

BRIGHT PINK INSIGHT

Quantitative research among female employees and HR benefit managers

October 2016

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Executive Summary

Background & Objectives

Breast cancer is the most common cancer among women and the second most common cause of death from cancer for U.S. women. As part of preventive health and cancer screening services, mammograms are used to check for breast cancer in women.

Today, there are two types of mammograms available – 2-dimensional (2D) and 3-dimensional (3D). Despite being more technologically advanced than 2D mammograms, 3D mammograms are not covered by most health insurers.

In an effort to demonstrate the importance of 3D mammograms and the need for their coverage, APCO Insight surveyed working women and HR professionals at large U.S. companies. Specifically, the survey explored awareness and understanding of 3D mammograms, the perceived value of 3D mammograms and support for their coverage among these target audiences. It also uncovered how best to engage working women and HR professionals as advocates for 3D mammogram coverage.

Methodology

From September 8 – 20, 2016, APCO Insight conducted an online quantitative survey among:

- 1,500 working women 30-64 years of age who receive their primary health insurance through a large employer (i.e., 500 or more employees)
 - Includes 1050 women 40 years of age or older - the age at which most women are recommended to begin mammography screening
- 51 HR professionals from large employers (i.e., 500 or more employees) whose primary job responsibilities include managing employee health insurance programs and plans (i.e. employee benefit managers or EBMs)



Key Findings - Employees

- Most women are following preventive care recommendations, though there is room for improvement, particularly among those in the 45-54 year age group (40 percent have not had a mammogram in the last year).
- Working women are experiencing callbacks (48 percent of those who have had a mammogram), the vast majority of which are NOT leading to a cancer diagnosis (93 percent of those called back).
- Women overwhelmingly agree they want access to the best mammograms available. They universally agree it is important their mammogram detects cancer as early as possible (recognized as especially important among African-Americans), uses the most advanced technology available and is covered by insurance (100%). Almost all also say it is important that their mammogram has low out of pocket costs and fewer false alarms (99% and 98%, respectively).
- Most women are happy with their mammogram coverage today since the preventive care most receive is covered with minimal cost. However, some complain unaided about a lack of 3D coverage.
- There is room to increase awareness levels of 3D with less than half (45%) saying they knew of their existence. Providers do not seem to be helping with education – only 10 percent of working women say they have been encouraged to have a 3D mammogram.



Key Findings – Employees (continued)

- There is not much convincing needed to get working women to support 3D mammogram coverage. With hardly any education on the technology, a strong majority say they support 3D coverage (94%) and many say they *strongly* support it (78%).
- When given a brief background on 3D, this already high support jumps even higher to 97 percent. Most remarkable is the jump in intensity – now 87 percent say they *strongly* support 3D coverage (+9 percentage points).
- Messaging related to diagnosing cancer earlier and fewer callbacks can drive support even further (98 percent support overall, 90 percent *strongly* support).
- Despite messaging, some questions remain related to individual costs and why it isn't covered more generally. Working women also want assurance 3D is no less safe, uncomfortable, time consuming, etc. than 2D.
- Many working women are willing to act in support for coverage of 3D mammograms, most likely by signing an online pledge (53%) or encouraging support in the community (51%). Many are also willing to contact their health insurer (43%) or speak with their HR rep (33%).
- Working women share a strong belief that insurers should cover 3D mammograms with no increase in premiums and are ready to act if pricing increases.



Key Findings - EBMs

- On average, EBMs estimate that more than half of their beneficiaries are women and that three in 10 are women age 40 or older.
- Like working women, EBMs report placing overwhelming importance on allowing women access to the best mammograms available. They unanimously agree it is important to use the most advanced technology available, detect cancer as early as possible, be covered by insurance and have lower out-of-pocket costs. Having fewer false alarms is also incredibly important.
- Also like working women, EBMs report a high satisfaction level with their plan's coverage of breast cancer screenings and mammograms. They report their contentment is driven by coverage of these services and that they have had no issues to date.
- Another reason for satisfaction may be that they don't know 3D is an option unavailable to their beneficiaries. One in five EBMs inaccurately says their company covers 3D mammograms, when their insurer, in fact, does not. Another three in ten (31%) EBMs admit to not knowing if 3D mammograms are covered. The lack of understanding is perhaps not surprising given that only eight percent say they have received a complaint. If their beneficiaries are happy – shouldn't they be too?



Key Findings – EBMs (continued)

- EBMs show similarly high levels of initial support for 3D coverage to working women – 96 percent support and 78 percent *strongly* support.
- With brief education, there is less of an increase in support as with working women. Overall satisfaction only increases 2 percentage points (98%) and strength of support remains constant (78%).
- Like working women, messaging related to early detection and fewer callbacks can drive support even further. EBMs also see approval from external groups like Medicare/Medicaid and the FDA as strong statements in support of 3D coverage. Interestingly, messaging around costs to employers rank below average (though still well-received).
- EBMs are willing to act in support of 3D coverage. They are more likely to say they will take more concrete action in comparison to working women through actions such as speaking with their health insurer (61%) or with company management (57%).

Implications

Working women and EBMs already agree on the importance of having access to the best mammograms available, but they need to be shaken from their complacency with the status quo.

First and foremost, education is needed. Less than half of working women say they are aware of 3D mammograms. There may be an opportunity to engage health care providers as education partners as studies show providers are a trusted source for patients, but our results show HCPs are not currently encouraging 3D (or even making patients aware of its existence). Many EBMs erroneously believe 3D is covered or readily admit they don't know if it is covered. Once educated, working women can speak up in support of 3D in hopes of significantly increasing the very few number of EBMs who say they've received a complaint about the lack of 3D.

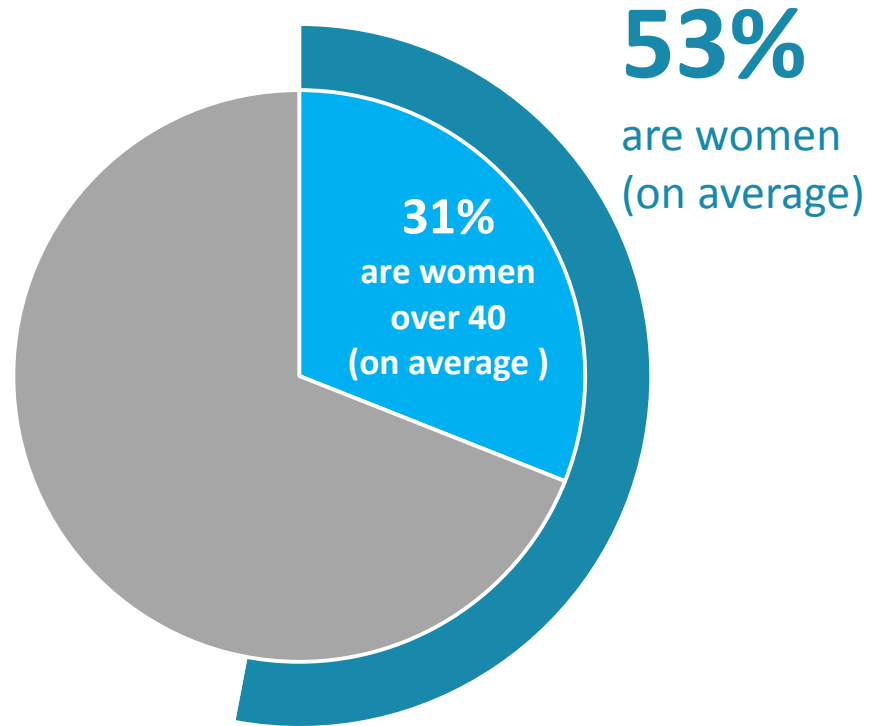
Once aware of the issue, convincing stakeholders to support 3D coverage will likely not require much persuasion. The vast majority are in favor of coverage with little to no education. Messaging should focus on the technology's superiority, specifically its ability to detect cancer earlier and to prevent callbacks. For EBMs, third parties like Medicare and Medicaid can also serve as validators. Given some of the remaining questions, 3D mammogram manufacturers should consider proactively assuring that 3D is no more unsafe, uncomfortable or time consuming as 2D and be prepared to answer questions regarding cost differentials, where possible.

Lastly, look for ways to make it easy for working women and EBMs to engage. Many have said they are willing to take action. Developing assets like an online pledge, easily shareable social media templates/infographics, email templates directed at health insurers, EBMs or company management, etc. could go a long way in helping stakeholders advocate on behalf of 3D coverage.

The Landscape



On average, EBMs estimate that more than half of their beneficiaries are women, three in 10 are women age 40 or older

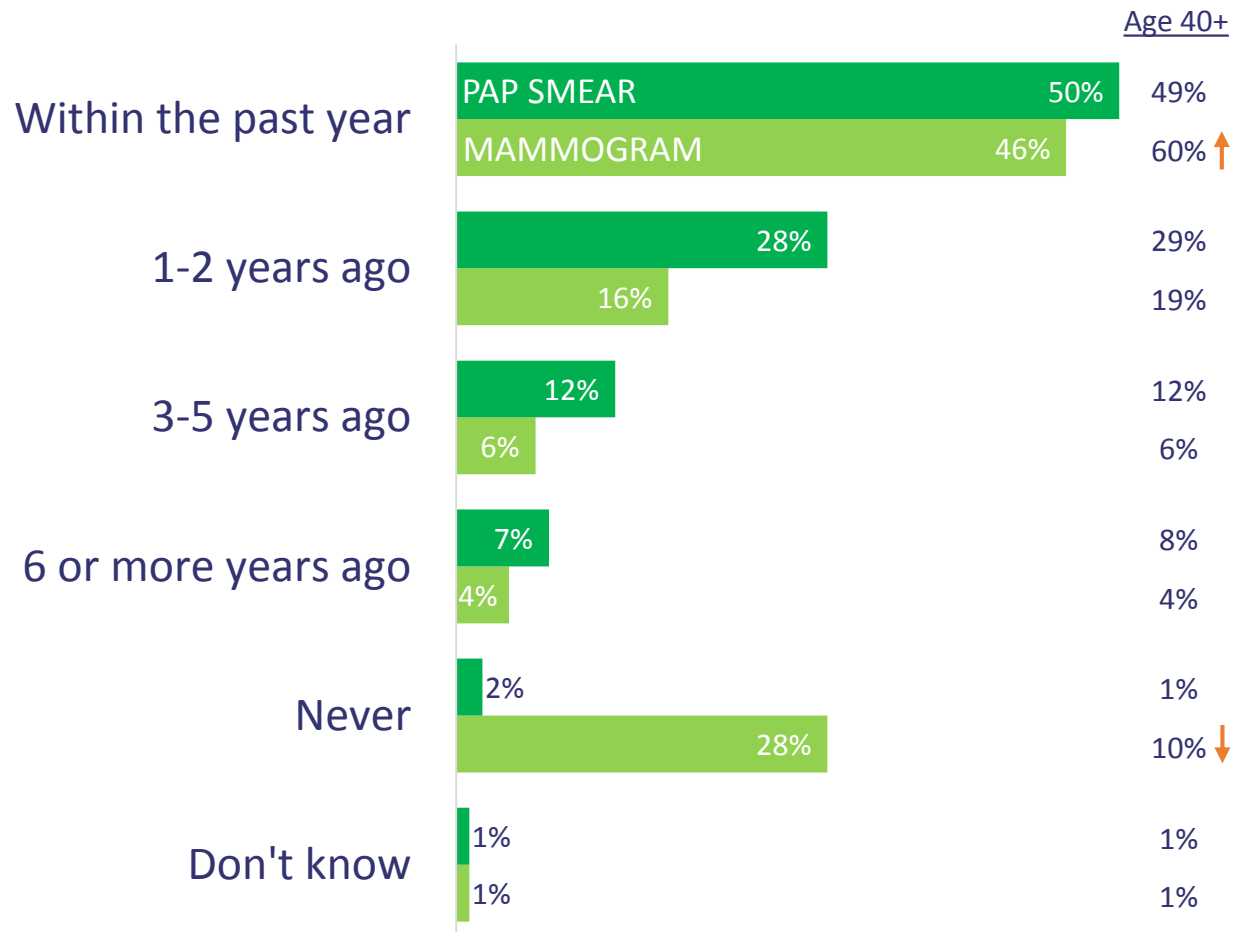


Q2. Approximately what percentage of your company's health insurance plan beneficiaries are women?

Q3. Approximately what percentage of your company's health insurance plan beneficiaries are women over the age of 40?



Most working women follow preventive care recommendations



Many are following the American Cancer Society's (ACS) mammogram guidelines.

- ACS recommends that women aged 40-44 have the option to start receiving annual mammograms if they wish to do so. One in two working women surveyed in this age group report having had a mammogram within the past year.
- ACS recommends that women aged 45-54 should get mammograms every year. Six in 10 working women surveyed in this age group report having had a mammogram within the past year.
- ACS recommends that women 55 years of age and older receive mammograms every 1-2 years. More than eight in 10 working women surveyed in this age group report having had a mammogram within the past two years.

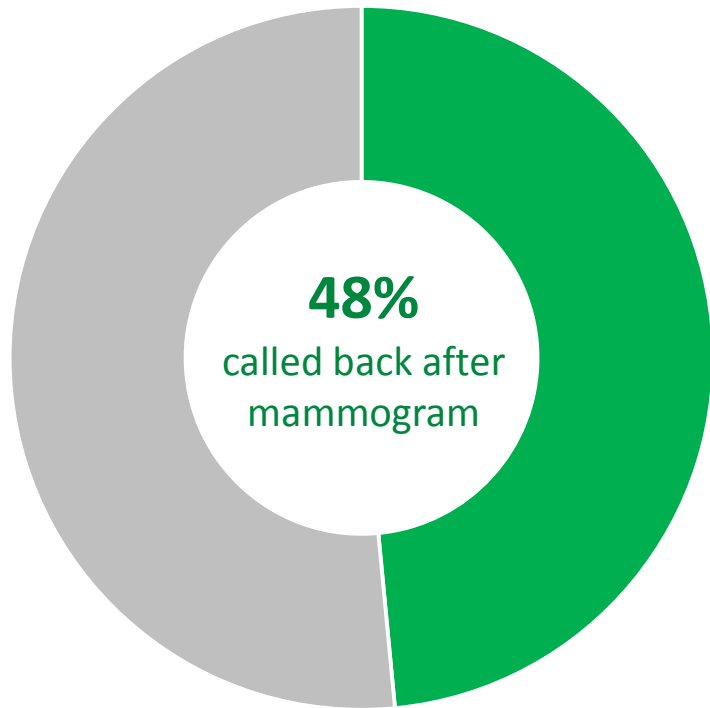
Just 10 percent of women age 40 or older report never having received a mammogram, most of whom are in the 40-44 age group.

↑↓ Arrows show statistically significant difference @ 95% CI

Q2. When was the last time you received each of the following?



Half of women who have received a mammogram report callbacks, yet fewer than one in ten had breast cancer

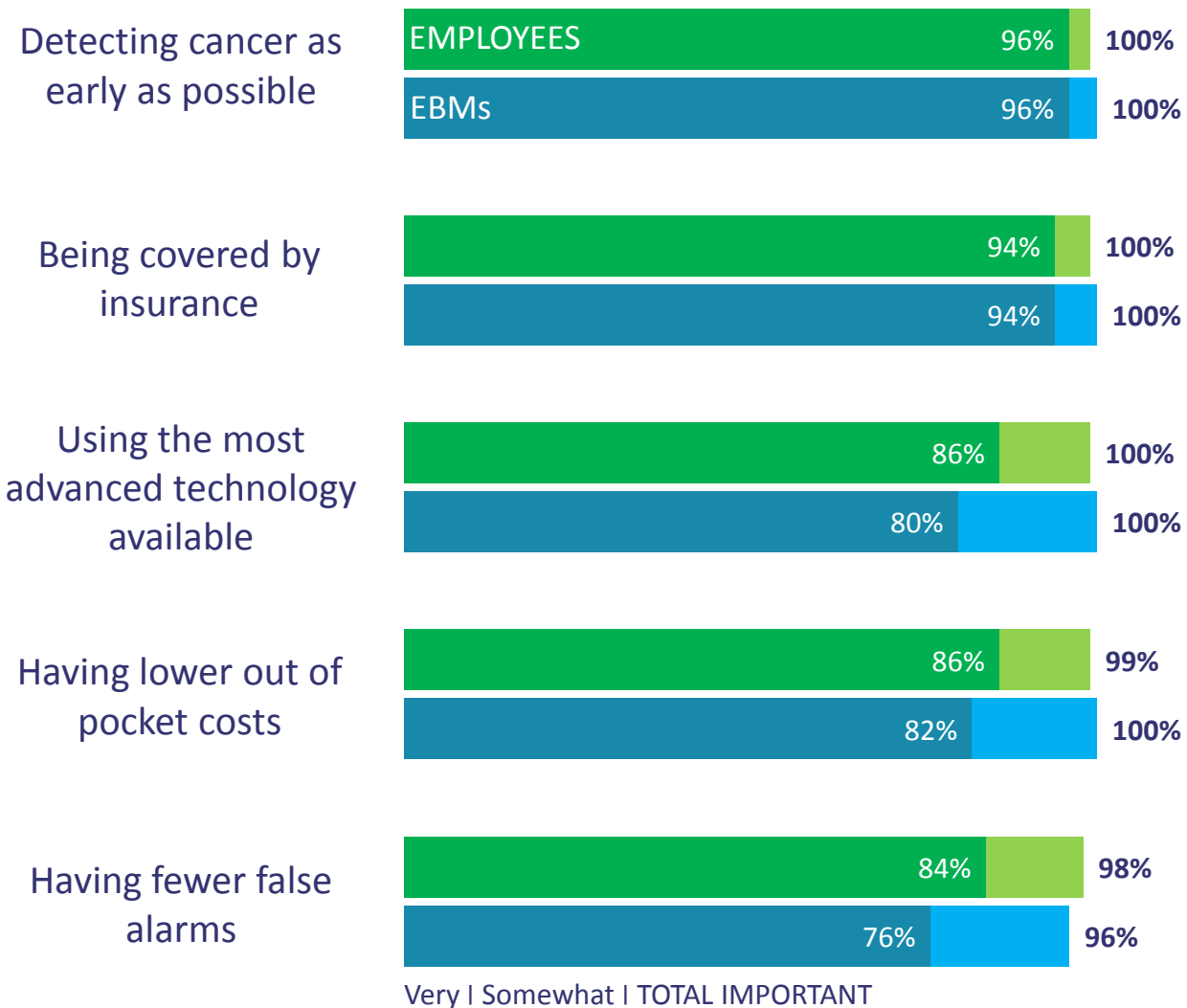


7% had breast cancer



90% knew why they were called back

Working women and EBMs overwhelmingly agree they want access to the best mammogram options available



Working women universally agree it is important their mammogram detects cancer as early as possible, uses the most advanced technology available and is covered by insurance.

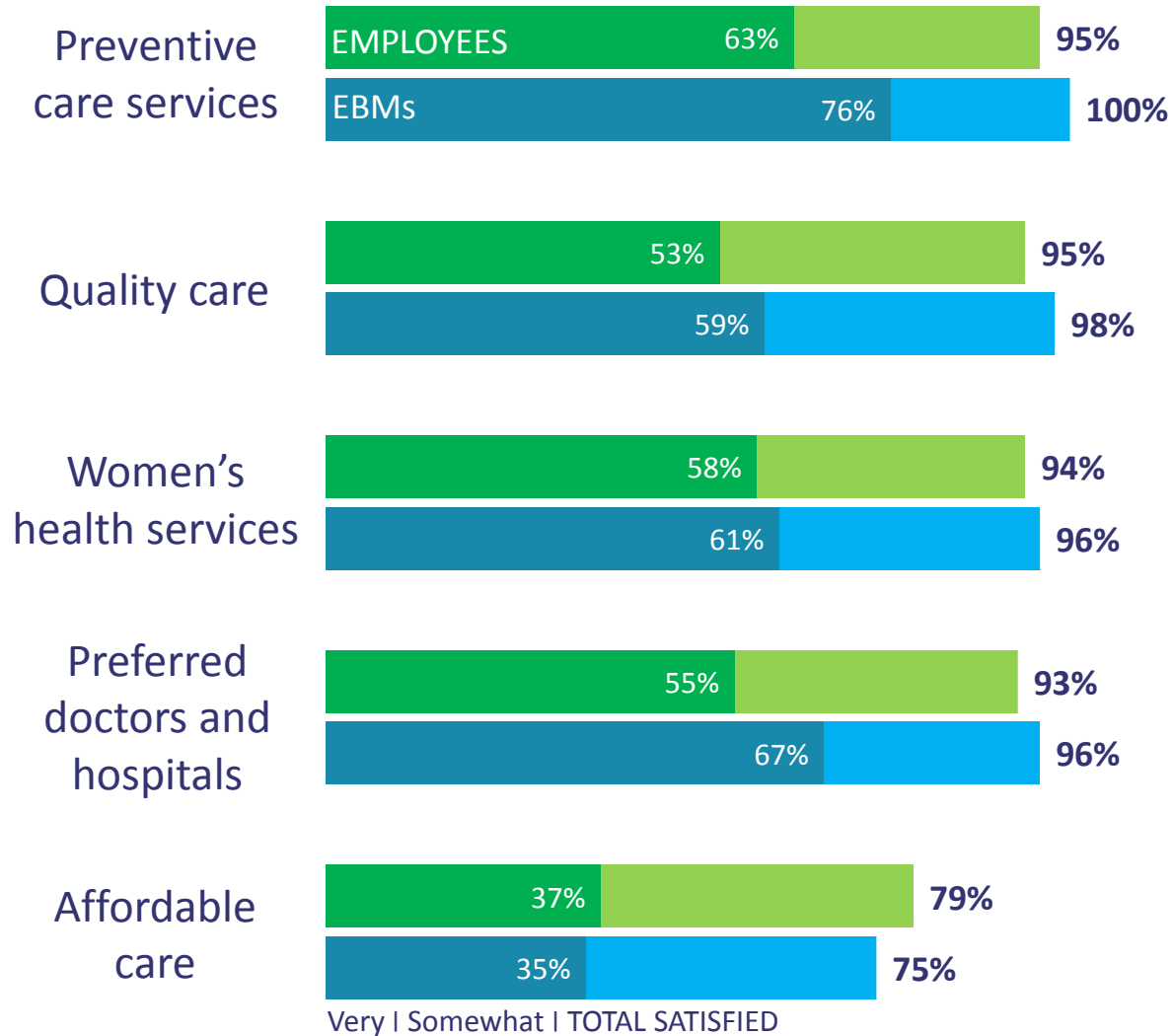
Almost all working women also say it is important that their mammogram has low out of pocket costs and fewer false alarms.

When looking at audience subgroups, there is no difference in importance between 30+ and 40+ year olds, but African-American women place even greater emphasis on detecting cancer early, with 98 percent calling it *very* important.

EBMs also report overwhelming importance. They unanimously agree it is important to use the most advanced technology available, detect cancer as early as possible, be covered by insurance and have lower out-of-pocket costs. Having fewer false alarms is also incredibly important.

Satisfaction with Coverage

Virtually all are satisfied with their health services and care, less content with affordability



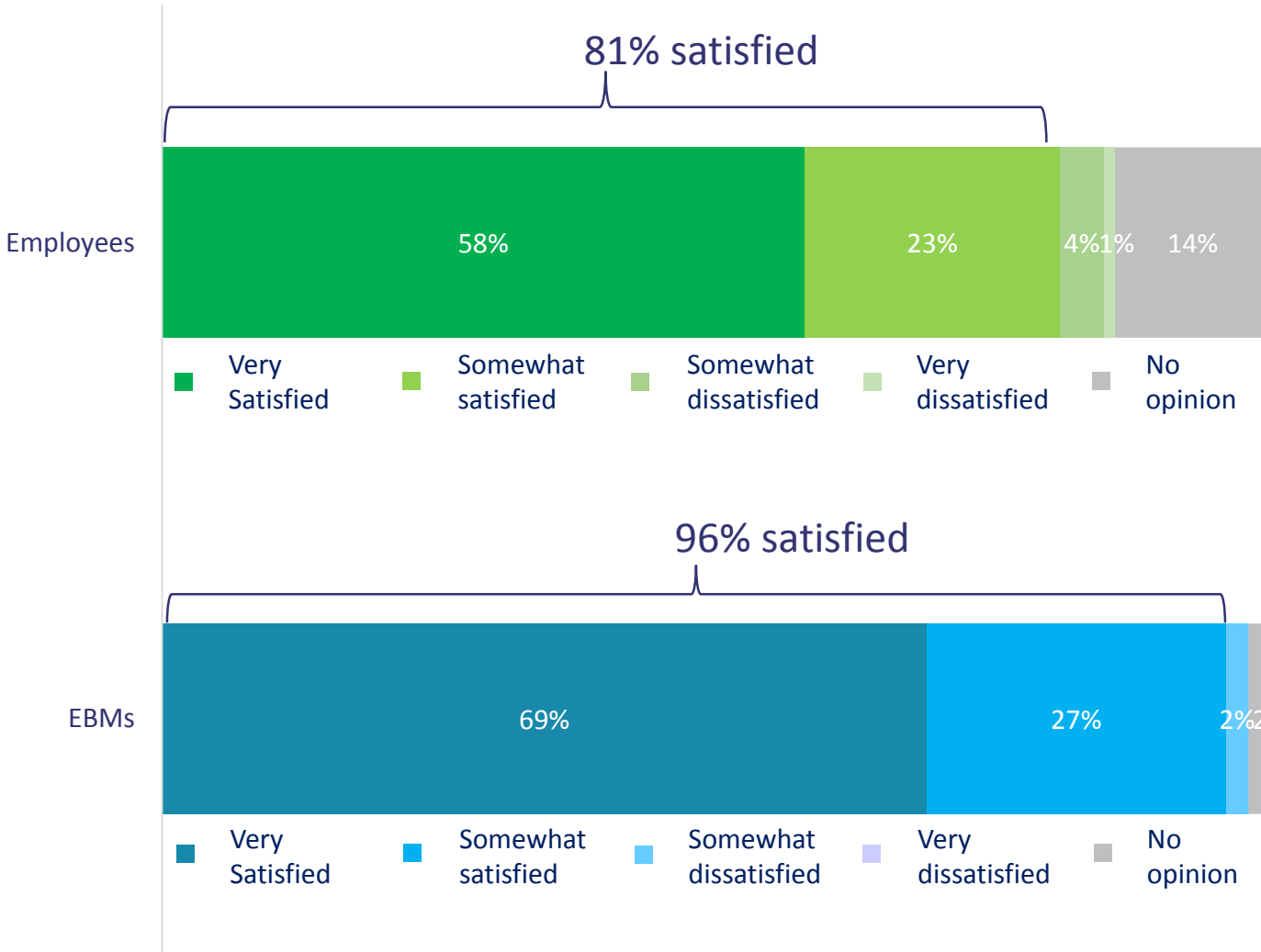
Women are overwhelmingly satisfied with the preventive care and women's health services they receive through their employer. The intensity of their satisfaction is noteworthy with a majority saying they are *very* satisfied.

Satisfaction with affordability is significantly lower among working women, especially when comparing how many are *very* satisfied. Still, a strong majority say they are happy.

Working women's satisfaction with all levels of care increases with income. Employees making less than \$25k/year are most unhappy with all aspects of their care, not just affordability.

EBMs follow a similar pattern to working women, being overwhelmingly satisfied with their company's coverage of preventive care and women's health services (especially the former), but with comparatively lower satisfaction with affordability.

Most, especially EBMs, are happy with coverage of mammograms



Working women's satisfaction with coverage of breast cancer screenings and mammograms is slightly lower than satisfaction with preventive care services overall (95% satisfied compared to 81%), though still greatly positive.

More than half of working women say they are *very* satisfied with mammogram coverage. Just five percent are dissatisfied.

For working women over 40 who are more likely to have had a mammogram, satisfaction is even higher – 89 percent report satisfaction with insurance coverage of breast cancer screenings, with 69 percent saying they are *very* satisfied.

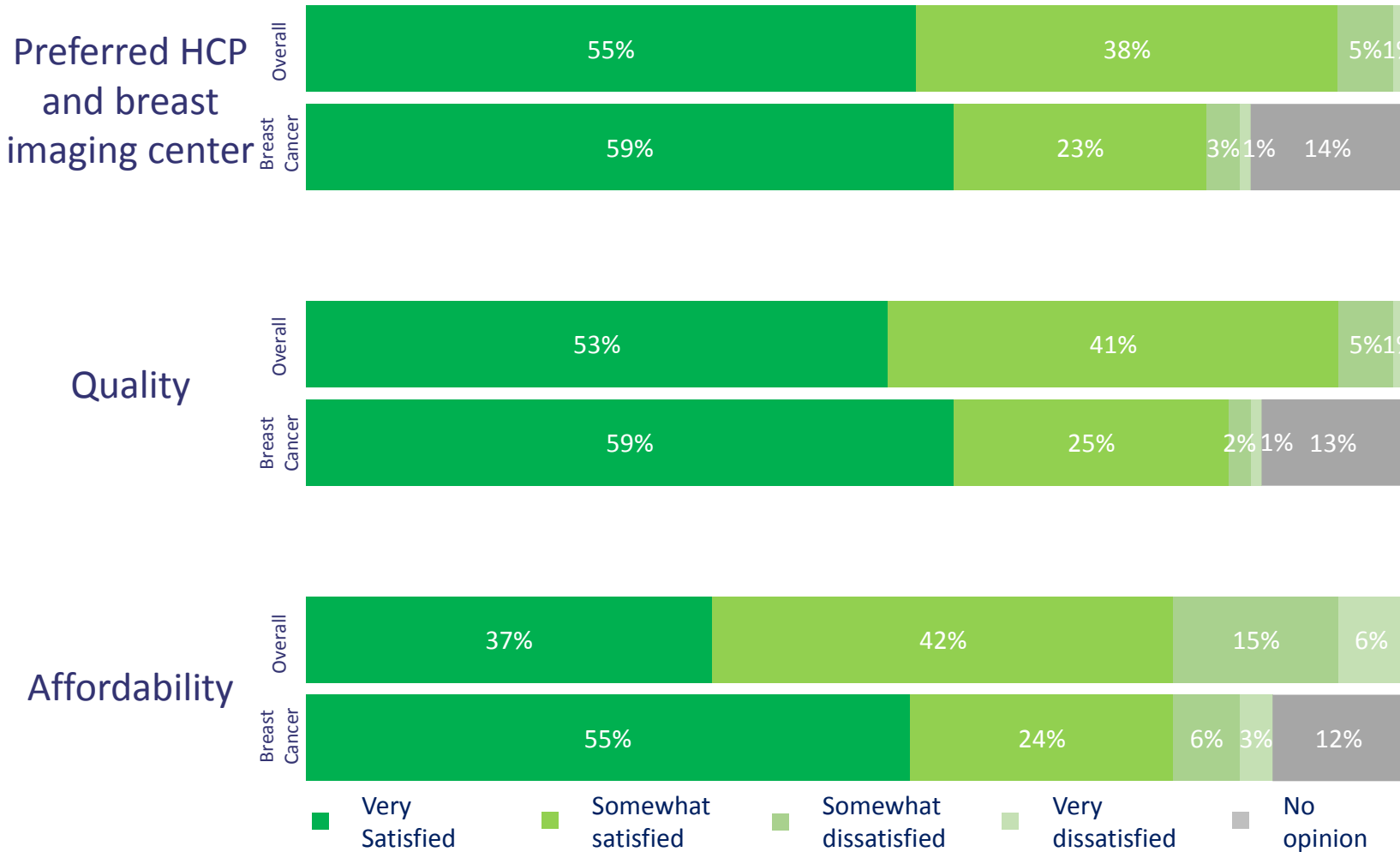
EBMs show higher satisfaction levels than employees when it comes to coverage of breast cancer screenings and mammograms.

Q3. In general, how satisfied or dissatisfied are you with your health insurance coverage when it comes to breast cancer screenings and mammograms?

Q4. In general, as a manager of your company's health insurance benefits, how satisfied or dissatisfied are you with current coverage of breast cancer screenings and mammograms?



Women over 40 are happier with their breast cancer coverage than their general coverage



When it comes to coverage for breast cancer screenings and mammograms specifically, women report lower overall satisfaction with the quality (84% satisfied overall), preferred center (82%) and affordability (79%). This is driven by women who do not have an opinion as dissatisfaction is also lower.

As breast cancer becomes more relevant to their lives, women become happier with their coverage. Satisfaction increases for women age 40+, with 92 percent reporting satisfaction with quality, 91 percent satisfied with preferred center and 87 percent satisfied with affordability.

Satisfaction with affordability among women age 40+ is especially striking considering the 9 point gap between satisfaction with affordability generally and affordability of BC services (87%, compared to 78%).

Q1. Would you say you are satisfied or dissatisfied with access to each of the following?

Q4. How satisfied or dissatisfied are you with your health insurer's coverage when it comes to accessing quality and affordable breast cancer screenings and mammograms from your preferred health care provider and breast imaging center?

Working women's mammogram satisfaction is based mostly on coverage and minimal cost; some complain unaided about lack of 3D coverage

Satisfied

"All screenings and mammograms are free. That works for me."

"My insurance covers yearly mammograms as well as any recommended by my doctor. There is no copay."

"My mammogram is covered at 100% annually and I can see my provider of choice."

"Good quality doctors and mammograms are free. And only a small fee for the new 3D mammogram imaging."

"They cover the cost fully at my preferred testing center."

"Insurance covers both screening and diagnostic mammograms, and [a] mammogram follow-up to biopsy."

"Extensive coverage with qualified providers and no out-of-pocket costs."

Dissatisfied

"They don't seem to do screenings or blood work until something is found wrong."

"They only cover every three years yet my doctor wants them every year."

"My hospital only provides 3D mammograms and insurance only fully covers the traditional 2D."

"I have dense breast tissue and opted for the new test because of this and they did not pay for it."

"It should not be part of a deductible if I have to get one every year."

"Because I pay what I think is quite a bit for healthcare coverage and I still end up with a large bill after doing routine screenings. The last mammogram resulted in having to have an ultrasound also cost me over \$600."

"I was asked to take a second one and was charged for it."

3D mammogram referenced unaided

Q3B. Why do you say you are [INSERT ANSWER FROM Q3] with your health insurance coverage when it comes to breast cancer screenings and mammograms?

Q4B. Why do you say you are [INSERT ANSWER FROM Q4] with your company's health insurance coverage when it comes to breast cancer screenings and mammograms?



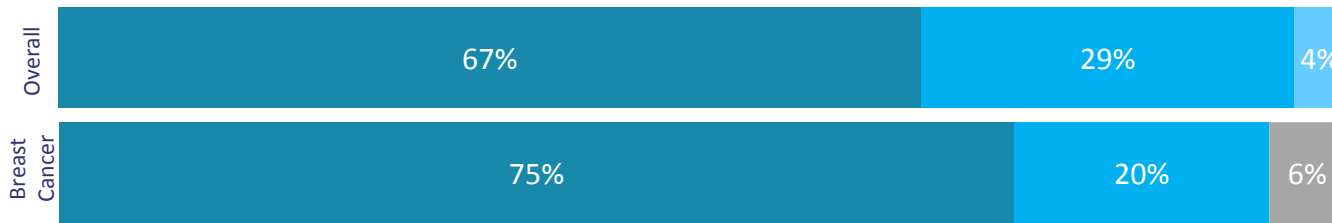
EBMs even more satisfied than employees with access to breast cancer coverage

When comparing access generally to access specifically related to breast cancer, EBMs report similar levels of overall satisfaction with quality and preferred centers, but intensity of satisfaction is higher for mammogram coverage.

Satisfaction with affordability is markedly different (86% compared to 75%). Indeed, many more are *very* satisfied with the affordability of breast cancer screenings compared to affordability generally.

EBMs say their satisfaction is driven by coverage of breast cancer screenings and mammograms and that they have not received complaints.

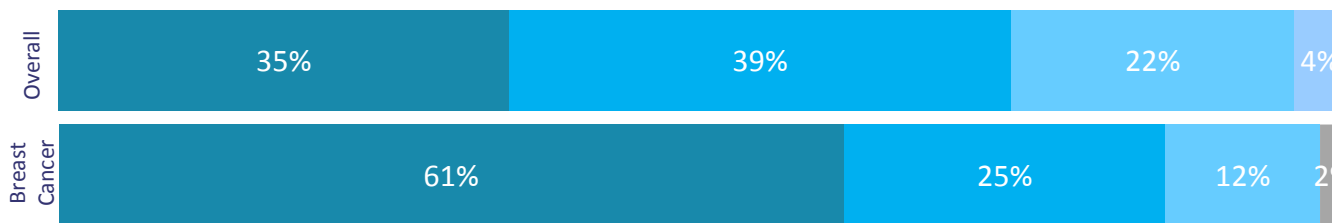
Preferred HCP and breast imaging center



Quality



Affordability



■ Very Satisfied
 ■ Somewhat satisfied
 ■ Somewhat dissatisfied
 ■ Very dissatisfied
 ■ No opinion

Q1. Would you say you are satisfied or dissatisfied with access to each of the following?

Q5. How satisfied or dissatisfied are you with your health insurer's coverage when it comes to accessing quality and affordable breast cancer screenings and mammograms from your preferred health care provider and breast imaging center?

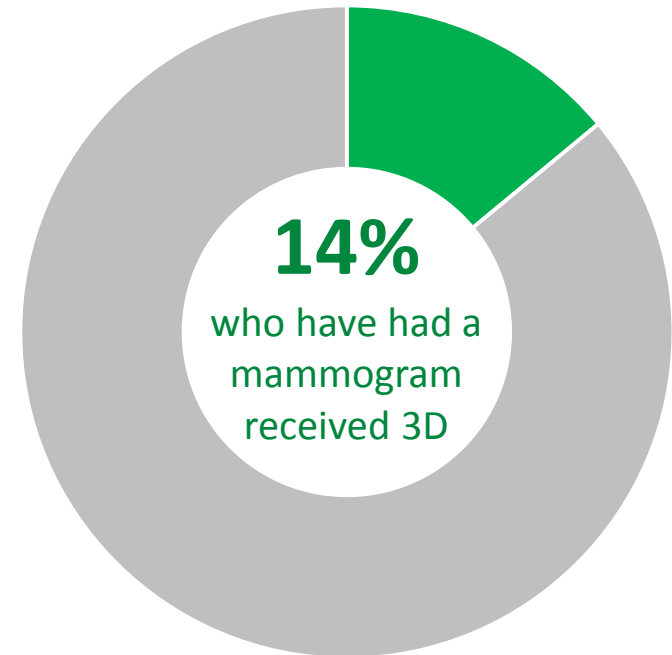
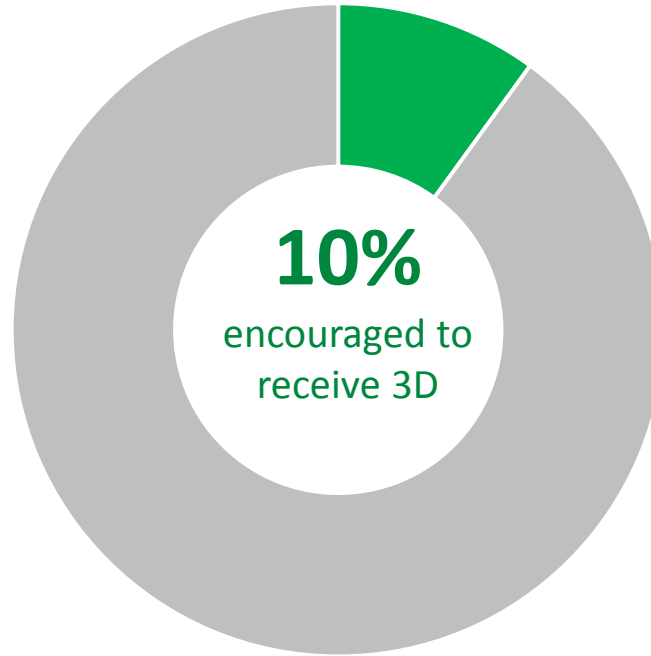
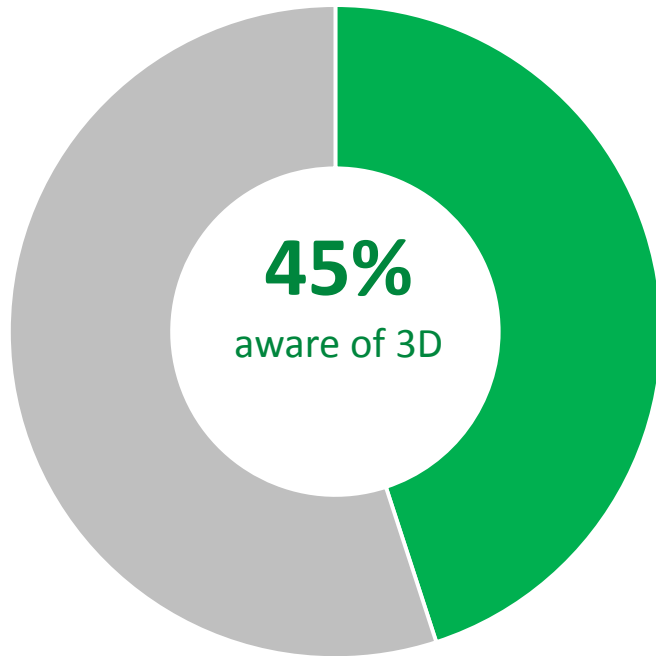
3D Mammogram Awareness



Many women know about 3D mammograms, but few have actually received one

Forty-five percent of women are aware of 3D mammograms. This number increases when looking at women age 40 and over (51%).

However, most do not report using 3D technology and providers do not appear to be encouraging it. Just 14 percent of women who have had a mammogram say they have had a 3D mammogram and only 10 percent report remembering their provider encouraging them to receive one.



Q7. Before today, were you aware of 3D mammograms?

Q10a. To the best of your memory, has your health care provider ever encouraged you to receive a 3D mammogram?

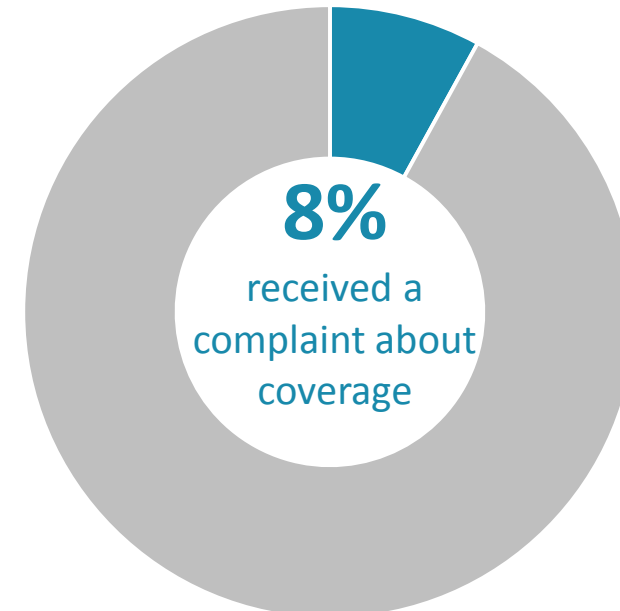
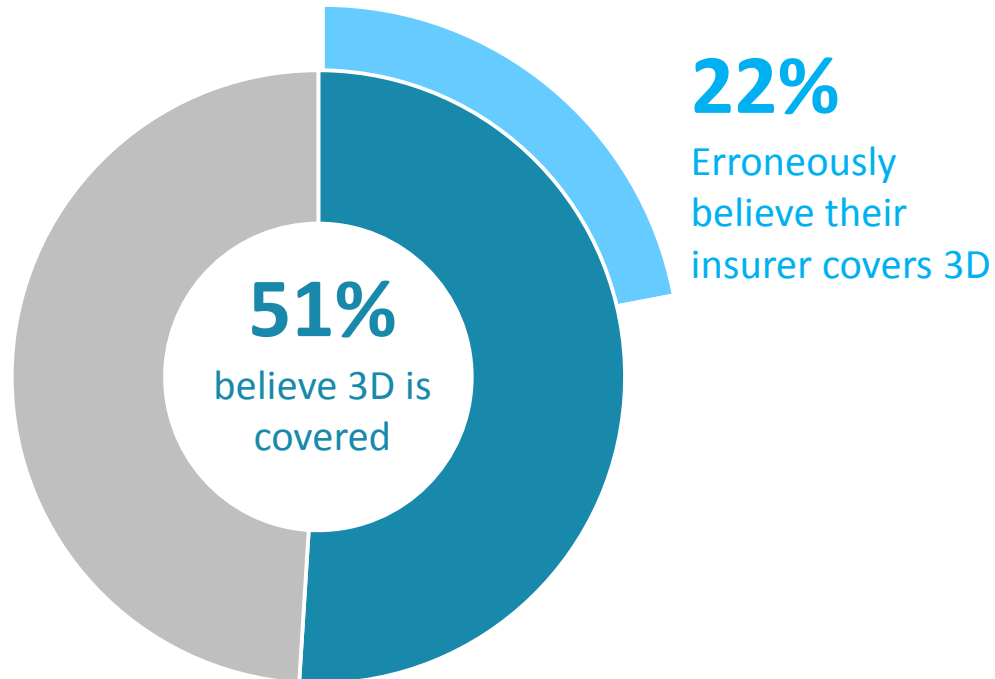
Q10b. To the best of your knowledge, have you ever received a 3D mammogram?



There is a clear need to educate EBMs on the lack of 3D coverage

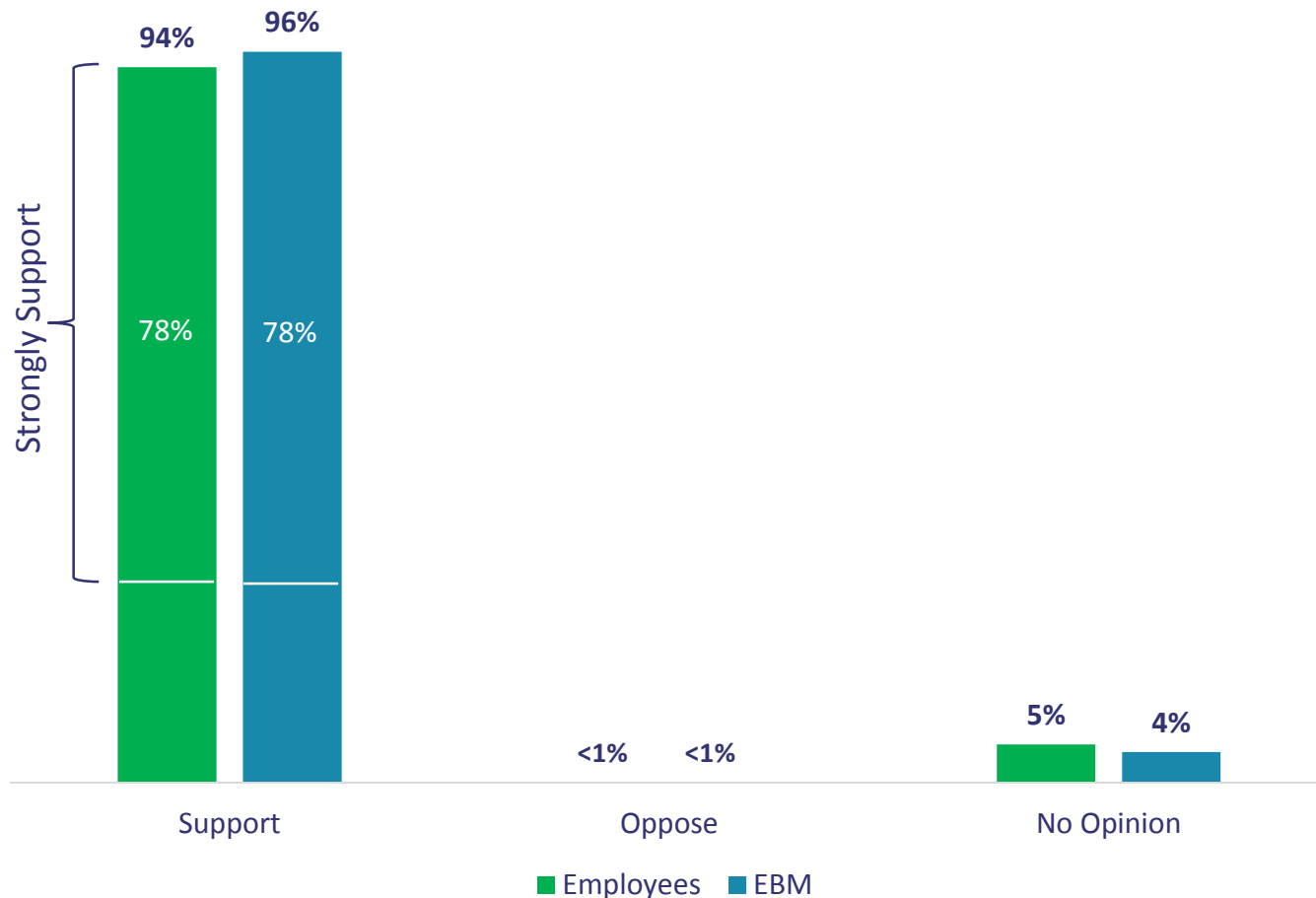
One in five (22%) EBMs inaccurately says their company covers 3D mammograms, when their insurer, in fact, does not. Another three in ten (31%) EBMs admit to not knowing if 3D mammograms are covered

This discrepancy may be related to size and workload – EBMs at larger companies are more likely to believe that 3D mammograms are covered. A lack of complaints may be another reason. Only two respondents (8%) say they have received a complaint from a beneficiary regarding a lack of coverage for 3D mammograms.



Gaining Support for 3D Coverage

Initial support for 3D coverage is extremely high



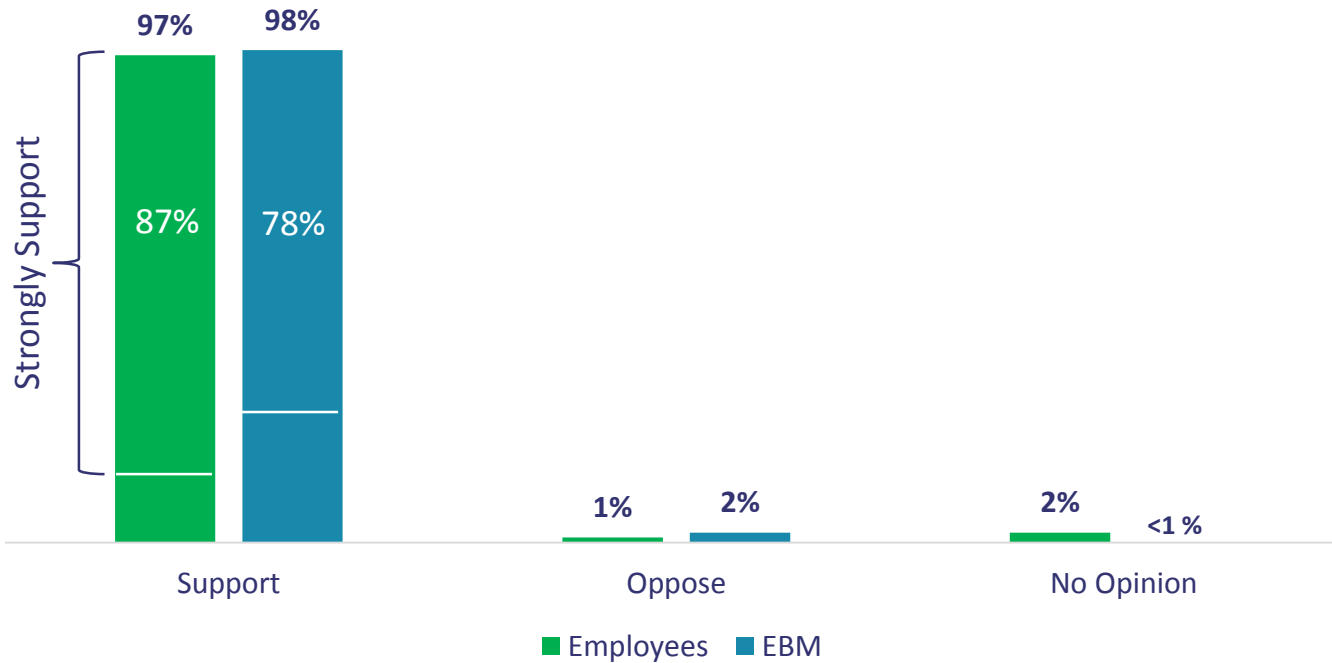
Even before any exposure to messaging, 94 percent of women say they support coverage of 3D mammograms. Three in four say they *strongly* support it.

Opposition is almost nonexistent – less than one percent say they oppose coverage.

Support is especially high among women who have been diagnosed with breast cancer (100%), women who have had a 3D mammogram (99%) and African-American women (97%).

EBMs show similar levels of initial support – 96% support and almost none oppose.

After some background information, support increases slightly



After giving respondents a small amount of information on 3D mammograms, support among women increases three percentage points and intensity of support increases significantly by 9 percentage points.

Change in support is strongest among women 60-64 (+7 percentage points), women 30-34 (+5 percentage points) and women who were not previously aware of 3D mammograms (+5 percentage points), indicating that a little information can go a long way.

Among EBMs support increases two percentage points. Intensity of support remains constant.

Breast cancer is the most common cancer among women and it is the second most common cause of death from cancer for U.S. women.

In February 2011, the first commercial 3D mammogram was approved by the U.S. Food and Drug Administration (FDA). 3D mammograms are more technologically advanced than 2D mammograms, providing clearer visibility and more accurate imaging of the breasts. This leads to finding cancers earlier and reducing unnecessary callbacks due to false-positive readings.

Currently 3D mammograms are not covered by most insurance companies and women must pay out-of-pocket for their use.

Q9. Now that you've learned more, would you support or oppose having 3D mammograms covered by your health insurance plan?

Q10. Now that you've learned more, would you support or oppose having 3D mammograms covered as part of your company's health insurance plan?

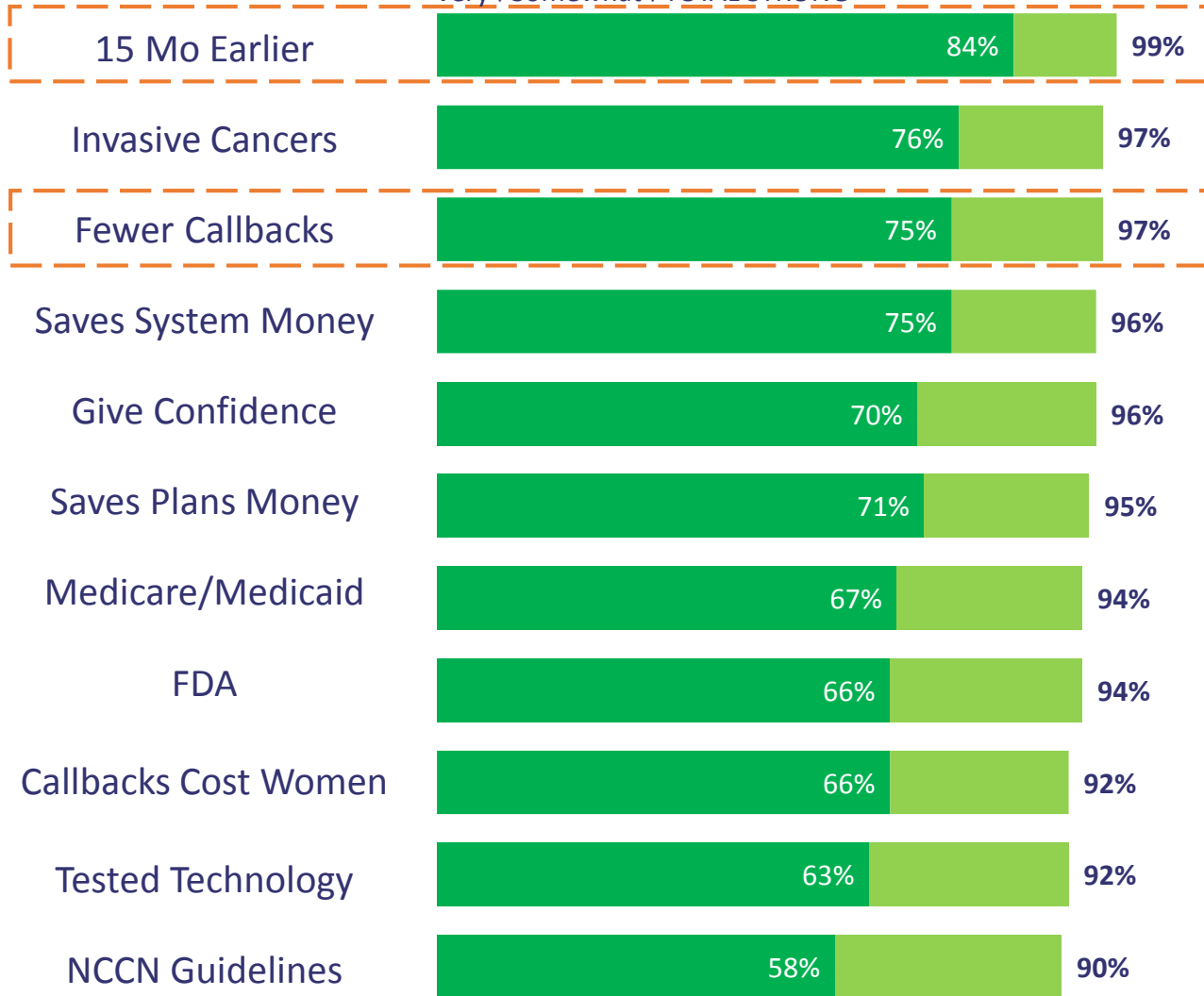
Messages tested

Fewer Callbacks	As the new standard of care, 3D mammograms would mean more than 1.2 million women a year can avoid unnecessary follow-up imaging and testing and the traumatic experience of receiving a false-positive.
Give Confidence	Today, approximately one in seven women are called back for follow-up testing after receiving a mammogram. With 3D mammograms, women can feel more confident in their annual screening exam and experience fewer anxiety-provoking call backs for expensive, false alarms.
15 Mo Earlier	3D mammograms are proven to detect cancer 15 months earlier than traditional 2D screenings.
Invasive Cancers	3D mammograms are especially superior to 2D when it comes to finding the most common types of breast cancers (i.e. invasive cancers) earlier.
Callbacks Cost Women	Women pay for unnecessary callbacks. Additional visits, exams and testing mean more copayments, coinsurance and deductible costs as well as the costs of transportation, missing work and childcare. Not to mention the emotional toll that a false-positive can have.
Tested Technology	Since 2011, more than 8 million women have benefited from 3D mammogram's innovative technology.
Saves Plans Money	It will save money. A single large health plan could save up to \$2.4 million per year by covering 3D mammograms.
Saves System Money	3D mammograms could account for over \$550 million saved annually in U.S. breast cancer health care spending.
NCCN Guidelines	The National Comprehensive Cancer Network (NCCN), a leading network of healthcare professionals, recommends physicians consider 3D mammograms for breast cancer screening. Most health insurance companies use NCCN guidelines to set their coverage policies, but they are not doing so in the case of 3D mammograms.
Medicare/Medicaid	Medicare recognizes the superiority of 3D mammograms and covers them in full. Many state Medicaid plans also cover 3D mammograms.
FDA	3D mammograms are approved by the Food and Drug Administration (FDA) as safe, effective and clinically superior to traditional 2D mammography.
Loss of Productivity (EBM only)	False alarms are expensive not just for women but also their employers. Follow-up testing requires time away from work and the stress of a potential cancer diagnosis can cause productivity to plummet.
Saves Employers Money (EBM only)	For a company with 10,000 insured employees, 3D mammograms could account for up to \$240,000 saved annually.



All messages test well, especially those focused on early detection and avoiding callbacks or false positives

Very | Somewhat | TOTAL STRONG



At least nine in 10 women say all are strong statements.

15 MO EARLIER ranks as the preferred message with almost all saying it is strong. It also has a significant lead in how many rate it as *very* strong. Further, regression analysis reveals this message (as well as FEWER CALLBACKS) is the most significant driver of support.

Women who have received a callback in the past and were diagnosed with cancer feel particularly strong about the fewer callbacks message (100% strong, 88% *very* strong).

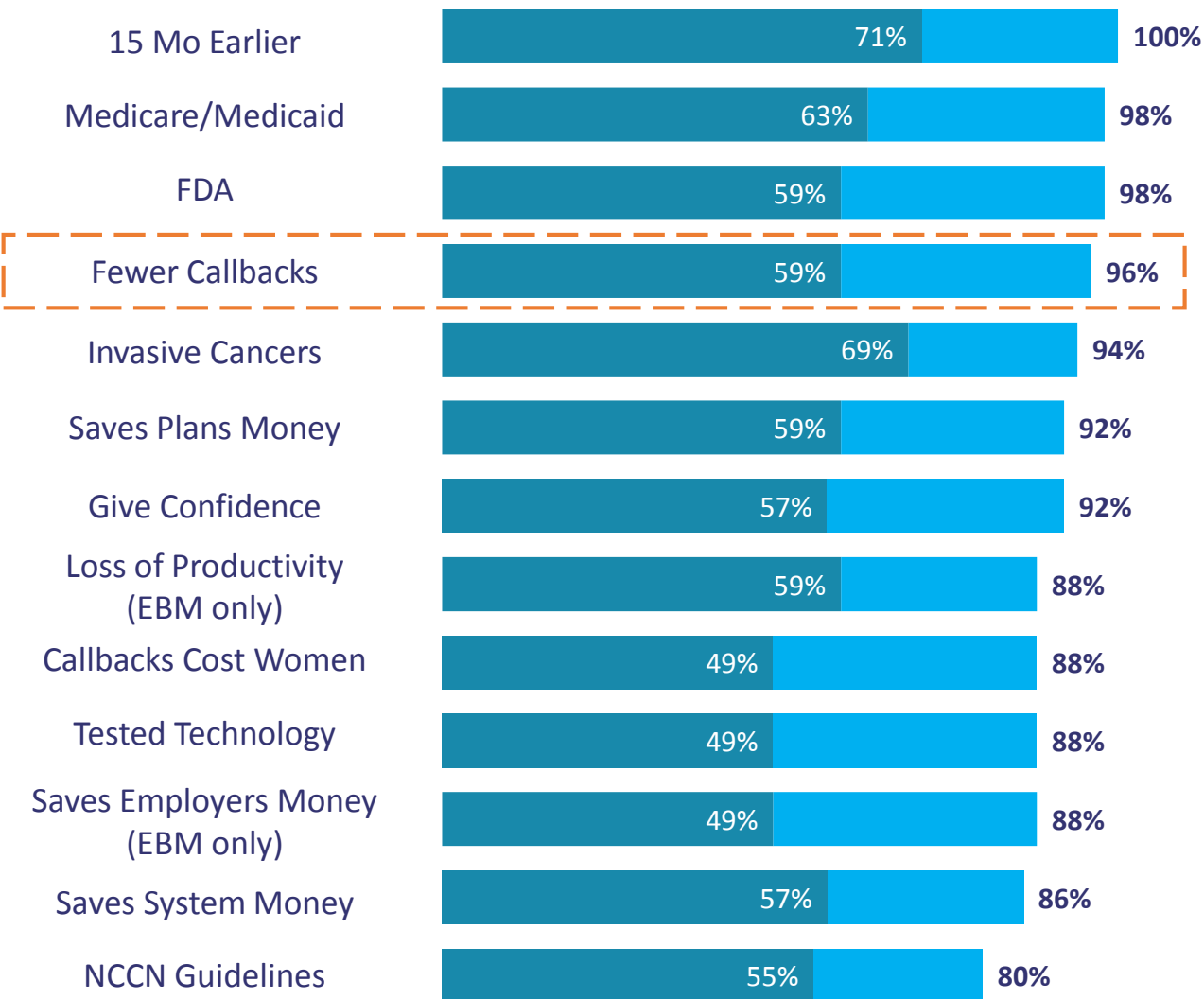
Though all messages test well, support is less robust for those emphasizing the NCCN guidelines or tested technology.

Key driver of support



Early detection, external acceptance, and fewer callbacks test highest among EBMs

Very | Somewhat | TOTAL STRONG



Though not quite as strong with EBMs as with the employees, all messages test well with EBMs. At least eight in 10 say all are strong statements.

All EBMs consider 15 MO EARLIER to be a strong statement, and nearly as many are persuaded knowing that 3D mammograms are approved by other respected programs and agencies.

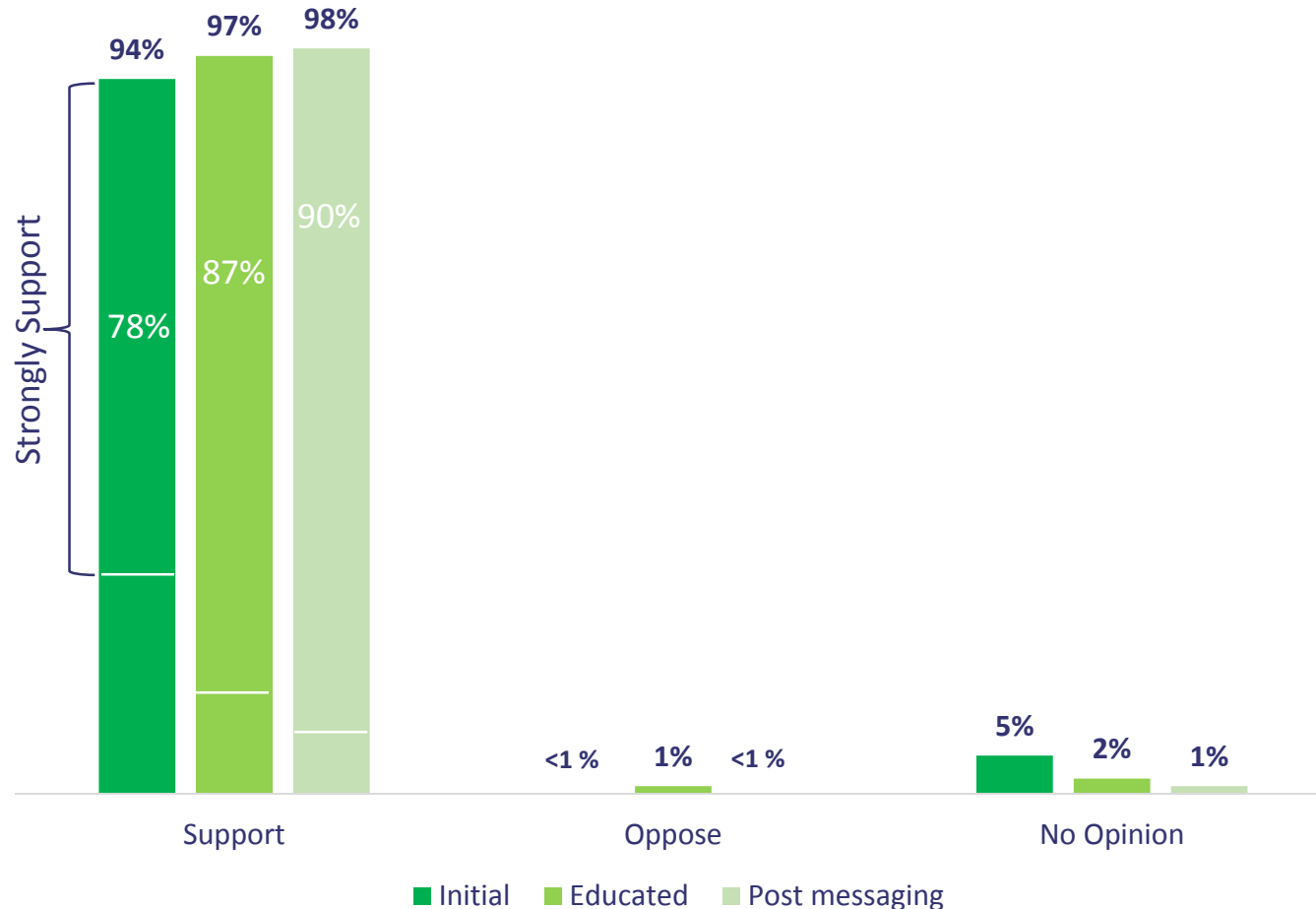
As with the employees, regression analysis reveals that the most significant driver of support is FEWER CALLBACKS.

Interestingly, messaging around costs to employers rank below average (though still well-received). LOSS OF PRODUCTIVITY performs better than SAVES EMPLOYERS MONEY. One might expect that the lower performance for SAVE EMPLOYERS MONEY is due to the message's cost estimate for just the largest employers (10K employees+) but there is not a clear difference in ratings when examining company size.

Key driver of support



Messaging persuades important groups of women to support 3D mammogram coverage



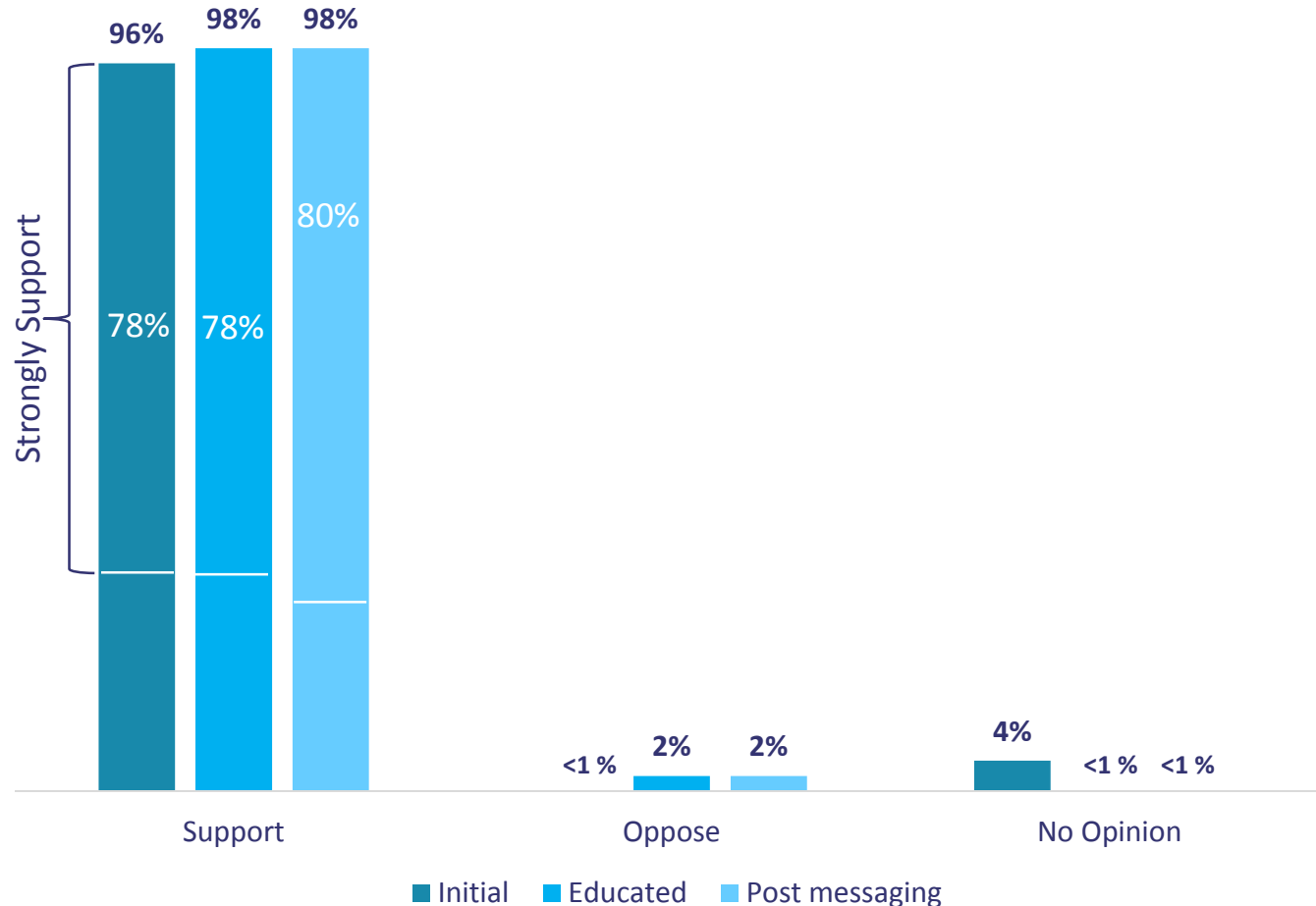
After exposure to messaging, already high support for coverage increases slightly among working women to 98 percent (90% *very strong*). Less than 1 percent of women oppose and no one *strongly* opposes 3D coverage.

Women of all ages show increased support for 3D mammogram coverage by four percentage points, but those between the ages of 60-64 are especially swayed, moving from 89 percent support initially to 98 percent support post-messaging (+9 points).

The messages presented prove effective in converting those who initially had little information or who were skeptical. Employees who had not previously been aware of 3D mammograms increased support by 6 percentage points (92% support initially to 98% post-messaging) and every person (100%) initially opposed to coverage supported coverage after messaging.



EBMs overall remain steady, and gains are made with initially less supportive groups



After exposure to messaging, EBMs remained steady in their support, increasing slightly by 2 percentage points, with only a single EBM opposing coverage for 3D mammograms.

100 percent of benefits managers working at companies that employ a higher than average number of women over 40 years old support coverage (up 5 percentage points pre-messaging), and 90 percent do so *strongly* (compared to 80% strongly support overall).

Smaller companies (500-999 employees) presumably may have a more difficult time covering new medical procedures, but 92 percent of EBMs at these companies support coverage for 3D mammograms post-messaging, representing a 9 point gain from initial support.

Another highly persuadable target is younger EBMs - they support coverage initially at only 88 percent, but increase to 94 percent (+6) after messaging.

Q8. Based on what you know, would you support or oppose also having 3D mammograms covered by your health insurance plan?
 Q10. Now that you've learned more, would you support or oppose having 3D mammograms covered by your health insurance plan?
 Q12. Now that you've learned more, would you support or oppose having 3D mammograms covered by your health insurance plan?

Despite messaging, some questions, particularly around coverage, costs and process remain

When given the opportunity to ask remaining questions, most employees (73%) and EBMs (78%) say they have none.

For those with questions, working women are focused on the individual cost and why it isn't covered more generally. They also want to be assured that 3D is no less safe, uncomfortable, time consuming, etc. than 2D.

EBMs who have additional questions are mainly looking for more information the cost differential.

Employees	
"Would 3D imaging detect any breast cancer through dense breast tissue? This would have saved me \$500+ because I had to have an ultrasound after my mammogram to see through the dense tissue."	"I'm just curious as to why the 3D mammogram isn't given as an option to women or mentioned during exams. I've never heard of 3D mammograms before."
"How similar is the procedure to 2D?"	"What is the difference in safety (radiation effects) between 2D and 3D mammograms?"
"Is the process of the exam still the same for the patient?"	"Do you recommend these every other year as well? Also, when should women start screening with a 3D? At 40 still?"
"What needs to be done to have the insurance company cover the cost?"	"Are they more or less uncomfortable/painful than 2D mammograms?"
"How long do they take?"	"How much more does it cost than 2D and how easy is it for companies to get the technology? Is the cost of the machine worth it?"
EBMs	
"I am just curious about the cost and how often women would need to have a 3D mammogram."	"How to ensure that they are available when you have multiple insurance carriers across the country."
"Have there been any drawbacks other than price on the 3D monogram."	"The other side of the argument (insurance company reasoning)."
"The increase in insurance premiums is still a little uncertain to me."	"How long do they take? Are they invasive?"

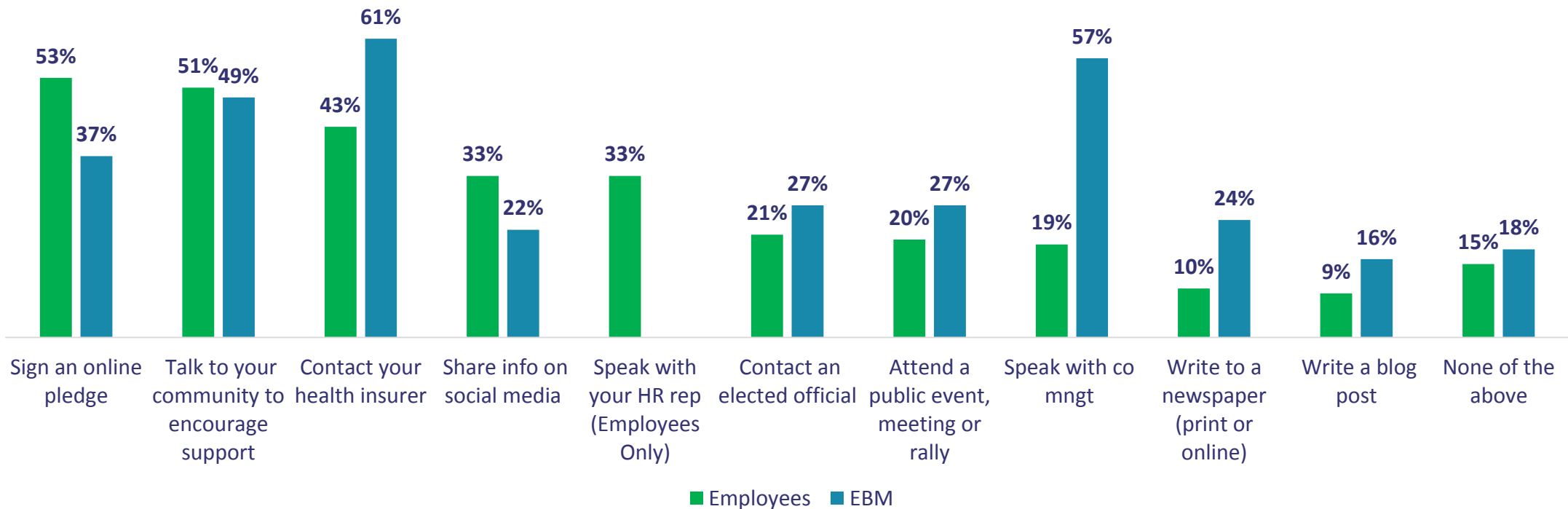
Advocacy

Employees and EBMs are willing to act on behalf of 3D coverage

Many working women are willing to participate to show their support for coverage of 3D mammograms, including half who would sign an online pledge or encourage support in the community. Many are also willing to contact their health insurer directly or speak with their HR rep.

There may be opportunity to have women under 40 help to prime the environment as they are more likely to sign a pledge (60%), talk to their community (55%) or share info on social media (42%) than their older counterparts.

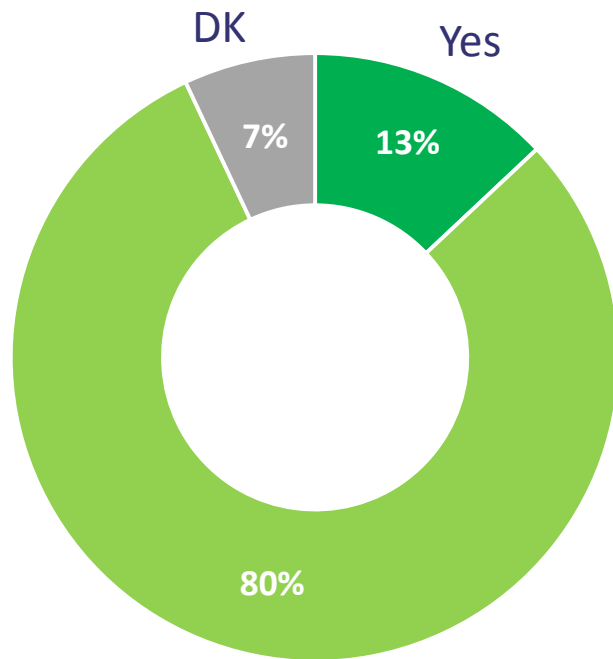
EBMs are more likely to say they will take more concrete action than working women such as speaking with their health insurer or with company management.



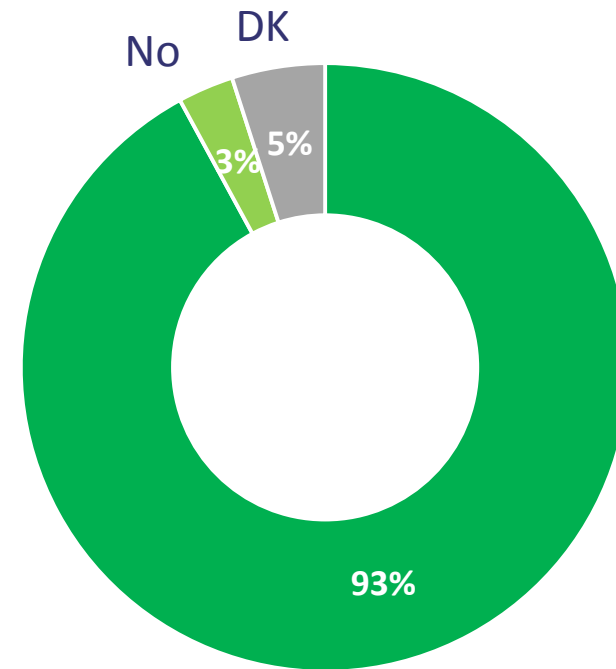


Working women share a strong belief that insurers should cover 3D mammograms with no increase in premiums

Women agree that costs shouldn't increase to cover 3D. Eight in 10 women do not believe their premiums should increase if 3D mammograms are covered and more than nine in 10 women believe their insurer should cover them even if it costs more in the short-term.



Should insurance premiums increase?



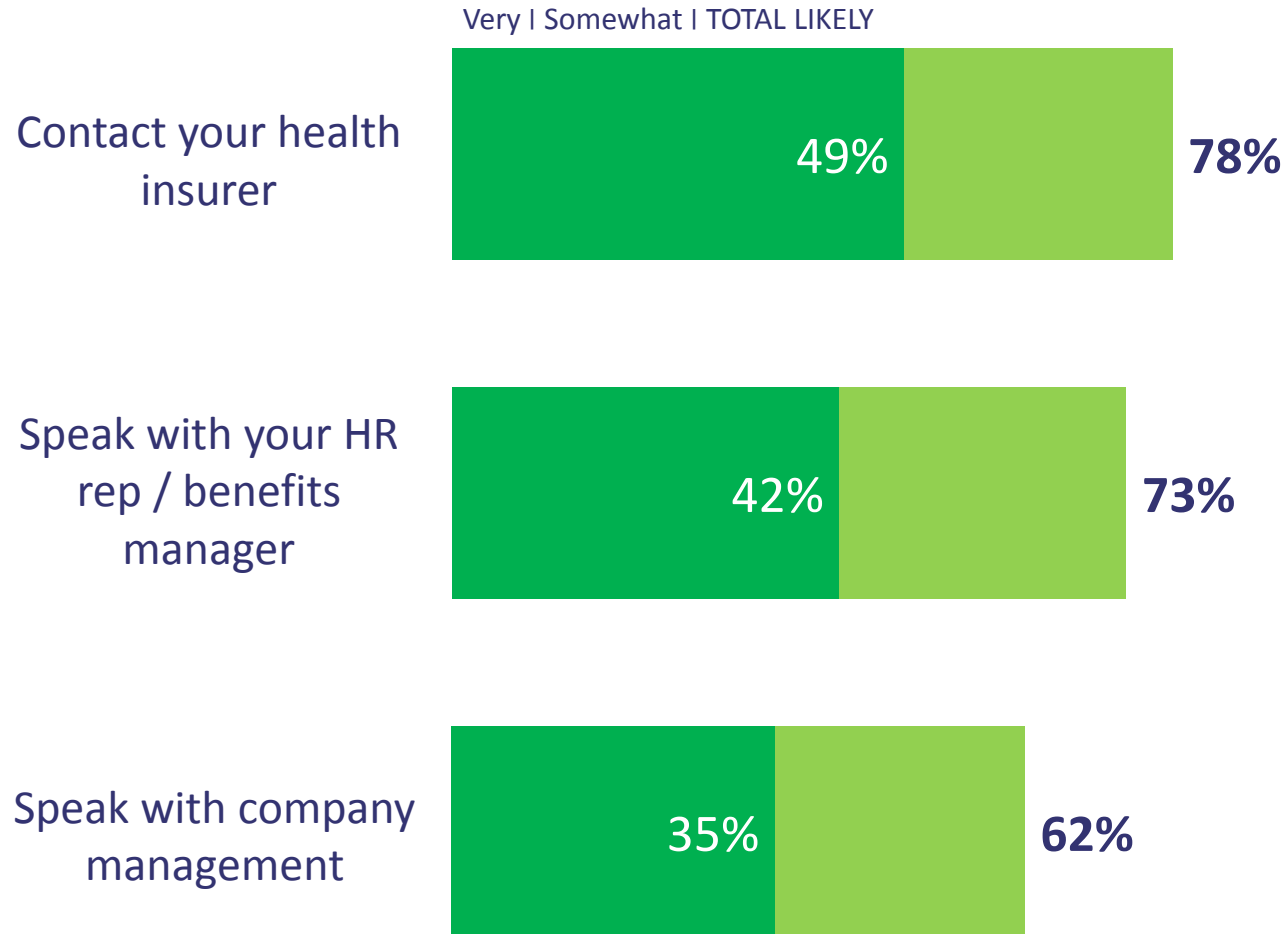
Importance for health insurers to cover 3D mammograms

Q14. In your opinion, should your monthly health insurance premium increase if 3D mammograms are covered by your health insurance plan?

Q15. Do you believe it is important for your health insurer to cover 3D mammograms even if it costs them a little more in the short-term?



If pricing increases, women say they will speak up



If prices increase, more than three in four women say they would contact their health insurer or speak with their benefits manager.

Even six in 10 say they would go as far as to speak with company management.

African-American women are even more likely to take action, with 85 percent saying they would contact their health insurer, 77 percent saying they would speak with their HR rep and 68 percent saying they would speak with company management.

Unsurprisingly, women who have been diagnosed with breast cancer are more likely than any other group to contact any of the three.

Wellness Programs

Key Findings – Wellness Programs (Bright Pink)

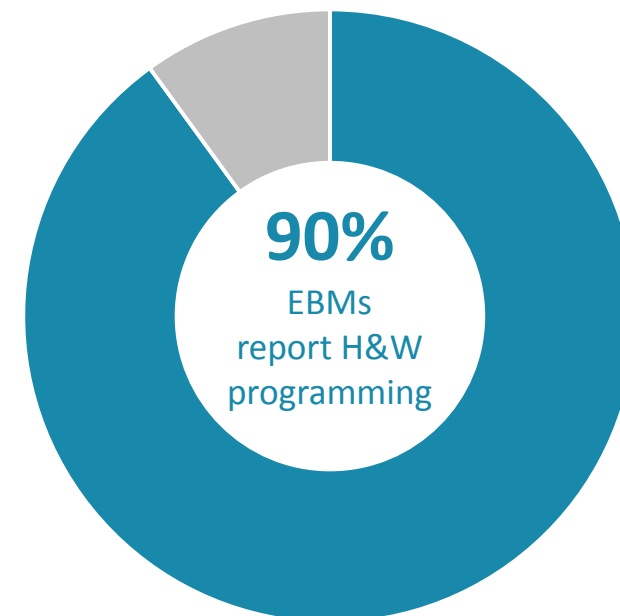
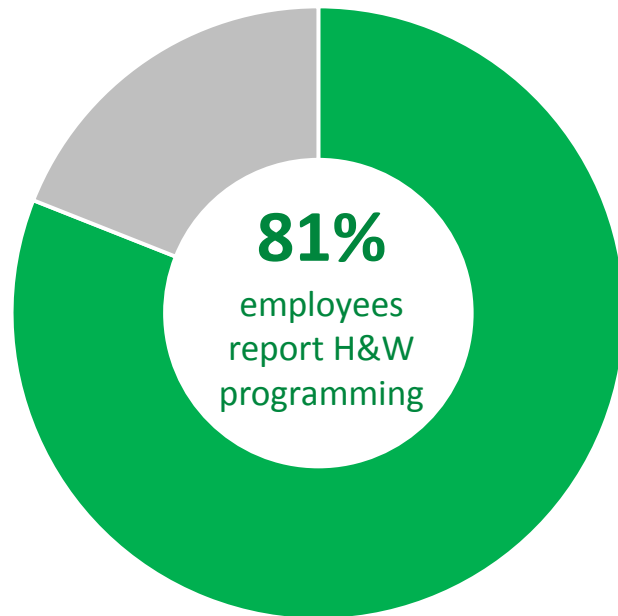
- Health and wellness programming at large employers is prevalent. Eight in 10 women (81%) and nine in 10 EBMs (90%) report that their employers offer health and wellness programming.
- However, the popularity of breast and ovarian cancer programming specifically is lower, with only one in two EBMs (51%) reporting breast cancer prevention programming and one in four (27%) reporting ovarian cancer prevention programming.
- There are indications that this type of programming may not be well communicated to employees as only 28 and 13 percent of women say their employer offers breast or ovarian cancer prevention programming, respectively.
- There is strong support for breast and ovarian cancer programming – more than nine in 10 women and EBMs support it.
- Patient advocacy groups are trusted providers for programming.
- Seven in 10 women believe a non-profit patient advocacy organization focused on women's health would be a credible provider for breast and ovarian cancer prevention services. This falls behind medical institutions (83%), but well in front of insurance providers (54%).
- Six in 10 EBMs say a non-profit patient organization is credible. However, this audience tends to trust medical institutions (86%) and insurers more (71%).

Health and wellness programming is prevalent

Eight in 10 working women and nine in 10 EBMs report that their employers offer health and wellness programming.

This increases with the size of the company – 85 percent of women and 100 percent of EBMs at companies with 10,000 or more employees say they offer wellness programs.

Workplaces awarded for being a high quality work environment are far more likely to offer wellness programs and, importantly, to promote them effectively to their employees – 98 percent of women working at a company awarded “best workplace for women” say these programs are offered.



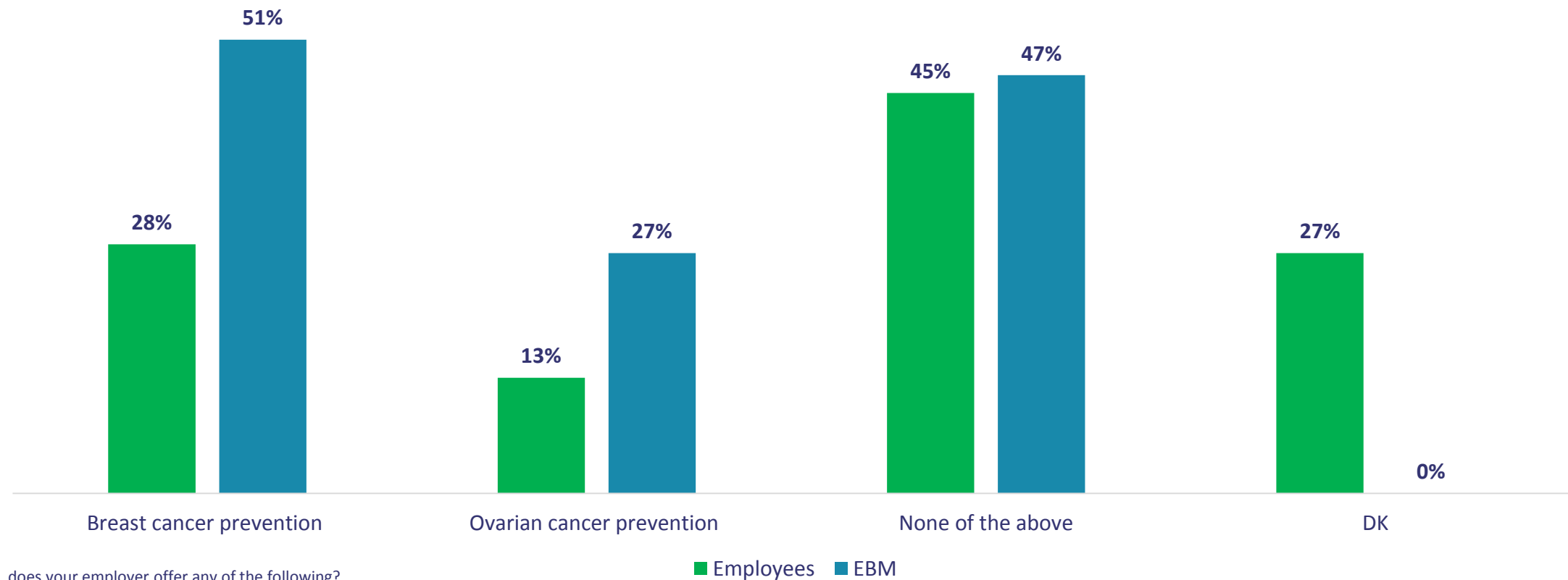
Q18. To the best of your knowledge, does your employer offer any health and wellness programs?

Q15. In the U.S. today, some workplaces offer health and wellness programs for their employees. Does your company offer any health and wellness programs?

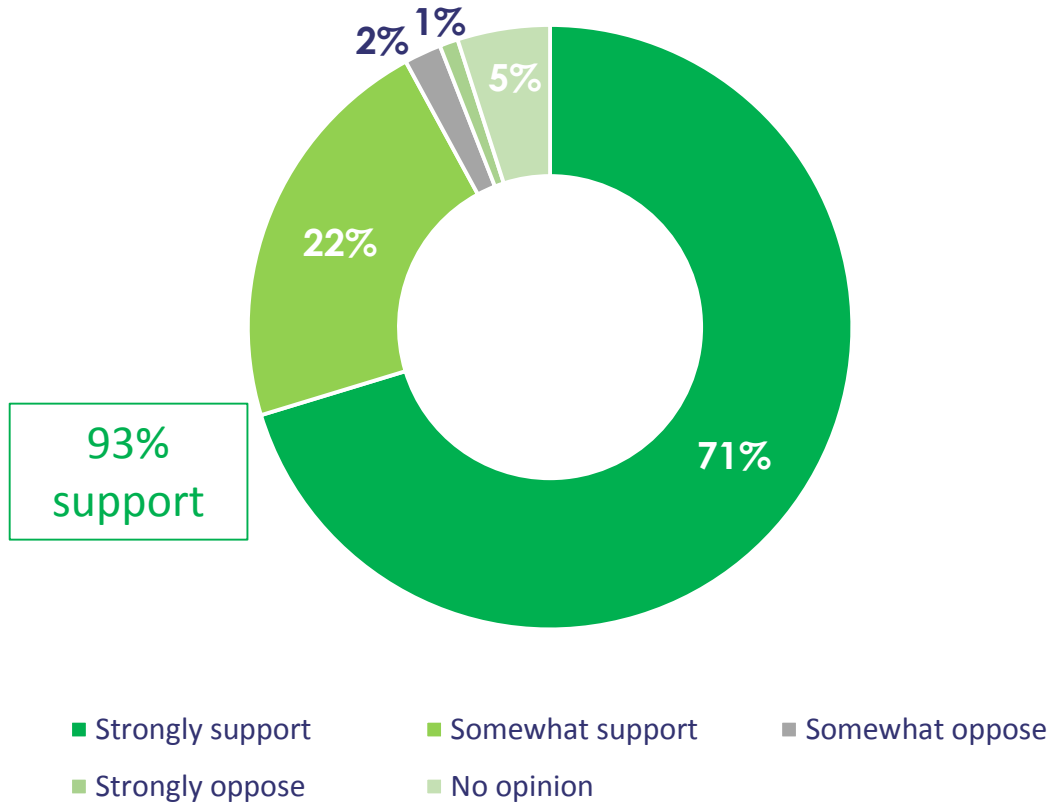
However, breast and ovarian cancer programming specifically is much less common

The popularity of breast and ovarian cancer programming specifically is lower, with only one in two EBMs reporting breast cancer prevention programming and one in four reporting ovarian cancer prevention programming.

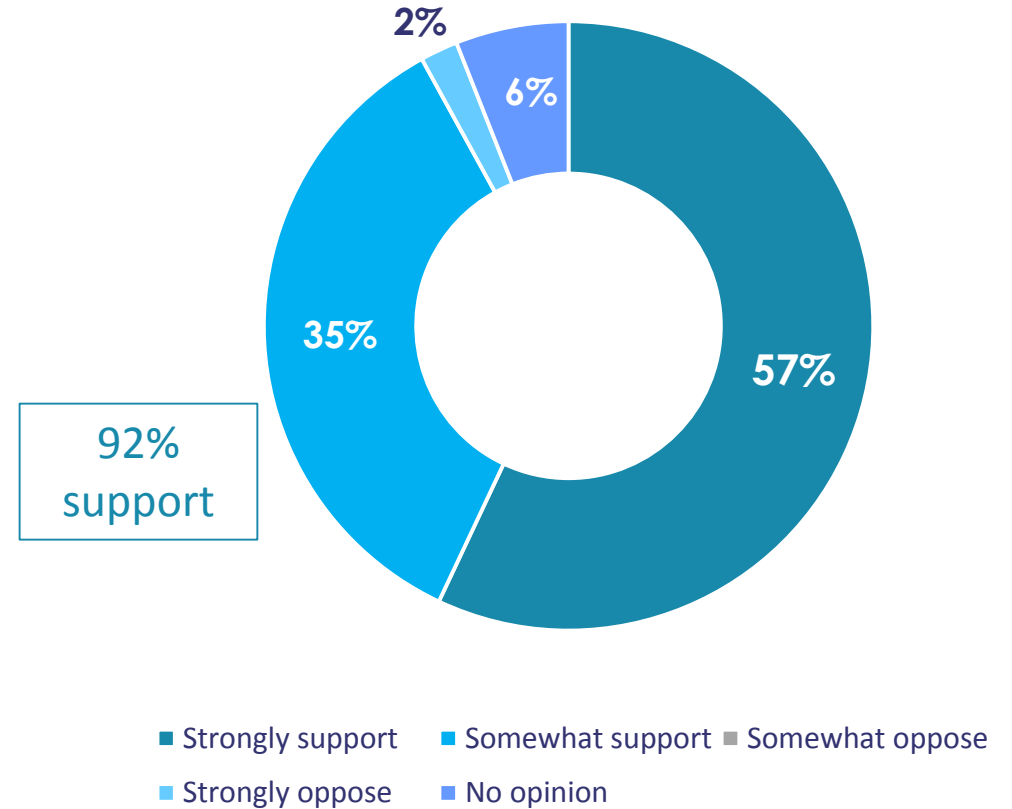
There are indications that this type of programming may not be well communicated to employees, as significantly fewer women say their employer offers breast or ovarian cancer prevention programming.



Near total support for employer-sponsored breast and ovarian cancer prevention services



Employees



EBM

Q20. Based on what you know, do you support or oppose having breast and ovarian cancer prevention services offered by your employer as part of a wellness program?

Q17. As a manager of your company's health benefits, do you support or oppose having breast and ovarian cancer prevention services offered by your company as part of a wellness program?

Patient advocacy groups are trusted providers for programming

Seven in 10 women believe a non-profit patient advocacy organization focused on women's health is a credible provider for breast and ovarian cancer prevention services. This falls behind medical institutions, but well in front of insurance providers. African-American women are particularly likely to trust patient advocacy groups (77%), as are women diagnosed with breast cancer (76%) and younger women aged 30-34 (75%).

Six in 10 EBMs say a non-profit patient organization is credible. However, this audience tends to trust medical institutions and insurers more.

