

A Health Needs Assessment Study of the Minority Population in Allen County

by the

Indiana Minority Health Coalition

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EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Allen County, directed by the Indiana Minority Health Coalition with technical assistance from the Indiana University Bowen Research Center. Initial project planning activities began in 2003, with most of the data collected in 2004. The purpose of this needs assessment study is to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Allen County
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the Allen County
- Identify opportunities and initiatives to better meet the health needs

Data for the health needs assessment were collected from existing data containing health indicators, targeted population surveys, focus groups, and key informant surveys.

Existing data from birth and death certificates, and hospitalizations that have health indicators were gathered and analyzed for minority groups. The analysis of these existing data for Allen County indicated that disparities exist by race and ethnic group. It also revealed that most rates need to be improved to meet the Healthy People 2010 Objectives. The Black population in Allen County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 108 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. Some of the results from the surveys highlighted that racial and ethnic minorities perceive diabetes, high blood pressure and strokes as part of the top five worst health problems in their neighborhood. Blacks specifically noted cancer heart disease, and HIV/AIDS problems as part of the top five worst health problems; whereas, Hispanics mentioned infectious diseases, high cholesterol, and substance abuse. These results indicated that fifteen percent of Blacks and sixty-eight percent of Hispanics indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For African Americans, the top five barriers attributed to accessing healthcare included: lack of money, waiting too long in the doctor's or clinic office, lack of insurance, had to wait too long for an appointment, and did not feel medical care was the best. For Hispanics, the top five barriers attributed to accessing healthcare included: language barriers, lack of money, lack of transportation, lack of insurance, and lack of available child care.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant surveys.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all Allen County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and program administrators to focus interventions on those areas that are of most concern to the minority population.

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in Allen County, directed by the Indiana Minority Health Coalition. Technical assistance was provided by the Indiana University Bowen Research Center staff. Initial project planning activities began in 2003, with most of the data collected in 2004.

The community health needs assessment activities and results presented here represent an important stage of a comprehensive, ongoing process that will be refined and updated in the coming months and years. A “community health needs assessment” is a systematic, collaborative, data-driven approach to assessing the health needs of populations in a defined geographic area. Information provided by the targeted populations is essential in this process to accurately measure the community values and perspectives. Assessing community health needs is a dynamic process that supports broad-based identification and verification of priorities; intervention development and implementation; and ongoing program evaluation, refinement, and improvement.

Purpose

The purpose of this need assessment study was to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Allen County in collaboration with the AIDS Taskforce in Fort Wayne and other organizations
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the County
- Identify opportunities and initiatives to better meet the health needs

From the earliest discussions, this assessment was designed to be comprehensive in scope, committed to provide critical information to decision makers to help elucidate the health concerns of minority residents in Allen County. The process was designed to provide essential data about health needs and related issues which could be used to develop targeted action plans to improve the health status of minorities. More importantly, it is hoped this project will become a vehicle to mobilize neighborhoods, consumers, health care providers, and service delivery systems to positively impact the health of minority residents in Allen County, and, thus, build a healthier community.

METHODS

Methods

Data for the health needs assessment were collected from these sources:

- Existing Data Containing Health Indicators
- Targeted Population Survey
- Focus Groups and Key Informant Survey

The community health needs assessment incorporated multiple components. The first involved obtaining and analyzing existing data (including vital statistics) that contain health indicators for minority groups. Next, group administered surveys were conducted to obtain community input on important health issues, needs, values, and beliefs. ‘Community representatives’ and ‘key informants’ input was sought using focus group techniques and individual interviews. Participants were selected for their understanding of significant needs, solutions, and expectations of selected minority populations. All of these inputs were integrated into this report.

To maximize the usefulness of the data in planning activities, this project utilized an expanded definition of “health” to include factors that impact community health status as expressed in a broad population-based, epidemiological model, such as biologic factors (genetics, aging), environmental factors (neighborhood, social, cultural, psychological), and life style or behavioral risk factors (smoking, diet, physical activity), as well as those related to the health care system (access barriers, communication, treatment). These key inputs provided the systematic framework to effectively identify the most important problems and target workable solutions.

This report also provides supporting documentation (technical information, supporting exhibits, and data collection tools) for the benefit of readers who have a technical interest in the epidemiological and analytical methods used and who may want to perform additional analyses of the data.

Existing Health Indicator (Secondary) Data:

Existing data from birth and death certificates were analyzed to provide quantitative measures for comparison between race and ethnic groups. This information was readily available and considered to be generally valid and reliable. These data sources are also “population-based,” meaning that all births and deaths are included, rather than a sample. Thus, using this information to assess health needs among minority population will be very useful and powerful. This component will provide quantitative measures that can be compared across racial and ethnic groups as well as between Allen County and the State as a whole. In addition, these measures can be compared to national targets.

Data about births and deaths were provided by the Indiana State Department of Health, based on births and deaths reported in calendar year 2003. Two primary levels of comparison were made: comparisons among racial groups (Whites, Blacks, Asians/Pacific Islanders, and American Indians/Alaskan Natives) and comparisons between ethnic groups (Hispanics/Latinos and non-Hispanics). Comparisons are also presented between the populations in Allen County

and those in the State of Indiana. The graphs also show the target goals presented in the Healthy People Year 2010 Objectives for the Nation for health indicators where applicable.

Birth measures are shown on the graphs for those health indicators where at least 20 births occurred in the study year among individuals in the specific minority group. Low birth weight births were defined as those where the baby weighed less than 2500 grams. Very low birth weight births were defined as those where the baby weighed less than 1500 grams. Preterm births were defined as those where the delivery occurred at less than 37 weeks of gestation, early preterm births were defined as those where the delivery occurred at less than 32 weeks of gestation.

Death measures are shown on the graphs for those health indicators where at least 20 deaths occurred in the study year among individuals within the specific minority group. The top five leading causes of death were compared by race and ethnic group category in Allen County.

Targeted Survey Data:

One of the most critical elements in a community based health needs assessment project is the inclusion of information about community values and beliefs that can be obtained by surveys. The survey instrument was adapted from instruments used by the Indiana University Bowen Research Center for other community health assessments. Considerable input in adapting the instrument was provided by the staff of the Indiana Minority Health Coalition. A copy of the instrument is included in the appendix.

During the months of April and May 2004, the staff and volunteers of the AIDS Taskforce in Fort Wayne administered the targeted surveys. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, grocery stores, health fairs, neighborhood events, and retail stores.

One hundred and eight targeted surveys were completed and returned to the Indiana Minority Health Coalition. Seventy-five percent of the respondents (N = 81) reported their race; of which 82.7 percent were Black (N = 67), 7.4 % were Asian (N = 6), 7.4 percent were of more than one race (N = 5), and 1.2 percent were American Indian/Alaska Native (N = 1). Ninety-eight percent of the participants (N = 106) responded to the question of ethnicity with 26.4 percent reported to be of Hispanic/Latino ethnicity (N = 28). Ninety-five percent of the respondents (N = 103) indicated their gender; of which, 84.5 percent were female (N = 87) and 15.5 percent were male (N = 16). Ninety-nine percent of the respondents (N = 107) reported their age with approximately thirty percent in the 25 to 34 age group (N = 32), 29.9 percent in the 35 to 44 age group (N = 32), and 18.7 percent in the 45 to 54 age group (N = 20). Of the remaining respondents, 16.8 percent reported their age as 24 years or less (N = 18), and 4.7 percent reported their age as 55 years or more (N = 5).

Focus Groups and Key Informant Interviews:

Focus groups are informal but structured sessions in which participants are asked to discuss their thoughts on a specific topic through guiding questions. Trained moderators, with

the assistance of a recorder, ensure the discussion remains focused and well documented while encouraging input from all of the participants. The focus group interviews are a qualitative research technique that was used to obtain representative community input into the health needs assessment.

In addition, Key Informant interviews were conducted with selected individuals using interview scripts designed to elicit comments on the same items that were covered in the focus groups. Participants were chosen to represent community leaders, not-for profit workers, providers and advocates knowledgeable about the key health issues affecting minorities in Allen County.

The selected individuals were invited by letter to participate in the focus groups and key informant interviews. The invitation letter, from the Indiana Minority Health Coalition and the AIDS Taskforce in Fort Wayne, briefly explained the purpose of the focus groups and the role that the individual's responses would play in the health needs assessment reports. Follow-up phone calls were made to the invited participants one to two days before the scheduled meeting to encourage participation and make sure they were still available for the focus group or key informant interview. The protocols used to direct the focus groups and key informant interviews are included in the appendix.

The focus group moderators and the key informant interviewers used a standardized list of probes on perceived community health needs, barriers to accessing health care, characteristics of successful community based programs, suggestions for improvement of current efforts, evaluation of current community resources, and needs of certain programs. The probes are shown on the two scripts, attached in the appendix. For each probe, the session recorder or interviewer noted quick agreement statements-comments made that did not continue into a discussion and deep discussion comments. During the session, a short introduction on the purpose of the Allen County health needs assessment was given, along with an explanation of the role of the findings, and anticipated future action plans.

During the month of May 2004, the director of the AIDS Taskforce in Fort Wayne conducted two consumer focus groups that were held in a community center and a church. There was no information available regarding the gender, age, race/ethnicity or work performed by the focus group participants.

During the months of March and April 2004, the director of the AIDS Taskforce in Fort Wayne conducted six key informant interviews for the Needs Assessment project. Details regarding the professions represented by the interviewees were available for only two of the key informants with one behavioral health technician and one school guidance counselor. All of the key informants reported their gender with three female and three male interviewees. The age groups represented by the interviewees consisted of thirty-three percent in the 20 to 29 age group (N = 2), thirty-three percent in the 40 to 49 age group (N = 2), seventeen percent in the 30 to 39 age group (N = 1), and seventeen in the 50 to 59 age group (N = 1). The race/ethnicity of all the interviewees was available. Sixty-six percent of the key informants were Black (N = 4), seventeen percent were Hispanic/Latino, and seventeen percent were Caucasian (N = 1).

RESULTS

Overview of Existing Health Indicator (Secondary Data Analysis)

Analysis of existing data for Allen County (birth, morbidity and mortality data) indicated disparities exist in Allen County by race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for American Indians/Alaska Natives (AIANs) in Allen County because less than 20 incidents occurred in the study year among individuals in the specific minority group for the specific outcome of interest.

Comparisons for Allen County are based on the differences between specific indicators and the Healthy People 2010 objective, comparison to all births in the county and to the respective racial or ethnic group in Indiana. Any values with less than 1% (<1%) difference are considered similar and values equal to or greater than 1% difference were listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

The Asian and Pacific Islanders (API) population in Allen County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in many health indicators: low birth weight, very low birth weight, Cesarean deliveries, prenatal care in the first trimester, and low weight gain during pregnancy. These indicators do not meet the Health People 2010 objectives and/or have higher percentages in comparison to all births in the county.

The Black population in Allen County was disproportionately affected when comparing the health indicators among racial groups. Most health indicators do not meet the Healthy People 2010 objectives and/or they represent higher percentages in comparison to all births in Allen County and therefore have room for improvement. The indicators that need improvement are: low birth weight, very low birth weight, preterm births, early preterm births, Cesarean deliveries, prenatal care in the first trimester, chemical abuse during pregnancy, births to single mothers, teenage pregnancy, low weight gain during pregnancy and percentage receiving adequate prenatal care.

The Hispanic population in Allen County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, early preterm births, Cesarean deliveries, congenital anomalies, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women in Allen County receive prenatal care in the first trimester and more Hispanic women receive less than adequate prenatal care as compared to Non-Hispanics. These health indicators need improvement because they do not meet 2010 Healthy People objectives and/or they represent higher percentages in comparison to all births in Allen County.

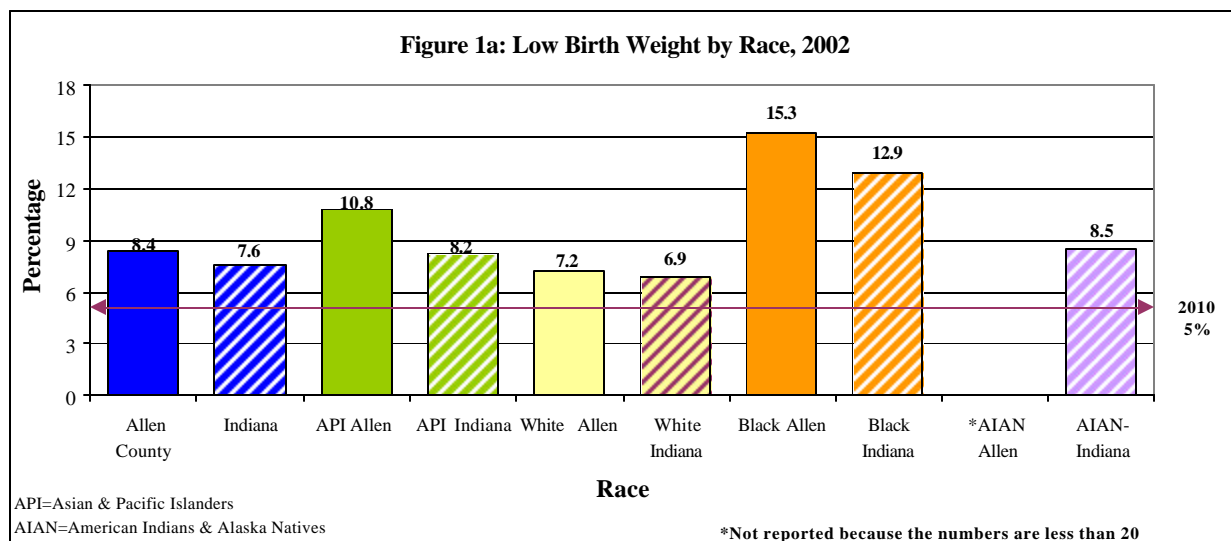
The age-adjusted death rate and deaths by cause for APIs and AIANs in Allen County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Allen County was higher than the age-adjusted death rate for all deaths in Allen County. The age-adjusted death rate for Hispanics in Allen County was lower than the age-adjusted death rate for

Non-Hispanic deaths in Allen County. Diseases of the heart are the leading cause of death for Hispanics in Allen County; while malignant neoplasms are the leading cause of death for Blacks in Allen County.

Birth Date:

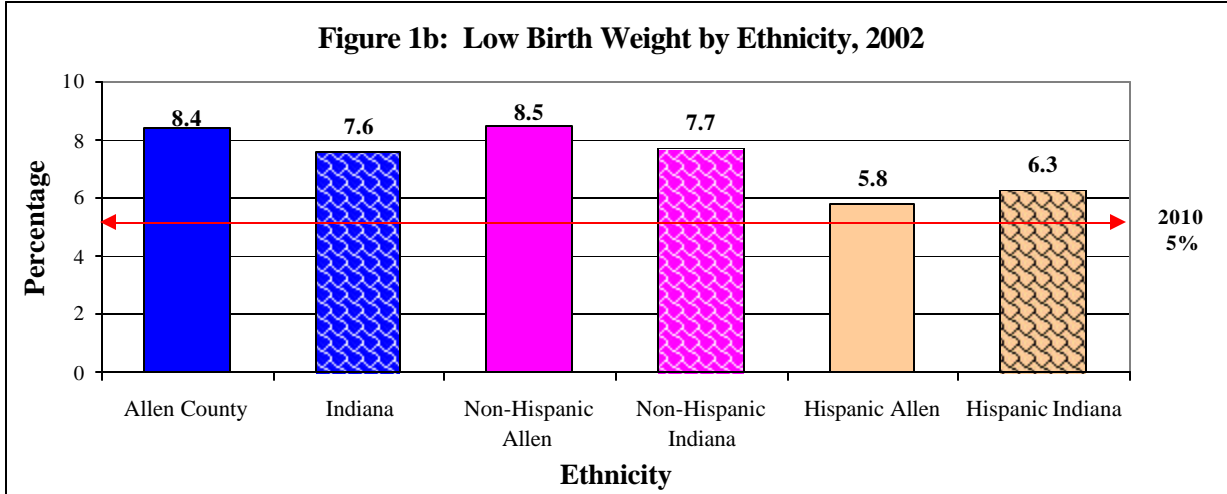
Low Birth Weight (LBW) by Race (Figure 1a):

- The percentage of low birth weight deliveries for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of low birth weight deliveries for APIs and Blacks in Allen County was higher than the Healthy People 2010 objective.
- The percentage of low birth weight deliveries for APIs in Allen County was higher than the percentage for all births in Allen County.
- The percentage of low birth weight deliveries for APIs in Allen County was higher than the percentage for all API births in Indiana.
- The percentage of low birth weight deliveries for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of low birth weight deliveries for Blacks in Allen County was higher than the percentage for all births by Blacks in Indiana.



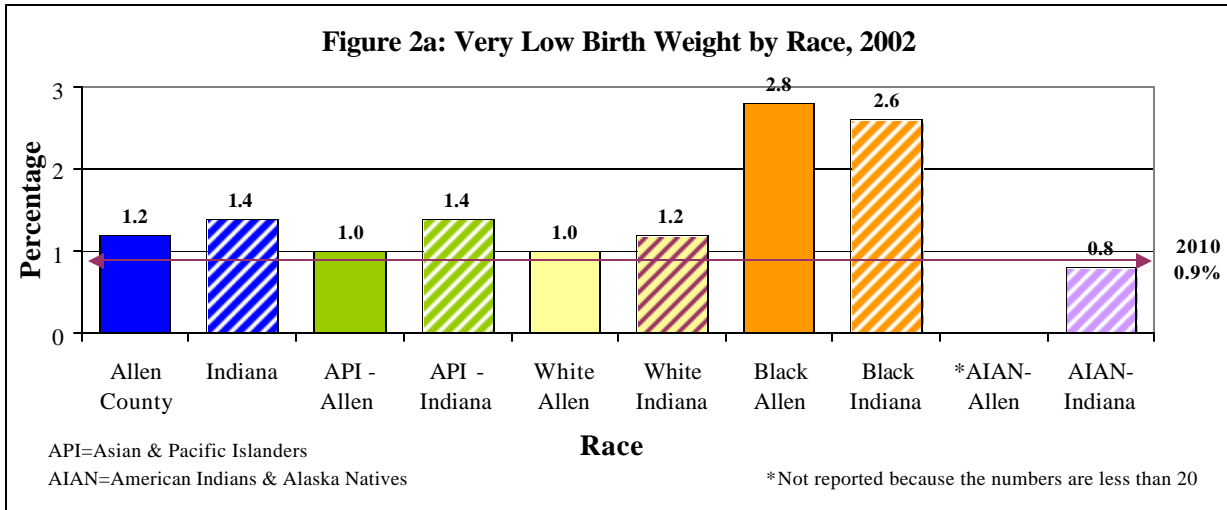
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

- The percentage of low birth weight deliveries for Hispanics in Allen County was higher than the Healthy People 2010 objective.
- The percentage of low birth weight deliveries for Hispanics in Allen County was lower than the percentage for Non-Hispanic births in Allen County.
- The percentage of low birth weight deliveries for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



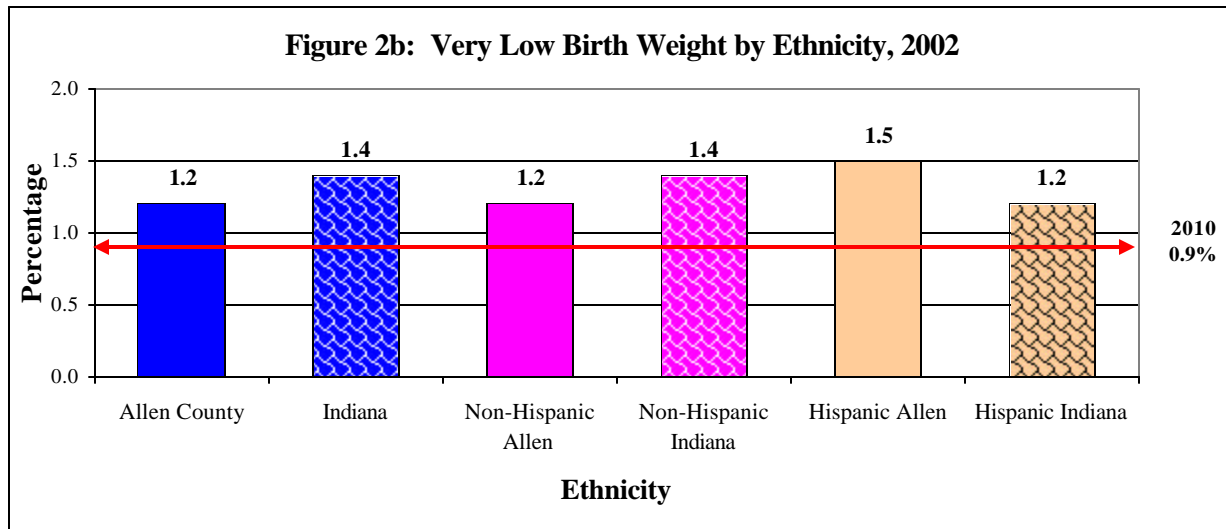
Very Low Birth Weight (VLBW) by Race (Figure 2a):

- The percentage of very low birth weight deliveries for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of very low birth weight deliveries for APIs and Blacks in Allen County was higher than the Healthy People 2010 objective.
- The percentage of very low birth weight deliveries for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of very low birth weight deliveries for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of very low birth weight deliveries for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of very low birth weight deliveries for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



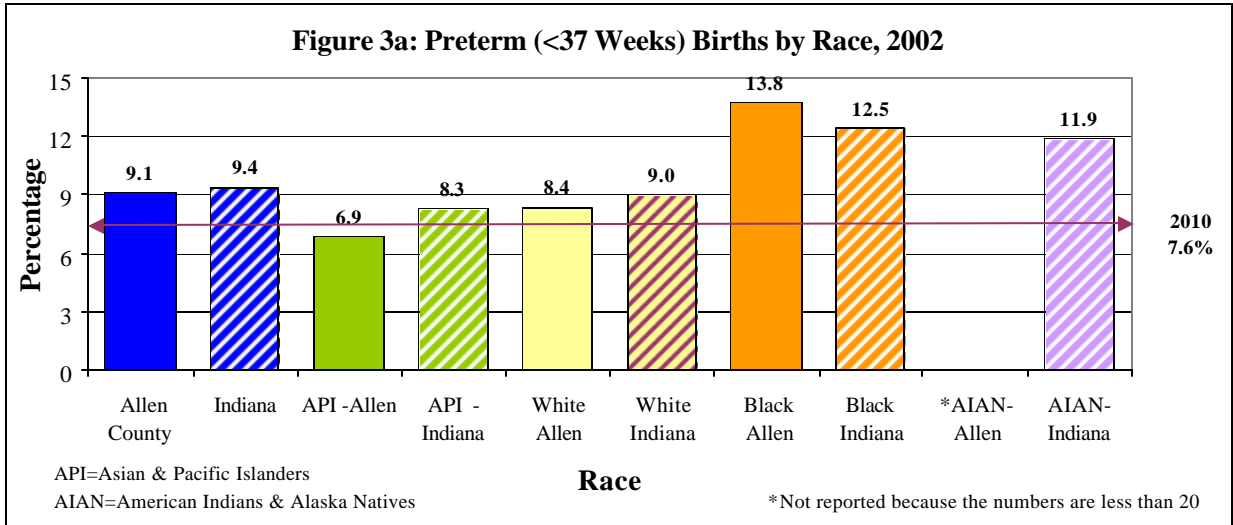
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

- The percentage of very low birth weight deliveries for Hispanics in Allen County was higher than the Healthy People 2010 objective.
- The percentage of very low birth weight deliveries for Hispanics in Allen County was similar to the percentage for Non-Hispanic births in Allen County.
- The percentage of very low birth weight deliveries for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



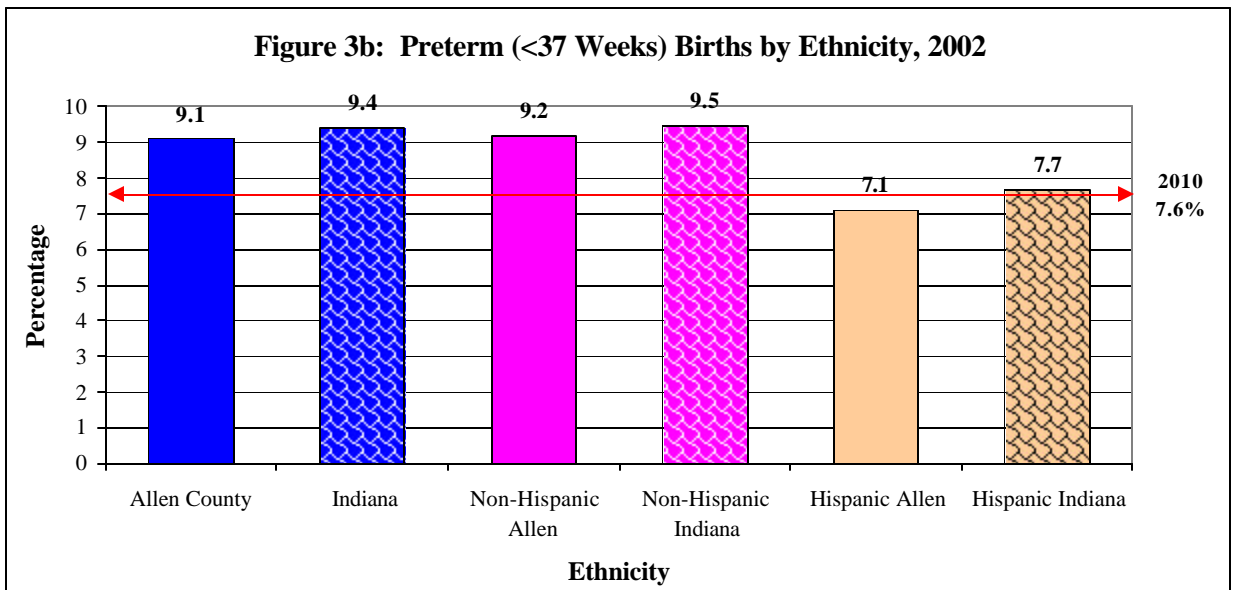
Preterm (< 37 weeks) Births by Race (Figure 3a):

- The percentage of preterm births for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of preterm births for APIs was lower than the Healthy People 2010 objective; the percentage of preterm births for Blacks in Allen County was higher than the Healthy People 2010 objective.
- The percentage of preterm births for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of preterm births for APIs in Allen County was lower than the percentage for all API births in Indiana.
- The percentage of preterm births for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of preterm births for Blacks in Allen County was higher than the percentage for all births by Blacks in Indiana.



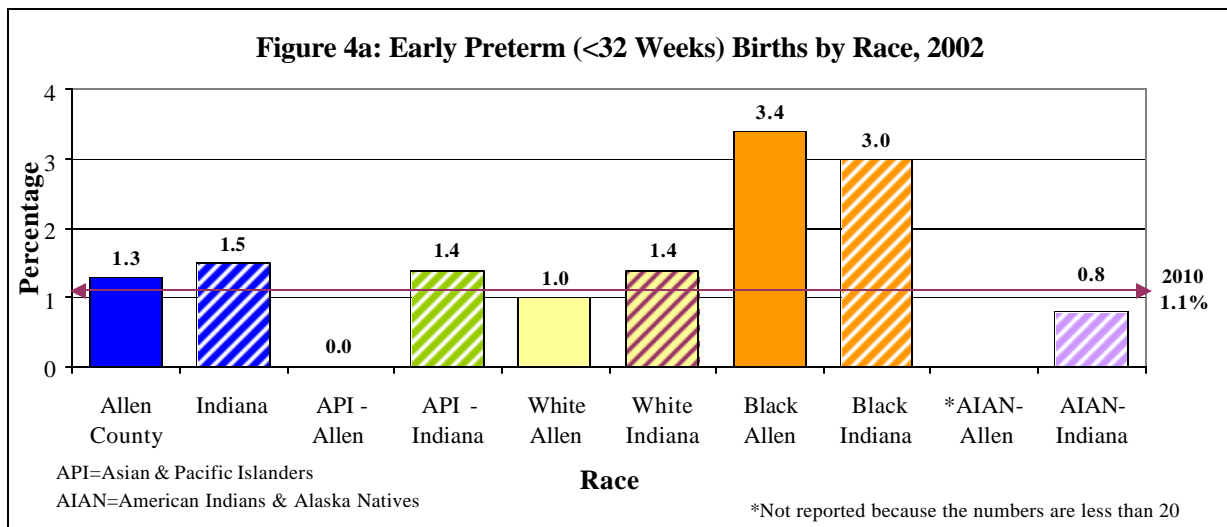
Preterm (< 37 weeks) Births by Ethnicity (Figure3b):

- The percentage of preterm births for Hispanics in Allen County was lower than the Healthy People 2010 objective.
- The percentage of preterm births for Hispanics in Allen County was lower than the percentage for Non-Hispanic births in Allen County.
- The percentage of preterm births for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



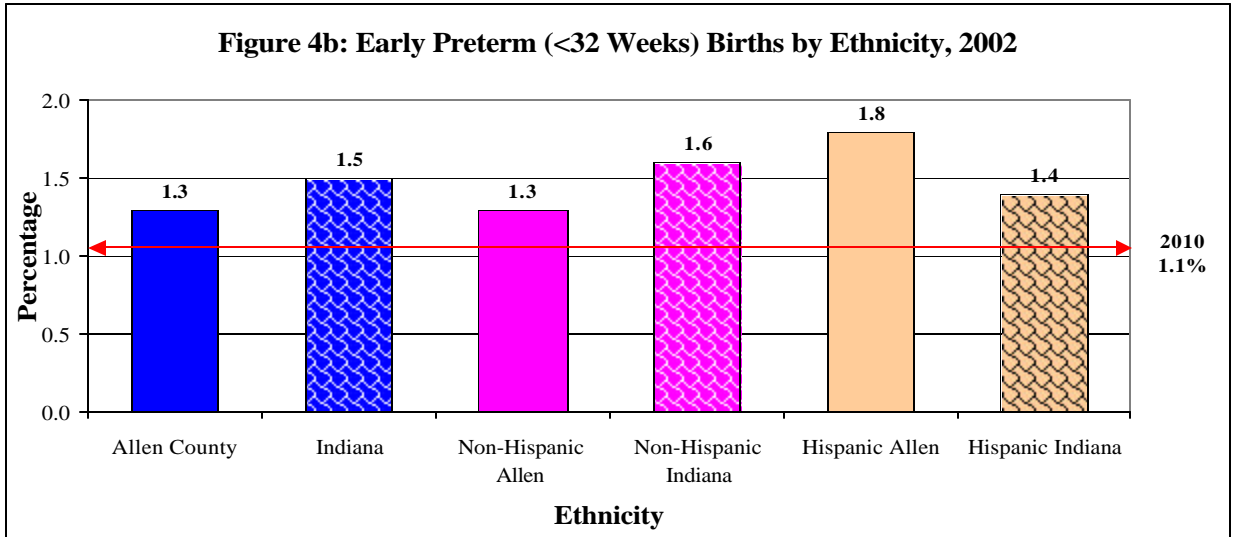
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

- The percentage of early preterm births for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of early preterm births for APIs in Allen County was lower than the Healthy People 2010 objective; the percentage of early preterm births for Blacks in Allen County was higher than the Healthy People 2010 objective.
- The percentage of early preterm births for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of early preterm births for APIs in Allen County was lower than the percentage for all API births in Indiana.
- The percentage of early preterm births for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of early preterm births for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



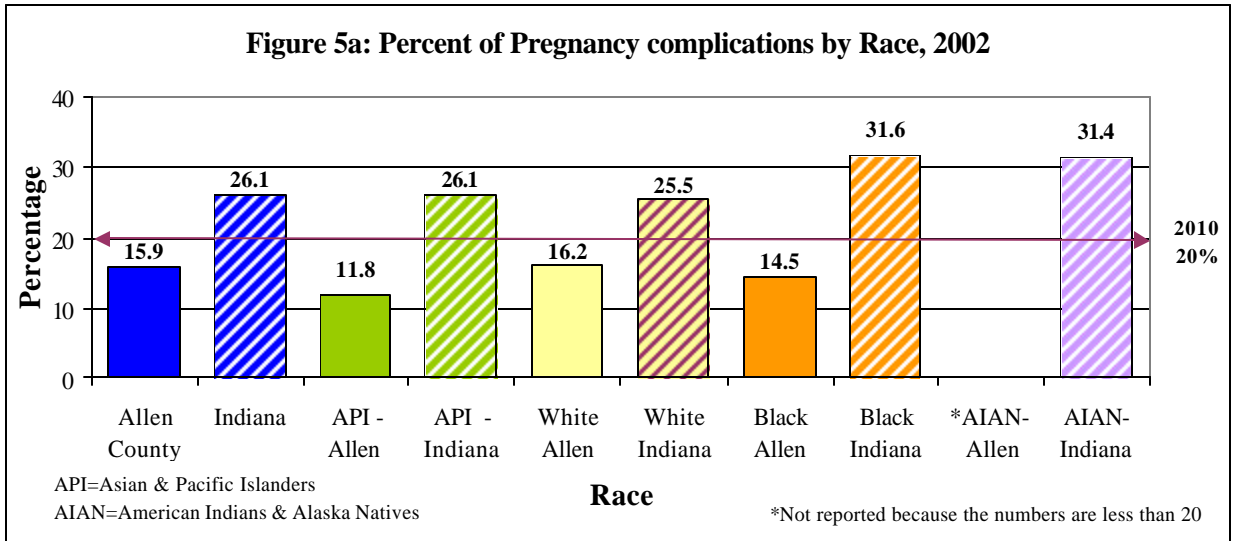
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

- The percentage of early preterm births for Hispanics in Allen County was higher than the Healthy People 2010 objective.
- The percentage of early preterm births for Hispanics in Allen County was similar to the percentage for Non-Hispanics births in Allen County.
- The percentage of early preterm births for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



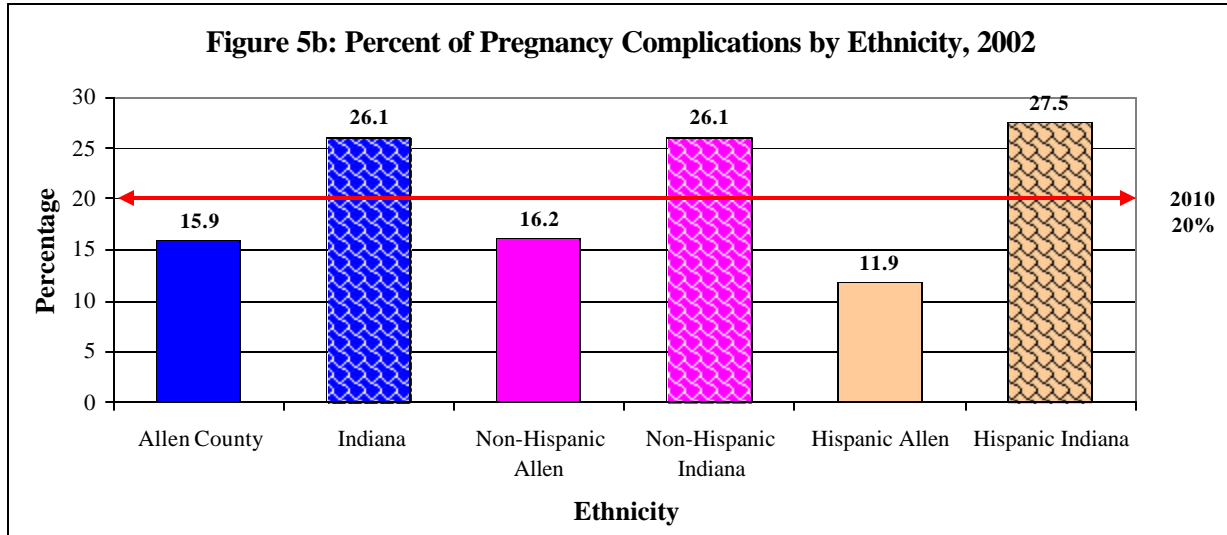
Percent of Pregnancy Complications by Race (Figure 5a):

- The percentage of pregnancy complications for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of pregnancy complications for APIs and Blacks in Allen County was lower than the Healthy People 2010 objective.
- The percentage of pregnancy complications for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of pregnancy complications for APIs in Allen County was lower than the percentage for all API births in Indiana.
- The percentage of pregnancy complications for Blacks in Allen County was lower than the percentage for all births in Allen County.
- The percentage of pregnancy complications for Blacks in Allen County was lower than the percentage for all births by Blacks in Indiana.



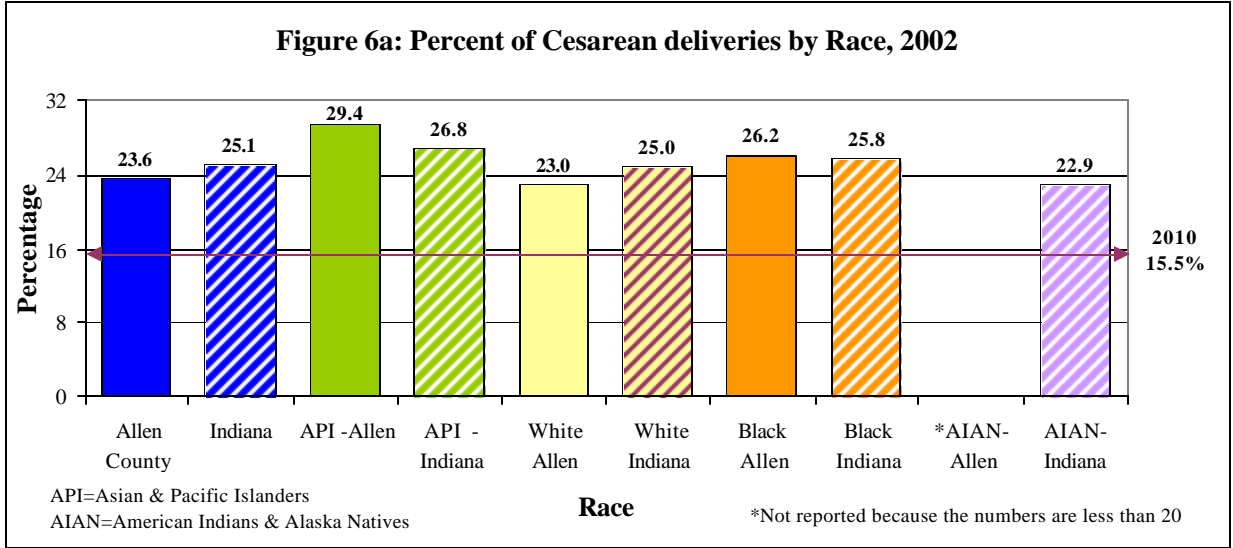
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

- The percentage of pregnancy complications for Hispanics in Allen County was lower than the Healthy People 2010 objective.
- The percentage of pregnancy complications for Hispanics in Allen County was lower than the percentage for Non-Hispanics births in Allen County.
- The percentage of pregnancy complications for Hispanics in Allen County was lower than the percentage for all Hispanic births in Indiana.



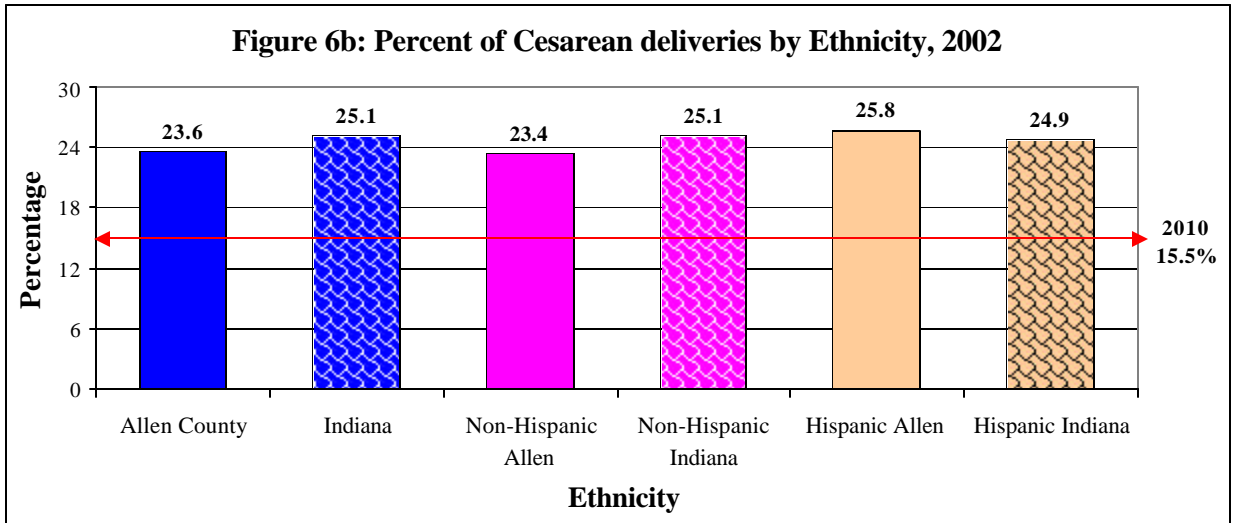
Percent of Cesarean Deliveries by Race (Figure 6a):

- The percentage of Cesarean deliveries for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of Cesarean deliveries for APIs and Blacks in Allen County was higher than the Healthy People 2010 objective.
- The percentage of Cesarean deliveries for APIs in Allen County was higher than the percentage for all births in Allen County.
- The percentage of Cesarean deliveries for APIs in Allen County was higher than the percentage for all API births in Indiana.
- The percentage of Cesarean deliveries for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of Cesarean deliveries for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



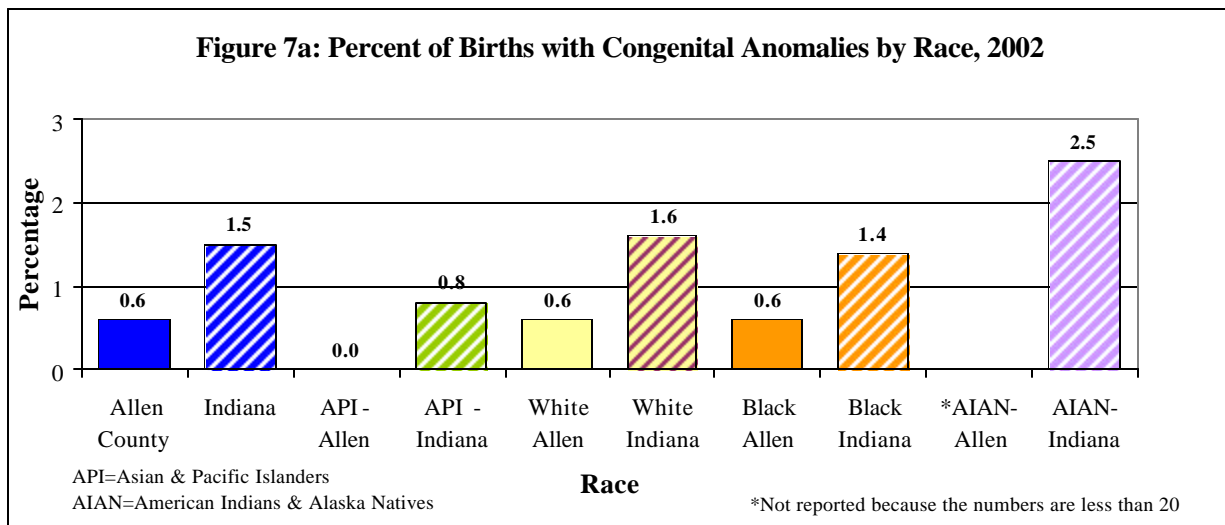
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

- The percentage of Cesarean deliveries for Hispanics in Allen County was higher than the Healthy People 2010 objective.
- The percentage of Cesarean deliveries for Hispanics in Allen County was higher than the percentage for Non-Hispanics births in Allen County.
- The percentage of Cesarean deliveries for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



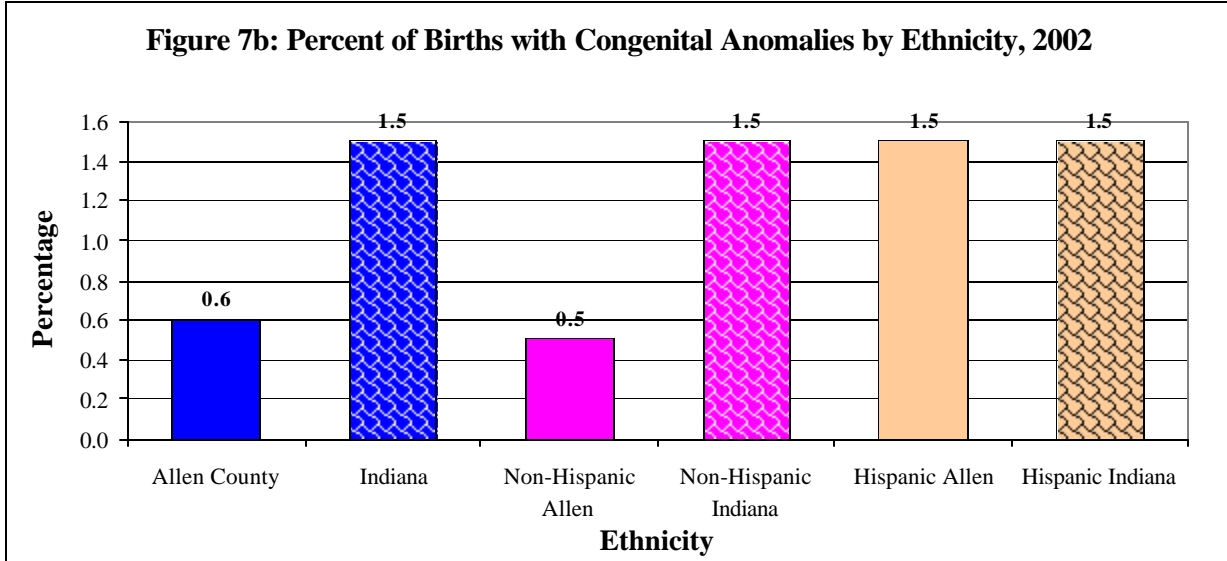
Percent of Births with Congenital Anomalies by Race (Figure 7a):

- The percentage of congenital anomalies for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of congenital anomalies for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of congenital anomalies for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of congenital anomalies for Blacks in Allen County was equal to the percentage for all births in Allen County.
- The percentage of congenital anomalies for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



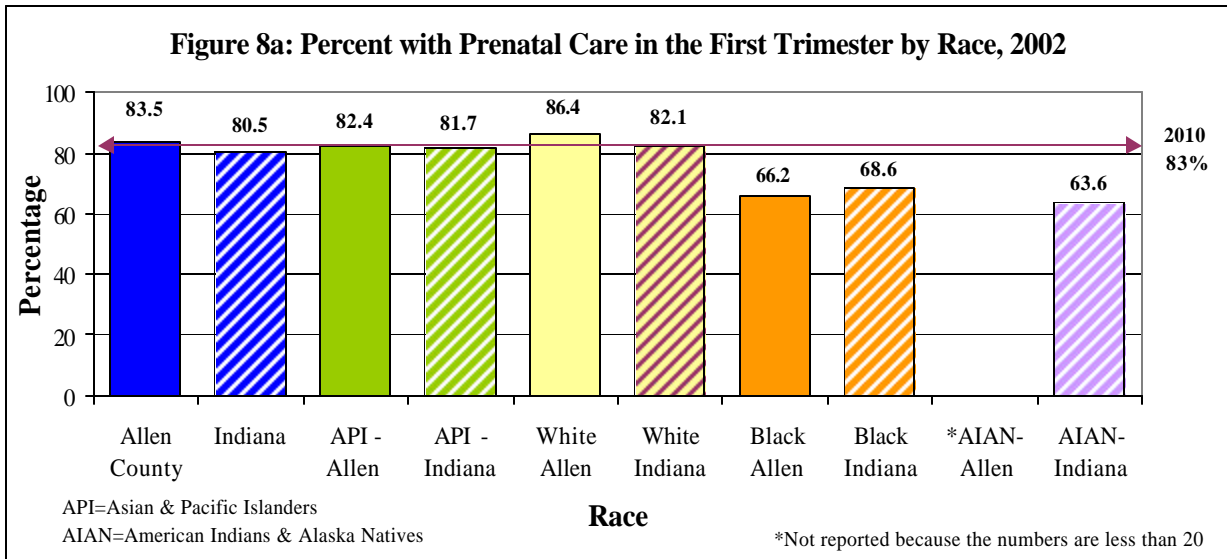
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

- The percentage of congenital anomalies for Hispanics in Allen County was higher than the percentage for Non-Hispanics births in Allen County.
- The percentage of congenital anomalies for Hispanics in Allen County was equal to the percentage for all Hispanic births in Indiana.



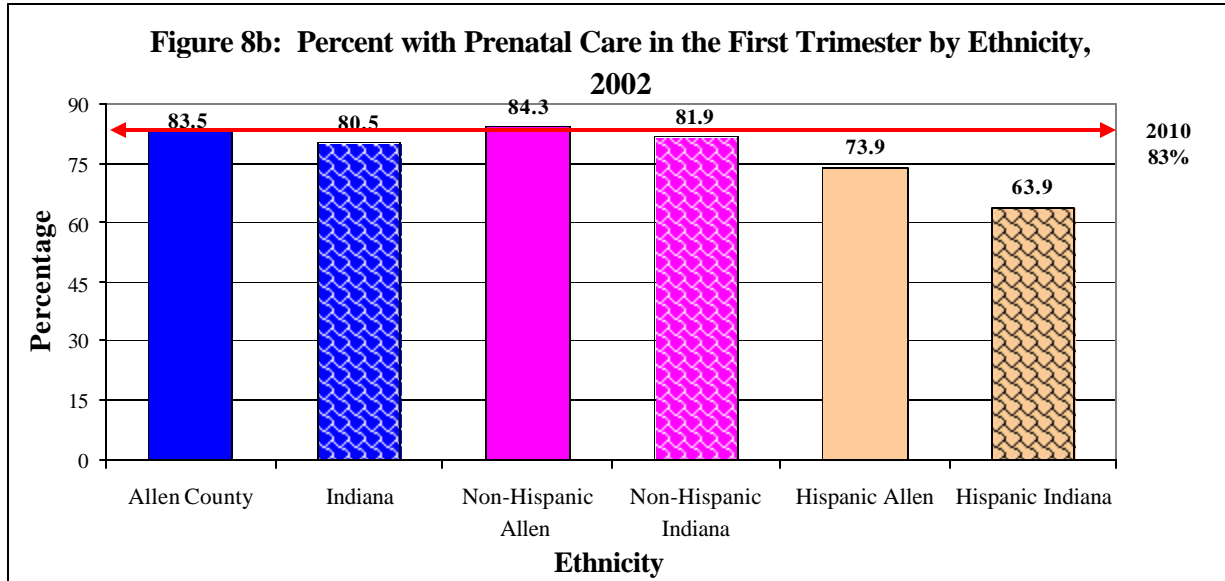
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

- The percentage of prenatal care in the first trimester for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of prenatal care in the first trimester for APIs and Blacks in Allen County was below the Healthy People 2010 objective.
- The percentage of prenatal care in the first trimester for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of prenatal care in the first trimester for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of prenatal care in the first trimester for Blacks in Allen County was lower than the percentage for all births in Allen County.
- The percentage of prenatal care in the first trimester for Blacks in Allen County was lower than the percentage for all births by Blacks in Indiana.



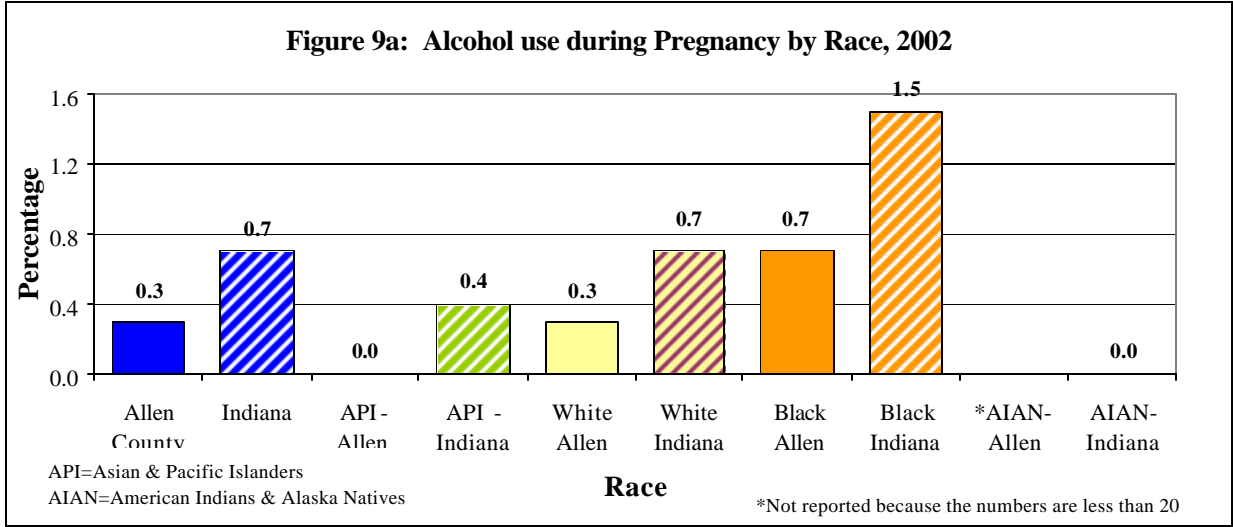
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

- The percentage of prenatal care in the first trimester for Hispanics in Allen County was below the Healthy People 2010 objective.
- The percentage of prenatal care in the first trimester for Hispanics in Allen County was lower than the percentage for Non-Hispanics births in Allen County.
- The percentage of prenatal care in the first trimester for Hispanics in Allen County was higher than the percentage for all Hispanic births in Indiana.



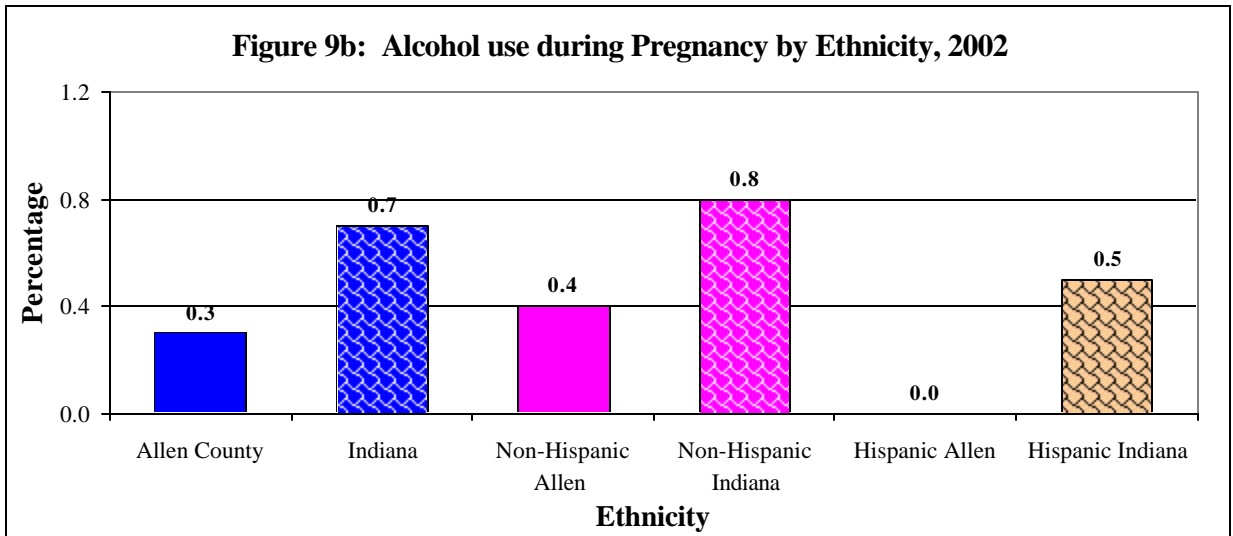
Alcohol Use during Pregnancy by Race (Figure 9a):

- The percentage of alcohol use during pregnancy for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of alcohol use during pregnancy for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of alcohol use during pregnancy for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of alcohol use during pregnancy for Blacks in Allen County was similar to the percentage for all births in Allen County.
- The percentage of alcohol use during pregnancy for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



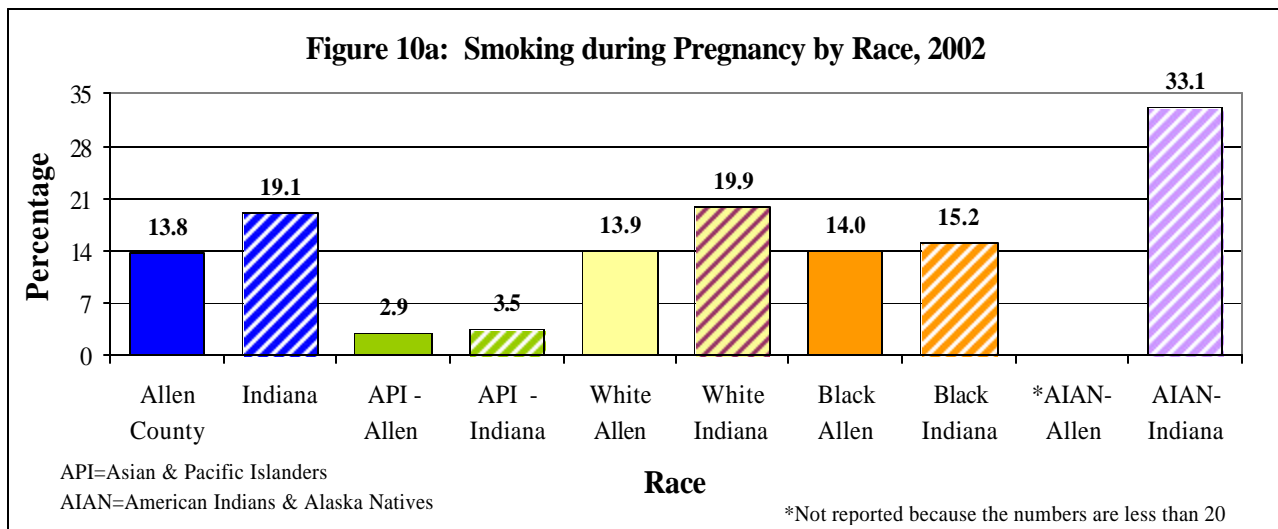
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

- The percentage of alcohol use during pregnancy for Hispanics in Allen County was similar to the percentage for Non-Hispanics births in Allen County.
- The percentage of alcohol use during pregnancy for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



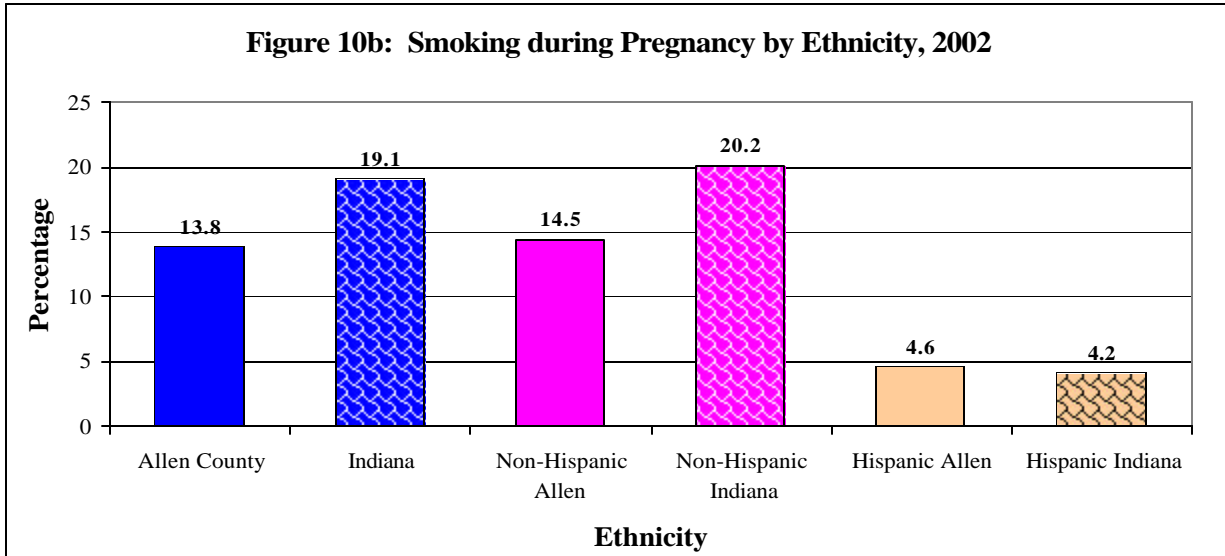
Smoking during Pregnancy by Race (Figure 10 a):

- The percentage of smoking during pregnancy for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of smoking during pregnancy for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of smoking during pregnancy for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of smoking during pregnancy for Blacks in Allen County was similar to the percentage for all births in Allen County.
- The percentage of smoking during pregnancy for Blacks in Allen County was lower than the percentage for all births by Blacks in Indiana.



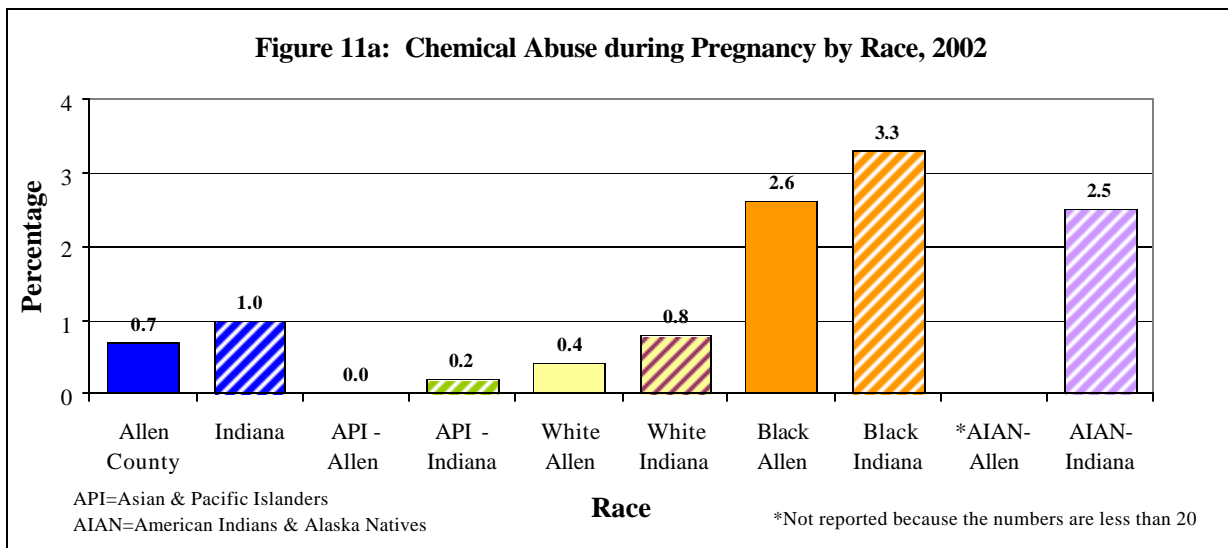
Smoking during Pregnancy by Ethnicity (Figure 10 b):

- The percentage of smoking during pregnancy for Hispanics in Allen County was lower than the percentage for Non-Hispanics births in Allen County.
- The percentage of smoking during pregnancy for Hispanics in Allen County was similar to the percentage for all Hispanic births in Indiana.



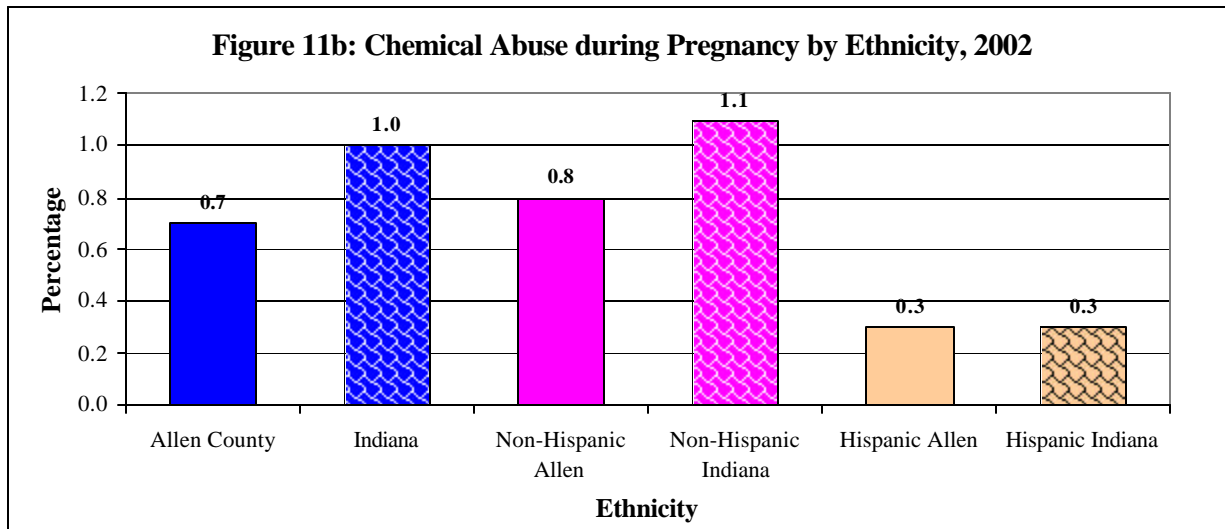
Chemical Abuse during Pregnancy by Race (Figure 11a):

- The percentage of chemical abuse during pregnancy for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of chemical abuse during pregnancy for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of chemical abuse during pregnancy for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of chemical abuse during pregnancy for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of chemical abuse during pregnancy for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



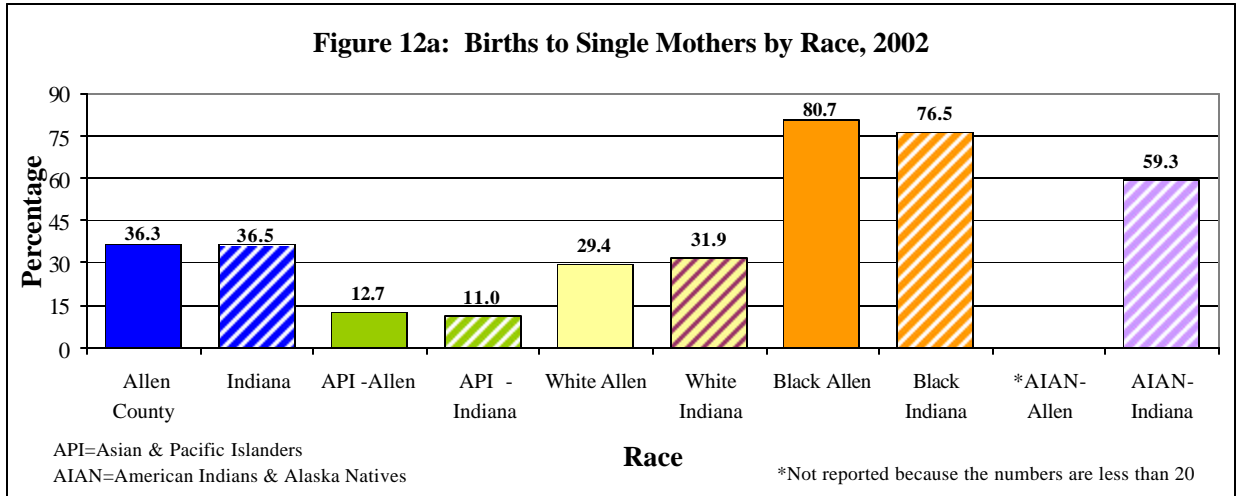
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

- The percentage of chemical abuse during pregnancy for Hispanics in Allen County was similar to the percentage for Non-Hispanics births in Allen County.
- The percentage of chemical abuse during pregnancy for Hispanics in Allen County was equal to the percentage for all Hispanic births in Indiana.



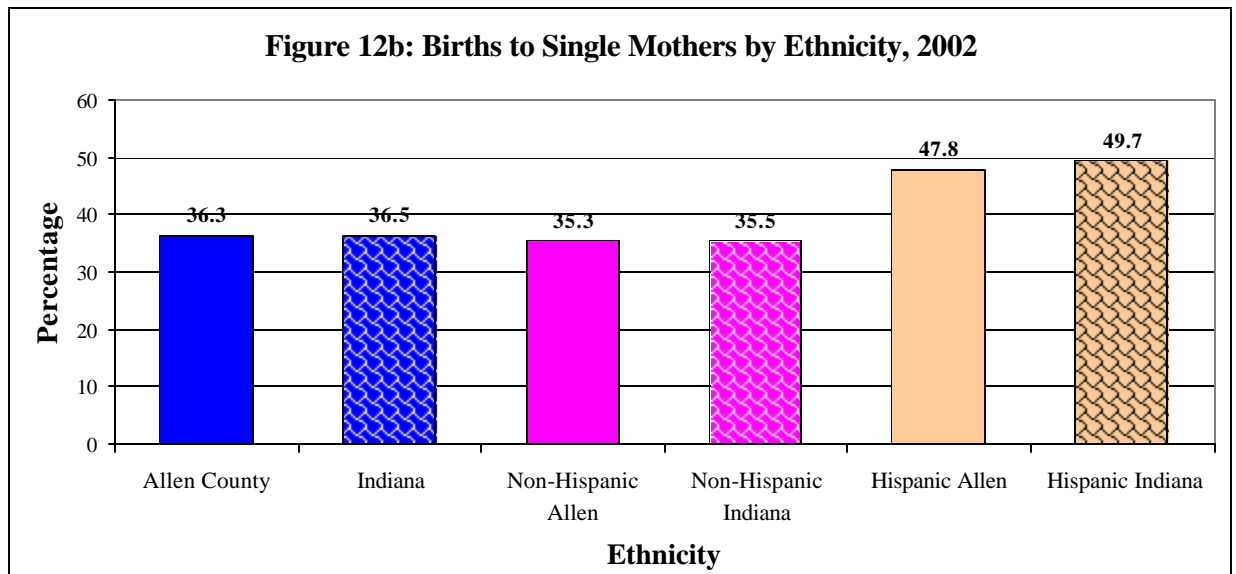
Births to Single Mothers by Race (Figure 12a):

- The percentage of births to single mothers for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of births to single mothers for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of births to single mothers for APIs in Allen County was higher than the percentage for all API births in Indiana.
- The percentage of births to single mothers for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of births to single mothers for Blacks in Allen County was higher than the percentage for all births by Blacks in Indiana.



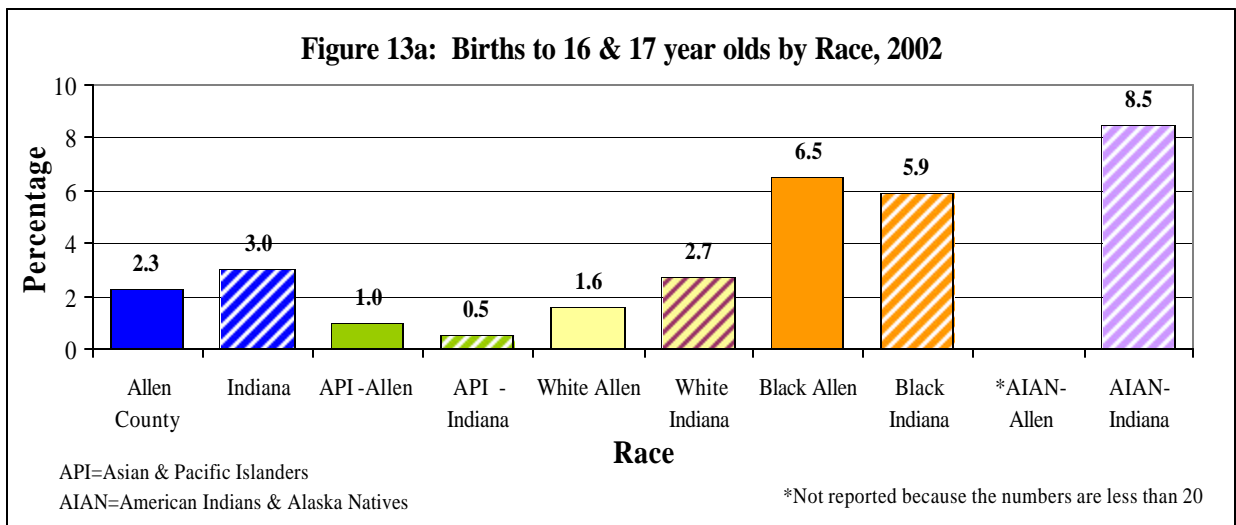
Births to Single Mothers by Ethnicity (Figure 12b):

- The percentage of births to single mothers for Hispanics in Allen County was higher than the percentage for Non-Hispanic births in Allen County.
- The percentage of births to single mothers for Hispanics in Allen County was lower than the percentage for all Hispanic births in Indiana.



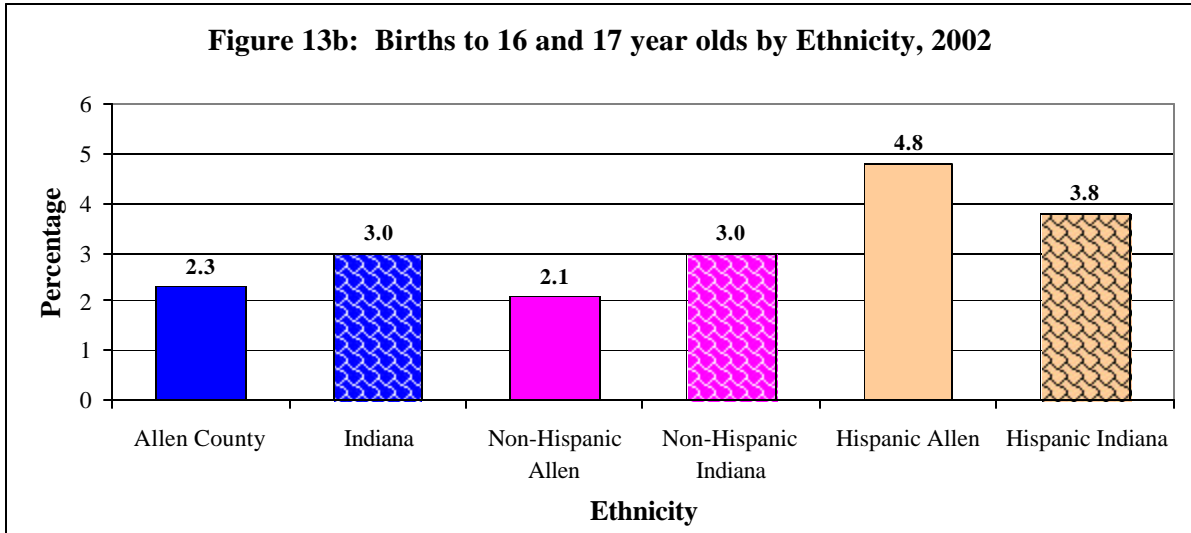
Births to 16 and 17 Year olds by Race (Figure 13a):

- The percentage of births to 16 and 17 year olds for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of births to 16 and 17 year olds for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of births to 16 and 17 year olds for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of births to 16 and 17 year olds for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of births to 16 and 17 year olds for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



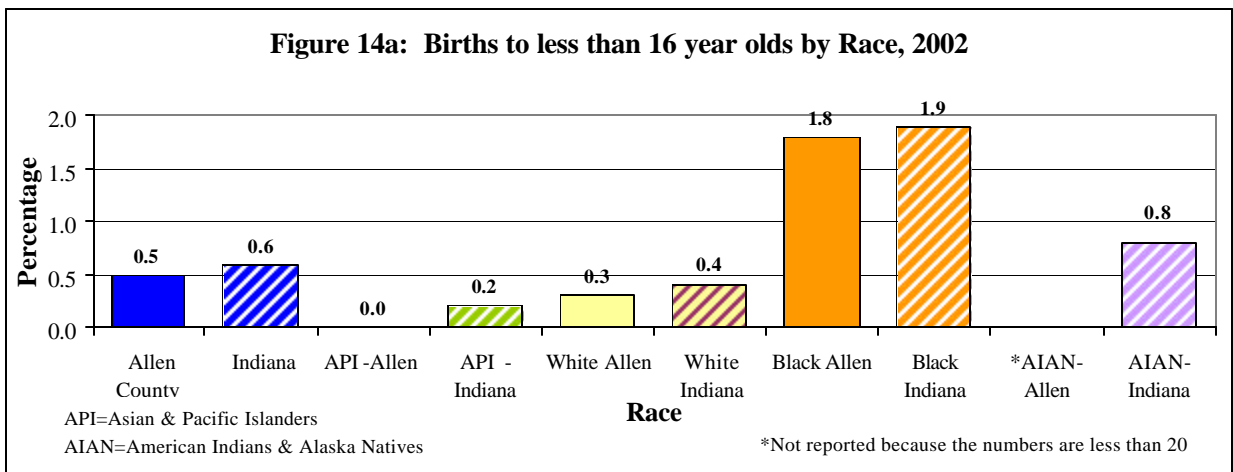
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

- The percentage of births to 16 and 17 year olds for Hispanics in Allen County was higher than the percentage for Non-Hispanic births in Allen County.
- The percentage of births to 16 and 17 year olds for Hispanics in Allen County was higher than the percentage for all Hispanic births in Indiana.



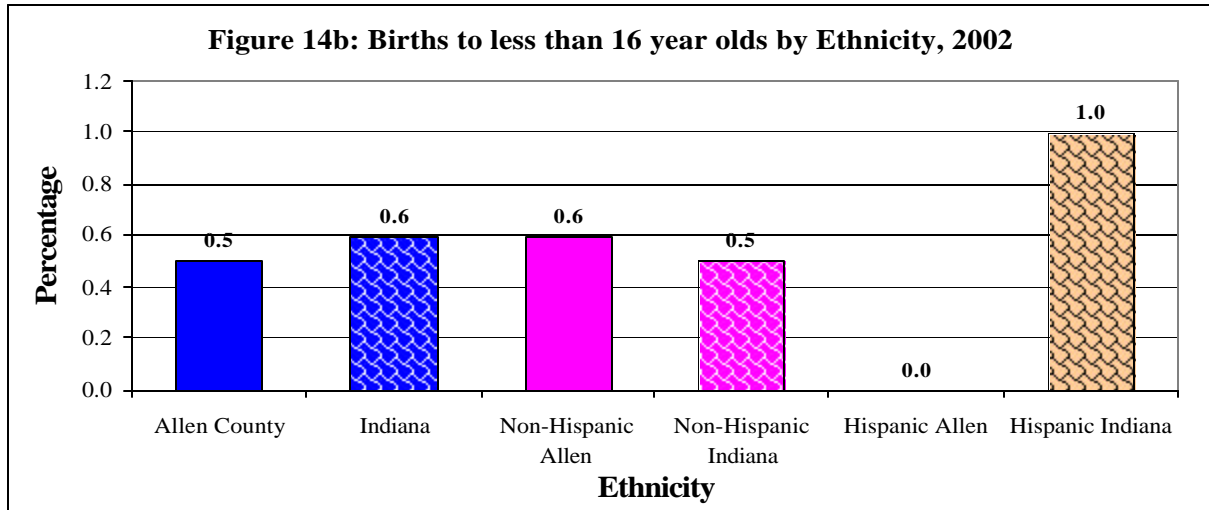
Births less than 16 Year olds by Race (Figure 14a):

- The percentage of births to less than 16 year olds for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of births to less than 16 year olds for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of births to less than 16 year olds for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of births to less than 16 year olds for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of births to less than 16 year olds for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



Births less than 16 Year olds by Ethnicity (Figure 14 b):

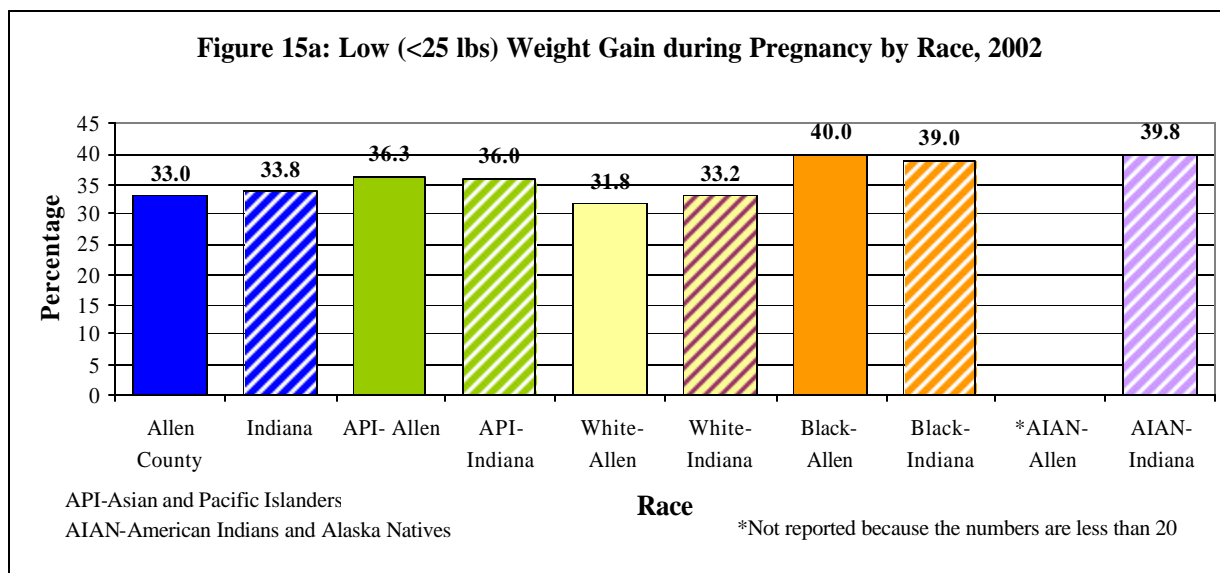
- The percentage of births to less than 16 year olds for Hispanics in Allen County was similar to the percentage for Non-Hispanic births in Allen County.
- The percentage of births to less than 16 year olds for Hispanics in Allen County was lower than the percentage for all Hispanic births in Indiana.



Weight Gain During Pregnancy:

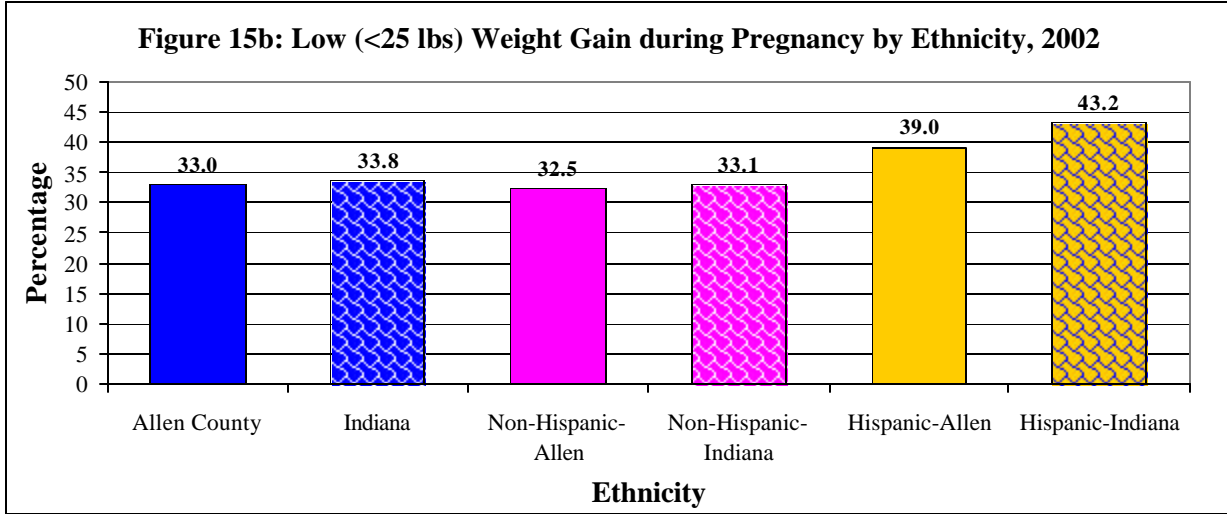
Low (< 25lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15 a):

- The percentage of LWG during pregnancy for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of LWG during pregnancy for APIs in Allen County was higher than the percentage for all births in Allen County.
- The percentage of LWG during pregnancy for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of LWG during pregnancy for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of LWG during pregnancy for Blacks in Allen County was higher than the percentage for all births by Blacks in Indiana.



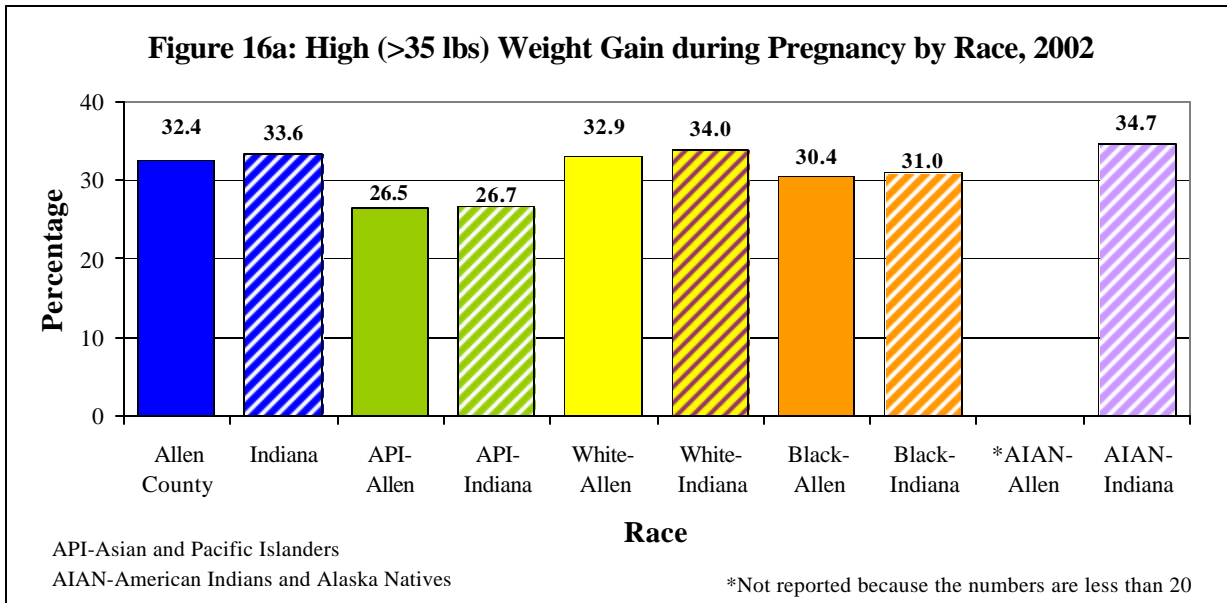
Low (< 25lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15 b):

- The percentage of LWG during pregnancy for Hispanics in Allen County was higher than the percentage for Non-Hispanic births in Allen County.
- The percentage of LWG during pregnancy for Hispanics in Allen County was lower than the percentage for all Hispanic births in Indiana.



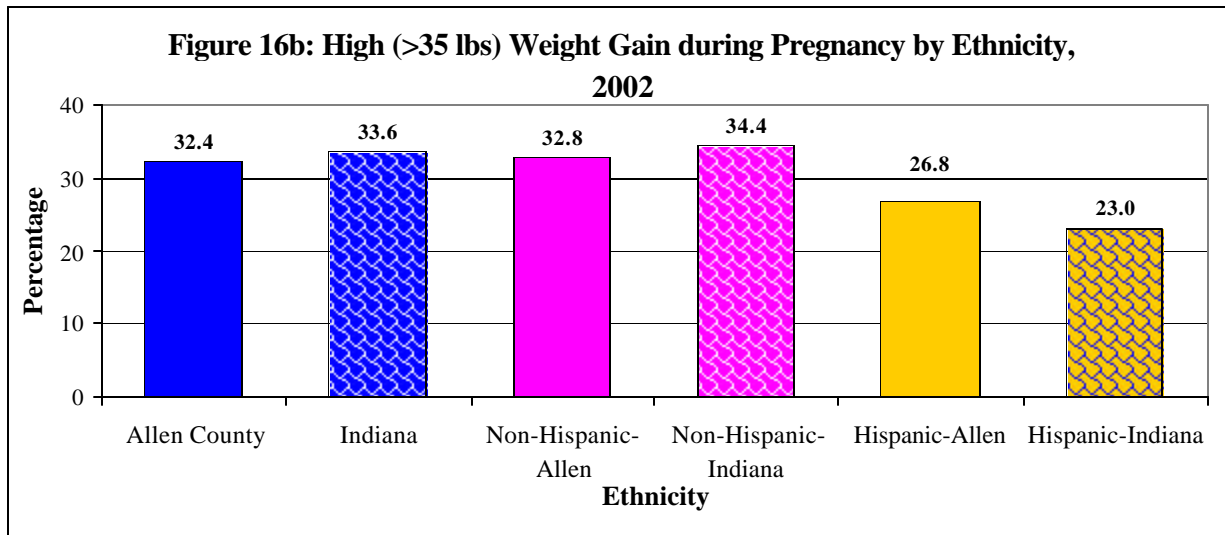
High (>35lb) Weight Gain (HWG) during Pregnancy by Race (Figure 16 a):

- The percentage of HWG during pregnancy for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of HWG during pregnancy for APIs in Allen County was lower than the percentage for all births in Allen County.
- The percentage of HWG during pregnancy for APIs in Allen County was similar to the percentage for all API births in Indiana.
- The percentage of HWG during pregnancy for Blacks in Allen County was lower than the percentage for all births in Allen County.
- The percentage of HWG during pregnancy for Blacks in Allen County was similar to the percentage for all births by Blacks in Indiana.



High (>35lb) Weight Gain (HWG) during Pregnancy by Ethnicity (Figure 16 b):

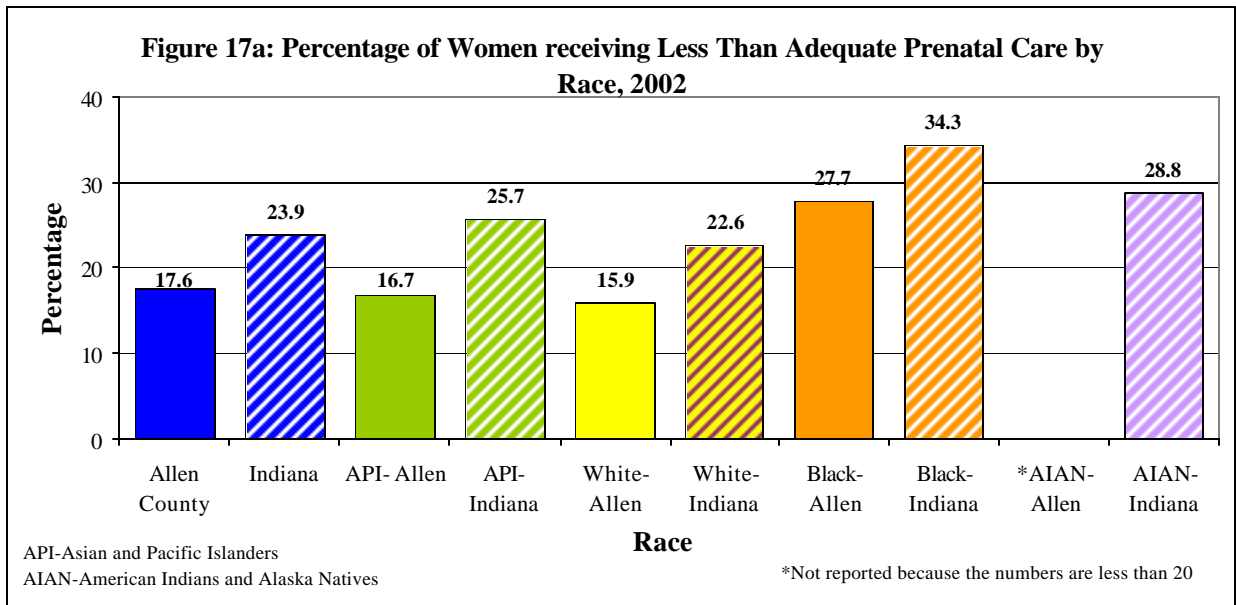
- The percentage of HWG during pregnancy for Hispanics in Allen County was lower than the percentage for Non-Hispanic births in Allen County.
- The percentage of HWG during pregnancy for Hispanics in Allen County was higher than the percentage for all Hispanic births in Indiana.



Prenatal Care:

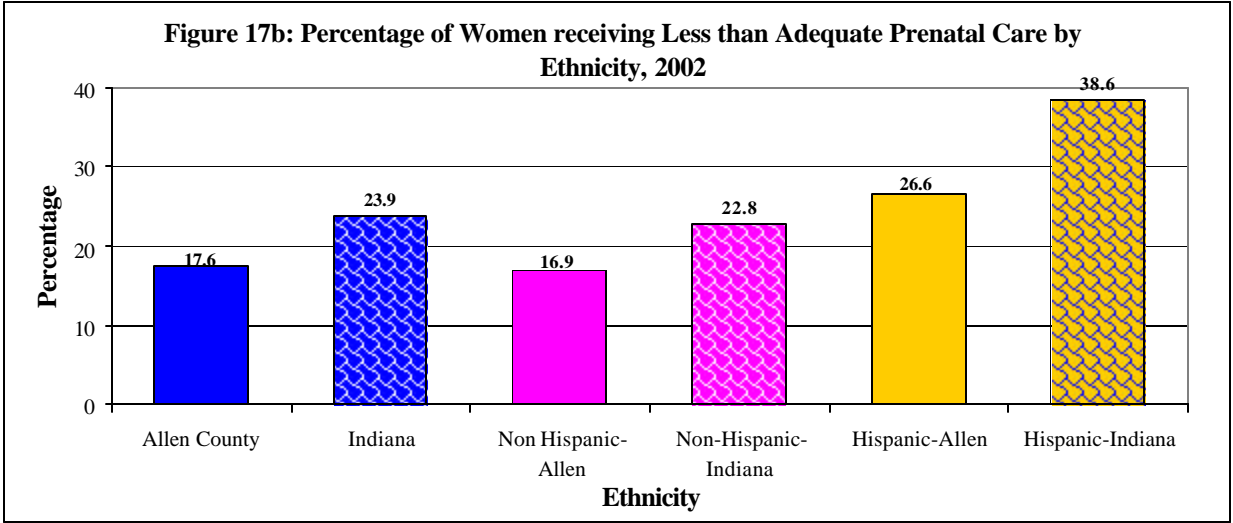
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

- The percentage of Women receiving less than adequate prenatal care for AIANs in Allen County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for APIs in Allen County was similar to the percentage for all births in Allen County.
- The percentage of Women receiving less than adequate prenatal care for APIs in Allen County was lower than the percentage for all API births in Indiana.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Allen County was higher than the percentage for all births in Allen County.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Allen County was lower than the percentage for all births by Blacks in Indiana.



Percentage of Women Receiving Less than Adequate Prenatal Care by Ethnicity (Figure 17b):

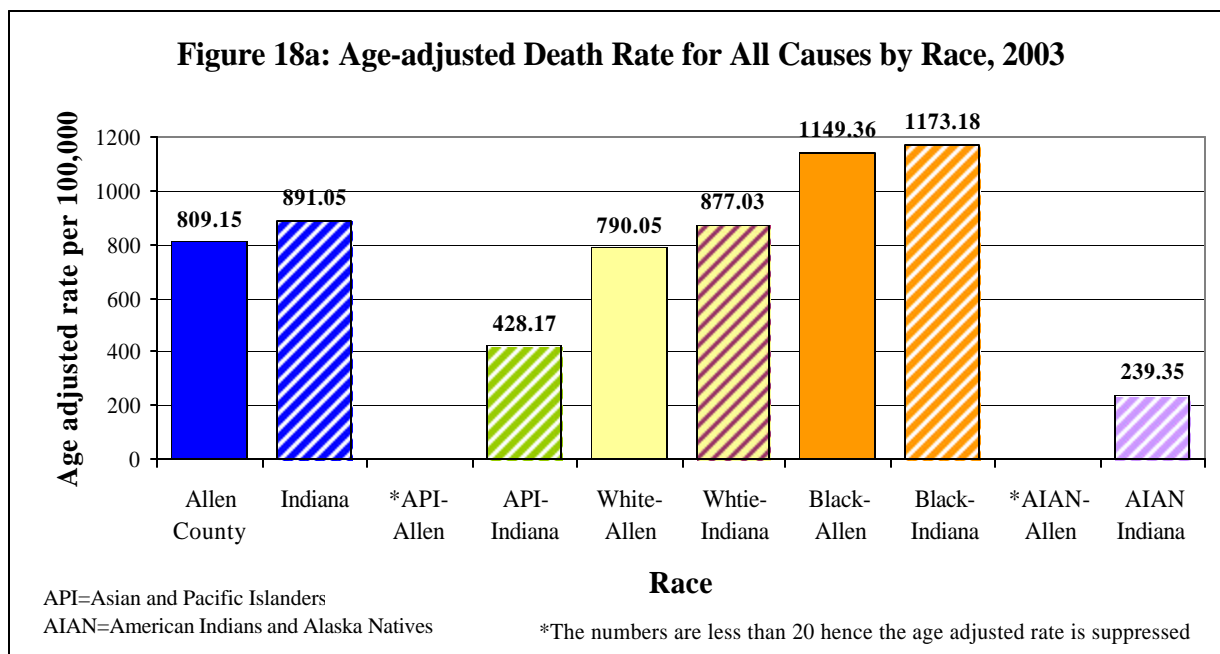
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Allen County was higher than the percentage for Non-Hispanic births in Allen County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Allen County was lower than the percentage for all Hispanic births in Indiana.



Leading Causes of Death:

Age Adjusted Death Rate for All Causes by Race (Figure 18a):

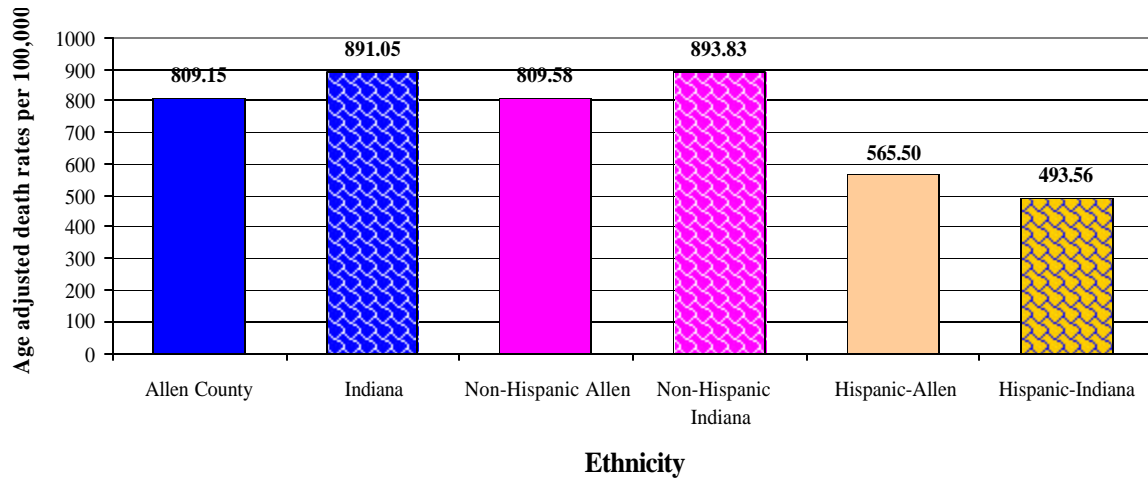
- The age-adjusted death rate for APIs and AIANs in Allen County could not be compared due to the small number of deaths.
- The age-adjusted death rate for Blacks in Allen County was higher than the age-adjusted death rate for all deaths in Allen County.
- The age-adjusted death rate for Blacks in Allen County was similar to the age-adjusted death rate for all deaths among Blacks in Indiana.



Age Adjusted Death Rate for All Causes by Ethnicity (Figure 18b):

- The age-adjusted death rate for Hispanics in Allen County was lower than the age-adjusted death rate for Non-Hispanic deaths in Allen County.
- The age-adjusted death rate for Hispanics in Allen County was similar to the age-adjusted death rate for all Hispanic deaths in Indiana.

Figure 18b: Age-adjusted Death Rate for All Causes by Ethnicity, 2003



Five Leading Causes of Death by Race (Figure 19a):

- Deaths by cause for APIs and AIANs in Allen County could not be compared due to the small number of deaths.
- Malignant neoplasms are the leading cause of death among Blacks; while diseases of the heart are the leading cause of death in Allen County.

Figure 19a: Five Leading Causes of Death by Race, 2003						
	ALLEN County					
Leading Cause of Death by Race, 2003	Indiana State N=55,123	ALL Races N=2,624	Asian and Pacific Islanders (APIs) N=4	White N=2,352	Black N=264	American Indians & Alaska Natives (AIANs) N=1
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=688	N/A	Diseases of the Heart N=628	Malignant Neoplasms N=69	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=635	N/A	Malignant Neoplasms N=565	Diseases of the Heart N=60	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=165	N/A	Cerebrovascular Diseases N=152	Cerebrovascular Diseases N=13	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=155	N/A	Chronic Lower respiratory disease N=151	Diabetes Mellitus N=10	N/A
#5	Accidents N=2,086	Alzheimer's Disease N= 106	N/A	Alzheimer's Disease N= 97	Alzheimer's Disease N= 9	N/A

N/A = Not applicable.
 Since the numbers are small, the patterns need to be interpreted with caution

Five Leading Cause of Death by Ethnicity (Figure 19 b):

- Diseases of the heart are the leading cause of death for Hispanics in Allen County.

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		Allen County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=2,624	Non-Hispanic N=2,584	Hispanic N=30
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=688	Diseases of the Heart N=682	Diseases of the Heart N=6
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=635	Malignant Neoplasms N=630	Malignant Neoplasms N=5
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=165	Cerebrovascular Diseases N=164	Diabetes Mellitus N=5
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=155	Chronic Lower respiratory disease N=155	Nephritis, Nephrotic Syndrome & Nephrosis N= **
#5	Accidents N=2,086	Alzheimer Disease N=106	Alzheimer Disease N=104	Assault (Homicide) N= **

** = 'Number' is suppressed if under 5.

Since the numbers are small, the patterns need to be interpreted with caution

Overview of Allen County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Blacks ranked cancer as the worst health problem in their neighborhood, followed by diabetes, high blood pressure and strokes, heart disease, AIDS/HIV, respiratory conditions, kidney disease, substance abuse, mental illness, diet problems, STDs, infectious diseases, and high cholesterol.
- Hispanic/Latinos ranked infectious diseases as the worst health problem in their neighborhood, followed by respiratory conditions, diabetes, high cholesterol, substance abuse, high blood pressure and strokes, cancer, heart disease, mental illness AIDS/HIV, and diet problems.

Household arrangement (Table 2)

- Forty-six percent of Black respondents (46.2 percent) lived in single adult households; approximately thirty-nine percent lived in two adult homes (38.8 percent); and the remainder reported three or more adults in the home. More than seventy-six percent reported the presence of one or more children in the household.
- Approximately twenty-six percent of the Hispanic/Latino respondents lived in single adult households; more than half lived in two adult households (51.8 percent); and the remainder reported three or more adults in the home. Ninety-six percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 54 (83.1 percent) females and 11 (16.9 percent) males. More than forty-two percent of the respondents were younger than 35 years of age, while six percent were 55 year or older.
- The Hispanic/Latino respondents consisted of 51 (55.4 percent) females and 41(44.6 percent) males. Nearly 61 percent of the respondents were younger than 35 years of age, while nearly four percent were 55 years or older.

Education (Table 2)

- Twenty-four percent of the Black respondents graduated from high school, 46.2 percent had some college or trade school experience, and 22.4 percent had college degrees.

- Nearly thirty percent of the Hispanic/Latino respondents graduated from high school, 25.9 percent had some college or trade school experience, and 3.7 percent had college degrees.

Health status perceptions (Table 3)

- Nearly forty-eight percent of the Black respondents rated their health as excellent or very good, and an additional forty-five percent described their health as good. More than seven percent described their health as fair (4.5 percent) or poor (3.0 percent).
- More than fourteen percent of the Hispanic/Latino respondents rated their health as very good, and an additional eighteen percent described their health as good. Seventy percent described their health as either fair (53.6 percent) or poor (14.3 percent).

Satisfaction with life (Table 3)

- Approximately seventy-three percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (24.3 percent) or dissatisfied (3.0 percent).
- Approximately eleven percent of the Hispanic/Latino respondents rated their feelings about their life as satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (85.7 percent) or dissatisfied (3.6 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (95.5 percent), followed by family members (34.3 percent). The Internet was identified by more than thirty-one percent of the respondents, magazines or newspapers (29.9 percent), television or radio (25.4 percent), and other sources (11.9 percent).
- The most frequent source of health information reported by Hispanic/Latino respondents was a doctor, nurse or clinic (96.4 percent), followed by family members (7.1 percent), the Internet (7.1 percent), magazines or newspapers (7.1 percent), other sources (7.1 percent), television or radio (3.6 percent).

Dental care visits and access to dental care (Table 4)

- More than twenty-two percent of Blacks reported no visits to the dentist in the last twelve months. Approximately fifty-seven percent reported visiting the dentist one to two times in the last year, and twenty-one percent reported three or more visits this past year. The majority of Black respondents (76.1 percent) reported having access to a dentist for dental care.
- Thirty-two percent reported no visits to the dentist in the last twelve months. More than forty-six percent reported visiting the dentist one to two times in the last year, and twenty-one percent reported three or more visits this past year. Slightly more than one quarter of the Hispanic/Latino respondents (40.7 percent) reported having access to a dentist for dental care.

Medical care visits and access to health care (Table 4)

- Nine percent of Blacks reported no visits to the doctor or nurse in the last 12 months. More than thirty-one percent reported visiting the doctor or nurse one to two times in the last year, and approximately sixty percent reported three or more visits this past year. Nearly eighty-seven percent of Black respondents reported having access to a doctor or a nurse for health care.
- Seven percent of the Hispanic/Latino respondents reported no visits to the doctor or nurse in the last 12 months. Approximately thirty-six percent reported visiting the doctor or nurse one to two times in the last year, and fifty-seven percent reported three or more visits this past year. More than twenty-one percent of Hispanic/Latino respondents reported having access to a doctor or a nurse for health care.

Utilization of health care by respondents without access to a doctor or nurse (Table 4)

- For Black respondents who did not have a regular source of care (13.4 percent), the choice for service if needed was a hospital emergency room (33.4 percent), doctor's office (22.2 percent), community clinic (22.2 percent), urgent care center (11.1 percent), and self-care (11.1 percent).
- For Hispanic/Latino respondents who did not have a regular source of care (78.6 percent), the choice of service if needed was a community clinic (86.4 percent), hospital emergency room (9.1 percent), and doctor's office (4.5 percent).

Utilization of health care by respondents currently receiving care (Table 4)

- Black respondents with a regular source of care most frequently relied on private physicians (82.2 percent) followed by community clinic (11.1 percent), and hospital emergency room (6.7 percent).

- Hispanic/Latino respondents with a regular source of care, most frequently relied on a community clinic (50.0 percent) and private physicians (50.0 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, nearly twenty-five percent of the Black respondents reported they were hospitalized, forty-three percent reported use of a hospital emergency room, and approximately fourteen percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, twenty-five percent of Hispanic/Latino respondents reported they were hospitalized, more than twenty-one percent reported use of a hospital emergency room, and approximately forty-three percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Forty-three percent of Black respondents rated services as either superior (6.2 percent), or above average (36.9 percent). Forty-nine percent described the services they received as average. Approximately eight percent rated services as below average (4.6 percent) or terrible (3.1 percent).
- Twenty-two percent of Hispanic/Latino respondents rated services as either superior (7.4 percent), or above average (14.8 percent). Forty-eight described the services they received as average. Nearly thirty percent rated services as below average (25.9 percent) or terrible (3.7 percent).

Personal barriers to health care utilization (Table 5)

- More than fifteen percent of Black respondents (15.4 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, waiting too long in doctor's or clinic office, lack of insurance, had to wait too long for an appointment, and did not feel the medical care was the best.
- Sixty-eight percent Hispanic/Latino respondents (67.9 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included language barriers, the lack of money, lack of transportation, lack of insurance, and lack of available child care.

Community barriers to health utilization (Table 5)

- Black respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, medical care not covered by insurance, doctor or clinic wouldn't take Medicaid, and waiting too long for an appointment.
- Hispanic/Latino respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, language barriers, lack of transportation, and not having a Social Security Number.

Cigarette smoking (Table 6)

- More than one third of the Black respondents (36.9 percent) reported having smoked at least 100 cigarettes in their life with thirty-seven percent smoking everyday, twenty-nine percent some days, and thirty-three percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (66.7 percent) to about two packs (6.7 percent). Twenty-four percent of all Black respondents (23.9 percent) indicated they were current smokers.
- Forty-six percent of the Hispanic/Latino respondents reported having smoked at least 100 cigarettes in their life with fifty-eight percent smoking everyday, and forty-two percent smoking some days. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (71.4 percent) to ½ to one pack per day (28.6 percent). Forty-three percent of all Hispanic/Latino respondents (42.9 percent) indicated they were current smokers.

Physical activity (Table 6)

- Seventy-eight percent of the Black respondents (78.1 percent) reported exercising one or more times per week. Six percent of the respondents (6.3 percent) indicated they never exercise.
- Nearly fifty-four percent of the Hispanic/Latino respondents (53.6 percent) reported exercising one or more times per week. More than twenty-eight percent of the respondents (28.5 percent) indicated they never exercise.

Healthy diet (Table 6)

- More than forty-seven percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (14.3 percent), or most of the time (33.3 percent). More than nine percent of the respondents (9.5 percent) indicated they do not follow healthy diet recommendations.

- More than eighteen percent of the Hispanic/Latino respondents reported they follow healthy diet recommendations most of the time (18.5 percent). More than eighteen percent of the respondents (18.5 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Thirty-five percent of the Black respondents (35.0 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (20.8 percent), diabetes (11.5 percent), heart disease (7.8 percent), and other lung disease (2.2 percent).
- More than one-quarter of the Hispanic/Latino respondents (26.3 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (25.0 percent) and asthma (6.7 percent).

Adults requiring assistance (Table 7)

- More than four percent of the Black respondents reported having an adult member of their household who requires assistance, but they do not pay for this assistance.
- More than seven percent of the Hispanic/Latino respondents reported having an adult member of their household who requires assistance, but only half of the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Only thirty-three percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, sixty-eight percent indicated they do have some type of medical insurance coverage. More than fifty-three percent of the respondents reported coverage through their employer (53.3 percent), Medicare (20.0 percent), Medicaid (20.0 percent), and covered under spouse or parent's insurance (13.3 percent).
- Only forty percent, of the Hispanic/Latino respondents provided a reply to this question of whether they have medical insurance. Of those who responded, forty-six percent indicated they do have some type of medical insurance coverage. Half of those respondents covered reported coverage through Medicaid (50.0 percent), coverage through their employer (25.0 percent), and covered under spouse or parent's insurance (25.0 percent).

Dental insurance coverage (Table 8)

- More than two-thirds of the Black respondents (67.2 percent) reported having dental insurance coverage.
- Less than one fifth of the Hispanic/Latino respondents (18.5 percent) reported they have dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- More than thirty percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while twenty-one percent pay \$25 to \$49 per month or \$50 to \$74 per month. Nearly eight percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month. Approximately thirty-two percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, and nine percent indicated they did not know.
- Twenty-nine percent of the Hispanic/Latino respondents indicated paying \$10 to \$24 per month for prescription drugs or \$25 to \$49 per month, while more than eight percent pay \$50 to \$74 per month. Nearly seventeen percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month, while four percent pay \$200 or more per month. Twenty-nine percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while more than twelve percent indicated they did not know.

Allen County Needs Assessment Survey 2004

Table 1: Worst Health Problems in the Neighborhood as Reported by the Allen County Survey Respondents

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
Cancer	44	65.7%	4	14.3%
Diabetes	36	53.7%	23	82.1%
High blood pressure & Strokes	34	50.8%	7	25.0%
Heart disease	34	50.8%	4	14.3%
AIDS/HIV	34	50.8%	1	3.6%
Infectious diseases	6	9.0%	25	89.3%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	21	31.3%	24	85.7%
Kidney disease	18	26.9%	0	0.0%
Substance abuse (alcohol, drugs, smoking)	12	17.9%	7	25.0%
High cholesterol	1	1.5%	8	28.6%
Mental illness	7	10.5%	4	14.3%
Diet problems (obesity, poor nutrition)	7	10.5%	1	3.6%
STDs	7	10.5%	0	0.0%

Table 2: General Information Provided about Self and Family as Reported by the Allen County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
2a. How many adults in live in your household?				
1	31	46.2%	7	25.9%
2	26	38.8%	14	51.8%
3	6	9.0%	5	18.6%
4	1	1.5%	1	3.7%
5	0	0.0%	0	0.0%
6 or more	3	4.5%	0	0.0%
2b. How many children live in your household?				
0	13	23.6%	1	4.0%
1	14	25.5%	5	20.0%
2	10	18.2%	5	20.0%
3	13	23.6%	9	36.0%
4	3	5.5%	3	12.0%
5 or more	2	3.6%	2	8.0%
3. What is your gender?				
Male	11	16.9%	1	3.8%
Female	54	83.1%	25	96.2%
4. What is your age?				
Less than 18 years	2	3.0%	0	0.0%
18 - 24	11	16.7%	4	14.3%
25 - 34	15	22.7%	13	46.4%
35 - 44	19	28.8%	7	25.0%
45 - 54	15	22.7%	3	10.7%
55 - 64	4	6.1%	1	3.6%
65+	0	0.0%	0	0.0%
7. How much education have you had?				
Less than high school	5	7.5%	11	40.7%
High school or equivalent	16	23.9%	8	29.7%
Some college or trade school	31	46.2%	7	25.9%
College graduate or more education	15	22.4%	1	3.7%

Table 3: General Health Status as Reported by the Allen County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
8. Would you say that in general your health is?				
Excellent	10	14.9%	0	0.0%
Very Good	22	32.8%	4	14.3%
Good	30	44.8%	5	17.8%
Fair	3	4.5%	15	53.6%
Poor	2	3.0%	4	14.3%
Very Poor	0	0.0%	0	0.0%
9. Right now, how do you feel about your life as a whole?				
Very Satisfied	13	19.7%	0	0.0%
Satisfied	35	53.0%	3	10.7%
Sometimes satisfied, sometimes dissatisfied	16	24.3%	24	85.7%
Dissatisfied	2	3.0%	1	3.6%
Very Dissatisfied	0	0.0%	0	0.0%

Table 4: Experience Getting Health Care as Reported by the Allen County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)					
Doctor, nurse or clinic	64	95.5%		27	96.4%
The Internet	21	31.3%		2	7.1%
Magazines or newspapers	20	29.9%		2	7.1%
Television or radio	17	25.4%		1	3.6%
Family members	23	34.3%		2	7.1%
Other	8	11.9%		2	7.1%
11. In the last 12 months, how many separate visits have you made to the dentist?					
None	15	22.4%		9	32.1%
1 or 2	38	56.7%		13	46.4%
3 to 5	12	17.9%		2	7.1%
More than 6	2	3.0%		4	14.4%
12. Do you have a dentist who you almost always go to for dental care?					
Yes	51	76.1%		11	40.7%
No	16	23.9%		16	59.3%
13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?					
None	6	9.0%		2	7.1%
1 or 2	21	31.3%		10	35.7%
3 to 5	24	35.8%		8	28.6%
6 or more	16	23.9%		8	28.6%
14. Do you have a doctor or a nurse who you almost always go to for health care?					
Yes	58	86.6%		6	21.4%
No	9	13.4%		22	78.6%
15. If No, where would you go to get care if you were to get sick?					
Doctor's office	2	22.2%		1	4.5%
Community clinic	2	22.2%		19	86.4%
Hospital emergency room	3	33.4%		2	9.1%
Urgent care center	1	11.1%		0	0.0%
Self care	1	11.1%		0	0.0%
Other	0	0.0%		0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?					
Private doctor's office	37	82.2%		3	50.0%
Community clinic	5	11.1%		3	50.0%
Hospital emergency room	3	6.7%		0	0.0%
Urgent care center	0	0.0%		0	0.0%
Other	0	0.0%		0	0.0%
17. Were you hospitalized during the past 12 months?					
Yes	16	24.6%		7	25.0%
No	49	75.4%		21	75.0%
18. Did you use the services of a hospital emergency room during the past 12 months?					
Yes	28	43.1%		6	21.4%
No	37	56.9%		22	78.6%
19. Did you use the services of a neighborhood urgent care center during the 12 months?					
Yes	9	13.8%		12	42.9%
No	56	86.2%		16	57.1%

Table 5: Attitudes and Barriers to Medical Care as Reported by the Allen County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
20. How good do you think the health care services that you and members of your household have received in this community?				
Superior	4	6.2%	2	7.4%
Above average	24	36.9%	4	14.8%
Average	32	49.2%	13	48.2%
Below average	3	4.6%	7	25.9%
Terrible	2	3.1%	1	3.7%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?				
Yes	10	15.4%	19	67.9%
No	55	84.6%	9	32.1%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)				
No doctor in area	0	0.0%	5	26.3%
Lack of money	5	50.0%	16	84.2%
No insurance	3	30.0%	14	76.7%
Insurance did not cover the medical care	1	10.0%	8	57.1%
No transportation available	1	10.0%	16	84.2%
Had to wait too long for an appointment	3	30.0%	15	79.0%
Doctor wouldn't take new patients	2	20.0%	9	47.4%
Doctor or clinic wouldn't take Medicare	1	10.0%	5	26.3%
Doctor or clinic wouldn't take Medicaid	3	30.0%	6	31.6%
Doctor you need to see for your insurance is out of your area	0	0.0%	7	36.8%
Language barriers	0	0.0%	18	94.7%
Cultural barriers	0	0.0%	9	47.4%
Had to wait too long in doctor's or clinic office	4	40.0%	12	63.2%
Was not treated with respect	1	10.0%	9	47.4%
The doctor or nurse wouldn't listen	1	10.0%	6	31.6%
Felt uncomfortable asking the doctor or nurse questions	0	0.0%	7	36.8%
Didn't feel the medical care was the best	3	30.0%	8	42.1%
Couldn't get off work	0	0.0%	10	52.6%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%	7	36.8%
No child care available	1	10.0%	14	73.7%

Not having a Social Security Number was a problem	0	0.0%		13	68.4%
Not having permanent address was a problem	0	0.0%		5	26.3%
Other	3	30.0%		2	10.5%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?					
No doctor in area	6	9.0%		4	14.3%
Lack of money	53	79.1%		17	60.7%
No insurance	56	83.6%		17	60.7%
Insurance did not cover the medical care	30	44.8%		9	32.1%
No transportation available	23	34.3%		14	50.0%
Had to wait too long for an appointment	26	38.8%		13	46.4%
Doctor wouldn't take new patients	21	31.3%		9	32.1%
Doctor or clinic wouldn't take Medicare	20	29.9%		8	28.6%
Doctor or clinic wouldn't take Medicaid	29	43.2%		9	32.1%
Doctor you need to see for your insurance is out of your area	8	11.9%		7	25.0%
Language barriers	8	11.9%		17	60.7%
Cultural barriers	5	7.5%		11	39.3%
Had to wait too long in doctor's or clinic office	25	37.3%		12	42.9%
Was not treated with respect	14	20.9%		10	35.7%
The doctor or nurse wouldn't listen	8	11.9%		8	28.6%
Felt uncomfortable asking the doctor or nurse questions	8	11.9%		7	25.0%
Didn't feel the medical care was the best	11	16.4%		7	25.0%
Couldn't get off work	14	20.9%		10	35.7%
Clinic or doctor's office staff was rude and not very helpful	8	11.9%		9	32.1%
No child care available	8	11.9%		13	46.4%
Not having a Social Security Number was a problem	2	3.0%		13	46.4%
Not having a permanent address was a problem	4	6.0%		7	25.0%
Other	2	3.0%		2	7.1%

Table 6: Health Related Activities as Reported by the Allen County Survey Respondents

	Racial Minorities Black		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?				
Yes	24	36.9%	12	46.2%
No	40	61.5%	14	53.8%
Don't know / Not sure	1	1.5%	0	0.0%
25. If yes, do you now smoke cigarettes every day, some days or not at all?				
Everyday	9	37.5%	7	58.3%
Some days	7	29.2%	5	41.7%
Not at all	8	33.3%	0	0.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?				
Less than 1/2 pack per day	10	66.7%	5	71.4%
1/2 to 1 pack per day	4	26.6%	2	28.6%
About 2 packs per day	1	6.7%	0	0.0%
About 3 packs per day	0	0.0%	0	0.0%
More than 3 packs per day	0	0.0%	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?				
One or more times each week	50	78.1%	15	53.6%
Less than one time per week	10	15.6%	5	17.9%
Not at all	4	6.3%	8	28.5%
28. How often do you generally follow recommendations for a healthy diet?				
All the time or almost all of the time	9	14.3%	0	0.0%
Most of the time	21	33.3%	5	18.5%
Some of the time	27	42.9%	17	63.0%
Not very often or not at all	6	9.5%	5	18.5%
29. Have you ever been told by a doctor or nurse that you have any of the following?				
High blood pressure ('yes')	21	35.0%	5	26.3%
Heart disease ('yes')	4	7.8%	0	0.0%
Diabetes ('yes')	6	11.5%	5	25.0%
Asthma ('yes')	11	20.8%	1	6.7%
Other lung disease ('yes')	1	2.2%	0	0.0%

Table 7: Disabilities as Reported by the Allen County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?					
Yes	3	4.5%		2	7.4%
No	64	95.5%		25	92.6%
31. Do you pay anyone to give this assistance?					
Yes	0	0.0%		1	50.0%
No	3	100.0%		1	50.0%

Table 8: Your Health Insurance as Reported by the Allen County Survey Respondents

	Racial Minorities Black			Ethnic Minorities Hispanic/Latino	
	Number	Percent		Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?					
Yes	15	68.2%		4	36.4%
No	7	31.8%		7	63.6%
33. If yes, what kind do you have? (respondents were asked to check all that apply)					
Provided by employer	8	53.3%		1	25.0%
Privately purchased plan	0	0.0%		0	0.0%
Covered under spouse or parent's insurance	2	13.3%		1	25.0%
Medicare	3	20.0%		0	0.0%
Medicaid	3	20.0%		2	50.0%
Long term care insurance	0	0.0%		0	0.0%
Other	0	0.0%		0	0.0%
34. Do you have dental insurance coverage if any problems arise?					
Yes	43	67.2%		5	18.5%
No	21	32.8%		22	81.5%
35. How much do you pay for prescription drugs in a typical month?					
Nothing / Does not apply to me	21	31.8%		7	29.2%
Less than \$10 per month	7	10.6%		0	0.0%
\$10 to \$24 per month	13	19.7%		3	12.5%
\$25 to \$49 per month	10	15.1%		4	16.7%
\$50 to \$74 per month	4	6.1%		2	8.3%
\$75 to \$99 per month	4	6.1%		2	8.3%
\$100 to \$199 per month	1	1.5%		2	8.3%
\$200 or more per month	0	0.0%		1	4.2%
Don't know	6	9.1%		3	12.5%

Overview of Allen County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Allen County residents: **asthma, cancer, COPD, dementia, diabetes, HIV, Hypolipidemia and obesity**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve communication** between consumers and providers; and,
- **increase the health awareness and education** level of the community.

A major theme in both the focus groups and key interviews that appeared to drive the discussion was the belief that disparities in both the delivery of healthcare and individual health status exist between races and ethnic groups in Allen County.

The barriers to accessing healthcare that were most frequently mentioned were:

- **cultural** (mistrust of the system, unfriendly providers and hospital environments, not understanding or being unable to communicate in the patient's language, and providers not being culturally aware or competent);
- **communication between provider and patient** (both need to learn how to better communicate with each other, what are the right questions to ask);
- **lack of health knowledge and promotion** (a failure to recognize a health problem; a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of funds, lack of insurance, lack of transportation); and,
- **system problems** (lack of availability of providers in the community, providers are too busy and overwhelmed).

Suggestions for improving access to health care for African-Americans and Hispanics in Allen County included:

- **educating the community** about ways to improve their health status (i.e., more outreach programs, in a language that is comprehensible to all);
- **educating providers** about cultural differences and competency issues including cultural sensitivities;
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community); and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

Key quotes from participants:

“When grandma comes with diabetes, providers try to explain that to an eight year old child. It is not a problem of just interpreter, culture for one, but medical background when interpreter doesn’t know how to explain the medical terms...”

“...Lot to be said for cultural differences, every community has barriers because of where we sit in Northern, Indiana. Your experience and my experience will different when we talk. I am white, Jewish, and then throw in the fact that I am gay...”

“...Given the background of my medical history, I am given more tests. I feel my physicians have been less willing to listen to me and my body than some white person with the same problem...”

“...There should be more African American men on staff so that clients may identify with the person who is serving them...”

Allen County- Focus Group Responses

Question 1: When asked their perception of what the major health problems were in the Black or African-American (or Hispanic/Latinos, Asian/Pacific Islanders, or Native Americans) populations in Allen County, the consumers identified issues in several domains:

BLACK OR AFRICAN-AMERICANS

Health Conditions:

- Asthma
- Cancer
- HIV
- COPD
- Prostate cancer (increased rates)

Personal Behavior

- Obesity
- Smoking related problems

Health Access Barriers

- Community not aware of available resources

HISPANICS

Health Conditions:

- Chlamydia
- Diabetics
- HIV
- Hypolipidemia
- Disability/dementia

Community Characteristics:

- Hispanic family unit, they do better
- They forget to take care of themselves and Dementia sets in.
- Language barriers

Personal Behavior

- Alcoholism
- Obesity
- Smoking related problems

ASIAN/PACIFIC ISLANDERS

Health Conditions:

- Cholesterol
- Hypolipidemia
- Chlamydia

Personal Behavior

- Obesity

NATIVE AMERICAN GROUP

Personal Behavior

- Obesity

CONSUMERS

- No major problems

Quote:

“I haven’t seen any like obesity, diabetes, are prevalent in my home town, but here everybody seems pretty fit. No major problems”

Question 2: The consumers offered several suggestions of things that could be done to improve the health status of Blacks/African Americans (or Hispanic/Latino, Asian/Pacific Islanders, or Native Americans) in their area:

BLACK OR AFRICAN-AMERICANS

Increase Access:

- More free clinics that are centrally located.

Quote:

“The re-entry program maker her eligible for Medicaid.”

HISPANICS

Increase Access:

- Persons without children do not have access to Medicaid

Question 3: The focus group participants identified the following as major barriers for Blacks/African Americans (or Hispanic/Latino, Asian/Pacific Islanders, or Native Americans) getting or accessing health care in Allen County:

HISPANICS

Community Characteristics:

- Language barriers

Quote:

“When grandma comes in with diabetes, providers try to explain that to an eight year old child. It is not a problem of just an interpreter, culture for one, but medical background when interpreter doesn’t know how to explain the medical terms.”

GENERAL

Communication

- Community not aware of available services and resources
- Advertisement has to be done through the bigger hospitals as they have a bigger budget.
- Lack of Community Outreach, no collaboration

Cultural Characteristics and Sensitivity

- Cultural barriers,
- Can't get my name out there
- Hospital is white you don't see blacks, or Hispanics patients, doctors, and employees.

Community Characteristics

- Women don't drive; man has to be present

Education

- Knowing about a place, options for care

Personal/Economics

- Lack of transportation services and basic things
- Lack of access to health care

Provider Behavior/System Characteristics

- Limited funding
- No funding for services rendered
- Providers not making money and don't want to see the patients
- Liability risk with uninsured Medicare and Medicaid patients
- Some service like advertising not funded because they are not a profit-making item for the hospital.
- Money is not available for women between 20-50, no money available to provide services
- Hospital is not user friendly
- Outpatient referred differently

Quote:

“Broken (you) do try to fix it how can you, you don't make any money for us (hospital). Trying to do a joint poster (services) it went to the top, (they) told us back off, too many emails. Three months later get to check out poster all we could give was name and number and they designed it... for poster it will be another three months before getting poster out”

“Even if they speak English it could be jus dialect for all groups, just terms that people..., ‘coming down’, I'd never heard that meaning her period”

“Cultural barriers for example, in the Hispanic population or any population if you don't know what they regularly eat how can you coach them on diet changes, how do you incorporate tortillas into their diabetic.”

CONSUMERS

Communication:

- Ignorance

Community Characteristics

- Black men need to be tough; they will not access health care unless the condition is critical.
- Fear of bad news

System:

- The healthcare system in America is not good.

Personal/Economic:

- Lack of insurance

Quote:

“The importance of regular check-ups didn’t concern me until I got married and had kids. If I didn’t feel any pain, I didn’t go to the hospital; I’d have to be near dead.”

Question 4: When asked what could be done in Allen County to improve access to health care for Black or African Americans (or Hispanic/Latinos, Asian/Pacific Islanders, or Native Americans) in your community, the participant provided the following recommendations:

GENERAL

Communication

- Advertise so that people know of existing services and how to get there.

Education

- Education regarding we’re here, worth the wait
- Educational offerings to educate the providers

Personal/Economic

- Provide a bus
- Make sure family has access to that community

System/Provider

- Hire more Staff
- Provide more room space;
- Volume, changes to do more volume
- Provide subsidized health care services: CHAPS whenever needed consultation for those providers will see patient for ten dollars
- Collaborate to form linkages. Never know what is available, not a good place to be if you are sick deal with Indy instead.
- Work from the bottom up

Quote:

“Personal level impressed with what I do see with administration/higher ups people do care. They are trying. Honest with reporting about what clients/employees are saying. I do see a lot of positives.”

CONSUMERS

Communication:

- Implement screening programs: Mammograms, pap smears, blood pressure etc.
- Advertise in the Black community available resources.
- Increase awareness in the community.

Personal/Economic:

- Increase insurance coverage so that health is improved through regular check-ups.

Quote:

“At home they did a lot of screenings for all types of things, mammograms, pap smears, handing out flyers trying to get people to get screened. I don’t see that here. I don’t see that in the community at all, pap smears, blood pressure, mammograms anything.”

“There is a lack of interest, its not advertised in the Black community. People don’t want to be stereotyped and don’t want to live off of society. They are not informed there is not a lot of knowledge. Insurance, getting coverage improves health due to regular check-ups.

Question 5: When asked if the focus group participants believed, there was a need for more neighborhood clinics and doctors, the response from both the consumers’ focus groups was a unanimous

‘Yes’

Quote:

“The neighborhood I live in I can just walk to my appointment.”

“I think buses should run on Sundays for personal needs.”

“The health industry does not provide well for low income people of all races; Medicaid is not sufficient.”

“Medicaid assigns you to a specific doctor. If that doctor is unable to see you the only other option is to go to the emergency room and pay full price for care and Medicaid is not billed for that.”

“There are not enough programs.”

“There are concerns about the qualifications of the doctors that work in neighborhood clinics.”

Question 6: When asked if they had any concerns about the quality of medical care, the participants in the consumers' focus groups provided the following comments:

-Yes

BLACK OR AFRICAN AMERICAN

Provider/System

- Physicians rush through the appointments; providers do not take time to figure out what is wrong with the patient.
- Need a low-cost or no-cost program even if one does not have children.
- Providers are too busy and overwhelmed

Personal/Economic

- People with low paying jobs loose if they have to take off from work to go for their appointment.

Question 7: When asked if the focus group participants believed there the quality of the medical care that Black or African-American (or Hispanic/ Latinos, Asian/Pacific Islanders, or Native Americans) receive is about the same as other people receive, the responses from the consumers' focus groups included the following.

GENERAL

Cultural/Demographic/Economic

- You will get that quality of care, (regarded) as being educated

Provider/System

- I don't think they care, health care providers aren't available and willing to deal with cultural values

Access

- Uninsured

Communication/Language

- Language barriers

Quotes:

“Lot to be said for cultural differences every community has barriers because of where we sit in Northern, IN. Your experience and my experience will be different when we talk. I am white, Jewish, and then throw in the fact that I'm gay”.

“My partner and I have not received the same care, we got the care but our egos were wounded”

Now I would like for you to think about health care programs that seem to be doing an excellent job in meeting the health needs of Black or African-American (or Hispanic/Latino or Asian – American or Native American) in your community. If you can think of specific examples of

community programs, hospital programs, public health or other programs, etc, that would be great.

“I don’t think you’ll get the same medically, there is more to it.”

“I believe we’re still in Southern, Indiana in a lot of ways.”

“Appearance doesn’t matter.”

“There are white people who can’t...Yeah, and they don’t see them either.”

CONSUMERS

“I don’t have a basis for comparison; I don’t know many white people. Some doctors don’t know about problems specific to African-Americans. I took a long time to be diagnosed, the condition is unique to African-Americans or at least they think it is. They try harder than some doctors to be on top of things unique to Blacks on the one end they don’t try hard. I can’t tell, I don’t know that many white people.”

“The only difference I’ve noticed is in the amount of prescriptions.”

“It is hard to compare.”

“Given the background of my medical history, I’m given more testes. I feel my physicians have been less willing to listen to me and my body than some white person with the same problem.”

Question 8: When asked what makes health care programs successful, the participants in the consumers’ focus groups provided the following observations:

BLACK OR AFRICAN AMERICAN

Programs:

- Mathew 25
- Ash Ministers
- Healthy families

Access (More hours, days)

- Re-entry program-Women coming out prison qualify for Medicaid

Question 9: When asked what makes health care programs not successful, the participants in both the consumers' focus groups provided the following observations:

BLACK OR AFRICAN AMERICANS

Community Characteristics

- Fear of being pushed aside; Hispanic populations receiving more assistance.

Provider Behavior/System

- Generic medications (free) not working.

Quotes:

“They should let people know that they are welcome even if they do not have insurance. I went to a clinic for prenatal care and they wouldn't give me an ultrasound until I was eight and a half months along.”

“There need to be more places like Mathew 25 to alleviate the wait.”

Question 10: Other recommendations to improve the health care available to minority populations made by the focus group participants included:

CONSUMERS

Recommendations to Institutions:

1. Policy/Legislators

- Help people in Black communities to get access to coverage to help increase their life expectancy.

2. Programs

- Improve on communication
- Intensify outreach programs through the church, community and barbershops.
- Outreach programs to address ignorance.
- Inform community of government programs.

Recommendations to Communities:

1. Education

- Educate future generations.

IMHC Key Informant Interview Findings for Allen County

Purpose: Community leaders/providers in Allen County participated in key informant interviews to discuss their perceptions of the health-related issues in their county faced by African American, Hispanic/Latino, Asian Americans and Native American residents.

Methods: The community leaders/providers were identified by Wendy Woods the Director of the AIDS Taskforce, Inc. of Ft. Wayne, Indiana. Ms. Woods conducted the interviews, as well as documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers.

Results: There was a total of six community leader/provider interviews were conducted in Allen County during March of 2004. The professions of the community leader/provider included a behavioral technician and a school guidance counselor, the professions of the remaining interviewees remains unknown. The demographics of the interviewees are as follows: Ages ranging from 26 to 51 years of age; the gender of the interviewees was reported for 5 of the participants which included 2 males and 3 females; and race/ethnicity of the participants included 4 African Americans, 1 Hispanic/Latino, and 1 Caucasian.

Question 1: When asked to list one or two key changes that would have the most impact on improving health status of racial and ethnic populations in Allen County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Allen County:

1. Improve Education (Health Promotion)
2. Improve Awareness of Services
3. Personal Economic Barriers (Transportation, Insurance)
4. Personal Behavior (Change Life Styles)
5. Provider Behavior

African American population in Allen County:

1. Personal Behavior (Change Life Styles)
2. Improve Education (Health Promotion)
3. System Improvement (More Providers/Better Access)

Hispanic/Latino population in Allen County:

1. Improve Communications (Language)
2. Cultural (Discrimination)

Question 2: When asked to suggest specific programs and initiatives to meet the health access needs of racial and ethnic populations in Allen County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Allen County:

1. Improve Education (Health Promotion)
2. Improve Awareness of Services
3. System Improvement (More Providers/Better Access)
4. Advocates
5. Cultural (Discrimination)

African American population in Allen County:

1. Improve Education (Health Promotion)
2. Cultural (Discrimination)

Hispanic/Latino population in Allen County:

1. Improve Communications (Language)
2. System Improvement (More Providers/Better Access)

Comment was provided by one of the interviewees:

- *“We assist [other nations], but fail to provide for the needs of our citizens.”*

Question 3: When asked to specific recommendations for health care systems to better meet the primary care and specialty service needs of low income, working poor and uninsured in the racial and ethnic populations in Allen County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Allen County:

1. Improve Education (Health Promotion)
2. Personal Economic Barriers (Transportation, Insurance)
3. System Improvement (More Providers/Better Access)
4. Advocates

Hispanic/Latino population in Allen County:

1. Personal Economic Barriers (Transportation, Insurance)

Comment was provided by some of the interviewees:

- *“Focus more on programs that offer free or low-income assistance.”*
- *“Programs need to offer the services of specialty physicians, such as cardiology or pulmonary.”*

Question 4: When asked if there were any concerns about access to quality medical care available to the racial and ethnic populations in Allen County, the community leaders provided the following observations:

Key informant 1:

“No”

Key informant 2:

“No”

- *“There is a lack of compassion from health care providers.”*

Key informant 3:

“No”

- *“There need to be more medical professionals who care and don’t mind working with the poor.”*

Key informant 4:

“No”

- *“Access to translation services needs to be made available.”*

Key informant 5:

“No”

- *“There is a lack of quality physicians.”*

Key informant 6:

“No”

- *“I am concerned that many employees working in health care services may not be fully aware of their clients’ racial/ethnic background and culture. It is important to be educated and to keep up-to-date [allowing the healthcare worker] to better understand why clients may behave or take care of their health in a certain manner. There are not many healthcare workers that minorities feel comfortable working with as they feel they can’t connect. This results in minority clients not asking questions of the healthcare workers and avoidance of seeking health care services.”*

Question 5: When asked what makes health care programs successful, the key informant participants provided the following observations:

Key informant 1:

- *Matthew 25 provides referrals for services*

Key informant 2:

- *Dedicated workers*

Key informant 3:

- *Helping young people*
- *Services are provided at low cost or no cost*

Key informant 4:

- *No response*

Key informant 5:

- *Neighborhood location*
- *Service fees are based on income levels*

Key informant 6:

- *Programs and services provided for minorities*
- *Organizations who reach out to the African American population*
- *Organizations employee male and female African Americans and Hispanic/Latino workers*
- *Services offered at low costs*

Question 6: When asked what makes health care programs not successful, the key informant participants provided the following observations:

Key informant 1:

- *Doctors' offices are too crowded*

Key informant 2:

- *Lack of care and concern for the individual*

Key informant 3:

- *Organizations that do not give clients a reasonable opportunity to pay the bills for services*

Key informant 4:

- *Translation services are not provided*

Key informant 5:

- *Fees for services are too expensive*
- *Only minimal care is provided*

Key informant 6:

- *Unknown*

Question 7: When asked if there are sufficient or insufficient numbers of neighborhood-level primary health care providers to meet the needs in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, the community leaders provided the following observations:

Key informant 1:

“Insufficient”

Key informant 2:

“Sufficient”

Key informant 3:

“Insufficient”

- *“They are only about the money”*

Key informant 4:

“Sufficient”

Key informant 5:

“Sufficient”

- *“But there is a need for diagnostic testing, laboratory and X-Ray services”*

Key informant 6:

“Insufficient”

- *“Not enough neighborhood clinics available”*
- *“Lack of available physicians specializing in racial/ethnic minority populations”*
- *“Lack of providers offering sliding fee schedules”*

Question 8: When asked where needed neighborhood-level primary health care providers should be located, the community leaders provided the following suggestions:

Key informant 1:

No response

Key informant 2:

- *“In the inner city near bus lines or provide transportation”*

Key informant 3:

- *“Closer to the inner city”*

Key informant 4:

- *“A primary location would be where the populations to be served normally meet.”*

Key informant 5:

- *Downtown*
- *Southeast side of town*

Key informant 6:

- *Downtown*
- *Near public transportation*
- *Provide home visits / house calls*

Question 9: When asked to list the barriers that need to be addressed to help organizations or groups to better meet the health access problems of the racial and ethnic populations in Allen County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Allen County:

1. Improve Communications (Language)
2. Personal Economic Barriers (Transportation, Insurance)
3. Cultural (Discrimination)

African American population in Allen County:

1. Advocates
2. Cultural (Discrimination)

Hispanic/Latino population in Allen County:

1. Improve Awareness of Services
2. System Improvement (More Providers/Better Access)

Comment was provided by one of the interviewees:

- “[There should be] *more African American men on staff so that clients may identify with the person who is serving them.*”

Question 10: When asked if these barriers are different for the different racial and ethnic populations, the community leaders provided the following:

Key informant 1:

“*Yes*”

Key informant 2:

“*Yes*”

Key informant 3:

No response

Key informant 4:

No response

Key informant 5:

“Yes”

- *Spanish interpreters are needed*

Key informant 6:

“Yes”

- *Each population deals with different types of discrimination*

Question 11: When asked if their organization would be will to consider collaborating with other area organizations by contributing staff; donating supplies; helping with marketing, etc. in order to build a healthier Allen County, the community leaders provided the following:

Key informant 1:

“Yes”

- *“Collaborate with each other on [community] issues”*

Key informant 2:

“Yes”

Key informant 3:

“Yes”

- *“For the benefit of the community”*

Key informant 4:

No response

Key informant 5:

“Yes”

- *“Provide medical and physical assessment”*

Key informant 6:

“Yes”

- *Our educators donate their services to area churches, hospitals, counseling offices, and residential facilities.*

Question 12: When asked to list other community resources and providers of health related services that might be available for use in this project, the community leaders provided the following:

Key informant 1:

- *Matthew 25*
- *Neighborhood Health Clinic*
- *ASK Ministries*

Key informant 2:

- *Allen County Cancer Society*
- *Fort Wayne African American Cancer Alliance*
- *Neighborhood Health Clinic*
- *ASK Ministries*

Key informant 3:

- *Hospitals*

Key informant 4:

No response

Key informant 5:

- *Emergency rooms*

Key informant 6:

- *Catholic Charities*
- *Lutheran Social Services*
- *First Steps*
- *ARC*
- *Anthony Wayne Services*
- *Neighborhood Health Clinics*
- *CANI*

Question 13: When asked to provide advice to health care organizations that decide to work with other agencies to better address the health care needs, the community leaders provided the following:

Key informant 1:

- *“Diversity, so all groups are represented”*

Key informant 2:

- *“Be ready for diversity”*

Key informant 3:

- *“Treat all persons with respect regardless of race or what they do not have”*

Key informant 4:

- *“[Work for the] welfare [of all]”*

Key informant 5:

- *“Train our employees to be able to work with all groups of people”*

Key informant 6:

- *“Work together and have one uniform plan with a clear vision of the services and program guidelines”*
- *“Avoid merging too many different services at once”*
- *“Take it one step at a time”*

Question 14: The key informants were asked if they had any additional comments, the community leaders provided the following:

Key informant 1:

“No”

Key informant 2:

“No”

Key informant 3:

“No”

Key informant 4:

“No”

Key informant 5:

“No”

Key informant 6:

“No”

Question 15: The key informants were asked if they had any suggestions of who else should be interviewed who might also know about the health needs of racial and ethnic populations in Allen County, the community leaders provided the following:

Key informant 1:

- *Pastors*

Key informant 2:

- *“Teachers”*
- *“Community leaders”*
- *“Neighborhood Associations”*
- *“Politicians”*

Key informant 3:

- *“Hospitals”*

Key informant 4:

- *“Local community store owners”*
- *“Reassurance”*

Key informant 5:

- *“Department of Health located in the City County building”*

Key informant 6:

- *“Doctors within the community”*
- *“Redimed”*
- *“Statcare”*
- *“Catholic Charities”*
- *“CANI”*
- *“First Steps”*
- *“Head Start”*
- *“School nurses”*

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Allen County. There were fewer than 20 birth and death incidents for American Indians/Alaska Natives (AIAN) and therefore it was impossible to make any comparisons.

The Asian and Pacific Islanders (API) population in Allen County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in many health indicators: low birth weight, very low birth weight, Cesarean deliveries, prenatal care in the first trimester, and low weight gain during pregnancy. These indicators do not meet the Healthy People 2010 objectives and/or have higher percentages in comparison to all births in the county.

The Black population in Allen County was disproportionately affected when comparing the health indicators among racial groups. Most health indicators do not meet the Healthy People 2010 objectives and/or they represent higher percentages in comparison to all births in Allen County and therefore have room for improvement. The indicators that need improvement are: low birth weight, very low birth weight, preterm births, early preterm births, Cesarean deliveries, prenatal care in the first trimester, chemical abuse during pregnancy, births to single mothers, teenage pregnancy, low weight gain during pregnancy and percentage receiving adequate prenatal care.

The Hispanic population in Allen County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, early preterm births, Cesarean deliveries, congenital anomalies, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women in Allen County receive prenatal care in the first trimester and more Hispanic women receive less than adequate prenatal care as compared to Non-Hispanics. These health indicators need improvement because they do not meet the Healthy People 2010 objectives and/or they represent higher percentages in comparison to all births in Allen County.

The age-adjusted death rate and deaths by cause for APIs and AIANs in Allen County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Allen County was higher than the age-adjusted death rate for all deaths in Allen County. The age-adjusted death rate for Hispanics in Allen County was lower than the age-adjusted death rate for Non-Hispanic deaths in Allen County. Diseases of the heart are the leading cause of death for Hispanics in Allen County; while malignant neoplasms are the leading cause of death for Blacks in Allen County.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks and Hispanics have had difficulty obtaining care from primary care providers, with both groups identifying lack of health insurance, lack of money, lack of transport, lack of information on available services and resources, and having to wait too long to schedule an appointment or to wait too long to see the provider in the office or clinic. Hispanics also noted language and lack of available childcare as barriers to their accessing care.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity were also suggested. Interpreters and translators were offered by the Hispanic populations.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all Allen County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and program administrators to focus interventions on those areas that are of most concern to the minority population.

Monitoring of health indicators (primary and secondary health data and results from targeted surveys, focus groups and key informant interviews) over time will allow health policy makers, providers, and program funding agencies to note positive or negative changes that have occurred and will permit them to react more quickly to remedy undesired direction. Achieving a major reduction in racial and ethnic differences in health indicators will not be achieved in the short term; incremental changes (both desirable and undesirable) can be demonstrated best through continued annual monitoring. Documentation of progress made (success) is the key to continuing successful programs; documentation of movement in the wrong direction can and should lead to more timely interventions. Current information is the basic foundation from which interventions can be developed and implemented.

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

The ___IMHC Affiliate___ is conducting a study of health issues and needs in our community. We would like you to answer some questions about your health and your opinions about the health care available to you. Your answers will be confidential and no information will be released that will identify you as participating in the survey. If you don't want to answer any question or don't know the answer, just skip it. The survey will take 10-15 minutes.

Thank you for answering these questions – your answers will help us improve the health care in our county!

Neighborhood Health Problems:

1. Thinking about your own community or neighborhood, what do you think are the worst health problems that people you know are facing today?

(List as many as five)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

General questions about you and your family:

2. Including you, how many adults and how many children (less than 18) live in this household?

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

6. What is your race? **(CHECK ALL THAT APPLY)**

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

7. How much education have you had?
- Less than high school
 - High school or equivalent
 - Some college or trade school
 - College graduate or more education

General Health Questions:

8. Would you say that in general your health is:
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Very Poor
9. Right now, how do you feel about your life as a whole?
- Very satisfied
 - Satisfied
 - Sometimes satisfied, sometimes dissatisfied
 - Dissatisfied
 - Very Dissatisfied

Your Experience Getting Health Care:

10. Where do you go to get information about health? (**CHECK ALL THAT APPLY**)
- A doctor, nurse or clinic
 - The Internet
 - Magazines or news papers
 - Television or radio
 - Family members
 - Other → Please list: _____
11. **In the last 12 months**, how many separate visits have you made to the dentist?
- None
 - 1 or 2
 - 3 to 5
 - More than 6
12. Do you have a dentist who you almost always go to for dental care?
- Yes
 - No

13. **In the last 12 months**, how many separate visits have you made to the doctor, clinic, or someplace else to get medical care?

- None
- 1 or 2
- 3 to 5
- 6 to 12
- More than 12

14. Do you have a doctor or a nurse who you almost always go to for health care?

- Yes → **Skip to question 16**
- No

15. **IF NO**, where would you go to get care if you were to get sick?

- Doctor's office
- Community clinic
- Hospital emergency room
- Urgent Care Center
- Self care
- Other: _____

→ **If you answered question 14 and 15, skip to question 17.**

16. **IF YOU ARE** currently receiving care from a doctor or nurse, where do you go to receive care?

- Private doctor's office
- Community clinic
- Hospital emergency room
- Urgent Care Center
- Other: _____

17. Were you hospitalized during the **past 12 months**?

- Yes
- No

18. Did you use the services of a hospital emergency room during the **past 12 months**?

- Yes
- No

19. Did you use the services of a neighborhood urgent care center during the **past 12 months**?

- Yes
- No

Attitudes and Barriers to Medical Care:

20. In general, how good do you think the health care services that you and the members of your household have received in this community? Would you say they are...

- Superior
- Above average
- Average
- Below average
- Terrible

21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?

- Yes
- No → **Skip to # 23**

22. **IF YES**, what difficulties did **YOU** have? (**CHECK ALL THAT APPLY**)

- No doctor in area
- Lack of money
- No insurance
- Insurance did not cover the medical care
- No transportation available
- Had to wait too long for an appointment
- Doctor wouldn't take new patients
- Doctor or clinic wouldn't take Medicare
- Doctor or clinic wouldn't take Medicaid
- Doctor you need to see for your insurance is out of your area
- Language barriers
- Cultural barriers
- Had to wait too long in doctor's or clinic office
- Was not treated with respect
- The doctor or nurse wouldn't listen
- Felt uncomfortable asking the doctor or nurse questions
- Didn't feel the medical care was the best
- Couldn't get off work
- Clinic or doctor's office staff was rude and not very helpful
- No child care available
- Not having a Social Security Number was a problem
- Not having a permanent address was a problem
- Other (specify) _____
- Other (specify) _____

23. In your community, what do you think are the **BIGGEST** problems that keep **OTHER** people from getting health care? (**CHECK ALL THAT APPLY**)

- No doctor in area
- Lack of money
- No insurance
- Insurance did not cover the medical care
- No transportation available
- Had to wait too long for an appointment
- Doctor wouldn't take new patients
- Doctor or clinic wouldn't take Medicare
- Doctor or clinic wouldn't take Medicaid
- Doctor you need to see for your insurance is out of your area
- Language barriers
- Cultural barriers
- Had to wait too long in doctor's or clinic office
- Was not treated with respect
- The doctor or nurse wouldn't listen
- Felt uncomfortable asking the doctor or nurse questions
- Didn't feel the medical care was the best
- Couldn't get off work
- Clinic or doctor's office staff was rude and not very helpful
- No child care available
- Not having a Social Security Number was a problem
- Not having a permanent address was a problem
- Other (specify) _____
- Other (specify) _____

Do you know of a specific example that you can share with us?

Health Related Activities:

24. Have you smoked at least 100 cigarettes in your life?

- Yes
- No → **Skip to # 27**
- Don't know/not sure → **Skip to # 27**

25. **IF YES**, do you now smoke cigarettes every day, some days or not at all?

- Everyday
- Some days
- Not at all → **Skip to # 27**

26. **If you smoke some days or everyday**, how much do you usually smoke per day?

- Less than ½ pack per day
- ½ to 1 pack per day
- About 2 packs per day
- About 3 packs per day
- More than 3 packs per day

27. How often do you exercise or participate in vigorous physical activity such as gardening, walking, housework, running, jogging, swimming, bicycling, dancing, basketball, etc.?

- One or more times each week
- Less than one time per week
- Not at all

28. How often do you generally follow recommendations for a healthy diet (lots of fruits and vegetables, reduced salt and sugar, etc.)?

- All the time or almost all of the time
- Most of the time
- Some of the time
- Not very often or not at all

29. Have you ever been told by a doctor or nurse that you have any of the following?

- | Yes | No |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> Other lung disease |

Disabilities:

30. Are there any adult members (18 or older) of your household that need assistance in daily activities? (like getting dressed, bathing, feeding self, toileting, or getting in/out bed)

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

32. Do you have any medical insurance coverage if any health problems arise?

- Yes
- No

33. If yes, what kind do you have? **(CHECK ALL THAT APPLY)**
- Provided by employer
 - Privately purchased plan
 - Covered under spouse or parent's insurance
 - Medicare
 - Medicaid
 - Long term care insurance
 - Other: _____
34. Do you have dental insurance coverage if any problems arise?
- Yes
 - No
35. How much do you pay for prescriptions drugs in a typical month?
- Nothing/Does not apply to me
 - Less than \$10 per month
 - \$10 to \$24 per month
 - \$25 to \$49 per month
 - \$50 to \$74 per month
 - \$75 to \$99 per month
 - \$100 to \$199 per month
 - \$200 or more per month
 - Don't know

That completes our survey. Thank you very much for your help.

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

Hello, my name is _____ from _____ IMHC Affiliate _____.
The _____ IMHC Affiliate _____ has started a broad-based effort to identify the health access-related concerns in _____ County (ies).

Let me start by telling you about the _____ IMHC Affiliate _____ and what we are trying to do. Our mission is to increase the health status of minority populations, improve their access to quality care, reduce disparities in health outcomes, and increase the cultural competency of health care providers and organizations. We provide health screening and conduct other outreach programs in the community to better link individuals to health care services that are available to them.

We invited you to participate in this focus group because you have had the opportunity to observe what is affecting the health of individuals from the minority groups who live in this area. We value your perspectives and opinions and are asking for your help to identify the health concerns of the people who live in the county. The information you share with us today will add to the health related information we have gotten from those other sources. We will use your comments and suggestions to prioritize the health concerns in a report to be used by the health care providers and other agencies to plan actions to meet the community health concerns of the racial and ethnic populations.

Question List (Note – **only** ask about the minority population the participants represent)

1. What do you see as the major **health problems** in the Black or Black (or Hispanic/Latino or Asian American or Native American) population in this area?
2. What do you think can be done to improve the **health status** of Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community?
3. What do you think are the major barriers to Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) **getting or accessing health care** in your community?
4. What can be done to improve the **access to health care** for Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community?
5. Do you believe there is a need for more neighborhood clinics and doctors in your community?
6. Do you have any concerns about the **quality** of medical care available to Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans)?

7. Do you think the **quality** of medical care that Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) receive is about the same as other people receive?

Now, I would like for you to think about health care programs that seem to be doing an excellent job in meeting the health needs of Blacks or Blacks (or Hispanics/Latinos or Asian Americans or Native Americans) in your community. If you can think of specific examples of community programs, hospital programs, public health or other programs, etc, that would be great.

8. I would like for you to focus on these programs specifically. When you think about these programs, why do you think they have been successful? In other words, what are they doing that causes them to work well?

Next, I would like for you to tell us about health service programs that may NOT doing their job well. If you can think of specific examples, that would be great, but you do not need to tell us the names of the programs if you don't want to.

9. I would like for you to focus on these less effective programs specifically. When you think about these programs, why do you think they have been less successful? In other words, what are they doing that causes them to not work well?

10. Do you have any other comments that will help us to improve the health care available to minority populations?

Closing Statement

We're sorry we are out of time. This has been a valuable discussion and I'll make sure your comments are included in our report. Our plan is to provide this report to local and state level policy makers who are trying to make sure everyone's health needs are being met as much as possible. Thank you very much for your valuable input.

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

Hello, my name is _____ from _____ IMHC Affiliate.
The _____ IMHC Affiliate _____ has started a broad-based effort to identify the health access-related concerns in _____ County (ies).

Let me start by telling you about the _____ IMHC Affiliate _____ and what we are trying to do. Our mission is to increase the health status of minority populations, improve their access to quality care, reduce disparities in health outcomes, and increase the cultural competency of health care providers and organizations. We provide health screening and conduct other outreach programs in the community to better link individuals to health care services that are available to them.

We wanted to interview you because you have the opportunity to observe what is affecting the health of individuals from the minority groups who live here. We value your perspectives and opinions and ask that you help us identify the health concerns of the people who live in the county. The information you share with us today will add to the health related information we have gotten from those other sources. We will use your comments and suggestions to prioritize the health concerns in a report. Our report will be used by the health care providers and other agencies to plan actions to meet the community health concerns of the racial and ethnic populations.

Question List (Note to interviewer – only ask about minority population groups for whom you expect the informant would be knowledgeable)

1. To begin our discussion, I would like for you to tell me one or two key changes you think would have the most impact on improving the **health status** of the racial and ethnic populations in your neighborhood or constituency. Let's start with the health care needs of the Blacks or Blacks:

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

2. What specific programs and initiatives can you suggest could meet the **health access** needs of the Blacks or Blacks specifically?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

3. Let's focus on low income, working poor and uninsured in the different racial and ethnic populations in _____ County who need primary and specialty services. What specifically can the health care system do to better meet the **health care needs** of Blacks or Blacks?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

4. Do you have any concerns about the access to **quality** medical care available to Blacks or Blacks?

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

Now, I would like for you to think about health care programs that seem to be doing their job well in meeting specific health needs of racial or ethnic populations in this community. If you can think of specific examples of community programs, hospital programs, public health or other programs, whatever – that would be great.

5. I would like for you to focus on these programs specifically. When you think about these programs, why do you think they have been successful? In other words, what are they doing that causes them to work well?

Next, I would like for you to tell us about health service programs that may NOT doing their job well. If you can think of specific examples, that would be great, but you do not need to tell us the names of the programs if you don't want to.

6. I would like for you to focus on these less effective programs specifically. When you think about these programs, why do you think they have been less successful? In other words, what are they doing that causes them to not work well?
7. Do you believe there the number of neighborhood-level primary health care providers in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, are sufficient or insufficient to meet the need?

8. If so, where would you suggest they be located?

We have spent a lot of time talking about the needs. Now, I'd like to discuss solutions with you. The results of this study will be used to develop plans to better meet the community's health care needs. However, no one organization can address all of these problems. The success of programs designed to meet the health needs of the community will depend on the cooperation and support of community based organizations, such as yours. Your organization represents a collection of skills, knowledge, and expertise that would be of great benefit to our collaborative effort. In addition, you may have access to space, facilities and equipment that might be used by some of these programs.

9. First, let me ask, what barriers do you think need to be addressed to help organizations or groups such as yours to work with others to better meet the health access problems of the racial and ethnic populations in this community?

10. Are these barriers different for the different racial and ethnic populations?

11. Now, we would like to try to inventory the assets in our community that can be mobilized to meet the health needs of the racial and ethnic populations. Would your organization be willing to consider collaborating with other area organizations by contributing staff; donating supplies; helping with marketing, etc., in order to help build a healthier community?

12. Would you tell us about other community resources and people that might be available for use in our efforts? Let's think about where people go for health related services.

13. If the health care organizations decide to work together with other organizations to better address the health care access needs, what advice would you give them?

14. Do you have any other comments?

15. Finally, who else in our community do you think we should interview who might also know about the health needs of racial and ethnic populations here?

Closing Statement

We're sorry we are out of time. This has been a valuable discussion and I'll make sure your comments are included in our report. We will send a copy of the report to you to show our appreciation for your time. Our plan is to provide this report to local and state level policy makers who are trying to make sure everyone's health needs are being met as much as possible. Thank you very much for your valuable input.