Today's Presentation

Program: Challenges of Health Care in Rural America
Speaker: Elvin Plank, President/CEO, Indiana Health Centers Inc.
Introduced by: Don Mink
Attendance: 134
Guests: Roland Kjosen, Susan Fordyce, John Woodruff, Mervyn Cohen, Norma Erickson, Jack Myers, Marvin Ward, Bob Rud, Robert Burns
Scribes: The Mutter Marines - Carol and James Editor: Ed Nitka

Elvin Plank has led efforts to expand services, especially medical services to underserved populations – particularly in rural areas.

Social determinates of health are conditions in which people are born, grew up, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Differences among the population in all of these mean some are disadvantaged and therefore have health disparities and inequities. Religion, racial or ethnic groups, cognitive, sensory or physical disabilities are among issues that can lead to discrimination or exclusion.

Access to health care is affected by these determinates and differences. Ability to pay for health care and transportation to/from providers can be severely impacted. Insurance can help with payment, but both primary and specialty care providers don't always accept Medicaid or Medicare. Medicaid has very low reimbursement rates making it challenging for providers to stay in business if they accept too many Medicaid patients. The only other alternative to no insurance is commercial insurance. Marketplace products frequently are expensive, have high deductibles, and are not always accepted by providers.

The uninsured frequently wait until they're very sick and go to the emergency room to get care that is now much more expensive. And that's if there's an ER available to them. This is especially problematic for people who live in rural areas. Eighty-six rural hospitals have closed since 2010 and over 500 are running deficits. A single lawsuit for a small rural hospital can require filing bankruptcy. To avoid lawsuits, they can quit providing an ER and stop delivering babies, and/or providing either prenatal, or postpartum care. They can also quit providing access to specialty care.

There's an impact on the community as well, including loss of good paying jobs, closing of stores and loss of health care professionals in the local community. When grocery stores close, it's more difficult for people to get nutritious food and stay healthy. Loss of OB/GYN services puts mothers and babies at risk. Infant mortality rate (the number of deaths of babies under one year old per 1000 live births) will rise or, at best, stay the same. Indianapolis has the highest infant mortality rate for black infants of all large cities in the US. It was not always the case. Other large cities have been able to reduce their rate while Indianapolis' rate has remained the same. The state of Indiana is now rated 44th in infant mortality. In general, the infant mortality rate for blacks tends to be twice rate of whites; there is no conclusive evidence of the exact cause. Causes for infant mortality include lack of universal healthcare, limited access to prenatal and postnatal care and below-par maternal health. Indiana is rated 46th in maternal mortality. Our state spends $41 per capita on public health (ranked 49th!), while the national average is $97. Indiana is rated 41st for percent of smokers, 40th for obesity and 34th for drug addiction, so the need for funded, targeted programs is definitely there.

A disturbing trend is for smaller hospitals to be bought by very large for-profit businesses; the motivation is obviously profit vs. health care. Decisions are made at very high headquarters levels where there may be little or no understanding of the local issues. The good news is that the State health department leadership is committed to improving access for Hoosiers to health care. Some progress is being made, many times with the help of volunteers. There are plenty of opportunities for us to help Indiana improve our health care system.

Elvin Plank