

A Health Needs Assessment Study of the Minority Population in Tippecanoe 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 B.Sc., 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.....	11
Results.....	13
Overview of Existing Health Indicator (Secondary) Data.....	14
Birth Data.....	15
Weight Gain During Pregnancy.....	35
Prenatal Care.....	39
Leading Causes of Death.....	40
Overview of Targeted Survey Responses	44
Tables.....	49
Overview of Focus Group and Key Informant Interviews.....	59
Focus Group Responses.....	61
Key Informant Interview Findings.....	66
Conclusions.....	76
Appendices.....	79
Targeted Survey Tool.....	80
Focus Group Script.....	87
Key Informant Script.....	89

EXECUTIVE SUMMARY

Executive Summary

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

- Perform a comprehensive, community-based health needs assessment of minority populations in Tippecanoe 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 Tippecanoe County
- Identify opportunities and initiatives to better meet the health needs

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

Existing data from birth and death certificates were gathered and analyzed for minority groups. The analysis of these existing data for Tippecanoe 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 Tippecanoe County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to 101 local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. The results from the surveys highlighted that Blacks perceive diabetes, high blood pressure and strokes, cancer, diet problems, and heart disease as part of the top five worst health problems in their neighborhood. These results indicated that eighteen percent of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Blacks, the top five barriers attributed to accessing healthcare included: waiting too long for an appointment, the lack of money, lack of insurance, medical care not covered by insurance, and did not feel the medical care was the best.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant interviews. Results from focus groups and key informant interviews indicated that Tippecanoe County community residents perceive cancer, depression, diabetes, and high blood pressure as major health problems. These results also highlighted that the most frequently noted barriers to accessing healthcare encountered by minority residents in Tippecanoe County were: culture, communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems. Additionally, the findings provided information on what some minority residents of Tippecanoe County perceive as ways to improve both healthcare access and health status. Suggestions for improving healthcare access and/or

health status for minority residents included: improve access; improve communication between consumers and providers; increase the education level of the community; increase the number of minority physicians and other healthcare providers; make people more aware of available resources; and provider translators and interpreters.

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

INTRODUCTION

Introduction

This report presents the results of a comprehensive community health needs assessment for minority populations in Tippecanoe 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 Tippecanoe County in collaboration with the Minority Health Coalition of Tippecanoe County and other organizations
- Identify the real and perceived health-related issues of minority groups across age, gender, socio-economic, and geographic categories
- Examine the wide spectrum of factors impacting the health and well being of the minority populations in the County
- Identify opportunities and initiatives to better meet the health needs

From the earliest discussions, this assessment was designed to be comprehensive in scope, committed to provide critical information to decision makers to help elucidate the health concerns of minority residents in Tippecanoe 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 Tippecanoe 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 Tippecanoe 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 Tippecanoe 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 Tippecanoe County.

Targeted Survey Data:

One of the most critical elements in a community based health needs assessment project is the inclusion of information about community values and beliefs that can be obtained by surveys. The survey instrument was adapted from instruments used by the Indiana University Bowen Research Center for other community health assessments. Considerable input in adapting the instrument was provided by the staff of the Indiana Minority Health Coalition. A copy of the instrument is included in the appendix.

During the months of April and May 2004, the staff and volunteers of the Minority Health Coalition of Tippecanoe County administered the targeted surveys. Distribution of the surveys to local residents occurred in a variety of settings including churches, community centers, grocery stores, health fairs, neighborhood events, and retail stores.

One hundred and one targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-five percent of the respondents (N = 96) reported their race; of which 89.6 percent were Black (N = 86), 7.3 percent were Asian (N = 7), and 3.1 percent reported more than one race (N = 3). Ninety-five percent of the participants (N = 96) responded to the question of ethnicity with 5.2 percent reported to be of Hispanic/Latino ethnicity (N = 5). Ninety-seven percent of the respondents (N = 98) indicated their gender; of which, 67.3 percent were female (N = 66) and 32.7 percent were male (N = 32). Ninety-seven percent of the respondents (N = 98) reported their age with 28.6 percent in the 25 to 34 age group (N = 28), 22.5 percent in the 45 to 54 age group (N = 22), and 19.4 percent in the 35 to 44 age group (N = 19). Of the remaining respondents, 13.2 percent reported their age as 24 years or less (N = 13), and 16.3 percent reported their age as 55 years or more (N = 16).

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 Tippecanoe County.

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

During the month of August 2004, the coordinator of the minority health coalition in Tippecanoe County conducted two focus groups, one provider group and one consumer group. The focus groups were held in community center and a church. There were nine providers and seven consumers taking part in the focus groups for a total of sixteen. Thirteen of the participants were female and three were male. Eighty-one percent of the focus group participants were Black (N = 13), thirteen percent were Hispanic/Latino (N = 2), and six percent were American Indian/Alaska Native (N = 1). Ninety-three percent of the participants reported their age group, with fifty percent in the 50 to 59 age group (N =7), twenty-two percent in the 40 to 49 age group (N = 3), fourteen percent in the 20 to 29 age group (N = 2), and fourteen percent in the 60 and over age group (N = 2). The participants in the provider focus group represented a variety of professions including a church pastor, health educator, insurance representative, marketing consultant, medical lab technician, physician, psychologist, registered nurse, and

social worker. The participants in the consumer focus group did not provide information regarding their profession or job category.

During the months of March and April 2004, the coordinator of the Minority Health Coalition of Tippecanoe County conducted ten key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including church elders, church pastors, city council member, and representative of a community center. The gender was reported for the key informants with one female and nine male interviewees. 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 Tippecanoe County (birth, morbidity and mortality data) indicated disparities exist in Tippecanoe 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 Tippecanoe 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 Tippecanoe County are based on the differences between specific indicators and the Healthy People 2010 objective, comparison to all births in the county and to the respective racial or ethnic group in Indiana. Any values with less than 1% (<1%) difference are considered similar and values equal to or greater than 1% difference were listed as having a lower or greater difference. The 1% difference rule does not apply when comparing indicators with the Healthy People 2010 objective.

The Asian/Pacific Islander (API) population in Tippecanoe County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, and low weight gain during pregnancy. The API population in Tippecanoe County also has a high percentage of women receiving less than adequate prenatal care. These indicators do not meet the Healthy People 2010 objectives and / or have higher percentages in comparison to all births in the county.

The Black population in Tippecanoe County was disproportionately affected when comparing the health indicators among racial groups. There was room for improvement in the following indicators: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, prenatal care in the first trimester, alcohol use during pregnancy, smoking during pregnancy, births to single mothers, births to less than 16 year olds, low weight gain during pregnancy, and percentage of women receiving prenatal care. These health indicators need improvement because they do not meet 2010 Healthy People objectives and / or they represent higher percentages in comparison to all births in Tippecanoe County.

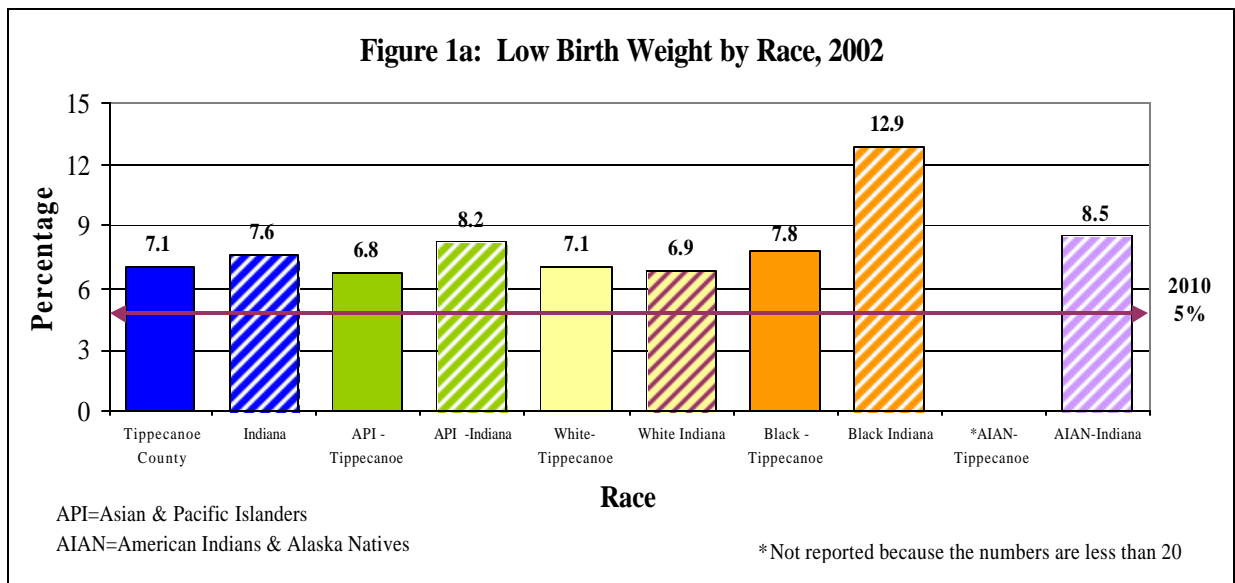
The Hispanic population in Tippecanoe County was disproportionately affected when comparing the health indicators among ethnic groups. Many of the health indicators need improvement because they do not meet 2010 Healthy People objectives and/or they represent higher percentages in comparison to all births in Tippecanoe County. These indicators are: low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, births to single mothers, and low weight gain during pregnancy. Furthermore, Hispanics in Tippecanoe County have a low percentage of women receiving prenatal care in the first trimester, and a high percentage of women receiving less than adequate prenatal care.

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

Birth Data:

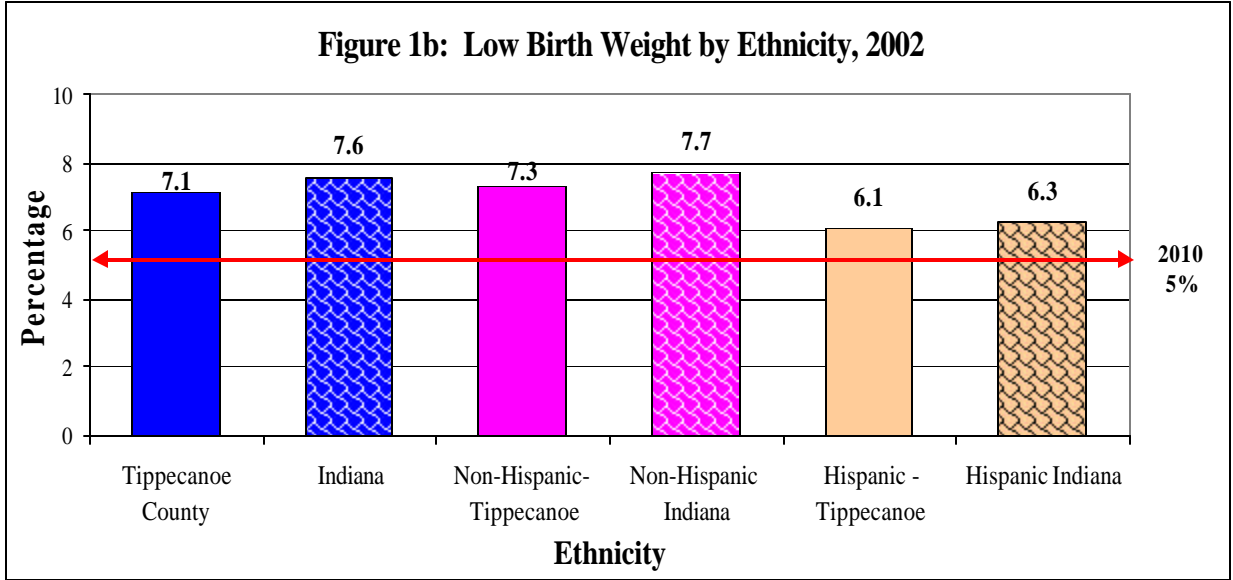
Low Birth Weight (LBW) by Race (Figure 1a):

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



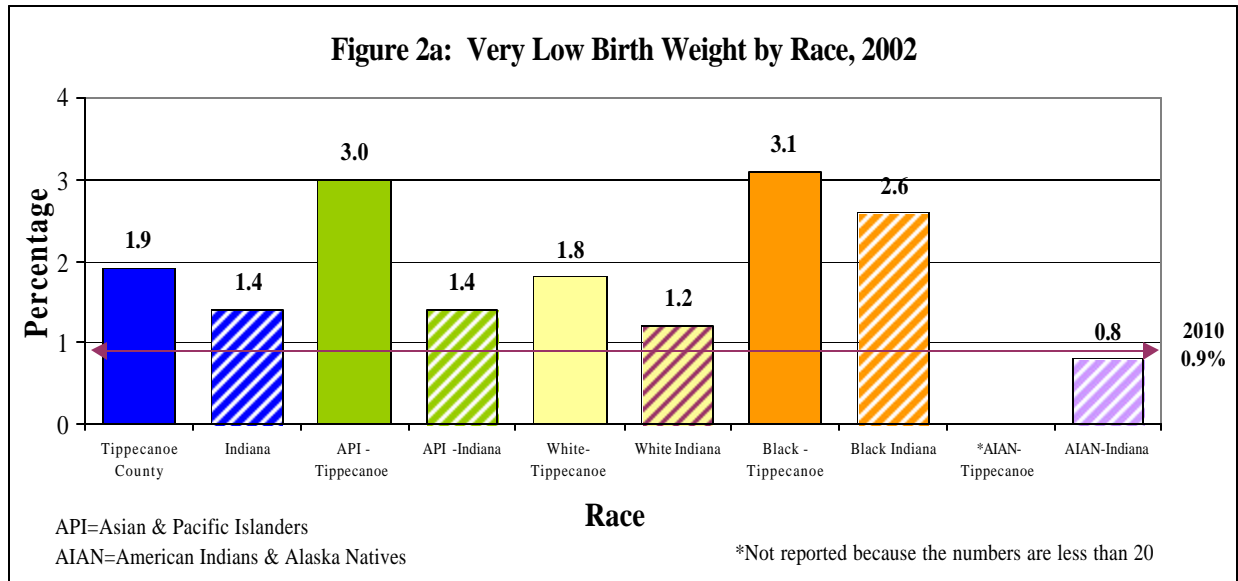
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



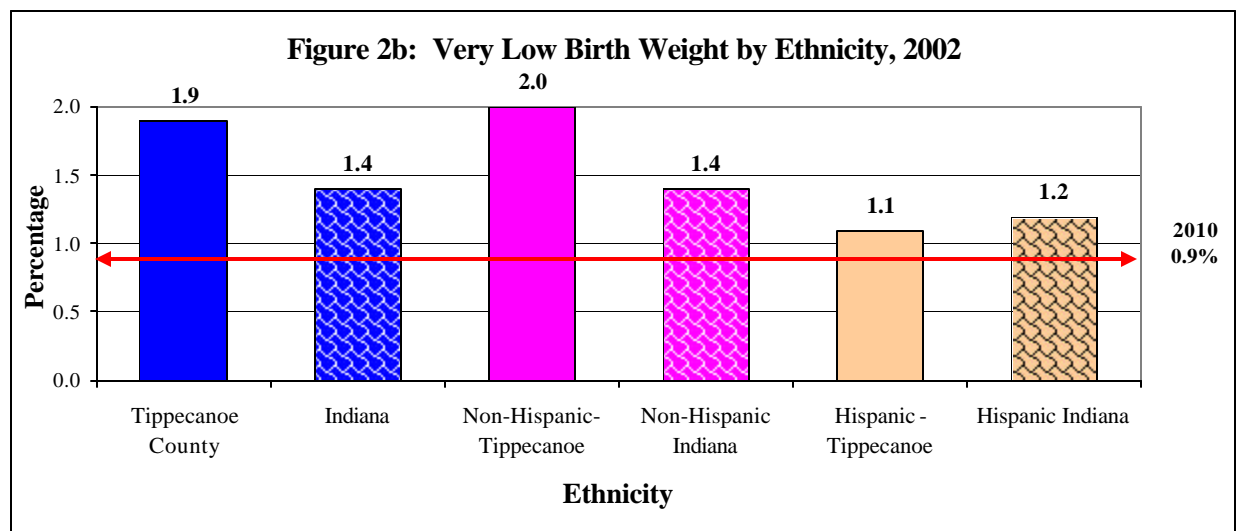
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



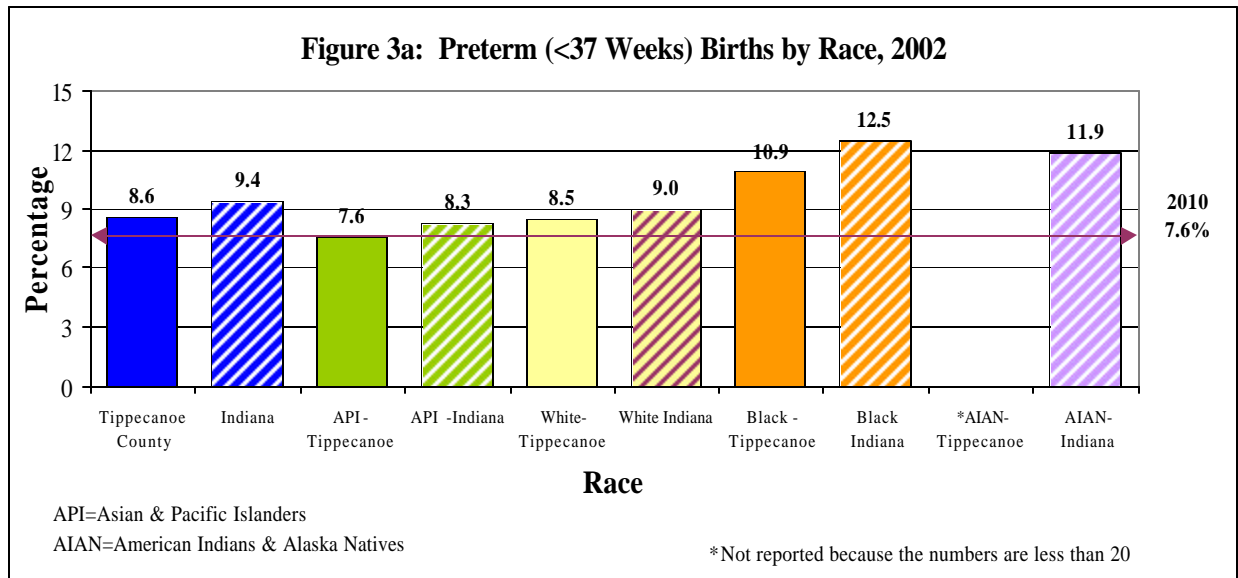
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



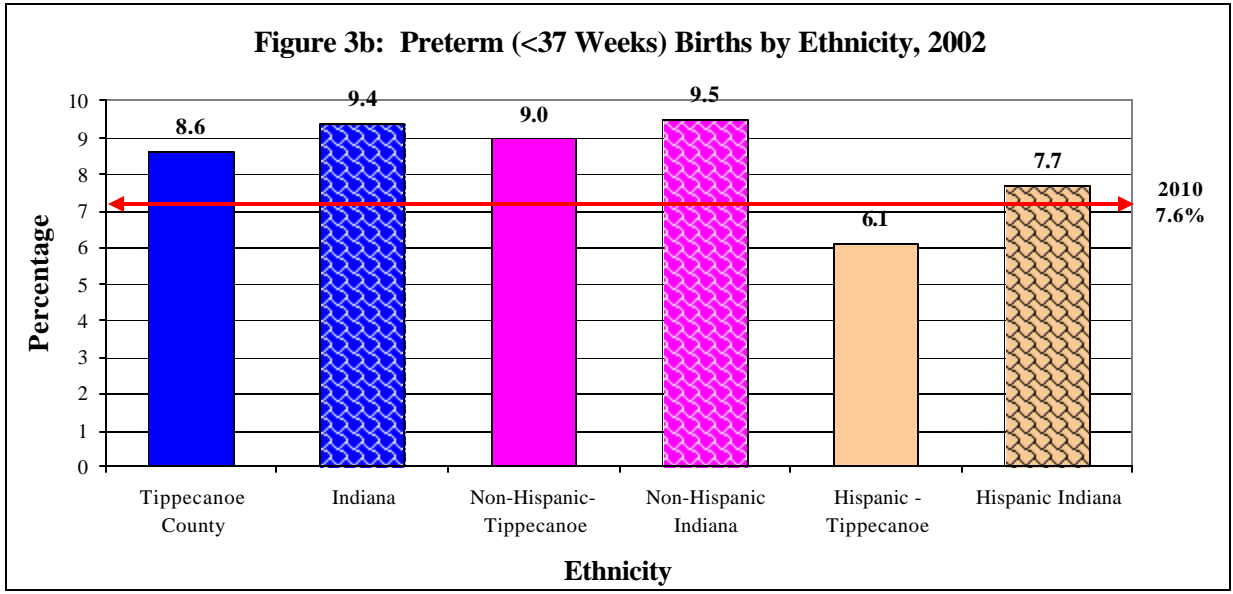
Preterm (< 37 weeks) Births by Race (Figure 3a):

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



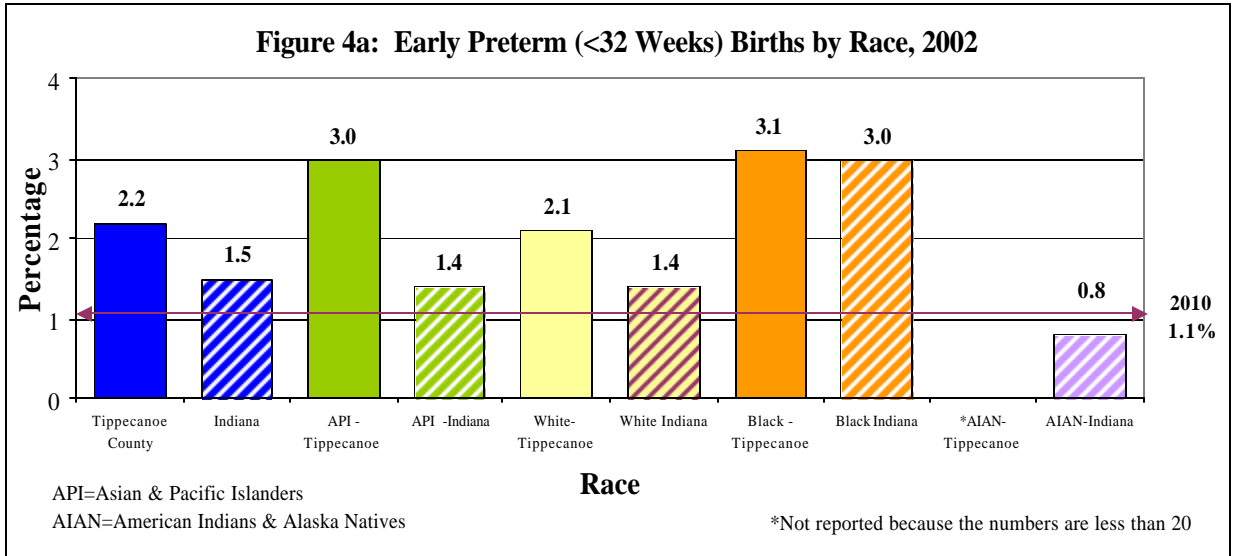
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

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



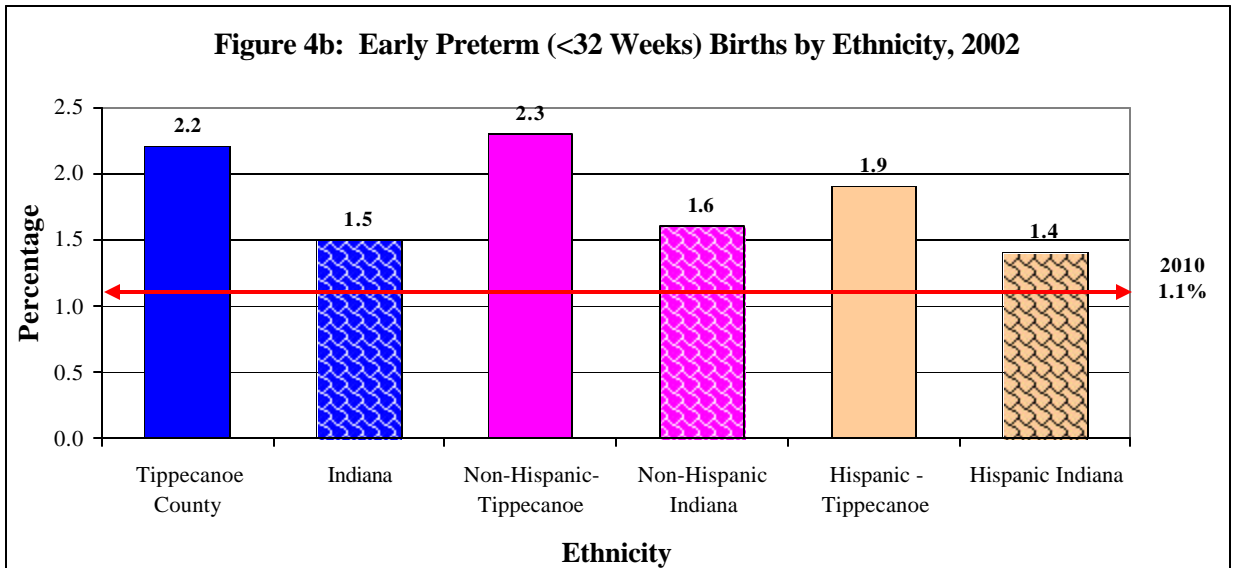
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



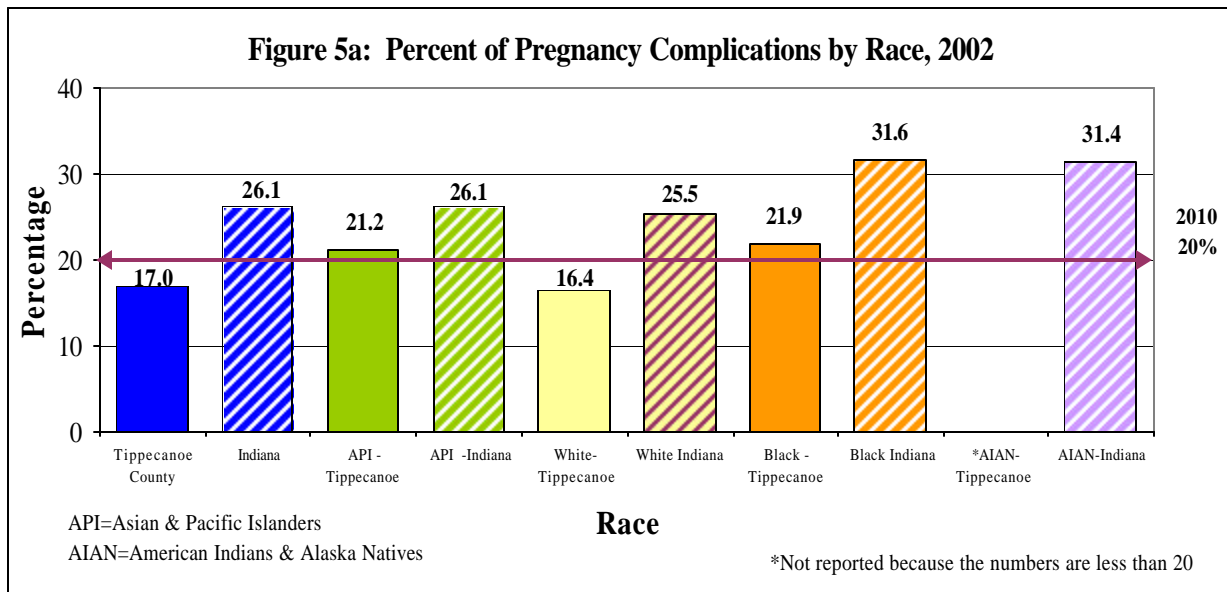
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

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



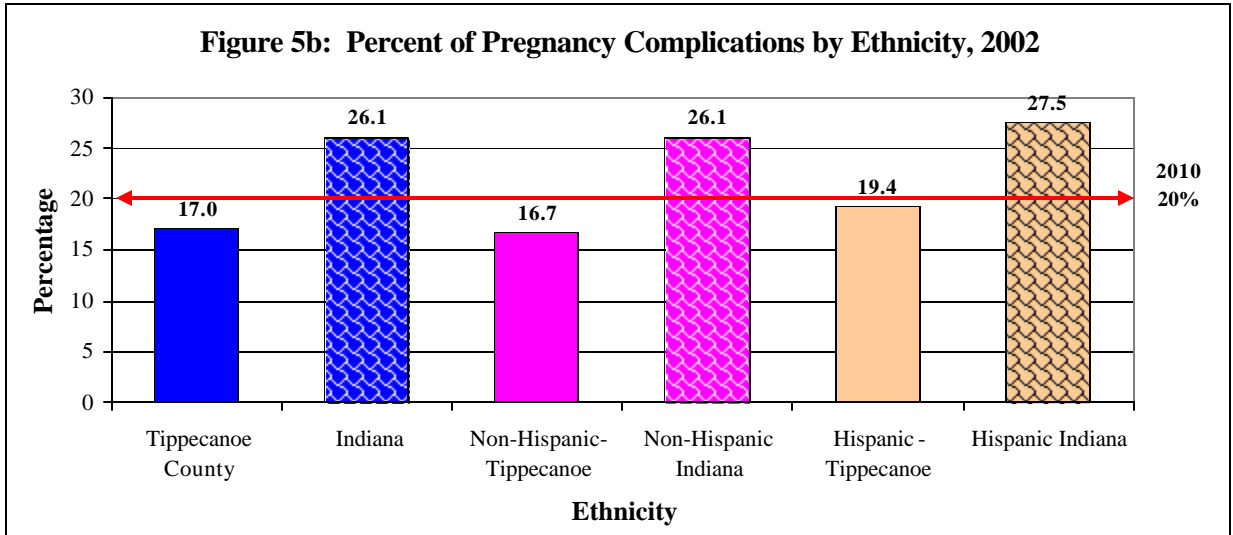
Percent of Pregnancy Complications by Race (Figure 5a):

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



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

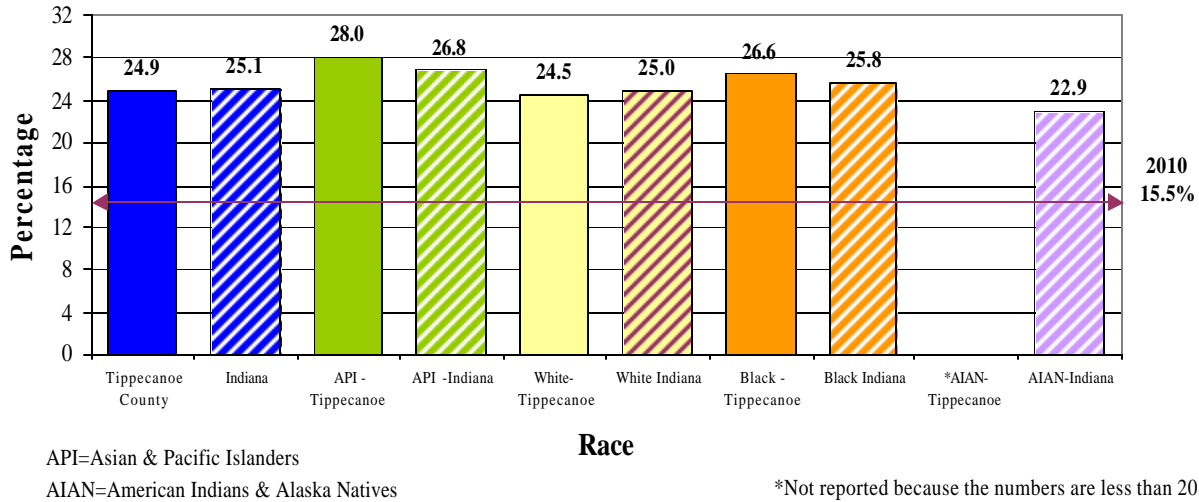
- The percentage of pregnancy complications for Hispanics in Tippecanoe County was lower than the Healthy People 2010 objective.
- The percentage of pregnancy complications for Hispanics in Tippecanoe County was higher than the percentage for Non-Hispanics births in Tippecanoe County.
- The percentage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



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

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

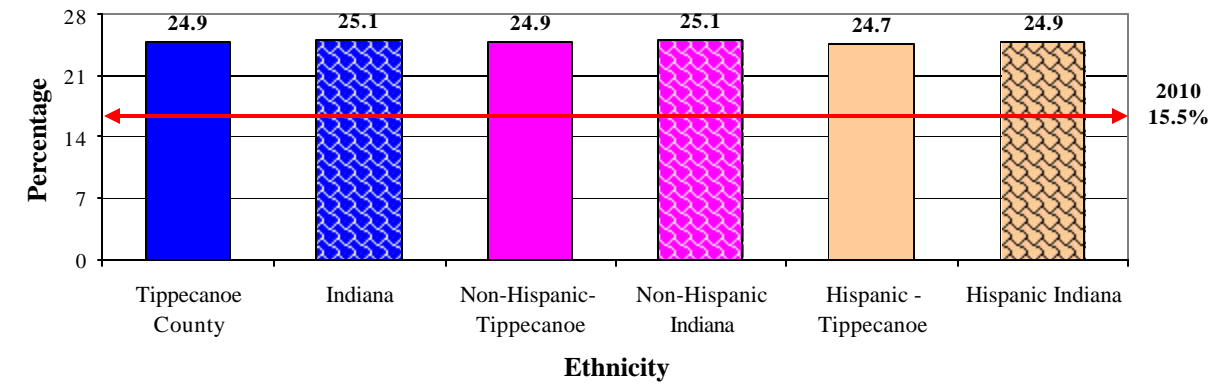
Figure 6a: Percent of Cesarean Deliveries by Race, 2002



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

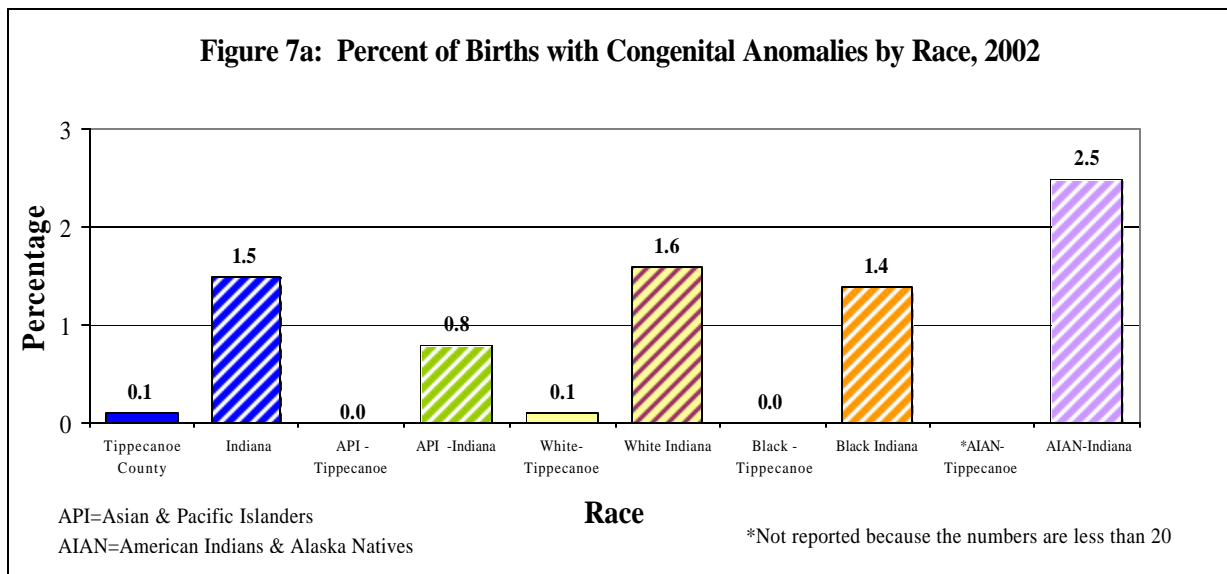
- The percentage of Cesarean deliveries for Hispanics in Tippecanoe County was higher than the Healthy People 2010 objective.
- The percentage of Cesarean deliveries for Hispanics in Tippecanoe County was similar to the percentage for Non-Hispanic births in Tippecanoe County.
- The percentage of Cesarean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

Figure 6b: Percent of Cesarean Deliveries by Ethnicity, 2002



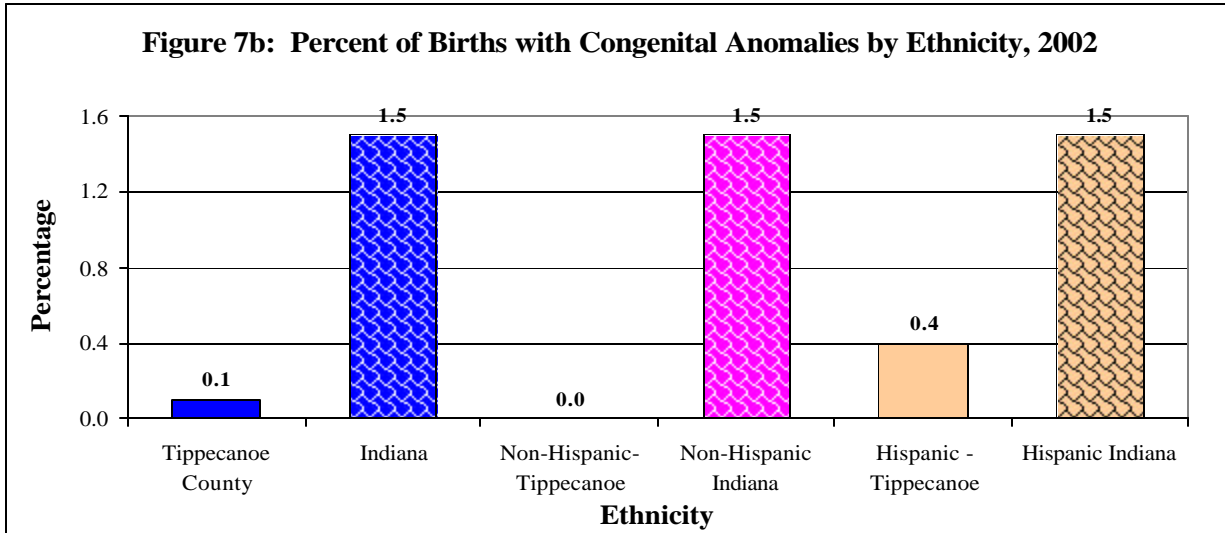
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



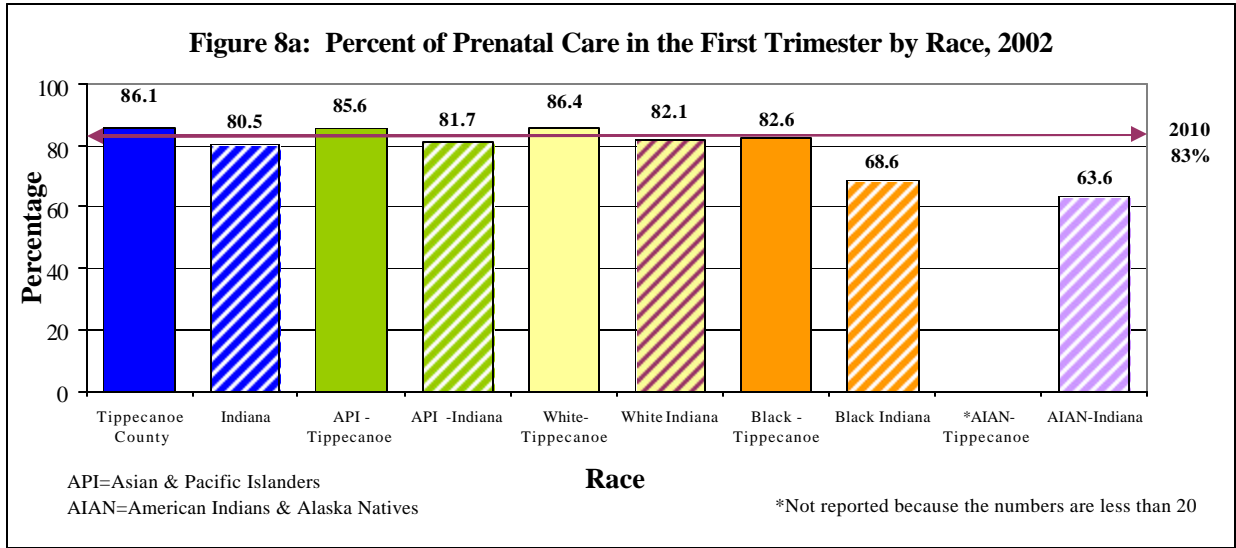
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



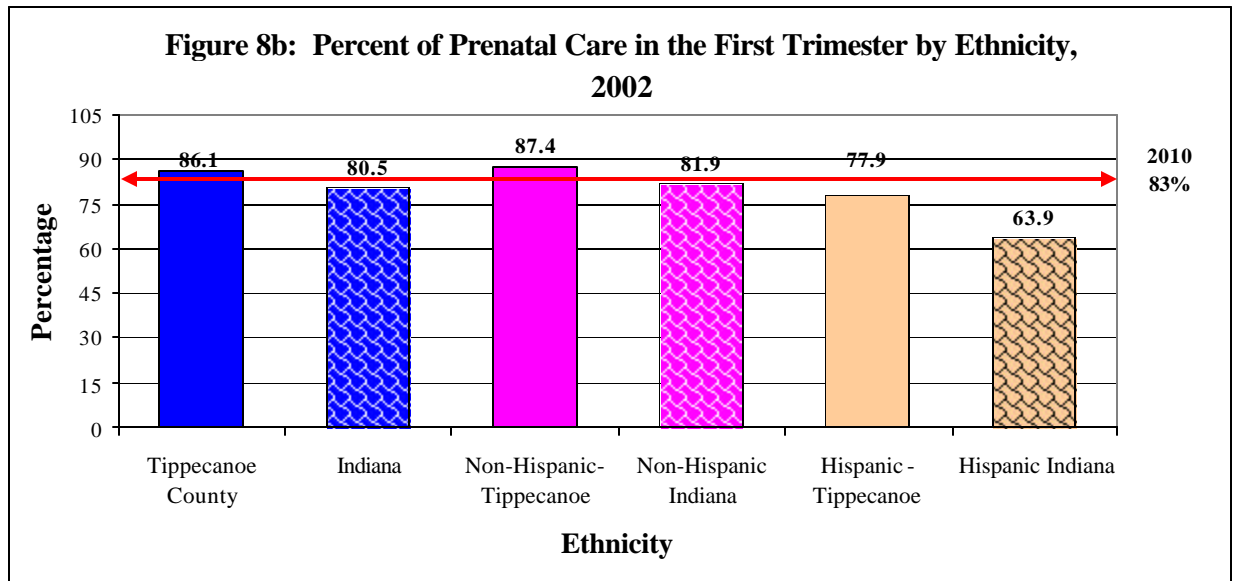
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



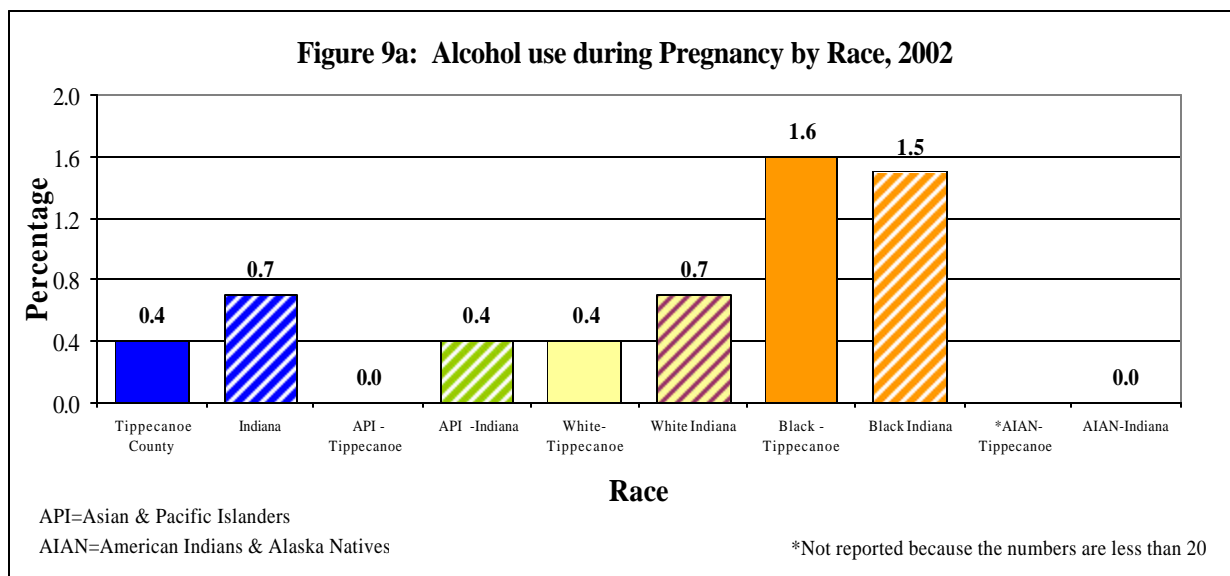
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



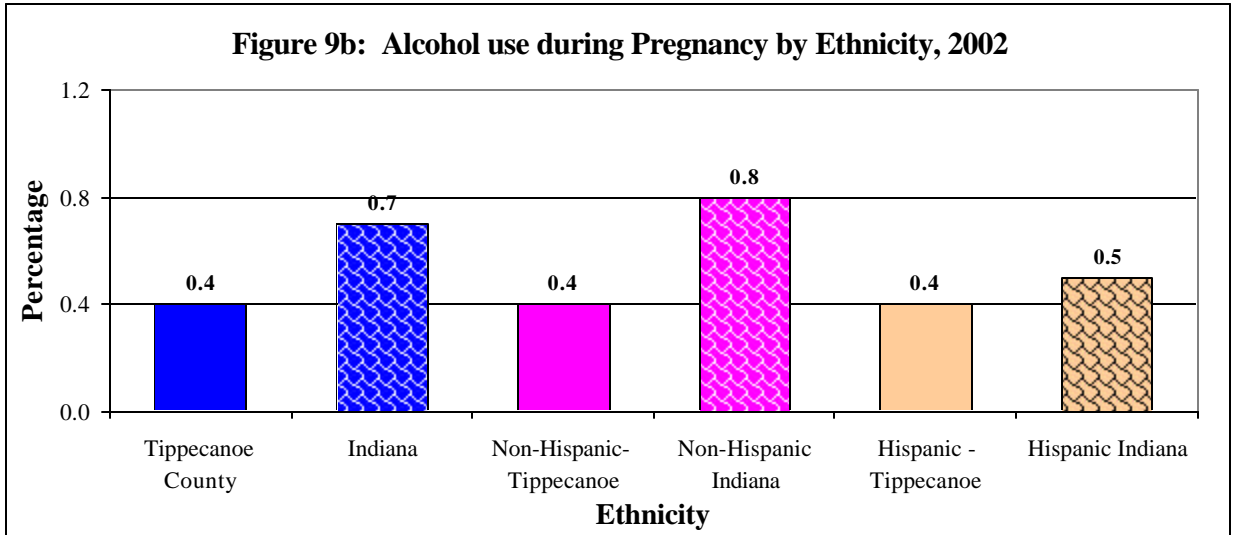
Alcohol Use during Pregnancy by Race (Figure 9a):

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



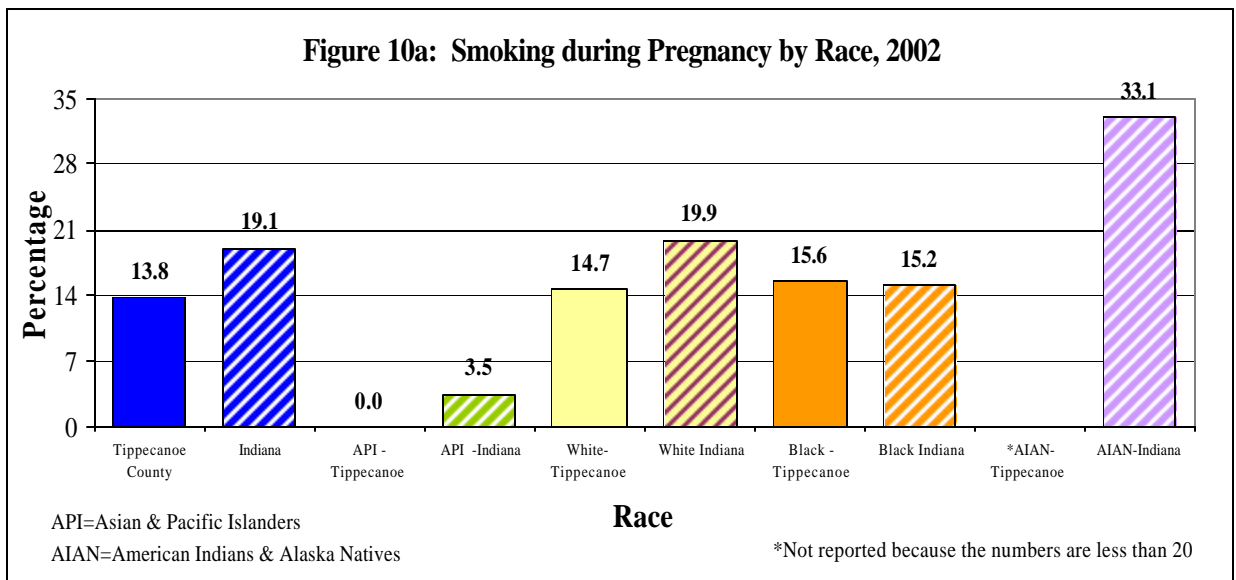
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



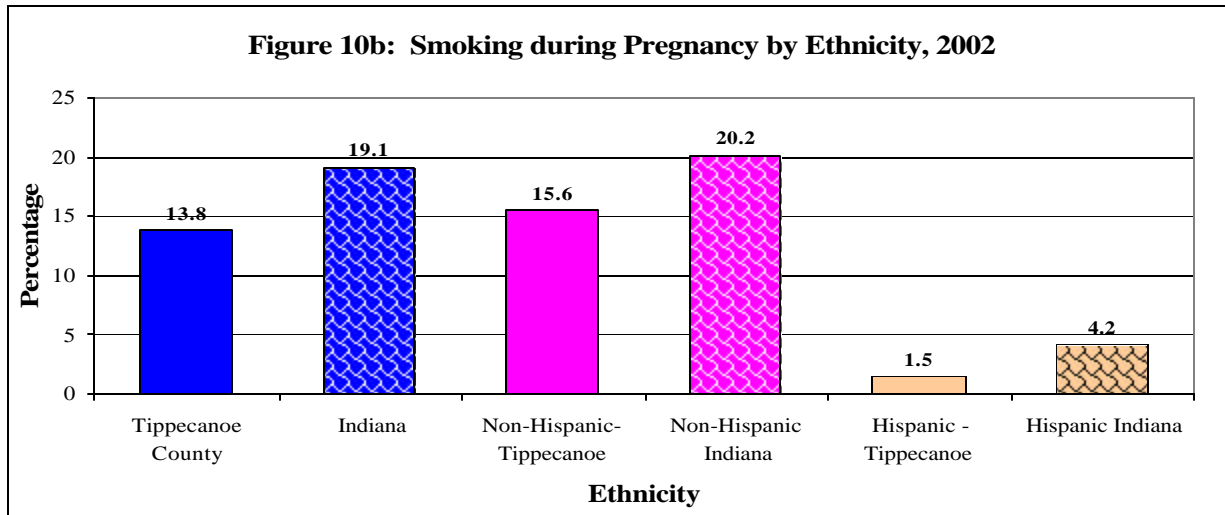
Smoking during Pregnancy by Race (Figure 10a):

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



Smoking during Pregnancy by Ethnicity (Figure 10b):

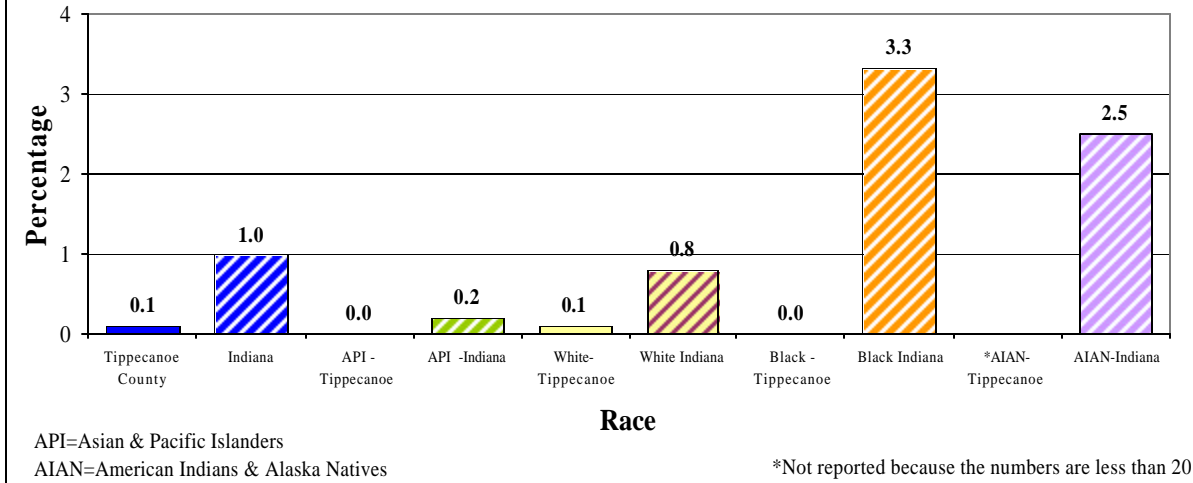
- The percentage of smoking during pregnancy for Hispanics in Tippecanoe County was lower than the percentage for Non-Hispanics births in Tippecanoe County.
- The percentage of smoking during pregnancy for Hispanics in Tippecanoe County was lower than the percentage for all Hispanic births in Indiana.



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

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

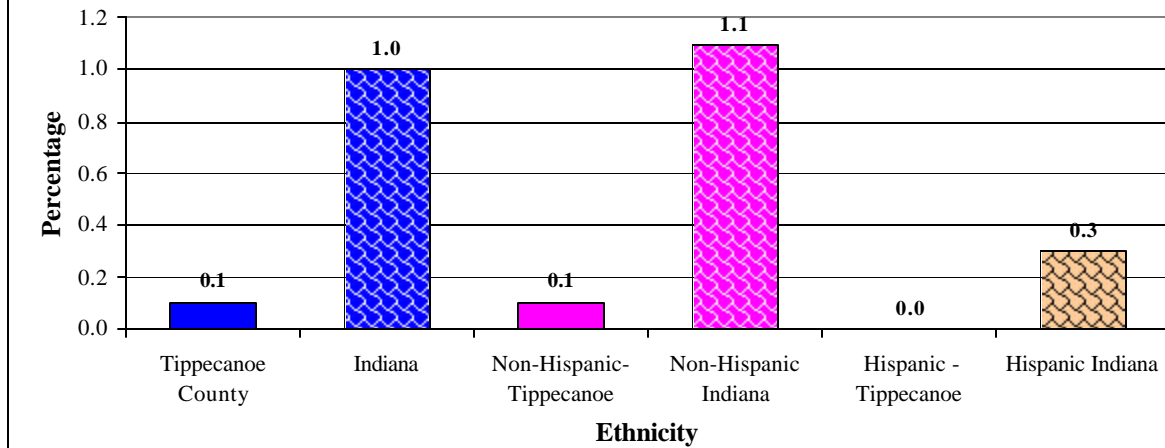
Figure 11a: Chemical Abuse during Pregnancy by Race, 2002



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

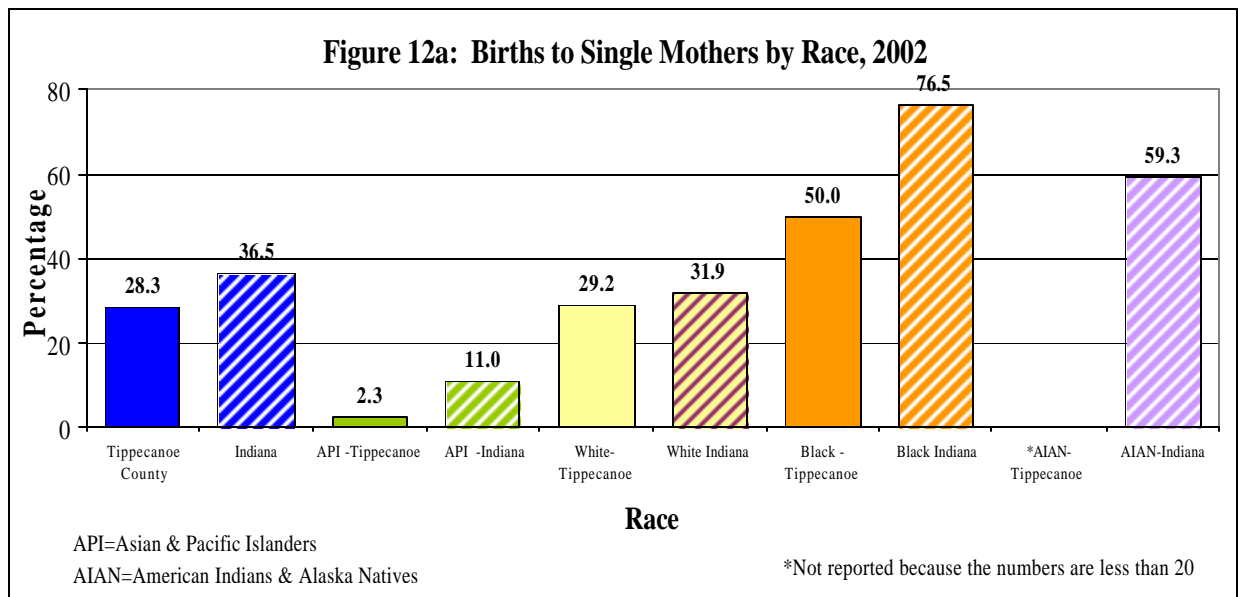
- The percentage of chemical abuse during pregnancy for Hispanics in Tippecanoe County was similar to the percentage for Non-Hispanics births in Tippecanoe County.
- The percentage of chemical abuse during pregnancy for Hispanics in Tippecanoe County was similar to the percentage for all Hispanic births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

Figure 11b: Chemical Abuse during Pregnancy by Ethnicity, 2002



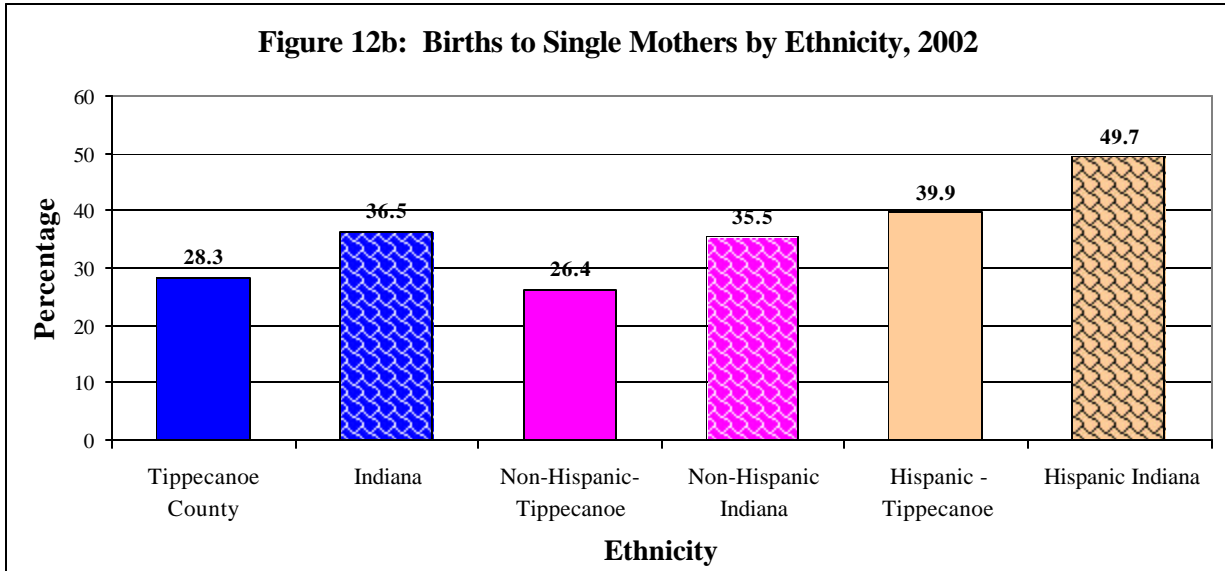
Births to Single Mothers by Race (Figure 12a):

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



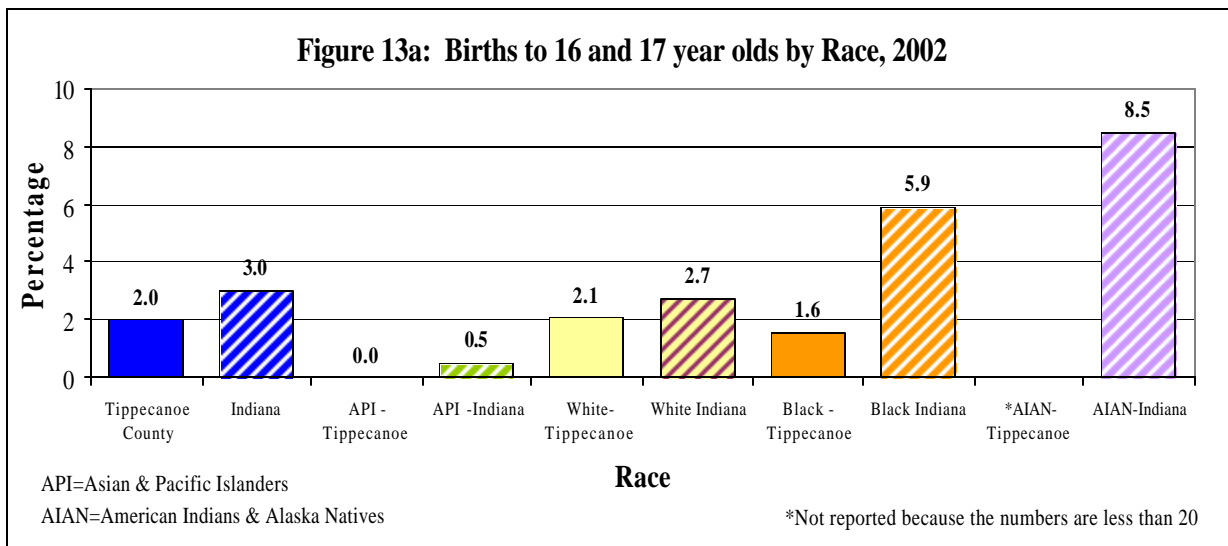
Births to Single Mothers by Ethnicity (Figure 12b):

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



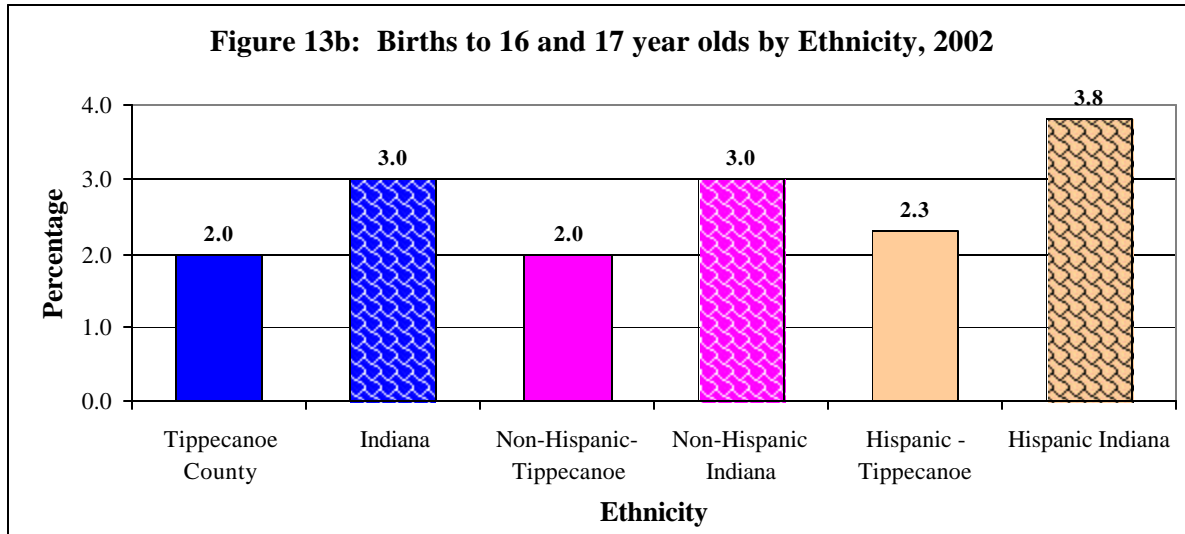
Births to 16 and 17 Year olds by Race (Figure 13a):

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



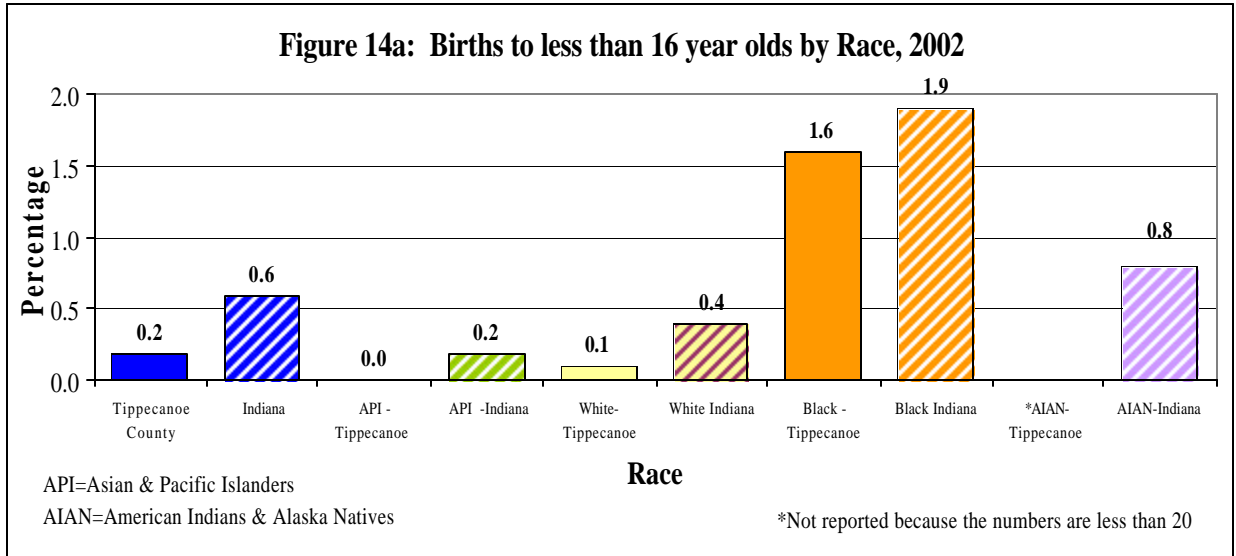
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



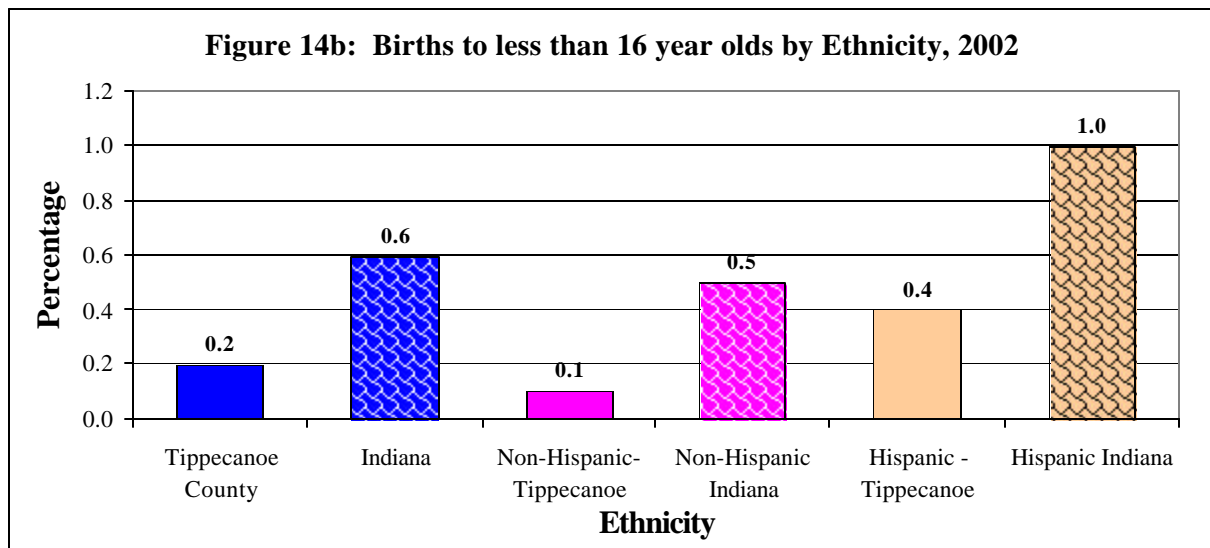
Births to Less than 16 Year olds by Race (Figure 14a):

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



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

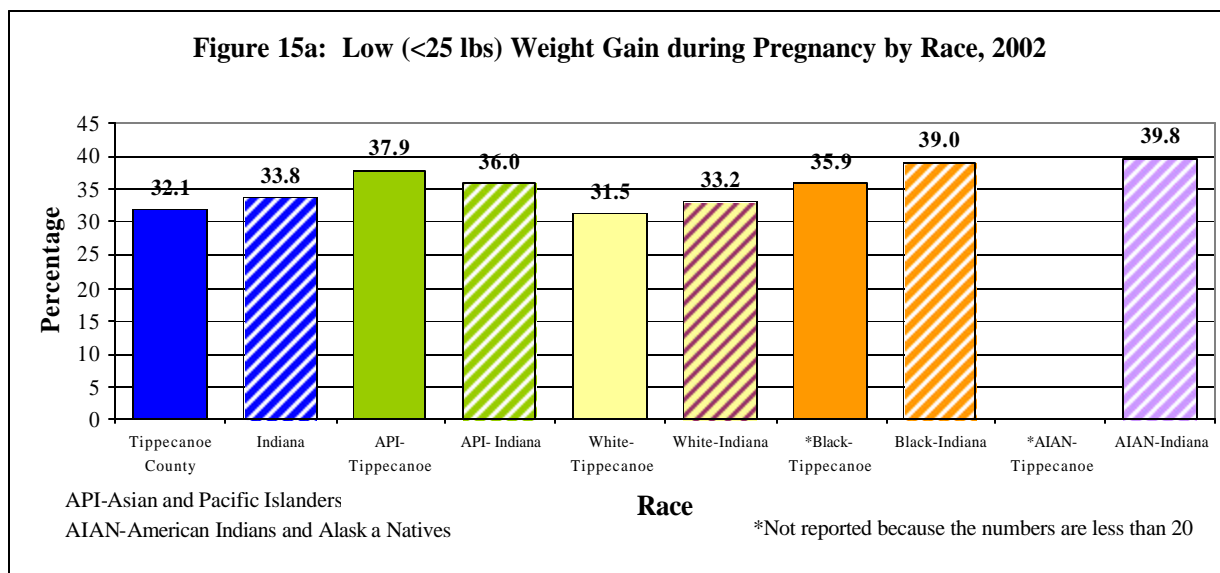
- The percentage of births to less than 16 year olds for Hispanics in Tippecanoe County was similar to the percentage for Non-Hispanic births in Tippecanoe County.
- The percentage of births to less than 16 year olds for Hispanics in Tippecanoe County was similar to the percentage for all Hispanic births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



Weight Gain during Pregnancy:

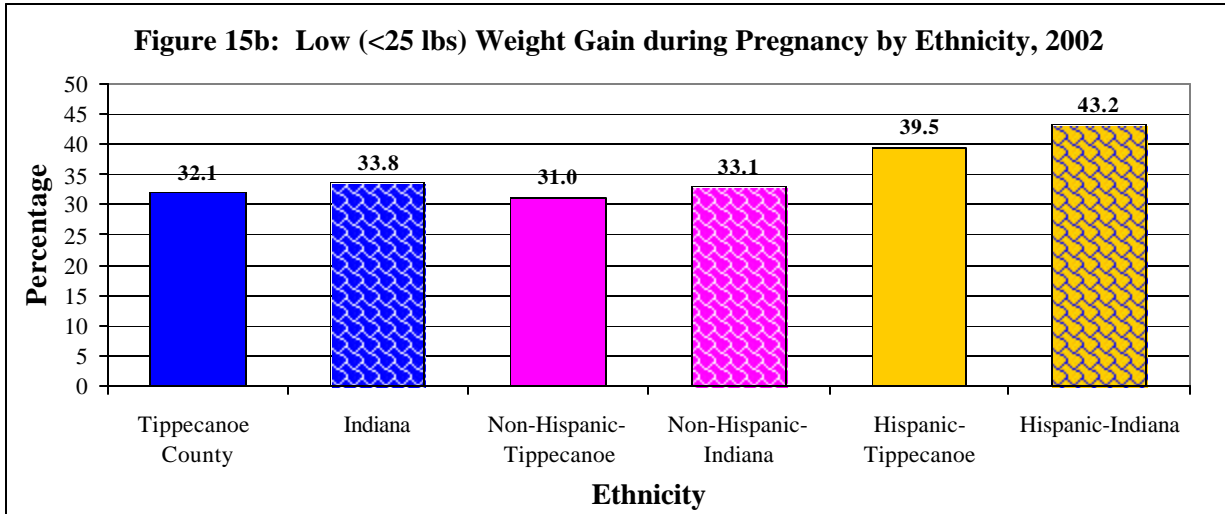
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



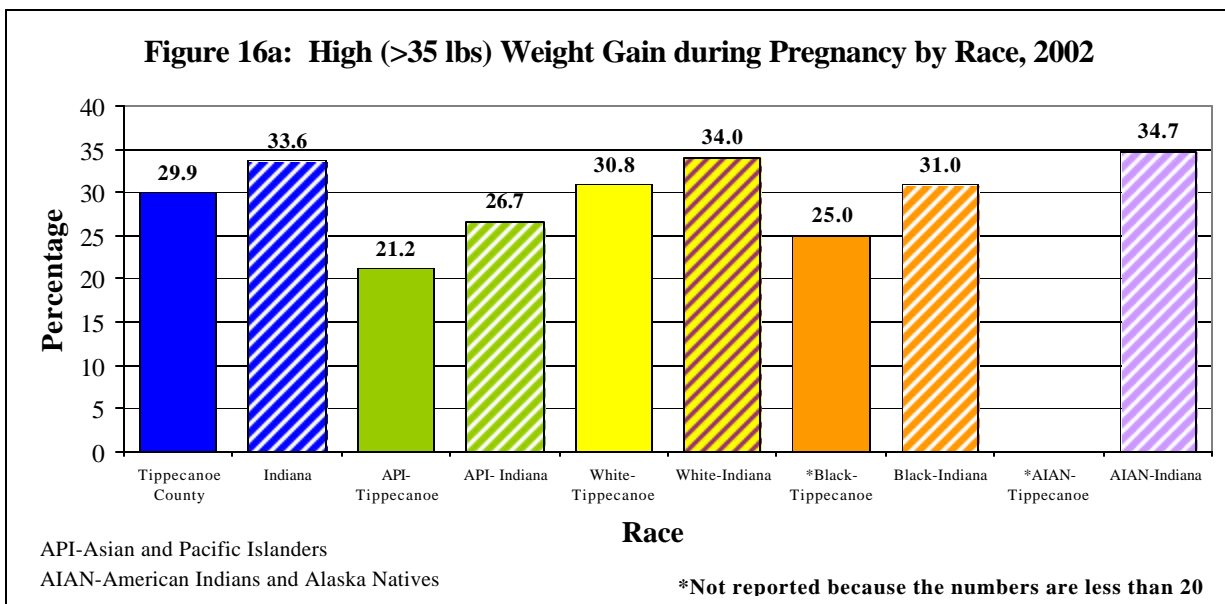
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



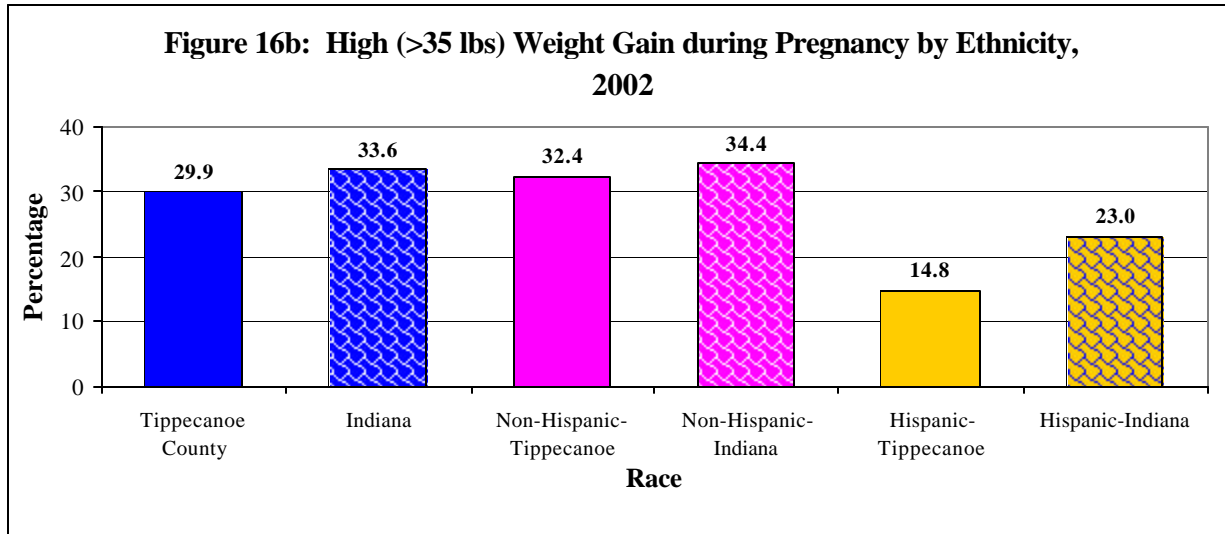
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

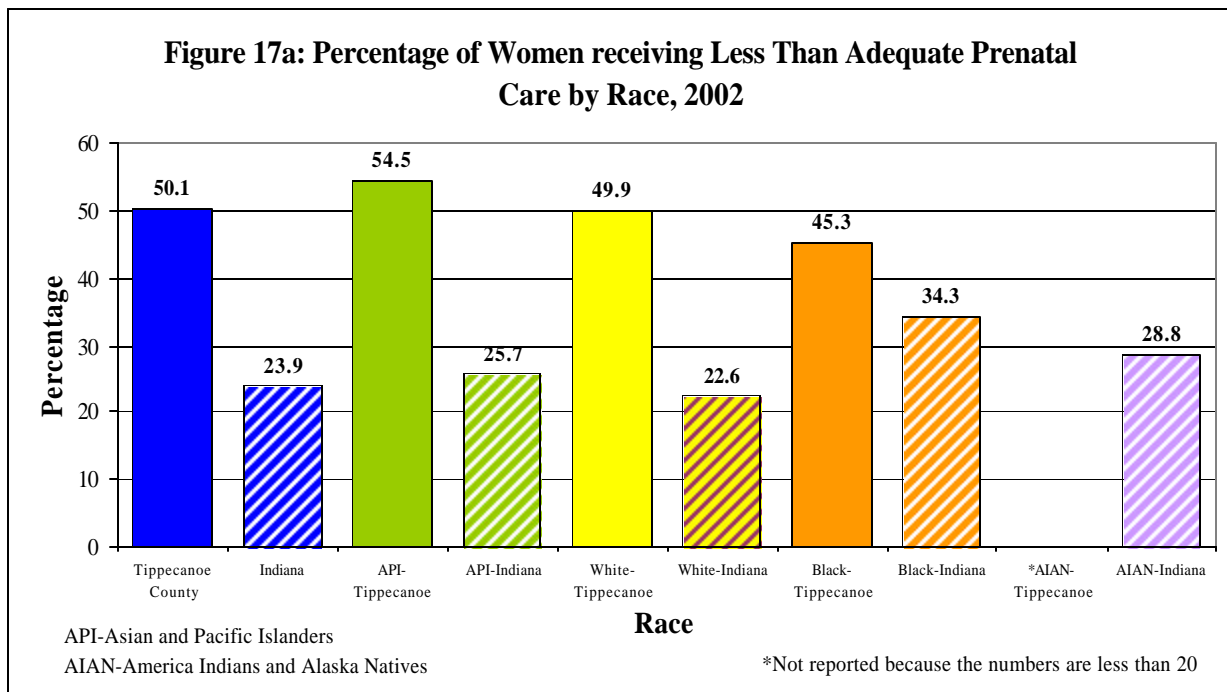
- The percentage of HWG during pregnancy for Hispanics in Tippecanoe County was lower than the percentage for Non-Hispanic births in Tippecanoe County.
- The percentage of HWG during pregnancy for Hispanics in Tippecanoe County was lower than the percentage for all Hispanic births in Indiana.



Prenatal Care:

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

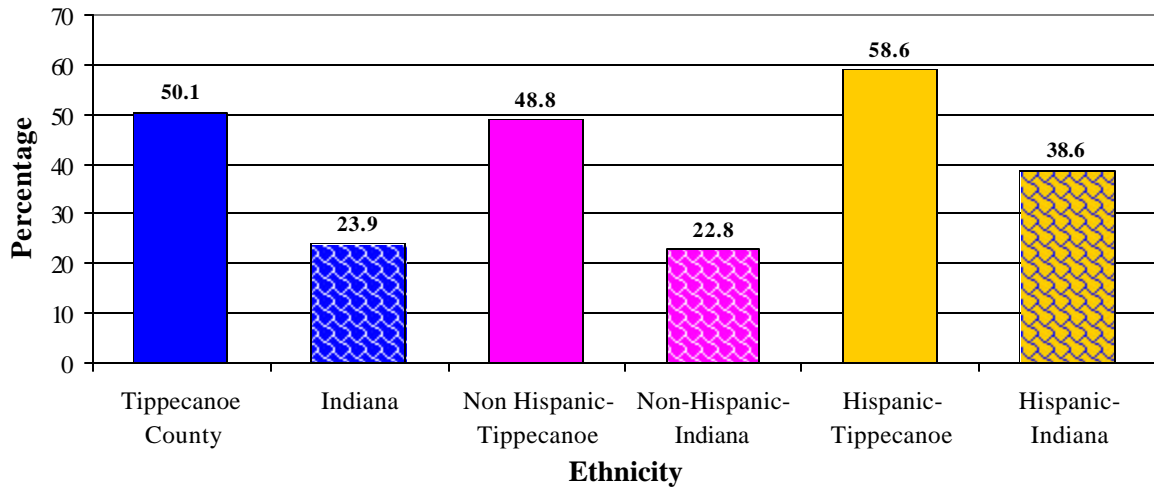
- The percentage of Women receiving less than adequate prenatal care for AIANs in Tippecanoe County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for APIs in Tippecanoe County was higher than the percentage for all births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



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

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

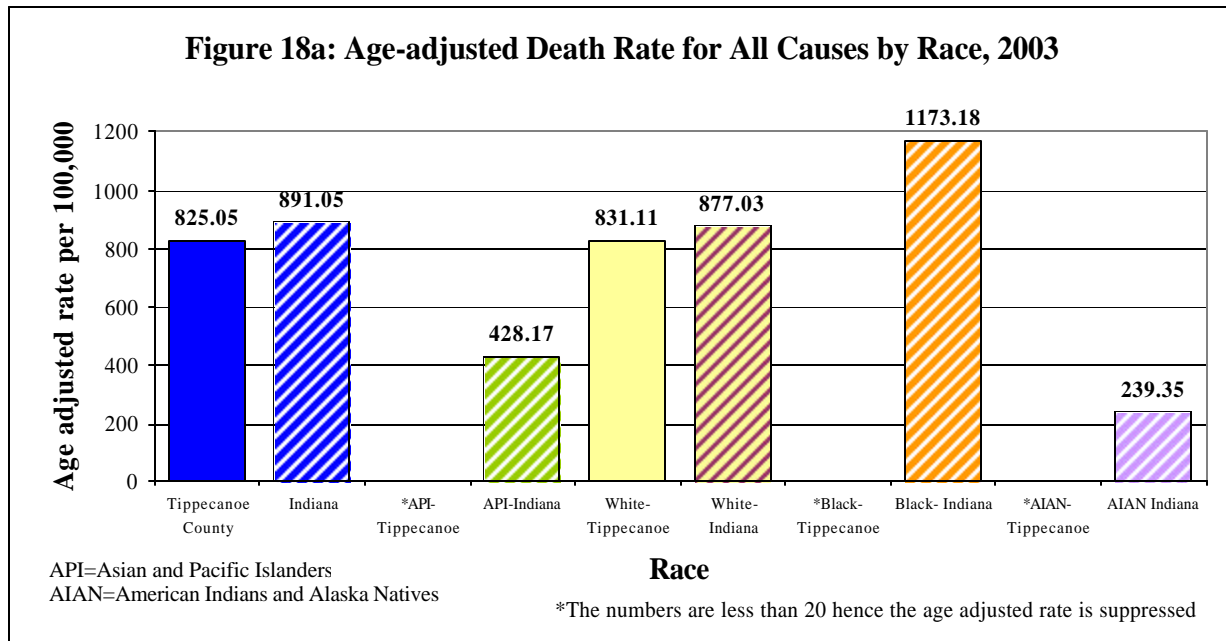
Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002



Leading Causes of Death:

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

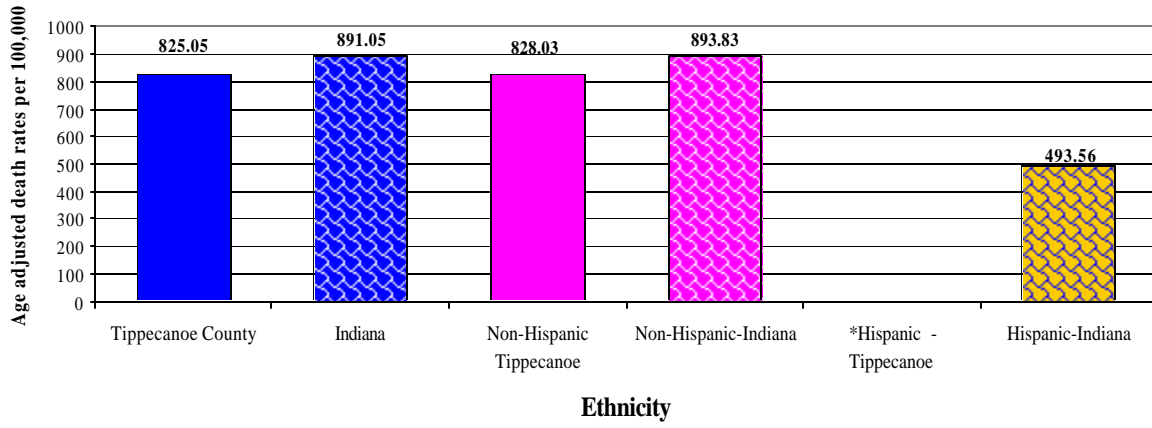
- The age-adjusted death rate for APIs, Blacks, and AIANs in Tippecanoe County could not be compared due to the small number of deaths.



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

- The age-adjusted death rate for Hispanics in Tippecanoe County could not be compared due to the small number of deaths.

Figure 18b: Age-adjusted Death Rate for All Causes by Ethnicity, 2003



Ethnicity

*The numbers are less than 20 hence the age-adjusted rate is suppressed

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

- Deaths by cause for APIs, Blacks and AIANs in Tippecanoe County could not be compared due to the small number of deaths.

Figure 19a: Top Five Leading Causes of Death by Race, 2003						
	Tippecanoe County					
Leading Cause of Death by Race, 2003	Indiana State N=55,123	ALL Races N=983	Asian and Pacific Islanders (APIs) N=5	White N=962	Black N=15	American Indians & Alaska Natives (AIANs) N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=282	Malignant Neoplasms N=**	Diseases of the Heart N=279	Malignant Neoplasms N=**	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=223	N/A	Malignant Neoplasms N=217	Diseases of the Heart N=**	N/A
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=64	N/A	Cerebrovascular Diseases N=64	Accidents N=**	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=62	N/A	Chronic Lower respiratory disease N=62	N/A	N/A
#5	Accidents N=2,086	Accidents N=39	N/A	Accidents N=37	N/A	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

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

- Deaths by cause for Hispanics in Tippecanoe County could not be compared due to the small number of deaths.

Figure 19b: Top Five Leading Causes of Death by Ethnicity, 2003

Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	Tippecanoe County		
		ALL Ethnic Groups N=983	Non-Hispanic N=973	Hispanic N= 9
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=282	Diseases of the Heart N=280	Diseases of the Heart N=**
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=223	Malignant Neoplasms N=223	Accidents N=**
#3	Cerebrovascular Diseases N=3,674	Cerebrovascular Diseases N=64	Cerebrovascular Diseases N=64	N/A
#4	Chronic Lower respiratory disease N=3,127	Chronic Lower respiratory disease N=62	Chronic Lower respiratory disease N=62	N/A
#5	Accidents N=2,086	Accidents N=39	Accidents N=37	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

Overview of Tippecanoe County Targeted Survey Responses

Worst neighborhood health problems (Table 1):

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

Household arrangement (Table 2):

- More than thirty-six percent of Black respondents lived in single adult households; half of the respondents lived in two adult homes (50.6 percent); and the remainder reported three or more adults in the home. Almost 59 percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 54 (64.3 percent) females and 30 (35.7 percent) males. Thirty-seven percent of the respondents were younger than 35 years of age, while nearly seventeen percent were 55 year or older.

Education (Table 2)

- Approximately twelve percent of the Black respondents (11.6 percent) graduated from high school, 40.7 percent had some college or trade school experience, and 44.2 percent had college degrees.

Health status perceptions (Table 3)

- Thirty-seven percent of the Black respondents rated their health as excellent or very good, and an additional 47.6 percent described their health as good. Approximately sixteen percent described their health as fair (11.9 percent), poor (2.4 percent), or very poor (1.2 percent).

Satisfaction with life (Table 3)

- Sixty-two percent of the Black respondents rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (34.5 percent), dissatisfied (2.4 percent), or very dissatisfied (1.2 percent).

Source of health information (Table 4)

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (96.5 percent), followed by family members (37.2 percent). The Internet was identified by nearly thirty-one percent, television or radio (27.9 percent), magazines or newspapers (26.7 percent), and other sources (7.0 percent).

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

- Twenty-seven percent of Black respondents reported no visits to the dentist in the last twelve months. Approximately sixty percent reported visiting the dentist one to two times in the last year, and thirteen percent reported three or more visits this past year. The majority of Black respondents (66.7 percent) reported having access to a dentist for dental care.

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

- Six percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. Nearly forty-nine percent reported visiting the doctor or nurse one to two times in the last year, and 45.1 percent reported three or more visits this past year. The majority of Black respondents (76.5 percent) reported having access to a doctor or a nurse for health care.

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

- For Black respondents who did not have a regular source of care (23.5 percent), the choice for service if needed was a hospital emergency room (30.0 percent), community clinic (30.0 percent), doctor's office (25.0 percent), and urgent care center (15.0 percent).

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

- Black respondents with a regular source of care most frequently relied on private physicians (77.4 percent) followed by community clinic (8.2 percent), hospital emergency room (4.8 percent), urgent care center (4.8 percent), and other facility (4.8 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 twenty percent used the services of an urgent care center.

General assessment of medical care (Table 5)

- Approximately fifty-one percent of Black respondents rated services as either superior (4.8 percent), or above average (45.8 percent). Forty-one percent described the services they received as average. Eight percent (8.4 percent) rated services as below average.

Personal barriers to health care utilization (Table 5)

- Eighteen percent of Black respondents 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 waiting too long for an appointment, the lack of money, lack of insurance, lack of money, medical care not covered by insurance, and did not 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, doctor would not take new patients, and cultural barriers.

Cigarette smoking (Table 6)

- Nearly thirty-seven percent of the Black respondents reported having smoked at least 100 cigarettes in their life with more than thirty-three percent reported smoking everyday, 13.3 percent some days, and 53.4 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (27.3 percent) to about two packs (9.1 percent). More than sixteen percent of all survey respondents (16.3 percent) indicated they were current smokers.

Physical activity (Table 6)

- Seventy-two percent of the Black respondents reported exercising one or more times per week. Nine percent of the respondents (9.1 percent) indicated they never exercise.

Healthy diet (Table 6)

- Fifty-four percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (15.3 percent), or most of the time (38.8 percent). Approximately twelve percent of the respondents (11.8 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- More than one quarter of the Black respondents, (34.2 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (18.6 percent), asthma (10.6 percent), heart disease (7.5 percent), and other lung disease (5.8 percent).

Adults requiring assistance (Table 7)

- Nearly four percent of the Black respondents (3.8 percent) reported having an adult member of their household who requires assistance, and two thirds of the respondents reported paying for this assistance.

Medical insurance coverage (Table 8)

- Only thirty-six percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, 83.9 percent indicated they do have some type of medical insurance coverage. The coverage reported by the respondents included employer provided (38.5 percent), covered by spouse or parent's insurance (26.9 percent), Medicare (7.7 percent), Medicaid (7.7 percent), and other coverage (3.9 percent).

Dental insurance coverage (Table 8)

- More than two-thirds of the Black respondents (69.6 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- Approximately forty-four percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while fifteen percent pay \$25 to \$49 per month or \$50 to \$74 per month. Nearly twelve percent of the respondents indicated paying \$100 to \$199 per month or \$200 or more per month. Twenty-seven percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while 2.4 percent indicated they did not know.

Tippecanoe County Needs Assessment Survey 2004

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

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities Black	
	Number	Percent
Diabetes	47	54.7%
High blood pressure & Strokes	41	47.7%
Cancer	33	38.4%
Diet problems (obesity, poor nutrition)	33	38.4%
Heart disease	26	30.2%
Substance abuse (alcohol, drugs, smoking)	21	24.4%
AIDS/HIV	10	11.6%
High cholesterol	10	11.6%
Lack or Inadequate Health/Dental care and insurance	9	10.5%
Mental illness	9	10.5%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	6	7.0%
Arthritis, osteoporosis, pain	6	7.0%

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

	Racial Minorities	
	Black	
	Number	Percent
2a. How many adults in live in your household?		
1	30	36.2%
2	42	50.6%
3	8	9.6%
4	3	3.6%
5	0	0.0%
6 or more	0	0.0%
2b. How many children live in your household?		
0	26	41.3%
1	9	14.3%
2	14	22.2%
3	10	15.8%
4	2	3.2%
5 or more	2	3.2%
3. What is your gender?		
Male	30	35.7%
Female	54	64.3%
4. What is your age?		
Less than 18 years	1	1.2%
18 - 24	11	13.3%
25 - 34	19	22.9%
35 - 44	16	19.3%
45 - 54	22	26.5%
55 - 64	9	10.8%
65+	5	6.0%
7. How much education have you had?		
Less than high school	3	3.5%
High school or equivalent	10	11.6%
Some college or trade school	35	40.7%
College graduate or more education	38	44.2%

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

	Racial Minorities Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	8	9.5%
Very Good	23	27.4%
Good	40	47.6%
Fair	10	11.9%
Poor	2	2.4%
Very Poor	1	1.2%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	14	16.7%
Satisfied	38	45.2%
Sometimes satisfied, sometimes dissatisfied	29	34.5%
Dissatisfied	2	2.4%
Very Dissatisfied	1	1.2%

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

	Racial Minorities Black	Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)			
Doctor, nurse or clinic		73	96.5%
The Internet		27	31.4%
Magazines or newspapers		23	26.7%
Television or radio		24	27.9%
Family members		32	37.2%
Other		6	7.0%
11. In the last 12 months, how many separate visits have you made to the dentist?			
None		23	27.4%
1 or 2		50	59.5%
3 to 5		8	9.5%
More than 6		3	3.6%
12. Do you have a dentist who you almost always go to for dental care?			
Yes		56	66.7%
No		28	33.3%
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		5	6.1%
1 or 2		40	48.8%
3 to 5		25	30.5%
6 or more		12	14.6%
14. Do you have a doctor or a nurse who you almost always go to for health care?			
Yes		65	76.5%
No		20	23.5%
15. If No, where would you go to get care if you were to get sick?			
Doctor's office		5	25.0%
Community clinic		6	30.0%
Hospital emergency room		6	30.0%
Urgent care center		3	15.0%
Self care		0	0.0%
Other		0	0.0%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?		
Private doctor's office	48	77.4%
Community clinic	5	8.2%
Hospital emergency room	3	4.8%
Urgent care center	3	4.8%
Other	3	4.8%
17. Were you hospitalized during the past 12 months?		
Yes	9	11.0%
No	73	89.0%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	28	34.1%
No	54	65.9%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	17	20.2%
No	67	79.8%

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

	Racial Minorities	
	Black	
	Number	Percent
20. How good do you think the health care services that you and members of your household have received in this community?		
Superior	4	4.8%
Above average	38	45.8%
Average	34	41.0%
Below average	7	8.4%
Terrible	0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	15	17.9%
No	69	82.1%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	1	6.7%
Lack of money	6	40.0%
No insurance	5	33.3%
Insurance did not cover the medical care	4	26.7%
No transportation available	1	6.7%
Had to wait too long for an appointment	8	53.3%
Doctor wouldn't take new patients	2	13.3%
Doctor or clinic wouldn't take Medicare	1	6.7%
Doctor or clinic wouldn't take Medicaid	2	13.3%
Doctor you need to see for your insurance is out of your area	3	20.0%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	3	20.0%
Was not treated with respect	1	6.7%
The doctor or nurse wouldn't listen	1	6.7%
Felt uncomfortable asking the doctor or nurse questions	0	0.0%
Didn't feel the medical care was the best	4	26.7%
Couldn't get off work	0	0.0%
Clinic or doctor's office staff was rude and not very helpful	2	13.3%
No child care available	0	0.0%
Not having a Social Security Number was a problem	0	0.0%

Not having permanent address was a problem	0	0.0%
Other	3	20.0%

23. In your community, what do you think are the biggest problems that keep other people from getting health care?

No doctor in area	6	7.0%
Lack of money	62	72.1%
No insurance	67	77.9%
Insurance did not cover the medical care	45	52.3%
No transportation available	25	29.1%
Had to wait too long for an appointment	21	24.4%
Doctor wouldn't take new patients	27	31.4%
Doctor or clinic wouldn't take Medicare	20	23.3%
Doctor or clinic wouldn't take Medicaid	22	25.6%
Doctor you need to see for your insurance is out of your area	17	19.8%
Language barriers	22	25.6%
Cultural barriers	25	29.1%
Had to wait too long in doctor's or clinic office	11	12.8%
Was not treated with respect	15	17.4%
The doctor or nurse wouldn't listen	11	12.8%
Felt uncomfortable asking the doctor or nurse questions	13	15.1%
Didn't feel the medical care was the best	9	10.5%
Couldn't get off work	14	16.3%
Clinic or doctor's office staff was rude and not very helpful	8	9.3%
No child care available	11	12.8%
Not having a Social Security Number was a problem	2	2.3%
Not having a permanent address was a problem	3	3.5%
Other	2	2.3%

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

	Racial Minorities Black	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	31	36.9%
No	52	61.9%
Don't know / Not sure	1	1.2%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	10	33.3%
Some days	4	13.3%
Not at all	16	53.4%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	3	27.3%
1/2 to 1 pack per day	7	63.6%
About 2 packs per day	1	9.1%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?		
One or more times each week	59	72.0%
Less than one time per week	16	19.5%
Not at all	7	8.5%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	13	15.3%
Most of the time	33	38.8%
Some of the time	29	34.1%
Not very often or not at all	10	11.8%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	27	34.2%
Heart disease ('yes')	5	7.5%
Diabetes ('yes')	13	18.6%
Asthma ('yes')	7	10.6%
Other lung disease ('yes')	3	4.7%

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

	Racial Minorities		
	Black		
	Number		Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?			
Yes	3		3.8%
No	75		96.2%
31. Do you pay anyone to give this assistance?			
Yes	2		66.7%
No	1		33.3%

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

	Racial Minorities Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	26	83.9%
No	5	16.1%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	10	38.5%
Privately purchased plan	1	3.9%
Covered under spouse or parent's insurance	7	26.9%
Medicare	2	7.7%
Medicaid	2	7.7%
Long term care insurance	0	0.0%
Other	1	3.9%
34. Do you have dental insurance coverage if any problems arise?		
Yes	55	69.6%
No	24	30.4%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	23	27.1%
Less than \$10 per month	21	24.7%
\$10 to \$24 per month	16	18.8%
\$25 to \$49 per month	10	11.7%
\$50 to \$74 per month	3	3.5%
\$75 to \$99 per month	0	0.0%
\$100 to \$199 per month	6	7.1%
\$200 or more per month	4	4.7%
Don't know	2	2.4%

Overview of Tippecanoe County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Tippecanoe County residents: **Cancer, depression, diabetes and high blood pressure.** Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers; and,
- **improve communication** between consumers and providers;

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 Tippecanoe County.

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

- **cultural** (mistrust of the system-communities are stigmatized, 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** (need for bilingual healthcare providers);
- **lack of health knowledge and promotion** (a failure to recognize a health problem; a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of resources, lack of insurance, high cost of healthcare, lack of employment); and,
- **system problems** (lack of services, lack of availability of providers in the community, limited hours of operation).

Suggestions for improving access to health care for African- Americans and Hispanics in Tippecanoe County included:

- **increasing the education level** of the community.
- **educating providers** about cultural differences and competency issues including cultural sensitivities;
- **increase the number of minority** physicians and other health care providers.
- **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:

“Black women do not receive screenings because doctors don’t think the concern or issue is common in black women. “

Tippecanoe County Focus Group Responses

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

CONSUMERS

Health Conditions:

- Depression in the work place
- Diabetes
- High Blood Pressure

Personal Behavior

- Obesity

Dental Health

- Oral health

COMMUNITY LEADERS

Health Conditions

- Cancer
- Depression
- Diabetes
- High Blood Pressure

Personal Behavior

- Obesity

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

CONSUMERS

Increase Access:

- Employment that offers affordable insurance packages
- Bilingual healthcare providers
- Cheaper health insurance

Improved Communication and Education

- Education

COMMUNITY LEADERS

Increase Access:

- Bilingual Services

Improved Communication and Education

- Education

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

CONSUMERS

Communication

- Language barriers

Education

- Education

Personal/Economics

- Lack of finances
- Unemployment
- Lack of resources

System

- Services not available in community
- Limited hours of operation

COMMUNITY LEADERS

Community Characteristics

- Communities are stigmatized
- Providers not culturally sensitive to minorities.

Personal/Economics

- High cost of healthcare services
- Lack of affordable healthcare insurance

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

CONSUMERS

Personal/Economics

- Offer better jobs with a better income
- Improve transportation services
- Lower fees

System/Provider

- Increase the number of minority health providers especially physicians.

COMMUNITY LEADERS

Education

- Promotion of healthcare careers for youth in schools.

Personal/Economics

- Stop cutting funding

Culture

- Cultural Sensitivity education for healthcare providers

Question 5: When asked if the focus group participants believed there was a need for more neighborhood clinics and doctors, the response from both the consumers and community leaders groups was a unanimous,

CONSUMERS

Yes, on each side of the city

COMMUNITY LEADERS

No, not needed

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

CONSUMERS

Cultural:

- Cultural sensitivity
- Cultural education for doctors
- Black women do not receive screenings because doctors don't think the concern or issue is common in black women.

System

- Managed care insurance limits quality of doctors available.
- Cultural sensitivity and awareness needed

COMMUNITY LEADERS

Cultural:

- Not enough minority role models in the health field
- Healthcare providers need cultural sensitivity classes at all levels

System

- Cultural Sensitivity education needed

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

‘No’.

Question 8: When asked what makes health care programs successful, the participants in both the consumers’ and the community leaders’ focus groups provided the following observations:

CONSUMERS

Communication/Outreach/Education

- Bilingual

Incentives/ Free Services

- Free or low cost

Culturally Sensitive

- Culturally sensitive to health problems

Others

- Weight management program in group setting

COMMUNITY LEADERS

Communication/Outreach/Education

- Informative
- Bilingual – all materials
- Reaches out to groups in unique ways

Incentives/Free Services

- Programs are free

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

Communication/Outreach/Education

- Programs not well publicized;
- More advertising needs to be done

Economic/Resources

- Not enough staff

COMMUNITY LEADERS

Economic/Resources

- Not enough funding
- Not enough staff

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

None

Key Informant Interview Findings for Tippecanoe County

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

Methods: The community leaders/providers were identified by the Tippecanoe County Minority Health Coalition (TCMHC). Ms. Thometra Foster, the Coalition Coordinator for TCMHC conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers. There was a total of ten community leader/provider interviews were conducted in Tippecanoe County during March and April of 2004. The professions of the community leader/provider included two church reverends, two pastors, two church elders and a representative of a community resource service organization, while the professions of the remaining interviewees remains unknown. The gender of the interviewees was reported for all ten of the participants and included eight males and two females. The ages and race/ethnicity of the participants was not reported.

Results:

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

For all racial and ethnic populations in Tippecanoe 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. Personal Behavior (Change Life Styles)
6. Advocates
7. Cultural (Discrimination)

Hispanic/Latino population in Tippecanoe County:

1. System Improvement (More Providers/Better Access)
2. Cultural (Discrimination)

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

For all racial and ethnic populations in Tippecanoe County:

1. Improve Education (Health Promotion)
2. Improve Awareness of Services
3. System Improvement (More Providers/Better Access)

4. Personal Behavior (Change Life Styles)

Hispanic/Latino population in Tippecanoe County:

1. Improve Education (Health Promotion)

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

For all racial and ethnic populations in Tippecanoe County:

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

Hispanic/Latino population in Tippecanoe 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 Tippecanoe County, the community leaders provided the following observations :

Key informant 1:

“Yes”

- *“Neglect of poor, unemployed and elderly”*

Key informant 2:

“Yes”

- *“Beginning to hear horror stories of meeting the needs”*

Key informant 3:

“No”

- *“Just need to get the service to the people”*

Key informant 4:

“Yes”

- *“Lack of minority physicians who are culturally sensitive”*

Key informant 5:

“Yes”

- *“Lack of access to quality care is the reason why people are not healthy. They work jobs where affordable insurance is not available. The state should find a group situation”*

where people can get affordable insurance. For example, the Aflac Insurance Company makes insurance available to churches.”

Key informant 6:

“Yes”

- *“Access to doctors are limited according to insurance policies”*

Key informant 7:

“Yes”

- *“Need to do a better job for those who don’t have adequate insurance”*

Key informant 8:

“Yes”

- *“There is a lack of quality of medical personnel. White doctors are not always culturally sensitive when providing services. There is a need more African American doctors in this area.”*

Key informant 9:

“Yes”

- *“Not many doctors available are aware of the special needs associated with a diverse community of people”*

Key informant 10:

“Yes”

- *“There is a need for more medical interpreters”*

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

Key informant 1:

- *“Cultural empathy and awareness”*
- *“Knowledgeable staff”*

Key informant 2:

- *“Utilizing effective methods to increase community awareness of programs”*

Key informant 3:

- *“Program staff relate and communicate well with the community”*

Key informant 4:

- *“Offers a variety of program choices”*
- *“Organization’s leadership effectively promotes programs”*

Key informant 5:

- *“Dedicated to serving the people in the community”*

Key informant 6:

- *“Provides health information such as pamphlets”*
- *“Utilizes qualified instructors”*

Key informant 7:

- *“Numerous opportunities offered to the community”*
- *“Programs are available and accessible to the community”*

Key informant 8:

- *“Gets out the information to the community”*
- *“Provides several programs throughout the year”*

Key informant 9:

- *“Programs that offer information to a broad spectrum of the community, reaching people of diverse backgrounds and cultures”*

Key informant 10:

- *“Offering emergency Medicaid”*
- *“Community outreach programs”*

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

Key informant 1:

- *“Limited networking and brainstorming activities”*

Key informant 2:

- *“Lack of adequate outreach”*

Key informant 3:

- *“Lack of a clear message – the benefits of program attendance not well understood by the community”*

Key informant 4:

- *“Lack of reaching the people who really need the services”*

Key informant 5:

- *“Lack of community interest in programs offered”*

Key informant 6:

- *“Lack of people attending program events”*

Key informant 7:

- *“Lack of adequate funding”*

Key informant 8:

- *“Lack of adequate media exposure”*

Key informant 9:

- *Lack of adequate publicity*
- *Lack of child care services*

Key informant 10:

- *“Lack of rapport with clients served”*
- *“Lack of bilingual staff”*

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”

- *“Not enough clinics available to serve the poor”*

Key informant 2:

“Insufficient”

- *“More providers, space and resources are needed”*

Key informant 3:

“Insufficient”

Key informant 4:

“Not applicable”

Key informant 5:

“Insufficient”

Key informant 6:

“Insufficient”

- *“Need to hire more ethnic doctors – African American and Hispanic”*

Key informant 7:

“Insufficient”

- *“Need more affordable clinics”*

Key informant 8:

“Insufficient”

- *“Need to open more clinics”*

Key informant 9:

“Insufficient”

- *“Need more bilingual healthcare providers”*

Key informant 10:

“Insufficient”

- *“Need to expand clinics”*

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:

- *“Near low-income communities”*

Key informant 2:

- *“South end of town”*

Key informant 3:

“Not applicable”

Key informant 4:

“Not applicable”

Key informant 5:

- *“Distribute clinics equally among all regions”*

Key informant 6:

- *“Close to the hospitals”*
- *“Within the inner city portion of the community”*

Key informant 7:

- *“On each side of town”*

Key informant 8:

- *“North side and South side”*

Key informant 9:

- *“Within hospitals”*
- *“Within communities in need”*

Key informant 10:

- *“North, East, West and South side of town”*

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

For all racial and ethnic populations in Tippecanoe County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Personal Behavior (Change Life Styles)
4. Advocates
5. Provider Behavior
6. Cultural (Discrimination)

Hispanic/Latino population in Tippecanoe County:

1. Improve Communications (Language)

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:

“Yes”

- *“Other cultures have barriers of language, cultural customs and values”*

Key informant 4:

“Yes”

- *“Other cultures have barriers of language, cultural customs and values”*

Key informant 5:

“Yes”

- *“Language and communication barriers”*

Key informant 6:

“Yes”

Key informant 7:

“No”

Key informant 8:

“Yes”

Key informant 9:

“Yes”

Key informant 10:

“Yes”

- “There is a need to improve services provided to all minority groups”

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 Tippecanoe County, the community leaders provided the following:

Key informant 1:

“Yes”

Key informant 2:

“Yes”

- “We have volunteers available”

Key informant 3:

“Yes”

Key informant 4:

“Yes”

Key informant 5:

“Yes”

Key informant 6:

“Yes”

Key informant 7:

“Yes”

Key informant 8:

“Yes”

Key informant 9:

“Yes”

Key informant 10:

“Yes”

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

- *“Churches and church nurses”*
- *“Certified Nursing Assistants (C.N.A.)”*
- *“Emergency rooms”*
- *“NAACP”*
- *“Minority Health Coalition of Tippecanoe County”*
- *“Arnett Clinic”*
- *“Hospitals”*
- *“United Health Clinic”*
- *“Community Health Clinic”*
- *“Tippecanoe Health Clinic”*
- *“Hanna Center”*
- *“Purdue University”*
- *“Crisis Center”*
- *“Health Referral Service”*

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:

- *“Participate in cultural diversity training”*
- *“Be cautious choosing the organizations and partners to ensure your organization’s grant money is utilized as the grant proposal intended”*
- *“Assist others to locate financial assistance”*
- *“Provide convenient services”*
- *“Meet frequently with organization planning team to start strong and end strong”*
- *“Encourage churches to participate in sponsoring programs and community members to participate in planned activities”*
- *“Encourage churches to work together”*
- *“Assemble a strong foundation with strong commitment and a plan to care for all people in the community”*
- *“Listen and learn from other organizations”*
- *“Develop and sub-contract interpreting services for Hispanics in our community”*

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

Key informant 1:

“No”

Key informant 2:

- *“As changes occur possibly people will become more sensitive to the community needs and more services will become available”*

Key informant 3:

“No”

Key informant 4:

“No”

Key informant 5:

“No”

Key informant 6:

- *“The Minority Health Coalition of Tippecanoe County is doing a fine job and we want to help them continue their work, as our community needs their services”*

Key informant 7:

“No”

Key informant 8:

“I am willing to assist in the future with these efforts”

Key informant 9:

“No”

Key informant 10:

“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 Tippecanoe County, the community leaders provided the following:

- *“Churches”*
- *“Latino Coalition – Aida Munoz”*
- *“Community center directors”*
- *“Not applicable”*
- *“New mayor of Lafayette”*
- *“Ethnic child care centers and other Black business”*
- *“Local physicians”*
- *“Media personnel”*
- *“Community Family Resource Center (CFRC)”*
- *“Family Services”*
- *“Emergency Service Coordinator at (CFRC)”*

CONCLUSIONS

Conclusions

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

The Asian/Pacific Islander (API) population in Tippecanoe County is disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, and low weight gain during pregnancy. The API population in Tippecanoe County also has a high percentage of women receiving less than adequate prenatal care. These indicators do not meet the Healthy People 2010 objectives and / or have higher percentages in comparison to all births in the county.

The Black population in Tippecanoe County was disproportionately affected when comparing the health indicators among racial groups. There was room for improvement in the following indicators: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, prenatal care in the first trimester, alcohol use during pregnancy, smoking during pregnancy, births to single mothers, births to less than 16 year olds, low weight gain during pregnancy, and percentage of women receiving prenatal care. These health indicators need improvement because they do not meet 2010 Healthy People objectives and / or they represent higher percentages in comparison to all births in Tippecanoe County.

The Hispanic population in Tippecanoe County was disproportionately affected when comparing the health indicators among ethnic groups. Many of the health indicators need improvement because they do not meet 2010 Healthy People objectives and/or they represent higher percentages in comparison to all births in Tippecanoe County. These indicators are low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, births to single mothers, and low weight gain during pregnancy. Furthermore, Hispanics in Tippecanoe County have a low percentage of women receiving prenatal care in the first trimester, and a high percentage of women receiving less than adequate prenatal care.

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

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying having to wait too long to schedule an appointment, lack of money, lack of health insurance, medical care not covered by insurance, and did not feel the medical care was the best. Additional barriers to accessing health care included communication between provider and patient, culture, lack of health knowledge and promotion, personal and economic situation, and system problems.

Educating the community about the benefits of a healthier lifestyle, being more aware of the services that are available and improving communication between consumers and providers

were offered as solutions to the lower health status and access problems that exist within the minority populations. Increasing the number of minority physicians and other healthcare providers, as well as providing translators and interpreters were also suggested.

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

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

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

(List as many as five)

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes
- No

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

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

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

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

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

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

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

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

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

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

14. Do you have any other comments?

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

Closing Statement

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