



Research Report

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The Economic Impacts of Menopause in the United States

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About This Report

A growing share of working women are now navigating the challenges of menopause while in the labor force, highlighting the urgent need to address the economic implications of menopause for individuals, employers, and the broader economy. This document presents an analysis of the economic impacts of menopause on working women in the United States and highlights productivity losses associated with menopause symptoms. The report emphasizes the need for targeted workplace policies and interventions to support women experiencing menopause and mitigate these economic losses.

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Summary

A growing share of working women are navigating the challenges of menopause while in the labor force. This report presents an analysis of the economic impacts of menopause on working women in the United States and highlights productivity losses associated with menopause symptoms. The report emphasizes the need for targeted workplace policies and interventions to support women experiencing menopause and mitigate these economic losses.

Key Takeaways

- Approximately 30 percent of women in the US labor force are in the age range corresponding with the menopause transition (ages 45-60), with state-level estimates ranging from 22.6 percent in Washington D.C. to 32.5 percent in Vermont.
- The annual economic cost of menopause symptoms totals an estimated \$5.4 billion in lost productivity, representing a conservative lower-bound estimate that excludes additional costs associated with factors such as early retirement, missed promotions, or transitions to lower-paying jobs.
- Healthcare and education are the sectors that bear the highest economic burden, driven by their large female workforces and high concentrations of women in the menopausal transition age range.
- California and Texas face the largest absolute annual economic losses, totaling \$688 million and \$433 million, respectively. This is due to their substantial populations of working women in the menopausal transition age range and higher salaries relative to other states.
- The economic burden is projected to increase over the coming decades. Although the national percentage of working-age women in menopausal transition age range is only projected to increase by 1 percentage point by 2050, there is substantial state-level variation in these estimates, ranging from a 2.4 percent decrease in Kentucky to a 19.3 percent increase in the Washington, D.C. States with high levels of growth in this population will be most impacted by the associated economic losses.
- Targeted policies and workplace accommodations modeled on protections for pregnancy and breastfeeding can help mitigate productivity losses, reduce discrimination, and support millions of women in maintaining their health, dignity, and contribution to the economy.

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The Economic Impacts of Menopause in the United States

The menopausal transition is a universal life stage that affects millions of women in the United States, typically occurring between ages 45 and 55 (Crandall, Mehta, & Manson, 2023, World Health Organization, 2024). During this phase, women often experience symptoms such as hot flashes, sleep disturbances, cognitive impairments, and mood changes, all of which can significantly disrupt daily life and overall well-being (Fang et al., 2024). Further, symptoms can persist for up to 10 years after women experience their final menstrual period, which can lead to chronic disruptions in functioning and quality of life (Moral et al., 2018; Tepper et al., 2016). Recent estimates show women in this age group account for roughly 20 percent of the entire female workforce in the United States, representing a substantial and growing segment of the labor force (U.S. Bureau of Labor Statistics, 2024). In fact, the landscape of the U.S. workforce is continuing to shift as greater numbers of women remain actively employed later in life. For example, in the United States, the labor force participation rate for women aged 55–64 rose from 56.6 percent in 2003 to 59.6 percent in 2023 (Organization for Economic Co-operation and Development, 2024). As a result, a growing share of working women are now navigating the challenges of menopause while in the labor force, highlighting the urgent need to address the economic implications of menopause for individuals, employers, and the broader economy.

An increasing body of research indicates that untreated menopause symptoms, particularly vasomotor symptoms, such as night sweats or hot flashes, generate substantial economic losses (Faubion et al., 2023). These symptoms, which affect millions of working women, are associated with higher rates of absenteeism, presenteeism (where employees are physically present at work but perform below their full potential), and healthcare utilization. For example, women experiencing “severe” menopause symptoms (via self-report) are up to three times more likely to report diminished work capacity, and the effects are especially pronounced among women in manual, routine-intensive, and caregiving roles, as well as among women without a college degree (O’Neill et al., 2023). Racial and socioeconomic disparities further compound the impact, as Black and Hispanic and low-income women are more likely to experience earlier and more intense symptoms and are disproportionately affected by adverse work outcomes (Cortes & Marginean, 2022; McKnight et al., 2011).

Current national estimates suggest that menopause-related work disruptions result in at least \$1.8 billion in lost productivity annually in the U.S. workforce (Faubion et al., 2023). However, this figure reflects only lost workdays among women in paid employment, excluding additional indirect costs linked to reduced work hours, lower-paying job transitions, missed promotions, or early retirement. Also omitted are the significant contributions of unpaid labor—such as caregiving work—that many midlife women perform and show associations with menopause symptom burden (Saadedine et al., 2025). When excess direct medical expenditures are included, the scale of the economic burden rises sharply. Based on national population data from the 2020 U.S. Census and inflation-adjusted

per-woman cost estimates, medical expenses associated with menopause symptoms total approximately \$24.8 billion annually for women between the ages of 45 and 60 (Faubion et al., 2023). To put this figure into context, the U.S. Centers for Disease Control and Prevention (CDC) estimates that chronic diseases and modifiable behaviors, such as diabetes, hypertension, smoking, obesity, and physical inactivity, account for roughly \$40.2 billion in productivity losses annually due to absenteeism, when adjusted for inflation (Asay et al., 2016). While menopause is not a disease or a disability, menopause symptoms are prevalent and often disruptive—clearly warranting similar attention in workplace health strategy and policy.

Moreover, menopause often coincides with a critical inflection point in women's careers—a time when many are achieving professional success, expanding their influence, and serving as mentors and leaders within their organizations (Riach & Jack, 2021). When untreated symptoms lead women to reduce work hours, decline advancement, or leave the workforce altogether, it not only undermines individual financial security but weakens talent pipelines and reduces the accumulated human capital available to employers and industries. Although research is limited, some evidence suggests that roughly one-third of women have considered leaving or have left the workforce due to menopause symptoms, with disproportionate impacts on women in senior-level positions (Faubion et al., 2023; Evandrou et al., 2021). At the same time, evidence also indicates that women who are able to remain in the workforce during the menopausal transition often report higher overall quality of life than those who are unemployed, reinforcing the potential value of supportive work environments and healthcare interventions (Whiteley et al., 2013). Further, preliminary evidence from outside the U.S., such as in the United Kingdom, suggests that investments in menopause workplace supports may be helping women feel more supported in the workplace and reducing absenteeism (U.K. Government, 2024).

Despite its scope and implications, menopause remains largely absent from workforce health policy and economic analysis, particularly at the state level and across different occupational categories. This level of granularity is critical for evaluating populations and regions most adversely affected and for identifying state-level policy levers. The current report presents the first comprehensive, state-by-state analysis of the economic costs of peri- and post-menopause symptoms among working women in the United States. Using American Community Survey (ACS) data, the analysis quantifies productivity losses and missed workdays, with attention to variation across states and occupational categories. By detailing where and how the economic burden is most severe, the report aims to provide actionable insights for policymakers to develop targeted interventions, for employers to create evidence-based workplace supports, and for health professionals and advocates to identify communities most in need of services. By rigorously assessing the economic and human costs of menopause in the American workforce and making visible the challenges often endured in private, this analysis intends to equip leaders at all levels with the knowledge necessary to build a more equitable and prosperous future for millions of women. The report concludes with recommendations designed to reduce the impact of menopause on working women and enable healthier, more resilient workplaces.

As the U.S. population ages and retirement ages rise, the number of working women navigating menopause will continue to increase, intensifying the economic stakes for employers and policymakers alike. Yet, support for menopausal women in the workplace remains limited, with only a minority of employers offering accommodations or health resources. Addressing menopause-related productivity losses is thus critical—not only for sustaining economic growth but also for promoting gender equity and supporting women’s career longevity.

Study Goals

This study uses publicly available data to provide policymakers and employers with actionable data on the economic costs of menopause-related productivity losses at the state and occupational level. Given the scale of economic losses and the growing number of menopausal-aged women in the workforce, addressing menopause-related productivity impacts is critical for sustaining economic growth and supporting women’s career longevity. This state-by-state analysis will fill key knowledge gaps and support the development of evidence-based workplace policies.

Approach

This project uses data from the American Community Survey (ACS) and the Weldon Cooper Center at the University of Virginia to conduct the first state-by-state analysis of the economic losses attributable to peri- and post-menopause symptoms among working women in the United States.

The ACS data includes a nationally representative sample of individual-level data including age, state, industry, and income from IPUMS (Ruggles et al., 2025). We used the ACS to estimate the prevalence of women in the age range corresponding to the menopausal transition (defined for this purpose as age 45-60) in the workforce by state and industry. We use individual-level weights to make the estimates nationally representative.

Using estimates from Faubion et al. (2023), we then estimated the economic cost of menopause symptoms by state and industry. Faubion et al. (2023) reported that about 10.8 percent of women aged 45 to 60 missed a day of work in the prior 12 months due to menopause symptoms, with a mean of 3 days missed among those who missed work. Faubion et al. (2023) used these numbers, plus the number of full-time working women and their average salary in 2020, to estimate a total cost of missed work per year among full-time working women. We update this calculation using 2023 numbers to provide a lower bound estimate of the economic cost.¹ We provide additional estimates that add costs for cutting back on hours and layoffs due to menopause symptoms to get a more complete picture of the economic cost of menopause for women.

¹ Specifically, costs from lost days are calculated as the number of working women (either full time or full time plus part-time) aged 45-60 multiplied by their average income per working day multiplied by the percent who miss days due to menopause symptoms multiplied by the mean number of days missed (Faubion et al., 2023).

Per Faubion et al. (2023), 5.6 percent of women reported cutting back on hours (median = 5 days with reduced hours). We assume they cut their hours by half on those days.² Additionally, 0.3 percent of women reported being laid off due to menopause symptoms in Faubion et al. (2023). We assume that those who are laid off miss 24.1 weeks of work (Bureau of Labor Statistics, 2025).³ We provide additional estimates that add costs for part-time workers, and we repeat this exercise for state- and industry-specific estimates that adjust the costs by state- or industry-specific estimates of average income and number of women in the age range corresponding to the menopausal transition.

To estimate how the fraction of women in the menopausal transition will change in the future, we use the Weldon Center's 10-year age projections by age group and sex (University of Virginia, 2024) to estimate state-by-state changes in women in the menopause transition from 2020 to 2050. In this data with 5-year age bins, we include women aged 45 to 59 in the menopausal transition and women aged 25 to 64 as the working age population.

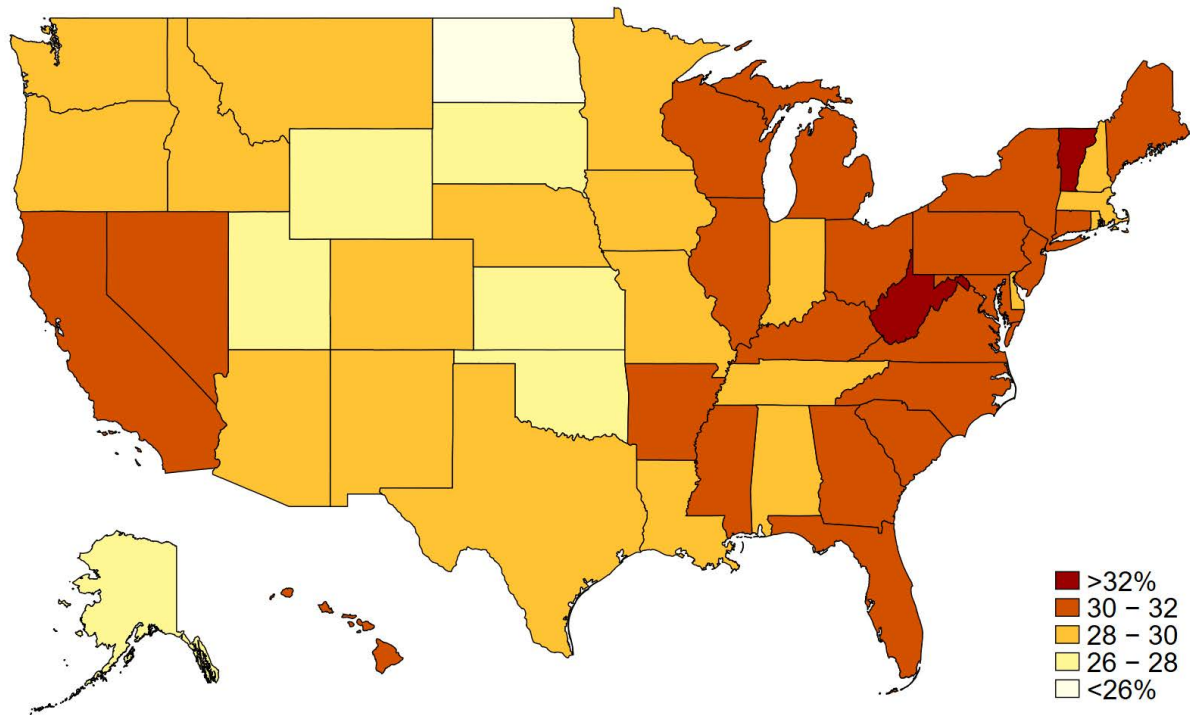
Findings

In 2023, approximately 30 percent of women in the labor force were in the age range corresponding with the menopause transition (ages 45 to 60), ranging from 22.6 percent (in D.C.) to 32.5 percent (in Vermont) (see Figure 1). California, Nevada, Hawaii, the Midwest, and East Coast tend to have higher fractions of their female labor force in the age range in which the menopausal transition typically occurs.

² Costs from lost hours calculated as the number of working women aged 45-60 multiplied by their average income per working half-day multiplied by the percent who lose hours due to menopause symptoms multiplied by the mean number of days with hours missed. The half-day is a moderate assumption, and the costs would be scaled up (down) if women tended to miss more (less) than half of a day on days where they cut back on hours.

³ Cost of layoff calculated as the number of working women aged 45-60 multiplied by their average income per working week multiplied by the percent who experience a layoff due to menopause symptoms multiplied by 24.1 weeks of unemployment. The mean weeks of unemployment are from the July 2025 seasonally adjusted estimate of unemployed people by duration of unemployment (Bureau of Labor Statistics, 2025).

Figure 1. Percent of Women in the Workforce in the Menopausal Transition by State, 2023

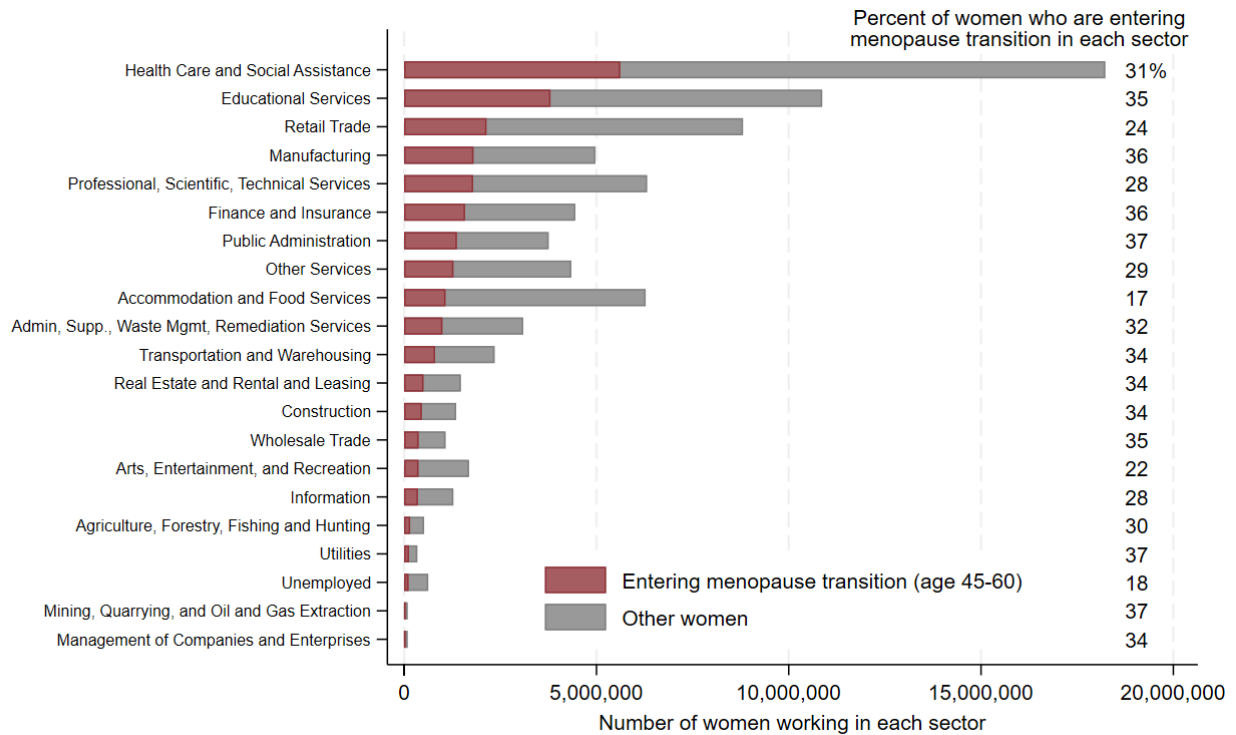


SOURCE: Author calculations based on 2023 ACS data (Ruggles et al., 2025).

NOTE: Calculated as number of women in the labor market aged 45-60 divided by the number of women in the labor market across all ages in each state.

We next examine patterns in the labor force by industry. Health care and education had the most working women overall, and they also had a large fraction of women potentially experiencing the menopausal transition based on age (31 and 35 percent, respectively). In contrast, the accommodation and food services industry, which also had many women in total, only had 17 percent of women in the age range corresponding to the menopausal transition (see Figure 2).

Figure 2. Women in the Workforce in the Menopausal Transition by Industry, 2023



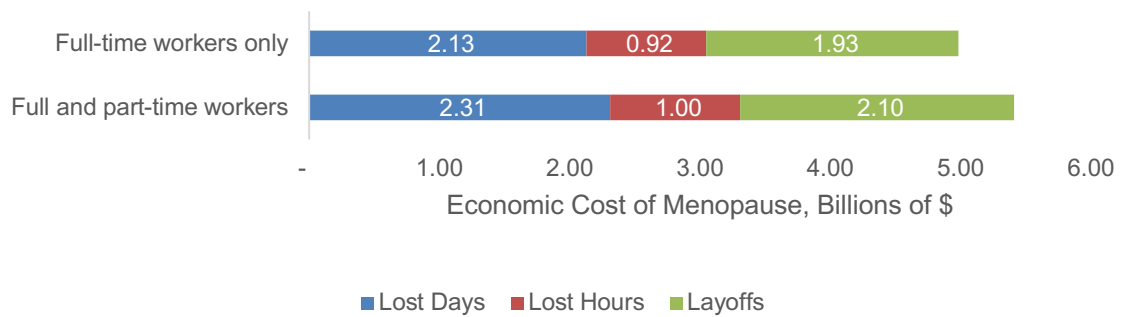
SOURCE: Author calculations based on 2023 ACS data (Ruggles et al., 2025).

NOTE: This figure displays the number of women entering the menopausal transition (in red) and other women in the labor force (in gray) by industry, from most to least number of women in the menopausal transition. The percent on the far right displays the percentage of women estimated to be in the menopausal transition for each industry. This includes the number of women in a given industry aged 45-60 (red bar) and all other women in a given industry (gray bar) among women in the labor market. The industries are ordered from most to least number of women aged 45-60 among women in the labor force.

In total, our upper-bound estimates indicate that the economic cost of menopause symptoms is \$5.4 billion dollars each year (see Figure 3), though this is likely a conservative estimate of the true cost given that we do not capture early retirement, lower-paying job transitions, or missed promotions due to menopause symptoms, as well as other assumptions and input limitations behind our estimates.⁴

⁴ We underestimate the cost if the layoffs among our older workers lead to longer unemployment stints and if our number of employed women is lower than it should be due to layoffs or resignations due to menopause symptoms. The questions about cutting back on hours and being laid off are asked based on the past 6 months, rather than 12, so if the reduced timeframe reduces the positive responses, then we would also underestimate the true cost of these symptoms. These estimates also do not include costs associated with early retirement or changing jobs due to menopause symptoms.

Figure 3. Estimated Economic Cost of the Menopausal Transition for Women, 2023

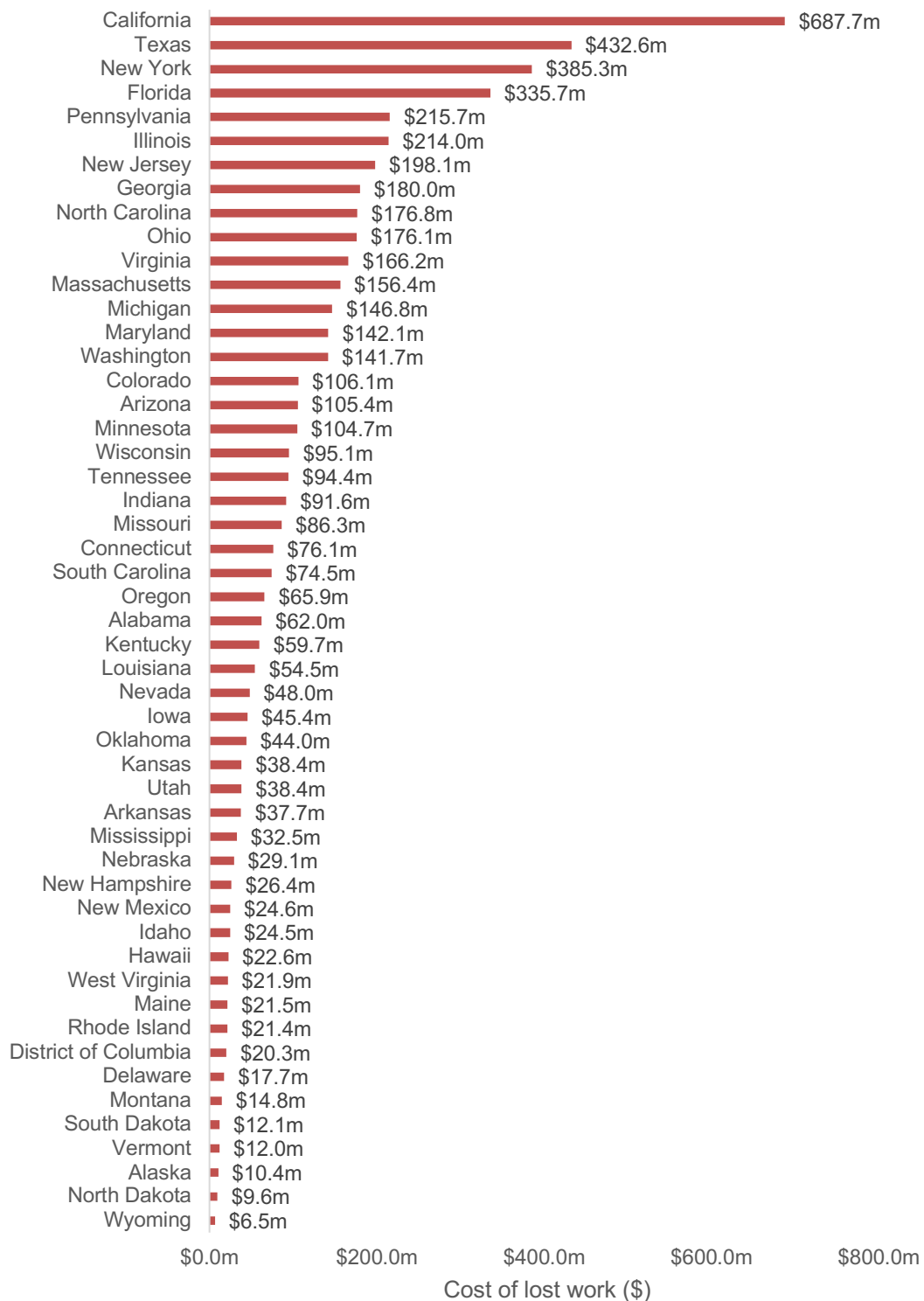


SOURCE: Author calculations based on 2023 ACS data (Ruggles et al., 2025), 2025 BLS data, (Bureau of Labor Statistics, 2025), and estimates from Faubion et al. (2023).

NOTE: The first row includes only full-time workers, while the second row adds part-time workers. The blue bars indicate the cost of lost days. The red bars indicate the estimated cost of lost hours due to menopause symptoms. Green bars indicate the estimated costs from layoffs due to the menopausal transition. The row including part-time women replicates this exercise, but updates the number of women and their average income accordingly.

Figure 4 displays a state-level estimate of these numbers, using state-specific counts of working women and wages. The largest cost is in California and Texas, driven by high average salary, a large population, and a relatively large fraction of women in the age range corresponding with the menopause transition.

Figure 4. Estimated Economic Cost of the Menopausal Transition for Women by State, 2023

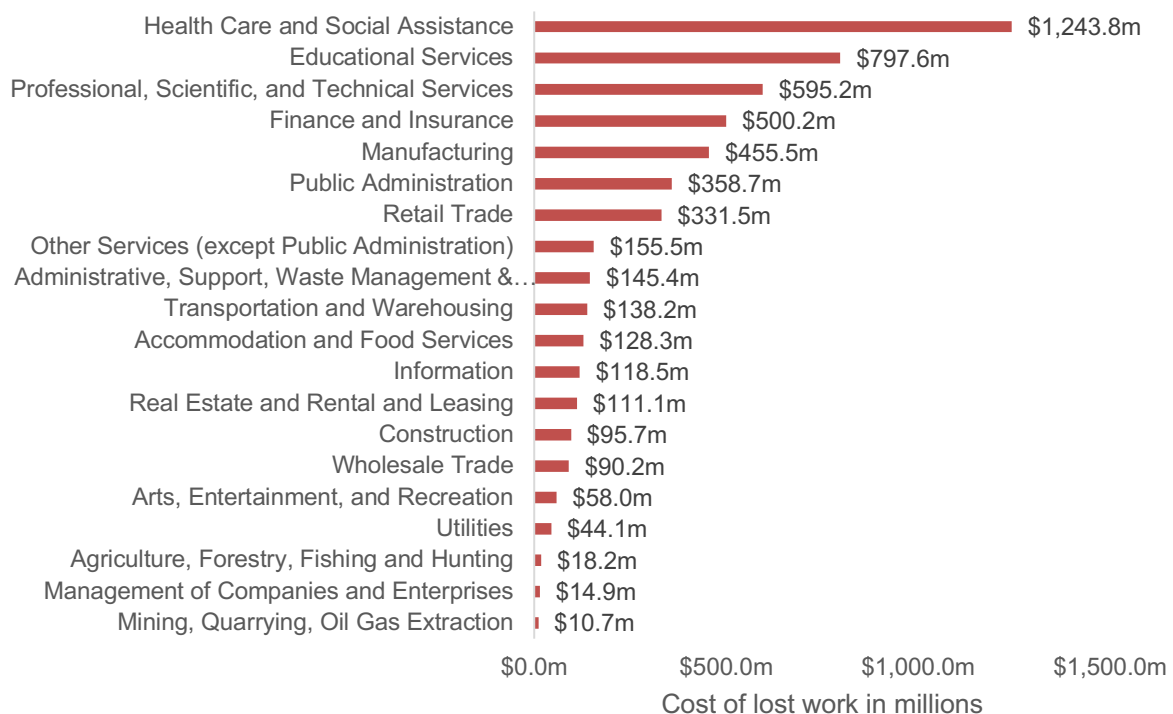


SOURCE: Author calculations based on 2023 ACS data (Ruggles et al., 2025), 2025 BLS data (Bureau of Labor Statistics, 2025), and estimates from Faubion et al. (2023).

NOTE: Total costs based on sum of lost days, lost hours, and cost of layoffs calculated as above for full-time and part-time employed women, calculated with state-level number of women and average incomes.

Figure 5 displays industry-level estimate of these numbers, using industry-specific counts of women and wages. The largest cost is in health care and social assistance, followed by educational services. Like the estimates for California and Texas, this is driven by high average salary, many women working in these industries, and a relatively large fraction of women in the age range corresponding with the menopause transition. However, while retail trade had the third-largest number of women in the age range corresponding with the menopause transition (see Figure 2), it ranks seventh in total cost due to relatively low wages. Conversely, while professional, scientific, and technical services was ranked fifth in terms of the percent of women in the age range corresponding to the menopausal transition in the industry, it is ranked as the third-highest industry in terms of cost due to high wages.

Figure 5. Estimated Economic Cost of the Menopausal Transition for Women by Industry, 2023



SOURCE: Author calculations based on 2023 ACS data (Ruggles et al., 2025), 2025 BLS data (Bureau of Labor Statistics, 2025), and estimates from Faubion et al. (2023).

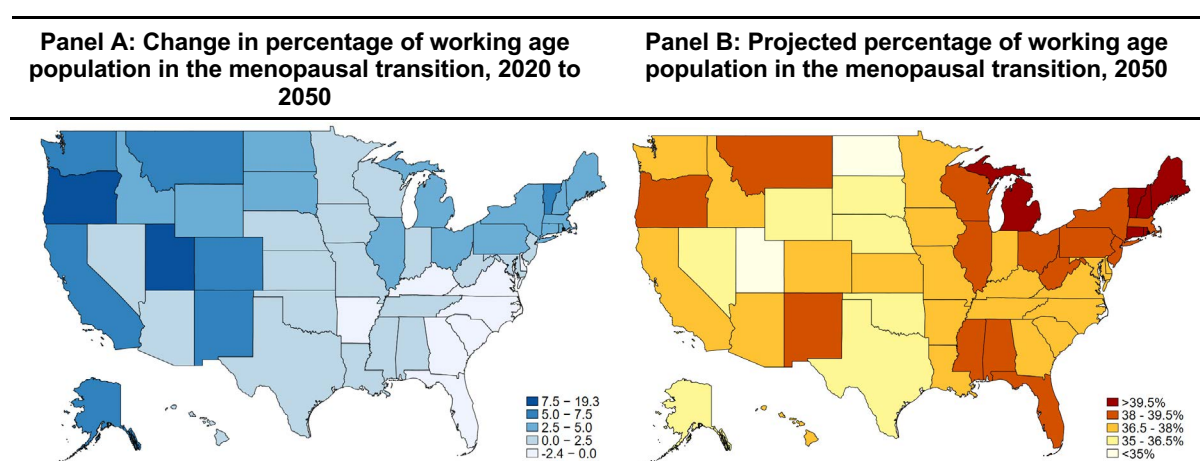
NOTE: Total costs based on sum of lost days, lost hours, and cost of layoffs calculated as above for full-time and part-time employed women, calculated with state-level number of women and average incomes.

The economic cost of menopause is likely to grow in the coming years. In 2020, 36.7 percent of women of working age were in the menopause transition, ranging from 25.1 percent (in D.C.) to 40.5 percent (in New Hampshire). By 2050, the overall percent is projected to increase to 37.7 percent, but within-state changes are not evenly distributed. Panel A of Figure 6 shows the percent increase in the percentage of working-age women in the menopausal transition by state from 2020 to 2050. Mountain states and those in the northeast are projected to have the largest increases in the percent of working-age women in the menopause transition, though most states will see an increase. The average unweighted

state-level change is 2.8 percent, ranging from Kentucky (a 2.4 percent decrease) to the District of Columbia (a 19.3 percent increase).

Panel B shows the predicted fraction of women of working age in 2050 for each state. While Utah will have a relatively large increase from 2020, it will still have one of the lowest percent of women in the menopausal transition among those of working age. Alternatively, West Virginia will have a relatively small increase, but it will continue to have one of the highest percent of women in the menopausal transition among working age women. New Hampshire, Connecticut, Maine, and Vermont are projected to have over 40.5 percent of women of working age in the menopausal transition, exceeding the highest state rate from 2020. Still, most states are in a fairly narrow range, with 46 states ranging from 35 to 41 percent.

Figure 6. Projections of Women of Working Age in Menopausal Transition, 2020-2050



SOURCE: Author calculations based on data from University of Virginia, Weldon Cooper Center for Public Service (2024).

NOTE: Baseline calculation is the percentage of women in the menopausal transition among working age women, calculated as number of women aged 45-59 divided by the number of women aged 25-64 in each state. Because we do not observe whether individuals work in this data, we focus on all women of menopausal age (aged 45 to 59) in the numerator and working age women (aged 25 to 64) in the denominator. Panel A shows the percent increase in this number from 2020 to 2050. Panel B shows the calculated percentage projected for 2050.

Discussion and Takeaways

This analysis provides the first comprehensive, state-by-state assessment of the economic costs associated with menopause symptoms among working women in the United States. The findings reveal substantial productivity losses totaling \$5.4 billion annually, underscoring the significant economic implications of a life stage that affects millions of American women yet remains largely overlooked in workforce health policy and economic analysis.

The geographic variation in both the prevalence of menopausal-aged women in the workforce and associated economic costs highlights important regional differences that warrant targeted policy attention. States with older female workforces, such as Vermont and New Hampshire, face higher concentrations of women likely navigating menopause symptoms, while large population centers like California and Texas bear the greatest absolute

economic burden. This variation suggests that one-size-fits-all approaches may be insufficient, and that state-level policymakers should consider region-specific interventions tailored to their demographic and economic contexts. Further, the projected demographic trends indicate that the economic impacts are likely to worsen in coming decades. With the percentage of working-age women in the menopausal transition expected to increase through 2050, and retirement ages continuing to rise across the economy, addressing menopause-related productivity losses becomes increasingly urgent for sustaining economic growth and competitiveness. The particularly large projected increases in Mountain states and the Northeast suggest these regions should prioritize developing comprehensive approaches to supporting menopausal women in the workforce.

While other studies point to impacts across a range of occupational groups (D'Angelo et al., 2022), the industry-level analysis reveals particularly important insights for sectors heavily dependent on experienced female workers. Healthcare and educational services emerge as bearing the highest economic costs from menopause symptoms. These findings are especially concerning given these sectors' critical roles in supporting societal well-being and their existing challenges with staffing shortages and retention (Michaeli et al., 2024; Tan, Comai & Patrick, 2025). The concentration of economic losses in these industries suggests that targeted workplace interventions in healthcare and education could yield substantial returns on investment.

However, the \$5.4 billion estimate represents only direct productivity losses from missed workdays, reduced hours, and layoffs, excluding potentially larger indirect costs (e.g., career disruptions, missed advancement opportunities, productivity losses while remaining at work, premature workforce exits). Research suggests that approximately one-third of women have considered leaving the workforce due to menopause symptoms (Faubion et al., 2023) but the long-term economic consequences of such decisions remain poorly quantified. Further, varying costs by subgroups are not incorporated. For example, women in lower-wage occupations may have less access to workplace accommodations or quality healthcare to manage symptoms effectively (Peate et al., 2024). As such, the work-related and economic impacts associated with menopause symptoms may be more significant in these populations. Future research should examine how economic costs vary across subgroups to ensure that policy interventions address disparities rather than exacerbate them.

The substantial economic costs documented in this analysis stand in stark contrast to the limited workplace supports currently available to menopausal women (Dennis & Hobson, 2023; Faubion et al., 2024). Our findings reinforce the urgent need for comprehensive policy responses that address both immediate symptom management and longer-term career sustainability for menopausal women. Such interventions could include workplace accommodations (e.g., remote or hybrid options, ergonomic adjustments, support groups), expanded healthcare coverage for menopause treatments, targeted support for women in highly impacted industries, clinician training, and broader efforts to reduce stigma and improve awareness of menopause symptoms and their management. Some states are recognizing this need with 15 states having introduced over 20 bills around menopause supports (Howard, 2025).

Employers and policymakers who proactively address menopause-related workplace needs may not only reduce direct productivity losses but also enhance talent retention, improve workplace equity, and strengthen their competitive position relative to less accommodating employers and geographic regions. Indeed, perhaps in recognition of the potential economic value brought by providing more robust support to women during menopause, in June 2025 Rhode Island became the first state in the US to enact legislation aimed at addressing menopause-related workplace discrimination under the state's fair employment statute (Rhode Island General Assembly, 2025). The legislation adds menopause to the list of protected conditions, requiring employers to make reasonable accommodations for employees and prohibiting workplace and hiring discrimination on the basis of menopausal status, similar to the protections the state currently has in place for pregnancy and breastfeeding. Notably, Rhode Island is among the states projected to experience the most significant growth in the population of working women in the menopausal transition age range. The passage of this legislation will therefore serve as a natural test of the potential economic benefits of policies aimed at supporting women during this critical point in their careers and lifespan.

Limitations and Future Directions

These findings should be interpreted in the context of several important limitations. First, our data sources did not include direct assessments of the impact of menopause symptoms on work-related functioning or productivity, but rather rely on the assumption that declines in work productivity among women in the age range corresponding to the menopause transition are attributable to menopause-related symptoms. It is possible there are other unmeasured sources of cost not included in our analysis. Additional research is needed to directly assess economic losses associated with menopause symptoms and ways to improve their treatment and access to menopause care. Second, our assessment did not account for other sources of losses related to early retirement, missed opportunities for promotion, or transitions to lower-paying roles, among other potential drivers of menopause-associated costs. Thus, the estimated losses may be far higher than those observed in our analysis and future analyses should incorporate these additional sources. Third, we used conservative assumptions (e.g., layoffs match the average unemployment stint) and did not include women who resign due to menopause symptoms, so findings are likely an underestimate of the true cost of menopause symptoms. Relatedly, our estimate also omits younger women (e.g., ages 35 to 45) who may begin to experience significant perimenopausal symptoms potentially impacting their work productivity. Fourth, we were unable to evaluate the impact of sociodemographic characteristics such as racial and ethnic identity or socioeconomic status on cost estimates. Given that menopause symptom burden is more severe for Black and Hispanic women and among those with fewer economic resources, it is likely that the associated costs are significantly higher in these populations, raising important equity considerations. Additional research focused on disaggregating costs by demographic subgroups is necessary to inform intervention approaches to address observed disparities.

Conclusions

The annual economic cost of menopause-related productivity losses is estimated to be \$5.4 billion, with substantial state-by-state and industry-level variation in the burden of those costs. These costs are expected to intensify over time as the number of working women in the menopausal age range grows, particularly in the Mountain states and the Northeast. Further, although national-level policies aimed at addressing the economic burdens of menopause symptoms are critically needed, the geographic- and occupation-level variation in projected costs highlight the importance of more targeted interventions within the most impacted states and industries. As the menopausal workforce continues to grow, particularly in key regions and industries, addressing the economic impact of menopause is not just necessary but urgent. Targeted policies and workplace accommodations modeled on protections for pregnancy and breastfeeding can help mitigate productivity losses, reduce discrimination, and support millions of women in maintaining their health, dignity, and contribution to the economy (Cahn, Crawford, and Waldman, 2023).

Appendix. Supporting Tables

Table 1. Costs by State with Population Estimates

State	Number of women age 45-60	Average income of these women	Income per day	Cost
<i>Total US</i>	<i>24,047,236</i>	<i>\$62,871</i>	<i>\$297</i>	<i>\$5,411,092,788</i>
Alabama	337,585	\$51,327	\$242	\$62,015,705
Alaska	43,755	\$66,399	\$313	\$10,398,154
Arizona	485,924	\$60,597	\$286	\$105,387,369
Arkansas	201,374	\$52,276	\$247	\$37,677,112
California	2,696,474	\$71,257	\$336	\$687,691,772
Colorado	419,726	\$70,638	\$333	\$106,113,696
Connecticut	291,260	\$72,990	\$344	\$76,087,612
Delaware	74,105	\$66,812	\$315	\$17,720,251
District of Columbia	46,225	\$122,900	\$580	\$20,332,817
Florida	1,658,941	\$56,532	\$267	\$335,655,181
Georgia	839,097	\$59,920	\$283	\$179,950,951
Hawaii	106,364	\$59,296	\$280	\$22,573,023
Idaho	131,654	\$51,905	\$245	\$24,457,451
Illinois	932,531	\$64,109	\$302	\$213,969,796
Indiana	479,087	\$53,448	\$252	\$91,646,615
Iowa	231,531	\$54,811	\$259	\$45,420,106
Kansas	197,040	\$54,498	\$257	\$38,433,279
Kentucky	313,459	\$53,184	\$251	\$59,666,373
Louisiana	299,508	\$50,851	\$240	\$54,509,753
Maine	108,441	\$55,492	\$262	\$21,537,310
Maryland	508,287	\$78,126	\$369	\$142,126,402
Massachusetts	557,248	\$78,404	\$370	\$156,370,791
Michigan	719,852	\$56,974	\$269	\$146,788,065
Minnesota	425,056	\$68,844	\$325	\$ 104,732,584
Mississippi	200,590	\$45,259	\$213	\$32,492,391
Missouri	438,838	\$54,947	\$259	\$86,301,804
Montana	77,243	\$53,529	\$252	\$14,798,561
Nebraska	141,638	\$57,488	\$271	\$29,142,495
Nevada	226,488	\$59,161	\$279	\$47,956,576
New Hampshire	110,309	\$66,766	\$315	\$26,359,465
New Jersey	739,301	\$74,883	\$353	\$198,142,073
New Mexico	130,766	\$52,507	\$248	\$24,574,225
New York	1,471,523	\$73,166	\$345	\$385,339,790
North Carolina	826,819	\$59,736	\$282	\$176,772,775

State	Number of women age 45-60	Average income of these women	Income per day	Cost
North Dakota	47,094	\$57,227	\$270	\$9,645,715
Ohio	853,951	\$57,622	\$272	\$176,111,682
Oklahoma	246,423	\$49,847	\$235	\$43,963,110
Oregon	296,558	\$62,042	\$293	\$65,851,104
Pennsylvania	957,245	\$62,950	\$297	\$215,668,903
Rhode Island	80,915	\$73,964	\$349	\$21,420,046
South Carolina	388,865	\$53,494	\$252	\$74,450,861
South Dakota	64,025	\$52,646	\$248	\$12,063,760
Tennessee	491,196	\$53,698	\$253	\$94,403,031
Texas	2,084,153	\$57,994	\$274	\$432,596,507
Utah	208,491	\$51,498	\$243	\$38,427,986
Vermont	55,825	\$60,001	\$283	\$11,988,348
Virginia	662,247	\$70,110	\$331	\$166,177,327
Washington	531,406	\$74,478	\$351	\$141,652,428
West Virginia	119,109	\$51,321	\$242	\$21,878,089
Wisconsin	455,299	\$58,375	\$275	\$95,124,088
Wyoming	36,394	\$50,208	\$237	\$6,539,865

NOTE: Assumes 212 work days per year; that the percent that lost work days is 10.8%; and that the average number of lost work days is 3. For reduction in hours, assumes a 5.6% cut on hours with 5 days with reduced hours on average.

Table 2. Costs by Industry

Sector	N women employed age 45- 60	Avg wage of those women	Average income per day	Cost of lost labor
Accommodation and Food Services	1,027,814	\$34,876	\$165	\$128,293,762
Administrative and Support and Waste Management and Remediation Services	939,142	\$43,244	\$204	\$145,355,406
Agriculture, Forestry, Fishing and Hunting	144,258	\$35,324	\$167	\$18,238,204
Arts, Entertainment, and Recreation	353,759	\$45,800	\$216	\$57,988,371
Construction	445,879	\$59,979	\$283	\$95,716,811
Educational Services	3,756,091	\$59,329	\$280	\$797,576,119
Finance and Insurance	1,554,881	\$89,884	\$424	\$500,206,225
Health Care and Social Assistance	5,516,490	\$62,995	\$297	\$1,243,763,116
Information	342,880	\$96,532	\$455	\$118,462,914
Management of Companies and Enterprises	30,275	\$137,590	\$649	\$14,908,735
Manufacturing	1,757,165	\$72,426	\$342	\$455,487,153
Mining, Quarrying, and Oil and Gas Extraction	32,584	\$91,676	\$432	\$10,691,217

Sector	N women employed age 45- 60	Avg wage of those women	Average income per day	Cost of lost labor
Other Services (except Public Administration)	1,242,646	\$34,962	\$165	\$155,492,267
Professional, Scientific, and Technical Services	1,741,744	\$95,472	\$450	\$595,154,284
Public Administration	1,351,414	\$74,157	\$350	\$358,680,760
Real Estate and Rental and Leasing	487,758	\$63,667	\$300	\$111,144,549
Retail Trade	2,059,775	\$44,963	\$212	\$331,473,828
Transportation and Warehousing	771,748	\$50,026	\$236	\$138,179,330
Utilities	125,038	\$98,495	\$465	\$44,078,544
Wholesale Trade	365,894	\$68,889	\$325	\$90,213,538

SOURCE: ACS employed full or part time, 2023

NOTE: Assumes 212 work days per year; that the percent that lost work days is 10.8%; and that the average number of lost work days is 3. For reduction in hours, assumes a 5.6% cut on hours with 5 days with reduced hours on average.

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