THE HEALTH-CARE SYSTEM AND AFRICAN AMERICANS IN INDIANAPOLIS

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In order to critically assess the health-care system in Indianapolis, it is important to analyze this African-American population from two major perspectives. First, the local African-American population must be viewed in the context of the local health-care system in its present and historical setting. Second, the local African-American population must be viewed in conjunction with other urban African-American populations. These two perspectives will show how the region's economic, social, cultural, and political climate have affected the health-care status of African Americans in Indianapolis. (*J Natl Med Assoc.* 1994;86:853-856.)

Key words • health-care system • Indianapolis • African Americans

Despite the progress made in health care during the 1980s and early 1990s in the United States, there continues to be a lack of awareness to African-American health problems. In fact, health problems such as hypertension, heart disease, stroke, diabetes, cancer, and infant mortality remain the major causes of death in the African-American population. Moreover, a recent report investigating the disparity between African-American and white health status indicates that African Americans continue to have a death rate 2.5 times higher than whites. Interestingly, the study states that before death rates among African Americans and whites are equal, policy-makers, health-care administrators, and researchers must learn more about socioeconomic factors and identify factors that are still unknown.[1]

In order to critically assess the health-care status of African Americans in Indianapolis, it is important to analyze this African-American population from two major perspectives. First, the local African-American population must be viewed in the context of the local health-care system in its present and historical setting. Second, the local African-American population must be viewed in conjunction with other urban African-American populations.

For example, currently, there are approximately 29.3 million African Americans in the United States—about 12.2% of the population. The African-American population grew by 10% between 1980 and 1988 and 17% between 1970 and 1980. Moreover, most African Americans (57.2%) presently live in central cities, 25.8% reside in suburban areas, and the remaining 17% live in rural areas. Thus, a vast majority of African Americans (82%) are urban people—including Indianapolis. This steady increase of the African-American population has not only influenced their residence patterns, but in particular, the type of health care they have received.

In fact, a study of 10 130 persons living in the continental United States found that even blacks above the poverty line have less access to medical care than their white counterparts.[1] The researchers contend that ethnic-related differences in health-care arrangements and lifestyle were the most significant factors in the disparity between black and white health-care utilization. For instance, the study found that blacks are more likely than whites to report that during their last visit their physician did not inquire sufficiently about pain, did not tell them how long it would take for prescribed medicine to work, did not explain the seriousness of the

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illness or injury, and did not discuss test or examination findings. In addition, fewer than three fifths of blacks were completely satisfied with the care provided during their last hospitalization, compared with more than three fourths of whites. From this national survey, it is apparent that not only are there differences in access, but also in the perception of the care provided for blacks and whites.[1]

Are these national findings comparable to the local Indianapolis health-care system with respect to the African-American population? Is the health-care status of Indianapolis African Americans different from other urban African-American populations? In addition, are there any particular strategies that have been effective in the African-American population? These are questions this article adresses.

INDIANAPOLIS HEALTH-CARE SYSTEM: A CULTURAL HISTORICAL PERSPECTIVE

A brief cultural historical review of the Indianapolis health-care system will help us to better understand how it relates to the current health-care status of Indianapolis African Americans. In particular, this approach will show how the region's economic, social, cultural, and political climate affected Indianapolis African Americans' health care status and their use or nonuse of mainstream health-care facilities.

Indianapolis Health-Care System: 1860 to 1950

The census of 1860 revealed a total of 11 428 Negroes in Indiana compared with 1420 in 1820. The total population in Indianapolis was 8097 in the mid-18th century.[2] This included 25 physicians and dentists. However, none of them were black. It was not until 1871 when the first black physician, Dr Samuel E. Elmore, was allowed to practice in the state. The second physician to establish practice in Indianapolis was Dr William Chavis, who came from Ohio in 1890.

At the turn of the century, Indianapolis experienced an influx of new, enterprising physicians as the city's population grew. The names of some of these early African-American physicians include: Drs Arthur H. Wilson, Abraham Joseph King, Calvin R. Atkins, Charles Burris, W.E. Brown, J.O. Puryer, Clarence Toles, C.A. Lucas, Sr, and Joseph Ward.

In 1909, Lincoln Hospital became the first hospital to serve the African-American community in Indianapolis. From the efforts of Dr Calvin Atkins and other African-American physicians, Lincoln Hospital symbolized the aspirations that have permeated the activities of black physicians for several years.[2] Located at 11th Street and Senate Avenue, Lincoln Hospital, a two-story frame building, fulfilled an indisputable need among the African-American population. Not only was Lincoln Hospital the only hospital to serve the African-American population, but also it enabled black physicians to practice their trade as well as offering training for African-American nurses.

The first annual report from Lincoln Hospital stated:

> With colored population of over 40 ,000, 19 colored physicians, and five dentists, it was felt there was need for a colored institution open freely to all classes of curable non-contagious cases, where any reputable physician could bring his cases and treat them, if desired, and where colored nurses could train.

Like most institutions of its kind, Lincoln Hospital had its struggle for existence. It had no endowment and therefore was dependent for support on the money of those patients who pay a part of their expenses and on gifts from the general public and charitable organizations. As the years passed by, however, Lincoln could not keep its doors open to the African-American community.

In 1928, another black hospital, the Ward Sanitorium, opened. From the efforts of Dr Joseph Ward and Dr Mark Batties, the Ward Sanitorium started serving the African-American community since Negroes were still not admitted to local hospitals, and black doctors were denied hospital privileges.

The growth of Indianapolis hospitals surged in the following decades. By 1938, Indianapolis had 10 major hospitals: City Hospital, St Vincent's, Coleman, Methodist, James Whitcomb Riley Hospital for Children, Robert W. Long Flower Mission and Marion County Tuberculosis Hospitals, St Francis at Beech Grove, and Central State Hospital. In addition, the medical facilities of Indianapolis included a clinical building at the Indiana University Medical Center and a dental school. The growth of Indianapolis hospitals did not automatically mean that blacks were welcomed at all area hospitals (*Indianapolis News.* December 6, 1969).

Prior to 1945, black patients were admitted only to General (Wishard) Hospital. A few emergency patients or prominent citizens were admitted to the basement of Methodist Hospital. With such limitations on blacks for health-care accessibility, and particularly since Lincoln and the Ward did not survive, Dr E.P. Thomas suggested that the local Aesculapian Medical Society (African-American physicians' organization) build a

small hospital. The Society agreed, yet the hospital was never built because integration of all hospitals was to occur within 5 years.

In fact, it was not until 1953 that a so-called "color-bar" against Negro patients was removed at all hospitals. The *Indianapolis News* reported that "assurances have been given from all area hospitals that they will accept patients without regard to race, color, or creed." Before this agreement, however, African-American patients were accepted primarily at St Vincent's, General, and the Indiana University Medical Center. Yet, most importantly, acceptance to all area hospitals became a right for the Indianapolis African-American population.

Although Indianapolis African Americans could attend all area hospitals, there was still a need to reach out to one of the local African-American communities in Indianapolis. By the mid-1970s, an inner-city health center was organized.

Indianapolis Health-Care System: 1960 Through the Present

Managed and staffed primarily by black physicians, an inner-city health clinic (Citizens) opened its doors in 1974. Spurred on by Dr Raymond D. Pierce, president of the black physicians society (Aesculapian), the Citizens Ambulatory Health Center at 17th Street and Broadway was designed for private physicians to bring their practices—their patients—to the center. In addition, the center was to feature for all patients the "family physician's" approach in which the patients see the same doctor for preventive care, emergency care, or when hospitalized. The main purpose of this approach was to create conditions for a health maintenance organization—a system of prepaid, insurance premium-like financing of medical care. The center started operations in 1974 and continues to the present (*Indianapolis Star.* February 14, 1974).

By the mid-1980s, Indianapolis had a total of 17 licensed hospitals. With the increase in the number of available hospitals for African Americans, there was also an increase in the cost for hospital stay.

Indianapolis ranked 21st among the nation's 100 largest cities. The average hospital stay in Indianapolis cost $3341 in 1982. This average cost ranked well below such cities as Boston, San Francisco, Philadelphia, and Chicago. However, Indianapolis was more expensive than such cities as Baltimore, Miami, Cincinnati, Denver, and Honolulu. This average cost per stay may have influenced whether or not African Americans regularly attend certain Indianapolis hospitals, but this would be purely speculation.

By the 1980s, the fact remains that African Americans had accessibility to a number of available high-cost and moderate-cost hospitals in the Indianapolis metropolitan area. Nonetheless, there was still sentiment in the African-American community that important health-care issues needed to be addressed.

In fact, the Indianapolis Urban League's "State of Black Indianapolis 80" stated the following about health care for African Americans[3]:

1. Increases in primary health care services are needed in the black community.
2. Increases in health care funding for health centers are needed.
3. Presently the Child Health Assurance Program (CHAP) in the Senate will be very beneficial locally if passed.
4. Health preventive programs are a necessity in particular for black people when we speak of hypertension, cancer, and infant mortality.
5. Black teenage birth rate programs presently existing need to be expanded and comprehensive teenage birth education programs must be developed.
6. We encourage the use of HMO health maintenance organization by more black health professionals in the medical field making health care more affordable.

The recommendations from the Indianapolis Urban League suggest there were a number of issues that needed to be addressed for the African-American community.

RECOMMENDATIONS: STRATEGIES TO ADDRESS THE HEALTH-CARE ISSUES FOR INDIANAPOLIS AFRICAN AMERICANS

The major purpose of this article was not only to highlight the problems with the local health-care system, but also to provide recommendations and strategies of improving the inadequacies of this system. There were, and still are, a number of good health-care programs in Indianapolis that are very effective in the African-American community. Nonetheless, all health-care systems (locally, statewide, and nationally) can be improved.

Interestingly, the state of Indiana has started to address black and minority health status. According to the Interagency State Council on Black and Minority Health, they suggested five major recommendations to improve the health-care status of Indiana's black and minority populations. They are[4]:

1. Develop and implement a state structure that would be more conducive to addressing the health disparities of the minority populations in Indiana.
2. Develop and implement an aggressive recruitment and retention program to increase the number of minorities in the health and social service profession.
3. Develop and implement an awareness program that will increase the knowledge of health and social service providers to the special needs of minorities.
4. Develop a health care system that would provide adequate coverage for the uninsured and underinsured to expand accessibility to health care programs and services.
5. Develop and implement culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize avoiding health risk factors for conditions affecting minorities and incorporate an accessible, affordable and acceptable early detection and intervention component.

If implemented, these recommendations will have a positive effect on the health status of Indianapolis' African-American population.

Yet, the solution to the health-care situation for African Americans in Indianapolis and the state of Indiana goes beyond these recommendations. According to the 1985 Report of the Secretary Task Force of the Department of Health and Human Services on Blacks and Minority Health Issues, research on the relationship between health beliefs and health-care seeking behavior may assist in explaining the patterns of health care for some ethnic populations. Moreover, such research would provide a frame of reference that health professionals could use to better understand the social ills and special problems among ethnic populations.[5]

CONCLUSION

In view of these issues, there is an obvious need to focus on the cultural orientations of African Americans toward health care. Understanding the culture of an individual is of special importance in health-related situations because it determines whether an individual will use available health-care services.[6] One's culture is a system of shared beliefs, values, customs, and behaviors that members of a society use in coping with one another and with their world and that are transmitted from generation to generation through learning. This learned culture guides health-care action and health beliefs as the individual meets both familiar and new illness situations.

Not only should health-care professionals and administrators try to work "within" the sociocultural value system of the African-American patient, but also African Americans should attempt to work "with" the sociocultural value system of the health-care professional. By doing this, both parties will benefit simply because of the powerful influences of cultural factors over a lifetime in shaping people's attitudes toward health behaviors. In addition, once more health-care professionals and administrators begin to identify a "distinctive" preventative health-care pattern among African Americans, critical health-care issues such as the high prevalence of infant mortality, hypertension, diabetes, and cancers can be truly resolved.

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