

every woman southeast

The Every Woman Southeast Women’s Voices Survey Executive Summary

Background

Every Woman Southeast (EWSE) is a coalition of partners across 9 states (AL, FL, GA, KY, LA, MS, NC, SC, and TN) with the goal of improving the health of women and infants in the Southeastern United States. EWSE aspires to ensure that the women in the Southeast benefit from all the services and resources available to them, including the Affordable Care Act.

The Southeastern Women’s Voices Survey was designed to shed light on the barriers that women face in accessing health care services, the services and screenings that could benefit women in our region, and how we can reach women with information about the Affordable Care Act and key preventive health services. This report details the survey’s methods, key findings, and conclusions.

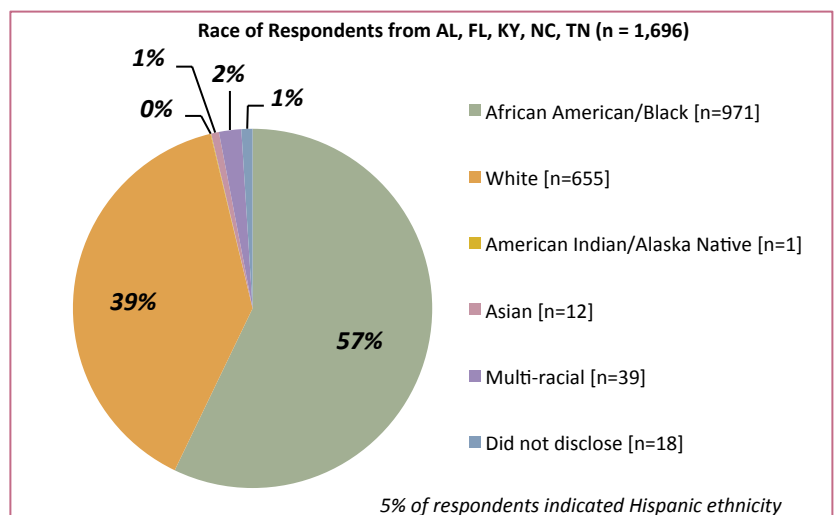
Methods

Approved by the UNC Institutional Review Board, the survey consisted of 24 short-answer, multi-part, and open-ended questions. The target population for the survey was women age 18 and older across the 9 EWSE states. The survey was available in both electronic and paper formats, and was distributed from mid-May to mid-July 2013, through letters and scripted emails to EWSE leadership team, state team, grantees, and key partners. The survey generated a convenience sample of 1,951 respondents.

Results

Demographics

Of the 1,951 total respondents, 1,810 identified as women, 26 as men, and 115 gave no answer. Among the women respondents, 95% had heard of the Affordable Care Act, 89% had some form of insurance, and 78% had a checkup in the last year. The majority of the respondents (n=1,696) came from five states - Alabama, Florida, Kentucky, North Carolina, and Tennessee –those responses comprised the quantitative analysis. Responses from all women were included in the qualitative analysis. Most of the respondents identified themselves as African American or White, and their ages spanned 18 years to 75+, reflecting responses across much of the life course.



Insurance/Access to Care

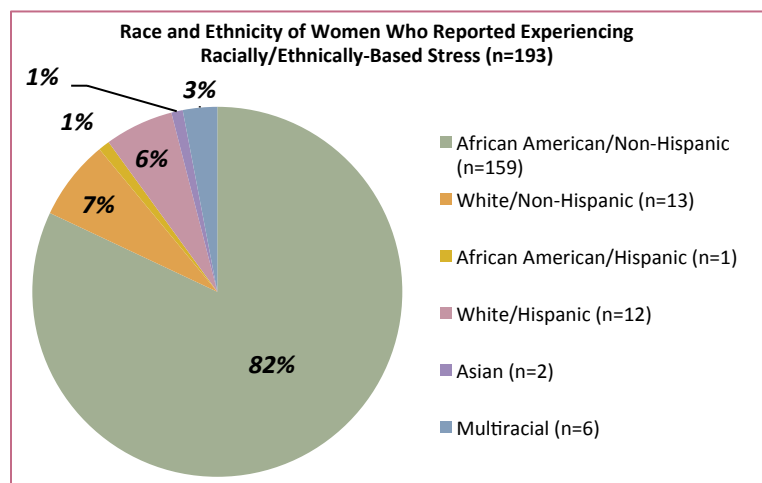
The majority of the women who responded to the survey were insured; the majority of those uninsured were between 18 and 34 years old. When asked if they have a healthcare provider who knows their medical history, the majority of women responded “Yes”, with a proportion that neared 100 percent by age 65. Furthermore, 47% of women (n=795) indicated that they did not have any problems getting needed care in the last year. Of the 901 women who did have issues accessing care, the top 3 reasons they gave were that it was too expensive (39%), they were too busy (30%), and/or it was too difficult to get an appointment (14%).

Preventive Screenings and Health Behaviors

Responses to prevention questions regarding health screenings, multivitamin intake and breastfeeding were similar to national surveys, such as the Behavioral Risk Factor Surveillance Survey and the Pregnancy Risk Assessment Monitoring System. Some of the questions revealed disparities among the women: while White women were more likely to report having ever breastfed a child, a larger proportion of African American women reported having been screened for elevated blood sugar or diabetes in the last three years.

Stress

Overall, 11% of women (n=193) indicated that they experienced stress, felt emotionally upset, and/or experienced physical symptoms due to how they were treated based on their race and/or ethnicity. Of those who indicated that they experienced race/ethnicity-based stress, 65% said that they experienced stress (n=126), 41% experienced emotional upset (n=79), and 29% experienced physical symptoms (n=56).



Perceptions of the Affordable Care Act

Television and internet were important vehicles for all respondents across race and age in terms of receiving information about the Affordable Care Act (ACA). Church was an important source of ACA information for older African American women, while older White women cited their health care providers as an important source for ACA information. When asked if they thought the ACA would help them and their family, African American women responded “Yes” at much higher rates than White women (55-75% of African American respondents, versus 25-35% of White respondents). African American women that answered “No” indicated that they already had health insurance, were concerned that costs were going to rise, or perceived they could not benefit because their state decided not to participate in Medicaid expansion. White women that answered “No” brought up the same issues as African American women, but they also expressed concerns that the healthcare system would be overwhelmed, indicated that their physicians had said that it would be “bad for their profession,” noted that ACA has caused employers to cut hours so that they do not have to cover employees and/or to drop spouse coverage, and expressed the belief that the burden of the ACA fell on the working/middle class.

Women's Ideas for Improving Health

The survey asked respondents two open ended questions about what they needed to improve their health, and what things were needed to improve the health of their communities. The general themes that emerged were common for both questions and often overlapped. Respondents expressed a need for reduced costs in health services, more culturally and gender competent clinicians, and suggested that preventive screenings (e.g. cholesterol, blood pressure, and diabetes) should be a walk-in health service. Many women expressed a desire for increased motivation and self-control around making better food choices and exercising, including wanting an accountability partner. They also indicated a need for access to support from nutritionists and group exercise programs. In addition to focusing on better nutrition and exercise support, the women acknowledged a need for assistance with better self-care, stress management, and sleep. They noted that women are often so focused on caring for others and fulfilling their many roles that they don't have the time they need to care for themselves. Women also indicated that they and their communities needed access to easily available health education resources written in plain language, as well as safer pedestrian access and increased economic opportunities. Finally, women made connections between politics and health, noting the importance of advocacy.

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| <p>Major Themes</p> <ul style="list-style-type: none">▪ Access/Insurance▪ Accountability/Self Control/Motivation▪ Health Education▪ Fitness/Nutrition/Weight Loss▪ Stress/Sleep/Self-Care▪ Provider Relationships▪ Social Determinants of Health |
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Conclusion

The survey asked questions on many different topics, reflecting the interests of the EWSE leadership team and using validated questions from different instruments. In general, the results of the survey found that the respondents were interested in not only accessing quality healthcare, but also indicated a strong interest gaining more knowledge in improving their health through nutrition and exercise programs and cultivating self-care behaviors to reduce stress. It was also clear that women understand that health care is important but only one part of being healthy.

The findings gained are important and lead to more questions for leaders in our region. For example, how can public health and community groups partner with healthcare providers to make it easier for them to ask key questions and then refer women to the resources they need to improve their health? How can we create innovative programs that can provide women with the social support, encouragement and time they need to take care of themselves? How can we advocate for women with health insurance to make sure they know about their new preventive benefits? How can we counter ACA fears with facts? How can we promote access to health and health care as a human right in our region? And how can we engage new partners to collectively work to address the social determinants of health and policies that impact women in the South?

We deeply appreciate our colleagues who assisted us with this survey and the women who responded. When we listen to women across different groups our understanding is opened and some preconceived notions are challenged. Based on the enthusiastic response we received from partners and respondents alike, we believe that there is a pressing need for leaders to continue to listen to women's opinions and voices about their health needs, concerns, strategies and successes. We hope others will join with us to move this effort forward in the Southeast.