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Testimony Before the United States Senate Special Committee on Aging

"Half the Country, Zero Hearings: Meeting the Moment to end the Menopause Care Gap in America."

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Chairman Scott, Ranking Member Gillibrand and Honorable Members of the Senate Special Committee on Aging:

Thank you for the opportunity to testify today on one of the most significant and historically overlooked issues in American health care: the health of women as they age, particularly during the menopause transition and the decades that follow.

I am Dr. Jean Wactawski-Wende. I am an epidemiologist whose research has focused on Women's Health for the past 40 years. I currently serve as a SUNY Distinguished Professor and the Dean of the School of Public Health and Health Professions at the University at Buffalo. Since 1993, I have been a funded investigator on the NIH study, the Women's Health Initiative. The University at Buffalo was selected as one of 16 Vanguard centers establishing the study. Ultimately 40 clinical centers from across the United States enrolled 161,808 postmenopausal women into 3 clinical trials and an observational study. WHI was designed to evaluate the risks and benefits of menopausal hormone therapy, a low fat diet and Calcium and Vitamin D supplementations on the major health outcomes in older women including Heart disease, Cancer, Stroke, Osteoporosis, Cognition and mortality. WHI has produced thousands of peer reviewed scientific publications and has changed our understanding of how specific interventions and other factors both positively and negatively impact the health of older women. Now, thirty -three years later, we have nearly 40,000 women alive and continuing to be followed for their health outcomes. The study has over an 80% response rate in participants currently ages 79-110. These women have contributed information on all aspects of their lives and experiences. They also have contributed to many ancillary studies that have added to the main goals of the study. As one example, we have just completed a clinical trial on physical activity and health in 50,000 of the participants. Additionally, we have done ancillary studies on sleep and health, assessment of trajectories of muscle mass change after cancer and in women with diabetes, the role of the oral microbiome on hypertension, heart disease and cancer. Over 300 ancillary studies have been funded to support further information from these amazing

women. WHI included women from all 50 states. In addition to WHI, I have conducted studies in women from pre-conception to those of aging women, most funded by the NIH. I have committed my career to provide information that women can use to make the most informed decisions to impact their health as they age.

Menopause is a universal life stage experienced by approximately half of our population. More than one million women in the United States enter menopause each year, and nearly every woman who lives long enough, will spend one-third or more of her life in the postmenopausal years. Yet despite its profound impact on health, quality of life, families, workplaces, and health care costs, menopause and healthy aging in women remains under-studied. Today, approximately 64 million women in the United States are age 50 or older. By 2050, that number is expected to exceed 80 million. By the 2030's, all Baby Boomers will be age 65 or older, and the population age 65+ will continue to grow substantially through mid-century. Although postmenopausal women represent one of the fastest-growing segments of our population, many of their health needs, particularly during and after the menopause transition, remain inadequately studied and addressed. Today, I would like to highlight several priority areas that deserve immediate national attention.

First, we must increase investment in research on women's health across the lifespan.

For too long, we have underinvested in women's health research, especially in studies in older women. Insufficient attention has been devoted to health in women in the decades after reproductive life. We need greater investment in studies examining how hormonal changes associated with menopause influence chronic disease in women as they age. We need greater emphasis in understanding factors associated with cardiovascular disease, brain health, bone health, metabolic disease, physical function, and healthy longevity. Women are not simply smaller versions of men. Investment in studies to better understand factors associated with increased risk of chronic disease in older women are needed. Biological differences matter, and understanding those differences is essential for developing effective prevention and treatment strategies. Research must include women from across all ages and backgrounds.

Second, we must address the growing burden of chronic disease in aging women.

I believe we have underfunded research in chronic diseases most impacting older women. Some of the most pressing issues with the greatest Public Health impact in older women are related to better understanding:

1. Cardiometabolic health and heart disease

2. Brain health, Cognition and Dementia

3. Cancer

4. Physical aging, including preventing muscle loss, frailty, and fracture while promoting functional independence in older women

Major questions remain on why women outnumber men in cardiovascular disease as they age. Women are also more likely to be diagnosed with dementia than men. Approximately 50% of adults over age 80 are impacted by mild cognitive impairment or dementia. Cancer screening has led to earlier detection of some cancers, but the health effects of chemotherapy and radiation can impact heart disease, frailty, independence and survivorship long term. Many cancers are detected at late stages and are associated with limited survivorship. Early detection and new state of the art therapies are desperately needed. Frailty is a consequence of many factors related to aging and leads to loss of independence. For all these chronic diseases of aging, prevention, early detection, and new state of the art treatments will increase survivorship.

Chronic conditions also affect disability, healthcare costs, caregiving burden, and longevity for the tens of millions of U.S. women who will spend roughly one-third of their lives after menopause. Better management of chronic diseases will have a huge impact on the nation's health care and impact challenges ahead of us as a nation as the population over age 65 grows.

The menopause transition often coincides with important biological changes that can influence these health outcomes. We need stronger prevention strategies that emphasize physical activity, healthy diets, smoking cessation, sleep health, and appropriate screening to support early detection of disease where we can have the most impact on morbidity and mortality.

Healthy aging should not focus solely on longevity. It should focus on maintaining independence, cognitive function, mobility, and quality of life. This supports women in staying independent and in their homes for as long as possible. It also makes great economic sense.

Third, we must improve education and clinical care for women after menopause.

Many women report difficulty obtaining accurate information and evidence-based treatment options for menopause or conditions increasing in women as they age. It is imperative that women have access to health practitioners with evidence-informed training on how to best manage health in women as they age. During the menopausal transition, symptoms such as hot flashes, sleep disturbance, mood changes, cognitive complaints, genitourinary symptoms, and sexual health concerns can significantly affect quality of life. Studies that help women manage these symptoms while balancing the risks of certain interventions are needed. Many healthcare

professionals receive limited formal training in menopause management. As a result, women may go years without appropriate diagnosis or treatment. Also, many women believe they no longer need to see a gynecologist after they are through their reproductive years. This is not true.

We can help address these gaps by supporting evidence-based clinician education, expanding access for women to health care providers that specialize in menopausal health. Up to date evidence-based guidelines are needed so that every woman receives informed, high-quality information and care. Women need to advocate for evidence-based guidance to help support them in decision making.

Fourth, early-life activities including maintaining nutritious dietary intake, regular physical activity, avoiding substance abuse and supporting positive mental health will positively impact women as they age.

Earlier life decisions and personal practices can influence health at later ages. We know that some experiences in pregnancy are associated with increased risk as we age. One example is women who experiences preeclampsia (high blood pressure) during pregnancy are at increased risk of hypertension in later life. Similarly, women experiencing diabetes in pregnancy are at increased risk of developing diabetes later in life. Knowing there is increased risk should lead to screening for these conditions later in life so they can be managed proactively for prevention of long term health impacts of cardiovascular disease as women age. Women should be provided information to support a foundation that will help to optimize health as they age. Young women need to understand that diseases of aging are influenced by events and activities that they experience in their youth.

Fifth, adult caregiving disproportionally impacts women throughout their lives and the impacts on older women need to be understood and addressed

In the U.S., 63 million people are family caregivers, representing 1 in 4 U.S. adults. Most are women. Interestingly, 94% of caregivers provide care for adults, rather than children, but 29% of caregivers are simultaneously caring for children and an older adult. Caregivers of adults that are age 50+ spend an average of 26 hours per week providing care and have been caregiving for an average of 5 years. Many are required to provide high-intensity care, including assistance with complex medical needs. In caregivers, 64% report emotional stress from caregiving, 20% report poor health, and half of caregivers report negative financial impacts. Women provide the majority of unpaid caregiving in the United States. Many women enter caregiving responsibilities during midlife, when they are also navigating menopause, chronic disease risk,

work demands, and preparing for retirement. Caregiving can adversely affect sleep, mental health, and cardiovascular health, among others.

Summary and Conclusion:

Members of the Committee, the health of aging women is one of the most important public health challenges and opportunities of our time. Science has demonstrated that the menopause transition can influence multiple dimensions of health and that appropriate prevention measures and medical interventions can improve outcomes and quality of life.

The nation needs a comprehensive strategy that advances research, improves clinical care, promotes healthy aging, addresses health disparities, and empowers women with the information and support they deserve. In 1985, a report indicated by the then surgeon general indicated that more research was needed to advance women's health in our nation. WHI was funded as a result of that report. However, it is clear we are nowhere near where we need to be. Thank you in advance for your support and interest in this important issue.

In 1993, women across the nation joined the WHI hoping their contributions would impact the lives of their daughters and granddaughters. It is estimated that the clinical trial of hormone therapy alone saved $35 billion dollars in health care dollars in the following 10 years. More importantly, stopping those medications are estimated to have prevented 120,000 breast cancers and 80,000 cardiovascular events from occurring in the United States alone. It has been a privilege to conduct research that has had such impact in the lives of women across the country and world. I have two daughters and am now the grandmother of a 10-month old baby girl. Support for research that impacts the women in our lives, and helps them to live informed productive lives needs your support.

Thank you for your time and attention. Also thank you for your commitment to improving the lives of aging women. I look forward to answering your questions.