

# **A Health Needs Assessment Study of the Minority Population in Clark County**

**by the**

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## TABLE OF CONTENTS

<b>Executive Summary.....</b>	<b>3</b>
<b>Introduction.....</b>	<b>6</b>
<b>Purpose.....</b>	<b>7</b>
<b>Methods .....</b>	<b>8</b>
<b>Existing Health Indicator (Secondary) Data .....</b>	<b>9</b>
<b>Targeted Survey Data .....</b>	<b>10</b>
<b>Focus Groups and Key Informant Interviews .....</b>	<b>11</b>
<b>Results.....</b>	<b>13</b>
<b>Overview of Existing Health Indicator (Secondary) Data .....</b>	<b>14</b>
<b>Birth Data .....</b>	<b>15</b>
<b>Weight Gain During Pregnancy .....</b>	<b>32</b>
<b>Prenatal Care .....</b>	<b>35</b>
<b>Leading Causes of Death.....</b>	<b>37</b>
<b>Overview of Targeted Survey Responses .....</b>	<b>40</b>
<b>Tables .....</b>	<b>45</b>
<b>Overview of Focus Group and Key Informant Interviews .....</b>	<b>55</b>
<b>Focus Group Responses.....</b>	<b>57</b>
<b>Key Informant Interview Findings.....</b>	<b>66</b>
<b>Conclusions.....</b>	<b>74</b>
<b>Appendices.....</b>	<b>77</b>
<b>Targeted Survey Tool.....</b>	<b>78</b>
<b>Focus Group Script.....</b>	<b>85</b>
<b>Key Informant Script.....</b>	<b>87</b>

# **EXECUTIVE SUMMARY**

## Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Clark 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 was to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Clark 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 Clark County
- Identify opportunities and initiatives to better meet the health needs of the minority populations

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 were gathered and analyzed for minority groups. The analysis of these existing data for Clark 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.

Targeted surveys were developed and administered to 103 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. The results from the surveys highlighted that Blacks perceive high blood pressure and strokes, cancer, diabetes, heart disease, and diet problems as part of the top five worst health problems in their neighborhood. These results indicated that fourteen percent of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Blacks, the top five barriers attributed to accessing healthcare included: lack of insurance, lack of money, medical care not covered by insurance, waiting too long for an appointment, and waiting too long in doctor or clinic office.

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 interviews. Results from focus groups and key informant interviews indicated that Clark County community residents perceive cancer and diabetes as major health problems. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Clark County were: culture, communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems. Additionally, the findings provided information on what some minority residents of Clark County perceive as ways to improve both healthcare access and health status.

Suggestions for improving healthcare access and/or health status for minority residents included: improve personal health behavior, educate and improve communication between consumers and providers, make people more aware of available resources, and provide translators and interpreters.

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 Clark 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 Clark 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 Clark County in collaboration with the Minority Health Coalition of Southern Indiana 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 Clark 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 Clark 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 Clark 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 Clark 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 Clark 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 minority health coalition of Southern Indiana administered the targeted surveys in Clark County. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, grocery stores, health fairs, Laundromats, neighborhood events, and retail stores.

One hundred and three targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-five percent of the respondents (N = 98) reported their race; of which 94.9 percent were Black (N = 93), and 4.1 percent reported more than one race (N = 4). Ninety-six percent of the participants (N = 99) responded to the question of ethnicity with 6.1 percent reported to be of Hispanic/Latino ethnicity (N = 6). Ninety-nine percent of the respondents (N = 102) indicated their gender; of which, 57.8 percent were female (N = 59) and 42.2 percent were male (N = 43). Ninety-seven percent of the respondents (N = 100) reported their age with twenty-six percent in the 45 to 54 age group (N = 26), 21.0 percent in the 25 to 34 age group (N = 21), and 19.0 percent in the 35 to 44 age group (N = 19). Of the remaining respondents, 14.0 percent reported their age as 24 years or less (N = 14), and 20.0 percent reported their age as 55 years or more (N = 20).

### ***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 Clark 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 of Southern Indiana, 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 Clark 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 August 2004, the coordinator of the minority health coalition in Southern Indiana conducted two focus groups in Clark County one provider group and one consumer group. The focus groups were held in a community center. There were six providers and four consumers taking part in the focus groups for a total of ten. Nine of the participants were female and one was male. Forty percent of the focus group participants were Black (N = 4) and sixty percent were Caucasian (N = 6). The participants reported their age group, with thirty percent in the 40 to 49 age group (N = 3), thirty percent in the 50 to 59 age group (N = 3), and twenty percent were in the 60 and over age group (N = 2). Of the remaining participants, ten percent in the 20 to 30 age group (N = 1) and ten percent in the 30 to 39 age group (N = 1). No information was available on the profession or type of work performed by the participants.

During the months of March and April 2004, the coordinator of the minority health coalition in Southern Indiana conducted six key informant interviews in Clark County for the Needs Assessment project. The key informants represented a variety of professions including director of a community center, director of a health center, director of social services, nutrition manager, and substance abuse coordinator. The gender was reported for three of the key informants with two of the interviewees were female and one was male. The key informants did not describe their age, race or ethnicity.

# RESULTS

## **Overview of Existing Health Indicator (Secondary) Data Analysis**

Analysis of existing data for Clark County (birth and mortality data) indicated disparities exist by race and ethnic group. In addition, most percentages need to be improved to meet the Healthy People 2010 objectives; benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for APIs and AIANs in Clark County since the number of incidents (death and birth) was lower than 20.

Comparisons for Clark 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 Black population in Clark County is disproportionately affected when comparing the health indicators among racial groups. There are many health indicators with room for improvement: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, births to single mothers, births to 16 and 17 year olds, births to less than 16 year olds, and low weight gain during pregnancy. In addition, fewer Black women receive first trimester prenatal care and more Black women receive less than adequate prenatal care. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in Clark County.

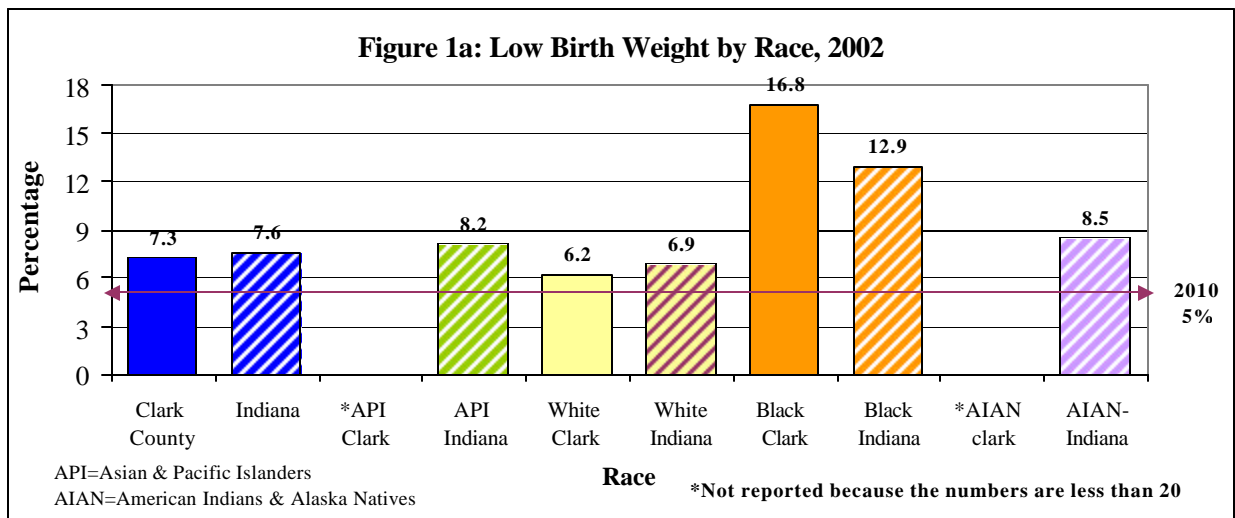
The Hispanic population in Clark County was disproportionately affected when comparing the health indicators among ethnic groups. Many health indicators need improvement, as these do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County. The health indicators needing improvement are low birth weight, preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, births to single mothers and low weight gain during pregnancy. In addition, fewer Hispanic women receive first trimester prenatal care and more Hispanic women receive less than adequate prenatal care.

The age-adjusted death rate for APIs, AIANs and Hispanics in Clark County could not be compared due to the small number of deaths. The Black population has a higher age-adjusted death rate for all causes compared to the rate for all deaths in Clark County and compared to deaths among Blacks in Indiana. Diseases of the heart are the leading cause of death for Blacks in Clark County.

**Birth Data:**

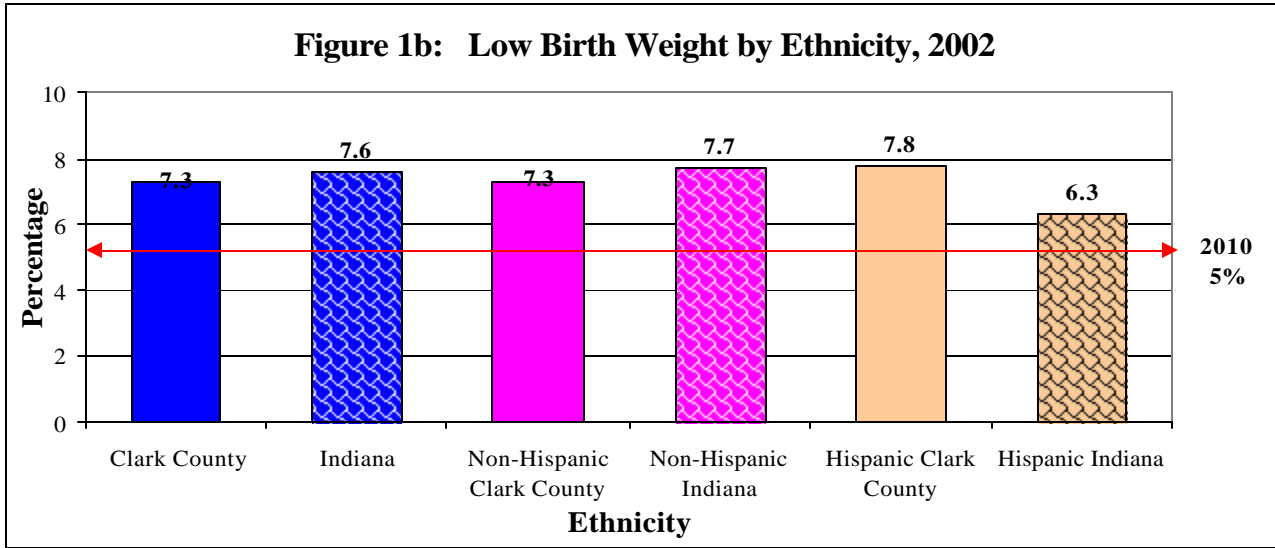
*Low Birth Weight (LBW) by Race (Figure 1a):*

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



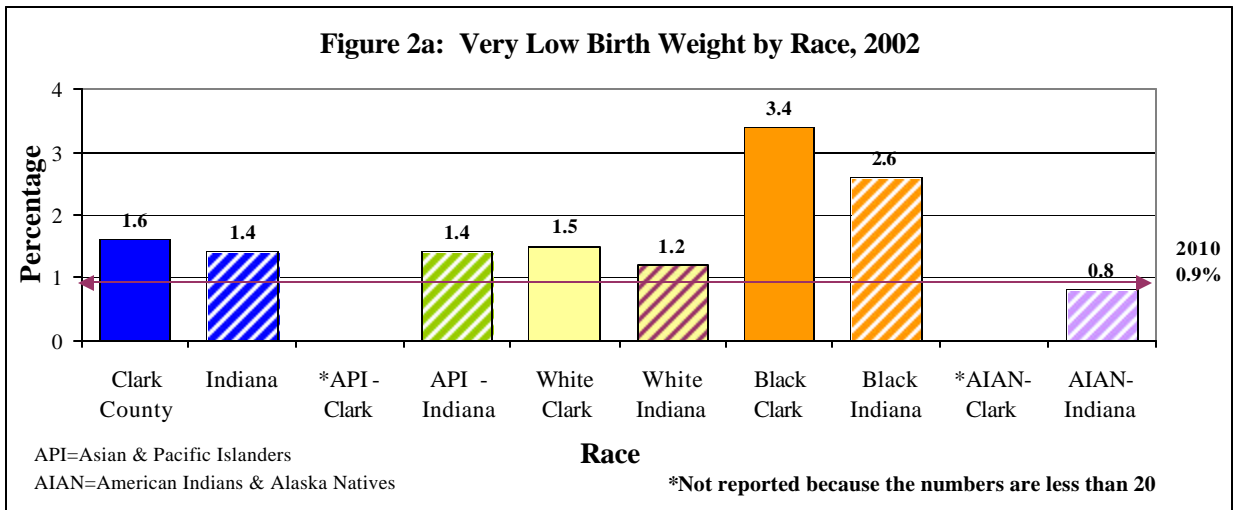
*Low Birth Weight (LBW) by Ethnicity (Figure 1b):*

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



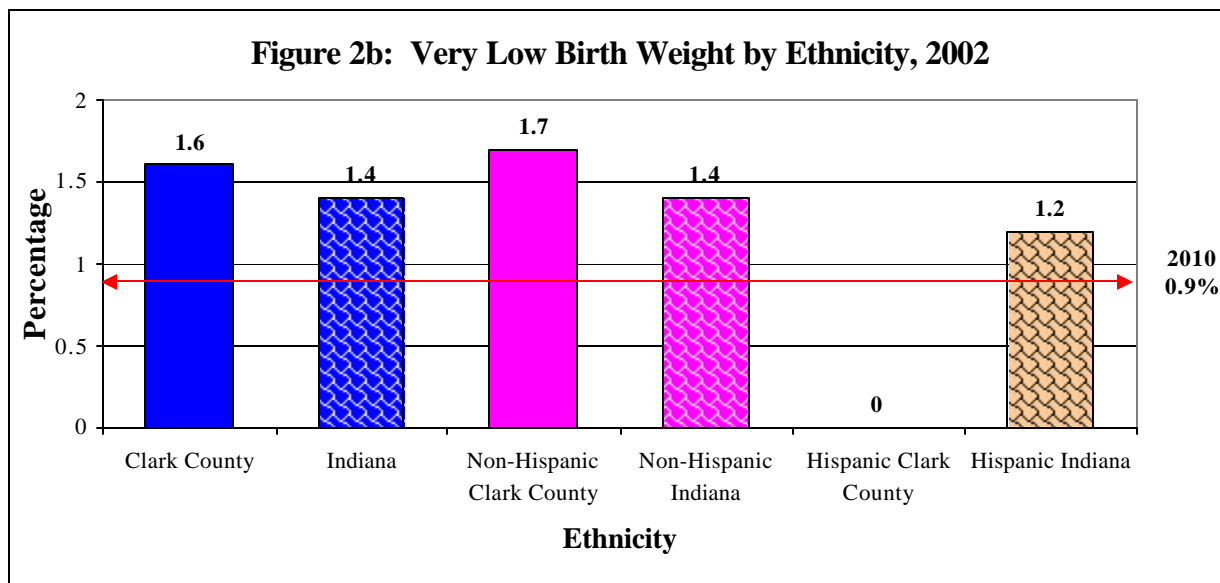
*Very Low Birth Weight (VLBW) by Race (Figure 2a):*

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



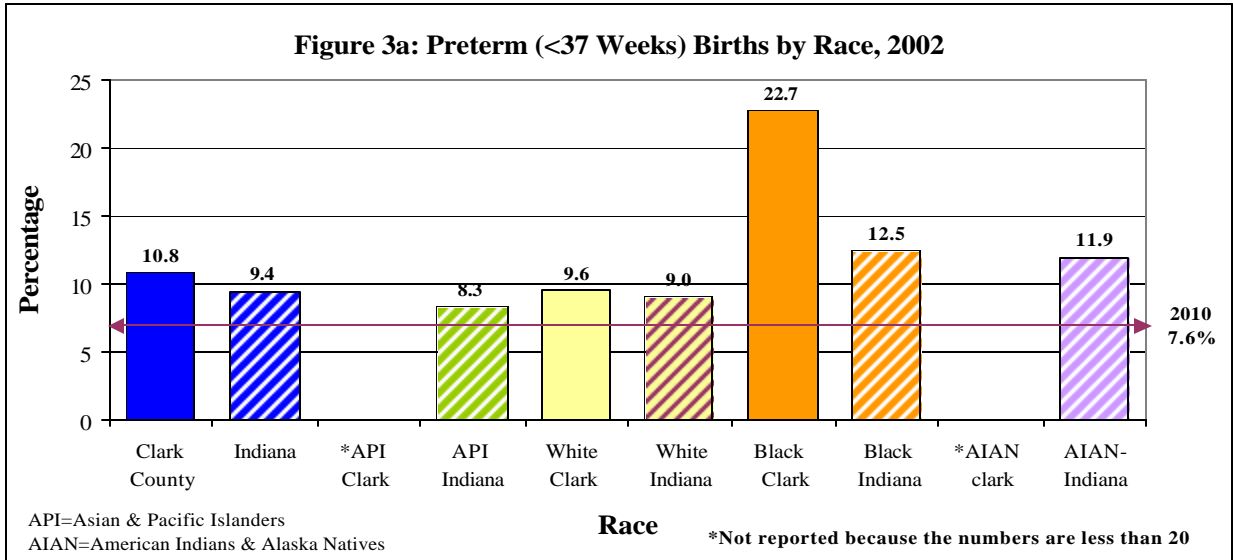
*Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):*

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



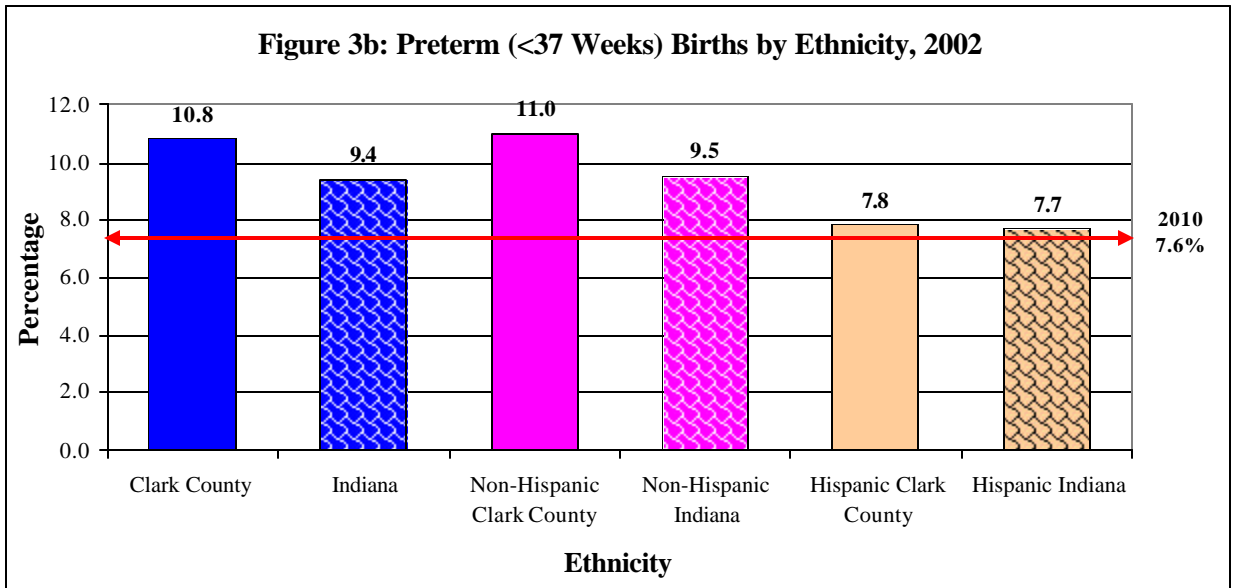
*Preterm (<37 weeks) Births by Race (Figure 3a):*

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



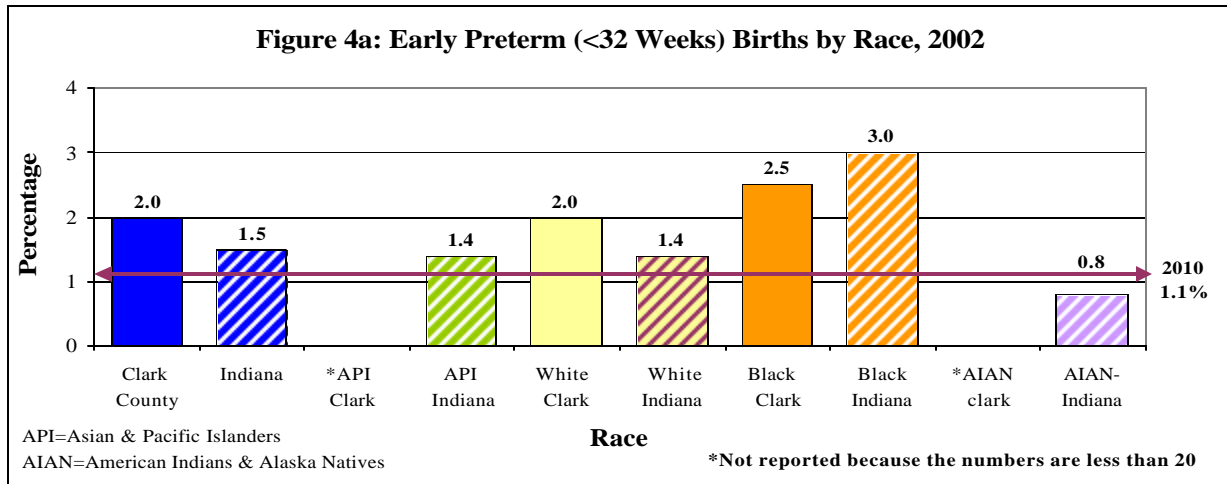
*Preterm (<37 weeks) births by Ethnicity (Figure 3b):*

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



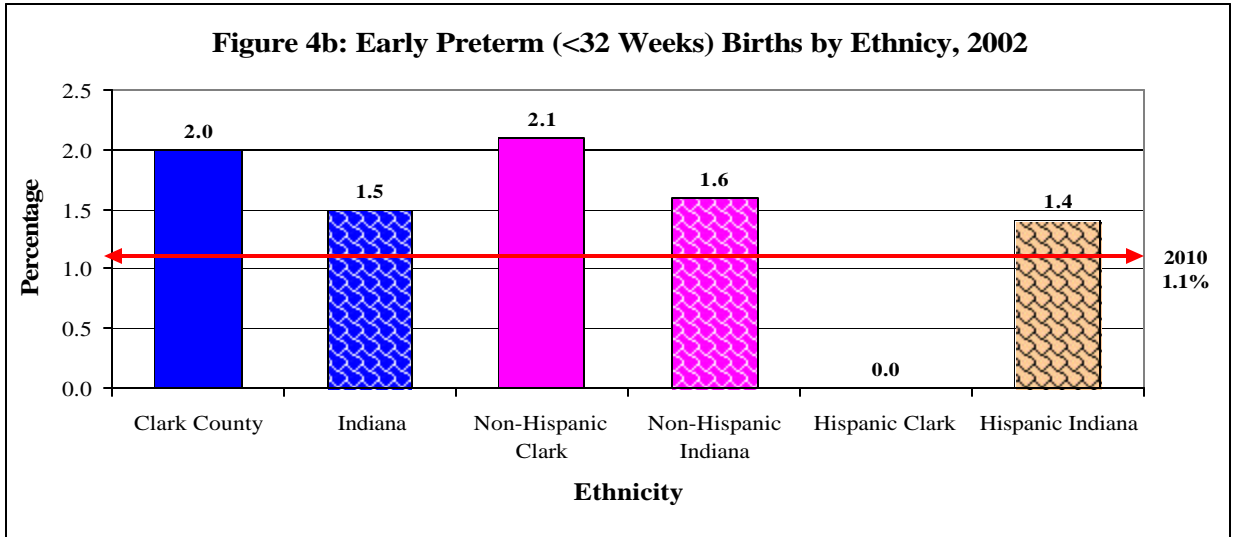
*Early Preterm (<32 weeks) Births by Race (Figure 4a):*

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



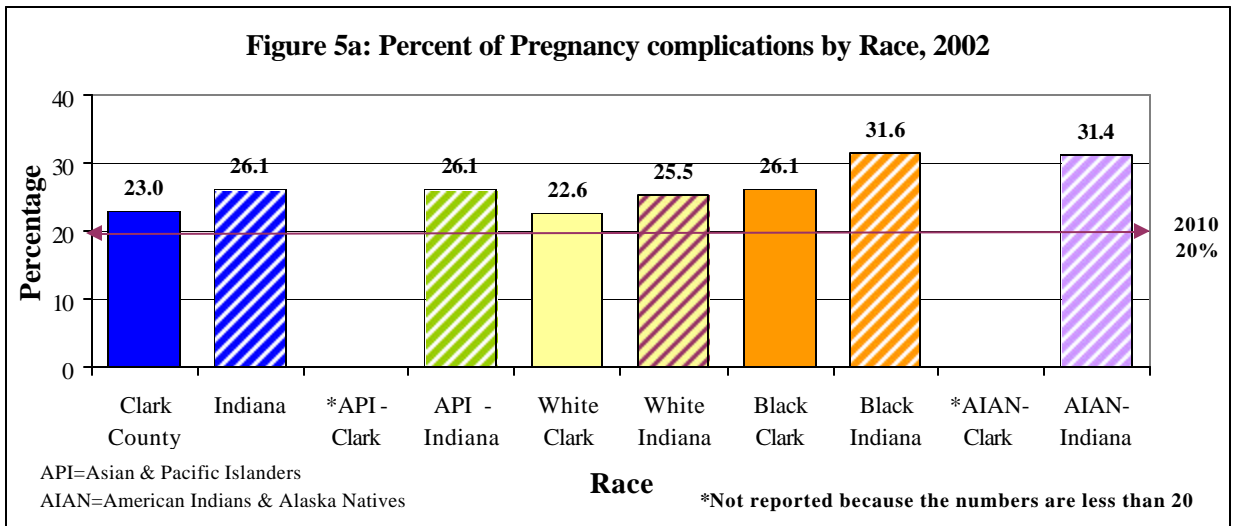
*Early Preterm (<32 weeks) Births by Ethnicity (Figure 4b):*

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



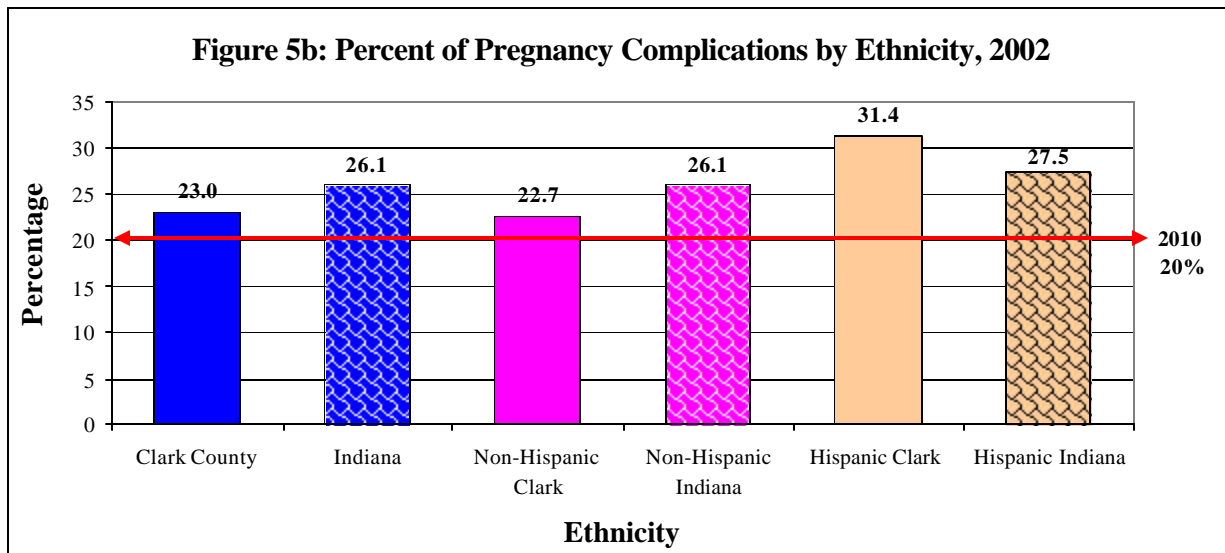
*Percent of Pregnancy Complications by Race (Figure 5a):*

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



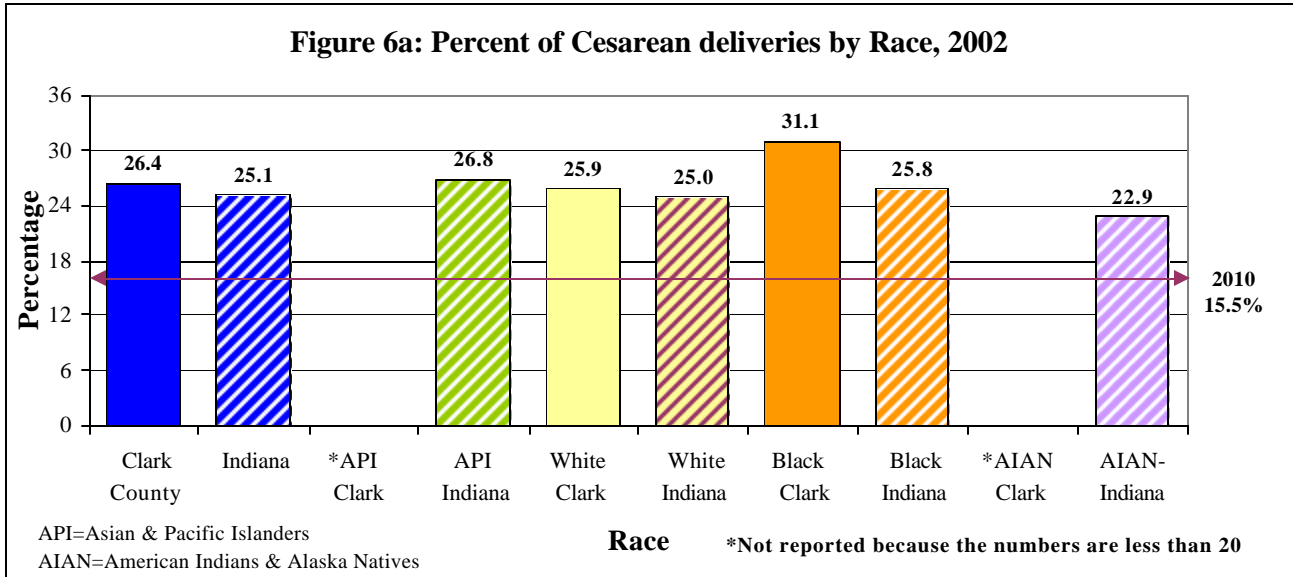
*Percent of Pregnancy Complications by Ethnicity (Figure 5b):*

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



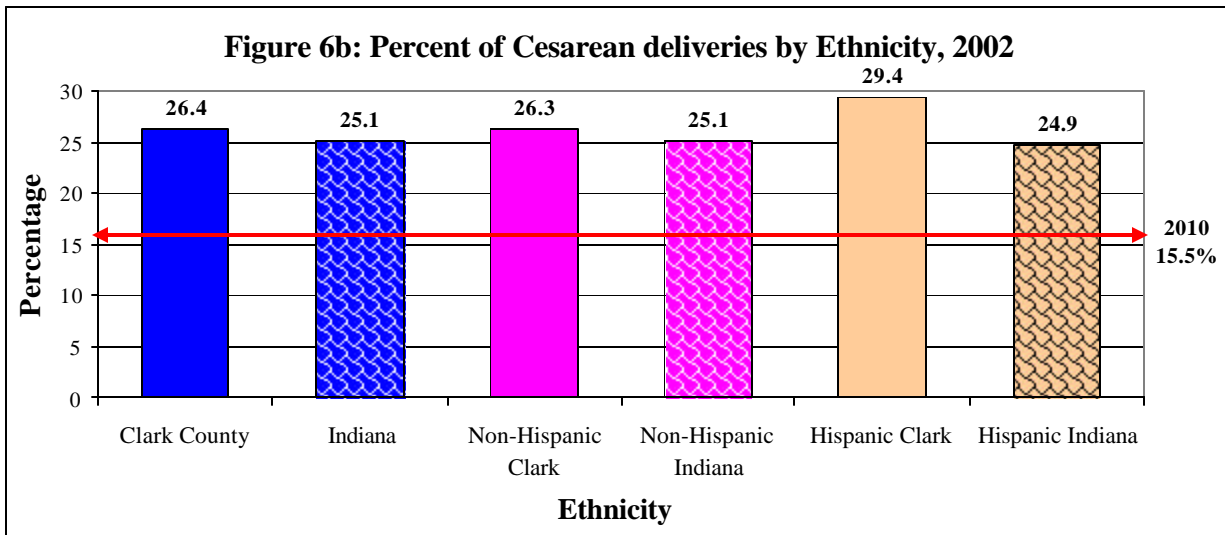
*Percent of Cesarean Deliveries by Race (Figure 6a):*

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



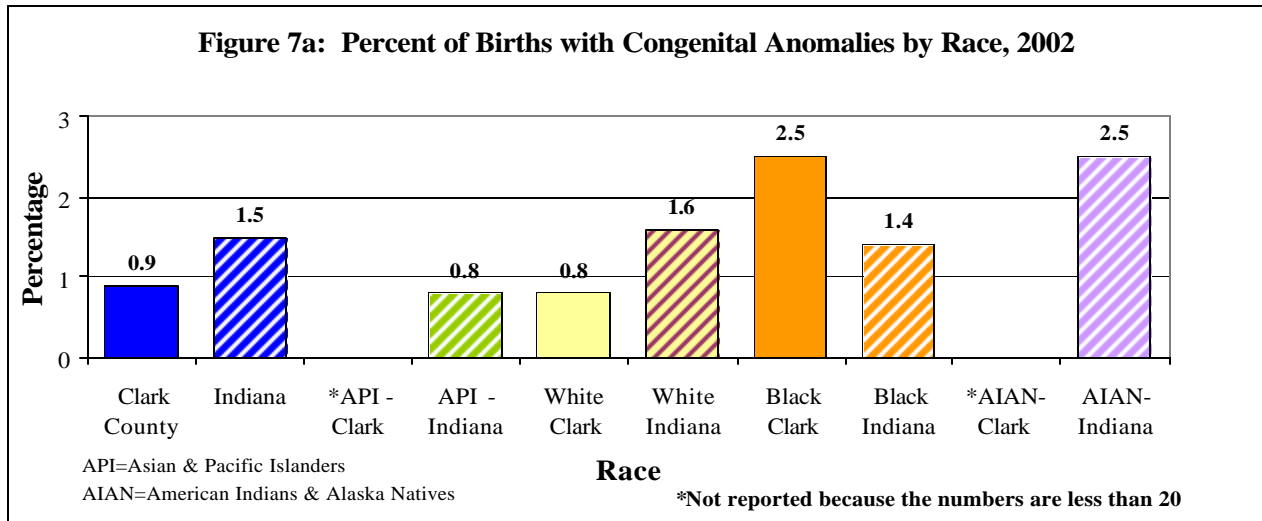
*Percent of Cesarean Deliveries by Ethnicity (Figure 6b):*

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



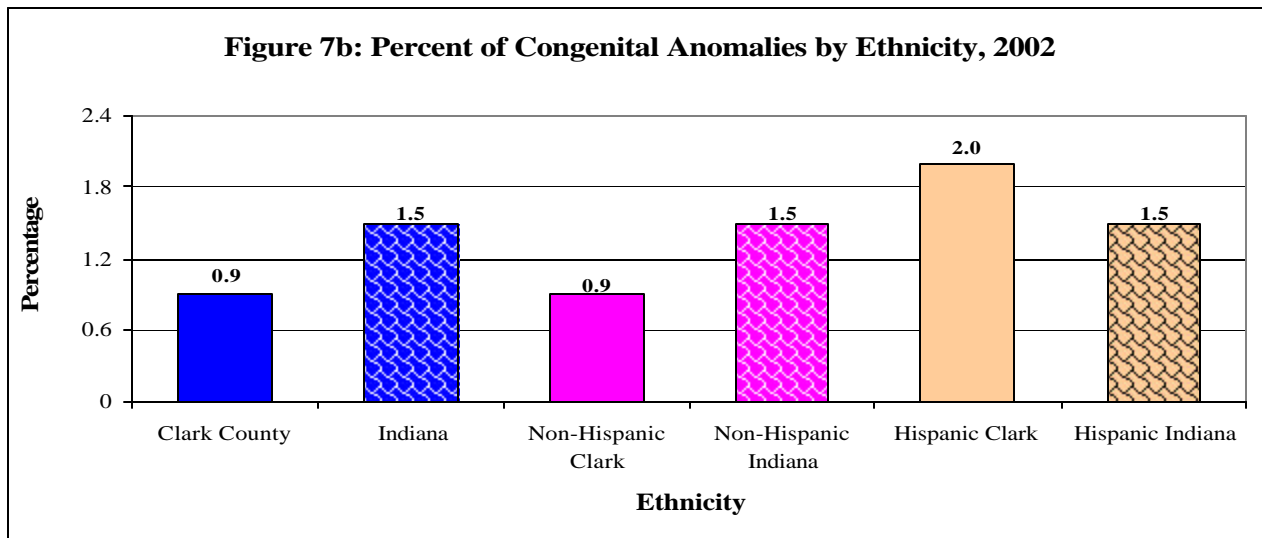
*Percent of Births with Congenital Anomalies by Race (Figure 7a):*

- The percentage of congenital anomalies for APIs and AIANs in Clark County could not be compared due to the small number of births.
- The percentage of congenital anomalies for Blacks in Clark County was higher than the percentage for all births in Clark County.
- The percentage of congenital anomalies for Blacks in Clark County was higher than the percentage for all births by Blacks in Indiana.



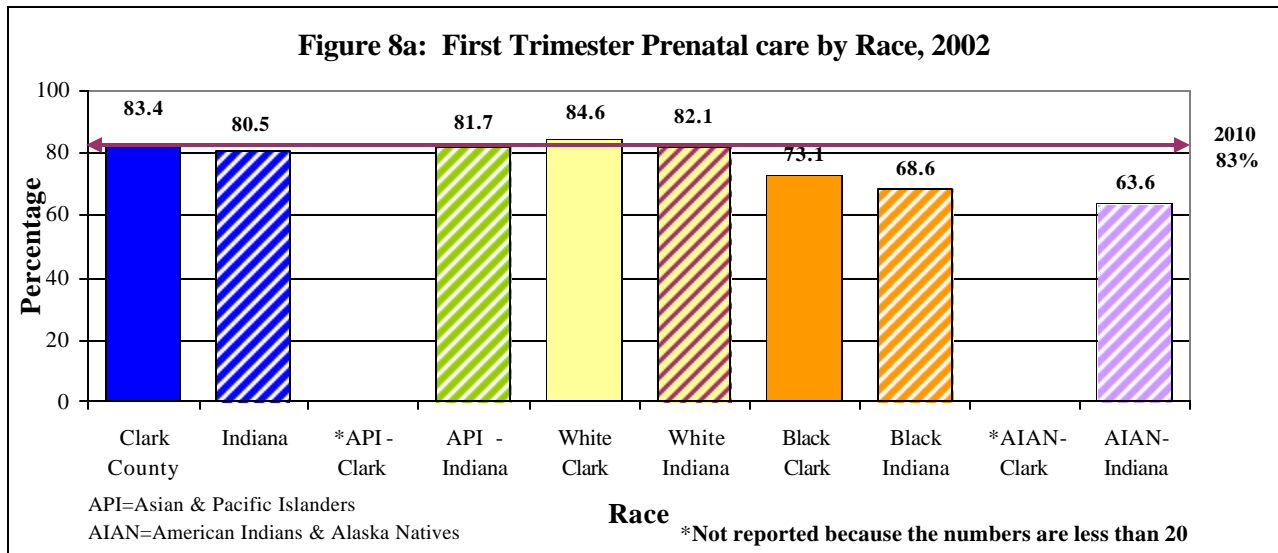
*Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):*

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



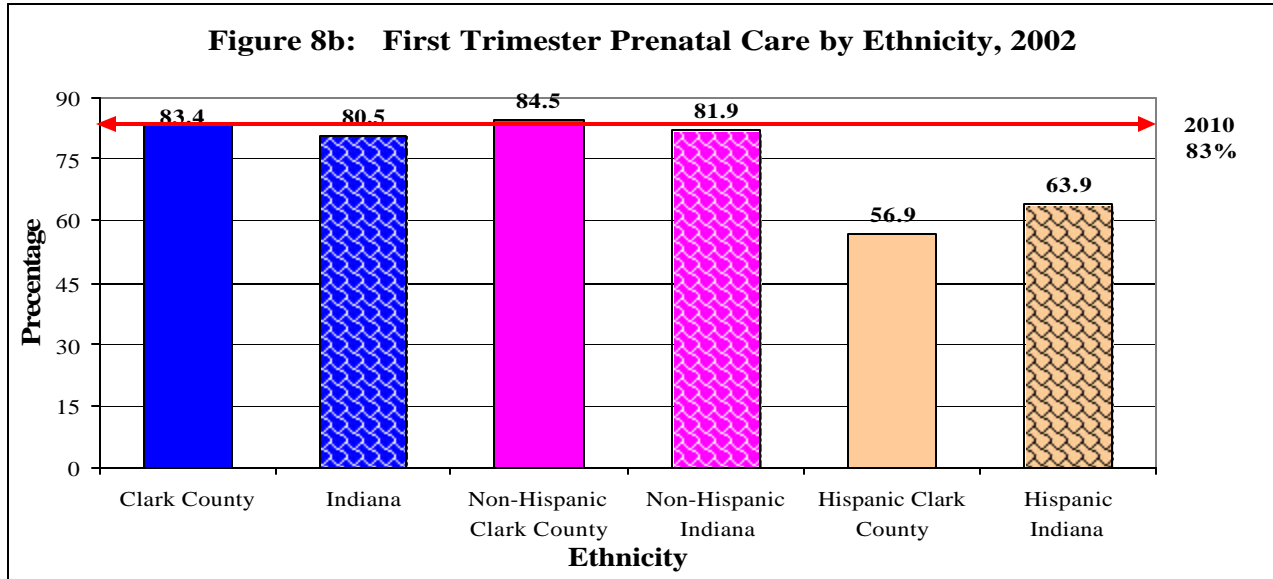
*Percent of Prenatal Care in the First Trimester by Race (Figure 8a):*

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



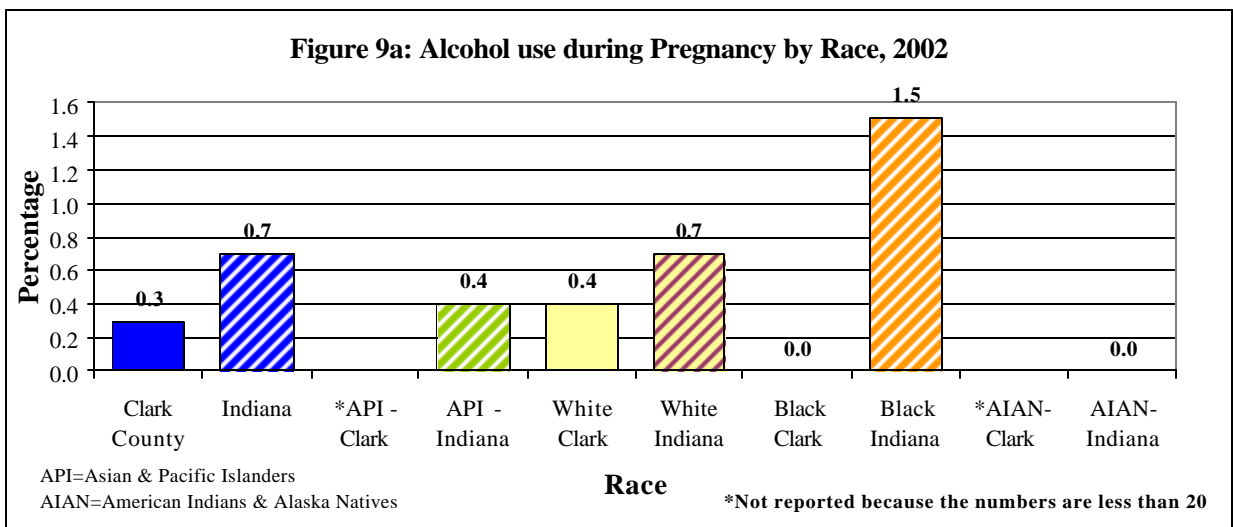
*Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):*

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



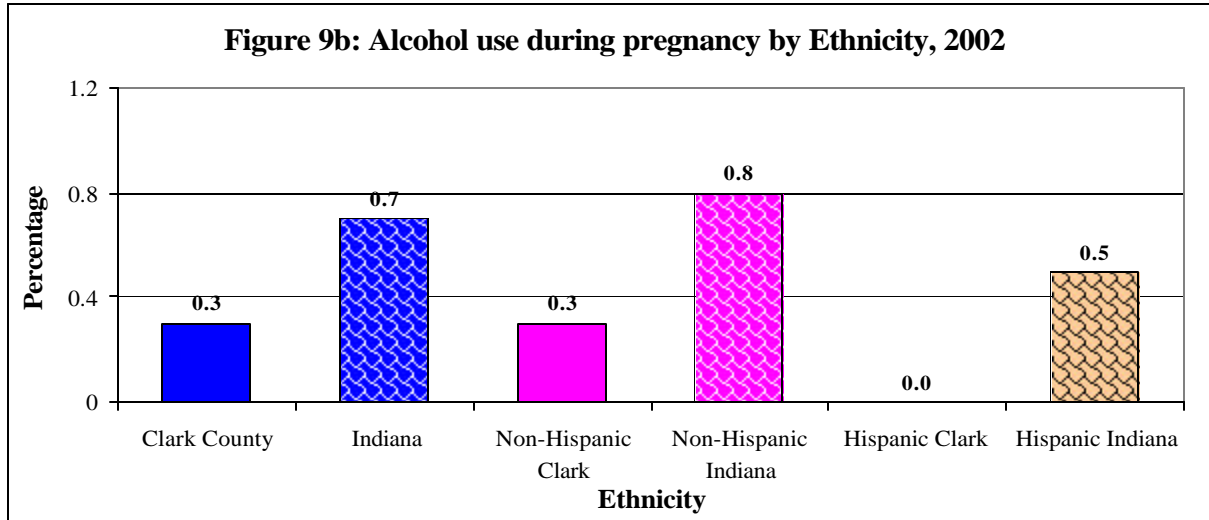
*Alcohol Use during Pregnancy by Race (Figure 9a):*

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



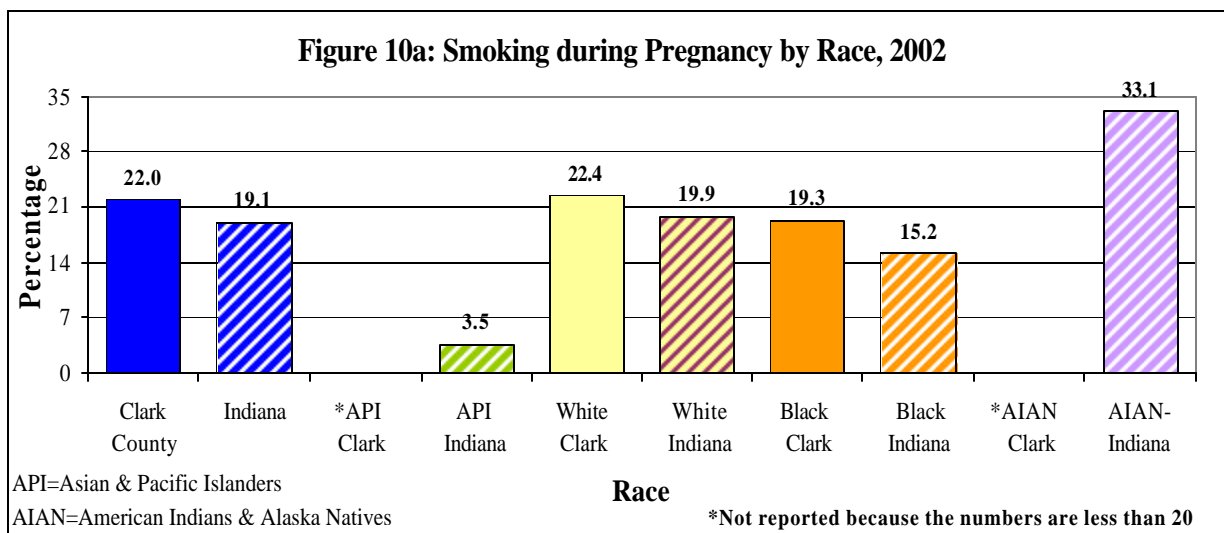
*Alcohol Use during Pregnancy by Ethnicity (Figure 9b):*

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



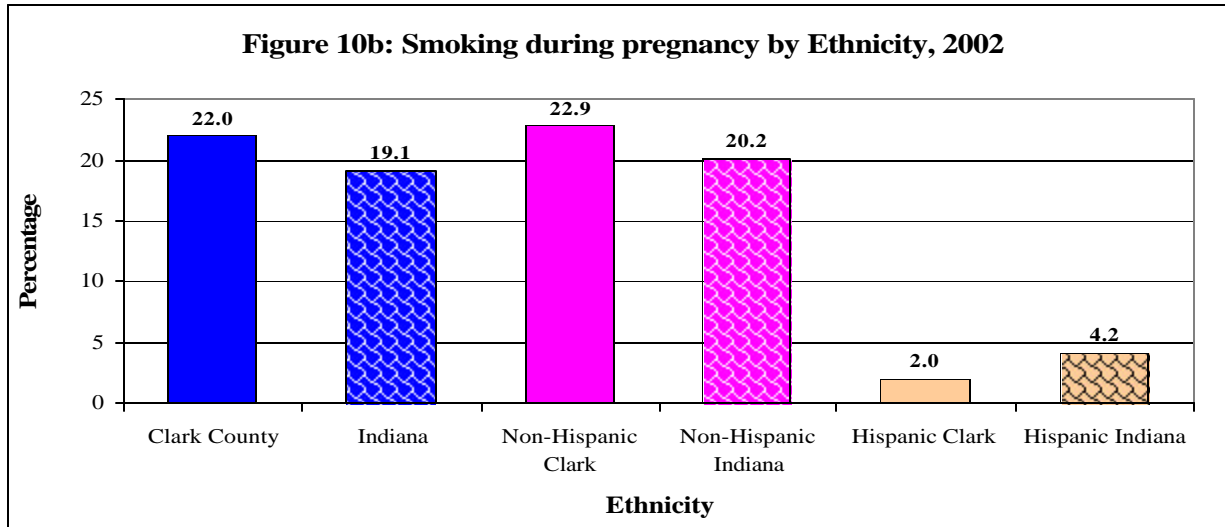
*Smoking during Pregnancy by Race (Figure 10a):*

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



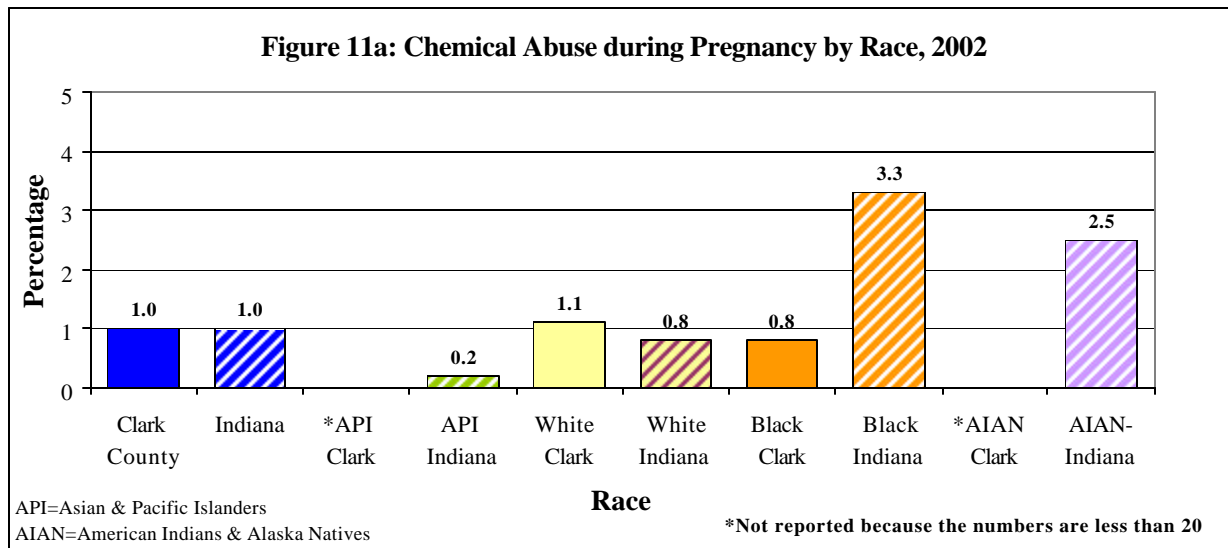
*Smoking during Pregnancy by Ethnicity (Figure 10b):*

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



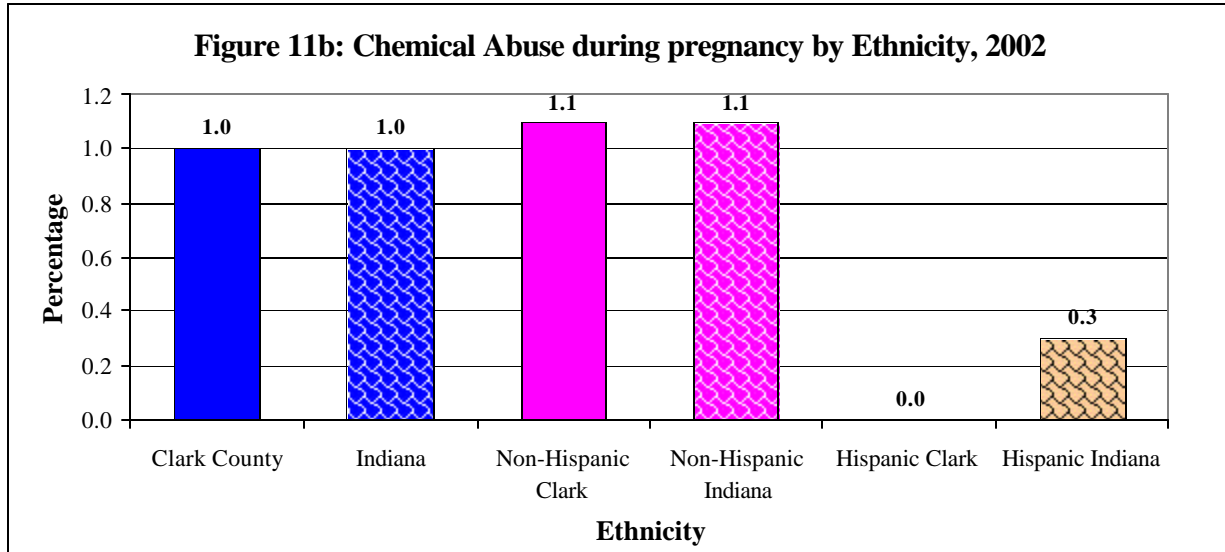
*Chemical Abuse during Pregnancy by Race (Figure 11a):*

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



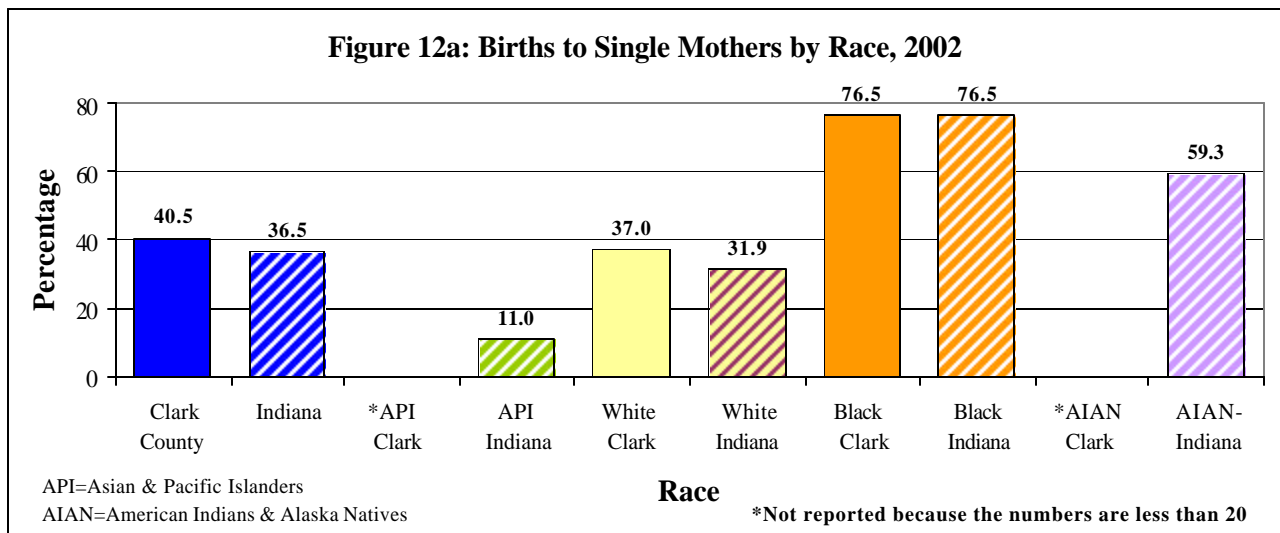
*Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):*

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



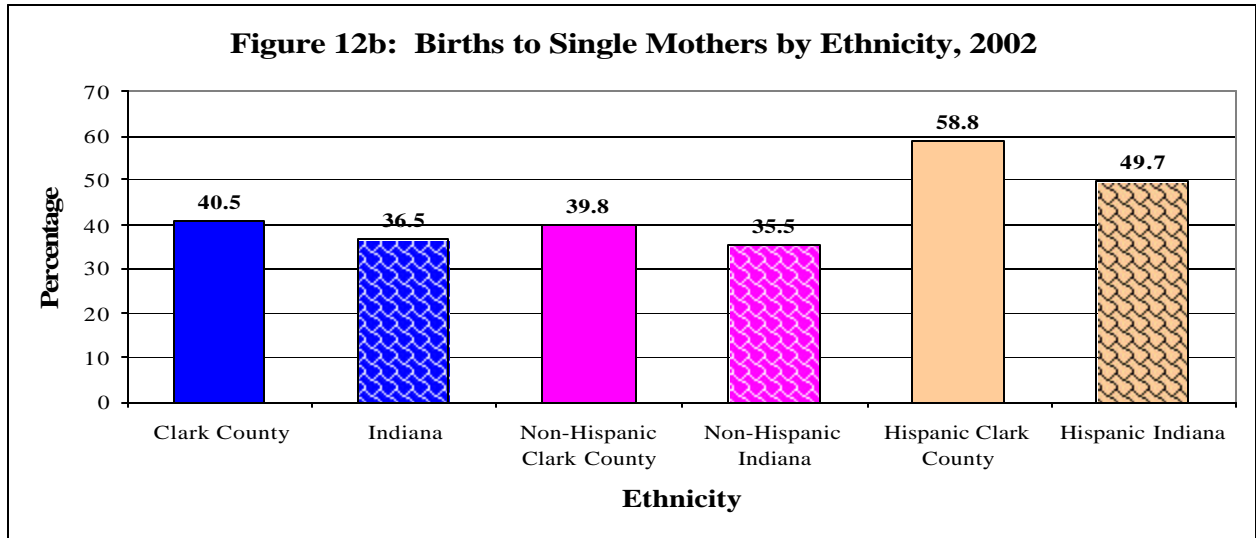
*Births to Single Mothers by Race (Figure 12a):*

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



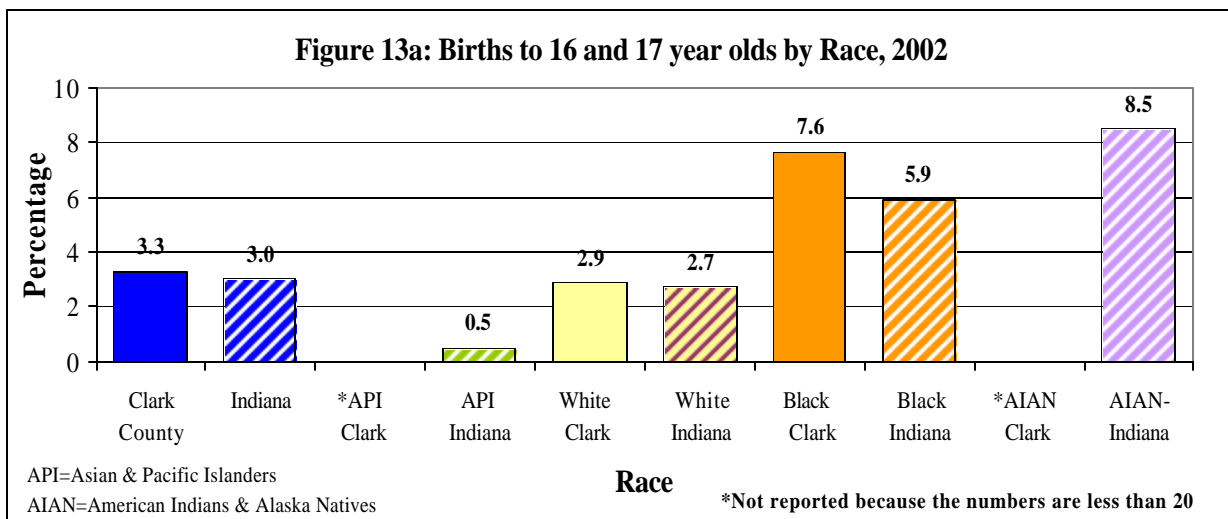
*Births to Single Mothers by Ethnicity (Figure 12b):*

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



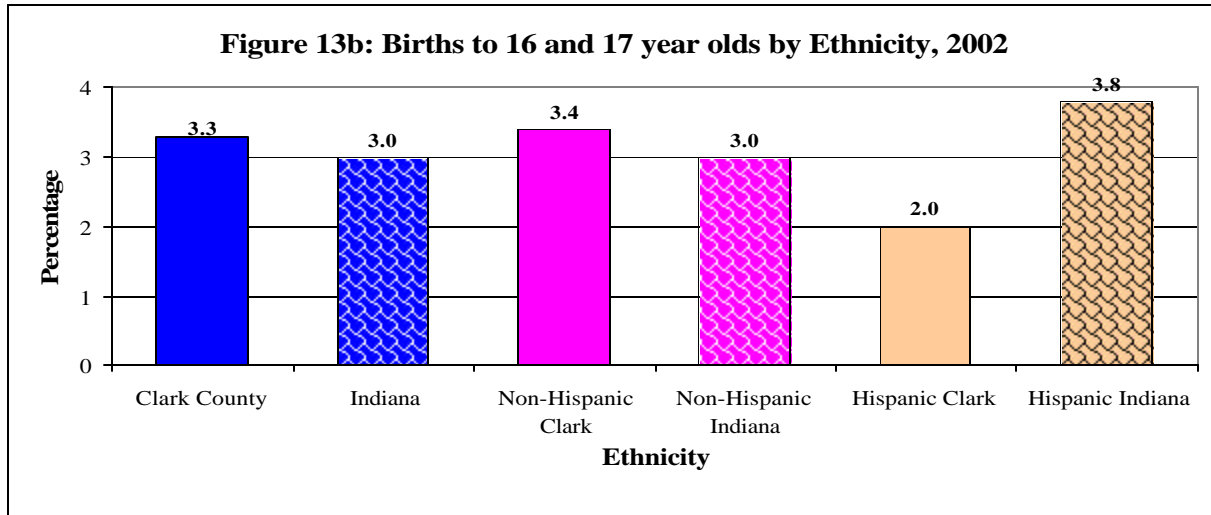
*Births to 16 and 17 Year olds by Race (Figure 13a):*

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



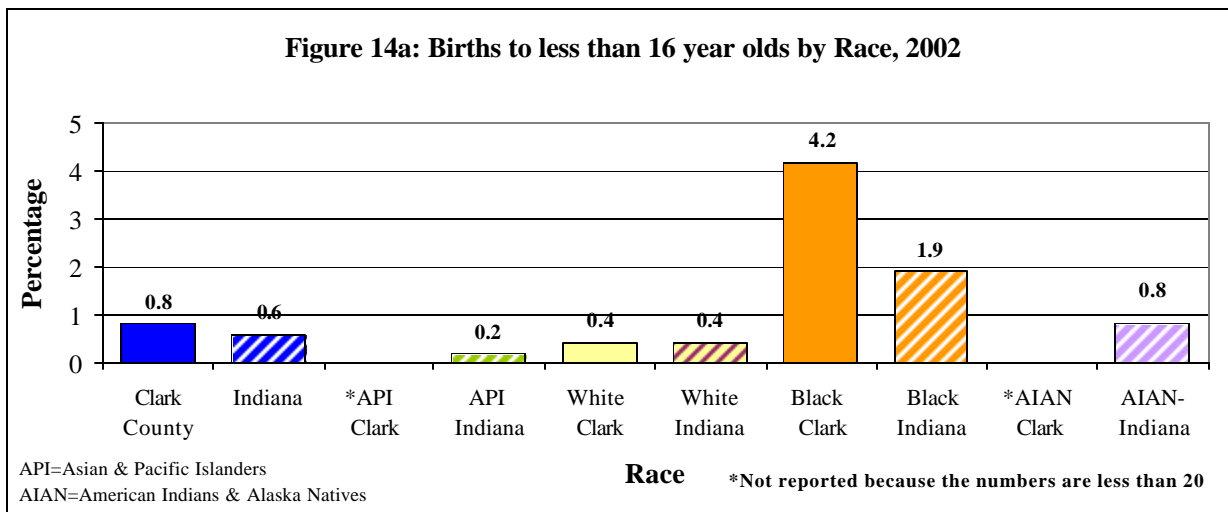
*Births to 16 and 17 Year olds by Ethnicity (Figure 13b):*

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



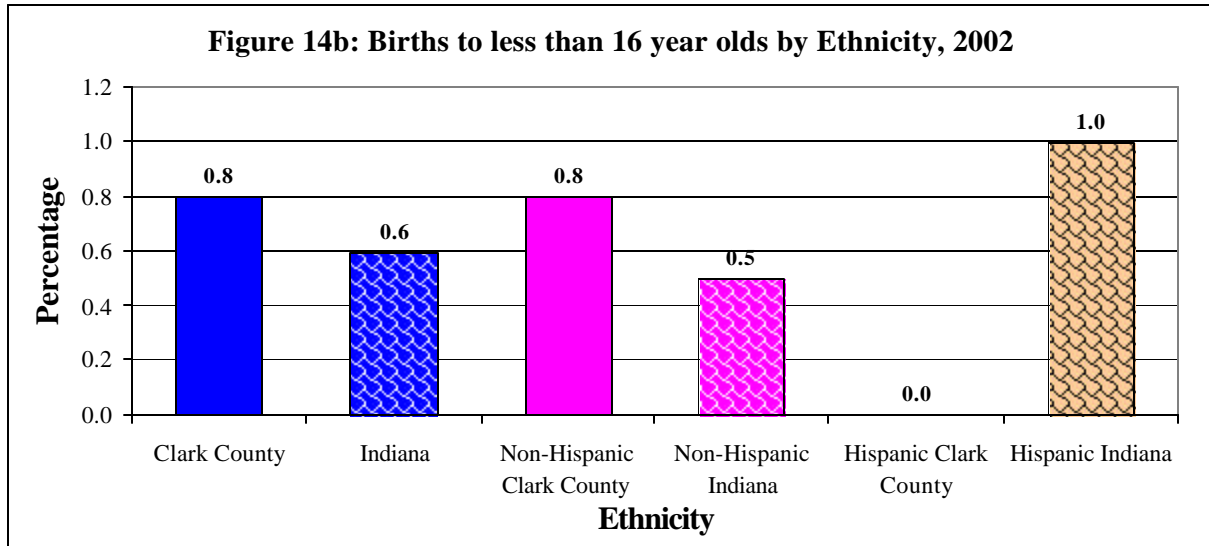
*Births to Less than 16 Year olds by Race (Figure 14a):*

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



*Births to Less than 16 Year olds by Ethnicity (Figure 14b):*

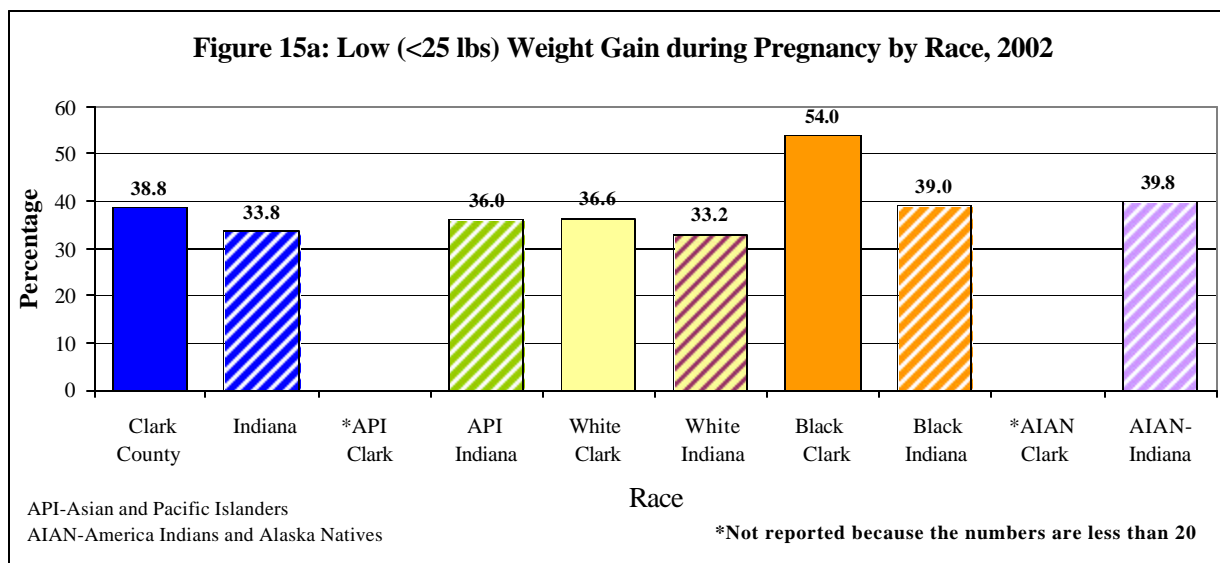
- The percentage of births to less than 16 year olds for Hispanics in Clark County was similar to the percentage for Non-Hispanic births in Clark County.
- The percentage of births to less than 16 year olds for Hispanics in Clark County was lower than the percentage for all Hispanic births in Indiana.



**Weight Gain During Pregnancy:**

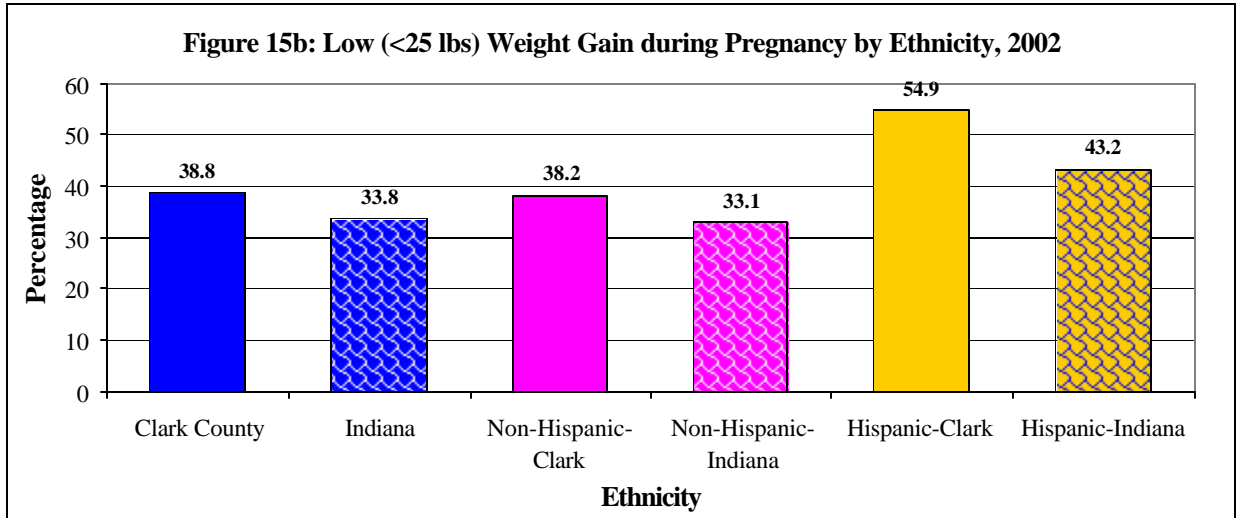
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):*

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



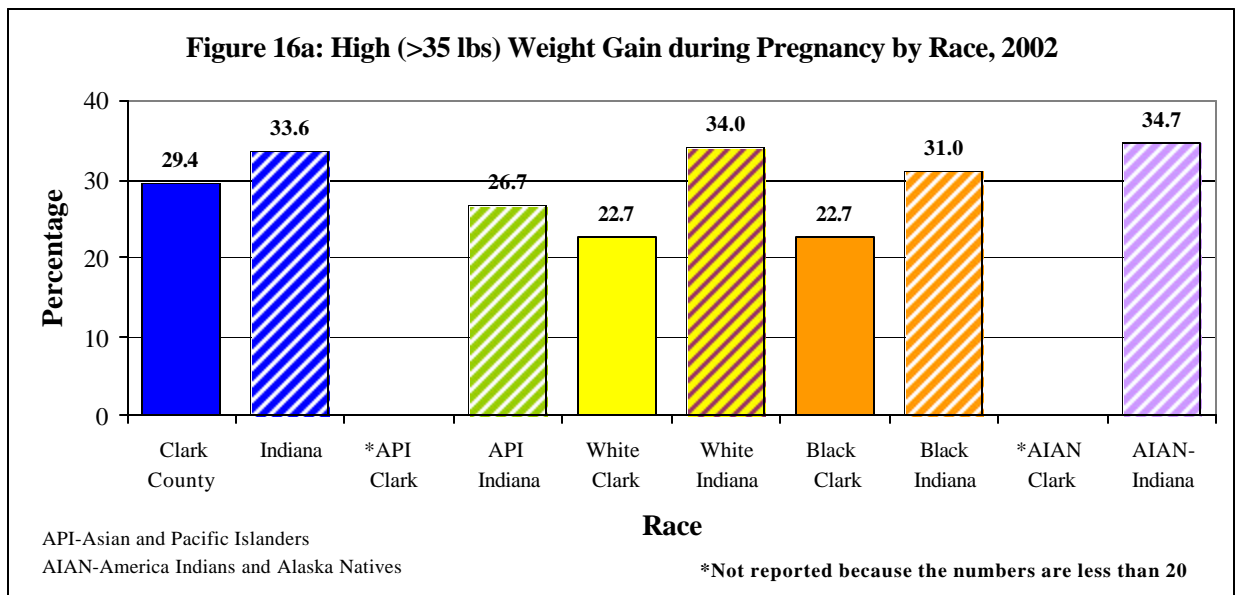
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):*

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



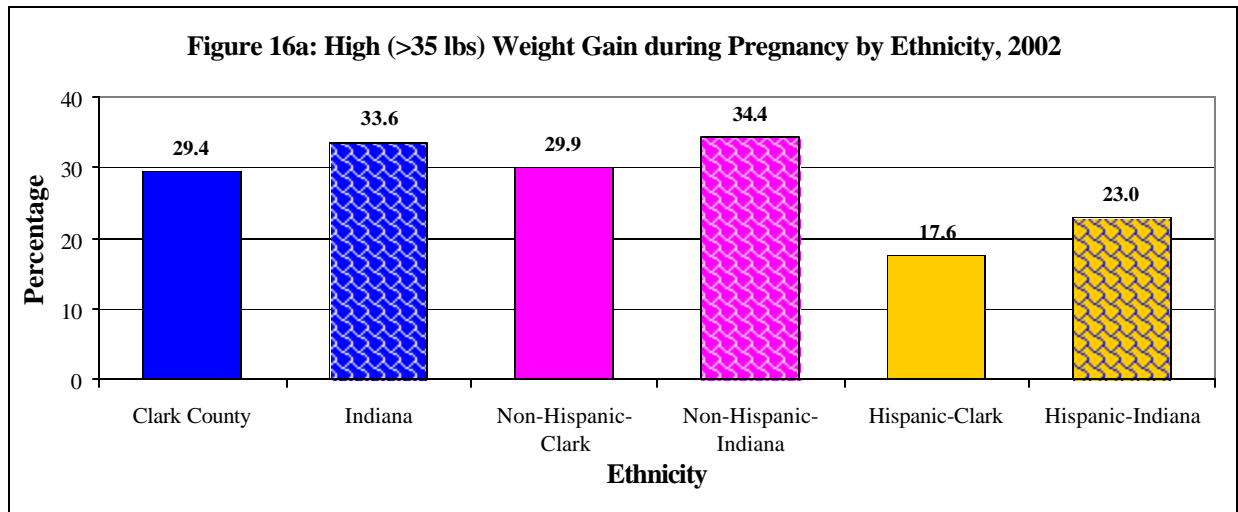
*High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):*

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



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

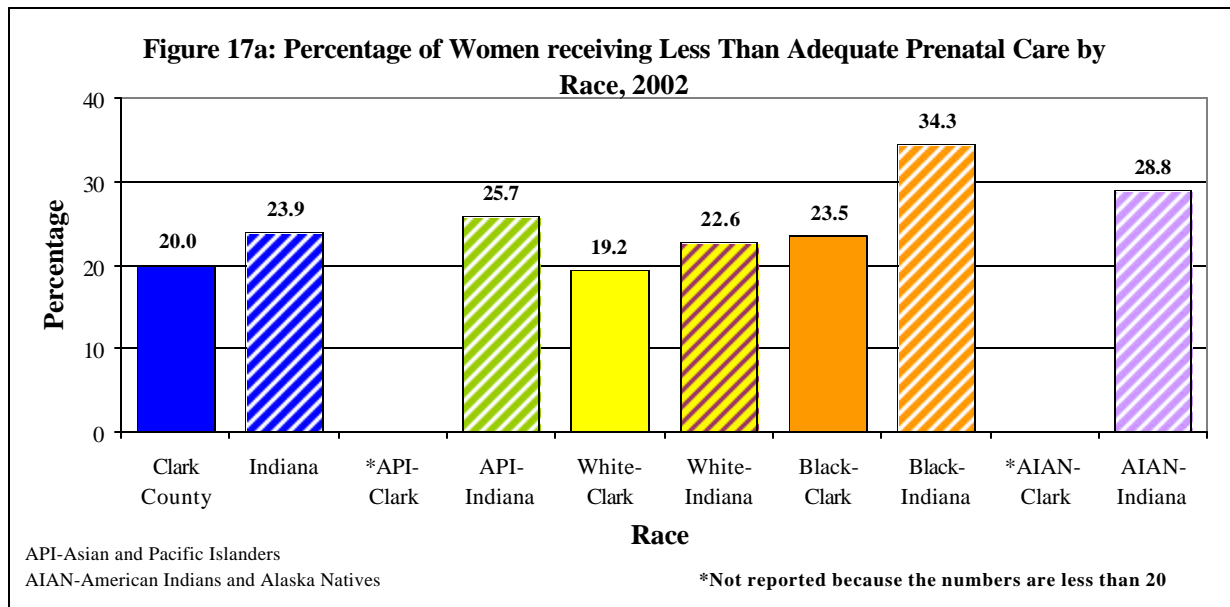
- The percentage of HWG during pregnancy for Hispanics in Clark County was lower than the percentage for Non-Hispanic births in Clark County.
- The percentage of HWG during pregnancy for Hispanics in Clark County was lower than the percentage for all Hispanic births in Indiana.



**Prenatal Care:**

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

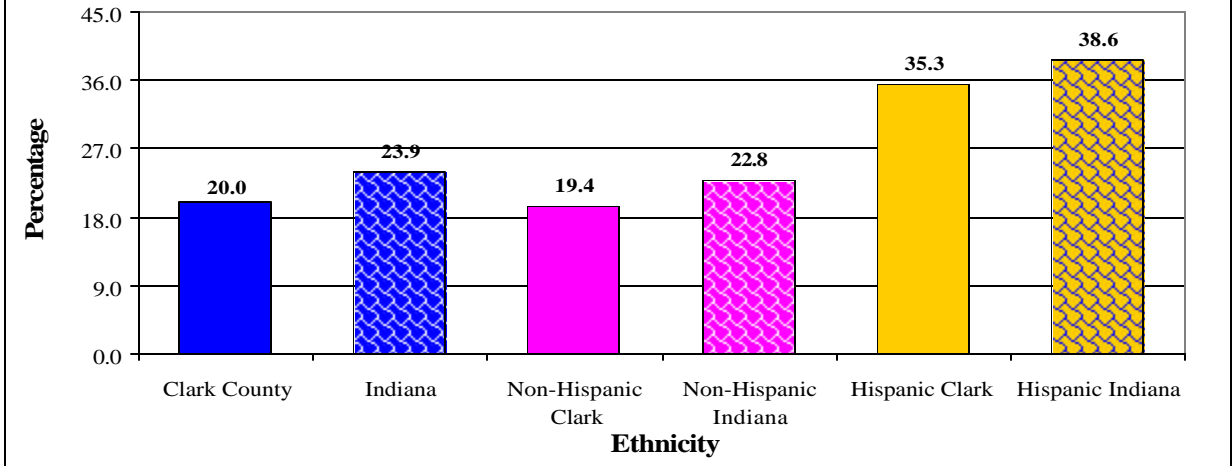
- The percentage of Women receiving less than adequate prenatal care for APIs and AIANs in Clark County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Clark County was higher than the percentage for all births in Clark County.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Clark 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 Clark County was higher than the percentage for Non-Hispanic births in Clark County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Clark County was lower than the percentage for all Hispanic births in Indiana.

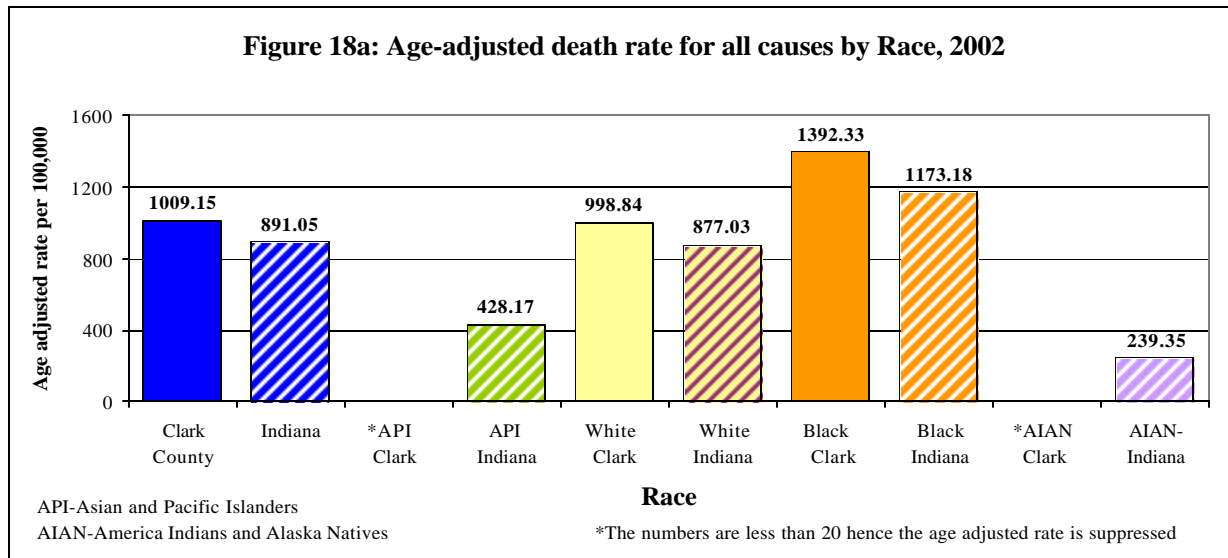
**Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002**



**Leading Causes of Death:**

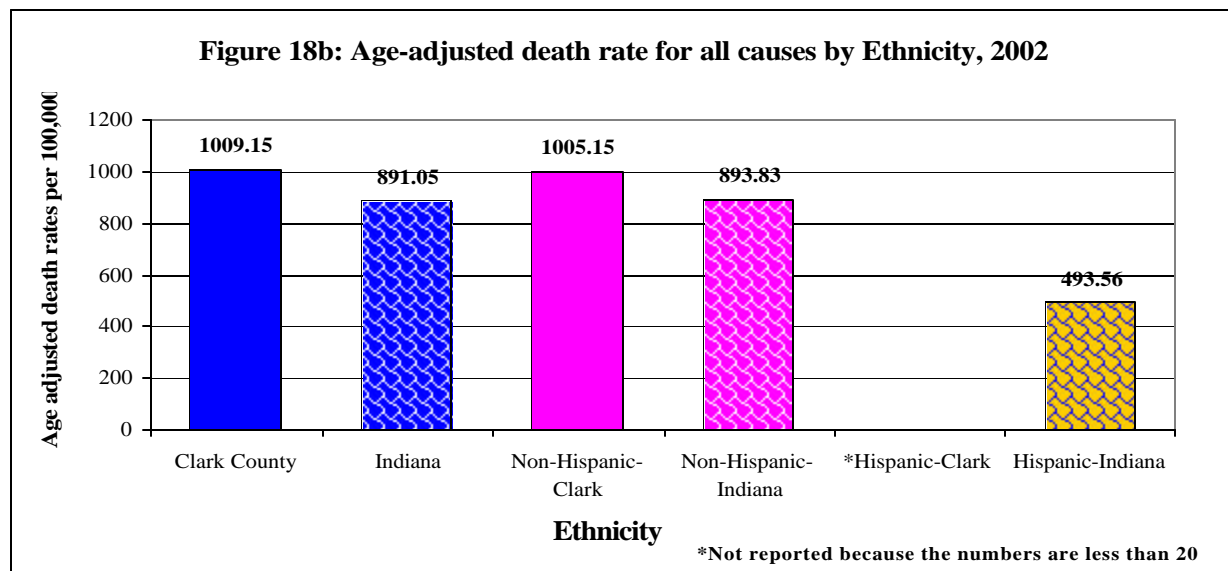
*Age-adjusted Death Rate for All Causes by Race (Figure 18a):*

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



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

- Death by cause for APIs and AIANs could not be compared due to the small number of deaths.
- Diseases of the heart are the leading cause of death for Blacks in Clark County and in Clark County (all races).

<b>Figure 19a: Five Leading Causes of Death by Race</b>						
<b>Clark County</b>						
<b>Leading Cause of Death by Race, 2003</b>	<b>Indiana State N=55,123</b>	<b>ALL Races N=1,004</b>	<b>Asian and Pacific Islanders N=1</b>	<b>White N=935</b>	<b>Black N=66</b>	<b>American Indians and Alaska Natives N=1</b>
<b>#1</b>	Diseases of the Heart N=15,180	Diseases of the Heart N=285	N/A	Diseases of the Heart N=266	Diseases of the Heart N=19	N/A
<b>#2</b>	Malignant Neoplasms N=12,771	Malignant Neoplasms N=245	N/A	Malignant Neoplasms N=229	Malignant Neoplasms N=16	N/A
<b>#3</b>	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=73	N/A	Cerebrovascular Diseases N=67	Cerebrovascular Diseases N=6	N/A
<b>#4</b>	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=55	N/A	Chronic Lower respiratory disease N=53	Nephritis, Nephrotic Syndrome & Nephrosis N=5	N/A
<b>#5</b>	Accidents N=2,086	Accidents N=45	N/A	Accidents N=42	Septicemia N=**	N/A

\*\* = 'Number' is suppressed if less than 5

N/A = Not applicable

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

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

- Death by cause could not be compared for Hispanics because of the low number of deaths.

<b>Figure 19b: Five Leading Causes of Death by Ethnicity</b>				
		<b>Clark County</b>		
<b>Leading Cause of Death by Ethnicity, 2003</b>	<b>Indiana State (All Causes) N=55,123</b>	<b>ALL Ethnic Groups N= 1,004</b>	<b>Non-Hispanic N= 993</b>	<b>Hispanic N=6</b>
<b>#1</b>	Diseases of the Heart N=15,180	Diseases of the Heart N=285	Diseases of the Heart N=283	Diseases of the Heart N=**
<b>#2</b>	Malignant Neoplasms N=12,771	Malignant Neoplasms N=245	Malignant Neoplasms N=245	Intentional Self-Harm (suicide) N=**
<b>#3</b>	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=73	Cerebrovascular Diseases N=73	N/A
<b>#4</b>	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=55	Chronic Lower respiratory disease N=55	N/A
<b>#5</b>	Accidents N=2,086	Accidents N=45	Accidents N=45	N/A

\*\* = 'Number' is suppressed if less than 5

N/A = Not applicable

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

## **Overview of Clark County Targeted Survey Responses**

### ***Worst neighborhood health problems (Table 1)***

- Blacks ranked high blood pressure and strokes as the worst health problems in their neighborhood, followed by cancer, diabetes, heart disease, diet problems, substance abuse, social issues, respiratory conditions, mental illness, arthritis, the lack or inadequate health and dental care or insurance, infectious diseases, and environmental issues.

### ***Household arrangement (Table 2)***

- Nearly fifty-eight percent of Black respondents (57.7 percent) lived in single adult households; nearly eight percent lived in two adult homes (7.7 percent); and the remainder reported three or more adults in the home. Sixty-one percent reported the presence of one or more children in the household.

### ***Gender and age (Table 2)***

- The Black respondents consisted of 56 (60.2 percent) females and 37 (39.8 percent) males. Thirty-two percent of the respondents were younger than 35 years of age, while nearly twenty-two percent were 55 year or older.

### ***Education (Table 2)***

- Thirty-one percent of the Black respondents graduated from high school, forty-nine percent had some college or trade school experience, and seventeen percent had college degrees.

### ***Health status perceptions (Table 3)***

- Approximately thirty-five percent of the Black respondents rated their health as excellent or very good, and an additional forty-five percent described their health as good. Nearly twenty percent described their health as either fair (17.4 percent), or poor (2.2 percent).

### ***Satisfaction with life (Table 3)***

- More than seventy-four percent of the Black respondents (73.4 percent) rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (23.3 percent) or dissatisfied (3.3 percent).

#### ***Source of health information (Table 4)***

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (89.1 percent), followed by television or radio (38.0 percent). Thirty-six percent identified family members, magazines or newspapers (34.8 percent), the Internet (25.0 percent), and other sources (13.0 percent).

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

- Nearly thirty-four percent of the Black respondents (33.7 percent) reported no visits to the dentist in the last twelve months. Approximately forty-nine percent reported visiting the dentist one to two times in the last year, and seventeen percent reported three or more visits this past year. More than sixty-eight percent of the respondents (68.1 percent) reported having access to a dentist for dental care.

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

- Sixteen percent of the Black respondents (16.1 percent) reported no visits to the doctor or nurse in the last 12 months. Thirty-two percent reported visiting the doctor or nurse one to two times in the last year, and nearly fifty-two percent reported three or more visits this past year. The majority of respondents (74.2 percent) 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 (25.8 percent), the choice for service if needed was a doctor's office (30.4 percent), hospital emergency room (30.4 percent), urgent care center (21.7 percent), community clinic (8.7 percent), self-care (4.4 percent), and other facility (4.4 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 (86.5 percent) followed by community clinic (9.0 percent), other facility (3.0 percent), and hospital emergency room (1.5 percent).

#### ***Actual utilization patterns (Table 4)***

- On reporting actual utilization of health care services during the past 12 months, eleven percent of the Black respondents reported hospitalization, thirty-two percent reported use of a hospital emergency room, and nearly ten percent used the services of an urgent care center.

#### ***General assessment of medical care (Table 5)***

- Approximately thirty-five percent of Black respondents rated services as either superior (10.1 percent), or above average (24.7 percent). More than fifty-eight percent described the services they received as average. Nearly seven percent rated services as either below average (5.6 percent) or terrible (1.1 percent).

#### ***Personal barriers to health care utilization (Table 5)***

- Fourteen percent of Black respondents (14.0 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 insurance, lack of money, medical care not covered by insurance, waiting too long for an appointment, and waiting too long in doctor's or clinic office.

#### ***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, lack of transportation, and doctor would not accept new patients.

#### ***Cigarette smoking (Table 6)***

- Nearly thirty-four percent of the Black respondents reported having smoked at least 100 cigarettes in their life; of which, thirty-two percent reported smoking everyday, approximately twenty-six percent some days, and forty-two percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack per day (58.8 percent) to more than two packs per day (5.9 percent). More than nineteen percent of all survey respondents (19.4 percent) indicated they were current smokers.

### ***Physical activity (Table 6)***

- Nearly sixty-six percent of the Black respondents (65.5 percent) reported exercising one or more times per week. Nine percent of the respondents (9.2 percent) indicated they never exercise.

### ***Healthy diet (Table 6)***

- Nearly thirty-nine percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (10.2 percent), or most of the time (28.4 percent). Seventeen percent of the respondents (17.1 percent) indicated they do not follow healthy diet recommendations.

### ***Disease conditions reported (Table 6)***

- More than forty-four percent of the Black respondents, (44.4 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (17.8 percent), asthma (10.6 percent), heart disease (10.4 percent), and other lung disease (4.8 percent).

### ***Adults requiring assistance (Table 7)***

- Nearly six percent of the Black respondents (5.5 percent) reported having an adult member of their household who requires assistance, but these respondents (100.0 percent) do not pay for this assistance.

### ***Medical insurance coverage (Table 8)***

- Only forty-one percent of the Black respondents (40.9 percent) provided a reply to the question of whether they have medical insurance. Of those who responded, nearly ninety percent indicated they do have some type of medical insurance coverage. More than half of the respondents (58.8 percent) reported coverage through their employer, followed by Medicare (10.5 percent), Medicaid (7.9 percent), coverage by spouse or parent's insurance (7.9 percent), and privately purchased plan (2.6 percent).

### ***Dental insurance coverage (Table 8)***

- More than two thirds of the Black respondents (70.8 percent) reported having dental insurance coverage.

*Monthly prescription drug expenses (Table 8)*

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

## Clark County Needs Assessment Survey 2004

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

	Racial Minorities Black	
	Number	Percent
<b>Neighborhood Health Problems (respondents could list as many as five)</b>		
High blood pressure & Strokes	50	53.8%
Cancer	43	46.2%
Diabetes	42	45.2%
Heart disease	34	36.6%
Diet problems (obesity, poor nutrition)	21	22.6%
Substance abuse (alcohol, drugs, smoking)	18	19.4%
AIDS/HIV	15	16.1%
Social issues (unprotected sex, lack of housing, lack of finances, poverty, etc)	12	12.9%
Respiratory conditions(asthma, allergies, bronchitis, lung disease)	10	10.8%
Mental illness	8	8.6%
Arthritis	8	8.6%
Lack or Inadequate Health/Dental care and insurance	7	7.5%
Infectious diseases	5	5.4%
Environmental issues	5	5.4%

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>2a. How many adults in live in your household?</b>		
1	30	57.7%
2	4	7.7%
3	13	25.0%
4	5	9.6%
5	0	0.0%
6 or more	0	0.0%
<b>2b. How many children live in your household?</b>		
0	27	39.1%
1	16	23.2%
2	18	26.1%
3	5	7.2%
4	2	2.9%
5 or more	1	1.5%
<b>3. What is your gender?</b>		
Male	37	39.8%
Female	56	60.2%
<b>4. What is your age?</b>		
Less than 18 years	4	4.4%
18 – 24	8	8.8%
25 – 34	17	18.7%
35 – 44	16	17.6%
45 – 54	26	28.6%
55 – 64	17	18.6%
65+	3	3.3%
<b>7. How much education have you had?</b>		
Less than high school	2	2.2%
High school or equivalent	29	31.2%
Some college or trade school	46	49.4%
College graduate or more education	16	17.2%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>8. Would you say that in general your health is?</b>		
Excellent	14	15.2%
Very Good	18	19.6%
Good	42	45.6%
Fair	16	17.4%
Poor	2	2.2%
Very Poor	0	0.0%
<b>9. Right now, how do you feel about your life as a whole?</b>		
Very Satisfied	22	24.5%
Satisfied	44	48.9%
Sometimes satisfied, sometimes dissatisfied	21	23.3%
Dissatisfied	3	3.3%
Very Dissatisfied	0	0.0%

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

	Racial Minorities Black Number	Percent
<b>10. Where do you go to get information about health? (respondents were asked to check all that apply)</b>		
Doctor, nurse or clinic	82	89.1%
The Internet	23	25.0%
Magazines or newspapers	32	34.8%
Television or radio	35	38.0%
Family members	33	35.9%
Other	12	13.0%
<b>11. In the last 12 months, how many separate visits have you made to the dentist?</b>		
None	31	33.7%
1 or 2	45	48.9%
3 to 5	13	14.1%
More than 6	3	3.3%
<b>12. Do you have a dentist who you almost always go to for dental care?</b>		
Yes	62	68.1%
No	29	31.9%
<b>13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?</b>		
None	15	16.1%
1 or 2	30	32.3%
3 to 5	35	37.6%
6 or more	13	14.0%
<b>14. Do you have a doctor or a nurse who you almost always go to for health care?</b>		
Yes	69	74.2%
No	24	25.8%
<b>15. If No, where would you go to get care if you were to get sick?</b>		
Doctor's office	7	30.4%
Community clinic	2	8.7%
Hospital emergency room	7	30.4%
Urgent care center	5	21.7%
Self care	1	4.4%
Other	1	4.4%

<b>16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?</b>		
Private doctor's office	58	86.5%
Community clinic	6	9.0%
Hospital emergency room	1	1.5%
Urgent care center	0	0.0%
Other	2	3.0%
<b>17. Were you hospitalized during the past 12 months?</b>		
Yes	10	10.9%
No	82	89.1%
<b>18. Did you use the services of a hospital emergency room during the past 12 months?</b>		
Yes	30	32.3%
No	63	67.7%
<b>19. Did you use the services of a neighborhood urgent care center during the 12 months?</b>		
Yes	9	9.7%
No	84	90.3%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>20. How good do you think the health care services that you and members of your household have received in this community?</b>		
Superior	9	10.1%
Above average	22	24.7%
Average	52	58.4%
Below average	5	5.6%
Terrible	1	1.1%
<b>21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?</b>		
Yes	13	14.0%
No	80	86.0%
<b>22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)</b>		
No doctor in area	0	0.0%
Lack of money	6	46.2%
No insurance	8	61.5%
Insurance did not cover the medical care	5	38.5%
No transportation available	1	7.7%
Had to wait too long for an appointment	5	38.5%
Doctor wouldn't take new patients	0	0.0%
Doctor or clinic wouldn't take Medicare	0	0.0%
Doctor or clinic wouldn't take Medicaid	0	0.0%
Doctor you need to see for your insurance is out of your area	0	0.0%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	3	23.1%
Was not treated with respect	0	0.0%
The doctor or nurse wouldn't listen	0	0.0%
Felt uncomfortable asking the doctor or nurse questions	1	7.7%
Didn't feel the medical care was the best	1	7.7%
Couldn't get off work	0	0.0%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%
No child care available	0	0.0%

Not having a Social Security Number was a problem	0	0.0%
Not having permanent address was a problem	0	0.0%
Other	0	0.0%

**23. In your community, what do you think are the biggest problems that keep other people from getting health care?**

No doctor in area	3	3.2%
Lack of money	74	79.6%
No insurance	75	80.6%
Insurance did not cover the medical care	43	46.2%
No transportation available	30	32.3%
Had to wait too long for an appointment	23	24.7%
Doctor wouldn't take new patients	25	26.9%
Doctor or clinic wouldn't take Medicare	17	18.3%
Doctor or clinic wouldn't take Medicaid	23	24.7%
Doctor you need to see for your insurance is out of your area	8	8.6%
Language barriers	7	7.5%
Cultural barriers	8	8.6%
Had to wait too long in doctor's or clinic office	23	24.7%
Was not treated with respect	14	15.1%
The doctor or nurse wouldn't listen	9	9.7%
Felt uncomfortable asking the doctor or nurse questions	16	17.2%
Didn't feel the medical care was the best	16	17.2%
Couldn't get off work	15	16.1%
Clinic or doctor's office staff was rude and not very helpful	13	14.0%
No child care available	7	7.5%
Not having a Social Security Number was a problem	2	2.2%
Not having a permanent address was a problem	3	3.2%
Other	3	3.2%

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

	<b>Racial Minorities Black Number</b>	<b>Percent</b>
<b>24. Have you smoked at least 100 cigarettes in your life?</b>		
Yes	31	33.7%
No	59	64.1%
Don't know / Not sure	2	2.2%
<b>25. If yes, do you now smoke cigarettes every day, some days or not at all?</b>		
Everyday	10	32.3%
Some days	8	25.8%
Not at all	13	41.9%
<b>26. If you smoke some days or everyday, how much do you usually smoke per day?</b>		
Less than 1/2 pack per day	10	58.8%
1/2 to 1 pack per day	6	35.3%
About 2 packs per day	1	5.9%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
<b>27. How often do you exercise or participate in vigorous physical activity?</b>		
One or more times each week	57	65.5%
Less than one time per week	22	25.3%
Not at all	8	9.2%
<b>28. How often do you generally follow recommendations for a healthy diet?</b>		
All the time or almost all of the time	9	10.2%
Most of the time	25	28.4%
Some of the time	39	44.3%
Not very often or not at all	15	17.1%
<b>29. Have you ever been told by a doctor or nurse that you have any of the following?</b>		
High blood pressure ('yes')	39	44.4%
Heart disease ('yes')	7	10.4%
Diabetes ('yes')	13	17.8%
Asthma ('yes')	7	10.6%
Other lung disease ('yes')	3	4.8%

**Table 7: Disabilities as Reported by the Clark County Survey Respondents**

	<b>Racial Minorities Black Number</b>	<b>Percent</b>
<b>30. Are there any adult members (18 or older) of your household that need assistance in daily activities?</b>		
Yes	5	5.5%
No	86	94.5%
<b>31. Do you pay anyone to give this assistance?</b>		
Yes	0	0.0%
No	4	100.0%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>32. Do you have any medical insurance coverage if any health problems arise?</b>		
Yes	34	89.5%
No	4	10.5%
<b>33. If yes, what kind do you have? (respondents were asked to check all that apply)</b>		
Provided by employer	20	58.8%
Privately purchased plan	1	2.6%
Covered under spouse or parent's insurance	3	7.9%
Medicare	4	10.5%
Medicaid	3	7.9%
Long term care insurance	0	0.0%
Other	0	0.0%
<b>34. Do you have dental insurance coverage if any problems arise?</b>		
Yes	63	70.8%
No	26	29.2%
<b>35. How much do you pay for prescription drugs in a typical month?</b>		
Nothing / Does not apply to me	23	25.8%
Less than \$10 per month	11	12.4%
\$10 to \$24 per month	15	16.9%
\$25 to \$49 per month	13	14.6%
\$50 to \$74 per month	13	14.6%
\$75 to \$99 per month	1	1.1%
\$100 to \$199 per month	4	4.5%
\$200 or more per month	1	1.1%
Don't know	8	9.0%

## Overview of Clark County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Clark County residents: **cancer and diabetes**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve personal health behavior**
- **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 Clark County.

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

- **cultural** (unfriendly providers, 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);
- **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 cheaper health plans, lack of transportation); and,
- **system problems** (lack of availability of providers in the community, limited clinic hours, shortage of staff,).

Suggestions for improving access to health care for African- Americans in Clark County included:

- **educating the community** about ways to improve their health status (i.e., more outreach programs etc. 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,

**Key quotes from participants:**

*“If Obesity can be solved, 90% of other problems can be solved.”*

*“I think the key is the discrimination between, sometimes, people that have medical cards and people that have no medical card at all.”*

## Clark County Focus Group Responses

**Question 1: When asked their perception of what the major health problems were in the African American population in Clark County, the consumers and community leaders identified issues in several domains:**

### CONSUMERS

#### *Health Conditions:*

- Cancer
- Diabetes

#### **Quote:**

“...the people that I talk to have either one or both. They have diabetes and they’ve had a bout with cancer.”

### COMMUNITY LEADERS

#### *Health Access Barriers:*

- Communication problems

#### *Health Conditions:*

- Diabetes

#### *Provider Behavior:*

- Not getting screenings on blood pressure

#### *Personal Behavior:*

- Compliance issues with blood pressure

#### **Quote:**

“Childhood obesity for everybody – not just childhood obesity, obesity can be a link between obesity and diabetes. If obesity problem can be solved, 90% of other problems can be solved.”

**Question 2: The consumers and community leaders several suggestions of things that could be done to improve the health status of African Americans in their area:**

### CONSUMERS

#### *Increase Access:*

- Provide better and cheaper health plans.
- Free health programs
- Free medicine
- Insurance
- Transportation to health care providers
- Many people are required to go to Kentucky hospitals which causes transportation problems

***Provider Behavior/System Characteristics:***

- Better access to healthcare professionals. Doctor selection is limited in southern Indiana
- Ambulance service is limited as well
  - Solution: National healthcare plan and
  - More training for doctors

**Quote:**

“...just before they get their degree if they would agree to go to wherever, like Floyd or Clark, in their particular field.” --she was suggesting implementing the program they have at Cook County hospital in Chicago. She said that in order to become a licensed M.D. in Illinois you have to serve 2 or 4 years at the Cook County hospital as an intern.”

**COMMUNITY LEADERS**

***Increase Access:***

- Better accessing of services by the ethnic community

***Improve Communication and Education***

- Nutrition education, health education
- Better communication on the part of the health professional

***Improve Personal Health Behavior:***

- What’s more important? Cable TV vs. Gym membership, food or video games
- Better participation, accessing what is already available

***Provider Behavior/System Characteristics***

- Improved funding for the clinics/programs that already exist.

**Question 3: The focus group participants identified the following as major barriers for African Americans to access healthcare in Clark County:**

**CONSUMERS**

***Health Knowledge and Promotion:***

- Lack of education; for example don’t know signs of stroke

***Economics:***

- Cost of healthcare is high

**COMMUNITY LEADERS**

***Communication***

- Language barriers especially in outlying counties; Harrison and Washington
- Lack of interpreter services
- Miscommunication between doctor and patient

***Cultural Characteristics and Sensitivity:***

- Lack of understanding of cultural differences. For example, some providers prefer to impose their methods on the patients instead of trying to understand

***Health Knowledge and Promotion:***

- Preventative medicine not a high priority
- They don't want help until something goes wrong
- If they perceived there was a need, then they will access the services
- They have to initiate and want it

***Personal/Economics:***

- Lack of employment translates to no healthcare
- Many jobs do not provide healthcare. Jobs are low paying and healthcare is too expensive
- Taking a chance that they won't get sick
- Verifying income instills fear into the participants that they will get caught doing something illegal.
- There are a lot of limitations on how and when low income people can get access to reduced healthcare
- Catch 22 – if you make too much money you can't qualify for low-income healthcare services, and if you don't make enough it is hard to survive
- Transportation is difficult from Floyd County to Clark County
- People don't want to see nurse practitioner

***Provider Behavior/System:***

- Limited clinic hours – for everybody
- Shortage of licensed therapy professionals
- Don't have enough speech therapists; physicians have to meet the demand
- Unlicensed professionals step in situations where the speech therapists are not available.
- Pediatric specialists aren't available in Indiana and doctors in Kentucky don't accept Indiana Medicaid
- No pediatric neurologist will see Indiana Medicaid patients
- Patients have to be taken to Indianapolis for certain medical conditions if they are on Indiana Medicaid
- Distance taken to access care is long: 2.5 hours for uninsured, low income patients
- Funding is limited to pay nurses, physicians etc...

**Question 4: When asked what could be done in Clark County to improve access to healthcare for African Americans, the participant provided the following recommendations:**

**CONSUMERS**

***Communication:***

- Increase awareness of services available to the community.

***Personal/Economic:***

- Improve transportation services so that people do not have to wait so long.

**COMMUNITY LEADERS**

***Communication:***

- Educators who go in the community get better results.
- Address language barrier
- If they know the language it doesn't mean they are equipped for medical terminology

***Education:***

- More outreach organizations – screenings in the community
- Educating young black women is important

***System/Provider***

- Ask hospitals to train people and send them to areas that need them

***Cultural:***

- Address cultural barriers

**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 and community leaders groups was a unanimous, "Yes."**

**CONSUMERS**

Yes, especially in the rural communities

***Availability/Supply***

- Doctors aren't willing to go to the rural areas

**COMMUNITY LEADERS**

***No, Not needed:***

- Clark County
  - Doesn't need more sites just longer hours
  - Funding is right for the hours that we are open.

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

**CONSUMERS**

***Cultural/Economic/Demographic:***

- Discrimination between those who have medical cards and those who don't

### ***Provider/System***

- The doctors are doing the best they can under the circumstances
- Primary care doctor refused to see a patient if she didn't go to another doctor for her diabetes and this caused unnecessary medical costs and worsened condition

### **Quote:**

“I think the key is the discrimination between, sometimes, between paying people that have medical cards and people that have no medical card at all.”

## **COMMUNITY LEADERS**

### ***Cultural/Economic/Demographic:***

- People don't follow up if they have to pay a fee of \$50-150 for the visit
- Human nature to want to blame someone else instead of themselves
- Patients do not want to admit they are to blame because they didn't follow prescriptions/advice

### ***Provider/System***

- Physicians turn away patients if they don't speak English
- In Clark County, only one physician (OB/GYN) is willing to work with Hispanic population.
- Quality care differs between clinic patients and those who are not clinic patients:
  - At clinics they have immediate access to the healthcare and medicine regardless of income level and insurance coverage
  - Clinic pays for specialist services or gets the hospital to write them off
  - The clinic completes prescriptions and care the doctor prescribes
  - However, there aren't enough resources
- Follow-up care is limited
- Case managers perform the follow-up care in Clark County ER
- Lack of funds to increase working hours.
- Doctors have a major problem with non-compliant patients who stop taking their medicine.

### ***Education/Promotion***

- Is education/health education going to help?
- Non-compliance is linked to priority issues from the patient's point of view.
- Taking more medication than they think is necessary is a cause for non-compliance

### ***Communication/Language:***

- Lack of interpreters for Hispanic population
- Children acting as interpreters and they do not understand medical terminology and may distort the information being translated.
- Doctors frustrated by patients who do not follow orders

**Quote:**

“..family health centers, any patient, not just minorities other than the language barrier; which does come in to play in Clark County somewhat, but we do have a really good interpreter right down the street from St. Mary’s. There are a couple down there that will come in to see our patients because of the collaboration with the hospitals and the physicians in the community have with the family health centers they get the labs, the diagnostics, the physical therapy or whatever they need faster than have health insurance get it. Because we don’t have to pre-qualify we don’t have to get second opinions if the doctor or nurse practitioner says they need help they get it. They don’t have to worry about their co-pay if they don’t have the money to make their office visit, most of the time it is \$5, it’s waived; we pay that, well we don’t pay it we just don’t collect it. Their medications are all subsidized so everybody gets their medicine whether they can afford it or not. We do ask that they pay for it if at all possible and we have a second application that they have to bring a little more documentation to actually get free medicine. But that’s so those resources we have are protected....our patients do not get second class medicine...regardless of their race...”

**Question 7: When asked if the focus group participants believed there the quality of the medical care that African Americans receive is about the same as other people receive, the response from both the consumers and community leaders groups was a unanimous, “No.”**

**CONSUMERS**

***Cultural/Economic/Demographic***

- No, felt that her situation could have been racial
- If you have money it can be better for you whether you are black or white
- A well known black may get better treatment than the majority of the black community
- Economics are more of an issue than race

**COMMUNITY LEADERS**

***Cultural/Economic/Demographic***

- Not just a problem with minorities; if you are poor or non-compliant then the doctors don’t want to work as hard with you
- A problem across the board, especially seniors and sometimes it’s because they can’t afford it

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

**CONSUMERS**

***Agencies/Programs***

- Southern Indiana Minority Health Initiative Inc.
- Clark Memorial Hospital

***Communication/Outreach/Education***

- Providing information to the community
- Breast cancer awareness program
- Reaching senior citizens through organized monthly talks on health issues

***Focus on Health Conditions/community needs***

- Heart disease
- Exercise program - yoga

**COMMUNITY LEADERS**

***Agencies/Programs***

- Hispanic Coalition
- Floyd Memorial

***Communication/Outreach/Education***

- Hispanic Health fair
  - A lot of participation
  - Points out how little is being done for minorities
- Conducted Spanish classes with medical terminology to help break language barriers
- Serving a large area
- Increased coverage for infants at birth to 3 year old in minority populations:
  - African American: should be serving 6.5% and actually serving 8.85%
  - Hispanics: should be serving 1.8% and actually serving 2.95%

***Access***

- There are no any income barriers

***Focus on Health conditions***

- Bereavement,
- Arthritis,
- Blood pressure,
- Women's issues

**Quote:**

“YMCA to be built in Clark County near the minority population will that draw them in”

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

**CONSUMERS**

***Provider Behavior/System***

- Doctors don't listen to what you have to say in Southern Indiana
- In some cases doctors are not up to date with current technology; for example, a doctor told the wrong patient he had cancer

***Focus on Health Conditions/community needs***

- Programs not addressing minority health issues.

**COMMUNITY LEADERS**

***Communication/Outreach/Education***

- Misperception of relationship between DFC and healthy families
- Questions asked by healthy families are often offensive to the minority families.
- Family Health Centers not reaching target population
- Not very many minorities involved in sport physicals
- Word about some programs not getting out to the minority community

***Provider Behavior/System***

- In Clark County only one doctor will take Indiana Medicaid
- Patients had major dental problems but there aren't enough providers to stretch over the vast minority population.
- Floyd under-serving black, Hispanic population
- Big disproportion of minorities served.

***Community Characteristics***

- Few minorities participating; unsure of what we can be done to get minorities involved
- People not signing up
- People are not willing to go through the hassle of signing up

**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. Providers/Workforce***

- Develop some type of extending teaching and training for doctors
- Put a doctor on call to provide healthcare to Haven House (homeless center).
- Doctor-patient relationship:
  - a. People are afraid to go to the doctor because they (doctors) need to be more humanistic
  - b. If you go knowing what you want, they will listen
  - c. Insurance dictates what the doctor can do
- Medical malpractice insurance has caused problems for the doctors
- Sending out patients too quickly because insurance will not pay

***2. Programs***

- More community programs

***3. Capital Investment***

- A clinic in the community

**4. Policy/Legislators**

- Consider a National Health plan

**CONSUMERS**

***Recommendations to Institutions:***

**1. Programs**

- Increase information flow to communities and community centers
- Need for a survey of the Hispanic population
- Where do I need to target my marketing to reach minorities? I market to physicians and through Headstart but not a lot of minorities show up even for the free events like YMCA healthy kids day.

**2. Policy/Legislators**

- Make health care more accessible and affordable.

**3. Provider/Workforce**

- Would using minorities as spokesperson make a difference?

## **Key Informant Interview Findings for Clark County**

**Purpose:** Community leaders/providers in Clark 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 Southern the Indiana Minority Health Coalition. Ms. Pamela Clark, the Coalition Coordinator of the Southern Indiana Minority Health Coalition conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. There was a total of six community leader/provider interviews were conducted in Clark County during February and March of 2004. The professions of the community leader/provider included a nutrition manager and a substance abuse coordinator, while the professions of the other interviewees are unknown. The gender of the interviewees was reported for two participants and included one male and one female. The race/ethnicity and age of the participants were not reported.

**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 Clark County, the community leaders identified issues in several domains:**

For all racial and ethnic populations in Clark County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Improve Awareness of Services
4. Personal Economic Barriers (Transportation, Insurance)
5. System Improvement (More Providers/Better Access)
6. Personal Behavior (Change Life Styles)
7. Cultural (Discrimination)

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

For all racial and ethnic populations in Clark County:

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

**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 Clark County, the community leaders identified issues in several domains:**

For all racial and ethnic populations in Clark County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Improve Awareness of Services
4. Personal Economic Barriers (Transportation, Insurance)
5. System Improvement (More Providers/Better Access)
6. Cultural (Discrimination)

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

Key informant 1:

“Yes”

- *“Transportation and cultural sensitivity are lacking. It’s more than just speaking the language.”*

Key informant 2:

“Yes”

- *“Employers need to accept responsibility to offer medical insurance to laborers etc”*

Key informant 3:

“No”

- *“I believe Clark County and Floyd County have two very good hospitals and family health clinics”*

Key informant 4:

“Yes”

- *“Two barriers to receiving quality care are the length of time the client is required to wait to receive services and the lack of transportation”*

Key informant 5:

“Yes”

- *“There is a lack of awareness of the services available, as well as the lack of transportation”*

Key informant 6:

“Yes”

- *“Quality medical care must be available for all families in the cities and in rural areas”*

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

Key informant 1:

*“Not applicable”*

Key informant 2:

- *“Offer services during evening hours”*
- *“Provide medications”*
- *“Offer preventive care and early detection/screening services to the community”*

Key informant 3:

*“Not applicable”*

Key informant 4:

- *“Provide support to the homeless and recovering addicts”*
- *“Programs that give people hope”*
- *“Programs offering a second chance”*

Key informant 5:

- *“Offering health fairs”*
- *“Offering free services and mobile units to reach the community”*
- *“Good advertising – getting the word out about program services”*
- *“Convenient and efficient processes to receive services”*

Key informant 6:

- *“Provides assistance to all family members in a household”*
- *“Opportunities to improve all aspects of health”*

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

Key informant 1:

*“Not applicable”*

Key informant 2:

- *“Lack of involvement of the population to be served in the planning process”*
- *“Lack of grass roots support and organization”*

Key informant 3:

*“Not applicable”*

Key informant 4:

- *“Not including all populations in the community”*
- *“Lack of advocacy”*

Key informant 5:

- *“Lack of adequate advertising of services to the community”*
- *“Lack of clear description of services”*
- *“Lack of clear and focused mission”*

Key informant 6:

No response

**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:

*“Sufficient”*

Key informant 2:

*“Insufficient”*

- *“Need for more providers willing accept Medicaid”*
- *“Need to reform the Medicaid program to make it more acceptable”*

Key informant 3:

*“Insufficient”*

- *“Need more physicians of racial/ethnic minorities similar to the populations served”*
- *“Specifically we need more African American and Hispanic family practice and OB/GYN physicians.”*

Key informant 4:

*“Insufficient”*

- *“Southern Indiana needs another health center/clinic to reduce the period of time required between scheduling the appointment and seeing the provider”*

Key informant 5:

*“Insufficient”*

- *“Need more Free Clinics to see indigent/uninsured patients. Most people without money or insurance go to the emergency room for non-emergent illness, as there is no where else to receive care”*

Key informant 6:

*“Insufficient”*

- *“Need more neighborhood clinics providing care to low-income populations”*

**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:

- *“Rural areas, particularly Charlestown”*

Key informant 2:

*“Not applicable”*

Key informant 3:

- *“Locate near minority neighborhoods to increase utilization of preventive services and disease management for a better quality of life”*

Key informant 4:

*“The east end of Jeffersonville would be an excellent location for a clinic”*

Key informant 5:

- *“Scott County, Washington County, Jefferson County, Jackson County, Crawford County and Harrison County”*
- *“The east end of Jeffersonville”*

Key informant 6:

- *“The east end of Jeffersonville”*

**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 Clark County, the community leaders identified issues in several domains:**

For all racial and ethnic populations in Clark County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. System Improvement (More Providers/Better Access)
5. Provider Behavior
6. Cultural (Discrimination)

**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:

*“Not applicable”*

Key informant 2:

*“Not applicable”*

Key informant 3:  
*“Not applicable”*

Key informant 4:  
*“Not applicable”*

Key informant 5:  
*“Not applicable”*

Key informant 6:  
*“Not applicable”*

**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 Clark County, the community leaders provided the following:**

Key informant 1:  
*“Yes”*

Key informant 2:  
*“Yes”*

Key informant 3:  
*“Yes”*

Key informant 4:  
*“Not applicable”*

Key informant 5:  
*“Yes”*

Key informant 6:  
*“Yes”*

**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:  
*“Not applicable”*

Key informant 2:  
*“Not applicable”*

Key informant 3:  
*“Not applicable”*

Key informant 4:  
*“Not applicable”*

Key informant 5:

- *“Clark Memorial Hospital”*
- *“Floyd Memorial Hospital”*
- *“Family Health Center of Clark County”*
- *“Family Health Center of Floyd County”*
- *“Clark County Health Department”*

Key informant 6:

- *“Health clinics”*

**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:**

- *“Involve the consumer by asking them what services they need”*
- *“Keep up the good work”*
- *“Ask consumers to complete anonymous surveys to determine if their needs are being met. If their needs are not met, ask them to identify the service barriers they have experienced. This communication with consumers is the best way to gauge program effectiveness.”*
- *“Health care organizations need to do follow-up in the community”*

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

Key informant 1:  
*“Not applicable”*

Key informant 2:

- *“The Minority Health Initiative is an important group in our community. I encourage all involved to keep up the good work as there is much to be accomplished.”*

Key informant 3:  
*“Not applicable”*

Key informant 4:

- *“There is much work to be accomplished in Southern Indiana”*

Key informant 5:

*“Not applicable”*

Key informant 6:

*“Not applicable”*

**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 Clark County, the community leaders provided the following:**

Key informant 1:

*“Not applicable”*

Key informant 2:

*“Not applicable”*

Key informant 3:

*“Not applicable”*

Key informant 4:

*“Not applicable”*

Key informant 5:

*“Not applicable”*

Key informant 6:

*“Not applicable”*

# CONCLUSIONS

## Conclusions

This report documents that health disparities exist by race and ethnic group within Clark County. Analyses of existing data for Clark County (birth, morbidity and mortality data) indicate disparities exist by race and ethnic group. In addition, most percentages need to be improved to meet the Healthy People 2010 objectives; the benchmarks provided by the U.S. government.

The Black population in Clark County is disproportionately affected when comparing the health indicators among racial groups. There are many health indicators with room for improvement: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, births to single mothers, births to 16 and 17 year olds, births to less than 16 year olds, and low weight gain during pregnancy. In addition, fewer Black women receive first trimester prenatal care and more Black women receive less than adequate prenatal care. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in Clark County.

The Hispanic population in Clark County was disproportionately affected when comparing the health indicators among ethnic groups. Many health indicators need improvement, as these do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County. The health indicators needing improvement are: low birth weight, preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, births to single mothers and low weight gain during pregnancy. In addition, fewer Hispanic women receive first trimester prenatal care and more Hispanic women receive less than adequate prenatal care.

The age-adjusted death rate for APIs, AIANs and Hispanics in Clark County could not be compared due to the small number of deaths. The Black population has a higher age-adjusted death rate for all causes compared to the rate for all deaths in Clark County and compared to deaths among Blacks in Indiana. Diseases of the heart are the leading cause of death for Blacks in Clark County.

Results from targeted surveys, focus groups and key-informant interviews indicate that Blacks have had difficulty obtaining care from primary care providers, identifying lack of health insurance, lack of money, medical care not covered by insurance, and having to wait too long to schedule an appointment or to wait too long to see the provider in the office or clinic.

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.

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 Clark 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?

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**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 prescription 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)**

10. 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?

11. 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?

12. 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?

13. 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.

14. 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.

15. 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?

16. 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.