



# Better Aging in BC

## Mapping Menopause Research Priorities

**WOMEN'S HEALTH  
RESEARCH INSTITUTE  
AT BC WOMEN'S**



**BC WOMEN'S  
HOSPITAL+  
HEALTH CENTRE**



An agency of the Provincial Health Services Authority

# Executive Summary

Menopause is a universal life transition for individuals assigned female at birth. In Canada, women spend up to one-third to one-half of their lives in post menopause. Despite its widespread impact on health, quality of life, and workforce participation, menopause research and care remain underdeveloped. Evidence gaps, fragmented care pathways, and persistent stigma contribute to unmet needs for individuals experiencing menopause symptoms and for clinicians who support them.

**Better Aging in BC: Mapping Menopause Research Priorities** was developed to address these gaps by identifying the most important unanswered research questions related to menopause in British Columbia. Led by the Women's Health Research Institute (WHRI) in partnership with BC Women's Hospital + Health Centre, the project convened clinicians, researchers, health system partners, and people with lived experience of menopause to co-develop a provincial Research Agenda. The initiative responded directly to recommendations from the Health and Economics Research on Midlife Women in BC (HER-BC) study, which highlighted the need to enable menopause research.

The project applied two complementary priority setting approaches: the **James Lind Alliance Priority Setting Partnership** (JLA PSP) process and the **Dialogue Model** (DM), supported by a Learning Health System (LHS) framework. Activities included establishing public and professional task forces, conducting a rapid review of medically complex menopause and care models, gathering province-wide knowledge needs through engagement surveys, and hosting a facilitated consensus workshop. These processes ensured that research priorities reflected the perspectives of those experiencing menopause, those delivering care, and those conducting research.

Through this process, participants identified a Top Ten list of menopause research priorities for British Columbia. These priorities were formed into research questions that span clinical care, health system design, public health policy, and basic science.



# BC's Menopause Research Agenda

1

What are the effects of menopause hormone therapy on chronic disease prevention and management (cardiovascular disease, osteoporosis, dementia)?



3

How can emotional, relational, social, and physical aspects of sexual health (including Genitourinary Syndrome of Menopause) be best supported during menopause?



5

What models of care improve menopause-related outcomes, and how can they be implemented within the health system?



7

How can laboratory science and research be translated into personalized menopause treatment approaches?



9

How can Indigenous knowledge and practices be integrated into menopause research and care models?



2

How can British Columbia increase equitable access to menopause care across regions and populations?



4

What lifestyle interventions (nutrition, exercise, PFPT, mindfulness) are effective for managing menopause symptoms and enhancing quality of life?



6

What workplace policies and environments are needed to better support menopause health?



8

What are the effects of menopause hormone therapy long-term?



10

What is the safety and efficacy of hormonal and non-hormonal therapies for people experiencing medically complex menopause (including premature ovarian insufficiency, hormone-sensitive cancers, HIV, and other comorbidities)?



# Research Ecosystem



In addition to these priority menopause research questions, the study team identified key ecosystem needs to mobilize the Research Agenda as part of an LHS. These include:

1

Developing targeted funding and mentorship pathways to build menopause research capacity in Canada, particularly for trainees, fellows, and early-career investigators.

2

Expanding interdisciplinary engagement by involving clinicians and researchers from fields such as cardiology, endocrinology, pharmacy, primary care, and allied health in menopause research initiatives.

3

Strengthening clinician education and training by developing structured learning opportunities such as menopause fellowships, curricula, and continuing education programs to improve menopause care knowledge and confidence.

4

Enhancing patient and public engagement by establishing recruitment registries, leveraging existing platforms (e.g., REACH BC), and employing grassroots outreach strategies to reach diverse and underserved populations.

These considerations reflect the importance of partnerships across health research, care delivery, and the public, and the need for infrastructure to catalyze and support the research itself.

By aligning research with the priorities of those most affected by gaps in menopause knowledge, this initiative aims to advance evidence-informed care and support healthier aging for women and gender-diverse people across British Columbia and beyond.

The resulting **Mapping Menopause Research Agenda** will be stewarded by the Women's Health Research Institute to monitor progress in addressing the identified knowledge gaps. This stewardship will continue to be facilitated alongside our public, and health system partners, including BC Women's Hospital + Health Centre, as we work to actualize a Learning Health System.

# Mapping Menopause Report

Find the report and related information about *Mapping Menopause* at <https://whri.org/our-initiatives/mapping-menopause/>



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# Acknowledgements



## The Territories

The Women's Health Research Institute offices and BC Women's Hospital + Health Centre operate on the unceded territories of the x̱m̱əθkw̱əy̱əm (Musqueam), Skwxwú7mesh (Squamish), and seḻílwitlh (Tseil-waututh) Nations. As provincial organizations, we recognize how this project has engaged other territories, including the lands, peoples, and waters. We are grateful to the past and present caretakers of these lands.

As organizations committed to improving the health outcomes of women, including people across the 2S LGBTQIA+ spectrum, we recognize our responsibility in collective efforts toward establishing culturally safe health care systems and services that address health inequities among Indigenous peoples, especially Indigenous women, girls, and Two-Spirit people.

## The People

*Mapping Menopause* convened health researchers, trainees, clinicians, system decision makers, and a diverse group of people with lived and living experience of menopause across BC. It was co-led by Dr. Lori Brotto (Researcher Co-Lead, WHRI and UBC Department of Obstetrics and Gynaecology) and Dr. Stephanie Rhone (Research User Co-Lead, BCW CMC). We are grateful to Dr. Stephanie Fisher, who stepped in to the role of Research User Co-Lead for Dr. Rhone upon her retirement in September 2025.

We are grateful to everyone who has supported the project from ideation with their Letters of Support for our grant application, to those who formed our Task Force members and Core Team, and to the new collaborators and partners who joined along the way.

We thank our core team of Lori Brotto, Co-leads Stephanie Rhone and Stephanie Fisher, as well as Nicole Prestley and Titilola Yakubu who provided project management and coordination support.

With that, we express our gratitude to Marina Adshade, Melanie Altas, Silke Appel-Cresswell, Mohamed Bedaiwy, Brittany Bingham, Katrina Bouchard, Bobbi Brownrigg, Heather Cooke, Lesa Dawson, Prubjot Gill, Sabrina Gill, Roxana Geoffrion, Kerstin Gustafson, Gwen Haworth, Jenine Hira, Michelle Jacobson, Chris Johnson, Darren Lazare, Shannon Lawrence, Lissy Liu, Unjali Malhotra, Kate McBride, Kelsey Mills, Deborah Money, Rachel Ollivier, Lini Qiao, Ramya G N Reddy, Tim Rowe, Julia Santana Parrilla, Caroline Sanders, Aline Talhouk, Alka Tandan, Nicole Todd, Ruth Vilayil, Shirley Weir, Angela Williams, Jane Xia, Titilola Yakubu, Chui Kin Yuen, and Ali Zentner.

## The Partner Organizations

We would like to thank the BC Naturopathic Doctors, BC Nurses Union, Interior Health Authority, the Physiotherapy Association of BC, the University of British Columbia's Department of Obstetrics and Gynaecology, Vancouver Island Health Authority, YMCA BC, and YWCA Metro Vancouver, who facilitated the promotion of the *Mapping Menopause* project engagement activities through their organizational channels so that we could reach our intended audiences.

## The Funders

This work would not have been possible without a Convening and Collaborating grant awarded by Michael Smith Health Research BC and the generous support of BC Women's Health Foundation who provided additional funding for the project.



# The Language We Use

Throughout this Report, we use the following language to describe the people involved, the activities undertaken, and the experiences explored:

## What we mean by “menopause”

The word “menopause” is used in a variety of ways publicly. Some use it to refer to the time leading up to (perimenopause) and after (postmenopause) menstrual cessation. In this report, we use the language “menopause”, “menopause transition”, and “menopause-related symptoms”.

## Glossary

Term	Definition
Cisgender	A person whose gender identity correlates with the sex assigned to them at birth; not transgender. <sup>1</sup>
Experience expert	A person who seeks, accesses, and receives healthcare services. In health research, this is sometimes called a patient partner, or person with lived/living experience. <sup>2,3</sup>
Healthcare Professional	A person who provides care services within, and/or outside of healthcare systems, including (but not limited to): clinicians, nurses, allied health professionals, and naturopaths.
Menopause	The date that marks permanent cessation of ovulation. <sup>4</sup>
Menopause-related symptoms	The physical, psychological, and emotional changes brought about by the hormonal changes that characterize the menopause transition. <sup>4</sup>
Menopause transition	The phase otherwise known as “perimenopause” that is characterized by hormonal changes prior to the final menstrual period (menopause). <sup>4</sup>
Women	Adults whose gender identity and expression are feminine, and/or whose physiology is female. This includes gender diverse and cisgender individuals, respectively.
Women’s health	The physical, biological, psychological, emotional, cultural and spiritual health of people who identify as cisgender or transgender women and girls, as well as trans, intersex, nonbinary or Two-Spirit individuals who may not identify as women but who were assigned female at birth, within context of intersecting concerns related to the concepts of sex and gender. <sup>1,5</sup>

# Background and Aims

## The impact and knowledge gaps of menopause

In 2024, Statistics Canada reported that women comprised over half the population.<sup>6</sup> Everyone assigned female at birth will experience the transition to menopause (known as perimenopause) if they live long enough, whether it occurs spontaneously, or due to the surgical removal of the ovaries, radiation, or chemotherapy. Cisgender women (assigned female at birth and identifying as women) in high income countries report an average age of onset of menopause (defined as the end of ovulation<sup>7</sup>) of 51 years old.<sup>8</sup>

Women spend a third to half of their life in peri- and post-menopause. While menopause is defined as the single day after twelve consecutive months of no menstruation (unless there has been a medical or surgical menopause), the symptoms leading up to (perimenopause), and after (post-menopause) can be a significant burden on women's health and quality of life. Although vasomotor symptoms (i.e., hot flashes and night sweats) have received the most attention,<sup>9</sup> there are a range of additional health changes due to declining estrogen levels, including osteoporosis, cardiovascular disease, cognitive symptoms<sup>10</sup> pelvic floor problems (e.g., incontinence,<sup>11</sup>) resulting in significant negative effects on a person's quality of life.<sup>12</sup> Women aged 45 and over make up 25% of the workforce; untreated symptoms of menopause are associated with \$3.3 billion in lost wages and \$237 million in lost productivity.<sup>13</sup>

Despite the health and economic impacts of menopause, Canada continues to have a paucity of menopause-specific research to support this inevitable transition for half of its population.

There is a critical need for research, particularly from within Canadian contexts, given our unique healthcare system. British Columbia is a particularly unique province with its six health authorities, diverse population, and strong cross pillar research environment.

The lack of knowledge concerning menopause can lead to misinterpretation of evidence, and misinformation. Significantly, the widely misinterpreted Women's Health Initiative study, which stopped in early 2002 due to fears of increased rates of breast cancer among women using menopause hormone therapy (MHT), derailed MHT related research for two decades, leaving glaring knowledge gaps in a core area of women's health. Lack of knowledge can lead women to believe that symptoms are normal,<sup>11</sup> not serious enough,<sup>14</sup> and not worth asking for support with.<sup>15</sup> Even when people try to access care, barriers navigating the health care system, language barriers,<sup>16</sup> cost,<sup>14</sup> and care providers' attitudes<sup>15,17</sup> perpetuate gaps. Glaring gaps in knowledge and care have left digital media with opportunities to propagate mis- and disinformation where influencers may share non-evidence informed information, sometimes in an effort to sell a product. These actions have significant consequences on health outcomes by influencing behaviour and beliefs of consumers. With people over the age of 65 being the fastest growing demographic in Canada, and senior women projected to account for 24% of the total female population in 2031 (n.b. 15% in 2010),<sup>18</sup> the time is now to invest in menopause.

# The Women's Health Research Institute

The Women's Health Research Institute (WHRI) is a dedicated women's health research unit in British Columbia (BC) that has been at the helm of addressing gaps in menopause knowledge and care.

In November 2023, the WHRI partnered with the Canadian Menopause Society's Biennial conference, which was held in Vancouver, to deliver a public event to share the latest menopause-related evidence. The event featured presentations from menopause clinicians and leaders, about the basics (what is menopause, how can you manage it), the economic impact of menopause, and how to support sexual health during menopause. In March 2024, the WHRI featured menopause as the theme of its 9th Annual Research Symposium showcasing the latest evidence and evidence gaps in menopause and midlife women's health topics.<sup>18</sup> It was the most well-attended symposium to date with 309 members joining from across BC. In November 2024, the WHRI released the Health and Economics Research on Midlife Women in BC (HER-BC) report, summarizing the finding from the first ever provincial study that explored menopause-related symptoms and their impacts on work, caregiving, and quality of life ([www.whri.org/her-bc](http://www.whri.org/her-bc)).

The multidisciplinary study was led by Dr. Lori Brotto and a team of investigators from the WHRI and the University of British Columbia (UBC) and took an integrated Knowledge Translation approach by involving representatives across menopause care, research, and lived experience, as part of the team. In addition to data collection from over 2,000 female residents of BC, the project had an embedded integrated knowledge translation component that established relationships between the HER-BC team and related women's health organizations across the province of BC. The report includes five recommendations: (1) enhance public awareness of menopause to combat stigma; (2) increase healthcare provider education and

multidisciplinary care coordination; (3) create policies to increase supportive workplaces and accommodations to facilitate women's workforce participation; (4) reduce workplace discrimination; and (5) increase research. At the time of this report, the first of several peer-reviewed manuscripts arising from the HER-BC Study have been published.<sup>20</sup> *Better Aging in BC: Mapping Menopause Research Priorities (Mapping Menopause for short)* responds to recommendation 5, by generating research questions informed by people who receive and deliver menopause related healthcare (known as research users), as well as those who study menopause and its underlying mechanisms (known as researchers).

*Mapping Menopause* was co-designed in partnership with BC Women's Hospital + Health Centre (BCWH), the only dedicated provincial referral centre in BC with a mandate to "act as a resource for women and health care providers across BC and the ability to attract the best health care providers and researchers to realize improvements in women's health".<sup>21</sup> In January 2025 BC Women's Hospital + Health Centre launched the Complex Menopause Clinic (CMC). The CMC serves people experiencing menopause symptoms in BC who have medically complex personal histories such as having concurrent chronic conditions or diseases like HIV, premature ovarian failure due to cancer treatment, and other serious health issues. The WHRI has a mandate to serve as the dedicated research arm of BCWH, which it operationalizes through research staff integrated throughout the campus, as well as research funding. The WHRI's operational commitments and interest in menopause research, combined with the BCWH CMC's goal to provide evidence-based care and education, resulted in a shared interest in understanding and prioritizing menopause knowledge gaps.

# Aims and Methods

## Objectives

As articulated in the Convening & Collaborating (C2) Grant application, *Mapping Menopause* aimed to:

1. Engage researchers, trainees and Research Users\* using tailored strategies to articulate, prioritize and inform a provincial Menopause Research Agenda.
2. Solidify a Learning Health System (LHS) at BCWH, in partnership with WHRI, through the development of a Research Agenda that advances evidence-based care and incentivizes continuous learning.<sup>22</sup>
3. Build integrated knowledge translation capacity for trainees, researchers and RUs by operationalizing respectful collaboration with principles of equity, diversity, and inclusivity.

Research Users are individuals who are likely to use the knowledge generated through research, and actively participate in knowledge-developing activities as described in grant applications (Canadian Institutes of Health Research. Glossary of Funding-Related Terms: Knowledge user.)

Accessible at: <https://cihr-irsc.gc.ca/e/34190.html>



# Methods and approaches

*Mapping Menopause* sought to develop a menopause and midlife Research Agenda that addresses menopause care within a Learning Health System (LHS). The LHS Action Framework, which provides a blueprint for how health systems can integrate research into care delivery to facilitate an environment of rapid improvement resulting in improved health outcomes of its patients and clients,<sup>23</sup> was brought to life through the formal partnership between the WHRI and BCWH – particularly, the role of the WHRI to catalyze the research priorities identified, and the complementary role of BCWH to engage in research and mobilize the results into improvements in care. Overall, the LHS action framework aligned with the existing organizational commitments of the WHRI and BCW to improve the health of women and their families through evidence-based care.

We employed two complementary approaches to arrive at a Research Agenda: (1) the James Lind Alliance (JLA) Priority Setting Partnerships guide (PSP)<sup>24</sup> and (2) the Dialogue Model.<sup>25</sup> These approaches informed the design of *Mapping Menopause* activities, including research user engagement practices and structures (committees and groups), data gathering and ranking, as well as the reporting of the results.

The JLA PSP is an internationally recognized method for identifying and prioritizing research questions through structured collaboration among experience experts (also known as patient partners, or people with lived/living experience), clinicians, and researchers. Its primary objective is to align future Research Agendas and funding decisions with the issues of greatest relevance to those directly affected by a particular health issue. The JLA process involves the systematic collection of interests from diverse but related audiences, proposed as research questions, the verification of whether these questions have been adequately addressed in the existing literature, and the shortlisting of those that are most frequently raised or strongly endorsed. These shortlisted questions are then discussed and ranked during facilitated priority-setting workshops in which attendees participate as equal partners, culminating in a consensus-based top ten list of research priorities.



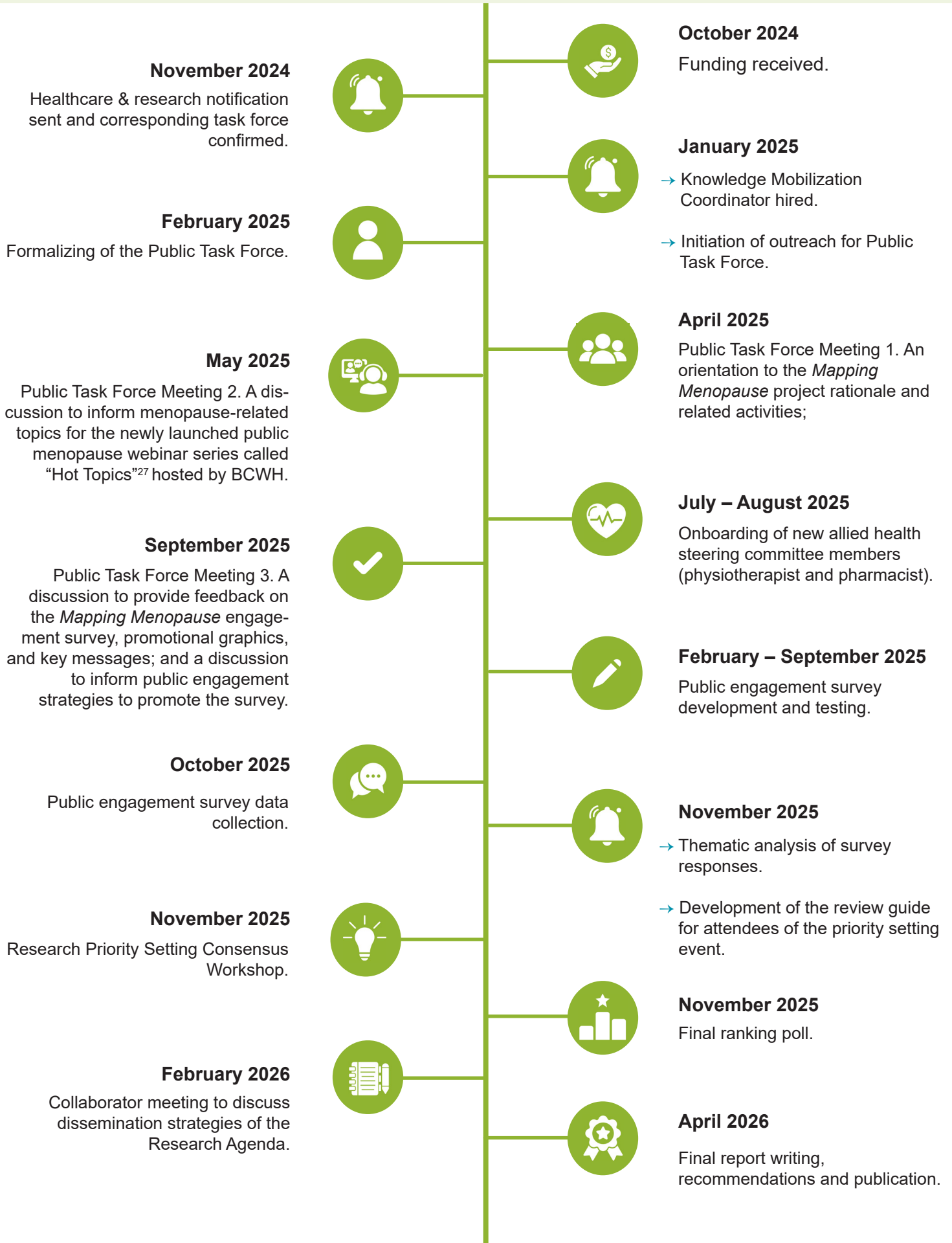
The Dialogue Model (DM) is a process that facilitates shared decision-making in ways that account for power disparities.<sup>24</sup> The DM engages experience experts as equal partners in the coproduction of research, guided by 6 phases: (1) exploration; (2) consultation; (3) prioritization; (4) integration; (5) programming; (6) implementation.<sup>24</sup> These phases compliment the structure of JLA PSP, as they (1) explore who ought to be involved and how; (2) consult different groups to gather research topics of interest to each; (3) prioritize research topics; and (4) integrate priority topics into a collective Research Agenda, and in this way, the DM goes beyond simply consulting with team members. Whereas JLA PSP phases end with publishing and promoting the agenda, DM extends into (5) translating the agenda into funding programs or plans; (6) mobilizing agenda items, and implementing and evaluating results.<sup>24</sup> Goal 6 is directly aligned with the WHRI's goal to "communicate research discoveries and successes to researchers, stakeholders, and the public".<sup>26</sup>

## Project activities & timeline

*Mapping Menopause* commenced in November 2024 following the release of the HER-BC report (Table 2) and began with brainstorming team composition and reaffirming the project goals. At the start of our project, we built the team of new collaborators (both experience experts and professionals) from across BC's geographic health regions. We then undertook five key activities: (1) formalized our team; (2) synthesized knowledge; (3) identified menopause knowledge gaps; (4) convened the team for a workshop (JLA PSP); and (5) planned knowledge translation. The activities were designed to build relationships, knowledge, and momentum toward informing patient, provider and researcher-informed priorities toward better longevity and health outcomes for cisgender women and gender diverse people in BC.



**Figure 1. Project timeline**



*Mapping Menopause* combined JLA PSP and DM approaches to identifying and prioritizing research topics. Commonalities in how JLA PSP and DM guide convening diverse partners, accounting for differing perspectives on knowledge gaps, and establishing consensus were integrated into the *Mapping Menopause* Research Agenda.

**Figure 2. *Mapping Menopause* priority setting & dialogue model integrated processes**

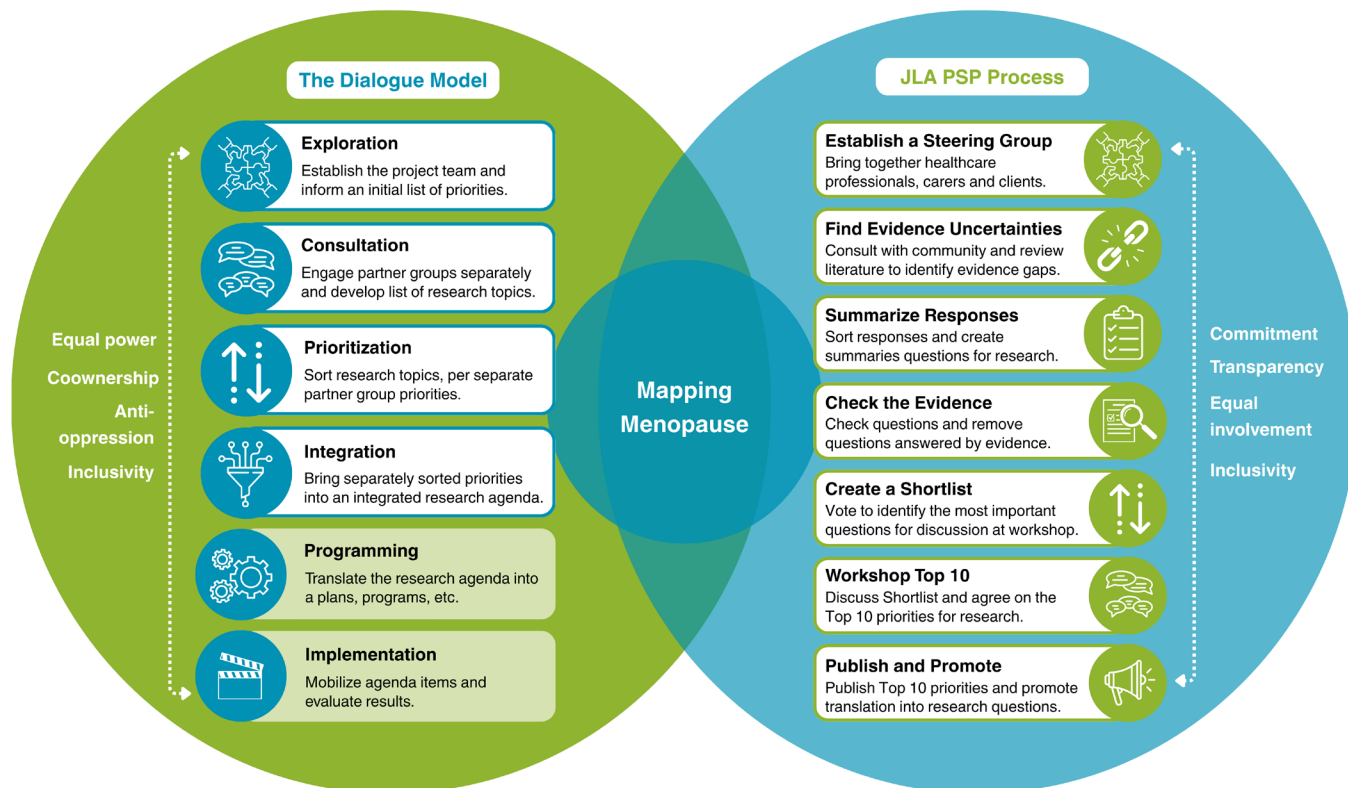


Figure 2 is a visualization of DM Model and JLA PSP Process phases, with phases **not** undertaken during *Mapping Menopause* shaded in green, and *Mapping Menopause* at the intersection of both approaches. This illustration allows for the comparison of approaches, and for the identification of the similarities in goals between them.

## Activity 1: formalizing the team

The JLA PSP process initiated with forming a “steering committee” with equal representation of experience experts, healthcare professionals, and researchers.<sup>24</sup> In the DM, the initial exploration phase included establishing the project team.<sup>25</sup> Accordingly, *Mapping Menopause* began with formalizing the team. Our team was made up of the core team, two task forces, and a rapid review team. We engaged each group separately prior to convening the workshop, in alignment with lessons learned from previous WHRI initiatives, concerning power dynamics and trust inherent in collective decision-making.

## Core team

At the outset a core team comprised of the Researcher Lead (Brotto) and Research User Co-Lead (Rhone, then Fisher), alongside the Project Manager (Prestley), and KM Coordinator (Yakubu) was formed. Monthly meetings were scheduled to ensure touch points for project updates and decision making, as well as to maintain adherence to the project timeline.

## Healthcare & research task force

During the grant application, collaborators were invited to provide a letter of support and commitment of their time (12 hours) to participate in project activities, as well as, where relevant, promotion of Public Task Force opportunities and promotion of the Research Agenda. Upon notification of the grant's success, all collaborators were emailed and reminded of the project goals, activities, and asked to confirm these commitments. No collaborators declined. The Healthcare & Research Task Force (HRTF) was comprised of women's health researchers, healthcare decision makers, and clinicians across domains of medicine (cardiology, endocrinology, sexual health, obstetrics and gynecology, neurology, family practice), and academia (basic science, clinical research, health systems research, social determinants of health).

## Public task force

The public task force (PTF) started with two members (Weir, Tandan), who were engaged since project inception at the grant submission stage. Three additional PTF members were sought out via established research collaborators (patient partners working with the teams of Geoffrion, Bouchard, Talhouk, Sanders), the HER-BC consent to contact database, as well as through established partnerships with community organizations in BC. Recruitment began with broad email outreach, followed by phone calls to

individuals who expressed interest. In alignment with our stated values, principles and practices, the KM Coordinator (Yakubu) intentionally sought out PTF members with diverse experiences. The inclusion criteria included representation from different health authority regions in BC, experience experts with menopause-related symptoms, fluency in English, and willingness to participate in the PTF activities, which was a total of twelve hours. PTF members were offered an hourly honorarium of \$35, in alignment with national patient-oriented research guidance.<sup>28</sup> Approximately 7–8 individuals expressed interest, and all were invited to participate in brief interviews to discuss their interest and potential involvement. Five individuals were invited and joined the PTF. They represented a wide geographic distribution from Vancouver Island, Interior BC, and the Greater Vancouver Area. All PTF members identified as cisgender women. The PTF was racially diverse, with members of Black, South Asian and white settler descent.

The KM Coordinator (Yakubu) convened three meetings, which were held between April to September of 2025 and included:

- (1) an orientation to the *Mapping Menopause* project, and the development of relational agreements, including: the co-production of a terms of reference to outline and agree to meeting expectations, confidentiality considerations, the compensation framework, and the overall purpose of the PTF. All members signed confidentiality agreements.
- (2) a discussion to inform menopause-related topics for the newly launched public menopause webinar series called "Hot Topics",<sup>27</sup> hosted by BCWH.
- (3) a discussion to provide feedback on the *Mapping Menopause* engagement survey, promotional graphics, and key messages; and a discussion to inform public engagement strategies to promote the survey.

Outside of formal PTF meetings, the members reviewed project documents and provided type-written or verbal feedback to the KM Coordinator (Yakubu) on public-facing resources and the engagement survey. Across all meetings and offline activities (i.e. reviewing content) the engagement level was consistently high. Two members attended all three meetings, two attended two meetings, and one attended one meeting.

## Consulting provincial allied health care members

In addition to engaging diverse members of the public, we aimed to engage care professionals outside of medicine. The project budget included honoraria to engage two additional allied health professionals, beyond our existing members, nurse (Sanders) and nurse practitioner (Ollivier) involved, to have 4 in total. As part of the grant application process, founding PTF members (Weir and Tandan) identified two additional allied healthcare provider types to prioritize for inclusion: pharmacy and pelvic floor physiotherapy. The collaboration opportunities were promoted to the HRTF members and two potential representatives were recommended to the project manager. In July 2025, the project manager met with a Physiotherapist in Comox (Lawrence), and Pharmacist in Vancouver (Xia), provided an overview of the project, expectations, and activities, and formalized their involvement in the HRTF.

## Rapid review team

A distinct team was dedicated to conducting a rapid review of medically complex menopause management and models of care. The results would directly inform care delivery models for the BCW Complex Menopause Clinic and identify potential menopause research opportunities for consideration in the Research Agenda. KM Coordinator (Yakubu) and Qualitative Research Analyst (Santana Parrilla) developed a draft search strategy which provided the foundation to how University of British Columbia Undergraduate Medical Student (Hira) undertook the database search, grey literature search, and data screening and extraction. The student ultimately led the manuscript and protocol publishing. The rapid review was supported by a UBC Librarian (Gill) who advised the search strategy development and database selection. A healthcare client (Johnson), while not a member of the PTF, was engaged throughout the process and contributed to screening decisions and interpretive discussions to ensure the synthesis remained relevant to lived experiences. Researcher Co-Lead (Brotto) provided academic mentorship throughout the rapid review.<sup>29</sup> All team members contributed to the manuscript writing, editing, and submission to an academic journal.



## Activity 2: synthesizing knowledge

Given the dearth of publications focused on medically complex menopause, a rapid review was undertaken to identify and synthesize how healthcare is delivered in the context of medically complex menopause. A rapid review approach was selected to align with the project timelines and timeliness of the evidence synthesis, while balancing it with a systematic approach.<sup>30</sup>

### Rapid review of medically complex menopause & care

The literature search was conducted with MEDLINE, Embase, PsycInfo, Web of Science, and selected grey literature sources, which were identified by HER-BC collaborators. Following removal of duplicate articles, 1,013 unique records were screened at the title and abstract level. Of these, 154 full-text articles were reviewed, with 13 studies meeting inclusion criteria. Eligible studies focused on individuals experiencing perimenopause, menopause, post-menopause, or primary ovarian insufficiency and addressed medical, social, or care-related complexity within tertiary healthcare settings in publications after 2010. Medically complex menopause was based on the CMC referral form criteria.<sup>31</sup>

The review highlighted the importance of multidisciplinary and coordinated models of care, identified populations that may benefit most from specialized menopause services, and revealed persistent gaps in patient education and psychosocial support. The rapid review results underscore the need for integrated, patient-centered menopause care models to inform service delivery in British Columbia, and highlighted gaps for the Research Agenda to address, specific to how menopause is conceptualized (definitions) and operationalized (clinical priority-setting).

## Activity 3: gathering knowledge needs

In alignment with the JLA PSP process of finding uncertainties, summarizing responses, and checking the evidence, and in accordance with DM's consultation process, *Mapping Menopause* gathered knowledge gaps among healthcare professionals, researchers, and clients.

### Pilot testing and revising

PTF members identified an online survey as the preferred engagement strategy for gathering a broad understanding of menopause knowledge gaps throughout the province. This strategy was also deemed acceptable to reach a broad range of clinicians, researchers, health care decision makers, and the public by HRTF members and the core team. Discussions with the PTF informed a six-question Slido survey (Appendix A) which included multiple choice questions regarding knowledge of menopause, symptoms of menopause, and current access to care. As part of the methodological adjustment to JLA PSP, the pilot survey included two open-ended questions: "*What would help you better navigate care and supports to manage your symptoms of menopause?*" and "*In your opinion, what are the knowledge gaps for managing symptoms of menopause?*" The intention was to enable a thematic analysis of these questions to produce quantitative categories that would inform the final survey and facilitate expedient data analysis.

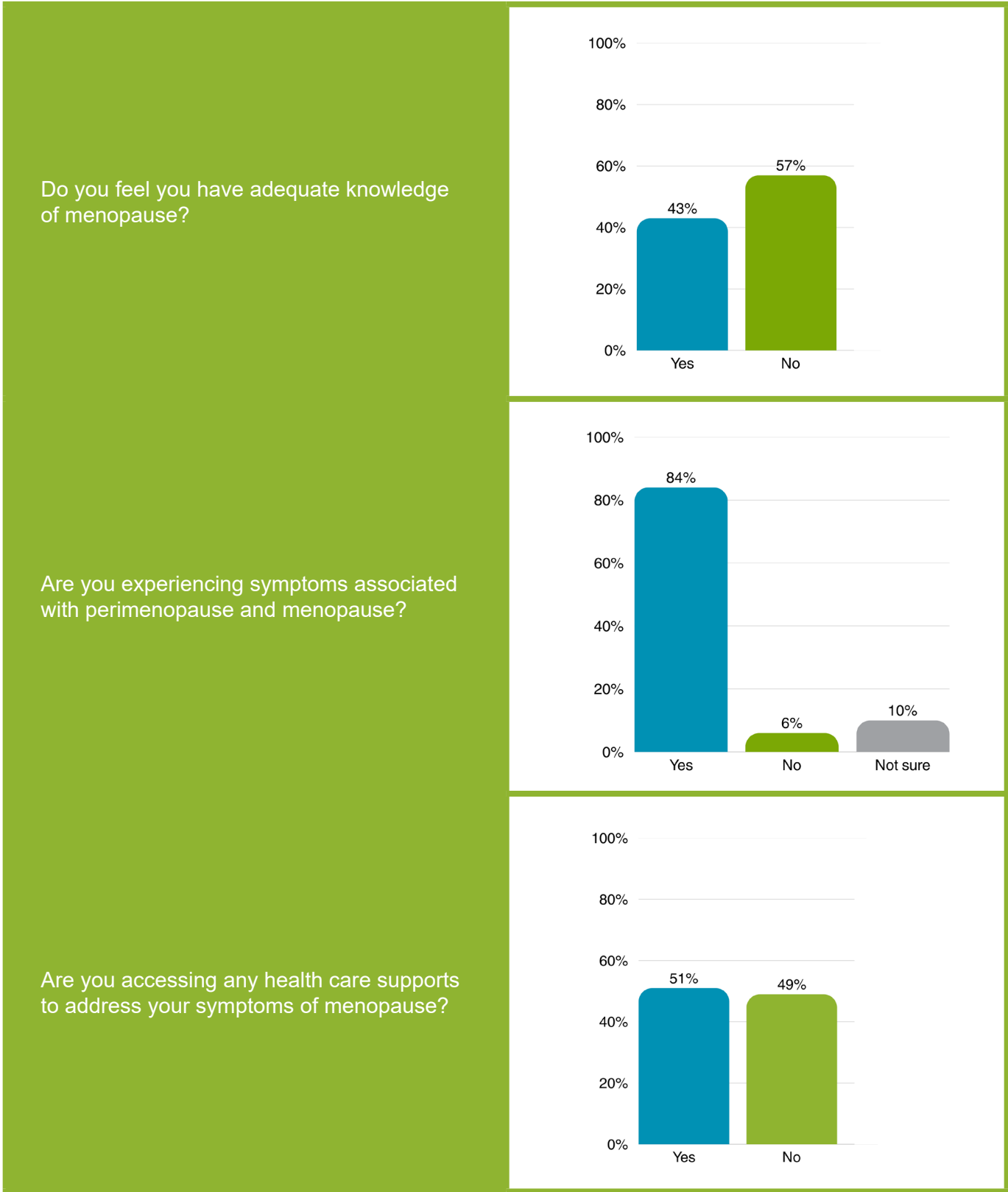
The survey promoted by *Mapping Menopause* team members and collaborators who had pre-arranged speaking events (Table 1). These members profiled a QR code taking respondents to the survey. It was promoted at 7 events. The survey was pilot tested from January to September 2025 and collected a total of 303 responses. The survey revealed that 57% of respondents did not feel they had adequate knowledge of menopause, 84% were experiencing symptoms of menopause at the time, and 51% were accessing health care related support to address their menopause symptoms.

**Table 1. Survey pilot testing events**

Event	Presenter(s)	Date
Navigating Menopause with UBC HR	Dr. Lori Brotto	January 30,2025
Interior Health Research Week 2025	Dr. Marina Adshade	May 8, 2025
Thrive after 35 – Sexual Health and Menopause	Dr. Lori Brotto	May 2025
VCH/YMCA Wellness Wednesday: Menopause, Mood, Sexual Health	Dr. Lori Brotto	May 2025
Bridging Research and Action (UBC Conference)	Dr. Lori Brotto, Dr. Kerstin Gustafson, Titilola Yakubu, Nicole Prestley	May 16, 2025
BCWH Menopause webinar series: Menopause, Mood, Sexual Health	Dr. Lori Brotto	July 29, 2025
BGO Women’s Conference	Dr. Lori Brotto	September 9, 2025



**Figure 3. Menopause engagement pilot testing results regarding menopause knowledge, symptom experience, and health care supports**



A thematic analysis of the open-ended questions (1. What would help you better navigate care and supports to manage your symptoms of menopause? 2. In your opinion, what are the knowledge gaps for managing symptoms of menopause?) was conducted by Qualitative Research Analyst (Santana Parrilla) and KM Coordinator (Yakubu). The analysis revealed seven themes: (1) Access to knowledge and information; (2) Provider knowledge and support; (3) Peer support and normalization; (4) Navigation and access to care; (5) Treatment clarity; (6) Mental health & emotional impact; (7) Symptom recognition.

Themes informed the refinement of survey questions to minimize redundancies and maximize descriptiveness. The original survey included two open-ended questions that resulted in overlapping responses reflecting how not talking about menopause translates into lack of awareness of what to expect and how to manage, with implications on health care (education) and health outcomes (identification and management of symptoms), with life course impacts. To distinguish between knowledge and care needs, questions were reformulated.

The final engagement survey (Appendix B) included questions that aimed to understand the areas of menopause people wish they knew more about, how they'd prefer to learn about menopause and its impacts, and where their priorities are coming from (e.g., experiential insights). In this way, we could inform not only Research Agenda items but also knowledge translation strategies.



## Engagement survey launch

The engagement survey was launched in October 2025, in alignment with World Menopause Month. It was shared with our Task Forces, Core Team, and partner organizations for distribution, along with a Menopause Toolkit (Appendix C) to provide instruction on how to use the survey. The WHRI and partner organizations promoted the survey primarily through social media and electronic newsletters, four presentations (Table 4) by project team members, direct email outreach to healthcare groups, and emails to individuals who had participated in previous menopause research. The survey opened October 1 and closed October 31, 2025.

**Table 2. Survey promotion events**

Event	Presenter(s)	Date
Canadian Innovation centre for mental health: Sexual wellness during the menopause transition	Dr. Lori Brotto	October 14, 2025
MaturN “The Switch” webinar series - Sharper Minds, Stronger Leadership: Navigating Cognitive Changes During Peri/Menopause	Dr. Lori Brotto	October 15, 2025
BCWH OB interprofessional grand rounds: Transforming Menopause Care in BC: Translating Research Evidence into Practice	Dr Kerstin Gustafson & Dr. Rachel Ollivier	October 23, 2025
MaturN “The Switch” webinar series - Mind Matters: Building Emotional Resilience Through Peri/Menopause	Dr. Lori Brotto	October 29, 2025



## Processing and grouping uncertainties

The second iteration of the survey was deployed using Qualtrix and received 254 total responses (191 complete) (Table 3). Most respondents identified as someone experiencing menopause (72.8%). Respondents were asked to select all that apply (e.g, “I am a person experiencing menopause” and “I am providing care to people experiencing menopause”).

**Table 3. Characteristics of those completing the engagement survey**

Category	Percentage of Responses (281 responses)
I am experiencing menopause	72.8%
I am providing care to people experiencing menopause	23.6%
I am researching menopause	13.6%
I have a family member, colleague, friend experiencing menopause	25.1%
I am in a relationship with a person experiencing menopause	1.0%
Other	10.9%

*Note:* respondents could belong to more than one category and therefore results do not add up to 100%

In response to a question asking about whether the respondent felt they had adequate menopause knowledge, 72.5% responded “no”. With a range of choices for “what do you wish you knew more about?”, respondents prioritized symptom management and treatment (53.4%) (Table 4). Respondents were asked to select all that apply.

**Table 4. Respondent identified and prioritized topic areas of interest for menopause**

Topic Area (Select all that apply)	Percentage of Responses (320 responses)
How to treat / manage menopause symptoms	53.4%
How to identify menopause symptoms	36.1%
How to support mental health	27.7%
How to link to support resources	26.7%
How to refer for care	18.3%
Other	5.2%

*Note:* respondents could select more than one category and therefore results do not add up to 100%

In accordance with the JLA PSP process, a shortlist of research questions was created. Thematic analysis of open-ended responses produced an initial list of 28 priority research questions on which to center workshop discussions, deliberating toward a final Research Agenda.

## Activity 4: convening at the workshop

Project partners were invited to discuss and prioritize topics for the Research Agenda, per JLA PSP conventions and DM practices. The workshop host, project manager and WHRI KT specialist Nicole Prestley, worked alongside two workshop facilitators, KM Coordinator (Yakubu) and Qualitative Research Analyst (Santana Parrilla), to organize the event. All contributed to the development of a workshop facilitation guide (Appendix G).

## Modification of the consensus process

The JLA PSP process involves a consensus workshop to rank and agree upon the top 10 priorities for the Research Agenda. *Mapping Menopause* modified this approach to integrate the DM processes of prioritization and integration, accounting for feasibility of project member schedules. In DMs, the prioritization process is described as the “social base” for the Research Agenda, wherein relationality (power dynamics, trust) and collective values are exercised as the priorities are discussed. The conventional JLA PSP two-day consensus workshop was replaced with one in-person workshop, preceded by a request to review the research questions shortlisted using a pre-workshop review guide.

## Planning and preparation

In September 2025 the Core Team initiated the planning for the consensus activity. Based on the availability of the team leads, we scheduled the workshop on November 17, 2025 for 2.5 hours in person. An email notification was sent to all HRTF and PTF members to request their availability for the workshop and calendar invitations were sent accordingly. Of 31 project members (core team and task force members), 19 indicated their availability to attend this evening event, where dinner was provided. In preparation for the workshop, 19 members were asked to review and reflect on the 28-research question shortlist. Per JLA PSP, we recommended they block two hours in their calendars the week prior to the workshop to do so using the accompanying pre-workshop review guide (Appendix E).

The pre-workshop review guide prompted attendees to consider which topics mattered most to them based on their professional affiliations and/or personal experiences, as well as which questions have existing research that can be mobilized or shared, and what might be feasible to accomplish and address.

The guide was developed by the project team using a template adapted from previous studies and informed by principles from the JLA and DM priority-setting approaches to support structured reflection on research gaps and existing evidence.

## The workshop

Table 5 lists all attendees. Three attendees (two PTF members and one from outside of the lower mainland) were provided travel stipends and honoraria to facilitate their attendance. The event was hosted at a central and accessible location on the BCWH campus.

Of the 19 *Mapping Menopause* members who had RSVP'd, 15 attended the event. The workshop began with a land acknowledgement and opening by Elder Paula George, who was invited to stay and participate, bringing the total number of attendees to 16. Knowledge Translation Specialist (Prestley) provided a presentation to remind attendees of the purpose, activities, and timelines of *Mapping Menopause*. Per JLA PSP processes, the workshop included a ranking exercise. The core team pre-built a Slido ranking survey with the 28 questions to facilitate the first ranking.

The team identified seven themes, 1) hormone therapy and treatments, 2) mental health and cognitive function, 3) non-hormonal and complementary therapies, 4) health services & systems, 5) public health and policy, 6) equity, inclusion, and cultural contexts, 7) basic and translational science. The corresponding questions were grouped under each theme.

## Shortlist of 28 questions

### Hormone Therapy and Treatments

1. What are the benefits and risks of hormone therapy?
2. What are the effects of starting hormone therapy early?
3. What are the effects of being on hormone therapy long term?
4. What are the most effective and safe hormone therapy regimens for different symptom profiles (e.g., BRCA carriers, people with comorbidities)?
5. How can hormone therapy be safely used with people who still have menstrual cycles or are transitioning through perimenopause?
6. What are the effects of MHT on chronic disease prevention (e.g., cardiovascular disease, osteoporosis, dementia)?
7. How can care providers and people experiencing menopause-related symptoms make shared decisions about hormone therapy (including dosing and continuation)?
8. How can hormone therapy adequately address people's menopause-related health concerns and improve quality of life?

### Mental Health and Cognitive Function

9. How does menopause affect mental health (e.g., anxiety, depression, rage, irritability, and suicidality)?
10. How can mental health be supported throughout menopause transitions (peri to post)?
11. How can cognitive function be supported throughout menopause transitions (peri to post)?
12. How are menopause, cognitive function and neurodegenerative diseases related?
13. How does supporting mental health concerns related to perimenopause and menopause improve quality of life?
14. How do workplaces shape mental health during menopause?

### Non-Hormonal and Complementary Therapies

15. How safe and effective are natural health products for menopause-related symptoms management?
16. Which complementary and alternative therapies / treatments can support health menopause transitions?

### Health Services & Systems

17. What lifestyle interventions best support a healthy menopause transition (e.g., nutrition, exercise, pelvic floor physio, mindfulness)?
18. What models of care (e.g., multidisciplinary, community-based, or publicly funded menopause clinics) can best improve menopause-related outcomes?
19. How can health systems better integrate menopause care into health services (primary care, specializations, prescriptions)?

### Public Health and Policy

20. What policies could improve access to menopause treatments, including MHT and non-hormonal therapies?
21. How can workplace policies better support menopause health (including benefits, accommodations, etc.)?

### Equity, Inclusion, and Cultural Context

22. How can menopause research and care be responsive to diverse cultural perspectives?
23. How can Indigenous knowledge and practices be integrated into menopause research and care models?
24. What strategies are most effective for increasing equitable access to menopause care across regions and populations?
25. How can the unique experiences and needs of equity deserving groups (e.g. people with disabilities, 2S LGBTQIA+ individuals, immigrants and refugees, etc.) be appropriately addressed?

### Basic and Translational Science

26. How do hormonal shifts during menopause cause cellular changes in target organs, and how might these changes inform therapeutic strategies?
27. How does hormone loss influence tissue healing, pelvic floor function, and surgical recovery?
28. How can basic science research be translated into personalized menopause treatment approaches?

KM Coordinator (Yakubu) shared summaries of survey results, prior to prompting attendees to rank the 28 research questions (see page 27) generated via the analysis of open-ended questions.

**Table 5. High-level characteristics of workshop participant**

Participant group	Participant group
Clinicians* N = 10	Health care providers involved in menopause care and related specialties
Researchers* N = 8	Academic researchers with expertise in women’s health and menopause
Public Task Force Members N = 3	Individuals contributing lived experience and community perspectives
Healthcare Operations Leader N = 3	A professional responsible for coordinating the non-clinical and administrative systems that enable a healthcare facility to run efficiently, safely, and in compliance with regulations.
Indigenous Elder N = 1	Indigenous leadership and knowledge holder contributing cultural and community perspectives
Core Team members N = 4	Individuals facilitating workshop activities and priority articulation

*Note.* \* Several Clinicians were also engaged in research, and several researchers are also practicing clinicians.

Workshop participants were comprised of different types of knowledge users, summarized in Table 5. Of the initial 28 questions (see page 27), the top 10 ranked were discussed in the groups. Two separate groups were formed, and group composition was intentionally structured to ensure balanced representation of Public Task Force (PTF) members, clinicians/practitioners, and researchers. This approach aimed to support inclusive dialogue and equitable participation in decision-making, while being mindful of power dynamics and aligning with the project’s commitments to collaborative engagement and shared learning. KM Coordinator (Yakubu) and Qualitative Research Analyst (Santana Parrilla) facilitated one group each and these individuals were chosen based on their involvement in the development of the 28 research

question shortlist, and their experiences centering anti-oppressive values into previous workshop facilitation.

The facilitators guided attendees to reflect upon their ranking decisions and asked where any questions were redundant, missing, or in need of rewording. Group discussions (approximately 60 mins) generated an additional three research questions. Subsequently, large posters were placed around the room with one research question on each sheet of paper, and attendees were provided two stickers to place on their top two choices. Attendees were also encouraged to write any additional comments or considerations directly onto the corresponding posters.

The use of Slido and visual ranking posters represented a practical modification of the JLA PSP approach to support efficient data collection and interactive participation during the workshop. The prioritization of questions within smaller groups and with the larger group was facilitated per DM processes, working collectively toward the integration of collective priorities into the final 13 questions.

The group discussions also mentioned knowledge translation. Attendees showed interest in not only identifying knowledge gaps and research priorities but also mobilizing research findings in ways that reach those who would benefit from it. To ensure these priorities were represented, two additional lists were curated in the workshop (1) knowledge translation parking lot, (2) equity-oriented principles and practices.

Discussions emphasized that menopause research should be grounded in approaches that are attentive to structural inequities. Central themes included the importance of intersectionality, with research reflecting the diverse social, cultural, geographic, and medical realities that shape menopause experiences, as well as gender inclusivity, ensuring that studies acknowledge and engage all people who experience menopause rather than focusing exclusively on cisgender women. Participants underscored the need for cultural humility and the integration of Indigenous ways of knowing, explicitly referencing the Truth and Reconciliation Commission's Calls to Action<sup>32</sup> and the importance of Indigenous methodologies.



A strong justice orientation was emphasized, with equity understood as extending beyond representation to include accountability for historical and ongoing harms within research and healthcare systems. Attendees also advocated for person-centred approaches that recognize individuals in their full social and relational contexts, rather than fragmenting experiences into isolated symptoms or body systems. Trauma-informed approaches were identified as essential to minimizing harm, acknowledging past trauma, and promoting safer research and care environments. Transparency regarding researcher positionality and potential bias was viewed as critical, with attendees encouraging explicit reflection on how researchers' perspectives and experiences shape study design and interpretation. Meaningful involvement of patient partners throughout the research process, from question development to study design and dissemination, was strongly supported, alongside the clear and accessible return of research findings to communities. Finally, participants recommended the use of established equity-focused frameworks, such as the Intersectionality-Based Policy Analysis (IBPA) Framework,<sup>33</sup> to guide research design and interpretation.

Discussions highlighted the multifaceted nature of menopause-related symptom impacts. For instance, the sexual health–related priority was identified as requiring further clarification, particularly in relation to genitourinary syndrome of menopause (GSM) because GSM extends beyond sexual activity and includes urologic function and symptoms as well. GSM can influence multiple aspects of daily life, all of which significantly impact quality of life. Participation reflected diverse perspectives, including Indigenous participants, individuals with complex menopause experiences, and clinicians from multiple areas of practice.

Despite having designed the workshop per JLA PSP and DM processes to enable feasibility of the consensus process, there were challenges to reaching consensus during the allocated workshop timeframe. The rich discussions took longer than anticipated, there were requests for significant wording changes to the research questions, and there were logistical issues with catering. Ultimately, all attendees agreed to complete another Slido within the workshop to narrow the current list of 13 priorities down to the JLA target of 10.

## Post-workshop

Following the identification of research gaps from survey responses and workshop discussions, an evidence check was conducted to determine whether these questions had already been addressed in the existing literature. Consistent with the JLA PSP “check the evidence” process, the research gaps were reviewed against relevant systematic reviews, guidelines, and key publications to confirm they represented true uncertainties. Where evidence addressing a gap was identified, the question was refined or removed; gaps without clear evidence or insufficiently answered in the literature were retained for further consideration in the prioritization process.



After implementing the recommended changes, a follow-up email was sent on November 21, 2025 to all attendees, which included a summary of the workshop discussions and a link to a final ranking survey. Attendees were given ten days to complete the ranking. Of the 16 attendees, 13 responses were received and informed the final top ten:

### **Table 6. Top ten menopause research questions for BC**

1. What are the effects of menopause hormone therapy on chronic disease prevention and management (cardiovascular disease, osteoporosis, dementia)?
2. How can British Columbia increase equitable access to menopause care across regions and populations?
3. How can emotional, relational, social, and physical aspects of sexual health (including Genitourinary Syndrome of Menopause) be best supported during menopause?
4. What lifestyle interventions (nutrition, exercise, pelvic floor physical therapy, mindfulness) are effective for managing menopause symptoms and enhancing quality of life?
5. What models of care improve menopause-related outcomes, and how can they be implemented within the health system?
6. What workplace policies and environments are needed to better support menopause health?
7. How can laboratory science and research be translated into personalized menopause treatment approaches?
8. What are the effects of menopause hormone therapy long-term?
9. How can Indigenous knowledge and practices be integrated into menopause research and care models?
10. What is the safety and efficacy of hormonal and non-hormonal therapies for people experiencing medically complex menopause (including premature ovarian insufficiency, hormone-sensitive cancers, HIV, and other comorbidities)?

## Activity 5: planning knowledge translation and dissemination

In the workshop, several key knowledge translation (KT) strategies were suggested, emphasizing the need for accessible, plain-language resources for the public delivered through both social and traditional media. Partners, families, and support networks were identified as critical yet often overlooked audiences who require tailored resources, particularly to support relational and sexual well-being. To facilitate practical uptake, participants supported the development of centralized information hubs, online tools, and concise guidance materials, as well as collaboration with continuing professional development programs across Canada to promote consistency in menopause education.

Attendees highlighted the importance of integrating menopause education into health professional training programs to better prepare future clinicians, targeted continuing medical education and professional development opportunities for healthcare providers—particularly in primary care—and clearer referral pathways. There was also strong consensus about provincial-level healthcare decision makers recognizing the value of menopause care, drawing parallels to established public health initiatives such as immunization and cancer screening programs. Across responses, there was a shared belief that menopause knowledge must be disseminated broadly, through multiple formats and existing systems, to support integration into routine practice.

### KT planning meeting

In February 2026, members of the Core Team and both task forces were invited to participate in one final working meeting with the purpose of identifying key messages, target audiences, and strategies to promote the *Mapping Menopause* 10-item final Research Agenda. Nineteen members joined the one-hour virtual meeting, which was facilitated by Prestley who opened the meeting with updates on the respective initiatives, a reminder of the final research priorities, and a review of the knowledge translation and equity considerations derived from the workshop.

A facilitated discussion followed, which was prompted by the questions, “what audiences should we prioritize for disseminating the Research Agenda?”, and “how can we/you get the word out about the agenda?”. Attendees discussed strategies to promote awareness and uptake of the Menopause Research Agenda among key audiences, including funders, researchers, clinicians, and the public. A central theme was the need to build research capacity in Canada, as participants noted a paucity of specialized menopause researchers.

Suggestions included creating targeted funding opportunities for students, fellows, and early-career investigators, as well as developing mentorship pathways to cultivate clinician-scientists specializing in menopause. Opportunities to engage with research communities through professional societies and conferences were also highlighted.

The group re-emphasized the importance of strengthening clinician education and interdisciplinary collaboration. Attendees noted that menopause care and research should extend beyond obstetrics and gynecology to include fields such as endocrinology, cardiology, pharmacy, and primary care. Proposed initiatives included developing a menopause fellowship, expanding training opportunities within medical education, and creating curricula or ECHO-style learning frameworks to support clinicians. Attendees also stressed that gaps in training may contribute to hesitancy among some clinicians to provide menopause care, underscoring the need for improved educational resources.

Healthcare client and public engagement were identified as essential to advancing menopause research. Attendees highlighted the value of maintaining consumer-led momentum and ensuring that patients remain central to dissemination efforts. Suggestions included developing participant or consent to contact registries or mailing lists to support research recruitment, leveraging platforms such as REACH BC,<sup>34</sup> and employing grassroots outreach strategies to reach diverse and underserved populations.

Attendees also identified opportunities to engage clinicians across health care practices in both research and knowledge dissemination activities. Pharmacists were noted as an important point of contact for patients and a potential gateway to research participation, though barriers exist in engaging pharmacy chains and integrating research partnerships. More broadly, participants encouraged expanding interdisciplinary collaborations to include allied health professionals and researchers working in related fields, such as sexual health, autonomic function, and bladder health.

Finally, the group discussed communication and knowledge translation strategies to ensure the Research Agenda reaches the intended audiences. Attendees recommended coordinating communications across organizations (e.g., WHRI, UBC, BC Women's Hospital), developing clear messaging and spokespersons, and leveraging existing networks and contact lists. Events such as webinars and professional education programs were identified as valuable dissemination channels, with recent initiatives demonstrating strong engagement from clinicians.



# Reflections and Emergent Considerations

While JLA PSP and DM processes facilitated the identification of research priorities, the LHS framework ensured the Research Agenda integrated considerations for support ecosystems that mobilize Agenda items. Project partner engagement demonstrated how the identification of research priorities demands considerations for supportive ecosystems. This was particularly evident during the workshop as PTF and HRTF members alike oriented conversations towards getting the knowledge to those most impacted by gaps.

During the time *Mapping Menopause* was conducted, relevant policy changes occurred, making BC uniquely poised to mobilize research priorities. In 2025 the University of British Columbia's medical school introduced a new menopause curriculum to medical undergraduates, and in March 2026 the provincial government introduced coverage for menopause hormone therapy under the National Pharmacare Plan. The province's small size, diverse populations, and new developments position BC as a hub for regional research, poised to implement learning health systems that are responsive to menopause health priorities.

While the JLA PSP's phases end with promotion planning, the DM includes programming and implementation. In addition to policy changes in BC, *Mapping Menopause* members identified four relevant considerations to bring a responsive research ecosystem (LHS) to life:

1

Developing targeted funding and mentorship pathways to build menopause research capacity in Canada, particularly for trainees, fellows, and early-career investigators.

2

Expanding interdisciplinary engagement by involving clinicians and researchers from fields such as cardiology, endocrinology, pharmacy, primary care, and allied health in menopause research initiatives.

3

Strengthening clinician education and training by developing structured learning opportunities such as menopause fellowships, curricula, and continuing education programs to improve menopause care knowledge and confidence.

4

Enhancing patient and public engagement by establishing recruitment registries, leveraging existing platforms (e.g., REACH BC), and employing grassroots outreach strategies to reach diverse and underserved populations.

## Stewardship and closing

In pursuit of mobilizing the KT strategies explored with *Mapping Menopause* members, and in alignment with the DM and JLA PSP phases dedicated to promoting, programming, and implementing Research Agenda items, the WHRI will continue acting opportunistically as well as strategically about promoting these ten menopause research priorities.

The *Mapping Menopause* Research Agenda will be hosted by the WHRI on the dedicated webpage <https://whri.org/our-initiatives/mapping-menopause/>. Over time, the Research Agenda and LHS ecosystem considerations will inform activities related to the new Menopause and Midlife Health Program at BC Women's Hospital to be a Centre of Excellence in both research and clinical care.

This 18-month, interdisciplinary convening and collaborating project has made substantial strides to catalyze menopause research and research impact in BC and beyond. In addition to producing a list of research priorities for a Research Agenda, our team has offered considerations for the broader research ecosystem that will enable improved experiences of menopause in BC, through research.



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# Appendix A: Pilot Slido Engagement Survey

## Questions

**1. What talk/event are you at right now?**

[open text]

**2. Do you feel you have adequate knowledge of menopause?**

- a. Yes
- b. No

**3. Are you experiencing symptoms associated with perimenopause and menopause?**

- a. Yes
- b. No
- c. Unsure

**4. Are you accessing any health care supports to address your symptoms of menopause?**

- a. Yes
- b. No

**5. What would help you better navigate care and supports to manage your symptoms of menopause?**

[open text]

**6. In your opinion, what are the knowledge gaps for managing symptoms of menopause?**

[open text]

# Appendix B: Final Qualtrix Engagement Survey

## Questions

**1. What talk/event are you at right now?**

[open text]

**2. Where is your interest in menopause coming from?**

- a. I am experiencing menopause
- b. I am researching menopause
- c. I am providing care to people experiencing menopause
- d. I am in a relationship with a person experiencing menopause
- e. I have a family member, colleague, friend experiencing menopause
- f. Other

**3. Do you feel you have adequate knowledge of menopause?**

- a. Yes
- b. No

**4. What do you wish you knew more about?**

- a. The symptoms
- b. What is normal
- c. Menopause hormone therapy
- d. Coping strategies and other treatments
- e. Mental health
- f. Community connections/peer support
- g. Complementary care options

**5. How would you like to learn more about menopause and its impacts?**

- a. A dedicated website
- b. Podcasts
- c. Videos
- d. Books/eBooks
- e. Interactive content (e.g. quizzes, checklist)
- f. My primary care provider
- g. My naturopath/complementary care provider
- h. Social Media

If you have any more thoughts on sharing information about menopause, education or awareness, please email [nicole.prestley@cw.bc.ca](mailto:nicole.prestley@cw.bc.ca) and/or provide your email to receive updates regarding this work.

# Appendix C: Mapping Menopause Toolkit

## Women's Health Research Institute Mapping Menopause

### A toolkit to support online promotion

#### Overview

The HER-BC (*Health and Economic Research on Midlife Women in BC*) study was the first of its kind in British Columbia, engaging more than 2,000 participants to highlight the significant health, social, and economic impacts of menopause. The study revealed widespread knowledge gaps, stigma, and a lack of accessible resources that affect the care and well-being of people experiencing menopause. One of the key recommendations from HER-BC was to address these knowledge gaps by building a shared research agenda that reflects the priorities of those most impacted.

The *Mapping Menopause* project is a direct step toward implementing this recommendation. By consulting with members of the public, healthcare providers, and researchers, Mapping Menopause aims to develop a collaborative research agenda that identifies and prioritizes the most pressing gaps in menopause knowledge and care. This process will help guide future research and ensure that it is relevant, impactful, and aligned with the needs of communities.

KT & Communications: Nicole Prestley: [Nicole.Prestley@cw.bc.ca](mailto:Nicole.Prestley@cw.bc.ca)

Landing Pages: <https://whri.org/our-initiatives/her-bc/>

<https://whri.org/our-initiatives/mapping-menopause/>

Tag: Women's Health Research Institute [@WomensResearch](https://twitter.com/WomensResearch)

Recommended hashtags: #Women's Health, #MenopauseAwareness, #HealthResearch, #MidlifeHealth, #HERBC, #HealthyAging, #MappingMenopause and #WomensResearch.

## LINKEDIN + FACEBOOK

Let's Talk Menopause!

October is Menopause Awareness Month—a time to reduce stigma, close knowledge gaps, and advance research that improves care and well-being for people experiencing menopause.

The HER-BC (Health and Economics Research on Midlife Women in British Columbia) study led by the Women's Research Institute pioneered—the first of its kind in the province—engaged more than 2,000 participants to uncover the significant health, social, and economic impacts of menopause. One of the key recommendations from the HER-BC study was to develop a shared research agenda that centers the voices and priorities of those most impacted.

In response, the Mapping Menopause Project was launched to bring together community members, healthcare providers, and researchers to identify and prioritize these menopause-related gaps. This collaborative process will guide the development of a provincial Menopause Research Agenda to inform future research, policy, and care.

Participate in the Mapping Menopause Survey: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_5bzM-JsVZoFFMLqe](https://ubc.ca1.qualtrics.com/jfe/form/SV_5bzM-JsVZoFFMLqe)

Read the HER-BC Report: <https://whri.org/our-initiatives/her-bc/>



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## INSTAGRAM

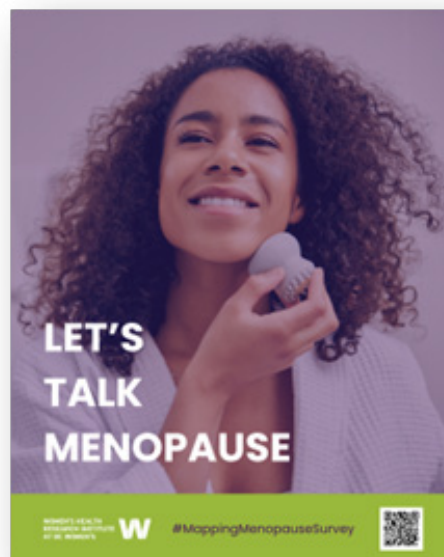
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Scan the QR code to participate in the Mapping Menopause Survey.



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## LINKEDIN + FACEBOOK

Let's Talk Menopause!

This Menopause Awareness Month, the Women's Health Research Institute is spotlighting the Mapping Menopause Project—a province-wide initiative working to close knowledge gaps and improve care for people experiencing menopause.

In collaboration with healthcare providers, researchers, and people with lived experience, the WHRI is developing a "Research Agenda for Menopause and Midlife Women's Health". The Mapping Menopause survey will help inform this agenda, guiding future research and support evidence-based care at BC Women's Hospital + Health Centre.

BC Women's Hospital + Health Centre offers menopause resources, a dedicated Complex Menopause Clinic, and a bi-monthly 'Hot Topics Webinar Series', created in partnership with the Women's Health Research Institute and the BC Women's Health Foundation

Participate in the Mapping Menopause Survey today: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_5b-zMJsVZoFFMLqe](https://ubc.ca1.qualtrics.com/jfe/form/SV_5b-zMJsVZoFFMLqe)

Explore the Complex Menopause Clinic at BC Women's: <https://www.bcwomens.ca/our-services/menopause-midlife-health/complex-menopause-clinic>



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## LINKEDIN + FACEBOOK

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Menopause is a natural transition experienced by millions, yet it often comes with symptoms that can significantly impact health and well-being. Despite this, many knowledge gaps and challenges remain around menopause care and research.

The Mapping Menopause Project, led by the Women's Health Research Institute (WHRI) and developed from the HER-BC study's recommendations, aims to identify and address knowledge gaps in menopause research and care.

Your voice matters – share it with the WHRI! By participating in the Mapping Menopause Survey, you'll help shape a provincial research agenda that reflects the real needs of those experiencing menopause. Your input will also support WHRI's ongoing efforts to advocate for better resources and targeted research in this area.

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## LINKEDIN + FACEBOOK

Today on Menopause Awareness Day, we join the global movement to raise awareness, reduce stigma, and improve care for individuals experiencing menopause and perimenopause.

Historically, menopause has been under-researched and often overlooked in healthcare. However, this is beginning to shift. Increased awareness and growing dialogue have highlighted the essential need for research, education, and care that reflect the lived experiences of those going through this transition.

Following the Women's Health Research Institute's HER-BC (Health and Economics Research on Midlife Women in BC) study, one of the key recommendations was to develop a collaborative, community-driven research agenda to address menopause related knowledge gaps.

The Mapping Menopause Project is a direct response to that call. The Women's Health Research Institute and BC Women's Hospital + Health Centre are collaborating with researchers, clinicians, healthcare decision-makers, and a public task force to engage community voices and experts. Together, this project will help shape a provincial Menopause Research Agenda that reflects the lived experiences of menopause.

Your voice matters! This World Menopause Day, share your experience and complete the Mapping Menopause Survey: [https://ubc.ca1.qualtrics.com/jfe/form/SV\\_5bzMJsvZoFFMLqe](https://ubc.ca1.qualtrics.com/jfe/form/SV_5bzMJsvZoFFMLqe)



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Your voice matters! This World Menopause Day, share your experience and complete the Mapping Menopause Survey by scanning the QR code.



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# Appendix D: Survey 1 – 2 Refinement

This document includes:

1. Slido questions
2. Summaries of Slido response themes
3. Proposed questions

**Table 1. Current Slido questions**

Current questions	To keep / change
1. What talk/event are you at right now?	Keep
2. Do you feel you have adequate knowledge of menopause (Y/N)?	Keep
3. Are you experiencing symptoms associated with perimenopause and menopause (Y/N)?	Keep Change? See Q2 in proposed (below)
4. Are you accessing any health care supports to address your symptoms of menopause (Y/N)?	Keep
5. What would help you better navigate care and supports to manage your symptoms of menopause?	Change
6. In your opinion, what are the knowledge gaps for managing symptoms of menopause?	Change

Responses to questions 5 and 6 overlap significantly, as they reflect how not talking about menopause translates into lack of awareness of what to expect and how to manage, with implications on health care (education) and health outcomes (identification and management of symptoms), with lifecourse impacts.

Responses to question 5 generally indicate that people desire greater demystification of menopause at-large, with tailored education for the public and primary care providers. Specific areas of interest include symptoms, medication, coverage, and referrals. Respondents either imply or outwardly identify the need for tools to “advocate” for themselves within healthcare encounters.

Responses to question 6 generally illustrate how people perceive a lack of awareness about what to expect and how to manage throughout menopause-related transitions (“we don’t talk about it enough”). Respondents identified frustrations concerning healthcare silos (fracturing of bodies), problematization of symptoms (something’s wrong), and treatments (MHT).

Thorough representation of responses is provided in the table 4 below.

Based on responses, close-ended questions could be posed as follows:

**Table 2. Proposed Questions (Julia)**

Proposed question	Proposed answers
<p>What do you think people need to know more about? (select all that apply)</p> <p>OR</p> <p>What do you wish you knew more about? (select all that apply)</p>	<ul style="list-style-type: none"> <li>• The signs / changes</li> <li>• What is normal</li> <li>• Menopause Hormone Therapy</li> <li>• Coping strategies</li> <li>• Mental health</li> <li>• Community connections / peer support</li> <li>• Complementary care options</li> </ul>
<p>Where is your interest in menopause coming from (select all that apply)?</p>	<ul style="list-style-type: none"> <li>• I am experiencing menopause</li> <li>• I am researching menopause</li> <li>• I am providing care to people experiencing menopause</li> <li>• I am in a relationship with a person experiencing menopause</li> <li>• I have a family member, colleague, friend experiencing menopause</li> </ul>

<p>What do you think health care providers should know more about? (select all that apply)</p>	<ul style="list-style-type: none"> <li>• How to identify menopause</li> <li>• How to treat / manage menopause</li> <li>• How to refer to specialists / who to refer to (specialist care)</li> <li>• How to link to support resources</li> <li>• How to support mental health</li> </ul>
<p>How would you like to learn more about menopause and its impacts?</p>	<ul style="list-style-type: none"> <li>• A dedicated website</li> <li>• Podcasts</li> <li>• Videos</li> <li>• Books / eBooks</li> <li>• Interactive content (e.g. quizzes, checklists)</li> <li>• My primary care provider</li> <li>• My naturopath / complementary care provider</li> </ul>
<p>How else has menopause impacted your life (beyond your health)? (select all that apply)</p>	<ul style="list-style-type: none"> <li>• Work</li> <li>• Caregiving</li> <li>• Friendships</li> <li>• Intimacy</li> <li>• Selfcare</li> <li>• Fitness</li> <li>• Hobbies</li> </ul>
<p>In your opinion, how else could menopause experiences be supported? (select all that apply)</p>	<ul style="list-style-type: none"> <li>• Workplace accommodations</li> <li>• Prescription access</li> <li>• Complementary care coverage</li> <li>• Research funding</li> <li>• Healthcare provider education</li> <li>• Healthcare policy</li> <li>• Interdisciplinary action</li> <li>• More awareness</li> <li>• Benefit packages</li> </ul>

**Table 3. Proposed structure of Slido questions**

Current questions	To keep / change
1. What talk/event are you at right now?	Keep
2. Where is your interest in menopause coming from (select all that apply)?	New
3. Do you feel you have adequate knowledge of menopause (Y/N)?	Keep
4. What do you wish you knew more about? (select all that apply)	New
5. How would you like to learn more about menopause and its impacts?	New
6. In your opinion, how / where else could menopause experiences be supported?	New
7. If you have any more thoughts, please email <a href="mailto:HER_BC@phsa.ca">HER_BC@phsa.ca</a> and/or provide your email to receive updates regarding this work	New
8. Are you experiencing symptoms associated with perimenopause and menopause (Y/N)?	Remove
9. Are you accessing any health care supports to address your symptoms of menopause (Y/N)?	Remove
10. What would help you better navigate care and supports to manage your symptoms of menopause?	Remove
11. In your opinion, what are the knowledge gaps for managing symptoms of menopause?	Remove

Theme	Sub theme	Representative Quotes
1. Access to knowledge and information	1a. Centralized resources	<ul style="list-style-type: none"> <li>• An easy central location to get reliable information and ask questions.</li> <li>• I think with my limited knowledge having a consolidated site to visit for clinicians and patients to refer to.</li> <li>• Menopause specific information in our extended health benefits pages/website would be great.</li> </ul>
	1b. Education and awareness	<ul style="list-style-type: none"> <li>• Continued information and education to increase my awareness.</li> <li>• I didn't know this was perimenopause-related.</li> <li>• I feel like my friends and I only know our periods will stop and nothing else.</li> </ul>
	1c. Evidence-based content	<ul style="list-style-type: none"> <li>• GP says she has received VERY LITTLE additional education on women's health &amp; menopause since graduating 30 yrs ago!</li> <li>• Mis/disinformation on social media not helping.</li> <li>• Lots of information, just want evidence-based with large study group.</li> </ul>

	1d. Early education	<ul style="list-style-type: none"> <li>• This talk 15 years ago.</li> <li>• I think this is such a great conversation to have with my daughter... that the reverse will happen later in life.</li> <li>• Need 'the talk' for menopause—not sure how to implement or who should be responsible for it.</li> </ul>
2. Provider knowledge and support	2a. Lack of GP training	<ul style="list-style-type: none"> <li>• More education for general practitioners.</li> <li>• Better educated GPs and other medical care professionals.</li> <li>• Doctors not educated or better informed about it, women not educated about it until it starts happening to them.</li> </ul>
	2b. Dismissive attitudes	<ul style="list-style-type: none"> <li>• Would like my (male) GP to not be so dismissive.</li> <li>• My doctor is an older man and told me to take sleep eze, which isn't working.</li> <li>• If my doctor was on board with exploring it with me... he said that I don't need it because I'm already taking medication for High blood pressure.</li> </ul>
	2c. Need for specialized care	<ul style="list-style-type: none"> <li>• Easy Access Menopause Clinic.</li> <li>• It took 8 months to get an appt with a menopause specialist doctor. Too long!!!</li> <li>• To be able to directly book an appointment with a menopause specialist.</li> </ul>

	2d. Fragmented care	<ul style="list-style-type: none"> <li>• Doctors that explore symptoms and make referrals when asked instead of saying the patient needs to ‘make a case.’</li> <li>• Docs treat each symptom separately instead of considering that many are part of perimenopause.</li> <li>• Having parts of the body assessed in silos and missing that collectively the symptoms might come back to menopause.</li> </ul>
3. Peer support & Normalization	3a. Support groups	<ul style="list-style-type: none"> <li>• “Women getting together and sharing.”</li> <li>• “Support group or expert access.”</li> <li>• “I am hoping for a better future for my daughters.”</li> </ul>
	3b. Reducing stigma	<ul style="list-style-type: none"> <li>• “More open discussion about it, normalization without making it sound like we need to be put out to pasture.”</li> <li>• “Stigma. Women’s health is low priority. Menopause is ‘just a normal phase.’”</li> <li>• “It needs to be talked about more. It shouldn’t be taboo anymore.”</li> </ul>
4. Navigation & access to care	4a. Systemic barriers	<ul style="list-style-type: none"> <li>• “Faster referral to specialists.”</li> <li>• “My clinic posts that perimenopause consultation is not covered as an MSP expense.”</li> </ul>

4. Navigation & access to care	4a. Systemic barriers	<ul style="list-style-type: none"> <li>• “Being able to see a doctor about it. It’s incredibly hard to see practitioners in general.”</li> </ul>
	4b. Workplace accommodations	<ul style="list-style-type: none"> <li>• “I wish there were more awareness and support at work as it’s impacted my performance.”</li> <li>• “Support through my workplace.”</li> <li>• “Rights and responsibilities of employers. Lots of guilt taking time for me when I need it.”</li> </ul>
	4c. Cultural & language barriers	<ul style="list-style-type: none"> <li>• “Language barriers is also another factor to prevent myself from being equipped with the knowledge.”</li> <li>• “Resources specific for these populations would be great (in different languages, culturally appropriate, etc).”</li> <li>• “Even knowing what the symptoms are... instead of just suffering through it.”</li> </ul>
5. Treatment clarity	5a. HRT confusion	<ul style="list-style-type: none"> <li>• “Understanding the hormones that are available—and the delivery methods.”</li> <li>• “Doctors still do not believe in HRT.”</li> <li>• “My Doctor being informed on HRT myths.”</li> </ul>

5. Treatment clarity	5b. leaning towards non-HRT alternatives	<ul style="list-style-type: none"> <li>• “Leaning towards a naturopath because they can spend so much more time.”</li> <li>• “Increased funding for naturopathic doctor care through my extended health.”</li> </ul>
6. Mental health & emotional impact	6a. Psychological symptoms	<ul style="list-style-type: none"> <li>• “Mental health. I didn’t know until I was mired in a major depressive episode.”</li> <li>• “Brain fog and sheer lack of energy is shocking.”</li> </ul>
	6b. Identity and validation	<ul style="list-style-type: none"> <li>• “Being taken seriously when trying to discuss symptoms.”</li> <li>• “Doctors not talking about it to their patients.”</li> </ul>
7. Symptom recognition	7a. Symptom confusion	<ul style="list-style-type: none"> <li>• “I thought I was stressed or had early onset dementia.”</li> <li>• “Identifying symptoms.”</li> </ul>
	7b. Tools/checklists	<ul style="list-style-type: none"> <li>• “A checklist for perimenopause and a what to do to help the symptoms.”</li> <li>• “I know I should track symptoms, would love a simple check sheet.”</li> </ul>

# Appendix E: Pre-Workshop Review Guide

## Mapping Menopause Priority-Setting Workshop

### Purpose of this Guide

This guide is designed to help you prepare for the upcoming Menopause Research Priority-Setting Workshop on November 17th. The workshop incorporates a modified version of the James Lind Alliance (JLA) process. This collaborative method brings together people with lived experience, caregivers, and clinicians to identify and agree on the Top 10 research priorities in a particular health area.

By reviewing the list of questions in advance, you'll be ready to reflect on which topics matter most to you and contribute meaningfully to group discussions during the workshop.

### How to Use This Guide

1. Review the long list of menopause research questions provided alongside this document.
2. Reflect on the prompts in each section below.
3. Write your thoughts directly in this document or bring notes with you to the workshop.
4. You do not need to rank or score anything yet; this will be done collectively during the in-person workshop.

Tip: As you review the questions, consider whether each represents:

- a knowledge gap — an area where there is little or no research evidence.
- a perceived knowledge gap — an area where information may exist, but is not easily accessible, well-communicated, or widely known; or
- a mobilization opportunity — an area where research findings already exist, but greater awareness, education, or implementation is needed.

Thinking about these distinctions can help ensure that our workshop discussions focus on generating new knowledge.

## What to Expect in the Next Sections

The following sections are designed to help you think more deeply about the menopause research questions and prepare for meaningful discussion during the workshop. Each section focuses on a different aspect—relevance, clarity, impact, and inclusivity—to help guide your reflections.

### 1. Relevance and Usefulness

Which questions stand out as most personally and/or professionally meaningful to you?

Are there questions that feel particularly relevant to your experience and/or the populations you work with?

Are there any questions that seem less relevant or lacking policies?

What topics or gaps do you think are missing from the list?

Notes:

### 2. Clarity and Understanding

Are the questions worded clearly and easy to understand?

Are there any terms or phrases that could be simplified or better explained?

Notes:

### 3. Feasibility and Impact

Which questions, if answered, could have the greatest impact on improving care, understanding, and/or support for people experiencing menopause?

Which questions feel most likely to lead to practical change?

Are there topics that might be important but harder to address through research?

Notes:

### 4. Representation and Inclusivity

Do you believe the questions are relevant to the experiences of diverse groups, including different ages, backgrounds, and health contexts?

Are there aspects of menopause (e.g., cultural, social, equity-related) that could be represented more fully?

Are there perspectives you feel are missing (e.g., caregivers or underrepresented populations)?

Notes:

## 5. Preparing for the Workshop

During the workshop, you will:

Discuss the long list of questions in small, mixed groups (people with lived experience, researchers, and clinicians).

Share your thoughts on why some questions are especially important.

Help narrow down the list and rank the most important questions through a transparent, group-based process.

To prepare:

Note 5–10 questions that you think are particularly important or should be prioritized.

Consider what makes them stand out — personal experience, potential for change, lack of research, or broader impact.

Bring your reflections to share with your group.

Notes:

### Summary and Thank You

Any other comments, general feedback, or notes?

Your input before and during the workshop ensures that the final priorities reflect what truly matters to people affected by menopause — from both lived and clinical perspectives.

## Next Steps After the Workshop

At the workshop, all groups' rankings will be combined to form the Top 10 Menopause Research Priorities. The remaining questions will be preserved in an appendix.

These will be shared with researchers and research funders to guide future work.

All participants will receive a summary of outcomes once after the workshop.

# Appendix F: Consensus Workshop Agenda/Outline

[Mapping Menopause](#) Priority-setting Workshop

November 17, 2025 | 4:30 pm to 7:00 pm Pacific

[BC Women's Hospital + Health Centre, 4500 Oak Street, Vancouver BC.](#)

**Parking** is administered via the HangTag app

**Facilitators** are Nicole Prestley, Titilola Yakubu, Julia Santana Parrilla

Time	Item description
<i>Sign in, name tags, and other workshop materials will be available on the table outside.</i>	
4:30–4:45	Welcome and opening <ul style="list-style-type: none"> <li>• Opening remarks and land acknowledgment (Lori)</li> <li>• Importance of this work/the CMC (Stephanie)</li> <li>• Elder Paula George</li> </ul>
4:46- 5:15	Overview & Context <ul style="list-style-type: none"> <li>• Overview of the Mapping Menopause project and team (Nicole) Project objectives, process &amp; approaches</li> <li>• Purpose of workshop (Titilola)</li> <li>• Summary of Survey results (Titilola)</li> <li>• Poll of circulated long-list questions from survey results (Nicole)</li> </ul>
5:16–5:55	Small group discussions & Ranking (Titilola/Julia) <ul style="list-style-type: none"> <li>• Review and discuss the top menopause questions from ranking above</li> <li>• Identify and discuss key priority questions per group</li> <li>• Rank questions in order of priority</li> </ul>

5:56-6:25	Dinner Break
6:26–6:45	<p>Whole group review (Titilola/Julia)</p> <ul style="list-style-type: none"> <li>• Share and review combined rankings from small groups</li> <li>• Group discussion and refinement of the list</li> </ul>
6:46- 6:55	<p>Final ranking and consensus (Nicole)</p> <ul style="list-style-type: none"> <li>• Final poll and confirmation of results</li> </ul>
6:56 – 7:00	<p>Closing &amp; Next steps (Nicole/Lori)</p> <ul style="list-style-type: none"> <li>• Future directions and reflections</li> <li>• Online evaluation survey to close the workshop.</li> </ul>

# Appendix G: Research Priorities Not Prioritized

The following questions were considered during the priority-setting process but did not rank among the final top ten. They remain important areas of inquiry and can inform future research directions.

1. How can shared decision-making about menopause hormone therapy be supported between people experiencing menopause and their care providers (including decisions about dosing and continuation)?
2. What models of personalized menopause care are needed, and what considerations should guide personalization (such as cultural needs, geographic context, and individual preferences)?

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