

What's the State of Primary Care in New York?

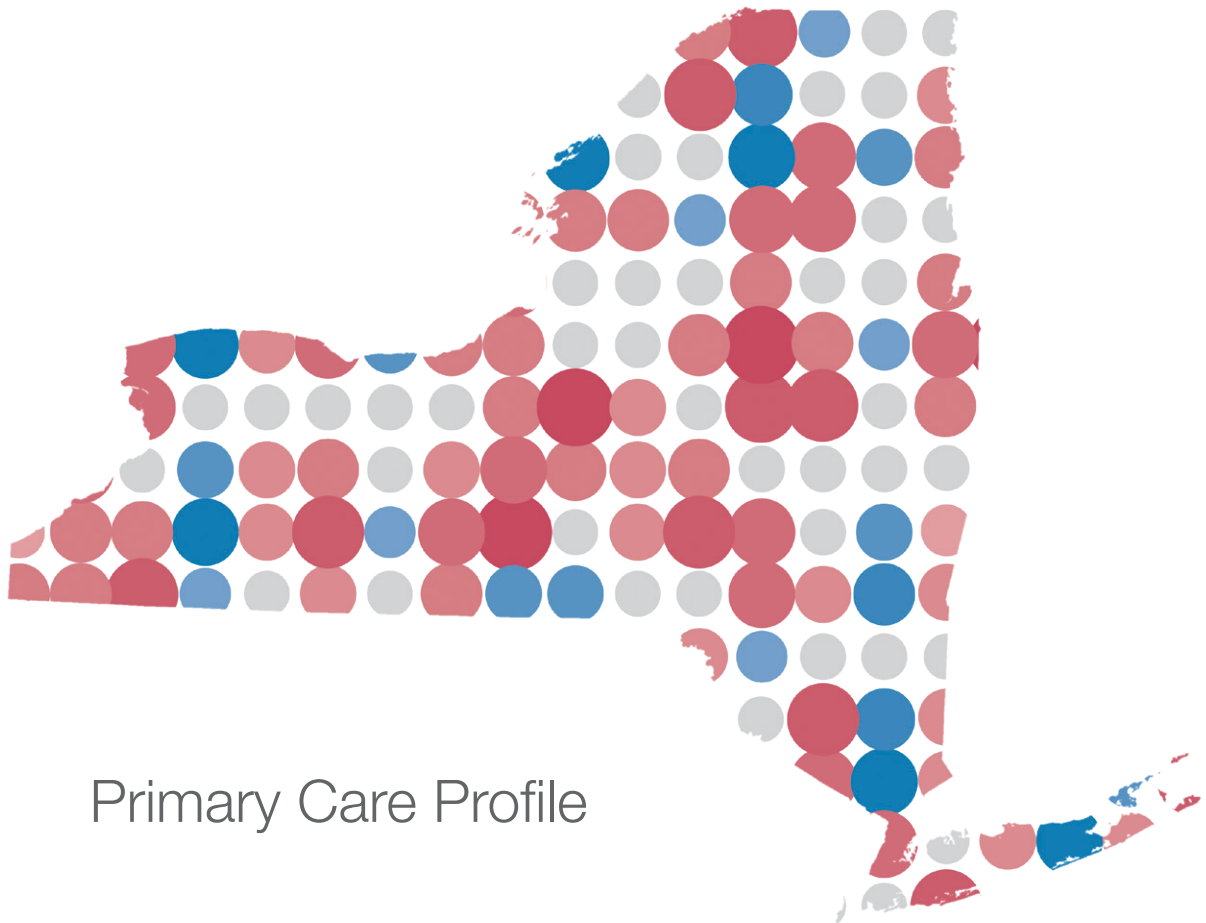


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Primary Care Profiles

Primary care is the foundation of the health care system and a cornerstone of healthy, thriving communities. Increasing primary care access across New York State (NYS), as in other states, is critical to creating healthy communities, ensuring health equity, and reducing health care costs. Primary care is often the first point of contact with the health care system and can prevent, identify, and treat illnesses as well as promote wellness. Effective primary care means that providers and services are accessible, affordable, comprehensive, ongoing, and coordinated.

Inequalities in primary care access and delivery alike are largely driven by economics, including insurance coverage, reimbursement, and social determinants of health. Significant geographic, demographic, and socioeconomic characteristics within communities impact where primary care providers are located. Even in communities where providers are situated, accessing and receiving their services may prove difficult.

The **Primary Care Development Corporation (PCDC)** has identified key measures of primary care access and provides data for New York State counties. The Primary Care Profile utilizes existing data sources to identify placement of primary care facilities and services in NYS and contrasts measurable elements of access to primary care services and need across counties. It is our hope that this Profile will help identify gaps in access and help inform where additional primary care facilities and services are needed.

What's Inside the Profile

The NYS Primary Care Profile presents key measures of primary care access and need for adult residents. The primary care access measures are intended to capture New Yorkers' ability to gain entry to the health care system by having access to sites, insurance coverage to pay for needed services, and providers with whom to develop ongoing relationships to meet their health care needs. Accessible health care is dependent on the availability of practitioners and facilities that provide primary care, the quality of these services, and whether providers accept a patient's health insurance. The Profile also includes measures on New Yorkers' need for primary care services, as defined by indicators of health status and socioeconomic position. Based on these measures of access and need, we identified significant correlations between indicators used in the report.

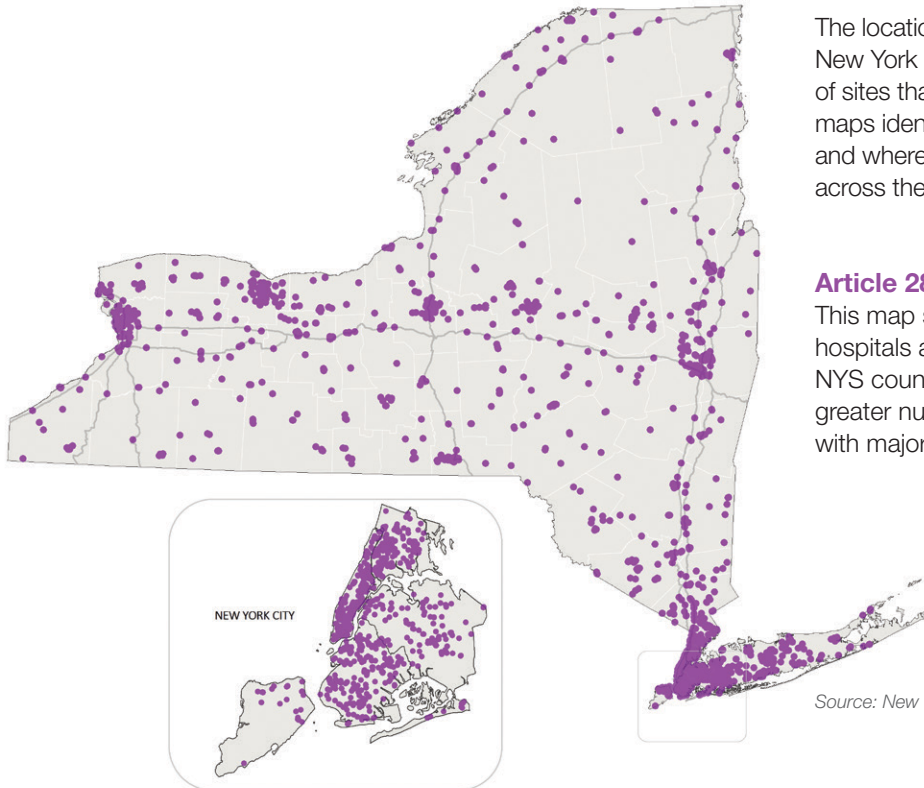


Primary Care Facilities

The locations of key outpatient health care facilities in New York State are mapped to capture the distribution of sites that deliver primary care services. The following maps identify where services are currently provided and where gaps may exist in primary care coverage across the state.

Article 28 Facilities

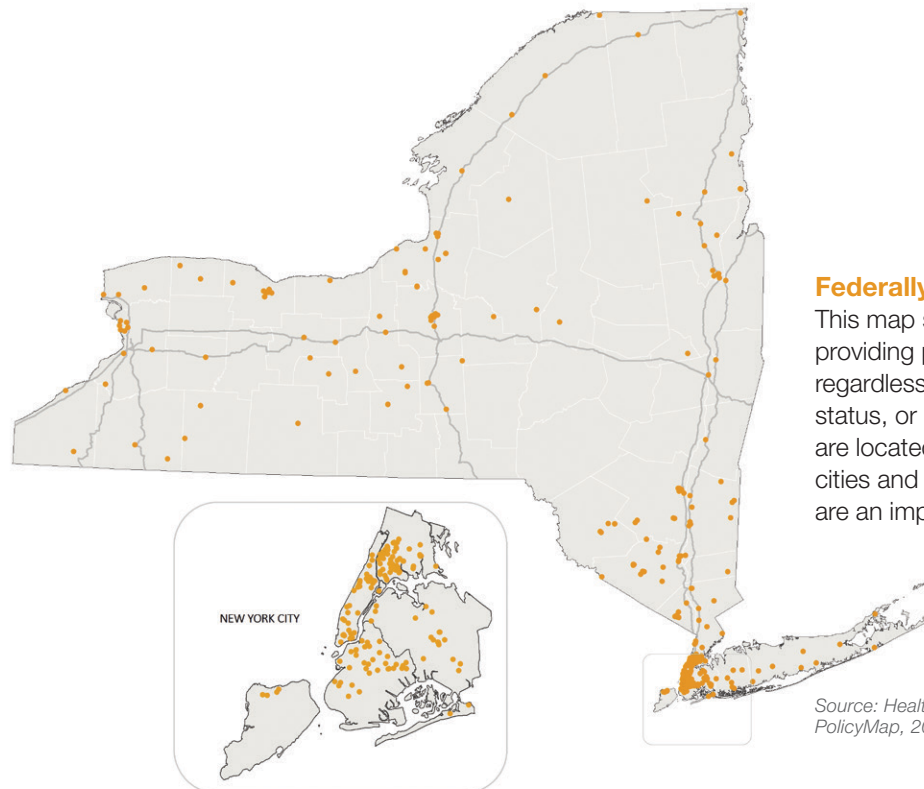
This map shows NYS-licensed outpatient facilities at hospitals and diagnostic and treatment centers. All NYS counties have at least one Article 28 facility, with greater numbers of facilities being located in counties with major cities.



Source: New York State Department of Health 2017

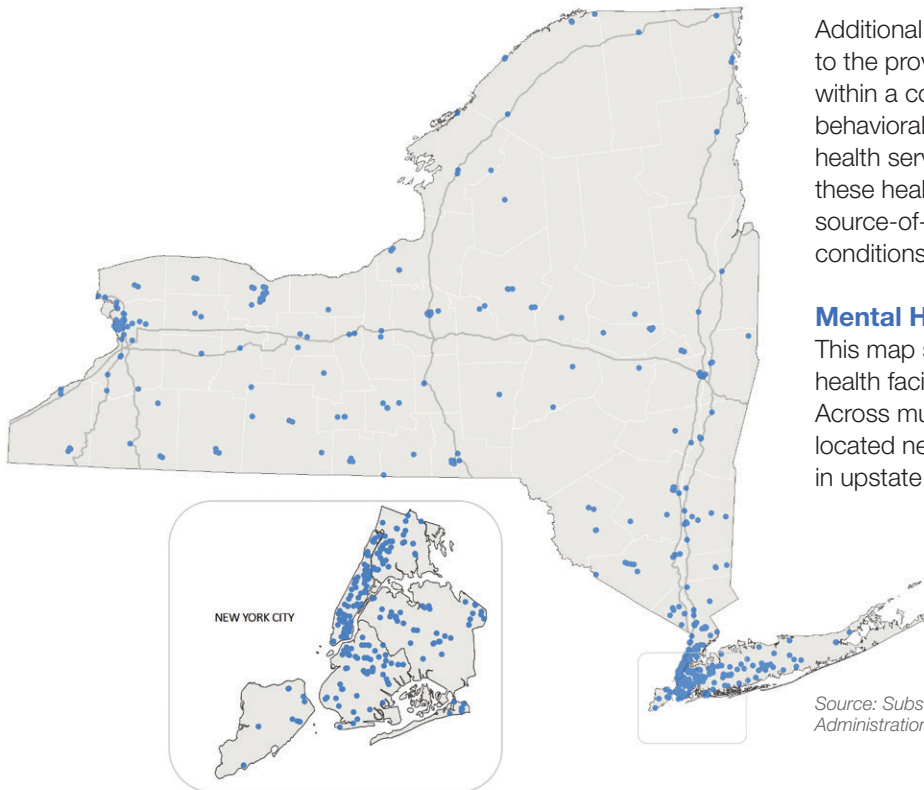
Federally Qualified Health Centers (FQHCs)

This map shows federally designated organizations providing primary care and preventive services, regardless of a person's ability to pay, insurance status, or immigration status. Across NYS, FQHCs are located most frequently in counties with large cities and near major transportation routes. FQHCs are an important subset of Article 28 facilities in NYS.



Source: Health Resources & Services Administration via PolicyMap, 2017

PRIMARY CARE FACILITIES FOR SPECIFIC POPULATIONS

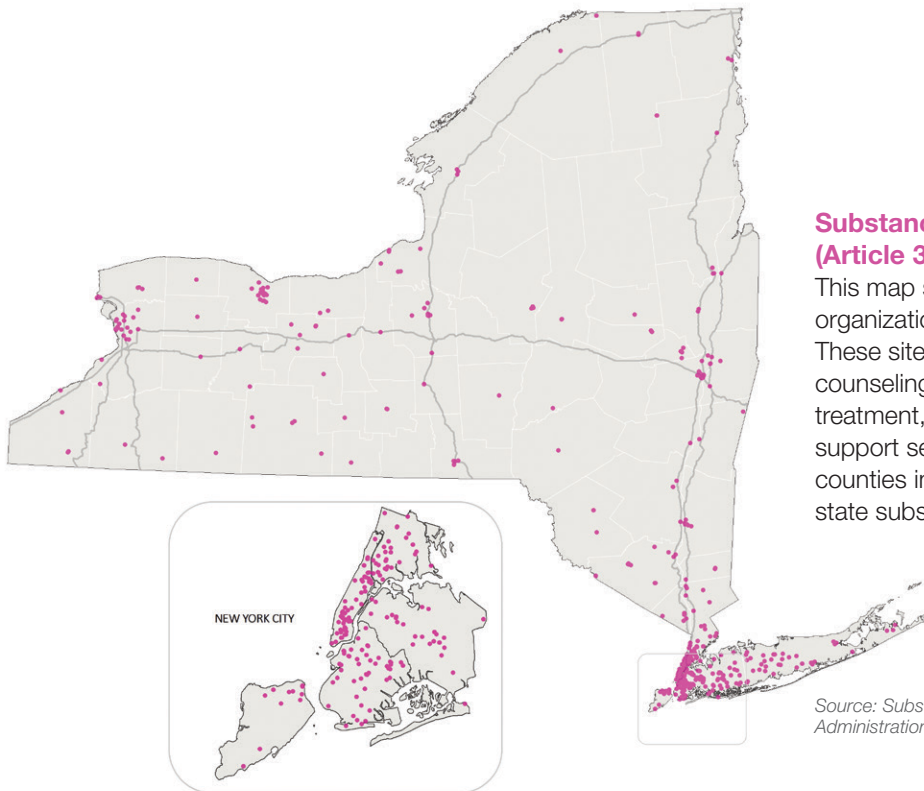


Additional health care facility types are essential to the provision of comprehensive primary care within a county. Here, we include those that provide behavioral health care, family planning and women's health services, and children's health care. For many, these health care facilities represent a primary-source-of-care site or where key acute or chronic conditions are managed.

Mental Health (Article 31) Facilities

This map shows state-licensed, outpatient mental health facilities that treat mental health disorders. Across much of NYS, mental health facilities are located near major highways, with gaps in coverage in upstate New York.

Source: Substance Abuse and Mental Health Services Administration 2016



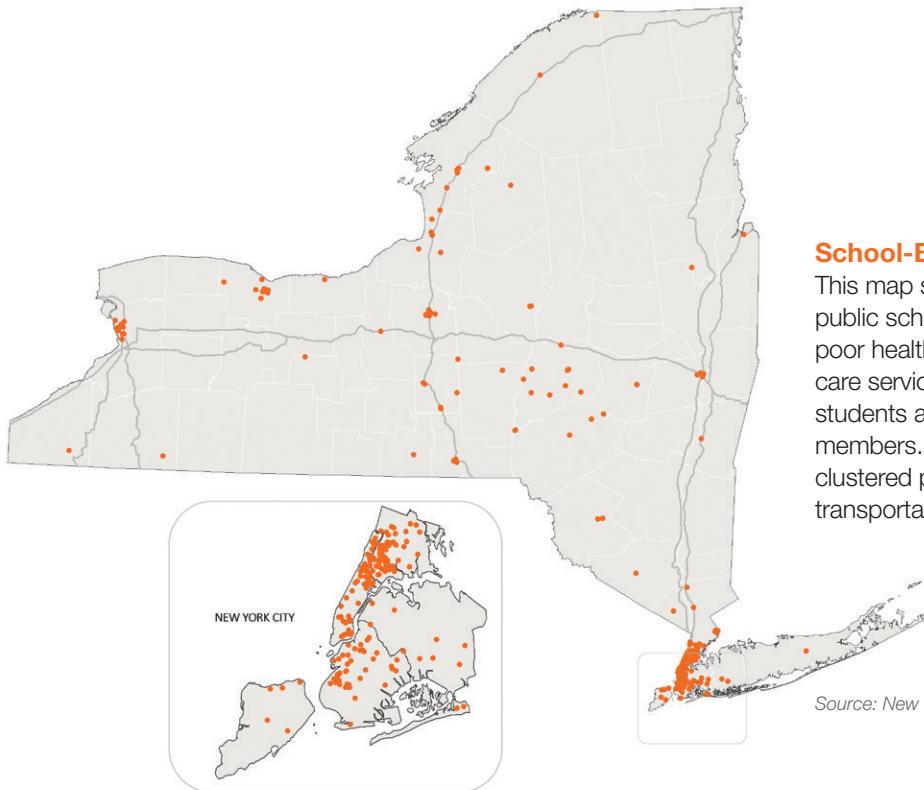
Substance Use Treatment Programs (Article 32)

This map shows state-licensed, outpatient organizations that treat addiction to drugs or alcohol. These sites may provide individual and group counseling, medical treatment, intensive outpatient treatment, case or care management, recovery support services, and peer supports. Several counties in NYS do not have an outpatient licensed state substance-use treatment program.

Source: Substance Abuse and Mental Health Services Administration 2016

PRIMARY CARE FACILITIES FOR SPECIFIC POPULATIONS

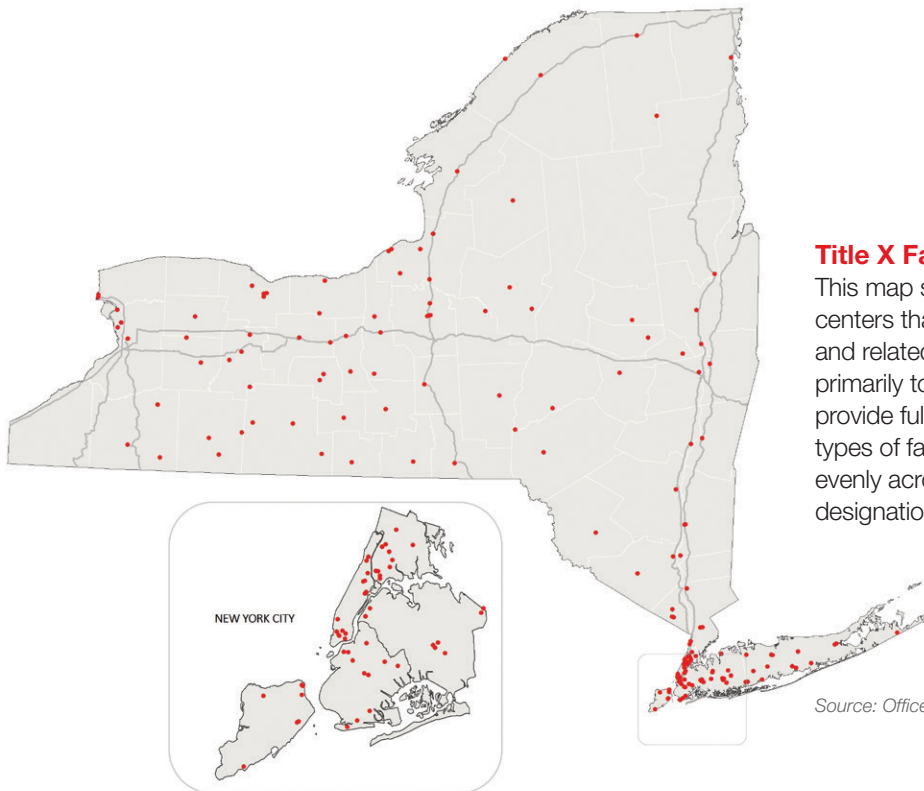
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School-Based Health Centers

This map shows primary care centers located within public schools, often located in communities with poor health status and/or limited access to health care services. These centers provide on-site care to students at the school and may also serve community members. School-based health centers in NYS are clustered primarily in major cities and near transportation corridors.

Source: New York State Department of Health 2017



Title X Family Planning Programs

This map shows state and federally funded health centers that provide family planning, contraception, and related reproductive-health clinical services primarily to low-income women. Some Title X sites provide full-service primary care. Relative to other types of facilities, Title X programs are distributed evenly across counties, largely due to funding designations made at the county level.

Source: Office of Population Affairs 2017

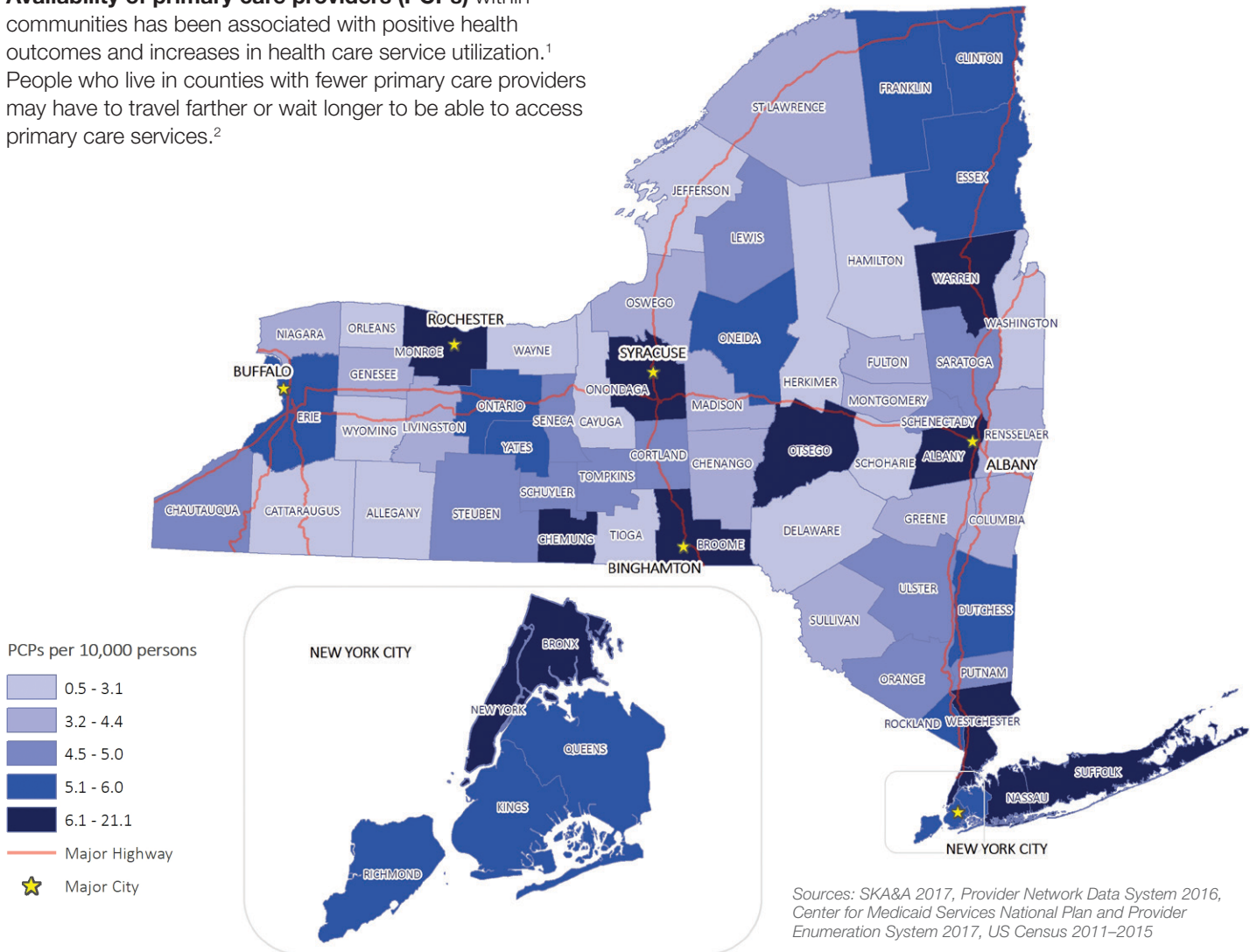
Primary Care Access Measures

Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

Such qualities are largely dependent on factors including the availability of health care practitioners and facilities that provide primary care, the quality of these services, and whether providers accept a patient's health insurance or provide care without regard to ability to pay.

PRIMARY CARE PROVIDER AVAILABILITY

Availability of primary care providers (PCPs) within communities has been associated with positive health outcomes and increases in health care service utilization.¹ People who live in counties with fewer primary care providers may have to travel farther or wait longer to be able to access primary care services.²



Counties with most PCPs per 10,000 persons

1. New York	21.1
2. Nassau	10.9
3. Otsego	10.2
4. Westchester	10.1
5. Bronx	8.9

Counties with fewest PCPs per 10,000 persons

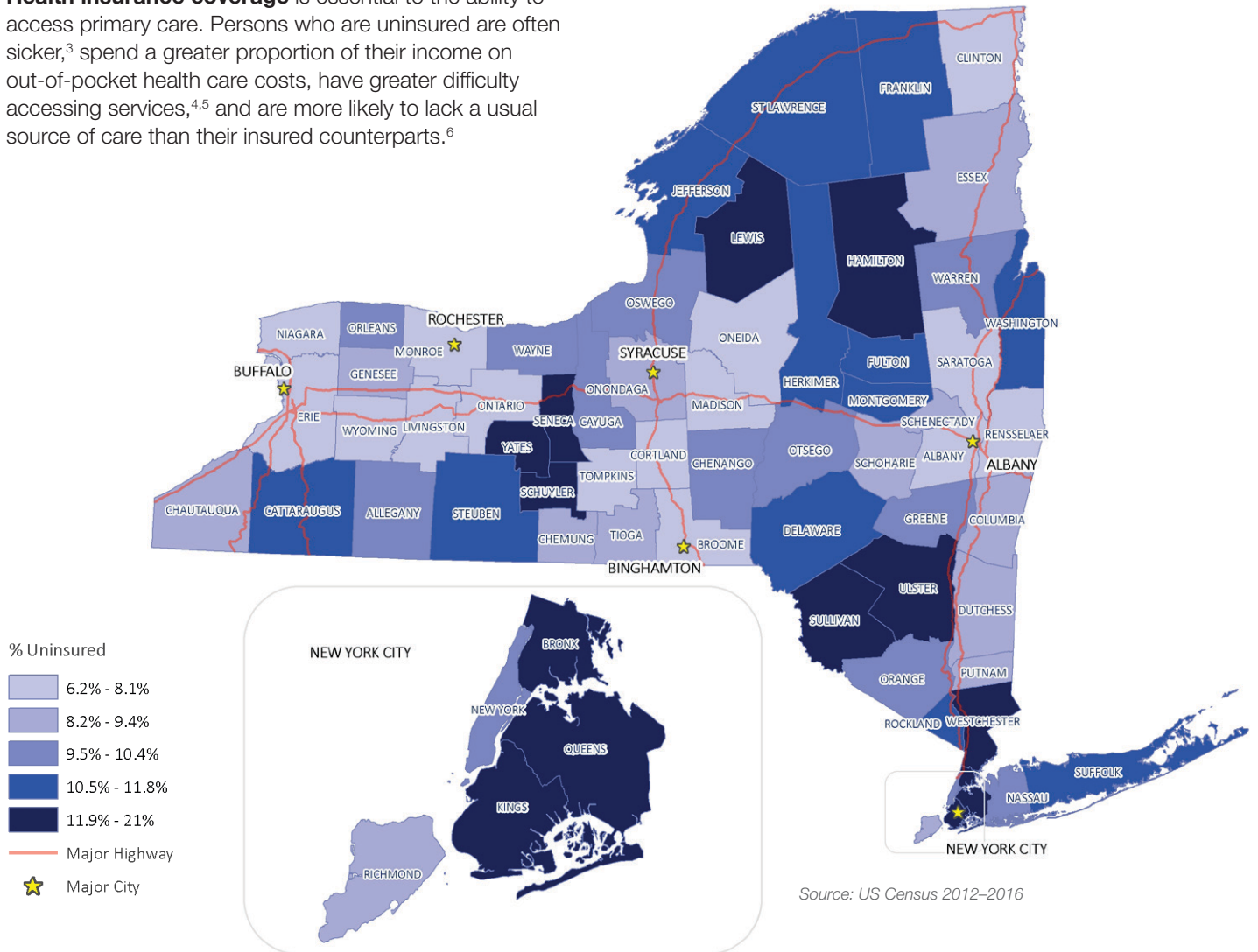
1. Cattaraugus	0.5
2. Wayne	1.9
3. Orleans	1.9
4. Washington	1.9
5. Tioga	2.0

Counties with fewer than 10 PCPs

Cattaraugus
Hamilton
Orleans
Schoharie
Schuyler

UNINSURED ADULTS

Health insurance coverage is essential to the ability to access primary care. Persons who are uninsured are often sicker,³ spend a greater proportion of their income on out-of-pocket health care costs, have greater difficulty accessing services,^{4,5} and are more likely to lack a usual source of care than their insured counterparts.⁶



Counties with highest uninsured rates*

1. Yates	21.0%
2. Queens	19.5%
3. Bronx	17.8%
4. Hamilton	16.2%
5. Kings	15.3%

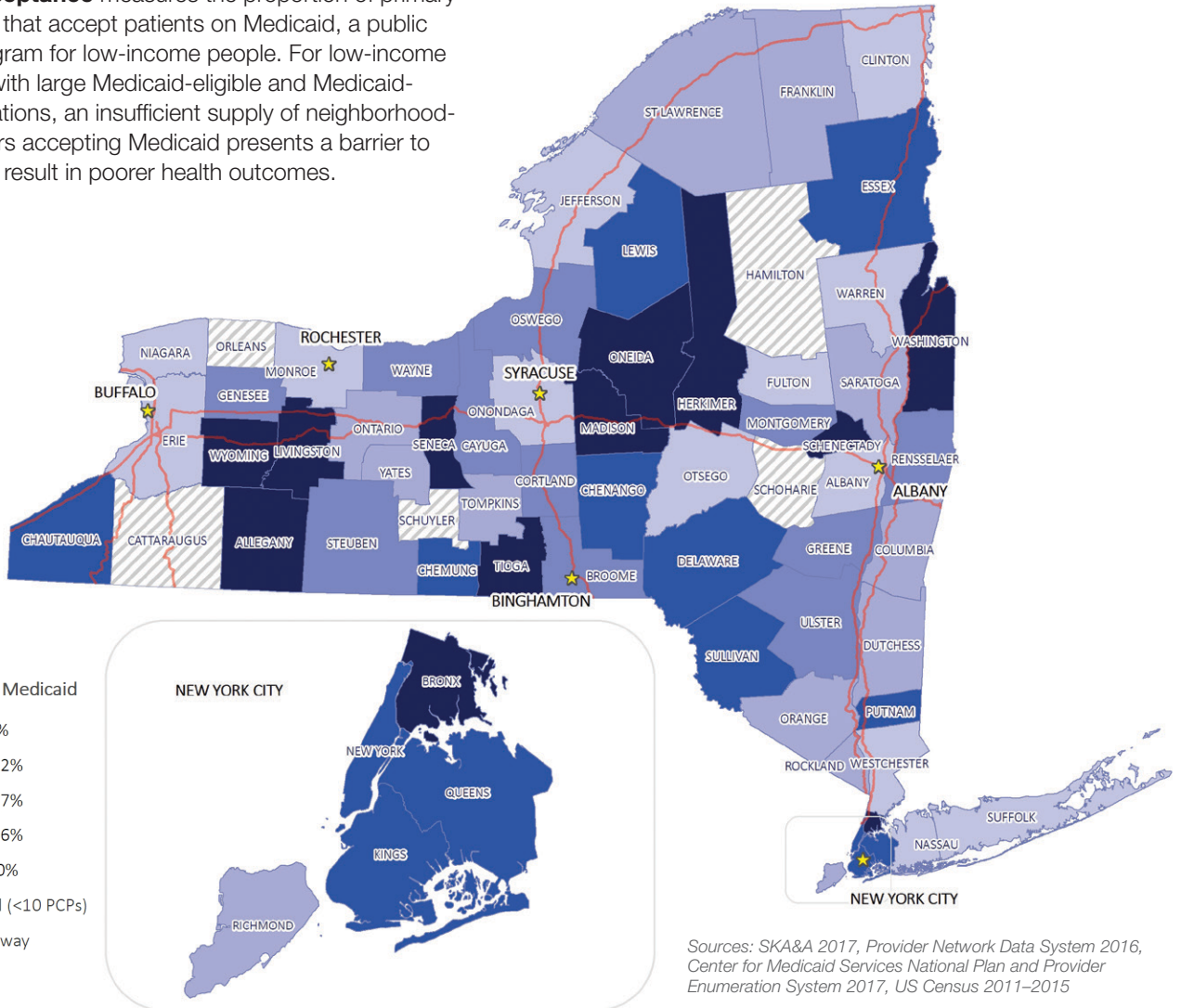
Counties with lowest uninsured rates*

1. Saratoga	6.2%
2. Tompkins	6.4%
3. Erie	7.0%
4. Cortland	7.1%
5. Livingston	7.2%

*Rates reflect percent of uninsured persons

PRIMARY CARE PROVIDERS ACCEPTING MEDICAID

Medicaid acceptance measures the proportion of primary care providers that accept patients on Medicaid, a public insurance program for low-income people. For low-income communities with large Medicaid-eligible and Medicaid-insured populations, an insufficient supply of neighborhood-based providers accepting Medicaid presents a barrier to care, and may result in poorer health outcomes.



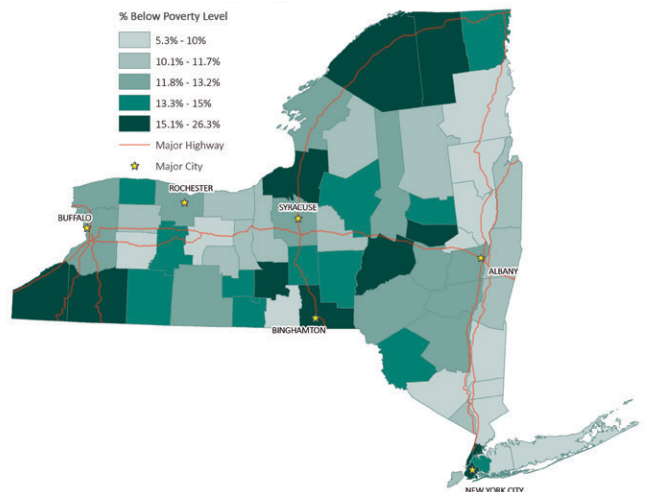
Counties with most PCPs accepting Medicaid*

1. Tioga 100%
1. Washington 100%
1. Allegany 100%
4. Seneca 94.1%
5. Herkimer 93.8%

Counties with fewest PCPs accepting Medicaid*

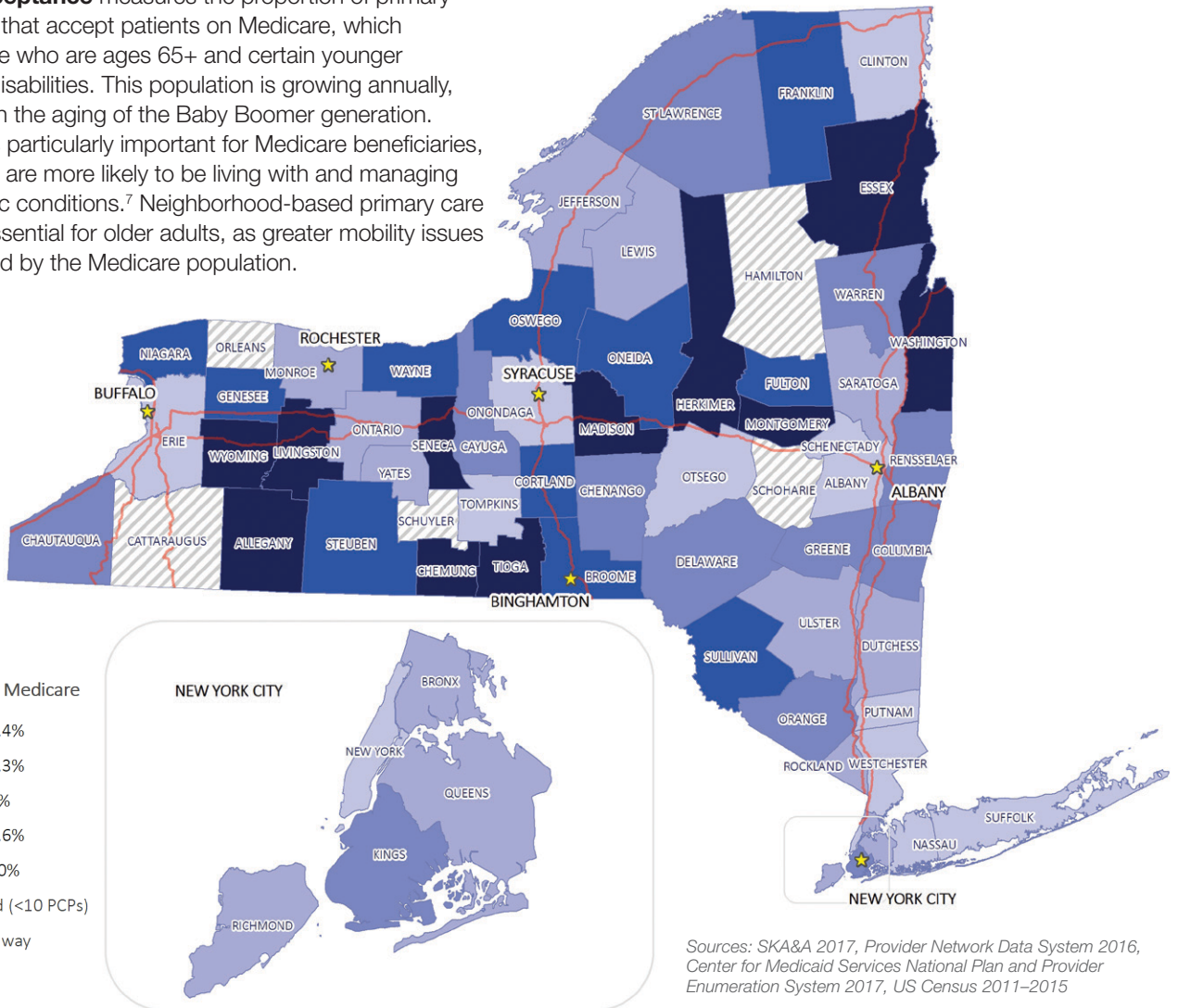
1. Otsego 29.0%
2. Erie 40.6%
3. Nassau 41.2%
4. Clinton 44.7%
5. Onondaga 44.9%

*Counties with fewer than 10 PCPs are excluded



PRIMARY CARE PROVIDERS ACCEPTING MEDICARE

Medicare acceptance measures the proportion of primary care providers that accept patients on Medicare, which includes people who are ages 65+ and certain younger persons with disabilities. This population is growing annually, particularly with the aging of the Baby Boomer generation. Primary care is particularly important for Medicare beneficiaries, as older adults are more likely to be living with and managing multiple chronic conditions.⁷ Neighborhood-based primary care services are essential for older adults, as greater mobility issues are experienced by the Medicare population.



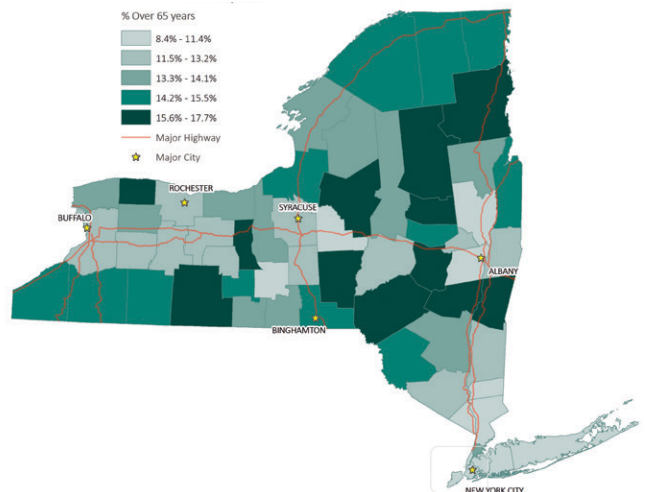
Counties with most PCPs accepting Medicare*

1. Chemung	100%
1. Essex	100%
1. Seneca	100%
1. Montgomery	100%
1. Livingston	100%

Counties with fewest PCPs accepting Medicare*

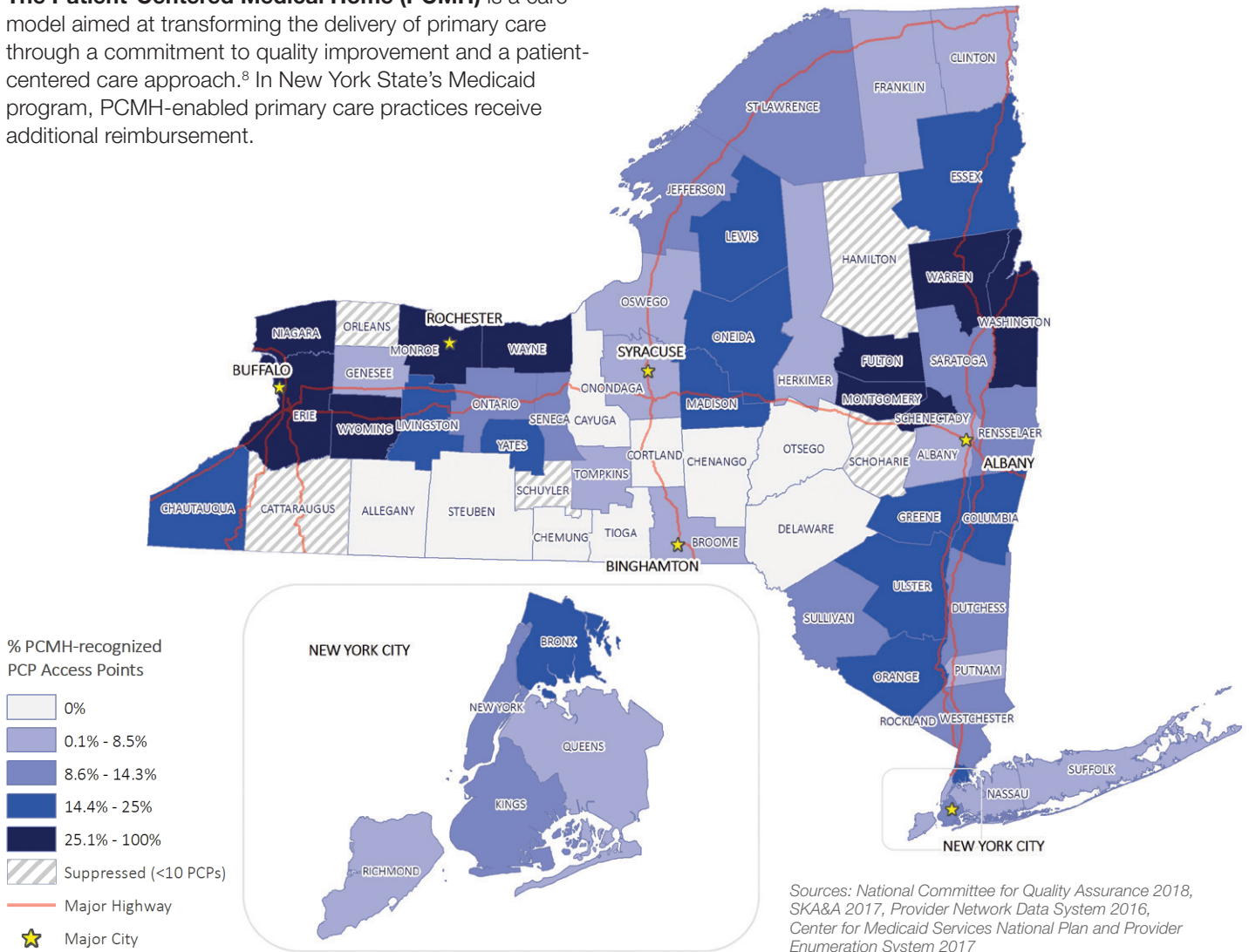
1. Westchester	62.2%
2. Albany	68.4%
3. Nassau	71.7%
4. Onondaga	72.6%
5. New York	74.9%

*Counties with fewer than 10 PCPs are excluded



PATIENT-CENTERED MEDICAL HOMES

The **Patient-Centered Medical Home (PCMH)** is a care model aimed at transforming the delivery of primary care through a commitment to quality improvement and a patient-centered care approach.⁸ In New York State's Medicaid program, PCMH-enabled primary care practices receive additional reimbursement.



Counties with most PCMH-Recognized PCP access points*

1. Washington	100%
2. Warren	47.1%
3. Fulton	46.2%
4. Erie	41.9%
5. Wayne	41.7%

Counties with fewest PCMH-Recognized PCP access points*

1. Albany	1.6%
2. Oswego	4.5%
3. Nassau	4.7%
4. Richmond	5.0%
4. Tompkins	5.0%
4. Putnam	5.0%
4. Clinton	5.0%

Counties without PCMH-Recognized PCP access points*

- Allegany
- Cayuga
- Chemung
- Chenango
- Cortland
- Delaware
- Steuben
- Tioga
- Otsego

*Counties with fewer than 10 PCPs are excluded

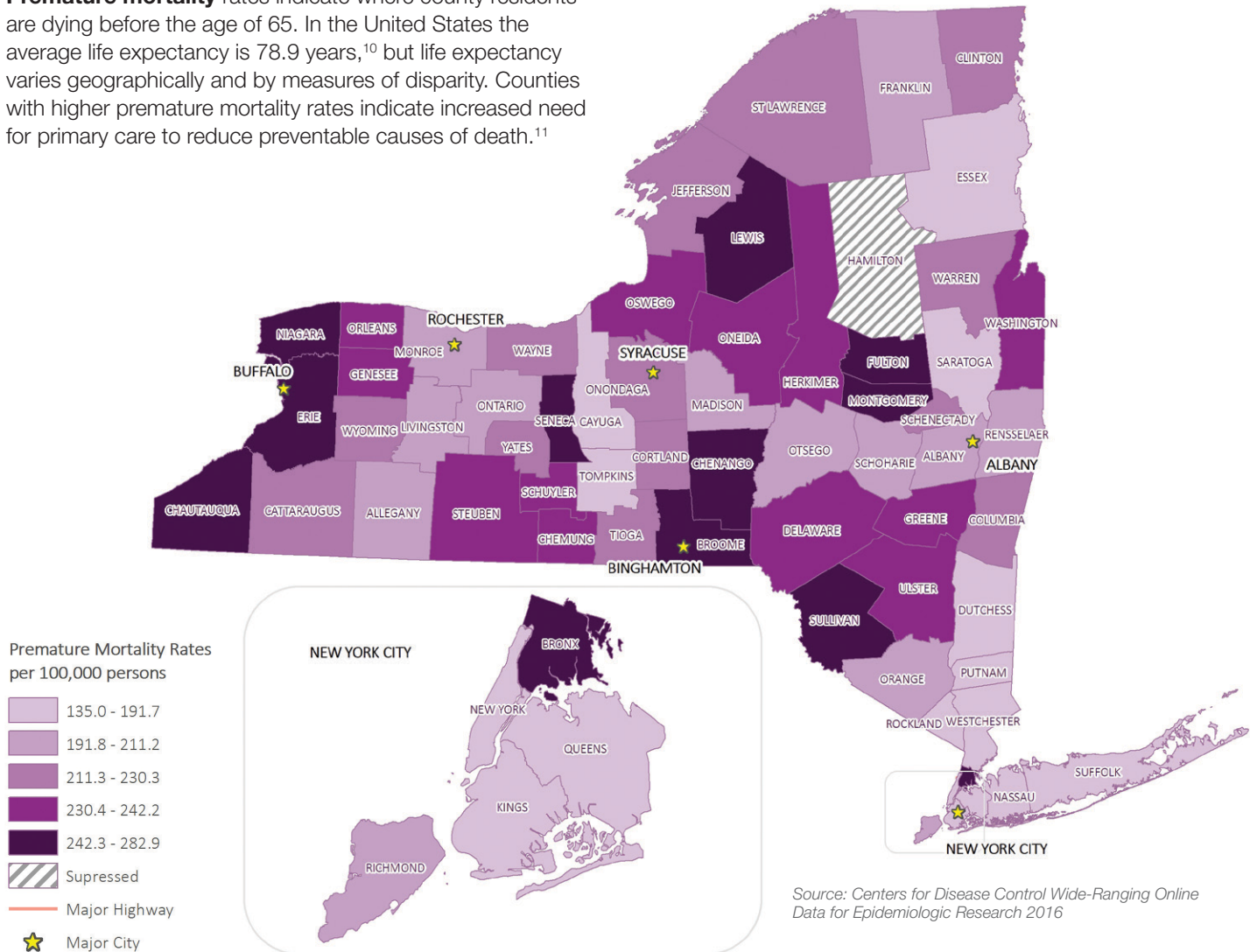
Health Status Measures

The health status of a county indicates health care needs of the population and factors that impact the population's health. Examining multiple measures of population health provides insight into the burden of need experienced by residents as well as burdens placed on primary care providers and facilities.

The health status of a population should inform the level of primary care services required to address the health care needs of residents.⁹

PREMATURE MORTALITY RATES

Premature mortality rates indicate where county residents are dying before the age of 65. In the United States the average life expectancy is 78.9 years,¹⁰ but life expectancy varies geographically and by measures of disparity. Counties with higher premature mortality rates indicate increased need for primary care to reduce preventable causes of death.¹¹



Counties with highest Premature Mortality Rates per 100,000 persons

1. Sullivan	282.9
2. Chautauqua	282.3
3. Seneca	272.3
4. Niagara	271.9
5. Montgomery	264.6

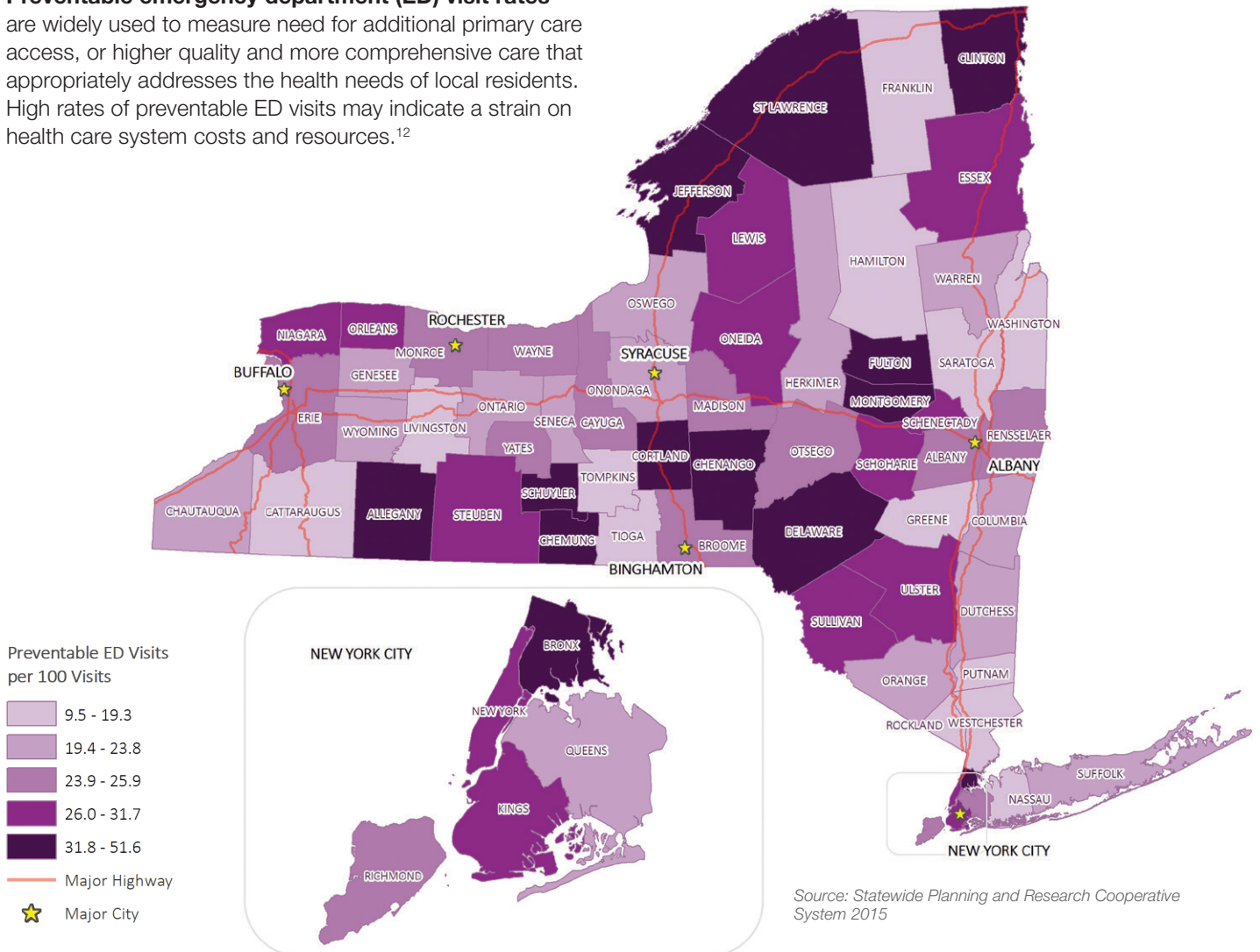
Counties with lowest Premature Mortality Rates per 100,000 persons

1. Westchester	135.0
2. New York	137.8
3. Rockland	144.5
4. Queens	144.6
5. Nassau	147.9

PREVENTABLE EMERGENCY DEPARTMENT VISITS

Preventable emergency department (ED) visit rates

are widely used to measure need for additional primary care access, or higher quality and more comprehensive care that appropriately addresses the health needs of local residents. High rates of preventable ED visits may indicate a strain on health care system costs and resources.¹²



Counties with highest preventable ED visit rates*

1. Fulton	51.6
2. Montgomery	50.5
3. Bronx	41.9
4. Chenango	41.1
5. Chemung	40.2

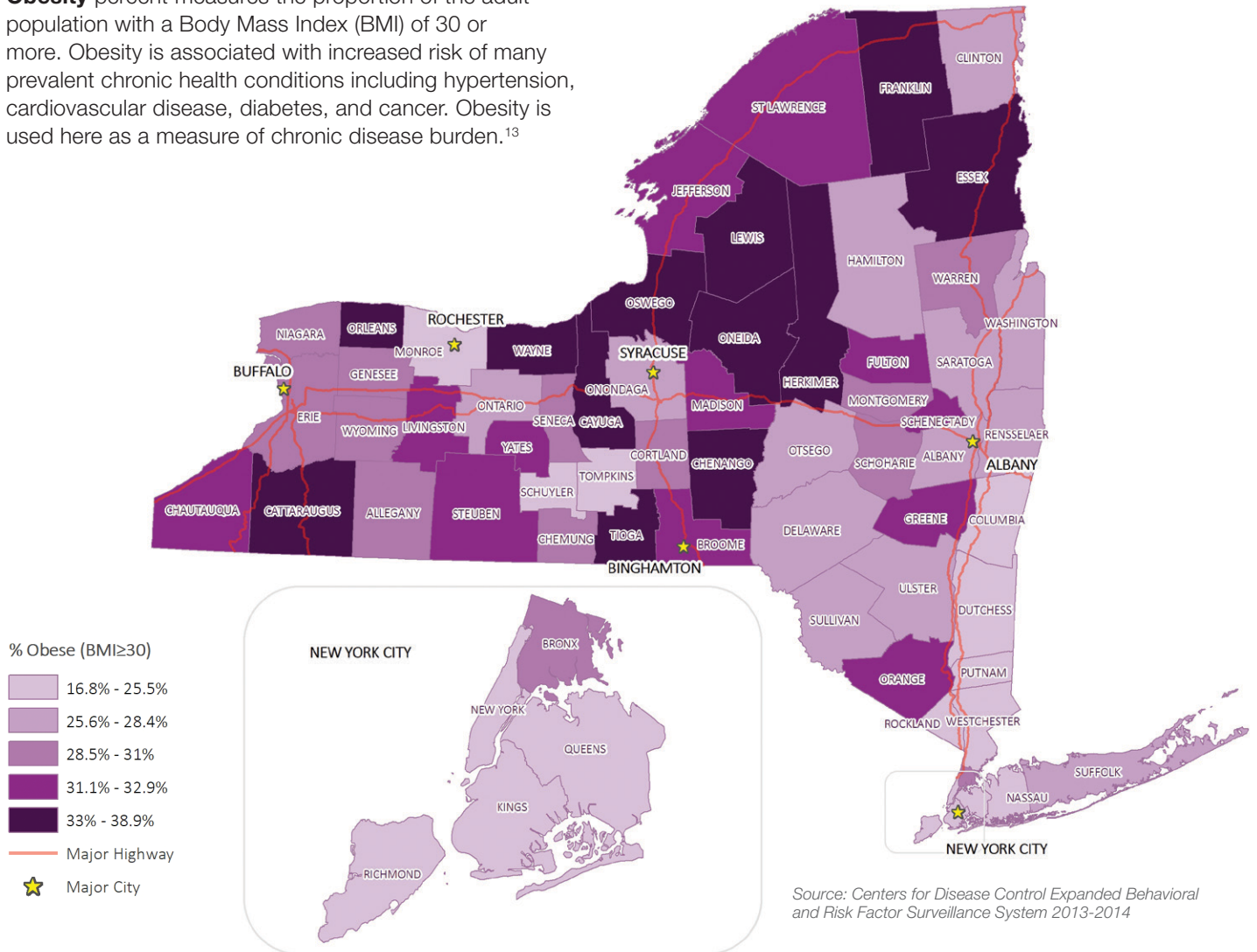
Counties with lowest preventable ED visit rates*

1. Tioga	9.5
2. Cattaraugus	10.1
3. Saratoga	13.2
4. Franklin	14.1
5. Tompkins	15.2

*The rate of potentially preventable emergency department visits per 100 emergency department visits

OBESITY AMONG ADULTS

Obesity percent measures the proportion of the adult population with a Body Mass Index (BMI) of 30 or more. Obesity is associated with increased risk of many prevalent chronic health conditions including hypertension, cardiovascular disease, diabetes, and cancer. Obesity is used here as a measure of chronic disease burden.¹³



Counties with highest percent of obesity

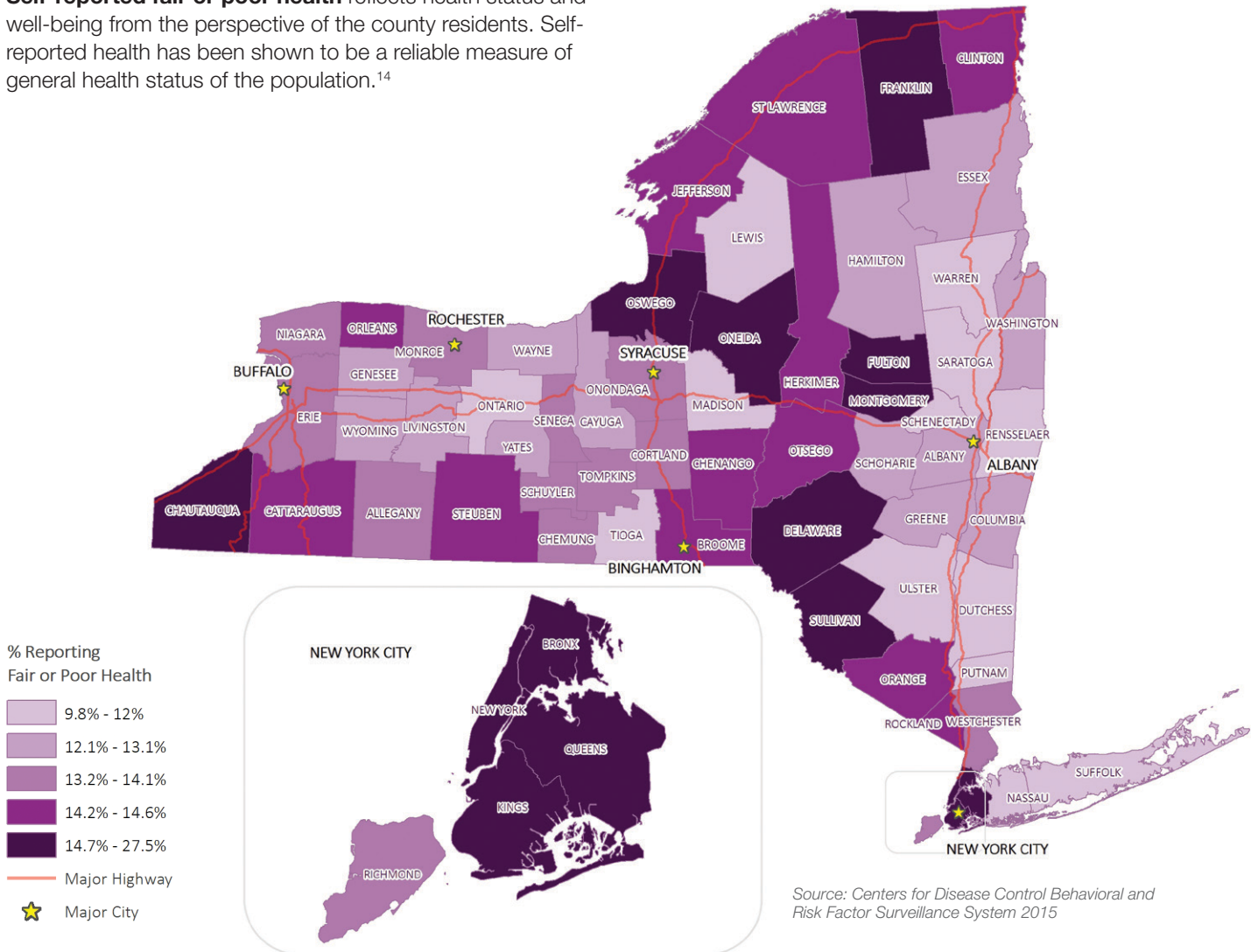
1. Chenango 38.9%
2. Orleans 38.5%
3. Herkimer 38.2%
4. Essex 37.0%
5. Wayne 36.8%

Counties with lowest percent of obesity

1. New York 16.8%
2. Putnam 20.5%
3. Nassau 20.8%
4. Westchester 21.0%
5. Tompkins 21.1%

SELF-REPORTED HEALTH AMONG ADULTS

Self-reported fair or poor health reflects health status and well-being from the perspective of the county residents. Self-reported health has been shown to be a reliable measure of general health status of the population.¹⁴

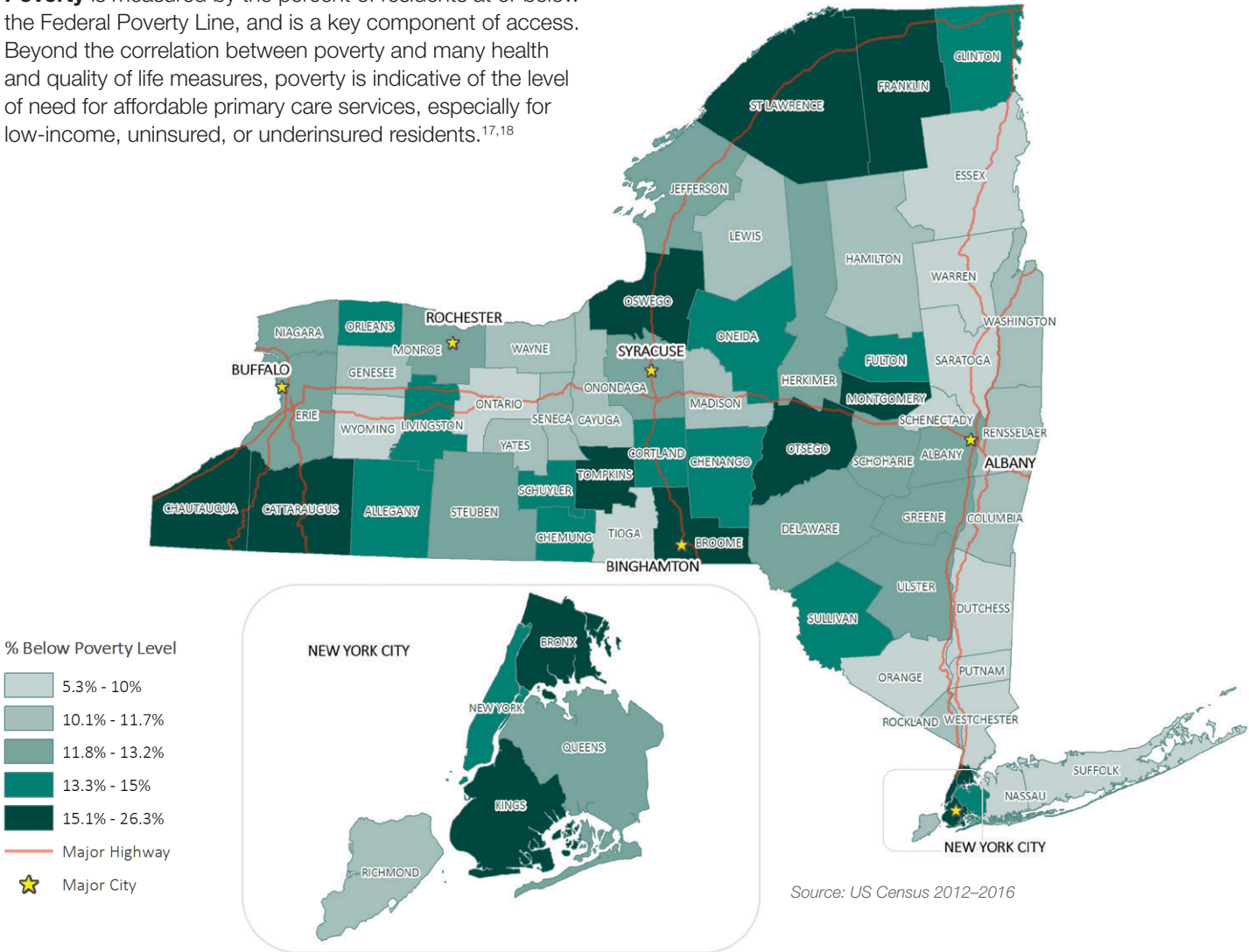


Socioeconomic Position Measures

Understanding the relationship between socioeconomic position (SEP) and primary care is essential to evaluating underlying factors upon which primary care access hinges. SEP refers to the social and economic factors that influence a person's position within a larger, socially stratified population and significantly contribute to existing disparities in the quality of available primary care and level of care continuity provided.^{15,16} By evaluating the specific vulnerabilities each population experiences, PCDC has created a multidimensional lens to evaluate access to primary care.

ADULTS LIVING IN POVERTY

Poverty is measured by the percent of residents at or below the Federal Poverty Line, and is a key component of access. Beyond the correlation between poverty and many health and quality of life measures, poverty is indicative of the level of need for affordable primary care services, especially for low-income, uninsured, or underinsured residents.^{17,18}



Counties with highest poverty rates

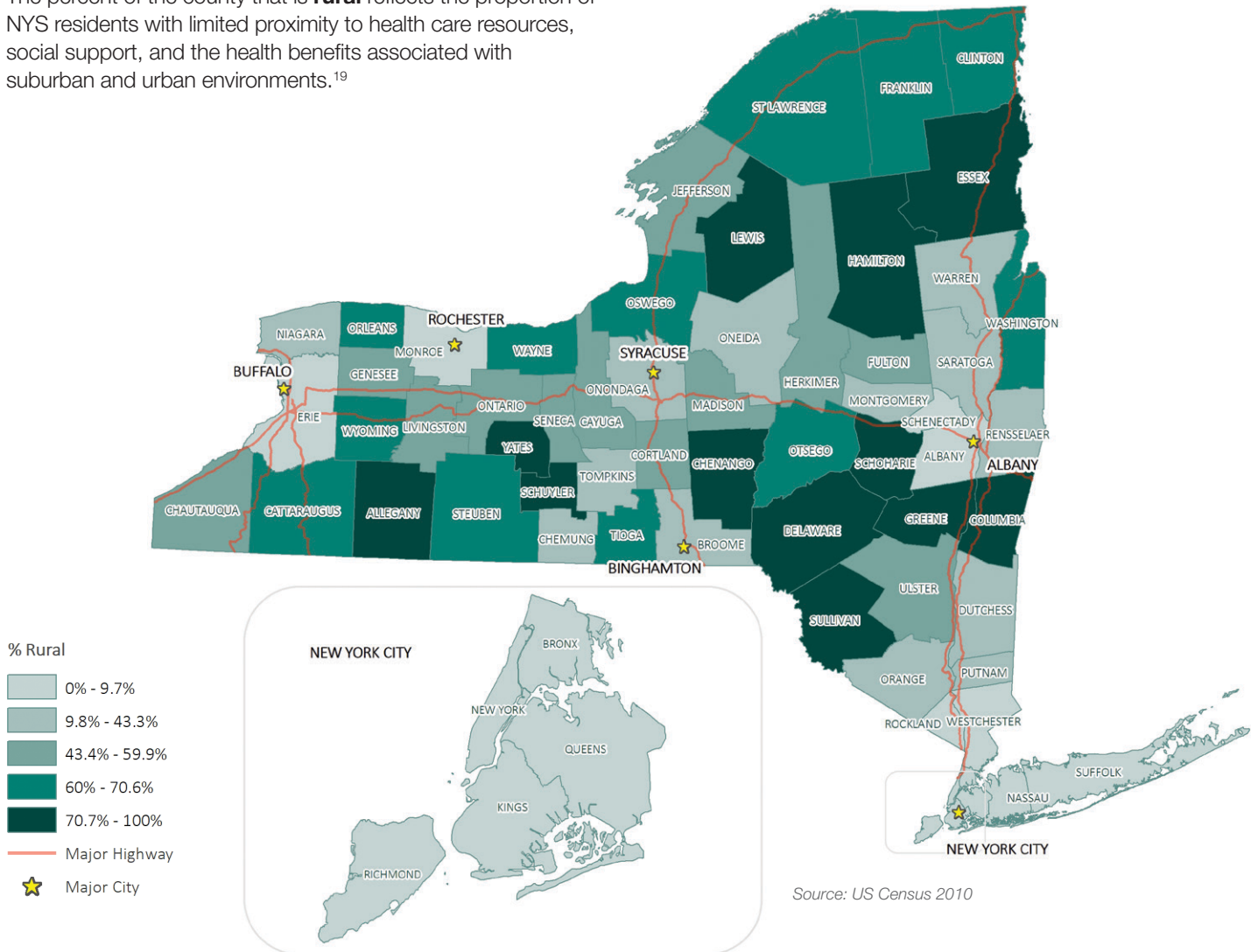
1. Bronx	26.3%
2. Tompkins	20.8%
3. Kings	19.9%
4. Montgomery	17.1%
5. Franklin	17.0%

Counties with lowest poverty rates

1. Putnam	5.3%
2. Nassau	5.4%
3. Saratoga	6.1%
4. Suffolk	6.7%
5. Dutchess	8.5%

RURAL AREA

The percent of the county that is **rural** reflects the proportion of NYS residents with limited proximity to health care resources, social support, and the health benefits associated with suburban and urban environments.¹⁹



Counties with most rural area

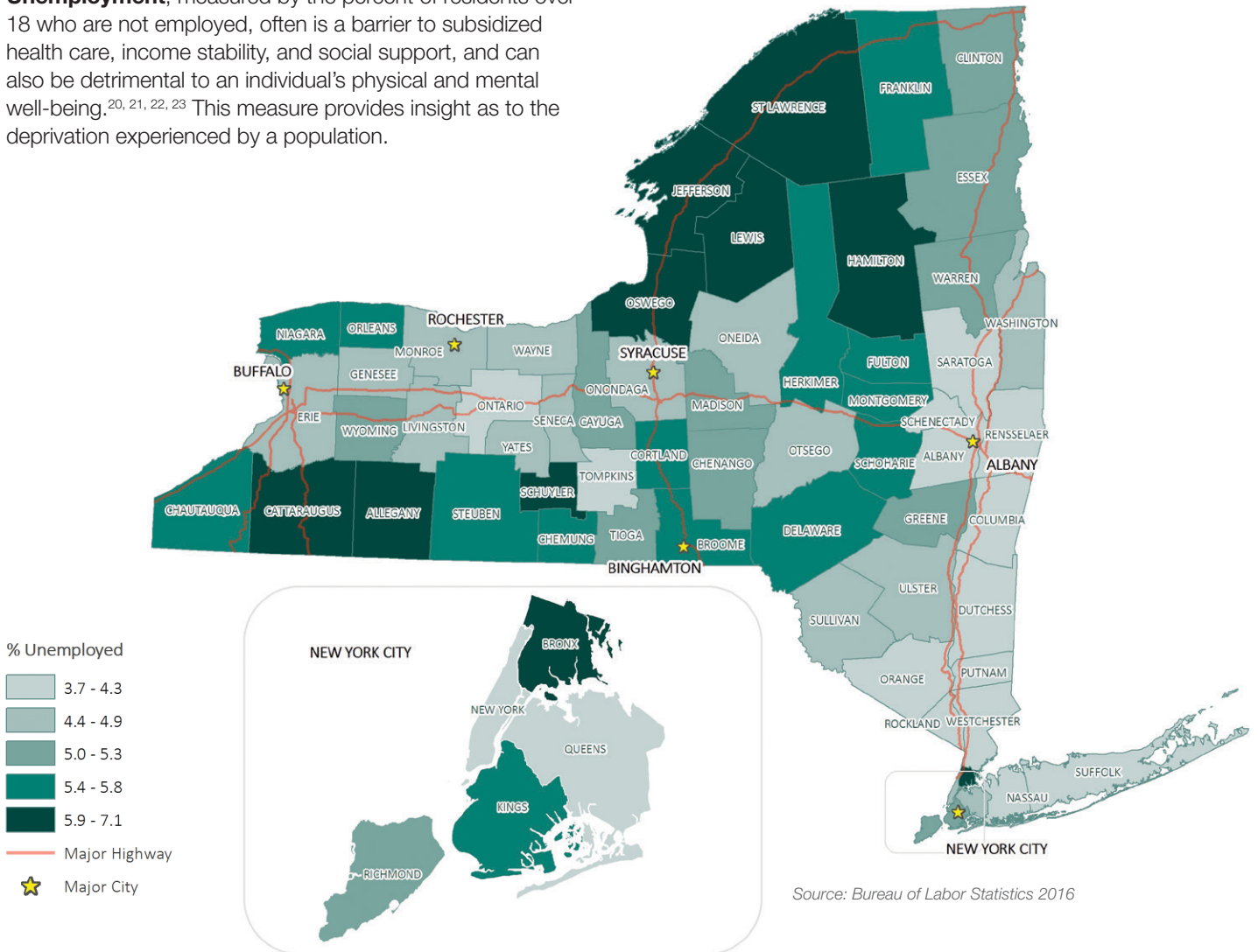
1. Hamilton	100%
2. Lewis	86.8%
3. Chenango	83.4%
4. Schoharie	82.8%
5. Schuyler	81.2%

Counties with least rural area

1. New York	0%
1. Richmond	0%
1. Queens	0%
4. Kings	0.1%
5. Bronx	0.2%

UNEMPLOYMENT AMONG ADULTS

Unemployment, measured by the percent of residents over 18 who are not employed, often is a barrier to subsidized health care, income stability, and social support, and can also be detrimental to an individual's physical and mental well-being.^{20, 21, 22, 23} This measure provides insight as to the deprivation experienced by a population.



Counties with highest unemployment

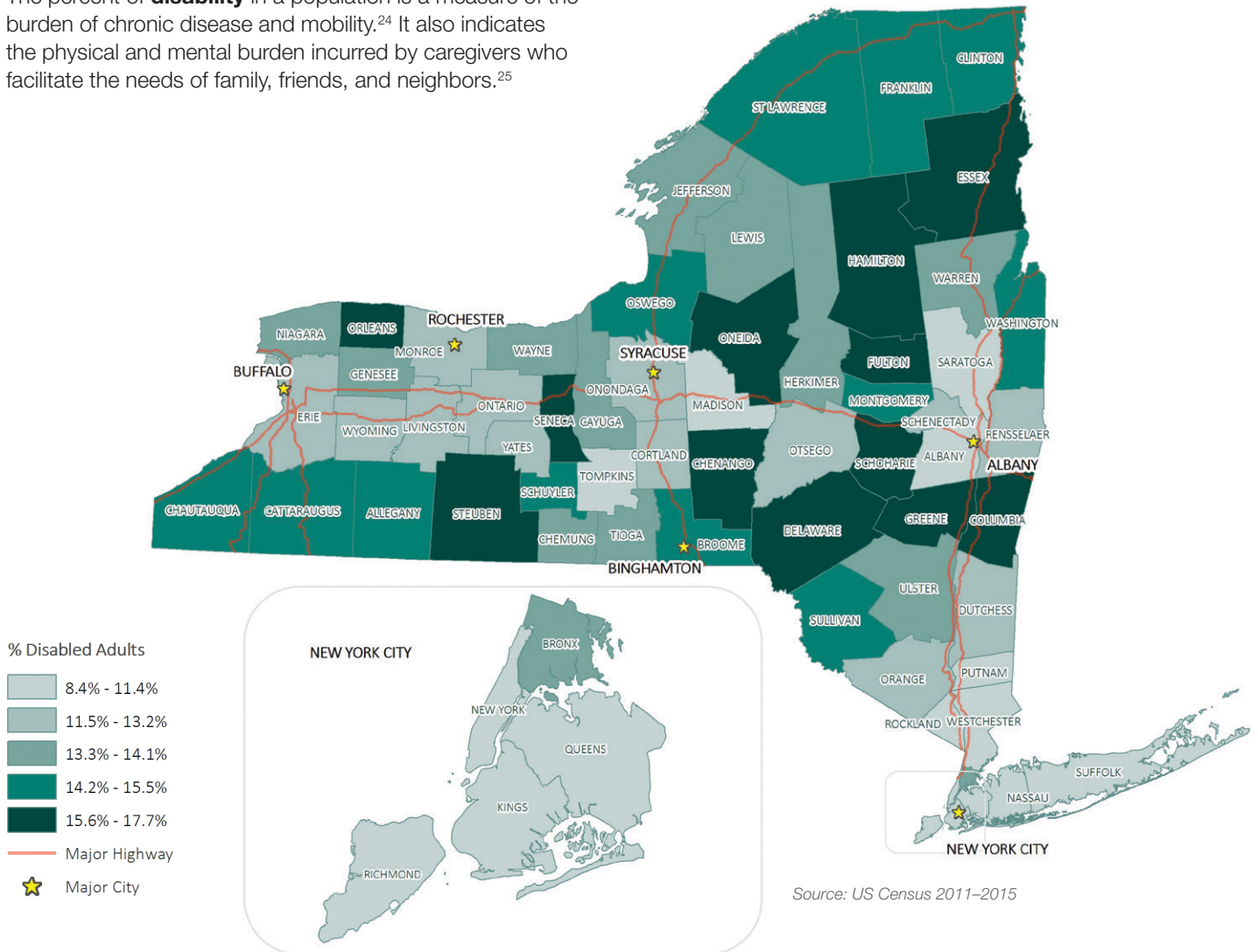
1. Bronx	7.1%
2. Lewis	6.7%
3. St. Lawrence	6.6%
4. Hamilton	6.5%
5. Oswego	6.4%

Counties with lowest unemployment

1. Columbia	3.7%
2. Saratoga	3.8%
3. Nassau	3.9%
4. Putnam	4.0%
5. Albany	4.0%

DISABILITY AMONG ADULTS

The percent of **disability** in a population is a measure of the burden of chronic disease and mobility.²⁴ It also indicates the physical and mental burden incurred by caregivers who facilitate the needs of family, friends, and neighbors.²⁵



Counties with highest disability rates

1. Chenango 17.7%
2. Orleans 17.1%
2. Hamilton 17.1%
4. Delaware 16.6%
5. Fulton 16.1%

Counties with lowest disability rates

1. Nassau 8.4%
2. Westchester 9.0%
2. Rockland 9.0%
4. Suffolk 9.3%
5. Queens 9.5%

Findings

CORRELATION ANALYSIS

PCDC applied correlation analysis to examine relationships between primary care access measures, health status, and socioeconomic position across New York State. These correlations test whether two measures are statistically associated with each other. All measures included in the report were independently tested together.

CORRELATION MATRIX



Interpreting correlations: Correlation coefficients, or *r*-values, measure the strength and direction of the relationship between two variables. *R*-values range from -1.0 to 1.0. An *r*-value of 1 represents perfect positive correlation, an *r*-value of -1 indicates perfect negative correlation, and an *r*-value of 0 indicates no correlation. Positive correlation, represented by a red bubble, occurs when an increase in one variable is associated with an increase in the second variable, whereas negative correlation, represented by a blue bubble, exists when an increase in one variable is associated with a decrease in the second variable.

Statistical Significance: Significance at $\alpha < 0.05$ is indicated by a blue or red bubble. Insignificant correlations are represented with a gray bubble.

Interpretation Example: The correlation between PCPs per 10,000 and the premature mortality rate shows a statistically significant negative correlation ($r = -0.33$). Thus, an increase in the number of PCPs per 10,000 county residents is associated with a decrease in the premature mortality rate.

KEY FINDINGS

This report identifies a number of significant associations between the measures of primary care access, health status, and socioeconomic position examined here.

Primary Care Access is Associated with Health Status: Counties with fewer primary care providers per person had both increased rates of obesity and premature mortality, suggesting that populations with lower availability of primary care providers experience disproportionate rates of morbidity and mortality. We also found that the number of potentially preventable emergency department visits, which is both a measure of primary care access and of health status, was associated with increased premature mortality rates and increases in county residents' self-reported fair or poor health.

Primary Care Provider Availability Correlates with Poverty: Higher poverty, disability, and unemployment rates were all associated with fewer PCPs per person at the county level. Regional inequities in availability of primary care providers and poverty may be compounded by additional financial and transportation barriers not accounted for in this analysis.

Rural Counties Have Fewer Primary Care Physicians and Poor Health Status: Rural counties in New York also have fewer primary care providers per person, higher rates of obesity and premature mortality, and poorer socioeconomic conditions than counties that are primarily urban. The density of primary care facilities is greater in counties with major cities and along major highways and transportation corridors. In rural counties, transportation and proximity barriers may be particularly challenging for residents who are disabled or elderly, of which there are greater populations in rural areas.

Primary Care Safety Net Resources Vary by Regional Needs: The primary care system appears to be responsive to regional needs across some measures. For example, higher unemployment and disability rates were associated with greater percentages of PCPs accepting Medicaid. Similarly, higher rates of disability and of persons over the age of 65 were associated with more PCPs accepting Medicare. Interestingly, the proportion of primary care providers with Patient-Centered Medical Home recognition is generally greater in counties with overall lower socioeconomic position.

WHAT CAN WE DO TO STRENGTHEN PRIMARY CARE IN NEW YORK?

Our findings highlight the critical intersection between primary care access and health equity across New York. The report may be used to identify counties in New York with lower access to primary care facilities and providers or those with overall poorer health status where primary care facilities should be sited to address population health needs and health equity.

Primary care resources and efforts to address health status and social determinants of health are essential to improve

the health of communities and promote health equity across New York State. Counties that simultaneously experience low access and health inequities should be prioritized for New York State primary care resources, including capital to improve, expand, and build new primary care facilities. A strong primary care system should manage chronic disease, provide mental health and substance use disorder treatment, provide women's health care, and strengthen and improve the delivery of care for all New York State residents.

RECOMMENDATIONS

The data in this report leads to a number of recommendations for New York State, City, and County governments, and for health care providers and systems:

- Ensure sufficient number of primary care providers in every county
- Take measures such as the PCP-to-population ratio into account when siting and providing capital for primary care facilities
- Work towards primary care access parity for people living in rural communities
- Encourage high-quality primary care provision through capital access as well as reimbursement models that reward proven quality programs such as Patient-Centered Medical Home

TECHNICAL NOTES

Primary Care Provider Definition

Primary Care Provider, in this profile, is defined as a physician (MD or DO) with primary specialty of Internal Medicine, General Medicine, or Family Medicine.

Methods

Percent of persons ages 18–64 who are uninsured, by New York State County, 2011–2015

- Number of persons ages 18–64 in the county with no insurance divided by the total number of persons ages 18–64 residing in the county

Ratio of primary care providers per 10,000 persons ages 18 years and older, by New York State county

- Number of PCPs with a practice location in the county multiplied by 10,000, and then divided by the population of persons 18 years of age and older residing in a county. PCPs with multiple practice locations in one county were counted once within the county

Percent of primary care sites that are recognized as Patient-Centered Medical Homes, by New York State County

- Number of PCP sites identified as PCMH-recognized divided by the total number of PCP sites in each county

Percent of primary care providers that accept Medicaid, by New York State county

- Number of PCPs in the county that accept Medicaid divided by the total number of PCPs in the county

Percent of primary care providers that accept Medicare, by New York State county

- Number of PCPs in the county that accept Medicare divided by the total number of PCPs in the county.

Associations between primary care access, health status, and socioeconomic positions measures

- Bivariate correlation analysis was conducted to test for statistical associations at the $\alpha < 0.05$ level.

Note on Primary Care Access Measures: Each of the primary care measures presented in the profile serve to compare percentages across NYS counties. These comparisons do not establish a threshold for adequate access for the measures.

Note on Statistical Interpretation: All data in our study were analyzed at the county level and results may not be transferrable to an individual person or provider, or other levels of geography. The results of the correlation analysis were independently calculated and do not adjust or control for other factors. All results presented in this report should be considered exploratory.

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Thank You

This New York State Primary Care Profile is made possible by public funds provided through the New York State Department of Health with support from the New York State Legislature. The Primary Care Development Corporation extends a special thanks for the leadership of **New York State Assembly Member Richard N. Gottfried** and the following Assembly members for championing this project in FY18:

Carmen E. Arroyo	Michael Keams
Michael Blake	Brian Kavanaugh
Edward Braunstein	Charles Lavine
Harry Bronson	Joseph Lentol
Kevin Cahill	Barbara Lifton
Robert Carroll	John McDonald
Vivian E. Cook	David McDonough
Clifford Crouch	Walter Mosley
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Gary Finch	Jo Anne Simon
Sandy Galef	Aravella Simotas
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As a Community Development Financial Institution (CDFI), PCDC provides low-interest capital and expertise to build, renovate, and expand community-based health care facilities, supporting providers in delivering quality care to their patients in settings that promote dignity, respect, and wellness. PCDC also provides expert consulting, training, and coaching to help primary care practices adopt patient-centered models, care coordination, and integrated services; improve operations; incorporate coordinated care; leverage health information technology; and boost patient health outcomes.

PCDC works with key policy makers, trade associations, and industry leaders to advance policy initiatives that strengthen, sustain, and expand access to quality primary care. In a rapidly evolving health policy environment, PCDC brings both policy expertise and nearly a quarter century's experience investing in and strengthening primary care practices in NYS.

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Suggested Citation

Primary Care Development Corporation. (2018).
New York State Primary Care Profile. New York, NY.



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