


Effecting Community Decisionmaking & Health: Liberation is only the first step

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The Robert Graham Center

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Tools & Resources

PRIMARY CARE PHYSICIAN MAPPER

Explore the distribution of primary care physicians by state, country, or census tracts in metropolitan areas.

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UDS Mapper


Explore existing federally-qualified health center service areas, where gaps in the safety net might exist, and which neighborhoods or regions might hold the highest priorities for health center expansion.

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HealthLandscape


Explore our health data, upload your own, make and print customizable maps that tell stories important to health policy and primary care in your area.

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 **MED SCHOOL MAPPER**

Primary Care Physician Mapper

Quickly visualize the distribution of primary care physicians across the United States to identify workforce gaps and overlaps. Search by area or specialty, and create custom physician-to-population ratio maps.



THE ROBERT GRAHAM CENTER exists to...

Improve individual and population health by enhancing the delivery of primary care.

The Center aims to achieve this vision through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

WHAT'S NEW

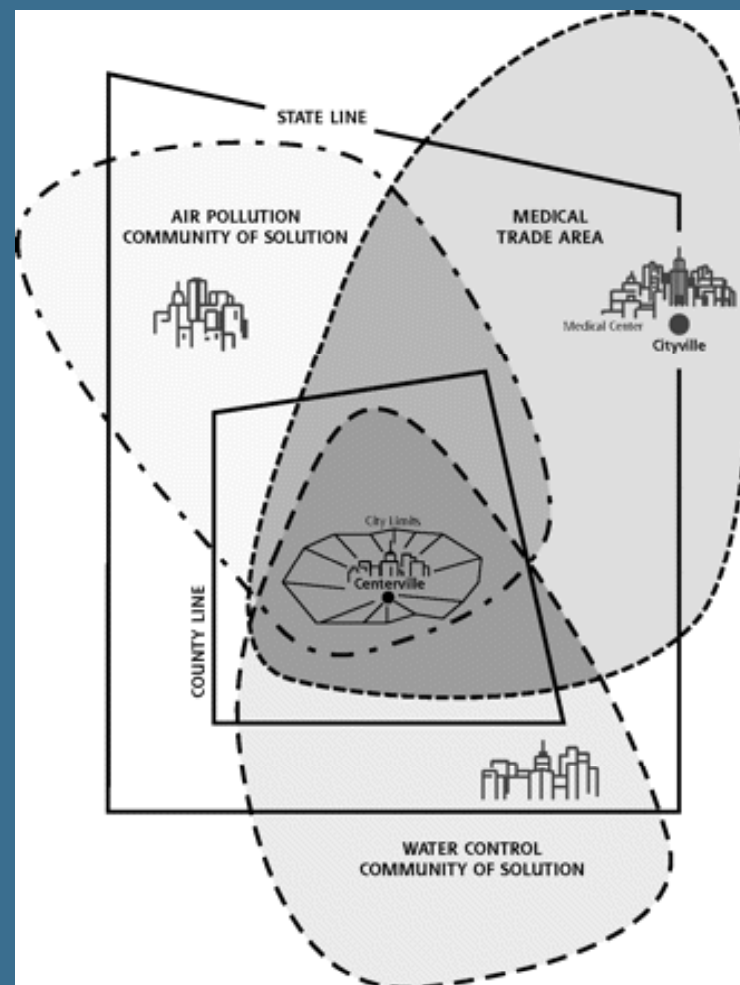
- [Projecting US Primary Care Physician Workforce Needs: 2010-2025](#)
(11/10/2012)
(Articles)
- [Improving America's Health Requires Community-Level Solutions: Folsom Revisited](#)
(08/01/2012)
(One-Pagers)
- [The percentage of family physicians attending to women's gender-specific health needs is declining](#)
(07/01/2012)
(Articles)
- [Measures of social deprivation that predict health care access and need within a rational area of primary care service delivery](#)
(07/01/2012)
(Articles)
- [A re-emerging political space for linking person and community through primary health care](#)
(06/01/2012)
(Articles)

DIRECTOR'S CORNER

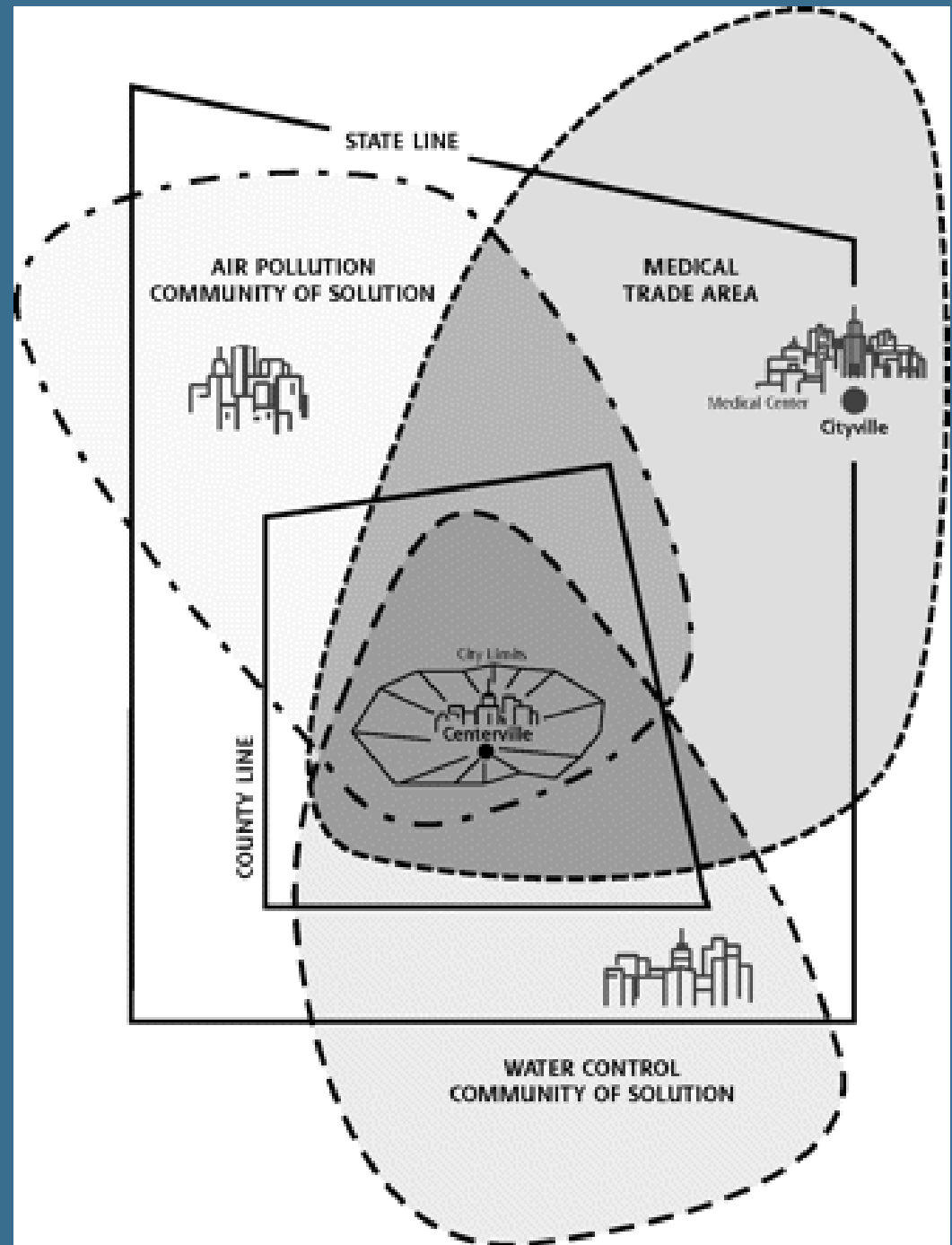
As the Graham Center enters a

How do we Inform Integration and resist the tide of Fragmentation?

- ▶ Public Health-Primary Care Integration
- ▶ Behavioral Health-Primary Care
- ▶ Population & Data Integration



- ▶ How can we help define 'problemsheds' and enable 'Communities of Solution'?



Democratizing Data... or Liberation

- ▶ A first step for Effective Primary Health Care and Community Health Improvement

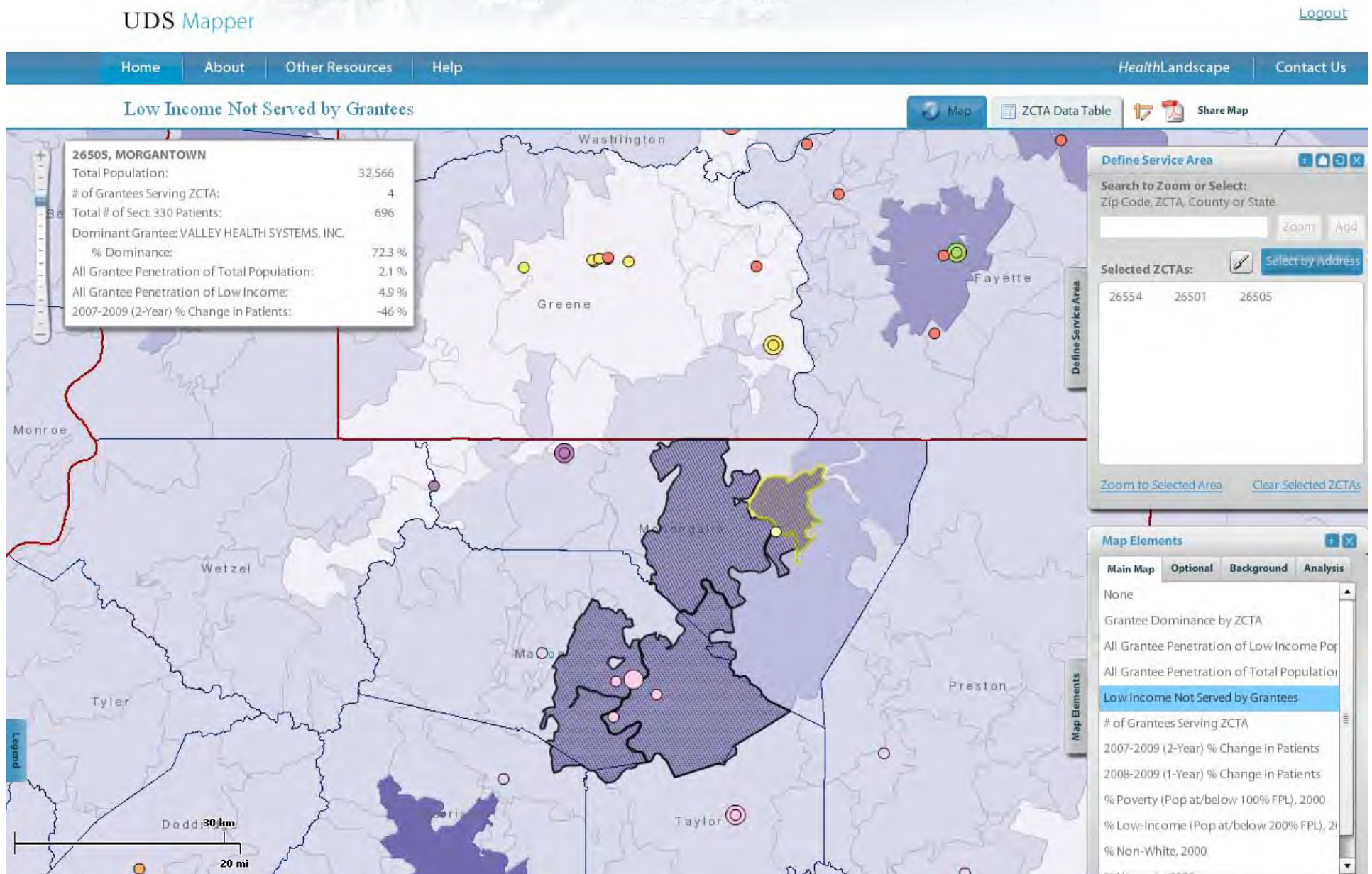
Empowering

- ▶ Liberating the data a great first step

But what about

- ▶ Integrating the data
- ▶ Translating the data into tools
- ▶ Engaging the community stakeholder
- ▶ Improving the data based on community input

Enabling community safety net development from the ground up : Liberating the UDS



Data Liberation means real Access: Downloadable data at the small area level

UDS Mapper

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Map



ZCTA Data Table



Share Map

View Analysis Results

i

ZCTA ▲	Post Office	State	# of Grantees	Dominant Grantee	Total Populatio	Low Income	Total # Sect. 330	Unservd (by Grantees)	Penetration of Low	Penetrat ion of	08-09 Patient %	07-09 Patient %	07-09 Patient	% Pop. in Poverty	% Low-Income	% Non-White 2000	% Hispanic 2000
Summary:					83,043	31,719	2,411	29,308	7.60%	2.9...	-14.6...	-21.1...	-645....	22.61...	40.99%	7.40%	1.14%
26589		WV	0		739	275	0	275	0	0	0	0	0	16.10...	37.21%	1.89%	1.75%
26570	FAIRVIEW	WV	2	CLAY BATTELLE H...	3,051	1,141	980	161	85.88%	32...	10.85...	-8.58%	-92.00	12.94...	37.48%	2.16%	0.09%
26542	MASONTOWN	WV	1	PRESTON-TAYLOR...	2,358	1,096	95	1,001	8.66%	4.0...	18.75...	7.95%	7.00	15.97...	46.69%	0.12%	0.55%
26541	MAIDSVILLE	WV	2	CLAY BATTELLE H...	835	344	189	155	54.94%	22...	37.95...	43.18...	57.00	16.18...	41.54%	4.31%	0
26529	CORE	WV	1	CLAY BATTELLE H...	2,600	577	29	548	5.02%	1.1...	-29.2...	-53.9...	-34.00	10.13...	35.86%	21.42%	2.46%
26508	MORGANTO...	WV	4	MONONGAHELA ...	22,002	6,136	249	5,887	4.05%	1.1...	15.27...	-0.40%	-1.00	10.02...	28.04%	3.13%	0.37%
26505	MORGANTO...	WV	4	VALLEY HEALTH S...	32,566	14,350	696	13,654	4.85%	2.1...	-47.4...	-46.0...	-594....	36.18...	51.07%	10.82%	1.57%
26501	MORGANTO...	WV	4	CLAY BATTELLE H...	18,892	7,800	173	7,627	2.21%	0.9...	22.69...	7.45%	12.00	21.00...	41.42%	6.64%	1.39%

Define Service Area

For communities, Liberacion also means reduced dependence on data vendors

UDS Mapper

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ZCTA	Post Office	State	# of Grantees	Dominant Grantee	Total Population	Low Income	Total # Sect. 330	Uninsured by Grantees	Penetration of Low	Penetration of	08-09 Patient %	07-09 Patient %	07-09 Patient %	% Pop. in Poverty	% Low-Income	% Non-White 2000	% Hispanic 2000
Summary:					83,043	31,719	2,411	29,308	7.60%	2.9%	-14.6%	-21.1%	-645%	22.61%	40.99%	7.40%	1.14%
26589		NY	0		738	33%	0	738	0%	0%	0%	0%	0%	16.3%	33.3%	1.89%	1.25%
26570	FA															2.16%	0.09%
26562	FA															9.12%	0.31%
26561	FA															5.1%	0%
26553	FD															14.4%	2.44%
26506	MA															0.13%	0.37%
26503	MA															0.62%	1.31%
26501	MA															0.28%	1.06%

Analysis Results

Total # Sect. 330 Patients	Total Population	Penetration of Total Pop.	Uninsured (by	Low Income Pop. 2000	Penetration of Low	Uninsured (by Grantees)	07-09 Patient Change (#)	07-09 Patient % Change	08-09 Patient % Change	% Pop. in Poverty 2000	% Low-Income Pop.	% Non-White 2000	% Hispanic 2000
2,411	83,043	2.90%	80,632	31,719	7.60%	29,308	-645	-21.10%	-14.62%	22.61%	40.99%	7.40%	1.14%

Enter TOTAL patients to be served

3000

Enter TOTAL NEW patients to be served

1500

Enter NEW LOW INCOME patients to be served

1500

Label	Value	Description
Service Area Total Population	83,043	Total (Census) population for defined Target Area zip
Current (2009) FQHC Patients	2,411	Residents of defined Target Area counted as a patient of any FQHC grantee in 2009
Current FQHC Penetration Rate- Total Pop.	2.90%	Percent of total target area population using an FQHC in 2009
Current Total Pop. Uninsured by FQHC Prog.	80,632	Count of target area residents not using an FQHC in 2009
Total Pop Target for proposed site	3,000	Total New Patients to be served by proposed site
% FQHC Uninsured Total Pop Targeted	3.72%	Percent of Target Area residents not currently using an FQHC that will be users of FIP

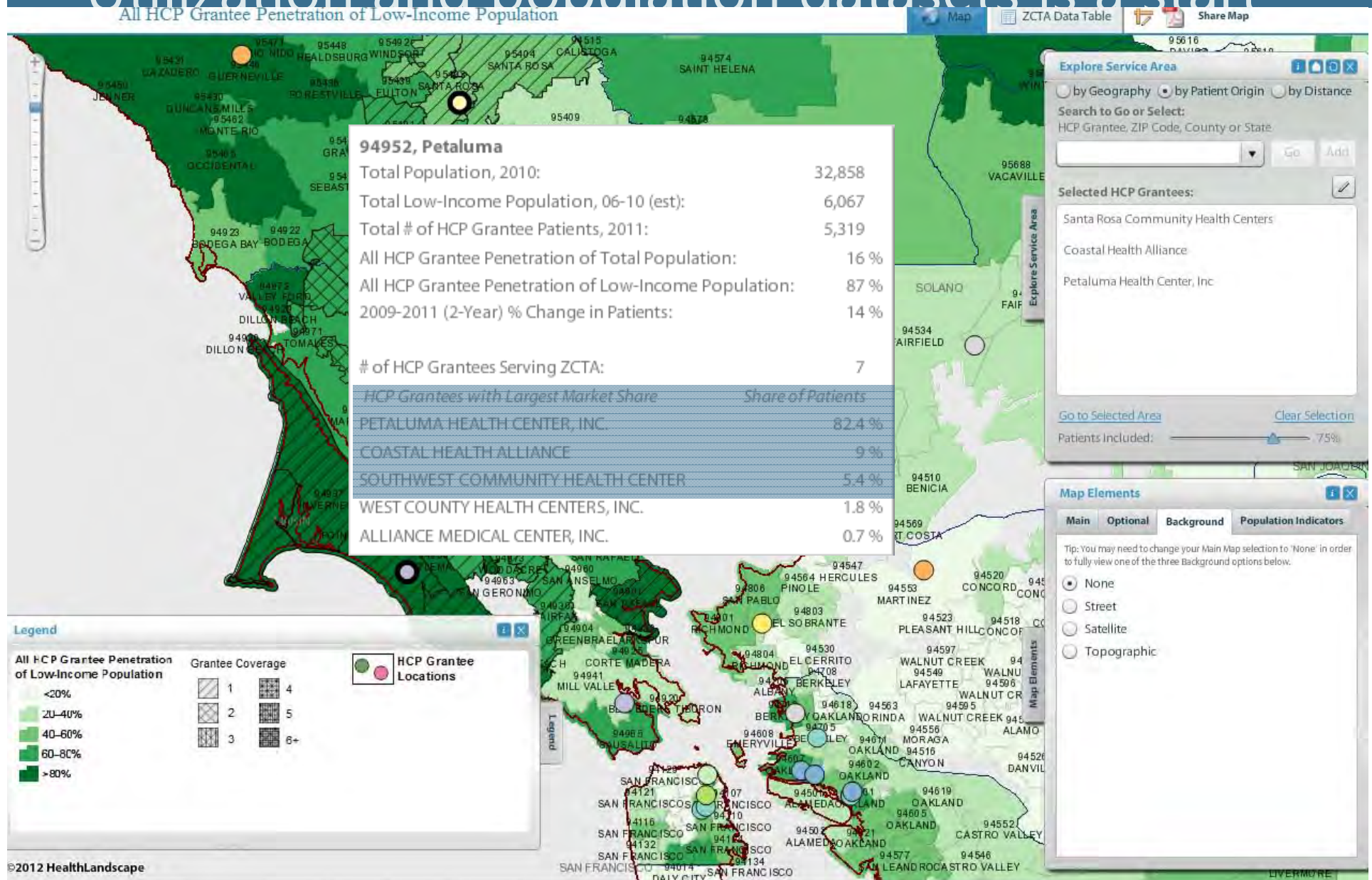
Existing Provider Summary

Count of Federally Linked Non-FQHC Sites in Target Area	1	Count of RHC/FQHC-LA/HS, etc.
Count of Stand-Alone NHSC Placement Sites in Target Area	0	Count of non-FQHC NHSC Placement sites
Count of current FQHC grantee sites in Target Area	1	Count of existing FQHC grantee service delivery sites

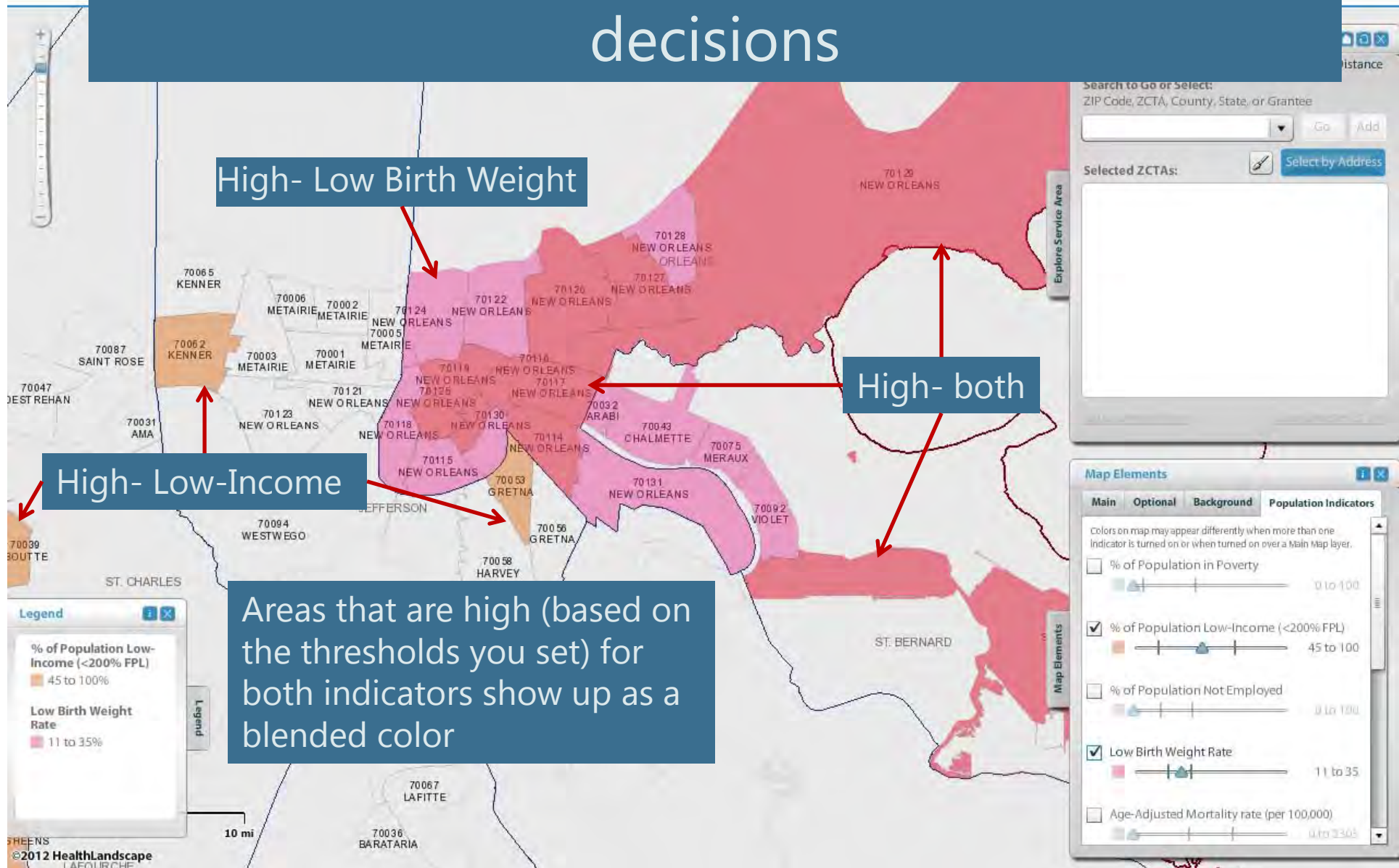
*Note: Low Income penetration and need assumes all current users to be low income - watch for grantees currently serving large population (>200% of poverty

[Save to Excel](#)

Where to put the next health center?: Merging Utilization and population datasets is a start

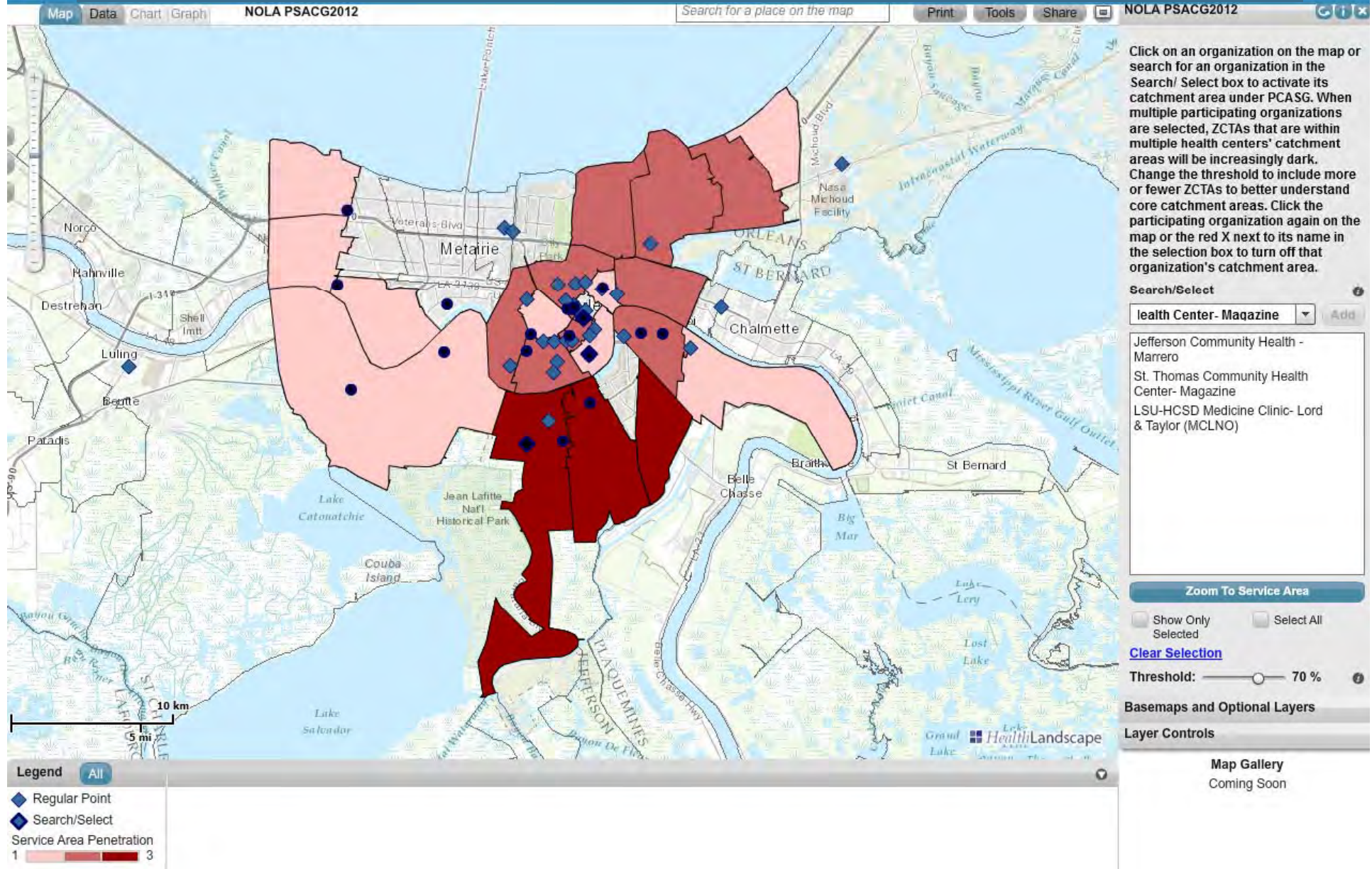


Empower the community to decide what key outcomes should drive resource allocation decisions



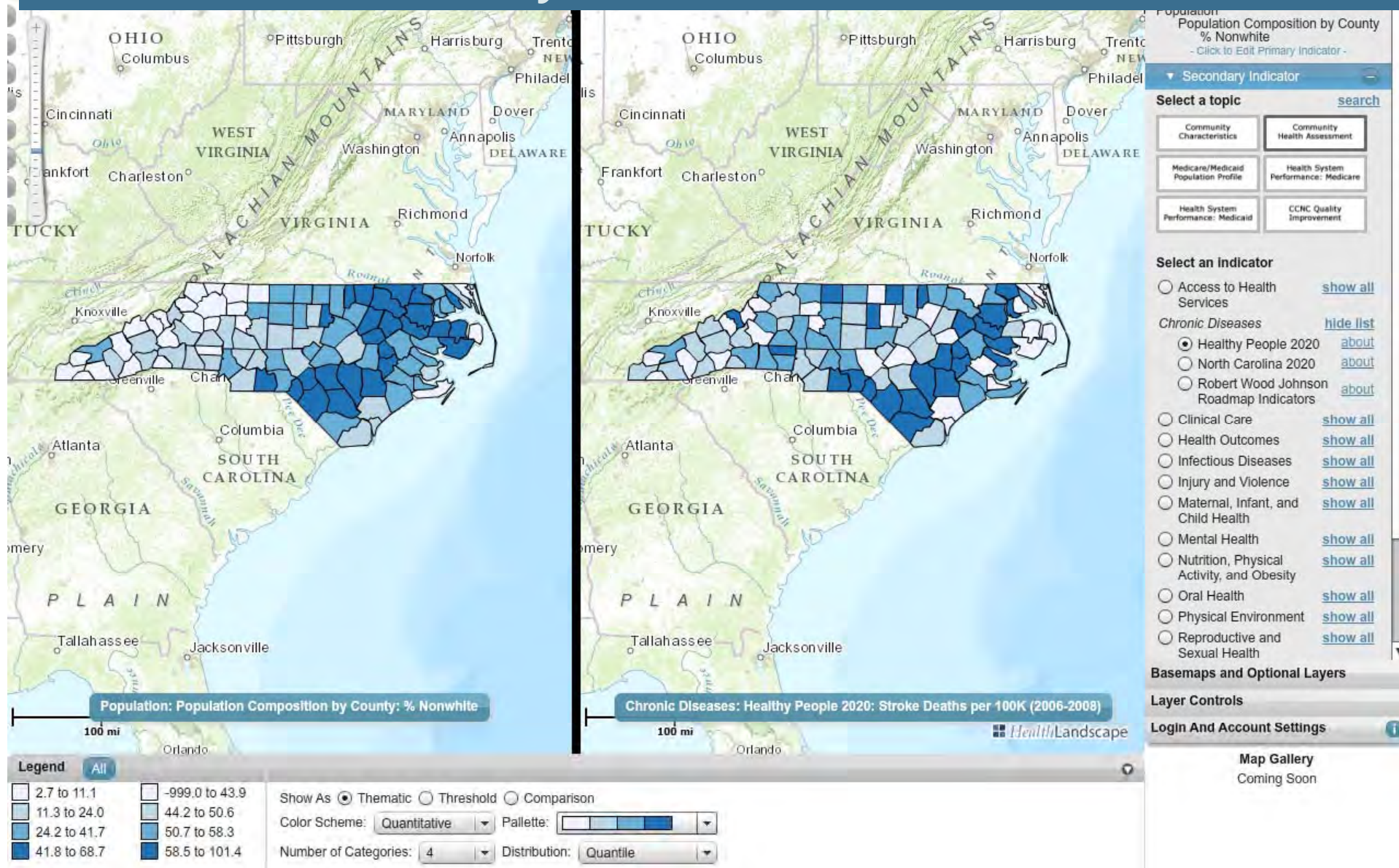
But national data liberation isn't enough: Catering to New Orleans' needs - NOLA Mapper

Logout

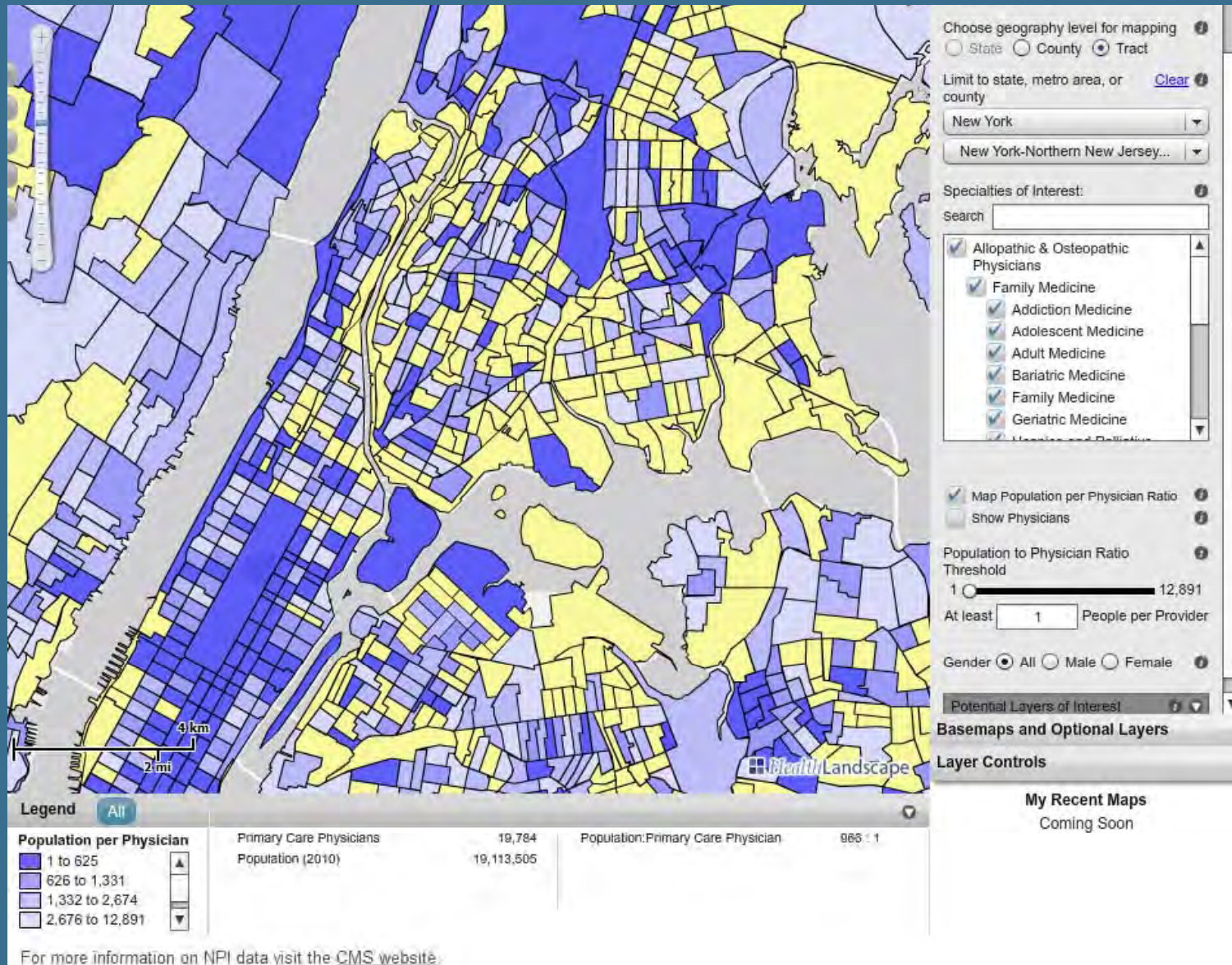


Merging claims, community & public health data

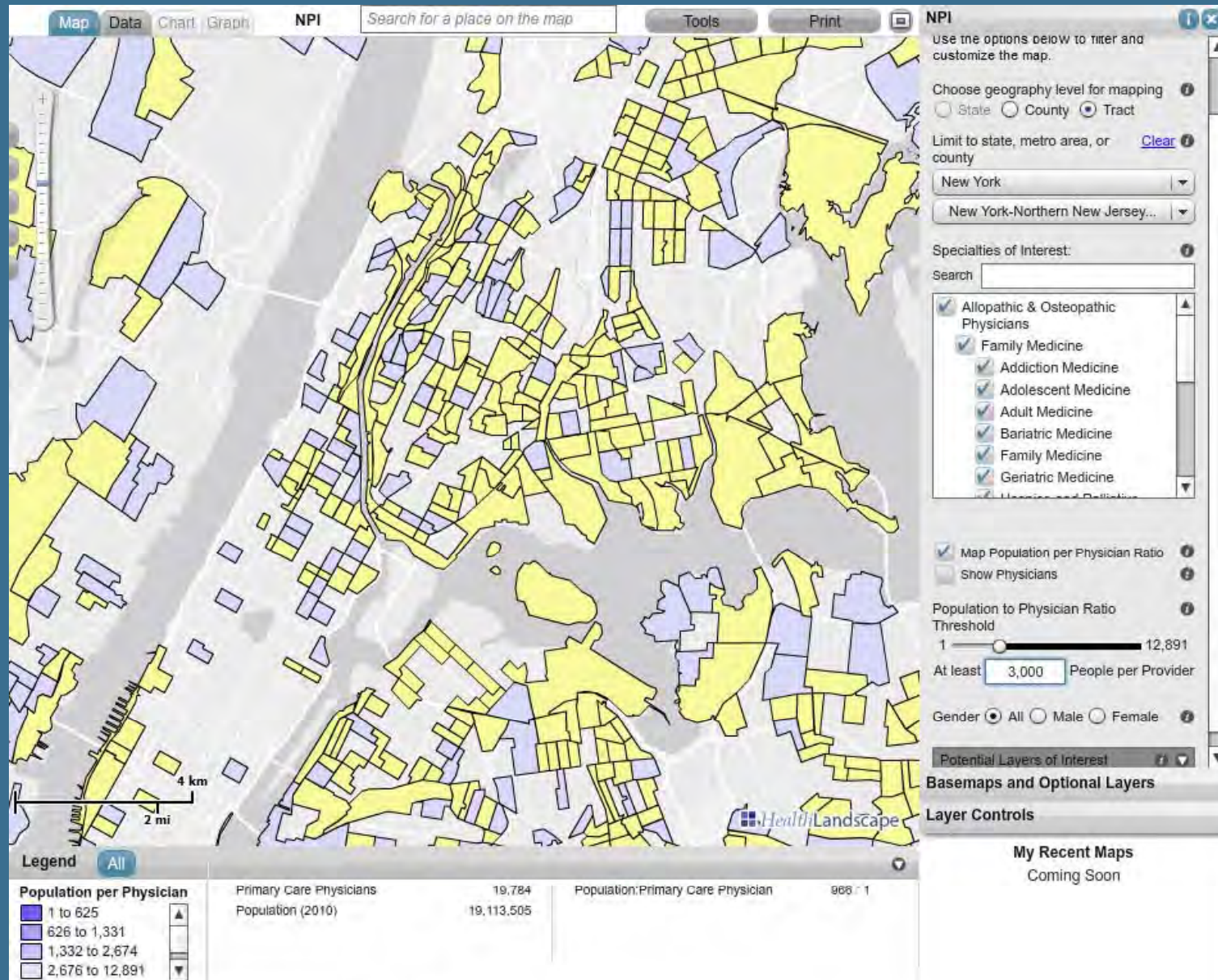
NC Community Health Information Portal



Capturing the power of public data regardless of its stated purpose: The NPI as a workforce data



Informing gaps in Provider Access with NPI



For more information on NPI data visit the [CMS website](#).

But in the end, Stakeholder Engagement and exchange is the key step

Continued Data Challenges for learning communities

- ▶ Integrating the data
 - ▶ Health Center Controlled Networks, RHIOs, HIEs
- ▶ Translating the data into tools
 - ▶ Dashboards meet portals
 - ▶ 'Community Vital Signs' for
- ▶ Engaging the community stakeholder
 - ▶ ACA as opportunity – Hospitals, the IRS, and CHNA
 - ▶ Agriculture's example : Community Health Data Extension Agents?
- ▶ Improving the data based on community input
 - ▶ Online tools to capture input and correct local and federal dataset?

