HEALTHCARE

HEAD ABOVE WATER: WOMEN NAVIGATE HEALTHCARE DURING A PANDEMIC AND BEYOND

Greg Jelinek, Executive Vice President, PNC Healthcare **Sara Parikh**. President, Willow Research



In most American households, women are the ones who are responsible for healthcare for themselves and their families. Through a nationally representative study of more than 3,000 women who manage their family's healthcare, we examined their experiences navigating the healthcare system in the United States: what is working well for them, where there are difficulties, and what they need to keep themselves and their families healthy.

The research was conducted from January 2020 through August 2020, in the midst of the coronavirus pandemic, and reveals the challenges these women face as they try to navigate an often-confusing system during a period of crisis. Women tell us the help they want and need to keep their families afloat, both now and in the future.

Women tell us the help they want and need to keep their families afloat, both now and in the future.





Women are in charge of keeping the family healthy

Women are responsible for the vast majority of healthcare decisions in their families and are involved in every aspect of the process: from managing costs and coverage to securing access, to managing care. Right around half of women say they feel "appreciated for their work" in this role, yet:

- 46% feel "stressed out and frustrated" by the healthcare system
- 43% prioritize their family's healthcare over their own

Women generally stay on top of managing care for themselves and their families by scheduling annual exams, getting people to appointments, and monitoring and administering medications and treatments.

However, for many women, the amount of time required to schedule and attend appointments, and the constraints of limited provider hours and locations combined with juggling other work and family responsibilities, creates day-to-day challenges.

Further, fairly common life experiences — switching jobs or losing a job, a change in insurance carrier at a current job, a move to a new city, a physician retiring — can significantly impact access to care or at least require learning a new system to make sure care is not interrupted.

When it comes to healthcare, women are managing to keep their heads above water, but they could use some help.

Women are responsible for the vast majority of healthcare decisions in their families and are involved in every aspect of the process.



Managing costs and coverage

- Budgeting for medical expenses
- · Evaluating and selecting insurance
- Getting reliable upfront costs
- Ensuring coverage
- · Checking accuracy of bills



Securing access

- Researching providers
- Finding good doctors covered by insurance
- Finding conveniently located providers



Managing care

- Scheduling preventive care
- Ordering and managing prescriptions
- Coordinating doctor's visits and emergency care



When women see a solution that would facilitate their work in managing costs and coverage, securing access, or managing care, they'll make use of it.

They are using digital healthcare tools

Shouldering the burden of keeping their family healthy means seeking out help. When women see a solution that would facilitate their work in managing costs and coverage, securing access, or managing care, they'll make use of it.

And if it proves helpful, they'll keep using it.

Digital healthcare tools are making inroads, with two-thirds of women saying their household has used a patient portal, had a telehealth appointment and/or ordered prescriptions online in the last 12 months.

Use of Digital Healthcare Products and Services

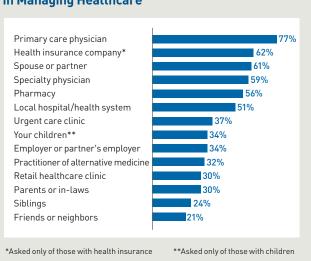
Have used any in the past 12 months (net):	68%
Patient portal	47%
Telehealth	39%
Online prescriptions	38%

Many women are also getting their healthcare information online, relying on websites like WebMD or the Mayo Clinic and looking at healthcare provider review sites like Healthgrades or Vitals. Fewer rely on social media as a source of healthcare information or support.

What Women Rely on for Healthcare Information Rely on a "great deal" Rely on "some" 58% 42% 43% 31% 20% 13% 7% Online healthcare information websites (e.g., WebMD, Mayo Clinic) Online healthcare provider review sites (e.g., Healthgrades, Vitals) Social Media (e.g., Facebook, Nextdoor)

In addition to digital tools, women rely on a range of other resources in managing their family's healthcare. Though many women find support in their spouse or partner, the No. 1 source for help is the family physician. Payers are also an important resource for households with health insurance.

Rely on a "Great Deal"/"Some" for Help in Managing Healthcare



Nearly 3 in 5 households have at least some difficulty paying for healthcare. Unexpected costs like emergency room visits, or anything not covered by insurance (e.g., dental and vision), are the biggest pain points.



The biggest pain point is managing costs and coverage

Among the many responsibilities these women carry, the biggest challenge they face is managing their healthcare costs and coverage. Female healthcare decision-makers struggle with the unpredictability of healthcare costs, as well as the sheer high prices they must pay for insurance premiums, deductibles, office visits, procedures and prescription drugs.

Three-fourths of women say that healthcare costs are unpredictable and that healthcare is simply too expensive and often unaffordable. These twin challenges dominate women's concerns, starting with the initial acts of evaluating and selecting an appropriate insurance plan. This can feel like a guessing game, where they hope for the best as they make a choice and then manage any problems that arise, problems that can often feel inevitable.

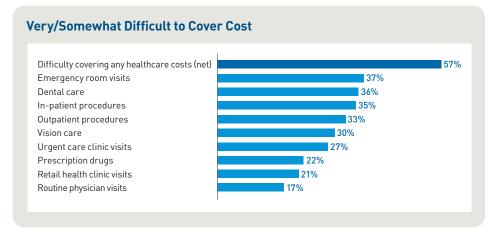
Concern over out-of-pocket costs is a consistent refrain, particularly as insurance premiums and deductibles seem to increase every year. When budgets are already tight, any increase in cost can be significant. High-deductible plans leave households having to pay large sums before coverage kicks in.

These women must be especially vigilant in making sure providers are in-network and out-of-pocket costs are identified ahead of time as much as possible. For households where finances are tight, unforeseen medical expenses can be devastating. Nearly 3 in 5 households have at

least some difficulty paying for healthcare. Unexpected costs like emergency room visits, or anything not covered by insurance (e.g., dental and vision), are the biggest pain points.









Confusion over coverage, costs and billing

When it comes to the costs of healthcare, problems occur on both the front and the back ends. On the front end, women find it challenging to get reliable upfront cost estimates.

As consumers in other areas, these women have come to expect to know what they're "buying" before the transaction is made, and even as they recognize how complicated healthcare can be, they do not understand why the transparency that is so easily attainable in other arenas seems impossible in this one.

When it comes to the costs of healthcare, problems occur on both the front and the back ends.



More than 2 in 5 female healthcare decision-makers say they have made sacrifices in order to pay for healthcare, including reducing spending on nonessential and essential items.

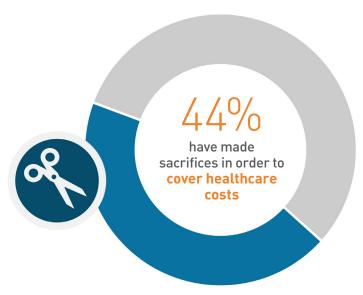


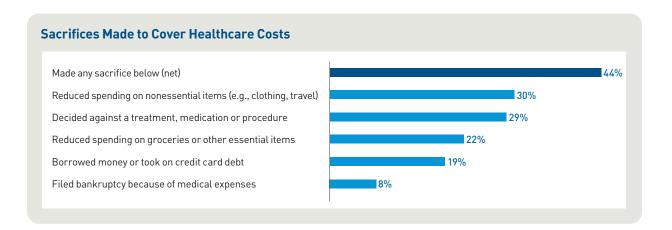
Often, there's not enough money to go around

The story of these women's challenges with managing healthcare cannot be told separately from the broader picture of financial precariousness that exists in the country today, in which half of all U.S. adults fear that a major health event could lead to bankruptcy and 26% of U.S. households would need to borrow money to pay for a \$500 medical bill.² After all, spending on urgent healthcare is a necessity, even when budgets are tight, which means making sacrifices elsewhere.

Often, this means reduced spending in other categories (e.g., nonessentials like clothing and travel), but it may also mean compromising on healthcare or sacrificing their own well-being for the sake of their families. If the money isn't there, women will do their best to work around the limits, but it's often difficult and may lead to compromises in care.

More than 2 in 5 female healthcare decision-makers say they have made sacrifices in order to pay for healthcare, including reducing spending on nonessential and essential items. And nearly one-third of households have not pursued a treatment, medication or procedure because of costs.







Healthcare financial tools are underutilized

Despite the challenges around costs and coverage, existing sources of support to ease the financial burdens — such as health savings accounts (HSAs) and flexible spending accounts (FSAs) — are underutilized. Many of these decision-makers are simply not aware of these options, and others are not in a position to take advantage of them.

Just over half of women are even aware of HSAs and FSAs, and fewer than 20% have used them. Higher-income households are significantly more likely to be aware of and utilize these healthcare financial tools.

Awareness and usage of patient financing is even lower. Just one-third of women know about patient financing and only 14% have ever used it

Many of these decision-makers are simply not aware of these options, and others are not in a position to take advantage of them.

But satisfaction is high among those who have used these financial tools

The silver lining: HSAs, FSAs and patient financing all have approval ratings hovering around 90% among those who have taken advantage of them. Regardless of household income, it is clear that there is room for growth with these tools to help families manage healthcare costs.

Awareness and Usage of Healthcare Financial Tools by Income

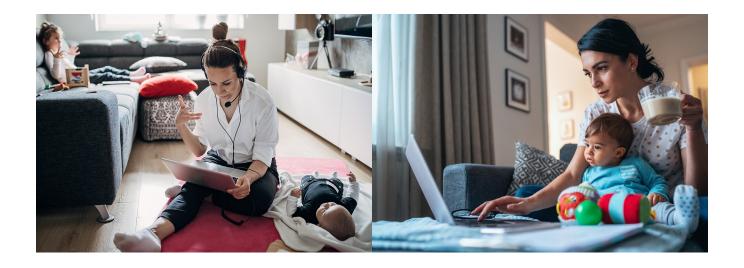
All Respondents	Total	Under \$50,000	\$50,000- \$99,999	\$100,000 plus
HSAs				
Aware of	53%	42%	58%	67 %
Have ever used	18%	10%	20%	31%
FSAs				
Aware of	51%	41%	56%	67 %
Have ever used	18%	11%	20%	33%
Patient Financing				
Aware of	37%	37%	36%	39%
Have ever used	14%	16%	13%	12%

Lower-income households often lack exposure to HSAs and FSAs and have less opportunity to take advantage of them.



- They are less likely to be employed.
- They are less likely to have commercial insurance plans that offer these benefits.
- Budgets are tighter, making contributions to HSAs and FSAs more difficult.

Women in lower-income households, however, are slightly more likely to have used patient financing than those in higher-income households, despite relatively low awareness of this service across income segments.



The challenges are multiplied for moms

While managing the household's healthcare is a challenge for most women, our research found that it is particularly challenging for mothers. Indeed, moms with children under 18 in the household are under a great deal of pressure when it comes to managing their family's healthcare.

- 65% handle healthcare for three or more people.
- 60% of moms with children under 18 are also working.
- 50% have at least one person in the household with a chronic condition.
- 32% spend 4 hours or more per month on healthcare, versus 14% for those without children under 18.



Every aspect of managing healthcare is tougher for moms.

The financial challenges are more acute, and negotiating the intricacies of insurance coverage and benefits is a greater burden.

Challenges of Healthcare Cost-Related Activities

Very/Somewhat Challenging	Moms with kids under 18	No kids under 18
Getting reliable upfront cost estimates	48%	39%
Making sure medical bills are accurate	45%	33%
Understanding medical bills	45%	32%
Evaluating and selecting an insurance plan*	44%	38%
Making sure your provider, procedure, treatment or medication is covered by your insurance*	43%	33%
Negotiating coverage with insurance company*	41%	34%

^{*}Asked only of those with health insurance

Covering costs is also tougher for moms, especially when it comes to larger expenses like emergency room visits and outpatient procedures. This makes moms particularly vigilant when it comes to watching their medical bills. Moms also have greater concerns about paying medical bills if someone in the household gets really sick.

Difficulty in Covering Healthcare Costs

Very/Somewhat Difficult	Moms with kids under 18	No kids under 18
Emergency room visits	42%	35%
Outpatient hospital procedures	40%	31%
Vision care	33%	29%
Prescription drugs	28%	20%

Financial Concerns

Strongly/Somewhat Agree	Moms with kids under 18	No kids under 18
Have to be really vigilant to make sure they are not getting overcharged for healthcare	53%	35%
Worry about paying medical bills if someone in the household gets really sick	48%	35%



Cutting back on nonessentials is most common, but this can also mean compromising on some aspect of healthcare or even cutting back on essential items like groceries.

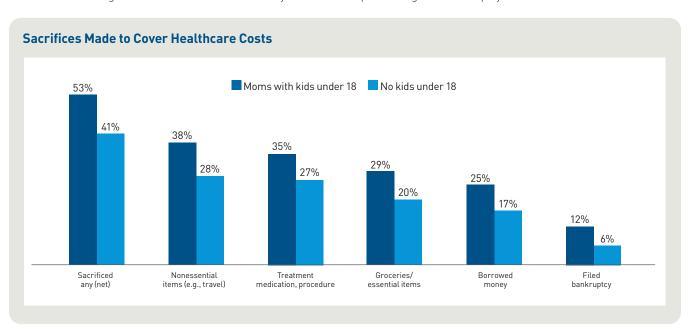
Moms make sacrifices

Moms often put the healthcare needs of their family above their own needs. They do this willingly, out of love, but it comes at a price to their own health and well-being, and their levels of stress and frustration are greater than those of women who don't have children under age 18. Working moms experience a more-intensified version of the phenomenon.

Attitude Toward Managing Healthcare

Strongly/Somewhat Agree	Working moms with kids under 18	Nonworking moms with kids under 18	No kids under 18
I prioritize my family's health over my own	70%	65%	35%
Navigating the healthcare system is stressful and frustrating	55%	53%	44%
I wish I had more help managing my family's healthcare	45%	37%	19%
I am often overwhelmed by the amount of time involved in managing healthcare for me and my family	45%	39%	21%

More than half of moms with kids under 18 have made at least one specific sacrifice to cover the cost of healthcare. Cutting back on nonessentials is most common, but this can also mean compromising on some aspect of healthcare or even cutting back on essential items like groceries. Moms are twice as likely as others to report having filed bankruptcy because of healthcare costs.



Financial challenges and the complexity of managing coverage aside, working women struggle with the purely tactical side of accessing healthcare. Sixty percent of moms with children under 18 are also working.



Working moms face logistical challenges

Financial challenges and the complexity of managing coverage aside, working women struggle with the purely tactical side of accessing healthcare. Sixty percent of moms with children under 18 are also working. For these moms, provider hours are often not convenient, requiring them to take time off of work, sometimes without pay.



Challenges of Non-Cost-Related Healthcare Activities

	Working moms with kids under 18	Nonworking moms with kids under 18	No kids under 18
Coordinating emergency care/ unexpected doctor visits	45 %	34%	25%
Scheduling doctor's appointments at a time that is convenient	42%	33%	24%

Managing those logistical challenges has led working moms to make more use of online sources of information, as well as greater use of digital products and services such as patient portals and telehealth. Anything that may save time is of interest to the working mom.

"How much do you personally rely on the following for getting healthcare-related information?"

	Working moms with kids under 18	Nonworking moms with kids under 18	No kids under 18
Rely on Source A Great Deal/Some			
Online healthcare information websites	71%	63%	54%
Online healthcare provider review sites	63%	54%	36%
Social media	45%	28%	14%
Digital Tools Used Past 12 Months			
Patient portal	55%	42%	46%
Telehealth	43%	38%	38%
Online prescriptions	41%	34%	37%



Older women are, by far, the most secure group when it comes to navigating the healthcare system.

Moms may be struggling, but older women are doing okay

Older women are, by far, the most secure group when it comes to navigating the healthcare system. Even though a higher percentage of older women are dealing with chronic conditions, the certainty and stability of their insurance coverage leaves them feeling confident about managing their healthcare responsibilities.

- 94% of older women, the vast majority of whom are on Medicare, say they're somewhat or very satisfied with their health insurance plan overall.
- Only 13% say that they're "often overwhelmed by the amount of time involved in managing healthcare for their family."
- Older women, more than any other age group, also enjoy a trusted relationship with their primary care physician.

Less Time Consuming



93% Spend less than 4 hours per month on healthcare

Medicare



87% On Medicare; 75% of those have a supplemental policy

Less Responsibility



67%
Responsible for only their own healthcare

Chronic Conditions



54%
Have at least one person with a chronic condition in the household

Physician Help with Healthcare Women age 65 and older Women younger than age 65 Agrees that PCP takes time to understand thier issues and concerns 83% Relies on PCP for help a "great deal"



The one big challenge that older women face when it comes to healthcare is the cost of dental and vision care, where they're much more likely to lack coverage.

Consequently, almost all older women (96%) feel very or somewhat confident in handling their healthcare responsibilities. And, while older women are less likely than younger women to seek out healthcare information online, they aren't technophobes. They are making use of patient portals and telehealth services at similar rates as younger women, and they are even more likely than younger women to order prescriptions online.

Use of Digital Healthcare Products and Services

	Older Women	Younger Women
Have used any in the past 12 months (net):	7 5%	66%
Patient portal	47%	46%
Online prescriptions	46%	35%
Telehealth	40%	39%

For most of these women, the pandemic has not caused new problems as much as intensified and highlighted already-extant struggles.



The COVID-19 pandemic has been a seismic disruptor

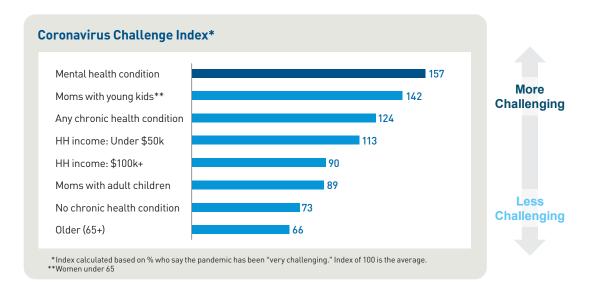
When a perfect storm such as the COVID-19 pandemic arrives, the weaknesses in the system are illuminated as though a flash of lightning has put the entire landscape in sudden relief. For most of these women, the pandemic has not caused new problems as much as intensified and highlighted already-extant struggles.

The pandemic has been a challenge for most women — 70% say it's been somewhat or very challenging — but women who already bear greater responsibilities have experienced greater challenges. As indicated in the chart below, households with more complicated needs — mental health conditions, children under 18, chronic conditions — or fewer resources are struggling the most. Not surprisingly, the pandemic has been particularly challenging for moms with young children at home, who have to balance work disruption with remote learning. It has been least challenging for older women.

30% have experienced a reduction in income

37% have had their employment impacted in some way

are struggling to cover basic necessities (e.g., groceries, rent, utilities)



Mental health concerns are on the rise

The pandemic has taken a significant toll on mental health.

• 25% of these women report experiencing depression, anxiety and other mental health issues in their household due to the pandemic and shutdown.

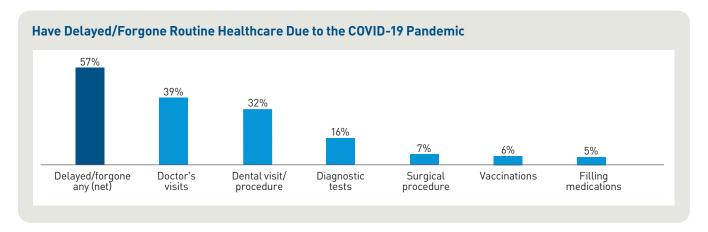
As the pandemic dragged on over the summer, concerns over their family's mental and emotional health increased. During June through August 2020, women who say that they were very or somewhat concerned about their family's mental or emotional health increased by 5 points.



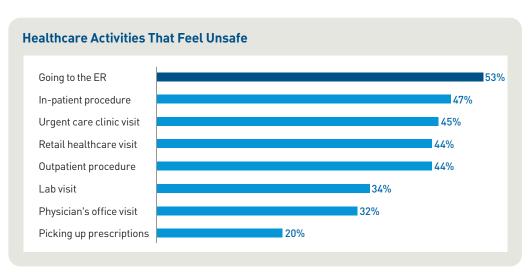
The COVID-19 pandemic interferes with routine healthcare

The pandemic has significantly disrupted routine healthcare and is likely to continue to do so until transmission of the virus is reduced by vaccine or other interventions. More than half of these women have put off or skipped routine healthcare visits because

of the pandemic. It seems likely that there will be long-term ripple effects in health as a consequence of delayed or foregone care during the pandemic, as well as a potential increase in chronic conditions associated with contracting the virus.



The majority (63%) of those who have delayed or forgone regular healthcare have done so because of fears about exposure to the virus. The healthcare activities that generate the most concern involve potentially longer visits at hospitals and health clinics. More controlled healthcare activities with less potential exposure (e.g., a lab visit, picking up prescriptions) produce less trepidation.

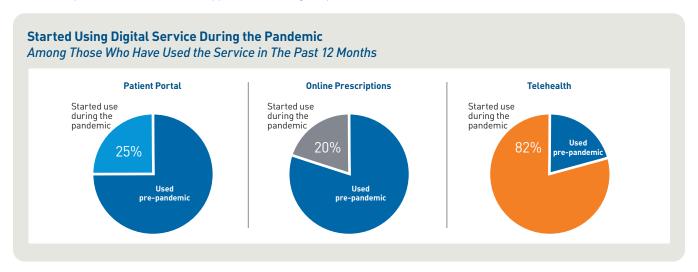


Telehealth appears here to stay, as users are generally both satisfied with the service and say they are likely to use it in the future.

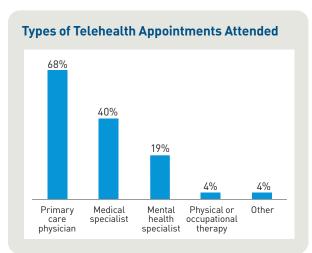


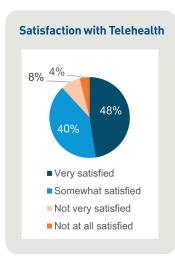
The COVID-19 pandemic has accelerated digital adoption

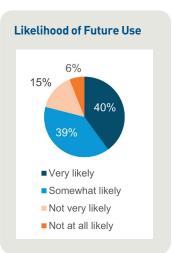
The pandemic and associated shutdown have led to a rapid growth in the use of digital technology, including patient portals and online prescription ordering, but especially in telehealth. Among those who have used telehealth services in the past 12 months, 82% had their first experience with a telehealth appointment during the pandemic.



Households are using telehealth for visits with their PCPs and medical specialists, as well as for mental health visits. Telehealth appears here to stay, as users are generally both satisfied with the service and say they are likely to use it in the future. Eight in 10 telehealth users say they are very or somewhat likely to use it in the future, supporting the case for payers to continue coverage of these services beyond the public health emergency.









The simultaneous health and financial crises have a potential to put a real strain on the system, as the at-risk households often lack the financial resources and insurance coverage necessary to pay for healthcare.

The COVID-19 pandemic puts more households at risk

While the fundamental problems of the high cost of healthcare and financial precariousness among consumers were present prior to the pandemic, it has exacerbated these issues as employment has been disrupted, leading to a loss of jobs, loss of income and a loss of insurance coverage.

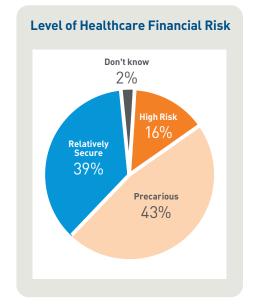
The additional stress on the female healthcare decision-maker is considerable, as the pandemic is widely recognized to have triggered the first "female recession," causing many women to lose their jobs, or leave their jobs, because of competing demands of home schooling and childcare. We segmented our sample based on how "at risk" they are of not being able to pay for healthcare. Only 39% of households are relatively secure today. They tend to be higher-income households or older women on Medicare.

16% of households are in the High Risk category.

- They are already having trouble paying for healthcare and are cutting back on other spending.
- They tend to have lower incomes and larger families, and they are more likely to have someone in the household with a chronic health condition.

The pandemic has hit the High Risk group particularly hard. They are most likely to have experienced the following:

- Some disruption in their household
- Greater concern about their family's emotional or mental health
- Delayed or forgone medical care
- A reduction in household income
- A positive COVID-19 test result



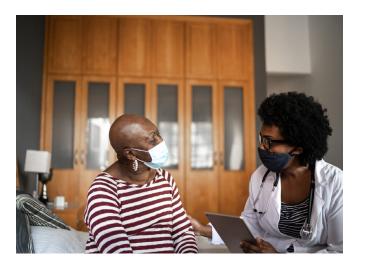
Another 43% are in a precarious financial position. They are managing today but not without struggle. Prolonged unemployment due to the pandemic or an unexpected medical expense could move more of them to the High Risk group in the near future.

The impact of the pandemic cannot be overstated and may put more and more households at risk in the coming months. The simultaneous health and financial crises have a potential to put a real strain on the system, as the at-risk households often lack the financial resources and insurance coverage necessary to pay for healthcare.

Impact of the COVID-19 Pandemic by Risk Factors

All Respondents	High Risk	Precarious	Relatively Secure
Experienced disruption due to the pandemic	78%	67 %	56%
Concerned about family's emotional or mental health	77 %	61%	37%
Delayed or forgone medical care	69%	57%	51%
Reduction in household income	50%	32%	19%
Someone in household tested positive for COVID-19	5%	4%	1%

Only 25% of the women in our study believe that the United States has the best healthcare system in the world.

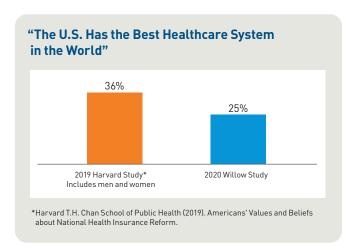


Women seek changes in U.S. healthcare policy

Only 25% of the women in our study believe that the United States has the best healthcare system in the world. This is significantly lower than a comparable 2019 Harvard study.

Indeed, the majority of women say that healthcare should be a fundamental right for all Americans and that healthcare coverage should not be tied to employment status.

Attitudes toward healthcare policy also show a generational shift.





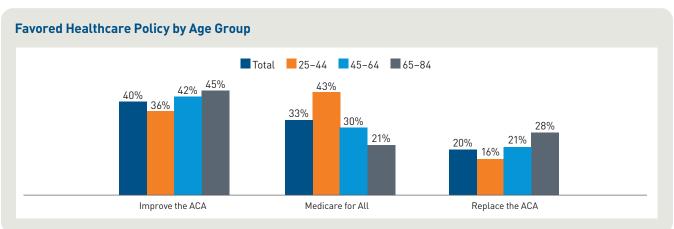
74%

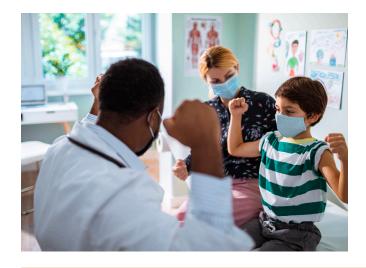
of women believe that healthcare should be a fundamental right for all Americans



say that healthcare coverage should not be tied to your employment status

Attitudes toward healthcare policy also show a generational shift. When asked which of three reform proposals they most support, the largest share of women (40%) favor improving the Affordable Care Act. However, the youngest cohort of women favor Medicare for All (43%), while older women are least likely to support a switch to Medicare for All.





Being in charge of the household's healthcare needs is an undeniable challenge for most women, a role made even more difficult by the coronavirus pandemic.

What women want — and need — to stay afloat

Being in charge of the household's healthcare needs is an undeniable challenge for most women, a role made even more difficult by the coronavirus pandemic. It's a role they can't afford to fail at, which means that they are open to trying solutions they think might be helpful, and they're likely to stick with any solution that proves to be effective.

The difficulties with navigating the healthcare system have made these decision-makers open to help wherever it may originate, especially in these four areas:



Greater transparency around costs and coverage

- Reliable upfront cost estimates before care
- Better explanation of insurance benefits and coverage
- Easier ability to determine if something will be covered
- Consolidated billing statements
- Clearer billing with fewer errors



Financial education around healthcare financial tools

- More education about the various healthcare financial options available to them:
 - HSAs, FSAs
 - Patient financing options
 - Healthcare credit cards
 - Financial assistance



Financial support for healthcare costs

- Particularly for at-risk households that are:
 - Lower income
 - More likely to have kids
 - More likely to have chronic conditions
- A segment that is likely to grow due to the pandemic



More flexibility from providers and employers

- Expanded appointment hours at more convenient times
- Ability to schedule multiple healthcare appointments in a single day at a hospital or medical center
- Greater flexibility from employers when they have a healthcare issue to deal with



Success in addressing these four needs would be welcomed across the board, but for the most precarious households, solutions aimed at greater flexibility and transparency may not be sufficient. The aftermath of the pandemic is likely to leave even more in need of financial education and assistance.



About this study

The Women and Healthcare Study was launched in January 2020 with a qualitative exploration phase, including secondary research and in-depth interviews with female healthcare industry experts. Next, between March 25 and April 23, 2020, 12 virtual focus groups were conducted with 68 women across the country, all of them healthcare decision-makers for their households.

The data are weighted to represent adult women in the U.S. based on age, ethnicity, education and census region.

Building on these qualitative stages, a large-scale quantitative survey was conducted in summer 2020 with a nationally representative sample of 3,109 female healthcare decision-makers ages 25 to 84.

The survey was conducted in three monthly waves of roughly 1,000 women each (June 25–29, July 22–30 and August 19–26) to monitor any shifts as the pandemic continued over the summer. The data are weighted to represent adult women in the U.S. based on age, ethnicity, education and census region. The sampling error for the survey is $\pm 1.8\%$ at the 95% confidence level.

About the authors

Greg Jelinek

PNC Healthcare gregory.jelinek@pnc.com

Greg Jelinek is the executive vice president and national sales director for PNC Healthcare, Treasury Management. In addition to his responsibilities leading the sales team for PNC Healthcare Treasury Management, he chairs the PNC Healthcare Client Advisory Board.

Sara Parikh

Willow Research sara@willowresearch.com

Sara Parikh is president and owner of Willow Research, LLC, a market research and consulting firm that designs and conducts original studies of consumers and professionals. She has 30 years of experience in research design, analysis and consulting. She holds a doctorate and a master of arts in sociology from the University of Illinois at Chicago, and a bachelor of arts in political science from the University of Wisconsin Madison.



READY TO HELP

At PNC, we combine a wider range of financial resources with a deeper understanding of your business to help you achieve your goals. To learn more about how we can bring ideas, insight and solutions to you, please contact your Treasury Management Officer or visit **pnc.com/healthcare**.

1 The Road Ahead in U.S. Healthcare: Will Patients Take The Wheel? PNC Healthcare, 2015.

2 U.S. Healthcare Study, Gallup-West Health, July 2020.

The article you read was prepared for general information purposes only and is not intended as legal, tax or accounting advice or as recommendations to engage in any specific transaction, including with respect to any securities of PNC, and does not purport to be comprehensive. Under no circumstances should any information contained in this article be used or considered as an offer or commitment, or a solicitation of an offer or commitment, to participate in any particular transaction or strategy. Any reliance upon any such information is solely and exclusively at your own risk. Please consult your own counsel, accountant or other advisor regarding your specific situation. Neither PNC Bank nor any other subsidiary of The PNC Financial Services Group, Inc. will be responsible for any consequences of reliance upon any opinion or statement contained here, or any omission. The opinions expressed in this article are not necessarily the opinions of PNC Bank or any of its affiliates, directors, officers or employees.

PNC is a registered mark of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management services, including, but not limited to, services for healthcare providers and payers, are provided by PNC Bank, National Association, a wholly owned subsidiary of PNC and **Member FDIC**.

©2021 The PNC Financial Services Group, Inc. All rights reserved.

CIB HC PDF 0121-068-1779801

