



EMPLOYEE BENEFITS

## Supporting Women’s Heart Health A Guide for Employers

By Louise Short, MD, MSc, FACOEM,  
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Every February American Heart Month provides an important reminder at the beginning of the year that heart disease remains the leading cause of death for women in the United States. Driving awareness, understanding, and intervention on risk factors and symptoms should not stop in February. Nearly 45% of women over the age of 20 live with some form of heart disease. Nearly 75% of women ages 20–39 have at least one cardiovascular risk factor, with the greatest burden among women of color.

Yet many women’s symptoms are overlooked or misunderstood, and awareness among younger women has declined sharply.

Employers have a unique opportunity to change these trends by offering informed benefits, creating supportive environments, and providing ongoing education that empowers women to manage their heart health.

### Why Women’s Heart Health Requires Special Focus

Women often experience different symptoms of heart disease than men such as jaw pain, back or shoulder discomfort, fatigue, and indigestion. Awareness among U.S. women about heart disease risks has fallen significantly, with steep drops among Black, Latina, and younger women. Black and Latina women face higher rates of hypertension, diabetes, obesity, and other modifiable risk factors — and tend to have the lowest awareness about their risks.

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## Benefits Employers Can Offer to Support Women’s Heart Health Including Prevention and Early Detection

- **Provide comprehensive preventive care coverage** such as screenings, medications, and telehealth support. Include blood pressure, cholesterol, glucose and weight assessment as part of the screenings.
- **Evaluate and implement integrated wellness programs and digital health solutions** focused on physical activity, healthy eating, stress management and smoking cessation. These programs can help make individuals aware of health risk, help them understand their risk and reduce risk.
- **Consider Navigation** either digital or by a carrier or other solutions to point employees toward benefits provided by the employer, as well as to assist employees in finding providers and resources to expedite appropriate and effective care.
- **Build a Heart-Healthy Culture** and promote activity breaks, healthy snacks and flexible schedules.
- **Prioritize mental health** and evaluate counseling and burnout prevention resources including EAP and behavioral health programs and resources.
- **Elevate heart-health literacy** and encourage tracking of key health indicators.

## Educational Resources Employers Can Provide to Employees

- 1 **Awareness Campaigns** – [Go Red for Women®](#), [Wear Red Day](#), and [CDC](#).
- 2 **Women-Specific heart health information** – including life stage considerations and symptom differences.
- 3 **Life’s Essential 8™** – A heart-health framework from AHA.

## Call to Action for Employers

Heart disease drives absenteeism, reduces productivity, and increases healthcare costs—yet many risks are preventable. Employers should strengthen preventive benefits, implement comprehensive education, promote healthy lifestyles, and commit to year-round heart-health advocacy. By acting now, employers can foster healthier workplaces, reduce preventable health crises and empower women—especially minority women—to protect their long-term well-being.

Sources:  
[2022 Heart Disease & Stroke Statistical Update Fact Sheet Females & Cardiovascular Diseases](#)  
[The Hidden Disparities in Women’s Heart Health: How We Can Close the Gap - WomenHeart](#)  
[About Women and Heart Disease | Heart Disease | CDC](#)



## About the Author

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Dr. Louise Short is the Chief Medical Officer, Employee Benefits for Brown & Brown. She is passionate about improving health outcomes, medical costs, member experience, engagement, and productivity. Her background includes 30 years providing clinical leadership and innovation in designing, implementing and measuring population health programs and strategies for employers, vendors and carriers. Dr. Short has also worked as a medical epidemiologist at the Centers for Disease Control and Prevention. She earned her undergraduate degree at Harvard, her MD from Tufts University School of Medicine, did her internal medicine residency at Yale-New Haven Hospital and trained in occupational and preventive medicine at Mt. Sinai School of Medicine in New York City, where she also received a master's degree in Community Medicine



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