



# Health & Wellness

Economic development requires a healthy community. Health includes physical and mental health, and access to the means to maintain both. Scott County residents want more opportunities to be healthy and maintain wellness. They want better access to quality health care that accepts both Medicaid and private insurance. Residents want affordable medications, access to healthy food, and healthier restaurants, preferably locally owned. Respondents consistently comment on the need for quality mental health care, particularly for children and youth. Residents know that health is a foundation for a strong and vibrant community and they know this is an area of great opportunity for Scott County.

## Community Profile

Scott County ranks 90 of 92 Indiana counties for health outcomes and 80 of 92 for health factors.<sup>24</sup>

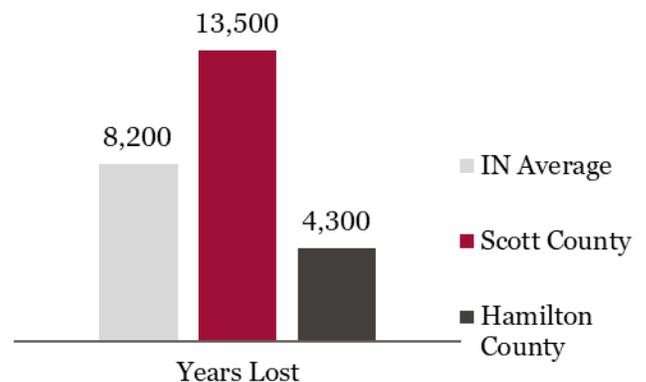
Figure 17: County Health Ranking Index Rankings for Scott County

County Health Ranking Indexes	Rank out of 92
Length of Life	91
Clinical Care	84
Quality of Life	83
Social and Economic Factors	81
Health Behaviors	66
Physical Environment	24

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

Residents lack adequate access to healthcare and have a number of negative health behaviors. Scott County is not distinctive among Indiana counties in terms of its challenges. In order to place county figures in the context of some higher standard for health behaviors and outcomes, the research team compares Scott County to both the state of Indiana and the Indiana county that rates #1 for health outcomes, Hamilton County. This juxtaposition illuminates the role that socioeconomic factors play in shaping health outcomes as Hamilton County's median household income is twice that of Scott County (\$94,644 compared to \$47,123); and 57.8% of Hamilton County adults over age 25 have Bachelor's degrees compared to 11.9% of Scott County adults over age 25. Confounded in this comparison is also the difference in ready access to

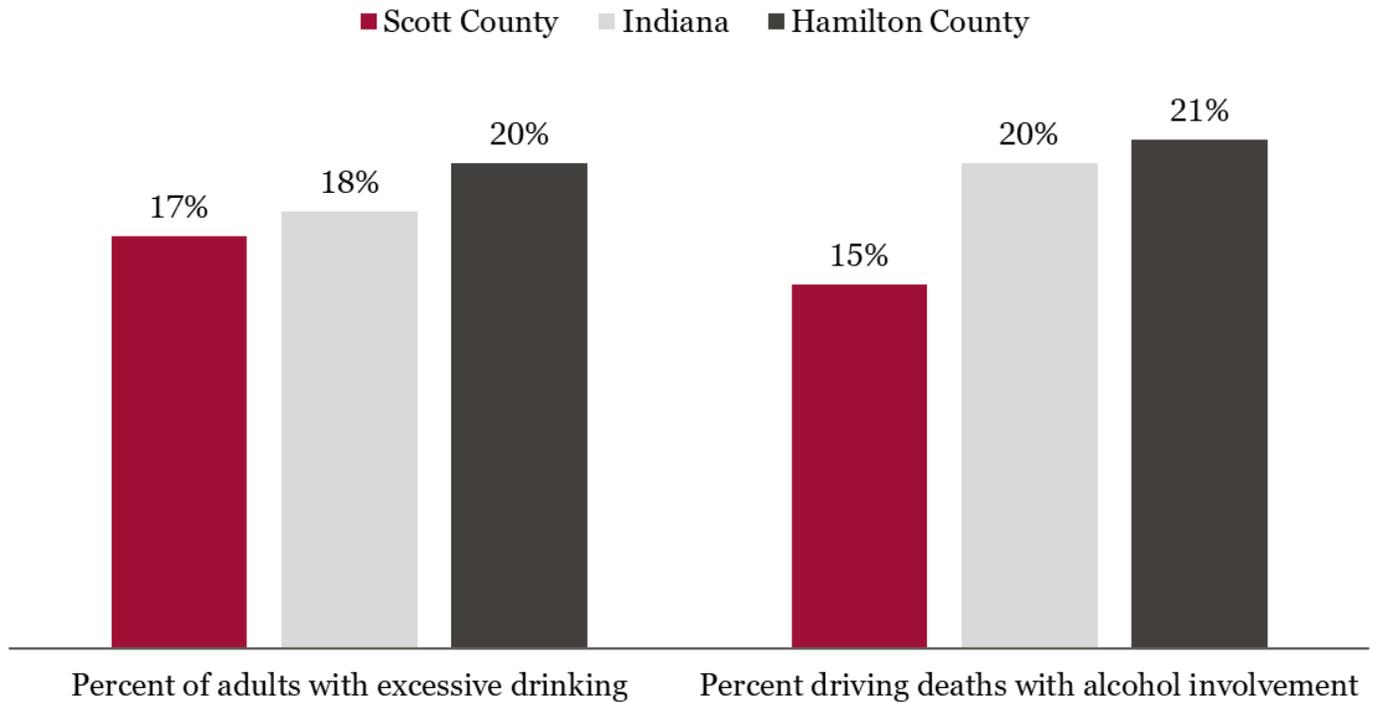
Figure 18: Life Expectancy--years of potential life lost before age 75 per 100,000 persons



**APPLIED RESEARCH AND EDUCATION CENTER**  
INDIANA UNIVERSITY SOUTHEAST

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

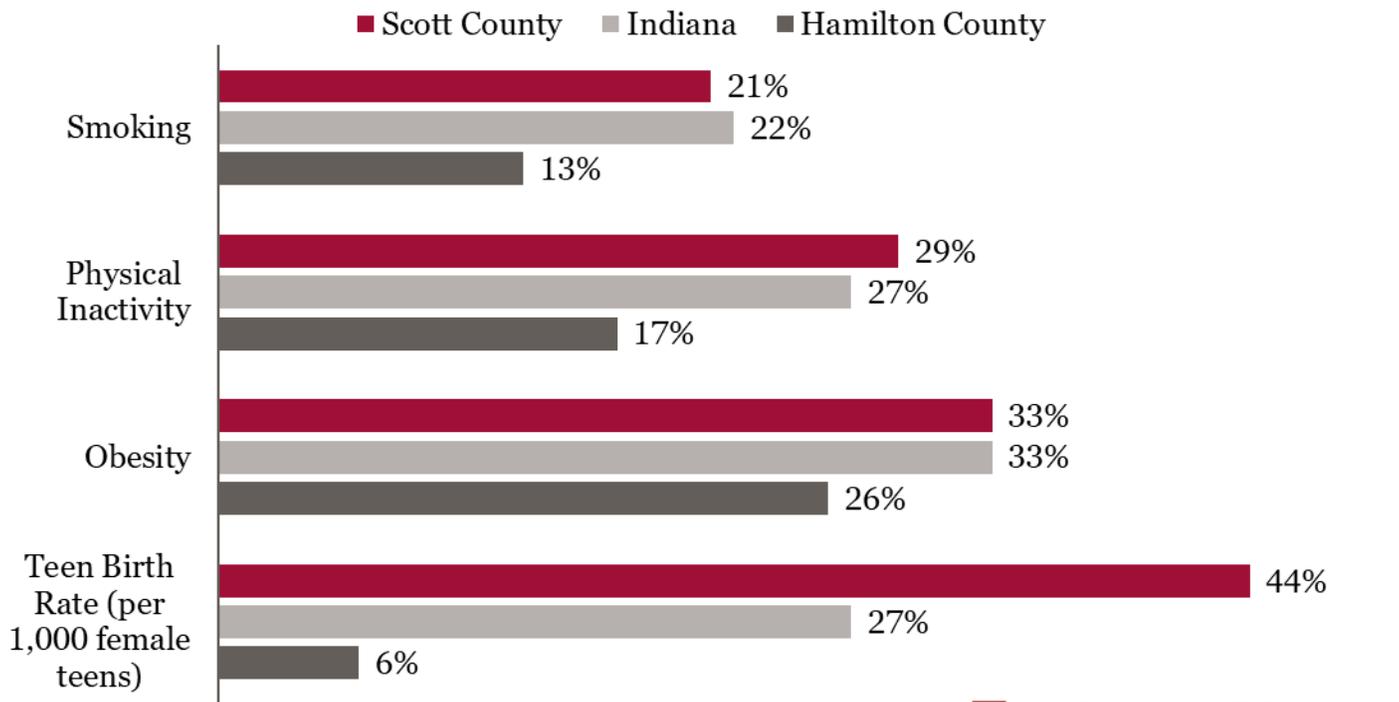
Figure 19: Excessive Drinking and Alcohol Related Driving Deaths



**APPLIED RESEARCH AND EDUCATION CENTER**  
INDIANA UNIVERSITY SOUTHEAST

Sources: Excessive drinking refers to percent of adults that report binge or heavy drinking as reported by the Behavioral Risk Factor Surveillance System (2017) and alcohol impaired driving deaths as documented in the Fatality Analysis Reporting System (2014-2018 : both sets of figures reported here as they appear in Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

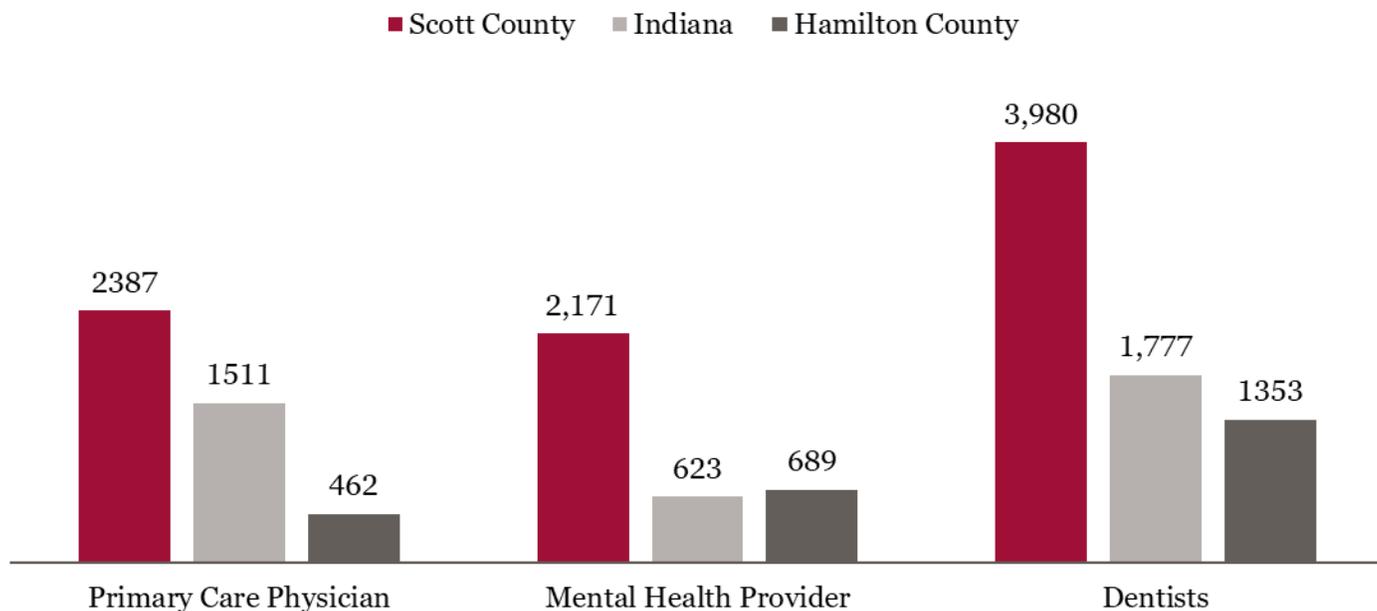
Figure 20: Selected Health Behaviors and Outcomes, County Health Rankings 2020



**APPLIED RESEARCH AND EDUCATION CENTER**  
INDIANA UNIVERSITY SOUTHEAST

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

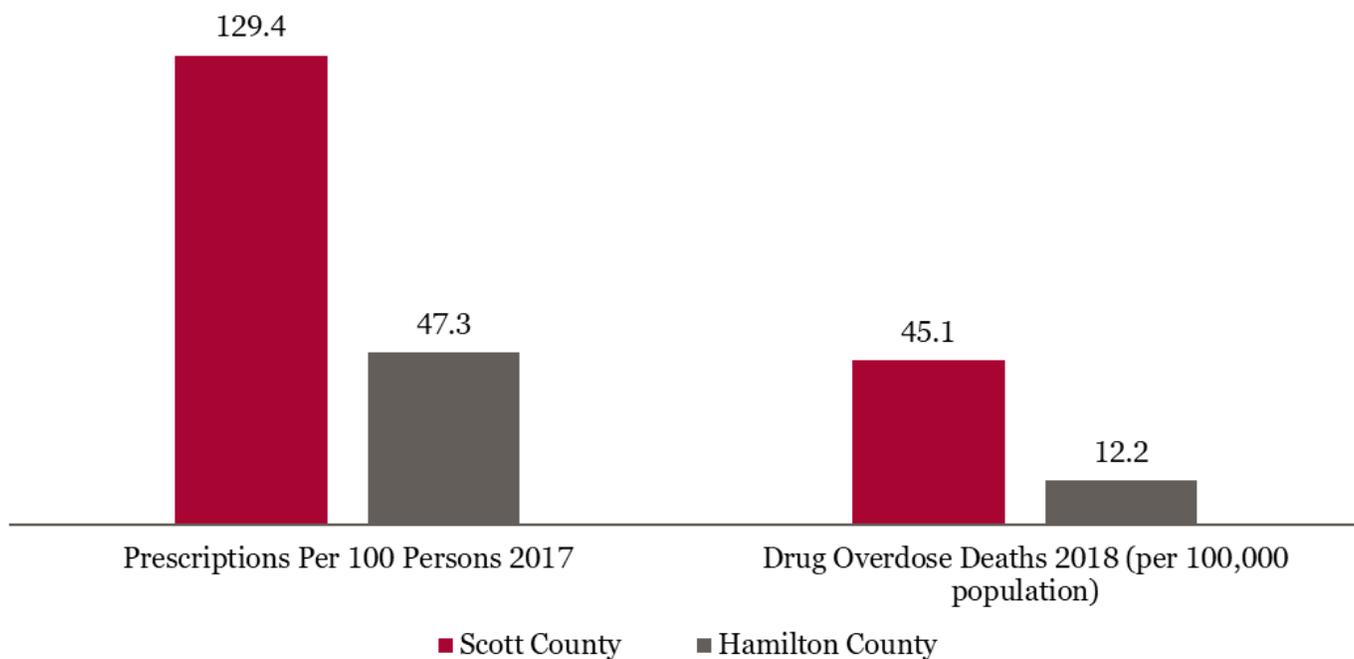
Figure 21: Number of residents per provider



**APPLIED RESEARCH AND EDUCATION CENTER**  
INDIANA UNIVERSITY SOUTHEAST

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2020. *County Health Rankings & Roadmaps*. Retrieved August 2020 (<https://www.countyhealthrankings.org/>).

Figure 22: Prescriptions and drug overdose deaths



**APPLIED RESEARCH AND EDUCATION CENTER**  
INDIANA UNIVERSITY SOUTHEAST

Sources: Centers for Disease Control and Prevention. 2020. *U.S. County Prescribing Rates, 2017*. Retrieved 09-02-20 (<https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>). Indiana Department of Health. 2020. "Deaths." *Indiana Drug Overdose Dashboard*. <https://www.in.gov/isdh/27393.htm>.

---

healthcare between rural communities and suburban communities. Income and education contribute to health behaviors and they fundamentally shape access to care and compliance with prescribed treatment.

Scott County ranks below the midpoint of Indiana counties on all County Health Ranking Indexes except “Physical Environment,” where clean country air moves them up to #24 of 92. Scott County ranks #91 for length of life (Figure 17). This ranking reflects the high incidence of overdose deaths in the last six years. Interestingly, Scott County has lower rates of excessive drinking and alcohol related driving deaths than does Hamilton County or Indiana as a whole (Figure 19).<sup>25</sup> Issues with substance use disorder, however, significantly reduce life expectancy (Figure 18) and impact health in myriad other ways that show up in these data.

According to the County Health Rankings 19% of Scott County residents are in poor or fair health. Residents report an average 4.2 physically unhealthy days per month and 4.7 mentally unhealthy days per month, compared to 3.0 and 3.5, respectively, for Hamilton County. Scott County’s average reported unhealthy days were right in line with state averages. The county rates fairly well on access to healthy food, 8.3 on a scale where 0 is worst and 10 is best. One-third of adults are obese and 29 percent report that they are physically inactive (Figure 20). This is partly a function of accessibility. Only 52 percent report that they have access to exercise opportunities.<sup>26</sup> While not as high as the smoking rate in Indiana, more than one fifth of Scott County adults report that they smoke.

In 2015, Scott County had the largest HIV outbreak the U.S. has seen in a rural community, with a 5% infection rate. The outbreak was largely the result of widespread injection of Opana, a prescription painkiller. The county is under-served by medical providers and over-prescribed (Figure 20). As a result, Scott County is a ground zero of sorts for the opioid epidemic. As the community has worked to identify the sources of their struggles and effective responses, activists and service providers have increasingly looked to the literature on Adverse Childhood Experiences (ACEs).

In 1998, doctors working with individuals

suffering from obesity found that those who relapsed and seemed unable to keep the weight off, despite using treatment strategies that worked well with others, had something in common: they all had traumatic childhood experiences in their personal histories.<sup>27</sup> The physicians followed this finding, studied the social histories of thousands of patients, and found ten childhood traumas whose relationship with obesity was statistically significant.

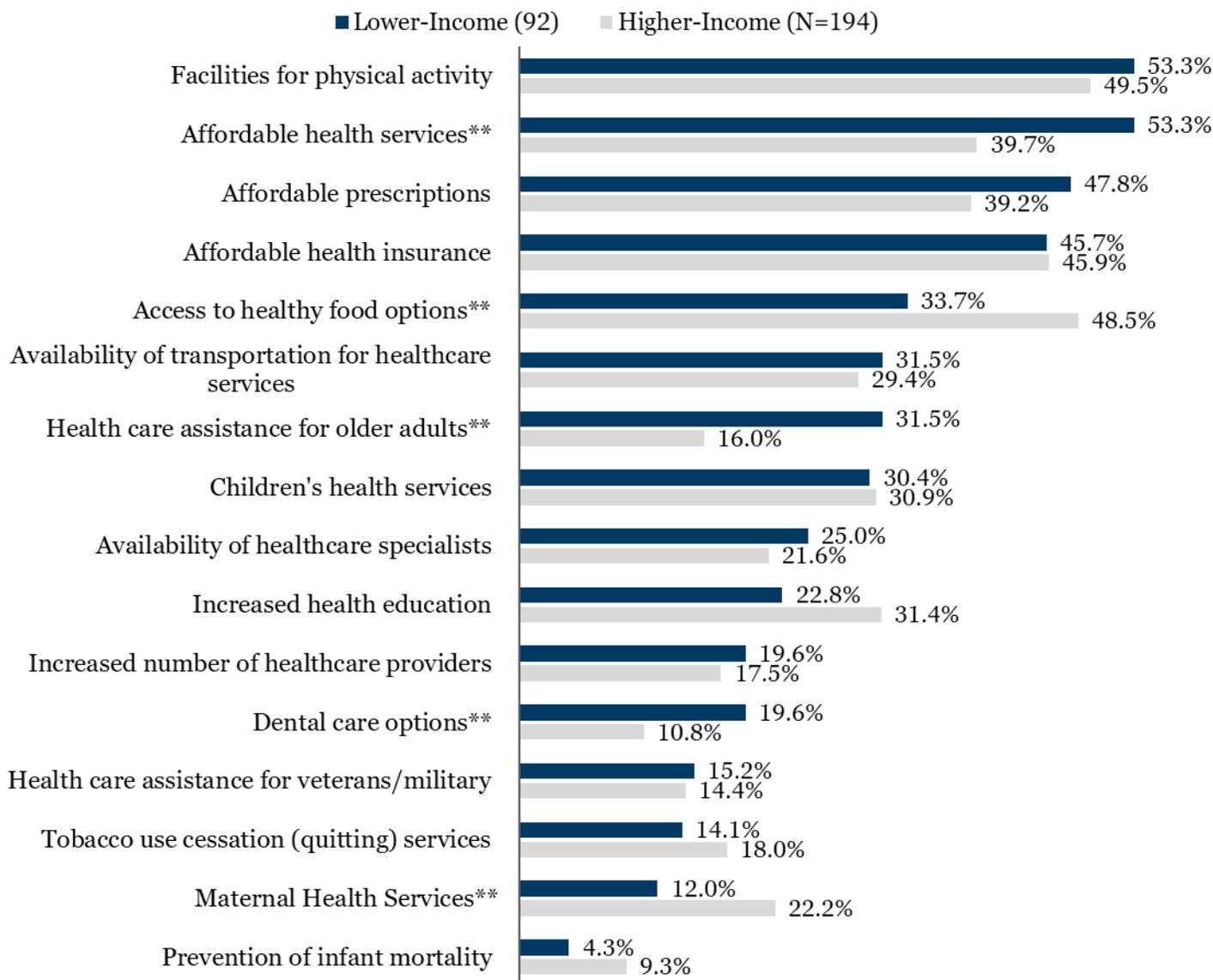
They developed an instrument to hone in on the ten ACEs that seemed to be correlated with negative outcomes. They tested the instrument and a whole line of research has emerged demonstrating that people with multiple ACEs (from among the list of 10) are more likely to experience a wide range of negative outcomes in education, employment, health, and mental health. The mechanism: toxic stress. The chemicals released by the body in stressful situations are useful for temporary concerns, but when the fight or flight reflex remains in the “on” position for long periods, this has a negative impact on the body.<sup>28</sup> It actually causes the brain to develop differently. In one study, those of low socioeconomic status with four or more ACEs had a 7-fold increase in risk for substance abuse compared to those with zero ACEs.<sup>29</sup> They were also 1.5 times more likely to be physically inactive and suffer from severe obesity.

With this research in mind, in 2019 the Coalition to Eliminate the Abuse of Substances (CEASE) of Scott County commissioned the IU Southeast Applied Research and Education Center (AREC) to conduct a community-wide ACEs survey. The sample skewed toward higher income and education levels, but still produced an average ACE score of 4.1 with a median of four.<sup>30</sup> The correlation between income and the ACE score was statistically significant; lower incomes are associated with higher ACE scores in the Scott County sample. These findings suggest that childhood trauma may be playing a significant part in physical and mental health, substance abuse, and wellness in Scott County. The impacts likely do not stop there. Histories of childhood trauma are associated with low school performance and behavior issues. These issues may well explain at least some portion of the low educational attainment (see Education section) and low employment ratio (see Economy section) in Scott

Figure 23: Percent that Indicated Each as a Top Five Physical Health Priority (N=335)



Figure 24: Percent selecting physical health priorities by income level



County.

## Community Perceptions

The top five physical health priorities identified in responses to the Forward Together survey point back to the economy (Figure 23). Every one of the top five items improves in a thriving economy with living wage jobs that provide good benefits. Higher earning communities can support facilities for physical activity. Good jobs include affordable health insurance, which makes health services and prescriptions affordable. People who earn more have an easier time accessing transportation and using their earnings to purchase healthful food.

A closer look at income-related differences in responses shows that low-income respondents are significantly more likely to select “affordable health services,” “health care assistance for older adults,” and “dental care options” as top priorities (Figure 24). Higher income respondents are significantly more likely to identify “access to healthy food options” and “maternal health services” as top priorities.

Higher income respondents may see the leverage in prevention through healthy food and maternal health. Lower-income respondents are concerned with how to respond to pressing health needs—which usually takes the form of responding to illness. A strong plan will address both immediate needs and will build effective systems to prevent health problems and promote wellness.

The only health related item (not specifically related to children and youth) where more than 50% agreed with a statement of quality was, “It’s easy for me to access healthy food in this community” (Figure 25). In comments and interviews, several people voiced disagreement with this statement. Residents repeatedly cited the lack of a full service grocery store in Austin. In addition, those with limited transportation struggle to access healthy food options. County Health Rankings rates the county an 8.3 out of 10 for access to healthy food. Those who live closer to shopping in Scottsburg, and for whom transportation is not a barrier, are able to access healthy food.

Figure 25: Agreement with statements about the quality of health and mental health resources in Scott County

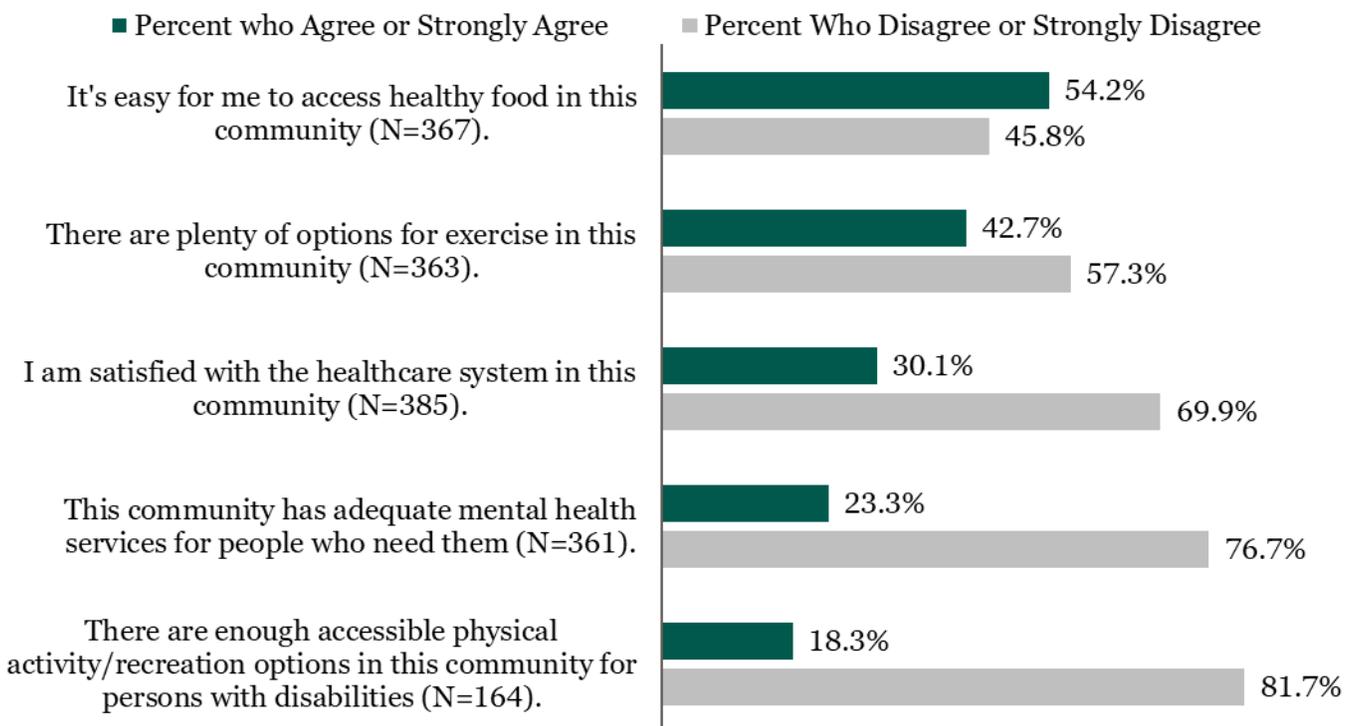


Figure 26: Priorities for Mental Health Services (N=325)



For the other items, the majority expressed dissatisfaction with opportunities for exercise and recreation and with the quality and supply of healthcare and mental health services. Objective data from County Health Rankings and state sources confirm these sentiments.

Mental health is an area with some consensus around the top priorities of children's mental health services, substance abuse prevention, and high quality mental health services. Open-ended comments suggest these priorities are closely tied to the perception that childhood trauma is all too common and that the best method of prevention is to work with kids from an early age to develop coping mechanisms for managing these experiences and the toxic stress they generate.

*I believe we strongly need mental health services available for children at their pediatrician or available to come into the home. Especially for ACEs children.*

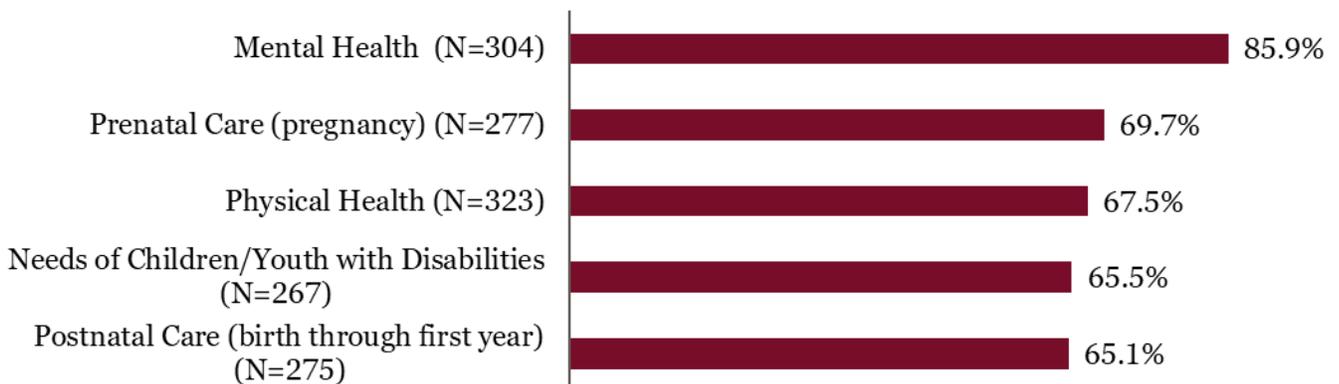
*If we could work on dealing with trauma then it could help prevent more cycles of addiction, abuse, etc.*

People are also concerned with access to high quality mental health without leaving the county.

*I am tired of having to go out of county for mental health care. We need providers that take insurance other than Medicaid and more that take Medicaid.*

*I feel like we need better (high quality) mental health professionals in our area.*

Figure 28: Health-related aspects of support for children and/or adolescents rated "poor" or "very poor"



---

*I know lots of people travel outside of our community to receive better mental healthcare than they could in our county as well as to get the medications necessary for their mental health.*

The only priority where lower and higher income people had a marginally significant difference in response was “Inpatient/residential treatment for substance abuse.” Lower income respondents were more likely to choose this as a priority (53.2% compared to 42.1%). Higher income people undoubtedly have better access to inpatient treatment than do lower income people. One respondent took issue with the insistence on outpatient treatment programs for substance abuse among those who afford in-patient treatment:

*Insistence on outpatient programs for substance abuse. Most of the people I work with have additional needs (housing, transportation, get away from old friends, etc.) that would be better addressed as inpatient but it's too expensive, so we keep sending them to outpatient programs that don't work.*

A closer look at the priorities for mental health by income shows lower income respondents were also marginally more likely to prioritize “Affordable prescriptions” (Figure 25).

The most robust difference between lower and higher income respondents’ priorities was for the item “increased prevention of mental health issues through education.” While education is an important component to promoting mental wellness, for those who may be struggling or may have less access to services, this is likely to be a lower priority than responding to existing needs.

A significant portion of the survey section on supports for children and/or adolescents included health related items that respondents rated “Excellent,” “Good,” “Poor,” or “Very poor.” A majority of respondents rated dental health as good or excellent (56.1%), but positive sentiment dropped off from there.

Overall, ratings of health-related support for children and adolescents indicate that residents do not feel Scott County is doing a good job of supporting healthy children and adolescents

(Figure 26). Nearly 86% believe that mental health supports for children and adolescents are poor or very poor. Between 65% and 70% have negative ratings of support for prenatal care, postnatal care, physical health and the needs of children and youth with disabilities.

## Forward Together

A healthy community is a prerequisite for economic success and yet, without economic success it is difficult to build a healthy community. Health and wellness must be a top priority. Scott County residents prioritize affordability and access, recognizing that social and economic factors are a bigger barrier to health than health behaviors in Scott County (Figure 17).

In light of the research on ACEs, evidence of high prevalence of ACEs in the adult and child populations (see From Youth to Old Age section), and adult outcomes consistent with the impacts of toxic stress on health and development, preventing and responding to ACEs is likely a leverage point for health, education, and economic development in Scott County. The ACEs work underway in the community may have the capacity to disrupt cycles of childhood trauma producing dysfunctional behavior and poor mental and physical health that reproduces childhood trauma in the next generation. Scott County residents and the objective data suggest the need to prioritize the following:

- Increase access to affordable, high quality, trauma informed mental health care in order to interrupt the cycle of dysfunction and abuse that produces negative physical and behavioral health outcomes.
- Expand access to affordable trauma informed physical health care and medications vital to disease prevention and reduction of self-medicating behaviors.
- Provide opportunities to maintain good physical and mental health through physical fitness activity and recreation.

All citations and figure numbers consistent with full report. Full citations available at [www.scottcountyfoundation.org](http://www.scottcountyfoundation.org).