

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

by the

Indiana Minority Health Coalition

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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.