

Testimony Regarding HB 5389: An Act Concerning A Provider Toolkit for The Diagnosis and Treatment of Menopause, Perimenopause, and Postmenopause

Linda Sprague Martinez, PhD, Director, Trisha Pitter, MS, Director of Community Learning and Engagement, Valen R. Diaz, MPH, MCHES, Projects Director, Katia Ruesta-Daley, MSW, Research Assistant, Malia Hunt, BSW, Graduate Intern

UConn Health Disparities Institute

Public Health Committee

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Dear Senator Anwar, Representative McCarthy Vahey, Representative Belton, Senator Marx, Senator McCrory, Senator Somers, Representative Klarides-Ditria, and esteemed members of the Public Health Committee, thank you for the opportunity to submit testimony regarding HB 5389: An Act Concerning A Provider Toolkit for The Diagnosis and Treatment of Menopause, Perimenopause, and Postmenopause, on behalf of the [Health Disparities Institute \(HDI\)](#) at UConn Health.

Established in 2011 through Connecticut General Statutes Sections 10a-109b, HDI has a legislative mandate to enhance research and the delivery of care to minoritized and medically underserved populations across Connecticut. To realize this charge, HDI's mission is to advance systemic change by tackling root causes of health inequities and implementing sustainable solutions through interdisciplinary, community-based participatory research partnerships, data-driven community action, and workforce development efforts with communities disproportionately impacted by inequities. HDI's vision is equitable health, education, and economic opportunity for all in Connecticut.

The interdisciplinary, multilingual HDI team, spanning public health, social work, psychology, instructional design, and medicine, brings deep expertise in participatory research and evaluation approaches and community-driven program planning and health promotion. We apply evidence-based, participatory approaches to address structural inequities. We partner with agencies, coalitions, resident groups, and researchers to design responsive projects, including research, evaluation, and education, that reflect community priorities and produce actionable solutions to advance health equity in CT.

Importance of HB 5389 and Recommendations

HB 5389 addresses a clear and urgent need by supporting the development of a provider toolkit for the diagnosis and treatment of menopause, perimenopause, and postmenopause. This legislation will:

- Improve provider knowledge and confidence through evidence-based, self-paced modules and interdisciplinary resources.
- Ensure culturally responsive, linguistically accessible information for diverse populations.
- Support community-informed approaches to education, including input from women of color and medically underserved communities.
- Promote equitable, team-based care across clinical settings.

Recommendation: Revised Toolkit Timeline

Since our broader work is in community-engaged health education, we have developed not only toolkits but also structured learning modules, workshops, and multi-format educational materials for students, healthcare providers, and community members across Connecticut. From this experience, we have learned that sustainable and impactful educational resources require a phased development process.

Based on our expertise, we propose the following recommendations for the process and timeline:

- Execute a phased roll out of the toolkit incorporating planning, analysis and engagement, design, development, implementation, evaluation, and maintenance.
- Include both patient and provider voices in the development and evaluation of the toolkit, which is essential for a relevant, impactful, and user-friendly product.
- Launch a pilot toolkit **no earlier than June 2028**.
- Evaluate and refine the toolkit to ensure its effectiveness.
- Complete a final toolkit **no earlier than January 2029**.

This legislation will provide Connecticut the opportunity to lead the nation in addressing a long-neglected area of women’s health and to ensure that all women—especially women of color and those in underserved communities—receive the care, information, and support they deserve.

Community Priority: Menopause as a Public Health and Health Equity Issue

In our statewide work, a community priority that we have heard repeatedly from CT residents is the need to address menopause as a public health and health equity issue.

Over one million women in the United States enter menopause each year. Menopause occurs when menstruation has ceased for at least 12 consecutive months, typically between ages 45 and 55, though this varies widely. While menopause is a natural biological

transition, it is shaped by social, cultural, and environmental factors. Symptoms include, but not limited to, sleep disturbances, cognitive challenges such as difficulty concentrating or “brain fog,” hot flashes, night sweats, and mood changes can affect wellbeing, relationships, and quality of life. Despite its prevalence, menopause remains rarely discussed, contributing to misinformation, stigma, and barriers to care. Menopause also intersects with and can exacerbate comorbidities like cardiovascular disease, osteoporosis, depression, anxiety, and metabolic disorders.

In 2025, HDI convened the Menopause Equity Collective to co-lead the HDI [Menopause Equity Initiative](#) (MEI). By centering the lived experiences of those most affected by menopause, particularly women of color, the MEI aims to:

- Normalize menopause as a natural stage of life.
- Increase access to culturally responsive, evidence-based menopause resources.
- Inform workplace, medical, and community policies to better support women's health.
- Build community capacity to advocate for the health of aging women.
- Help women make informed decisions about their health & wellness throughout life.

Community-Identified Need for Accurate, Accessible Information

Through extensive engagement with community partners across Connecticut, we identified urgent concerns regarding the lack of accessible, culturally responsive, and linguistically appropriate information about menopause. Consistent with national research, women across Connecticut reported limited access to accurate information, reinforcing a culture of silence. Silence, stigma, and isolation are well documented in menopause literature. Ageism and gender bias shape cultural norms that devalue women as they age, framing menopause as a marker of diminished worth. This contributes to shame, misinformation, and a lack of support. Research shows that open dialogue among women reduces stigma and improves wellbeing. This was echoed in HDI’s Menopause Equity Initiative events, where participants described relief, validation, and empowerment through shared conversation.

Pervasive Health Care Inequities

Centuries of gender bias have shaped women’s health by limiting access to information, research, and care. This is evident in the underinvestment in women’s health research, inadequate provider training, male centered workplace policies, and the dominance of English language health information. For Black, Latina, and other women of color, these inequities are compounded by racial inequity.

Although access to menopause information is limited for all women, racial inequities in access to care are well documented and reflect broader patterns of marginalization, mistrust, and provider bias. Inadequate menopause education in medical education further widens these gaps, underscoring the need for comprehensive, equity focused reform.

Documented Gaps in Provider Training

Research consistently shows that medical providers receive insufficient training in menopause care:

- A [2023 study on provider education](#) in menopause surveyed 99 Obstetrics and Gynecology residency program directors nationwide.
 - 92.9% strongly agreed that a standardized menopause curriculum is needed.
 - Only 31.3% reported having a menopause curriculum.
 - Only 29.3% reported that trainees have access to menopause clinics.
 - 84% agreed they need more curricular resources.
 - Nearly 90% were open to self-paced menopause modules.
- A [2024 review in Current Obstetrics and Gynecological Reports](#) found widespread deficiencies in menopause education across training programs and identified the absence of a standardized curriculum as a key driver of these gaps. Evidence shows that self-paced modules and podcast-based learning paired with classroom sessions are effective in increasing provider knowledge.
- Primary care providers report similar gaps: [fewer than 7% feel adequately trained](#) in menopause care. This is unsurprising given the lack of standardized medical education on menopause.

HDI's own community engagement reinforces these findings. Across more than 545 participants who attended our Menopause Equity Initiative events, 86% reported having little to no information about menopause. When providers are not adequately trained, women are left uninformed and without support.

Need for Interdisciplinary Training

Menopause affects multiple systems, yet most disciplines receive little to no training. For example, a [2025 Delta Dental study](#) outlined that women report increased symptoms of dry mouth, changes to taste, tooth sensitivity, and tooth decay or tooth loss during menopause. After learning about the impact of menopause on oral health, HDI surveyed oral health providers and found:

- 66% reported no training related to menopause.
- 47% reported not screening for menopause during clinical visits.

These findings highlight the need for interdisciplinary education and coordinated care.

Importance of Community Engagement

Community engagement is essential to effective menopause education. Research shows that community participation improves the cultural relevance, linguistic accessibility, and effectiveness of health promotion efforts. Community driven approaches not only increase knowledge but also shift norms, strengthen advocacy, and build trust—especially in communities historically marginalized by the health system. Community and patient participation in provider education also gives clinicians critical insight into how cultural norms and lived experiences shape health behaviors and engagement with treatment.

We strongly recommend the Public Health Committee to prioritize statewide menopause awareness and education by ensuring the preparedness of Connecticut's entire health care workforce - across medical, behavioral, dental, and community health disciplines - to accurately diagnose, treat, and support individuals experiencing and navigating menopause, perimenopause, and postmenopause.

In doing so, we respectfully urge the Public Health Committee to revisit the proposed timeline to ensure the toolkit reflects the priorities and needs of providers and patients, which will translate to maximum impact and effectiveness. These efforts will promote public health and health equity among CT residents across the state.

Thank you for the opportunity to submit testimony regarding HB 5389: An Act Concerning A Provider Toolkit for The Diagnosis and Treatment of Menopause, Perimenopause, and Postmenopause. We can be reached with any questions at spraguemartinez@uchc.edu. For further insights and learnings from HDI's statewide work on menopause, including upcoming menopause equity events, please see the appended files included in this testimony.



UCONN HEALTH DISPARITIES MENOPAUSE EQUITY INITIATIVE

The Menopause Equity Initiative (MEI) is a community-led effort to raise awareness about menopause as a public health and equity issue in Connecticut.

All women go through menopause, but many, especially women of color and those from historically excluded communities, navigate it with little support.

Menopause affects workforce participation, healthcare outcomes, and quality of life for women in midlife across Connecticut.

The Menopause Equity Initiative (MEI) is a community-led effort that supports women and advances systems and policy change across the lifespan. MEI hosts and supports community-led events, shares resources, and creates space for conversations on menopause and midlife.

MEI works to:

- Normalize menopause as a natural stage of life.
- Increase access to culturally responsive, evidence-based menopause resources.
- Inform workplace, medical, and community policies.
- Build community capacity to advocate for the health of aging women.

Scan the QR code to learn more or support menopause equity in Connecticut.



Or contact Trisha Pitter, Director of Community Learning & Engagement (HDI), at tpitter@uchc.edu

WORKING WITH COMMUNITY

HDI, a capacity builder, convened the **Menopause Equity Collective (MEC)**, an intergenerational and multisector group.

MEC co-designs and identifies MEI priorities through shared decision-making, guided by ongoing community feedback.

MEC members include:

- Commission on Women, Children, Seniors, Equity & Opportunity (CWSCEO)
- Indelible Impressions, Inc.
- Narrative Change
- The Farmington Valley Links, Incorporated
- UConn Center on Aging
- UConn Institute for Collaboration on Health, Intervention, and Policy (InCHIP)
- Unashamed
- YWCA Hartford Region



UConn Health Disparities Menopause Equity Initiative

Spring/Summer 2026 Event Series

MARCH

4

Wed 5:30 PM

Shredding the Silence

Break the stigma and join the conversation on menopause and health equity.

UConn Health, Farmington

MARCH

11

Wed 5:30 PM

The M Factor 2

Film screening "Before the Pause" followed by a panel expert and Q&A.

YWCA Hartford Region

APRIL

1

Wed 11:00 AM

Menopause Equity Policy Panel

Menopause equity leaders speak out and advocate for policy change and health justice.

State Capitol, Hartford

MAY

30

Sat 10:30 AM

Men of Pause

Menopause education for men to pause and learn how to support their loved ones.

Community Health Center in Middletown,

June

10

Wed 12:00 PM

Oral Health & Menopause

The connection your dentist hasn't told you about. Clinical insights with lunch included.

UConn Health, Farmington

To register:

SCAN ME!



Or, visit this link:

<https://tinyurl.com/ye5pext7>

#MenopauseEquity #HealthForAll #UConnHDI

Website: <https://health.uconn.edu/health-disparities/> | Social Media: @UConnHDI

SAVE THE DATE

Creating Menopause Equity in Connecticut

THE SCALE IN CONNECTICUT

502,217

Women in midlife. Demographic (ages 45-64) in Connecticut.

400,000 +

~ 80% of CT women in midlife suffer from Vastor Motor Symptoms (VMS) like hot flashes and night sweats.

COMMUNITY INSIGHTS

Women's Top Needs

1. Hormonal Replacement Therapy
2. Physical Symptom Management
3. Workplace Accommodation

Scan to learn more about HDI's Menopause Equity Initiative (MEI).



545 unique participants across MEI community events.



"This was the first time I ever had a real conversation about menopause."

PROVIDER & PATIENT KNOWLEDGE



Less than 7%

of primary care providers feel prepared to manage menopause.



86%

of community members know "a little" to "nothing" about menopause management despite being in the menopausal age range.

MENOPAUSE INEQUITIES

Median VMS Symptom Duration (years)

Black/ African American:
10.1 Years

Hispanic/Latina:
8.9 Years

White (Non-Hispanic)
6.5 Years

Asian
4.8-5.4 Years



Although data is limited, the data show a disproportionate burden on Black and Hispanic women, who experience longer durations of symptoms but significantly lower rates of treatment compared to White women.

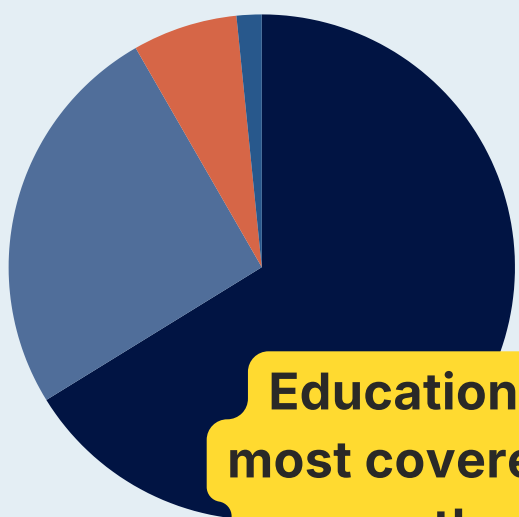
Treatment rates by race/ethnicity

Black/ African American:
2.5%

Hispanic/Latina:
2.7%

White (non-Hispanic):
6.3%

POLICY LANDSCAPE SNAPSHOT 2024-25



Education is the most covered topic across the nation

- 21 of 50 states (42%) introduced legislation
- 55 total policies: 7 (2024) | 48 (2025)
- Policies span four primary focus areas
 - **Education:** 66.2% of policies covered this topic
 - **Insurance:** 25.5% of policies covered this topic
 - **Workplace:** 6.7% of policies covered this topic
 - **Direct Care:** 1.6% of policies covered this topic

CT POLICY RECOMMENDATIONS

PUBLIC HEALTH BILL: Provider Education & Toolkit

Create a statewide screening pathway and free, equity-informed training for providers across types to reduce bias and improve access to care.

LABOR BILL: Workplace Accommodations

Recognize menopause as eligible for reasonable workplace accommodations without burdensome medical documentation.

The Menopause Care Gap in Connecticut

A critical look at the widespread impact, significant treatment shortfalls, and racial inequities affecting women in Connecticut.

The Scale in Connecticut

502,217

CT women ages 45-64

The population proxy for menopause transition.



75-80%

Estimated share of women experiencing VMS

Hot flashes/night sweats are highly prevalent.

376,663-401,774

Estimated CT women with VMS

Calculated as 75-60% of the 45-64 population.



The Gap in Care

~1 in 4

Share of symptomatic women receiving treatment



<7%

Primary care providers prepared to manage menopause

Feeling adequately trained in menopause care.



The Equity Crisis

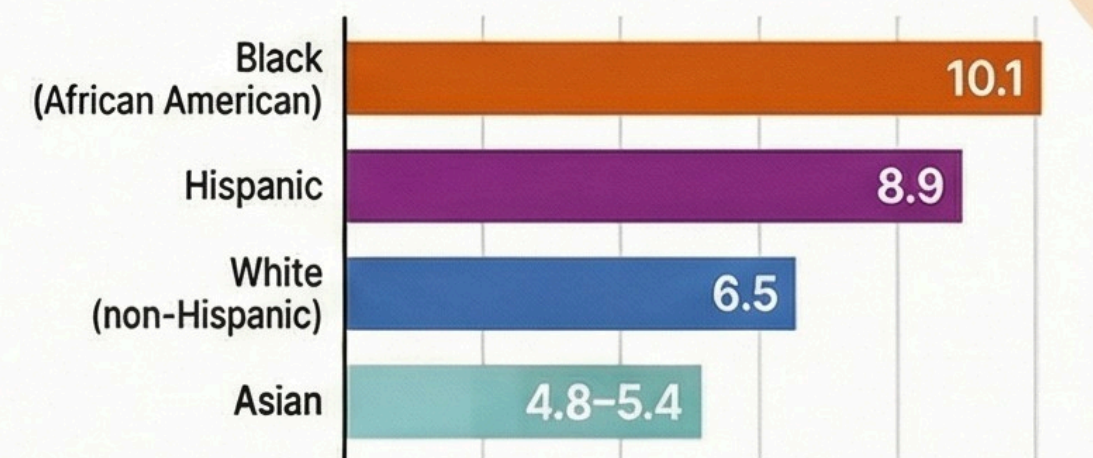
What is 'frequent VMS'?

Hot flashes or night sweats on ≥ 6 days in the prior 2 weeks.



Frequent VMS duration differs by race/ethnicity (median years)

Black (African American) Non-Hispanic
Hispanic White (non-Hispanic) Asian



Median years women experience frequent symptoms.

What Connecticut Women Are Telling Us About Menopause

Reported Community Insights from Participants Who Attended Menopause Equity Initiative (MEI) Events Across Connecticut

WHO WE HEARD FROM

PARTICIPANTS

~545

Unique participants across Menopause Equity Initiative community events.

AGE

73%

Of participants are ages 45–64, the core menopausal demographic.

RACE/ETHNICITY

62–77%

Of participants identify as Black or African American.

Also represented: White 18–22%; Latina/o/e 14–18%; Multiracial 5%; Native American/Alaska Native 2%; Asian/Asian American 2%; Middle Eastern/North African 6–5%; Prefer not to say 8%.

GENDER IDENTITY

95%

Of participants identify as women or female.

Men 1.5%; Other/write-ins 3%.

KNOWLEDGE LEVEL

76% + 10%

Know “a little” (76%) or nothing (10%) about menopause.

WHAT WE HEARD

Top needs we heard:

- Emotional wellness
- Physical symptom management
- Nutrition guidance
- Hormone Replacement Therapy (HRT) guidance

Menopause at work:

43% asked about workplace accommodations.

- Flexible conditions (temperature control, breaks, hybrid options)
- HR education to reduce stigma and support inclusion
- Leave/support policies and employer accommodations, including policy incentives/mandates

POLICY & PRACTICE NEEDS

What we're asking policymakers to address:

- Insurance reform and coverage expansion
- Provider education and training
- Cultural competence and culturally responsive care
- Treat menopause as a public health and equity issue

Voices from the community:

“

“This was the first time I ever had a real conversation about menopause.”
– Attendee, Rooted in Wisdom Garden Party

“We weren't just talking. We were learning, laughing, and loving ourselves and our bodies.”
– Attendee, Breaking the Silence event

”

Recommended citation:

Connecticut Provider Perspectives: Oral Health & Menopause

What Connecticut Oral Health Providers Told Us

Provider Backgrounds



44%
The largest group currently in clinical practice



35%
Identifying the need for interdisciplinary tools



17%
Highlighting the need for curriculum updates

The Current Knowledge Gap

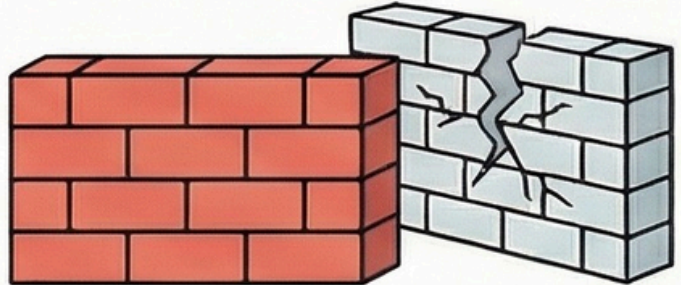


66%
have zero training
Two-thirds of surveyed dental providers received no menopause training during their education or career.

47%
never ask patients about menopause
Nearly half of providers do not screen for menopause during clinical visits.

Systemic Knowledge Barriers

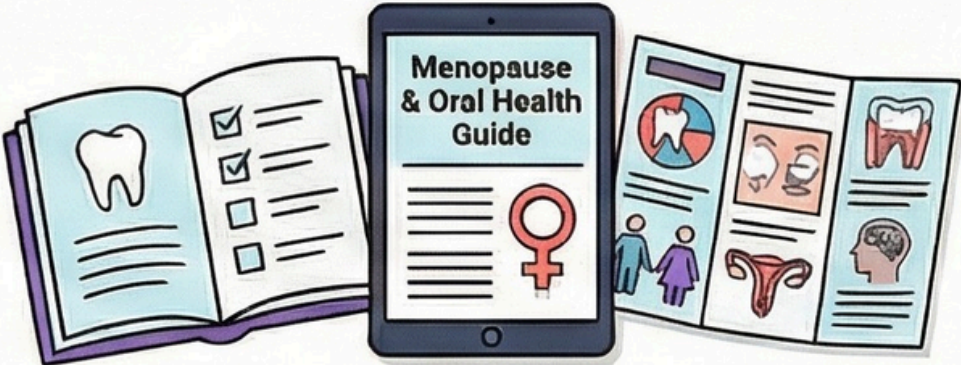
The primary obstacles to care are a lack of formal training and clinical guidelines.



Bridging the Gap to Clinical Care

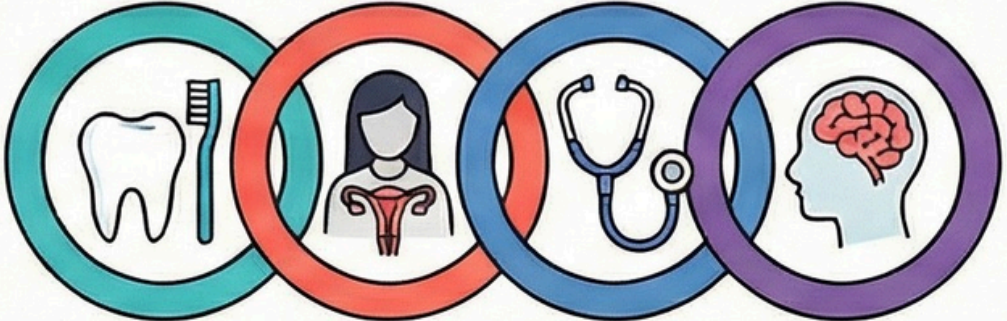
Clinical Guidelines & Patient Education Tools

High demand for resources to support evidence-based care and patient health literacy.



Interdisciplinary Collaboration

Connecting dental care with OB-GYN, primary care, and mental health perspectives.



Normalize the Conversation

Use evidence-based guidelines to support routine screening and clinical documentation.

