

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

by the

Indiana Minority Health Coalition

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May 2005

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EXECUTIVE SUMMARY

Executive Summary

This report presents results of a comprehensive community health needs assessment for minority populations in Vigo 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 Vigo 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 Vigo 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 Vigo 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 Vigo County is disproportionately affected when comparing the health indicators among racial groups.

Targeted surveys were developed and administered to one hundred and two (102) 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 the Black population perceive substance abuse, diabetes, cancer, high blood pressure and strokes, and heart disease as part of the top five worst health problems in their neighborhood. These results indicated that fifteen percent of Blacks indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year. For Blacks, the top five barriers attributed to accessing healthcare included: lack of money, lack of insurance, medical care not covered by insurance, waiting too long for an appointment, and 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 Vigo County community residents perceive the following as major health problems: cancer and diabetes.

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 Vigo 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 Vigo 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 Vigo County in collaboration with the Minority Health Coalition of Vigo 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 Vigo 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 Vigo 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 Vigo 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 Vigo 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 Vigo County.

Targeted Survey Data:

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

During the months of April and May 2004, the staff and volunteers of the Minority Health Coalition of Vigo 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 two targeted surveys were completed and returned to the Indiana Minority Health Coalition. Ninety-five percent of the respondents (N = 7) reported their race; of which 89.7 percent were Black (N = 87), and 10.3 percent were of more than one race (N = 10). Ninety-two percent of the participants (N = 94) responded to the question of ethnicity with 1.1 percent reported to be of Hispanic/Latino ethnicity (N = 1). Ninety-two percent of the respondents (N = 94) indicated their gender; of which, 71.9 percent were female (N = 69) and 28.1 percent were male (N = 27). Ninety-six percent of the respondents (N = 98) reported their age with approximately thirty-nine percent in the 24 years or less age group (N = 38), 23.5 percent in the 55 years or more age group (N = 23), and 17.3 percent in the 45 to 54 age group (N = 17). Of the remaining respondents, 11.2 percent reported their age in the 35 to 44 age group (N = 11) and 9.2 percent in the 25 to 24 age group (N = 9).

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 Vigo 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 Vigo 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 Vigo 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, a consultant for the Indiana Minority Health Coalition conducted one consumer focus group that was at the Minority Health Coalition of Vigo County. There were twelve consumers taking part in the focus group with ten females and two males. The focus group participants reported their race/ethnicity; of which, sixty-seven percent were Black (N = 8), twenty-five percent reported more than one race (N = 3), and eight percent were of Hispanic/Latino ethnicity (N = 1). The participants reported their age group, with thirty-three percent in the 50 to 59 age group (N = 4), thirty-three percent in the 60 and over age group (N = 4), seventeen percent in the 20 to 30 age group (N = 2), and seventeen percent in the 40 to 49 age group (N = 2). 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 Vigo County conducted six key informant interviews for the Needs Assessment project. The key informants represented a variety of professions including a church pastor, church representative, college professor, county drug and alcohol counselor, representative of a community organization, representative of health care facility. The gender was reported for four

of the key informants, and two of the interviewees were female and two were male. The key informants did not describe their age, race or ethnicity.

RESULTS

Overview of Existing Health Indicator (Secondary Data Analysis)

Analysis of existing data for Vigo County (birth, morbidity and mortality data) indicated disparities exist in Vigo County by race and ethnic group. In addition, most rates need to be improved to meet the Healthy People 2010 objectives, the benchmarks provided by the U.S. government. Unfortunately, no comparisons could be made for Asian/Pacific Islanders (API) and American Indian/Alaska Natives (AIAN) in Vigo 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 Vigo 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.

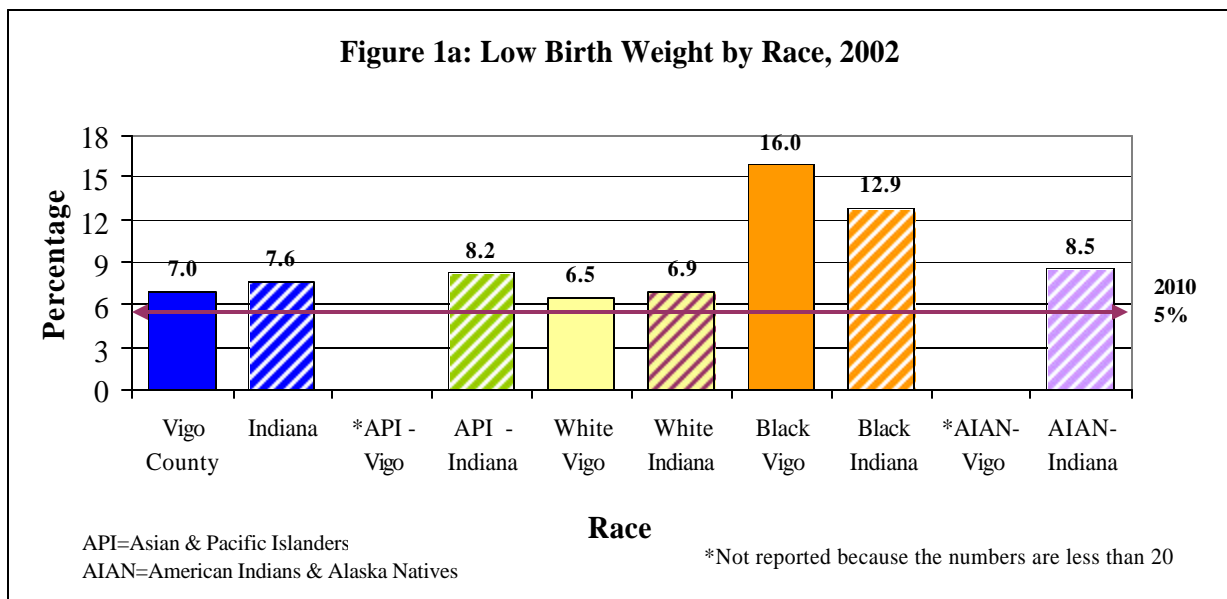
The Black population in Vigo County is disproportionately affected when comparing health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, Cesarean deliveries, alcohol use during pregnancy, chemical abuse during pregnancy, births to single mothers, and births to 16 and 17 year olds. Furthermore, fewer Black women in Vigo County receive prenatal care in the first trimester and more Black women receive less than adequate prenatal care compared to other racial groups. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in Vigo County.

The age-adjusted death rate for APIs, AIANs, and Hispanics in Vigo County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Vigo County was higher than the age-adjusted death rate for all deaths in Vigo County and for all deaths among Blacks in Indiana. Diseases of the heart were the leading cause of death for Blacks in Vigo County. Deaths by cause for APIs, AIANs, and Hispanics in Vigo County could not be compared due to the small number of deaths.

Birth Data:

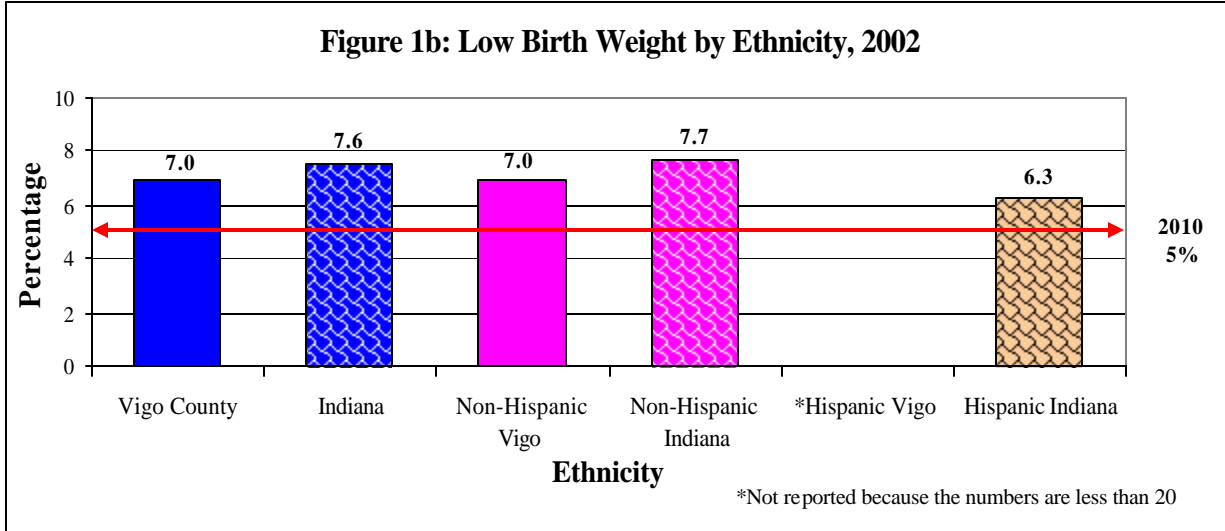
Low Birth Weight (LBW) by Race (Figure 1a):

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



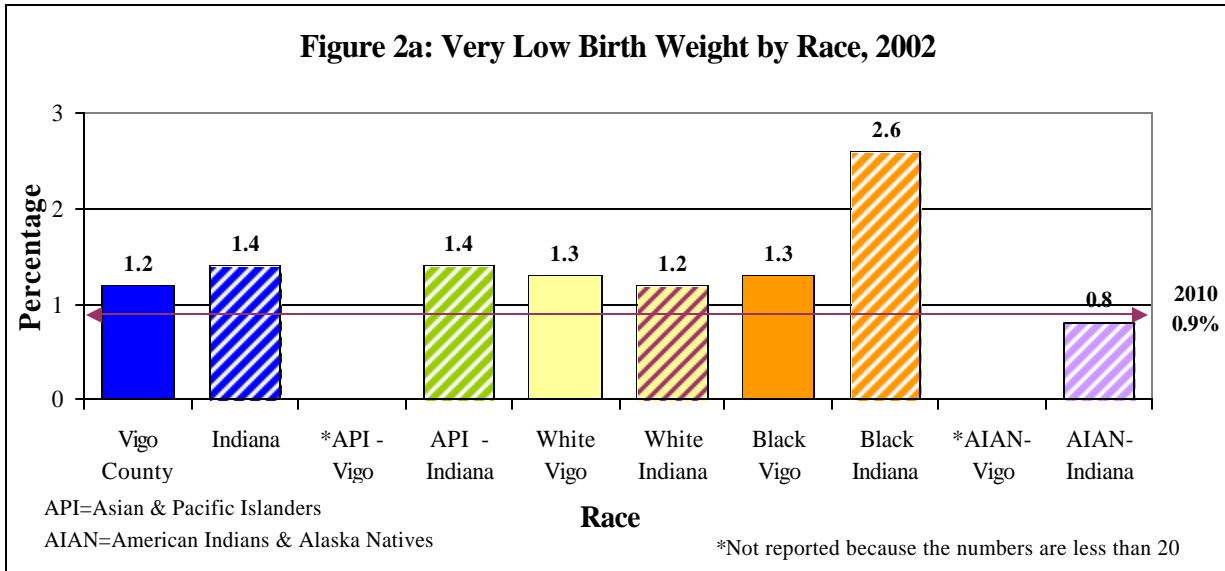
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

- The percentage of low birth weight deliveries for Hispanics in Vigo County could not be compared due to the small number of births.



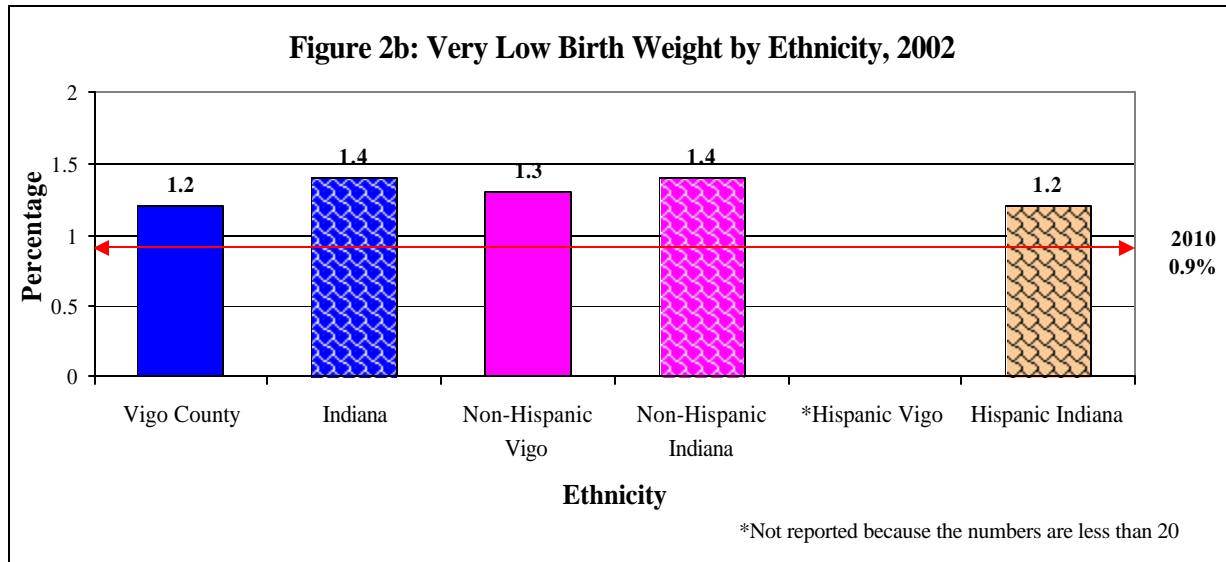
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



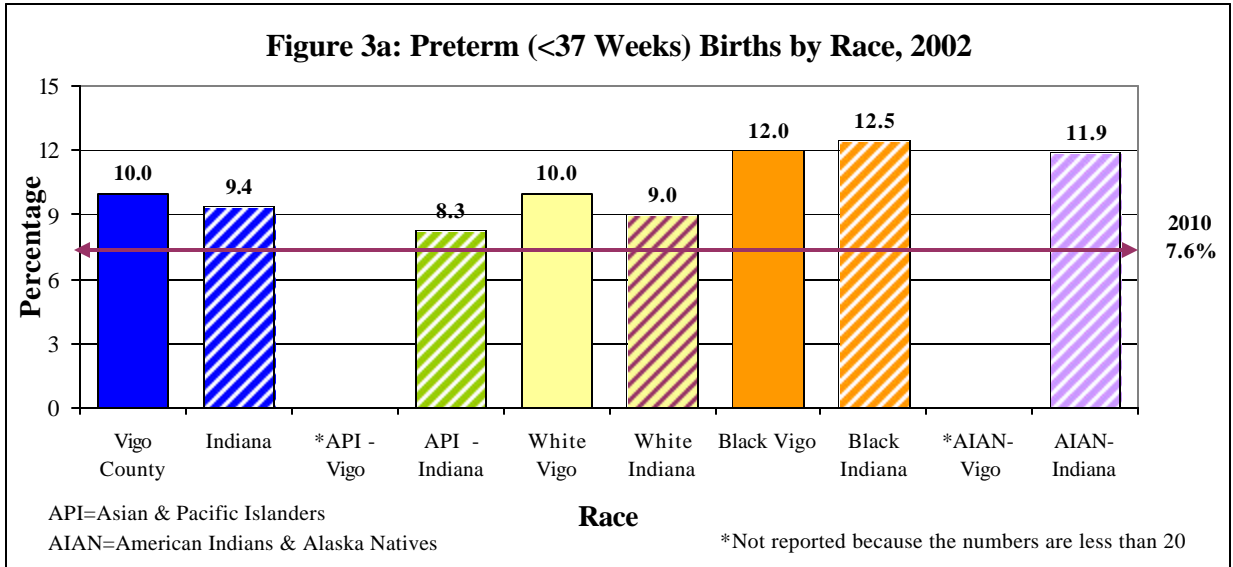
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

- The percentage of very low birth weight deliveries for Hispanics in Vigo County could not be compared due to the small number of births.



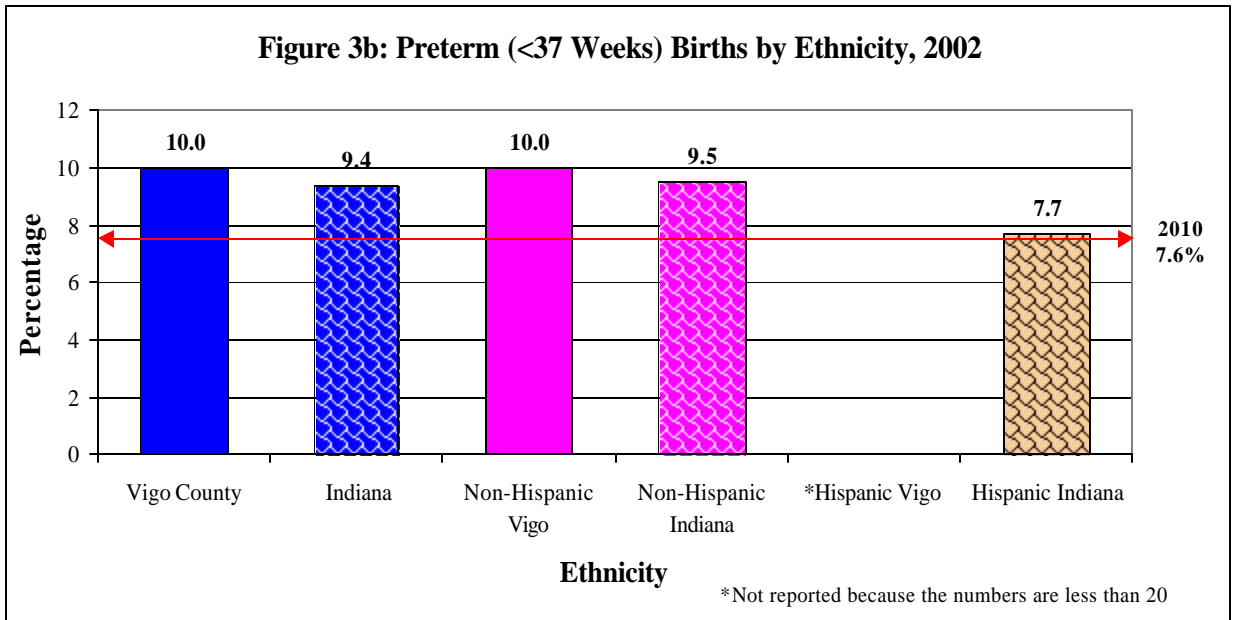
Preterm (< 37 weeks) Births by Race (Figure 3a):

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



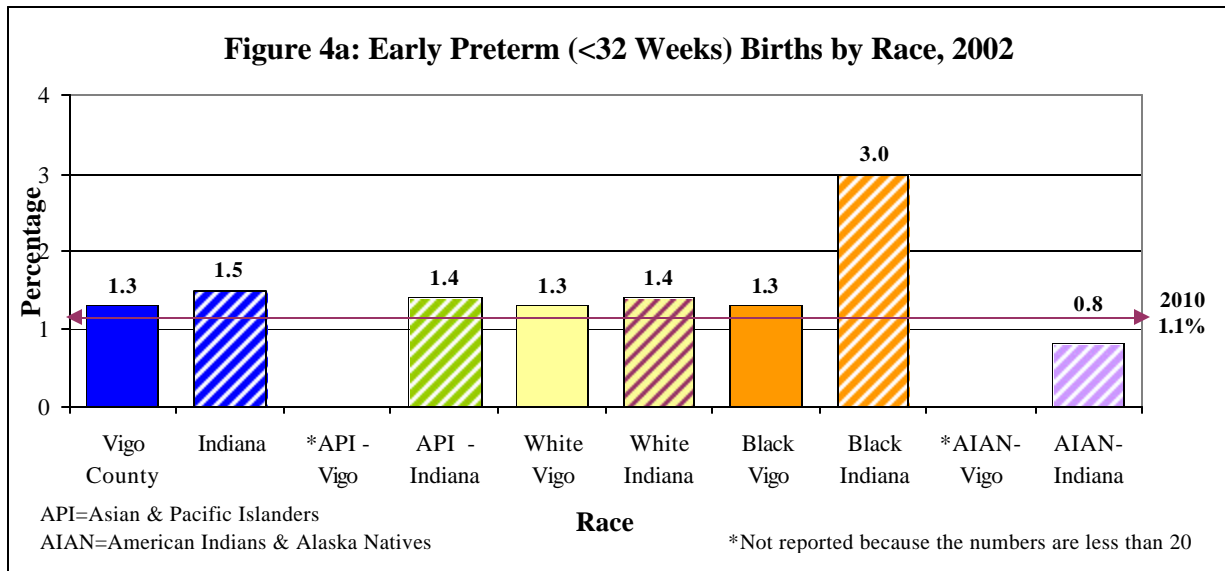
Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):

- The percentage of preterm births for Hispanics in Vigo County could not be compared due to the small number of births.



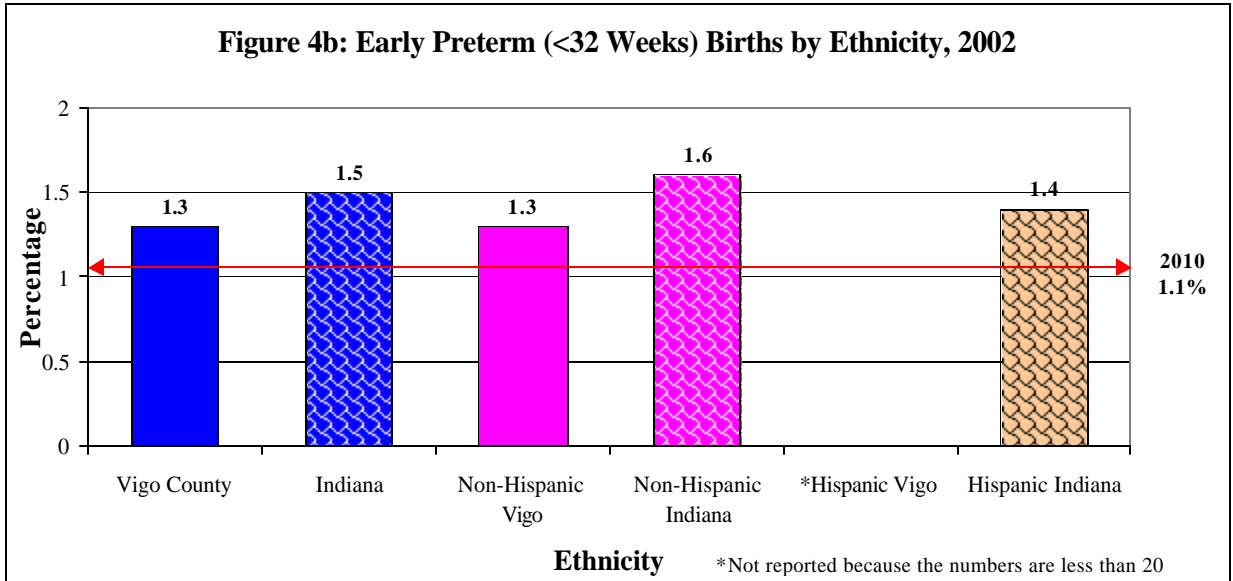
Early Preterm (< 32 weeks) Births by Race (Figure 4a):

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



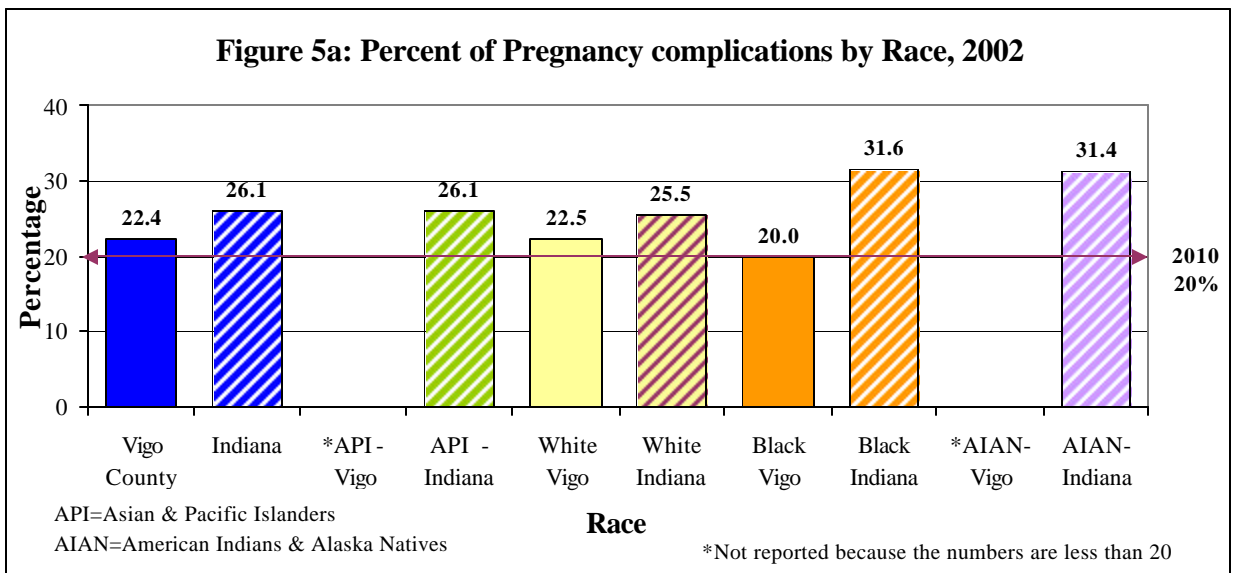
Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):

- The percentage of early preterm births for Hispanics in Vigo County could not be compared due to the small number of births.



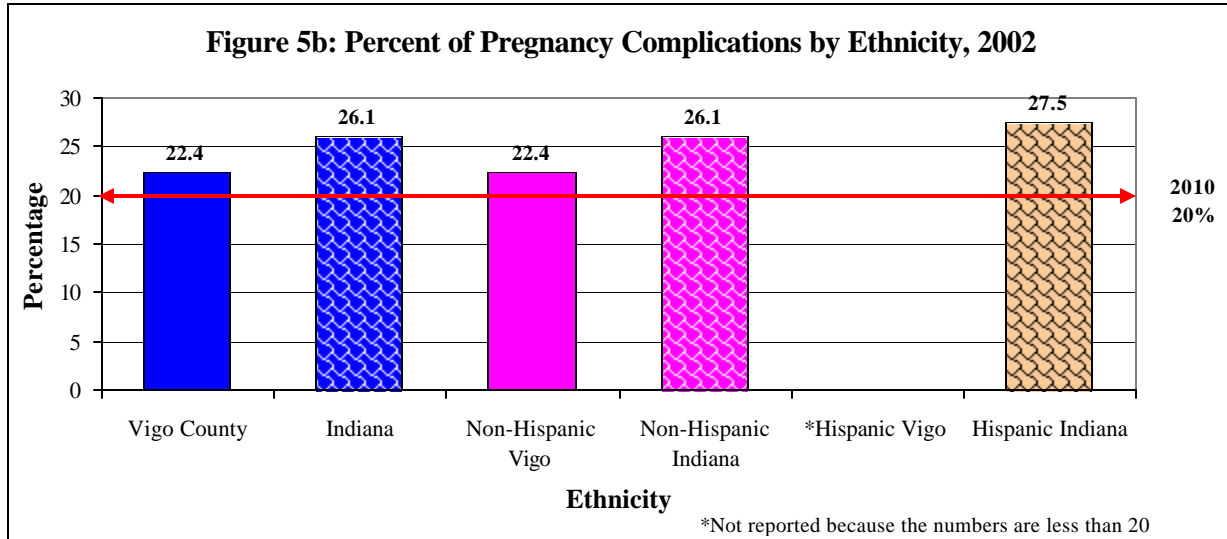
Percent of Pregnancy Complications by Race (Figure 5a):

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



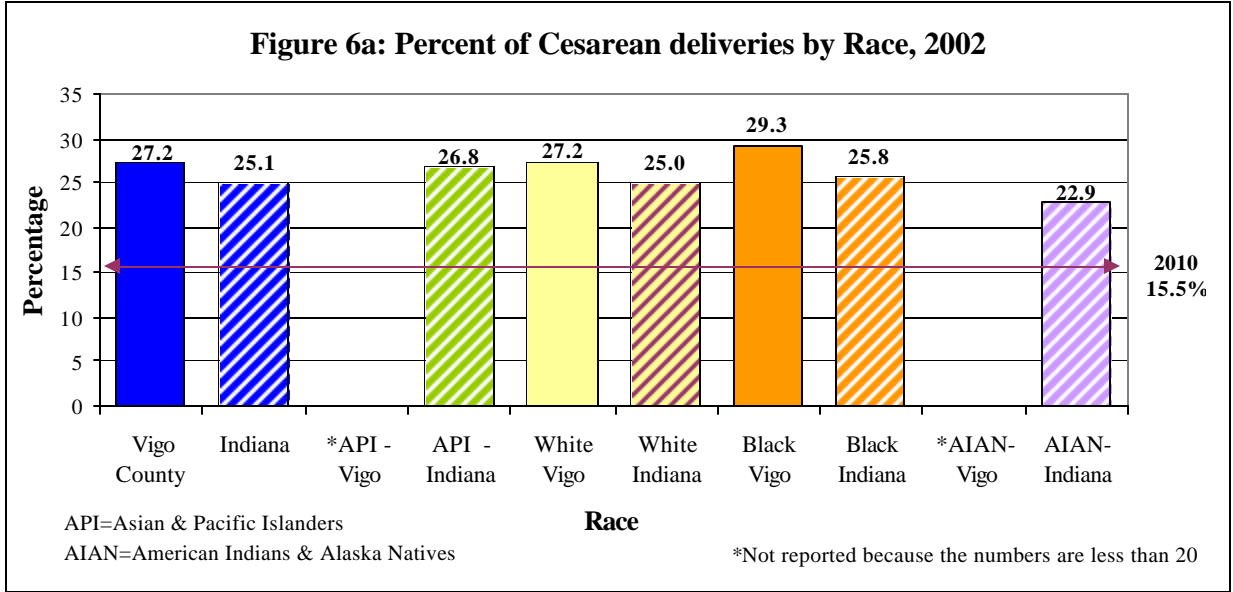
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

- The percentage of pregnancy complications for Hispanics in Vigo County could not be compared due to the small number of births.



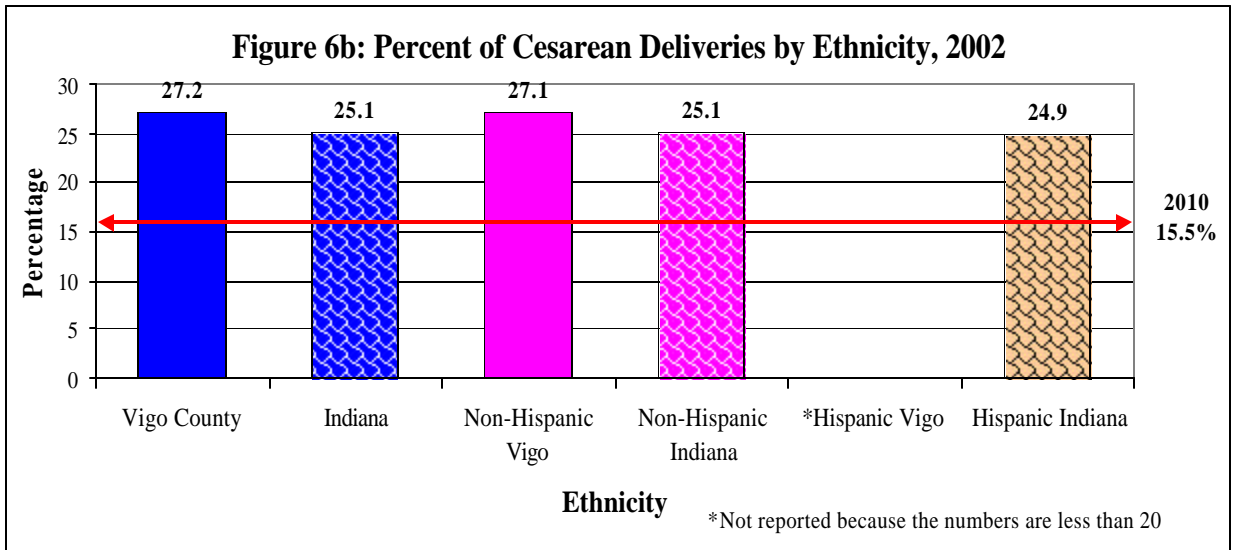
Percent of Cesarean Deliveries by Race (Figure 6a):

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



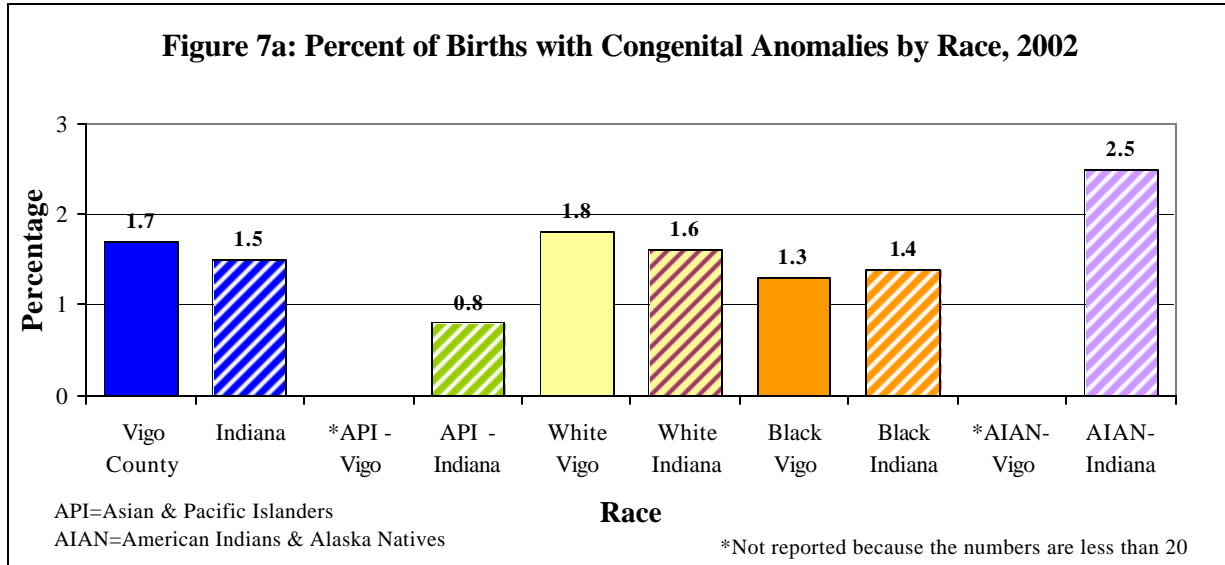
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

- The percentage of Cesarean deliveries for Hispanics in Vigo County could not be compared due to the small number of births.



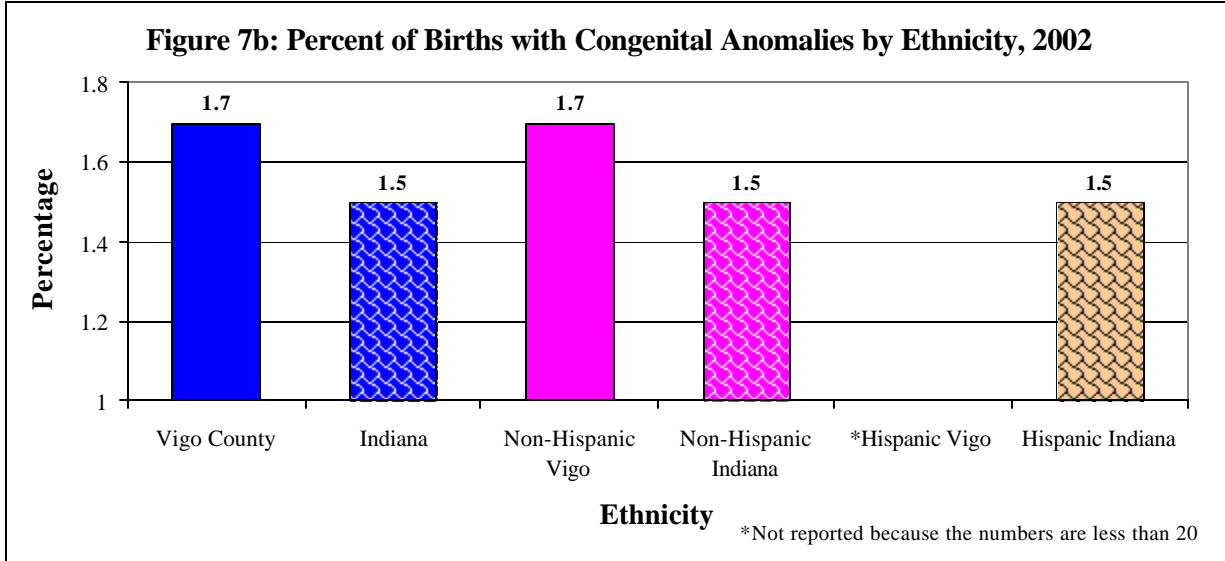
Percent of Births with Congenital Anomalies by Race (Figure 7a):

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



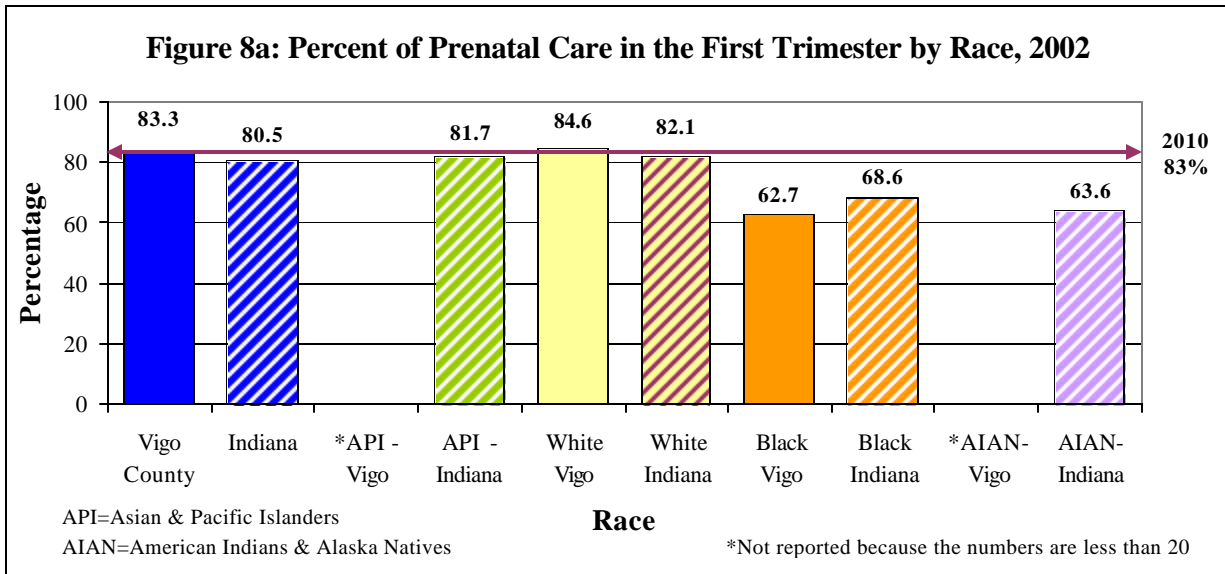
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

- The percentage of congenital anomalies for Hispanics in Vigo County could not be compared due to the small number of births.



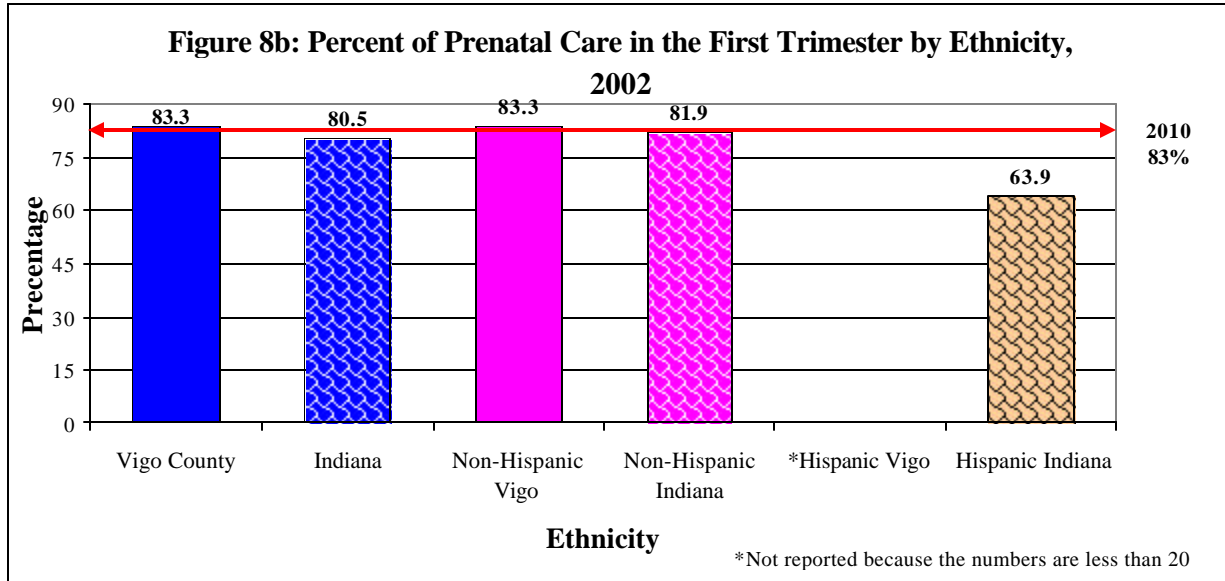
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

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



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

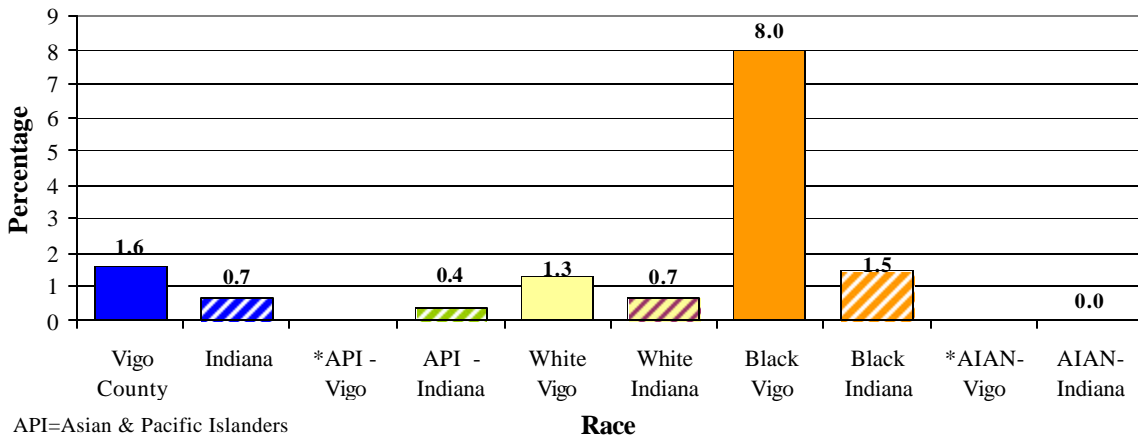
- The percentage of prenatal care in the first trimester for Hispanics in Vigo County could not be compared due to the small number of births.



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

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

Figure 9a: Alcohol use during Pregnancy by Race, 2002



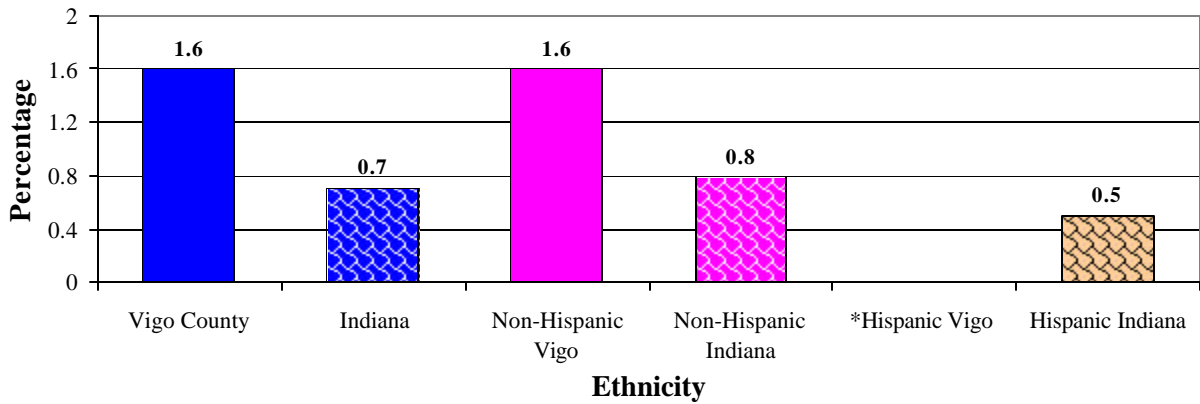
API=Asian & Pacific Islanders
AIAN=American Indians & Alaska Natives

*Not reported because the numbers are less than 20

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

- The percentage of alcohol use during pregnancy for Hispanics in Vigo County could not be compared due to the small number of births.

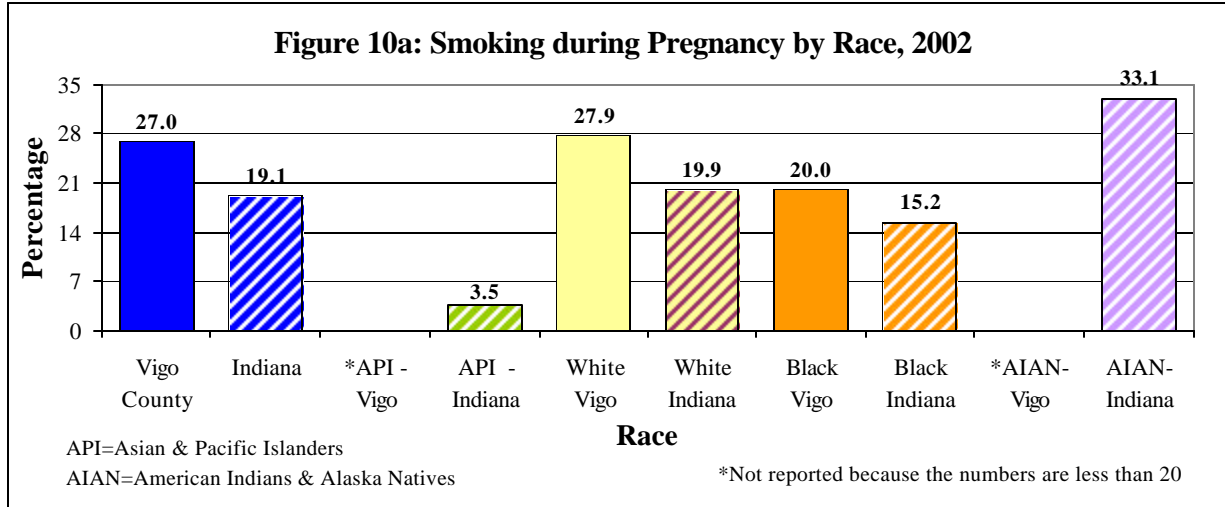
Figure 9b: Alcohol use during Pregnancy by Ethnicity, 2002



*Not reported because the numbers are less than 20

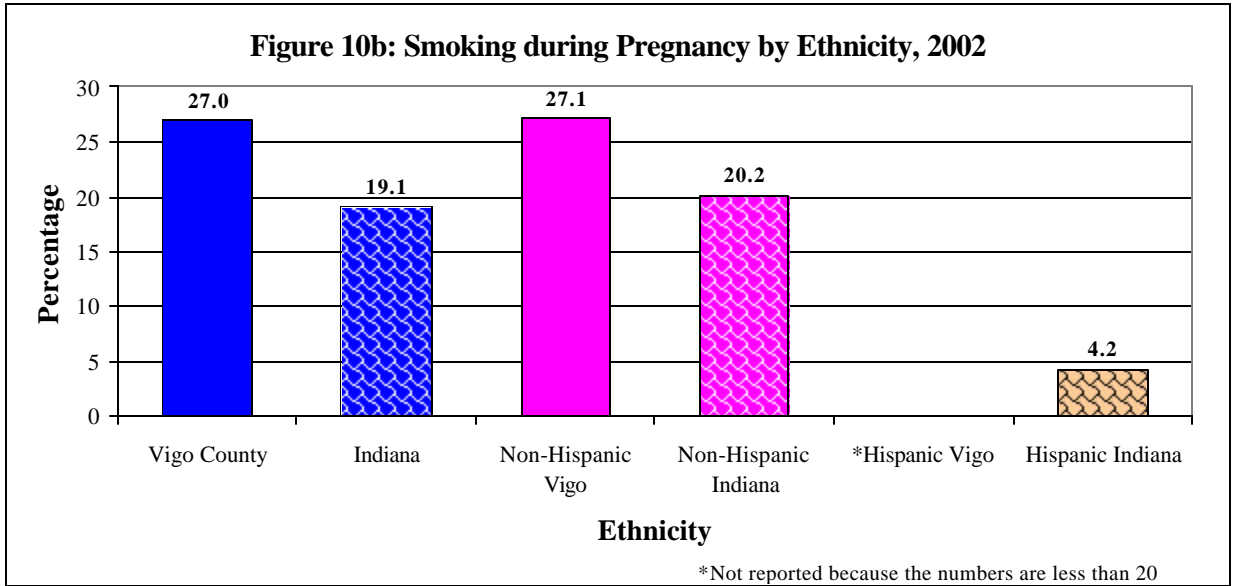
Smoking during Pregnancy by Race (Figure 10a):

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



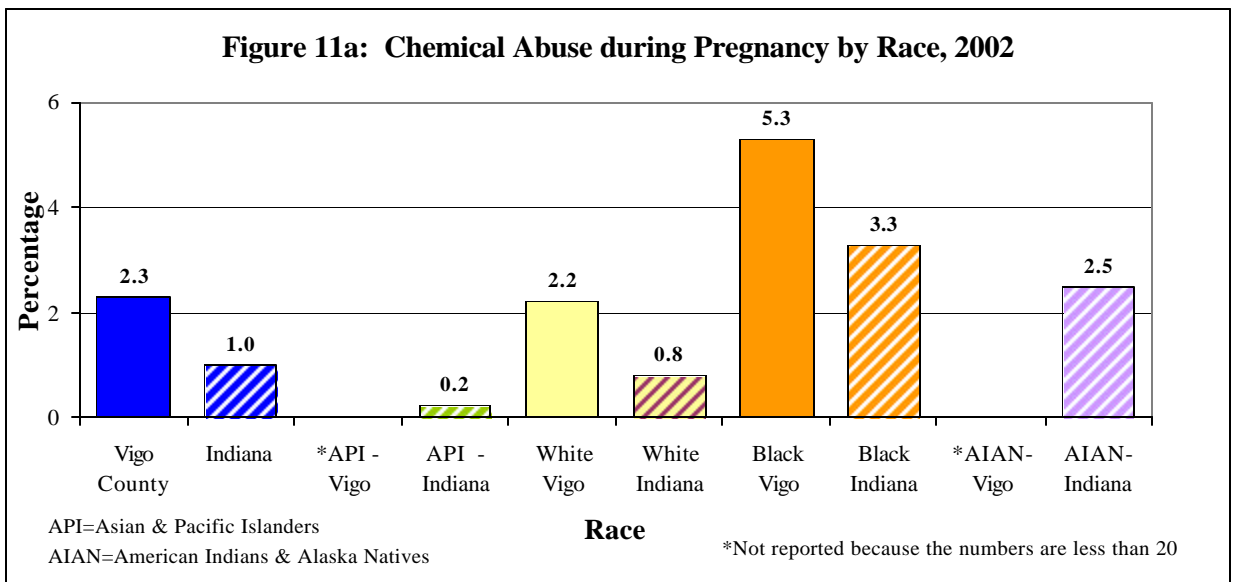
Smoking during Pregnancy by Ethnicity (Figure 10b):

- The percentage of smoking during pregnancy for Hispanics in Vigo County could not be compared due to the small number of births.



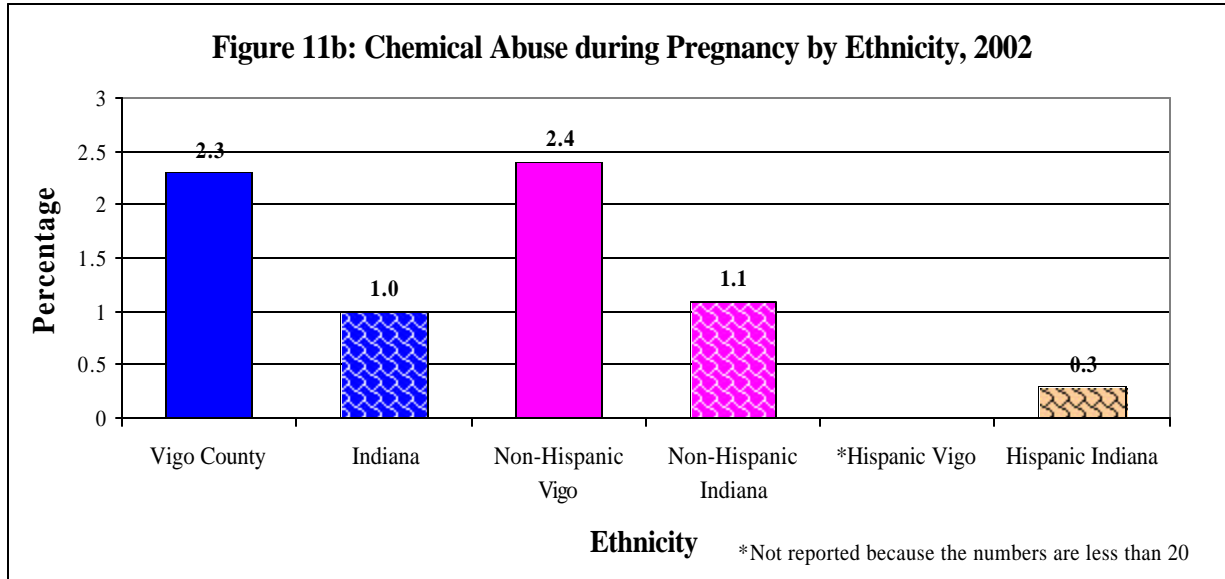
Chemical Abuse during Pregnancy by Race (Figure 11a):

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



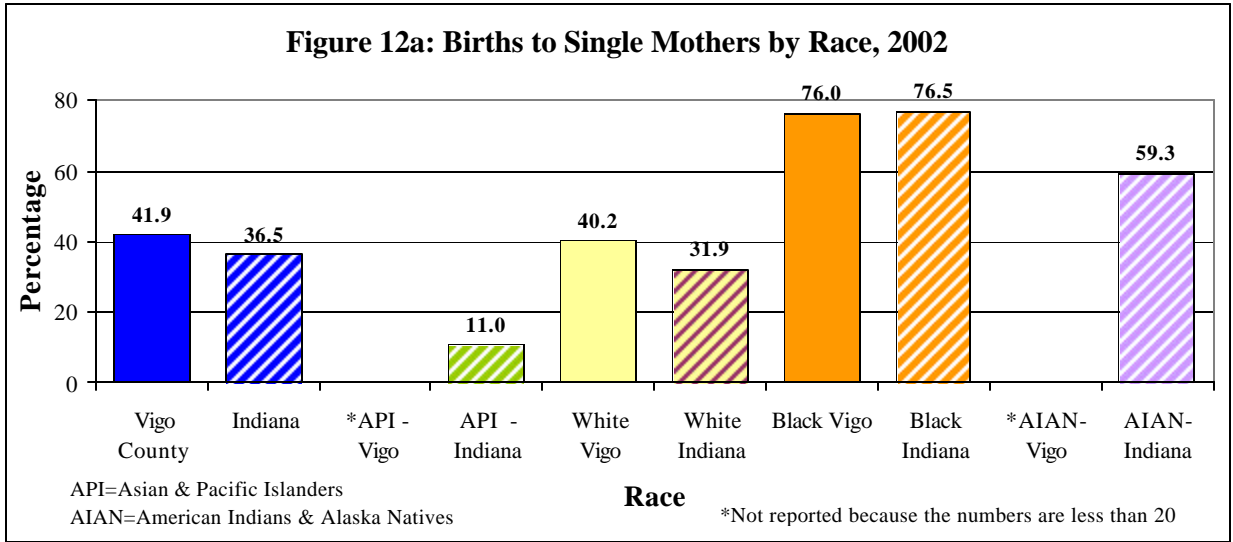
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

- The percentage of chemical abuse during pregnancy for Hispanics in Vigo County could not be compared due to the small number of births.



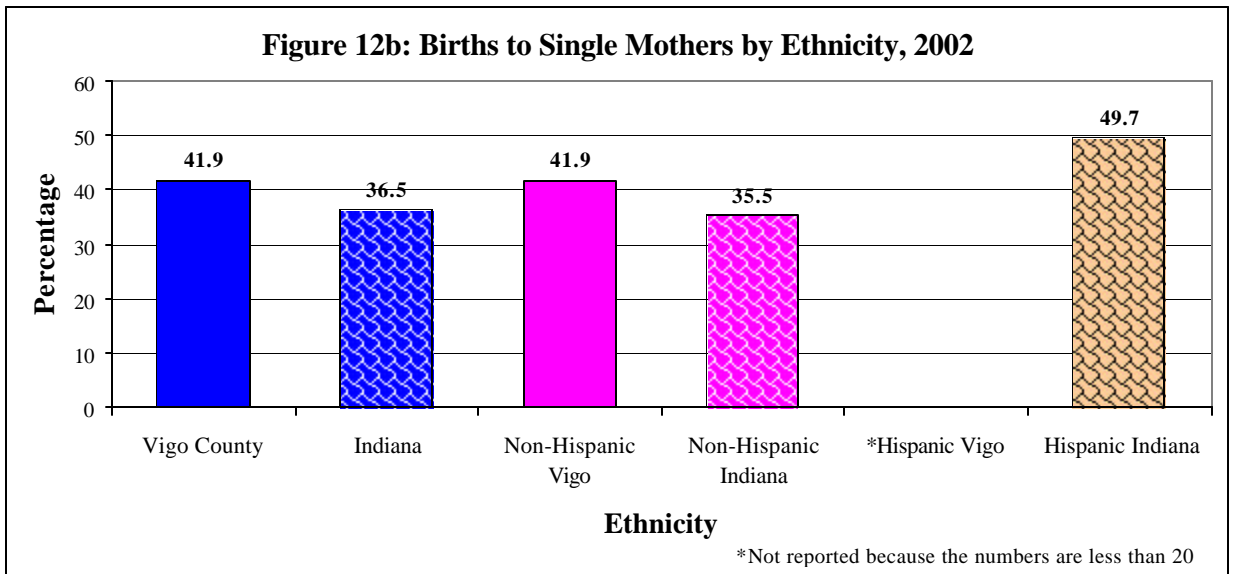
Births to Single Mothers by Race (Figure 12a):

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



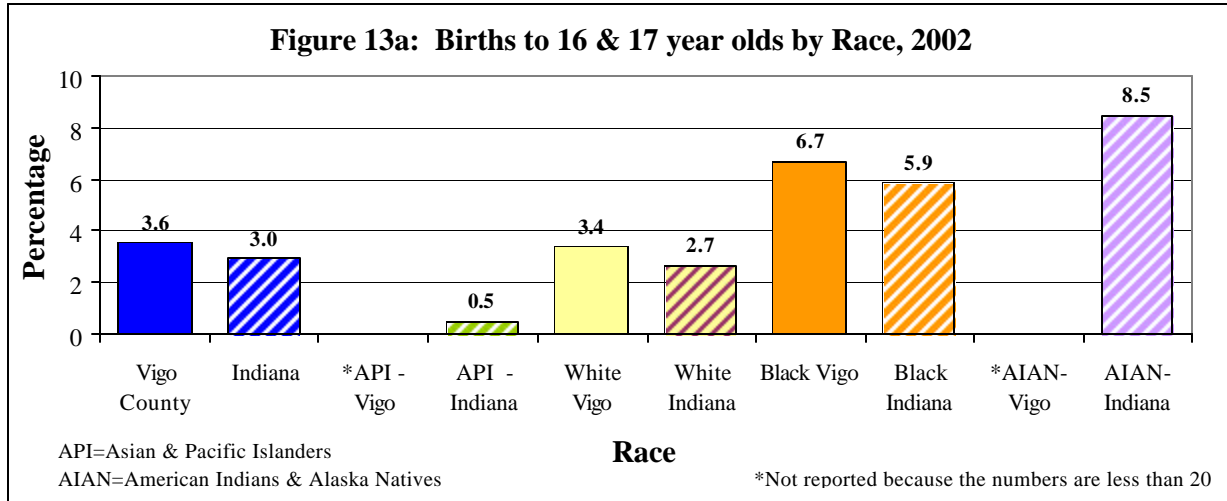
Births to Single Mothers by Ethnicity (Figure 12b):

- The percentage of births to single mothers for Hispanics in Vigo County could not be compared due to the small number of births.



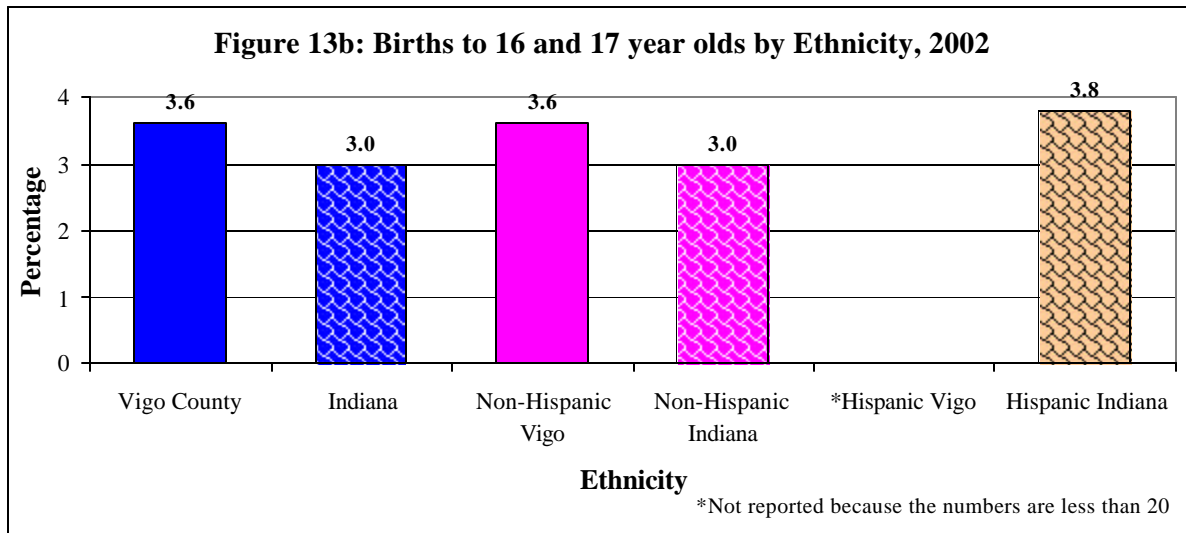
Births to 16 and 17 Year olds by Race (Figure 13a):

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



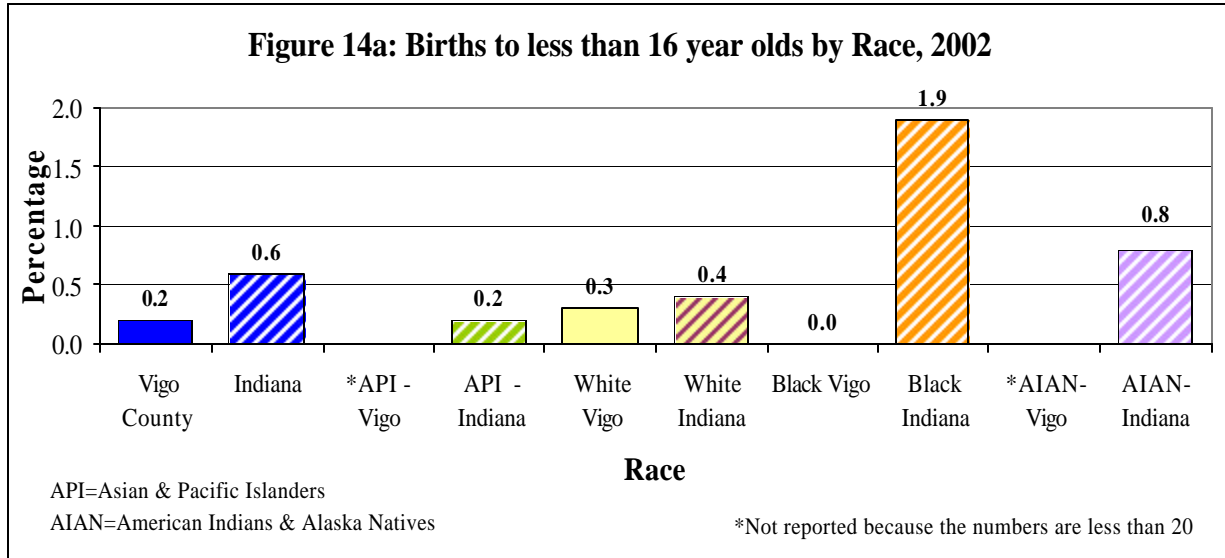
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

- The percentage of births to 16 and 17 year olds for Hispanics in Vigo County could not be compared due to the small number of births.



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

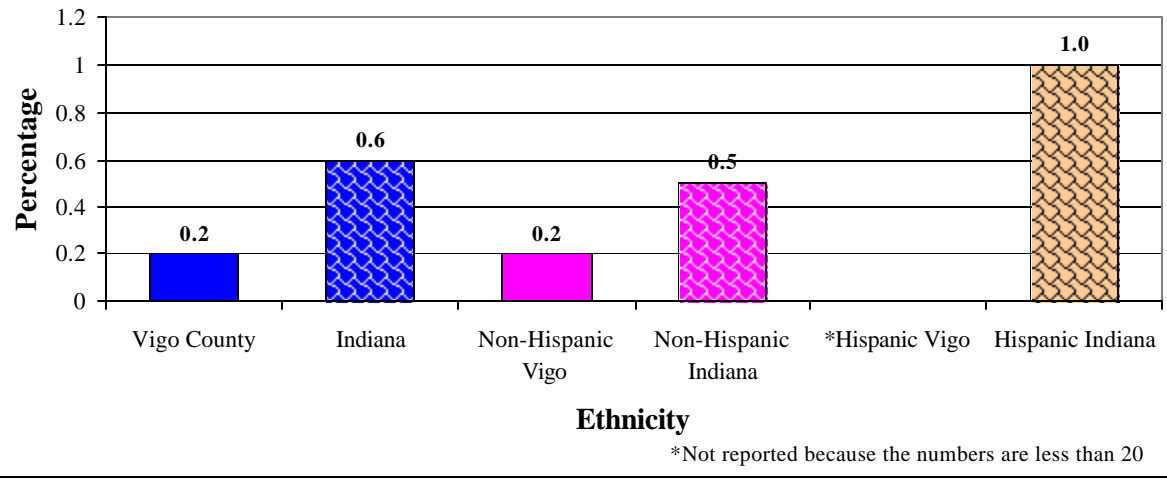
- The percentage of births to less than 16 year olds for APIs and AIANs in Vigo County could not be compared due to the small number of births.
- The percentage of births to less than 16 year olds for Blacks in Vigo County was similar to the percentage for all births in Vigo County.
- The percentage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



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

- The percentage of births to less than 16 year olds for Hispanics in Vigo County could not be compared due to the small number of births.

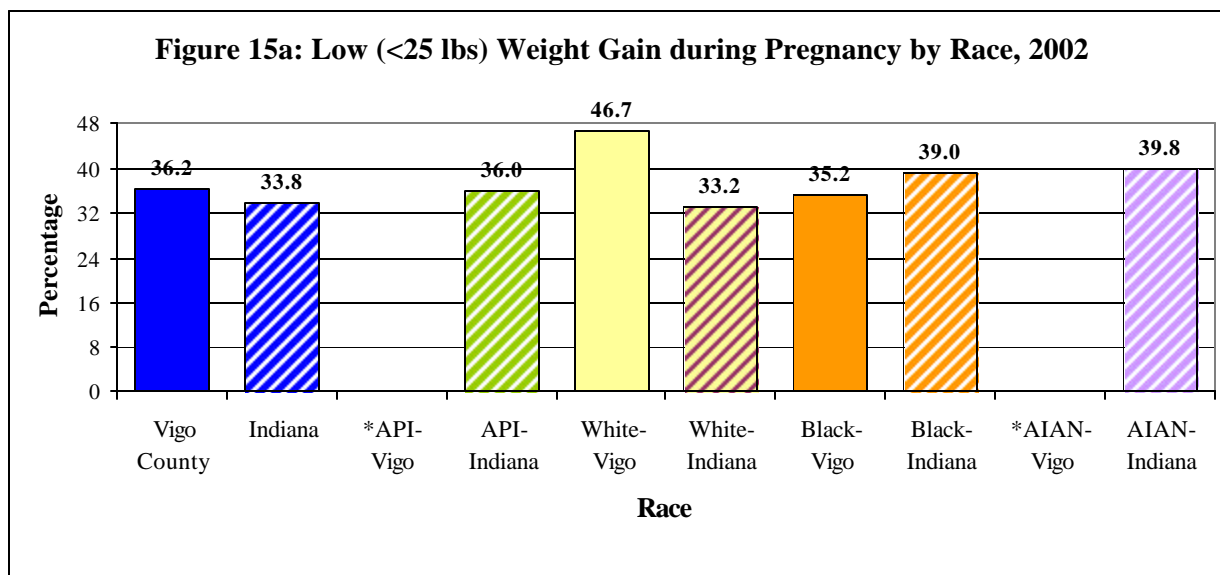
Figure 14b: Births to less than 16 year olds by Ethnicity, 2002



Weight Gain during Pregnancy:

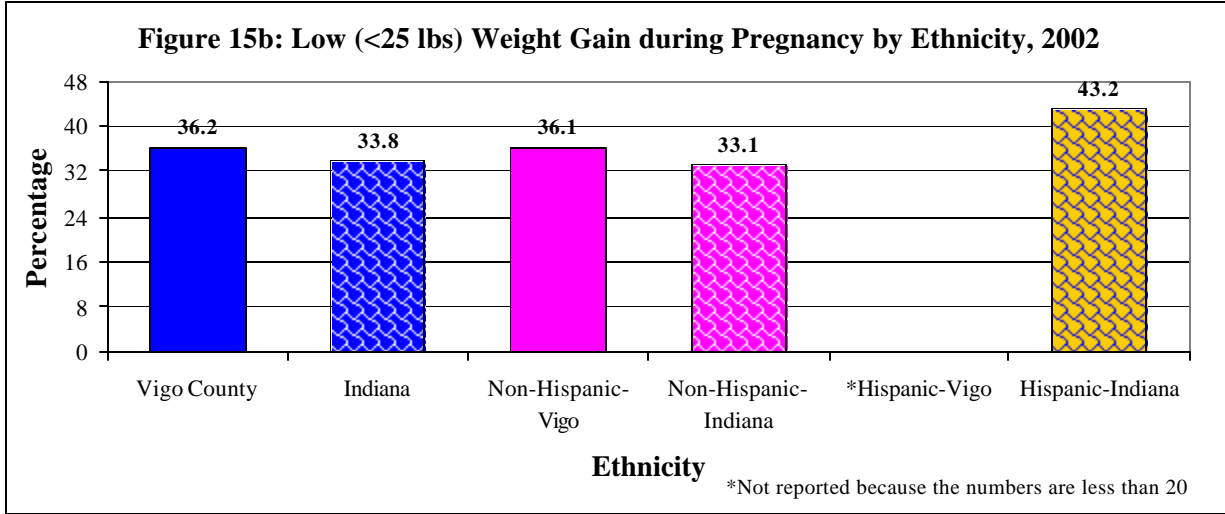
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

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



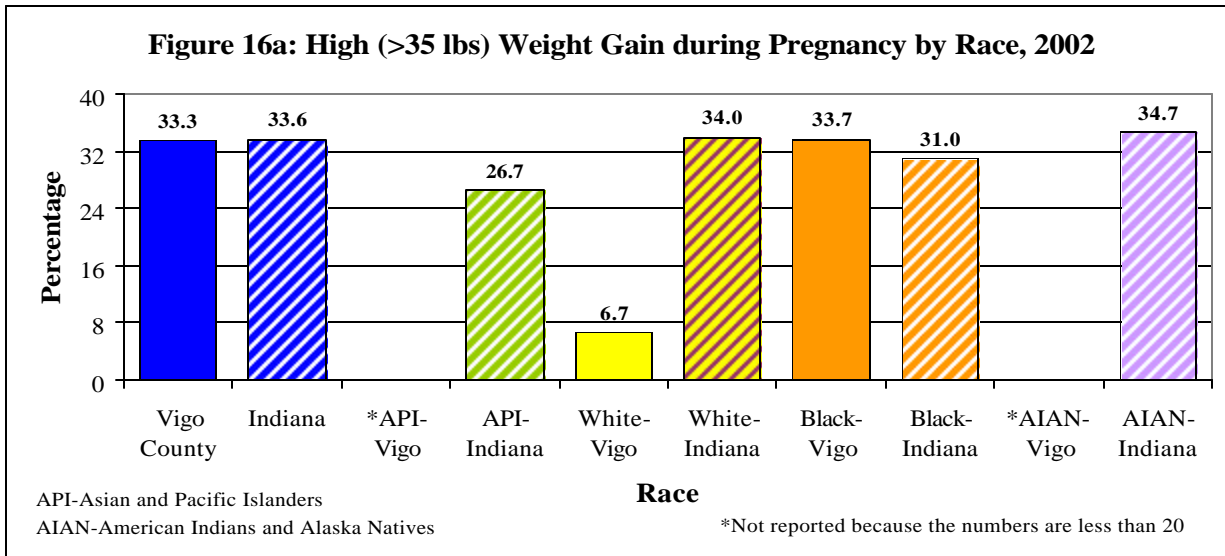
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

- The percentage of LWG during pregnancy for Hispanics in Vigo County could not be compared due to the small number of births.



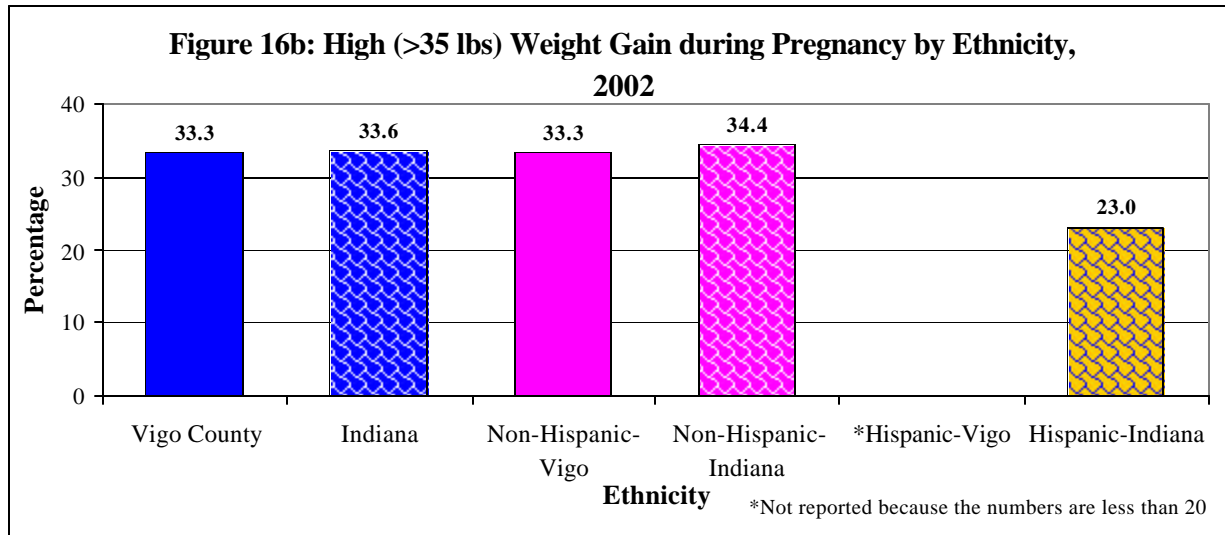
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

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



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

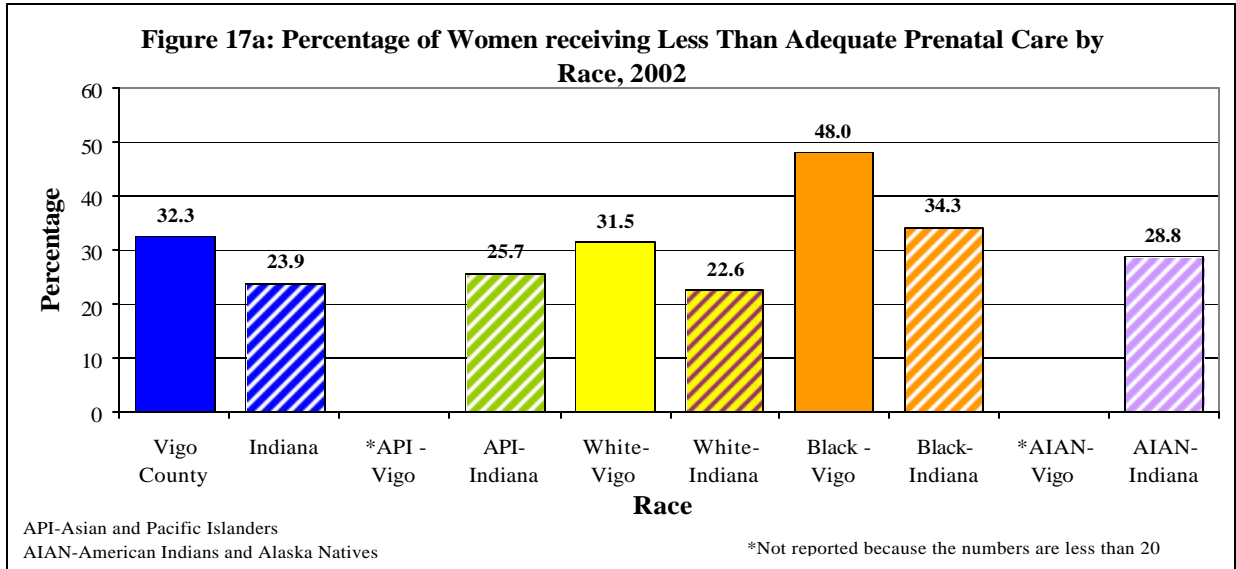
- The percentage of HWG during pregnancy for Hispanics in Vigo County could not be compared due to the small number of births.



Prenatal Care:

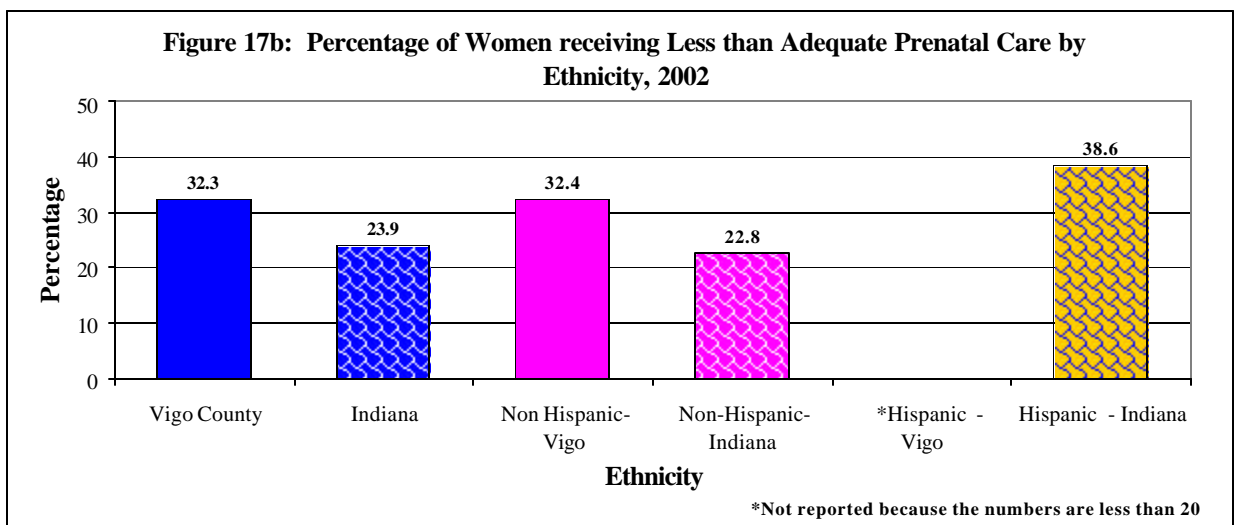
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

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



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

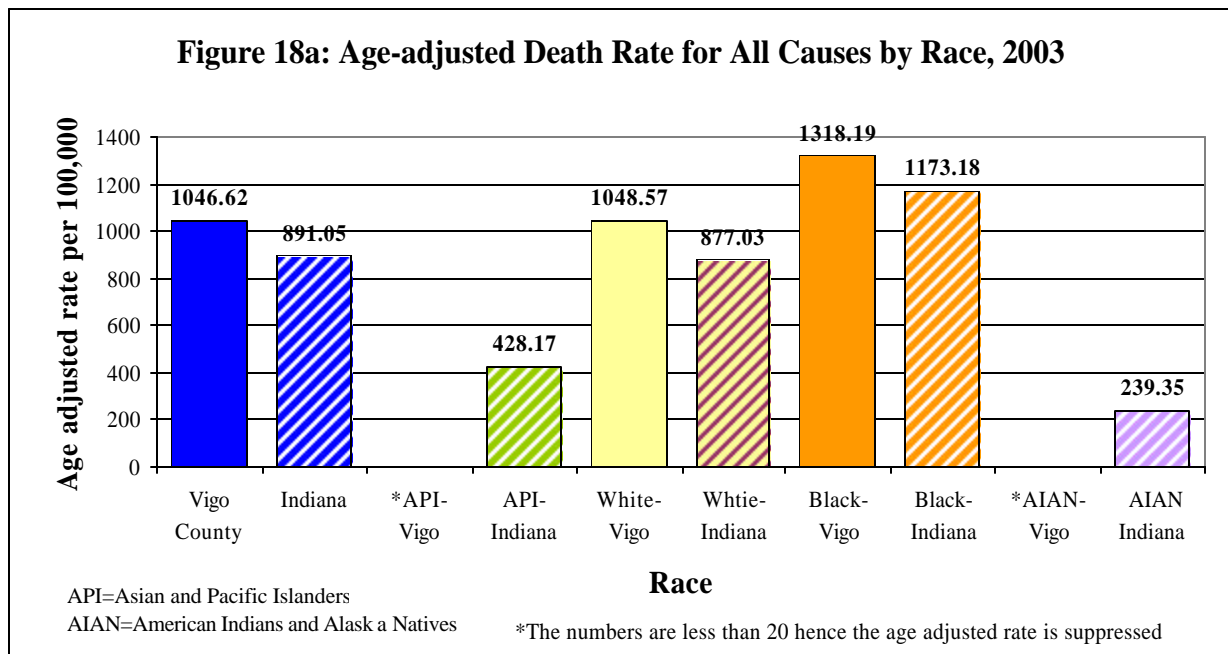
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Vigo County could not be compared due to the small number of births.



Leading Causes of Death:

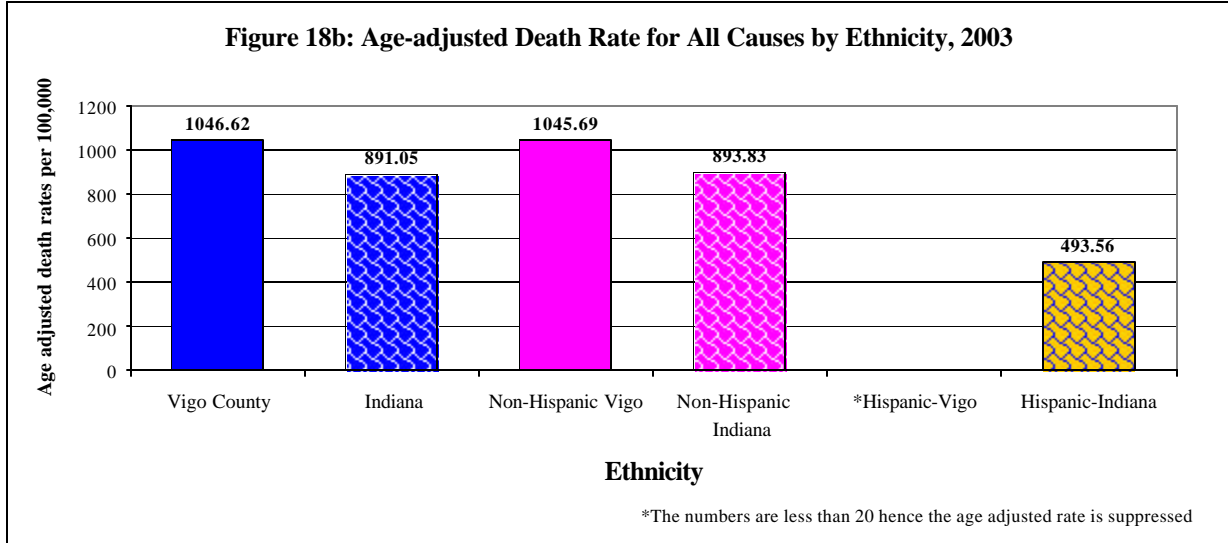
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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

Figure 19a: Five Leading Causes of Death by Race, 2003						
Leading Cause of Death by Race, 2003	Vigo County					
	Indiana State N=55,123	ALL Races N=1,228	Asian and Pacific Islanders (API) N=4	White N=1,171	Black N=53	American Indians & Alaska Natives (AIAN) N=**
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=365	N/A	Diseases of the Heart N=350	Diseases of the Heart N=14	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=267	N/A	Malignant Neoplasms N=256	Malignant Neoplasms N=10	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=98	N/A	Chronic Lower respiratory disease N=98	Cerebrovascular Diseases N=**	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=82	N/A	Cerebrovascular Diseases N=78	Nephritis, Nephrotic Syndrome & Nephrosis N=**	N/A
#5	Accidents N=2,086	N/A	N/A	Alzheimer's Disease N=42	Certain Conditions Originating in the Perinatal Period N=**	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

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

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

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		Vigo County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N=1,228	Non-Hispanic N=1,221	Hispanic N=6
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=365	Diseases of the Heart N=362	Diseases of the Heart N=**
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=267	Malignant Neoplasms N=267	Accidents N=**
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=98	Chronic Lower respiratory disease N=97	N/A
#4	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=82	Cerebrovascular Diseases N=82	N/A
#5	Accidents N=2,086	Alzheimer's Disease N=44	Alzheimer's Disease N=44	N/A

N/A = Not applicable

** = 'Number' is suppressed if under 5

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

Overview of Vigo County Targeted Survey Responses

Worst neighborhood health problems (Table 1)

- Black respondents ranked substance abuse as the worst health problem in their neighborhood, followed by diabetes, cancer, high blood pressure and strokes, heart disease, diet problems, social issues, respiratory conditions, STDs, AIDS/HIV, environmental issues, and mental illness.

Household arrangement (Table 2)

- More than thirty-four percent of Black respondents (34.5 percent) lived in single adult households; forty-six percent lived in two adult homes; and the remainder reported three or more adults in the home. Sixty-five percent reported the presence of one or more children in the household.

Gender and age (Table 2)

- The Black respondents consisted of 62 (72.1 percent) females and 24 (27.9 percent) males. Approximately forty-eight percent of the respondents were younger than 35 years of age, while twenty-four percent were 55 year or older.

Education (Table 2)

- Nearly seventeen percent of the Black respondents graduated from high school, 48.8 percent had some college or trade school experience, and 27.4 percent had college degrees.

Health status perceptions (Table 3)

- Forty-nine percent of the Black respondents rated their health as excellent or very good, and an additional 36.9 percent described their health as good. Approximately fourteen percent described their health as either fair (11.9 percent) or poor (2.4 percent).

Satisfaction with life (Table 3)

- Sixty-eight 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 (28.3 percent) or 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 (80.5percent), followed by family members (37.9 percent). Magazines or newspapers were identified by thirty-three percent, the Internet (32.3 percent), television or radio (28.7 percent), and other sources (8.1 percent).

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

- Forty-three percent of Black respondents reported no visits to the dentist in the last twelve months. Forty-nine percent reported visiting the dentist one to two times in the last year, and slightly more than seven percent reported three or more visits this past year. More than half of Black respondents (56.0 percent) reported having access to a dentist for dental care.

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

- Fifteen percent of Black respondents reported no visits to the doctor or nurse in the last 12 months. Slightly more than forty-three percent reported visiting the doctor or nurse one to two times in the last year, and 41.2 percent reported three or more visits this past year. The majority of Black respondents (77.6 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 (22.4percent), the choice for service if needed was a community clinic (33.3 percent), private doctor's office (22.1 percent), hospital emergency room (16.7 percent), other choice (16.7 percent), urgent care center (5.6 percent), and self-care (5.6 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 (86.9 percent) followed by community clinic (9.9 percent), hospital emergency room (1.6 percent), and other facility (1.6 percent).

Actual utilization patterns (Table 4)

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

General assessment of medical care (Table 5)

- Forty-two percent of Black respondents rated services as either superior (11.5 percent), or above average (30.8 percent). More than fifty-two percent described the services they received as average. Five percent (5.1 percent) rated services as either below average or terrible.

Personal barriers to health care utilization (Table 5)

- Fifteen percent of Black respondents (15.3 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, medical care not covered by insurance, waiting too long for an appointment, 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, doctor or clinic would not take Medicare/Medicaid, and lack of transportation.

Cigarette smoking (Table 6)

- Approximately twenty-eight percent of the Black respondents reported having smoked at least 100 cigarettes in their life. Nearly seven percent of the respondents (6.9 percent) indicated they were current smokers with half smoking everyday and the other half smoking some days. The number of cigarettes smoked ranged from less than ½ a pack (83.3 percent) to about two packs (16.7 percent).

Physical activity (Table 6)

- Seventy-six percent of the Black respondents reported exercising one or more times per week. Seven percent of the respondents (7.1 percent) indicated they never exercise.

Healthy diet (Table 6)

- Approximately fifty-four percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (14.3 percent), or most of the time (39.3 percent). Eight percent of the respondents (8.3 percent) indicated they do not follow healthy diet recommendations.

Disease conditions reported (Table 6)

- More than one third of the Black respondents (39.0 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included asthma (20.0 percent), diabetes (18.3 percent), heart disease (13.0 percent), and other lung disease (6.3 percent).

Adults requiring assistance (Table 7)

- Five percent of the Black respondents (5.1 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-two percent of the Black respondents provided a reply to the question of whether they have medical insurance. Of those who responded, eighty-two percent indicated they do have some type of medical insurance coverage. Approximately forty-four percent reported coverage provided by employer (43.5 percent), Medicare (21.7 percent), Medicaid (13.0 percent), privately purchased plan (13.0 percent), covered under spouse or parent's insurance (13.0 percent), and long-term care insurance (4.4 percent).

Dental insurance coverage (Table 8)

- Nearly two-thirds of the Black respondents (60.2 percent) reported having dental insurance coverage.

Monthly prescription drug expenses (Table 8)

- One-quarter of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while seventeen percent pay \$25 to \$49 per month or \$50 to \$74 per month. Five percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month, while six percent pay \$200 or more per

month. Forty percent (40.2 percent) of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while 7.3 percent indicated they did not know.

Vigo County Needs Assessment Survey 2004

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

Neighborhood Health Problems (respondents could list as many as five)	Racial Minorities Black	
	Number	Percent
Substance abuse (alcohol, drugs, smoking)	54	62.1%
Diabetes	42	48.3%
Cancer	36	41.4%
High blood pressure & Strokes	34	39.1%
Heart disease	25	28.7%
Diet problems (obesity, poor nutrition)	22	25.3%
Social issues	11	12.6%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	9	10.4%
STDs	8	9.2%
AIDS/HIV	8	9.2%
Environmental issues (dirty neighborhoods, trash, pollution, poor housing, pests)	6	6.9%
Mental illness	5	5.8%

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

	Racial Minorities Black	
	Number	Percent
2a. How many adults in live in your household?		
1	30	34.5%
2	40	46.0%
3	7	8.0%
4	9	10.3%
5	1	1.2%
6 or more	0	0.0%
2b. How many children live in your household?		
0	23	34.9%
1	16	24.2%
2	14	21.2%
3	7	10.6%
4	0	0.0%
5 or more	6	9.1%
3. What is your gender?		
Male	24	27.9%
Female	62	72.1%
4. What is your age?		
Less than 18 years	5	5.8%
18 - 24	30	34.5%
25 - 34	7	8.1%
35 - 44	9	10.3%
45 - 54	15	17.2%
55 - 64	9	10.3%
65+	12	13.8%
7. How much education have you had?		
Less than high school	6	7.1%
High school or equivalent	14	16.7%
Some college or trade school	41	48.8%
College graduate or more education	23	27.4%

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

	Racial Minorities Black	
	Number	Percent
8. Would you say that in general your health is?		
Excellent	11	13.1%
Very Good	30	35.7%
Good	31	36.9%
Fair	10	11.9%
Poor	2	2.4%
Very Poor	0	0.0%
9. Right now, how do you feel about your life as a whole?		
Very Satisfied	21	24.7%
Satisfied	37	43.5%
Sometimes satisfied, sometimes dissatisfied	24	28.3%
Dissatisfied	3	3.5%
Very Dissatisfied	0	0.0%

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

	Racial Minorities Black	
	Number	Percent
10. Where do you go to get information about health? (respondents were asked to check all that apply)		
Doctor, nurse or clinic	70	80.5%
The Internet	28	32.3%
Magazines or newspapers	29	33.3%
Television or radio	25	28.7%
Family members	33	37.9%
Other	7	8.1%
11. In the last 12 months, how many separate visits have you made to the dentist?		
None	36	43.4%
1 or 2	41	49.4%
3 to 5	5	6.0%
More than 6	1	1.2%
12. Do you have a dentist who you almost always go to for dental care?		
Yes	47	56.0%
No	37	44.0%
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	13	15.3%
1 or 2	37	43.5%
3 to 5	24	28.3%
6 or more	11	12.9%
14. Do you have a doctor or a nurse who you almost always go to for health care?		
Yes	66	77.6%
No	19	22.4%
15. If No, where would you go to get care if you were to get sick?		
Doctor's office	4	22.1%
Community clinic	6	33.3%
Hospital emergency room	3	16.7%
Urgent care center	1	5.6%
Self care	1	5.6%
Other	3	16.7%

16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?		
Private doctor's office	53	86.9%
Community clinic	6	9.9%
Hospital emergency room	1	1.6%
Urgent care center	0	0.0%
Other	1	1.6%
17. Were you hospitalized during the past 12 months?		
Yes	6	7.4%
No	75	92.6%
18. Did you use the services of a hospital emergency room during the past 12 months?		
Yes	15	17.9%
No	69	82.1%
19. Did you use the services of a neighborhood urgent care center during the 12 months?		
Yes	11	12.9%
No	74	87.1%

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

	Racial Minorities	
	Black	
	Number	Percent
20. How good do you think the health care services that you and members of your household have received in this community?		
Superior	9	11.5%
Above average	24	30.8%
Average	41	52.6%
Below average	4	5.1%
Terrible	0	0.0%
21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?		
Yes	13	15.3%
No	72	84.7%
22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)		
No doctor in area	0	0.0%
Lack of money	9	69.2%
No insurance	7	53.9%
Insurance did not cover the medical care	3	23.1%
No transportation available	1	7.7%
Had to wait too long for an appointment	2	15.4%
Doctor wouldn't take new patients	2	15.4%
Doctor or clinic wouldn't take Medicare	1	7.7%
Doctor or clinic wouldn't take Medicaid	1	7.7%
Doctor you need to see for your insurance is out of your area	0	0.0%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	2	15.4%
Was not treated with respect	0	0.0%
The doctor or nurse wouldn't listen	1	7.7%
Felt uncomfortable asking the doctor or nurse questions	1	7.7%
Didn't feel the medical care was the best	1	7.7%
Couldn't get off work	2	15.4%
Clinic or doctor's office staff was rude and not very helpful	1	7.7%
No child care available	1	7.7%

Not having a Social Security Number was a problem	0	0.0%
Not having permanent address was a problem	0	0.0%
Other	0	0.0%

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

No doctor in area	4	4.6%
Lack of money	71	81.6%
No insurance	73	83.9%
Insurance did not cover the medical care	37	42.5%
No transportation available	20	23.0%
Had to wait too long for an appointment	18	20.7%
Doctor wouldn't take new patients	18	20.7%
Doctor or clinic wouldn't take Medicare	24	27.6%
Doctor or clinic wouldn't take Medicaid	24	27.6%
Doctor you need to see for your insurance is out of your area	11	12.6%
Language barriers	4	4.6%
Cultural barriers	7	8.1%
Had to wait too long in doctor's or clinic office	15	17.2%
Was not treated with respect	12	13.8%
The doctor or nurse wouldn't listen	8	9.2%
Felt uncomfortable asking the doctor or nurse questions	11	12.6%
Didn't feel the medical care was the best	6	6.9%
Couldn't get off work	14	16.1%
Clinic or doctor's office staff was rude and not very helpful	11	12.6%
No child care available	13	14.9%
Not having a Social Security Number was a problem	2	2.3%
Not having a permanent address was a problem	1	1.5%
Other	1	1.5%

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

	Racial Minorities Black	
	Number	Percent
24. Have you smoked at least 100 cigarettes in your life?		
Yes	23	27.7%
No	59	71.1%
Don't know / Not sure	1	1.2%
25. If yes, do you now smoke cigarettes every day, some days or not at all?		
Everyday	3	13.0%
Some days	3	13.0%
Not at all	17	74.0%
26. If you smoke some days or everyday, how much do you usually smoke per day?		
Less than 1/2 pack per day	5	83.3%
1/2 to 1 pack per day	1	16.7%
About 2 packs per day	0	0.0%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
27. How often do you exercise or participate in vigorous physical activity?		
One or more times each week	64	76.2%
Less than one time per week	14	16.7%
Not at all	6	7.1%
28. How often do you generally follow recommendations for a healthy diet?		
All the time or almost all of the time	12	14.3%
Most of the time	33	39.3%
Some of the time	32	38.1%
Not very often or not at all	7	8.3%
29. Have you ever been told by a doctor or nurse that you have any of the following?		
High blood pressure ('yes')	32	39.0%
Heart disease ('yes')	9	13.0%
Diabetes ('yes')	13	18.3%
Asthma ('yes')	11	20.0%
Other lung disease ('yes')	4	6.3%

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

	Racial Minorities Black	
	Number	Percent
30. Are there any adult members (18 or older) of your household that need assistance in daily activities?		
Yes	4	5.1%
No	74	94.9%
31. Do you pay anyone to give this assistance?		
Yes	1	25.0%
No	3	75.0%

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

	Racial Minorities	
	Black	
	Number	Percent
32. Do you have any medical insurance coverage if any health problems arise?		
Yes	23	82.1%
No	5	17.9%
33. If yes, what kind do you have? (respondents were asked to check all that apply)		
Provided by employer	10	43.5%
Privately purchased plan	3	13.0%
Covered under spouse or parent's insurance	3	13.0%
Medicare	5	21.7%
Medicaid	3	13.0%
Long term care insurance	1	4.4%
Other	0	0.0%
34. Do you have dental insurance coverage if any problems arise?		
Yes	50	60.2%
No	33	39.8%
35. How much do you pay for prescription drugs in a typical month?		
Nothing / Does not apply to me	33	40.2%
Less than \$10 per month	5	6.1%
\$10 to \$24 per month	15	18.4%
\$25 to \$49 per month	10	12.2%
\$50 to \$74 per month	4	4.9%
\$75 to \$99 per month	2	2.4%
\$100 to \$199 per month	2	2.4%
\$200 or more per month	5	6.1%
Don't know	6	7.3%

Overview of Vigo County Focus Groups/Key Informant Interviews

Several health conditions were noted to be among the major health problems confronting Vigo County residents: **dental problems, diabetes, and prostate cancer**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improving the health care delivery system**;
- **improve communication** between consumers and providers; 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 Vigo County.

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

- **cultural** (mistrust of the system, 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 failure to recognize a health problem; a lack of what one needs to do to achieve better health status, a lack of information about resources available to individuals in the community);
- **personal and economic situation** (lack of funds, lack of insurance, lack of childcare, lack of transportation); and,
- **system problems** (bureaucracy, lack of resources.).

Suggestions for improving access to health care for African- Americans and Hispanics in Vigo 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; and,
- **improve health care delivery system** (More minority health care providers)
- **making people more aware of available resources** (health insurance availability and sources of care, having more outreach workers in the community especially in the public schools.);

Key quotes from participants:

“A lot of the testing they do for other patients they don’t do for us to find out what the causes really are...if you don’t have really good insurance I find that our people don’t get the benefit of complete examination and the things that are available to them.”

“My husband is 82 years old; when my husband was not married he would get a lot of benefits than now when we are married. Senior citizens in this day are getting divorced so that they can qualify for benefits. It’s a shame with our income together we can get nothing.”

“If we had transportation available latter hours and I love the idea of having clinics open later hours and on the weekends, I think that would definitely improve access to healthcare...”

“...I think that doctors just aren’t aware of what African Americans need or even how to talk to us.”

Vigo County Focus Group Responses

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

COMMUNITY LEADERS

Community Characteristics

- Discrimination against senior citizens

Health Access Barriers

- Lack of insurance

Health Conditions

- Diabetes: Large population affected
- Prostate cancer: men dieing of it. Men need to be involved and encouraged to take up necessary tests.

Health Knowledge and Promotion

- Don't know what to ask for: People do not know what to ask the doctor when they are seeking care.
- Education and Training needed
- Lack of education
- Young people are not aware of diseases.

Health System

- Clinics needed for weekend
- Simplify or explain Medicare; Patients are paying for medical services twice.
- Community gate keepers' education is key
- Doctors controlled on what they use to treat people.

Provider Behavior

- Doctors are not sensitive to our needs
- More testing is needed

Personal Behavior

- Denial about diseases
- People don't take advantage of preventative care
- Don't have time or interest in adequate dental service

Dental Health

- Dental health

Quote:

“A lot of the testing they do for other patients they don’t do for us to find out what the causes really are...if you don’t have really good insurance I find that our people don’t get the benefit of complete examination and the things that are available to them.”

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:

COMMUNITY LEADERS

Increase Access

- Funding for a weekend clinic – Saturdays

Improve Communication and Education

- Parents involvement – teach kids about health issues
- Discontinue negative commercials which impact kids negatively.
- Church involvement and community outreach
- Education

Quote:

“...something that we left out was outreaching where African Americans are we have to find the ‘gatekeepers’ in the community. If at this church we know the pastor can reach the community that is where we need to go and that is who we need to educate our folks.”

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

COMMUNITY LEADERS

Health Knowledge and Promotion

- Not willing to seek information
- Lazy in reference to teens trying to be adults

Personal/Economics

- Lack of transportation,
- Lack of childcare; people pay large amounts out of their pockets even with available insurance.
- People are barriers through marriage because of income and insurance limitations.
- Some seniors are divorcing so as to get benefits
- Medical insurance too high

System

- No money for funding to subsidize health care
- Married people are denied certain services under Medicare.

Quote:

“...work instead of welfare; why don't they offer for people to keep their health benefits and to be able work and take the minimum wage job. If you subsidize them 100% why can't you go ahead and subsidize them with healthcare?”

“My husband is 82 years old; when my husband was not married he would get a lot of benefits than now when we are married. Senior citizens in this day are getting divorced so that they can qualify for benefits. It's a shame with our income together we can get nothing.”

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

COMMUNITY LEADERS

Education

- Encourage Political involvement; through contacting congressmen.
- Improve attitudes
- Provide more information needed in the public schools
- Patient advocate needed,

Personal/ Economic

- Work instead of welfare
- Not enough finance for preventative programs
- Provide Free transportation

System/Provider

- Simplify paperwork
- Clinics on the job for working families
- More minority healthcare teams

Quote:

“If we had transportation available latter hours and I love the idea of having clinics open later hours and on the weekends, I think that would definitely improve access to healthcare...”

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.”

COMMUNITY LEADERS

Yes, more neighborhood clinics

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:

COMMUNITY LEADERS

Cultural/Demographic/Economic

- Cultural sensitivity issues
- Blacks do not get the same quality care
- Low income patients receive inadequate care
- Insurance only covers some doctors' work

Provider/System

- Doctors don't care anymore; they talk to you like you are stupid.
- Mal-practice suits, doctors have buddy system
- Doctors out of reach
- Nurses won't let you speak directly to the doctor
- Medical problems, sometimes are not considered as an urgent need
- No referral, follow up with specialists
- Quality of care is unprofessional
- Not sensitive to needs

Communication/Language

- Patients are afraid to ask questions.
- No trust in white doctors
- No patient/doctor relationships.

Quote

"...I think that doctors just aren't aware of what African Americans need or even how to talk to us."

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."

COMMUNITY LEADERS

- African Americans do not get the same quality
- Crappy care given to seniors and people with mental disabilities
- Overall whites are better treated

Quote:

"We do not get the same quality."

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:

COMMUNITY LEADERS

Programs:

- American Cancer Society – tell a friend.
- Indiana Health
- Catholic Charities
- WIC
- The Wheeler Center
- Minority heal Coalition.

Communication/Outreach/Education

- Super Shot Saturday
- Reaching out to seniors and not being afraid to doing dirty work:

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:

COMMUNITY LEADERS

Communication/Outreach/Education

- “Don’t know how to reach you people.”
- Poor communication

Provider Behavior/System

- Not supportive to minorities in this community.
- Don’t plan to reach African Americans
- Poor job,
- Has no intention to reach blacks.

Cultural

- Cultural insensitivity is the reason programs don’t work.

Economics

- Lack of funds
- Lack of equipment

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

COMMUNITY LEADERS

Recommendations to Institutions:

1. Funding/Accountability

- Find more money to give Vigo County Minority Health Coalition.
- Funding to recruit minority doctors.

2. Providers/Workforce

- Pay people
- Hospital administrators
- Increase pay for doctors and nurses

3. Programs

- Stop pulling programs.
- Develop Preventative programs

4. Capital Investment

- Can a Minority health clinic be created from this?

IMHC Key Informant Interview Findings for Vigo County

Purpose: Community leaders/providers in Vigo 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 Vigo County Minority Health Coalition (VCMHC). LaNeece Williams, 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. Copies of the responses are included in the appendix.

Results: There was a total of six community leader/provider interviews were conducted in Vigo County during February and March of 2004. The professions of the community leader/provider included a health care provider, representative of church, representative of the Vigo County Drug and Alcohol program, sociology professor, church reverend, while the profession of the key informant remains unknown. The gender of the interviewees was reported for four of the six participants and included two males and two females. The age and race/ethnicity of the interviewees are not known.

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

African American population in Vigo County:

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

Hispanic/Latino population in Vigo County:

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

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

African American population in Vigo County:

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

Hispanic/Latino population in Vigo County:

1. Personal Behavior (Change Life Styles)

Comment provided by one of the interviewees:

- *“I would love to see a Midnight Basketball Program started for young men in the community [and] forums to get youth involved and more concerned about their health.”*

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

African American population in Vigo County:

1. Improve Education (Health Promotion)
2. Personal Economic Barriers (Transportation, Insurance)

Hispanic/Latino population in Vigo County:

1. Improve Education (Health Promotion)

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

Key informant 1:

African American population in Vigo County:

“Yes”

- *“People need to be made aware of the programs that are currently in place”*
- *“People need to be treated better when they do access care [for their health] needs”*

Key informant 2:

Hispanic/Latino population in Vigo County:

“Yes”

- *“[I am] concerned with the cultural bias in the delivery of healthcare. For example, a Latino person with diabetes may receive information about the proper diet but this information lacks familiar foods and Latino dishes.”*

Key informant 3:

“Yes”

- *“There is not enough access to quality medical care”*

Key informant 4:

“Yes”

Key informant 5:

“Yes”

- *“There is a need to promote and provide more health care programs”*

Key informant 6:

“Yes”

- *“Older people are often unable to receive good medical care because they have no money, insurance, or transportation. Often times can’t or don’t communicate with the doctor”*

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

Key informant 1:

- *“Free access to the program”*
- *“People are treated well”*
- *“Program helps to improve the health of the persons attending”*

Key informant 2:

- *“Programs that provides referrals to physician offices that offer free or low cost services to individuals who may be in a medical crisis”*

Key informant 3:

- *“The best programs tend to be those providing consistent services”*
- *“Programs with longevity”*

Key informant 4:

- *“Programs that offer workshops and presentations to area churches”*

Key informant 5:

“Program information is easily available”

“Programs offering free services”

Key informant 6:

- *“Programs that create an atmosphere of real life situations”*
- *“Testimonials work”*

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

Key informant 1:

- *“Not making the community aware of the services available”*
- *“Staff possesses a low level of cultural competency”*
- *“Not enough program staff of the same race/ethnicity of the client population served”*

Key informant 2:

- *“Lack of adequate funding”*
- *“Lack of community involvement”*

Key informant 3:

- *“Lack of consistency”*
- *“Lack of longevity”*

Key informant 4:

- *“Programs that lack emphasis on the importance of maintaining good health”*
- *“Programs that lack emphasis of preventive measure”*

Key informant 5:

- *“Lack of adequate communication”*
- *“Lack of funding to provide needed services”*

Key informant 6:

“Not certain”

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”

- *“There are no providers in our community”*
- *“Transportation issues”*

Key informant 2:

“Insufficient”

- *“There need to be more clinics in the community”*
- *“Transportation needs to be provided”*

Key informant 3:

“Insufficient”

- *“The clinics do not meet the needs of the low-income population because the clinic requires payment prior to providing services”*

Key informant 4:

“Insufficient”

Key informant 5:

“Insufficient”

Key informant 6:

“Insufficient”

- *“There is a lack of compassionate care to meet the needs of clients”*

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:

- *“Charles T. Community Center”*
- *“14th and Chestnut Center”*

Key informant 2:

- *“Locate clinics where people can walk to use the services”*
- *“Clinics need to be located on the bus lines”*

Key informant 3:

- *“Locate the clinics in more central location close to the communities in need”*

Key informant 4:

- *“On every end of town”*

Key informant 5:

- *“In our neighborhoods”*

Key informant 6:

- *“Locate clinics on bus routes”*

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

African American population in Vigo County:

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

Hispanic/Latino population in Vigo County:

1. Improve Communications (Language)
2. Cultural (Discrimination)

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

Key informant 1:

“Yes”

- *“I believe there are religious differences”*

Key informant 2:

“Yes”

Key informant 3:

“No”

Key informant 4:

“No”

Key informant 5:

“I am not certain”

Key informant 6:

“No”

- *“Communication is the key to all groups”*

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

Key informant 1:

“Yes”

Key informant 2:

“Yes”

- *“Working with the minority health coalition on a grant proposal to improve the community environment”*

Key informant 3:

“No”

Key informant 4:

“Yes”

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:

- *“Involve more large corporations”*
- *“Indiana State University”*
- *“Human Relation Commission”*
- *“WICAA”*
- *“St. Ann’s Clinic”*
- *“Vigo County Minority Health Coalition”*
- *“Indigent care facilities”*
- *“Health fairs”*
- *“WIC”*

Question 13: When asked to provide advice to health care organizations that decide to work with other agencies to better address the health care needs, the community leaders provided the following:

- *“Train staff to be more culturally sensitive”*
- *“Staff your organization with more minorities”*
- *“Focus on preventive medicine”*
- *“Form positive collaborative partnerships where everyone benefits and the program truly helps the community”*
- *“Provide outreach services in African American neighborhoods”*
- *“Participate in more community projects”*
- *“Work together for one cause”*
- *“Try a different methods to reach people”*

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

Key informant 1:

- *“I believe it is very important for African Americans to know where to go for services, and they need to have the confidence that they will receive great treatment”*

Key informant 2:

- *“When do we start”*

Key informant 3:

“No”

Key informant 4:

- *“There is a need for more advertisements on the importance of health and healthcare for African Americans in Vigo County”*

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 Vigo County, the community leaders provided the following:

- *“Other ministers”*
- *“Healthcare professionals”*
- *“Visiting Nurse Organizations”*
- *“The mayor’s office”*
- *“Churches”*
- *“Go door-to-door”*
- *“Nurses and health care assistants”*

CONCLUSIONS

Conclusions

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

The Black population in Vigo County is disproportionately affected when comparing health indicators among racial groups. There is room for improvement in low birth weight, very low birth weight, preterm births, early preterm births, Cesarean deliveries, alcohol use during pregnancy, chemical abuse during pregnancy, births to single mothers, and births to 16 and 17 year olds. Furthermore, fewer Black women in Vigo County receive prenatal care in the first trimester and more Black women receive less than adequate prenatal care compared to other racial groups..

The age-adjusted death rate for APIs, AIANs, and Hispanics in Vigo County could not be compared due to the small numbers. The age-adjusted death rate for Blacks in Vigo County was higher than the age-adjusted death rate for all deaths in Vigo County and for all deaths among Blacks in Indiana. Diseases of the heart were the leading cause of death for Blacks in Vigo County. Deaths by cause for APIs, AIANs, and Hispanics in Vigo County could not be compared due to the small number of deaths.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks and Hispanics have had difficulty obtaining care from primary care providers, with both groups identifying lack of health insurance, lack of money, providers not taking care of Medicaid and Medicare patients, lack of information on available resources, and having to wait too long to schedule an appointment or to wait too long to see the provider in the office or clinic. Hispanics also noted language and not having a social security number as a barrier to their accessing care.

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

Monitoring of health indicators (primary and secondary health data and results from targeted surveys, focus groups and key informant interviews) over time will allow health policy makers, providers, and program funding agencies to note positive or negative changes that have occurred and will permit them to react more quickly to remedy undesired direction. Achieving a

major reduction in racial and ethnic differences in health indicators will not be achieved in the short term; incremental changes (both desirable and undesirable) can be demonstrated best through continued annual monitoring. Documentation of progress made (success) is the key to continuing successful programs; documentation of movement in the wrong direction can and should lead to more timely interventions. Current information is the basic foundation from which interventions can be developed and implemented.

APPENDICES

Appendix 1: XXXXX County Needs Assessment Survey ©

INTRODUCTION:

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

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

Neighborhood Health Problems:

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

(List as many as five)

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

General questions about you and your family:

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

Adults ___ ___

Children ___ ___

3. What is your gender?

Male Female

4. What is your age? ___ ___ years old

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Other (specify): _____

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

General Health Questions:

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

Your Experience Getting Health Care:

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Attitudes and Barriers to Medical Care:

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

Health Related Activities:

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

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

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

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

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

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

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

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

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

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

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

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

Disabilities:

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

Your Health Insurance

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

- Yes
- No

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

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

Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

Closing Statement

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

Appendix 3: Community Leaders/Providers Key Informant Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

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

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

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

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

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

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

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

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

14. Do you have any other comments?

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

Closing Statement

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