# FROM COMMUNITY CONCERNS TO LEGISLATIVE ACTION

## The UConn Health Disparities Institute's

# MENOPAUSE EQUITY INITIATIVE

UCONN
HEALTH
HEALTH DISPARITIES
INSTITUTE

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# Welcome

As a legislator, I believe menopause equity is fundamentally about health equity, dignity, and ensuring that women's experiences are recognized and supported within our healthcare systems and public policies. Menopause is a universal stage of life that impacts millions of women, yet for far too long it has been misunderstood, under-discussed, and overlooked in both medical training and workplace practices. In Connecticut, we have an opportunity to lead by acknowledging these realities and responding with meaningful, community informed action.

This issue is also deeply personal to me. Like so many women, I experienced menopause symptoms that were dismissed or misunderstood within the healthcare system. I found myself making repeated hospital visits, searching for answers while accumulating significant medical bills, only to later realize that many of the symptoms I was experiencing were connected to menopause. Unfortunately, my experience is not unique. For generations, women were taught not to talk openly about menopause, often leaving them isolated, confused, and unsupported during a major life transition.

For Black women in particular, these experiences can be compounded by longstanding inequities and mistrust within the healthcare system. We know that disparities already exist in how Black women's pain and symptoms are heard, validated, and treated. That reality makes this work even more urgent. Menopause equity is not simply about awareness; it is about ensuring women are believed, informed, respected, and able to access appropriate care without stigma or dismissal.

I was proud to advance two important pieces of legislation during the 2026 legislative session that represent significant progress for women, families, healthcare providers, and employers across our state.

HB 5389, now Section 18 of Public Act 26-13, establishes the development of a statewide menopause toolkit to support healthcare providers in diagnosing and treating perimenopause, menopause, and postmenopause symptoms. This legislation recognizes that menopause affects far more than reproductive health alone. Symptoms can intersect with mental health, cardiovascular health, dentistry, sleep, cognition, and many other aspects of care. By bringing together UConn Health, the Department of Public Health, healthcare providers, and individuals with lived experience, this effort will help ensure providers across disciplines have access to consistent, evidence-based guidance. The result will be better recognition of symptoms, fewer misdiagnoses, more timely treatment, and ultimately better health outcomes for Connecticut residents.

We also advanced protections for workers experiencing menopause related symptoms through changes to Connecticut's disability and workplace accommodation framework. While existing federal law and case precedent recognized that menopause symptoms may qualify for accommodations when they substantially limit major life activities, many workers remained unaware of these protections and employers lacked clear guidance. Connecticut's legislation helps close that gap by ensuring employees experiencing menopause related impairments are explicitly included within workplace accommodation protections and by requiring employers to notify workers of these rights. This is an important step toward creating workplaces where women do not have to suffer in silence or fear stigma for seeking support.

The passage of these measures sends a powerful message to women across Connecticut: we see you; we hear you, and your experiences matter. What has been especially meaningful is seeing women from different communities, backgrounds, and political perspectives come together around this issue. Menopause touches families across every demographic, and there has been a shared recognition that women deserve better support, better information, and better care. These policies represent not only legislative progress, but cultural progress as well.

None of this progress would have been possible without the leadership and partnership of the UConn

Health Disparities Institute and the Menopause Equity Initiative. My partnership with this initiative began after attending one of their community events focused on education and awareness around menopause. I was immediately struck by the openness of the conversations, the depth of the research, and the passion behind the work. The team at UConn HDI created a space where women felt safe sharing experiences that many had carried silently for years. They are brilliant, compassionate individuals who understand both the human and policy dimensions of this issue and have worked tirelessly to elevate menopause as a public health and health equity priority in Connecticut.

What makes the Menopause Equity Initiative so impactful is its commitment to centering community voices and lived experiences. Their work demonstrates what is possible when research, advocacy, healthcare, and community engagement come together with a shared purpose. They have not only raised awareness but have helped transform personal experiences into meaningful policy solutions that will improve lives across our state.

I am hopeful that this report will continue to shape conversations around women's health and health equity in Connecticut for years to come. It provides a roadmap not only for menopause equity, but for how we approach overlooked health issues more broadly: by listening to communities, addressing disparities directly, and building systems that recognize the full dignity and humanity of those they serve.

Connecticut has taken meaningful first steps, but there is still more work ahead. I look forward to continued partnership with the UConn Health Disparities Institute and the Menopause Equity Initiative as they continue leading this important effort. Because of their work, women across our state will benefit from greater awareness, stronger workplace protections, more informed healthcare providers, and a healthcare system that is better prepared to meet their needs.

Most importantly, I hope future generations of women will no longer have to navigate menopause in silence or confusion. They deserve to feel seen, informed, supported, and empowered. This work brings us closer to that future.

With Gratitude,

K. Belton

Rep. Kai Belton,
100th District, Middletown

# Executive Summary

The UConn Health Disparities Institute's Menopause Equity Initiative (MEI) is a, community-driven effort to elevate menopause as a public health and health equity priority in Connecticut. Rooted in the Institute's mandate to improve care for minoritized and underserved populations, MEI emerged in early 2025 after community partners across the state voiced widespread confusion, stigma, and unmet needs related to menopause. What began as a single conversation quickly evolved into a statewide movement that engaged thousands of residents, mobilized cross-sector partners, and informed legislative action.

MEI was designed as a community-led initiative to normalize menopause as a natural life stage, expand access to culturally responsive and linguistically accessible information, and strengthen systems of support across clinical, workplace, and policy environments. Guided by principles of  Community-Based Participatory Research (CBPR), the initiative centered lived experience at every stage, from identifying priorities to shaping educational content, informing policy, and building statewide momentum.

A cornerstone of MEI is the Menopause Equity Collective (MEC), a 15-member intergenerational, multiracial, multiethnic, multilingual, multisectoral coalition representing community organizations, public agencies, clinicians, researchers, students, and residents. Organized through four standing committees, Community Engagement, Policy & Advocacy, Fundraising, and Learning & Development, the MEC played a central role in designing events, generating community-driven data, and advancing policy recommendations.

Between 2025 and 2026, eight major statewide events and multiple community-led screenings of The (M) Factor: Shredding the Silence on Menopause were hosted through the MEI. Over 600 participants attended MEI events, with overwhelmingly positive feedback. Participants reported increased knowledge, reduced stigma, and greater comfort discussing menopause with family, providers, and peers. They also identified clear priorities for action, including provider training, insurance coverage for evidence-based treatments, workplace accommodations, and expanded research on racial disparities in menopause care.

These insights, combined with a statewide policy scan and sustained legislative engagement, led directly to the introduction of two major bills in the 2026 Connecticut General Assembly:

- SB 353, proposing workplace accommodations for menopause-related symptoms
- HB 5389, mandating a statewide menopause care toolkit for clinicians.

These bills reflect the lived experiences of women across Connecticut and demonstrate what becomes possible when community voice drives policy development.

Across the initiative, five key lessons emerged about building and sustaining community-driven health equity efforts:

1 Trusting community voice leads to meaningful and unexpected impact.

2 Infrastructure must anticipate scale as community demand grows.

3 Collective leadership expands capacity and strengthens impact.

4 Early engagement of policymakers accelerates systems change.

5 Safe, culturally grounded spaces build trust and generate actionable insight.

Together, these lessons offer a roadmap for future initiatives seeking to translate community priorities into sustainable systems change.

**Note:** While this report primarily uses population data on adults who self-identify as women, we recognize that menopause and menopause-related experiences also affect some trans, nonbinary, and intersex people, even though current data to fully capture these populations remain limited.

# Introduction

Established in 2011 as part of the Bioscience Connecticut initiative, the UConn Health Disparities Institute (HDI) was created to strengthen the state's healthcare and biomedical research capacity while improving the delivery of care for minoritized and underserved populations. Guided by this mandate, HDI works to advance systemic change by addressing the root causes of health inequities and implementing sustainable solutions through interdisciplinary community based participatory research partnerships, data driven community action, and workforce development efforts. HDI's approach is grounded in community based participatory research and planning, ensuring that the voices, priorities, and lived experiences of disproportionately impacted communities shape every stage of inquiry, intervention, and policy development.

This report presents the development, implementation, and impact of the UConn Health Disparities Institute's Menopause Equity Initiative (MEI), tracing its evolution from early community-identified concerns to statewide policy and legislative action. It documents the community-engaged processes that shaped the initiative, the formation and work of the Menopause Equity Collective (MEC), the statewide events and educational efforts that elevated menopause as a public health and equity issue, and the policy pathways that emerged as a result. Importantly, the report details the core elements of the initiative, the community-centered programming that fueled its growth, and the policy outcomes that followed.

As the initiative unfolded, it also generated critical insights on what it takes to build and sustain community-driven health equity efforts. The rapid expansion of MEI, the depth of community participation, and the unexpected momentum toward systems change revealed key lessons about infrastructure, leadership, policy engagement, and the power of centering community voice. The report also synthesizes five essential lessons learned that can guide future initiatives seeking to translate community priorities into meaningful and lasting systems change.

## Menopause: A Universal but Unequal Experience

Menopause is a universal endocrine transition experienced by more than one million women each year, is clinically defined as the cessation of menstruation for at least twelve consecutive months. Although universal, menopause is not a uniform experience, women's experiences vary widely due to social, environmental, cultural, and biological influences. Most women experience menopause between ages 45 and 55, though this varies[1,2].

Despite its prevalence, menopause remains insufficiently discussed, contributing to widespread confusion, stigma, and unmet health needs. A recent systematic review identified six major barriers to discussing menopause: limited family and social support; lack of workplace accommodations and protections; fear rooted in negative societal narratives about aging; symptom variability that leads women to question what is “normal”; limited information and widespread misinformation; and stigma tied to diminished societal value[3].

These barriers are compounded by significant racial, ethnic, and socioeconomic inequities in access to menopause information and quality care. Black women experience more severe vasomotor symptoms for a median of 10.1 years, compared with 8.9 years for Hispanic women, 6.5 years for White women, and 4.8–5.4 years for Asian women.[4,5]. Black and Hispanic women also report more severe vasomotor symptoms and are less likely to be offered treatment than White women.[6,7,8,9]. For individuals experiencing medically induced menopause, symptoms may be intensified by grief, surgical recovery, cancer treatment effects, or other co-occurring health challenges[10,11].

- The silence surrounding menopause, combined with limited access to accurate information, directly inhibits care. Provider side gaps deepen the problem: in a national survey of family medicine, internal medicine, and OB-GYN residents, more than 90 percent reported not feeling adequately prepared to manage menopausal symptoms, only about 7 percent felt prepared. Most primary care clinicians also receive little or no formal training in menopause care, leaving them underprepared to support patients through this transition. National needs assessments of OB GYN residency programs show that only about 31 percent have any formal menopause curriculum[12,13,14,15], and most program directors say they need more menopause educational resources. In 2021, only about 20–25 percent of women in menopause received treatment for their symptoms. Hispanic women (2.7%) and non-Hispanic Black women (2.5%) were less than half as likely to be treated compared to non-Hispanic White women (6.3%)[16,17,18].

These realities underscore the urgent need for comprehensive menopause education, equity-centered care, and research.

## The Need for Menopause Equity in Connecticut

Connecticut is home to 502,217 women ages 45 to 64, representing a significant and growing share of the state’s aging population and a key proxy for those navigating the menopause transition[19].

An estimated 75 to 80 percent of women experience vasomotor symptoms[20] such as hot flashes and night sweats during the menopause transition, which represents an estimated 376,000 to 401,000 Connecticut women likely navigating symptomatic menopause. Yet menopause remains largely invisible in public health discourse. Through statewide listening sessions, community events, and surveys, HDI heard directly from women, particularly Black women, who have limited access to accurate, culturally responsive, and linguistically accessible information about menopause. Many shared that, while they were taught about puberty and periods growing up, menopause was rarely discussed at home, in school, or in health care settings, leaving them unprepared for the transition and unsure where to seek guidance. In fact, 86 percent of community members we surveyed reported knowing “a little” to “nothing” about menopause, despite being in the menopausal age range.

Women consistently identified hormone therapy, symptom management, and workplace accommodations and protections as their most pressing needs. They also described emotional distress, confusion about treatment options, and a sense of isolation stemming from the silence surrounding menopause.

These data illustrate that menopause is a widespread, consequential life stage in Connecticut, one that current systems, policies, and care models are not designed to fully recognize or support. These insights underscore the urgent need for a coordinated, equity-centered approach to menopause education, care, and policy in Connecticut.

# From Community Concerns to Action: Origins of the MEI

In early 2025, HDI began hearing a consistent message from community partners across Connecticut: women were struggling to access accurate, culturally relevant information about menopause. Many described a pervasive culture of silence, where misinformation, stigma, and lack of provider support left them navigating the transition alone.

In response to community needs, HDI collaborated with partners, including members of the Menopause Equity Collective, to host statewide screenings of The (M) Factor: Shredding the Silence on Menopause (2023), a documentary that centers women lived experiences of menopause and the systemic gaps in care and awareness . Each screening was paired with a multidisciplinary expert panel, bringing together clinicians across fields including obstetrics and gynecology, nursing, mental health, naturopathy, dentistry, and dermatology to illustrate how menopause affects the whole body, not just reproductive health. These events served as both educational sessions and catalysts for open dialogue, connecting women with a diverse range of healthcare providers in ways that had rarely been possible before. As screenings expanded, demand for menopause-related information grew rapidly, revealing a significant unmet need across the state.

In Spring 2025, HDI launched the MEI. The initiative was designed as a community-led effort to elevate menopause as a public health and equity issue in Connecticut. Its goals are to normalize menopause as a natural life stage, improve access to culturally responsive health information, and inform workplace, clinical, and statewide policies that better support midlife health. MEI represents a shift from advocacy to action, building the foundation for systems level change.

## A Community-Centered Approach

The Menopause Equity Initiative is grounded in the principles of Community Based Participatory Research (CBPR), an approach widely recognized for its effectiveness in addressing health disparities. CBPR emphasizes shared leadership, mutual learning, and the co-creation of knowledge between researchers and community members. Decades of research demonstrate that CBPR strengthens the cultural relevance, linguistic accessibility, and real-world impact of health promotion efforts[21,22,23]. It not only increases knowledge but also supports behavior change, systems transformation, and community capacity for advocacy. In keeping with equity-centered practice, MEI is guided by the belief that those closest to the problem are also closest to the solutions. Therefore, effective public health planning must reflect the priorities, norms, and lived experiences of the communities it aims to serve. Coalition-building is a particularly powerful strategy within community health promotion. Coalitions bring together individuals, organizations, and institutions to work toward a shared goal through collaborative decision-making. They are action-oriented, focused on identifying and implementing solutions, and committed to creating social change. Their greatest strength lies in their ability to leverage resources across sectors, enabling them, as the literature notes, "to achieve better results than any single group could achieve alone"[24,25]. This evidence-based approach directly informed HDI's decision to convene the Menopause Equity Collective.

## The Menopause Equity Collective (MEC)

The MEC was established in 2025 as a cornerstone of the MEI. HDI convened the Collective to ensure that menopause equity work in Connecticut is community-driven, equity-centered, and informed by the lived experiences of those most affected by women's health inequities. The MEC brings together fifteen intergenerational, multilingual, and multisectoral members representing community organizations, public agencies, women's health and social service organizations, policy advocates, researchers, healthcare providers, students, and community residents.

Members of the MEC reflect a wide range of racial, ethnic, cultural, linguistic, and socioeconomic backgrounds, including Black, Latina, Asian, Indigenous, and White communities, as well as diverse gender expressions, sexual orientations, and immigration statuses. This diversity ensures that the initiative is shaped by a broad spectrum of perspectives and experiences.

The MEC operates through four standing committees, ensuring that the initiative's work is organized, sustained, and driven by clear areas of focus.

1 **Community Engagement and Outreach:** Increases public awareness and statewide involvement by coordinating signature events, promoting MEI, and partnering with local communities to host events that raise awareness and promote education about menopause.

2 **Policy and Advocacy:** Advances statewide policy change through awareness campaigns, legislative engagement, and advocacy efforts.

3 **Fundraising:** Collaborates with HDI to identify and secure aligned donors and funding opportunities that support the sustainability and continued growth of MEI's mission driven activities.

4 **Learning and Development:** Supports the design of educational resources with subject matter experts and community members with lived experience.

This structure allows the MEC to move fluidly between community, education, policy advocacy, resource development, and capacity building, often in parallel. Through this work, the MEC has become a vital engine for community-led action, shaping the direction of the MEI and informing statewide policy and transformation of systems. A full list of MEC members and affiliations appears on page 22.

# Timeline of Key Events (2024–2026)

2024

**OCTOBER 2024**

### Initial Community Concerns Emerge

Community partners across Connecticut begin raising urgent concerns about the lack of accessible, culturally responsive menopause information. Women describe confusion, stigma, and a sense of isolation around their experiences.

**NOVEMBER 2024**

### Menopause Equity Planning Team Convened

HDI convenes a small planning team, including Aurora Women and Girls Foundation, Farmington Valley (CT) Chapter of The Links, Incorporated, and InCHIP to partner with the Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO) on a statewide menopause event.

2025

**MAY 3, 2025**

### "Breaking the Silence on Menopause" (Launch Event)

CWCSEO hosts Connecticut's first menopause equity event at the Legislative Office Building, in partnership with HDI, Aurora Women and Girls Foundation, the Farmington Valley (CT) Chapter of The Links, Incorporated, and InCHIP. The event features a brunch, panel discussion, documentary screening, and community dialogue, drawing over 100 attendees and sparking a statewide movement around menopause equity.

**LATE SPRING 2025**

### Menopause Equity Initiative (MEI) Launch

In response to overwhelming community need, HDI formally launches the Menopause Equity Initiative (MEI) as a statewide, community-led effort to elevate menopause as a public health and equity issue.

**SUMMER 2025**

### Menopause Equity Collective (MEC) Formed

HDI convenes an intergenerational and multisector Menopause Equity Collective (MEC) to guide MEI priorities, outreach, and community-led action.

**JULY 19, 2025**

### "Rooted in Wisdom" Garden Party (Community Led Event)

More than 150 participants gather at the Community Health Center in Middletown, CT for a community led celebration of menopause sisterhood, cultural affirmation, and health equity, featuring storytelling, wellness demonstrations, group dialogue, and DIY flower arranging.

**OCTOBER 25, 2025**

### "Power of the Pause" (MEI Signature Event)

Nearly 300 attendees gather at the Mandell JCC in West Hartford for MEI's flagship event, featuring a movement procession, health expert panel, wellness experiences, vendors, and remarks from State Representative Kai Belton.

**NOVEMBER 5, 2025**

### "Sip, Snack & Screen: The (M) Factor" (Community Led Event)

The Farmington Valley Links, Incorporated partners with HDI to host an intimate screening and discussion of The (M) Factor, expanding outreach to new audiences and deepening community dialogue around menopause experiences.

**JANUARY 2026**

### Statewide Policy Scan Completed

HDI's Health Equity Policy Fellow completes a state by state policy scan focused on menopause, identifying gaps in provider education, insurance coverage, workplace protections, and access to care.

**MARCH 3, 2026**

### Testimony on SB 353 (Workplace Accommodations)

MEC members and community partners provide written and oral testimony in support of SB 353, "An Act Concerning Reasonable Accommodations in the Workplace for Conditions Related to Menopause," before the Labor & Public Employees Committee.

**MARCH 4, 2026**

### Testimony on HB 5389 (Provider Toolkit)

HDI, MEC members, and community partners testify before the Public Health Committee in support of HB 5389, "An Act Concerning a Provider Toolkit for the Diagnosis and Treatment of Menopause, Perimenopause and Postmenopause."

**MARCH 6, 2026**

### UConn Led Event ("Because of UConn" Series)

UConn (through the Alumni Association and/or campus partners) leads a menopause focused event in collaboration with HDI, bringing together alumni, clinicians, and community members for movement based learning and discussion, further expanding MEI's reach within the UConn community.

**MARCH 11, 2026**

### The M Factor 2: Before the Pause (Perimenopause) Screening + Expert Q&A (Community-Led)

YWCA Hartford Region, in partnership with HDI, hosts an in person screening of The (M) Factor 2: Before the Pause (Perimenopause) at YWCA Hartford Region (135 Broad Street, Hartford, CT), from 5:30–8:00 PM. The event includes an expert Q&A session, offering participants direct access to clinicians and researchers and expanding the conversation to perimenopause and women's midlife health.

**MARCH–MAY 2026**

### Ongoing Legislative Engagement

HDI and MEC track SB 353 and HB 5389, consult with lawmakers on policy language and implementation strategies, and mobilize partners to support the bills as they move through the legislative process.

## 2026

**FEBRUARY 2026**

### MEC Engagement in Legislative Strategy

MEC members begin working with HDI to shape bill concepts and language for menopause-related legislation and to plan community engagement in the legislative process.

**FEBRUARY 2026**

### Legislative Session – Introduction of SB 353 and HB 5389

Two menopause related bills—SB 353 (workplace accommodations for conditions related to menopause) and HB 5389 (provider toolkit)—are introduced, informed directly by HDI's policy scan, community insights, and legislative testimony.

**APRIL 1, 2026**

### Legislative Panel on Menopause Equity

HDI participates in a statewide legislative panel on menopause equity, sharing research insights, community priorities, and policy recommendations with lawmakers and agency leaders.

**MAY 30, 2026**

### "Men of Pause: A Reflective Learning Experience for Men on Menopause" (MEI Signature Event)

HDI hosts a session designed specifically for men, fostering understanding of menopause and equipping male partners, colleagues, and community members to support the women in their lives.

**JUNE 10, 2026**

### "Oral Health & Menopause" Lunch & Learn (MEI Signature Event)

HDI convenes clinicians, researchers, and community members for a focused session on the intersection of oral health and menopause, highlighting emerging science and community identified concerns

# How We Listened: Methodology

MEI's findings draw on three complementary streams of community-engaged data collected between spring 2025 and spring 2026:

- Pre- and post-event surveys were administered at all MEI events to capture participant demographics, baseline knowledge, learning outcomes, comfort discussing menopause, and priorities for action. Surveys included both closed-ended items (Likert scales, multiple choice) and open-ended prompts.
- Listening sessions and community conversations were embedded in nearly every event, providing structured yet flexible space for participants to share lived experiences, identify unmet needs, and surface questions for clinicians and policymakers. Facilitators captured themes through notetaking and, where appropriate, recorded transcripts.
- Partner and interest holders with MEC members, clinicians, and community-based organizations for informed event design, refined messaging, and validated emerging themes.

Together, these methods generated both quantitative descriptors (participant counts, demographics, knowledge levels, comfort ratings) and qualitative insight into community priorities. Data were analyzed thematically and triangulated across events to identify the consistent priorities presented throughout this report.

# Community Voices & Event Impact

Across all MEI events, pre- and post-event feedback revealed consistent, powerful themes. In every event surveyed, most respondents rated both the overall event and its educational content as Excellent. Nearly all reported feeling more comfortable talking about menopause in their personal lives and communities after attending, and more prepared to advocate for their own health.

## What Participants Learned

Many arrived with significant knowledge gaps, common “new learnings” included:

- That menopause does not “end”; post-menopause is a permanent phase requiring ongoing attention
- The role of testosterone in women’s health and why it is not consistently covered by insurance
- The connection between estrogen and brain health, including increased dementia risk
- That landmark research linking hormone replacement therapy (HRT) to breast cancer was flawed, and that this misconception has deterred many women from treatment
- The link between menopause and oral health, including risks such as tooth loss
- That symptoms like brain fog, heart palpitations, mood changes, and joint pain can be menopause-related, not isolated conditions
- That Black women experience menopause symptoms for a longer duration than White women—a gap rooted in structural inequity, not biology

## What Communities Are Asking For

Participant feedback across all events surfaced four consistent priorities for health professionals and legislators:

- Listen first: Provider training & attentiveness
- Cover care: Insurance coverage for HRT (including testosterone) and non-hormonal treatments
- Support at work: Workplace accommodations and protections
- Fund and study it: Equity-centered research and public education about racial disparities in menopause care

> *“The experience I’ve been through with my doctors as an African American woman—minimizing my symptoms and body differences—has been validated with historical data on differential treatment. Self-advocacy is so crucial. Thank you all for this.”*
>
> *“We weren’t just talking. We were learning, laughing, and loving ourselves and our bodies.”*
>
> **— Attendee, Breaking the Silence event**

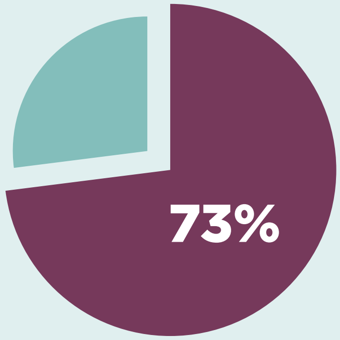
Additional topics requested for future events included:

- The intersection of menopause and cancer/ medically induced menopause
- Oral health
- Mental health and ADHD
- Sexual health and intimacy
- Nutrition and exercise
- Andropause (men's equivalent experience)
- How to navigate healthcare providers effectively.

To reach more people and encourage event participation, HDI and MEC partners connected with local media outlets. They took part in a radio interview on Hot 93.7 FM, appeared in television segments on WFSB Channel 3 and Fox61, and were featured in UConn Today. These efforts helped raise public awareness and highlighted menopause as an important health and equity issue.

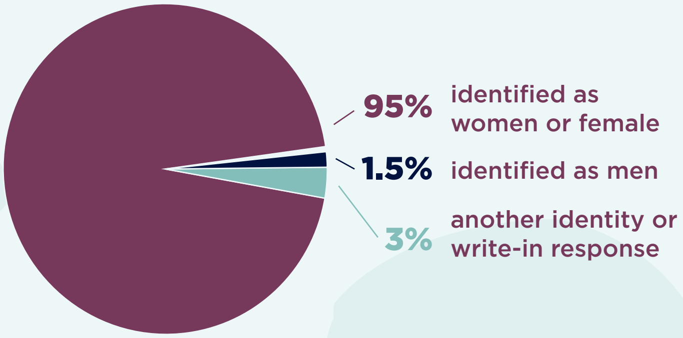
## PARTICIPANT SNAPSHOT

### Age

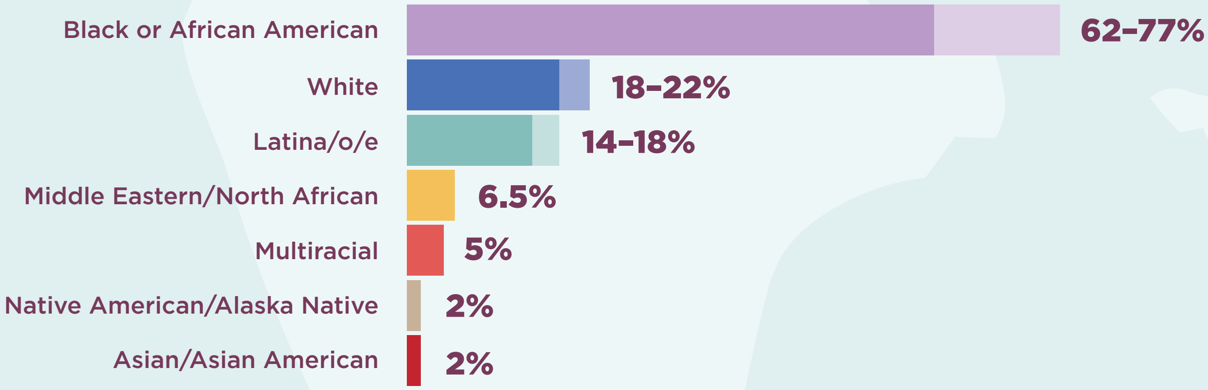


73% were ages 45–64, the core menopausal demographic

### Gender Identity



### Race and Ethnicity



# Policy & Legislative Impact

As community concerns grew and statewide engagement expanded, HDI recognized that improving menopause equity required not only education and awareness but also structural and policy change. In response, HDI deepened its policy engagement through research, legislative education, and direct collaboration with lawmakers.

## Statewide Policy Scan

A graduate HDI Policy Fellow from the UConn School of Social Work conducted a comprehensive policy scan assessing the landscape of menopause related legislation in Connecticut and nationally. The scan identified significant gaps in provider education, insurance coverage for evidence-based treatments, workplace protections, and access to culturally responsive care. The analysis also highlighted emerging policy trends and opportunities for state-level leadership in advancing menopause equity through legislation. These findings provided the foundation for HDI's policy recommendations and legislative testimony.

## Advancing Legislative Awareness Through Film

To increase policymakers' awareness, HDI co-hosted a legislative screening of The (M) Factor: Shredding the Silence on Menopause with Representative Kai Belton of Connecticut's House of Representatives, District 100. The event created space for lawmakers to talk openly about women's midlife experiences. Legislators on both sides of the aisle described feeling personally connected to the issues raised, highlighting the universality of menopause and the effectiveness of storytelling in policy engagement.

Policymakers described the screening as eye-opening and emphasized the need for systemic change.

## Testimony and Legislative Consultation

During the 2026 legislative session, HDI provided both written and oral testimony on two menopause-related bills. Testimony highlighted the disproportionate burden of menopause symptoms among Black and Hispanic women, the lack of provider training, the economic impact of unmanaged symptoms, and the need for culturally responsive care. HDI also consulted with lawmakers and agency leaders to ensure that proposed legislation reflected community-identified needs and evidence-based solutions.

HDI also developed and disseminated an advocacy guide that provided a clear overview of menopause-related policies introduced during the 2026 legislative session, along with strategies for effective engagement. Featuring direct links, visual aids, and testimony templates, the guide served as an accessible resource for community members, partner organizations, and agencies seeking to participate in the legislative process and share information broadly.

## Participation in a Statewide Legislative Panel

HDI was invited to participate in a statewide legislative panel on menopause equity hosted by the YWCA of Greater Hartford, further solidifying its role as a trusted expert and community partner. During the panel, HDI emphasized the importance of provider education, workplace accommodations, and culturally responsive care.

## Connecticut Menopause Legislation

HDI MEC members worked directly with Representative Kai Belton to shape the language of following legislative bills, SB 353 and HB 5389, ensuring they reflected the lived experiences of those navigating menopause.

### SB 353 Workplace Accommodations:

SB 353 proposes requiring employers to provide reasonable accommodations for menopause-related symptoms, like existing pregnancy-related accommodations. These may include flexible schedules, access to fans or temperature controlled spaces, adjusted dress codes, and rest or hydration breaks. The bill aims to reduce workplace stigma and ensure that midlife workers are supported rather than penalized.

### HB 5389 Provider Education & Toolkit:

HB 5389 mandates that the Connecticut Department of Public Health develop a statewide menopause care toolkit by October 1, 2026, with distribution beginning June 1, 2028. The toolkit will include evidence-based guidance on diagnosis and treatment, information on hormone therapy and non-hormonal options, and best practices for culturally responsive care.

Together, these bills represent a significant step toward addressing menopause inequity in Connecticut, and a demonstration of what becomes possible when community voices and lived experiences were central to the legislative process.

# Lessons Learned

These lessons and approaches offer a practical framework that can inform other community-driven health equity initiatives across Connecticut.

Throughout the Menopause Equity Initiative, several important insights emerged about what it takes to design, implement, and sustain community-driven health equity efforts. While the initiative began with a single conversation, it quickly evolved into a statewide movement shaped by community voice, collective leadership, and cross-sector collaboration. As the work unfolded, it revealed both the opportunities and the challenges inherent in responding to community identified priorities in real time.

From this experience, five key lessons surfaced that offer guidance for future community-driven initiatives seeking to advance health equity. These lessons highlight the importance of trusting community voice, anticipating growth, building shared leadership structures, engaging policymakers early, and creating the conditions for meaningful participation. Together, they provide a roadmap for translating community insight into sustainable systems change.

## 1. Trusting Community Voice Leads to Meaningful and Unexpected Impact

The Menopause Equity initiative began with a simple act: pausing to listen. What emerged was a deeply felt community priority that had been overlooked by traditional health systems. By trusting community voice and allowing it to guide the direction of the work, the team uncovered a critical gap in women's midlife health and catalyzed a statewide movement. This experience underscores a central truth of community-driven health equity efforts: meaningful impact often comes from being willing to pivot, follow lived experience, and let community members define what matters most.

## 2. Infrastructure Must Anticipate Scale

The initiative grew faster than anyone expected because it resonated so strongly with women across Connecticut. That rapid growth revealed both the power of community-centered work and the strain it can place on limited infrastructure. The team found themselves "playing catch-up" as demand outpaced staffing, systems, and administrative support. The lesson is clear:  community-driven initiatives must plan not only for the work at hand but also for the scale that may follow. Building flexible, scalable infrastructure — including staffing, fiscal systems, and event planning capacity — is essential to sustaining momentum and avoiding burnout.

## 3. Collective Leadership Expands Capacity and Strengthens Impact

The formation of the Menopause Equity Collective (MEC) was a turning point. By distributing leadership and inviting diverse partners into the work, the initiative expanded its reach, legitimacy, and sustainability. The MEC became a statewide network capable of mobilizing communities, amplifying visibility, and supporting legislative advocacy. This collective model also brought in nontraditional partners, such as DJ Q Boogie, who broadened the initiative's cultural relevance and reach. The lesson is that community-driven health equity efforts thrive when leadership is shared, not centralized. Collective structures create resilience, deepen engagement, and prevent any single organization from becoming a bottleneck.

## 4. Early Engagement of Policymakers Accelerates Systems Change

A rare achievement of this initiative was the rapid movement from community voice to legislative action. This was possible because policymakers were engaged early; relationships were nurtured, and champions with adjacent interests were brought into the work. The MEC's statewide network further amplified advocacy efforts. The lesson is that policy change cannot be an afterthought. Engaging policymakers early and maintaining those relationships create pathways for community-identified issues to translate into structural change. When community members see their experiences reflected in policy conversations, it reinforces trust and fuels continued engagement.

### 5. Safe, Culturally Grounded Spaces Build Trust and Generate Actionable Insight

Participants shared deeply personal experiences, often more openly than with their own clinicians or family members. This level of vulnerability is uncommon and signals that the initiative created emotionally safe, culturally resonant spaces where women felt seen, supported, and connected. These spaces not only fostered social networks but also generated rich qualitative insights that can inform provider education, clinical practice, and policy. The lesson is that health equity work must prioritize relational environments, not just informational ones. When people feel safe, they share what systems need to hear, and that sharing becomes the foundation for meaningful change.

## Looking Ahead

The Menopause Equity Initiative has demonstrated that community-driven, culturally grounded approaches can surface overlooked priorities and catalyze real change in policy, practice, and public awareness. Yet the work is far from complete, and sustaining this momentum will require continued commitment, partnership, and new resources and funding.

Looking ahead, HDI and the Menopause Equity Collective will continue exploring opportunities for additional support to deepen and expand this work, with a particular focus on the intersection of menopause, women's health, and related areas such as mental health, oral health, workplace equity, and chronic disease. HDI will remain committed to strengthening provider education and supporting the implementation of menopause-related legislation so that community insight continues to inform practice and policy across Connecticut and advance menopause equity over time.

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