THIRD FLOOR PLAN - ELECTRICAL LIGHTING
FOURTH FLOOR PLAN - ELECTRICAL LIGHTING

LEVEL 300
SELECTED RESOURCES

PEOPLE

Dale Benson, M.D.
Southeast and Central Avenue Health Centers, Indianapolis

Ron Blankenbaker, M.D.
Director of Family Practice, Methodist Hospital, Indianapolis

Charles Dillon
O.E.O. Programs and Projects, Washington D.C.

E. H. Lamkin, Jr., M.D.
Indianapolis

Norman Lynn
Research Analyst, Martin Luther King, Jr. Health Center, Bronx

Raymond Murray, M.D.
Indianapolis

Don Perry
Architect, Indianapolis

Robby Roberts
Health and Hospital Corp., Indianapolis

Barry Smith
Graduate Architect, Indianapolis

Chuck Van Vorst
Methodist Hospital Administrator, Indianapolis
Reviewed and analyzed through visitation and/or examination of drawings and programs.

Beaverton Oregon Clinic
Kaiser Foundation

Central Avenue Health Center
Indianapolis, Indiana

East Palo Alto / East Menlo Park, California
Neighborhood Facility

Martin Luther King, Jr. Health Center
Bronx, New York

Private Practitioners' Offices
Muncie, Indiana
Indianapolis, Indiana

Roxbury, Massachusetts
O.E.O. Neighborhood Facility

Southeast Health Center
Indianapolis, Indiana
SELECTED RESOURCES. .................. WRITTEN MATERIAL

Actual Public Acceptance of the Neighborhood Health Center by the Urban Poor
   Seymour S. Bellin, PhD
   H. Jack Geiger, MD

Environmental Design Implications of a Changing Health Care System
   Hermann H. Field, FAIA, AIP
   Tufts University, Boston

Health and Social Change: The Urban Crisis
   H. Jack Geiger, MD
   Tufts University, Boston

Health Is A Community Affair
   National Commission on Community Health Services

Healthright Programs/Guidelines for Development of Space Allocations for Neighborhood Health Centers
   O.E.O. Pamphlet 6128-11, April 1970

Impact of Ambulatory Health Care Services on the Demand for Hospital Beds
   Seymour Bellin, PhD
   H. Jack Geiger, MD
   Court D. Gibson, MD
   New England Journal of Medicine

The Neighborhood Health Center: The Primary Unit of Health Care
   Court D. Gibson, Jr., MD
   A.J.P.H., July, 1968

The Pediatric Nurse Practitioner
   Priscilla M. Andrews and Alfred Yankauer
   AJN, March 1971

Site of Care In Medical Practice
   Court D. Gibson, Jr., MD
   Bernard M. Kramer, PhD
   Tufts University, Boston

A Study of Attitudes and Perspective on Health Care Held by Residents of Indianapolis, Indiana
   James T. Greene
   Regenstrief Institute, Indianapolis
Syllabus for Office Practice — Facility/Type, Magnitude, Capabilities
George W. Condit
Economic Publishing Corporation, 1967

Trends In Health Care Delivery Systems
H. Jack Geiger, MD
Roger D. Cohen, PhD
Inquiry, March, 1971
27 August 1971

Mr. Gerald F. Klaehn
Ball State Trailer Park, Lot 56
Muncie, Indiana 47304

Dear Mr. Klaehn,

I wish you were in Boston instead of off in Muncie, because your inquiry lends itself better to dialog than a one-way answer -- the reason being that, I feel, the whole area of non-hospital health delivery is so completely up in the air. Rather than discuss this in a letter, I'm sending you an as-yet unpublished paper which explains my position on this subject.

I have not been involved in detailed planning or design of specific urban neighborhood health centers, except in the case of an urban elementary school complex we conceptualized and promoted in our immediate area. It is a joint occupancy, multi-use facility covering an entire block and, in the words of our school superintendent, is a "magnet school." As part of this complex we have introduced a first decentralized neighborhood health modality in the form of a family health clinic, including a greatly expanded school health program as part of it. Unfortunately we have no detailed publication yet on this project. I think the significant thing about it is just the fact that it represents one of the many emerging sites for care away from the centralized hospital complex.

This Medical Center, at an earlier stage, also pioneered in an experimental community clinic under the OEO program, in which a wing in this city's largest public housing project in a poverty area was converted into a quite sophisticated clinic as part of our Medical School teaching program. In steps it has shifted from our parentage to control through its own health association.

Similarly, we have been experimenting with a rural poverty clinic in the Mississippi Delta county of Bolivar. This took an entirely different turn in that the focus went beyond health care to malnutrition to cooperative gardening to local food processing, et cetera.

My own view is that urban health facilities will increasingly shift away from the acute care hospital complex to decentralized sites and facilities that will require new types of environmental solutions. I don't see one model, but a diversity growing out of the various local traditions, needs and environments.

I think the important thing in your own study is to have your facility concept grow out of an examination of such local patterns toward the formulation of a feasible model.
When you are through with the copy of my paper, I would be glad to have it back, as I don't like to have unpublished material floating around.

Best of luck!

Sincerely,

Hermann H. Field, PAIA, AIP
Director
Long-Range Planning

HHF/rhc

Encl.
MEETING NOTES
E. H. Lamkin, Jr., MD, J. Klachn, B. Smith
14 September 1971

Proposal:

- central major medical care facility and satellite facilities for delivery of family care for 100,000 subscribers

Central facility:

- 200 bed potential (smaller initially)
  - intensive care
  - low-cost extended care

-specialties
  - general surgeons (4)
  - surgical specialties
  - urologists (2)
  - ophthalmologists (1-2)
  - ob-gyn
  - pediatrics (impact program)
  - orthopedics
  - NT-otologist
  - dentistry
  - psychiatry

-contracted specialties
  - cardiac surgeon
  - neuro surgeon

Basic care group practice:

- 40,000 subscribers at central facility
  60,000 at 2-5 satellites

-generalists (12-15)
  - g.p.'s (8-10)
  - pediatricians & internists (4-5)

- para professional team

- computer link (assisted diagnosis)

- beds (post-hospital convalescence)
Quality factors:

- computer assisted diagnosis
- concentration of medical knowledge
- longer hours-broader care
- emergency care (on site treatment, transportation system, ...)
- para professional utilization
- cycling of staff

Administrative concept:

-to make the facility (hospital) and financing (insurance) extensions of the delivery of care consequently increasing efficiency and effectiveness

Economic feasibility:

-50,000 subscribers initially
60,000 -80,000 break-even
80,000 stable

-initiated by government funds as a non-profit organization

Financial support:

-drug industry wanting to avoid government controled medicine

-insurance resources which can no longer operate in traditional way

-subscriptions to health program
Gerry Klaehn  
B.S.U. Tr. Pk. #56  
Muncie, Indiana  

Gerry,  

These are the facilities and the people in the area you will be visiting. Both Martin Luther King and Columbia Point have been valuable sources of information for us.  

Martin Luther King Jr. Health Center  
Bronx, N.Y.  

-operated by Montefiore Hospital of East 210th Street and located nearby, I believe.  
serves a population area of about 45,000 people and provides both basic care and specialties in house. Their central facility is a rehabilitated warehouse, but they are presently exploring the basic care and outreach in storefronts throughout the neighborhood.  
.Norman Lynn - research analysis.  

Tufts Columbia Point Health Center  
Columbia Point Housing Complex, Boston, Mass.  

-previously under the auspices of Tufts school of social medicine.  
-first O.E.O. sponsored facility (1965) serving a very densely populated contiguous geographic area.  
.Anne Muise - assistant to evaluator  

Roxbury Health Center  
Roxbury, Mass.  

Rochester Health Center  
Rochester, N.Y.  

-both are new O.E.O. facilities and are certainly the most architecturally sound in this list.  

Let me know if I can be of any further help. I'll be anxious to hear what you learn.  

Barry Smith  

28 September 1971
October 6, 1971

Mr. Gerald F. Klaehn
Ball State Trailer Park, Lot 56
Muncie, Indiana 47304

Dear Jerry,

I'm sorry for the delay in responding to your preliminary notes of our meeting. Generally, I felt they were quite accurate and complete, but there are a few points that need correction.

On page 1, the ratio of 158 physicians/100,000 population is for the United States as a whole and not for Indiana where the ratio is about 100. The ratio of physicians for Indianapolis and Indiana is about the same which is 100/100,000 population. These numbers have to be considered general because it is awfully hard to define what you mean by physicians--total number of physicians registered, those in active practice, those who are engaged in primary health care, etc. Kaizer is spelled Kaiser. Under "Major Health Care Facility" you suggest that fifty percent of the present beds used in Indianapolis are not essential; this is a figure gained elsewhere. Although there is every reason to believe this will hold for Indianapolis, I don't believe a study has been done here. Your section entitled "efficiency in concentration of physicians" might better be efficiency in distribution of physicians.

On page 2, your item "specialties are usually not feasible because of small % utilization" might better be sub-specialties are usually not feasible.... "Distance from major facility discourages (accessibility and) completeness of care by physicians" would be more complete. My suggested physician break down for 13,000-14,000 members would be:

11 full-time physicians:
  internists  5
  pediatricians  4
  psychiatrists  1
  obstetrician-gynecologists  1

5 part-time physicians:
  radiologist  1
  opthalmologist  1
  otolaryngologist  1
  orthopedist  1
  surgeon  1
Mr. Gerald F. Klaehn
October 6, 1971
Page 2

This will vary markedly with whomever you’re speaking. The most experienced group in the country is Group Health Associates based in Washington, D.C. and they suggest that the Community Health Foundation booklet gives their suggested break down.

Best wishes with your thesis.

[Signature]

Raymond H. Murray, M.D.

RHM/ge

P.S. If you are finished with the book on the Cleveland Health Plan I would appreciate getting it back as I need it.