

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

**by the**

**Indiana Minority Health Coalition**

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# EXECUTIVE SUMMARY

## Executive Summary

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

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

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

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

Targeted surveys were developed and administered to one hundred and four (104) local residents in a variety of settings (i.e. churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) to obtain community input on important health issues, needs, values, and beliefs. The results from the surveys highlighted that Blacks perceive cancer, high blood pressure and strokes, diabetes, heart disease, and HIV/AIDS as part of the top five worst health problems in their neighborhood. These results indicated that nearly a quarter (24.1%) 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: lack of money, lack of insurance, waiting too long for an appointment, didn't feel the medical care was the best, and the doctor would not take new patients.

Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant surveys. Results from focus groups and key informant surveys indicated that Vanderburgh County community residents perceive the following as major health problems: asthma, cancer, diabetes, and teen pregnancy.

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 Vanderburgh 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 Vanderburgh 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 Vanderburgh County in collaboration with the Minority Health Coalition of Vanderburgh 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 Vanderburgh 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 Vanderburgh 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 Vanderburgh 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 Vanderburgh

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 Vanderburgh 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 coalitions in Vanderburgh 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 four targeted surveys were completed and returned to the Indiana Minority Health Coalition. Nearly eighty-nine percent of the respondents (N = 92) reported their race; of which 94.6 percent were Black (N = 87), 2.2 percent were of more than one race (N = 2), and 2.2 percent were American Indian/Alaska Native (N = 2). Ninety-five percent of the participants (N = 99) responded to the question of ethnicity with 5.1 percent reported to be of Hispanic/Latino ethnicity (N = 5). Ninety-five of the respondents (N = 99) indicated their gender; of which, 74.7 percent were female (N = 74) and 25.3 percent were male (N = 25). Ninety-two percent of the respondents (N = 96) reported their age with twenty-eight percent in the 25 to 34 age group (N = 27), 24.0 percent in the 35 to 44 age group (N = 23), and 17.7 percent in the 45 to 54 age group (N = 17). Of the remaining respondents, 8.3 percent reported their age as 24 years or less (N = 8), and 21.9 percent reported their age as 55 years or more (N = 21).

### ***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 Vanderburgh 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 Vanderburgh 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 Vanderburgh 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 of Vanderburgh County conducted two focus groups, one provider group and one consumer group. The focus groups were held in the local community center. There were six providers and five consumers taking part in the focus groups for a total of eleven. All of the participants were female. One hundred percent of the focus group participants were Black (N = 11). The participants reported their age group, with thirty-six percent in the 20 to 29 age group (N = 4), eighteen percent in the 40 to 49 age group (N = 2), eighteen percent in the 50 to 59 age group (N = 2), eighteen percent in the 60 and over age group (N = 2), and nine percent in the 30 to 39 age group (N = 1). No information was available on the profession or type of work performed by the participants.

During the months of March and April 2004, the coordinator of the Minority Health Coalition of Vanderburgh County conducted six key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including a director of community services center, director of a homeless shelter, physicians, and a public health nurse. Five of the six key informants reported their gender, and three of the interviewees were women and two were males. The key informants did not describe their age, race or ethnicity.

# RESULTS

## **Overview of Existing Health Indicator (Secondary Data Analysis)**

Analysis of existing data for Vanderburgh County (birth, morbidity and mortality data) indicated disparities exist by in Vanderburgh County and by 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 Indian/Alaska Natives (AIAN) in Vanderburgh 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 Vanderburgh 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 Islanders (API) population in Vanderburgh 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, prenatal care in the first trimester, Cesarean deliveries, and women receiving less than adequate prenatal care compared to the percentage for Vanderburgh County. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

The Black population in Vanderburgh County is also disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, smoking during pregnancy, chemical abuse during pregnancy, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Black women receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care compared to other racial groups. These indicators that need improvement do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in Vanderburgh County.

Hispanics in Vanderburgh County have room to improve many of the birth outcome indicators: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, prenatal care during the first trimester, Cesarean deliveries, congenital anomalies, chemical abuse during pregnancy, births to single mothers, low weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care compared to Non-Hispanic women. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in the county.

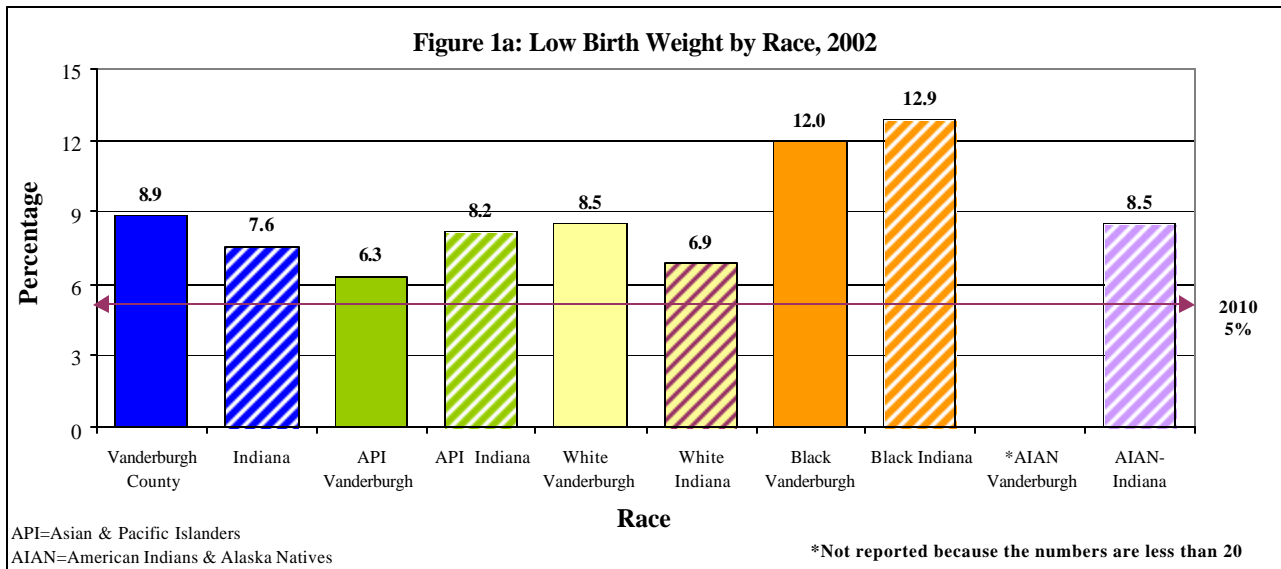
The age-adjusted death rate and deaths by cause for APIs, AIANs, and Hispanics in Vanderburgh County could not be compared due to the small number of deaths. The age-adjusted death rate for Blacks in Vanderburgh County was higher than the age-adjusted death rate for all deaths in Vanderburgh County.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

Blacks in Vanderburgh County.

**Birth Data:**

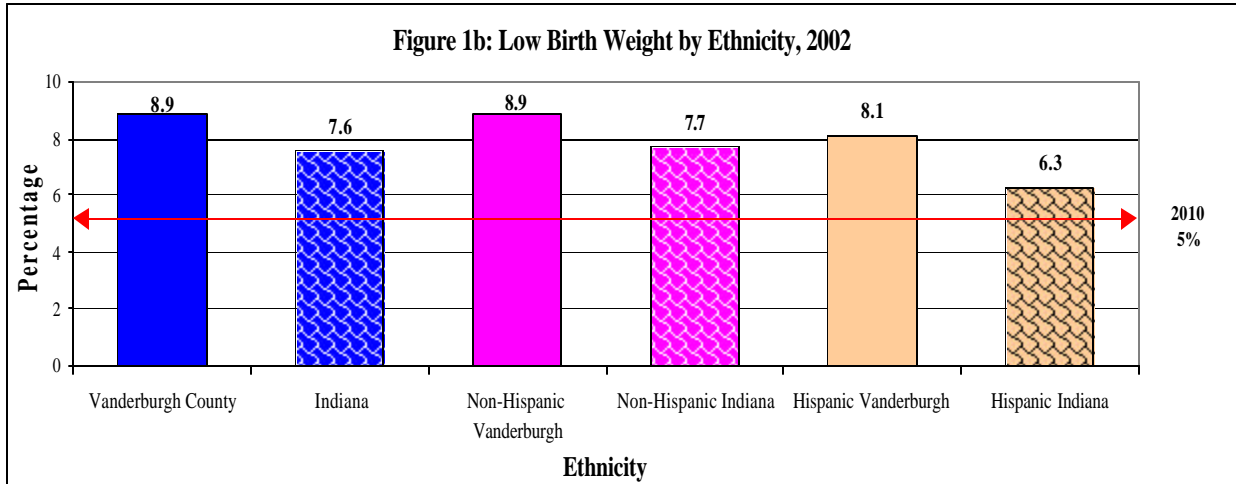
*Low Birth Weight (LBW) by Race (Figure 1a):*

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



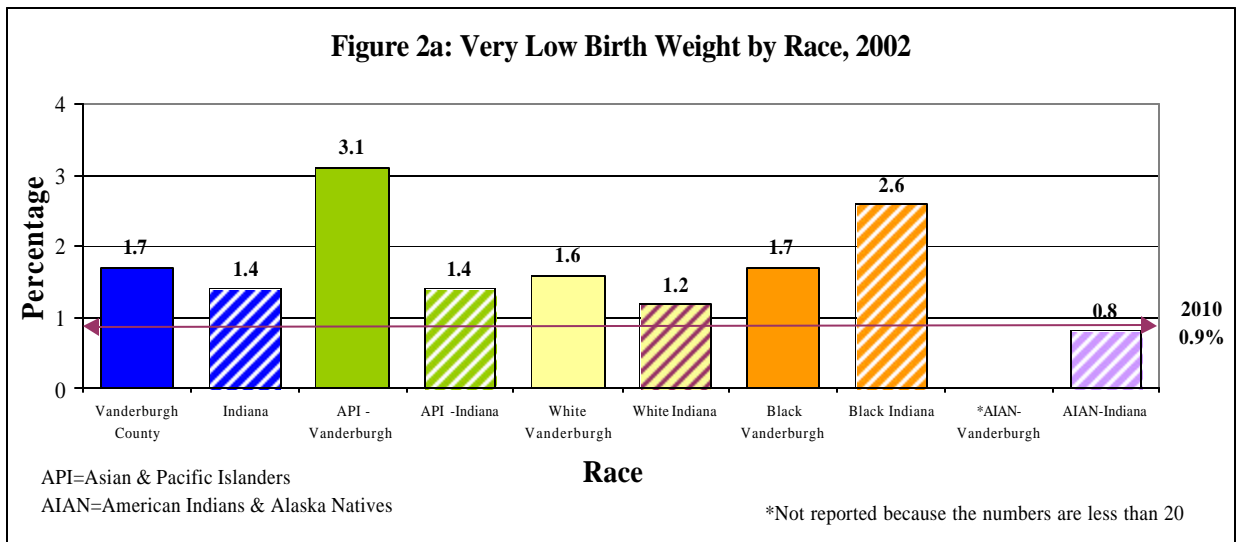
*Low Birth Weight (LBW) by Ethnicity (Figure 1b):*

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



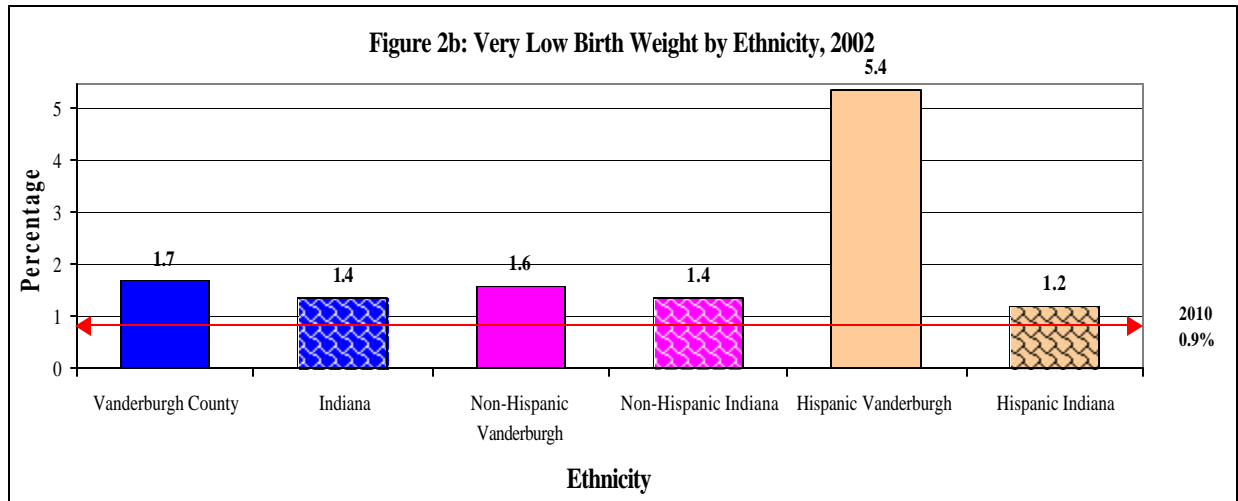
*Very Low Birth Weight (VLBW) by Race (Figure 2a):*

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



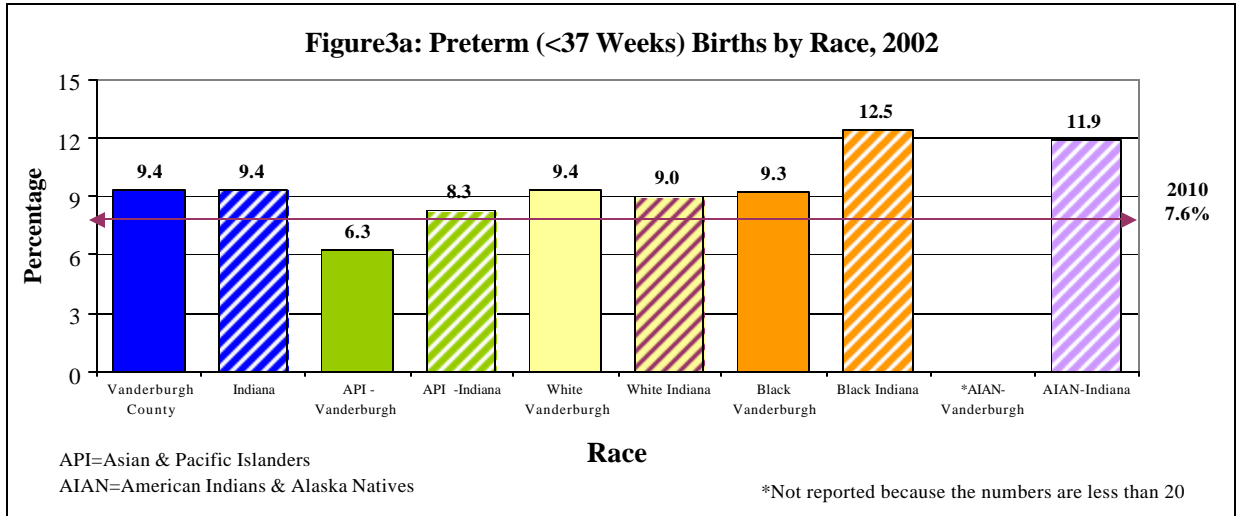
*Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):*

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



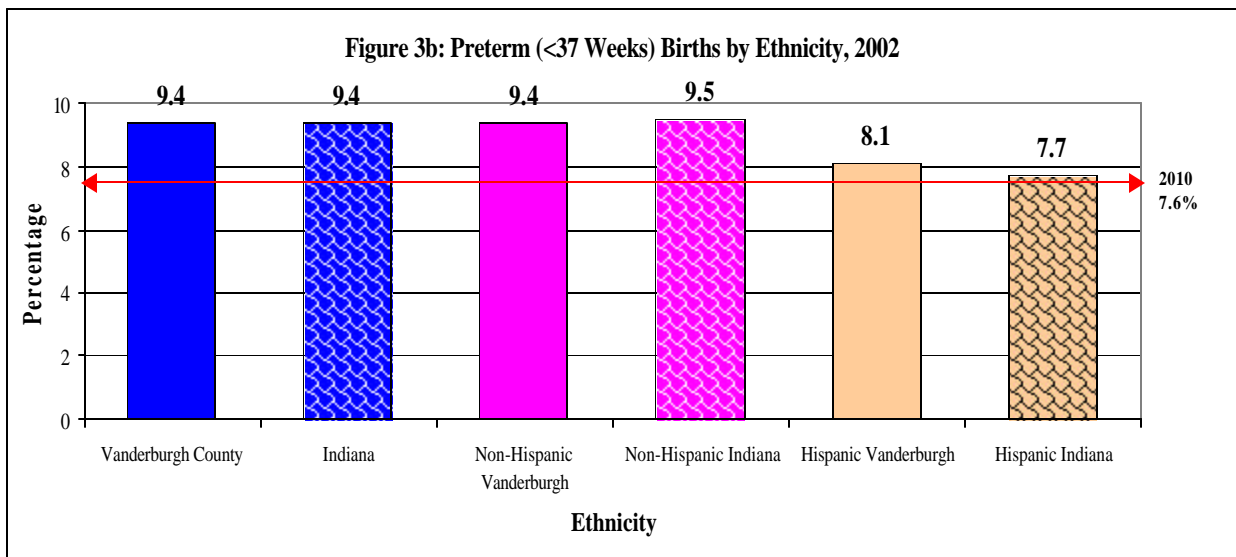
*Preterm (< 37 weeks) Births by Race (Figure 3a):*

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



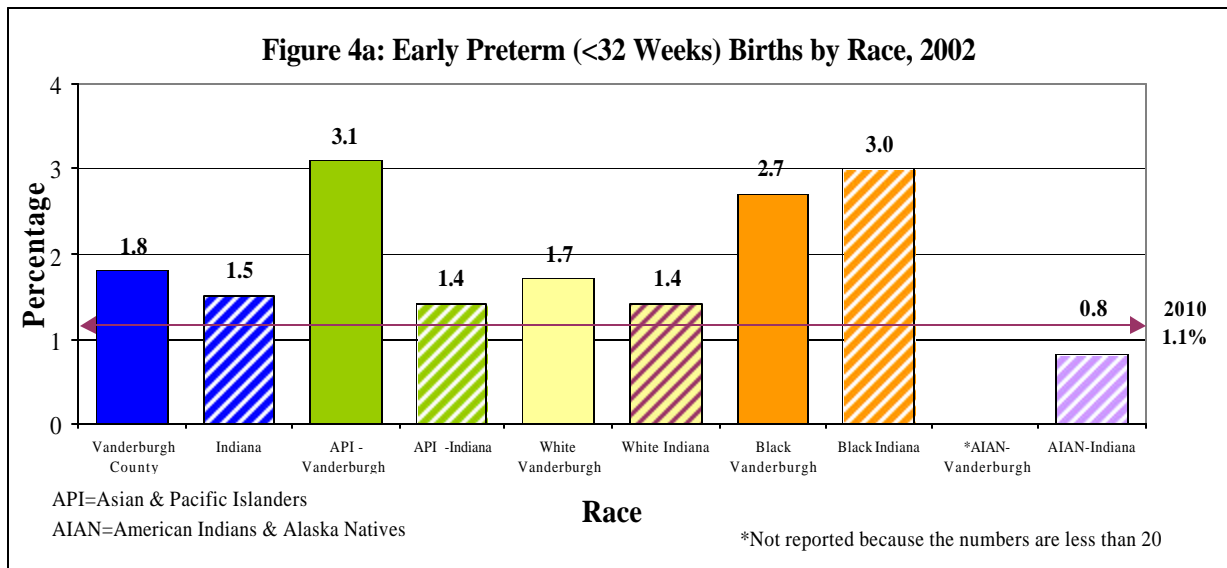
*Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):*

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



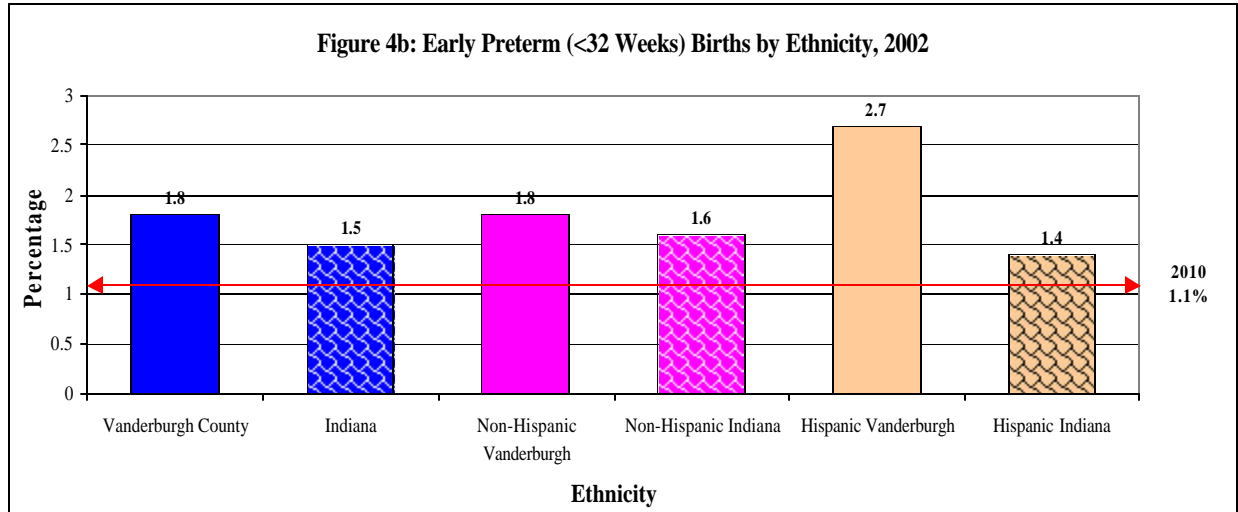
*Early Preterm (< 32 weeks) Births by Race (Figure 4a):*

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



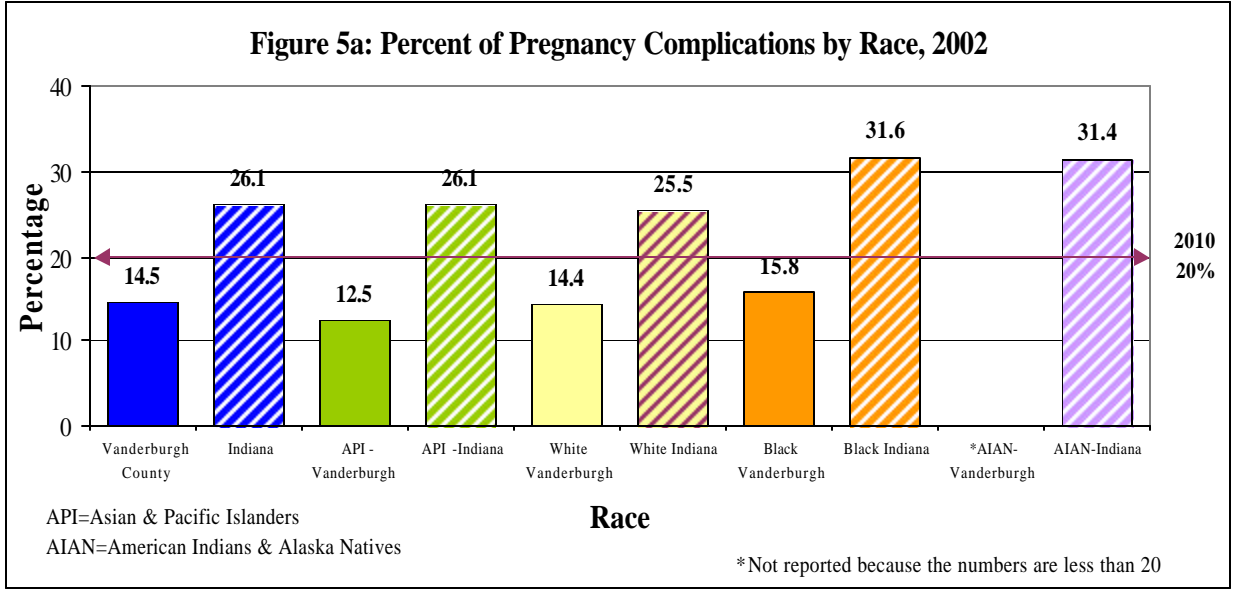
*Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):*

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



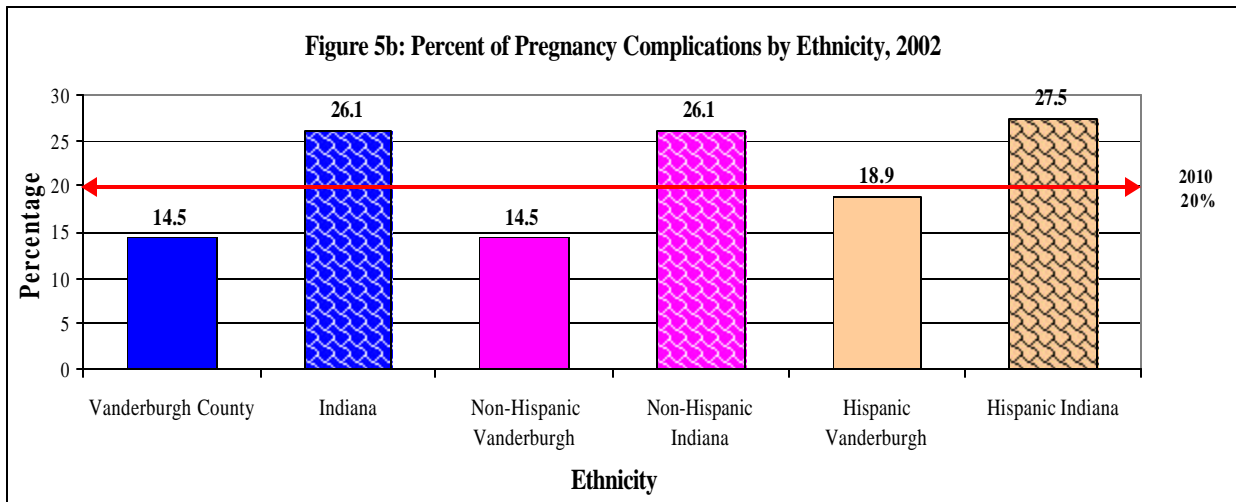
*Percent of Pregnancy Complications by Race (Figure 5a):*

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



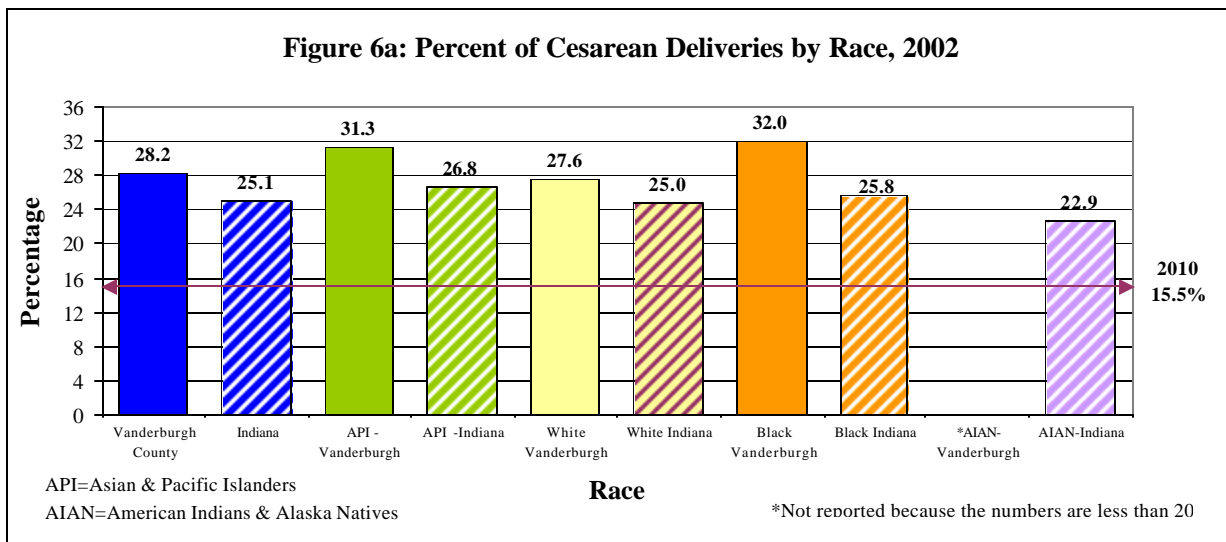
*Percent of Pregnancy Complications by Ethnicity (Figure 5b):*

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



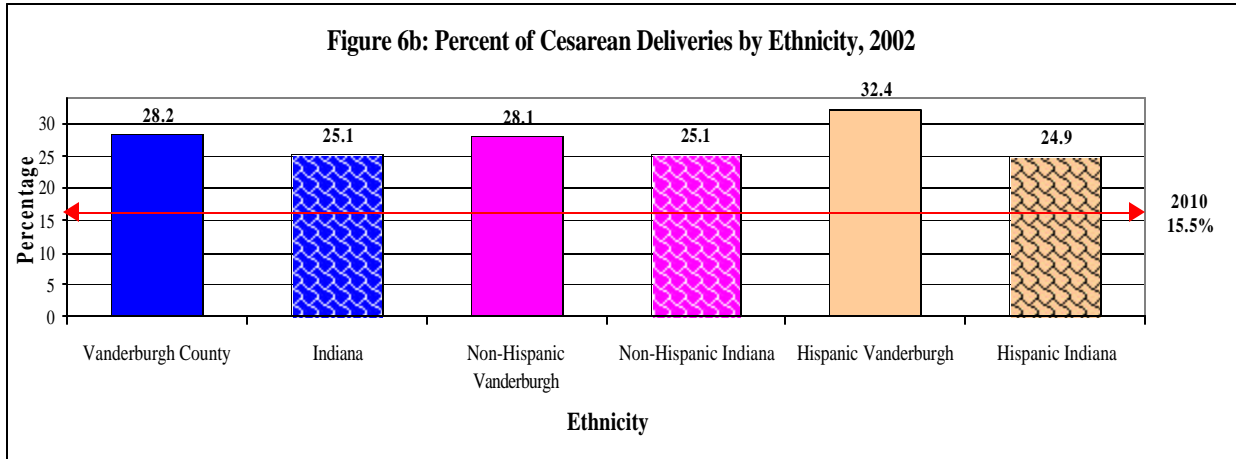
*Percent of Cesarean Deliveries by Race (Figure 6a):*

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



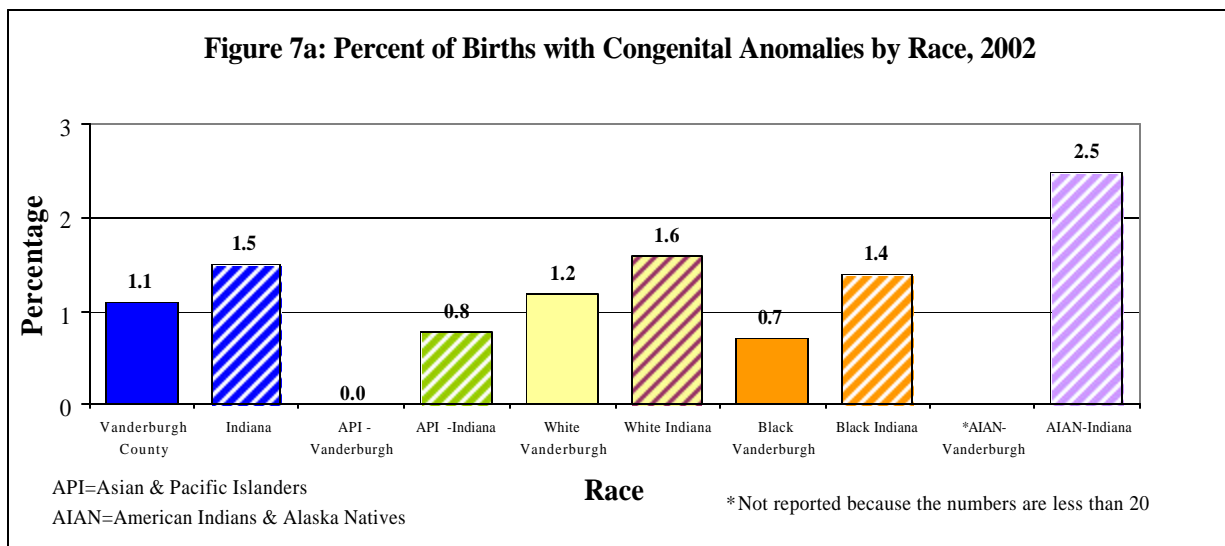
*Percent of Cesarean Deliveries by Ethnicity (Figure 6b):*

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



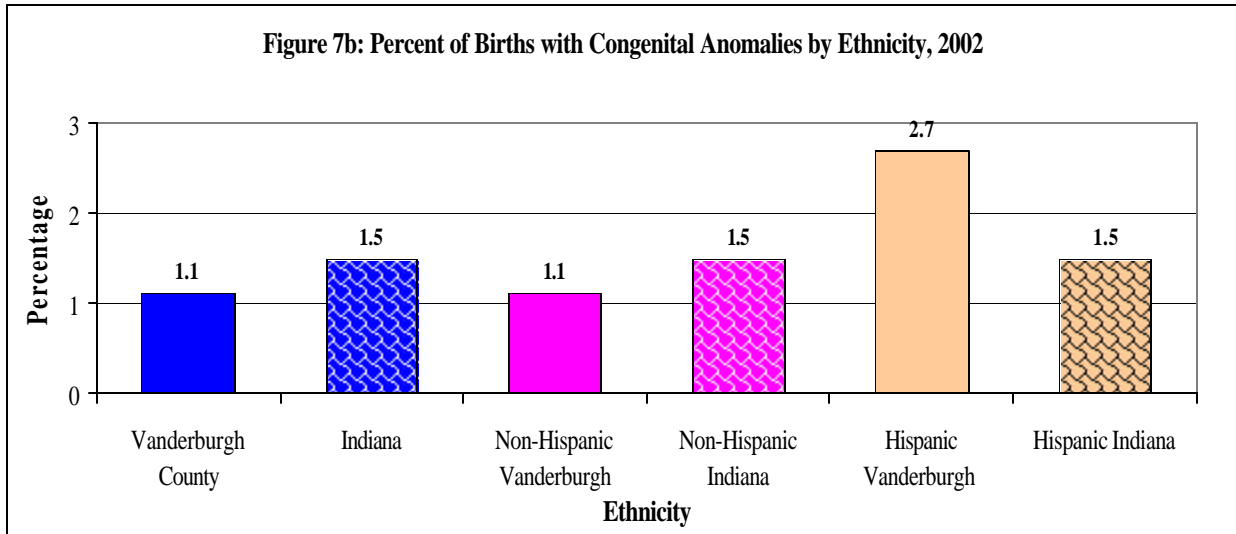
*Percent of Births with Congenital Anomalies by Race (Figure 7a):*

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



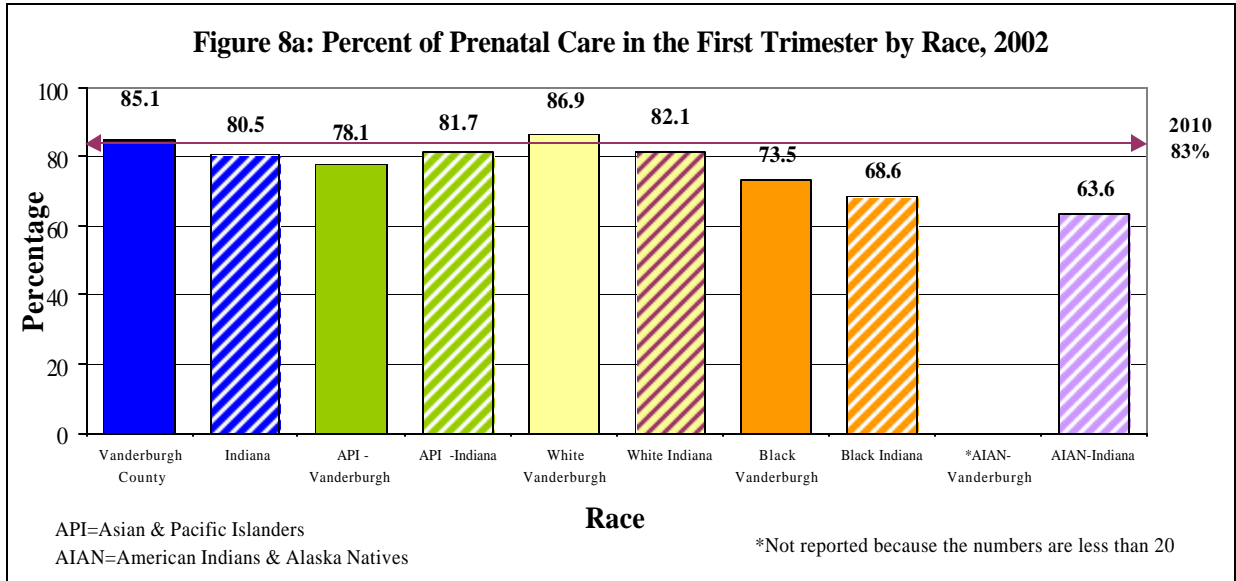
*Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):*

- The percentage of congenital anomalies for Hispanics in Vanderburgh County was higher than the percentage for Non-Hispanic births in Vanderburgh County.
- The percentage of congenital anomalies for Hispanics in Vanderburgh County was higher than the percentage for all Hispanic births in Indiana.



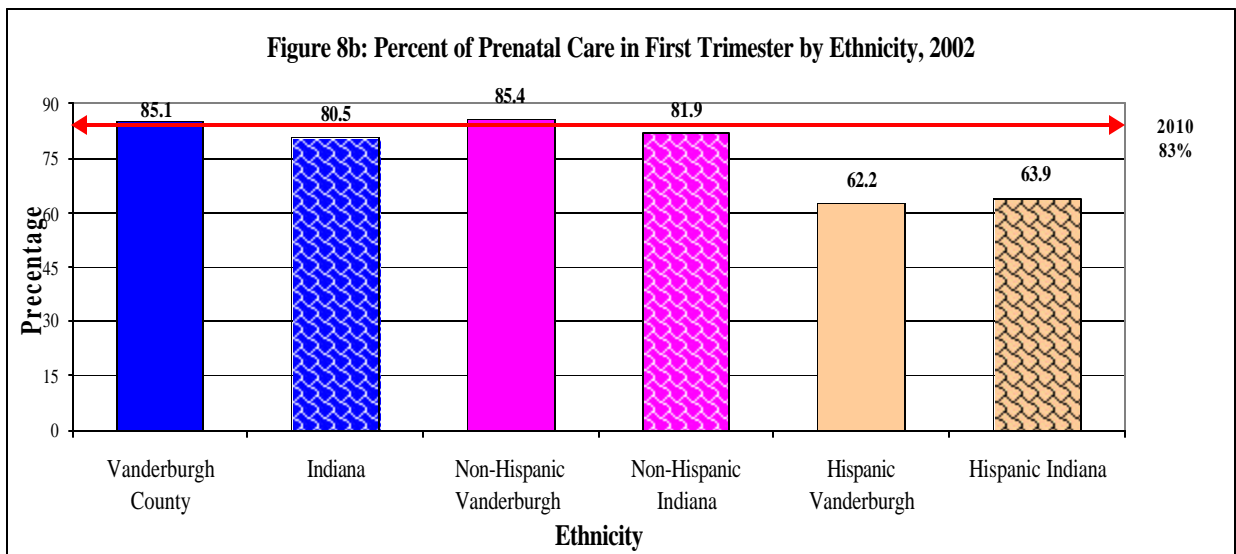
*Percent of Prenatal Care in the First Trimester by Race (Figure 8a):*

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



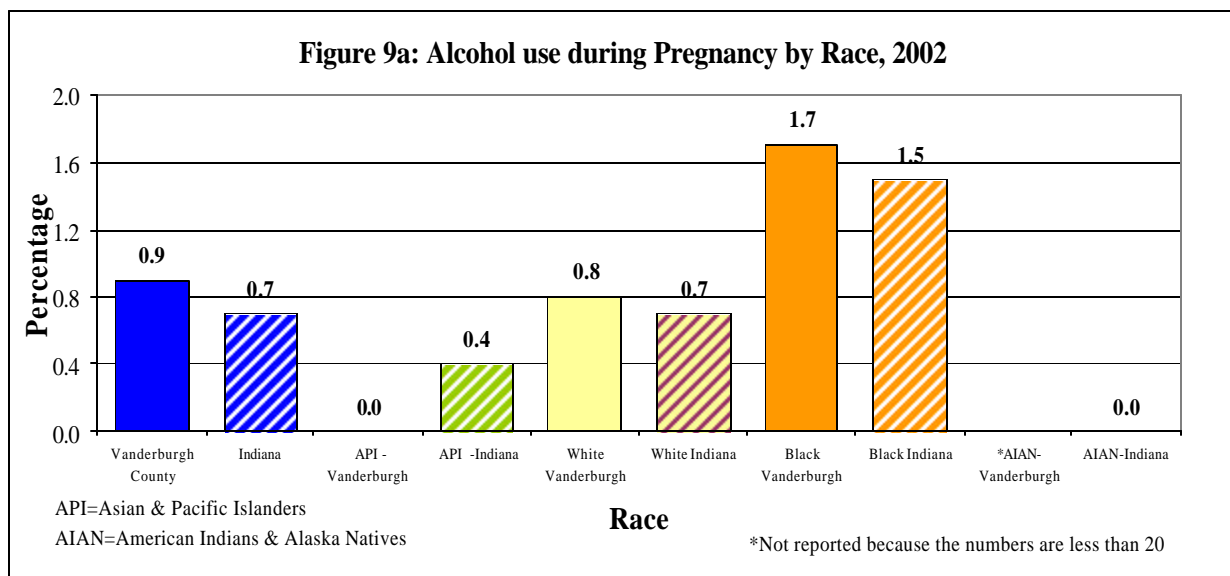
*Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):*

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



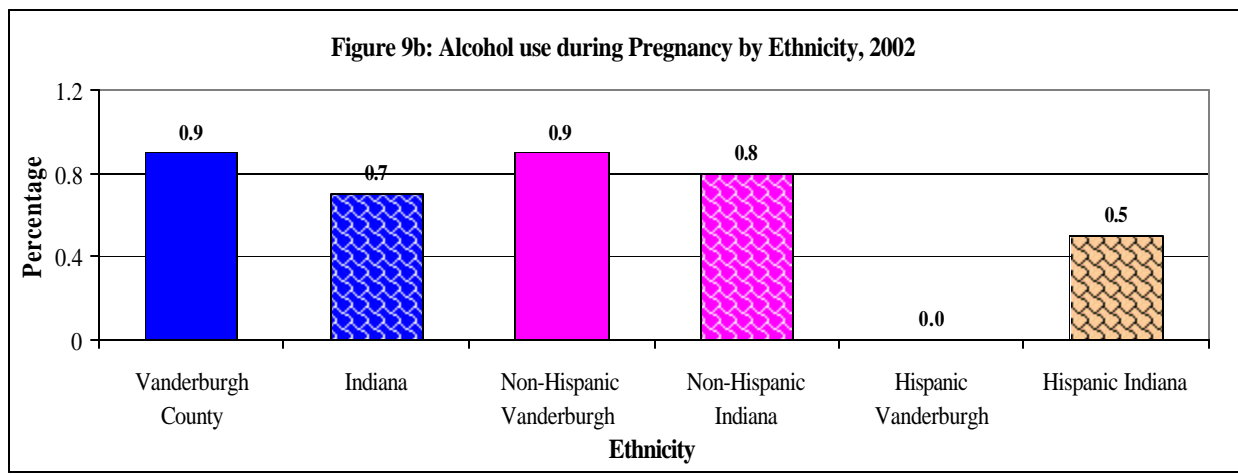
*Alcohol Use during Pregnancy by Race (Figure 9a):*

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



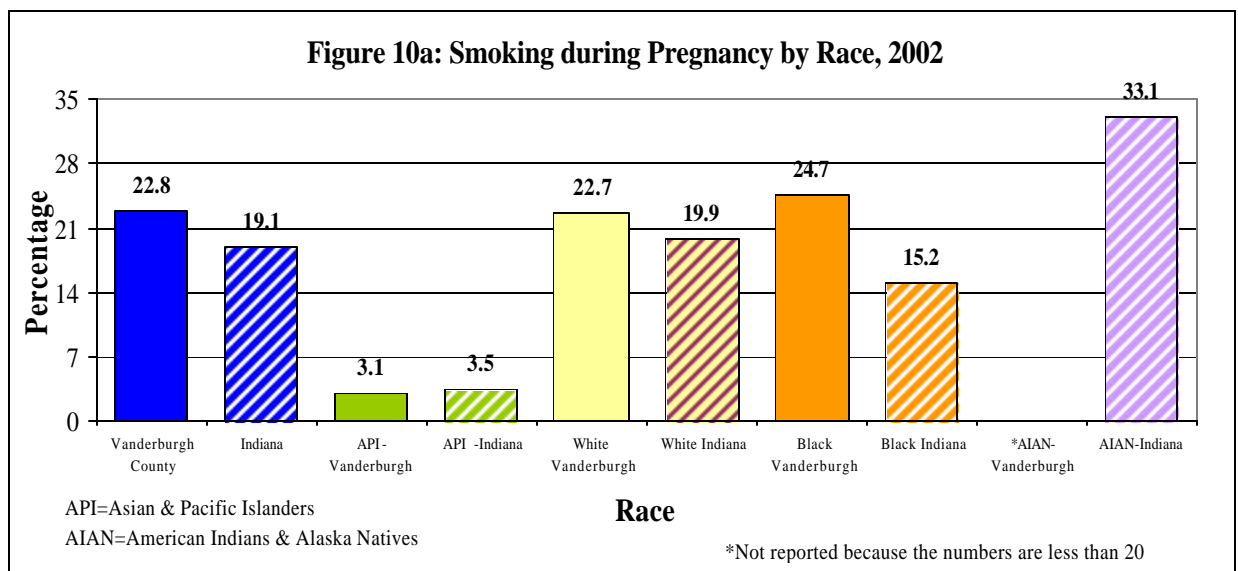
*Alcohol Use during Pregnancy by Ethnicity (Figure 9b):*

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



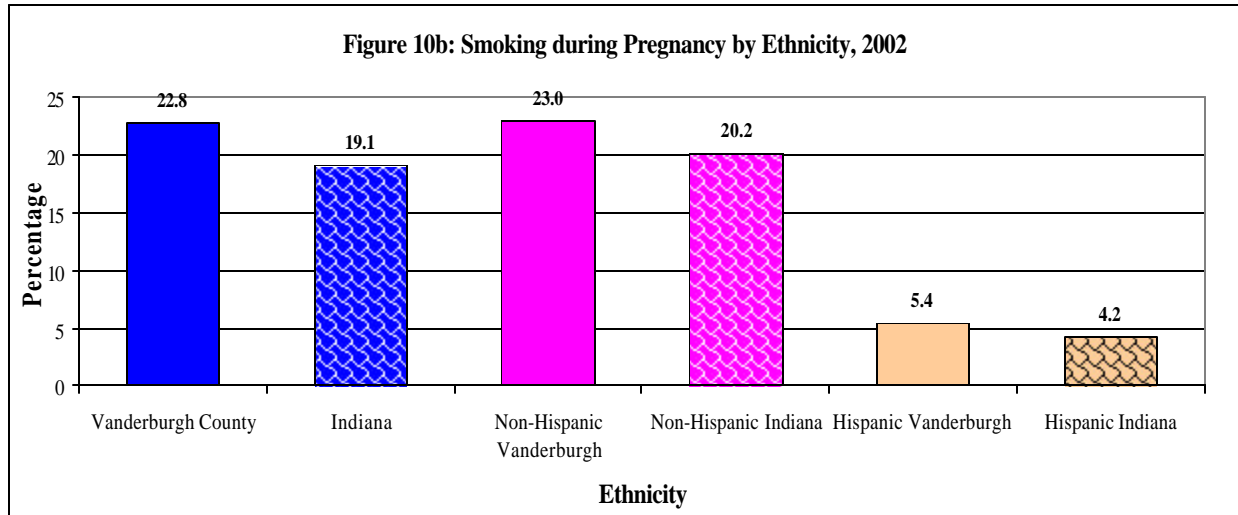
*Smoking during Pregnancy by Race (Figure 10a):*

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



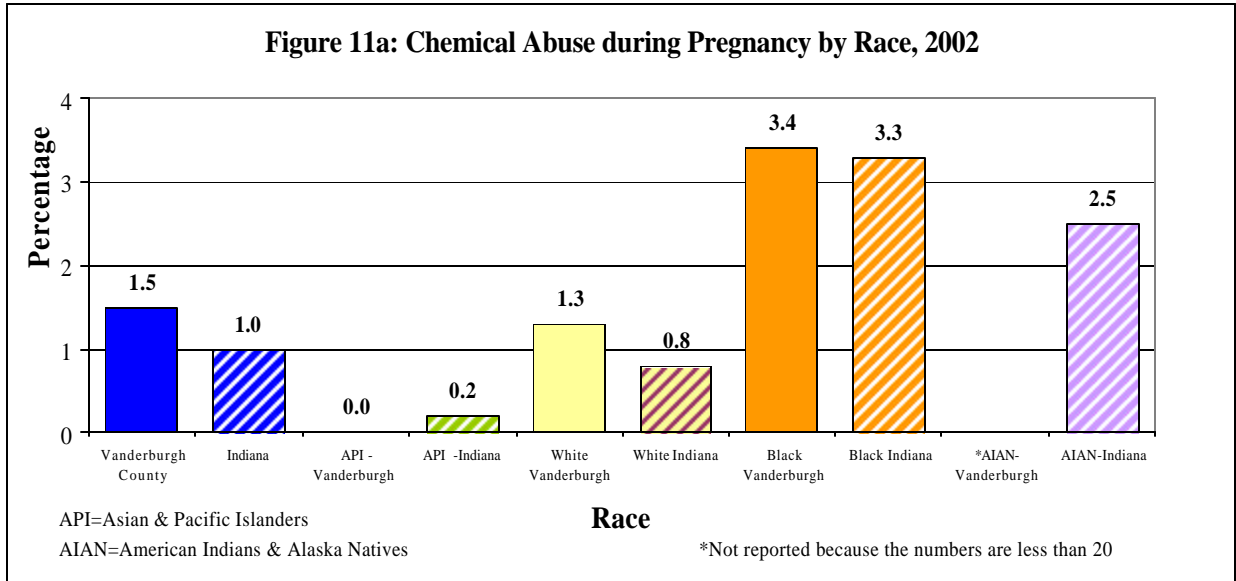
*Smoking during Pregnancy by Ethnicity (Figure 10b):*

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



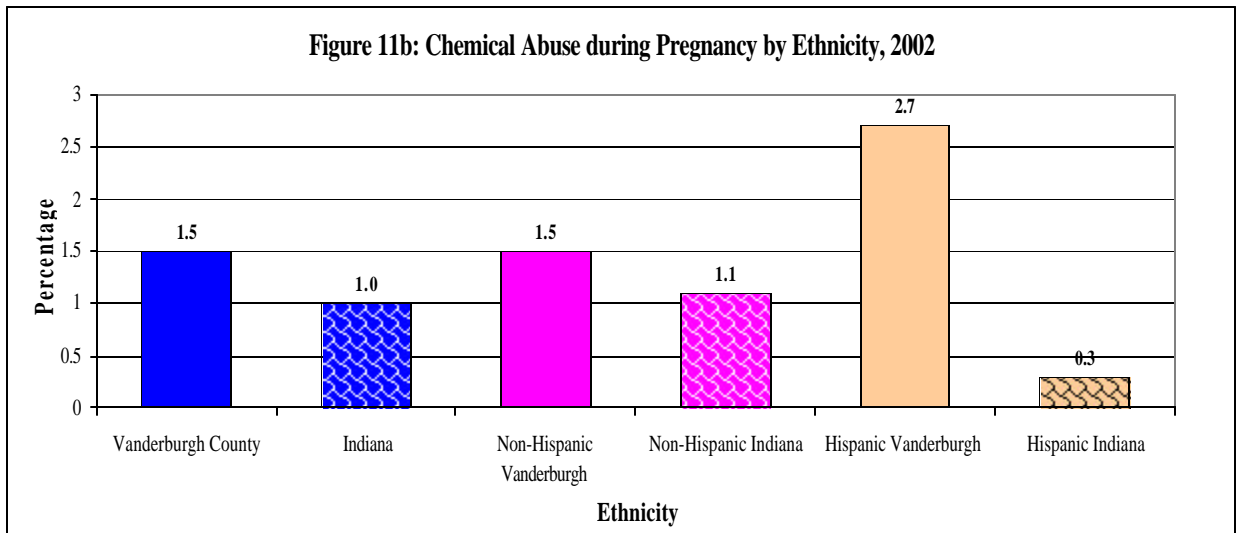
*Chemical Abuse during Pregnancy by Race (Figure 11a):*

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



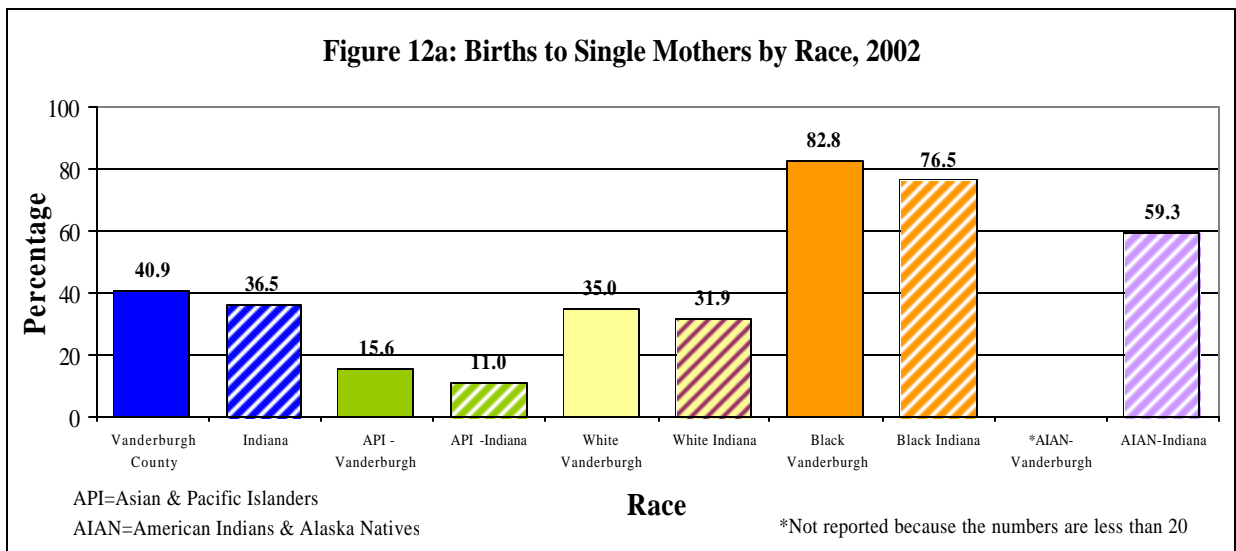
*Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):*

- The percentage of chemical abuse during pregnancy for Hispanics in Vanderburgh County was higher than the percentage for Non-Hispanic births in Vanderburgh County.
- The percentage of chemical abuse during pregnancy for Hispanics in Vanderburgh County was higher than the percentage for all Hispanic births in Indiana.



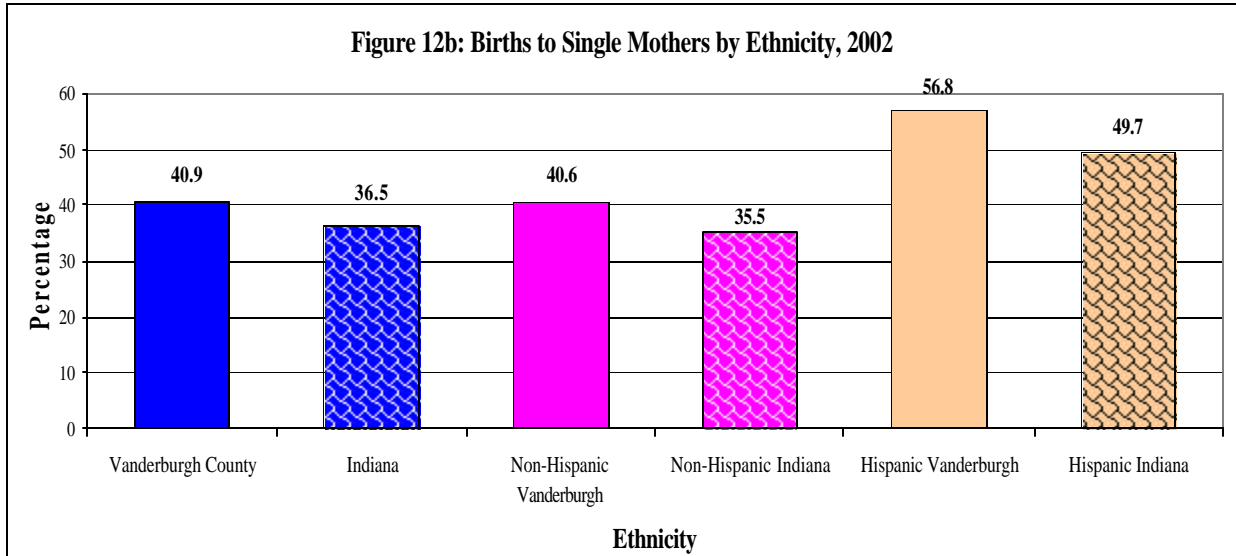
*Births to Single Mothers by Race (Figure 12a):*

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



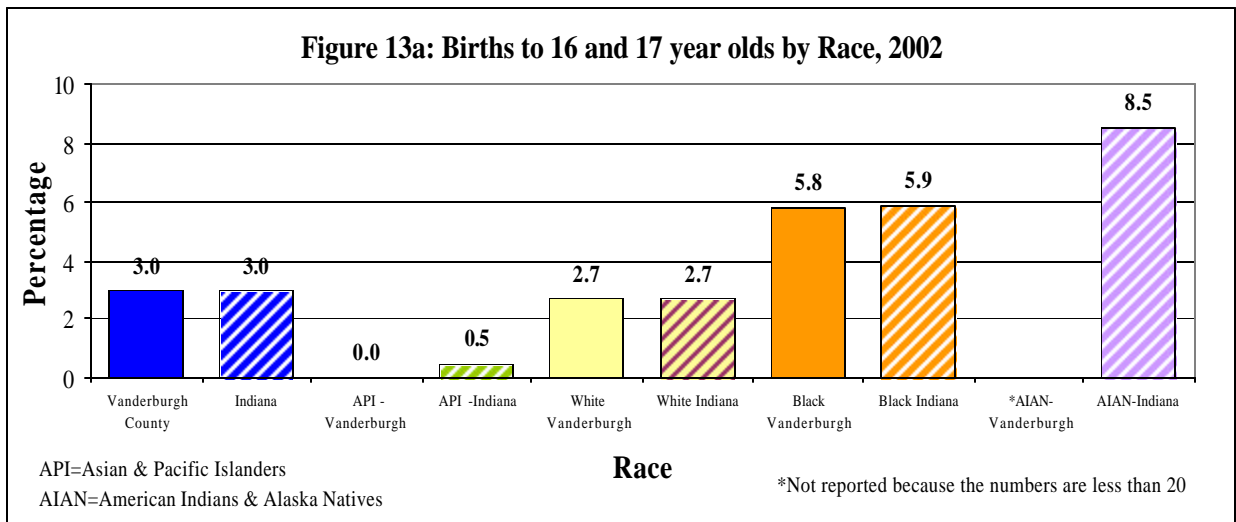
*Births to Single Mothers by Ethnicity (Figure 12b):*

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



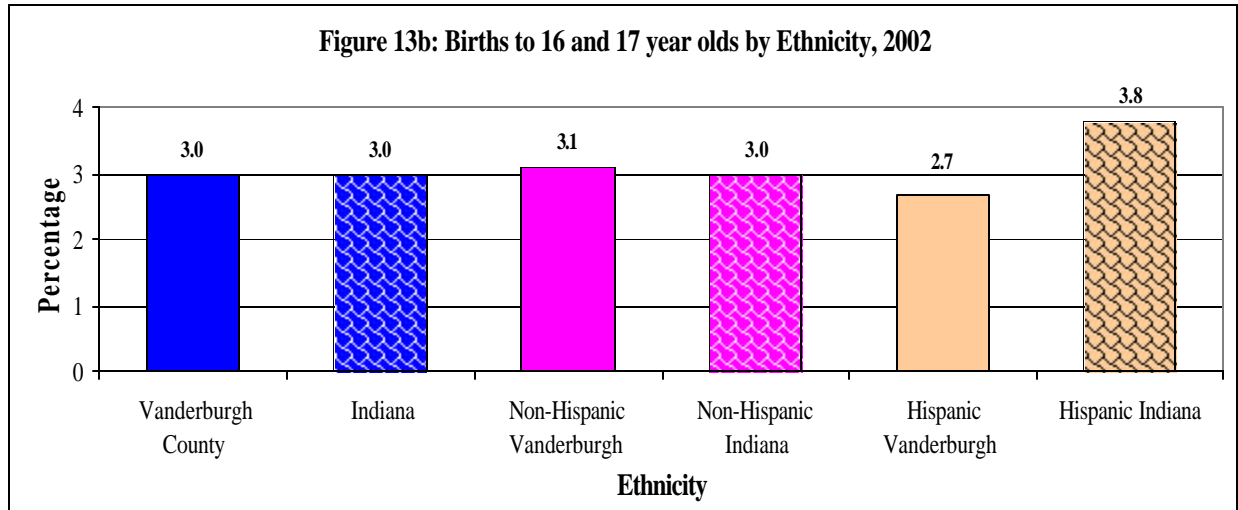
*Births to 16 and 17 Year olds by Race (Figure 13a):*

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



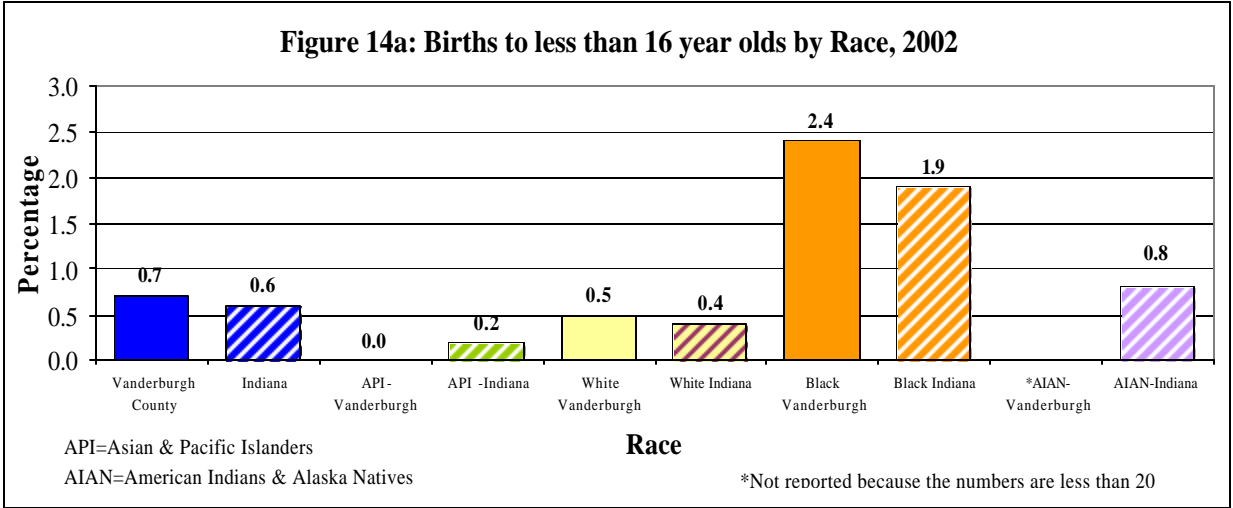
*Births to 16 and 17 Year olds by Ethnicity (Figure 13b):*

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



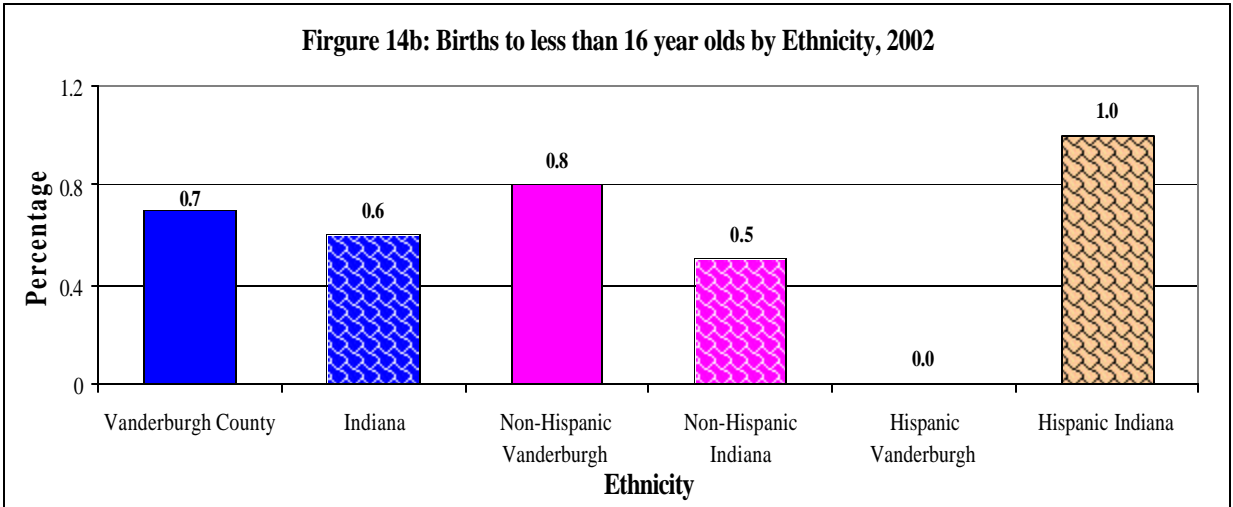
*Births to Less than 16 Year olds by Race (Figure 14a):*

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



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

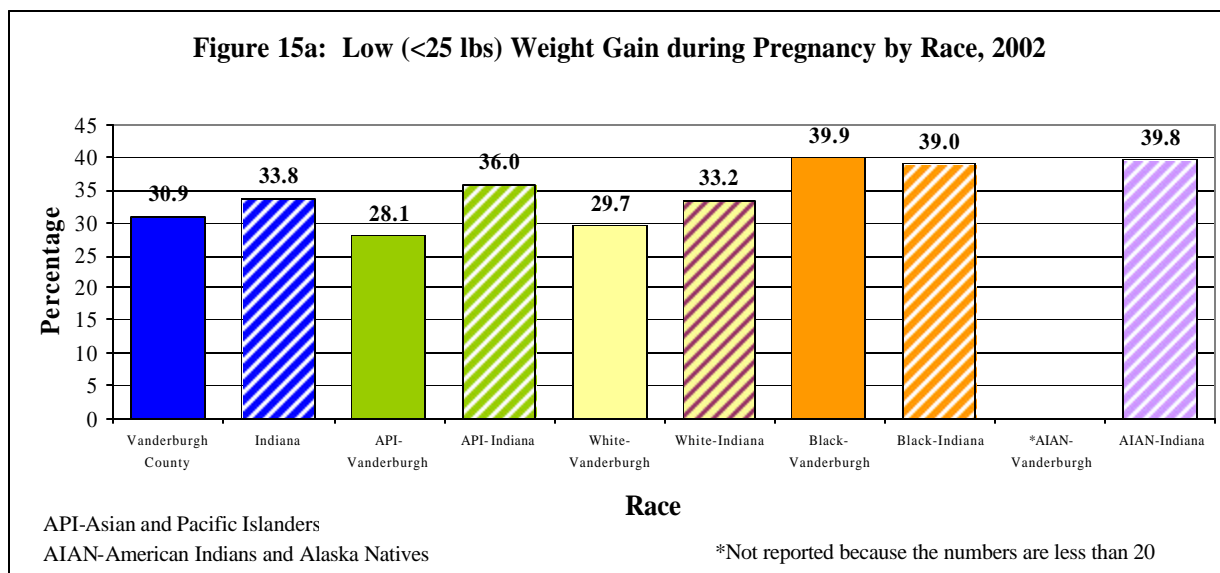
- The percentage of births to less than 16 year olds for Hispanics in Vanderburgh County was similar to the percentage for Non-Hispanic births in Vanderburgh County.
- The percentage of births to less than 16 year olds for Hispanics in Vanderburgh County was lower than the percentage for all Hispanic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



**Weight Gain during Pregnancy:**

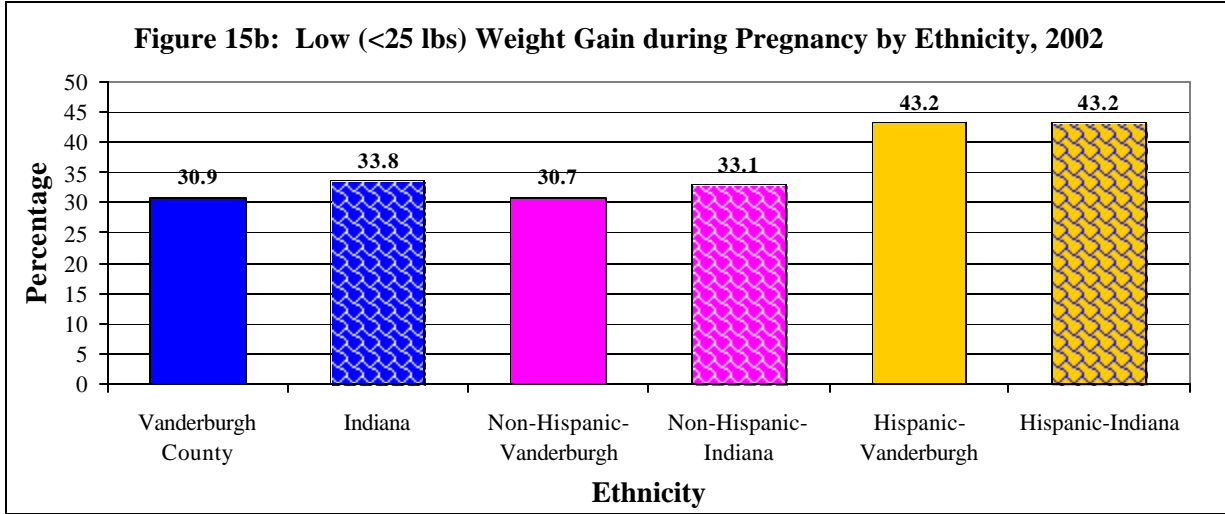
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):*

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



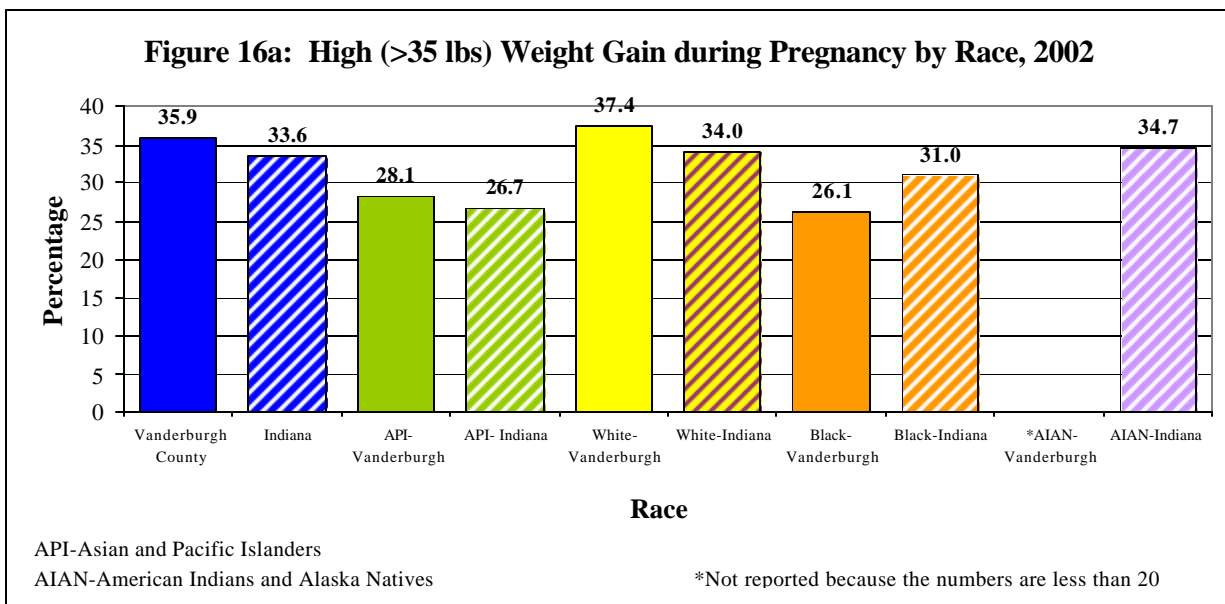
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):*

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



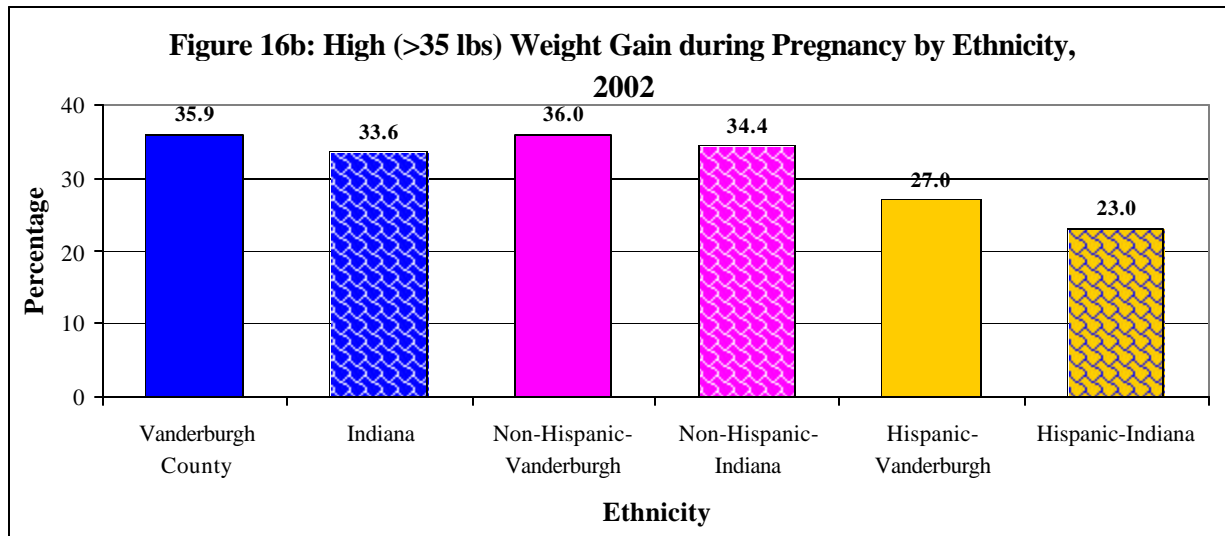
*High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):*

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

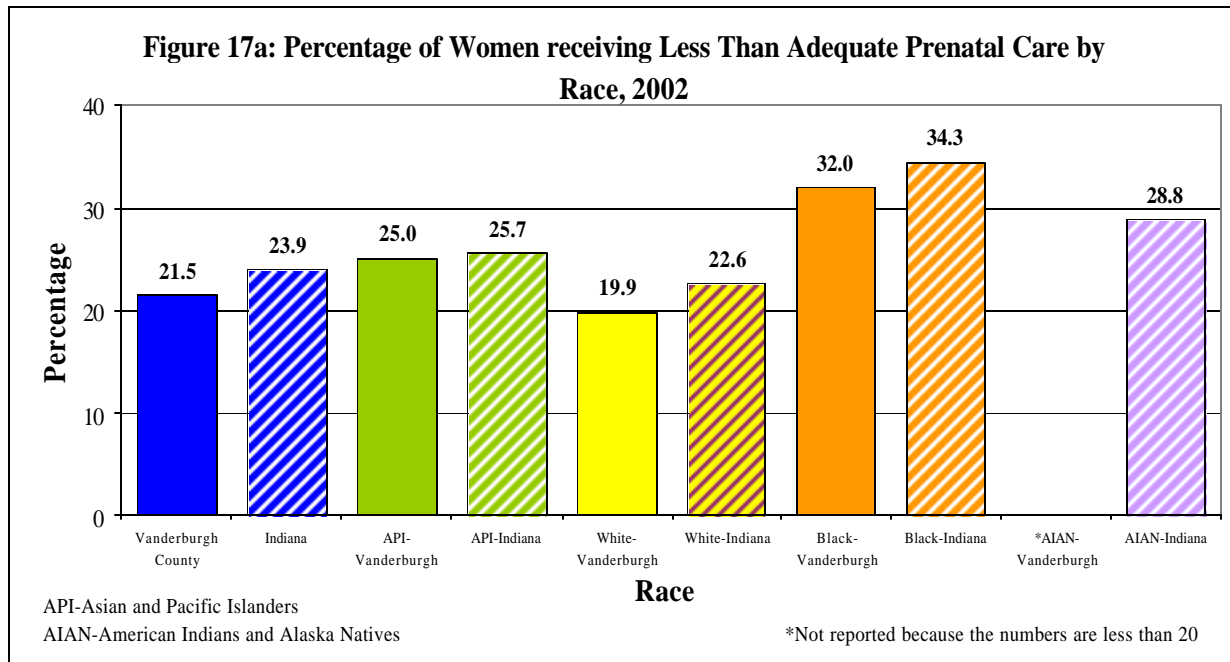
- The percentage of HWG during pregnancy for Hispanics in Vanderburgh County was lower than the percentage for Non-Hispanic births in Vanderburgh County.
- The percentage of HWG during pregnancy for Hispanics in Vanderburgh County was higher than the percentage for all Hispanic births in Indiana.



**Prenatal Care:**

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

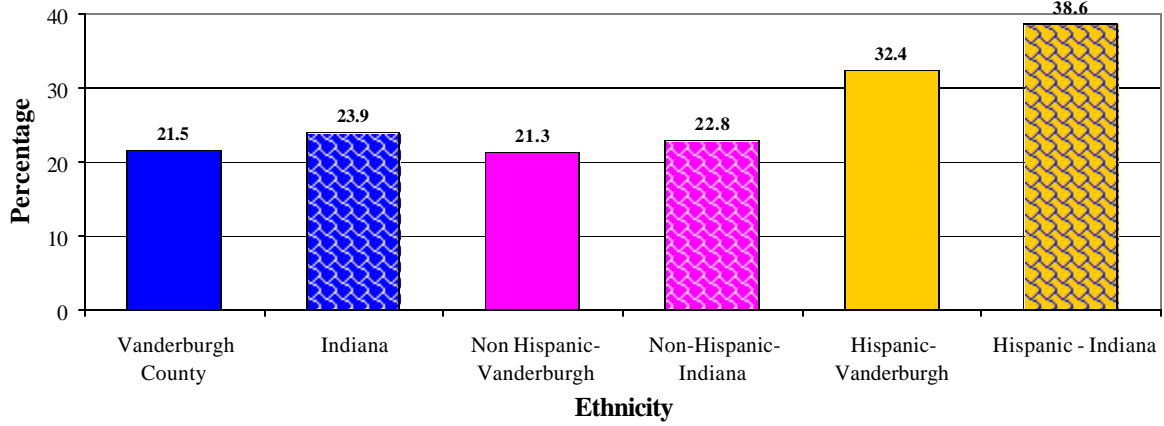
- The percentage of Women receiving less than adequate prenatal care for AIANs in Vanderburgh County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for APIs in Vanderburgh County was higher than the percentage for all births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



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

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

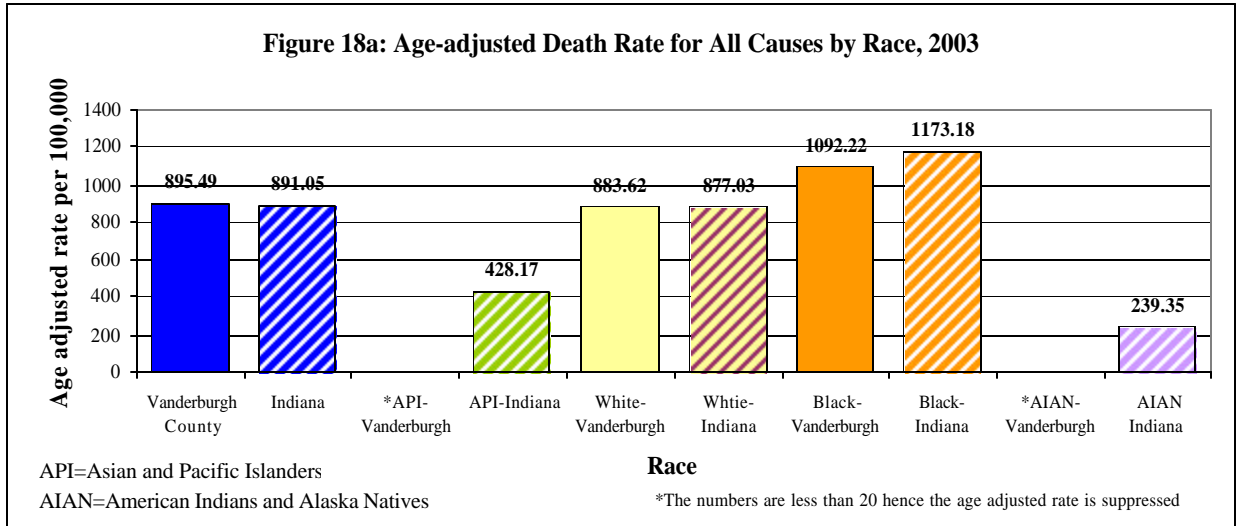
**Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002**



**Leading Causes of Death:**

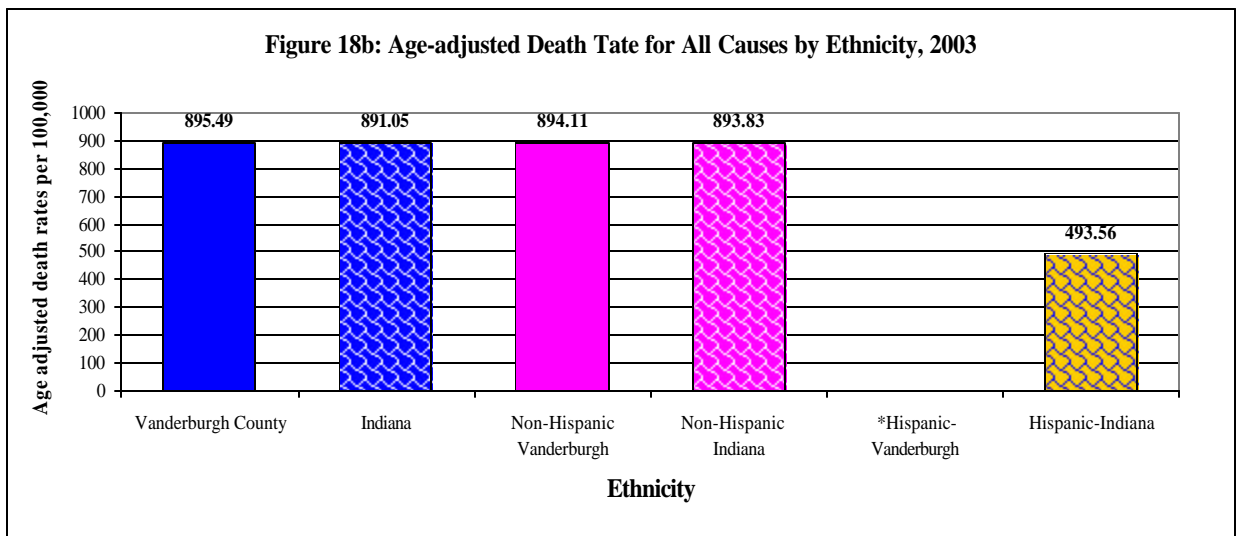
*Age Adjusted Death Rate for All Causes by Race (Figure 18a):*

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



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

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



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

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

**Figure 19a: Five Leading Causes of Death by Race, 2003**

Leading Cause of Death by Race, 2003	Vanderburgh County					
	Indiana State N=55,123	ALL Races N=1,837	Asian and Pacific Islanders (API) N=3	White N=1,698	Black N=125	American Indians & Alaska Natives (AIAN) N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=508	N/A	Diseases of the Heart N=473	Diseases of the Heart N=32	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=419	N/A	Malignant Neoplasms N=388	Malignant Neoplasms N=29	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=106	N/A	Chronic Lower respiratory disease N=101	Accidents N=7	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=99	N/A	Cerebrovascular Diseases N=93	Cerebrovascular Diseases N=6	N/A
#5	Accidents N=2,086	Accidents N=84	N/A	Accidents N=76	Diabetes Mellitus N=5	N/A

N/A = Not applicable  
 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 could not be compared due to the small number of deaths.

<b>Figure 19b: Five Leading Causes of Death by Ethnicity, 2003</b>				
		<b>Vanderburgh County</b>		
<b>Leading Cause of Death by Ethnicity, 2003</b>	<b>Indiana State (All Causes) N=55,123</b>	<b>ALL Ethnic Groups N=1,837</b>	<b>Non-Hispanic N=1,827</b>	<b>Hispanic N=6</b>
<b>#1</b>	Diseases of the Heart N=15,180	Diseases of the Heart N=508	Diseases of the Heart N=508	N/A
<b>#2</b>	Malignant Neoplasms N=12,771	Malignant Neoplasms N=419	Malignant Neoplasms N=418	N/A
<b>#3</b>	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=106	Chronic Lower respiratory disease N=106	N/A
<b>#4</b>	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=99	Cerebrovascular Diseases N=99	N/A
<b>#5</b>	Accidents N=2,086	Accidents N=84	Accidents N=83	N/A

N/A = Not applicable

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

## **Overview of Vanderburgh County Targeted Survey Responses**

### ***Worst neighborhood health problems (Table 1)***

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

### ***Household arrangement (Table 2)***

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

### ***Gender and age (Table 2)***

- The Black respondents consisted of 64 (76.1 percent) females and 20 (23.9 percent) males. Nearly thirty-six percent of the respondents were younger than 35 years of age, while twenty-one percent were 55 year or older.

### ***Education (Table 2)***

- Thirty percent of the Black respondents graduated from high school, more than forty-one percent had some college or trade school experience, and approximately twenty-two percent had college degrees.

### ***Health status perceptions (Table 3)***

- Thirty percent of the Black respondents rated their health as excellent or very good, and an additional forty percent described their health as good. Thirty percent described their health as either fair (23.0 percent) or poor (6.9 percent).

### ***Satisfaction with life (Table 3)***

- Fifty-nine 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 (32.5 percent), dissatisfied (4.7 percent), or very dissatisfied (3.5 percent).

#### ***Source of health information (Table 4)***

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (93.0 percent), followed by magazines or newspapers (41.9 percent). Family members were identified by more than thirty-nine percent, the Internet (37.2 percent), television or radio (34.9 percent), and other sources (10.5 percent).

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

- Thirty-eight percent of Black respondents reported no visits to the dentist in the last twelve months. More than forty-eight percent reported visiting the dentist one to two times in the last year, and approximately fourteen percent reported three or more visits this past year. Nearly fifty-nine percent of Black respondents (58.6 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. More than forty percent reported visiting the doctor or nurse one to two times in the last year, and nearly fifty-four percent reported three or more visits this past year. The majority of Black respondents (81.9 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 (18.1 percent), the choice for service if needed was a hospital emergency room (50.0 percent), community clinic (42.9 percent), and a doctor's office (7.1 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 (92.4 percent) followed by community clinic (6.1 percent), and a hospital emergency room (1.5 percent).

#### ***Actual utilization patterns (Table 4)***

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

### ***General assessment of medical care (Table 5)***

- Thirty-five percent of Black respondents rated services as either superior (6.0 percent), or above average (28.9 percent). Nearly fifty-seven percent described the services they received as average. More than eight percent rated services as either below average (6.0 percent) or terrible (2.5 percent).

### ***Personal barriers to health care utilization (Table 5)***

- Nearly one quarter of Black respondents (24.1 percent) indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. The top five barriers to health care included the lack of money, lack of insurance, waiting too long for an appointment, didn't feel the medical care was the best, and doctor would not take new patients.

### ***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, lack of transportation, and doctor would not take new patients.

### ***Cigarette smoking (Table 6)***

- Nearly one third of the Black respondents (32.1 percent) reported having smoked at least 100 cigarettes in their life with more than thirty-eight percent smoking everyday, nineteen percent some days, and forty-two percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack (57.1 percent) to more than three packs per day (7.2 percent). Seventeen percent of all Black respondents (17.2 percent) indicated they were current smokers.

### ***Physical activity (Table 6)***

- More than sixty percent of the Black respondents reported exercising one or more times per week. Seventeen percent of the respondents (17.3 percent) indicated they never exercise.

### ***Healthy diet (Table 6)***

- Forty-nine percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (15.5 percent), or most of the time (33.3 percent). More than twenty-one percent of the respondents (21.4 percent) indicated they do not follow healthy diet recommendations.

### ***Disease conditions reported (Table 6)***

- One third of the Black respondents (33.3 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (15.3 percent), asthma (14.5 percent), heart disease (5.9 percent), and other lung disease (3.2 percent).

### ***Adults requiring assistance (Table 7)***

- Six percent of the Black respondents (6.1 percent) reported having an adult member of their household who requires assistance, but only one quarter of the respondents pay for this assistance.

### ***Medical insurance coverage (Table 8)***

- Only thirty-eight percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, eighty-eight percent indicated they do have some type of medical insurance coverage. Approximately forty-five percent reported coverage through their employer (65.9 percent), Medicare (37.9 percent), Medicaid (24.1 percent), privately purchased plan (13.8 percent), covered under spouse or parent's insurance (10.4 percent), long-term care insurance (6.9 percent), and other coverage (3.4 percent).

### ***Dental insurance coverage (Table 8)***

- Two-thirds of the Black respondents (65.9 percent) reported having dental insurance coverage.

*Monthly prescription drug expenses (Table 8)*

- Forty-two percent of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while twenty-six percent, pay \$25 to \$49 per month or \$50 to \$74 per month. Six percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month, while two percent pay \$200 or more per month. Seventeen percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while seven percent indicated they did not know.

Vanderburgh County Needs Assessment Survey 2004

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

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities	
	Black Number	Percent
Cancer	51	58.6%
High blood pressure and Strokes	43	49.4%
Diabetes	37	42.5%
Heart disease	37	42.5%
AIDS/HIV	21	24.1%
Substance abuse (alcohol, drugs, smoking)	13	14.9%
Diet problems (obesity, poor nutrition)	11	12.6%
Lack or Inadequate Health/Dental care and insurance, providers, access, services	11	12.6%
Mental illness	10	11.5%
Arthritis	10	11.5%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	9	10.4%
Kidney disease	7	8.1%

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>2a. How many adults in live in your household?</b>		
1	31	35.6%
2	44	50.6%
3	8	9.2%
4	4	4.6%
5	0	0.0%
6 or more	0	0.0%
<b>2b. How many children live in your household?</b>		
0	16	23.5%
1	14	20.6%
2	13	19.1%
3	11	16.2%
4	5	7.4%
5 or more	9	13.2%
<b>3. What is your gender?</b>		
Male	20	23.9%
Female	64	76.1%
<b>4. What is your age?</b>		
Less than 18 years	0	0.0%
18 - 24	6	7.1%
25 - 34	24	28.6%
35 - 44	20	23.8%
45 - 54	16	19.1%
55 - 64	11	13.1%
65+	7	8.3%
<b>7. How much education have you had?</b>		
Less than high school	6	6.9%
High school or equivalent	26	29.9%
Some college or trade school	36	41.4%
College graduate or more education	19	21.8%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>8. Would you say that in general your health is?</b>		
Excellent	6	6.9%
Very Good	20	23.0%
Good	35	40.2%
Fair	20	23.0%
Poor	6	6.9%
Very Poor	0	0.0%
<b>9. Right now, how do you feel about your life as a whole?</b>		
Very Satisfied	19	22.1%
Satisfied	32	37.2%
Sometimes satisfied, sometimes dissatisfied	28	32.5%
Dissatisfied	4	4.7%
Very Dissatisfied	3	3.5%

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

	Racial Minorities Black	
	Number	Percent
<b>10. Where do you go to get information about health? (respondents were asked to check all that apply)</b>		
Doctor, nurse or clinic	80	93.0%
The Internet	32	37.2%
Magazines or newspapers	36	41.9%
Television or radio	30	34.9%
Family members	34	39.5%
Other	9	10.5%
<b>11. In the last 12 months, how many separate visits have you made to the dentist?</b>		
None	33	37.9%
1 or 2	42	48.3%
3 to 5	11	12.6%
More than 6	1	1.2%
<b>12. Do you have a dentist who you almost always go to for dental care?</b>		
Yes	51	58.6%
No	36	41.4%
<b>13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?</b>		
None	5	5.9%
1 or 2	34	40.5%
3 to 5	35	41.7%
6 or more	10	11.9%
<b>14. Do you have a doctor or a nurse who you almost always go to for health care?</b>		
Yes	68	81.9%
No	15	18.1%
<b>15. If No, where would you go to get care if you were to get sick?</b>		
Doctor's office	1	7.1%
Community clinic	6	42.9%
Hospital emergency room	7	50.0%
Urgent care center	0	0.0%
Self care	0	0.0%
Other	0	0.0%

<b>16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?</b>		
Private doctor's office	61	92.4%
Community clinic	4	6.1%
Hospital emergency room	1	1.5%
Urgent care center	0	0.0%
Other	0	0.0%
<b>17. Were you hospitalized during the past 12 months?</b>		
Yes	12	14.3%
No	72	85.7%
<b>18. Did you use the services of a hospital emergency room during the past 12 months?</b>		
Yes	42	50.6%
No	41	49.4%
<b>19. Did you use the services of a neighborhood urgent care center during the 12 months?</b>		
Yes	6	7.1%
No	78	92.9%

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>20. How good do you think the health care services that you and members of your household have received in this community?</b>		
Superior	5	6.0%
Above average	24	28.9%
Average	47	56.6%
Below average	5	6.0%
Terrible	2	2.5%
<b>21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?</b>		
Yes	20	24.1%
No	63	75.9%
<b>22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)</b>		
No doctor in area	3	15.0%
Lack of money	13	65.0%
No insurance	12	60.0%
Insurance did not cover the medical care	5	25.0%
No transportation available	5	25.0%
Had to wait too long for an appointment	8	40.0%
Doctor wouldn't take new patients	6	30.0%
Doctor or clinic wouldn't take Medicare	4	20.0%
Doctor or clinic wouldn't take Medicaid	3	15.0%
Doctor you need to see for your insurance is out of your area	1	5.0%
Language barriers	1	5.0%
Cultural barriers	3	15.0%
Had to wait too long in doctor's or clinic office	6	30.0%
Was not treated with respect	6	30.0%
The doctor or nurse wouldn't listen	3	15.0%
Felt uncomfortable asking the doctor or nurse questions	1	5.0%
Didn't feel the medical care was the best	8	40.0%
Couldn't get off work	3	15.0%
Clinic or doctor's office staff was rude and not very helpful	4	20.0%
No child care available	1	5.0%
Not having a Social Security Number was a problem	1	5.0%

Not having permanent address was a problem	1	5.0%
Other	3	15.0%

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

No doctor in area	11	12.6%
Lack of money	69	79.3%
No insurance	71	81.6%
Insurance did not cover the medical care	43	49.4%
No transportation available	42	48.3%
Had to wait too long for an appointment	29	33.3%
Doctor wouldn't take new patients	39	44.8%
Doctor or clinic wouldn't take Medicare	30	34.5%
Doctor or clinic wouldn't take Medicaid	35	40.2%
Doctor you need to see for your insurance is out of your area	12	13.8%
Language barriers	13	14.9%
Cultural barriers	10	11.5%
Had to wait too long in doctor's or clinic office	24	27.6%
Was not treated with respect	20	23.0%
The doctor or nurse wouldn't listen	8	9.2%
Felt uncomfortable asking the doctor or nurse questions	12	13.8%
Didn't feel the medical care was the best	15	17.2%
Couldn't get off work	10	11.5%
Clinic or doctor's office staff was rude and not very helpful	13	14.9%
No child care available	10	11.5%
Not having a Social Security Number was a problem	4	4.6%
Not having a permanent address was a problem	9	10.4%
Other	5	5.8%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>24. Have you smoked at least 100 cigarettes in your life?</b>		
Yes	27	32.1%
No	55	65.5%
Don't know / Not sure	2	2.4%
<b>25. If yes, do you now smoke cigarettes every day, some days or not at all?</b>		
Everyday	10	38.5%
Some days	5	19.2%
Not at all	11	42.3%
<b>26. If you smoke some days or everyday, how much do you usually smoke per day?</b>		
Less than 1/2 pack per day	8	57.1%
1/2 to 1 pack per day	3	21.4%
About 2 packs per day	2	14.3%
About 3 packs per day	0	0.0%
More than 3 packs per day	1	7.2%
<b>27. How often do you exercise or participate in vigorous physical activity?</b>		
One or more times each week	49	60.5%
Less than one time per week	18	22.2%
Not at all	14	17.3%
<b>28. How often do you generally follow recommendations for a healthy diet?</b>		
All the time or almost all of the time	13	15.5%
Most of the time	28	33.3%
Some of the time	25	29.8%
Not very often or not at all	18	21.4%
<b>29. Have you ever been told by a doctor or nurse that you have any of the following?</b>		
High blood pressure ('yes')	26	33.3%
Heart disease ('yes')	4	5.9%
Diabetes ('yes')	11	15.3%
Asthma ('yes')	10	14.5%
Other lung disease ('yes')	2	3.2%

**Table 7: Disabilities as Reported by the Vanderburgh County Survey Respondents**

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>30. Are there any adult members (18 or older) of your household that need assistance in daily activities?</b>		
Yes	5	6.1%
No	77	93.9%
<b>31. Do you pay anyone to give this assistance?</b>		
Yes	1	25.0%
No	3	75.0%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>32. Do you have any medical insurance coverage if any health problems arise?</b>		
Yes	29	87.9%
No	4	12.1%
<b>33. If yes, what kind do you have? (respondents were asked to check all that apply)</b>		
Provided by employer	13	44.8%
Privately purchased plan	4	13.8%
Covered under spouse or parent's insurance	3	10.4%
Medicare	11	37.9%
Medicaid	7	24.1%
Long term care insurance	2	6.9%
Other	1	3.4%
<b>34. Do you have dental insurance coverage if any problems arise?</b>		
Yes	54	65.9%
No	28	34.1%
<b>35. How much do you pay for prescription drugs in a typical month?</b>		
Nothing / Does not apply to me	14	17.1%
Less than \$10 per month	16	19.5%
\$10 to \$24 per month	18	22.0%
\$25 to \$49 per month	16	19.5%
\$50 to \$74 per month	5	6.1%
\$75 to \$99 per month	4	4.9%
\$100 to \$199 per month	1	1.2%
\$200 or more per month	2	2.4%
Don't know	6	7.3%

## Overview of Vanderburgh County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Vanderburgh County residents: **allergies, arthritis, asthma, cancer, diabetes, obesity, heart disease, hypertension, sexually transmitted diseases and teen pregnancy**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve communication** between consumers and providers;
- **improve personal behavior** to promote healthy lifestyles; and,
- **increase the health awareness and education** level of the community.

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

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

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

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

- **educating the community** about ways to improve their health status (i.e., more Health fairs, media campaigns, etc. in a language that is comprehensible to all);
- **educating providers** about cultural differences and competency issues including cultural sensitivities;
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community);
- **improve health care delivery system** (more efficient, more accessible); and,
- **providing translators and interpreters** to eliminate language barriers and have more patient advocates available in the community.

**Key quotes from participants:**

*“If you have good insurance they will smile at you. If you’ve got good insurance they are more than pleased and will get you in and out, however, if you are going in there without insurance or with Medicaid because they are looking at you like, ok she is on Medicaid and then they really take their time. They don’t take you seriously.”*

*“...I noticed a difference in treatment from when I had Medicaid and now that I have got insurance...its better...I go to the Ob/Gyn they let me in...”*

## Vanderburgh County Focus Group Responses

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

### CONSUMERS

#### *Health Conditions:*

- Allergies
- Arthritis
- Asthma
- Blood clots
- Cancer
- Diabetes
- Heart Disease
- Sexually Transmitted Diseases
- Teen pregnancy

#### *Personal Behavior*

- Obesity

### COMMUNITY LEADERS

#### *Health Conditions:*

- Asthma in kids
- Cancer – lung
- Diabetes
- HIV/AIDS not considered inclusive # of 331 (Knox, Posey, Gibson)
- Hypertension
- Teen Pregnancy – health problems when under age 18

#### *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

#### *Improve Personal Behavior:*

- Exercise; a lot of AA women not taking care of their bodies

## COMMUNITY LEADERS

### ***Improve Communication and Education:***

- Education; educate parents especially about children

### ***Improve Personal Behavior:***

- Prevention and Intervention go beyond education.
- Spend more time on case management to change behaviors

### **Quote:**

“Education is one thing, prevention and intervention is another...”

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

## CONSUMERS

### ***Cultural Characteristics***

- Scared; not facing reality

### ***Personal Economics:***

- No money
- No insurance

### ***Provider Behavior/System***

- The way you're treated by the healthcare professionals

### ***Education:***

- Don't perceive the need for neighborhood clinics as a problem because the area not predominant.

### **Quotes:**

“Denial; scared of what they might have.”

“The way you are treated sometimes if you have Medicare or Medicaid or you just don't have insurance...”

## COMMUNITY LEADERS

### ***Personal Economics:***

- Lack of finances
- Transportation barriers

***Provider Behavior/System***

- Attitude of employees – need to be welcoming
- Difficult for people to get past secretaries/ front desk

**Quote:**

“The attitude of nurses etc...they need to be more welcoming”

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

**CONSUMERS**

***System***

- Elderly: can't get prescriptions on Hoosier Healthwise but can get doctor visit co-pay

**Quotes:**

“The good thing to me is Hoosier Healthwise...most people can get it. I guess there needs to be something for those who are working and don't have insurance that can't get covered by their jobs. That is a problem.”

“...They told me that my son's healthcare is going to change and I am going to have to pay \$11.00 a month for his Hoosier Healthwise Medicaid and that is not even going to cover everything that it used to cover”

“It is not a problem accessing healthcare unless you do not have any insurance either from your employer or through the Hoosier Healthwise.”

**COMMUNITY LEADERS**

***Communication***

- Need free translators

***Personal/Economic***

- More money for prevention/intervention
- Timing /transportation

***Culture***

- Being more aware of Hispanic culture and the differences between Hispanic cultures

***System***

- More efficiency
- Clinics need to be more accessible for working people – operating hours

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

“Yes.”

**CONSUMERS**

***Availability/Supply***

- Black community as long as gets good one, if get bad non AA then it's a problem
- Limitation in Evansville area
- Not enough AA in community
- Going to AA medical field and returning

**COMMUNITY LEADERS**

***Yes***

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

**CONSUMER**

***Economic***

If you get good insurance you're treated differently

**Quotes:**

“If you have good insurance they will smile at you. If you've got good insurance they are more than pleased and will get you in and out, however, if you are going in there without insurance or with Medicaid because they are looking at you like, ok she is on Medicaid and they really take their time. They don't take you seriously.”

**COMMUNITY LEADERS**

***Cultural/Economic***

- It all comes down to finances
- It depends on one's race

***System***

- Not consistent
- Clinics not receptive
- Don't ever see the same doctor at the clinic.
- Services and treatment dependent on the doctor.
- Doctors play down symptoms to race

**Quote:**

Dr Johnson – "...in a sense our office basically looks like the community so they are more comfortable they are more willing to share. And we are more receptive to what they possibly could be coming in for."

"If you have insurance and you can afford to you are going to see the best doctor. You are not going to go to the clinic or something like that."

**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."

**CONSUMER**

- Depends on insurance: If you have private insurance you get treated better and if on Medicaid you have to wait.

**Quotes:**

"If they come in looking dirty and they've got Medicaid they get treated like dirt."

"...I noticed a difference in treatment from when I had Medicaid and now that I've got insurance...its better...I have to go to the Ob/Gyn they let me in..."

"It all comes back to insurance..."

**COMMUNITY LEADERS**

The quality of care depends on

- The doctor,
- Financial situation of the patient,
- Availability of insurance and
- Race.

**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**

**Programs:**

- Tri-Cap good for family planning counseling
- Deaconess Family practice good as well

***Provider Behavior/System***

- The community is welcomed and treated nicely
- Deaconess make you fit in
- Good prescription
- Good service

**COMMUNITY LEADERS**

***Provider Behavior/System***

- Don't focus strictly on self and self funding/\$

***Collaboration***

- Collaboration making these successful

***Focus on Health conditions or health related issues***

- HIV Prevention/intervention include treatment and care

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

**CONSUMERS**

***Provider Behavior/System***

- Doctors/clinics overloaded
- The waiting lists to get into the clinics are way too long (dentist)

***Incentives/Free Services***

- Need more free services

**COMMUNITY LEADERS**

***Agencies/Programs***

- Evansville Black Coalition

***Communication/Outreach/Education***

- Outreach gone down due to funding

***Provider Behavior/System***

- Local physicians, optometrist, dentist – no response
- Guidelines have not been reviewed

***Community Characteristic***

- Terrified of group setting, think immigration might be there and barriers have to be broken

***Economic/Resources***

- Limited resources for programs
- Low funding

***Other***

- Weakened programs
- Outreach gone down due to funding

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

**CONSUMERS**

***Recommendations to Institutions:***

***1. Programs***

- More home, door to door services
- Education should be addressed first and then work on access

***2. Capital Investment***

- Wood clinic

**Quote:**

“I think it starts with the individual first. You have to help yourself before you can get help. So you know if you are doing what you are suppose to be doing as far as you eating habits, exercising, and what you drink then I think, you can go from there. The individual must make an effort.”

**COMMUNITY LEADERS**

***Recommendations to Institutions:***

***1. Policy/Legislators***

- Get with legislatures—know what is going on with funding
- Bill Crawford very active in MH and legislation

***2. Funding/Accountability***

- Money should be sent well to meet the needs of the community
- Agencies should be accountability for their spending

***3. Programs***

- Great Phone Tree
- Communication

## **IMHC Key Informant Interview Findings for Vanderburgh County**

**Purpose:** Community leaders/providers in Vanderburgh 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 Vanderburgh County Minority Health Coalition (VCMHC). Ms. Linda White, the Coalition Coordinator of the VCMHC 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.

**Results:** There was a total of six community leader/provider interviews were conducted in Vanderburgh County during April and May of 2004. The professions of the community leader/provider included a director of a homeless shelter, director of a community services center, a public health nurse and two physicians. The profession of the remaining interviewee remains unknown. The gender of the interviewees was reported for five participants and included two males and three females. The ages and race/ethnicity of the participants were not reported.

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

For all racial and ethnic populations in Vanderburgh County:

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

Hispanic/Latino population in Vanderburgh County:

1. Improve Communications (Language)
2. Improve Awareness of Services

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

For all racial and ethnic populations in Vanderburgh County:

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

Hispanic/Latino population in Vanderburgh County:

1. Improve Communications (Language)
2. 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 Vanderburgh County, the community leaders identified issues in several domains:**

For all racial and ethnic populations in Vanderburgh County:

1. Personal Economic Barriers (Transportation, Insurance)
2. System Improvement (More Providers/Better Access)

Hispanic/Latino population in Vanderburgh County:

1. Improve Communications (Language)
2. 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 Vanderburgh County, the community leaders provided the following observations:**

Key informant 1:

“Yes”

- *Medical care is very inaccessible due to the need to drive into city for care. Hospitals are not doing their part of informing indigent clients of available monies to help with medical expenses.”*

Key informant 2:

“No”

Key informant 3:

“Yes”

- *“Quality care providers are moving to where the money is located. As a result there are fewer choices for inner city and low income populations.”*

Key informant 4:

“Yes”

- *Clients are required to drive a long distance to receive care. There is a need for more medical centers located in the suburbs and in rural areas”*

Key informant 5:

“Yes”

- *“Hispanics are treated very well when they have a translator”*

Key informant 6:

“Yes”

- *“Medical care is not what it should be. Physicians make services unattainable to a large segment of minorities. There is a need more minority nurses, doctors, practitioners in these communities.”*

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

Key informant 1:

- *“Care about the community, poor and indigent”*
- *“Wrap the services around the community”*
- *“They walk the walk, and talk the talk”*

Key informant 2:

- *“Accommodate the needs of the indigent”*

Key informant 3:

- *“Inner city location”*
- *“Treat clients/patients with respect”*
- *“Accept any and all callers regardless of their social status”*

Key informant 4:

- *“Provide affordable care through sliding fee scales”*

Key informant 5:

- *“Take time to try to bridge the gap”*
- *“Financial help provided to Hispanics”*

Key informant 6:

- *“Doing a good job of advertising”*
- *“Provide outreach services”*
- *“Perseverance, keeping at it”*

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

Key informant 1:

- *“Turning away uninsured people”*
- *“Charging fees for FREE services”*
- *“Case workers lack sensitivity skills”*
- *“Lack of treating all clients with the same level of respect and care”*
- *“Too many restrictions that severely limit the number of clients served”*

Key informant 2:

- *“Focusing only on monetary gains”*
- *“Drug treatment centers lack continuous treatment and provide temporary services only”*

Key informant 3:

- *“Dropping needed services”*

Key informant 4:

- *“Making clients wait for long periods of time, then referring them to hospitals without providing any services”*

Key informant 5:

- *“No complaints”*

Key informant 6:

- *“Lack of staying with a program needed by the community”*

**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”*

- *“Need more money”*

Key informant 2:

*“Insufficient”*

- *“Need more clinics for low-income clients”*
- *“Need more doctors working in these clinics”*

Key informant 3:

*“Insufficient”*

- *“Primary care physicians are needed in our community”*
- *“Existing neighborhood clinics need more government funding”*

Key informant 4:

*“Insufficient”*

- *“Need more neighborhood clinics to accommodate clients with transportation deficits”*

Key informant 5:

*“Insufficient”*

- *“Need to hire more staff to communicate effectively with clients”*
- *“Need more health education materials available in Spanish”*

Key informant 6:

*“Insufficient”*

- *“Need more community clinics in a variety of locations”*

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

Key informant 1:

No response

Key informant 2:

- *“Locate clinics in the low-income neighborhoods”*

Key informant 3:

- *“Locate clinics near apartment complexes, schools and housing developments”*

Key informant 4:

- *“Locate clinics in low-income neighborhoods”*

Key informant 5:

No response

Key informant 6:

- *“Locate clinics in inner city areas, in churches and within community service groups”*

**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 Vanderburgh County, the community leaders identified issues in several domains:**

For all racial and ethnic populations in Vanderburgh County:

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

Hispanic/Latino population in Vanderburgh County:

1. Improve Communications (Language)
2. Advocates

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

Key informant 1:  
No response

Key informant 2:  
No response

Key informant 3:  
No response

Key informant 4:  
No response

Key informant 5:  
No response

Key informant 6:  
No response

**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 Vanderburgh County, the community leaders provided the following:**

Key informant 1:  
“Yes”  
• “We collaborate with other agencies on a daily basis”

Key informant 2:  
“Yes”  
• “I will try to help any way I can”

Key informant 3:  
“Yes”  
• “We can contribute staff to assist”

Key informant 4:  
“Yes”  
• “Staff time could be donated”

Key informant 5:  
“Yes”

Key informant 6:

*“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:**

- *“Echo Clinic”*
- *“Impact Ministries:*
- *“Memorial Pointe Clinic”*
- *“Emergency Rooms”*
- *“Churches”*
- *“Neighborhood clinics”*
- *“Hospitals”*
- *“Health Department”*
- *“Health specialists”*

**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:**

- *“All parties involved in the project need to consistently participate”*
- *“Develop more clinics”*
- *“Providers need to stick to the issues and avoid dwelling on public opinion”*
- *“Collaborate and develop partnerships with several health programs to address the health problems of the community”*
- *“Require services to be accessible to low-income adults and children”*
- *“Stick with the project”*
- *“Communicate with the population through the use of interpreters”*
- *“Don’t give up”*
- *“Make health a priority”*
- *“Eliminate politics, self interests and stick with the issues”*

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

Key informant 1:

No response

Key informant 2:

*“No”*

Key informant 3:  
“No”

Key informant 4:

- *“If some of these issues could be worked out, the poor people of Evansville could be assisted”*

Key informant 5:  
“No”

Key informant 6:  
“No”

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

No response

# CONCLUSIONS

## Conclusions

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

The Asian/Pacific Islander (API) population in Vanderburgh County is 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, prenatal care in the first trimester, Cesarean deliveries, and women receiving less than adequate prenatal care compared to the percentage for Vanderburgh County.

The Black population in Vanderburgh County is also disproportionately affected when comparing the health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, Cesarean deliveries, smoking during pregnancy, chemical abuse during pregnancy, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Black women receive prenatal care during the first trimester and more Black women receive less than adequate prenatal care compared to other racial groups.

Hispanics in Vanderburgh County have room to improve many of the birth outcome indicators: low birth weight, very low birth weight, preterm births, early preterm births, pregnancy complications, prenatal care during the first trimester, Cesarean deliveries, congenital anomalies, chemical abuse during pregnancy, births to single mothers, low weight gain during pregnancy and the percentage of women receiving less than adequate prenatal care compared to Non-Hispanic women.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying lack of money, lack of health insurance, waiting too long for an appointment. Additional barriers noted by Blacks included they did not feel the medical care was the best, and the doctor would not take new patients.

Educating the community about the benefits of a healthier life-style, using preventive health services and being more aware of the services that are available were offered as solutions to the lower health status levels and access problems that exist within the minority populations. Educating providers in the differences within cultures and increasing cultural sensitivity were also suggested. Interpreters and translators were offered by the Hispanic populations.

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

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

# APPENDICIES

**Appendix 1: XXXXX County Needs Assessment Survey ©**

**INTRODUCTION:**

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

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

**Neighborhood Health Problems:**

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

(List as many as five)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**General questions about you and your family:**

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

Adults \_\_\_ \_\_\_

Children \_\_\_ \_\_\_

3. What is your gender?

Male                       Female

4. What is your age? \_\_\_ \_\_\_ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): \_\_\_\_\_

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

**General Health Questions:**

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

**Your Experience Getting Health Care:**

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**Attitudes and Barriers to Medical Care:**

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

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**Health Related Activities:**

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

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

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

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

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

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

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

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

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

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

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

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

**Disabilities:**

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

**Your Health Insurance**

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

- Yes
- No

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

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

## Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

## Closing Statement

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

## Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

6. I would like for you to focus on these less effective programs specifically. When you think about these programs, why do you think they have been less successful? In other words, what are they doing that causes them to not work well?
7. Do you believe there the number of neighborhood-level primary health care providers in the community, such as private doctors for the racial and ethnic populations or neighborhood clinics for those who are low income, are sufficient or insufficient to meet the need?
8. If so, where would you suggest they be located?

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

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

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

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

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

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

14. Do you have any other comments?

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

## Closing Statement

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