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August 5, 2026

The Honorable Karen Bass
Mayor, City of Los Angeles
Room 303, City Hall

Honorable Members of the City Council
c/o City Clerk
Room 395, City Hall

RE: Commission on the Status of Women and the Los Angeles Civil and Human Rights + Equity Department Council Transmission relative to the City Council's request to report on menopause symptoms and workplace experiences in the City workforce.

Summary

In October of 2025, Los Angeles City Councilmember Katy Yaroslavsky introduced Council File 25-1220. This motion asked the Los Angeles City Commission on the Status of Women (CSW), in partnership with the City's Civil and Human Rights + Equity Department (LACR) and Personnel Department, with examining and reporting back on menopause experiences in the City workplace. LACR and the CSW were given four tasks:

1. Convene roundtables to be informed by City employees from a variety of career paths with lived experience of menopause;
2. Research how other cities globally have taken action to better support employees and residents experiencing menopause;
3. Report back within 120 days and iteratively thereafter on how the City can support the needs of menopausal employees, as well as make recommendations for fostering ongoing dialogue city-wide about menopause and its impacts; and
4. Report back on the actions required for the City of Los Angeles to be officially accredited as a Menopause-Friendly Workplace.

To gain a more detailed picture of menopause experiences in the City workplace and with the approval and support of the Personnel Department, LACR staff and the CSW Commission developed and disseminated a City-wide survey in addition to holding a roundtable. The data that informs this report, therefore, comes from the following sources:

Literature and policy review: LACR staff conducted a review of menopause literature including public health research; national, state, and municipal legislative efforts; and nonprofit and private enterprise workplace policies. We spoke to representatives from the menopause-accreditation institution MiDOVia and made a comparative analysis of the policies implemented by global cities, U.S. states, and expert organizations in order to define menopause workplace best practices.

Employee feedback: To understand the needs of the City workforce, we designed a comprehensive questionnaire about symptoms, workplace culture, and accommodation needs, which was distributed by the Personnel Department to all General Managers for city-wide dissemination.

Key Study Findings

The report's overview of public health literature and the evolving legal landscape show that instituting menopause policy is both feasible and potentially legally necessary, with twenty-six states, including California,[1] currently advancing some form of menopause legislation.[2] The survey and roundtable show a cohort of mid- and late-career women[3] with irreplaceable institutional knowledge persevering through misunderstood and sometimes debilitating symptoms, with no clear formal routes to address their issues.

KEY FINDINGS	
City-wide Survey Data: *Hidden Impacts*	**Workday disruption:** 91% of respondents report that fatigue affects their work, followed closely by sleep disturbances, brain fog and concentration difficulties. A total of 52% reported missing at least one day of work during the year due to symptoms. **Career effects:** Two-thirds of respondents say menopause could or has negatively impacted their employment choices with 40% avoiding advancement and 32% avoiding leadership roles. **Stigma and silence:** 63% hide symptoms at work, and 59% are uncomfortable talking to supervisors or HR about those symptoms. **Clear needs:** 90% or more want improved insurance coverage, fans at desks, access to menopause health professionals, remote work options, flexible work schedules, and leave policies for menopause.

[1] California's assembly bill AB1940 would expand the Fair Employment and Housing Act by explicitly adding menopause to the definition of "sex," as well as mandate a statewide, multilingual public awareness campaign by July 1, 2027. Governor Newsom's proposed 2026–27 state budget (see page 46 of that document) supports menopause initiatives by allocating $3 million in funding dedicated to menopause healthcare services, signaling that California may be on the cusp of a legally enforceable menopause policy.

[2] The 'Pause Life. (2026). 2026 state summary of menopause bills. *The 'Pause Blog*. https://thepauselife.com/blogs/the-pause-blog/2026-state-summary-of-menopause-bills

[3] For ease, we refer to "women" in the body of this report. However, transgender and non-binary people also experience menopause, although there is a dearth of research for this population. Physical menopause symptoms are often the same for cisgender and transgender people, although they take place in different social and biophysical contexts that may change the experience. For further research, see:
Toze, M., & Westwood, S. (2024). Experiences of menopause among non-binary and trans people. *International Journal of Transgender Health*, *26*(2), 447–458.

Legislative Review: ***Global and Local Momentum***	**Potential State Mandates:** California's AB 1940 is advancing and could mandate menopause accommodations by July 2027. **Enforceable Protections:** Philadelphia has recently legally codified that denying reasonable menopause accommodations is an unlawful employment practice. Several states have passed similar legislation. **Global Precedents:** Melbourne offers 5 days of paid reproductive leave; London will require Menopause Action Plans for large employers by 2027.
Best Practices: ***Policies and the Physical Environment***	**Culture Shift:** Require formal menopause training for all workers; initiate an accommodation process when symptoms are disclosed. **Dedicated Leave:** Establish a paid reproductive health leave bank that does not require doctor's notes for single-day absences. **Physical Relief:** Provide access to desk fans, breathable uniforms, and flexible/remote telework schedules.
Path to Accreditation: ***MiDOVia's Menopause-Friendly Designation***	**Structured Framework:** MiDOViA provides the only official U.S. accreditation for menopause-friendly workplaces. **Strategic Alignment:** MiDOViA's accreditation requirements align with the Los Angeles City Council's menopause motion. **Cost:** Requires an $8,000 annual membership ($5,600 post-accreditation) plus a $500 independent assessment fee.

Initial Recommendations

To better support employees and to align the City of Los Angeles with global best practices, our initial recommendations are as follows (for a more in-depth version please see the *Report Conclusions and Recommendations*)

1. Raise cultural awareness and promote culture change through supervisor training, employee resource groups, ongoing dialogue, and dissemination of educational materials. This is the key recommendation, without which other accommodations will not be effective.
2. Provide, where possible, physical accommodations such as temperature controls, fans, water and ice, and flexible uniform designs and/or requirements, like lighter fabrics and dark-colored pants.
3. Examine formal City policies to assess the possibility of flexible break or start times, sick and/or leave time that encompasses menopause symptoms, and remote work options. Codify menopause in the City's Ordinance on Non-Discrimination in Employment.
4. To fulfill the City Council's mandate regarding iterative reporting on support for menopausal employees, the CSW can conduct formal assessments one and two years after the implementation of any policy changes with subsequent follow-up reporting as required.
5. Assess the feasibility of pursuing official Menopause-Friendly Accreditation through MiDOVia (for more discussion see section on MiDOVa's accreditation process).

Background

Menopause is a natural life process affecting millions of women, with roughly 20% of the U.S. workforce currently in some phase of the transition. Approximately 1.3 million women in the U.S. will enter menopause each year, and it is estimated that menopause symptoms cost the U.S. economy 1.8 billion dollars in lost productivity annually,[4] with the healthcare costs of menopause exceeding 26 billion dollars per year.

Menopause symptoms affect 80% of women, significantly impacting mid-life employees who are often well-established in their fields or holding key leadership positions. However, research has shown that one in three affected women hide their menopause symptoms at work, and two in five have considered finding or have found a new job.[5] Stanford economist Dr. Petra Persson, who participated in the CSW's 2025 menopause roundtable, has coined the "menopause penalty" to describe the impact of menopause on women's work life: four years after a menopause-related diagnosis, a woman's earnings declines by 10% relative to the year before diagnosis, driven by both reduced work hours and early labor market exit.[6]

Menopause is also a significant intersectional equity issue. Black and Latina women experience an earlier onset of menopause and a significantly longer symptom duration of nine to ten years, compared to an average of 6.5 years for white women[7] with biological aging and intensified symptoms like hot flashes and night sweats.[8] These severe transitions often occur while these women are in mid-to-senior career roles, and research indicates that Black women are nearly twice as likely as white women to consider leaving their jobs due to unmanaged menopause symptoms.[9]

Despite the ubiquity of the menopause experience and recent increased public attention to this life stage, menopause remains under-researched by doctors, under-treated in women, and under-supported by society at large. Menopause symptoms are often misunderstood, even by those experiencing them. Consequently, women struggle with symptoms they may not even realize are part of the menopause transition or feel are too personal or too shameful to mention aloud.

Menopause is clearly an equity issue that deserves sustained consideration, but it has too often been relegated to quiet conversations between affected women. It is fitting, then, that the impetus for this research came from a comment made by LAX Police Assistant Chief Latasha

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[4] Faubion, S. S., Enders, F., Hedges, M. S., Chaudhry, R., Kling, J. M., Shufelt, C. L., Saadedine, M., Mara, K., Griffin, J. M., & Kapoor, E. (2023). Impact of menopause symptoms on women in the workplace. *Mayo Clinic Proceedings*, *98*(6), 833–845.

[5] The Menopause Society. (2024). *2024 menopause and the workplace consensus recommendations.*

[6] Conti, G., Ginja, R., Persson, P., & Willage, B. (2025). *The Menopause "Penalty"* (Working Paper No. 25-14). Stanford Institute for Economic Policy Research (SIEPR).

[7] Harlow, S. D., Burnett-Bowie, S.A.M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in reproductive aging and midlife health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's Midlife Health*, *8*(1).

[8] Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health*, *96*(5), 826–833.

[9] FP Analytics. "United States - The Health and Economic Impacts of Menopause." *The Health and Economic Impacts of Menopause*, May 2025

Wells Amerson at a March 2024 Commission on the Status of Women special meeting, held at the Los Angeles Airport Police Facility. In her presentation Chief Amerson championed the needs of women in law enforcement, and, speaking in her senior role and on behalf of the Women of the Airport Police employee resource group, highlighted the unique hurdles in recruiting and retaining female talent. She spoke with notable candor about her experiences, including, briefly, how menopause caused difficult experiences with the standard-issue uniform required by her role.

LACR staff, responding to Assistant Chief Amerson's comment and with the recognition that a large number of women in the City workforce were certainly dealing with the same issue, began in the subsequent weeks to research the state of menopause in the workplace, looking at local, national and international menopause legislation, public health research, and private and public sector workplace policies. Staff ultimately presented this information at the November 2024 CSW meeting, sharing findings that menopause in the workplace was not only experiencing a moment of high visibility in the culture at large, but was also a serious equity issue that private and public sector organizations were just beginning to grapple with.

CSW Commissioners took up the cause of supporting women experiencing menopause in the City workplace, and with a new Ad Hoc Committee began drafting the motion that was ultimately submitted to Councilmember Katy Yaroslavsky. To raise awareness and share strategies, the Commission and LACR staff, in partnership with the City Hub and Network for Gender Equity (CHANGE) convened a menopause in the workplace roundtable discussion that included international policy makers and scholars, Councilmember Yaroslavsky, Council staff, and City staff and Commissioners. In May of 2025 Representative Kristen Cloutier of Maine gave a virtual presentation at the CSW meeting, in which she discussed the process of successfully shepherding her menopause bill[10] through the Maine House of Representatives and answered questions posed by the Commissioners on that process.

Report Structure

This report is organized into the following sections:

- Examination of the results of the City of Los Angeles Employee Survey and roundtable (pg.6)
- Investigation of the statutory landscape for menopause with specific attention on the workplace policies of Philadelphia, Melbourne, London and New York (pg.13)
- Public sector best practices extrapolated from city policies, public health research, and menopause organization guidance (pg.17)

[10] Bill ME LD1079 directs the Maine Department of Health and Human Services to enter into partnerships with health care providers, hospitals, and community-based health care programs to create informational materials to educate menstruating persons on the symptoms and issues surrounding perimenopause and menopause.

- A description of the MiDOVia organization's pathway to Menopause-Friendly accreditation (pg.20)
- The CSW's conclusions and full recommendations (pg. 21)

Employee Survey and Roundtable Results

The menopause workplace experience survey was conducted in March 2026 (See *Appendix A* for the full data set of participant responses.[11]) The survey was online, participation was voluntary, and all responses were anonymous. While all forty-three Los Angeles City Departments were requested to send the questionnaire to their employees, it is not known which Departments complied with the request. A total of 1,096 employees participated in the survey.[12] The survey was followed by a roundtable with City employee volunteers in which they were able to discuss their experiences.[13]

The 1096 survey respondents and the seven round table participants provided deep insight into the menopause workplace experience for Los Angeles City employees. This research cohort represents a cross-section of the municipal workforce that spans varied career stages. Demographically, 57% percent of the survey respondents were between the ages of 41- 56, 23% were 45 or younger and 20% were 57 and older. Most of the survey respondents reported that they work full-time (96%) and in an office (79%) with only 7% of respondents working in a uniform.[14]

The employee respondent data is organized into four sections covering the following topics:

- Stigma and silence
- Menopause symptoms affecting work
- Needed support in the workplace
- The impact of menopause on careers

The Stigma of Menopause

The stigma and silence surrounding menopause is the foundational issue undergirding all other workplace issues. Sixty-three percent of survey respondents agreed with the statement "I hide my menopause symptoms at work," and a trend was found across written responses about the reluctance to discuss menopause in the workplace. As one woman wrote: ***"There isn't any***

[11] Questionnaire measures were informed by a comprehensive review of existing domestic and international surveys on menopause in the workplace.
[12] The limitations of this survey include the possible over-representation of employees working in office settings, the lack of knowledge about which Departments participated, and that the sample may over-represent employees who feel strongly about menopause in the workplace.
[13] Round table discussion guidelines were created based on the survey data and participants agreed to an informed consent form. These forms can be provided upon request.
[14] It is unclear whether LAPD, LAFD or LAWA were given the survey, but we did not receive any indications that officers from those departments replied to it. This may have been responsible for the dearth of information on uniformed employees.

understanding of menopause in the workplace and most employees are very hesitant to mention it for fear we will be judged that we can't do our work productively."

In their written comments, several women remarked positively about their surprise at receiving the survey, with one saying: ***"In the 20 years that I've worked for the City, it has never been something that's been openly discussed."*** While the great majority of these women indicated a need for more openness surrounding menopause, there were also women worried about the effect they might have on others were they to discuss it openly, saying: ***"I might offend someone,"*** or ***"I don't want to make others feel uncomfortable."***

This reluctance includes disclosure to supervisors: only four in ten respondents agree with the statements "I feel comfortable talking with my supervisor about menopause" and "I would feel comfortable talking to HR about menopause." Only a little more than half (53%) are comfortable talking about menopause with coworkers: ***"I'm selective of who I talk to at work about menopause. My direct supervisor has been through it and if it was not for her, I would not speak to anyone about it. Most times I only speak to other people who are going through or have gone through menopause."***

In an effort to understand this stigma, the questionnaire provided a list of why respondents might not talk about menopause at work, with the following responses:

- "It is too personal" (58%)
- "I am concerned people will think I can't do my job well" (48%)
- "I am concerned I will be seen as old" (44%)
- "I am concerned that I will be treated differently" (40%),
- "It is too embarrassing" (35%)
- "I am concerned about what coworkers will think" (28%)
- "I am afraid of losing the respect of coworkers" (20%).

While some women noted that their supervisors were understanding, many comments highlighted the difficulty of speaking to male supervisors, or even female supervisors who had not yet experienced menopause.

Many respondents expressed fear of gossip and loss of respect or retaliation, especially in male-dominated departments. One respondent noted, ***"I don't want to be seen as an old bag who can't do her job,"*** while another stated, ***"the male gaze is the culture at my workplace, and they will not even entertain the idea of women menstruating or entering perimenopause."***

It is not surprising that a majority of the respondents have found ways to cope with menopause symptoms on their own, with 56% agreeing with the statement "I can manage menopause symptoms myself and do not feel the need to disclose them to others at work." One respondent noted ***"I power through so I do not appear weak."*** The cost of managing these symptoms alone, however, is evident when respondents discuss their specific symptoms and outcomes.

It is crucial that menopause be understood as a natural life transition for all women in order to overcome stigma, both external and internalized. Women should understand that no one is requiring them to speak about private health matters in the workplace if they do not feel comfortable doing so. A menopause-friendly workplace is one in which menopause and its potential effects are understood widely by everyone, meaning that individual women do not have to bear the burden of explaining themselves or their symptoms to their co-workers, but instead receive the support that they need to continue working to their full potential.

Symptoms Affecting Work

Participants were given a list of 12 menopause symptoms[15] and asked how much each one had affected their work during the previous 12 months (no effect, less than 50% of the time, more than 50% of the time, or all the time).

Respondents reported being affected by all of the listed symptoms, with commenters writing in many symptoms that were not listed. Nine in ten respondents reported that fatigue and sleep disturbances affected their work. Fatigue and sleep disturbances were also the two symptoms that employees reported being affected by most frequently (more than 50% of the time).

In addition, eight in ten respondents reported that muscle and/or joint pain had affected their work, and seven out of ten reported decreased physical strength. Seven in ten respondents reported being affected by hot flashes and/or flushes, including sweating (65%) and night sweats (57%).

Respondents indicated that these mental and emotional symptoms had also affected their work:

- Brain fog (83%)
- Concentration difficulties (82%)
- Memory difficulties (81%)
- Mood changes (76%)

Diminished self-confidence at work because of menopause affects a full half of the participants in the survey with comments such as ***"it has affected my self-confidence and I have doubts about my abilities,"*** and [I am] ***"Less confident in my ability to comprehend, understand, and remember."***

When asked for any additional symptoms affecting work, 241 women provided a variety of answers: severe cramping, headaches, anxiety, depression, panic attacks, and mood changes were cited in the comments as major hurdles, with one respondent describing an episode of anxiety at work when they ***"asked to have the paramedics called because I thought I was having a heart attack."***

[15] Hot flashes and/or flushes; sleep disturbances; night sweats; sweating; fatigue, feeling tired; mood changes; memory difficulties; concentration difficulties; brain fog; decreased self confidence; decreased physical strength; muscle and/or joint pain.

In another question, 59% of respondents agreed with the statement “menopause has affected my productivity at work” with another 38% agreeing that “menopause has affected my attendance at work.” When asked approximately how many days were taken off from work because of menopause in the previous 12 months the data showed that:

- 48% said they had missed no days
- 23% percent said one to three days
- 15% said four to seven days
- 7% said eight to fourteen days
- 4% said fifteen days or more

It is evident that most respondents are persevering at work with their menopause symptoms even with the paucity of accommodations and support. One respondent shared ***“I think many of us just try to push through and joke about this transition.”***

Significantly, six in ten respondents agreed that they would not have to take days off if they could have adjustments at work such as breaks for their menopause symptoms. One respondent shared, ***“If I am not required to use my accrued sick time in order to deal with a menopause symptom, I'd be fine telling my supervisor that I'm utilizing a break so that I don't have to use my sick time.”*** This response provides a clear indication that simple changes to accommodate menopause symptoms at work could affect work attendance or attrition.

As another woman responded about her experience: ***“I had no idea what was developing, I just felt like I was losing my mind. When I was denied a leave of absence, I left City service. I firmly believe this is not a decision I would have made if 1) I knew what was happening, 2) received counsel or treatment, 3) had been able to take a leave.”*** She later returned to the City, but presumably this break in employment made an impact on her career trajectory.

One woman took the opportunity to make an important clarification about menopause symptoms affecting work: ***“...I would like to clearly point out that just because I selected ‘No effect at all on my work’ does NOT mean that I have not experienced any of those symptoms, it just means that I have not allowed them to affect my work. We as women tend to push through.”***

Even with all the physical difficulties and effects on their work, a majority of respondents (61%) disagree with the statement, “my experience at work during menopause has affected my overall satisfaction with my job in a negative way.” Nevertheless, that leaves 39% of employees stating that menopause negatively affects their job satisfaction.

Needed Changes and Support in the Workplace

Participants were asked if a list of eleven workplace accommodations for menopause symptoms would be helpful, somewhat helpful, or not helpful. The responses indicate overwhelming

support, and need, for all the listed accommodations along with others that were added by respondents in comments.

Six accommodations are seen as helpful or somewhat helpful by at least 90% of respondents:

- Improved insurance coverage (93%)
- Access to menopause health professionals (93%)
- Remote work options (93%)
- Flexible work schedules and remote work (92%)
- Fans at desks (92%)
- Leave policies for menopause symptoms (91%).

The survey responses clearly indicate that women feel the need for adjustments in their workplaces such as cooling rooms (82%), and break rooms (85%) where they might take a break to recover from hot flashes, migraines, and other symptoms. Some respondents also indicated a need for access to cold drinking water or ice, in addition to fans at their desks.

Many perimenopausal respondents experiencing unpredictable and heavy menstrual cycles express anxiety over not having close and easily accessible restrooms and are worried about staining office chairs or clothing. One respondent shared that ***“one of our security guards had tears streaming down her face as she continued to work due to her reproductive health problems.”***

Flexible start times are also requested to accommodate mornings after sleepless nights. Working from home is cited as a ***"life-changing"*** accommodation allowing women to manage severe symptoms in the privacy and comfort of their own homes. One respondent asserted ***“I cannot stress enough how important the telecommute option is for women, especially those of us at this stage of life. Most of us are not only working while going through menopause, but also caring for children/partners/aging parents. Being able to work from home and adjust hours to start earlier or work later so that we can take time off during the day to manage our health and other obligations means less time off and more productivity.”*** Such accommodations are seen by women as allowing them to remain productive without burning through their accrued sick leave.

Of the survey participants working in uniforms, only two said changes to their uniforms would *not* be helpful. Respondents report that restrictive gear and certain fabrics exacerbate vasomotor symptoms and suggest practical accommodations such as breathable cotton uniform choices and greater flexibility regarding how mandatory safety equipment is worn.

Many survey participants expressed frustration over inadequate medical care. There was also confusion about healthcare coverage, with some reporting they must ***"pay out of pocket for hormone treatments"*** while other women said that their insurance covered hormone therapy.

Beyond menopause, some respondents strongly advocate for expanding workplace accommodations to encompass the full spectrum of female reproductive health, including debilitating menstruation, postpartum recovery, and pregnancy loss.

Respondents indicated that both informational materials (88%) and menopause awareness group sessions (82%) would be helpful. In a different question, respondents agreed that it would be helpful if their workplace provided information about menopause (84%). It is not surprising, then, that 65% of the respondents have sought help outside of work for menopause symptoms.

In separate questions, participants were asked about the support received at work for menopause. Seven of ten participants agree that “I would feel supported at work if I asked for an adjustment to help me with my menopause symptoms.”

However, responses to several other questions provide insights into a more complex reality. Only 36% are “comfortable asking my supervisor for a break during the day because of menopause symptoms," 36% agree that “my supervisor understands how menopause can affect work” and nearly half the respondents do not know who to ask “if I needed an adjustment like a fan at my desk.” Only 38% agree that they would be “comfortable asking my supervisor for days off because of menopause symptoms.” Just 17% agree that their “workplace has procedures I can use to help with adjustments for my menopause symptoms.”

In comments, employees advocate for mandatory training for supervisors, especially male or younger supervisors who have no frame of reference for the condition; however, respondents also stated that it was sometimes older women who had already gone through menopause without any accommodations who did not support them. One respondent described an “I endured it, and so should you” mentality in which ***“using menopause as an excuse to take days off is frowned upon by other women who have dealt with it and suffered and feel if they had to suffer, so do other women.”***

There were also comments describing being mocked for using fans, being accused of poor time management when experiencing brain fog, and being penalized for taking sick time for menopause symptoms. Educating leadership and other workers is viewed as a critical step to normalize the conversation and prevent women from punitive measures.

While a large majority of women believe they would be supported if they asked for help, very few say that their workplace actually has formal procedures in place to make those adjustments happen. During the roundtable discussion, a participant described a culture of silence: ***“I didn't really get any information for perimenopause, menopause...definitely nothing from the job. They were not understanding...It's almost taboo. Don't talk about it, put your head down, do your job. Nobody cares.”*** Providing information materials and group sessions could make talking about menopause and the needs of women with symptoms more acceptable for employees and provide women with information about what to expect during menopause and available workplace accommodations.

A few respondents used the comment sections to clarify that they were largely unaffected at work by menopause symptoms leaving remarks such as, ***"honestly, I had no issues with menopause at all. It did not affect my work"*** and noting that their experience was limited to ***"slight discomfort with sweating for a brief period but not visible."*** Responses like this reveal the great disparity in menopause experiences, which contributes to its misapprehensions in the workplace and culture at large.

Impact on Career Advancement and Retention

Respondents were given a list of ways menopause symptoms might affect employment choices and decisions and were asked to indicate any that have impacted or could impact their employment, with the instruction that they could select more than one or none.

One data point stood out: Two-thirds (67%) of respondents indicated that menopause has had a negative impact on their employment choices, with 40% selecting more than one type of negative impact.

Of the 1,096 participants,

- 40% indicated that menopause symptoms could or has kept them from pursuing advancement to a higher position.
- 32% percent indicated it could or has kept them from taking a leadership position,
- 26% said they have sought or considered seeking a reduced workload,
- 17% said they have considered taking a different position or in fact taken one.
- 7% considered taking a lower position
- 6% considered quitting
- 5% considered or did stop night shifts

Other effects of menopause on employment provided in comments included feelings of reduced ambition and stagnation, avoidance of specific physical and social job duties, early retirement, and increased absences. One respondent explained ***"menopause diminished my self-esteem and ability to concentrate and retain information to study and interview for a period of roughly 4-5 years"*** and another noted, ***"I am no longer interested in a promotion. I simply cannot handle any more stress."***

The data indicates that a significant number of women may not seek advancement in their careers or avoid increased responsibility because of menopause symptoms, often referred to as “quiet quitting” in menopause research. Such barriers are unacceptable when many of the remedies are simple to implement, especially in a city with a long commitment to inclusivity and equal rights.

Perseverance Despite Barriers

The data from these City workers reveals a majority of women balancing professional responsibilities with an array of physical and cognitive symptoms in an atmosphere of confusion, and stigma. There is some fear of professional retaliation or of being perceived as incompetent,

with large numbers of respondents hiding their symptoms from colleagues and supervisors. These women and their colleagues need access to information about menopause itself and how it can affect work. They need accommodations and policy changes for equitable and inclusive work conditions.

While society often associates menopause solely with hot flashes and other vasomotor symptoms, the data shows that cognitive and emotional symptoms have a strongly detrimental impact on work. It is also the case that the severity of menopause symptoms is widely variable, with some women experiencing nothing, and others being thrown into crisis. During the roundtable discussion, one woman – in a high-level position in her department – cried while she told us her story: ***"I remember one day I woke up and I just could not take it. And I texted my family and I was like, I don't trust myself. I think people need to understand that this is serious and some people experience it on a way different level. This could be life or death for some people."*** While thankfully this story was an outlier in terms of symptom severity, it is very important to recognize that for some people the mental and emotional toll of menopause is extreme.

These stories transcend personal discomfort, manifesting as a systemic workplace issue that can derail career trajectories. The data demonstrates that the lack of accommodations for menopause symptoms lead women to potentially bypass opportunities for advancement or leadership and to seek reduced workloads. The result of not addressing the needs of menopausal women could be the draining of valuable institutional knowledge and experienced talent from the City.

The women who participated in the survey are clear about the effects of menopause symptoms on their working lives and are clear about what they do and do not need in order to feel supported and accepted in the workplace. Ultimately, the findings reveal a critical disconnect between the lived reality of menopausal employees and the current workplace culture. The great majority of participants indicate that there is a lack of formal procedure or understanding from management to help them navigate their symptoms, underscoring the hurdles these employees face in maintaining their professional standing and productivity while managing an inevitable and normal biological transition.

Menopause Policies in Global Cities

This comparative analysis of city menopause policies describes the recent structural shift from menopause as a hidden, personal health issue to a matter of health equity and public policy. Recognizing the “menopause empowerment model”[16] as an essential paradigm shift in menopause policy, this analysis traces the municipal initiatives of Philadelphia, Melbourne, London, and New York City, outlining their parameters and enforceability, and describes how the initiatives potentially leverage or are bolstered by larger state statutes, touching briefly on

[16] Hickey, M., LaCroix, A. Z., Doust, J., Mishra, G. D., Sivakami, M., Garlick, D., & Hunter, M. S. (2024). An empowerment model for managing menopause. *The Lancet*, *403*(10430), 947–957.

California Assembly Bill 1940 and its current status. Finally, we draw from all of these models to synthesize best practice guidelines for the public sector.

The menopause empowerment model conceptualizes menopause not as an individual medical deficit or a temporary disability to be hidden behind closed doors, but as a predictable and natural health transition experienced by fifty percent of the workforce. The model therefore shifts the burden of support and adaptation away from the individual worker and onto institutional structures. In this framework, employers provide education, visibility, destigmatization, and legally enforceable structural adjustments, transforming from voluntary corporate paternalism to enforceable worker rights, a shift that is vital for closing the gender pay gap and retaining high-value institutional knowledge.

Translating the menopause empowerment model into practical workplace policy requires evaluating how current legal frameworks do or do not support operationalized and enforceable menopause accommodations. In the United States, federal statutory law does not explicitly name menopause as a protected characteristic. Consequently, menopause policies are primarily bundled under pre-existing federal workplace protection laws such as the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, the Pregnant Workers Fairness Act (PWFA) or the Age Discrimination in Employment Act (ADEA) which address symptoms under the categories of temporary disability, age, or sex discrimination. Utilizing this enforceability framework requires intersectional claims that shoehorn menopause into the existing legal protections, rather than proactively addressing the needs of menopausal workers.

Even in the absence of menopause-specific federal laws,[17] the private sector is beginning to adopt voluntary menopause policies like flexible scheduling and targeted healthcare benefits as a strategy to retain senior talent and to avoid liability. The Bank of America and CVS, for example, have both attained MiDOVia's official "Menopause-Friendly Accreditation," which commits them to cultural and policy changes as well as transparent accountability and an ongoing evaluation framework (more on MiDOVia's menopause-friendly accreditation process).

With federal menopause workplace protections somewhat stagnant in the current political climate, states and cities have become the primary laboratories for menopause policy. Rhode Island, for example, became the first state to mandate explicit workplace accommodations in 2025.[18] In January 2026, New Jersey signed a comprehensive mandate requiring state-regulated health insurance plans to fully cover both hormonal and non-hormonal perimenopause treatments,[19] and Illinois and Louisiana have passed similar coverage or training statutes. On June 1, 2026, Washington Governor Bob Ferguson signed Executive Order

[17] There is still bipartisan support for the federal "Advancing Menopause Care and Mid-Life Women's Health Act," To offset its 275 million dollar cost, key pieces of that legislation are being bundled into larger, must-pass funding packages. Senator Patty Murphy has secured $5 million for a "Menopause Research to Action" initiative, which was included in the federal budget.

[18] State of Rhode Island. (2025). *House Bill No. 6144: The Rhode Island Workplace Menopause Accommodation Act*. Enacted July 2025

[19] State of New Jersey. (2026). *Senate Bill No. 3412: Mandated health insurance coverage for perimenopausal and menopausal symptom management*. 222nd Legislature. Enacted January 2026.

26-01, a statewide initiative establishing workplace accommodations (flexible scheduling, telework, and climate control) for employees navigating perimenopause and menopause.[20] In fact, there are over sixty pieces of active menopause legislation across the U.S.,[21] focusing on clinician education, workplace accommodation frameworks, and state-funded public awareness campaigns to bypass federal legislative inaction.

For the City of Los Angeles, with its 50,000-plus employees, there is a possibility that addressing menopause workplace accommodations may soon become a legal necessity. California Assembly Bill 1940 recently passed the Assembly on a 61-9 vote and has been sent to the Senate.[22] Due to its alignment with the Governor's budget, experts believe the bill has a good chance of passage,[23] signaling that menopause accommodations may soon be a state-imposed legal mandate affecting all workplaces.[24] Proactive implementation by Los Angeles City would ensure compliance by the potential July 2027 deadline.

Philadelphia

Philadelphia currently has the most legally enforceable approach to municipal menopause policy in the United States. Signed into law by Mayor Cherelle Parker on December 3, 2025, Philadelphia City Council Bill No. 250849 amends Chapter 9-1100 of the Philadelphia Code (Fair Practices Ordinance: Prohibitions Against Unlawful Discrimination). The policy was championed by Councilmember Dr. Nina Ahmad, whose background in molecular genetics and public health influenced the bill's focus on treating these biological transitions as legitimate healthcare needs rather than taboo topics. The law explicitly establishes that denying a reasonable accommodation for menopause constitutes an unlawful employment practice and applies to all employers within the city operating with one or more employees, giving Philadelphia the highest level of enforceability of all U.S. cities.

Philadelphia's law does not mandate a separate paid menopause leave bank but requires an interactive process to implement workplace adjustments when symptoms substantially interfere with job functions; employers are exempt only if they can prove that the requested accommodation would cause significant difficulty or expense. Protected accommodations include immediate restroom access, flexible/extended rest breaks, close proximity to clean drinking water, modified start/end times, and remote work options where feasible. By codifying menopause, perimenopause, and menstruation as independent protected characteristics, Philadelphia effectively bypasses the limitations of the federal Pregnant Workers Fairness Act, which does not explicitly cover menopause, and provides a clearer path to relief and support than the Americans with Disabilities Act.

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[20] The Washington State Women's Commission is tasked with implementing these mandated directives across state agencies, and with creating resource toolkits for public and private sector workplaces.
[21] Moseley-Morris, K. (2026, May 14). *Shifting attitudes on menopause drive lawmakers to push for new protections.* News From The States.
[22] As of June 11, 2026, the bill is currently pending assignment in the Senate Rules Committee.
[23] Sulema Landa, consultant for the California Legislative Women's Caucus, personal communication, May 19, 2026.
[24] California State Legislature. (2026, May 14). *AB 1940 (Calderon): Menopause and the Fair Employment and Housing Act.* California Assembly, 2025-2026 Regular Session.

Melbourne

Melbourne's approach to menopause workplace policy is embedded within Australia's robust collective bargaining system, driven primarily through the Victorian Public Service Enterprise Agreement.[25] While technically a contractual collective agreement rather than a city ordinance, it holds binding legal power over the extremely large public sector workforce.

In Melbourne, eligible permanent employees receive five days of paid reproductive health and wellbeing leave annually. This bank is explicitly set apart from standard sick leave and covers menopause, perimenopause, menstruation, endometriosis, and IVF treatments. In order to safeguard long-term personal leave reserves for major illnesses, workers can access this specific 5-day bank once their standard sick leave balance drops to 15 days or less. In early 2026 the policy was updated to establish that menopause symptoms do not require a formal medical certificate for single-day absences, removing a significant barrier for menopausal employees.

Melbourne also mandatorily links accommodations to physical infrastructure. For large employers (200+ staff), there is an expectation to provide access to restorative spaces (private cool rooms for 20-minute symptom management breaks). Uniform policies for frontline city staff like park rangers must provide breathable, natural-fiber alternatives upon request.
Finally, the City of Melbourne has developed a Menstrual and Menopause Wellbeing Policy template designed to be integrated into all City workplaces to support staff health and wellbeing.

New York City

As of mid-2026, New York City's municipal government does not have a single, standalone menopause law but operates under a comprehensive Women's Health Agenda, with specific workplace protections that treat menopause-related symptoms as conditions requiring reasonable accommodation.

The city's approach has been a mix of executive initiatives, city agency guidelines, and pending state legislation. For example, the NYC Commission on Gender Equity released a "Menopause at Work" toolkit which provides guidance for city agencies on how to support employees, focusing on environmental adjustments (like desk fans or uniform flexibility) and culture shifts. In addition, effective January 1, 2026, the city transitioned many workers to a health plan that includes coverage for menopausal hormone therapy and access to specialized gynecologists through an expanded provider network.

Under the NYC Human Rights Law, menopause-related symptoms that impact work performance are treated similarly to other medical conditions or temporary impairments. For

[25] Victorian Government (Department of Premier and Cabinet). (2024). *Victorian Public Service Enterprise Agreement 2024: Clause 58 – Reproductive Health and Wellbeing Leave*. (Pg.118) Melbourne, VIC

example, City agencies are required to engage in a cooperative dialogue with employees who request help and provide accommodations such as temperature control and flexible scheduling. In addition to these city-wide mandates, New York state has several active bills on the floor, including A01940 / SB3908, which would amend the state's workers' compensation law to allow up to four days of paid leave for severe menstrual or menopausal complications.

London

In March 2022 the Mayor of London, Sadiq Khan, announced a menopause policy for City Hall staff, following consultation with City employees and unions. The London approach begins with challenging taboos surrounding menopause. Fundamental to their policy is the goal that "all staff are responsible for general awareness and must challenge inappropriate behavior or derogatory remarks."[26]

London City Hall staff are entitled to receive the same support and understanding as if they had any other health issues, and are empowered to request suitable support and workplace adjustments, including: ensuring the working environment is comfortable, potentially through temperature-controlled areas; flexible adjustments to the working day to allow for breaks if symptoms become severe; and time off to attend medical appointments.

Under the Employment Rights Act 2025, significant new menopause accommodation requirements came into effect across the U.K. Starting in April 2026, large employers (250+ employees) are encouraged to publish Menopause Action Plans[27] on a government portal. These plans must outline specific steps taken to support staff, such as flexible working, temperature control, and uniform adjustments. While voluntary for the first year, these action plans are set to become legally mandatory in spring 2027. The government has also released tailored guidance for small and medium enterprises to help them implement rights for flexible working.

Best Practices for the Workplace

Based on the emerging statutory landscape as well as on expert consensus recommendations,[28] best practices indicate that public sector entities should transition menopause out of a vague wellness category and cement it into formal civil rights or labor code protections. Furthermore, relying entirely on existing federal disability metrics is often

[26] Greater London Authority. (2022, March 8). *Mayor announces world-leading menopause policy* [Press release].
[27] UK Government (Department for Business and Trade). (2026, March 4). *Menopause Action Plans for Employers: Guidance under the Employment Rights Act 2025*.
[28] The Menopause Society. (2024). Menopause and the workplace: Consensus recommendations from The Menopause Society. *Menopause*, *31*(9), 741–749.

insufficient, as it requires employees to claim a level of impairment that many do not experience or wish to declare.[29]

Cultural Governance and Training

A supportive administrative framework will lack efficacy if underlying workplace taboos prevent employees from safely reporting their needs to management.

- In order to create a menopause-aware workplace, leaders must be brought in early and empowered to speak about menopause openly and from a place of understanding and clarity. Leaders and supervisors should be urged to listen to their employees and make spaces for employees to be educated and support one another, whether through readily-available materials or informal employee resource groups.[30]
- All employees should undergo formal menopause training modules that include the mechanics of the menopause transition, how to support menopausal employees, how to create confidentiality around accommodations, and the structural parameters of any interactive process.[31]
- If applicable, any absence tracking should log menopause-related short-term absences under a distinct code that protects the employee from automated disciplinary absence thresholds or negative performance scoring matrices.[32]
- In alignment with the *HealthyNYC* blueprint, public employee health policies are optimized when featuring $0 or low co-pays for menopausal hormone therapy, or specialized interventions such as pelvic floor physical therapy or visits to specialized midlife clinical experts.[33]

Leave and Time Security

Traditional sick-leave allocation may inadvertently penalize the episodic, unpredictable, and temporarily intense symptoms that characterize menopause and other reproductive health issues.

- Best practices suggest that agencies provide a standalone bank of fully paid reproductive health-related leave per year. This bank should ideally be independent of standard personal or sick leave allocations and explicitly cover perimenopause, menopause, severe menstruation, endometriosis, and fertility treatments.
- To remove unnecessary hurdles for the worker, doctor's notes should not be required for single-day absences tied directly to acute menopausal symptoms (e.g., severe sleep disruption, hot flashes, hormonal migraines, or mental health issues).

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[29] Mullins, L. (2023). Is it Hot in Here or is it Just Me? A Call for Menopause Equity in the Workplace. *University of the District of Columbia Law Review*, 25(1), Article 5.
[30] The Menopause Society. (2024). *Making menopause work: Employer guide.*
[31] Brewis, J. (2025). *Menopause as a workplace issue: Evidence review*. Menopause Friendly Accreditation UK & The Open University Business School.
[32] House of Commons Women and Equalities Committee. (2022). *Menopause and the workplace* (First Report of Session 2022–23, HC 91). UK Parliament.
[33] City of New York. (2025). *Executive Order 58*

Physical and Environmental Accommodations

The physical work environment dictates the daily productivity and physical well-being of menopausal employees.

- Workstations within public sector facilities should provide employees with access to individual desktop fans and the ability to request relocation to areas situated directly adjacent to HVAC vents if desired.
- People working outdoors should have ready access to water, ice, and bathrooms.
- For uniformed roles departments should ensure the standard-issue availability of breathable, natural-fiber alternatives upon request to actively mitigate vasomotor symptoms.[34]

Schedule Flexibility and Telework

Rigid schedules can disproportionately disrupt employees experiencing severe nocturnal menopausal symptoms, directly driving a decrease in productivity.

- Implementation of flexible scheduling policies allows workers navigating severe night sweats and insomnia to alter their core work hours. Granting a window of flexibility (e.g., delaying a start time to 10:00 AM with a corresponding shift extension) maintains productivity without depleting leave balances.[35]
- For administrative, clerical, and non-front-facing public roles, best practices indicate that perimenopausal or menopausal transitions be categorized as a priority for the approval of hybrid or full-time remote telework positions. The ability to work remotely is critical for employees with difficult menopause symptoms.

Legal and Equity Frameworks

- Personnel or human resource frameworks should explicitly define perimenopause, menopause, and post-menopause as protected sub-characteristics under the broader classifications of "Sex" and "Medical Conditions." This approach mimics Philadelphia City Council Bill No. 250849 and California's Assembly Bill 1940 (pending).
- An employee's disclosure of menopausal symptoms should trigger an automatic, formal interactive process. Best practices indicate that supervisors collaborate directly with the employee to deploy immediate workplace accommodations, standardizing the threshold of proof so that a simple verification from a healthcare provider is sufficient.[36]
- Best practices indicate that every government department and public agency operating with more than 100 staff members compile and publish an annual Menopause Action

[34] State Government of Victoria. (2024). *Victorian Public Service Enterprise Agreement 2024 (VPS EBA).* Clause 58: Reproductive health and wellbeing leave provisions. (Pg. 118).
[35] Local Government Association. (n.d.). *Menopause and perimenopause: The legal framework and employer's obligations*.
[36] Calderon, L. (2026). *Assembly Bill 1940: California Fair Employment and Housing Act (FEHA): Menopause protections.*

Plan. Modeled after the UK Employment Rights Act 2025 mandates,[37] these transparency reports serve to demonstrate what accommodations were provided, training completion rates, and retention data regarding senior female staff.

Menopause-Friendly Accreditation

MiDOViA, an advocacy and education organization dedicated to providing comprehensive menopause support services and training for the workplace, is the only organization that provides official Menopause-Friendly Accreditation. The City of Philadelphia's transition to a legally mandated menopause-supportive environment is being guided by MiDOVia.

Accreditation Procedure and Standards

MiDOViA's accreditation standards require organizations to engage in a structured process resulting in concrete evidence of sustainable change across six key areas: culture; policies and practices; training and education; employee engagement; and workplace accommodations and facilities. MiDOViA provides all the resources necessary to initiate, design, and evaluate those changes.[38] This includes a comprehensive library of policies, training and educational resources, and webinars with topic experts. MiDOVia's resources are regularly updated and expanded throughout the year to reflect evolving guidance and ensure access to current materials and communications. Organizations also receive the support necessary to attain and maintain accreditation over time.

The five procedural steps towards accreditation are as follows:

1. Organization joins MiDOVia as a member and may utilize the "Committed to becoming Menopause-Friendly" badge
2. Implementation of programming through the use of membership resources, including training resources, environmental adjustments, and evaluation frameworks
3. Submission of application and evidence to an independent panel of experts for official accreditation
4. Full accreditation is attained, along with official "Menopause-friendly" seal
5. Ongoing annual reviews and community engagement to maintain standards

The implementation step of the above five-step procedure requires the guided operationalization of menopause best practices through five channels:

[37] UK Parliament. (2025). *Employment Rights Act 2025. Section 33:* Mandatory employer menopause action plans and statutory sick pay amendments. His Majesty's Stationery Office.
[38] Menopause Friendly Accreditation and Membership: Membership Benefits. *Menopause Friendly US*.

1. **Evaluation:** Gathering baseline data by asking employees what is getting in the way of them being at their best at work and what can be done to help. Continued benchmarking and ongoing evaluations are required to maintain accreditation.

2. **Adoption of Formal Policies:** Drafting a dedicated menopause policy or explicitly updating existing leave, sickness, and flexible working policies to ensure menopause is covered.

3. **Training:** Training managers, HR teams, and the general workforce so that supervisors are equipped to have supportive conversations and to understand how symptoms impact employees. Training materials and menopause related courses are included with MiDOViA membership.

4. **Adaptation of Facilities and Accommodations:** Making practical physical adjustments to the work environment. Required adjustments include offering desk fans, temperature-controlled spaces, better ventilation, and adapting uniform/dress codes to be lighter and breathable.

5. **Driving Culture and Engagement:** Fostering an open culture through sustained engagement, such as hosting menopause awareness sessions, providing educational materials, and supporting peer-resource groups. Strategies and training for fostering dialogue are also available with a MiDOViA membership.

Timeline and Cost

There is no official timeline for achieving accreditation. Changing culture, lessening stigma and embedding knowledge across diverse departments takes time. However, with groundwork (evaluation and assessment) already established through this research, the City's timeline to accreditation is shortened.

Because Los Angeles is a government entity with over 40,000 employees, the annual membership cost for the program is $8000. Once accreditation is officially achieved, those annual fees reduce to $5600. The independent assessment is $500. Accreditation must be renewed every three years at a cost of $500.

Report Conclusions and Final Recommendations

The state of California may be on the verge of mandating workplace menopause policies. By initiating this work now, the City of Los Angeles has positioned itself ahead of any potential upcoming legal and logistical requirements. The City's proactive approach, driven by strong cultural momentum and public sentiment, is a prudent one. However, this report is merely the

first phase of a broader commitment to building a workplace culture where menopausal employees are supported, empowered, and equipped to thrive at full capacity.

Being menopause-aware means creating a culture in which employees experiencing difficult symptoms do not have to worry that they will have to explain those symptoms in workplaces that do not have policies in place to assist them, to supervisors who lack training and knowledge. It means confronting situations in which women are penalized, misunderstood, mocked, ignored, or sidelined. It means dismantling the gendered ageism that permeates not just workplace culture but the culture at large.

With those goals in mind, these are the actions that the CSW and LACR recommends:

1. ***Raise awareness, educate, and decrease stigma about menopause***

To better support the needs of women experiencing menopause requires a change in the attitudes of all employees. This cultural transformation cannot be accomplished without increased awareness, training, ongoing information dissemination, and dialogue among stakeholders about menopause and its impact. In the same Motion governing this report, the City Council has asked the Personnel Department to report separately on options to mandate supervisor training. The quantitative and qualitative data in this study indicate the definite need for:

- City-wide training of supervisors
- Distribution and display of informational materials
- Educational modules for employees
- Employee affinity groups where women can share, learn, and support each other
- Ongoing awareness campaigns in regular City communications

2. ***Immediate support for menopause symptoms***

The City Council has asked the Personnel Department to report separately on practical workplace solutions. Small but impactful changes to the physical environment indicated in the survey data include:

- Short at-will breaks and, where possible, locating private spaces for those breaks
- Temperature control such as fans and/or cool rooms
- Ready availability of ice and water
- Improvements or different uniforms to accommodate conditions in the field and office
- Improved access to restrooms and providing free menstruation supplies

3. ***Policy change***

The data indicates that women view some accommodations as vital to their ongoing well-being during menopause. Some of these accommodations will require policy change. The City Council has asked the Personnel Department to report separately on how the City's leave and benefits

policies can accommodate people experiencing menopause. The findings of this study on the attitudes and behavior of people experiencing menopause in the workplace provide support for the following policy changes:

- Improve work schedule flexibility
- Offer flexible remote work options
- Adjust sick day allotments and/or leave policies to include menopause
- Improve healthcare and insurance support
- Add menopause to the list of characteristics protected from discrimination or harassment in the City's Ordinance on Non-Discrimination in Employment

4. Ongoing Evaluation

The Motion asks how to provide iterative updates on how the City better can support people experiencing menopause:

- The Commission on the Status of Women, supporting the Personnel Department, can conduct further research with City employees in order to provide updates on 1) if and how the City is meeting the needs of employees experiencing menopause through physical and policy accommodations; and 2) the City's work to foster regular citywide dialogue. The results of these studies can be presented to the City Council one year after directives and/or policies are implemented, followed by a second report two years later.

5. *Assess the feasibility of official menopause-friendly accreditation*

MiDOVia's menopause-friendly accreditation process addresses all the recommendations of this report. It is the only such accreditation process available in the United States. Attaining official accreditation would mean that recommendations have been implemented and are being monitored and updated according to current best practices and through periodic reviews. Accreditation requires a small annual fee but significant staff support, therefore:

- The CSW recommends that the City assess the feasibility of pursuing official menopause-friendly accreditation through MiDOVia.

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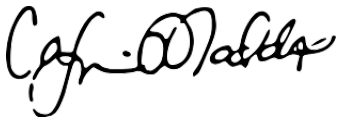

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Appendix A

Menopause Workplace Experience Survey Data

Q1: How old are you?

Age	Count	Percent
40 and younger	74	6.75
41-45	174	15.88
46-51	366	33.39
52-56	262	23.91
57 and older	210	19.16
No response	10	.91
Total	**1096**	**100.00**

Q2: Which best describes your workplace most of the time? Please check one box. If you check "other" please provide a brief description.

Workplace	Count	Percent
In an office without a uniform	831	75.82
Out in the field working in a uniform	42	3.83
In an office with a uniform	33	3.01
Out in the field working without a uniform	29	2.65
Other: Both office/field and home/telework	78	7.12
Other: Both office and Field	43	3.92
Telecommute/Remote	23	2.1
No Response/Other	17	1.55
Total	**1096**	**100.00**

Q3: Are you employed full time or part time? If you check "other" please provide a brief description

Employment Status	Count	Percent
Full time	1055	96.26
Part time	29	2.65
No response/Other	12	1.09
Total	**1096**	**100.00**

Q4. Which of the following best describes your menopause stage now? Please check one box

Menopause stage	Count	Percent
Perimenopause	578	52.74
Post Menopause	365	33.30
Menopause	123	11.22
No response/Other	30	2.74
Total	**1096**	**100.00**

Q5: Below are some statements about menopause symptoms and work. Please tell us if you strongly agree, agree, disagree, or strongly disagree. Check one box for each statement. Menopause includes all stages from peri through post.

I feel comfortable talking with coworkers about menopause	Count	Percent
Strongly Agree	188	17.15
Agree	393	35.86
Disagree	321	29..29
Strongly Disagree	185	16.88
No Response/Other	9	0.82

I feel comfortable talking with my supervisor about menopause	Count	Percent
Strongly Agree	152	13.87
Agree	299	27.28

Disagree	329	30.01
Strongly Disagree	304	27.74
No Response/Other	12	1.09

I feel comfortable talking to HR about menopause	Count	Percent
Strongly Agree	125	11.41
Agree	295	26.92
Disagree	375	34.22
Strongly Disagree	290	26.4
No Response/Other	11	1.00

Menopause has affected my productivity at work	Count	Percent
Strongly Agree	197	17.97
Agree	448	40.88
Disagree	299	27.28
Strongly Disagree	126	11.50
No Response/Other	26	2.37

Menopause has affected my attendance at work	Count	Percent
Strongly Agree	126	11.50%
Agree	286	26.09%
Disagree	427	38.96%
Strongly Disagree	242	22.08%
No Response/Other	15	1.37%

It would be helpful if my workplace provided information about menopause	Count	Percent
Strongly Agree	373	34.03%
Agree	547	49.91%
Disagree	115	10.49%

Strongly Disagree	41	3.74%
No Response/Other	20	1.80%

I am comfortable asking my supervisor for days off because of menopause symptoms	Count	Percent
Strongly Agree	136	12.41
Agree	285	26.00
Disagree	343	31.20
Strongly Disagree	314	28.65
No Response/Other	18	1.73

I am comfortable asking my supervisor for a break during the day because of menopause symptoms	Count	Percent
Strongly Agree	110	10.04
Agree	279	25.46
Disagree	383	34.95
Strongly Disagree	307	28.01
No Response/Other	17	1.55

I hide my menopause symptoms at work	Count	Percent
Strongly Agree	306	27.92
Agree	385	35.13
Disagree	252	22.99
Strongly Disagree	136	12.41
No Response/Other	17	1.55

I can manage menopause symptoms myself and do not feel the need to disclose them to others at work	Count	Percent
Strongly Agree	138	12.59
Agree	478	43.61
Disagree	361	32.94

Strongly Disagree	98	8.94
No Response/Other	21	1.92

Menopause has affected my self-confidence at work	Count	Percent
Strongly Agree	201	18.34
Agree	342	31.20
Disagree	366	33.39
Strongly Disagree	167	15.24
No Response/Other	20	1.82

I know who to ask if I needed an adjustment like a fan desk	Count	Percent
Strongly Agree	174	15.88
Agree	397	36.22
Disagree	313	28.56
Strongly Disagree	195	17.79
No Response/Other	17	1.55

If I could have an adjustment at work like a break for my menopause symptoms I would not have to take days off	Count	Percent
Strongly Agree	212	19.34
Agree	461	42.0
Disagree	295	26.9
Strongly Disagree	88	8.03
No Response/Other	40	3.65

I would feel supported at work if I asked for an adjustment to help me with my menopause symptoms	Count	Percent
Strongly Agree	260	23.7
Agree	541	49.36
Disagree	176	16.06

Strongly Disagree	88	8.03
No Response/Other	31	2.83

My workplace has procedures I can use to help with adjustments for my menopause symptoms	Count	Percent
Strongly Agree	32	2.92
Agree	149	13.65
Disagree	513	46.81
Strongly Disagree	362	33.03
No Response/Other	40	3.66

My supervisor understands how menopause can affect work	Count	Percent
Strongly Agree	84	7.66
Agree	313	28.56
Disagree	366	33.39
Strongly Disagree	280	25.55
No Response/Other	53	4.84

I have sought help outside of work for menopause symptoms	Count	Percent
Strongly Agree	307	28.01
Agree	405	36.95
Disagree	264	24.09
Strongly Disagree	101	9.22
No Response/Other	19	1.73

My experience at work during menopause has affected my overall satisfaction with my job in a negative way	Count	Percent
Strongly Agree	118	10.77
Agree	284	25.91

Disagree	479	43.70
Strongly Disagree	186	16.97
No Response/Other	29	2.65

Q6: Which of the following reasons might make you hesitant to talk about your menopause symptoms at work? Please check any of the ones that you think apply to you. You can check more than one box or none. If you check "other" please provide a brief description.

Reason	Count	Percent
It is too personal	637	58.1
I am concerned people will think I can't do my job well	529	48.3
I am concerned I will be seen as old	478	43.6
I am concerned that I will be treated differently	436	39.8
It is too embarrassing	381	34.8
I am concerned about what my coworkers will think	302	27.6
I will lose the respect of my coworkers in the workplace	216	19.7

Note: Percentages reflect the percentage of all 1096 respondents.

Q7: Which of the following do you think would be helpful to you at work for your menopause symptoms? Please tell us if you think it would be helpful, somewhat helpful, or not helpful.

Accommodation	Helpful		Somewhat Helpful		Not Helpful	
Remote work option	933	85.1%	88	8.0%	41	3.7%
Improved insu coverage	866	79.0%	147	13.4%	34	3.1%
Flexible work sched	849	77.5%	155	14.1%	48	4.4%
Access to menc health professionals	818	74.6%	196	17.9%	41	3.7%
Fans at desk	802	73.2%	207	18.9%	33	3.0%
Leave policy menopause	795	72.5%	197	18.0%	47	4.3%

Cooling room	629	57.4%	303	27.6%	105	9.6%
Break room	628	57.3%	272	24.8%	112	10.2%
Informational materi	617	56.3%	349	31.8%	85	7.8%
Menopause awa group sessions	482	44.0%	412	37.6%	144	13.1%
Different uniform (you do not wear one	84	7.7%	49	4.5%	88	8.0%

Note: Percent values reflect the percentage of all 1096 respondents.
**Of the respondents who work in a uniform, only two said a different uniform would not be helpful.*

Q8: Are there any other accommodations for menopause symptoms besides those listed in the previous question that you feel would be helpful in the workplace? Please list below.

The full list of 295 responses is available by request.

Q9: Thinking about your menopause symptoms during the past 12 months, how much do the following symptoms affect your work? For each symptom tell us if it has no effect on your work, has affected your work less than 50% of the time, has affected your work 50% of the time or more, or affected your work all the time. Again, we are interested in your work as a city employee.

Symptom	No effect at all on my work	Affected my less than 50% of the time	Affected my work 50% of the time or more	Affected my work all the time	No response
Hot flashes flushes	**344** (31.4%)	**452** (41.2%)	**186** (17.0%)	**76** (6.9%)	**38** (3.5%)
Sleep disturban	**145** (13.2%)	**379** (34.6%)	**316** (28.8%)	**233** (21.2%)	**23** (2.1%)
Night sweats	**471** (43.0%)	**299** (27.3%)	**186** (17.0%)	**104** (9.5%)	**36** (3.3%)
Sweating	**385** (35.1%)	**371** (33.9%)	**199** (18.1%)	**97** (8.8%)	**44** (4.0%)

Fatigue / feeling	**96** (8.8%)	**339** (30.9%)	**350** (31.9%)	**287** (26.2%)	**24** (2.2%)
Mood changes	**259** (23.6%)	**380** (34.7%)	**261** (23.9%)	**160** (14.6%)	**36** (3.3%)
Memory difficul	**210** (19.2%)	**347** (31.7%)	**286** (26.1%)	**223** (20.3%)	**30** (2.7%)
Concentration difficulties	**202** (18.4%)	**352** (32.1%)	**294** (26.8%)	**223** (20.3%)	**25** (2.3%)
Brain fog	**187** (17.1%)	**350** (32.0%)	**301** (27.5%)	**228** (21.0%)	**30** (2.7%)
Decreased ph strength	**344** (31.3%)	**342** (31.2%)	**221** (20.2%)	**160** (14.6%)	**29** (2.6%)
Muscle and/or pain	**248** (22.6%)	**343** (31.3%)	**256** (23.3%)	**218** (19.9%)	**31** (2.8%)

Q10: Are there any other symptoms you would like to add besides those listed above? You can list them below. Please include how much it affects your work.

The full list of responses is available upon request

Q11: Menopause symptoms can affect employment choices and decisions. Please check any of the ways you think your employment could be impacted or has been impacted. You can check more than one box or none. If you check "other" please provide a brief description.

Impact on Employment	Count	Percent
Could keep me from pursuing advancement higher position	427	38.96
Could keep me from taking a leadership position	348	31.75
Could cause me to seek a reduced workload	289	26.37
Could me to take a different position	183	16.70
Could cause me to take a lower position	76	6.93
Could cause me to quit working altogether	69	6.30

Could cause me to stop working night shifts	49	4.47
Major other responses regarding employment decisions		
Reduced Ambition and Career Stagnation	18	
Avoidance of Specific Job Duties (Social, Ph Engagement)	15	
Considering Early Exit/Retirement	14	
Increased Absence and Attendance Concerns	10	

Note: Percent values reflect the percentage of all 1096 respondents. 720 answered this question.

Q12: In the past 12 months, approximately how many days did you take off from work because of menopause?

Days Taken Off	Count	Percent
None	520	47.45
1-3	281	25.64
4-7	161	14.69
8-14	75	6.84
15 or more	42	3.83
No response	17	1.55

Q13 is an open-ended question stating "We value your stories and opinions. Please use this space to provide any information you would like to share about menopause in your workplace." Three-hundred and twenty-four respondents provided comments to this final question. This list is available upon request.