Health Care

Description

Monroe County is fortunate to have excellent health care resources. In 2002, Bloomington Hospital and Healthcare System (BHHS) served 365,000 patients in nine counties; 45% of their inpatients lived outside of Monroe County. The Emergency Department handled over 67,000 visits, and there were close to 17,000 annual admissions, and 2,000 births. There are over 300 physicians on staff trained in 31 different medical specialties (BHHS, 2002). In addition to BHHS, Bloomington has a variety of other health care providers, including groups like Internal Medicine Associates, imaging centers like SIRA, independent physicians, dentists, ophthalmologists and many more. A variety of walk-in immediate care facilities serve patients. Health care services are provided on a sliding fee scale at the Community Health Access Program (CHAP) clinic, a program of BHHS, and by Planned Parenthood. Bloomington is also home to a number of alternative medicine practitioners.

Those individuals who can afford private healthcare, or who have access to health insurance, Medicare or Medicaid, are able to utilize most of these services. However, there are many individuals and families in the community who need health-related services, but cannot afford them. The lack of health insurance for many residents is a major problem. A Census Bureau report that was just released gives the percentage of Americans without health coverage at 15.2%, or 43.6 million—the second consecutive annual increase. Many of the uninsured or underinsured cannot afford their co-pay amounts or other health-related bills. This in turn leads to damaged credit, which may later prevent them from qualifying for housing and education loans. Even those who do have insurance often cannot pay for prescription medications or dental and vision expenses. The cost of insuring employees rose by as much as 35% for some employers in 2002. A bright spot in the area of health care is the enrollment of many local children in the Hoosier Healthwise program through the City of Bloomington Community and Family Resources Department. (Nationally, the uninsured rate for children remained relatively unchanged at 11.6%.)

To help meet the needs of low-income patients, many of whom are uninsured, CHAP began to provide health services in 1993. In their last fiscal year, CHAP enrolled 710 first-time visitors and had more than 7,100 individual visits to the clinic. In 2002, through a partnership with pharmaceutical manufacturers, 68% of the prescriptions filled at CHAP were donated. However, CHAP provides patients with vouchers for physicians' visits; many participating doctors have waiting lists of up to several weeks. There are few alternatives to an emergency room visit for uninsured patients with acute medical problems. Of course, this is a more costly form of treatment.

The Women, Infants and Children (WIC) program, also run locally by BHHS, provides nutritional support for low-income women and their children in Monroe and Greene Counties. The program helps to reduce emergency room visits for these families, and includes an educational component to help develop parenting skills. Through Title X funding administered by BHHS' Community Health Services, patients at 100% of poverty or below can receive reproductive health care exams and other services.

Similarly, the IU Dental Clinic and School of Optometry Eye Clinic provide services at reduced fees. For some patients, treatment at the eye clinic is the only health care they have received in a decade. Because of this, the Clinic checks patients' blood pressure and blood sugar levels to help identify and prevent underlying health issues like diabetes and high blood pressure. Unfortunately, due to insufficient staffing to meet the community need, there is a waiting list at the Eye Clinic.

Other challenges for community health include:

- providing services for AIDS and HIV-positive patients, many of whom are reluctant to seek services due to the stigma associated with the disease
- providing services to those suffering with mental health conditions
- meeting the needs of substance abusers through prevention and treatment
- dealing with an increasing number of patients suffering from stress, anxiety and depression
- instituting more health and wellness programs and
- providing mental health and substance abuse programs for incarcerated persons

Many local providers feel strongly that access to health care and health education are needed to break the cycle of poverty, and call for a continuum of care to treat the whole patient. They also believe that the schools should be more active in health education.

Health care continues to improve in quality as medical advances are made, but this, together with the costs of providing services to those without health coverage, in turn continues to drive up costs. Community leaders widely acknowledge that any type of real solution will require public-private partnerships.

Monroe County Fast Facts

- There were 9,964 people enrolled in Medicaid at the end of 2002

- A total of 5,478 children were enrolled in Hoosier Healthwise; about half of these were five years of age and younger.

- For Monroe County, 76% of expectant women received prenatal care in their first trimester (2000). *For statistics on birth weight and other data from Kids Count, please see the Supplement.*

Key Findings

Respondents to the household telephone survey were asked a number of health-related questions, including their choice of treatment for medical problems, access to health insurance, and potential problems paying for various types of medical expenses. The results follow:

Where do you usually go for a medical problem?	All Households	Households < $25,000	Provider Clients
Family doctor	53%	67%	43%
Hospital emergency room	17%	28%	31%
IU Health Center/Campus clinic	10%	--	--
Other clinics like CHAP	9%	2%	26%
Drop-in office like “PromptCare”	5%	--	--
Don’t know	2%	--	--
Don’t go anywhere	2%	2%	--
Other	2%	1%	--

When asked whether respondents got regular check-ups, 63% of the general population surveyed answering “yes,” with 37% answering “no”. For the provider clients surveyed, the responses were very similar, with 61% saying “yes”. About 52% of those with incomes less than $15,000 get regular check-ups. There are few places that individuals can go to get free or inexpensive wellness care.

Health Insurance

Respondents were also asked if they had health insurance, including Medicare or Medicaid. Close to 90% did have insurance; 10% did not. About 81% of those with incomes less than $15,000 had insurance. Of the provider clients surveyed, 47% had insurance; 53% did not.

For those who did not have health insurance among the general respondent population, the primary reasons given were “cost” (48%), “not offered at work” (19%), and “personal choice” (16%). For the clients surveyed, the reasons given were “cost” (66%), “not offered at work” (24%) and “unemployed” (10%).

Paying for Health Care
Respondents were asked about their ability to pay for certain health care costs, including physician's visits, prescription medications, dental care, vision care, and family counseling. The results follow:

Doctor's Visits

Having enough money to pay the doctor?	Major Problem	Minor Problem
general households	8%	14%
households with income < $25,000	26%	18%
households with income < $15,000	38%	14%
provider clients	41%	23%

Despite the fact that 90% of general households had insurance, 22% had some difficulty paying for doctor's visits. Households with lower incomes had greater difficulty paying for such visits despite insurance coverage. About 64% of the provider clients had experienced difficulty paying for doctor visits although 47% had insurance.

Prescription Medication

Having enough money to buy prescription medication	Major Problem	Minor Problem
general households	10%	15%
households with income < $25,000	26%	20%
households with income < $15,000	43%	19%
provider clients	39%	18%

Similarly, paying for prescriptions presented a difficulty for about a quarter of the general households surveyed; this was a challenge for 62% of those with incomes below $15,000, 46% of those with incomes below $25,000, and 57% of the provider clients. The data collected from key informant providers corroborates the inability of clients to pay for medications. Patients who do not take prescribed medications usually find that their condition worsens. Individuals who should be taking psychiatric prescriptions to function, but are unable to pay for them, are unable to work or engage in other productive activities. Very few social service providers are able to provide clients with funds for prescriptions; an affordable pharmaceutical program is a significant community need.

Dental Care

Having enough money to go to the dentist?	Major Problem	Minor Problem
general households	13%	10%
households with income < $25,000	32%	9%
households with income < $15,000	52%	10%
provider clients	47%	21%

Paying for dental visits was an even greater challenge than paying for prescription medications. Many providers reported that their clients are unable to meet even the sliding pay scale for dental visits.

Vision Care

Having enough money to get your eyes checked or get glasses?	Major Problem	Minor Problem
general households	7%	16%
households with income < $25,000	20%	24%
households with income < $15,000	29%	29%
provider clients	29%	26%

The same holds true for vision needs.

Family Counseling

Having enough money to pay for family counseling?	Major Problem	Minor Problem
general households	5%	5%
households with income < $25,000	17%	6%
households with income < $15,000	24%	9%
provider clients	42%	12%

Fewer households (10%) indicated a difficulty paying for family counseling. (The survey did not ask if they needed this service.) For provider clients, 54% had difficulty paying for these services.

Stress and Anxiety

The next sets of questions asked about stress and anxiety, substance abuse and access to substance abuse treatment programs. Key informants and providers expressed a growing concern about increased levels of client anxiety and stress, which was supported by the household survey data. The results follow:

Having your life be negatively impacted by having a lot of anxiety, stress or depression?	Major Problem	Minor Problem
general households	12%	25%
households with income < $25,000	26%	24%
households with income < $15,000	38%	19%
provider clients	55%	18%

Anxiety, stress and depression were an issue for 37% of the general households surveyed, and almost three-quarters (73%) of the provider clients surveyed. Many key informants attribute this to increasing economic, health and other household challenges.

Substance Abuse

Having alcohol or drugs disrupt your life, including family, work, school or health?	Major Problem	Minor Problem
general households	1%	10%
households with income < $25,000	2%	9%
households with income < $15,000	5%	10%
provider clients	2%	7%

Substance abuse was a challenge for about the same percentage of respondents in each group.

Getting into a substance abuse treatment program?	Major Problem	Minor Problem
general households	1%	1%
households with income < $25,000	2%	4%
households with income < $15,000	14%	5%

provider clients	0%	8%

Provider clients and low income clients had a little more difficulty getting into substance abuse treatment programs. This study did not investigate whether the difficulty was due to the inability to access existing services or the need for additional services. Anecdotal reasons given for not accessing a program include cost, transportation or the fact that the program is not provided at work, and/or not covered by health insurance.

Additional Health Issues

Service Gaps

- There is no coordinated network of health care professionals in our community.
- Mental health services are more difficult to obtain than they should be. Providers are concerned about the local lack of psychiatric expertise to serve those with both developmental disabilities and mental health concerns.
- Health care providers are concerned that some social service providers are not aware of the health liability issues involved in sheltering homeless individuals. Some providers do not screen for tuberculosis and other communicable diseases.
- Transportation limits the access to health care services for some.
- There is a lack of outreach services, including parenting education and health information, for low-income populations.

Cultural Needs

- Many Hispanics who do not have legal residence or documentation are afraid to register for services. Others do not qualify for public assistance or have difficulty seeking care because of language barriers. Some providers report a need for prenatal care for Hispanic women. Mental health problems, substance abuse, spousal abuse, and other disorders are also going unattended.
- In some cultures the mobility of women is limited, preventing them from leaving their homes to seek services.
- There is a fear of stigmatization and a cultural reluctance to take hand-outs by some immigrant populations, particularly the Hispanic and Asian cultures. There is a need for more education on health services and program regulations, presented in a culturally-appropriate format.

Cost Issues

- Hoosier HealthWise can cover the expense of childbirth since it is treated as an emergency. However, families must undergo a recertification process every 6 months to see if their income exceeds the eligibility limit. Prior to the state budget crisis, the state intended to expand the program's coverage to include uninsured parents of eligible children, but this is no longer the case.
- Health care costs are increasing at about 20% annually.

- The BHHS estimates that it provided $12 million in indigent care in 2002.

Health Needs of the Elderly

- The community needs more private care giver services that allow families a few hours daily respite from caring for elderly parents at home. Increased services could prevent some elderly from being institutionalized.
- There are limited resources for geriatric case management and services to help them remain independent, including fitting homes with special equipment. Some elderly do not have other family or relatives in the community, and are truly alone.
- Within the next 20 years, the number of people dying from chronic illnesses is likely to increase dramatically. The community needs to develop directives and programs in advance of this phenomenon. Programs should focus on increasing the capacity for palliative care, which is needed when a disease no longer responds to treatment, and helping families develop end-of-life plans before crises occur. Hospice programs cared for 17% of dying people in 2001.
- Paying for prescriptions is a significant challenge for the elderly.

Addiction Services

- Persons suffering from addiction often have a low level of job skills and a low level of education.
- Inaccurate stereotypes about substance abusers are prevalent, and providers see a need for public education on this subject.
- Providers are concerned that addictions are not being treated in jail, resulting in a high level of recidivism. Providers believe that 80-90% of those in jail have addiction issues. This is consistent with statistical data.
- More effective substance abuse education is needed in schools and workplaces to reduce addictions in the community.
- The age of clients in need of treatment is getting lower. Teenage clients have problems accessing after-school treatment programs due to transportation.
- The substance abuse problems of individuals from other cultures are not being well-addressed; one major addiction services provider only saw two Hispanic clients in their program last year. Agencies offering treatment services need bi-lingual staff to be able to address this need.
- Some service providers would like to see special training for law enforcement officials who are the first to respond to specific types of crises, including domestic violence and sexual assault. Some of these activities had been planned, but not implemented.
- Many homeless individuals are also substance abusers. It is difficult to provide services or gather long-term data on treatment successes and failures for those who are transient. Stronger partnerships among local law enforcement, education providers, and other social and human service

agencies would be helpful in preventing and addressing substance abuse and other issues for homeless populations.
- Prevention programs for alcohol, tobacco and other drugs (ATOD) receive a greater proportion of available funding than treatment services.

Dental Health Services
More funding and increased education about preventative dental care is needed to address the community's dental needs. The Dental Clinic, founded in 1981, provides services on a sliding scale basis. It reports a high frequency of no-shows. Some social service providers believe this is partially due to the inability of clients to afford even the sliding scale fees. The Clinic struggles to remain financially solvent, and cannot keep up with the demand for services. The referral process can be cumbersome and frustrating for patients, with some agencies and trustees offices being more responsive than others. Many local dentists have withdrawn from Medicaid, meaning there are fewer care options for people with low-incomes. At the same time, Medicaid is shifting its emphasis to youth, making it harder to get coverage for adults.

The dentist at the Clinic speaks some Spanish and the Clinic also has volunteer translators. The Clinic has a partnership with the MCCSC School Assistance Fund, and an agreement to serve jail inmates and Head Start children. Dental providers believe that schools need to give more attention to dental care education.

Vision Health Services
Clients are referred to the Eye Clinic (run by Indiana University) through CHAP, the township trustees, Vocational Rehabilitation, and school social workers. The Clinic is concerned about working with 3rd party healthcare providers, which increases access to services but tends to limit reimbursements because of pressures to make a profit. Under these conditions, maintaining high quality care becomes a challenge.

Reproductive Health
In addition to private providers, several low-cost or free clinics, such as Planned Parenthood and CHAP, offer reproductive health services including PAP smears and testing for sexually transmitted diseases. Service gaps exist in rural areas, and funding for outreach and education is limited. Education takes time and is not always well-received. The number of people in need of reproductive health and educational services is increasing.

Mental Health Services
Mental health services are seen to be in a state of crisis. Services in Indiana have been so highly privatized that there are no longer the types of centralized resources and expertise that used to exist in this field. The recent downsizing of state mental hospitals put people back in the community without a support network. Providers do

not see Monroe County responding in a coordinated manner as a community. Issues of client confidentiality prevent key providers (the Office of Family and Children, juvenile court judges, mental health providers, probation officers, child protection and social workers) from talking to one another. Clients have to go to many different locations to receive services, and some overlap and "lost" cases are believed to result. Service providers believe that the community needs a center to provide screenings and referrals based on assessments. There is also a reported lack of services for at-risk adolescents, from minor counseling to full hospital in-patient crisis care.

Providers are also concerned about the growing numbers of individuals who know they need help but don't want to admit they are mentally ill. Mentally ill disability applicants present additional challenges. These individuals need case management to gain structure in their lives. A day (drop-in) center could help them, similarly to the way Shalom provides its clients with mail and email services.

Many untreated people with mental illnesses eventually wind up in jail. Regulatory problems make it difficult for them to get help (Medicaid, SSI), and if they commit a crime before they are diagnosed, it is difficult for them to qualify. Providers estimate that only 15% of the mental health needs in the community are being met. Community Resources addressing aspects of mental health services include social service agencies, faith-based organizations, the Center for Behavioral Health, private practitioners, schools, therapists, group homes, the Department of Family and Children, and the legal and judicial systems.

The largest gaps in mental health services are:

- Prescribing psychiatrists who will serve low-income persons, perhaps without insurance, who need affordable prescriptions for their medications to remain productive citizens.
- Support groups and free counseling for anger management and other family relationship issues.
- Advocates to work with clients who are incarcerated.
- Respite care for families who care for a dependent elderly person or person with a disability.
- Transportation to get to services.
- Women's mental health issues.
- Guardianship programs for persons that are found by Adult Protective Services and who cannot take care of themselves.
- Training for police and prosecutors as it relates to people with mental illnesses.
- On a national level, more research on causes of mental illness and developing medications that work with a minimum of side effects, along with national regulatory changes so people can get easier access to help and medication.
- Attention to addictions in children.

Places to Start

- Investigate means of assisting low-income individuals with health care expenses, especially for prescription medications, dental and vision.

- Examine the feasibility of expanding the services of the dental and vision clinics.

- Review options for providing health care and low-cost insurance for those who do not have insurance through their work-places, or for those who are unemployed. Promote the availability of MedWorks, the Medicaid Buy In option for people with disabilities who go to work but who do not have health benefits at work.

- Conduct a comprehensive assessment of mental health needs in the community.

- Develop a plan for meeting the health care needs of the elderly, individuals from other cultures, women who are pregnant, and other vulnerable populations who are not accessing needed services.

- Develop and implement coordinated wellness efforts beginning in elementary school.

- Work with adults to combat the increasing levels of stress and anxiety reported by many participants.