



BLACK WOMEN'S
HEALTH IMPERATIVE



BWHI:

PERIMENOPAUSE & MENOPAUSE AWARENESS & ADVOCACY TOOLKIT

A Black Women's Health Imperative
(BWHI) Resource for Education, Care,
and Collective Action

MENOPAUSE 101

WHAT YOU NEED TO KNOW

LET'S START WITH THE TRUTH:

Everyone deserves to understand what is happening in their body and to have the support they need during menopause. For Black women and gender-expansive people, that support has often been missing. Menopause is a natural transition, but the way it unfolds is shaped by history, health systems, and the realities of being Black in America. This resource is created to center our voices, share reliable information, and break the silence and stigma that have kept too many of us in the dark.

LET'S BEGIN WITH BASIC DEFINITIONS YOU SHOULD KNOW:

PREMENOPAUSE:

The time before menopausal changes, when cycles are regular and hormones are stable

PERIMENOPAUSE:

The transitional period leading up to menopause, characterized by hormonal fluctuations and symptoms like irregular periods, hot flashes, and mood changes.

MENOPAUSE:

Defined as 12 consecutive months without a menstrual period, marking the end of reproductive years.

POSTMENOPAUSE:

The years following menopause, where symptoms may continue, and health risks like osteoporosis and heart disease increase.

WHY IT MATTERS FOR US:

BLACK WOMEN ARE MORE LIKELY TO:

- Experience perimenopause earlier and with more severe symptoms.
- Face challenges in accessing culturally competent care.
- Be underrepresented in menopause-related research.
- Encounter socioeconomic barriers that heighten health disparities.

THE DIFFERENT PATHS TO MENOPAUSE

Menopause usually happens in your late 40s or 50s, with 51 being the average age in the U.S. But not every journey looks the same.

Types of menopause:

- **Early menopause:** Between 40 and 45
- **Premature menopause:** Before 40
- **Typical menopause:** After 45

Other reasons menopause may start sooner:

- Certain medical treatments (like chemotherapy or radiation) Surgery that removes the ovaries
- Genetic factors or autoimmune conditions (such as thyroid disease or diabetes)

Quick note: If your periods stop after a hysterectomy but your ovaries are still producing hormones, that doesn't mean menopause has started yet.

SPECIAL SITUATIONS TO KNOW ABOUT

Primary Ovarian Insufficiency (POI):

Some women lose ovarian function before 40. POI isn't the same as early menopause because cycles may continue and pregnancy is still possible, though fertility is often affected.

Hysterectomy and Menopause:

- Removing the uterus stops periods but doesn't always mean menopause.
- If the ovaries are removed too, hormone production drops suddenly and menopause begins right away.

It's important to ask your doctor how surgery may affect your hormones and long-term health.

WHY THIS MATTERS:

Starting menopause earlier can increase risks for bone loss, heart issues, and other health concerns. That's why it's key to have a care plan that's tailored to you.

RECOGNIZING THE SIGNS SYMPTOMS TO WATCH FOR

Perimenopause and menopause are not just about hot flashes. This stage can bring shifts that affect physical, emotional, cognitive, and sexual health. Organizing symptoms into categories can make them easier to understand and track.

COGNITIVE AND MOOD CHANGES

- Brain fog, forgetfulness, or trouble focusing
- Mood swings or irritability
- Increased anxiety or new feelings of depression
- Difficulty coping with stress or everyday challenges

Note: Brain fog, forgetfulness, and trouble concentrating are common in perimenopause and menopause. About 60% of midlife women report memory issues. The risk of depression also rises, with women 2.5 times more likely to be diagnosed during this stage. Recognizing these shifts early and seeking support is important.

GENITOURINARY AND SEXUAL HEALTH

- Vaginal dryness, irritation, or burning
Pain or discomfort during sex
- Reduced sexual desire or arousal
- Urinary urgency, painful urination, or frequent urinary tract infections

Note: GSM can cause dryness, painful sex, and frequent urinary infections. It affects 50–70% of postmenopausal people, yet few seek treatment. Options include lubricants, vaginal estrogen, pelvic floor therapy, and open conversations with providers.

SLEEP AND ENERGY

- Difficulty falling asleep or staying asleep
- Night sweats that disrupt rest
- Daytime fatigue and low energy

VASOMOTOR SYMPTOMS

- Hot flashes that come suddenly and may feel overwhelming
- Chills or flushing that interrupt daily activities

PHYSICAL CHANGES

- Weight gain, often around the abdomen, hips, or thighs
- Joint or muscle aches
- Hair thinning or hair loss
- Dry or itchy skin and eyes
- Heart palpitations that may feel unsettling but are often linked to hormonal changes

CARDIOVASCULAR HEALTH

Heart disease is the leading cause of death for women in the U.S., and risk rises after menopause as estrogen declines. Lifestyle steps like exercise, weight management, a heart-healthy diet, and quitting smoking become even more important.

BONE HEALTH AND OSTEOPOROSIS

During menopause, bone density decreases, raising the risk of osteoporosis and fractures. About half of women over 50 will experience a fracture. Risk factors include family history, smoking, low calcium or vitamin D, and lack of weight-bearing exercise. While white women face the highest risk, Black and Asian women are also affected, making early screening essential.

WATCH + LEARN:

BWHI Power In The Pause Event

WATCH NOW



Dr. Jessica Shepherd on Mel Robbins Podcast

WATCH NOW



Dr. Sharon Malone

WATCH NOW



TREATMENT OPTIONS: FINDING WHAT WORKS FOR YOU

Menopause isn't one-size-fits-all, and neither are your treatment options. The right solution depends on your symptoms, medical history, risk factors, and personal preferences. What's most important is you have choices.

MEDICAL TREATMENTS

Hormone Replacement Therapy (HRT):

Highly effective for hot flashes, night sweats, and vaginal dryness. Includes:

- Estrogen-only therapy (for those without a uterus)
 - Combined estrogen-progestin therapy (for those with a uterus)
 - Delivered via pills, patches, creams, gels, sprays, and vaginal rings
- Can also reduce risk of osteoporosis and support heart health if started within 10 years of menopause onset

Non-Hormonal Medications:

- SSRIs/SNRIs (e.g., paroxetine, venlafaxine) for hot flashes and mood swings
 - Gabapentin for night sweats and sleep disruptions
 - Clonidine for hot flashes (watch for dizziness or fatigue)
- Fezolinetant (Veoza): A non-hormonal, FDA-approved option for hot flashes targeting the brain's temperature regulation center

Ospemifene (Osphena): A non-hormonal pill for painful sex and vaginal dryness

VAGINAL & GENITOURINARY TREATMENTS

- Low-dose vaginal estrogen (cream, tablet, or ring)
- Vaginal moisturizers and lubricants for daily comfort and intimacy

COMPLEMENTARY & INTEGRATIVE THERAPIES

Supplements (with medical guidance):

- Black cohosh, red clover, soy isoflavones, maca root, evening primrose oil
- **Mind-Body Practices:**
 - Yoga, acupuncture, breathwork, and meditation for mood, pain, and stress relief

LIFESTYLE-BASED SUPPORT

Nutrition: Emphasize calcium, vitamin D, and anti-inflammatory foods

- **Exercise:** Weight-bearing movement to protect bone health
- **Sleep hygiene:** Regular routines, limit screens, cool environments
- **Stress reduction:** Therapy, mindfulness, journaling

INNOVATIVE & EMERGING THERAPIES

Pellet Therapy: Hormones implanted under the skin (not FDA approved; use caution)

- Testosterone Therapy: May support libido but requires close monitoring
- Laser Vaginal Rejuvenation (e.g., MonaLisa Touch): Non-FDA approved treatment for dryness and urinary symptoms

Say It With Your Chest: "I'm not just looking to survive menopause. I want to thrive and I need a treatment plan that supports my goals, my body, and my life."



COMMUNICATING WITH YOUR DOCTOR

QUESTIONS TO ASK:

- What stage of menopause am I in?
 - Which symptoms are typical vs. concerning?
 - What are the pros and cons of hormone therapy for me?
 - Are there effective non-hormonal treatments for my symptoms?
 - Can we create a long-term wellness plan for bone, brain, and heart health?
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ADVOCATING FOR YOURSELF:

- Bring a **trusted person** to your appointment for support.
 - **Keep a symptom diary** to guide the conversation.
 - **Ask to see your full medical notes** (not just the patient portal version).
 - **If you feel dismissed, switch doctors.** You deserve care that centers you.
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"You are not overreacting. You are not too young. You are not alone." Dr. Sheila Payton

LIVED EXPERIENCES

Aisha, 47, Atlanta:

"I thought I was too young for menopause, but the night sweats and mood swings were real. My doctor dismissed my concerns until I found a Black woman practitioner who truly listened."

Monique, 55, Los Angeles:

"Menopause hit me hard, and I felt alone. Finding online support with other Black women going through the same thing was a game-changer."

Carla, 51, Detroit:

"I had to try three different doctors before someone even mentioned that my insomnia and anxiety might be hormonal. It took too long, but now I advocate for myself and for my daughters."

Zuri, 48, White Plains: "The weight gain was rapid and unexpected. I thought something was wrong with me until I connected the dots. Perimenopause needs to be talked about earlier, before we start to feel broken."

WHY MENOPAUSE AT WORK MATTERS

Menopause isn't just personal — it shows up on the job too. Most people hit midlife while still working, and symptoms can affect careers, confidence, and income.

Key realities:

3 in 4 go through menopause while employed

- 2 in 5 consider leaving their jobs because of symptoms
- 1 in 4 turn down or step back from leadership roles
- 1 in 3 cut back on workload

Sleep problems, brain fog, and mood changes often disrupt productivity and confidence

- Global cost of lost productivity: \$150 billion each year

Building Menopause-Friendly Workplaces

The good news: simple changes make a big difference. Supportive policies and a culture of openness help people stay healthy and thrive.

What employers can do:

Create space for open conversations about menopause and aging

- Add menopause into DEI and anti-discrimination policies
- Offer flexible schedules, remote work, or deadline adjustments
- Provide practical help like cooling devices, restrooms, and comfortable uniforms
- Train managers and HR to respond with empathy
- Support employee groups or peer circles

Remember: nearly half of accommodations cost nothing but improve morale and retention

TURNING AWARENESS INTO ADVOCACY

For many Black women, menopause is shaped not only by biology, but also by inequities in healthcare, underrepresentation in research, and cultural stigma that can silence open conversation. Turning awareness into advocacy means naming these realities and working together to ensure Black women receive the care, information, and respect they deserve during midlife and beyond.

Stay Informed

- Track menopause-related legislation at the federal level using Congress.gov and in your state through your state legislature's official website.
- Follow organizations like the Black Women's Health Imperative (BWHI) for updates on menopause equity and policy action.
- Stay aware of emerging research and public health conversations shaping midlife women's health.

Use Your Voice

- Contact elected officials to share why menopause care, education, and research matter for Black women and their communities.
- Participate in public comment periods, town halls, and community meetings on women's health issues.
- Use social media to raise awareness and encourage action around menopause equity.

Support Education and Awareness

Encourage healthcare providers, employers, and community leaders to strengthen their understanding of menopause and perimenopause.

- Share trusted, culturally relevant resources that help women understand symptoms, treatment options, and workplace rights.
- Promote menopause as a normal and essential part of women's health across the lifespan.

Mobilize Locally

Host or support community conversations such as forums, book clubs, or wellness discussions focused on menopause.

- Partner with local organizations, faith groups, sororities, and community spaces to share information and resources.
- Encourage participation in advocacy campaigns and sign-ups for legislative action alerts.

Center Black Women's Experiences

- Create space for Black women to share lived experiences with menopause openly and without stigma. Elevate the diversity of experiences across age, background, and health status.
- Use lived experience as a foundation for education, advocacy, and policy change.

Strengthen Self-Advocacy

- Support Black women in preparing for healthcare visits and communicating symptoms clearly with providers.
- Promote informed decision-making around treatment options and care pathways.
- Encourage confidence in seeking additional opinions or care when concerns are dismissed. Build

Community Networks

- Partner with organizations like the Black Women's Health Imperative (BWHI), faith communities, and culturally rooted wellness spaces to expand education.
- Support community ambassadors who can share accurate menopause information locally.
- Integrate menopause education into broader Black women's health and wellness efforts.

Use Storytelling for Impact

- Share lived experiences through community events, digital platforms, and storytelling spaces. Highlight the emotional, physical, professional, and financial realities of menopause for Black women.
- Use storytelling to reduce stigma and strengthen advocacy for better care and policies.

RESEARCH

Our Groundbreaking Study:

The Largest of Its Kind on Black Women and Menopause

In 2025, BWHI did something no one had done before. We launched the largest cross-sectional survey ever conducted on Black women and the menopausal transition. This research was built to center our voices and put real data behind this experience.

What Black Women Told Us

THE GAPS

Symptoms lasted far longer than expected, with many women living with them for 9 or more years

- Night sweats, brain fog, and fatigue were often more disruptive than hot flashes

55% struggled with weight gain, and 42% struggled with depression

- Many only knew menopause as hot flashes, unaware of joint pain, hair thinning, digestive issues, and mood changes along with many other symptoms

54% said they did not have enough information to manage their symptoms

- 52% did not know which recommendations to follow

43% reported being treated unfairly or discriminated against when seeking care

- 66% want culturally grounded education starting in their 30s

THE BOTTOM LINE

Even among Black women who are insured, well-resourced, and highly educated, the information and guidance around menopause is still missing. That tells us education and access alone are not enough.

"What this study reveals is that education and access alone are not enough. That gap speaks to a deeper disconnect in how information is shared, how care is delivered, and whose experiences are centered. We have to do more to make sure Black women are seen, heard, and supported through this stage of life." Dr. Ifeoma C. Udoh, EVP of Policy and Research.

POLICY SPOTLIGHT:

MENOPAUSE EQUITY IS BLACK WOMEN'S HEALTH EQUITY

Menopause care has historically been overlooked in research, clinical training, and public health policy. These gaps disproportionately affect Black women, who often face delayed recognition of symptoms, undertreatment, and barriers to culturally responsive care.

Current U.S. Menopause Policy Landscape: Menopause policy in the United States is still emerging, with states taking varied approaches to insurance coverage, workplace protections, and education initiatives. While inconsistent, these efforts reflect growing recognition of menopause as a public health and health equity issue.

Comprehensive Insurance Coverage & Care Mandates

- **New Jersey (2026):** Most comprehensive state law to date; requires insurance coverage for a full range of menopause-related care including hormone therapy, non-hormonal treatments, and supportive services.
- **Illinois (2023):** Insurance coverage mandate for menopause-related care including hormone therapy, non-hormonal medications, and clinically necessary treatments.
- **Louisiana (2024):** Insurance coverage for medically necessary menopause and perimenopause care.
- **Washington (Partial coverage):** Insurance coverage for selected menopause-related services for some patients.
- **Oregon (Partial coverage):** Insurance coverage for select menopause-related care, with variability in access.

Workplace Protections & Employer Standards

Rhode Island: Workplace-focused legislation supporting accommodations for employees experiencing menopause-related symptoms.

Education, Awareness & Provider Training

Maine: State-level focus on menopause education and public awareness initiatives.

California (Repeated legislative efforts; vetoed twice): Would have required insurance coverage for menopause care and expanded provider education; also included requirements for state-issued perimenopause education materials. Despite vetoes, efforts have significantly elevated national policy attention.

TRUSTED RESOURCES

Black Women's Health Imperative: <http://www.bwhi.org/powerinthepause>

Black Girls Guide to Surviving Menopause:

<https://blackgirlsguidetosurvivingmenopause.com>

Dr. Jessica Shepherd's Generation M:

<https://www.jessicashepherdmd.com/generation-m-womens-health-book>

Menopause In Color: <http://www.menopauseincolor.com>

Menopause Made Modern: <https://menomademodern.com/>

The North American Menopause Society: <https://www.menopause.org>

National Institute on Aging: <https://www.nia.nih.gov/health/menopause>

Dr. Mary Claire Haver's The New Menopause:

<https://thepauselife.com/pages/the-new-menopause-book>

Perry (Perimenopause Platform) <http://www.heyperry.com>

MENOPAUSE INFLUENCERS

Melani Sanders IG @justbeingmelani

- Founder of the "We Do Not Care Club", a community initiative offering support to women experiencing perimenopause and menopause in everyday, relatable way

Dr. Jessica Shepherd @jessicashepherdmd

- OB/GYN, women's health expert, and media personality breaking down myths and providing trusted, relatable education on menopause and midlife health.

Dr. Sharon Malone @smalonemd

- Renowned OB/GYN and Chief Medical Advisor at Alloy Women's Health, championing evidence-based menopause care for women of color and beyond.

ShantaQuilette Develle @heyshantaa

- A joy-filled comedian, heart health advocate, and creator of Girl B Natural—a plant-based wellness line for perimenopausal and menopausal women of color

Omisade Burney-Scott @omisadeburneyscott

Founder of **Black Girl's Guide to Surviving Menopause**, a platform and podcast expanding how we talk about menopause through storytelling and social justice lenses.

Stephanie Young Moss, PharmD @drstephanieyomo

- Founder of Menopause In Color, a pharmacist and menopause advocate dedicated to helping women of color navigate perimenopause and menopause with confidence through education, self-advocacy, culturally relevant resources, and evidence-based wellness strategies.