

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

by the

Indiana Minority Health Coalition

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 Floyd 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 Floyd 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 Floyd 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 Floyd 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 104 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. The results from the surveys highlighted that Blacks perceive high blood pressure/stroke, diabetes, cancer, heart disease, and substance abuse as part of the top five worst health problems in their neighborhood. These results indicated that eighteen percent of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Blacks, the top five barriers attributed to accessing healthcare included: lack of insurance, lack of money, had to wait too long for an appointment, medical care not covered by insurance, and no transportation available.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in key informant interviews. Results from key informant interviews highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Floyd County were: personal economic barriers, system improvement, provider behavior, and consumer awareness of services. Additionally, the findings provided information on what some minority residents of Floyd 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 education and linguistic communication, improve personal economic barriers, and change personal behaviors.

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 Floyd 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 Floyd 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 Floyd County in collaboration with the Minority Health Coalition of Southern Indiana and other organizations
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the County
- Identify opportunities and initiatives to better meet the health needs

From the earliest discussions, this assessment was designed to be comprehensive in scope, committed to provide critical information to decision makers to help elucidate the health concerns of minority residents in Floyd 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 Floyd 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
- Key Informant Surveys

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 Floyd 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 Floyd 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 Floyd County.

Targeted Survey Data:

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

During the months of April and May 2004, the staff and volunteers of the minority health coalition of Southern Indiana administered the targeted surveys in Floyd County. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, grocery stores, health fairs, Laundromats, neighborhood events, and retail stores.

One hundred and four targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-five percent of the respondents (N = 99) reported their race; of which 89.9 percent were Black (N = 89), 5.1 percent reported more than one race (N = 5), and 1.0 percent were American Indian/Alaska Native (N = 1). Ninety-five percent of the participants (N = 99) responded to the question of ethnicity with 2.0 percent reported to be of Hispanic/Latino ethnicity (N = 2). Ninety-seven percent of the respondents (N = 101) indicated their gender; of which, 62.4 percent were female (N = 63) and 37.6 percent were male (N = 38). Ninety-six percent of the respondents (N = 100) reported their age with thirty percent in the 25 to 34 age group (N = 30), 22.0 percent in the 35 to 44 age group (N = 22), and 13.0 percent in the 45 to 54 age group (N = 13). Of the remaining respondents, 27.0 percent reported their age as 24 years or less (N = 27), and 8.0 percent reported their age as 55 years or more (N = 8).

Key Informant Interviews:

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 Floyd County.

The selected individuals were invited by letter to participate in the key informant interviews. The invitation letter, from the Minority Health Coalition of Southern Indiana, briefly explained the purpose of the interview 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 key informant interview. The protocols used to direct the key informant interviews are included in the appendix.

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 Floyd County health needs assessment was given, along with an explanation of the role of the findings, and anticipated future action plans.

No focus groups were conducted in Floyd County for the Needs Assessment project.

During the months of March and April 2004, the coordinator of the minority health coalition in Southern Indiana conducted four key informant interviews in Floyd County for the Needs Assessment project. The key informants represented a variety of professions including representatives from the county health department and a city housing authority. The key informants did not describe their gender, age, race or ethnicity.

RESULTS

Overview of Existing Health Indicator (Secondary) Data Analysis

Analysis of existing data for Floyd 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. Unfortunately, it is impossible to look at many disparities in Floyd County because less than 20 incidents occurred in the study year among individuals in the specific minority group for the specific outcome of interest. There were less than 20 incidents among APIs, AIANs and Hispanics in Floyd County.

Comparisons for Floyd 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 are listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

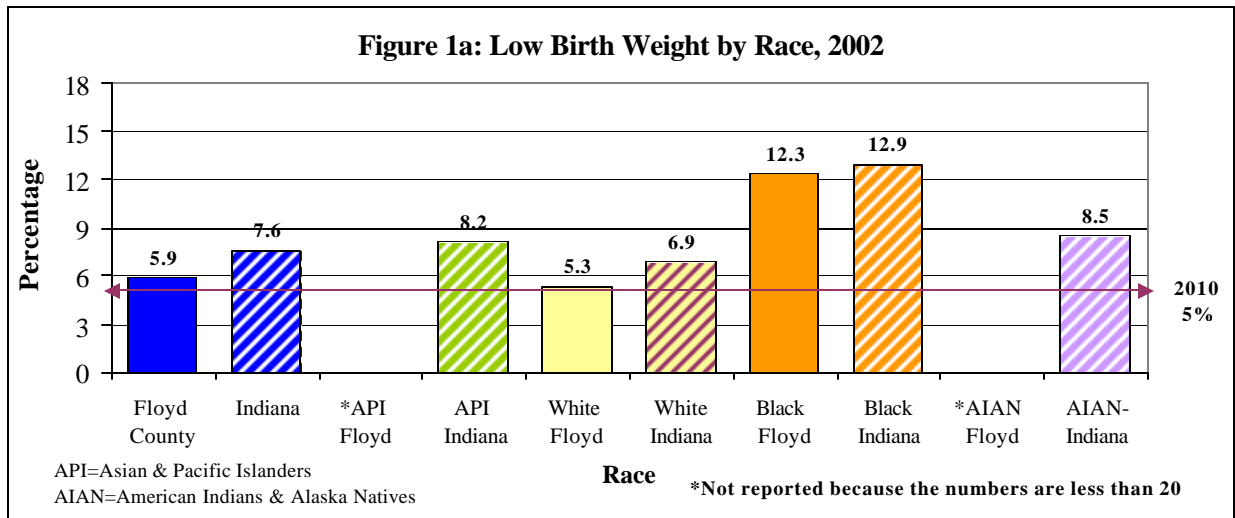
The Black population in Floyd County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, first trimester prenatal care, births to single mothers, births to 16 to 17 year olds, births to less than 16 years old, low weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care. These health indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County.

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

Birth Data:

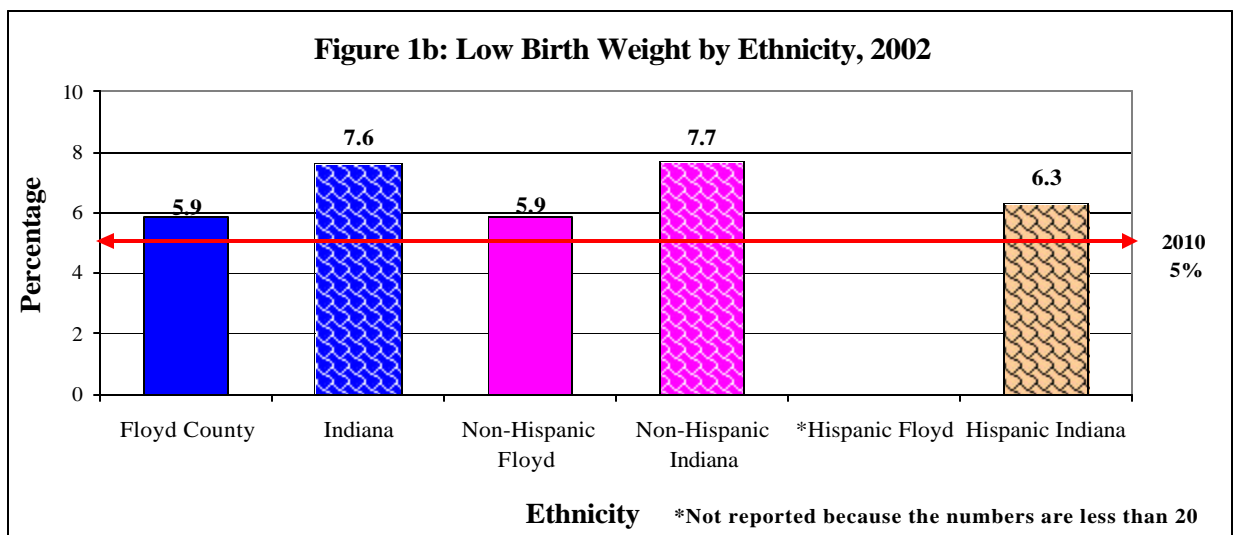
Low Birth Weight (LBW) by Race, 2002 (Figure 1a):

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



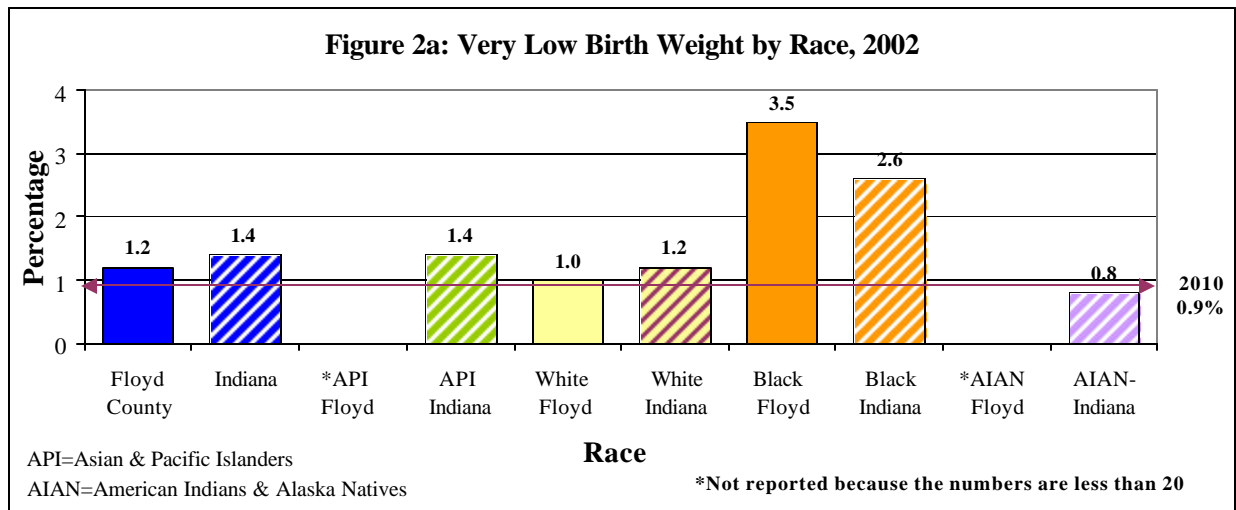
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

- The percentage of low birth weight deliveries for Hispanics in Floyd County could not be compared due to the small number of births.



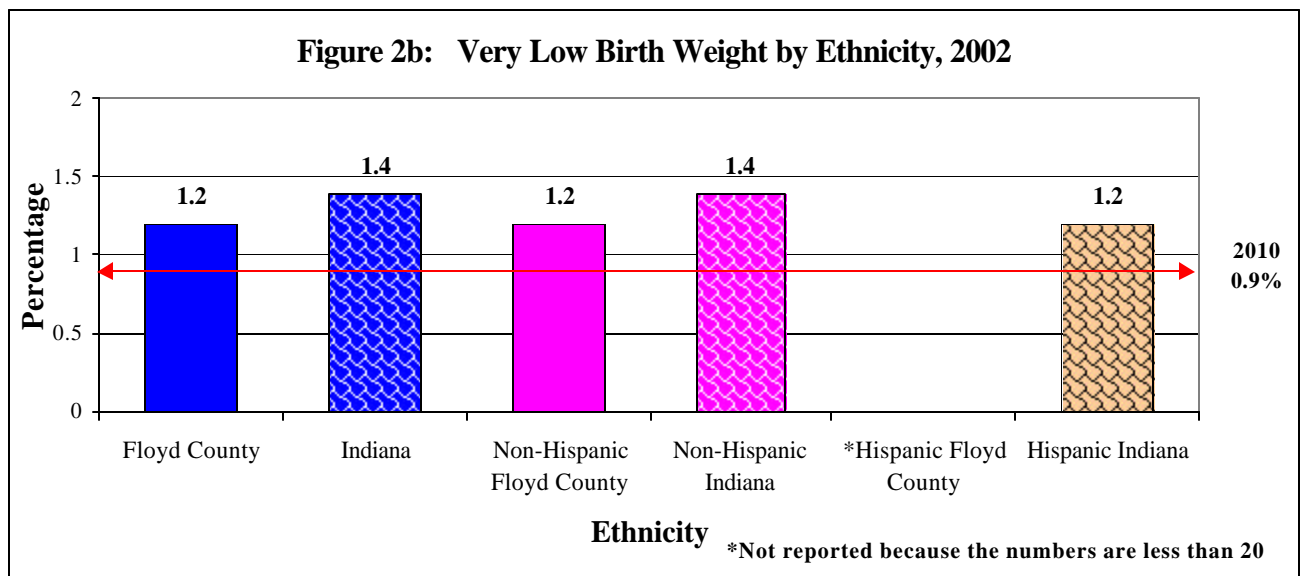
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



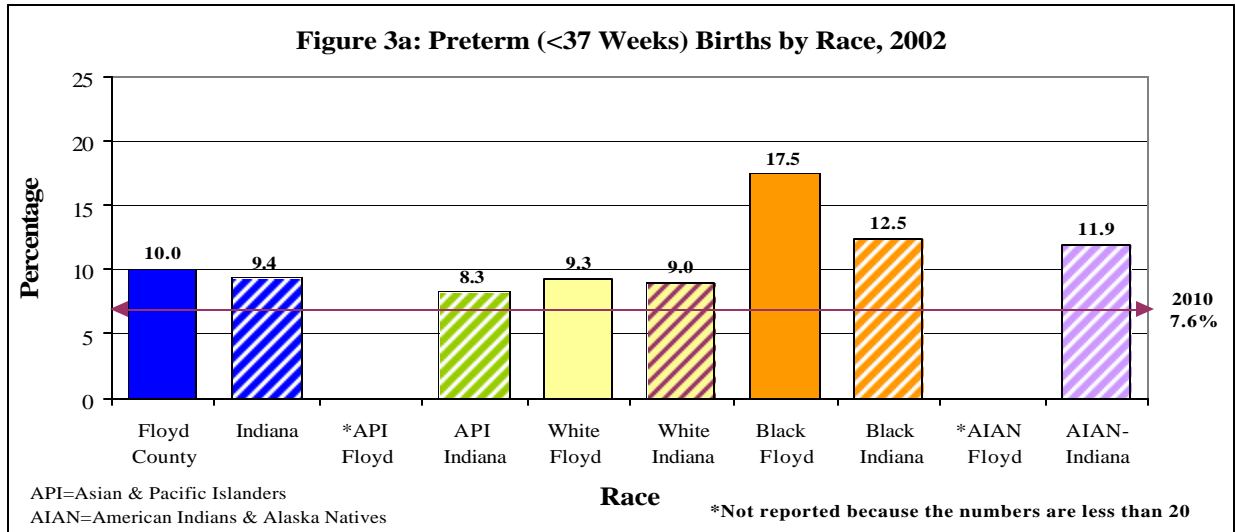
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

- The percentage of very low birth weight deliveries for Hispanics in Floyd County could not be compared due to the small number of births.



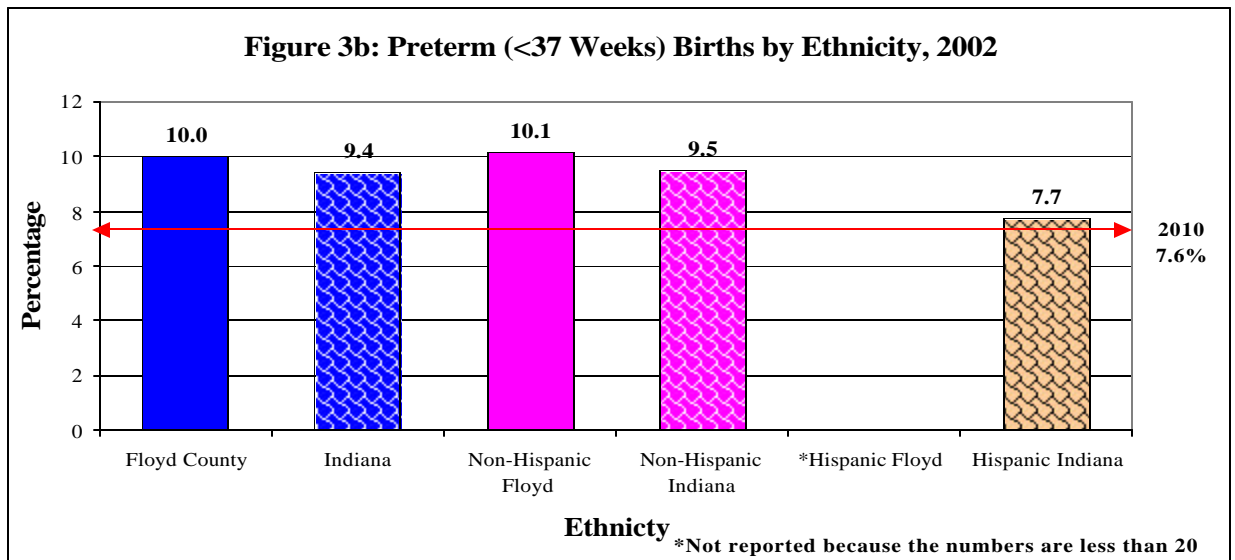
Preterm (<37 weeks) Births by Race (Figure 3a):

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



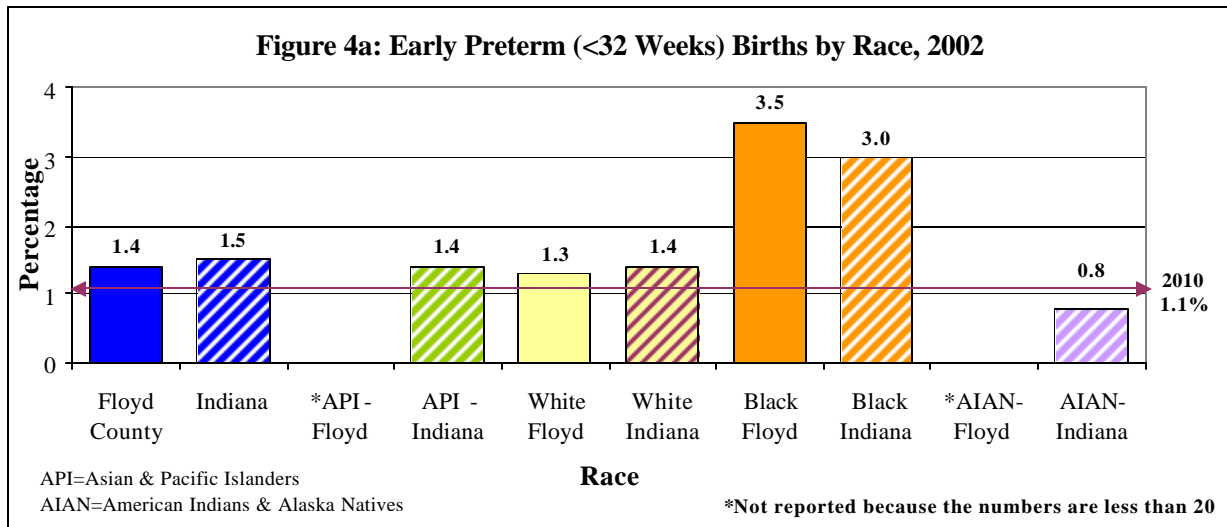
Preterm (<37 weeks) births by Ethnicity (Figure 3b):

- The percentage of preterm births for Hispanics in Floyd County could not be compared due to the small number of births.



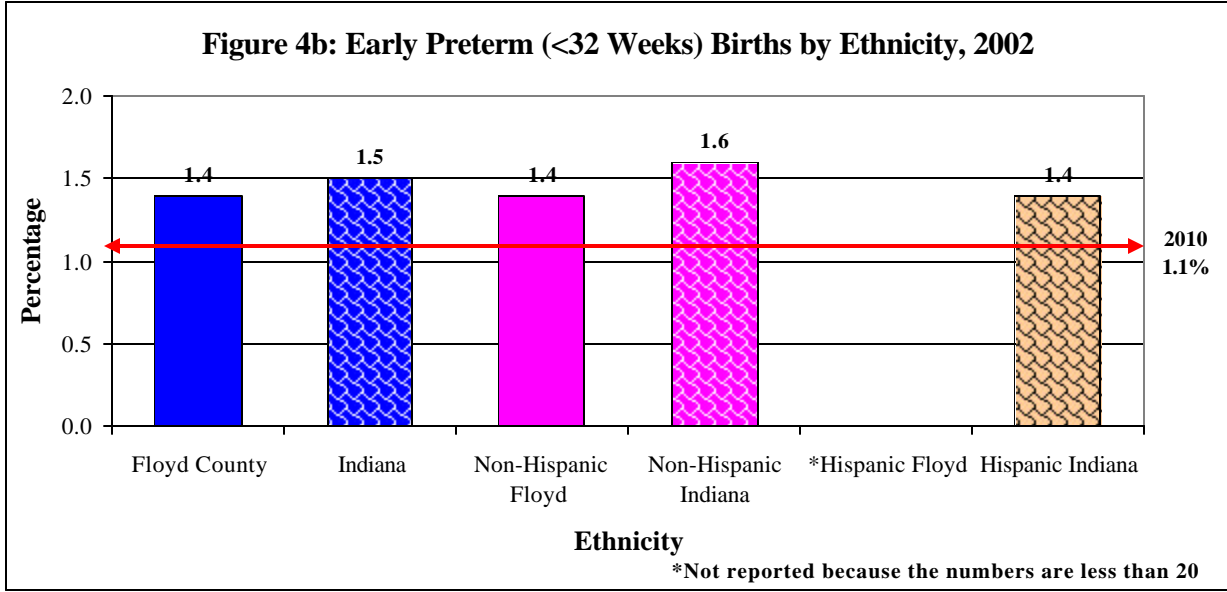
Early Preterm (<32 weeks) Births by Race (Figure 4a):

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



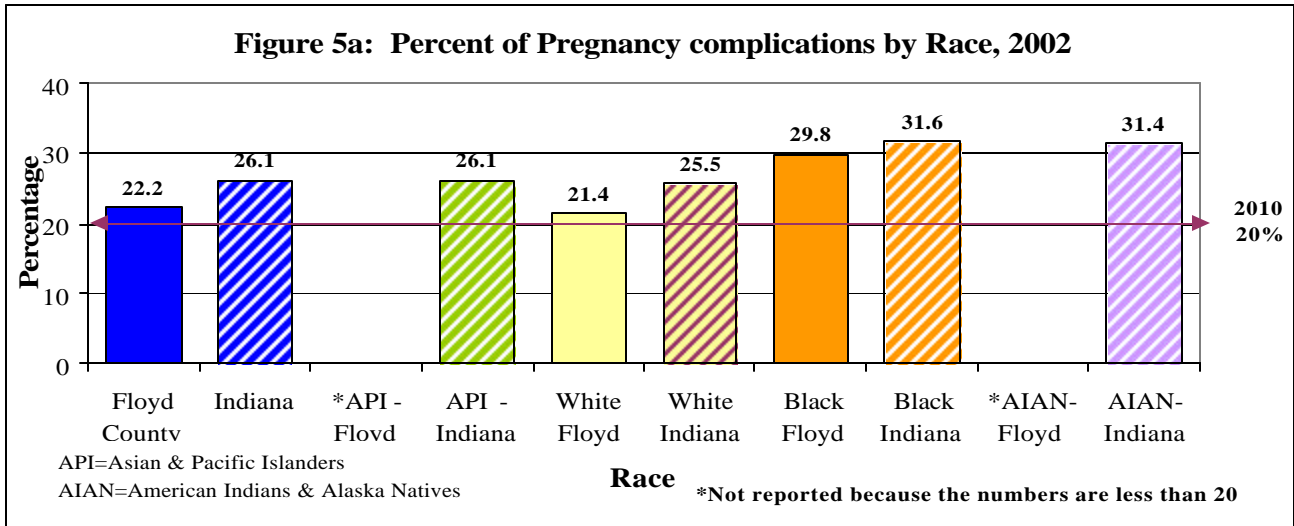
Early Preterm (<32 weeks) Births by Ethnicity (Figure 4b):

- The percentage of early preterm births for Hispanics in Floyd County could not be compared due to the small number of births.



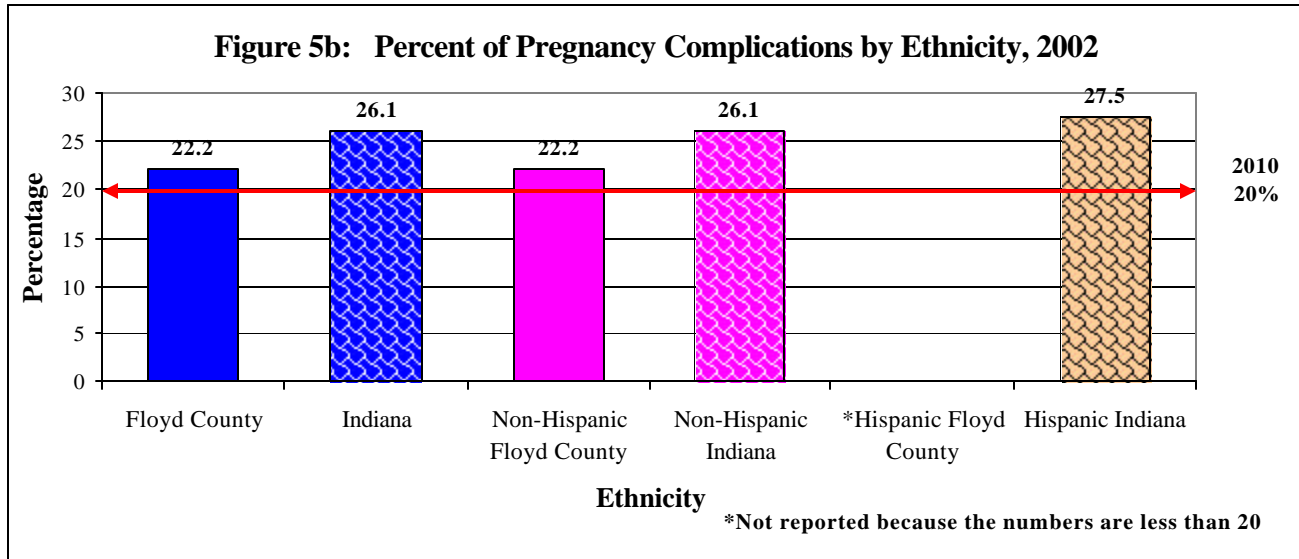
Percent of Pregnancy Complications by Race (Figure 5a):

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



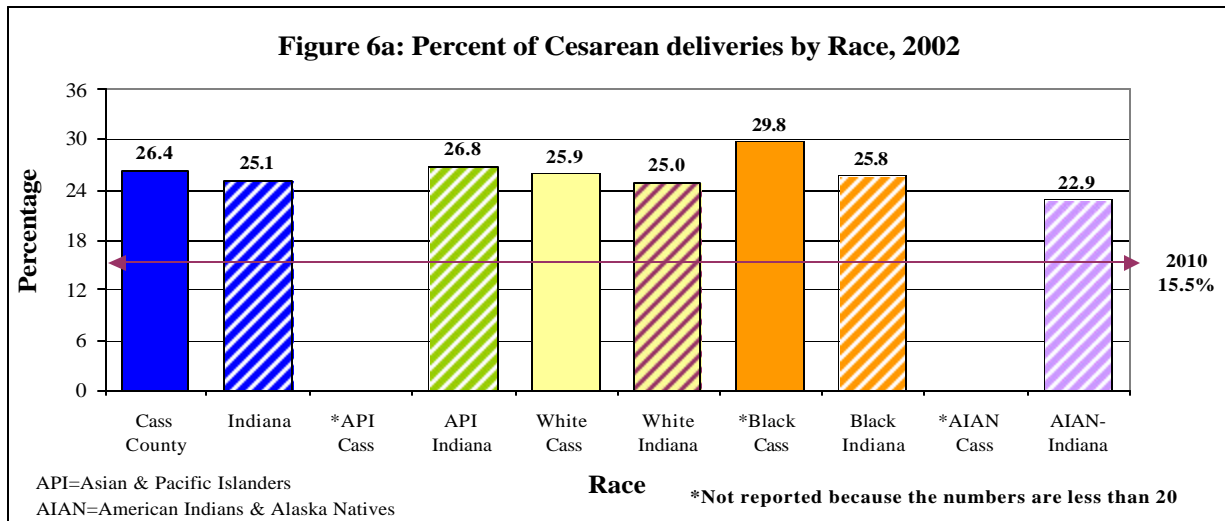
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

- The percentage of pregnancy complications for Hispanics in Floyd County could not be compared due to the small number of births.



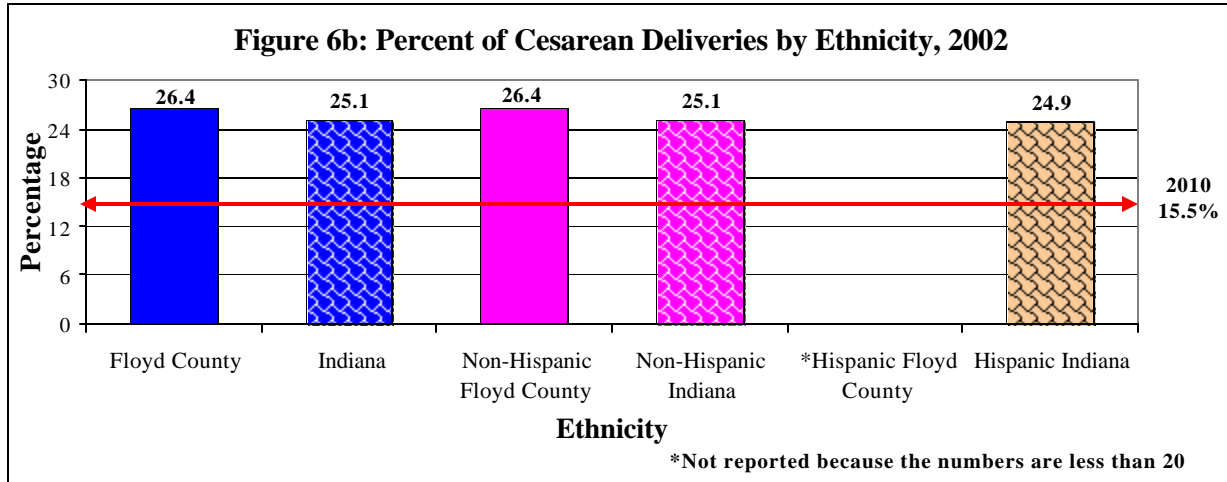
Percent of Cesarean Deliveries by Race (Figure 6a):

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



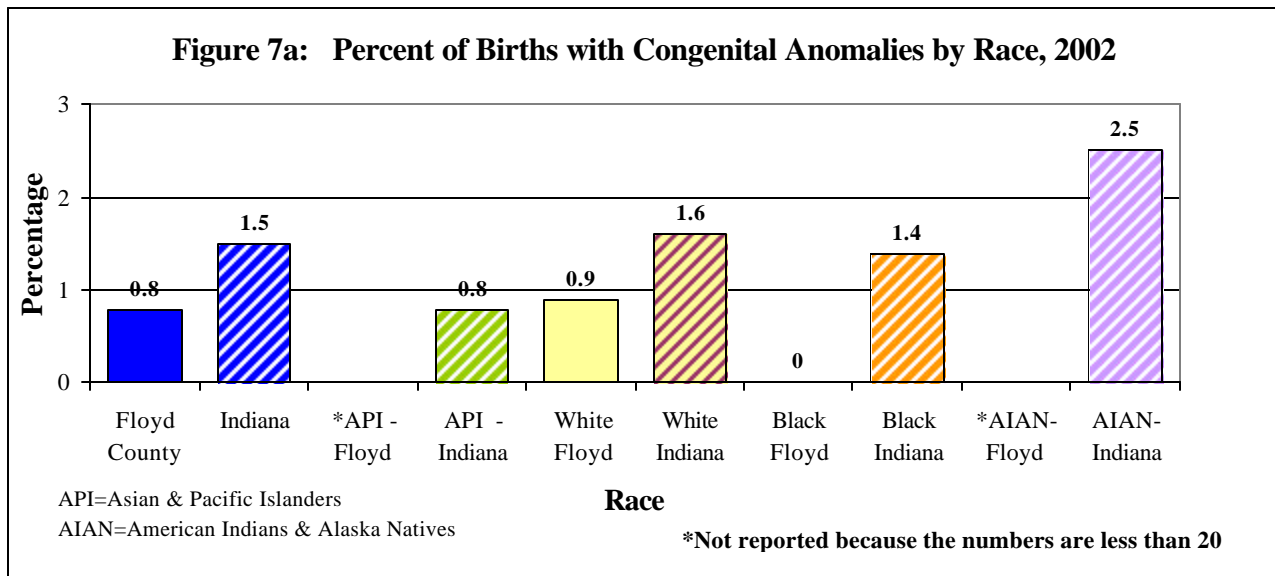
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

- The percentage of Cesarean deliveries for Hispanics in Floyd County could not be compared due to the small number of births.



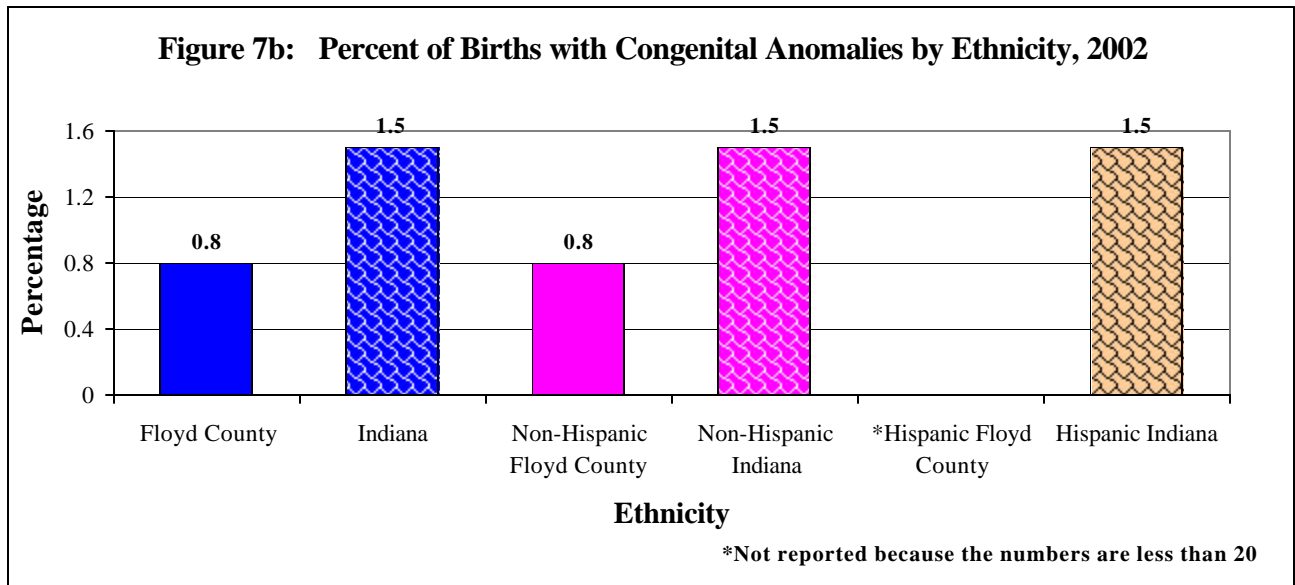
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



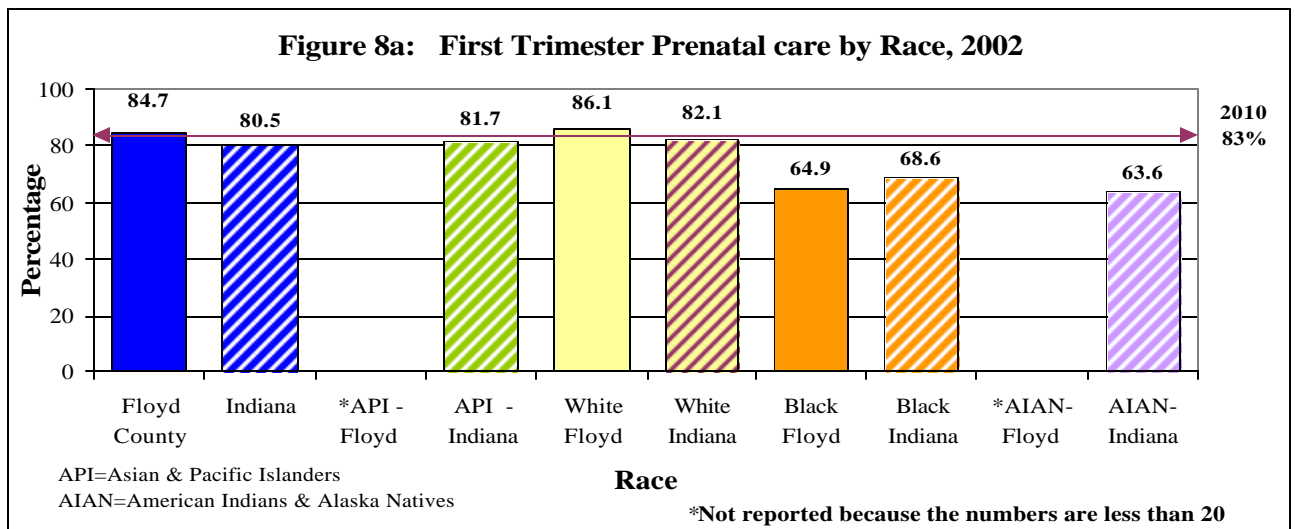
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

- The percentage of congenital anomalies for Hispanics in Floyd County could not be compared due to the small number of births.



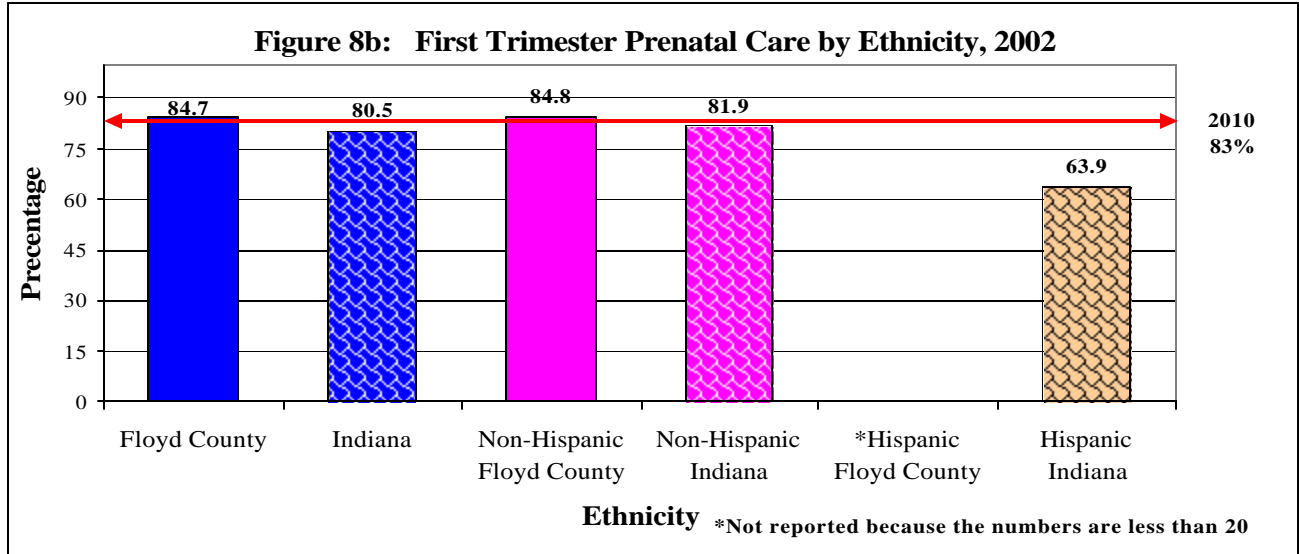
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



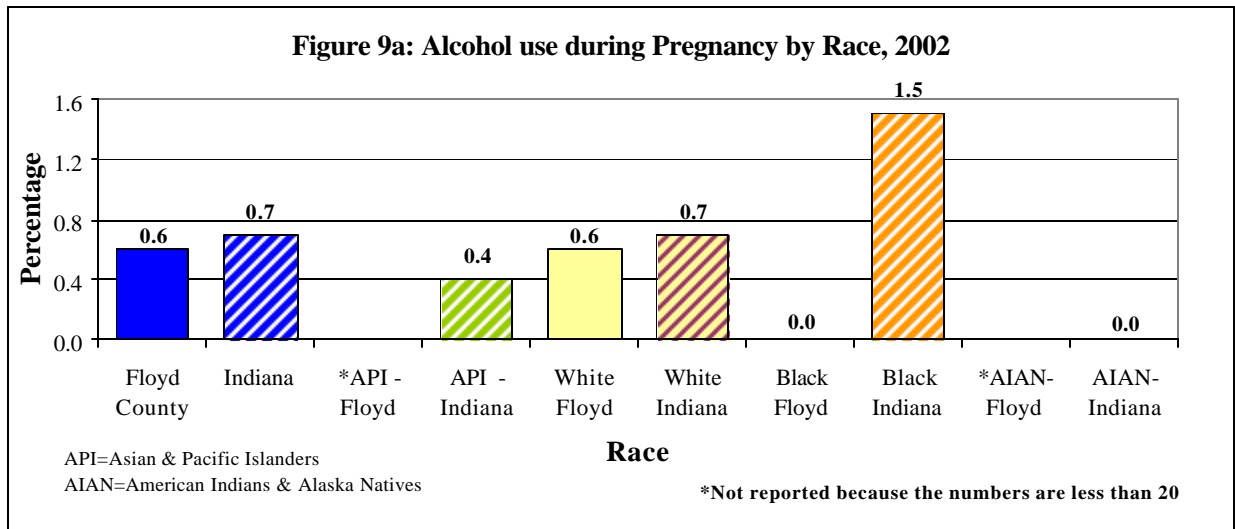
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

- The percentage of prenatal care in the first trimester for Hispanics in Floyd County could not be compared due to the small number of births.



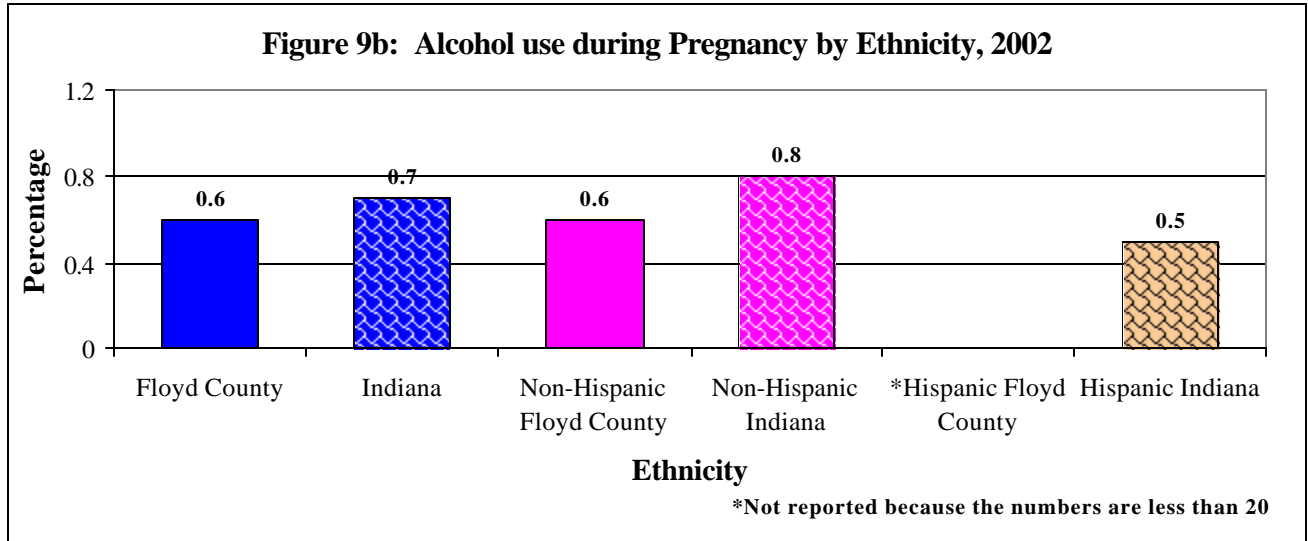
Alcohol Use during Pregnancy by Race (Figure 9a):

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



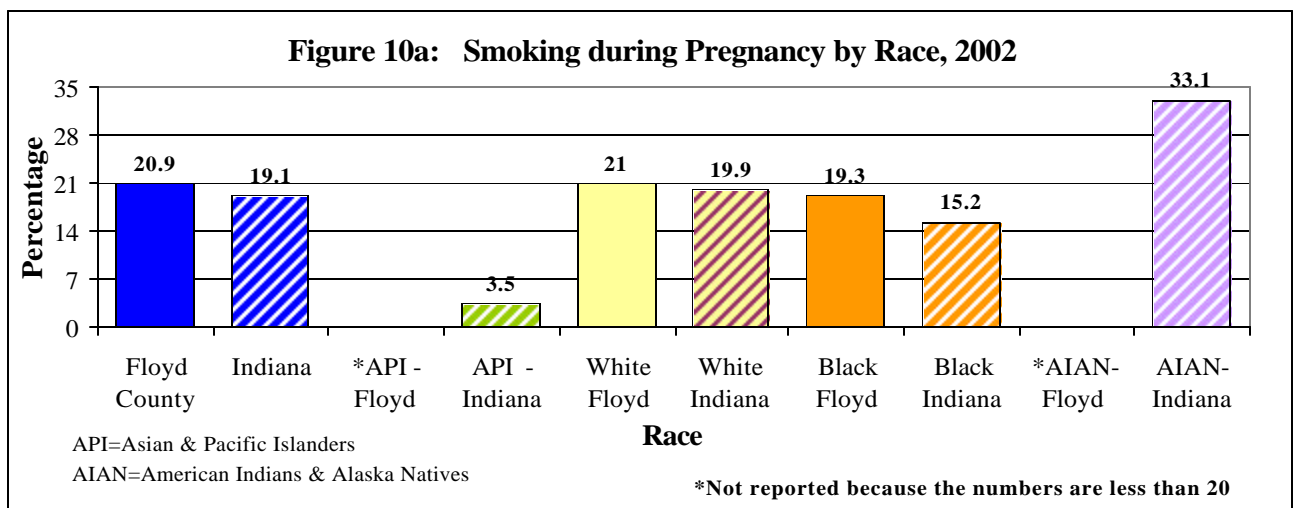
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

- The percentage of alcohol use during pregnancy for Hispanics in Floyd County could not be compared due to the small number of births.



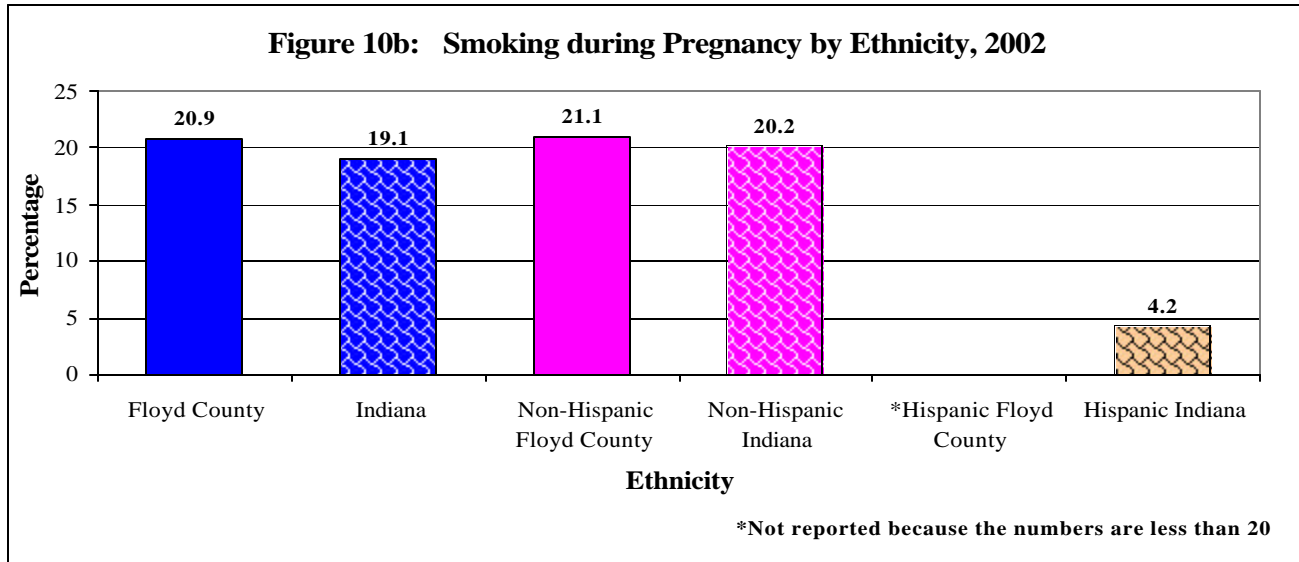
Smoking during Pregnancy by Race (Figure 10a):

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



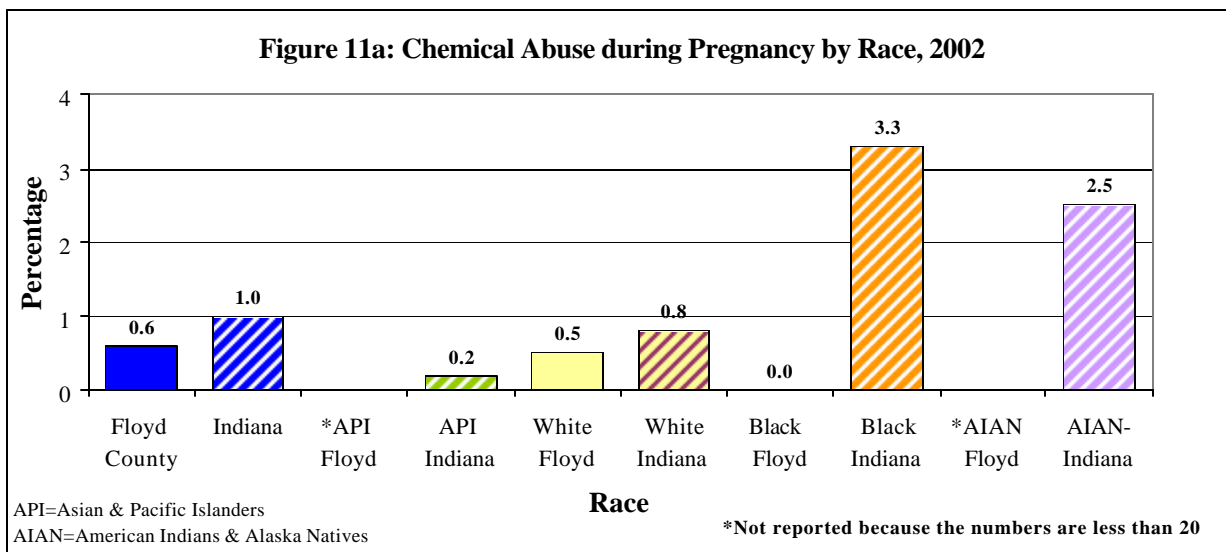
Smoking during Pregnancy by Ethnicity (Figure 10b):

- The percentage of smoking during pregnancy for Hispanics in Floyd County could not be compared due to the small number of births.



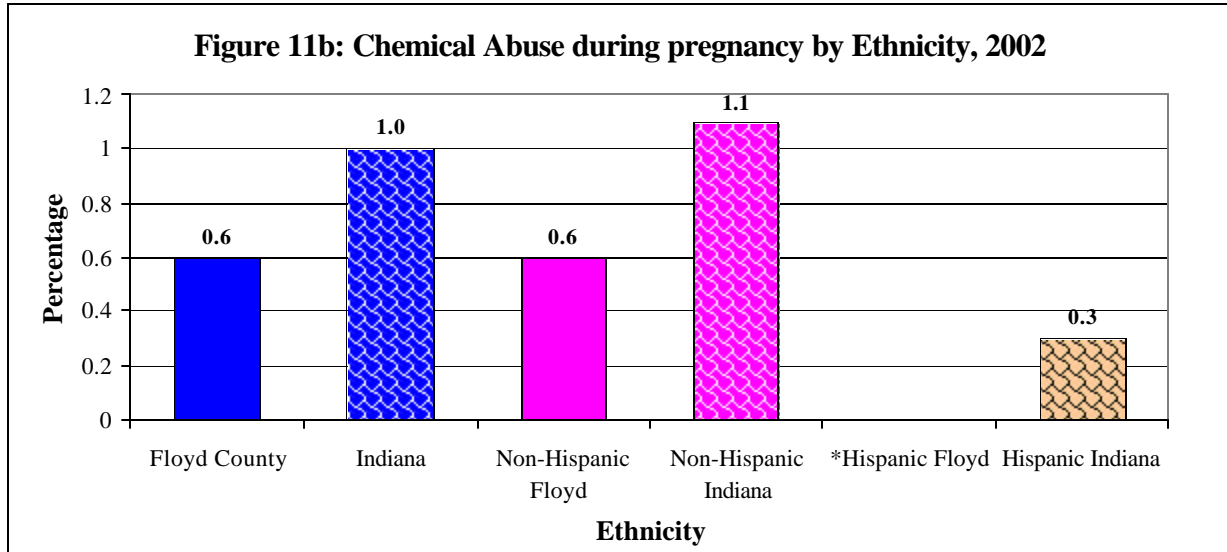
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



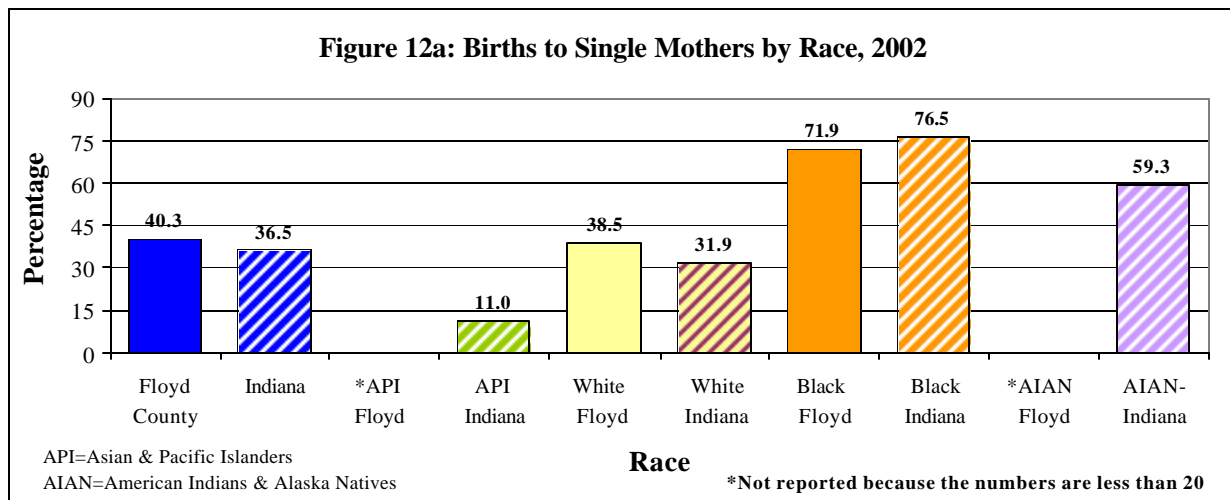
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

- The percentage of chemical abuse during pregnancy for Hispanics in Floyd County could not be compared due to the small number of births.



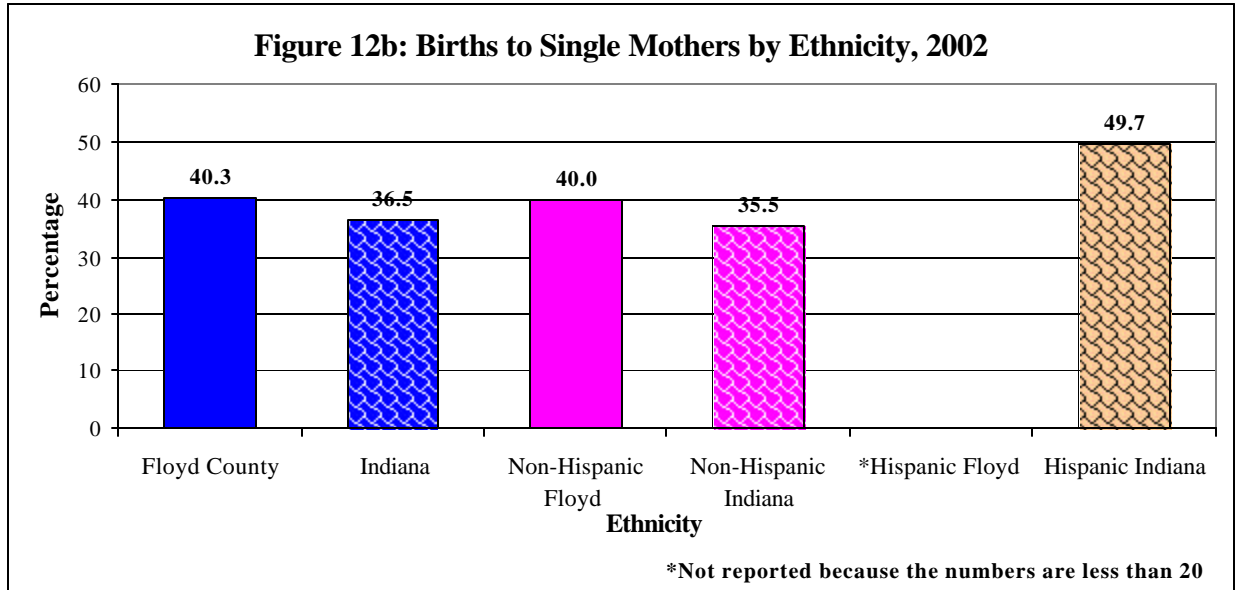
Births to Single Mothers by Race (Figure 12a):

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



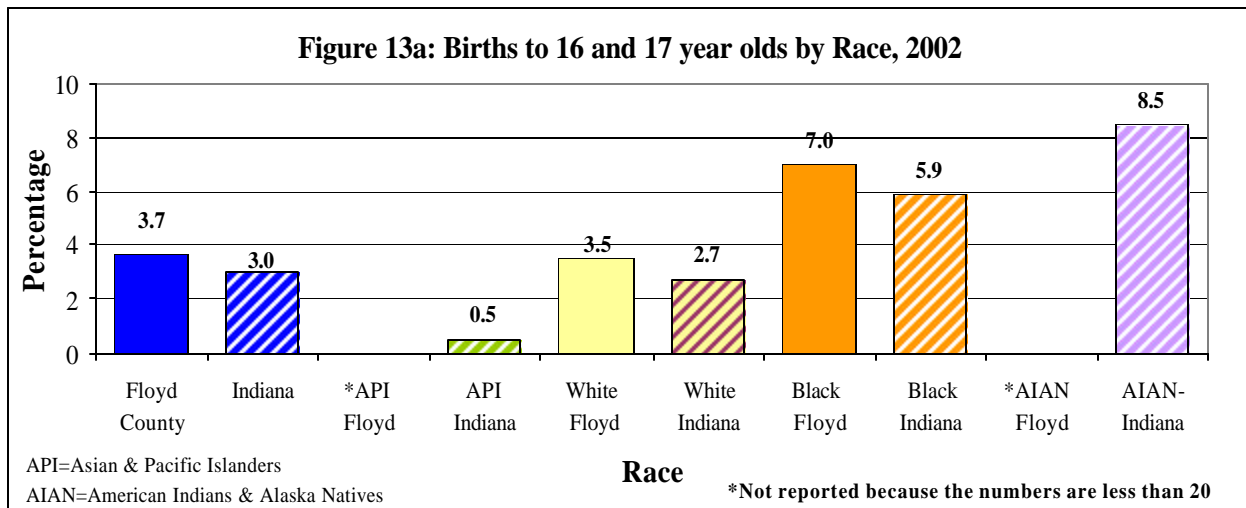
Births to Single Mothers by Ethnicity (Figure 12b):

- The percentage of births to single mothers for Hispanics in Floyd County could not be compared due to the small number of births.



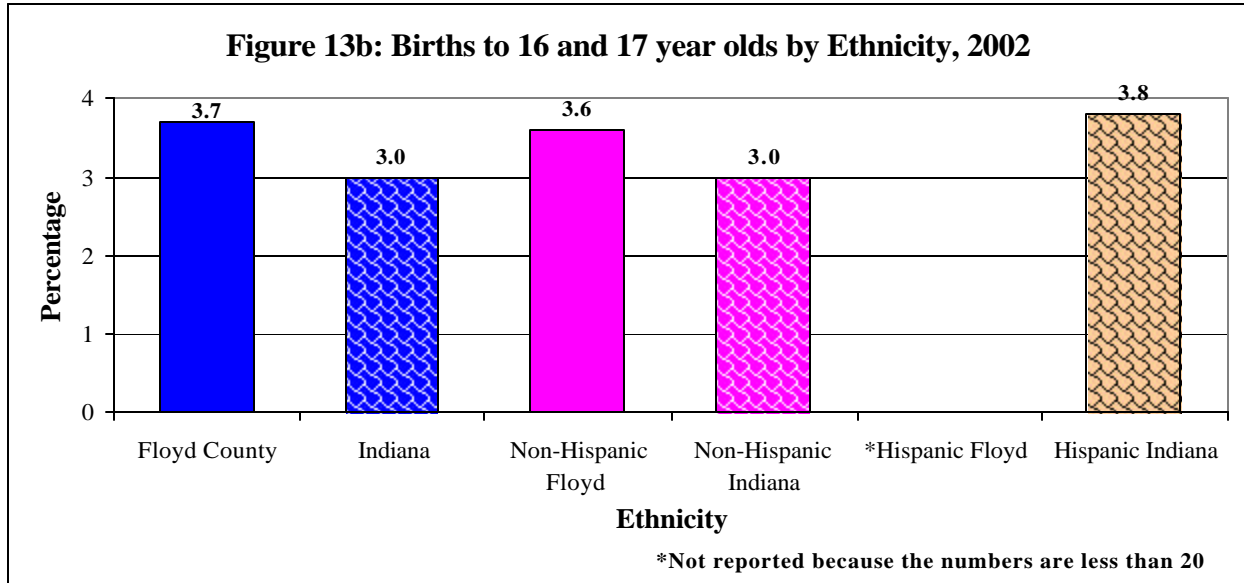
Births to 16 and 17 Year olds by Race (Figure 13a):

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



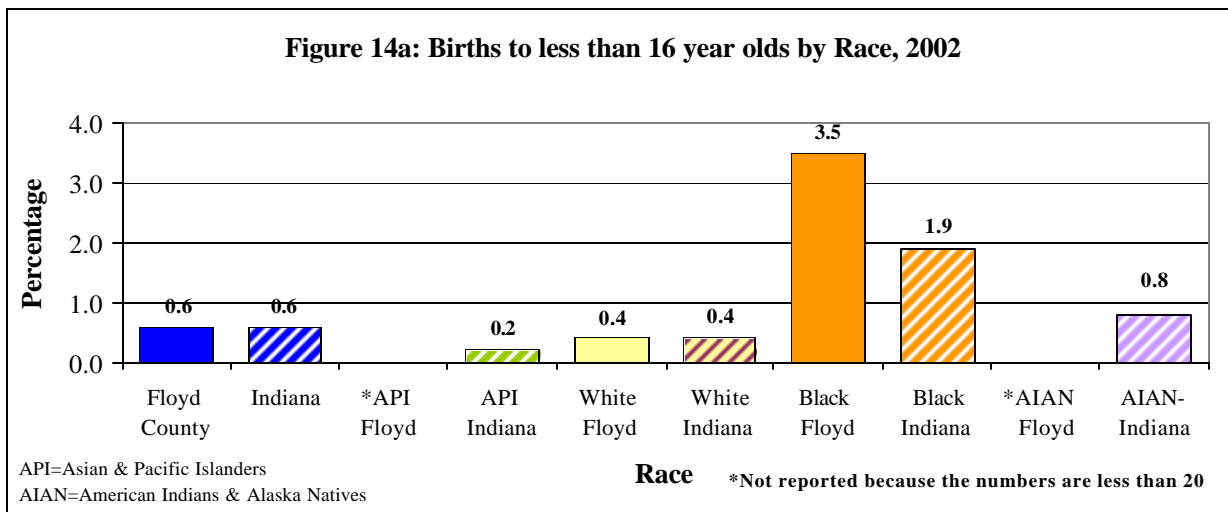
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

- The percentage of births to 16 and 17 year olds for Hispanics in Floyd County could not be compared due to the small number of births.



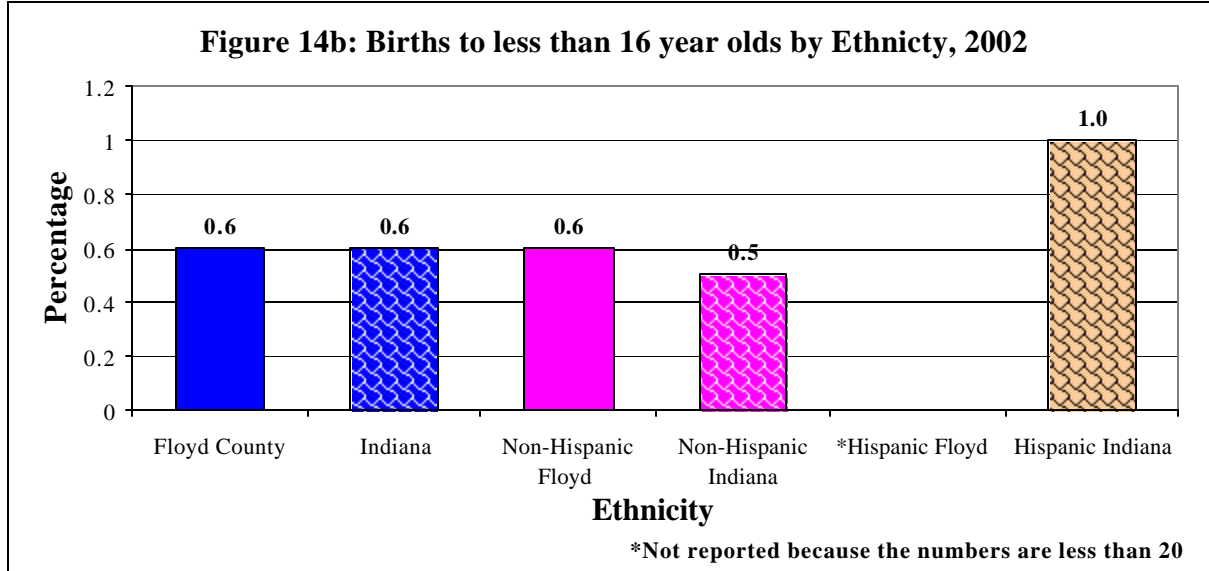
Births to Less than 16 Year olds by Race (Figure 14a):

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



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

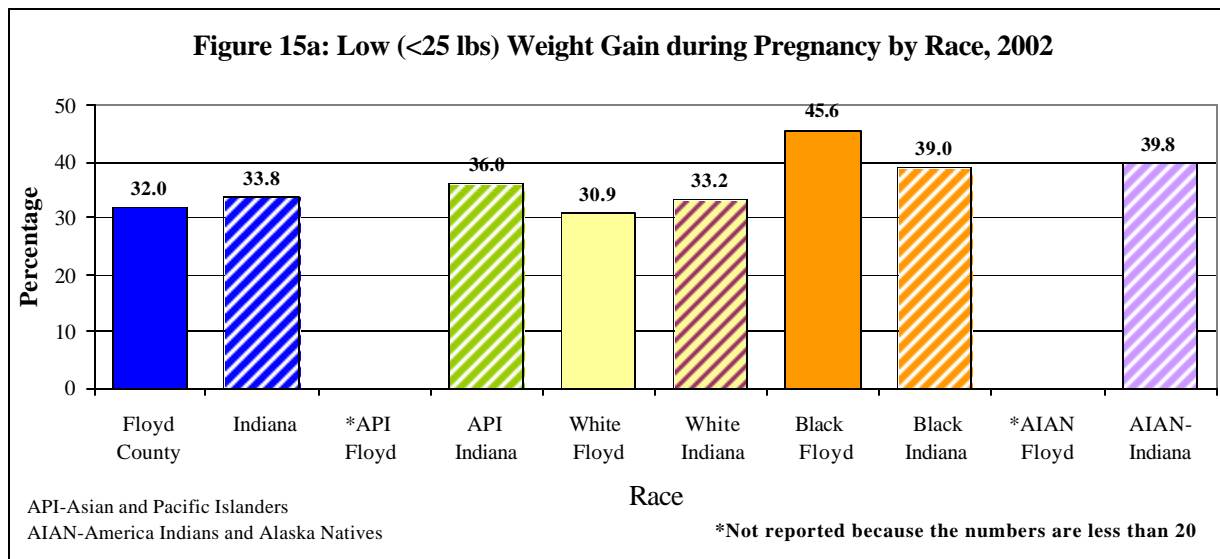
- The percentage of births to less than 16 year olds for Hispanics in Floyd County could not be compared due to the small number of births.



Weight Gain During Pregnancy:

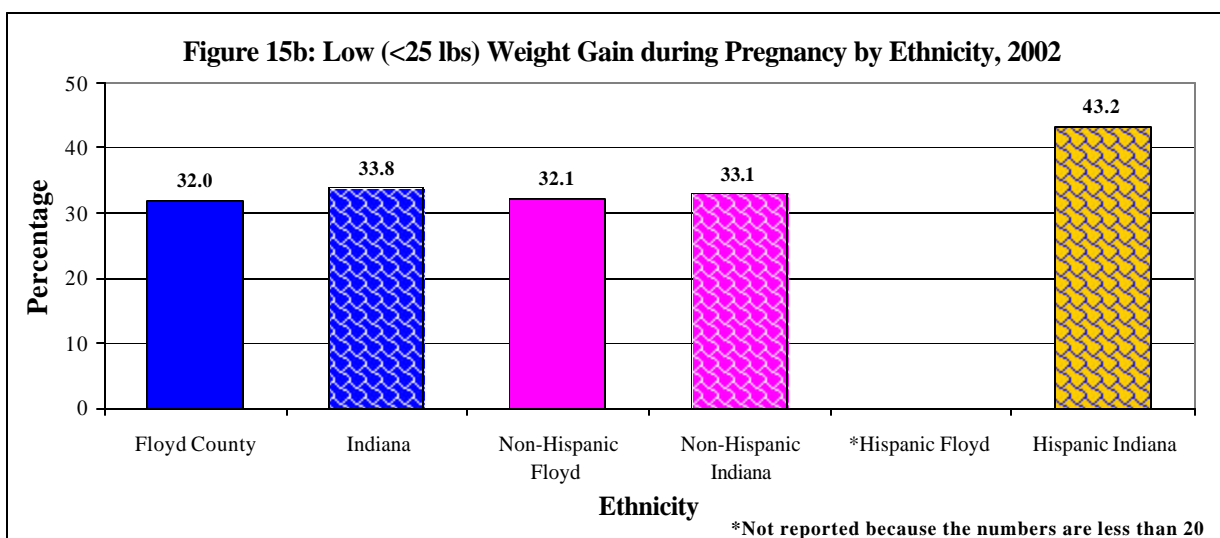
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



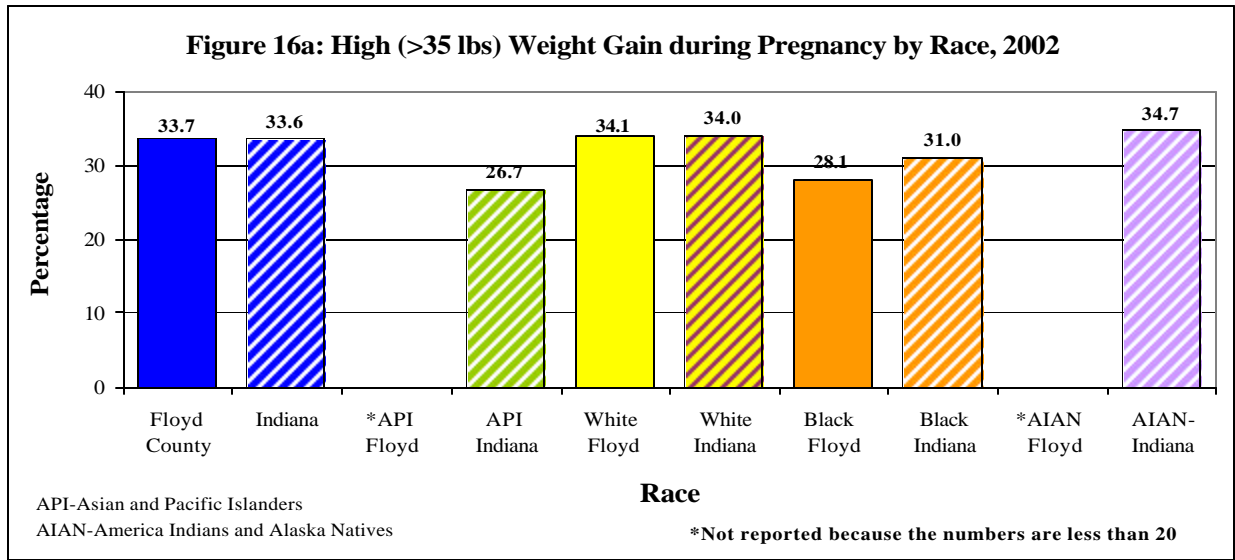
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

- The percentage of LWG during pregnancy for Hispanics in Floyd County could not be compared due to the small number of births.



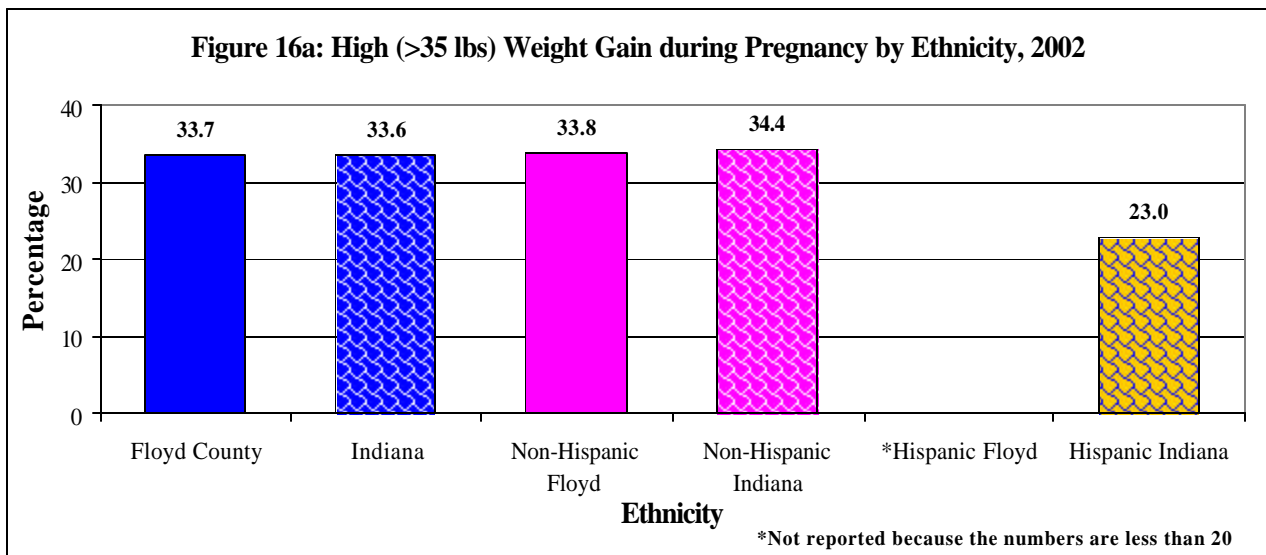
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

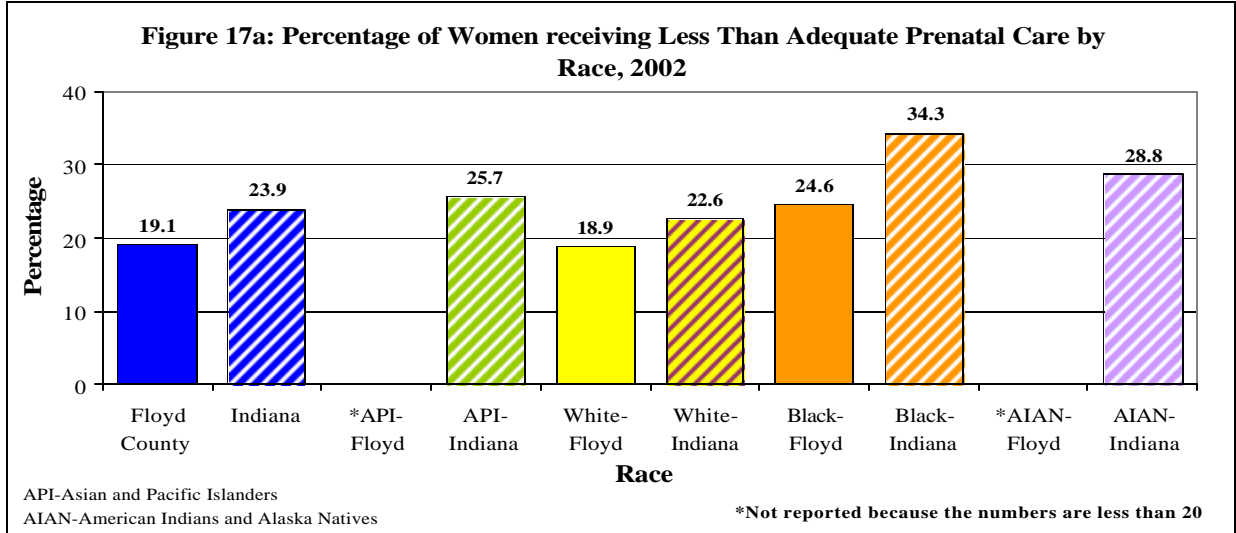
- The percentage of HWG during pregnancy for Hispanics in Floyd County could not be compared due to the small number of births.



Prenatal Care:

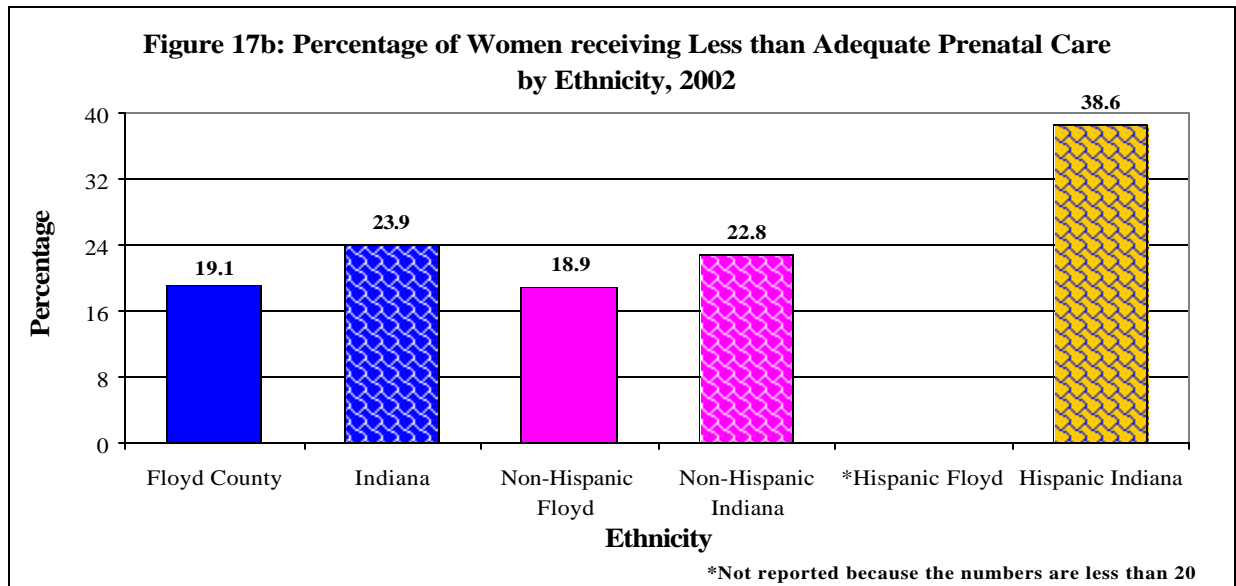
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

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



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

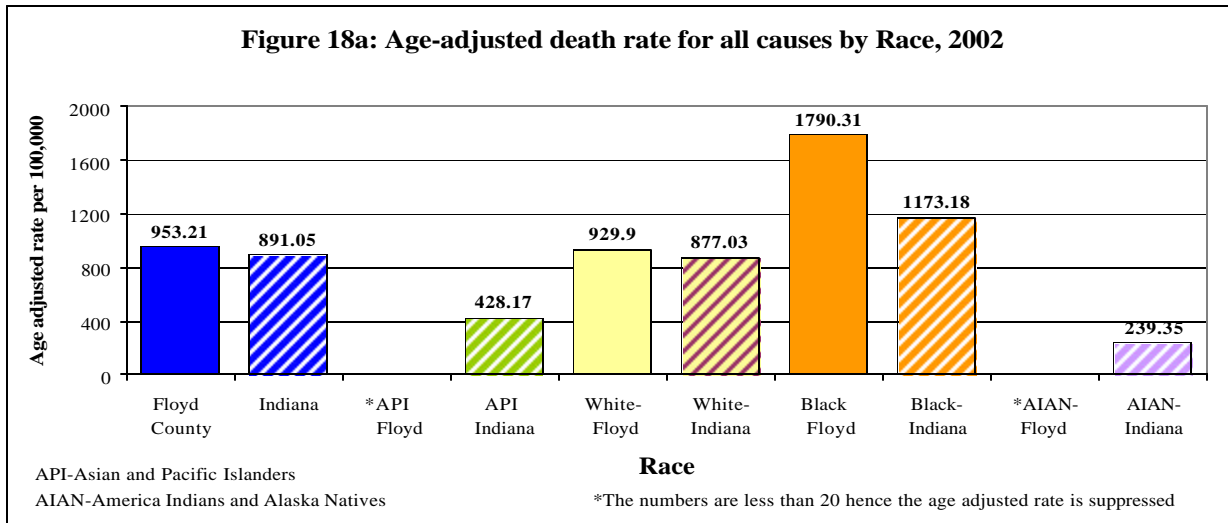
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Floyd County could not be compared due to the small number of births.



Leading Causes of Death:

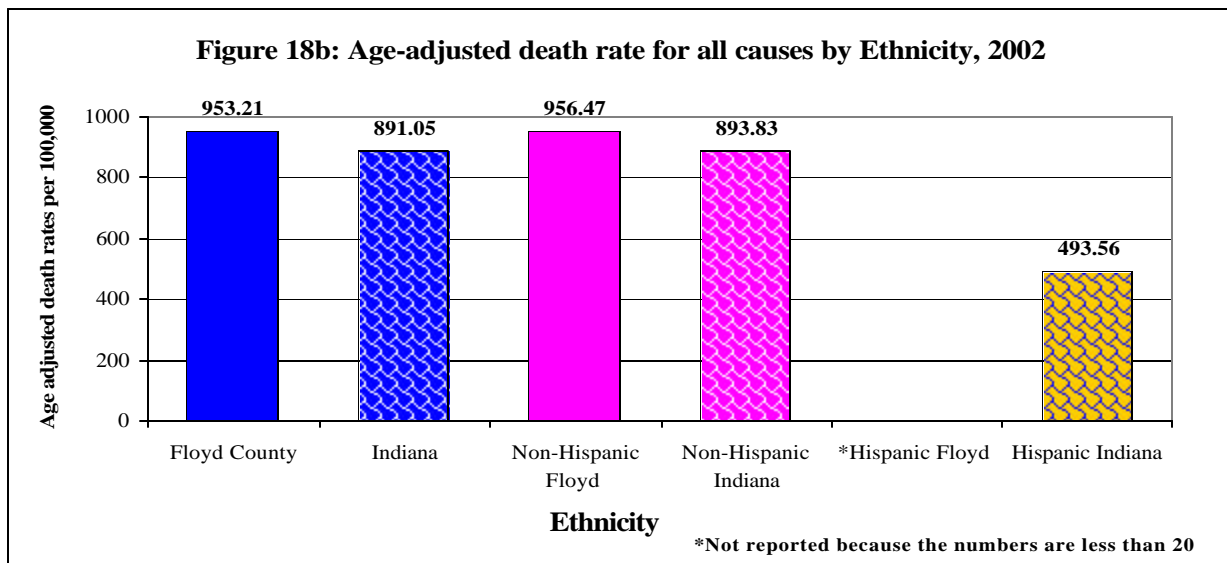
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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



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

- The leading cause of death APIs and AIANs could not be compared due to the small number of deaths.
- Diseases of the heart were the leading cause of death for Blacks in Floyd County.

Figure 19a: Five Leading Causes of Death by Race, 2003

Leading Cause of Death by Race, 2003	Floyd County					
	Indiana State N=55,123	ALL Races N=681	Asian and Pacific Islanders N=1	White N=636	Black N=43	American Indians & Alaska Natives N=1
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=193	N/A	Diseases of the Heart N=179	Diseases of the Heart N=13	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=145	N/A	Malignant Neoplasms N=136	Malignant Neoplasms N=9	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=57	N/A	Cerebrovascular Diseases N=53	Diabetes Mellitus N=**	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=32	N/A	Chronic Lower respiratory disease N=32	Cerebrovascular Diseases N=**	N/A
#5	Accidents N=2,086	Diabetes Mellitus N=28	N/A	Diabetes Mellitus N=24	N/A	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, 2003				
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	Floyd County		
		ALL Ethnic Groups N=681	Non-Hispanic N= 680	Hispanic N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=193	Diseases of the Heart N=193	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=145	Malignant Neoplasms N=145	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=57	Cerebrovascular Diseases N=57	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=32	Chronic Lower respiratory disease N=32	N/A
#5	Accidents N=2,086	Diabetes Mellitus N=28	Diabetes Mellitus N=28	N/A

N/A = Not applicable

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

Overview of Floyd County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Black respondents ranked high blood pressure/strokes as the worst health problem in their neighborhood, followed by diabetes, cancer, heart disease, substance abuse, diet problems, lack or inadequate health/dental care and insurance, respiratory conditions, mental illness, AIDS/HIV, and social issues.

Household arrangement (Table 2)

- Nearly twenty-eight percent of Black respondents lived in single adult households; more than half, lived in two adult homes (51.7 percent); and the remainder reported three or more adults in the home. Seventy-two percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 52 (59.1 percent) females and 36 (40.9 percent) males. Fifty-six percent of the respondents were younger than 35 years of age, while eight percent were 55 year or older.

Education (Table 2)

- Nearly thirty-five percent of the Black respondents graduated from high school, approximately thirty-seven percent had some college or trade school experience, and more than eighteen percent had college degrees.

Health status perceptions (Table 3)

- Nearly thirty-nine percent of the Black respondents rated their health as excellent or very good, and an additional 39.8 percent described their health as good. More than twenty-one percent described their health as fair (17.0 percent), poor (3.4 percent) or very poor (1.1 percent).

Satisfaction with life (Table 3)

- Fifty-six 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 (36.8 percent), or dissatisfied (6.9 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (82.0 percent), followed by family members (36.0 percent). Magazines or newspapers were identified by twenty-eight percent, the Internet (24.7 percent), television or radio (18.0 percent), and other sources (4.5 percent).

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

- Twenty-five percent reported of Blacks no visits to the dentist in the last twelve months. Approximately forty-nine percent reported visiting the dentist one to two times in the last year, and more than twenty-six percent reported three or more visits this past year. Nearly sixty-nine percent of respondents (68.6 percent) reported having access to a dentist for dental care.

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

- More than ten percent reported of Blacks no visits to the doctor or nurse in the last 12 months. Nearly thirty-one percent reported visiting the doctor or nurse one to two times in the last year, and approximately fifty-nine percent reported three or more visits this past year. The majority of respondents (76.5 percent) reported having access to a doctor or a nurse for health care.

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

- For Black respondents who did not have a regular source of care (23.5 percent), the choice for service if needed was a hospital emergency room (50.0 percent), community clinic (20.0 percent), doctor's office (20.0 percent), an urgent care center (5.0 percent), and self care (5.0 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 (91.5 percent) followed by community clinic (5.1 percent), and urgent care center (3.4 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, nearly seventeen percent of the Black respondents reported they were hospitalized, nearly thirty-six percent reported use of a hospital emergency room, and more than sixteen percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Forty percent of Black respondents rated services as either superior (7.3 percent), or above average (32.9 percent). Approximately fifty-five percent described the services they received as average. Approximately five percent rated services as below average.

Personal barriers to health care utilization (Table 5)

- Eighteen percent of Black respondents, (18.1 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, medical care not covered by insurance, and no transportation available.

Community barriers to health utilization (Table 5)

- Black respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, medical care not covered by insurance, lack of transportation, and had to wait too long for an appointment.

Cigarette smoking (Table 6)

- More than thirty-four percent of the Black respondents (34.5 percent) reported having smoked at least 100 cigarettes in their life with sixty-two percent smoking everyday, twenty-four percent some days, and 13.8 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (40.0 percent) to about two packs (8.0 percent). Twenty-eight percent of all Black respondents (28.1 percent) indicated they were current smokers.

Physical activity (Table 6)

- Sixty-two percent of the Black respondents (62.2 percent) reported exercising one or more times per week. Twenty percent of the respondents indicated they never exercise.

Healthy diet (Table 6)

- More than forty-seven percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (8.8 percent), or most of the time (38.7 percent). Twenty percent of the respondents indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Thirty-seven percent of the Black respondents (37.2 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (19.1 percent), diabetes (12.7 percent), and heart disease (4.8 percent).

Adults requiring assistance (Table 7)

- Only six percent of the Black respondents reported having an adult member of their household who requires assistance, but none of the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Twenty-nine percent of the Black respondents (29.2 percent) 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. The coverage reported included employer provided (38.1 percent), Medicare (28.6 percent), covered under spouse or parent's insurance (14.3 percent), Medicaid (14.3 percent), long-term care insurance (9.5 percent), privately purchased plan (4.8 percent), and other coverage (4.8 percent).

Dental insurance coverage (Table 8)

- Approximately two thirds of the Black respondents (65.9 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

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

Floyd County Needs Assessment Survey 2004

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

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities	
	Black Number	Percent
High blood pressure & Strokes	36	40.5%
Diabetes	32	36.0%
Cancer	26	29.2%
Heart disease	23	25.8%
Substance abuse (alcohol, drugs, smoking)	18	20.2%
Diet problems (obesity, poor nutrition)	13	14.6%
Lack or Inadequate Health/Dental care and insurance	9	10.1%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	9	10.1%
Mental illness	9	10.1%
AIDS/HIV	7	7.9%
Social issues	6	6.7%

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

	Racial Minorities Black Number	Percent
2a. How many adults in live in your household?		
1	24	27.6%
2	45	51.7%
3	12	13.8%
4	5	5.7%
5	0	0.0%
6 or more	1	1.2%
2b. How many children live in your household?		
0	20	27.8%
1	26	36.1%
2	12	16.7%
3	7	9.7%
4	4	5.5%
5 or more	3	4.2%
3. What is your gender?		
Male	36	40.9%
Female	52	59.1%
4. What is your age?		
Less than 18 years	2	2.3%
18 - 24	21	24.1%
25 - 34	26	29.9%
35 - 44	18	20.7%
45 - 54	13	14.9%
55 - 64	2	2.3%
65+	5	5.8%
7. How much education have you had?		
Less than high school	9	10.3%
High school or equivalent	30	34.5%
Some college or trade school	32	36.8%
College graduate or more education	16	18.4%

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

	Racial Minorities	
	Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	10	11.4%
Very Good	24	27.3%
Good	35	39.8%
Fair	15	17.0%
Poor	3	3.4%
Very Poor	1	1.1%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	17	19.5%
Satisfied	32	36.8%
Sometimes satisfied, sometimes dissatisfied	32	36.8%
Dissatisfied	6	6.9%
Very Dissatisfied	0	0.0%

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

	Racial Minorities Black Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)		
Doctor, nurse or clinic	73	82.0%
The Internet	22	24.7%
Magazines or newspapers	25	28.1%
Television or radio	16	18.0%
Family members	32	36.0%
Other	4	4.5%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	22	25.0%
1 or 2	43	48.8%
3 to 5	18	20.5%
More than 6	5	5.7%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	59	68.6%
No	27	31.4%
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	9	10.6%
1 or 2	26	30.6%
3 to 5	31	36.4%
6 or more	19	22.4%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	65	76.5%
No	20	23.5%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	4	20.0%
Community clinic	4	20.0%
Hospital emergency room	10	50.0%
Urgent care center	1	5.0%
Self care	1	5.0%
Other	0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?		
Private doctor's office	54	91.5%
Community clinic	3	5.1%
Hospital emergency room	0	0.0%
Urgent care center	2	3.4%
Other	0	0.0%
17. Were you hospitalized during the past 12 months?		
Yes	14	16.7%
No	70	83.3%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	31	35.6%
No	56	64.4%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	14	16.5%
No	71	83.5%

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

	Racial Minorities	
	Black	
	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	6	7.3%
Above average	27	32.9%
Average	45	54.9%
Below average	4	4.9%
Terrible	0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	15	18.1%
No	68	81.9%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	1	6.7%
Lack of money	7	46.7%
No insurance	8	53.3%
Insurance did not cover the medical care	4	26.7%
No transportation available	3	20.0%
Had to wait too long for an appointment	5	33.3%
Doctor wouldn't take new patients	2	13.3%
Doctor or clinic wouldn't take Medicare	3	20.0%
Doctor or clinic wouldn't take Medicaid	1	6.7%
Doctor you need to see for your insurance is out of your area	1	6.7%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	2	13.3%
Was not treated with respect	2	13.3%
The doctor or nurse wouldn't listen	1	6.7%
Felt uncomfortable asking the doctor or nurse questions	2	13.3%
Didn't feel the medical care was the best	2	13.3%
Couldn't get off work	2	13.3%
Clinic or doctor's office staff was rude and not very helpful	1	6.7%
No child care available	1	6.7%
Not having a Social Security Number was a problem	1	6.7%

Not having permanent address was a problem	1	6.7%
Other	0	0.0%

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

No doctor in area	12	13.5%
Lack of money	54	60.7%
No insurance	71	79.8%
Insurance did not cover the medical care	37	41.6%
No transportation available	25	28.1%
Had to wait too long for an appointment	18	20.2%
Doctor wouldn't take new patients	17	19.1%
Doctor or clinic wouldn't take Medicare	16	18.0%
Doctor or clinic wouldn't take Medicaid	16	18.0%
Doctor you need to see for your insurance is out of your area	9	10.1%
Language barriers	3	3.4%
Cultural barriers	5	5.6%
Had to wait too long in doctor's or clinic office	21	23.6%
Was not treated with respect	8	9.0%
The doctor or nurse wouldn't listen	3	3.4%
Felt uncomfortable asking the doctor or nurse questions	11	12.4%
Didn't feel the medical care was the best	9	10.1%
Couldn't get off work	18	20.2%
Clinic or doctor's office staff was rude and not very helpful	4	4.5%
No child care available	14	15.7%
Not having a Social Security Number was a problem	1	1.1%
Not having a permanent address was a problem	5	5.6%
Other	0	0.0%

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

	Racial Minorities	
	Black	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	29	34.5%
No	52	61.9%
Don't know / Not sure	3	3.6%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	18	62.1%
Some days	7	24.1%
Not at all	4	13.8%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	10	40.0%
1/2 to 1 pack per day	13	52.0%
About 2 packs per day	2	8.0%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?		
One or more times each week	51	62.2%
Less than one time per week	21	25.6%
Not at all	10	12.2%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	7	8.8%
Most of the time	31	38.7%
Some of the time	26	32.5%
Not very often or not at all	16	20.0%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	29	37.2%
Heart disease ('yes')	3	4.8%
Diabetes ('yes')	8	12.7%
Asthma ('yes')	13	19.1%
Other lung disease ('yes')	0	0.0%

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

	Racial Minorities Black	
	Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?		
Yes	5	6.2%
No	76	93.8%
31. Do you pay anyone to give this assistance?		
Yes	0	0.0%
No	5	100.0%

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

	Racial Minorities Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	21	80.8%
No	5	19.2%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	8	38.1%
Privately purchased plan	1	4.8%
Covered under spouse or parent's insurance	3	14.3%
Medicare	6	28.6%
Medicaid	3	14.3%
Long term care insurance	2	9.5%
Other	1	4.8%
34. Do you have dental insurance coverage if any problems arise?		
Yes	54	65.9%
No	28	34.1%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	15	17.6%
Less than \$10 per month	11	12.9%
\$10 to \$24 per month	19	22.3%
\$25 to \$49 per month	16	18.8%
\$50 to \$74 per month	9	10.6%
\$75 to \$99 per month	1	1.2%
\$100 to \$199 per month	6	7.1%
\$200 or more per month	2	2.4%
Don't know	6	7.1%

Key Informant Interview Findings for Floyd County

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

Methods: The community leaders/providers were identified by Southern the Indiana Minority Health Coalition. Ms. Pamela Clark, the Coalition Coordinator of the Southern Indiana Minority Health Coalition conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. There was a total of four community leader/provider interviews were conducted in Floyd County during February and March of 2004. The professions of the community leader/provider included a representative of the city housing authority and a representative of the Floyd City Health Department. The professions of the other interviewees are unknown. The age, gender and race/ethnicity of the interviewees were not reported.

Results:

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

For all racial and ethnic populations in Floyd County:

1. Improve Education (Health Promotion)
2. Personal Economic Barriers (Transportation, Insurance)
3. Personal Behavior (Change Life Styles)

Hispanic/Latino population in Floyd County:

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

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

For all racial and ethnic populations in Floyd County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. Personal Behavior (Change Life Styles)

Hispanic/Latino population in Floyd County:

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

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

For all racial and ethnic populations in Floyd County:

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

Hispanic/Latino population in Floyd County:

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

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

Key informant 1:

“Not applicable”

Key informant 2:

“Yes”

- *“I think that many people who have limited English abilities don’t know how to ask the right questions or can not understand the responses. Those without insurance do not always get the same level of care. Those who need expensive prescriptions have a hard time paying.”*

Key informant 3:

“No”

Key informant 4:

“No”

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

Key informant 1:

- *“Community organizations working together”*

Key informant 2:

- *“Providing good quality services”*
- *“Willingness to work with people more often”*
- *“Knowing how to adapt”*

Key informant 3:

- *“Offering health education and screening services for children, adults and seniors”*

Key informant 4:

- *“Using high quality [educational] materials”*
- *“Providing high quality instruction”*

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

Key informant 1:

- *“Lack of funding to continue offering needed programs”*
- *“Floyd County needs health oriented foundations to offer funding”*

Key informant 2:

- *“Lack of prescription medication coverage”*
- *“Lack of medical interpreters”*
- *“Lack of adequate prenatal care”*
- *“Lack of adequate health information available to the community”*
- *“Lack of funding for medical services”*

Key informant 3:

- *“Lack of collaboration and partnering with other agencies”*
- *“Lack of a well-formed organizational structure”*

Key informant 4:

“Unknown”

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

Key informant 1:

“Sufficient”

Key informant 2:

“Insufficient”

- *“It would be helpful to have more clinics in the area. The Family Health Centers in Louisville might be a good clinic model to consider.”*
- *“Services also need to be expanded in the Clarksville and New Albany clinics”*

Key informant 3:

“Insufficient”

- *“There is a need for private medical doctors who accept Medicaid and offer reduced fee for services”*
- *“Most people prefer to be seen by a medical doctor in their own office rather than being seen in a clinic setting”*

Key informant 4:

“Insufficient”

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:

- *“Everywhere”*

Key informant 2:

- *“Clinics should be located in Charlestown and Corydon”*

Key informant 3:

“No location provided”

Key informant 4:

- *“Enterprise zones”*

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

For all racial and ethnic populations in Floyd County:

1. Personal Economic Barriers (Transportation, Insurance)
2. System Improvement (More Providers/Better Access)
3. Provider Behavior

Hispanic/Latino population in Floyd County:

1. Improve Awareness of Services
2. Provider Behavior

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

Key informant 1:
“Not applicable”

Key informant 2:
“Not applicable”

Key informant 3:
“Not applicable”

Key informant 4:
“Not applicable”

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 Floyd County, the community leaders provided the following:

Key informant 1:
“Yes”

Key informant 2:
“Yes”

- *“We can help getting the word out to the community and co-sponsor health fairs”*

Key informant 3:
“Yes”

- *“We can provide personnel”*

Key informant 4:
“Yes”

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

- *“Spanish speaking physicians and their office staff”*
- *“Healthcare facilities”*
- *“Pharmacies”*
- *“Floyd County Health Department”*
- *“Minority Health Coalition”*

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

- *“Provide good work”*
- *“Become familiar with the people you want to reach”*
- *“Have all parties involved from the beginning of a project”*
- *“Perform thorough research of the programs currently in place and invite representatives of these programs to participate”*
- *“Get the word out”*
- *“Provide good services”*
- *“Anticipate the needs of the community and acquire resources to meet these needs”*

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

Key informant 1:
“Not applicable”

Key informant 2:

- *“The Hispanic Ministry of Clark, Floyd, and Harrison County would be happy to assist in community projects. The Hispanic connection of Southern Indiana is also very interested participating.”*

Key informant 3:

- *“Contact Vince Klien -- he has past experience working on community efforts and serving on committees”*

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 Floyd County, the community leaders provided the following:

Key informant 1:
“Not applicable”

Key informant 2:
“Not applicable”

Key informant 3:
“Not applicable”

Key informant 4:
“Not applicable”

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Floyd County. Analyses of existing data for Floyd 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.

It is impossible to make many statements about Asian/Pacific Islanders (API), American Indian/Alaska Natives (AIAN), and Hispanics in Floyd County because there were fewer than twenty incidents reported for many outcomes of interest.

The Black population in Floyd County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, first trimester prenatal care, births to single mothers, births to 16 and 17 year olds, births to less than 16 year olds, low weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care. These health indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County.

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

Results from targeted surveys and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying the lack of health insurance, lack of money, having to wait too long to schedule an appointment, to wait too long to see the provider in the office or clinic, and no transportation available.

Educating the community about the benefits of a healthier life-style, using preventive health services, improve personal economic barriers, and improve linguistic communication were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity were also suggested.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all Floyd 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: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

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

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

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

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

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

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

14. Do you have any other comments?

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

Closing Statement

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