livi

A whitepaper on health inequalities

Closing The Gender Health Gap

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Foreword

Throughout life: The need for better women's health

By Juliet Bauer, Chief Growth and Marketing Officer, Livi

The paper you are about to read explores what I believe to be one of the most pressing issues in the UK health system today: to improve the health of women throughout life.

'**Throughout life**' is a very important distinction as it reflects challenges that I believe lie at virtually every touchpoint in healthcare. From birth through to later years, the supportive role of health and care is essential and vital for women. And yet, evidence shows that inequalities still persist at every stage.

In research, more needs to be known about how different diseases and treatments affect women. In health and care, conditions can go undiagnosed or ignored. And in gynaecology services, specialist support is required to navigate and manage the impacts of issues like menstruation, pregnancy and the menopause.

For too long, stigma has also impacted the healthcare experiences of women. At the same time, women still face unequal access to services such as sexual and mental health. What this all adds up to is a stark reality that you may receive poorer medical advice, diagnosis and worse outcomes if you are a woman.

The goal is clear – to reset the dial on women's health. To shift from condition management to earlier intervention and empower women's voices in the healthcare conversation. To finally close the knowledge gap and design fairer healthcare services so no woman is left behind, now and in the future.

While we may not have all the answers, I believe digital healthcare has a significant role to play on the journey ahead. Here at Livi, we're taking a number of steps. From ensuring women can access the health services, support and information they need on our digital platforms, through to prioritising clinical education on women's health issues, to name just two areas.

Better women's health is attainable. But to achieve it, we must take stock of where we are and how we got here. That is the aim of this paper.

I hope you find it informative.

Juliet Bauer
Chief Growth and Marketing Officer, Livi

Introduction

The publication of the first ever government-led Women's Health Strategy represents a landmark moment for women's health in the UK. Firstly, in recognition of the scale of current challenges surrounding the gender health gap. Secondly, in outlining concerted efforts to 'reset the dial' and address health inequalities that women have faced for decades.

Today, women spend around a quarter of their lives in poor health or disability, compared with one fifth for men.[1] And for many years, women have unfairly experienced wide variation in experience of healthcare.

But what are the underlying causes? Here, we take a look at some of the key concerns and challenges for the health system. Along the way, we also outline some of the ways Livi is working to address these issues.

1. A postcode lottery

In the UK, women will have different experiences of healthcare based on where they live. Access to sexual health, menopausal care and other health services markedly differ from place to place in what has been described as a 'postcode lottery'.[2,3]

To ascertain the potential impact of that very lottery, one can point to a number of statistics. How life expectancy of women varies by almost eight years between the most deprived areas and least deprived areas.[2] Or, how, according to the NHS Long Term Plan, women in the most deprived parts of England will spend **34%** of their lives in poor health, compared to **17%** in the wealthiest.[4] Equally, female populations from lower socioeconomic backgrounds are shown to be at increased risk of poor mental health.[2]

It's clear that any endeavour to address current inequalities in women's health will need to focus on these differences in geographies, and build a health system that is optimally structured to serve the needs of all women, irrespective of location.

Access to services will be a key issue. Certainly, results from the government-led consultation **Women's Health – Let's Talk About It** offer much food for thought.[5]

Just **40%** of that consultation's respondents believed women can conveniently access the services they need in terms of location and **24%** in terms of timing. Barriers cited included lack of GP appointments and limited access to mental health services, as well as delays to female cancer screening and inadequate support in pregnancy.

To improve access, suggestions made include more joined up women's health services such as hubs and drop-in clinics, alongside more specialists and services to treat women's health.

What Livi is doing

Livi is working to ensure women can access both healthcare and mental health support at a time and place that suits them via a digital-first service offering. From contraceptives to hormone replacement therapy, through to sexually transmitted infection kits, menopause, PMS & PMDS treatment and medication.

We serve more patients from economic areas of deprivation in each of the 12 regions in the UK. And today, over **50%** of activated Livi users are female. Furthermore, our Mjog practice messaging platform enables GP practices to distribute questionnaires that identify patient demographics and help to address inequalities in care and provision.

2. Not listened to

Placing the voice of women at the centre of health and care will be a foundational pillar of any efforts to reduce the gender health gap. However, taboos and stigmas still unfortunately persist around certain health subjects.

Data from the aforementioned government-led consultation reveals **77%** of women were comfortable talking about menstrual wellbeing, **71%** about gynaecological conditions and **64%** about the menopause. While only **58%** felt comfortable discussing their mental health.[5]

Not being listened to was also said to be a consistent theme across the health journey, experienced by over **80%** of women. Feelings shared on this topic ranged from symptoms being dismissed or taken lightly by a clinician, to having to 'work for a diagnosis' over multiple consultations.

Similarly, the Royal College of Obstetricians and Gynaecologists (RCOG) has cited conditions being treated as 'benign' as a contributing factor to gynaecology waiting lists reaching over 570,000 women across the UK – over a **60%** increase on pre-pandemic levels.[6,7]

In charting a path forward, recommendations have been made for gynaecology to be prioritised as a specialty across the health service, alongside a shift away from such terminology to describe gynaecological conditions.[7]

Access to information will be vital on both fronts for clinicians and patients. Regarding the latter, government data shows that only **17%** of women feel they have enough information on menstrual wellbeing, **14%** on gynaecological cancers, **9%** on the menopause and **8%** other gynaecological conditions.[5]

What Livi is doing

At Livi, we've launched a dedicated Women's Health global content platform offering trusted, accessible, medically-approved health information. And our Mjog practice platform provides messaging tools for practices to increase engagement with women's health services such as cervical screening programmes.

To continuously improve clinical knowledge of women's health issues, Livi prioritises the education of physicians.

From educational face-to-face roadshows through to online learning, we hold sessions on issues such as menstruation and the menopause to increase clinical knowledge and confidence.

Taking the latter as an example, recent training offered to GPs in the UK increased GP's self-assessed knowledge of treatment options for menopause-related symptoms from an average 4.6/10 to 8/10.

3. Unconscious bias

Unconscious bias is a central issue to the discussion on women's health. However, there are many layers within it that must be unpacked. Symptoms can often greatly differ between men and women, and collective research studies prove that certain conditions are more likely to be missed or misdiagnosed in women than men.[8]

For example, the British Heart Foundation reports that a woman is **50%** more likely than a man to receive the wrong initial diagnosis for a heart attack.[9] Certain gynaecological conditions can take too long to be picked up. Taking endometriosis as an example, time to diagnosis is estimated to be an average of eight years after symptom onset.[6] While some health issues may be mistaken as simply part and parcel of being a woman.

Indeed, in The Independent Medicines and Medical Devices Safety Review of 2020, it was stated there was a tendency for "anything and everything women suffer to be perceived as a natural precursor to, part of, or a post-symptomatic phase of, the menopause."[10] And a landmark study from 2001 showed women can experience dismissal of pain due to perceived stereotypes of being irrational, hysterical or emotional.[11]

This may also in part stem from a difference in how symptoms are described between sexes. Research shows that when seeking medical help in clinical practice, men favour a more direct and succinct summary of their symptoms, compared to women who tend to build a more descriptive but vague narrative about how they feel. In turn, this can have an impact on how their symptoms are interpreted, with men's seen as more organic and women's as psychosocial.[12]

Another contributing factor for bias may be the under-representation of women in clinical trials over the generations. Certainly, until about 25 years, almost all medical research was carried out exclusively on men, though the results were applied to both men and women. This has left significant gaps in medical data and knowledge.[13]

Despite decades of playing catch up, this historic bias still exists in research and has created a huge disparity between men's and women's health. Not enough is known about how medical conditions affect men and women in different ways, or about the conditions that only affect women.

In the words of one clinician:[5]

> *"As a highly specialist clinical pharmacist who works with a lot of early-phase trials, the lack of women included in research has a huge knock-on impact on how that translates through to clinical practice. Our understanding of drug metabolism, bioavailability, effectiveness and toxicity or side effects is biased towards men. So when that research gets published we have to fit diagnoses and conversations around that male profile, which sometimes excludes women altogether for access to treatment."*

Respondent,
Women's Health – Let's Talk About It

What Livi is doing

At Livi, our clinical workforce includes more female GPs. Around **70%** of our UK workforce are female with equal representation in senior roles. And we offer healthcare professionals a flexible and sustainable career choice.

We are committed to research of women's health and healthcare experiences and most recently launched a survey in April 2022 to find out more. The results we obtained both correlate and contrast with data presented elsewhere in this paper.

Livi research has shown:

- Over **57%** of women felt they weren't diagnosed correctly after visiting a healthcare professional
- This rose to **64%** of women aged between 35-44
- **29%** of women still don't think they've received the correct diagnosis
- **10%** said it took 7-12 months and 11% waited 1-2 years to be correctly diagnosed
- **34%** of women believe their doctor has previously failed to take their symptoms and health concerns seriously
- **22%** of women believe their health had previously been overlooked by a healthcare professional, or they had received a misdiagnosis, because they were female

The most common symptoms women experience include:
Fatigue (**43%**), achy joints (**39%**), painful periods (**38%**), heavy periods (**37%**), lightheadedness and dizziness (**36%**), sweating and hot flushes (**34%**), stomach cramps (**34%**), heartburn/ indigestion (**33%**), nausea/vomiting (**29%**) and urinary tract infections (**29%**).

While the biggest health concerns for women were:
Mental health (**31%**), perimenopause & menopause (**28%**), menstruation (**15%**), pregnancy/births (**11%**) and infertility (**10%**).

Conclusion

Reflecting on both the issues and data presented in this paper points to some consistent themes.

At a base level, social determinants of health are unfairly impacting the experiences and health outcomes of women in the UK. Current inequalities and variation in access by location will need to be addressed. More joined up women's health services as well as changes at a system level will be key on the journey ahead.

Similarly, changing the conversation and eroding the barriers and stigmas that have persisted around women's health will be all-important.

Here, there is a need to reset the dial around conditions which have in the past taken too long to diagnose. While at the same time, move away from issues being dismissed as 'benign' or simply part of being a woman. Certainly, priority topics that have been outlined for inclusion in the Women's Health Strategy are a welcome step forward in this regard.

Education and access to information will be vital for both clinicians and patients alike. A concerted effort across the medical community for greater representation of women in clinical trials will help to bridge any gaps in knowledge that may prevent women from receiving the care they deserve, now and in the future.

Want to learn more?

Extracts from this paper have in part been drawn from our new women's health ebook. Download your copy.

For further information on how Livi can support women's health initiatives, contact us on partnerships-uk@livi.co.uk.

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