

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

by the

Indiana Minority Health Coalition

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EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Lake 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 Lake 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 Lake County
- Identify opportunities and initiatives to better meet the health needs of the minority populations

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

Existing data from birth and death certificates were gathered and analyzed for minority groups. The analysis of these existing data for Lake County indicated that disparities exist by race and ethnic group. It also revealed that most rates need to be improved to meet the Healthy People 2010 Objectives.

Targeted surveys were developed and administered to 102 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. Some of the results from the surveys highlighted that Blacks perceive high blood pressure and strokes, diabetes, cancer, heart disease, and respiratory conditions as part of the top five worst health problems in their neighborhood. These results indicated that more than one-quarter (27.6%) of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For African Americans, the top five barriers attributed to accessing healthcare included: lack of money, lack of insurance, medical care not covered by insurance, waiting too long for an appointment, and waiting too long in doctor or clinic office.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant interviews. Results from focus groups and key informant interviews indicated that Lake County community residents perceived HIV/AIDS, diabetes, heart conditions, and strokes as major health problems. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Lake County were: culture, communication between provider and patient, lack of education, lack of health knowledge and promotion, personal and economic situation, and system problems. Additionally, the findings

provided information on what some minority residents of Lake 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 access, improve communication between and educate the community and providers, increase provider services, increase employment and educational level of the community, and make people more aware of available resources.

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

One hundred and two targeted surveys were completed and returned to the Indiana Minority Health Coalition. Eighty-nine percent of the respondents (N = 91) reported their race; of which 93.4 percent were Black (N = 85), 3.3 percent were American Indian/Alaska Native (N = 3), and 3.3 percent were of more than one race (N = 3). Ninety-nine percent of the participants (N = 101) responded to the question of ethnicity with three percent reported to be of Hispanic/Latino ethnicity (N = 3). Ninety-six of the respondents (N = 98) indicated their gender; of which, 80.6 percent were female (N = 79) and 19.4 percent were male (N = 19). Ninety percent of the respondents (N = 92) reported their age with nearly sixty percent in the 55 or over age group (N = 55), 19.6 percent in the 35 to 44 age group (N = 18), 13.0 percent in the 45 to 54 age group (N = 12), and 6.5 percent in the 25 to 34 age group (N = 6). Of the remaining respondents, 6.5 percent reported their age as 25 to 34 years, and 1.1 percent reported their age as 24 or less (N = 1).

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 Lake 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 Lake 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 Lake 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 coalitions in Lake County conducted one consumer focus group. The focus group was held at a community center, and there were nine consumers took part in the focus group. Six of the participants were female and three were male. Eighty-nine percent of the focus group participants reported their race/ethnicity; of which, eighty-seven percent were Black (N = 7), and thirteen percent were Hispanic (N = 1). Eighty-nine percent of the participants reported their age group, with fifty percent in the 60 and over age (N = 4), 37.5 percent in the 40 to 49 age group (N = 3), and 12.5 percent in the 50 to 59 age group (N = 1). The professions or jobs represented in the focus groups included a certified nursing assistant, cook, dress designer, homemaker, and storeowner.

During the months of March and April 2004, the coordinator of the Minority Health Coalition of Lake County conducted four key informant interviews for the Needs Assessment

project. Information on the professions of the key informants was not available. The key informants did not describe their age, gender, race or ethnicity.

RESULTS

Overview of Existing Health Indicator (Secondary Data Analysis)

Analysis of existing data for Lake County (birth and mortality data) indicated disparities exist by race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government.

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

The Asian and Pacific Islander (APIs) population in Lake County had disproportionate percentage of many health indicators where there was room for improvement: low birth weight, preterm births, pregnancy complications, Cesarean deliveries and congenital anomalies. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in Lake County.

The Black population in Lake County was disproportionately affected when comparing the health indicators among racial groups. There was room for improvement in the following indicators that do not meet the 2010 objectives and or have higher percentages in comparison to all births in Lake County: low birth weight, very low birth weight, preterm, early preterm, pregnancy complications, Cesarean deliveries, births to single mothers, births to 16 and 17 years olds, births to less than 16 year olds, and low weight gain during pregnancy. Furthermore, the Black population has the highest percentage of women receiving less than adequate prenatal care as compared to all racial and ethnic groups in Lake County, and fewer Black women receive prenatal care during the first trimester.

American Indians and Alaskan Natives (AIANs) in Lake County have higher percentages of low birth weight, Cesarean deliveries and congenital anomalies. In addition, other indicators with room for improvement were low birth weight, preterm births, Cesarean deliveries, congenital anomalies, first trimester prenatal care, smoking during pregnancy, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in the County.

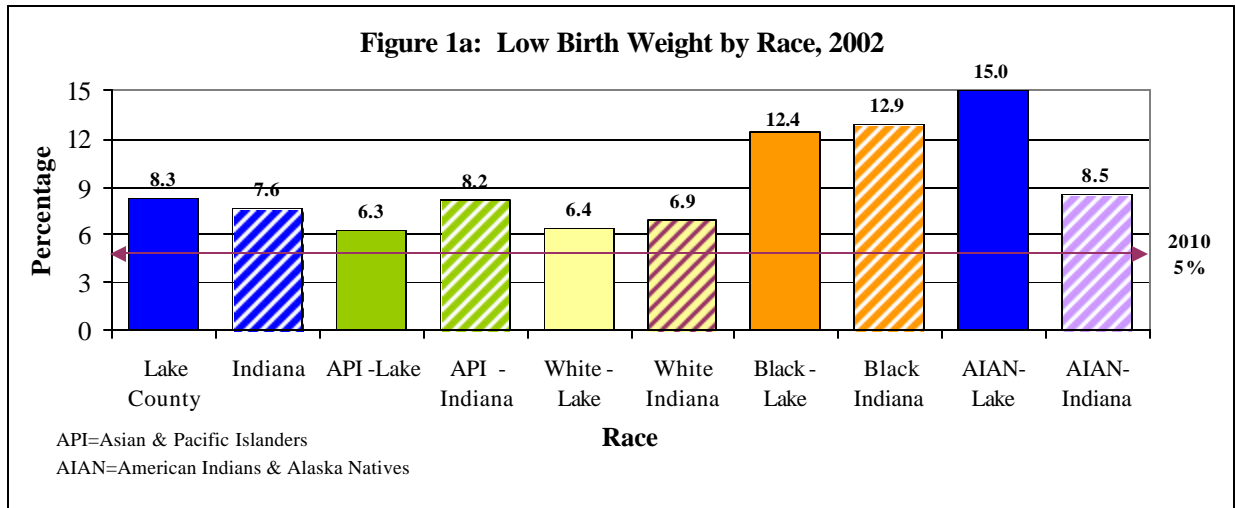
The Hispanic population in Lake County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, births to 16 and 17 year olds and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care during the first trimester and more Hispanics receive less than adequate prenatal care. These indicators that need improvement do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County.

The age-adjusted death rate for APIs and AIANs in Lake County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Lake County was higher than the age-adjusted death rate for all deaths in Lake County. Diseases of the heart are the leading cause of death for Blacks and Hispanics in Lake County.

Birth Data:

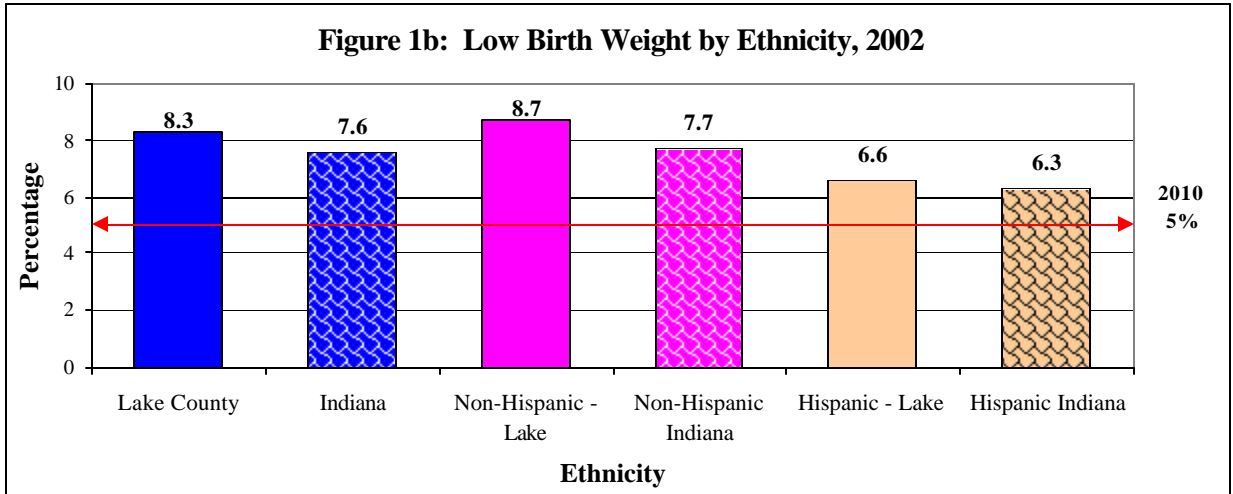
Low Birth Weight (LBW) by Race (Figure 1a):

- The percentage of low birth weight deliveries for APIs, Blacks and AIANs in Lake County was higher than the Healthy People 2010 objective.
- The percentage of low birth weight deliveries for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of low birth weight deliveries for APIs in Lake County was lower than the percentage for all API births in Indiana.
- The percentage of low birth weight deliveries for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of low birth weight deliveries for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of low birth weight deliveries for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of low birth weight deliveries for AIANs in Lake County was higher than the percentage for all AIANs births in Indiana.



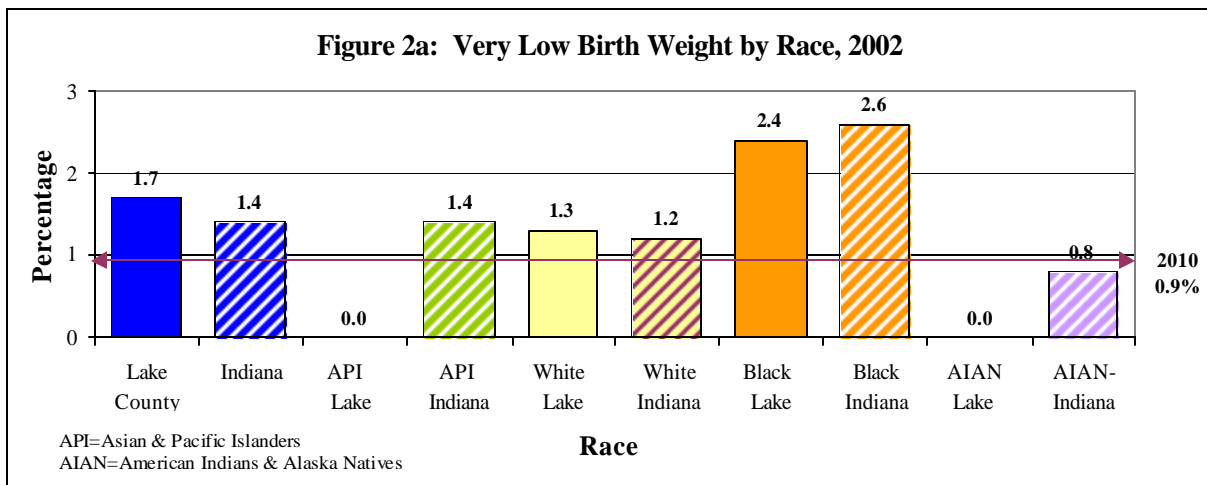
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



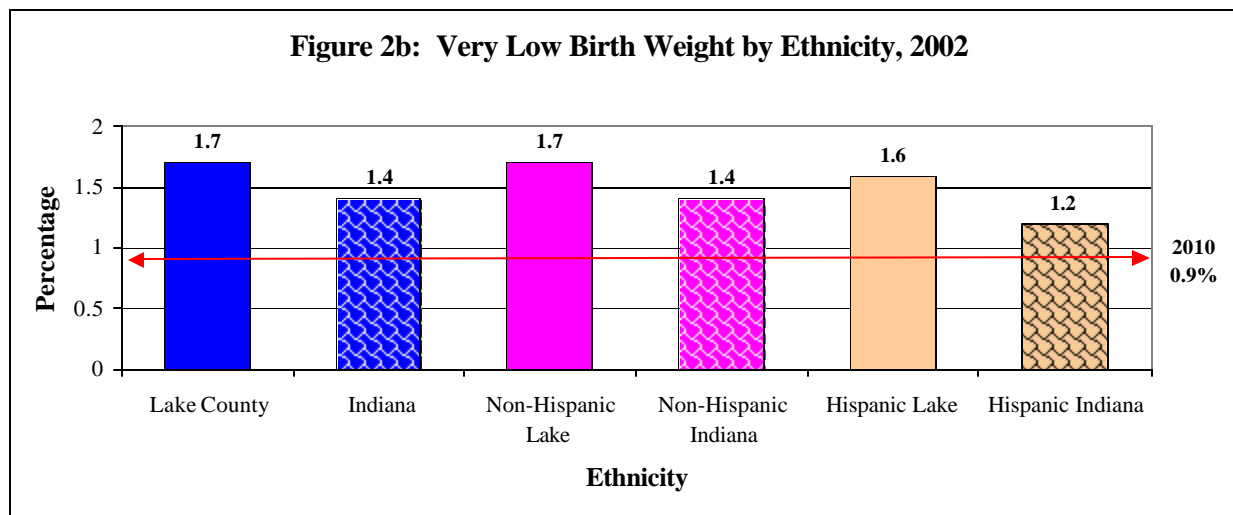
Very Low Birth Weight (VLBW) by Race (Figure 2a):

- The percentage of very low birth weight deliveries for APIs, and AIANs in Lake County was lower than the Healthy People 2010 objective; the percentage of very low birth weight for Blacks was higher than the Healthy People 2010 objective.
- The percentage of very low birth weight deliveries for APIs in Lake County was less than the percentage for all births in Lake County.
- The percentage of very low birth weight deliveries for APIs in Lake County was less than the percentage for all API births in Indiana.
- The percentage of very low birth weight deliveries for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of very low birth weight deliveries for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of very low birth weight deliveries for AIANs in Lake County was less than the percentage for all births in Lake County.
- The percentage of very low birth weight deliveries for AIANs in Lake County was similar to the percentage for all AIAN births in Indiana.



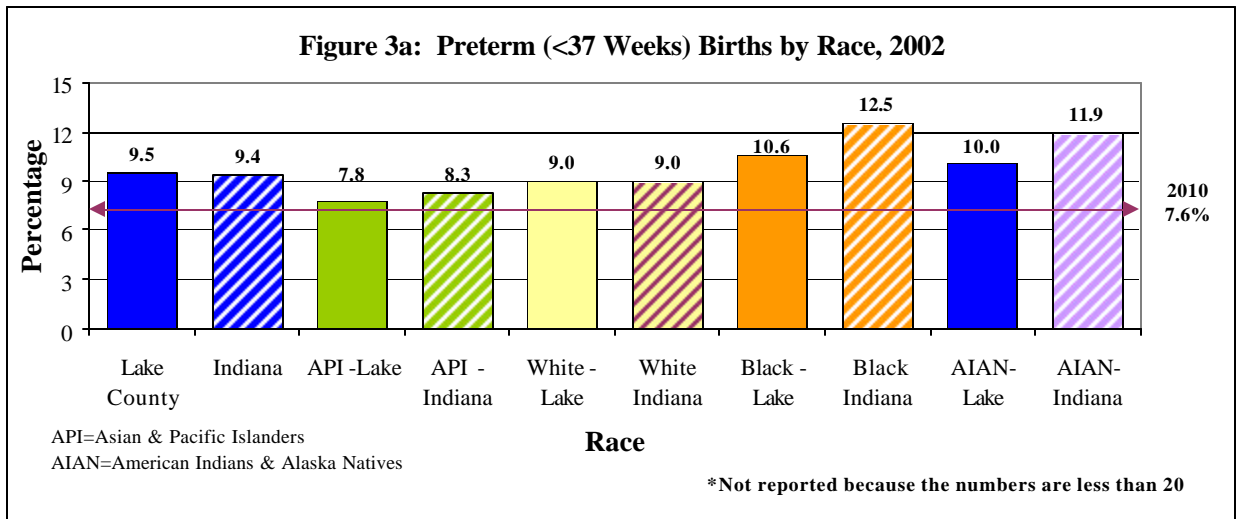
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



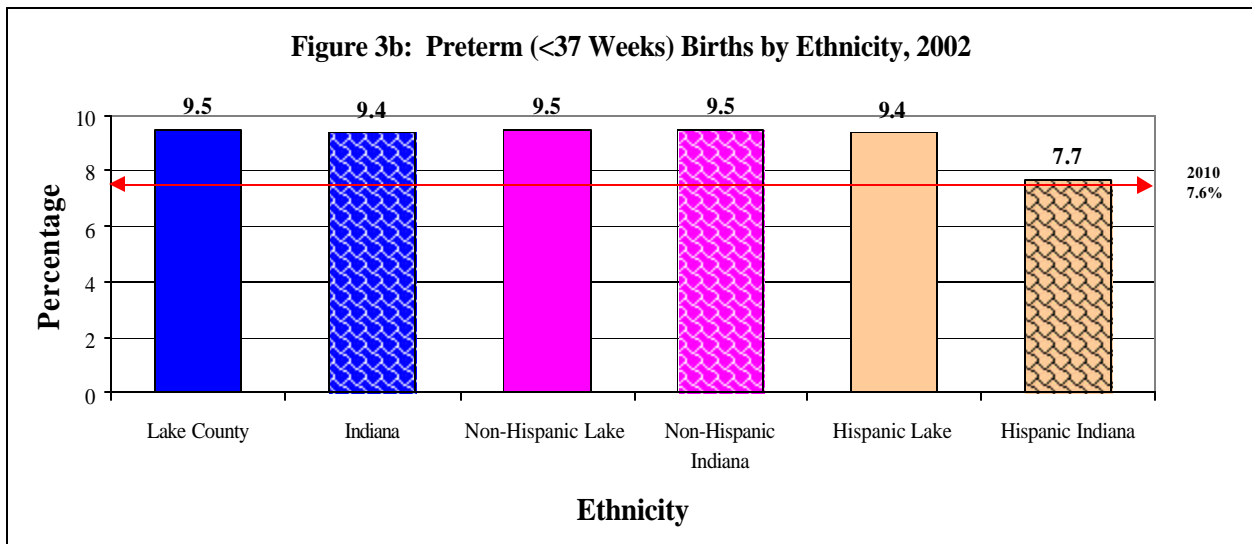
Preterm (< 37 weeks) Births by Race (Figure 3a):

- The percentage of preterm births for APIs, Blacks and AIANs was higher than the Healthy People 2010 objective.
- The percentage of preterm births for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of preterm births for APIs in Lake County was similar to the percentage for all API births in Indiana.
- The percentage of preterm births for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of preterm births for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of preterm births for AIANs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of preterm births for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



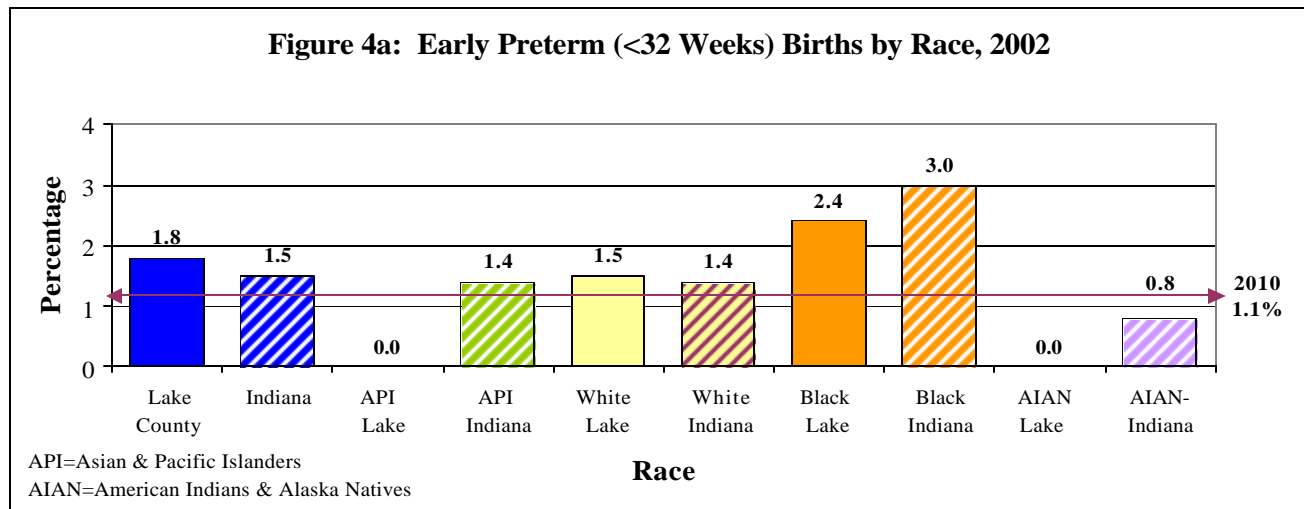
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

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



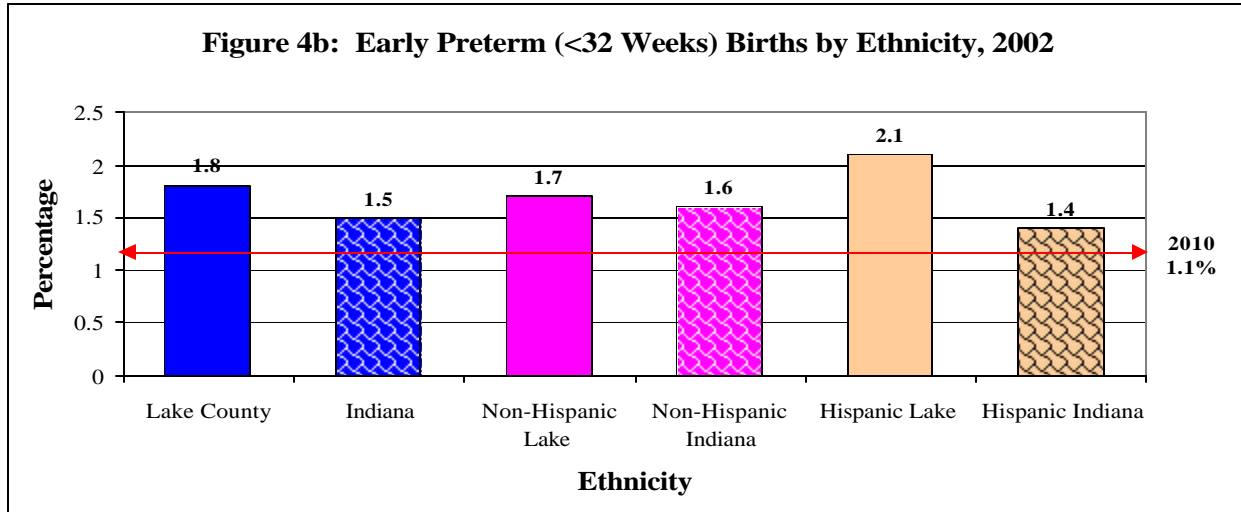
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

- The percentage of early preterm births for APIs and AIANs in Lake County was lower than the Healthy People 2010 objective; Blacks in Lake County have a higher percentage of early preterm than the Healthy People 2010 objective.
- The percentage of early preterm births for APIs in Lake County was less than the percentage for all births in Lake County.
- The percentage of early preterm births for APIs in Lake County was less than the percentage for all API births in Indiana.
- The percentage of early preterm births for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of early preterm births for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of early preterm births for AIANs in Lake County was less than the percentage for all births in Lake County.
- The percentage of early preterm births for AIANs in Lake County was similar to the percentage for all AIANs births in Indiana.



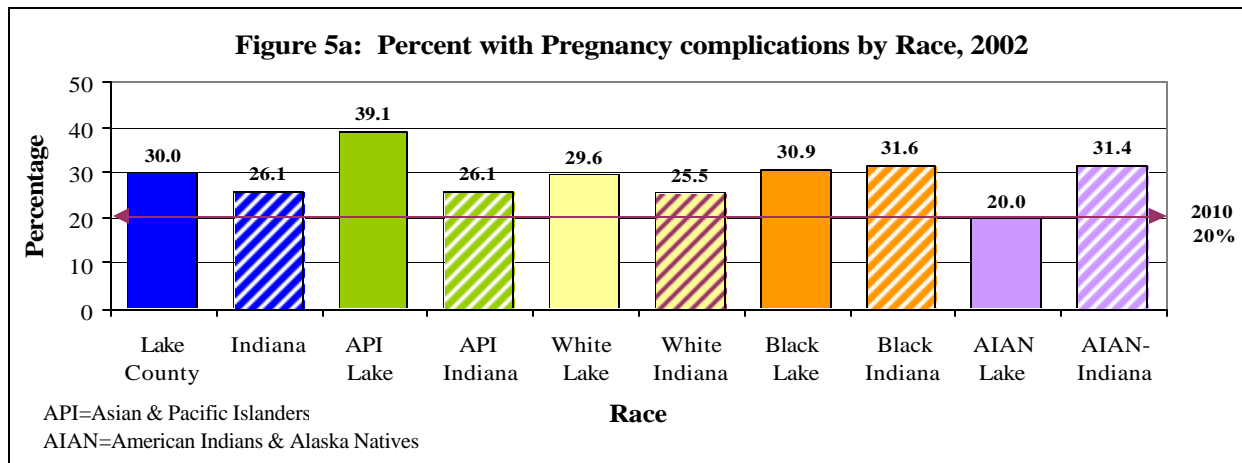
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

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



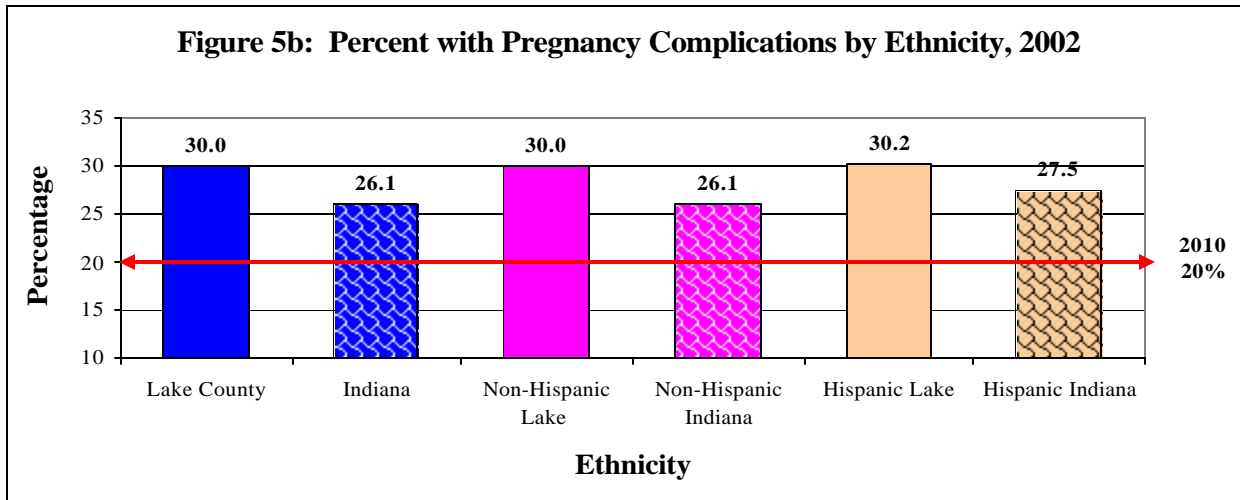
Percent of Pregnancy Complications by Race (Figure 5a):

- The percentage of pregnancy complications for APIs and Blacks in Lake County was higher than the Healthy People 2010 objective; the percentage of pregnancy complications for AIAN in Lake County was equal to the Healthy People 2010 objective.
- The percentage of pregnancy complications for APIs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of pregnancy complications for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of pregnancy complications for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of pregnancy complications for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of pregnancy complications for AIANs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of pregnancy complications for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



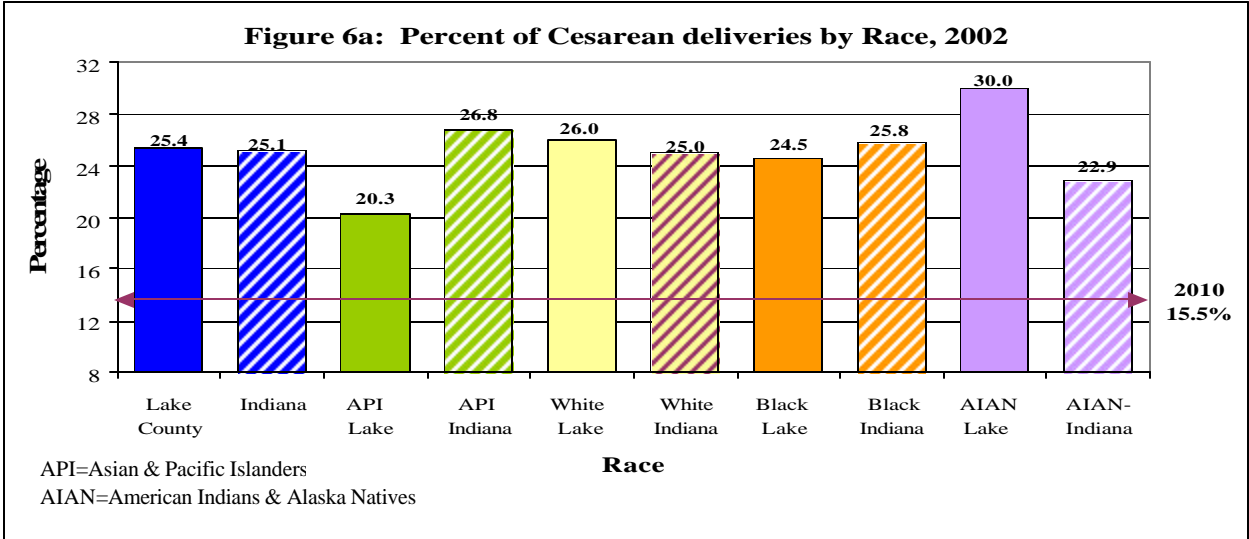
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



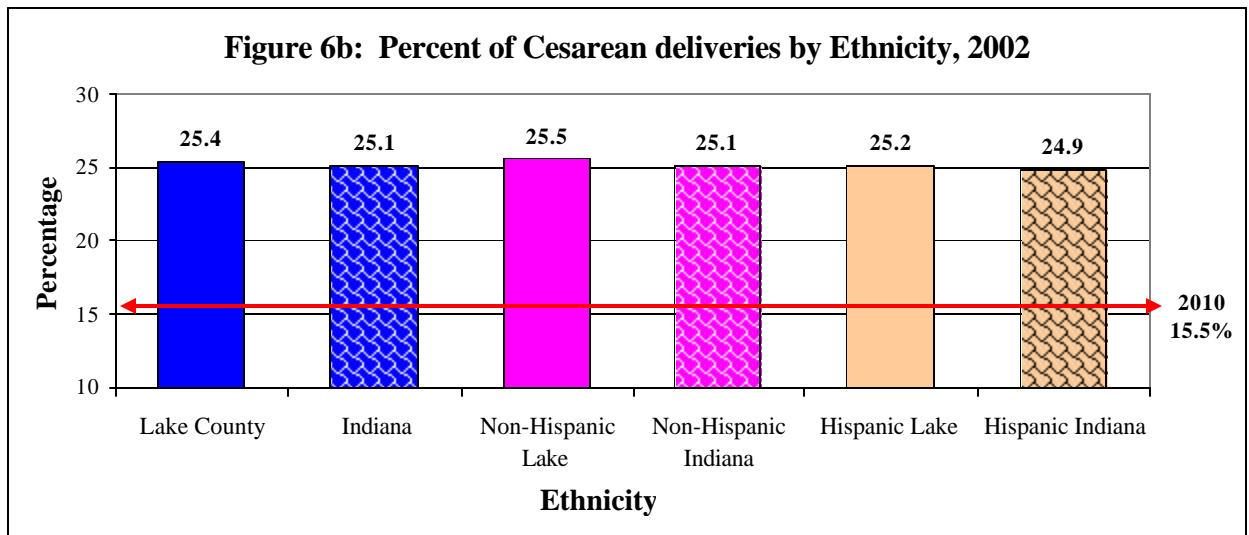
Percent of Cesarean Deliveries by Race (Figure 6a):

- The percentage of Cesarean deliveries for APIs, Blacks and AIANs in Lake County was higher than the Healthy People 2010 objective.
- The percentage of Cesarean deliveries for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of Cesarean deliveries for APIs in Lake County was lower than the percentage for all API births in Indiana.
- The percentage of Cesarean deliveries for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of Cesarean deliveries for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of Cesarean deliveries for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of Cesarean deliveries for AIANs in Lake County was higher than the percentage for all AIANs births in Indiana.



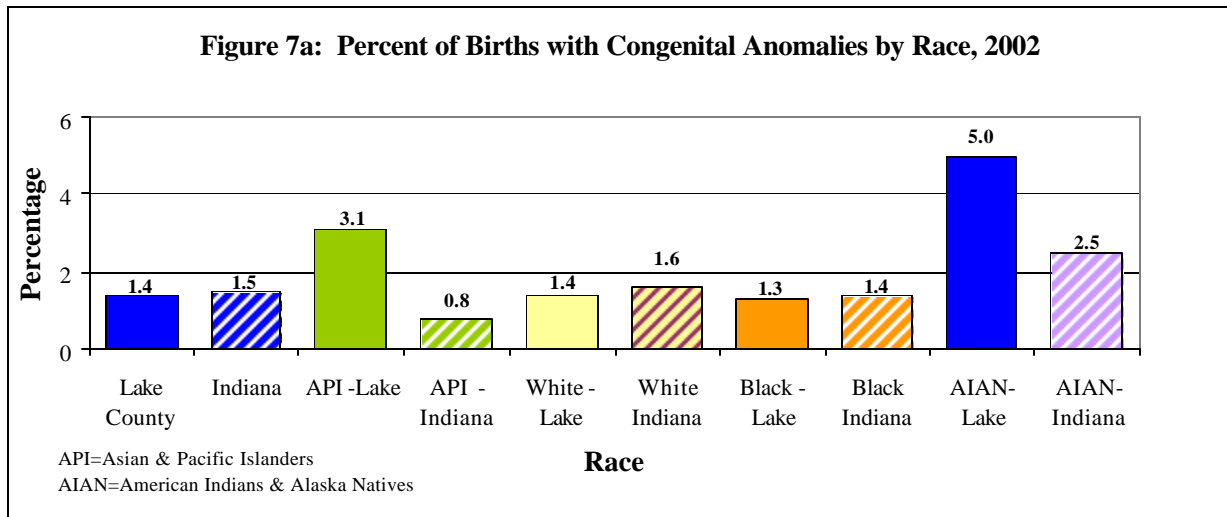
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



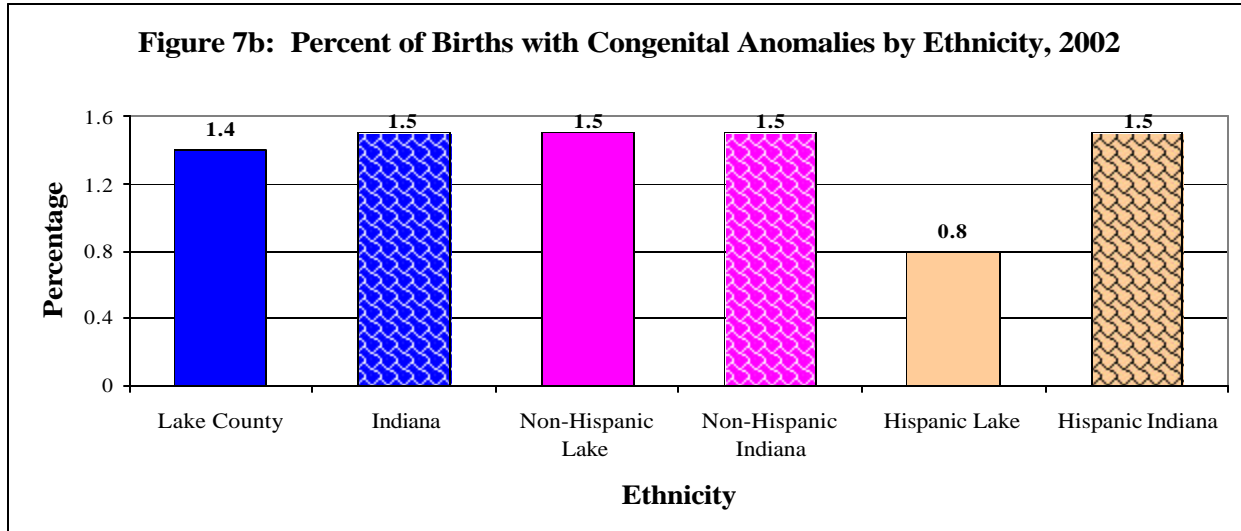
Percent of Births with Congenital Anomalies by Race (Figure 7a):

- The percentage of congenital anomalies for APIs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of congenital anomalies for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of congenital anomalies for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of congenital anomalies for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of congenital anomalies for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of congenital anomalies for AIANs in Lake County was higher than the percentage for all AIANs births in Indiana.



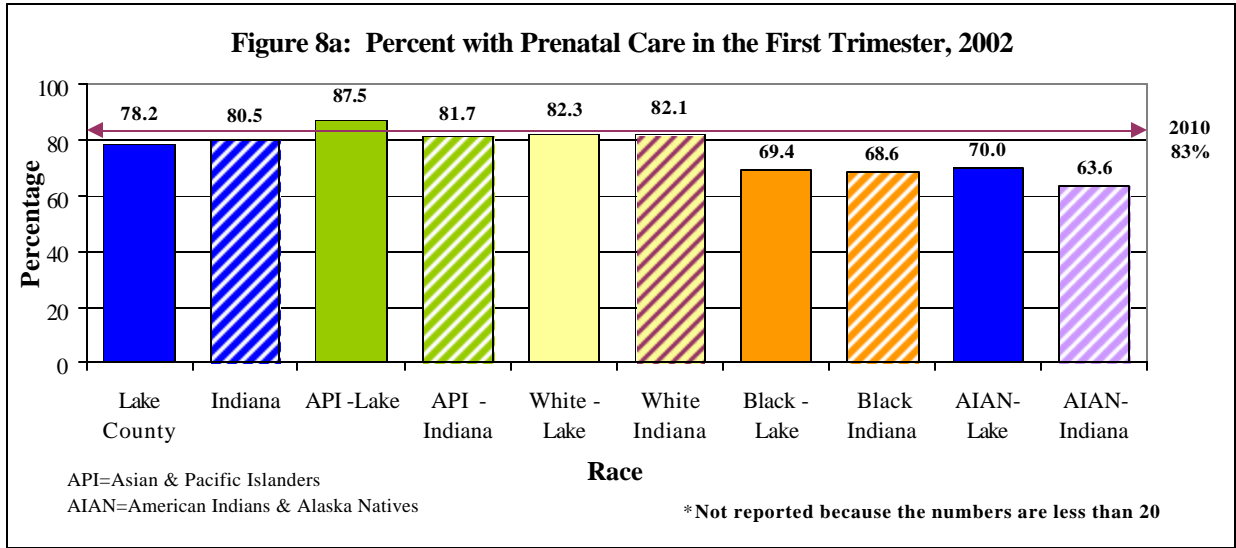
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



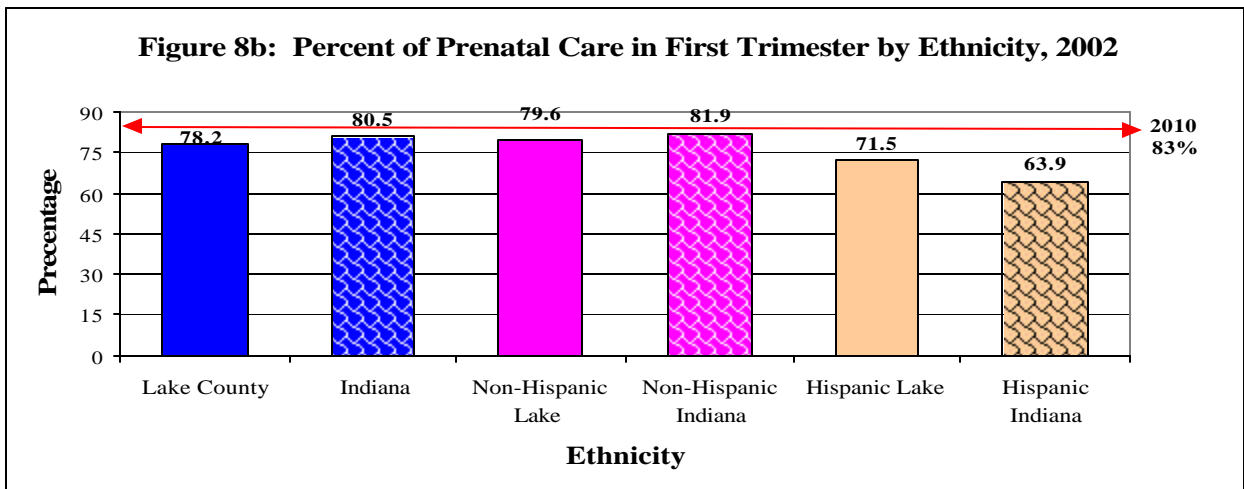
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

- The percentage of prenatal care in the first trimester for Blacks and AIANs in Lake County was below the Healthy People 2010 objective; APIs in Lake County have a higher percentage of prenatal care in the first trimester than the Healthy People 2010 objective.
- The percentage of prenatal care in the first trimester for APIs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of prenatal care in the first trimester for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of prenatal care in the first trimester for Blacks in Lake County was lower than the percentage for all births in Lake County.
- The percentage of prenatal care in the first trimester for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of prenatal care in the first trimester for AIANs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of prenatal care in the first trimester for AIANs in Lake County was higher than the percentage for all AIANs births in Indiana.



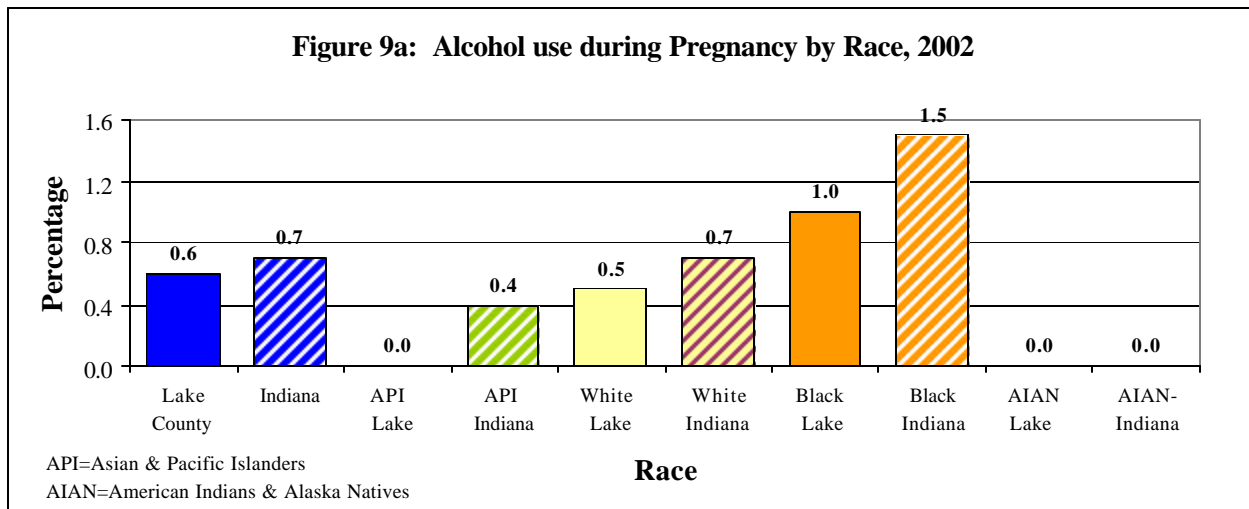
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



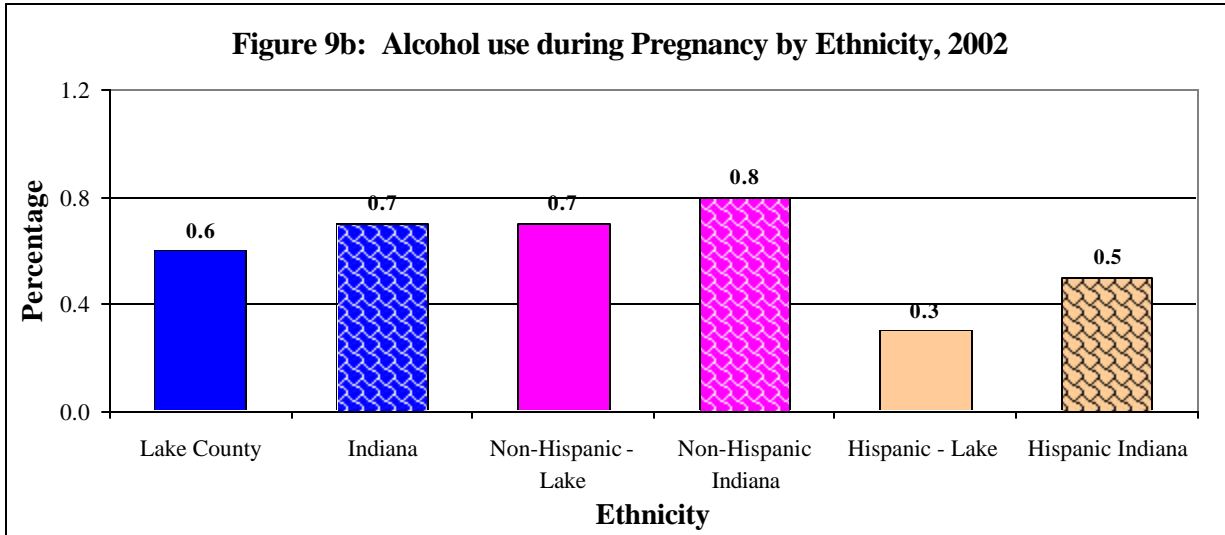
Alcohol Use during Pregnancy by Race (Figure 9a):

- The percentage of alcohol use during pregnancy for APIs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of alcohol use during pregnancy for APIs in Lake County was similar to the percentage for all API births in Indiana.
- The percentage of alcohol use during pregnancy for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of alcohol use during pregnancy for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of alcohol use during pregnancy for AIANs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of alcohol use during pregnancy for AIANs in Lake County was equal to the percentage for all AIANs births in Indiana.



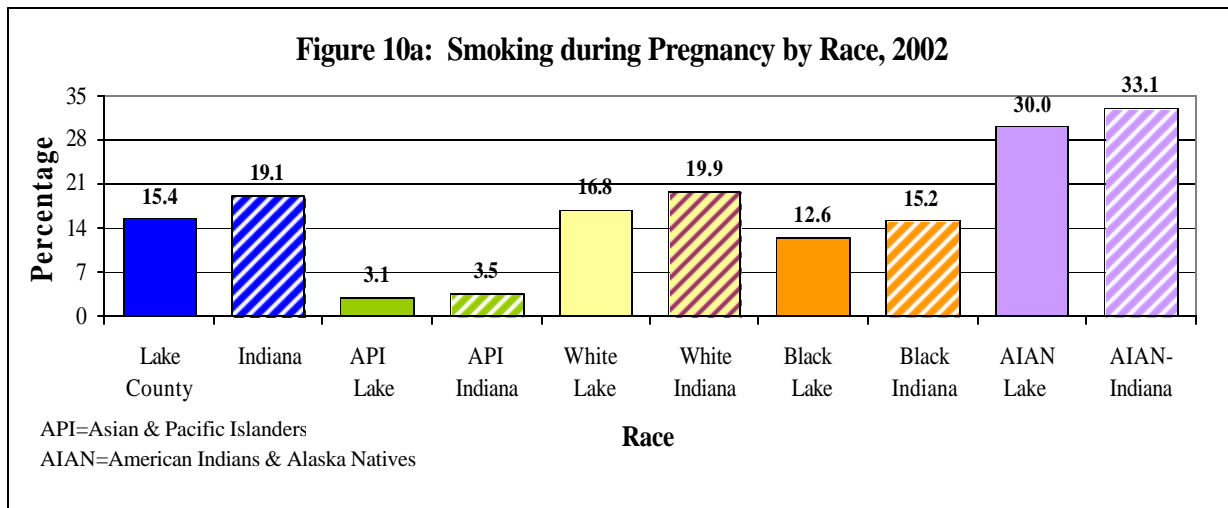
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



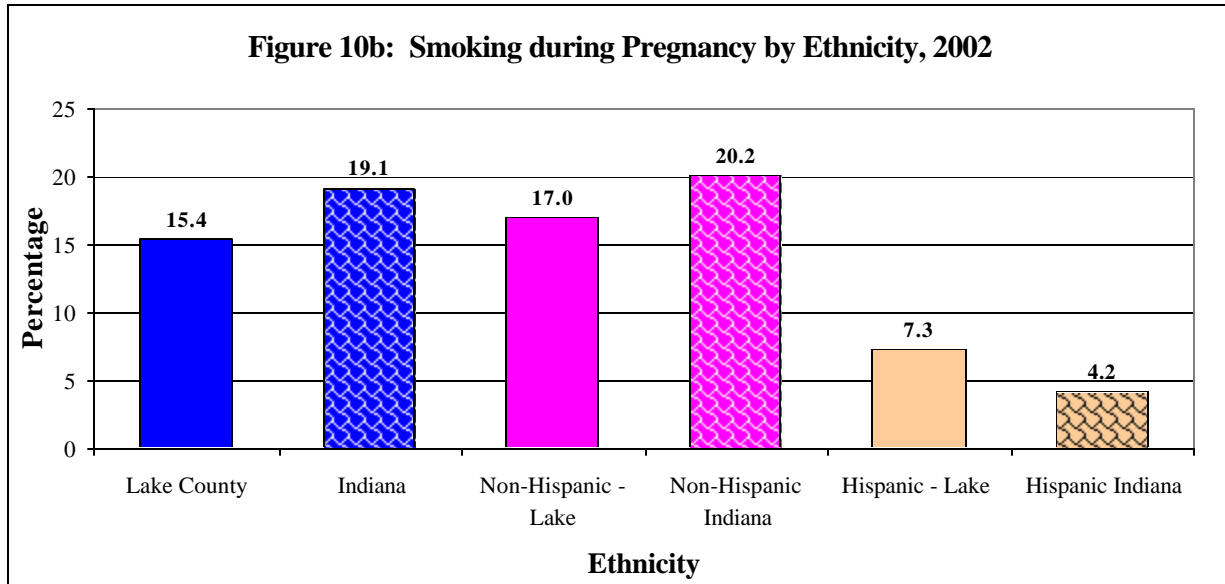
Smoking during Pregnancy by Race (Figure 10a):

- The percentage of smoking during pregnancy for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of smoking during pregnancy for APIs in Lake County was similar to the percentage for all API births in Indiana.
- The percentage of smoking during pregnancy for Blacks in Lake County was lower than the percentage for all births in Lake County.
- The percentage of smoking during pregnancy for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of smoking during pregnancy for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of smoking during pregnancy for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



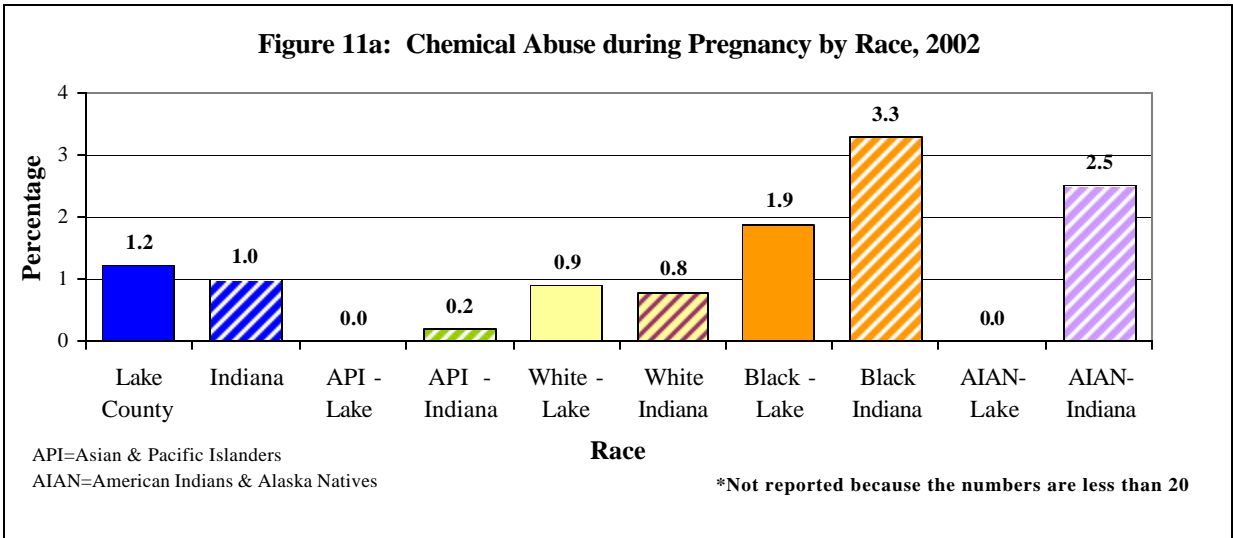
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



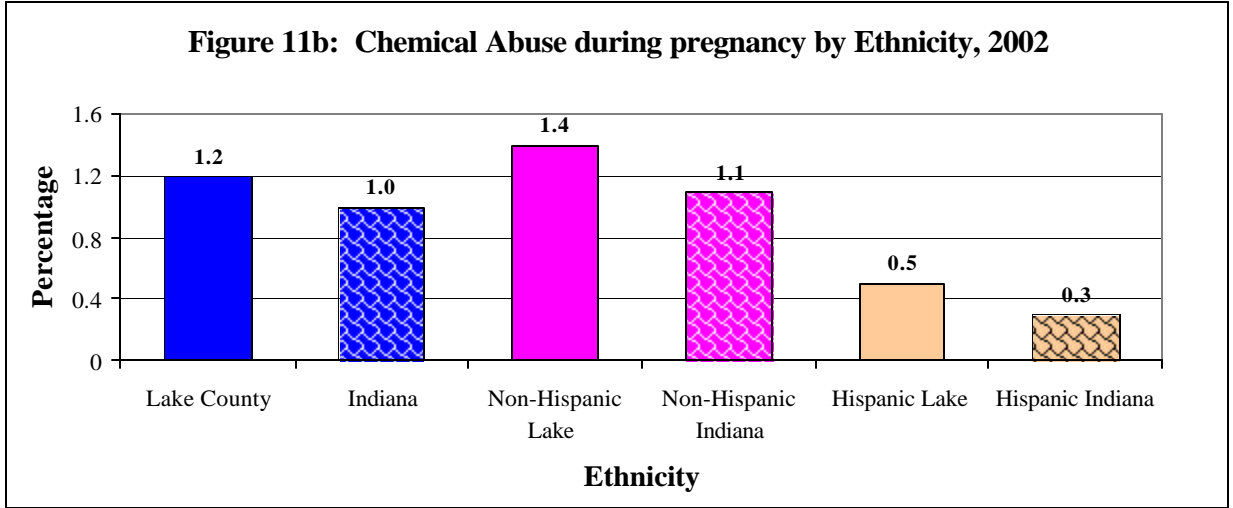
Chemical Abuse during Pregnancy by Race (Figure 11a):

- The percentage of chemical abuse during pregnancy for APIs in Lake County was less than the percentage for all births in Lake County.
- The percentage of chemical abuse during pregnancy for APIs in Lake County was similar to the percentage for all API births in Indiana.
- The percentage of chemical abuse during pregnancy for Blacks in Lake County was similar to the percentage for all births in Lake County.
- The percentage of chemical abuse during pregnancy for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of chemical abuse during pregnancy for AIANs in Lake County was less than the percentage for all births in Lake County.
- The percentage of chemical abuse during pregnancy for AIANs in Lake County was less than the percentage for all AIANs births in Indiana.



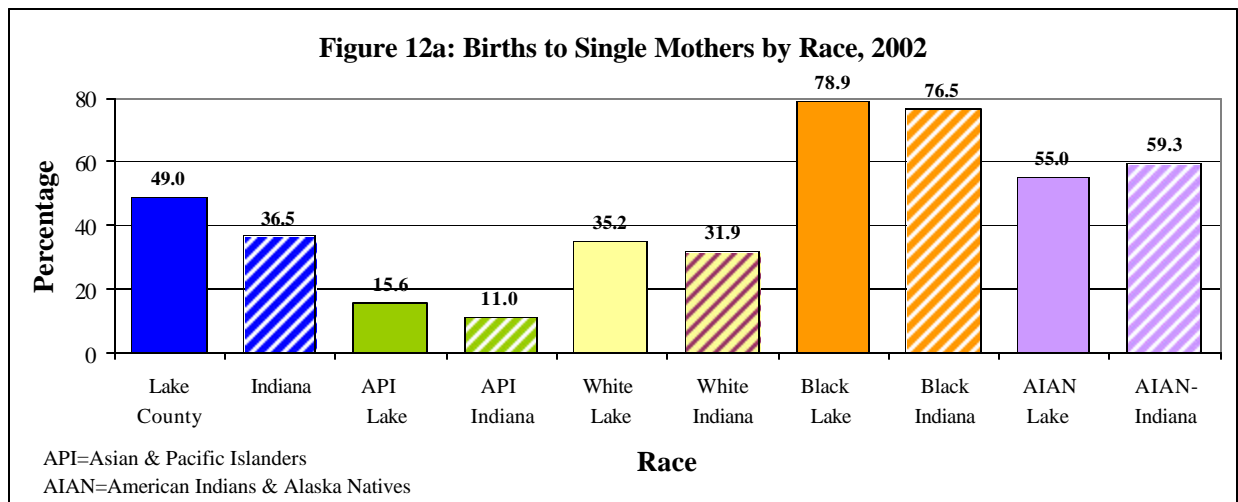
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



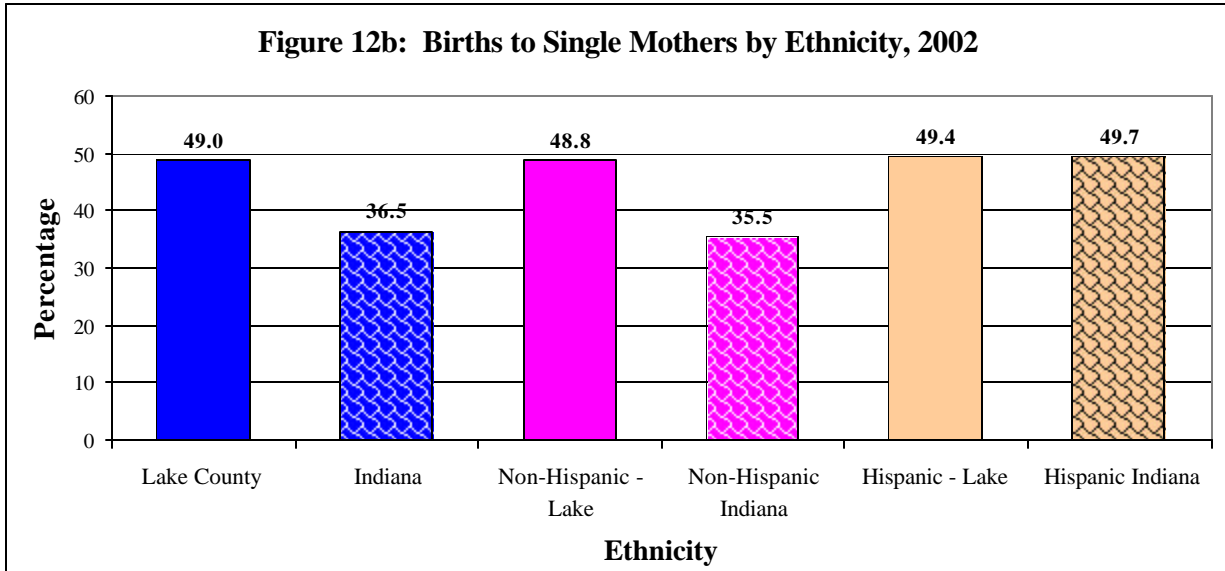
Births to Single Mothers by Race (Figure 12a):

- The percentage of births to single mothers for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of births to single mothers for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of births to single mothers for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of births to single mothers for Blacks in Lake County was higher than the percentage for all births by Blacks in Indiana.
- The percentage of births to single mothers for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of births to single mothers for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



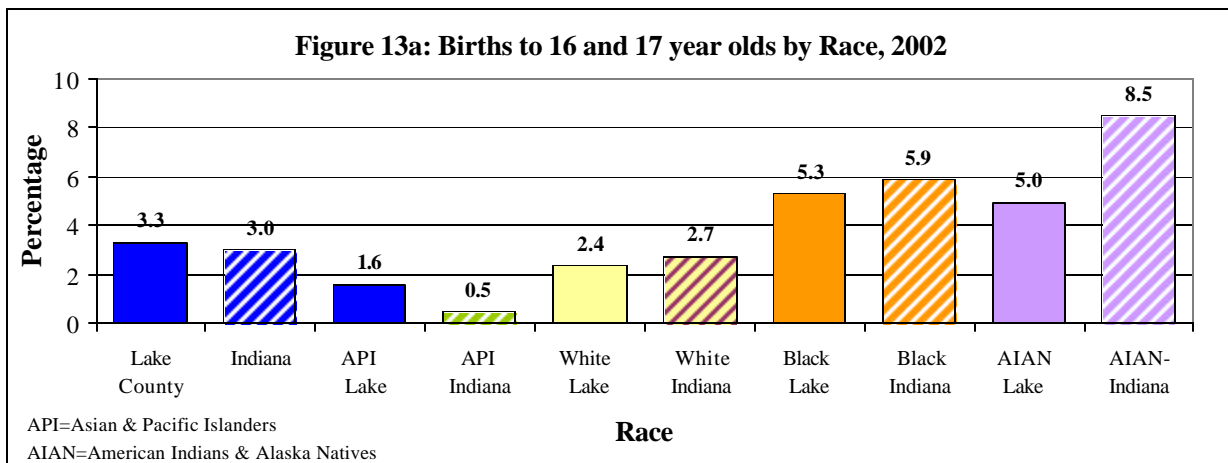
Births to Single Mothers by Ethnicity (Figure 12b):

- The percentage of births to single mothers for Hispanics in Lake County was similar to the percentage for Non-Hispanic births in Lake County.
- The percentage of births to single mothers for Hispanics in Lake County was similar to the percentage for all Hispanic births in Indiana.



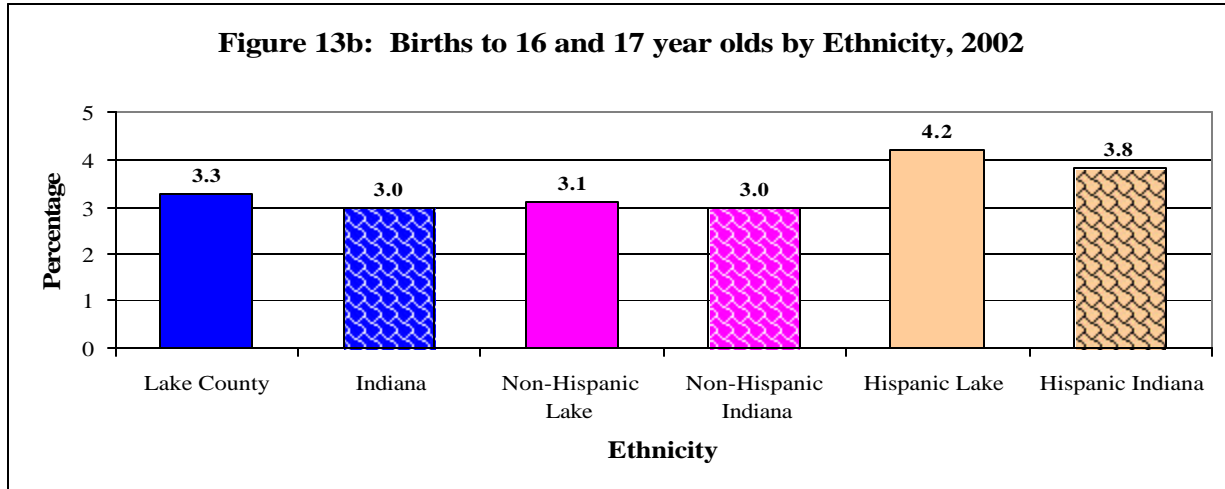
Births to 16 and 17 Year olds by Race (Figure 13a):

- The percentage of births to 16 and 17 year olds for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of births to 16 and 17 year olds for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of births to 16 and 17 year olds for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of births to 16 and 17 year olds for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of births to 16 and 17 year olds for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of births to 16 and 17 year olds for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



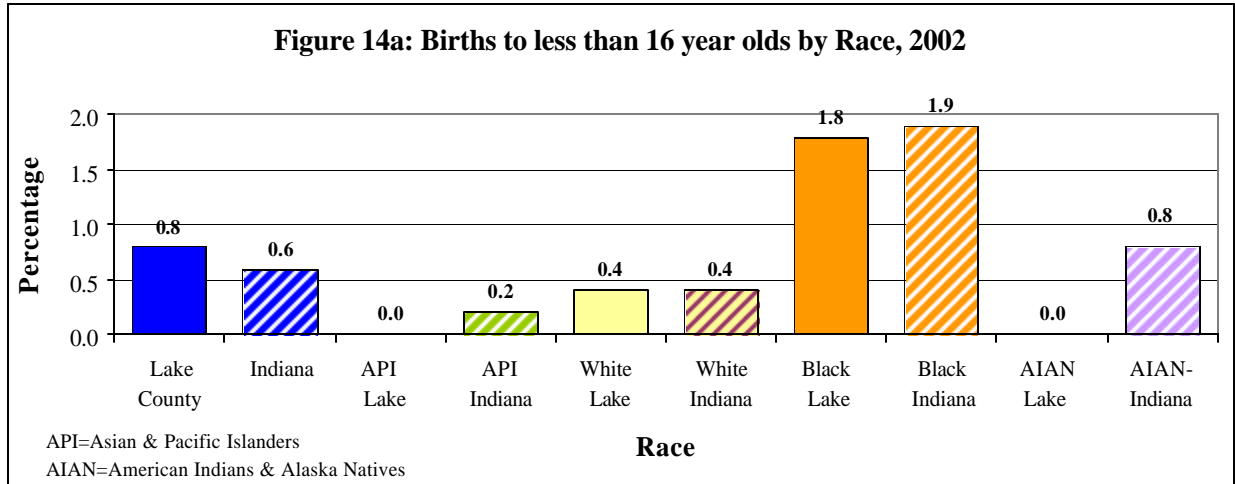
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



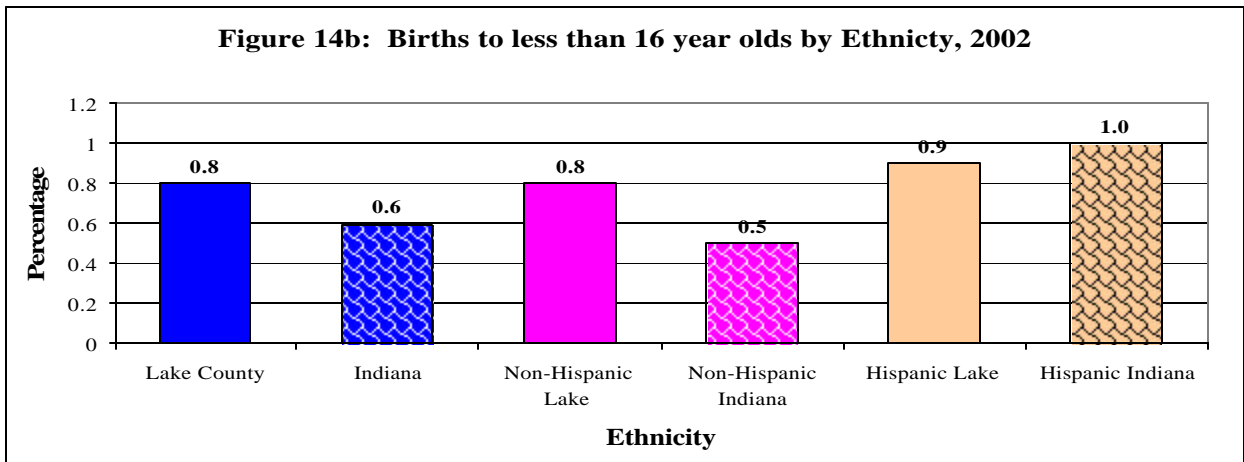
Births to Less than 16 Year olds by Race (Figure 14a):

- The percentage of births to less than 16 year olds for APIs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of births to less than 16 year olds for APIs in Lake County was similar to the percentage for all API births in Indiana.
- The percentage of births to less than 16 year olds for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of births to less than 16 year olds for Blacks in Lake County was similar to the percentage for all births by Blacks in Indiana.
- The percentage of births to less than 16 year olds for AIANs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of births to less than 16 year olds for AIANs in Lake County was similar to the percentage for all AIANs births in Indiana.



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

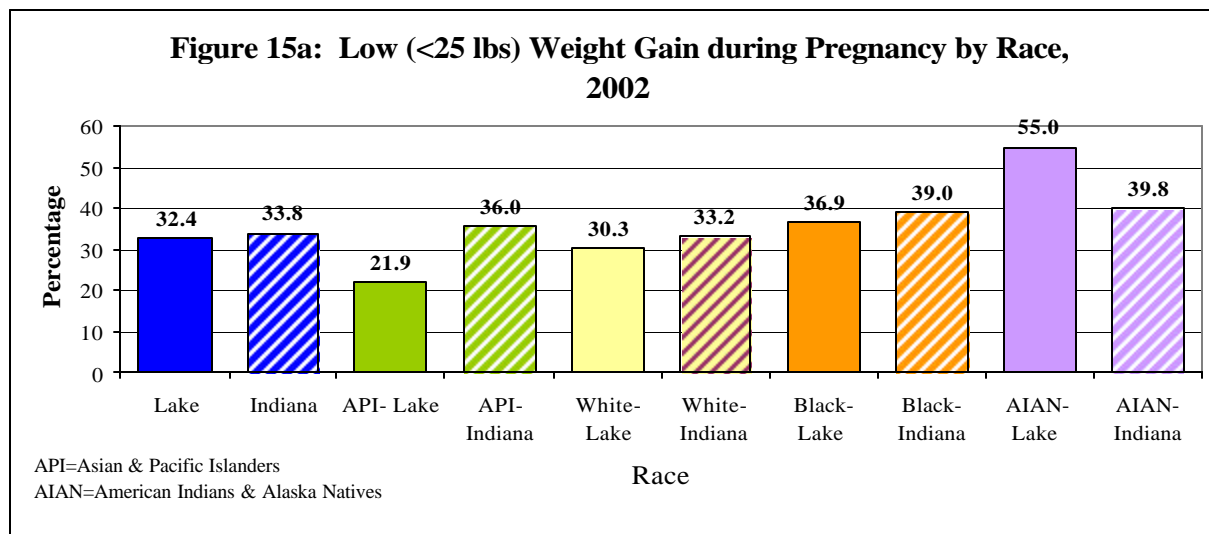
- The percentage of births to less than 16 year olds for Hispanics in Lake County was similar to the percentage for Non-Hispanic births in Lake County.
- The percentage of births to less than 16 year olds for Hispanics in Lake County was similar to the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

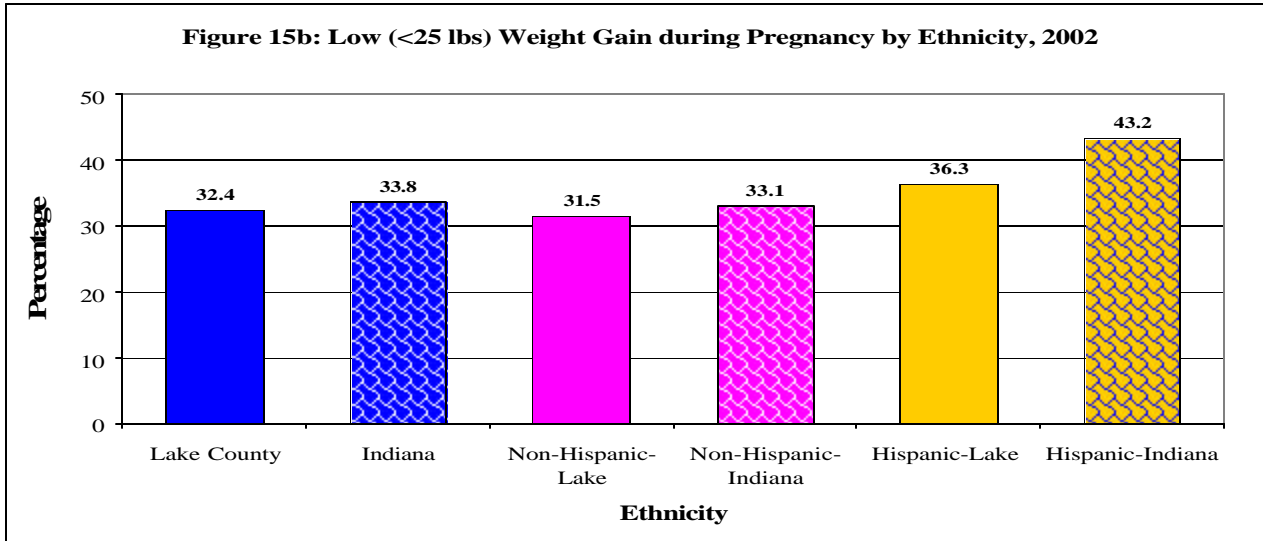
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

- The percentage of LWG during pregnancy for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of LWG during pregnancy for APIs in Lake County was lower than the percentage for all API births in Indiana.
- The percentage of LWG during pregnancy for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of LWG during pregnancy for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of LWG during pregnancy for AIANs in Lake County was higher than the percentage for all births in Lake County.
- The percentage of LWG during pregnancy for AIANs in Lake County was higher than the percentage for all AIANs births in Indiana.



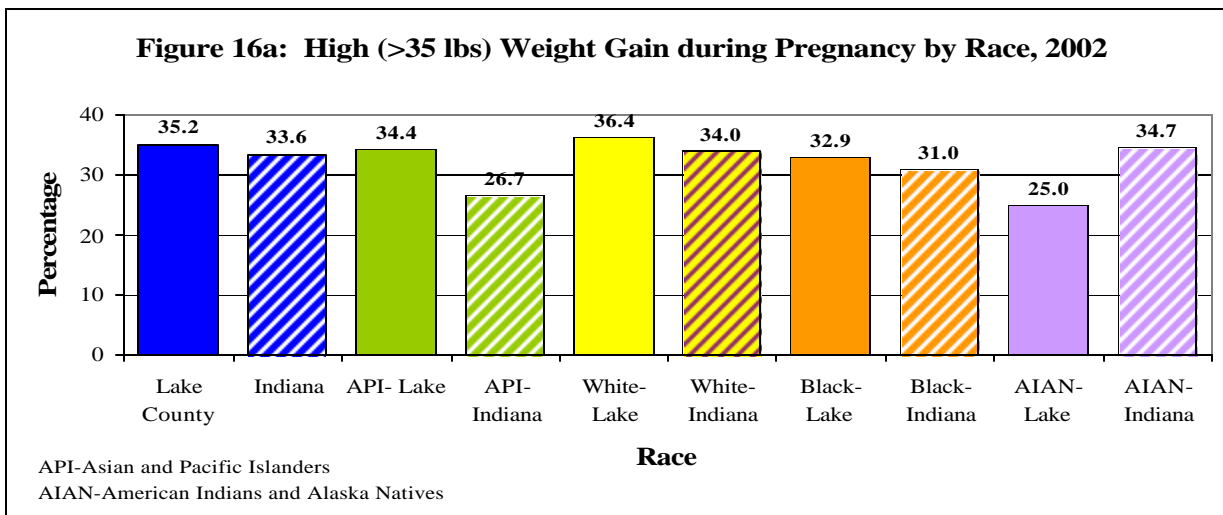
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



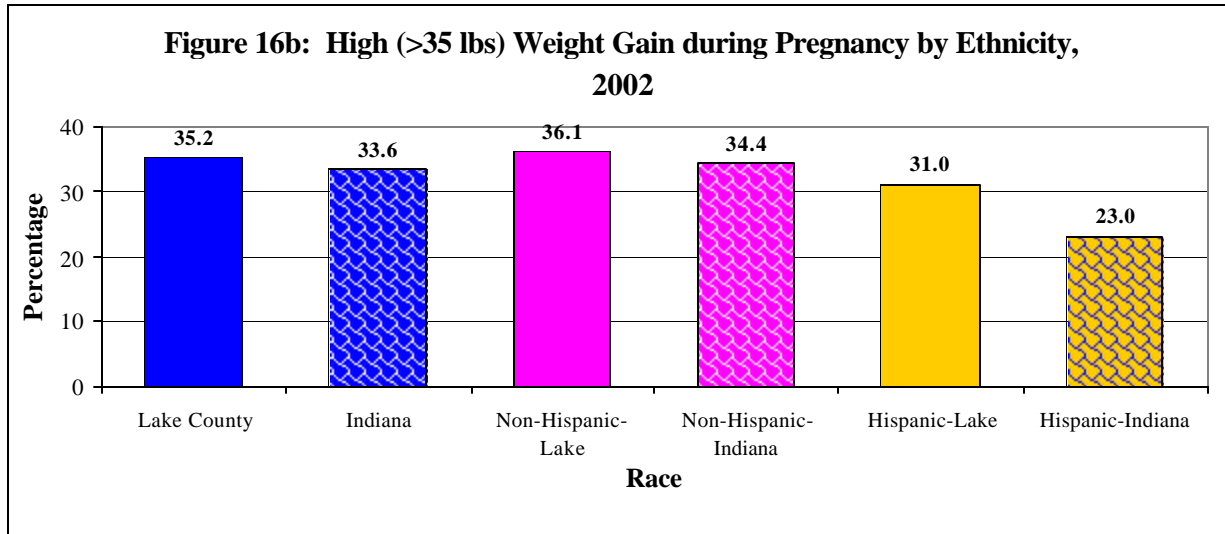
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

- The percentage of HWG during pregnancy for APIs in Lake County was similar to the percentage for all births in Lake County.
- The percentage of HWG during pregnancy for APIs in Lake County was higher than the percentage for all API births in Indiana.
- The percentage of HWG during pregnancy for Blacks in Lake County was lower than the percentage for all births in Lake County.
- The percentage of HWG during pregnancy for Blacks in Lake County was higher than the percentage for all births by Blacks in Indiana.
- The percentage of HWG during pregnancy for AIANs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of HWG during pregnancy for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



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

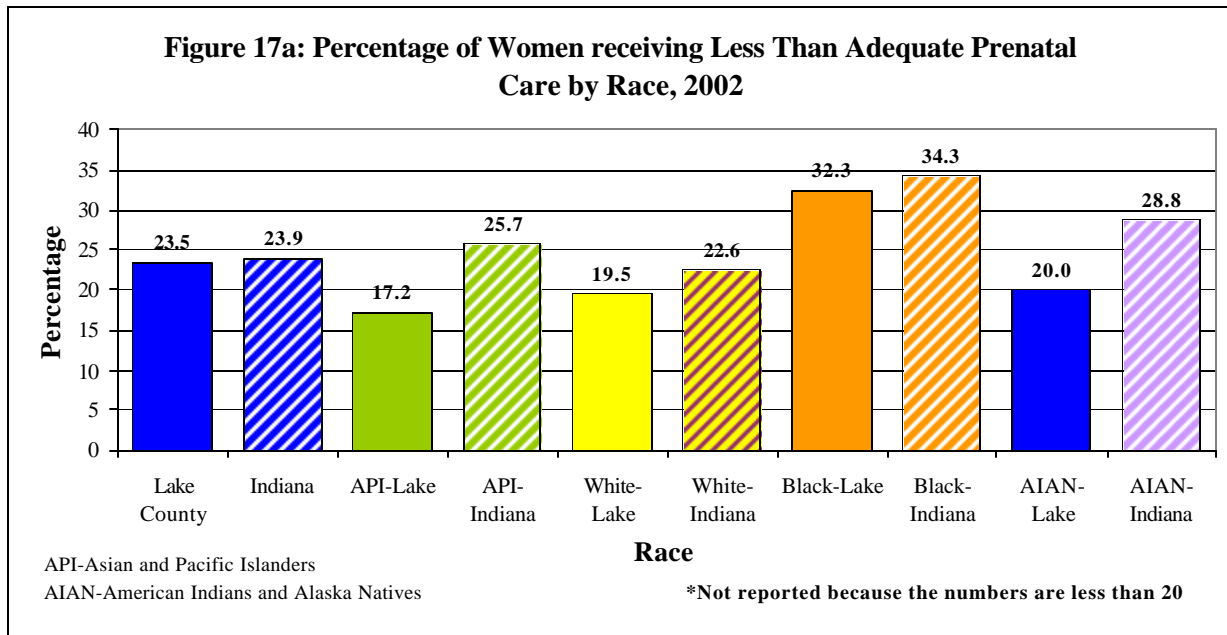
- The percentage of HWG during pregnancy for Hispanics in Lake County was lower than the percentage for Non-Hispanic births in Lake County.
- The percentage of HWG during pregnancy for Hispanics in Lake County was higher than the percentage for all Hispanic births in Indiana.



Prenatal Care:

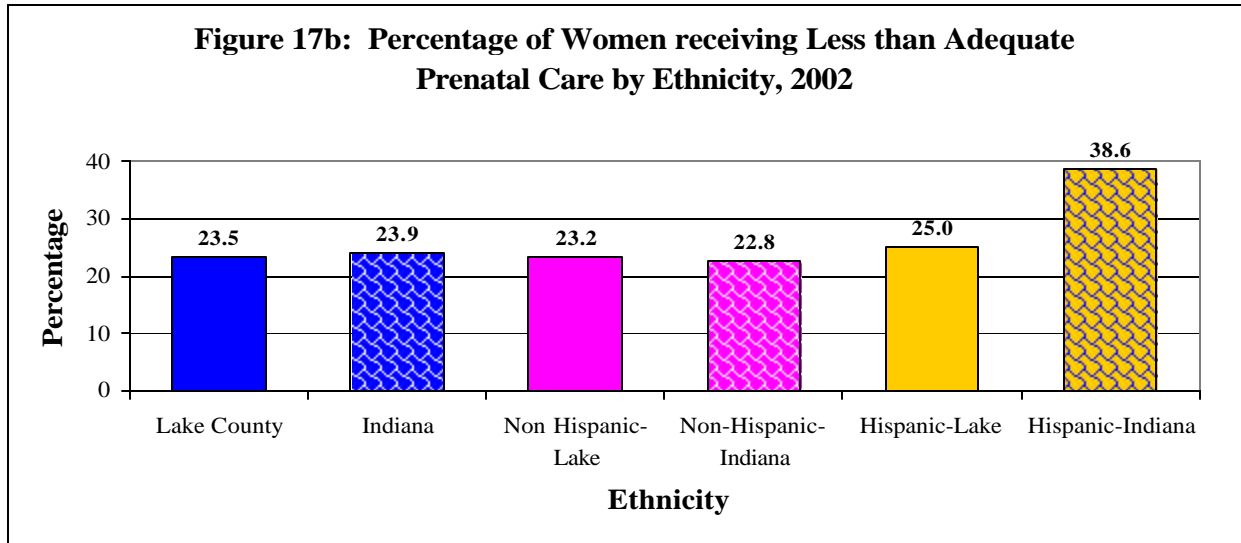
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

- The percentage of Women receiving less than adequate prenatal care for APIs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of Women receiving less than adequate prenatal care for APIs in Lake County was lower than the percentage for all API births in Indiana.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Lake County was higher than the percentage for all births in Lake County.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Lake County was lower than the percentage for all births by Blacks in Indiana.
- The percentage of Women receiving less than adequate prenatal care for AIANs in Lake County was lower than the percentage for all births in Lake County.
- The percentage of Women receiving less than adequate prenatal care for AIANs in Lake County was lower than the percentage for all AIANs births in Indiana.



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

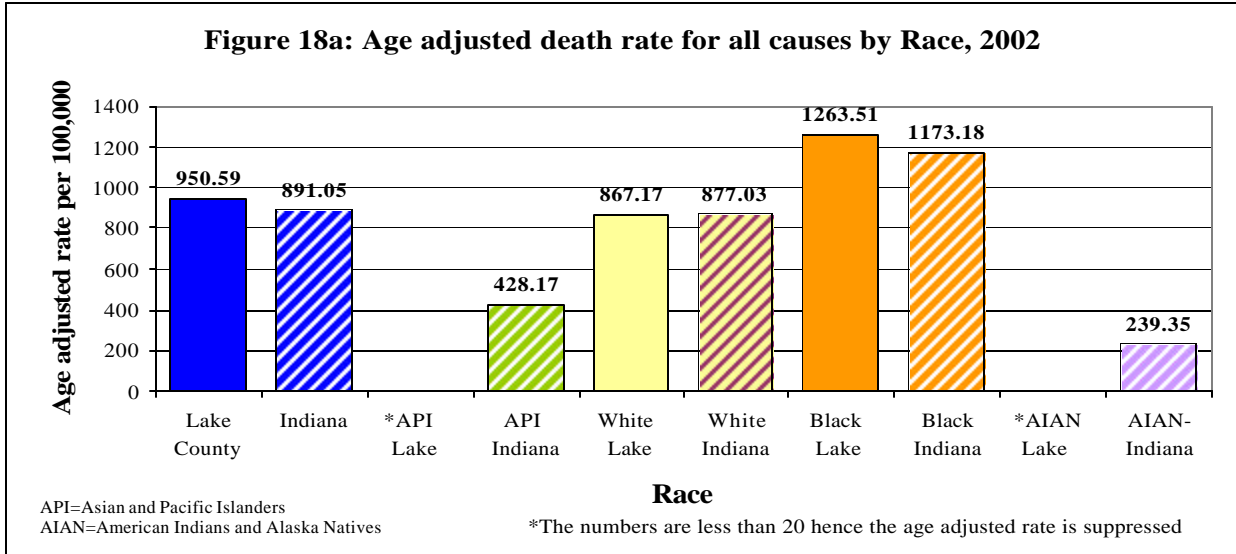
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Lake County was higher than the percentage for Non-Hispanic births in Lake County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Lake County was lower than the percentage for all Hispanic births in Indiana.



Leading Causes of Death:

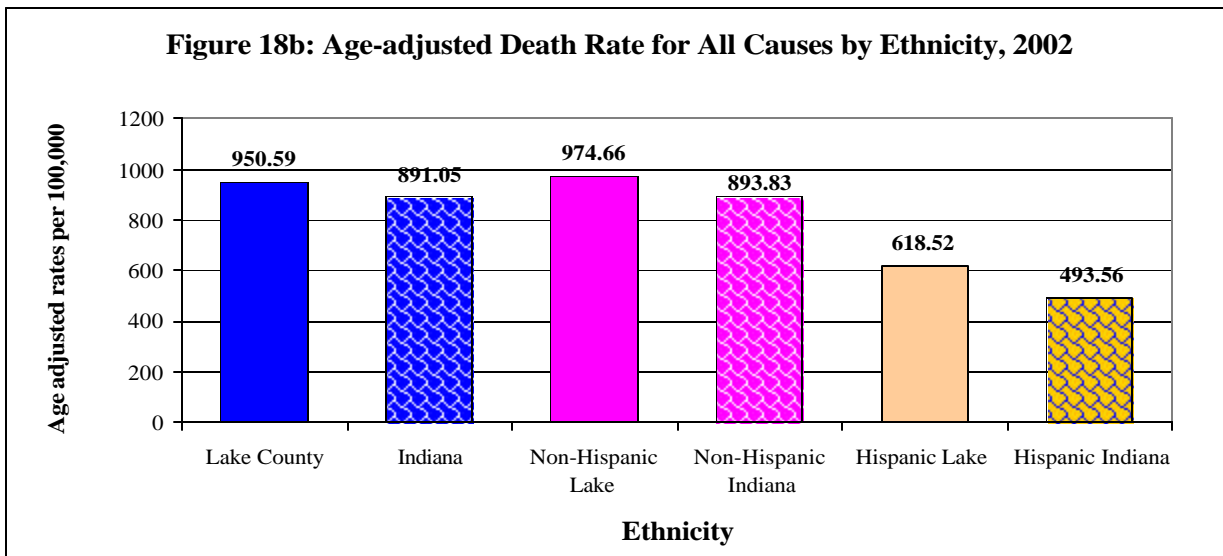
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

- The age-adjusted death rate for APIs and AIANs in Lake County could not be compared due to the small number of deaths.
- The age-adjusted death rate for Blacks in Lake County was higher than the age-adjusted death rate for all deaths in Lake County.
- The age-adjusted death rate for Blacks in Lake County was similar to 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 Lake County was lower than the age-adjusted death rate for Non-Hispanic deaths in Lake County.
- The age-adjusted death rate for Hispanics in Lake County was higher than the age-adjusted death rate for all Hispanic deaths in Indiana.



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

- Deaths by cause for AIANs and APIs in Lake County could not be compared due to the small number of deaths.
- Diseases of the heart are the leading cause of death for Blacks in Lake County and Indiana.

Figure 19a: Five Leading Causes of Death by Race						
Leading Cause of Death by Race, 2003	Lake County					
	Indiana State (All Causes) N=55,123	ALL Races N=4,826	Asian and Pacific Islanders N=12	White N=3,437	Black N=1,374	America Indians & Alaska Natives N=**
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=1,425	Diseases of the Heart N=**	Diseases of the Heart N=1,029	Diseases of the Heart N=391	Diseases of the Heart N=**
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=1,104	Malignant Neoplasms N=**	Malignant Neoplasms N=783	Malignant Neoplasms N=317	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=258	N/A	Chronic Lower respiratory disease N=211	Diabetes Mellitus N=84	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=240	N/A	Cerebrovascular Diseases N=187	Assault (Homicide) N=71	N/A
#5	Accidents N=2,086	Diabetes Mellitus N=216	N/A	Diabetes Mellitus N=131	Cerebrovascular Diseases N=71	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):

- Diseases of the heart are the leading cause of death in Indiana and Lake County for Hispanics and Non-Hispanics.
- Accidents were the third leading cause of death for Hispanics in Lake County.

Figure 19b: Five Leading Causes of Death by Ethnicity				
Leading Cause of Death by Race, 2003	Indiana State (All Causes) N=55,123	Lake County		
		ALL Ethnic Groups N=4,826	Non-Hispanic N=4,583	Hispanic N=235
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=1,425	Diseases of the Heart N=1,363	Diseases of the Heart N=59
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=1,104	Malignant Neoplasms N=1,068	Malignant Neoplasms N=35
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=258	Cerebrovascular Diseases N=242	Accidents N=20
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=240	Chronic Lower respiratory disease N=231	Cerebrovascular Diseases N=16
#5	Accidents N=2,086	Diabetes Mellitus N=216	Diabetes Mellitus N=201	Diabetes Mellitus N=14

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

Overview of Lake County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Black respondents ranked high blood pressure and strokes as the worst health problem in their neighborhood, followed by diabetes, cancer, heart disease, respiratory conditions, substance abuse, arthritis, osteoporosis and pain, diet problems, social issues, AIDS/HIV, environmental issues and kidney diseases.

Household arrangement (Table 2)

- More than 62 percent of Black respondents lived in single adult households; more than one-quarter, lived in two adult homes (28.2 percent); and the remainder reported three or more adults in the home. Almost 56 percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 68 (82.97 percent) females and 14 (17.1 percent) males. Approximately 9 percent of the respondents were younger than 35 years of age, while 52 percent were 55 year or older.

Education (Table 2)

- Almost forty-two percent of the Black respondents graduated from high school, 22.6 percent had some college or trade school experience, and 19.1 percent had college degrees.

Health status perceptions (Table 3)

- Twenty-six percent of the Black respondents rated their health as excellent or very good, and an additional 38.8 percent described their health as good. Approximately 34 percent described their health as either fair (30.6 percent) or poor (3.5 percent). One percent of the respondents rated their health as very poor (1.2 percent).

Satisfaction with life (Table 3)

- Sixty-three percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (31.7 percent) or dissatisfied (4.9 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (90.6 percent), followed by magazine or newspapers (24.7 percent). Twenty percent of the respondents identified television or radio, family members (17.6 percent), other sources (9.4 percent) and the Internet (5.9 percent).

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

- Forty-seven percent of Black respondents reported no visits to the dentist in the last twelve months. More than 32 percent reported visiting the dentist one to two times in the last year, and twenty percent reported three or more visits this past year. Slightly more than half of the Black respondents (51.3 percent) reported having access to a dentist for dental care.

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

- Eleven percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. More than twenty percent reported visiting the doctor or nurse one to two times in the last year, and 68.3 percent reported three or more visits this past year. The majority of Black respondents (80.5 percent) reported having access to a doctor or a nurse for health care.

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

- For Black respondents who did not have a regular source of care (19.5 percent), the choice for service if needed a doctor's office (43.7 percent), hospital emergency room (31.3 percent) and self-care (25 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 (77.6 percent) followed by community clinic (8.6 percent) and hospital emergency room (8.6 percent), and other facility (5.2 percent).

Actual utilization patterns (Table 4)

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

General assessment of medical care (Table 5)

- Thirty-two percent of Black respondents rated services as either superior (6.4 percent), or above average (25.6 percent). Fifty-nine percent described the services they received as average. Nine percent rated services as either below average (7.7 percent) or terrible (1.3 percent).

Personal barriers to health care utilization (Table 5)

- More than one quarter of Black respondents, (27.6 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, lack of insurance, medical care not covered by insurance, waiting too long for an appointment, and waiting too long in doctors or clinic office.

Community barriers to health utilization (Table 5)

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

Cigarette smoking (Table 6)

- Forty-one percent of the Black respondents reported having smoked at least 100 cigarettes in their life. Almost one quarter of the respondents (24.7 percent) indicated they were current smokers with 32.1 percent smoking everyday and 42.9 percent smoking some days. The number of cigarettes smoked ranged from less than ½ a pack (66.7 percent) to about three packs (4.8 percent).

Physical activity (Table 6)

- Seventy percent of the Black respondents reported exercising one or more times per week. Thirteen percent of the respondents (13.3 percent) indicated they never exercise.

Healthy diet (Table 6)

- Fifty-four percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (14.8 percent), or most of the time (39.2 percent). Twelve percent of the respondents (12.2 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Sixty-nine percent of the Black respondents (69.4 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (33.3 percent), heart disease (29.8 percent), asthma (18.2 percent), and other lung disease (5.3 percent).

Adults requiring assistance (Table 7)

- Nearly nine percent of the Black respondents (8.5 percent) reported having an adult member of their household who requires assistance, but none of the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Only fifty-six percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, 89.6 percent indicated they do have some type of medical insurance coverage. The majority reported coverage through Medicare (58.1 percent), Medicaid (41.9 percent), covered under spouse/parent's insurance (14.0 percent), employer (11.6 percent), privately purchased (7.0 percent), long-term care insurance (4.7 percent), and other insurance (2.3 percent).

Dental insurance coverage (Table 8)

- Forty-two percent of the Black respondents (42.3 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- Twenty-one percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while thirty-four percent, pay \$25 to \$49 per month or \$50 to \$74 per month. Twenty-one percent of the respondents indicated paying \$100 to \$199 per month or \$200 or more per month. Fourteen percent of the

respondents (14.3 percent) indicated they pay nothing for prescription drugs or this expense does not apply to them, while 8.6 percent indicated they did not know.

Lake County Needs Assessment Survey 2004

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

	Racial Minorities Black	
	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)		
High blood pressure & Strokes	69	81.2%
Diabetes	59	69.4%
Cancer	50	58.9%
Heart disease	44	51.8%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	16	18.8%
Substance abuse (alcohol, drugs, smoking)	10	11.8%
Arthritis	10	11.9%
Diet problems (obesity, poor nutrition)	9	10.6%
Social issues	8	9.4%
AIDS/HIV	6	7.1%
Environmental issues (dirty neighborhoods, trash, pollution, poor housing, pests)	6	7.1%
Kidney diseases	5	5.9%

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

	Racial Minorities	
	Black	
	Number	Percent
2a. How many adults in live in your household?		
1	53	62.4%
2	24	28.2%
3	1	1.2%
4	4	4.6%
5	2	2.4%
6 or more	1	1.2%
2b. How many children live in your household?		
0	26	44.1%
1	11	18.6%
2	13	22.0%
3	4	6.8%
4	2	3.4%
5 or more	3	5.1%
3. What is your gender?		
Male	14	17.1%
Female	68	82.9%
4. What is your age?		
Less than 18 years	0	0.0%
18 - 24	1	1.3%
25 - 34	6	7.6%
35 - 44	15	19.0%
45 - 54	8	10.1%
55 - 64	15	19.0%
65+	34	43.0%
7. How much education have you had?		
Less than high school	14	16.7%
High school or equivalent	35	41.6%
Some college or trade school	19	22.6%
College graduate or more education	16	19.1%

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

	Racial Minorities Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	5	5.9%
Very Good	17	20.0%
Good	33	38.8%
Fair	26	30.6%
Poor	3	3.5%
Very Poor	1	1.2%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	17	20.7%
Satisfied	35	42.7%
Sometimes satisfied, sometimes dissatisfied	26	31.7%
Dissatisfied	4	4.9%
Very Dissatisfied	0	0.0%

Table 4: Experience Getting Health Care as Reported by the Lake 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	77	90.6%
The Internet	5	5.9%
Magazines or newspapers	21	24.7%
Television or radio	17	20.0%
Family members	15	17.6%
Other	8	9.4%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	39	47.0%
1 or 2	27	32.6%
3 to 5	9	10.8%
More than 6	8	9.6%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	40	51.3%
No	38	48.7%
13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?		
None	9	11.0%
1 or 2	17	20.7%
3 to 5	25	30.5%
6 or more	31	37.8%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	66	80.5%
No	16	19.5%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	7	43.7%
Community clinic	0	0.0%
Hospital emergency room	5	31.3%
Urgent care center	0	0.0%
Self care	4	25.0%
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	45	77.6%
Community clinic	5	8.6%
Hospital emergency room	5	8.6%
Urgent care center	0	0.0%
Other	3	5.2%
17. Were you hospitalized during the past 12 months?		
Yes	13	16.2%
No	67	83.8%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	33	39.3%
No	51	60.7%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	4	4.9%
No	78	95.1%

Table 5: Attitudes and Barriers to Medical Care as Reported by the Lake 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	5	6.4%
Above average	20	25.6%
Average	46	59.0%
Below average	6	7.7%
Terrible	1	1.3%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	21	27.6%
No	55	72.4%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	1	4.8%
Lack of money	13	61.9%
No insurance	10	47.6%
Insurance did not cover the medical care	7	33.3%
No transportation available	4	19.1%
Had to wait too long for an appointment	6	28.6%
Doctor wouldn't take new patients	2	9.5%
Doctor or clinic wouldn't take Medicare	1	4.8%
Doctor or clinic wouldn't take Medicaid	2	9.5%
Doctor you need to see for your insurance is out of your area	3	14.3%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	6	28.6%
Was not treated with respect	3	14.3%
The doctor or nurse wouldn't listen	3	14.3%
Felt uncomfortable asking the doctor or nurse questions	3	14.3%
Didn't feel the medical care was the best	4	19.1%
Couldn't get off work	1	4.8%
Clinic or doctor's office staff was rude and not very helpful	1	4.8%
No child care available	1	4.8%

Not having a Social Security Number was a problem	1	4.8%
Not having permanent address was a problem	1	4.8%
Other	2	9.5%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?		
No doctor in area	10	11.8%
Lack of money	53	62.4%
No insurance	52	61.2%
Insurance did not cover the medical care	35	41.2%
No transportation available	30	35.3%
Had to wait too long for an appointment	24	28.2%
Doctor wouldn't take new patients	10	11.8%
Doctor or clinic wouldn't take Medicare	16	18.8%
Doctor or clinic wouldn't take Medicaid	16	18.8%
Doctor you need to see for your insurance is out of your area	15	17.7%
Language barriers	8	9.4%
Cultural barriers	7	8.2%
Had to wait too long in doctor's or clinic office	11	12.9%
Was not treated with respect	6	7.1%
The doctor or nurse wouldn't listen	7	8.2%
Felt uncomfortable asking the doctor or nurse questions	6	7.1%
Didn't feel the medical care was the best	7	8.2%
Couldn't get off work	10	11.8%
Clinic or doctor's office staff was rude and not very helpful	7	8.2%
No child care available	6	7.1%
Not having a Social Security Number was a problem	4	4.7%
Not having a permanent address was a problem	4	4.7%
Other	1	1.2%

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

	Racial Minorities	
	Black	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	31	40.8%
No	41	54.0%
Don't know / Not sure	4	5.2%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	9	32.1%
Some days	12	42.9%
Not at all	7	25.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	14	66.7%
1/2 to 1 pack per day	5	23.7%
About 2 packs per day	1	4.8%
About 3 packs per day	1	4.8%
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	53	70.7%
Less than one time per week	12	16.0%
Not at all	10	13.3%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	11	14.8%
Most of the time	29	39.2%
Some of the time	25	33.8%
Not very often or not at all	9	12.2%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	50	69.4%
Heart disease ('yes')	14	29.8%
Diabetes ('yes')	20	33.3%
Asthma ('yes')	8	18.2%
Other lung disease ('yes')	2	5.3%

Table 7: Disabilities as Reported by the Lake 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	6	8.5%
No	65	91.5%
31. Do you pay anyone to give this assistance?		
Yes	0	0.0%
No	6	100.0%

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

	Racial Minorities	
	Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	43	89.6%
No	5	10.4%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	5	11.6%
Privately purchased plan	3	7.0%
Covered under spouse or parent's insurance	6	14.0%
Medicare	25	58.1%
Medicaid	18	41.9%
Long term care insurance	2	4.7%
Other	1	2.3%
34. Do you have dental insurance coverage if any problems arise?		
Yes	30	42.3%
No	41	57.7%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	10	14.3%
Less than \$10 per month	9	12.8%
\$10 to \$24 per month	6	8.6%
\$25 to \$49 per month	13	18.6%
\$50 to \$74 per month	11	15.7%
\$75 to \$99 per month	0	0.0%
\$100 to \$199 per month	12	17.1%
\$200 or more per month	3	4.3%
Don't know	6	8.6%

Overview of Lake County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Lake County residents: **HIV/AIDS, diabetes, heart conditions and Strokes**. 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 provider services** to serve the uninsured;
- **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 Lake County.

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

- **cultural** (unfriendly providers, not understanding or being unable to communicate in the patient's language, and providers not being culturally aware or competent);
- **communication between provider and patient** (both need to learn how to better communicate with each other, what are the right questions to ask);
- **education** (lack of education);
- **lack of health knowledge and promotion** (a failure to recognize a health problem; a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of funds, lack of employment, lack of insurance, lack of transportation); and,
- **system problems** (lack of availability of providers in the community due to poor remuneration, lack of dental programs).

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

- **educating the community** about ways to improve their health status (i.e., more Health fairs, media campaigns, etc. in a language that is comprehensible to all);
- **educating providers** about cultural differences and competency issues including cultural sensitivities; and,
- **increasing the education level and employment rates** of the community
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community);

Key quotes from participants:

“We need sex education in the home and schools badly. We need more police in the area because we live by a community park where all children can come and play. They need protection from outside people who do not care if our park is destroyed or not.”

“The quality of the medical care received is not the same. No, not for the unemployed, under-employed and uninsured; if you are able to pay, have good insurance you probably received about the same as other people who have the same economic back ground.”

Lake County Focus Group Responses

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

CONSUMERS

Health Access barriers

- No insurance
- Lack of money

Health Conditions

- AIDS
- Diabetes
- Heart conditions
- Strokes

Health Knowledge and Promotion

- Population does not know or understand their problems
- Lack of education

Quote:

“We need sex education in the home and schools badly. We need more police in the area because we live by a community park where all children can come and play. They need protection from outside people who do not care if our park is destroyed or not.”

“Everything, body and insurance”

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

CONSUMERS

Increase Access

- Provide health Insurance
- Improve transportation services.
- Provide Jobs

Improve Communication and Education

- Education
- Teaching and encouraging children to stay in school and learn.
- Making population aware and educating them on health problems
- Providing more information
- Community and hospitals need to have a forum and communicate

- Better health education

Improving Personal Behavior

- Teaching our children the importance of cleanliness on their property and those of other people.

Provider Behavior/System

- More free screenings
- Free health clinics
- early screening
- Considering people without insurance

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

CONSUMERS

Communication

- Not enough information

Health Knowledge and Promotion

- Not knowing where to go or who to contact

Personal/Economic

- No money,
- no insurance
- Financial Status
- Unemployment

Provider Behavior/System

- No good doctors in the area hospital; they just won't come here.
- No jobs

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

CONSUMERS

Communication

- Outreach
- Hospital providing more information

Education

- Education on health care and where to go for it

Personal/Economic

- Providing insurance for everyone
- Provide insurance

System/Provider Behavior

- Government needs to provide more money in this area
- Increase pay for equipped workers so as to attract doctors to the area.

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/Economic

- Need more help finding jobs

Provider/System

- Some Hospitals treat people differently because they don’t have insurance
- No respect or time taken with patients

Education and Promotion

- Population not aware of the medical problems of its people

Quote:

“I am concerned because I have children and grandchildren in the area. If they need attention I hope they can get it there.”

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:

“The quality of the service we receive in this neighborhood is very poor for the people here.”

“No, not for the unemployed, under-employed and uninsured; if you are able to pay, have good insurance you probably received about the same as other people who have the same economic back ground.”

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

Communication/Outreach/Education

- Highlighting programs and services in newsletters for example HMANIO, INC

Provider Behavior/System

- Providing early intervention and long-term health care on a regional basis.
- Availing services to low income residents to be able to get their medicine: Hoosier Treatment.

Community Characteristics

- Being united and voting for what we want

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

- Hospital staff is stressed; people are in and out quickly because of insurance
- The doctors do not send out enough information or give it to their patients

Focus on Health Conditions

- Dentistry programs are badly neglected for our younger children

Community Characteristics

- Parents are usually afraid of going to the dentist and they pass this fear to their children.

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

- More education classes on different medical problems
- More education; it is important that our kids learn about different diseases to prevent passing the problems of one generation to the next one.
- More outreach

3. Policy/Legislators

- Provide Insurance
- Provide jobs, insurance and better doctors

3. *Providers/Workforce*

- Provide better doctors
- Dry up a program to get people waited on

Recommendations to Consumers/Communities:

- We all need to be more concerned.

Key Informant Interview Findings for Lake County

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

Methods: The community leaders/providers were identified by the Lake County Minority Health Coalition (LCMHC). Ms. Rosie Thomas, the Coalition Coordinator of the LCMHC conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. There was a total of four community leader/provider interviews were conducted in Lake County during April of 2004. The professions of the community leader/provider included the Director of Gary Health Department, the Director of Healthy East Chicago, a nurse practitioner and a physician. The ages, gender and race/ethnicity of the interviewees was not reported.

Results:

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

All key informants responded “*Not Applicable*” to this question.

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

For all racial and ethnic populations in Lake 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. Provider Behavior

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

For all racial and ethnic populations in Lake County:

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

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

Key informant 1:

“Yes”

- *“Acute health care is not available in the cities. People who need health care visit the local emergency care.”*

Key informant 2:

“Yes”

- *“There is a need for transportation services, bilingual physicians and advocate the Hoosier Healthwise services.”*

Key informant 3:

“Yes”

- *“Often times, rural communities do not have transportation available. In addition, there are not enough physicians available to take care of the community or provide referrals.”*

Key informant 4:

“Not applicable”

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

Key informant 1:

- *“Services are available at low cost or no cost”*
- *“Social workers provide care management”*

Key informant 2:

- *“One-stop shop facility allows community residents to take care of all their health needs at one time”*
- *“Referrals made to other departments within the facility”*
- *“Collaboration and partnering with other agencies to avoid distraction and identify needs”*

Key informant 3:

- *“Provide free clinics”*
- *“Community outreach programs that effectively reach the people”*
- *“Programs that help people feel comfortable discussing health concerns and needs”*

Key informant 4:

- *“Effectively meet the needs of racial and ethnic minorities”*
- *“Offering free counseling, testing and treatment”*

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

Key informant 1:

- *“Restricting services to appointments only -- no walk-ins permitted”*
- *“Lack of marketing of services to increase community awareness of services”*

Key informant 2:

- *“Turf issues”*
- *“Lack of partnerships, collaboration, and referrals to other agencies”*

Key informant 3:

- *“Lack of personalized services”*
- *“Lack of easy access to departments”*

Key informant 4:

- *“Lack of free or low cost services for the working poor”*

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

Key informant 1:

“Insufficient”

- *“There is a definite need for greater participation of private physicians”*

Key informant 2:

“Insufficient”

- *Lack of neighborhood clinics available to serve the uninsured and underinsured”*

Key informant 3:

“Insufficient”

- *“Most health facilities for low income families are located downtown near the hospital”*

Key informant 4:

“Insufficient”

Question 8: When asked where needed neighborhood-level primary health care providers should be located, the community leaders provided the following suggestions:

Key informant 1:

“Not applicable”

Key informant 2:

- *“Centrally located”*
- *“Near public transportation”*

Key informant 3:

- *“Locate clinics to cover the southern, eastern and western portions of the County”*

Key informant 4:

- *“East, West and South of Gary”*

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

For all racial and ethnic populations in Lake County:

1. Improve Communications (Language)
2. System Improvement (More Providers/Better Access)
3. Personal Behavior (Change Life Styles)
4. Provider Behavior

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

Key informant 1:

“Not applicable”

Key informant 2:

“Not applicable”

Key informant 3:

“Not applicable”

Key informant 4:

“Not applicable”

Question 11: When asked if their organization would be will to consider collaborating with other area organizations by contributing staff; donating supplies; helping with marketing, etc. in order to build a healthier Lake County, the community leaders provided the following:

Key informant 1:

“Yes”

Key informant 2:

“Yes”

- *“Our agency currently participates in and seeks out opportunities to collaborate and partner with others”*

Key informant 3:

“Yes”

- *“We partner with service health agencies to work for improved health care”*

Key informant 4:

“Yes”

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

- *“Local Health Departments”*
- *“Hospitals”*
- *“Community clinics”*

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

- *“Refer, Refer, Refer”*
- *“Partner with others”*
- *“Network”*
- *“Utilize referral resources”*
- *“Remain focused on the population served, for example—racial/ethnic minorities, low-income, underinsured, and uninsured”*

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

Key informant 1:

- *“The community is in need of walk-in clinics that provide diabetes and hypertension treatment”*
- *“Provide a treatment entity for the uninsured and for persons who cannot afford medication.”*

Key informant 2:

“Not applicable”

Key informant 3:
“Not applicable”

Key informant 4:
“Not applicable”

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

“Not applicable”

CONCLUSIONS

Conclusions

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

The Asian and Pacific Islander (APIs) population in Lake County had disproportionate percentage of many health indicators where there was room for improvement: low birth weight, preterm births, pregnancy complications, Cesarean deliveries and congenital anomalies. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in Lake County.

The Black population in Lake County was disproportionately affected when comparing the health indicators among racial groups. There was room for improvement in the following indicators that do not meet the 2010 objectives and or have higher percentages in comparison to all births in Lake County: low birth weight, very low birth weight, preterm, early preterm, pregnancy complications, Cesarean deliveries, births to single mothers, births to 16 and 17 years olds, births to less than 16 year olds, and low weight gain during pregnancy. Furthermore, the Black population has the highest percentage of women receiving less than adequate prenatal care as compared to all racial and ethnic groups in Lake County, and fewer Black women receive prenatal care during the first trimester.

American Indians and Alaskan Natives (AIANs) in Lake County have higher percentages of low birth weight, Cesarean deliveries and congenital anomalies. In addition, other indicators with room for improvement were low birth weight, preterm births, Cesarean deliveries, congenital anomalies, first trimester prenatal care, smoking during pregnancy, births to single mothers, births to 16 and 17 year olds, and low weight gain during pregnancy. These indicators do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all births in the County.

The Hispanic population in Lake County was disproportionately affected when comparing the health indicators among ethnic groups. There was room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, births to 16 and 17 year olds and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care during the first trimester and more Hispanics receive less than adequate prenatal care. These indicators that need improvement do not meet the Healthy People 2010 objective and or have higher percentages in comparison to all Non-Hispanic births in the County.

The age-adjusted death rate for APIs and AIANs in Lake County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Lake County was higher than the age-adjusted death rate for all deaths in Lake County and for all deaths among Blacks in Indiana. Diseases of the heart are the leading cause of death for Blacks and Hispanics in Lake County.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks and Hispanics have had difficulty obtaining care from primary care providers, with both groups identifying lack of health insurance, lack of money, and having to wait too long to

schedule an appointment or to wait too long to see the provider in the office or clinic. Hispanics also noted language and not having a social security number as a barrier 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 were also suggested. Interpreters and translators were offered by the Hispanic populations.

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

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

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

(List as many as five)

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes
- No

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

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

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

- Yes
- No

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

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

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

16. Do you believe there the number of neighborhood-level primary health care providers in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, are sufficient or insufficient to meet the need?

8. If so, where would you suggest they be located?

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

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

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

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

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

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

14. Do you have any other comments?

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

Closing Statement

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