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"Assessment of the Menopause Community Resource Landscape for Black Women in Southeast Louisiana"

BACKGROUND: Black women often experience menopause earlier, for longer durations, and with more severe symptoms than White women. Yet, they face significant barriers to culturally responsive menopause care, including provider bias, limited provider training, and medical mistrust. These barriers, coupled with unmet informational and supportive needs, may lead Black women to seek menopause information and symptom support outside traditional healthcare settings, including through informal social networks and community-based resources. However, little is known about the availability and characteristics of menopause-related resources for Black women in Southeast Louisiana. To address this knowledge gap and complement an ongoing qualitative study exploring Black women's lived experiences and perceptions of menopause, we conducted a companion environmental scan of the menopause resource landscape across Southeast Louisiana.

PURPOSE: To identify and characterize publicly available menopause-related resources for Black women in Southeast Louisiana (LDH Regions 1, 2, 3, and 9) and identify gaps in resource availability, cultural relevance, representation, accessibility, and geographic distribution.

METHODS: A systematic environmental scan was conducted across LDH Regions 1, 2, 3, and 9 using a standardized search protocol and predefined eligibility criteria. Resources were independently screened by two reviewers, with discrepancies resolved by team consensus. Included resources were categorized by type, location, target population, accessibility, menopause focus, cultural tailoring, and representation of Black women.

RESULTS: A total of 73 menopause-related resources were identified across Southeast Louisiana; 63% were menopause-specific. Among identified resources, 32% provided medical and clinical services, 40% provided educational resources, 27% offered community and social support, and 27% provided wellness and lifestyle services. Nearly two-thirds (64%) were national in reach, while few were local (7%) or statewide (5%). Although 55% visibly represented Black women, only 11% met criteria for culturally tailored content, revealing a notable gap between representation and cultural responsiveness. Resources were also geographically uneven, with the greatest concentration in LDH Region 2 and the fewest in Region 3, and limited physical resources in rural areas. Overall, the findings demonstrate that resource availability does not necessarily translate to locally accessible, culturally responsive menopause support for Black women.

CONCLUSIONS: While menopause-related resources exist across Southeast Louisiana, important gaps remain in culturally responsive programming, local resource availability, and equitable geographic access. These findings can inform efforts to expand menopause education, strengthen community-based resources, and improve equitable access to culturally responsive support for Black women in the region.