Preventive Health and Health Services Block Grant

Indiana

Help may be 50 miles away in Indiana.

Public Health Problem (Issue)
If you live in one of the 43 rural counties in Indiana and you become ill, help may be up to 50 miles away. In Indiana, there are six million residents and 862,670 are without any form of health insurance. Many of the uninsured live in the rural counties that have limited access to primary health care, and often they delay seeking help for their health problems because of the distance to care and the cost that the care will entail. Medically underserved rural populations have disproportionately higher death rates and disabling conditions. In addition, they are at a higher risk of suffering the consequences of untreated infectious diseases, and unmanaged chronic ailments. They have little access to preventive health care such as screening for breast, cervical, prostate, colon and skin cancers. Rural populations have the added occupational risks of exposures to pesticides, herbicides, farm accidents, and the sun. Based on epidemiological data, the following were target areas of concern:
- Overuse of emergency rooms for routine care by rural residents, which results in higher costs.
- Prevalence of heart disease and stroke, the number one killer in Indiana. In addition, it is estimated that about half of all heart attacks and two-thirds of all stroke victims have high blood pressure.
- The elderly's ability to identify and control health conditions, ensuring their independence.
- Adolescents engaging in risky behaviors and making harmful choices that may lead to a lifetime of poor health.

Taking Action (Intervention)
Indiana decided to utilize the Preventive Health and Health Services Block Grant to start solving the problem of access to care in rural Indiana by supporting Nurse Managed Clinics throughout the state in 1995. The state eventually sponsored 27 clinics, of which 25 are still operational. The most recently funded clinics by the Block Grant are located in Martin, Daviess, and Orange counties. All three are rural counties in medically under served areas.
The Objectives of these new nurse managed clinics were required by the state health department for all grantees.
- Increase the proportion of regular clinic patients with high blood pressure whose blood pressure is under control to 50%.
- Increase the proportion of adolescents aged 13 through 18 who receive all of the screening and immunization services and at least one of the counseling services recommended by the US Prevention Task Force to 50%.
- Increase the proportion of adults aged 65 and older who have received, all of the screenings and immunization services and at least one counseling services appropriate for their age and gender as recommended by the US Preventive Services Task Force to a least 40%.
- Give 100 % of the patients instructions on the proper use of hospital emergency rooms.

Impact
The Preventive Block's flexibility and emphasis on funding projects for which there was no other funding made it the perfect funding source. Examples include: Martin County Healthcare Clinic, which has a patient count of 3,189, Daviess Clinic, who served 2,999 patients, and Orange Clinic, which has a patient...
Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician. In addition, some patients discovered they were diabetic, hypertensive, had cardiac problems or cancer. Those patients had never been screened and were unaware that their conditions were possibly life threatening. Better serving Indiana’s rural population through Nurse Managed Clinics and Block Grant funds has proven to be a lifesaver in our state.

Footnotes

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PHHS Block Grant Supports Indiana Healthy People Priorities

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from Healthy People.

Indiana uses its funds to address 14 health objective priorities, including:

- Cardiovascular Health.
- Community Water Fluoridation.
- Accredited Public Health Agencies.
- Public Health Agency Quality Improvement Program.
- Health Improvement Plans.

For a complete list of funded health objectives, go to http://www.cdc.gov/phhsblockgrant/stateHPprior.htm.