

Courage My Friends Podcast Series V – Episode 5
Menopause and Work in Canada: Menopause is Natural, Suffering is Not

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ANNOUNCER: You're listening to *Needs No Introduction*.
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COURAGE MY FRIENDS ANNOUNCER: COVID. Capitalism. Climate. Three storms have converged and we're all caught in the vortex.

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STREET VOICE 3: The climate is getting worse. Floods and fires. It's like we're living in a state of emergency.

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COURAGE MY FRIENDS ANNOUNCER: What brought us to this point? Can we go back to normal? Do we even want to?

Welcome back to this special podcast series by rabble.ca and the Tommy Douglas Institute (at George Brown College) and with the support of the Douglas-Coldwell-Layton Foundation. In the words of the great Tommy Douglas...

VOICE 4: Courage my friends; 'tis not too late to build a better world.

COURAGE MY FRIENDS ANNOUNCER: This is the *Courage My Friends* podcast.

RESH: Crushing fatigue, hot flashes - or should we say hot flushes - burning, itching, mood swings, heart palpitations, brain fog, anxiety, loss of self. What's happening to me? Who can I talk to? How do I manage my job as well as my symptoms? How do I work? Sound familiar?

I'm your host, Resh Budhu.

After a bit of an extended pause, we begin the new year with Episode 5, *Menopause and Work in Canada: Menopause is Natural. Suffering is Not*.

Co-founders of the Menopause Foundation of Canada, Janet Ko and Trish Barbato, discuss their latest report, *Menopause and Work in Canada* and the complex issues impacting a quarter of Canada's working population as they meet an important

milestone in the prime of every woman's life, yet one that is nevertheless still subject to the heavy silences surrounding menopause and women's health - in policy, in healthcare, and in the workplace.

Janet and Trish, welcome. Thanks so much for joining us.

JANET: Thanks for having us.

RESH: Now, the Menopause Foundation of Canada released its latest report, *Menopause and Work in Canada*, in October of last year. To begin, Trish, tell us about the Menopause Foundation of Canada.

TRISH: Well, Janet and I created this just a few years ago, and what we saw was just a complete gap in the care for women in their menopausal years, the lack of knowledge, the stigma, the taboo. And we really wanted to create something that was quite grassroots. And that was really going to help do exactly what I just said: dispel the myths, get rid of the silence and the stigma, help women get treatment and care. And really help employers to become more menopause inclusive.

And that's why we started the Menopause Foundation of Canada.

RESH: So getting into the most recent research and the report that just came out, Janet, how many people are currently experiencing menopause in Canada?

JANET: Well, there are 10 million women over the age of 40 in Canada, and it's important for people to understand that menopause - one of the big myths is that it's just a point that you reach and then you're done.

Women actually spend up to half of their life in menopause. Average age to reach menopause is 51. And if you do the math, perimenopause can last two to 10 years before that. So we've got women in their 40s and many in their 30s entering perimenopause.

So menopause is a continuum, and women will spend up to half of their lives in it.

RESH: Just going into more of the numbers from the report, I also understand that women who are going into menopause, which is that life transition, make up about a quarter of the Canadian workforce, is that right? And that's the fastest growing segment of working women?

JANET: That's correct. So 5 million women over the age of 40 making up one quarter of the workforce and there's 10 million women over the age of 40 making up one quarter of the population overall. So it's a significant number of women in our country and our needs related to menopause have been largely ignored and overlooked.

RESH: And just to put this into a larger context, because we're also hearing that this will amount to 1 billion people on Earth by next year. So an eighth of the global population next year will be in active menopause, which is quite staggering. But given these numbers, what's disconcerting is the real lack of education and understanding, as you were saying, Janet, about menopause.

So going back to you, Trish, just to clarify some needed terms of reference, what is menopause?

TRISH: Well, menopause is really an anniversary date. And it's the date that you have been without a period for 12 months. And as Janet said, the average age for that is 51 in Canada.

And then there is the period before that, perimenopause. Which can have many, many symptoms during this period of time, which can be 2 to 10 years before that. So you can see how if a woman hits menopause sometime between 45 and 55, you can have women who are in perimenopause in their late 30s and they're early 40s. Often women who are also looking at young children or are still wanting to have children.

So it's quite complex in terms of that period of time. So you've got the perimenopause, you've got menopause, which is the anniversary date. And then you have postmenopause, which is all the years afterwards. It never ends. It continues until you die. And there are other symptoms that arise during postmenopause and risks that occur from a health perspective for women.

It's the area that I've noticed that there's really, really very little knowledge or understanding. That women really do not understand the risks in that postmenopausal period. And definitely in the perimenopause period, women do not understand their symptoms and they're alarmed, they're confused, and they feel they're very alone.

RESH: And as you say, it's a lot more than what we normally hear where it's, you know, just your period stops and hot flashes start, right? I mean, there are so many symptoms or so many stages to this. And because of the lack of knowledge, it can really hit you like a truck.

I mean, in the report, this is what I'm reading over and over again. I didn't expect this. I was suddenly hit with this, and I don't know what to do. And it can feel absolutely devastating.

Janet what did your research reveal about symptoms, how many symptoms are experienced on average? Could you speak more to that?

JANET: Sure. I think I just want to pause for a moment though and really emphasize that menopause is overwhelmingly viewed as negative in our society. And because of that, there's a lot of silence associated with it, stigma and shame. And we've

swept it under the rug for so long because most women do not want to be associated with that negative image of the menopausal woman.

And then there's this notion that there's nothing you can do about it. So why bother having the conversation? And we know that our healthcare providers received almost zero education on something that's going to happen to half of the population.

So we're at this really exciting place in time where we're changing that conversation and it's a great opportunity for women to really focus on themselves and their health.

So as we talk about symptoms, we want to make sure that we're doing that from a place of empowerment. This is to educate us because knowledge is power. And for too long, there's been a lot of fear associated with this time of life, and we just have to dispel that.

So our research has shown that there's more than 30 plus symptoms associated with your perimenopause/menopause time-frame. Most people know the big ones like hot flashes and night sweats, but there are many other symptoms, such as recurrent urinary tract infection, migraines, headaches, low libido, burning, itching skin. All of these things. There could be anxiety, depression.

So when we don't understand the changes that are happening to our bodies, we cannot proactively manage this time of life. There's preventative care, there's lifestyle changes, and there's safe and effective treatments that are available.

Women should not suffer through this period of time.

Menopause is natural, suffering is not.

RESH: Thank you for that as well, because we do tend to actually see it in quite a negative light. But I think a lot of the negativity, as you say, comes from just not understanding what's happening to our bodies at this time and how to manage these symptoms.

Now, just to say also that whether women are performing unpaid work in the home or are in formal paid employment, all women are working and this impacts all women as is noted in the report. But the report does focus on the latter group.

So, Janet, back to you. What are some of the major ways that menopause impacts women in paid employment sectors?

JANET: Well, it can really blindside women. As Trish mentioned, you know, this can happen in the prime of your life and the prime of your working career or job.

And when women should be at their peak earning power, many are leaving money on the table, bearing the brunt of these unmanaged symptoms of menopause;

because they're either stepping away from their job, taking a lesser role, working fewer hours. And that's because the unmanaged symptoms of menopause can leave you feeling exhausted, burnt out. If you're having 10 to 20 hot flashes a day, that can have an impact on your ability to concentrate. It can lead to brain fog.

So there's many, many things that can be happening to women when they're on the job and they're dealing with these unmanaged symptoms.

RESH: And this is also the age when you know, women could be at that point of cracking the glass ceiling. Because again, this is a really critical time in a woman's working life, right?

JANET: Well, we believe that menopause is the missing link to explain why more women aren't breaking through the glass ceiling.

It does intersect with that critical career stage of life where women tend to be taking on more senior leadership roles. And if you're blindsided by menopause, if you don't understand exactly what's happening to your body, You're not able to connect the dots on these symptoms and then you're not able to get help.

Another challenge, of course, is that sometimes when you try to get help, the healthcare system is not there to support you because of this lack of education and awareness.

So it's definitely an impact in terms of women's career progression.

But we shouldn't just think about this as women in white-collar roles, frontline workers are impacted as well.

We did some research with the B. C. Nurses Union for our report, *Menopause and Work in Canada*. We did a number of focus groups that we conducted with them, and certainly the nurses themselves said that they were self-accommodating to manage their symptoms.

You might think that nurses have a better understanding and awareness of menopause and the changes that's happening to them and their bodies. But the reality is they're also confused. They also struggle to get help. Many are moving away from bedside roles so that they can take opportunities that probably pay them less, but for which they can manage their schedules better.

So we need to do more research and look at all areas where women work.

RESH: Right. Because in the last couple of years what we've been seeing is growing job precarity. We know that this disproportionately impacts female workers. And we're really seeing this within those traditional female-dominated sectors like nursing, as you mentioned, as well as other sectors like teaching, care sectors as well.

But in terms of nurses, over 50%, of nurses, what I understand from the report, are in their menopausal years. We're seeing an exodus of workers from nursing, as well as other female-dominated professions. Would you say that menopause would also be a factor here in the increasing labor shortage across these sectors, Janet?

JANET: We believe it is. We certainly need more research to validate that. But based on the focus groups that we've done and the research that we've done to date, we have to start looking at menopause as a factor in terms of why women might be stepping away from roles when they're really in the prime of their working lives.

And it's just an exciting opportunity. The reality is for workplaces to prioritize women in their prime to ensure that they're retaining top talent. And we don't think it's a heavy lift to make a really big difference.

We created a *Menopause Works Here* campaign, which includes a *Menopause Inclusive Workplace Guide* that employers can download for free to give them the tools that they need to look at their workplaces and to ensure that they're being age and gender friendly in terms of the menopausal years and what they're expecting and offering employees.

RESH: And we're going to get to that because it's really interesting some of the recommendations that are there. But right now, and as the report really highlights, there is really a menopause support gap in Canadian employment.

Trish, how far behind are employers in recognizing and supporting workers experiencing menopause? And what does this mean for employment sectors and for the larger economy because this can't be good.

TRISH: Yeah, it's almost shocking, isn't it? Like it's almost shocking to think that every woman is going to go through this and yet it's so misunderstood and not understood and feared. And yeah, it's quite a lift, I think, in terms of getting the education up for employers.

When I think about all of the stories that we've heard and even my own experience, we don't connect the dots and certainly a supervisor, male or female, may not connect the dots on how the symptoms are showing up at a workplace. And I'll just give you a couple examples.

A woman told me that her itching and dryness was so profound that she was afraid to go to work, because then if she was in a meeting, she would have to excuse herself. She just couldn't really even manage being in a meeting for an extended period of time.

Another woman who is in perimenopause - and this is where your periods can fluctuate dramatically. You don't have them for two or three months, then you have a huge amount, then it stops again. And during this period, that heavy bleeding, for

example, can cause a woman to have to go to the washroom frequently. And there was a woman in the construction industry whose colleagues kind of kicked her out of the one washroom that was near the site because there was so much stuff that they didn't want to see or know about in the garbage that was in this washroom. So she had to like hike to a hole. That's just unbelievable.

But this is actually happening. So again, the brain fog, the anxiety, all of these things are going to have an impact.

And I think the other thing that is really interesting to me, and I think about this even for myself, our expectations of ourselves are so high. And so when a woman is not at 90% or 100%, she's already feeling bad about that.

And I think of my experience of going through really horrific, extreme symptoms while at work and just not being able to perform. I think I was probably way worse on myself than maybe I let on to my colleagues where I hid a lot of my symptoms and managed them as best as I could.

But definitely it has a direct impact on that ability to take on a new role, to take on something that has more responsibility. I know that I could certainly not do it. It was impossible. I spent most of my time just trying to manage my symptoms and kind of get through the day. And not screw anything up.

So I think that the symptoms of menopause show up at work in many, many ways. And those frontline workers, they don't have the flexibility that some do in other roles.

If you're a teacher, if you're a personal support worker, if you're a nurse, you have to be there.

And in fact, those union agreements make things even more difficult, because breaks are at a certain time. Well, that's maybe when she doesn't need one, if she's bleeding through her clothes. I mean, we really have to think about, have empathy, put ourselves in the shoes of these women and figure out like, what do we need to do to help them?

RESH: Thank you for sharing that experience because it really resonates and I'm sure it resonates with many people who are going to be listening to this podcast.

But women also make up such a critical component of the employment sector, all employment sectors in Canada.

And so just going back to that question, what are the losses to employers? What is the loss to the economy when you're losing people, whether they're on frontlines, whether they're in longstanding jobs, what is being experienced by employers and the economy?

TRISH: So we worked with Deloitte on our report just to really try our best to quantify what is that number? And this is really, really quite conservative in terms of the assumptions that they used and the calculations that they made. And it's quite startling in the sense that this is costing \$3.5 billion to the economy. It is a huge impact on the women who are losing income, like those women who have to go from full-time to part-time, those women who are taking a cut in pay, taking a job that is easier, leaving the workforce entirely. I mean, they're really hit in a really significant way. So we're looking at a real impact to the economy that's even very conservative at \$3.5 billion.

RESH: And you know, speaking of women who are leaving the job - I mean, again, the report is so full of surprising statistics. But one of them is that 1 in 10 women leave the job because of menopause.

Janet, is this, something that unions are dealing with in Canada?

JANET: It's a new conversation in the Canadian context and the report highlights the reality that this is a legitimate issue. It's a valid concern for the economy and for employers. And unions need to start paying attention to this as well.

So we're just at the beginning of having that truly transformational conversation where we start to understand the impact of menopause on women, society and the workplace and start to see this as a tremendous opportunity to make change. Positive change that's going to improve the working reality for millions of women and ensure that we keep these very talented, critical employees working for as long as they would like to continue.

RESH: Now, what would be a typical process for someone who is going through this at work? Can they successfully apply for workplace accommodation? Are their needs met on, say, accommodation forms. What is the process that is happening in workplaces from your research?

TRISH: Yeah, I think that's definitely an area that needs more work.

Most women said that they would not say exactly what it was. It would be more related to their mental health or something like that. Most policies do not have... we've identified, for example, pregnancy and other things that women are accommodated for, but specifically this on a kind of health gender issue is not really tackled.

I looked at it in my own organization and we updated a policy. But it's almost like that's just the beginning because if people don't understand what it means in those examples I gave you, like, what does it actually mean that a woman could be going through this? What can you expect? How can you support or how can you have a conversation?

That's almost the most important part. It's how can women be honest about what is happening to them in order to get the support that they need in order to stay fully employed as long as possible.

RESH: Yeah. And for there to be space for them to say this. I mean, I also have looked at workplace accommodation forms in the places that I've worked, and they don't seem to be designed for hormonal transitions.

Normally it's about, you know, how much can you lift? Can you push? Can you pull? How far can you walk? Can you manage stairs?

So are accommodation forms in any way designed or medical workplace accommodations designed for female biology?

TRISH: Well, that's something that would need really to be looked into. But as Janet said, this is a new conversation for everyone. It's a new conversation for women. It's a new conversation for employers, for supervisors, for physicians, for healthcare practitioners. We're just starting to see some of this momentum, but there's so much more to do in terms of getting the word out there.

And then I think it will empower anyone, whether they're an HR professional within an organization or a benefit company to really look at their own practices and say, where can we be better?

RESH: Right. And Trish, I know you have to leave, so I want to thank you so much for joining us for this conversation.

TRISH: Thank you very much.

RESH: Janet, I'm just going to continue with you. So, workplace accommodation would also necessarily involve healthcare professionals. And you have said that healthcare in Canada doesn't really deal with menopause or the complexity of menopause. So could you just expand on this, about what is happening with Canadian healthcare and menopause?

JANET: Well, we know that the medical community receives almost no information and training about menopause, something that will happen to half of the population. It's a universal experience. And this leaves women very vulnerable.

We also do women a great disservice when we think about menopause as being just the end of one's reproductive life. These essential hormones, estrogen, progesterone, testosterone, they impact not just our ability to have children, but once you lose those hormones, you're at increased risk for heart disease, for osteoporosis, for something called the genitourinary syndrome of menopause, which most women don't even understand, which doesn't get talked about.

All of these things are actually very treatable. But because there's so little understanding and awareness and education, we have a real health challenge for women in the country to get the care that they need.

So the Menopause Foundation of Canada, we've got three main goals: One is to close the menopause knowledge gap. Second one is to improve access to menopause care and treatment. And the third one is to create menopause inclusive workplaces.

Our first report, *The Silence and the Stigma, Menopause in Canada*, which was released in 2022, showed an overwhelming majority of women have very low levels of understanding of menopause. And when they go to their healthcare providers, the majority of them feel like they leave the office without getting the support that they need. And that's a huge challenge for women and it's negatively impacting women's health.

RESH: Right. I was also watching not too long ago, a news report that included Jen Gunter, who has written the *Menopause Manifesto* and she's basically made the same point and said that there's also a real hesitation, not only to discuss menopause by healthcare professionals or identify that menopause could even be a possibility, but really to even go anywhere near such management strategies as Hormone Replacement Therapy.

When I was reading the testimonials in the report, over and over again, I was seeing that, well, I didn't know about this until I had to do my own research or I had to go to a menopause specialist.

So could you speak more about that, about this hesitation to speak about menopause and about, possible treatments like hormone replacement therapy?

JANET: Well, I'll start by saying I think Gen X will be the last generation to be in the dark and confused about menopause. I think we're going to change this conversation and demand more and demand better. Because it's so important that women live a healthy, long, vibrant life. And to do that we really need to understand menopause and what it means to us.

With respect to the conversation that's not being had, I really believe that it's related to the negativity surrounding this stage of life. You know, women are disproportionately impacted by ageism.

As men get older, they develop gravitas and gain wisdom, whereas women are seen as being past their best-before date.

And we just need to change that reality and bring menopause out into the open for what it should be; a very important milestone that ushers in a new phase of life that can be incredibly rewarding and where women have so much to contribute, which is the reality and the truth of it all.

But you can't get there if you're suffering through symptoms that you don't understand and for which you're not getting treatment.

There was something called the Women's Health Initiative going back some 20 years. A study in the United States that was looking at Hormone Replacement Therapy, and it really set back women's health probably two decades. We know today that that study was very flawed. That the information that came out of that study has been dissected and was misreported at the time.

The bottom line on hormone therapy is that if you're a woman within 10 years of your menopause, with no contraindications to the treatment, the benefits outweigh the risks. This is from the medical communities, the North American Menopause Society, the Canadian Menopause Society, the Society of Obstetricians and Gynecologists of Canada.

We need to stop talking about this as a fear-based conversation. There are many benefits for women to experience, if they need the care and the support .

And hormone therapy was a game-changer for me. I wish I had started it in perimenopause and didn't wait a number of years till I was already in menopause to go on the treatment.

And we hear that over and over again from many, many women. The stories of which we told in our reports, attest to the reality that with the right treatment, if you're the right candidate, you can feel better.

RESH: But until you have that knowledge and until you have that support, I mean, it's just scary, isn't it? When you just don't understand what's happening to your own body. Whether it's menopause, and that's what's happening to you. Or you assume it's menopause, but what's happening to you is not menopause, so you're falsely attributing something else that could be serious to menopause. I mean, that knowledge gap is really quite serious.

And it seems to have been cultivated for a long time because our educational systems, I remember as a kid in school, right, elementary school, high school, that when we were learning about women's health, it was puberty, reproduction, done! That was it.

JANET: Well, and I think, you know, most of us think about menopause just as the end of our reproductive lives, no more periods, no more pregnancy, we're done.

And we don't recognize that you can have this period of hormonal chaos that can begin in your 30s and last for up to a decade. And that you could have these 30 plus symptoms. We have estrogen receptors all over our bodies. That's why we have symptoms that can be brain fog and dry eye and joint pain and body aches

RESH: and heart palpitations.

JANET: Exactly, exactly. So, when we start to understand that that could be a possibility, then as women, we can track our symptoms and we can recognize that there are things that we can do about those symptoms. And in postmenopause, we can understand that osteoporosis and heart disease and preventing things like recurrent UTIs and making sure that if we would like to continue to have a vibrant sexual life, that there are things we can do to ensure that that happens.

All of these things are not discussed. And women need to change that. We need to ourselves start cracking open the conversation like you're doing today and recognize that, again, this is just a tremendous opportunity. This is not a negative. It's a positive and we need to embrace this stage of life. If we haven't up until this point in our life start to prioritize our health. And stop trivializing some of these symptoms.

A hot flash is not funny. We now know that it could be an indicator for increased risk for cardiovascular disease.

So more research is needed to make sure that women's health is optimized in the prime of their lives.

RESH: Right. So, the lack of good health diagnosis, and that's essentially what we mean by unmanaged symptoms right? That without health supports, employment supports you can't manage your symptoms

So when both their doctor and employer fail to recognize menopause as a legitimate health issue, again, what do women do?

JANET: Well it all starts with us. So, women first and foremost need to become their own best health advocate, and they need to close the knowledge gap for themselves.

There are a lot of evidence-based sources of information available on our own website, menopausefoundationcanada.ca. We point to credible evidence-based sources of information to help women get up to speed. We point to the clinical practice guidelines.

Some of this is quite technical, but the reality is that we need to demand better care. And because our healthcare providers have so little information, it's important that we have that information.

We've got a free downloadable Symptom Tracker that women can use. We've got a section to help them prepare for their visit to a healthcare provider. So that's where things start.

In terms of the focus on the workplace, our goal is that if women can receive some information and education in the workplace, because there is so little in society, that might make somebody start connecting the dots on what's happening to their bodies

and push to get the kind of healthcare support that they need. So that's critically important.

That's why we did this report and that's why we created the *Menopause Works Here Campaign* and also created a *Menopause Inclusive Workplace Playbook*, which includes a very easy five point action plan that employers can follow.

But given the reality of where we're at in society with the lack of information and knowledge, women must be accountable for educating themselves and getting up to speed.

RESH: Now, is there a model that exists anywhere in the world that, you know, we can sort of hold up and say, Ah! That's what we want.

JANET: We're really at the beginning of this journey. I would say that the UK is furthest along on this path where they do have more information and education. There's more demand and pressure to make change.

There was an All-Party Parliamentary Committee that was struck that looked specifically at menopause. They made some recommendations, for example, that there would be standard menopause checks through physicians starting at the age of 45.

So there's lots of positive momentum in certain jurisdictions, the UK leading the way.

In the United States, there was a Bill that was passed through Congress looking at, I believe it was allocating \$100 million to menopause research. So, we're again just at the beginning of the journey.

I think Canada has a real opportunity to be a leader in the world. And I do believe that Canadian organizations we've been here before. We've done this with mental health. We've done this with pregnancy.

I think in my experience in talking with employers is they're embracing this conversation around menopause. Many of them are just saying, we never thought about that. Of course we should do something about that. Can you help us? What can we do?

So I feel like we're again at that beginning of something significant and Canada can play a real leadership role.

RESH: We also really need to get over, as you mentioned, the stigma. The report previous to this one, again, was called *The Stigma and the Silence*. And this still very powerfully plays out in the workplace, right?

JANET: Certainly. You know, menopause in the workplace is very silent. It really involves women trying to hide their symptoms, fearing repercussions if they raise the conversation. There definitely is a sense that you will be viewed as past your best before date.

Most women would not raise this with their manager or with their human resources professional. They're very embarrassed by it and they also believe that there is stigma in talking about it in the workplace. So if we can break the taboo of menopause at work, and that means that we have to close the knowledge gap, that's probably the most challenging thing to do.

But in doing so, we are going to crack open that conversation. Get both women and managers and workplaces interested in having the discussion and making sure that there is support available to keep a really critical demographic employed for as long as possible.

So that's the starting point,

RESH: Now females already make up a disproportionately large number of those living in poverty. And this has been made worse by, as we mentioned, years of growing job precarity, the COVID *she-cession*, where again, females have been hit hardest economically. So how does menopause contribute to the feminization of poverty?

JANET: Such a good question. I think it's important to recognize that menopause, while it's a universal experience, everyone's individual experience of it is quite unique, and we all have separate journeys. And menopause can impact people in very different ways.

We know, for example, that Indigenous communities, women in Indigenous communities who struggle to get the kind of quality healthcare that they deserve can be disproportionately negatively impacted by menopause.

And we had two women share their stories in our report about their experience of working through menopause through an Indigenous lens.

Certainly, the challenge here is that if you are a woman of financial means, you have more resources available to you, more time, more ability to get the support that you need. And we know that even those women struggle to get the support that they need.

So one of the reasons why we created the Menopause Foundation of Canada was that, you know, if women of means are having a hard time accessing care, figuring this out, what is happening to everyone else, to the overwhelming majority of women in our country?

Which is why we cannot give up on trying to make sure that every physician in this country is up to speed on what menopause is. On what the latest clinical practice guidelines are. Because we know that the average woman does not have the time to go back and forth to her doctor over and over again to figure out answers or to switch physicians to try to get the help that she needs. She might go quickly one day after waiting a long time to a walk-in clinic, and we want that professional at that clinic to be knowledgeable enough to help that individual woman.

So we just have such a long road ahead of us to make sure that wherever you are in Canada, whatever your racial or ethnic background, whatever your socio economic status, whatever geography you're in, that you will get the quality care that you deserve.

Not every woman will get pregnant, but every woman will go through menopause if she's fortunate to live long enough. And we are not supporting women in the prime of their lives. And that just doesn't negatively impact a woman's health, women are really the backbone the heart of families, of communities, of our society.

And if they're struggling, we know that that's having a big impact on others around them.

RESH: Absolutely. And so when we're talking about creating menopause inclusive workplaces. It seems like this is part of almost redefining the culture of work in Canada. Because right now the emphasis is placed on workers in their productive and for female workers in their reproductive prime. As was mentioned, we do have maternity supports and maternity leave. But when it comes to menopause, we're seeing the intersection of sexism, ageism, racism, ableism, all of these systemic oppressions. So it seems like we need to really change the way that we actually see work.

JANET: We need to definitely change the way we see women working at this stage of life, and we need to recognize that menopause is a significant part of that.

Our campaign, *Menopause Works Here*, is designed to crack open that conversation.

Employers cannot afford to lose talented women who have the skills, the expertise and the competence that are required to drive the economy forward. And we're very confident that employers are going to take this up. And that does mean as you've mentioned, really rethinking work.

I think there will be certain professions that will need to take a harder look at this. For example, some of those professions where you do have women working on the front lines. If we're expecting people to only take two breaks during the day, but they're in perimenopause and they may have heavy bleeding as an example. If we're not flexible in terms of hours that people can work. All of those things could lead to a loss of very talented employees.

So I feel like this is such an exciting time and a really great opportunity to crack open that conversation and to make meaningful change that will benefit employers and employees and the economy overall,

RESH: And what are some of the immediate changes that employers can right now introduce in order to move towards a more menopause inclusive workplace?

JANET: Well, from our data, what women are looking for, they've told us that they're looking for more flexibility in terms of their roles, hours worked.

Immediate changes, the Five Point Action Plan that we outline in our *Menopause Inclusive Workplace Playbook*. One of the first things that you can do is to focus on culture and communication.

It doesn't cost anything to break the taboo of menopause at work.

Hold an information session, crack open that conversation. Try to educate your senior leadership on this topic so that they understand the importance of having that conversation. That alone is very empowering for people.

I've done a number of presentations at different workplaces, and I am always so overwhelmed at the response, which is very positive, from everyone. From women, from men, from leaders who really just say we never understood this. We didn't understand that this was having an impact. And it's that conversation that then begins this momentum to drive more meaningful change. And it will be different for each workplace. But culture and communication is like a foundational element that you start from.

RESH: Now, the research that you have been doing, these reports, they are so important, so critical to the lives of so many people in this country. Are you finding that you're having a good uptake on your research? That it's being listened to, in media, in workplaces, educational, health sectors?

JANET: We are and we're so grateful to all of the wonderful people at the Menopause Foundation of Canada, to the women who have supported us and who have really said it's about time that we're talking about this.

When we created the organization in 2022, we knew that it wouldn't be enough for women just to share their stories. We needed to make sure that this topic was seen as legitimate and valid. And something that was worthy of discussion, not only in the workplace, but in the healthcare community, in government. And so our reports are intended to provide valid legitimate Canadian data. So that from a Canadian context, we can confidently say that this is what Canadian women are thinking, feeling, and experiencing. And use that to drive concrete change, to close the knowledge gap, to improve access to care and treatment, and to create menopause inclusive workplaces.

RESH: How can, say, listeners of this podcast, people who are concerned about this or are going through this, how can they get involved in advocating for menopause inclusive supports in their workplaces and more broadly in terms of policy changes?

JANET: Such a great question. I think it all starts first and foremost with closing the knowledge gap.

So if you're a woman and you're listening to this, or you're a partner of someone going through this, visit our website, menopausefoundationcanada.ca. Check out all of the free resources there. Get up to speed. One of the things that I think we need to do is to start having the conversations ourselves.

Don't shut down the discussion if somebody cracks open that conversation with you. Let's not trivialize this discussion.

You know, menopause is often the butt of jokes and if you're somebody who's struggling through these symptoms, it's not funny. We all want to bring humor to this stage of life, which is important, but let's not trivialize what people are going through. So I think that's something that everyone can do .

With respect to the workplace and advocating for that level of change. Raise this with your manager and with your HR professionals. Share with them the report, *Menopause and Work in Canada*. Share with them the *Menopause Inclusive Playbook*. This is something that was sponsored by Sun Life, a very large employer in the country and very influential, and they see this as an important conversation that needs to be had in the workplace. And I think, we as individuals need to proactively raise this.

It was such an injustice. Trish and I saw this time of a woman's life as being such an injustice because we fell off the map. You know, there's support when you're going through puberty, there's education, there's awareness. You get help to not get pregnant, to get pregnant, to have your children, to reintegrate into the workforce, to go through things like postpartum depression. None of it is perfect, but it exists.

And then you get to this stage of your life when you truly are in your prime. And it's here where things shut down. There's no conversation, no education, no awareness. So we need to change the conversation. To see menopause as a really important and exciting milestone where women have you know, significant contributions to make.

And we also need to make sure that Gen X is the last generation to be in the dark about menopause and to close that knowledge gap. And we all have a really important role to play in doing that.

RESH: Absolutely. We will link the report and those other resources and the MFC in the show notes to this episode.

And Janet thank you so much for this important conversation. It has truly been a pleasure.

JANET: Thank you for having the conversation. It's these open dialogues and discussion that are critical to making a big difference and changing what we think about menopause and how women get the support that they need.

RESH: Indeed. Thank you again.

JANET: Thanks Resh.

RESH: That was Janet Ko and Trish Barbato, Co-Founders of the *Menopause Foundation of Canada*.

Links to the *Menopause Foundation of Canada*, the *Menopause and Work in Canada Report*, and the *Menopause Inclusive Playbook for Employers* can be found in the show notes to this episode.

And this is the *Courage My Friends* podcast.

I'm your host, Resh Budhu.

Thanks for listening.

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