

Evidence and Tools for Advocacy from the Robert Graham Center

Jennifer L Rankin PhD
The Robert Graham Center

Graham Center Charge 1997

- The Center would be responsible for research and analysis to inform the deliberations of the Academy in its public policy work and provide a family practice perspective to policy deliberations in Washington
- The Center's work would include:
 - research to support the **Academy's policy development and advocacy efforts** (research done at the direction and request of the Academy)
 - **Center-initiated research** to explore policy issues affecting the ability of family physicians to provide their services to the public at a maximum level of effectiveness.

People

- Dr. Bob Phillips
- Dr. Andrew Bazemore
- Dr. Stephen Petterson
- Dr. Imam Xierali
- Bridget Teevan, MS
- **Dr. Jennifer Rankin**
- **Sean Finnegan**
- Kim Epperson
- **Yumi Nakajima**
- **Adam Schertz** and other research assistants
- **New economist expected in May**
- 10-12 visiting scholars
- 1-2 fellows annually, **Laura Makaroff**



tools & resources



MED SCHOOL MAPPER

Visualize, map data, and create reports on the community and national impact of any U.S. medical school.

[MORE INFORMATION](#) ►

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.

[MORE INFORMATION](#) ►



GME TABLES

Discover how much Graduate Medical Education (GME) funding your hospital receives from Medicare for each resident. Compare across years and to other hospitals.

[MORE INFORMATION](#) ►

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](#) ►

ROBERT GRAHAM CENTER UPDATE

Review and freely borrow from our annotated slide series on Graham Center analyses, health policy and primary care.

Access Reports

Learn about the challenges facing America's safety net in a series of reports by the Graham Center and the National Association of Community Health Centers:

[Access Denied: A look at America's medically disenfranchised](#)

[Access Granted: The primary care payoff](#)

[Access Transformed: Building a primary care workforce for the 21st century](#)



THE ROBERT GRAHAM CENTER exists to...

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

The Center aims to achieve this mission 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.

THEMES

Guiding the work of the Robert Graham Center

- [The Value of Primary Care](#)
- [Health Access and Equity](#)
- [Delivery and Scope of the Medical Home](#)
- [Healthcare Quality and Safety](#)

WHAT'S NEW

- [Online Program Tracks Medical Schools' Impact on Access to Physicians](#)
(11/10/2010)
- [The social mission of medical education: ranking the schools](#)
(06/01/2010)
(Articles)
- [Primary care and why it matters for U.S. health system reform](#)
(05/01/2010)
(Articles)
- [Graduate Medical Education for teaching hospitals in Fiscal Years 2000-2007](#)
(04/01/2010)

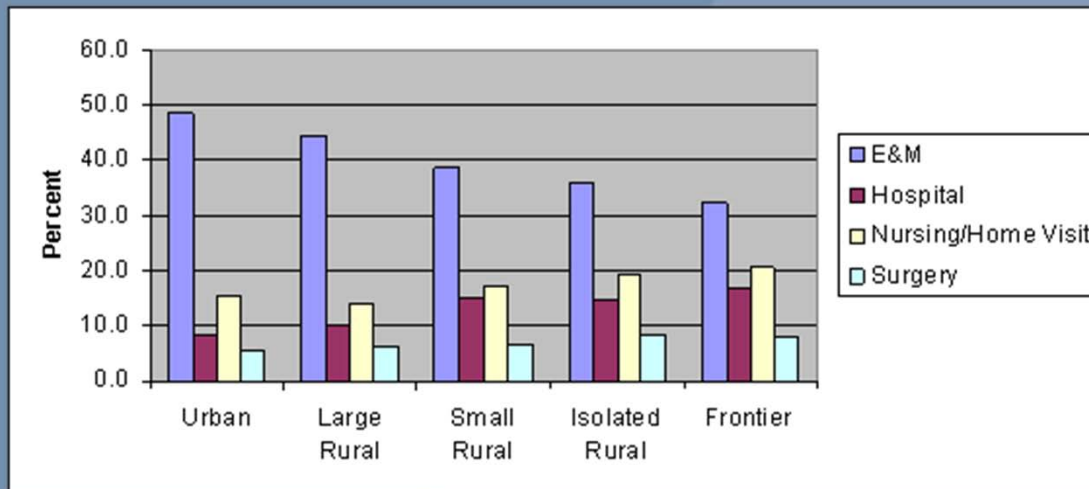
DIRECTOR'S CORNER

CMS responded to concerns raised by the Graham Center about important limitations of Medicare Primary Care Incentive Program, or PCIP, in the Affordable Care Act by modifying the eligibility criteria.

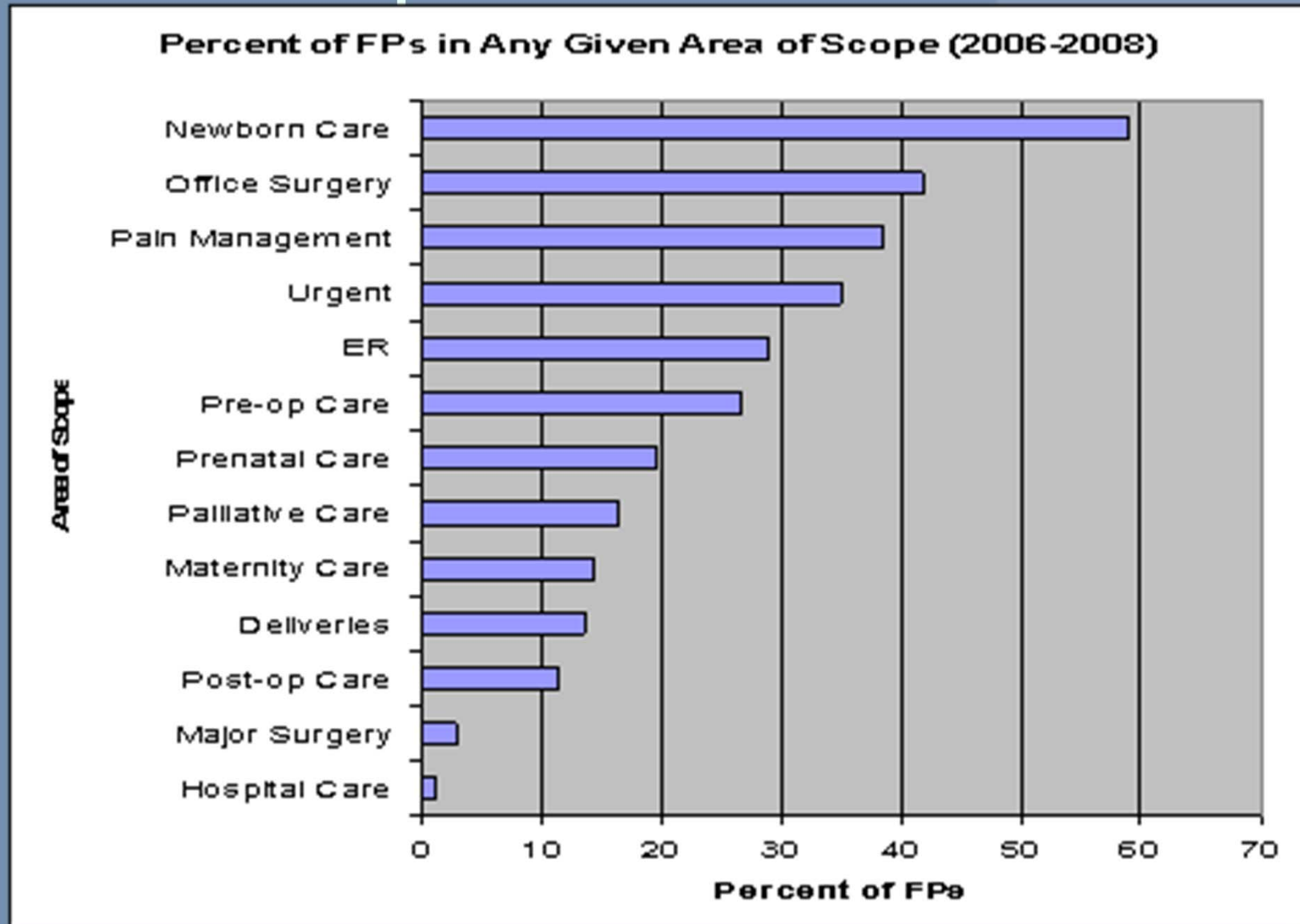
In 2009, a [white paper by the Robert Graham Center](#) demonstrated that the narrow definition of primary care used for proposed Medicare Bonus eligibility would exclude nearly 40% of family physicians and the majority of general internists. This led to an initial raising of the eligibility threshold in the Affordable Act. Subsequent analyses supported by the Office of Rural Health Policy and the American Board of Family Medicine demonstrated a bias against rural primary care

Scope of Practice

- Change of CMS eligibility criteria for the Medicare Primary Care Incentive Program based on Graham Center findings
- Narrow definition of primary care would have excluded 40% of family physicians and the majority of general internists



Scope of FP Practice



ABFM Diplomate Questionnaire (n = 26,168)

ROBERT
GRAHAM
CENTER

AAPF Center for Policy Studies



tools & resources



MED SCHOOL MAPPER

Visualize, map data, and create reports on the community and national impact of any U.S. medical school.

[MORE INFORMATION](#)

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.

[MORE INFORMATION](#)



GME TABLES

Discover how much Graduate Medical Education (GME) funding your hospital receives from Medicare for each resident. Compare across years and to other hospitals.

[MORE INFORMATION](#)

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](#)

ROBERT GRAHAM CENTER UPDATE

Review and freely borrow from our annotated slide series on Graham Center analyses, health policy and primary care.

Access Reports

Learn about the challenges facing America's safety net in a series of reports by the Graham Center and the National Association of Community Health Centers:

[Access Denied: A look at America's medically disenfranchised](#)

[Access Granted: The primary care payoff](#)

[Access Transformed: Building a primary care workforce for the 21st century](#)



THE ROBERT GRAHAM CENTER exists to...

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

The Center aims to achieve this mission 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.

THEMES

Guiding the work of the Robert Graham Center

- [The Value of Primary Care](#)
- [Health Access and Equity](#)
- [Delivery and Scope of the Medical Home](#)
- [Healthcare Quality and Safety](#)

WHAT'S NEW

- [Online Program Tracks Medical Schools' Impact on Access to Physicians](#)
(11/10/2010)
- [The social mission of medical education: ranking the schools](#)
(06/01/2010)
(Articles)
- [Primary care and why it matters for U.S. health system reform](#)
(05/01/2010)
(Articles)
- [Graduate Medical Education for teaching hospitals in Fiscal Years 2000-2007](#)
(04/01/2010)

DIRECTOR'S CORNER

CMS responded to concerns raised by the Graham Center about important limitations of Medicare Primary Care Incentive Program, or PCIP, in the Affordable Care Act by modifying the eligibility criteria.

In 2009, a [white paper by the Robert Graham Center](#) demonstrated that the narrow definition of primary care used for proposed Medicare Bonus eligibility would exclude nearly 40% of family physicians and the majority of general internists. This led to an initial raising of the eligibility threshold in the Affordable Act. Subsequent analyses supported by the Office of Rural Health Policy and the American Board of Family Medicine demonstrated a bias against rural primary care

GME Tables

- In these tables we present the Medicare GME payments received by teaching hospitals
- These tables should provide credible estimates of the amount of funds teaching hospital sites receive from Medicare
- New tables expected soon



tools & resources



MED SCHOOL MAPPER

Visualize, map data, and create reports on the community and national impact of any U.S. medical school.

[MORE INFORMATION](#)

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.

[MORE INFORMATION](#)



GME TABLES

Discover how much Graduate Medical Education (GME) funding your hospital receives from Medicare for each resident. Compare across years and to other hospitals.

[MORE INFORMATION](#)

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](#)

ROBERT GRAHAM CENTER UPDATE

Review and freely borrow from our annotated slide series on Graham Center analyses, health policy and primary care.

Access Reports

Learn about the challenges facing America's safety net in a series of reports by the Graham Center and the National Association of Community Health Centers:

[Access Denied: A look at America's medically disenfranchised](#)

[Access Granted: The primary care payoff](#)

[Access Transformed: Building a primary care workforce for the 21st century](#)



THE ROBERT GRAHAM CENTER exists to...

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

The Center aims to achieve this mission 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.

THEMES

Guiding the work of the Robert Graham Center

- [The Value of Primary Care](#)
- [Health Access and Equity](#)
- [Delivery and Scope of the Medical Home](#)
- [Healthcare Quality and Safety](#)

WHAT'S NEW

- [Online Program Tracks Medical Schools' Impact on Access to Physicians](#) (11/10/2010)
- [The social mission of medical education: ranking the schools](#) (06/01/2010) (Articles)
- [Primary care and why it matters for U.S. health system reform](#) (05/01/2010) (Articles)
- [Graduate Medical Education for teaching hospitals in Fiscal Years 2000-2007](#) (04/01/2010)

DIRECTOR'S CORNER

CMS responded to concerns raised by the Graham Center about important limitations of Medicare Primary Care Incentive Program, or PCIP, in the Affordable Care Act by modifying the eligibility criteria.

In 2009, a [white paper by the Robert Graham Center](#) demonstrated that the narrow definition of primary care used for proposed Medicare Bonus eligibility would exclude nearly 40% of family physicians and the majority of general internists. This led to an initial raising of the eligibility threshold in the Affordable Act. Subsequent analyses supported by the Office of Rural Health Policy and the American Board of Family Medicine demonstrated a bias against rural primary care

One-Pagers

Graham Center One-Pager

The Diminishing Role of FPs in Caring for Children

Nationwide, family physicians (FPs) deliver a smaller proportion of the outpatient care of children than they did 10 years ago. Millions of children depend on FPs for care. Family medicine should reevaluate how it will contribute to the care of the nation's children.

The proportion of U.S. office visits for children performed by FPs declined between 1992 and 2002 (*see accompanying figure¹*), as did the number of children cared for by FPs,^{2,3} while the number of children seen in outpatient settings remained stable. From 1981 to 2004, the U.S. pediatrician workforce more than doubled (*see accompanying table⁴*) and the U.S. birth rate declined from 15.8 to 14.1 live births per 1,000 persons.² Growth in the workforce of physicians who care for children will continue to outpace the birth rate for five to 10 years or more. Children in rural and urban underserved areas, meanwhile, remain disproportionately dependent on FPs for their care.²

According to the Future of Family Medicine report,⁵ most Americans can identify pediatricians as “the doctors who care for children,” whereas the role of FPs is unclear. Facing a shrinking percentage of child visits and

Numbers of Generalist Pediatricians, FPs, and U.S. Children, 1981 to 2004

Year	Generalist pediatricians	Children (0-17 years)	FPs
1981	20,051	63,213,000	54,013
1986	24,128	62,865,000	60,311
1991	30,080	65,111,000	67,078
1996	35,202	70,226,000	77,185
2001	41,753	72,604,000	87,016
2004	45,994	73,277,000	93,833
Increase	129%	16%	74%

FPs = family physicians.

Information from reference 4.

a shrinking market through new model practice efforts to improve brand recognition and perceived value, and (4) engaging other providers of child health care in collaborative new models of practice that capture the unique

AHRQ Workforce Report

1. How many primary care physicians, nurse practitioners and physician assistants are in the US?
2. What is the appropriate panel size for each of these types of provider?
3. Based on the number of providers and the appropriate panel size, what is the current shortage of providers?
4. What do we expect the shortage to be by 2025?

AHRQ Workforce Report (2)

1. Number of providers- used National Provider Identifier from CMS
 - PC Physicians: 222,308
 - PC NPs: 55,625
 - PC PAs: 30,402
2. The appropriate panel size is based on cost and utilization data to build an evidence-based model
 - Physicians = 1100 – 1200
 - NP/ PA = 900 – 1000

AHRQ Workforce Report (3)

3. Regardless of how you look at it, there is a shortage of primary care providers
 - Based on current utilization= 8,000 – 10,000
 - Based on evidence-based model = 67,000
4. And the shortage will continue. By 2025,
 - 23% shortage based on aging and population growth alone
 - 28.5% shortage = above PLUS universal health insurance coverage
 - 50% shortage= above PLUS reduced panel size for PCMH models

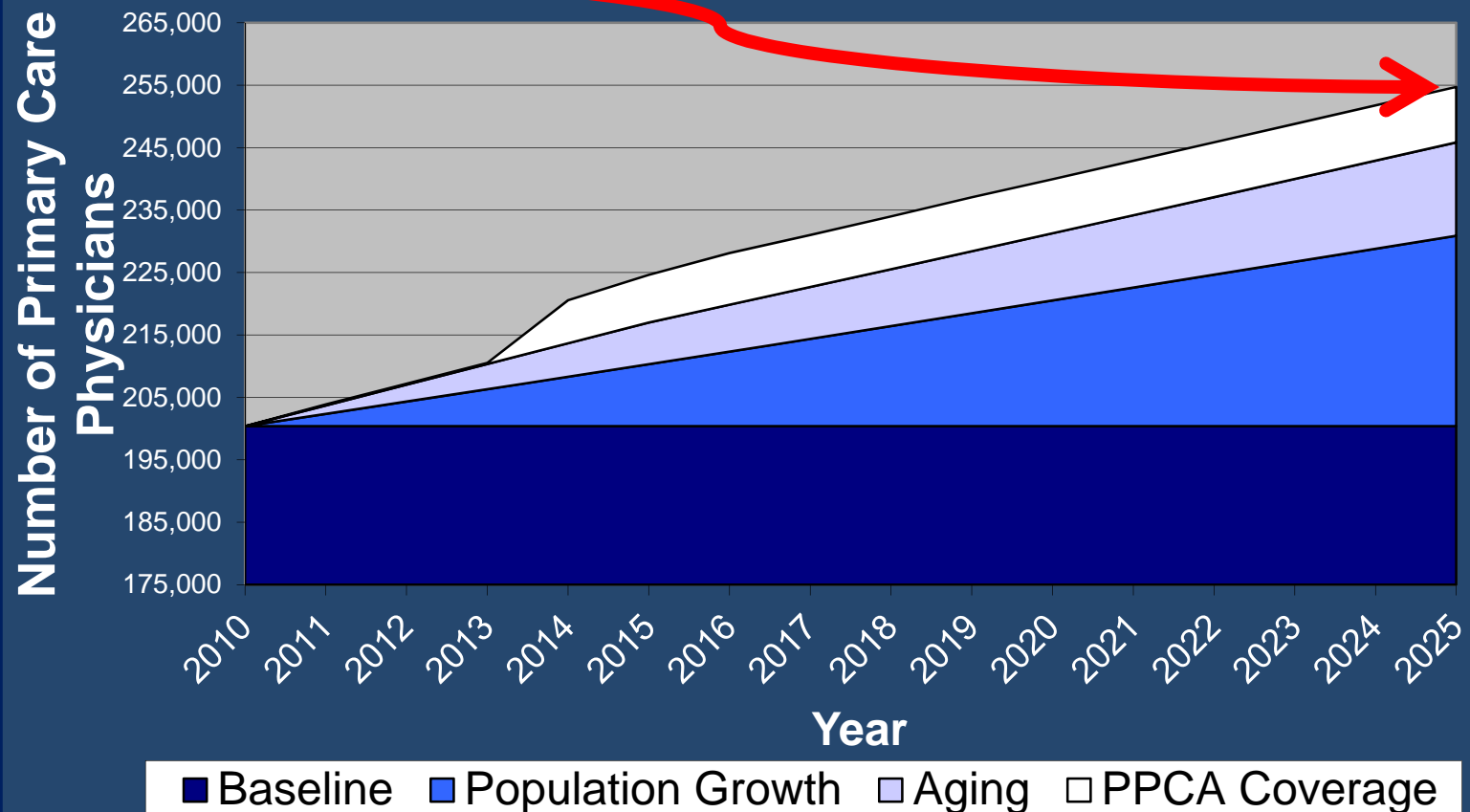
AHRQ Workforce Report (4)

We Need a net gain of about **35,000** primary care physicians by 2025

ACA insurance coverage increases this by about 9,000...If they go exactly where they are needed

Trickle-down workforce policy = many times more

Projection of Primary Care Physician Use*





ROBERT
GRAHAM
CENTER

Policy Studies in Family Medicine and Primary Care

SEARCH



[advanced search](#)

[HOME](#)

[ABOUT US](#)

[PUBLICATIONS](#)

[THEMES](#)

[TOOLS & RESOURCES](#)

[ONE-PAGERS](#)

[VISITING SCHOLARS](#)

[NEWS RELEASES](#)

[Home](#) > Tools & Resources

[Home](#)

[About Us](#)

[Publications](#)

[Themes](#)

[Tools & Resources](#)

[One-Pagers](#)

[Visiting Scholars](#)

[News Releases](#)

Tools & Resources

[Data Tables](#) -- View or download information about family medicine and primary care physicians, and their patients.

[Maps](#) -- Download visually compelling synopses of difficult issues facing family medicine today.

[HealthLandscape](#) -- A landmark product of the Graham Center, HealthLandscape allows users to create and display maps and tables of a growing array of data relevant to health and primary care.

[Presentations](#) -- Download slide presentations by Graham Center staff on issues facing family medicine for your own use.

[Director's Corner Archive](#) -- Read a collection of past Director's Corner commentary from the Graham Center.

[Health Professional Shortage Area \(HPSA\) Mapper](#) -- Type in your address to see whether your practice might be eligible for HPSA bonus payments.

[Avertable deaths associated with household income in Virginia](#) -- Interactive mapper showing how many deaths could be averted if the entire population of Virginia had the same mortality rate as the most affluent areas.

[HRR Mapper](#) -- A mapper that uses 2006 Dartmouth Hospital Referral Region data to permit visualization of the relationship between family physicians to population and specialist to population, and variation in Medicare spending.

[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.

[printer-friendly version](#)

[Share this page](#)

The Power of Mapped Data

- Maps: Particularly effective for presenting complex data and relationships
- The Demand: Health Planners, Service Providers, Policymakers, Foundations
 - Grasp and think in geographies (political geographies for some, rational service areas for others)
 - Want to target resources geographically
 - Crave local/regional analysis
 - Need ways to monitor and depict change over political terms/funding cycles, etc.

Demo

- www.healthlandscape.org
- www.medschoolmapper.org
- www.udsmapper.org
- HRR Mapper www.graham-center.org/online/graham/home/tools-resources/hrrmapper.html

Username:

Password:

[Login](#)[\[Sign Up for your Free Account!\]](#)[Career Opportunities at HealthLandscape](#)

Community HealthView

[Map My Community's Health](#)

Community HealthView gives researchers and policymakers the ability to create custom maps and tables of health in their communities - depicting populations at risk, health outcomes, and the distribution of health interventions. [Tell me more ...](#)

Primary Care Atlas

[Make Primary Care Maps](#)

The Primary Care Atlas maps Health Professional Shortage Areas (HPSAs), Medicare Physician Scarcity Areas (PSAs), the impact of your residency program graduates on your region, the distribution of physicians by specialty (primary care and other), and populations. [Tell me more ...](#)

My HealthLandscape

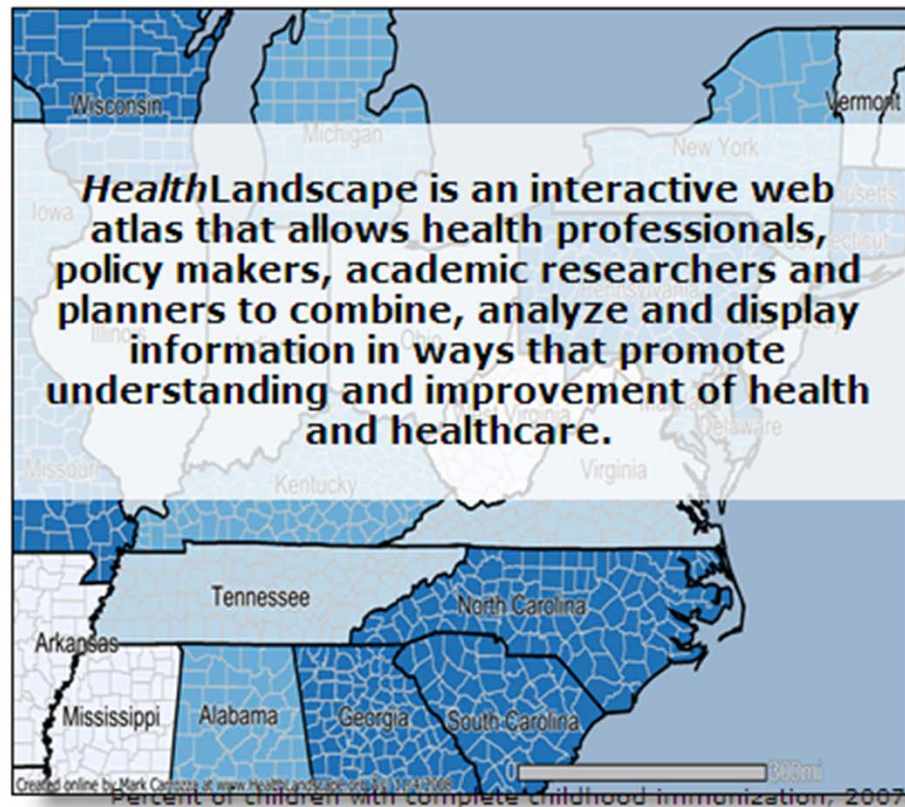
[Map My HealthLandscape](#)

My HealthLandscape is a secure environment for users to upload and geocode their own health-relevant data, display that information with key population, demographic, and economic indicators, and collaborate with others in their organization to create a myriad of informative visual displays. [Tell me more ...](#) -or- [Show me the subscription options...](#)

Health Center Mapping Tool

[Map My Health Center](#)

The Health Center Mapping Tool turns your Community Health Center or clinic's data into maps of the patients you serve, the core neighborhoods that comprise your service area, and areas with the densest concentrations of your patients. Also, map U.S. Census data to find populations of interest to you.



New *Health*Landscape

 HealthLandscape *Beta*

[Send us your comments on HealthLandscape Beta!](#)

[Logout](#)

[Home](#)

[About](#)

[Other Resources](#)

[Help](#)

[HealthLandscape](#)

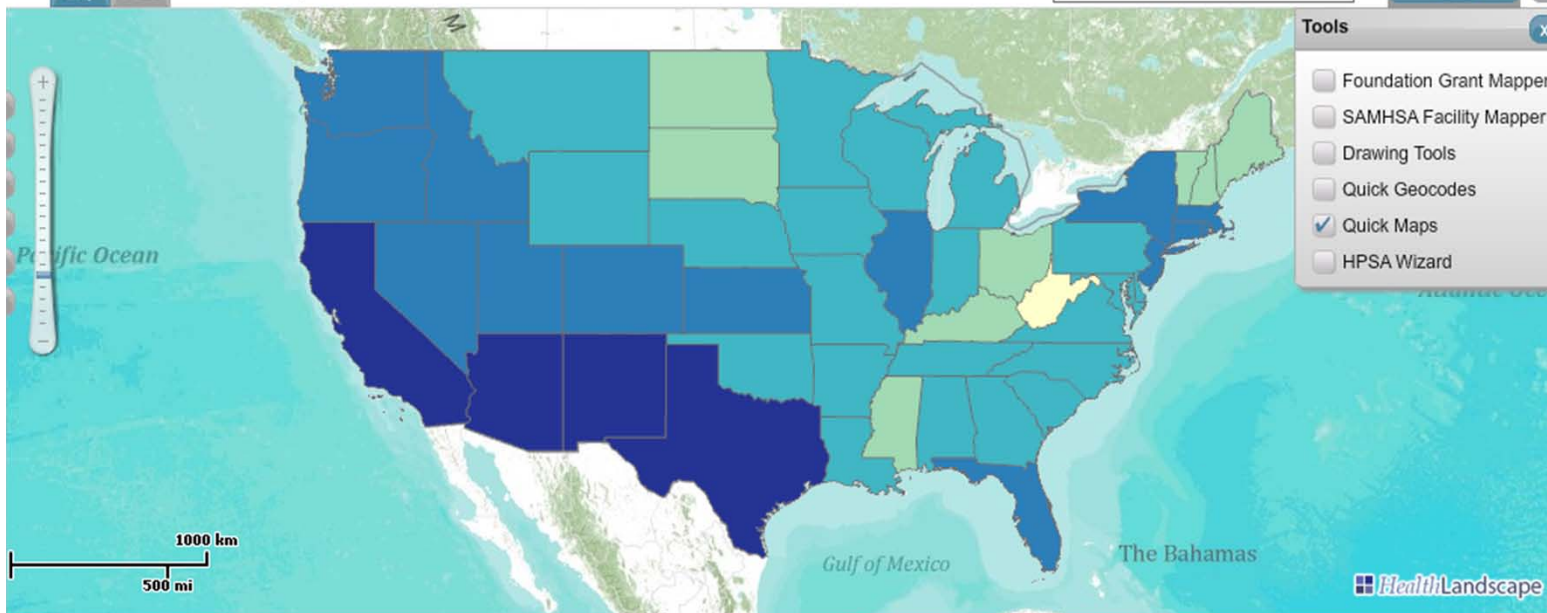
[Contact Us](#)

[Map](#) [Data](#)

Quick Maps

[Tools](#)

Quick Maps



- Tools**
- ☐ Foundation Grant Mapper
 - ☐ SAMHSA Facility Mapper
 - ☐ Drawing Tools
 - ☐ Quick Geocodes
 - ☒ Quick Maps
 - ☐ HPSA Wizard

- Quick Maps**
- ☐ None
 - ☐ % in Poverty, 2005-2009
 - ☒ % Hispanic, 2005-2009
- 0.0% - 1.1%
1.2% - 2.8%
2.9% - 8.3%
8.4% - 25.5%
25.6% - 100.0%
- ☐ % of Adults who are Obese, 2008
 - ☐ % of Adults with Diabetes, 2008
 - ☐ % of Adults Physically Inactive, 2008
 - ☐ Average Household Size
 - ☐ Labor Force Participation Rate
 - ☐ Median Age

Basemaps and Optional Layers

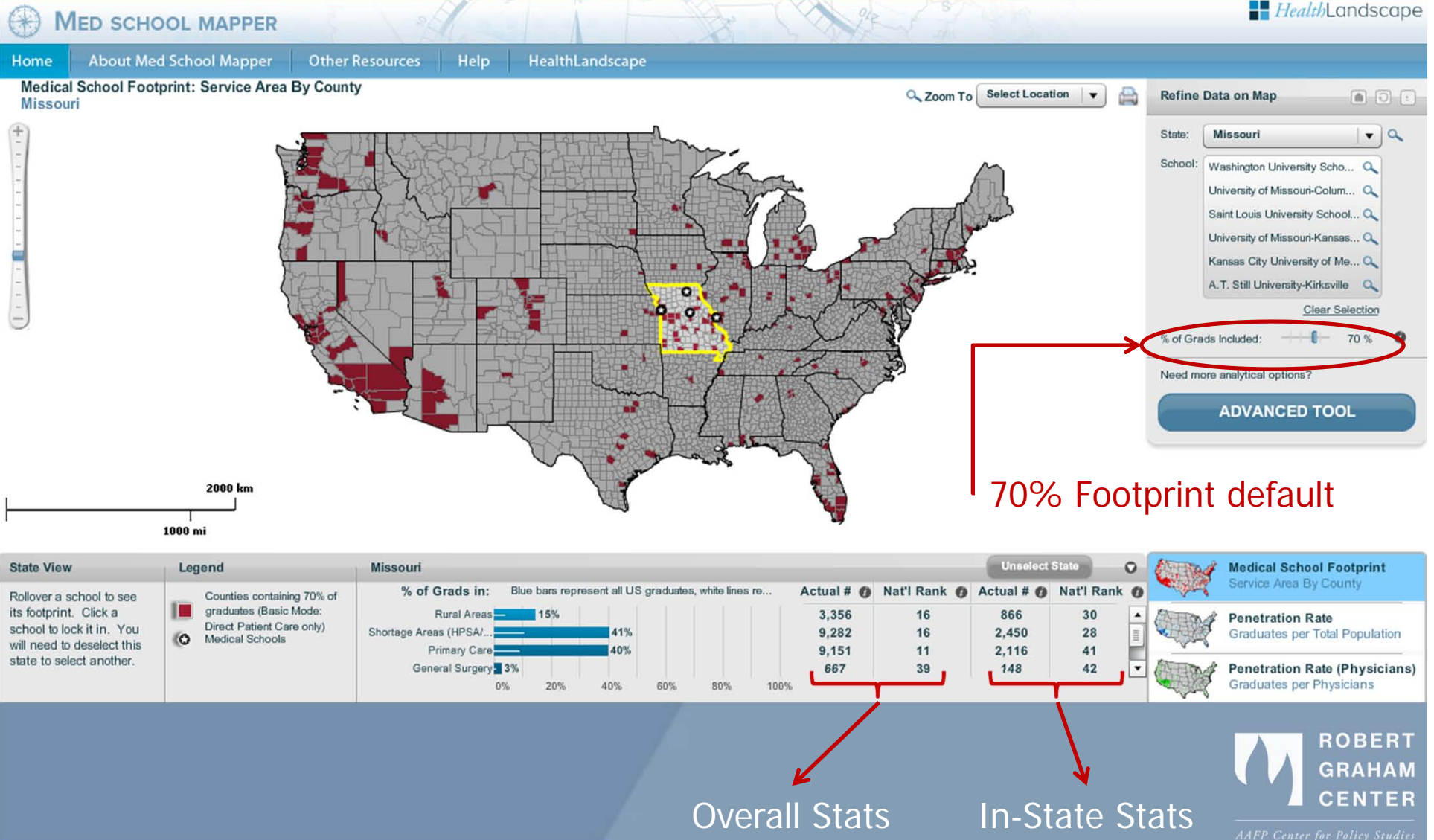
Layer Controls

My Recent Maps
Coming Soon

 **ROBERT
GRAHAM
CENTER**

AAFP Center for Policy Studies

Med School Mapper- State Footprint



Single School Footprinting

Medical School Footprint: Service Area By County
University of Missouri-Columbia School of Medicine

Zoom To Select Location

Refine Data on Map

State: Missouri
School: Washington University Scho...
University of Missouri-Colum...
Saint Louis University School...
University of Missouri-Kansas...
Kansas City University of Me...
A.T. Still University-Kirksville

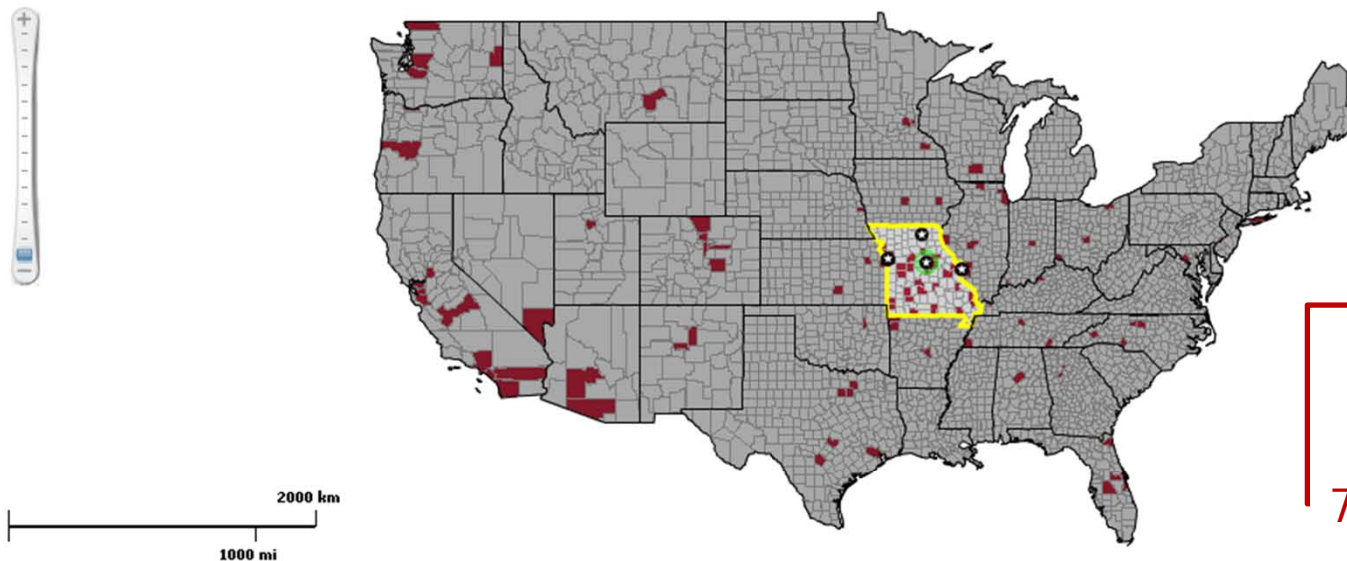
Clear Selection

% of Grads Included: 70 %

Need more analytical options?

ADVANCED TOOL

70% Footprint default



School View	Legend	University of Missouri-Columbia School of Medicine				Unselect School			
Rollover counties to see the footprint details. Click another school to change your selection. Deselect the school to return to state view.	Counties containing 70% of graduates (Basic Mode: Direct Patient Care only) Medical Schools	% of Grads in: Blue bars represent all US graduates, white lines re...							
		Rural Areas	15%	485	35	248	34		
		Shortage Areas (HPSA/...	24%	1,539	21	780	24		
		Primary Care	19%	1,239	52	620	61		
		General Surgery	3%	108	79	37	74		

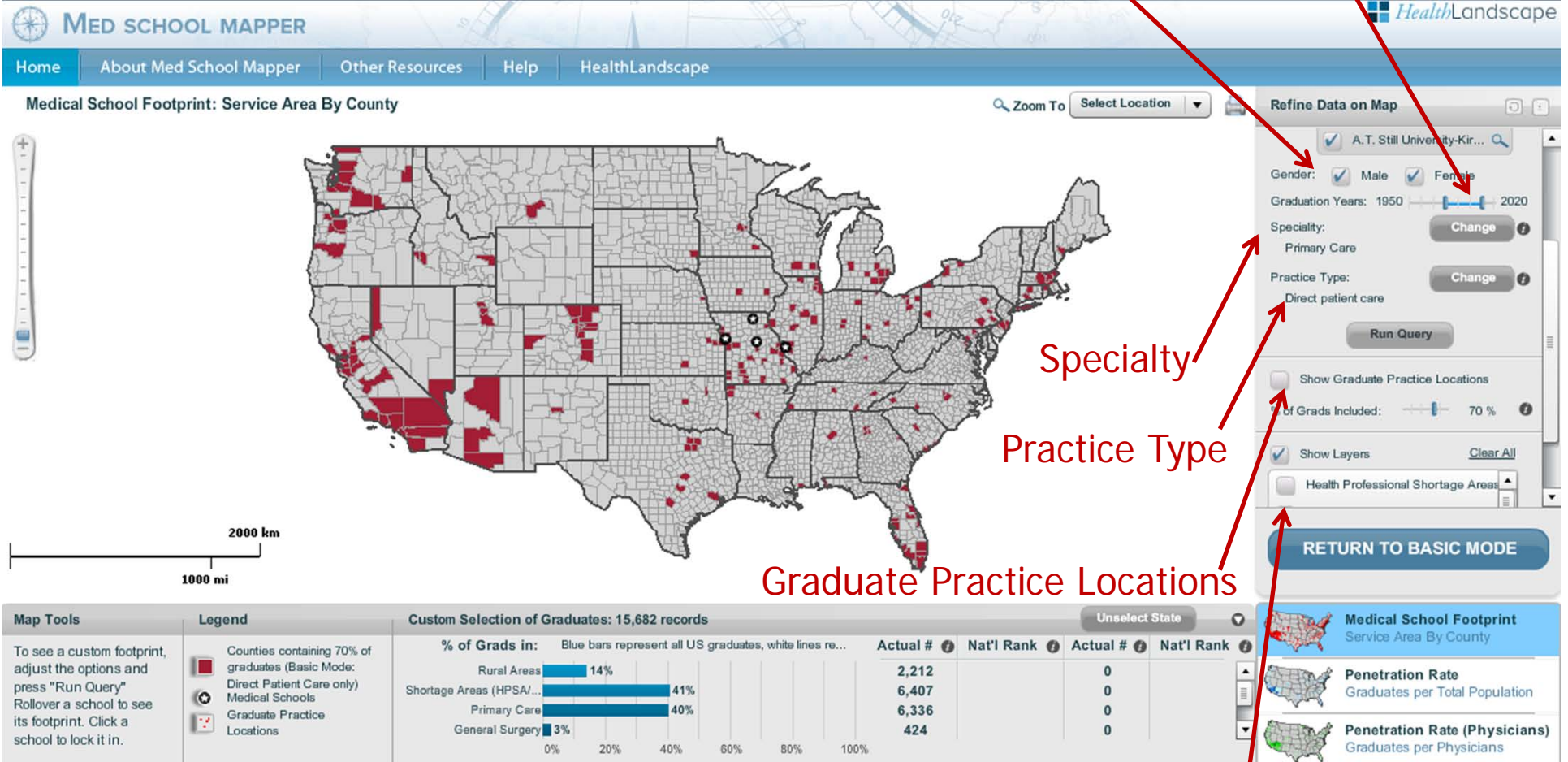
Overall Stats

In-State Stats

Advanced Tools

Gender

Graduation Dates



Additional Layers include congressional and legislative boundaries



AAPF Center for Policy Studies

UDS Mapper

UDS Mapper

[Logout](#)

[Home](#)

[About](#)

[Other Resources](#)

[Help](#)

[HealthLandscape](#)

[Contact Us](#)

All Grantee Penetration of Low Income Population

[Map](#)

[ZCTA Data Table](#)

[Share Map](#)

[Share Map](#)

Welcome to the UDS Mapper

Getting Started...

Please visit one of the following: [Webinars](#), [Tutorials](#), [FAQs](#), [Data Info](#), [Glossary](#), [Knowledge Base](#), [Contact Us](#) or proceed below to zoom to a state, county, city, or ZIP Code of interest.

Select geography from the dropdown menu...

Woonsocket

Woonsocket, Rhode Island

Woonsocket, South Dakota

Township of Woonsocket, administrative division

Woonsocket Hill, mountain, Rhode Island

Woonsocket House, building, Rhode Island

Define Service Area

Search to Zoom or Select:

Zip Code, ZCTA, County or State

[Zoom](#)

[Add](#)

Selected ZCTAs:

[Select by Address](#)

[Zoom to Selected Area](#)

[Clear Selected ZCTAs](#)

Map Elements

[Main Map](#)

[Optional](#)

[Background](#)

[Analysis](#)

None

Grantee Dominance by ZCTA

All Grantee Penetration of Low Income Pop

All Grantee Penetration of Total Population

Low Income Not Served by Grantees

of Grantees Serving ZCTA

2007-2009 (2-Year) % Change in Patients

©2011 HealthLandscape

**ROBERT
GRAHAM
CENTER**

AAFP Center for Policy Studies

UDS Mapper

UDS Mapper

[Logout](#)

[Home](#)

[About](#)

[Other Resources](#)

[Help](#)

[HealthLandscape](#)

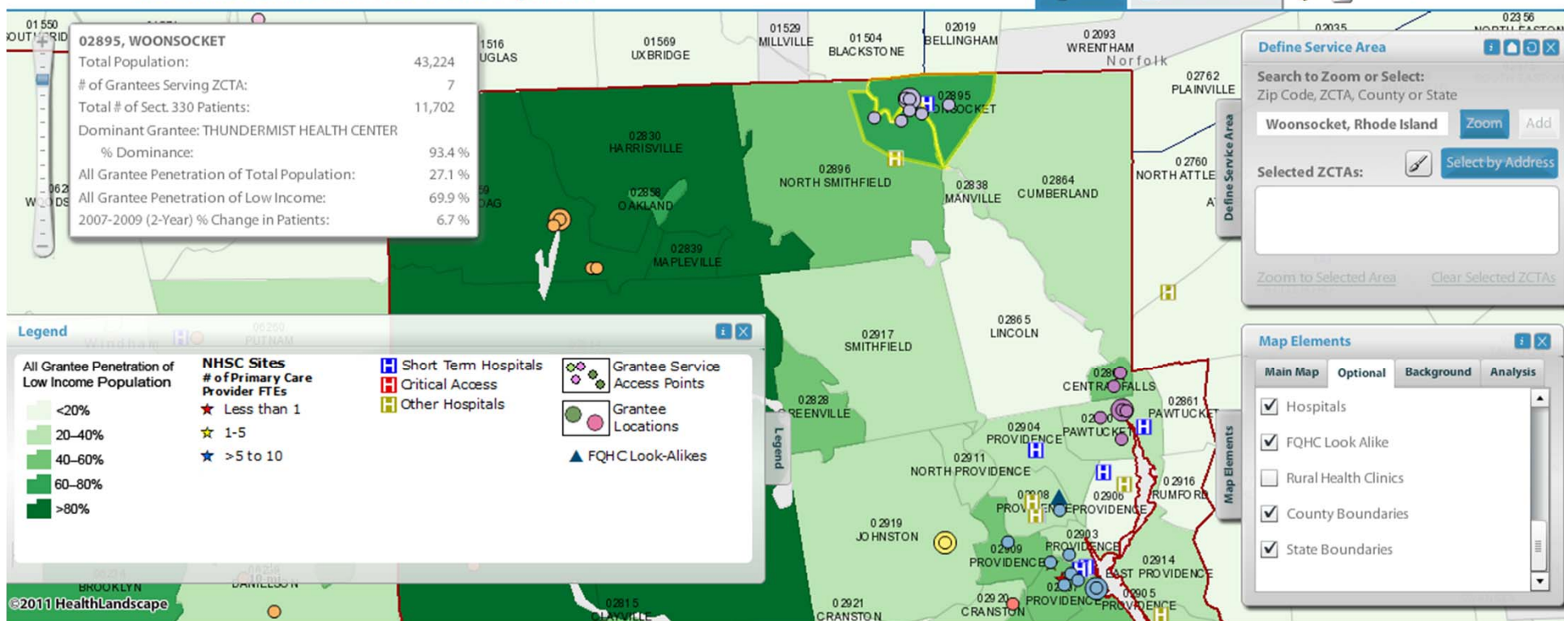
[Contact Us](#)

All Grantee Penetration of Low Income Population

[Map](#)

[ZCTA Data Table](#)

[Share Map](#)



UDS Mapper Data Table

[Logout](#)

[Home](#)

[About](#)

[Other Resources](#)

[Help](#)

[HealthLandscape](#)

[Contact Us](#)

[Map](#)

[ZCTA Data Table](#)



[Share Map](#)

[View Analysis Results](#)



ZCTA	Post Office	State	# of Grantees	Dominant Grantee	Total Populatio	Low Income	Total # Sect. 330	Unserved (by	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:					126,5...	28,298	16,262	12,036	57.46%	12....	9.46%	15.65...	2,201...	9.66%	23.13%	8.20%	4.10%
02895	WOONSOCK...	RI	7	THUNDERMIST H...	43,224	16,735	11,702	5,033	69.92%	27....	7.48%	6.71%	736.00	19.41...	39.60%	16.80%	9.32%
02864	CUMBERLAN...	RI	7	THUNDERMIST H...	31,840	4,387	1,060	3,327	24.16%	3.3...	15.84...	32.99...	263.00	3.91%	13.88%	4.01%	2.14%
02865	LINCOLN	RI	6	THUNDERMIST H...	17,684	2,519	419	2,100	16.63%	2.3...	18.36...	27.74...	91.00	4.01%	14.39%	4.80%	0.77%
02917	SMITHFIELD	RI	5	NORTHWEST CO...	13,390	1,547	597	950	38.59%	4.4...	36.30...	65.83...	237.00	4.87%	14.17%	3.57%	0.91%
02838	MANVILLE	RI	3	THUNDERMIST H...	3,214	862	270	592	31.32%	8.4...	11.11...	20.00...	45.00	11.83...	26.85%	7.15%	2.67%
02896	NORTH SMIT...	RI	4	THUNDERMIST H...	10,332	1,232	689	543	55.92%	6.6...	23.47...	231.2...	481.00	3.58%	12.29%	1.43%	0.75%
02830	HARRISVILLE	RI	4	NORTHWEST CO...	6,860	1,016	1,525	-509	150.09...	22....	4.38%	29.56...	348.00	6.04%	14.90%	2.01%	0.84%

Define Service Area



ROBERT
GRAHAM
CENTER

AAPF Center for Policy Studies

UDS Mapper- Analysis Functions

- Data entry table- blank

UDS Mapper [Logout](#)

[Home](#) [About](#) [Other Resources](#) [Help](#) [HealthLandscape](#) [Contact Us](#)

Analysis Results

Total # Sect. 330 Patients	Total Population	Penetration of Total Pop.	Unservd (by	Low Income Pop. 2000	Penetration of Low	Unservd (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
16,262	126,544	12.85%	110,282	28,298	57.46%	12,036	2,201	15.65%	9.46%	9.66%	23.13%	8.20%	4.10%

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	126,544	Total (Census) population for defined Target Area zips
Current (2009) FQHC Patients	16,262	Residents of defined Target Area counted as a patient of any FQHC grantee in 2009
Current FQHC Penetration Rate - Total Pop.	12.85%	Percent of total target area population using an FQHC in 2009
Current Total Pop. Unserved by FQHC Prog.	110,282	Count of target area residents not using an FQHC in 2009
Total Pop Target for proposed site	0	Total New Patients to be served by proposed site
% FQHC Unserved Total Pop Targeted	0.00%	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		Count of RHC/FQHC-LV/HHS, etc.
Count of Stand-Alone NHSC Placement Sites in Target Area		Count of non-FQHC NHSC Placement sites
Count of current FQHC grantee sites in Target Area		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](#)

UDS Mapper- Analysis Functions

- Data entry table- with data entered

UDS Mapper

[Logout](#)

[Home](#)

[About](#)

[Other Resources](#)

[Help](#)

[HealthLandscape](#)

[Contact Us](#)

Analysis Results

Total # Sect.	Total Population	Penetration of Total Pop.	Unservd (by	Low Income Pop. 2000	Penetration of Low	Unservd (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
330 Patients	126,544	12.85%	110,282	28,298	57.46%	12,036	2,201	15.65%	9.46%	9.66%	23.13%	8.20%	4.10%

Enter TOTAL patients to be served

5000

Enter TOTAL NEW patients to be served

2500

Enter NEW LOW INCOME patients to be served

1500

Label	Value	Description
Service Area Total Population	126,544	Total (Census) population for defined Target Area zips
Current (2009) FQHC Patients	16,262	Residents of defined Target Area counted as a patient of any FQHC grantee in 2009
Current FQHC Penetration Rate - Total Pop.	12.85%	Percent of total target area population using an FQHC in 2009
Current Total Pop. Unserved by FQHC Prog.	110,282	Count of target area residents not using an FQHC in 2009
Total Pop Target for proposed site	5,000	Total New Patients to be served by proposed site
% FQHC Unserved Total Pop Targeted	4.53%	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		Count of RHC/FQHC-LA/IHS, etc.
Count of Stand-Alone NHSC Placement Sites in Target Area		Count of non-FQHC NHSC Placement sites
Count of current FQHC grantee sites in Target Area		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

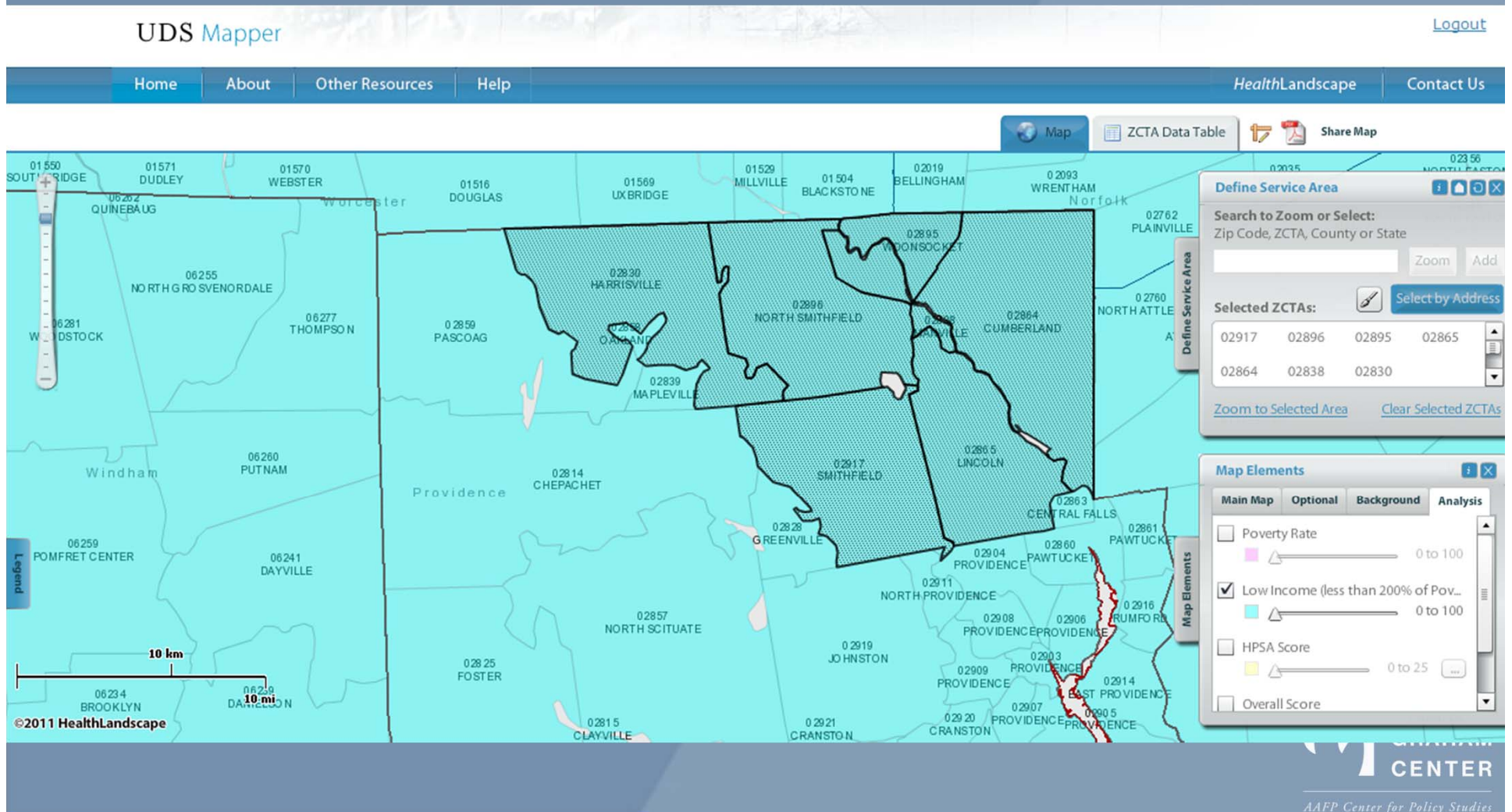
[Save to Excel](#)

AAFP CENTER

AAFP Center for Policy Studies

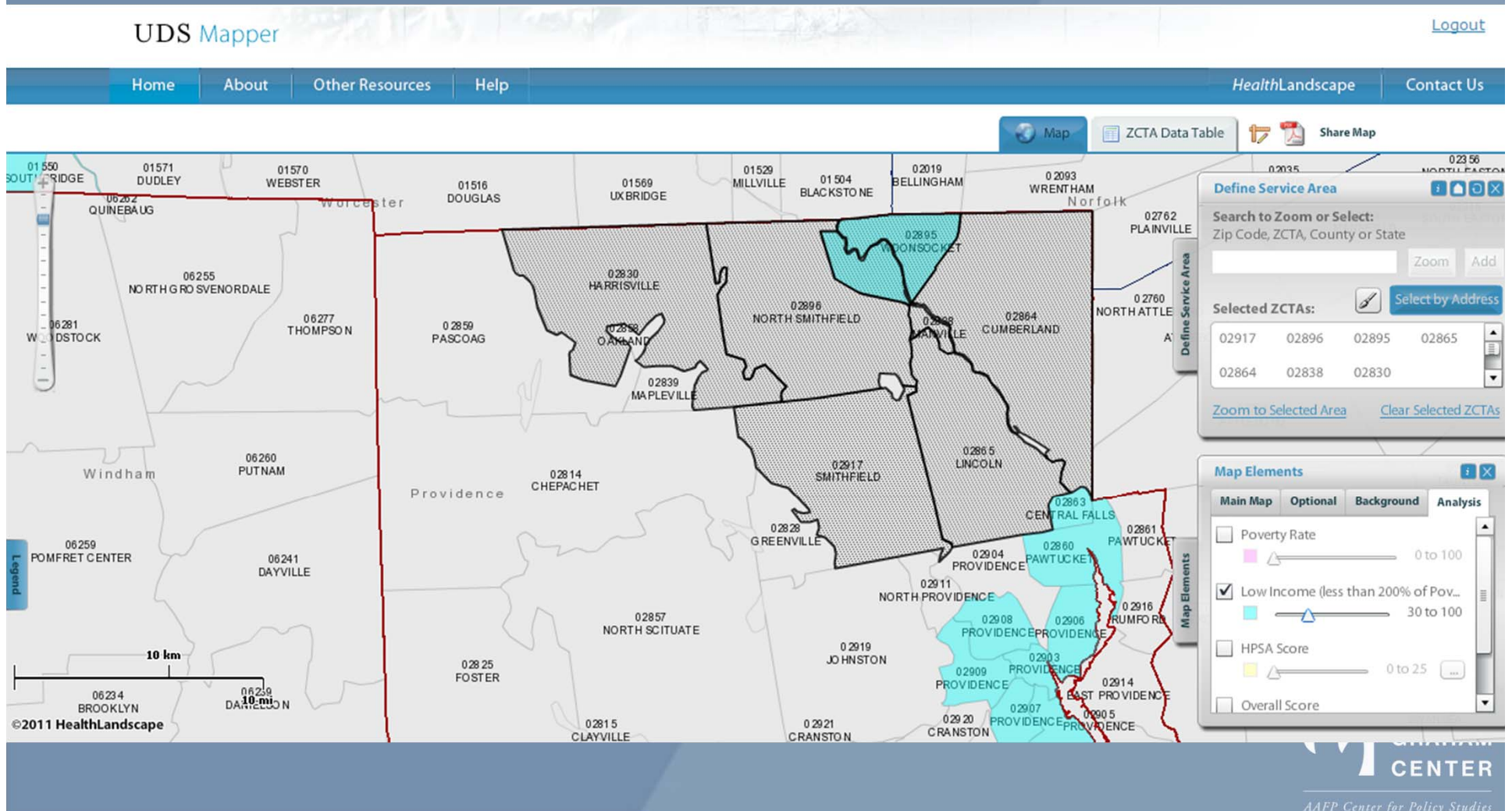
UDS Mapper- Analysis Functions

- Sliders- All Low Income (below 200% of poverty)



UDS Mapper- Analysis Functions

- Sliders- 30% Low Income (below 200% of poverty)

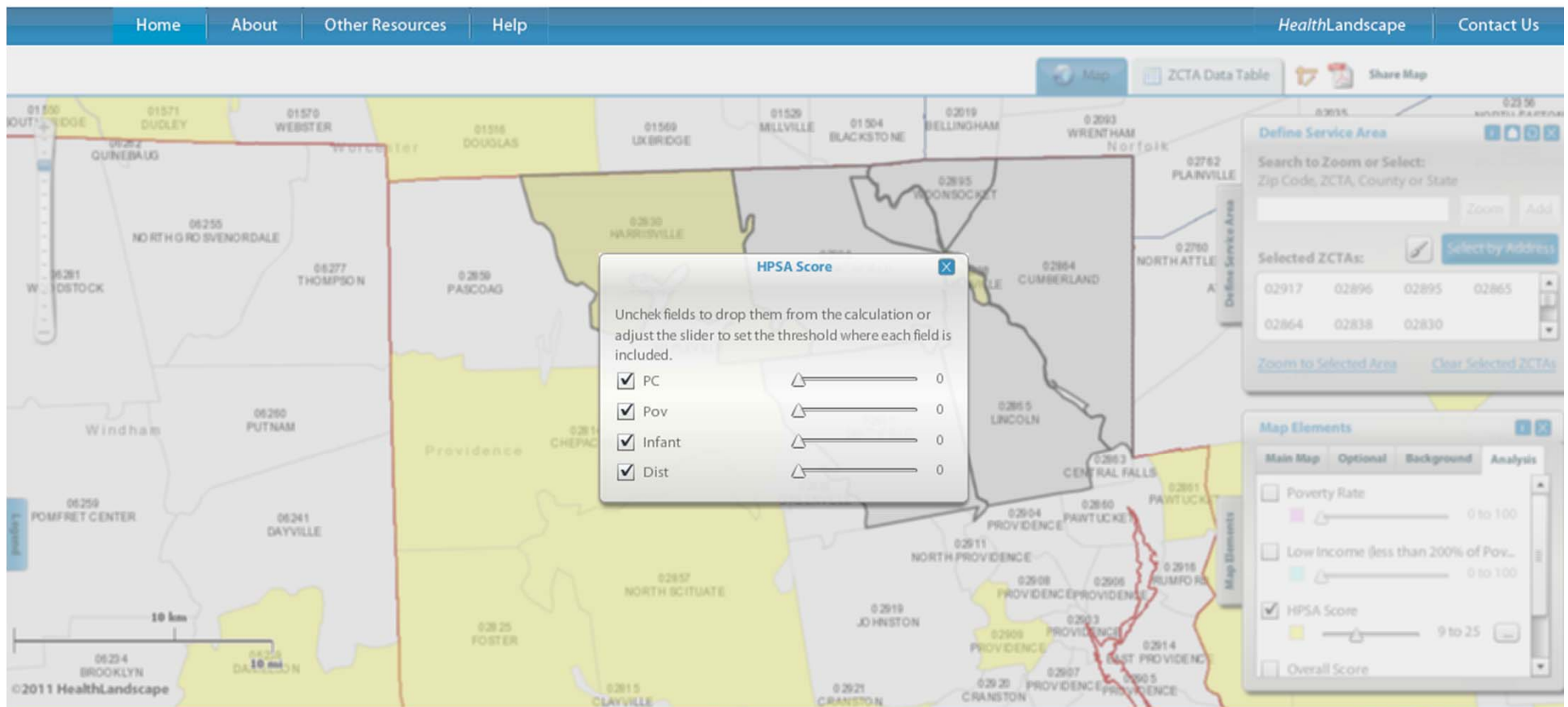


UDS Mapper- Analysis Functions

■ Sliders- Composite Indices

UDS Mapper

[Logout](#)



Training and User Support

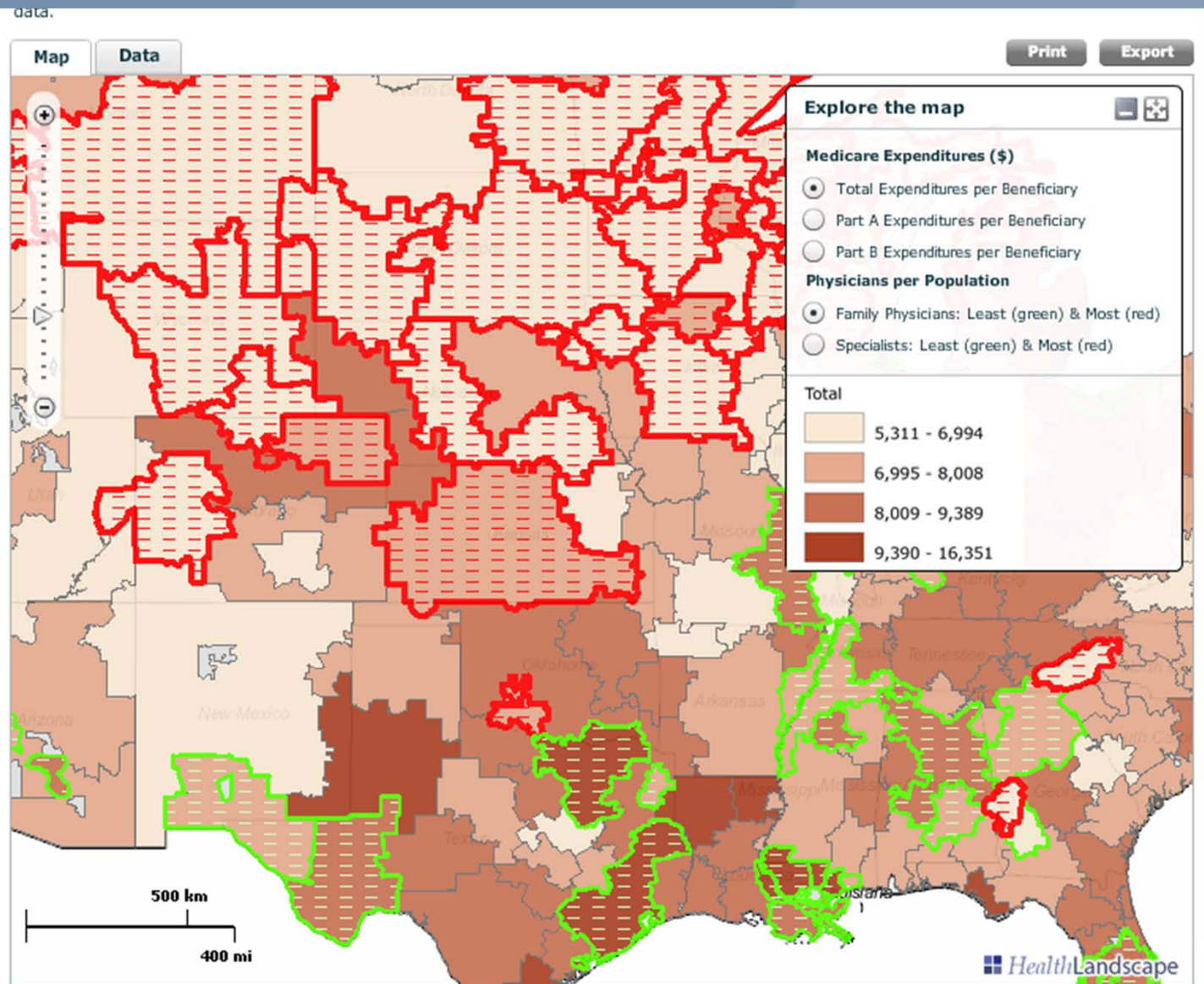
- UDS Mapper team provides user support
 - Currently ~3400 users
- Monthly+ training opportunities
 - 47 webinars to date
 - 4+ National conferences
 - Personalized/ one-on-one training opportunities (~70 people)
 - Train the Trainer
 - <http://www.udsmapper.org/webinars.cfm>

Hospital Referral Region Mapper

[Avertable deaths associated with household income in Virginia](#)

[HRR Mapper](#)

[UDS Mapper](#)



Thank You

Contact information:

Robert Graham Center

www.graham-center.org

202-331-3360

policy@aafp.org

Jennifer Rankin

jrankin@aafp.org



AAPF Center for Policy Studies