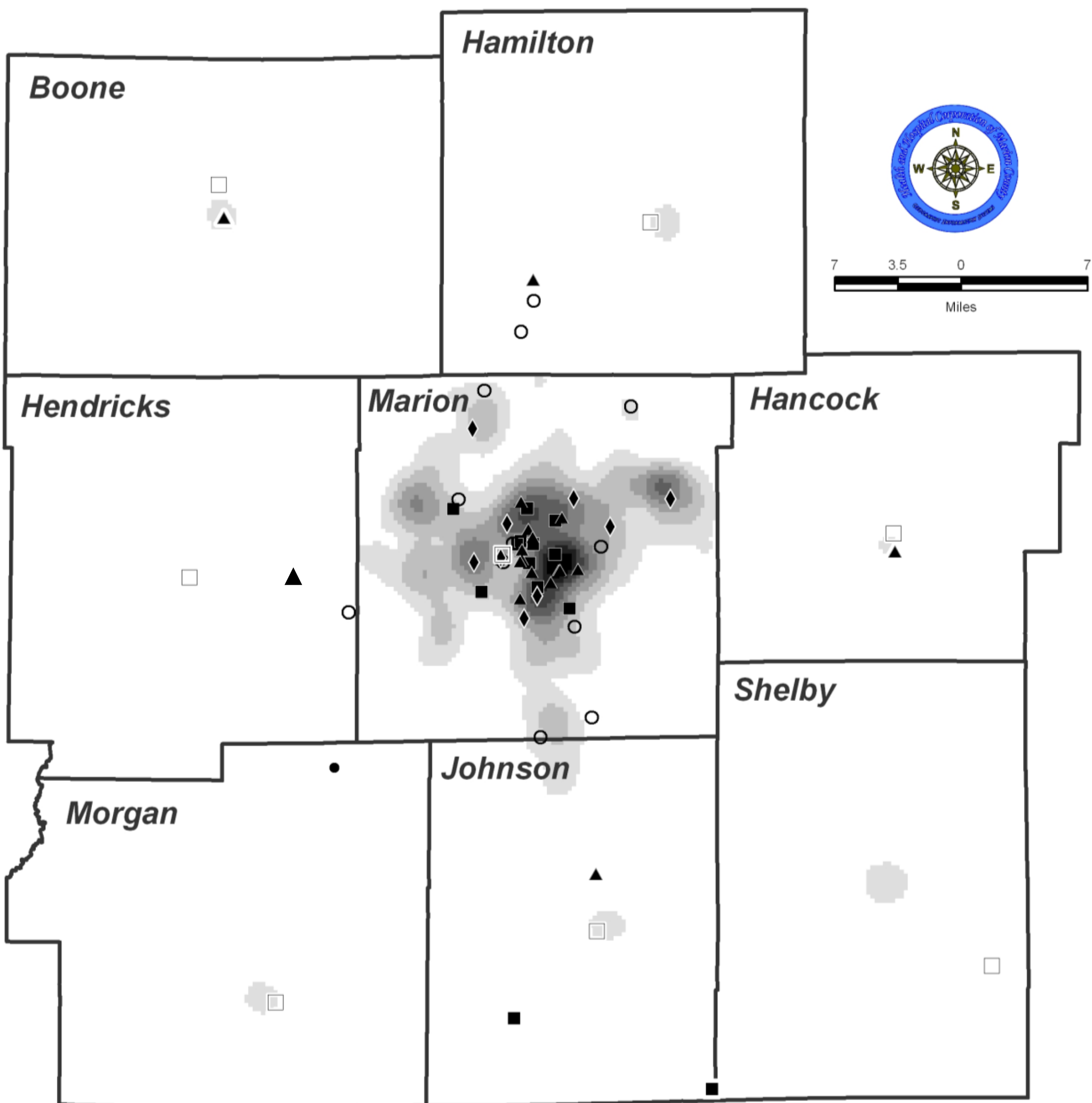
The Healthcare Safety Net of Metropolitan Indianapolis

December 2008



Hospitals and Clinics:

- Public Hospital (6)
- Private Non-Profit Hospital (15)
- Community Health Center (9)
- Federally Qualified Health Center (13)
- Free Clinic (17)

Persons in Poverty* per Square Mile:

- 0 - 409.1
- 409.2 - 818.3
- 818.4 - 1,227.4
- 1,227.5 - 1,636.5
- 1,636.6 - 2,045.7
- 2,045.8 - 2,454.8
- 2,454.9 - 2,863.9
- 2,864.0 - 3,273.1
- 3,273.2 - 3,682.2

Acknowledgements

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- Dr. Christopher Callahan, Director, Indiana University Center for Aging Research
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- Mr. Booker Thomas, President and CEO, HealthNet, Inc.
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Wherever possible, the project team incorporated feedback provided by these readers. The breadth and depth of reader input were more comprehensive than the scope of this study; therefore, not every reader comment is reflected.

Cover: Map of Poverty Density, General Hospitals and Core Safety Net Primary Care Providers, Metropolitan Indianapolis Area, 2008.

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Executive Summary

The Metropolitan Indianapolis healthcare safety net comprises a wide variety of healthcare providers, ranging from large hospital systems to small, independent health clinics. Together, these providers form a loose-knit system that delivers a wide spectrum of healthcare services to the 427,000 members of the vulnerable population who live within this geographic area. This group of vulnerable individuals receives high quality preventive and treatment health services made possible largely through public funding sources.

The demand for healthcare services from the Metropolitan Indianapolis safety net is significant and growing, due to an increasing number of uninsured, Medicaid, and underinsured patients, and to high rates of chronic diseases among the vulnerable population. Demand for services increases as local economic conditions worsen, especially in the current recessionary environment characterized by rising unemployment. Demand for services among the safety net population also increases as health literacy declines. Low health literacy results in such outcomes as poor chronic disease management and lack of knowledge about how to access and pay for healthcare services. Ultimately, increased demand upon the safety net system leads to higher costs for the healthcare system overall.

High and growing demand upon the safety net highlights the system's deficiencies. In Metropolitan Indianapolis, there is no single agency or formal consortium of organizations that is responsible for managing the local safety net system in its entirety. Indeed, the safety net system itself is fragmented and often operates within organizational silos. This is due in part to the fact that the safety net system is a collection of heavily burdened, often insufficiently funded providers who manage uncoordinated and complex funding streams in order to provide care for the vulnerable population. The lack of oversight is one factor that contributes to a system that is both difficult for vulnerable patients to navigate, and non-transparent for providers and funders (both public and private) who seek to allocate scarce resources as effectively as possible.

Likely as a result of this lack of total system oversight, there is limited availability of comprehensive and consistent data across safety net providers. During the process of preparing this study, the project team discovered that data were surprisingly challenging to obtain and were often different enough for each provider and provider type (i.e., hospital vs. federally qualified health center) that accurate comparative analyses were sometimes impossible.

This study provides an overview of the Metropolitan Indianapolis healthcare safety net, including system providers and users, and summarizes major systemic challenges. The study also identifies key findings and poses several questions, which together may help to inform existing efforts related to understanding and improving the local healthcare safety net system.

I. Introduction

Background and Objectives

In February 2008, the Richard M. Fairbanks Foundation commissioned a study of the healthcare safety net of Marion County and the seven contiguous counties (Boone, Hancock, Hamilton, Hendricks, Johnson, Morgan, and Shelby Counties). The purpose of the study was to provide a data-based context in which to evaluate current and potential future grants from the Fairbanks Foundation in support of the local safety net system. Current and historical safety net grant recipients include Wishard Memorial Foundation (in support of Wishard Hospital, Wishard Community Health Centers, and the Wishard Foundation), Marion County Department of Health, Federally Qualified Health Centers, Free Clinics, School-Based Clinics, and several additional supplemental safety net providers. Foundation grants have also been awarded to the Indiana Health Information Exchange, which helps to manage the electronic exchange of health information between all providers, including safety net providers that have implemented electronic health records systems. In addition, although the primary geographic focus of the Richard M. Fairbanks Foundation is Marion County, the geographic scope of the study was expanded to include Marion County and the seven contiguous counties, in an effort to capture a more complete picture of the Metropolitan Indianapolis safety net system.

This report was compiled in 2008 using readily available data sources, in an effort to develop an accurate assessment of the local safety net system without undertaking extensive new data collection efforts. However, it quickly became apparent that, although a wealth of information exists, it is not always easy to reconcile data sources to create an accurate summary. In addition, some aspects of the safety net system are not reflected – or are not fully reflected – in readily available data sources. Therefore, this report provides a fairly comprehensive overview of the local safety net system but lacks information in several key areas, mostly related to the scope and utilization of provider services by safety net system patients. To the extent possible, data gaps are noted throughout the report. Gaps are also summarized in the report's final section.

Contents of this Report

The Kaiser Commission on Medicaid and the Uninsured describes the healthcare[i] safety net as "health care providers who maintain an open door to patients regardless of their ability to pay… [safety net clients are] the uninsured, the low-income underinsured, and the many Medicaid[ii] beneficiaries who rely on their local community providers."[61] This report provides a description of: (1) local area safety net providers[iii]; (2) capacity and utilization of the safety net system; (3) populations served by safety net providers; (4) safety net system financing; and (5) challenges impacting the safety net. The report concludes with key findings from the study, as well as from the study preparation process.

[i] The terms "healthcare" and "health care" are used interchangeably throughout this document.
[ii] For a more complete overview of Medicaid, please refer to Page 27 of this study.
[iii] The terms "local area" and "Metropolitan Indianapolis" are used interchangeably throughout this document. Both terms refer to Marion County and the seven contiguous counties of Boone, Hancock, Hamilton, Hendricks, Johnson, Morgan, and Shelby.

II. Safety Net System Providers

The healthcare safety net consists of "those providers that organize and deliver a significant level of healthcare and other health-related services to uninsured, Medicaid, and vulnerable populations." A subset of providers is considered to make up the "core safety net providers... [which] have two distinguishing characteristics: (1) either by legal mandate or explicitly adopted mission they maintain an 'open door,' offering access to services for patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients."[40]

Core safety net providers include public hospitals, community health centers, federally qualified health centers, health departments, health clinics, and emergency and inpatient care by non-profit hospitals that accept a significant proportion of Medicaid patients. All Emergency Departments (EDs) that accept federal Medicare or Medicaid funding are required to screen and stabilize all presenting patients, regardless of ability to pay[iv], and are also considered to be core safety net providers.

Supplemental safety net providers are sometimes more difficult to identify and describe. Supplemental providers do not meet the definition of core safety net providers, but nonetheless provide primary and preventive healthcare services to the uninsured, Medicaid population, and other vulnerable patients. Supplemental providers include church-based clinics, community center-based clinics, and private practice physicians. The level of service provided by supplemental providers varies based upon capacity, an ability to finance care, and institutional priorities.[40]

Safety Net System Provider Overview

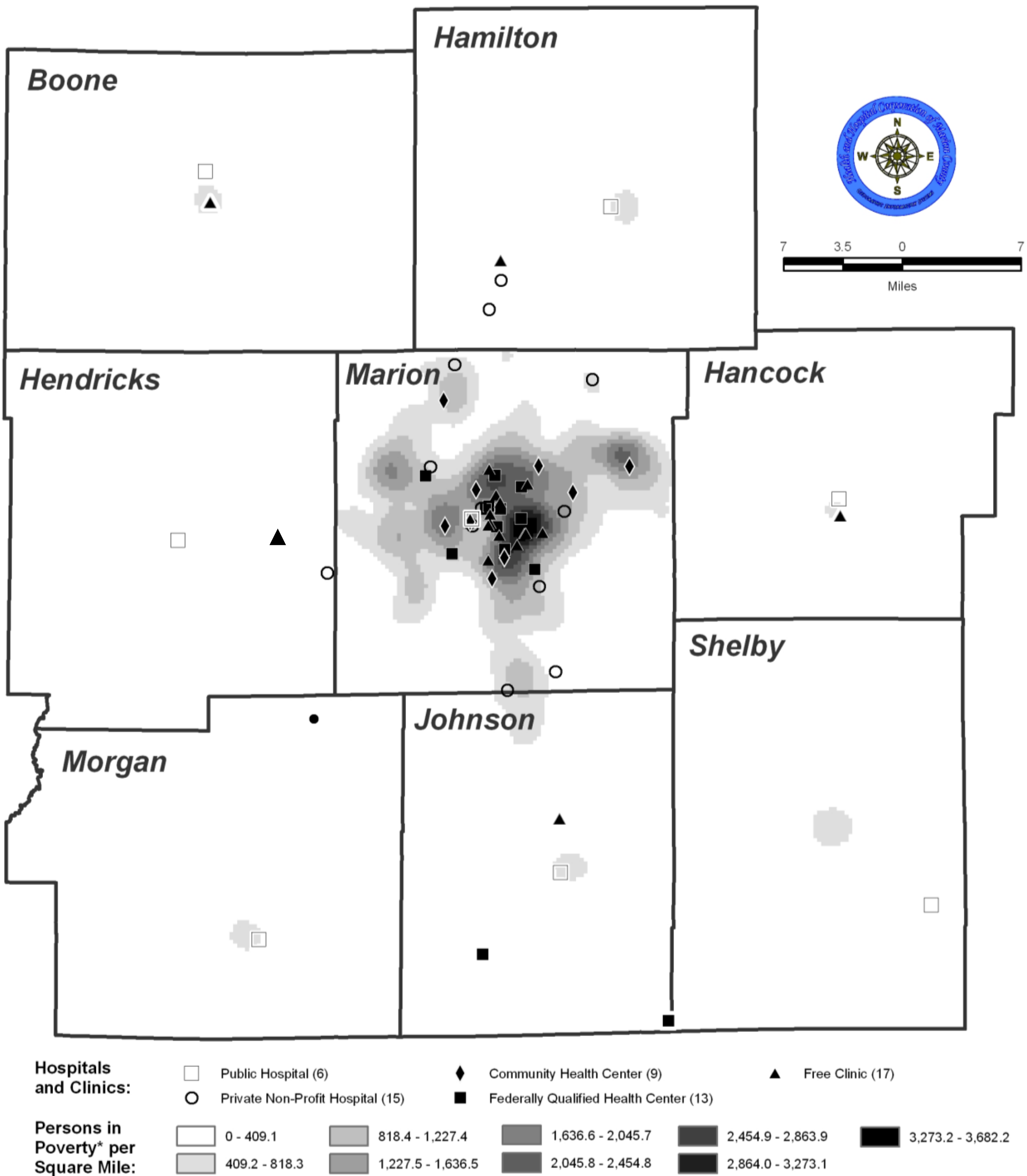
Healthcare safety net providers include:

1. Federally Qualified Health Centers (FQHCs)
2. Community Health Centers (CHCs)
3. Free Clinics
4. Community Mental Health Centers
5. School-Based Clinics
6. Women, Infants, and Children (WIC) Clinics
7. Local Public Health Departments (LPHDs)
8. Emergency Departments (EDs)
9. Public and Non-Profit Hospitals

As depicted in the map below and also on the cover of this report, the majority of Metropolitan Indianapolis' core safety net providers are located in Marion County.

[iv] Nearly all Metro area facilities receive Medicare funding, and must follow the federal Emergency Medical Treatment and Active Labor Act (EMTALA) rules requiring emergency departments to provide necessary screening and stabilization services to any patient, regardless of ability to pay. [Reference: Emergency Medical Treatment and Labor Act. *United States Code.* Vol. 42 USC 1395dd; 1986]

Figure 1: Map of Poverty Density, General Hospitals, and Core Safety Net Primary Care Providers, Metropolitan Indianapolis Area, 2008



Hospitals and Clinics:		
Public Hospital (6)	Community Health Center (9)	Free Clinic (17)
Private Non-Profit Hospital (15)	Federally Qualified Health Center (13)	

Persons in Poverty* per Square Mile:				
0 - 409.1	818.4 - 1,227.4	1,636.6 - 2,045.7	2,454.9 - 2,863.9	3,273.2 - 3,682.2
409.2 - 818.3	1,227.5 - 1,636.5	2,045.8 - 2,454.8	2,864.0 - 3,273.1	

* Poverty: having a household income below the federal poverty guidelines, per the 2000 U.S. Census.

1. **Federally Qualified Health Centers (FQHCs)**

FQHCs are non-profit organizations that provide comprehensive primary and preventive health services to an underserved area or population. Populations served include the uninsured, Medicaid, Medicare, the homeless, at-risk children and public housing residents. FQHCs are a critical access point for primary care and referral to specialty services.

FQHCs are funded through the federal Public Health Service Act[2] to serve "medically underserved" areas and have a unique federal reimbursement structure. The centers receive Medicare rates for medical services provided to uninsured or Medicaid patients. This arrangement improves the financial situation of FQHCs as Medicare rates tend to be higher than rates under Medicaid. Nonetheless, FQHCs must still seek alternate sources of funding through grants and other income to cover full operating costs. Because of their unique reimbursement structure, FQHCs are required to provide the following services:

- Primary and preventive healthcare, outreach and dental care
- Essential ancillary services (e.g., lab tests, X-rays, e-pharmacy services)
- Access to transportation and translation assistance
- Links to welfare, Medicaid, mental health and substance abuse treatment, Women, Infant and Children's (WIC) Programs, and related services, and
- Access to a full range of specialty care services[v], including pre-natal care.

11 of the 13 Metropolitan Indianapolis FQHCs are located in Marion County. The FQHCs are mapped in Figure 1 and listed in Table 12 of the Appendix. Statewide in 2006, 36% of the 175,903 clients served by Indiana's 16 FQHCs were uninsured and 36% were covered by Medicaid[vi]. These FQHC patients represented approximately 11% of the state's uninsured population and 9% of the state's Medicaid population.[28] Similar statistics for the Metropolitan Indianapolis population are unavailable.

2. **Community Health Centers (CHCs)**

CHCs, like FQHCs, are non-profit organizations that provide comprehensive primary and preventive health services to an underserved area or population. FQHCs and CHCs have both historically been the "medical home" for vulnerable patients and are recognized as providing high quality, cost effective care.[21]

A majority of the local area FQHCs and CHCs are managed by or affiliated with larger safety net organizations. Wishard Health Services operates 8 of the 9 local area CHCs; the other is operated by St. Francis Hospital. HealthNet, Inc., which operates 8 of the 14 local area FQHCs, utilizes Human Resources and Procurement services through its affiliation with Clarian Health.[vii] Clarian Health does not provide general operating support for HealthNet's FQHCs.

Unlike FQHCs, CHCs do not receive federal funding to raise their general reimbursement to meet Medicare payment rates. Since 1995, Indiana has appropriated state funds for CHCs that

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[v] Indiana FQHCs are also participating in a chronic disease care collaborative initiative that involves patient management of various chronic conditions.

[vi] Indiana Primary Care Association, Inc. (IPHCA) 2006-07 Year in Review, page 11.

[vii] Clarian Health also provides annual program support totaling just under $200,000 to partially fund some HealthNet community outreach programs, including Better Indy Babies, and also to partially fund HealthNet's support for Learning Well's school-based clinics.

follow the federal FQHC model. To qualify for state funding, CHCs must meet the following requirements:

- Have a minimum of one full-time physician or nurse practitioner with prescription writing authority present at least 32 hours per week
- Assure that no one will be refused services
- Provide 24-hour access through on-call arrangement among CHCs or other formally arranged provider networks
- Provide referrals and coordination of specialty care services (including mental health and dental) and public health programs (HIV screening, immunizations, WIC, etc.)
- Provide community health education, outreach, and translation services
- Extend services and promote preventive services to clients.

All of the Metropolitan Indianapolis CHCs are located in Marion County. The CHCs in the local area are mapped in Figure 1 and listed in Table 12 of the Appendix. In 2006, CHCs reported that one-fifth of their clients were uninsured and 27% were Medicaid-eligible[viii] [28]. Annual patient growth in CHCs has averaged 9% since 2004.[33]

3. Free Clinics

Free Clinics are considered supplemental safety net providers. Their staffing relies heavily on volunteer physicians, nurse practitioners, dentists, and other volunteer personnel, and most offer services on a limited basis due to this volunteer staffing structure. These clinics fill important gaps in the safety net by focusing on specific subsets of the vulnerable population, such as homeless individuals or ethnic minorities not fluent in English. 16 of the local area's Free Clinics are listed in Table 12 of the Appendix. The list may be incomplete, as there is no authoritative list of the area's Free Clinics.

Free Clinics are typically founded by faith-based and other tax-exempt organizations and may operate in stand-alone clinics, in homeless shelters, or in mobile units. Some Free Clinics are provided through physicians' practices where practitioners establish a fixed amount of time during which they will donate care for uninsured individuals. Clinics typically provide primary care services, dental services, screenings, immunizations, and health education. Qualified medical volunteers also dispense prescription and over-the-counter medications, and medical supplies for uninsured individuals. Free Clinics are an important access point for primary healthcare services for those without a medical home, and when needed provide referrals for specialty care services. One Marion County based Free Clinic, Gennesaret Free Clinic, operates a Wellness Medical clinic that provides ongoing primary care for uninsured and (Wishard) Health Advantage Program clients. Other Free Clinics, such as Shepherd Community Neighborhood Clinic, serve as acute care occasional use clinics for their targeted populations. Shepherd staff members are currently being trained by the Indiana Family & Social Services Administration (FSSA) so that Shepherd can serve as an official enrollment site for Health Advantage Program and Healthy Indiana Plan (HIP), the state's new health insurance plan for uninsured adults. This example illustrates the vital "access to care" role that Free Clinics play in their communities.

NOTE: FQHCs, CHCs, and Free Clinics all provide primary care. Some private clinics or physician's offices providing primary care accept Medicaid patients, and thus these private practices also play a role in the safety net system. Pediatricians may be especially likely to

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[viii] These percentages were calculated indirectly, subtracting the FQHC counts from the combined FQHC and CHC counts, to arrive at CHC counts for total, Medicaid, and uninsured clients.

accept Medicaid patients, as 32% of children in the local area are enrolled in Medicaid, including 46% of children in Marion County. We do not have data to assess what portion of the vulnerable population's primary care is delivered by private providers.[ix] The contribution from large clinics that accept Medicaid may be substantial, especially for children. Table 13 in the Appendix shows the location of network-affiliated clinics that are listed by FSSA as accepting Medicaid and which are not FQHCs, CHCs or Free Clinics.

4. Community Mental Health Centers

The majority of outpatient mental health services are provided through community mental health centers (CMHCs). CMHCs are mandated to provide comprehensive mental health services to individuals regardless of their ability to pay, particularly for individuals with serious mental illness and addictions. Nationally, about half of all CMHC patients are Medicaid recipients.[46]

CMHCs are mandated to provide the following services:

- 24-hour crisis intervention
- Case management and treatment planning
- Counseling services, day treatment, and training in activities of daily living
- Medication management and monitoring
- Outreach and education
- Residential services as well as linkage to other non-mental health services.

All CMHCs offer a sliding fee scale to their patients. CMHCs also offer programs to assist patients with employment, serve as the gatekeepers of inpatient admissions, provide screening, and assist state and private institutions with patient re-entry programs. One major barrier in services is the categorical funding of programs for those who have both mental illness *and* mental retardation, and must navigate two service systems. Additionally, CMHC services for the uninsured population are strained due to lack of funding, and most intensive services are delivered to Medicaid eligible clients.[59]

Federally funded and state accredited CMHCs in the local area are: BehaviorCorp, Gallahue Mental Health Services and Wishard Health Services' (WHS) Midtown Community Mental Health Center. All three have multiple county service areas. Marion County has the largest number of providers and the widest variety of service types, while Hancock, Morgan and Shelby Counties have the smallest complement of services (see Table 14 of the Appendix). 60% of all identified mental health providers in Metropolitan Indianapolis are located in Marion County.

5. School-Based Clinics

School-based clinics extend the safety net for economically disadvantaged children by providing onsite primary healthcare and triage services. Marion County-based non-profit Learning Well, Inc. supports clinic services in 75 of Marion County's 221 public schools (18 high schools, 25 junior high schools and 32 elementary schools).[60] For the 2007-2008 school year, Learning Well received over 70% of its operating funds from local private foundations. Other sources of operating funds include Health & Hospital Corporation of Marion County, the Indiana State Department of Health, United Way of Central Indiana, and MDWise. School clinics provide healthcare services to 37% of Indianapolis Public School Corporation (IPS) students and 20% of

[ix] Much of the data needed for this analysis might be derived by combining data from the Indiana Family and Social Services Administration, the Indiana Primary Health Care Association, and the Indiana Hospital Association with data based estimates of the number of primary care visits by the uninsured population.

the total county K-12 population, and logged 205,384 visits during the 2006-2007 school year.[60] These figures include all Marion County charter school-based clinics. Some Learning Well clinics offer extended hours for parents of schoolchildren. Providers bill adults through standard reimbursement channels for this provision of after-hour primary care services.

Learning Well, Inc. partners with the majority of Marion County's healthcare providers, including local hospital systems (Community, St. Francis, St. Vincent, Wishard), FQHCs (Citizens, HealthNet, Shalom), and the Marion County Health Department. These partners provide in-kind support by staffing the Learning Well clinics with nurse practitioners or registered nurses, and also by providing clinic equipment. Learning Well manages the relationship with each school corporation to ensure provision of adequate space and routine facilities maintenance. Learning Well also provides medical supplies and reimburses providers for a portion of their staffing costs. Each Learning Well clinic is staffed and operated full-time. A list of school clinics by site and healthcare provider is located in Table 15 of the Appendix.

6. Women, Infants and Children (WIC) Clinics

Generally, Women, Infants and Children (WIC) clinics are administered by Local Public Health Departments (LPHDs) and offer a number of services. However, in Metropolitan Indianapolis, WIC clinics are administered by a wide array of entities. Federal funding is routed through the Indiana State Department of Health and distributed to LPHDs and other providers to provide WIC nutrition services to pregnant or nursing mothers, and children under the age of five.

WIC clinics also provide supplemental food items, coupons, and vouchers to low-income mothers. All local area counties have one WIC site, except Marion County, which has eighteen. Table 16 of the Appendix lists the local WIC sites and their addresses.

7. Local Public Health Departments (LPHDs)

The state has responsibility for protecting the general public's health and welfare. Like most states, Indiana divides this role between the Indiana State Department of Health (ISDH), which is primarily an administrative and planning unit, and LPHDs, which carry out the daily public health work.[x] LPHD work includes sanitation inspections, restaurant licensing, water quality monitoring, vector control, lead hazard reduction/screening, infectious disease control/reporting and responsibility for local vital statistics. Both the ISDH and LPHDs are responsible for disaster preparedness (e.g., preparing for pandemic flu) and relief efforts.

6 of the 8 county LPHDs have a clinic that offers services on at least one day per week. Marion County has seven such clinics, while Shelby County has none. LPHD service fees are provided on a sliding-scale fee basis or are provided free for low-income residents. A service commonly offered at LPHD clinics is vaccination against preventable diseases. The health departments and their clinics are listed in Table 17 of the Appendix.

In Indiana, LPHDs are part of county government structure and generally receive between 30% and 80% of their revenues from local property taxes.[xi] LPHDs receive additional sources of revenue from the Centers for Disease Control (CDC), state tobacco settlement and health maintenance dollars, vital records fees and services, and grants from non-profit foundations. Programs funded by these non-tax sources include tobacco cessation and prevention, well child

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[x] Indiana Code 16-20-1,2

[xi] Indiana Public Health Association, unpublished data from LHD member organizations, March 2008.

and adult immunizations, child exams, health screening and laboratory tests, and basic primary care services.

8. Emergency Departments

Emergency Departments (EDs) provide around-the-clock access to care for healthcare emergencies. EDs often serve as the "safety net to the safety net" for those members of the vulnerable population with uncontrolled chronic conditions or those facing barriers to timely primary care.[43]

EDs must adhere to the Emergency Medical Treatment and Active Labor Act (EMTALA) as a condition of receiving federal Medicare or Medicaid funding. EMTALA mandates that EDs screen and stabilize any person presenting to an ED, regardless of ability to pay.[59] EDs often attempt to manage their open-door policy by triaging patients to affiliated urgent care centers and by referring patients to primary care providers for follow-up care.

Emergency rooms are available in all eight counties. Morgan and Shelby Counties are the only counties that have no additional urgent care services beyond a traditional ED. Boone, Hamilton, Hancock and Marion Counties all provide county-based ambulance services. The remaining counties have fire departments providing ambulance services. Hamilton, Hancock and Marion Counties also have emergency psychiatric services. For more details on local area EDs, please refer to Table 18 of the Appendix.

9. Public and Non-Profit Hospitals

Hospitals are classified as public, private non-profit, or private for-profit hospitals. Hospitals can be further classified as acute care or specialty care. Public hospitals are owned and operated by a county, city, or state and funded at least in part by local tax revenues[xii]. Private non-profit hospitals have tax-exempt status, which requires that charity care be extended to community patients and be reported to Indiana State Department of Health (ISDH) annually, including "…community benefits that include charity care and government sponsored indigent health care."[xiii] Private for-profit hospitals are not required to provide charity care.

There are 21 acute care, public, and private, non-profit hospitals in the local area, with a total of 4,892 staffed beds.[29] Boone, Hancock, Hendricks, Johnson and Shelby counties each have one acute care hospital. Hamilton and Morgan counties each have two acute care hospitals, and Marion County has the remaining 12 acute care hospitals. Acute care hospitals have an average patient length of stay of 25 days or less.[29] Specialty hospitals have longer average stays, and may focus on medically fragile patients, rehabilitation or psychiatric services.

Table 1 below lists Metropolitan Indianapolis' acute care public and non-profit hospitals, including the percentage of inpatient beds at each institution (referred to in Table 1 as "portion of beds").

[xii] Specialized state-owned long-term psychiatric, Indian Health Service, military and Veteran's Administration hospitals, while tax-supported, are usually licensed and classified separately from facilities serving the general U.S. civilian population.

[xiii] Indiana Code 16-21-9. Charity care is defined as "the unreimbursed costs of providing, funding, and otherwise financially supporting health care services that never were expected to result in cash inflows and evolve from the hospital's stated charity care policy to provide services gratis to patients who meet the hospital's financial criteria".

Table 1: Acute Care Public and Non-Profit Hospitals in the Local Area, 2008

County	Ownership	Name	Portion of Beds
Boone	Public	Witham	1%
Hamilton	Private non-profit	St. Vincent Carmel	3%
	Public	Riverview	3%
Hancock	Public	Hancock Regional	2%
Hendricks	Public	Hendricks Regional	3%
Johnson	Public	Johnson Memorial	2%
Marion	Private non-profit	Clarian Partners*	28%
	Private non-profit	Community Hospital East	8%
	Private non-profit	Community Hospital North	6%
	Private non-profit	Community Hospital South	2%
	Private non-profit	St. Francis Hospital Beech Grove	5%
	Private non-profit	St. Francis Hospital Indianapolis	4%
	Private non-profit	St. Vincent Hospital & Health**	16%
	Private non-profit	Westview Hospital	1%
	Public	Wishard Memorial Hospital	7%
Morgan	Private non-profit	St. Francis Mooresville	1%
	Public	Morgan Hospital	2%
Shelby	Public	Major Hospital	1%

Source: Indiana State Department of Health, Hospital Directory: http://www.in.gov/isdh/reports/QAMIS/acc/hospital/index.htm

* Includes Methodist Hospital, Riley Children's Hospital, and Indiana University Hospital.

** Includes St. Vincent Indianapolis Hospital and St. Vincent Pediatric Rehabilitation Center.

III. Safety Net System Capacity and Utilization

Capacity and utilization are closely related concepts. Capacity is determined by a combination of factors, such as hours of available services, numbers of physicians and licensed support staff, and available facility rooms/resources, and is often judged against a care standard or guideline. Clinic capacity is often defined as the number of clients (or client visits) that a clinic or its doctors can serve within a given period of time.[xiv] Utilization is a measure of rates of visits or services used by a given population.[xv]

This section of the report provides an overview of healthcare services capacity and utilization within the safety net. This section also outlines inpatient hospital days by payer (including commercial and public payers) within Metropolitan Indianapolis, and each local area hospital's relative provision of care to self-pay (uninsured) and Medicaid patients. While hospital inpatient data are available, readily available capacity and utilization data for many local area safety net clinics and other outpatient providers are scarce.[xvi] The reader should note, therefore, that the following analysis of capacity and utilization is incomplete. Describing total safety net system capacity and utilization would require data on all providers.

Outpatient Care

Outpatient care encompasses all healthcare *not* requiring admission to a hospital (inpatient facility) overnight. Outpatient care includes primary and screening care visits, laboratory, pharmacy and testing services, rehabilitation and therapy visits, and emergency room use. Outpatient care may be provided in health center, laboratory, or hospital settings, among others.

The majority of healthcare for the safety net population is provided in an outpatient setting. For example, Wishard Hospital records 39 outpatient visits for every admission or inpatient visit.[xvii] Additionally, outpatient visits are where the vulnerable population receives preventive and primary care. These visits are perhaps the most fundamental to the safety net.

Unfortunately, the project team was unable to retrieve accurate, comparable outpatient data in a timely manner for safety net providers located in Marion and the seven contiguous counties. We note that statewide data were more readily available; however, even these were limited primarily to inpatient data. The lack of outpatient care data is a significant gap in this report.

1. Outpatient Capacity

This section of the report is limited to outpatient capacity data for FQHCs at the state level.

a. Health Center Capacity

Clients of FQHCs in Indiana had an average of 3.6 primary care physician (PCP) visits in 2006[xviii] [Table 2]. In terms of capacity, the average PCP patient load is high – 3,900 to 4,500

[xiv] Institute for Healthcare Improvement http://www.ihi.org/IHI/Topics/OfficePractices/Access/Changes/IndividualChanges/MeasureSupplyforAllProvidersandStaff.htm
[xv] Standard measures of inpatient and ambulatory service utilization may be seen at the Agency for Healthcare Quality and Research http://www.ahrq.gov/qual/nhdr06/measurespec/health_care_utilization.htm
[xvi] Some data are available regarding utilization of FQHCs and CHCs from reports to their federal funders, which have been used above. Data regarding Medicaid service use are potentially available from the Indiana Family and Social Services Administration, though the process for acquiring these data is slow.
[xvii] 2005 ISDH Hospital Services Report, http://www.in.gov/isdh/reports/QAMIS/acc/services/2005/fmar.htm
[xviii] HRSA Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) Calendar Year 2006 Data, Indiana Roll-up Report ftp://ftp.hrsa.gov/bphc/pdf/uds/2006/instateuds.pdf

per full-time physician, depending upon practitioner specialty – suggesting that many settings are performing at or near capacity.

Table 2: Indiana FHQC Utilization and Service Data: 2006

Encounters per Primary Care MD	3,900-4,500
Visits per Patient using Medical Services	3.6
Total Client visits	637,605
% with Medical Visits	76%
% with Dental	3.7%
% with Mental Health	< 1%
% with Other Required Support Services[xix]	13.20%
Total Homeless	8,782
Total Migrant	4,855
% Non-English speaking clients	13%

Source: HRSA Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) Calendar Year 2006 Data, Indiana Roll-up Report ftp://ftp.hrsa.gov/bphc/pdf/uds/2006/instateuds.pdf

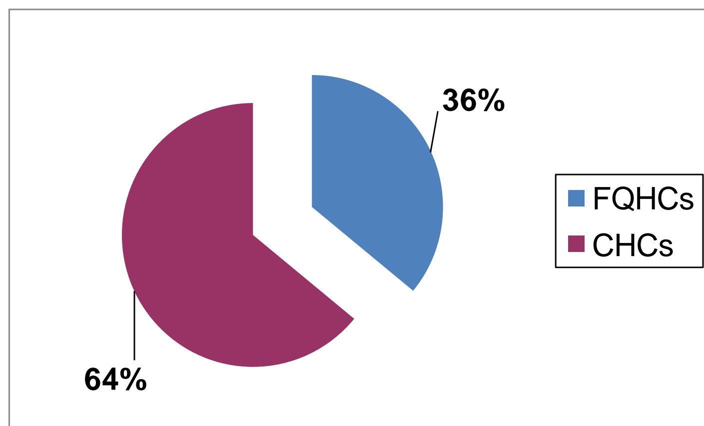
2. Outpatient Utilization

The following sections describe patient utilization for Metropolitan Indianapolis community health centers and Marion County (only) Emergency Departments. Data on other safety net providers were not readily available for this report.

a. Health Center Utilization

In 2006, the Indiana Primary Health Care Association (IPHCA) reported that the local area's FQHC and CHCs[xx] cared for a total of 185,272 patients, with two-thirds of these patients seen in CHC settings. [Figure 2] 8 of the 14 FQHCs in the Metropolitan Indianapolis area are part of the HealthNet network. 8 of the 9 CHCs in the area are Wishard Health Services sites.

Figure 2: Patients Seen by Local Area FQHCs and CHCs, 2006



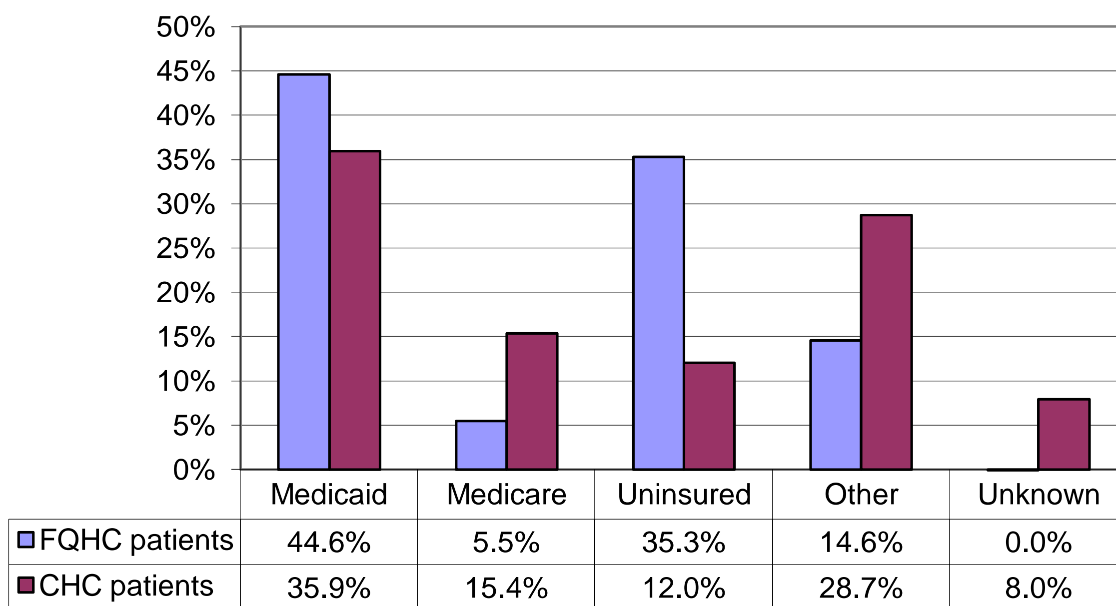
Source IPHCA, 7/21/08, from Health Center Annual Reports.

[xix] Includes case-management, referrals, transportation assistance, education and outreach services. HRSA Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) Calendar Year 2006 Data, Indiana Roll-up Report ftp://ftp.hrsa.gov/bphc/pdf/uds/2006/instateuds.pdf

[xx] The FQHCs included 4 reporting provider organizations in Marion, and 1 in Johnson Counties. The CHCs reporting for 2006 includes 3 Marion County provider organizations, including the Wishard Health Service primary care clinics and a school-based clinic provider. IPHCA staff indicated over 90% of 2006 clients are reflected in these figures as the 2 non-reporting providers are small clinics.

FQHCs and CHCs differed in their major payer sources, and composition of their service populations. FQHCs had proportionally more Medicaid and uninsured clients, while the CHCs had more local and Medicare funding [Figure 3].

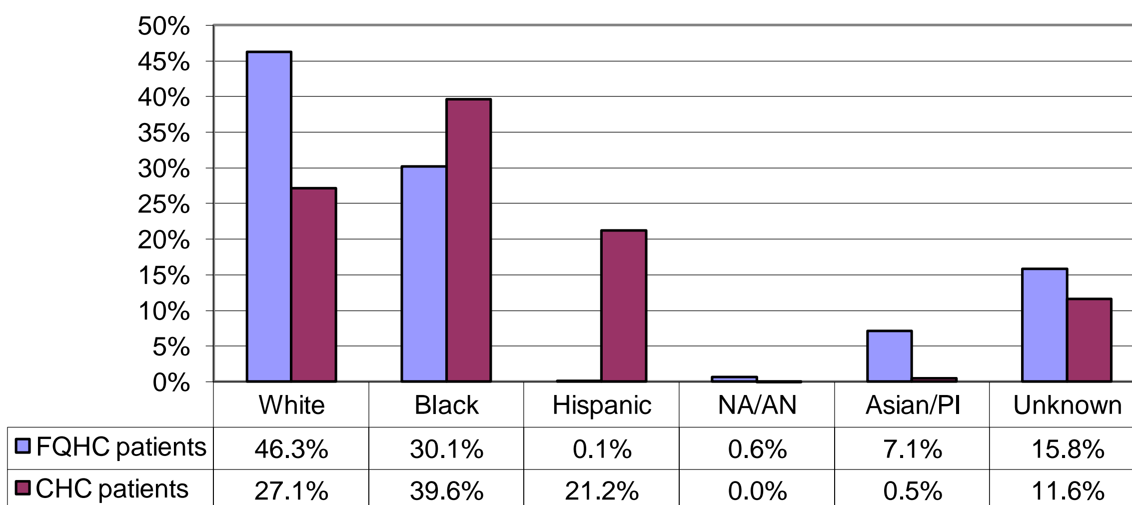
Figure 3: Payers for Local Area FQHCs and CHCs: 2006



	Medicaid	Medicare	Uninsured	Other	Unknown
FQHC patients	44.6%	5.5%	35.3%	14.6%	0.0%
CHC patients	35.9%	15.4%	12.0%	28.7%	8.0%

CHCs also had proportionally more Black and Hispanic patients [Figure 4] and fewer persons in the working age group of 20-64. FQHCs are created to serve federally designated medically underserved areas or populations, and qualify for higher reimbursement rates than CHCs.

Figure 4: Local Area FQHC and CHC Patients, by Ethnicity: 2006



	White	Black	Hispanic	NA/AN	Asian/PI	Unknown
FQHC patients	46.3%	30.1%	0.1%	0.6%	7.1%	15.8%
CHC patients	27.1%	39.6%	21.2%	0.0%	0.5%	11.6%

Source for Figures 3 and 4: IPHCA, 7/21/08, derived from Health Center Annual Reports.

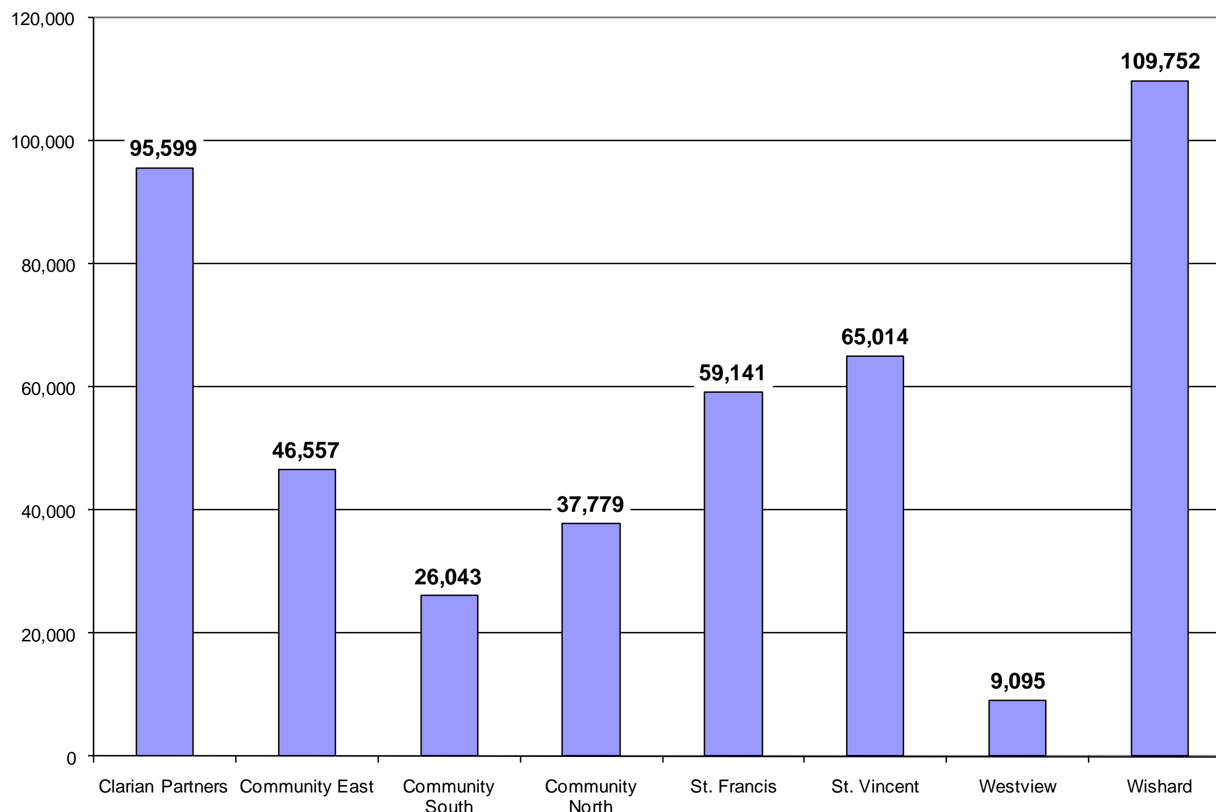
FQHC services in the local area are heavily weighted toward medical services (76% of visits). FQHC clients requiring specialty services include nearly 9,000 homeless persons, approximately 5,000 migrant laborers, and persons needing English translation assistance (13% of all FQHC clients)[xxi]. [Table 2]

b. Marion County Emergency Department (ED) Utilization

The ED serves as "the safety net to the safety net" by providing care to the uninsured and Medicaid recipients when other providers are closed or not accepting these patients. The major providers of inpatient care to the vulnerable population also provide emergency care to the same population. Specific outpatient settings per facility appear in Table 19 of the Appendix.

In 2005, nearly half of a million (448,980) ED visits were made to Marion County acute care hospitals[xxii]. Wishard Hospital handled more than a third of these visits (36%). The second highest total number of ED visits was handled by Clarian Health (31%), followed by St. Vincent Health (21%), and St. Francis Health (19%). [Figure 5]

Figure 5: Emergency Department Visits by Marion County Hospital, 2005



Source: 2005 ISDH Hospital Service Reports.
http://www.in.gov/isdh/reports/QAMIS/acc/services/2005/fmar.htm

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[xxi] HRSA Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS) Calendar Year 2006 Data, Indiana Roll-up Report ftp://ftp.hrsa.gov/bphc/pdf/uds/2006/instateuds.pdf
[xxii] 2005 ISDH Hospital Service Reports. http://www.in.gov/isdh/reports/QAMIS/acc/services/2005/fmar.htm

Inpatient Care

1. Inpatient Capacity

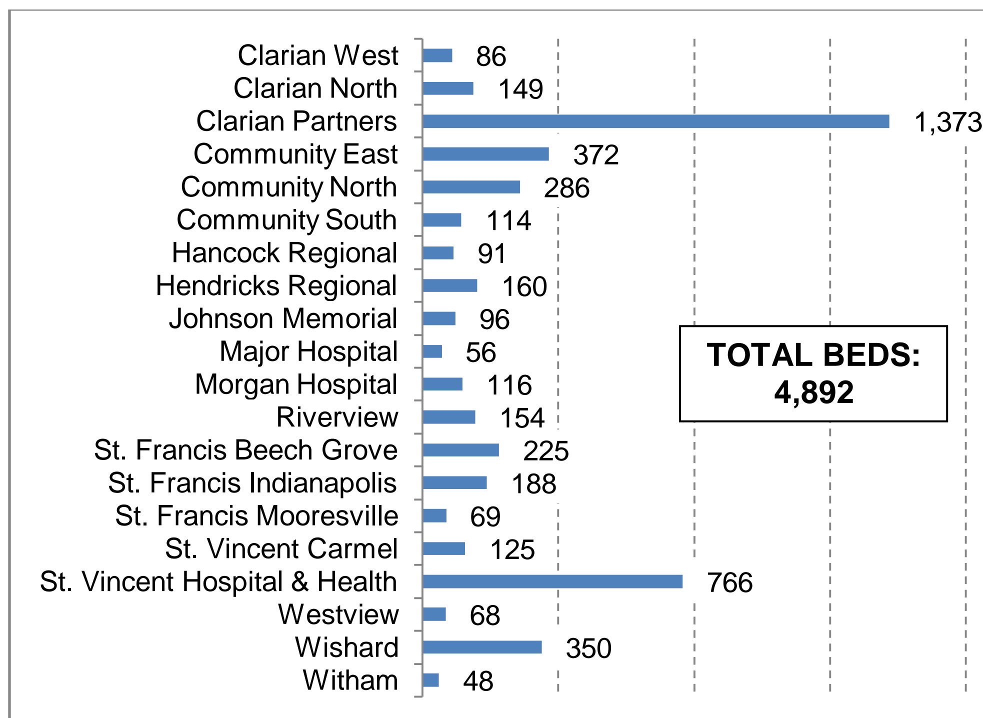
The local area has 3.1 acute care beds per 1,000 population, similar to state (2.9) and national figures (3.0).[xxiii] [53] More than two-thirds (68.4%) of the area's inpatient beds are in private, non-profit hospitals and 20% are in public hospitals [Table 3]. These ratios are consistent with national and state averages.[53] The largest portions of public or private non-profit acute care local area hospital beds are at Clarian (33%) and St. Vincent (18%) hospitals. [Figure 6]

Table 3: Hospital Beds, by Ownership: Metro Area, Indiana and U.S., 2006.

Facility Ownership	Indianapolis Metro Area[1] (2006)	Indiana[2] (2006)	U.S.[2] (2006)
Public	19.5%	21.7%	16%
Private Non-Profit	68.4%	67.5%	69.7%
Private For-Profit	12.1%	10.8%	14.4%

Sources: 1. ISDH 2006 Hospital Directory: http://www.in.gov/isdh/regsvcs/acc/hospital/ctyfac05.htm for Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties.
2. Kaiser Family Foundation State Health Facts http://www.statehealthfacts.org/comparebar.jsp?ind=385&cat=8

Figure 6: Number of Acute Care Inpatient Beds by Hospital, Local Area, 2008



Source: ISDH 2006 Hospital Directory: http://www.in.gov/isdh/reports/QAMIS/acc/hospital/wdirhos.htm

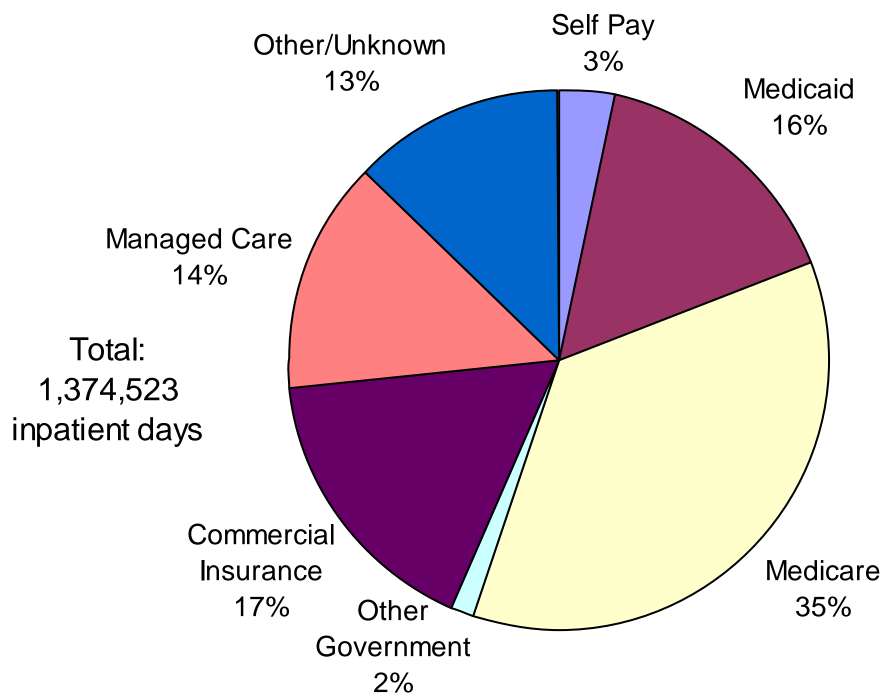
[xxiii] Figures for beds are for inpatient, non-federal, general medical/surgical facilities (*Monitoring the Health Care Safety Net: Book 1. Data Book for Metropolitan Areas).* Source: Kaiser Family Foundation State Health Facts http://www.statehealthfacts.org/profileind.jsp?cat=8&sub=94&rgn=16. Metro area admissions*: Indianapolis Business Journal,* October 15-21, 2007, "Indianapolis Area Hospitals," pages 21-38, using admissions from short-term facilities.

While Table 3 and Figure 6 represent the number of local area acute care hospital beds available for all patients, they do not provide a figure for inpatient capacity reserved for the safety net population. That is because there is no practical definition of safety net resources. Most healthcare resources (e.g., doctors, inpatient beds, examination rooms) are not assigned to a payer type *per se*; rather, resources are utilized as dictated by patient demand.

2. Inpatient Utilization

Utilization of healthcare resources by types of patients provides a clearer picture of the safety net system. This section of the report focuses on inpatient care and presents the number of overnight stays in hospitals by Medicaid or uninsured clients in 2006 for Marion County and the seven contiguous counties. In 2006, 19% of inpatient days in Metropolitan Indianapolis were for safety net clients: 3.5% for self-pay patients, and 15.7% for Medicaid patients. Note that almost all self-pay patients are uninsured; therefore, this report interprets self-pay data as representing the uninsured. [61] Figure 7 below shows the proportion of hospital days paid by payer.

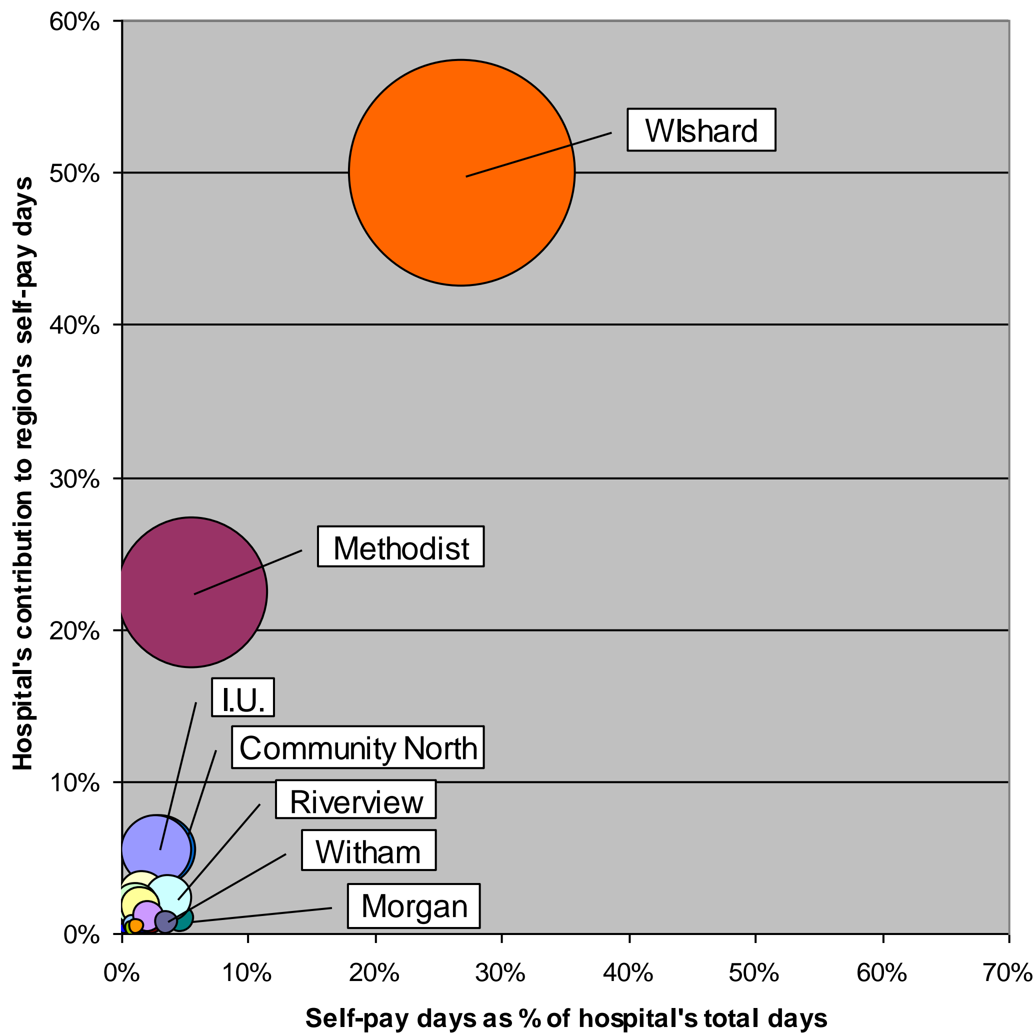
Figure 7: Safety Net Inpatient Days as a Portion of all Inpatient Hospital Days, Local Area, 2006



Source: ISDH public 2006 Hospital Discharge HCFA DRG file: http://www.in.gov/isdh/reports/hosp_disch_data/2006/index.htm

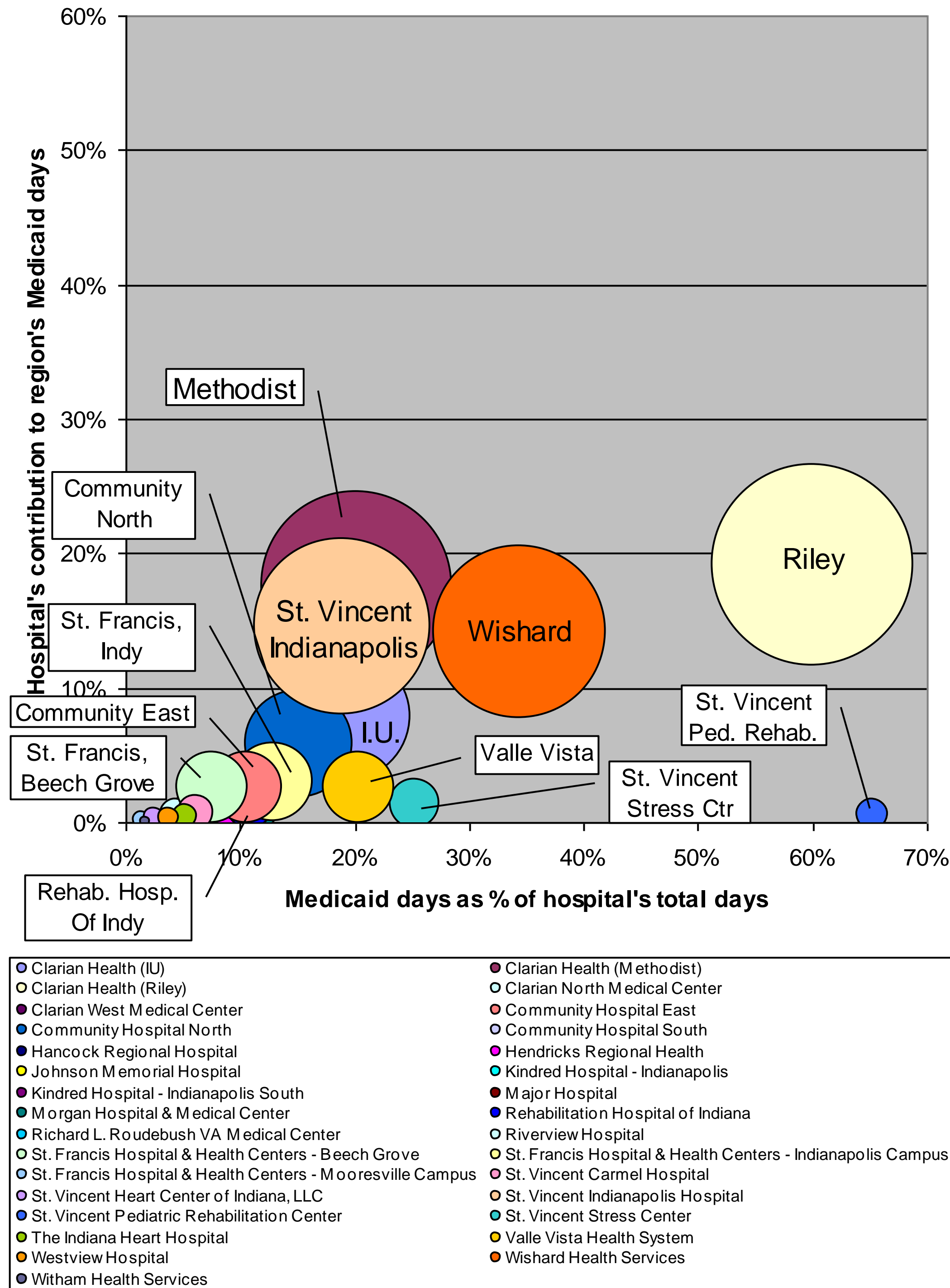
Figure 7 portrays safety net patient inpatient utilization across all local area hospitals. Figures 8 and 9 below depict the relative contribution by each hospital to self-pay and Medicaid patients. As the following figures illustrate, Wishard provided the bulk of the local area's self-pay inpatient days (50%), followed by Clarian's Methodist Hospital (22%). A cluster of four hospitals provided the majority of the local area's Medicaid inpatient days: Clarian's Riley Children's Hospital (19%), Clarian's Methodist Hospital (17%), St. Vincent Indianapolis (15%), and Wishard (14%).

Figure 8: Self-Pay Inpatient Days by Local Area Hospital – Market Share and Emphasis on this Segment, 2006



Source: ISDH public 2006 Hospital Discharge HCFA DRG file: http://www.in.gov/isdh/reports/hosp_disch_data/2006/index.htm

Figure 9: Medicaid Inpatient Days by Local Area Hospital – Market Share and Emphasis on this Segment, 2006



Source: ISDH public 2006 Hospital Discharge HCFA DRG file: http://www.in.gov/isdh/reports/hosp_disch_data/2006/index.htm

Please refer to Table 20 in the Appendix for a tabulated list of Medicaid, Uninsured, and Total Inpatient Days for each local area hospital.

The vertical axes in Figures 8 and 9 indicate what percent of the area's total self-pay and Medicaid inpatient days were contributed by each hospital in 2006. The horizontal axes in Figures 8 and 9 demonstrate what percentages of each hospital's total inpatient days were for self-pay and Medicaid patients. The data on the horizontal axes, therefore, indicate the relative financial exposure of each hospital to federal and state reimbursement policies for uninsured (self-pay) and Medicaid patients.

Indeed, the primary implications of the self-pay and Medicaid inpatient data presented in this section of the report relate to the resiliency and financial exposure of safety net providers for inpatient care. The data show that the Metropolitan Indianapolis safety net population depended heavily and fairly equally upon four hospitals: Clarian's Methodist Hospital, Clarian's Riley Children's Hospital, St. Francis Indianapolis, and Wishard. Combined, these four facilities provided two-thirds (67%) of inpatient hospital days for the local area's uninsured and Medicaid population. As noted above, Wishard provided substantially more inpatient care to self-pay patients that the other hospitals, and is therefore most vulnerable to changes in public policy related to funding uninsured care. Similarly, Riley was the primary provider of hospitalizations for children on Medicaid, and is therefore highly dependent upon Medicaid payment policies. We note that each of the local area hospitals is affected, albeit to varying degrees, by Medicaid funding policies.

Hospital profit or loss margins are directly related to the relative mix of payers among hospital patients. In general, Medicare and commercial insurance provide higher reimbursement levels than Medicaid. In Indiana, delivery of inpatient care often costs more than the reimbursement rates established by Indiana's Medicaid office. Self-pay patients are typically charged some of the highest rates billed by a hospital, as these rates are not negotiated as part of a group contract. But many self-pay patients never pay their bills, with the result that hospitals must absorb the costs associated with care for these patients.

Operating shortfalls may be partially or wholly offset by payments from Medicaid's Disproportionate Share Hospitals (DSH) or Upper Payment Limit (UPL) programs. However, the criteria and amounts paid through these programs are determined by each state, and may vary from year to year. Hospitals dependent upon DSH or UPL funds are highly susceptible to changes in state policy. In Indiana, hospitals providing over 19.5% of their inpatient days to Medicaid patients in 2006-2007 were deemed to provide "disproportionate" levels of care to low income and medically needy patients. Wishard Hospital and Clarian Health were the only providers in the local area to meet that disproportionate share designation for that timeframe.[xxiv]

[xxiv] From "DSH Eligibility Calculations – SFY 2006/2007/2008," downloaded from http://mslcindy.com/hospital/hospmain.htm, a website maintained by Myers and Stauffer LC, certified public accountants.

Safety Net Collaboration

This report does not include a description of the relationships among safety net system providers, because the relationships that do exist are complex and sometimes informal. Through the network of relationships, a provider may connect their client to services the provider cannot offer, such as dental or eye care, or subsidized medication. While the project team did not document these relationships, it did code and reorganize data from the Connect2Help database, the Metropolitan Indianapolis service referral network. The Connect2Help database was arranged by county and service type, for the majority of the area's providers serving the vulnerable population [Table 21 of the Appendix]. In so arranging the data, the project team noted that 70% of the healthcare programs listed in the database are affiliated in some way with a traditional safety net provider, including public or private non-profit hospitals, health departments, or large clinic networks.

There are three specific examples of collaboration among safety net providers of which the project team is aware. We emphasize that these examples do not reflect an exhaustive list of collaborations among safety net system entities.

Health Advantage Program: The Health Advantage Program, sometimes misnamed as the Wishard Advantage Program, is an enrollment-based managed care program designed to improve the quality and coordination of care for uninsured residents of Marion County. Health & Hospital Corporation of Marion County pays a $10 monthly capitation payment to the local health center or healthcare entity responsible for enrollment. The patient is then provided with access to inpatient and specialty care at Wishard Hospital. The program is open to all Marion County residents with incomes at or below 200% of the Federal Poverty Level (FPL), and who do not qualify for any other assistance programs or commercial insurance. Currently, there are approximately 60,000 enrollees and more than 20 participating providers, including FQHCs such as Raphael Health Center and Shalom Health Care Center.

Project Health: Project Health is one of several supplemental safety net programs. Project Health coordinates specialty care referrals for patients with incomes below 300% of the FPL to volunteer medical specialists at local hospitals. Hospitals associated with Project Health include Clarian, Community, St. Vincent, Indiana Heart Hospital, and Rehabilitation Hospital of Indiana. Project Health also plays an important role in educating patients about the appropriate use of emergency room care and reports inappropriate ED visits of less than 1% from all patients it enrolls. This figure is considerably lower than inappropriate ED utilization rates self-reported by patients prior to their enrollment in Project Health. Project Health reports just over 1,300 enrollees, some of whom fall within the hard-to-define "underinsured" patient category.

Healthcare Access Collaborative: Eight of the local area FQHCs, CHCs, Free Clinics and supplemental safety net providers not operated by or affiliated with hospital systems joined forces a number of years ago to form the Healthcare Access Collaborative (HAC). HAC members meet regularly to share practice information, discuss best practices, coordinate resources, and collaborate on grant applications.

IV. The Vulnerable Population

The population that the safety net is designed to serve is often referred to as the vulnerable population. The vulnerable population includes anyone who is at risk of not receiving needed healthcare due to an inability to pay for or access care. This section provides an estimate of the number of local area individuals in the vulnerable population. Second, the underlying factors for lack of insurance are discussed. Third, this section outlines the area's special needs populations. Finally, this section discusses the issue of poor health literacy for the vulnerable population.

There are three subgroups within the vulnerable population that are served by the safety net: the uninsured, Medicaid recipients, and the underinsured. Due to the difficulty in collecting information needed to distinguish the underinsured from the adequately insured, we have not included the underinsured in this report. Based upon reports from FQHCs, CHCs, Free Clinics, and from supplemental safety net provider programs such as Project Health, we hypothesize that this omission understates the true demand for reduced rate or free healthcare services. This is particularly true in the current economic climate, when many insured working families are struggling to cover basic living expenses, including their share of healthcare costs.

The Total Vulnerable Population

Table 4 shows estimates of the total vulnerable population for each county, adding the number of uninsured to the number of Medicaid enrollees. Overall, the local area has over 425,000 safety net clients, comprising 26% of the total population.

Table 4: Vulnerable Population by County, 2005-2007

County	2006 Popula-tion	Uninsured Persons (2005-2006)	Medicaid Clients (2007)	Total Vulnerable Persons	% of Total	Rank	Vulnerable as % of Population	Rank
Boone	54,061	4,060	3,877	7,937	2	8	15	7
Hamilton	250,979	25,509	9,925	35,434	8	2	14	8
Hancock	65,050	6,625	4,883	11,508	3	6	18	5
Hendricks	131,204	12,441	6,876	19,317	5	4	15	6
Johnson	133,316	15,522	12,293	27,815	7	3	21	4
Marion	865,504	137,843	160,463	298,306	70	1	34	1
Morgan	70,290	7,781	8,346	16,127	4	5	23	3
Shelby	44,114	4,727	5,400	10,127	2	7	23	2
Total	**1,614,518**	**214,509**	**212,063**	**426,572**	**100**		**26**	

Note: The Medicaid client count is from June 2007. The total and uninsured population estimates are from 2005-2006.
Sources: Population: U.S. Census intercensal county population estimates; Uninsured persons: U.S. Census Bureau Current Population Survey and U.S. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Medicaid clients: Indiana Family and Social Services Administration.

In Marion County, one out of every three residents (34%) falls within the vulnerable population. Marion County contains 54% of the area's total population but 70% of the local area's vulnerable population. Morgan and Shelby Counties have the next highest prevalence of vulnerable population members, with 23% each. Hamilton County has the lowest *prevalence* of vulnerable residents (14%), but due to its relatively large population, has the second highest *number* of vulnerable residents. Hamilton County accounts for 8% of the local vulnerable population.

The total vulnerable population in Metropolitan Indianapolis is evenly divided between the uninsured and those covered by Medicaid, with just over 212,000 in each group. Children dominate the Medicaid population and adults dominate the uninsured population. Two-thirds of the Medicaid population is less than 19 years old, compared to only 18% of the uninsured population. Overall, a higher percentage of the vulnerable population is made up of adults (58%). These age ratios are fairly consistent across counties (data not shown).

1. The Uninsured Population

Most health insurance in the United States is provided as a job benefit. The uninsured are often either unemployed, work in jobs with no health insurance benefit (and often commensurate low pay), have declined their employer healthcare coverage (sometimes due to an inability to afford premiums or deductibles, or to a perceived lack of need) or are not covered by the health insurance of another working family member.

Lack of insurance has a very large impact on healthcare. Nationally, 48% of uninsured adults under age 65 report not having a usual place of healthcare, compared with 9% of adults with private insurance and 10% of those with Medicaid.[48] The uninsured are four times more likely than those with private insurance to have avoidable hospital care and emergency hospitalizations.[3] Half of low-income, uninsured individuals are not even aware of a community safety net provider.[41] Failure to receive needed care is associated with low-income status, lack of health insurance and lack of a usual source of care.[4]

a. Uninsured Adults

Table 5 presents estimates of the number of uninsured adults in Metropolitan Indianapolis. The estimates are cumulative by county and are based on data from the United States Census and national surveys. In total, 175,214 (14.8%) local area adults were uninsured in 2006, of which 65% resided in Marion County. Boone County had the lowest number and rate of uninsured.

Table 5: Uninsured Adults by County, 2006[xxv]

County	2006 Adult Population	2006 Adult Uninsured Rates[a]	County Rank by Rate	2006 Uninsured Adults	County Rank by Number
Boone	38,378	8.4%	8	3,209	8
Hamilton	179,952	11.1%	5	19,901	2
Hancock	49,048	11.1%	5	5,424	6
Hendricks	98,141	10.2%	7	10,059	4
Johnson	99,587	12.8%	2	12,759	3
Marion	632,683	17.9%	1	113,484	1
Morgan	52,577	12.3%	3	6,453	5
Shelby	32,336	12.1%	4	3,925	7
TOTAL	**1,182,702**	**14.8%**		**175,214**	

[xxv] Sources: Population: U.S. Census estimates; 2000 County uninsured rates: 2000 U.S. Census and the Current Population Survey; 2006 uninsured adults for the metropolitan statistical area: 2006 BRFSS.

[a] 2000 US Census county-specific, all-age uninsured percent estimates adjusted for the MSA-level 2006 BRSS estimate of percent of adults uninsured. See footnote[xxvi] for details. Adults include all persons 19 years old or older.

b. Uninsured Children

Table 6 presents 2005-2006 estimates of the number of uninsured children overall and in each of the eight counties. In total, 39,295 children (9.1%) in Metropolitan Indianapolis were uninsured. Marion County had a notably higher rate of uninsured children (10.5%) than the surrounding counties.

Marion County is home to 62% of all local area uninsured children. Hamilton County had the second highest number of uninsured children. The uninsured rate is higher among adults than among children in each county. A primary reason for this difference is that Medicaid covers children at higher family income levels than it allows for adults.

Table 6: Estimated Local Area Uninsured Children by County, 2005-2006

County	2006 Child Population	2005-2006 Child Uninsured Rates[a]	County Rank by Rate	Uninsured Children in 2006	County Rank by Number
Boone	15,683	5.4%	8	851	7
Hamilton	71,027	7.9%	3	5,608	2
Hancock	16,002	7.5%	4	1,200	6
Hendricks	33,063	7.2%	6	2,382	4
Johnson	33,729	8.2%	2	2,763	3
Marion	232,821	10.5%	1	24,359	1
Morgan	17,713	7.5%	4	1,329	5
Shelby	11,778	6.8%	7	802	8
Total	**431,816**	**9.1%**		**39,295**	

[a] 2000 US Census county-specific, all-age uninsured percent estimates adjusted for the state-level 2005-2006 estimate of percent of children uninsured. See footnote[xxvii] for details. Children include all persons less than 19 years old.

Sources: Population: U.S. Census estimates; 2000 County uninsured rates: 2000 U.S. Census and the Current Population Survey; 2005-2006 uninsured children in Indiana: Current Population Survey.

[xxvi] Applying the 2000 County-specific, all-age uninsured rates to their 2006 adult populations, we get an estimate of 134,285 uninsured adults. But this is 35% lower than 181,103, the 2006 ten-county estimate of the number of uninsured adults. This difference may be due to a change in the prevalence of insurance and to the difference between all-age and adult insurance rates. To adjust for this difference, we increased the county-specific all-age uninsured rates by 35%, to estimate the 2006 county-specific adult uninsured rates. The key assumptions in this estimate are that the change in insurance prevalence has been about the same in all counties, and that the county-specific all-age uninsured rates are proportional to the county-specific adult uninsured rates.

[xxvii] Applying the 2000 county-specific, child uninsured rates to their respective 2006 child populations, we get an estimate of 39,812 uninsured children. But this is 1% higher than 39,295, the number of uninsured children based on the 2005-2006 statewide estimate of the percent of children who are uninsured from the U.S. Census Bureau's Current Population Survey. This difference may be due to a change in the prevalence of insurance and to regional-to-statewide differences. To adjust for this difference, we decrease the county-specific child uninsured rates by 1% to estimate the 2006 county-specific child uninsured rates. The key assumptions in this estimate are that the change in insurance prevalence has been about the same in all counties, and that the statewide rate is similar to the regional rate (that is, the rate across the eight counties).

2. The Medicaid Population

Medicaid is a set of government programs that pays for healthcare for low-income persons who meet certain criteria. Each state establishes its own Medicaid eligibility criteria within federal parameters. In most states, Medicaid covers (1) children in families up to 200% of federal poverty guidelines; (2) low-income adults who are aged, blind, or disabled; (3) low-income pregnant women; and (4) some adults with extremely low incomes. Medicaid recipients are considered part of the vulnerable population despite having a payer for four reasons. First, many recipients frequently move between having coverage and being uninsured. Second, parents of children who are Medicaid recipients are frequently uninsured. Third, nearly all Medicaid clients have low income, and often have complex healthcare needs. Finally, Medicaid's low provider reimbursement rates may decrease access to care, given the lower number of providers who accept Medicaid patients. We note, however, that Medicaid patients generally have much greater access to healthcare services than the uninsured.

Table 7 presents the number of individuals in the local area enrolled in Medicaid programs, including Comprehensive Health Insurance Pool (CHIP) for high-risk individuals, by aid category.[25] Indiana's Medicaid agency, the Family & Social Services Administration (FSSA), defines "enrollee" as a person who enrolls in the public coverage program in a given year.

Locally, over 66% of Medicaid enrollees are children under age 19. Federal guidelines require that states set their Medicaid eligibility criteria for children at higher income levels than those required for adults. Indiana's income threshold for adults is unusually low, at 28% of the Federal Poverty Level (FPL), ranking 47th of the 50 states in 2005.[27] The new, Medicaid-funded Healthy Indiana Plan (HIP) had 34,500 enrollees statewide by December 2008,[xxviii] and has an income threshold of 200% of the FPL. Enrollees pay a monthly premium based on their income.

Table 7: Medicaid Clients by County, June 2007

County	% County Population Enrolled[a]	Total Medicaid Enrollment	Children	Pregnant Women	Aged	Blind & Disabled	Other Adult
Boone	7.2%	3,877	2,356	141	468	513	399
Hamilton	4.0%	9,925	6,424	452	952	1,335	762
Hancock	7.5%	4,883	2,945	172	565	703	498
Hendricks	5.2%	6,876	4,416	312	740	860	548
Johnson	9.2%	12,293	7,592	447	1,238	1,630	1,386
Marion	18.5%	160,463	107,161	5,127	9,936	16,691	21,548
Morgan	11.9%	8,346	5,077	251	687	1,188	1,143
Shelby	12.2%	5,400	3,263	194	465	884	594
Total	13.1%	212,063	139,234	7,096	15,051	23,804	26,878
Percent of Clients:			**65.7%**	**3.3%**	**7.1%**	**11.2%**	**12.7%**

[a] June 2007 client count divided by the U.S. Census bureau's 2006 county population estimates
Source: Indiana Family and Social Services Administration - Office of Medicaid Policy and Planning. Medicaid Statistics Highlights (by County): June 2007. http://www.in.gov/fssa/ompp/5635.htm

The counties' variation in underlying poverty rates (4% to 15% of their total populations) is mirrored in their respective numbers of Medicaid enrollees. For example, Marion County has the highest poverty rate (15%) and also has a substantially higher number and percentage of its population enrolled in Medicaid programs (18.5%) than other counties. Hamilton County has the lowest proportion of its population enrolled in Medicaid programs (4.0%), despite being the second most populous county.

[xxviii] FSSA, HIP Daily Dashboard, December 1, 2008.

Risk Factors for Lack of Health Insurance

1. Primary Risk Factors

The Kaiser Commission on Medicaid and the Uninsured describes the five key risk factors of safety net populations.[37] These factors are: (1) income; (2) employment; (3) education; (4) age; and (5) race or ethnicity. Table 8 presents statistics for each of these factors.

Table 8: County Risk Profiles for Safety Net Need

	Boone	Hamilton	Hancock	Hendricks	Johnson	Marion	Morgan	Shelby
POPULATION								
Population, 2006	53,526	250,979	65,050	131,204	133,316	**865,504**	70,290	44,114
Growth since 1990	40.3%	**130.4%**	42.9%	73.3%	51.3%	8.6%	25.7%	9.4%
INCOME								
Unemployment rate, 2006	3.7%	**3.2%**	4.1%	3.6%	3.9%	**4.9%**	4.5%	4.4%
Poverty rate (all ages), 2005	5.6%	**3.9%**	4.7%	4.7%	7.1%	**15.2%**	7.8%	10.1%
Poverty rate in children (< 18 years), 2005	6.8%	**4.5%**	6.0%	5.4%	9.3%	**21.7%**	11.8%	14.3%
Median household income, 2005	$60,539	**$79,927**	$60,343	$59,720	$56,854	**$42,129**	$51,329	$47,161
AGE & RACE								
Child population (<18), 2006	29.3%[a]	28.3%	24.6%	25.2%	25.3%	26.9%	25.2%	26.7%[a]
Minority population (non-white), 2006	2.1%[a]	10.3%	4.0%	7.0%	3.7%	**32.8%**	**1.4%[a]**	2.7%[a]
Hispanic or Latino (of any race), 2006	1.2%[a]	2.7%	1.2%	2.0%	2.0%	**6.6%**	**0.7%[a]**	1.1%[a]
EDUCATION								
Bachelor's degree or more (% of Adults 25+), 2006	27.6%[a]	**52.1%**	25.1%	28.0%	26.9%	26.4%	16.1%	**12.7%[a]**
OTHER								
Speak a language other than English at home (population 5 yrs +), 2000	2.8%	5.9%	3.0%	2.9%	3.5%	**7.3%**	2.3%	2.6%

[a] Gray-shaded cells contain estimates from the 2000 census. Estimates for 2006 were not prepared for Boone and Shelby Counties, and the 2006 minority/Hispanic estimates for Morgan County were unavailable due to small case sizes.
Statistics that are at the high-end or low-end relative to others in each row have been **bolded**.

Sources: 2006 American Community Survey[56], U.S. Census 2000[56], U.S. Census Bureau Small Area Income & Poverty Estimates[57], IN Dept of Education.[26]

2. Additional Risk Factors

There are at least two additional risk factors contributing to lack of insurance coverage and/or increasing healthcare demand: a lack of good English speaking or reading skills, and the growth in a county's population.

a. Lack of Proficiency in English

Persons with limited English proficiency are at a disadvantage in accessing and negotiating the healthcare system, regardless of income. Nearly half (47%) of persons with limited English proficiency do not have a usual source of care.[5] Marion and Hamilton Counties have greater absolute numbers and percentages of residents who do not speak English at home, as indicated in Table 8.

b. Population Growth

Population growth also creates demands on the health system. Hamilton County stands out for substantial growth in the 1990-2006 period (130%), while Marion and Shelby Counties had the lowest population growth (9%). [Table 8]

Subpopulations with Special Needs

Select subpopulations are identified by the Institute of Medicine as "special needs populations" because they "have special health care and access needs and are often viewed as particularly medically and economically vulnerable."[40] Special needs population also require a much greater share of health care resources due to their unique healthcare needs. The effects of healthcare system changes on these special needs populations tend to predict the effects of changes on the vulnerable population at large.[40]

Special needs subpopulations have generally been accounted for in estimating the total vulnerable population, as these individuals would typically be uninsured or covered by a public program such as Medicaid. In this section, we present more detailed estimates for these groups to better characterize their potential demands on the safety net.

1. Chronic Illnesses and Disabilities

The uninsured or those covered by public programs are in worse health, overall, than privately-insured individuals. Because chronic conditions include a wide range of adult and pediatric illnesses, specific data quantifying the portion of the local vulnerable population with chronic illnesses are not readily available. The Kaiser Commission reports that, nationally:

> "Almost half of all uninsured non-elderly adults have a chronic condition" [37] and
> "About two-thirds of low-income adults with Medicaid coverage have a chronic condition and about one-quarter are permanently disabled." [36]

Permanent disability in people aged five and older is reported as part of the U.S. Census [Table 9]. Over 14% of the local area population over 5 years old is disabled. The highest disability rates are seen in Shelby and Boone Counties (over 20%), which are smaller, more rural counties. Hamilton and Hendricks Counties have disability rates that are less than half of Shelby and Boone Counties.

Table 9: 2006 Disability Rates by County, Age 5 Years or Older

	Percent Disabled (Age 5+), 2006	Number Disabled	2006 County Population
Boone[a]	20.6%	11,026	53,526
Hamilton	8.4%	21,082	250,979
Hancock	12.3%	8,001	65,050
Hendricks	9.2%	12,071	131,204
Johnson	12.1%	16,131	133,316
Marion	16.0%	138,481	865,504
Morgan	15.4%	10,825	70,290
Shelby[a]	21.4%	9,440	44,114
Total:		**227,057**	**1,613,983**

[a] 2006 small area estimates were not prepared for Boone and Shelby counties, so these disabled rates are from the 2000 census.
Source: U.S. Census Bureau, 2006 American Community Survey and U.S. Census 2000

2. Special Needs Children

Approximately 13.5 million American children had special healthcare needs in 2003.[54] Medicaid or SCHIP covered nearly two out of five of these children. Special needs children face access problems despite being more likely to have a usual source of care. Special needs children are twice as likely as other children to have an unmet medical need, and are three times more likely to have an unmet prescription need. [54] Approximately 35,700 Metropolitan Indianapolis children may have special needs[xxix], representing about 8% of all children in the area, and 2% of the total population.

3. Serious Mental Illness and Addictions

Serious Mental Illness (SMI) is defined as an incurable adult disorder that causes difficulty with daily living, forming relationships, concentrating and adapting to change. The illness is expected to last at least 12 months.[xxx] Among Indiana adults over 18 years old, 39 per 1,000 were diagnosed with SMI (2002).[xxxi] This rate yields one-quarter of a million residents (246,467) or 10% of the adult population. [49] The national average of SMI and co-existing addictions in adults is 5%. [23] Not all people with SMI are part of the vulnerable population. [Table 10]

The Indiana Division of Mental Health and Addiction reports on local area residents served through the Hoosier Assurance Plan (HAP) each fiscal year. HAP supports and manages behavioral healthcare services to low-income persons with demonstrated mental health needs.[24] While not all persons with SMI or addictions are part of the vulnerable population, 25,000 HAP-eligible child and adult patients have incomes under 200% of the Federal Poverty Level (FPL), and are a segment of the vulnerable population with special care needs. These individuals make up less than 2% of the total Metropolitan Indianapolis population.

[xxix] This estimate is based on 40% of local area children being enrolled in public coverage.

[xxx] An adult disorder that cannot be cured and causes difficulty with daily living, forming relationships, concentrating, and adapting to change. The illness is expected to last at least 12 months. Examples: schizophrenia, bipolar disorder, or major depression. National Mental Health Information Center Mental Health Dictionary. http://mentalhealth.samhsa.gov/resources/dictionary.aspx

[xxxi] This is similar to both the U.S. age-adjusted rate (40 per 1,000), and prevalence (9.8 percent of adults) reporting SMI in the past year for 2003 through 2004 (CI: 8.72-12.15). Number diagnosed with serious mental illness, 2002 National Mental Health Information Center

Table 10: Total Persons With Mental Illness and Addiction Served in the Community[23]

	Adults & Children with Chronic Addictions and Gambling Addictions	Adults with Serious Mental Illness	Seriously Emotionally Disturbed Children	Co-Occurring Disorders	Total Persons Served	Percentage of 2006 County Population
Boone	162	343	202	30	737	1.38%
Hamilton	672	745	422	70	1,909	0.76%
Hancock	162	179	119	22	482	0.74%
Hendricks	300	475	245	35	1,055	0.80%
Johnson	364	578	621	73	1,636	1.23%
Marion	4,307	7,183	5,275	1,155	17,920	2.07%
Morgan	371	521	309	7	1,208	1.72%
Shelby	118	275	119	23	535	1.21%
Totals:	**6,456**	**10,299**	**7,312**	**1,415**	**25,482**	**1.58%**

4. HIV and AIDS

Marion County has 90% of the diagnosed HIV cases in the local area, according to 2007 data,[32] with a total number of 3,725 individuals, or 0.2% of the area's population. Newly-diagnosed (incident) Marion County HIV cases rose from 177 in 2005 to 287 in 2007. Marion County has seen simultaneous upturns in other associated sexually transmitted diseases in high HIV risk populations, supporting the probability of a genuine increase in transmission rates, not just increased reporting.

The safety net is impacted by individuals living longer with HIV, as they are requiring decades, not just years, of multiple antiretroviral treatments. Furthermore, the costs of long-term treatments may not be covered by employer-based insurance, and private coverage is cost-prohibitive. In Marion County, individuals without insurance may apply for coverage from HAP. Individuals in the local area with incomes below 200% of the FPL can apply for federal funding through the Ryan White program[xxxii].

5. Homeless Individuals and Families

The primary reason for homelessness is the lack of affordable housing.[30] Additional factors contributing to homelessness include addictions, mental illness, and domestic violence. A one-day street and shelter survey (January 25, 2007) identified 2,061 homeless individuals in Indianapolis,[10] with 46% in transitional housing, 34% in emergency shelters, and 21% on the streets.[8] The homeless total was relatively unchanged from a similar count in January 2005. The average length of time being homeless among surveyed Marion County homeless individuals was 2.2 years.[30] These surveyed individuals had been homeless an average number of 3.6 times.[30] The local homeless prevention coalition estimates that 9,000 to 13,000 Indianapolis residents, or 1.1% to 1.7% of the area's population, will experience homelessness within the year.[9] We anticipate that at least one-third of the 9,000-13,000 homeless population of Marion County would require the services of the safety net.

[xxxii] Other low income patients in other counties may seek coverage for HIV/AIDS care under the state's Healthy Indiana Plan, starting in January 2008.

6. Summary of Special Needs Subpopulations

Table 11 summarizes estimates of the number of people in the local area belonging to special needs subpopulations, so that their relative contribution to safety net demand may be considered. Each subpopulation is associated with unique healthcare needs and costs, and some individuals may belong to more than one subpopulation.

Table 11: Estimated Special Needs Portions of the Local Area Vulnerable Population.

Special Needs Subpopulation	Estimated Number
Adults with Chronic Illness, Uninsured + Publicly Covered	136,315
Children with Chronic Illness, Uninsured + Publicly Covered	41,181
Persons Aged 5 and Over with Permanent Disability	227,057
Publicly Covered Children with Special Needs	55,694
Publicly Covered Adults & Children with SMI or Addiction	25,482
Persons with HIV Disease (not including AIDS cases)	4,201
Homeless (Marion County annual estimate only)	9,000-13,000

AIDS: Acquired Immune Deficiency Syndrome
HIV: Human Immunodeficiency Virus
SMI: Severe Mental Illness

Poor Health Literacy

Health literacy is defined by the Institute of Medicine as "the degree to which individuals have the capacity to obtain, process and understand health information and services needed to make appropriate health decisions."[xxxiii] This includes the ability of patients to access care in appropriate settings (primary care clinic vs. Emergency Department), to manage the payment of care (e.g., enroll in and stay compliant with requirements mandated by health insurance plans), and to manage chronic diseases appropriately (e.g., measure blood sugar, take prescription medications). A 2008 newsletter published by Connecticut Health Foundation, entitled "Health Literacy: A Challenge for Nearly Everyone," highlights the issue of poor health literacy for all adults, including segments of the vulnerable population.[xxxiv] The newsletter cites research compiled by Rima Rudd, Sc. D., of the Harvard School of Public Health, who concluded that "a majority of U.S. adults do not have the literacy skills needed to use health-related print materials and tools with accuracy and consistency." Dr. Rudd's research highlights that segments of the vulnerable population – including the poor, immigrants, and racial and ethnic minority groups – struggle the most with low health literacy. "Health literacy challenges also are linked to education, the digital divide…, and cultural differences in how people communicate."[xxxv]

Poor health literacy among the vulnerable population leads to greater demands upon the safety net system and its resources, and results ultimately in higher costs for the entire healthcare delivery system.

[xxxiii] "Health Literacy: A Challenge for Nearly Everyone," Connecticut Health Foundation, NEWS, Third Issue 2008
[xxxiv] Ibid.
[xxxv] Ibid.

V. Safety Net System Financing

The safety net is financed by federal, state and local public funding, and to a lesser extent by grant funding from both public and private sources. The vast majority of dollars comes from the federal government and requires states to match a percentage of the funds. Federal contributions are intended as either direct subsidies or to bolster low Medicaid payment rates.

Direct Payments

Federal-State partnerships, which are based on Medicaid funding, are central to safety net financing and can produce direct or indirect subsidies. In Indiana, the federal government contributes 65% and the state contributes 35% of the funds. Hoosier Healthwise, Aged/Blind/Disabled, and Healthy Indiana Plan (HIP) are Indiana programs that receive direct Medicaid payments.[31] Hoosier Healthwise is by far the largest and most comprehensive of these programs.

FQHC and CHC grants are two examples of direct federal financing, primarily from the Health Resources and Services Administration (HRSA), which do not require a state match. Medicaid fee-for-service and capitation payments to safety net providers are additional examples of federal direct payments. Capitation payments are fixed monthly payments for each enrolled individual covered by Medicaid.

Indirect Payments

The purpose of indirect subsidies is to bolster low Medicaid payment rates and to support care for the uninsured. Disproportionate Share Hospital (DSH), Upper Payment Limit (UPL), and HCI (Hospital Care for the Indigent Program) are supplemental Medicaid payments requiring a "state match." DSH is a structured pool of funds created by the federal government for qualifying hospitals that serve a disproportionate share of uninsured patients. UPL is a Medicaid supplement that provides certain providers the difference between Medicare rates and Medicaid rates and is aggregated for the entire state. HCI is a statewide tax used to help fund DSH and UPL. Previously, HCI was a county-by-county property tax. DSH and UPL are only available to qualifying providers. These indirect payments often do not offset shortfalls in the cost of care for the safety net population.

Other sources of safety net financing include local public financing. All counties fund their health departments to varying degrees with local property taxes. Health & Hospital Corporation of Marion County (HHC) has the unique statutory authority as a municipal corporation to levy tax dollars. HHC utilizes its tax dollars to fund its services and the Health Advantage Program.

Additional Payments

Grants and philanthropic gifts represent additional sources of financing. This report does not include statistics on the percentage of safety net financing from these sources, as these data are not readily available.

VI. Safety Net System Challenges

At a national level, as well as in Metropolitan Indianapolis, the healthcare safety net system faces a variety of challenges. The dominant challenges to the system are summarized below. Note that many of these challenges apply to safety net systems nationwide. When available, data specific to Indiana or the local area are provided.

Increased Demand for Safety Net Services

Nationwide, the number of uninsured individuals is growing, thereby increasing demand for safety net services. The uninsured population is growing due to decreasing rates of employer sponsored insurance,[19] reduced enrollment in employment sponsored programs (due to expensive premiums and deductibles),[50] and increases in both unemployment and immigration.[19]

Additionally, private insurance carriers have further restricted eligibility and services leading to a higher number of uninsured individuals.[19] Insurance coverage shrinks as employment and economic conditions worsen. Increasing rates of unemployment are likely to further increase pressures on the local safety net system. Of note is the fact that over 70% of the uninsured are employed. Their employers may not offer coverage, are too small to offer affordable plans to low-income workers, or the workers themselves have conditions that make coverage unaffordable.[17, 44]

Uninsured and Medicaid patients have high rates of chronic diseases, requiring intensive management and coordination of care, presenting a high demand for safety net services. Moreover, the uninsured are four times more likely than those with private coverage to have avoidable hospital care and emergency hospitalizations.[3]

In Indiana, overall growth of clients served in FQHCs has increased by 9% or more each year.[34]

Rising Costs for Safety Net Services

On a related note, the cost of providing care to the vulnerable population has increased significantly as the vulnerable population has become sicker. Large segments of the population have multiple chronic diseases that require expensive treatments. Nationally, 45% of patients with one or more chronic conditions accounts for 78% of all health costs, 76% of hospital admissions, 77% of physician visits, and over 88% of prescriptions. [39]

Public hospitals also report increasingly longer average lengths of stays (ALOS). These stays are an indicator both of more serious illness among public hospital patients and greater cost to the hospitals. As the poverty rates increase in metropolitan areas, the ALOS for urban hospitals' Medicaid patients also tends to increase. High poverty urban hospital service areas also have five times the percentage of Hispanic and twice the percentage of foreign-born individuals – groups which have the lowest rates of insurance coverage.[7]

Decreased Access to Care

Nationwide, access to healthcare services for the vulnerable population has been complicated by a rash of hospital closures. The public hospital closure rate between 1996 and 2003 was 16%, and the private hospital closure rate over the same period was 11%.[51] Public hospital

closures have occurred in cities such as Los Angeles, Washington, D.C., St. Louis and Milwaukee.[6]

The influx of immigrants with poor English skills to the United States has also impacted access to care. Nationally some 30% of FQHC and CHC patients require interpretation services. [21] 13% of patients cared for by Indiana FQHCs and CHCs are non-English speakers.[21] A related issue is poor health literacy, not only for immigrants, but for many members of the vulnerable population.[47] Poor health literacy results in a lack of understanding about how to navigate the healthcare system (e.g., insurance carriers, providers) and also about how to manage chronic diseases such as diabetes and asthma.

The importance of better access to healthcare through improved health literacy is highlighted by recent Indiana University Health Care Reform Committee findings. The findings suggest enhanced access for vulnerable patients with chronic diseases reduces work absenteeism and hospital admissions for these individuals. Increased healthcare access is accomplished through promotion of an "advanced medical home" model, chronic disease management education for patients, and better electronic coordination of patient records.[12]

Access to care is also impacted by a shortage of primary care physicians. Indiana has fewer primary care physicians per capita than the national average. In addition, Indiana – like the nation – suffers from a shortage of nurses. In 2005, the statewide nursing deficit was 5,660 for Indiana's inpatient care needs.[35] Indiana also has a shortage of public health personnel, with 46 public health workers per 100,000 members of the population. This ratio is far below regional and national averages of 76 and 138 per 100,000, respectively.[35]

Declining Safety Net Funding and Revenue

Medicaid funding is the largest source of support for public hospitals, FQHCs, and CHCs. Unfortunately for the safety net system, Medicaid direct and indirect subsidies are both unstable and declining. In addition, provider participation in Medicaid is declining due to low reimbursement rates,[11] high administrative costs,[13] reduced program coverage of services, and the cycling of Medicaid-eligible people on and off Medicaid.[52]

In Indiana, Medicaid reimbursement rates are low compared to other states and have not increased in over a decade. Recent federal limits in disproportionate share (DSH) funding through Medicaid and Medicare have reduced state use of DSH for up to 30% of uncompensated care in safety net hospitals. DSH and Upper Payment Limit (UPL) funds make up a major portion of total income for Wishard and Clarian Health hospitals. These funds have been partially diverted for the state's Healthy Indiana Plan (HIP), restricted by hospital-specific caps, and are now more widely shared among hospitals. These cuts represent a very significant financial threat to Metropolitan Indianapolis safety net inpatient care providers. Moreover, the shift of traditional Medicaid funding and patients away from safety net providers threatens continuing care by these providers to both safety net and non-safety net clientele. Nationally, 60% of safety net health plans are losing money,[18] and hospitals become less economically viable, threatening services used by a broad spectrum of urban residents.[51]

VII. Key Findings, Study Gaps and Potential Next Steps

This section summarizes key findings from the study and the study preparation process, identifies gaps within the study, and provides some thoughts about potential next steps.

Key Findings

1. In Metropolitan Indianapolis, there is no single agency or formal consortium of organizations that is responsible for managing the local safety net system in its entirety. Moreover, the safety net system itself is fragmented and often operates within organizational silos. This is due in part to the fact that the safety net system is a collection of heavily burdened, often insufficiently funded providers who manage uncoordinated and complex funding streams in order to provide care for a high-need, vulnerable population. The lack of system oversight or coordination is one root cause of a system that is both difficult for vulnerable patients to navigate, and non-transparent for providers and funders (both public and private) who seek to allocate scarce resources as effectively as possible.

2. Likely as a result of this lack of total system oversight, there is limited availability of comprehensive and consistent data across safety net providers. This lack of readily available data soon became apparent during the process of compiling this study. As stated in the introduction, one goal of this project was to gather existing data so that no new or duplicative efforts would be required, with the assumption that this would be a straightforward and relatively quick exercise. However, data were surprisingly challenging to obtain and were often different enough for each provider and provider type (i.e., hospital vs. FQHC) that accurate comparative analyses were sometimes impossible. Another major piece of missing data concerned the underinsured population. Underinsured individuals may be enrolled in some type of health insurance plan, but may lack sufficient income to purchase prescriptions or medical supplies (e.g., syringes) required to manage chronic conditions, or to cover large unexpected medical expenses resulting from accidents or serious illnesses. This is especially true for individuals with limited insurance coverage and high deductibles.

3. In terms of safety net supply and demand, Marion County is the epicenter of the Metropolitan Indianapolis safety net system. More detailed findings are highlighted below.

    a. The majority of Metropolitan Indianapolis safety net providers are located in Marion County.

    b. Over 25% of the Metropolitan Indianapolis population – totaling 427,000 individuals – comprise the vulnerable population. 70% of this group resides in Marion County. A full third of Marion County residents are uninsured or covered by Medicaid. Additionally, Marion County has the highest rates of risk factors (e.g., low income, limited education) most likely to result in lack of insurance.

    c. Wishard Health Services (WHS) is the dominant safety net provider in Metropolitan Indianapolis. WHS provides over 1.2 million outpatient visits, provides the highest volume of care to the local area uninsured, and reserves the largest amount of capacity for safety net patients. In addition, through its coordination and provision of healthcare services across the spectrum of care,

Wishard functions as a comprehensive safety net entity within the broader local area safety net system.

d. FQHCs, CHCs, Community Mental Health Centers, Free Clinics, School-Based Clinics, and other supplemental safety net providers are critical points of access for the vulnerable population. In addition to providing high quality primary and preventive care services, and referring patients for specialty care when required, health centers (broadly defined) play a vital role in helping to improve health literacy for this high-need population of adults and children. Health literacy is developed often only once trust is established with health center staff or other knowledgeable sources. Because of the neighborhood-based locations and generally smaller volumes of patients served, health centers are uniquely positioned to educate patients about managing chronic diseases, and also about how to access and pay for care for both chronic and acute conditions. Many health centers serve as the primary "medical home" for patients and their families.

Study Gaps

Critical aspects of the safety net were not addressed in this report. Four unanswered questions include:

1. **Are services sufficient to meet the needs of the vulnerable population? In other words, does supply meet demand?** The project team was unable to collect comprehensive capacity data in order to accurately reflect supply. While some utilization data were available, utilization does not capture all aspects of demand, such as waiting lists or length of time before a patient can see a doctor or other health practitioner. Despite these data gaps, we do know that demand is increasing overall, and the incidence of chronic conditions is increasing due to risk factors such as tobacco use and obesity. Indiana's high rates of tobacco use and obesity relative to the rest of the United States are well documented. Higher incidences of chronic illnesses translate directly into increased system demand and higher healthcare costs for everyone.

2. **On a related note, how is the provision of care distributed among providers? Is the distribution appropriate relative to the numbers of patients served and types of services demanded? In other words, are there supply bottlenecks?** The most reliable, comprehensive public data about healthcare safety net providers appear to be from financial reporting related to reimbursement from government sources, especially regarding inpatient care. Some statistics are available from provider licensure with the Indiana State Department of Health. As statistics are self-reported and providers are not required to conform to the same format or calculation standards, it was challenging to conduct a comparative analysis or create a comprehensive profile of the population served by each provider. Moreover, public data on reimbursement and services is often aggregated at the state level, rather than at the more detailed levels required for a local assessment. Therefore, it was difficult to assess whether a given provider or type of provider (e.g., inpatient vs. outpatient setting) was at, close to, or under capacity. It was also difficult to determine where there may be gaps in types of services provided (e.g., medical, oral, eye, mental health).

3. **How do safety net system providers collaborate in order to ensure that acute and chronic care patient needs are being met?** The study listed several examples of

collaboration among safety net providers, but the list is incomplete. Two critical resources not addressed in great detail within this study are the Indianapolis Health Information Exchange and Regenstrief Institute. The effective use of electronic health information across the entire healthcare system – including all safety net providers – could result in improved coordination of care for the vulnerable population. Examples of improved coordination of care include better tracking of patient visits, better visibility into patient movement among safety net providers, and the ability to follow up with patients to ensure they are managing chronic conditions appropriately. On a related note, the study did not examine the relationship between the safety net and the entire healthcare delivery system, and how the funding burden is spread across the system. A comprehensive electronic health information exchange is critical to analyzing this question, and to formulating appropriate responses to address systemic inequities. Finally, and perhaps most important, the study did not describe the many formal and informal agreements between safety net providers, through which services are coordinated to provide more comprehensive care to the vulnerable population. These strands between providers create an important part of the safety net.

4. **How does the safety net system – and the broader public health system – ensure that its employees are appropriately trained to meet the complex needs of the vulnerable population?** Public health leaders in Indiana and in Marion County have cited the need for a better trained public health workforce, including workers within the safety net system. This study did not examine qualification standards for the safety net workforce, or how current safety net employees measure up to these standards. A more thorough analysis of safety net system supply would be incomplete without discussing the qualifications of the workforce employed by the system, and whether the volume of employees is appropriate to meet current and projected future system demand.

Readers may note other unanswered questions. For example, this study lacks an analysis of dental care and oral health services. The project team is aware that there is a lack of oral health service providers – especially those providing access to preventive services – to treat the vulnerable population. This is critical because of research data linking poor oral health with the onset of other types of disease. There may be other types of healthcare services not addressed within this study for which there exist supply gaps within Metropolitan Indianapolis.

Potential Next Steps

There are many individuals and organizations within the Metropolitan Indianapolis area and also statewide who are involved in efforts related to understanding and improving the entire healthcare delivery system, including the safety net system. The key findings and gaps identified by this study might serve as useful information to help inform ongoing efforts related specifically to the safety net system.

Appendix

Table 12: FQHCs, CHCs, and Free Clinics Providing Primary Care Services, by County

Includes sites providing primary care and preventive services, including FQHCs, CHCs, Free Clinics, or clinics which are listed by FSSA as accepting Medicaid and which are affiliated with a hospital or clinic network.

Boone County

Free clinic Boone County Health Dept., 116 West Washington St., Ste. B202, Indianapolis 46052

Hamilton County

Free clinic Trinity Free Clinic, 14598 Oakridge Road, Carmel 46032

Hancock County

Free clinic Hancock County Health Dept. Public Health Clinic, 111 American Legion Plaza, Room 150, Greenfield

Hendricks County

Free clinic Kingsway Community Care Center, 7981 E. County Road 100 N., Avon 46123

Johnson County

FQHC Trafalgar Family Health Center, 14 Trafalgar Square, Trafalgar 46181
FQHC Edinburgh Family Health Center, 911 E. Main Cross St., Edinburgh 46124
Free clinic St. Thomas Apostolic Health Clinic, 600 Paul Hand Blvd., Franklin 46131

Marion County

CHC St. Francis Neighborhood Health Center, 234 E. Southern Ave., 46225
CHC Blackburn Health Center (Wishard), 2700 Dr Martin Luther King Jr. Blvd., 46208
CHC Cottage Corner Health Center (Wishard), 1434 S. Shelby St., 46203
CHC Forest Manor Health Center (Wishard), 3840 N. Sherman Dr., 46226
CHC Grassy Creek Health Center (Wishard), 9443 E. 38th St., 46234
CHC North Arlington Health Center (Wishard), 2505 N. Arlington St., 46218
CHC Pecar Health Center (Wishard), 6940 N. Michigan Rd., 46268
CHC Westside Health Center (Wishard), 2732 W. Michigan St., 46222
CHC Wishard Primary Care Center (Wishard), 1002 Wishard Blvd., 46202
FQHC Citizens Barton Clinic, 501 N. East Street, 46202
FQHC Citizens Primary Care Health Center, 1650 N. College Ave., 46202
FQHC Barrington H. Center (Health Net Inc.), 3401 East Raymond St., 46203
FQHC Care Center at the Tower (Health Net Inc.), 1633 North Capitol Avenue, Suite 500, 46260
FQHC Martindale/Brightwood (Health Net Inc.), 2855 N. Keystone Ave., Ste. 100, 46218
FQHC Pediatric & Adolescent Care Center (Health Net Inc.), 1633 N. Capitol Ave., Ste. 236, 46202
FQHC People's Health & Dental Center (Health Net Inc.), 2340 East 10th Street, 46201
FQHC Southeast Health & Dental Center (Health Net Inc.), 901 Shelby Street, 46203
FQHC Southwest Health Center (Health Net Inc.), 2202 West Morris Street, 46201
FQHC Southwest OB Annex (Health Net Inc.), 1621 West Howard Street, 46221
FQHC Raphael Health Center, 401 E. 34th St., 46205
FQHC Shalom Health Care Center, 3400 Lafayette Rd., Ste. 200, 46222
Free clinic Gennesaret Care Center (Gennesaret), 23 N. Rural Street, 46201
Free clinic Salvation Army Adult Rehab (Gennesaret), 711 E. Washington St., 46202
Free clinic Wellness Blue Triangle (Gennesaret), 725 North Pennsylvania Street, 46204
Free clinic Cathedral Kitchen (mobile) (Gennesaret), 1350 N. Pennsylvania Ave., 46202
Free clinic Health Recovery Program (Gennesaret), 2401 Central Ave., 46205
Free clinic Holy Family Shelter (Gennesaret), 30 E. Palmer Street, 46225

Free clinic	Quest for Excellence (Foltz) (Gennesaret), 2051 N. College Avenue, 46202
Free clinic	St. Vincent de Paul Food Choice Pantry (Gennesaret), 2111 Spann Ave., 46203
Free clinic	St. Vincent de Paul Food Pratt/Quigley Center (Gennesaret), 3001 E. 30th Street, 46218
Free clinic	Veterans Park (Mobile Unit) (Gennesaret), 10 E. North Street, 46204
Free clinic	African Community Center: Clinic, 3737 N. Meridian, Ste. 507, 46208
Free clinic	Good Samaritan Health Clinic, 11 N. Eastern Ave., 46201
Free clinic	Shepherd Community Center Health Clinic, 4107 E. Washington St., 46201

Morgan County

none

Shelby County

none

CHC: Community Health Center

FQHC: Federally Qualified Health Center

Free clinic: A clinic that is not a FQHC or CHC yet provides free primary care to many or all of its clients

Network names are provided in parentheses if all of the network's facilities names do not include the network name.

Sources: CHC and FQHC list: Indiana Primary Health Care Association, 2008, Sites & Map, http://www.indianapca.org/aboutchcs/sitesandmap.html, accessed 2008-06-07; Free clinic list was created through internet searches, interviews with local experts, and the Healthcare Access Collaborative membership list.

Table 13: Other Network-Affiliated Clinics Accepting Medicaid

County/Network	Name	Address
Boone County		
Witham Hospital	Witham Health Services	2605 N. Lebanon St., Lebanon 46052
Hamilton County		
Medpoint Urgent Care	Medpoint Express Fishers	8300 E. 96th Street, Fishers 46037
Medpoint Urgent Care	Medpoint Express Noblesville	16865 Clover Road, Noblesville 46060
Riverview Hospital	Riverview Community Health Clinic	601 A Westfield Road, Noblesville 46060
Hancock County		
Community Hospitals	Fortville Community Medicine	717 E. Broadway, Fortville 46040
Hancock Regional Health	Anderson Family Practice	300 East Boyd Ave., Ste 120, Greenfield 46140
Hancock Regional Health	Fortville Family Practice	600 Vitality Drive, Fortville 46040
Hancock Regional Health	Hancock Family Practice	120 West McKenzi Rd., Ste H, Greenfield 46140
Hancock Regional Health	Hancock Regional Center of Health	124 W. Muskegon Dr., Greenfield 46140
Hancock Regional Health	New Palestine Family Medicine	7375 West US Hwy 52, New Palestine 46163
Hancock Regional Health	Northeast Medical Group: Greenfield	1 Memorial Square Ste 305, Greenfield 46140
Hendricks County		
Hendricks Hospital	Partners in Care Primary Care	1000 E. Main, Danville 46122
St. Francis Health	St. Francis Plainfield Health Center	315 Dan Jones Rd., Plainfield 46168
independent	Avon Urgent Care	10706 E. US Hwy 36, Avon 46123
Johnson County		
	None	
Marion County		
Clarian Health	Adult Ambulatory Care Center & Pediatric Care	1633 N. Capitol Ave. Ste 680, Indianapolis 46220
Clarian Health	East Washington Adult Medicine	9650 East Washington St., Indianapolis 46229
Clarian Health	First Care Family Medicine	8820 South Meridian St. Suite 120, Indianapolis 46217
Clarian Health	Georgetown Medical Care	4800 Century Plaza Rd. Ste 256, Indianapolis 46254

	Community Hospitals	Family Medical Care	1201 N. Post Rd. Ste 120, Indianapolis 46219
	Community Hospitals	Geist Family Medicine & Pediatrics	8150 Oaklandon Rd., Indianapolis 46236
	Community Hospitals	Hawthorn Family Medical	5302 E. Washington St., Indianapolis 46219
	Community Hospitals	Lawrence Family Care & Pediatrics	8501 E. 56th St. Ste 120, Indianapolis 46216
	Community Hospitals	Northeast Family Physicians	6910 Hillsdale Ct., Indianapolis 46250
	Community Hospitals	Northside Family Care	8202 Clearvista Pkwy 7-A, Indianapolis 46256
	Community Hospitals	Plum Creek Family Medicine	1303 N. Arlington Ste 5, Indianapolis 46219
	Community Hospitals	Southside Community Physicians	6920 S. East Street Ste B, Indianapolis 46227
	Hancock Regional Health	Northeast Medical Group: Geist	7962 Oaklandon Rd. Ste 106, Indianapolis 46236
	IU Medical Group	Broad Ripple Health Center	1095 Broad Ripple Ave. Indianapolis 46220
	IU Medical Group	Castleton Health Center	7207 North Shadeland Ave. Indianapolis 46250
	IU Medical Group	Eagle Highland Health Center	6620 Parkdale Place, Indianapolis 46254
	IU Medical Group	Indiana University Hospital	550 University Blvd. Indianapolis 46205
	MCHD	ACTION Health Center	2860 N. Pennsylvania St., Indianapolis 46205
	MCHD	Bell Flower Clinic	1101 West 10th St., Indianapolis 46202
	MCHD	Hasbrook Building	3838 N. Rural St., Indianapolis 46205
	MCHD	Northeast District Health Office	6042 East 21st St., Indianapolis 46219
	MCHD	South District Health Office	505 National Ave., Indianapolis 46227
	Medpoint Urgent Care	Medpoint Express Indianapolis`	10617 E. Washington St., Indianapolis 46229
	St. Francis Health	Beech Grove Family Physicians & Internal Medicine	2030 Churchman Ave., Indianapolis 46107
	St. Francis Health	Irvington Family Physicians	5839 East Washington St., Indianapolis 46219
	St. Francis Health	Pleasant View Family Physicians	12524 Southeastern Ave., Indianapolis 46259
	St. Vincent	Primary Care Center: Family Health Care Center	8220 Naab Road, Indianapolis 46260
	Independent	Beech Grove Urgent Care	4902 E. Thompson Rd., Indianapolis 46237

	Independent	Diamond Medical Urgent Care	6865 Parkdale Place, Ste A, Indianapolis 46254
	Morgan County		
		none	
	Shelby County		
		none	

Format: Network: Facility, location
MCHD: Marion County Health Department
IUMG: Indiana University Medical Group
Source: Source: FSSA Medicaid, www.indianamedicaid.com, May 16, 2008
http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx#resultsProvider (search engine for list of Medicaid enrolled providers with Office of Medicaid Planning & Policy) There are many more providers on the FSSA list. In the table above, we included those affiliated with a hospital or a network of clinics, as these were likely to be larger and provide more services than other providers on the FSSA list.

Table 14: Outpatient Mental Health Providers

Parent Organization	Site or Organization
Boone County	
BehaviorCorp	BehaviorCorp, Lebanon, Adult Outpatient, Adult/Child counseling
Clarian Health Network	Indiana United Methodist Children's Home
Family Service	Alternatives to Family Violence, Family Counseling
	Family Service, Boone Co, Family Youth Counseling
Witham Memorial Hospital	Transitions Senior Behavioral Health Unit, Inpatient care
	Witham Health Services Toxicology, Drug testing
New Life Recovery Home for Men	Addictions Treatment
Hamilton County	
BehaviorCorp	BehaviorCorp, Crisis service family Violence
	BehaviorCorp, Carmel, Adult/Family Counseling, Addiction Treatment
	BehaviorCorp, Noblesville, Adult/Family Counseling,
	BehaviorCorp, North Indy, Youth Counseling
Community Addiction Services of Indiana CASI	Community Addiction Services of Indiana, Hamilton County Addiction Treatment, Gambling
Fairbanks Hospital	Laverna Lodge, Addition treatment
Hamilton Center	Hamilton Centers Youth Service
Pilgrimage Center	Family/Marriage Counseling
Hancock County	
Family Service	Alternatives to Family Violence
	Family Service, Hancock Co, Family/Marriage Counseling
Gallahue Mental Health Services	Gallahue Mental Health, Hancock Co, MH Transition
	MH Outpatient, family Counseling, Addiction Treatment
Hancock Regional Hospital	Reflections, Inpatient MH Care, Senior MH
Hendricks County	
Cummins Mental Health, Avon office	Child and Adolescent Programs
	Outpatient Mental Health Care
	Rehab/Behavioral Health Services, MH Transition
	Substance Abuse/Gambling Treatment
Mental Health America	Connections Center, Outpatient Mental Health
Hamilton Center, Hendricks County	Hamilton Center, Gambling Treatment
Penrod Counseling Center	Addiction Treatment, Detox treatment
Johnson County	
Cummins Mental Health Johnson County	Cummins Mental Health, Family Counseling
Reach for Youth Franklin	ASOTP, Youth /Sexual Abuse Counseling
	Reach for Youth, Family/Youth counseling
Adult and Child Mental Health Center	Family violence, Family Youth Counseling Outpatient MH
	Child and Intermediate
Greenwood Immediate Care	Drug testing

Parent Organization	Site or Organization
	Nonviolent Alternatives Counseling
Tara Treatment Center, Franklin	Addiction treatment, Detox, Residential and partial hospitalization
Turning Point of Johnson County	Domestic Violence Services
Valle Vista Hospital	Addiction treatment, Detox, Inpatient
Marion County	
Addiction Resource Network of IN	Addiction Treatment
Adult and Child Mental Health Center	Intermediate Care Services for Adults
	Homeless residential center
	Assertive Community Treatment
	Home based counseling
	Psychosocial rehab, Outpatient
Albert & Sara Reuben Senior Resource	Elder Friendly Communities
Alpha Resources	Eastside: Domestic violence, Subst Abuse
	Southside Domestic violence, Subst Abuse
	Westside Domestic violence, Subst Abuse
Asian Help Services	Family Counseling
BehaviorCorp	BehaviorCorp
	BehaviorCorp Addiction Services for the Deaf
	BehaviorCorp Addiction Services, Marion County
	BehaviorCorp, North Indy, Adult outpatient, Subst Abuse
	BehaviorCorp, West Indy, Adult & Youth outpatient, Subst. Abuse
Catholic Archdiocese	Marriage Counseling
Children's Bureau	Children's Bureau
	Neighborhood Alliance for Child Safety (NACS) East & West
	WISE Program
Choices	Youth Emergency Services (YES)
Clarian Health Network	Indiana University Hospital Adult Psychiatry Clinic
	Methodist Hospital, Adolescent & Child Life
	Riley Hospital for Children, Child Psych, Family Counseling
Community Addiction Services of Indiana	Community Addiction Services of Indiana, Marion County
Community Hospitals Indianapolis	Behavioral Care South
Concerned Clergy, Inc.	Project Mercy
Cummins Mental Health	Child and Adolescent Programs
	Outpatient Mental Health Care
	Rehab/Behavioral Health Services
Fairbanks First Steps	Supportive Living Program
	Transitional Residential Services
Fairbanks Hospital	Inpatient care; Detox Outpatient care
Family Service	Alternatives to Family Violence
	Breaking Free Children's Program
	Family Service
	Home Care

Parent Organization	Site or Organization
Family Works	Home based counseling; Family violence
Gallahue Mental Health Services	Gallahue Mental Health, Youth Day treatment
	Gallahue Mental Health Services Adult Day/Evening
	Gallahue Mental Health Services, Lawrence, Family counseling
	Gallahue Mental Health Services, South
	Gallahue Mental Health, East
	Gallahue Mental Health, Lawrence
Hamilton Center	Counseling; day treatment center, Psych treatment
Indiana Wesleyan University	Indiana Wesleyan University Graduate Counseling Clinic
Indianapolis Urban League	Special populations, MH Outpatient
Julian Center	Family counseling; Domestic violence, sexual abuse
Larue Carter Hospital	Inpatient
Marion County Health Department	A.C.T.I.O.N. Health Center
Mental Health America	Mental Health America in Marion County
	Our Town
Midtown Mental Health Center	Midtown Fountain Square
	Midtown Mental Health Center
	Midtown Meridian Center
	Midtown Westside Clinic
	Narcotics Treatment Program
	Outpatient Detox Program
	Sexual Abuse Counseling, Midtown Meridian Center
	Midtown Addiction Services, Midtown Meridian Center
PACE/OAR Juvenile Services	Return on Investment
Pathway Family Center	Adolescent Behavior and Sub. Abuse Treatment
Reach for Youth	ASOTP
	Reach for Youth, Indianapolis
Salvation Army Adult Rehab. Ctr.	Substance Abuse Rehab. Program
Salvation Army	Harbor Light Center, Detox, Residential
University of Indianapolis	Center for Psychological Care, Family Counseling
Villages of Indiana	Home-based counseling, family
Valle Vista Hospital	Valle Vista MH assessments
Volunteers of America	VOA addictions services, gambling
Wishard Health Services	Wishard Health Services, child sexual abuse counseling
Other Providers	
Blessed House Of Prayer Outreach	Pastoral counseling
Binford Immediate Care	Drug testing
Catholic Charities Indianapolis	Family counseling
Christian Theological Seminary	Family, individual counseling
Chapel Hill Immediate Care	Drug testing
Church Federation of Greater Indianapolis	Pastoral, mental health counseling, Outpatient
Connections, Inc	Counseling
Dove Recovery House for Women	Addiction care

Parent Organization	Site or Organization
Hospice Preferred Choice	Bereavement counseling
Indiana Juvenile Justice Task Force	Family support services, MH counseling
Kaleidoscope Church	After school Youth Counseling
Narcotics Anonymous	
Nora Immediate Care	Drug testing
Resolute	Residential, sexual abuse counseling
Spain's Residential Living	Addictions treatment
Stopover Home Base Counseling	Youth counseling
	Washington Square Immediate Care
	Westside Way Out Club
Morgan County	
Center for Behavioral Health, Morgan County	Center for Behavioral Health, Psych Treatment, Outpatient MH
Family Service, Morgan Co	Family Family/Marriage Counseling; Family violence
Center for Behavioral Health	Center for Behavioral Health
South Point Psychological Group Mooresville	Psych treatment, Addictions Treatment Outpatient MH
Shelby County	
Gallahue Mental Health Services Shelby Co	Addiction treatment, MH Transition, MH Outpatient, Family Counseling
Salvation Army Shelby County	Salvation Army, Pastoral Counseling

Table 15: School Based Clinics: Learning Well, Inc., Marion County 2008

Provider	School System	Name of School
Citizens	IPS	Charity Dye School
Citizens	IPS	James Russell Lowell #51
Citizens	IPS	Julian Coleman Middle School Boys
Citizens	IPS	Julian Coleman Middle School Girls
Community	Charter School	Christel House Academy
Community	Charter School	HERRON High School
Community	Charter School	HOPE Academy
Community	Charter School	Irvington Community School
Community	Charter School	The Challenge Foundation Academy
Community	IPS	Thomas Carr Howe Academy 420
Community	Lawrence	Brook Park Elementary
Community	Parochial	Lutheran High School of Indianapolis
Community	Warren	Hawthorne Elementary
Community	Warren	The Renaissance School
Community (outreach site)	Lawrence	Craig Middle School
Community (outreach site)	Lawrence	Crestview Elementary
Community (outreach site)	Lawrence	Harrison Hill Elementary
Community (outreach site)	Lawrence	Lawrence Central High School
Community (outreach site)	Warren	Creston Middle School
Community (outreach site)	Warren	Grassy Creek Elementary School
Community (outreach site)	Warren	Heather Hills Elementary
Community (outreach site)	Warren	Lakeside Elementary
Community (outreach site)	Warren	Lowell Elementary
Community (outreach site)	Warren	Moorhead Elementary
Community (outreach site)	Warren	Pleasant Run Elementary
Community (outreach site)	Warren	Raymond Park Middle School
Community (outreach site)	Warren	Stonybrook Middle School
Community (outreach site)	Warren	Sunny Heights Elementary
Community (outreach site)	Warren	Warren Central
Community (outreach site)	Warren	Warren Early Childhood Center
HealthNet	Charter School	Decatur Discovery Academy
HealthNet	Charter School	KIPP Indianapolis
HealthNet	Decatur Township	Decatur Middle School
HealthNet	IPS	Arsenal Technical High School 716
HealthNet	IPS	Forest Manor Middle School 554
HealthNet	IPS	HL Harshman Middle School 501
HealthNet	IPS	IPS George Washington Community
HealthNet	IPS	Minnie Hartmann School #78
HealthNet	IPS	Washington Irving School #14
IU Medical Group	Charter School	21st Century Charter @ Fall Creek
IU Medical Group	Charter School	21st Century Fountain Square
IU Medical Group	Charter School	Flanner House Elementary School
IU Medical Group	Charter School	Indianapolis Lighthouse Charter School

Provider	School System	Name of School
IU Medical Group	Charter School	Indianapolis Metropolitan High School
IU Medical Group	Charter School	Southeast Neighborhood School of Excellence
IU Medical Group	IPS	Broad Ripple High School 717
Marion County Health Dept	Charter School	Andrew J. Brown Academy
Marion County Health Dept	Charter School	Charles A. Tindley Accelerated School
Marion County Health Dept	IPS	Arlington High School 722
Marion County Health Dept	IPS	Crispus Attucks Middle School 518
Marion County Health Dept	IPS	Emmerich Manual High School 715
Marion County Health Dept	IPS	John Marshall Middle School 524
Shalom	IPS	Clarence L. Farrington Elementary
Shalom	IPS	Northwest High School
Shalom	IPS	Willard J Gambold Middle School 508
Shalom	Speedway	Arthur C. Newby Elementary School 2
Shalom	Speedway	Carl G Fisher Elementary School
Shalom	Speedway	Frank H. Wheeler Elementary School 4
Shalom	Speedway	James A. Allison Elementary School 3
Shalom	Speedway	Speedway Junior High
Shalom (outreach site)	Speedway	Speedway Senior High School
St. Francis	Beech Grove	Beech Grove High School
St. Francis	Beech Grove	Beech Grove Middle School
St. Francis	Beech Grove	Central Elementary
St. Francis	Beech Grove	Hornet Park Elementary
St. Francis	Beech Grove	South Grove Intermediate
St. Francis	Franklin Township	Kitley Intermediate School
St. Francis	Parochial	Holy Name School
St. Francis	Perry Township	Perry Meridian Middle School
St. Francis	Perry Township	Perry Meridian 6th Grade Academy
St. Francis	Perry Township	Southport 6th Grade Academy
St. Francis	Perry Township	Southport Middle School
St. Francis (outreach site)	Perry	Clinton Young Elementary
St. Francis (outreach site)	Perry	Perry Meridian High School
St. Vincent	Parochial	Holy Angels Catholic School
St. Vincent	Parochial	Saint Philip Neri School
To Be Determined	Charter School	Monument Lighthouse Charter School
To Be Determined	IPS	Brookside School #54

Source: Learning Well, Inc.
http://www.learningwellinc.org/

Table 16: Women, Infants, and Children (WIC) Clinic Sites

County	Name	Address
Boone	Boone Co. WIC Program	903 West Main Street, Lebanon, IN 46052-2319
Hamilton	Hamilton Co. WIC-United Way Service Center	942 North 10th Street, Noblesville, IN 46060
Hancock	Hancock County WIC Program	828 North State Street, Greenfield IN 46140-1201
Hendricks	Hendricks County WIC Program	247 South Wayne Street
	Hendricks County Health Foundation, Inc	Danville, IN 46122-1925
Johnson	Johnson County WIC Program	600 Ironwood Drive, Suite I, Franklin, IN 46131-2433
Marion	Action Health Center	2868 North Pennsylvania St.
	Blackburn Health center	2700 Martin Luther King, Jr. St.
	Citizens Health center	1650 N. College Ave.
	Community East Hospital	1500 N. Ritter Ave.
	Cottage Corner Health center	1434 S. Shelby Street
	Forest Manor Health center	3840 N. Sherman Drive
	Georgetown WIC	3974 N. Georgetown Road
	Grassy Creek Health center	9443 E. 38th Street
	Hanna WIC clinic	935 E. Hanna Ave.
	La Plaza Hispanic Center-WIC	8902 East 38th Street
	Methodist Hospital	1801 Senate Ave.
	North Arlington Health center	2505 N. Arlington Ave.
	Northwest District Health Office	6940 N. Michigan Rd. Ste 180
	St. Francis Hospital	8111 S. Emerson Ave.
	St. Vincent Women's Hospital	8111 Township Line Road
	Westside Health Center WIC	2732 W. Michigan St.
	Wishard Hospital (WIC Hospital Certification Site Only)	1001 W. 10th Street
	Pecar Health Center WIC	6940 North Michigan Road
Morgan	Morgan County WIC Program	35 Industrial Drive, Suite 102, Martinsville, IN 46151-1640
Shelby	Shelby County WIC Program	37 East Washington Street, Shelbyville, IN 46176

Table 17: County Health Department Clinics

Health department clinics generally provide immunizations, pregnancy support services, screenings and health education for various diseases, and other services that do not require a physician.

Boone County Health Dept.	116 W. Washington Street, Lebanon 46052
Hamilton County Health Dept.	1 Hamilton County Square Ste 30, Noblesville 46060
Hancock County Health Dept.	111 American Legion Place Room #150, Greenfield 46140
Hendricks County Health Dept.	355 S. Washington St. #211, Danville 46122
Johnson County Health Dept.	86 West Court St., Franklin 46131
Marion County Health Dept.	***A.C.T.I.O.N. Health Center*** (youth health services) 2868 N. Pennsylvania, Indianapolis 46205
	Bell Flower Clinic (STD treatment) 1101 West 10th St., Indianapolis 46202
	Georgetown Office, 3974 Georgetown Rd. Indianapolis 46254
	Hasbrook Clinic, 3838 North Rural St., Indianapolis 46205
	Northeast Health Office, 6042 East 21st Street, Indianapolis 46219
	Northwest Health Office, 6940 Michigan Road, Indianapolis 46268
	South District Office, 505 National Ave., Indianapolis 46227
Morgan County Health Dept.	180 S. Main St. Ste. 252, Martinsville 46151
Shelby County Health Dept.	***(No Clinic)*** 1600 East State Road 44 Ste. B, Shelbyville 46176

Table 18: Metro Area Hospital Based Emergency Services

County	County based Ambulance Services[a]	Dedicated Emergency Dept.	Emergency Psychiatric Services	Certified Trauma Center	Urgent Care Center Services
Boone	1	1	0	0	1
Hamilton	2	4	1	1	1
Hancock	1	1	1	1	1
Hendricks	0	1	1	0	1
Johnson	0	1	0	0	1
Marion	5	9	5	4	4
Morgan	0	1	0	0	0
Shelby	0	1	0	0	0
Totals	**9**	**19**	**8**	**6**	**9**

a. Hospital-affiliated services may undercount ambulance services offered by fire department or other agencies. Whether ambulance services are provided outside the facility's home county was not indicated.

Source: ISDH Hospital Consumer Reports 2008. http://www.in.gov/isdh/regsvcs/acc/hosrpt/search.htm

Table 19: Agencies and Sites Which Are Operated Under Each Hospital Systems' ISDH License in the Local Area

Clarian Health Partners

1. IU Hospital And Ambulatory Outpatient Center 550 N University Blvd Indianapolis, IN
2. Riley Hospital For Children And Riley Outpatient Center 702 Barnhill Dr Indianapolis, IN
3. Indiana Cancer Pavilion 535 N. Barnhill Dr., Indianapolis, IN
4. MMP Brownsburg 1375 N. Green St., Brownsburg, IN
5. Methodist Medical Plaza Eagle Highlands 6850 Parkdale Place, Indianapolis, IN
6. Methodist Medical Plaza East 9660 E. Washington, Indianapolis, IN
7. MMP Glendale, Glendale, Indianapolis, IN
8. Methodist Medical Plaza North, 151 Pennsylvania Park, Indianapolis, IN
9. Methodist Medical Plaza South 8830 S. Meridian St., Indianapolis, IN
10. Family Practice Center 1520 N. Senate Blvd., Indianapolis, IN
11. Methodist Medical Tower, 1633 N Capital Ave., Indianapolis, IN
12. Buchanan Counseling Center, Wile Hall, Indianapolis, IN
13. MMP Georgetown, 4880 W. Century Plaza, Indianapolis, IN
14. Ruth Lilly Hospice, 1704 N. Capitol, Indianapolis, IN
15. Arthritis Care Center, 1801 N. Senate Boulevard, Indianapolis, IN
16. Advanced Heart Care Program, 1801 North Senate Boulevard, Indianapolis, IN
17. Clarian Home Care, 950 N Meridian Street, Indianapolis, IN
18. Spring Mill Office Building Laboratory, 200 West 103rd Street, Indianapolis, IN
19. Fishers Radiology, 10995 Allisonville Road, Fishers, IN
20. Clarian Pathology Laboratory, 350 West 11th Street, Indianapolis, IN
21. Charis Center, 6640 Intech Boulevard, Indianapolis, IN
22. Clarian Radiology At NIFS (National Institute Of Fitness And Sport) 250 University Blvd., Indianapolis, IN

Community Hospitals of Indiana

1. Community Group Family Practice, 10122 E. 10th St., Indianapolis, IN
2. Occupational Health Center Greenwood, 1664 W. Smith Valley, Greenwood, IN
3. Med Check Greenwood, 1664 W. Smith Valley Road, Greenwood, IN
4. MedCheck East, 1703 N. Post Rd., Indianapolis, IN
5. Occupational Health Center East, 1709 N. Post Rd., Indianapolis, IN
6. Peds Center, 5502 E. 16th St., Suite A-12, Indianapolis, IN
7. Maternity Care Center, 5502 E. 16th, Suite A-12, Indianapolis, IN
8. Occupational Health Castleton, 8177 Clearvista Pkwy, Indianapolis, IN
9. Rehab & Sports Medicine Center - South Park, 98 South Park, Greenwood, IN
10. MedCheck Castleton, 8177 Clearvista Pkwy., Indianapolis, IN
11. Hancock County Office—GMHC, 145 Green Meadows Dr., Greenfield, IN
12. Psycho-Social Rehab Services, 1640 Ritter Ave., Indianapolis, IN
13. Shelbyville Group Home, 18 E. Mechanic Street, Shelbyville, IN
14. Hawthorne Group Home (Cluster Apartments)-GMHC, 5342 E 21st Street, Indianapolis, IN
15. Warren Township Alcohol And Drug Services, 5470 E. 16th Street, Indianapolis, IN
16. Julian Group Home-GMHC, 5701 Julian Ave., Indianapolis, IN
17. Lawrence Township/Hillsdale Office – GMHC, 6950 Hillsdale Court, Indianapolis, IN
18. Shelby County Office-GMHC, 7 E. Hendricks, Shelbyville, IN
19. Warren Mental Health, Youth And Adult Mi Services, 5502 E. 16th Indianapolis, IN
20. Rehab And Sport Medical Center, East 5506 E. 16 St., B10, Indianapolis, IN
21. Med Check Carmel, 11911 N. Meridian, Carmel, IN
22. Sleep Lab, 7250 Clearvista Drive, Indianapolis, IN

23. Sleep Lab, 11911 N. Meridian St., Carmel, IN
24. Community Hospital North, Psychiatric Pavilion, 7165 Clearvista Way, Indianapolis, IN
25. Regional Cancer Center, Indianapolis, 7229 Clearvista Drive, Indianapolis, IN

Hancock Regional Hospital

1. Hancock Imaging Center, 7962 Oaklandon Rd., Indianapolis, IN
2. Knightstown Health Care Center, 437 North McCollum, Knightstown, IN
3. New Palestine Radiology, 7375 W. US 52, New Palestine, IN
4. Hancock Regional Hospice, 1560b State St., Greenfield, IN
5. New Palestine Physical Therapy, 7375 West US 52, New Palestine, IN
6. Hancock Regional Home Health Care, 1560b State St., Greenfield, IN
7. Occupational Health Services, 124 W. Muskegon Drive, Greenfield, IN
8. Prime Time Urgent Care, 124 W. Muskegon Drive, Greenfield, IN
9. Parkway Medical Center Imaging, Suite 300, East Boyd Ave., 130, Greenfield, IN

Hendricks Regional Hospital

1. Hendricks Regional Health / Avon 8244 East US 36, Avon, IN
2. Hendricks Regional Health / Brownsburg, 1411 South Green St., Brownsburg, IN
3. Hendricks Regional Health /Plainfield, 1100 Southfield Dr., Plainfield, IN
4. Hendricks Regional Health Hibben Surgery Center, 8244 East US 36, Avon, IN

Wishard Memorial Hospital and Health Services

1. Fountain Square, 1308 East Prospect, Indianapolis, IN
2. Westside Clinic, 5610 Crawfordsville Road, Indianapolis, IN
3. Narcotics Treatment Program, 832 N Meridian St., Indianapolis, IN
4. Meridian Adult & Alcohol Drug, 3171 N. Meridian St., Indianapolis, IN
5. Cleo Blackburn Community Health Center, 2700 Dr. Martin Luther, Indianapolis, IN.
6. Westside Health Center, 2732 W Michigan St., Indianapolis, IN
7. Forest Manor Comm. Health. Center, 3840 N. Sherman Dr., Indianapolis, IN
8. Cottage Corner Comm. Health Center, 1434 Shelby Street, Indianapolis, IN
9. North Arlington Health Center, 2505 N Arlington Ave., Indianapolis, IN
10. Older Adult Services, 850 North Meridian Street, Indianapolis, IN
11. Grassy Creek Health Center, 9443 E. 38th Street, Indianapolis, IN
12. Lockefield Village 18 Rehab, 980 Indiana Ave., Indianapolis, IN
13. Pecar Health Center, 6904 N. Michigan Road, Indianapolis, IN

Witham Health Services

1. Witham Medical Office Bldg., 2505 N. Lebanon St., Lebanon, IN
2. Witham Toxicology Lab, 604 W Dan Conn Drive, Lebanon, IN
3. Zionsville Medical Center 1650 West Oak Street, Zionsville, IN
4. Witham Health Services Of Jamestown, 11 E. Main Jamestown, IN
5. Witham Health Services Of Thorntown, 151 E. Bow St., #2, Thorntown, IN
6. Creekside Ob/Gyn, 2505 N. Lebanon St., Lebanon, IN

Table 20: Self-Pay, Medicaid, and Total Safety Net Inpatient Days by Hospital, 2006

	Self-pay			Medicaid			Total Safety Net		
	% of facility	% of area	days	% of facility	% of area	days	% of facility	% of area	days
Clarian Health (IU)	3	5	2,537	19	8	16,919	22	7	19,456
Clarian Health (Methodist)	6	22	10,663	20	17	37,651	26	18	48,314
Clarian Health (Riley)	2	2	1,168	60	19	41,155	62	16	42,323
Clarian North Medical Center	1	0	236	10	1	2,585	11	1	2,821
Clarian West Medical Center	3	1	432	8	1	1,426	11	1	1,858
Community Hospital East	1	1	630	11	2	5,393	12	2	6,023
Community Hospital North	3	5	2,596	15	6	12,444	18	6	15,040
Community Hospital South	2	1	475	6	1	1,411	7	1	1,886
Hancock Regional Hospital	2	1	246	5	0	755	7	0	1,001
Hendricks Regional Health	0	0	0	8	1	2,309	8	1	2,309
Johnson Memorial Hospital	0	0	0	4	0	591	4	0	591
Kindred Hospital - Indianapolis	0	0	0	0	0	0	0	0	0
Kindred Hospital - Indianapolis South	0	0	0	0	0	0	0	0	0
Major Hospital	3	1	283	7	0	779	10	0	1,062
Morgan Hospital	5	1	441	12	1	1,119	17	1	1,560
Rehabilitation Hospital of IN	0	0	98	11	1	2,890	11	1	2,988
Roudebush VA Medical Center	0	0	0	0	0	0	0	0	0
Riverview Hospital	4	2	1,071	4	1	1,251	8	1	2,322
St. Francis Hospital & Health Centers - Beech Grove	1	2	878	8	3	5,481	9	2	6,359
St. Francis Hospital & Health Centers – Indianapolis	2	2	788	13	3	6,493	15	3	7,281
St. Francis Hospital & Health Centers – Mooresville	1	1	248	1	0	410	2	0	658
St. Vincent Carmel Hospital	0	0	0	6	1	1,468	6	1	1,468
St. Vincent Heart Center of IN	2	1	500	3	0	592	5	0	1,092
St. Vincent Indianapolis Hospital	0	0	2	19	15	31,471	19	12	31,473
St. Vincent Pediatric Rehabilitation Center	0	0	0	65	1	1,241	65	0	1,241
St. Vincent Stress Center	0	0	0	25	1	2,890	25	1	2,890
The Indiana Heart Hospital	1	0	139	5	0	762	6	0	901
Valle Vista Health System	0	0	0	20	3	5,513	20	2	5,513
Westview Hospital	1	0	160	4	0	497	5	0	657
Wishard Health Services	27	50	23,823	34	14	30,414	61	21	54,237
Witham Health Services	4	1	290	2	0	132	5	0	422
All Hospitals	3	100	47,704	16	100	216,042	19	100	263,746

Source: ISDH public 2006 Hospital Discharge dataset
http://www.in.gov/isdh/reports/hosp_disch_data/2006/index.htm

Table 21: Ambulatory Care Provider Sites for Physical, Mental, Dental, and Eye Care Needs, Local Area, from the Region's Service Referral Network (Connect2Help)

	Boone	Hamilton	Hancock	Hendricks	Johnson	Marion	Morgan	Shelby	Totals	% of Total Programs
Programs by Service Keyword*										
Hospitals	1	2	1	1	1	17	2	1	26	10.6%
Community Clinics	1	0	2	2	1	4	1	1	12	4.9%
Health Clinics	1	8	3	4	6	49	1	1	73	29.8%
Urgent Care Clinics	0	0	0	0	1	4	0	0	5	2.0%
Health Care	0	1	0	1	2	7	0	0	11	4.5%
Prenatal Care	2	4	2	3	3	55	3	4	76	31.0%
Dental Care	0	2	0	1	0	24	0	0	27	11.0%
Eye Care	0	1	0	0	0	7	0	0	8	3.3%
Eye Screening	0	1	0	0	0	6	0	0	7	2.9%
Total Programs by County:	5	19	8	12	14	173	7	7	245	100.0%
County's Percentage of Total Programs:	2.0%	7.8%	3.3%	4.9%	5.7%	70.6%	2.9%	2.9%	100%	
County's Percentage of the Vulnerable population	1.9%	8.3%	2.7%	4.5%	6.5%	69.9%	3.8%	2.4%	100%	
Programs Offering Language Assistance										
Number Yes	1	10	2	1	5	100	0	3	122	
Percentage Yes	20.0%	52.6%	25.0%	8.3%	35.7%	57.8%	0.0%	42.9%	49.8%	
Programs Offering Extended Hours**										
Number Yes	2	16	3	6	9	75	4	2	117	
Percentage Yes	40.0%	84.2%	37.5%	50.0%	64.3%	43.4%	57.1%	28.6%	47.8%	
Programs Affiliated with Core Providers										
Hospitals, Public	1	4	3	3	1	16	1	1	30	12.2%
Hospitals, Nonprofit	0	1	0	0	0	36	1	0	38	15.5%
Local Health Departments	3	2	4	5	6	27	2	3	52	21.2%
Community Health Centers, Federally-Qualified	0	0	0	0	2	28	0	0	30	12.2%
Community Health Centers, State-funded	0	0	0	0	0	22	0	0	22	9.0%
Core Program Totals:	4	7	7	8	9	129	4	4	172	
County's Percentage of Programs, Core-Based:	80.0%	36.8%	87.5%	66.7%	64.3%	74.6%	57.1%	57.1%	70.2%	
Programs by Parent Organization										
Parent Organizations Known	3	7	3	4	6	30	6	5	64	
Number of Associated Programs	5	17	8	12	12	163	7	7	231	
Ratio of Programs: Parent Orgs	1.67	2.43	2.67	3.00	2.00	5.43	1.17	1.40	3.61	
Number Programs with no known Parent Organization	0	2	0	0	2	10	0	0	14	

Source: Connect2Help database
http://www.connect2help.org/

Useful Safety Net Data Sources, By Topic

A. General Safety Net References

Davidson PL, Andersen RM, Wyn R, Brown ER. A framework for evaluating safety-net and other community-level factors on access for low-income populations. *Inquiry.* Spring 2004;41(1):21-38

Dorn S GB, Holahan J, Williams A. *Medicaid, SCHIP and Economic Downturn: Policy Challenges and Policy Responses*: Henry J. Kaiser Family Foundation; 2008

Lewin ME, Altman SH, Institute of Medicine (U.S.). Committee on the Changing Market Managed Care and the Future Viability of Safety Net Providers. *America's health care safety net: intact but endangered*. Washington, D.C.: Institute of Medicine : National Academy Press; 2000.

B. Population Data

County uninsured rates

U.S. Census intercensal county population estimates; Uninsured persons: U.S. Census Bureau Current Population Survey U.S. Census estimates; 2000 and 2006 CDC Behavioral Risk Factor Surveillance Survey (BRFSS) self reported estimates of uninsured adults for the Indianapolis-(and Marion County specific) metropolitan statistical area. BRFSS Annual Survey Data: 2006. *Centers for Disease Control*. http://www.cdc.gov/brfss/technical_infodata/surveydata/2006.htm

County Level Child and Adult rates of uninsurance

The Kaiser Commission on Medicaid and the Uninsured, 2007, websites.

Employees without insurance: Indiana Institute for Working Families

County Poverty Rates

2006 American Community Survey http://www.census.gov/acs/www/index.html.,

U.S. Census Bureau. Small Area Income & Poverty Estimates, 2005. http://www.census.gov/hhes/www/saipe/index.html

County Medicaid Clients

Indiana Family and Social Services Administration - Office of Medicaid Policy and Planning. *Medicaid Statistics Highlights (by County):* June 2007. http://www.in.gov/fssa/ompp/5635.htm

People with Serious Mental Illness and Addictions

The Indiana Division of Mental Health and Addiction (DMHA) reports: FSSA HAP http://www.in.gov/apps/fssa/hap/clinicdetails.jsp?facid=294&selectby=Adults&searchvalue=marion&facilityid=4

National and state data on adults with Severe Mental Illness: National Mental Health Information Center http://www.mentalhealth.samhsa.gov/

Homeless Estimates

2007 Single Night Street and Shelter Count: Center for Health Policy, School of Public and Environmental Affairs, Indiana University-Purdue University Indianapolis

National Estimates: The National Coalition for the Homeless

General References, At risk Populations.

The Uninsured: A Primer, Key Facts about Americans without Health Insurance. Washington DC.: Kaiser Family Foundation; October 2007. Publication #7451-03

Schwartz K. How Trends in the Health Care System Affect Low-Income Adults: Identifying Access Problems and Financial Burdens: Kaiser Commission on the Uninsured; December 2007 publication (#7705)

The Urban Institute and Kaiser Commission on Medicaid and the Uninsured. Estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).
http://www.statehealthfacts.org/comparetable.jsp?ind=130&cat=3&sub=39&yr=1&typ=2

C. Safety Net Provider Data

Various health and social services

Connect2Help Connect2Help, Inc. 2007 Rainbow Book. This book lists services rendered by 8-county health, mental health and social service providers whose service populations included low income, disabled, prenatal, Medicaid or uninsured clients. In addition smaller networks and individual voluntary providers, school based clinics, Community Mental Health Centers and Women Infants and Children's clinic sites are listed.

Outpatient and Primary care services

Medicaid Enrolled Providers

Indiana Family and Social Services Administration (FSSA)
http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx#resultsProvider
(search engine for list of Medicaid enrolled providers with Office of Medicaid Planning & Policy)

Federally Qualified Health Centers (FQHCs) and state-funded Community Health Centers (CHCs)

Indiana Primary Health Care Association, *2007 Annual Report*, providing statewide averages of clinics, staffing, major reimbursement sources and total visits by category of service.

"About CHCs: Facts & Figures". *Indiana Primary Health Care Association,*
http://www.indianapca.org/aboutchcs/factsandfigures.html.

Listing of FQHC and CHC providers

Indiana Primary Health Care Association, 2008, Sites & Map,
http://www.indianapca.org/aboutchcs/sitesandmap.html

Local Public Health Departments

Individual Health Department websites and annual reports found therein.

Emergency Department Services

ISDH Hospital Consumer Reports, 2008, per provider
http://www.in.gov/isdh/regsvcs/acc/hosrpt/search.htm

National trends, policy and statistics

Cunningham PJ, May JH. A growing hole in the safety net: physician charity care declines again. *Track Rep.* Mar 2006(13):1-4.

Hurley R, Felland L, Lauer J. Community health centers tackle rising demands and expectations. *Issue Brief Cent Stud Health Syst Change.* Dec 2007(116):1-4.

Inpatient (Hospital) Services

Hospital category, licensed bed capacity and ownership type

ISDH 2006 Hospital Directory http://www.in.gov/isdh/regsvcs/acc/hospital/ctyfac05.htm

National Data on Hospital facilities Ownership and Bed capacity, by state

Kaiser Family Foundation State Health Facts http://www.statehealthfacts.org/

Average Length of Stay/FTEs

ISDH Hospital Consumer Reports website, by hospital http://www.in.gov/isdh/regsvcs/acc/hosrpt/ha006218.htm

Hospital reimbursement and inpatient days by major payer

ISDH Hospital Discharge data, by year, county, facility and payer. and ISDH Hospital Fiscal Reports for 2005 and 2006. http://www.in.gov/isdh/regsvcs/acc/fiscal05/index.htm

Disproportional Share (DSH) payments to Indiana hospitals

Myers and Stauffer LC. "DSH Eligibility Calculations - SFYs 2004/2005," from http://mslcindy.com/hospital/hospmain.htm

National trends, policy and statistics

Bazzoli GJ, Lindrooth RC, Kang R, Hasnain-Wynia R. The influence of health policy and market factors on the hospital safety net. *Health Serv Res.* Aug 2006;41(4 Pt 1):1159-1180.

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