

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

by the

Indiana Minority Health Coalition

Indiana Minority Health Coalition

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TABLE OF CONTENTS

Executive Summary.....	3
Introduction.....	6
Purpose.....	7
Methods.....	8
Existing Health Indicator (Secondary) Data	9
Targeted Survey Data	10
Focus Groups and Key Informant Interviews	10
Results.....	12
Overview of Existing Health Indicator (Secondary) Data	13
Birth Data	14
Weight Gain During Pregnancy	32
Prenatal Care	35
Leading Causes of Death.....	37
Overview of Targeted Survey Responses	41
Tables	46
Overview of Focus Group and Key Informant Interviews.....	56
Focus Group Responses.....	58
Key Informant Interview Findings.....	63
Conclusions.....	71
Appendices.....	74
Targeted Survey Tool.....	75
Focus Group Script.....	82
Key Informant Script.....	84

EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Grant 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 Grant 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 Grant 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, and hospitalizations that have health indicators were gathered and analyzed for minority groups. The analysis of these existing data for Grant County indicated that disparities exist by race and ethnic group. It also revealed that most rates need to be improved to meet the Healthy People 2010 Objectives. The Black population in Grant County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 101 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 the Black population in Grant County perceive high blood pressure, strokes, cancer, diabetes, and heart disease as part of the top five worst health problems in their neighborhood. These results indicated that only seven (7%) 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 money, waiting too long for an appointment, doctor would not accept new patients, doctor or clinic would not take Medicaid, and doctor or nurse would not listen.

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 Grant County community residents perceive diabetes, obesity, heart disease, and hypertension as major health problems. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Grant 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 Grant 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: educate and make the community more aware of available resources, improve healthcare system, and improve communication between consumers and providers.

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 Grant 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 Grant 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 Grant County in collaboration with the Minority Health Coalition of Grant 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 Grant 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 Grant 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 Grant 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 Grant 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 Grant 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 Grant County administered the targeted surveys. Local residents completed the targeted surveys in a variety of settings including churches, community centers, and neighborhood events.

One hundred and one targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-three percent of the respondents (N = 94) reported their race; of which 97.9 percent were Black (N = 92), and 2.1 percent were of more than one race (N = 2). One hundred percent of the participants (N = 101) responded to the question of ethnicity with 6.9 percent reported to be of Hispanic/Latino ethnicity (N = 7). Ninety-nine percent of the respondents (N = 100) indicated their gender; of which, 75.0 percent were female (N = 75) and 25.0 percent were male (N = 25). Ninety-seven percent of the respondents (N = 98) reported their age with 24.4 percent in the 35 to 44 age group (N = 24), 22.5 percent in the 25 to 34 age group (N = 22), and 13.3 percent in the 45 to 54 age group (N = 13). Of the remaining respondents, 4.1 percent reported their age as 24 years or less (N = 4), and 35.7 percent reported their age as 55 years or more (N = 35).

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 Grant County.

The selected individuals were invited by letter to participate in the focus groups and key informant interviews. The invitation letter, from the Minority Health Coalition of Grant 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 Grant County health needs assessment was given, along with an explanation of the role of the findings, and anticipated future action plans.

During the month of August 2004, the coordinator of the Minority Health Coalition of Grant County conducted one focus group of consumer participants. The focus group took place in the office of the Minority Health Coalition of Grant County. There were seven consumers taking part in the focus groups where six of the participants were female and one was male. One hundred percent of the focus group participants were Black (N = 7). The participants reported their age group, with fifty-seven percent in the 40 to 49 age group (N = 4), fourteen percent in the 50 to 59 age group (N = 1), and twenty-nine percent in the 60 and over age group (N = 2). No information was available on the profession or type of work performed by the participants.

During the months of March and April 2004, the coordinator of the Minority Health Coalition of Grant County conducted six key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including a housing representative, human relations representative, nurse practitioner, physician, representative of county cancer services, and social worker. Five of the key informants were women, but the gender of the remaining interviewee 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 Grant County (birth, morbidity and mortality data) indicated disparities exist by in Grant County and by 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 Grant County because less than 20 incidents occurred in the study year among individuals in the specific minority group for the specific outcome of interest.

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

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

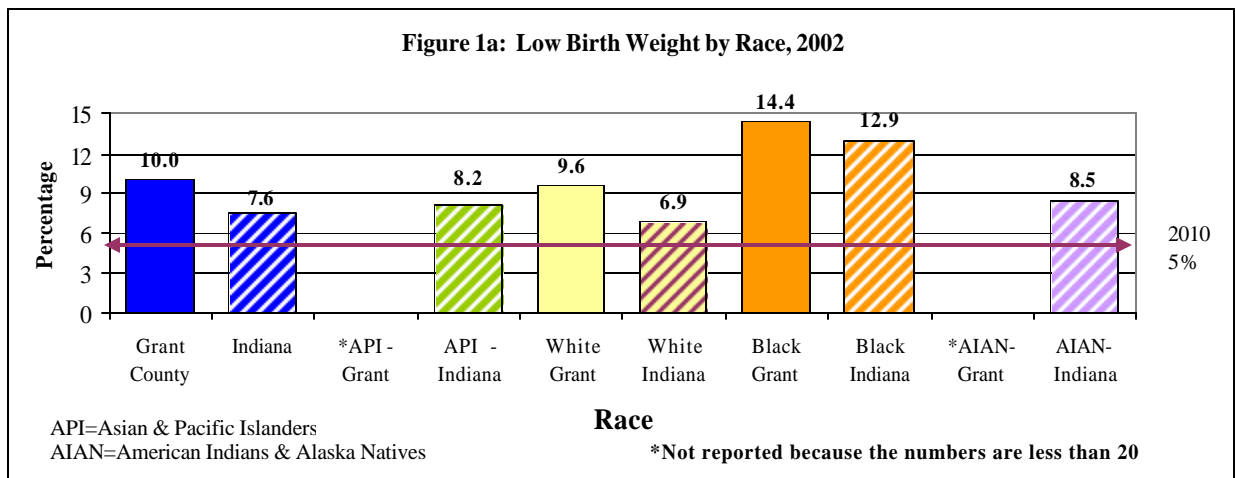
Hispanics in Grant County have higher percentages compared to Non-Hispanics for many of the birth outcome indicators: low birth weight, preterm births, Cesarean deliveries, births to single mothers, births to 16 and 17 year olds, births to less than 16 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care. The indicators that need improvement do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all Non-Hispanics births in Grant County.

The age-adjusted death rate for Asian/Pacific Islanders (API), American Indian/Alaska Natives (AIAN), and Hispanics in Grant County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Grant County was lower than the age-adjusted death rate for all deaths in Grant County and for all deaths among Blacks in Indiana. Diseases of the heart were the leading cause of death in Grant County and Indiana; while the leading cause of death for Blacks in Grant County was malignant neoplasms. Deaths by cause for APIs, AIANs, and Hispanics in Grant County could not be compared due to the small number of deaths.

Birth Data:

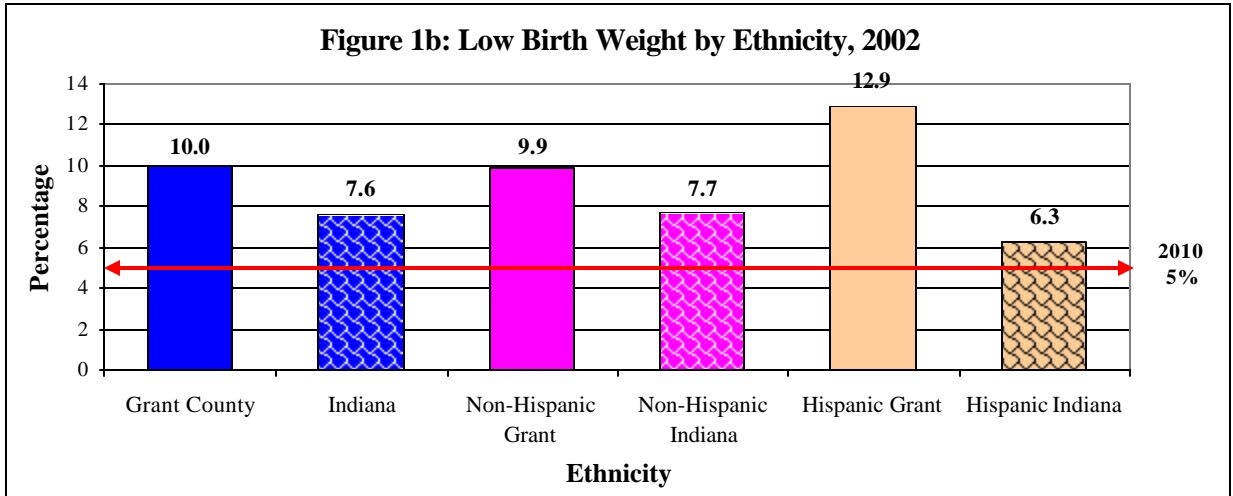
Low Birth Weight (LBW) by Race (Figure 1a):

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



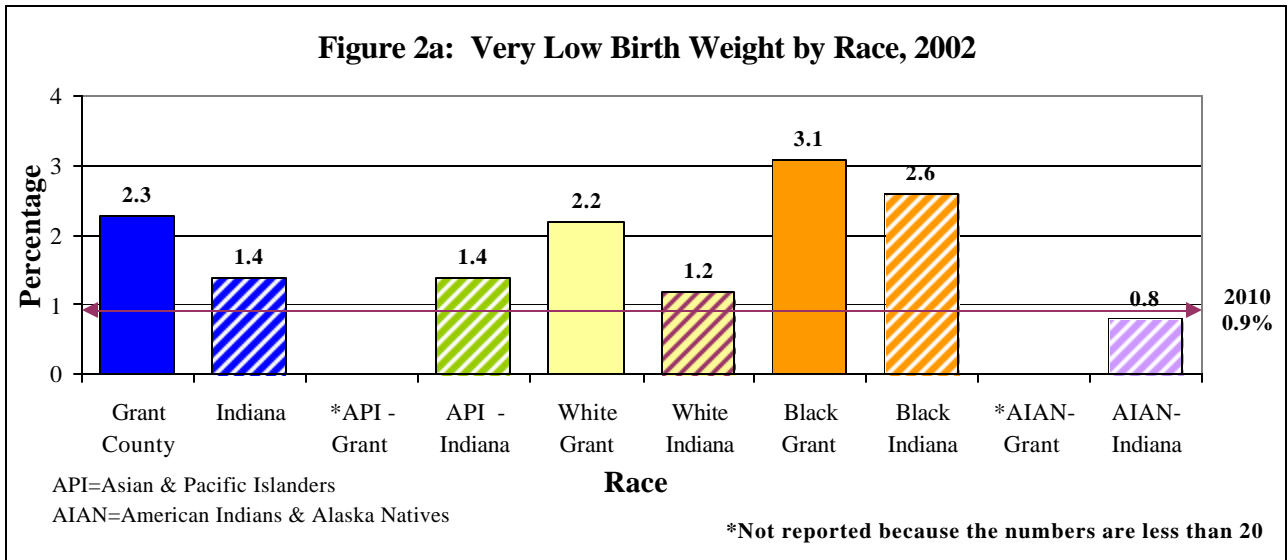
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



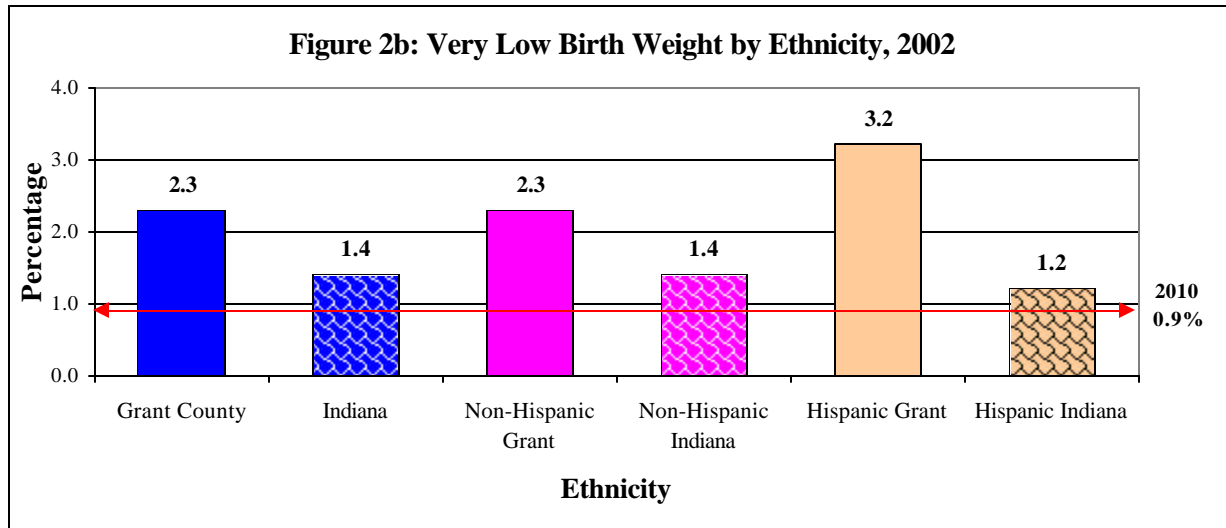
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



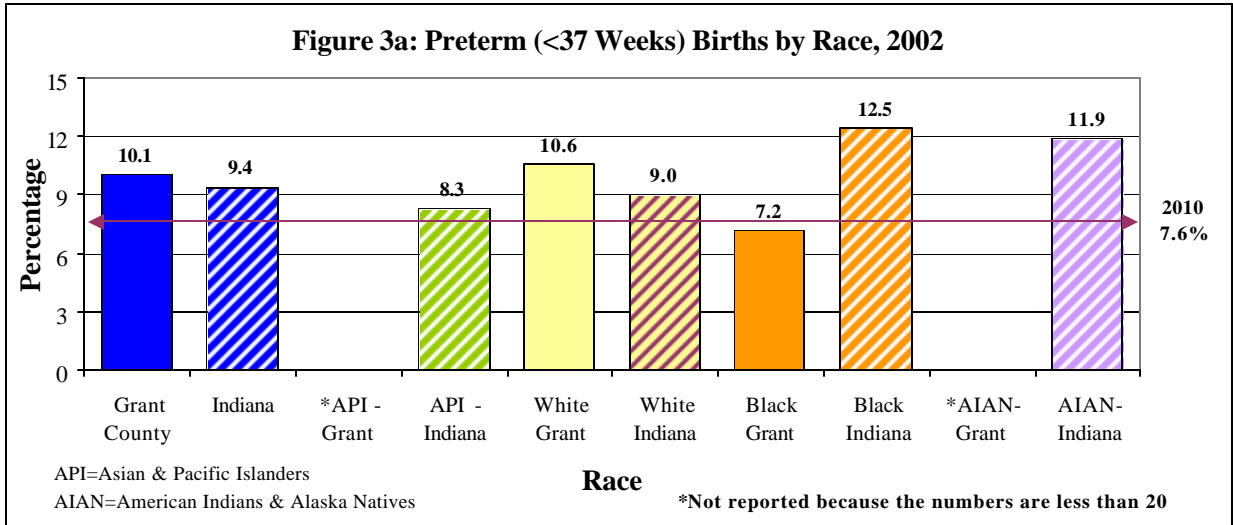
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



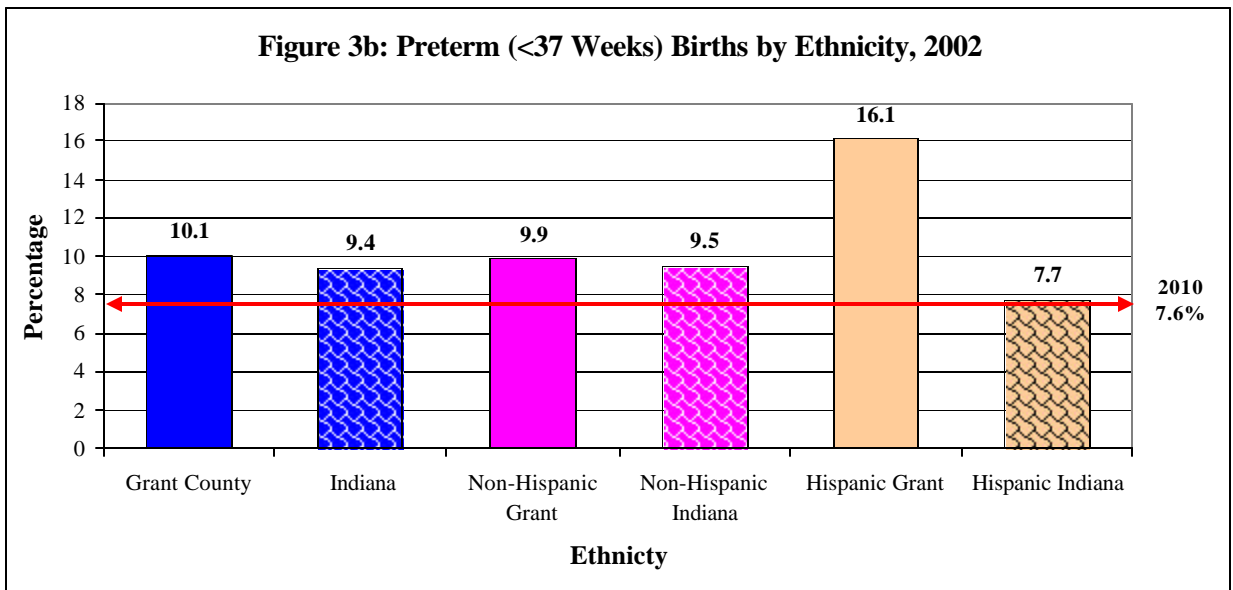
Preterm (< 37 weeks) Births by Race (Figure 3a):

- The percentage of preterm births for APIs and AIANs in Grant County could not be compared due to the small number of births.
- The percentage of preterm births for Blacks in Grant County was lower than the Healthy People 2010 objectives.
- The percentage of preterm births for Blacks in Grant County was lower than the percentage for all births in Grant County.
- The percentage of preterm births for Blacks in Grant County was lower than the percentage for all Black births in Indiana.



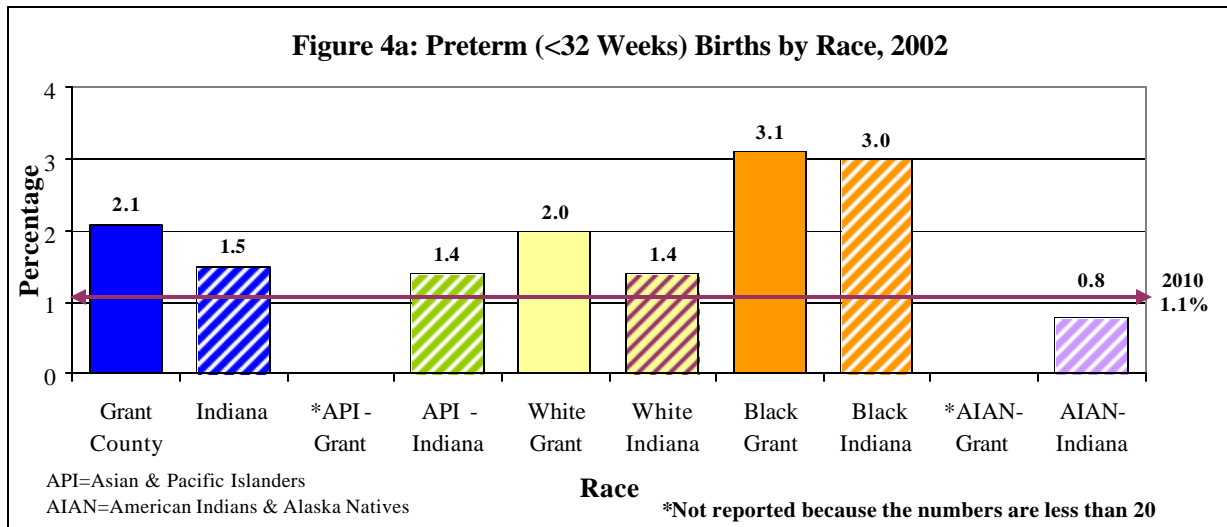
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

- The percentage of preterm births for Hispanics in Grant County was higher than the Healthy People 2010 objectives.
- The percentage of preterm births for Hispanics in Grant County was higher than the percentage for Non-Hispanic births in Grant County.
- The percentage of preterm births for Hispanics in Grant County was higher than the percentage for all Hispanic births in Indiana.



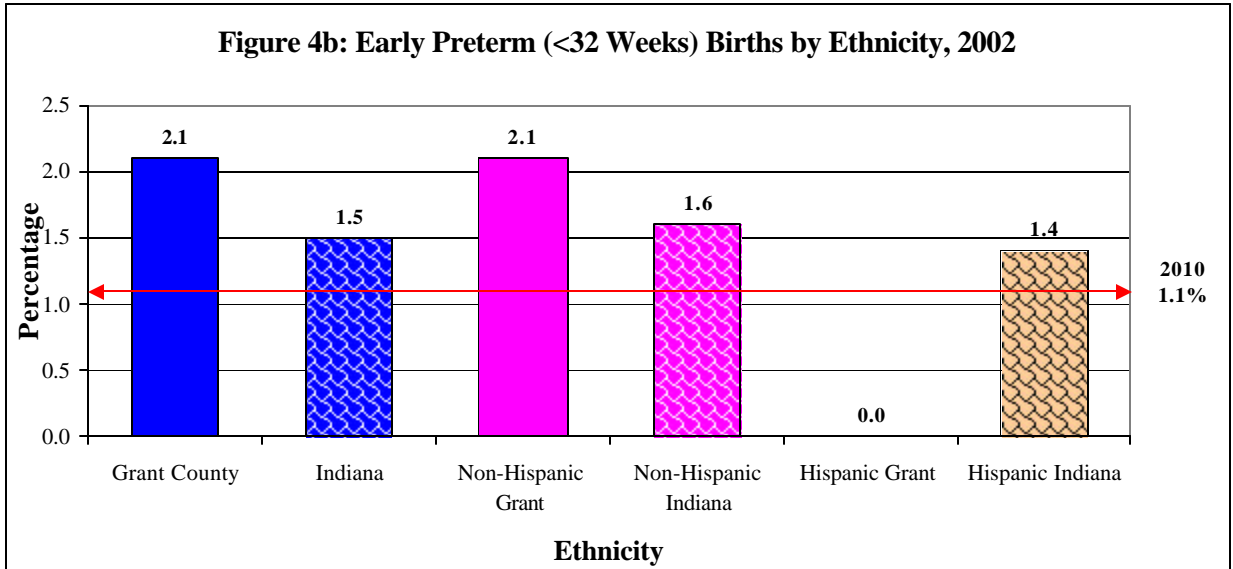
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



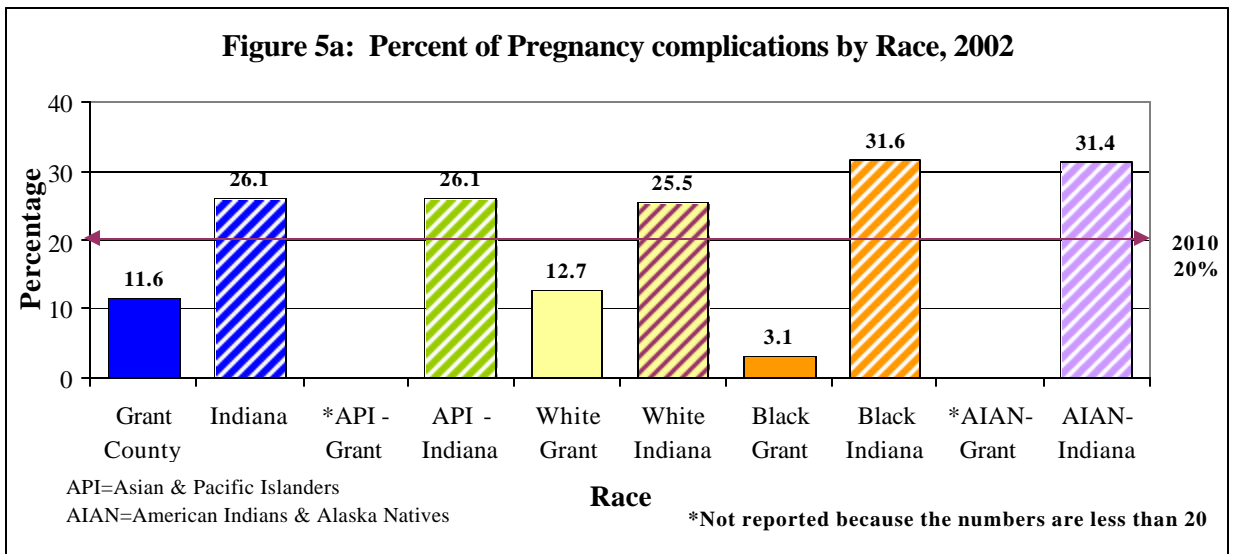
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

- The percentage of early preterm births for Hispanics in Grant County was less than the Healthy People 2010 objectives.
- The percentage of early preterm births for Hispanics in Grant County was less than the percentage for Non-Hispanic births in Grant County.
- The percentage of early preterm births for Hispanics in Grant County was less than the percentage for all Hispanic births in Indiana.



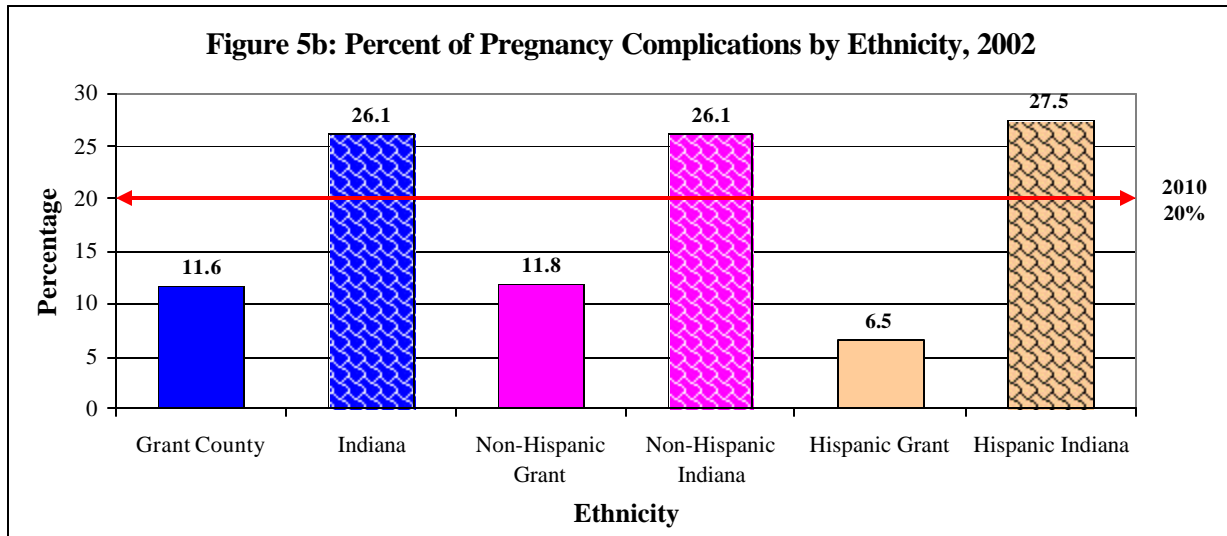
Percent of Pregnancy Complications by Race (Figure 5a):

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



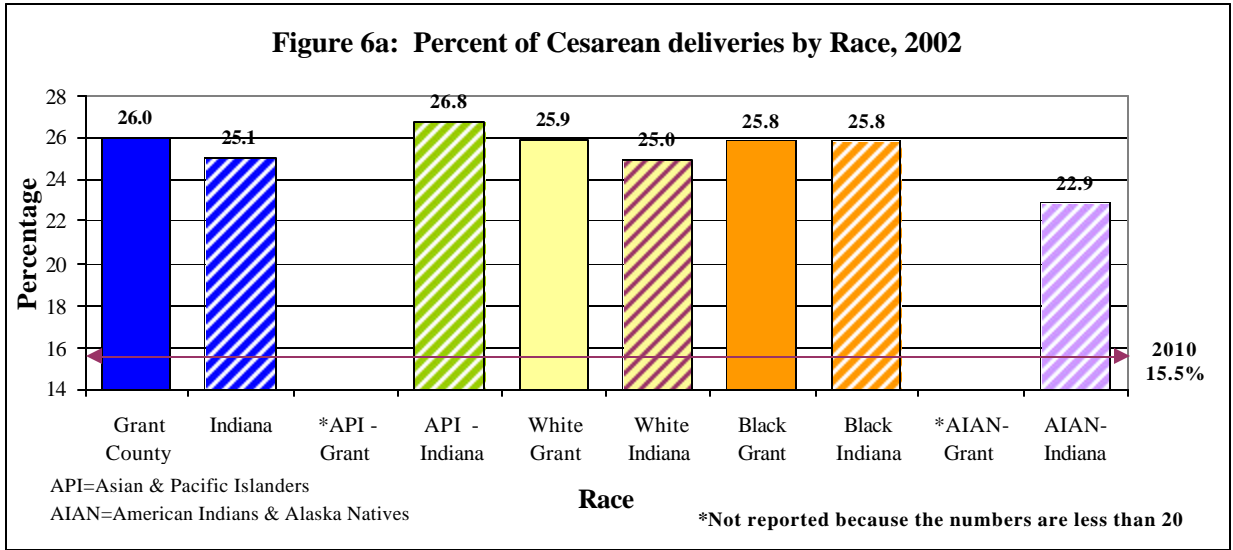
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



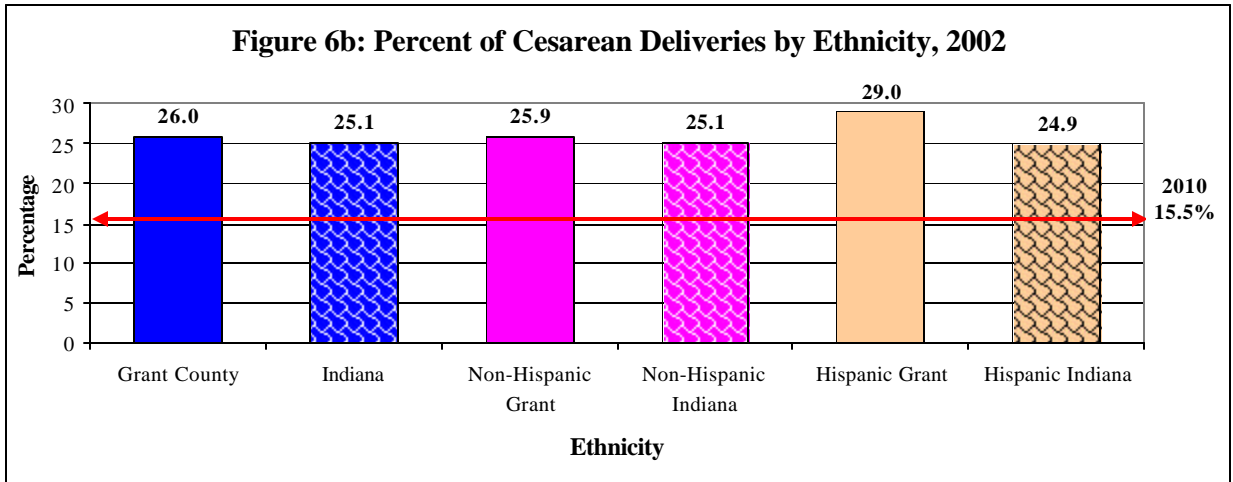
Percent of Cesarean Deliveries by Race (Figure 6a):

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



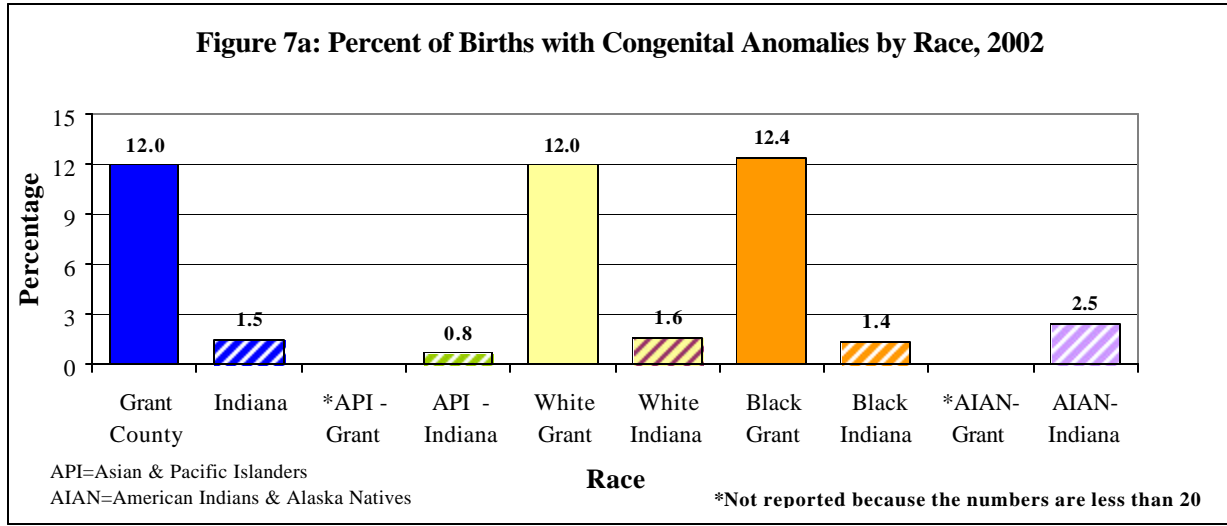
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



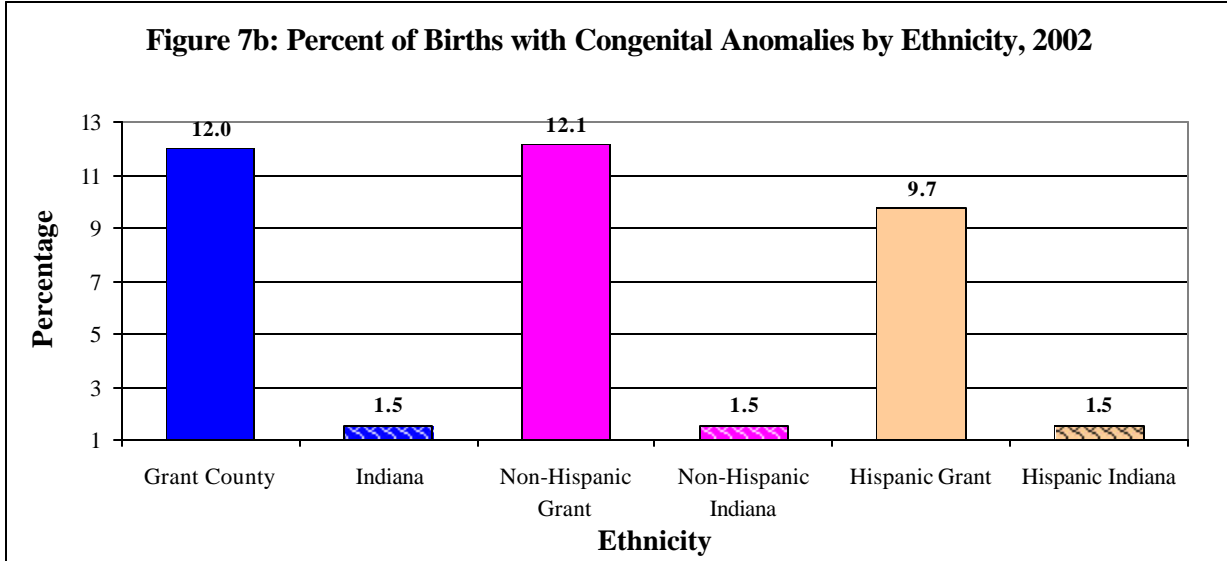
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



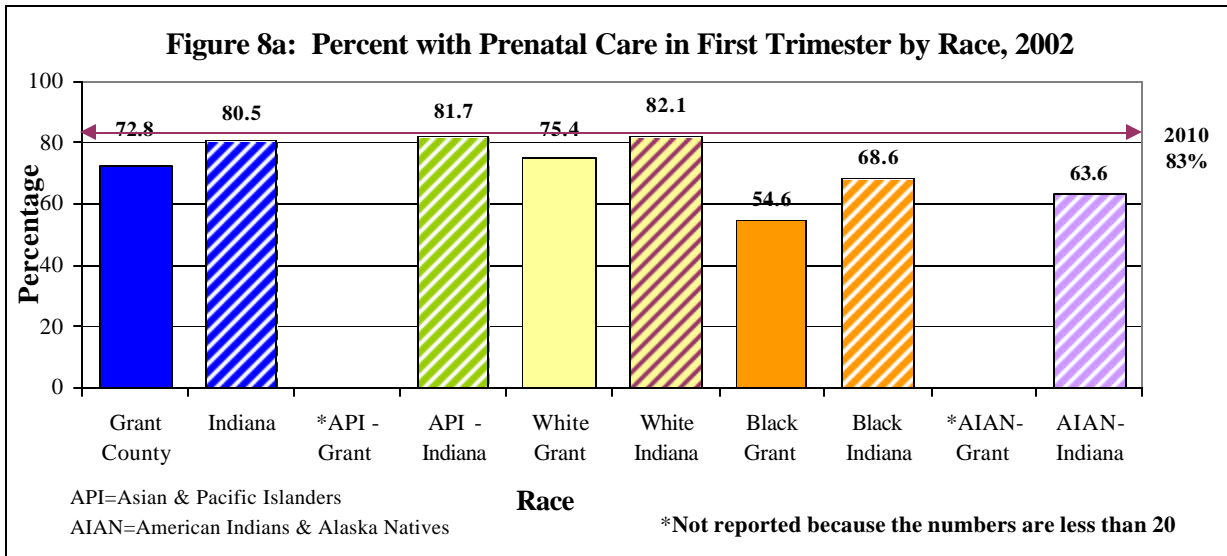
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



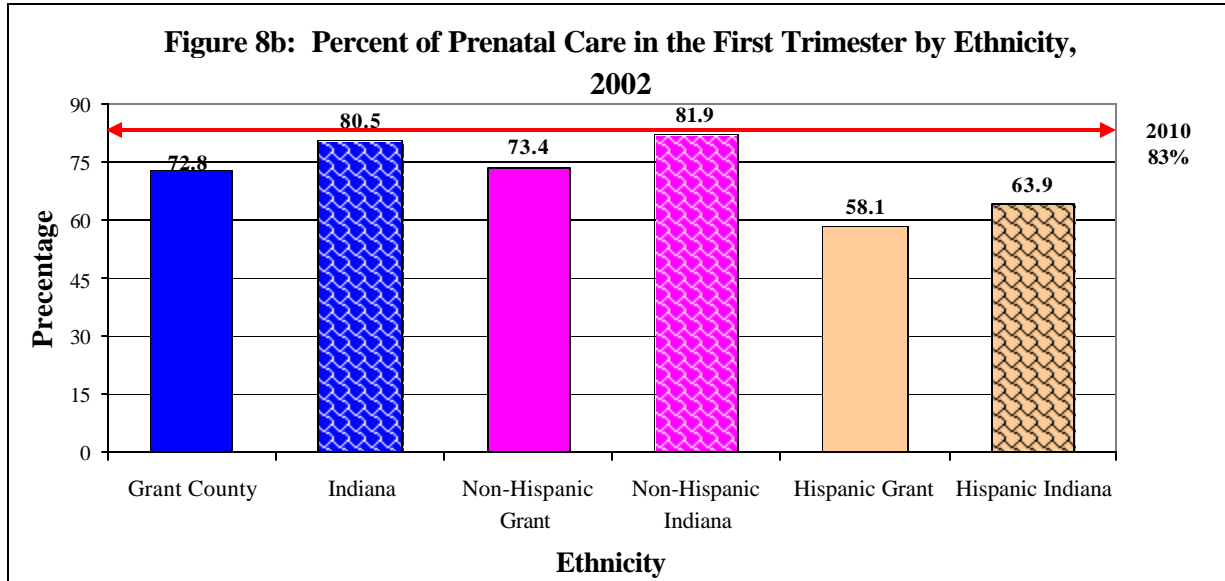
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



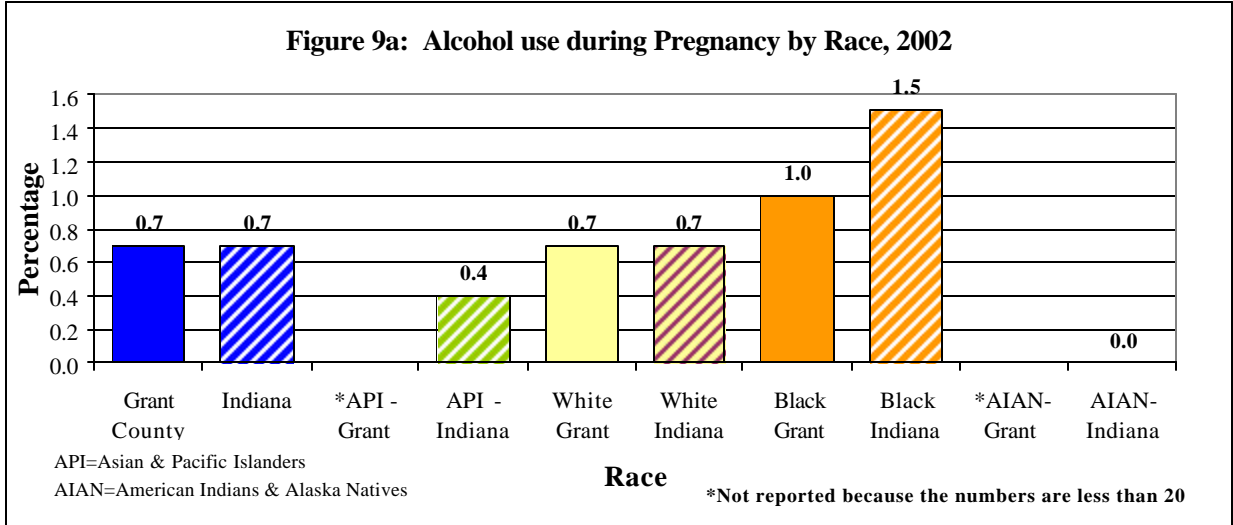
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



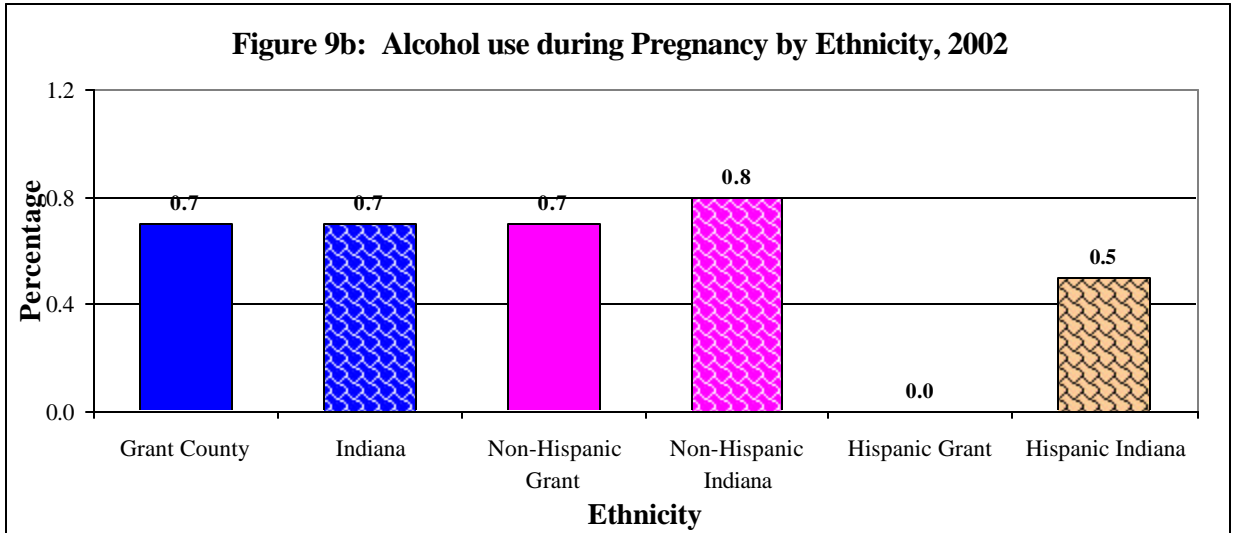
Alcohol Use during Pregnancy by Race (Figure 9a):

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



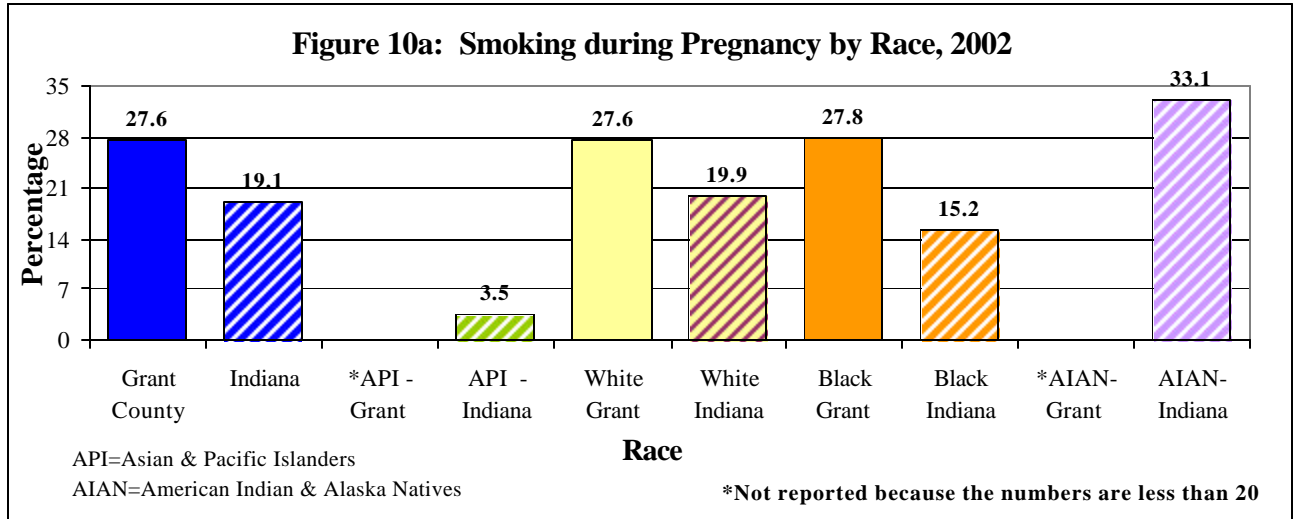
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



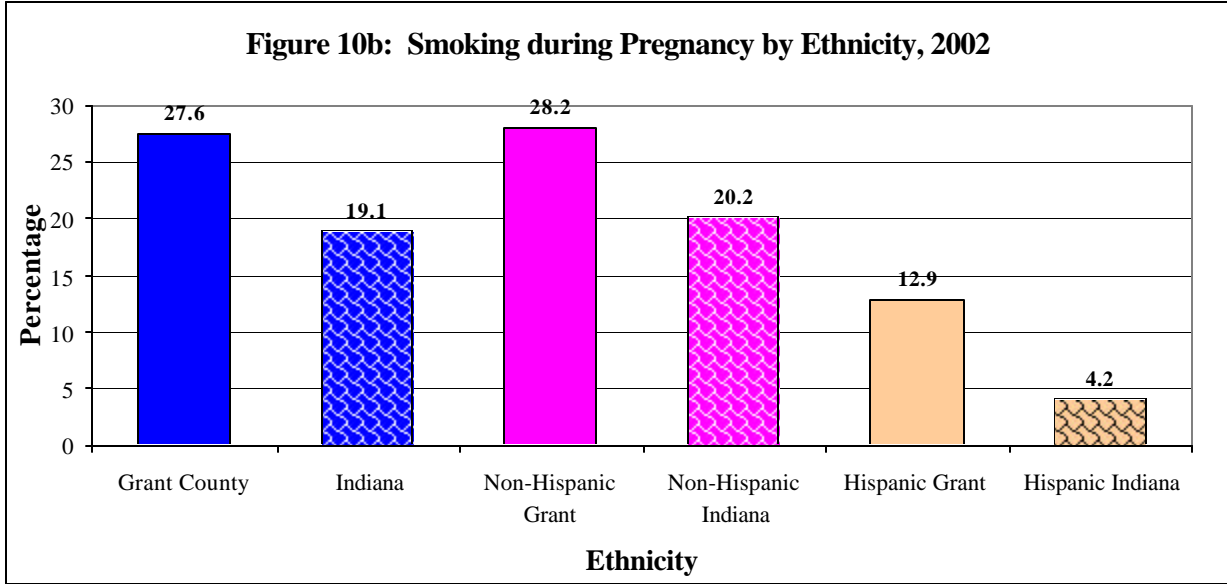
Smoking during Pregnancy by Race (Figure 10a):

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



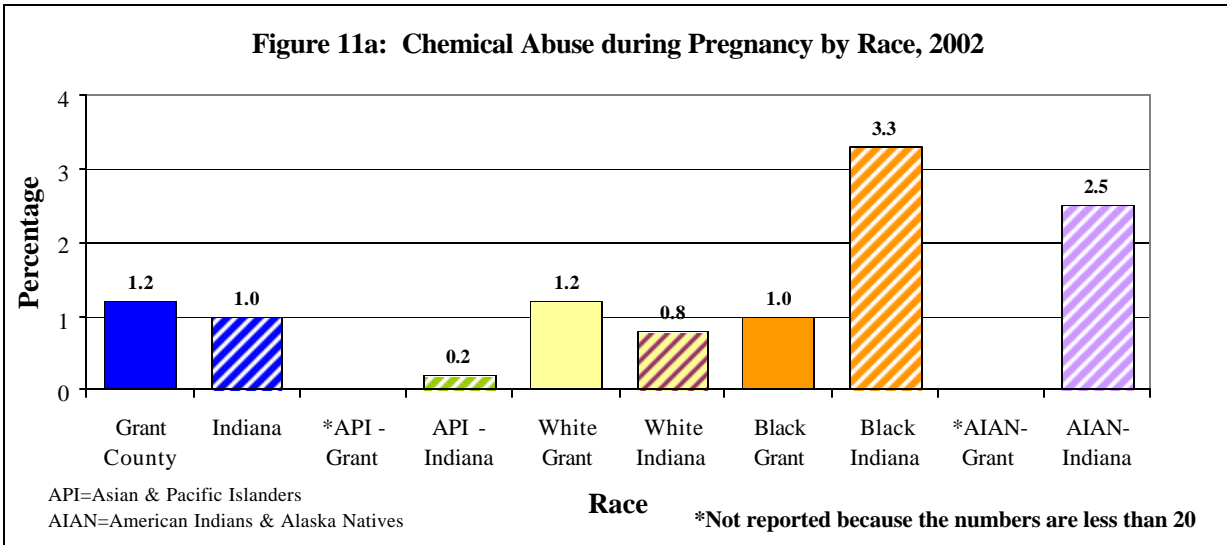
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



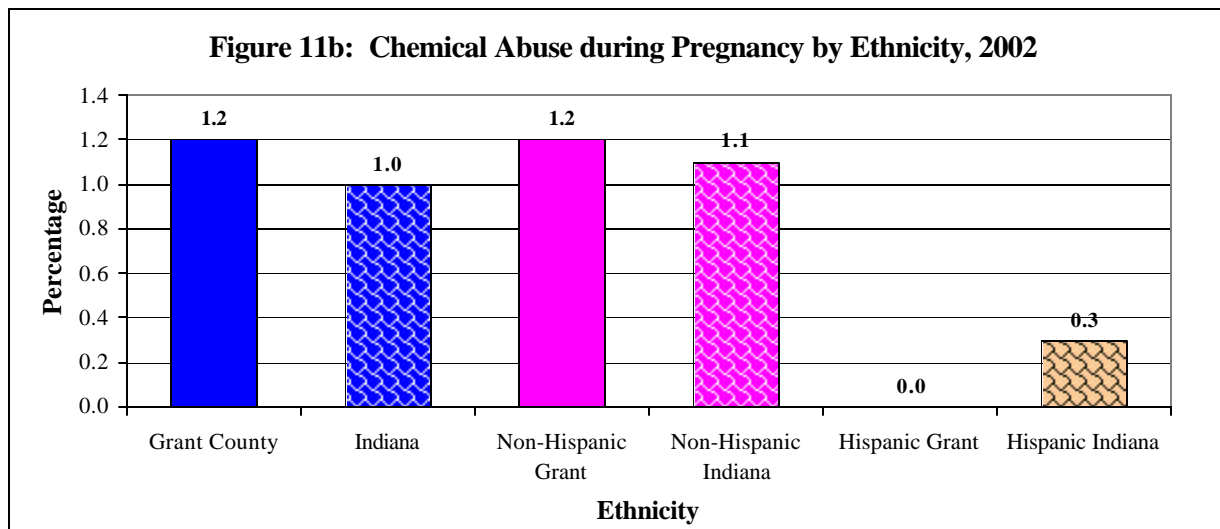
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



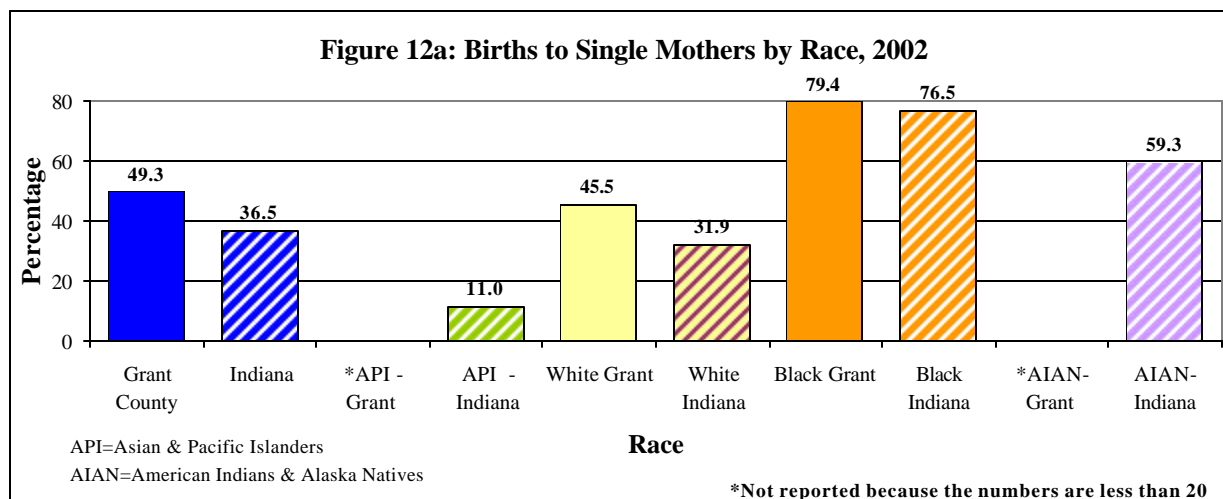
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



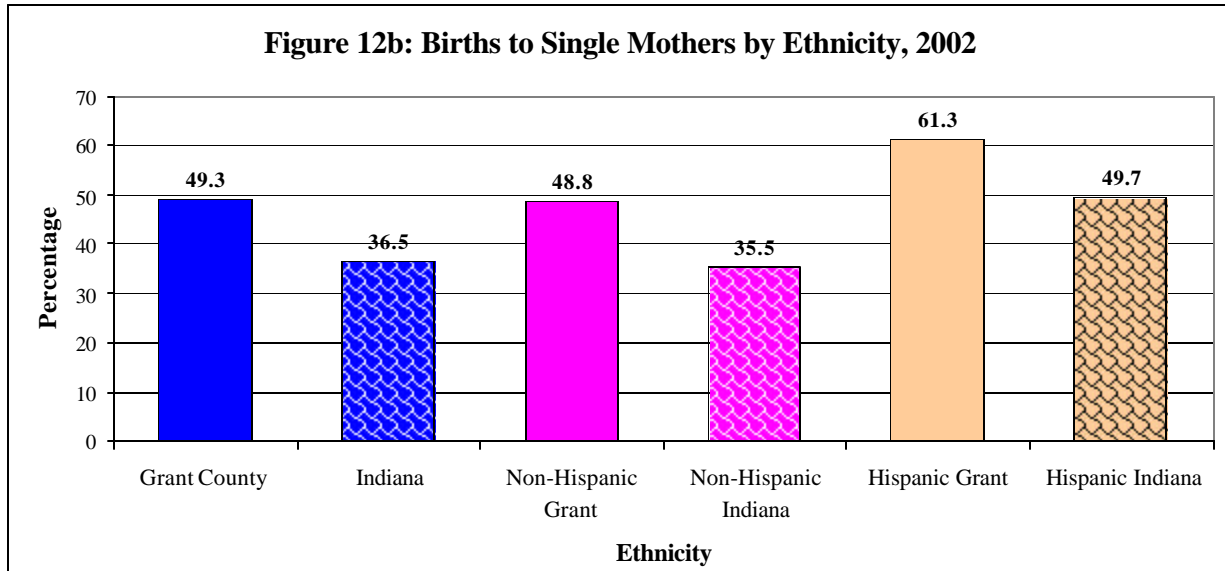
Births to Single Mothers by Race (Figure 12a):

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



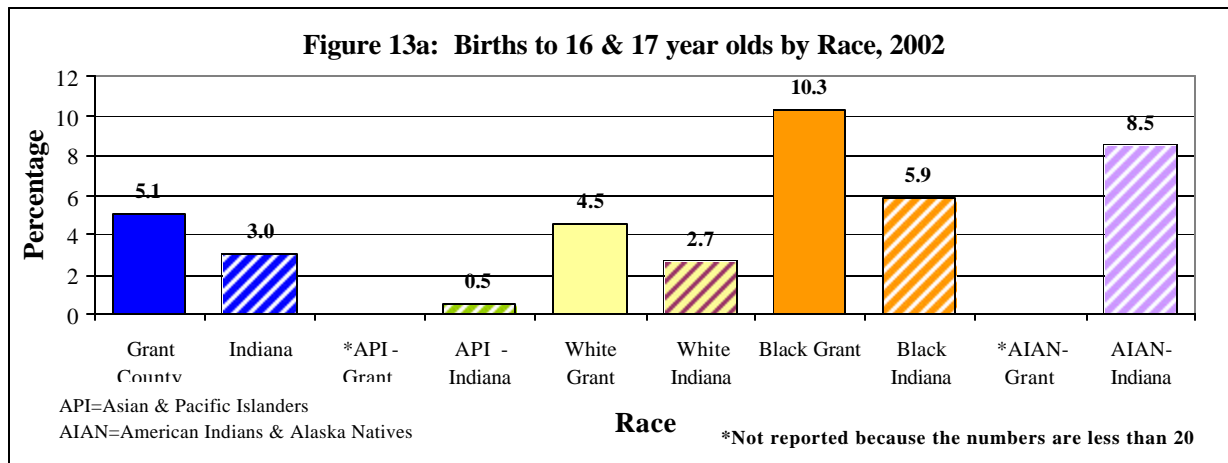
Births to Single Mothers by Ethnicity (Figure 12b):

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



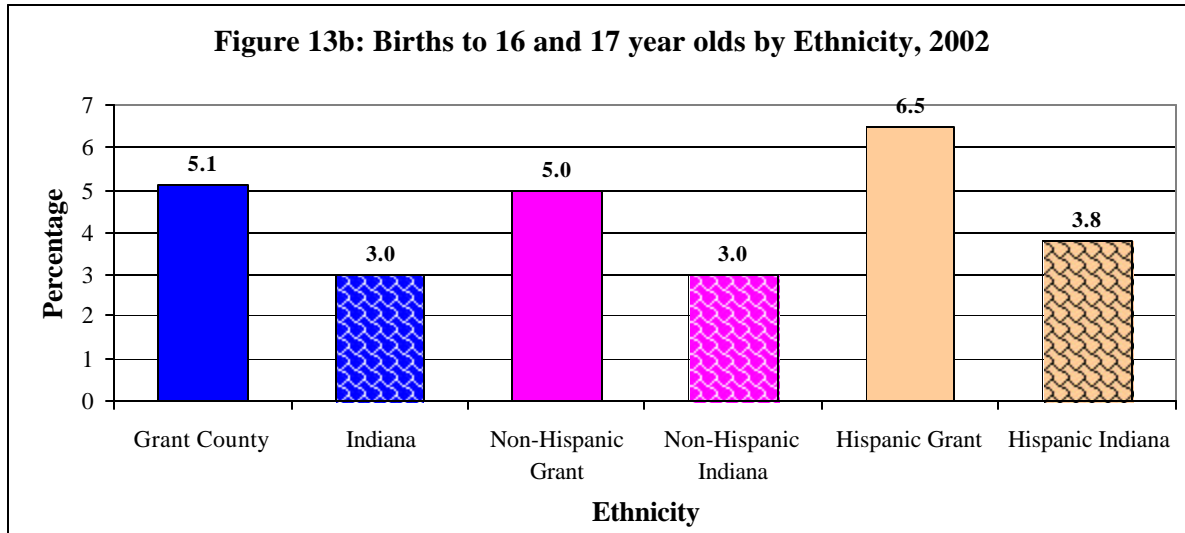
Births to 16 and 17 Year olds by Race (Figure 13a):

- The percentage of births to 16 and 17 year olds for APIs and AIANs in Grant 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 Grant County was higher than the percentage for all births in Grant County.
- The percentage of births to 16 and 17 year olds for Blacks in Grant County was higher than the percentage for all Black births in Indiana.



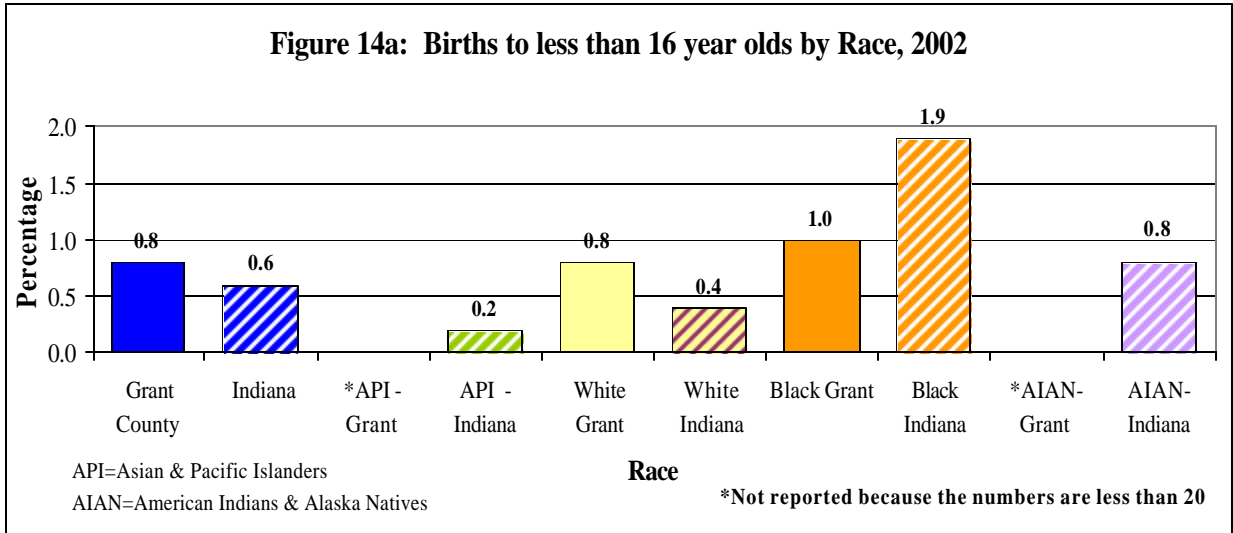
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



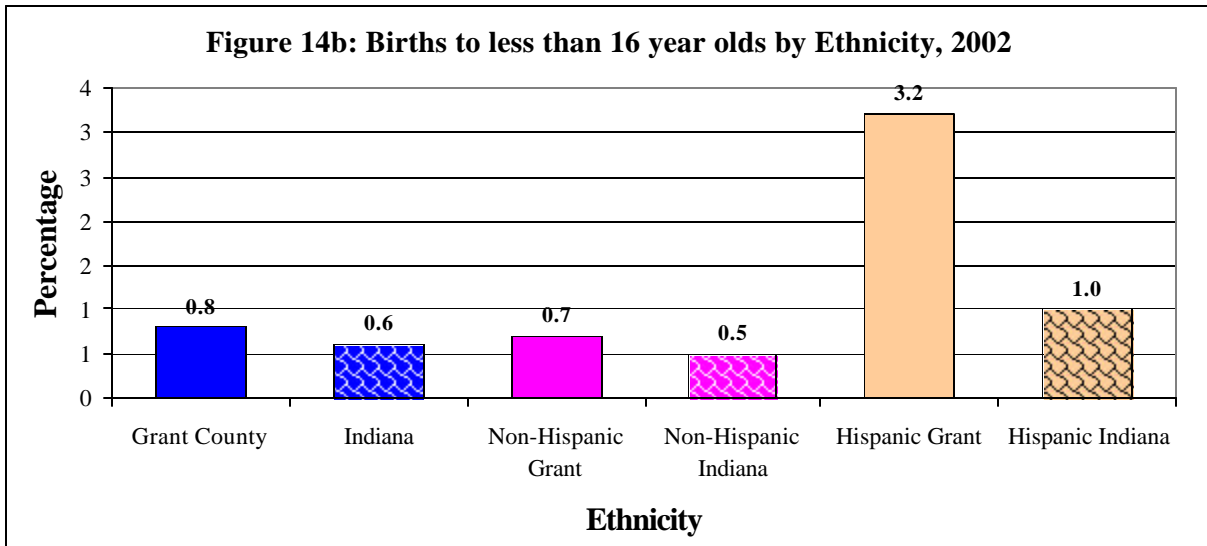
Births to Less than 16 Year olds by Race (Figure 14a):

- The percentage of births to less than 16 year olds for APIs and AIANs in Grant 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 Grant County was similar to the percentage for all births in Grant County.
- The percentage of births to less than 16 year olds for Blacks in Grant County was similar to the percentage for all Black births in Indiana.



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

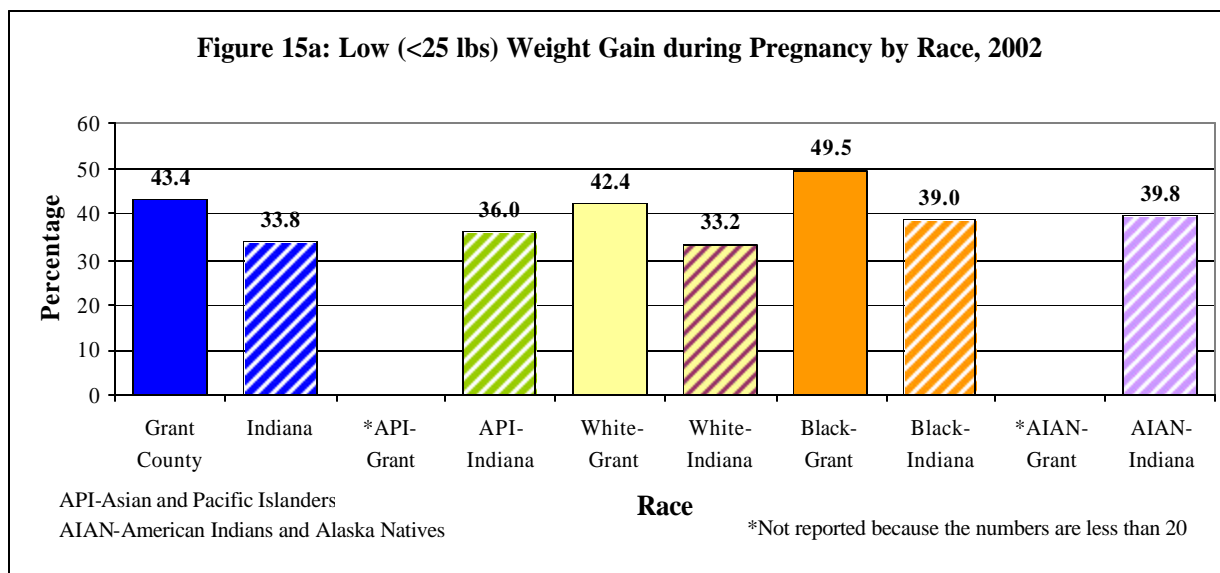
- The percentage of births to less than 16 year olds for Hispanics in Grant County was higher than the percentage for Non-Hispanic births in Grant County.
- The percentage of births to less than 16 year olds for Hispanics in Grant County was higher than the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

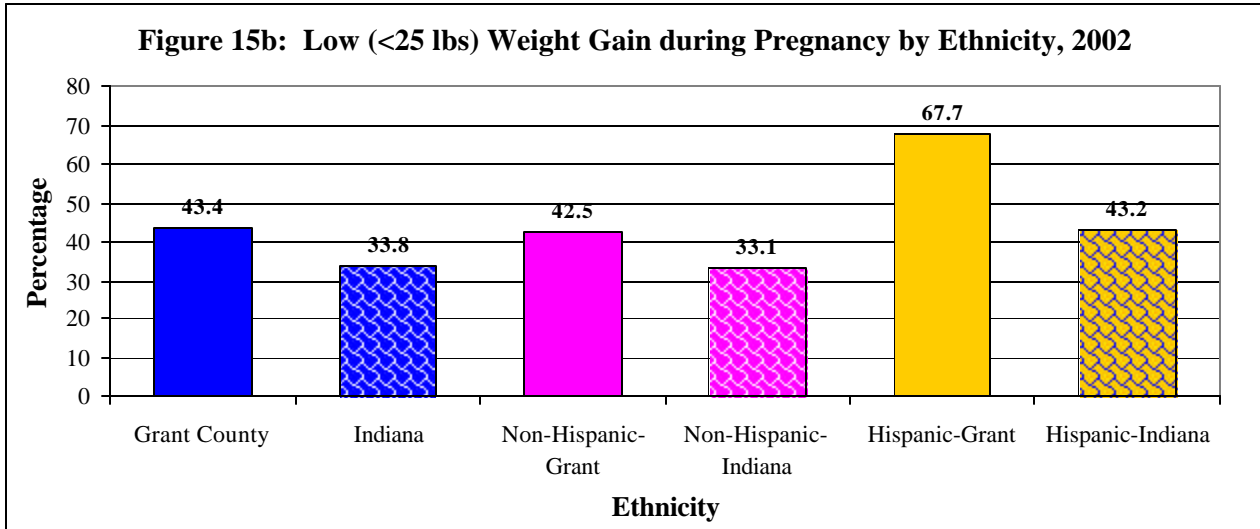
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



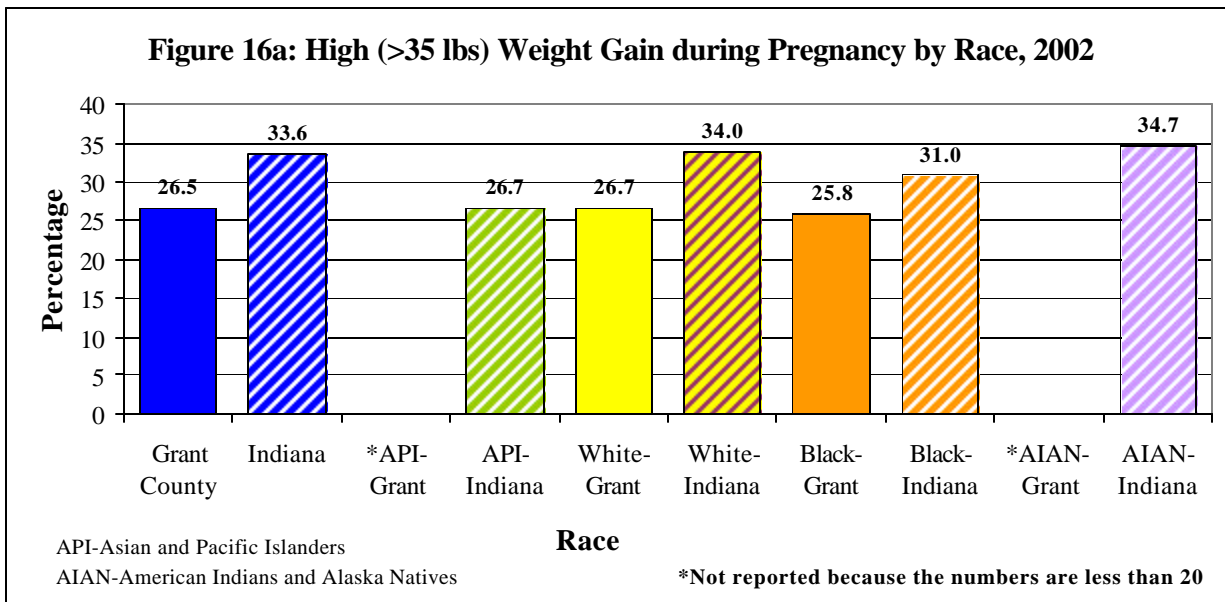
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



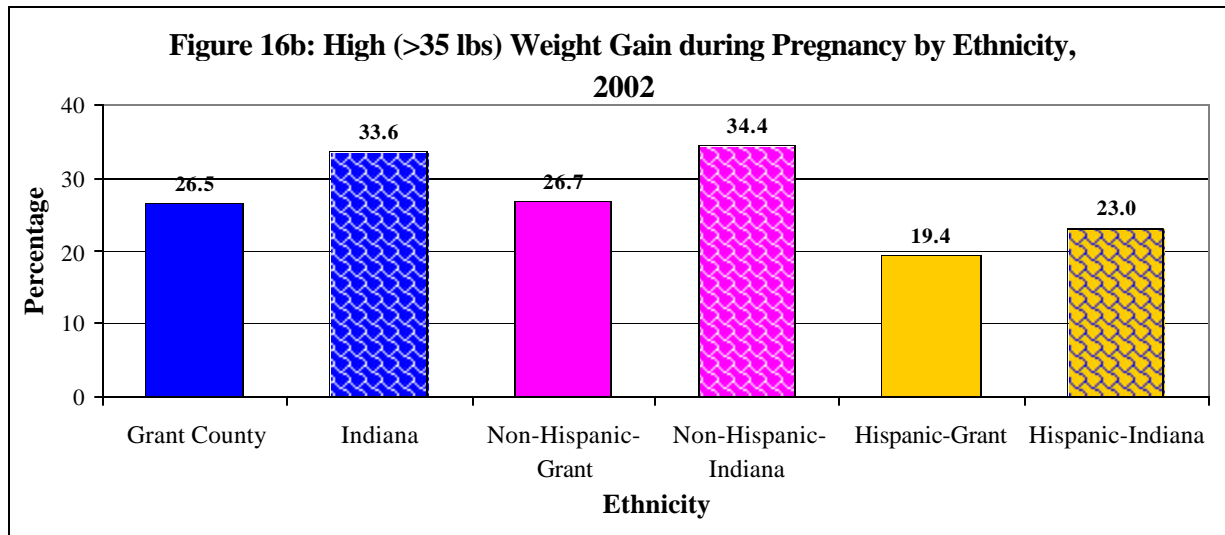
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

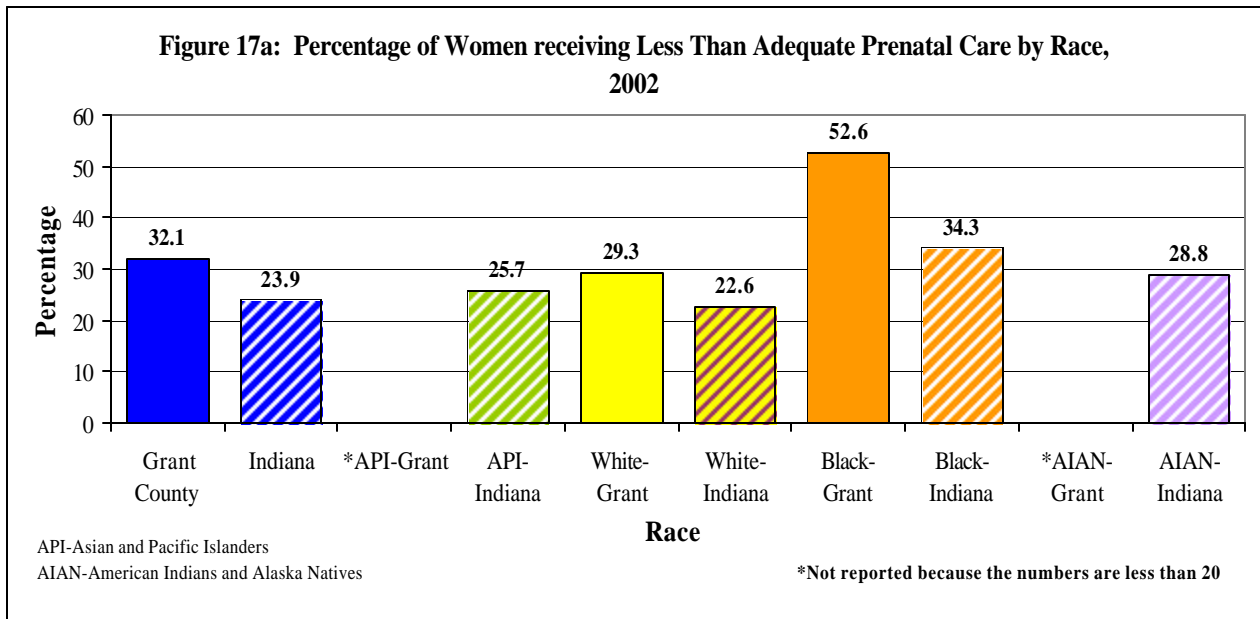
- The percentage of HWG during pregnancy for Hispanics in Grant County was lower than the percentage for Non-Hispanic births in Grant County.
- The percentage of HWG during pregnancy for Hispanics in Grant County was lower than the percentage for all Hispanic births in Indiana.



Prenatal Care:

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

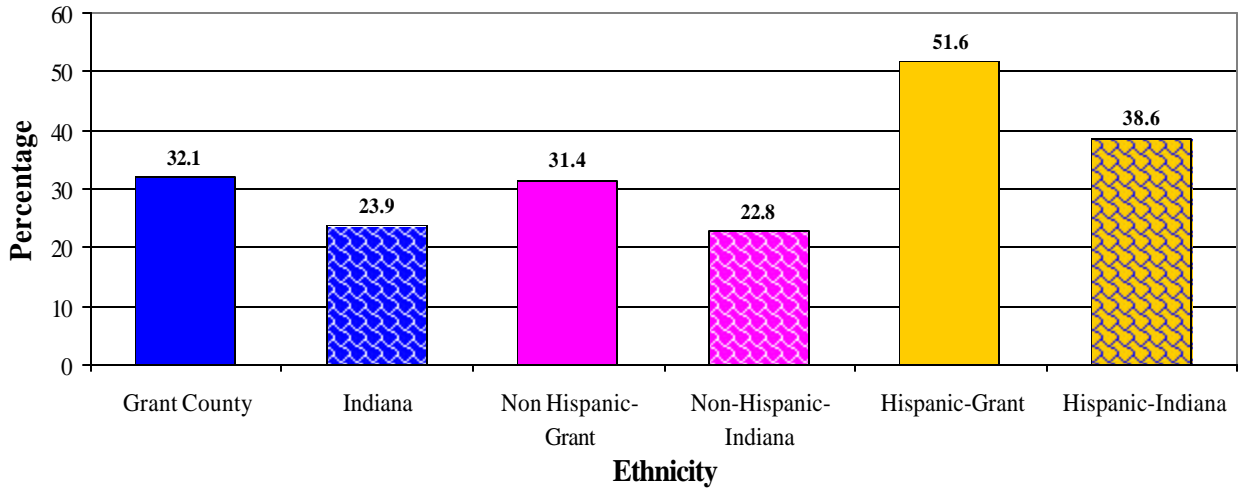
- The percentage of Women receiving less than adequate prenatal care for APIs and AIANs in Grant County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Grant County was higher than the percentage for all births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

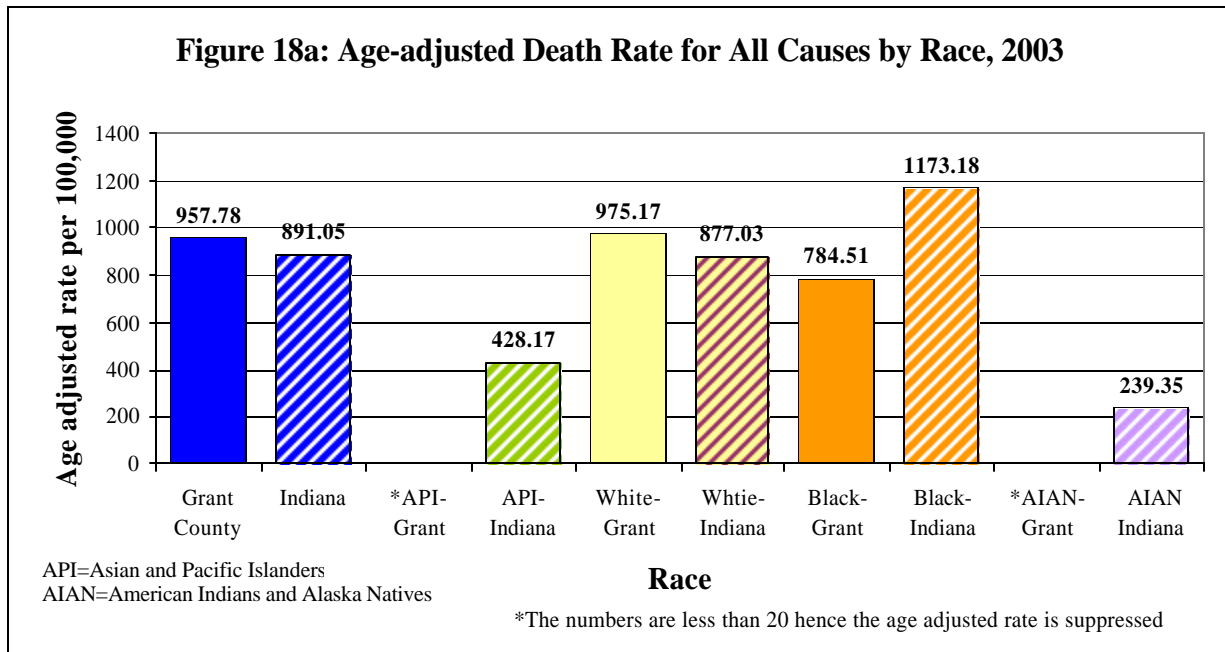
Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002



Leading Causes of Death:

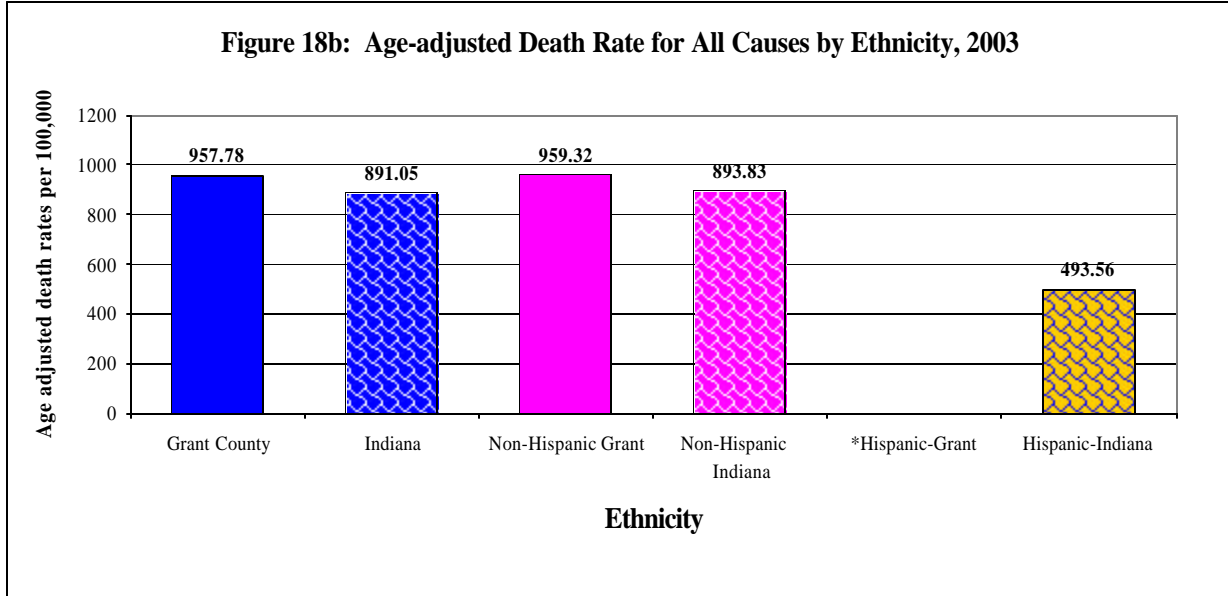
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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



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

- The age-adjusted death rate for Hispanics in Grant County could not be compared due to the small number of deaths.



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

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

Figure 19a: Five Leading Causes of Death by Race						
Grant County						
Leading Cause of Death by Race, 2003	Indiana State N=55,123	ALL Races N=819	Asian and Pacific Islanders N=2	White N=782	Black N=35	American Indians & Alaska Natives N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=241	N/A	Diseases of the Heart N=232	Malignant Neoplasms N=10	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=178	N/A	Malignant Neoplasms N=168	Diseases of the Heart N=8	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=66	N/A	Chronic Lower respiratory disease N=65	Diabetes Mellitus N=**	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=48	N/A	Cerebrovascular Diseases N=46	Cerebrovascular Diseases N=**	N/A
#5	Accidents N=2,086	Accidents N=30	N/A	Accidents N=29	Nephritis, Nephrotic Syndrome & Nephrosis N=**	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

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

- Deaths by cause for Hispanics in Grant County could not be compared due to the small number of deaths.
- Diseases of the heart are the leading cause of death in Grant County.

Figure 19b: Five Leading Causes of Death by Ethnicity				
Grant County				
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=819	Non-Hispanic N=811	Hispanic N=5
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=241	Diseases of the Heart N=238	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=178	Malignant Neoplasms N=177	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=66	Chronic Lower respiratory disease N=66	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=48	Cerebrovascular Diseases N=48	N/A
#5	Accidents N=2,086	Accidents N=30	Accidents N=29	N/A

N/A = Not applicable.

Overview of Grant County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Blacks ranked high blood pressure and strokes as the worst health problems in their neighborhood, followed by cancer, diabetes, heart disease, respiratory conditions, diet problems, AIDS/HIV, the lack or inadequate health and dental care or insurance, mental illness, high cholesterol, arthritis, and STDs.

Household arrangement (Table 2)

- Approximately thirty-five percent of Black respondents (34.8 percent) lived in single adult households; more than half, lived in two adult homes (51.1 percent); and the remainder reported three or more adults in the home. Seventy percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 67 (73.6 percent) females and 24 (26.4 percent) males. Nearly twenty-seven percent of the respondents were younger than 35 years of age, while nearly thirty-six percent were 55 year or older.

Education (Table 2)

- More than thirty-nine percent of the Black respondents (39.3 percent) graduated from high school, thirty-six percent had some college or trade school experience, and twenty percent had college degrees.

Health status perceptions (Table 3)

- Nearly thirty-five percent of the Black respondents rated their health as excellent or very good, and an additional thirty-nine percent described their health as good. Twenty-four percent described their health as either fair (20.5 percent), poor (2.3 percent), or very poor (1.1 percent).

Satisfaction with life (Table 3)

- Nearly seventy-six percent of the Black respondents (75.6 percent) rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (20.0 percent) or dissatisfied (4.4 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (93.5 percent), followed by family members (39.1 percent). Twenty-six percent identified the Internet, magazines or newspapers (25.0 percent), television or radio (16.3 percent), and other sources (4.4 percent).

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

- Thirty-four percent of the Black respondents (34.1 percent) reported no visits to the dentist in the last twelve months. Approximately fifty-three percent reported visiting the dentist one to two times in the last year, and thirteen percent reported three or more visits this past year. More than seventy-one percent of the respondents (71.4 percent) reported having access to a dentist for dental care.

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

- Nineteen percent of the Black respondents (19.1 percent) reported no visits to the doctor or nurse in the last 12 months. Thirty-eight percent reported visiting the doctor or nurse one to two times in the last year, and approximately forty-three percent reported three or more visits this past year. The majority of Black respondents (90.1 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 (9.9 percent), the choice for service if needed was a hospital emergency room (62.5 percent), doctor's office (25.0 percent), and urgent care center (12.5 percent).

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

- Black respondents with a regular source of care most frequently relied on private physicians (79.1 percent) followed by community clinic (15.3 percent), hospital emergency room (4.2 percent), and urgent care center (1.4 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 hospitalization, thirty-two percent reported use of a hospital emergency room, and eleven percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Nearly thirty-four percent of Black respondents rated services as either superior (7.0 percent), or above average (26.7 percent). More than fifty-four percent described the services they received as average. Nearly twelve percent rated services as either below average (10.5 percent) or terrible (1.2 percent).

Personal barriers to health care utilization (Table 5)

- Nearly seven percent of Black respondents (6.7 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, waiting too long for an appointment, doctor would not accept new patients, doctor or clinic would not take Medicaid, and doctor or nurse would not listen.

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, doctor or clinic would not accept Medicaid, doctor would not accept new patients, and waiting too long for an appointment.

Cigarette smoking (Table 6)

- Approximately thirty-two percent of the Black respondents reported having smoked at least 100 cigarettes in their life; of which, forty-three percent reported smoking everyday, fourteen percent some days, and forty-three percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack per day (37.5 percent) to more than three packs per day (6.3 percent). More than seventeen percent of all survey respondents (17.4 percent) indicated they were current smokers.

Physical activity (Table 6)

- Sixty percent of the Black respondents (60.0 percent) reported exercising one or more times per week. Approximately nineteen percent of the respondents (18.9 percent) indicated they never exercise.

Healthy diet (Table 6)

- Forty-four percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (12.4 percent), or most of the time (31.5 percent). Eleven percent of the respondents (11.2 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Forty-three percent of the Black respondents, (43.0 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (18.3 percent), heart disease (17.6 percent), diabetes (14.9 percent), and other lung disease (5.8 percent).

Adults requiring assistance (Table 7)

- Nearly five percent of the Black respondents (4.5 percent) reported having an adult member of their household who requires assistance, and all of these respondents (100.0 percent) pay for this assistance.

Medical insurance coverage (Table 8)

- Only thirty-six percent of the Black respondents (35.9 percent) provided a reply to the question of whether they have medical insurance. Of those who responded, ninety-one percent indicated they do have some type of medical insurance coverage. The majority of the respondents (73.3 percent) reported coverage through their employer, followed by Medicare (23.3 percent), Medicaid (13.3 percent), other coverage (6.7 percent), privately purchased plan (3.3 percent), and long-term care insurance (4.4 percent).

Dental insurance coverage (Table 8)

- Two thirds of the Black respondents (67.0 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

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

Grant County Needs Assessment Survey 2004

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

	Racial Minorities Black	
	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)		
High blood pressure and Strokes	53	57.6%
Cancer	52	56.5%
Diabetes	39	42.4%
Heart disease	35	38.0%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	18	19.6%
Diet problems (obesity, poor nutrition)	14	15.2%
AIDS/HIV	13	14.1%
Lack or Inadequate Health/Dental care and insurance	9	9.8%
Mental illness	6	6.5%
High cholesterol	6	6.5%
Arthritis, Osteoporosis, pain	6	6.5%
STDs	3	3.3%

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

	Racial Minorities	
	Black	
	Number	Percent
2a. How many adults in live in your household?		
1	32	34.8%
2	47	51.1%
3	9	9.8%
4	4	4.3%
5	0	0.0%
6 or more	0	0.0%
2b. How many children live in your household?		
0	21	30.0%
1	10	14.3%
2	14	20.0%
3	14	20.0%
4	5	7.1%
5 or more	6	8.6%
3. What is your gender?		
Male	24	26.4%
Female	67	73.6%
4. What is your age?		
Less than 18 years	0	0.0%
18 - 24	4	4.4%
25 - 34	20	22.2%
35 - 44	21	23.3%
45 - 54	13	14.5%
55 - 64	14	15.6%
65+	18	20.0%
7. How much education have you had?		
Less than high school	4	4.5%
High school or equivalent	35	39.3%
Some college or trade school	32	36.0%
College graduate or more education	18	20.2%

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

	Racial Minorities Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	9	10.2%
Very Good	24	27.3%
Good	34	38.6%
Fair	18	20.5%
Poor	2	2.3%
Very Poor	1	1.1%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	22	24.5%
Satisfied	46	51.1%
Sometimes satisfied, sometimes dissatisfied	18	20.0%
Dissatisfied	4	4.4%
Very Dissatisfied	0	0.0%

Table 4: Experience Getting Health Care as Reported by the Grant 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	86	93.5%
The Internet	24	26.1%
Magazines or newspapers	23	25.0%
Television or radio	15	16.3%
Family members	36	39.1%
Other	4	4.4%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	31	34.1%
1 or 2	48	52.7%
3 to 5	11	12.1%
More than 6	1	1.1%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	65	71.4%
No	26	28.6%
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	17	19.1%
1 or 2	34	38.2%
3 to 5	26	29.2%
6 or more	12	13.5%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	82	90.1%
No	9	9.9%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	2	25.0%
Community clinic	0	0.0%
Hospital emergency room	5	62.5%
Urgent care center	1	12.5%
Self care	0	0.0%
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	57	79.1%
Community clinic	11	15.3%
Hospital emergency room	3	4.2%
Urgent care center	0	0.0%
Other	1	1.4%
17. Were you hospitalized during the past 12 months?		
Yes	15	16.5%
No	76	83.5%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	29	32.2%
No	61	67.8%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	10	11.1%
No	80	88.9%

Table 5: Attitudes and Barriers to Medical Care as Reported by the Grant 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	7.0%
Above average	23	26.7%
Average	47	54.6%
Below average	9	10.5%
Terrible	1	1.2%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	6	6.7%
No	83	93.3%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	1	16.7%
Lack of money	4	66.7%
No insurance	1	16.7%
Insurance did not cover the medical care	2	33.3%
No transportation available	2	33.3%
Had to wait too long for an appointment	4	66.7%
Doctor wouldn't take new patients	4	66.7%
Doctor or clinic wouldn't take Medicare	1	16.7%
Doctor or clinic wouldn't take Medicaid	3	50.0%
Doctor you need to see for your insurance is out of your area	1	16.7%
Language barriers	0	0.0%
Cultural barriers	3	50.0%
Had to wait too long in doctor's or clinic office	1	16.7%
Was not treated with respect	1	16.7%
The doctor or nurse wouldn't listen	3	50.0%
Felt uncomfortable asking the doctor or nurse questions	2	33.3%
Didn't feel the medical care was the best	1	16.7%
Couldn't get off work	2	33.3%
Clinic or doctor's office staff was rude and not very helpful	1	16.7%
No child care available	0	0.0%

Not having a Social Security Number was a problem	0	0.0%
Not having permanent address was a problem	0	0.0%
Other	0	0.0%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?		
No doctor in area	13	14.1%
Lack of money	67	72.8%
No insurance	71	77.2%
Insurance did not cover the medical care	48	52.2%
No transportation available	26	28.3%
Had to wait too long for an appointment	30	32.6%
Doctor wouldn't take new patients	34	37.0%
Doctor or clinic wouldn't take Medicare	26	28.3%
Doctor or clinic wouldn't take Medicaid	41	44.6%
Doctor you need to see for your insurance is out of your area	22	23.9%
Language barriers	10	10.9%
Cultural barriers	14	15.2%
Had to wait too long in doctor's or clinic office	30	32.6%
Was not treated with respect	18	19.6%
The doctor or nurse wouldn't listen	13	14.1%
Felt uncomfortable asking the doctor or nurse questions	16	17.4%
Didn't feel the medical care was the best	20	21.7%
Couldn't get off work	14	15.2%
Clinic or doctor's office staff was rude and not very helpful	9	9.8%
No child care available	14	15.2%
Not having a Social Security Number was a problem	1	1.1%
Not having a permanent address was a problem	0	0.0%
Other	4	4.4%

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

	Racial Minorities Black Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	28	31.8%
No	58	65.9%
Don't know / Not sure	2	2.3%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	12	42.9%
Some days	4	14.2%
Not at all	12	42.9%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	6	37.5%
1/2 to 1 pack per day	6	37.5%
About 2 packs per day	2	12.4%
About 3 packs per day	1	6.3%
More than 3 packs per day	1	6.3%
27. How often do you exercise or participate in vigorous physical activity?		
One or more times each week	54	60.0%
Less than one time per week	19	21.1%
Not at all	17	18.9%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	11	12.4%
Most of the time	28	31.5%
Some of the time	40	44.9%
Not very often or not at all	10	11.2%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	37	43.0%
Heart disease ('yes')	13	17.6%
Diabetes ('yes')	11	14.9%
Asthma ('yes')	13	18.3%
Other lung disease ('yes')	4	5.8%

Table 7: Disabilities as Reported by the Grant 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	4	4.5%
No	84	95.5%
31. Do you pay anyone to give this assistance?		
Yes	4	100.0%
No	0	0.0%

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

	Racial Minorities	
	Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	30	90.9%
No	3	9.1%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	22	73.3%
Privately purchased plan	1	3.3%
Covered under spouse or parent's insurance	4	13.3%
Medicare	7	23.3%
Medicaid	4	13.3%
Long term care insurance	1	3.3%
Other	2	6.7%
34. Do you have dental insurance coverage if any problems arise?		
Yes	59	67.0%
No	29	33.0%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	33	37.5%
Less than \$10 per month	7	8.0%
\$10 to \$24 per month	14	15.9%
\$25 to \$49 per month	11	12.5%
\$50 to \$74 per month	6	6.8%
\$75 to \$99 per month	4	4.5%
\$100 to \$199 per month	8	9.1%
\$200 or more per month	4	4.5%
Don't know	1	1.2%

Overview of Grant County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Grant County residents: **diabetes, obesity heart disease, hypertension, and obesity**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

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

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

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

- **cultural** (not understanding or being unable to communicate in the patient's language, and providers not being culturally aware or competent);
- **communication between provider and patient** (both need to learn how to better communicate with each other, what are the right questions to ask);
- **lack of health knowledge and promotion** (a 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 specialized providers in the community, lack of adequate neighborhood clinics, lack of adequate minority physicians).

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

- **educating the community** about ways to improve their health status (i.e., more free neighborhood clinics in a language that is comprehensible to all, what questions to ask);
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community); and,
- **system improvement** (more minority physicians, more neighborhood clinics)

Key quotes from participants:

“You can go to the same doctor with a Caucasian person and we will not have gotten the same service”

“They look through and look at you and look what color you are then look through you and then keep going to the next person...”

“I think we don’t ask enough questions when we go to see the doctor therefore they just kind of do what they have to do and then let you go. Whereas if you go in and start asking questions and you are inquisitive you kind of punch at them to get an answer, then they start working a little bit harder. Otherwise they are just going to let you slide. And they know that we are like that and they know that is what is going to happen. They are not going to put that much more effort into us because we are walking in there like with a ‘don’t care’ kind of attitude. Even though we do we are just not educated enough to ask those questions to find out and dig deeper and make that doctor work for us.”

Grant County Focus Group Responses

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

CONSUMERS

Health Conditions

- Diabetes
- Heart condition
- High blood pressure
- Low blood pressure
- Lupus

Personal Behavior

- Obesity

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

- Free clinics; there are none in our community
- More minority physicians

Improve Communication and Education

- Education

Provider Behavior/System Characteristics

- Doctors do not know how to treat minority problems; they need to be more committed and sympathetic to minority problems.

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

CONSUMERS

Cultural

- Color

Personal/Economic

- Lack of health Insurance
- Inadequate Transportation services
- Lack of or limited finances

Provider Behavior/System

- There are no neighborhood clinics in some places.
- No local specialists

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

CONSUMERS

Communication

- Inform communities of the services available; these are available here, but no one knows
- Present information in an understandable form.

Education

- Information about Medicare at doctor's offices to let patients know what is covered.

Personal/Economic

- Transportation to health facilities
- Financial issues a large problem

System/Provider

- Husband and wife uncovered if one of them is on Medicare

Culture

- Need for more African American doctors

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

Yes

Cultural/Demographic

- Since Dr. X an African American left, no one is practicing compassionate medicine for African Americans

Provider/System

- Physicians don't always find problems
- They do as much as you put up with doing
- Emergency room care isn't good for some people. They don't fix your problem.

Education/Promotion

- We aren't always educated enough to know what questions to ask

Communication/Language

- Other members of family should accompany and ask questions to get, demand better care

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

Quotes:

“You can go to the same doctor as a Caucasian person and I and will not have gotten the same service”

“I think also that we don't ask enough questions when we do go to see the doctor therefore they just kind of do what they have to do and then let you go. Whereas if you go in and you start asking questions and you are inquisitive you kind of punch at them to get an answer for you then they start working a little bit harder. Otherwise they are just going to let you slide. And they know that we are like that and they know that is what is going to happen. They are not going to put that much more effort into us because we are walking in there like we don't care kind of attitude. Even though we do we are just not educated enough to ask those questions to find out and dig deeper and make that doctor work for us.”

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

- Marion General Hospital
- Minority Health Coalition
- Indiana Health Center

Communication/Outreach/Education

- Provide education and demonstrations on various diseases:

Provider Behavior/System

- Referring people to income based medication.

Focus on Health Conditions/Community needs

- Cancer services
- Smoking cessation program – easily accessed
- Mental health Program – Depression ADHD
- Weight control

Quote:

“You advertise and let people know what is going on so people can participate...”

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/Education/Outreach

- Failure of informing people of available services; they don’t go that extra mile to make sure you are well informed.

Provider Behavior/System

- Everyone had horror stories about their experience there; from bad blood drawings to a lack of care altogether.
- Takes too long before one can be served.
- No follow up.
- Misdiagnosis
- Making bad diagnosis; this should be stopped so that people do not have all these expensive and unnecessary tests
- Lack of proper care; they look right through you as if you are not important enough to be there.

Community Characteristic

- Black people will not participate usually

Quote:

“They look through and look at you and look what color you are then look through you and then keep going to the next person...”

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

CONSUMERS

Recommendations to Institutions

1. Programs

- Have the correct education and sometimes other agencies rather than the Minority Health Coalition should be involved and inform people first hand.
- More follow-up

2. Providers/Workforce

- Monitor health officials to see if they are doing what they say they are going to do

Quote:

“The doctors that we do have need to be more compassionate towards our illnesses and concerns.”

“If you want to get to some black people you need to go to church...”

Key Informant Interview Findings for Grant County

Purpose: Community leaders/providers in Grant 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 Tanya Smith the Coordinator of the Grant County Minority Health Coalition. Ms. Smith 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. There was a total of six community leader/provider interviews were conducted in Grant County during March of 2004. The professions of the community leader/provider included a social worker, county cancer services representative, nurse practitioner, physician, human relations representative and a housing representative. The demographics of the interviewees are as follows: The gender of the interviewees was reported for 5 participants and included 5 females; race/ethnicity of the participants included 4 African Americans, 1 Hispanic/Latino, and 1 Caucasian; the ages of the key informants were not reported.

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

For all racial and ethnic populations in Grant County:

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

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

For all racial and ethnic populations in Grant County:

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

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

For all racial and ethnic populations in Grant County:

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

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

Key informant 1:

“Yes”

- *“Sometimes basic care is not provided. The programs located across town are not known and not advertised in neighborhoods in need.”*

Key informant 2:

“Yes”

- *“[There are concerns] for all groups – the working poor, low income and persons without insurance all have limited access to quality medical care unless they use the emergency room as a clinic.”*

Key informant 3:

“Yes”

- *“The barriers to quality care need to be removed with improved communication, transportation and education.”*

Key informant 4:

“Yes”

- *“Access to quality care is dependent on having insurance.”*
- *“African Americans [in our community] are not informed on health related issues.”*

Key informant 5:

“Yes”

- *“The Marion General Hospital emergency room physicians are not from [the area] and the community is not familiar with them.”*
- *“The emergency room care is not sufficient.”*

Key informant 6:

“Yes”

- “[There are concerns about the care received by] *elders, seniors and young people.*”
- “*For families on welfare, children lose their medical care when parents become employed.*”

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

Key informant 1:

- “*They know the needs of the community served and are able to identify with the population*”

Key informant 2:

- “*Agencies providing doing their best to provide access to services*”

Key informant 3:

- “*Providing services that remove barriers*”

Key informant 4:

- “*The hospital has an excellent diabetes program for those persons who can afford to participate*”

Key informant 5:

- “*Having knowledge and awareness of the population served*”
- “*The process of getting the word out to the community is done well*”

Key informant 6:

- “*Agencies provide community access for all available programs*”

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

Key informant 1:

“*Lack of targeted programs for the community*”

Key informant 2:

- “*Limited services hour offered*”

Key informant 3:

- “*Lack of service promotion*”
- “*Lack of passion*”
- “*Lack of interest in health related concerns in the community*”

Key informant 4:

“*Unknown*”

Key informant 5:

- *“Lack of getting the word out about the services provided”*
- *“Lack of inclusion of all minority populations located in our county”*

Key informant 6:

- *“Agencies that do not make the community aware of the services provided”*

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:

“Insufficient” “Sufficient”

Key informant 1:

“Insufficient”

Key informant 2:

“Insufficient”

Key informant 3:

“Insufficient”

- *“Clinic needs to be more efficient”*
- *“There is a need to recruit more minority physicians”*

Key informant 4:

“Insufficient”

Key informant 5:

“Insufficient”

- *“Not enough health care providers to meet the needs [of the community]”*

Key informant 6:

“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:

- *“Central Marion”*

Key informant 2:

- *“Churches”*
- *“Schools”*
- *“Community neighborhoods”*

Key informant 3:

- *“In the hospital”*

Key informant 4:

- *“Centrally located in Marion”*

Key informant 5:

- *“Southside of Marion”*

Key informant 6:

- *“Central Marion”*
- *“Southside of Marion”*

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

For all racial and ethnic populations in Grant County:

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

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

Key informant 1:

“No”

- *“Cultural communication”*
- *“Language barriers”*
- *“Providing instructions”*

Key informant 2:

“Yes”

- *“Sometimes African Americans do not seek preventive care in order to avoid prejudice and discrimination”*

Key informant 3:
“No”

Key informant 4:
“No”

Key informant 5:
“No”

Key informant 6:
“No”

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 Grant County, the community leaders provided the following:

Key informant 1:
“Yes”

- “*Collaboration of educational training*”

Key informant 2:
“Yes”

- “*We are currently collaborating with the Minority Health Coalition*”

Key informant 3:
“Yes”

Key informant 4:
“Yes”

Key informant 5:
“Yes”

Key informant 6:
“No”

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:

- “*Nurses at the VA*”
- “*Local pastor*”
- “*School administrators*”

- *“Indiana Health Center”*
- *“Oncology Department”*
- *“Area physicians”*
- *“Crisis Pregnancy Center”*
- *“Life-stream”*
- *“Faith based organizations”*

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:

- *“Collaborative efforts to meet needs”*
- *“[Develop a] referral system”*
- *“Go out to where the people [in need] are located”*
- *“Be open-minded and culturally sensitive”*
- *“Be interested in making positive changes”*
- *“Collaborate and reach out to the community”*
- *“Be all-inclusive”*
- *“Do your homework”*

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

Key informant 1:

- *“[It is] sad that we do not have a healthcare system that views special needs of [groups] based on culture”*

Key informant 2:

“No”

Key informant 3:

“No”

Key informant 4:

“No”

Key informant 5:

“No”

Key informant 6:

“No”

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

- *“Churches”*
- *“Hospital administrators”*
- *“Family practice physician offices”*
- *“Marion High School”*
- *“Health class instructors”*
- *“St. Martins Community Center”*
- *“Pastors of minority churches”*

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Grant County.

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

Hispanics in Grant County have higher percentages compared to Non-Hispanics for many of the birth outcome indicators: low birth weight, preterm births, Cesarean deliveries, births to single mothers, births to 16 and 17 year olds, births to less than 16 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care. The indicators that need improvement do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all Non-Hispanics births in Grant County.

The age-adjusted death rate for Asian/Pacific Islanders (API), American Indian/Alaska Natives (AIAN), and Hispanics in Grant County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Grant County was lower than the age-adjusted death rate for all deaths in Grant County and for all deaths among Blacks in Indiana. Diseases of the heart were the leading cause of death in Grant County and Indiana; while the leading cause of death for Blacks in Grant County was malignant neoplasms. Deaths by cause for APIs, AIANs, and Hispanics in Grant County could not be compared due to the small number of deaths.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying lack of money, having to wait too long for an appointment, and doctor would not accept new patients. Additional barriers included the doctor or clinic would not take Medicaid and doctor or nurse would not listen.

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. Improving the healthcare system and improving communication between consumers and providers were additional solutions offered.

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 Grant 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.

APPENDICIES

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.