The PLAN SPONSOR'S guide to women's health

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Benefits CANADA

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1. Introduction: A primer on the gender health gap

Women make up just over half of the Canadian population. But they are often diagnosed later, are less likely to receive timely treatment and support, and experience more adverse outcomes than men for the same illnesses for a range of health issues. This is what's known as the gender health gap.

Some stark statistics: across 900 different disorders, women were diagnosed an average of 3.7 years later than men.[1] Women also experience between 50 and 75 per cent more adverse drug reactions than men.[2]

At the heart of the issue is the historical exclusion of women from health research and clinical trials. For decades, researchers have opted to study men and generalize the results to women. This was often due to views that women were simply physically smaller but otherwise the same as men,[3][4] concerns a woman's pregnancy could impact the results of a study[5] or worries that a fetus could be impacted by the research being conducted.

As a result, there's a low awareness today of how some conditions manifest differently in women and men. Symptoms specific to women have been described as "atypical" across many disorders.[6] Cardiovascular issues are a particularly powerful example, with women seven times more likely to get discharged or misdiagnosed in the midst of having a heart attack.[7]

When it comes to medications, researchers only began adding women to clinical trials in the 1990s; consequently, we still don't truly understand how many legacy medications work on women.

Research disparities continue today. Canada recommends but does not mandate the inclusion of women in clinical trials.[8] Research from the Canadian Association for Mental Health, which analyzed 8,000 Canadian Institute of Health Research grants over 11 years, found less than six per cent of federal funding went to women's health research.[9]

of federal health research grants are for women's health

Women still face stigmas around discussing women-specific health issues, such as reproductive and gynaecological health. This, plus a lack of research, has left women in the dark about important facets of their own health. For example, 46 per cent of Canadian women said they felt unprepared for menopause and many were unfamiliar with the wide range of symptoms that can occur during the transition.[10]

The impacts of the gender health gap show up every day in Canadian workplaces. Four in 10 working women have said that they've made career-limiting decisions due to health-related concerns.[11] Women make up 48 per cent of the Canadian workforce, and those over 40 make up one-quarter of it. When they choose not to pursue the next step in their careers, to reduce their work hours or to step back from the workplace entirely, the effects ripple out.

For women themselves, these choices may permanently hobble their earning trajectory and impact their financial health — a particularly concerning issue in the context of women's longer lifespans and retirement balances that are already, per the World Economic Forum, between 30 and 40 per cent lower than those of men's. For plan sponsors, the impact manifests as lower productivity, the loss of experienced workers — some of whom are at the peak of their careers — and higher costs related to absences and leaves caused by unsupported health issues.

"Women are essential to the Canadian economy, and they make up the majority of many critical front-line professions, such as health-care and education," says Krista Hogan, Sun Life's assistant vice-president of health benefits and solutions. "Despite their essential role, working women aren't always finding the health supports they need."

McKinsey has estimated that closing the women's health gap is a $1-trillion opportunity for the global economy. Plan sponsors can play a key role.

"More than half of the health gap for women occurs during their working years," says Talia Varley, the physician lead for advisory services at Cleveland Clinic Canada. "What do companies do about this? That's really, really broad, and because some of this is around health, it's connecting people to resources — education, clinical resources, funding things like fertility care. But some of it is just enablers, or creating easy buttons for women to support their overarching health and wellness."

At present, only 37 per cent of women feel their employer provides adequate resources and support for their health needs, and only 47 per cent feel comfortable asking for accommodations for women's health, according to a Sun Life and Ipsos survey of more than 1,400 employed Canadian women.[12] Additionally, only 42 per cent of working women said their workplace had an open culture for discussing women's health.[13]

The share of Canadian women who feel their employer provides adequate resources and support for their health needs

Sonja Baijogli Foley is the co-founder of Maturn, an organization that runs maternity leave programs for birthing and non-birthing mothers from before leave starts to when women return to work afterward. She says a women's health strategy has to look holistically across all life stages.

"Real change comes from investing in culture, in policies, in leadership training and education, and it's really important for us to open up the conversation when it comes to women's health, and to talk about all the different transitions women are going through," she says.

A note on language

The use of the term **women's health** is, for the purpose of this report, meant to encompass the health concerns of all people who were assigned female at birth, though it's important to note that gender-diverse people have their own unique health concerns and health equity challenges.

2. Women's mental health

At every stage in women's lives, they are more likely than men to experience a mental-health issue. In Canada, depression is 1.7 times more prevalent in women than men,[14] and women are twice as likely to develop an anxiety disorder.[15] Periods of significant hormonal change, including pregnancy, the postpartum period and the menopausal transition, have also been linked to a greater likelihood for women to develop either their first mental-health condition, or a resurgence of a previous mood disorder.

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Despite these numbers, mental-health research that prioritizes women is scant. Just three per cent of over 3,000 neuroscience and psychiatry studies published between 2009 and 2019 considered questions about women's health variables, and there were nine times more studies of males than females, according to CAMH researchers.[16] "We recognize that there are significant limitations in the history, in the literature that we've looked at. Women are about half the global population, but we are certainly not half the global health research participants," says Carmen Bellows, registered psychologist and director of mental-health solutions at Sun Life.

Gender differences in mental-health problems begin early: girls are six times more likely to develop a generalized anxiety disorder than boys, and there has been a notable increase in incidences of major depressive episodes among girls over the age of 13 compared to boys.[17] Varley points out social and cultural factors that influence women's mental health, including job stresses, societal norms, the risk or reality of assault and violence and the unique impacts of the pandemic on women.

Add to those pressures the disproportionate domestic and child-raising demands placed on women and the greater likelihood that they will shoulder caregiver responsibilities for aging parents or family members. According to Statistics Canada data, as of 2022, one-third of women aged 15 and older provided unpaid care for children and almost one-quarter provided unpaid care to adults with long-term conditions or disabilities.[18] At its most extreme, the prolonged stress of caregiving can result in caregiver burnout, a state of physical, emotional and mental exhaustion.

Women starting or building their families have particular mental-health concerns. Roughly one in six people in Canada will deal with infertility, and research has found that infertility is associated with increased anxiety and depressive symptoms.[19] [20] Those who choose to use assisted reproduction technology to build their families also tend to experience significant mental stress while waiting to find out if a cycle is successful, for example, and in the event of one or multiple unsuccessful attempts. The stigma around infertility and miscarriages also prevents many women from speaking openly about their experiences.

1 in 6 Canadians will deal with infertility

Perinatal mood and anxiety disorders, which occur during pregnancy or in the first year postpartum, affect between 10 and 20 per cent of pregnant people and new mothers, according to the Centre for Addiction and Mental Health. Untreated mood disorders during pregnancy increase the risk of low infant birth weight and pre-term delivery. The postpartum period is a particularly vulnerable time: almost one-quarter (23 per cent) of women who give birth experience feelings consistent with postpartum depression or anxiety,[21] but up to 50 per cent of those who exhibit symptoms are never diagnosed.[22] The

condition, often confused with baby blues, is marked by persistent sadness and hopelessness, difficulty bonding with the baby and, in some cases, suicidal ideation.

Aimée Tran Ba Huy, national project specialist at the Mood Disorders Society of Canada, says a host of structural factors contribute to the underdiagnosis of PPD in Canada, including a lack of a country-wide mandate for PPD screening and varying levels of care across provinces. Indigenous, immigrant, racialized, low-income and rural new mothers are particularly underserved, due to limited culturally safe services, language barriers and/or low overall access to perinatal mental-health care. She notes women with PPD are also often fearful of being deemed an unfit mother or feel shame about not being happier at this stage of life, which can deter them from seeking help.

Left untreated, PPD symptoms can persist for months or years after a woman gives birth, significantly impacting her quality of life. Studies have established links between untreated postpartum depression and risks to the mother, including relationship issues, breastfeeding problems or persistent depression, as well as to their children, including emotional and behavioural challenges and poor cognitive functioning.[23] Women with untreated PPD may also struggle to return to work after their maternity leave and experience greater absenteeism or presenteeism, Tran Ba Huy says. "For a lot of women, there's a loss of career momentum, income and job opportunities. And [for the employer] increased health-care and disability costs, lost productivity and higher turnover."

Forty-five per cent of women who did seek mental-health treatment in the year before their pregnancy didn't make a claim in the months following the birth of their child, which Archana Vidyasankar, a perinatal psychiatrist in Newfoundland, said during *Benefits Canada*'s 2025 Mental Health Summit could suggest many women stop mental-health treatment during or following their pregnancy.

Whether dealing with postpartum depression or not, the return-to-work process is often a significant source of mental stress. According to 2024 research from Maturn, 52 per cent of women say they were anxious about returning to work after a maternity leave, and one-third said the most challenging part of maternity leave related to their career was a loss of confidence in their abilities. Baijogli Foley says that one-third of survey respondents felt dedicated maternal mental-health support could have smoothed their transition back into the workplace.

"It is a pivotal transition to go from being, oftentimes, a high-achieving, career-minded person to feeling isolated with a baby at home. It can really surface a lot of anxiety," says Baijogli Foley. "Women often feel a lot of guilt and pressure to return back to the workforce as if nothing happened, and there's a lot of reconciling your career goals with motherhood."

Their anxiety or stress can often be exacerbated once they do return to work, Baijogli Foley says, by "invisible, or sometimes very visible" maternal bias — where mothers are assumed to be less committed or available after a maternity leave, and are overlooked for or left out of key projects or opportunities for advancement.

Later in their careers, hormonal changes during perimenopause can lead to the development of mental-health disorders, or a resurgence in symptoms of existing disorders. During the menopausal transition, the risk of depressive symptoms or disorders doubles or quadruples.[24]

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Bellows says that employers can support women's mental-health across their working lives by "making sure that people have access to high-quality psychological support, and supports that are not tied to other benefit services." According to a survey by Sun Life, just 46 per cent of women said their benefits plan covers mental-health treatments, and 36 per cent said their mental-health benefits don't provide enough coverage.

PPD support missing from maternity leave programs

Twenty-four per cent of plan sponsors believe maternal mental health has a significant impact on their organization's disability claims, according to a recent survey of 25 large plan sponsors by *Benefits Canada* for Biogen. An additional 32 per cent feel it has somewhat of an impact. However, when asked to describe their organization's maternity leave-related programs, no plan sponsors identified specific supports for maternal mental health.

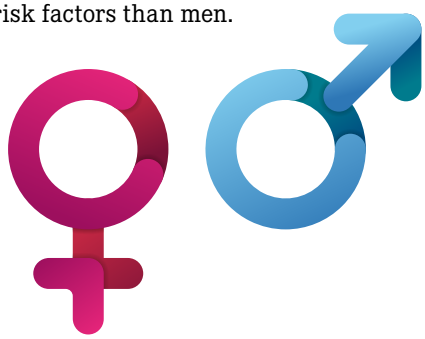
3. Gender differences in chronic disease

Women live an average of five years longer than men but are more likely to have shorter health-spans. A World Economic Forum report suggested women spend 25 per cent more time across their lifetime in poor health compared to men.[25]

Across their lifetime, women spend 25 per cent more time in poor health than men

It's a trend, Bellows notes, that can exacerbate existing mental-health conditions or contribute to the development of new ones. "Long-term exposure to a low-threshold stressor, including physiological health concerns, reduce our functionality and that creates an increased risk and increased vulnerability for anxiety and depression," she says. "The chronicity of anything can reduce our coping capacity."

In particular, Canadian women have higher rates of osteoarthritis, osteoporosis, dementia, asthma and rheumatoid arthritis than men.[26] Below are focus sections on autoimmune diseases, which overwhelmingly affect women, and cardiovascular disease and diabetes, for which women have a host of different risk factors than men.

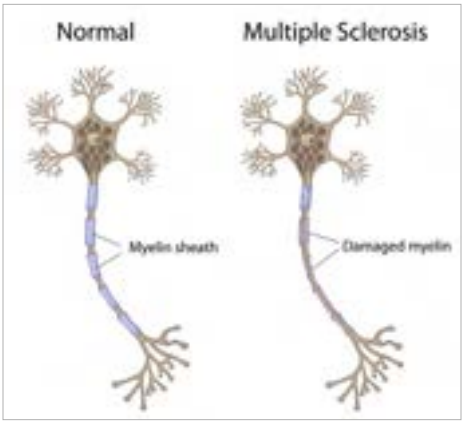


Autoimmune diseases

Autoimmune diseases — a large list of illnesses that includes rheumatoid arthritis, lupus, Crohn's and colitis, and type 1 diabetes[27] — are the third most-common disease group, affecting roughly eight per cent of the population.[28] Upwards of 80 per cent of people with autoimmune diseases are women.[29]

of people with autoimmune diseases are women

One such condition is multiple sclerosis, in which a person's immune system attacks their myelin cells, the protective sheaths that surround nerves in the brain and spinal cord, affecting the central nervous system. Canada has one of the highest rates of MS in the world, and 75 per cent of the country's roughly 90,000 MS patients are women. MS is generally segmented into two types: progressive MS, in which patients' neurologic functions get steadily worse, without symptom flare-ups or recovery; and relapse-remission MS, in which patients experience symptom flare-ups followed by periods of disease inactivity. Most people are diagnosed between ages 20 and 49.



It's not clear yet why autoimmune diseases are significantly more prevalent in women. Dalia Rotstein is an investigator for Unity Health Toronto's brain health and wellness pillar who focuses on MS, and is also an assistant professor of medicine at the University of Toronto. She says there seem to be hormonal influences affecting the risk of developing autoimmune conditions: "Many start after puberty, like when female hormones are introduced." Preliminary research from Stanford University in 2024 suggested an RNA molecule that exists to prevent female cells from activating two sets of X chromosome genes may play a role.[30]

Diabetes and cardiovascular disease

Cardiovascular disease has long been thought of as a man's condition, says Paula Harvey, head of the department of medicine at Women's College Hospital and director of the hospital's cardiovascular research program. But it's a leading cause of death among women in Canada and globally, and women also have a set of unique risk factors for developing heart disease.

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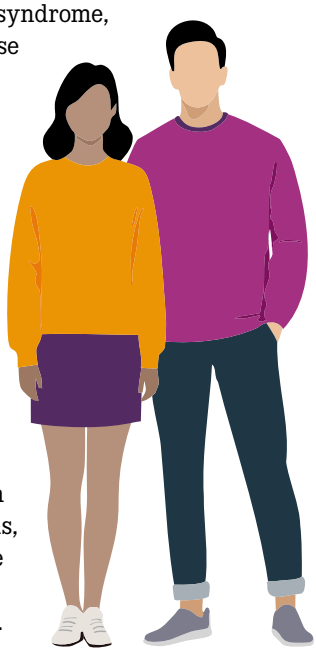
>
> Carmen Bellows
> registered psychologist and director of mental-health solutions, Sun Life Financial

Sedentary lifestyles, obesity and overweightness, elevated cholesterol, high blood pressure, diabetes and smoking are all risk factors for developing cardiovascular disease in both men and women. Harvey says that while women were far less likely to get cardiovascular disease before menopause in past decades, thanks to the protective effect of estrogen, lifestyle changes in Western countries have led more women to experience many of these risk factors at a younger age. "Estrogen protected us, it seemed, from [high] blood pressure, [high] cholesterol, and diabetes," she says. Exposure to these risk factors, and the likelihood of developing cardiovascular disease, increases during the menopausal transition.

Sex-specific risk factors include polycystic ovarian syndrome, early menopause and pregnancy complications. Harvey says autoimmune conditions also increase someone's risk of cardiovascular disease, due likely to the systemic inflammation associated with those conditions, as well as some of the medications they take.



Cardiovascular risk for women is significantly influenced by their reproductive lifespan and hormonal changes, Harvey says. She describes pregnancy as women's "first cardiac stress test": those who develop gestational diabetes or high blood pressure during their pregnancy are at a significantly increased risk of heart disease and diabetes later in life. "We're really trying to emphasize the need [for clinicians] to get a reproductive history for women when looking at their cardiovascular risk," she says.

While there are higher rates of type 2 diabetes in men than women,[31] Harvey says developing diabetes at a younger age is a "very potent" cardiovascular disease risk factor for women. "If a woman develops diabetes and she's premenopausal, it takes away all the benefits of being premenopausal. They lose that protection," she says. Research shows that women with type 2 diabetes show a greater relative risk of cardiovascular disease and mortality than men.[32]

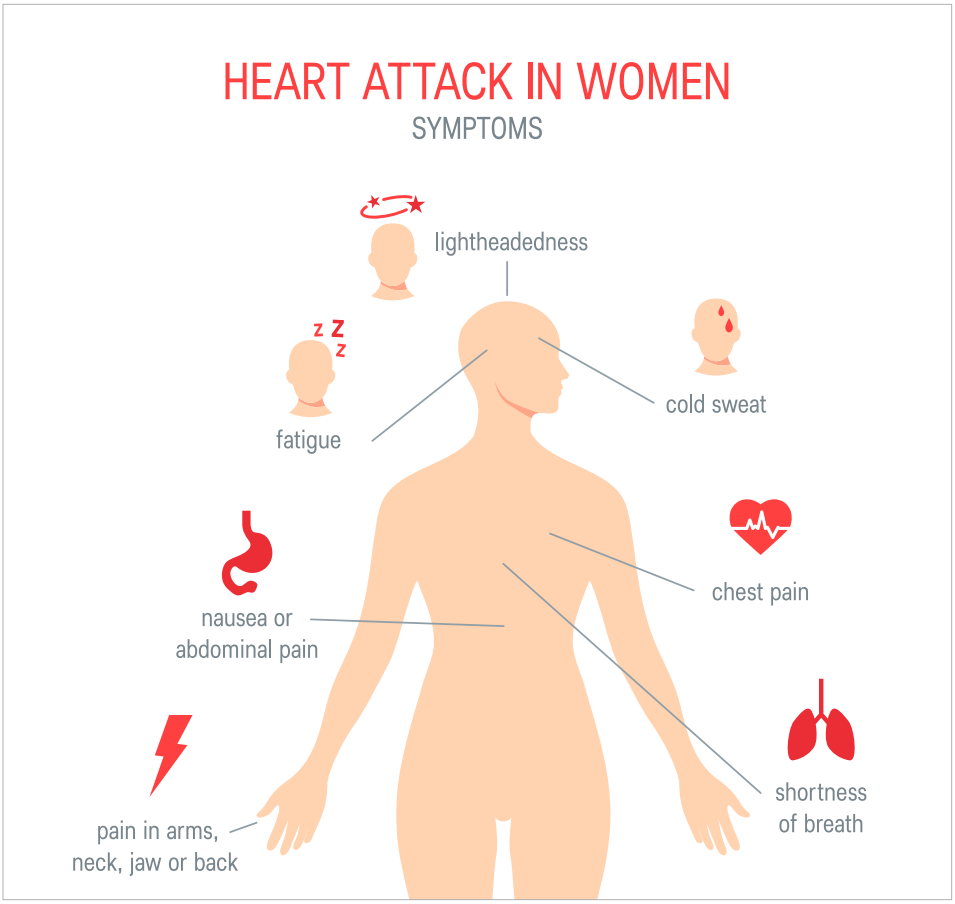
Sun Life's Hogan says that when the insurer analyzed its drug claiming data over three million plan members between 2019 and 2023, it found that while claims for chronic disease drugs are higher for men, consistent with public health data, "we uncovered that growth in claims is trending significantly stronger among women than men" across the most common chronic physical conditions, except for high blood pressure. Growth was most prominent in diabetes, with women's claims growth outpacing men by 40 per cent.

Sun Life is also seeing indications that chronic disease is impacting women at increasingly younger ages, and younger women now have the highest growth rate in heart attacks across gender and age cohorts, Hogan says.

Women appear to bear a greater burden of risk than men when they're diagnosed with diabetes, according to Austrian researchers. The researchers also suggest "psychosocial stress" may play a more prominent role in diabetes risk in women, as well as reproductive-related hormone fluctuations and body changes.[33]

Women's experiences of heart attacks are also different than men's. Chest pain or discomfort is the most common sign of a heart attack in both men and women, but women are more likely not to have chest pain at all — and, instead, have other symptoms including shortness of breath, cold sweats, fatigue and jaw and back pain.[34] Harvey notes women also experience pain differently, and says that academic literature has suggested that women describe their symptoms differently than men.

While a buildup of plaque in the arteries is the most common source of heart attacks, Harvey notes that women are more likely than men to experience heart attacks due to other causes. Myocardial infarctions with no obstructive coronary arteries (MINOCA), caused by poor blood flow to the heart, represent five to 10 per cent of heart attacks and are predominantly experienced by women. Young women and those who are pregnant are more at risk of coronary artery splitting. Post-menopausal women represent the vast majority of people who experience broken heart syndrome, a heart condition that causes rapid heart muscle weakness and is often brought on by intense emotional or physical stress.



Chronic disease education needed

Sun Life's Hogan says chronic disease supports are generally the same for men and women, but plan sponsors' communication and education strategies may need to shift to accommodate gender variances.

"Generally speaking, women have a tendency to take care of others before themselves. We often see this manifest as a higher tolerance for symptoms and unwellness. Action continues to be stifled by lack of research on women and high stigma around reproductive health," she said. "All of this makes education vital for women. We need to increase awareness of how conditions may manifest differently in women and empower them to speak up when something doesn't feel right. Conversations in the workplace are a great place to start breaking down societal barriers."

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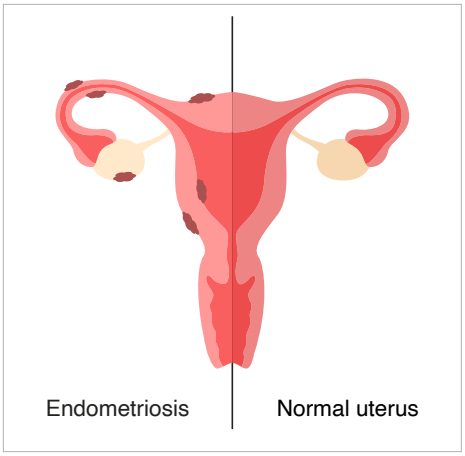
4. Reproductive health

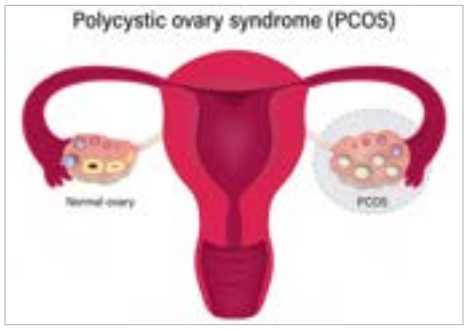
Only seven per cent of health-care research focuses on conditions that exclusively affect women, according to the World Economic Forum and Kearney. That lack of research shows up in the barriers women face when seeking treatment for gynaecological and reproductive health issues: despite these conditions being relatively prevalent in Canada, women often struggle for years to receive a diagnosis and proper treatment.

Endometriosis is one of the most common gynaecological conditions, affecting one in 10 women, or roughly two million Canadians.[35] When someone has endometriosis, tissue similar to the inner lining of the uterus grows outside the uterus, causing pain, heavy periods and, sometimes, fertility issues. Some women with endometriosis experience more pain during their periods, while others experience constant pain. The condition also affects other organ systems in the body. Despite the seriousness of the condition, it takes women an average of 10 years to be accurately diagnosed,[36] due to a combination of symptom dismissal and lack of endometriosis awareness among medical professionals, along with a low awareness among women about what constitutes a "normal" period. Many see at least four or five doctors before receiving a diagnosis.[37]



10 the years on average it takes to be accurately diagnosed with endometriosis

Polycystic ovarian syndrome, which affects roughly eight to 13 per cent of Canadian women, is recognized as the most common endocrine disorder of reproductive-aged women worldwide.[38] One study by University of Ottawa researchers, however, found that over one-third of Canadian respondents had to wait more than two years to be diagnosed, and 41 per cent saw three or more doctors before being diagnosed.[39] The condition, in which ovaries produce unusually high levels of the hormone androgen, causes irregular periods, unpredictable ovulation and, in some cases, small follicle cysts on the ovaries. It's the most common cause of female infertility and also increases the risk of other health conditions.



Both endometriosis and PCOS can have profound impacts on women's quality of life and participation in the workforce. These conditions can cause pain and fatigue, and greater rates of absenteeism and presenteeism.[40] [41] Hogan notes that the diagnostic delays, stigma around their pain and lack of resources for condition-management for such reproductive health conditions can also impact a woman's mental health.

According to a 2024 Sun Life survey, women in three age categories from ages 18 to 49 all cite gynaecological and reproductive health as among their top five health concerns. Sixty per cent of working women who answered said they worried that health issues around menstruation, menopause and reproductive health could affect their ability to advance in their careers.

of working women worry that reproductive health issues could affect their ability to advance in their careers

Fertility issues also affect a significant share of working women. Roughly 16 per cent of Canadians, or one in six couples, experiences infertility. While Michelle Chidley, co-founder and chair of Fertility Alberta Advocacy and Outreach Association, notes that the choice by many Canadians to delay childbearing plays a role — the average age of first-time mothers in Canada is almost 32, according to Statistics Canada — there are numerous reasons why people experience infertility, including reproductive health conditions and side effects of other chronic health issues. Women and men are affected by infertility almost equally.[42]

Alternative approaches to family-building come with dizzying price tags: on average, it costs about $20,000 for one round of in-vitro fertilization, including the necessary drugs, and surrogacy can cost upwards of $80,000 to $100,000, Chidley says.

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for surrogacy

Coverage for family-building benefits isn't yet standard in benefits plans: just 32 per cent of Canadian employers invested in fertility benefits in 2022, according to Mercer.[43] Advocacy group Conceivable Dreams found that less than two per cent of the employers that offer fertility benefits cover both drugs and treatment.[44]

Chidley says a supportive workplace culture is crucial for anyone going through an infertility journey. According to a 2022 Zurich survey, more than half of women going through IVF don't feel able to tell their employer; but, of the women who did, 64 per cent said discussing

it with their manager or employer made the experience easier to deal with. Chidley also notes that women going through these treatments often need to leave work on short notice for medical appointments or to give themselves injections in the middle of the workday. Flexible scheduling and understanding from colleagues and managers can ease some of the associated stress, she says.

Supporting women's health through multiple life stages

In December 2024, Kraft Heinz Canada began providing coverage for a virtual health-care-like platform that allows employees to seek support across four women's health areas: fertility and family-building, maternity and newborn care, parenting and paediatrics, and menopause and midlife health.

"What we're really trying to do is personalize the benefits we have," says Tracy Fogale, Kraft Heinz's senior manager of compensation and benefits.

When employees connect with the platform, they go through an intake call and are then connected with a specialist health-care professional in their area of interest. People seeking help or guidance with family-building can be connected to a virtual fertility coach and receive help navigating options that range from in-vitro fertilization or intrauterine insemination to surrogacy and adoption.

Those looking for support with pregnancy, postpartum and newborn care can speak with experts, including ob-gyns, doulas, lactation consultants, midwives and sleep coaches. The platform also has screening, education and support for postpartum mental-health conditions, and return-to-work coaching. Parents can speak with paediatric health specialists such as sleep coaches, speech therapists and developmental psychologists.

Women going through menopause can access the platform for consultations with a wide range of experts, including gynecologists, urologists, nutritionists, mental-health providers and career coaches, along with personalized support for their perimenopause symptoms.

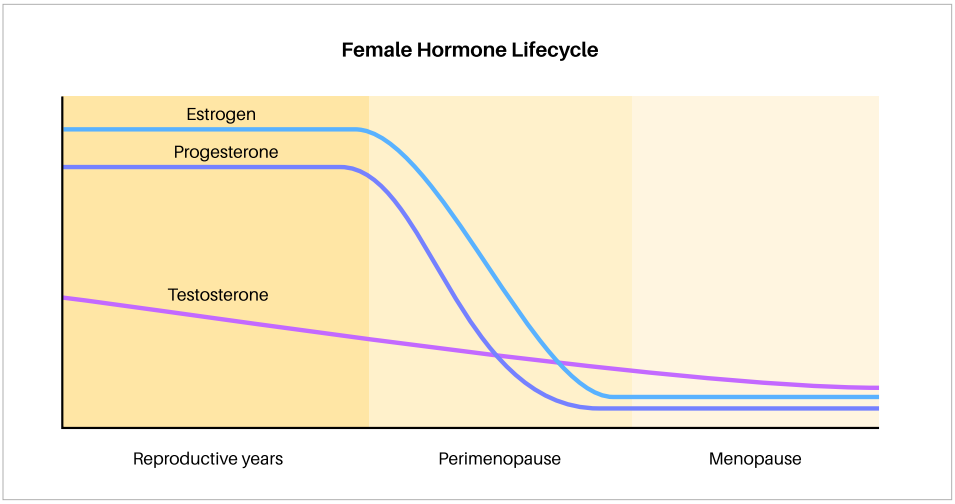
Fogale says Kraft-Heinz educated their provider on the company's benefits plan to ensure plan members are directed toward resources available to them, such as the company's mental-health benefit or fertility coverage.

"For each life event, many times it's your first experience so you don't know what you don't know," Fogale says. "It's addressing their mental-health needs, addressing their family needs and, ultimately, allowing them to bring their full selves to work in a productive, healthy way. At the same time, we're helping them and supporting them personally. It really is a win-win for the organization and the employee."

In the first five months after the program's launch, more than 100 employees accessed the platform. Fogale says plan members most commonly sought support for parenting and pediatrics issues, followed by fertility and family building and then menopause and mid-life health, in line with the company's workforce demographics.

5. Perimenopause and menopause

Perimenopause describes the years leading up to menopause, when a woman's estrogen and progesterone production gradually tapers off, signalling the end of her reproductive years. Menopause is a fixed point in time when someone hasn't experienced a period for 12 months. Perimenopause typically begins between ages 40 and 50, and can last between two to 12 years. Most women reach menopause between ages 45 and 55, though one in 100 will experience it before age 40 and one in 1,000 before age 30. Menopause can be induced in some cases by medications, such as chemotherapy drugs, or when both ovaries are removed through surgery.

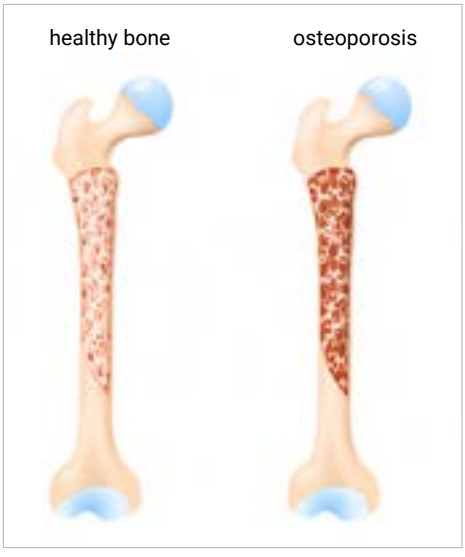


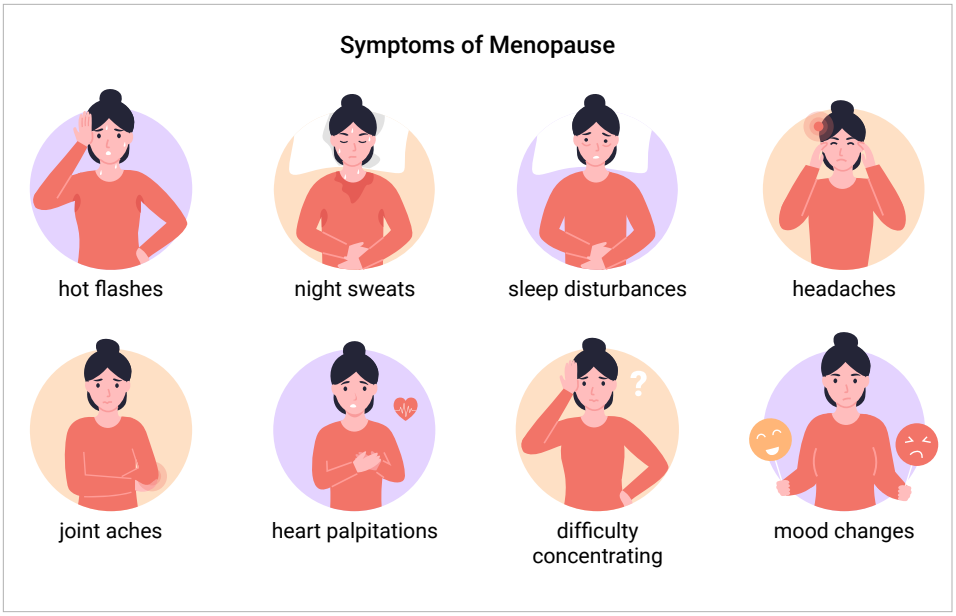
There are more than 30 symptoms associated with menopause, thanks to the significant role estrogen plays in many bodily functions. While hot flashes and night sweats are the most commonly reported symptoms,[45] menopause can also cause sleep disturbances, headaches and joint aches, heart palpitations, difficulty concentrating and mood changes, such as depression and anxiety.

Societal taboos around and a paucity of research into menopause have contributed to a lack of education — for not just women themselves but also for their health-care providers. Menopause has been understudied and underfunded, leading to limited evidence-based and approved treatment options. There are just a few specialized menopause clinics across Canada, and the Canadian Menopause Society noted in a February 2024 submission to a House of Commons standing committee that health-care providers generally have little comfort in or experience dealing with menopause, possibly due to lack of education at the undergraduate and postgraduate or residency level.

Menopause has been understudied and underfunded, leading to limited evidence-based and approved treatment options

Better education could allow women to prepare well in advance of the menopausal transition to maintain their health for the long term, says Janet Ko, founder of the Menopause Foundation of Canada. She points out that the onset of menopause, and the significant decline of estrogen that comes with it, also increases a woman's risk for health conditions such as heart disease, osteoporosis and a range of genitourinary issues.[46] "We need to start looking at it as a health transition," she says. "If we understood that, we would prioritize weight-bearing exercises when we're younger, [and] heart-healthy eating."





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Janet Ko
founder, Menopause Foundation of Canada

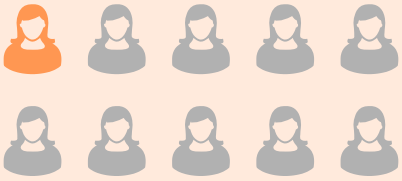
Women are often coping with unexpected and unmanaged menopause symptoms at the moment in their professional lives when they are reaching their peak earning years, have assumed more responsibility and are in line to take on more senior roles in the workplace, Ko says. It's something that can also have consequences for employers and the broader economy.

One-third of working women said their menopause symptoms negatively impacted their performance at work.[47] Untreated vasomotor symptoms such as hot flashes, night sweats and heart palpitations have been linked to higher rates of absenteeism and presenteeism,[48] and concentration challenges or other cognitive difficulties can also affect women at work. But many feel uncomfortable speaking with a manager or someone in human resources, and hide their symptoms rather than ask for help.[49] At the most extreme end, U.K. research has found one in 10 women leave the workforce every year due to debilitating symptoms.

In total, the Menopause Foundation's October 2023 study found that unmanaged menopause symptoms cost the Canadian economy $3.5 billion annually in lost days of work, productivity and income.[50]

Many working women in menopause feel uncomfortable speaking with a manager or someone in human resources, and hide their symptoms rather than ask for help

U.K. research has found 1 in 10 women leave the workforce every year due to debilitating menopause symptoms



Menopause hormone therapy, which replaces the estrogen the body stops making after menopause, is considered the most effective treatment for menopause symptoms, and has also been shown to prevent bone loss. Guidelines recommend MHT to be safe for women aged 60 or younger, or for whom it's been less than 10 years since their last menstrual period and who have no contraindications. Reportedly, less than 10 per cent of eligible women take Health Canada–approved MHT products[51] and a 2023 study of the prevalence and impact of vasomotor symptoms on women in Brazil, Canada, Mexico and Nordic Europe found that Canada had the lowest uptake of MHT products of all the countries studied.[52]

MHT fell out of favour two decades ago, after a 2002 study found that women taking a combination of estrogen and progestin had higher risks of breast cancer and stroke. Research in the intervening two decades, however, has demonstrated MHT to be safe and effective in the right population. There are also now different types of hormones, delivered at lower doses, that have also been shown to be safer.

Ko points to research[53] that has found cognitive behavioural therapy to help women as they're experiencing hot flashes. Lifestyle changes such as regular exercise, healthy eating, limiting alcohol and not smoking can help with other symptoms.[54 55]

Health Canada recently approved two non-hormonal treatment options for people who have a contraindication to MHT or who prefer not to take a hormonal treatment. The first, fezolinetant, targets a part of the brain that triggers hot flashes and night sweats, called neurokinin 3 (NK-3), antagonizing the action and thereby restoring balance to the brain's temperature regulation centre. The second, elinzanetant, works similarly to fezolinetant. However, elinzanetant targets two unique receptors (NK-1 and NK-3) on the vasomotor center of the brain. Both fezolinetant and elinzanetant have demonstrated rapid and significant reduction in the vasomotor symptoms in women.

1/3 of working women said their menopause symptoms negatively impacted their work performance

$3.5 billion annual cost of unmanaged menopause symptoms on the Canadian economy

Building a menopause-inclusive workplace with training and peer support

Darlene Mulcahey knew very little about menopause before she began experiencing the transition herself, so her barrage of symptoms caught her utterly off-guard. Mulcahey, a federal government employee, suffered insomnia, heightened anxiety and brain fog, among other symptoms, which left her struggling with key components of her job, including being able to concentrate, read long sections of text and write. "I felt like I was losing myself. It was frightening," she said.

But when she discussed what she was experiencing with her manager, he told her that he couldn't relate and didn't know how to help her. Her continued symptoms, and the lack of support, prompted Mulcahey to take a four-month medical leave in February 2023. After starting a prescription for menopause hormone therapy, the majority of her symptoms subsided.

> "Women need to feel like they are not alone and can lean on each other for support. That's really powerful."
>
> Darlene Mulcahey

When Mulcahey returned to work she had a new manager, and it made all the difference. Now a passionate advocate for menopause-inclusive workplaces, Mulcahey began a support group for government workers, with her manager serving as an executive sponsor. The group now has more than 1,700 members, hosts monthly meet-ups and expert talks and is also a source of trustworthy menopause resources. She has also advocated for workplace training on menopause, which is now in development, with four federal departments working together to create a guide for employees and managers.

Mulcahey stresses the importance of creating "psychologically healthy workplaces" to destigmatize discussions about this phase of life, and encourages managers to listen to and trust employees who come to them asking for support or accommodations for their menopause symptoms. She also advocates for employee resource groups or other support networks. "Women need to feel like they are not alone and can lean on each other for support. That's really powerful," she says.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6. Women's health checklist for plan sponsors

- ☐ Leverage benefits usage data to understand which benefits are most used by plan members, which can help assess areas of the plan that may be lacking. If areas of the plan are underutilized, "determine if it is a product or an education gap," Hogan says.

- ☐ To determine how or if your current benefits coverage meets women's health needs, ask women directly through focus groups or employee surveys.

- ☐ Review mental-health coverage maximums and other mental-health supports, such as an employee assistance program or virtual care platform. The Canadian Psychological Association recommends a standalone annual coverage maximum of between $3,500 to $4,000, which covers between 15 and 20 sessions per year — the number required to achieve a therapeutic outcome for people suffering from depression or anxiety.

- ☐ Establish comprehensive transition plans for going on, and returning from, maternity leave, including a structured return-to-work plan with phased transitions and regular touchpoints during the leave. Maturn's Baijogli Foley recommends asking the employee what they specifically want from their return-to-work plan.

- ☐ Consider coverage for family-building benefits, such as in-vitro fertilization, surrogacy and adoption coverage, and fertility drugs.

- ☐ Higher paramedical maximums can help women to feel more comfortable during pregnancy, support their postpartum recovery and assist in managing some menopause symptoms.

- ☐ Paramedical coverage for registered dieticians and health coaches can support all employees, including women with gestational or type 2 diabetes or cardiovascular disease, in making lifestyle changes to manage chronic health conditions.

- ☐ Consider coverage for incontinence supplies, which can help women who develop urinary incontinence issues before or after childbirth, or during menopause.

- ☐ Reduce stigma and increase knowledge about women's health issues through workshops and training sessions on topics such as reproductive health, menopause and mental-health awareness.

- ☐ Focusing on developing psychologically healthy work environments, including through manager training, can ensure that women feel comfortable seeking support or accommodations during fertility treatment cycles or while dealing with menopausal symptoms and other health events.

- ☐ Establish or provide support for employee resource groups related to new motherhood, menopause or women's health more broadly.

- ☐ Workplace accommodations for women going through the transition to menopause can include: giving employees greater control over the temperature of their offices or work stations; ensuring easy access to washrooms and cold drinking water; uniforms made of breathable, natural fibres with options for layering; and regular bathroom breaks for shift workers.

- ☐ Flexible scheduling, remote work options and a bank of personal days can support employees managing a variety of health issues. Unity Health's Rotstein says that having the flexibility to take regular breaks can help people with MS and other neurological disorders recover from fatigue and remain productive members of the workforce.

- ☐ Consider expanding leave policies to include bereavement leave for pregnancy loss.

- ☐ Coverage for multiple prescription drug options to treat menopause symptoms, including MHT and new menopause drugs, allows choice in how women manage their symptoms in alignment with their individual health needs.

- ☐ As women experience much higher rates of adverse reactions to medication, given their historical exclusion from clinical trials, covering pharmacogenetic testing can help those employees find the right medication for them more quickly.

ENDNOTES

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Published 08/2025