INTRODUCTION
The Drexel University School of Public Health was contracted by the IBC Foundation to conduct a needs assessment of the Blue Safety Net Program and its grantees, in order to maintain IBC’s commitment to the local safety net. The Drexel team was led by Jennifer Kolker, Associate Dean for Public Health Practice and Dennis Gallagher, Interim Chair in the Department of Health Management and Policy. The Drexel team was comprised of staff and faculty at the Center for Public Health Practice, the overarching entity for scholarship in public health practice at the School of Public Health.

WHAT WE DID
Drexel’s Center for Public Health Practice (CPHP) reviewed all interim and final reports from Blue Safety Net grantees from 2012 and 2013. In the summer of 2014, the CPHP conducted three focus groups with Blue Safety Net grantees to gather information regarding needs and opportunities related to health care services, financing, meaningful use of health information technology and data, impact of the Affordable Care Act (ACA), and experiences with the Blue Safety Net grant program. Grantees were divided into clusters using location and overseeing agency. Grantees who did not fall into a natural cluster were invited to participate in telephone interviews. The CPHP team developed and administered an electronic survey to all grantees. The data was analyzed collectively and according to organization patient load and clinic model.

WHAT WE HEARD
Thirty-seven of the forty-three Blue Safety Net grantees responded to the survey. Twenty three sites were represented in the focus groups. Four grantees engaged in follow up telephone interviews.

Funding
The most common use of funds was the supplementation of general operating expenses. Respondents indicated that the availability of funds for discretionary spending is valuable and uncommon. They expressed the importance of maintaining this funding stream for the provision of patient care. Most respondents did not expect to change their use of funding in the upcoming grant year.

Impact of the ACA
Many respondents are still uncertain of how Medicaid expansion and the ACA will affect them. Some expect to see more patients, some expect to see a new patient population. Many respondents emphasized that large segments of their patient population will remain uninsured or underinsured. Overall, it appears to be too early to anticipate the implications of the ACA or Medicaid expansion.

“Our healthcare centers are seeing an influx of patients presenting chronic illnesses who had little or no previous care.”

“While the ACA will provide healthcare for most Americans, we see many low-income undocumented people who also need access to care. The IBC Blue Safety Net program allows us to continue to provide these services to all people in

Health Information Technology (HIT)
There is a wide range of IT needs and capacity, particularly regarding health information exchange networks, but funding for technical assistance for new systems or implementation would be welcome.
These targeted funds could encompass either medical programs and non-medical services. Almost 70% of respondents identified the integration of behavioral health services as a priority area for additional funds. Other areas of interest for programmatic funding are shown in Figure 3.

The IBC Foundation is a very important and welcome source of support that allows for unrestricted use.”

NEXT STEPS
The final report will consist of:

- Detailed, synthesized data from formative research, focus groups, phone interviews, and electronic survey
- Additional maps and charts in key areas of interests
- Fully detailed recommendations for next steps