

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

by the

Indiana Minority Health Coalition

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EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Elkhart 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 Elkhart 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 Elkhart 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 Elkhart 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 238 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. Some of the results from the surveys highlighted that racial and ethnic minorities perceive diabetes and substance abuse as part of the top five worst health problems in their neighborhood. Blacks specifically noted high blood pressure, stroke, and heart disease as part of the top five worst health problems; whereas, Hispanics mentioned infectious diseases, cancer, and HIV/AIDS. These results indicated that a quarter of Blacks and more than a third (39.3%) of Hispanics 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, lack of transportation, medical care not covered by insurance, and waiting too long for an appointment. For Hispanics, the top five barriers attributed to accessing healthcare included: lack of insurance, lack of money, language barriers, not having a Social Security Number, and lack of transportation.

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 Elkhart County community residents perceive cancer (breast, ovarian and other types), diabetes, heart disease, high blood pressure, HIV/AIDS, and mental health as major health problems. These results also highlighted that the most frequently noted barriers to accessing healthcare

encountered by minority residents in Elkhart 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 Elkhart 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 healthcare access, improve communication between and educate the community and providers, make individuals more aware of available resources, improve the healthcare system, 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 Elkhart 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 Elkhart 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 Elkhart County in collaboration with the Minority Health Coalition of Elkhart County 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 Elkhart 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 Elkhart 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 Elkhart 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 Elkhart 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 Elkhart 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 Elkhart County Minority Health Coalition administered the targeted surveys. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, Laundromats, neighborhood events, senior centers, and retail stores.

Two hundred and thirty-eight targeted surveys were completed and returned to the Indiana Minority Health Coalition. Seventy percent of the respondents (N = 167) reported their race; of which 65.3 percent were Black (N = 109), 13.8 percent were of more than one race (N = 23), 1.8 percent were American Indian/Alaska Native (N = 3), and 1.2 percent were Asian (N = 2). Ninety-eight percent of the participants (N = 234) responded to the question of ethnicity with 41 percent reported to be of Hispanic/Latino ethnicity (N = 96). Approximately ninety-six of the respondents (N = 228) indicated their gender; of which, 67.5 percent were female (N = 154) and 32.5 percent were male (N = 74). Ninety-five percent of the respondents (N = 225) reported their age with thirty-four percent in the 25 to 34 age group (N = 77), 22.6 percent in the 45 to 54 age group (N = 51), and 19.1 percent in the 35 to 44 age group (N = 43). Of the remaining respondents, 16.5 percent reported their age as 24 years or less (N = 37), and 7.6 percent reported their age as 55 years or more (N = 17).

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 Elkhart 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 Elkhart County, 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 Elkhart 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 October 2004, the coordinators of the minority health coalitions in Elkhart County conducted two focus groups, one provider group and one consumer group. The focus groups were held at the minority health coalition office. There were eight providers and six consumers taking part in the focus groups for a total of fourteen. Eleven of the participants were female and three were male. Seventy-nine percent of the focus group participants were Black (N = 11), fourteen percent were Hispanic (N = 2) and seven percent were Caucasian (N = 1). The participants reported their age group, with twenty-nine percent in the 20 to 29 age group (N = 4), twenty-nine percent in the 30 to 39 age group (N = 4), twenty-one percent in the 60 and over age group (N = 3), fourteen percent in the 50 to 59 age group (N = 2), and seven percent in the 40 to 49 age group (N = 1). The profession or type of work performed by the participants included a city council member, health educator, health services representative, public health outreach worker, public housing representative, social worker, and teacher.

During the months of March and April 2004, the coordinator of the Elkhart County Minority Health Coalition conducted four key informant interviews in Elkhart County for the Needs Assessment project. The key informants represented a variety of professions including director of a childcare program, educator, health care professional, and physician. One of the key informant interviewees was male, but information regarding the gender of the remaining key informants was not available. 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 Elkhart County (birth and mortality data) indicated disparities exist by race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. However, no comparisons could be made for American Indian/Alaska Natives (AIAN) in Elkhart County since the number of incidents was lower than 20.

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

The Asian and Pacific Islander (API) population in Elkhart County has a disproportionate percentage of many health indicators. There is room for improvement in low birth weight, very low birth weight, preterm births, pregnancy complications, Cesarean deliveries, first trimester prenatal care, and alcohol use during pregnancy. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in the county.

The Black population in Elkhart County is disproportionately affected when comparing the health indicators among racial groups. Many of these health indicators need improvement because they do not meet the Healthy People 2010 objective and or have higher percentages than all births in Elkhart County. The indicators that need improvement are: low birth weight, very low birth weight, early preterm births, births with pregnancy complications, Cesarean deliveries, congenital anomalies, first trimester prenatal care, smoking and chemical abuse during pregnancy, births to single mothers, births to 16 and 17 year olds, high weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care.

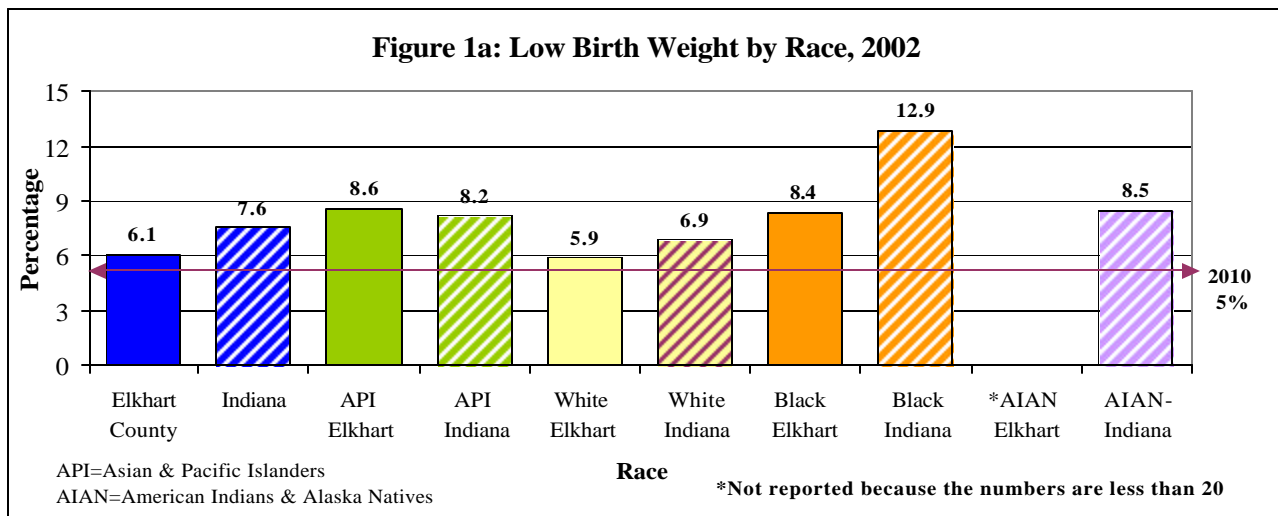
The Hispanic population in Elkhart County is disproportionately affected when comparing the health indicators among ethnic groups. There is room for improvement in low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, births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

The age-adjusted death rate for APIs, AIANs and Hispanics could not be compared due to the small number of deaths in Elkhart County. The age-adjusted death rate for Blacks in Elkhart County was higher than the age-adjusted death rate for all deaths in the County and higher than the age-adjusted death rate for Blacks in Indiana. Heart disease is the leading cause of death for Blacks in Elkhart County.

Birth Data:

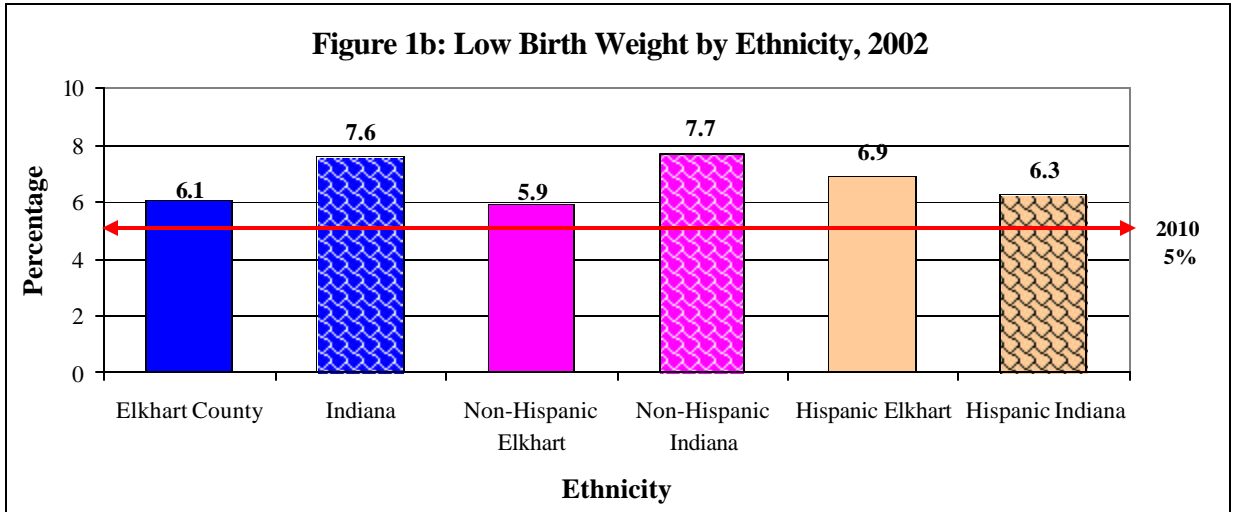
Low Birth Weight (LBW) by Race, 2002 (Figure 1a):

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



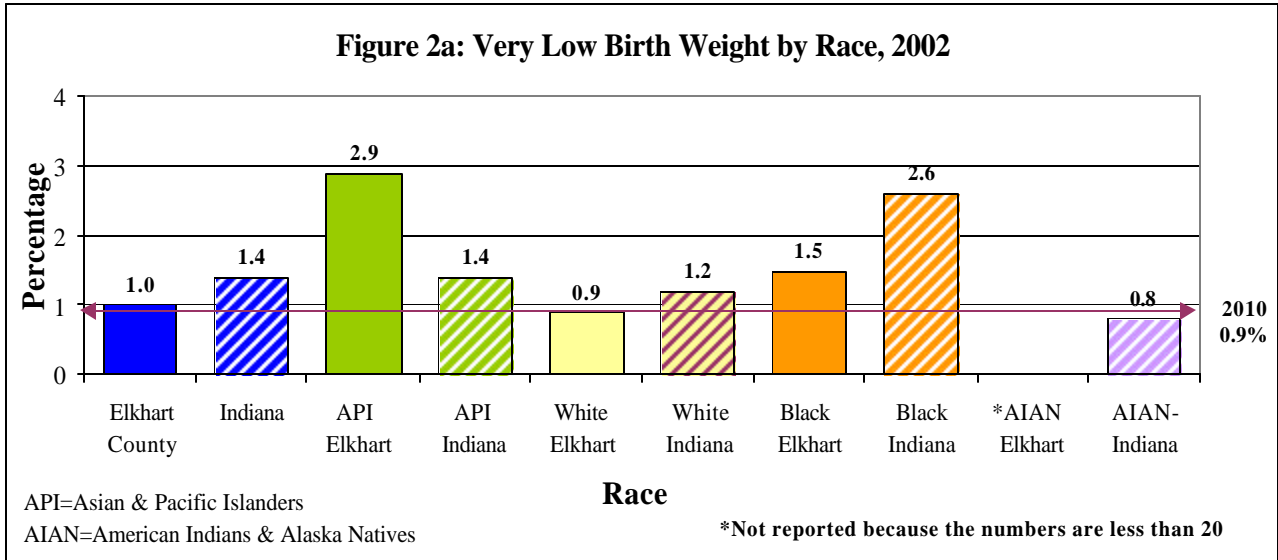
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



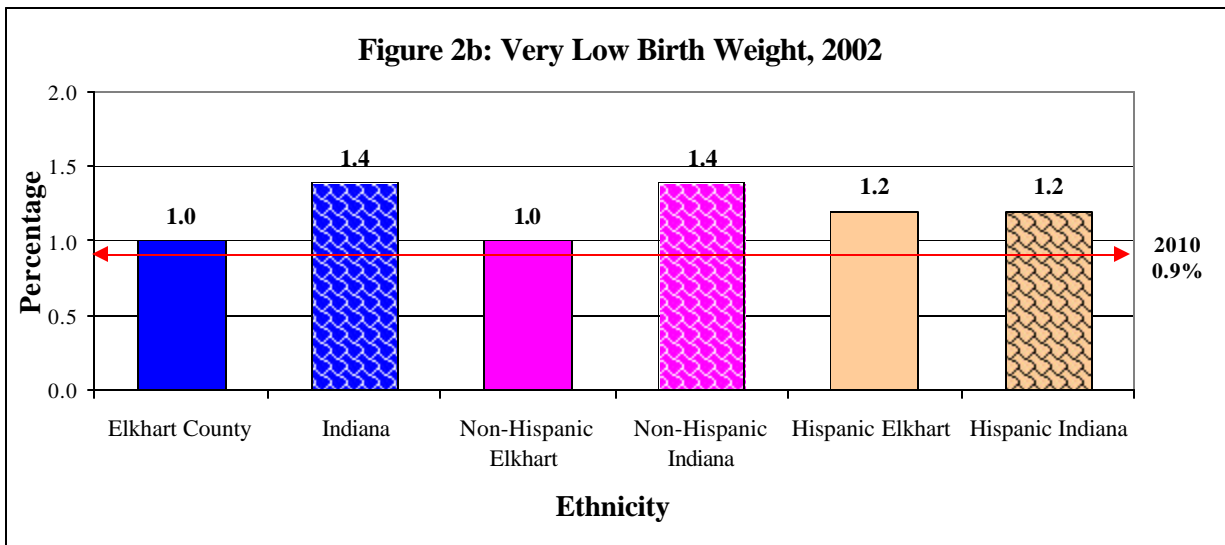
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



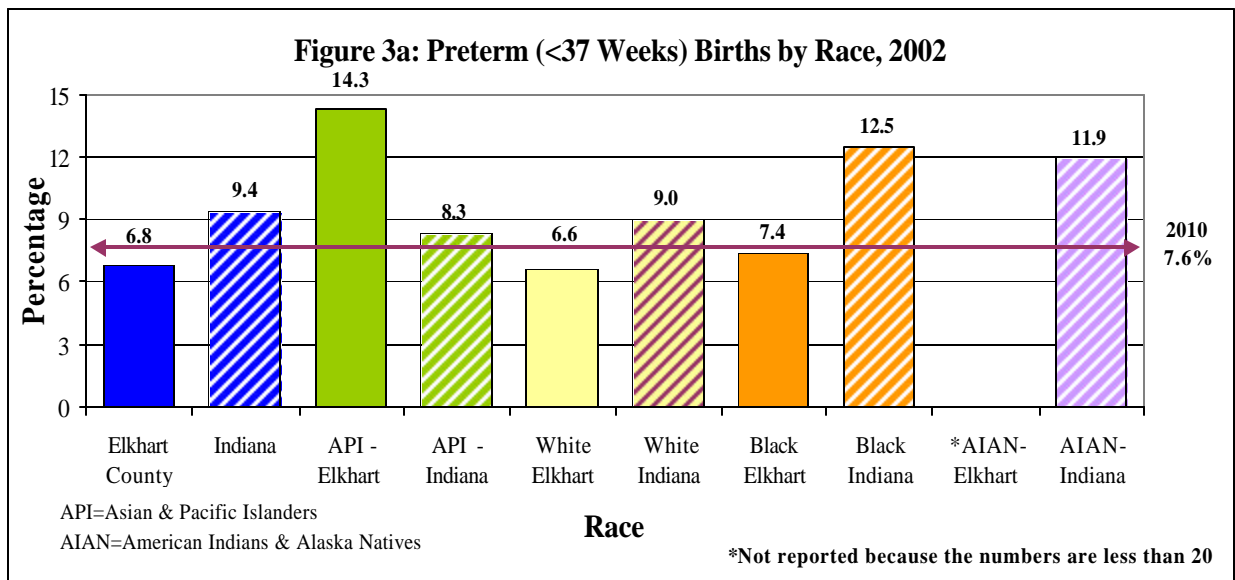
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



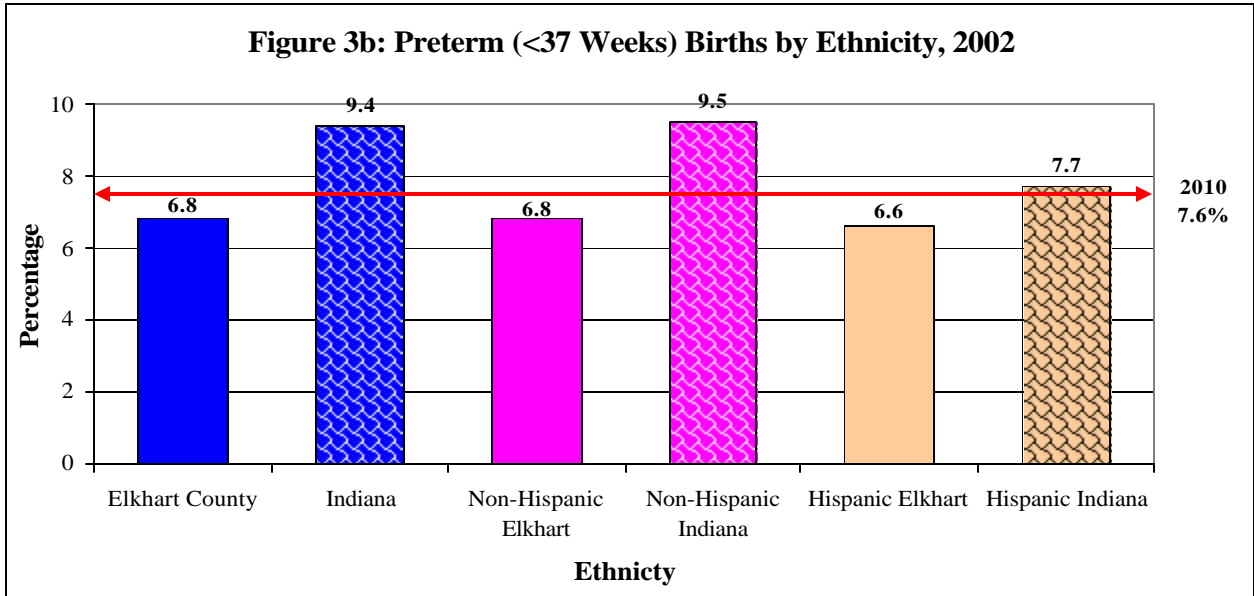
Preterm (<37 weeks) Births by Race (Figure 3a):

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



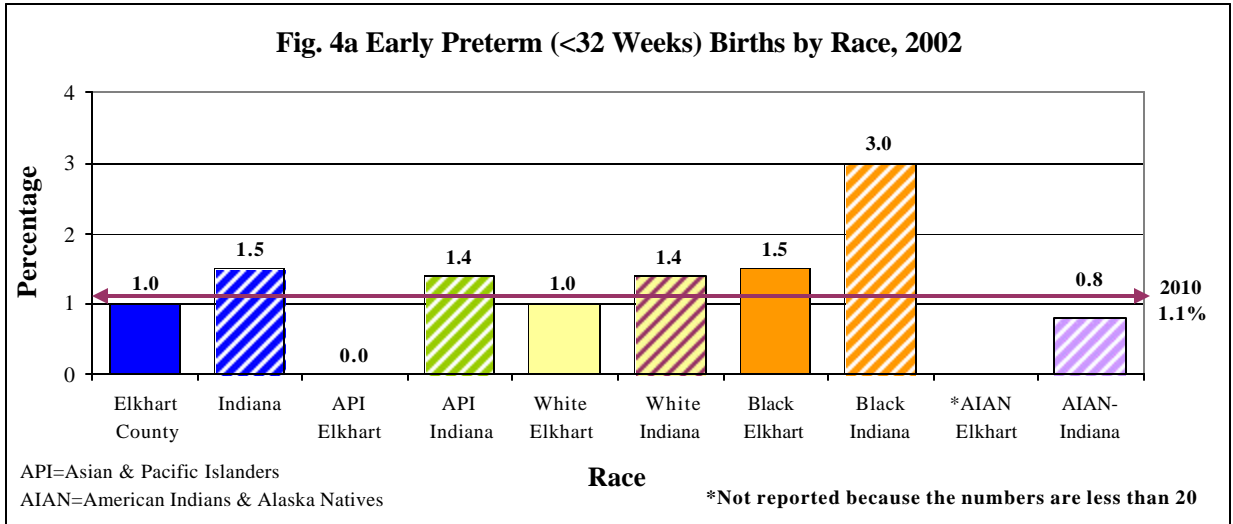
Preterm (<37 weeks) births by Ethnicity (Figure 3b):

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



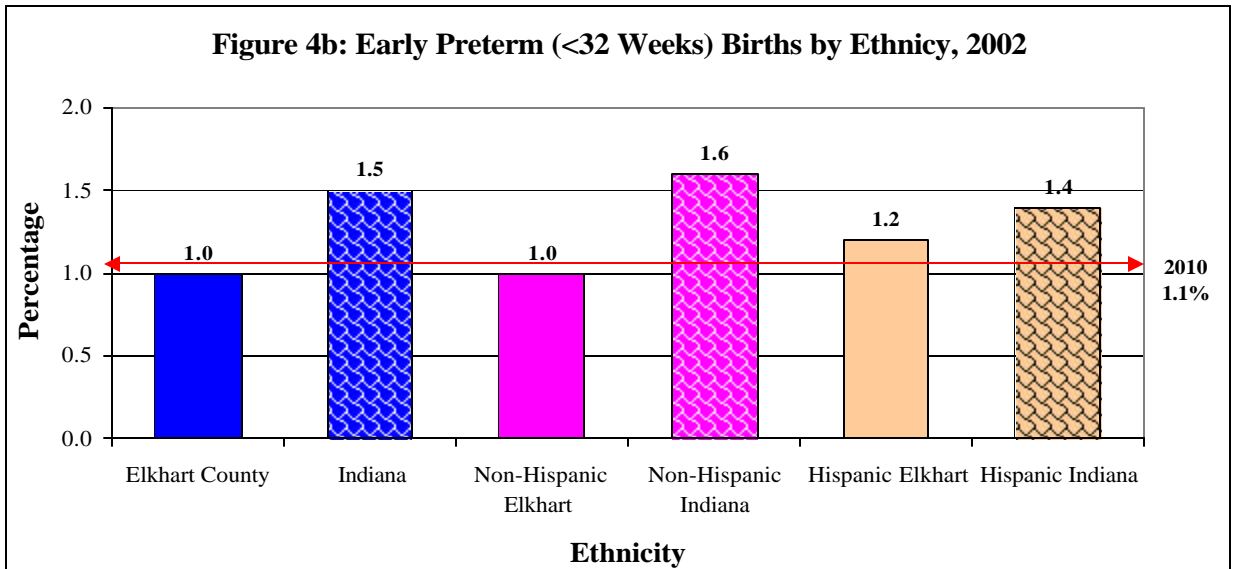
Early Preterm (<32 weeks) Births by Race (Figure 4a):

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



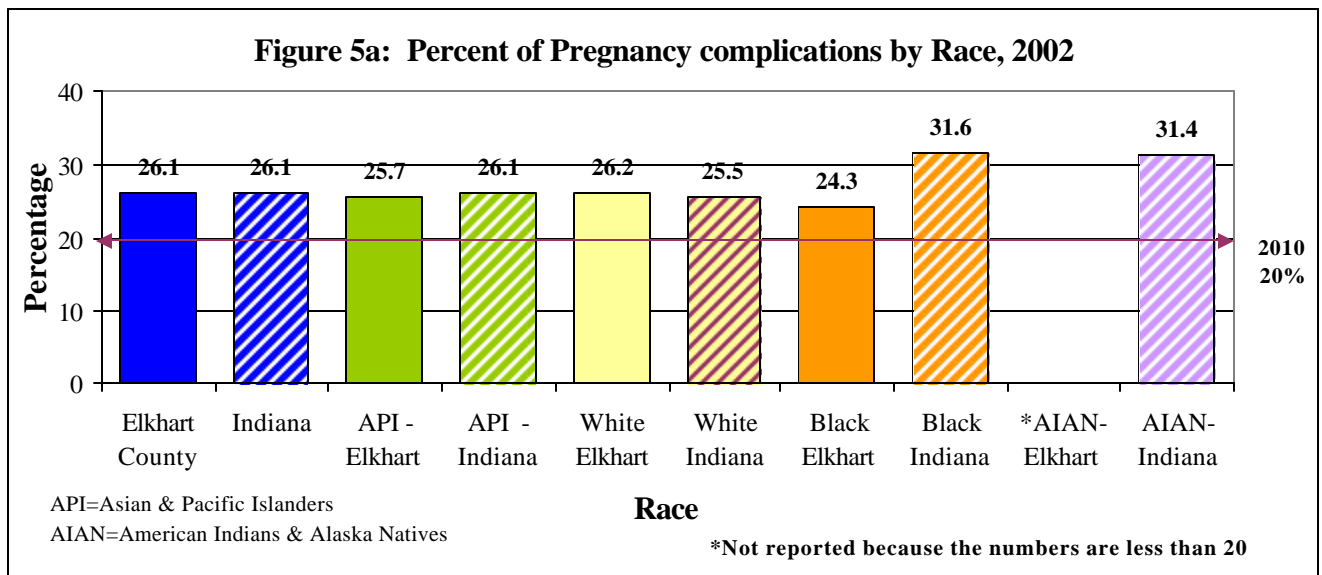
Early Preterm (<32 weeks) Births by Ethnicity (Figure 4b):

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



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

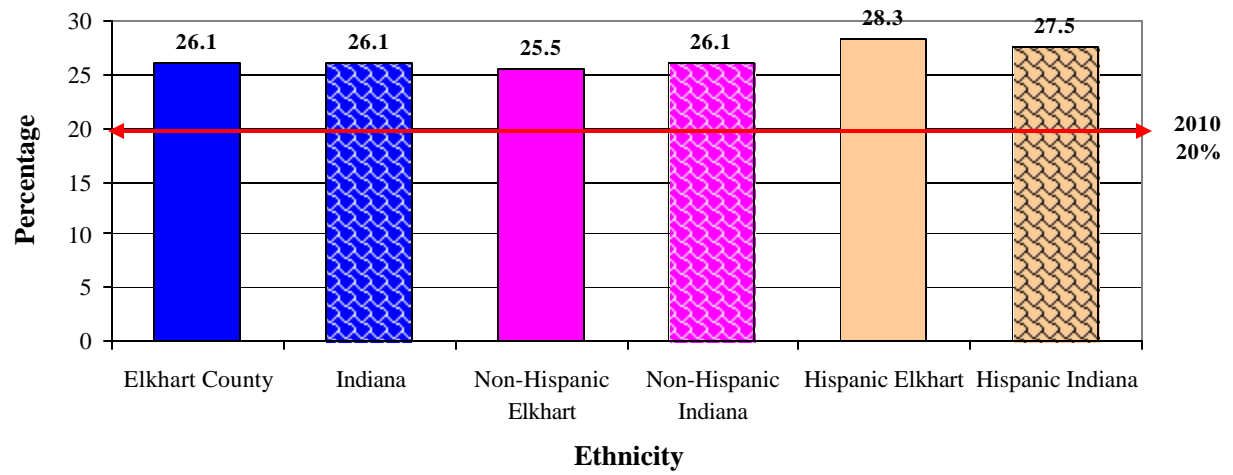
- The percentage of pregnancy complications for AIANs in Elkhart County could not be compared due to the small number of births.
- The percentage of pregnancy complications for APIs and Blacks in Elkhart County was higher than the Healthy People 2010 objective.
- The percentage of pregnancy complications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



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

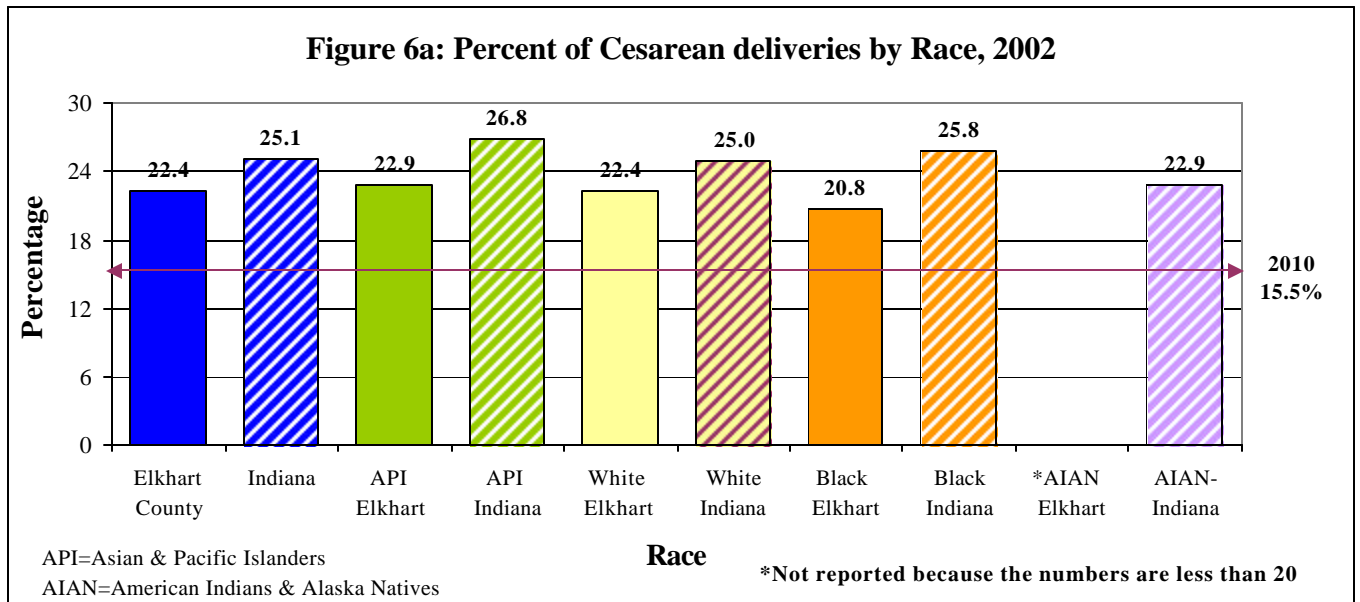
- The percentage of pregnancy complications for Hispanics in Elkhart County was higher than the Healthy People 2010 objective.
- The percentage of pregnancy complications for Hispanics in Elkhart County was higher than the percentage for Non-Hispanic births in Elkhart County.
- The percentage of pregnancy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

Figure 5b: Percent of Pregnancy Complications by Ethnicity, 2002



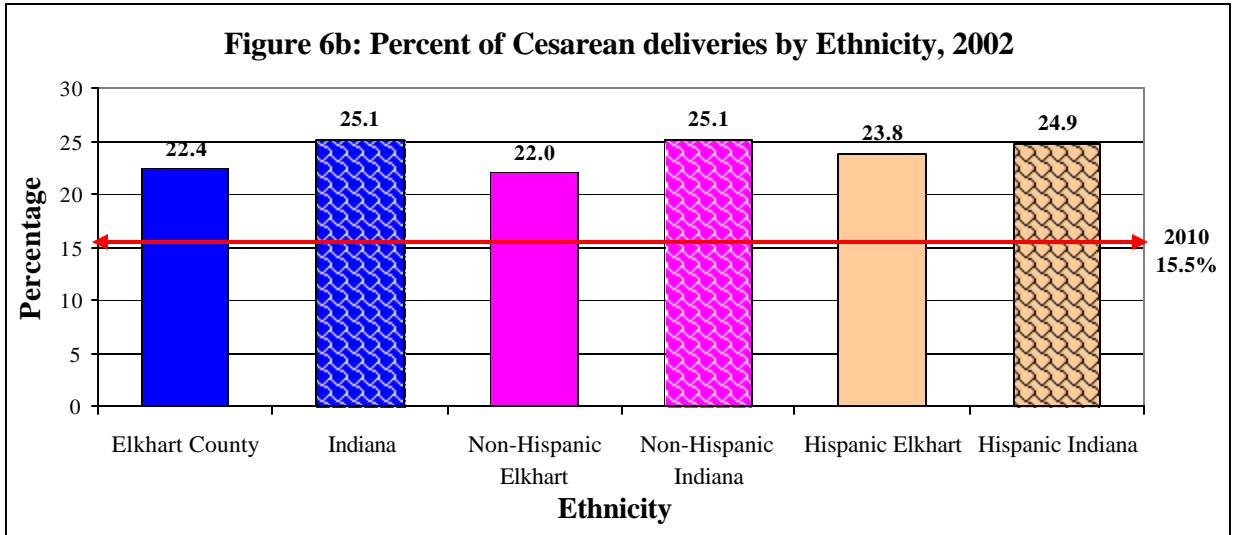
Percent of Cesarean Deliveries by Race (Figure 6a):

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



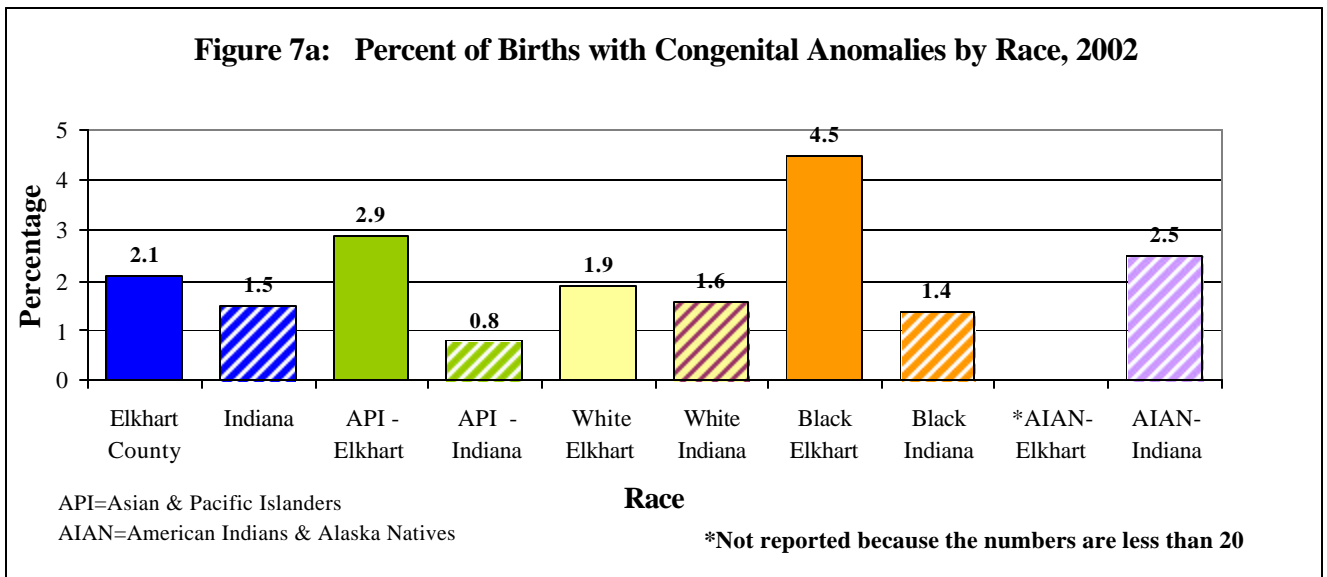
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



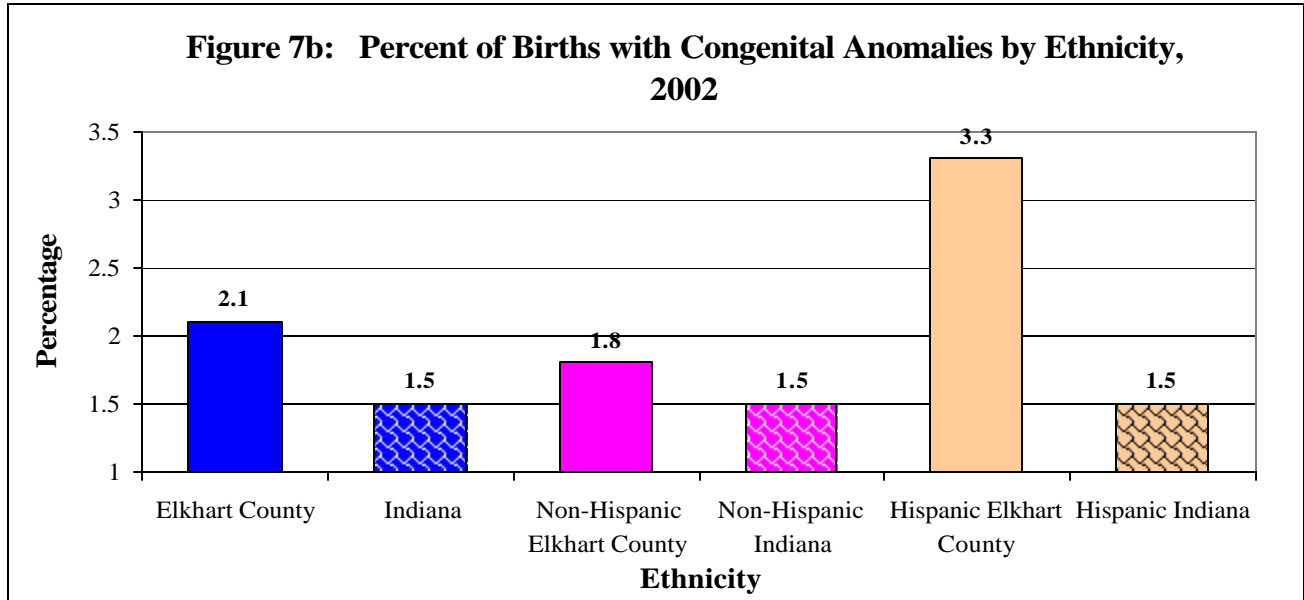
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



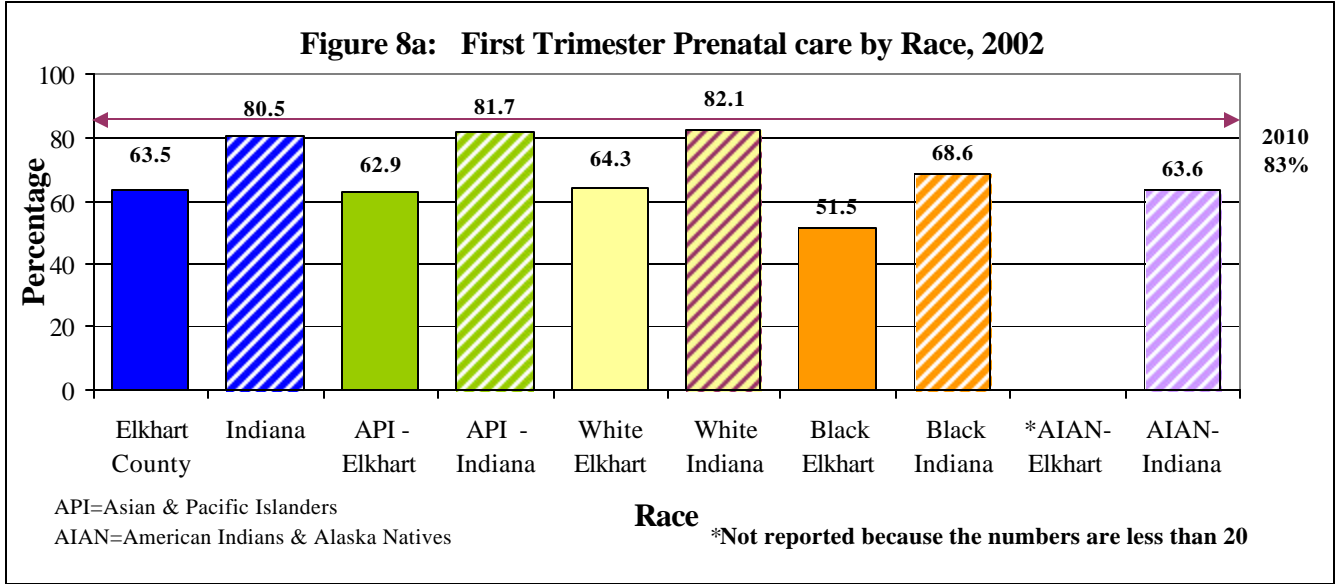
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



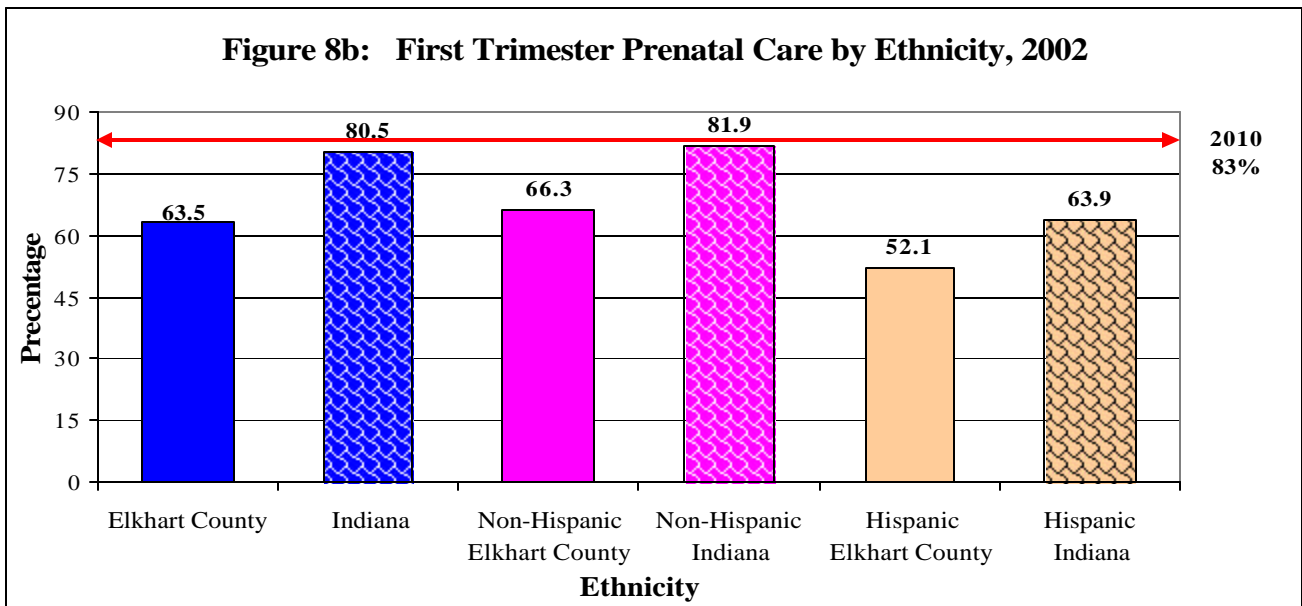
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



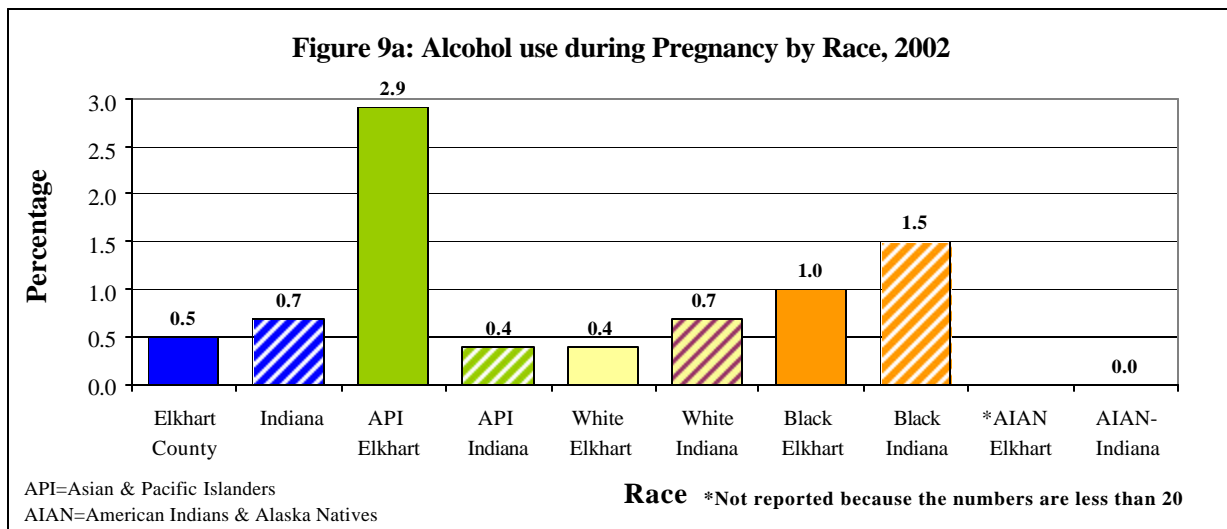
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



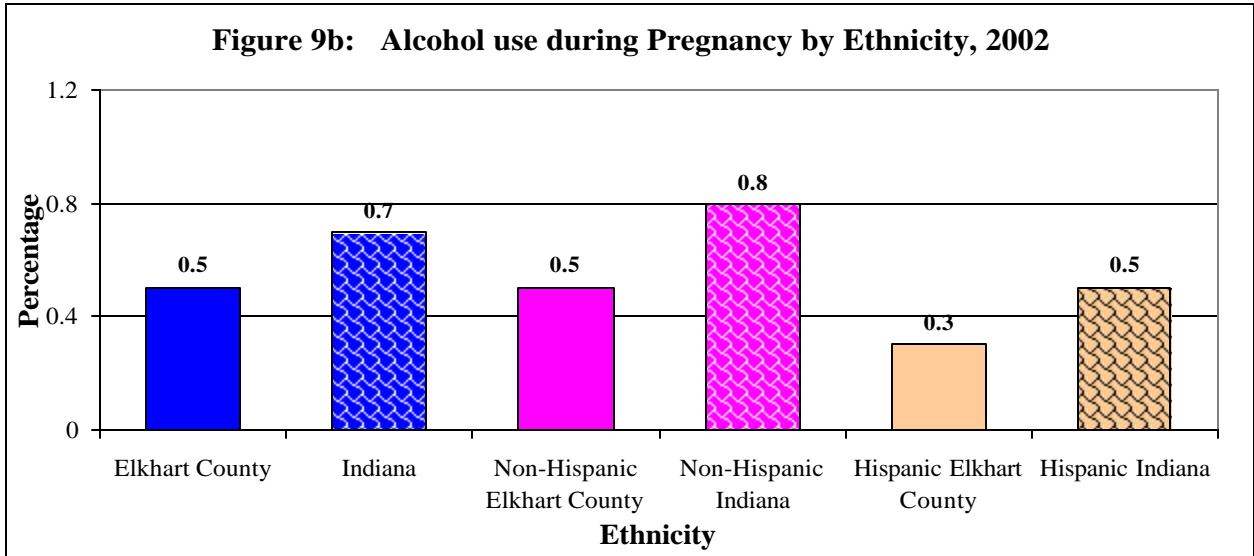
Alcohol Use during Pregnancy by Race (Figure 9a):

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



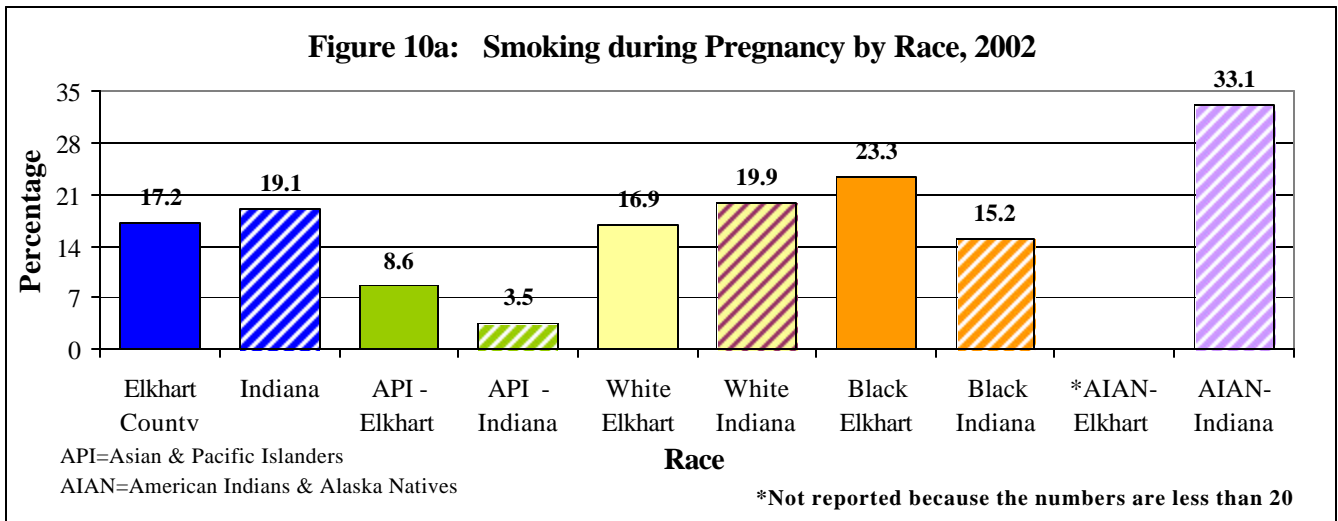
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



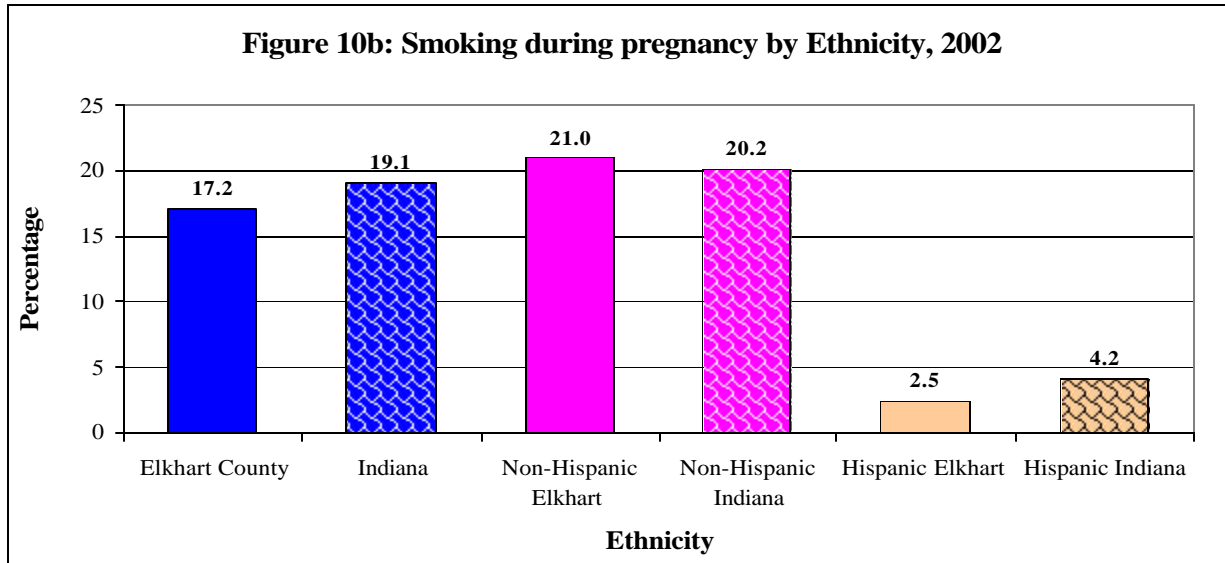
Smoking during Pregnancy by Race (Figure 10a):

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



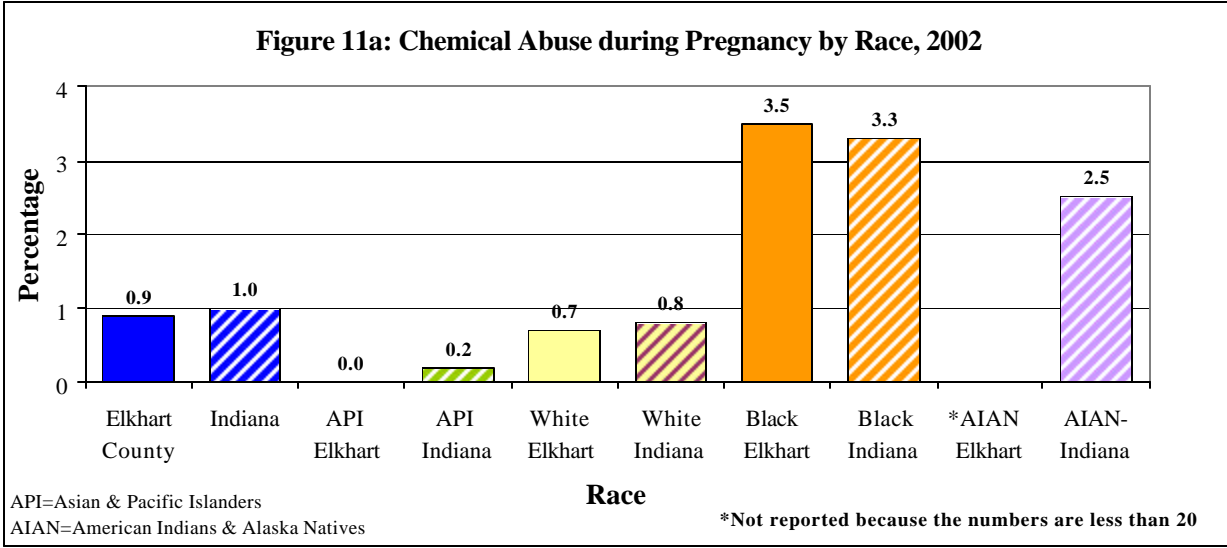
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



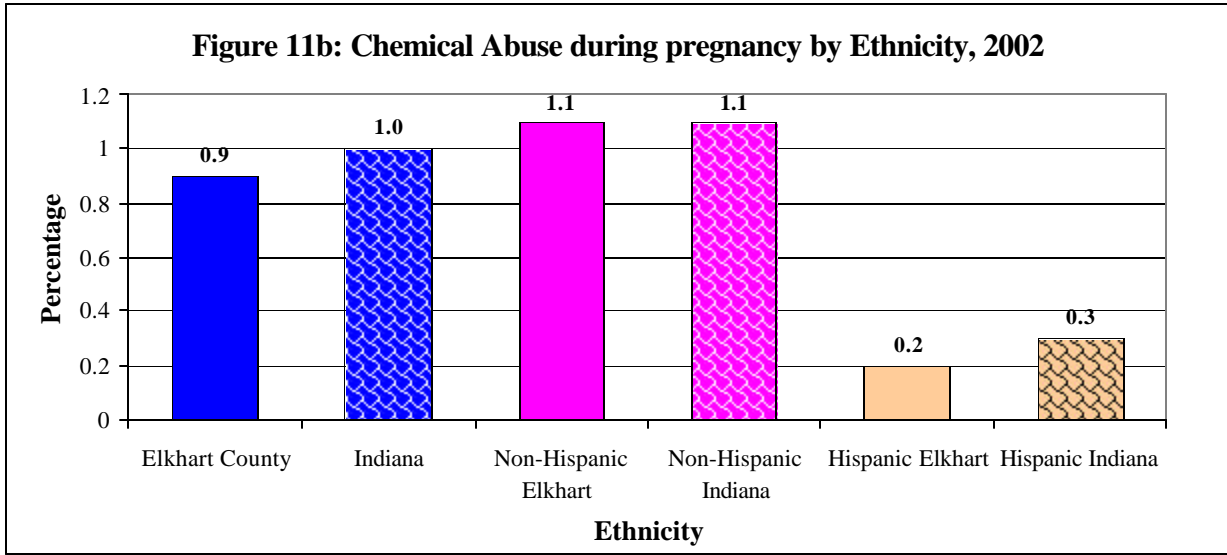
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



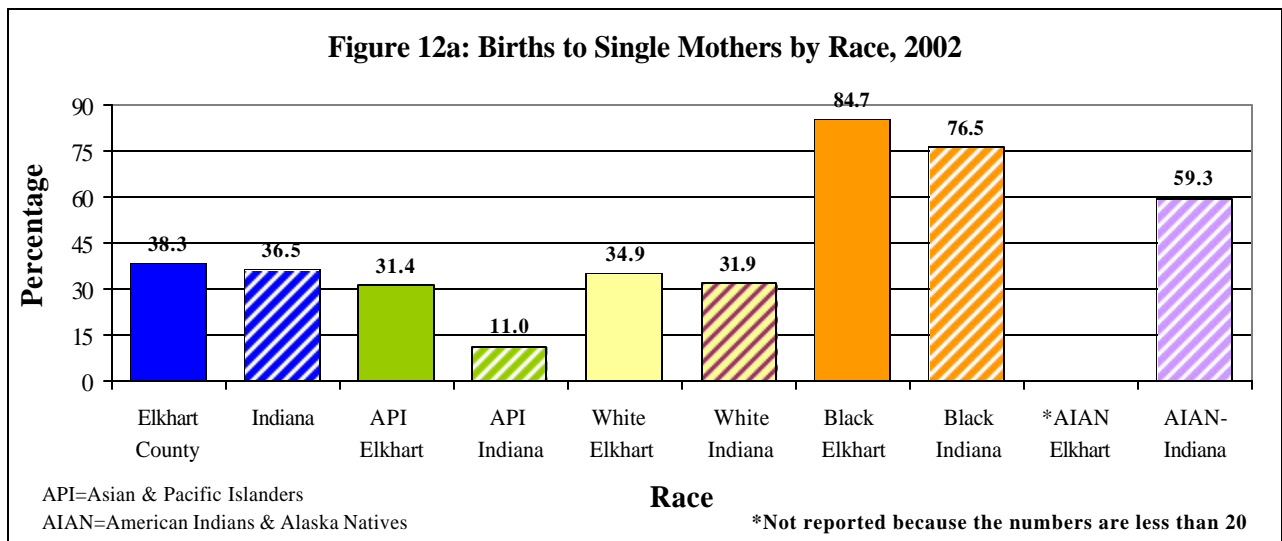
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



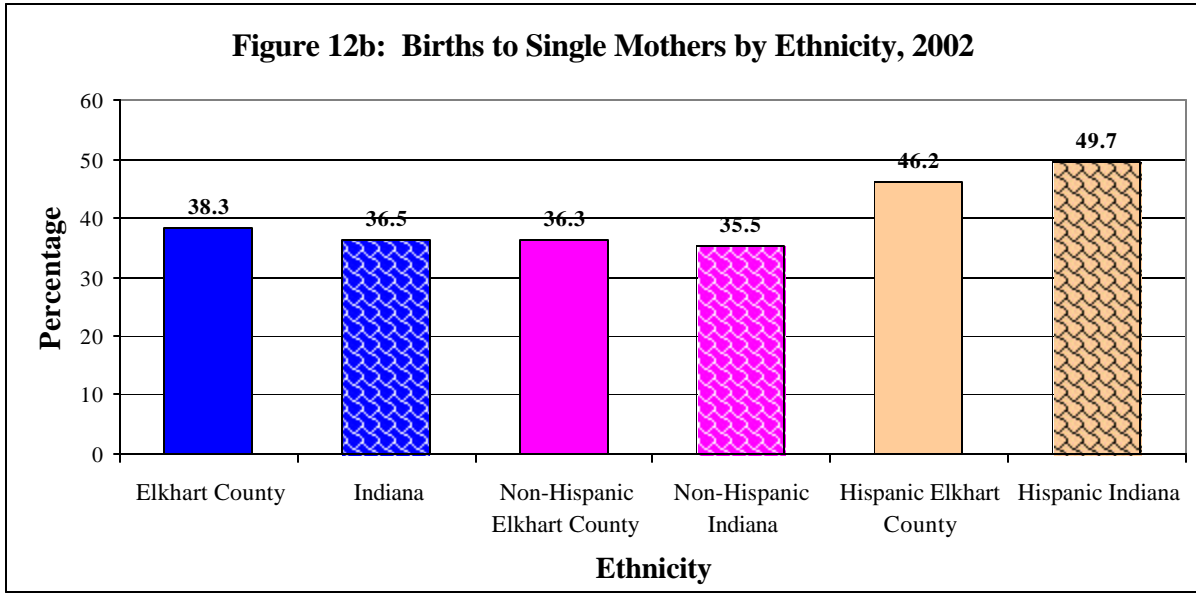
Births to Single Mothers by Race (Figure 12a):

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



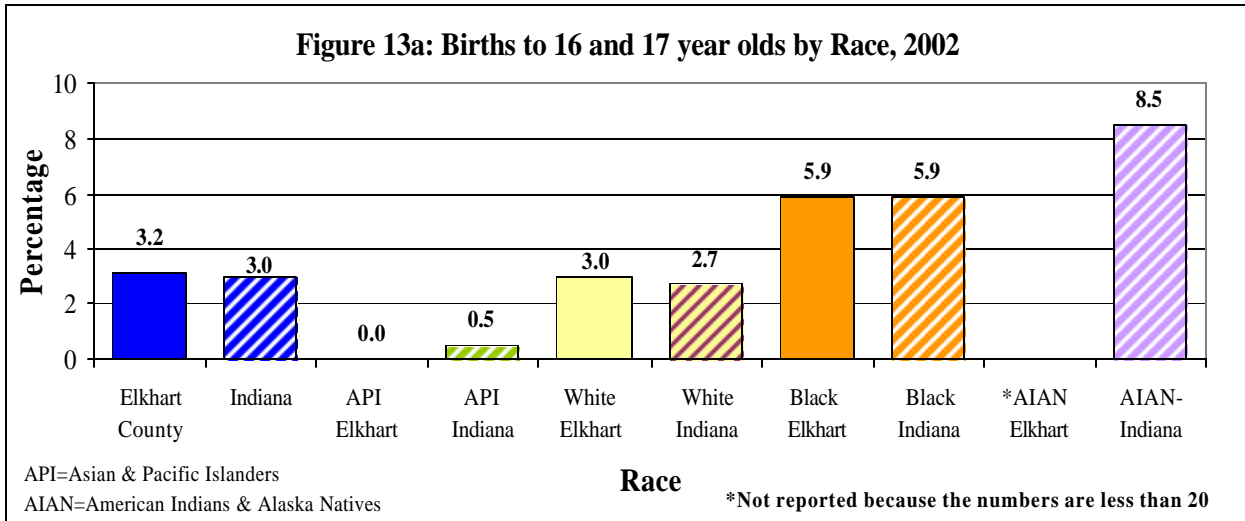
Births to Single Mothers by Ethnicity (Figure 12b):

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



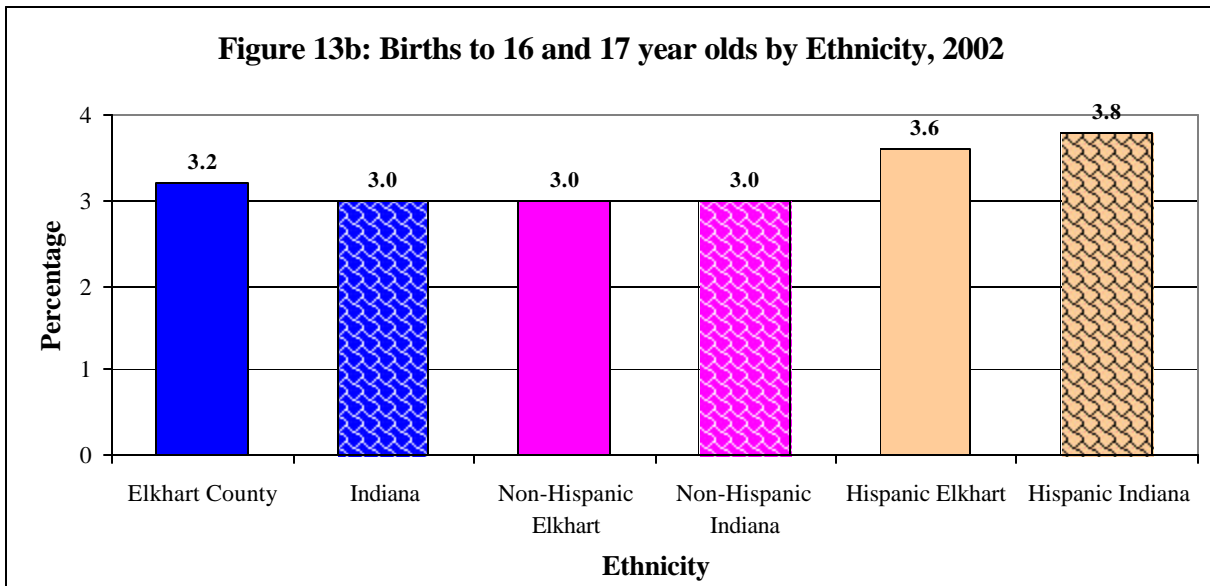
Births to 16 and 17 Year olds by Race (Figure 13a):

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



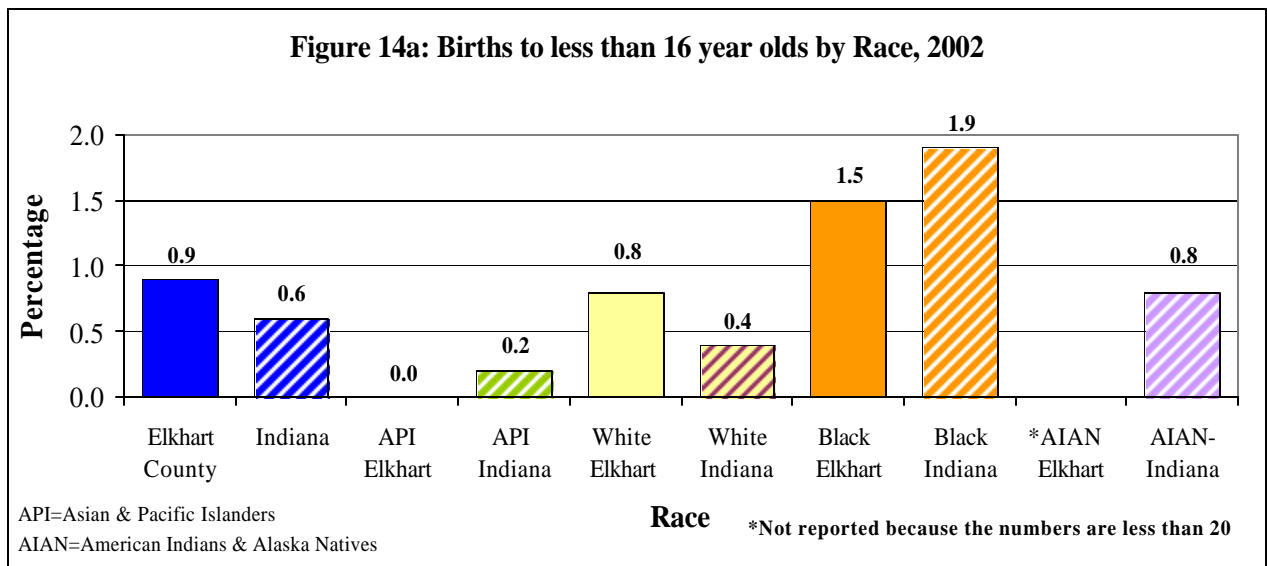
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



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

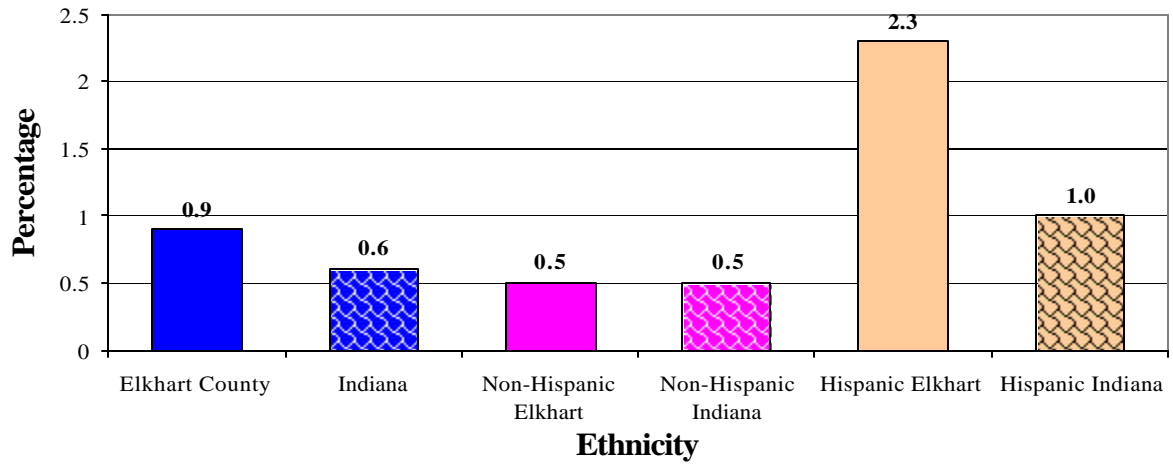
- The percentage of births to less than 16 year olds for AIANs in Elkhart County could not be compared due to the small number of births.
- The percentage of births to less than 16 year olds for APIs in Elkhart County was similar to the percentage for all births in Elkhart County.
- The percentage of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

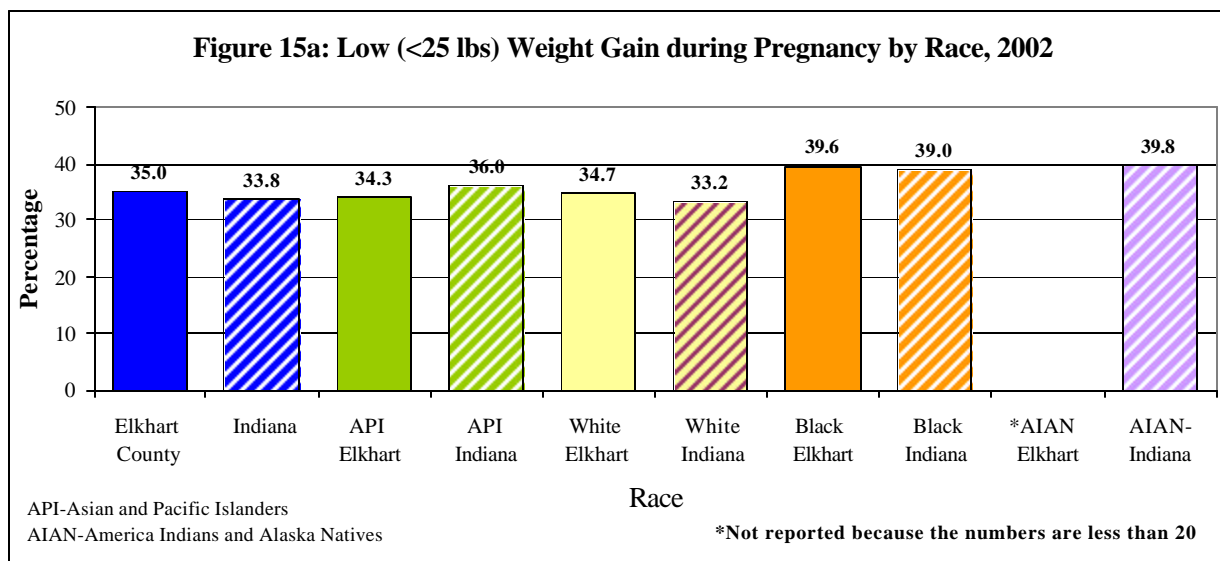
Figure 14b: Births to less than 16 year olds by Ethnicity, 2002



Weight Gain During Pregnancy:

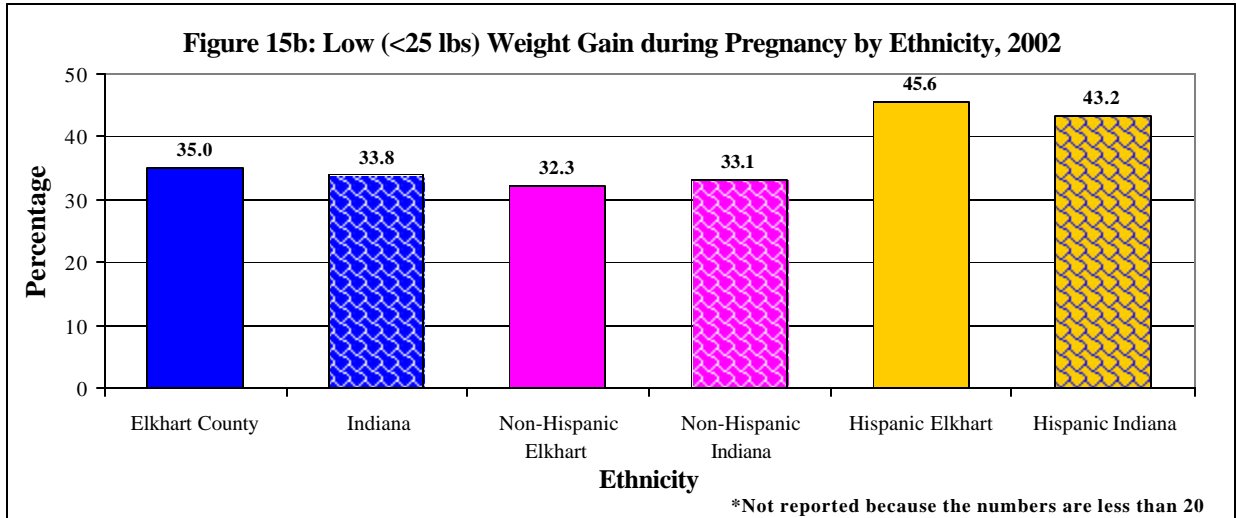
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



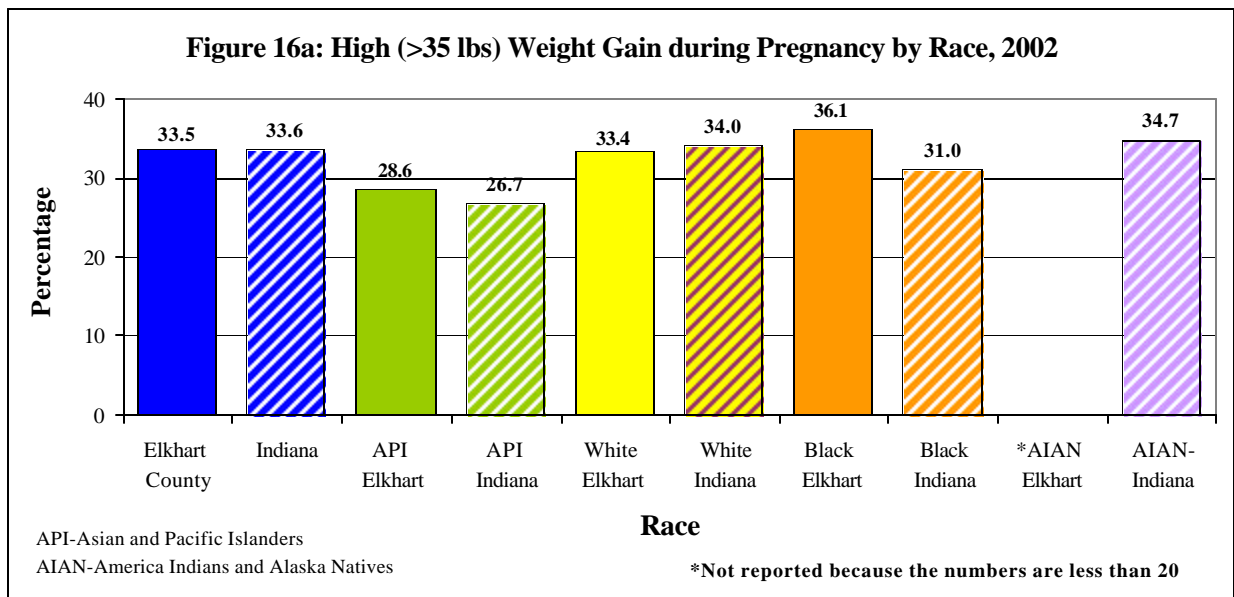
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



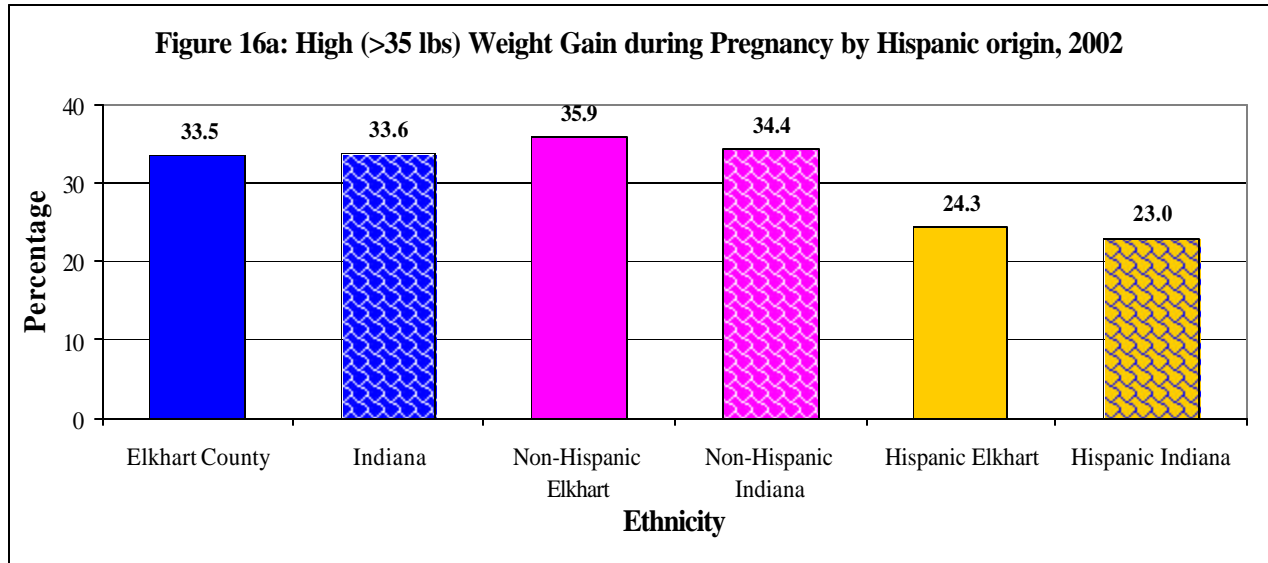
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

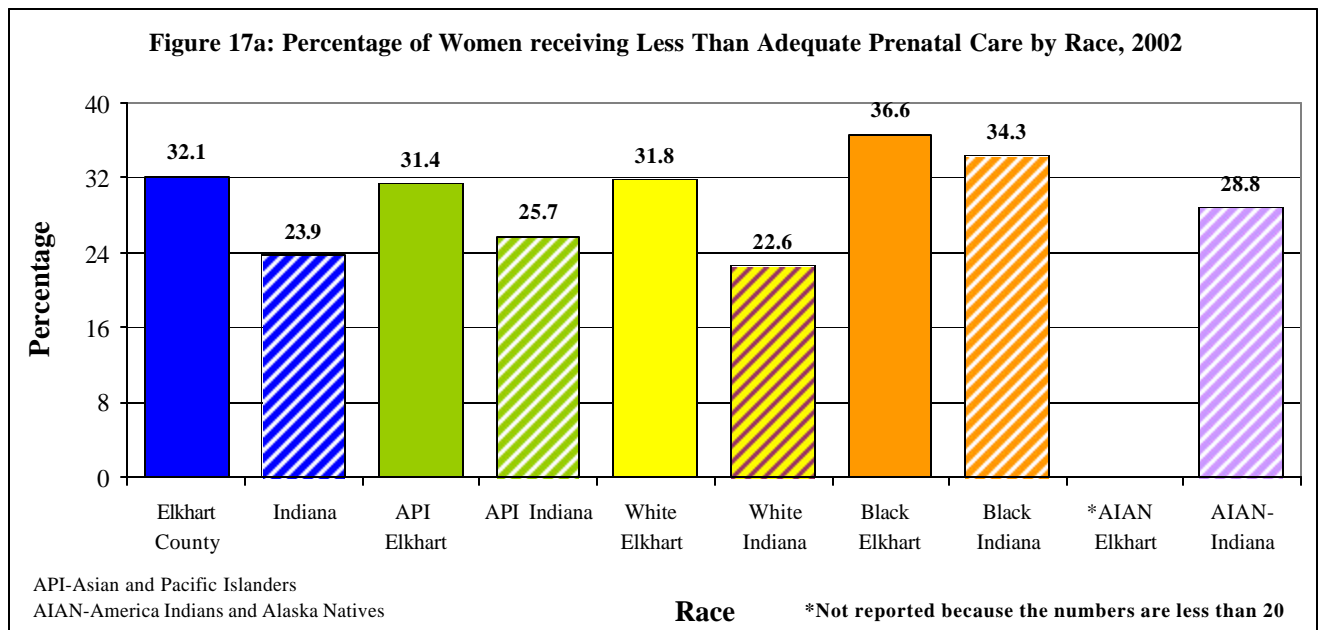
- The percentage of HWG during pregnancy for Hispanics in Elkhart County was lower than the percentage for Non-Hispanic births in Elkhart County.
- The percentage of HWG during pregnancy for Hispanics in Elkhart County was higher than the percentage for all Hispanic births in Indiana.



Prenatal Care:

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

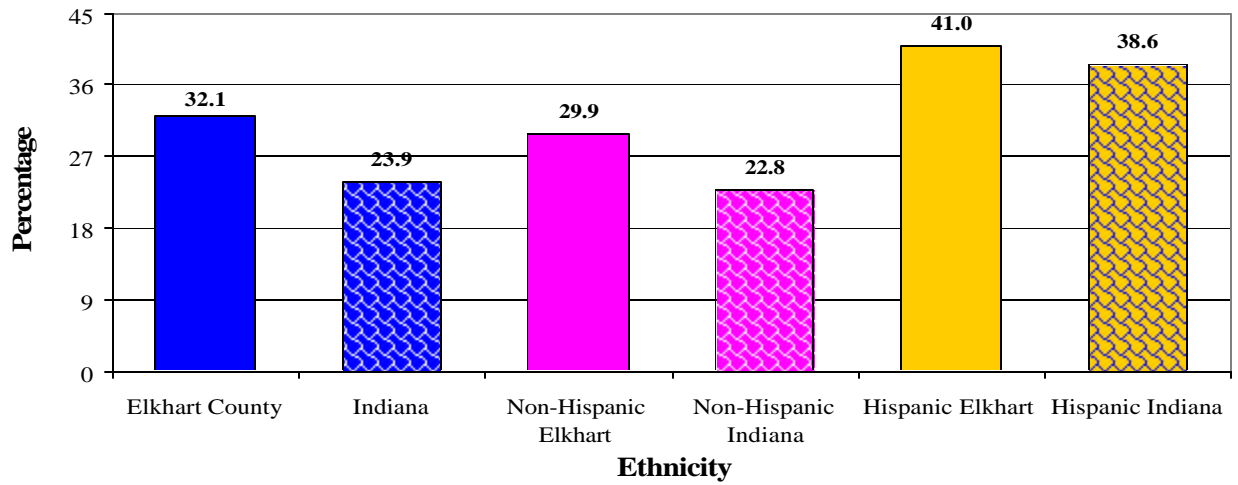
- The percentage of Women receiving less than adequate prenatal care for AIANs in Elkhart County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for APIs in Elkhart County was similar to the percentage for all births in Elkhart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

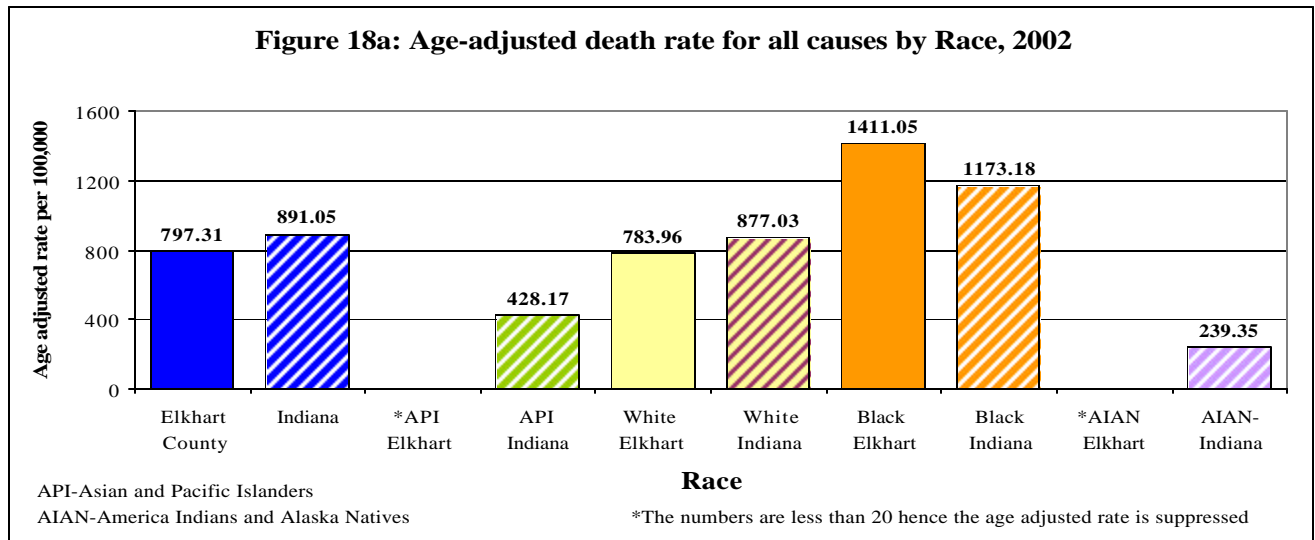
Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002



Leading Causes of Death:

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

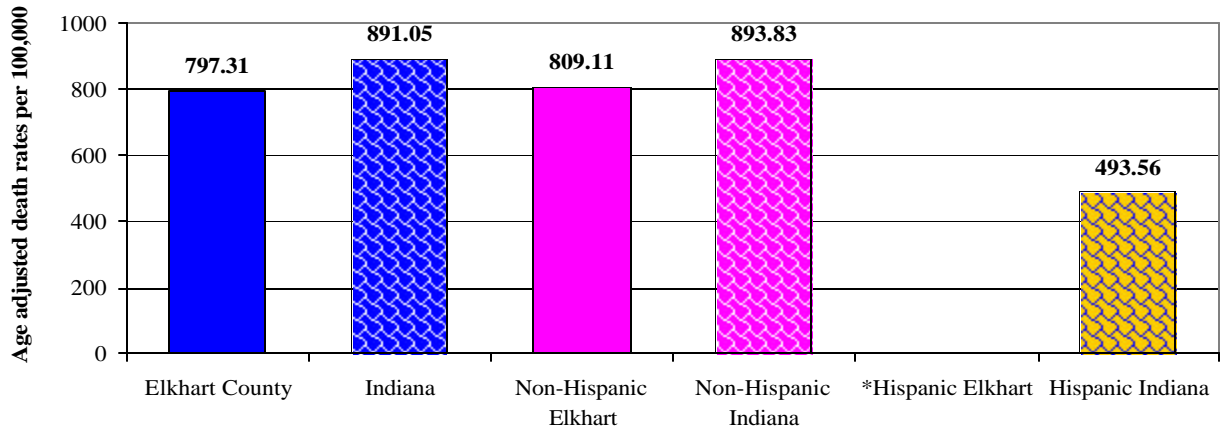
- The Age adjusted death rate for APIs and AIANs in Elkhart County could not be compared due to the small number of births.
- The age-adjusted death rate for Blacks in Elkhart County was higher than the rate for all deaths in Elkhart County.
- The age-adjusted death rate for Blacks in Elkhart County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

Figure 18b: Age-adjusted death rate for all causes by Ethnicity, 2002



*Not reported because the numbers are less than 20

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

The leading cause of death 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 in Elkhart County and among Blacks in Elkhart County.

Figure 19a: Five Leading Causes of Death by Race						
Leading Cause of Death by Race, 2003	Elkhart County					
	Indiana State N=55,123	ALL Races N=1,390	Asian and Pacific Islanders N=5	White N=1,310	Black N=72	American Indians & Alaska Natives N=1
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=412	Diseases of the Heart N= **	Diseases of the Heart N=387	Diseases of the Heart N=22	Diseases of the Heart N= **
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=320	N/A	Malignant Neoplasms N=305	Malignant Neoplasms N=12	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=97	N/A	Cerebrovascular Diseases N=95	Assault (Homicide) N= **	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=84	N/A	Chronic Lower respiratory disease N=82	Chronic Liver Disease & Cirrhosis N= **	N/A
#5	Accidents N=2,086	Accidents N=65	N/A	Accidents N=61	Nephritis, Nephrotic Syndrome & Nephrosis 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):

The leading causes of death for Hispanics could not be compared due to the small number of deaths.

Figure 19b: Five Leading Causes of Death by Ethnicity				
	Elkhart County			
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=1,390	Non-Hispanic N= 1,369	Hispanic N= 19
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=412	Diseases of the Heart N=409	Malignant Neoplasms N= **
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=320	Malignant Neoplasms N=316	Diseases of the Heart N= **
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=97	Cerebrovascular Diseases N=97	Accidents N= **
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=84	Chronic Lower respiratory disease N=83	Assault (Homicide) N= **
#5	Accidents N=2,086	Accidents N=65	Accidents N=63	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 Elkhart County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Blacks ranked diabetes as the worst health problem in their neighborhood, followed by high blood pressure and strokes, heart disease, substance abuse, AIDS/HIV, lack or inadequate health and dental care or insurance, cancer, respiratory conditions, STDs, social issues, mental illness, and infectious diseases.
- Respondents reporting more than one race ranked diabetes as the worst health problem in their neighborhood, followed by cancer, substance abuse, high blood pressure and strokes, heart disease, respiratory conditions, AIDS/HIV, infectious diseases, STDs, mental illness, and social issues.
- Hispanic/Latinos ranked infectious diseases as the worst health problem in their neighborhood, followed by cancer, diabetes, substance abuse, AIDS/HIV, respiratory conditions, heart disease, high blood pressure and strokes, social issues, mental illness, STDs, and lack or inadequate health and dental care or insurance.

Household arrangement (Table 2)

- Nearly forty-three percent of Black respondents (42.6 percent) lived in single adult households; more than one third, lived in two adult homes (36.1 percent); and the remainder reported three or more adults in the home. Approximately sixty-three percent reported the presence of one or more children in the household.
- Nearly one third of the respondents reporting more than one race (30.4 percent) lived in single adult households; more than fifty-six percent lived in two adult homes (56.5 percent); and the remainder reported three or more adults in the home. Sixty-two percent reported the presence of one or more children in the household.
- Approximately twelve percent of the Hispanic/Latino respondents (11.7 percent) lived in single adult households; nearly forty-three percent lived in two adult households (42.6 percent); and the remainder reported three or more adults in the home. Eighty-nine percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 79 (74.5 percent) females and 27 (25.5 percent) males. More than forty percent of the respondents were younger than 35 years of age, while more than thirteen percent were 55 year or older.

- Respondents reporting more than one race consisted of 19 (86.4 percent) females and 3 (13.6 percent) males. More than fifty-four percent of the respondents were younger than 35 years of age, while nearly five percent were 55 years or older.
- The Hispanic/Latino respondents consisted of 51 (55.4 percent) females and 41(44.6 percent) males. Sixty-two percent of the respondents were younger than 35 years of age, while two percent were 55 years or older.

Education (Table 2)

- More than twenty-eight percent of the Black respondents graduated from high school, thirty-two percent had some college or trade school experience, and approximately thirty-six percent had college degrees.
- Approximately twenty-two percent of the respondents reporting more than one race graduated from high school, approximately eight percent had some college or trade school experience, and sixty-five percent had college degrees.
- More than thirty percent of the Hispanic/Latino respondents graduated from high school, approximately sixteen percent had some college or trade school experience, and twenty percent had college degrees.

Health status perceptions (Table 3)

- Forty-five percent of the Black respondents rated their health as excellent or very good, and an additional 37.6 percent described their health as good. More than seventeen percent described their health as fair (14.7 percent), or poor (2.7 percent).
- Fifty-two percent of the respondents reporting more than one race rated their health as excellent or very good, and an additional 30.4 percent described their health as good. More than seventeen percent described their health as either fair (8.7 percent), or poor (8.7 percent).
- More than thirty-five percent of the Hispanic/Latino respondents rated their health as excellent or very good, and an additional 35.4 percent described their health as good. Twenty-nine percent described their health as either fair (25.0 percent) or poor (4.2 percent).

Satisfaction with life (Table 3)

- Sixty-seven percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (28.0 percent), or dissatisfied (4.7 percent).

- Sixty-one percent of the respondents reporting more than one race rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (39.1 percent).
- Sixty percent of the Hispanic/Latino respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (37.6 percent) or dissatisfied (2.2 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (85.3 percent), followed by family members (40.4 percent). The Internet was identified by more than thirty-eight percent, magazines or newspapers (33.0 percent), television or radio (29.4 percent), and other sources (11.0 percent).
- The most frequent source of health information offered by respondents reporting more than one race was a doctor, nurse or clinic (87.0 percent), followed by the Internet (34.8 percent). Family members were identified by thirty percent, other sources (26.1 percent), magazines or newspapers (21.7 percent), and television or radio (13.0 percent).
- The most frequent source of health information reported by Hispanic/Latino respondents was a doctor, nurse or clinic (60.0 percent), followed by family members (35.6 percent). The Internet was identified by approximately eighteen percent, television or radio (17.8 percent), magazines or newspapers (15.6 percent), and other sources (10.0 percent).

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

- Thirty-four percent of Blacks reported no visits to the dentist in the last twelve months. Fifty-two percent reported visiting the dentist one to two times in the last year, and approximately fourteen percent reported three or more visits this past year. The majority of Black respondents (62.4 percent) reported having access to a dentist for dental care.
- More than forty-three percent of the respondents reporting more than one race reported no visits to the dentist in the last twelve months. Fifty-two percent reported visiting the dentist one to two times in the last year, and more than four percent reported three or more visits this past year. Sixty percent of the respondents reporting more than one race specified having access to a dentist for dental care.
- Approximately fifty-six percent reported no visits to the dentist in the last twelve months. Forty percent reported visiting the dentist one to two times in the last year, and four percent reported three or more visits this past year. Only one third of the Hispanic/Latino respondents (33.0 percent) reported having access to a dentist for dental care.

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

- Eleven percent of Blacks reported no visits to the doctor or nurse in the last 12 months. More than thirty-nine percent reported visiting the doctor or nurse one to two times in the last year, and more than forty-nine percent reported three or more visits this past year. More than three quarters of the Black respondents, (78.3 percent) reported having access to a doctor or a nurse for health care.
- Approximately nine percent of the Respondents reporting more than one race reported no visits to the doctor or nurse in the last 12 months. Thirty percent reported visiting the doctor or nurse one to two times in the last year, and sixty-one percent reported three or more visits this past year. Approximately eighty-two percent of the respondents reporting more than one race (81.8 percent) indicated having access to a doctor or a nurse for health care.
- Approximately thirty-one percent of the Hispanic/Latino respondents reported no visits to the doctor or nurse in the last 12 months. Nearly forty-three percent reported visiting the doctor or nurse one to two times in the last year, and nearly twenty-seven percent reported three or more visits this past year. Forty-four percent of Hispanic/Latino respondents reported having access to a doctor or a nurse for health care.

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

- For Black respondents who did not have a regular source of care (21.7 percent), the choice for service if needed was a hospital emergency room (39.1 percent), doctor's office (17.4 percent), community clinic (17.4 percent), urgent care center (13.0 percent), other choice (8.7 percent), and self-care (4.4 percent).
- For the respondents reporting more than one race who did not have a regular source of care (18.2 percent), the choice of service if needed was a doctor's office (50.0 percent), community clinic (25.0 percent), and self-care (25.0 percent).
- For Hispanic/Latino respondents who did not have a regular source of care (55.9 percent), the choice of service if needed was a community clinic (30.6 percent), doctor's office (26.5 percent), hospital emergency room (22.5 percent), self-care (10.2 percent), other choice (6.1 percent), and urgent care center (4.1 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 (66.6 percent), followed by community clinic (25.0 percent), hospital emergency room (4.2 percent), other facility (2.8 percent), and urgent care center (1.4 percent).

- Respondents reporting more than one race who specified having a regular source of care, most frequently relied on private physicians (88.9 percent), followed by community clinics (11.1 percent).
- Hispanic/Latino respondents with a regular source of care, most frequently relied on private physicians (62.8 percent), followed by a community clinic (34.3 percent), and the urgent care center (2.9 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, more than twelve percent of the Black respondents reported they were hospitalized, twenty-nine percent reported use of a hospital emergency room, and more than twenty-one percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, thirteen percent of the respondents reporting more than one race indicated they were hospitalized, thirteen percent reported use of a hospital emergency room, and nine percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, more than nine percent of Hispanic/Latino respondents reported they were hospitalized, twenty-two percent reported use of a hospital emergency room, and twelve percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Approximately forty-one percent of Black respondents rated services as either superior (2.9 percent), or above average (37.9 percent). More than fifty-two percent described the services they received as average. Approximately seven percent rated services as below average (5.8 percent) or terrible (1.0 percent).
- Approximately sixty-four percent of the respondents reporting more than one race rated services as either superior (22.8 percent), or above average (40.9 percent). Approximately thirty-two percent described the services they received as average. More than four percent rated services as below average.
- Forty-eight percent of Hispanic/Latino respondents rated services as either superior (11.4 percent), or above average (36.7 percent). Approximately forty-seven percent described the services they received as average. Five percent rated services as below average (3.8 percent) or terrible (1.3 percent).

Personal barriers to health care utilization (Table 5)

- Twenty-five percent of Black respondents (24.8 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, waiting too long for an appointment, waiting too long in the doctor's or clinic office, and clinic or doctor's office staff was rude and not very helpful.
- Thirty-two percent of the respondents reporting more than one race (31.8 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, had to wait too long for an appointment, waiting too long in the doctor's or clinic office, and clinic or doctor's office staff was rude and not very helpful.
- Thirty-nine percent Hispanic/Latino respondents (39.3 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, language barriers, had to wait too long for an appointment, and lack of transportation.

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, lack of transportation, medical care not covered by insurance, and waiting too long for an appointment.
- Respondents reporting more than one race 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 waiting too long for an appointment.
- Hispanic/Latino respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, language barriers, not having a Social Security Number, and lack of transportation.

Cigarette smoking (Table 6)

- Forty-five percent of the Black respondents (44.9 percent) reported having smoked at least 100 cigarettes in their life with forty-seven percent smoking everyday, twelve percent some days, and forty-one percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (44.8 percent) to about two packs (13.8 percent). Nearly twenty-seven percent of all Black respondents (26.6 percent) indicated they were current smokers.

- Approximately thirty-two percent of the respondents reporting more than one race indicated having smoked at least 100 cigarettes in their life with fourteen percent reported smoking everyday, fifty-seven percent some days, and nearly twenty-nine percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (60.0 percent) to about three packs (20.0 percent). Approximately twenty-two percent of all Asian respondents (21.7 percent) indicated they were current smokers.
- Approximately sixty-seven percent of the Hispanic/Latino respondents reported having smoked at least 100 cigarettes in their life with forty percent smoking every day, forty-four percent some days, and sixteen percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (57.1 percent) to ½ to one pack per day (42.9 percent). Approximately twenty-two percent of all Hispanic/Latino respondents (21.8 percent) indicated they were current smokers.

Physical activity (Table 6)

- Seventy-three percent of the Black respondents (73.1 percent) reported exercising one or more times per week. Approximately eight percent of the respondents (7.7 percent) indicated they never exercise.
- More than fifty-six percent of the respondents reporting more than one race (56.5 percent) indicated exercising one or more times per week. Seventeen percent of the respondents (17.4 percent) indicated they never exercise.
- Forty percent of the Hispanic/Latino respondents (40.2 percent) reported exercising one or more times per week. Twenty-four percent of the respondents (23.9 percent) indicated they never exercise.

Healthy diet (Table 6)

- Forty-one percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (12.5 percent), or most of the time (28.8 percent). More than thirteen percent of the respondents (13.5 percent) indicated they do not follow healthy diet recommendations.
- Sixty-five percent of the respondents reporting more than one race indicated they follow healthy diet recommendations either almost all of the time (17.4 percent), or most of the time (47.8 percent). The remainder of the respondents (34.8 percent) indicated they follow healthy diet recommendations some of the time.
- Thirty-nine percent of the Hispanic/Latino respondents reported they follow healthy diet recommendations either almost all of the time (6.5 percent), or most of the time (32.6 percent). Fifteen percent of the respondents (15.2 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Approximately twenty-nine percent of the Black respondents (28.7 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (16.0 percent), diabetes (12.9 percent), heart disease (7.6 percent), and other lung disease (5.7 percent).
- Eighteen percent of the respondents reporting more than one race (18.2 percent) indicated that a doctor or nurse told them they have high blood pressure. Other disease conditions included heart disease (4.3 percent), and diabetes (4.3 percent).
- More than one-fifth of the Hispanic/Latino respondents (21.7 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included heart disease (12.7 percent), diabetes (11.8 percent), asthma (10.4 percent), and other lung disease (8.0 percent).

Adults requiring assistance (Table 7)

- Approximately four percent of the Black respondents (3.8 percent) reported having an adult member of their household who requires assistance, but only one quarter of the respondents pay for this assistance.
- More than four percent of the respondents reporting more than one race (4.5 percent) indicated having an adult member of their household who requires assistance, and the respondents pay for this assistance.
- More than four percent of the Hispanic/Latino respondents (4.5 percent) reported having an adult member of their household who requires assistance, but only one quarter of the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Only twenty-nine percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, approximately eighty-one percent indicated they do have some type of medical insurance coverage. These respondents reported coverage through their employer (57.7 percent), Medicaid (23.1 percent), and Medicare (11.5 percent).
- Only thirty-five percent of the respondents reporting more than one race provided a reply to the question of whether they have medical insurance. Of those who responded, all of them indicated they do have some type of medical insurance coverage. These respondents reported coverage through their employer (62.5 percent), long-term care insurance (12.5 percent), and other coverage (12.5 percent).

- Only thirty-six percent, of the Hispanic/Latino respondents provided a reply to this question of whether they have medical insurance. Of those who responded, forty-three percent indicated they do have some type of medical insurance coverage. These respondents reported coverage through their employer (46.7 percent), privately purchased plan (13.3 percent), covered under spouse or parent’s plan (13.3 percent), Medicare (6.7 percent), long-term care insurance (12.5 percent), and other insurance (6.7 percent).

Dental insurance coverage (Table 8)

- Sixty two percent of the Black respondents (61.9 percent) reported having dental insurance coverage.
- Nearly two thirds of the respondents reporting more than one race (65.2 percent) indicated they have dental insurance coverage.
- Approximately one quarter of the Hispanic/Latino respondents (24.7 percent) reported they have dental insurance coverage.

Monthly prescription drug expenses (Table 8)

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

Elkhart County Needs Assessment Survey 2004

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

	Racial Minorities Black		More than one race		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)						
Diabetes	58	53.2%	13	56.5%	30	31.2%
High blood pressure & Strokes	55	50.5%	6	26.1%	10	10.4%
Heart disease	37	34.0%	6	26.1%	11	11.5%
Infectious diseases	6	5.5%	3	13.0%	35	36.5%
Cancer	20	18.4%	9	39.1%	33	34.4%
Substance abuse (alcohol, drugs, smoking)	30	27.5%	9	39.1%	29	30.2%
AIDS/HIV	28	25.7%	4	17.4%	28	29.2%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	19	17.4%	5	21.7%	24	25.0%
Lack or Inadequate Health/Dental care access, insurance, providers, services	21	21.9%	0	0.0%	1	1.0%
Social issues	14	12.8%	2	8.7%	8	8.3%
STDs	14	12.8%	3	13.0%	5	5.2%
Mental illness	9	8.3%	2	8.7%	6	6.3%

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

	Racial Minorities Black		More than one race		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
2a. How many adults in live in your household?						
1	46	42.6%	7	30.4%	11	11.7%
2	39	36.1%	13	56.5%	40	42.6%
3	18	16.7%	2	8.7%	13	13.8%
4	4	3.7%	0	0.0%	10	10.6%
5	0	0.0%	0	0.0%	11	11.7%
6 or more	1	0.9%	1	4.4%	9	9.6%
2b. How many children live in your household?						
0	35	37.2%	8	38.1%	9	11.1%
1	26	27.6%	4	19.1%	11	13.6%
2	15	16.0%	6	28.6%	29	35.8%
3	9	9.6%	1	4.7%	16	19.8%
4	6	6.4%	0	0.0%	9	11.1%
5 or more	3	3.2%	2	9.5%	7	8.6%
3. What is your gender?						
Male	27	25.5%	3	13.6%	41	44.6%
Female	79	74.5%	19	86.4%	51	55.4%
4. What is your age?						
Less than 18 years	3	2.9%	0	0.0%	1	1.1%
18 – 24	18	17.3%	5	22.7%	12	13.0%
25 – 34	21	20.2%	7	31.8%	44	47.8%
35 – 44	18	17.3%	2	9.1%	19	20.7%
45 – 54	30	28.8%	7	31.8%	14	15.2%
55 – 64	8	7.7%	1	4.6%	2	2.2%
65+	6	5.8%	0	0.0%	0	0.0%
7. How much education have you had?						
Less than high school	4	3.7%	1	4.4%	32	33.7%
High school or equivalent	31	28.4%	5	21.7%	29	30.5%
Some college or trade school	35	32.1%	2	8.7%	15	15.8%
College graduate or more education	39	35.8%	15	65.2%	19	20.0%

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

	Racial Minorities Black		More than one race		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
8. Would you say that in general your health is?						
Excellent	16	14.7%	5	21.8%	6	6.3%
Very Good	33	30.3%	7	30.4%	28	29.1%
Good	41	37.6%	7	30.4%	34	35.4%
Fair	16	14.7%	2	8.7%	24	25.0%
Poor	3	2.7%	2	8.7%	4	4.2%
Very Poor	0	0.0%	0	0.0%	0	0.0%
9. Right now, how do you feel about your life as a whole?						
Very Satisfied	18	16.8%	4	17.4%	9	9.7%
Satisfied	54	50.5%	10	43.5%	47	50.5%
Sometimes satisfied, sometimes dissatisfied	30	28.0%	9	39.1%	35	37.6%
Dissatisfied	5	4.7%	0	0.0%	2	2.2%
Very Dissatisfied	0	0.0%	0	0.0%	0	0.0%

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

	Racial Minorities Black		More than one race			Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent		Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)							
Doctor, nurse or clinic	93	85.3%	20	87.0%		54	60.0%
The Internet	42	38.5%	8	34.8%		16	17.8%
Magazines or newspapers	36	33.0%	5	21.7%		14	15.6%
Television or radio	32	29.4%	3	13.0%		16	17.8%
Family members	44	40.4%	7	30.4%		32	35.6%
Other	12	11.0%	6	26.1%		9	10.0%
11. In the last 12 months, how many separate visits have you made to the dentist?							
None	37	34.0%	10	43.5%		53	55.8%
1 or 2	57	52.3%	12	52.2%		38	40.0%
3 to 5	14	12.8%	1	4.3%		4	4.2%
More than 6	1	0.9%	0	0.0%		0	0.0%
12. Do you have a dentist who you almost always go to for dental care?							
Yes	68	62.4%	13	59.1%		31	33.0%
No	41	37.6%	9	40.9%		63	67.0%
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	12	11.2%	2	8.7%		29	30.8%
1 or 2	42	39.3%	7	30.4%		40	42.6%
3 to 5	32	29.9%	8	34.8%		16	17.0%
6 or more	21	19.6%	6	26.1%		9	9.6%
14. Do you have a doctor or a nurse who you almost always go to for health care?							
Yes	83	78.3%	18	81.8%		41	44.1%
No	23	21.7%	4	18.2%		52	55.9%
15. If No, where would you go to get care if you were to get sick?							
Doctor's office	4	17.4%	2	50.0%		13	26.5%
Community clinic	4	17.4%	1	25.0%		15	30.6%
Hospital emergency room	9	39.1%	0	0.0%		11	22.5%
Urgent care center	3	13.0%	0	0.0%		2	4.1%
Self care	1	4.4%	1	25.0%		5	10.2%
Other	2	8.7%	0	0.0%		3	6.1%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?							
Private doctor's office	48	66.6%	16	88.9%		22	62.8%
Community clinic	18	25.0%	2	11.1%		12	34.3%
Hospital emergency room	3	4.2%	0	0.0%		0	0.0%
Urgent care center	1	1.4%	0	0.0%		1	2.9%
Other	2	2.8%	0	0.0%		0	0.0%
17. Were you hospitalized during the past 12 months?							
Yes	13	12.3%	3	13.0%		9	9.5%
No	93	87.7%	20	87.0%		86	90.5%
18. Did you use the services of a hospital emergency room during the past 12 months?							
Yes	31	29.0%	3	13.0%		21	22.3%
No	76	71.0%	20	87.0%		73	77.7%
19. Did you use the services of a neighborhood urgent care center during the 12 months?							
Yes	23	21.3%	2	9.1%		11	12.1%
No	85	78.7%	20	90.9%		80	87.9%

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

	Racial Minorities Black		More than one race			Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent		Number	Percent
20. How good do you think the health care services that you and members of your household have received in this community?							
Superior	3	2.9%	5	22.8%		9	11.4%
Above average	39	37.9%	9	40.9%		29	36.7%
Average	54	52.4%	7	31.8%		37	46.8%
Below average	6	5.8%	1	4.5%		3	3.8%
Terrible	1	1.0%	0	0.0%		1	1.3%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?							
Yes	26	24.8%	7	31.8%		35	39.3%
No	79	75.2%	15	68.2%		54	60.7%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)							
No doctor in area	1	3.8%	1	14.3%		1	2.9%
Lack of money	12	46.2%	4	57.1%		21	60.0%
No insurance	13	50.0%	4	57.1%		23	65.7%
Insurance did not cover the medical care	5	19.2%	1	14.3%		4	11.4%
No transportation available	4	15.4%	0	0.0%		6	17.1%
Had to wait too long for an appointment	11	42.3%	2	28.6%		7	20.0%
Doctor wouldn't take new patients	4	15.4%	1	14.3%		3	8.6%
Doctor or clinic wouldn't take Medicare	1	3.8%	0	0.0%		3	8.6%
Doctor or clinic wouldn't take Medicaid	2	7.7%	1	14.3%		2	5.7%
Doctor you need to see for your insurance is out of your area	1	3.8%	1	14.3%		1	2.9%
Language barriers	0	0.0%	0	0.0%		18	51.4%
Cultural barriers	0	0.0%	1	14.3%		4	11.4%
Had to wait too long in doctor's or clinic office	10	38.6%	2	28.6%		6	17.1%
Was not treated with respect	3	11.5%	0	0.0%		6	17.1%
The doctor or nurse wouldn't listen	4	15.4%	0	0.0%		0	0.0%
Felt uncomfortable asking the doctor or nurse questions	4	15.4%	1	14.3%		4	11.4%
Didn't feel the medical care was the best	5	19.2%	0	0.0%		2	5.7%
Couldn't get off work	0	0.0%	1	14.3%		6	17.1%
Clinic or doctor's office staff was rude and not very helpful	6	23.1%	1	14.3%		1	2.9%
No child care available	2	7.7%	0	0.0%		4	11.4%

Not having a Social Security Number was a problem	0	0.0%	0	0.0%	9	25.7%
Not having permanent address was a problem	0	0.0%	0	0.0%	1	2.9%
Other	3	11.5%	1	14.3%	4	11.4%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?						
No doctor in area	16	14.7%	1	4.3%	4	4.2%
Lack of money	82	75.2%	14	60.9%	54	56.3%
No insurance	95	87.2%	19	82.6%	56	58.3%
Insurance did not cover the medical care	40	36.7%	9	39.1%	21	21.9%
No transportation available	58	53.2%	9	39.1%	30	31.3%
Had to wait too long for an appointment	40	36.7%	9	39.1%	17	17.7%
Doctor wouldn't take new patients	19	17.4%	5	21.7%	3	3.1%
Doctor or clinic wouldn't take Medicare	15	13.8%	5	21.7%	7	7.3%
Doctor or clinic wouldn't take Medicaid	19	17.4%	6	26.1%	5	5.3%
Doctor you need to see for your insurance is out of your area	10	9.2%	3	13.0%	2	2.1%
Language barriers	20	18.4%	7	30.4%	50	52.1%
Cultural barriers	14	12.8%	5	21.7%	23	24.0%
Had to wait too long in doctor's or clinic office	31	28.4%	6	26.1%	9	9.4%
Was not treated with respect	23	21.1%	2	8.7%	13	13.5%
The doctor or nurse wouldn't listen	14	12.8%	3	13.0%	5	5.2%
Felt uncomfortable asking the doctor or nurse questions	22	20.2%	6	26.1%	9	9.4%
Didn't feel the medical care was the best	12	11.0%	3	13.0%	6	6.2%
Couldn't get off work	25	22.9%	9	39.1%	21	21.9%
Clinic or doctor's office staff was rude and not very helpful	10	9.2%	3	13.0%	6	6.2%
No child care available	23	21.1%	4	17.4%	16	16.7%
Not having a Social Security Number was a problem	3	2.8%	2	8.7%	32	33.3%
Not having a permanent address was a problem	6	5.5%	2	8.7%	8	8.3%
Other	3	2.8%	3	13.0%	4	4.2%

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

	Racial Minorities Black		More than one race		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?						
Yes	48	44.9%	7	31.8%	64	66.7%
No	59	55.1%	15	68.2%	27	28.1%
Don't know / Not sure	0	0.0%	0	0.0%	5	5.2%
25. If yes, do you now smoke cigarettes every day, some days or not at all?						
Everyday	23	46.9%	1	14.3%	10	40.0%
Some days	6	12.3%	4	57.1%	11	44.0%
Not at all	20	40.8%	2	28.6%	4	16.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?						
Less than 1/2 pack per day	13	44.8%	3	60.0%	4	57.1%
1/2 to 1 pack per day	12	41.4%	1	20.0%	3	42.9%
About 2 packs per day	4	13.8%	0	0.0%	0	0.0%
About 3 packs per day	0	0.0%	1	20.0%	0	0.0%
More than 3 packs per day	0	0.0%	0	0.0%	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?						
One or more times each week	76	73.1%	13	56.5%	37	40.2%
Less than one time per week	20	19.2%	6	26.1%	33	35.9%
Not at all	8	7.7%	4	17.4%	22	23.9%
28. How often do you generally follow recommendations for a healthy diet?						
All the time or almost all of the time	13	12.5%	4	17.4%	6	6.5%
Most of the time	30	28.8%	11	47.8%	30	32.6%
Some of the time	47	45.2%	8	34.8%	42	45.7%
Not very often or not at all	14	13.5%	0	0.0%	14	15.2%
29. Have you ever been told by a doctor or nurse that you have any of the following?						
High blood pressure ('yes')	29	28.7%	4	18.2%	18	21.7%
Heart disease ('yes')	7	7.6%	1	4.3%	10	12.7%
Diabetes ('yes')	12	12.9%	1	4.8%	9	11.8%
Asthma ('yes')	15	16.0%	0	0.0%	8	10.4%
Other lung disease ('yes')	5	5.7%	0	0.0%	6	8.0%

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

	Racial Minorities Black		More than one race			Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent		Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?							
Yes	4	3.8%	1	4.5%		4	4.5%
No	102	96.2%	21	95.5%		84	95.5%
31. Do you pay anyone to give this assistance?							
Yes	1	25.0%	1	100.0%		1	25.0%
No	3	75.0%	0	0.0%		3	75.0%

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

	Racial Minorities Black		More than one race		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?						
Yes	26	81.2%	8	100.0%	15	42.9%
No	6	18.8%	0	0.0%	20	57.1%
33. If yes, what kind do you have? (respondents were asked to check all that apply)						
Provided by employer	15	57.7%	5	62.5%	7	46.7%
Privately purchased plan	0	0.0%	0	0.0%	2	13.3%
Covered under spouse or parent's insurance	0	0.0%	0	0.0%	2	13.3%
Medicare	3	11.5%	0	0.0%	1	6.7%
Medicaid	6	23.1%	0	0.0%	0	0.0%
Long term care insurance	0	0.0%	1	12.5%	1	6.7%
Other	0	0.0%	1	12.5%	1	6.7%
34. Do you have dental insurance coverage if any problems arise?						
Yes	65	61.9%	15	65.2%	23	24.7%
No	40	38.1%	8	34.8%	70	75.3%
35. How much do you pay for prescription drugs in a typical month?						
Nothing / Does not apply to me	23	21.7%	6	26.2%	7	8.1%
Less than \$10 per month	17	16.0%	3	13.0%	9	10.3%
\$10 to \$24 per month	19	17.9%	6	26.2%	13	14.9%
\$25 to \$49 per month	15	14.2%	4	17.4%	10	11.5%
\$50 to \$74 per month	11	10.4%	1	4.3%	5	5.7%
\$75 to \$99 per month	5	4.7%	1	4.3%	2	2.3%
\$100 to \$199 per month	5	4.7%	1	4.3%	2	2.3%
\$200 or more per month	0	0.0%	1	4.3%	3	3.5%
Don't know	11	10.4%	0	0.0%	36	41.4%

Overview of Elkhart County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Elkhart County residents: **cancer (breast, ovarian and other types), diabetes, heart disease, high blood pressure, HIV/AIDS, mental health and thyroids**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

improve access to healthcare by eliminating barriers;
improve communication between consumers and providers;
improve personal behavior to promote positive health; and,
increase the health awareness and education level of the community.

A major theme in the focus groups 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 Elkhart County.

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

cultural (providers rushing patients and providers having an attitude towards the patients);
communication between provider and patient (both need to learn how to better communicate with each other, what are the right questions to ask, what are the rights of a patient);
lack of health knowledge and promotion (a failure to recognize a health problem; a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
personal and economic situation (lack of funds, lack of insurance, lack of transportation); and,
system problems (lack of availability of providers in the community, long waiting periods, a lot of paperwork is required before new patients can be seen, lack of adequate Medicaid doctors).

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

educating the community about ways to improve their health status (i.e., more neighborhood clinics, 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);
system improvement (more Medicaid doctors, better transport system); and,
providing translators and interpreters to have more patient advocates available in the community.

Key quotes from participants:

“Not enough African American women are getting mammograms.”

Elkhart County Focus Group Responses

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

CONSUMERS

Health Conditions

- Breast Cancer
- Diabetes
- Heart Disease
- High blood pressure
- HIV
- Thyroids
- Ovarian Cancer
- Other types of cancers

Health Knowledge and Promotion

- Learn more about different types of cancer and especially breast cancer.
- Learn to take care of oneself in reference to Diabetes.

Health System

- Offices are too crowded.

Quote:

“Not enough African American women are getting mammogram.”

COMMUNITY LEADERS

Cultural Characteristics

- African Americans tend not to get health care

Health Conditions

- High Blood Pressure
- HIV/AIDS
- Mental Health
- Type II Diabetes

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

- More free or low cost health care
- Location of clinics; this should be closer to clients.
- Locate doctors closer to clients.

- Reduce Cost of health care.
- Address Transportation problems

Provider Behavior/System Characteristics

- More physicians that accept Medicaid
- Availability
- Bigger clinics
- Reduce overcrowding in clinics

COMMUNITY LEADERS

Improve Communication and Education

- Education
- Knowing some symptoms
- Getting information from primary care providers
- Learning how to talk about health issues in schools and churches

Improve Personal Behavior

- Need to teach children that they have the power to make decisions about their lives; smoking, being sexually active
- Being positive with their lives

Provider Behavior/System Characteristics

- Early diagnosis
- Focus on prevention efforts especially in children
- Address Mental Health issues

Quote:

“Teach people how to be assertive as it pertains to their health.”

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

CONSUMERS

Health Knowledge and Promotion

- Lack of knowledge on patient rights
- Not educated on how their insurance works, who is paid, how and what patients are responsible for

Provider Behavior/System

- Long waiting periods and clients end up going to emergency location.
- Some doctors cancel appointments without notifying the patients
- Difficult for new patients to be seen due to various paper works
- Attitude of physicians
- Medicaid doctors refer patients to doctors that don't accept Medicaid patients

Quotes:

“How can you be billed twice on doctor’s orders from the doctor?”

“She had the problem with the dentist. She had to pay \$25.00 per child. So she couldn’t go back there until paid. Is the bill being paid if your and referral to another doctor.”

“How can you be billed twice on doctor’s orders from the doctor for example blood work?”

“I missed my appointment at the dentist and they made me pay \$25 per child in order to make another appointment (out-of-pocket).”

COMMUNITY LEADERS

Cultural Characteristics and sensitivity

- That we are not as educated on health as the Caucasian
- African Americans and Hispanics treated differently than Whites
- The attitude you get when you go into a facility because of your race.
- Prioritizing family needs; to eat or have good medical care

Health Knowledge and Promotion

- Lack of knowledge on different programs
- Not knowing how to go about accessing services that are available

Personal Economic

- Lack of benefits
- Transportation

Provider Behavior/System

- Attitude of the facility where you go
- Medicaid doctors are assigned out of the area and they don’t want to children
- Medicaid approves 10 rides a year to doctor but they can’t ride if there are extra children
- More and more doctors do not want to take Medicaid patients

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

CONSUMERS

System/Provider

- Put in neighborhood clinics
- Facilitate health records transfer between States
- Open up more neighborhood clinics

- Ensure that clinics already running or open new ones that Medicaid or just people with low income
- Availability of services
- Try to get some of the doctors within the community to start accepting Medicaid

COMMUNITY LEADERS

Communication

- There is need for someone to play strong advocacy roll
- Having someone to advocate for patients, to help them navigate through the medical system

System/Provider

- The bus needs to pick up more routes
- If the doctors who provide care to minorities would bring up the issues of rule
- Need more facilities to serve low-income families

Quote:

“The bus quit going to Heart City clinic.”

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.”

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

Provider/System

- Doctor don’t spend the time or effort that they should on each patient
- Patients feel rushed; feeling rushed through your exam.
- Being assigned to one doctor
- If you are on Medicaid, they do not pay for a second opinion.
- Doctors misdiagnose and they don’t take into consideration what another doctor said

Education/Promotion

- Don’t know what to ask or feel like you can talk to them
- Understanding the conditions of your health care
- Patients don’t know what questions to ask

Quotes:

“You should be able to go to the doctor that you want to go to even if you are on Medicaid and have to option to get a second opinion.”

“Nurses (or someone) should educated patients on diagnosis; patients don’t know what questions to ask.”

COMMUNITY LEADERS

Cultural

- People over booking themselves

Provider/System

- Doctors giving out too much medicine without educating patients enough
- Instead of education or talking about prevention doctors just give you another pill
- Too many patients scheduled at the same time

Access

- Patients with HIV have to go to South Bend to get taken care of – there is no doctor that will take an HIV+ patient and treat them specifically for their HIV

Education/Promotion

- Elderly people are not being aware of all the meds

Communication

- Communication, not explaining thoroughly money operations

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

- Due to different insurances the choice is made
- How they go about choosing due to severity of the issue.
- People with private insurance are helped first and they are treated better than people who are on Medicaid.

COMMUNITY LEADERS

- Elkhart County will not care for HIV patients
- It’s about who a person is
- help that’s there for everyone, but act as if there not
- No, the attitude of the nurses and doctors; they treat African Americans differently

- Service is friendly if you look like them.
- Not treated the same

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

- Heart City
- Minority Health Coalition
- Health Department

Communication/Outreach/Education

- Giving shots; immunizations on certain days
- Asthma club
- AIDS awareness
- Informing the community what's going on
- Informing community of programs existence and the services they provide

Provider Behavior/System

- Providing formula in the WIC program

Incentives/Free services

- The program that gives hot dogs and chips is a good one; it gives you an incentive to go

Access

- Payment based on income
- Income based health care
- The location is a plus, and how diverse it is
- They are centrally located

COMMUNITY LEADERS

Communication/Outreach/Education

- Reaching out to schools

Provider Behavior/System

- Committed staff; gives 150%

Collaboration

- Working with different agencies

Other

- Immunization clinic

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

Communication/Outreach/Education

- Not knowing the purpose of a program

Provider Behavior/System

- Long waiting time
- Bad customer service
- Overbooking which makes patients have to wait 2 or 3 hours to be seen
- If you are 2 minutes late for an appointment, they don't let you see the doctor when they are suppose to give you 15 minutes
- Client/customer service is poor

Access

- Relocating of programs from a black community

Community Characteristics

- People not paying attention to time

COMMUNITY LEADERS

Communication/Outreach/Education

- Not enough outreach into community

Provider Behavior/System

- Doctors who cant' treat HIV patients in Elkhart county
- Lack of accountability in making programs successful

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

CONSUMERS

Recommendations to Institutions:

Programs

- Conduct open forum groups
- Try to be more involved in the community
- Improve Communication
- Address marketing issues

Capital Investment

- Open another clinic
- We need another neighborhood clinic because Heart City is overwhelmed

COMMUNITY LEADERS

Recommendations to Institutions:

Capital Investment

- Open another health care center

Policy/Legislators

- Need for legislative involvement as key to better health care

Key Informant Interview Findings for Elkhart County

Purpose: Community leaders/providers in Elkhart 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 the Elkhart County Minority Health Coalition (ECMHC). Tara Morris, the Coalition Coordinator of the ECMHC 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. Copies of the responses are included in the appendix. The community leader/provider interviews were conducted during April and May of 2004. The profession of the community leader/provider includes a child care program director, while the profession of the remaining interviewees remains unknown. The age, gender and race/ethnicity of the interviewees are not known.

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 Elkhart County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Elkhart County:

1. Personal Behavior (Change Life Styles)

African American population in Elkhart County:

1. System Improvement (More Providers/Medicaid providers)
2. Improve Education (Health Promotion)

Hispanic/Latino population in Elkhart County:

1. System Improvement (More Providers/Medicaid providers)
2. Improve Communications (Language)
3. Improve Awareness of Services (Caring for undocumented persons)
4. System Improvement (More Healthcare facilities)

Asian American population in Elkhart County:

1. Improve Education (Health Promotion)
2. Improve Awareness of Services

Native American population in Elkhart County:

1. System Improvement (More Providers/Medicaid providers)
2. Improve Education (Health Promotion)

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

For all racial and ethnic populations in Elkhart County:

1. System Improvement (More Providers/Medicaid providers/More neighborhood clinics)
2. Improve communication (culture/language)
3. Improve Education (Health Promotion)
4. Personal Economic Barriers (Transportation)

African American population in Elkhart County:

1. Personal Behavior (Change Life Styles)
2. System Improvement (More Providers/Medicaid providers/Prevention services)
3. Improve Awareness of Services

Hispanic/Latino population in Elkhart County:

1. Improve Education (Health Promotion)
2. Personal Behavior (Change Life Styles)

Asian American population in Elkhart County:

1. 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 Elkhart County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Elkhart County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. System Improvement (More Minority Providers/More neighborhood clinics/)
4. Provider Behavior (Cultural competency)

Hispanic/Latino population in Elkhart County:

1. Improve Communications (Interpreters)

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

Key informant 1:

“No”

Key informant 2:

“Yes”

“I believe that African Americans still are perceived by many physicians as not caring about their health. We are not given the quality of care as our white counterparts. Doctors need to relay as much information as deemed necessary to ensure that people who are doing all they can to take care of themselves”

Key informant 3:
“No”

Key informant 4:
“Yes”

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

Key informant 1:
“Understanding the community being served”
“Community involvement”

Key informant 2:
“Providing a lot of information and screening services”
“Advocating for the needs of minorities and they seek solutions to healthcare problems”
“Focusing on the health care problems of minorities”

Key informant 3:
“Community involvement”
“Community outreach programs that effectively reach the people”
“Programs that help people feel comfortable discussing health concerns and needs”
“Consistent advocacy for the health needs of the communities”

Key informant 4:
“Mobile clinics”

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:
“Failure to consider cultural needs in disseminating information”

Key informant 3:
“Lack of innovative promotion and outreach strategies”

Key informant 4:
“Difference in provider and family priorities”

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:
“Not applicable”

Key informant 2:
“Insufficient”

Key informant 3:
“Insufficient”
“There is enough opportunity to access healthcare for racial and ethnic populations for those who are low income. The question is one more of insuring that minority groups know how to access this care.”

Key informant 4:
“Insufficient”
“Healthcare is not accessible to those who view transportation as a real obstacle would be a boost to the underserved.”

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:
“Not applicable”

Key informant 2:
“In an accessible and easy to find place”

Key informant 3:
“Not applicable”

Key informant 4:
“Specific location of the clinic is not as important as the general availability of care to all the neighborhoods whose population has shown need”

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 Elkhart County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Elkhart County:

1. System Improvement (Free prescriptions,
2. Improve Awareness of Services

3. Improve education
4. Collaboration

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:

“Distance is a big issue when your doctor is in another city that requires one to drive a great distance. People do not always have access to transportation”

Key informant 3:

“Success is stronger when messages are directed at the culture and mindset of a particular group rather than lumping minorities as a whole. We have not had much mixed-minority participation with events that are promoted simply as “minority” – essentially lumping all minorities into one group. I don’t believe that mixing minority groups is effective”

Key informant 4:

“Yes”

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 Elkhart County, the community leaders provided the following:

Key informant 1:

“Not applicable”

Key informant 2:

“Yes”

“Advertising”

Key informant 3:

“Yes”

“Our agency currently do all numerous activities to address minority health issues”

Key informant 4:

“Not applicable”

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:

“Emergency room and urgent care”

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

“Talk with the people utilizing the services to find what they see as their specific needs”

“Identify community leaders”

“Use persuasive and compelling messages that are made by those from within the minority communities.”

“Community involvement.”

“Collaboration”

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:

“None”

Key informant 3:

“None”

Key informant 4:

“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 Elkhart County, the community leaders provided the following:

“Elkhart Housing Authority residents including those in senior High Rise Apartments

“Head Start Personnel”

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Elkhart County. Analyses of existing data for Elkhart 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. Unfortunately, it was impossible to compare health indicators for American Indian/Alaska Native (AIAN) population in Elkhart County since the number of incidents was less than 20.

The Asian and Pacific Islander (API) population in Elkhart County has a disproportionate percentage of many health indicators. There is room for improvement in low birth weight, very low birth weight, preterm births, pregnancy complications, Cesarean deliveries, first trimester prenatal care, and alcohol use during pregnancy. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in the county.

The Black population in Elkhart County is disproportionately affected when comparing the health indicators among racial groups. Many of these health indicators need improvement because they do not meet the Healthy People 2010 objective and or have higher percentages than all births in Elkhart County. The indicators that need improvement are: low birth weight, very low birth weight, early preterm births, births with pregnancy complications, Cesarean deliveries, congenital anomalies, first trimester prenatal care, smoking and chemical abuse during pregnancy, births to single mothers, births to 16 and 17 year olds, high weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care.

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

The age-adjusted death rate for APIs, AIANs and Hispanics could not be compared due to the small number of deaths in Elkhart County. The age adjusted death rate for Blacks in Elkhart County was higher than the age adjusted death rate for all deaths in the County and higher than the age-adjusted death rate for Blacks in Indiana. Heart disease is the leading cause of death for Blacks in Elkhart County.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks and Hispanics have had difficulty obtaining care from primary care providers, with both groups identifying lack of health insurance, lack of money, and lack of transportation. Blacks also noted medical care not covered by insurance and waiting too long for an appointment. Hispanics also noted language and not having a social security number as barriers to their accessing care.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity, improving communication between community and providers, improve the healthcare system were also suggested. Hispanics also suggested the provision of 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 Elkhart County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and program administrators to focus interventions on those areas that are of most concern to the minority population.

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

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes

No

33. If yes, what kind do you have? **(CHECK ALL THAT APPLY)**

- Provided by employer
- Privately purchased plan
- Covered under spouse or parent's insurance
- Medicare
- Medicaid
- Long term care insurance
- Other: _____

34. Do you have dental insurance coverage if any problems arise?

- Yes
- No

35. How much do you pay for prescriptions drugs in a typical month?

- Nothing/Does not apply to me
- Less than \$10 per month
- \$10 to \$24 per month
- \$25 to \$49 per month
- \$50 to \$74 per month
- \$75 to \$99 per month
- \$100 to \$199 per month
- \$200 or more per month
- Don't know

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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.