

A Health Needs Assessment Study of the Minority Population in Johnson 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	10
Results.....	12
Overview of Existing Health Indicator (Secondary) Data	13
Birth Data	14
Weight Gain During Pregnancy	31
Prenatal Care	34
Leading Causes of Death.....	36
Overview of Targeted Survey Responses	39
Tables	43
Overview of Focus Group	53
Focus Group Responses.....	55
Conclusions.....	60
Appendices.....	63
Targeted Survey Tool.....	64
Focus Group Script.....	71

EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Johnson County, directed by the Indiana Minority Health Coalition with technical assistance from the Indiana University Bowen Research Center. Initial project planning activities began in 2003, with most of the data collected in 2004. The purpose of this needs assessment study is to:

- Perform a comprehensive, community-based health needs assessment of minority populations in Johnson County
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the Johnson County
- Identify opportunities and initiatives to better meet the health needs

Data for the health needs assessment were collected from existing data containing health indicators, targeted population surveys, focus groups, and key informant surveys.

Existing data from birth and death certificates were gathered and analyzed for minority groups. The analysis of these existing data for Johnson 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 Asian/Pacific Islander population in Johnson County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 29 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 Asian/Pacific Islanders perceive the lack or inadequate health/dental care and insurance, diabetes, diet problems, and infectious diseases as part of the top five worst health problems in their neighborhood. These results indicated that nearly a quarter (22.2%) of Asian/Pacific Islanders indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Asian/Pacific Islanders, the top five barriers attributed to accessing healthcare included: language barriers, lack of insurance, felt uncomfortable asking the doctor or nurse questions, medical care not covered by insurance, and had to wait too long in the doctor or clinic office.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups. Results from focus groups indicated that Johnson County community residents perceive the following as major health problems: eye problems, flu, hypertension, skin/allergies and teeth problems. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Johnson 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 Johnson County perceive as ways to improve both healthcare access and health

status. Suggestions for improving healthcare access and/or health status for minority residents included: improve communication between consumers and providers; increase the education level of the community; educate providers; make people more aware of available resources; and provide translators and interpreters.

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in Johnson 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 Johnson County in collaboration with the program coordinator of the Adult Learning Center of the Johnson County Library 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 Johnson 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 Johnson 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

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’ input was sought using focus group techniques. 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 Johnson 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 Johnson 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 Johnson 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 July and August 2004, the program coordinator of the Adult Learning Center of the Johnson County Library administered the targeted surveys. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, food markets, and the local library.

Twenty-nine surveys were completed and returned to the Indiana Minority Health Coalition. One hundred percent of the respondents (N = 29) reported their race; of which 100.0 percent were Asian (N = 29). One hundred percent of the participants (N = 29) responded to the question of ethnicity, none of which were of Hispanic/Latino ethnicity (N = 29). One hundred percent of respondents (N = 29) indicated their gender; of which, 58.6 percent were female (N = 17) and 41.4 percent were male (N = 12). Nearly ninety-seven percent of the respondents (N = 28) reported their age with forty-three percent in the 35 to 44 age group (N = 12), 21.4 percent in the 25 to 34 age group (N = 6), and 17.8 percent in the 45 to 54 age group (N = 5). Of the remaining respondents, 3.6 percent reported their age as 24 years or less (N = 1), and 14.3 percent reported their age as 55 years or more (N = 4).

Focus Groups:

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.

The selected individuals were invited by letter to participate in the focus groups and key informant interviews. The invitation letter, from the Indiana Minority Health Coalition and the Adult Learning Center of the Johnson County Library, 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. The protocols used to direct the focus groups are included in the appendix.

The focus group moderators 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 Johnson 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 September 2004, the program coordinator of the Adult Learning Center of the Johnson County Library conducted one focus group of consumers. The focus group was held at the Johnson County Library. There were three consumers taking part in the focus group. One of the participants was female and two were male. The focus group participants reported their race as Asian. The participants reported their age group, with sixty-seven percent in the 30 to 39 age group (N = 2), and thirty-three percent in the 40 to 49 age group (N = 1). All of the participants provided information regarding their employment with one working as an engineer, one part-time employment, and the other unemployed.

RESULTS

Overview of Existing Health Indicator (Secondary) Data Analysis

Analysis of existing data for Johnson County (birth, morbidity and mortality data) indicated disparities exist in Johnson County by Race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for Blacks and American Indians/Alaska Natives (AIAN) in Johnson 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 Johnson County are based on the differences between specific indicators and the Healthy People 2010 objective, comparison to all births in the County and to the respective racial or ethnic group in Indiana. Any values with less than 1% (<1%) difference are considered similar and values equal to or greater than 1% difference were listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

The Asian and Pacific Islanders (API) population in Johnson County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, Cesarean deliveries, prenatal care in the first trimester, low weight gain during pregnancy and percentage of women receiving 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 the country.

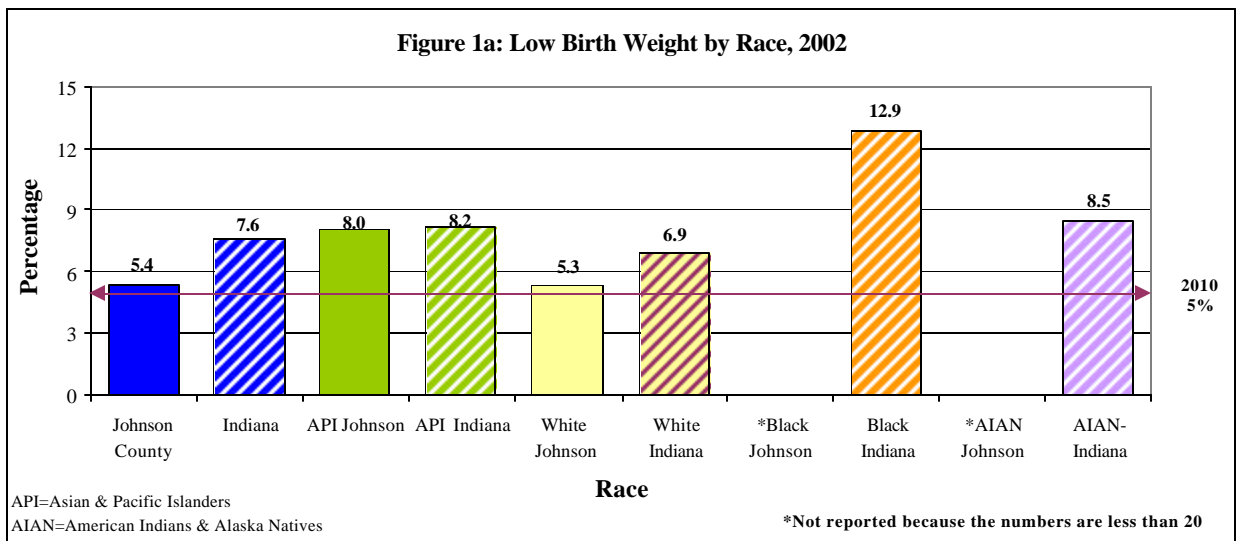
Hispanics in Johnson County have lower percentages compared to Non-Hispanics for many of the birth outcome indicators, and therefore, there is room for improvement: low birth weight, very low birth weight, early preterm births, pregnancy complications, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care. These indicators that have room for improvement do not meet the Healthy People 2010 objective and / or have higher percentages in comparison to all Non-Hispanics births in Johnson County.

The age-adjusted death rate and deaths by cause for APIs, Blacks, AIANs, and Hispanics could not be compared due to the small numbers. Diseases of the heart are the leading cause of death in Johnson County.

Birth Data:

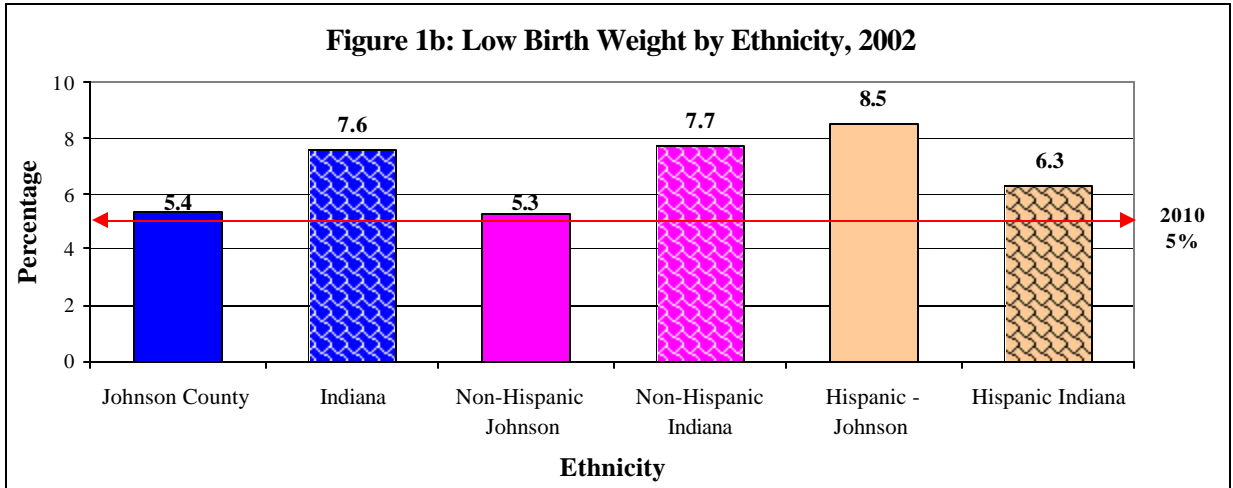
Low Birth Weight (LBW) by Race (Figure 1a):

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



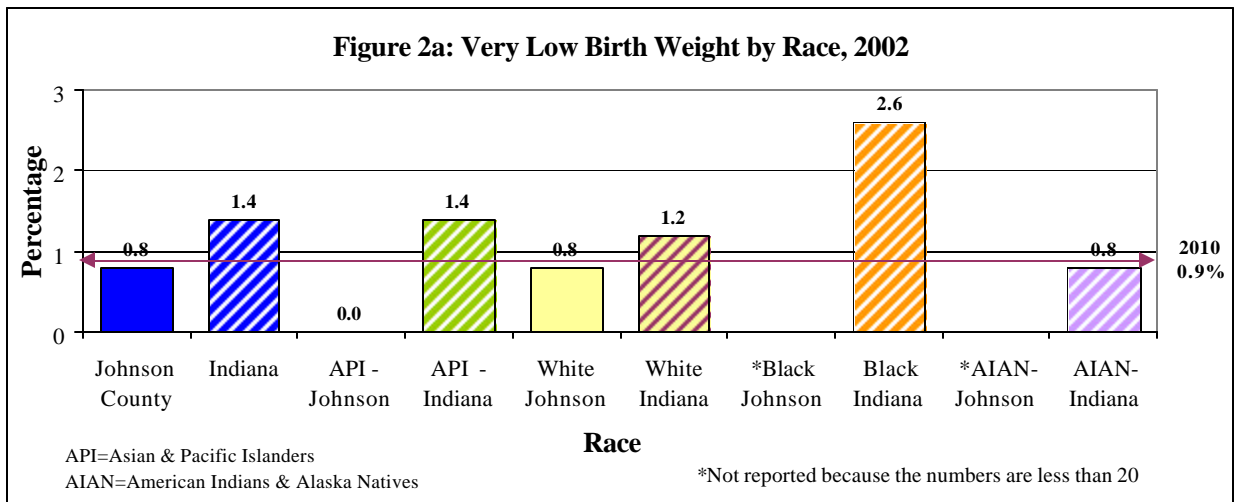
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



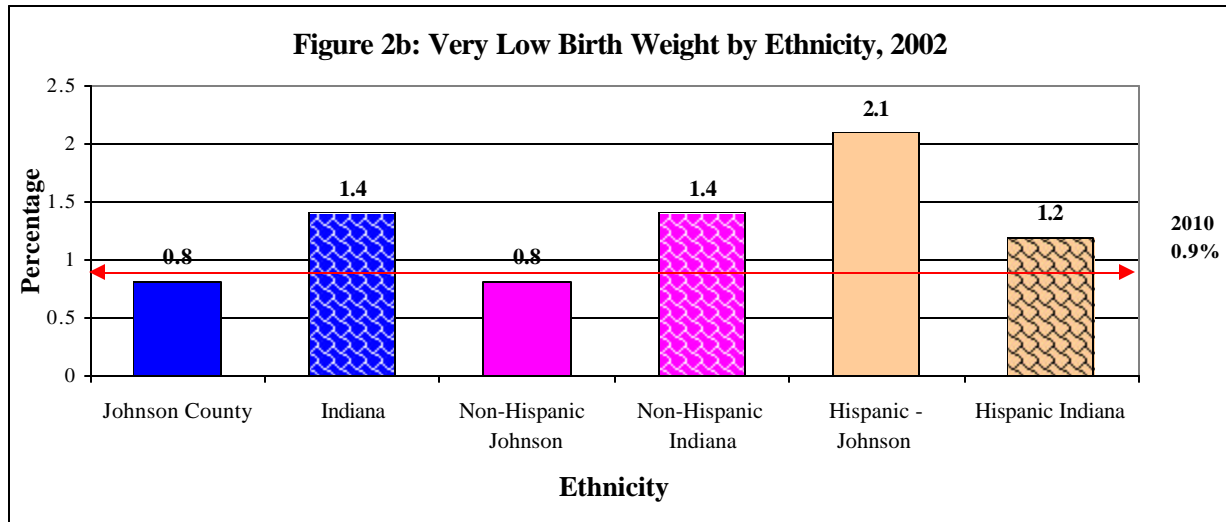
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



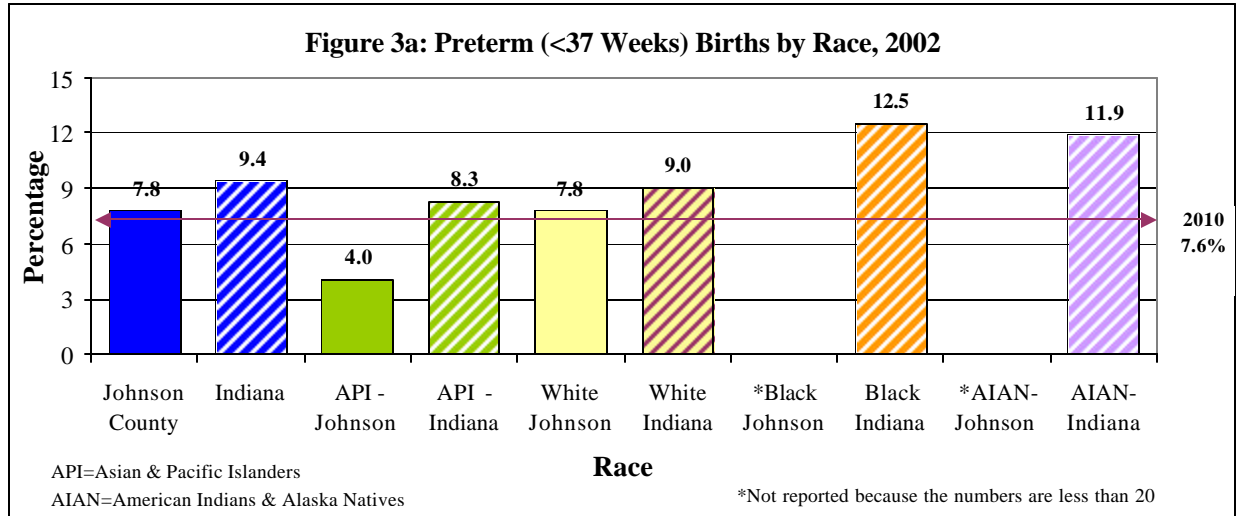
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



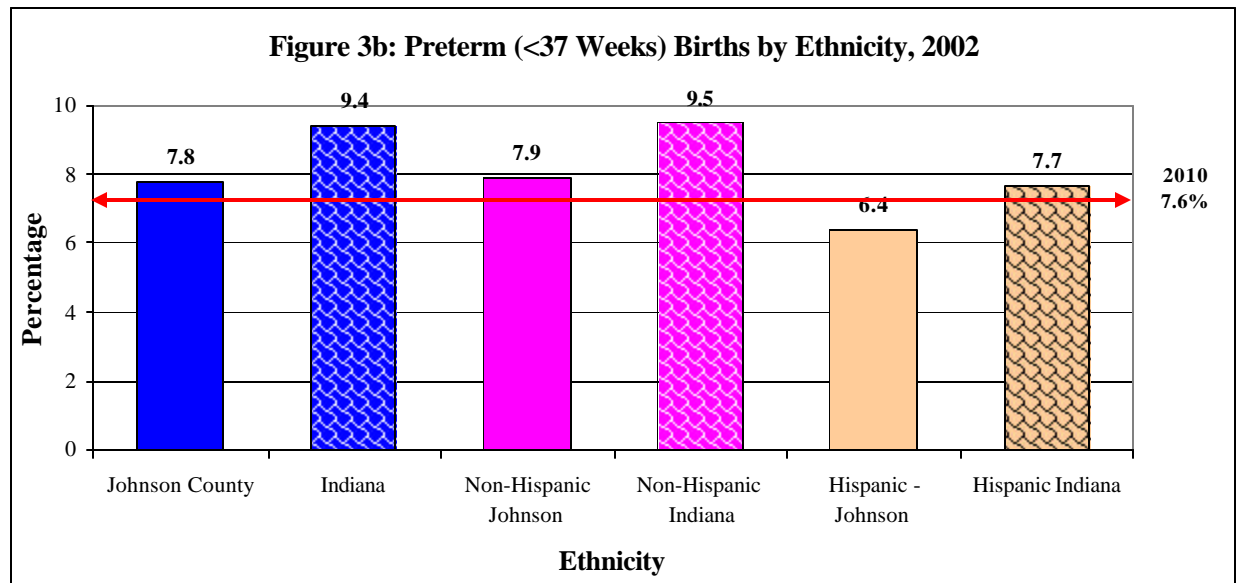
Preterm (< 37 weeks) Births by Race (Figure 3a):

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



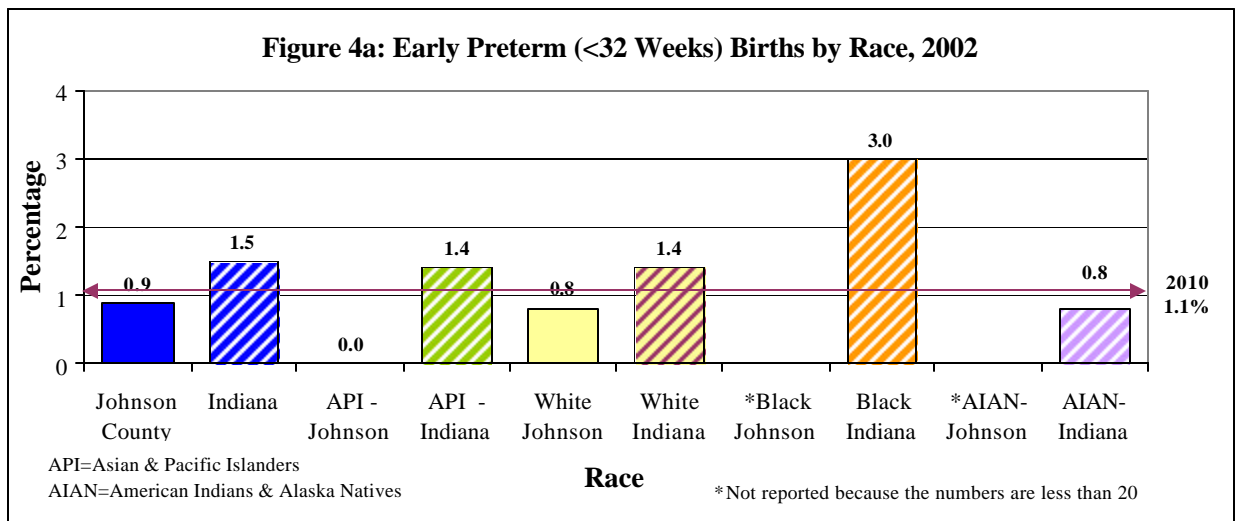
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

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



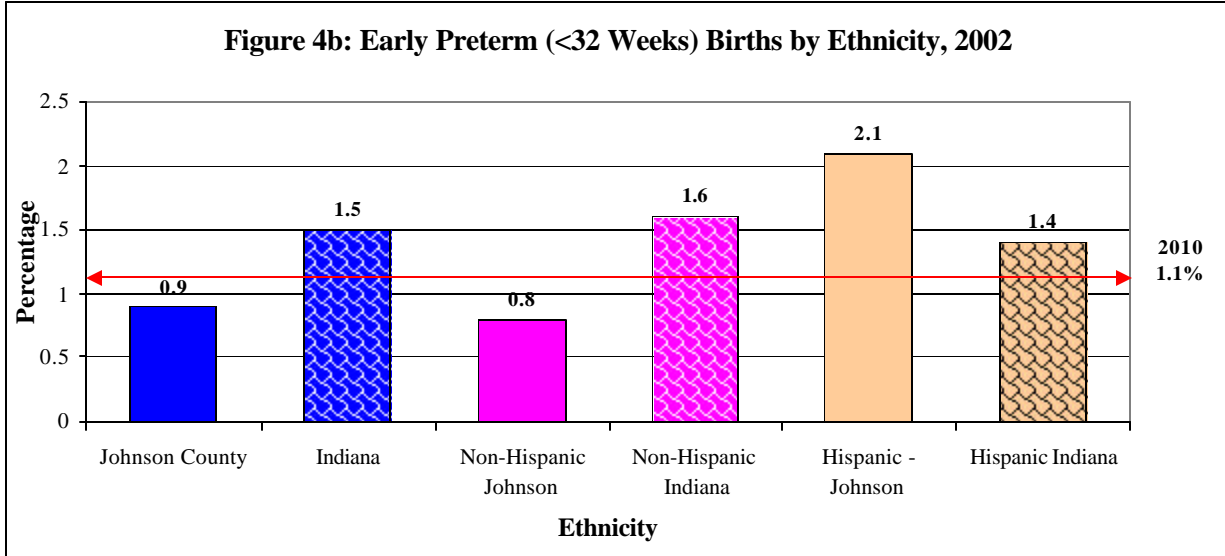
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



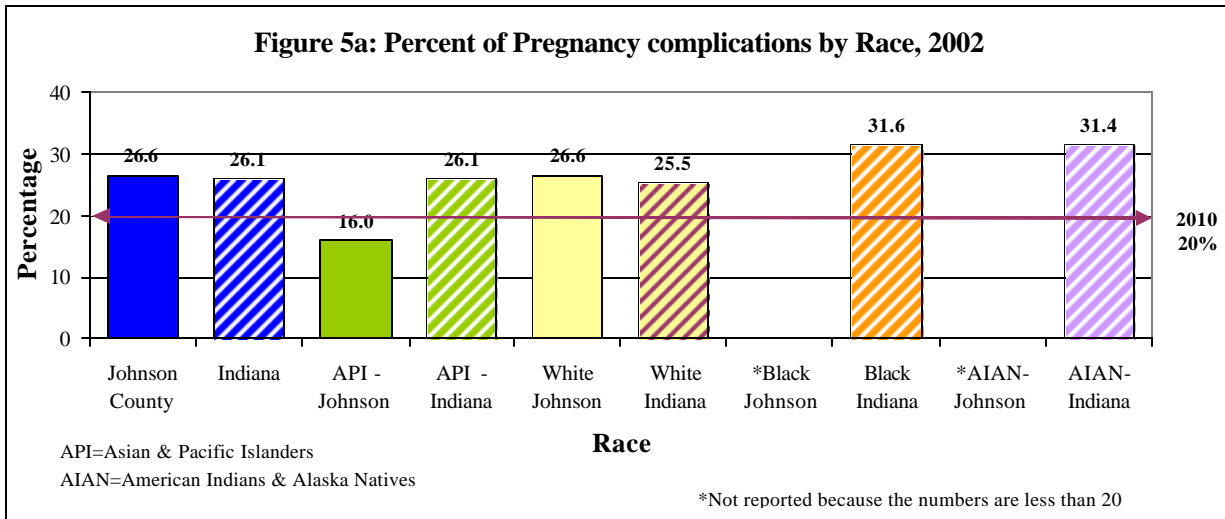
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

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



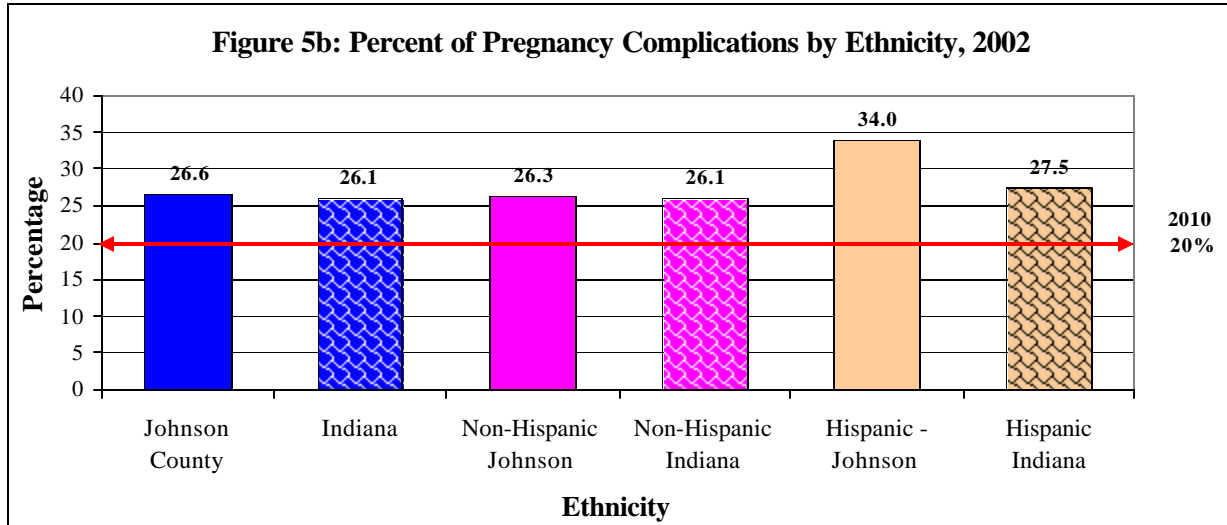
Percent of Pregnancy Complications by Race (Figure 5a):

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



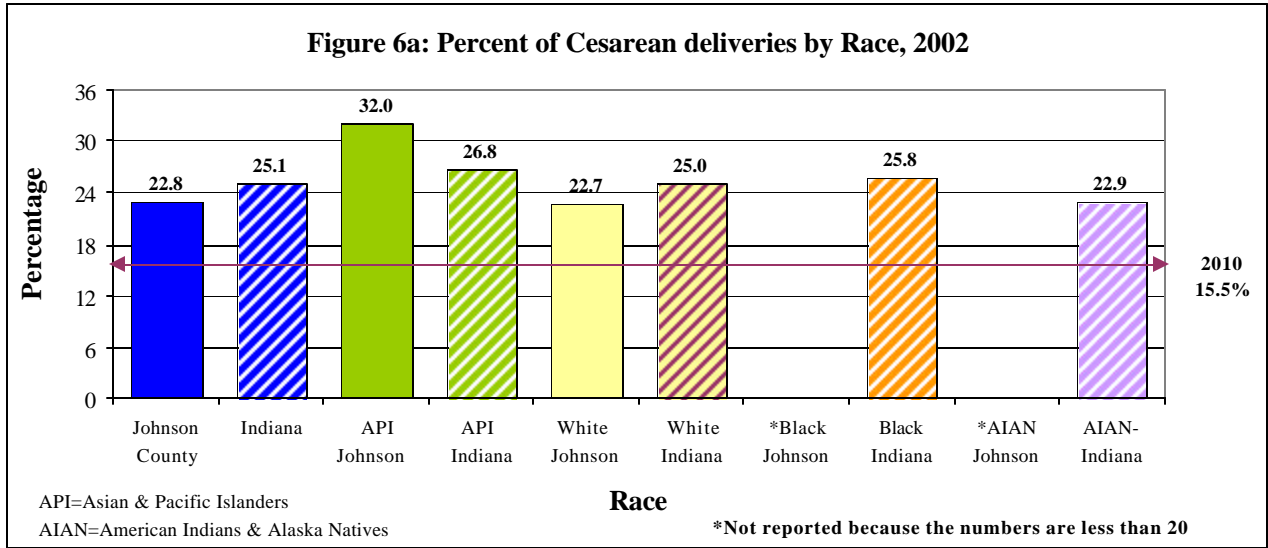
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



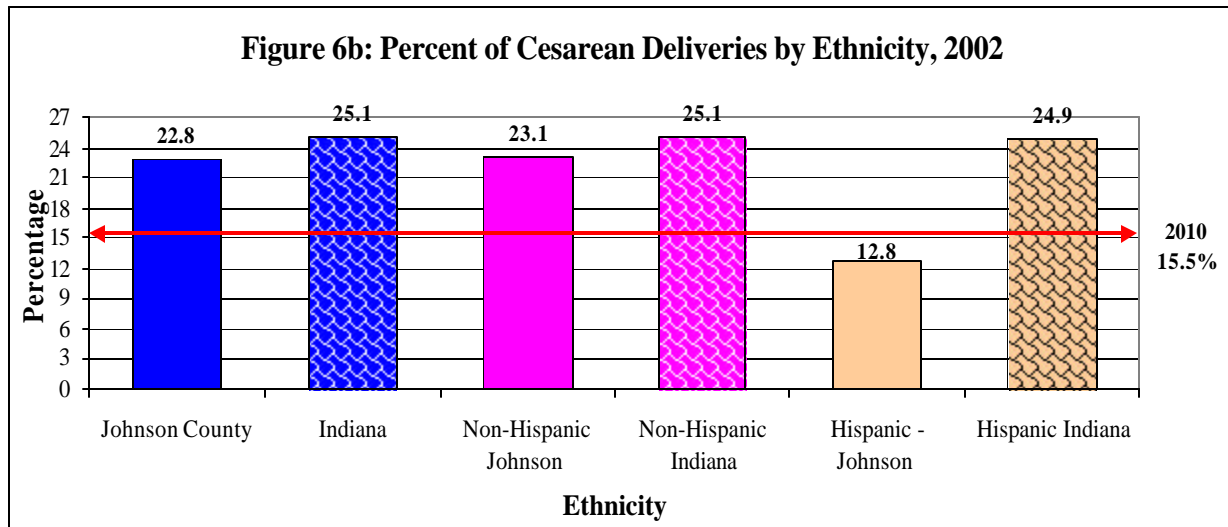
Percent of Cesarean Deliveries by Race (Figure 6a):

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



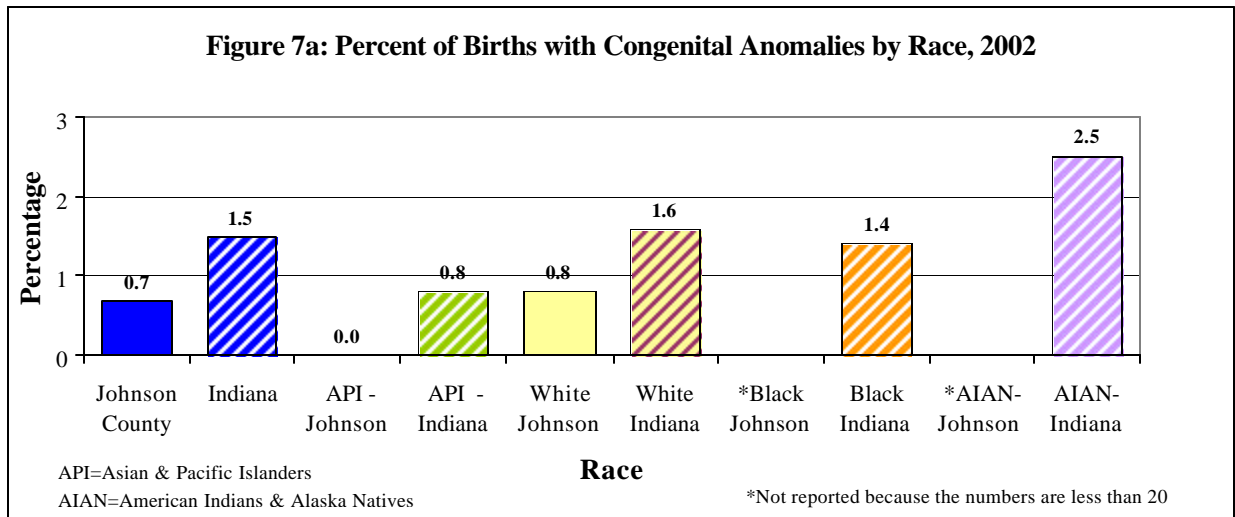
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



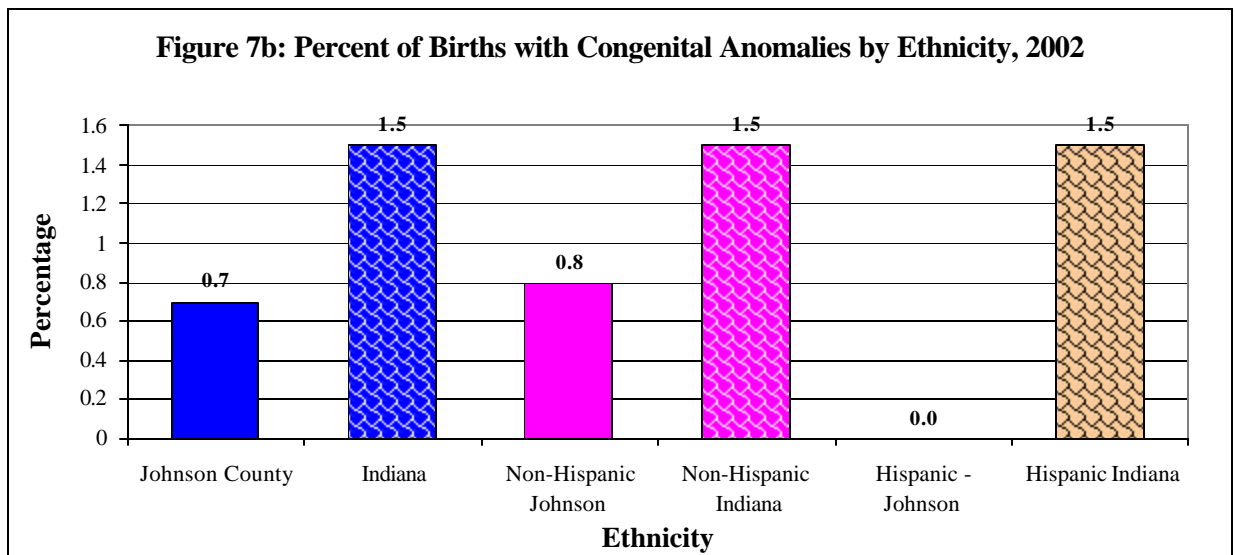
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



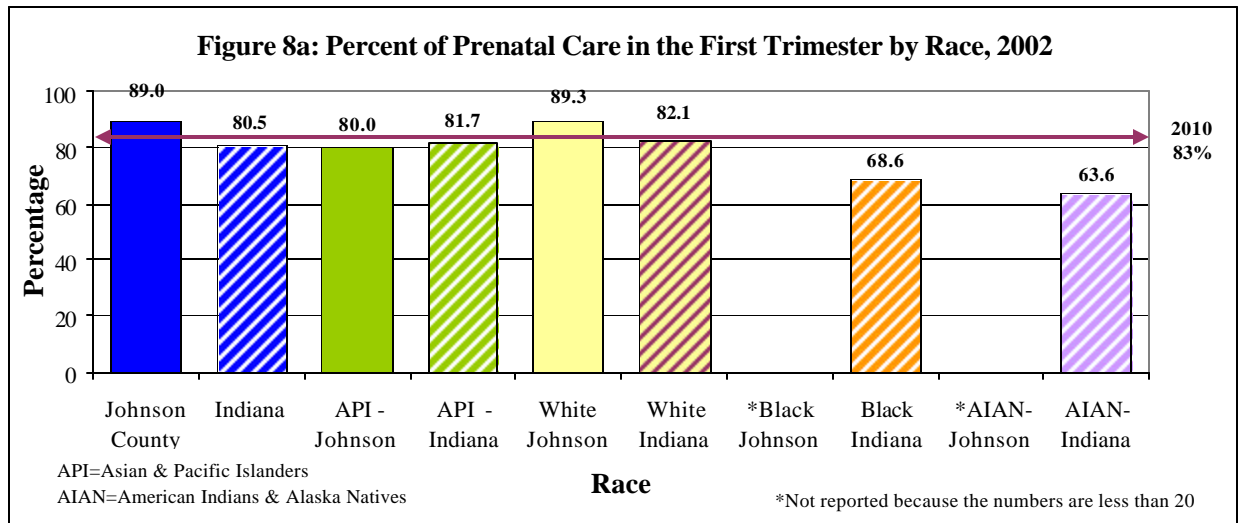
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



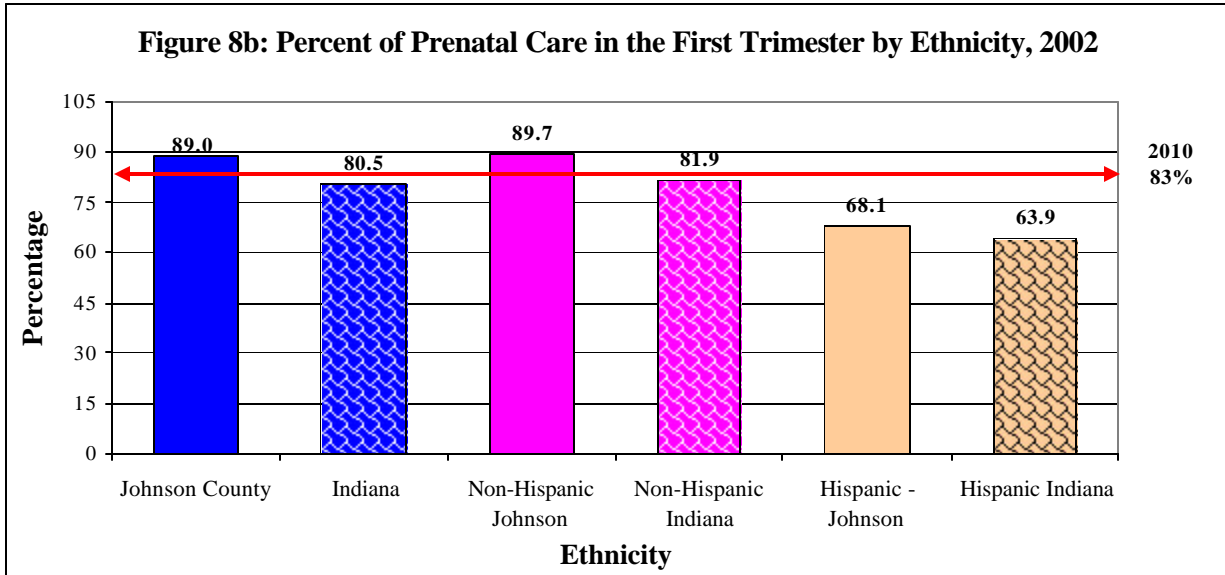
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



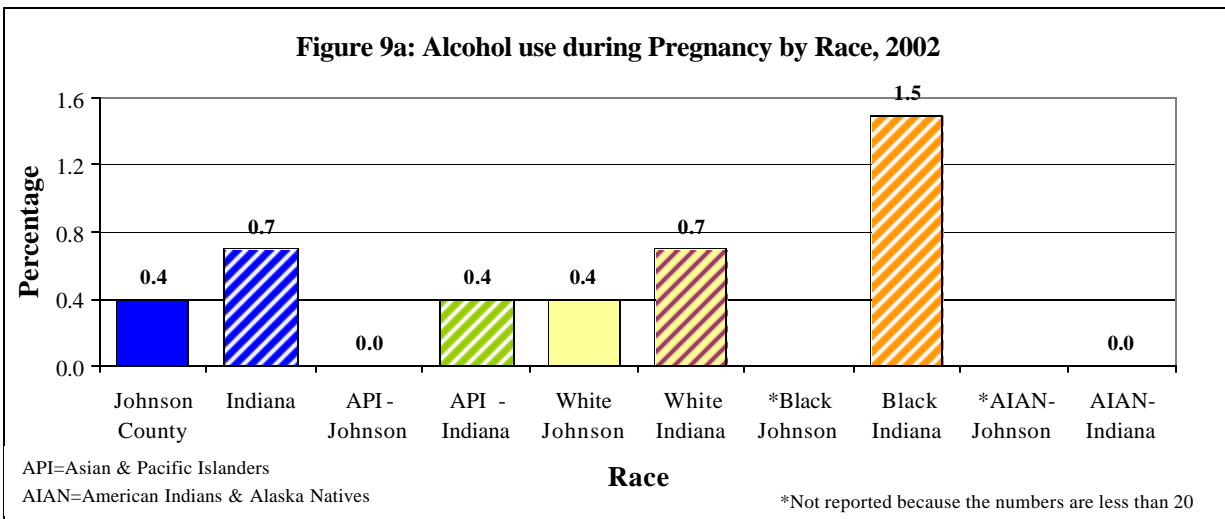
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



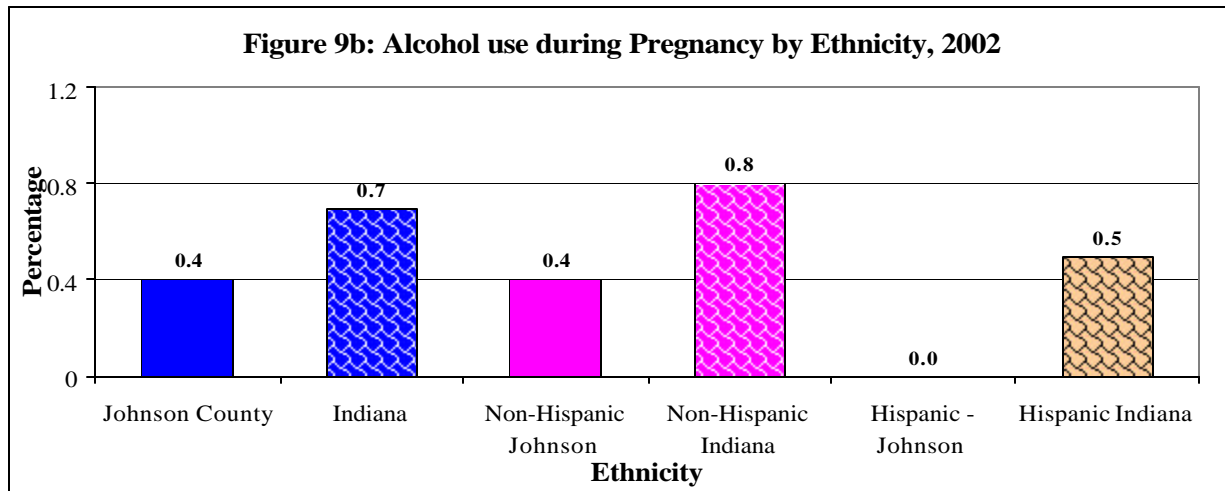
Alcohol Use during Pregnancy by Race (Figure 9a):

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



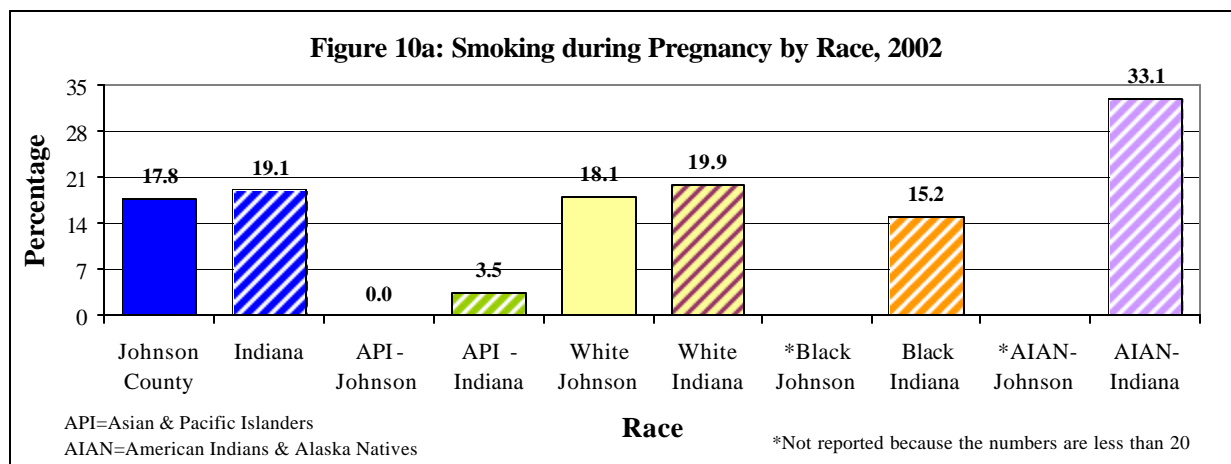
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



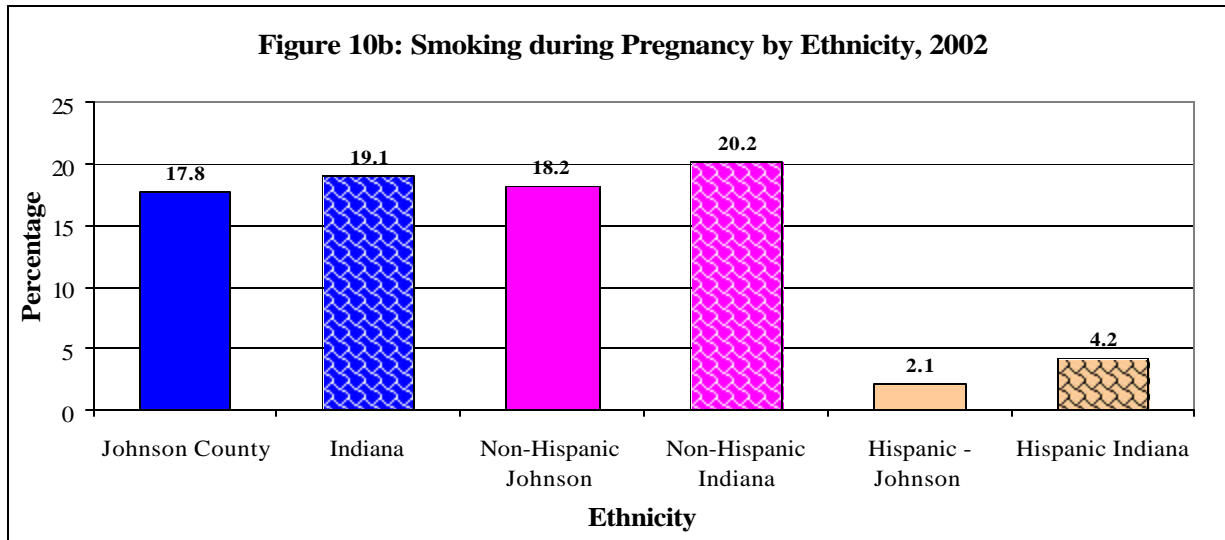
Smoking during Pregnancy by Race (Figure 10a):

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



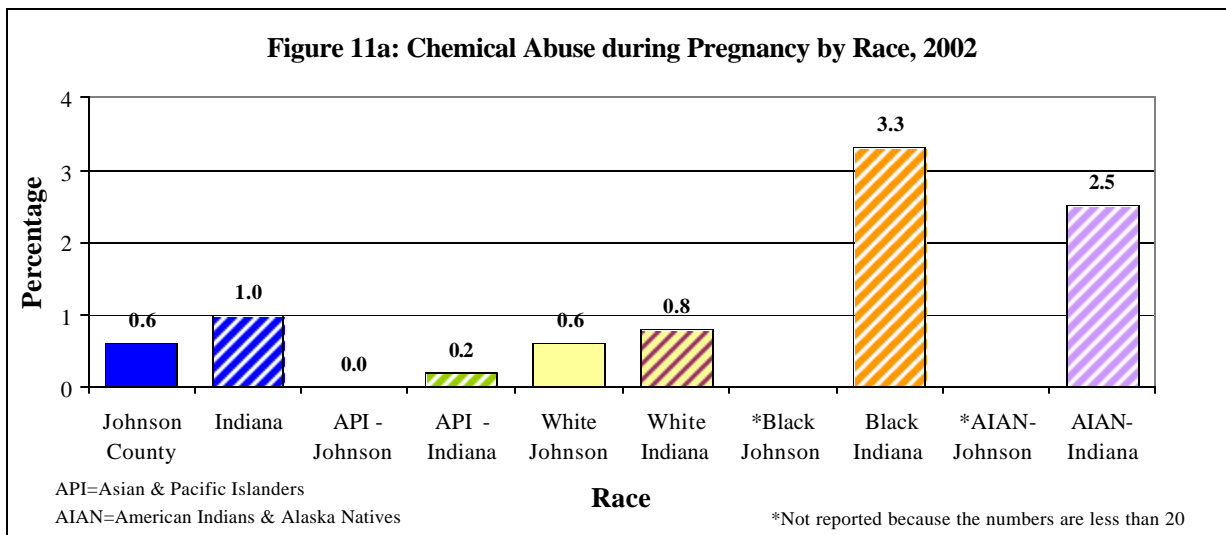
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



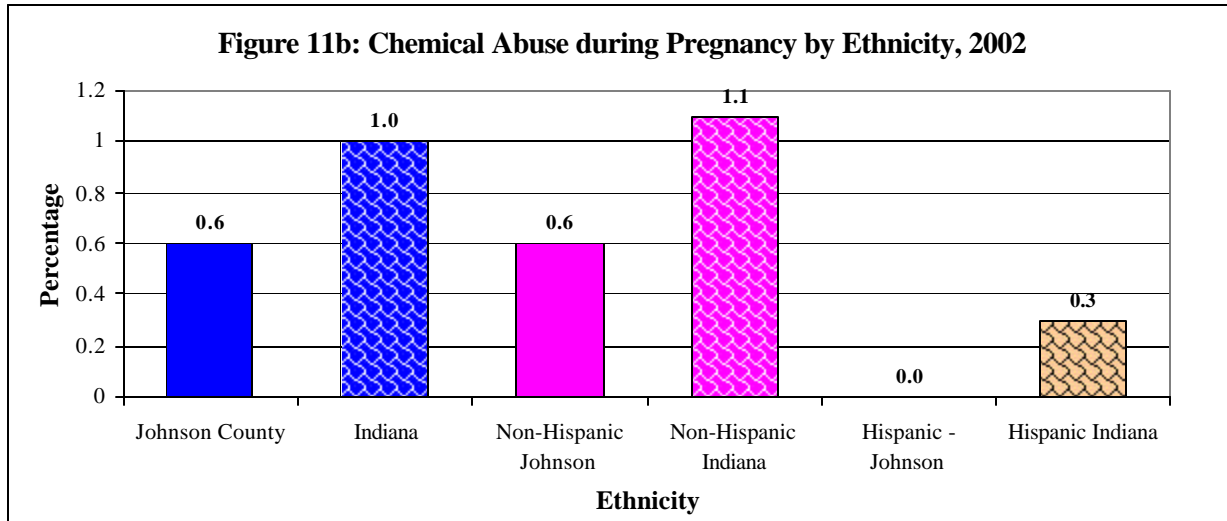
Chemical Abuse during Pregnancy by Race (Figure 11a):

- The percentage of chemical abuse during pregnancy for Blacks and AIANs in Johnson County could not be compared due to the small number of births.
- The percentage of chemical abuse during pregnancy for APIs in Johnson County was similar to the percentage for all births in Johnson County.
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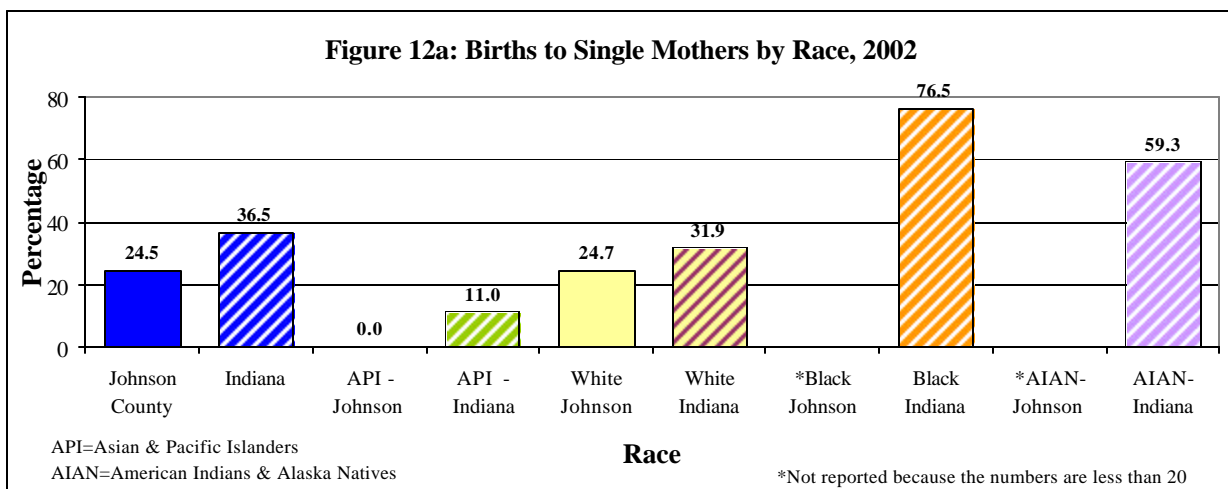
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



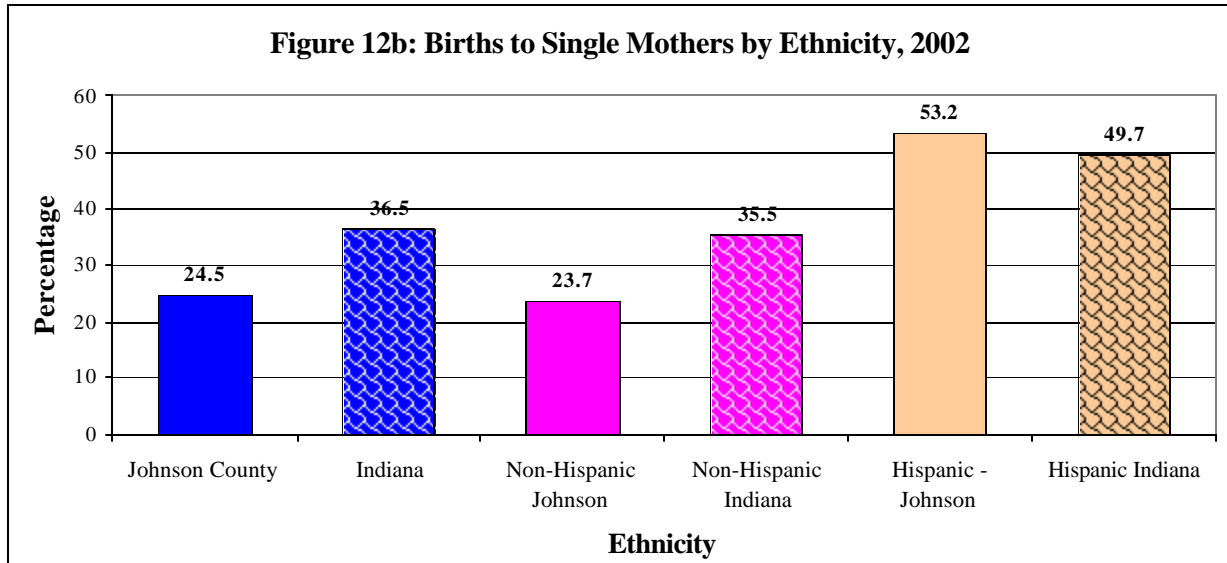
Births to Single Mothers by Race (Figure 12a):

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



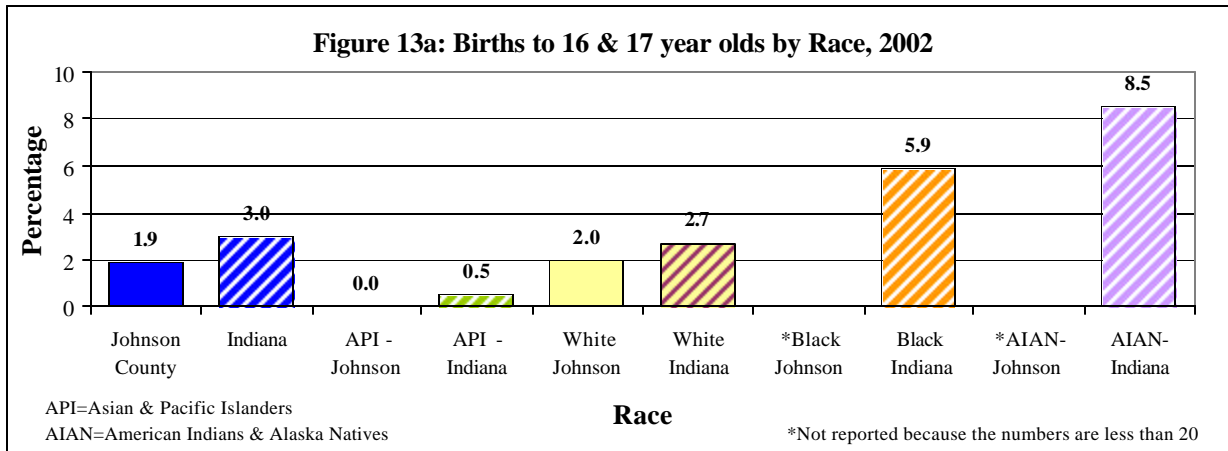
Births to Single Mothers by Ethnicity (Figure 12b):

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



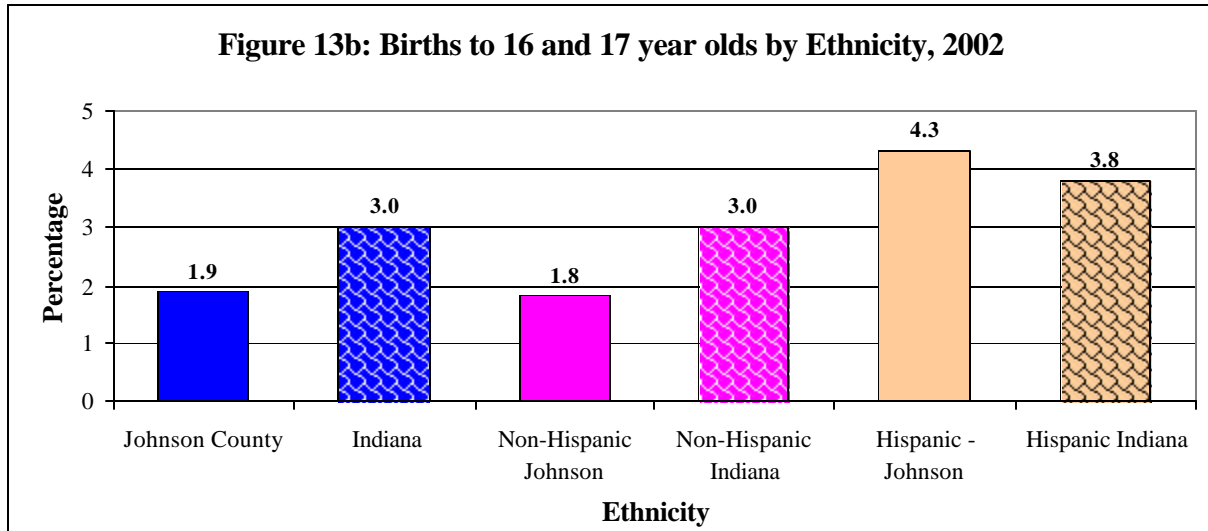
Births to 16 and 17 Year olds by Race (Figure 13a):

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



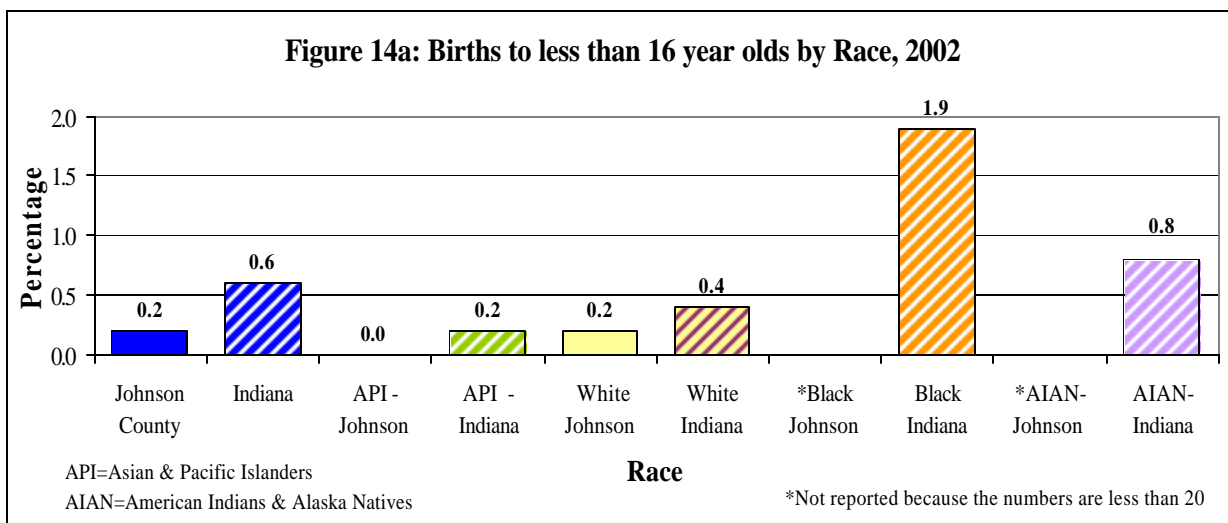
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



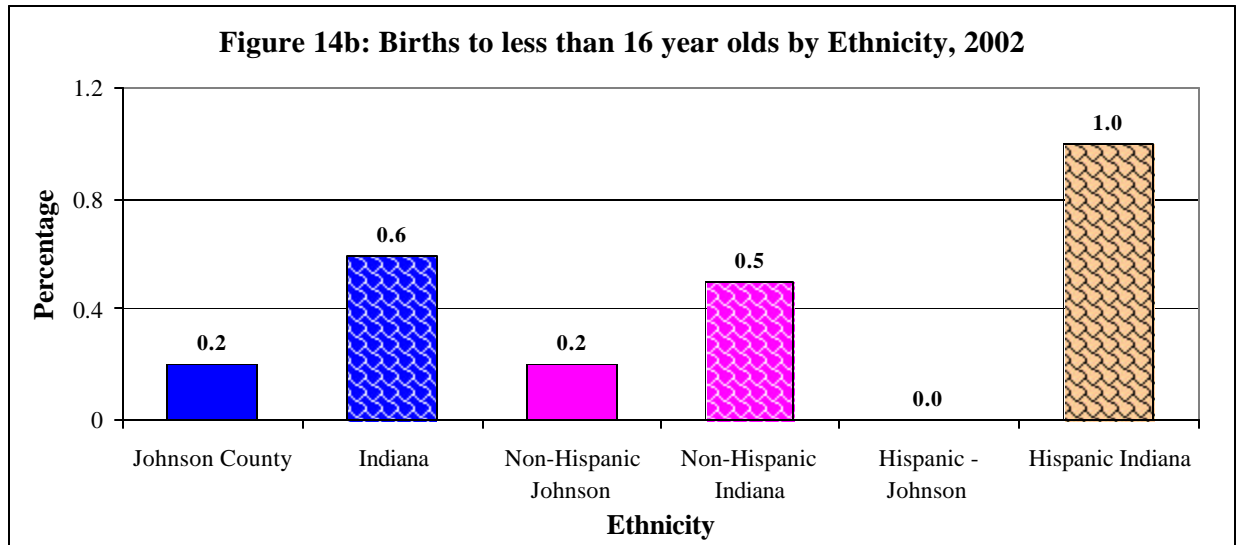
Births to Less than 16 Year olds by Race (Figure 14a):

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



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

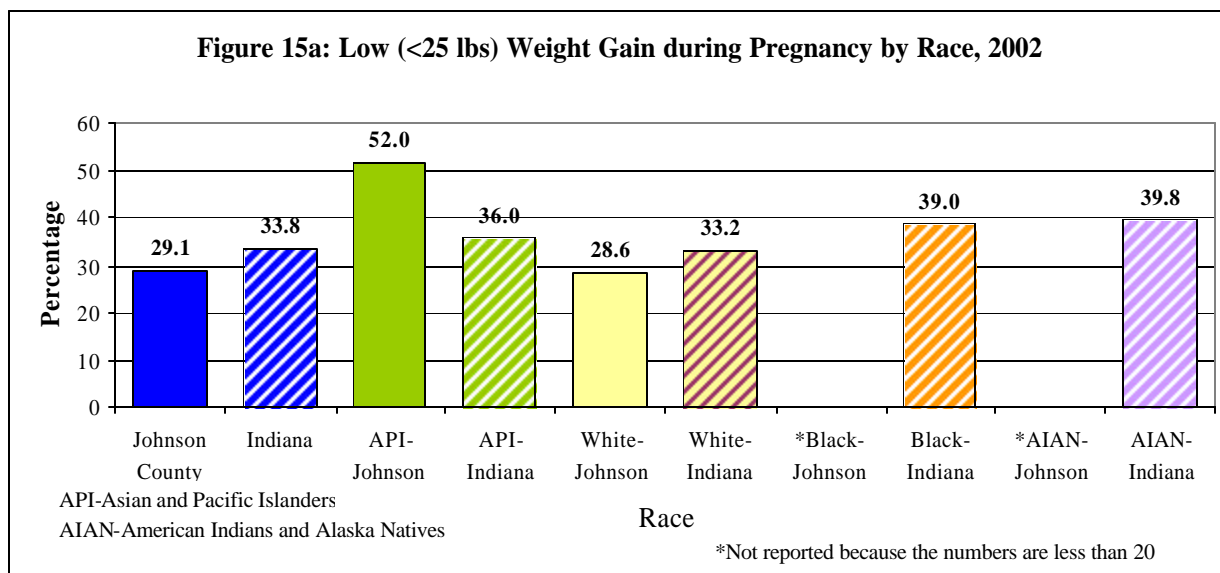
- The percentage of births to less than 16 year olds for Hispanics in Johnson County was similar to the percentage for Non-Hispanic births in Johnson County.
- The percentage of births to less than 16 year olds for Hispanics in Johnson County was lower than the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

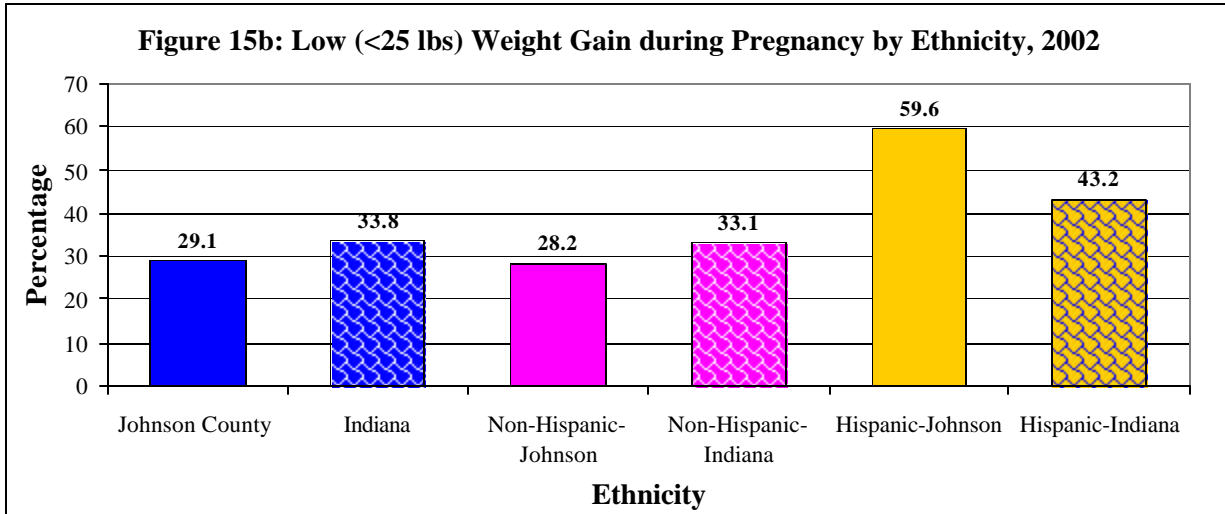
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



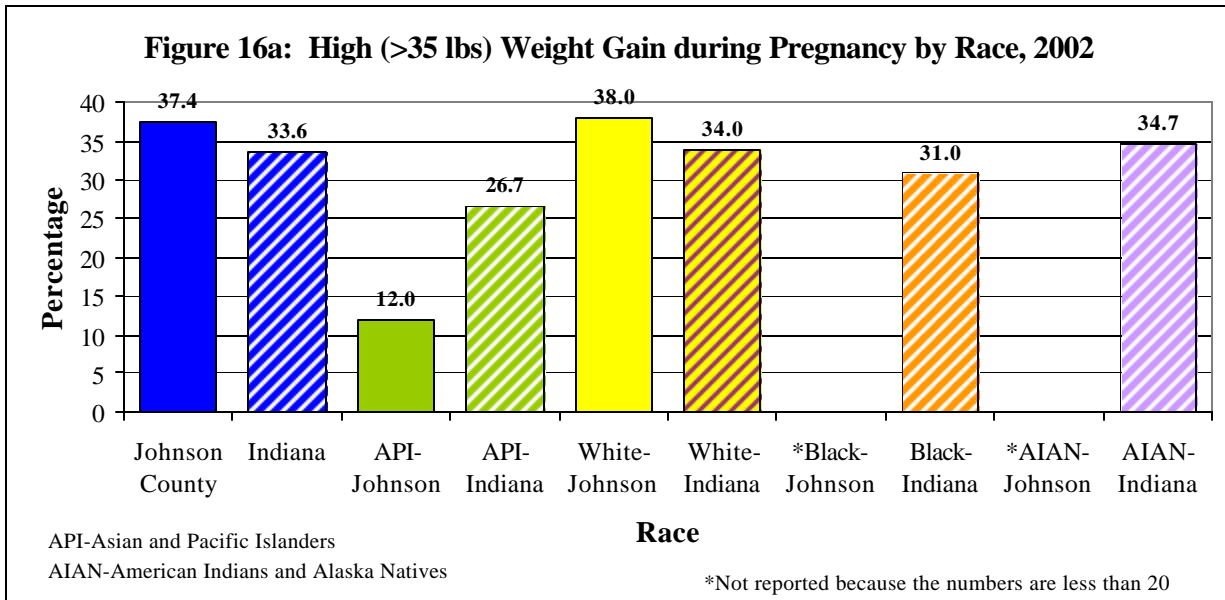
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



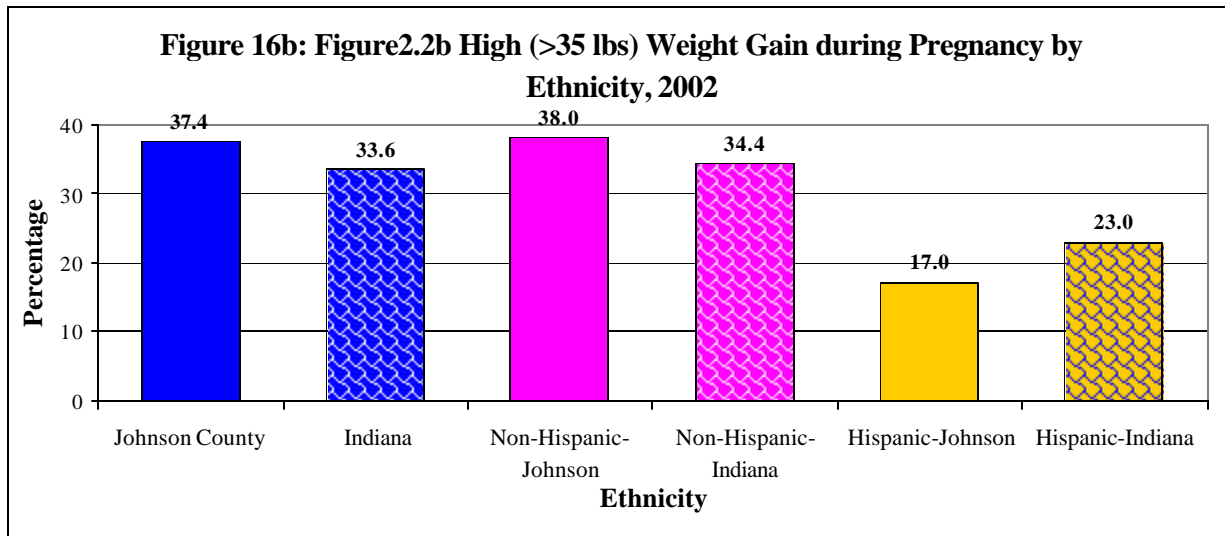
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

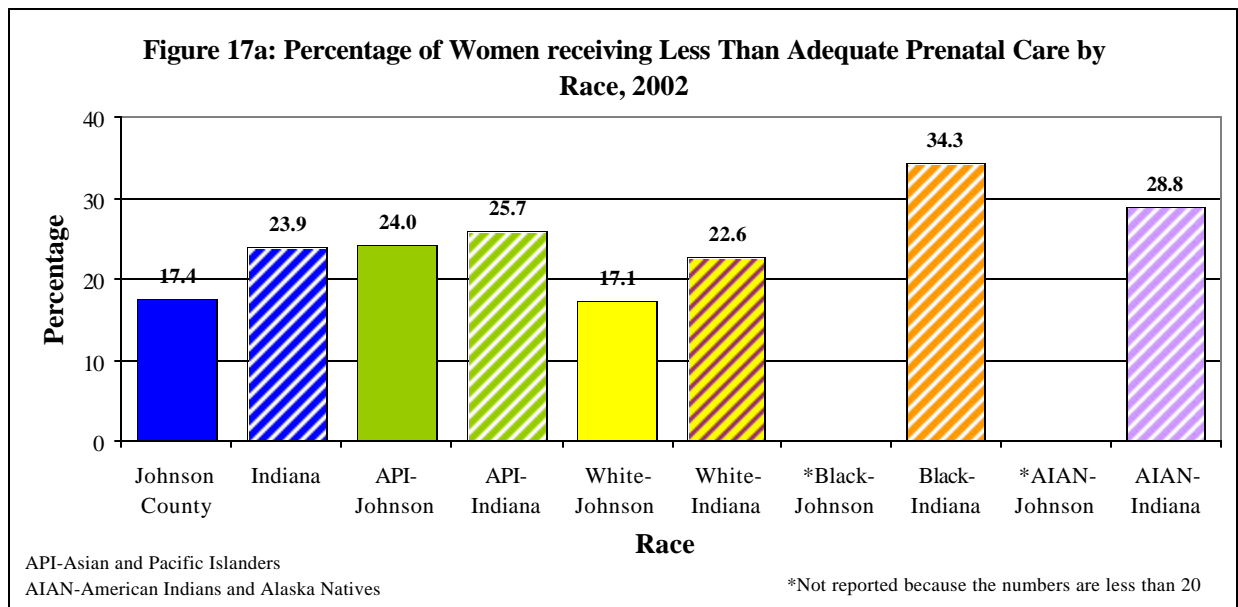
- The percentage of HWG during pregnancy for Hispanics in Johnson County was lower than the percentage for Non-Hispanic births in Johnson County.
- The percentage of HWG during pregnancy for Hispanics in Johnson County was lower than the percentage for all Hispanic births in Indiana.



Prenatal Care:

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

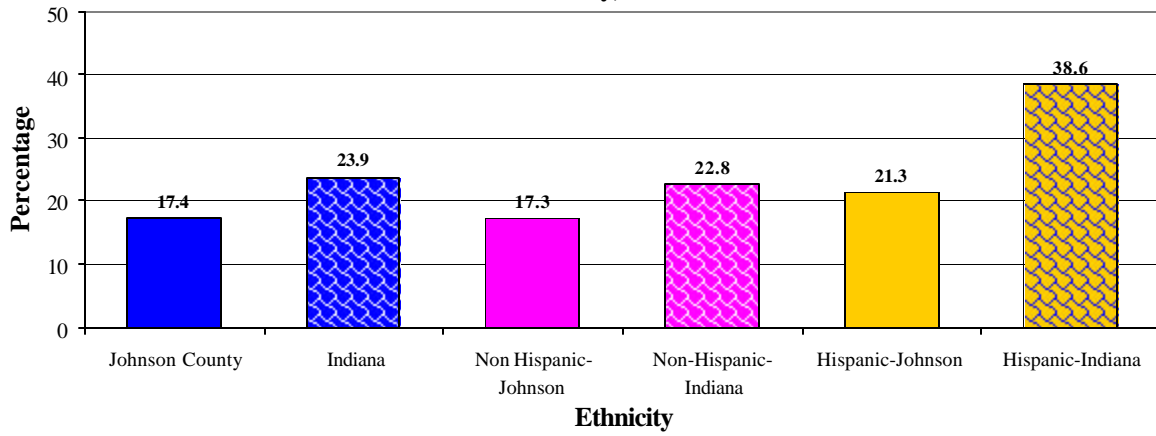
- The percentage of Women receiving less than adequate prenatal care for Blacks and AIANs in Johnson County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for APIs in Johnson County was higher than the percentage for all births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

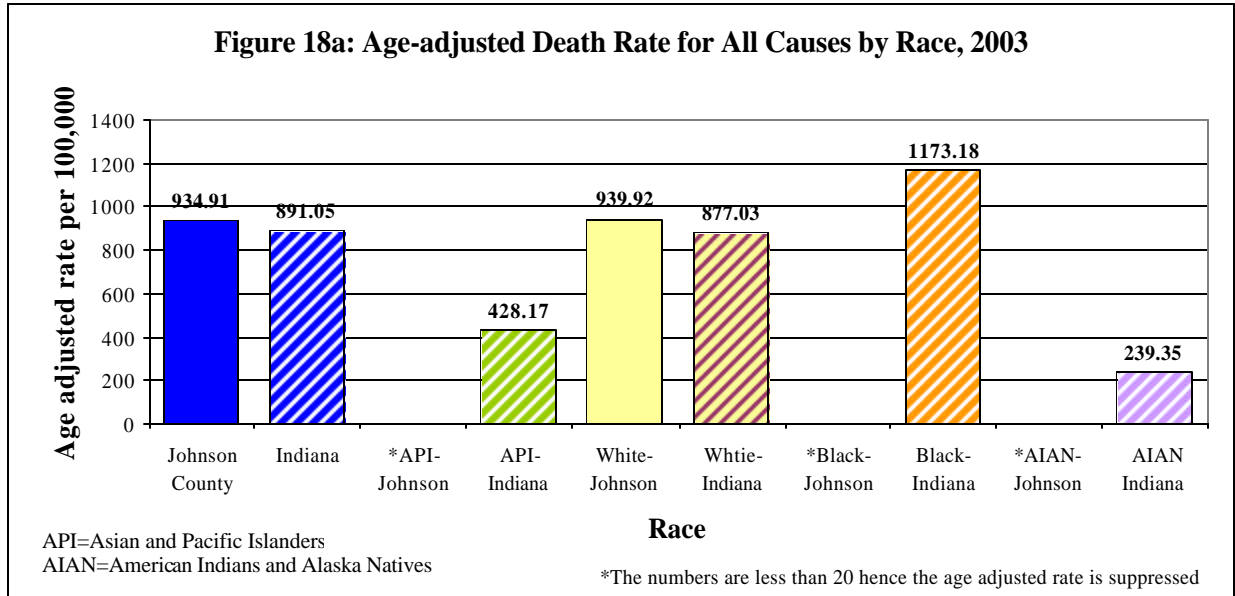
Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002



Leading Causes of Death:

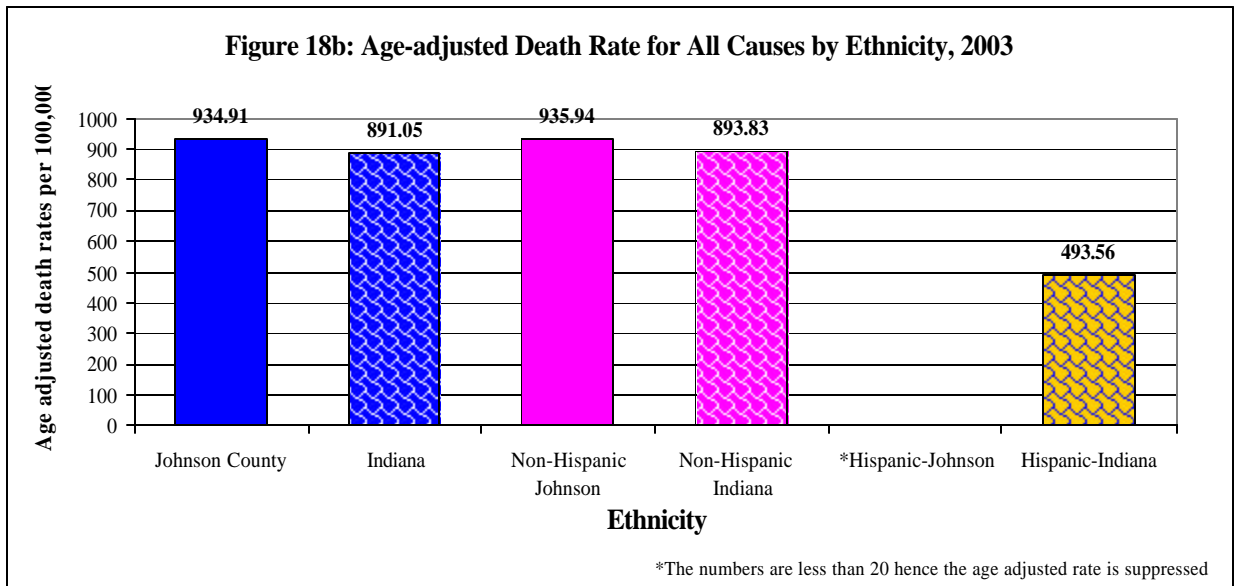
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

- The age-adjusted death rate for APIs, Blacks, and AIANs in Johnson County could not be compared due to the small number of deaths.



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

- The age-adjusted death rate for Hispanics in Johnson 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, Black, and AIANs in Johnson County could not be compared due to the small number of deaths.
- Diseases of the Heart were the leading cause of death in Johnson County.

Figure 19a: Five Leading Cause of Death by Race, 2003						
Leading Cause of Death by Race, 2003	Johnson County					
	Indiana State N=55,123	ALL Races N=1,030	Asian and Pacific Islanders N=1	White N=1,022	Black N=7	American Indians & Alaska Natives N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=319	N/A	Diseases of the Heart N=316	Malignant Neoplasms N=**	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=209	N/A	Malignant Neoplasms N=206	Diseases of the Heart N= **	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=73	N/A	Chronic Lower respiratory disease N=73	N/A	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=67	N/A	Cerebrovascular Diseases N=67	N/A	N/A
#5	Accidents N=2,086	Accidents N=32	N/A	Accidents N=31	N/A	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 Johnson County could not be compared due to the small number of deaths.

Figure 19b: Five Leading Cause of Death by Ethnicity, 2003				
		Johnson County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N= 1,030	Non-Hispanic N=1,024	Hispanic N=4
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=319	Diseases of the Heart N=318	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=209	Malignant Neoplasms N=207	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=73	Chronic Lower respiratory disease N=73	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=67	Cerebrovascular Diseases N=67	N/A
#5	Accidents N=2,086	N/A	Accidents N=32	N/A

N/A = Not applicable

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

Overview of Johnson County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Asians ranked the lack or inadequate health / dental care and insurance as the worst health problem in their neighborhood, followed by diabetes, diet problems, infectious diseases, high blood pressure and strokes, respiratory conditions, high cost of healthcare, insurance and medication, substance abuse, and vision problems.

Household arrangement (Table 2)

- More than three percent of the Asian respondents lived in single adult households; eighty-six percent lived in two adult households; and the remainder reported three or more adults in the home. Nearly eighty-five percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Asian respondents consisted of 17 (58.6 percent) females and 12 (41.7 percent) males. Twenty-five percent of the respondents were younger than 35 years of age, while fourteen percent were 55 years or older.

Education (Table 2)

- Approximately eighteen percent of the Asian respondents graduated from high school, seven percent had some college or trade school experience, and seventy-one percent had college degrees.

Health status perceptions (Table 3)

- More than forty-one percent of the Asian respondents rated their health as excellent or very good, and more than thirty-four percent described their health as good. Twenty-four percent described their health as fair (20.7 percent), or poor (3.4 percent).

Satisfaction with life (Table 3)

- Sixty-two percent of the Asian respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (34.5 percent) or dissatisfied (3.4 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Asian respondents was a doctor, nurse or clinic (75.9 percent), followed by family members (34.5 percent). Magazines or newspapers were identified by twenty-four percent, the Internet (20.7 percent), and other sources (20.7 percent).

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

- Thirty-one percent of the Asian respondents reported no visits to the dentist in the last twelve months. More than forty-eight percent reported visiting the dentist one to two times in the last year, and nearly twenty-one percent reported three or more visits this past year. The majority of the Asian respondents (67.9 percent) reported having access to a dentist for dental care.

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

- More than seventeen percent of the Asian respondents reported no visits to the doctor or nurse in the last 12 months. Approximately forty-five percent reported visiting the doctor or nurse one to two times in the last year, and thirty-eight percent reported three or more visits this past year. Nearly ninety percent of Asian respondents reported having access to a doctor or a nurse for health care.

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

- For Asian respondents who did not have a regular source of care (10.4 percent), the choice of service if needed was a doctor's office (33.3 percent), hospital emergency room (33.3 percent), and other facility (33.3 percent).

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

- Asian respondents with a regular source of care relied on a private physician (91.2 percent), a community clinic (4.4 percent), and other facility (4.4 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, more than fourteen percent of Asian respondents reported they were hospitalized, nearly twenty-eight percent reported use of a hospital emergency room, and more than ten percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- More than thirty-eight percent of Asian respondents rated services as either superior (3.9 percent), or above average (34.6 percent). More than fifty-seven percent described the services they received as average. Approximately four percent rated services as either below average (3.9 percent).

Personal barriers to health care utilization (Table 5)

- Twenty-two percent of Asian respondents (22.2 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 language barriers, the lack of insurance, felt uncomfortable asking the doctor or nurse questions, medical care not covered by insurance, and had to wait too long in the doctor's or clinic office.

Community barriers to health utilization (Table 5)

- Asian respondents indicated the top five barriers to health care in their community included the lack of insurance, language barriers, lack of money, cultural barriers, and medical care not covered by insurance.

Cigarette smoking (Table 6)

- Approximately fourteen percent of the Asian respondents reported having smoked at least 100 cigarettes in their life, and all of the respondents indicated they did not smoke at all.

Physical activity (Table 6)

- More than eighty-nine percent of the Asian respondents reported exercising one or more times per week. Approximately eleven percent of the respondents (10.7 percent) indicated they never exercise.

Healthy diet (Table 6)

- More than sixty-four percent of the Asian respondents reported they follow healthy diet recommendations either almost all of the time (21.4 percent), or most of the time (42.9 percent). More than twenty-one percent of the respondents indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- More than fourteen percent of the Asian respondents (14.3 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (10.7 percent) and heart disease (3.8 percent).

Adults requiring assistance (Table 7)

- The Asian respondents indicated they do not have an adult member of their household who requires assistance.

Medical insurance coverage (Table 8)

- Only thirty-five percent, of the Asian respondents provided a reply to this question of whether they have medical insurance. Of those who responded, ninety percent indicated they do have some type of medical insurance coverage. Sixty-seven percent of the respondents with medical insurance reported they have coverage through their employer (66.7 percent), Medicare (22.2 percent) and Medicaid (22.2 percent).

Dental insurance coverage (Table 8)

- Nearly three quarters of the Asian respondents (72.4 percent) reported they have dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- Forty-eight percent of the Asian respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while eleven percent report paying \$25 to \$49 per month or \$50 to \$74 per month. Thirty-seven percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while nearly four percent indicated they did not know.

Johnson County Needs Assessment Survey 2004

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

	Racial Minorities	
	Asian	
	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)		
Lack or Inadequate Health/Dental care and insurance	11	37.9%
Diabetes	4	13.8%
Diet problems (obesity, poor nutrition)	4	13.8%
Infectious diseases	3	10.4%
High blood pressure & Strokes	3	10.4%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	3	10.4%
High cost of healthcare, health insurance and medication	3	10.4%
Substance abuse (alcohol, drugs, smoking)	3	10.4%
Vision problems (loss of vision, glaucoma)	3	10.4%

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

	Racial Minorities	
	Asian	
	Number	Percent
2a. How many adults in live in your household?		
1	1	3.4%
2	25	86.2%
3	0	0.0%
4	0	0.0%
5	3	10.4%
6 or more	0	0.0%
2b. How many children live in your household?		
0	4	15.4%
1	7	26.9%
2	15	57.7%
3	0	0.0%
4	0	0.0%
5 or more	0	0.0%
3. What is your gender?		
Male	12	41.4%
Female	17	58.6%
4. What is your age?		
Less than 18 years	0	0.0%
18 - 24	1	3.6%
25 - 34	6	21.4%
35 - 44	12	42.9%
45 - 54	5	17.8%
55 - 64	3	10.7%
65+	1	3.6%
7. How much education have you had?		
Less than high school	1	3.6%
High school or equivalent	5	17.9%
Some college or trade school	2	7.1%
College graduate or more education	20	71.4%

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

	Racial Minorities	
	Asian	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	3	10.4%
Very Good	9	31.0%
Good	10	34.5%
Fair	6	20.7%
Poor	1	3.4%
Very Poor	0	0.0%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	5	17.3%
Satisfied	13	44.8%
Sometimes satisfied, sometimes dissatisfied	10	34.5%
Dissatisfied	1	3.4%
Very Dissatisfied	0	0.0%

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

	Racial Minorities	
	Asian	
	Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)		
Doctor, nurse or clinic	22	75.9%
The Internet	6	20.7%
Magazines or newspapers	7	24.1%
Television or radio	0	0.0%
Family members	10	34.5%
Other	6	20.7%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	9	31.0%
1 or 2	14	48.3%
3 to 5	5	17.3%
More than 6	1	3.4%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	19	67.9%
No	9	32.1%
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	5	17.3%
1 or 2	13	44.8%
3 to 5	9	31.0%
6 or more	2	6.9%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	26	89.6%
No	3	10.4%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	1	33.3%
Community clinic	0	0.0%
Hospital emergency room	1	33.3%
Urgent care center	0	0.0%
Self care	0	0.0%
Other	1	33.3%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?		
Private doctor's office	21	91.2%
Community clinic	1	4.4%
Hospital emergency room	0	0.0%
Urgent care center	0	0.0%
Other	1	4.4%
17. Were you hospitalized during the past 12 months?		
Yes	4	14.3%
No	24	85.7%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	6	20.7%
No	23	79.3%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	3	10.4%
No	26	89.6%

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

	Racial Minorities	
	Asian	
	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	1	3.9%
Above average	9	34.6%
Average	15	57.6%
Below average	1	3.9%
Terrible	0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	6	22.2%
No	21	77.8%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	0	0.0%
Lack of money	1	16.7%
No insurance	3	50.0%
Insurance did not cover the medical care	2	33.3%
No transportation available	1	16.7%
Had to wait too long for an appointment	1	16.7%
Doctor wouldn't take new patients	1	16.7%
Doctor or clinic wouldn't take Medicare	0	0.0%
Doctor or clinic wouldn't take Medicaid	0	0.0%
Doctor you need to see for your insurance is out of your area	0	0.0%
Language barriers	4	66.7%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	2	33.3%
Was not treated with respect	1	16.7%
The doctor or nurse wouldn't listen	1	16.7%
Felt uncomfortable asking the doctor or nurse questions	3	50.0%
Didn't feel the medical care was the best	2	33.3%
Couldn't get off work	1	16.7%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%
No child care available	0	0.0%

Not having a Social Security Number was a problem	0	0.0%
Not having permanent address was a problem	0	0.0%
Other	1	16.7%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?		
No doctor in area	1	3.4%
Lack of money	7	24.1%
No insurance	13	44.8%
Insurance did not cover the medical care	4	13.8%
No transportation available	3	10.4%
Had to wait too long for an appointment	3	10.4%
Doctor wouldn't take new patients	2	6.9%
Doctor or clinic wouldn't take Medicare	0	0.0%
Doctor or clinic wouldn't take Medicaid	1	3.4%
Doctor you need to see for your insurance is out of your area	2	6.9%
Language barriers	13	44.8%
Cultural barriers	5	17.2%
Had to wait too long in doctor's or clinic office	4	13.8%
Was not treated with respect	1	3.4%
The doctor or nurse wouldn't listen	1	3.4%
Felt uncomfortable asking the doctor or nurse questions	2	6.9%
Didn't feel the medical care was the best	1	3.4%
Couldn't get off work	2	6.9%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%
No child care available	0	0.0%
Not having a Social Security Number was a problem	0	0.0%
Not having a permanent address was a problem	0	0.0%
Other	0	0.0%

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

	Racial Minorities	
	Asian	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	4	13.8%
No	25	86.2%
Don't know / Not sure	0	0.0%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	0	0.0%
Some days	0	0.0%
Not at all	4	100.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	0	0.0%
1/2 to 1 pack per day	0	0.0%
About 2 packs per day	0	0.0%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?		
One or more times each week	25	89.3%
Less than one time per week	0	0.0%
Not at all	3	10.7%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	6	21.4%
Most of the time	12	42.9%
Some of the time	4	14.3%
Not very often or not at all	6	21.4%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	4	14.3%
Heart disease ('yes')	1	3.8%
Diabetes ('yes')	3	10.7%
Asthma ('yes')	0	0.0%
Other lung disease ('yes')	0	0.0%

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

	Racial Minorities	
	Asian	
	Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?		
Yes	0	0.0%
No	28	100.0%
31. Do you pay anyone to give this assistance?		
Yes	0	0.0%
No	0	0.0%

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

Racial Minorities		
Asian		
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	9	90.0%
No	1	10.0%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	9	66.7%
Privately purchased plan	0	0.0%
Covered under spouse or parent's insurance	0	0.0%
Medicare	2	22.2%
Medicaid	2	22.2%
Long term care insurance	0	0.0%
Other	0	0.0%
34. Do you have dental insurance coverage if any problems arise?		
Yes	21	72.4%
No	8	27.6%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	10	37.0%
Less than \$10 per month	8	29.6%
\$10 to \$24 per month	5	18.6%
\$25 to \$49 per month	3	11.1%
\$50 to \$74 per month	0	0.0%
\$75 to \$99 per month	0	0.0%
\$100 to \$199 per month	0	0.0%
\$200 or more per month	0	0.0%
Don't know	1	3.7%

Overview of Johnson County Focus Groups

Several health conditions were noted to be among the major health problems confronting Johnson County residents: **eye problems, flu, hypertension, skin/allergies and teeth problems.** 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 the focus group 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 Johnson County.

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

- **cultural** (impatient providers, not understanding or being unable to communicate in the patient's language, going to Asian American doctors, and providers not being culturally aware or competent);
- **communication between provider and patient** (both need to learn how to better communicate with each other);
- **lack of health knowledge and promotion** (a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of insurance, lack of transportation); and,
- **system problems** (short patient-doctor interaction).

Suggestions for improving access to health care for Asian Americans in Johnson County included:

- **educating providers** about cultural differences and competency issues including cultural sensitivities;
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community); and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

Key quotes from participants:

“I switch doctors when the quality is not good or when there are personality differences”

“One student had a blood test and the nurse called to give her the results. The nurse told her that she had a communication problem and needs to learn English. The nurse would not give results of the test.”

“Some people, including doctors, try to listen and understand. Others do not listen at all.”

Johnson County Focus Group Responses

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

CONSUMERS

Health Conditions

- Eyesight
- Flu
- High Blood pressure
- Skin/allergies

Dental Health

- Teeth problems

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

CONSUMERS

Improve Communication and Education

- Access to information about healthcare providers
- Access to demographic information about doctors (name, address, and specialty)
- Access to information about how the healthcare system and insurance system works
- Ability to communicate with doctors
- What to do/where to go when you have no job or no insurance
- People don't know where to go or what doctor to see.
- New immigrants usually have no job and no insurance and they don't know where to go

Provider Behavior/System Characteristics

- Regular checkups

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

CONSUMERS

Communication

- Language barriers
- Communicating with insurance companies about who should pay
- It is difficult to tell "the whole story" to the doctor (i.e. what shots have you had before? It feels like this...)

Community Characteristics

- They go to family members who are doctors or Asian doctors who are friends.

Education

- Medical terminology difficult to understand, for example doctors have very long names such as dermatologist –skin doctor, orthopedic surgeon – bone doctor, ophthalmologist or optometrist?

Personal/Economics

- Lack of transportation
- Unknown price
- Prohibitive price
- Cost concerns because of lack of medical insurance
- It is difficult to find the right doctor

Provider Behavior

- Doctor's don't spend much time with patients.
- They are not patient with foreigners because they don't see them very much.

Quotes:

“I switch doctors when the quality is not good or when there are personality differences “

“One student had a blood test, nurse called to give her results, nurse told her she has a communication problem and needs to learn English. Would not give results from test.”

“Some people speak quickly and it is difficult to understand.”

“Some people, including doctors, try to listen and understand. Others do not listen at all.”

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

CONSUMERS

Communication

- Provide information at public libraries or churches
- Use the internet to provide information directing clients where to go if they have certain symptoms on Johnson County or Greenwood site.
- Provide information at work (usually get info from coworkers or friends)
- Create a phone number directory on health providers listed by symptoms, for example if you have a fever call 555-5555.
- Increase access to information about how medical system is run in US
- Put information about the healthcare system on the internet for easy access by new immigrants.

Personal/Economics

- Would like low-cost care for their visiting family members

System/Provider

- Would like a list of Asian doctors in the community and what languages they speak
- Provide short-term care facilities for family members who visit from Native Countries

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

“No”

CONSUMERS

Provider/System

- There are enough doctors in the community, but they don't spend much time with the patients when come in the office.
- People go to family members who are doctors or Asian doctors who are friends
- We would like a list of Asian doctors in the community and what languages they speak.
- We would like low-cost, short-term care for family members who visit from their native countries.

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

CONSUMERS

Provider/System

- Pretty good quality doctors when recommended by friends
- Good quality because many doctors are in one office and are very kind to my kids
- Dentists are very good here

Question 7: When asked if the focus group participants believed there the quality of the medical care that Asian Americans receive is about the same as other people receive, the response from both the consumers and community leaders groups was a mixed reaction.

Quotes:

“I don't see what other people get so I don't know”

“The doctor does treat you the same.”

“The first week we were in America, my child was very sick. My wife took her to the doctor but could not speak English. She had to write it down for them using her dictionary.”

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:

Could not think of any healthcare programs

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

CONSUMERS

Provider Behavior/System

- Impatience
- Not listening

Quote:

“A nurse called to give results from a blood test but the nurse said that she could not understand the participant. The participant then gave the phone to her husband and the nurse told him that his wife had a communication problem and was unable to understand English.”

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

- Create and provide brochures to Asian Americans
- Update information on Internet
- People could be made aware of when doctors who speak their language are available at the clinic once or twice a month
- Notices on notice boards
- Have more lists of translators for medical information, maybe just over the phone

2. Capital Investment

- Community clinic
- Need Asian community centers
- Need a central information center for Asian people
- Community center could be for all second language people

3. Providers

- Doctors should be good communicators with second language people
- Provide translators at hospitals for over the phone, in person or from doctor to patient translations.

- Would like doctors to take more time with patients; they feel intimidated to ask questions when the doctor is in a hurry. It is nice when doctors can take time to reassure people and calm them down.

Recommendations to Consumers/Community

Community Involvement

- Asians could volunteer in the community clinic
- At the BMV you can volunteer as a translator; we should have something like that in the medical field.

Quote:

“When they mentioned the “very long names” the participant was talking about not knowing what the doctors are called. She doesn’t know what dermatologist or orthopedic surgeon mean. She would like to see something on the internet that says if you broke a bone call the orthopedic surgeon and the #, if you have a rash or skin problem call a dermatologist at this #...”

CONCLUSIONS

Conclusions

This report documents that health disparities exist by race and ethnic group within Johnson County. There were fewer than 20 birth and death incidents for Blacks and American Indians/Alaska Natives and therefore it was impossible to make any comparisons.

The Asian and Pacific Islanders (API) population in Johnson County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, Cesarean deliveries, prenatal care in the first trimester, low weight gain during pregnancy and percentage of women receiving 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 the country.

Hispanics in Johnson County have lower percentages compared to Non-Hispanics for many of the birth outcome indicators, and therefore, there is room for improvement: low birth weight, very low birth weight, early preterm births, pregnancy complications, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care. These indicators that have room for improvement do not meet the Healthy People 2010 objective and / or have higher percentages in comparison to all Non-Hispanics births in Johnson County.

The age-adjusted death rate and deaths by cause for APIs, Blacks, AIANs, and Hispanics could not be compared due to the small numbers. Diseases of the heart are the leading cause of death in Johnson County.

Results from targeted surveys and focus groups reveal that Asians have had difficulty obtaining care from primary care providers, identifying language barriers, lack of health insurance, and felt uncomfortable asking the doctor or nurse questions. Asians also noted medical care not covered by insurance, and had to wait too long in the doctor or clinic office as barriers to their accessing care.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity, and improve communication between consumers and providers were suggested. The Asian populations also offered interpreters and translators.

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 Johnson County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and program administrators to focus interventions on those areas that are of most concern to the minority population.

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

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

(List as many as five)

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes
- No

33. If yes, what kind do you have? **(CHECK ALL THAT APPLY)**
- Provided by employer
 - Privately purchased plan
 - Covered under spouse or parent's insurance
 - Medicare
 - Medicaid
 - Long term care insurance
 - Other: _____
34. Do you have dental insurance coverage if any problems arise?
- Yes
 - No
35. How much do you pay for prescriptions drugs in a typical month?
- Nothing/Does not apply to me
 - Less than \$10 per month
 - \$10 to \$24 per month
 - \$25 to \$49 per month
 - \$50 to \$74 per month
 - \$75 to \$99 per month
 - \$100 to \$199 per month
 - \$200 or more per month
 - Don't know

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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