

Case Study:

Supporting Workers: Public Employer & Washington Health Alliance Menopause Initiative

Addressing barriers and removing stigma to improve the work lives for people experiencing perimenopause and menopause.



WHA

Sponsored by:

 **astellas**



Executive Summary

To destigmatize perimenopause and menopause, while identifying barriers to care and gaps in benefits, a public employer partnered with the Washington Health Alliance (WHA) to create an open dialogue with employees. Leveraging WHA's expertise in facilitating impactful conversations, an employee resource group was created.

In the four easy-to-access virtual meetings of the resource group, 115 participants attended sessions.

At least 21% participated in two sessions.

By the end of the series, participants' self-reported comfort discussing perimenopause and menopause had increased. Those who were "not at all comfortable" decreased from 4% to 0%, and the share who felt "very comfortable" rose from 22% to 63%. During the final session, 88% of respondents said the public employer supported them.

Building on the successful foundation of dialogue, the Public Employer is exploring continued conversations through an Employee Resource Group and additional avenues to improve communication and care navigation.

Background & Context

Menopause and perimenopause affect a substantial portion of the working population and can present symptoms (hot flashes, sleep disruption, cognitive difficulties, mood changes, and fatigue, among others) that materially impact performance and wellbeing.¹

Studies and reviews link these symptoms to increased absenteeism, presenteeism, reduced job satisfaction, and women leaving work. Employer support is often uneven, and formal policies are uncommon.

A Mayo Clinic study estimates more than a \$1.8 billion cost impact on employers annually due to lost work.²

Research shows that people keep private from their employer when they are absent because of menopause symptoms, and many who are unsupported at work from employers, managers, and colleagues feel like their symptoms have a negative effect on them at work.³

With these issues in mind, Washington Health Alliance, sponsored by Astellas, approached Public Employer, a purchaser member of WHA, to conduct an employee resource group to bolster dialogue, uncover and address friction points, and ensure public employees can manage their perimenopause and menopause symptoms with adequate, appropriate support.

Objectives & Goals

1. Increase employee awareness of perimenopause/menopause symptoms and resources.

2. Develop an understanding of the barriers and constraints experienced by the Public Employer employees and beneficiaries who are in the perimenopause and menopause life stages.

3. Improve care and benefit navigation for a whole-health approach to care for employees and beneficiaries experiencing perimenopause and menopause.

4. Destigmatize this life stage for people experiencing perimenopause and menopause, and empower them to self-advocate at work and with their care providers.

Targets: Host four webinars over six months with sustainable attendance figures. Assess the needs of the attendees through follow-up surveys. Create a replicable framework to continue the dialogue and support policy work.

Approach & Intervention

To address stigma and increase understanding, the Washington Health Alliance worked with the Public Employer to establish easy-to-access digital sessions to open a two-way dialogue on menopause and perimenopause in the workplace.

The sessions, which took place every two months between May and November, and were made available to all Public Employer employees and their beneficiaries. The guiding idea was that the sessions would incrementally expand the conversation while uncovering issues faced by these individuals.

The Four Sessions were as follows:

- May 15: What are Perimenopause and Menopause?

- July 10: Care Options - Learn from a panel of medical doctors and nutritionists
- September 11: Navigating to High-Quality Doctors; Preparing for Your Visit
- November 6: Whole Person care: What Additional Tools Do You Need?

During each session, polls were taken to offer a real-time assessment of the material and the audience's level of understanding.

Following each session, attendees were surveyed to better gauge the effectiveness of meetings to educate, reduce stigma, and improve understanding of how to navigate health benefits.

WHA staff met with staff from the Public Employer before and after each session to discuss survey and poll results as well as fine tune the messaging for subsequent sessions.

Findings & Results

Reach & engagement

Total registrations: 545
Total live attendees (all): 244
 Unique Attendees: 115
Registrant Attendance Rate: 46%
Total Survey Responses: 65
Survey Response Rate: 26%
Attended At Least Twice: 21%

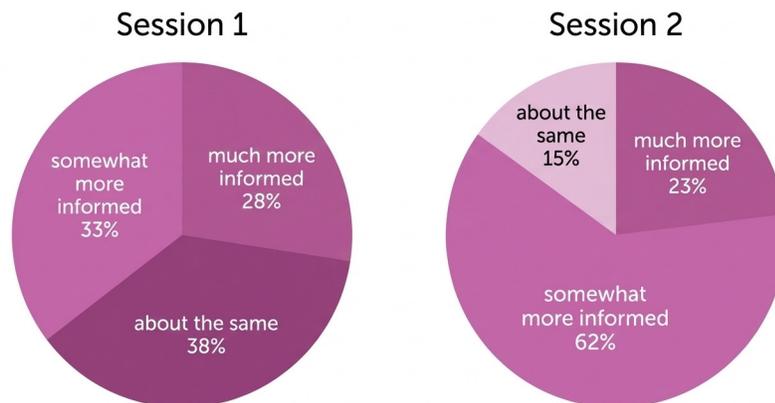
Level of Comfort Discussing Menopause and Perimenopause

During the final session, attendees were asked in a live poll to assess their comfort level discussing this topic. *(Attendance varied between Session 1 and Session 4.)*

Comfort:	Session 1:	Session 4:
Extremely	26%	25%
Very	22%	63%
Comfortable	39%	13%
Somewhat	9%	0%

Raising Awareness

Attendees were asked during the first two sessions if they felt more informed about the signs and symptoms of perimenopause and menopause.



Assessing Barriers

Attendees were asked after the final two sessions if they had experienced barriers to care and if so, what those barriers were.

Session 3	Session 4
<ul style="list-style-type: none"> time constraints: 15% lack of experienced providers through <i>Health Plan 1</i>: 15% lack of experienced providers through <i>Health Plan 2</i>: 4% symptom dismissal: 12% difficulty getting an appointment: 12% confusion around hormone replacement therapy (HRT): 8% I am not currently enrolled in the (plan): 4% stigma: 4% social taboos: 4% PCP said I don't need care yet because I'm not experience symptoms: 4% finding providers who specialize in menopause: 4% I have not experienced barriers to care: 15% 	<ul style="list-style-type: none"> time constraints: 6% symptom dismissal: 17% difficulty getting an appointment: 17% social taboos: 11% stigma: 6% misdiagnosis: 6% conflicting advice from professionals/doctor: 6% the medication prescribed was not covered by insurance: 11% I have not experienced barriers to care: 22%

Findings & Results Cont.

Select Highlights:

After the third session, 54% of participants said they were very likely to explore new benefits.

28% of poll respondents said experience with menopause was an important factor in selecting a provider.

What the attendees shared:

Following each session attendees were able to provide feedback in the survey, a sample of which is captured here:

"I appreciate the time and effort put into this series and that it was open to all employees: male, female and all levels and positions. I appreciate how supportive it was, the information, and not creating a worse stigma, but letting women be supported and heard. Thank you."

"I appreciate the availability of this topic. I felt seen. Thank you!"

"I have a coworker who is struggling with symptoms associated with menopause. I spoke with them about the session, and they were very interested. They are going to sign up for the next session and watch the recording."

"This series was very time appropriate and informative."

Challenges & Constraints

While every attempt was made to create an easy-to-access digital space for the sessions, there were some issues, which included scheduling. Public employees do not work the same shifts or have access to computers at the time we set. Sessions were scheduled during the lunch hour, but that did not completely resolve access issues.

Recordings of the webinars were provided, but we faced some technical issues that

limited our understanding of who accessed the recordings.

The original expectation was that individuals would prefer anonymity, and the platform and first session were designed with that in mind. However, in soliciting feedback to improve the sessions, participants said this was not necessary. Once anonymity was lifted, there was less friction on the platform and participation.

Sessions were open to all employees and their beneficiaries; however it is unclear how broadly this was accessed by beneficiaries.



Lessons Learned

Education provided in the sessions prompted action among employees and beneficiaries. They appeared motivated to track symptoms, talking with friends and family, and reaching out to clinicians. Over the six months, they expressed interest in a range of care options.

Participants showed the strongest interest in nutritional counseling and structured fitness programs, with vitamins, supplements, and hormonal prescription

medications emerging as the next most-selected option. These preferences reflect the care approaches participants felt would most immediately offer support.

This initiative uncovered barriers beyond stigma, including time constraints, difficulty finding clinicians with menopause expertise, and confusion about hormone therapy.

There was robust interest in continued learning on this topic, which in turn helped alleviate stigma. By the final session, attendees expressed more comfort discussing perimenopause and menopause while commenting they shared articles, tools, and provider recommendations.

Recommendations & Next Steps

Next steps and recommendations were discussed following the webinar series. The focus was put on sustaining peer support, expanding benefits access, removing plan barriers, centralizing learning resources, continuing stigma-reducing education, and measuring impact over time.

That discussion included:

- Support the Employee Resource Group to continue running peer groups and events.
- Add the expanded benefits package to both health plan offerings so all members can access it.
- Meet with health plans to review member barriers and work together to remove them.
- Maintain an internal webpage with recorded sessions, resources, and provider recommendations.
- Continue company-wide education about this life stage to normalize conversations and reduce stigma.
- Resurvey attendees and registrants in six months to measure long term impact and guide next steps.

Appendix & Acknowledgments

References:

1. O'Neill, M. T., V. Jones, and A. Reid. Impact of Menopausal Symptoms on Work and Careers: A Cross-Sectional Study. *Occupational Medicine* 73, no. 6 (2023): 332–338.
<https://pubmed.ncbi.nlm.nih.gov/articles/PMC10540666/>
2. Furst, J. (2023, April 26). Mayo Clinic study puts price tag on cost of menopause symptoms for women in the workplace. *Mayo Clinic News Network*.
<https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-study-puts-price-tag-on-cost-of-menopause-symptoms-for-women-in-the-workplace/>

4. Chartered Institute of Personnel and Development. (2023). *Menopause in the workplace: Employee experiences in 2023*.
<https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-menopause-report-8456.pdf>

The Washington Health Alliance thanks Astellas for their sponsorship and member organizations for their intellectual contributions to the sessions – Aetna, Kaiser Permanente, Midi Health, and Visana Health. We would also like to thank non-member organizations Gennev, Society of Women's Health Research and University of Washington.

Most of all, we thank the Public Employer member for trusting us with the most valuable assets, their employees.