CENTER FOR
RURAL ENGAGEMENT

Access to Healthcare in Rural Indiana

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Every day, Hoosiers struggle with their health. From obesity to substance use, lack of prenatal care to anxiety and depression, Indiana ranks near the bottom of the United States[1] in health outcomes and health behaviors. And despite the fact that healthcare providers, professionals, and individuals are motivated to address these health disparities and improve Hoosier health, **no treatment measure can be effective if the recipient cannot access the treatment itself.**

Healthcare access is an issue of utmost importance, affecting the lives of rural Hoosiers in a myriad of ways. Not only does lack of access affect the physical and mental health of rural residents, but it also renders businesses and new industries less likely to relocate to an area where there is not adequate healthcare.[2] This exacerbates the social determinants of health affected by the economy such as better access to resources and jobs.

This report seeks to identify what **healthcare access means to the communities served by the IU Center for Rural Engagement**. Informed by community members, experts in the field, and the latest research, this report also aims to outline potential next steps to improve access to care for rural Hoosiers.

Defining the problem

Access to healthcare is defined as the "timely use of personal health services to achieve the best possible health outcomes."[3] However, there is often not one specific reason that blocks an individual from accessing care in a timely manner. Experts define healthcare access in differing ways, rendering it difficult to pinpoint the exact cause.

The lack of health insurance is a significant barrier to healthcare access. Physical distance– that is, not having geographic area – or lack of transportation to get to an appointment are also cited as common barriers, which becomes even more obvious and problematic in rural settings. Some research suggests that the

Common causes of lack of healthcare access

- Health insurance
- Language barriers
- Geographic or transportation-related barriers
- Shortage of healthcare providers and clinics

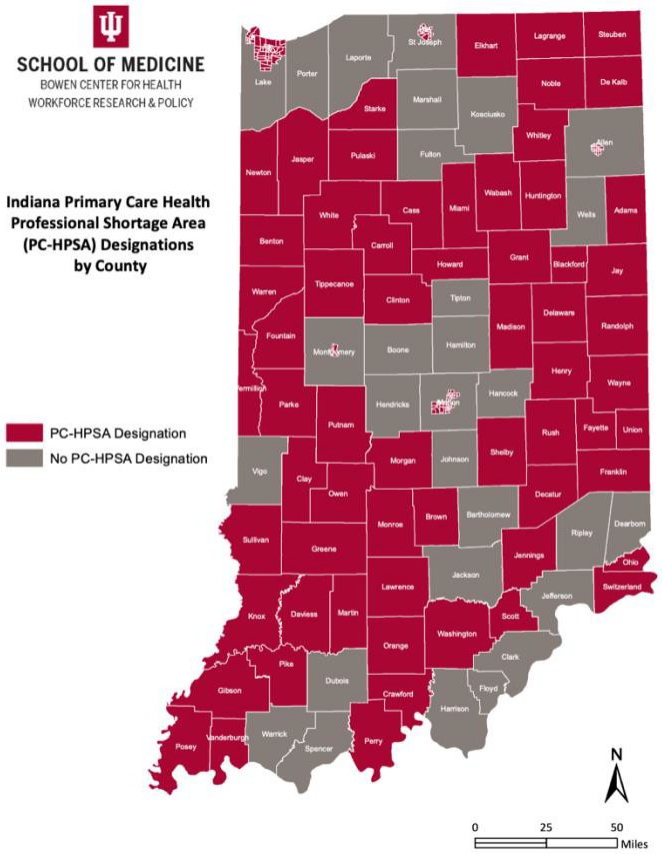
further that patients have to travel, the less likely they are to seek healthcare services.[4] Rural areas also suffer from a shortage of primary care providers.[5] Language-related barriers, disabilities or fear of provider stigma (related to weight, sexual orientation, race, etc.) are also identified as reasons that patients do not seek healthcare.[6] Lack as access can also be exemplified by the inability to take time off work to attend appointments.

If a resident doesn't have access to care, they are less likely to receive preventive care, primary care, dental care, chronic disease management, and behavioral health counseling, all of which impact health improvement priorities in rural counties, the state of Indiana, and nationally.

Without insurance, patients are often diagnosed at later, less treatable disease states and overall, have worse health outcomes, lower quality of life, and higher mortality rates.[7,8]

Healthcare Access in Indiana

Indiana struggles with access to care, which is why it is listed as one of the top priorities in the Indiana State Health Improvement Plan.[7] While the uninsured rate in Indiana is decreasing, thanks to the Healthy Indiana Plan that expanded insurance options, the rate is still high: 8.1 percent of Hoosiers were uninsured in 2016.[7] With such a high rate of uninsured residents, many Hoosiers will have trouble getting and affording the healthcare they need.



While lacking insurance strongly affects our ability to access care, even when residents have insurance, there might not be an appropriate provider in their community, requiring them to travel to the nearest urban area to seek care. Most Hoosiers live in counties that are designated as Health Professional Shortage Areas[9] and we lag behind the rest of the United States and the Midwest in physicians per capita. Indiana has 230.8 active physicians per 100,000 people (compared to the median of the United States of 263.8 physicians per 100,000 people). In the Midwest, Iowa is the only state with a lower per capita rate than Indiana.[10]

Lack of access to behavioral health represents a large gap in the healthcare system in Indiana. In 2017, according to the Indiana Physician Licensure Data Report, more than half of Hoosier counties lack enough access to mental health providers like psychiatrists, psychologists, addiction counselors, and marriage and family therapists.[11]

It can be difficult to pinpoint why so many counties don't have an adequate number of providers, but one can project that it has to do with the difficulty of operating a clinic in a rural setting as well as personal preference. Working in an independent practice can be difficult for providers when their overhead costs (administration, rent, etc.) aren't covered. Providers are also more likely to be on call and do not have the peer support that their urban counterparts have.[12] In addition, providers often prefer a setting where there is more entertainment, arts, and culture. Collectively, this choice has a downstream effect. When young professionals do not choose to relocate to rural areas, a decrease in education and income can reflect that, linking the level of education and income with access to care. Counties with a higher rate of residents that had a high school or college degree reported having a lower provider-to-patient ratio. In addition, there was

a $5,000 per capita income difference between counties with high versus low provider ratios, where counties with a higher income reported much better access to care.[2]

Rural counties themselves identify the lack of access to care as one of their top health priorities. When analyzing community health needs assessments (an extensive report required for all tax- exempt hospitals every three years that requires significant input from communities[13]), almost all rural Hoosier counties ranked access to care as a top priority. (Only substance use, mental health, and chronic diseases were ranked as priorities more frequently.)[14] Upon examining the Indiana Uplands, an 11-county region in southwest central Indiana, access to care was ranked even higher (with only substance use and chronic disease listed as priorities more often).[14]

70%

of communities reported that **access to care** was a top community health need.

Rural counties did not only identify access to care as an issue in community health needs assessments, but in their Regional Opportunity Initiatives (ROI) Quality of Place and Workforce Attraction plans as well. Greene, Martin, Orange, and Owen counties all identified healthcare access as a priority. Each county aimed to improve it with a different strategy, some of which included increasing provider-to-patient ratio, improving transportation, or increasing number of clinics.[15] In addition, a community needs assessment performed in Crawford County found that 80 percent of people surveyed identified "access to care" as a very important health issue that merited more funding and resources.[16] **As exemplified in these reports, the Indiana Uplands region identifies access to care as one of their largest issues and is motivated to improve it.**

Expert opinion also explains additional reasons why Hoosiers do not have adequate access to care, even if they happen to live in an area with enough providers and have insurance. In particular, Hoosiers struggling with substance use disorder (SUD) present a unique situation. SUD treatments have evolved in recent years and insurance reimbursement does not always cover the most up-to-date treatment regimen. Patients are also wary of provider stigma associated with drug use and its treatment. Thus, patients are often less likely to seek care and if they do, the most evidence-based treatments might not be used.[17] One study, done in conjunction with the Indiana Minority Health Coalition, sought to understand why African-American and/or LGBTQ men did not seek healthcare. Their barriers included not wanting to see providers who "didn't look like them," providers who might come from the same home town as they did, or concern that their treatment would show up on an insurance bill that would "out them."[6] In short, the barriers symbolized a lack of trust between patient and provider.

There are a wide variety of causes of the healthcare access problem that affects Indiana. From a high rate of uninsured residents, lack of providers, lack of transportation, to lack of trust, it has been identified as a top priority by communities, experts, and healthcare leaders around the state.

Next Steps

Solving this problem requires a change in mindset about healthcare treatment: instead of the status quo of people travelling to treatment, we must shift to care that travels to the patient.[18] We must also create an environment of trust where patients feel comfortable and safe seeking care).[6]

Resources must be expanded and shared. For example, when Medicaid Expansion occurred in 2015, approximately 500,000 people became newly insured and better able to access care. There are now over 240 managed care organizations that provide Medicare and Medicaid that are linking their clients with healthcare resources.[17] IU Health is attempting to raise awareness and share a resource—Aunt Bertha—

that will allow clients to access free and reduced cost services related to medical care, food, job training, and more. They have funded and are providing support for auntbertha.com where anyone can search and identify those appropriate resources. They have also removed the IU Health branding so that rural communities feel more comfortable sharing it on their websites and beyond.

Indiana University School of Medicine (IUSOM) identifies the key barrier to access to care as a physician shortage and is taking strong measures to counteract that. They aim to expand local expertise through expanded physician residency programs, specialty provider training, and tele-medicine support. For example, they have launched the Rural Medical Education Program at the Terre Haute campus for medical students where clinical experiences are the priority and where possible, a rural emphasis is included.[11] The Bowen Center, as part of IUSOM, continues to track health care workforce shortages by developing data tools and improving how it tracks provider availability and engagement. In this way, it can better inform solutions to the provider shortage.

Proposed solutions in Indiana

- Increase insurance coverage
- Aunt Bertha
- Rural residencies for healthcare professionals
- Telehealth and telemedicine
- Better incentivize healthcare professionals to work in rural areas
- Increase the number of rural health clinics

Project ECHO, sponsored by the IUPUI Fairbanks School of Public Health, is also an excellent resource that links specialists in urban areas with difficult cases in communities. It is free to use and provides case-based learning for anyone who joins. It successfully leverages expertise and resources, especially in areas with few providers.[19] Project ECHO has also been able to quickly respond to the COVID-19 pandemic, providing statewide data, best practices, and updates to providers across the state, many of whom hail from rural communities.

It is necessary to further incentivize caregivers to provide healthcare in underserved areas. Several grant and scholarship programs exist to help with tuition reimbursement for nurses, physicians, mental health providers, and more.[20] Clinicians who do not want to work full-time in an underserved area could also be incentivized to work for part of the week in a rural area and for part of the week in their home community.[2] Another strategy is to increase rural health clinics. These institutions are certified by the state and must be located in a rural, underserved areas. By increasing the number of clinics or extending the number of services (such as ambulance services), patients would have a more robust experience and be better able to access these clinics that are often their first point of contact.[2]

Many efforts at Indiana University are focused on improving access to care. For example, the IU Center for Rural Engagement, IU School of Nursing, and IU School of Social Work have partnered to create a clinical experience for nursing and social work students in rural areas. As more clinicians rotate through rural, underserved areas, they will become more confident and comfortable with the experience. Ideally, this will translate into higher numbers of healthcare graduates choosing to locate to these rural areas. In addition, Prevention Insights at IU has recently partnered with a large health system to integrate medication-assisted treatment for substance use disorder into their hospitals, providing more effective treatment in a more convenient location to increase substance use treatment access.

There are a wide variety of different solutions to ameliorate the problem of healthcare access in Indiana. It is important to understand the issue on different levels—acknowledging that the cause of poor healthcare access isn't simply transportation or health insurance. It can also be due to social determinants of health such as income and education, language or disabilities, or lack of providers themselves. When addressing this health issue, it will be critically important to understand that there is no silver bullet to fix access to care. However, with greater awareness and understanding, each initiative that acknowledges this important issue and addresses at least one of its causes will begin to **ensure that all residents of rural Indiana are able to easily access and receive the healthcare they need and deserve**.

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