

5. A Healthy Community

A healthy community ensures the health and well-being of every individual. It has sufficient primary health care providers and other health services, and its citizens have the means and desire to access the appropriate services. Health care impacts all ages – from prenatal care and infant health and growth, to encouraging positive habits and minimizing risky health behaviors in youth, to providing health services for adults to treat acute illness and disease, as well as decreasing chronic illnesses and mental health problems, and by addressing the specialized needs of the elderly.

Recent changes have occurred across the state as regional hospitals realigned under the new Indiana University Health system. Bloomington Hospital, rebranded with the new IU Health logo, became affiliated with Clarian's nationally recognized health care, while maintaining a local identity and reinforcing its partnership with Indiana University and the IU School of Medicine. Along with IU Health, a number of smaller local hospitals and dozens of other specialized care facilities and medical organizations are located in the Bloomington Metropolitan Statistical Area. The quality of acute care available for serious events, including cardiac arrest and trauma, is exceptional. Through the model STEMI initiative, the goal is to get a patient experiencing a heart attack from a totally blocked artery to a catheterization lab in 90 minutes or less to have the best outcomes. IU Health Bloomington was recently recognized with national Magnet status for the quality of its nursing care, and consistently hits high benchmarks in most of its service lines. Many medical practices have converted to electronic data patient records, which allow more accurate treatment, the sharing of patient files, and a reduction in medication interactions and error rates.

Yet, despite the array of medical services offered, our region has gaps in some areas of specialization, and like most parts of the country, a shortage of primary care physicians. The waits for appointment times can be excessive. Access to health care resources for some households is often limited by the ability to procure health insurance, co-pay amounts for services and prescriptions, and the cost of insuring employees for small businesses. There are some clinics and agencies offering low-cost or free services to low-income individuals, but their resources are often stretched, and individuals may not meet the thresholds for services.

Chronic poor health may result in a lower quality of life, and reductions in income and standard of living. Chronic illnesses resulting from poor lifestyle choices like smoking and preventable obesity take a significant toll on families and communities, and contribute to rising insurance and health care costs. Local initiatives like ACHIEVE are partnerships designed to help organizations change policies to promote better workplace wellness and employee choices.

All of this is taking place in the context of national health reform conversations and pending legislation. Many legislative initiatives of the Health Care and Education Affordability Reconciliation Act of 2010 are not slated for implementation until 2014. These changes could impact the operational and administrative responsibilities of both large and small employers in relation to employee health care coverage. Prior incentives for higher volume, fee-for-service care delivery and payment systems will move to systems that incentivize the provision of high-value services. Providers will focus on improving outcomes, quality, and cost across the

continuum of care – with the objective of providing the best-possible quality at the lowest possible price. However, in the meantime local providers have indicated that:

- Health insurance costs continue to escalate, with some organizations reporting an anticipated increase of 12 – 19% in insurance premiums for 2013.
- Services and payments for Medicaid enrollees have been, and continue to be reduced in response to rising costs and state budget deficits.
- Undocumented residents are excluded from buying health insurance coverage.
- Providers are reviewing services to decide what should be offered in each location, thinking about access, cost, and service quality. It may be necessary to concentrate resource-intensive services currently provided in multiple locations at fewer sites, while continuing to offer broader access services in more geographic locations.
- Health care providers are finding it necessary and beneficial to become more coordinated and integrated.

This chapter identifies key health indicators for Bloomington and the three neighboring counties, Lawrence, Owen, and Greene, and compares how community households perceive health and wellness compared to SCAN 2003. Secondary data portraying the health status and concerns for the community are also presented.

HEALTH INDICATORS

The Robert Wood Johnson Foundation released a 2011 national study of 27 health indicators across key areas organized by state and county. These follow in two tables. Monroe County ranked 16/92 counties for overall Health Outcomes, compared to 61, 39, and 80 for Lawrence, Owen, and Greene, counties respectively. While Monroe County is below the state percentile for smoking at 21%, it is still above the National Benchmark of 15%. Similarly, the neighboring counties all match or exceed the state percentile of 25% of residents who smoke. All four counties are above the National Benchmark for obesity. Monroe County was ranked 65th in clinical care, out of 92. Owen ranked 79th, Greene ranked 91st, and Lawrence ranked 52nd. Clinical care includes indicators for adults without insurance, primary care provider ratios, and preventable hospital stays. The data tables for all indicators follow:



Table 5.1: Robert Wood Johnson Foundation Health Indicators – Mortality & Morbidity

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
2012 Indiana Overall County Rank /92	17	72	32	81		
2011 County Rank/92 for comparison	16	61	39	80		
Mortality - Rank	11	75	44	73		
Premature death	6,281	8,841	7,572	8,783	7687	5,466
Morbidity - Rank	21	64	25	80		
Poor or fair health	14%	20%	15%	20%	16%	10%
Poor physical health days	3.4	3.8	3.9	4.4	3.6	2.6
Poor mental health days	3.6	4.4	2.9	4.5	3.6	2.3
Low birth weight	7.0%	7.9%	7.0%	8.5%	8.1%	6.0%

Source: Robert Wood Johnson Foundation Survey, 2012. www.countyhealthrankings.org

- Monroe County went down one point overall, but improved in mortality and morbidity.
- Lawrence County dropped 11 places, with lower scores on both mortality and morbidity.
- Owen County improved 7 places, with an 8 point improvement in morbidity.
- Greene County went down one point overall, but improved scores in both areas slightly.

Table 5.2: Robert Wood Johnson Foundation Health Indicators – Health Behaviors

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
Health Factors County Rank /92	5	53	84	48		
Health Behaviors – Rank	2	20	90	44		
Adult smoking	20%	23%	32%	27%	24%	14%
Adult obesity	26%	29%	36%	31%	31%	25%
Physical inactivity (new)	22%	30%	31%	29%	27%	21%
Excessive drinking	17%	12%	---	10%	16%	8%
Motor vehicle crash death rate	9	20	23	20	15	12
Sexually transmitted infections	280	---	125	101	340	84
Teen births	14	48-57	45	49	44	22

Source: Robert Wood Johnson Foundation Survey, 2012

In looking at the differences in the Health Behavior items between 2011 and 2012:

- Monroe County improved slightly in adult smoking and excessive drinking, and significantly in having fewer sexually transmitted infections.
- Lawrence County improved slightly in adult smoking and teen births.
- Owen County improved in adult smoking and teen births, but had a higher percent of adult obesity and sexually transmitted infections.
- Greene County stayed about the same in most measure, with an increase in STI's.

Table 5.3: Robert Wood Johnson Foundation Health Indicators – Health Factors: Clinical Health Outcomes

	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
2012 Clinical Care – Rank	9	55	59	79		
Uninsured adults	17%	17%	18%	17%	16%	11%
Primary care providers	873:1	1310:1	3729:1	2170:1	889:1	631:1
Preventable hospital stays	50	89	66	101	78	49
Diabetic screening	84%	82%	87%	83%	87%	89%
Mammography screening	70%	64%	61%	60%	64%	74%

Source: Robert Wood Johnson Foundation Survey, 2012

Monroe County improved from a rank of 65 to a rank of 9, with improvements in most categories. Owen improved from 79 to a rank of 59; Greene improved from a rank of 91 to 79. Lawrence stayed about the same, with a slight drop from 52 to 55. Note that even though Monroe County has a primary care provider ratio that is above the state level, it is still not sufficient to meet the local need. The other three counties have a significant shortage of primary care providers.

It is encouraging that the participation in diagnostic screenings has improved. The level of uninsured adults continues to be higher than the desired national benchmark. It is difficult to get an accurate percent of uninsured adults; other data estimates range from 10% to a percentage in the low 20's.



Table 5.4: Robert Wood Johnson Foundation Health Indicators – Other Factors

Health Outcomes	Monroe	Lawrence	Owen	Greene	Indiana	National Benchmark
Indiana Overall County Rank /92	17	72	32	81		
Social & Economic – Rank	10	75	76	19		
High school graduation	87%	83%	74%	91%	84%	--
Some college	77%	43%	39%	49%	58%	68%
Unemployment	7.3%	12%	10.3%	9.1%	10.2%	5.1%
Children in poverty	18%	23%	22%	20%	22%	13%
Inadequate social support	19%	25%	--	15%	20%	14%
Single-parent households	32%	33%	32%	28%	32%	20%
Violent crimes	302	106	--	54	367	73
Physical Environment - Rank	48	21	70	89		
Air pollution – particulate matter days	1	0	0	2	2	0
Air pollution – ozone days	0	0	0	4	3	0
Limited Access to healthy foods (low income, not near a grocery store)	9%	1%	27%	19%	7%	0%
Access to recreation facilities/ 100,000	6	11	4	3	10	16
Fast Food Restaurants (new)	45%	62%	43%	49%	50%	25%

Source: Robert Wood Johnson Foundation Survey, 2012

The high school graduation rate improved in all four counties, as did the percentage of individuals attending some college. The percentage of children in poverty was consistent with the 2011 report, while the percentage of children in single-parent households increased in every county except Greene.

There were 2 new items on this survey, and the item about homicide rate was changed to violent crimes. Monroe, Lawrence, and Greene all improved on the item about access to healthy, fresh foods for low income individuals.

PRENATAL CARE AND INFANT HEALTH

The Kids Count in Indiana 2011 Data Book (IYI.org) reported 1,298 live births in Monroe County (2008), with 73.7% of mothers receiving Prenatal Care in their 1st Trimester. While there are many characteristics used to determine healthy babies, one of the most widely accepted is birth weight. In Monroe County, 7.7% of babies were born underweight, which is higher than last year (6.3%), and in 2003. Owen and Greene Counties both showed improvement; Owen went from 8.5% (2005) to 5.8% (2008), while Green went from 11.3% (2005) to 8.4% (2008). Lawrence County remained relatively stable at 9.6% in 2008, compared to 9.7% in 2005.

About the same percentage of women are smoking during pregnancy compared to 2003, although the survey was modified in 2007. There was a slight drop from elevated levels last year.

▲ The teen birth rate for Monroe County was lower than in 2003.

The Women, Infants and Children (WIC) program, administered through IU Health, provides 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.

YOUTH HEALTH

Access to appropriate health services and promoting healthy habits in youth and teens is critical to preventing chronic health conditions. Hoosier Healthwise is a state-run program sponsored through the Family and Social Services Administration (FSSA). It includes Indiana's State Children's Health Insurance Program (SCHIP), and is designed specifically for low-income families, pregnant women, and children. Enrollment of children in Hoosier Healthwise has remained steady the last few years, at about 5.8% for Monroe County and between 9 and 10 percent in the other three counties.

Even with this program, 9.5% of children under the age of 19 in Monroe County were uninsured in 2009. This is consistent with the surrounding counties, with Lawrence at 10%, Owen at 11%, and Greene at 9%.

In addition to typical health services, it is in these years that habits regarding lifestyle choices are formed. These include smoking, nutrition, exercise, and risky behaviors. Health providers have been seeing an increase in the number of cases of children with diabetes and high blood pressure secondary to obesity.

ADULT HEALTH

Households and service providers both completed survey questions based on a number of areas related to health care, including access to routine physicals, vision and dental care, health insurance status, difficulties with alcohol use, dealing with stress, access to counseling, and paying for these services. When compared to SCAN 2003, many of the same difficulties still exist in Monroe, Lawrence, Owen, and Greene counties. A significant number of clients do not receive regular check-ups or have a primary family doctor, some chronic diseases are on the rise,

and mental health/substance addictions are a growing problem. Most noticeably, issues that were mostly difficulties for households in the lowest income brackets in 2003 now impact working, middle class households.

Regular Check-ups

The inability or unwillingness of individuals to seek regular medical check-ups has serious implications for the prevention and treatment of chronic and infectious diseases. Table 5.5 shows that the lowest percentage of individuals receiving medical care in the form of regular check-ups in the under \$15,000 income bracket. It is interesting to note that the percentage of households receiving regular check-ups is lower in every income bracket except the highest one. This may be a reflection of a tougher economy, but also the shortage of primary care physicians. The Trust for America’s Health (healthyamericans.org) 2010 rankings of the shortage for health care providers in the 50 states rated Indiana as follows:

- Primary Care: 27/50
- Mental Health: 31/50
- Dental Care: 39/50
- Nursing: 18/50

Table 5.5: Getting regular check-ups by income level

Household Income	2003	2010
Less than \$15,001	52%	39%
\$15,001-\$25,000	67%	52%
\$25,001-\$35,000	71%	65%
\$35,001-\$50,000	76%	64%
\$50,001-\$75,000	67%	58%
More than \$75,000	70%	94%
All Households	63%	68%

SOURCE: 2010 Household Survey (n=276),
2003 Household Survey (n=259)

Paying for Health Care

Households 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.

Table 5.6: Percent of households having difficulty having enough money to go to the Doctor

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	38%	43%	14%	18%
\$15,001-\$25,000	18%	24%	21%	12%
\$25,001-\$35,000	8%	20%	29%	28%
\$35,001-\$50,000	0%	14%	15%	18%
\$50,001-\$75,000	4%	9%	11%	11%
More than \$75,000	3%	0%	3%	9%
All Households	10%	15%	16%	14%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The percentage of households who reported having health insurance, including Medicaid and Medicare, remained unchanged from 2003 to 2010 at 90%.

▲ However, it was more difficult for households at all income levels to afford going to the doctor in 2010. The income brackets with the largest challenges affording doctor visits were the middle income brackets between \$25,000 and \$50,000. Households in the lowest income brackets also found this to be a major problem, even with the availability of the Volunteers in Medicine Clinic in Bloomington, and similar low-cost clinics.

Table 5.7: Percent of households having difficulty paying for prescriptions

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	43%	16%	19%	46%
\$15,001-\$25,000	15%	12%	21%	23%
\$25,001-\$35,000	13%	12%	17%	35%
\$35,001-\$50,000	3%	9%	15%	22%
\$50,001-\$75,000	7%	5%	7%	11%
More than \$75,000	3%	0%	9%	1%
All Households	11%	6%	15%	17%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Similar to 2003, paying for prescriptions presented a difficulty for about 23% of the general households surveyed; and 62% of those with incomes below \$15,000 – although fewer in this bracket found it to be a major challenge. The data collected from service providers supports the ongoing challenges their clients face in paying for medications. Clients who do not take prescribed medications may face a decline in their condition, including reduced function or inability to work or pursue their daily tasks. Health Clinics like VIM or the County Health Clinic

offer lower cost prescriptions, and many households are able to save through generic mail-order services. United Way distributes prescription cards that can be used at a pharmacy for discounted pricing for those whose insurance lacks prescription coverage. It is again interesting to note the jump in difficulty for the \$35,000 - \$50,000 income bracket, showing that working middle class families are feeling the impact of the recent recession.

Dental Care

Obtaining dental care is a challenge for some Monroe County residents and residents of the surrounding areas. While paying for the dentist is a major problem for about 15% of all general households, about half of those households earning less than \$15,000 report this to be a major challenge, consistent with 2003. Again, like many other areas, the percentage of struggling households increased since 2003 for both the 15,000 - \$25,000 bracket, and the \$25,000 - \$35,000 bracket. Under some insurance plans, providers may limit coverage or not cover dental procedures at all.

Table 5.8: Percent of households having difficulty having enough money for the Dentist

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	52%	48%	10%	18%
\$15,001-\$25,000	18%	44%	9%	8%
\$25,001-\$35,000	17%	35%	17%	23%
\$35,001-\$50,000	9%	16%	12%	16%
\$50,001-\$75,000	7%	14%	15%	21%
More than \$75,000	3%	0%	3%	9%
All Households	15%	20%	11%	15%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Vision Care

Children in the area have unique access to free eye-health screenings. The IU School of Optometry offers school screenings for kindergarteners and first graders, as well as screening for infants under one year old. The School of Optometry has partnered with InfantSEE, a public health program to provide these services, and to help determine if children are in need of eyeglasses or other eye care from an early age. The School of Optometry, in partnership with Volunteers in Medicine, offers free comprehensive vision care including check-ups for adults who qualify.



Households were asked if having enough money to get eyes checked or to get glasses was a challenge. In SCAN 2003, about 58% of households with income of less than \$15,000 reported that paying for eyes examinations or glasses was a major problem. In SCAN 2010, that number rose to 62%. The same pattern seen for other health related expenses for the middle class continues, with the middle income brackets (\$25,000 - 35,000) rising from 25% to 37%, and (\$35,000 - \$50,000) increases from 18% to 34%.

Table 5.9: Percent of households having difficulty paying for vision care

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	29%	46%	29%	16%
\$15,001-\$25,000	15%	20%	20%	21%
\$25,001-\$35,000	8%	12%	17%	35%
\$35,001-\$50,000	3%	7%	15%	27%
\$50,001-\$75,000	4%	9%	7%	25%
More than \$75,000	0%	0%	6%	3%
All Households	2%	13%	8%	18%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

When asked to estimate the percentage of their clients having difficulties paying for these same health services, Dental Care and Vision Care were given as the two highest categories believed to impact the most clients. All four areas were believed to present challenges for anywhere from a third to nearly half of their clients.

Table 5.10: Provider estimate of client difficulty paying for health services

	Paying for the Doctor	Buying Prescriptions	Dental	Vision Care
Most or All (80-100%)	18%	16%	31%	25%
About Half (40-60%)	31%	34%	35%	33%
Some (20-30%)	47%	48%	33%	37%
Few to None (about 0%)	4%	2%	2%	6%

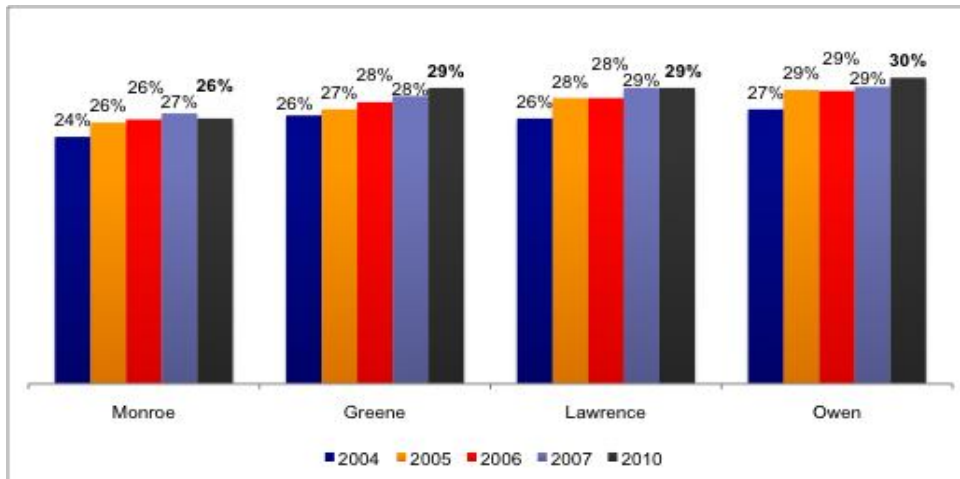
SOURCE: 2010 Client Challenges Survey (n=88)

Obesity

According to the CDC, obesity has become a major national health concern affecting 1 in every 3 adults. Obesity increases the risk for developing various diseases and conditions, including coronary heart disease, type II diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Obesity is most often caused by a poor diet and

limited physical activity. In Monroe, Lawrence, Owen, and Greene counties, obesity has risen since SCAN 2003, with Owen County consistently ranking among the most obese. In response, Indiana has made treating and preventing obesity a bigger priority with the creation of the Indiana Healthy Weight Initiative in 2008.

Figure 5.1: Percentage of obese residents (2004-2007, 2010)



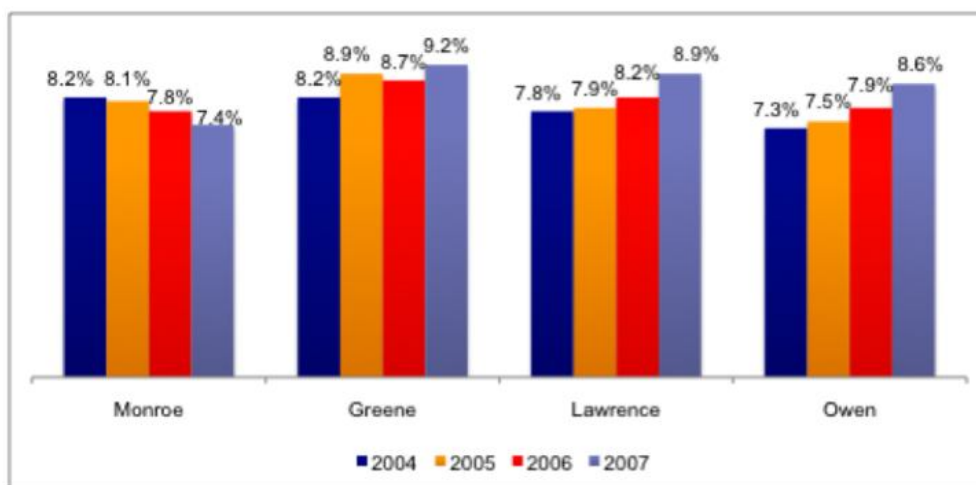
SOURCE: CDC, "Diabetes Data and Trends,"

http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?mode=OBS

Diabetes

Type II diabetes is one of the most common chronic illnesses resulting from obesity. In 2007, between 7 and 9% of the population in Monroe, Owen, and Greene Counties had been diagnosed with diabetes. In 2010, there were 789 Medicare enrollees with diabetes in Monroe, 396 in Greene, and 282 in Owen County. Interestingly, while Lawrence, Owen, and Greene Counties have upward trends in diabetes rates, Monroe County has a clear downward trend from 2003 to 2010.

Figure 5.2: Trends in percentage of residents with diabetes



SOURCES: CDC, <http://www.cdc.gov/diabetes/statistics/index.htm> & County Health Rankings, <http://www.countyhealthrankings.org/indiana/monroe/7>

Treatment of diabetes is a priority of the state of Indiana, as demonstrated by higher percentages of diabetic screenings occurring among Medicare enrollees. According to the 2010 County Health Rankings website, regular HbA1c screening among diabetic patients is considered the standard of care. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented. In 2010, 84% of diabetic Medicare enrollees in Monroe County reported getting a diabetic screening, compared to the overall screening rate in Indiana of 79%.

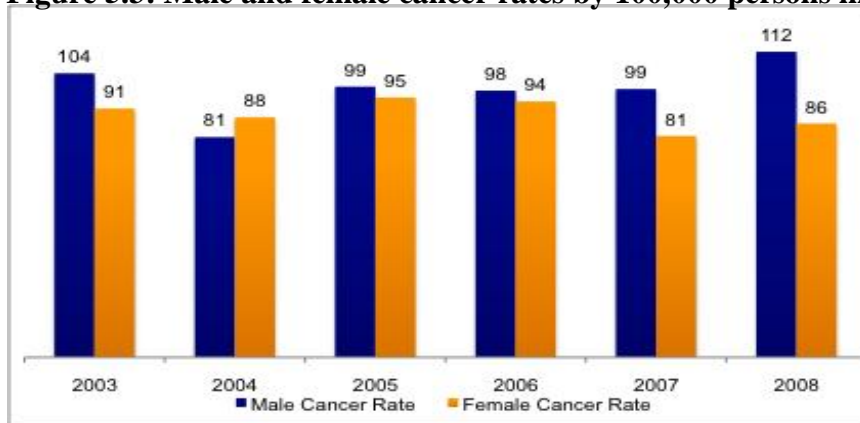
The Indiana Health Weight Initiative began in 2008, as a program that hopes to impact the obesity rate among children and adults. Medical professionals, health care industry workers, and policy makers have shown support for the program in limiting the effect of chronic disease on Indiana citizens. The efforts of this program are not limited to obesity and diabetes, but also demonstrate significant support for cancer prevention and treatment. Several local organizations have similarly begun initiatives targeted at childhood obesity.

Cancer

Cancer is the second leading cause of death in Monroe County, claiming more lives from 2003-2009 than other causes of death, aside from cardiovascular complications. Additionally, uninsured patients paying for cancer treatment out-of-pocket contribute considerably to medically-related bankruptcy. Once diagnosed it is difficult for individuals to obtain health insurance if they did not already have it. Data gathered by the National Cancer Institute indicate that the cost of treating cancer increased dramatically from 1991-2004, resulting in total cost of \$72 billion nationwide.

Research on cancer diagnosis and mortality indicate that up to 43% of all cancer deaths could be prevented with lifestyle changes. With this concern in mind, Monroe County and the state of Indiana have begun campaigns within the last five years that encourage individuals to pursue a healthier lifestyle, with diet and exercise. According to data collected by the Monroe County Department of Health from 2003-2008, cancer deaths among men and women remained high from 2003 to 2008, and among men the rate continued to increase. Overall, more men in Monroe County die from cancer than women, which corresponds to the national statistic indicating that survival rates are higher among women than men. Improving the health behavior of Indiana citizens is recommended, in conjunction with early detection and screenings for many cancers, such as: breast, colon, rectum, cervix, prostate, testis, oral cavity, and skin.

Figure 5.3: Male and female cancer rates by 100,000 persons in Monroe County



SOURCE: Monroe County Department of Health 2003-2008 (most recent data available)

Indiana has the sixth highest smoking rate in the U.S., at 26%, which is higher than the national average of 20%. In Monroe and Lawrence counties, 22% and 25% of citizens use tobacco. The rate is significantly higher in Owen, and slightly higher in Greene County, where 35% and 27% use tobacco, respectively. It has been suggested that as many as one-third of cancer deaths could be attributed to tobacco use. The Monroe County Department of Health and various health care providers hope to continue to reduce smoking rates in the area through continued tobacco education efforts. Additionally, Monroe County's 2005 smoking ban increased area efforts to limit the effects of second-hand smoke.

Stress, Anxiety and Mental Health

Households were also asked to respond to questions about stress, anxiety, depression, and counseling. Stress, anxiety, and depression have become a greater difficulty for all income brackets except for the top two tiers.

Table 5.11: Percent of households whose lives are negatively impacted by stress, anxiety, and depression

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	38%	33%	19%	47%
\$15,001-\$25,000	18%	24%	27%	32%
\$25,001-\$35,000	13%	42%	33%	8%
\$35,001-\$50,000	9%	11%	27%	16%
\$50,001-\$75,000	11%	9%	22%	38%
More than \$75,000	6%	1%	15%	16%
All Households	14%	16%	21%	26%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

Similarly, households in all but the top two income brackets found it more difficult to pay for family counseling.

Table 5.12: Percent of households having difficulty having enough money to pay for family counseling

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	24%	32%	10%	14%
\$15,001-\$25,000	12%	44%	3%	0%
\$25,001-\$35,000	4%	12%	4%	31%
\$35,001-\$50,000	0%	7%	3%	18%
\$50,001-\$75,000	0%	5%	15%	5%
More than \$75,000	3%	0%	0%	1%
All Households	6%	12%	6%	10%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

In the Client Challenges Survey, providers were asked several questions about their clients who specifically face challenges related to their general counseling needs. Of the 45 area providers who responded to a question about their clients having enough money to pay for family counseling, a little over half (58%) indicate that 20 to 40 percent of their clients have a problem with this item. A quarter of providers surveyed report that most or all of their clients have a problem paying for family counseling. This illustrates an evident need for better access to affordable wellness providers and resources to prevent and alleviate these challenges.

Providers were also asked about clients who face challenges related to substance abuse, another area of mental health. Of the 48 area providers who responded, half indicate that at least 40% of their clients have a problem with alcohol or drugs disrupting their life. On the contrary, only about 1% (the same as SCAN 2003) of households listed substance abuse as a major problem.

In general, area providers who completed the Client Challenges Survey indicate that a larger portion of their clients have a problem dealing with the negative impact of stress, anxiety, or depression than have a problem with drugs or alcohol disrupting their lives, or than have a problem getting into a substance abuse treatment program. Similarly, but on a much lesser scale, respondents to the Household Survey indicate that the negative impact of stress, anxiety, or depression is a more pervasive challenge than drugs, alcohol, or getting into a substance abuse treatment program.

Table 5.13: Do alcohol/ drugs disrupt your life, family, work, school, or health?

Household Income	Major Problem		Minor Problem	
	2003	2010	2003	2010
Less than \$15,001	5%	13%	10%	7%
\$15,001-\$25,000	0%	0%	9%	12%
\$25,001-\$35,000	0%	0%	8%	20%
\$35,001-\$50,000	0%	0%	3%	4%
\$50,001-\$75,000	0%	0%	7%	2%
More than \$75,000	0%	0%	6%	1%
All Households	1%	2%	7%	5%

SOURCE: 2010 Household Survey (n=276), 2003 Household Survey (n=259)

The County Health Rankings Report further illustrates the degree to which alcohol affects Monroe County. This report indicates that binge drinking is a specific problem for Monroe County, especially in comparison with the state as a whole. The report defines binge drinking as the percent of the adult population that reports consuming more than four (for women) or five (for men) alcoholic beverages on a single occasion in the past 30 days. The target value for this indicator is 9% of the population, but the overall rate for the state of Indiana is currently at 15%. At the county level, Monroe and Owen are among the highest, with 20 and 21% of the respective populations classified as binge drinkers. Greene County, on the other hand, is at the target value of 9%.

Illicit drug use, particularly methamphetamines, is also a challenge facing Monroe, Owen, and Greene County. The Indiana Prevention Resource Center indicates that rates of meth lab seizures from 1998-2008 increased rapidly in Monroe County, while statewide rates have increased fairly steadily.¹⁵ About half of the human service providers reported some clients (20 – 30%) having a problem getting into a substance abuse treatment program.

This challenge is not new to Monroe County. In fact, 2% of households and 8% of provider clients in SCAN 2003 reported having at least a minor problem getting into a substance abuse treatment program.

SENIOR HEALTH

Although all the issues affecting adult health also apply to senior citizens, as the Baby Boomer generation nears retirement, there will need to be focused attention on this age group and its health concerns. The percentage of elderly is anticipated to continue to rise over the next 20 years in all four counties. Monroe County attracts a large number of retirees, as well. IU Health Bloomington opened a new and expanded Hospice facility in October 2011.

Types of Health Services

As previously mentioned, there are a number of medical services available in the region. While access to healthcare is often limited by the availability of health insurance to the individual, other variables can also play a significant role, including proximity, transportation, facility shortages, and economics. Accessible healthcare and transportation are more limited in the rural areas of these counties, which can create barriers to necessary care.

Table 5.14: Medical attention by income level

	Go Nowhere	Family Doctor	ER	Prompt Care	VIM low cost clinic	Other
Less than \$15,001	6.8%	43.2%	24.4%	13.6%	6.8%	4.5%
\$15,001-\$25,000	0.0%	72.0%	26.9%	4.0%	0.0%	24.0%
\$25,001-\$35,000	0.0%	88.5%	12.0%	12.0%	23.1%	3.8%
\$35,001-\$50,000	0.0%	88.6%	8.9%	20.0%	0.0%	2.3%
\$50,001-\$75,000	0.0%	82.1%	19.6%	50.0%	0.0%	0.0%
More than \$75,000	0.0%	85.2%	7.4%	25.9%	1.2%	4.9%

SOURCE: 2010 Household Survey (n=276)

SCAN 2012 found that 78% of general households go to family doctor. Use of the Emergency Room (ER) is much greater among unemployed respondents than among those who are employed or retired. A little over one-third (34%) of unemployed survey respondents report that they are most likely to utilize the ER for medical problems. The Household survey also analyzed use of the Emergency Room by primary source of health insurance. Twenty-five percent of those who reported having Medicare or Medicaid said they would go to the Emergency Room to solve medical problems.

Transportation

Monroe County offers accessible public transit within the city limits at low cost to residents and at no cost to IU students with a valid student identification card. However, transportation options are limited outside of Bloomington and providers indicate that this is a barrier to health access for some of their clients. In the 2010 household survey, 1% of households said this was a major problem, while 7.3% said it was a minor challenge.

The 2010 Client Challenges Survey also identified access to health care and basic services, such as food and clothing, as problems for their clients. Access to healthcare, due to service providers choosing not to accept Medicaid, was cited as the primary obstacle to families in the provision of healthcare to the elderly and people with disabilities.

Medical Insurance

Across all age groups and types of medical problems, access most often comes down to affordability and insurance. Some studies estimate that up to 24% of adults in Monroe County are currently uninsured, in comparison with a state uninsured level of 14%.

The Henry J. Kaiser Family Foundation’s Commission on Medicaid and the Uninsured described foreseeable disadvantages to those who do not have health insurance. The Commission stated that the uninsured are less likely to have a stable source of care, less likely to receive preventative care and regular check-ups, and more likely to forgo needed medical care due to their inability to pay.

In the Client Challenges Survey, providers were asked the reason their clients do not have health insurance. According to the 47 providers who responded, almost two-thirds (62%) said that their clients did not have insurance because of the cost. However, providers such as IU Health cannot deny treatment based on a patient’s inability to pay, though they may refuse to treat someone outside of ER services. Hospital charity care and bad debt are considered two aspects of uncompensated or uncollectable funds. In 2007 alone, IU Health provided more than 39 million dollars in uncompensated funds and charity care across their service area.

Table 5.15: Households with insurance by income level

Household Income	2003	2010
Less than \$15,001	81.0%	61.4%
\$15,001-\$25,000	82.0%	76.0%
\$25,001-\$35,000	71.0%	88.5%
\$35,001-\$50,000	100.0%	100.0%
\$50,001-\$75,000	96.0%	96.4%
More than \$75,000	100.0%	100.0%
All Households	90.0%	89.9%

SOURCE: 2010 Household Survey (n=276),
2003 Household Survey (n=259)

- For those earning less than \$15,000, 50% said cost was the factor, and 17.6% were not employed
- For those earning between \$15,000 and 25,000, 33% could not afford insurance
- For those earning between \$ 25,000 and 35,000, 43% said cost was the factor
- In 2003, 90% of households had insurance inc. Medicaid or Medicare; but only 81% of those with incomes less than \$15,000 had insurance

Households without health insurance were asked why they did not have it.

Table 5.16: For those who do not have health insurance, it is typically because...

	2003	2010
They can't afford it	43.0%	66.7%
Their job doesn't offer it	10.0%	10.6%
Personal Choice	24.0%	11.8%
Other	20.0%	10.8%

SOURCE: 2003 Household Survey (n=259), 2010 Household Survey (n=276)

For those that are insured, according to the 2010 Household Survey respondents, the single most prevalent type of insurance (56%) was employer-provided. Medicare and Medicaid covered 13% of responses, followed by 23% who report having insurance through their spouse or other family member. Nine percent of household respondents stated some other source of insurance.

Table 5.17: Health insurance sources

	2010
Your employer	56.0%
Medicare or Medicaid	12.5%
Your spouse or other family member	22.2%
Some other source	8.5%
Healthy Indiana Plan (HIP)	0.8%

SOURCE: 2010 Household Survey (n=276)