

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

by the

Indiana Minority Health Coalition

Indiana Minority Health Coalition

Nancy Jewell, MPA, President/CEO

In Staff Support

Frank Lloyd, Jr., MD, Executive Director

Calvin Roberson, Jr., MHA, MPH, Research Director

Anita Ohmit, MPH, Data Analyst

Layla Baker, MPH, Research Assistant

Natalie Duncan, BA, Research Assistant

Indiana University

School of Medicine

Department of Family Medicine

Bowen Research Center

Robert M. Saywell, Jr., Ph.D., M.P.H. Consultant

Terrell W. Zollinger, Dr. P.H., Consultant

Wambui G. Gathirua, MPH., CHES, Research Assistant

May 2005

TABLE OF CONTENTS

Executive Summary.....	3
Introduction.....	6
Purpose.....	7
Methods.....	8
Existing Health Indicator (Secondary) Data.....	9
Targeted Survey Data.....	10
Focus Groups and Key Informant Interviews.....	10
Results.....	13
Overview of Existing Health Indicator (Secondary) Data.....	14
Birth Data.....	15
Weight Gain During Pregnancy.....	35
Prenatal Care.....	38
Leading Causes of Death.....	40
Overview of Targeted Survey Responses	43
Tables.....	52
Overview of Focus Group and Key Informant Interviews.....	62
Focus Group Responses.....	64
Key Informant Interview Findings.....	75
Conclusions.....	85
Appendices.....	88
Targeted Survey Tool.....	89
Focus Group Script.....	96
Key Informant Script.....	98

EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Monroe 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 Monroe 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 Monroe 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, and hospitalizations that have health indicators were gathered and analyzed for minority groups. The analysis of these existing data for Monroe 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 Monroe County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 105 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. Some of the results from the surveys highlighted that racial and ethnic minorities perceive heart disease and respiratory conditions as part of the top five worst health problems in their neighborhood. Blacks specifically noted high blood pressure and strokes, diabetes, and cancer as part of the top five worst health problems; Hispanics mentioned infectious diseases, substance abuse, and diabetes; whereas, Asians identified diet problems, cancer, and HIV/AIDS. These results indicated that twelve percent of Blacks, more than forty percent of Hispanics, and eighteen percent of Asians indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For African Americans, the top five barriers attributed to accessing healthcare included: lack of insurance, lack of money, waiting too long for an appointment, doctor wouldn't take new patients, and was not treated with respect. For Hispanics, the top five barriers attributed to accessing healthcare included: lack of money, lack of insurance, language barriers, had to wait too long for an appointment, and didn't feel the medical care was the best. For Asians, the top five barriers attributed to accessing healthcare included: language barriers, lack of insurance, had to wait too long for an appointment, clinic or doctor's office staff was rude and not very helpful, and felt uncomfortable asking the doctor or nurse questions.

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 key informant interviews highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Monroe County were; lack of education, lack of awareness of services, personal and economic barriers, advocates, and providers. Additionally, the findings provided information on what some minority residents of Monroe County perceive as ways to improve both healthcare access and health status. Suggestions for improving healthcare access and/or health status for minority residents included: improve awareness of services, improve provider cultural competency and sensitivity, and improve community economics.

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in Monroe 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 Monroe County in collaboration with the Indiana University 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 Monroe 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 Monroe 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 Monroe 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 Monroe 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 Monroe 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 associate professor, graduate assistants, and volunteers at Indiana University in Monroe County administered the targeted surveys. Local residents completed the targeted surveys in a variety of settings including churches, community centers, university, local business, and retail stores.

One hundred and five targeted surveys were completed and returned to the Indiana Minority Health Coalition. Sixty-five percent of all survey respondents (N = 68) reported their race; of which 48.5 percent were Black (N = 33), and 51.5 percent were Asian (N = 35). Ninety-nine percent of the participants (N = 104) responded to the question of ethnicity with 34.6 percent reported to be of Hispanic/Latino ethnicity (N = 36). Ninety-seven percent of the respondents (N = 102) indicated their gender; of which, 50.0 percent were female (N = 51) and 50.0 percent were male (N = 51). Ninety-nine percent of the respondents (N = 100) reported their age with more than twenty-six percent in the 35 to 44 age group (N = 27), 24.0 percent in the 25 to 34 age group (N = 25), and 6.7 percent in the 45 to 54 age group (N = 7). Of the remaining respondents, 36.6 percent reported their age as 24 years or less (N = 38), and 6.7 percent reported their age as 55 years or more (N = 7).

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 Monroe County.

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

During the months of November 2004 and March 2005, the associate professor and graduate assistants at Indiana University in Monroe County conducted two focus groups, one provider group and one consumer group. The local hospital was the site for the provider focus group, while a local barbershop was the location for the consumer focus group. There were four providers and three consumers who took part in the focus groups for a total of seven. Three of the participants provided gender information of which one was female and two were male. The focus group participants did not describe their age, race or ethnicity. No information was available on the profession or type of work performed by the consumer group participants, but the provider focus group participants were health care providers.

During the month of April 2004, an associate professor and graduate assistants at Indiana University in Monroe County conducted six key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including an activist, beautician, director of community health education in a hospital, educator, and a representative of the Latino Cultural Center. Four of the key informants reported their gender, and two of these

interviewees were female and two were male. 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 Monroe County (birth, morbidity and mortality data) indicated disparities exist in Monroe County by race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for American Indians /Alaska Natives (AIAN) in Monroe 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 Monroe 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 were considered similar and values equal to or greater than 1% difference were listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

The Asian/Pacific Islander (API) population in Monroe County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in preterm births, pregnancy complications, Cesarean deliveries, prenatal care in the first trimester, and low weight gain during pregnancy. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

The Black population in Monroe County is also disproportionately affected when comparing the health indicators among racial groups. Many health indicators need improvement because they do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county. These health indicators are: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, chemical abuse during pregnancy, births to single mothers, and low weight gain during pregnancy. Moreover, fewer Black women receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care compared to the Healthy People 2010 objective and/or in comparison to all births in the county.

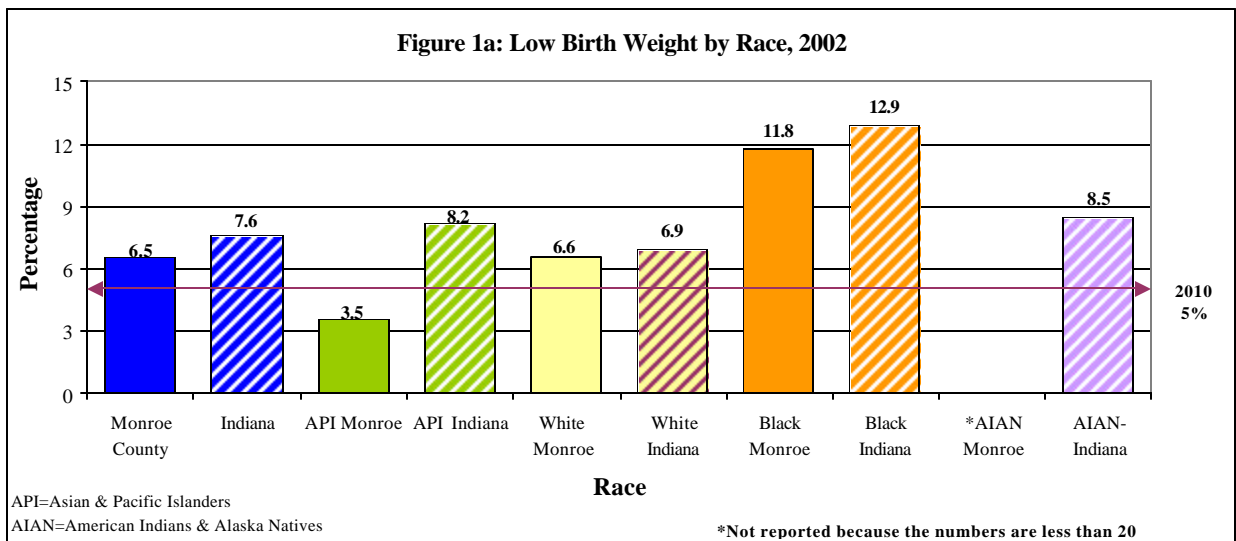
Hispanics in Monroe County have room to improve many of the birth outcome indicators: pregnancy complications, Cesarean deliveries, births to single mothers, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care during the first trimester and more Hispanics receive less than adequate prenatal care compared to Non-Hispanic women. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

The age-adjusted death rate for APIs, Blacks, AIANs and Hispanics could not be compared due to the small numbers. Malignant neoplasms are the leading cause of death in Monroe County. Deaths by cause for APIs, AIANs, and Hispanics in Monroe County could not be compared due to the small number of deaths.

Birth Data:

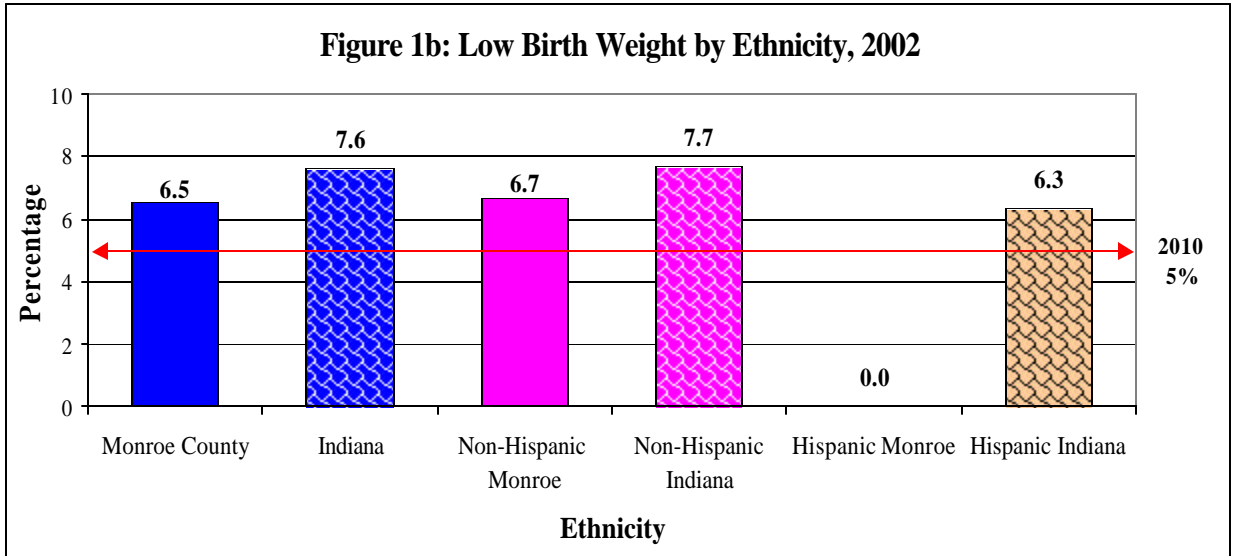
Low Birth Weight (LBW) by Race (Figure 1a):

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



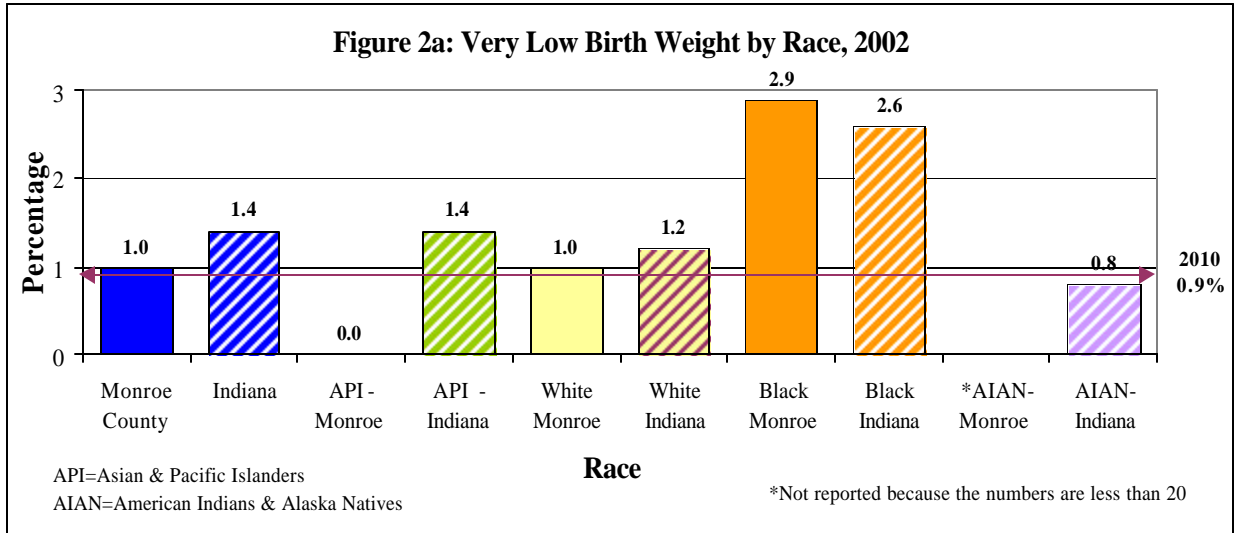
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



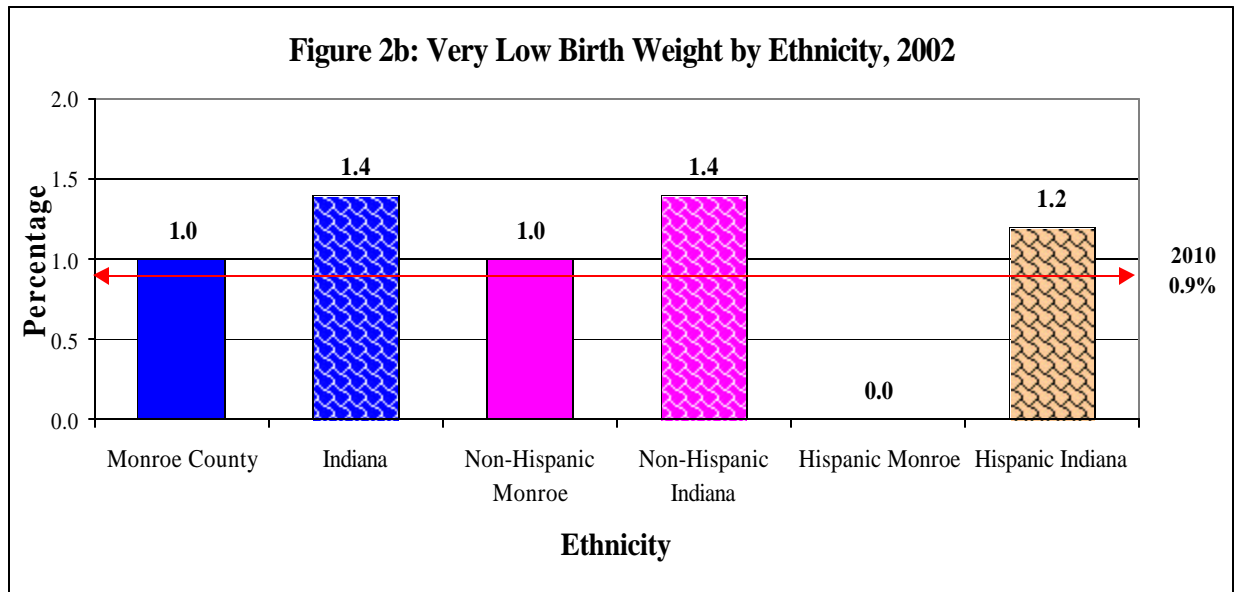
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



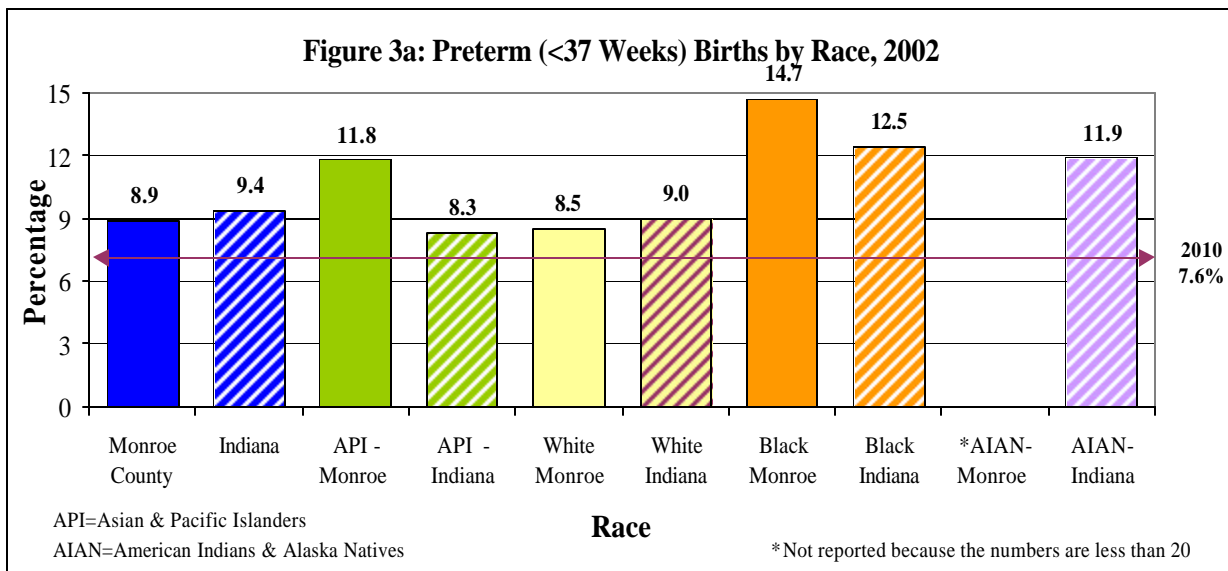
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



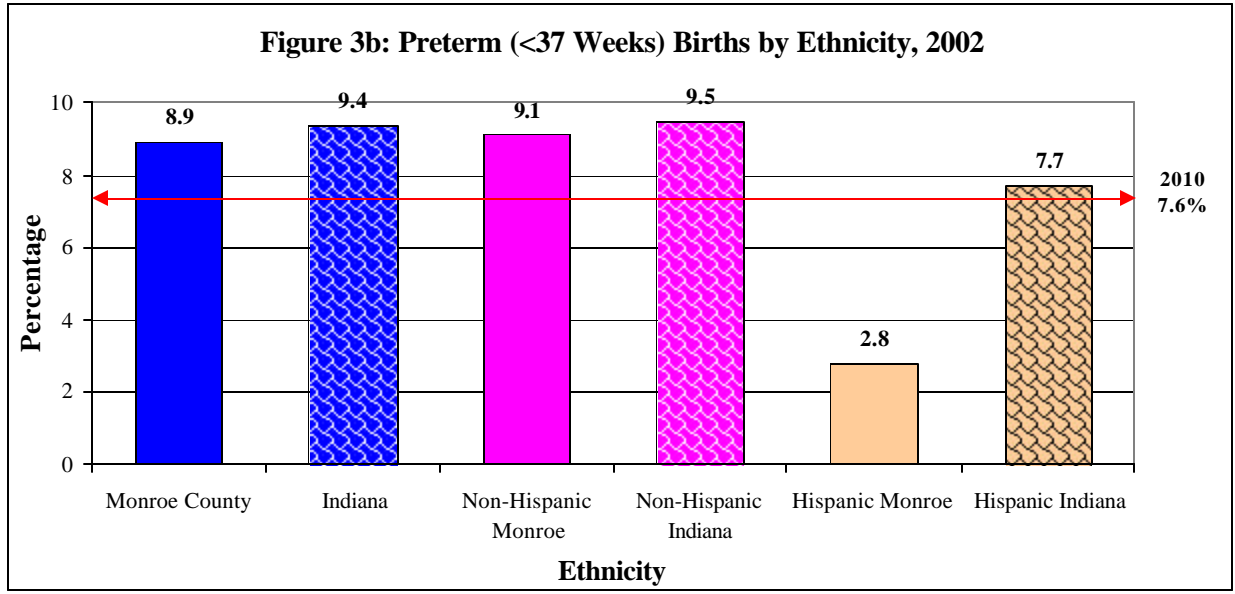
Preterm (< 37 weeks) Births by Race (Figure 3a):

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



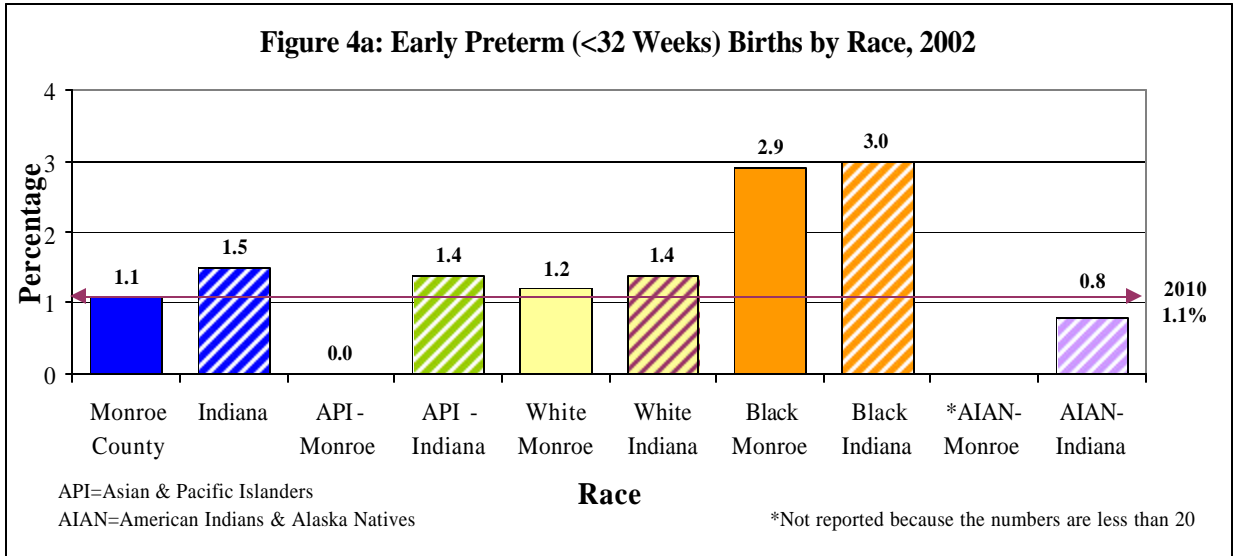
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

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



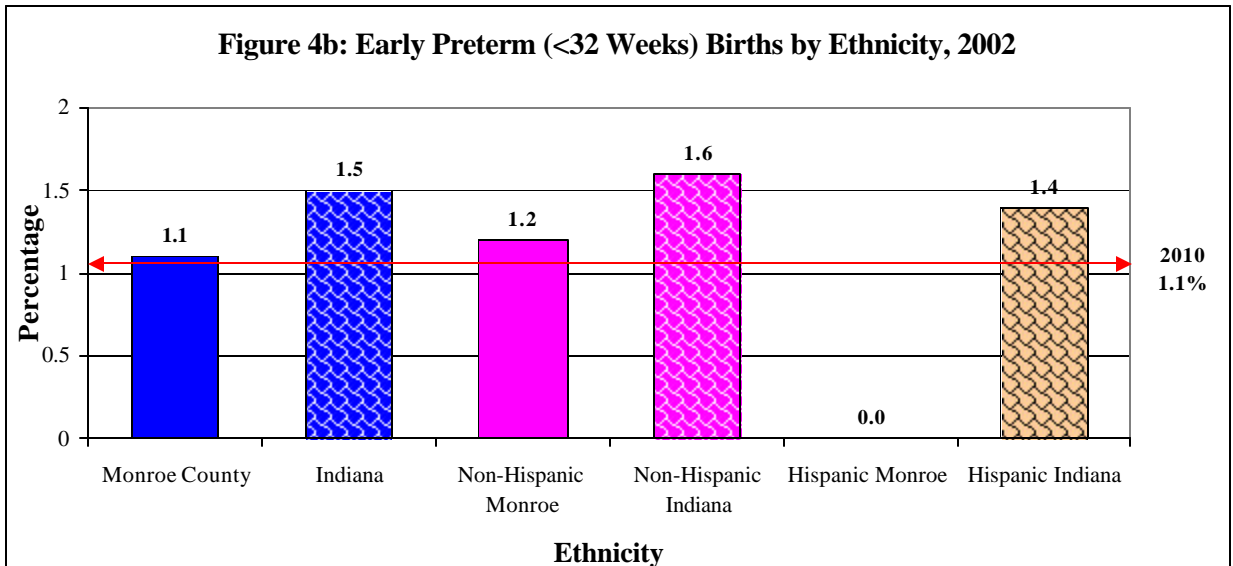
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



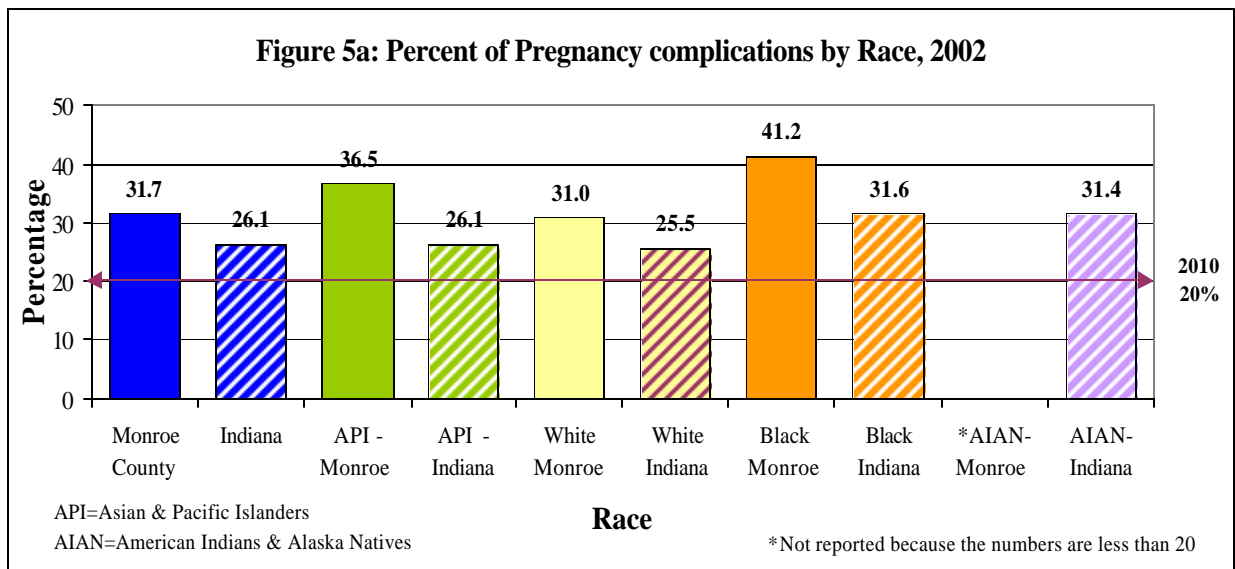
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

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



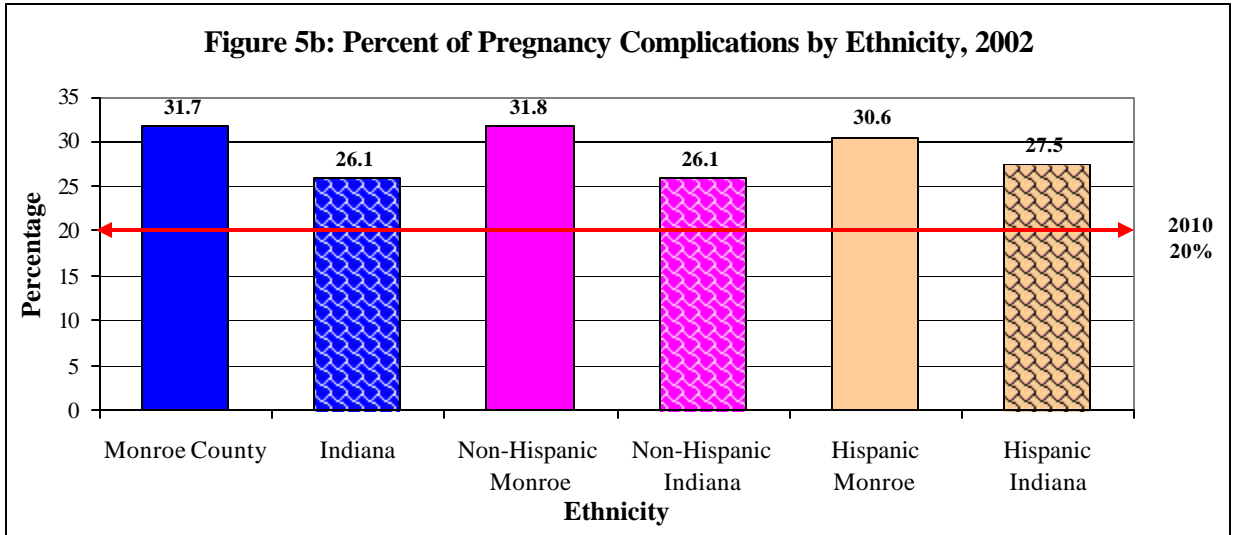
Percent of Pregnancy Complications by Race (Figure 5a):

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



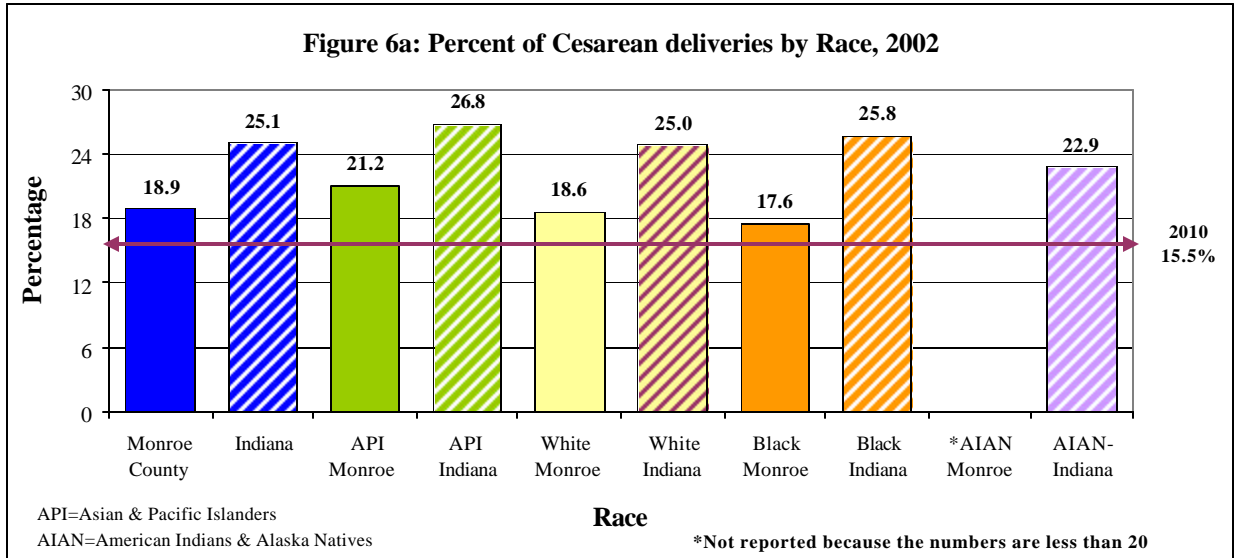
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



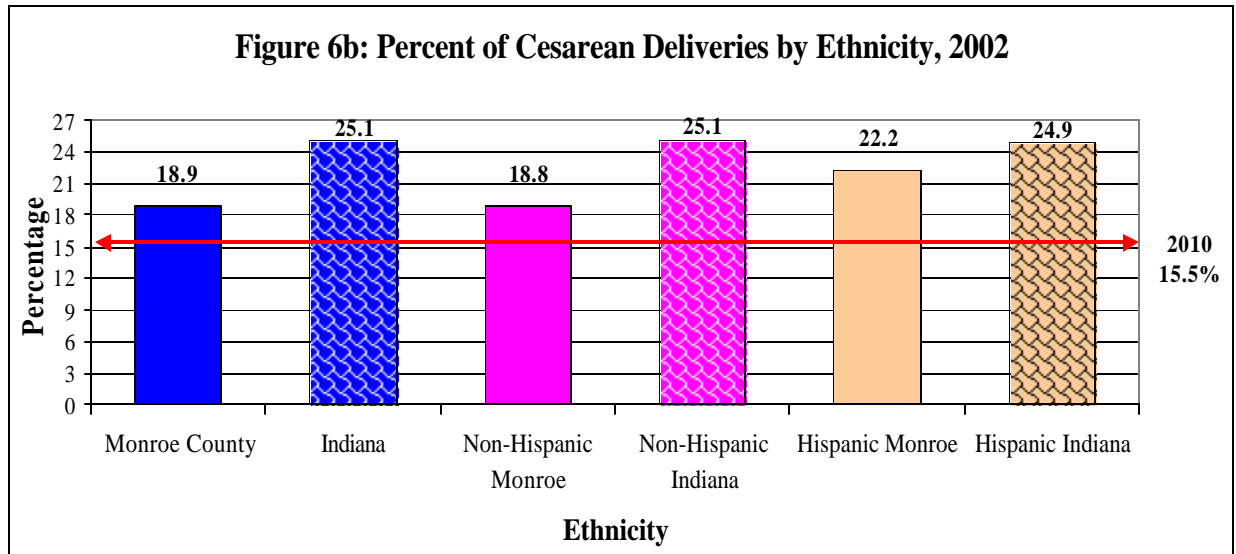
Percent of Cesarean Deliveries by Race (Figure 6a):

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



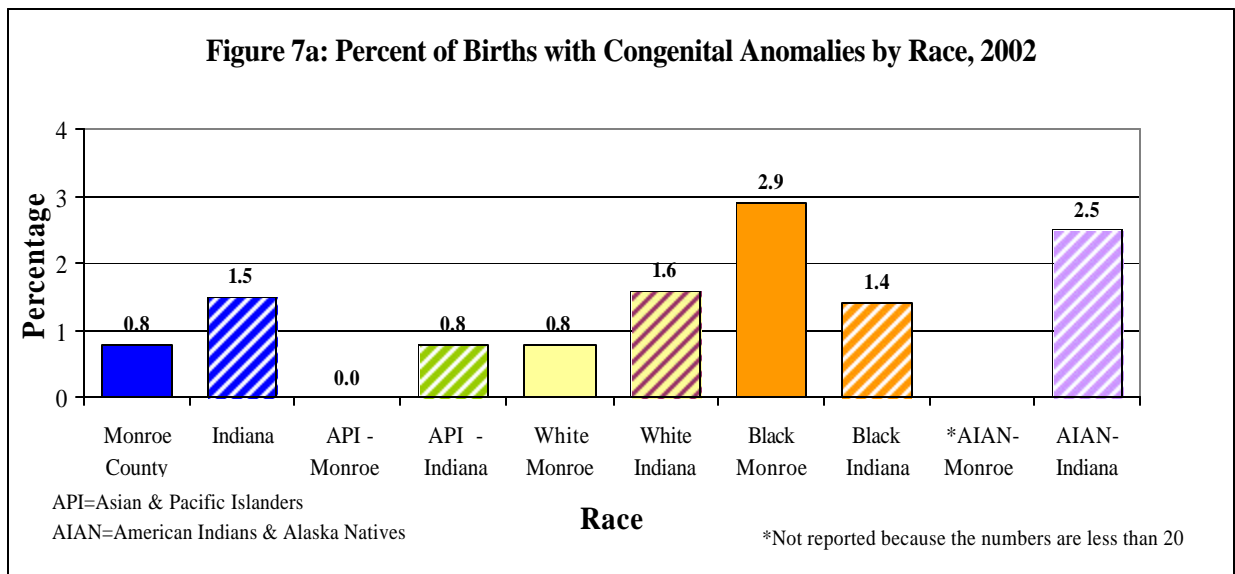
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



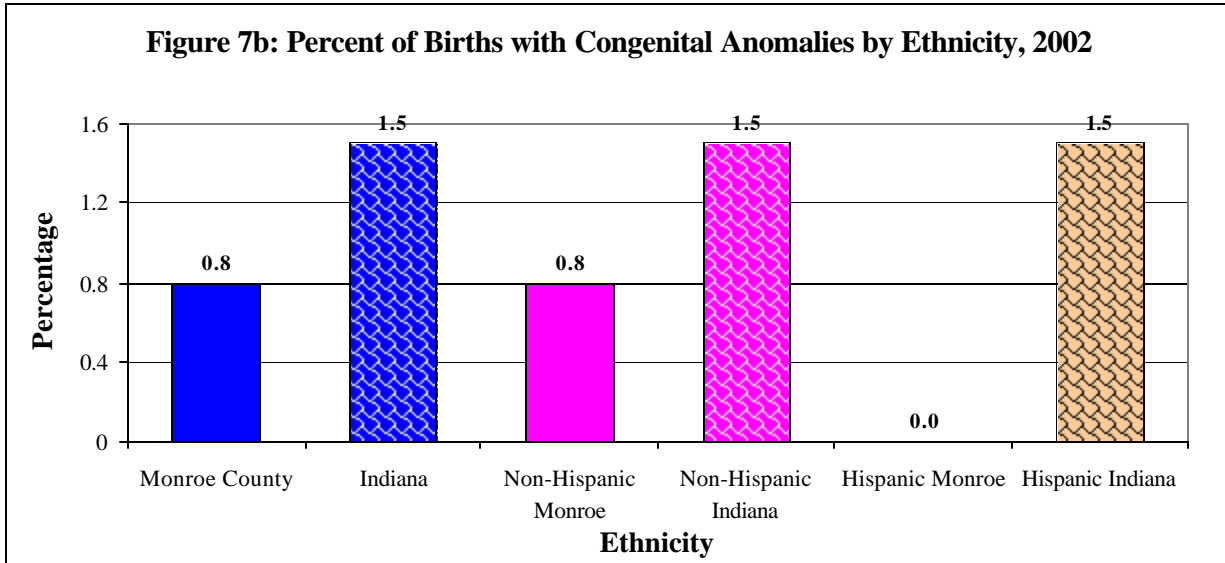
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



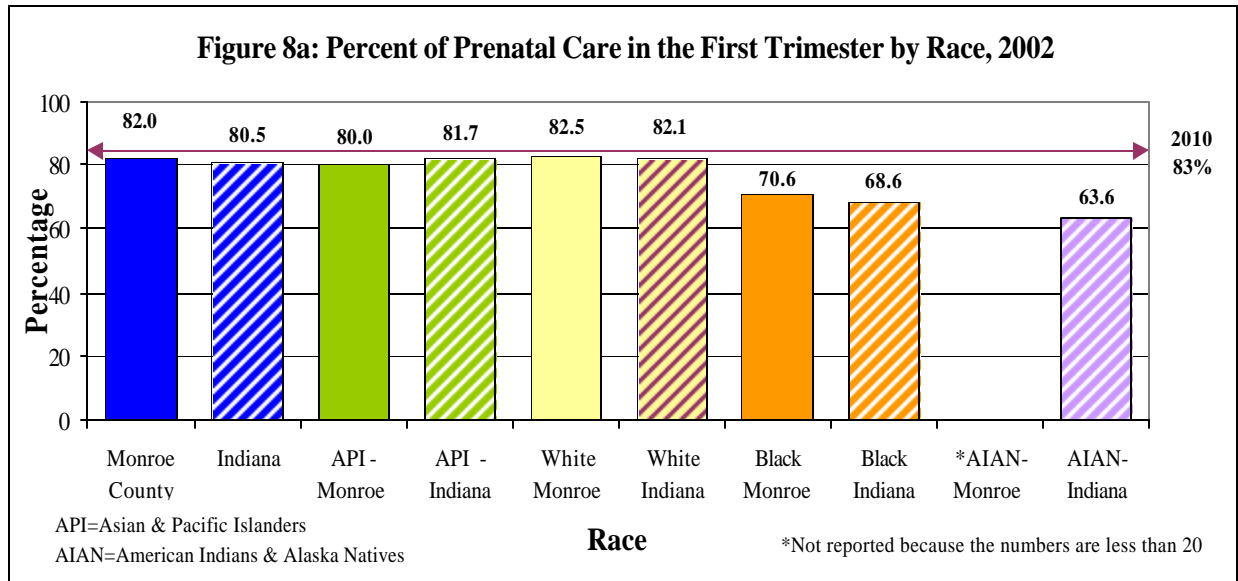
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



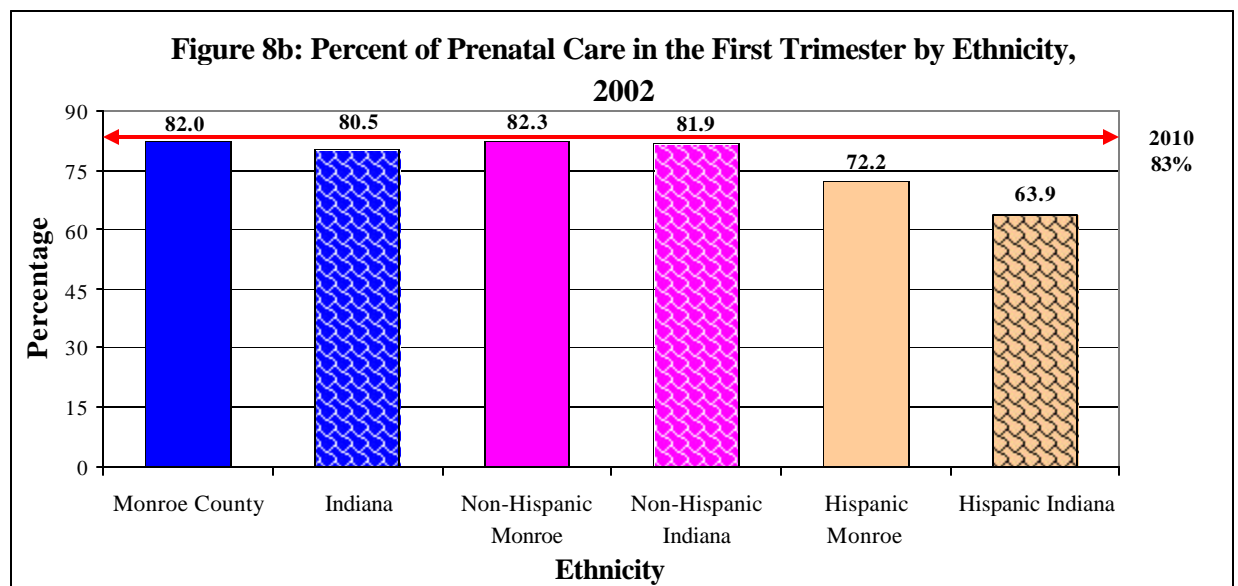
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



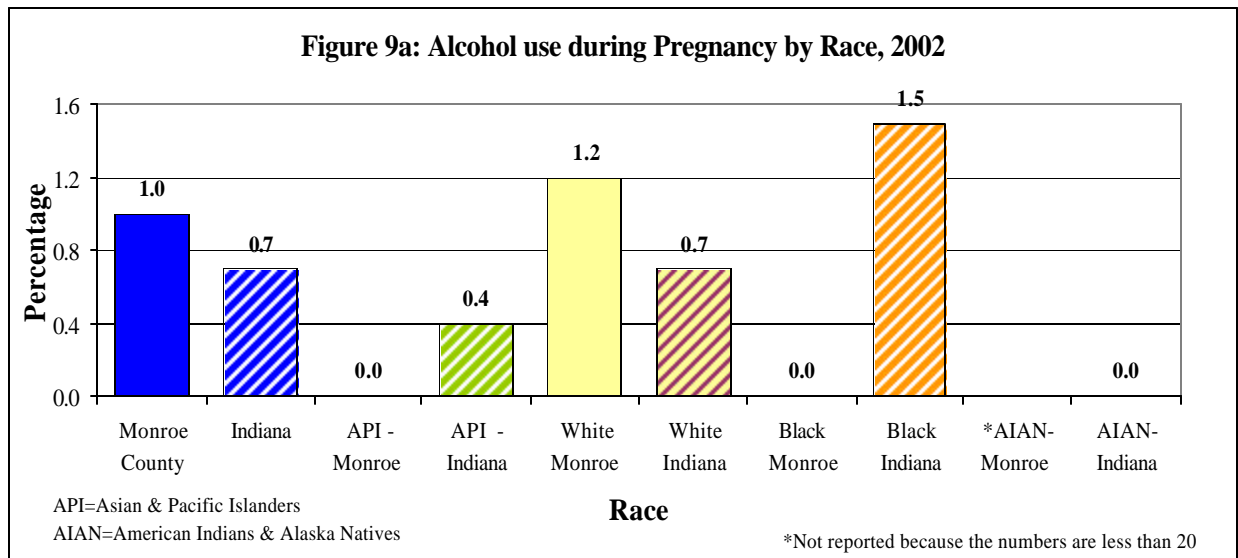
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



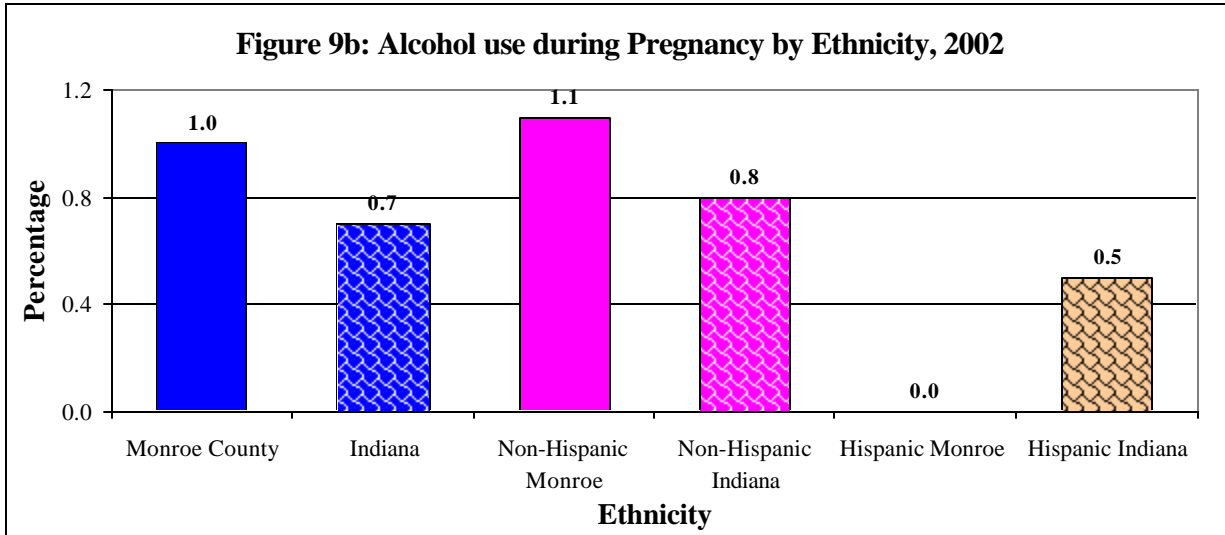
Alcohol Use during Pregnancy by Race (Figure 9a):

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



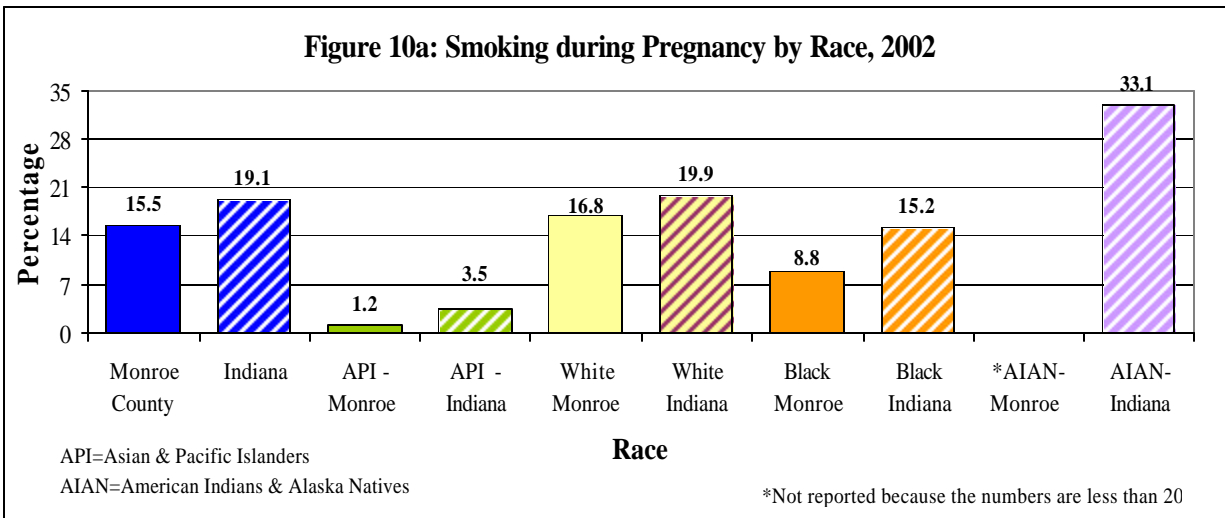
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



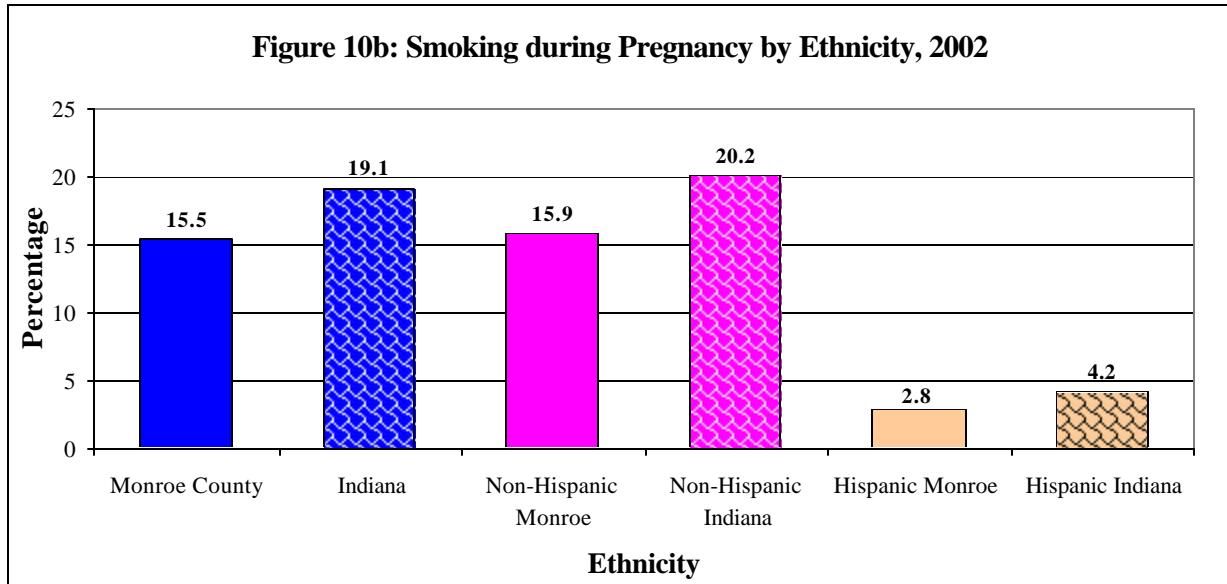
Smoking during Pregnancy by Race (Figure 10a):

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



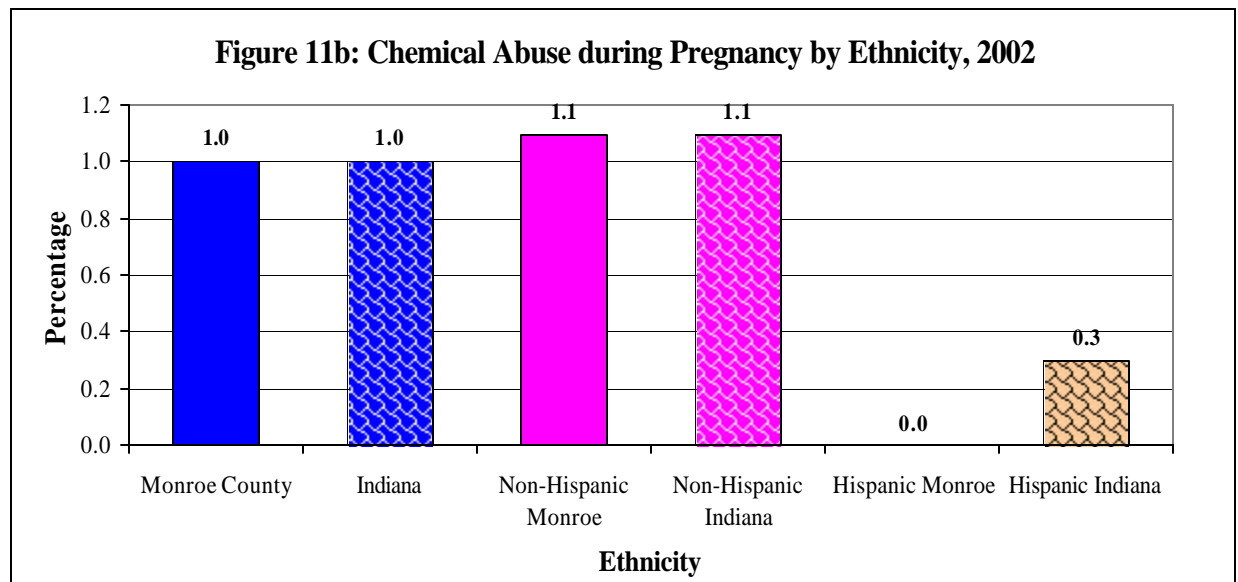
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



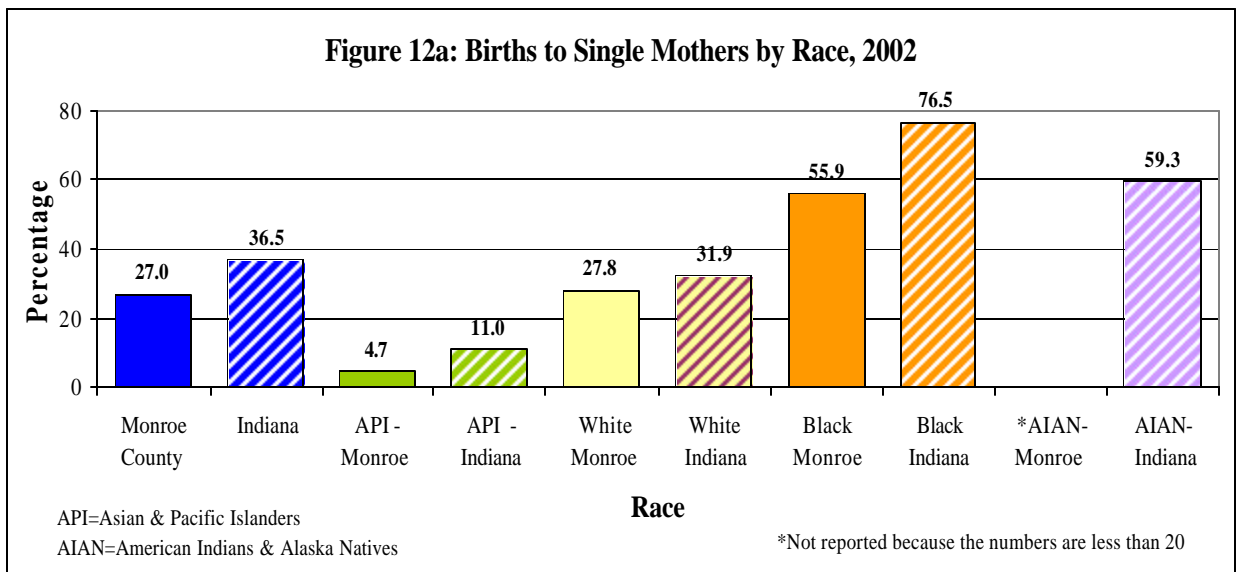
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



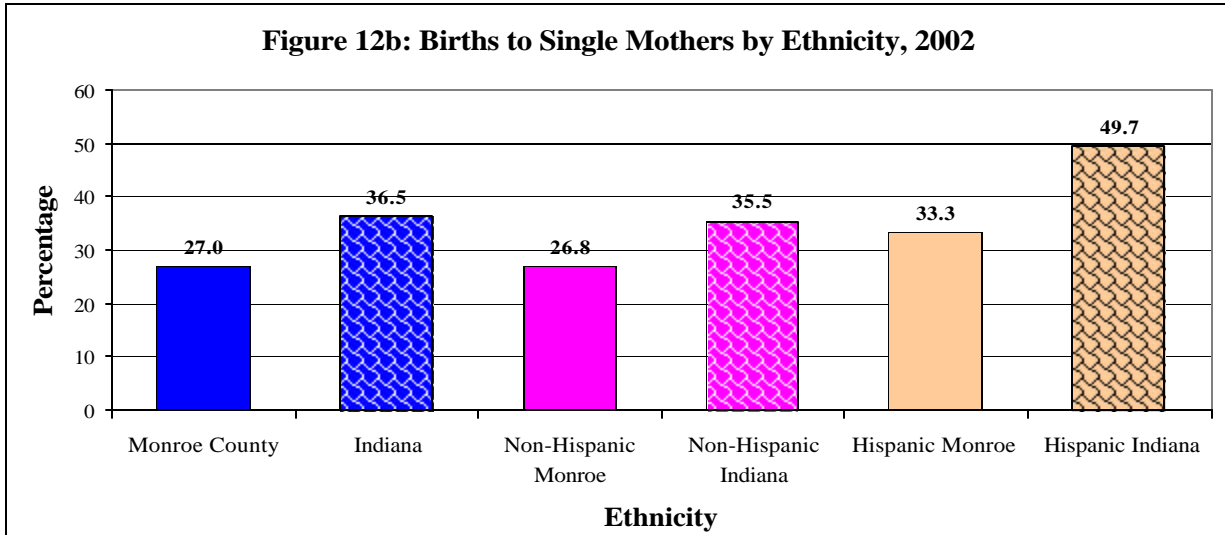
Births to Single Mothers by Race (Figure 12a):

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



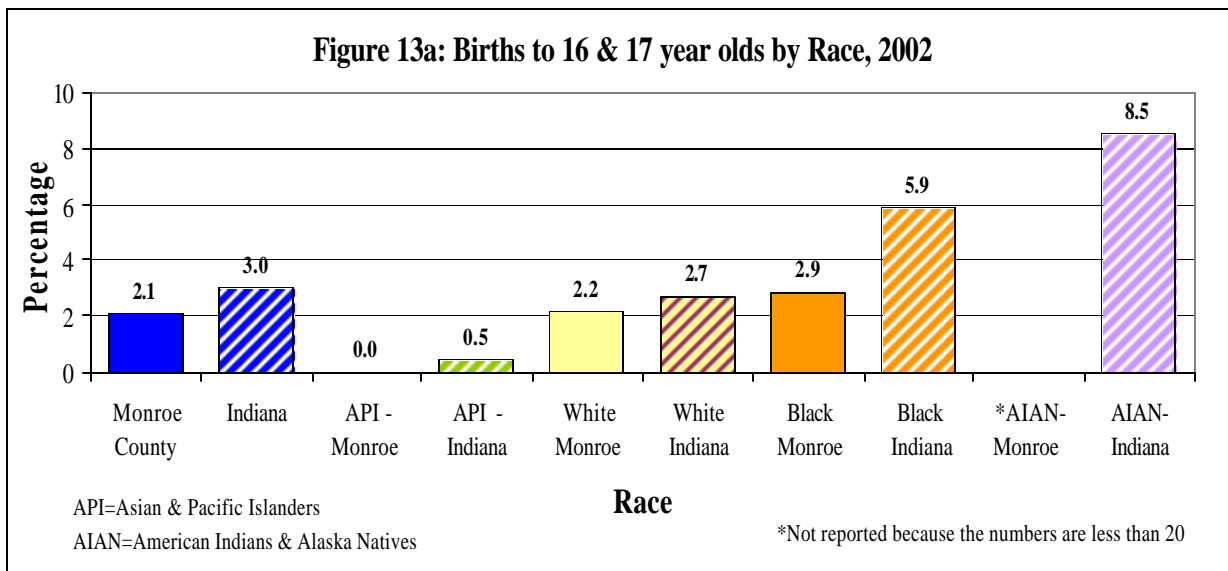
Births to Single Mothers by Ethnicity (Figure 12b):

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



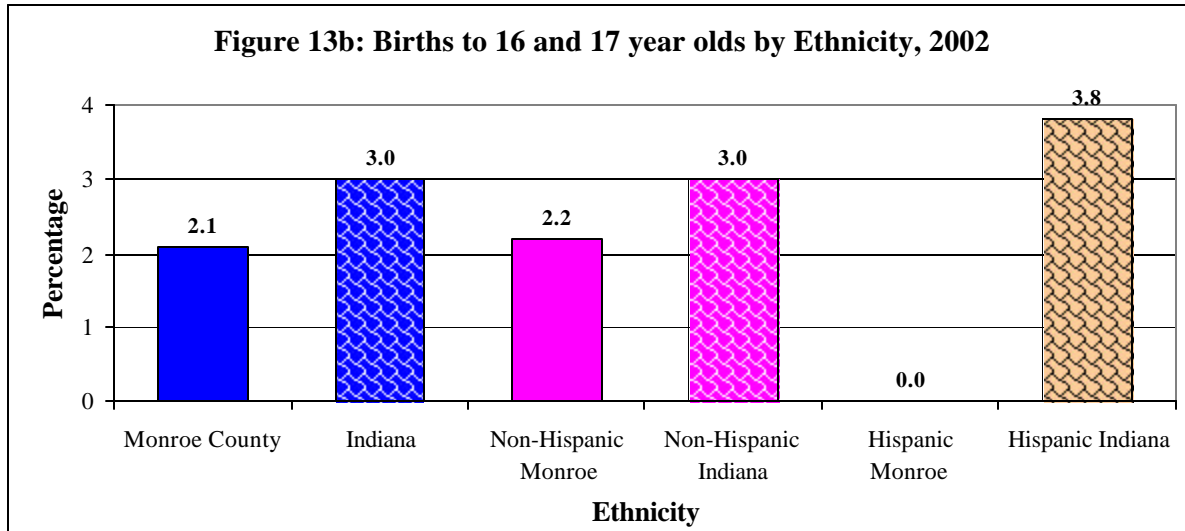
Births to 16 and 17 Year olds by Race (Figure 13a):

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



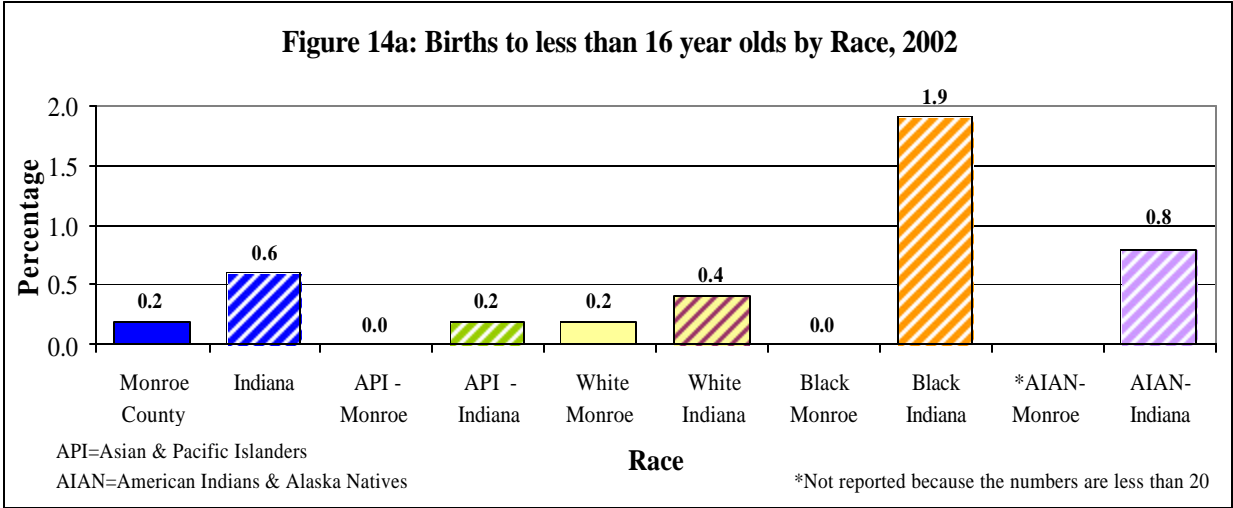
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



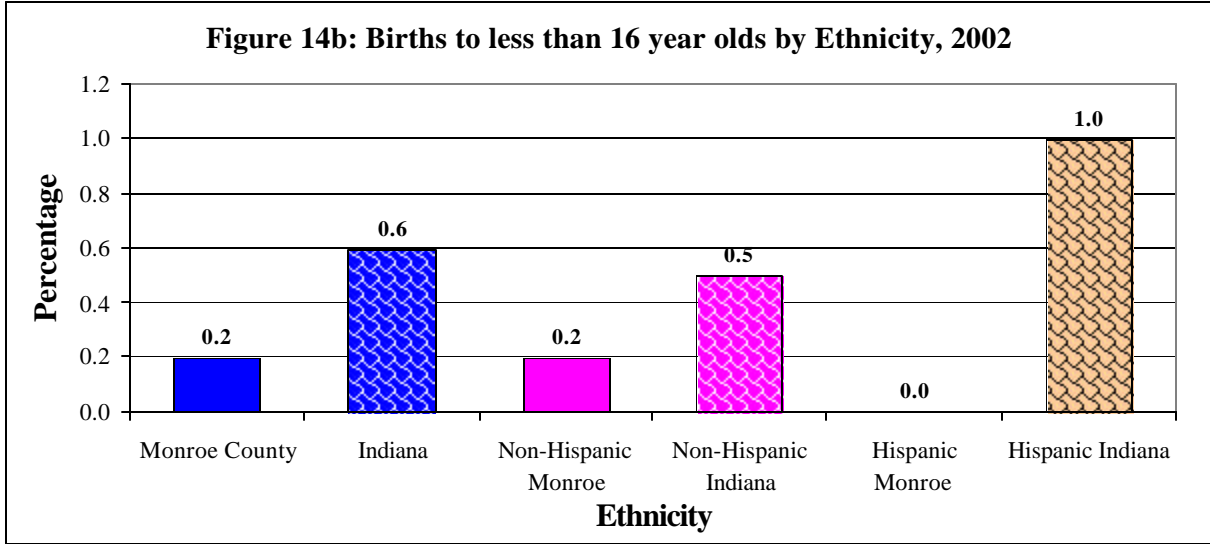
Births to Less than 16 Year olds by Race (Figure 14a):

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



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

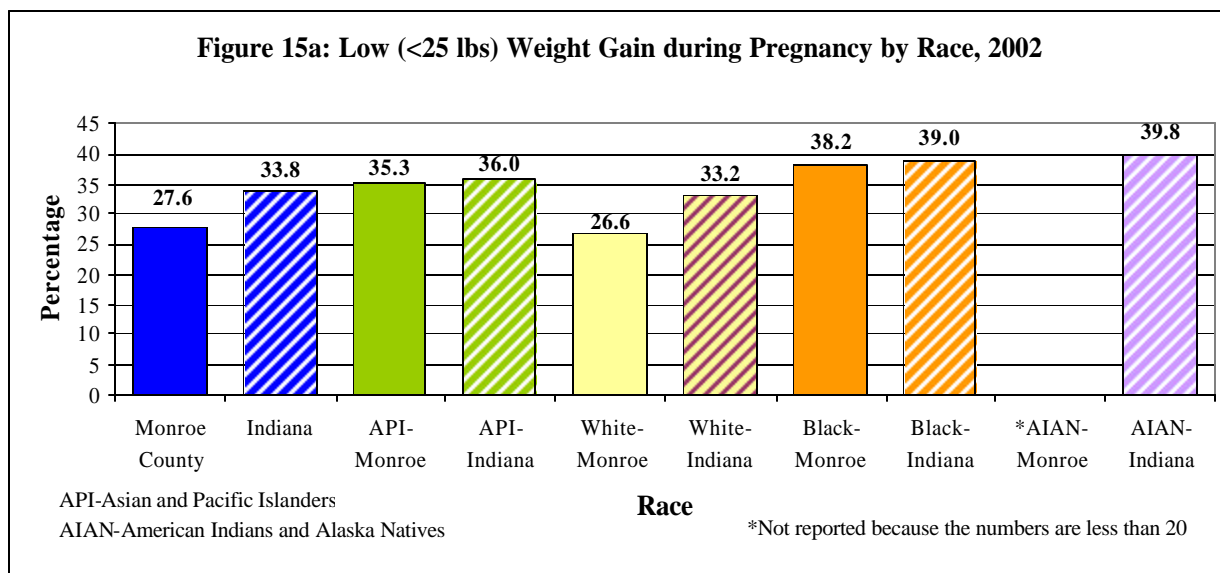
- The percentage of births to less than 16 year olds for Hispanics in Monroe County was similar to the percentage for Non-Hispanic births in Monroe County.
- The percentage of births to less than 16 year olds for Hispanics in Monroe County was lower than the percentage for all Hispanic births in Indiana.



Weight Gain during Pregnancy:

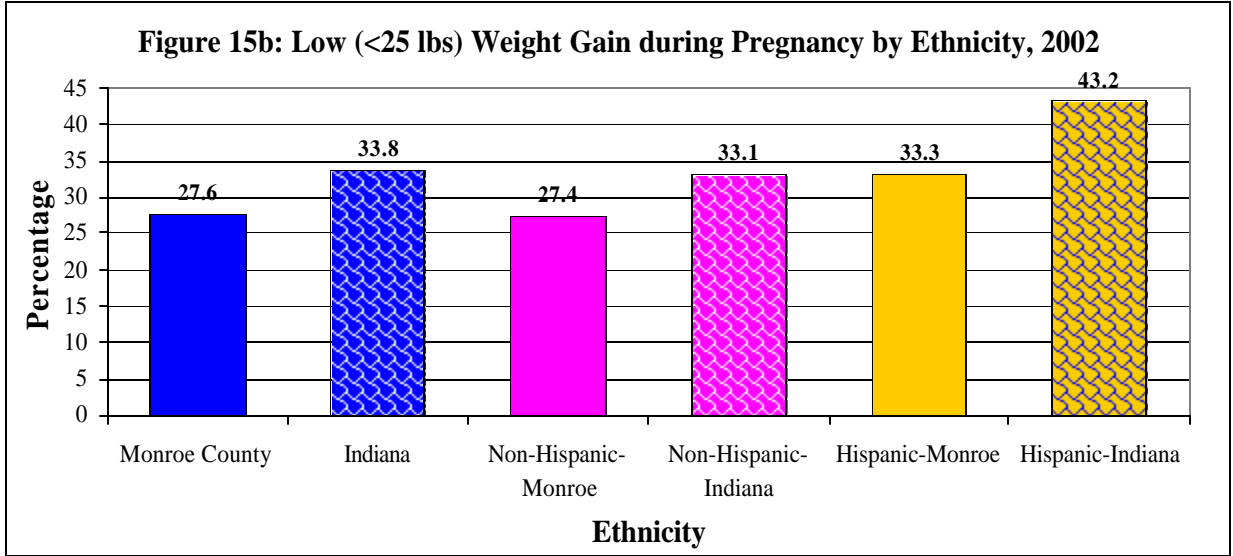
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



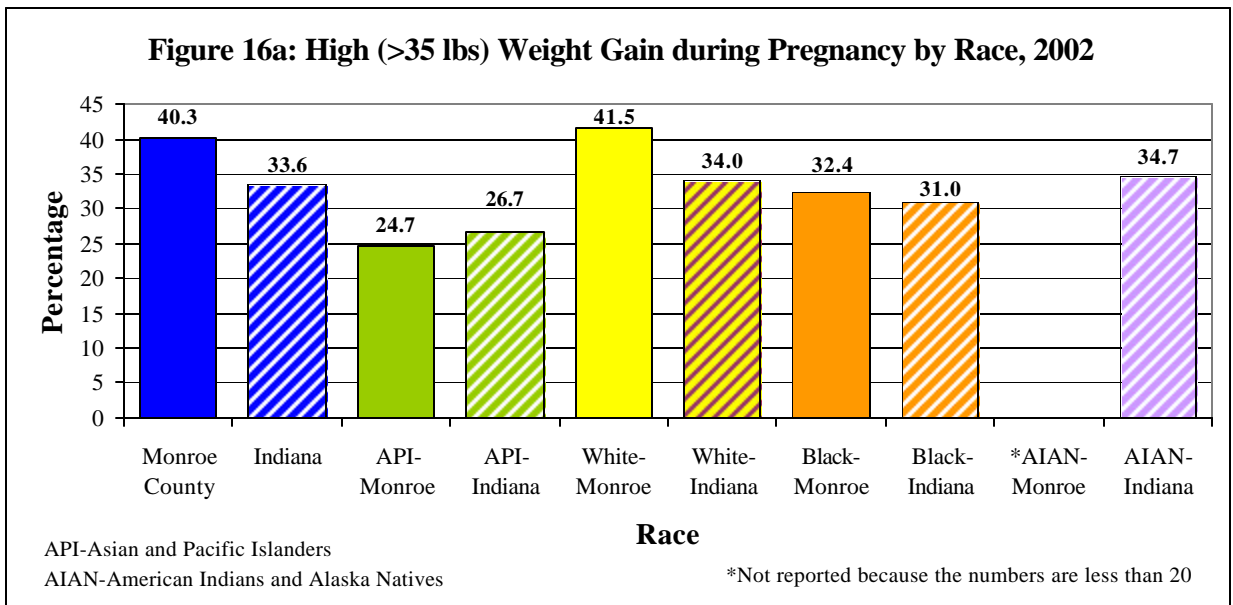
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



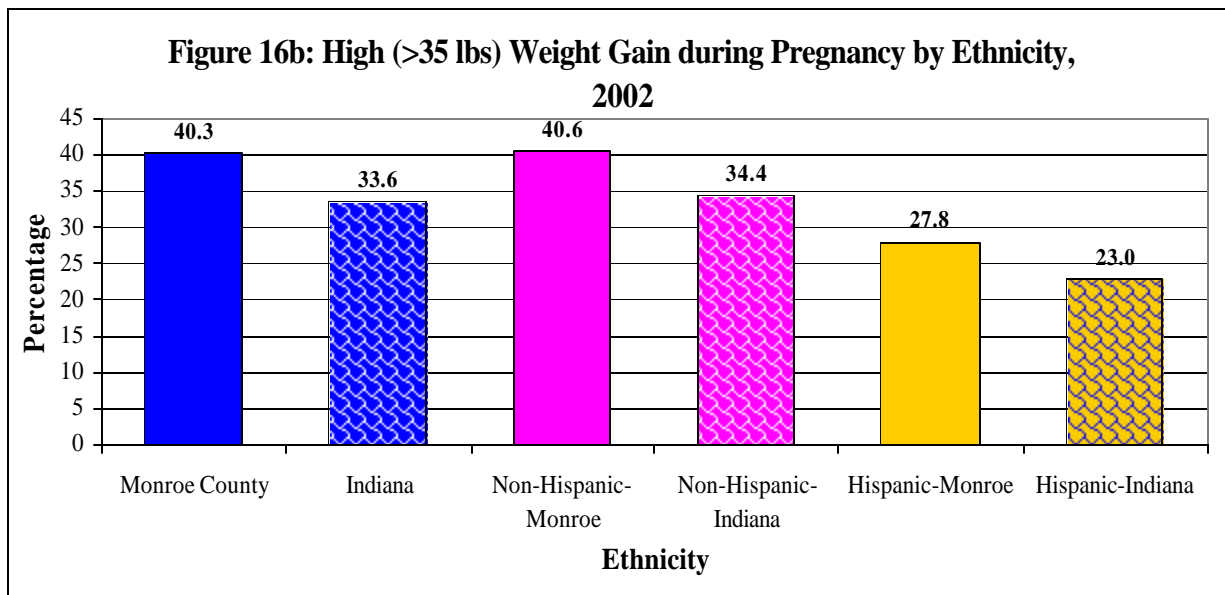
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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

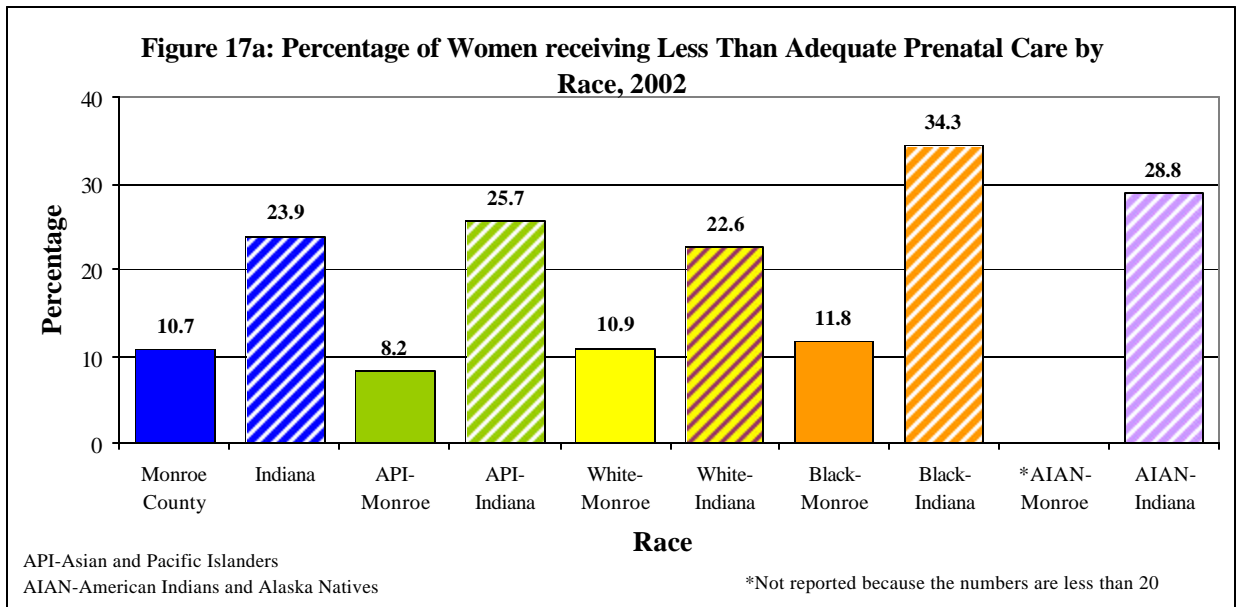
- The percentage of HWG during pregnancy for Hispanics in Monroe County was lower than the percentage for Non-Hispanic births in Monroe County.
- The percentage of HWG during pregnancy for Hispanics in Monroe County was higher than the percentage for all Hispanic births in Indiana.



Prenatal Care:

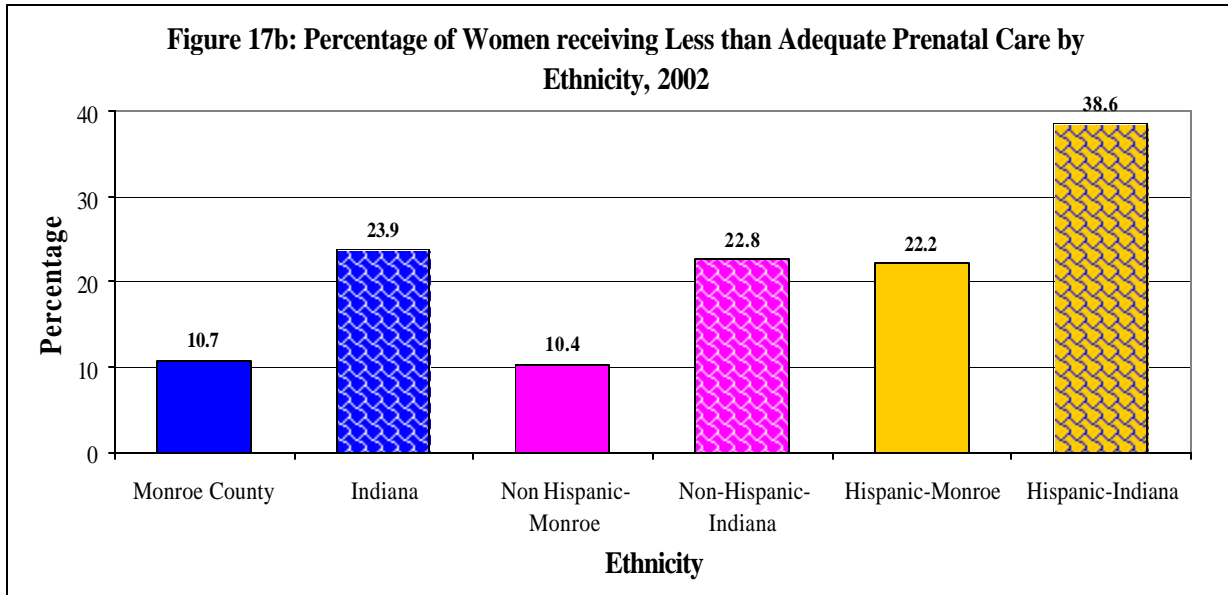
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

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



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

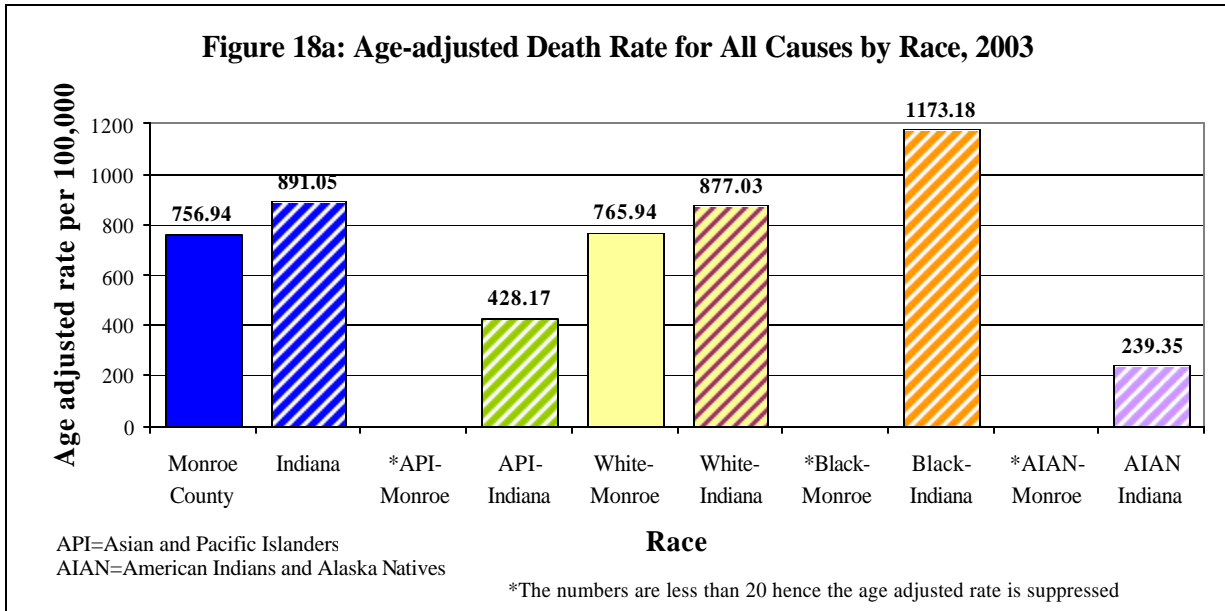
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Monroe County was higher than the percentage for Non-Hispanic births in Monroe County.
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Monroe County was lower than the percentage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



Leading Causes of Death:

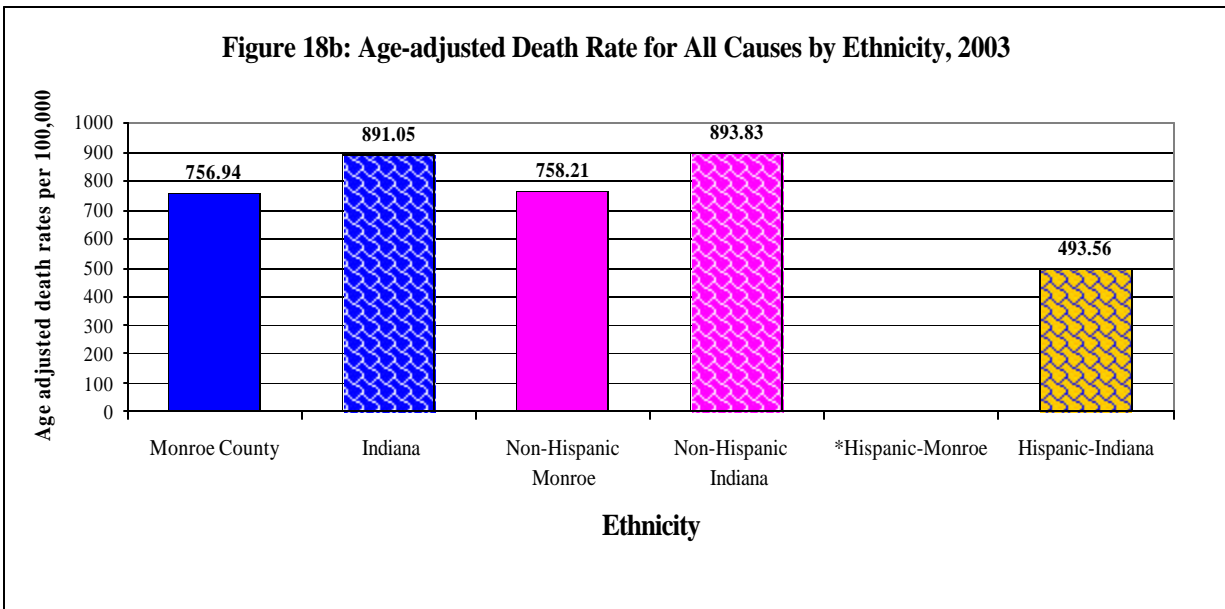
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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



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

- The age-adjusted death rate for Hispanics in Monroe 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 Monroe County could not be compared due to the small number of deaths.
- Malignant neoplasms are the leading cause of death in Monroe County.

Figure 19a: Five Leading Causes of Death by Race, 2003						
		Monroe County				
Leading Cause of Death by Race, 2003	Indiana State N=55,123	ALL Races N=733	Asian and Pacific Islanders (API) N=4	White N=717	Black N=10	American Indians & Alaska Natives (AIAN) N=0
#1	Diseases of the Heart N=15,180	Malignant Neoplasms N=185	N/A	Malignant Neoplasms N=181	Diseases of the Heart N=**	N/A
#2	Malignant Neoplasms N=12,771	Diseases of the Heart N=176	N/A	Diseases of the Heart N=173	N/A	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=46	N/A	Cerebrovascular Diseases N=45	N/A	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=28	N/A	Chronic Lower respiratory disease N=27	N/A	N/A
#5	Accidents N=2,086	Accidents N=23	N/A	Accidents N=23	N/A	N/A

** = 'Number' is suppressed if under 5.

N/A = Not applicable.

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

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

- Death by cause for Hispanics could not be compared due to the small number of deaths.

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		Monroe County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=733	Non-Hispanic N=730	Hispanic N=2
#1	Diseases of the Heart N=15,180	Malignant Neoplasms N=185	Malignant Neoplasms N=185	N/A
#2	Malignant Neoplasms N=12,771	Diseases of the Heart N=176	Diseases of the Heart N=175	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=46	Cerebrovascular Diseases N=46	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=28	Chronic Lower respiratory disease N=28	N/A
#5	Accidents N=2,086	Accidents N=23	Accidents N=23	N/A

N/A = Not applicable.

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

Overview of Monroe County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

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

Household arrangement (Table 2)

- Approximately fifty-eight percent of Black respondents (57.6 percent) lived in single adult households; more than one-quarter, lived in two adult homes (27.3 percent); and the remainder reported three or more adults in the home. Almost forty-eight percent reported the presence of one or more children in the household.
- More than one fifth of the Asian respondents (22.9 percent) lived in single adult households; approximately forty-six percent, lived in two adult homes (45.7 percent); and the remainder reported three or more adults in the home. Almost sixty-one percent reported the presence of one or more children in the household.
- Approximately six percent of the Hispanic/Latino respondents lived in single adult households; nearly thirty-nine percent lived in two adult households; and the remainder reported three or more adults in the home. Almost sixty-six percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 20 (60.6 percent) females and 13 (39.4 percent) males. Approximately forty-two percent of the respondents were younger than 35 years of age, while fifteen percent were 55 year or older.
- The Asian respondents consisted of 16 (45.7 percent) females and 19 (54.3 percent) males. Sixty percent of the respondents were younger than 35 years of age, while no respondents (0.0 percent) were 55 years or older.

- The Hispanic/Latino respondents consisted of 51 (55.4 percent) females and 41(44.6 percent) males. Nearly 63 percent of the respondents were younger than 35 years of age, while 2.3 percent were 55 years or older.

Education (Table 2)

- Six percent of the Black respondents graduated from high school, 37.5 percent had some college or trade school experience, and 56.3 percent had college degrees.
- Approximately six percent of the Asian respondents graduated from high school, 11.4 percent had some college or trade school experience, and 80.0 percent had college degrees.
- Approximately thirty-nine percent of the Hispanic/Latino respondents graduated from high school, 33.3 percent had some college or trade school experience, and 5.6 percent had college degrees.

Health status perceptions (Table 3)

- Fifty-three percent of the Black respondents rated their health as excellent or very good, and an additional 37.5 percent described their health as good. Approximately nine percent described their health as fair (9.4percent).
- Sixty-six percent of the Asian respondents rated their health as excellent or very good, and an additional 22.9 percent described their health as good. Approximately eleven percent described their health as either fair (5.7 percent), or poor (5.7 percent).
- Twenty-eight percent of the Hispanic/Latino respondents rated their health as excellent or very good, and an additional 22.9 percent described their health as good. Forty-eight percent described their health as either fair (37.1 percent) or poor (11.4 percent).

Satisfaction with life (Table 3)

- Eighty-seven percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder (12.5 percent) described their feelings as sometimes satisfied, sometimes dissatisfied.
- Sixty-three percent of the Asian respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (31.4 percent) or dissatisfied (5.7 percent).

- Sixty-six percent of the Hispanic/Latino respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (27.8 percent) or dissatisfied (5.6 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (90.9 percent), followed by the Internet (30.3 percent). Family members were identified by twenty-four percent, magazines or newspapers (18.2 percent), television or radio (12.1 percent), and other sources (6.1 percent).
- The most frequent source of health information offered by Asian respondents was a doctor, nurse or clinic (74.3 percent), followed by the Internet (51.4 percent). Magazines or newspapers were identified by thirty-four percent, family members (28.6 percent), television or radio (25.7 percent), and other sources (20.0 percent).
- The most frequent source of health information reported by Hispanic/Latino respondents was a doctor, nurse or clinic (50.0 percent), followed by family members (44.4 percent). The Internet was identified by approximately twenty-nine percent, television or radio (25.0 percent), magazines or newspapers (16.6 percent), and other sources (11.1 percent).

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

- Twenty-five percent of Black respondents reported no visits to the dentist in the last twelve months. Approximately sixty-five percent reported visiting the dentist one to two times in the last year, and 9.4 percent reported three or more visits this past year. The majority of Black respondents (78.1 percent) reported having access to a dentist for dental care.
- Forty-eight percent of the Asian respondents reported no visits to the dentist in the last twelve months. Fifty-one percent reported visiting the dentist one to two times in the last year, and 17.1 percent reported three or more visits this past year. Approximately forty-nine percent of the Asian respondents specified having access to a dentist for dental care.
- Nearly fifty-three percent reported no visits to the dentist in the last twelve months. Approximately twenty-eight percent reported visiting the dentist one to two times in the last year, and 19.4 percent reported three or more visits this past year. Slightly more than one quarter of the Hispanic/Latino respondents (25.7 percent) reported having access to a dentist for dental care.

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

- Three percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. Approximately fifty-five percent reported visiting the doctor or nurse one to two times in the last year, and 42.4 percent reported three or more visits this past year. Nearly two-thirds of Black respondents (60.6 percent) reported having access to a doctor or a nurse for health care.
- Eleven percent of the Asian respondents reported no visits to the doctor or nurse in the last 12 months. Fifty-one percent reported visiting the doctor or nurse one to two times in the last year, and 37.1 percent reported three or more visits this past year. Thirty-seven percent of the Asian respondents (37.1 percent) indicated having access to a doctor or a nurse for health care.
- Nearly thirty-one percent of the Hispanic/Latino respondents reported no visits to the doctor or nurse in the last 12 months. Forty-four percent reported visiting the doctor or nurse one to two times in the last year, and twenty-five percent reported three or more visits this past year. Thirty-one percent of Hispanic/Latino respondents reported having access to a doctor or a nurse for health care.

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

- For Black respondents who did not have a regular source of care (39.4 percent), the choice for service if needed was a hospital emergency room (38.4 percent), doctor's office (23.1 percent), other choice (23.1 percent), community clinic (7.7 percent), and urgent care center (7.7 percent).
- For Asian respondents who did not have a regular source of care (62.9 percent), the choice of service if needed was a community clinic (36.4 percent), doctor's office (22.7 percent), other choice (22.7 percent), self-care (13.6 percent), and hospital emergency room (4.6 percent).
- For Hispanic/Latino respondents who did not have a regular source of care (68.6 percent), the choice of service if needed was a hospital emergency room (25.0 percent), doctor's office (25.0 percent), community clinic (20.8 percent), self-care (16.7 percent), urgent care center (8.3 percent), and other choice (4.2 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 (95.0 percent) followed by other facility (5.0 percent).
- Asian respondents who specified having a regular source of care, most frequently relied on private physicians (83.3 percent), followed by community clinics (16.7 percent).

- Hispanic/Latino respondents with a regular source of care, most frequently relied on a community clinic (45.5 percent), followed by private physicians (36.4 percent), and the urgent care center (18.1 percent).

Actual utilization patterns (Table 4)

- On reporting actual utilization of health care services during the past 12 months, twelve percent of the Black respondents reported they were hospitalized, thirty-four percent reported use of a hospital emergency room, and twelve percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, approximately nine percent of the Asian respondents reported they were hospitalized, nearly six percent reported use of a hospital emergency room, and nearly six percent used the services of an urgent care center.
- On reporting actual utilization of health care services during the past 12 months, twenty-four percent of Hispanic/Latino respondents reported they were hospitalized, twenty-two percent reported use of a hospital emergency room, and approximately twenty-nine percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Forty-five percent of Black respondents rated services as either superior (6.1 percent), or above average (39.4 percent). Nearly fifty-two percent described the services they received as average. Three percent rated services as below average.
- Thirty-nine percent of the Asian respondents rated services as either superior (3.0 percent), or above average (36.4 percent). Nearly fifty-eight percent described the services they received as average. Three percent rated services as below average.
- Forty-seven percent of Hispanic/Latino respondents rated services as either superior (17.6 percent), or above average (29.4 percent). Forty-one described the services they received as average. Approximately twelve percent rated services as below average.

Personal barriers to health care utilization (Table 5)

- Twelve percent of Black respondents (12.1 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of insurance, lack of money, waiting too long for an appointment, doctor wouldn't take new patients, and was not treated with respect.

- Nearly eighteen percent of the Asian respondents (17.6 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included language barriers, the lack of insurance, had to wait too long for an appointment, clinic or doctor's office staff was rude and not very helpful, and felt uncomfortable asking the doctor or nurse questions.
- Approximately forty-three percent Hispanic/Latino respondents (42.9 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, language barriers, had to wait too long for an appointment, and didn't feel the medical care was the best.

Community barriers to health utilization (Table 5)

- Black respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, medical care not covered by insurance, waiting too long for an appointment, and doctor or clinic would not take Medicaid.
- Asian respondents indicated the top five barriers to health care in their community included language barriers, the lack of money, lack of insurance, medical care not covered by insurance, and cultural barriers.
- Hispanic/Latino respondents indicated the top five barriers to health care in their community included the lack of insurance, lack of money, language barriers, not having a Social Security Number, and lack of transportation.

Cigarette smoking (Table 6)

- One third of the Black respondents (33.3 percent) reported having smoked at least 100 cigarettes in their life with twenty-seven percent smoking everyday, 36.4 percent some days, and 36.4 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (66.7 percent) to about two packs (33.3 percent). Twenty-one percent of all Black respondents (21.2 percent) indicated they were current smokers.
- Twenty percent of the Asian respondents reported having smoked at least 100 cigarettes in their life with approximately forty-three percent reported smoking everyday, 42.8 percent some days, and 14.4 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (83.3 percent) to about two packs (16.7 percent). More than thirty-one percent of all Asian respondents (31.4 percent) indicated they were current smokers

- Approximately sixty-four percent of the Hispanic/Latino respondents reported having smoked at least 100 cigarettes in their life with approximately forty-eight percent smoking some days and 52.2 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (72.7 percent) to about two packs (9.1 percent). More than thirty percent of all Hispanic/Latino respondents (30.6 percent) indicated they were current smokers.

Physical activity (Table 6)

- Approximately seventy-two percent of the Black respondents (71.9 percent) reported exercising one or more times per week. Three percent of the respondents (3.1 percent) indicated they never exercise.
- Seventy-eight percent of the Asian respondents (78.1 percent) indicated exercising one or more times per week. Three percent of the respondents (3.1 percent) indicated they never exercise.
- Forty-seven percent of the Hispanic/Latino respondents (47.2 percent) reported exercising one or more times per week. Nearly twenty percent of the respondents (19.5 percent) indicated they never exercise.

Healthy diet (Table 6)

- More than forty percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (3.1 percent), or most of the time (37.5 percent). Approximately nineteen percent of the respondents (18.8 percent) indicated they do not follow healthy diet recommendations.
- Approximately forty-three percent of the Asian respondents indicated they follow healthy diet recommendations either almost all of the time (17.2 percent), or most of the time (25.7 percent). More than eleven percent of the respondents (11.4 percent) indicated they do not follow healthy diet recommendations.
- Approximately fifty-three percent of the Hispanic/Latino respondents reported they follow healthy diet recommendations either almost all of the time (27.8 percent), or most of the time (25.0 percent). Eleven percent of the respondents indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- More than twenty-three percent of the Black respondents (23.3 percent) reported that a doctor or nurse told them they have asthma. Other disease conditions included high blood pressure (20.0 percent), heart disease (7.4 percent), other lung disease (6.7 percent), and diabetes (3.8 percent).

- Approximately nine percent of the Asian respondents indicated that a doctor or nurse told them they have heart disease. Other disease conditions included high blood pressure (8.6 percent), asthma (6.5 percent), and diabetes (3.0 percent).
- More than one-fifth of the Hispanic/Latino respondents (21.2 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (12.1 percent), other lung disease (9.7 percent), and diabetes (9.1 percent).

Adults requiring assistance (Table 7)

- Three percent of the Black respondents reported having an adult member of their household who requires assistance, but they do not pay for this assistance.
- More than eleven percent of the Asian respondents (11.4 percent) indicated having an adult member of their household who requires assistance, but only half of the respondents pay for this assistance.
- Nearly six percent of the Hispanic/Latino 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)

- Only twenty-seven percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, approximately eighty-nine percent indicated they do have some type of medical insurance coverage. The majority reported coverage through their employer (62.5 percent), covered under spouse or parent's insurance (37.5 percent), and long-term care insurance (25.0 percent).
- Only one-quarter of the Asian respondents provided a reply to the question of whether they have medical insurance. Of those who responded, approximately eighty-nine percent indicated they do have some type of medical insurance coverage. Half of the respondents reported having coverage through their employer (50.0 percent), privately purchased plan (37.5 percent), Medicare (25.0 percent), and covered under spouse or parent's insurance (12.5 percent).
- Only thirty-six percent, of the Hispanic/Latino respondents provided a reply to this question of whether they have medical insurance. Of those who responded, forty-six percent indicated they do have some type of medical insurance coverage. One third of those covered reported coverage through Medicare (33.3 percent), other insurance (33.3 percent), coverage through their employer (16.7 percent), and privately purchased plan (16.7 percent).

Dental insurance coverage (Table 8)

- More than two-thirds of the Black respondents (69.7 percent) reported having dental insurance coverage.
- Slightly more than one quarter of the Asian respondents (26.5 percent) indicated they have dental insurance coverage.
- More than one fifth of the Hispanic/Latino respondents (22.2 percent) reported they have dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- More than forty percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while nearly twenty-two percent pay \$25 to \$49 per month or \$50 to \$74 per month. Three percent of the respondents indicated paying \$100 to \$199 per month. More than thirty-four percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them.
- More than thirty-one percent of the Asian respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while twenty percent pay \$25 to \$49 per month. Approximately three percent of the respondents indicated paying \$75 to \$99 per month. More than twenty-eight percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while seventeen percent indicated they did not know.
- Twenty percent of the Hispanic/Latino respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while twenty percent pay \$25 to \$49 per month or \$50 to \$74 per month. Approximately six percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month, while nearly nine percent pay \$200 or more per month. Thirty-four percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while more than eleven percent indicated they did not know.

Monroe County Needs Assessment Survey 2004

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

	Racial Minorities		Asian		Ethnic Minorities	
	Black				Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
Neighborhood Health Problems (respondents could list as many as five)						
Infectious diseases	1	3.0%	6	17.1%	19	52.8%
High blood pressure & Strokes	18	54.6%	3	8.6%	4	11.1%
Diet problems (obesity, poor nutrition)	8	24.2%	15	42.9%	5	13.9%
Heart disease	9	27.3%	13	37.1%	9	25.0%
Cancer	12	36.4%	10	28.6%	8	22.2%
Diabetes	12	36.4%	3	8.6%	9	25.0%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	9	27.3%	9	25.7%	12	33.3%
Substance abuse (alcohol, drugs, smoking)	6	18.2%	5	14.3%	12	33.3%
AIDS/HIV	4	12.1%	10	28.6%	8	22.2%
Mental illness	9	27.3%	3	8.6%	0	0.0%
Lack or Inadequate Health/Dental care and insurance	8	24.2%	5	14.3%	0	0.0%

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

	Racial Minorities Black		Asian		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
2a. How many adults in live in your household?						
1	19	57.6%	8	22.9%	2	5.5%
2	9	27.3%	16	45.7%	14	38.9%
3	3	9.0%	6	17.1%	6	16.7%
4	2	6.1%	2	5.7%	8	22.2%
5	0	0.0%	2	5.7%	6	16.7%
6 or more	0	0.0%	1	2.9%	0	0.0%
2b. How many children live in your household?						
0	12	52.2%	9	39.1%	12	34.2%
1	4	17.4%	3	13.1%	1	2.9%
2	4	17.4%	9	39.1%	7	20.0%
3	3	13.0%	0	0.0%	9	25.7%
4	0	0.0%	2	8.7%	1	2.9%
5 or more	0	0.0%	0	0.0%	5	14.3%
3. What is your gender?						
Male	13	39.4%	19	54.3%	19	57.6%
Female	20	60.6%	16	45.7%	14	42.4%
4. What is your age?						
Less than 18 years	1	3.0%	2	5.7%	3	8.6%
18 - 24	8	24.2%	6	17.1%	18	51.5%
25 - 34	5	15.2%	13	37.2%	6	17.1%
35 - 44	9	27.3%	14	40.0%	6	17.1%
45 - 54	5	15.2%	0	0.0%	0	0.0%
55 - 64	4	12.1%	0	0.0%	2	5.7%
65+	1	3.0%	0	0.0%	0	0.0%
7. How much education have you had?						
Less than high school	0	0.0%	1	2.9%	8	22.2%
High school or equivalent	2	6.2%	2	5.7%	14	38.9%
Some college or trade school	12	37.5%	4	11.4%	12	33.3%
College graduate or more education	18	56.3%	28	80.0%	2	5.6%

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

	Racial Minorities Black		Asian		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
8. Would you say that in general your health is?						
Excellent	4	12.5%	4	11.4%	3	8.6%
Very Good	13	40.6%	19	54.3%	7	20.0%
Good	12	37.5%	8	22.9%	8	22.9%
Fair	3	9.4%	2	5.7%	13	37.1%
Poor	0	0.0%	2	5.7%	4	11.4%
Very Poor	0	0.0%	0	0.0%	0	0.0%
9. Right now, how do you feel about your life as a whole?						
Very Satisfied	9	28.1%	5	14.3%	7	19.4%
Satisfied	19	59.4%	17	48.6%	17	47.2%
Sometimes satisfied, sometimes dissatisfied	4	12.5%	11	31.4%	10	27.8%
Dissatisfied	0	0.0%	2	5.7%	2	5.6%
Very Dissatisfied	0	0.0%	0	0.0%	0	0.0%

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

	Racial Minorities Black		Asian		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)						
Doctor, nurse or clinic	30	90.9%	26	74.3%	18	50.0%
The Internet	10	30.3%	18	51.4%	10	27.8%
Magazines or newspapers	6	18.2%	12	34.3%	6	16.6%
Television or radio	4	12.1%	9	25.7%	9	25.0%
Family members	8	24.2%	10	28.6%	16	44.4%
Other	2	6.1%	7	20.0%	4	11.1%
11. In the last 12 months, how many separate visits have you made to the dentist?						
None	8	25.0%	10	28.6%	19	52.8%
1 or 2	21	65.6%	19	54.3%	10	27.8%
3 to 5	3	9.4%	6	17.1%	6	16.6%
More than 6	0	0.0%	0	0.0%	1	2.8%
12. Do you have a dentist who you almost always go to for dental care?						
Yes	25	78.1%	17	48.6%	9	25.7%
No	7	21.9%	18	51.4%	26	74.3%
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	3.0%	4	11.4%	11	30.6%
1 or 2	18	54.6%	18	51.5%	16	44.4%
3 to 5	7	21.2%	9	25.7%	4	11.1%
6 or more	7	21.2%	4	11.4%	5	13.9%
14. Do you have a doctor or a nurse who you almost always go to for health care?						
Yes	20	60.6%	13	37.1%	11	31.4%
No	13	39.4%	22	62.9%	24	68.6%
15. If No, where would you go to get care if you were to get sick?						
Doctor's office	3	23.1%	5	22.7%	6	25.0%
Community clinic	1	7.7%	8	36.4%	5	20.8%
Hospital emergency room	5	38.4%	1	4.6%	6	25.0%
Urgent care center	1	7.7%	0	0.0%	2	8.3%
Self care	0	0.0%	3	13.6%	4	16.7%
Other	3	23.1%	5	22.7%	1	4.2%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?

Private doctor's office	19	95.0%	10	83.3%	4	36.4%
Community clinic	0	0.0%	2	16.7%	5	45.5%
Hospital emergency room	0	0.0%	0	0.0%	0	0.0%
Urgent care center	0	0.0%	0	0.0%	2	18.1%
Other	1	5.0%	0	0.0%	0	0.0%

17. Were you hospitalized during the past 12 months?

Yes	4	12.1%	3	8.8%	8	24.2%
No	29	87.9%	31	91.2%	25	75.8%

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

Yes	13	39.4%	2	5.7%	8	22.2%
No	20	60.6%	33	94.3%	28	77.8%

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

Yes	4	12.1%	2	5.7%	10	27.8%
No	29	87.9%	33	94.3%	26	72.2%

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

	Racial Minorities Black		Asian			Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent		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	2	6.1%	1	3.0%		6	17.6%
Above average	13	39.4%	12	36.4%		10	29.4%
Average	17	51.5%	19	57.6%		14	41.2%
Below average	1	3.0%	1	3.0%		4	11.8%
Terrible	0	0.0%	0	0.0%		0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?							
Yes	4	12.1%	6	17.6%		15	42.9%
No	29	87.9%	28	82.4%		20	57.1%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)							
No doctor in area	0	0.0%	0	0.0%		2	13.3%
Lack of money	2	50.0%	1	16.7%		11	73.3%
No insurance	4	100.0%	2	33.3%		10	66.7%
Insurance did not cover the medical care	0	0.0%	0	0.0%		2	13.3%
No transportation available	0	0.0%	0	0.0%		1	6.7%
Had to wait too long for an appointment	1	25.0%	2	33.3%		5	33.3%
Doctor wouldn't take new patients	1	25.0%	0	0.0%		2	13.3%
Doctor or clinic wouldn't take Medicare	0	0.0%	0	0.0%		2	13.3%
Doctor or clinic wouldn't take Medicaid	0	0.0%	0	0.0%		0	0.0%
Doctor you need to see for your insurance is out of your area	0	0.0%	0	0.0%		0	0.0%
Language barriers	0	0.0%	4	66.7%		9	60.0%
Cultural barriers	0	0.0%	0	0.0%		0	0.0%
Had to wait too long in doctor's or clinic office	0	0.0%	0	0.0%		2	13.3%
Was not treated with respect	1	25.0%	0	0.0%		1	6.7%
The doctor or nurse wouldn't listen	1	25.0%	0	0.0%		0	0.0%
Felt uncomfortable asking the doctor or nurse questions	0	0.0%	1	16.7%		0	0.0%
Didn't feel the medical care was the best	0	0.0%	0	0.0%		3	20.0%
Couldn't get off work	0	0.0%	0	0.0%		0	0.0%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%	2	33.3%		0	0.0%
No child care available	0	0.0%	1	16.7%		1	6.7%

Not having a Social Security Number was a problem	0	0.0%	1	16.7%	8	53.3%
Not having permanent address was a problem	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	1	16.7%	5	33.3%
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	6.1%	0	0.0%	4	11.1%
Lack of money	29	87.9%	16	45.7%	26	72.2%
No insurance	32	96.7%	14	40.0%	26	72.2%
Insurance did not cover the medical care	20	60.6%	14	40.0%	7	19.4%
No transportation available	5	15.1%	3	8.6%	11	30.6%
Had to wait too long for an appointment	11	33.3%	8	22.9%	10	27.8%
Doctor wouldn't take new patients	6	18.2%	4	11.4%	3	8.3%
Doctor or clinic wouldn't take Medicare	10	30.3%	1	2.9%	1	2.8%
Doctor or clinic wouldn't take Medicaid	11	33.3%	0	0.0%	4	11.1%
Doctor you need to see for your insurance is out of your area	4	12.1%	1	2.9%	0	0.0%
Language barriers	2	6.1%	17	48.6%	21	58.3%
Cultural barriers	6	18.2%	10	28.6%	9	25.0%
Had to wait too long in doctor's or clinic office	4	12.1%	8	22.9%	4	11.1%
Was not treated with respect	6	18.2%	2	5.7%	2	5.6%
The doctor or nurse wouldn't listen	1	3.1%	1	2.9%	2	5.6%
Felt uncomfortable asking the doctor or nurse questions	8	24.2%	3	8.6%	3	8.3%
Didn't feel the medical care was the best	6	18.2%	3	8.6%	5	13.9%
Couldn't get off work	6	18.2%	3	8.6%	8	22.2%
Clinic or doctor's office staff was rude and not very helpful	2	6.1%	3	8.6%	1	2.8%
No child care available	3	9.1%	0	0.0%	5	13.9%
Not having a Social Security Number was a problem	0	0.0%	2	5.7%	18	50.0%
Not having a permanent address was a problem	2	6.1%	0	0.0%	4	11.1%
Other	2	6.1%	1	2.9%	4	11.1%

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

	Racial Minorities Black		Asian		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?						
Yes	11	33.3%	7	20.0%	23	63.9%
No	22	66.7%	28	80.0%	11	30.6%
Don't know / Not sure	0	0.0%	0	0.0%	2	5.5%
25. If yes, do you now smoke cigarettes every day, some days or not at all?						
Everyday	3	27.2%	3	42.8%	0	0.0%
Some days	4	36.4%	3	42.8%	11	47.8%
Not at all	4	36.4%	1	14.4%	12	52.2%
26. If you smoke some days or everyday, how much do you usually smoke per day?						
Less than 1/2 pack per day	4	66.7%	5	83.3%	8	72.7%
1/2 to 1 pack per day	2	33.3%	0	0.0%	2	18.2%
About 2 packs per day	0	0.0%	1	16.7%	1	9.1%
About 3 packs per day	0	0.0%	0	0.0%	0	0.0%
More than 3 packs per day	0	0.0%	0	0.0%	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?						
One or more times each week	23	71.9%	25	78.1%	17	47.2%
Less than one time per week	8	25.0%	6	18.8%	12	33.3%
Not at all	1	3.1%	1	3.1%	7	19.5%
28. How often do you generally follow recommendations for a healthy diet?						
All the time or almost all of the time	1	3.1%	6	17.2%	10	27.8%
Most of the time	12	37.5%	9	25.7%	9	25.0%
Some of the time	13	40.6%	16	45.7%	13	36.1%
Not very often or not at all	6	18.8%	4	11.4%	4	11.1%
29. Have you ever been told by a doctor or nurse that you have any of the following?						
High blood pressure ('yes')	6	20.0%	3	8.6%	7	21.2%
Heart disease ('yes')	2	7.4%	3	8.8%	0	0.0%
Diabetes ('yes')	1	3.8%	1	3.0%	3	9.1%
Asthma ('yes')	7	23.3%	2	6.5%	4	12.1%
Other lung disease ('yes')	2	6.7%	0	0.0%	3	9.7%

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

	Racial Minorities Black		Asian		Ethnic Minorities Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?						
Yes	1	3.0%	4	11.4%	2	5.6%
No	32	97.0%	31	88.6%	24	94.4%
31. Do you pay anyone to give this assistance?						
Yes	0	0.0%	2	50.0%	1	50.0%
No	1	100.0%	2	50.0%	1	50.0%

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

	Racial Minorities		Asian		Ethnic Minorities	
	Black				Hispanic/Latino	
	Number	Percent	Number	Percent	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?						
Yes	8	88.9%	8	88.9%	6	46.2%
No	1	11.1%	1	11.1%	7	53.8%
33. If yes, what kind do you have? (respondents were asked to check all that apply)						
Provided by employer	5	62.5%	4	50.0%	1	16.7%
Privately purchased plan	0	0.0%	3	37.5%	1	16.7%
Covered under spouse or parent's insurance	3	37.5%	1	12.5%	0	0.0%
Medicare	0	0.0%	2	25.0%	2	33.3%
Medicaid	0	0.0%	0	0.0%	0	0.0%
Long term care insurance	2	25.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	2	33.3%
34. Do you have dental insurance coverage if any problems arise?						
Yes	23	69.7%	9	26.5%	8	22.2%
No	10	30.3%	25	73.5%	28	77.8%
35. How much do you pay for prescription drugs in a typical month?						
Nothing / Does not apply to me	11	34.4%	10	28.6%	12	34.2%
Less than \$10 per month	9	28.1%	5	14.3%	3	8.6%
\$10 to \$24 per month	4	12.5%	6	17.1%	4	11.4%
\$25 to \$49 per month	6	18.8%	7	20.0%	1	2.9%
\$50 to \$74 per month	1	3.1%	0	0.0%	6	17.1%
\$75 to \$99 per month	0	0.0%	1	2.9%	1	2.9%
\$100 to \$199 per month	1	3.1%	0	0.0%	1	2.9%
\$200 or more per month	0	0.0%	0	0.0%	3	8.6%
Don't know	0	0.0%	6	17.1%	4	11.4%

Overview of Monroe County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Monroe County residents: **asthma, cancer, Chlamydia, COPD, diabetes, HIV/AIDS and obesity**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve communication** between consumers and providers;
- **improve personal behavior** to promote positive lifestyles; 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 Monroe County.

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

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

Suggestions for improving access to health care for African- Americans and Hispanics in Monroe 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); and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

Key quotes from participants:

“My family and I have Anthem insurance and because we have insurance we get referrals, appointment reminders and scheduling for screenings. I don’t believe it happens for those without; they don’t make an effort if you don’t have insurance. They bug us because we have insurance. Plus I have a wife who knows about the importance of regular check-ups and she makes sure that our family is taken care of.”

“Cultural barriers, for example, in the Hispanic population or any population if you don’t know what they regularly eat how can you coach them on diet changes, how do you incorporate tortillas into their diabetic.”

“At home they did a lot of screenings for all types of things, mammograms, pap smears, handing out flyers trying to get people to get screened. I don’t see that here. I don’t see that in the community at all, pap smears, blood pressure, mammograms anything.”

“There is a lack of interest, its not advertised in the Black community. People don’t want to be stereotyped and don’t want to live off of society. They are not informed; there is not a lot of knowledge. Insurance, getting coverage improves health due to regular check-ups.”

“Given the background of my medical history, I’m given more tests. I feel my physicians have been less willing to listen to me and my body than some white person with the same problem.”

Monroe County Focus Group Responses

Question 1: What do you see as the major health problems in the Black or African-American (or Hispanic/Latino or Asian –American or Native American) population in this area?

BLACK OR AFRICAN-AMERICANS

Health Conditions:

- Asthma
- Cancer later on
- HIV
- COPD big one,
- Prostate cancer (increased rates)

Personal Behavior

- Obesity
- Smoking related problems

Health Access Barriers

- Community not aware of available resources.

HISPANICS

Health Conditions:

- Chlamydia
- Diabetics
- HIV
- Hypolipidemia
- Disability/dementia

Community Characteristics:

- Hispanic family unit, they do better
- They forget to take care of themselves and Dementia sets in.
- Language barriers

Personal Behavior

- Alcoholism
- Obesity
- Smoking related problems

ASIAN/PACIFIC ISLANDERS

Health Conditions:

- Cholesterol,
- Hypolipidemia
- Chlamydia

Personal Behavior

- Obesity

NATIVE AMERICAN GROUP

Personal Behavior

- Obesity

CONSUMERS

- No major problems

Quote

“I haven’t seen any like obesity, diabetes, are prevalent in my home town. But here everybody seems pretty fit. No major problems”

Question 2: What do you think can be done to improve the health status of Black or African-American (or Hispanic/Latino or Asian –American or Native American) in your community?

BLACK OR AFRICAN-AMERICANS

Increase Access:

- Reduce poverty

Improve Communication and Education:

- Provide information on what’s available
- Increase Peer education American

Quote:

“I know the church I got to they do not know about CHAPS.”

HISPANICS

Increase Access:

- Reduce poverty

Improve Communication and Education:

- Must be accountable
- Promote Peer education
- Community involvement and especially the male head of household.

GENERAL

Improve Communication and Education

- Invest in educating people about their health and what they can do to help themselves
- Target health problems affecting the community; Hypertension good issue for education

Improve Personal Behavior

- Promote health behavior; investing in their health, instill responsibility, lifestyle things get them aware of...

Provider Behavior/System Characteristics

- Increase funding; funding for services
- Provide incentives for private providers to see these patients they don't health coverage

CONSUMERS

Increase Access:

- Provide better insurance coverage.

Quote:

“My family and I have Anthem insurance and because we have insurance we get referrals, appointment reminders and scheduling for screenings. I don't believe it happens for those without; they don't make an effort if you don't have insurance. They bug us because we have insurance. Plus I have a wife who knows about the importance of regular check-ups and she makes sure that our family is taken care of.”

Question 3: What do you think are the major barriers to Black or African-American (or Hispanic/Latino or Asian –American or Native American) getting or accessing health care in your community?

HISPANICS

Community Characteristics:

- Language barriers

Quote:

“When grandma comes in with diabetes, providers try to explain that to an eight year old child. It is not a problem of just an interpreter, culture for one, but medical background when interpreter doesn't know how to explain the medical terms.”

GENERAL

Communication

- Community not aware of available services and resources.
- Advertisement has to be done through the bigger hospitals as they have a bigger budget.
- Lack of Community Outreach, no collaboration

Cultural Characteristics and Sensitivity

- Cultural barriers,
- Can't get my name out there
- Hospital is white you don't see blacks, or Hispanics patients, doctors, and employees.

Community Characteristics

- Women don't drive; man has to be present

Education

- Knowing about a place, options for care

Personal/Economics

- Lack of transportation services and basic things
- Lack of access to health care

Provider Behavior/System Characteristics

- Limited funding
- No funding for services rendered
- Providers not making money and don't want to see the patients
- Liability risk with uninsured Medicare and Medicaid patients
- Some service like advertising not funded because they are not a profit making item for the hospital.
- Money is not available for women between 20-50, no money available to provide services
- Hospital is not user friendly
- Outpatient referred differently

Quote:

“Broken (you) do try to fix it how can you, you don't make any money for us (hospital). Trying to do a joint poster (services) it went to the top, (they) told us back off, too many emails. Three months later get to check out poster all we could give was name and number and they designed it... for poster it will be another three months before getting poster out”

“Even if they speak English it could be just dialect for all groups, just terms that people..., ‘coming down’, I'd never heard that meaning her period”

“Cultural barriers for example, in the Hispanic population or any population if you don't know what they regularly eat how can you coach them on diet changes, how do you incorporate tortillas into their diabetic.”

CONSUMERS

Communication:

- Ignorance

Community Characteristics

- Black men need to be tough; they will not access health care unless the condition is critical.
- Fear of bad news

System:

- The healthcare system in America is not good.

Personal/Economic:

- Lack of insurance

Quote:

“The importance of regular check-ups didn’t concern me until I got married and had kids. If I didn’t feel any pain, I didn’t go to the hospital; I’d have to be near dead.”

Question 4: What can be done to improve access to health care Black or African-American (or Hispanic/Latino or Asian –American or Native American) in your community?

GENERAL

Communication

- Advertise so that people know of existing services and how to get there.

Education

- Education regarding we’re here, worth the wait
- Educational offerings to educate the providers

Personal/Economic

- Provide a bus
- Make sure family has access to that community

System/Provider

- Hire more Staff
- Provide more room space;
- Provide subsidized health care services: CHAPS whenever needed consultation for those providers will see patient for ten dollars
- Collaborate to form linkages. Never know what’s available, not a good place to be if you’re sick deal with Indy instead of Bloomington (Monroe County). Bloomington
- Work from the bottom up

Quote:

“Personal level impressed with what I do see with administration/higher ups people do care. They are trying. Honest with reporting about what clients/employees are saying. I do see a lot of positives.”

CONSUMERS

Communication:

- Implement screening programs: Mammograms, pap smears, blood pressure etc.
- Advertise in the Black community available resources.
- Increase awareness in the community.

Personal/Economic:

- Increase insurance coverage so that health is improved through regular check-ups.

Quote:

“At home they did a lot of screenings for all types of things, mammograms, pap smears, handing out flyers trying to get people to get screened. I don’t see that here. I don’t see that in the community at all, pap smears, blood pressure, mammograms anything.”

“There is a lack of interest, its not advertised in the Black community. People don’t want to be stereotyped and don’t want to live off of society. They are not informed there is not a lot of knowledge. Insurance, getting coverage improves health due to regular check-ups.

Question 5: Do you believe there is a need for more neighborhood clinics and doctors in your community?

GENERAL

Quote:

“That would be careful”

“Already been told, we can’t too much money”

“Depends how you count your dollars long term less money “

“Go to them more opportunity to come to you”

“I think you get into a lot of territorial areas, within health area even though I can offer something better this is that health care provider’s (territory) and I can’t cross. So many overlapping care services, no communication.”

CONSUMERS

Quote

“I think there are enough we have Bloomington Hospital for such a small area. Prompt Care, I think is enough.”

Question 6: Do you have any concerns about the quality of medical care available to Black or African-American (or Hispanic/Latino or Asian –American or Native American)?

-Yes

GENERAL

Cultural/Demographic/Economic

- Receive great care while here but at home, health care is questionable
- Hispanics not receiving care.

- Can't afford medications doctor told them to take and won't go back

Quote:

“Goes both ways, some patients don't want to know.”

“A lot of people in church who have providers but they ask about meds, “what is this for”, didn't they tell you.”

Provider/System

- Big difference between what we think we say, and what patient understands and hears
- Goes both ways, some patients don't want to know
- Quality of education on discharge or release is important

“What happened they were really busy so they took my blood pressure and said take this medicine, what is this?”

Education and Promotion

- Not being able to get education needed doctor/provider may not be getting information due to health barriers

Communication/Language

- Concerns would be Hispanics because of language barrier

CONSUMERS

Cultural

- More stressed

Provider/System:

- Bias in the way African Americans are diagnosed and especially by ER doctors.
- Racial Issues
- Shortage of black doctors.
- Medical services available do not meet the needs of African American community needs.

Quote:

“I didn't until recently, I believed due to the university community everyone was treated fairly. Chodge just died, they sent him home. I'm thinking now they maybe sending Black people home or misdiagnosing them.”

“When I went to see a specialist for my needs I didn't feel they treated me as a Black woman, just as another patient. I didn't hear “oh that's normal for an African-American woman.” I didn't know if they didn't know or just didn't say. My ER experience wasn't phenomenal. In the ER its like get in and get out. However, my outpatient experience was wonderful; I feel that they were walking on egg shells to accommodate me and my needs.”

Question 7: Do you think the quality of medical care that Black or African-American (or Hispanic/Latino or Asian –American or Native American) receive is about the same as other people?

GENERAL

Cultural/Demographic/Economic

- You will get that quality of care, (regarded) as being educated

Provider/System

- I don't think they care, health care providers aren't available and willing to deal with cultural values

Access

- Uninsured

Communication/Language

- Language barriers

Quotes:

“Lot to be said for cultural differences every community has barriers because of where we sit in Southern, IN. Your experience and my experience will be different when we talk. My whiteness, Jewish then throw in the fact that I'm gay”.

“My partner and I have not received the same care, we got the care but our egos were wounded”

Question 8: 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 Black or African-American (or Hispanic/Latino or Asian –American or Native American) 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.

“I don't think you'll get the same medically, there is more to it.”

“I believe we're still in Southern, IN in a lot of ways.”

“Appearance doesn't matter.”

“There are white people who can't...Yeah, and they don't see them either.”

CONSUMERS

“I don't have a basis for comparison; I don't know many white people. Some doctors don't know about problems specific to African-Americans. I took a long time to be diagnosed, the condition is unique to African-Americans or at least they think it is. They try harder than some

doctors to be on top of things unique to Blacks on the on the other end they don't try hard. I can't tell, I don't know that many white people."

"The only difference I've noticed is in the amount of prescriptions."

"It is hard to compare."

"Given the background of my medical history, I'm given more tests. I feel my physicians have been less willing to listen to me and my body than some white person with the same problem."

Question 9: 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 to that causes them to work well?

GENERAL

Programs:

- CHAPS Community Health access Program
- Prenatal program for Hispanic specifically; somebody goes with them to pregnancy

Communication/Outreach/Education

- Problem is Hispanic who are illiterate
- Broad banner of Community Health System and all the individual programs
- Networking

Access (More hours, days)

- Diabetes Education Center,
- Help with access,
- Follow-up meds

Focus on Health conditions/Health related issues

- Family Planning
- It's a community these are community health problems; dealing with Hypertension, diabetes

CONSUMERS

Communication/Outreach/Education

- Programs that reach out to the community.
- Educating the community.

Access (More hours, days)

- Do not tie service delivery to having health insurance.

Focus on Health conditions/Health related issues

- Outreach program for HIV/AIDS

Quote

“I go to the Atwater Eye Clinic a lot. I think the care I receive is wonderful. It goes to not having insurance and paying cash. When you walk into a place and have insurance it’s a whole different ball game. Going to the ER with broken ribs, I was in and out in five hours. But with insurance I’m sure I would have been in at least a night. “

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

CONSUMERS

Provider Behavior/System

- Hospitals being discriminatory and not caring well for African Americans.
- Poor ER reception and treatment.
- Unfriendly physicians in the ER

Quote:

“After what was said about false labor and Chodge dying last week, the hospital needs to take a closer look at what’s going on. Being a part of the community and I like it here I am concerned that could happen to me. To go home, get sent home and die at home that can happen to anyone. I know we are very animated a lot of time; we are very vocal people, maybe too vocal. I don’t know how they perceive us at times. Maybe they try to deal with us as fast they can and move us along.

“Once my daughter swallowed something and we called the ambulance. The ambulance responders told us to have her do this and that and if anything else occurred to take her to the ER ourselves. I think they felt they were saving us money, they didn’t know we have insurance and they went outside of their policies and were reprimanded. “

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

CONSUMERS

Recommendations to Institutions:

1. Policy/Legislators

- Help people in Black communities to get access to coverage to help increase their life expectancy.

2. Programs

- Improve on communication
- Intensify outreach programs through the church, community and barbershops.
- Outreach programs to address ignorance.
- Inform community of government programs.

Recommendations to Communities:

1. Education

- Educate future generations.

IMHC Key Informant Interview Findings for Monroe County

Purpose: Community leaders/providers in Monroe 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 Dr. Mary Shaw-Perry of Indiana University. The interviews conducted by E. Lisako Jones-McKyer, Ph.D, MPH, Dr. Cecilia Obeng, Ms. Charlotte Horner and Dr. Mary Shaw-Perry, Ph.D., CHES 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.

Results: There was a total of six community leader/provider interviews were conducted in Monroe County during April of 2004. The professions of the community leader/provider included a behavioral technician and a school guidance counselor, the professions of the remaining interviewees remains unknown. The gender of the interviewees was reported for four participants and included one male and three females. The ages 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 Monroe County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Monroe County:

1. Improve Education (Health Promotion)
2. Personal Behavior (Change Life Styles)

African American population in Monroe County:

1. Improve Awareness of Services
2. System Improvement (More Providers/Better Access)
3. Personal Behavior (Change Life Styles)

Hispanic/Latino population in Monroe County:

1. Improve Communications (Language)
2. Improve Awareness of Services
3. System Improvement (More Providers/Better Access)
4. Personal Behavior (Change Life Styles)
5. Provider Behavior
6. Cultural (Discrimination)

Asian American population in Monroe County:

1. Improve Communications (Language)
2. Improve Awareness of Services
3. System Improvement (More Providers/Better Access)

4. Personal Behavior (Change Life Styles)
5. Cultural (Discrimination)

Native American population in Monroe County:

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

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

For all racial and ethnic populations in Monroe County:

1. Improve Awareness of Services
2. Personal Economic Barriers (Transportation, Insurance)

African American population in Monroe County:

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

Hispanic/Latino population in Monroe County:

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

Asian American population in Monroe County:

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

Native American population in Monroe County:

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

Question 3: When asked to specific recommendations for health care systems to better meet the primary care and specialty service needs of low income, working poor and uninsured in the racial and ethnic populations in Monroe County, the community leaders identified issues in several domains:

For all racial and ethnic populations in Monroe County:

1. Improve Awareness of Services
2. Cultural (Discrimination)

African American population in Monroe County:

1. Improve Awareness of Services
2. Personal Economic Barriers (Transportation, Insurance)

Hispanic/Latino population in Monroe County:

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

Asian American population in Monroe County:

1. Personal Economic Barriers (Transportation, Insurance)

Native American population in Monroe County:

1. Personal Economic Barriers (Transportation, Insurance)

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

Key informant 1:

“Yes”

- *“There is no access to quality medical care, particularly without insurance coverage. People are treated horribly when the healthcare system knows there is no insurance available.”*

Key informant 2:

“Yes”

- *“I think there are people not getting inpatient care they require. There is a lack of access and preventative services.”*

Key informant 3:

“No”

Key informant 4:

“Yes”

- *“Agencies need to educate minority groups about the availability of these services.”*

Key informant 5:

“Yes”

- *“Bloomington Hospital provides horribly inadequate health care. One of the members of my married family had problems with her heart. Bloomington Hospital told her nothing was wrong. After being seen in Bloomington for a long time, she went to Indianapolis and required emergency surgery. The quality of physicians is poor. Knowing you have insurance here and only one choice is a set up for failure. Having to go to Bloomington Hospital is not good. If this happened to one person, then it may happen to someone else.”*

Key informant 6:

“Yes”

- *“There are not enough neighborhood clinics with providers and support staff that are culturally competent to service the needs of the Latino community. Understanding their language and culture is pertinent to providing quality medical care.”*

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

Key informant 1:

- *“Culturally competent programs”*
- *“Grassroots organization staffed with community members who know what is right”*
- *“Communicate with women in a non-patronizing tone”*
- *“Inform and educate”*
- *“Provide programs needed by the community”*

Key informant 2:

- *“Employ staff who speak Spanish and know the culture”*
- *“Follow-up on clients”*

Key informant 3:

- *“Not applicable”*

Key informant 4:

- *“Provide sliding scale for services or Free of charge”*

Key informant 5:

- *“Provide services at no cost to the client”*

Key informant 6:

- *"Provide services with or without health insurance"*
- *"Community based programs"*
- *"Programs affordable for families"*

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

Key informant 1:

- *"Lack of care and services for babies"*
- *"Lack of meeting immediate health care needs"*
- *"Lack of culturally sensitive staff (particularly male staff)"*
- *"Lack of medical interpreters"*

Key informant 2:

- *"Lack of adequate event promotion"*
- *"Lack of appropriate educational materials to meet language and literacy needs"*
- *"Lack of the use of a sliding fee scale for services"*
- *"Lack of culturally sensitive staff"*

Key informant 3:

No response

Key informant 4:

- *"Profit oriented programs"*

Key informant 5:

- *"I don't know"*

Key informant 6:

- *"Lack of bilingual providers"*
- *"Lack of medically interpreters"*
- *"Lack of culturally awareness and sensitivity"*
- *"Lack of adult education programs"*
- *"Lack of communication due to language and literacy barriers"*

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"

- *"We need more minority doctors and health care providers who understand the minority culture and health needs"*

Key informant 4:

"Insufficient"

- *"There are shortages of psychiatrists in Bloomington and surrounding counties. It requires waiting three to five months for an appointment."*

Key informant 5:

"Insufficient"

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:

- *"Locate the clinic within the community and neighborhoods where people live".*

Key informant 2:

- *"Locate near clusters of population in need"*
- *"Locate near bus-lines"*

Key informant 3:

No response

Key informant 4:

- *"Northwest of Bloomington as many people there do not have access to transportation"*

Key informant 5:

- *"Locate a specialized minority care clinic in the hospital"*

Key informant 6:

- *"Clinics need to be on the West side of Bloomington and in rural areas near Spencer"*

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

For all racial and ethnic populations in Monroe County:

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

Hispanic/Latino population in Monroe County:

1. Advocates

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

Key informant 1:

"No"

Key informant 2:

"No"

Key informant 3:

No response

Key informant 4:

"No"

Key informant 5:

"Yes"

- *"Hispanics may have not had as much information about where to go and what to do to receive services"*

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 Monroe County, the community leaders provided the following:

Key informant 1:

"No"

- *"Our organization does not have the resources"*

Key informant 2:

"Yes"

Key informant 3:

"Yes"

Key informant 4:

"Yes"

Key informant 5:

"Yes"

- *"I will help any organization working to help the community. I am willing to donate time to help start programs or give insight on needs of the African American Community."*

Key informant 6:

"Yes"

- *"Our organization is willing to collaborate to address the problems experienced in the Latino community"*

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:

- *"Hospital"*
- *"Library"*
- *"Boys and Girls club Clinics"*
- *"Churches"*
- *"Indiana University"*
- *"Center for Behavioral Health"*
- *"Bloomington Hospital"*
- *"Public Health nurses"*
- *"Monroe County Health Department"*
- *"Mujeres en Conexio"*
- *"Physician practices such as Internal Medical Associates, Southern Indiana Pediatrics, and Center for Behavioral health"*
- *"Jackie Booker at the hospital's emergency department"*
- *"Nancy Armstrong from Latino Family Resources"*
- *"Renee DeWitte"*
- *"Maria Casillas from Health Families of Stonebelt"*
- *"Cathi Green"*
- *"Maria Muriel of Mujeres en Conexion"*
- *"Youth directory"*
- *"La Casa (the Latino Cultural Center at IU)"*
- *"Medical school and Nursing school"*

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:

- *“Give the facts of health care like high blood pressure, stroke, and heart disease and program incentives for attendance”*
- *“Provide prevention education for minority populations”*
- *“Do research and needs assessments...not just make assumptions. Keep it simple: use professionals who know how to do them [needs assessments and research].*
- *“Develop a very specific action plan...don’t take on it all. If you have 10 priorities, take 3 of them.”*
- *“Talk to the groups BEFORE you create surveys”*
- *“ True commitment and follow-through is needed”*
- *“Listen and learn”*
- *“Truly collaborate more effectively with other organizations interested in addressing the health care needs of racial/ethnic group in our community”*
- *“ Demonstrate a caring attitude”*
- *“Hire people who can respond to the language barriers (speak the language) and are sensitive to literacy issues”*
- *“Provide prevention services”*
- *“Spend time in the community that is being served”*
- *“Be visionary and imagine what it would be like to have a culturally sensitive clinic in our emerging Latino community”*

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

Key informant 1:

- *"The number one problem in Indiana is no standardized interpreter training and language ability, cultural competency and ethics. We need to observe the training process and institute quality control. We need detailed training...not a workshop for a couple of hours as this is insufficient. Training in ethics is also required."*

Key informant 2:

"No"

Key informant 3:

No response

Key informant 4:

"No"

Key informant 5:

- *"It is difficult for people to access testing services when so many stereotypes exist. They feel they don't get the support they need if a test comes back positive. Television commercials like the one about herpes helps people to realize they are not the only one and they can get help or a cure. Support is the number one thing for people."*

Key informant 6:

"No"

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

- *Esther Vargas (ICPAC) at Indiana University; Executive Director of El Centro Comunidad*
- *Lillian Casillas, director of La Casa*
- *Physician, Dr. Lori Thompson*
- *Jeff Holland, Director of Four H*
- *Mrs. Diana Hanks, assistant Principle at Tri-North middle school*
- *Nurse Practitioner Mary Gomez*
- *Marcella Pendley at the hospital*
- *Anyone in mental health*
- *Mary Gomez, Nurse Practitioner at Public Health Nursing*

CONCLUSIONS

Conclusions

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

The Asian and Pacific Islander (APIs) population in Monroe County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in preterm births, pregnancy complications, Cesarean deliveries, prenatal care in the first trimester, and low weight gain during pregnancy. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

The Black population in Monroe County is also disproportionately affected when comparing the health indicators among racial groups. Many health indicators need improvement because they do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county. These health indicators are: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, chemical abuse during pregnancy, births to single mothers, and low weight gain during pregnancy. Moreover, fewer Black women receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care compared to the Healthy People 2010 objective and/or in comparison to all births in the county.

Hispanics in Monroe County have room to improve many of the birth outcome indicators: pregnancy complications, Cesarean deliveries, births to single mothers, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care during the first trimester and more Hispanics receive less than adequate prenatal care compared to Non-Hispanic women. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

The age-adjusted death rate for APIs, Blacks, AIANs and Hispanics could not be compared due to the small numbers. Malignant neoplasms are the leading cause of death in Monroe County. Deaths by cause for APIs, AIANs, and Hispanics in Monroe 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, Hispanics and Asians have had difficulty obtaining care from primary care providers, with all groups identifying lack of health insurance and having to wait too long for an appointment. Blacks also noted the lack of money; doctor wouldn't take new patients and was not treated with respect as barriers to their accessing care. Hispanics also not the lack of money, language, and didn't feel the medical care was the best as barriers to their accessing care. Asians also noted language, clinic or doctor's office staff was rude and not very helpful, and felt uncomfortable asking the doctor or nurse questions as barriers to accessing healthcare.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions

to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity were also suggested, as well as improve community economics. Interpreters and translators were offered by the Hispanic populations.

It is hoped that the findings in this report will provide the catalyst to bring communities together to discuss existing differences in health indicators and ultimately to better develop strategies to reduce them so that all Monroe County residents can achieve the highest possible level of health status. In addition, this report can be used by policy makers, providers and program administrators to focus interventions on those areas that are of most concern to the minority population.

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

APPENDICIES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

(List as many as five)

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes
- No

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

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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.