

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

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The Robert Graham Center

ROBERT GRAHAM CENTER

Policy Studies in Family Medicine and Primary Care

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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.

[MORE INFORMATION](#)

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.

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

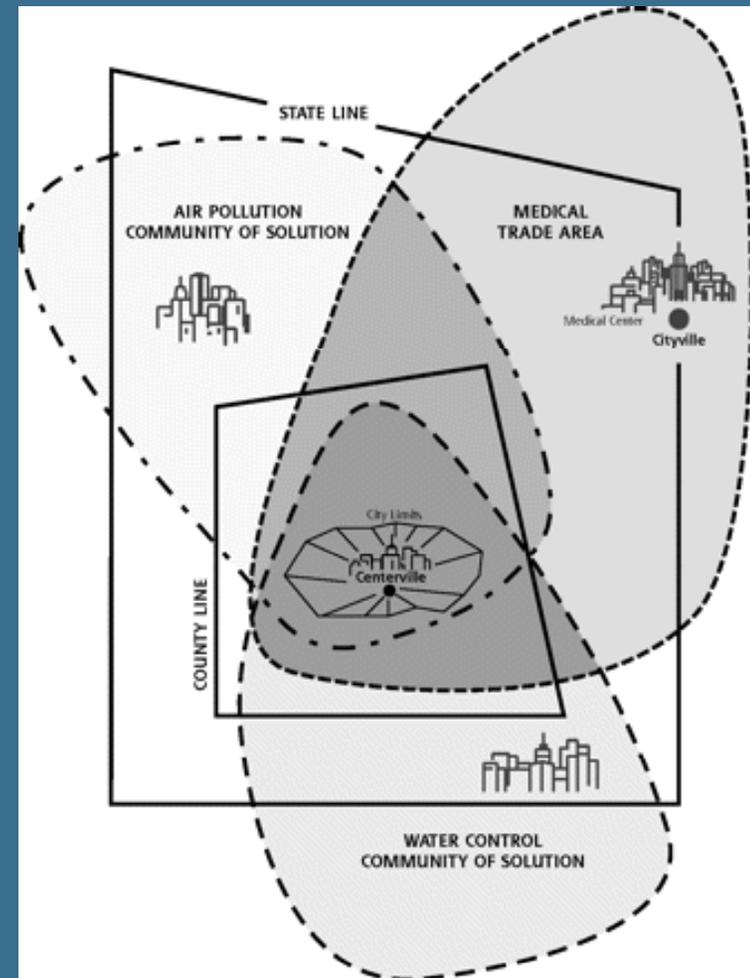
THE ROBERT GRAHAM CENTER exists to...

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

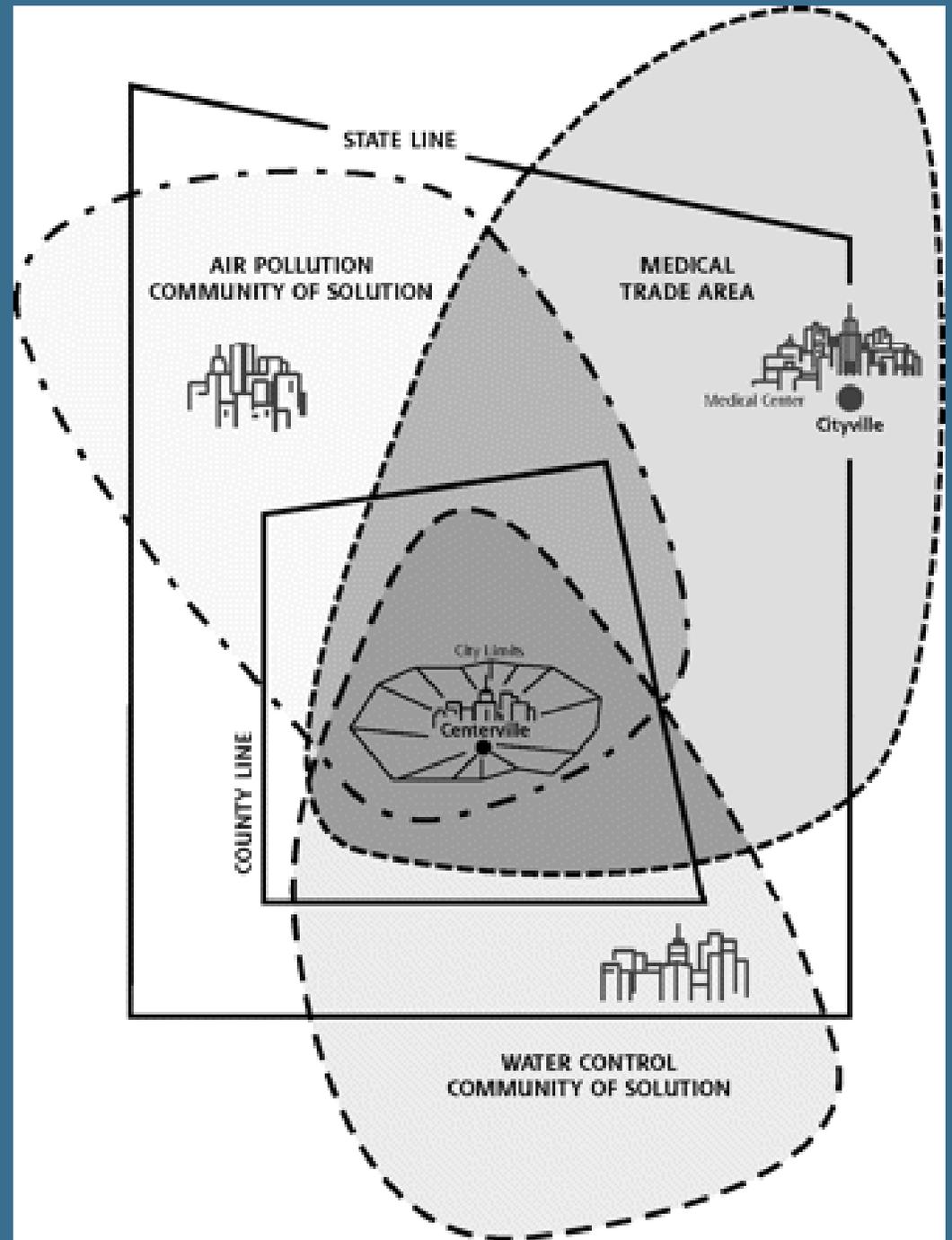
The Center aims to achieve this vision through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

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 Liberacion

- ▶ 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

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

View Analysis Results

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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[Map](#) | [Print Data Table](#) | [Share Map](#)

View Analysis Results

ZCTA	Post Office	State	# of Grantees	Dominant Grantee	Total Population	Low Income	Total # Sect. 830	Unserv'd 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%	-2.5...	-14.6...	-21.1...	-645...	22.61...	40.99%	7.40%	1.14%
26589		WV	0		738	33%	0	738	0	0	0	0	0	14.3%	33.3%	1.89%	1.25%
26570	FA															2.16%	0.0%
26542	4A															6.12%	6.0%
26581	1A															6.1%	0
26573	1D															14.4%	2.4%
26596	1A															11.3%	6.3%
26560	1A															10.2%	1.0%
26527	1A															10.0%	1.0%

Analysis Results

Total # Sect. 830 Patients	Total Population	Penetration of Total Pop.	Unserv'd (by)	Low Income Pop. 2000	Penetration of Low	Unserv'd (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:

Enter TOTAL NEW patients to be served:

Enter NEW LOW INCOME patients to be served:

Label	Value	Description
Service Area Total Population	83,043	Total (Census) population for defined Target Area zips
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. Unserv'd 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 Unserv'd Total Pop Targeted	3.72%	Percent of Target Area residents not currently using an FQHC that will be users of FIP

Existing Provider Summary

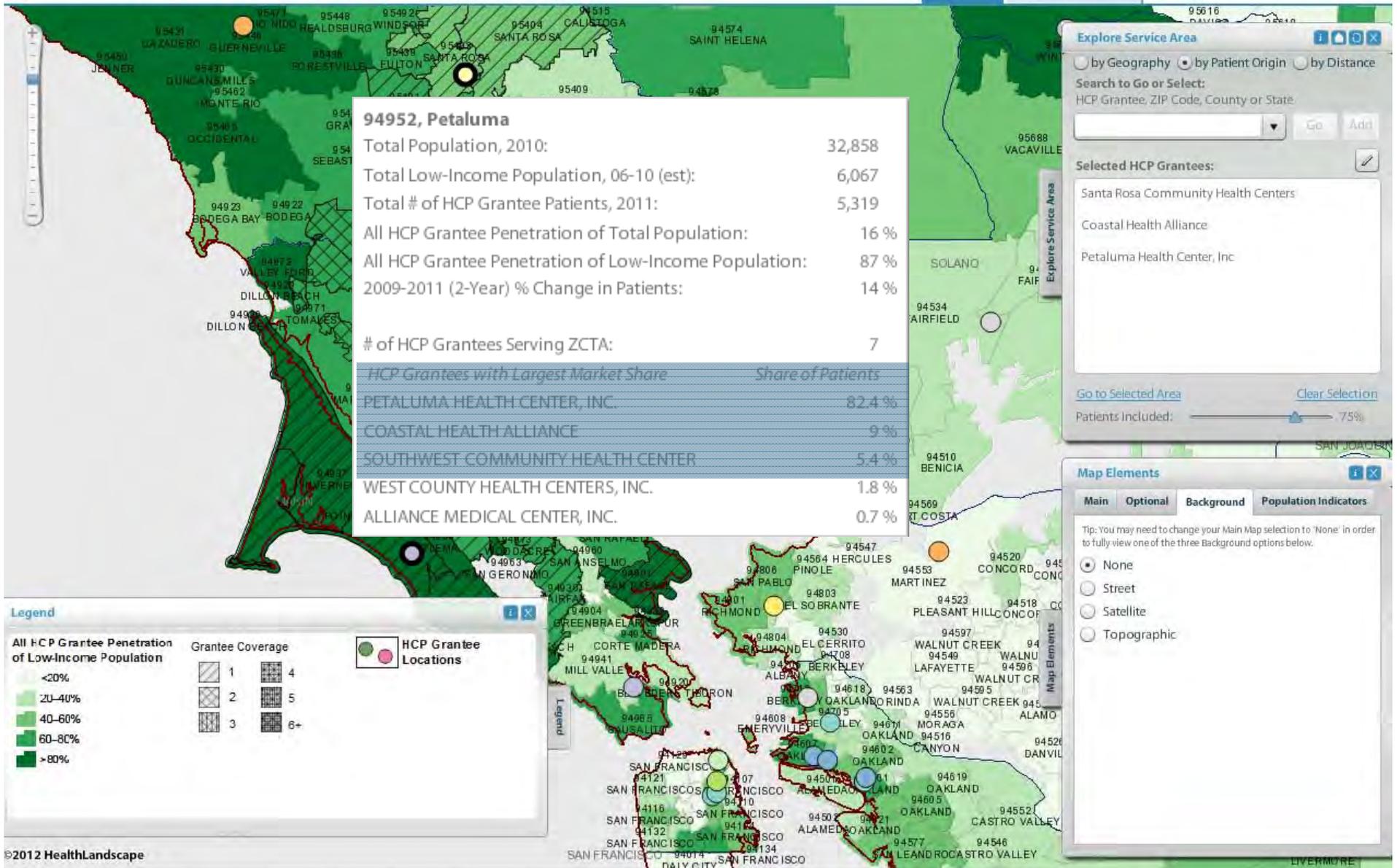
Count of Federally Linked Non-FQHC Sites in Target Area	1	Count of RHC/FQHC-LA/HS, etc.
Count of Stand-Alone NHSC Placement Sites in Target Area	0	Count of non-FQHC NHSC Placement sites
Count of current FQHC grantee sites in Target Area	1	Count of existing FQHC grantee service delivery sites

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

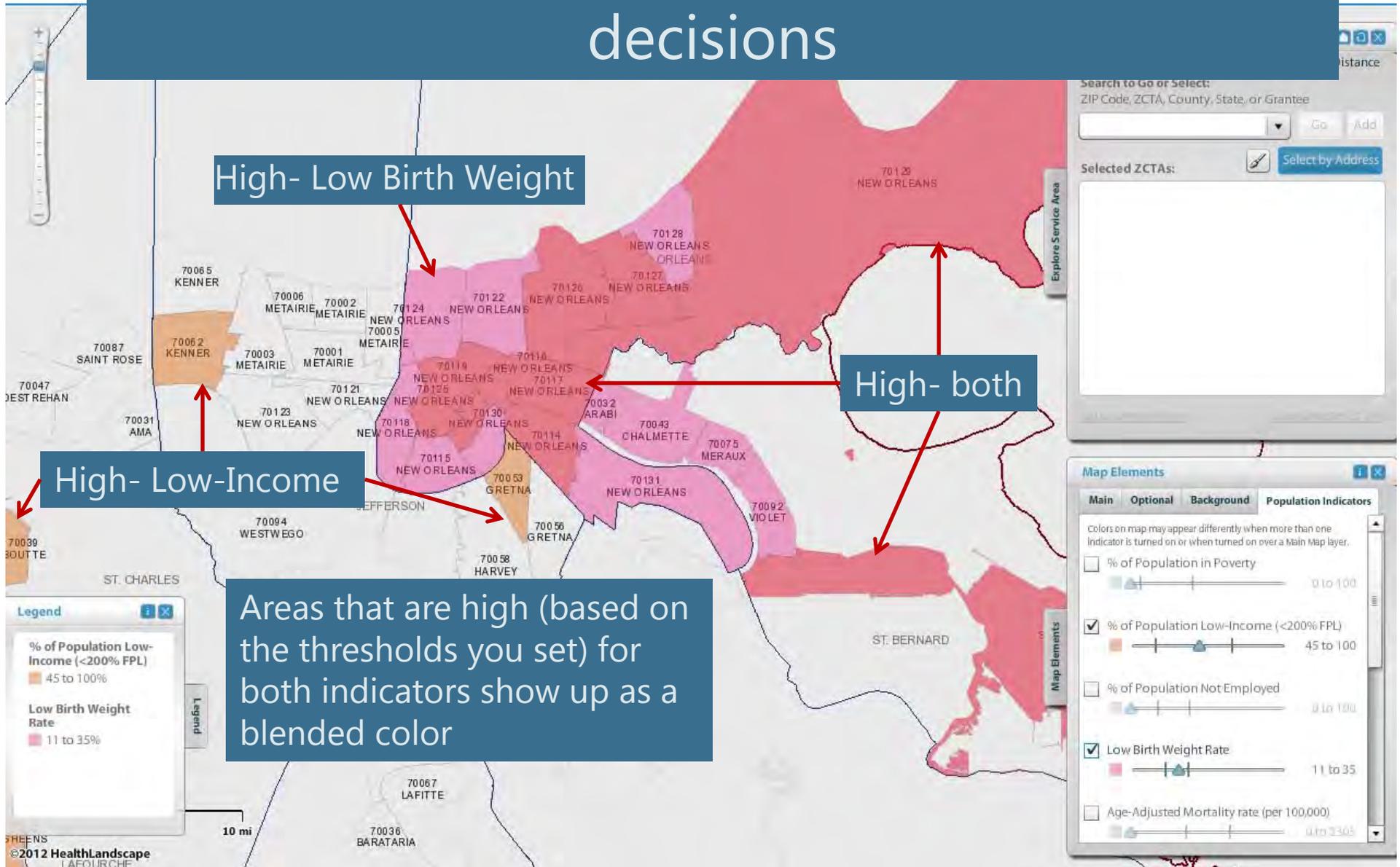
[Save to Excel](#)

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

All HCP Grantee Penetration of Low-Income Population



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

Map Data Chart Graph NOLA PSACG2012 Search for a place on the map Print Tools Share NOLA PSACG2012

Click on an organization on the map or search for an organization in the Search/ Select box to activate its catchment area under PCASG. When multiple participating organizations are selected, ZCTAs that are within multiple health centers' catchment areas will be increasingly dark. Change the threshold to include more or fewer ZCTAs to better understand core catchment areas. Click the participating organization again on the map or the red X next to its name in the selection box to turn off that organization's catchment area.

Search/Select

Health Center- Magazine Add

Jefferson Community Health - Marrero
St. Thomas Community Health Center- Magazine
LSU-HCSD Medicine Clinic- Lord & Taylor (MCLNO)

Zoom To Service Area

Show Only Selected Select All

Clear Selection

Threshold: 70 %

Basemaps and Optional Layers

Layer Controls

Map Gallery Coming Soon

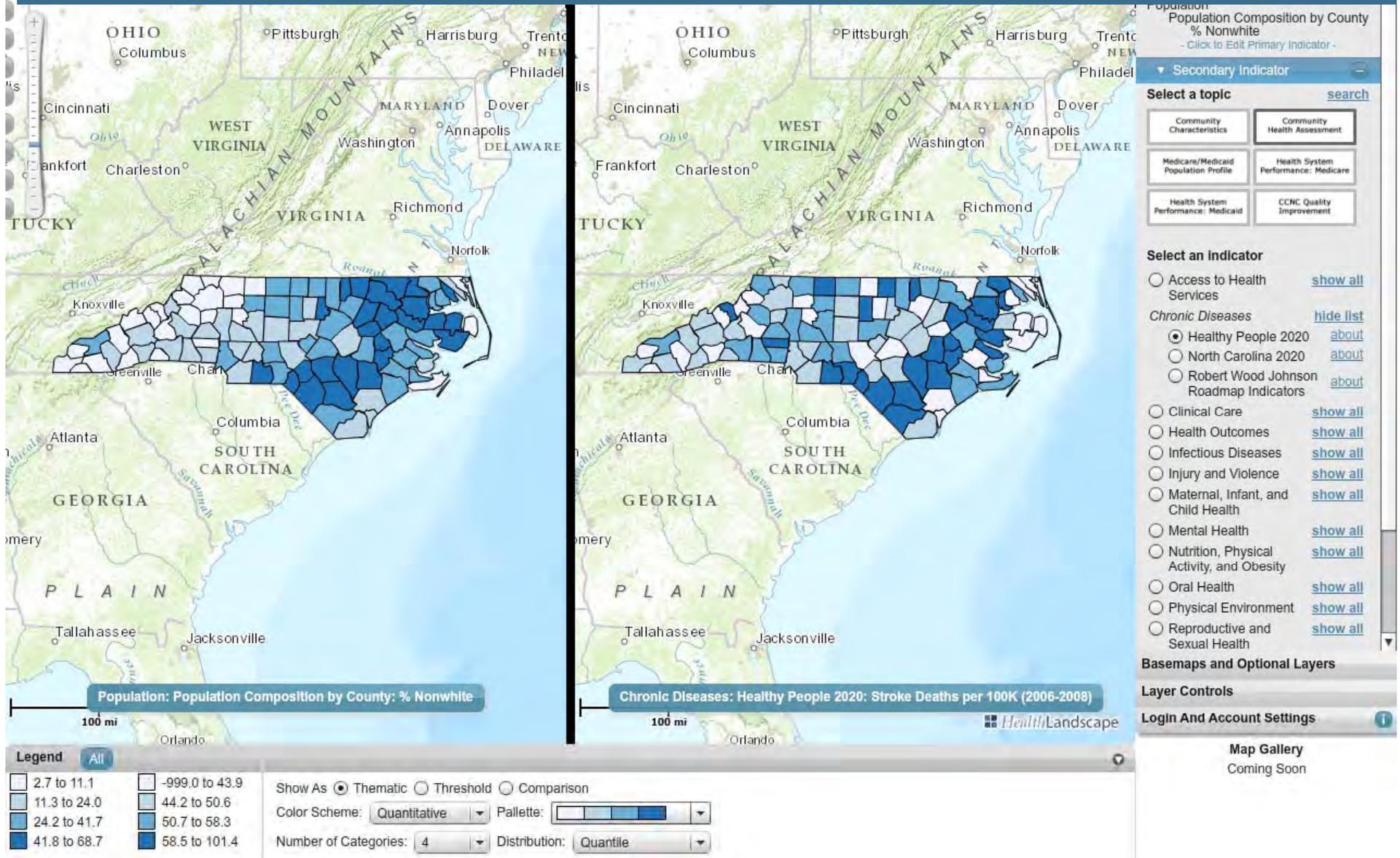
Legend All

- Regular Point
- Search/Select

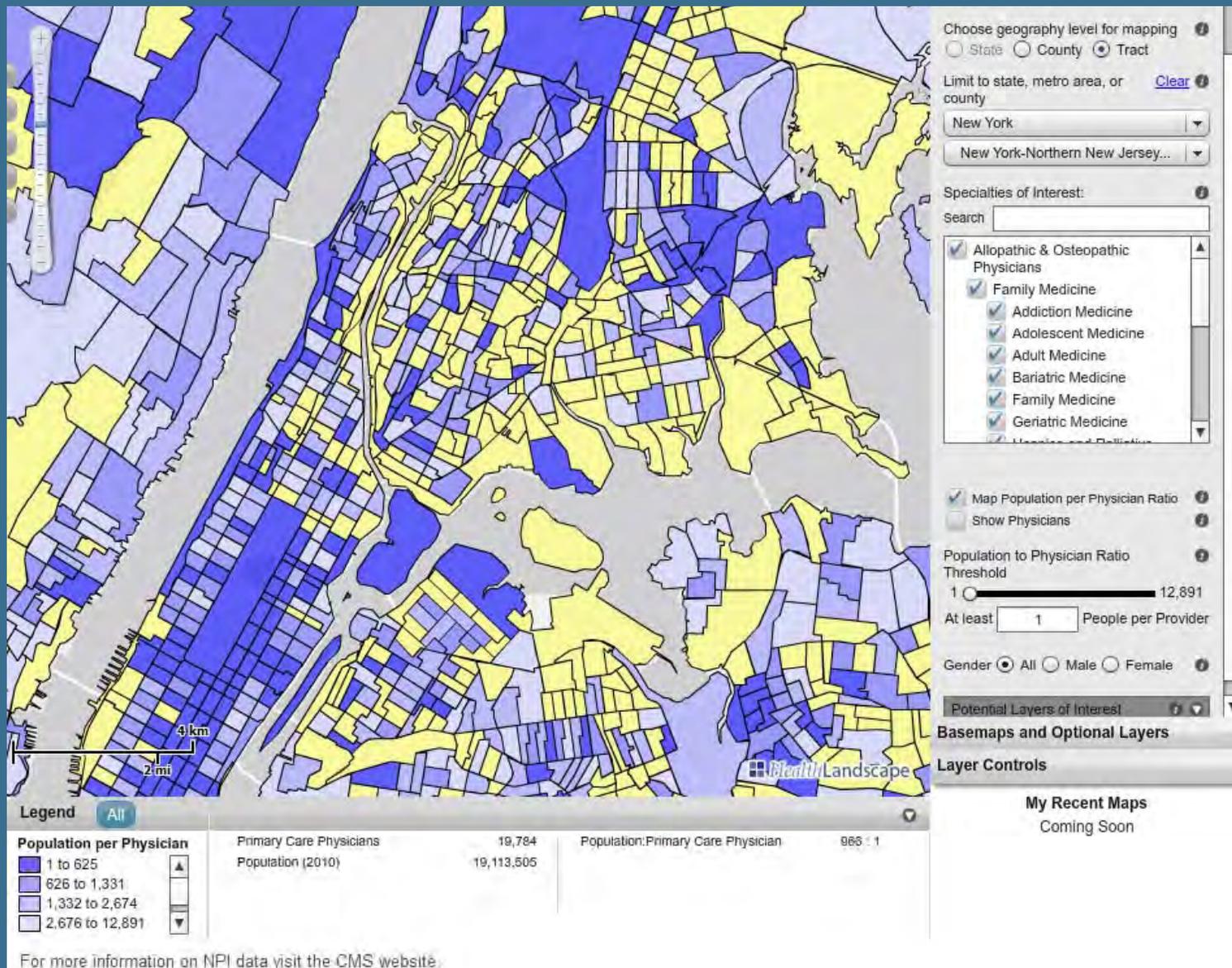
Service Area Penetration

1 3

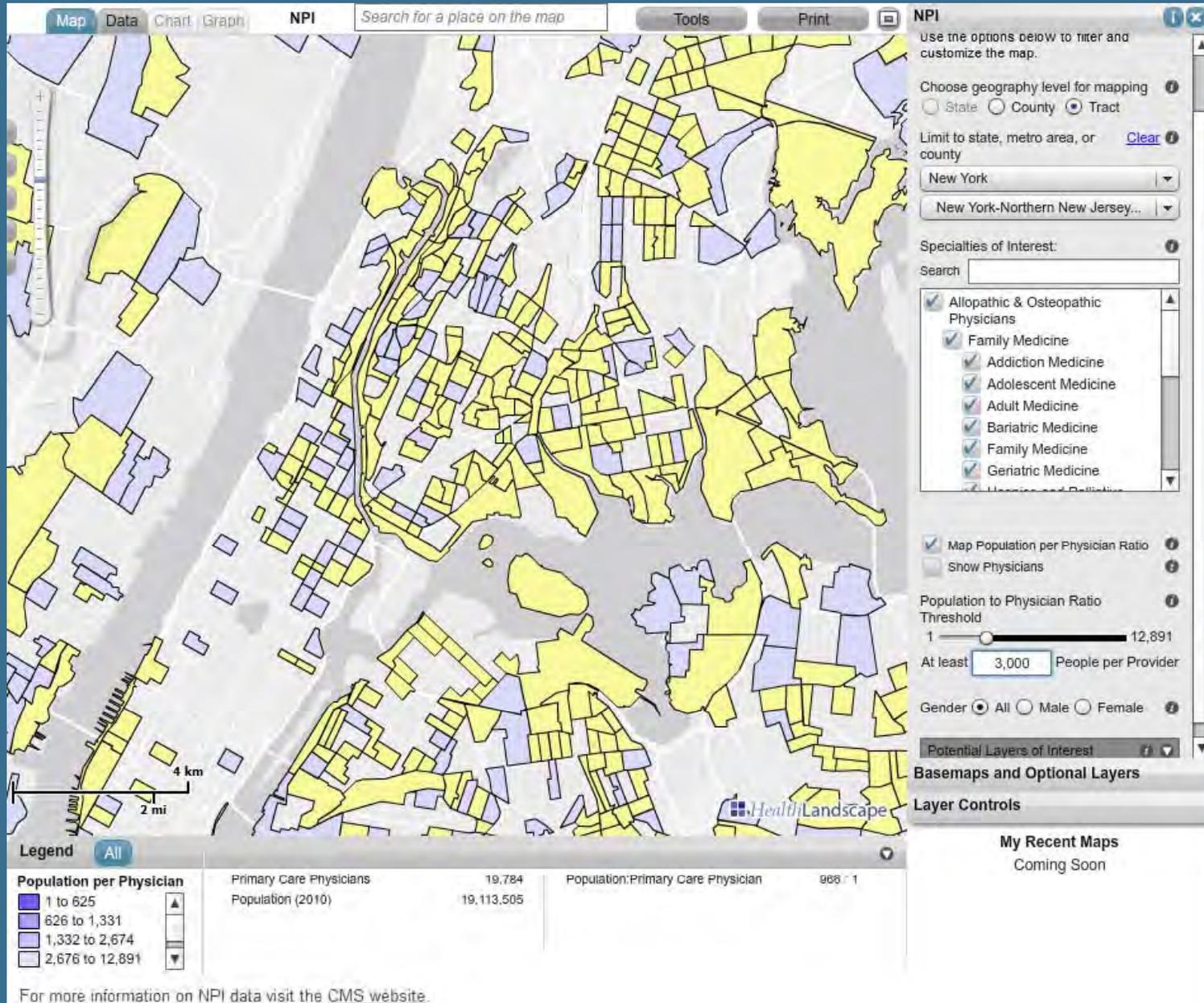
Merging claims, community & public health data NC Community Health Information Portal



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



Informing gaps in Provider Access with NPI



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?

