Why DE&I Matters in a Family-Building Policy

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Why This Matters & Why Now?

- Current family-building offerings, intended as a DE&I solution, actually ignore critical LGBTQ+, BIPOC, and global considerations, requiring improvements
- More than one-third of BIPOC, LGBTQ+, millennials, and Gen Z employees considered changing employers for better benefits
- To eliminate disparities, benefits must be equitable to all of the workforce
- Four in ten millennials and Gen Zs disagree their employer has taken action to support their mental health

Executive Summary

- The majority of LGBTQ+ family formation is via adoption or foster, where employer support is less comprehensive
- IVF risks and rates of success vary by employee race and heritage
- The trans community’s pathways and experiences vary along a myriad of factors (e.g. pre- or post-transition)
- Employees located outside the United States are underserved and have insufficient guidance from employers
- In adoption, foster, and third-party fertility, significant decisions (e.g. financial, physical, emotional) need to be made—sometimes, in a short amount of time
Introduction

Many employers believe introducing family-building policy bolsters their DE&I commitment, but most policies ignore important nuances and risks, setting back DE&I progress. Having served over 250K BIPOC and LGBTQ+ family-builders, here are our observations.

Bring Adoption & Foster Into Parity With Fertility

Our data exposes the inequality LGBTQ+ employees face with family-building benefits. On average, employers cover only 25% of fertility treatment costs an employee may incur. Because the majority of LGBTQ+ family formation is through adoption or fostering and not fertility treatment, this leaves a huge gap in the financial benefits LGBTQ+ families receive. With less than 20% of total adoption costs covered, LGBTQ+ employees are disadvantaged.

Foster Parenting 101
Lesson 7 of 7  Fostering for Single and LGBTQ+ Individuals

Implication: LGBTQ+ employees are not receiving the same family-building support as their counterparts, and employers need to provide education and resources to help all employees navigating family building. All approaches are complex and demanding, especially for those pursuing this path as part of the LGBTQ+ community.
Trans Offerings Often Come Up Short

Family-building offerings for the trans community tend to be a one-size-fits-all policy when the reality is that pathways vary based upon both the gender spectrum and the phase of the employee’s transition. This period can devolve into a crisis as many in the trans community may experience dysphoria (sometimes a result of pausing hormone therapy) while seeking treatment.

In the LGBTQ+ community, two out of three employees experience two or more unmet needs from their health offerings at their employer. In addition, for those apart of the trans community, they oftentimes experience additional struggles and discrimination at clinics, adoption agencies, or foster agencies. **Implication**: Employers would be well-served to take a nuanced perspective and educate each group (and subgroup) specifically. Non-tailored education is at best unhelpful and runs the risk of being insensitive or hurtful.
Race Matters & Education Must Reflect This

BIPOC groups have higher rates of infertility and lower rates of success. Fertility specialist referrals don't happen quickly enough, and individuals tend to be misled on realistic costs and timelines. What's more, employees of color at all income levels reported the resources explaining their health benefits to be unhelpful. **Implication:** Employers need to both equitably arm all of their employees with education and communicate how fertility treatment processes pertain to them.

Continued Support Needed After a Child Comes Home

Adoption is complex and requires specific education on unique topics. Many adoptions are trans racial. It's crucial for adoptive parents to receive education on celebrating their adopted child’s birth culture and also, how to prepare their child for bias they may face.

Adoption
Lesson 5 of 7  Microaggressions and Transracial Adoption

The data shows when parents know how to discuss “preparation for bias” their child will be able to endure racist events with less duress. So how do we train adoptive parents to do that?

Cultural Socialization Correlates With Child’s Higher Self-Esteem

Source: [Tamekia Swint](https://styles4kidz.com) - Executive Director of Styles 4 Kidz

How we treat black patients should be unique. IVF is more likely to work in Black patients when we do a “frozen” rather than a “fresh” transfer—as you can see in the data here.
In adoption and third-party reproduction, parents need frameworks to talk with their child about their "birth story." Parents face ongoing communication with "first parents", siblings, donor siblings, and genetic parents. **Implication:** It’s important to give parents the tools to help head off, or mitigate, the biggest challenges that can come with both unique family-building paths and blended family formation.

**International Is Complex but Essential**

In the majority of countries, LGBTQ+ communities are met with challenges while building their families. This can be through implicit regional policies (e.g. paying surrogates is illegal, therefore finding one is nearly impossible) or explicit policies (e.g. outright bans on adoption or treatment for LGBTQ+ or unmarried people.)

**Implication:** A first step is explaining to employees what can or cannot be done in their own country. A better approach is elucidating what can be done elsewhere and how to pursue it.
Helping People Cope Isn't One-Size-Fits-All

Emotional challenges faced during family building are common across all demographics. Employees encounter unique stressors depending on their path (e.g. adoption fell through, family integration, miscarriage etc), and mental health resources must be tailored to prove helpful. Furthermore, data reflects that diverse employees and those with unmet needs feel underserved by their employers in the areas of both physical and mental healthcare.

**Implication:** It’s critical for all employees to have access to mental health topics with dedicated family-building information that speak to the nuances of fertility treatment, adoption, foster, and more.

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**Percentage of Patients Who Consider Infertility "Most Upsetting Life Experience"**

- **Men**
  - 0%
  - 20%
  - 40%
  - 60%

- **Women**
  - 20%
  - 40%
  - 60%

*Source: Freeman et al*

**Rates of Depression Amongst Chinese Male Infertility Patients**

- **1 Diagnosis**
  - 10%

- **2 Diagnoses**
  - 20%

- **3 or More Diagnoses**
  - 30%

*Source: Yang 2007*

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To learn more about FertilityIQ research and DE&I resources, please contact Mary Tinebra at mary.tinebra@fertilityiq.com.

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