



COUNCIL DISTRICT 2

2019 PRIMARY CARE PROFILES

*A look at adult primary care access
in New York City*



COUNCIL DISTRICT 2

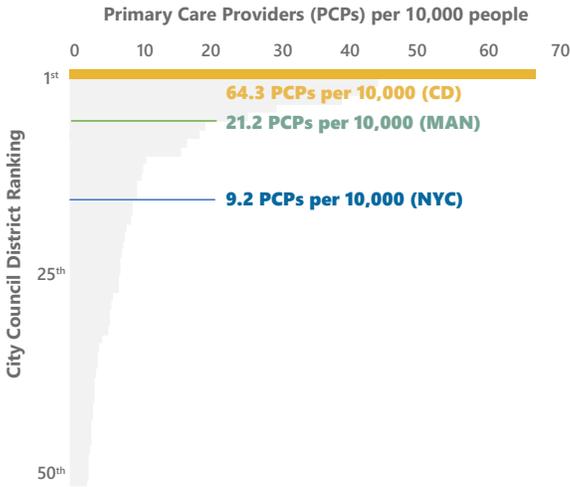
Includes the East Village, Gramercy Park, Lower East Side, Murray Hill, and Rose Hill neighborhoods.



For comparison purposes, each metric is displayed at the city (NYC), borough (MAN), and Council District (CD) level

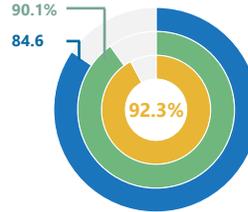
PRIMARY CARE ACCESS

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.



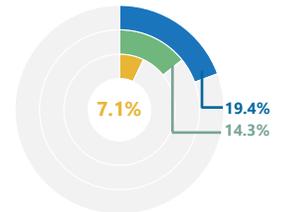
Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **64.3 PCPs per 10,000 residents.**



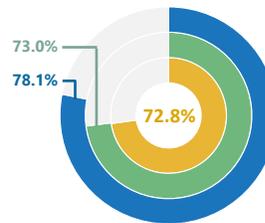
Health Insurance

92.3% of District residents have health insurance coverage



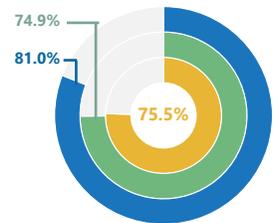
PCMH-Recognition

7.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



Medicaid Acceptance

72.8% of PCPs in the District accept patients with Medicaid

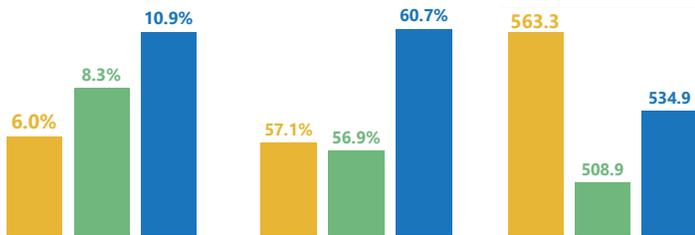


Medicare Acceptance

75.5% of PCPs in the District accept patients with Medicare

HEALTH STATUS

Health status indicates factors that impact a population's overall health, and the level of primary care services needed to address the health needs of a population.



Diabetes Prevalence

6.0% of District residents report having diabetes

Lack of Immunization

57.1% of District residents have not received the influenza vaccine

Heart Disease Mortality

563.3 deaths per 100,000 District residents result from heart disease

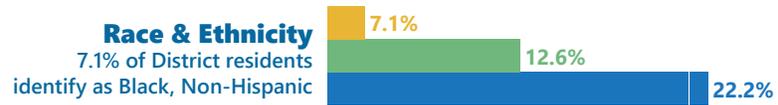
Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **22.8 PPED visits per 100 residents.**



SOCIOECONOMIC POSITION

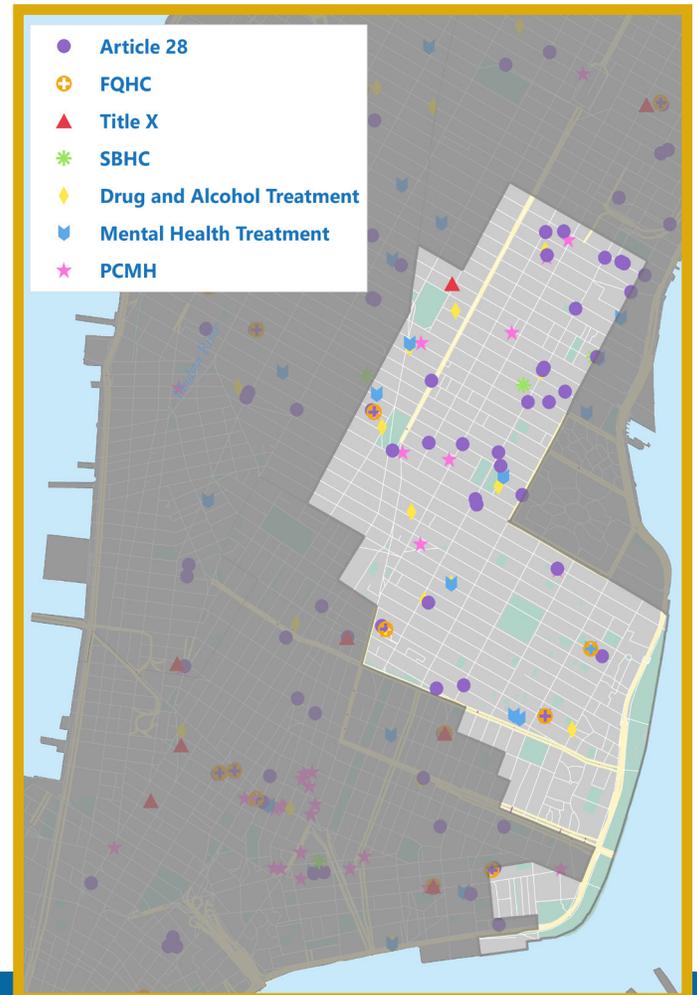
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



FACILITIES

The locations of key health care facilities within the District, including those for specific populations, are mapped to display the distribution of sites that deliver primary care and related services.

COUNCIL DISTRICT FACILITY COUNT	FACILITY TYPE	ALL DISTRICTS AVERAGE
36	Article 28	19
6	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
9	Mental Health Treatment Centers	5
17	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12



APPROACHES & ACTIVITIES TO IMPROVE PRIMARY CARE ACCESS

Promoting quality primary care access among all individuals across NYC is critical to ensuring health equity, creating healthy communities, and reducing health care costs. This profile may serve to inform health care planning and future siting of health care facilities. The findings also support advocacy for additional services to encourage equitable access to primary care.

- Ensure sufficient amount of PCPs in every district.
- Take measures such as PCP-to-population ratio into account when siting and providing capital for primary care facilities.
- Work towards primary care access parity for districts with relatively low socioeconomic position.
- Encourage high-quality primary care provision and access through reimbursement models that reward proven quality programs, such as Patient-Centered Medical Home, and targeted capital grants and loans.



Primary Care Development Corporation

Founded in 1993 in New York City, PCDC is a nationally recognized nonprofit that catalyzes excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity. In New York State, PCDC has worked with hundreds of primary care organizations to expand access to high-quality primary care.

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.

Technical Notes

For more information about data, measures, and methodology, please refer to the New York City Council District Profiles on our website: pcdc.org

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