

THE (M) FACTOR

SHREDDING the SILENCE on MENOPAUSE



GLOBAL
IMPACT
REPORT
2025

From Awareness to Action

Insights From Viewers of The (M) Factor Documentary



WOMEN IN THE ROOM
PRODUCTIONS



TAKE FLIGHT
PRODUCTIONS



STEVEN & ALEXANDRA
COHEN FOUNDATION

The



FACTOR

SHREDDING the SILENCE
on MENOPAUSE

A WOMEN IN THE ROOM PRODUCTIONS AND TAKE FLIGHT PRODUCTIONS FILM

THE [M] FACTOR: SHREDDING THE SILENCE ON MENOPAUSE

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Menopause isn't the end of the story— it's the moment we start writing a new one, with data, dignity and action. ”

– The (M) Factor Producers

INTRODUCTION

A Documentary Transforming the Menopause Conversation

Menopause is a natural life stage that affects over one billion women worldwide, yet it remains shrouded in silence, misunderstanding and stigma. **The (M) Factor: Shredding the Silence on Menopause** documentary was created to break this silence, spark honest dialogue and inspire action among individuals, healthcare providers and policymakers.

This report summarizes the documentary’s global impact, presenting key findings from audience surveys, healthcare provider feedback, and expert interviews. It highlights persistent gaps in menopause care showcases areas of progress and offers actionable recommendations for improving support and education.



Audra McDonald



Tamsen Fadal



Dr. Sharon Malone

Participants in the film.

FILM'S IMPACT

The (M) Factor: Shredding the Silence on Menopause ignited a global conversation after its PBS debut in October 2024, which led to over a thousand screenings worldwide. The film made major inroads in medicine, became a continuing medical education (CME) course used by 3,200+ doctors and was integrated into several medical school curricula.

Senator Patty Murray (D-WA) partnered with the filmmakers to host the first-ever Senate Briefing on menopause, using a clip from the film to anchor the discussion.

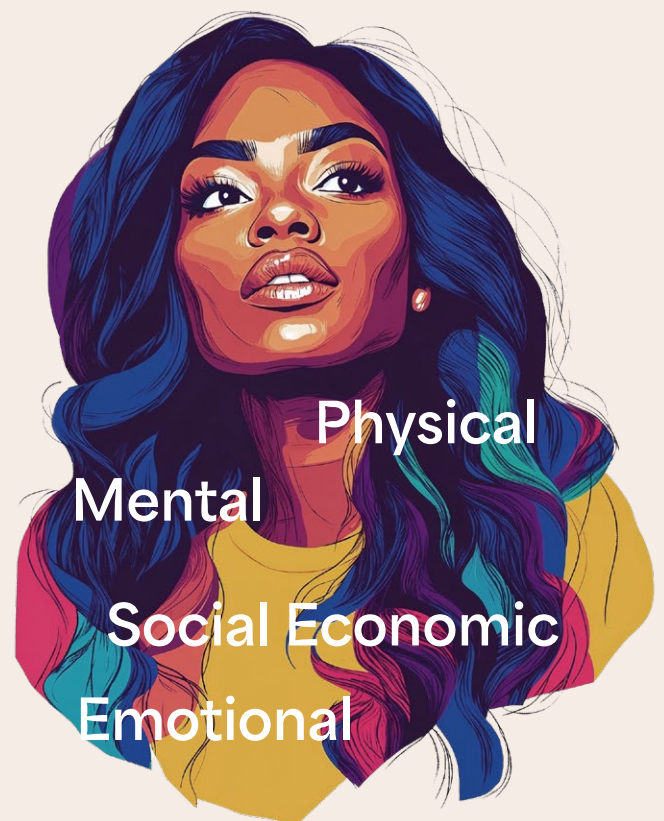
In January 2025, the film was featured at the World Economic Forum in Davos, marking the first time menopause took center stage there, a powerful milestone for women's health advocacy.

Today,

750 million

women around the world are experiencing negative consequences from menopause. It doesn't need to be this way.

The human costs of inaction are immense. The menopause transition often begins in a woman's early 40s with perimenopause, impacting nearly every aspect of her life and creating ripple effects for those around her.



State of Menopause

75% of women endure symptoms for 7-10 years or more.

Severe symptoms can reduce income by up to 8% due to absenteeism, lost productivity and early retirement.

45% of women experience heightened anxiety and depression due to stigma.

Long-term risks like osteoporosis and heart disease increase the likelihood of chronic illness and disability, especially in women of color.

THE ECONOMIC COSTS ARE EQUALLY ALARMING

**\$200
BILLION**

Annual global
productivity losses

10%

Menopause-related
workforce attrition

**\$600
BILLION**

Associated
healthcare costs

WE HAVE THE POWER TO ENACT CHANGE

Our goal for this data is to spark deeper questions—and drive meaningful change. **The (M) Factor** documentary is more than a story about menopause; it's a call to action to transforming healthcare behavior, correcting misinformation, and triggering demand for smarter, more supportive menopause care. Presented by Women in the Room and Take Flight Productions, the film champions informed decisions and offers a vision of healthy aging for all women.

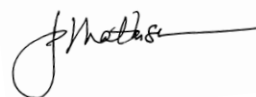
THE (M) FACTOR PRODUCERS



Denise Pines



Tamsen Fadal



Joanne LaMarca Mathisen



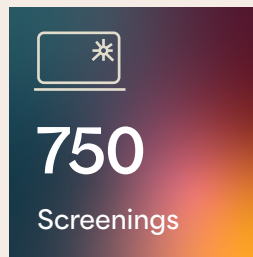
Jacobata Atlas

EXECUTIVE SUMMARY



This report analyzes data collected pre- and post- THE (M) FACTOR film global screenings. Its goals were to measure shifts in menopause awareness, evaluate provider knowledge, document symptom-management patterns and track participants' intent to take action after viewing the film.

WHO WATCHED



FILM'S IMPACT

Awareness & Action

80%

have a greater understanding of the terms perimenopause, menopause and postmenopause

75%

are more likely to consult a doctor about menopausal symptoms

“I know providers who have watched THE (M) FACTOR and are now motivated to get trained to help their patients, igniting a newfound passion and purpose.”

– Dr. Somi Javaid, OBGYN

AUDIENCE PROFILE

70%

in perimenopause or menopause

3%

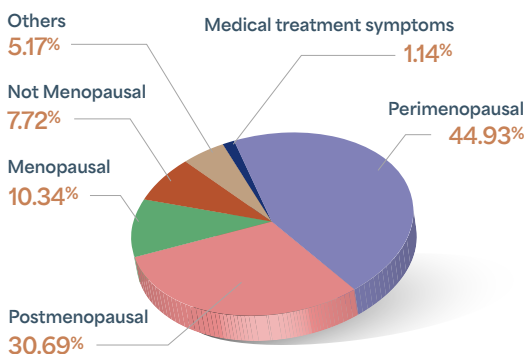
attended to support the women in their life

22%

Premenopause (35 and under) and want to prepare

13%

healthcare provider seeking more information



Top 5 Symptoms to Manage*

- 62% Weight gain
- 62% Memory or concentration
- 61% Stress or anxiety
- 54% Difficulty sleeping
- 54% Fatigue

Management of Menopause

- 35% Supplements and over-the-counter drugs
- 31% Hormones prescribed by doctor
- 27% Nothing
- 12% Cooling aids

*Respondents able to select more than one symptom

ACTIONS FOR BETTER HEALTH OUTCOMES

THE (M) FACTOR



Post-Film Actions

49%

Seek menopause specialist

85%

feel empowered to discuss menopause with friends or family

83%

educate themselves on hormone replacement therapy

50%

inspired to engage in conversations about menopause at work

What women believe will improve menopause outcomes

51%

Requiring healthcare providers to receive specialized education on menopause

17%

Advocating for public policies that prioritize menopause research and education

16%

Expanding insurance coverage for menopause treatments and care

5%

Sharing educational resources, like the film, with others

5%

Encouraging employers to offer menopause-related benefits and insurance coverage

Experience with healthcare provider

67%

Negative Experience (dismissed/doctor lacked sufficient knowledge/solutions not provided)

45%

Nearly half of women endure menopausal symptoms for up to six years before recognizing them as such.

Innovations wanted

68% Telehealth access

63% Hormone-related products

50% Guidance on nutrition and fitness

43% At home lab tests (hormones)

Does menopause CME matter?

Yes. 100% of clinicians changed their practice behavior after they earned CME credits.

Conclusions and Recommendations

- Expand menopause education and CME offerings for healthcare professionals.
- Promote policy and insurer initiatives that support comprehensive menopause care.
- Leverage narrative storytelling, like **The (M) Factor**, to continue transforming the conversation around women's midlife health.

Media Shaping a New Narrative

The (M) Factor Documentary Survey Audience Snapshot Data Analysis Report demonstrates the power of storytelling narratives, one where silence is transformed into empowerment.

From clinicians to policymakers, from advocates to individuals, it is a rallying call to be part of a movement that aims to rewrite the script of women's midlife health.

HIGHLIGHTS

Key Takeaways



Symptom Recognition

45% of women experience symptoms for up to 6 years before identifying menopause as the cause.

Negative Healthcare Experiences

67.4% of women report unsatisfactory interactions with healthcare providers regarding menopause.



Diverse Experiences

Women of color and those with medically induced menopause face unique barriers to care.



Digital Health Opportunity

There is strong demand for telehealth and at-home testing, but awareness remains low.



Global Resonance

The documentary's impact was consistent across regions and cultures highlighting the global nature of menopause-related challenges.

Action Steps

Start Early Education

Leverage community screenings and digital campaigns to raise perimenopause awareness.



Integrate CME

Partner with licensing boards to offer accredited training and incentivize healthcare systems to train staff in midlife care.



Expand Digital Solutions

Scale telehealth services, at-home hormone test kits and an online menopause resource hub.



Engage Employers

Organize roundtables to implement menopause-friendly workplace policies.



Advocate Policy Change

Support legislation requiring menopause education for healthcare licensing and broader insurance coverage.



Leverage Trusted Networks

With nearly equal reliance on medical professionals, social media experts and personal contacts, multi-channel outreach will most effectively disseminate accurate information.



The (M) Factor has proven its power to transform silence into empowerment, driving measurable improvements in awareness, care-seeking and advocacy. By acting on these insights, stakeholders—from clinicians to policymakers, healthcare administrators to medical boards—can build on this momentum and reshape midlife women’s health for decades to come.

Audience Snapshot



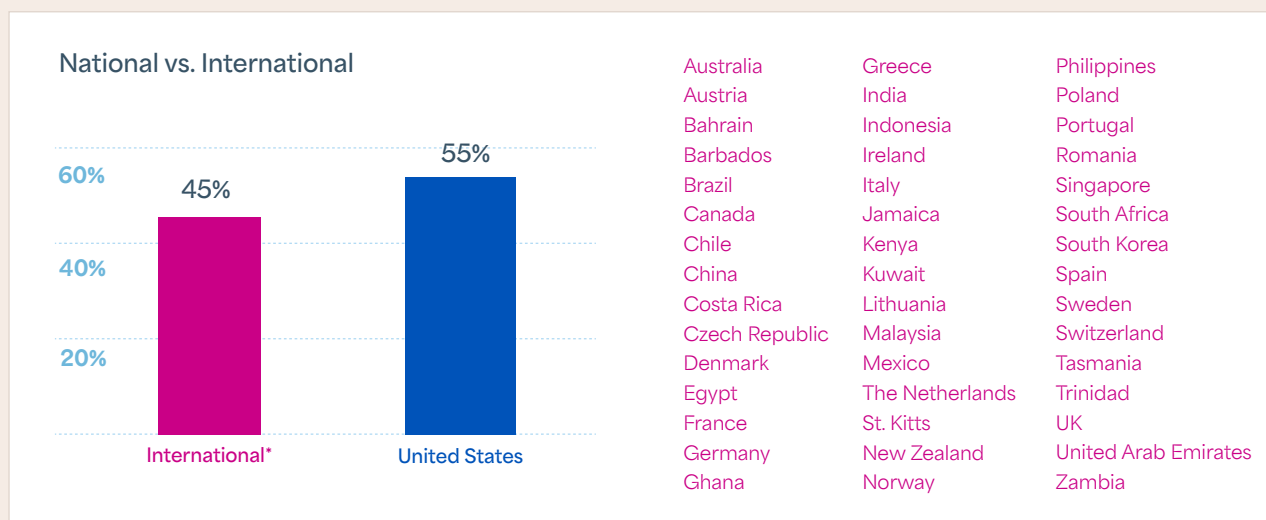
1,300,000

Women make up 52% of the world's population, and 25% are in perimenopause and menopause.*

Mature women are high-income earners, educated, married and diverse, and about 40% are perimenopause or in menopause.

Region

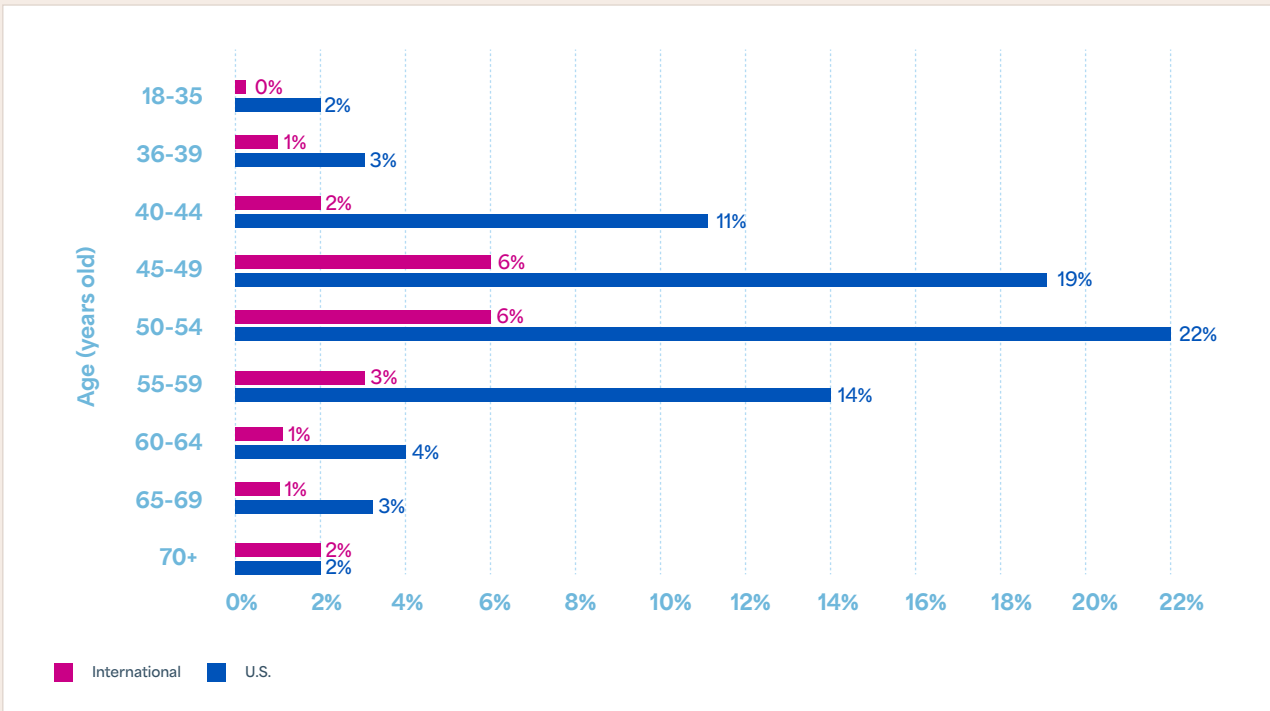
Screened in 45 Countries and 370 American cities including Guam and Puerto Rico.



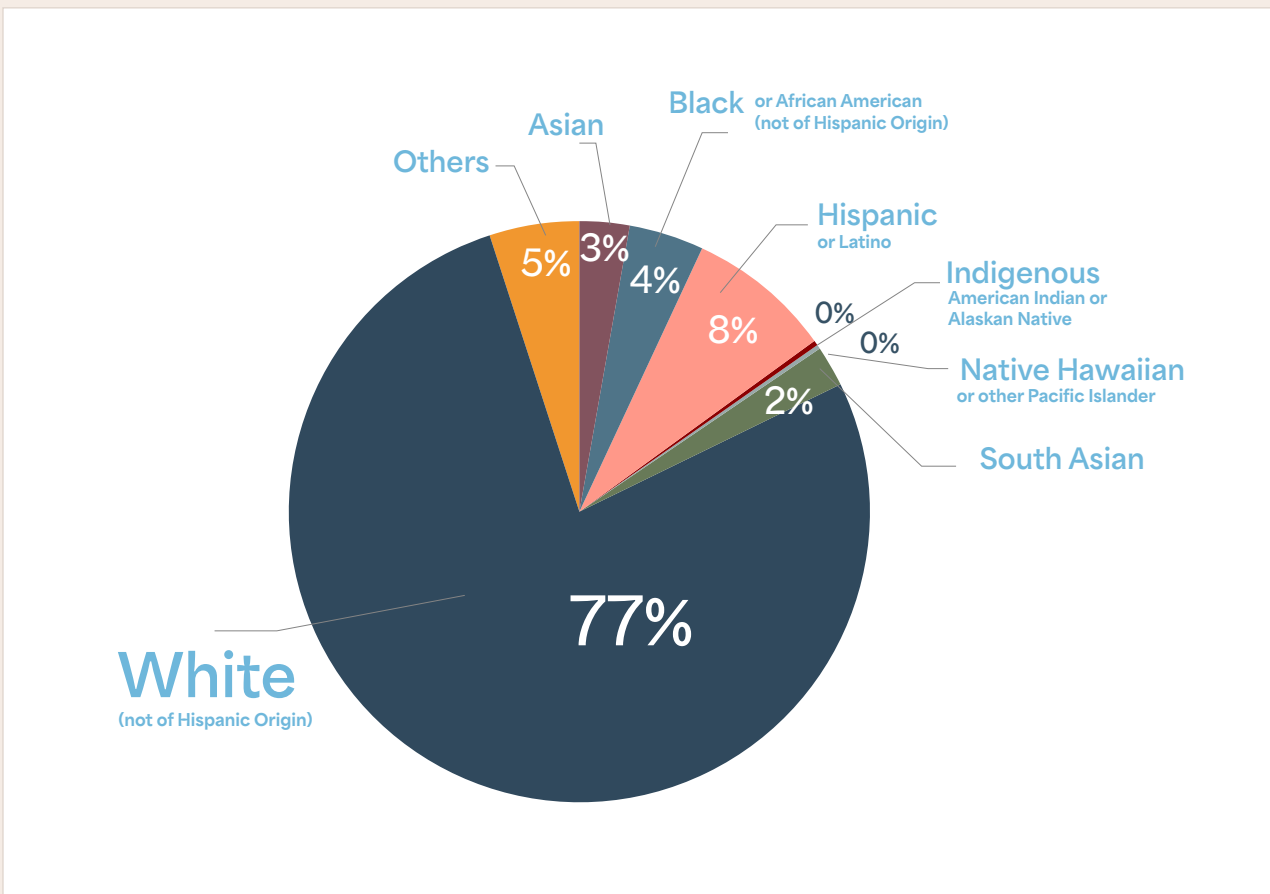
Each day, increasing numbers of women in the world turn 40 and move into the second half of their lives. This population is growing, but who are they?

*World Health Organization Oct. 2024

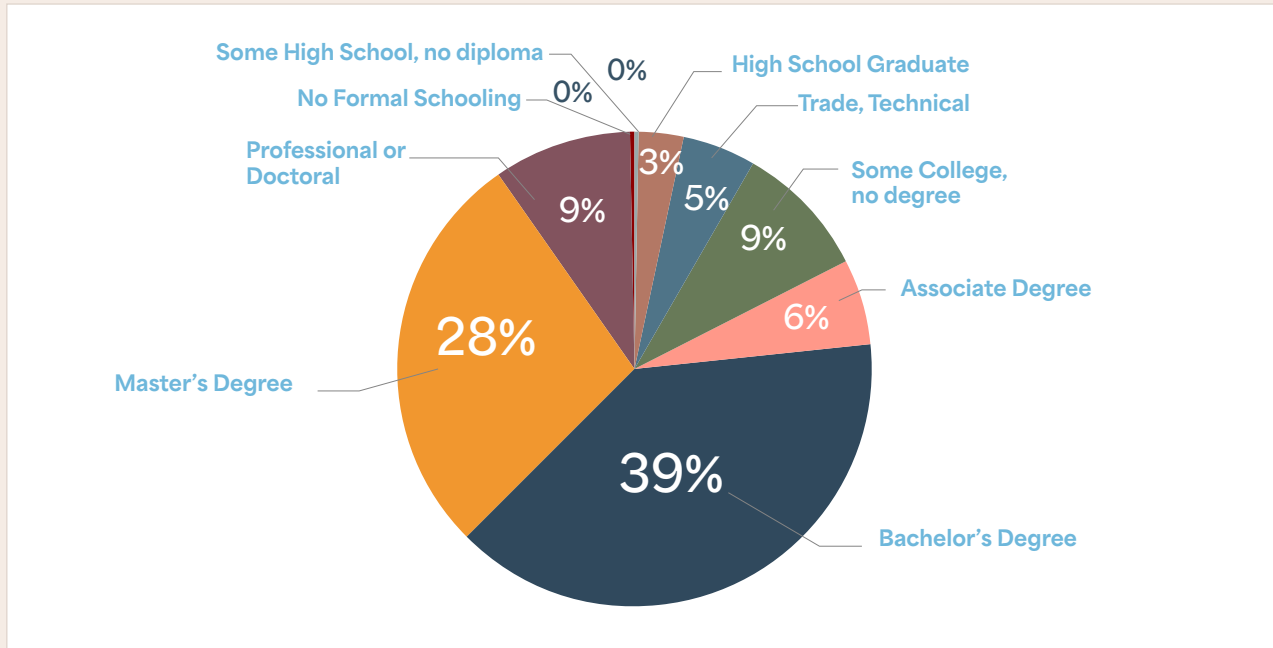
Age Group



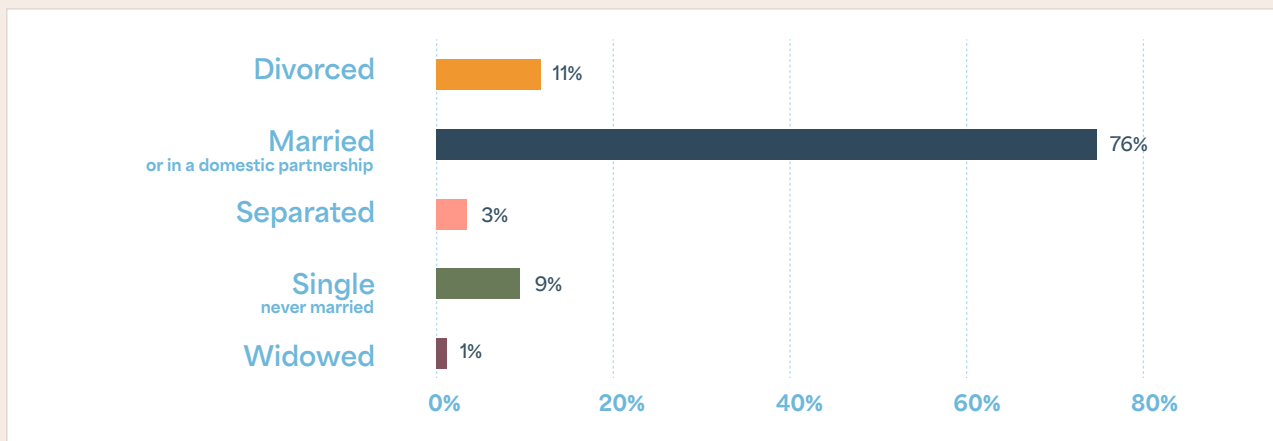
Race/Ethnic Group



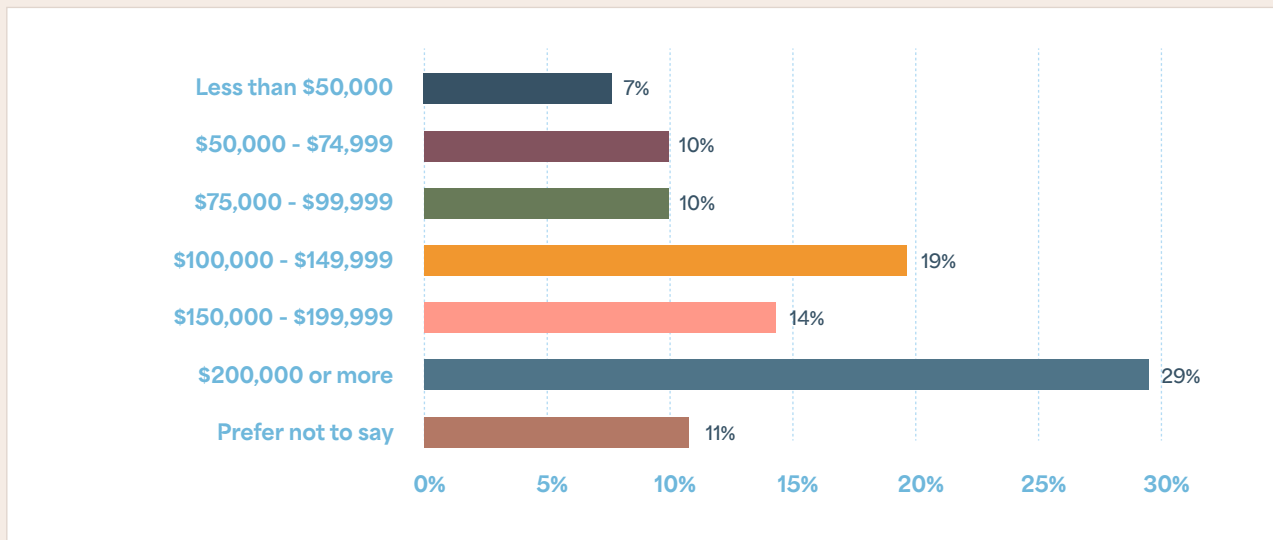
Education Level



Marital Status



Annual Household Income



Profession

21%

Healthcare

13%

Academic

6%

Entrepreneur

5%

Government

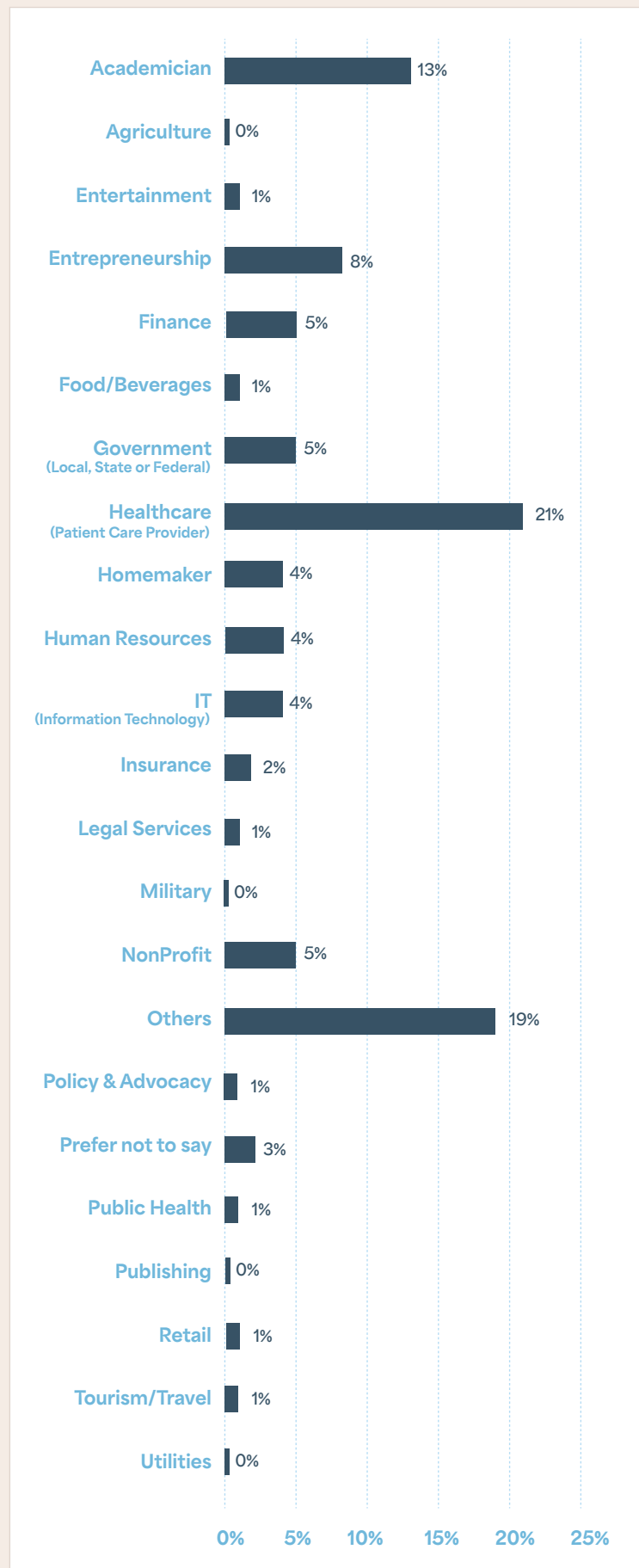
5%

Nonprofit

4%

Homemaker

Professional Field



SECTION ONE

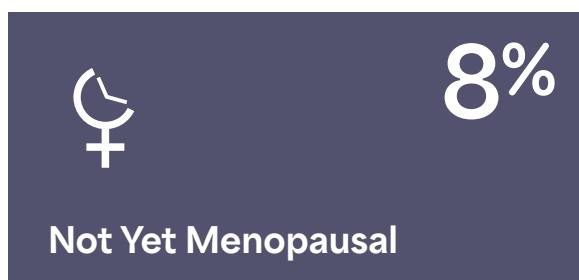
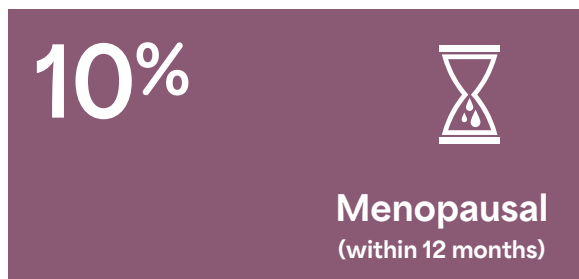
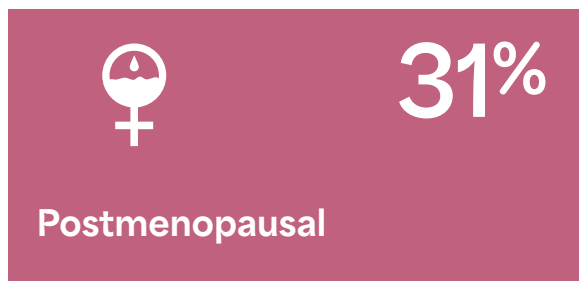
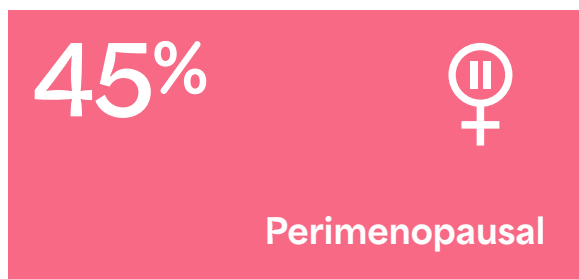


Understanding Menopause

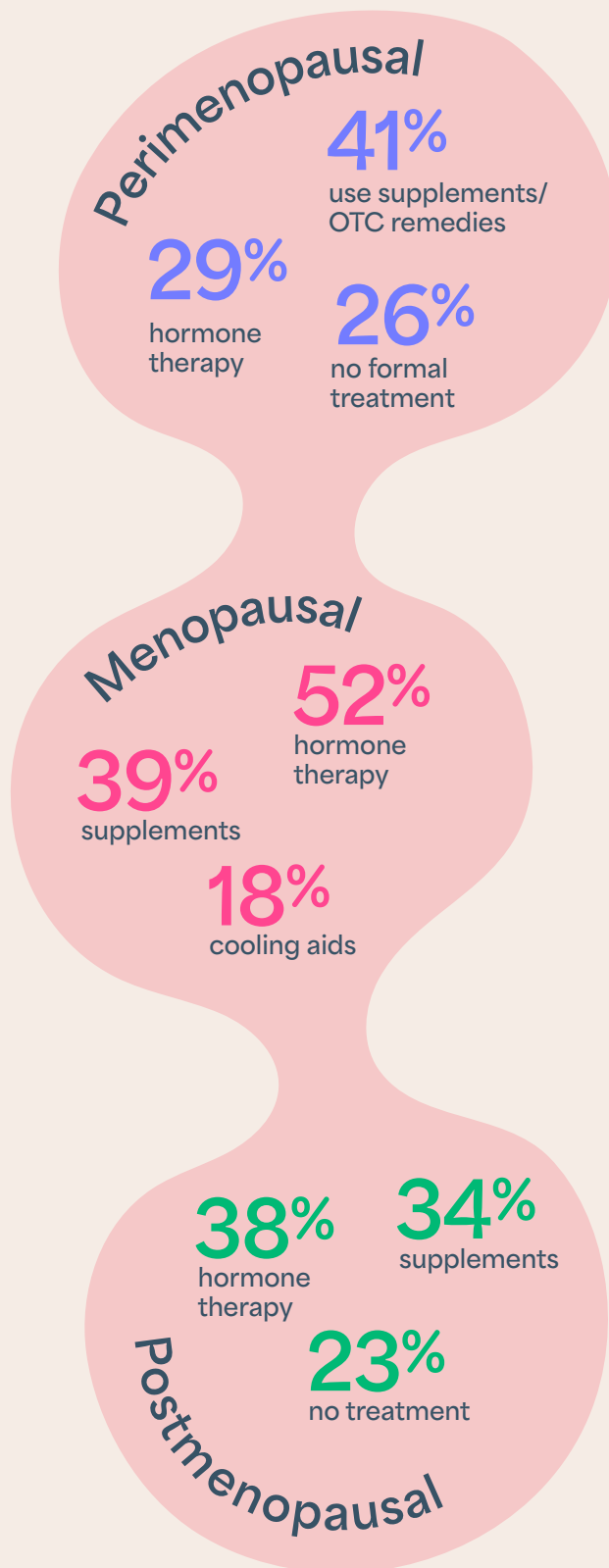
Stages, Challenges & Care Gaps

This section summarizes patient responses from the pre- and post-viewing surveys administered around **The (M) Factor** screenings. Data were analyzed by menopausal stage to reveal awareness gaps, communication barriers, care-seeking wait times, trusted information sources and symptom-management strategies.

Stages



Symptom Management

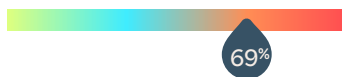


TOP 5 SYMPTOMS BY STAGE



Perimenopause

Stress / Anxiety



Memory / Concentration Problems



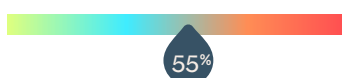
Weight Gain



Hot Flashes

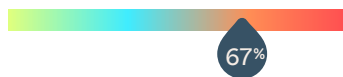


Sleep Disturbances

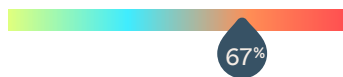


Menopause

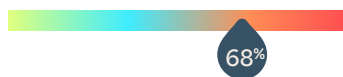
Stress / Anxiety



Memory / Concentration Problems



Weight Gain



Hot Flashes

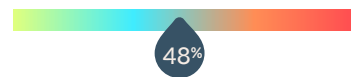


Night Sweats

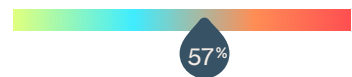


Postmenopause

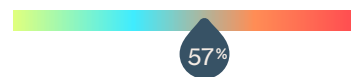
Fatigue



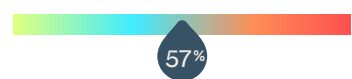
Memory / Concentration Problems



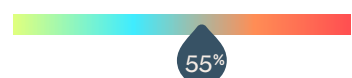
Weight Gain



Joint Pain



Sleep Disturbances

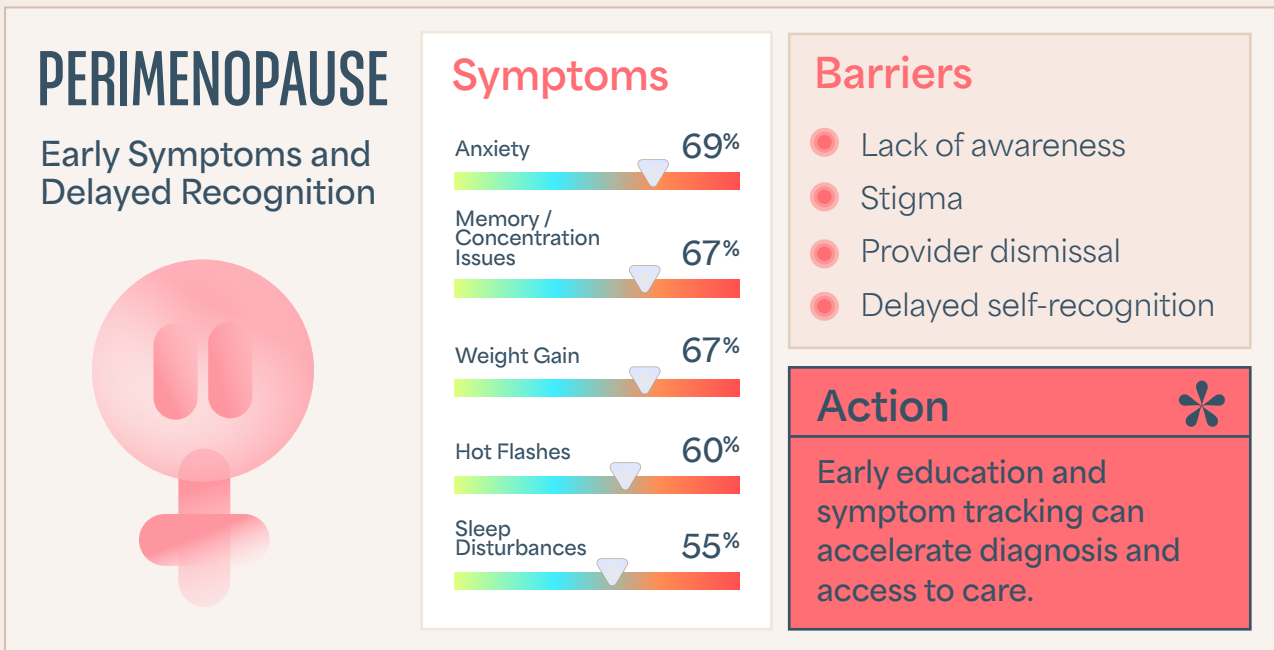


PERIMENOPAUSE

Longest Delays to Treatment

“After telling my doctor I wanted to discuss my perimenopausal symptoms, she actually laughed at me and told me we didn't need to talk about that until I was closer to 50 - after pointing out I was asking about perimenopause and not menopause, she still would not have a discussion with me.”

–Survey respondent, US screening



Perimenopause: A Critical but Overlooked Stage

75% intend to consult a doctor

68% want telehealth access

Perimenopausal women face the **longest delays in symptom recognition and treatment**. Symptoms are often misattributed, and many women avoid seeking care due to stigma or fear of dismissal. **Millennials have entered perimenopause** and, along with Gen-Xers, are clamoring for technologies that can help them manage their health, wellness and mental health needs.

Understanding the needs of these women is vital. The oldest Millennials are helping to change how once-taboo subjects such as menopause are viewed. And, because they grew up with access to powerful technologies and data, they will not tolerate the health status quo. Our research shows that, as these women age, their concerns about their ability to age well (i.e., remain independent and active) will only increase. As these concerns increase, so will demand for knowledgeable providers, easy access to care and over-the-counter solutions.

“

Not once was menopause brought into the equation . . . only stress tests and blood work. ”

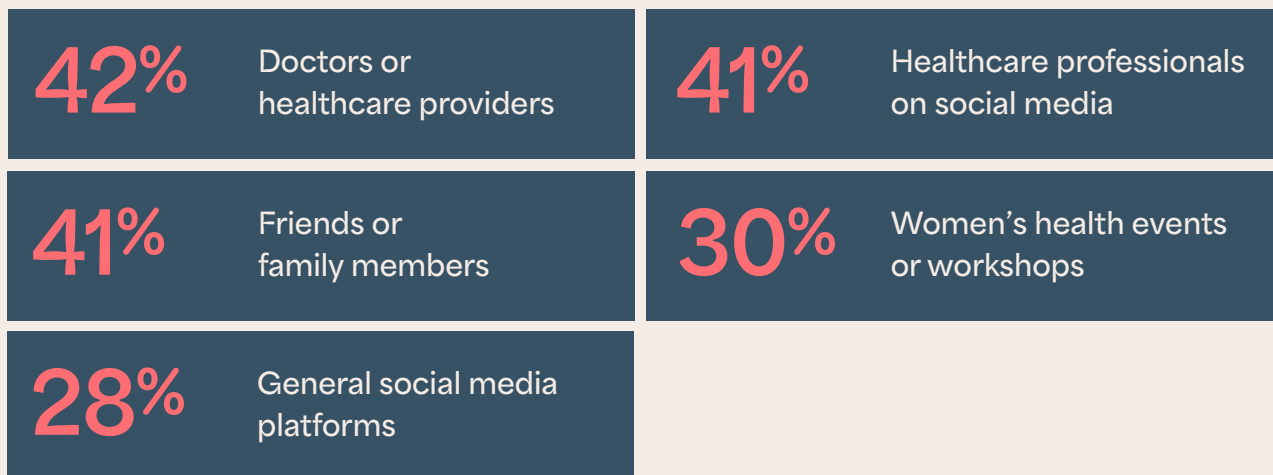
Critical awareness gaps appear within each demographic, with younger women reporting experiences of symptom denial. Among perimenopausal respondents, a leading reason for avoiding discussions with their healthcare providers was believing their symptoms “weren’t serious enough.” A contributing factor to the awareness gap early in the transition stage is doctors’ perceptions that some women are “too young” to be in perimenopause, an oversight that leads to frequent dismissals by providers and the delaying of accurate diagnosis and care.

Respondents who felt comfortable discussing menopause with their providers sought relief more quickly—often within 12 months—whereas those who avoided the topic or felt dismissed frequently delayed seeking treatment for **2 to 3 years or longer**.



In the film, real women shared their experiences of menopause.

Information Sources Used by Women in Perimenopause



Care-Seeking Wait Times by Stage



Once symptoms are recognized there's still a **significant delay in care-seeking**, especially among perimenopausal and postmenopausal women.

Stage	Immediate (≤6 mos)	Moderate (6-24 mos)	Delayed (2+ years)
Perimenopausal	56%	18%	27%
Menopausal	28%	30%	28%
Postmenopausal	12%	19%	67%
Medically Induced	46%	25%	2%

- **Perimenopausal women** often delay care by months or years due to misdiagnosis or lack of awareness.
- **Postmenopausal women** show the highest long-term delays—over two-thirds waited more than two years.
- **Medically induced menopause** leads to faster recognition, likely due to structured clinical care.

For younger women, **symptom recognition and subsequent treatment delays** are more prevalent than for women in older demographics. Over 50% of **perimenopausal women endured 4 to 6 years** of mood swings, irregular cycles, fatigue and brain fog before recognizing these as early menopause signs. Compare that with 35% of menopausal and 25% of postmenopausal respondents who waited that long.

Why the delay?

- **Subtle, Misattributed Symptoms:** Perimenopause often manifests with mild hot flashes, sleep disturbances and anxiety—symptoms easily blamed on stress, aging or busy lives.
- **Awareness Gap:** Most women aren't educated on perimenopause signs, so they don't connect these changes to hormonal transition until symptoms intensify.
- **Provider Communication:** Clinicians rarely initiate conversations about perimenopause, and when women do bring up symptoms, they're often dismissed or misdiagnosed as depression or chronic fatigue.
- **Stigma & Silence:** Societal taboos around “the pause” discourage early dialogue, leaving women to navigate confusing symptoms alone.



Among perimenopausal women who recognized their symptoms as hormonally driven, relief timelines were as follows:

31% had not yet found relief by the time of survey

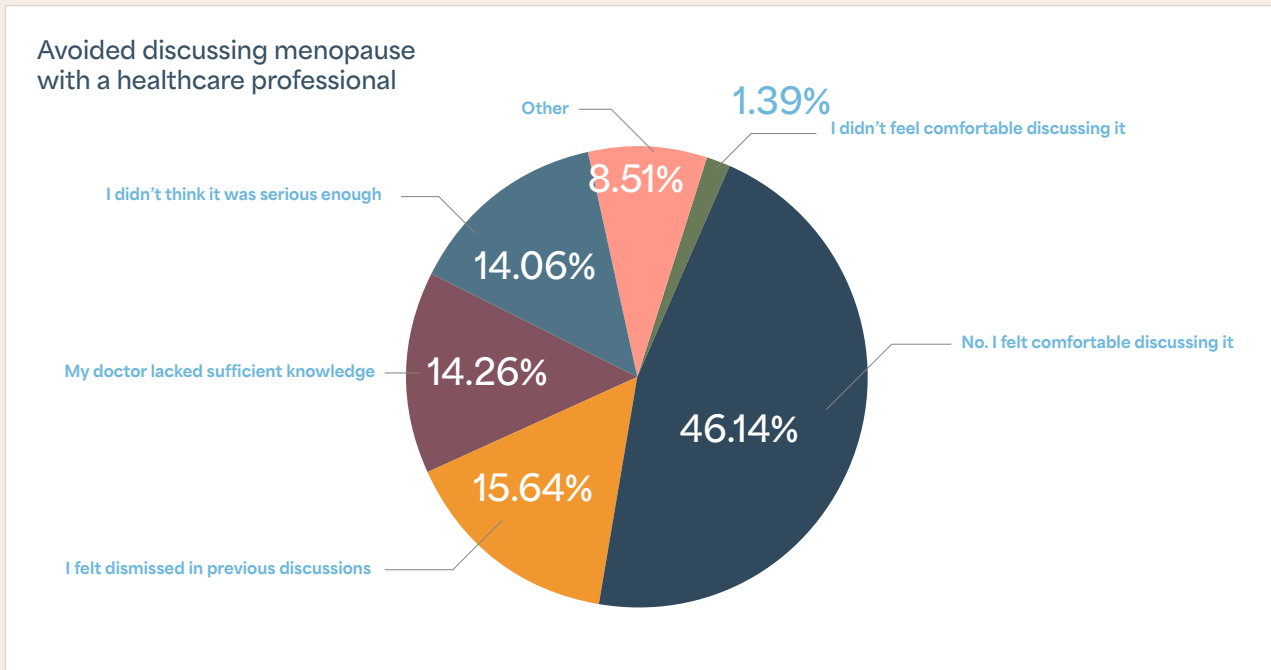
18% experienced relief within 3-6 months

16% found relief within 12 months

Many perimenopausal women begin their journeys with lifestyle or over-the-counter approaches, such as diet, exercise or supplements—which can take longer to yield noticeable benefits. Additionally, initial mild symptoms are often underestimated, leading to delayed escalation to medical treatments like hormone replacement therapy (HRT). Finally, gaps in provider knowledge and communication may mean women aren't guided toward the most effective interventions early on, prolonging their distress before meaningful relief is achieved.

Provider Communication Barriers

Among perimenopausal respondents who avoided healthcare conversations, nearly **45% cited dismissiveness, insufficient provider knowledge, or personal discomfort** as reasons for not engaging in dialogue. This led to an **average time to symptom recognition of 2.4 years** and on average **1.8 years to symptom relief** (for those who found it). Nearly **1 in 3 women never reached symptom relief** at all.



Perimenopausal women shared several reasons for why they have avoided menopause-related discussions with their healthcare providers, including:

Discomfort Raising the Topic:

Many perimenopausal women simply “didn’t feel comfortable discussing it,” reflecting uncertainty about how their concerns would be received.

Underestimating Symptom Severity:

A large share “didn’t think [their symptoms] were serious enough,” viewing early changes as the normal stress of aging rather than hormonal shifts.

Fear of Dismissal:

Several reported past experiences where they “felt dismissed in previous discussions,” eroding confidence in broaching the subject again.

Perceived Lack of Provider Knowledge:

Some believed their doctor “lacked sufficient knowledge” of menopause, so saw little point in raising an issue that wouldn’t be properly addressed.

Affluent Women Avoid Discussing Menopause

Somewhat surprisingly, women in the **highest income bracket**—those earning \$200,000 or more annually—were the most likely to **avoid discussing menopause** with their doctors.

26% said they didn't feel comfortable raising the topic

29% believed their symptoms weren't serious enough to discuss

29% felt dismissed in past conversations

28% doubted their doctor's knowledge about menopause

Because high-earning women often have demanding professional roles, concerns about credibility, career impact and a perceived lack of provider expertise can make them especially hesitant to broach menopause symptoms.

Shifts in HRT Treatment Awareness

Women in the Perimenopause Stage Have the Most Hormone Replacement Therapy Fears

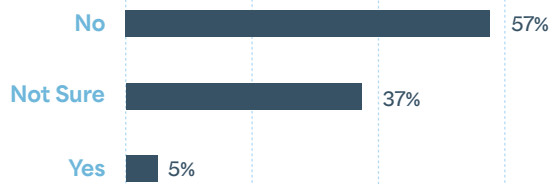
There is an **urgent need for HRT awareness** as **perimenopausal women were most likely to characterize HRT as harmful**. They frequently cited fears around cancer risk and side effects, concerns rooted in outdated research and mixed messaging. For instance, one perimenopausal respondent (age 40-44) asked, "Can hormone replacements cause cancer?", while another (age 45-49) called HRT "dangerous for women who are prone to certain types of estrogen cancers."

These beliefs often stem from the legacy of the 2002 Women's Health Initiative study and the lack of clear, up-to-date guidance from healthcare providers. As a result, many perimenopausal women delay or avoid HRT, underscoring the need for improved education on modern, individualized hormone therapies.

Despite known disparities in care access, women of all backgrounds most often turned to over-the-counter remedies, a common first line of self-management, before seeking prescription therapies.

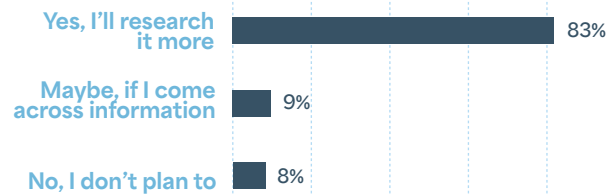
Pre-survey

Do you believe hormone replacement therapy (HRT) is harmful?



Post-survey

Will you educate yourself further on hormone replacement therapy (HRT)?



The Truth About HRT Safety

In just one hour, the film **dispelled decades of misinformation about HRT safety** delivering a powerful educational impact and significantly **improving perceptions of its safety**.

Before the film, only 56% of respondents believed HRT was safe or effective. After viewing, 92% of participants considered HRT either safe or helpful for managing symptoms: 49% said HRT is a safe treatment option and 43% said it helps alleviate menopausal symptoms. **83% of viewers said they would continue researching HRT**, with especially strong interest among **83% of postmenopausal women and 31% of women currently in menopause**. **67% reported they would consult a healthcare provider** for more information on menopause or HRT. This reflects a **+36 percentage point increase** in favorable perception of HRT safety and use.

Furthermore, the film **validated women's frustration over unmet needs**. Many postmenopausal women have lived with persistent symptoms for years—45% endured discomforting and often disruptive symptoms for up to 6 years before recognizing them as menopause-related. The documentary's clear, evidence-driven discussion of HRT reframed it from a taboo topic into a viable solution.

By featuring experts and real stories, the film dispelled misconceptions about HRT's risks, reduced the stigma and fears surrounding HRT, and made women more comfortable seeking out accurate information.

MENOPAUSE

Significant Treatment Gaps Persist

“I am a menopausal woman who had zero medical support during perimenopause except for watching friends quietly live through it and realizing I needed to approach it all with humor, self-knowledge, and self-learning.”

—Survey respondent, US screening

MENOPAUSE

Persistent Treatment Gaps

Treatment



Only 5% receive evidence-based menopause care.

Healthcare Experience



67.4% report negative interactions with providers.

Action



Expand access to menopause-trained clinicians and accurate information.

Women’s choice of management shifts from predominantly self-directed remedies in perimenopause to a higher reliance on clinical treatments (HRT) during menopause, then to a blend of medical and holistic approaches postmenopause. Understanding these stage-specific patterns can guide the development of targeted education, provider training and support resources.

In this stage, women reported a **high rate of negative provider encounters**.

67.4% of women reported being dismissed, encountering insufficient knowledge or receiving no solutions from their healthcare provider. They also experienced **long delays in symptom recognition**, with **45%** of women experiencing symptoms for **up to 6 years before realizing they are menopausal**.

This persistent dismissal erodes trust and delays care, but can be remedied by implementing mandatory, evidence-based menopause modules in CME and primary-care training to ensure all clinicians can validate symptoms and offer effective options.

Weight gain (62%), memory/concentration lapses (62%), stress/anxiety (61%), sleep difficulty (54%) and fatigue (54%) are listed among the **top symptoms women want to manage** at this stage, and these predominantly lifestyle- and cognition-related symptoms highlight the need for holistic approaches beyond HRT.

Only **5%** receive menopause treatment

83% planned to research HRT

There continues to be a large treatment gap, with most women relying on supplements, online advice or trial-and-error remedies. **Clinicians admit to having limited knowledge in diagnosing and managing menopause, and many harbor outdated fears about HRT's safety.** This dual deficit underscores the urgent need for targeted education for women, so they understand when and how to seek care, and for providers, to confidently offer hormone-based therapies where appropriate.

The development of and accessibility to technology can close some of this gap, and women in menopause indicated a strong demand for digital tools, specifically:

68% want telehealth access

63% seek hormone-related products

50% want nutrition and fitness guidance

43% request at-home hormone lab tests



POSTMENOPAUSE

Concerns About Cognitive Decline & Metabolic Changes

“I am post menopausal (horrible symptoms for years!) with no treatment. I am an entrepreneur and in healthcare.”

—Survey respondent, US screening

POSTMENOPAUSE

Cognitive and Metabolic Concerns Rise

Concerns



Care Preferences

- High interest in telehealth and at-home testing.

Action



Integrate digital health solutions and ongoing support for postmenopausal women.

Memory issues, fatigue, and weight gain dominate this stage. **57%** of women in postmenopause reported **memory/concentration issues** and **57%** reported **weight gain** as their most pressing symptoms. There is a need to integrate brain-health strategies—such as cognitive training apps and dietary plans rich in omega-3s—into menopause care programs.



And **treatment gaps persist at this stage. 38% of postmenopausal women use HRT, while 23% use no formal treatment**, and a significant portion of women remain undertreated despite available evidence-based options.

The (M) Factor empowered women to do their own research into HRT, to determine if it might be right for them. **83%** of postmenopausal viewers intend to research HRT after watching the film, demonstrating how clear, narrative-driven content can shift women from passive awareness to proactive health-seeking behavior. We see the benefits of offering curated online “HRT starter” guides and telehealth consultations immediately following educational events.

Women at this stage also seek self-monitoring options. **43% want at-home hormone lab testing** to track their own levels and access data-driven feedback, to validate their symptoms, engage more effectively with their providers and tailor treatments. Providers should be able to partner with diagnostic labs to subsidize at-home test kits and integrate results into digital patient dashboards.

Strong Demand for Telehealth Access

68% of postmenopausal women expressed a desire for telehealth services, yet only 6% currently use them. While there’s a strong demand, there’s a low awareness of virtual care options. Telehealth platforms could easily be promoted through employer benefits and community outreach, ensuring women know they can consult menopause-trained clinicians from home.

By addressing cognitive and metabolic needs, closing treatment gaps, and scaling digital and telehealth innovations, we can empower postmenopausal women to achieve better health outcomes and quality of life.



In the film, Gennetech leadership discussed the importance of employer benefits for menopause.

MEDICALLY UNDERSERVED POPULATIONS

Tailored Education & Targeted Clinical Protocols Are Needed

“Sought treatment from OBGYN who was unwilling to treat symptoms, was dismissive and told me to find products on amazon.”

–Survey respondent, US screening

Despite their distinct experiences, medically induced patients, women of color, and not-yet-menopausal women share a common reality: they are among the most underserved in menopause care. Whether due to sudden onset, cultural stigma, or systemic exclusion from early education, these groups face significant delays in diagnosis, inadequate treatment, and limited access to trusted resources. Their stories reveal critical gaps—and urgent opportunities—for more inclusive, stage-specific, and culturally competent care.

Medically Induced:

Facing Immediate Menopause Onset, Leading to Delays in Receiving Treatment

“As an ER+ breast cancer survivor, I hear mixed messages about HRT. I am worried about my future without estrogen. This movie gave me some hope!”

–Survey respondent, US Respondent

Medically Induced Menopause: Immediate Needs, Delayed Care

Challenges



Abrupt onset of severe symptoms; delayed access to treatment.

Action



Establish fast-track pathways to menopause specialists and hormone therapy.

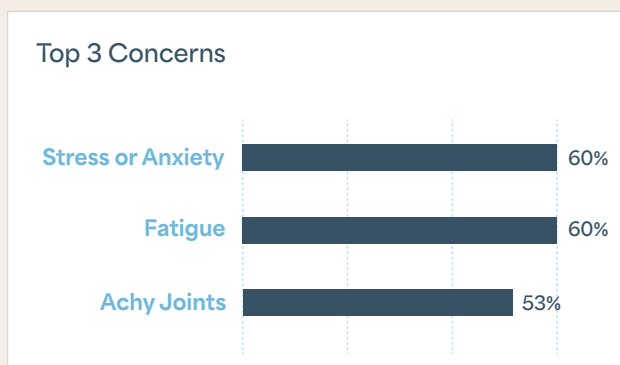
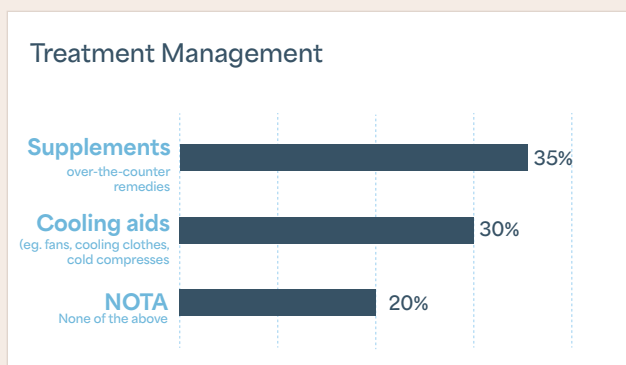
Medically induced menopause, women of color and premenopausal need tailored education, targeted clinical protocols and digital outreach are critical to bridge these gaps.



In scenes from the film, doctors and their patients discuss targeted menopause care that led to better outcomes.

Menopause can begin at any age when it is surgically or treatment related, and this journey comes with its own set of challenges. Medically induced menopausal women face sudden, intense symptoms but often receive delayed care. **5.2%** of women respondents who have medically induced menopause experienced an abrupt transition rather than the gradual hormonal shift of natural menopause. Patients are generally younger than naturally menopause peers, and they are presented with **fewer clear treatment paths**. Although they face immediate onset of **severe hot flashes (65%)** and **night sweats (58%)**, they often encounter delays in evidence-based treatment.

After viewing **The (M) Factor**, **49%** stated they plan to seek a menopause specialist.



52% of menopausal respondents (natural and induced) use hormone replacement therapy (HRT) for symptom relief.

It's important to note medically induced women, lacking residual ovarian function, are among the most appropriate candidates for immediate HRT initiation to prevent severe vasomotor and bone-health complications.

The Need for Fast-Track Menopause Treatment

Self-Care is a Necessity

39% rely on **over-the-counter supplements** and remedies. One actionable strategy that could transform menopause care and empower medically induced patients would be to establish “fast-track” pathways for them to access menopause specialists and initiate HRT without delay.



Women of Color:

Symptoms May Be Normalized or Dismissed

Women of Color: Cultural Barriers and Normalization

Challenges

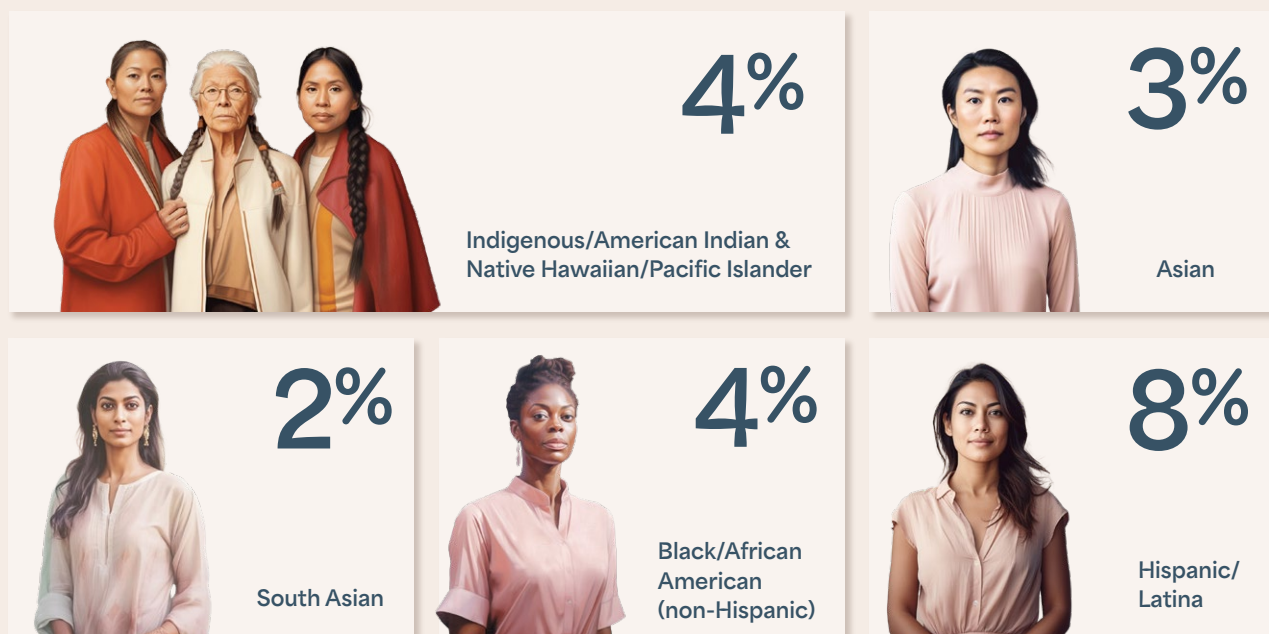
- Symptoms often normalized or dismissed; 45% wait up to 6 years for symptom recognition.

Action



Deploy community health workers and culturally relevant education strategies.

Cultural stigma around aging, combined with a lack of targeted outreach, means women from these groups often **normalize or conceal symptoms until they become acute**. **45% of women in this demographic wait up to 6 years** before recognizing menopausal symptoms, which means treatment is delayed with potentially serious implications as OTC remedies are often the first line of response.



Comments from Black and Hispanic respondents highlighted misattribution of symptoms to stress or aging, which results in **longer delays in getting a correct menopause diagnosis**. Indigenous and Asian women likewise described normalizing early symptoms rather than seeking care. Some of these issues can be addressed by training and deploying community health workers—themselves members of underrepresented groups—who can provide peer education, symptom screening and care-navigation support.

Women of Color Try Alternative Treatments

39% rely on supplements/
OTC remedies

26% use no formal treatment

Many women of color, particularly South Asian and Indigenous respondents, reported relying first on home remedies and over-the-counter supplements before approaching a provider about evidence-based treatments. Black and Hispanic women noted concerns about side effects and trust, leading to lower initial use of hormone therapies.

Rebuilding Trust:

Closing Cultural and Clinical Gaps in Menopause Care

67.4% shared experiences of negative encounters with healthcare providers, including dismissal, lack of solutions or provider knowledge gaps.

Black and Indigenous women specifically described being stereotyped (“too emotional,” “naturally anxious”) or were told their symptoms were “just stress.” Asian and South Asian respondents recounted language and cultural barriers that limited meaningful dialogue. Implicit bias and insufficient cultural competence exacerbate the overall pattern of dismissive care, which erodes trust and delays effective treatment.

Partnering with community organizations and faith-based groups to co-create bilingual, culturally relevant menopause campaigns would go a long way toward reaching, educating and caring for Women of Color.

Incorporating targeted **training modules into CMEs that acknowledge and address stereotypes** and communication strategies would ensure that women of all backgrounds receive the informed, compassionate care they deserve.

Not-Yet-Menopausal Women:

Seeking Information From Nontraditional Sources

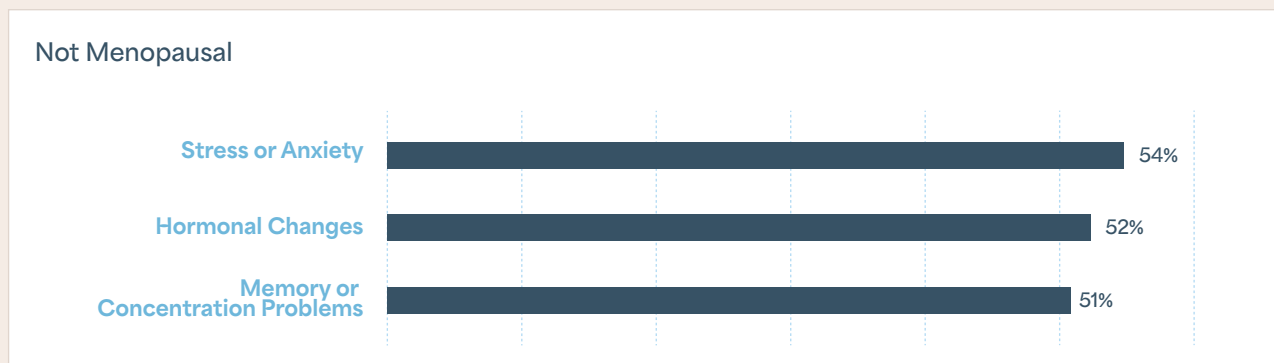
“

I'm interested in it, and I will approach this stage at some point (I'm only 20, but I'm female).”

Women ages 35 and younger are typically categorized as not-yet-menopausal, but many in this group who suspect early signs of perimenopause are often dismissed or overlooked by healthcare providers. 26% get no menopause information at all. Instead, they look to other sources for information and guidance:



Top 3 Concerns for Not-Yet-Menopausal Women



When younger, asymptomatic women aren't seeking or receiving early education, they are at risk for delayed recognition that can extend symptom duration as seen with perimenopausal women.

Premenopausal women are **information seekers** who want to be prepared rather than surprised. Seeking early interventions, and anticipating their future needs, these women **trust tech-forward solutions** and are open to learning from influencers, mobile apps and self-assessments far earlier than past generations.

Solutions For Early Interventions

For emotional readiness and credible guidance from peers, they connect with **online communities and forums** where they can “listen and learn.” As digital natives, **they trust social media platforms** and are open to learning about menopause from influencers and TikTok or Instagram professionals, not just from doctors at in-person visits. Citing convenience, privacy and the ability to explore care options before symptoms arise, these women have identified **telehealth platforms** as their preferred future access point for menopause care.

Many of them want **symptom tracking apps**—especially tools that connect to wearables—that track cycles, moods and energy levels, and provide personalized insights into early hormonal changes.

One significant risk for this group is **they may rely on nonclinical information** unless the medical community becomes more digitally accessible and inclusive.

International Viewers: A Universal Healthcare Challenge

“I work with many women and community health partners. I believe it is very important to bring attention to how little is known about menopause.”

—Survey respondent, International Respondent

Nearly half of our respondents (45%) came from 43 countries outside the U.S., and their demographics—age range, menopausal stage and education level—**mirrored U.S. responses**, underscoring that menopause care gaps represent a **universal healthcare challenge, not one confined by geography**.

89% attended to gain more information about menopause care

83% will research HRT

49% plan to seek out a menopause specialist

50% were inspired to talk about menopause at work

Shifting the Knowledge Curve

400% Increase in Provider Confidence

International Providers Rating Themselves as “Expert” in Menopause Care



Before the screening, only 12% of international healthcare providers rated themselves as knowledgeable or "expert" in menopause-related terminology. After viewing, that number rose to **60%—a 400% increase—mirroring gains seen among U.S. providers**. Their reported comfort level in discussing menopause also improved by 25%.

International Women Planning to Consult a Provider About Menopause



Before the screening, just 20% of international women planned to consult a healthcare provider about their symptoms; **afterward, 75% said they would**—matching the U.S. response and demonstrating the documentary’s power to break through cultural and systemic barriers.

International viewers were motivated to become their own healthcare advocates, with **83%** stating they will research HRT, up from **30%** pre-screening, and **85%** felt empowered to discuss menopause with friends or family, versus **35%** before viewing. Additionally, **70%** of international viewers expressed interest in telehealth consultations for menopause (yet only **6%** had previously accessed these services), and **45%** wanted at-home hormone testing kits, slightly higher than the U.S. average of 43%. This strong demand for telehealth and at-home testing, underscores the opportunity to scale virtual care platforms across borders.

Cross-cultural stigma is widespread. Women across continents reported feeling confused, dismissed or unsupported, indicating that menopause stigma is not confined to any one culture. Yet storytelling resonates deeply, and local screening events can be springboards for regional directories of menopause-literate providers and culturally competent care models. There are opportunities to collaborate with international medical boards to offer accredited menopause CME. Starting with translating the film into additional languages and creating culturally adapted post-viewing materials, the documentary can be leveraged as a teaching tool in global health curricula.

By continuing to foster this movement, **The (M) Factor** can serve as a unifying catalyst to close the menopause knowledge gap around the world.

SECTION TWO



Closing the Provider Knowledge Gap

Education & Practice Change

“I became comfortable prescribing HRT.”

– Provider survey respondent

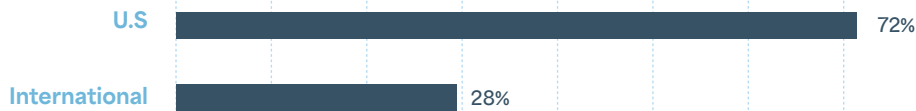
Our goal was to assess providers’ self-rated knowledge and comfort diagnosing menopause, their clinical practices and resource utilization, and then measure how these metrics shifted after viewing the film.

89% attended to seek more information

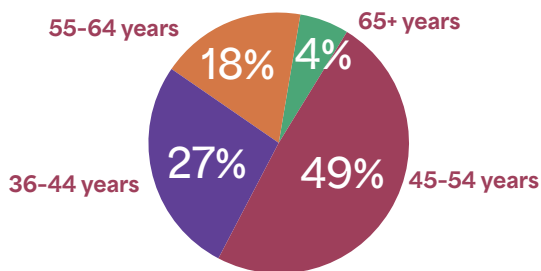
51% are themselves in perimenopause / menopause

95% would recommend the film to colleagues

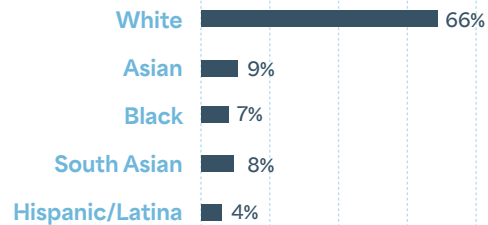
National vs International



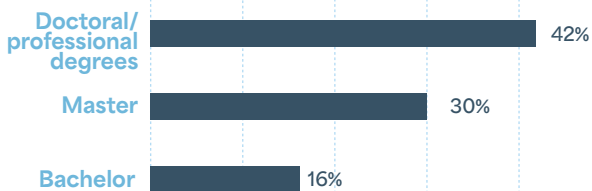
Age



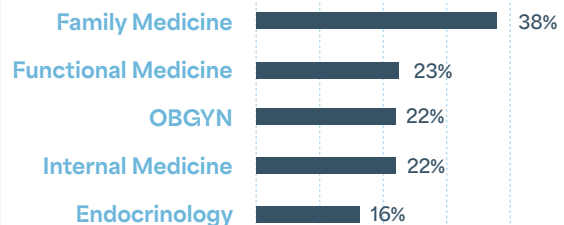
Race/Ethnicity



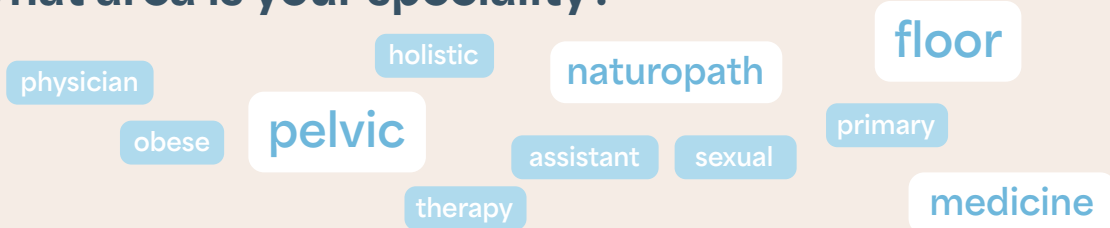
Education



Specialties



What area is your speciality?



The (M) Factor Effect: Direct Impact on Healthcare

Providers' Knowledge Gains

Knowledge Level

33% Expert

51% Moderate

15% Limited

Screenings of **The (M) Factor** produce measurable, practice-changing results. After viewing, healthcare providers report a 29% increase in their average menopause knowledge score (from 6.35 to 8.2 out of 10), a 22% boost in comfort discussing and managing menopause, and a jump in those self-identifying as “expert” from 33% pre-film to 60% post-film.

Knowledge & Comfort Gains

Pre-Film

Most providers rated themselves as only “**moderately**” or “**limited**” in menopause expertise (51% and 15%, respectively).

Post-Film

Expert self-ratings soared to **60%**, with the remainder overwhelmingly in the “**moderate**” category.

Comfort Discussing Menopause

Rose from a mean of 5.6 pre-film to 7.0 post-film on a 10-point scale, reflecting a 25% increase in willingness to address menopause proactively.

Correcting Misconceptions: Menopause Onset

What clinicians know shapes patient care.

Pre-Film

Providers with **moderate or limited knowledge** estimated menopause onset at **age 49**, while self-defined experts guessed 51.

Post-Film

Over 85% correctly identified menopause as diagnosed 12 months after a woman’s final period (typically between ages 45-55), aligning clinical perspective with evidence-based definitions. These shifts in knowledge, confidence, and core clinical facts underscore the documentary’s power to educate providers with the understanding they need leading to earlier, more accurate, and guideline-driven menopause care.

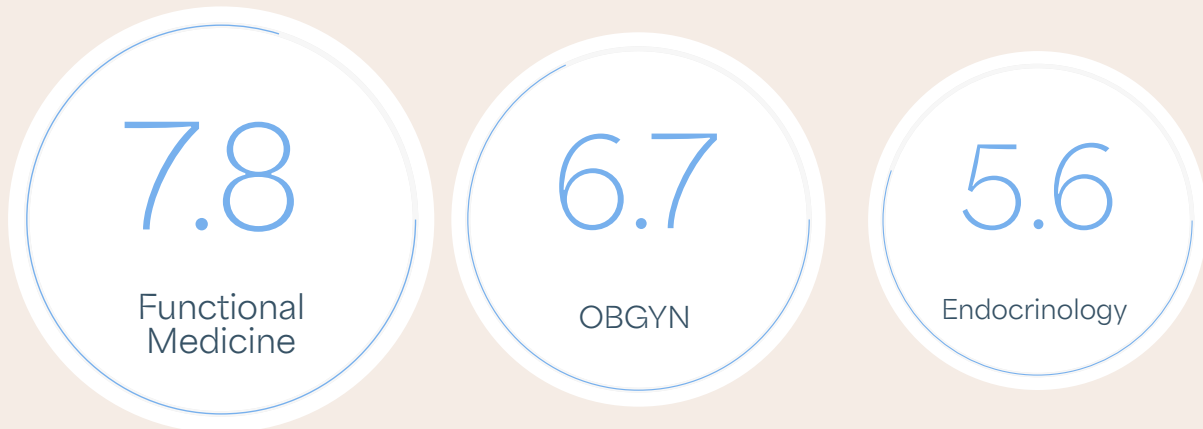
44

A large portion of our population is in perimenopause, menopause or post menopause and few providers know how to treat menopausal symptoms, often poo/pooing women and making us feel like it's "all in our heads" or something we have to deal with as a part of aging. ” – Survey respondent

Allied Health Professionals Perceived as More Knowledgeable

Highest comfort among

Lowest in comfort



Defining Perimenopause: Survey Reveals Gaps in Provider Knowledge

Perimenopause Definition
(time leading up to last menstrual period)

48% correct for all providers

Among specialties, Obstetrics & Gynecology (OBGYN) had the highest pre-survey accuracy: **52% correctly identified perimenopause as “the time leading up to the last menstrual period,” compared with 48% across all providers.** This gap highlights that even among the most-focused specialists, nearly half lacked a precise clinical definition underscoring the need for more foundational menopause education in both residency training and accessible CME modules—to ensure all providers can accurately identify and discuss this critical life stage.

Continuing Medical Education & Practice Change

95% completed at least one menopause-focused CME post-screening

70% report earlier initiation of HRT (within perimenopause)

80% now follow NAMS or ACOG guidelines consistently

65% adjusted follow-up to 1-3 months, up from 47%

100% of CME earners report tangible practice changes (e.g., new rating scales, patient education protocols)

Primary Care Providers Have Significant Knowledge Gaps in Menopause

67% of viewers who are providers earned a CME in menopause-related topics in the last 5 years. Of those, OBGYNs were the highest (85%) and General Internal Medicine practitioners were the lowest (50%). Providers who have **completed menopause-focused CME** are twice as likely to **rate themselves “expert”** compared to those who have not.

How knowledgeable do you feel about diagnosing and managing patients with menopause?

How comfortable do you feel diagnosing and managing patients with menopause?

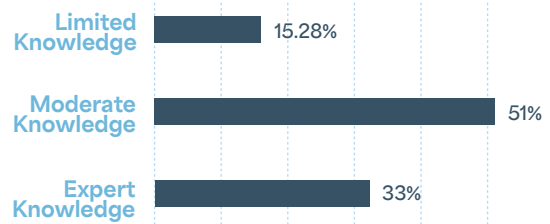
6.35

Average

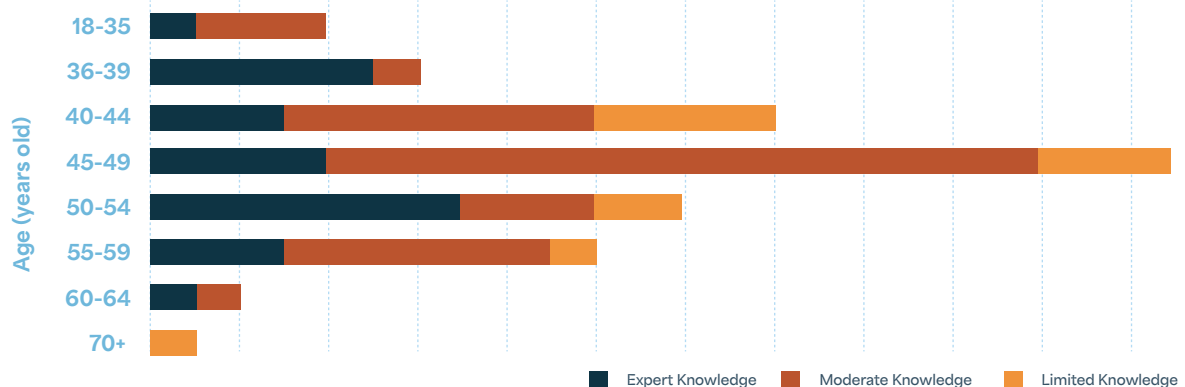
6.57

Average

Knowledgeable Level



Knowledgeable by age



When providers are not adequately knowledgeable about menopause and related treatment options, women suffer the consequences.

Specialty	“Expert” Knowledge (%)	Earned Menopause-Specific CME (%)
Obstetrics & Gynecology (OB/GYN)	35%	85%
Functional Medicine	26%	65%
Family Medicine	22%	60%
General Internal Medicine	19%	50%
Endocrinology	15%	55%

Medical specialties correlate with expertise, despite menopause’s cross-disciplinary relevance. Endocrinologists, for example, manage hormone disorders, but they are under-trained in other facets of menopause, and only 55% have pursued menopause-specific CME. Just 15% feel like experts.

To build foundational competence before clinicians enter practice, it is imperative we incorporate **perimenopause and menopause training into medical school and residency curricula across all specialties.**

Specialty champions—OBGYN and Functional Medicine leaders—should be engaged to impart their high expertise to mentor peers as CME faculty and ambassadors. Furthermore, **targeted CME can directly bolster clinical confidence**, and it is critical we tailor accessible, specialty-focused CME modules for family and primary care physicians, endocrinologists and internists—who are often the first point of contact—to elevate their menopause expertise.

Conferences present ideal environments for introducing the importance of learning more about menopause care and treatments. Expert clinicians prioritize interactive, high-engagement conferences and live webinars because these venues combine cutting-edge content with opportunities to debate, network and translate new evidence into practice. Rigorous publications and academic lectures then solidify that knowledge base, while podcasts and special events serve as useful but secondary reinforcements.

What Providers Say They Need to Improve Menopause Care

84% national/international consensus guidelines

82% med-school/residency curricula integration

82% online CME on menopause

71% in-person workshops

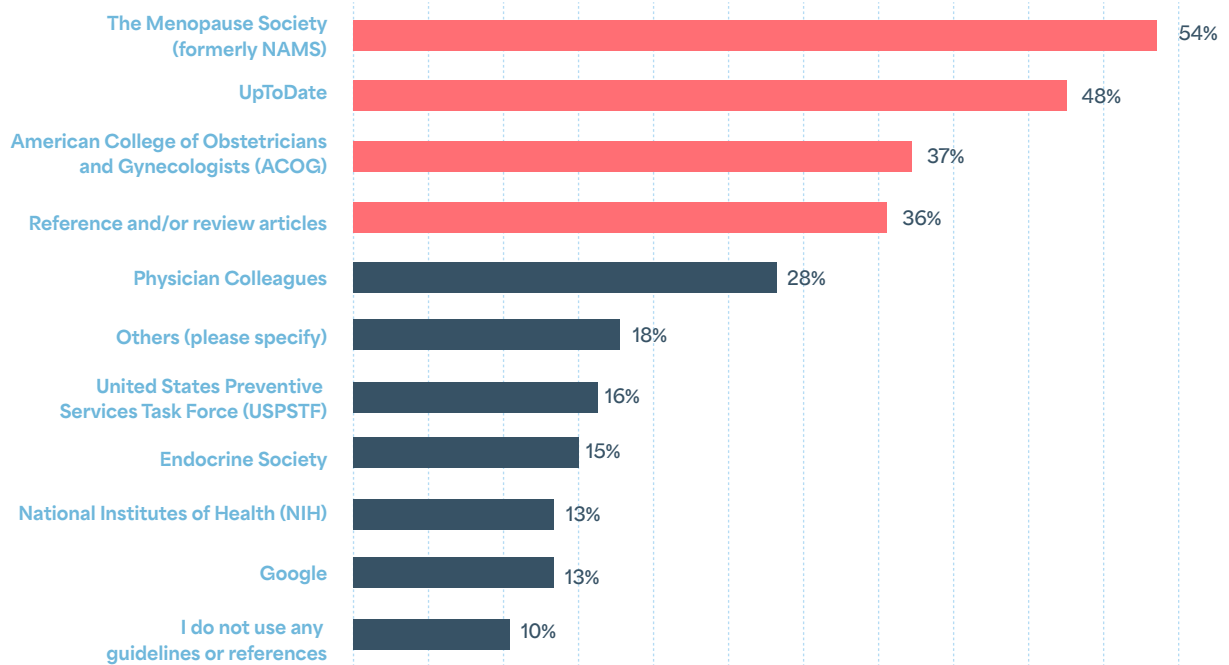
66% systematic reviews



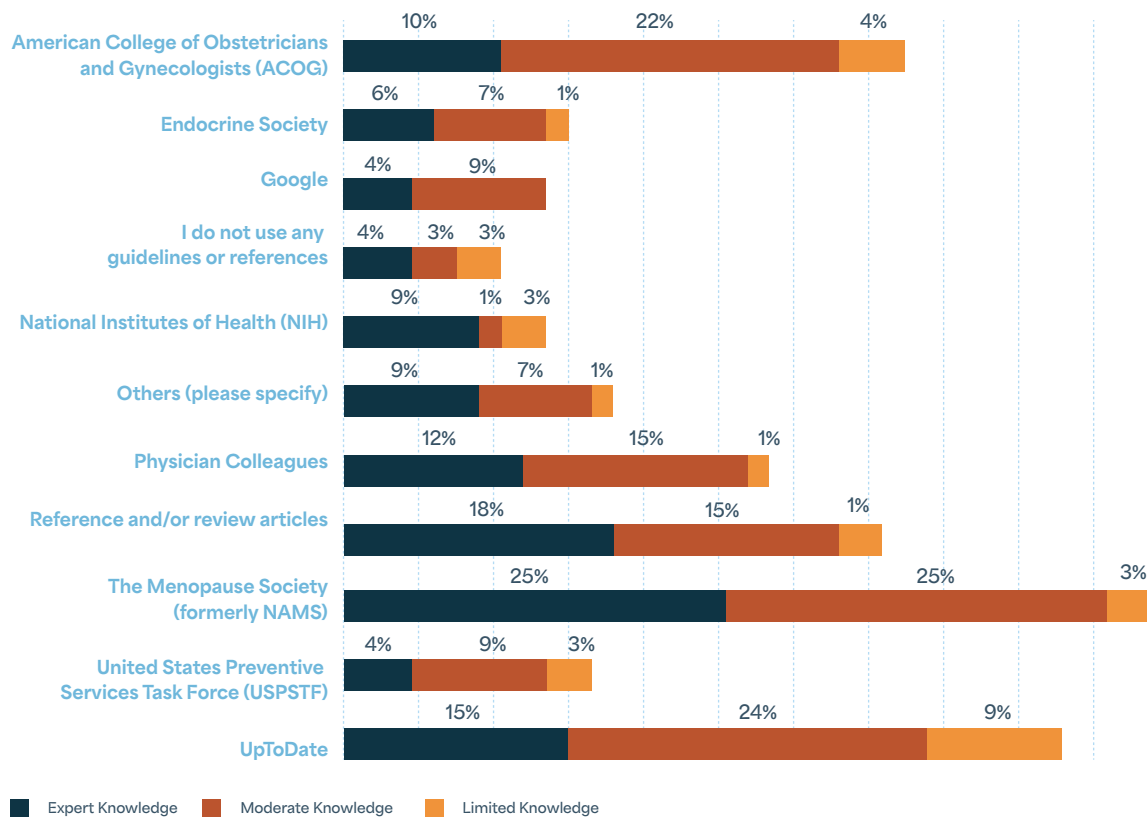
Format	Expert Uptake	Why It Works for Experts
Conferences	90%	Offer face-to-face access to thought leaders, case-based workshops, and peer-networking that keep experts at the cutting edge.
Online/Webinars	85%	Combine convenience with live Q&A, interactive polls, and CME accreditation—essential for maintaining up-to-date practice.
Publications	50%	Provide the depth and rigor of peer-reviewed studies and systematic reviews that underpin expert clinical decisions.
Academic Lectures	45%	Grand Rounds and specialty symposia deliver deep dives into complex cases and evolving guidelines in a collegial setting.
Podcasts	40%	Allow “on-the-go” reinforcement of emerging research and expert commentary, though less suited for full case discussions.
Special Events	30%	Immersive programs (e.g., medical-education retreats or cruises) offer concentrated learning, but require more time and investment.

Leading Clinical Guidelines Shaping Menopause Care

Which guidelines and/or references do you utilize when managing patients experiencing men..



References used by Knowledge Level



The Misinformation Divide:

Aligning Provider Perceptions With Patient Reality

There is a disconnect between where patients are getting information on menopause and where their doctors think they are getting information.

Channel	Providers believe	Patients receive
Social media platforms	70%	28%
Social media influencers	67%	41% (healthcare pros on social media)
Friends or family members	65%	41%
Healthcare professionals on social media	59%	41%
Their doctor or healthcare provider	9%	42%

Overestimation of Social Media Use

Providers assume the majority of patients get menopause information from social media channels (70%–67%), yet fewer than one-third of patients actually turn to general social media platforms (28%) or the healthcare professionals or influencers (41%) on those platforms.

Underestimation of Clinical Trust

While fewer than 1 in 10 providers believe patients rely on them for information, over 40% of patients cite their doctor as a primary source. Providers have underestimated patients' clinical trust.

Consistent Role of Personal Networks

Both groups agree that personal networks, friends and family, play a significant role (65% providers; 41% patients), highlighting the importance of empowering patient support circles.

Reaching Beyond the Clinic: A New Model for Patient Engagement

By integrating brief, targeted menopause education into routine visits and pointing patients to reliable online resources, providers can strengthen patients' trust in their doctor's advice. Providers might also be encouraged to produce vetted menopause content on social media, to bridge the gap between perceived and actual patient behavior.

Social and personal networks are influential, and healthcare providers can reach women where they are by leveraging community and employer channels. They might distribute educational materials through community workshops, employer wellness programs and patient-peer support groups.

“Currently I'm in premenopause and under 40. Doctors tell me I'm too young. [I'm] feeling isolated with the lack of guidance.”



SECTION THREE



Pathways to Ending the Silence on Menopause

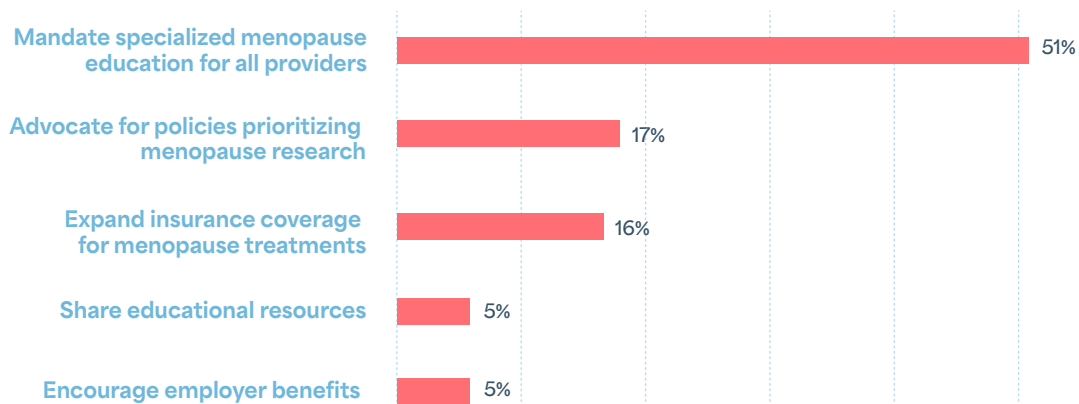
Building a Menopause-Ready World

Advancing Menopause Health: Strategies for Change



Top Priorities: ACTION, INNOVATION & POLICY

Participants overwhelmingly agreed that these steps would boost care quality:



These suggested strategies for change were consistent regardless of race, pointing to shared priorities across communities for closing knowledge gaps and reducing stigma.

Understanding Market Trends & Consumer Behavior

How Menopause Stage Shapes Buying Behavior

While retail pharmacies (e.g., CVS, Walgreens) and online marketplaces (e.g., Amazon, eBay) each account for 30% of all purchases, stage-specific patterns and motivations differ:

Purchase Outlet	Perimenopause	Menopause	Postmenopause
Online marketplaces	35%	28%	25%
Retail pharmacies	28%	33%	30%
Compound pharmacies	12%	15%	18%
Specialty health stores	10%	12%	11%
Hospital/medical facility pharmacy	8%	7%	6%
Direct from manufacturers	4%	5%	6%
Other outlets	3%	—	4%



Beyond the topline data, women’s purchase behaviors reveal meaningful differences across menopausal stages. From where they shop to what motivates their choices, each phase reflects distinct needs, symptom severity, and levels of trust in available treatments.

Perimenopausal Women (35-44 years)	Online-Focused 35% Discretion and convenience drive early-stage women to purchase supplements and OTC remedies online, where they can explore a broader range of natural and lifestyle products without stigma.	Lower Pharmacy Use 28% With milder or misattributed symptoms, fewer women feel the need to visit a brick-and-mortar pharmacy.
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Menopausal Women (within 12 months of last period)	Pharmacy-Centric 33% As symptoms intensify, more women turn to prescribed hormone therapies and proven over-the-counter treatments available at retail pharmacies.	Rising Compound Pharmacy Usage 15% Demand grows for personalized hormone formulations when standard HRT doesn’t fully address individual needs.
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Postmenopausal Women (13+ months)	Continued Pharmacy Reliance 30% Ongoing management of long-term symptoms and co-morbidities (e.g., bone loss) keeps retail pharmacies central.	Higher Compound Pharmacy Share 18% Many postmenopausal women seek customized dosing and bioidentical hormones to fine-tune symptom relief.
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Why Outlet Choice Matters:

Motivations Behind the Menopause Marketplace

While the data highlights *where* women shop, it's just as important to understand *why* they choose these outlets. Their decisions reflect more than convenience, they reveal evolving **needs for privacy, trust, and personalized care throughout the menopause journey.**

Anonymity & Access

Early-stage women often prefer online channels to avoid perceived judgment and to self-educate on supplements and lifestyle solutions.

Clinical Confidence

As symptoms become more severe or complex, in-person pharmacy visits provide validated treatments and professional guidance.

Personalization Needs

Compound pharmacies and direct-manufacturer orders reflect a segment that requires modified formulations—underscoring the importance of provider awareness around individualized care.

These findings suggest that intervention strategies should consider where women shop at each stage. Possible actions include partnering with online retailers for awareness campaigns, training retail pharmacists to guide midlife women and ensuring prescriber knowledge about compounded options for those with specialized needs.



In the film, audience responds to speaker's discussion on menopause care.

Technology and Digital Health Innovation

Technology Offers Solutions, But There is a Gap in Awareness

Innovations in technology can play a critical role in the future of women’s healthcare, and access to telehealth options was identified as the most-desired tech solution. However, at this time, there is little awareness of what is available to women and how it might help them.

Rising Demand for Digital Menopause Care— But Awareness Lags Behind

75% plan to seek professional help, yet most remain unaware of available telehealth options.

69% want to access healthcare professional online, but only **6%** know telehealth exists.

How Tech Can Solve Menopause

Meet women where they are with **mobile-first app and website access, convenience, personalization and self-empowerment in menopause care.** Digital solutions that combine access to expert guidance with actionable data—whether through virtual visits, automated reminders or interactive coaching—can transform the menopausal journey from confusion to confidence.

Most-Desired Digital Tools for Menopause Support

Digital Product/Tool	%	Insights
Telehealth Access	69%	Women want on-demand, flexible access to menopause-literate clinicians. This is especially important for those in underserved or rural areas.
Hormone-Related Products	63%	Demand spans from bioidentical options to personalized prescription tools. Women want medically-guided, accessible hormone therapy.
Nutrition & Fitness Guidance	50%	Symptom relief often begins with lifestyle. Women seek structured plans and interactive programs that align with hormonal changes.
At-Home Hormone Lab Testing	43%	Women want to track their own hormone levels to validate symptoms to show to dismissive doctors.
Symptom Tracking Apps	38%	Although not listed as a top response in percentage data, open-ended answers showed consistent interest in mobile apps that help log, track and analyze symptoms over time.

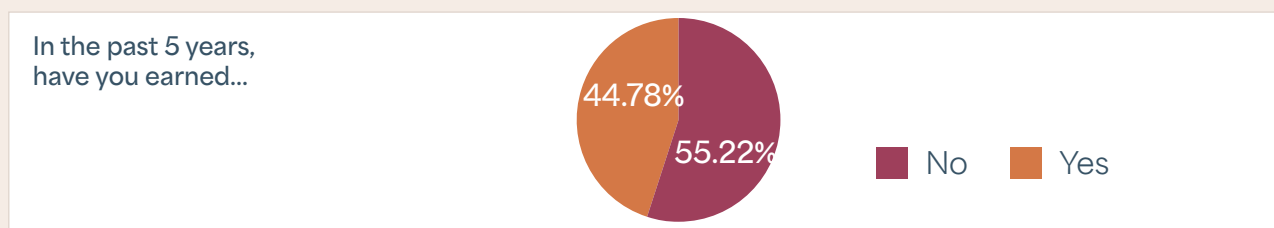
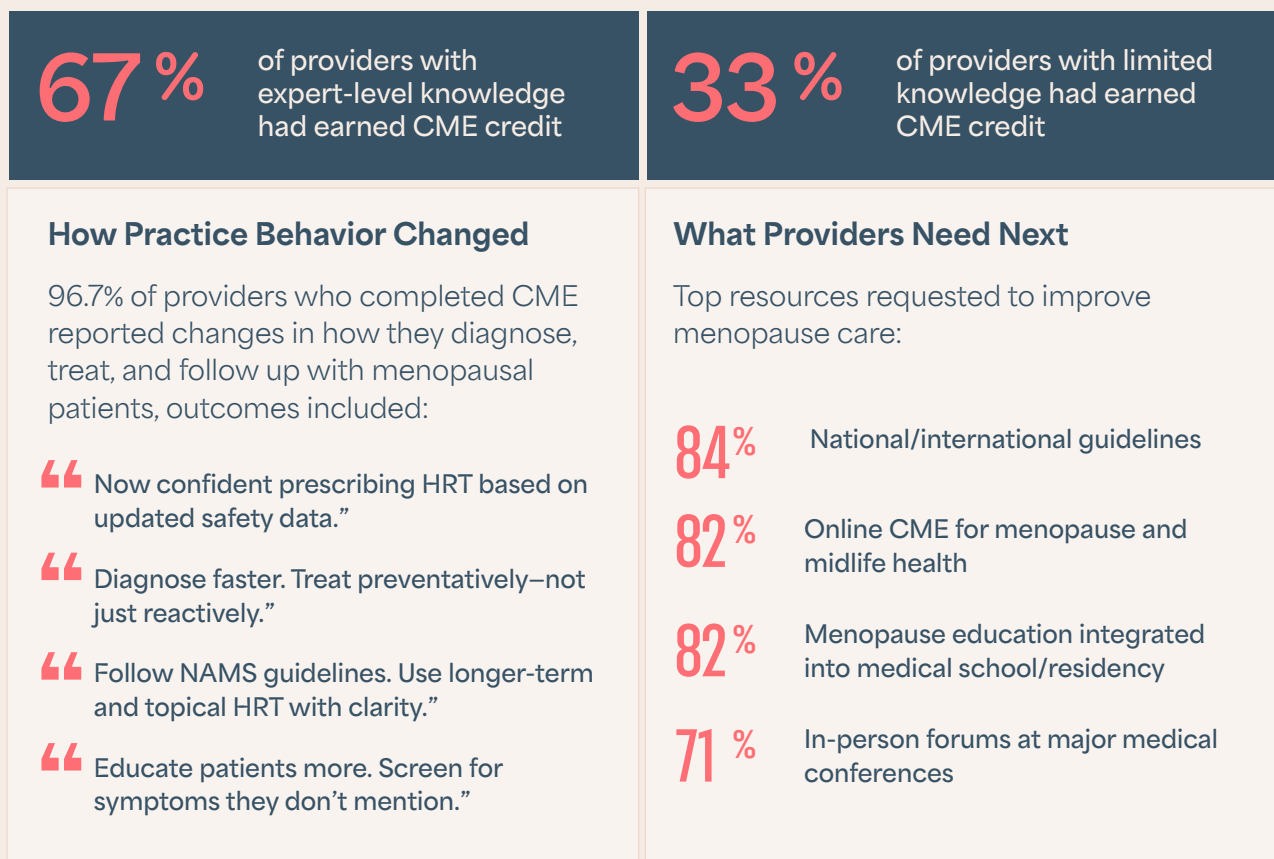
Provider Education Drives Change

The Impact of CME on Menopause Knowledge and Practice Behavior

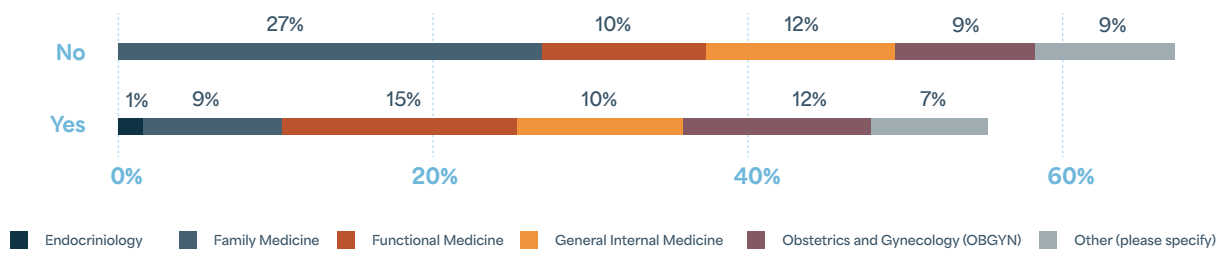
CME credit is not a box-checking activity—it is the single most influential factor in transforming provider readiness to care for women in perimenopause and menopause. The data show a direct, measurable, and lasting shift in both knowledge and action. Expanding CME offerings—especially accessible formats like webinars, on-demand courses, and interactive toolkits—should be central to any national or international strategy on women’s midlife health.

“I learned how to diagnose [perimenopause] faster and treat preventatively.”
—Provider Survey Respondent

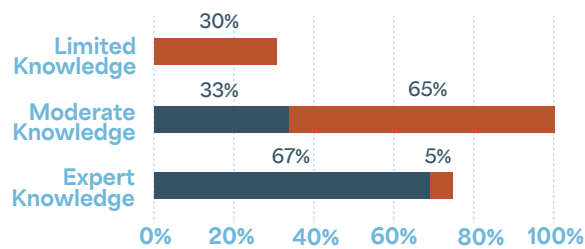
Improves Provider Confidence and Practice Behavior



Earned CME by speciality



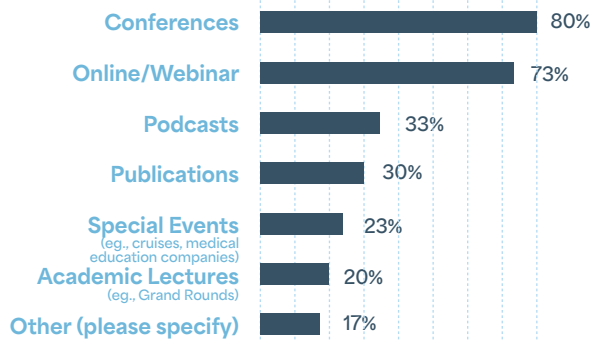
In the past 5 years, have you earned CME credit specifically on the topic of menopause?



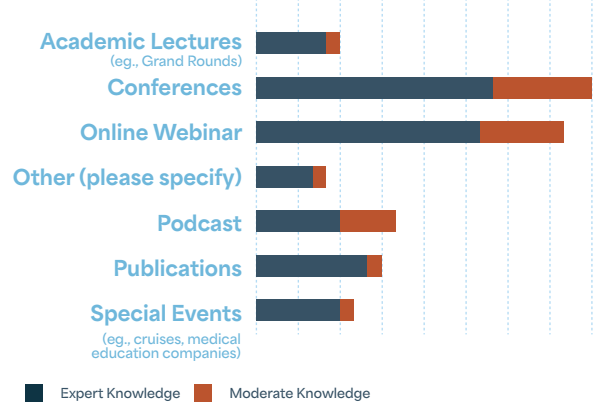
What formats did you utilize?

- Menopause Boards
- Took the NAMS Menopause Boards
- Mentorships by experts in the specialty field
- Heather Hirish Academy and NAMS study and educational resources

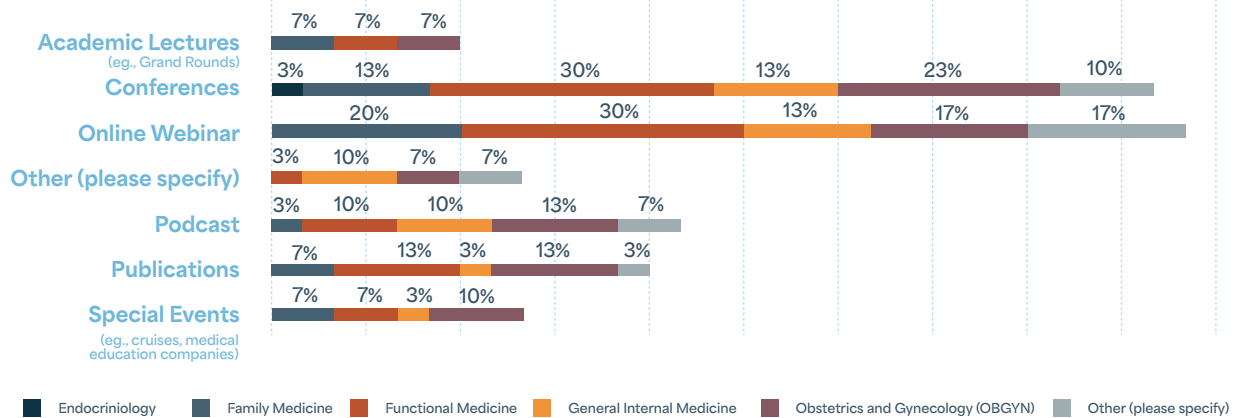
What formats did you utilize? By knowledge Level



What formats did you utilize? By knowledge Level



What formats did you utilize?



Prescribing Patterns by Age:

How Provider Age Influences Menopause Care

44

The (M) Factor changed my understanding of safety of prescribing. ”

–Provider Survey Respondent

80%

looking to expand knowledge

How Provider Age Influences Menopause Care

Age matters, generational knowledge gaps exist, which impacts how providers treat and prescribe for menopause. Compared to providers ages 51 and older, their colleagues under age 50 report both **higher comfort diagnosing menopause** and a more **proactive prescribing approach**.

Average Comfort Score (0-10)

< 50 Years Old

7.0

> 50 Years Old

6.4

Differences & Insights

Younger clinicians—fresh from training that increasingly integrates menopause—feel more at ease initiating discussions and treatments.

“Expert” Knowledge Self-Rating

< 50 Years Old

38%

> 50 Years Old

29%

Differences & Insights

Under-50s are more likely to view themselves as experts, reflecting both recent curricular updates and greater CME engagement in early-career years.

CME Completion (last 5 yrs.)

< 50 Years Old

70%

> 50 Years Old

60%

Differences & Insights

Younger providers pursue menopause-focused CME at higher rates, fueling both confidence and practice change.

Early HRT Initiation

< 50 Years Old

65%

start in perimenopause

> 50 Years Old

50%

start postmenopause

Differences & Insights

Clinicians under 50 are more likely to recommend hormone therapy during perimenopause; older providers tend to wait until after menopause, likely due to more conservative guideline interpretations.

Follow-Up Within 3 Months

< 50 Years Old

55%

> 50 Years Old

40%

Differences & Insights

Under-50s—especially those practicing in non-OBGYN specialties—schedule earlier follow-ups to assess response and optimize dosing, whereas older providers more often opt for longer intervals before reassessment.

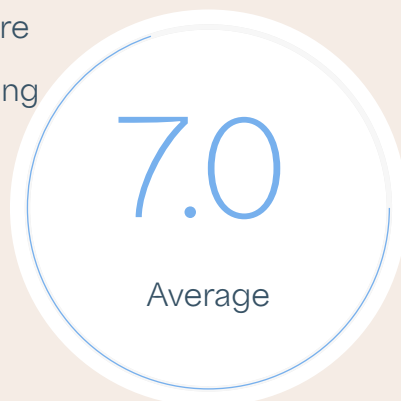
How Long Providers Recommend Hormone Therapy

In regards to **hormone therapy**, **providers ages 50 to 54** are the most likely group to prescribe HRT for the lifetime of the patient (at 16%). In contrast, providers under 50 tend to prescribe HRT based on duration of symptoms or within fixed windows, like 5 to 10 years. It's likely older clinicians have more clinical experience with long-term patient outcomes and feel more comfortable continuing HRT beyond standard durations, while younger providers may still be influenced by outdated caution stemming from early WHI study interpretations.

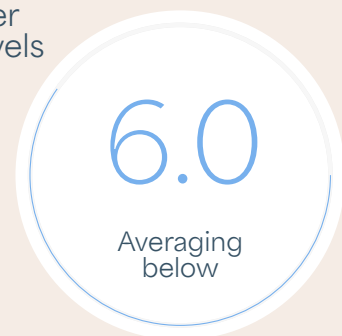
Follow-up practices also appear to differ among providers, based on their age groups. **Providers under 50** are more consistent in scheduling follow-up within **1 to 3 months after initiating treatment**. Younger providers may be more attuned to evolving best practices around patient monitoring and continuity of care, possibly due to recent training or digital tool use.

Menopause Management Comfort Rises with Education, Not Age

Ages **36-49** score highest on comfort managing menopause



Ages **55-70+** report lower comfort levels



Younger physicians, especially those earning CME credits, report greater confidence and updated knowledge (what is called “**knowledge comfort**”), reflecting the impact of modern menopause-focused training. **Practitioners ages 36 to 49** score **highest on comfort** managing menopause (avg.: 7.0), while their colleagues **ages 55-70+** report **lower comfort levels**, averaging below 6.0.

Closing Age-Driven Gaps in Menopause Education

These generational differences suggest that recent shifts in medical education and greater CME uptake among younger clinicians translate directly into more timely, patient-centered menopause care. **To close the generational gaps:**

Encourage **cross-generational mentorship** within clinical teams.

Expand **standardized CME access**, especially for providers over 50.

Promote **best-practice consensus** on long-term HRT use and follow-up protocols.

By aligning training and resources with these insights, we can ensure all providers, regardless of age, deliver evidence-based menopause care.



Dr. Lisa Mosconi meeting with research group at Weill Cornell Women's Brain Institute.



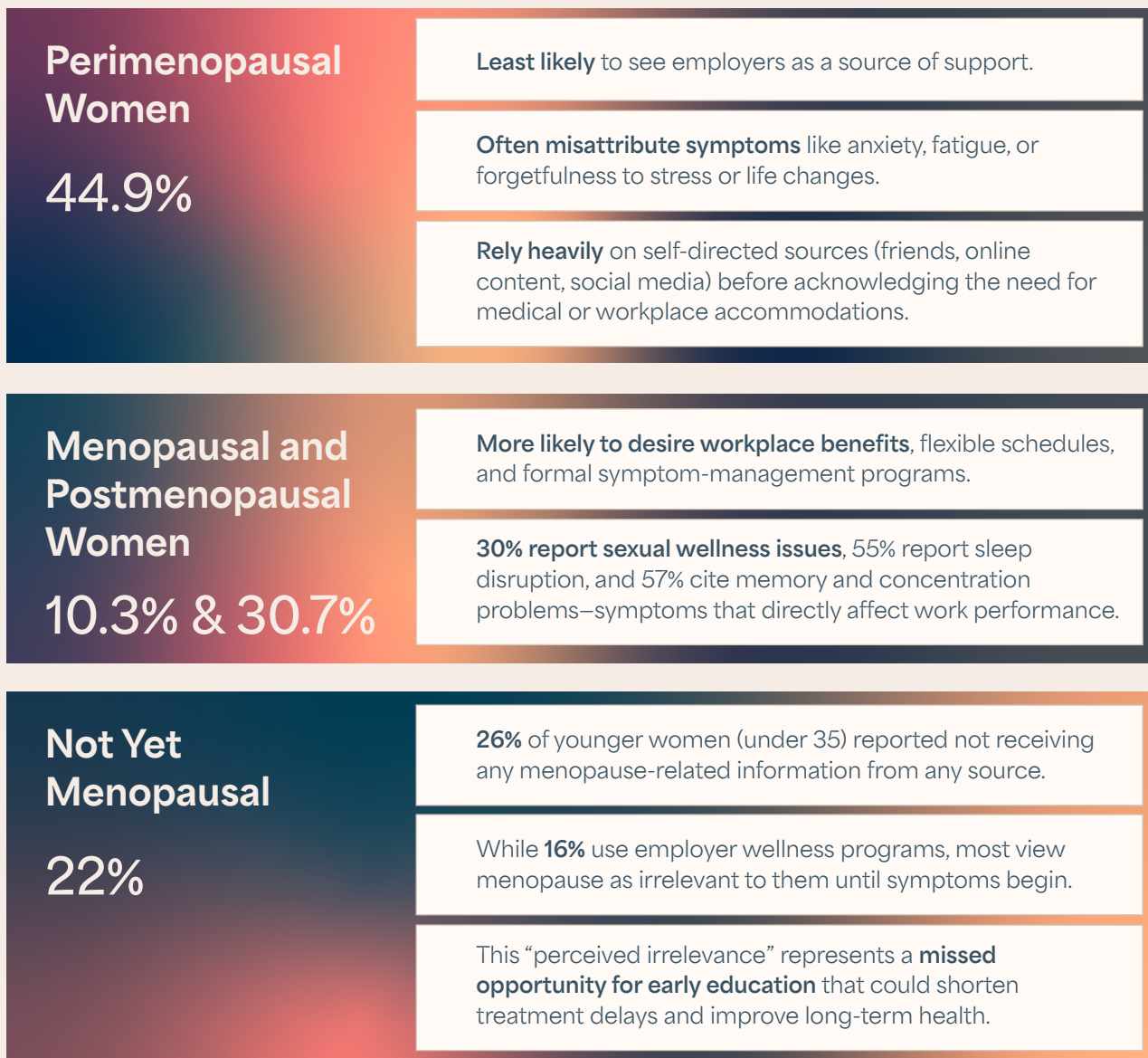
Pathways to Ending the Silence on Menopause

Workplace Readiness and Support:
Meeting Women Where They Are

Why Menopause Belongs in the Workplace Conversation—At Every Stage

Workplaces can't wait. With over **50 million women in the U.S. workforce between ages 35-60**, the impact of menopause on productivity, retention, and well-being is no longer a future issue—it's a present one. Yet despite this, only **6%** of women report using workplace wellness programs for menopause support, and **just 5%** say they intend to advocate for menopause-related benefits in their organizations. This points to a major opportunity and an urgent responsibility for employers to take the lead.

Menopause doesn't wait for convenient moments; symptoms often begin years before diagnosis and persist long after. Our data shows how engagement with workplace resources shifts depending on menopausal stage:



Building Menopause-Inclusive Workplaces: Tailoring Support by Stage

A **one-size-fits-all approach doesn't work**. Women's needs change throughout the menopause transition and so must employer strategies. **The (M) Factor** data reinforces the value of tailoring workplace responses across perimenopause, menopause and postmenopause.

Recommended Actions:



Integrate Menopause Into Wellness Programs

Embed short educational videos, digital toolkits, and symptom self-assessments into employee health portals, especially targeting those aged 35-45, where early intervention has the greatest long-term impact.

Train Leadership & HR

Equip managers with menopause literacy training, including how to offer accommodations such as temperature-controlled spaces, hybrid work flexibility, and adjusted workloads during acute symptom phases.

Expand Benefit Offerings

Provide employees access to telehealth consultations with menopause-trained providers, subsidized products for symptom relief, and ongoing virtual workshops on topics ranging from HRT to nutrition.

Create Peer-Led Support Networks

Establish voluntary employee resource groups (ERGs) where midlife women can share experiences, normalize discussions, and provide feedback on workplace policies.

Menopause is not just a health issue—it's a **workplace equity issue**. Women in midlife represent one of the most experienced, resilient, and capable segments of the workforce. Yet many suffer in silence, unsupported by systems that fail to recognize the full arc of their needs.

Data from **The (M) Factor** shows that the moment employers take proactive steps by **normalizing the conversation, building education into infrastructure, and tailoring benefits** they don't just support individual health. They create workplaces where women can thrive, lead, and remain engaged throughout all stages of their careers.

CONCLUSION

A Global Call to Action for Menopause Health Equity

The time for change is now. By 2030, menopause will impact 1.2 billion women, their families and societies. Despite 75% experiencing symptoms that reduce quality of life, education and support remain scarce, with under 5% of global health funding allocated to women's care when their reproductive life ends.

While we are encouraged to see awareness and treatment expanding in high-income countries, in most of the world, silence and stigma around menopause remain deeply ingrained. In low-and middle-income countries, this global health challenge is virtually invisible.

Driven by a determined cohort of healthcare professionals, researchers, journalists, influencers, entrepreneurs, and peri-and postmenopausal professionals, a movement is emerging to create a new global norm for menopause, so all women can live longer, healthier, happier and more productive lives.

Actions we can take together include:

- 1 Implementing outreach and campaigns to educate doctors and empower women, families and communities, and foster generational impact.
- 2 Funding research projects aimed at improving menopause education, support and understanding.
- 3 Amplifying awareness, sharing insights and driving advocacy worldwide.
- 4 Advocate for workplace support.

Our analysis demonstrates that **The (M) Factor** achieved all the goals of generating high awareness, educating even the most well-informed and sparking action from most filmgoers, especially those who work within the health sector. By addressing misinformation, improving provider education and expanding access to trusted care, we can close critical gaps in menopause treatment and empower women to thrive in midlife and beyond.

Yet stigma, misinformation, and underfunding persist. The (M) Factor has proven its ability to shift attitudes, empower women and educate providers. **Now is the time to act.**

APPENDIX

Methodology

This report summarizes audience responses from **The (M) Factor film's** screenings across the contiguous U.S. and in 43 other countries, from October 2024 until mid-April 2025. The film had accompanying pre-and post-surveys to segment the audience and evaluate the impact of the film. Pre-survey questions gathered baseline information about the respondents, including demographic details, education levels, professions and personal experiences. Post-survey questions assessed changes in awareness, reactions to segments of the film and intended actions.

The survey was structured to explore various dimensions, including:

- 1. Awareness & Knowledge:** Assessing participants' familiarity with menopause health terms and their understanding of current health options.
- 2. Envisioning Change:** Capturing respondents' perceptions of necessary actions to address menopause health outcomes.
- 3. Representation in Healthcare:** Investigating views on medical professionals and their impact on patient care.

Overall, there were **2,589** unique submissions. **523** respondents had complete responses to the pre-and post-surveys that could be linked. The remaining **2,066** participants only have pre-survey data available.

The (M) Factor documentary reframes the narrative of suffering in silence during menopause into a story of hope and empowerment. It invites viewers to witness and internalize the stories of those affected by galvanizing society to unite for health equity.

Common Terms Used in the Report

gender: The Report is generally written in binary terms based on the still very large proportion of the population that identifies in binary terms as either female or male.

perimenopause is the 4-to-10-year stretch before menopause when estrogen and progesterone levels, which regulate a woman's reproductive cycle, begin to fluctuate and ultimately decrease. This phase—it generally begins in a woman's 40s, but can start as early as her 30s—is typically when women will experience symptoms, such as increased irritability, vaginal dryness, hot flashes, etc.

menopause is when a woman has not had her period for 12 consecutive months. If a woman skips a period for several months but resumes bleeding/menstruating, she has to begin counting all over again. The menopause experience is a longer transition that begins with perimenopause and ends with postmenopause.

postmenopause: After 12 months without a period, a woman reaches menopause and is then considered postmenopausal. Experiences vary, but many women continue to experience menopause symptoms for 4 to 10 years following menopause. Regardless of frequency, intensity or absence of symptoms, long-term health risks remain. As the average age for entering post menopause is between 49 and 51 and most women today live into their 80s, many view their postmenopausal years as an exciting, period-free chapter.

racial/ethnic distinctions self-identified by respondents: The U.S. Census Bureau is in the process of updating the racial/ethnic groups it tracks. Census surveys currently allow a single choice among several races or a multi-racial identification; a member of a racial group is exclusively of that race on the basis of self-identification.

characteristics of data used in the Report: All data provide a snapshot at the time the measurement was made. All statistical data are imprecise. The reliability or precision of data relies on the size of sample studied and how representative the sample is of the population as a whole. Note that for simplicity, margins of error are not given in this Report and data are generally rounded to whole numbers. Use caution when comparing any numbers that are close in value. Specific margins of error can be found in many of the references cited. Survey data are only as accurate as the respondents' answers. When using survey data, it is assumed that respondents answer as truthfully as they can. However, individuals may differ in their interpretation of questions, their life experiences, and understanding of facts.

CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.



The

FACTOR

SHREDDING the SILENCE
on MENOPAUSE



A WOMEN IN THE ROOM PRODUCTIONS AND TAKE FLIGHT PRODUCTIONS FILM

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Denise Pines is the president of the Osteopathic Medical Board of California, former president of the Medical Board of California, and a board member of both the Federation of State Medical Boards and the National Minority Health Association. A recognized global leader in femtech and women's health innovation, she is the founder of The FemAging Project, an influential initiative that produces market-shaping research on health technologies for women aged 40+ and hosts pitch competitions to accelerate solutions in the pro-aging space.

She also founded WisePause Wellness, a national education platform that empowers women navigating perimenopause and beyond with science-backed tools, culturally attuned content, and access to expert-led events. As co-founder of Tea Botanics, she launched a line of functional teas designed to support women through the menopause journey with natural, evidence-informed ingredients.

An award-winning marketer and serial entrepreneur, Denise has launched 10 startups spanning entertainment, publishing, and consumer goods. She is also co-founder of Women in the Room Productions, where she brings untold stories to life as a Peabody Award-winning filmmaker with 13 award-winning documentaries to her credit. Current productions include **Before the Pause**—a prequel to **The (M) Factor** exploring perimenopause—and **Stessolence**, a powerful exploration of adolescent mental health.

Who We Are



WOMEN IN THE ROOM
PRODUCTIONS

Women in the Room Productions

Women in the Room Productions provides film, television and digital production services that bring to life story lines driven by women and persons of color.



Take Flight Productions

Take Flight Productions is a multimedia company creating empowering content for TV and digital platforms, including **The (M) Factor: Shredding the Silence on Menopause**.



Steven & Alexandra Cohen Foundation

The Steven & Alexandra Cohen Foundation is committed to inspiring philanthropy and community service. We do this by creating awareness, offering guidance, and leading by example to show the world what giving can do. Our grants support public 501(c)(3) nonprofit organizations based in the United States that either help people in need or solve complex problems. We also spearhead grassroots campaigns to encourage others to give. As of December 2024, the Foundation has provided over \$1.3 billion of philanthropic support.

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