

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

by the

Indiana Minority Health Coalition

Indiana Minority Health Coalition

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May 2005

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EXECUTIVE SUMMARY

Executive Summary

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

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

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

Existing data from birth and death certificates were gathered and analyzed for minority groups. The analysis of these existing data for LaPorte County indicated that disparities exist by race and ethnic group. It also revealed that most rates need to be improved to meet the Healthy People 2010 Objectives. The Black population in LaPorte County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 46 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. The results from the surveys highlighted that Blacks perceive cancer, high blood pressure/strokes, diabetes, HIV/AIDS, and respiratory conditions as part of the top five worst health problems in their neighborhood. These results indicated that more than one-quarter of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Blacks, the top five barriers that attributed to accessing healthcare included: lack of money, lack of insurance, no transportation available, doctor would not take new patients, and waiting too long in the doctor's 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 surveys. Results from focus groups and key informant surveys indicated that LaPorte County community residents perceive the following as major health problems: arthritis, cancer, diabetes, heart disease, hepatitis, hypertension and HIV/AIDS. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in LaPorte County were; culture, communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems. Additionally, the findings provided information on what some minority residents of LaPorte County perceive as ways to improve both healthcare access and health status. Suggestions for improving

healthcare access and/or health status for minority residents included: educate and improve communication among providers and consumers, make people more aware of available resources, improve the healthcare system, and provide translators and interpreters.

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in LaPorte 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 LaPorte County in collaboration with the Minority Health Coalition of LaPorte 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 LaPorte 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 LaPorte 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 LaPorte 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 LaPorte 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 LaPorte 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 LaPorte County administered the targeted surveys. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, Laundromats, shopping centers and retail stores.

Forty-six targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-six percent of the respondents (N = 44) reported their race of which 95.7 percent were Black (N = 43). One hundred percent of the participants (N = 46) responded to the question of ethnicity with 4.3 percent reported to be of Hispanic/Latino ethnicity (N = 2). One hundred percent of the respondents (N = 46) indicated their gender; of which, 58.7 percent were female (N = 27) and 41.3 percent were male (N = 19). Ninety-six percent of the respondents (N = 44) reported their age with twenty-three percent in the 25 to 34 age group (N = 10), 18.1 percent in the 35 to 44 age group (N = 8), and 18.1 percent in the 45 to 54 age group (N = 8). Of the remaining respondents, 27.3 percent reported their age as 24 years or less (N = 12), and 13.7 percent reported their age as 55 years or more (N = 6).

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

During the month of August 2004, the coordinator of the minority health coalition in LaPorte County conducted two focus groups, one provider group and one consumer group. The focus groups were held in a local school and the coalition office. There were ten providers and twenty-nine consumers taking part in the focus groups for a total of thirty-nine. Sixty-seven percent of the participants were female (N = 26) and thirty-three percent were male (N = 13). Sixty-nine percent of the focus group participants were Black (N = 27), twenty-five percent were Caucasian (N = 10), nearly three percent were Asian (N = 1), and nearly three percent were Hispanic (N = 1). Ninety-seven percent of the participants reported their age group, with forty-seven percent in the 60 and over age group (N = 18), thirty-four percent in the 50 to 59 age group (N = 13), ten percent in the 40 to 49 age group (N = 4), eight percent in the 30 to 39 age group (N = 3). The professions or jobs represented in the focus groups included a bus driver, bricklayer, church pastor, daycare owner, drug counselor, government representative, housing manager, public administrator, radiology technician, teacher, and telemarketer.

During the months of March and April 2004, the coordinator of the minority health coalition in LaPorte County conducted six key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including the acting director of the city housing authority, an administrator for the mayor, director of the WIC program,

executive director of a childcare program, a physician, and a community center representative. The six key informants reported their gender, and four of the interviewees were women and two were males. The key informants did not describe their age, race or ethnicity.

RESULTS

Overview of Existing Health Indicator (Secondary) Data Analysis

Analysis of existing data for LaPorte County (birth, morbidity and mortality data) indicated disparities exist by race and ethnic group in LaPorte County. In addition, most rates need to be improved to meet the Healthy People 2010 objective, the benchmarks provided by the U.S. government. . Unfortunately, no comparisons could be made for APIs and AIANs in LaPorte County because less than 20 incidents occurred in the study year among individuals in the specific minority group for the specific outcome of interest.

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

The Black population in LaPorte County is disproportionately affected when comparing the health indicators among racial groups. Many of these health indicators have room for improvement since they do not meet the Healthy People 2010 objective and/or have higher percentages in comparison to all births in LaPorte County. These indicators are low birth weight, very low birth weight, preterm birth, early preterm birth, pregnancy complications, Cesarean deliveries, prenatal care during the first trimester, congenital anomalies, alcohol use during pregnancy, chemical abuse during pregnancy, births to single mothers, births to 16 and 17 year olds, births to less than 16 years, low weight gain during pregnancy and prenatal care.

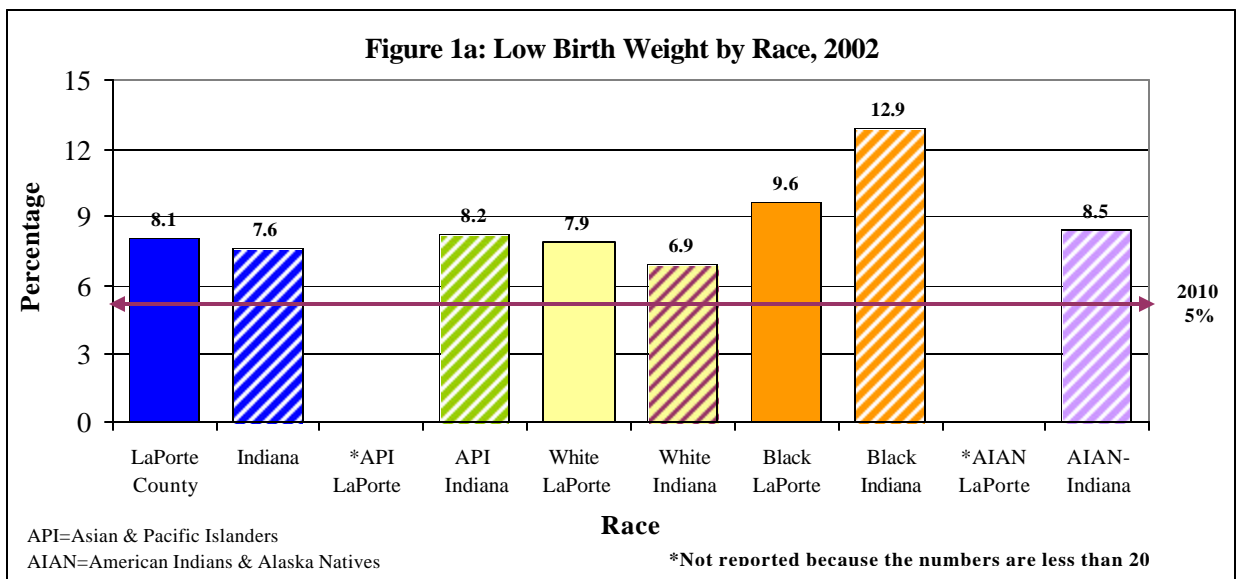
Hispanics in LaPorte County are disproportionately affected when comparing several health indicators to Non-Hispanics. There is room for improvement in low birth weight, Cesarean deliveries, and low weight gain during pregnancy. Compared to Non-Hispanics, fewer Hispanic women receive prenatal care during the first trimester and more Hispanic women 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 Non-Hispanic births in LaPorte County.

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

Birth Data:

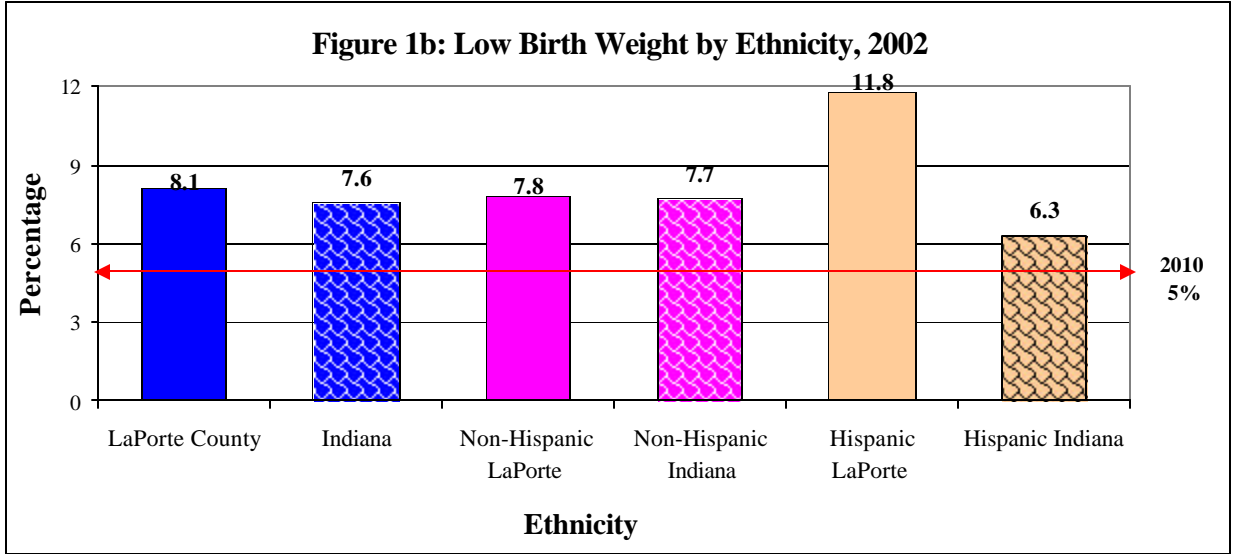
Low Birth Weight (LBW) by Race (Figure 1a):

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



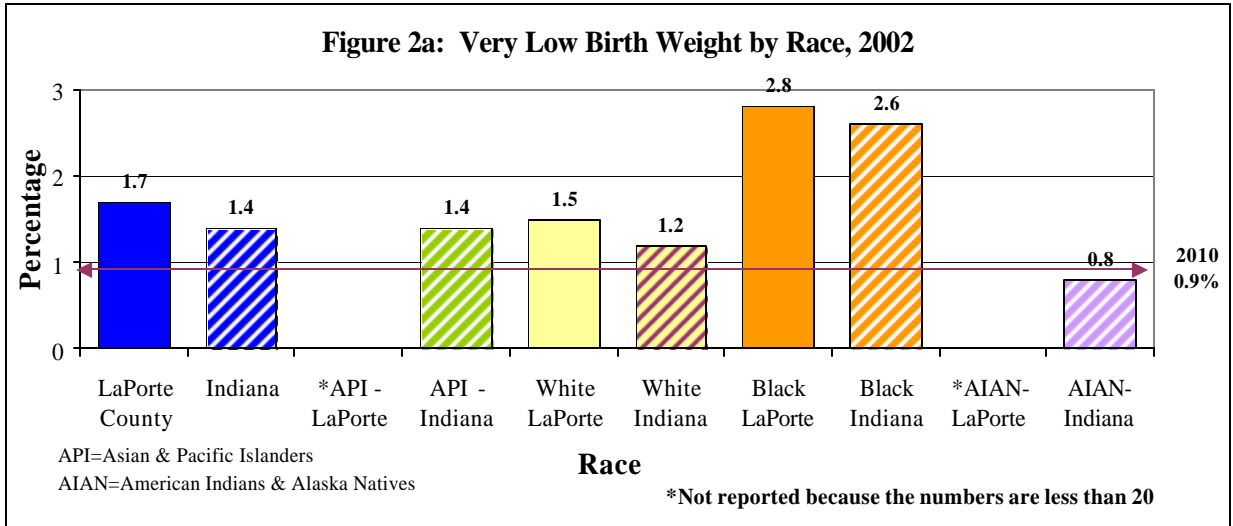
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



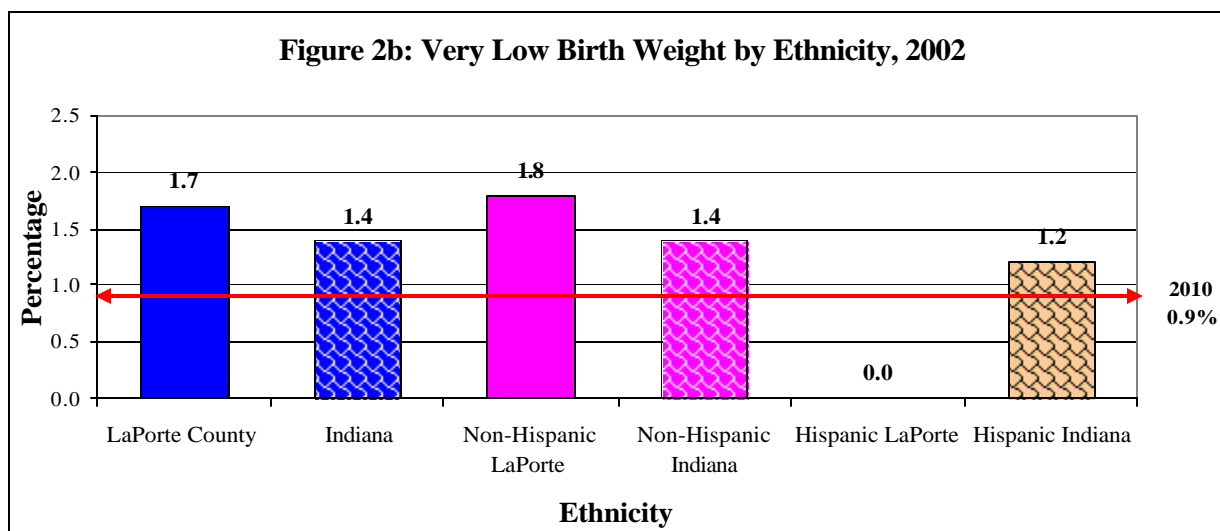
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



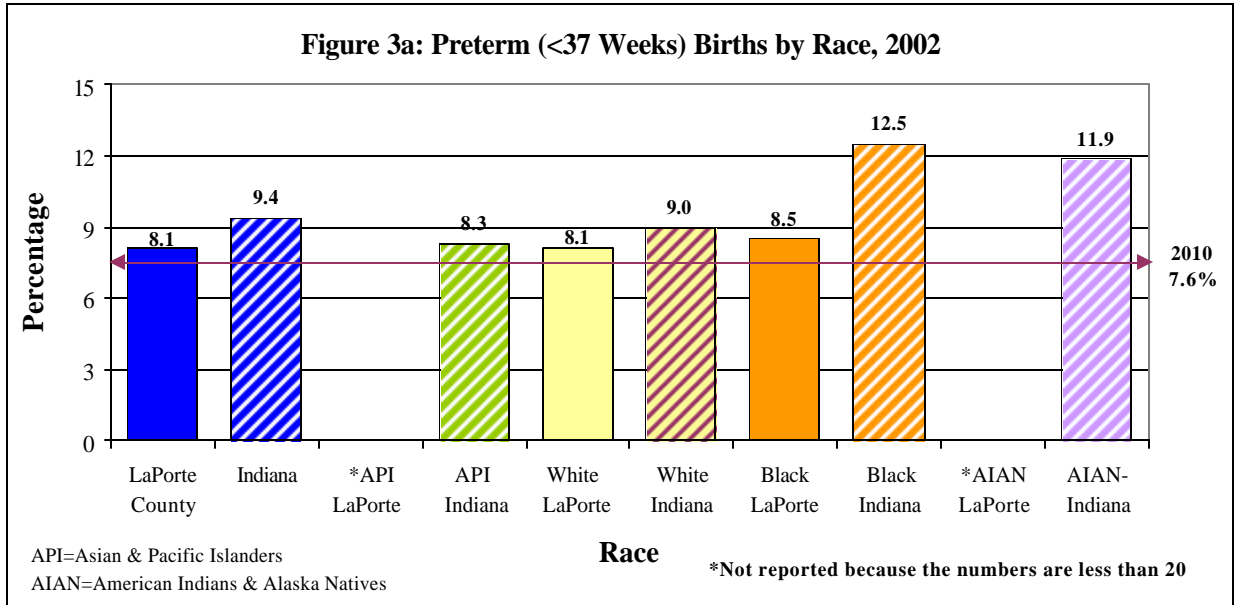
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



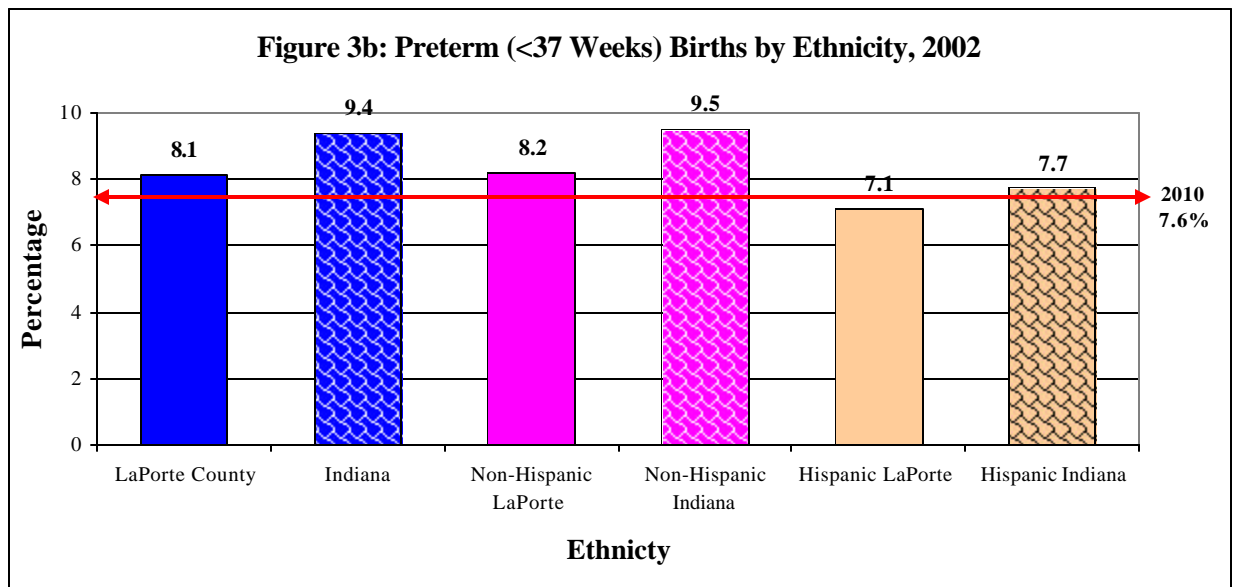
Preterm (< 37 weeks) Births by Race (Figure 3a):

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



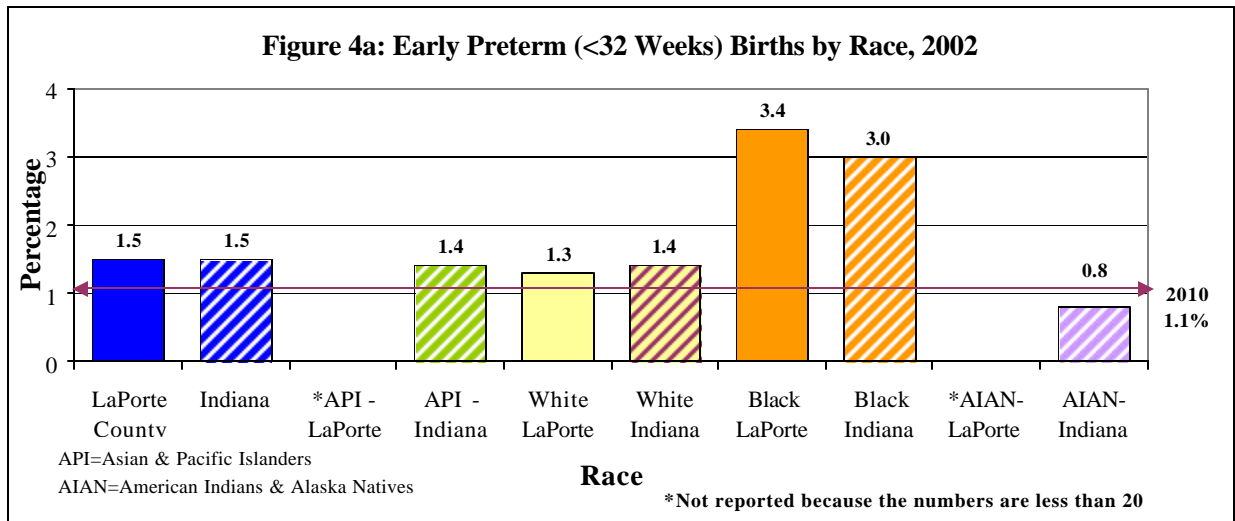
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

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



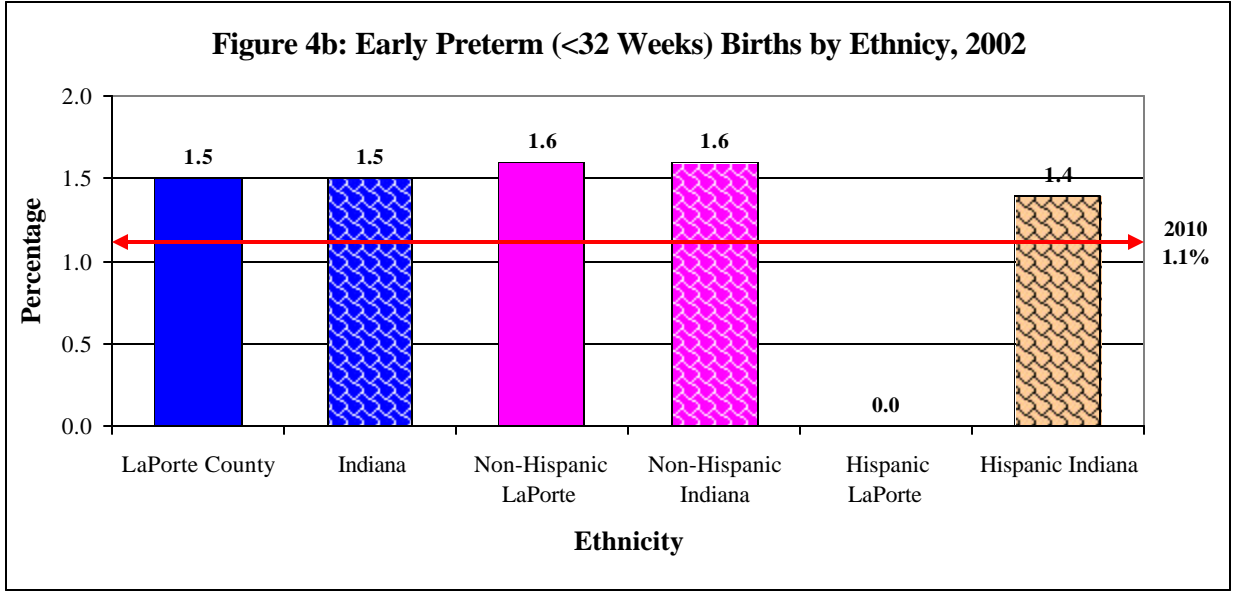
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



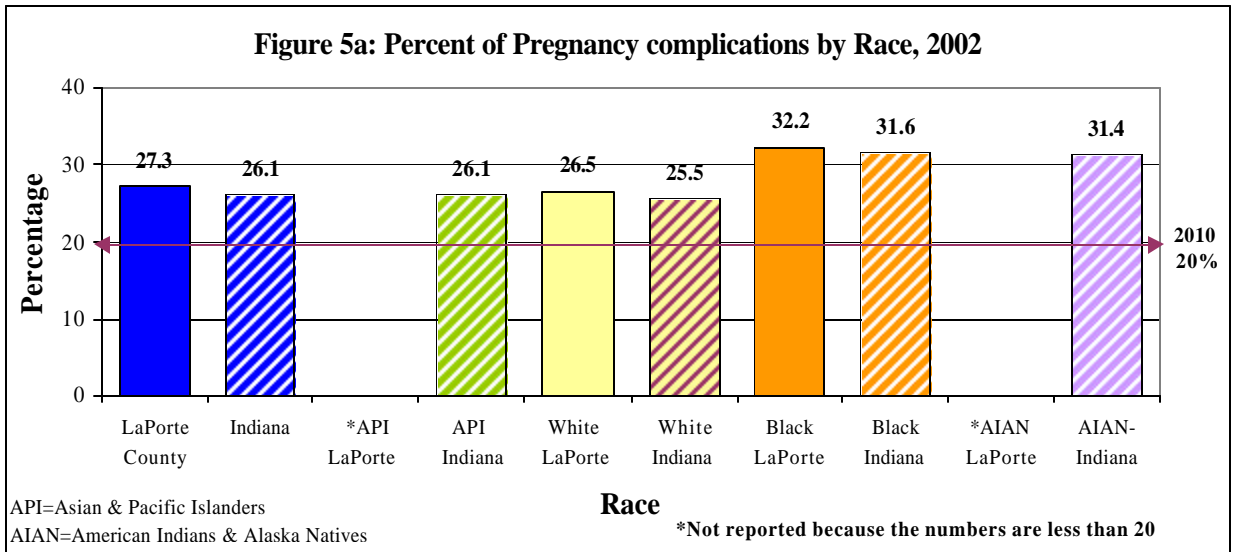
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

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



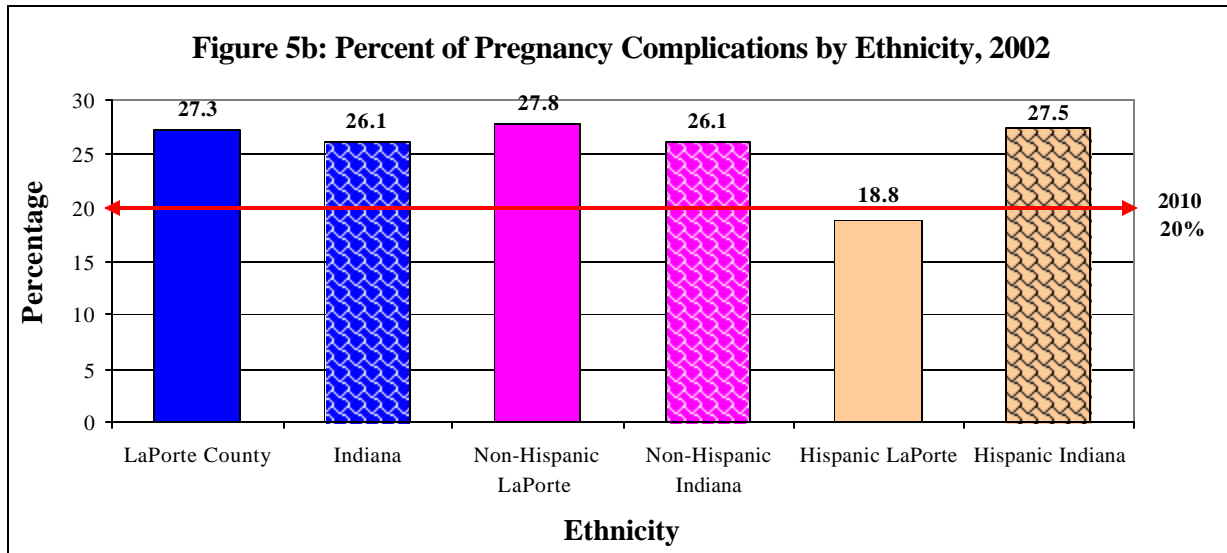
Percent of Pregnancy Complications by Race (Figure 5a):

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



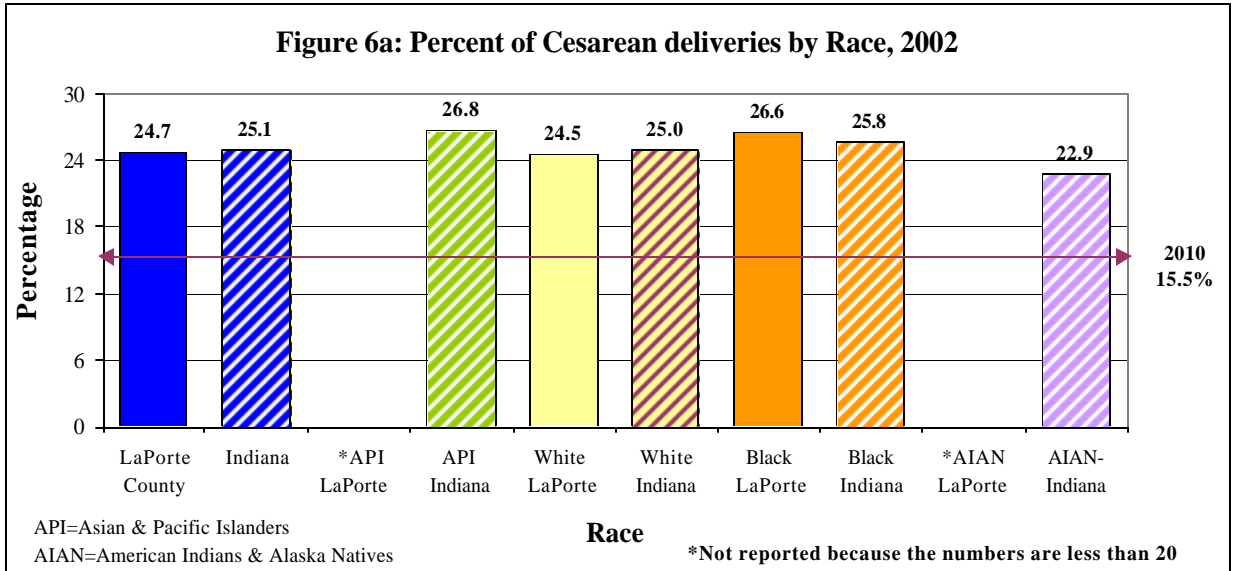
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



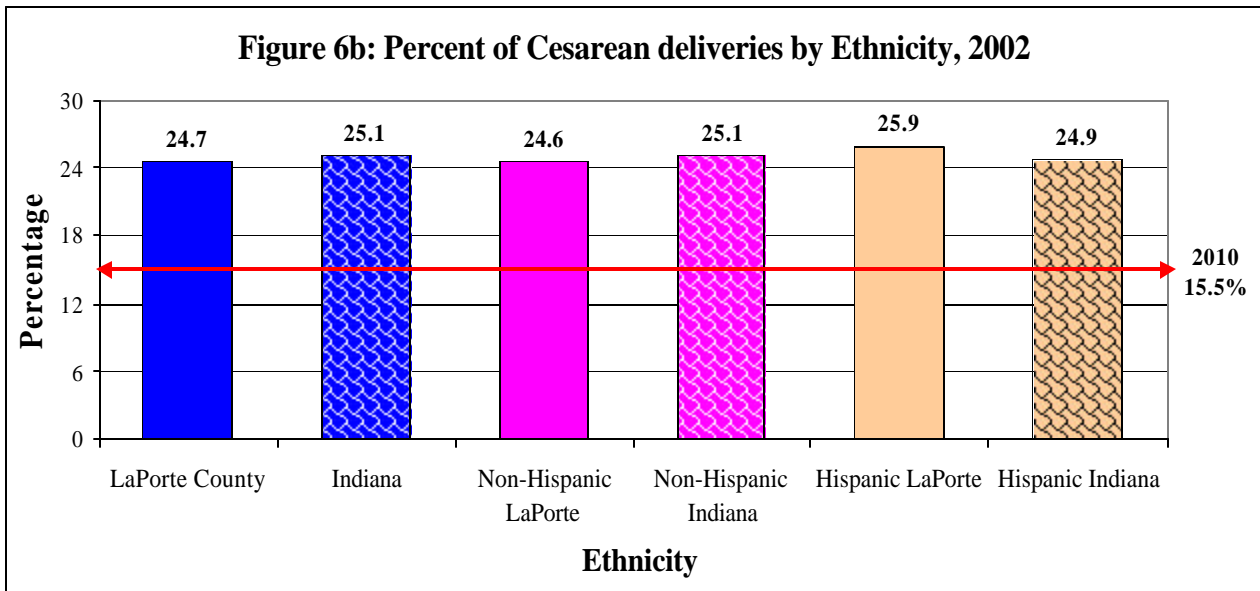
Percent of Cesarean Deliveries by Race (Figure 6a):

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



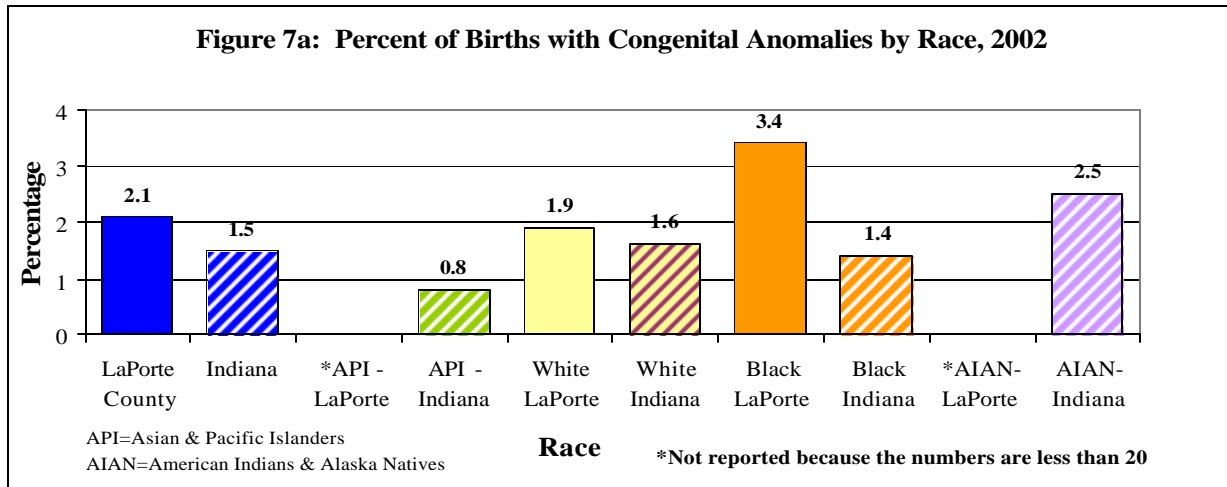
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



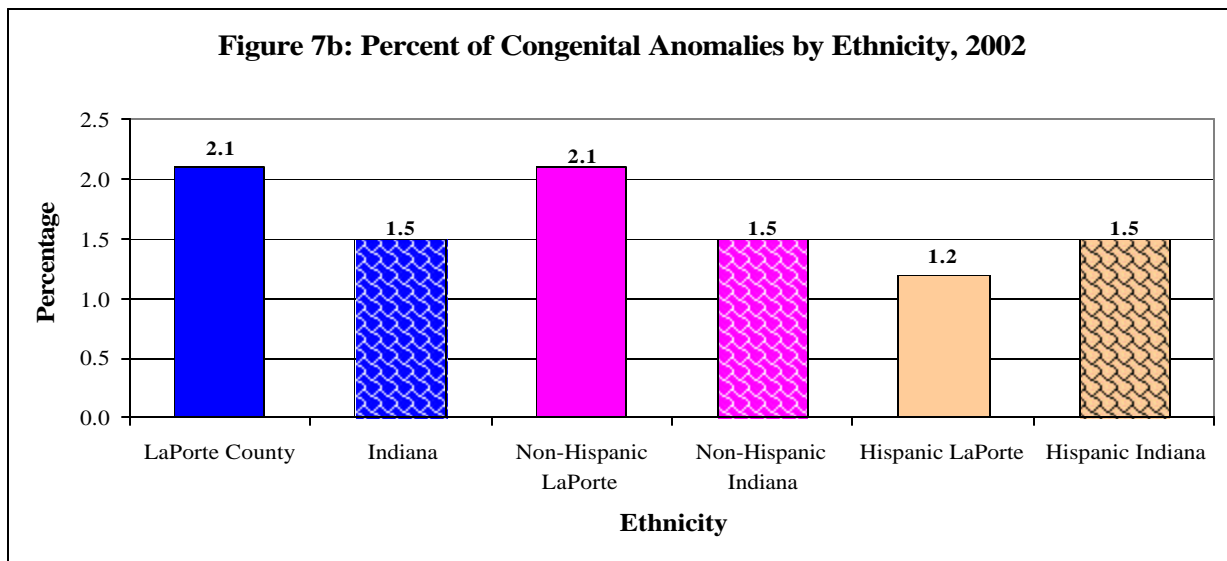
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



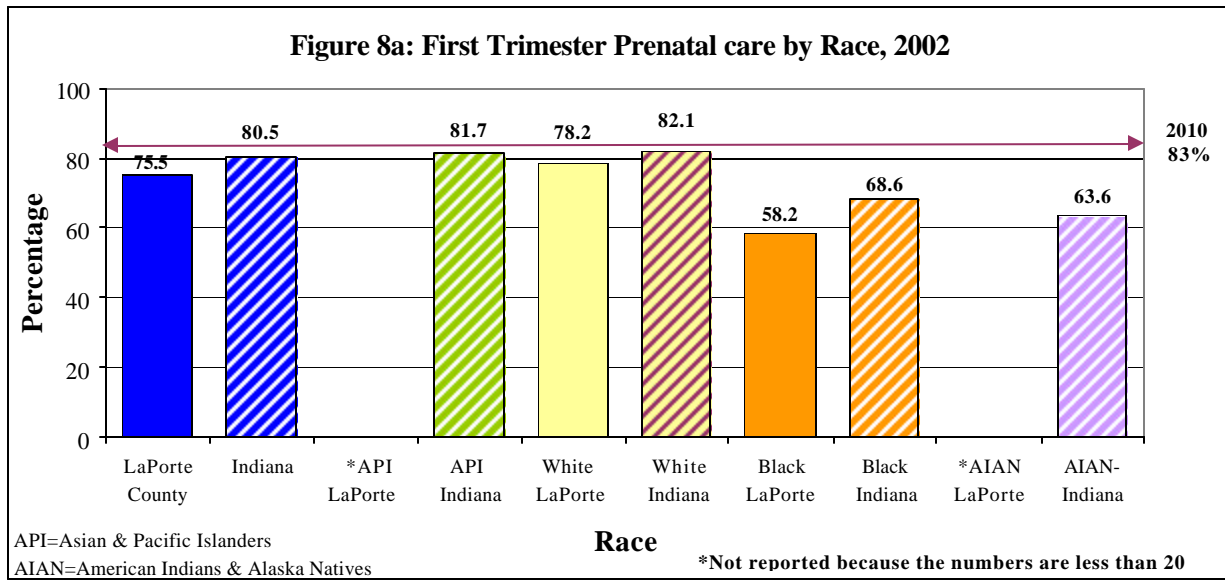
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



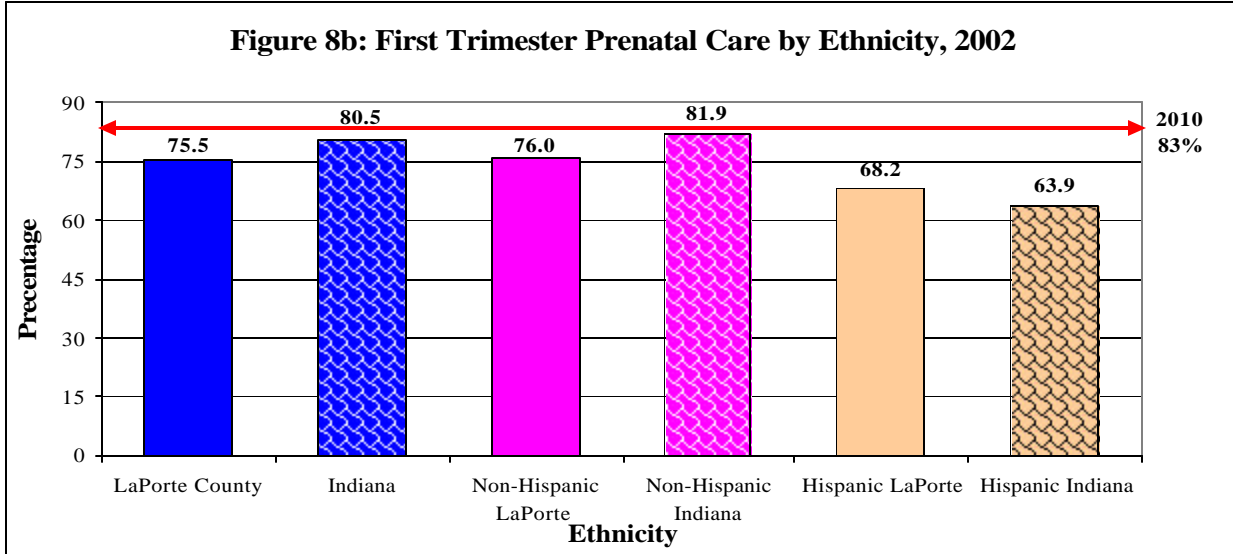
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



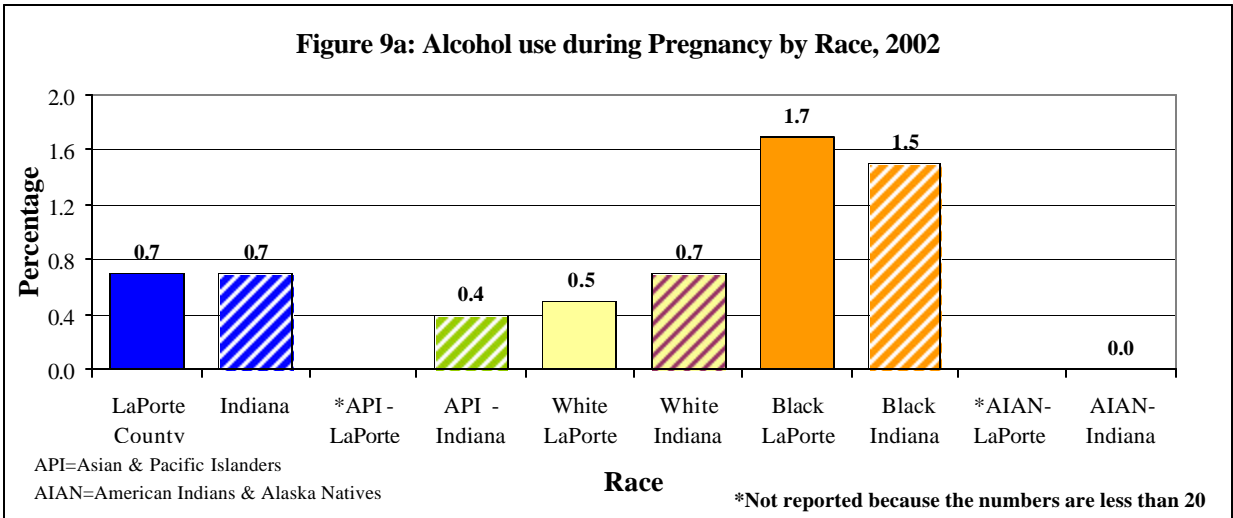
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



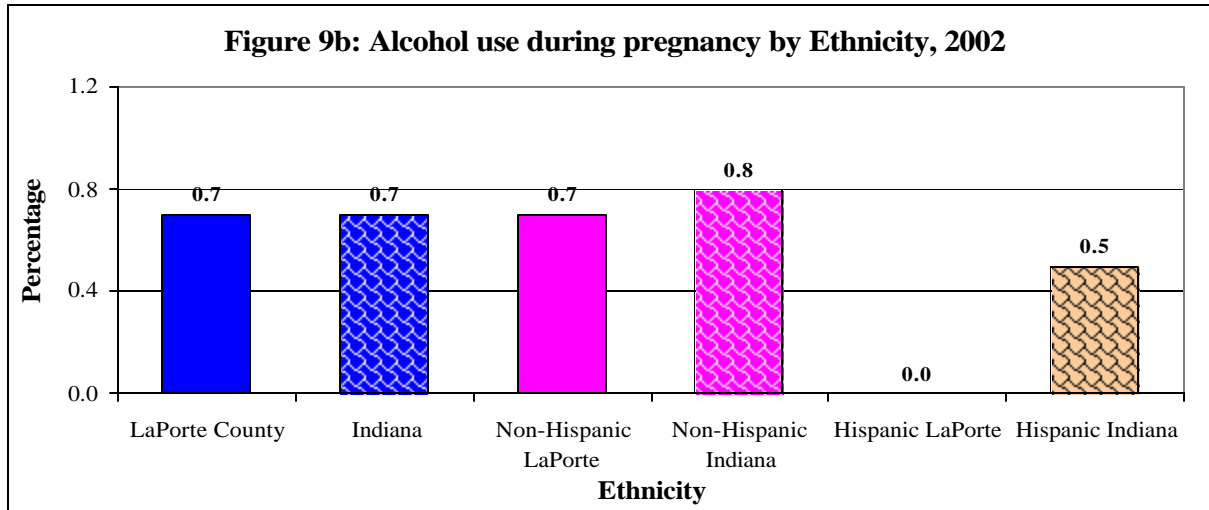
Alcohol Use during Pregnancy by Race (Figure 9a):

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



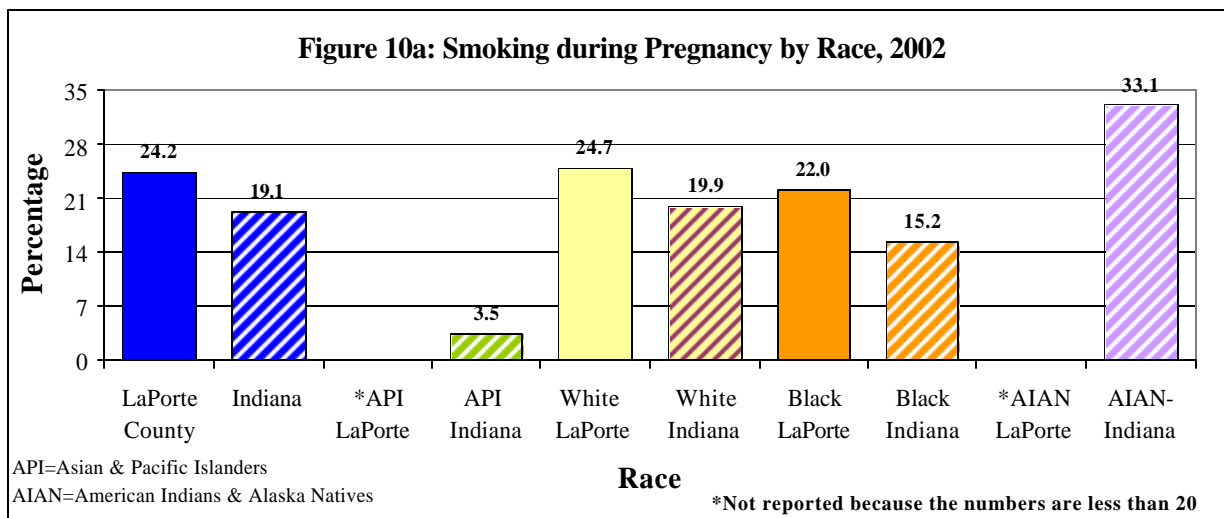
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



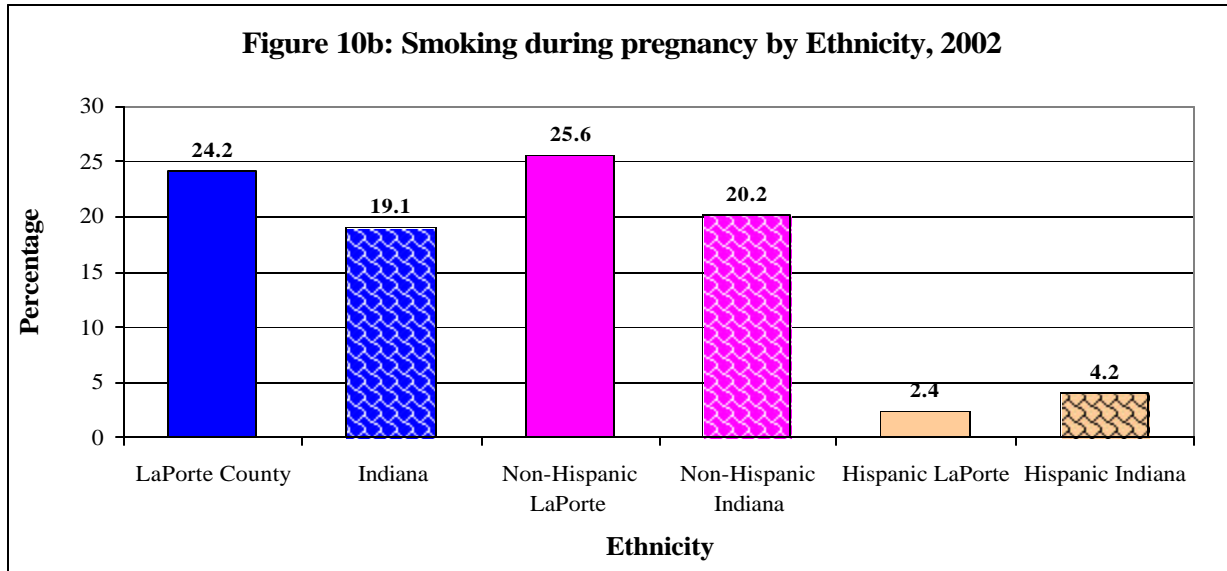
Smoking during Pregnancy by Race (Figure 10a):

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



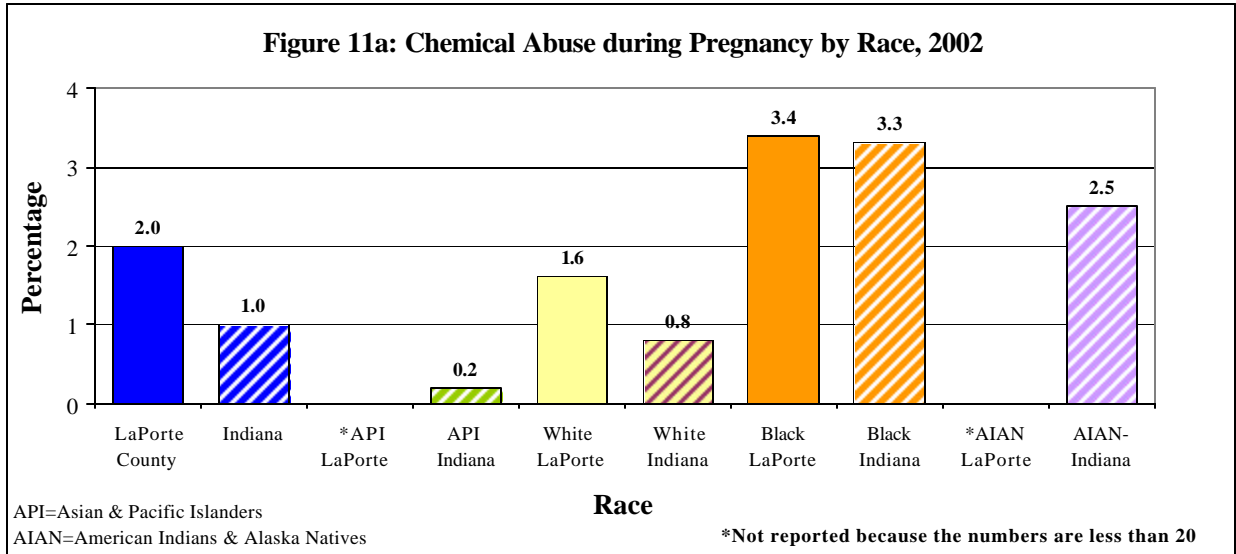
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



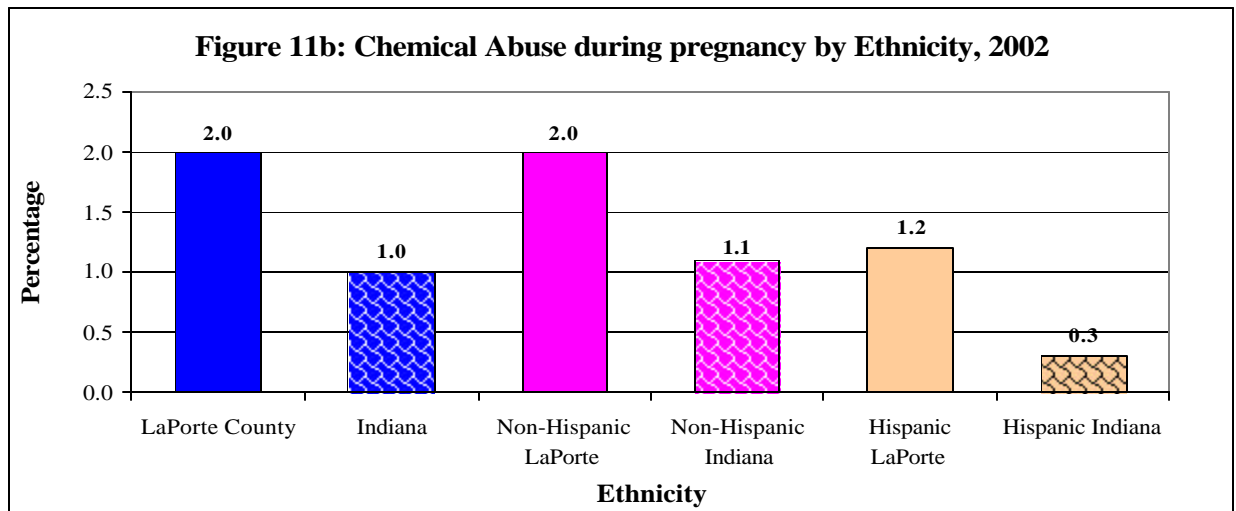
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



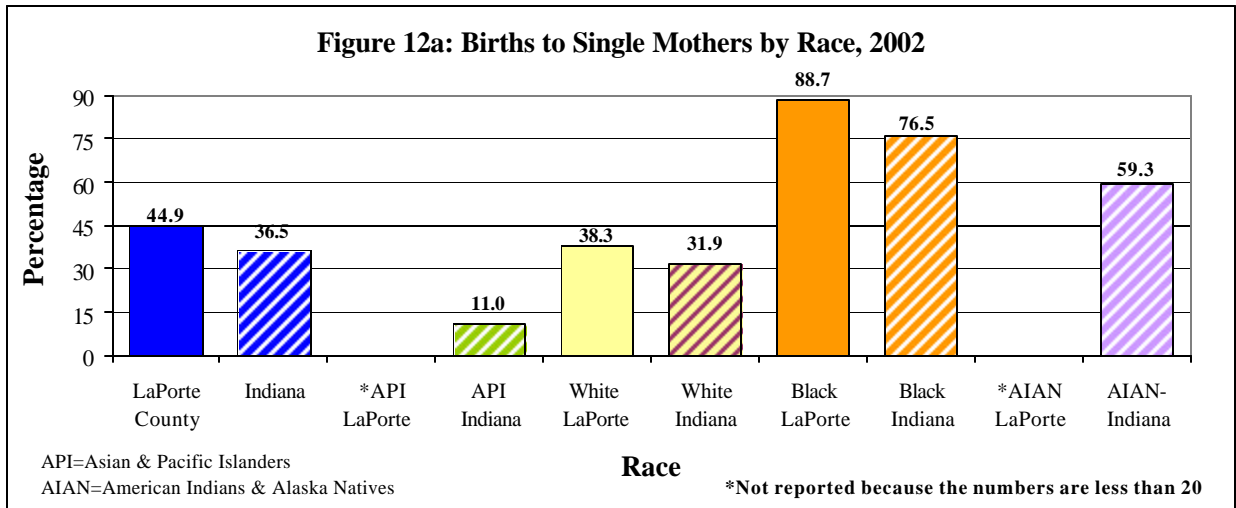
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



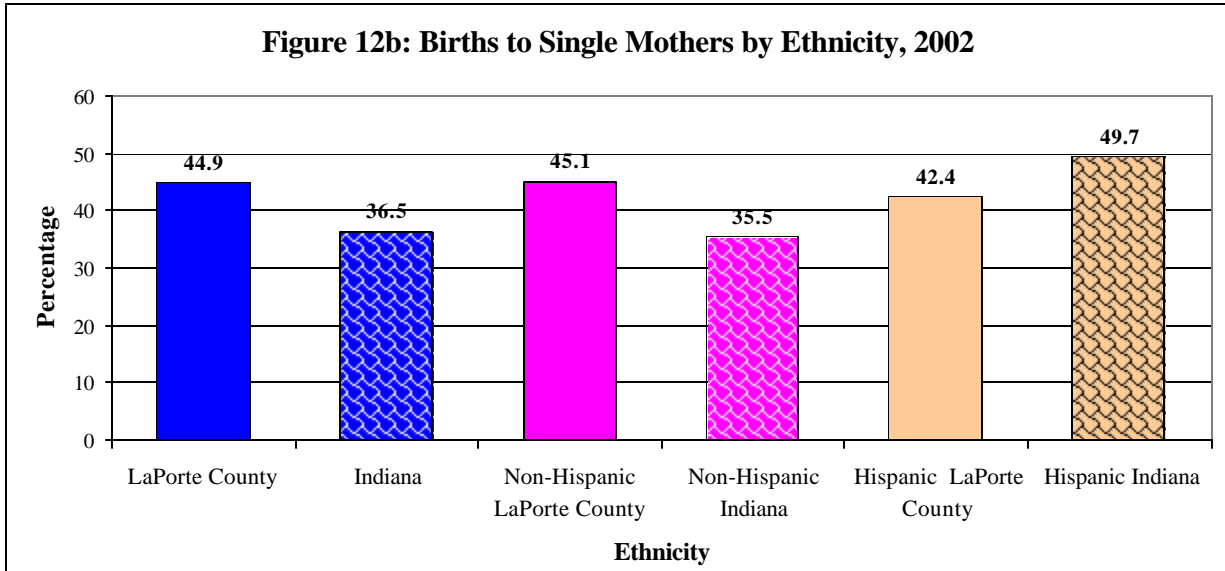
Births to Single Mothers by Race (Figure 12a):

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



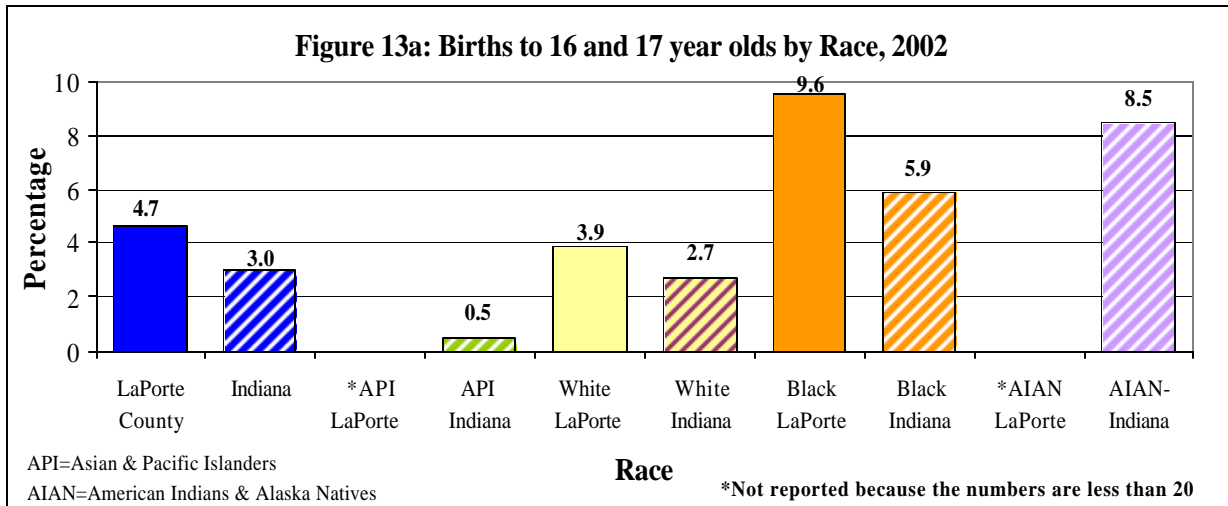
Births to Single Mothers by Ethnicity (Figure 12b):

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



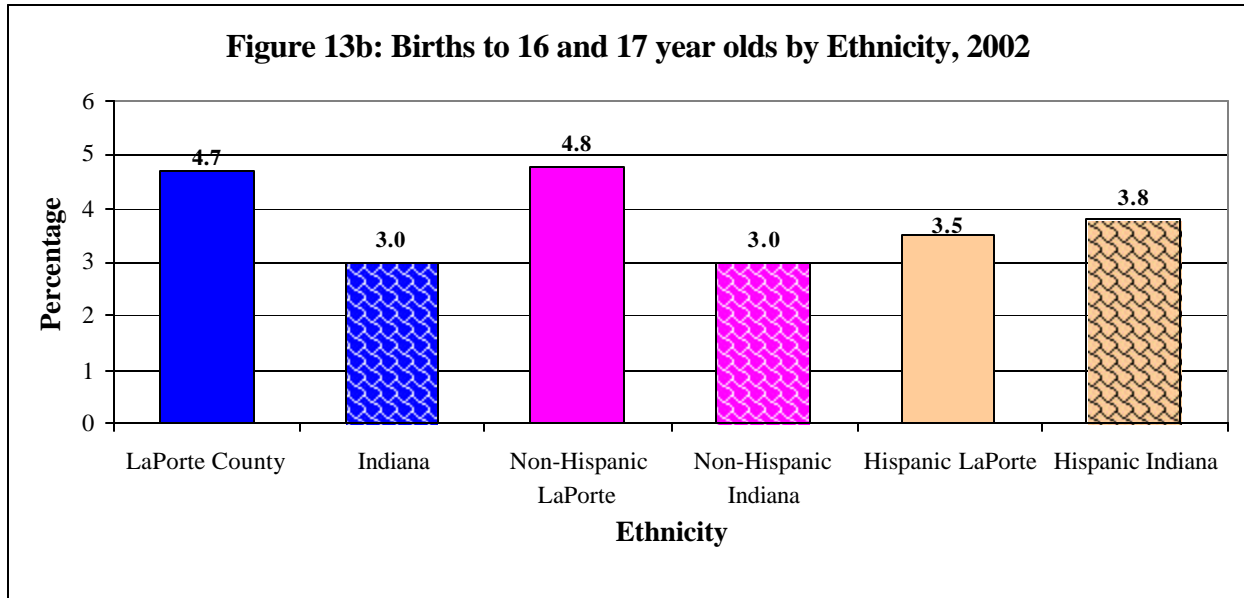
Births to 16 and 17 Year olds by Race (Figure 13a):

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



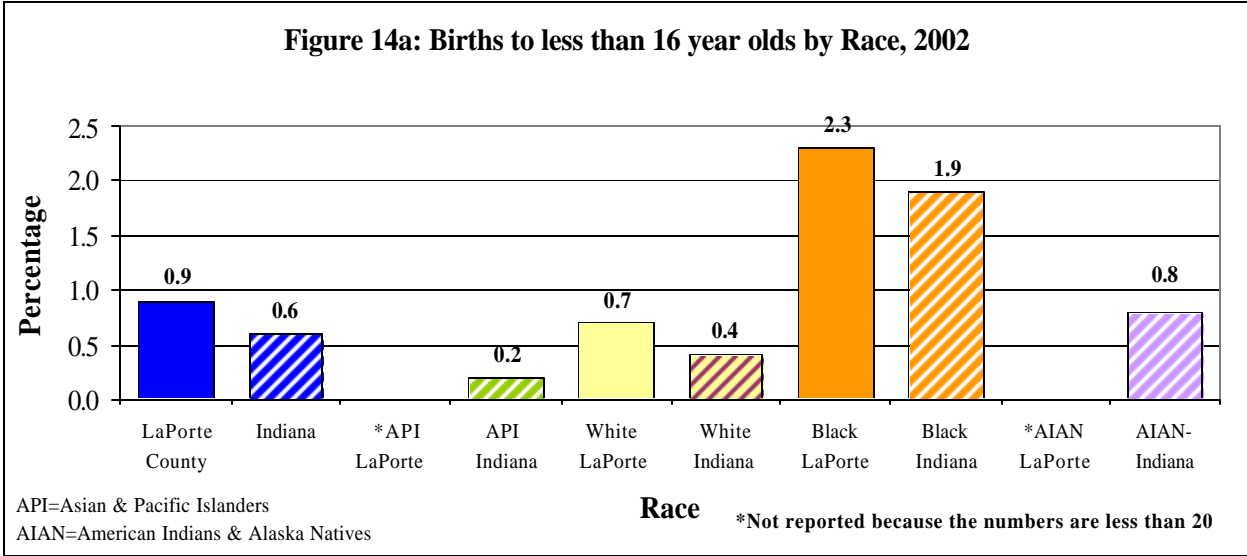
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



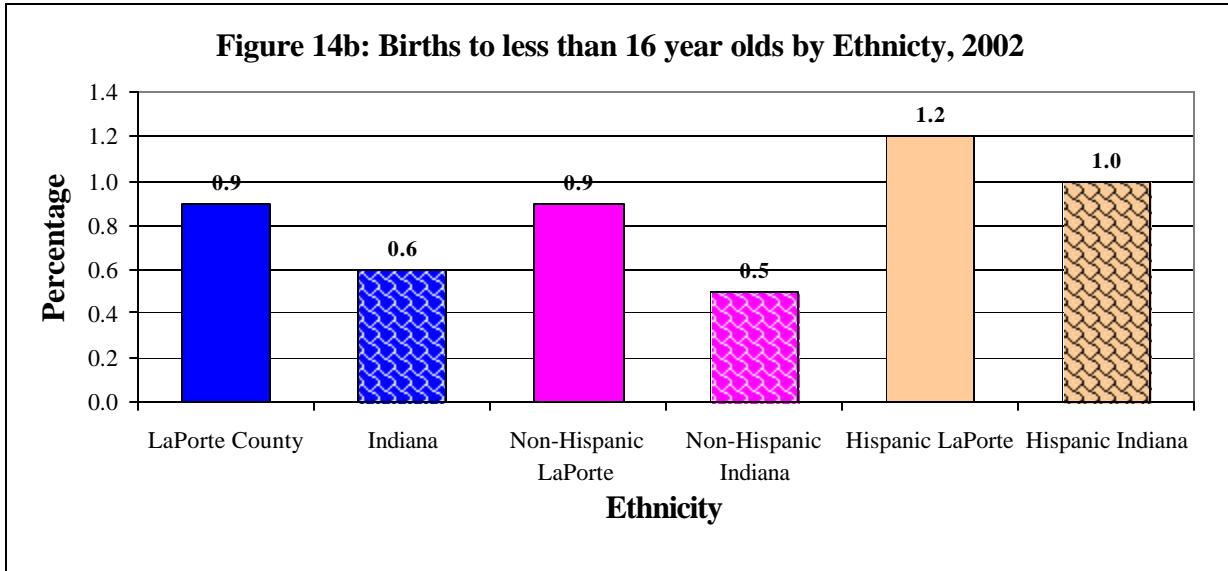
Births to Less than 16 Year olds by Race (Figure 14a):

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



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

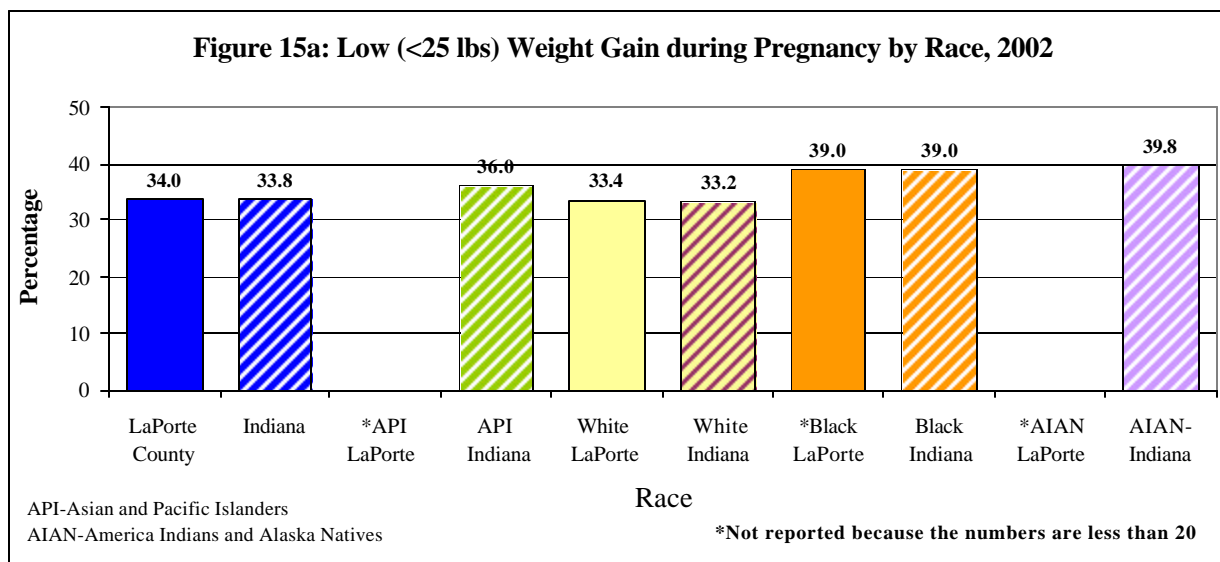
- The percentage of births to less than 16 year olds for Hispanics in LaPorte County was similar to the percentage for Non-Hispanic births in LaPorte County.
- The percentage of births to less than 16 year olds for Hispanics in LaPorte County was similar to the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

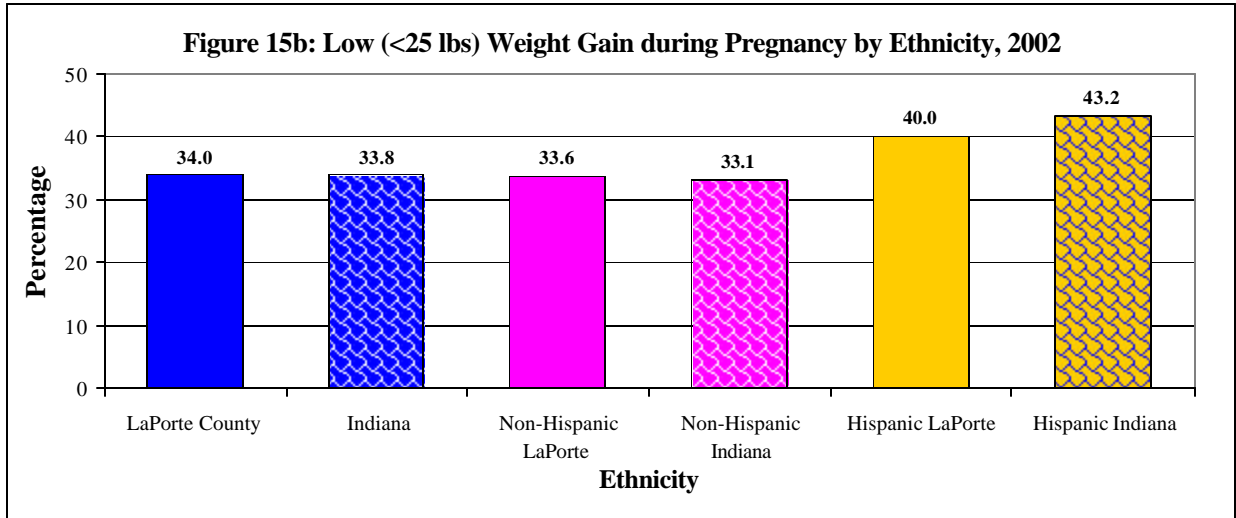
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



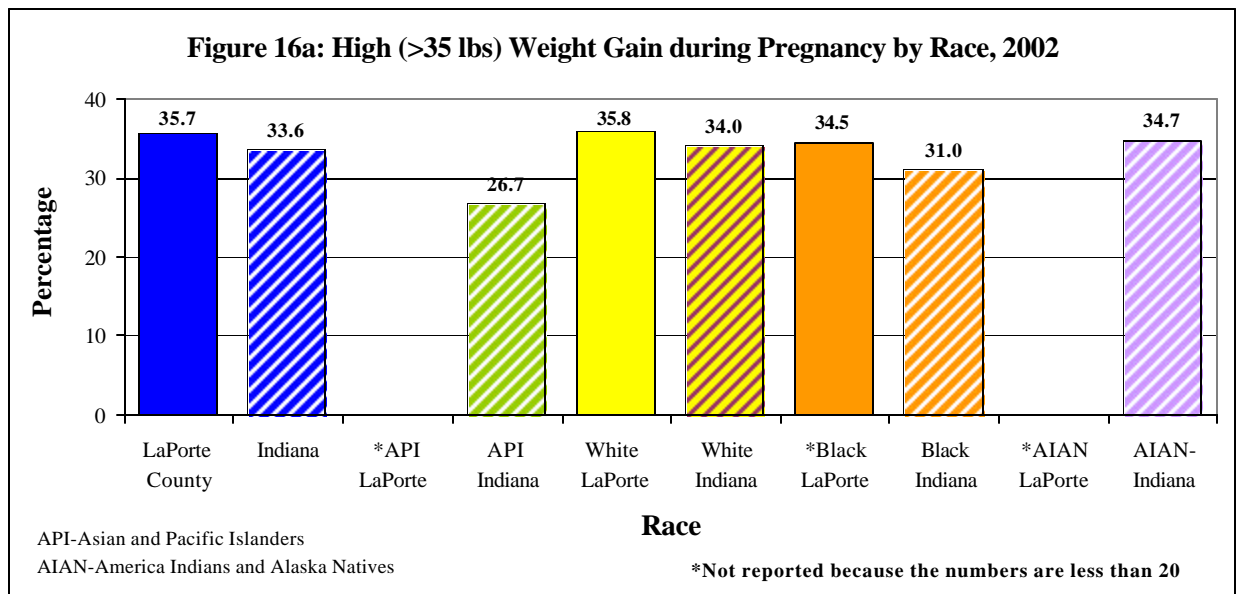
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



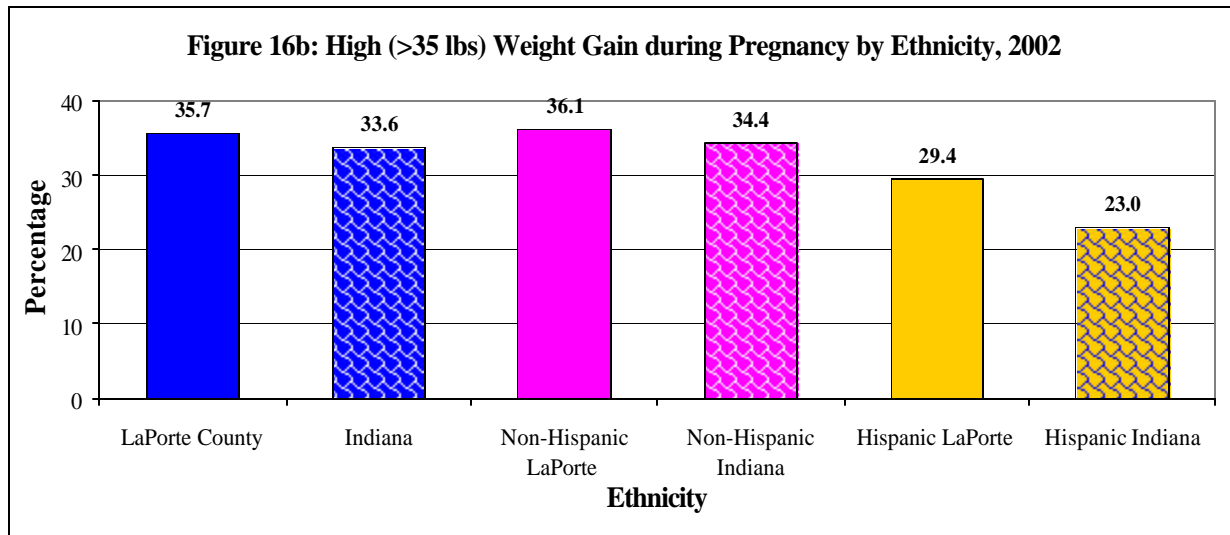
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

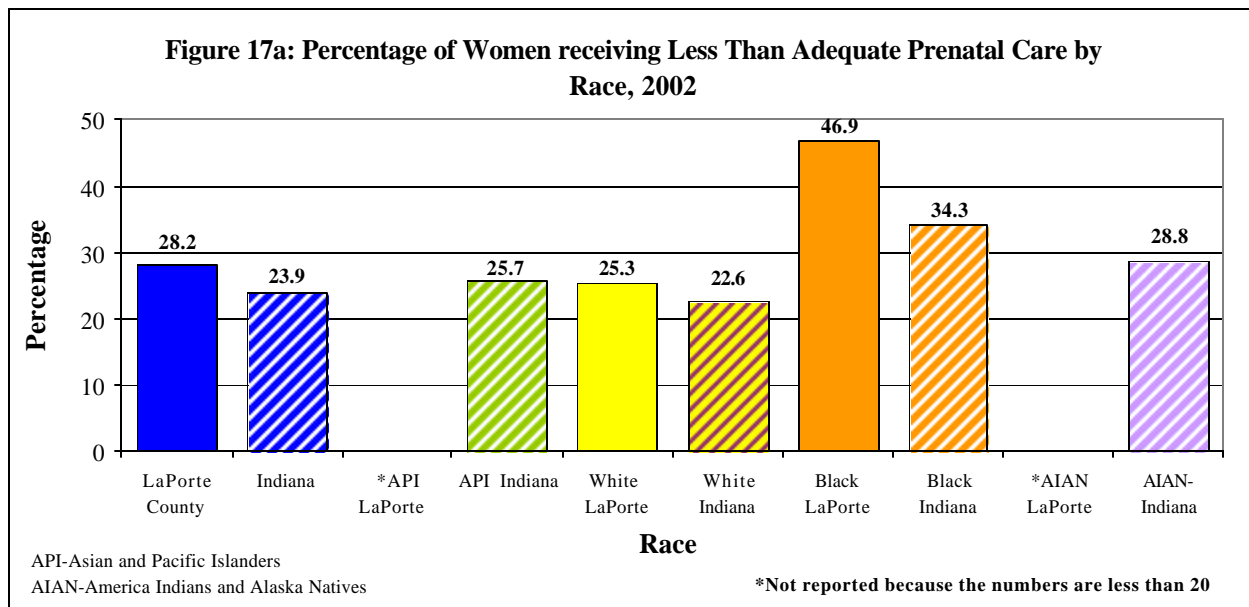
- The percentage of HWG during pregnancy for Hispanics in LaPorte County was lower than the percentage for Non-Hispanic births in LaPorte County.
- The percentage of HWG during pregnancy for Hispanics in LaPorte County was higher than the percentage for all Hispanic births in Indiana.



Prenatal Care:

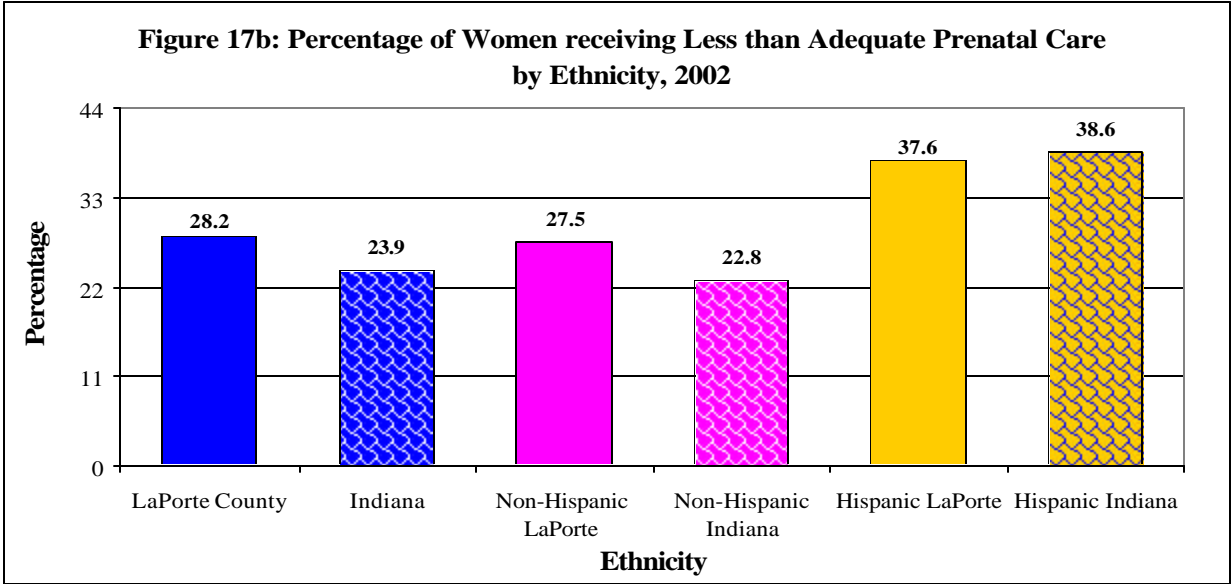
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

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



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

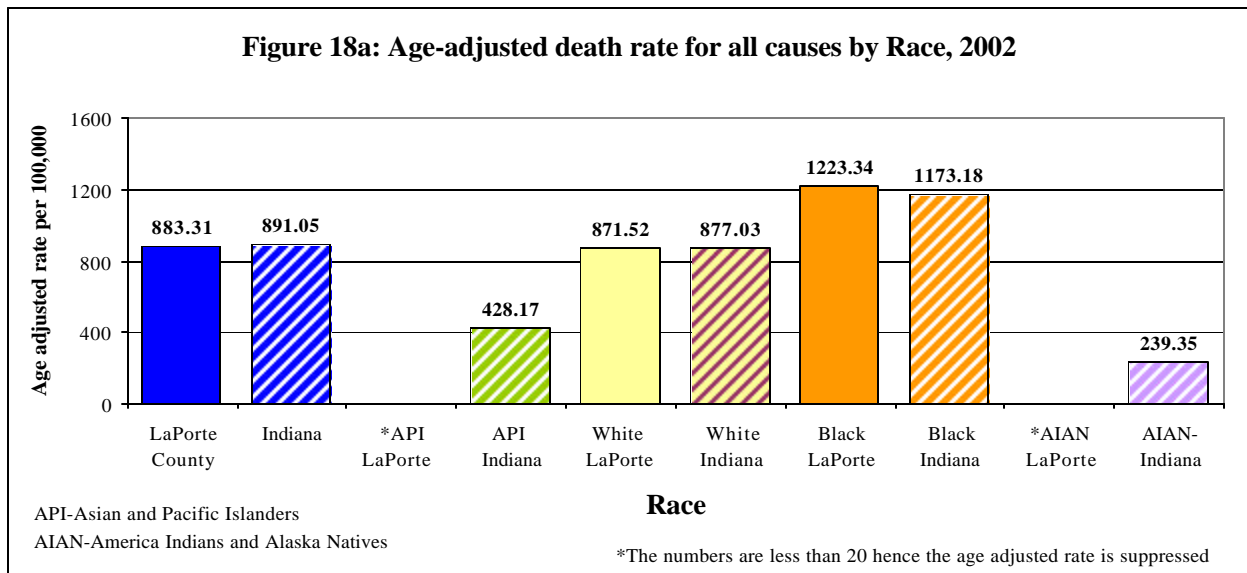
- The percentage of Women receiving less than adequate prenatal care for Hispanics in LaPorte County was higher than the percentage for Non-Hispanic births in LaPorte County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in LaPorte County was lower than the percentage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



Leading Causes of Death:

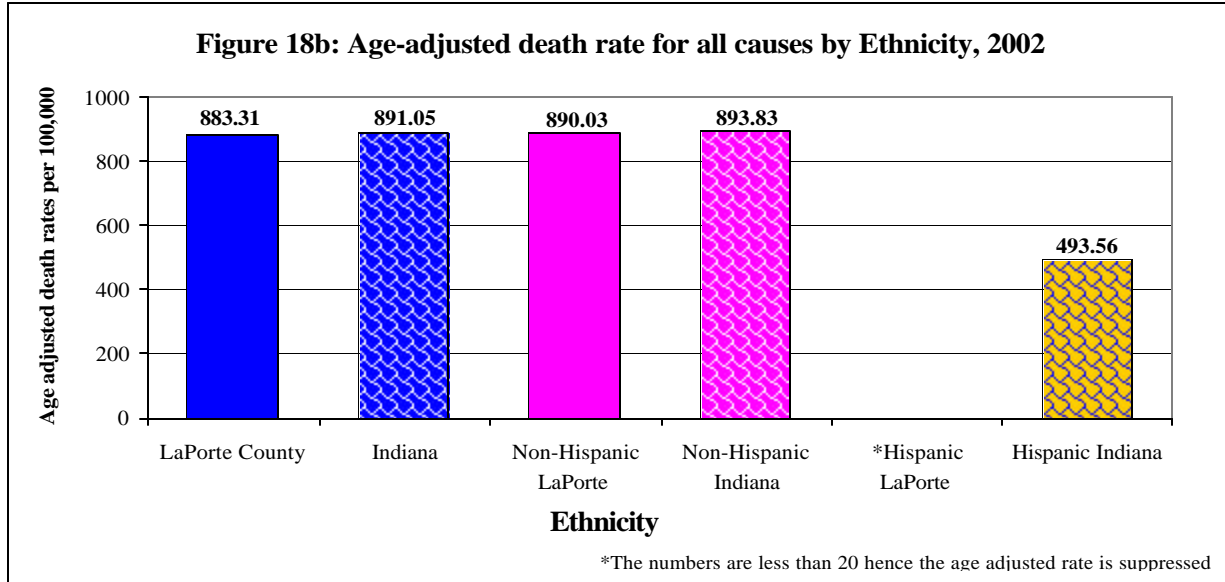
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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



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

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

Figure 19a: Five Leading Causes of Death by Race, 2003						
LaPorte County						
Leading Cause of Death by Race, 2003	Indiana State (All Causes) N=55,123	ALL Races N=1,059	Asian and Pacific Islanders N=2	White N=981	Black N=75	American Indians & Alaska Natives N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=298	N/A	Diseases of the Heart N=280	Malignant Neoplasms N=22	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=281	N/A	Malignant Neoplasms N=259	Diseases of the Heart N=16	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=59	N/A	Cerebrovascular Diseases N=54	Cerebrovascular Diseases N=5	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=50	N/A	Chronic Lower respiratory disease N=50	Nephritis, Nephrotic Syndrome & Nephrosis N=**	N/A
#5	Accidents N=2,086	Accidents N=43	N/A	Accidents N=40	Diabetes Mellitus N=**	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

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

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

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		LaPorte County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=1,059	Non-Hispanic N=1,054	Hispanic N=4
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=298	Diseases of the Heart N=297	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=281	Malignant Neoplasms N=281	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=59	Cerebrovascular Diseases N=59	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=50	Chronic Lower respiratory disease N=50	N/A
#5	Accidents N=2,086	Accidents N=43	Accidents N=43	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

Overview of LaPorte County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Black respondents ranked cancer as the worst health problem in their neighborhood, followed by high blood pressure/strokes, diabetes, AIDS/HIV, respiratory conditions, STDs, heart disease, substance abuse, infectious diseases, lack or inadequate health/dental care and insurance, and kidney diseases.

Household arrangement (Table 2)

- More than twenty-three percent of Black respondents lived in single adult households; more than half, lived in two adult homes (51.2 percent); and the remainder reported three or more adults in the home. Approximately seventy-two percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 25 (58.1 percent) females and 18 (41.9 percent) males. Nearly forty-eight percent of the respondents were younger than 35 years of age, while fourteen percent were 55 year or older.

Education (Table 2)

- Twenty-two percent of the Black respondents graduated from high school, 42.9 percent had some college or trade school experience, and 26.3 percent had college degrees.

Health status perceptions (Table 3)

- Forty-five percent of the Black respondents rated their health as excellent or very good, and an additional 23.8 percent described their health as good. Thirty-one percent described their health as either fair (23.8 percent) or poor (7.2 percent).

Satisfaction with life (Table 3)

- Fifty-six percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (41.5 percent), or dissatisfied (2.4 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (88.4 percent), followed by family members (53.5 percent). Television or radio were identified by nearly forty percent, magazines or newspapers (32.6 percent), the Internet (20.9 percent), and other sources (7.0 percent).

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

- Thirty-one percent of Black respondents reported no visits to the dentist in the last twelve months. More than forty-seven percent reported visiting the dentist one to two times in the last year, and almost twenty-one percent reported three or more visits this past year. Seventy-three percent of Black respondents (73.2 percent) reported having access to a dentist for dental care.

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

- Approximately ten percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. Nearly thirty-seven percent reported visiting the doctor or nurse one to two times in the last year, and fifty-four percent reported three or more visits this past year. The majority of Black respondents (85.7 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 respondents who did not have a regular source of care (14.3 percent), the choice for service if needed was a hospital emergency room (60.0 percent), urgent care center (20 percent), and doctor's office (20.0 percent).

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

- Black respondents with a regular source of care most frequently relied on private physicians (75.8 percent) followed by hospital emergency room (15.1 percent), community clinic (6.1 percent), and urgent care center (3.0 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, seven percent of the Black respondents reported they were hospitalized, thirty-one percent reported use of a hospital emergency room, and fourteen percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Approximately eighteen percent of Black respondents rated services as either superior (2.6 percent), or above average (15.3 percent). Fifty-one percent described the services they received as average. Approximately thirty-one percent rated services as either below average (28.2 percent) or terrible (2.6 percent).

Personal barriers to health care utilization (Table 5)

- More than one quarter of Black respondents, (26.2 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, lack of insurance, no transportation available, doctor would not take new patients, and waiting too long in the doctor's 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 insurance, lack of money, doctor would not take new patients, medical care not covered by insurance, and lack of transportation.

Cigarette smoking (Table 6)

- Nearly thirty-seven percent of the Black respondents (36.6 percent) reported having smoked at least 100 cigarettes in their life with fifty-three percent smoking everyday, twenty percent some days, and 26.7 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (54.6 percent) to about three packs (18.1 percent). Nearly twenty-six percent of all Black respondents (25.6 percent) indicated they were current smokers.

Physical activity (Table 6)

- Nearly seventy-nine percent of the Black respondents (78.6 percent) reported exercising one or more times per week. More than nine percent of the respondents (9.5 percent) indicated they never exercise.

Healthy diet (Table 6)

- Thirty-four percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (19.5 percent), or most of the time (14.6 percent). Seventeen percent of the respondents (17.1 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- Approximately thirty-one percent of the Black respondents (30.8 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (18.2 percent), diabetes (14.3 percent), and heart disease (12.5 percent).

Adults requiring assistance (Table 7)

- Only ten percent of the Black respondents reported having an adult member of their household who requires assistance, but only half of the respondents pay for this assistance.

Medical insurance coverage (Table 8)

- Less than half of the Black respondents (41.9 percent) provided a reply to the question of whether they have medical insurance. Of those who responded, seventy-two percent indicated they do have some type of medical insurance coverage. The coverage reported included employer provided (30.0 percent), covered under spouse or parent's insurance (30.0 percent), Medicare (20.0 percent), Medicaid (10.0 percent), and long-term care insurance (10.0 percent).

Dental insurance coverage (Table 8)

- More than half of the Black respondents (55.0 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

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

LaPorte County Needs Assessment Survey 2004

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

	Racial Minorities	
	Black	
	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)		
Cancer	26	60.5%
High blood pressure & Strokes	25	58.1%
Diabetes	23	53.5%
AIDS/HIV	19	44.2%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	17	39.5%
STDs	15	34.9%
Heart disease	14	32.6%
Substance abuse (alcohol, drugs, smoking)	12	27.9%
Infectious diseases	11	25.6%
Lack or Inadequate Health/Dental care and insurance	7	16.3%
Kidney diseases	5	11.6%

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

	Racial Minorities	
	Black	
	Number	Percent
2a. How many adults in live in your household?		
1	10	23.3%
2	22	51.2%
3	4	9.3%
4	5	11.6%
5	2	4.6%
6 or more	0	0.0%
2b. How many children live in your household?		
0	9	28.1%
1	9	28.1%
2	9	28.1%
3	2	6.3%
4	1	3.1%
5 or more	2	6.3%
3. What is your gender?		
Male	18	41.9%
Female	25	58.1%
4. What is your age?		
Less than 18 years	1	2.3%
18 - 24	11	26.2%
25 - 34	8	19.1%
35 - 44	8	19.1%
45 - 54	8	19.1%
55 - 64	5	11.8%
65+	1	2.4%
7. How much education have you had?		
Less than high school	4	9.3%
High school or equivalent	9	21.5%
Some college or trade school	18	42.9%
College graduate or more education	11	26.3%

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

	Racial Minorities Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	5	11.9%
Very Good	14	33.3%
Good	10	23.8%
Fair	10	23.8%
Poor	3	7.2%
Very Poor	0	0.0%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	11	26.8%
Satisfied	12	29.3%
Sometimes satisfied, sometimes dissatisfied	17	41.5%
Dissatisfied	1	2.4%
Very Dissatisfied	0	0.0%

Table 4: Experience Getting Health Care as Reported by the LaPorte 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	38	88.4%
The Internet	9	20.9%
Magazines or newspapers	14	32.6%
Television or radio	17	39.5%
Family members	23	53.5%
Other	3	7.0%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	13	31.0%
1 or 2	20	47.6%
3 to 5	8	19.1%
More than 6	1	2.3%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	30	73.2%
No	11	26.8%
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	4	9.8%
1 or 2	15	36.6%
3 to 5	13	31.6%
6 or more	9	22.0%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	36	85.7%
No	6	14.3%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	1	20.0%
Community clinic	0	0.0%
Hospital emergency room	3	60.0%
Urgent care center	1	20.0%
Self care	0	0.0%
Other	0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?		
Private doctor's office	25	75.8%
Community clinic	2	6.1%
Hospital emergency room	5	15.1%
Urgent care center	1	3.0%
Other	0	0.0%
17. Were you hospitalized during the past 12 months?		
Yes	3	7.1%
No	39	92.9%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	13	31.0%
No	29	69.0%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	6	14.3%
No	36	85.7%

Table 5: Attitudes and Barriers to Medical Care as Reported by the LaPorte 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	1	2.6%
Above average	6	15.3%
Average	20	51.3%
Below average	11	28.2%
Terrible	1	2.6%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	11	26.2%
No	31	73.8%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	3	27.3%
Lack of money	8	72.7%
No insurance	7	63.6%
Insurance did not cover the medical care	2	18.1%
No transportation available	4	36.3%
Had to wait too long for an appointment	2	18.1%
Doctor wouldn't take new patients	3	27.3%
Doctor or clinic wouldn't take Medicare	2	18.1%
Doctor or clinic wouldn't take Medicaid	2	18.1%
Doctor you need to see for your insurance is out of your area	0	0.0%
Language barriers	1	9.1%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	3	27.3%
Was not treated with respect	2	18.1%
The doctor or nurse wouldn't listen	1	9.1%
Felt uncomfortable asking the doctor or nurse questions	1	9.1%
Didn't feel the medical care was the best	1	9.1%
Couldn't get off work	1	9.1%
Clinic or doctor's office staff was rude and not very helpful	1	9.1%
No child care available	0	0.0%

Not having a Social Security Number was a problem	0	0.0%
Not having permanent address was a problem	0	0.0%
Other	1	9.1%
23. In your community, what do you think are the biggest problems that keep other people from getting health care?		
No doctor in area	2	4.7%
Lack of money	32	74.4%
No insurance	35	81.4%
Insurance did not cover the medical care	15	34.9%
No transportation available	13	30.2%
Had to wait too long for an appointment	9	20.9%
Doctor wouldn't take new patients	18	41.9%
Doctor or clinic wouldn't take Medicare	7	16.3%
Doctor or clinic wouldn't take Medicaid	8	18.6%
Doctor you need to see for your insurance is out of your area	5	11.6%
Language barriers	6	14.0%
Cultural barriers	4	9.3%
Had to wait too long in doctor's or clinic office	9	20.9%
Was not treated with respect	5	11.6%
The doctor or nurse wouldn't listen	0	0.0%
Felt uncomfortable asking the doctor or nurse questions	3	7.0%
Didn't feel the medical care was the best	5	11.6%
Couldn't get off work	12	27.9%
Clinic or doctor's office staff was rude and not very helpful	2	4.7%
No child care available	1	2.3%
Not having a Social Security Number was a problem	0	0.0%
Not having a permanent address was a problem	0	0.0%
Other	1	2.3%

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

	Racial Minorities	
	Black	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	15	36.6%
No	26	63.4%
Don't know / Not sure	0	0.0%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	8	53.3%
Some days	3	20.0%
Not at all	4	26.7%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	6	54.6%
1/2 to 1 pack per day	3	27.3%
About 2 packs per day	0	0.0%
About 3 packs per day	2	18.1%
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	33	78.6%
Less than one time per week	5	11.9%
Not at all	4	9.5%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	8	19.5%
Most of the time	6	14.6%
Some of the time	20	48.8%
Not very often or not at all	7	17.1%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	12	30.8%
Heart disease ('yes')	4	12.5%
Diabetes ('yes')	6	14.3%
Asthma ('yes')	6	18.2%
Other lung disease ('yes')	0	0.0%

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

	Racial Minorities	
	Black	
	Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?		
Yes	4	10.0%
No	36	90.0%
31. Do you pay anyone to give this assistance?		
Yes	2	50.0%
No	2	50.0%

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

	Racial Minorities	
	Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	13	72.2%
No	5	27.8%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	3	30.0%
Privately purchased plan	0	0.0%
Covered under spouse or parent's insurance	3	30.0%
Medicare	2	20.0%
Medicaid	1	10.0%
Long term care insurance	1	10.0%
Other	0	0.0%
34. Do you have dental insurance coverage if any problems arise?		
Yes	22	55.0%
No	18	45.0%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	10	25.0%
Less than \$10 per month	0	0.0%
\$10 to \$24 per month	7	17.5%
\$25 to \$49 per month	2	5.0%
\$50 to \$74 per month	8	20.0%
\$75 to \$99 per month	2	5.0%
\$100 to \$199 per month	5	12.5%
\$200 or more per month	2	5.0%
Don't know	4	10.0%

Overview of LaPorte County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting LaPorte County residents: **arthritis, cancer, diabetes, heart disease, hepatitis, hypertension and HIV/AIDS**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

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

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

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

- **cultural** (lack of understanding the needs of minorities);
- **communication between provider and patient** (both need to learn how to better communicate with each other, what are the right questions to ask);
- **lack of health knowledge and promotion** (a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of funds, lack of insurance, lack of transportation, high cost of medications); and,
- **system problems** (lack of availability of providers in the community, especially counselors and doctors serving Medicare and Medicaid patients).

Suggestions for improving access to health care for African- Americans in LaPorte 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;
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community);
- **improve on the health care system** (hours of operation, provide free clinics, transport and childcare services) and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

Key quotes from participants:

“People need to be made aware of all the things that are available to help our community.”

“I am going to repeat that to make sure it gets on the tape. We want all the black doctors in this area to donate 1 day a month to see all of the people that they can see in that day that do not have health care insurance.”

“It isn’t that they won’t take care of you but it’s how they take care of you if you don’t have insurance.”

“Sometimes they treat and instead of looking at you as a female, they treat you as a male and there is a difference. We need different treatment than our male counterparts.”

LaPorte County Focus Group Responses

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

CONSUMERS

Health Conditions:

- Arthritis
- Cancer
- Diabetes
- Heart Disease
- High blood pressure

COMMUNITY LEADERS

Cultural Characteristics and Sensitivity:

- We do not want to discuss health issues even when men bring diseases at home

Health Conditions:

- Adolescent pregnancy
- Asthma – children (breathing) taking treatments
- Diabetes and Diabetes related complications:
 - Eye complications
 - Leg amputation
 - Heart Attack
 - Other related health conditions
 - Death
- Heart Disease
- Hepatitis
- HIV/AIDS
- HIV infection in women: Lake County, Marion County and LaPorte County are the top three respectively in the number of women affected by HIV.
- Hypertension – borderline makes for not being treated.

Health Knowledge and Promotion:

- Adolescents and young adults have no clue of the proportion of HIV/AIDS
- People are not aware of prisoners coming out of the prisons infected with various diseases.

Personal Behavior

- Crime
- Domestic violence
- Drug problems

- Smoking

Environmental Conditions:

- Lead based paint in the older communities affecting children and not much being done in this area.

Quote:

“Down Low men’ spreading disease. Sex in groups and men bringing diseases home to wives and girlfriends. They are major spreaders of STD and HIV. Secrets are kept and the person spreads disease.”

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

Improve Personal Behavior:

- Lifestyle of eating
- Non-Smoking interventions
- Exercise
- Regular Doctor visits
- Stop drinking/alcoholism
- Chasing wild women

COMMUNITY LEADERS

Improve Communication and Education:

- Education
- Religious leaders and church based organizations: Pastors and churches should be notified and need to reach people involved
- Organize Health fairs

Provider Behavior/System Character

- Increase screening and testing opportunities.
- Develop Rehabilitation long-term facilities.
- Increase resources for example women have no facilities.
- Increase hospital bed-capacities: Pathways has 6 beds for LaPorte County
- Need for funds for Smoking prevention.

Quotes:

“...It becomes extremely difficult if it is a woman with children. Where she doesn’t have anybody to care for her children but she wants to go into drug rehabilitation, I have to send her all the way to Ft. Wayne”

“Crack is prevalent a block a way from the police station and city hall. Certain people are caught others are not while persons are distributing drugs. Drug dealers were followed to black areas and police were notified; the police arrested kid distributors, who are not the important dealers.”

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

CONSUMERS

Community Characteristics

- Lack of Health insurance
- Poor transportation services
- High cost of medications
- Lack of financial resources.

Provider Behavior/System

- Inadequate doctors servicing Medicare and Medicaid patients.

COMMUNITY LEADERS

Communication:

- Lack of advertising available services.

Health Knowledge and Promotion:

- People not in church are not well reached to participate in health programs.
- Health fairs on corners for STD and HIV tests and other medical places.
- Reaching out to families and other support system and helping people when they have tested positive to HIV.

Cultural Characteristics

- Lack of counselors.
- The Caucasian population does not understand the plight of minorities.
- People don't relate to people hired by clinics because no minorities work there. There is need for cultural related persons.

Personal/Economics

- Lack of Health Insurance is the number one barrier to accessing health care.

Provider Behavior/System

- Free clinics are selective
- Hospital in LaPorte treats more people than clinic
- Services not taken to the people for example programs should be set up in drug areas.
- Alternative High vacant. Could be used by people concerned with people in the area, Madison center, Swanson center

Quotes:

“Person who had cancer was shifted around. Black person not tested as white. There is a lot of discrimination: three days to get medical help for liver disease. Overwhelmed with outpatients and less help. First black to get job at hospital in radiology. Count number of black involved in medical fields. People are afraid of involving with other blacks. People should have confidentiality. Spanish are not treated if unable to understand them because of language barriers.”

“People need to be made aware of all the things that are available to help our community.” – Market services

“You can do health fairs; we do them all the time in Gary. We have a mobile unit and you can pull up on one of the active corners and set up. Sometimes we make it like a picnic. We give pop, we do hot dogs. We tell them we will give them the pop and hot dogs and chips free if they get their blood pressure taken or whatever. So you can go to where they are...we used to set up in “shooting galleries”. In Gary we have set up in areas where we know people are shooting up and getting high. We have gotten in and we’ve gotten in with one person and that person got us in. We would set up in a room and they would bring they’re people in and “c’mon man get some help, get some help.” And then we could test them so we have gotten a lot of positives out of it.”

“...I will continue getting on my soap box about that alternative high school sitting there vacant like that when it’s got gym, cafeteria, and offices space, all of that already there right in the middle of the main area that folks say needs the most help. They would give it for a dollar....I would write the grant for free if all of the churches would come together and open that as a community center.”

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

CONSUMERS

Personal/Economic:

- Add another van for transportation
- Provide transportation on weekends

System/Provider:

- Increase no. of doctors serving Medicaid and Medicare patients.
- Need more doctors
- Provide free clinics.

COMMUNITY LEADERS

Education:

- Pass protection message through songs and publications.

Personal/Economic:

- Improve transportation services: LaPorte city is rated D in transportation there are no transport services after 6 pm and on the weekends
- Increase childcare services
- There is a need for free clinics.
- People should protect themselves.

Quote:

“I am going to repeat that to make sure it gets on the tape. We want all the black doctors in this area to donate 1 day a month to see all of the people that they can see in that day that do not have health care insurance.”

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.”

CONSUMERS

Yes.

COMMUNITY LEADERS

“Ask doctors to donate 1 day a month for treating people who do not have insurance. Need central location for this. Doctors should donate their offices. Need to address transportation. Churches can volunteer buses for transportation MLK Bus could be used. This is a start to get help. Check on school (alternative) for use as facilities. Elkhart has facilities where needed. Did not want to use school for helping those in need. Red oaks nursing home is vacant. Teen home for pregnant girls. Need to get a grant for facility. Seek financing for purchase of Red Oaks home or alternative school.”

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

Quotes:

“It isn’t that they won’t take care of you but it’s how they take care of you if you don’t have insurance.

“At the pharmacy they don’t tell you about the side effects of the medicine or an alternative medicine instead of their medicine. There are drugs given at the pharmacy that are not prescriptions, so you may get something that is not good for you even though it is sold over the counter so have to be careful of that.”

“The point I was trying to make before is; there are some people who don’t go to the doctor when they are suppose to go because they don’t have the money. The y’ll get a prescription and instead of taking a pill everyday they will take it every other day because they can’t buy groceries by the time they get their medicine. That is a problem. Then they are not getting the full length of the medicine because they are not taking it like they are supposed to.”

COMMUNITY LEADERS

Cultural/Demographic

- Do not receive same care as white counterparts.
- Women are treated different: Women have more heart attacks and HIV affects women differently.

Quote:

“Sometimes they treat and instead of looking at you as a female, they treat you as a male and there is a difference...we need different treatment than our male counterparts.”

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

No,

- The quality of care is dependent on money or color.

COMMUNITY LEADERS

No.

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

Successful Programs:

- Cancer clinic
- Diabetes clinic
- Open door clinic
- Swanson center
- Women’s health center –surgical-center
- Women’s breast health care

Provider Behavior/System

- Service is of quality
- People care about patients

- Services given one on one

Other

- Cleanliness

Quote:

“The services are better because the people that work there believe in it.”

COMMUNITY LEADERS

Programs

- St. Anthony Memorial Hospital: WIC program and mental health is free
- Superior family healthcare.
- Minority health Coalition of LaPorte County.

Communication/outreach/Education

- Organizing health fairs
- Diabetes education meeting
- Documentation of various services in the community.

Provider Behavior/System

- Follows clients until they get care
- Environment is friendly.
- Offers health care screening for baby and mom

Incentives/Free Services

- WIC program and mental health is free
- There is free treatment for those unable to pay.
- Offers food for children

Access

- Transportation to health fair

Focus on Health Conditions/community needs

- Maternity care for Teens

Others

- Already on public assistance
- Body scan and relaxation techniques.

Quotes:

“I think Maternal Health is a very good program, we just have to make our community aware that its there and it’s free”

“Superior Health Family, I think she is successful because she goes to the clients. And she has a genuine concern about her patients. She stays with them until they service. She does not desert them in the middle of anything, she is there.”

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

Agencies/Programs

- Care service
- Catholic services
- Michigan has services

Provider Behavior/System

- Not caring
- Not paying attention to job
- Do not want to work
- Long wait for services cause of higher blood pressure and stress
- Too many appointments scheduled
- Dr. XXX, a heart specialist, 2-3 hour wait for services

Access

- No money for services
- Need of services/ no way to pay

Quote:

“When they know you’re poor, when they know you don’t have any insurance, when they know you need them and they don’t need you they don’t really care. There are a few doctors that don’t do that. I almost had to die to find him. I learned first hand that that’s how it works. It just comes right down to money. If you don’t have the money and you don’t have the right insurance card you take what they give you and they know that. So they don’t recognize that you are a human being.”

COMMUNITY LEADERS

Provider Behavior/System

- Unfriendly staff
- Welfare will not pay for minorities or give information;
- The staff avoids informing minorities of available help.

Economic/Resources

- Lack of resources
- Lack of adequate and available doctors.

Quote:

“Emergency room care is available if you cannot get care.”

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

CONSUMERS

Recommendations to Institutions

1. Capital Investment

- Need another hospital

2. Funding/Accountability

- Provide funds for social services and facilities providing services.

3. Programs

- Need free clinics
- EMT/ don't want to be diagnosed before getting to hospital
- Medical services not given at certain facilities if a previous bill is owed without a payment

COMMUNITY LEADERS

Recommendations to Institutions

1. Funding/Accountability

- Need for more funds. Superior Health Director has offered to get resources. Resources could be directed through Minority health Coalition.

2. Programs

- Provide a hot line at the Minority Health Coalition where people can get information on available resources.
- Increase services to the community; for example health fairs.
- Organize Mini workshops for agencies to inform clients of their services.
- Agencies need to treat clients better; the staffs need training.

Quotes:

“Minority Health Coalition should have a hotline where people can call in and get information about available resources in our community. **And I hope that the people that listen to this tape hear that and take this issue seriously!**”

“I have been working with a woman, aged 21, who has been homeless with a 4 year old female child for over 8 months. I have been trying to help her get help. This young woman's mother died when she was young and basically has a lot of problems and she has nobody. It wasn't until 2 weeks ago when this 4 yr old child got molested that they finally said “ok, well get you a house now, we'll give you some money for rent. And I have been trying for 8 months to stabilize her so that she can get some skills. She has been moving her baby from place to place, and she was staying over here from place to place because the people over here won't let her have her child there with her. So she took her child to a friends house every night...Every time I tried to do

something to get her stable so I can provide her with other services they would tell me ‘well her attitude’; well of course her attitude. She is 21 years old and she has a 4 year old baby...” her attitude kept her from services – she might be homeless but she isn’t going to let people

LaPorte County Key Informant Interview Findings

Purpose: Community leaders/providers in LaPorte 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 LaPorte County Minority Health Coalition. Ms. Albertine Allen conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. Copies of the responses are included in the appendix. There was a total of six community leader/provider interviews were conducted in LaPorte County during February and March of 2004. The professions of the community leader/provider included an administration for the mayor, acting director of the Michigan City Housing Authority, representative of the El Puente Center, WIC program director, Head Start medical department director, and a physician. The gender of the interviewees was reported for all six of the participants and included two males and four females. The age and race/ethnicity of the participants was not reported.

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

For all racial and ethnic populations in LaPorte 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)

African American population in LaPorte County:

1. Improve Education (Health Promotion)
2. System Improvement (More Providers/Better Access)
3. Cultural (Discrimination)

Hispanic/Latino population in LaPorte County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Improve Awareness of Services
4. Personal Economic Barriers (Transportation, Insurance)

Asian American population in LaPorte County:

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

Native American population in LaPorte County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. Cultural (Discrimination)

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

For all racial and ethnic populations in LaPorte County:

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

Hispanic/Latino population in LaPorte County:

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

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

For all racial and ethnic populations in LaPorte County:

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

African American population in LaPorte County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Advocates

Hispanic/Latino population in LaPorte County:

1. Improve Education (Health Promotion)
2. Advocates

Asian American population in LaPorte County:

1. Advocates
2. Cultural (Discrimination)

Native American population in LaPorte County:

1. Cultural (Discrimination)

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

Key informant 1:

“Yes”

- *“There is a lack of access to quality medical care for all ethnic groups”*

Key informant 2:

“Yes”

- *“The quality of medical care is poor due to the insufficient transportation to the neighborhoods”*
- *“Medical service hours are limited”*

Key informant 3:

“Yes”

- *“Other than in the hospital emergency room, regular access to quality health care is mostly available only to those with health care insurance”*

Key informant 4:

“Yes”

- *“All of the racial/ethnic minority populations lack insurance coverage due to high costs”*
- *“There are also language barriers”*
- *“The availability of free services are not made known to the populations in need”*

Key informant 5:

“Yes”

- *“There are problems with the lack of access to proper health care”*

Key informant 6:

“Yes”

- *“All groups need to receive quality medical care regardless of the form of payment. This care needs to be available in their neighborhoods.”*

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

Key informant 1:

- *“Providing food and health care screenings”*
- *“Providing free immunizations, blood pressure screening, and diabetes testing”*

Key informant 2:

- *“Offering services to the poor and uninsured”*
- *“Providing pre-natal care to all mothers”*
- *“Providing proactive information”*
- *“Coming to the community to provide services”*
- *“Providing immunizations for children, screenings, diabetes testing”*

Key informant 3:

- *“Staff consists of committed individuals who aggressively seek grants to have funding for actual program and services”*

Key informant 4:

- *“Providing service to low income and working poor”*
- *“Staff is professional and caring”*
- *“Including the entire family when providing services”*
- *“Staff understand the needs of the community”*
- *“Availability and collaborative efforts”*

Key informant 5:

- *“I don’t know”*

Key informant 6:

- *“Meeting the nutritional needs of mothers and children”*
- *“Providing prenatal for all groups”*
- *“Providing Open Door Health counseling”*

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

Key informant 1:

- *“Lack of free assistance, as the income guideline is too high”*
- *“Once you are on the list for services, you may wait for as long as 6 months before you receive services”*

Key informant 2:

- *“Too difficult to meet the income guidelines for services”*

Key informant 3:

- *“Lack of funding to be able to provide services to individuals and families that cannot afford to pay”*

Key informant 4:

- *“Referrals not accepted due to the lack of bilingual staff”.*

Key informant 5:

- *“I don’t know”*

Key informant 6:

- *“I don’t know”*

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”

Key informant 2:

“Insufficient”

Key informant 3:

“Insufficient”

Key informant 4:

“Insufficient”

Key informant 5:

“I don’t know”

Key informant 6:

“Insufficient”

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

Key informant 1:

No location provided

Key informant 2:

- *“Locate clinics within the social service agencies located in communities of need”*

Key informant 3:

- *“Expand the services of existing agencies”*

Key informant 4:

No location provided

Key informant 5:

- *“Locate clinics in areas as designated by the needs of the community”*

Key informant 6:

“Not applicable”

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

For all racial and ethnic populations in LaPorte County:

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

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

Key informant 1:

“Yes”

Key informant 2:

“No”

Key informant 3:

- *“Latinos may have language barriers and documented/undocumented status to be concerned with, whereas other racial and ethnic populations may not have these concerns.”*

Key informant 4:

“No”

Key informant 5:

- *“Language barriers for some groups, while others may experience increased health risks”*

Key informant 6:

“No”

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

Key informant 1:

“Yes”

Key informant 2:

“Yes”

Key informant 3:

- *“Our organization may not be able to collaborate in some areas”*

Key informant 4:

“Yes”

Key informant 5:

“Yes, we currently collaborate with other organizations”

Key informant 6:

“Yes, we provided technical assistance and offer a medical perspective”

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:

- *“Dr. Fagg (a dentist)”*
- *“Superior Health Care”*
- *“Open Door Health Clinic”*
- *“El Puente Center of LaPorte”*
- *“Minority Health Coalition of LaPorte County”*
- *“Head Start Pre School Development Program”*
- *“WIC”*
- *“Maternal Health”*
- *“Healthy Families”*
- *“Even Start”*

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:

- *“Be more vocal in the community about health issues”*
- *“Obtain input from minority populations”*

- *“Perform a needs assessment to determine the needs of the community. Address the concerns from the assessment, making certain to include all racial/ethnic groups.”*
- *“The needs are great and this work is critical in order to achieve improved health for our community”*
- *“Ask for information and participation from all agencies involved in the project”*
- *“Identify the needs of the community/target audience”*

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

Key informants 1, 3, 4, 5 and 6:

“No”

Key informant 2:

- *“I hope this does not turn out like most surveys. The people that need the services are never asked to participate.”*

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 LaPorte County, the community leaders provided the following:

- *“Jerry Jones of the Stepping Stone Shelter for Women”*
- *“Boys and Girls Club”*
- *“A Clinic on AIDS that specifically address youth”*
- *“Schools”*
- *“Churches”*
- *“Private organizations”*
- *“Maria Rosa, Director of El Puente”*
- *“Dr. Monica Ovalle”*
- *“People in the community who have health needs – the poor, low-income and underserved citizens”*

CONCLUSIONS

Conclusions

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

The Black population in LaPorte County is disproportionately affected when comparing the health indicators among racial groups. Many of these health indicators have room for improvement since they do not meet the Healthy People 2010 objective and/or have higher percentages in comparison to all births in LaPorte County. These indicators are low birth weight, very low birth weight, preterm birth, early preterm birth, pregnancy complications, Cesarean deliveries, prenatal care during the first trimester, congenital anomalies, alcohol use during pregnancy, chemical abuse during pregnancy, births to single mothers, teen pregnancy, low weight gain during pregnancy and prenatal care.

Hispanics in LaPorte County are disproportionately affected when comparing several health indicators to Non-Hispanics. There is room for improvement in low birth weight, Cesarean deliveries, and low weight gain during pregnancy. Compared to Non-Hispanics, fewer Hispanic women receive prenatal care during the first trimester and more Hispanic women 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 Non-Hispanic births in LaPorte County.

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

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying lack of money, lack of health insurance, no transportation available, doctor would not take new patients, and waiting too long in the doctor's or clinic office. Additional barriers to obtaining healthcare included culture, communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems.

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 to improve communication between providers and consumers, improve the healthcare system, and provide translators and interpreters.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all LaPorte 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)

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

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

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

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

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

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

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

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

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

14. Do you have any other comments?

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

Closing Statement

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