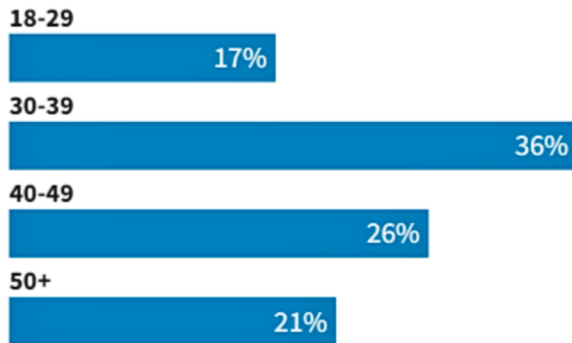
IBI collaborated with a third-party survey firm for sampling and distribution. The vendor ensured a diverse and representative sample across industries, regions, and demographics. Participants completed online surveys, with screening questions ensuring they were qualified respondents. Quality control measures, such as attention checks and data validation, maintained data integrity. The vendor provided raw survey data, which IBI cleaned, coded, and prepared for analysis.

Descriptive statistics summarized key variables and trends. Cross-tabulations and chi-square tests examined associations between demographic factors, benefit usage, health conditions, and workplace outcomes. Correlation analyses explored relationships between health conditions, absenteeism, and presenteeism. Regression analyses assessed the impact of benefit utilization on absenteeism and productivity. Thematic analysis of open-ended responses provided qualitative insights.

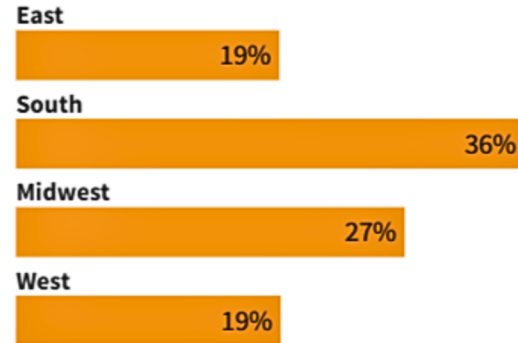
Results

The study sample included 1,001 employed women aged 18-64 in the United States, all working full-time. The majority fall within the 30-39 age group, accounting for 36% of the sample. Participants represented various industries, with healthcare (19%), retail (11%), education (11%), business/consulting services (8%), manufacturing (8%), and finance/banking (9%) being the most common.

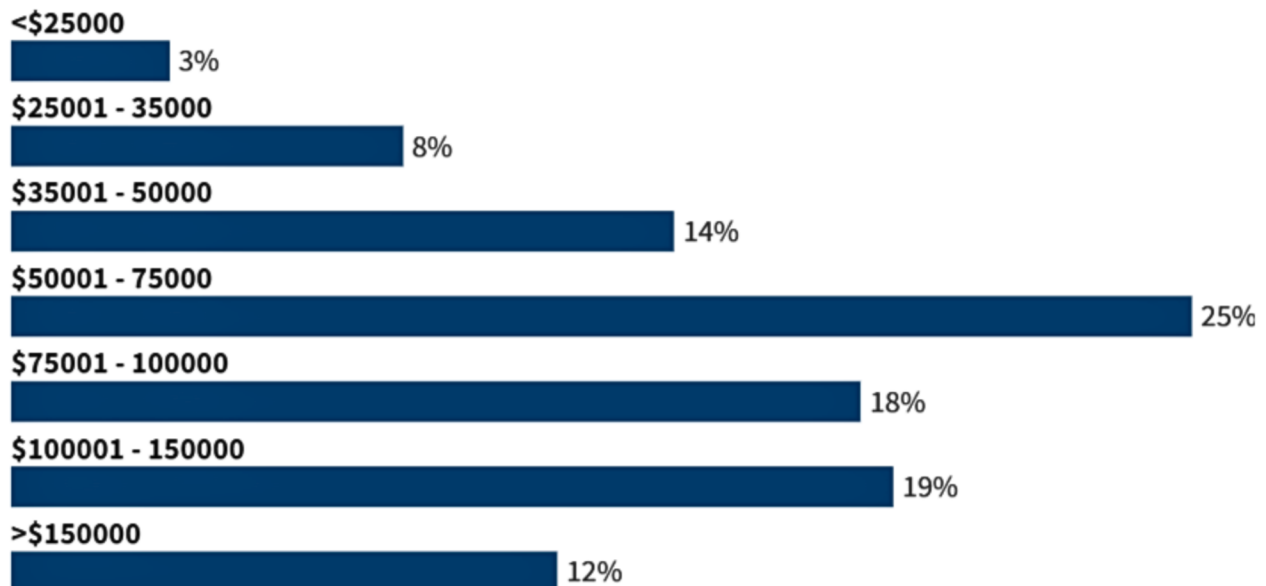
Age



Region



Household Income



In terms of household income, 25% of participants reported an income between \$50,001 and \$75,000. Another 19% earned between \$100,001 and \$150,000, 18% reported incomes between \$75,001 and \$100,000, and 14% earned between \$35,001 and \$50,000.

Company sizes in the study varied, ranging from small businesses to large corporations. A total of 27% of participants worked in companies with 250-999 employees, while 23% were employed in companies with 50-249 employees. Additionally, 20% of participants worked in companies with 1,000-4,999 employees, and 12% worked in large corporations with 10,000 or more employees.

Overview: Benefit Availability, Utilization and Impact

All participants reported that their employers offer specific health benefits for women, including maternity care, mental health support, reproductive health services, menopause-related care, and preventive care. These benefits were either fully funded by the employer (35%), cost-shared between the employer and employee (42%), or provided through a union policy (19%). Only 4% were unsure about the funding structure.

Participants primarily learned about these benefits through their HR department (62%), employee handbook (50%), company intranet/hub (28%), and colleagues (22%). Most participants were satisfied (37%) or very satisfied (47%) with their employer's communication about these benefits, while only about 4% expressed dissatisfaction

% of Respondents Who Used Each Benefit Type

Preventive Care

63

Mental Health Support

53

Digital Health Solutions

50

Reproductive Health Services

37

Maternity Care

28

Menopause-related Care

26

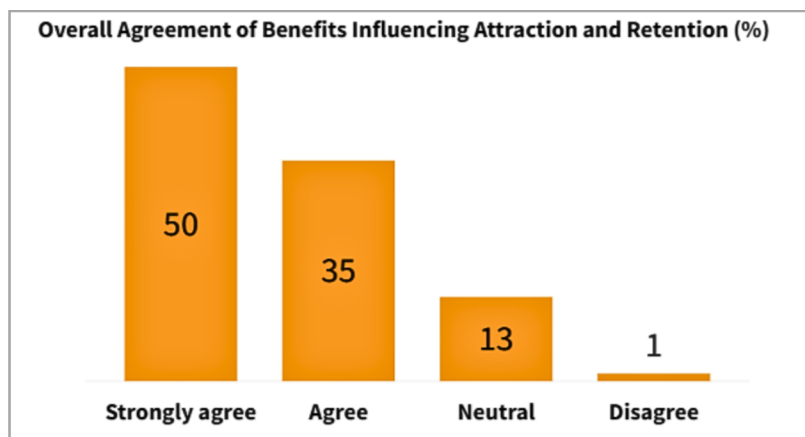
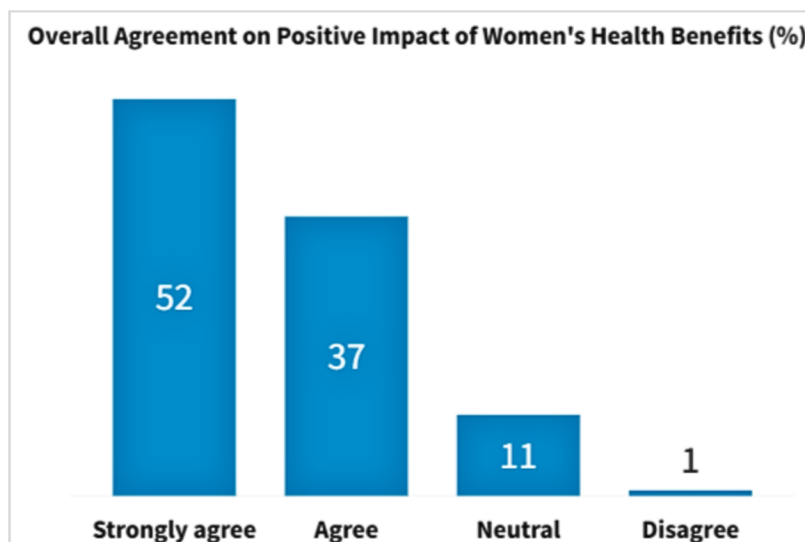
- Preventive care: 63% of participants utilized in the past 12 months, with annual physical exams (78%), health screenings (73%), and vaccinations (62%) being the most accessed services.
- Mental health support: 53% of participants utilized in the past 12 months, with individual counseling/therapy (72%), stress management workshops (36%), and mindfulness programs (35%) being the most accessed services.
- Digital health solutions: 50% of participants utilized in the past 12 months, with telemedicine (66%), health tracking apps (51%), and virtual mental health support (45%) being the most used services.

- Reproductive health: 37% of participants utilized in the past 12 months, with contraceptive counseling (47%), family planning consultations (48%), and sexual health education (39%) being the top services.
- Maternity care: 28% of participants utilized in the past 12 months, with prenatal care (58%), postnatal care (48%), and home visits by healthcare professionals (43%) being the most common services.
- Menopause-related care: 26% of participants utilized in the past 12 months, with access to healthcare professionals (67%), menopause education (41%), and hormone replacement therapy (35%) being the most common services.

Impact on Workplace Perceptions

The majority of participants (89%) agreed or strongly agreed that these benefits positively influenced the overall environment, attitudes, and values at their workplace. Similarly, 85% agreed or strongly agreed that these benefits contributed to talent attraction and retention.

Participants rated their overall perception of these benefits as excellent (45%) or good (46%), with only 1% rating them as poor or very poor. Suggested improvements included greater coverage options (52%), lower costs (56%), increased communication about benefits (54%), and improved access to services (36%).

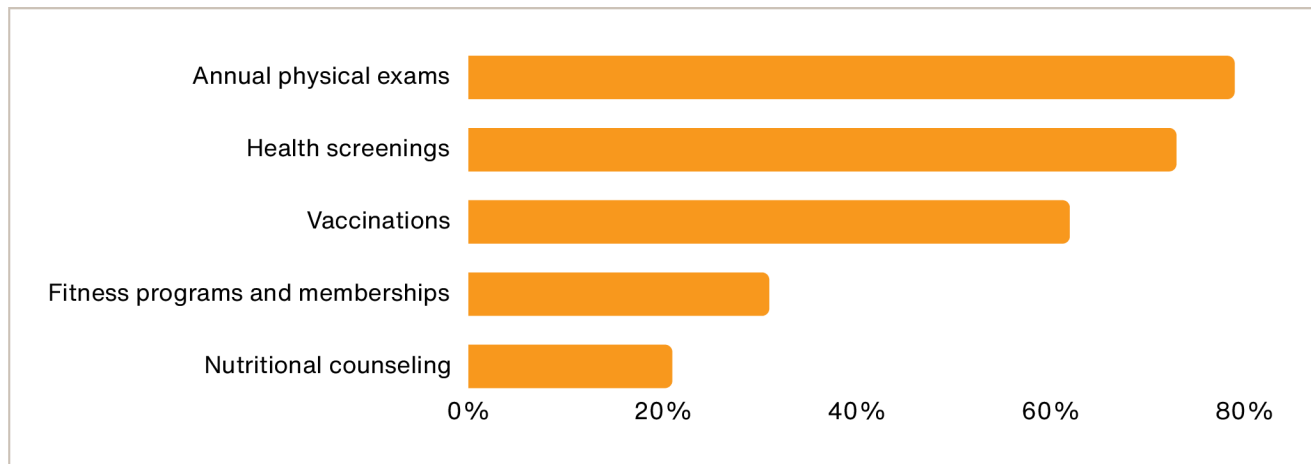


Demographic Analysis

Preventive Care

Sixty-three percent of participants utilized preventive care in the past 12 months, with annual physical exams (78%), health screenings (73%), and vaccinations (62%) being the most accessed services. There is a gradual increase in usage with age, starting at 55% in the 18-29 age group and reaching 66% in the 50+ age group. Income level strongly influences the utilization of preventive care benefits, increasing steadily from 47% in the lowest income bracket to approximately 70% in the top three brackets. At the industry level, though not statistically significant, noticeable differences exist, with Finance demonstrating the highest usage at 69% and Retail the lowest at 52%.

Preventive Care Services Used



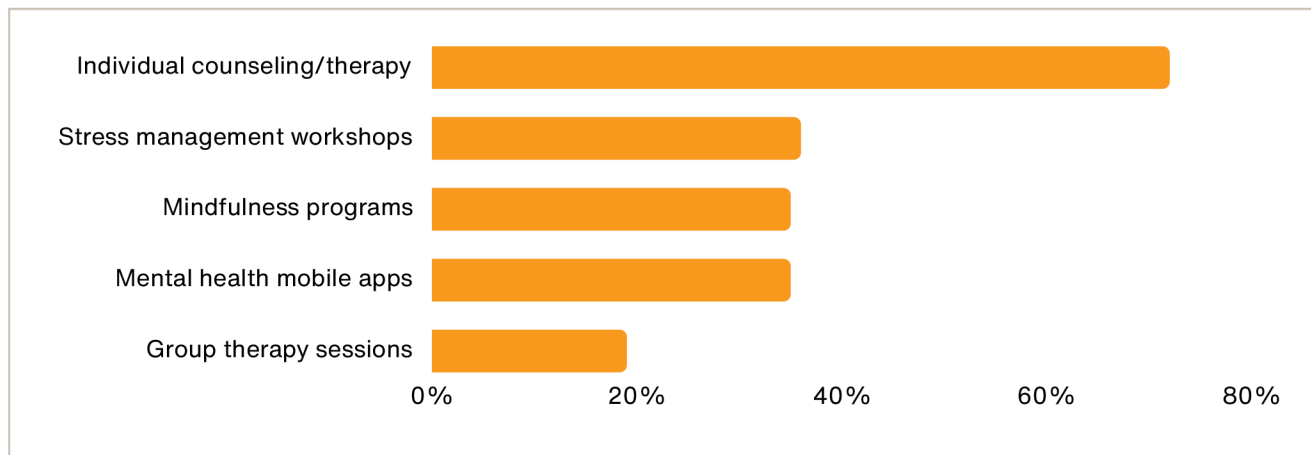
VARIABLE	TREND
AGE	Usage highest among 18 to 39 years old. Lowest for the 50+ age group.
INCOME	Peak usage is seen \$75K to \$150K brackets. Lowest usage in <\$25K bracket.
INDUSTRY	Highest usage seen in IT and finance. Lowest seen in education and retail.
BARRIERS	Cost, followed by scheduling and time constraints.
ABSENTEEISM	Showed the strongest link between usage and fewer absences.

Mental Health Support

Mental health support benefits demonstrate a significant age-related trend, with younger employees more likely to use these benefits. The highest utilization occurs in the 18-29 (63%) and 30-39 (61%) age groups, with usage decreasing with age.

Income also influences mental health benefit usage, generally increasing with income and peaking in the \$100k-\$150k bracket (64%). However, there's a slight decrease in the highest income bracket (>\$150k, 47.9%), which could suggest less need or access to alternative private resources for mental health support in this group. In terms of industry, IT leads with 66% usage, followed closely by finance (64%) and manufacturing (61%). Healthcare (51%) and education (42%) show lower usage rates.

Mental Health Services Used

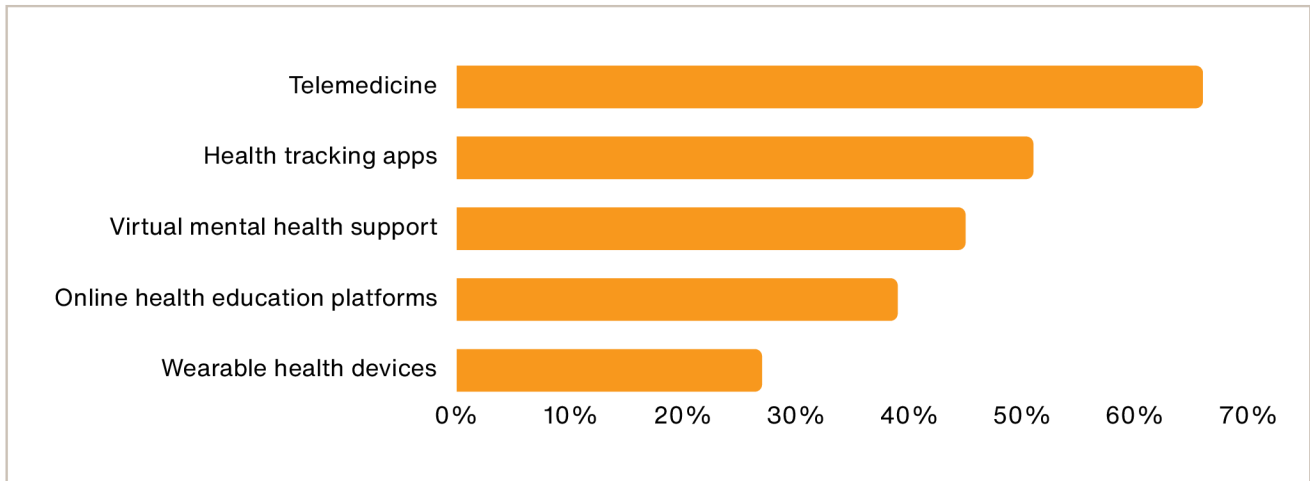


VARIABLE	TREND
AGE	Used fairly evenly among age groups. Peaks at 66% for 50+.
INCOME	Peak usage is seen higher income brackets. Lowest usage in <\$25K bracket.
INDUSTRY	Used fairly evenly among industries. Highest usage seen in finance and healthcare.
BARRIERS	Scheduling, followed by time constraints and cost.
ABSENTEEISM	Using preventive care benefits correlated with reduced absenteeism, but was the weakest association among all benefit types.

Digital Health Solutions

The utilization of digital health solutions (DHS) is closely linked to age, with the 30-39 age group showing the highest usage rate at 57%, followed by the 40-49 age group at 51%. Conversely, the 50+ age group shows the lowest usage at 36%. As income rises, usage also increases, ranging from 41% in the lowest income brackets to 59% in the highest. Among industries, IT leads significantly with 74% usage, followed by manufacturing (56%) and finance (55%). The education sector displays the lowest usage rate at 38%.

Digital Health Solutions Used

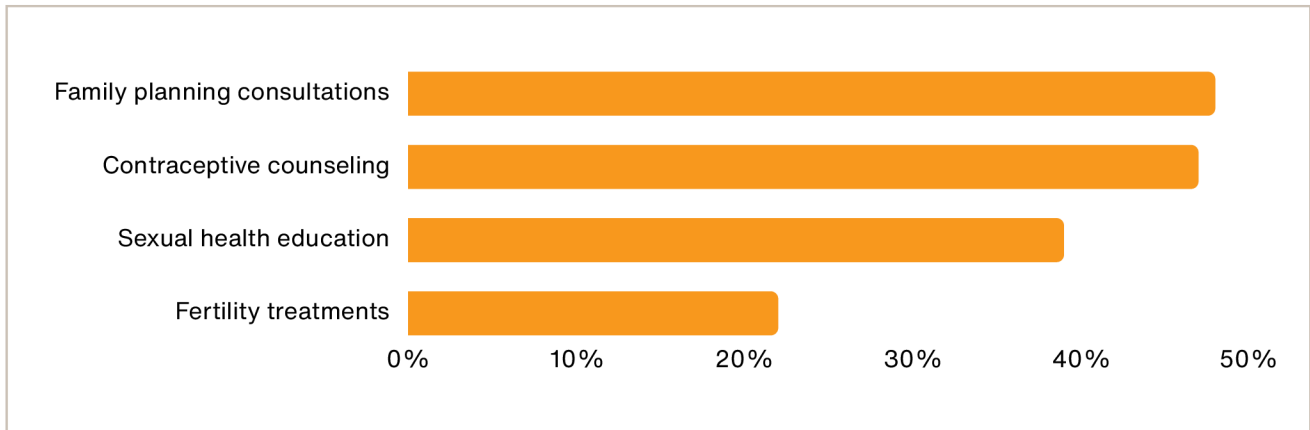


VARIABLE	TREND
AGE	Highest usage by 30 to 39 group; lowest in 50+ group.
INCOME	Peak usage is seen higher income brackets. Lowest usage in <\$25K to \$50K brackets.
INDUSTRY	Highest usage seen in IT, manufacturing & finance. Lowest seen in education and retail.
BARRIERS	Lower barriers overall, but time cited as main barrier.
ABSENTEEISM	Ease of access and being satisfied with DHS correlated with reduced absenteeism.

Reproductive Health

Reproductive health benefits usage is strongly correlated with age. The 18-29 age group shows the highest utilization (50%), followed closely by the 30-39 group (45%). Usage declines sharply for older age groups, aligning with reproductive biology and family planning needs. Usage rates are relatively consistent across income brackets, ranging from 33% to 44%. In terms of industry, IT leads with 55% usage, followed by finance (43%) and education (37%).

Reproductive Health Services Used



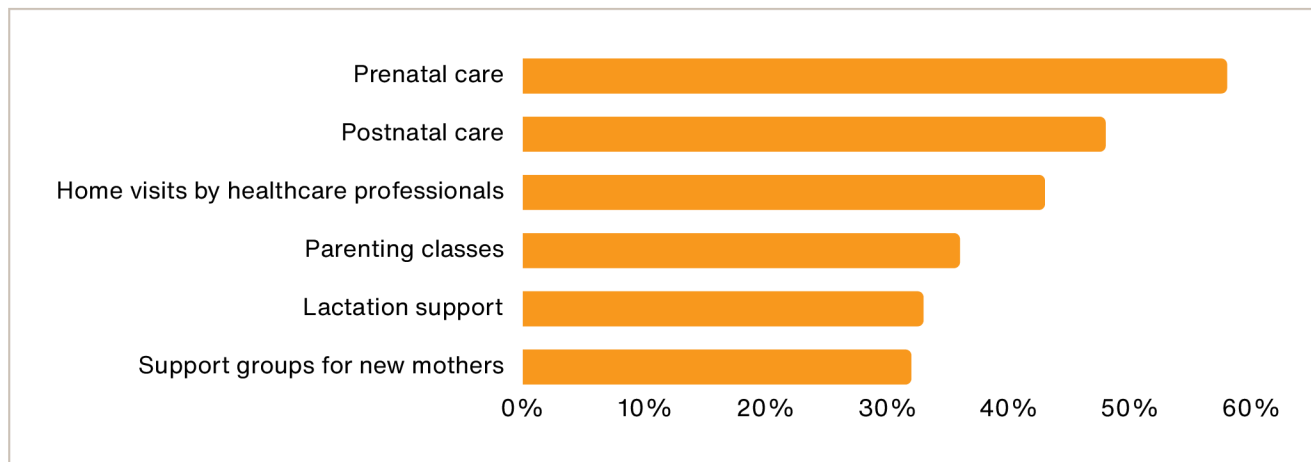
VARIABLE	TREND
AGE	Usage highest among 18 to 39 years old. Lowest for the 50+ age group, as expected.
INCOME	Peak usage is seen <\$25K and \$75K-\$100K bracket.
INDUSTRY	Fairly balanced among industries, with peak in IT.
BARRIERS	Consistent among all, with cost being most cited.
ABSENTEEISM	Follows mental health benefits in having a strong link with fewer absences.

Maternity care

Maternity care benefits strongly correlate with age, as expected. The highest usage occurs in the 18-29 age group (42%) and 30-39 age group (38%), aligning with typical childbearing ages. Usage drops sharply for older age groups.

Usage increases with income, peaking in the \$100k-\$150k bracket (40%). This could reflect better access to information, more comprehensive benefit packages in higher-paying jobs, or the financial stability to consider family planning. Interestingly, industry analysis reveals that the IT sector shows the highest usage (60%), followed by manufacturing (36%) and finance (33%). The lower usage rates in education (22%) and healthcare (21%) are surprising given the typically female-dominated nature of these industries.

Maternity Care Services Used

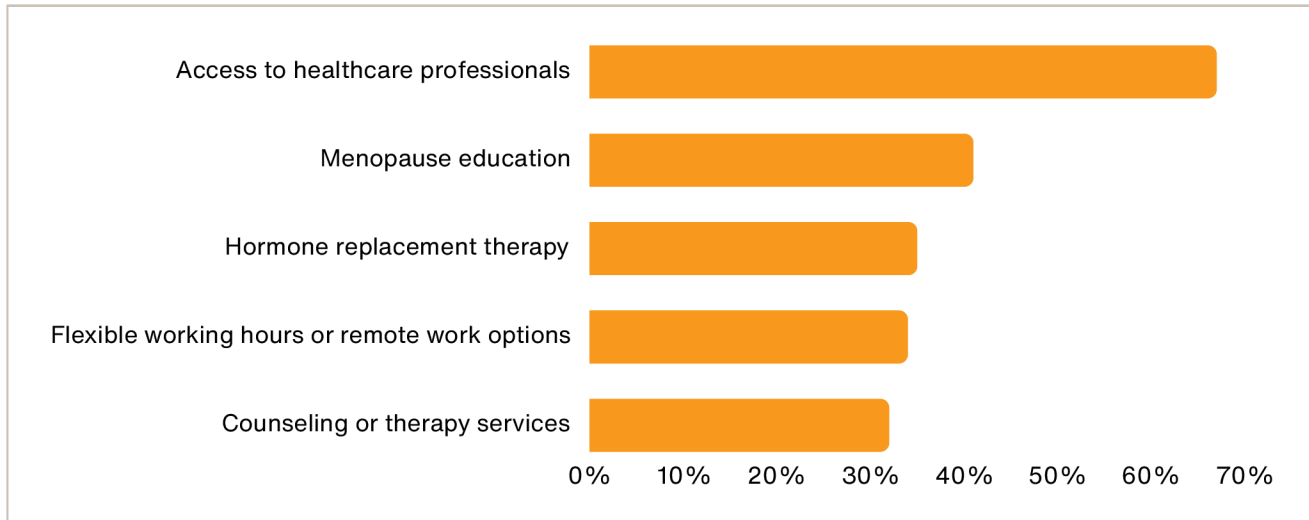


VARIABLE	TREND
AGE	Highest usage by 18 to 39 groups; lowest in 50+ group, as expected.
INCOME	Peak usage is seen higher income brackets. Lowest usage in middle income brackets.
INDUSTRY	Highest usage seen in IT & manufacturing & finance. Lowest in education, healthcare & retail.
BARRIERS	Consistent among all, with cost being most cited.
ABSENTEEISM	Follows mental health and reproductive care in having a strong link with fewer absences.

Menopausal Health

Menopause benefits show an expected opposing pattern compared to other benefits, with the highest usage is among the 50+ age group (41%). Income and industry do not exhibit statistically significant correlations with the utilization of menopause benefits.

Menopausal Health Services Used



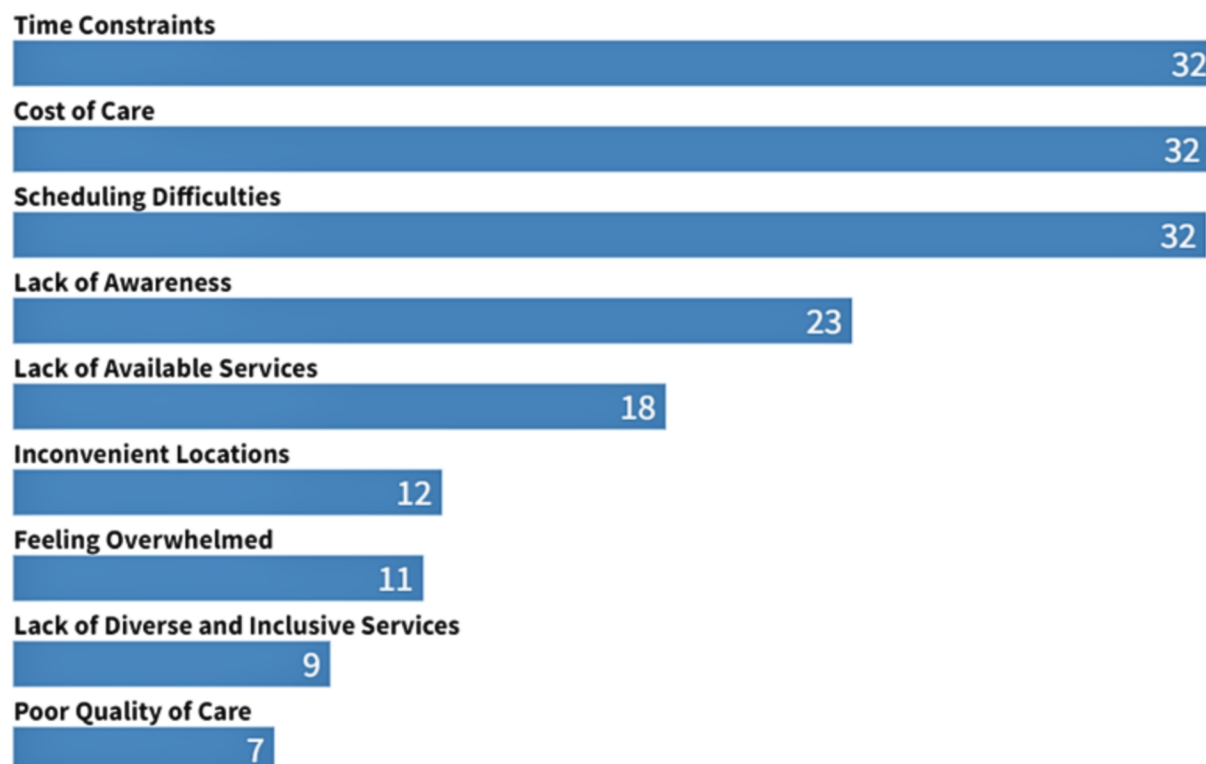
VARIABLE	TREND
AGE	Usage highest among 50+ age group. Lowest for the 18to 39 groups, as expected.
INCOME	Relatively balanced usage among all income brackets.
INDUSTRY	Relatively balanced usage among most industries. Lowest in retail.
BARRIERS	Time constraints was highest, and among all benefits, lack of services was highest.
ABSENTEEISM	Second weakest association with fewer absences among all benefit types.

Barriers to Utilization

Overall Barriers

Our research identified significant barriers that hinder women's access to and utilization of health benefits in the workplace. These barriers were consistent across various benefit types, though their prominence varied. The cost of care emerged as the most prevalent barrier across most benefit types.

Barriers (%)



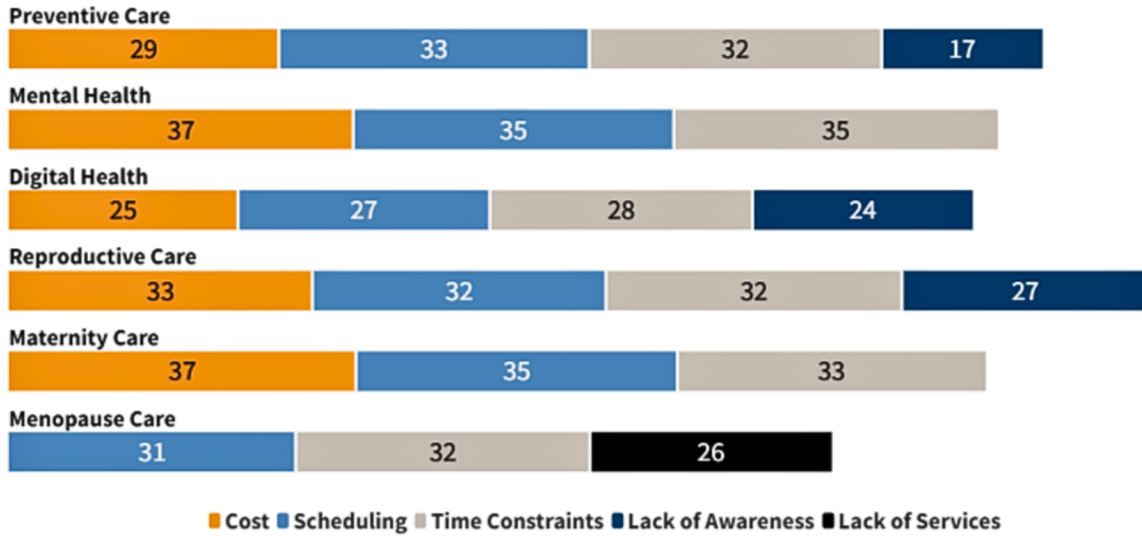
Barriers by Benefit Type

For maternity care cost was the top concern, affecting 37%, followed by scheduling (35%) and time constraints (33%). Reproductive health benefits also faced substantial cost barriers, with 33% of women citing this as an issue. Lack of awareness about available benefits was another crucial barrier, particularly for reproductive health services, where 27% of women reported this issue. For menopausal care, time constraints most cited, and among all benefits, lack of services was highest on the list for this benefit.

Mental health support faced similar challenges, with 37% reporting cost barriers and 35% reporting scheduling issues and time constraints. Preventive care faced scheduling as the biggest barrier, followed by time constraints and cost

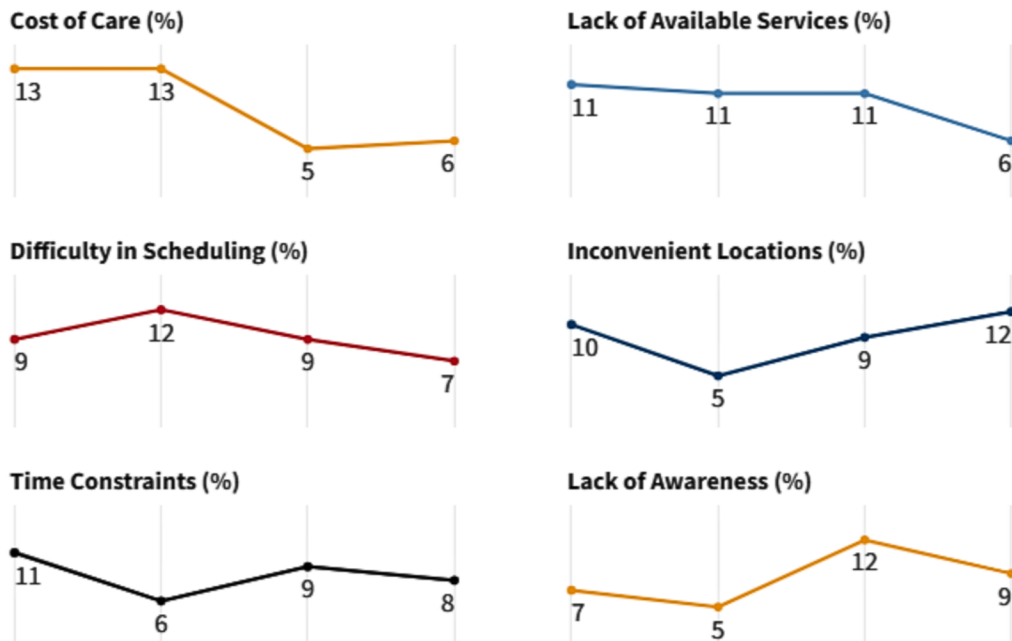
Digital health solutions, while facing similar barriers, showed lower percentages overall. Time constraints (28%), scheduling (27%), and cost (25%) remained significant, but the lower percentages suggest that digital solutions are somewhat more accessible than traditional healthcare services.

Barriers By Benefit (%)



Our analysis also revealed state-specific variations in these barriers. In Florida and Texas, the cost of care was consistently reported as a significant barrier across all benefit types. Texas faced challenges related scheduling difficulty and lack of available services, particularly for maternity care and reproductive health benefits. California reported high percentages for lack of awareness, while New York cited inconvenient locations as a top barrier.

Barriers By State

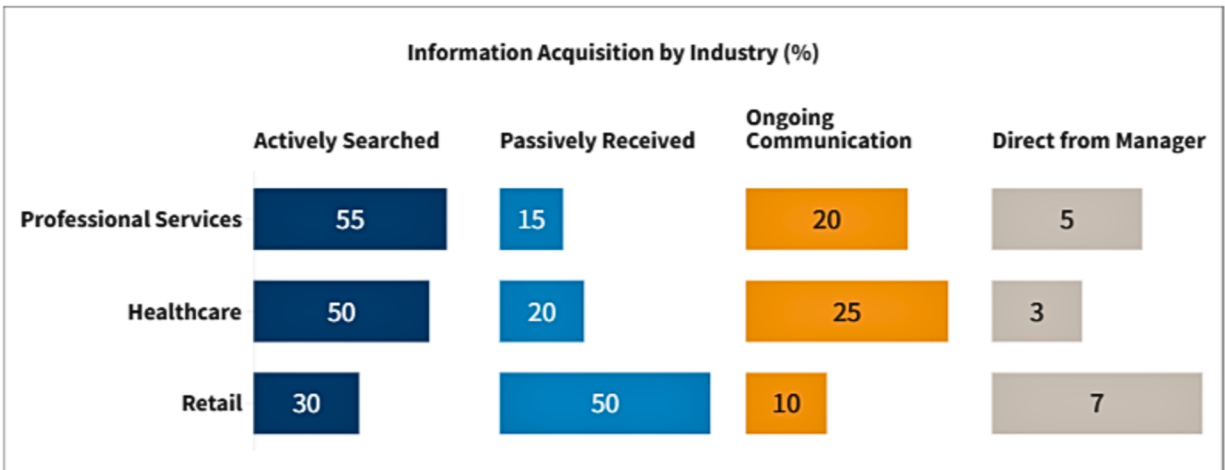
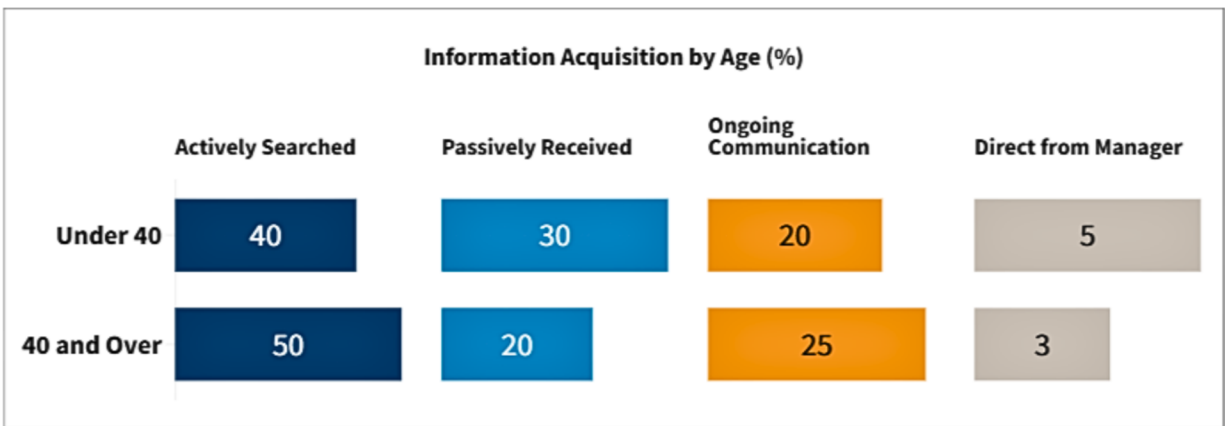


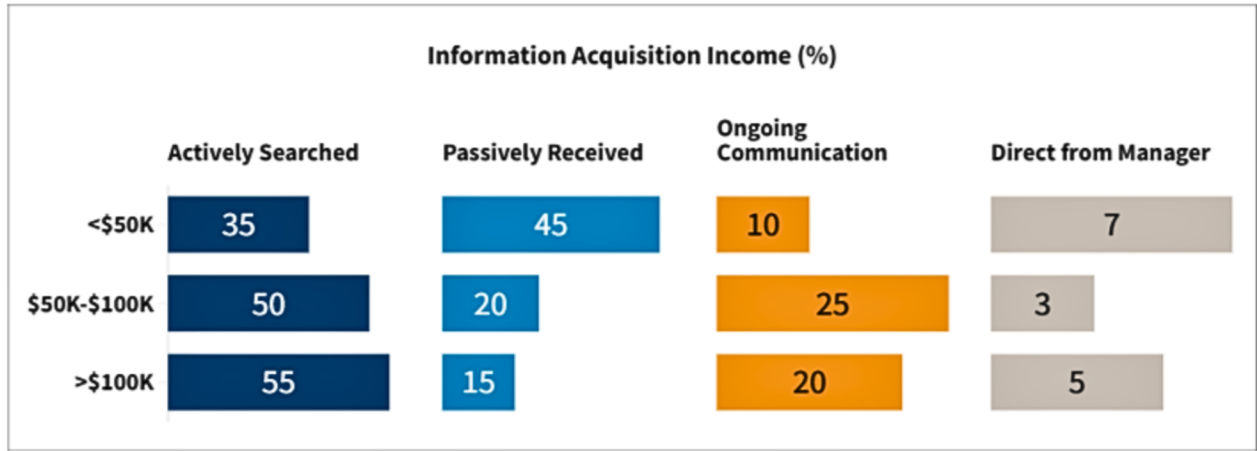
Benefit Information Acquisition, Satisfaction and Usage

Information Acquisition

Our analysis revealed significant relationships between demographic factors and overall health benefit communication. These relationships were evident in both information acquisition and communication satisfaction, with notable variations across different groups.

Age plays a significant role in how employees acquire information about health benefits. Older participants, particularly those aged 40 and over, tend to be more proactive in seeking information. In contrast, younger participants often receive information passively, such as through onboarding or one-time communications.



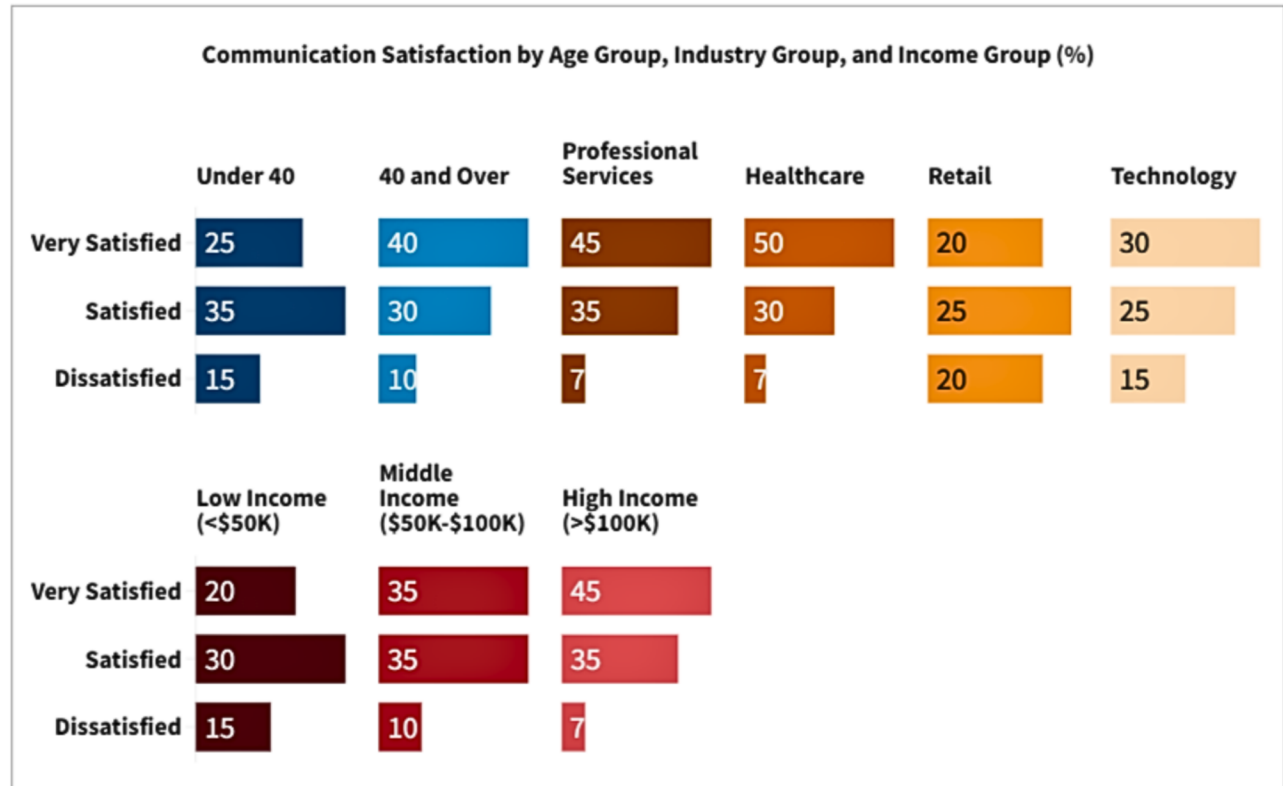


Industry and income levels also impact information acquisition patterns. Participants in professional services and healthcare industries, and those in high-income brackets, are more likely to actively seek information about their health benefits. In contrast, participants in retail and lower-income brackets tend to rely more on passive communication methods, indicating a gap in self-initiated information seeking.



Communication Satisfaction

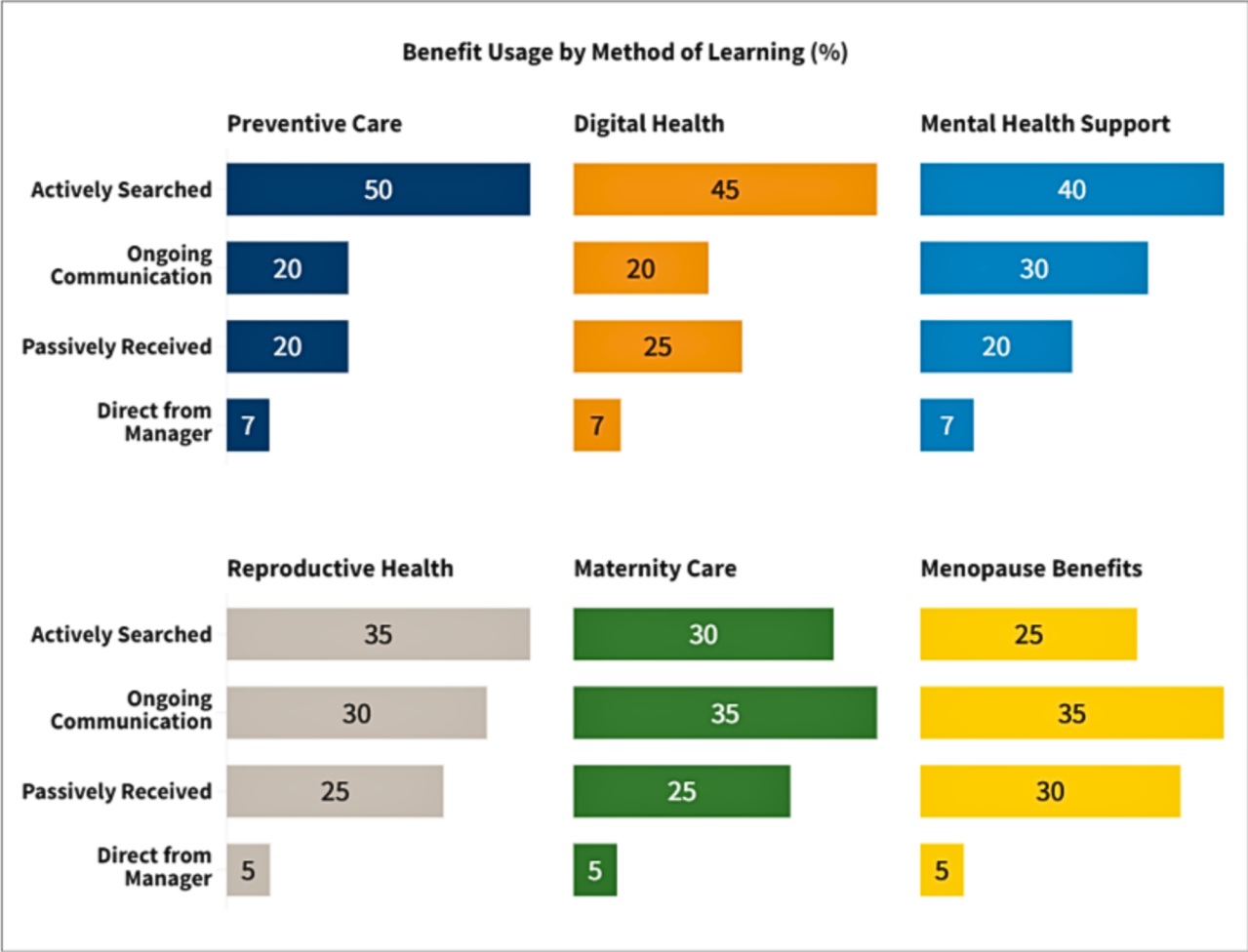
Satisfaction with communication about benefits varies across demographic groups. Generally, older and higher-income participants report higher satisfaction levels with communication about benefits. Younger participants and those in technology and retail express more dissatisfaction.



Information Acquisition and Benefit Usage

The method by which employees learn about their benefits significantly impacts benefit utilization. Ongoing communication and proactive information seeking are associated with higher usage of benefits. Passive information receipt correlates with lower benefit utilization, with the exception of menopause benefits.

Industry and income observations reveal that in healthcare and professional services, ongoing communication strongly correlates with higher benefit usage. Lower-income participants who receive continuous communication are more likely to use maternity and preventive care benefits, while higher-income participants utilize a broader range of benefits regardless of the information source.



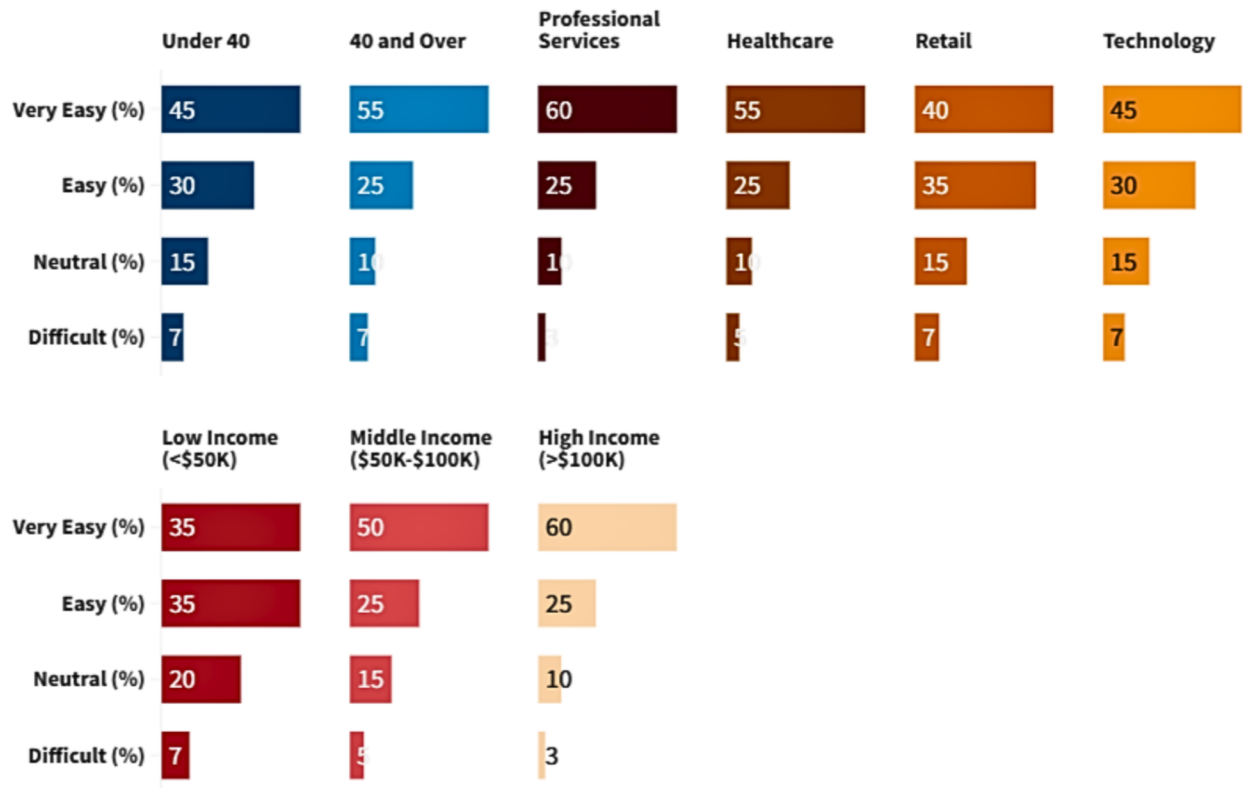
Communication Satisfaction, Information Acquisition, and Workdays Missed

There is a strong relationship between communication satisfaction, information acquisition methods, and absenteeism. Participants who missed no workdays were more likely to be "Very Satisfied" or "Satisfied" with communication and often learned about benefits through ongoing communication or active searching. This group showed a statistically significant relationship between satisfaction, information acquisition, and absenteeism.

Demographic Analysis and Ease of Access to Digital Health

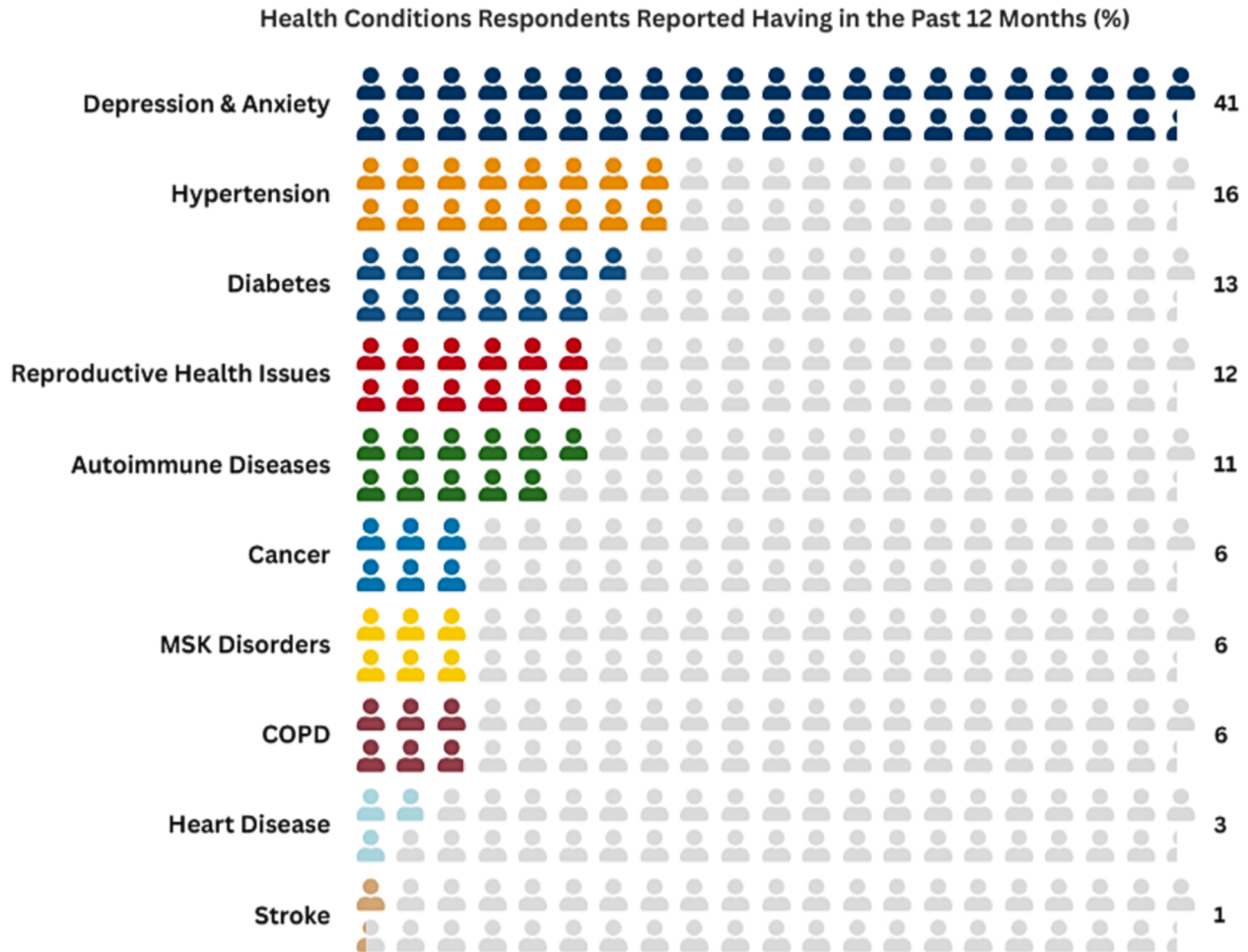
The ease of access to digital health solutions varies across demographic groups. Higher-income participants generally report easier access to digital health solutions, particularly in professional services and healthcare industries. California and Texas report higher ease of access, while Florida presents more access challenges, particularly for lower-income groups. Participants who actively seek out information generally find it easier to access digital health solutions, emphasizing the importance of proactive communication and support.

Ease of Access to Digital Health by Age Group, Industry Group, and Income Group (%)

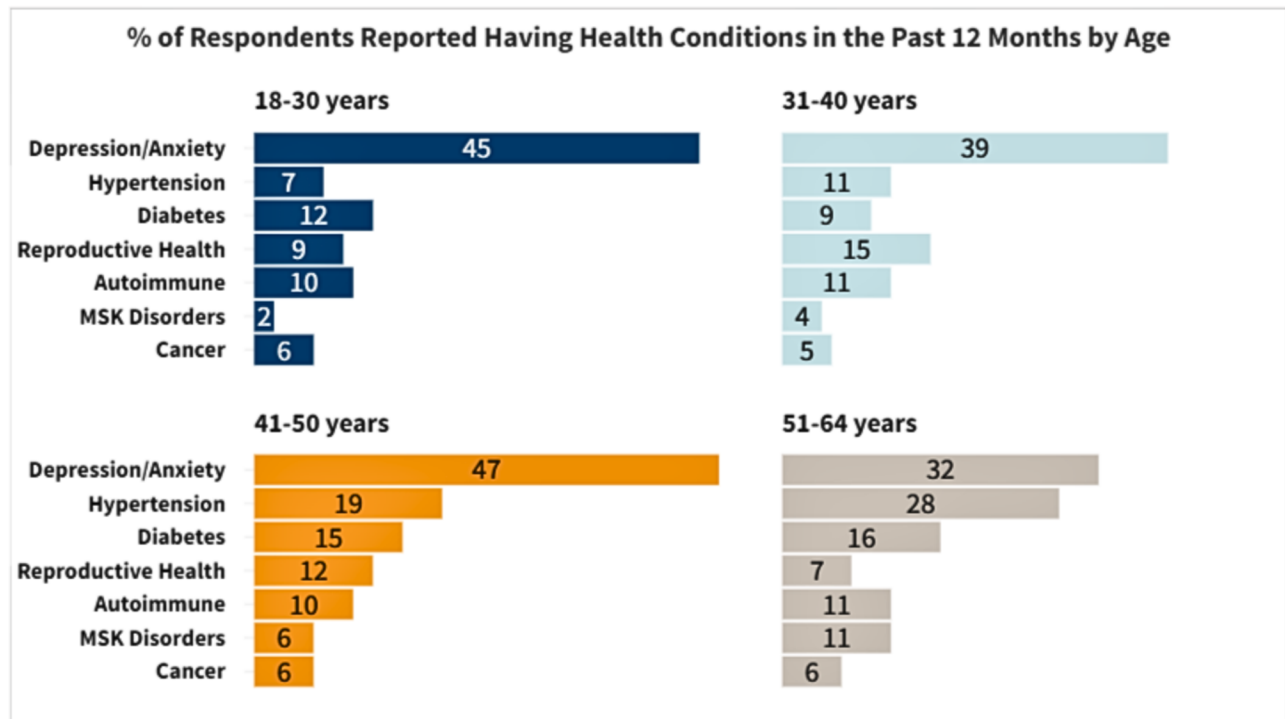


Health Conditions: Demographic Trends and Implications

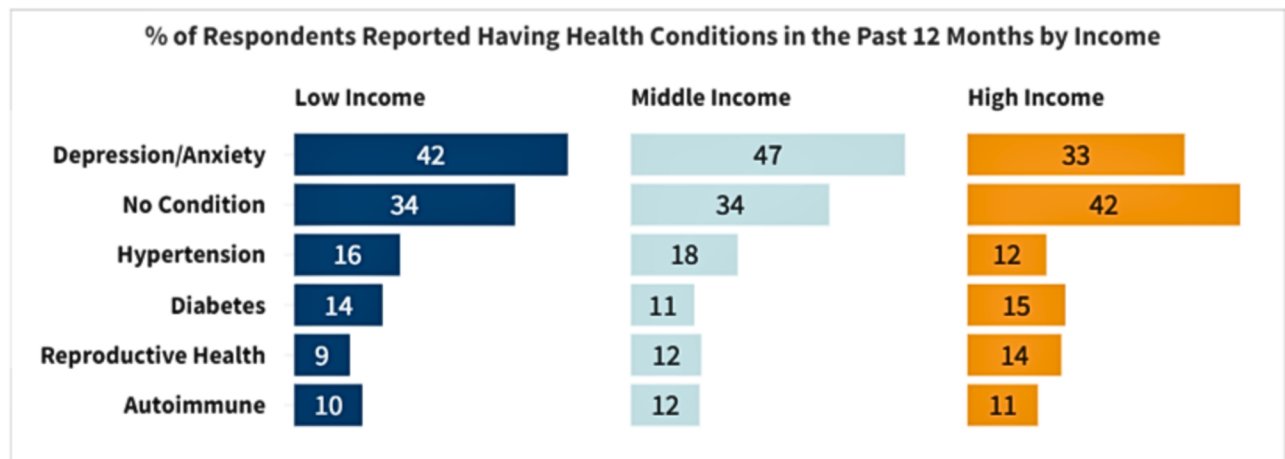
Depression and anxiety emerge as the most prevalent health conditions (41%), followed by hypertension (16%), diabetes (13%), reproductive health issues (12%), autoimmune diseases (11%). Musculoskeletal disorders (6%), cancer (6%), COPD (6%), heart disease (3%), and stroke (1%) were less common. Notably, 36% of participants reported no diagnosed health conditions. The analysis of health conditions among employed women reveals significant variations across age groups, income levels, and industries.



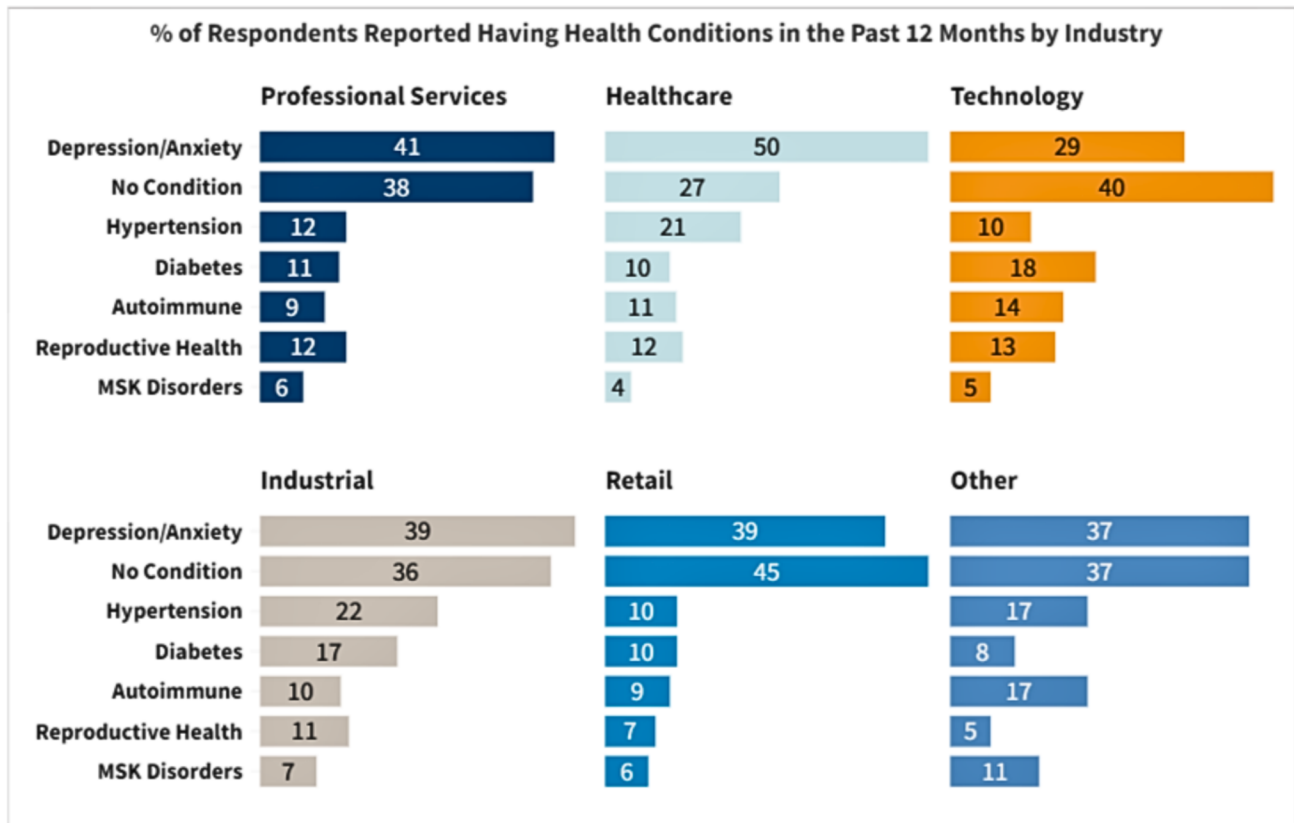
Age-related trends indicate that certain conditions become more prevalent as women age. Hypertension and musculoskeletal disorders, for instance, increase markedly in older age groups, with hypertension affecting 28% of women 51 to 64. Conversely, depression and anxiety are most common in middle-aged women, affecting 47% of those 41 to 50 and 45% of those aged 18 to 30. Reproductive health issues peak in the 31 to 40 group at 15%, possibly reflecting perimenopause and menopause-related concerns.



Income-related patterns are also evident. Depression and anxiety are most prevalent in the middle-income group (47%) and least common among high-income women (33%). Reproductive health issues increase with income, from 9% in the low-income group to 14% in the high-income group. High-income individuals are also more likely to report no health conditions (42%) compared to their lower-income counterparts (34% for both low and middle-income groups).



Industry-specific trends highlight particular health challenges in different sectors. Healthcare workers report the highest rates of depression and anxiety (50%) and hypertension (21%), potentially reflecting the stressful nature of their work. Technology workers show high rates of several conditions, including autoimmune disorders (14%), cancer (11%), COPD (13%), and diabetes (18%). In contrast, retail workers report the lowest rates of several conditions and the highest rate of reporting no conditions (45%), which may be influenced by factors such as age distribution within the industry.



Statistical analysis confirms the significance of many of these trends. Age consistently emerged as a significant predictor across several health outcomes and benefit utilization models. The analysis reveals that as employees age, they are more likely to report certain health conditions and utilize specific health benefits. For example, age was positively associated with hypertension ($\beta=0.015$, $p<0.001$) and musculoskeletal disorders ($\beta=0.014$, $p=0.001$), consistent with existing medical research.

In terms of benefit utilization, age was positively associated with the use of maternity care benefits ($\beta=0.289$, $p<0.01$), mental health support ($\beta=0.196$, $p<0.05$), and reproductive health services ($\beta=0.248$, $p<0.01$). However, age was negatively associated with the utilization of menopause-related benefits ($\beta=-0.151$, $p<0.05$), suggesting that older employees may not be utilizing these benefits as much as anticipated.

State and industry variables generally had a lesser impact on health outcomes and benefit utilization compared to age and income. However, there were some notable exceptions. The regression model predicting the use of reproductive health benefits found a positive association with industry type ($\beta=0.075$, $p<0.05$), suggesting that employees in certain industries, such as healthcare or education, are more likely to utilize these services.

Productivity, Presenteeism, and Absenteeism

Productivity

Further analysis of health conditions and their impact on workplace productivity reveals significant findings that underscore the importance of comprehensive health benefits in the workplace.

Mental health emerges as a critical factor in workplace productivity. Depression and anxiety have the strongest correlation with reduced productivity ($r = 0.120$, $p < 0.001$) and diminished work performance ($r = 0.108$, $p < 0.001$) among all health conditions studied. Reproductive health issues also show a notable correlation with reduced work performance ($r = 0.153$, $p < 0.001$).

Chronic conditions also showed impacts on work life. Autoimmune diseases, for instance, significantly correlate with reduced productivity ($r = 0.127$, $p < 0.001$) and performance ($r = 0.106$, $p < 0.001$). Additionally, analysis showed the presence of comorbidities among several health conditions. For example, autoimmune conditions moderately correlate with COPD ($r = 0.266$, $p < 0.001$) and musculoskeletal disorders ($r = 0.136$, $p < 0.001$). This finding suggests that employees often grapple with multiple health issues simultaneously, further complicating their impact on work performance.

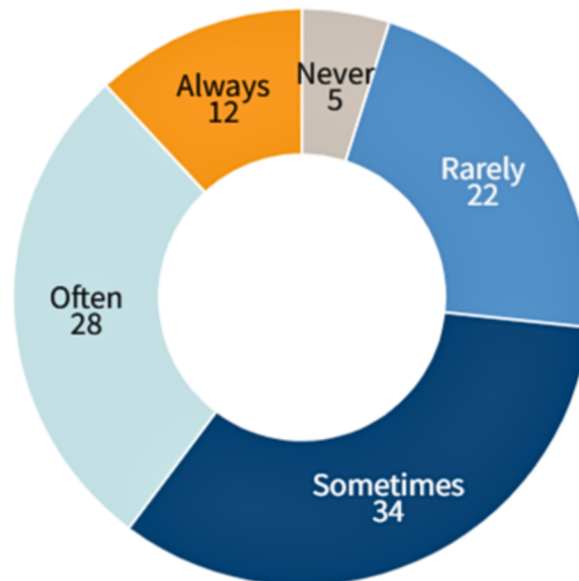
Conversely, employees without health conditions negatively correlate with reduced productivity ($r = -0.133$, $p < 0.001$) and reduced work performance ($r = -0.103$, $p = 0.001$). This finding reinforces the clear link between good health and workplace effectiveness, underlining the potential benefits of preventive health measures in the workplace.

There was a strong positive correlation between how health issues affect productivity and work performance when feeling unwell ($r = 0.582$, $p < 0.001$). The close relationship between these two measures suggests that employees who report significant impacts of health issues on productivity are also likely to report poorer work performance when unwell. In contrast, those who say health issues minimally affect their productivity are more likely to maintain better performance even when not feeling well.

Presenteeism and Absenteeism

Overall, the majority of respondents reported that they sometimes or often go to work while feeling unwell in the past 12 months. The main reason cited for presenteeism was financial necessity, followed by workload concerns.

Frequency of Going to Work Feeling Unwell (%)



Reasons for Presenteeism (%)

Financial necessity

55

Workload concerns

43

Fear of job loss

31

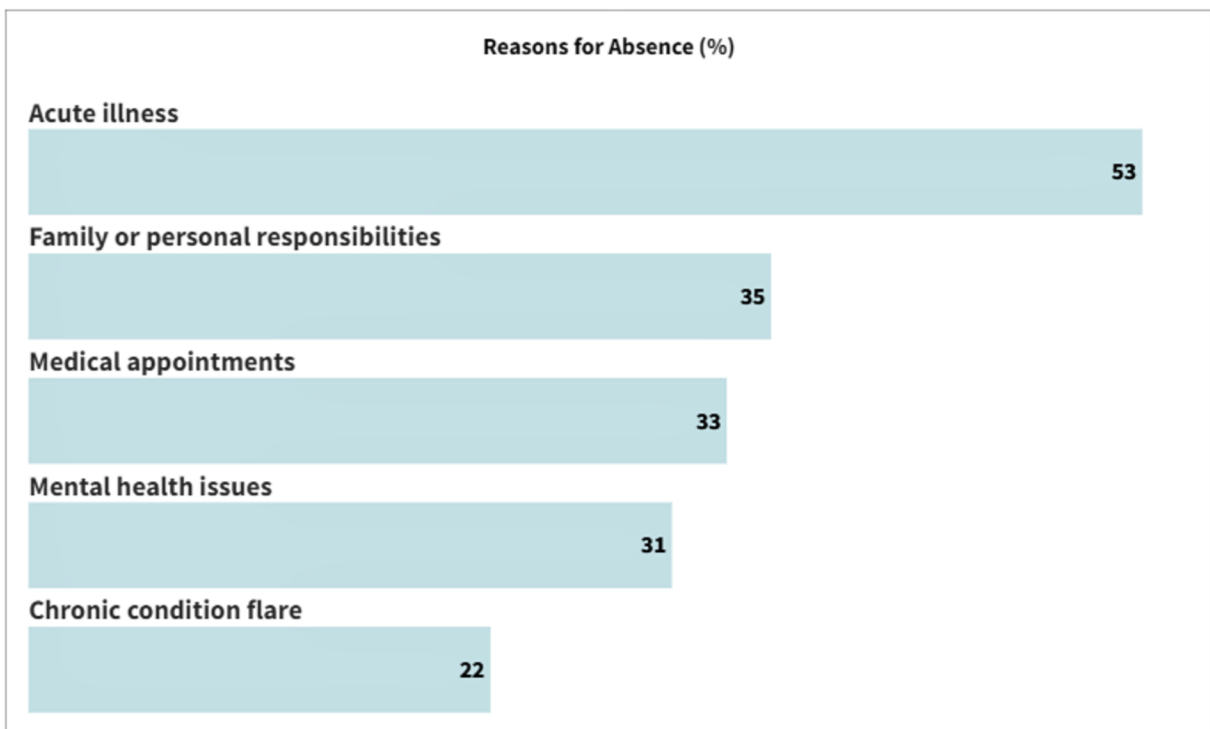
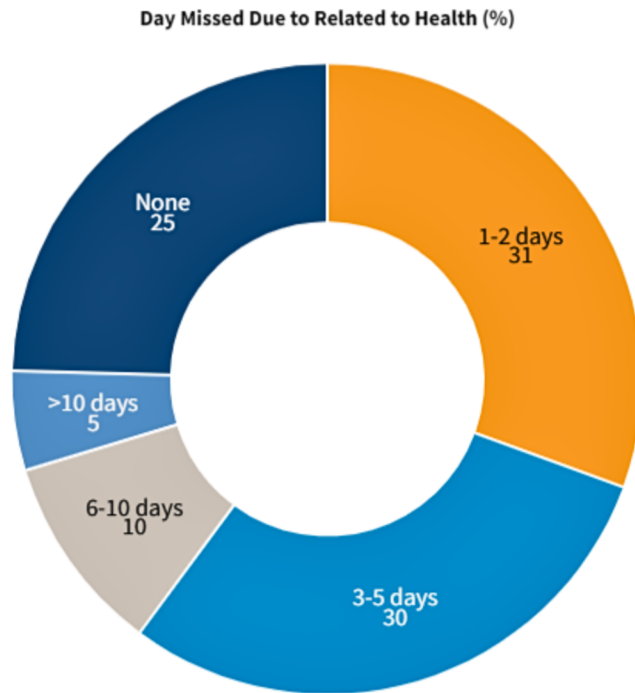
Lack of paid sick leave

26

Perception of workplace culture

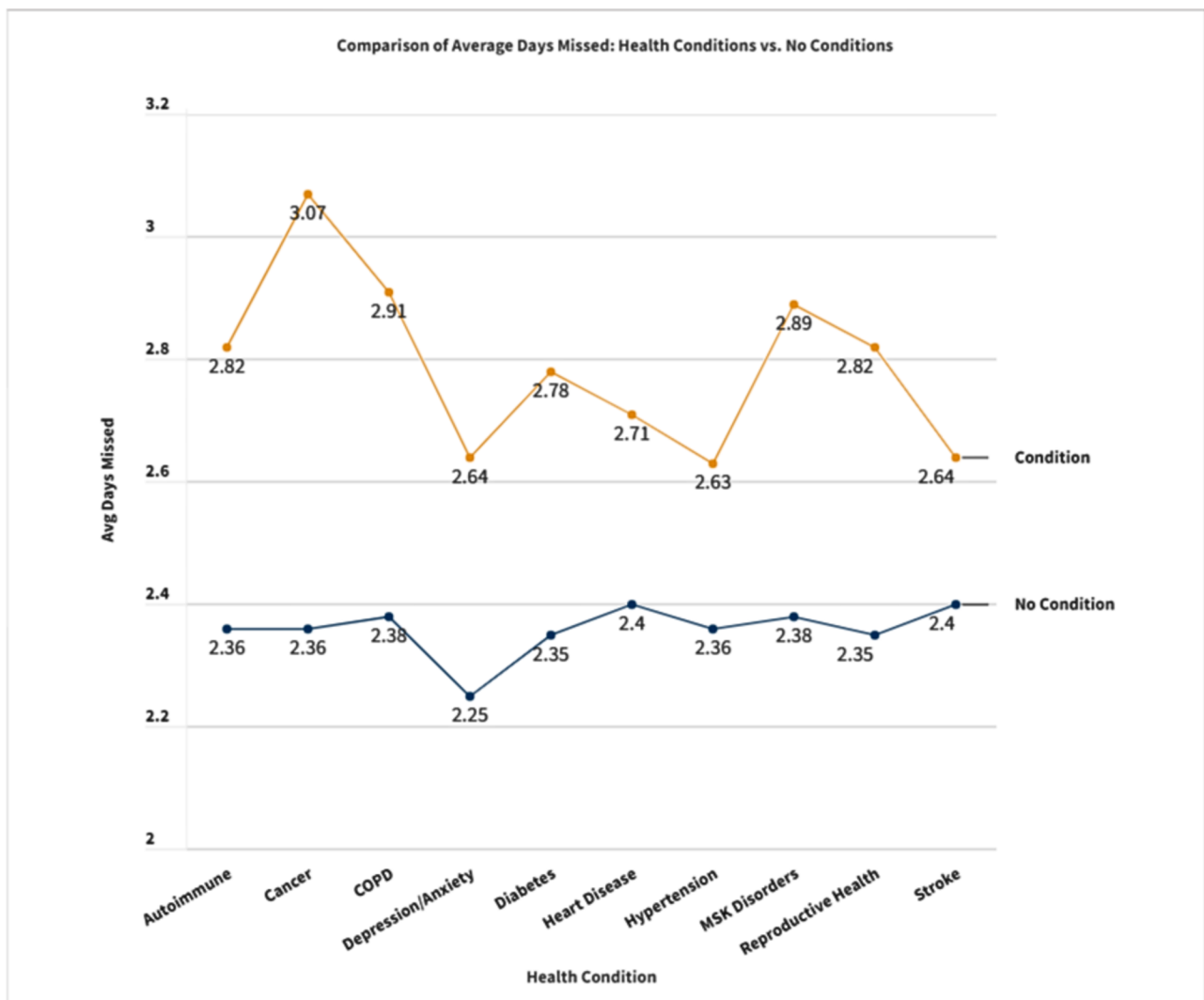
21

Most respondents reported missing an average of 1 to 2 workdays in the past 12 months, followed closely by 3 to 5 days. The main reason cited for missing work was acute illness, followed by family or personal responsibilities, such as caregiving.



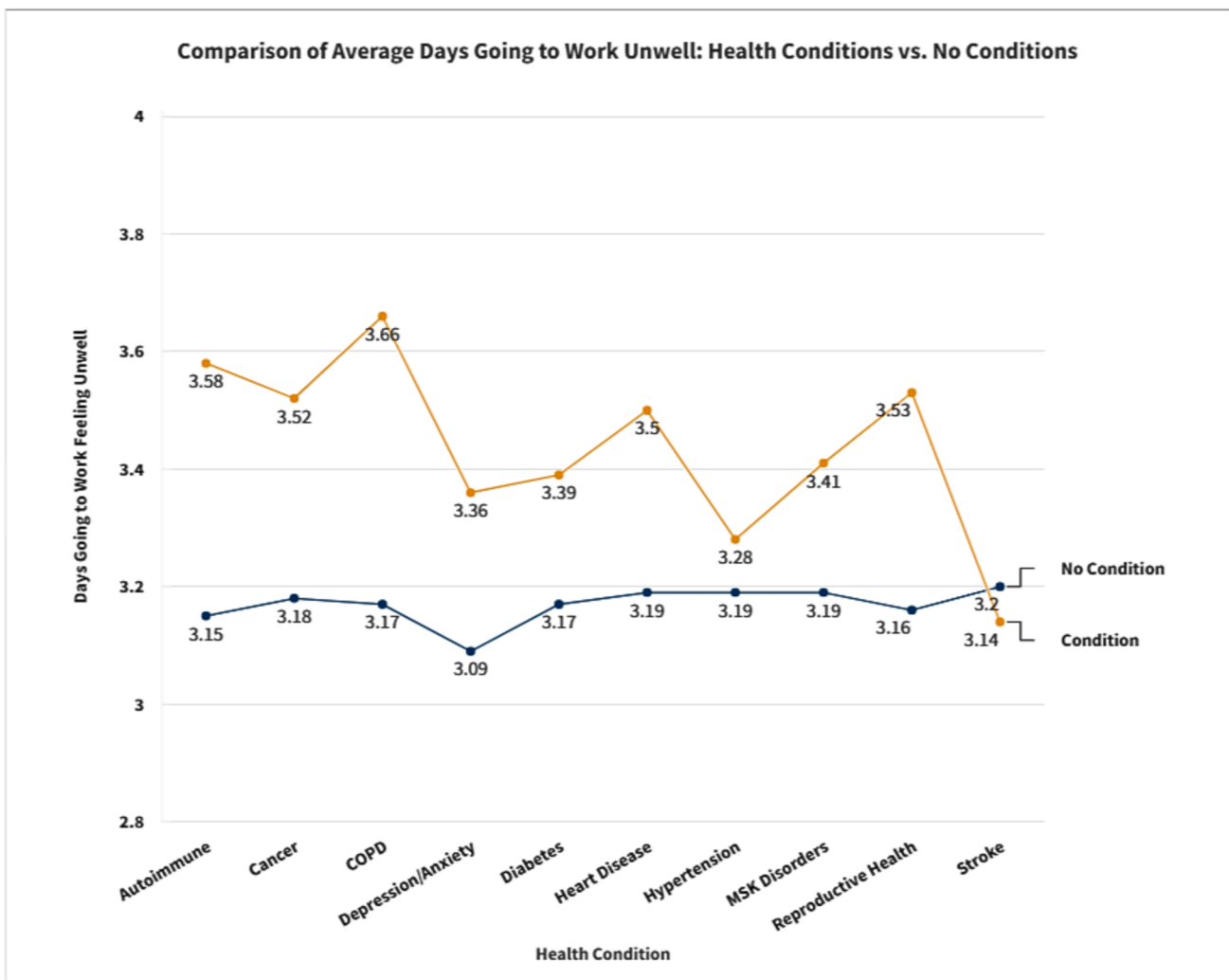
The data shows that individuals with a diagnosed health condition consistently miss more days of work than those without any health conditions. Cancer stands out as having the most pronounced effect on absenteeism, with affected individuals missing over 3 days on average, compared to about 2.4 days for those without conditions. Other conditions such as COPD, autoimmune disorders, and musculoskeletal disorders also show notably higher rates of absenteeism compared to the baseline.

The gap between those with conditions and those without varies across different health issues. For instance, the difference is smaller for conditions like hypertension and depression and anxiety, suggesting these may be more manageable in terms of workplace attendance. The relatively stable line for those without conditions (roughly 2.3 days) provides a clear benchmark, emphasizing the additional burden of various health conditions on work attendance.



COPD stands out as having the most significant effect, with affected individuals going to work unwell for approximately 3.7 days on average. In contrast, stroke shows the smallest difference between those with and without the condition. Reproductive health issues, heart disease, and autoimmune disorders are associated with notably higher rates of presenteeism compared to those without any health condition. Interestingly, depression/anxiety and diabetes exhibit a smaller gap in presenteeism rates between affected and unaffected individuals, suggesting these conditions may have a less pronounced impact on going to work while unwell compared to some other health issues.

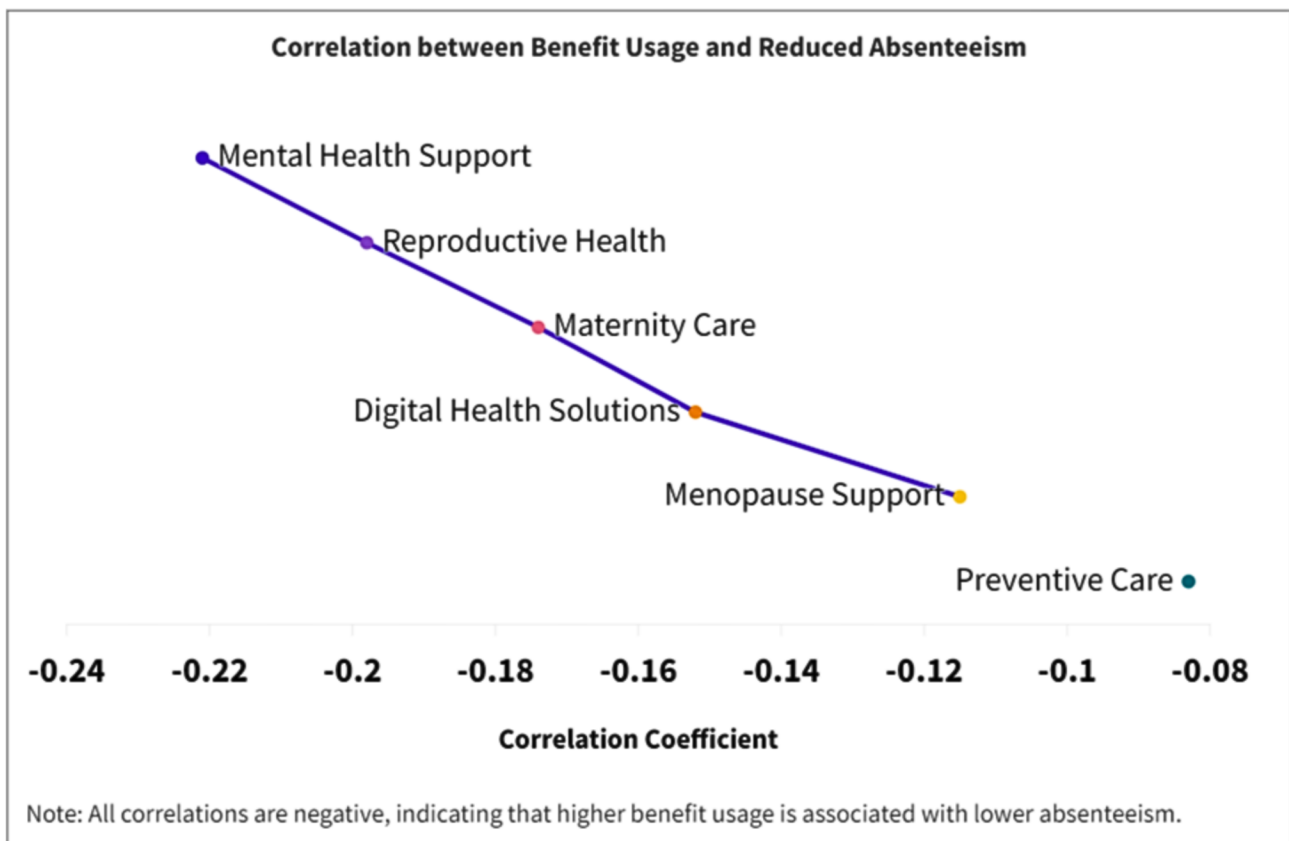
The consistent baseline for those without health conditions (around 3.2 days) provides a clear reference point, emphasizing the additional burden faced by those managing chronic health issues. The absence of health conditions shows strong negative correlations with both absenteeism ($r = -0.264, p < 0.001$) and presenteeism ($r = -0.176, p < 0.001$).



Benefits and Absenteeism

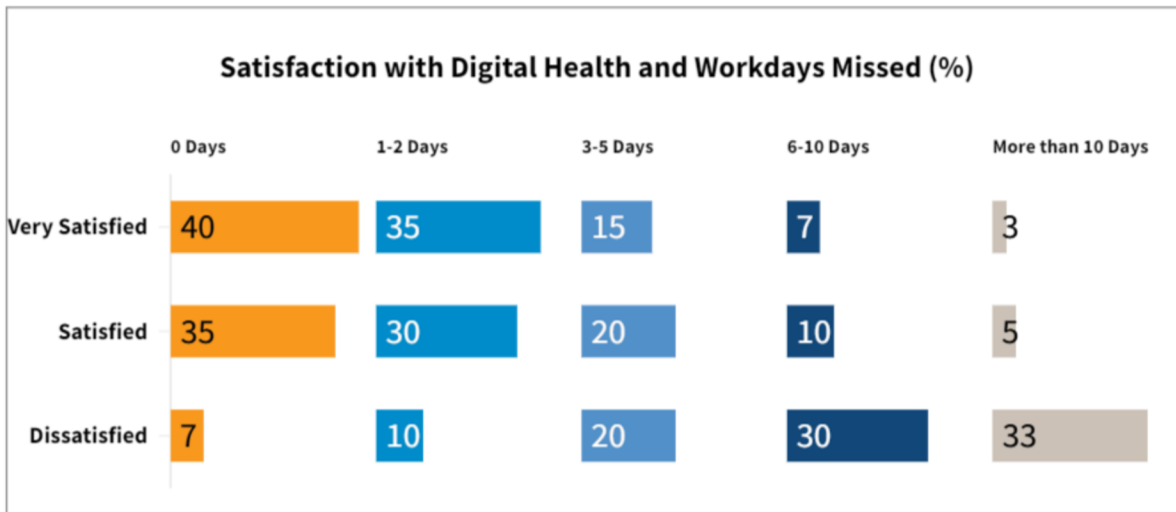
Our research identified a significant relationship between the utilization of women's health benefits and workplace attendance. Through comprehensive analysis, we found that employees who engage with their health benefits tend to miss fewer workdays. This pattern was consistent across all types of benefits studied, though the strength of the relationship varied.

Mental health support emerged as the most influential factor in reducing absenteeism. Women who utilized mental health benefits showed a strong negative correlation with missed workdays ($r = -0.221$, $p < 0.001$). This finding suggests that access to and use of mental health services plays a crucial role in maintaining consistent work attendance. Similarly, reproductive health services also demonstrated a robust link to fewer absences ($r = -0.198$, $p < 0.001$), highlighting the importance of comprehensive reproductive care in supporting women's workplace participation.



Maternity care benefits showed a similar trend, with a significant negative correlation to absenteeism ($r = -0.174$, $p < 0.001$). This indicates that women who utilize maternity care services tend to have better attendance records, possibly due to improved prenatal and postnatal health management.

The use of digital health solutions also correlated with reduced absenteeism ($r = -0.152$, $p < 0.001$). Participants satisfied with digital health solutions, and who report ease of access, tend to miss fewer workdays, particularly in professional services and healthcare sectors. Conversely, lower satisfaction and access issues correlate with higher absenteeism, especially among lower-income participants.



These findings underscore the importance of accessible and satisfactory digital health solutions in reducing absenteeism. Targeted efforts to enhance digital health services for lower-income groups could lead to better health outcomes and reduced absenteeism.



Discussion

This study provides valuable insights into the impact of comprehensive women's health benefits on employee well-being, retention, and productivity. The findings highlight the importance of tailored programs that address the unique health needs of women across different life stages and demographics. The significant variations in benefit utilization by age, industry, income, and state underscore the need for targeted interventions.

The 30-39 age group, healthcare, education, and technology industries, and higher-income employees show greater engagement, suggesting opportunities for focused outreach and education in other segments. State-specific barriers, such as cost in Florida and lack of services in Texas, call for customized approaches based on regional challenges and legislative contexts.

The high prevalence of presenteeism and its impact on productivity emphasize the importance of addressing health issues in the workplace. The study also highlights the significant impact of health conditions on absenteeism and productivity. Depression, anxiety, cancer, and reproductive health issues are particularly detrimental to work performance and attendance.

The regression analyses provide evidence of the impact of benefit utilization on absenteeism and productivity. All benefit use, but particularly, mental health support and reproductive health benefits are significantly associated with fewer missed workdays, even after controlling for demographic factors.

Barriers to benefit utilization, such as cost, scheduling difficulties, and time constraints, require innovative solutions. Flexible scheduling, cost-sharing options, and expanded telehealth services can improve access and reduce barriers. Addressing lack of awareness through targeted communication and education is crucial for increasing benefit utilization and promoting health equity.

The positive impact of women's health benefits on talent attraction, retention, and workplace culture underscores their strategic value for organizations. Investing in these programs not only supports the health and well-being of employees but also strengthens the employer brand and talent strategy. The high satisfaction rates and positive perceptions of these benefits demonstrate their importance to employees. The study's findings on the effectiveness of digital health solutions highlight the need for continued innovation and adoption. Telemedicine, health tracking apps, and virtual mental health support are particularly valuable for improving access, convenience, and continuity of care.

This study contributes to the growing body of research on the importance of women's health in the workplace. The findings align with previous studies demonstrating the positive impact of comprehensive health benefits on employee well-being, retention, and productivity. The study also expands understanding of specific benefit types, such as maternity care, mental health support, and digital health solutions, and their role in promoting health equity and driving business outcomes.

Limitations of this study include the cross-sectional design, which prevents causal inferences, and the reliance on self-reported data, which may be subject to recall bias. Future research should consider longitudinal designs to assess the long-term impact of women's health benefits and objective measures of health outcomes and productivity. Additionally, qualitative studies could provide deeper insights into the experiences and perspectives of employees and employers regarding women's health benefits.

Despite these limitations, the study provides valuable insights and actionable recommendations for employers seeking to promote women's health and well-being in the workplace. The findings underscore the importance of a holistic approach to women's health, encompassing physical, mental, and reproductive health, and the need for targeted interventions based on demographic and regional factors.

Employer Guidance and Conclusions

This comprehensive study demonstrates the critical role of women's health benefits in promoting employee well-being, retention, and productivity. The findings highlight the importance of investing in maternity care, mental health support, reproductive health services, menopause care, and preventive care to create a more inclusive and supportive workplace for women.

Key recommendations for employers include:

- Develop targeted interventions using demographic insights to maximize benefit engagement and impact. Focus on underserved and marginalized segments, with a focus on younger and lower-income employees. Then, tailor outreach and education efforts to their specific needs and preferences.
- Address barriers to benefit utilization through innovative solutions, such as flexible scheduling, cost-sharing options, and expanded telehealth services. Improve communication and education about available benefits to increase awareness and utilization.
- Prioritize mental health, reproductive health, and chronic disease management to mitigate the impact of health conditions on absenteeism and productivity. Invest in early intervention, advocacy, access to care, and support programs to help employees effectively manage their health.
- Leverage digital health solutions to enhance access, convenience, and continuity of care. Promote the adoption of telemedicine, health tracking apps, and virtual mental health support to improve women's healthcare experiences and outcomes.
- Foster a supportive work environment that encourages open communication about health issues, provides flexibility and paid sick leave, and reduces the stigma associated with seeking care. Create a culture that prioritizes employee well-being and recognizes the importance of women's health.
- Collaborate with healthcare providers, policymakers, and industry partners to drive systemic change, address regional disparities, and promote health equity. Advocate for policies and initiatives that support women's health and well-being that support women's health and wellbeing and have evidence of success in reducing mortality in mothers and infants.

Employers who implement these recommendations will foster a more equitable, productive, and economically beneficial workplace for women. Investing in women's health supports individual employees and contributes to broader societal goals of gender equality and economic growth. As the landscape of work and healthcare evolves, ongoing research and innovation are essential to ensure that employee benefits keep pace with the changing needs of the workforce.

This underscores the critical importance of comprehensive women's health benefits in shaping the future of work. By prioritizing the health and well-being of women, employers can unlock the full potential of their workforce, drive business success, and contribute to a more equitable, thriving society. The findings and recommendations in this study offer a roadmap for employers to create a more inclusive, supportive, and productive workplace for all employees, ultimately leading to better health outcomes, increased job satisfaction, and an improved overall quality of life.

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