IPHCA™
Indiana
Primary Health Care
Association

2022 Access Plan Update

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Executive Summary

Established in 1982, the Indiana Primary Health Care Association (IPHCA) is the membership body for Indiana's Health Center Program Award Recipient (Health Center), Health Center Look-Alikes (LAL), and other community-based primary care providers. IPHCA supports a membership that includes Indiana's 39 health centers and health center LALs, who collectively have over 300 clinic sites across Indiana that serve over 500,000 Hoosiers. IPHCA's mission is to champion the development and delivery of accessible, community-driven quality health care to those in need.

This update to IPHCA's 5-year 2018-2023 Access Plan, assesses the progress of health center expansion in Indiana since 2018 and reevaluates access gaps identified in the original report. As of January 2022, there are 27 health centers and 12 health center LALs, with 333 sites across the state. The largest growth since 2018 has been health center LALs, with 4 additional entities receiving LAL designation.

Access to care means having health insurance, local care options, and a source of to receive care within communities. For 2022, IPHCA has identified PHC access gaps across multiple urban and rural areas in Indiana, using County Health Rankings, IDOH assessment, and Health Professional Shortage Area (HPSA). According to County Health Rankings, the most concerning clinical care access gaps in Indiana are uninsured, travel time to trauma center, primary care physicians, and mental health providers.

The IDOH 2021 HPSA map identified 30 counties as areas with health professional shortages and three counties with areas of health professional shortages. This map also identified 30 counties as low-income populations. The 2020 Medically Underserved Area/Population data indicates 26 counties as being medically underserved and 14 areas of different counties being medically underserved. According to the mental health professional shortage data, 88 counties in Indiana suffer from mental health professional shortages and 6 of them are population-based. 87% of the population residing in areas with primary care shortages are rural and 62% are urban.

Despite the impact of COVID-19, Indiana has seen an exponential growth of new health centers and services delivered. To maintain sustainable growth, IPHCA proposes the following strategies:

- Promote evidence-based strategies to expand awareness and pursuit of becoming health center

- Focus health center development efforts on recovery and stabilization in 2022
- Continue to collaborate with state and local partners to connect and cultivate local leadership for health center development
- Support localized efforts in health-in-all policy (HiAP) and program to improve PHC access.

Introduction

The purpose of the 2018-2023 Access Plan Update is to assess the progress of health center expansion in the state of Indiana since 2018 and reevaluate the access gaps in early 2022. In accordance with an updated definition of primary health care access, this update will include the latest data on demographic, socioeconomic, and health metrics, as of December 2021. A revised health center development strategies and policy recommendations will also be included.

Definitions of Primary Health Care Safety Net Providers

Health Center Program Award Recipient (Health Center): Non-profit/public entities meeting the Section 330 requirements of the Public Health Service Act. Health centers serve all residents regardless of ability to pay. Many health centers also provide care to specific special populations including the homeless, public housing residents, and seasonal/migrant workers. In addition, to qualify for the health center designation, health center entities must be in Medically Underserved Areas (MUAs).

Health Center Program Look-Alike (Health Center LAL): Nonprofit/public entities that meet the Section 330 requirements of PHSA as listed above but do not receive grant funding and do not receive FTCA coverage benefits.

State-funded Community Health Center: Nonprofit/public entities that receive state funds through the tobacco settlement fund.

Free Medical Clinic (FMC): is a health care community safety net that is established, operated, and maintained for the purpose of providing primary health care to socioeconomically and geographically underserved patient populations. Typically, an FMC's personnel include dedicated volunteers and/or paid staff who provide medical, dental, pharmacy, vision, and/or behavioral health services to individuals who otherwise would not be able to afford such services[1].

1 American Health Lawyers Association and American Medical Association Foundation

Rural Health Clinic (RHC): Public, private, or nonprofit entities that must be in rural areas and Health Professionals Shortage Areas (HPSAs). Authorized under Rural Health Clinic Services Act, the RHCs must be staffed at least 50% of the time with nurse practitioners, physician assistants, or certified nurse midwives. In addition, RHCs are required to provide outpatient primary care services and basic laboratory services[2].

Critical Access Hospital (CAH): Crucial parts of the safety-net. The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities[3].

Definition of Access to Primary Health Care (PHC)

The World Health Organization (WHO) provides a definition of Primary Health Care (PHC) as the following:

> *"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment[4]"*

PHC entails three inter-related and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multi-sectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.

The WHO definition complements IPHCA's mission: "To champion the development and delivery of accessible, community-driven quality health care to those in need; regardless of ability to pay." Access to PHC can be improved through expanding community health centers' reach in underserved communities in urban and rural areas, and it is one of the principles of health center development at IPHCA. Furthermore, as health centers continue to move toward value-based care, factors such as social determinants of health, integrated care, and telehealth are

2 Rural Health Information Hub
3 IBID
4 World Health Organization

increasingly crucial to ensure PHC access. This Access Plan Update will undertake a data-driven approach to examine why the changing PHC landscape alongside the ongoing COVID-19 pandemic necessitates health center development in underserved communities across Indiana.

Primary Health Care Landscape

As of January 2022, there are 27 health centers and 12 health center LALs, with more than 333 sites across the state. The largest growth since 2018 has been health center LALs, with 4 additional entities receiving LAL designation. **Figure 1** indicates the site locations of all health centers in Indiana, as of January 2022.

The following tables from Uniform Data System (UDS) highlight the key metrics in patient population characteristics, health center services, and insurance coverages. Health centers in Indiana continue to see a steady increase in patient visits despite notable reduction in 2020 due to COVID-19 pandemic. From 2018 to 2020, there are increases in the best serviced in a language other than English, Medicaid/CHIP patients, and mental health/substance use disorder patients. The number of uninsured patients continues to decline, indicating that state-wide healthcare coverage enrollment has made contributions.

Table 1: Health Centers UDS Data Comparisons, 2018-2020

Age and Race / Ethnicity	*2018*	*2019*	*2020*
Total Patients	*500,822*	*560,103*	*516,775*
Age (% of total patients)	*2018*	*2019*	*2020*
Children < 18 years old	*41.09%*	*40.21%*	*35.99%*
Adults 18 - 64 years old	*53.25%*	*53.73%*	*57.05%*
Adults 65 and over	*5.66%*	*6.07%*	*6.96%*
Patients by Race and Ethicity	*2018*	*2019*	*2020*
Racial or Ethnic Minority Patients	*52.69%*	*53.35%*	*51.56%*
Hispanic/Latino Patients	*18.94%*	*19.83%*	*19.79%*
Non-Hispanic White Patients	*50.71%*	*50.30%*	*52.09%*
Asian Patients	*3.22%*	*3.15%*	*3.41%*
Native Hawaiian and other Pacific Islander Patients	*0.39%*	*0.49%*	*0.50%*

Table 1: Health Centers UDS Data Comparisons, 2018-2020			
Black African American Patients	*30.63%*	*30.74%*	*28.32%*
Age, Race and Ethicity	*2018*	*2019*	*2020*
Native American/Alaskan Native Patients	*0.26%*	*0.24%*	*0.36%*
More than one race patients	*2.67%*	*2.63%*	*2.81%*
Language Known	*2018*	*2019*	*2020*
Best served in a language other than English	*14.35%*	*15..23%*	*15.43%*
Patient Characteristics	*2018*	*2019*	*2020*
Insurance Status Total Patients	*2018*	*2019*	*2020*
None/Uninsured Patients	*17.72%*	*17.63%*	*15.80%*
None/Unisured Children < 18 years old	*11.98%*	*12.05%*	*10.15%*
Medicaid/CHIP Patients	*54.22%*	*54.39%*	*55.05%*
Medicare Patients	*7.70%*	*7.51%*	*8.35%*
Duall Eligible Medicare and Medicaid Patients	*4.18%*	*4.22%*	*4.45%*
Other Third-Party Patients	*20.36%*	*20.47%*	*20.79%*
Special Populations	*2018*	*2019*	*2020*
Homeless Patients	*2.07%*	*2.05%*	*2.41%*
Agricultural Workers or Dependents	*0.32%*	*0.38%*	*0.44%*
Public Housing Patients	*5.30%*	*5.64%*	*8.51%*
School-Based Health Centers Patients	*3.03%*	*2.96%*	*2.30%*
Veteran Patients	*0.91%*	*0.89%*	*0.93%*
Patient Services	*2018*	*2019*	*2020*
Medical Patients	*90.84%*	*90.39%*	*89.60%*
Dental Patients	*11.74%*	*12.09%*	*11.39%*
Mental Health Patients	*8.73%*	*10.13%*	*11.07%*
Susbanstance Use Disorder Patients	*0.83%*	*0.93%*	*1.29%*
Vision Patients	*1.89%*	*2.18%*	*1.99%*
Enabling Services Patients	*6.46%*	*6.53%*	*4.84%*
Total Patients	***500,822***	***560,103***	***516,775***

PHC Access Needs in Communities across Indiana

According to local community health assessments in the State Health Assessment from Indiana Department of Health (IDOH), the top needs are access to care, mental and behavioral health, obesity, substance abuse disorders, nutrition and physical activity, diabetes, tobacco use, heart disease, cancer, and maternal and infant health. Conditions with significant health disparities that need to be improved are chronic diseases, birth outcomes/infant mortality, reduced injury, and death due to opioid exposure, and improved access to mental health services. State health priorities include the opioid epidemic, birth outcomes/infant mortality, public health infrastructure, and chronic diseases. Barriers to achieving a population's optimal health include low staffing levels, low funding levels, breaking cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing, and limited local resources.

In the key informant interviews of the State Health Improvement Plan, the most common social determinants of health that were listed as affecting health and quality of life outcomes were health and healthcare, economic stability, and neighborhood and built environment. Within the health and health care system, the conditions involved were health coverage, provider availability, provider linguistic and cultural competency, and quality care. Economic stability includes employment, income, expenses, debt, medical bills, and support. Finally, neighborhood and built environment measures were housing, transportation, safety, parks, playgrounds, and walkability.

Before COVID-19, the addiction crisis in Indiana was devastating. It took countless lives of Hoosiers and heroin overdoses were at an all-time high (especially black-tar heroin). As reported by IDOH, between 2019 and 2020, there was a 41% increase in drug overdose deaths and EMS naloxone administrations across Indiana was 66% higher. The top five opioid prescriptions in Indiana are acetaminophen/hydrocodone, tramadol, acetaminophen/oxycodone, buprenorphine/naloxone, and oxycodone. For those with a substance use disorder (SUD), there are access problems (especially for the poor and vulnerable) such as high insurance costs, high prescription drug costs, an incoherent healthcare model, and deficiencies in data management and data sharing.

Another important impact from COVID-19 was the disruption in pediatric health care, especially childhood immunizations. There has been a significant decrease in childhood immunizations

mirrors the decline in pediatric wellness visits, screenings, dental visits, and lead testing. According to IDOH, only 80.9% of kindergarteners received their Tdap vaccination in 2020-2021, compared to the 2018-2019 school year when 94.8% of kindergarteners received it. Polio, MMR, Hepatitis B, and Varicella vaccination rates also declined from 2018 to 2021. In 2021, 16.58% of kindergarteners were not fully vaccinated by established school vaccination requirements and 24.41% of sixth graders were not fully vaccinated.

PHC Access Gaps in Indiana

For 2022, IPHCA has identified PHC access gaps across multiple urban and rural areas in Indiana, using County Health Rankings, IDOH assessment, and Health Professional Shortage Area (HPSA).

Table 2: Five Counties Ranked in Bottom Five on Health Outcomes and Health Factors, 2021					
Category	88th	89th	90th	91st	92nd
Health Factors	*Lake*	*Starke*	*Switzerland*	*Fayette*	*Crawford*
Health Outcomes	*Grant*	*Wayne*	*Fayette*	*Crawford*	*Scott*

Access to care means having health insurance, local care options, and a source of to receive care within communities. According to County Health Rankings, the most concerning clinical care access gaps in Indiana are uninsured Hoosiers, travel time to trauma center, primary care physicians, and mental health providers.

The best county in Indiana had only 5% of their population uninsured, and the worst county with 25%. The worst Indiana county ratio of population to primary care providers in 2021 was 28,520:1 and the best ratio was 470:1. In 2021, the worst county ratio of population to dentists was 15,090:1 and the best ratio was 1,110:1. The worst county ratio of population to mental health providers in 2021 was 13,980:1 and the best ratio was 210:1.

The highest county preventable hospital stay rates was 7,412 per 100,000 Medicare enrollees and the lowest was 1,902 per 100,000 Medicare enrollees. The lowest county percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening was 27% and the highest rate was 53%. Annual flu vaccination percentages of FFS Medicare enrollees ranged from a low of 29% to a high of 63%. The highest travel time to the nearest Indiana trauma in a county was 116 minutes and the lowest travel time was 9.3 minutes. Other important clinical care gaps were preventable hospital stays and flu vaccinations.

Specific primary health care access gaps will be broken down by IDOH Regions and are according to data from County Health Rankings. All regions have high average percentages of rural populations and high rates of premature death except for Region Five.

- **Region One** has issues surrounding ratio of population to primary care providers, ratio of population to mental health providers, preventable hospital stays, travel time to nearest trauma centers, and full childhood immunizations.
- **Region Two** issues include percentage of uninsured, ratio of population to primary care providers, ratio of population to dentists, and ratio of population to mental health providers, mammography screenings, flu vaccinations, travel time to nearest trauma center, and full childhood immunizations.
- Issues in **Region Three** are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health professionals, flu vaccinations, full childhood immunizations, and travel time to nearest trauma center.
- **Region Four** issues include ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health care providers, and travel time to the nearest trauma center.
- In **Region Five**, the main issues are ratio of population to dentists, ratio of population to mental health providers, and full childhood immunizations.
- **Region Six** issues are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health providers, preventable hospital stays, mammography screenings, flu vaccinations, and travel time to the nearest trauma center.
- Issues in **Region Seven** are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health providers, mammography screenings, flu vaccinations, and travel time to the nearest trauma center.
- Within **Region Eight**, the main issues are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health providers, mammography screenings, flu vaccinations, percentage of uninsured adults, and travel time to the nearest trauma center.

- **Region Nine** issues are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health providers, preventable hospitalizations, travel time to nearest trauma center, and full childhood immunizations.
- Finally, the main issues in **Region Ten** are ratio of population to primary care providers, ratio of population to dentists, ratio of population to mental health providers, preventable hospitalizations, and travel time to nearest trauma center.

The IDOH 2021 HPSA map identified 30 counties as areas with health professional shortages and three counties with areas of health professional shortages. This map also identified 30 counties as low-income populations. The 2020 Medically Underserved Area/Population data indicates 26 counties as being medically underserved and 14 areas of different counties being medically underserved. According to the mental health professional shortage data, 88 counties in Indiana suffer from mental health professional shortages and 6 of them are population-based. 87% of the population residing in areas with primary care shortages are rural and 62% are urban. Unfortunately, even though rural residents report more poor health days than urban residents, there continues to be a decrease in physicians in rural areas.

The IU Center for Rural Engagement found that the most common causes of lack of healthcare access for rural areas are health insurance, lack of trust, language barriers, geographic/ transportation-related barriers, and shortage of healthcare providers and clinics. Many key informants for the State Health Plan reported that language barriers and cultural competencies are obstacles to receiving healthcare and social services.

PHC Access Strategies and Policy Recommendation, 2022-2023

Despite the impact of COVID-19, Indiana has seen an exponential growth of new health centers and services delivered. To maintain sustainable growth, IPHCA proposes the following strategies:

1. **Promote evidence-based strategies to expand awareness and pursuit of becoming health center**
   Since the start of COVID-19 pandemic, IPHCA has shifted toward a peer-based, learning on-demand model to provide training and technical assistance. For health center development, this comes in the form of Health Center Development Workshop Series, a monthly workshop/

peer virtual learning opportunity for current and potential health centers.
In the absence of HRSA's New Access Point funding opportunity, IPHCA will continue to work with prospective health center LAL designation recipients to prepare for NAP. Specific activities include recommendations of strategic planning and board governance, service area assessments, referrals to resources, and additional technical assistance throughout the Health Center Program application period based on needs from prospective health centers.

2. **Focus health center development efforts on recovery and stabilization in 2022**
   With the continuation of COVID-19 pandemic in early 2022, part of health center development effort at IPHCA will continue to focus on strategies to support current and potential health center's service. They include identifying funding opportunities, providing financial sustainability recommendations, and sharing organizational change management strategies. Training sessions led by IPHCA are being planned at IPHCA for 2022 and early 2023.

3. **Continue to collaborate with state and local partners to connect and cultivate local leadership for health center development**
   As we have identified in 2018-2023 Access Plan, local community leaders who can guide through the health center development process are crucial to expanding primary care. Since 2019, IPHCA has established key contacts in several hot spot counties. They represent health care providers, local units of government, academic institutions, and community organizations. In most collaborations, IPHCA provides technical assistance on understanding Health Center Program requirements, as well as the development of actionable project timeline. Furthermore, regular communications with partners are essential to ensure progress toward becoming a health center. In 2022, IPHCA will continue these promising practices and expand health center awareness campaign in hot spot communities to establish more local contacts who are interested in expanding PHC access via health centers.

4. **Support localized efforts in health-in-all policy (HiAP) and program to improve PHC access.**
   Health in all policies in a collaborative approach and framework to improving health of all people by incorporating health considerations into decision-making across sectors and policy areas. Key elements that to successful HiAP initiatives are defining mutually beneficial goals, cross-sector collaboration, engaging stakeholders, opportunity for policy change, and promoting health and equity. Foundations of HiAP are relationships, informational resources, personnel resources, funding resources, and legal resources. According to ASTHO, "HiAP

initiatives can take two forms: (1) collaboration on a project, policy, program, or response, and (2) comprehensive approaches that aim to change government structures and processes, so health is considered routinely."

Strategies to support and pursue a HiAP approach are conducting a health lens analysis, creating health-based checklists, providing health consultation to a project originated outside of public health, sitting on multi-sector and multi-agency councils, Protocol for Assessing Community Excellence in Environmental Health (PACE EH), and initiating data sharing between organizations.

IPHCA promotes the inclusion of HiAP when discussing PHC access strategies in a community. Example action areas that could be addressed by health centers based on Indiana's Needs Assessment include promoting behavioral health, increasing access to healthcare, strengthening maternal and child health, and preventing and controlling chronic diseases. Recommendations for the first steps include data collection, data sharing, community engagement, training of officials, cross-sector grant applications, health impact reviews, project, and funding evaluations, find project champions, and become trauma-informed.

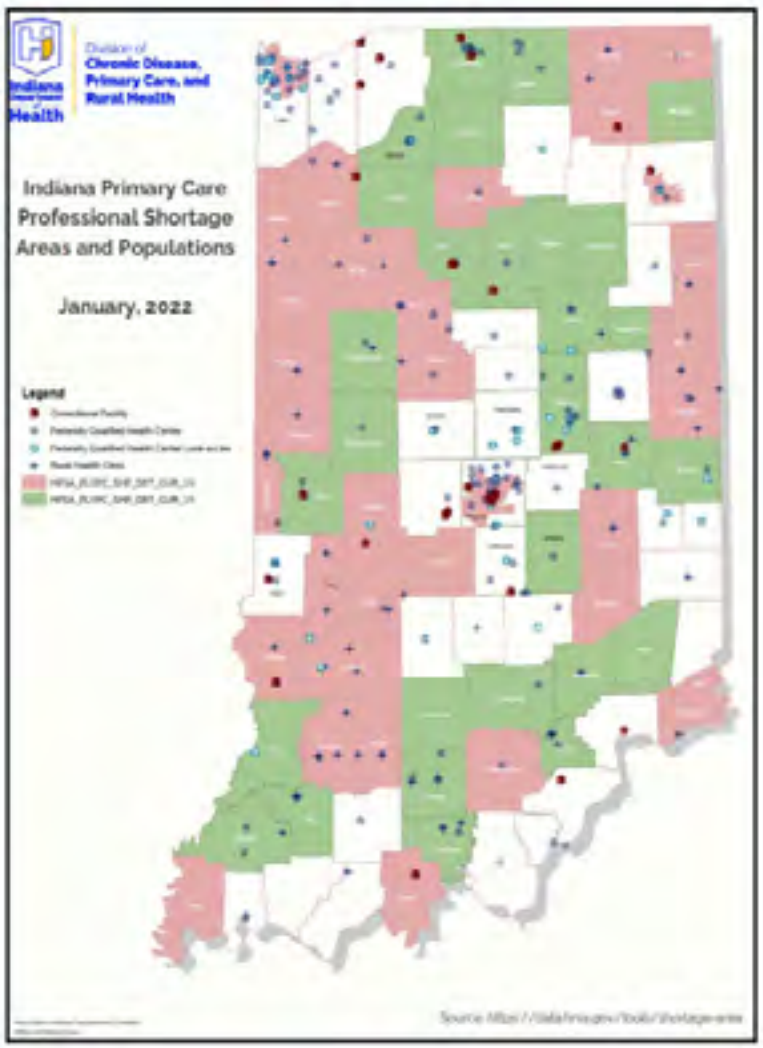
Some HiAP opportunities for health center development are to look for existing or newly formed interagency initiatives with potential health implications, look for single agency initiatives that would benefit from a partnership with additional agencies, determine if the health center is going through a strategic planning process, identify past partners of successful projects, and identify health issues of significant concern to the community.

Appendix A:
List of Health Center Program Award Recipients and Health Center Program Look-Alikes in Indiana

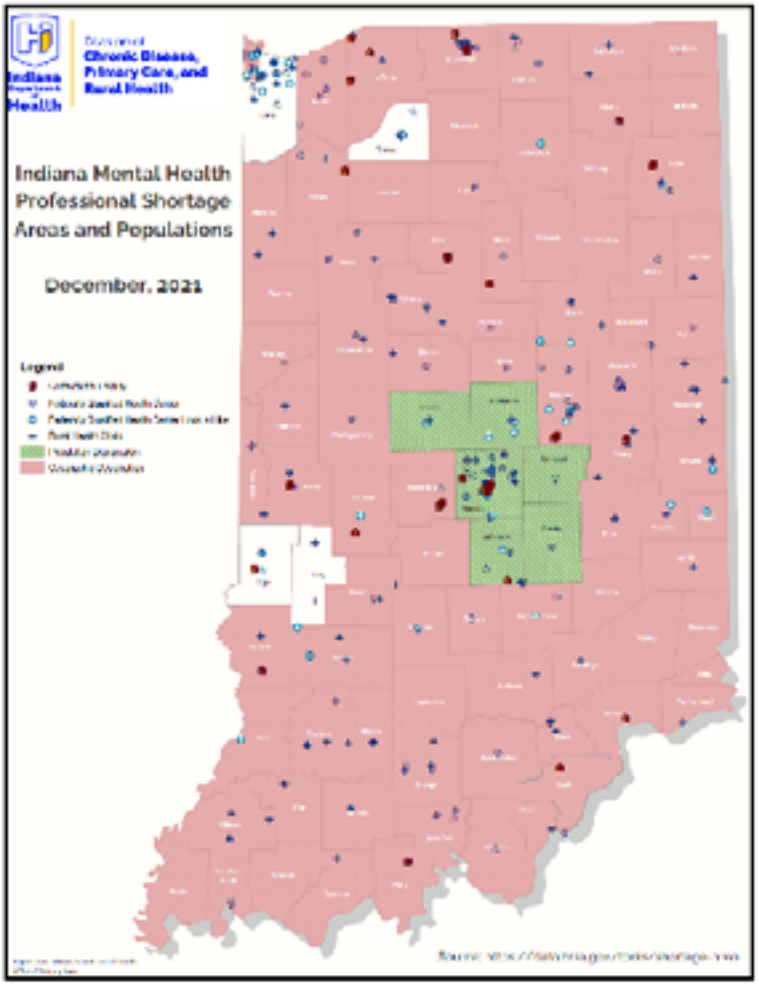
Health Center Name	City	Type
219 Health Network Inc	East Chicago	Health Center LAL
Adult and Child Mental Health Center, Inc.	Indianapolis	Health Center LAL
Alliance Health Centers, Inc.	Fort Wayne	Health Center LAL
Aspire Indiana Health Center	Anderson	Health Center LAL
Community Healthnet, Inc.	Gary	Health Center
ECHO Community Health Care	Evantsville	Health Center
Edgewater Health Care	Gary	Health Center LAL
Eskenazi Health Centers	Indianapolis	Health Center
Family Health Centers of Southern Indiana	Jeffersonville	Health Center
Good Samaritan Family Health Center, Inc.	Vincennes	Health Center LAL
Greene County Health	Linton	Health Center LAL
Hamilton Center, Inc.	Terre Haute	Health Center LAL
HealthLinc Community Health Center, Inc.	Valparaiso	Health Center
HealthNet	Indianapolis	Health Center
Heart City Health Center	Elkhart	Health Center
Indiana Health Centers	Indianapolis	Health Center
Jane Pauley Community Health Center	Indianapolis	Health Center
LifeSpring Health Systems	Jeffersonville	Health Center
Maple City Health Care Center	Goshen	Health Center
Marram Health	Gary	Health Center
Meridian Health Services	Muncie	Health Center
Neighborhood Health Centers	Richmond	Health Center LAL
Neighborhood Health Clinics	Fort Wayne	Health Center
North Central Nursing Clinics - Purdue University	West Lafayette	Health Center
NorthShore Health Centers	Portage	Health Center
Open Door Health Services	Muncie	Health Center
Porter-Starke Services, Inc.	Valparaiso	Health Center
Raphael Health Center	Indianapolis	Health Center
Riggs Community Health Center, Inc.	Lafayette	Health Center
Shalom Health Care Center, Inc.	Indianapolis	Health Center
Southern Indiana Community Health Care	Paoli	Health Center
Southlake Community Mental Health Center, Inc.	Merrillville	Health Center

Health Center Name	City	Type
Tulip Tree Family Health Care	Fort Branch	Health Center
Valley Professionals Community Health Center	Clinton	Health Center
Wabash Valley Health Center	Terre Haute	Health Center
Well Care Community Health	Richmond	Health Center
Windrose Health Network	Trafalgar	Health Center

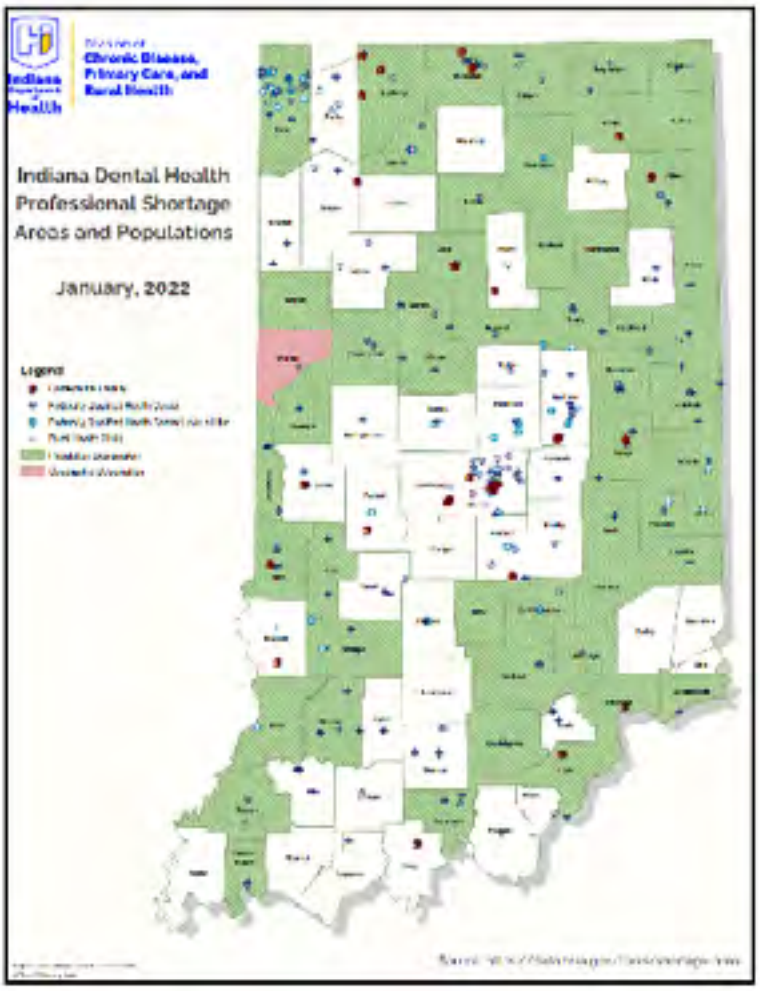
Appendix B:
Indiana Primary Care Professional Shortage Areas and Populations (HPSA/P)



Appendix C: Indiana Mental Health HPSA/P



Appendix D: Indiana Dental HPSA/P



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