

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

**by the**

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## 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.