

A Health Needs Assessment Study of the Minority Population in Wabash 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 community health needs assessment for minority populations in Wabash 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 community-based health needs assessment of minority populations in Wabash County
- Identify the real 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 Wabash County

Data for the health assessment were collected from existing data containing health indicators.

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 Wabash 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 Wabash County is disproportionately affected when comparing the health indicators among racial groups.

INTRODUCTION

Introduction

This report presents the results of a community needs health assessment for minority populations in Wabash 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 needs assessment study was to:

- Perform a community-based health assessment of minority populations in Wabash County
- Identify the real 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 Wabash County

From the earliest discussions, this needs 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 Wabash 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 Wabash County, and, thus, build a healthier community.

METHODS

Methods

The community health needs assessment incorporated multiple components. These components involved obtaining and analyzing existing data (including birth and death certificates) that contain health indicators for minority groups. 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 Wabash 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 Wabash 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 Wabash County.

RESULTS

Overview of Existing Health Indicator (Secondary Data Analysis)

Analysis of existing data for Wabash County (birth, morbidity and mortality data) indicated disparities exist in Wabash 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 and Pacific Islanders (API), Blacks, American Indians/Alaska Natives (AIAN) and Hispanics in Wabash 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 Wabash County are based on the differences between specific indicators and the Healthy People 2010 objective and comparison to the respective value in Indiana. The values are categorized as either lower or higher when compared to the Healthy People 2010 objective.

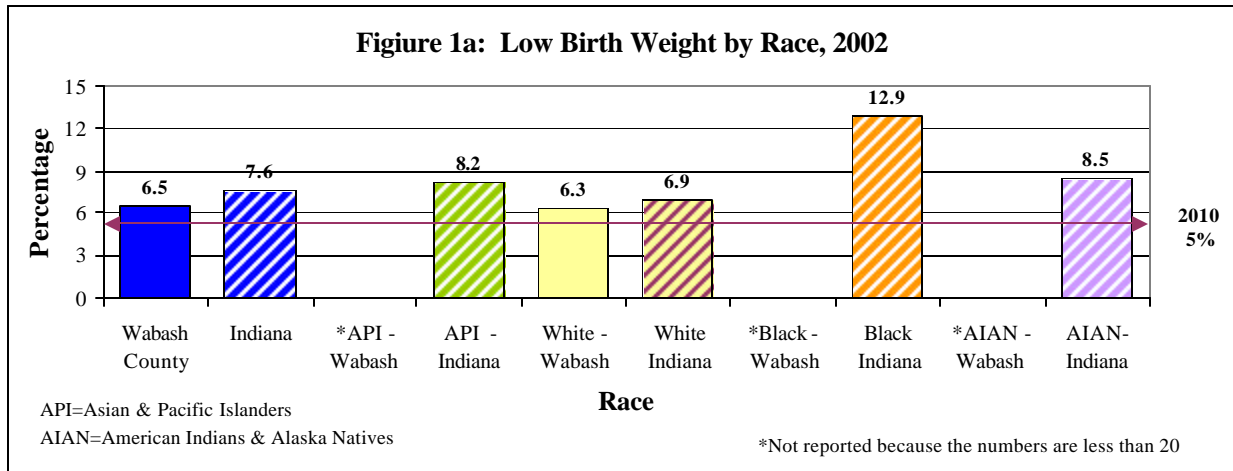
Wabash County was disproportionately affected when comparing the health indicators in Wabash County to indicators in Indiana and to the Healthy People 2010 Objective. There was room for improvement in low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, smoking during pregnancy, and fewer women in Wabash County receive prenatal care in the first trimester. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to percentages in Indiana.

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

Birth Data:

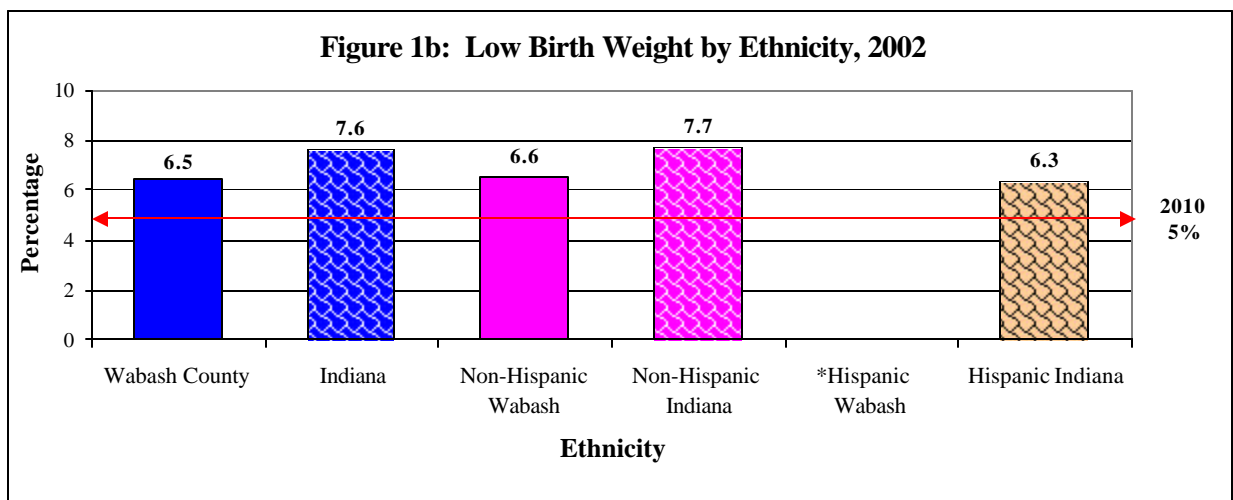
Low Birth Weight (LBW) by Race, 2002 (Figure 1a):

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



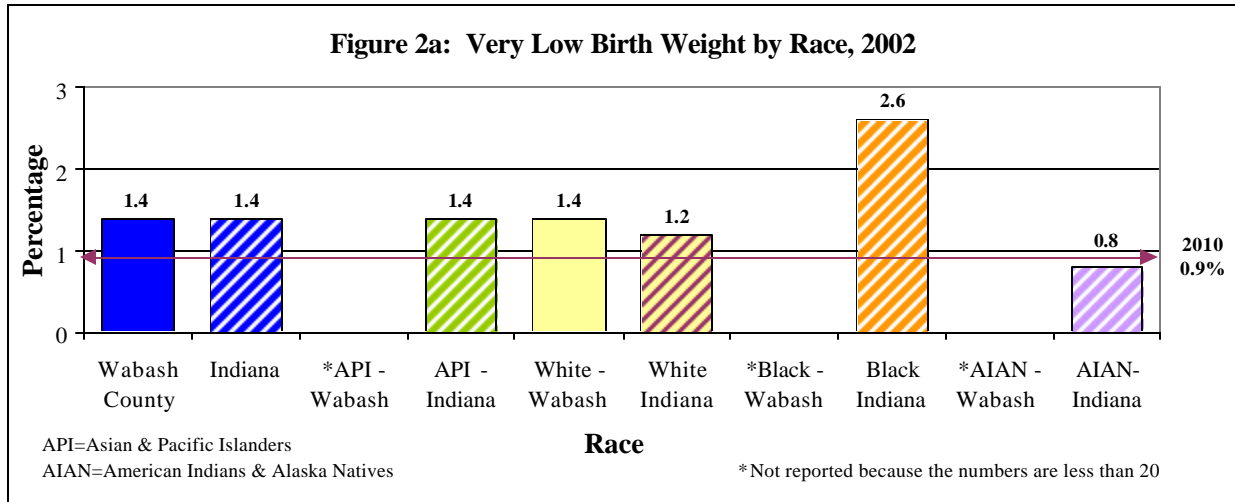
Low Birth Weight (LBW) by Ethnicity (Figure 1b):

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



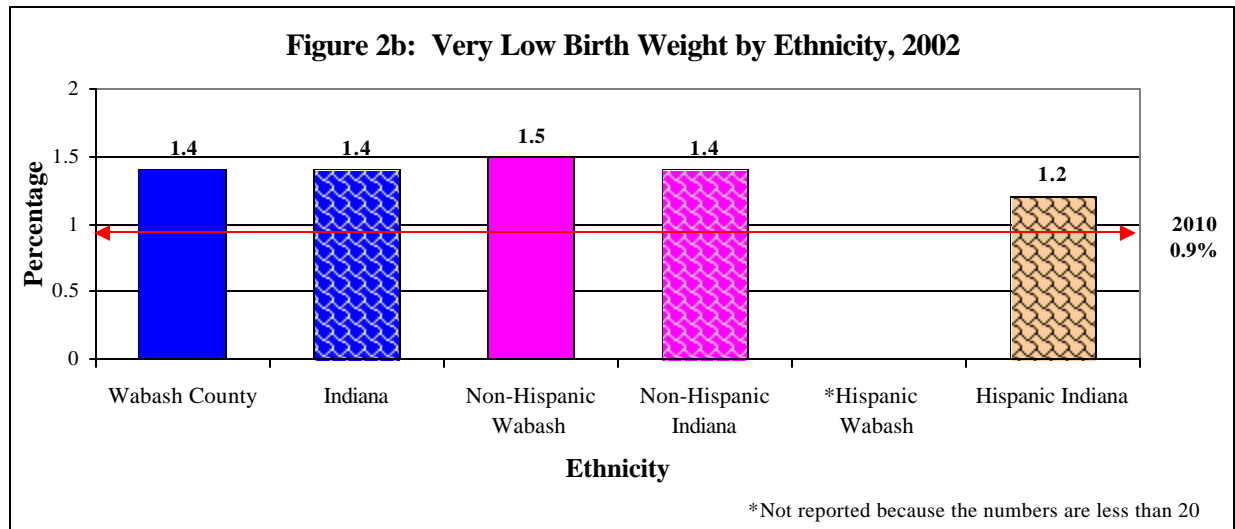
Very Low Birth Weight (VLBW) by Race (Figure 2a):

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



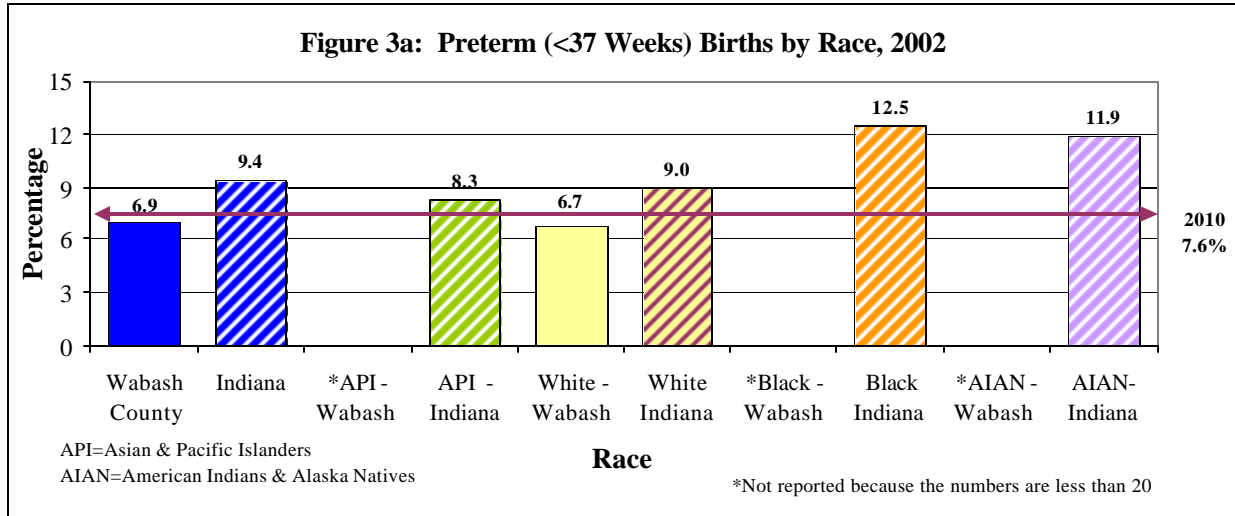
Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):

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



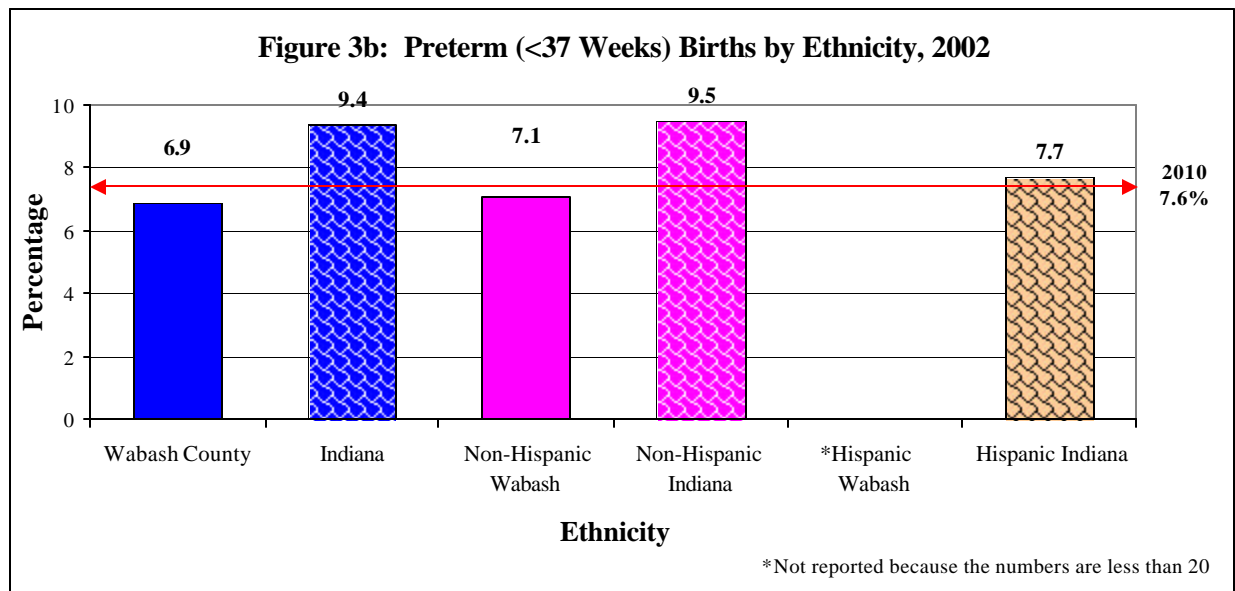
Preterm (<37 weeks) Births by Race (Figure 3a):

- The percentage of preterm births for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



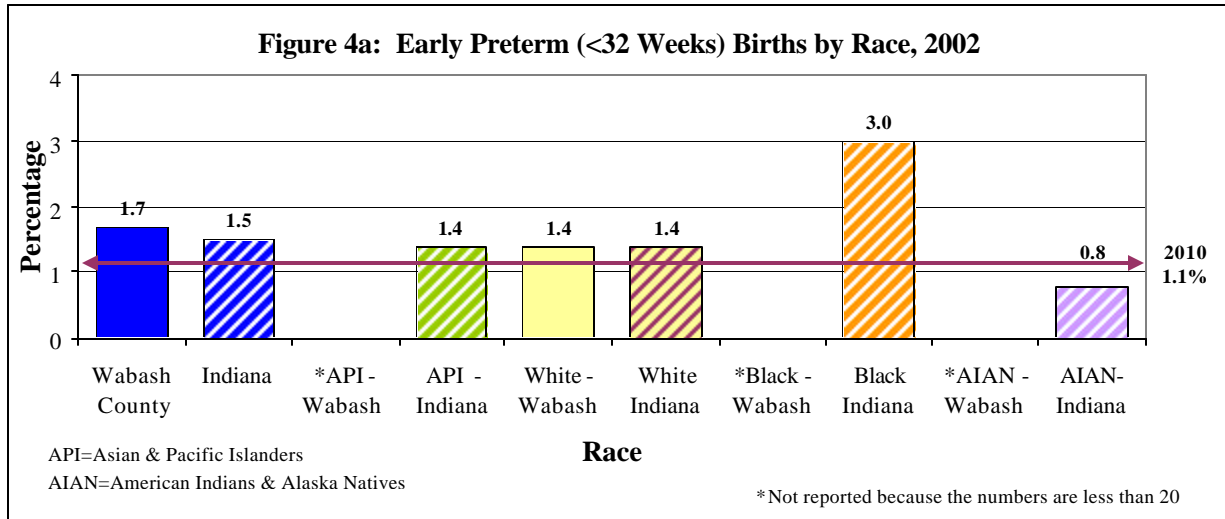
Preterm (<37 weeks) births by Ethnicity (Figure 3b):

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



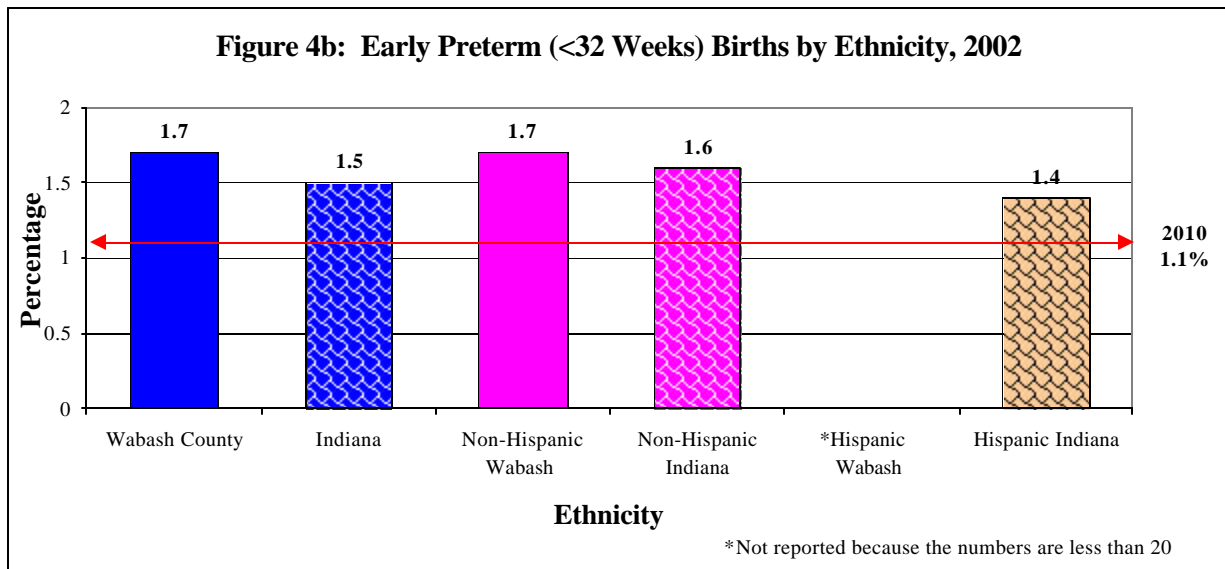
Early Preterm (<32 weeks) Births by Race (Figure 4a):

- The percentage of early preterm births for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.
- The percentage of early preterm births in Wabash County was higher than the Healthy People 2010 objective.



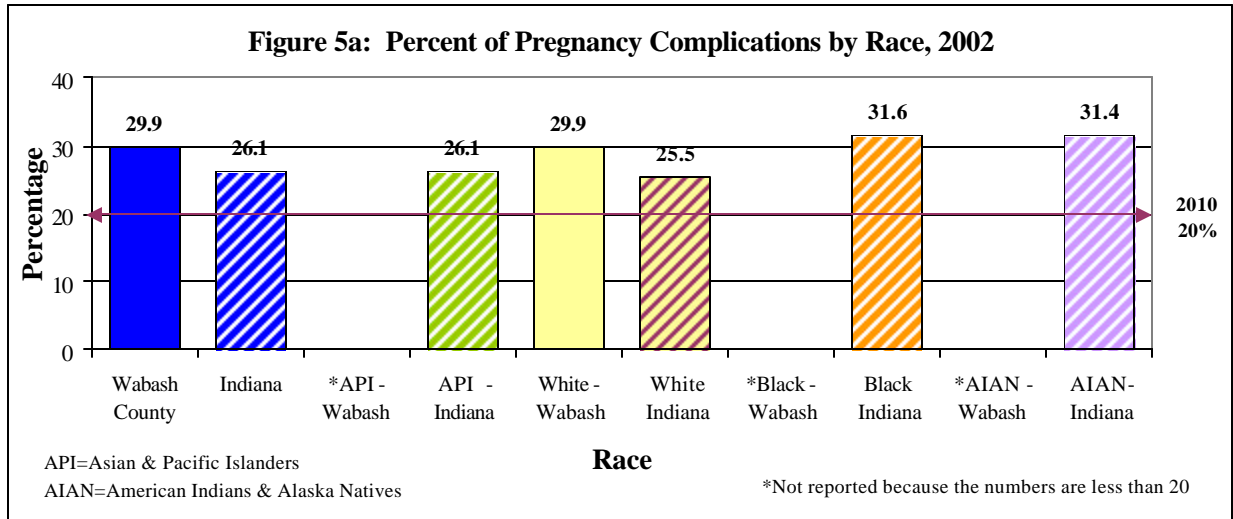
Early Preterm (<32 weeks) Births by Ethnicity (Figure 4b):

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



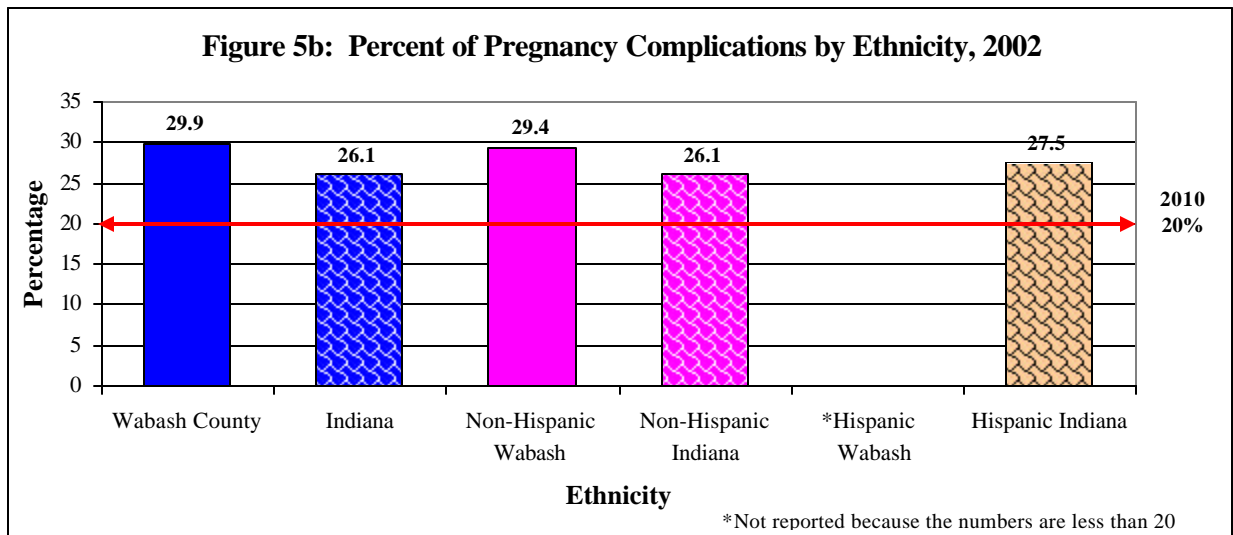
Percent of Pregnancy Complications by Race (Figure 5a):

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



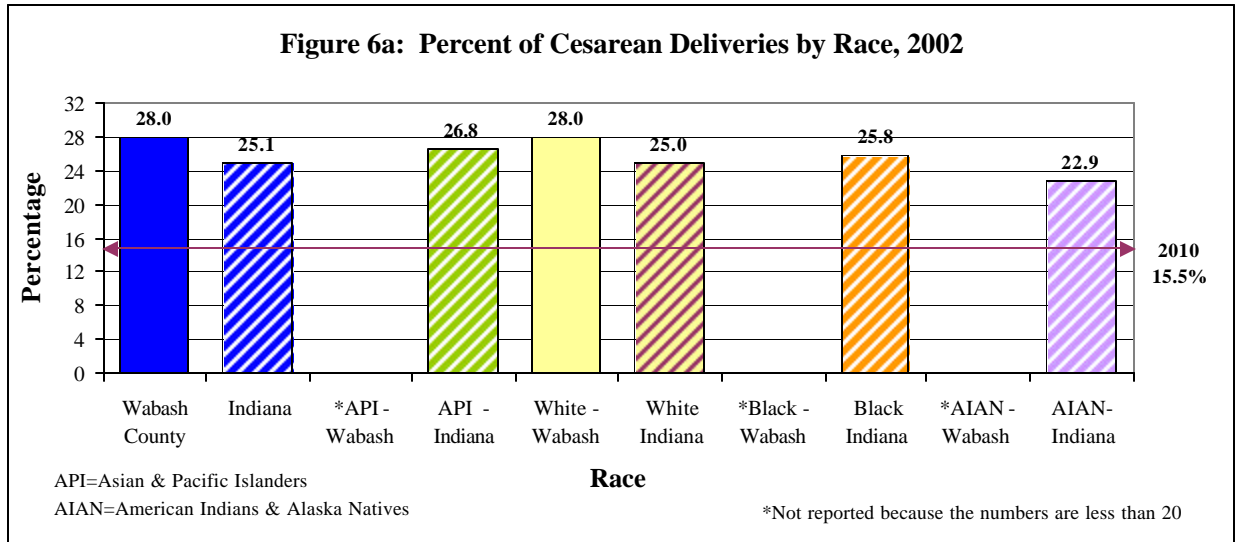
Percent of Pregnancy Complications by Ethnicity (Figure 5b):

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



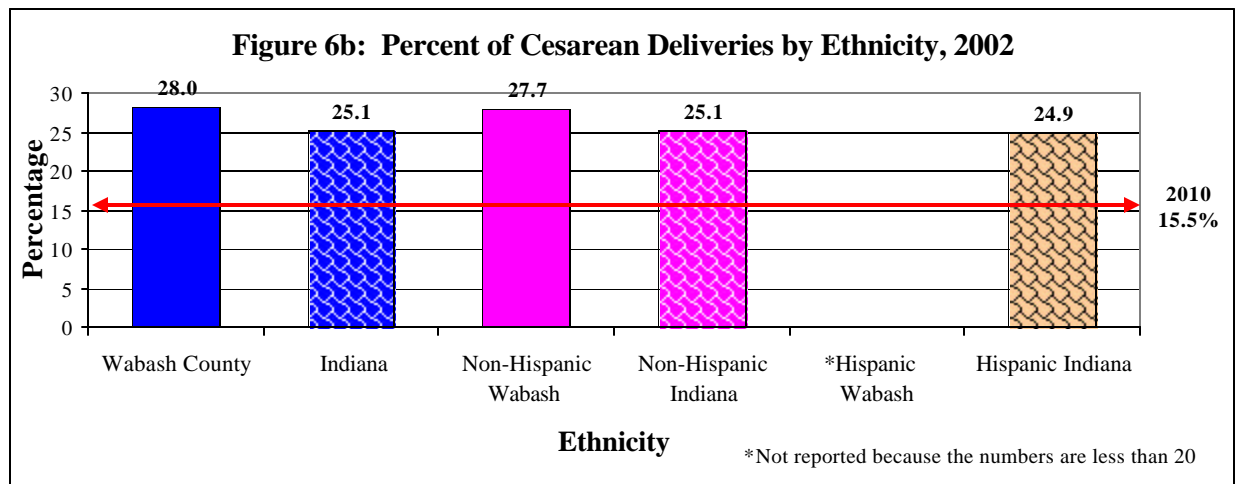
Percent of Cesarean Deliveries by Race (Figure 6a):

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



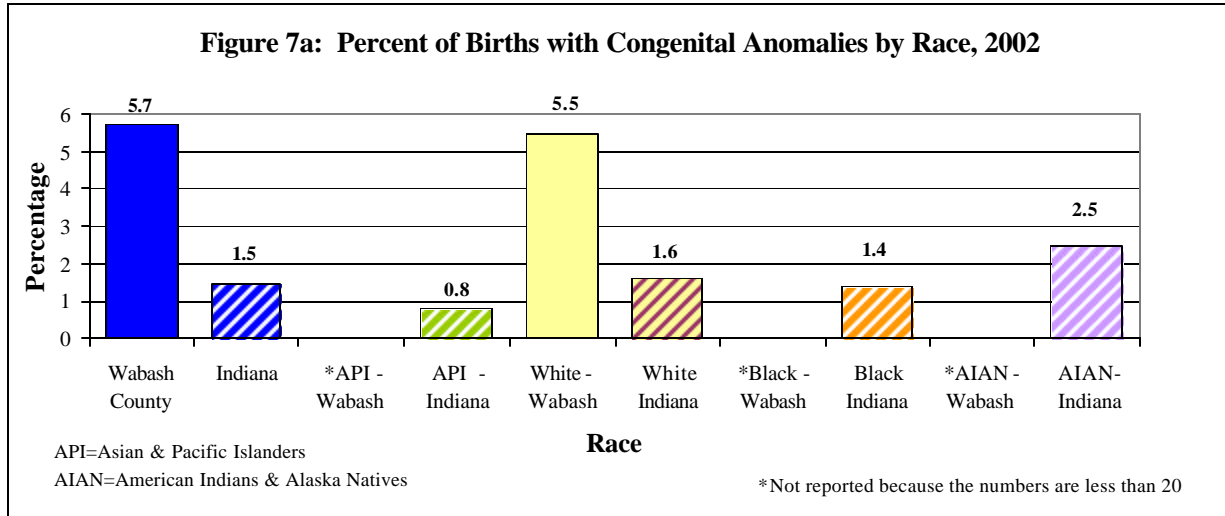
Percent of Cesarean Deliveries by Ethnicity (Figure 6b):

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



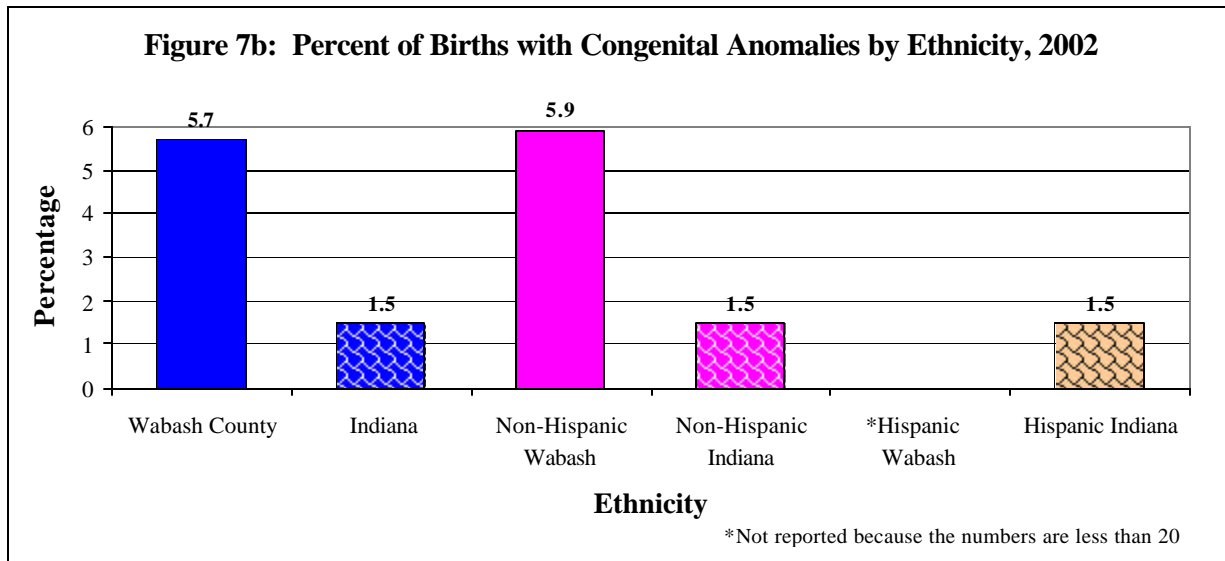
Percent of Births with Congenital Anomalies by Race (Figure 7a):

- The percentage of congenital anomalies for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



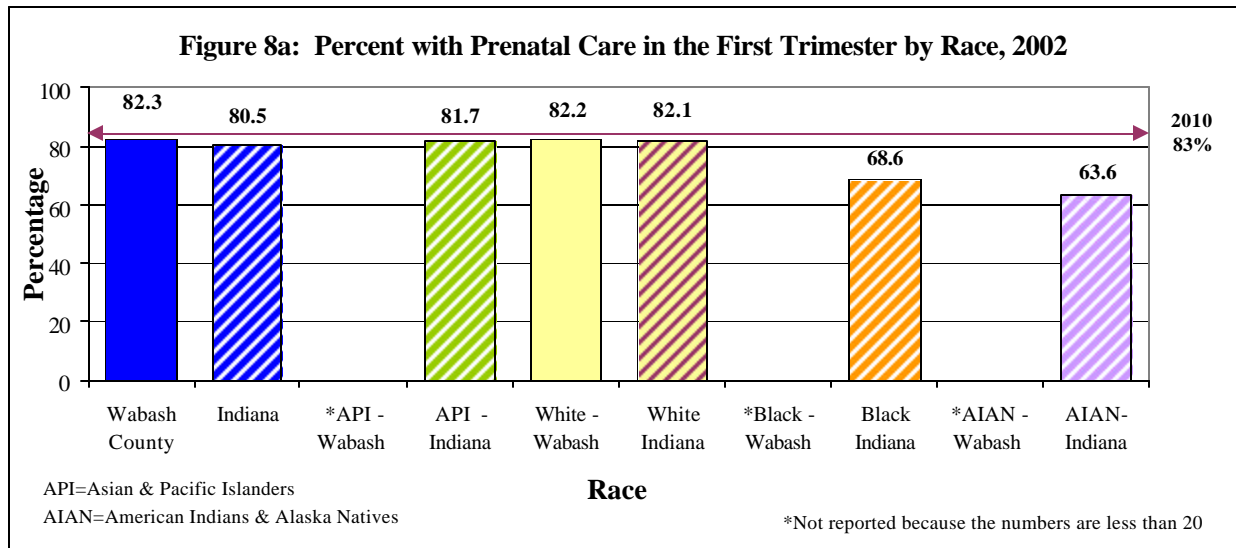
Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):

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



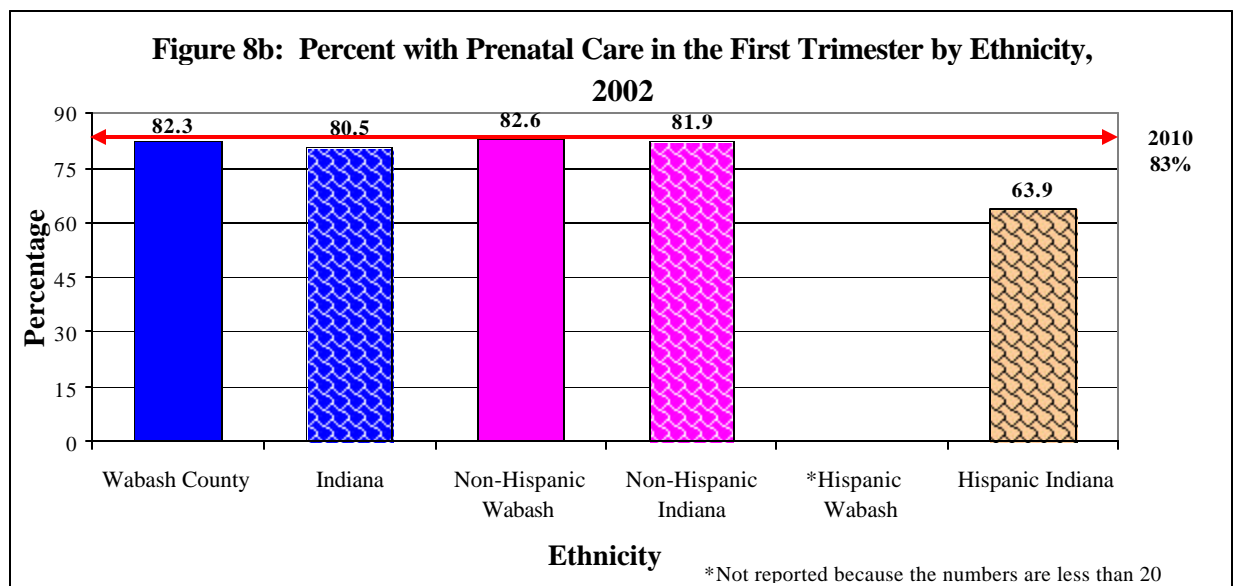
Percent of Prenatal Care in the First Trimester by Race (Figure 8a):

- The percentage of prenatal care in the first trimester for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.
- The percentage of prenatal care in the first trimester in Wabash County was below the Healthy People 2010 objective.



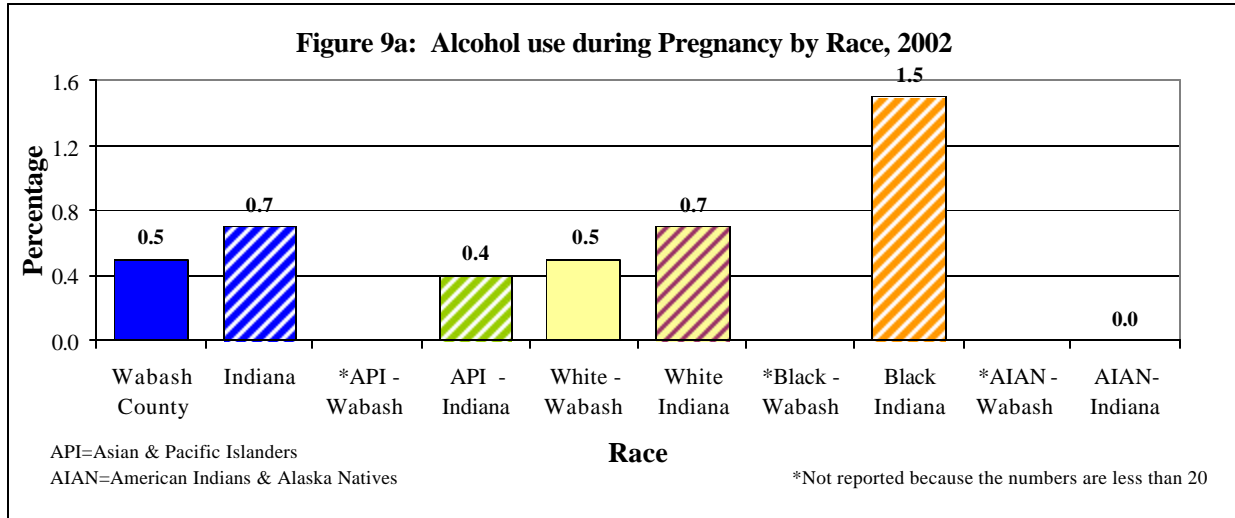
Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):

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



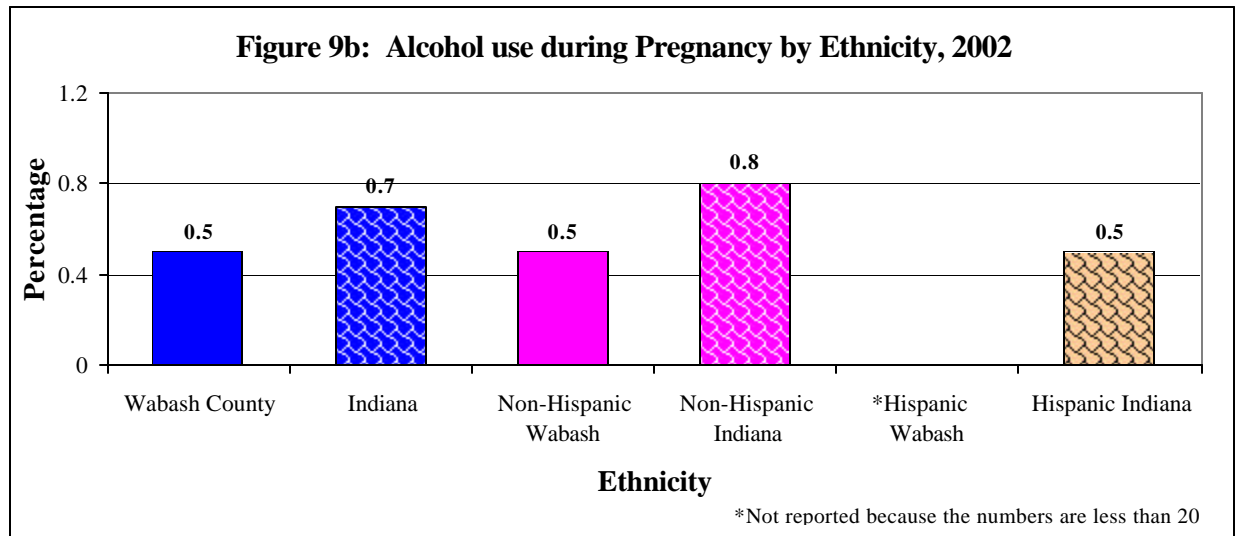
Alcohol Use during Pregnancy by Race (Figure 9a):

- The percentage of alcohol use during pregnancy for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



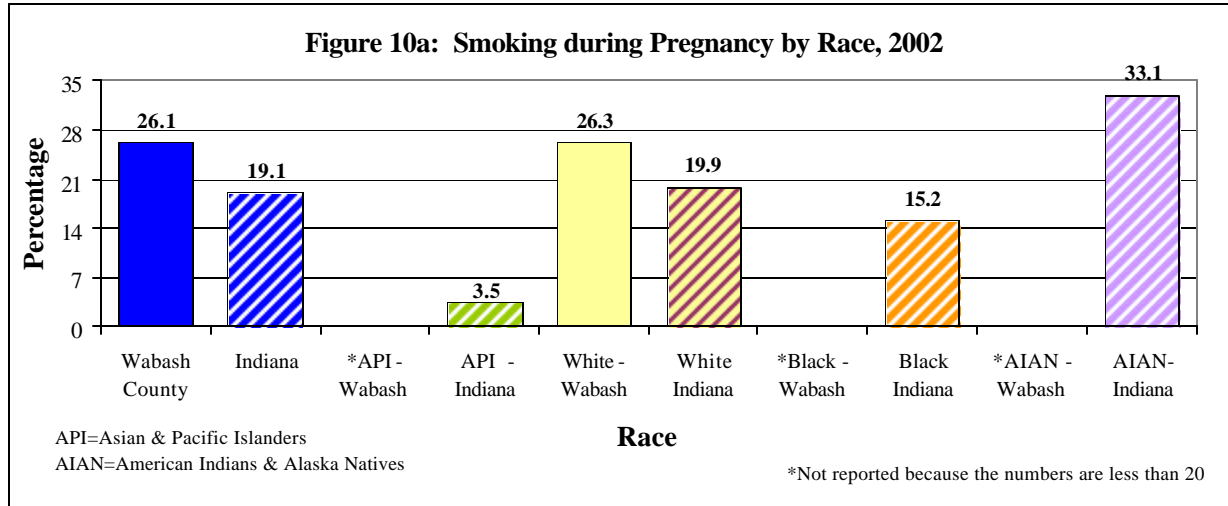
Alcohol Use during Pregnancy by Ethnicity (Figure 9b):

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



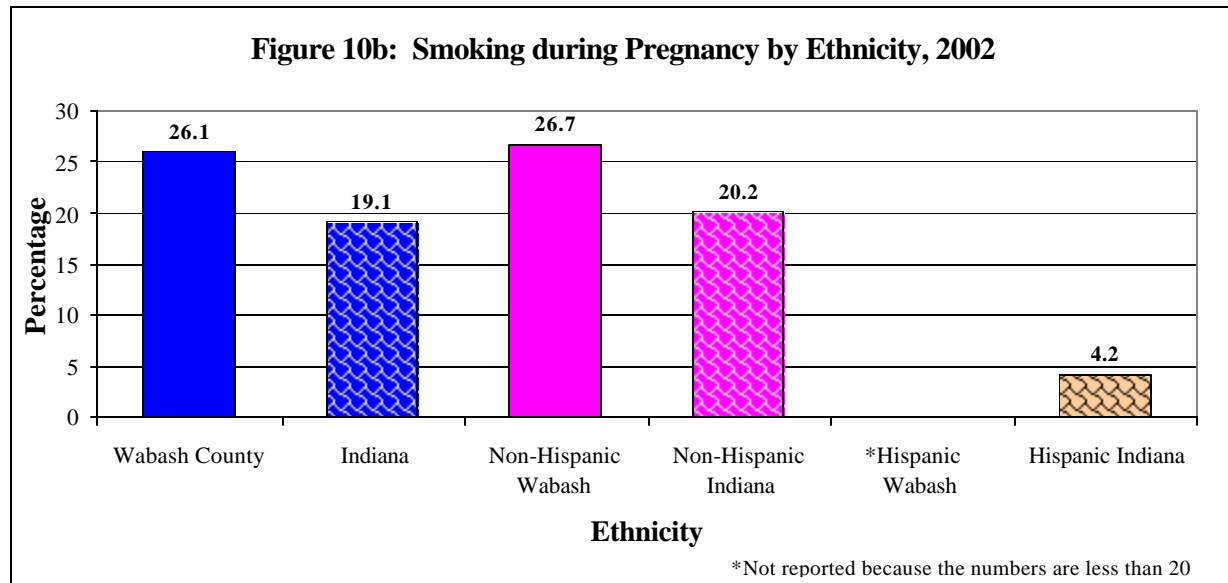
Smoking during Pregnancy by Race (Figure 10a):

- The percentage of smoking during pregnancy for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



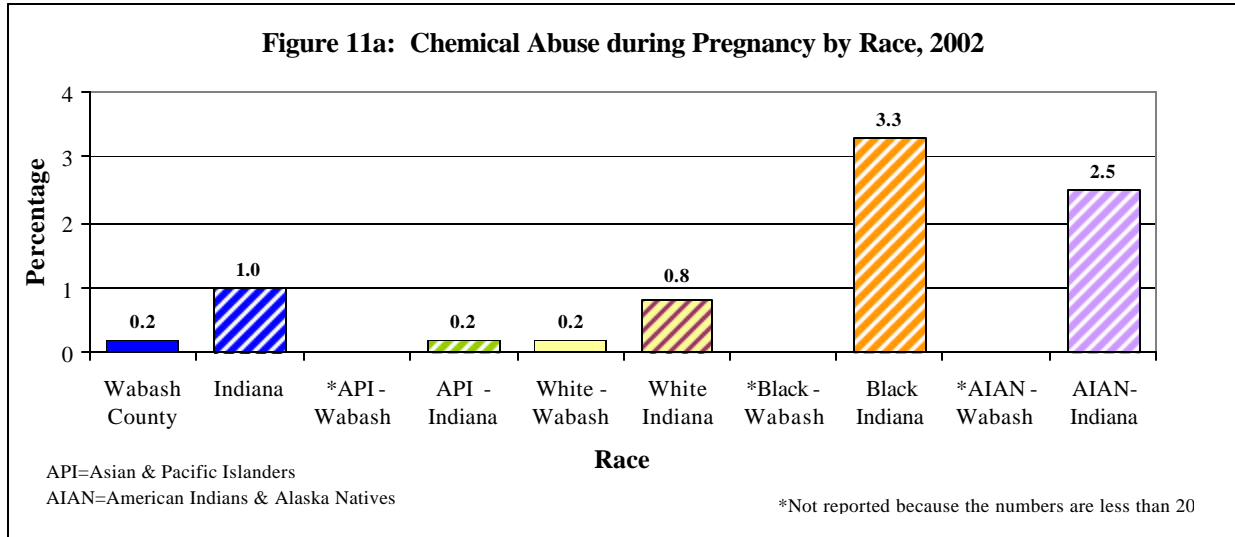
Smoking during Pregnancy by Ethnicity (Figure 10b):

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



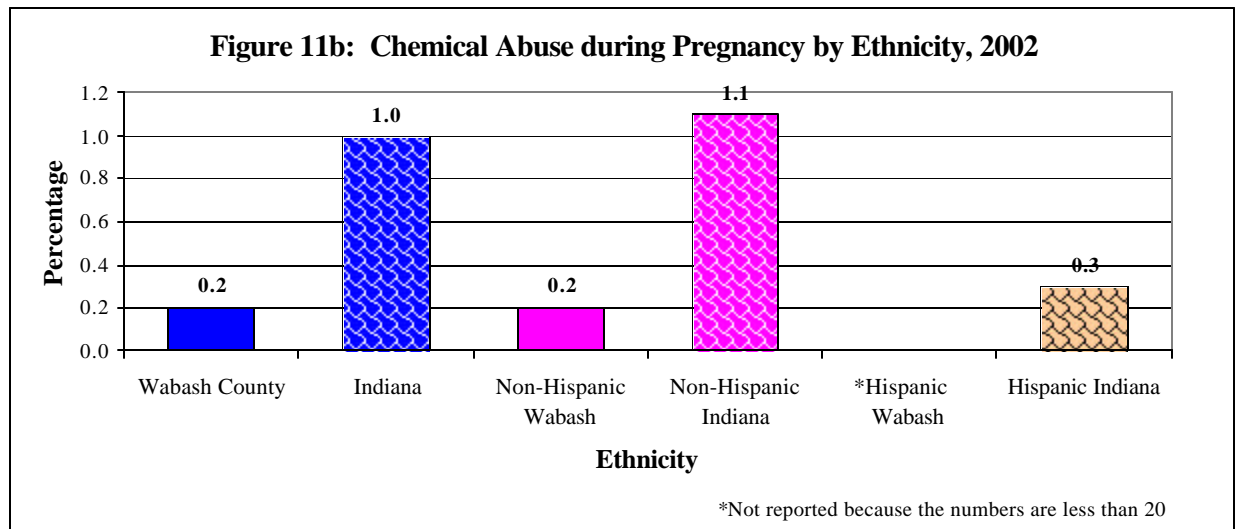
Chemical Abuse during Pregnancy by Race (Figure 11a):

- The percentage of chemical abuse during pregnancy for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



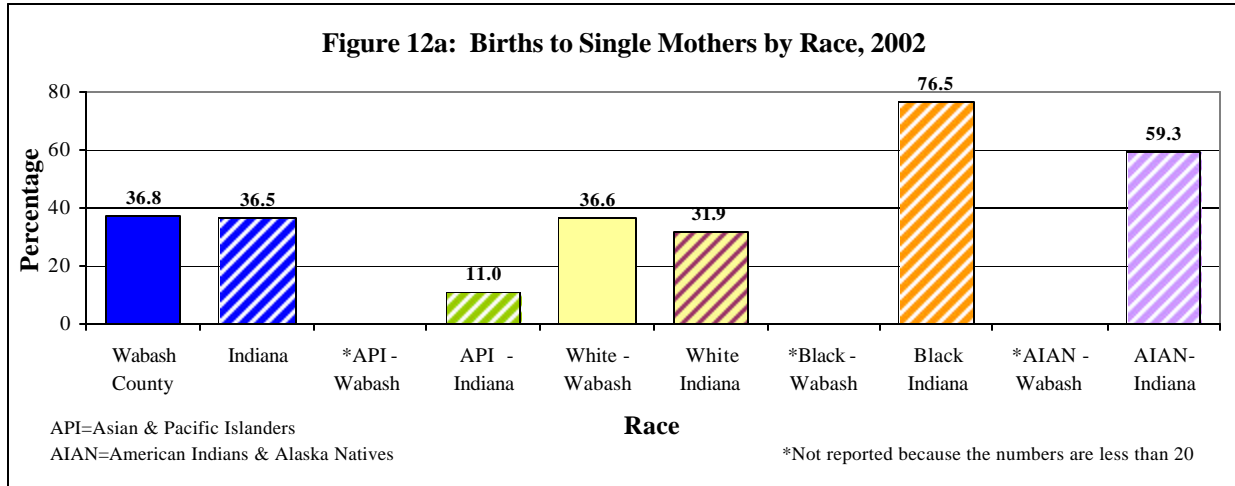
Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):

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



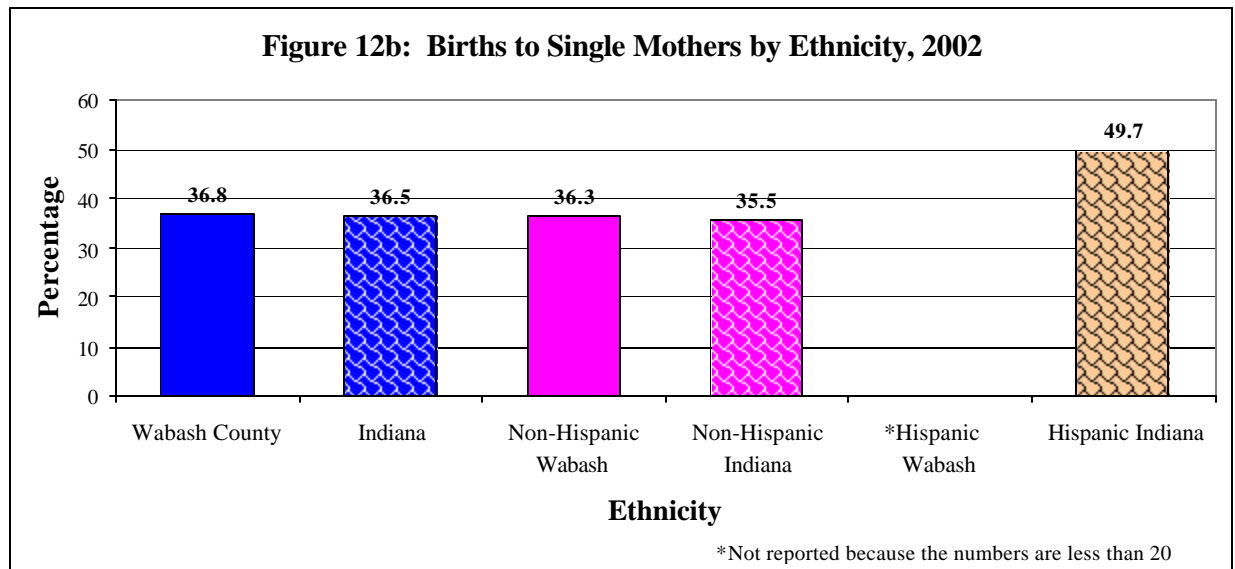
Births to Single Mothers by Race (Figure 12a):

- The percentage of births to single mothers for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



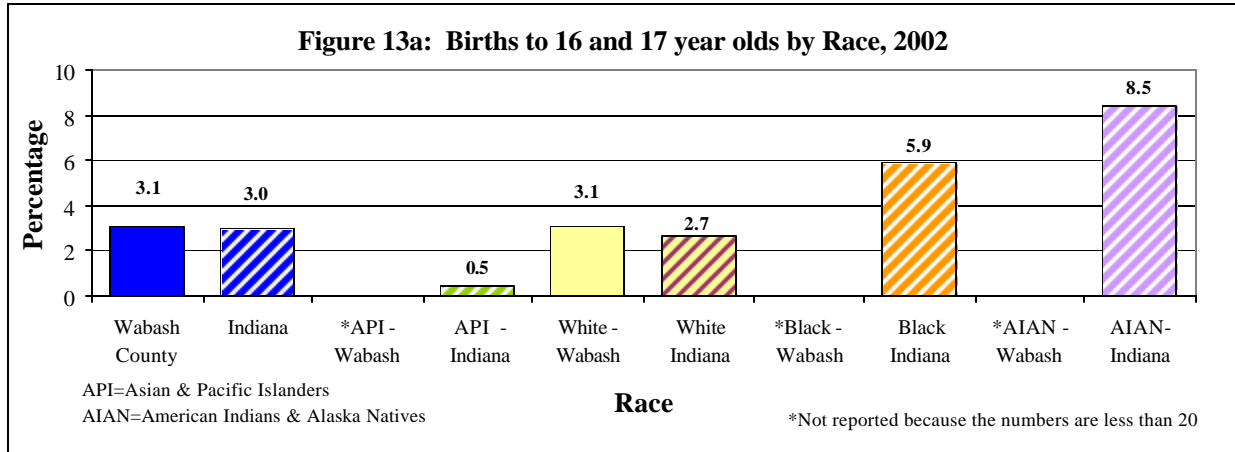
Births to Single Mothers by Ethnicity (Figure 12b):

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



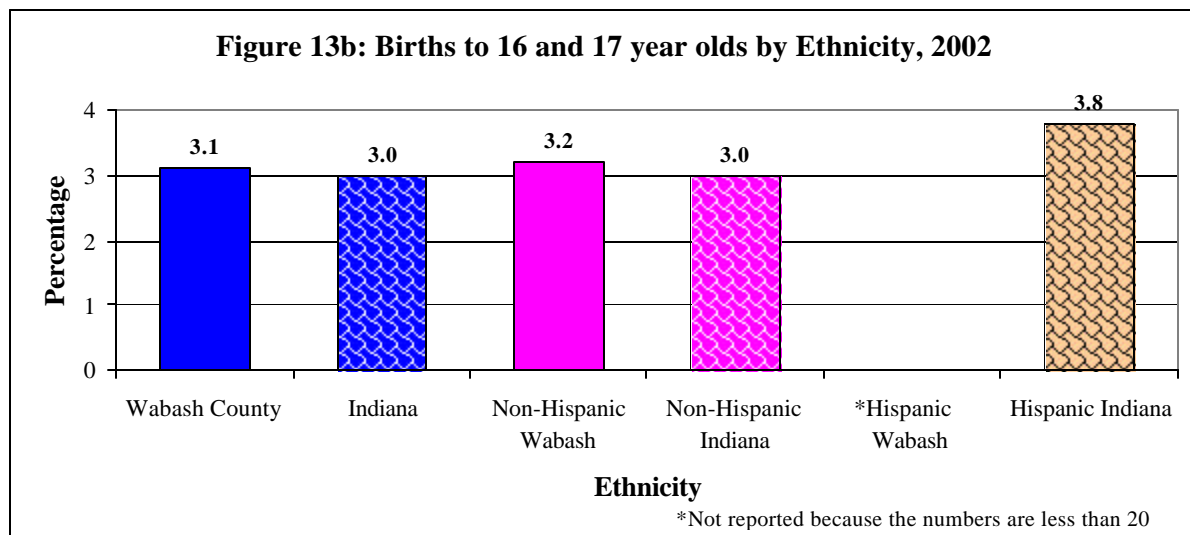
Births to 16 and 17 Year olds by Race (Figure 13a):

- The percentage of births to 16 and 17 year olds for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



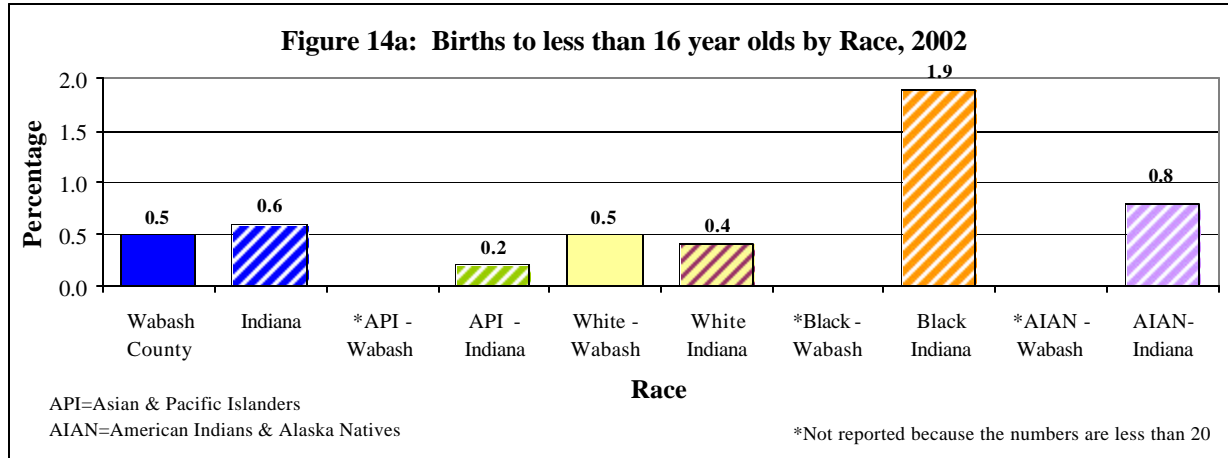
Births to 16 and 17 Year olds by Ethnicity (Figure 13b):

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



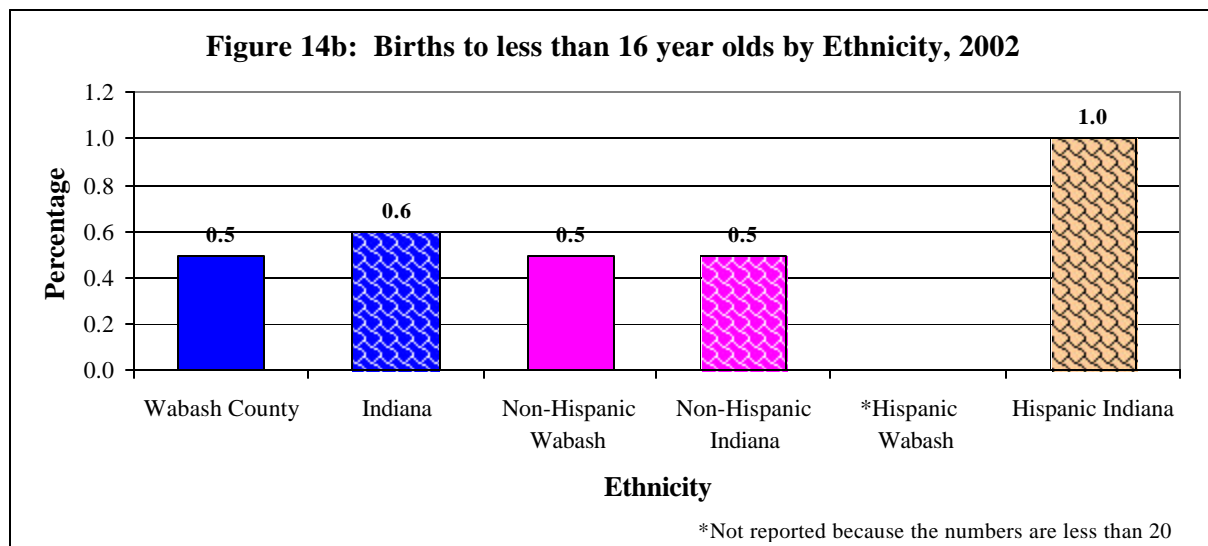
Births to Less than 16 Year olds by Race (Figure 14a):

- The percentage of births to less than 16 year olds for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



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

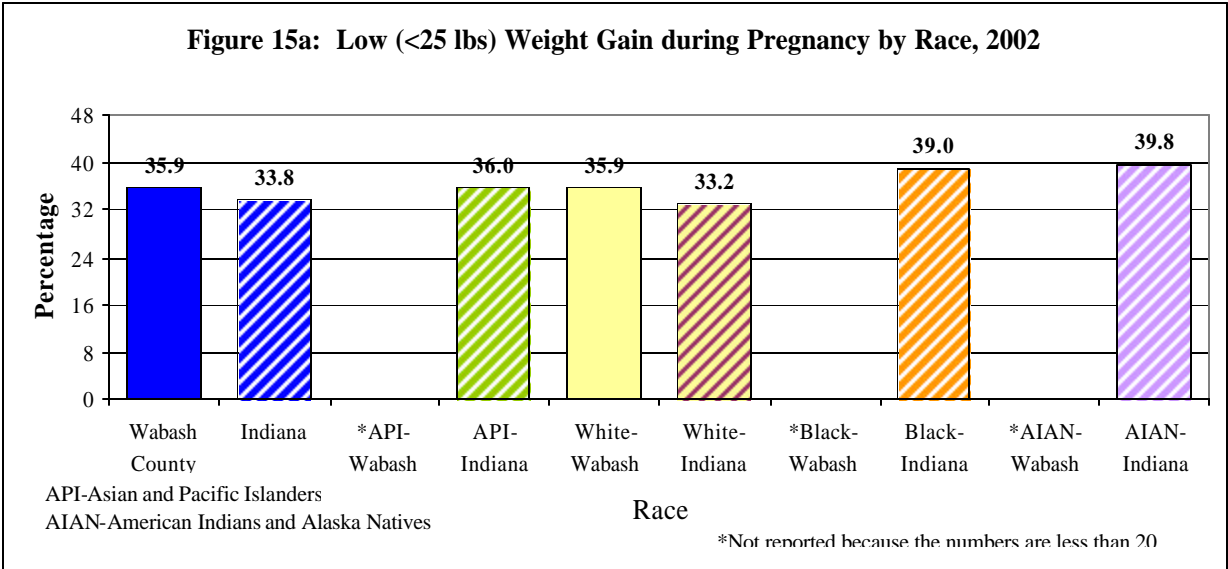
- The percentage of births to less than 16 year olds for Hispanics in Wabash County could not be compared due to the small number of births.



Weight Gain During Pregnancy:

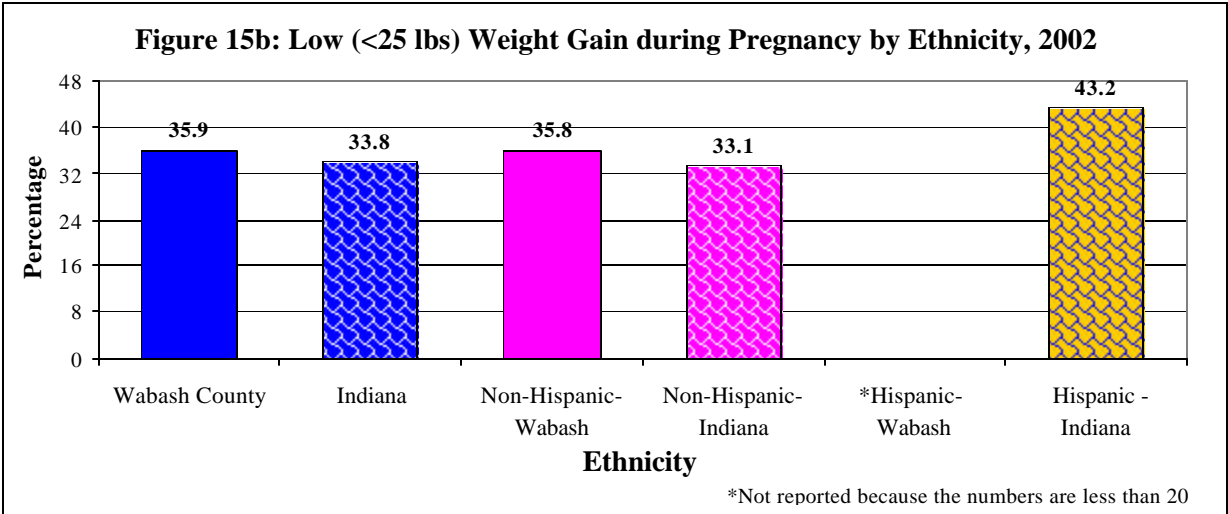
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):

- The percentage of LWG during pregnancy for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



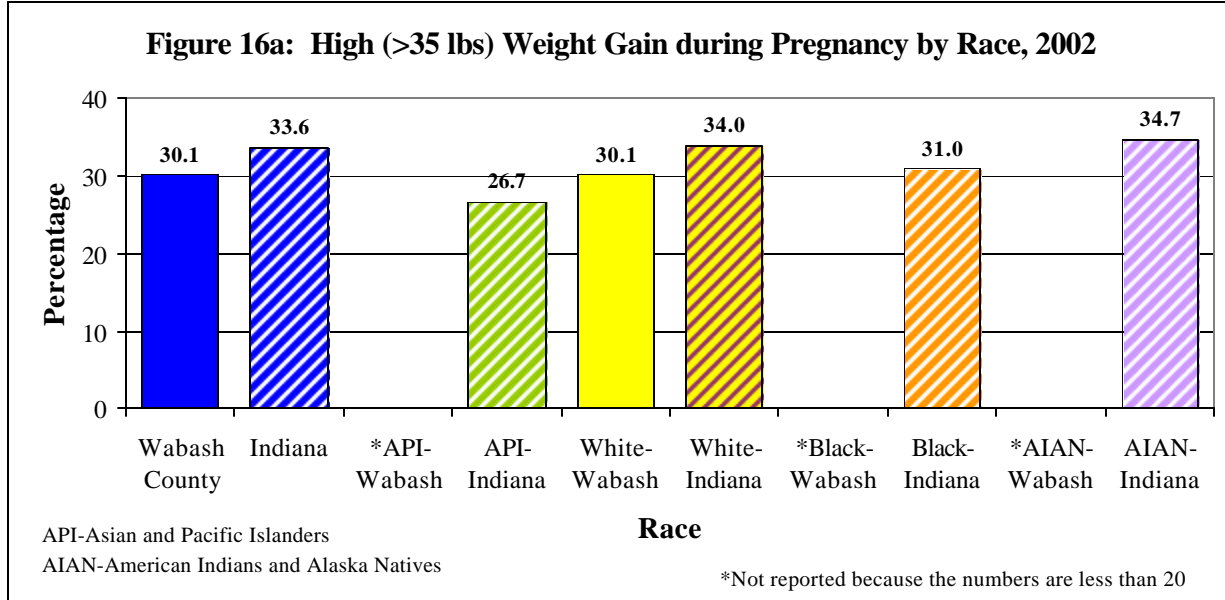
Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):

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



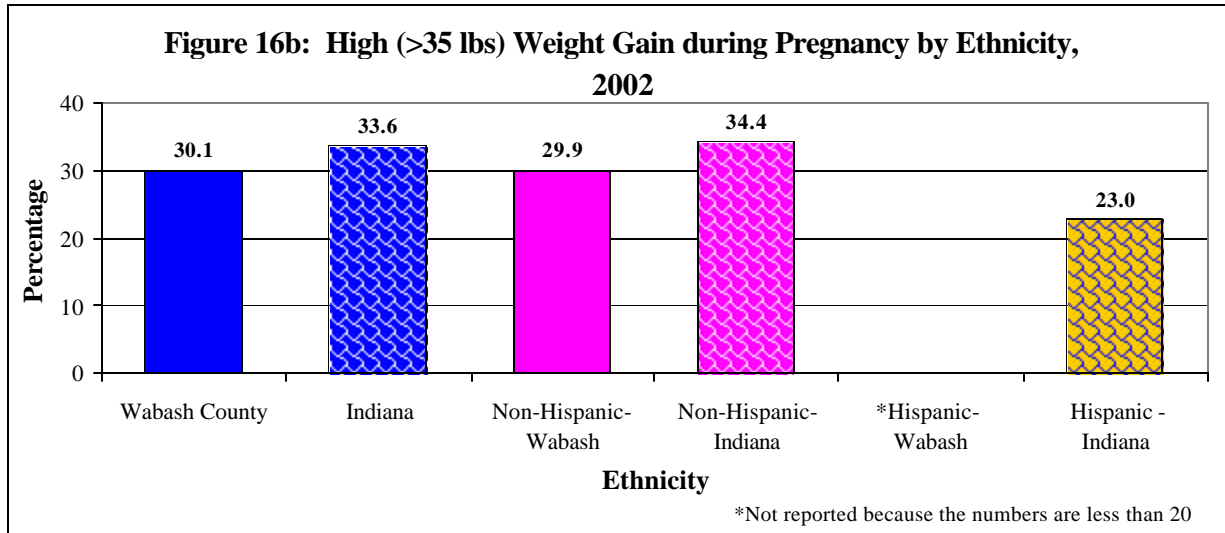
High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):

- The percentage of HWG during pregnancy for APIs, Blacks and AIANs in Wabash County could not be compared due to the small number of births.



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

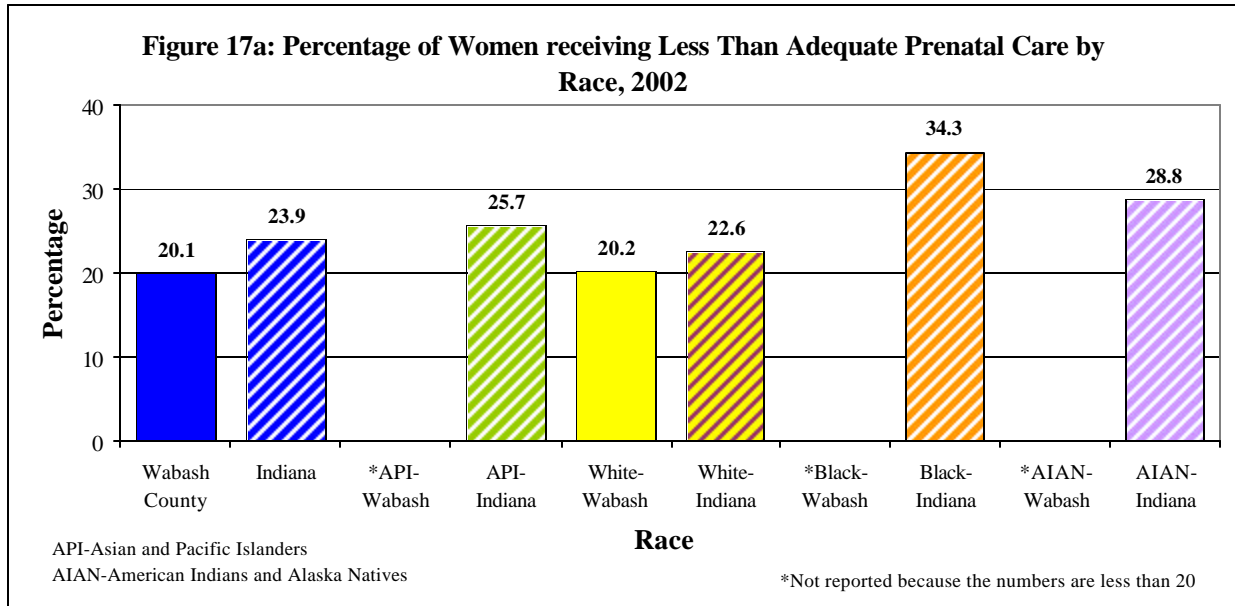
- The percentage of HWG during pregnancy for Hispanics in Wabash County could not be compared due to the small number of births.



Prenatal Care:

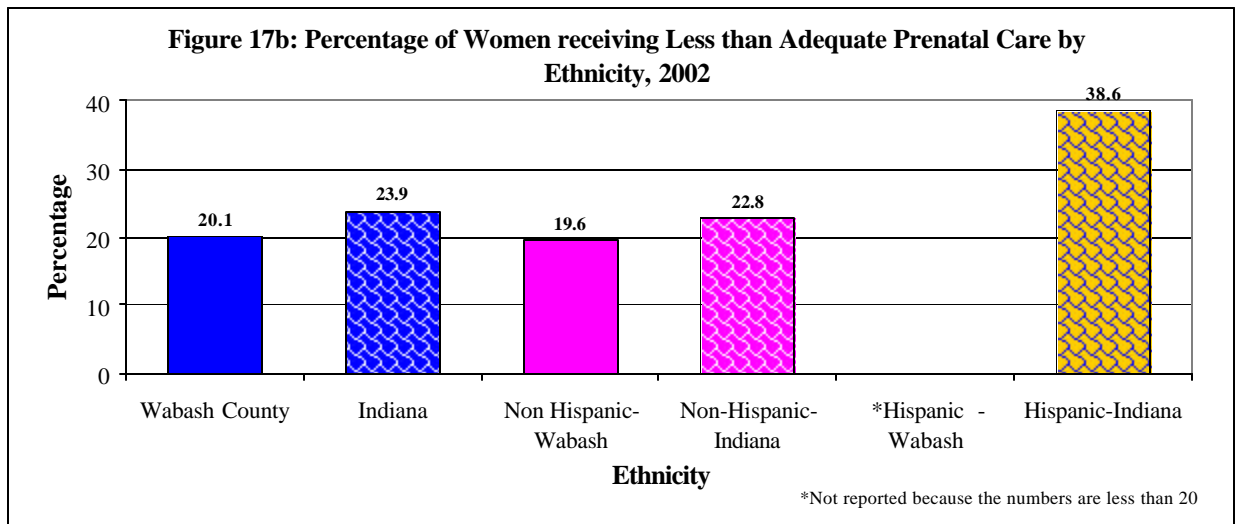
Percentage of Women Receiving Less than Adequate Prenatal Care by Race (Figure 17a):

- The percentage of Women receiving less than adequate prenatal care for APIs, Blacks, and AIANs in Wabash County could not be compared due to the small number of births.



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

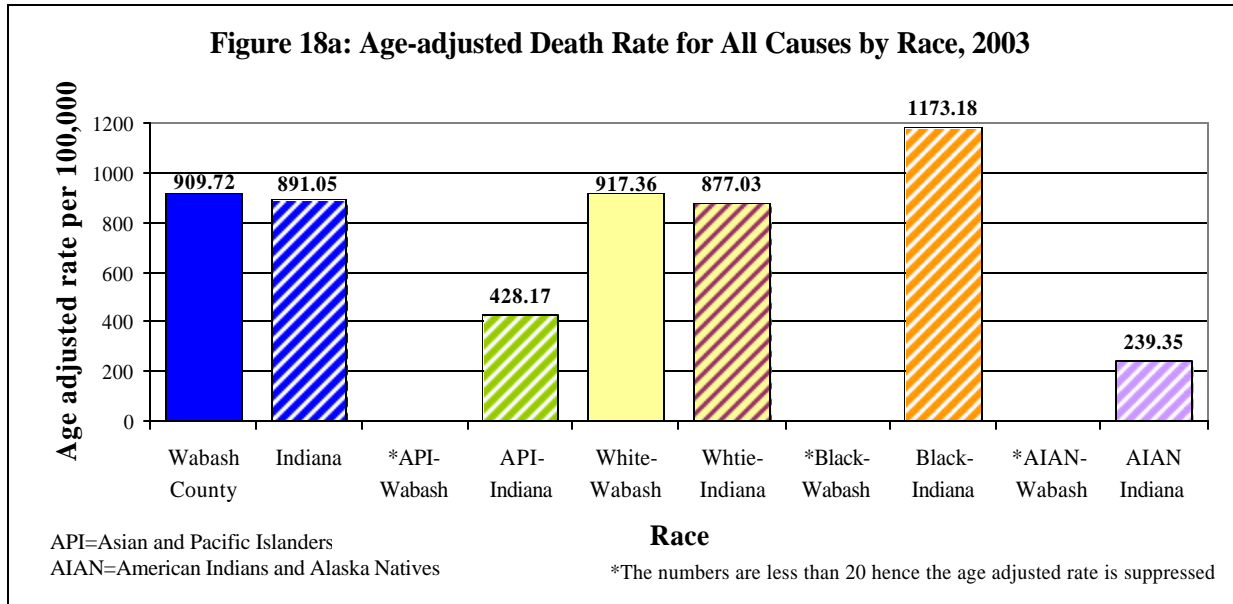
- The percentage of Women receiving less than adequate prenatal care for Hispanics in Wabash County could not be compared due to the small number of births.



Leading Causes of Death:

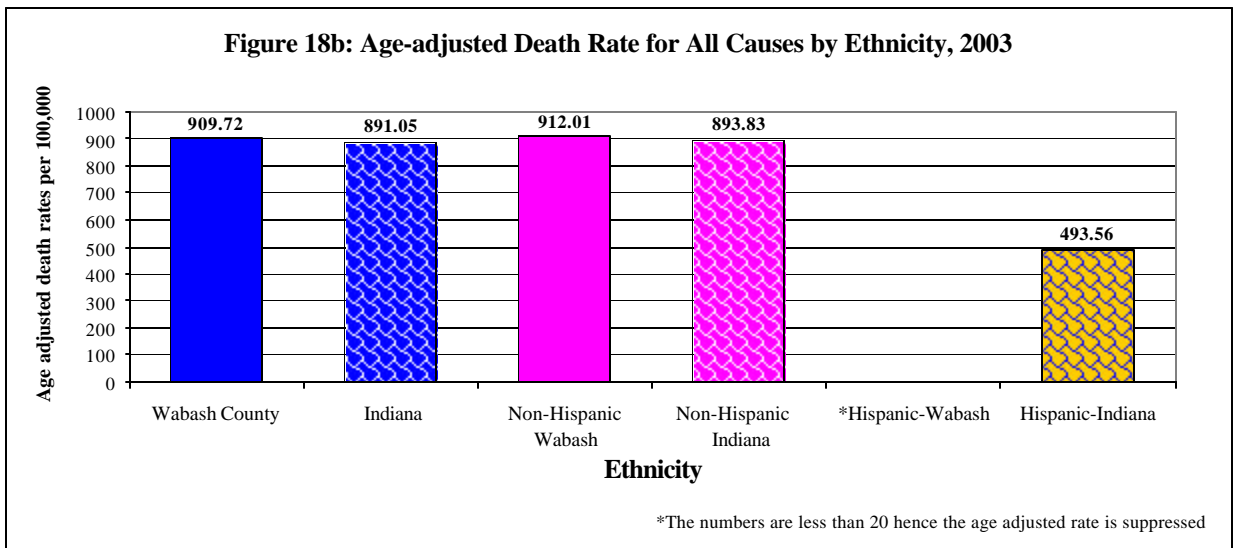
Age Adjusted Death Rate for All Causes by Race (Figure 18a):

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



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

- The age-adjusted death rate for Hispanics in Wabash 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, Blacks, and AIANs in Wabash 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 Wabash County.

Figure 19a: Five Leading Causes of Death by Race, 2003						
Leading Cause of Death by Race, 2003	Indiana State (All Causes) N=55,123	Wabash County				
		ALL Races N=412	Asian and Pacific Islanders (API) N=1	White N=410	Black N=1	American Indians & Alaska Natives (AIAN) N=0
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=120	N/A	Diseases of the Heart N=120	N/A	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=84	N/A	Malignant Neoplasms N=83	N/A	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=24	N/A	Chronic Lower respiratory disease N=24	N/A	N/A
#4	Chronic Lower respiratory disease N=3,127	Diabetes Mellitus N=23	N/A	Diabetes Mellitus N=23	N/A	N/A
#5	Accidents N=2,086	Cerebrovascular Diseases N=22	N/A	Cerebrovascular Diseases N=22	N/A	N/A

N/A = Not applicable.
 Since the numbers are small, the patterns need to be interpreted with caution.

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

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

Figure 19b: Five Leading Causes of Death by Ethnicity, 2003				
		Wabash County		
Leading Cause of Death by Ethnicity, 2003	Indiana State (All Causes) N=55,123	ALL Ethnic Groups N= 412	Non-Hispanic N=411	Hispanic N=1
#1	Diseases of the Heart N=15,180	Diseases of the Heart N=120	Diseases of the Heart N=119	N/A
#2	Malignant Neoplasms N=12,771	Malignant Neoplasms N=84	Malignant Neoplasms N=84	N/A
#3	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=24	Chronic Lower respiratory disease N=24	N/A
#4	Chronic Lower respiratory disease N=3,127	Diabetes Mellitus N=23	Diabetes Mellitus N=23	N/A
#5	Accidents N=2,086	N/A	Cerebrovascular Diseases N=22	N/A

N/A = Not applicable.

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

CONCLUSIONS

Conclusions

There were fewer than 20 birth and death incidents for Asian and Pacific Islanders (API), Blacks, American Indians/Alaska Natives (AIAN), and Hispanics in Wabash County and therefore it was impossible to make any comparisons.

Wabash County was disproportionately affected when comparing the health indicators in Wabash County to indicators in Indiana and to the Healthy People 2010 Objective. There was room for improvement in low birth weight, very low birth weight, early preterm births, pregnancy complications, Cesarean deliveries, congenital anomalies, smoking during pregnancy, and fewer women in Wabash County receive prenatal care in the first trimester. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to percentages in Indiana.

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

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 Wabash 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 (secondary health data) 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.