

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

**by the**

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**TABLE OF CONTENTS**

**Executive Summary..... 3**

**Introduction..... 6**

**Purpose..... 7**

**Methods..... 8**

**Existing Health Indicator (Secondary) Data..... 9**

**Targeted Survey Data..... 10**

**Focus Groups and Key Informant Interviews..... 10**

**Results..... 12**

**Overview of Existing Health Indicator (Secondary) Data..... 13**

**Birth Data..... 14**

**Weight Gain During Pregnancy..... 32**

**Prenatal Care..... 35**

**Leading Causes of Death..... 37**

**Overview of Targeted Survey Responses ..... 41**

**Tables..... 46**

**Overview of Focus Group and Key Informant Interviews..... 56**

**Focus Group Responses..... 58**

**Key Informant Interview Findings..... 66**

**Conclusions ..... 74**

**Appendices..... 77**

**Targeted Survey Tool..... 78**

**Focus Group Script..... 85**

**Key Informant Script..... 87**

# EXECUTIVE SUMMARY

## Executive Summary

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

Targeted surveys were developed and administered to 100 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 of Wayne County perceive cancer, HIV/AIDS, diabetes, heart disease, and high blood pressure and strokes as part of the top five worst health problems in their neighborhood. These results indicated that more than one-fifth (21.9%) 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 insurance, lack of money, doctor would not accept new patients, waiting too long for an appointment, and waiting too long in doctor or clinic office.

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 Wayne County community residents perceive the following as major health problems: AIDS/HIV, alzheimer's disease, cancer, diabetes, and heart conditions.

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 Wayne 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 Wayne 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 Wayne County in collaboration with the Minority Health Coalition of Wayne 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 Wayne 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 Wayne 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 Wayne 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 Wayne 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 Wayne 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 Wayne 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 targeted surveys were completed and returned to the Indiana Minority Health Coalition. Eighty-nine percent of the respondents (N = 89) reported their race; of which 88.8 percent were Black (N = 79), 3.4 percent were American Indian/Alaska Native (N = 3), 3.4 percent were of more than one race (N = 3), and 1.1 percent were Asian (N = 1). Seventy-nine percent of the participants (N = 79) responded to the question of ethnicity with 15.2 percent reported to be of Hispanic/Latino ethnicity (N = 12). Ninety-six percent of the respondents (N = 96) indicated their gender; of which, 52.1 percent were female (N = 50) and 47.9 percent were male (N = 46). Ninety-seven percent of the respondents (N = 97) reported their age with thirty-four percent in the 35 to 44 age group (N = 33), 33.0 percent in the 25 to 34 age group (N = 32), and 10.3 percent in the 45 to 54 age group (N = 10). Of the remaining respondents, 11.3 percent reported their age as 24 years or less (N = 11), and 11.4 percent reported their age as 55 years or more (N = 11).

### ***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 Wayne 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 Wayne 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 Wayne County health needs assessment was given, along with an explanation of the role of the findings, and anticipated future action plans.

During the month of August 2004, the coordinator of the Minority Health Coalition of Wayne County conducted two focus groups, one provider group and one consumer group. The focus groups were held at a community center. There were eleven providers and eight consumers taking part in the focus groups for a total of nineteen. Eleven of the participants were female and eight were male. Sixty-three percent of the focus group participants were Black (N = 12), thirty-two percent were Caucasian (N = 6), and five percent were American Indian/Alaska Native (N = 1). The participants reported their age group, with fifty-eight percent in the 50 to 59 age group (N = 11), twenty-one percent in the 30 to 39 age group (N = 4), more than 10 percent in the 40 to 49 age group (N = 2), and more than ten percent in the 20 to 29 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 Wayne County conducted six key informant interviews for the Needs Assessment project. Gender was reported for four of the six key informants, and two of the interviewees were female and two were male. The key informants did not describe their age, race or ethnicity. No information was available on the profession of the key informant interviewees.

# RESULTS

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

Analysis of existing data for Wayne County (birth, morbidity and mortality data) indicated disparities exist in Wayne 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 Indians/Alaska Natives (AIAN) in Wayne 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 Wayne 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 Wayne 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, prenatal care in the first trimester, smoking during pregnancy, chemical abuse during pregnancy, births to single mothers, births to 16 and 17 year olds, low and high weight gain during pregnancy, and percentage of women receiving less than adequate prenatal care. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in Wayne County.

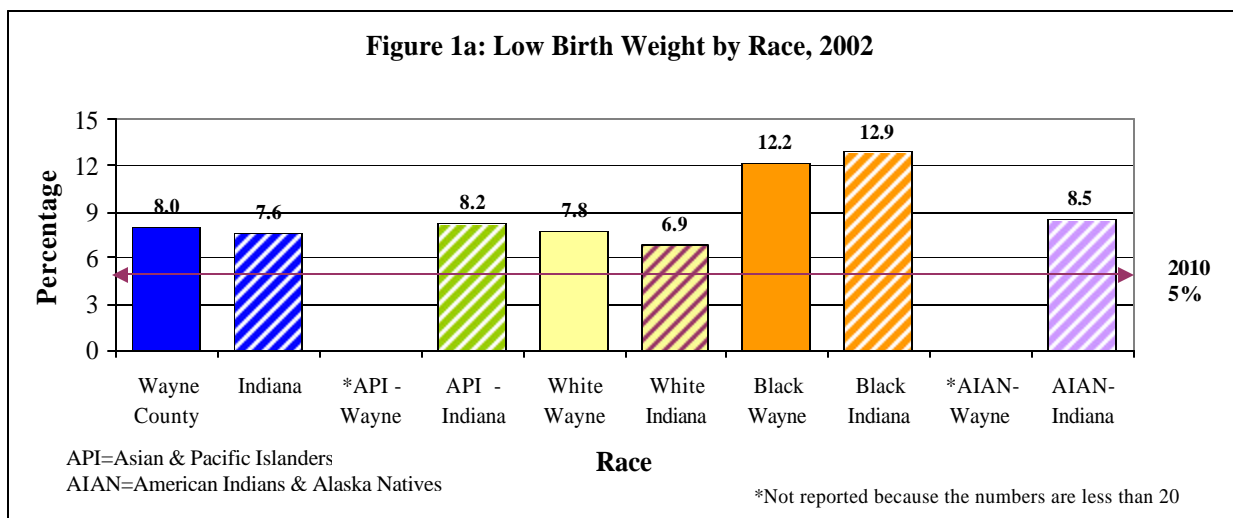
Hispanics in Wayne County have higher percentages compared to Non-Hispanics for many of the birth outcome indicators: low birth weight, pregnancy complications, Cesarean deliveries, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care compared to Non-Hispanics. These indicators need improvement because they do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all Non-Hispanic births in Wayne County.

The age-adjusted death rate and deaths by cause for APIs, AIANs and Hispanics in Wayne County could not be compared due to the small number of deaths. The age-adjusted death rate for Blacks in Wayne County was higher than the age-adjusted death rate for all deaths in Wayne County; whereas the age-adjusted death rate for Blacks in Wayne County was lower than the age-adjusted death rate for Blacks in Indiana. The leading cause of death among Blacks in Wayne County was malignant neoplasms.

**Birth Data:**

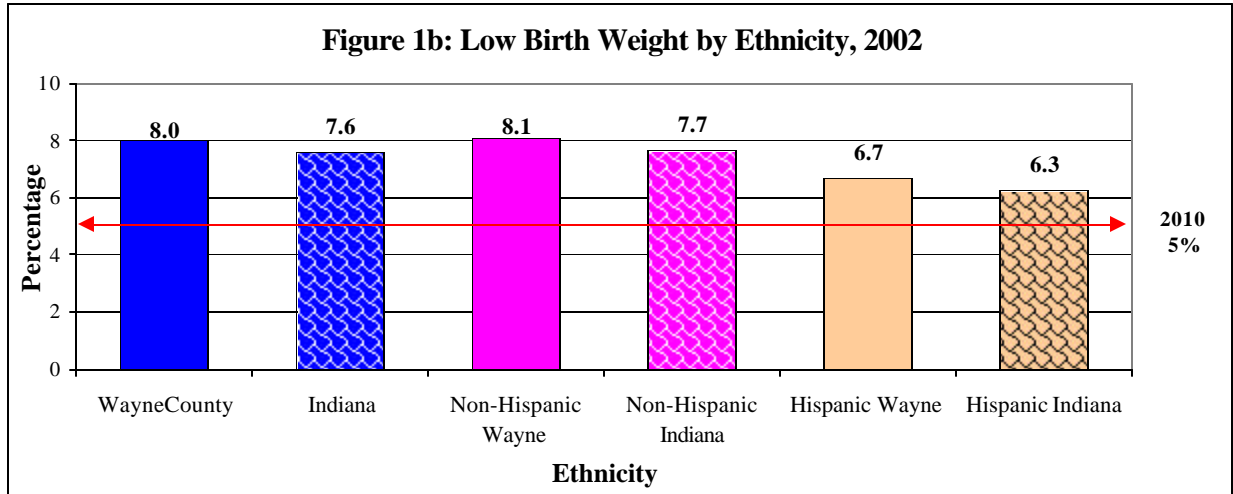
*Low Birth Weight (LBW) by Race (Figure 1a):*

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



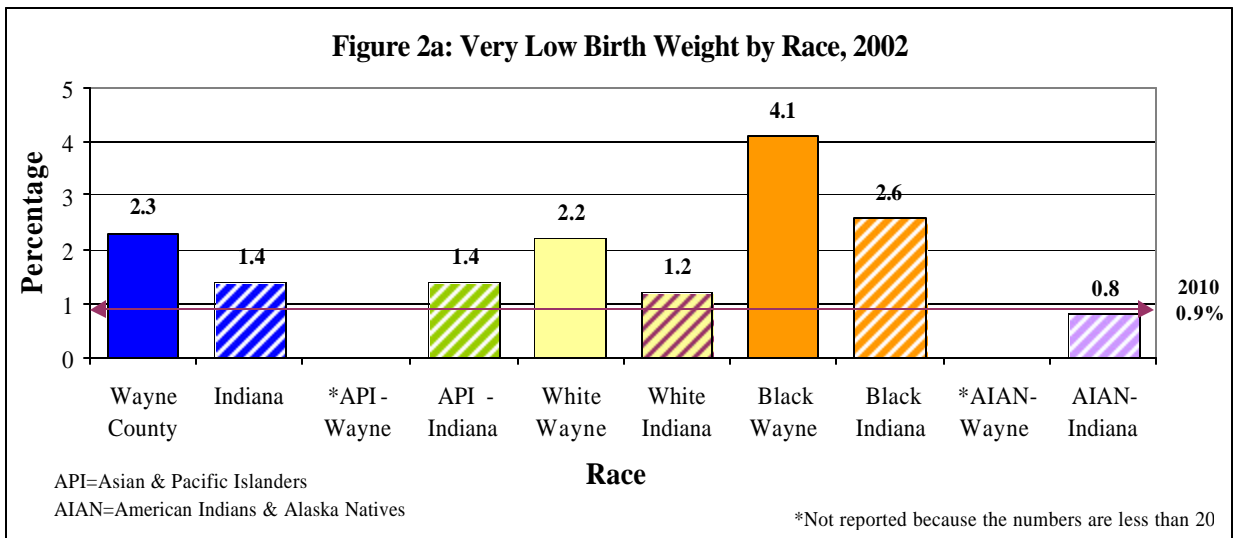
*Low Birth Weight (LBW) by Ethnicity (Figure 1b):*

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



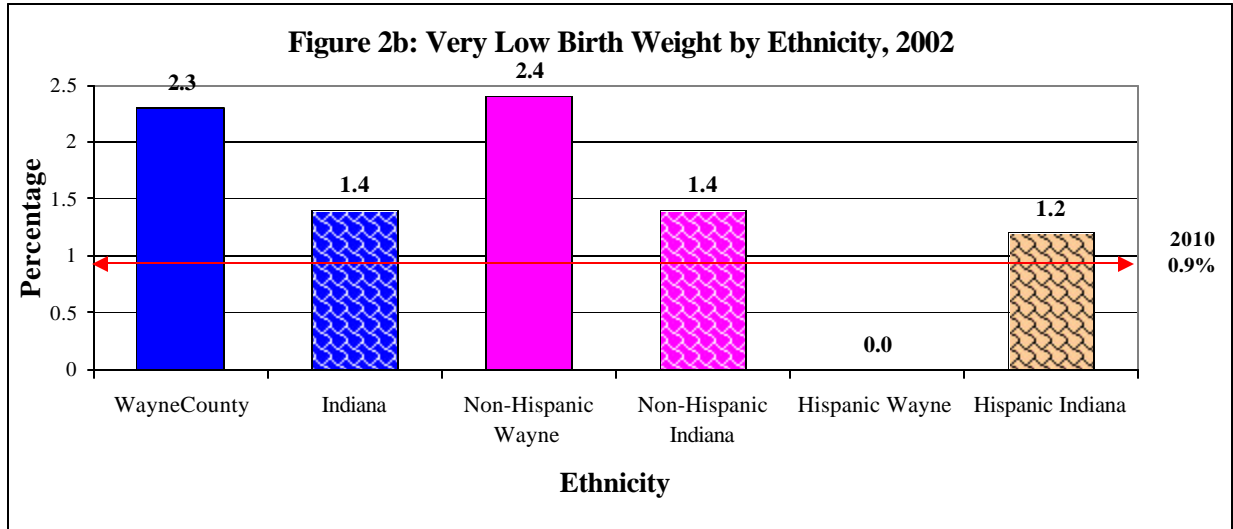
*Very Low Birth Weight (VLBW) by Race (Figure 2a):*

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



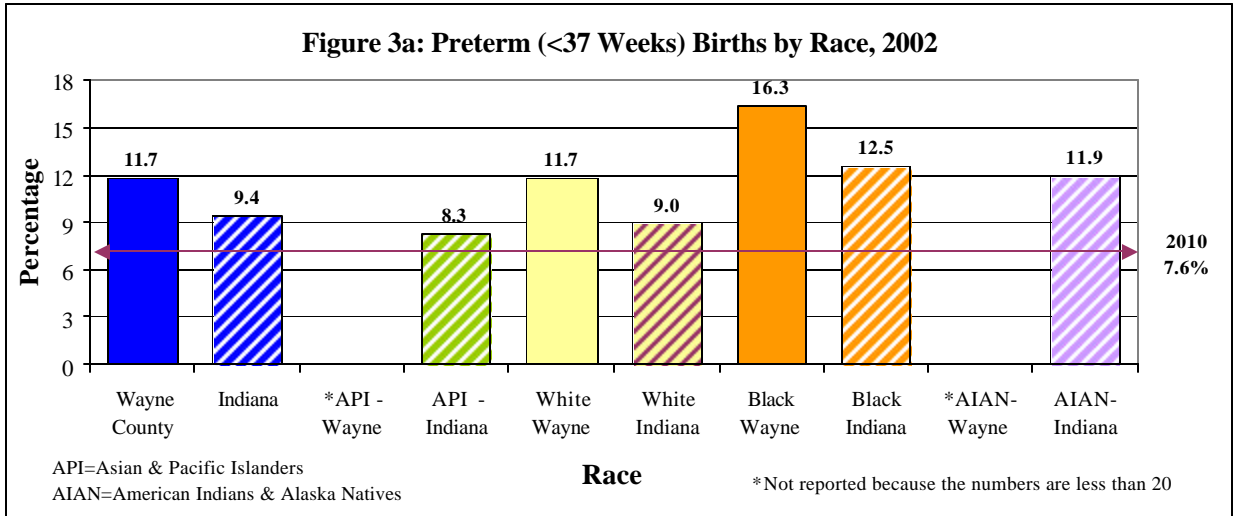
*Very Low Birth Weight (VLBW) by Ethnicity (Figure 2b):*

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



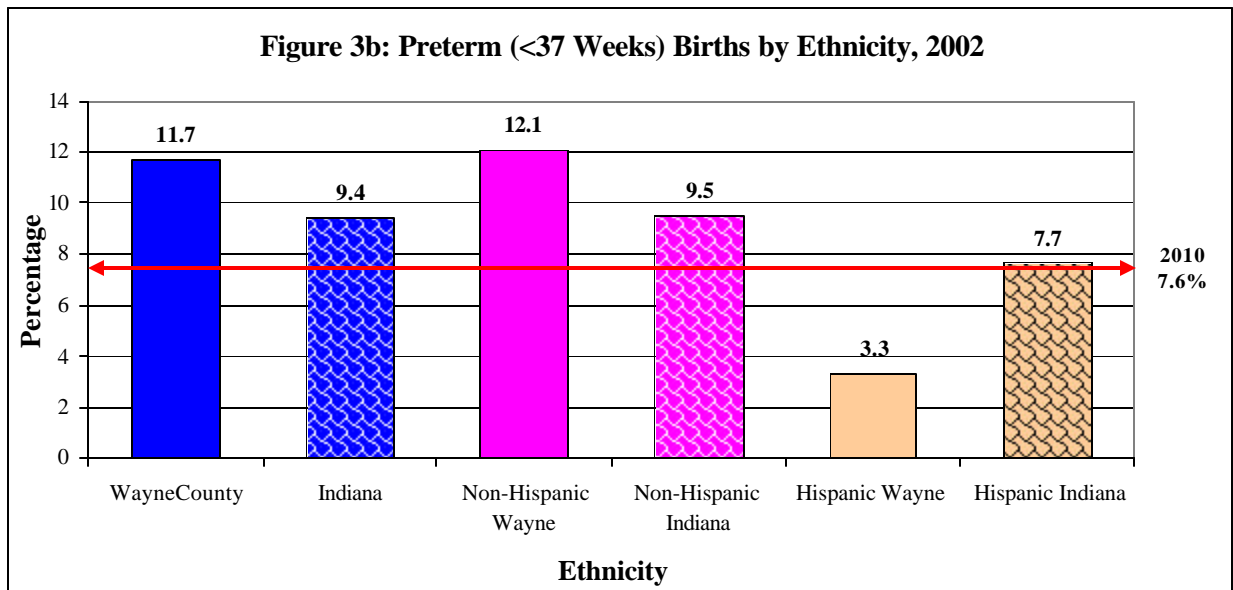
*Preterm (< 37 weeks) Births by Race (Figure 3a):*

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



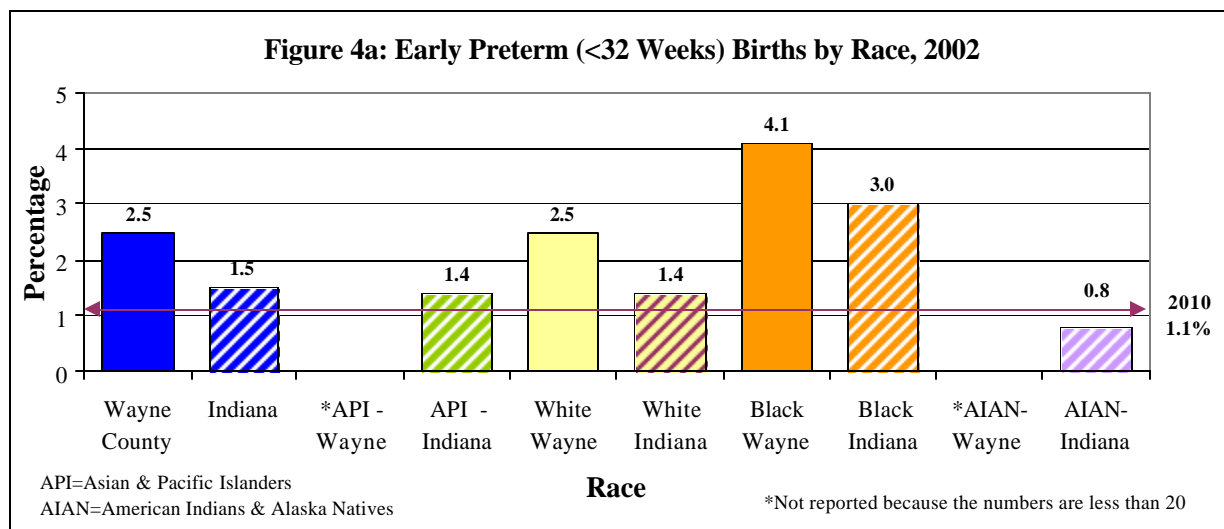
*Preterm (< 37 weeks) Births by Ethnicity (Figure 3b):*

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



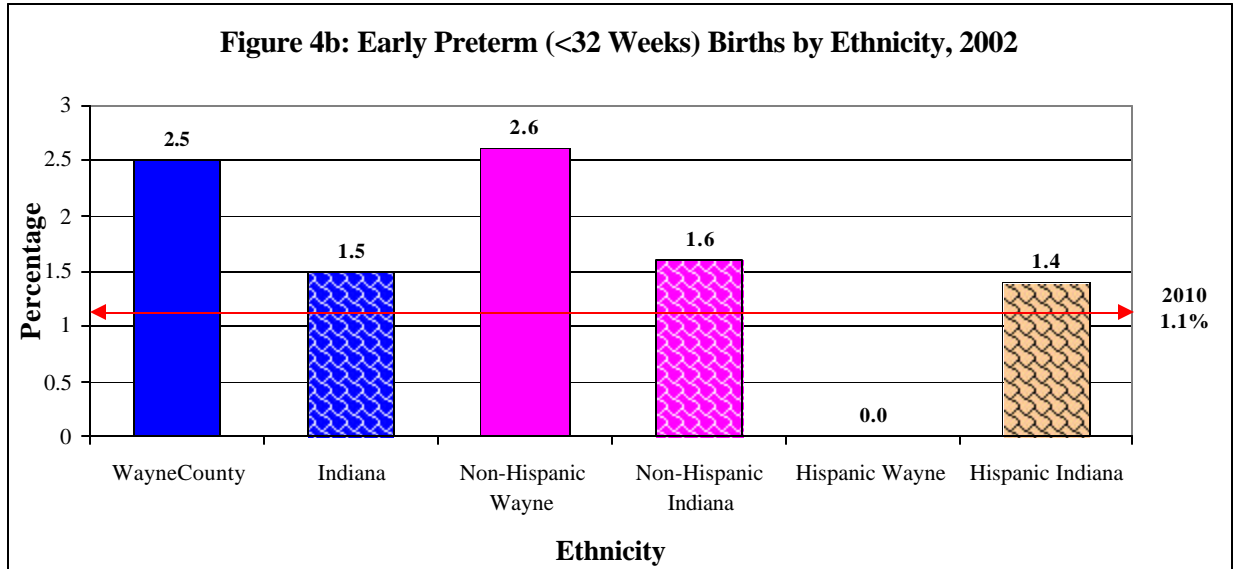
*Early Preterm (< 32 weeks) Births by Race (Figure 4a):*

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



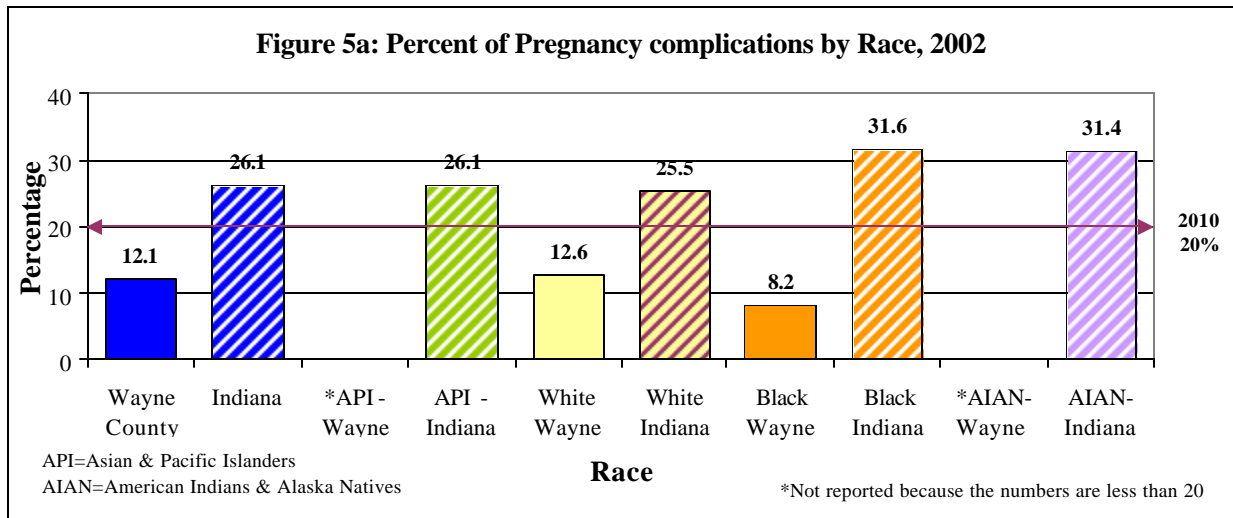
*Early Preterm (< 32 weeks) Births by Ethnicity (Figure 4b):*

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



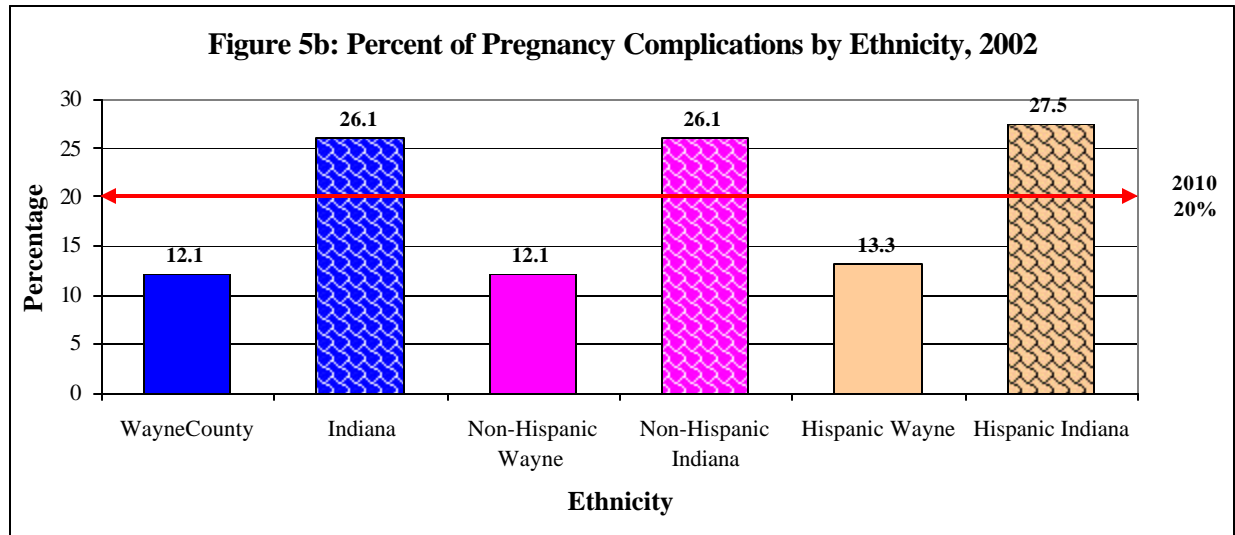
*Percent of Pregnancy Complications by Race (Figure 5a):*

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



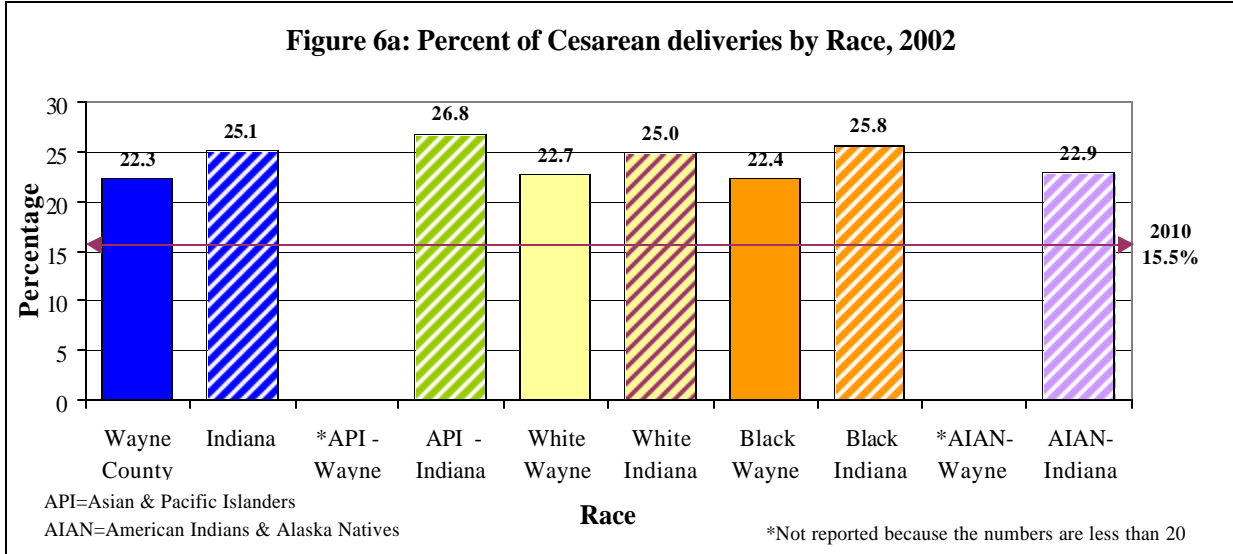
*Percent of Pregnancy Complications by Ethnicity (Figure 5b):*

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



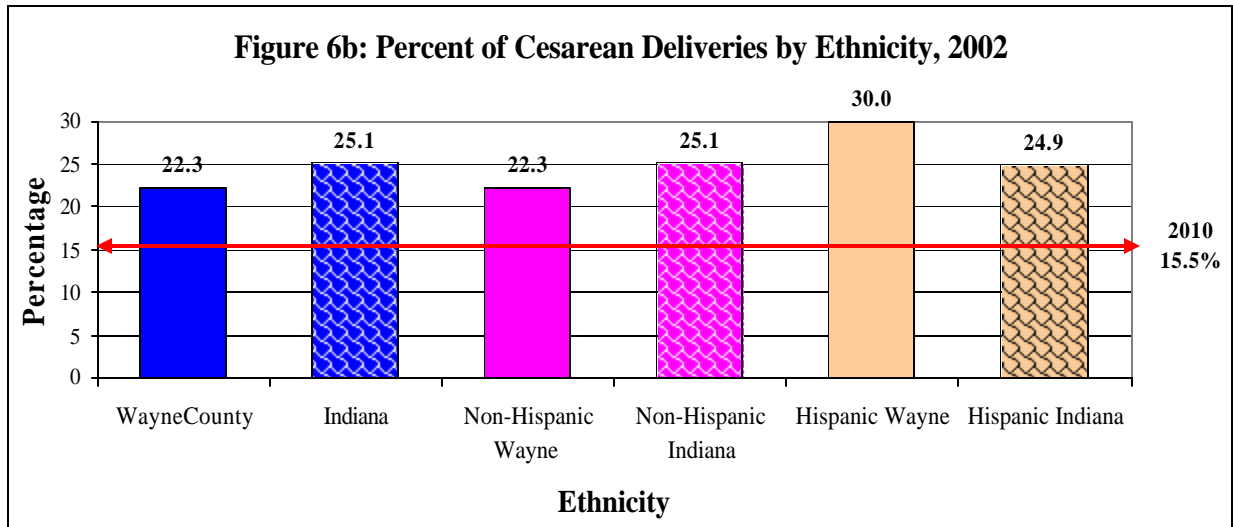
*Percent of Cesarean Deliveries by Race (Figure 6a):*

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



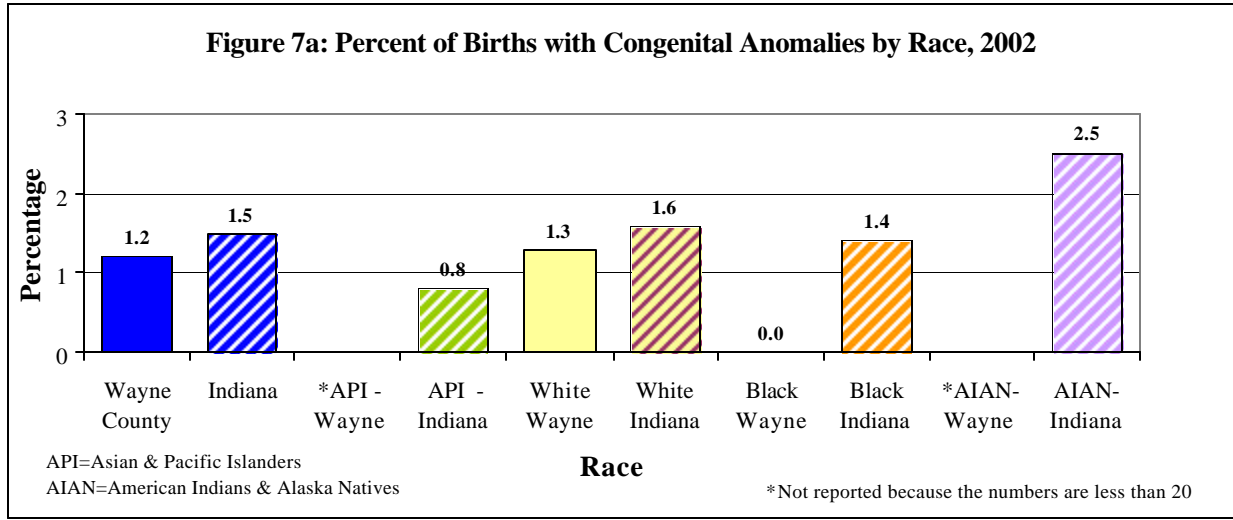
*Percent of Cesarean Deliveries by Ethnicity (Figure 6b):*

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



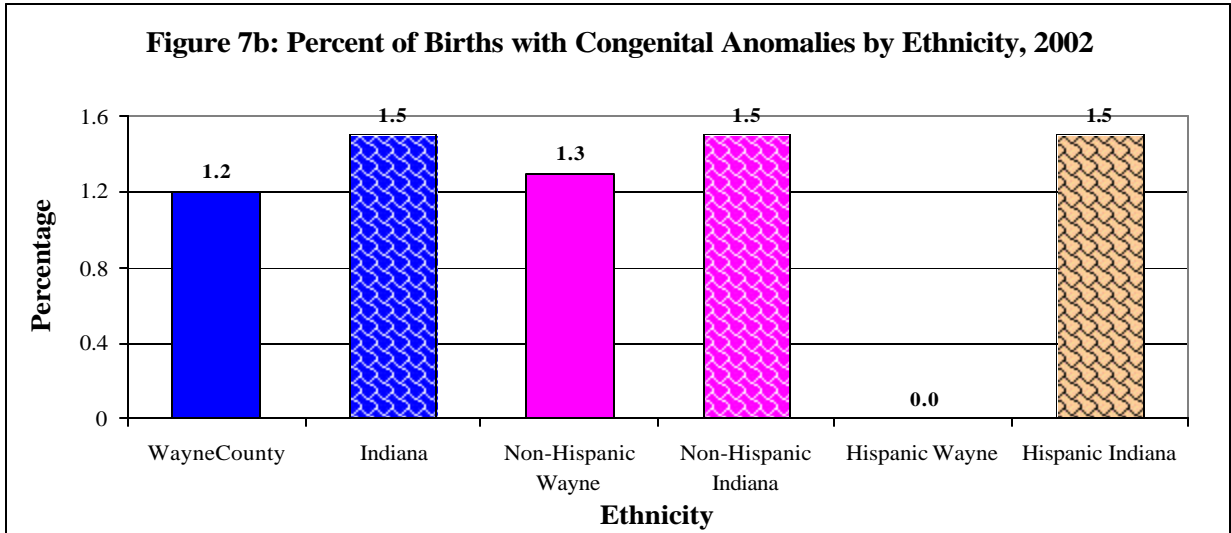
*Percent of Births with Congenital Anomalies by Race (Figure 7a):*

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



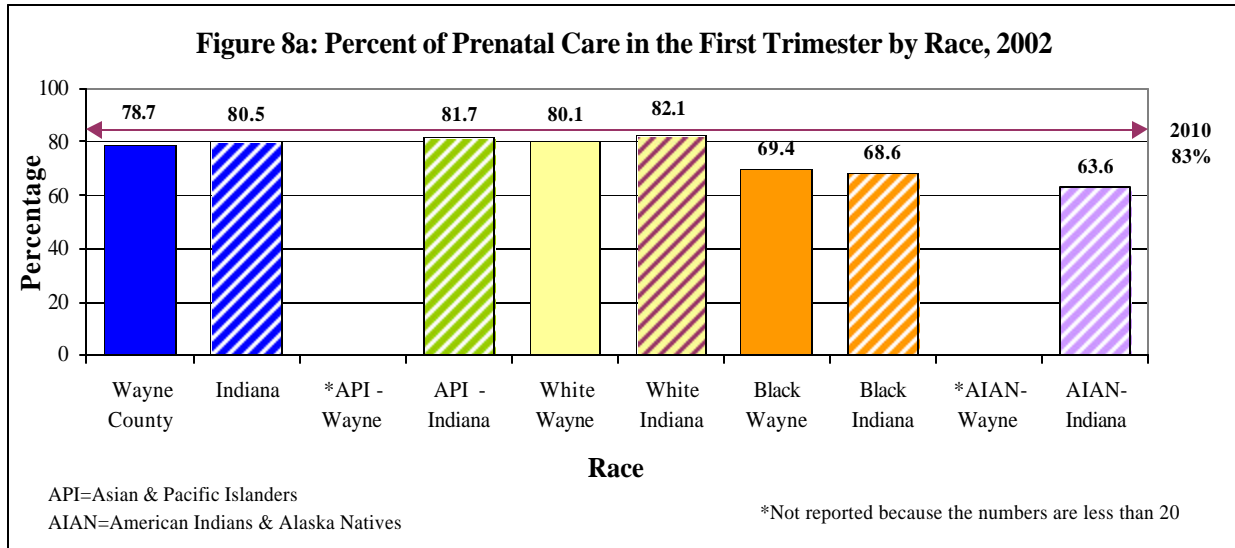
*Percent of Births with Congenital Anomalies by Ethnicity (Figure 7b):*

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



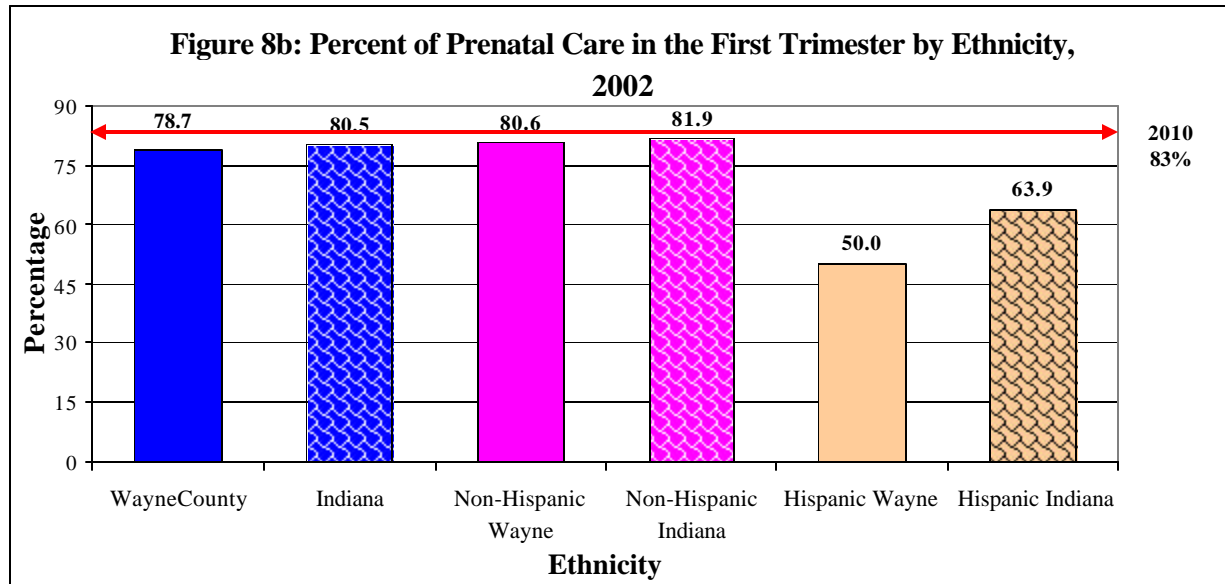
*Percent of Prenatal Care in the First Trimester by Race (Figure 8a):*

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



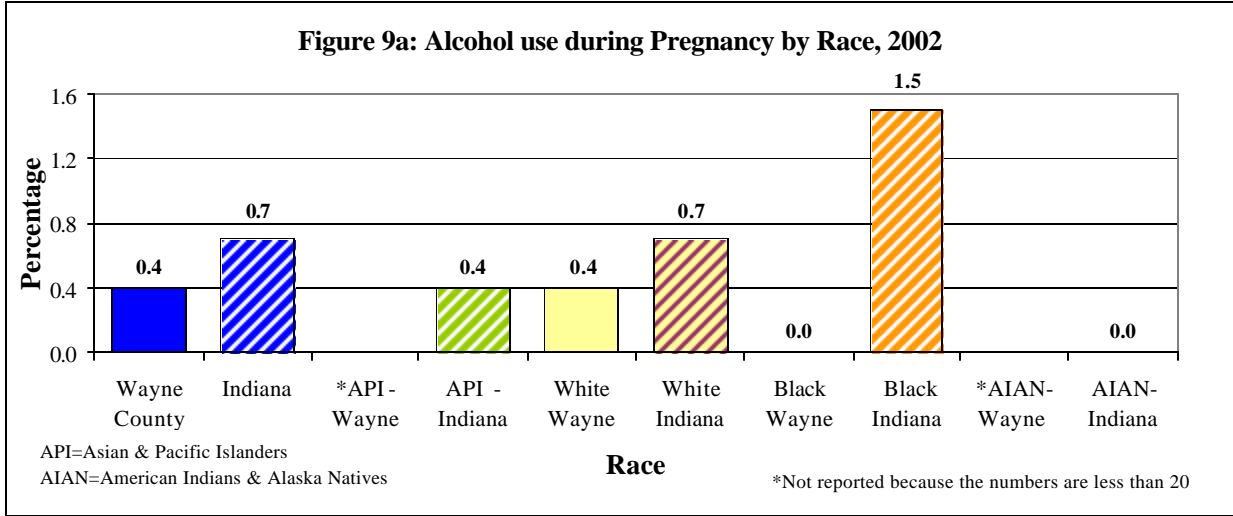
*Percent of Prenatal Care in the First Trimester by Ethnicity (Figure 8b):*

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



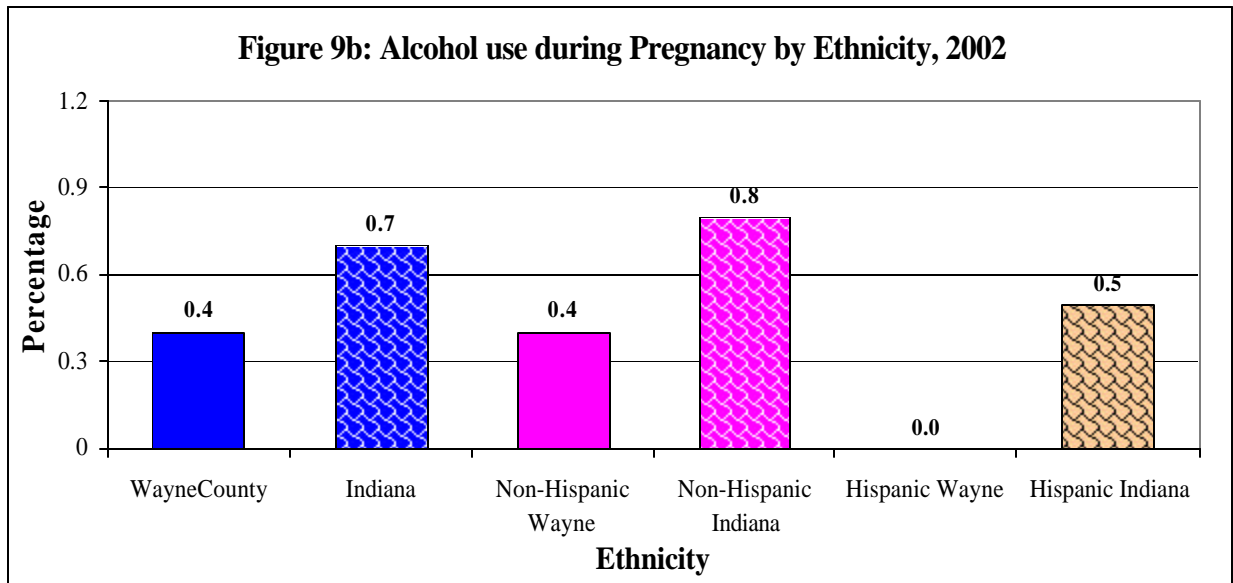
*Alcohol Use during Pregnancy by Race (Figure 9a):*

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



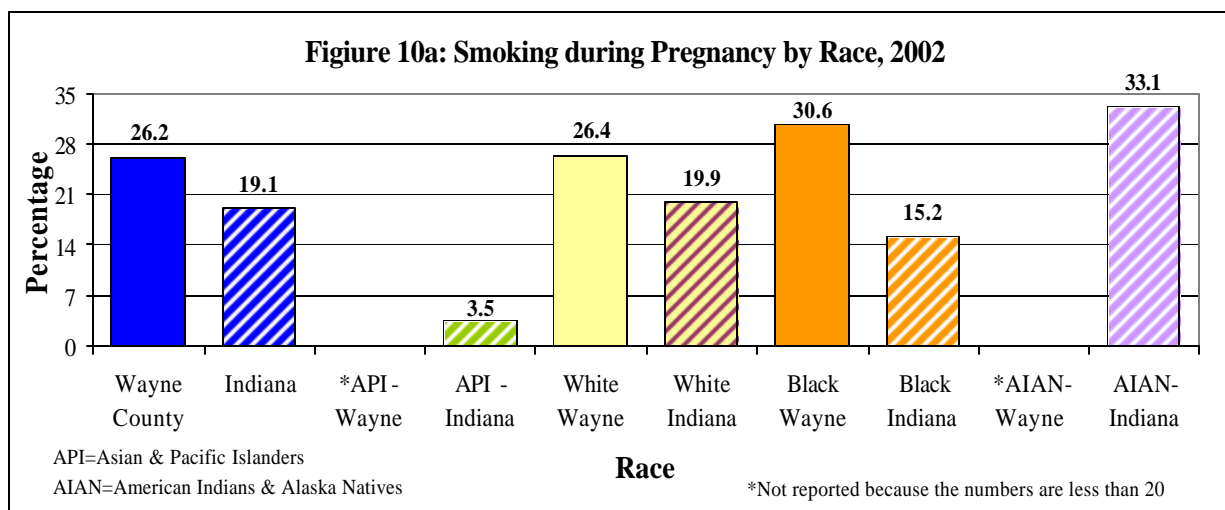
*Alcohol Use during Pregnancy by Ethnicity (Figure 9b):*

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



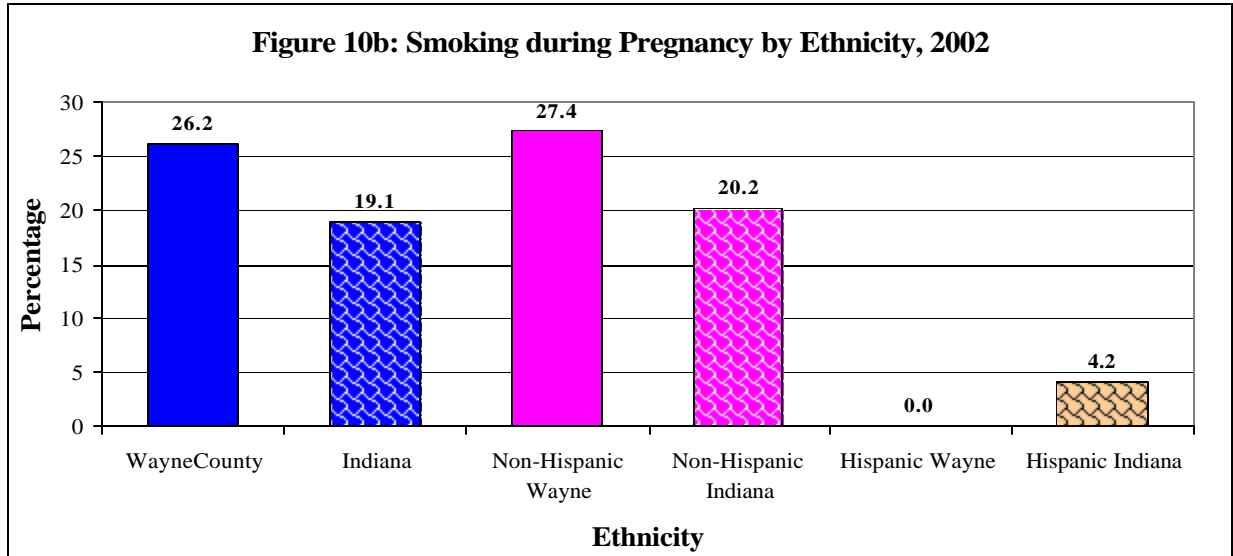
*Smoking during Pregnancy by Race (Figure 10a):*

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



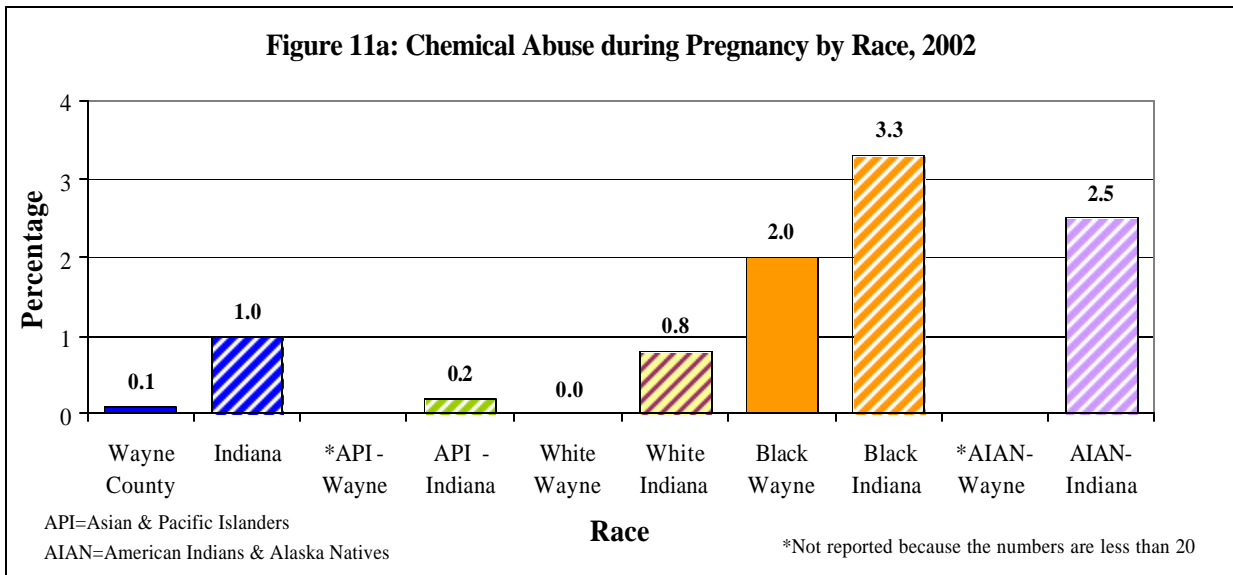
*Smoking during Pregnancy by Ethnicity (Figure 10b):*

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



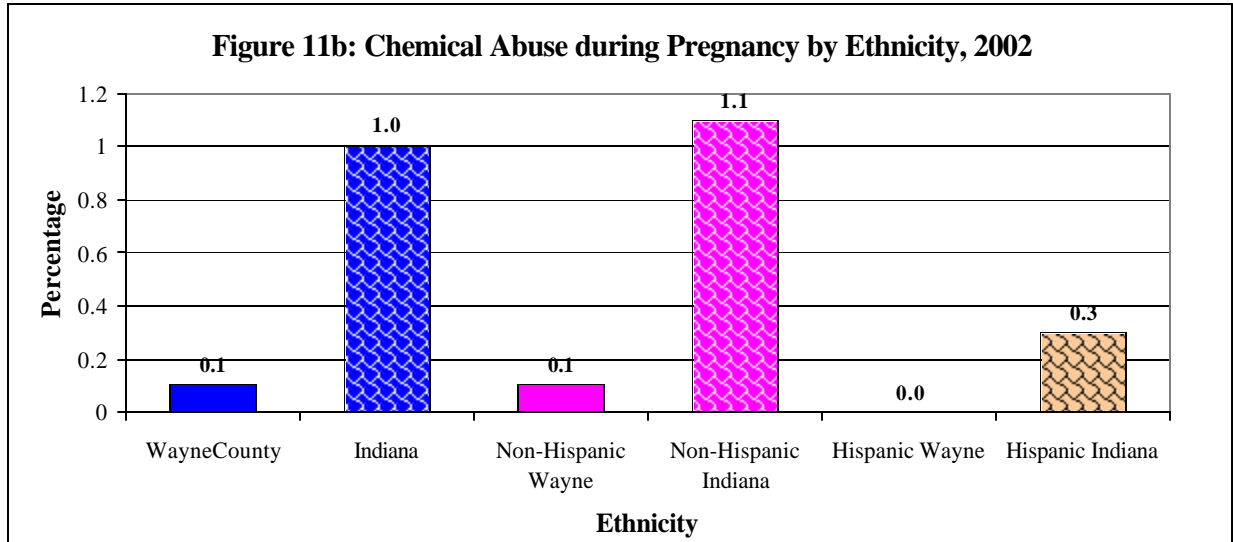
*Chemical Abuse during Pregnancy by Race (Figure 11a):*

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



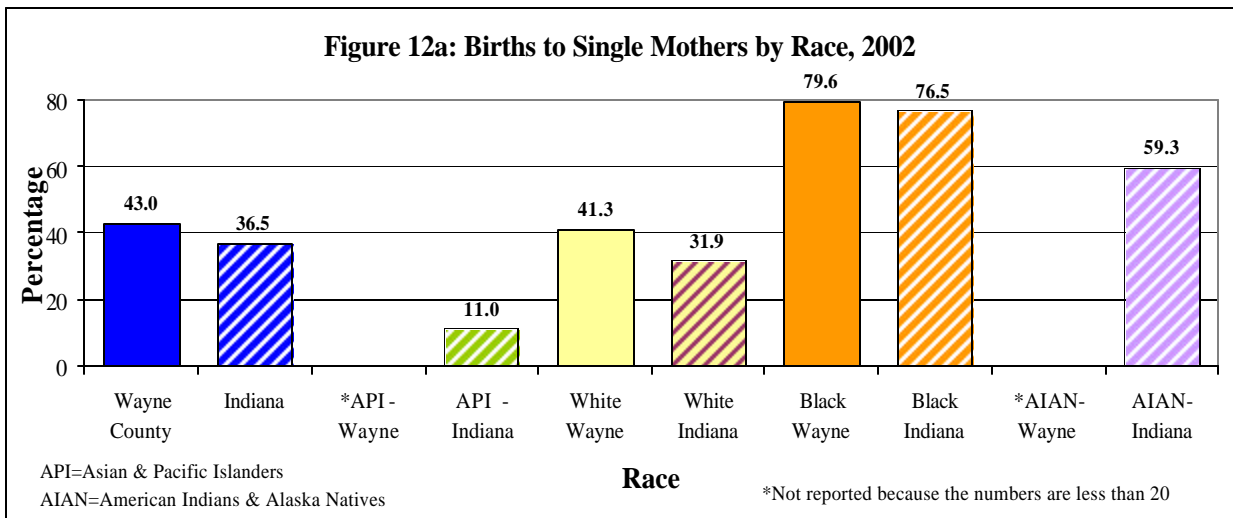
*Chemical Abuse during Pregnancy by Ethnicity (Figure 11b):*

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



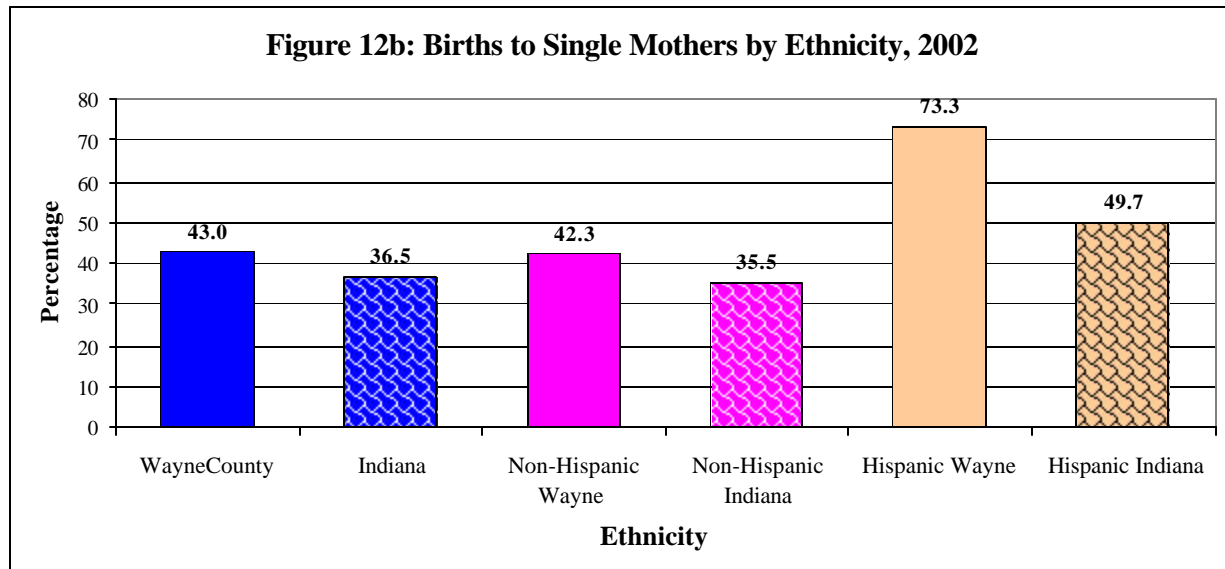
*Births to Single Mothers by Race (Figure 12a):*

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



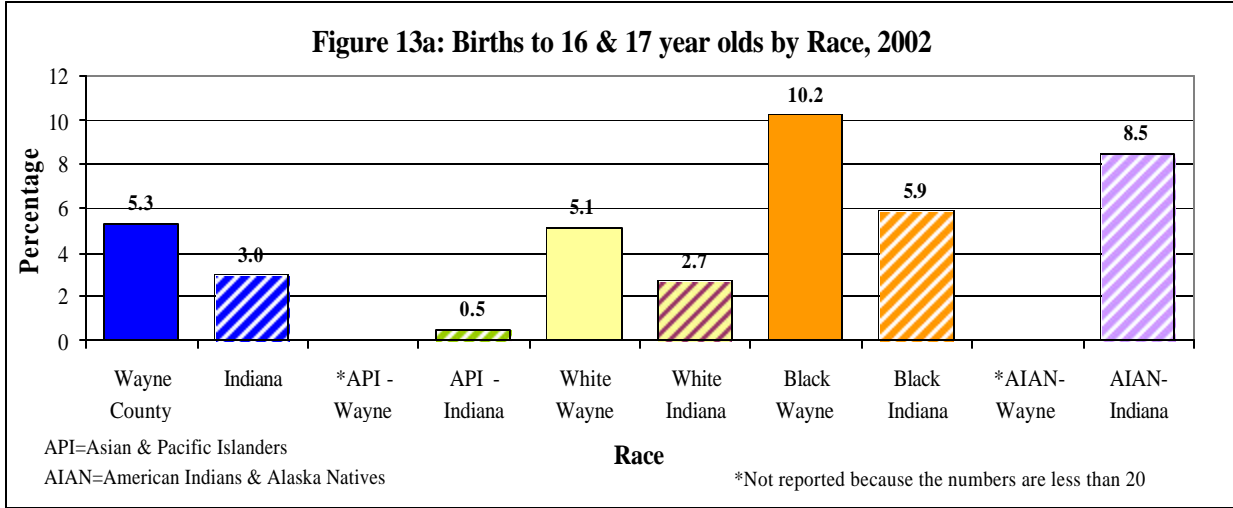
*Births to Single Mothers by Ethnicity (Figure 12b):*

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



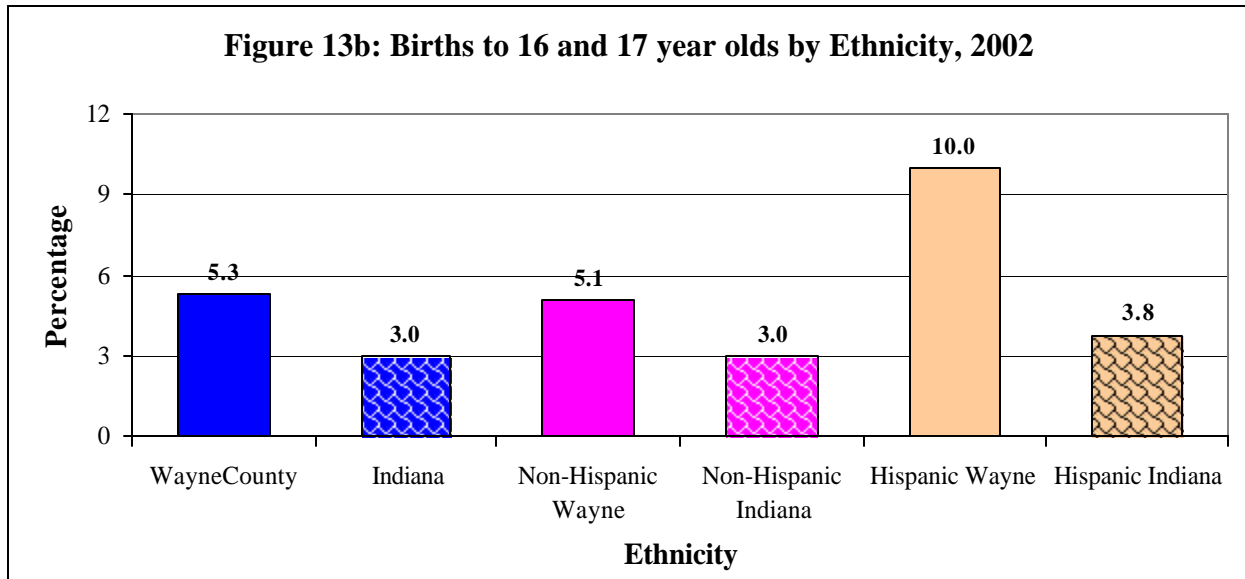
*Births to 16 and 17 Year olds by Race (Figure 13a):*

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



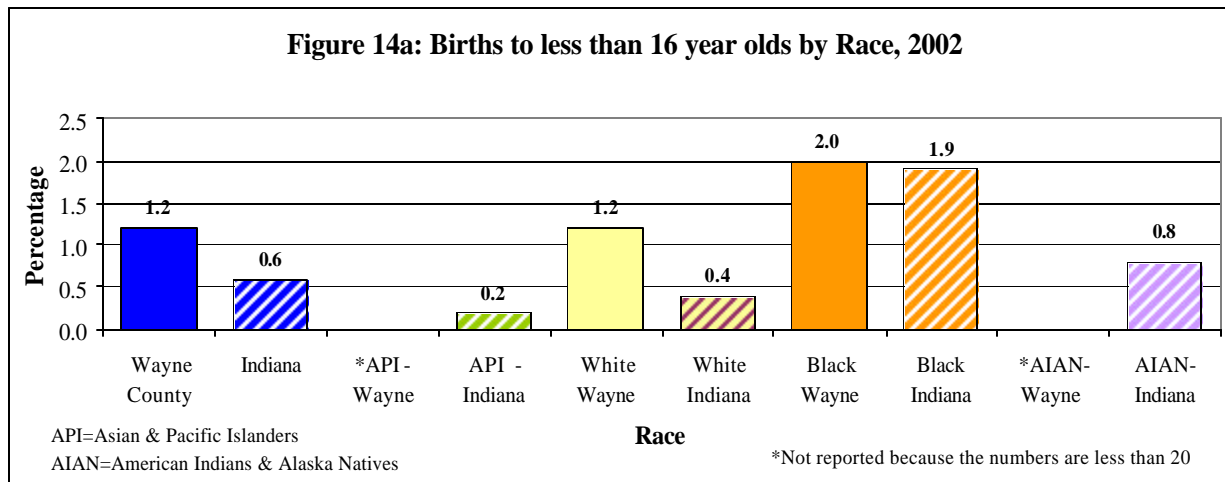
*Births to 16 and 17 Year olds by Ethnicity (Figure 13b):*

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



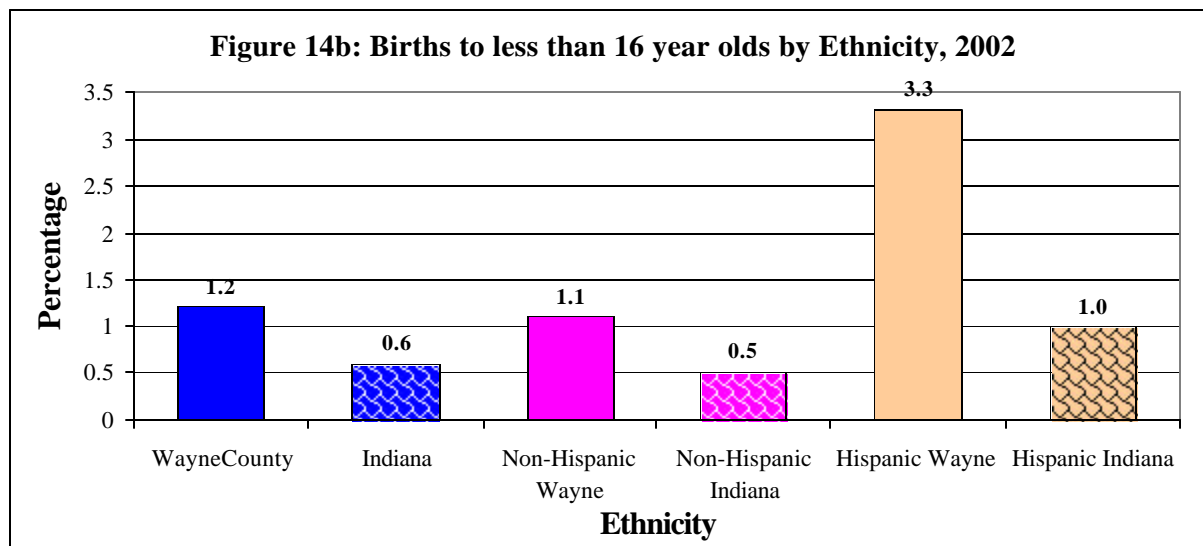
*Births to Less than 16 Year olds by Race (Figure 14a):*

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



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

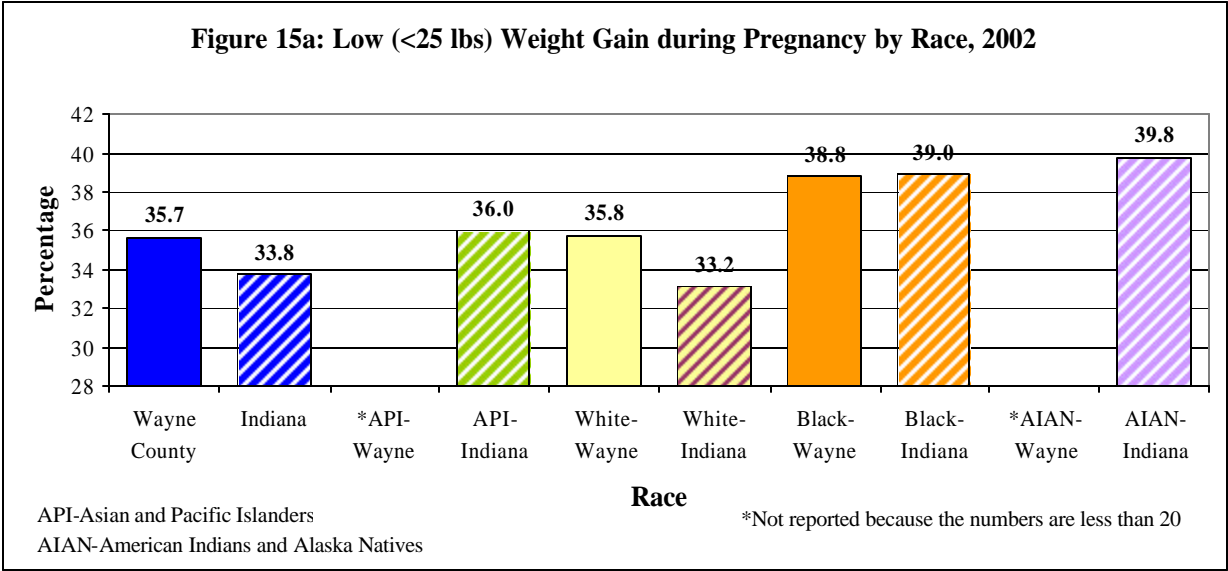
- The percentage of births to less than 16 year olds for Hispanics in Wayne County was higher than the percentage for Non-Hispanic births in Wayne County.
- The percentage of births to less than 16 year olds for Hispanics in Wayne County was higher than the percentage for all Hispanic births in Indiana.



**Weight Gain during Pregnancy:**

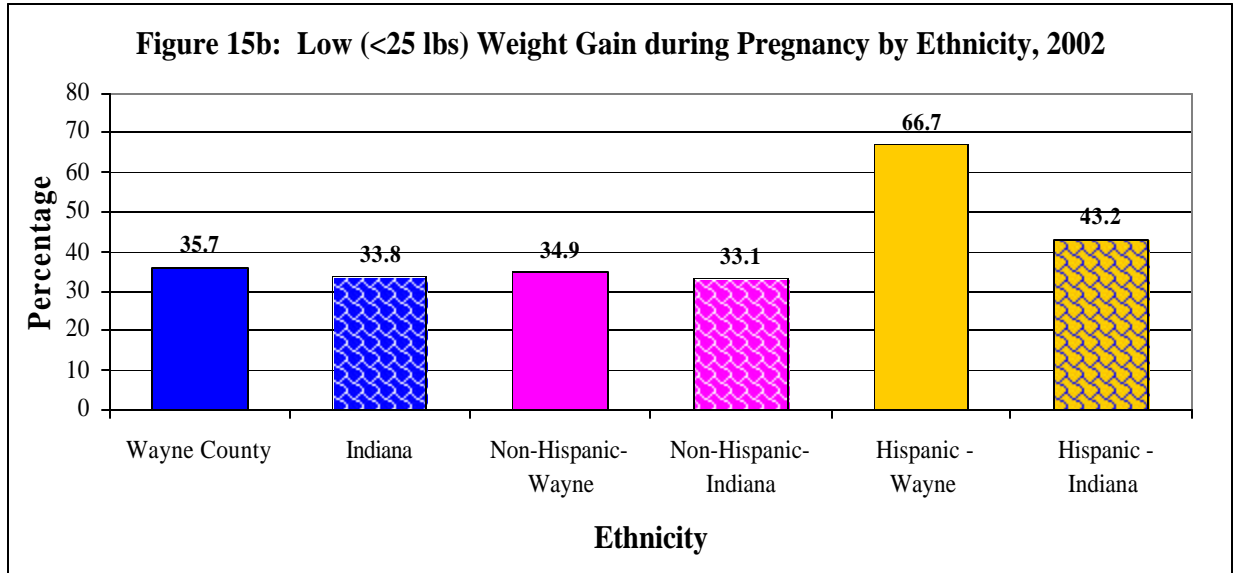
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Race (Figure 15a):*

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



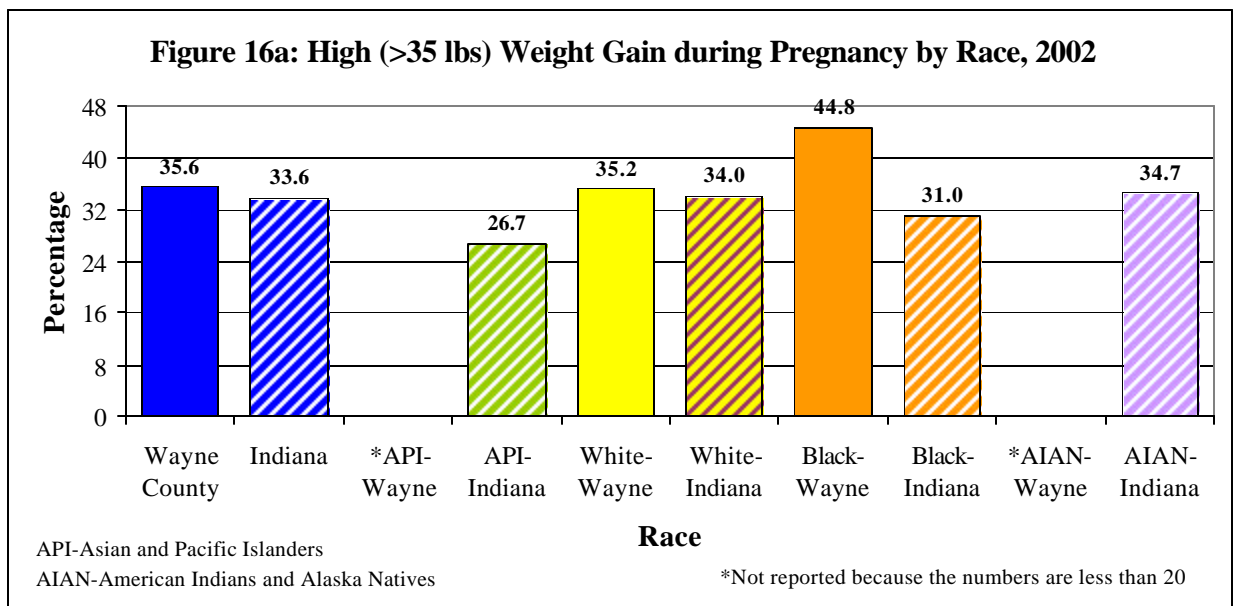
*Low (<25 lbs) Weight Gain (LWG) during Pregnancy by Ethnicity (Figure 15b):*

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



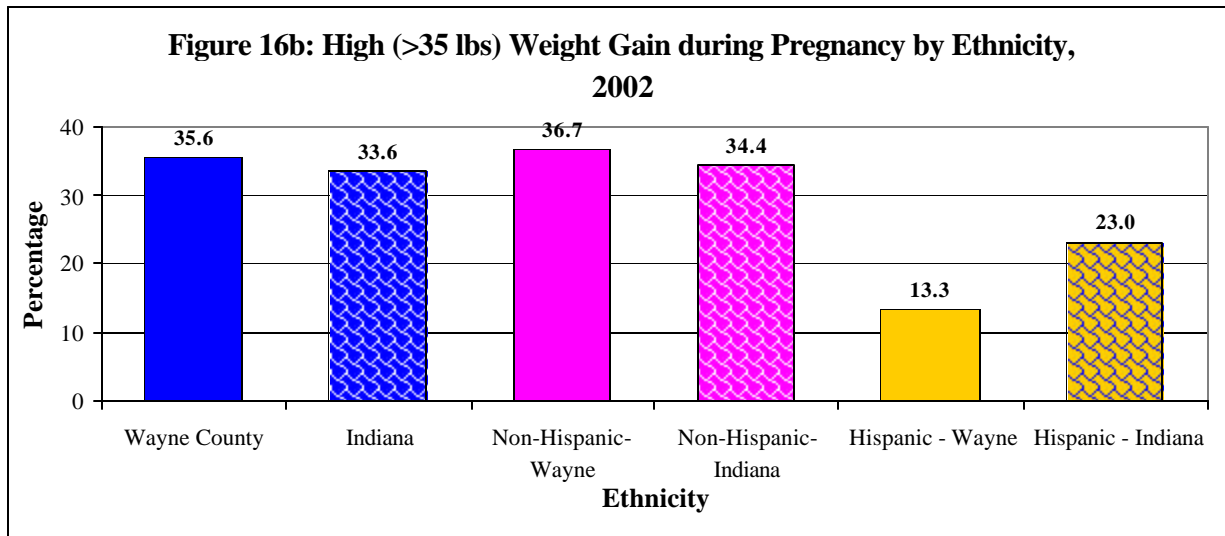
*High (>35 lbs) Weight Gain (HWG) during Pregnancy by Race (Figure 16a):*

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

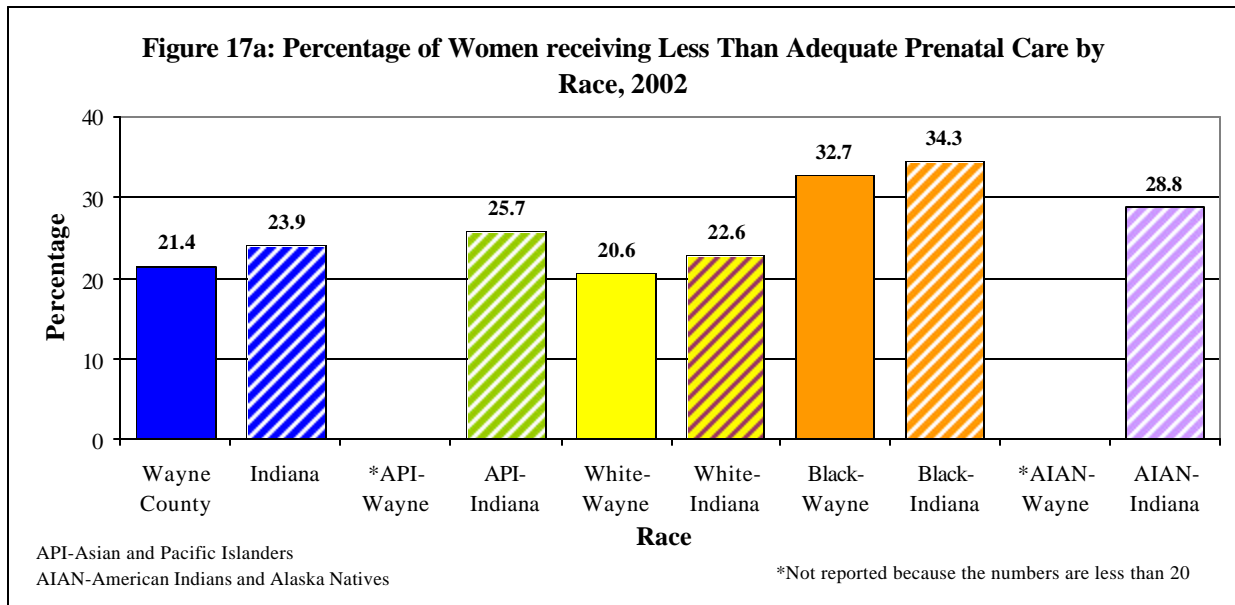
- The percentage of HWG during pregnancy for Hispanics in Wayne County was lower than the percentage for Non-Hispanic births in Wayne County.
- The percentage of HWG during pregnancy for Hispanics in Wayne County was lower than the percentage for all Hispanic births in Indiana.



**Prenatal Care:**

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

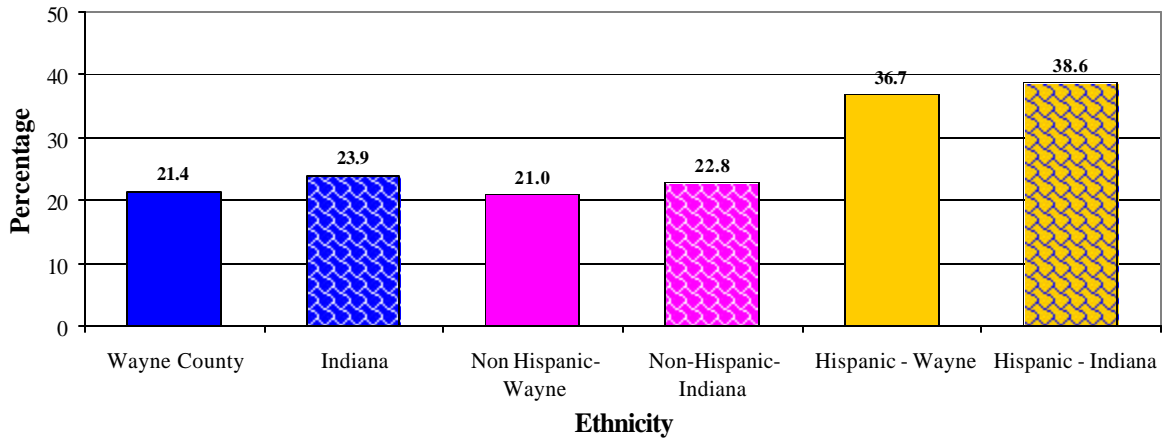
- The percentage of Women receiving less than adequate prenatal care for APIs and AIANs in Wayne County could not be compared due to the small number of births.
- The percentage of Women receiving less than adequate prenatal care for Blacks in Wayne County was higher than the percentage for all births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



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

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

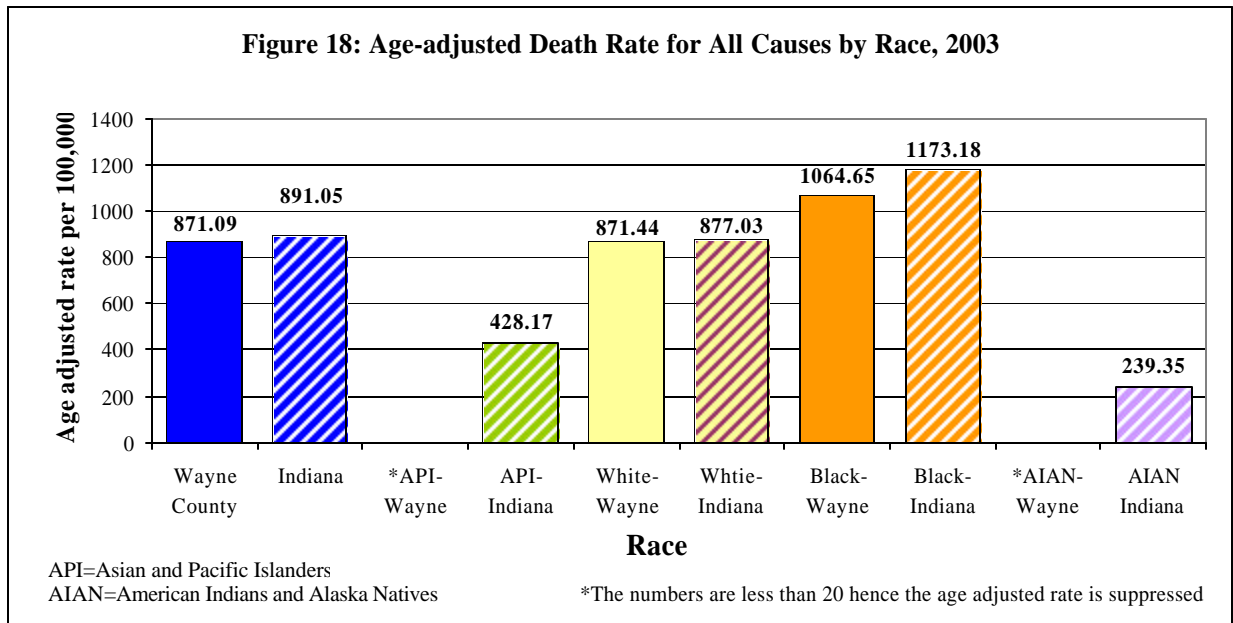
**Figure 17b: Percentage of Women receiving Less than Adequate Prenatal Care by Ethnicity, 2002**



**Leading Causes of Death:**

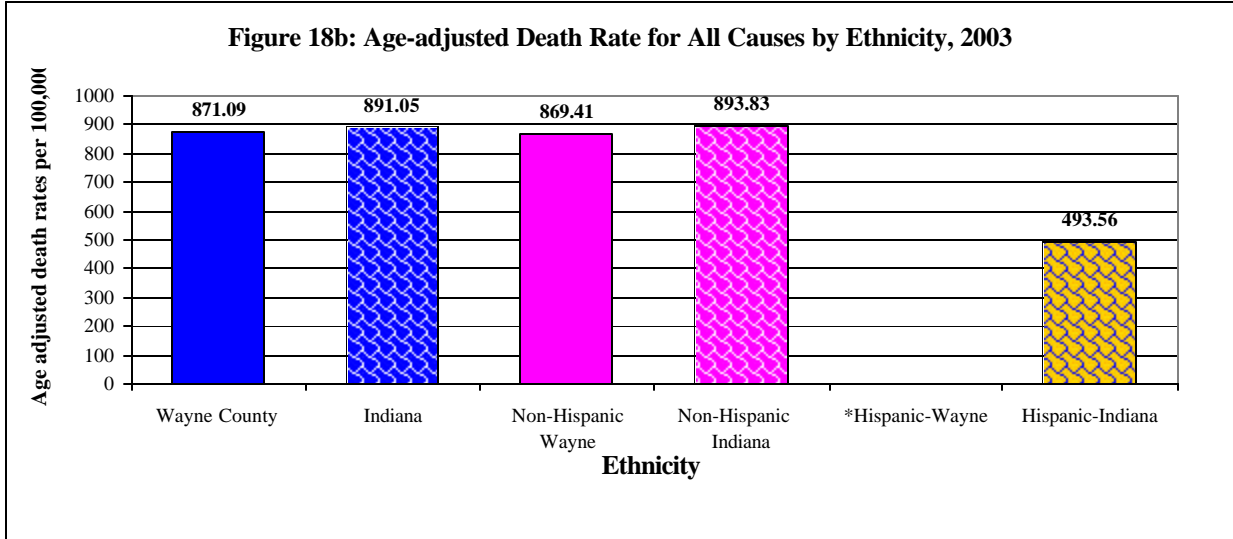
*Age Adjusted Death Rate for All Causes by Race (Figure 18a):*

- The age-adjusted death rate for APIs and AIANs in Wayne County could not be compared due to the small number of deaths.
- The age-adjusted death rate for Blacks in Wayne County was higher than the age-adjusted death rate for all deaths in Wayne County.
- The age-adjusted death rate for Blacks in Wayne County was lower 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 Wayne 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 Wayne County could not be compared due to the small number of deaths.
- Malignant neoplasms are the leading cause of death among Blacks in Wayne County.

<b>Figure 19a: Five Leading Causes of Death by Race, 2003</b>						
<b>Leading Cause of Death by Race, 2003</b>	<b>Indiana State (All Causes) N=55,123</b>	<b>Wayne County</b>				
		<b>ALL Races N=753</b>	<b>Asian and Pacific Islanders (API) N=0</b>	<b>White N=715</b>	<b>Black N=38</b>	<b>American Indians &amp; Alaska Natives (AIAN) N=0</b>
<b>#1</b>	Diseases of the Heart N=15,180	Diseases of the Heart N=210	N/A	Diseases of the Heart N=201	Malignant Neoplasms N=14	N/A
<b>#2</b>	Malignant Neoplasms N=12,771	Malignant Neoplasms N=165	N/A	Malignant Neoplasms N=151	Diseases of the Heart N=9	N/A
<b>#3</b>	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=45	N/A	Chronic Lower respiratory disease N=44	Cerebrovascular Diseases N=**	N/A
<b>#4</b>	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=44	N/A	Cerebrovascular Diseases N=41	Diabetes Mellitus N=**	N/A
<b>#5</b>	Accidents N=2,086	Diabetes Mellitus N=40	N/A	Diabetes Mellitus N=38	N/A	N/A

N/A = Not applicable

\*\* = 'Number' is suppressed if under 5

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

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

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

<b>Figure 19b: Five Leading Causes of Death by Ethnicity, 2003</b>				
		<b>Wayne County</b>		
<b>Leading Cause of Death by Ethnicity, 2003</b>	<b>Indiana State (All Causes) N=55,123</b>	<b>ALL Ethnic Groups N= 753</b>	<b>Non-Hispanic N=748</b>	<b>Hispanic N=0</b>
<b>#1</b>	Diseases of the Heart N=15,180	Diseases of the Heart N=210	Diseases of the Heart N=210	N/A
<b>#2</b>	Malignant Neoplasms N=12,771	Malignant Neoplasms N=165	Malignant Neoplasms N=165	N/A
<b>#3</b>	Cerebrovascular Diseases N=3,674	Chronic Lower respiratory disease N=45	Chronic Lower respiratory disease N=45	N/A
<b>#4</b>	Chronic Lower respiratory disease N=3,127	Cerebrovascular Diseases N=44	Cerebrovascular Diseases N=44	N/A
<b>#5</b>	Accidents N=2,086	Diabetes Mellitus N=40	Diabetes Mellitus N=40	N/A

N/A = Not applicable

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

## Overview of Wayne County Targeted Survey Responses

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

- Black respondents ranked cancer as the worst health problem in their neighborhood, followed by AIDS/HIV, diabetes, heart disease, high blood pressure and strokes, STDs, respiratory conditions, and infectious diseases.

### *Household arrangement (Table 2)*

- More than 45 percent of Black respondents (45.5 percent) lived in single adult households; almost half, lived in two adult homes (49.4 percent); and the remainder reported three or more adults in the home. Almost 66 percent reported the presence of one or more children in the household.

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

- The Black respondents consisted of 42 (54.5 percent) females and 35 (45.5 percent) males. Forty-two percent of the respondents were younger than 35 years of age, while thirteen percent were 55 year or older.

### *Education (Table 2)*

- Approximately thirty-five percent of the Black respondents (34.6 percent) graduated from high school, 30.8 percent had some college or trade school experience, and 14.1 percent had college degrees.

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

- Forty-two percent of the Black respondents rated their health as excellent or very good, and an additional 34.2 percent described their health as good. Twenty-four percent described their health as either fair (19.0 percent) or poor (5.1 percent).

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

- Sixty-two percent of the Black respondents (62.3 percent) rated their feelings about their life as very satisfied or satisfied. The remainder described their feelings as sometimes satisfied, sometimes dissatisfied (28.6 percent) or dissatisfied (9.1 percent).

*Source of health information (Table 4)*

- The most frequent source of health information reported by Black respondents was a doctor, nurse or clinic (83.3 percent), followed by family members (24.4 percent). Approximately twenty-one percent identified television or radio (20.5 percent), the Internet (16.7 percent), magazines or newspapers (15.4 percent), and other sources (5.1 percent).

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

- Approximately seventy percent of the Black respondents (69.6 percent) reported no visits to the dentist in the last twelve months. Slightly more than twenty-four percent reported visiting the dentist one to two times in the last year, and six percent reported three or more visits this past year. Only thirty-seven percent of the respondents (37.2 percent) reported having access to a dentist for dental care.

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

- Thirty-eight percent of the Black respondents (38.2 percent) reported no visits to the doctor or nurse in the last 12 months. Forty-six percent reported visiting the doctor or nurse one to two times in the last year, and sixteen percent reported three or more visits this past year. The majority of Black respondents (74.0 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 (26.0 percent), the choice for service if needed was a community clinic (50.0 percent), hospital emergency room (30.0 percent), and doctor's office (20.0 percent).

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

- Black respondents with a regular source of care most frequently relied on private physicians (64.4 percent) followed by community clinic (25.0 percent), hospital emergency room (8.9 percent), and urgent care center (1.8 percent).

*Actual utilization patterns (Table 4)*

- On reporting actual utilization of health care services during the past 12 months, eighteen percent of the Black respondents reported hospitalization, forty-six percent reported use of a hospital emergency room, and twenty-three percent used the services of an urgent care center.

*General assessment of medical care (Table 5)*

- Forty-one percent of Black respondents rated services as either superior (5.3 percent), or above average (36.0 percent). Forty-eight percent described the services they received as average. Nearly eleven percent (10.7 percent) rated services as either below average (9.4 percent) or terrible (1.3 percent).

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

- More than one-fifth of Black respondents (21.9 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 insurance, lack of money, doctor would not accept new patients, waiting too long for an appointment, and waiting too long in doctors or clinic office.

*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, doctor would not accept new patients, insurance did not cover the medical care, and doctor or clinic would not accept Medicare / Medicaid.

*Cigarette smoking (Table 6)*

- Twenty-five percent of the Black respondents reported having smoked at least 100 cigarettes in their life; of which, more than 70 percent reported smoking everyday, 20.0 percent some days, and 10.0 percent not at all. For current smokers, the number of cigarettes smoked ranged from less than ½ a pack per day (33.3 percent) to about two packs per day (16.7 percent). Approximately twenty-three percent of all survey respondents (22.8 percent) indicated they were current smokers.

*Physical activity (Table 6)*

- Thirty-one percent of the Black respondents (31.1 percent) reported exercising one or more times per week. Approximately thirty-seven percent of the respondents (36.5 percent) indicated they never exercise.

*Healthy diet (Table 6)*

- Fifty-one percent of the Black respondents indicated they follow healthy diet recommendations either almost all the time (15.3 percent), or most of the time (36.1 percent). Fifteen percent of the respondents (15.3 percent) indicated they do not follow healthy diet recommendations.

*Disease conditions reported (Table 6)*

- More than one quarter of the Black respondents, (27.4 percent) reported that a doctor or nurse told them they have high blood pressure. Other disease conditions included diabetes (18.8 percent), asthma (16.9 percent), other lung disease (14.7 percent), and heart disease (9.0 percent).

*Adults requiring assistance (Table 7)*

- Nearly seven percent of the Black respondents (6.6 percent) reported having an adult member of their household who requires assistance, but fewer than half of the respondents (40 percent) pay for this assistance.

*Medical insurance coverage (Table 8)*

- Only thirty-four percent of the Black respondents (34.2 percent) provided a reply to the question of whether they have medical insurance. Of those who responded, 85.2 percent indicated they do have some type of medical insurance coverage. Nearly half of the respondents (47.8 percent) reported coverage through their employer, followed by Medicare (35.0 percent), Medicaid (26.1 percent), and long-term care insurance (4.4 percent).

*Dental insurance coverage (Table 8)*

- More than half of the Black respondents (54.2 percent) reported having dental insurance coverage.

*Monthly prescription drug expenses (Table 8)*

- One third of the Black respondents indicated paying less than \$10 per month for prescription drugs or \$10 to \$24 per month, while approximately eighteen percent pay \$25 to \$49 per month or \$50 to \$74 per month. Nearly six percent of the respondents indicated paying \$75 to \$99 per month or \$100 to \$199 per month. Forty percent of the respondents indicated they pay nothing for prescription drugs or this expense does not apply to them, while 2.7 percent indicated they did not know.

**Wayne County Needs Assessment Survey 2004**

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>Neighborhood Health Problems (respondents could list as many as five)</b>		
Cancer	62	78.5%
AIDS/HIV	34	43.0%
Diabetes	28	35.4%
Heart disease	27	34.2%
High blood pressure and Strokes	20	25.3%
STDs	6	7.6%
Respiratory conditions (asthma, allergies, bronchitis, lung disease)	5	6.3%
Infectious diseases	5	6.3%

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>2a. How many adults in live in your household?</b>		
1	36	45.5%
2	39	49.4%
3	2	2.5%
4	1	1.3%
5	1	1.3%
6 or more	0	0.0%
<b>2b. How many children live in your household?</b>		
0	25	34.3%
1	14	19.2%
2	15	20.5%
3	10	13.7%
4	6	8.2%
5 or more	3	4.1%
<b>3. What is your gender?</b>		
Male	35	45.5%
Female	42	54.5%
<b>4. What is your age?</b>		
Less than 18 years	0	0.0%
18 - 24	9	11.8%
25 - 34	23	30.3%
35 - 44	25	32.9%
45 - 54	9	11.8%
55 - 64	9	11.8%
65+	1	1.3%
<b>7. How much education have you had?</b>		
Less than high school	16	20.5%
High school or equivalent	27	34.6%
Some college or trade school	24	30.8%
College graduate or more education	11	14.1%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>8. Would you say that in general your health is?</b>		
Excellent	5	6.3%
Very Good	28	35.4%
Good	27	34.2%
Fair	15	19.0%
Poor	4	5.1%
Very Poor	0	0.0%
<b>9. Right now, how do you feel about your life as a whole?</b>		
Very Satisfied	11	14.3%
Satisfied	37	48.0%
Sometimes satisfied, sometimes dissatisfied	22	28.6%
Dissatisfied	7	9.1%
Very Dissatisfied	0	0.0%

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

	Racial Minorities Black	
	Number	Percent
<b>10. Where do you go to get information about health? (respondents were asked to check all that apply)</b>		
Doctor, nurse or clinic	65	83.3%
The Internet	13	16.7%
Magazines or newspapers	12	15.4%
Television or radio	16	20.5%
Family members	19	24.4%
Other	4	5.1%
<b>11. In the last 12 months, how many separate visits have you made to the dentist?</b>		
None	55	69.6%
1 or 2	19	24.1%
3 to 5	5	6.3%
More than 6	0	0.0%
<b>12. Do you have a dentist who you almost always go to for dental care?</b>		
Yes	29	37.2%
No	49	62.8%
<b>13. In the last 12 months, how many separate visits have you made to the doctor, clinic or someplace else to get medical care?</b>		
None	29	38.2%
1 or 2	35	46.0%
3 to 5	8	10.5%
6 or more	4	5.3%
<b>14. Do you have a doctor or a nurse who you almost always go to for health care?</b>		
Yes	57	74.0%
No	20	26.0%
<b>15. If No, where would you go to get care if you were to get sick?</b>		
Doctor's office	4	20.0%
Community clinic	10	50.0%
Hospital emergency room	6	30.0%
Urgent care center	0	0.0%
Self care	0	0.0%
Other	0	0.0%

<b>16. If you are currently receiving care from a doctor or nurse, where do you go to receive care?</b>		
Private doctor's office	36	64.4%
Community clinic	14	25.0%
Hospital emergency room	5	8.9%
Urgent care center	1	1.8%
Other	0	0.0%
<b>17. Were you hospitalized during the past 12 months?</b>		
Yes	14	18.2%
No	63	81.8%
<b>18. Did you use the services of a hospital emergency room during the past 12 months?</b>		
Yes	36	46.2%
No	42	53.8%
<b>19. Did you use the services of a neighborhood urgent care center during the 12 months?</b>		
Yes	18	23.4%
No	59	76.6%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>20. How good do you think the health care services that you and members of your household have received in this community?</b>		
Superior	4	5.3%
Above average	27	36.0%
Average	36	48.0%
Below average	7	9.4%
Terrible	1	1.3%
<b>21. In the past year, have you had difficulty obtaining or receiving the services of a doctor, nurse or other health professional?</b>		
Yes	16	21.9%
No	57	78.1%
<b>22. If Yes, what difficulties did you have? (respondents were asked to check all that apply)</b>		
No doctor in area	2	12.5%
Lack of money	9	56.3%
No insurance	9	56.3%
Insurance did not cover the medical care	0	0.0%
No transportation available	1	6.3%
Had to wait too long for an appointment	2	12.5%
Doctor wouldn't take new patients	5	31.3%
Doctor or clinic wouldn't take Medicare	1	6.3%
Doctor or clinic wouldn't take Medicaid	1	6.3%
Doctor you need to see for your insurance is out of your area	1	6.3%
Language barriers	0	0.0%
Cultural barriers	0	0.0%
Had to wait too long in doctor's or clinic office	2	12.5%
Was not treated with respect	0	0.0%
The doctor or nurse wouldn't listen	0	0.0%
Felt uncomfortable asking the doctor or nurse questions	0	0.0%
Didn't feel the medical care was the best	0	0.0%
Couldn't get off work	1	6.3%
Clinic or doctor's office staff was rude and not very helpful	0	0.0%
No child care available	2	12.5%

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	8	10.1%
Lack of money	57	72.2%
No insurance	70	88.6%
Insurance did not cover the medical care	15	19.0%
No transportation available	10	12.7%
Had to wait too long for an appointment	12	15.2%
Doctor wouldn't take new patients	17	21.5%
Doctor or clinic wouldn't take Medicare	14	17.7%
Doctor or clinic wouldn't take Medicaid	14	17.7%
Doctor you need to see for your insurance is out of your area	9	11.4%
Language barriers	6	7.6%
Cultural barriers	1	1.3%
Had to wait too long in doctor's or clinic office	8	10.1%
Was not treated with respect	3	3.8%
The doctor or nurse wouldn't listen	0	0.0%
Felt uncomfortable asking the doctor or nurse questions	3	3.8%
Didn't feel the medical care was the best	6	7.6%
Couldn't get off work	6	7.6%
Clinic or doctor's office staff was rude and not very helpful	3	3.8%
No child care available	12	15.2%
Not having a Social Security Number was a problem	1	1.3%
Not having a permanent address was a problem	1	1.3%
Other	1	1.3%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>24. Have you smoked at least 100 cigarettes in your life?</b>		
Yes	20	26.0%
No	56	72.7%
Don't know / Not sure	1	1.3%
<b>25. If yes, do you now smoke cigarettes every day, some days or not at all?</b>		
Everyday	14	70.0%
Some days	4	20.0%
Not at all	2	10.0%
<b>26. If you smoke some days or everyday, how much do you usually smoke per day?</b>		
Less than 1/2 pack per day	6	33.3%
1/2 to 1 pack per day	9	50.0%
About 2 packs per day	3	16.7%
About 3 packs per day	0	0.0%
More than 3 packs per day	0	0.0%
<b>27. How often do you exercise or participate in vigorous physical activity?</b>		
One or more times each week	23	31.1%
Less than one time per week	24	32.4%
Not at all	27	36.5%
<b>28. How often do you generally follow recommendations for a healthy diet?</b>		
All the time or almost all of the time	11	15.3%
Most of the time	26	36.1%
Some of the time	24	33.3%
Not very often or not at all	11	15.3%
<b>29. Have you ever been told by a doctor or nurse that you have any of the following?</b>		
High blood pressure ('yes')	20	27.4%
Heart disease ('yes')	6	9.0%
Diabetes ('yes')	13	18.8%
Asthma ('yes')	11	16.9%
Other lung disease ('yes')	10	14.7%

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

	<b>Racial Minorities</b>	
	<b>Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>30. Are there any adult members (18 or older) of your household that need assistance in daily activities?</b>		
Yes	5	6.6%
No	71	93.4%
<b>31. Do you pay anyone to give this assistance?</b>		
Yes	2	40.0%
No	3	60.0%

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

	<b>Racial Minorities Black</b>	
	<b>Number</b>	<b>Percent</b>
<b>32. Do you have any medical insurance coverage if any health problems arise?</b>		
Yes	23	85.2%
No	4	14.8%
<b>33. If yes, what kind do you have? (respondents were asked to check all that apply)</b>		
Provided by employer	11	47.8%
Privately purchased plan	0	0.0%
Covered under spouse or parent's insurance	0	0.0%
Medicare	8	35.0%
Medicaid	6	26.1%
Long term care insurance	1	4.4%
Other	0	0.0%
<b>34. Do you have dental insurance coverage if any problems arise?</b>		
Yes	39	54.2%
No	33	45.8%
<b>35. How much do you pay for prescription drugs in a typical month?</b>		
Nothing / Does not apply to me	30	40.5%
Less than \$10 per month	16	21.6%
\$10 to \$24 per month	9	12.2%
\$25 to \$49 per month	7	9.4%
\$50 to \$74 per month	6	8.1%
\$75 to \$99 per month	3	4.1%
\$100 to \$199 per month	1	1.4%
\$200 or more per month	0	0.0%
Don't know	2	2.7%

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

Several health conditions were noted to be among the major health problems confronting Wayne County residents: **alzheimer's, cancer, diabetes, obesity, heart conditions, and HIV/AIDS**. Suggestions on ways to improve the health status of minority residents that were commonly raised included:

- **improve access** to healthcare by eliminating barriers;
- **improve communication** between consumers and providers; 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 Wayne County.

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

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

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

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

### **Key quotes from participants:**

*“If nobody is talking and everybody is in their own world, there is a big gap right there. Because nobody is coming together and trying to solve the problem, there is always going to be controversy between everybody because nobody is willing to stop and say, ‘we need to sit down and talk, we need to address these issues and what is going to come out of it...’ We’ve all stereotyped each other so much, now we are just in the mode, which set where nobody is really listening.”*

*“The reason why I say, ‘start with the kids,’ is that a lot of times the kids take that information back home to their parents – ‘hey, Dad, did you know this?’...”*

*“They don’t take enough time to really investigate what is going on with their patients.”*

*“Our educational system needs to put sex education back into the schools. This will help with reducing teen pregnancy, STDs and HIV/AIDS.”*

## Wayne County Focus Group Responses

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

### CONSUMERS

#### *Community Characteristics:*

- Lack of community involvement in addressing health issues

#### *Health Access Barriers:*

- Low income

#### *Health Conditions:*

- AIDS
- Alzheimer's
- Cancer
- Diabetes
- Heart conditions

### COMMUNITY LEADERS

#### *Community Characteristics:*

- Some people are unable to read or write
- Lack of education among the community

#### *Cultural Characteristics and Sensitivity:*

- Stigma associated with being African American

#### *Health Access Barriers:*

- Low income
- People don't want anyone to know they are poor so they don't apply for public assistance to get healthcare
- Lack of access to medicines and prescriptions due to their cost
- Lack of available healthcare and particularly quality healthcare
- Lack of clinics in neighborhoods that need them
- People lack access to resources, such as health insurance
- Many people do not have access to health insurance
- Difficult to obtain services from the county's health clinic
- Language barriers

#### *Health Knowledge and Promotion:*

- Need more one-on-one communication with providers to obtain health information
- Lack of health education and appropriate health educational materials

***Health System:***

- Crisis management provided instead of routine medical care, which is a waste of current resources
- Systematic problems

***Provider Behavior:***

- Medical professionals are not courteous and treat African Americans differently
- Medical professionals do not understand diversity or culture of anyone different from themselves.
- Lack of education among providers about cultural issues
- The Wayne County clinic doctors will not take on serious cases

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

**CONSUMERS**

***Increase Access:***

- Open a new clinic
- Set up a mobile van that can be used to provide healthcare
- County clinic needs to add more hours and days to provide better service
- There needs to be a place where minorities can go for health assessments free of charge
- Use churches as places where most minorities can go for advice and/or guidance

***Improve Communication and Education:***

- Improve communication by the minorities to the community regarding healthcare issues
- Government needs to take a more proactive role in health education in the community
- Provide more education for minorities on minority healthcare

***Quote:***

“Maybe it means getting with different churches around town and see if maybe one will sponsor once a month a block party or in the wintertime have a pitch-in or some other social event.”

**COMMUNITY LEADERS**

***Increase Access:***

- More doctors need to take lower income people as patients
- More bilingual doctors are needed
- Staff a family practice clinic to stay open 24 hours/day
- Set up a mobile medical van to provide healthcare
- Expand the current system to offer more services and care
- Obtain Section 330 community health center funding from the government to help facilities offset fees for those who cannot pay for services

***Quote:***

“What if there was a clinic that the hospital donated space for that is staffed on a voluntary basis... they would work in shifts... payment on a sliding scale.”

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

**CONSUMERS**

***Communication:***

- Broad-based communications/breakdown
- Communication barriers
- Language barriers

***Cultural:***

- Getting the family involved
- Stereotypes and racism
- Systematic racism in the healthcare system

***Education:***

- Lack of education

***System:***

- Providers not taking the patient's insurance or Medicaid

***Personal/Economic:***

- Funding- affordable healthcare and insurance
- Lack of insurance
- Lack of transportation
- Economic situations

***Quote:***

“If nobody is talking and everybody is in their own world, there is a big gap right there. Because nobody is coming together and trying to solve the problem, there is always going to be controversy between everybody because nobody is willing to stop and say, ‘we need to sit down and talk, we need to address these issues and what is going to come out of it...’ We’ve all stereotyped each other so much, now we are just in the mode, which set where nobody is really listening.”

**COMMUNITY LEADERS**

***Communication:***

- Language barriers

***Cultural:***

- Systematic racism in healthcare system

***Education:***

- Lack of education
- Lack of information regarding services - how to take care of yourself after being diagnosed with a problem

***Personal/Economic:***

- Cost of prescriptions
- Lack of transportation
- Lack of insurance

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

**CONSUMERS**

***Communication:***

- Apply for funds to do public relations/awareness programs regarding minority health issues

***Education:***

- Use our school systems to provide health education to our children

***Personal/Economic:***

- Increase the availability of public transportation

***Quote:***

“The reason why I say, ‘start with the kids,’ is that a lot of times the kids take that information back home to their parents – ‘hey, Dad, did you know this?’ ...”

**COMMUNITY LEADERS**

***Education:***

- Use our school systems to educate the children about health

***Other:***

- Motivate African Americans to take more responsibility for their health

**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.”

***Quote:***

“We’ve got three walk-in clinics, three dozen doctors, and we’ve got the emergency room, but apparently none of these things are working well for the minority community. Because, number one, you go to the emergency room and it is truly triage care. They are going to look at you and they are going to say, ‘okay, this is what we think it is. Here’s a prescription. Go on your way.’ If you go to one of the walk-in clinics, you have to have money to be treated, and that can range anywhere from \$50 to \$70, and that is not including any lab work that they do. Then, there are prescriptions on top of that. You take it to CVS or Wal-Mart or whatever and it is incredibly expensive. As for the regular doctors, nobody is taking patients and the people who do take Medicaid patients aren’t taking new ones. They are full-up for their quota or they are just not taking any patients at all, or they won’t take Medicaid at all.”

“It’s hitting the middle-class, too.”

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

**CONSUMERS**

***Cultural:***

- Lack of understanding of cultural diversity

***Provider/System:***

- Lack of doctors who are willing to take self pay, Medicare or Medicaid patients
- Lack of quality emergency care for the poor
- Lack of physicians taking the time to explain the diagnoses to the patients
- Physician attitudes

***Quote:***

“They don’t take enough time to really investigate what is going on with their patients.”

**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.”

***Quote:***

“It depends on where you go and who the physician is.”

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

**CONSUMERS**

***Communication/Outreach/Education***

- They are helping many people

***Access (More hours, days)***

- They are trying to be more accessible
- They have added more hours

***Focus on Health conditions/Health related issues***

- They have taken over AIDS testing

***Others***

- They take student nurses from IU East

**COMMUNITY LEADERS**

***Access (More hours, days)***

- They are currently trying to be more accessible and they are expanding hours, staff and services

***Focus on Health conditions/Health related issues***

- They help with prenatal care, senior citizens and the poor

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

**CONSUMERS**

***Lack of Communication/Outreach/Education***

- Sex education in school is not persuasive

***Provider Behavior/System***

- Doctors act like they don’t care

***Focus on Health Conditions/community needs***

- Focus is about the money aspect and not on the people
- Not dealing with pervasive problems
- Not being holistic programs

## **Economics**

- Not accounting for every penny of funding from state and federal sources

### **COMMUNITY LEADERS**

#### **Quote:**

“Our educational system needs to put sex education back into the schools. This will help with reducing teen pregnancy, STDs and HIV/AIDS.”

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

### **CONSUMERS**

#### ***Recommendations to Institutions:***

##### ***1. Policy/Legislators***

- Find a way to make health care more affordable

##### ***2. Programs***

- Talk to minority groups and ask them what they need
- Make more services available
- Go to barber shops for outreach

### **COMMUNITY LEADERS**

#### ***Recommendations to Institutions:***

##### ***1. Policy/Legislators***

- Make health care more affordable

##### ***2. Programs***

- Make health care more accessible
- Need to address health problems of the elderly more
- Need to address health problems of the local community

##### ***3. Partnerships***

- Federal and local government need to work more closely together to address community needs

#### ***Quote:***

“I know several other single parents who are in my situation. I have insurance, but I have to wait for the enrollment period because I was on Hoosier Healthwise. Then, they told me that I make too much money, so I had to take my kids off Hoosier Healthwise. I could not put them on my insurance and still can't until the next enrollment period. So there I am, stuck in the middle, where I make too much to have Hoosier Healthwise, and then I make too much to go to certain services, to take my kids to certain clinics. So there are those of us who are in between and then, when I go to take them to a doctor, if I take all three of my boys, it gets way too expensive.”

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

**Purpose:** Community leaders/providers in Wayne 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 Wayne County Minority Health Coalition. Ms. Diana Burns, the Coalition Coordinator of the Wayne County Minority Health Coalition conducted the interviews and documented the responses during the interview. The key informant interview script consisted of the same fifteen questions for each of the community leaders/providers.

**Results:** There was a total of six community leader/provider interviews were conducted in Wayne County during February and March of 2004. The profession of one of the community leader/provider was a board member of the Wayne County Minority Health Coalition. The profession of the remaining key informants was not reported. The gender of the interviewees was reported for four participants and included one male and three females. The age and race/ethnicity of the participants was not reported.

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

For all racial and ethnic populations in Wayne County:

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

African American population in Wayne County:

1. System Improvement (More Providers/Better Access)

Hispanic/Latino population in Wayne County:

1. Improve Communications (Language)
2. System Improvement (More Providers/Better Access)
3. Cultural (Discrimination)

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

For all racial and ethnic populations in Wayne County:

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

African American population in Wayne County:

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

Hispanic/Latino population in Wayne County:

1. Improve Communications (Language)
2. Improve Education (Health Promotion)
3. Cultural (Discrimination)

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

For all racial and ethnic populations in Wayne County:

1. Improve Communications (Language)
2. Improve Awareness of Services
3. Personal Economic Barriers (Transportation, Insurance)
4. System Improvement (More Providers/Better Access)
5. Provider Behavior
6. Cultural (Discrimination)

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

Key informant 1:

*“Yes”*

- *“Many doctors are not known for their bedside manners. When you add cultural differences, the quality of medical care drops even further for minorities. If we could recruit more minority doctors this concern could be eased somewhat.”*
- *“In areas that are underserved in our community it might be a good idea to try the debt-relief recruitment method of attracting minority doctors. Debts when graduating from*

*medical school are extremely high and if we could offer a two year program promising to help ease the debt of a new doctor in return for two years of service to the community could be a worthwhile program.”*

Key informant 2:

*“Yes”*

- *“As things are now, there are serious problems with the quality of healthcare the Latino population is receiving. Without bilingual employees, communication between healthcare provider and patient does not exist.”*

Key informant 3:

*“No”*

Key informant 4:

*“No”*

Key informant 5:

*“Yes”*

- *“I don’t feel that minorities have access to quality healthcare. Many times they end up using the Emergency Room with no follow-up or continued of care. The practice of treating a particular symptom without follow-up to determine the actual cause is a problem.”*

Key informant 6:

*“Yes”*

- *“This is due to the lack of awareness about the services a doctor is supposed to provide.”*

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

Key informant 1:

- *“Knowing the community needs”*
- *“Remaining on track to deal with the needs of the community”*

Key informant 2:

- *“Knowing and dealing effectively with the needs of the Latino population in Wayne County”*

Key informant 3:

- *“Accessible”*
- *“Materials provided are educational”*
- *“Resourceful”*

Key informant 4:

- *“Effectively inform the community and make people aware of services”*

Key informant 5:

- *“Commitment to provide quality healthcare to the community”*

Key informant 6:

- *“Experience staff”*
- *“Consistency”*

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

Key informant 1:

- *“Lack of bilingual education for the state social workers”*
- *“Lack of adequate services available for the growing Latino population in our community”*

Key informant 2:

- *“Hospital employees who are not bilingual and lack medical training”*

Key informant 3:

*“Not Applicable”*

Key informant 4:

*“Not Applicable”*

Key informant 5:

*“Not Applicable”*

Key informant 6:

- *“Wrong attitude”*
- *“Negative behaviors”*

**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”*

Key informant 2:

*“Insufficient”*

- *“Lack of physicians focusing professional practice on providing services to low-income and minority populations”*

Key informant 3:  
*“Sufficient”*

Key informant 4:  
No response

Key informant 5:  
*“Insufficient”*

Key informant 6:  
*“Insufficient”*

- *“There are not enough minority physicians in our community”*
- *“The physicians in our community do not know how to communicate with minorities”*

**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:

- *“More mobile clinics need to be available to reach the people in our community who are in need”*

Key informant 2:  
*“Not Applicable”*

Key informant 3:  
*“Not Applicable”*

Key informant 4:  
*“Not Applicable”*

Key informant 5:

- *“Locate clinics in housing complexes”*

Key informant 6:

- *“Not in low-income areas. Many low-income people won’t go to the doctors in low-income areas. We need clinics to be located somewhere close-by low-income areas and centrally located.”*

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

For all racial and ethnic populations in Wayne County:

1. Improve Communications (Language)

2. Improve Education (Health Promotion)
3. Personal Economic Barriers (Transportation, Insurance)
4. Cultural (Discrimination)

Hispanic/Latino population in Wayne 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”*

- *“Latino population is most affected by the language barrier”*
- *“All low-income members of our community are affected by the lack of transportation regardless of race or ethnicity”*

Key informant 2:

*“Not Applicable”*

Key informant 3:

*“Not Applicable”*

Key informant 4:

*“No”*

Key informant 5:

*“Yes”*

Key informant 6:

*“Yes”*

- *“Everyone is different”*

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

Key informant 1:

No response

Key informant 2:

*“Not Applicable”*

Key informant 3:  
*“Not Applicable”*

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:**

- *“Wayne County Health Department”*
- *“Dr. Jetmore”*
- *“Dr. White”*
- *“Salvation Army”*
- *“Ministry of Health Care programs”*

**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:**

- *“Remember the rapidly growing Latino Population in our community”*
- *“Be certain to consider the language and cultural differences inherent in the Latino population”*
- *“Form sustainable partnerships”*
- *“Avoid duplication of services”*
- *“Take time to focus on and develop one good project”*
- *“Know your community”*
- *“Know your target audience”*

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

Key informants 1 and 2:  
No response

Key informant 3:  
*“No”*

Key informant 4:

- *“We have problems reaching minorities. We need to get out into the community to better inform minorities of the services available to serve them.”*

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

- *Health Department employees*

# CONCLUSIONS

## Conclusions

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

The Black population in Wayne 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, prenatal care in the first trimester, smoking during pregnancy, chemical abuse during pregnancy, births to single mothers, births to 16 and 17 year olds, low and high weight gain during pregnancy, and percentage of women receiving less than adequate prenatal care. These indicators do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all births in Wayne County.

Hispanics in Wayne County have higher percentages compared to Non-Hispanics for many of the birth outcome indicators: low birth weight, pregnancy complications, Cesarean deliveries, births to single mothers, teenage pregnancy, and low weight gain during pregnancy. Furthermore, fewer Hispanic women receive prenatal care in the first trimester and more Hispanics receive less than adequate prenatal care compared to Non-Hispanics. These indicators need improvement because they do not meet the Healthy People 2010 Objective and/or have higher percentages in comparison to all Non-Hispanic births in Wayne County.

The age-adjusted death rate and deaths by cause for APIs, AIANs and Hispanics in Wayne County could not be compared due to the small number of deaths. The age-adjusted death rate for Blacks in Wayne County was higher than the age-adjusted death rate for all deaths in Wayne County; whereas the age-adjusted death rate for Blacks in Wayne County was lower than the age-adjusted death rate for Blacks in Indiana. The leading cause of death among Blacks in Wayne County was malignant neoplasms.

Results from targeted surveys, focus groups and key-informant interviews reveal that Blacks have had difficulty obtaining care from primary care providers, identifying lack of health insurance, lack of money, and doctor would not accept new patients. Black also noted waiting too long for an appointment and waiting too long in doctor or clinic office as barriers 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 Wayne County residents can achieve the highest possible

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

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

# APPENDICIES

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

**INTRODUCTION:**

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

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

**Neighborhood Health Problems:**

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

(List as many as five)

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

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

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

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

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

3. What is your gender?

Male                       Female

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

5. Are you Spanish, Hispanic or Latino?

Yes

No

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

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

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

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

**General Health Questions:**

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

**Your Experience Getting Health Care:**

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

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

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

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

- Yes → **Skip to question 16**
- No

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**Attitudes and Barriers to Medical Care:**

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

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

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

- Yes
- No → **Skip to # 23**

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

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

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

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

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

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**Health Related Activities:**

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

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

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

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

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

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

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

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

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

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

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

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

**Disabilities:**

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

- Yes
- No → **skip to question 34**

31. Do you pay anyone to give this assistance?

- Yes
- No

**Your Health Insurance**

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

- Yes
- No

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

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

## Appendix 2: Focus Group Script ©

(Adapt as needed, but keep the messages)

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

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

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

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

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

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

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

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

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

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

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

## Closing Statement

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

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

(Adapt as needed, but keep the messages)

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

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

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

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

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

How about the Hispanics or Latinos?

How about the Asian Americans?

Finally the Native Americans?

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

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

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

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

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

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

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

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

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

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

14. Do you have any other comments?

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

## Closing Statement

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