



MORE PRIMARY CARE PROVIDERS MEAN BETTER **HEALTH FOR NEW YORKERS**

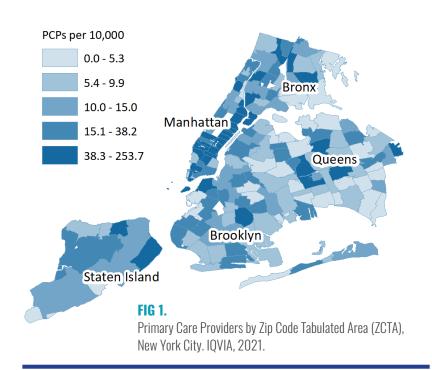
Primary care is foundational to healthy, thriving communities and is often the first point of contact between people and the health care system.^{1,2} Evidence has shown that having more primary care providers (PCPs) in a neighborhood lowers overall health care costs and improves health outcomes by facilitating access to important preventive services.² At the national level, counties with more PCPs experience greater life expectancy, as well as reduced rates of cardiovascular, cancer, and respiratory related deaths.³ However, for people living in historically disinvested and rural communities, people of color, and people with a low-income, quality care is difficult to access.

In this brief, the Primary Care Development Corporation (PCDC) examines PCP availability across New York City (NYC) and identifies associations with key indicators of population health and COVID-19 outcomes. Additionally, PCDC highlights the relationship between PCP availability and disinvestment, and provides recommendations for strategic investment in primary care. Provider metrics were analyzed at the ZIP Code Tabulation Area (ZCTA) level using IQVIA's 2021 dataset containing information for 21,662 PCPs practicing in NYC.4



Key Findings

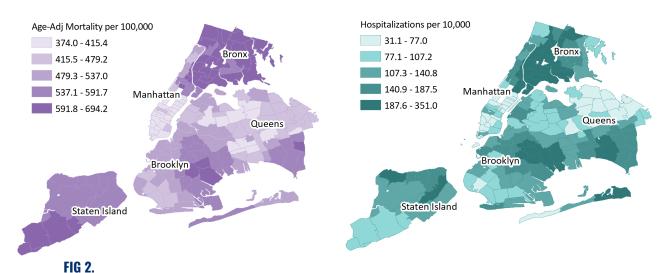
- 10 more PCPs per 10,000 people is associated with:
 - 26 fewer preventable hospitalizations per 100k
 - 9 fewer COVID-19 related deaths per 100k
- The lowest income neighborhoods have 4.5x fewer PCPs than the highest income neighborhoods
- Historically redlined neighborhoods have nearly 3x fewer PCPs than the 'Best' graded areas.



In this data brief, we define PCPs as physicians (MDs and DOs), Nurse Practitioners (NPs), and Physician Assistants (PAs) with a specialty of Family Medicine, Internal Medicine, General Primary Care, Geriatrics, or Obstetrics and Gynecology.

More Primary Care Providers Mean Better Health Outcomes

The availability of PCPs varies across the city, with new data showing that neighborhoods with more PCPs have better health outcomes. Neighborhoods in Southeast Brooklyn and Southwest Queens are among those with the fewest PCPs (Figure 1) and the highest all-cause mortality and preventable hospitalization rates (Figure 2).



Select Health Outcome Measures by ZCTA, New York City. Age-Adjusted, All-Cause Mortality Rate (left), Uniform Data System, 2017-2019. Potentially Preventable Hospitalization Rate (right), Statewide Planning and Research Cooperative System, 2016-2019.

In NYC, adding 10 PCPs per 10,000 people is associated with:

- 26 fewer preventable hospitalizations per 100k.
- 5 fewer all-cause mortality deaths per 100k.

Neighborhoods with More PCPs Have Better COVID-19 Outcomes



In March 2020, NYC became one of the United States' first COVID-19 pandemic epicenter. Our analysis found that having more PCPs in a neighborhood played a protective role in neighborhood-level COVID-19 outcomes.

An increase of 10 PCPs per 10,000 people is associated with:

- 35 fewer COVID-19 hospitalizations per 100k.
- 9 fewer COVID-19 related deaths per 100k.





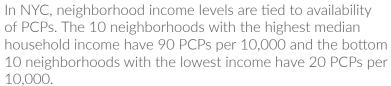
There Are Fewer Primary Care Providers in Historically Disinvested Neighborhoods

The availability of PCPs in NYC neighborhoods is tied to historic and persistent inequities in resource distribution.

Highest Income Neighborhoods



Lowest Income Neighborhoods





Deliberate disinvestment in predominantly Black neighborhoods still shapes racial segregation and income disparities in NYC today. Redlining was a form of such discrimination by lenders where a 'red line' was drawn to restrict investment in these neighborhoods. 5,6 Areas were categorized by risk grades (A, B, C, or D), with A meaning 'Best' and a D grade (redlined) indicating the area was 'Hazardous' for lending.6

Historically redlined areas have only 27 PCPs per 10K, compared to 'Best' graded areas with 72 PCPs per 10k.

The **lowest income** neighborhoods have **4.5x fewer PCPs** than the highest income. neighborhoods.

Historically redlined neighborhoods have nearly 3x fewer PCPs than the 'Best' graded areas.

Call to Action: Invest in Primary Care



Commit to investment, both now and over the long term, in neighborhoods with a shortage of primary care providers and access points to ensure an adequate PCP supply in every district



Increase access to affordable health care for low-income New Yorkers, including by funding NYC CARE⁷



Invest in primary care workforce development programs to encourage people from diverse backgrounds to seek training and provide care in their own communities

JULY 2022 | ISSUE 10 | PAGE 4

How do New York City's Council Districts Compare?

The City Council Districts (Districts) in NYC have stark differences in PCP availability, ranging from 101 PCPs per 10,000 in the Upper East Side/Midtown Manhattan to 5 in Central Queens. Most Districts with the highest numbers of PCPs (Figure 4) are in Manhattan, whereas the Districts with the fewest PCPs are predominately located in Brooklyn and Queens.

Districts with the Most PCPs	
City Council District	PCPs per 10,000
District 4	101.2
District 10	83.5
District 5	79.4
District 8	72.9
District 2	55.7
District 13	50.5
District 11	48.8
District 1	40.5
District 40	40.0
District 29	39.9

Districts with the Fewest PCPs	
City Council District	PCPs per 10,000
District 30	5.4
District 27	5.7
District 47	5.8
District 18	5.8
District 46	6.2
District 28	6.5
District 12	6.9
District 19	7.2
District 34	7.3
District 21	7.9

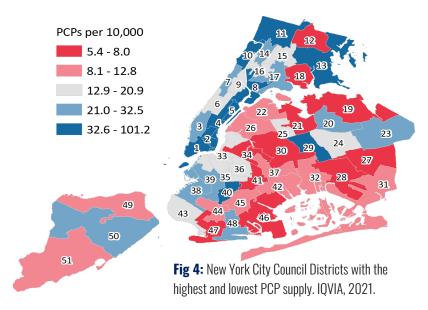
Interested in More Data for Your District?



We encourage anyone interested in additional data or information on primary care access in your district to contact PCDC's Evaluation and Analytics team.

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