

Thriving Communities Thriving State

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Hoosier Health and Access to Care

Thriving Communities, Thriving State, a Policy Choices Initiative project, explores state and local strategies and policies that can help communities of all sizes thrive and fulfill the critical roles they play in attracting businesses, new business investment, and workers to Indiana. The project's purpose is to frame the changing demographic and economic realities in Indiana within a place-based context: urban (counties with at least one first- or second-class community over 50,000 in population), mid-sized (counties with communities larger than 15,000 in population that are not included in urban), and rural/small town (counties with communities fewer than 15,000 in population).

Indiana counties by community type



Source: IU Public Policy Institute using US Census data

Indiana in Perspective, the first report of the *Thriving Communities, Thriving State* project, included an overview of health and well-being in the state. This brief provides additional insight into this topic and highlights some of the differences by geographical area. It also provides examples of resources available to assist communities.

Key Findings

- Indiana residents report different health status based on their location in the state. Mid-sized areas report the lowest number of poor or fair health days while rural areas report the highest.
- Rural residents have lower access to healthcare providers, often well below the statewide rate.
- Only 9 percent of physicians statewide practice in rural areas; down from 25 percent in 1940.
- The share of Indiana physicians in mid-sized areas has increased from 17 percent to 28 percent since 1940.
- There is strong demand for healthcare practitioners at various education levels throughout the state.
- Programs are available to assist communities in attracting and retaining healthcare practitioners.

Clinical Care Rankings, Reported Health Status, and Access to Care

Since 2010, the University of Wisconsin's Population Health Institute, with the support of the Robert Wood Johnson Foundation, has developed County Health Rankings and Roadmaps for nearly all counties in each state. They use a framework that builds on the notion that various policies and programs have the power to impact health factors that contribute to health outcomes.

Health Factors include Clinical Care, Health Behaviors, Social and Economic Factors, and Physical Environment. Within Clinical Care, there are measures for *Access to Care* (percentage of those under 65 without health insurance; ratio of population to the number of primary care physicians, dentists, and mental health providers) and *Quality of Care* (preventable hospital stays; diabetic monitoring; mammography screenings).

Author

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Table 1. Self-reported health condition and availability of healthcare providers (per 100,000 population), by community type, Indiana, 2015 County Health Rankings

| Geography | Average number of poor physical health days per month | Average number of poor mental health days per month | Percent of adults reporting poor or fair health | Primary care physician rate | Dentist rate | Mental health providers rate | Registered nurse (FTE) rate |
|-----------|---|---|---|-----------------------------|--------------|------------------------------|-----------------------------|
| Urban | 3.7 | 3.8 | 16.6% | 70 | 60 | 184 | 1,040 |
| Mid-sized | 3.3 | 3.4 | 14.0% | 76 | 51 | 108 | 588 |
| Rural | 3.7 | 3.6 | 17.0% | 43 | 31 | 55 | 453 |
| Indiana | 3.6 | 3.7 | 16.0% | 66 | 51 | 133 | 756 |

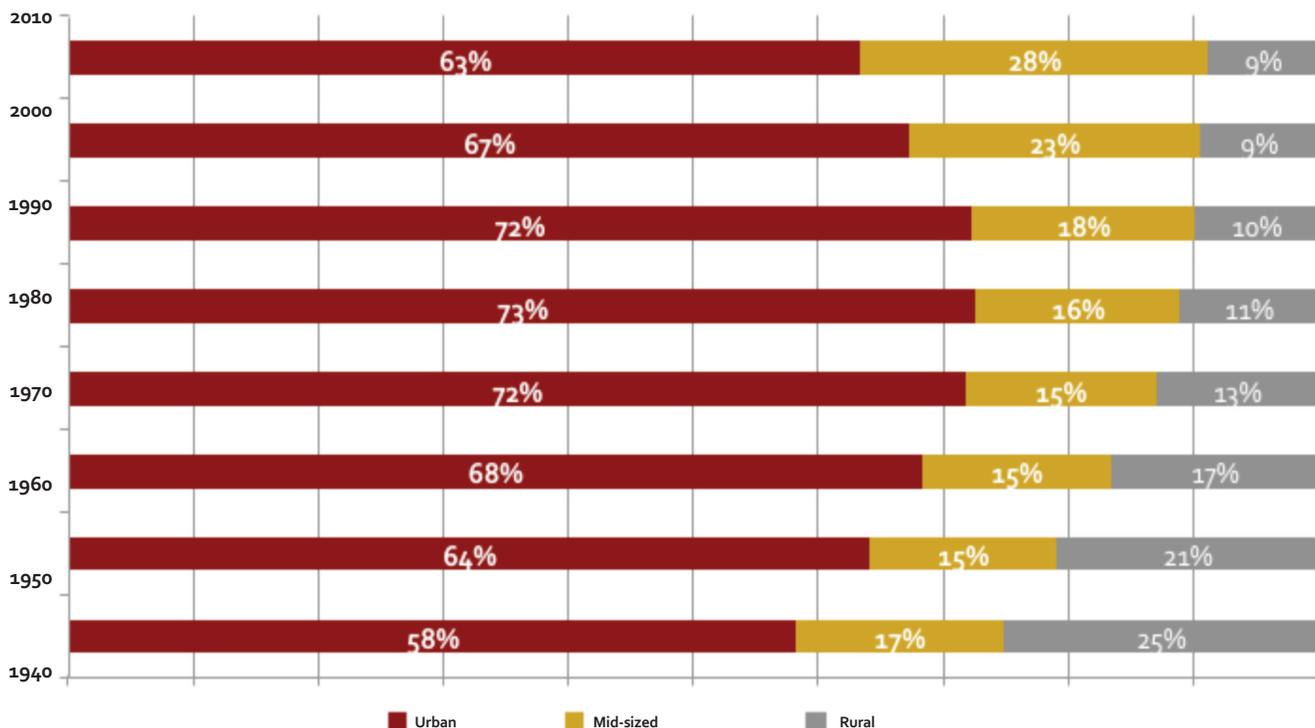
Sources: Modified from ©2015 County Health Rankings; Registered nurse data from 2013 Nursing Licensure Survey, Health Workforce Studies Program, Department of Family Medicine Indiana University School of Medicine

Note: Rate calculation = (number of practitioners/population)*100,000

There are several more indicators included in the County Health Rankings that aid in detailing the health of the community. Factors such as the number of days reporting poor physical or mental health and the percentage of adults reporting overall poor or fair health are good indicators of the health of a community. The values for these factors have been calculated for Indiana’s counties based on their urban, mid-sized,

or rural designation. Poor health, in part, may be the result of access to healthcare. That is, a shortage in medical personnel or extended delays in appointment availability may contribute to poor health. Table 1 shows that mid-sized counties report better health across all three variables and better than the Indiana statewide average. The table also shows the relative number of healthcare providers by geography per

Figure 1. Share of medical doctors by community type, Indiana, 1940 – 2010



Source: Area Health Resource File 2014-15 Release, US Department of Health and Human Services

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100,000 population. In some instances, the rural rates are half, or considerably less than half, of the rates found in urban areas.

Supply of Healthcare Providers

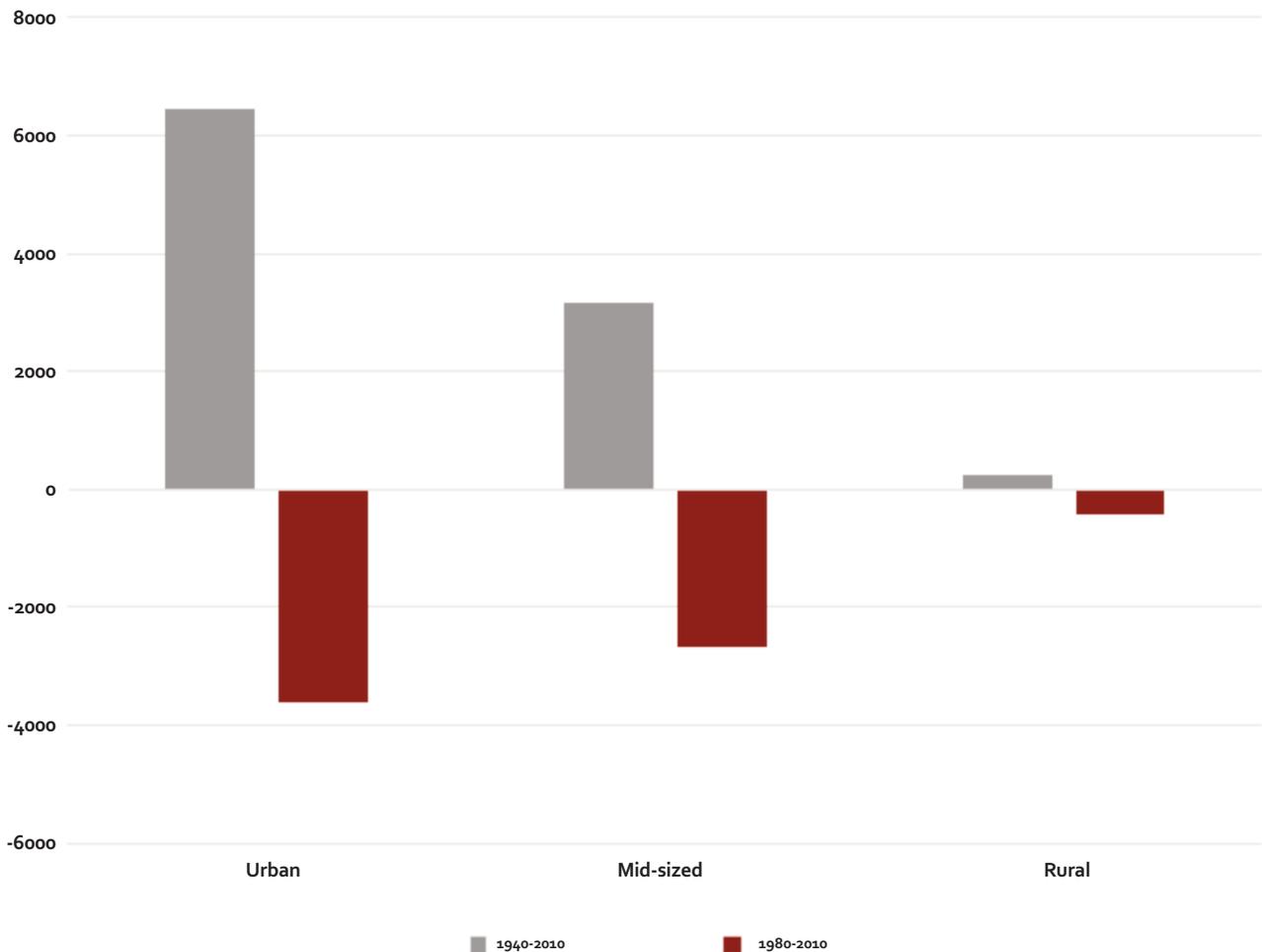
Given the low rates found in rural areas it may be useful to look at the number of physicians over time (Figure 1). Overall, there is an increase in the percentage of doctors working in urban and mid-sized communities and a decrease in rural areas. The share of doctors in urban areas peaked in 1980, but is still larger than in 1940.

Figure 2 shows how the number of providers has decreased substantially over the last 30 years. If you

look at the change from 1940 to 2010 it appears only the rural areas are seeing potential shortages in providers. However the data from 1980 to 2010 show decreases across all three classifications.

Another way to look at the perceived shortage of healthcare professionals is to look at the Bureau of Labor Statistics Occupation Projections (Long Term) data. Table 2 highlights the category *Healthcare Practitioners and Technical Occupations*. The occupation with the largest number of openings within this category is registered nurses (RN), followed by licensed practical nurses (LPN) and physicians. The demand for these occupations may help explain, in part, why certain areas of the state are underserved.

Figure 2. Change in number of physicians by community type, Indiana, 1940 – 2010 and 1980 – 2010



Source: Area Health Resource File 2014-15 Release, US Department of Health and Human Services



Table 2. Annual average occupation projections for healthcare practitioners, Indiana, 2012 – 2022

| Occupation title | Total openings | Replacement jobs* | New jobs* |
|--|------------------------------|--------------------------------|------------------------|
| Healthcare practitioners and technical occupations | 7,295 | 3,661 | 3,634 |
| Registered nurses | 2,197 | 1,149 | 1,048 |
| Licensed practical and licensed vocational nurses | 886 | 465 | 421 |
| Physicians and surgeons, all other | 373 | 176 | 197 |
| Dental hygienists | 288 | 122 | 166 |
| Emergency medical technicians and paramedics | 285 | 161 | 124 |
| Pharmacists | 230 | 155 | 75 |
| Physical therapists | 213 | 104 | 109 |
| Pharmacy technicians | 187 | 88 | 99 |
| Medical and clinical laboratory technicians | 174 | 92 | 82 |
| Medical and clinical laboratory technologists | 166 | 92 | 74 |
| Top ten occupations in healthcare practitioners and technical occupations | 66% of total openings | 71% of replacement jobs | 66% of new jobs |

Source: Indiana Department of Workforce Development – Research and Analysis

* The average number of *replacement jobs* is an estimate of the number of openings due to retirement or those leaving the occupational category. The average number of *new jobs* refers to newly created positions due to increased demand. Together, they estimate the total number of annual openings.

A closer look at projections for the top ten occupations shows a range of job-related tasks and educational requirements. For LPNs and RNs, individuals can begin working in the healthcare field and then increase training, job responsibility, and salary over time. These projections provide an opportunity to show prospective students a variety of careers with good wages and employment prospects; and provide communities and employers the information they need to begin to consider employment and training incentives.

Health Professional Shortage Areas (HPSAs) Definition

Health Professional Shortage Areas (HPSAs) have shortages of primary medical care, dental, or mental health providers; and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations have too few primary care providers, high infant mortality, high poverty, and/or high elderly population.

Source: nhsc.hrsa.gov/ambassadors/hpsadefinition.html

HPSA Designation and Resources to Help Communities

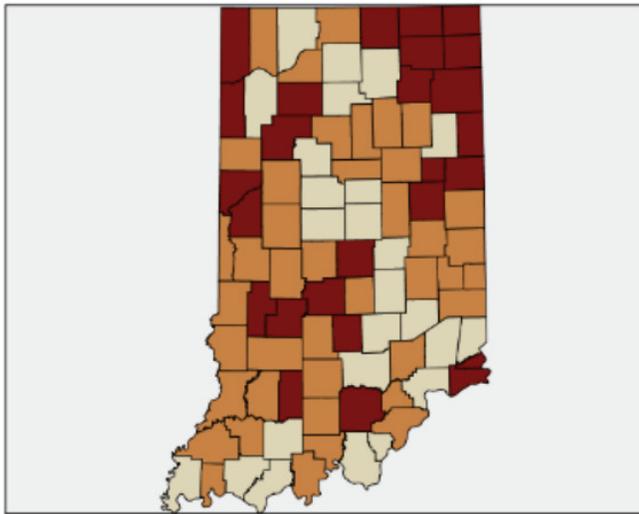
Due to the demand for additional workers in many health professions, and the shortages found in many areas, Health Professional Shortage Areas (HPSA) have been created for all counties nationwide by the Health Resources and Services Administration. HPSA designation can help direct resources to those areas or populations in need.

The 2013 county HPSA designations in Map 1 show shortages for all professions in at least a few counties. Only four counties demonstrate a lack of adequate coverage for dentists, requiring the entire county to be designated HPSA. On the other hand, only one-third of counties have the recommended number of mental health providers. The need for additional primary care physicians exists in all, or part, of over two-thirds of Indiana counties.

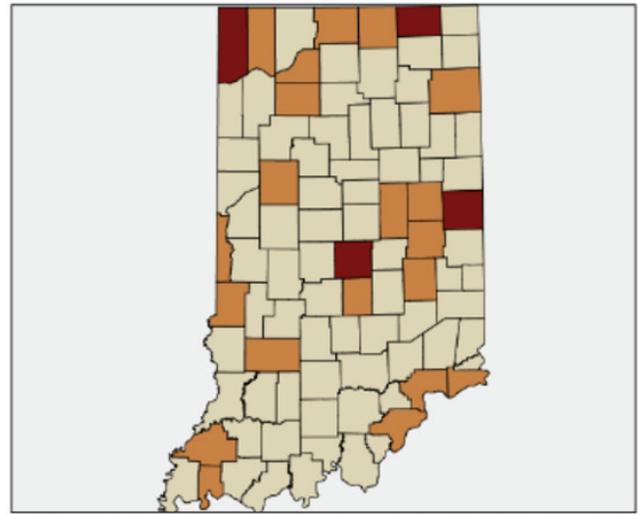
Given these shortages in Indiana (and nationwide), the US Department of Health and Human Services has developed incentive programs to increase the number of healthcare professionals serving these communities. One of these is the National Health Service Corps (NHSC). NHSC programs offer loan repayment assis-



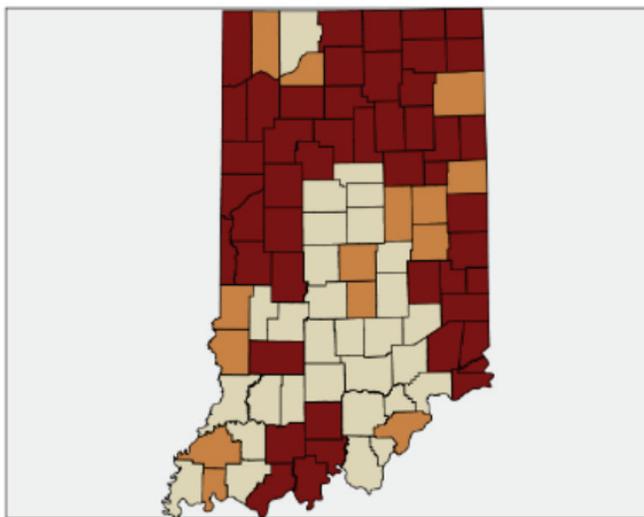
Map 1. Indiana HPSA county designations, 2013



HPSA Code -
Primary Care (2013)



HPSA Code -
Dentists (2013)



HPSA Code -
Mental Health (2013)

Where Shortages Exist

- No part of the county
- One or more parts of the county
- Whole county

Source: Area Health Resource Files, US Department of Health and Human Services
 Note: HPSA designation indicates a need for health resources.

tance and scholarship funds in exchange for a minimum two-year employment commitment at NHSC approved sites. Map 2 shows the number of sites in Indiana counties. These outpatient facilities must be located in HPSAs and provide services to meet the identified need.

Many states have supplemented these offerings with programs of their own. Table 3 lists some of the national or state programs. Table 4 details a sampling of supplemental incentives.

As many Indiana communities continue to face a demand for healthcare professionals that exceeds the available supply, these programs may lend assistance. Likely, the same approach will not work in all areas, but the array of programs offers many possibilities and, hopefully, potential solutions for Indiana's health-care needs.



Table 3. Sample of incentive programs for healthcare services

| Program | Description/incentives |
|---|---|
| National Health Service Corps (NHSC) Loan Repayment Program | Tax-free loan repayment assistance (up to \$50,000) for licensed healthcare providers in exchange for a 2-year commitment serving as medical, dental, or mental health clinicians at an approved site. |
| National Health Service Corps (NHSC) Scholarship Program | Scholarship pays tuition, fees and a stipend in exchange of a minimum 2-year, post-graduation, commitment at an NHSC approved primary care site. |
| Nurse Corps Loan Repayment Program | Program for registered nurses to pay off 60% of unpaid loans in 2 years in exchange for a 2-year commitment at an approved critical shortage facility. |
| Students to Service Loan Repayment Program | Medical students (MD or DO) can earn up to \$120,000 in final year of school through this program in exchange for either a 3-year full time or 6-year part time commitment at an approved site. |
| Physician Bonus | The Centers for Medicare & Medicaid Services (CMS) provides a 10 percent bonus payment to physicians who provide Medicare covered services in a geographic HPSA. |
| HPSA Surgical Incentive Program (HSIP) | General surgeons that provide a 10- or 90-day global surgical procedure in a geographical HPSA are eligible for a 10% bonus payment. |
| Primary Care Incentive Payment Program (PCIP) | Family, internal, geriatric, and pediatric medicine physicians; clinical nurse specialists; nurse practitioners; and physician assistants enrolled in Medicare are eligible for 10% of paid charges for Medicare Part B primary care services provided to patients in the HPSA. |
| State Loan Repayment Program | States and Territories may offer federally funded State Loan Repayment Programs for health professionals providing primary care in HPSAs. Not all states offer this program. |
| Conrad State 30 Program | Allows each US state's health department to sponsor J-1 Visa Waivers for foreign medical doctors. In addition to the J-1 Visa Waiver, a non-immigrant H-1B visa is another way to help fill the health professional shortage with qualified foreign medical doctors. |
| 3RNet (National Rural Recruitment and Retention Network) | Large not-for-profit network made up of member organizations and funded by the Office of Rural Health Policy and member dues. 3RNet's services include a place for healthcare employers to post opportunities directly to the website for healthcare professionals to see and have easy access to applications. |
| Community Apgar Program (Idaho, North Dakota) | A research questionnaire that helps hospitals identify and weigh factors such as strengths and challenges important to physician recruitment and retention and assists with strategic planning to improve upon these issues. |
| Avera Health eEmergency service (Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Montana, Wyoming) | Uses two-way video equipment in rural emergency rooms to communicate with, and get support from, emergency-trained physicians and specialists at a central hub, 24/7. This saves money in transfer costs, as well as helping to provide services to the patient. |
| e-ICU system (Alaska, Oregon) | Allows rural providers to overcome isolation and distances between communities to collaborate with intensive care unit staff, who assist in monitoring and treating critically ill patients. |
| California Student/Resident Experiences and Rotations in Community Health Program (Cal-SEARCH) (California) | Program places medical students and residents focusing on primary care in community clinics and health centers in rural or inner-city urban areas for clinical rotations, hands-on experiences and community health development projects. |

Sources: Department of Health and Human Services Centers for Medicare & Medicaid Services for all programs except Conrad State 30 and 3RNet. Rural Assistance Center. Rural Assistance Center (www.raconline.org/topics/rural-health-recruitment-retention#get-help) and California Office of Statewide Health Planning and Development (OSHPD).

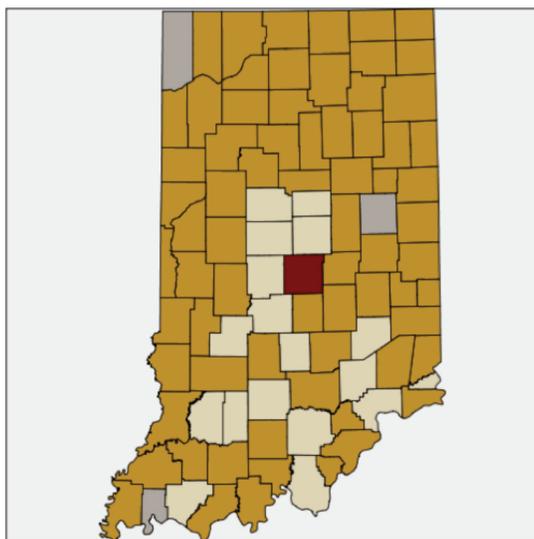


Table 4. Additional incentives and benefits for healthcare services

| Benefit category | Incentive offered |
|-----------------------|---|
| Professional benefits | <ul style="list-style-type: none"> Coverage of malpractice insurance Payment of licensure fees Payment for association dues Payment for continuing education |
| Other benefits | <ul style="list-style-type: none"> Leave for volunteer work Sabbaticals for research, education, or mission work |
| Bonuses | <ul style="list-style-type: none"> Sign on bonuses Retention bonuses Bonuses for meeting certain goals |
| Other incentives | <ul style="list-style-type: none"> Low interest home loans Relocation expenses Practice set up costs Assistance with spousal employment Assistance with locating daycare |

Source: Rural Assistance Center

Map 2. Number of Designated Indiana NHSC sites by county, 2014



NHSC /Approved Sites

Zero
 1 to 10
 11 to 20
 Greater than 20

Source: datawarehouse.hrsa.gov/tools/DataPortalResults.aspx

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Thriving Communities, Thriving State (policyinstitute.iu.edu/thriving) is a project of the Policy Choices Initiative. The goal of the Policy Choices Initiative is to encourage discussions among government, nonprofit, and private sector leaders about issues that are or will be critical to Indiana's future—to provide policy options for action.



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