



PRIMARY CARE  
DEVELOPMENT  
CORPORATION

# PRIMARY CARE ACCESS IN NEW YORK CITY

2019 REPORT

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# NEW YORK CITY COUNCIL DISTRICTS & PRIMARY CARE ACCESS



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## SECTION 1.0

# 1.1 INTRODUCTION

**Primary care is the foundation of the health care system and a cornerstone of healthy, thriving communities. Increasing primary care access across New York City, as in other major cities, creates healthy communities, ensures health equity, and reduces 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. Geographic, demographic, and socioeconomic characteristics impact where primary care

providers (PCPs) are located, and even in communities where providers are available, disparities in access may remain.

# 1.2 NEW YORK CITY COUNCIL DISTRICTS & PRIMARY CARE

**FIG1.**

Map of New York City Council Districts

The **Primary Care Development Corporation (PCDC)** has identified key measures of primary care access. This report utilizes existing data to identify primary care facilities and services in NYC to contrast measurable elements of access to quality primary care across Council Districts (CDs). By examining multiple dimensions of primary care access at the District-level, we hope to further our understanding of primary care access for constituents while presenting content to help identify gaps in access, support advocacy for additional primary care services, and inform siting of new primary care facilities.



# PRIMARY CARE ACCESS MEASURES



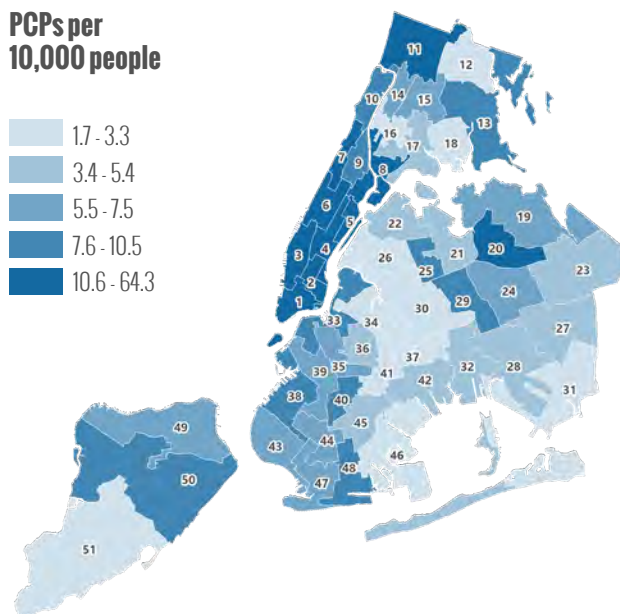
# SECTION 2.0

## 2.1 ACCESS OVERVIEW

Primary care access is when a person is able to receive the needed primary care services 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.

## 2.2 PRIMARY CARE PROVIDER AVAILABILITY

**FIG 2a.**  
Primary Care Providers (PCPs) per 10,000 adult residents (18+ years) by New York City Council District, 2016-2017



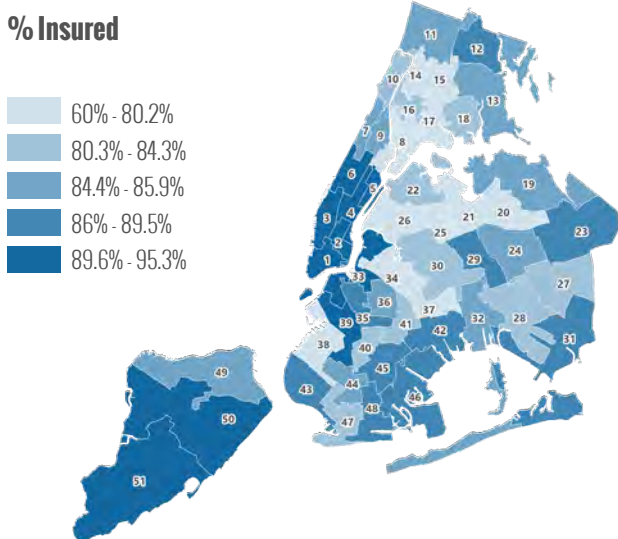
**FIG 2b.**  
PCP Availability Ranking

Districts with the most PCPs per 10,000 people			Districts with the fewest PCPs per 10,000 people		
1.	District 2	64.3	1.	District 34	1.7
2.	District 1	42.6	2.	District 37	2.2
3.	District 4	41.5	3.	District 51	2.4
4.	District 11	37.7	4.	District 41	2.6
5.	District 6	28.7	5.	District 30	2.7

**Availability of primary care providers (PCPs)** within communities has been associated with positive health outcomes and increases in health care service utilization.<sup>1,2</sup> People who live in areas with fewer primary care providers may have to travel farther or wait longer to be able to access primary care services.<sup>3</sup>

# 2.3 HEALTH INSURANCE COVERAGE

**FIG 3a.**  
Percent of Insured adult residents (18+ years) by New York City Council District, 2012-2016



**FIG 3b.**  
Health Coverage Ranking

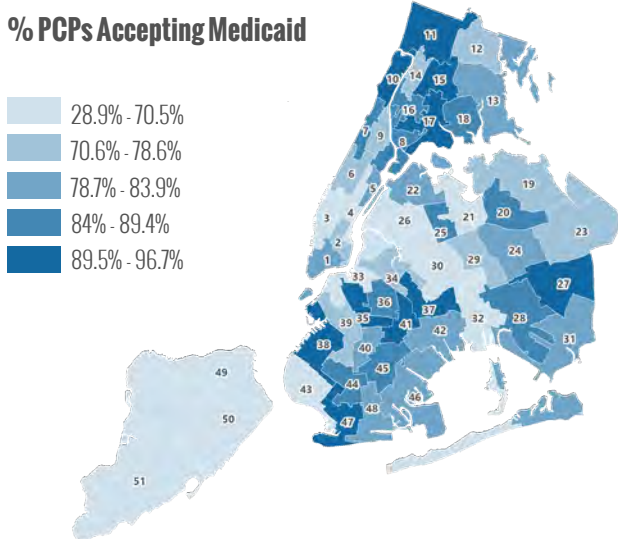
Districts with the highest insured rates*			Districts with the lowest insured rates*		
1.	District 4	95.3%	1.	District 21	60.0%
2.	District 51	94.2%	2.	District 20	69.2%
3.	District 5	94.0%	3.	District 25	73.0%
4.	District 6	94.0%	4.	District 38	75.3%
5.	District 3	93.6%	5.	District 34	76.9%

\*Rates reflect the percent of persons with health insurance coverage

**Health insurance coverage** is essential to the ability to access primary care. Persons who are uninsured are often sicker,<sup>4</sup> spend a greater proportion of their income on out-of-pocket health care costs, have greater difficulty accessing services,<sup>5,6</sup> and are more likely to lack a usual source of care than their insured counterparts.<sup>7</sup>

# 2.4 PUBLIC INSURANCE ACCEPTANCE

**FIG 4a.**  
Percent of PCPs Accepting Medicaid by New York City Council District, 2016-2017



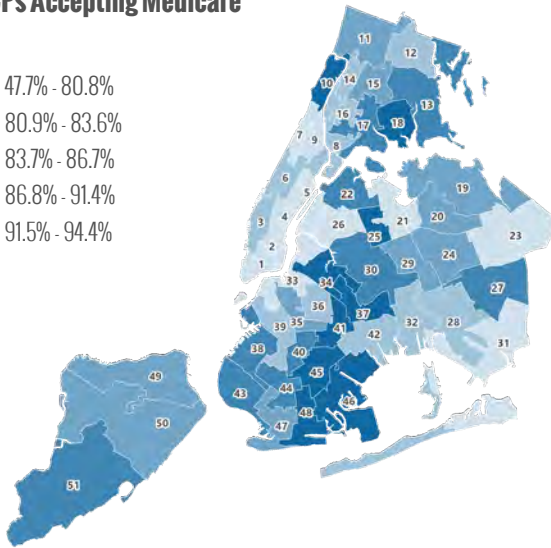
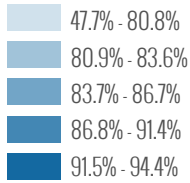
**FIG 4b.**  
Medicaid Acceptance Ranking

Districts with the most PCPs Accepting Medicaid			Districts with the fewest PCPs Accepting Medicaid		
1.	District 17	96.7%	1.	District 51	28.9%
2.	District 38	93.9%	2.	District 4	45.5%
3.	District 11	93.1%	3.	District 32	61.4%
4.	District 15	91.8%	4.	District 43	62.9%
5.	District 37	91.7%	5.	District 50	64.9%

**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-insured populations, an insufficient supply of neighborhood-based providers accepting Medicaid presents a barrier to care, and may result in poorer health outcomes.

**FIG 5a.**  
Percent of PCPs Accepting Medicare by New York City Council District, 2016-2017

**% PCPs Accepting Medicare**



**FIG 5b.**  
Medicare Acceptance Ranking

**Districts with the most PCPs Accepting Medicare**

1.	District 37	94.4%
2.	District 46	94.2%
3.	District 48	94.0%
4.	District 18	93.3%
5.	District 34	92.9%

**Districts with the fewest PCPs Accepting Medicare**

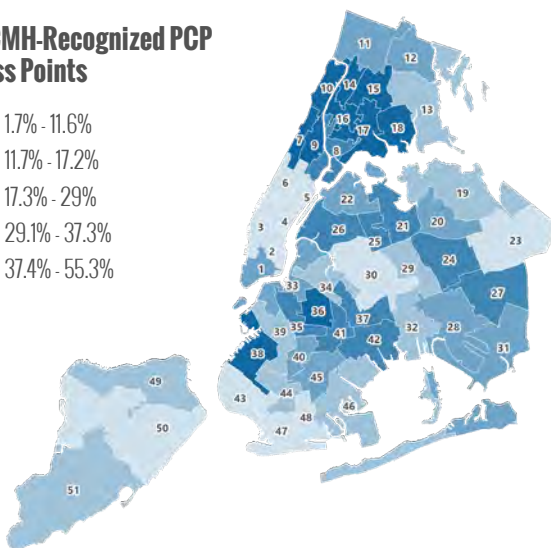
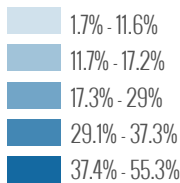
1.	District 5	47.7%
2.	District 4	69.4%
3.	District 21	72.9%
4.	District 9	73.0%
5.	District 33	74.8%

**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.<sup>8</sup> Neighborhood-based primary care services are essential for older adults, as greater mobility issues are experienced by the Medicare population.

# 2.5 PATIENT-CENTERED CARE

**FIG 6a.**  
Percent of PCP Access Points with PCMH Recognition by New York City Council District, 2016-2017

**% PCMH-Recognized PCP Access Points**



**FIG 6b.**  
PCMH-Recognition Ranking

**Districts with the most PCMH-Recognized PCP Access Points**

1.	District 14	55.3%
2.	District 15	49.0%
3.	District 10	48.4%
4.	District 17	47.1%
5.	District 9	41.2%

**Districts with the fewest PCMH-Recognized PCP Access Points**

1.	District 4	1.7%
2.	District 3	5.1%
3.	District 6	5.7%
4.	District 48	6.1%
5.	District 2	7.1%

**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.<sup>9</sup> In New York State's Medicaid program, PCMH-enabled primary care practices receive additional reimbursement.



# HEALTH STATUS MEASURES



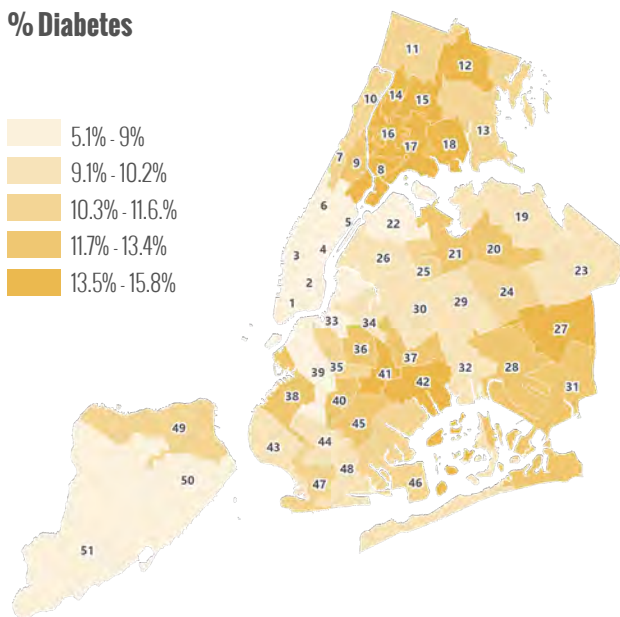
# SECTION 3.0

# 3.1 HEALTH STATUS OVERVIEW

The health status of a district indicates health care needs of the population and factors that impact the district population’s health. Examining multiple measures of population health provides insight into the need experienced by residents as well as burdens placed on primary care providers and facilities. The health status of a population should inform the primary care services required to address the health care needs of residents.

# 3.2 DIABETES PREVALENCE

**FIG 7a.**  
Percent of adult residents (18+ years) that report having been diagnosed with Diabetes by New York City Council District, 2015



**FIG7b.**  
Diabetes Prevalence Ranking

Districts with the highest prevalence of Diabetes			Districts with the lowest prevalence of Diabetes		
1.	District 16	15.8%	1.	District 5	5.1%
2.	District 17	15.7%	2.	District 3	5.4%
3.	District 41	15.2%	3.	District 4	5.7%
4.	District 42	15.2%	4.	District 2	6.0%
5.	District 8	14.8%	5.	District 6	6.3%

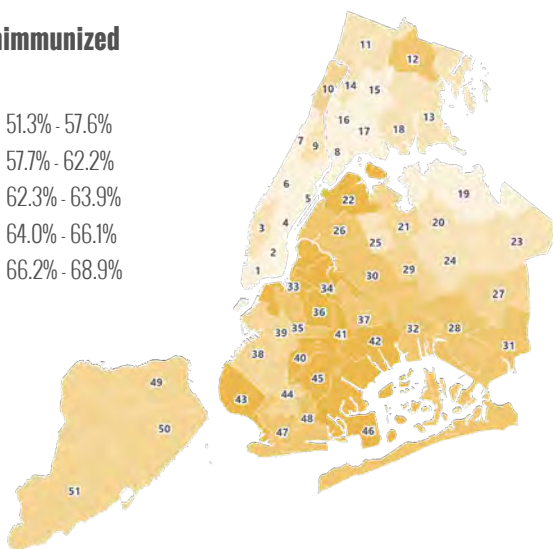
**Diabetes** serves as a measure of chronic disease burden, reflecting the percent of residents that report ever being told by a doctor, nurse, or health professional that they have diabetes. Primary care plays an important role in mitigating the chronic disease burden within populations, and helps reduce unnecessary hospitalizations and mortality due to poorly managed chronic conditions.<sup>10</sup> Furthermore, diabetes disproportionately affects individuals with lower socioeconomic status, and is indicative of overlapping factors related to increased primary care need.

# 3.3 IMMUNIZATION COVERAGE

**FIG 8a.**  
Percent of adult residents (18+) without a flu immunization by New York City Council District, 2009-2013

**% Unimmunized**

- 51.3% - 57.6%
- 57.7% - 62.2%
- 62.3% - 63.9%
- 64.0% - 66.1%
- 66.2% - 68.9%



**FIG 8b.**  
Immunization Ranking

**Districts with the highest percent of unimmunized people**

- |    |             |       |
|----|-------------|-------|
| 1. | District 45 | 68.9% |
| 2. | District 40 | 68.8% |
| 3. | District 34 | 68.5% |
| 4. | District 46 | 67.9% |
| 5. | District 36 | 67.8% |

**Districts with the lowest percent of unimmunized people**

- |    |             |       |
|----|-------------|-------|
| 1. | District 6  | 51.3% |
| 2. | District 5  | 51.7% |
| 3. | District 1  | 52.1% |
| 4. | District 4  | 55.6% |
| 5. | District 15 | 56.8% |

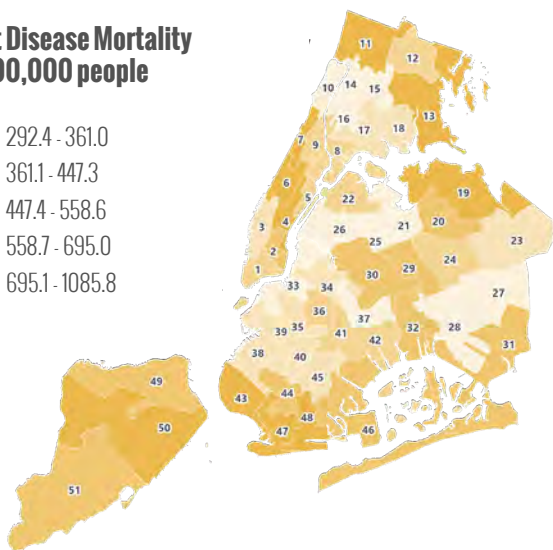
The estimated percentage of residents without a flu immunization serves as a proxy for preventive health care utilization. Preventive care is foundational to primary care, and in the case of influenza vaccinations in New York City, is associated with reduced preventable hospital visits<sup>11</sup> and therefore better overall health outcomes and reduced health care costs.

# 3.4 HEART DISEASE MORTALITY

**FIG 9a.**  
Heart Disease Mortality Rate per 100,000 residents by New York City Council District, 2011-2013

**Heart Disease Mortality per 100,000 people**

- 292.4 - 361.0
- 361.1 - 447.3
- 447.4 - 558.6
- 558.7 - 695.0
- 695.1 - 1085.8



**FIG 9b.**  
Heart Disease Mortality Ranking

**Districts with the highest heart disease mortality rate per 100,000 people**

- |    |             |        |
|----|-------------|--------|
| 1. | District 50 | 1085.8 |
| 2. | District 11 | 1031.1 |
| 3. | District 48 | 1008.0 |
| 4. | District 47 | 898.9  |
| 5. | District 13 | 866.1  |

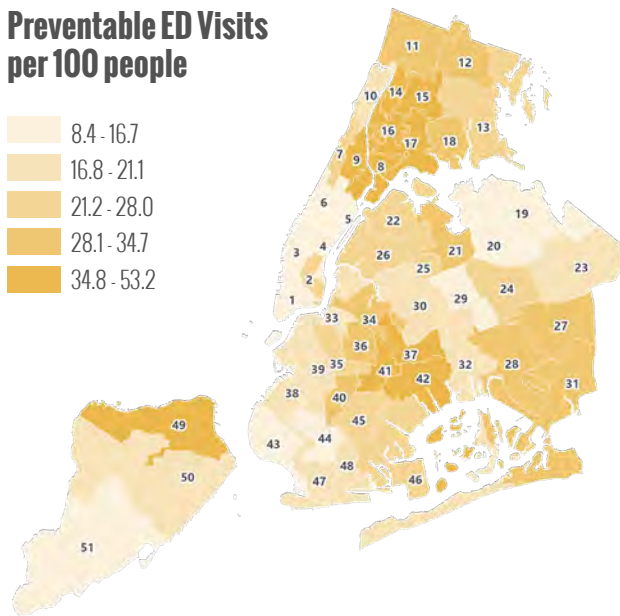
**Districts with the lowest heart disease mortality rate per 100,000 people**

- |    |             |       |
|----|-------------|-------|
| 1. | District 21 | 292.4 |
| 2. | District 10 | 304.4 |
| 3. | District 16 | 315.6 |
| 4. | District 33 | 317.5 |
| 5. | District 37 | 318.2 |

Heart disease is the leading cause of death nationwide.<sup>12</sup> Heart disease mortality rates are a measure of chronic-disease related, potentially preventable mortality. Key components of high-quality primary care, including team-based and patient-centered approaches, can help to reduce the risk of cardiovascular disease or slow its progress when detected early.<sup>13,14</sup>

# 3.5 POTENTIALLY PREVENTABLE ED VISITS

**FIG 10a.**  
Potentially Preventable Emergency Department (ED) Visits per 100 persons by New York City Council District, 2016



**FIG 10b.**  
Potentially Preventable ED Visit Rate Ranking

Districts with the highest preventable ED visit rates*			Districts with the lowest preventable ED visit rates*		
1.	District 8	53.2	1.	District 6	8.4
2.	District 16	48.1	2.	District 5	10.6
3.	District 17	47.3	3.	District 19	12.3
4.	District 9	41.4	4.	District 3	13.9
5.	District 42	40.8	5.	District 51	14.2

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

**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.<sup>15</sup>



# SOCIOECONOMIC POSITION MEASURES



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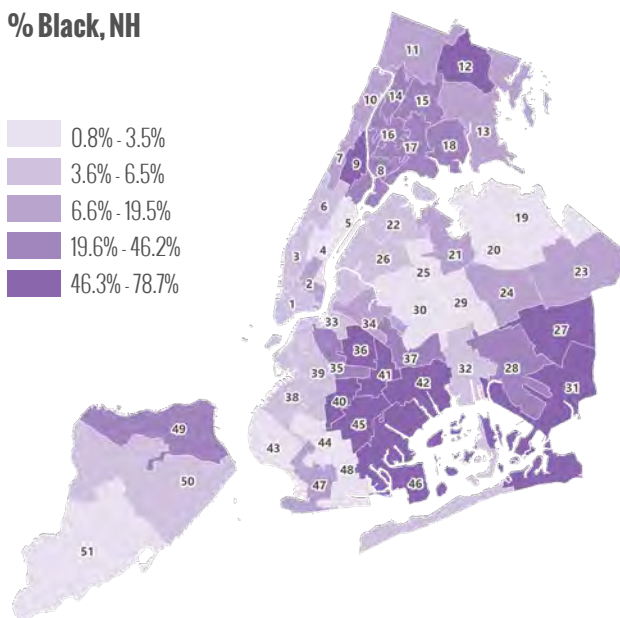
## SECTION 4.0

# 4.1 SOCIOECONOMIC POSITION OVERVIEW

Understanding the relationship between socioeconomic position (SEP) and primary care is essential in evaluating factors that determine access to primary care. 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.<sup>16,17</sup> By evaluating the specific vulnerabilities each population experiences, PCDC has created a multidimensional lens to evaluate access to primary care.

# 4.2 RACE AND ETHNICITY

**FIG 11a.**  
Percent of Black, non-Hispanic (NH) residents (all ages) by New York City Council District, 2012-2016



**FIG 11b.**  
% Black, NH Population Ranking

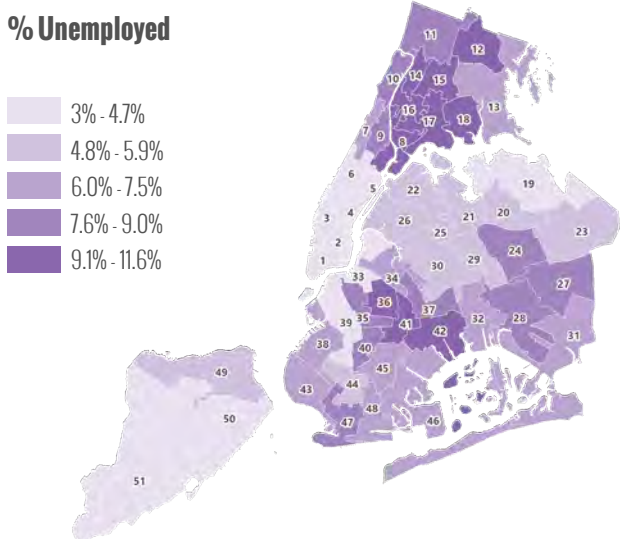
Districts with the highest percent of Black, NH residents		Districts with the lowest percent of Black, NH residents		
1.	District 41	78.7%	1. District 51	0.8%
2.	District 42	73.9%	2. District 19	1.1%
3.	District 27	70.5%	3. District 44	1.3%
4.	District 31	68.3%	4. District 30	1.3%
5.	District 12	67.3%	5. District 43	1.4%

The proportion of **Black, non-Hispanic residents** is one measure of the racial and ethnic composition of a community. While challenging to measure and describe the dynamic racial and ethnic composition of each district in NYC, primary care practices are well-positioned to respond to the unique cultural needs of their patient populations<sup>18</sup> and thereby reduce inequities in health outcomes.<sup>19</sup>



# 4.3 UNEMPLOYMENT

**FIG 12a.**  
Percent of unemployed adult residents (20-64 years) by New York City Council District, 2012-2016



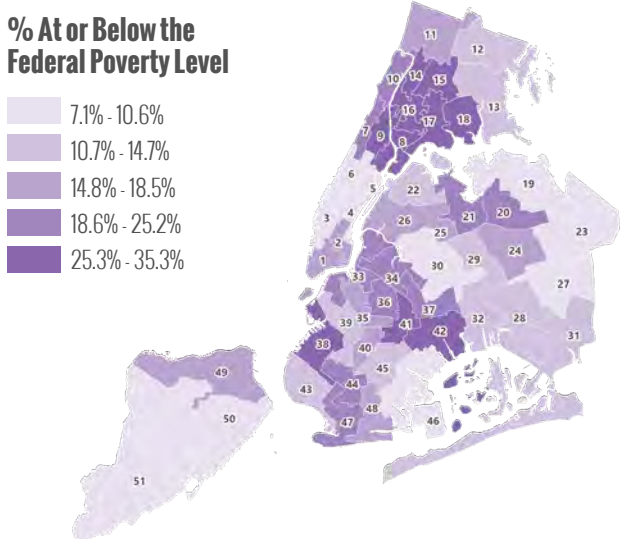
**FIG 12b.**  
Unemployment Ranking

Districts with the highest unemployment			Districts with the lowest unemployment		
1.	District 15	11.6%	1.	District 4	3.0%
2.	District 18	10.1%	2.	District 5	3.4%
3.	District 42	10.0%	3.	District 6	3.7%
4.	District 8	9.8%	4.	District 50	4.2%
5.	District 36	9.8%	5.	District 1	4.3%

**Unemployment**, measured by the percent of unemployed residents ages 20-64, often is a barrier to necessary health care, income stability, and social support, and can also be detrimental to an individual’s physical and mental well-being.<sup>20-22</sup> This measure provides insight as to the economic strain experienced by a population.

# 4.4 POVERTY

**FIG 13a.**  
Percent of adult residents (18+ years) living at or below 100% of the Federal Poverty Level (FPL) by New York City Council District, 2012-2016



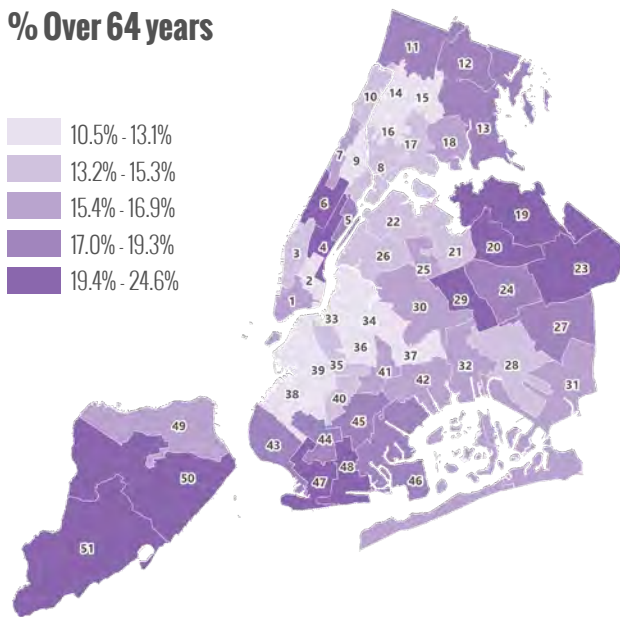
**FIG 13b.**  
Poverty Rate Ranking

Districts with the highest poverty rates			Districts with the lowest poverty rates		
1.	District 16	35.3%	1.	District 5	7.1%
2.	District 8	35.0%	2.	District 51	7.3%
3.	District 17	34.7%	3.	District 4	7.7%
4.	District 15	33.1%	4.	District 19	8.2%
5.	District 14	32.2%	5.	District 23	8.3%

**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 under-insured residents.<sup>23,24</sup>

# 4.5 OLDER ADULTS

**FIG 14a.**  
Percent of population over 64 years of age by New York City Council District, 2012-2016



**FIG 14b.**  
Older Adult Population Ranking

Districts with the highest percent of adults over 64 years			Districts with the lowest percent of adults over 64 years		
1.	District 5	24.6%	1.	District 37	10.5%
2.	District 48	24.4%	2.	District 34	11.0%
3.	District 19	23.8%	3.	District 33	11.0%
4.	District 47	21.6%	4.	District 14	11.1%
5.	District 50	21.3%	5.	District 16	12.0%

**Older residents** and those with disabilities represent vulnerable populations that often benefit most from continuous primary care. These same populations experience more challenges to accessing needed care, most notably for city-dwelling older adults with chronic conditions or mobility challenges, and those living in public housing.<sup>25-27</sup> Improved access for this population can reduce the burden of chronic diseases and related complications, and reduce rates of preventable emergency department visits.<sup>25</sup>





# PRIMARY CARE POLICY IN NEW YORK CITY



# SECTION 5.0

## Recommendations for Primary Care Advocates and Policymakers in New York City:

- + Ensure adequate supply 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 toward 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.



# ACKNOWLEDGEMENTS



# SECTION 6.0

**Thank you to the New York City Council for supporting our efforts to improve primary care and health equity for City residents.**



The New York City Council in New York City Hall



# TECHNICAL NOTES & METHODS



# SECTION 7.0

## Primary Care Provider Definition :

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

## Methods

**The Primary Care Profiles are comprised of primary care access, health status, and sociodemographic position data, aggregated and presented at the Council District level. The concept of access to care is multidimensional in nature and is determined by factors such as provider availability, proximity to providers and characteristics of primary care practices.**

Access to care is also influenced by the health status, demographic, and socioeconomic position (SEP) characteristics of a community.

Primary care access measures included in the Profiles represent provider availability (PCPs per 10,000 persons), affordability of services (uninsured rates and percentages of PCPs accepting Medicaid and Medicare), and quality of care (proportion of PCP access points with PCMH recognition). Together, these measures help evaluate how primary care access varies across NYC and can help identify Districts and areas with poor access to care.

In addition to primary care access measures, we included health status and SEP measures to provide information on the potential need for primary care access, by District. Health status measures, such as diabetes prevalence and

heart disease-related mortality, are indicators for the chronic disease burden of a community. The potentially preventable emergency department (PPED) visit rate is indicative of both poor health status and health conditions that could be managed in a primary care setting. Immunization rates serve as a proxy for preventive health care usage. The set of SEP measures were selected through careful review of literature to identify social and demographic factors closely linked to both health care access, status, and equity. SEP measures included the percent of Black, Non-Hispanic residents, percent of residents below 100% of the Federal Poverty Level (FPL), percent of unemployed residents ages 20-64, and the percent of residents 65 years or older.

Given that none of the data presented in the Profiles was available at the Council District level, we collected data at either the ZIP Code or census tract level and calculated District-level estimates. To do this, data available at the ZIP Code level were first cross-walked to modified ZIP Code Tabulation Areas (ZCTA) in NYC. For all data, a spatial overlay was used to calculate proportion of data in each ZCTA or CT that was within a Council District, and the proportion (or count) of data was then assigned to the District and summed to create totals for each District. Descriptive statistics, graphs, and choropleth maps were produced for all measures by NYC Council District, borough, and citywide.

**Ratio of primary care providers per 10,000 persons ages 18 years and older**

- + Number of PCPs with a practice location in the Council District multiplied by 10,000, and then divided by the population of persons 18 years of age and older residing in a District
  - + **NOTE:** This measure is intended to allow for comparison between Districts, and does not establish a threshold for adequate PCP availability among adults
- + PCPs with multiple practice locations in one District were counted once within the District

**Percent of persons ages 18–64 who are uninsured, 2012–2016**

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

**Percent of primary care providers that accept Medicaid**

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

**Percent of primary care providers that accept Medicare**

- + Number of PCPs in the District that accept Medicare divided by the total number of PCPs in the District

**Percent of primary care sites that are recognized as Patient-Centered Medical Homes**

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

**Note on Primary Care Access Measures:**

Each measure presented in the profile serves to compare access between Council Districts in New York City. These comparisons do not establish a threshold for adequate access for the measures.



# DATA SOURCES

## **Figure 1. Map of New York City Council Districts**

New York State Civil Boundaries, New York State GIS Data, 2018.  
New York State Streets, New York State GIS Data, 2019.

## **Figure 2. Primary Care Provider (PCP) Availability**

Specialized Knowledge & Applications (SKA), 2016-2017.  
Provider Network Data System (PNDS), 2017.  
National Plan and Provider Enumeration System (NPPES), 2017.

## **Figure 3. % Insured**

United States Census via the American Community Survey, 2016 Five-Year estimate, ID: S2701

## **Figure 4-5. % PCPs Accepting Medicaid, Medicare**

Specialized Knowledge & Applications (SKA), 2016-2017.  
Provider Network Data System (PNDS), 2017.  
National Plan and Provider Enumeration System (NPPES), 2017.

## **Figure 6. % PCMH-Recognized PCP Access Points**

Specialized Knowledge & Applications (SKA), 2016-2017.  
Provider Network Data System (PNDS), 2017.  
National Plan and Provider Enumeration System (NPPES), 2017.  
National Committee for Quality Assurance (NCQA), 2017.

## **Figure 7. % Diabetes Prevalence**

Behavioral Risk Factors Surveillance System (BRFSS) via Centers for Disease Control and Prevention (CDC) 500 Cities estimates, 2015

## **Figure 8. % Unimmunized**

NYC Community Health Survey, 2009-2013

## **Figure 9. Heart Disease Mortality**

NYC Department of Health and Mental Hygiene's Vital Statistics, 2011-2013

## **Figure 10. Potentially Preventable ED Visits**

Statewide Planning and Research Cooperative System (SPARCS), 2016.

## **Figure 11. % Black, NH**

United States Census via the American Community Survey, 2016 Five-Year Estimate, ID: DP05

## **Figure 12. % Unemployed**

United States Census via the American Community Survey, 2016 Five-Year Estimate, ID: S2301

## **Figure 13. % At or Below the Federal Poverty Level**

United States Census via the American Community Survey, 2016 Five-Year Estimate, ID: S1701

## **Figure 14. % Over 64 years**

United States Census via the American Community Survey, 2016 Five-Year Estimate, ID: B01003



# CITATIONS



# SECTION 8.0

# CITATIONS

## Primary Care Access Measures

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PRIMARY CARE  
DEVELOPMENT  
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# COUNCIL DISTRICT 1

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 1

Includes the Battery Park City, Civic Center, Chinatown, Financial District, Little Italy, the Lower East Side, NoHo, SoHo, South Street Seaport, South Village, TriBeCa and Washington Square neighborhoods.

CD

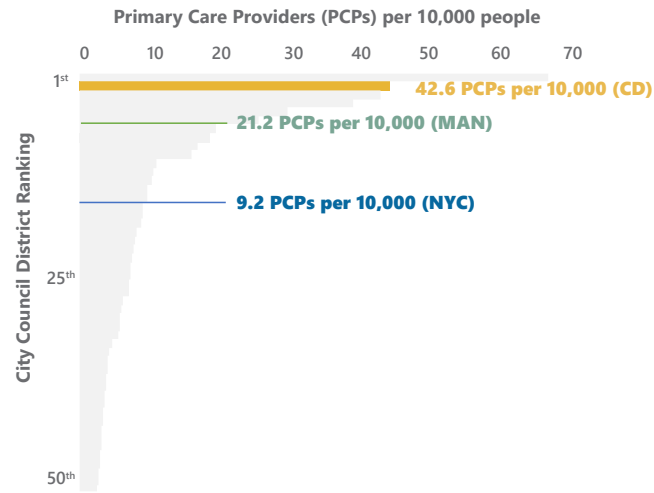
MAN

NYC

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

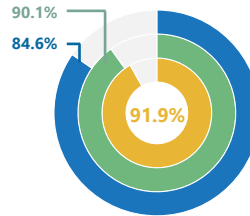
## PRIMARY CARE ACCESS

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.



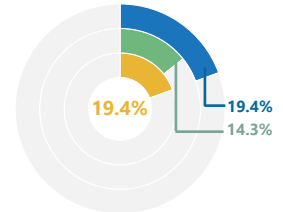
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **42.6 PCPs per 10,000 residents**.



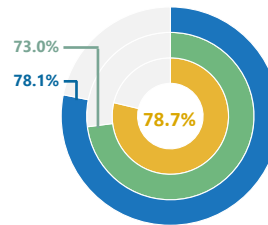
### Health Insurance

91.9% of District residents have health insurance coverage



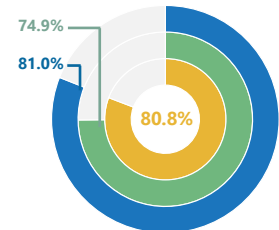
### PCMH-Recognition

19.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

78.7% of PCPs in the District accept patients with Medicaid

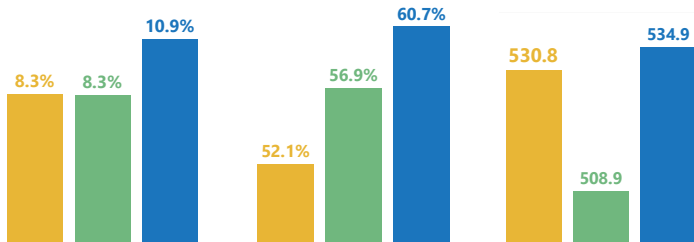


### Medicare Acceptance

80.8% 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

8.3% of District residents report having diabetes

### Lack of Immunization

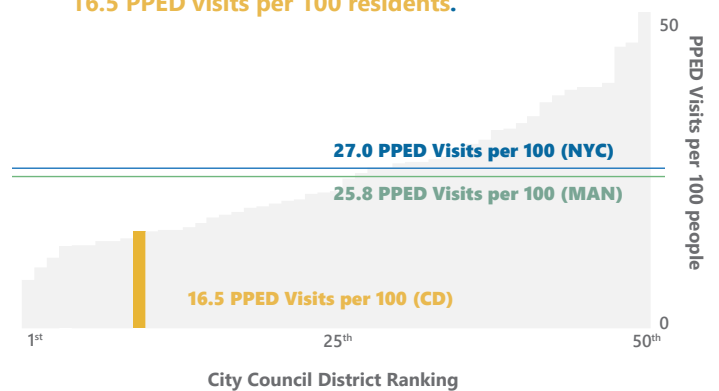
52.1% of District residents have not received the influenza vaccine

### Heart Disease Mortality

530.8 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 **16.5 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

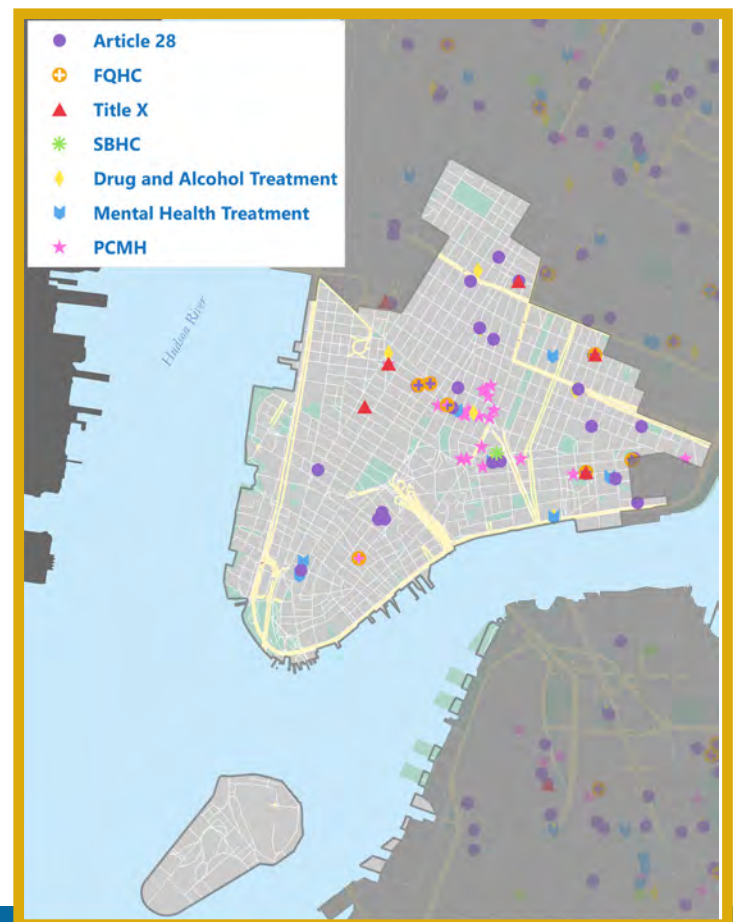
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
26	Article 28	19
6	Federally Qualified Health Centers (FQHCs)	3
7	Title X Family Planning Program	1
8	Mental Health Treatment Centers	5
13	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
27	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 2

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**

# COUNCIL DISTRICT 2

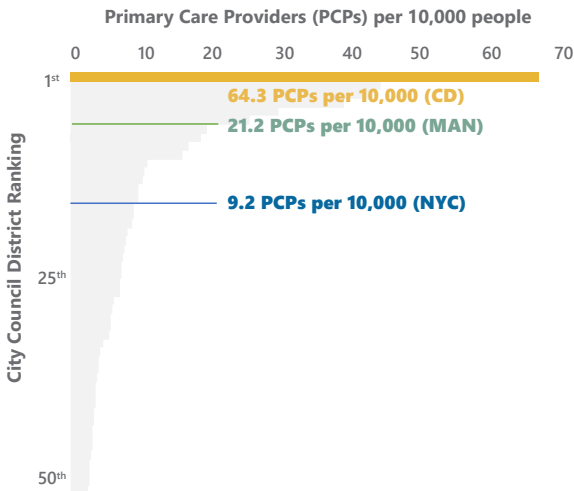
Includes the East Village, Gramercy Park, Lower East Side, Murray Hill, and Rose Hill neighborhoods.



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

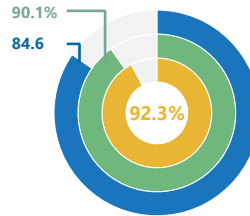
## PRIMARY CARE ACCESS

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.



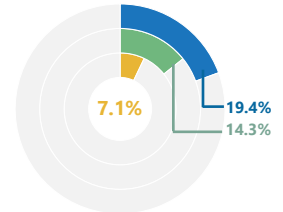
### Primary Care Provider Availability

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



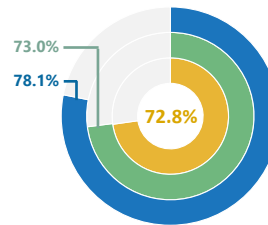
### Health Insurance

92.3% of District residents have health insurance coverage



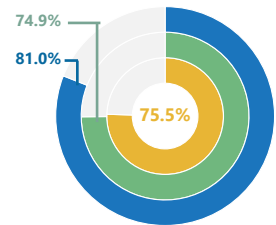
### PCMH-Recognition

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

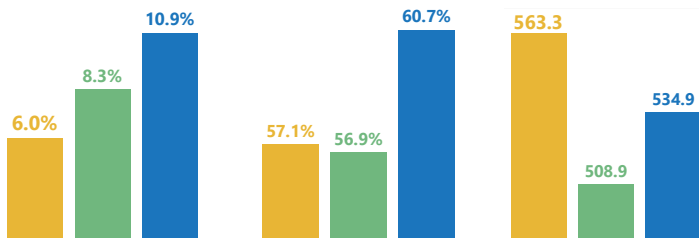


### Medicare Acceptance

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

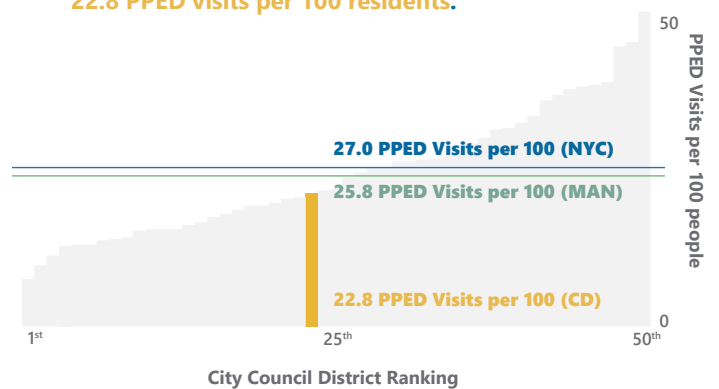
57.1% of District residents have not received the influenza vaccine

### Heart Disease Mortality

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

### Preventable ED Visits

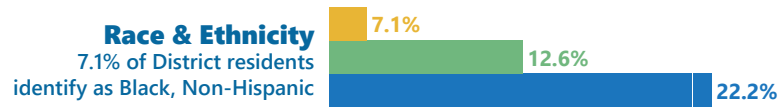
Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **22.8 PPED visits per 100 residents**.





## SOCIOECONOMIC POSITION

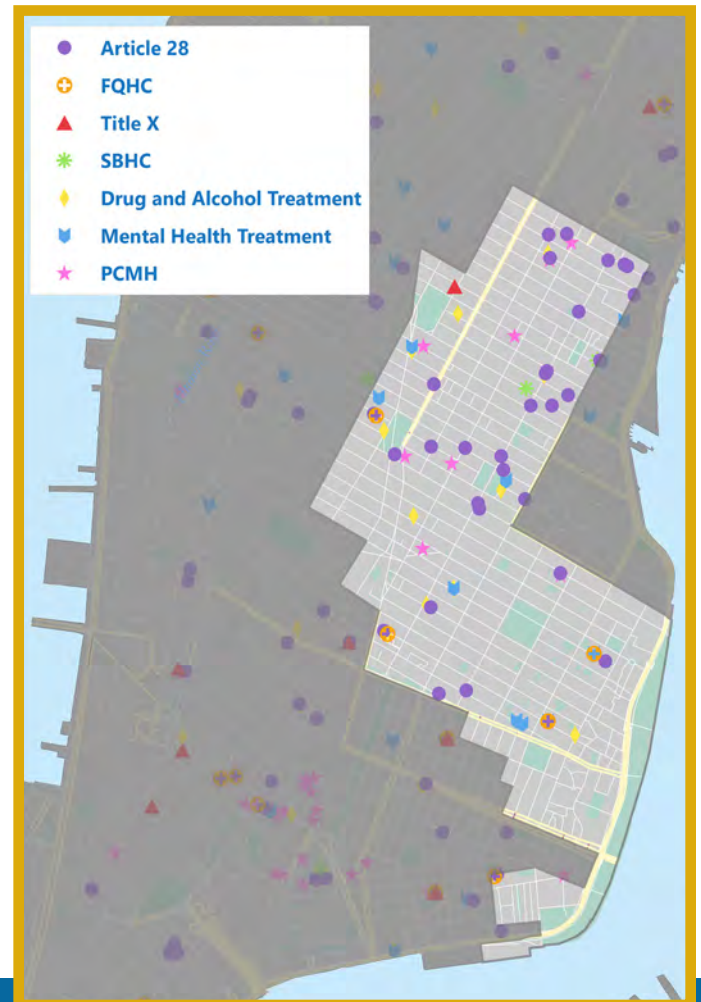
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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





# COUNCIL DISTRICT 3

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 3

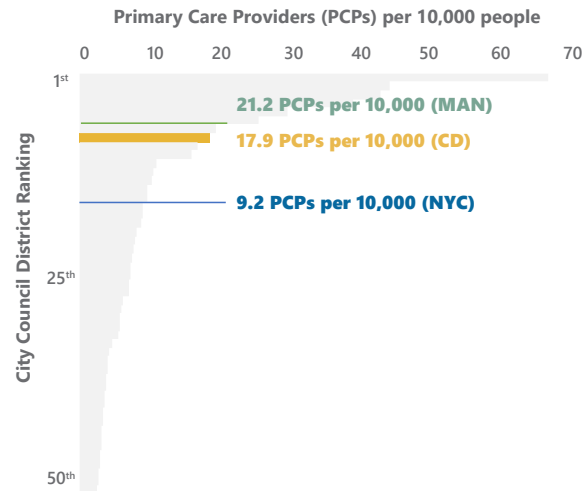
Includes the Chelsea, Hell's Kitchen, Greenwich Village, West Soho, Hudson Square, Time Square, Garment District, Flatiron, and Upper West Side neighborhoods.



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

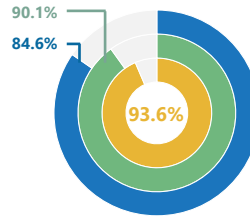
## PRIMARY CARE ACCESS

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.



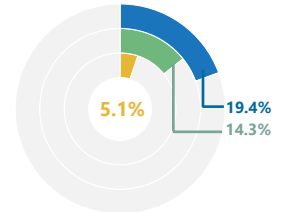
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **17.9 PCPs per 10,000 residents**.



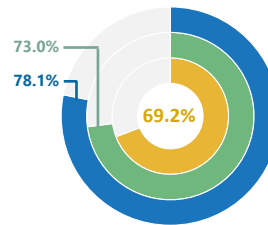
### Health Insurance

93.6% of District residents have health insurance coverage



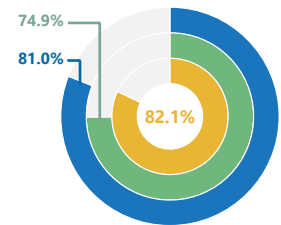
### PCMH-Recognition

5.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

69.2% of PCPs in the District accept patients with Medicaid

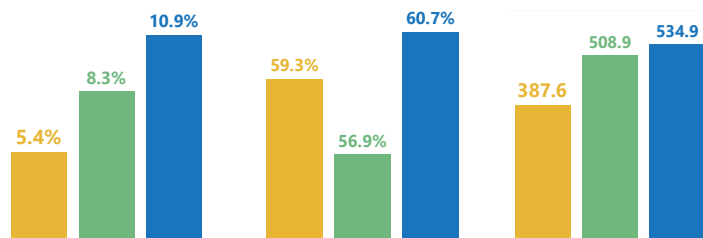


### Medicare Acceptance

82.1% 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

5.4% of District residents report having diabetes

### Lack of Immunization

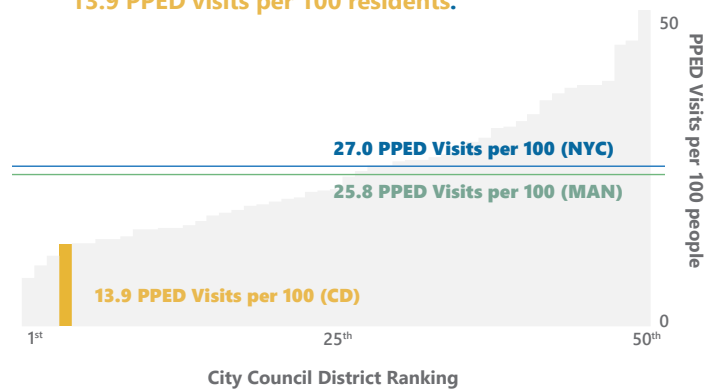
59.3% of District residents have not received the influenza vaccine

### Heart Disease Mortality

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

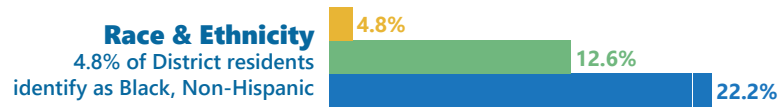
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **13.9 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

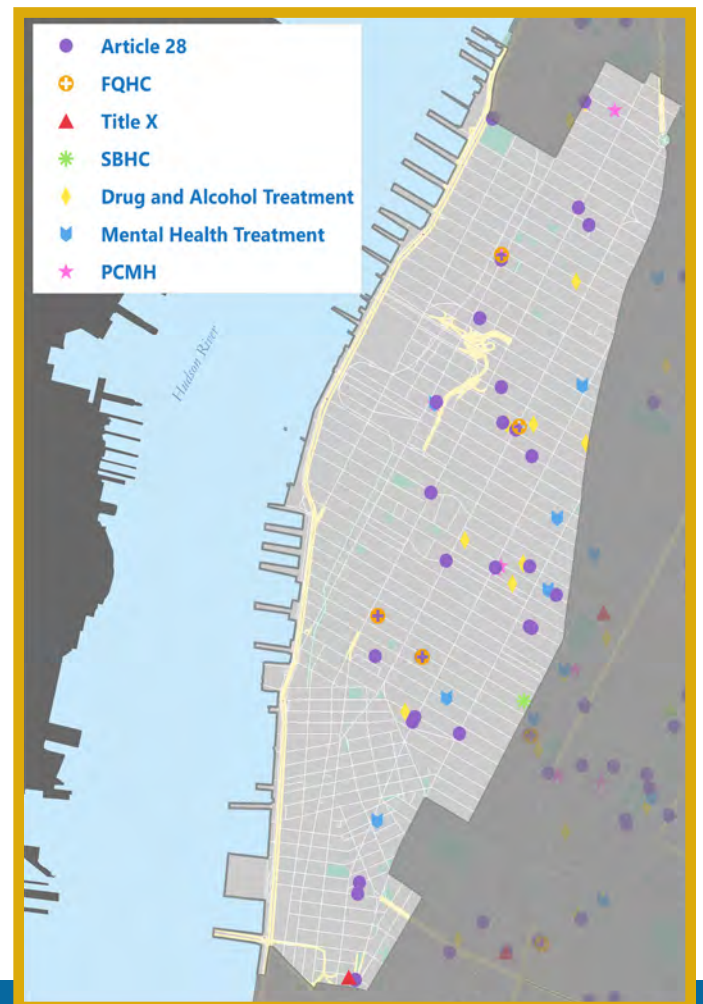
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
28	Article 28	19
4	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
12	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
7	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 4

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 4

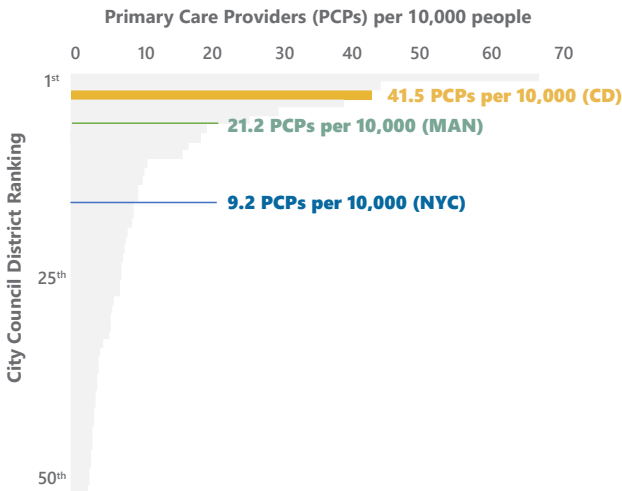
Includes the Upper East Side, Carnegie Hill, Yorkville, Central Park South, Midtown East, Times Square, Koreatown, Stuyvesant Town - Peter Cooper Village, Waterside Plaza, Tudor City, Turtle Bay, Murray Hill, and Sutton Place neighborhoods.



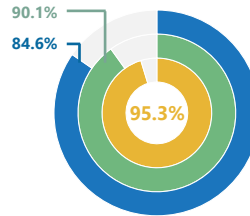
For comparison purposes, each metric is displayed at the city (NYC), borough (MAN), and Council District (CD) level

## PRIMARY CARE ACCESS

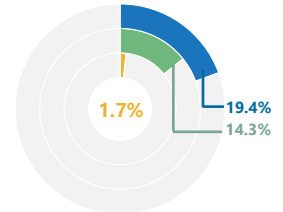
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



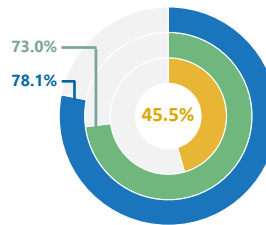
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **41.5 PCPs per 10,000 residents**.



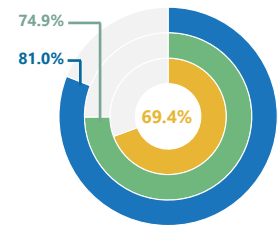
**Health Insurance**  
95.3% of District residents have health insurance coverage



**PCMH-Recognition**  
1.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



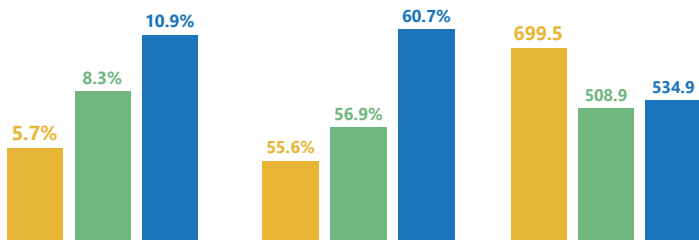
**Medicaid Acceptance**  
45.5% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
69.4% 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.



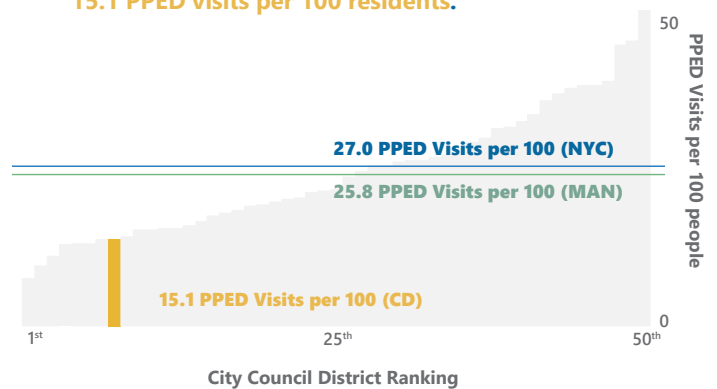
**Diabetes Prevalence**  
5.7% of District residents report having diabetes

**Lack of Immunization**  
55.6% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
699.5 deaths per 100,000 District residents result from heart disease

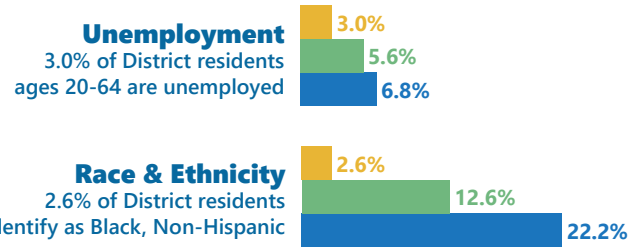
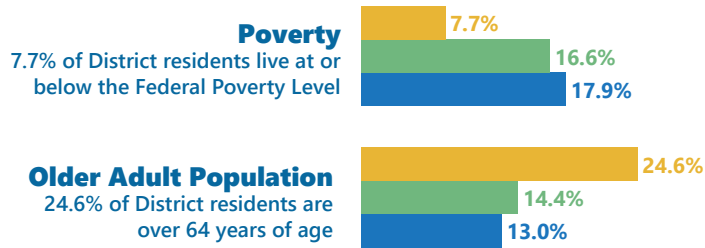
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **15.1 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

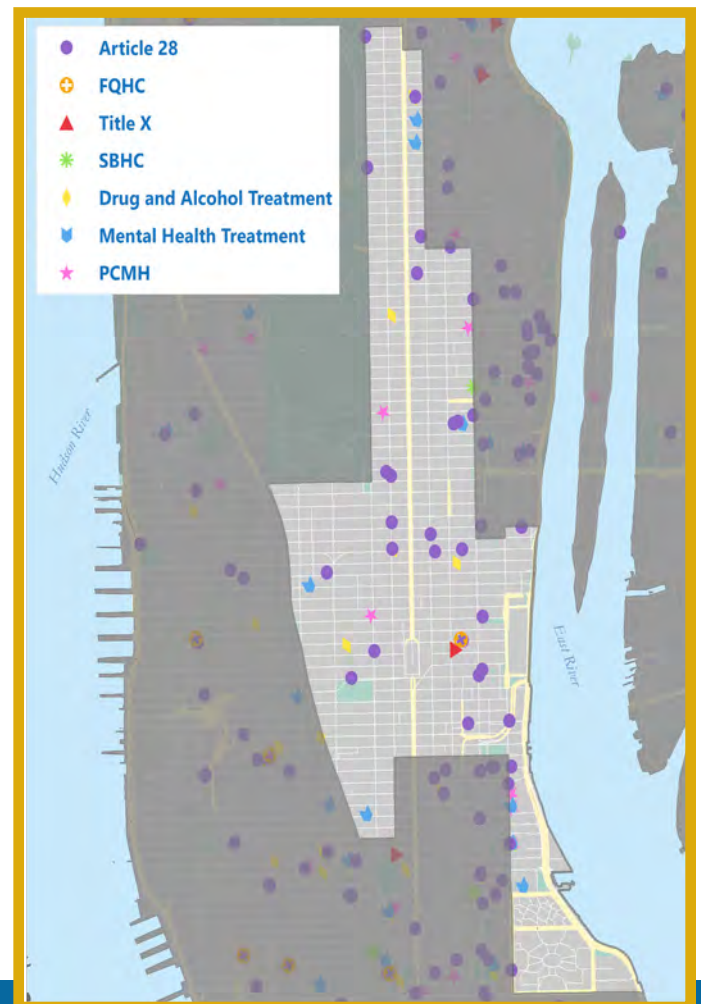
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
32	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
8	Mental Health Treatment Centers	5
9	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
6	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 5

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**



# COUNCIL DISTRICT 5

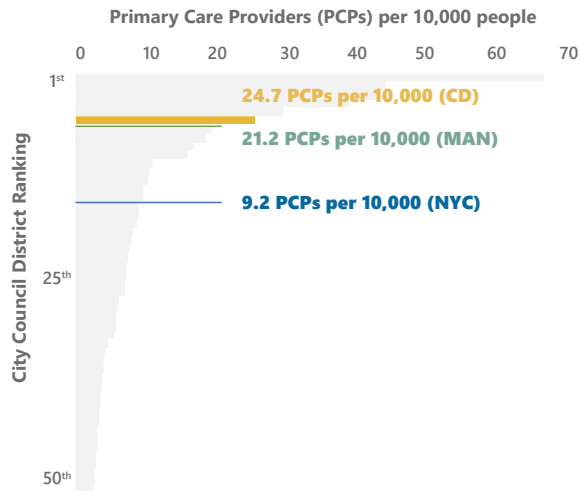
Includes the Upper East Side's Yorkville, Lenox Hill, Carnegie Hill, Roosevelt Island, Midtown East, Sutton Place, and El Barrio in East Harlem neighborhoods.



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

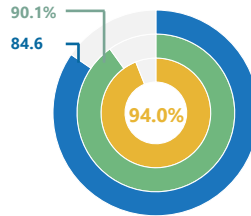
## PRIMARY CARE ACCESS

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.



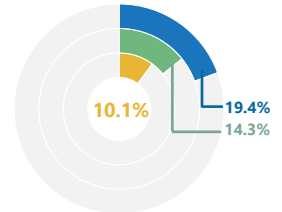
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **24.7 PCPs per 10,000 residents.**



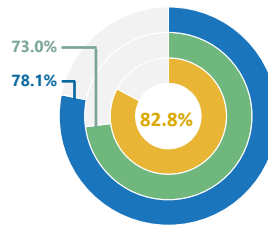
### Health Insurance

94.0% of District residents have health insurance coverage



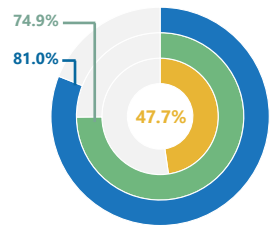
### PCMH-Recognition

10.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

82.8% of PCPs in the District accept patients with Medicaid

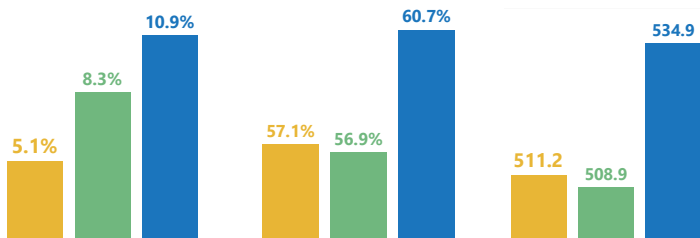


### Medicare Acceptance

47.7% 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

5.1% of District residents report having diabetes

### Lack of Immunization

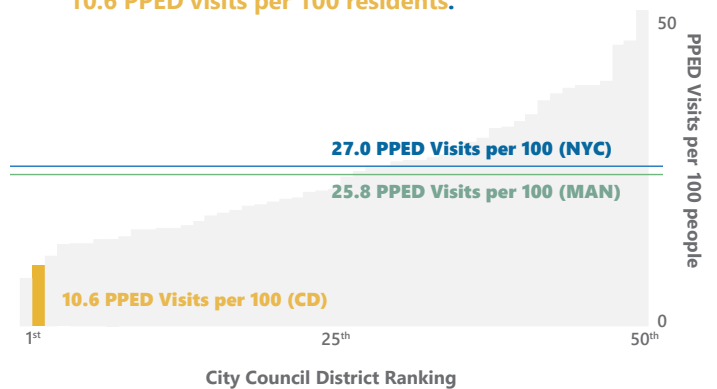
57.1% of District residents have not received the influenza vaccine

### Heart Disease Mortality

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

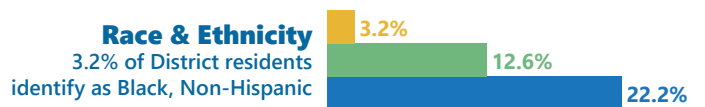
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **10.6 PPED visits per 100 residents.**



## SOCIOECONOMIC POSITION

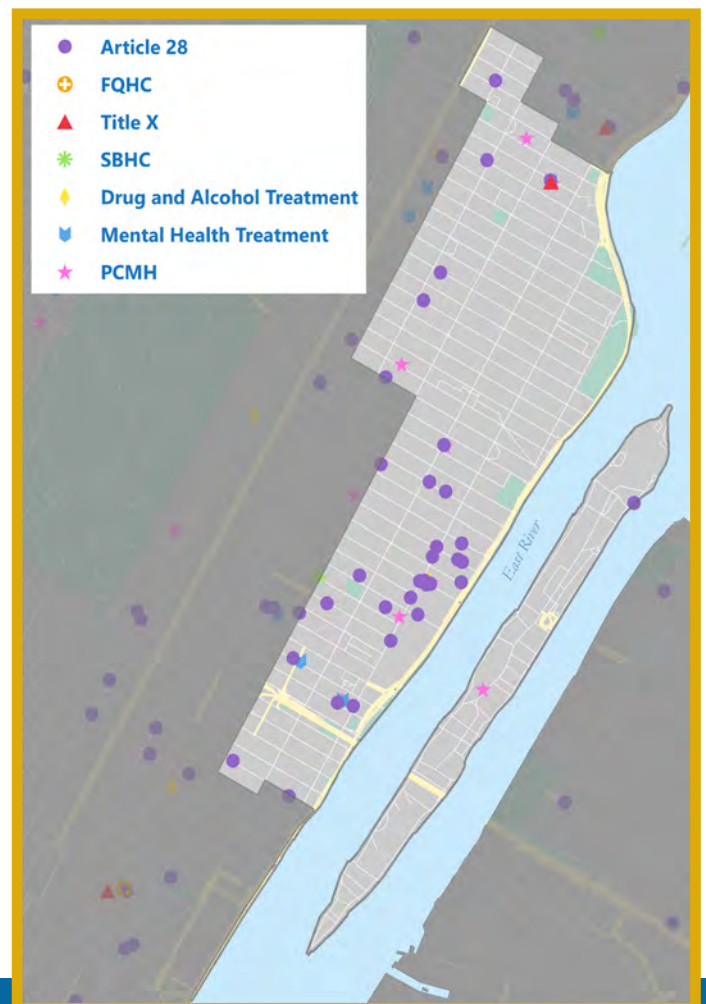
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

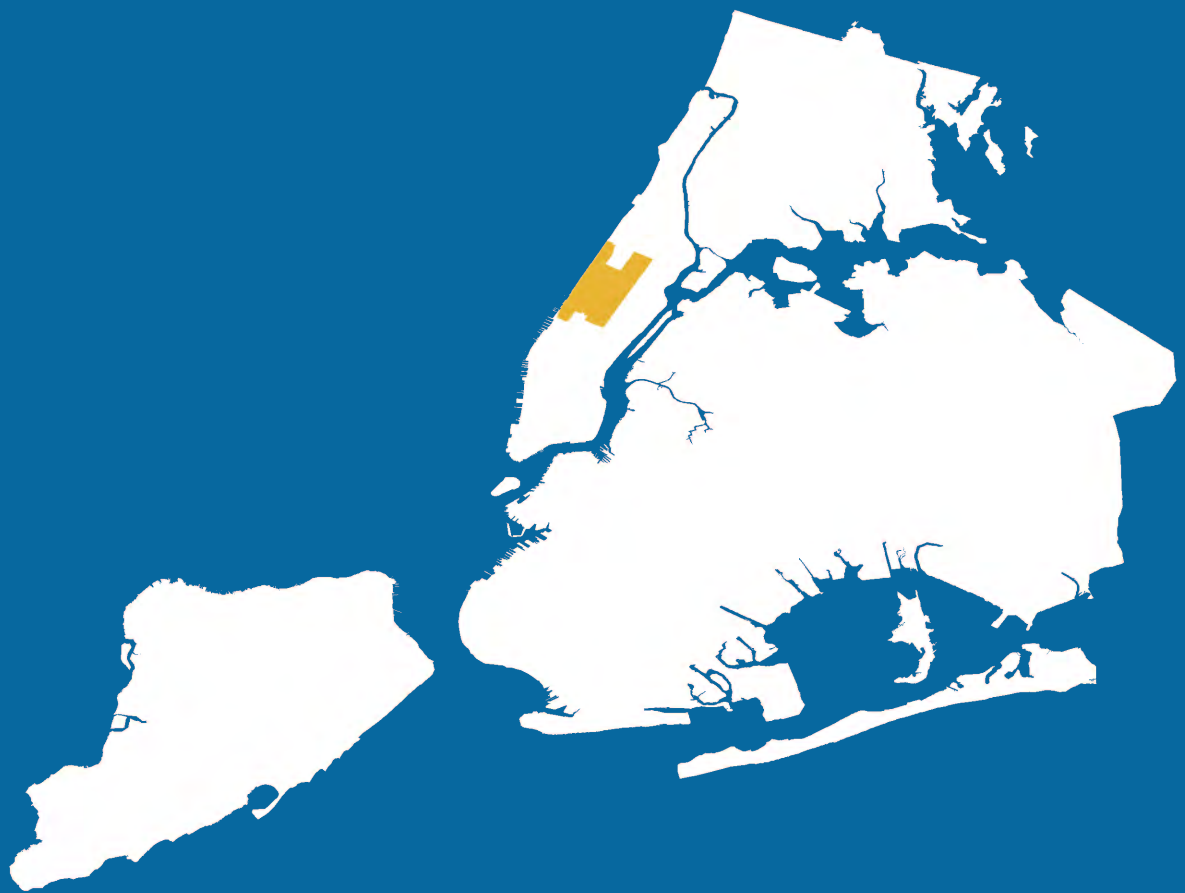


## FACILITIES

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
33	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
3	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
9	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 6

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 6

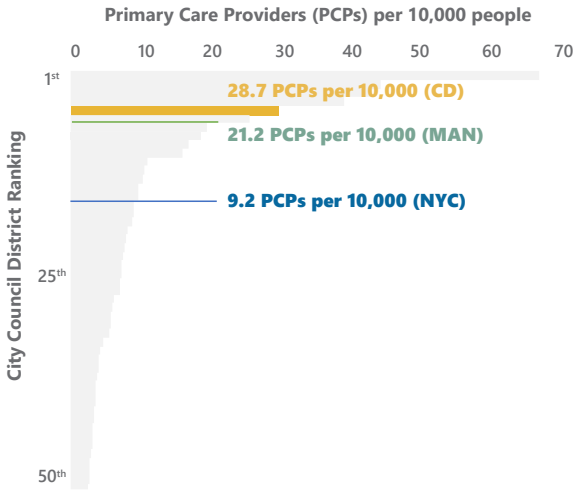
Includes the Central Park, Lincoln Square, Upper West Side, and Clinton neighborhoods.



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

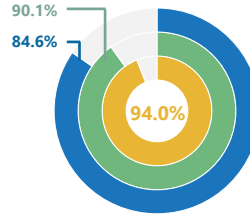
## PRIMARY CARE ACCESS

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.



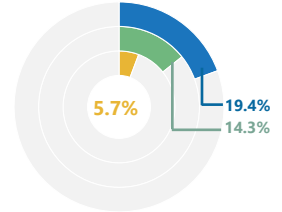
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **28.7 PCPs per 10,000 residents**.



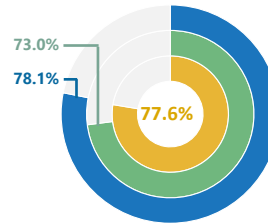
### Health Insurance

94.0% of District residents have health insurance coverage



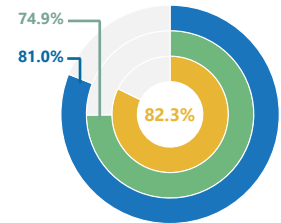
### PCMH-Recognition

5.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

77.6% of PCPs in the District accept patients with Medicaid

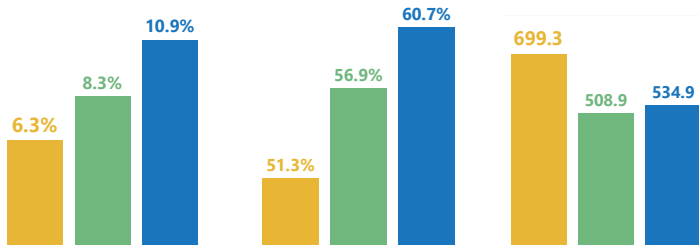


### Medicare Acceptance

82.3% 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

6.3% of District residents report having diabetes

### Lack of Immunization

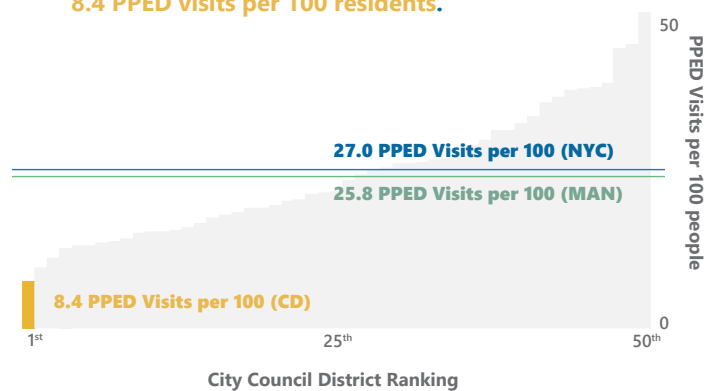
51.3% of District residents have not received the influenza vaccine

### Heart Disease Mortality

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

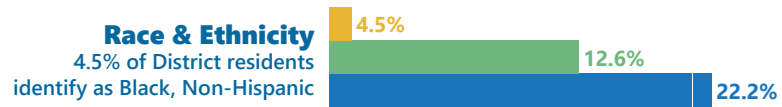
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **8.4 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

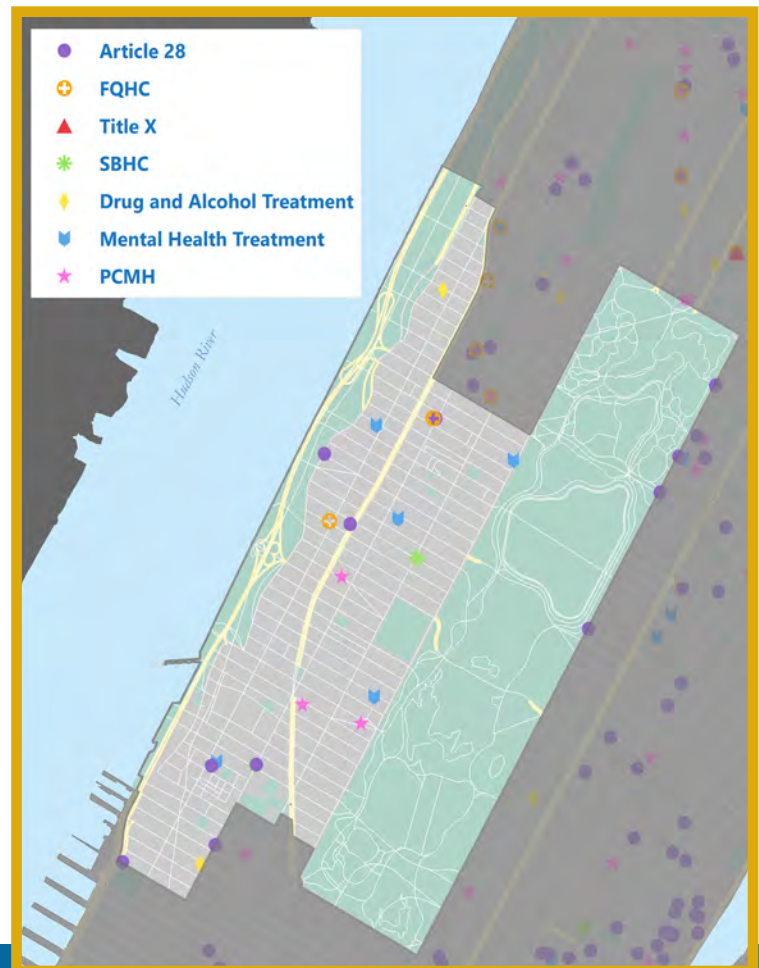
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
9	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
5	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
4	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 7

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**

# COUNCIL DISTRICT 7

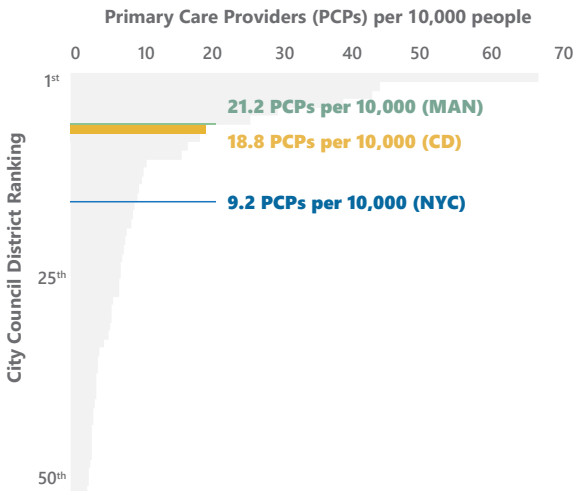
Includes the Manhattan Valley, Manhattanville, Morningside Heights, and Hamilton Heights neighborhoods.



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

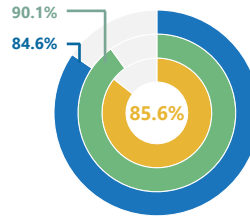
## PRIMARY CARE ACCESS

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.



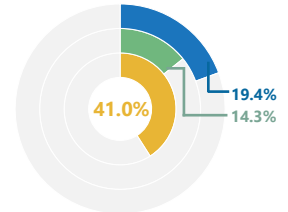
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **18.8 PCPs per 10,000 residents**.



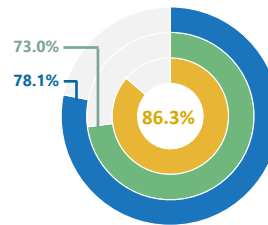
### Health Insurance

85.6% of District residents have health insurance coverage



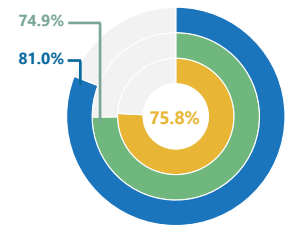
### PCMH-Recognition

41.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

86.3% of PCPs in the District accept patients with Medicaid

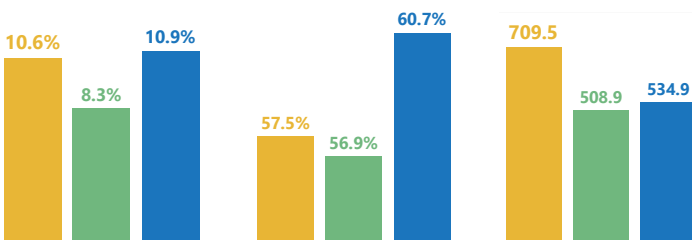


### Medicare Acceptance

75.8% 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

10.6% of District residents report having diabetes

### Lack of Immunization

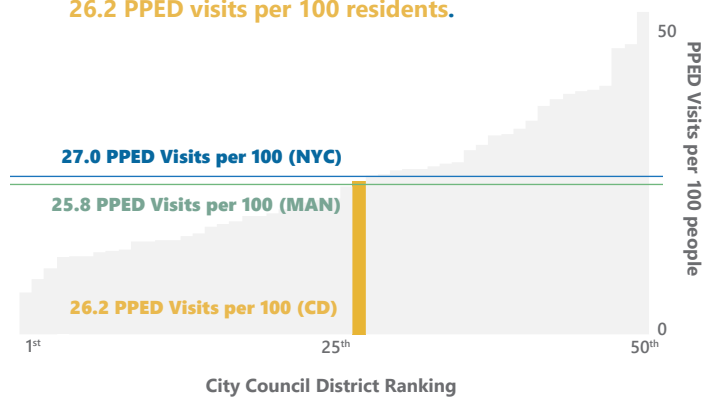
57.5% of District residents have not received the influenza vaccine

### Heart Disease Mortality

709.5 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 **26.2 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

25.8 PPED Visits per 100 (MAN)

26.2 PPED Visits per 100 (CD)

## SOCIOECONOMIC POSITION

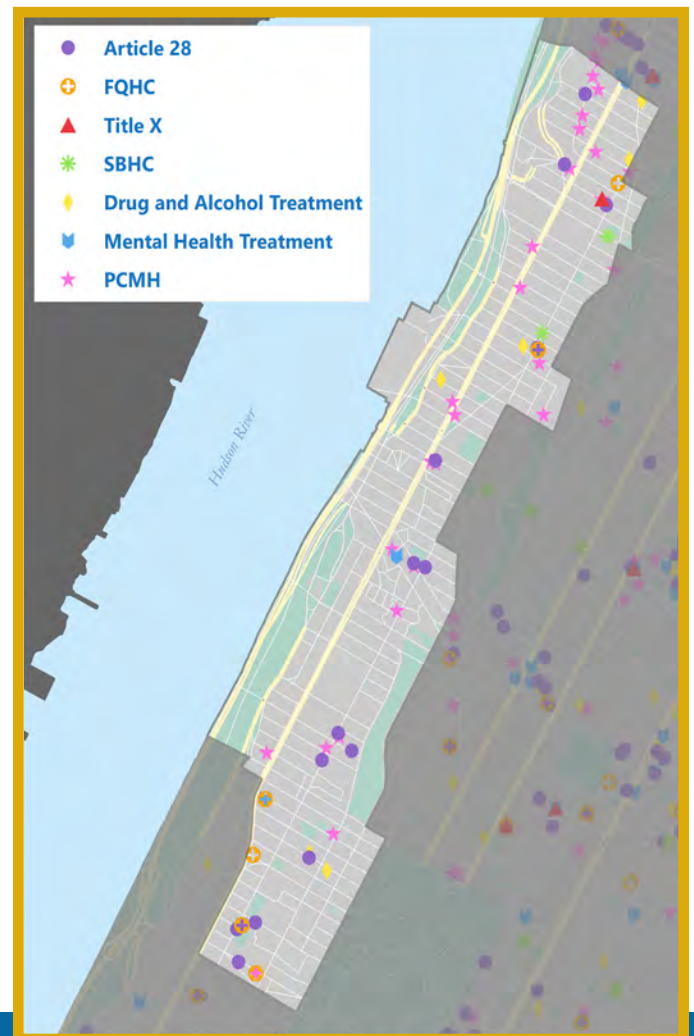
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
15	Article 28	19
6	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
4	Mental Health Treatment Centers	5
7	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
25	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 8

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 8

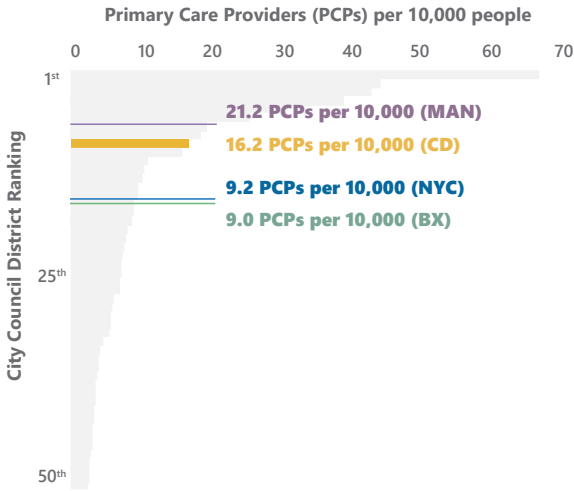
Includes the El Barrio/East Harlem, Mott Haven, Highbridge, Concourse, Longwood, and Port Morris neighborhoods.



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

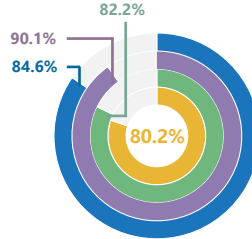
## PRIMARY CARE ACCESS

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.



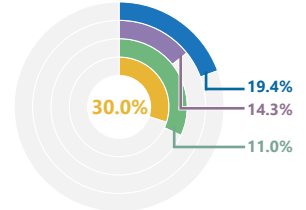
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **16.2 PCPs per 10,000 residents**.



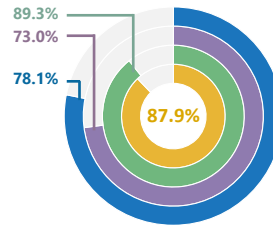
### Health Insurance

80.2% of District residents have health insurance coverage



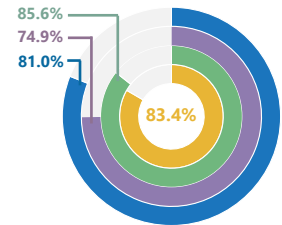
### PCMH-Recognition

30.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

87.9% of PCPs in the District accept patients with Medicaid

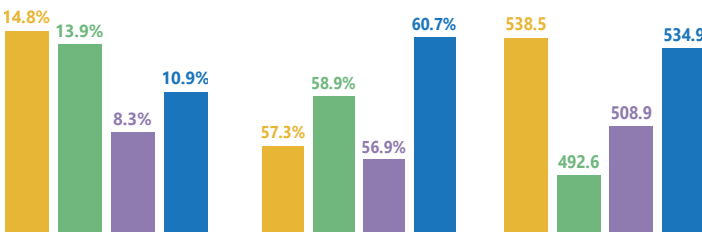


### Medicare Acceptance

83.4% 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

14.8% of District residents report having diabetes

### Lack of Immunization

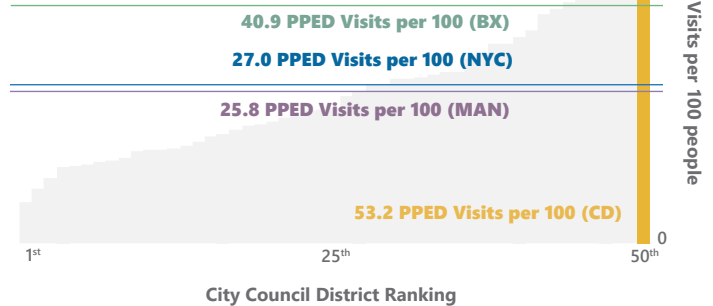
57.3% of District residents have not received the influenza vaccine

### Heart Disease Mortality

538.5 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 **53.2 PPED visits per 100 residents**.



CD

BX

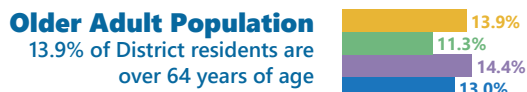
MAN

NYC



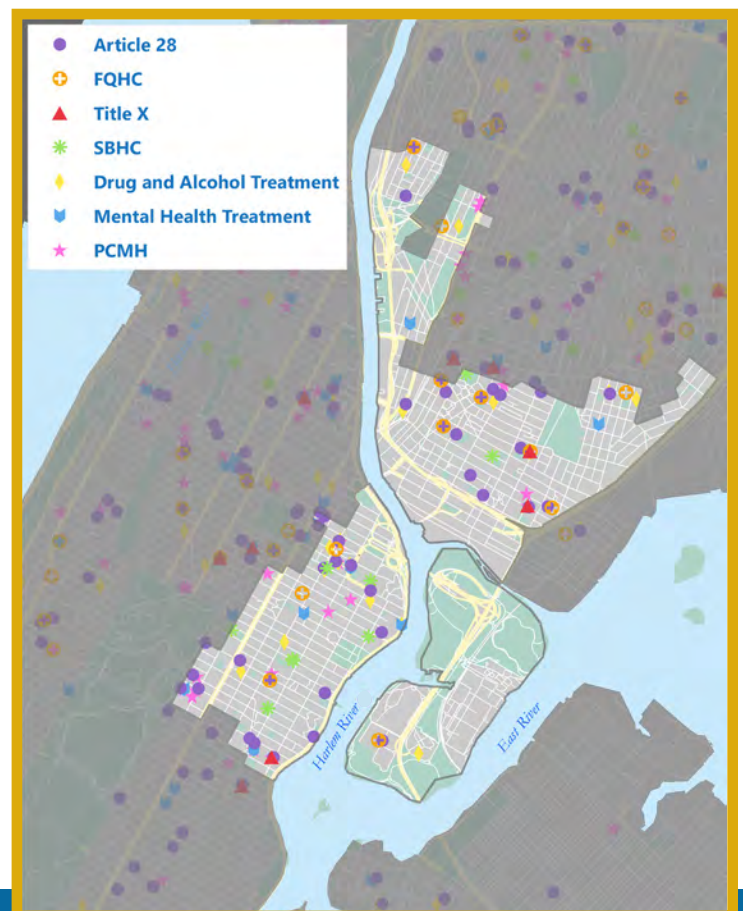
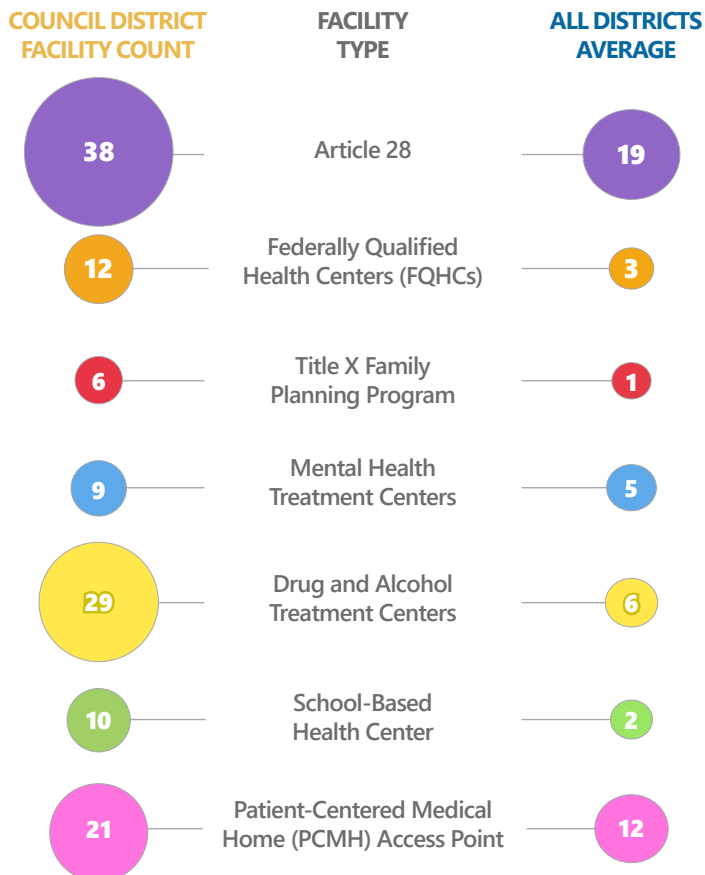
## SOCIOECONOMIC POSITION

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 9

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**

# COUNCIL DISTRICT 9

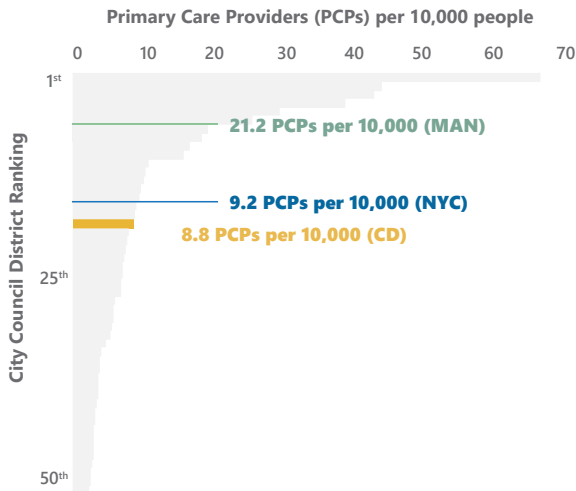
Includes the Central Harlem, Morningside Heights, Upper West Side, and East Harlem neighborhoods.



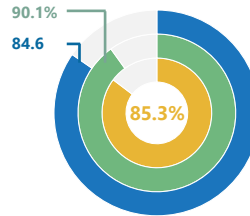
For comparison purposes, each metric is displayed at the city (NYC), borough (MAN), and Council District (CD) level

## PRIMARY CARE ACCESS

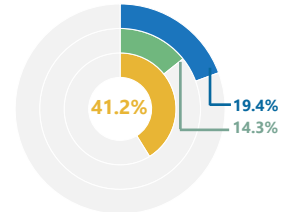
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



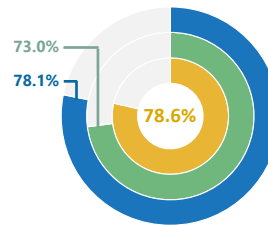
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **8.8 PCPs per 10,000 residents**.



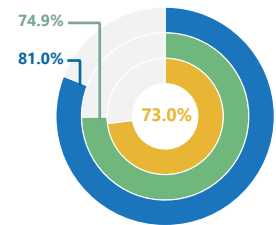
**Health Insurance**  
85.3% of District residents have health insurance coverage



**PCMH-Recognition**  
41.2% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



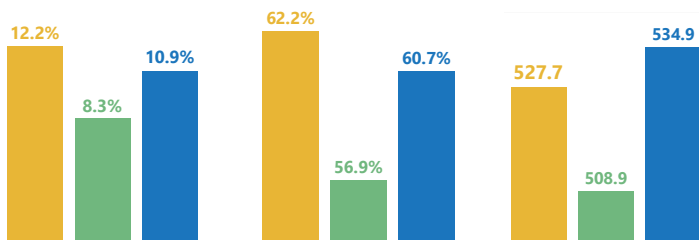
**Medicaid Acceptance**  
78.6% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
73.0% 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.



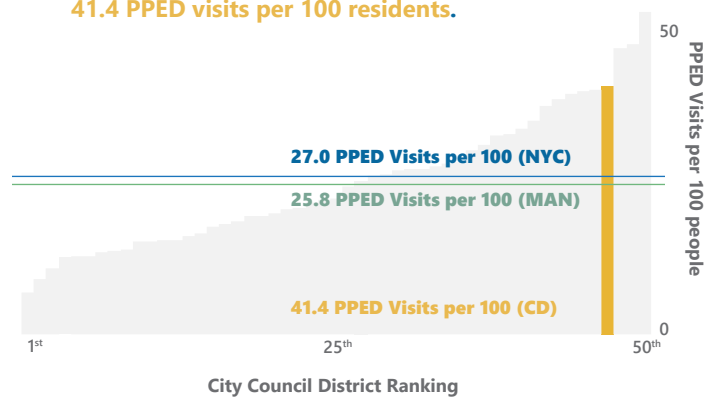
**Diabetes Prevalence**  
12.2% of District residents report having diabetes

**Lack of Immunization**  
62.2% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
527.7 deaths per 100,000 District residents result from heart disease

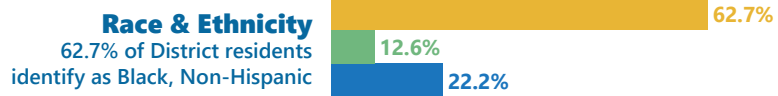
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **41.4 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

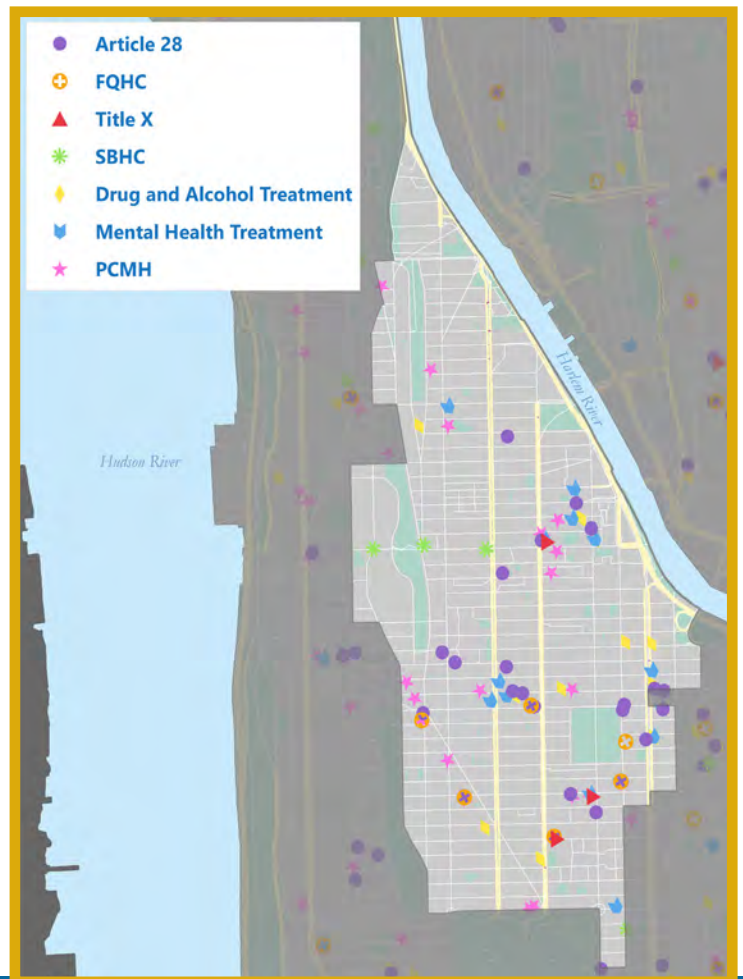
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
26	Article 28	19
6	Federally Qualified Health Centers (FQHCs)	3
4	Title X Family Planning Program	1
16	Mental Health Treatment Centers	5
18	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
21	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 10

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 10

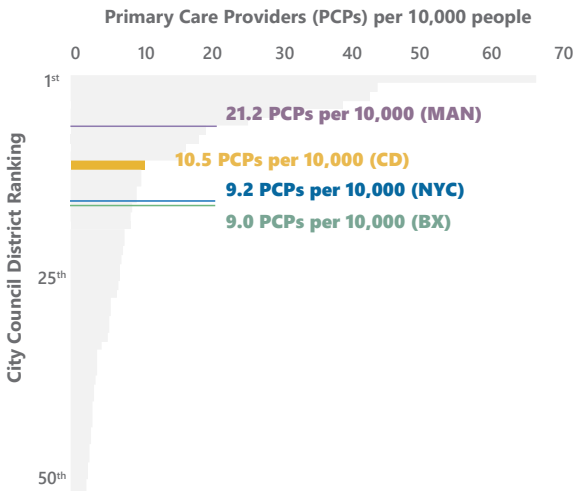
Includes the Washington Heights, Inwood, and Marble Hill neighborhoods.



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

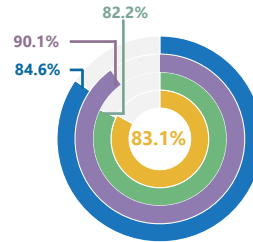
## PRIMARY CARE ACCESS

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.



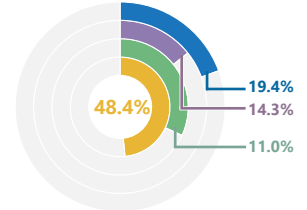
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **10.5 PCPs per 10,000 residents**.



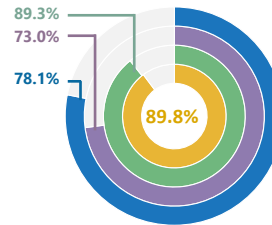
### Health Insurance

83.1% of District residents have health insurance coverage



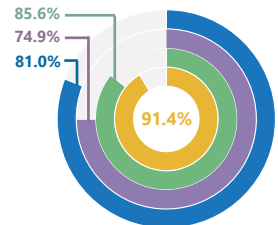
### PCMH-Recognition

48.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

89.8% of PCPs in the District accept patients with Medicaid

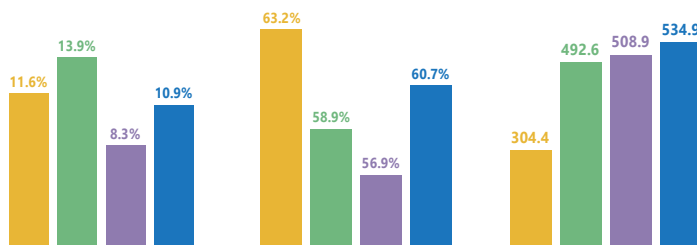


### Medicare Acceptance

91.4% 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

11.6% of District residents report having diabetes

### Lack of Immunization

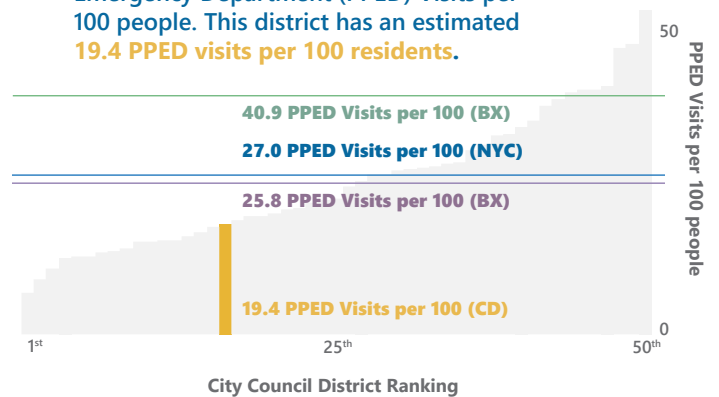
63.2% of District residents have not received the influenza vaccine

### Heart Disease Mortality

304.4 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 **19.4 PPED visits per 100 residents**.





CD

BX

MAN

NYC



## SOCIOECONOMIC POSITION

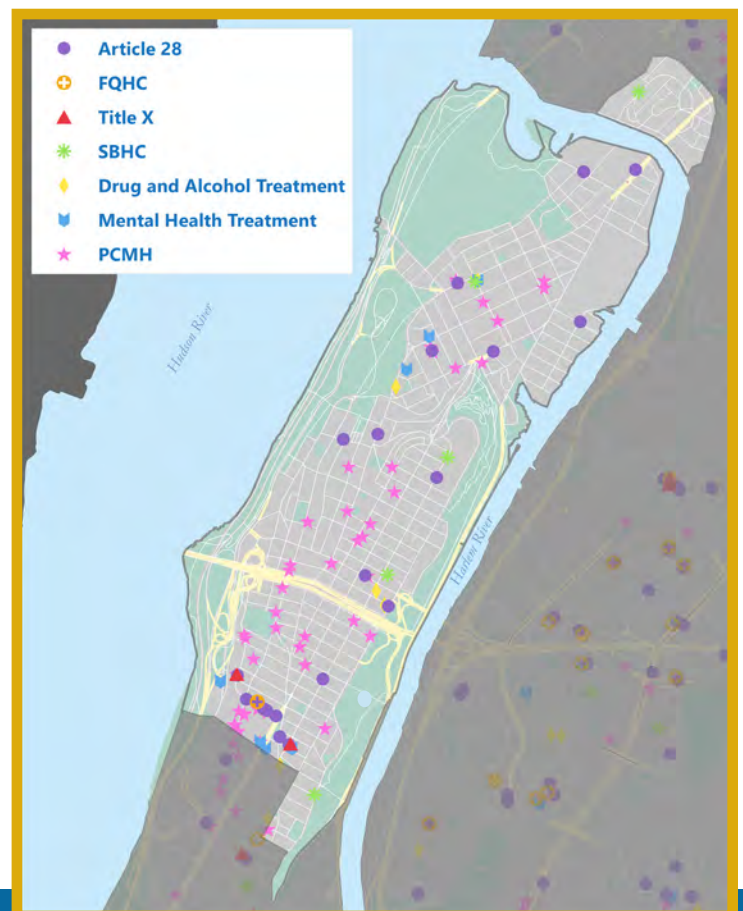
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

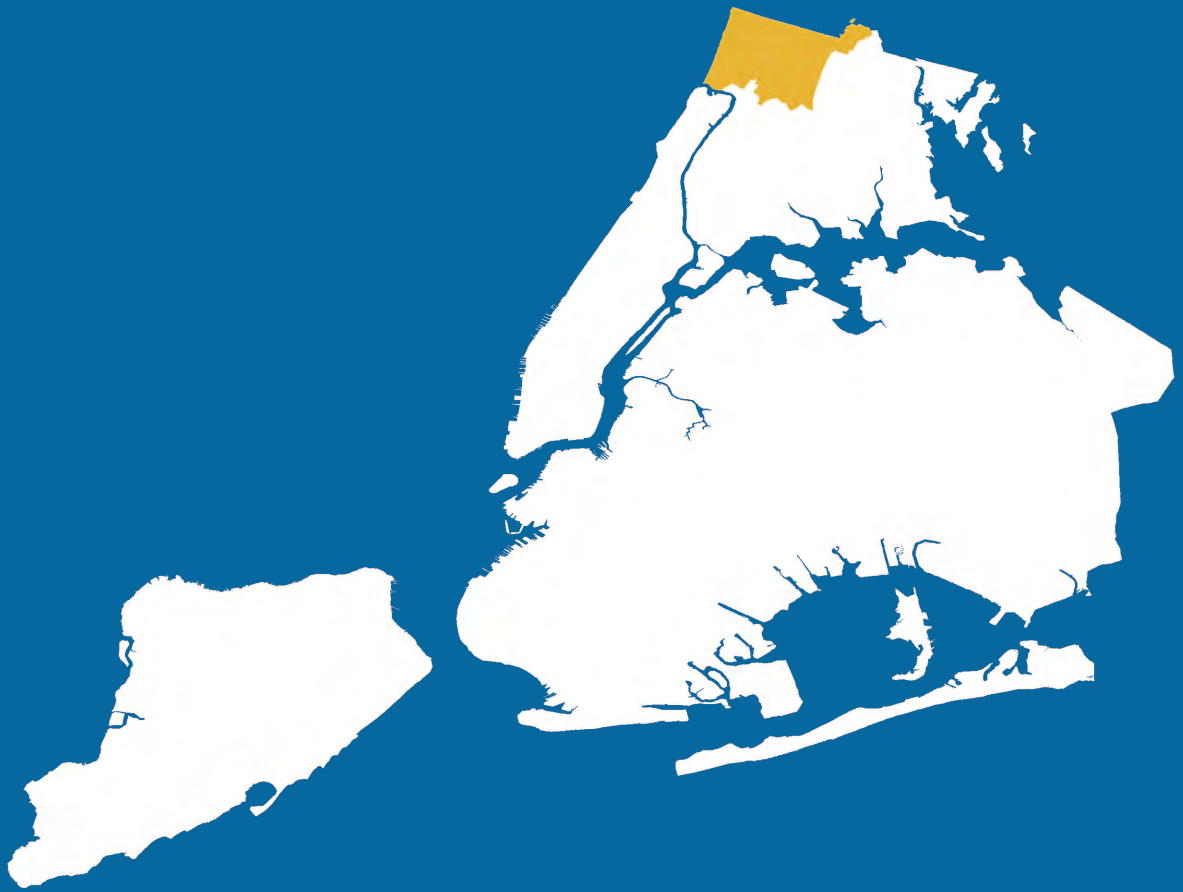


## FACILITIES

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
20	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
8	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
5	School-Based Health Center	2
46	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 11

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 11

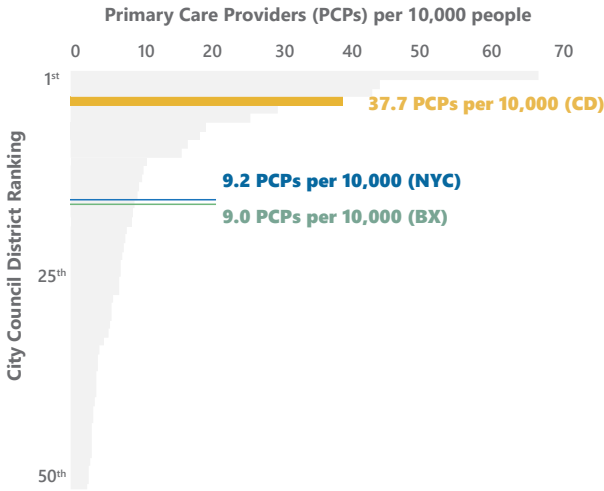
Includes the Bedford Park, Kingsbridge, Riverdale, Norwood, Van Cortlandt Village, Wakefield, and Woodlawn Neighborhoods.



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

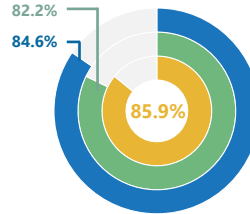
## PRIMARY CARE ACCESS

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.



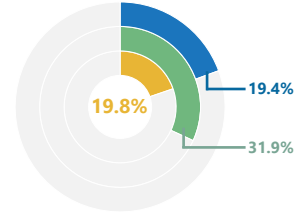
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **37.7 PCPs per 10,000 residents**.



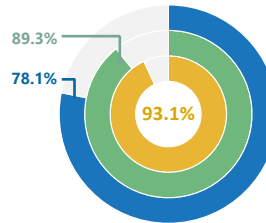
### Health Insurance

85.9% of District residents have health insurance coverage



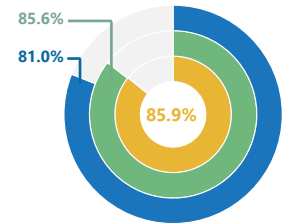
### PCMH-Recognition

19.8% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

93.1% of PCPs in the District accept patients with Medicaid

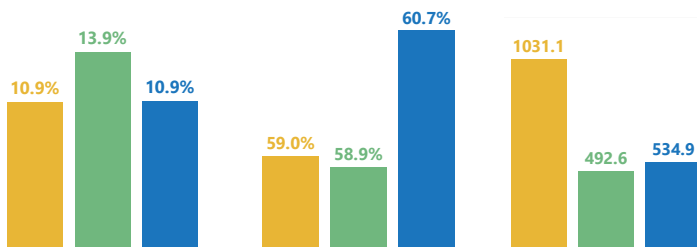


### Medicare Acceptance

85.9% 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

10.9% of District residents report having diabetes

### Lack of Immunization

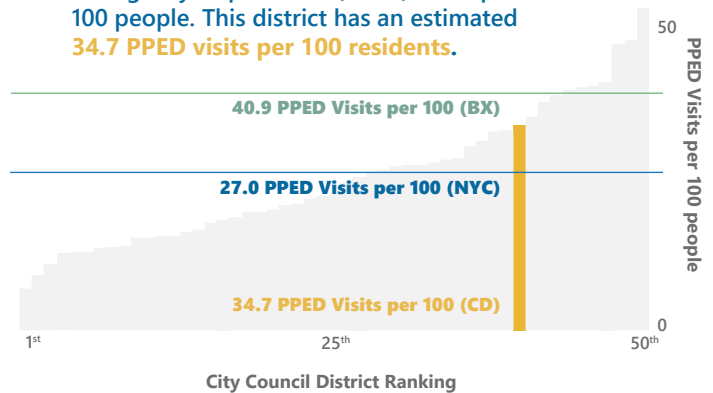
59.0% of District residents have not received the influenza vaccine

### Heart Disease Mortality

1,031.1 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 **34.7 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

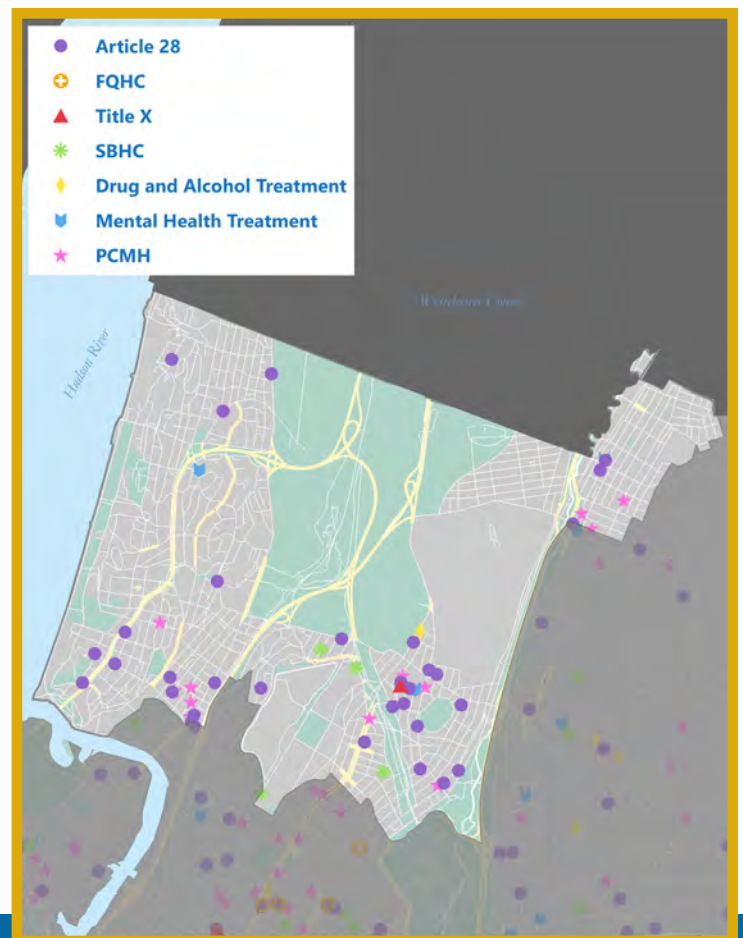
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

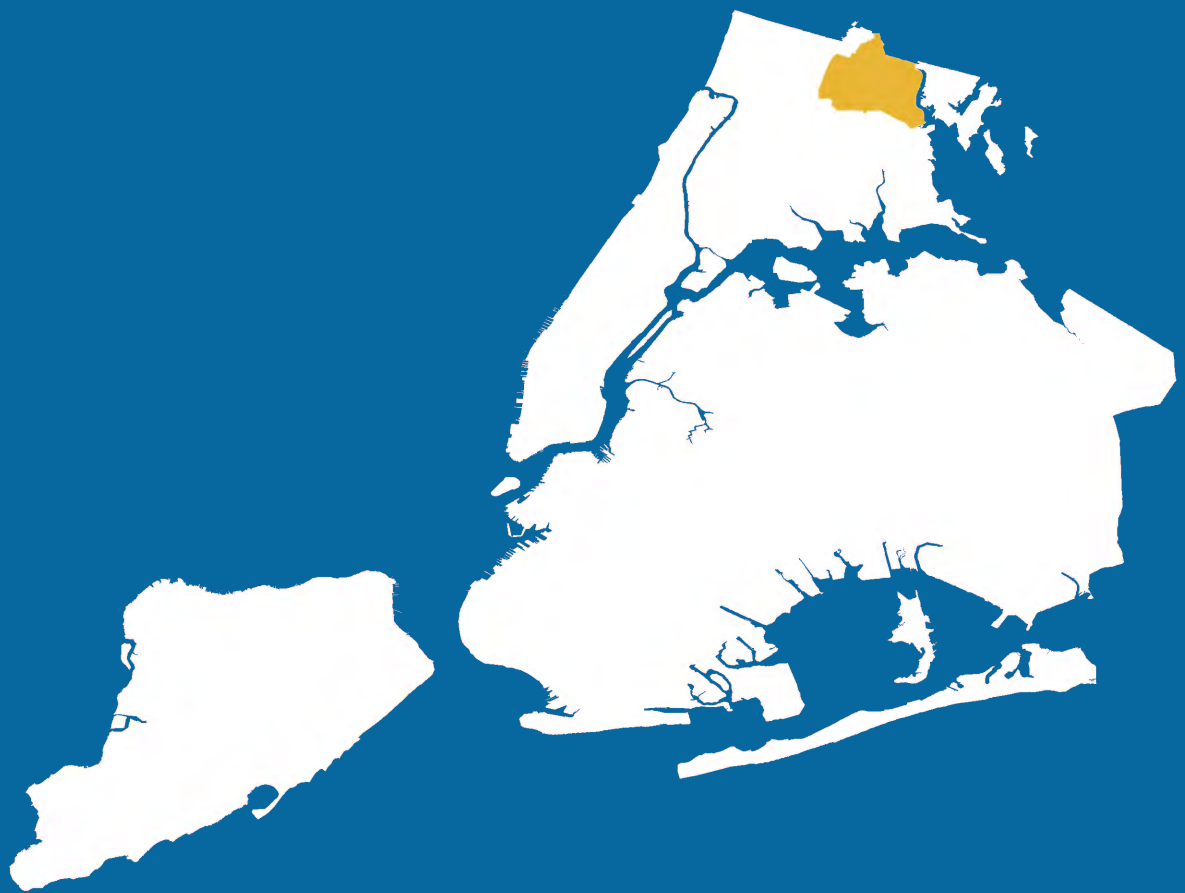


## FACILITIES

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
31	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
4	School-Based Health Center	2
16	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 12

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 12

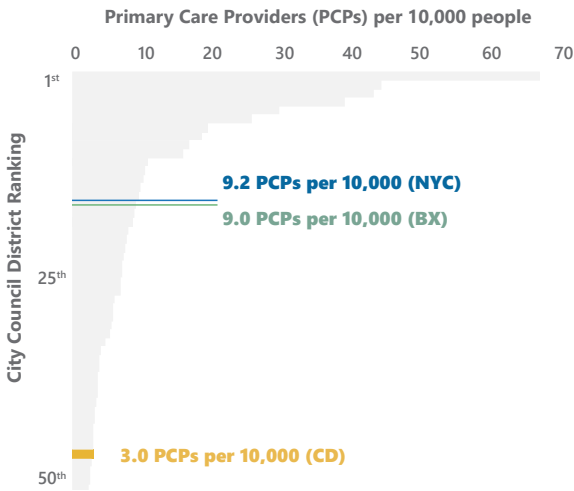
Includes the Wakefield, Olinville, Edenwald, Eastchester, Williamsbridge, Baychester, and Co-op City neighborhoods.



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

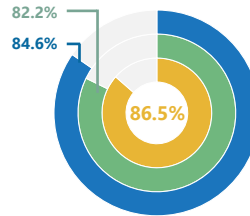
## PRIMARY CARE ACCESS

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.



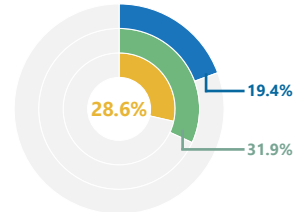
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **3.0 PCPs per 10,000 residents**.



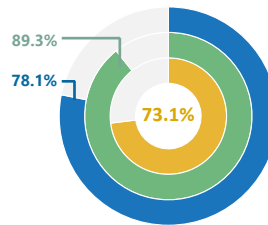
### Health Insurance

86.5% of District residents have health insurance coverage



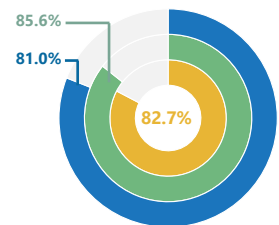
### PCMH-Recognition

28.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

73.1% of PCPs in the District accept patients with Medicaid

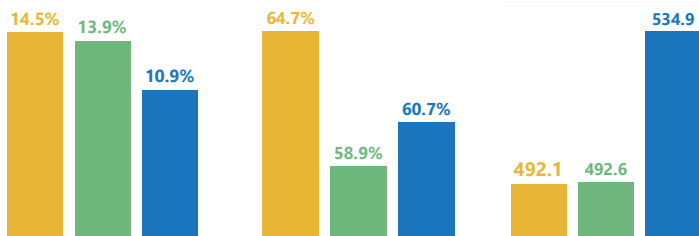


### Medicare Acceptance

82.7% 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

14.5% of District residents report having diabetes

### Lack of Immunization

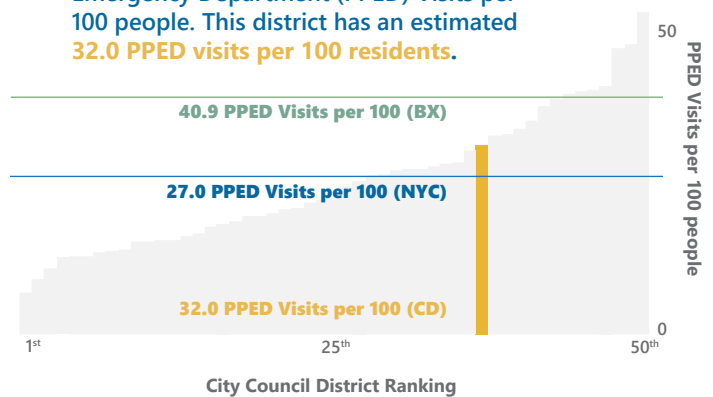
64.7% of District residents have not received the influenza vaccine

### Heart Disease Mortality

492.1 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 **32.0 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

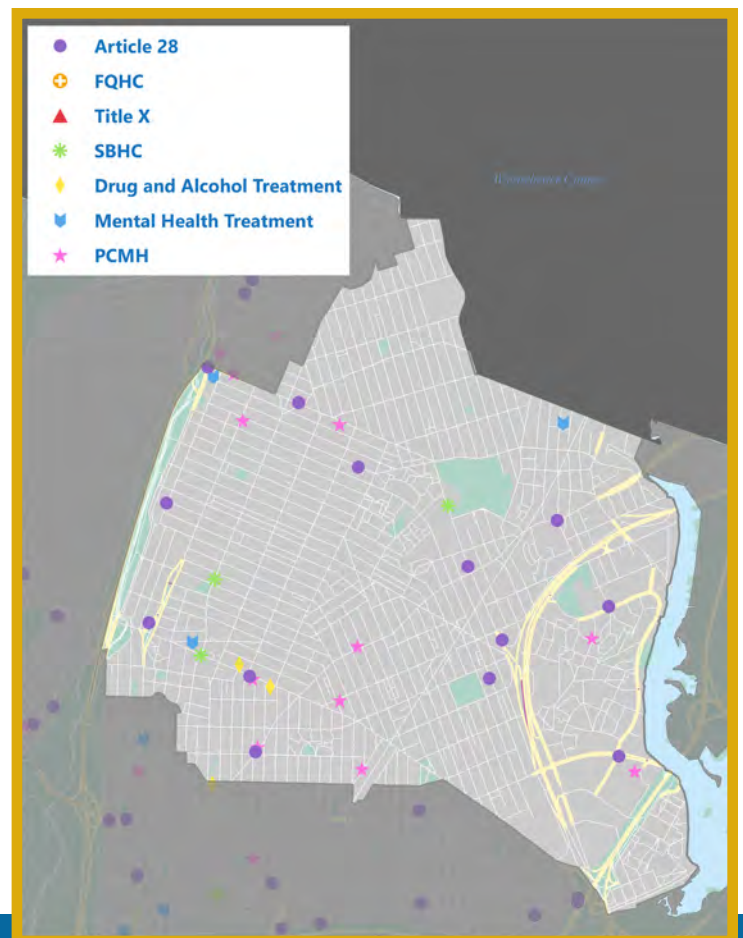
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

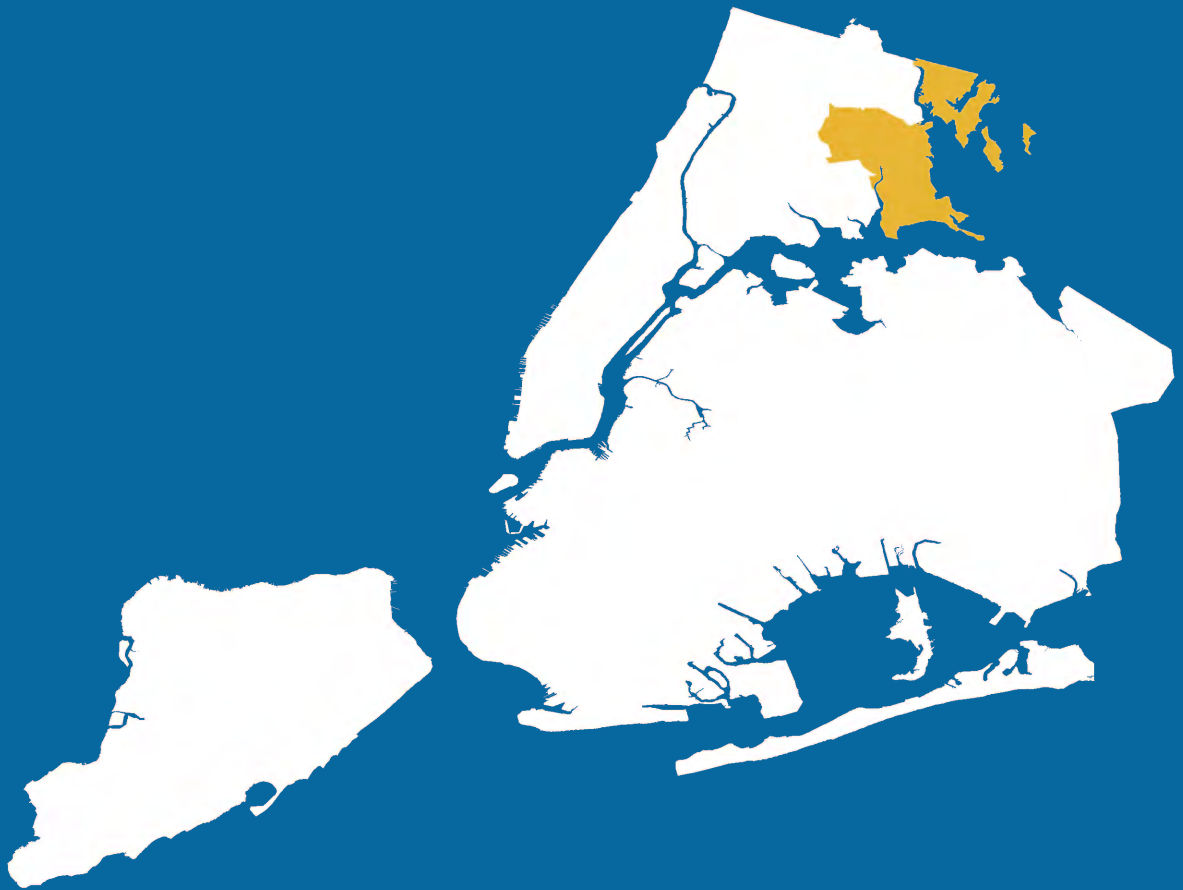


## FACILITIES

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
15	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
3	Mental Health Treatment Centers	5
2	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 13

**2019 PRIMARY CARE PROFILES**

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





# COUNCIL DISTRICT 13

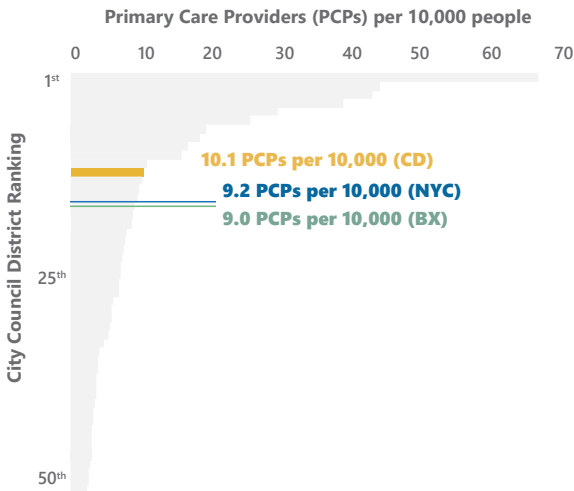
Includes the Allerton, City Island, Country Club, Edgewater Park, Ferry Point, Locust Point, Morris Park, Pelham Bay, Pelham Gardens, Pelham Parkway, Schuylerville, Silver Beach, Spencer Estates, Throggs Neck, Van Nest, Waterbury LaSalle, Westchester Square, and Zerega neighborhoods.



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

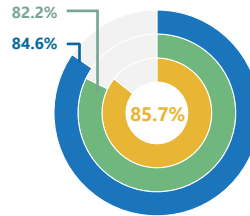
## PRIMARY CARE ACCESS

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.



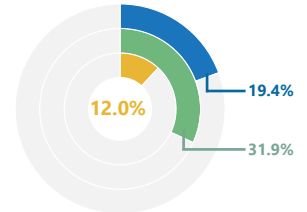
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **10.1 PCPs per 10,000 residents**.



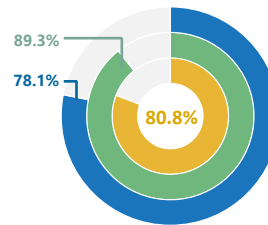
### Health Insurance

85.7% of District residents have health insurance coverage



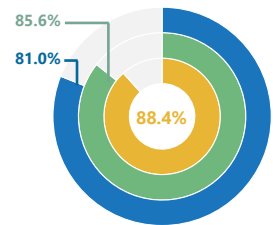
### PCMH-Recognition

12.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

80.8% of PCPs in the District accept patients with Medicaid

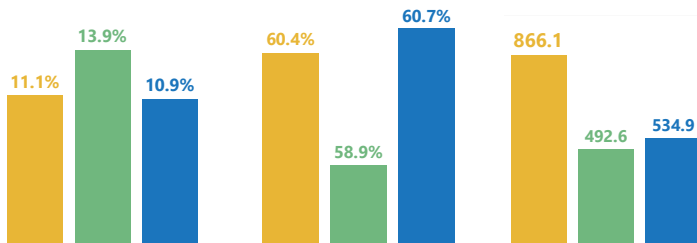


### Medicare Acceptance

88.4% 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

11.1% of District residents report having diabetes

### Lack of Immunization

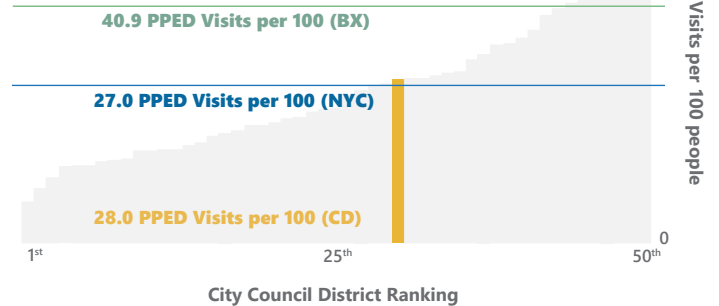
60.4% of District residents have not received the influenza vaccine

### Heart Disease Mortality

866.1 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 **28.0 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

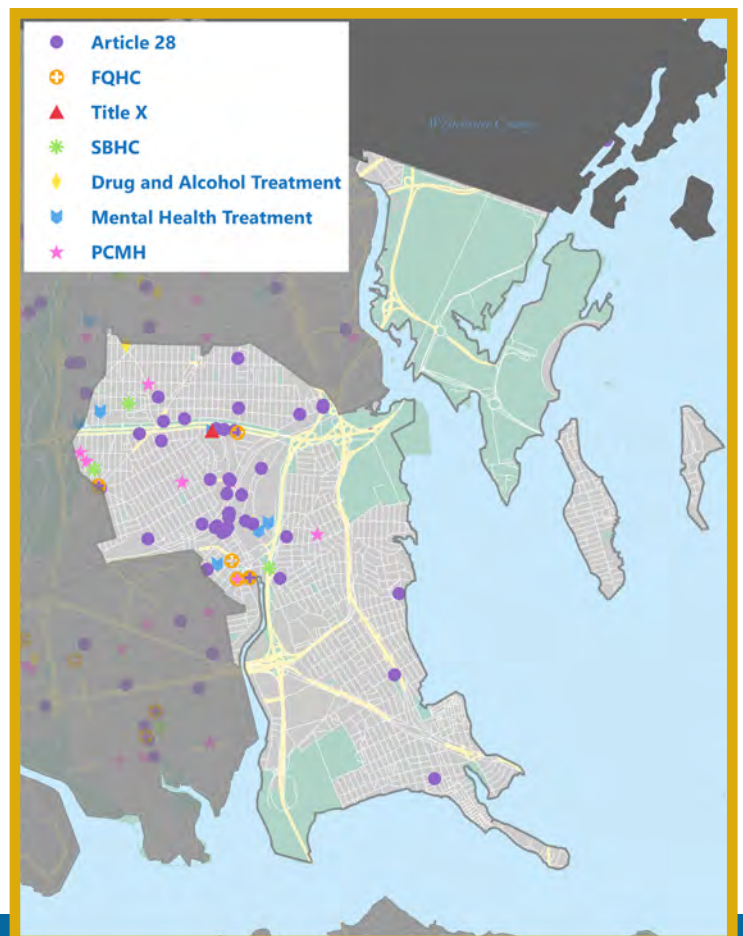
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
42	Article 28	19
5	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
5	Mental Health Treatment Centers	5
9	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
11	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 14

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 14

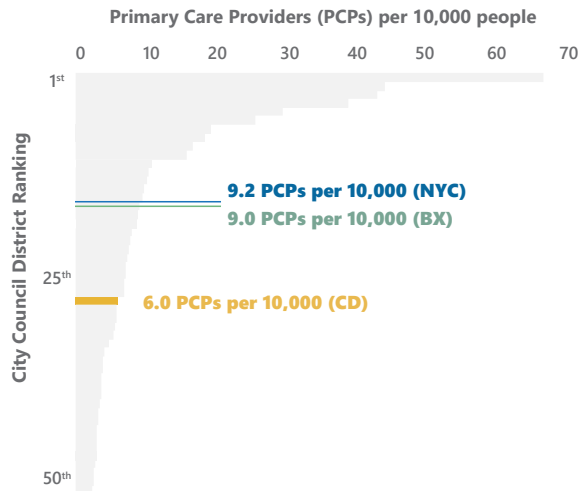
Includes the Morris Heights, University Heights, Fordham, and Kingsbridge neighborhoods.



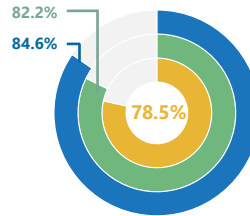
For comparison purposes, each metric is displayed at the city (NYC), borough (BX), and Council District (CD) level

## PRIMARY CARE ACCESS

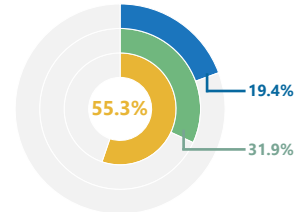
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



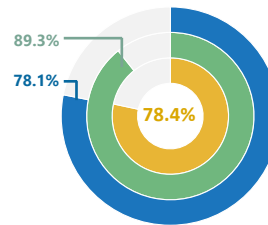
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **6.0 PCPs per 10,000 residents**.



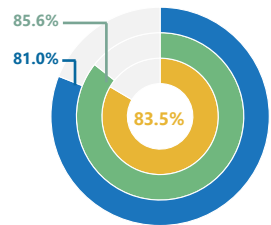
**Health Insurance**  
78.5% of District residents have health insurance coverage



**PCMH-Recognition**  
55.3% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



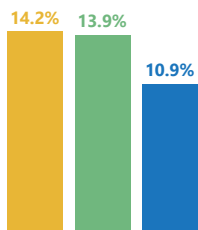
**Medicaid Acceptance**  
78.4% of PCPs in the District accept patients with Medicaid



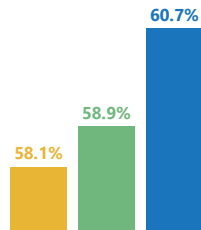
**Medicare Acceptance**  
83.5% of PCPs in the District accept patients with Medicare

## HEALTH STATUS

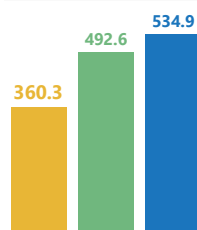
Health status indicates factors that impact a population's overall health, and the level of primary care services needed to address the health needs of a population.



**Diabetes Prevalence**  
14.2% of District residents report having diabetes



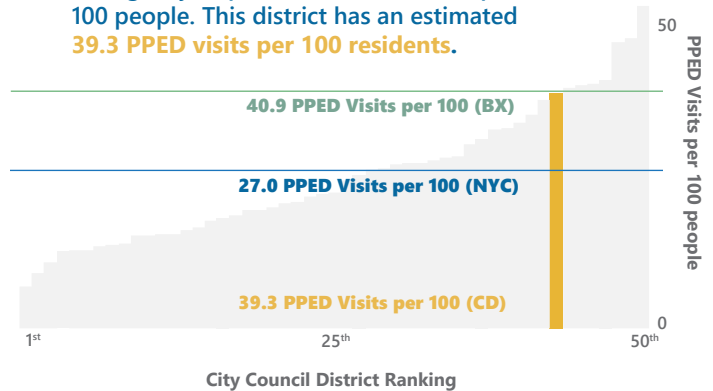
**Lack of Immunization**  
58.1% of District residents have not received the influenza vaccine



**Heart Disease Mortality**  
360.3 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 **39.3 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

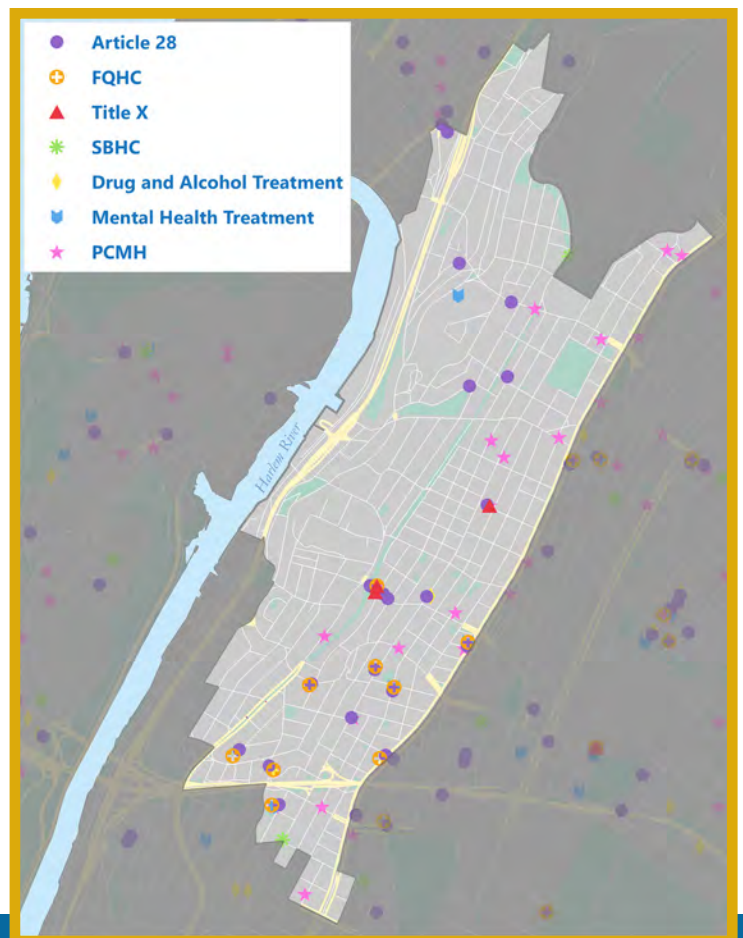
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

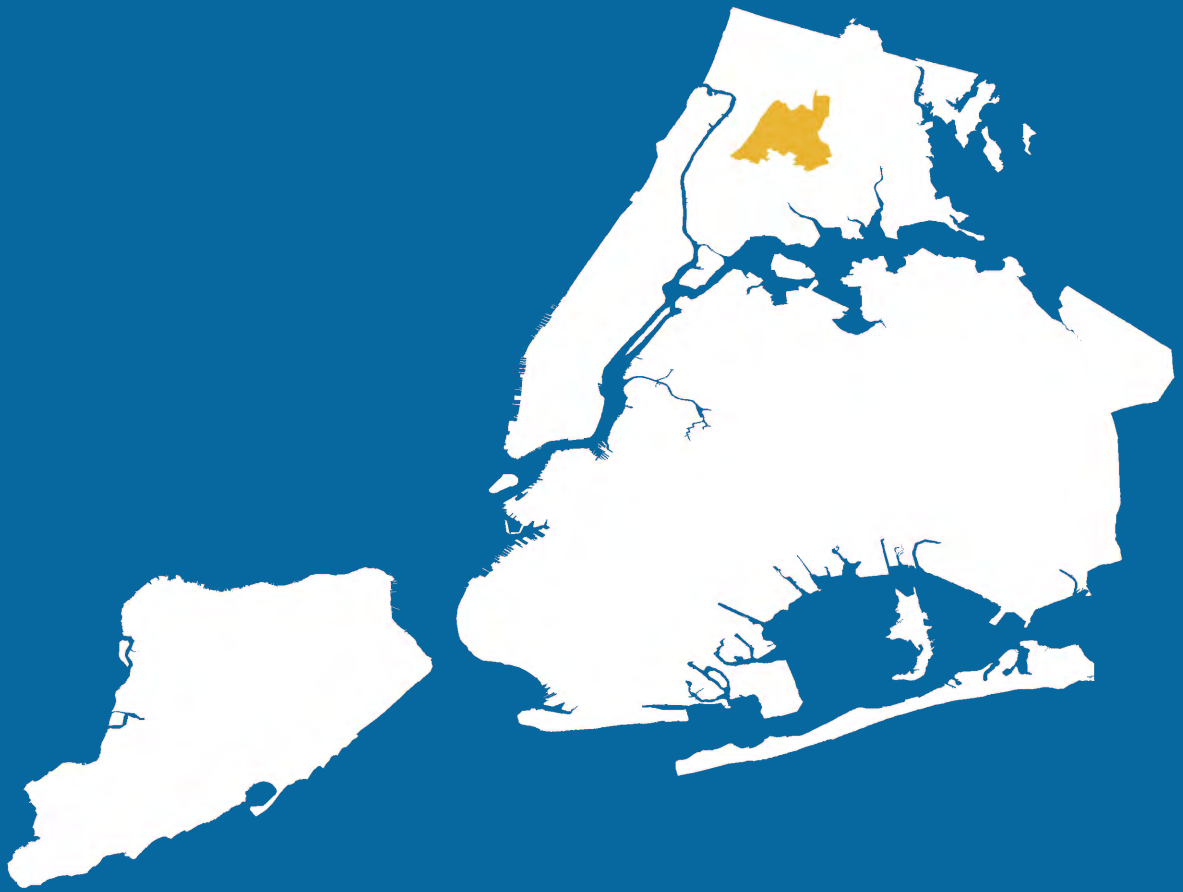


## FACILITIES

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
24	Article 28	19
10	Federally Qualified Health Centers (FQHCs)	3
4	Title X Family Planning Program	1
4	Mental Health Treatment Centers	5
2	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
21	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 15

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 15

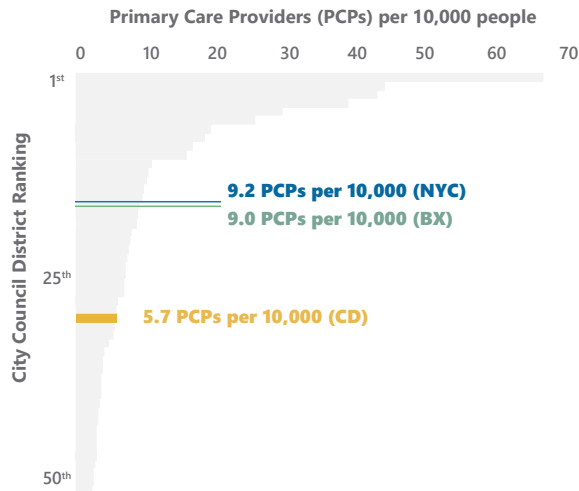
Includes the Bedford Park, Fordham, Mount Hope, Bathgate, Belmont, East Tremont, West Farms, Van Nest, Allerton, and Olinville neighborhoods.



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

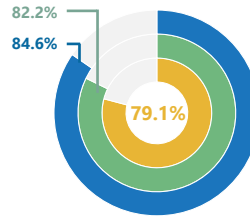
## PRIMARY CARE ACCESS

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.



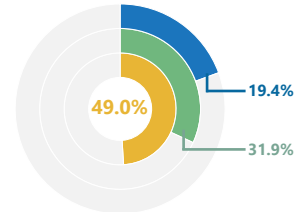
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **5.7 PCPs per 10,000 residents**.



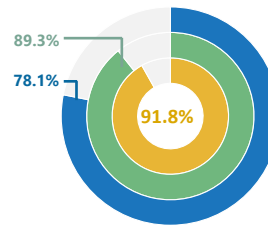
### Health Insurance

79.1% of District residents have health insurance coverage



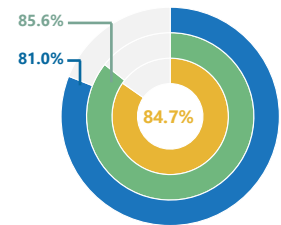
### PCMH-Recognition

49.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

91.8% of PCPs in the District accept patients with Medicaid

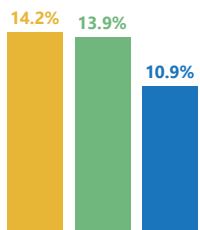


### Medicare Acceptance

84.7% of PCPs in the District accept patients with Medicare

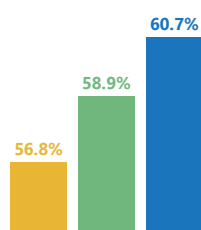
## HEALTH STATUS

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.



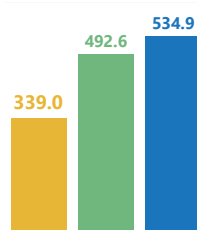
### Diabetes Prevalence

14.2% of District residents report having diabetes



### Lack of Immunization

56.8% of District residents have not received the influenza vaccine

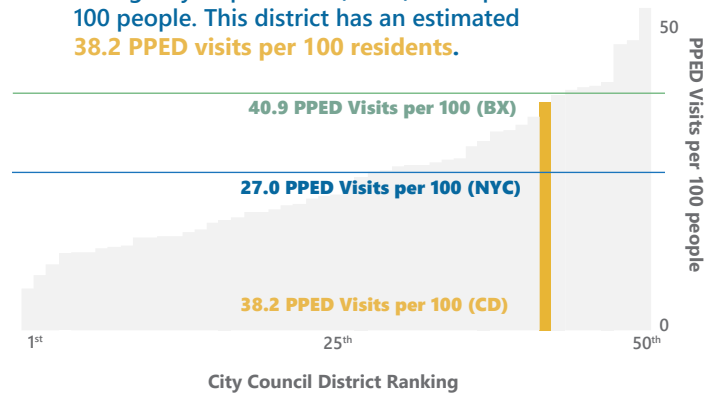


### Heart Disease Mortality

339.0 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 **38.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

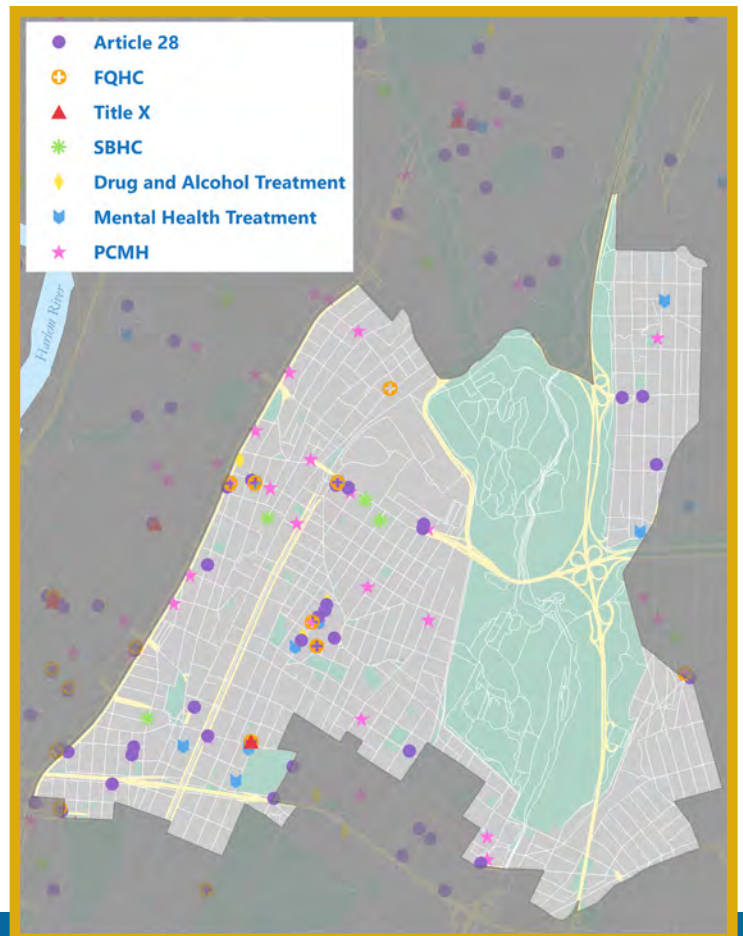
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
27	Article 28	19
7	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
10	Mental Health Treatment Centers	5
8	Drug and Alcohol Treatment Centers	6
4	School-Based Health Center	2
25	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 16

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 16

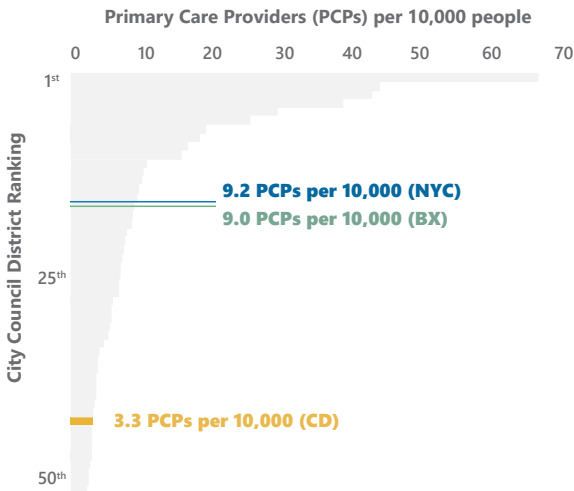
Includes the Claremont, Concourse, Concourse Village, Highbridge, Morris Heights, Mount Eden, and Morrisania neighborhoods.



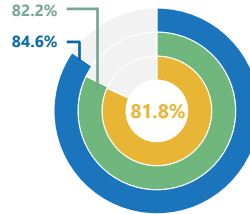
For comparison purposes, each metric is displayed at the city (NYC), borough (BX), and Council District (CD) level

## PRIMARY CARE ACCESS

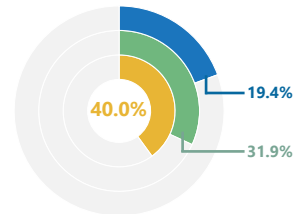
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



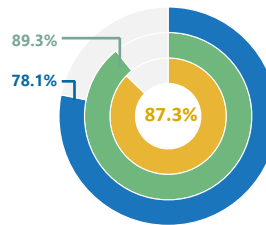
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.3 PCPs per 10,000 residents**.



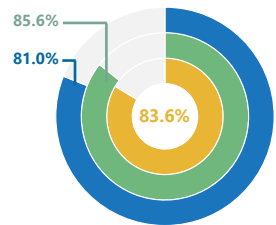
**Health Insurance**  
81.8% of District residents have health insurance coverage



**PCMH-Recognition**  
40.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



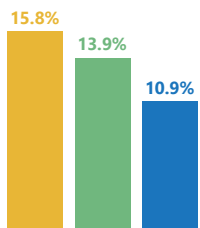
**Medicaid Acceptance**  
87.3% of PCPs in the District accept patients with Medicaid



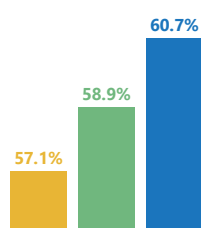
**Medicare Acceptance**  
83.6% of PCPs in the District accept patients with Medicare

## HEALTH STATUS

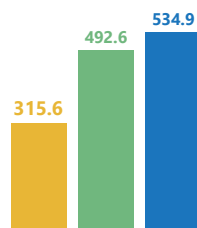
Health status indicates factors that impact a population's overall health, and the level of primary care services needed to address the health needs of a population.



**Diabetes Prevalence**  
15.8% of District residents report having diabetes



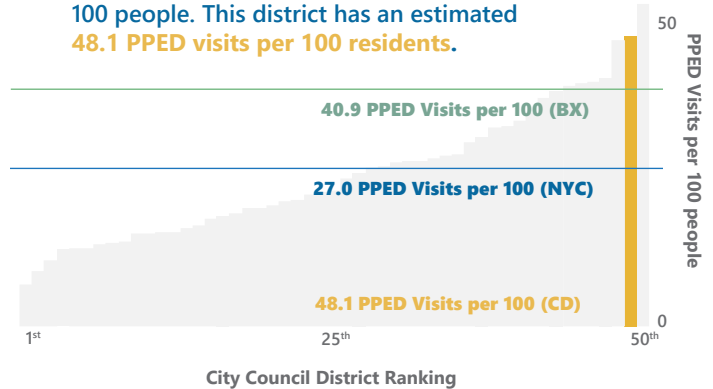
**Lack of Immunization**  
57.1% of District residents have not received the influenza vaccine



**Heart Disease Mortality**  
315.6 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 **48.1 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

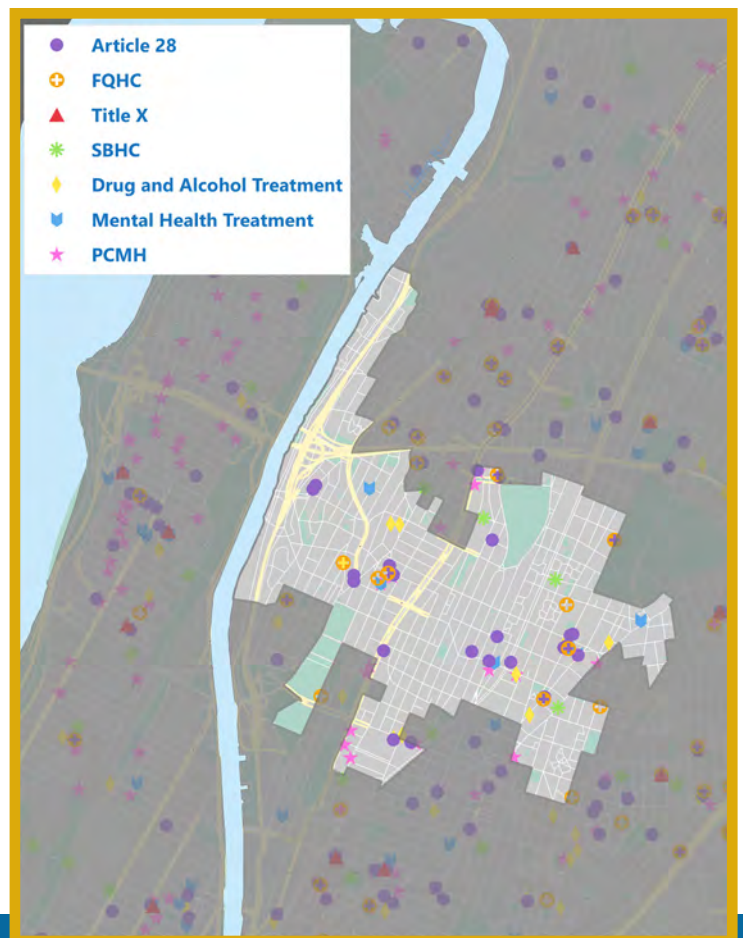
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

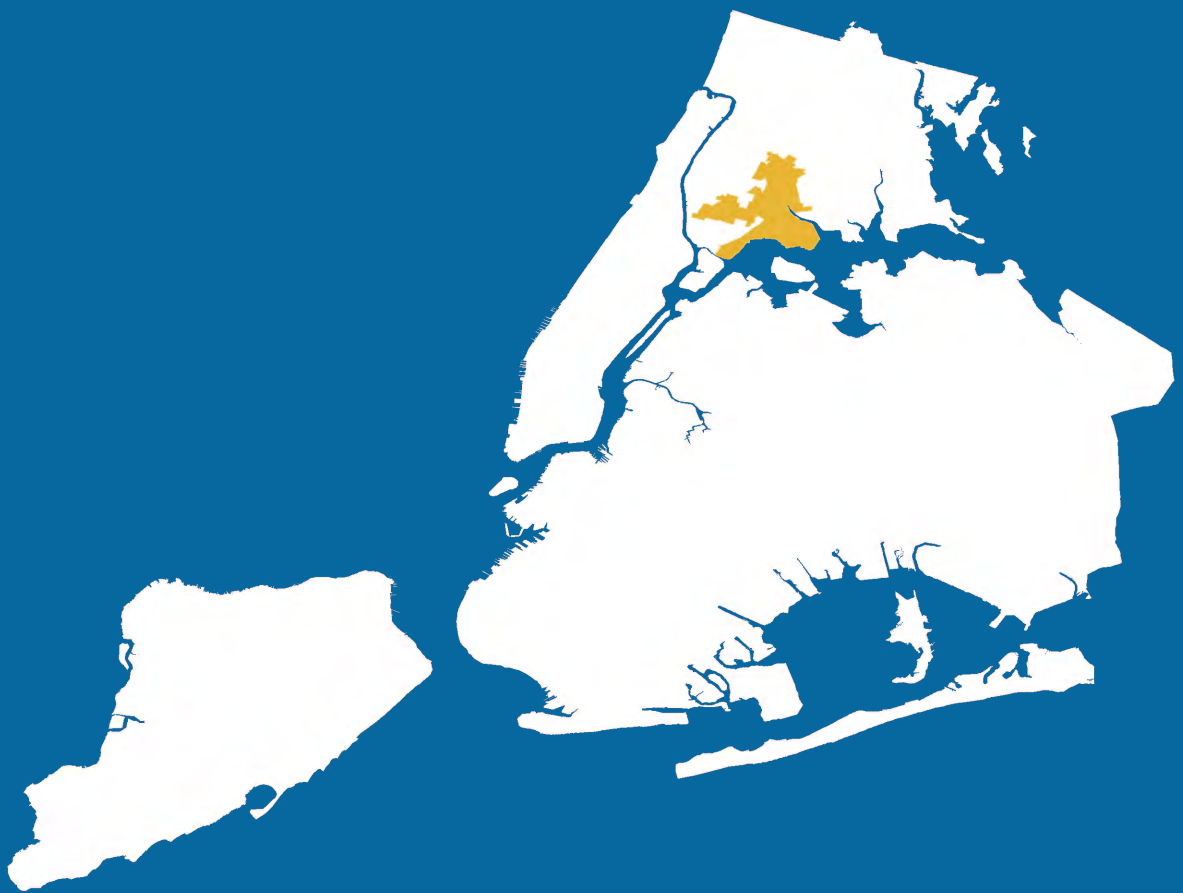


## FACILITIES

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
23	Article 28	19
9	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
12	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
12	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 17

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 17

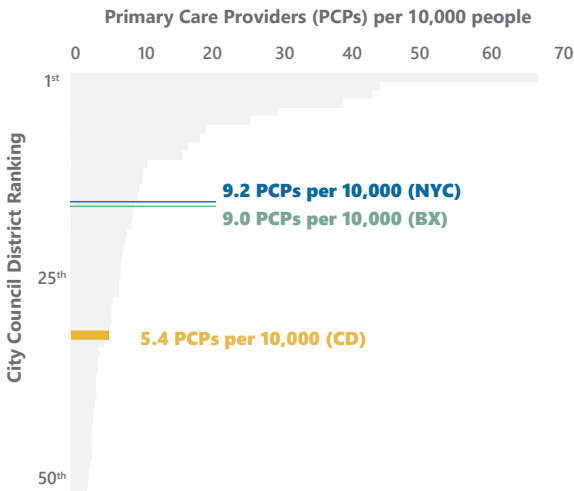
Includes the Concourse Village, Crotona Park East, East Tremont, Hunts Point, Longwood, Melrose, Morrisania, Port Morris, West Farms, North Brother Island, and South Brother Island neighborhoods.



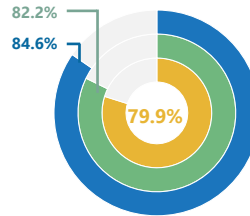
For comparison purposes, each metric is displayed at the city (NYC), borough (BX), and Council District (CD) level

## PRIMARY CARE ACCESS

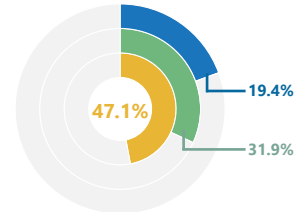
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



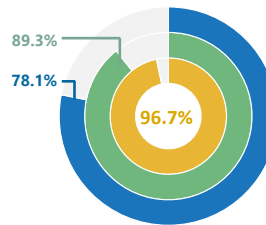
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **5.4 PCPs per 10,000 residents**.



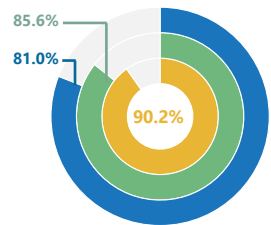
**Health Insurance**  
79.9% of District residents have health insurance coverage



**PCMH-Recognition**  
47.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



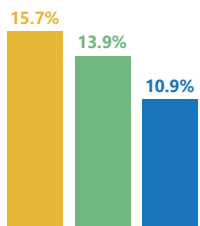
**Medicaid Acceptance**  
96.7% of PCPs in the District accept patients with Medicaid



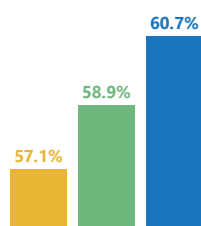
**Medicare Acceptance**  
90.2% of PCPs in the District accept patients with Medicare

## HEALTH STATUS

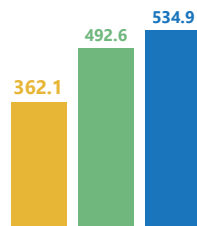
Health status indicates factors that impact a population's overall health, and the level of primary care services needed to address the health needs of a population.



**Diabetes Prevalence**  
15.7% of District residents report having diabetes



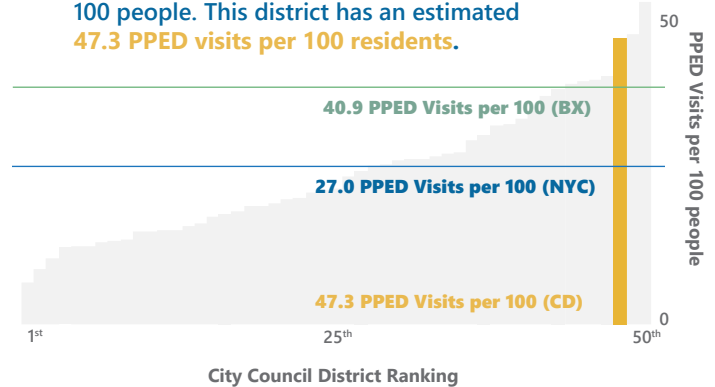
**Lack of Immunization**  
57.1% of District residents have not received the influenza vaccine



**Heart Disease Mortality**  
362.1 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 **47.3 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

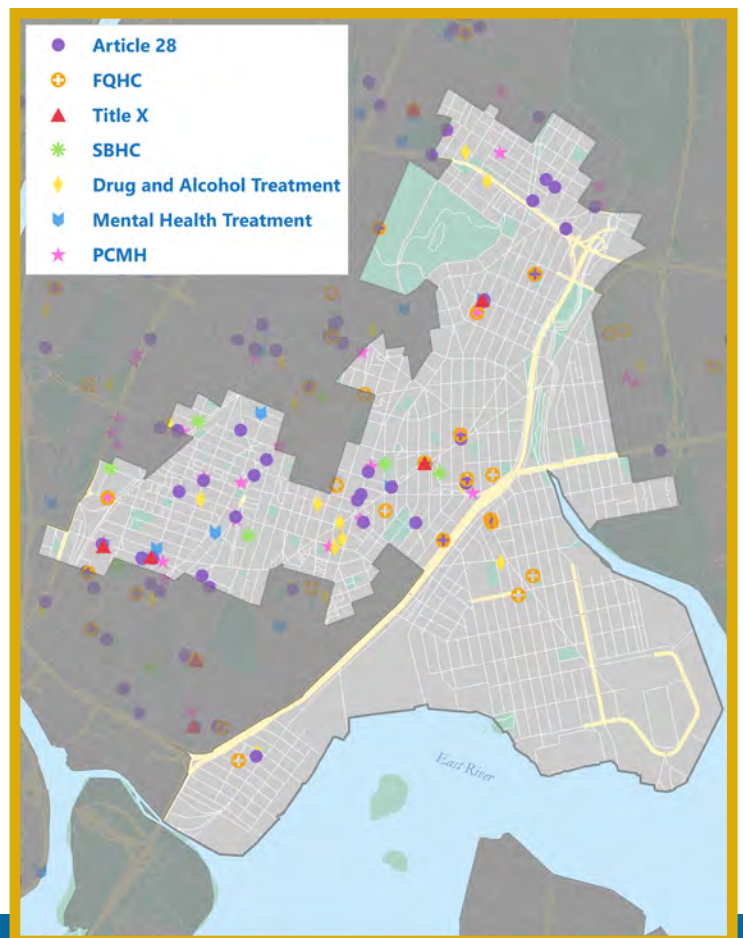
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

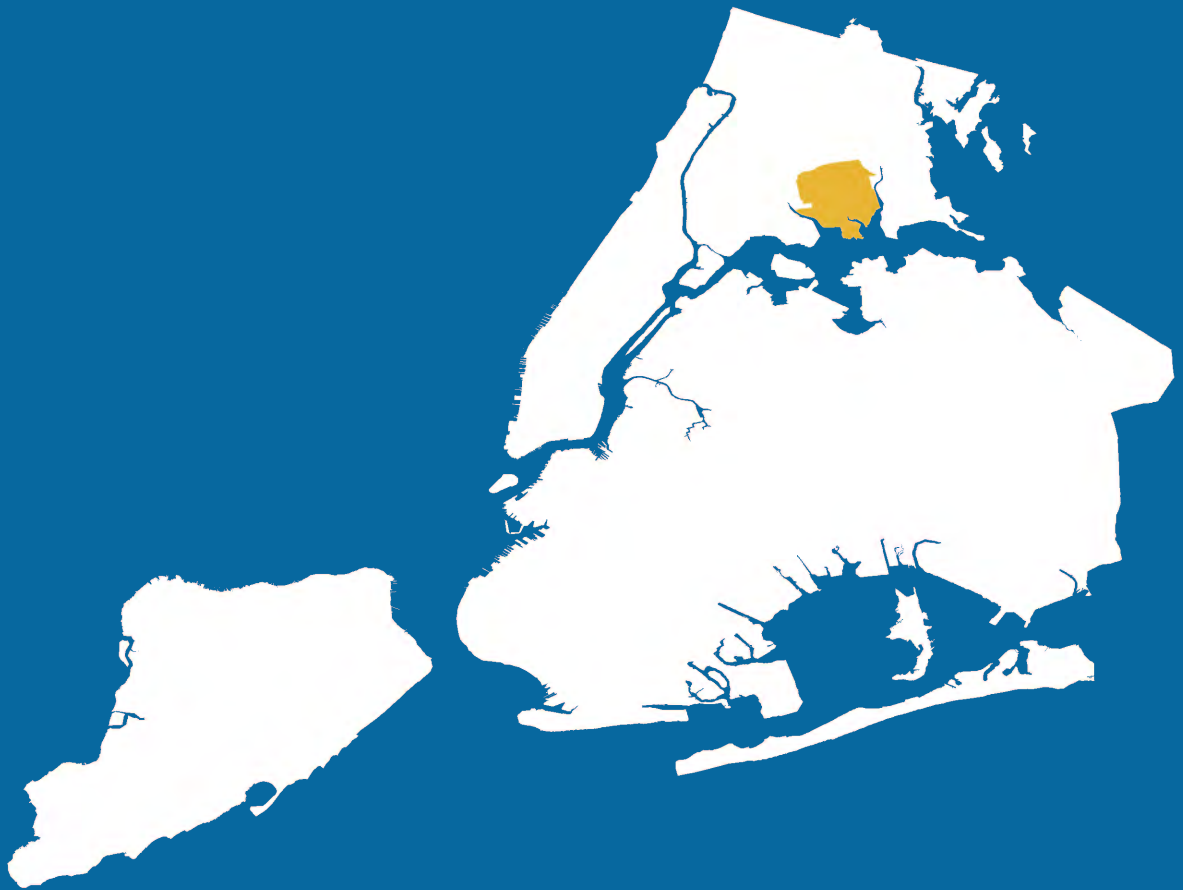


## FACILITIES

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
15	Federally Qualified Health Centers (FQHCs)	3
5	Title X Family Planning Program	1
8	Mental Health Treatment Centers	5
13	Drug and Alcohol Treatment Centers	6
5	School-Based Health Center	2
24	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 18

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 18

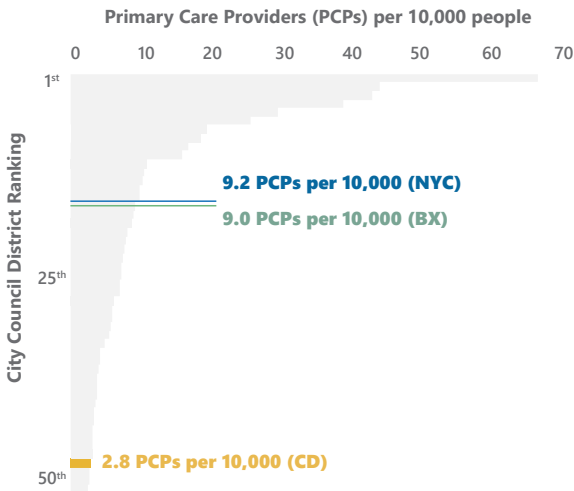
Includes the Soundview, Castle Hill, Parkchester, Clason Point, and Harding Park neighborhoods.



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

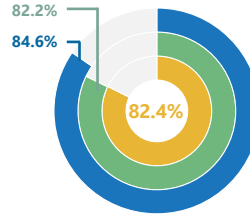
## PRIMARY CARE ACCESS

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.



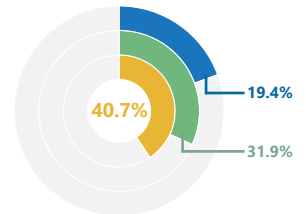
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **2.8 PCPs per 10,000 residents**.



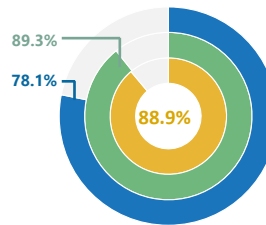
### Health Insurance

82.4% of District residents have health insurance coverage



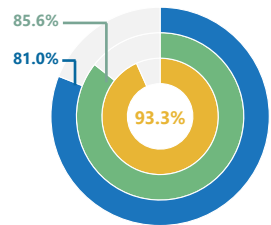
### PCMH-Recognition

40.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

88.9% of PCPs in the District accept patients with Medicaid

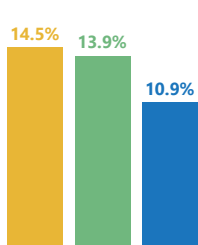


### Medicare Acceptance

93.3% of PCPs in the District accept patients with Medicare

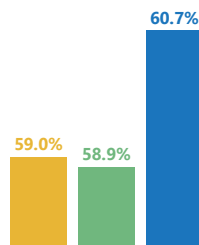
## HEALTH STATUS

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.



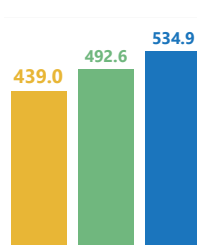
### Diabetes Prevalence

14.5% of District residents report having diabetes



### Lack of Immunization

59.0% of District residents have not received the influenza vaccine

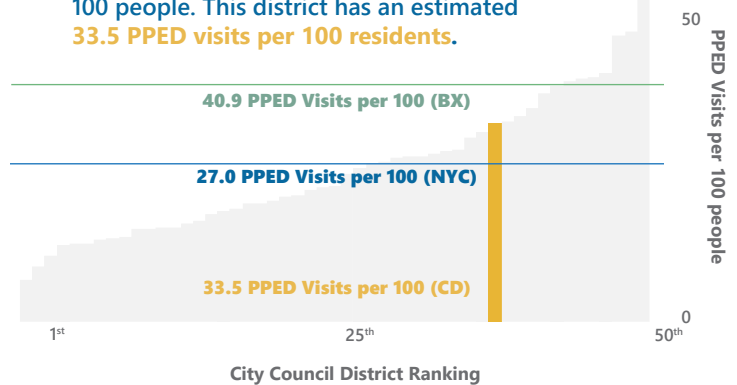


### Heart Disease Mortality

439.0 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 **33.5 PPED visits per 100 residents**.





## SOCIOECONOMIC POSITION

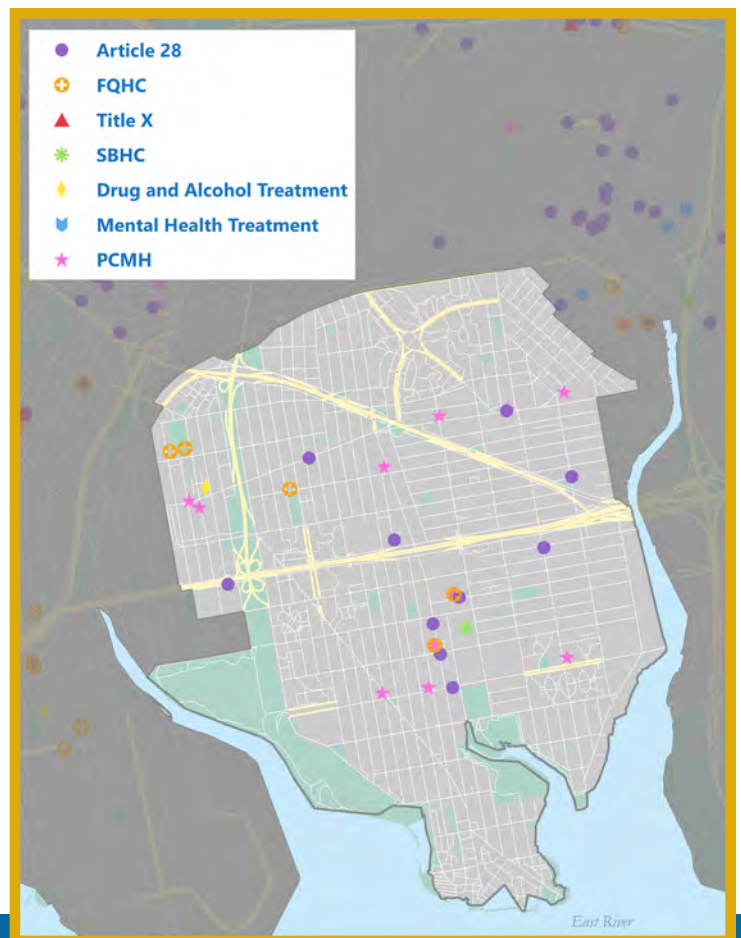
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

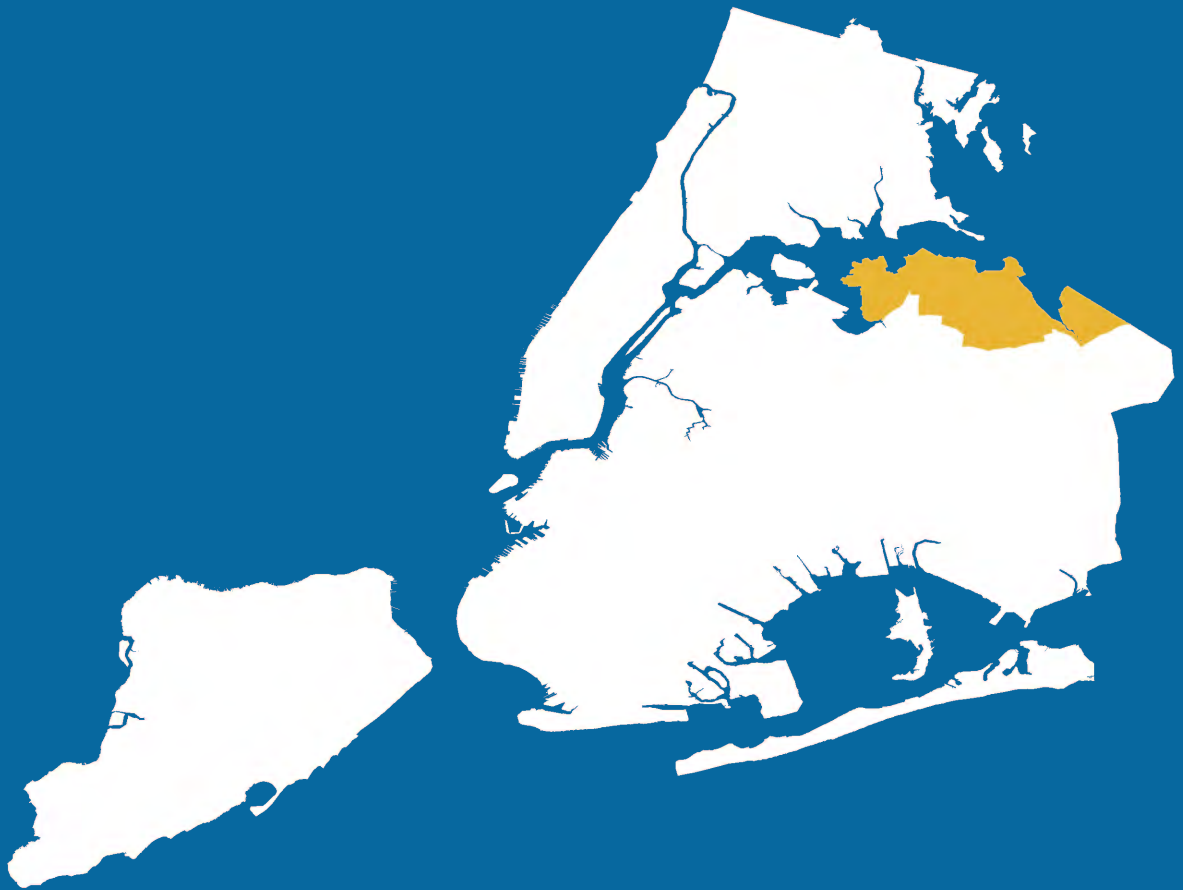


## FACILITIES

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
11	Article 28	19
5	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
0	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
11	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 19

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 19

Includes the Auburndale, Bay Terrace, Bayside, Beechhurst, College Point, Douglaston, Flushing, Little Neck, Malba, and Whitestone neighborhoods.

CD

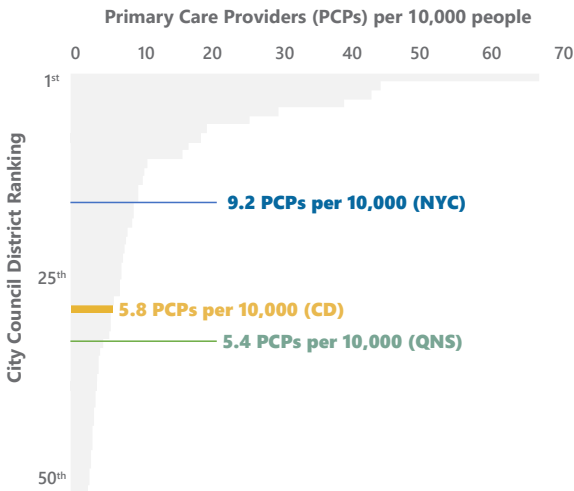
QNS

NYC

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

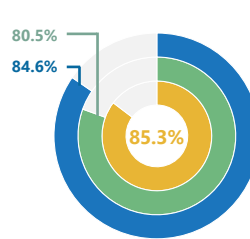
## PRIMARY CARE ACCESS

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.



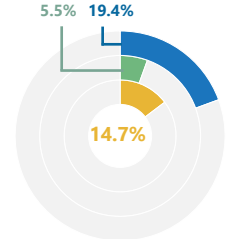
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **5.8 PCPs per 10,000 residents**.



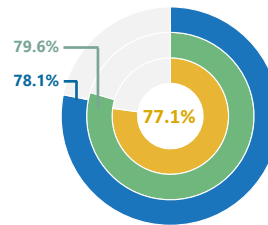
### Health Insurance

85.3% of District residents have health insurance coverage



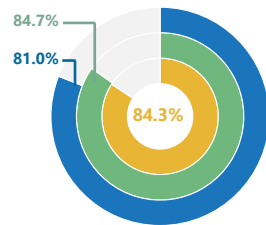
### PCMH-Recognition

14.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

77.1% of PCPs in the District accept patients with Medicaid



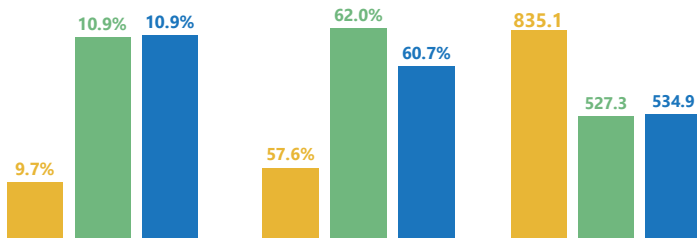
### Medicare Acceptance

84.3% 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

9.7% of District residents report having diabetes

### Lack of Immunization

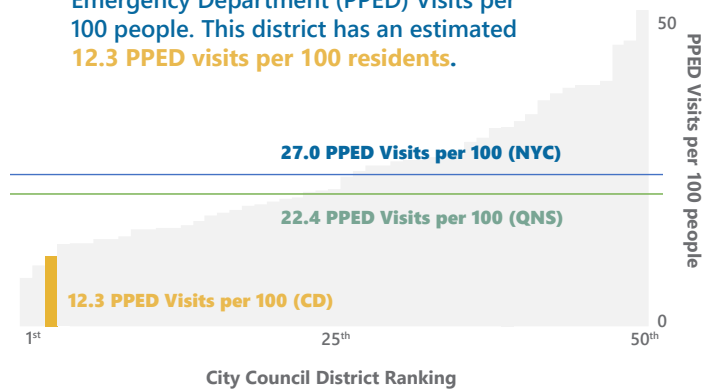
57.6% of District residents have not received the influenza vaccine

### Heart Disease Mortality

835.1 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 **12.3 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

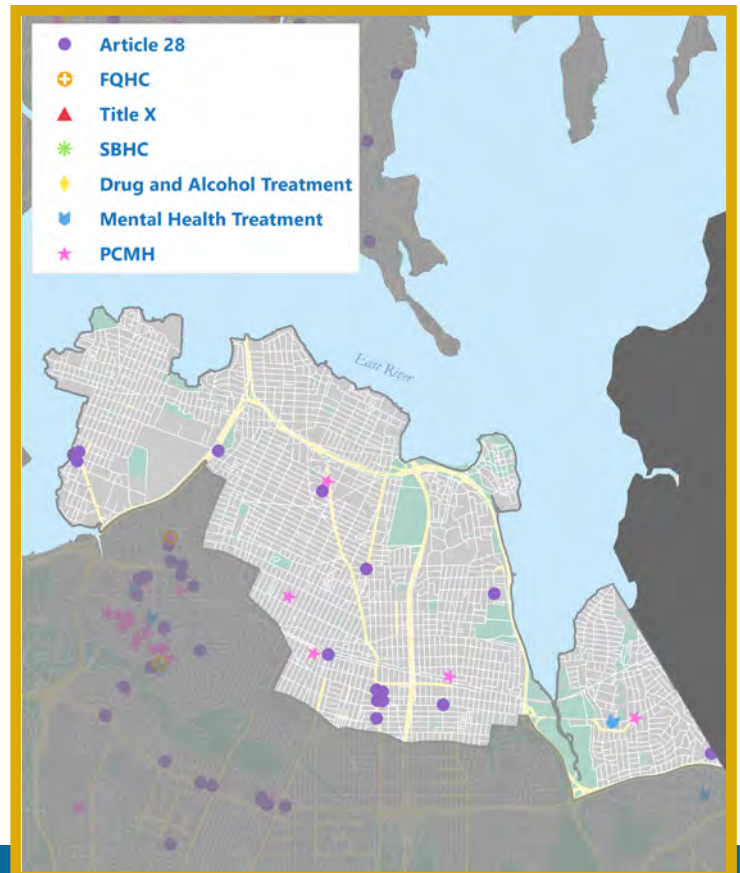
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

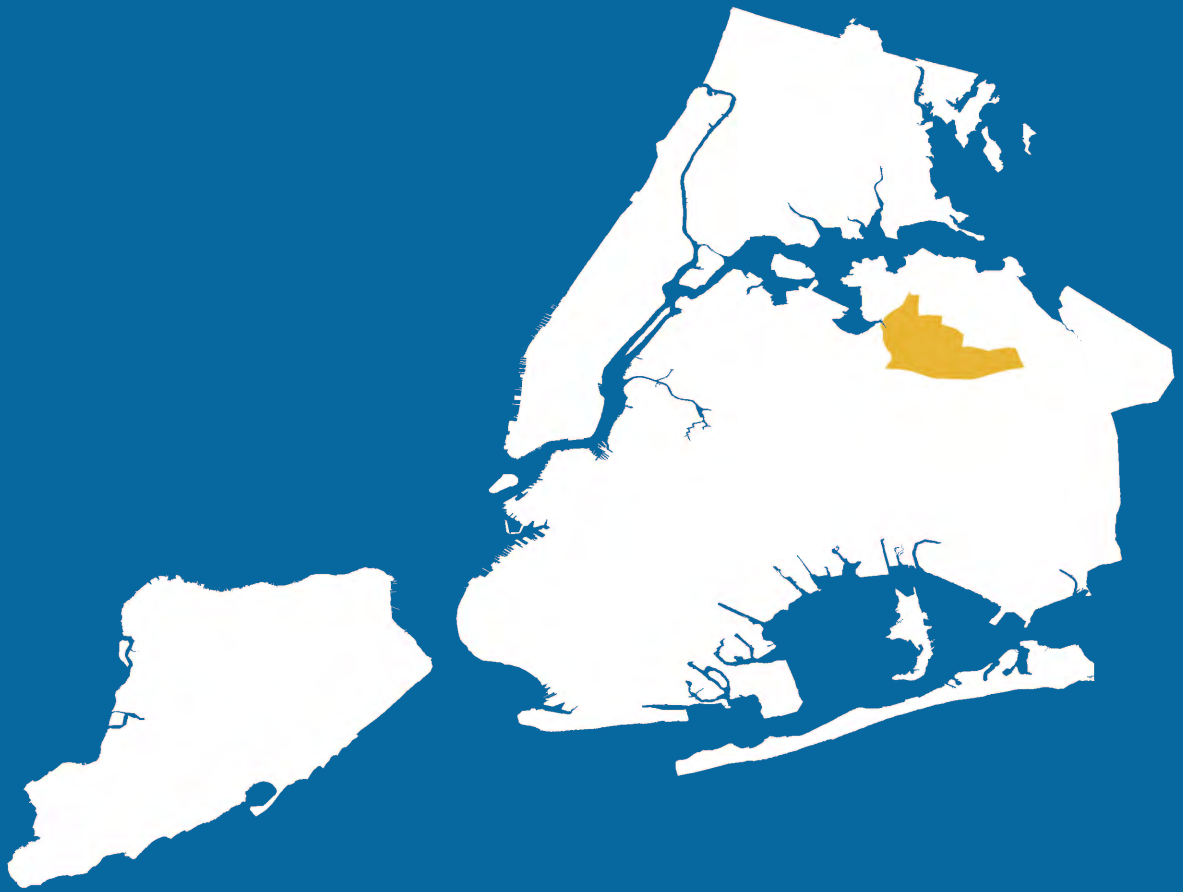


## FACILITIES

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
16	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
0	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
5	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 20

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 20

Includes the Downtown Flushing, Murray Hill, and Queensboro Hill neighborhoods.

CD

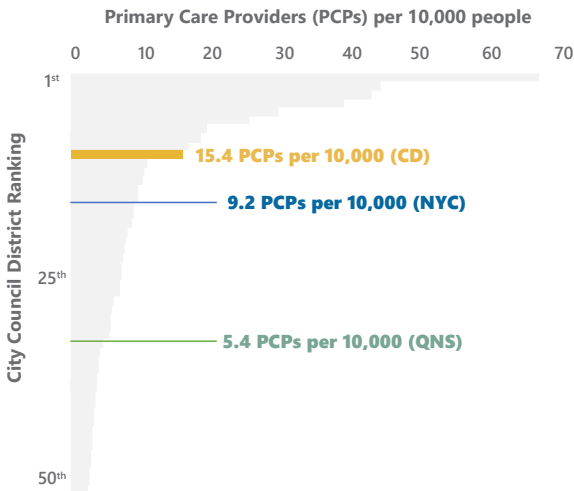
QNS

NYC

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

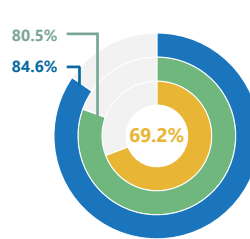
## PRIMARY CARE ACCESS

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.



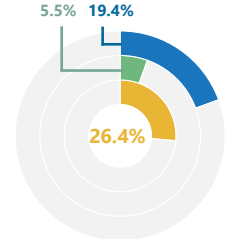
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **15.4 PCPs per 10,000 residents**.



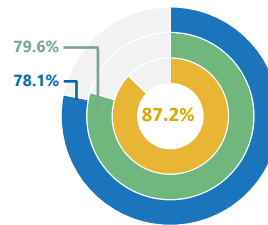
### Health Insurance

69.2% of District residents have health insurance coverage



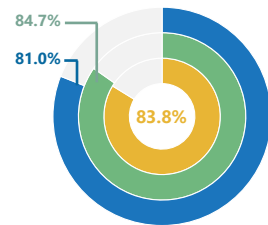
### PCMH-Recognition

26.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

87.2% of PCPs in the District accept patients with Medicaid

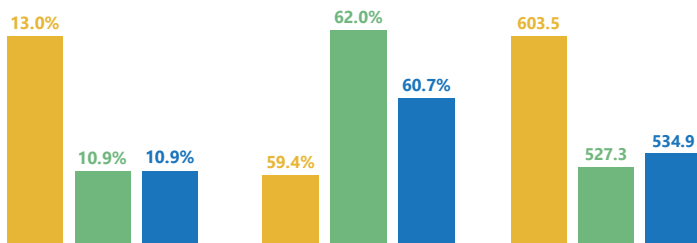


### Medicare Acceptance

83.8% 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

13.0% of District residents report having diabetes

### Lack of Immunization

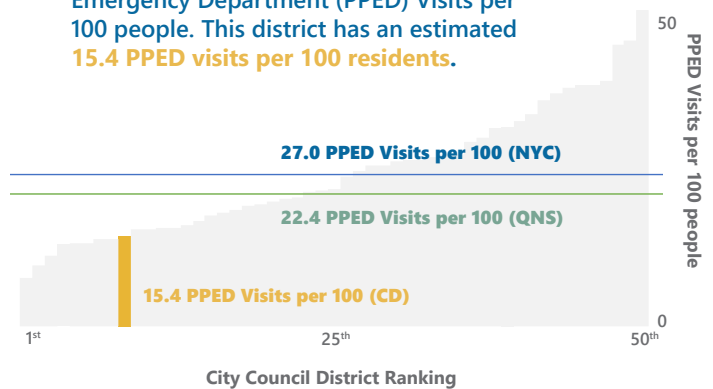
59.4% of District residents have not received the influenza vaccine

### Heart Disease Mortality

603.5 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 **15.4 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

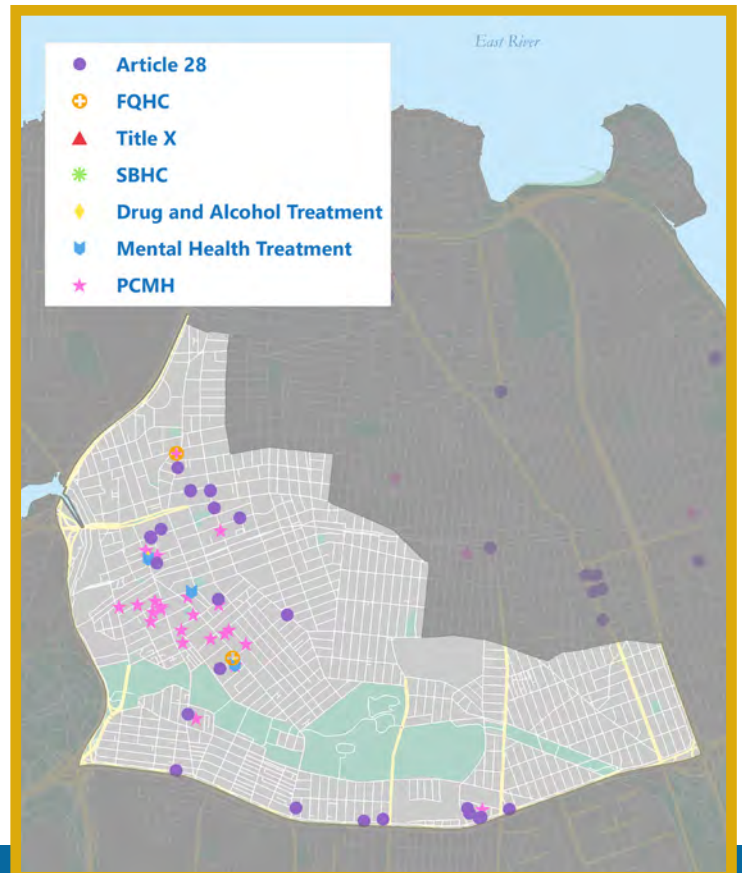
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
24	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
5	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
24	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 21

**2019 PRIMARY CARE PROFILES**

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





# COUNCIL DISTRICT 21

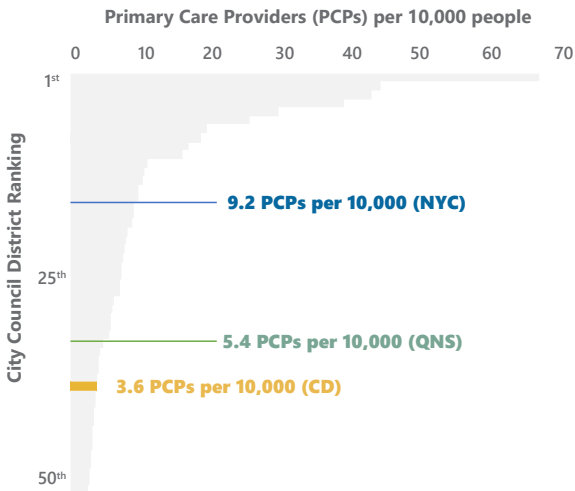
Includes the East Elmhurst, Elmhurst, Jackson Heights, Flushing Meadows Corona Park, Lefrak City, and LaGuardia Airport neighborhoods.



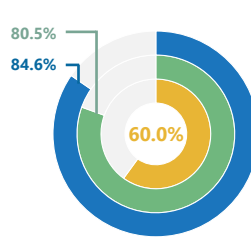
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

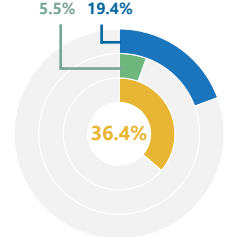
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



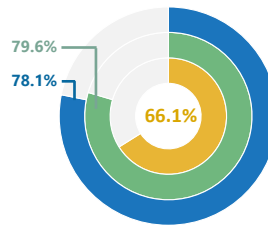
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.6 PCPs per 10,000 residents**.



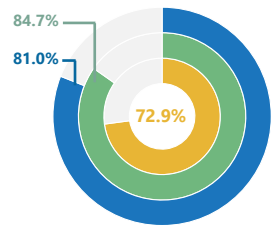
**Health Insurance**  
60.0% of District residents have health insurance coverage



**PCMH-Recognition**  
36.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



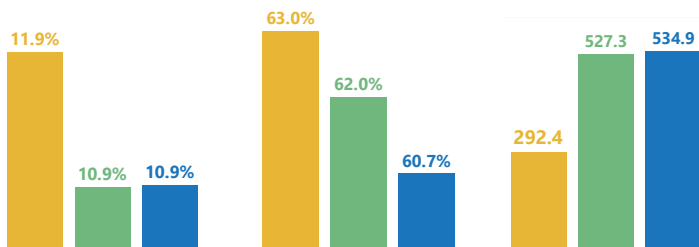
**Medicaid Acceptance**  
66.1% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
72.9% 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.



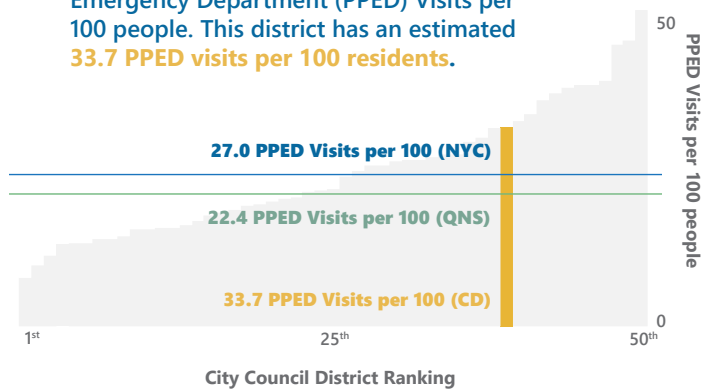
**Diabetes Prevalence**  
11.9% of District residents report having diabetes

**Lack of Immunization**  
63.0% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
292.4 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 **33.7 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

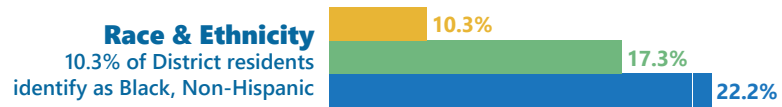
22.4 PPED Visits per 100 (QNS)

33.7 PPED Visits per 100 (CD)

**CD**
**QNS**
**NYC**


## SOCIOECONOMIC POSITION

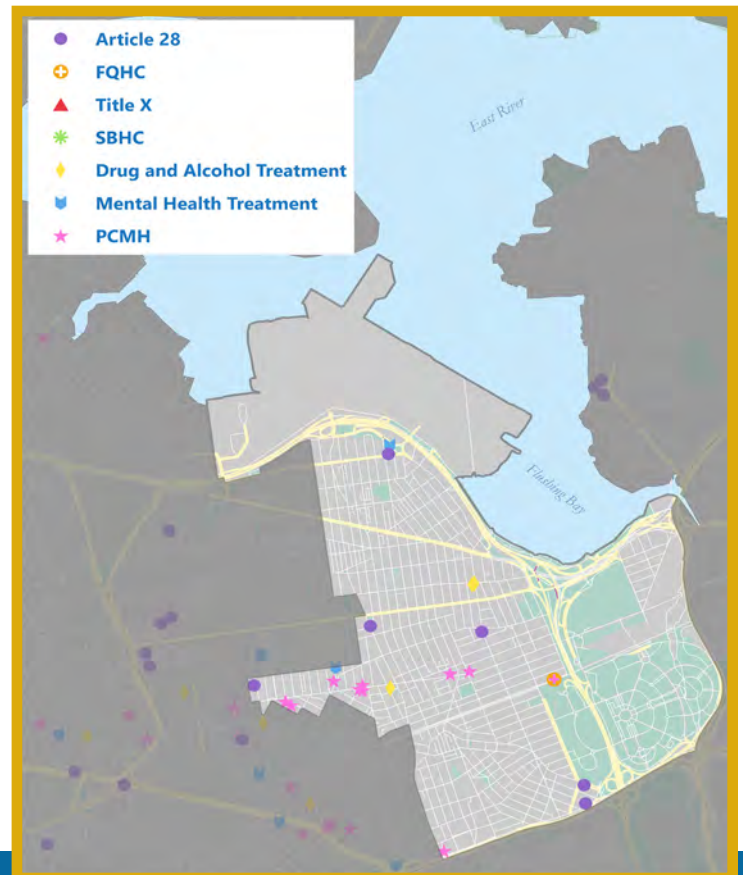
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

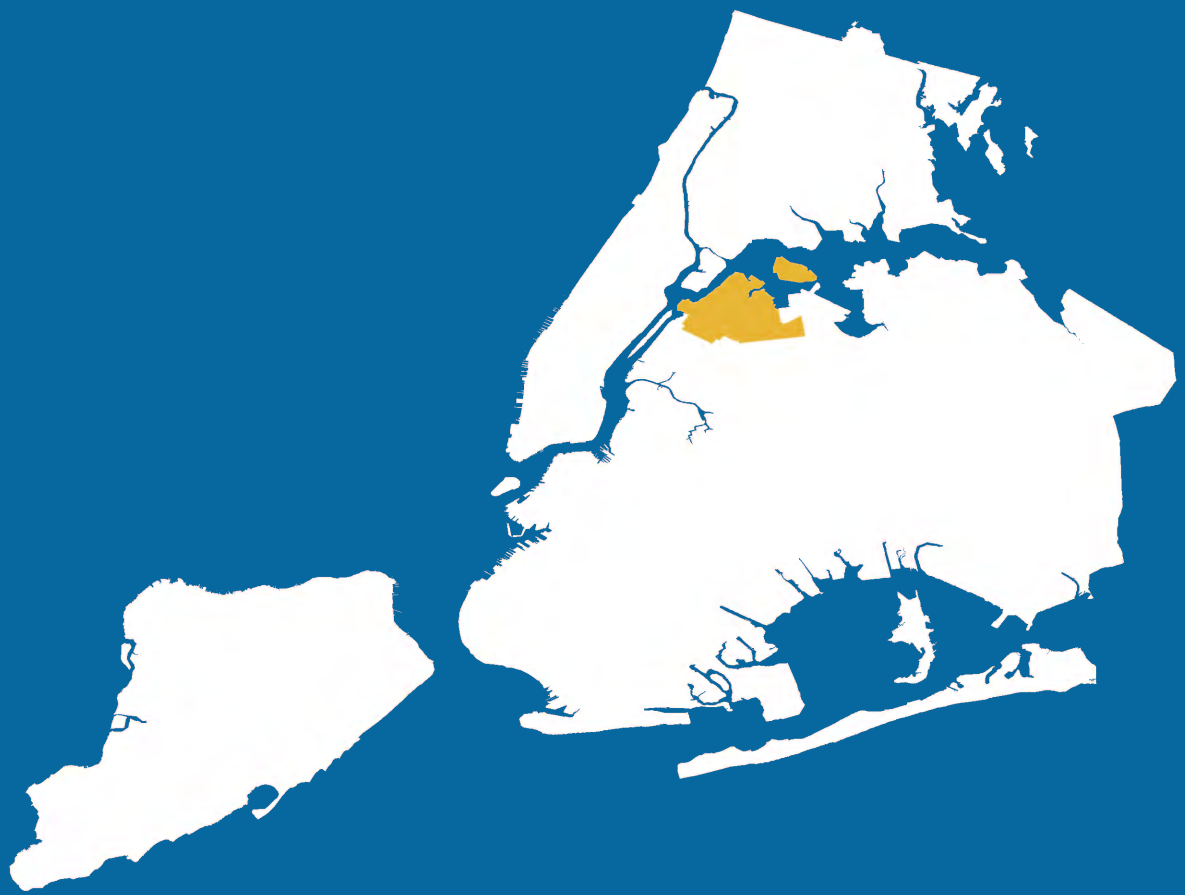


## FACILITIES

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
6	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
12	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 22

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 22

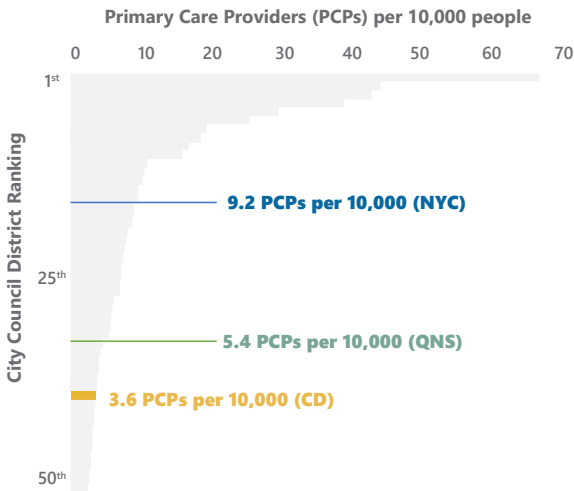
Includes the Astoria, East Elmhurst, Jackson Heights, and Woodside neighborhoods.



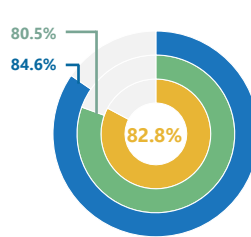
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

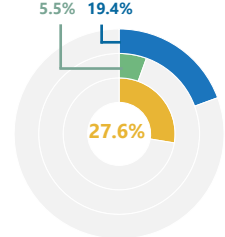
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



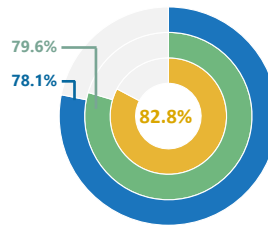
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.6 PCPs per 10,000 residents**.



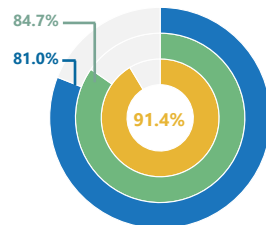
**Health Insurance**  
82.8% of District residents have health insurance coverage



**PCMH-Recognition**  
27.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



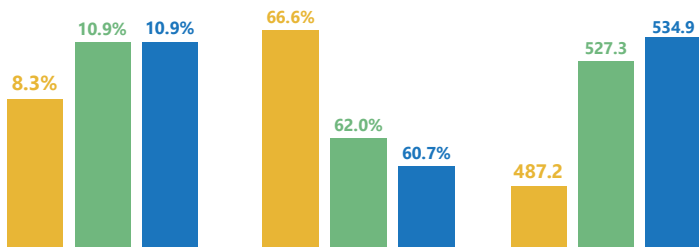
**Medicaid Acceptance**  
82.8% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
91.4% 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.



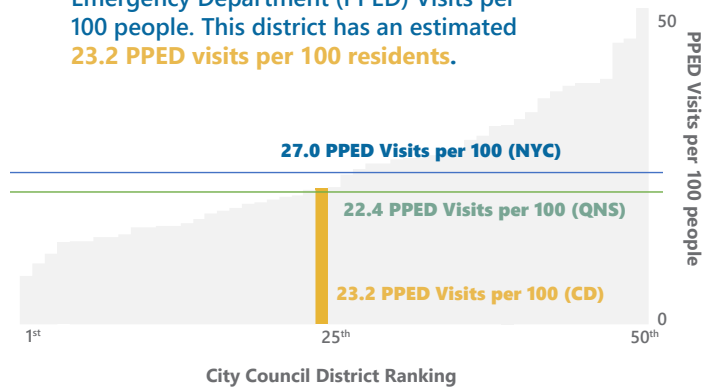
**Diabetes Prevalence**  
8.3% of District residents report having diabetes

**Lack of Immunization**  
66.6% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
487.2 deaths per 100,000 District residents result from heart disease

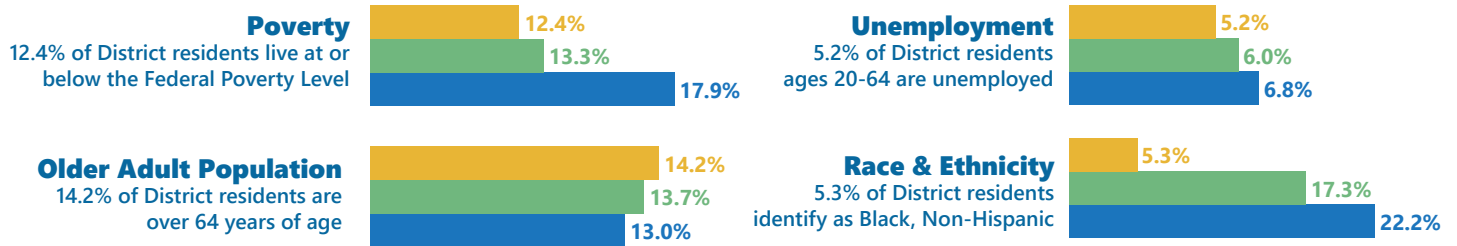
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **23.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

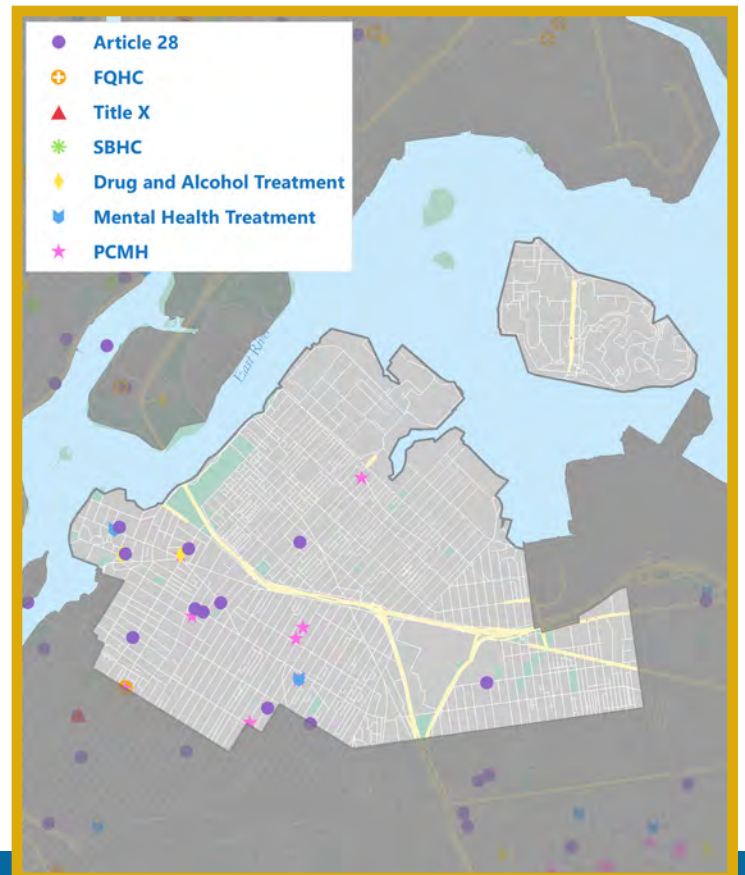
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
10	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
8	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 23

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 23

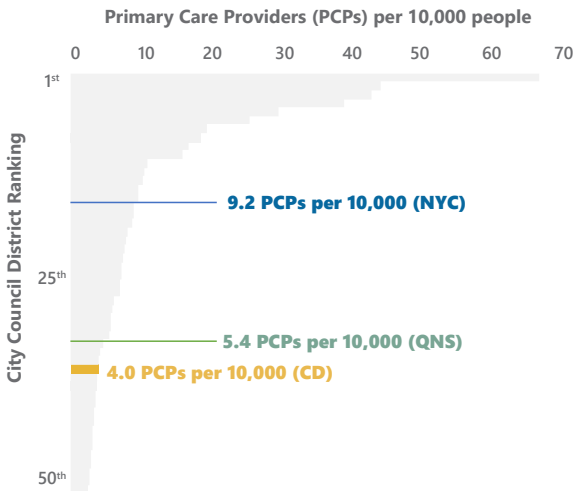
Includes the Bayside Hills, Bellerose, Douglaston, Floral Park, Fresh Meadows, Glen Oaks, Hollis, Hollis Hills, Holliswood, Little Neck, New Hyde Park, Oakland Gardens, and Queens Village neighborhoods.



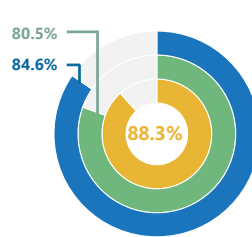
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

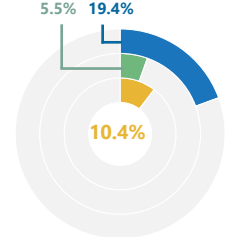
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



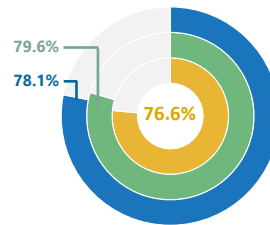
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **4.0 PCPs per 10,000 residents**.



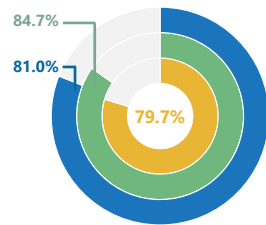
**Health Insurance**  
88.3% of District residents have health insurance coverage



**PCMH-Recognition**  
10.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



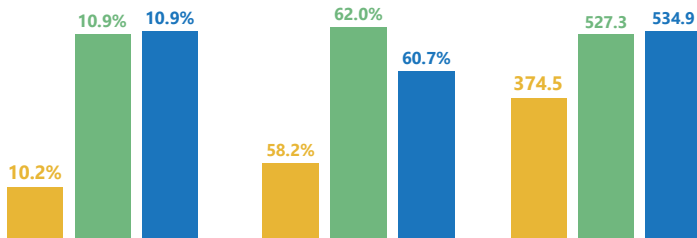
**Medicaid Acceptance**  
76.6% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
79.7% 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.



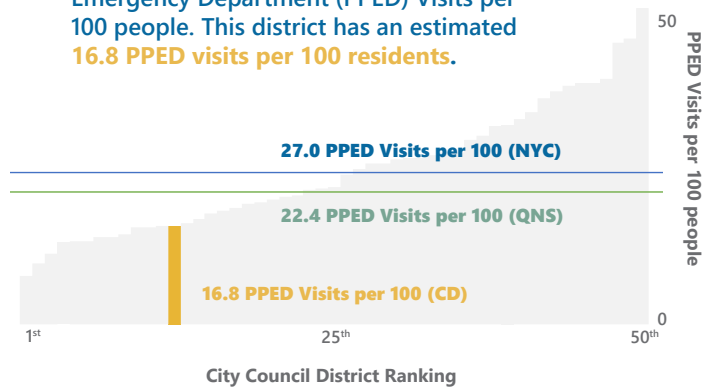
**Diabetes Prevalence**  
10.2% of District residents report having diabetes

**Lack of Immunization**  
58.2% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
374.5 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 **16.8 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

22.4 PPED Visits per 100 (QNS)

City Council District Ranking

## SOCIOECONOMIC POSITION

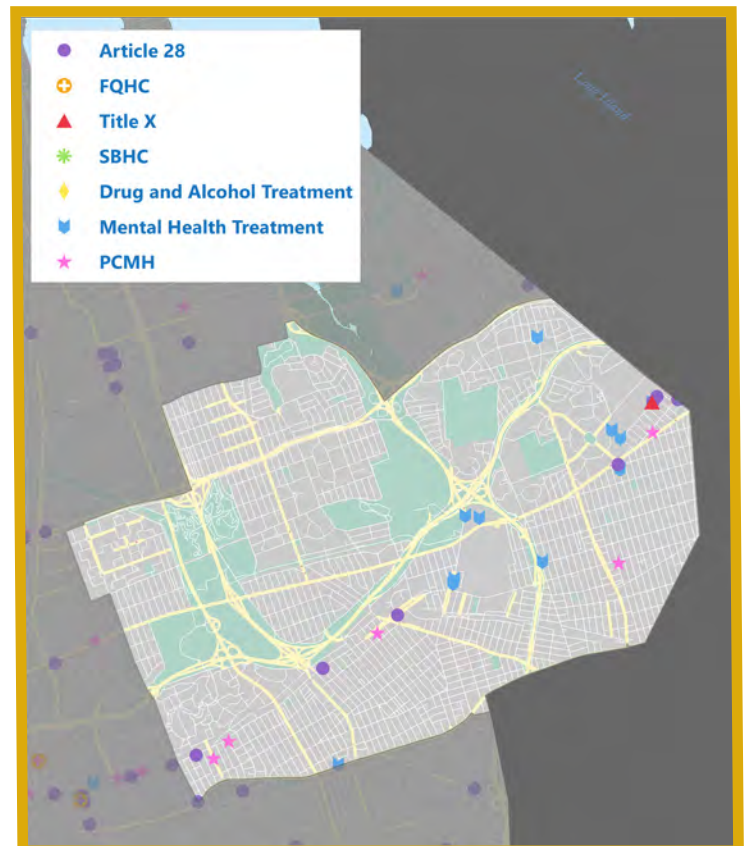
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



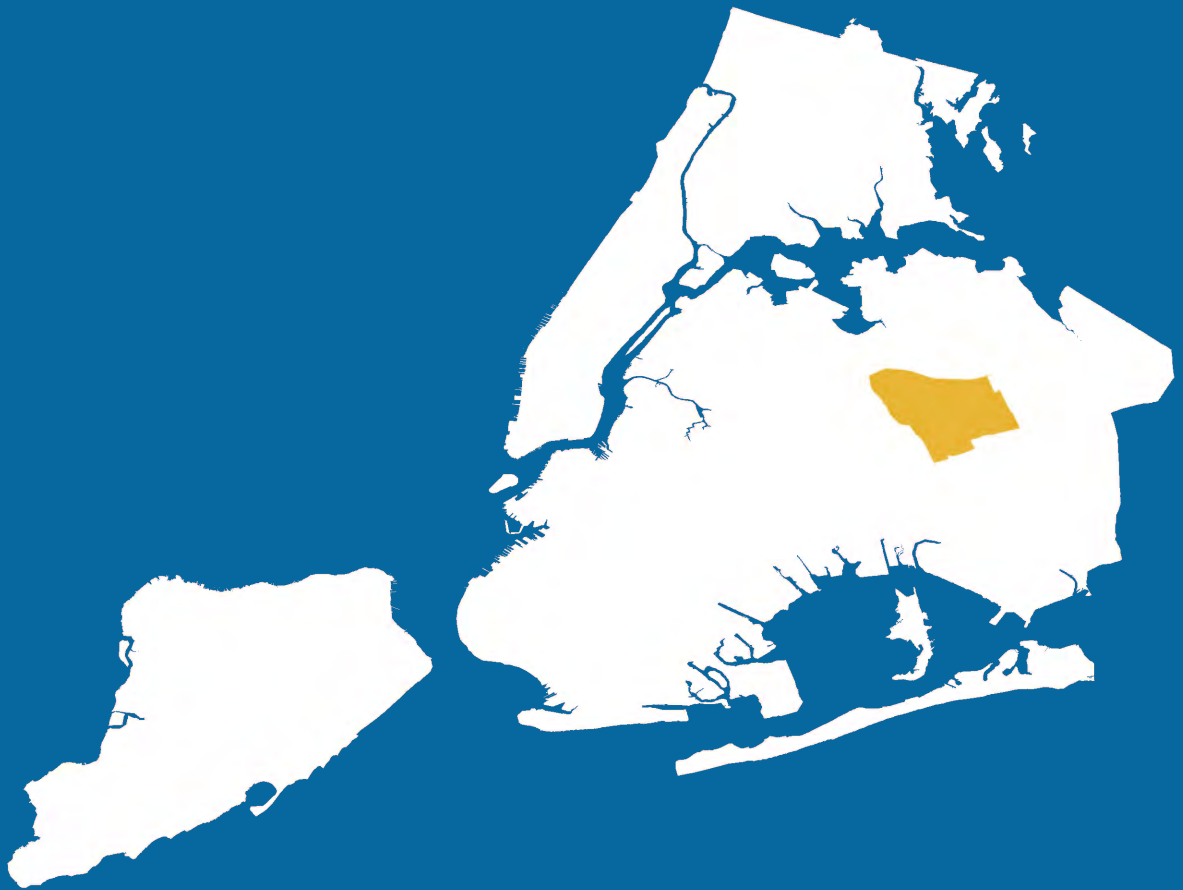
## FACILITIES

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
10	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
13	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
5	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 24

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 24

Includes the Kew Gardens Hills, Pomonok, Electchester, Fresh Meadows, Hillcrest, Jamaica Estates, Briarwood, Parkway Village, Jamaica Hills, and Jamaica neighborhoods.

CD

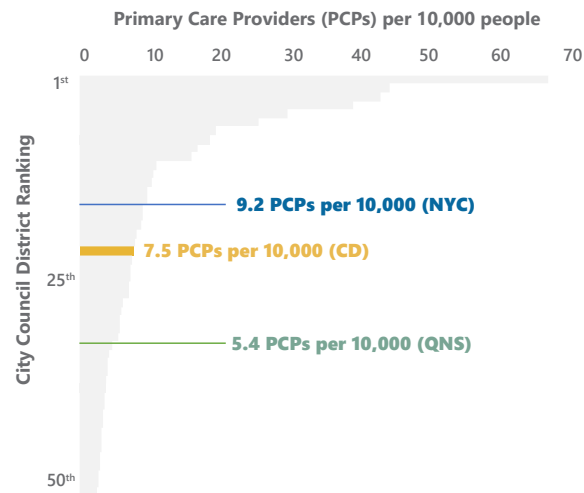
QNS

NYC

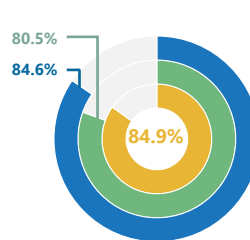
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

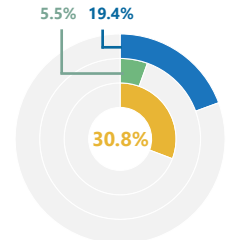
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



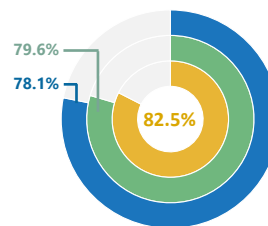
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **7.5 PCPs per 10,000 residents**.



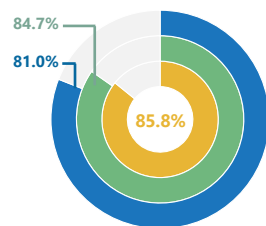
**Health Insurance**  
84.9% of District residents have health insurance coverage



**PCMH-Recognition**  
30.8% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



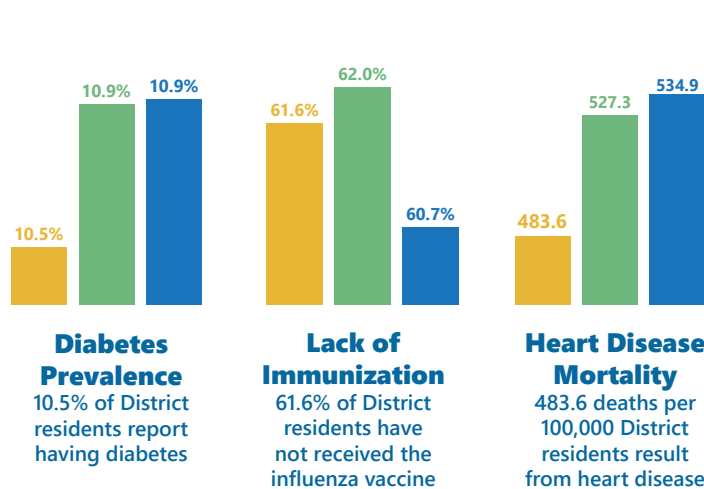
**Medicaid Acceptance**  
82.5% of PCPs in the District accept patients with Medicaid



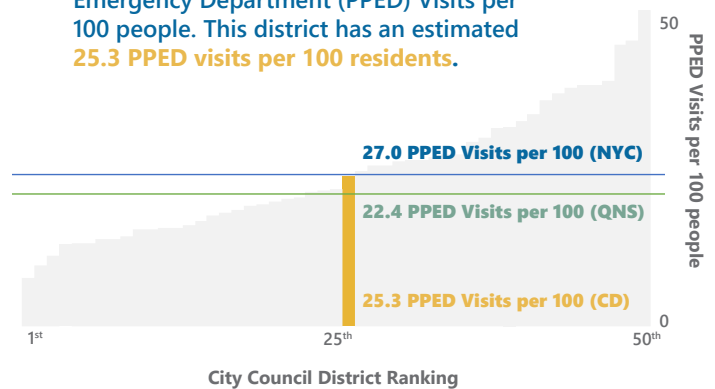
**Medicare Acceptance**  
85.8% of PCPs in the District accept patients with Medicare

## 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.



**Preventable ED Visits**  
Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **25.3 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

22.4 PPED Visits per 100 (QNS)

25.3 PPED Visits per 100 (CD)

CD

QNS

NYC



## SOCIOECONOMIC POSITION

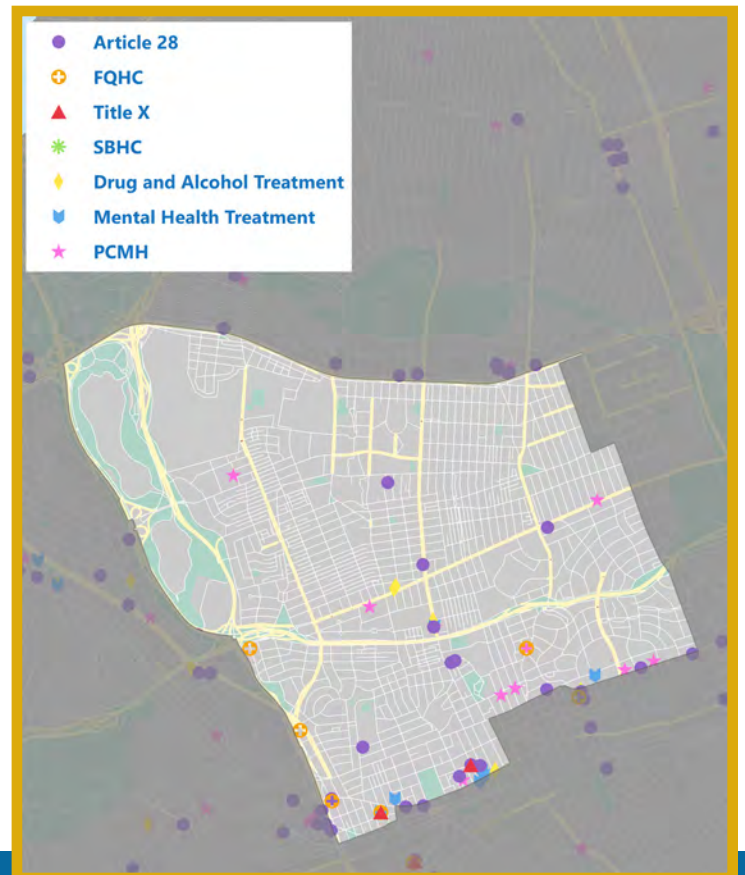
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
14	Article 28	19
7	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
9	Mental Health Treatment Centers	5
9	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
12	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 25

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 25

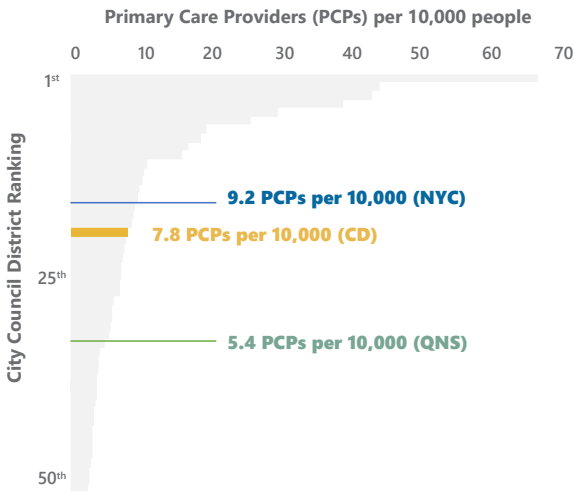
Includes the Elmhurst and Jackson Heights neighborhoods.



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

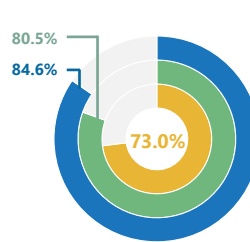
## PRIMARY CARE ACCESS

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.



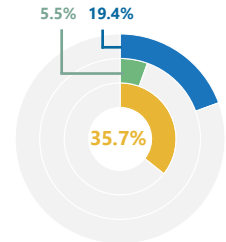
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **7.8 PCPs per 10,000 residents**.



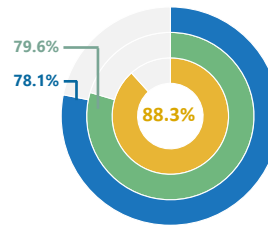
### Health Insurance

73.0% of District residents have health insurance coverage



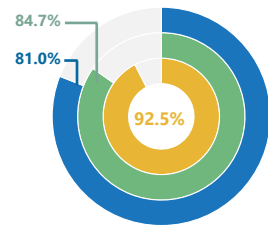
### PCMH-Recognition

35.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

88.3% of PCPs in the District accept patients with Medicaid

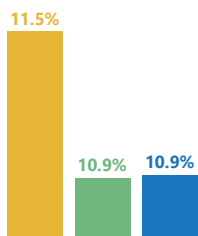


### Medicare Acceptance

92.5% of PCPs in the District accept patients with Medicare

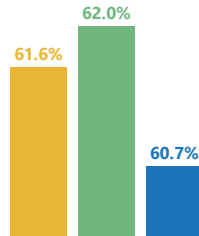
## HEALTH STATUS

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.



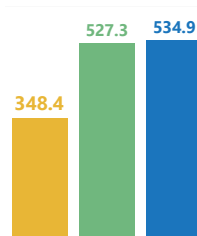
### Diabetes Prevalence

11.5% of District residents report having diabetes



### Lack of Immunization

61.6% of District residents have not received the influenza vaccine

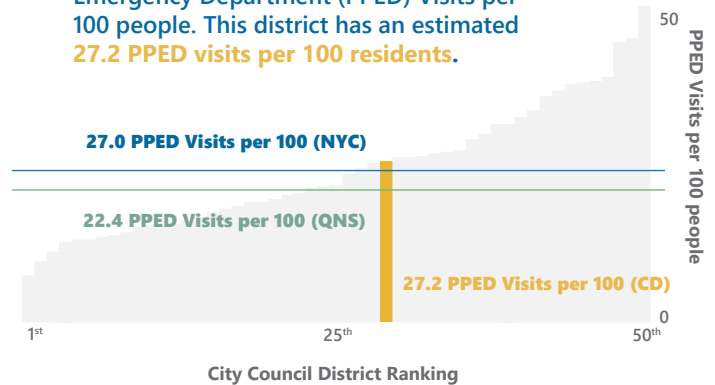


### Heart Disease Mortality

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

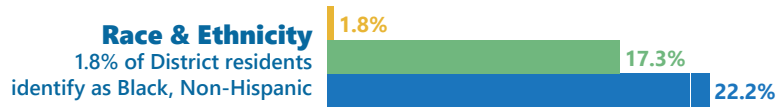
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **27.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

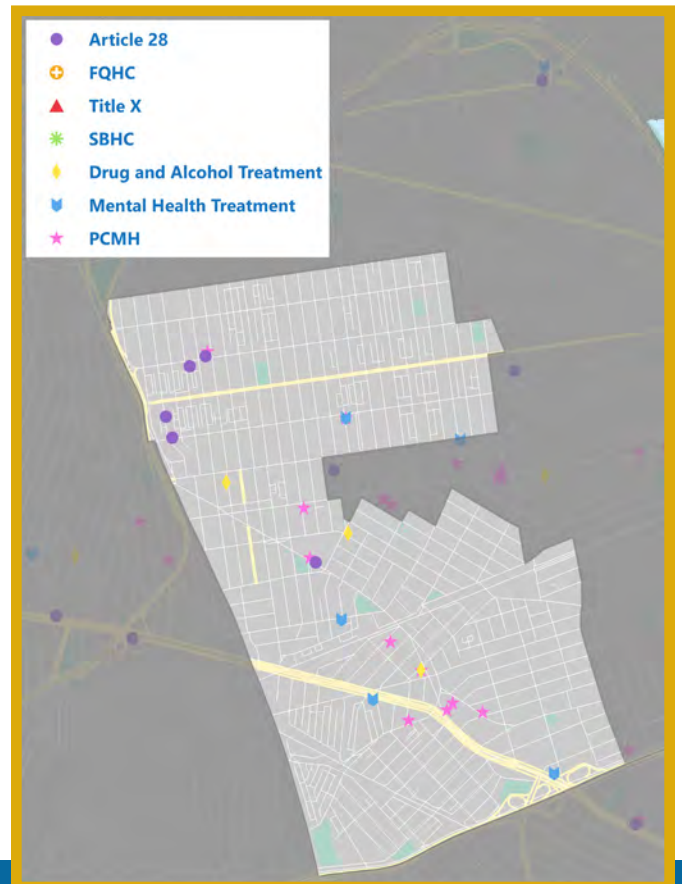
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
6	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
4	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 26

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 26

Includes the Sunnyside, Woodside, Long Island City, Astoria, and Dutch Kills neighborhoods.

CD

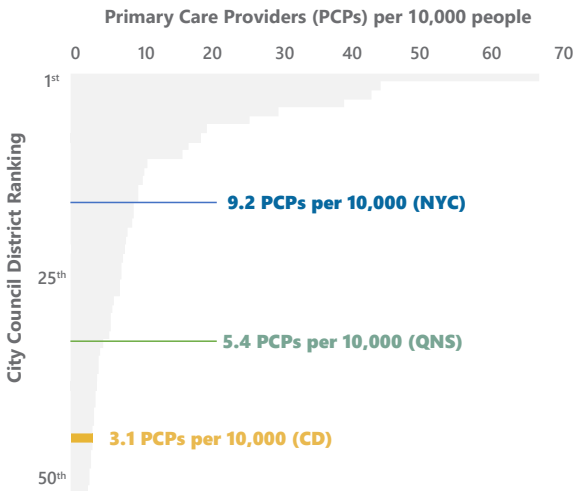
QNS

NYC

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

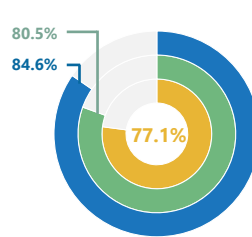
## PRIMARY CARE ACCESS

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.



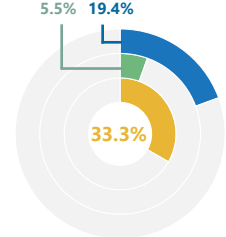
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **3.1 PCPs per 10,000 residents**.



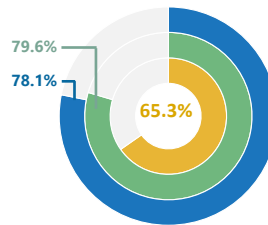
### Health Insurance

77.1% of District residents have health insurance coverage



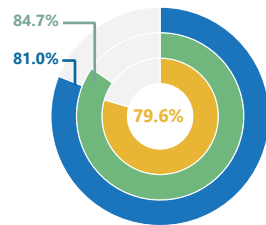
### PCMH-Recognition

33.3% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

65.3% of PCPs in the District accept patients with Medicaid

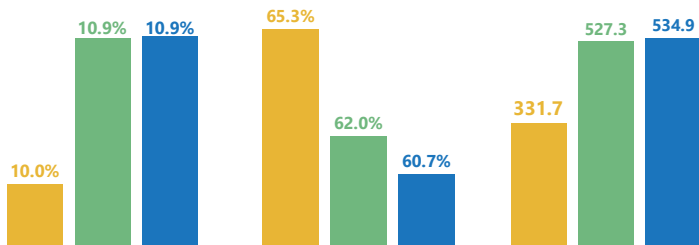


### Medicare Acceptance

79.6% 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

10.0% of District residents report having diabetes

### Lack of Immunization

65.3% of District residents have not received the influenza vaccine

### Heart Disease Mortality

331.7 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 **21.8 PPED visits per 100 residents**.





## SOCIOECONOMIC POSITION

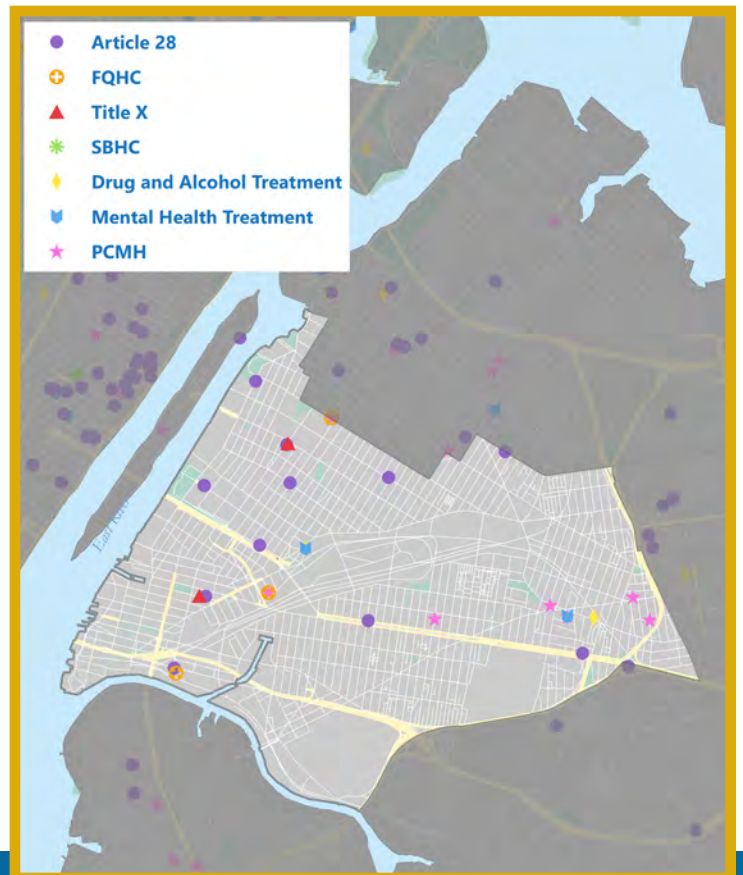
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

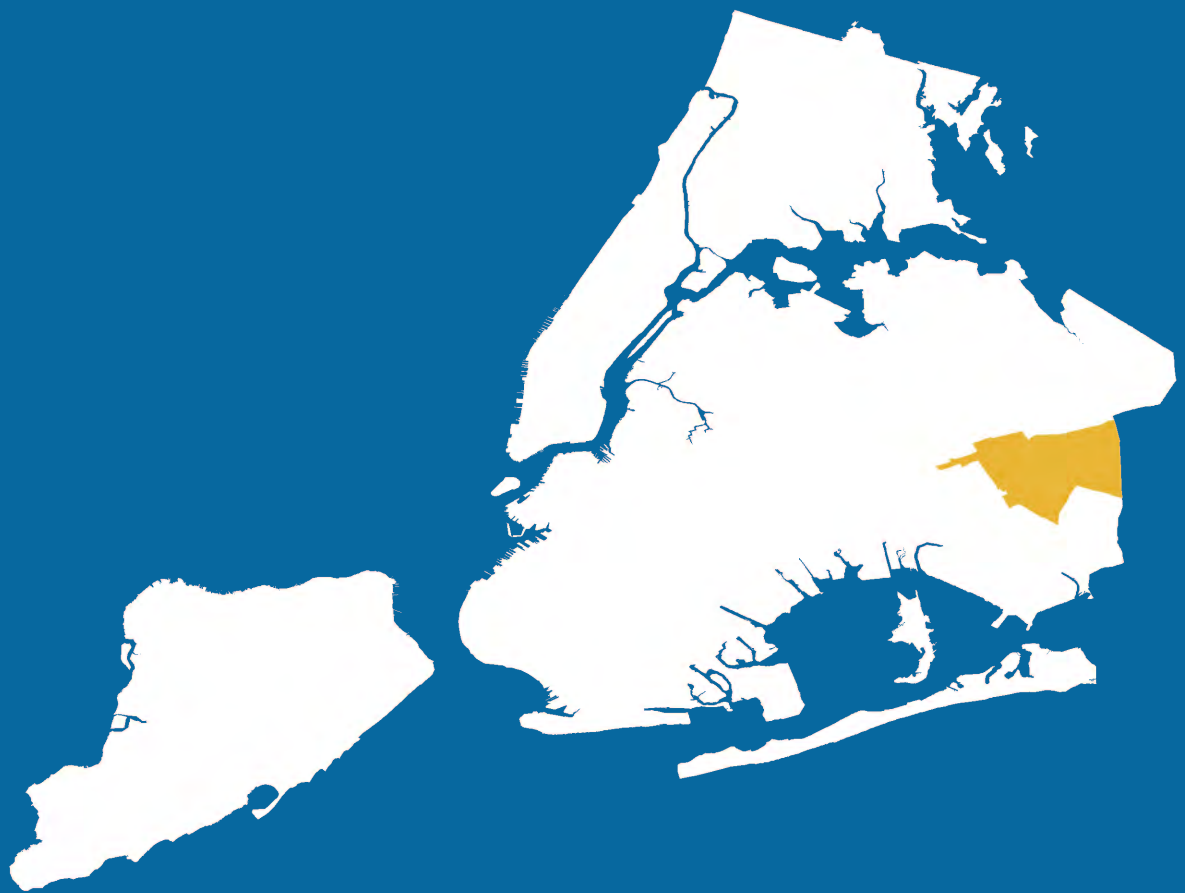


## FACILITIES

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
12	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
2	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
6	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 27

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 27

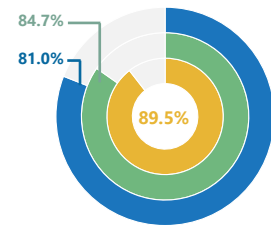
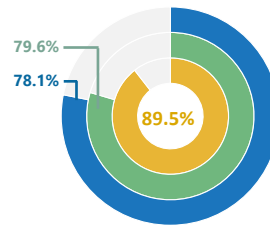
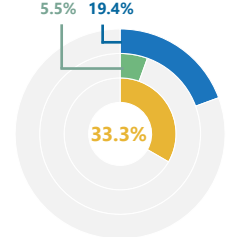
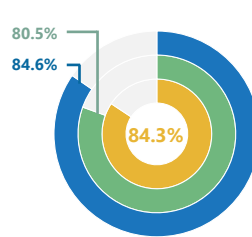
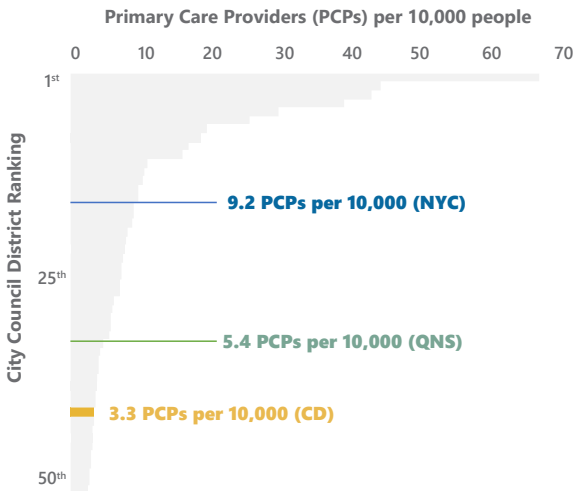
Includes Cambria Heights, Hollis, Jamaica, St. Albans, Queens Village, and Springfield Gardens neighborhoods.



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

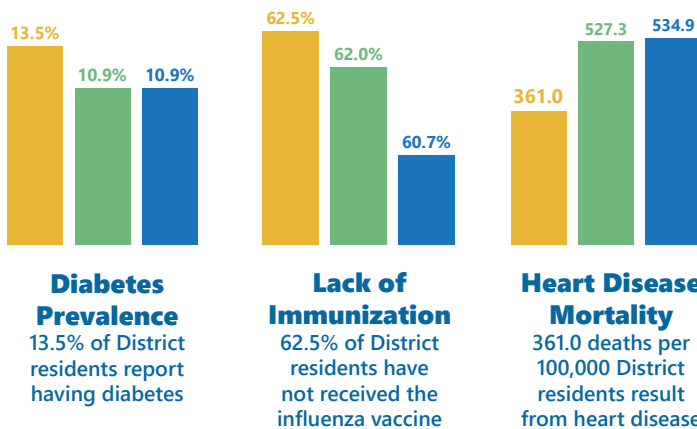
## PRIMARY CARE ACCESS

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.



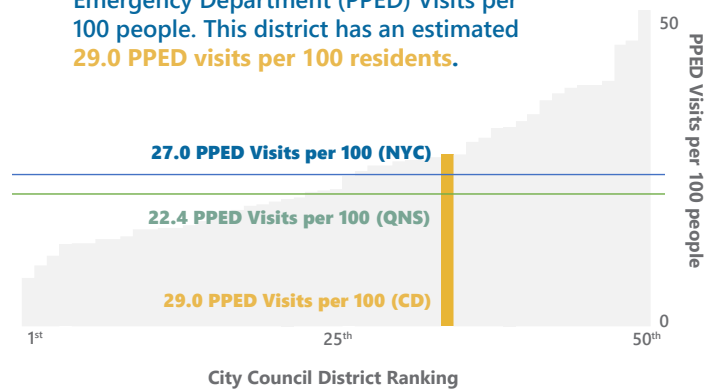
## HEALTH STATUS

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.



### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **29.0 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

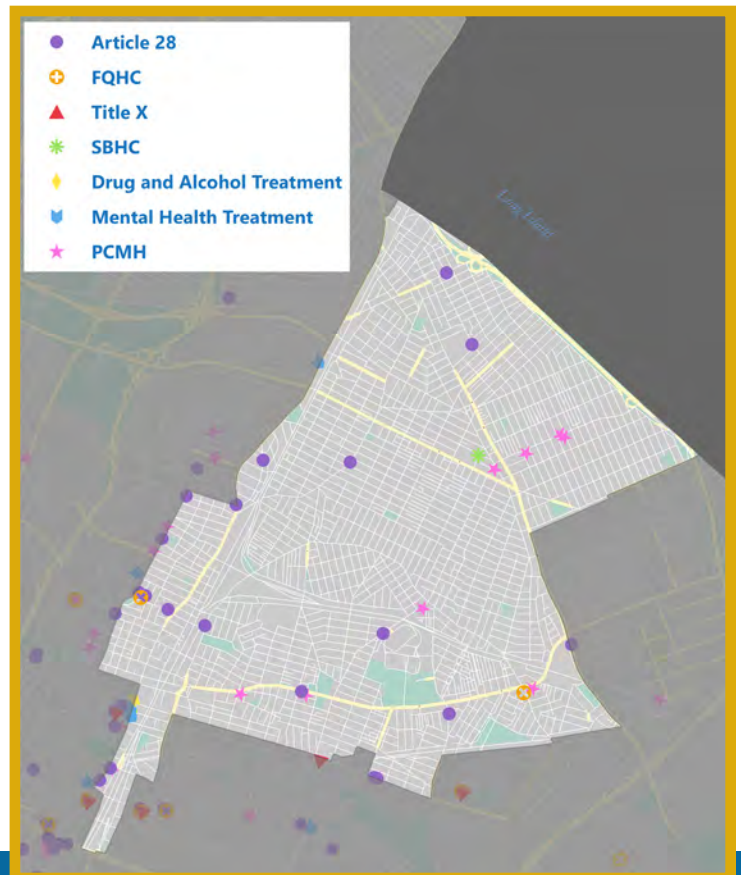
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
16	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 28

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 28

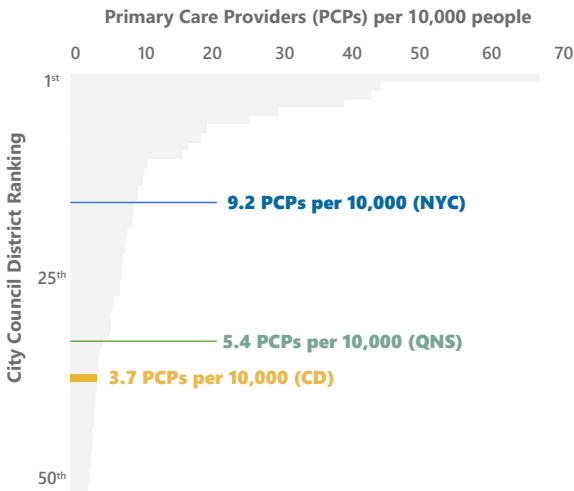
Includes the Jamaica, Richmond Hill, Rochdale Village, and South Ozone Park neighborhoods.



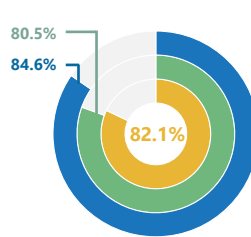
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

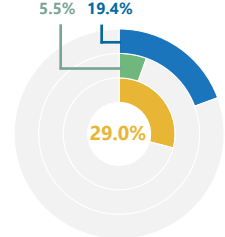
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



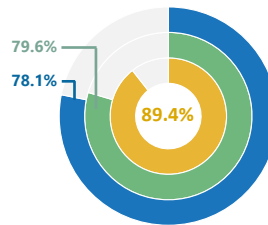
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.7 PCPs per 10,000 residents**.



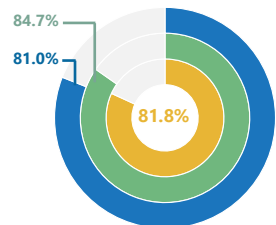
**Health Insurance**  
82.1% of District residents have health insurance coverage



**PCMH-Recognition**  
29.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



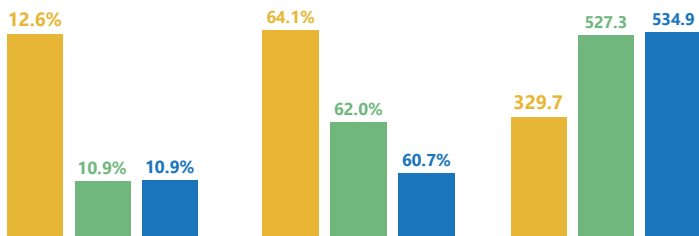
**Medicaid Acceptance**  
89.4% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
81.8% 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.



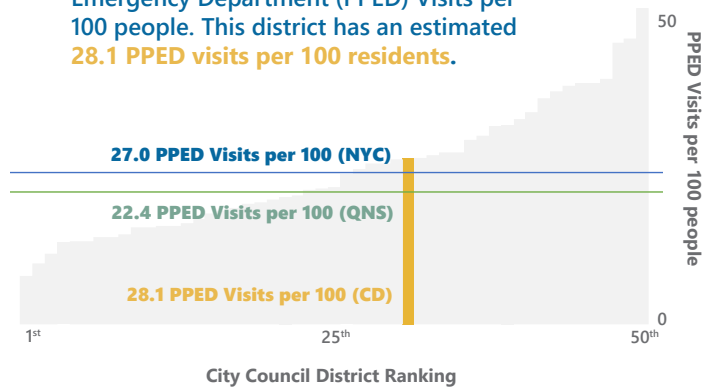
**Diabetes Prevalence**  
12.6% of District residents report having diabetes

**Lack of Immunization**  
64.1% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
329.7 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 **28.1 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

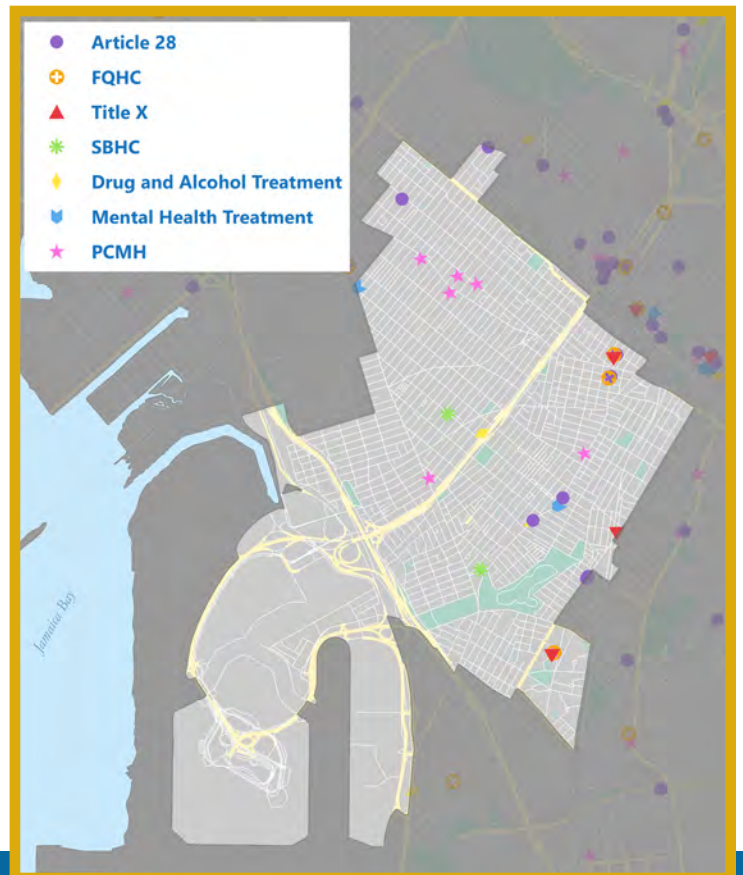
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
6	Article 28	19
4	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
9	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 29

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**



# COUNCIL DISTRICT 29

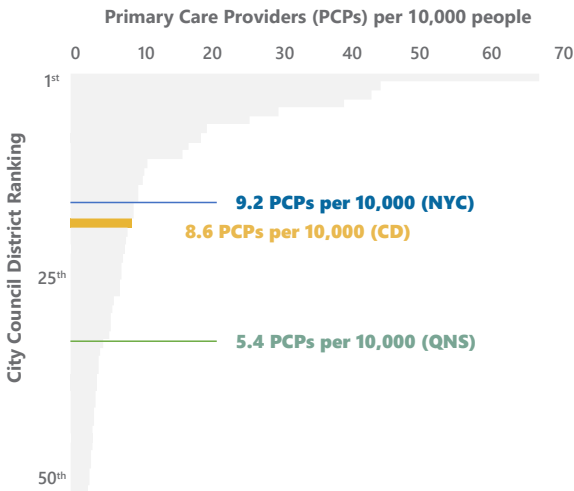
Includes the Rego Park, Forest Hills, Kew Gardens, and Richmond Hill neighborhoods.



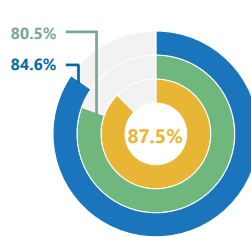
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

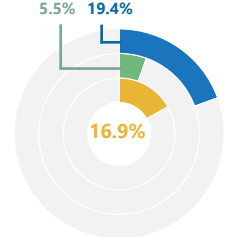
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



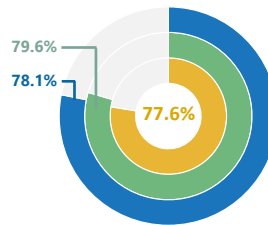
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **8.6 PCPs per 10,000 residents**.



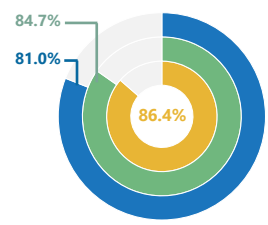
**Health Insurance**  
87.5% of District residents have health insurance coverage



**PCMH-Recognition**  
16.9 of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



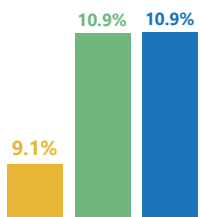
**Medicaid Acceptance**  
77.6% of PCPs in the District accept patients with Medicaid



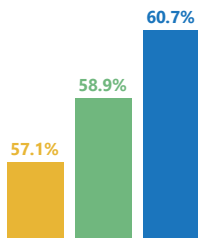
**Medicare Acceptance**  
86.4% of PCPs in the District accept patients with Medicare

## HEALTH STATUS

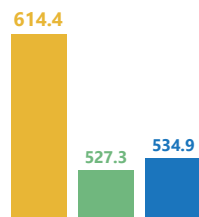
Health status indicates factors that impact a population's overall health, and the level of primary care services needed to address the health needs of a population.



**Diabetes Prevalence**  
9.1% of District residents report having diabetes



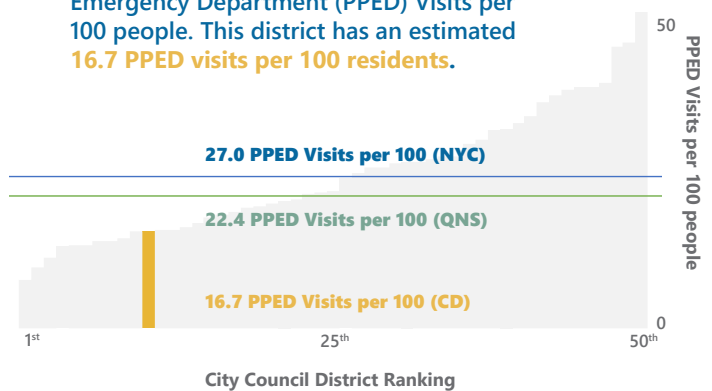
**Lack of Immunization**  
62.3% of District residents have not received the influenza vaccine



**Heart Disease Mortality**  
614.4 deaths per 100,000 District residents result from heart disease

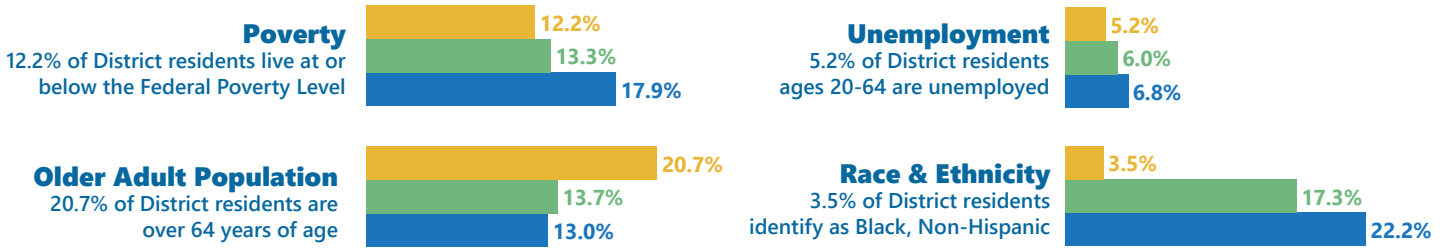
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **16.7 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

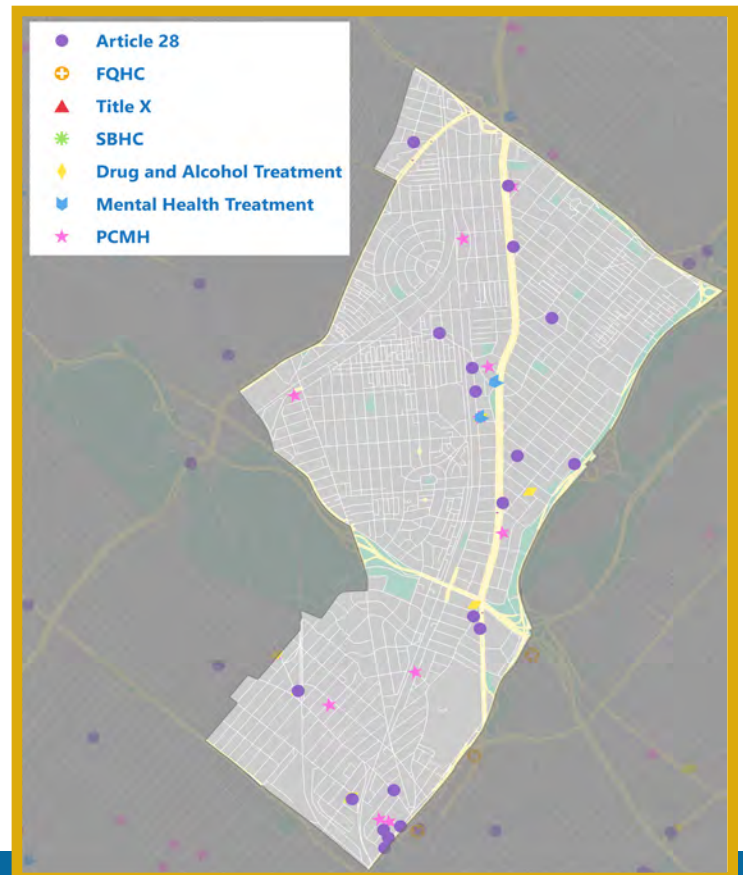
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
22	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
6	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 30

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 30

Includes the Glendale, Maspeth, Middle Village, Ridgewood, Woodhaven, and Woodside neighborhoods.

CD

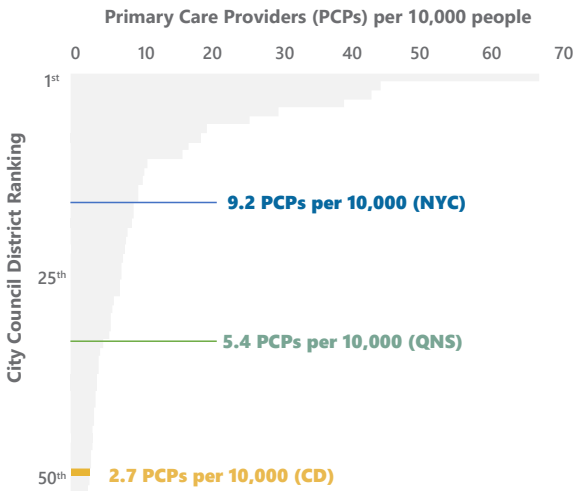
QNS

NYC

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

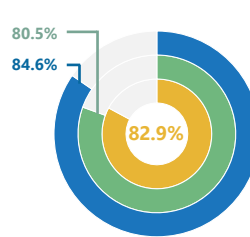
## PRIMARY CARE ACCESS

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.



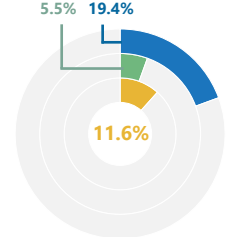
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **2.7 PCPs per 10,000 residents**.



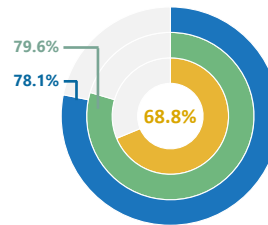
### Health Insurance

82.9% of District residents have health insurance coverage



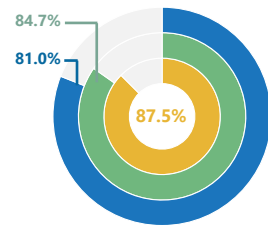
### PCMH-Recognition

11.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

68.8% of PCPs in the District accept patients with Medicaid

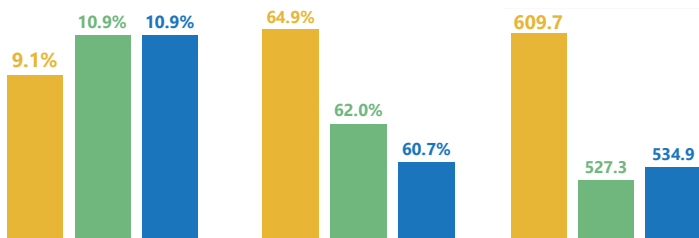


### Medicare Acceptance

87.5% 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

9.1% of District residents report having diabetes

### Lack of Immunization

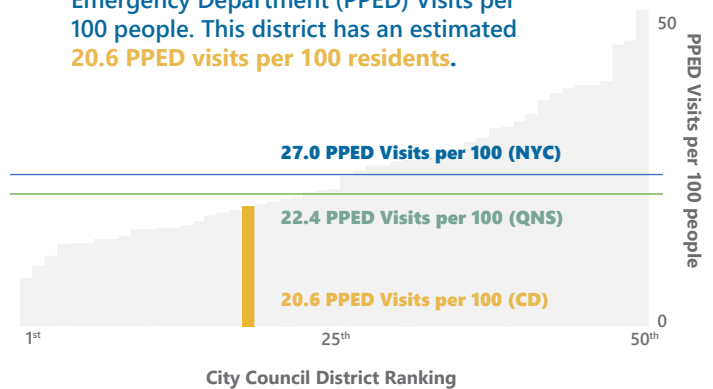
64.9% of District residents have not received the influenza vaccine

### Heart Disease Mortality

609.7 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 **20.6 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

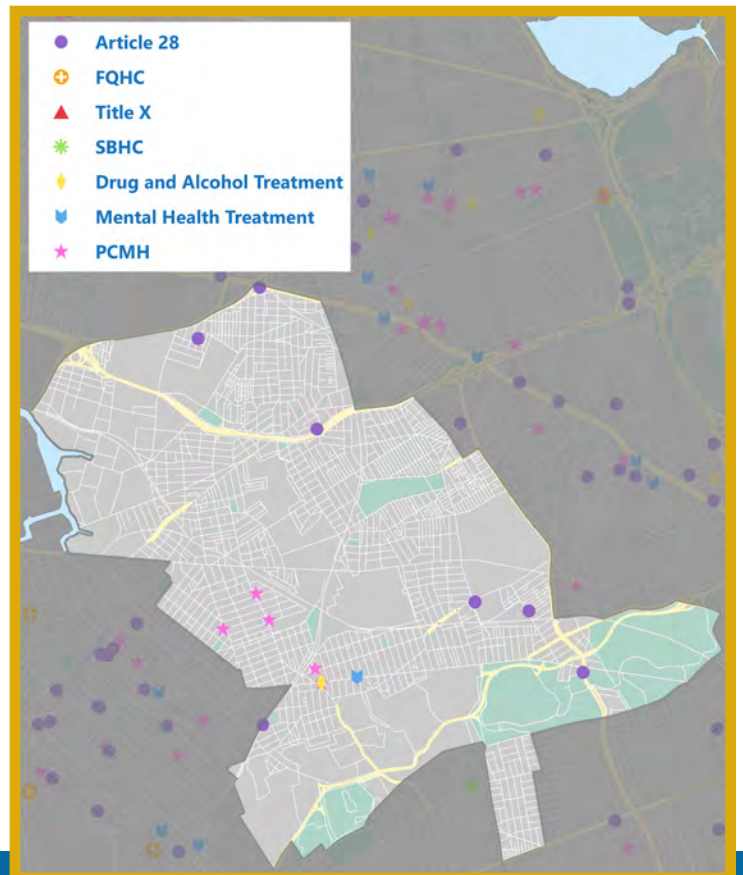
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
7	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
5	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 31

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 31

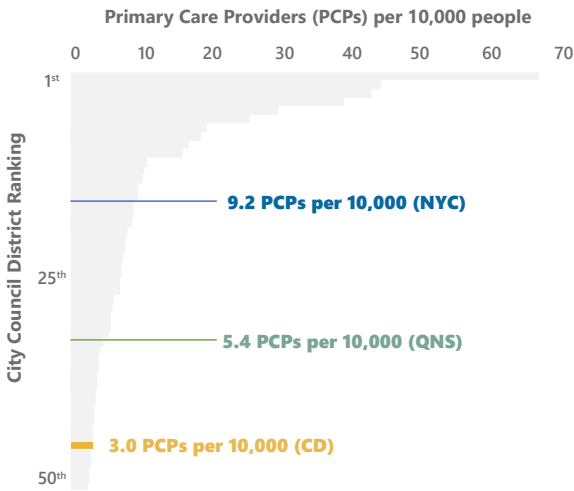
Includes the Arverne, Brookville, Edgemere, Far Rockaway, Laurelton, Rosedale, and Springfield Gardens neighborhoods.



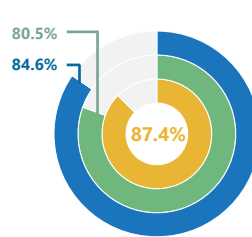
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

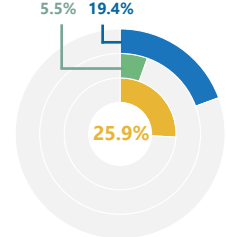
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



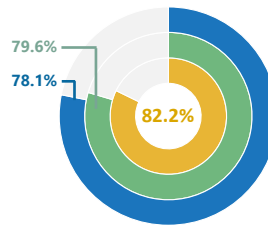
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.0 PCPs per 10,000 residents**.



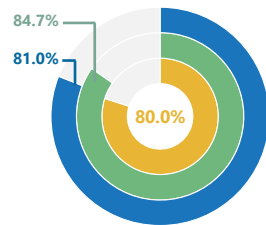
**Health Insurance**  
87.4% of District residents have health insurance coverage



**PCMH-Recognition**  
25.9% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



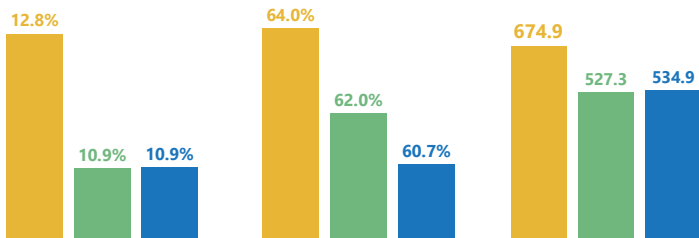
**Medicaid Acceptance**  
82.2% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
80.0% 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.



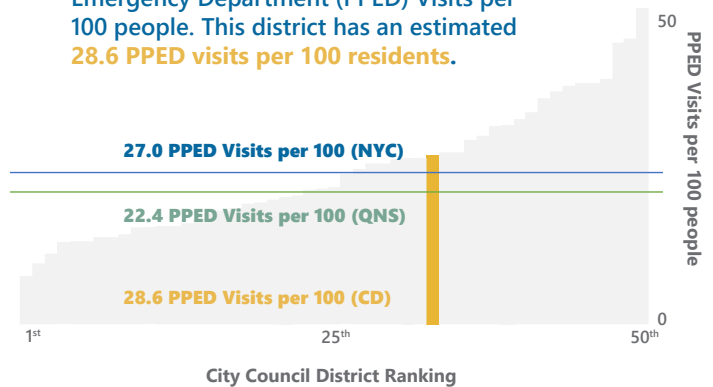
**Diabetes Prevalence**  
12.8% of District residents report having diabetes

**Lack of Immunization**  
64.0% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
674.9 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 **28.6 PPED visits per 100 residents**.



CD

QNS

NYC



## SOCIOECONOMIC POSITION

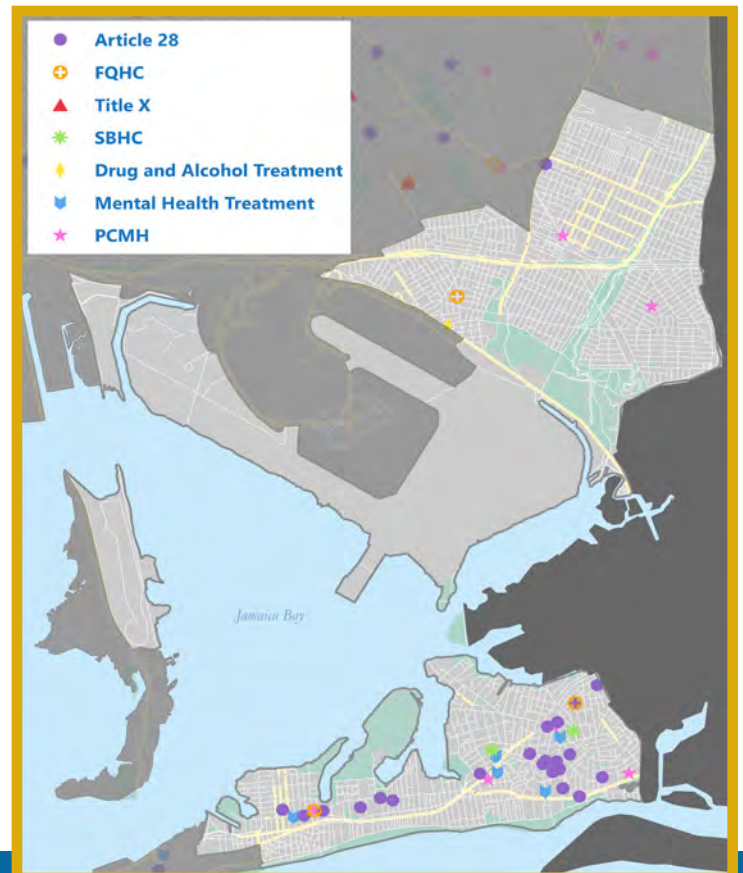
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



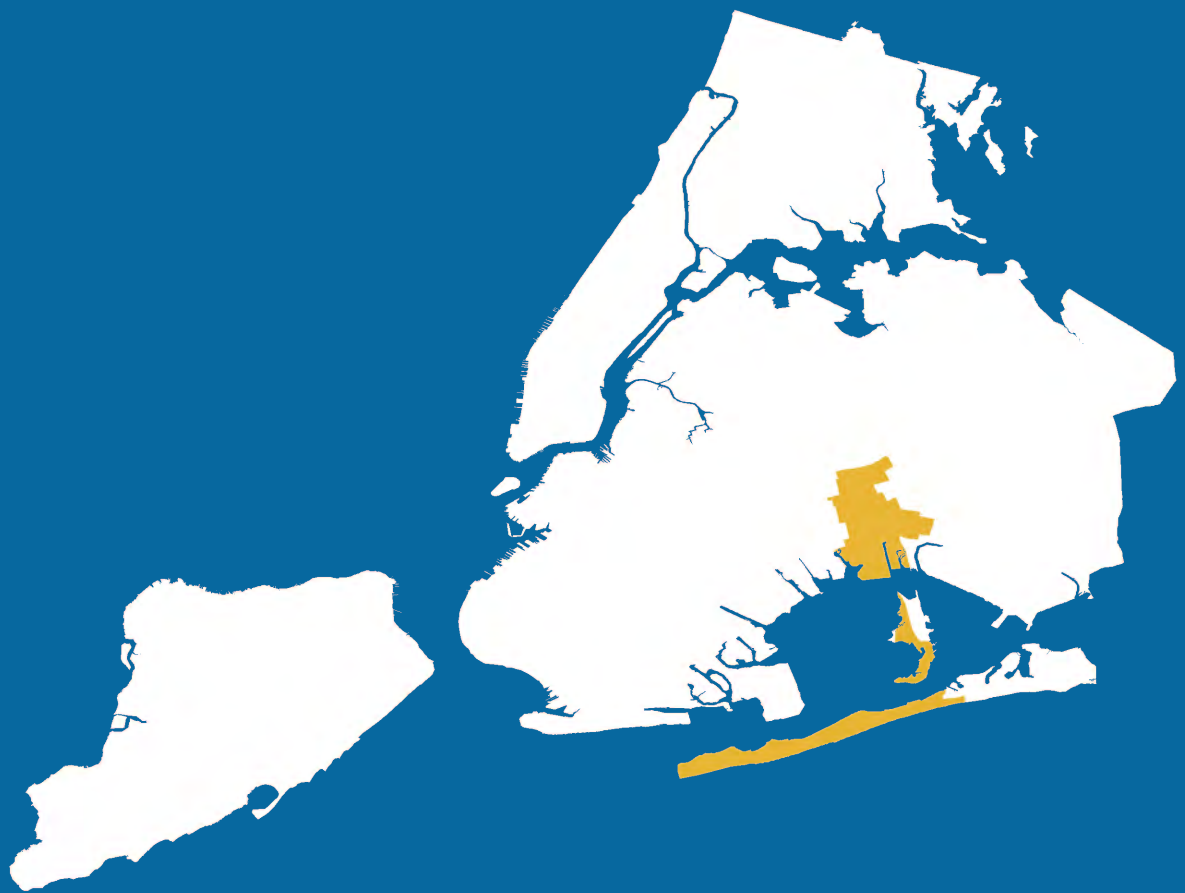
## FACILITIES

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
25	Article 28	19
3	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
4	School-Based Health Center	2
7	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 32

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 32

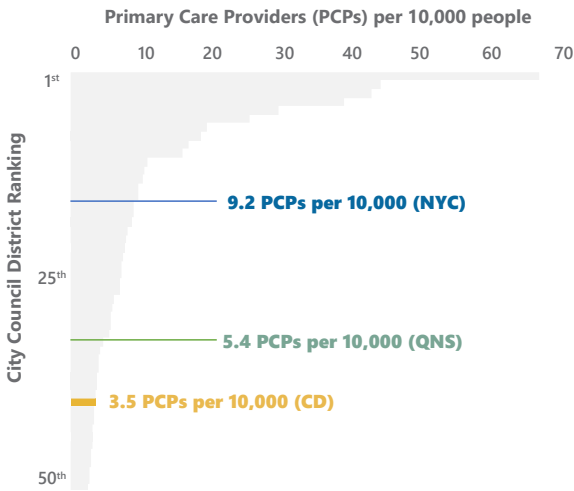
Includes the Belle Harbor, Breezy Point, Broad Channel, Howard Beach, Lindenwood, Neponsit, Ozone Park, Richmond Hill, Rockaway Park, Roxbury, South Ozone Park, West Hamilton Beach, and Woodhaven neighborhoods.



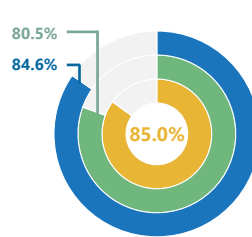
For comparison purposes, each metric is displayed at the city (NYC), borough (QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

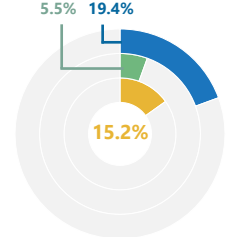
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



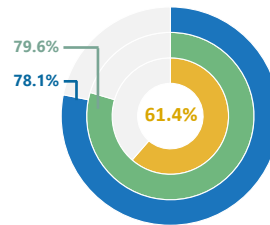
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.5 PCPs per 10,000 residents**.



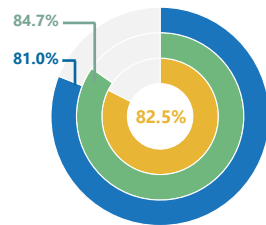
**Health Insurance**  
85.0% of District residents have health insurance coverage



**PCMH-Recognition**  
15.2% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



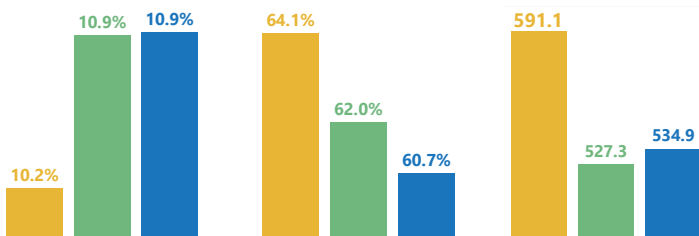
**Medicaid Acceptance**  
61.4% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
82.5% 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.



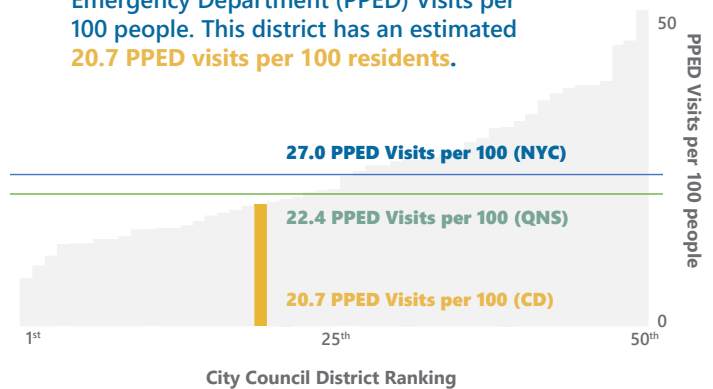
**Diabetes Prevalence**  
10.2% of District residents report having diabetes

**Lack of Immunization**  
64.1% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
591.1 deaths per 100,000 District residents result from heart disease

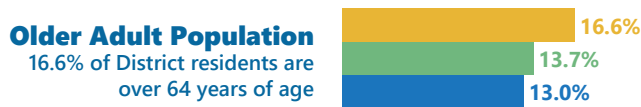
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **20.7 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

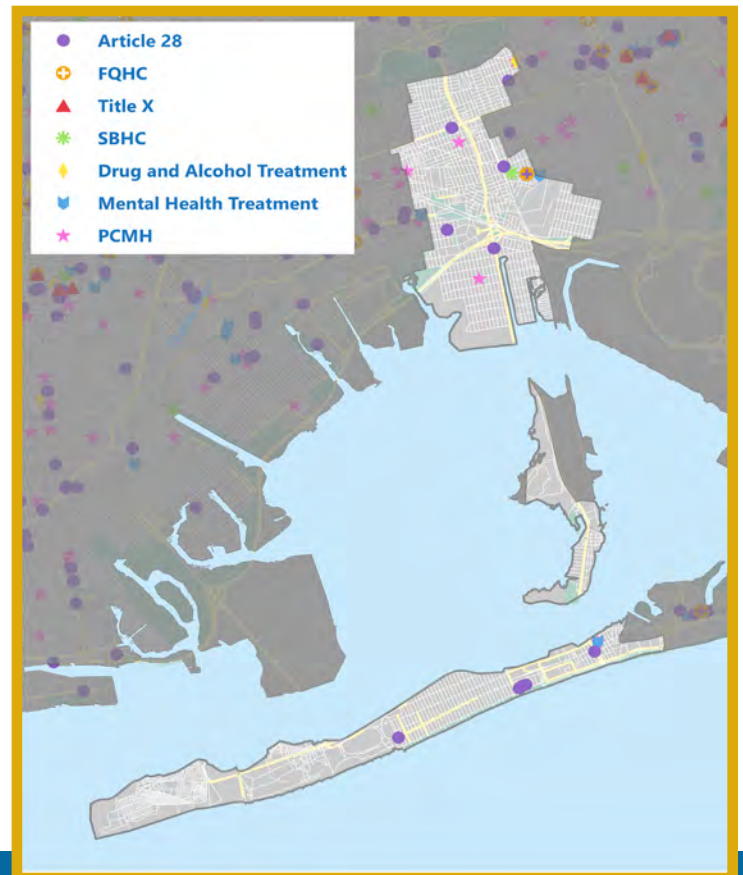
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
10	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
5	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 33

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 33

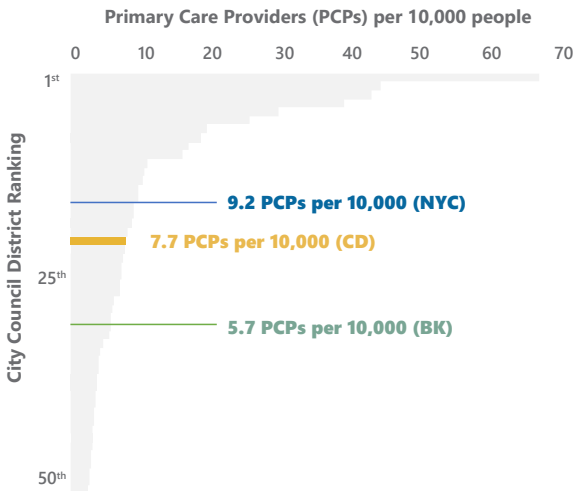
Includes the Boerum Hill, Brooklyn Heights, Brooklyn Navy Yard, Downtown Brooklyn, Dumbo, Fulton Ferry, Greenpoint, Vinegar Hill, and Williamsburg neighborhoods.



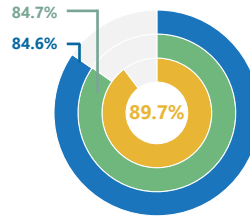
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

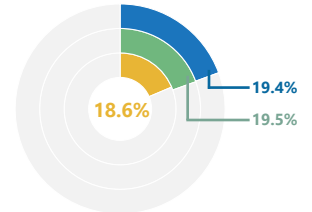
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



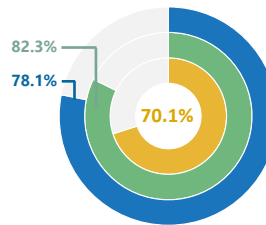
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **7.7 PCPs per 10,000 residents**.



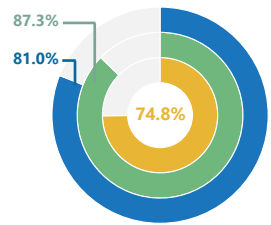
**Health Insurance**  
89.7% of District residents have health insurance coverage



**PCMH-Recognition**  
18.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



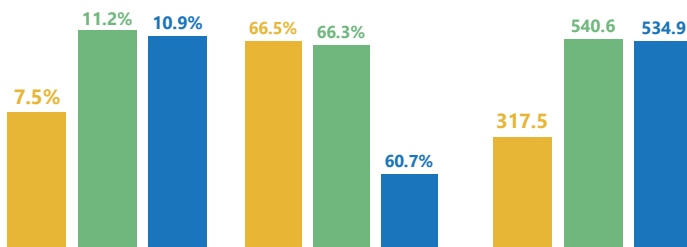
**Medicaid Acceptance**  
70.1% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
74.8% 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.



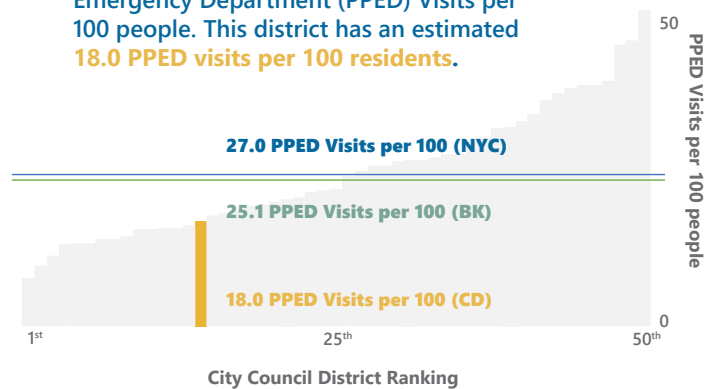
**Diabetes Prevalence**  
7.5% of District residents report having diabetes

**Lack of Immunization**  
66.5% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
317.5 deaths per 100,000 District residents result from heart disease

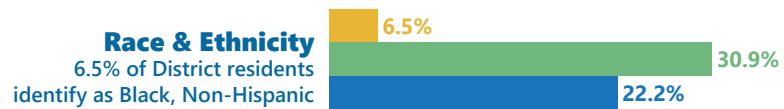
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **18.0 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

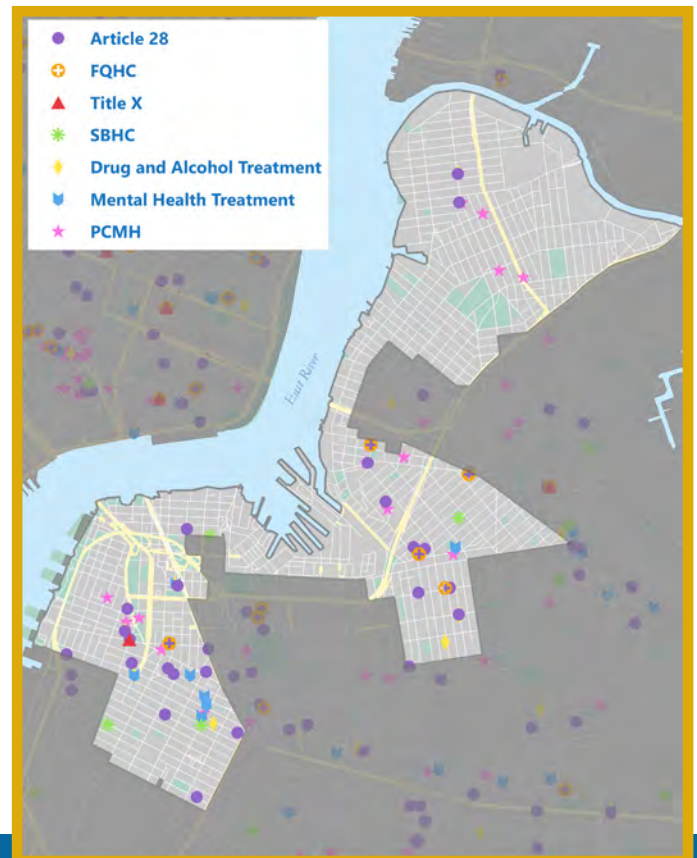
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
26	Article 28	19
5	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
11	Drug and Alcohol Treatment Centers	6
4	School-Based Health Center	2
19	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 34

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 34

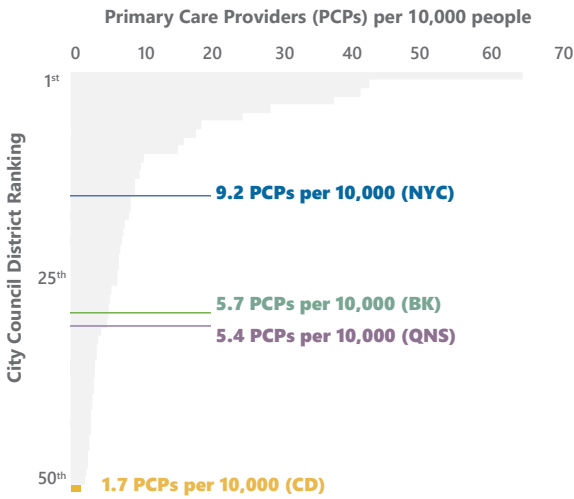
Includes the Williamsburg, Bushwick, and Ridgewood neighborhoods.



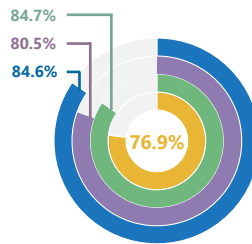
For comparison purposes, each metric is displayed at the city (NYC), boroughs (BK and QNS), and Council District (CD) level

## PRIMARY CARE ACCESS

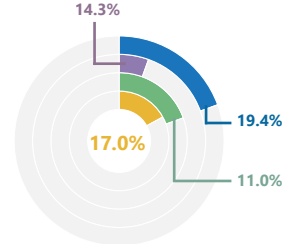
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



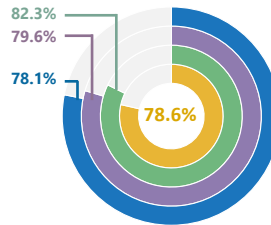
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **1.7 PCPs per 10,000 residents**.



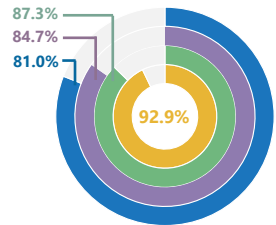
**Health Insurance**  
76.9% of District residents have health insurance coverage



**PCMH-Recognition**  
17.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



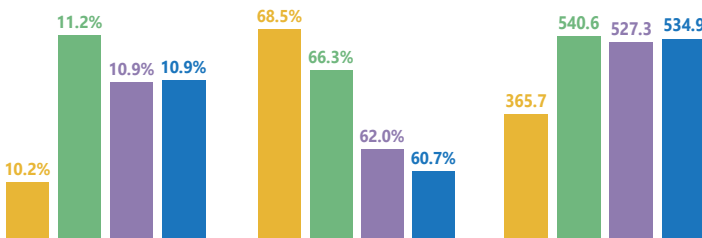
**Medicaid Acceptance**  
78.6% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
92.9% 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.



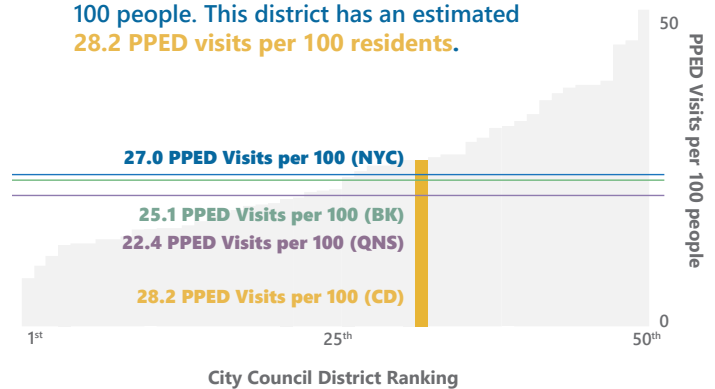
**Diabetes Prevalence**  
10.2% of District residents report having diabetes

**Lack of Immunization**  
68.5% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
365.7 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 **28.2 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

25.1 PPED Visits per 100 (BK)

22.4 PPED Visits per 100 (QNS)

28.2 PPED Visits per 100 (CD)



CD

BK

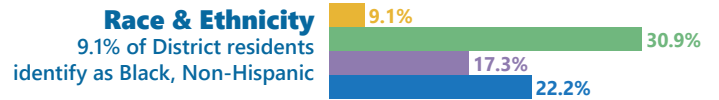
QNS

NYC



## SOCIOECONOMIC POSITION

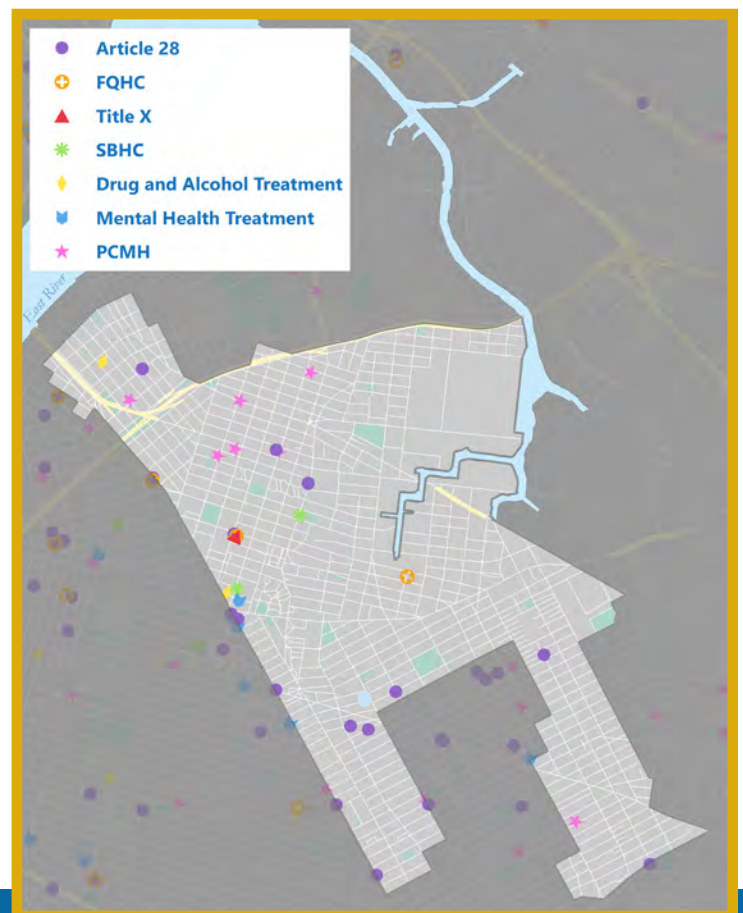
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
11	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
8	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 35

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 35

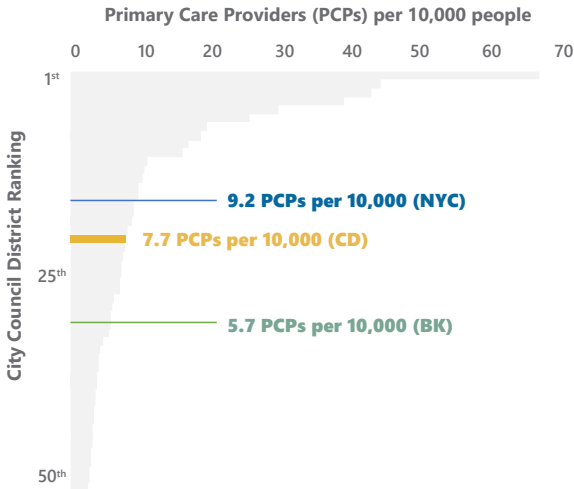
Includes the Fort Greene, Clinton Hill, Crown Heights, Prospect Heights, and Bedford Stuyvesant neighborhoods.



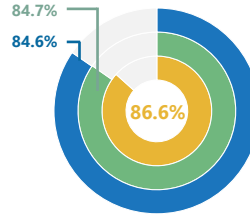
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

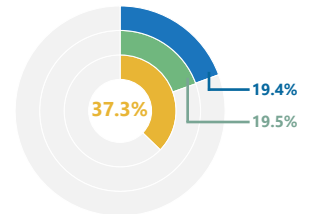
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



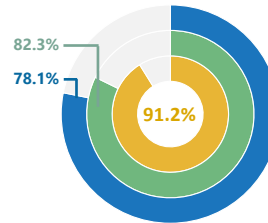
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **7.7 PCPs per 10,000 residents**.



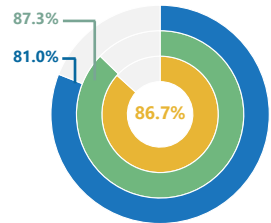
**Health Insurance**  
86.6% of District residents have health insurance coverage



**PCMH-Recognition**  
37.3% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



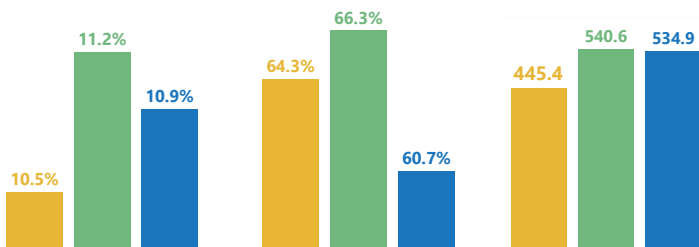
**Medicaid Acceptance**  
91.2% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
86.7% 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.



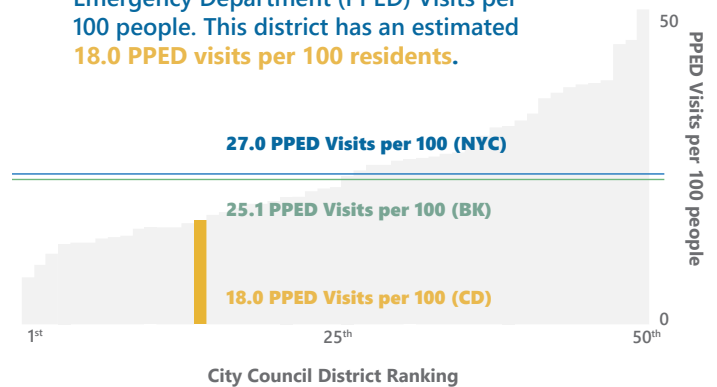
**Diabetes Prevalence**  
10.5% of District residents report having diabetes

**Lack of Immunization**  
64.3% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
445.4 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 **18.0 PPED visits per 100 residents**.



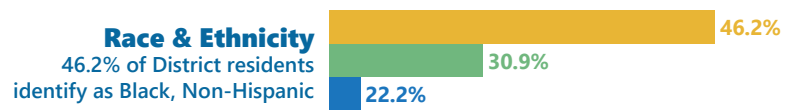
27.0 PPED Visits per 100 (NYC)

25.1 PPED Visits per 100 (BK)

18.0 PPED Visits per 100 (CD)

## SOCIOECONOMIC POSITION

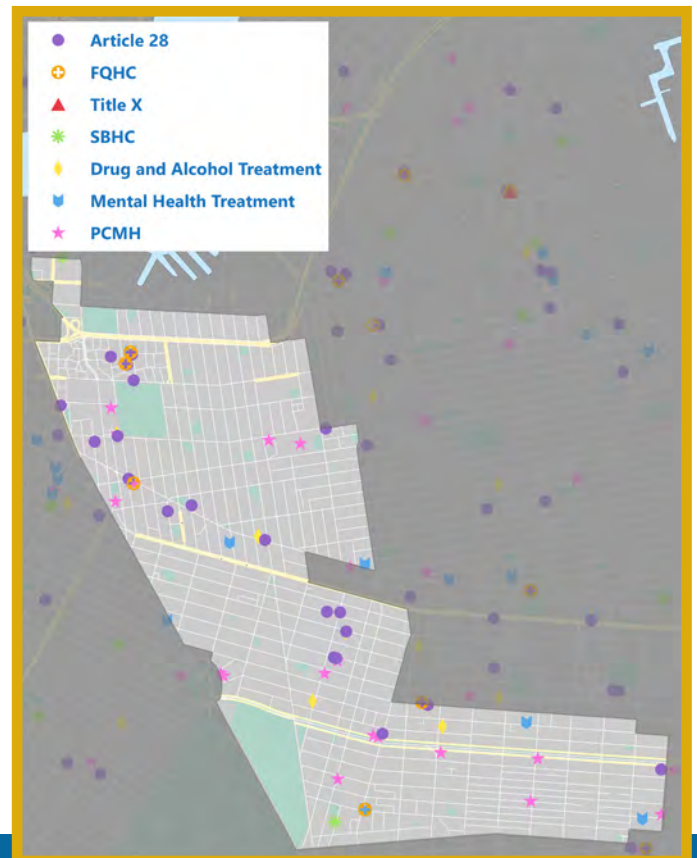
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

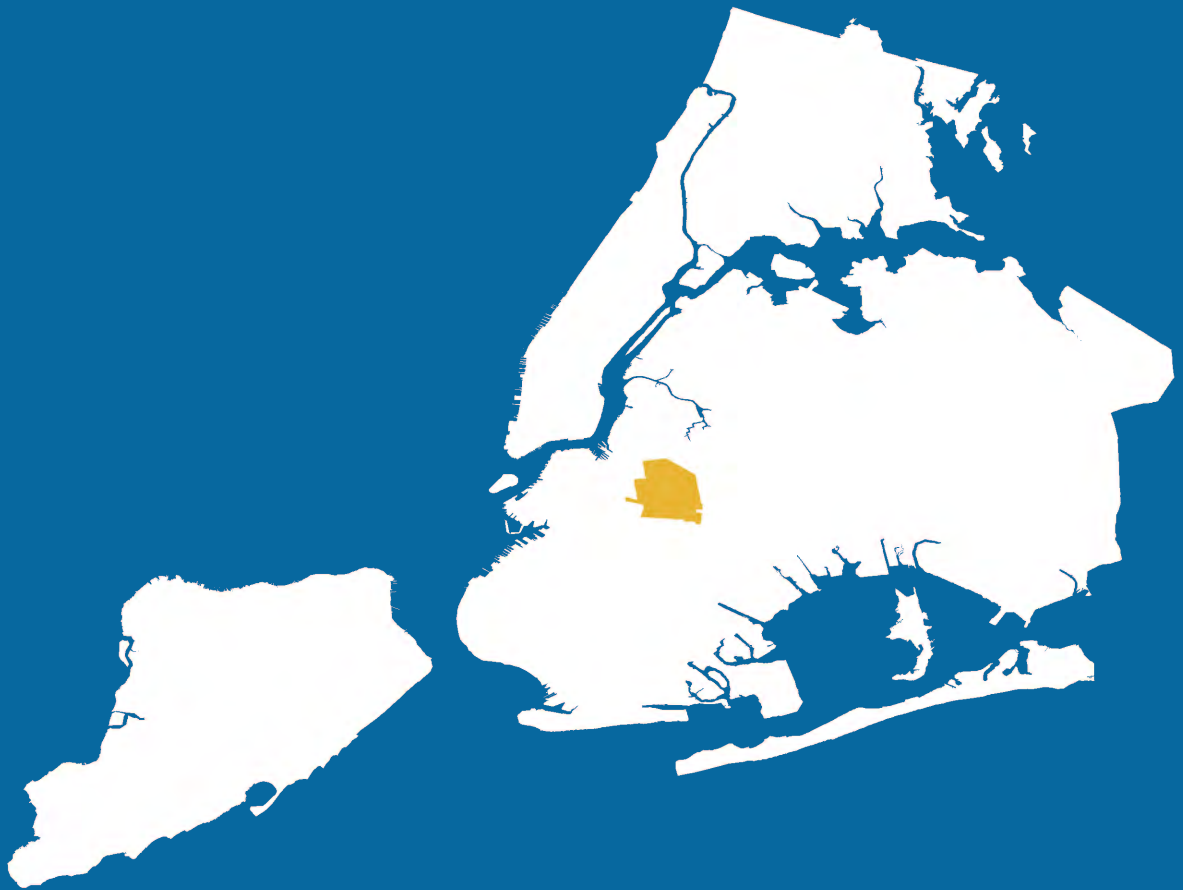


## FACILITIES

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
22	Article 28	19
4	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
6	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
19	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 36

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**

# COUNCIL DISTRICT 36

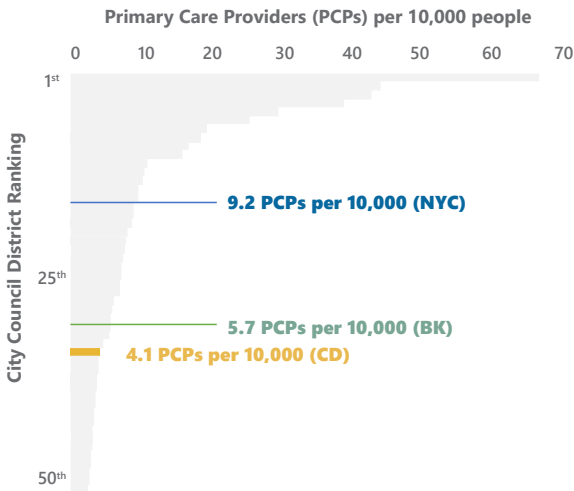
Includes the Bedford Stuyvesant and Northern Crown Heights neighborhoods.



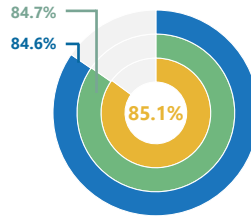
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

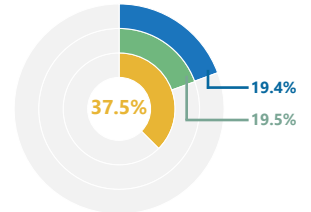
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



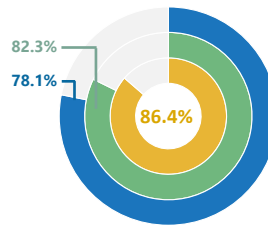
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **4.1 PCPs per 10,000 residents**.



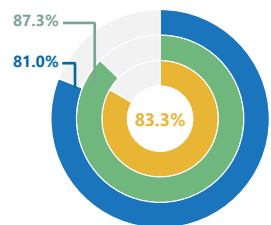
**Health Insurance**  
85.1% of District residents have health insurance coverage



**PCMH-Recognition**  
37.5% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



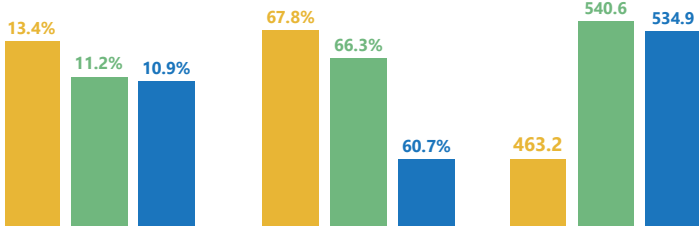
**Medicaid Acceptance**  
86.4% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
83.3% 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.



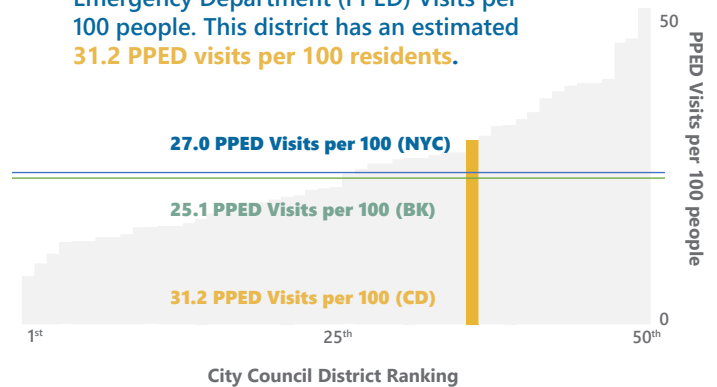
**Diabetes Prevalence**  
13.4% of District residents report having diabetes

**Lack of Immunization**  
67.8% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
463.2 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 **31.2 PPED visits per 100 residents**.



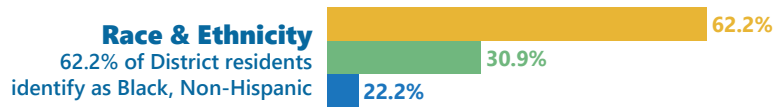
27.0 PPED Visits per 100 (NYC)

25.1 PPED Visits per 100 (BK)

31.2 PPED Visits per 100 (CD)

## SOCIOECONOMIC POSITION

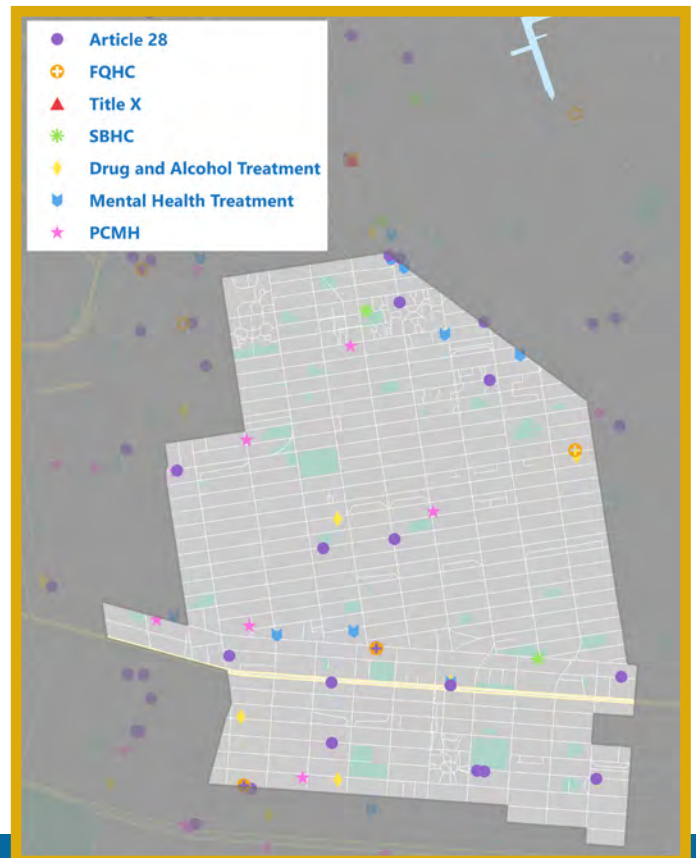
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
16	Article 28	19
3	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
14	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
9	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 37

**2019 PRIMARY CARE PROFILES**

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





# COUNCIL DISTRICT 37

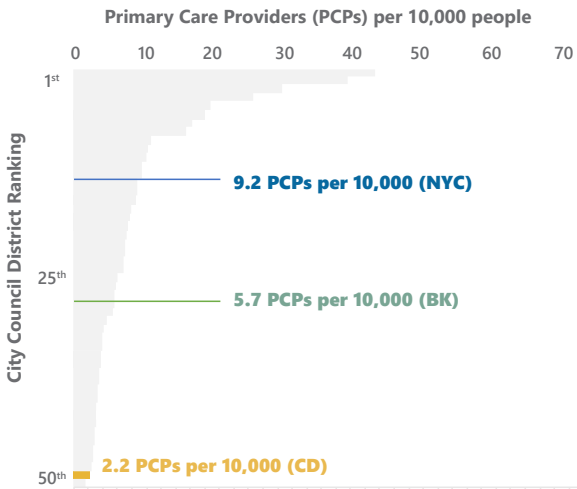
Includes the Cypress Hills, Bushwick, City Line, Ocean Hill, Brownsville, and East New York neighborhoods.



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

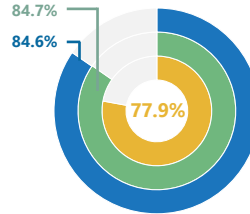
## PRIMARY CARE ACCESS

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.



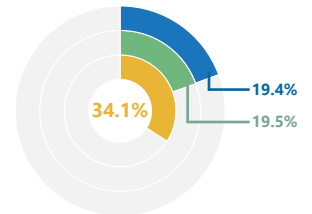
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **2.2 PCPs per 10,000 residents**.



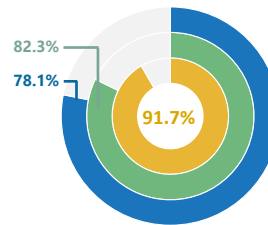
### Health Insurance

77.9% of District residents have health insurance coverage



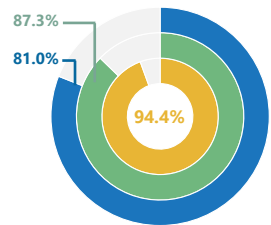
### PCMH-Recognition

34.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

91.7% of PCPs in the District accept patients with Medicaid

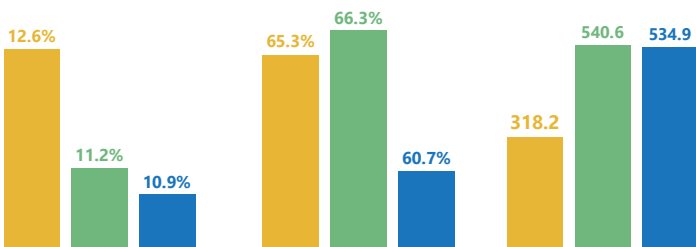


### Medicare Acceptance

94.4% 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

12.6% of District residents report having diabetes

### Lack of Immunization

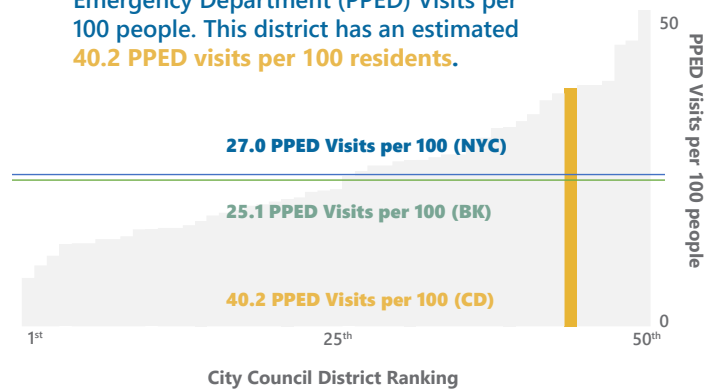
65.3% of District residents have not received the influenza vaccine

### Heart Disease Mortality

318.2 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 **40.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

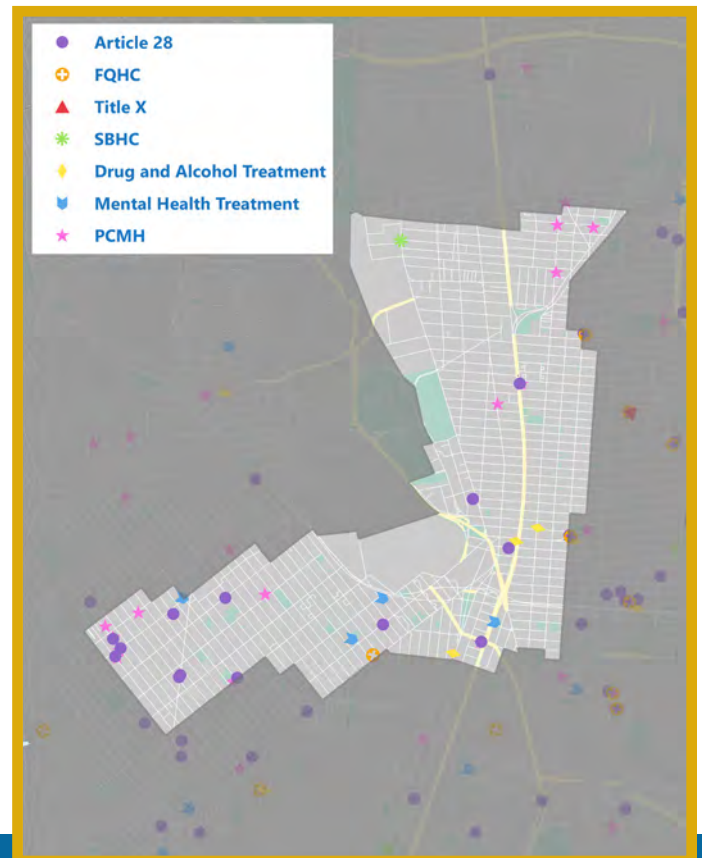
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

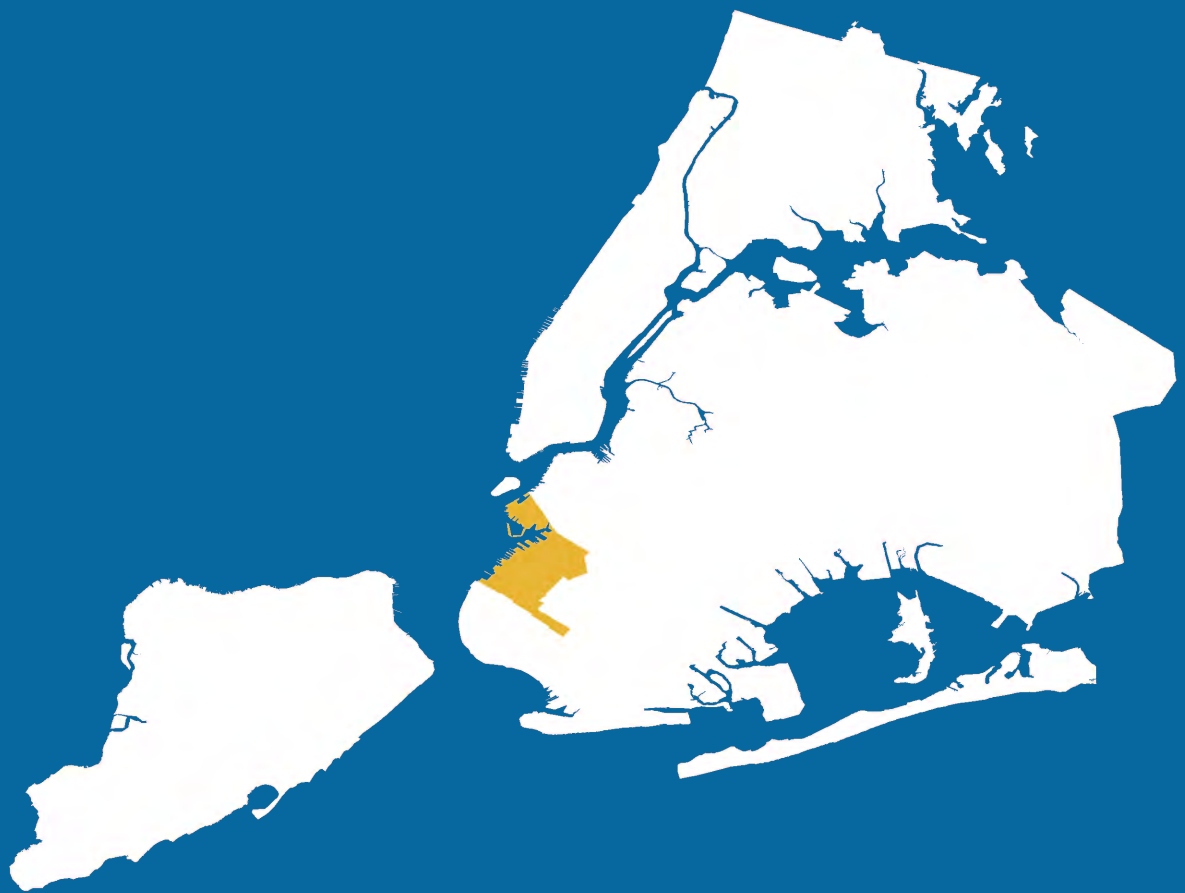


## FACILITIES

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
15	Article 28	19
1	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
2	School-Based Health Center	2
14	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 38

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 38

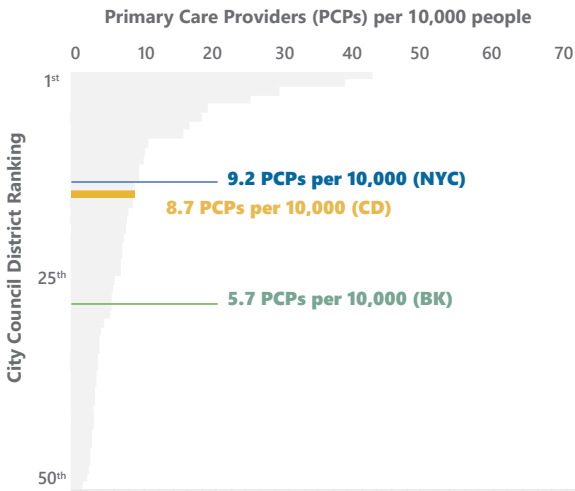
Includes the Red Hook, Sunset Park, Greenwood Heights, Windsor Terrace, Dyker Heights, and Boro Park neighborhoods.



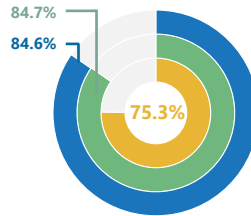
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

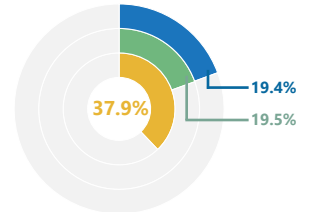
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



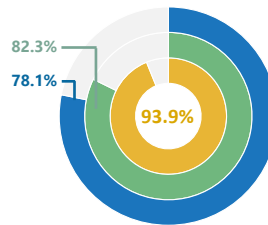
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **8.7 PCPs per 10,000 residents**.



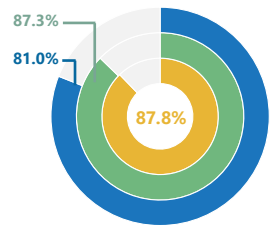
**Health Insurance**  
75.3% of District residents have health insurance coverage



**PCMH-Recognition**  
37.9% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



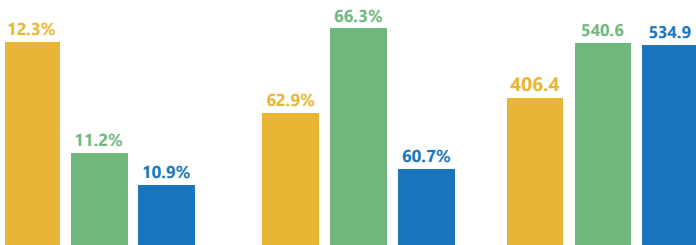
**Medicaid Acceptance**  
93.9% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
87.8% 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.



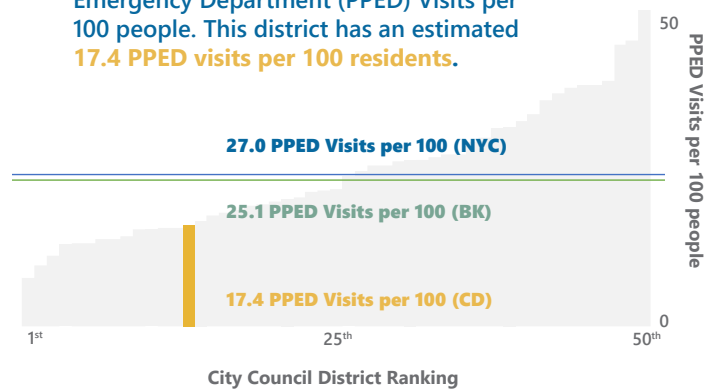
**Diabetes Prevalence**  
12.3% of District residents report having diabetes

**Lack of Immunization**  
62.9% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
406.4 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 **17.4 PPED visits per 100 residents**.



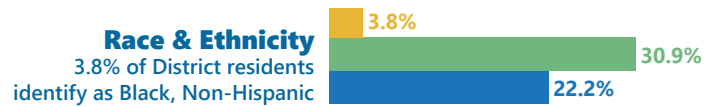
27.0 PPED Visits per 100 (NYC)

25.1 PPED Visits per 100 (BK)

17.4 PPED Visits per 100 (CD)

## SOCIOECONOMIC POSITION

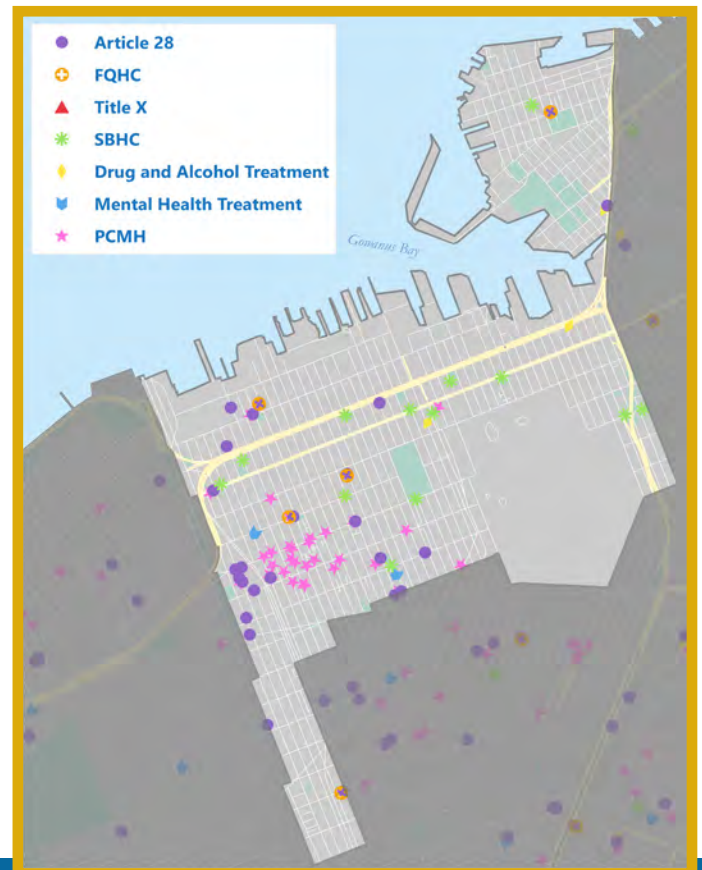
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
23	Article 28	19
5	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
3	Mental Health Treatment Centers	5
5	Drug and Alcohol Treatment Centers	6
13	School-Based Health Center	2
36	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 39

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 39

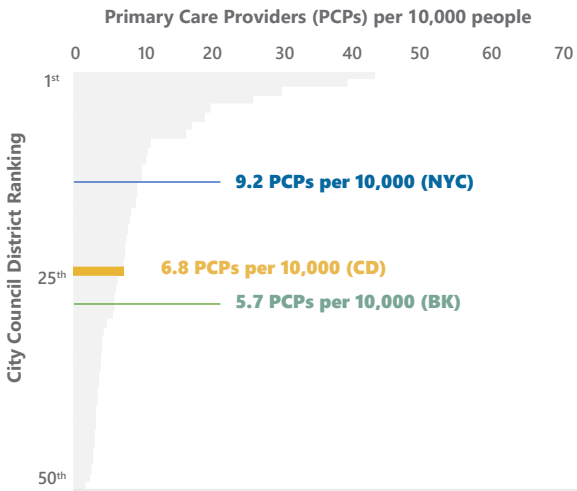
Includes the Cobble Hill, Carroll Gardens, Columbia Waterfront, Gowanus, Park Slope, Windsor Terrace, Borough Park, and Kensington neighborhoods.



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

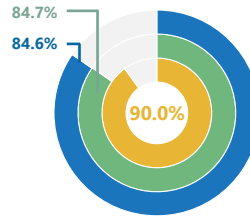
## PRIMARY CARE ACCESS

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.



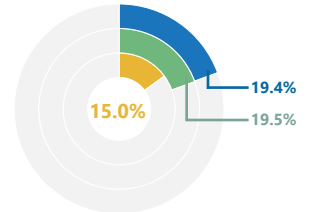
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **6.8 PCPs per 10,000 residents**.



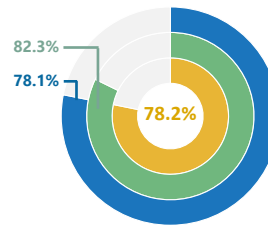
### Health Insurance

90.0% of District residents have health insurance coverage



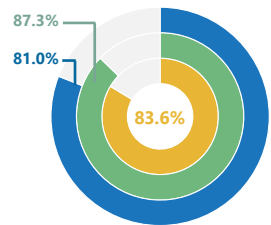
### PCMH-Recognition

15.0% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

78.2% of PCPs in the District accept patients with Medicaid

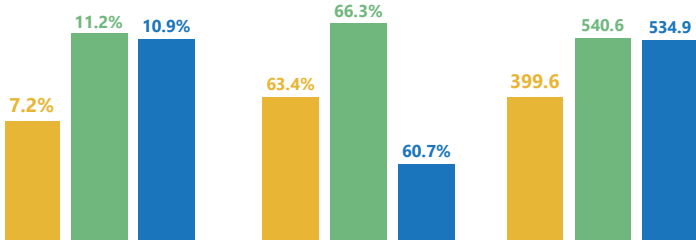


### Medicare Acceptance

83.6% 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

7.2% of District residents report having diabetes

### Lack of Immunization

63.4% of District residents have not received the influenza vaccine

### Heart Disease Mortality

399.6 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 **16.8 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

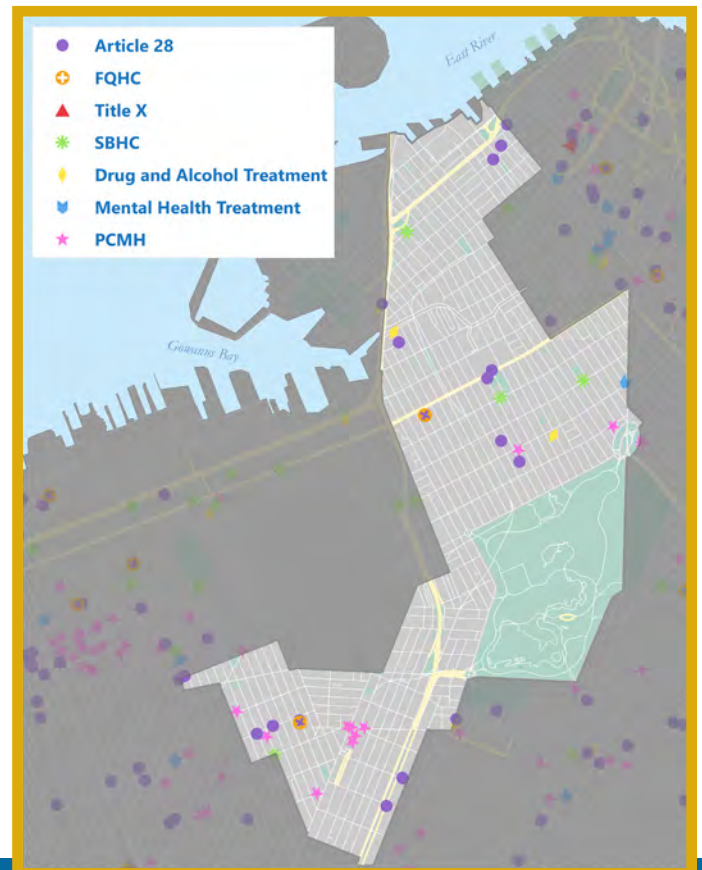
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
15	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
1	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
12	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 40

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 40

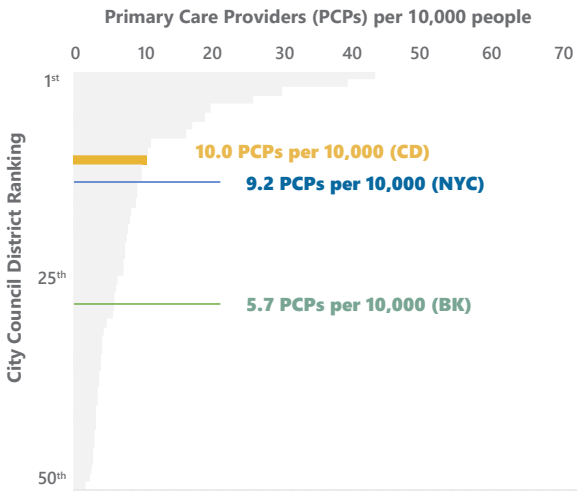
Includes the Crown Heights, East Flatbush, Flatbush, Kensington, Midwood, Prospect Park, and Prospect Lefferts Gardens neighborhoods.



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

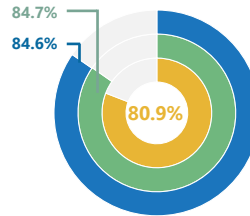
## PRIMARY CARE ACCESS

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.



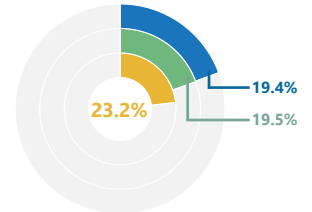
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **10.0 PCPs per 10,000 residents**.



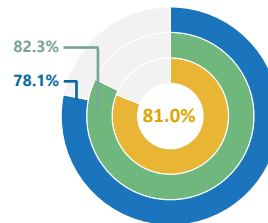
### Health Insurance

80.9% of District residents have health insurance coverage



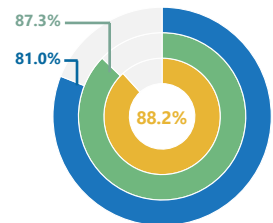
### PCMH-Recognition

23.2% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

81.0% of PCPs in the District accept patients with Medicaid

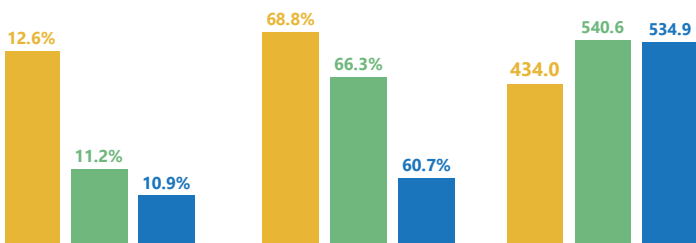


### Medicare Acceptance

88.2% 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

12.6% of District residents report having diabetes

### Lack of Immunization

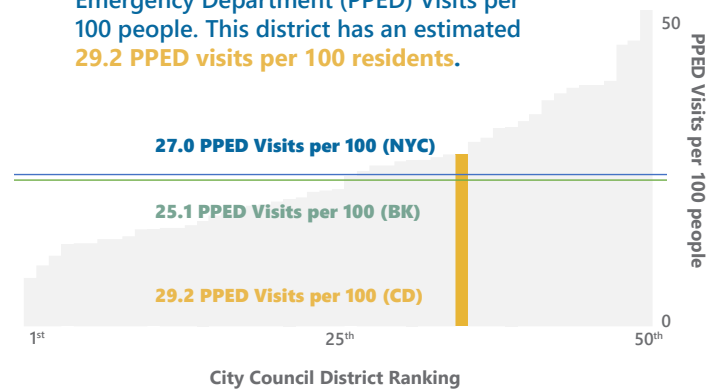
68.8% of District residents have not received the influenza vaccine

### Heart Disease Mortality

434.0 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 **29.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

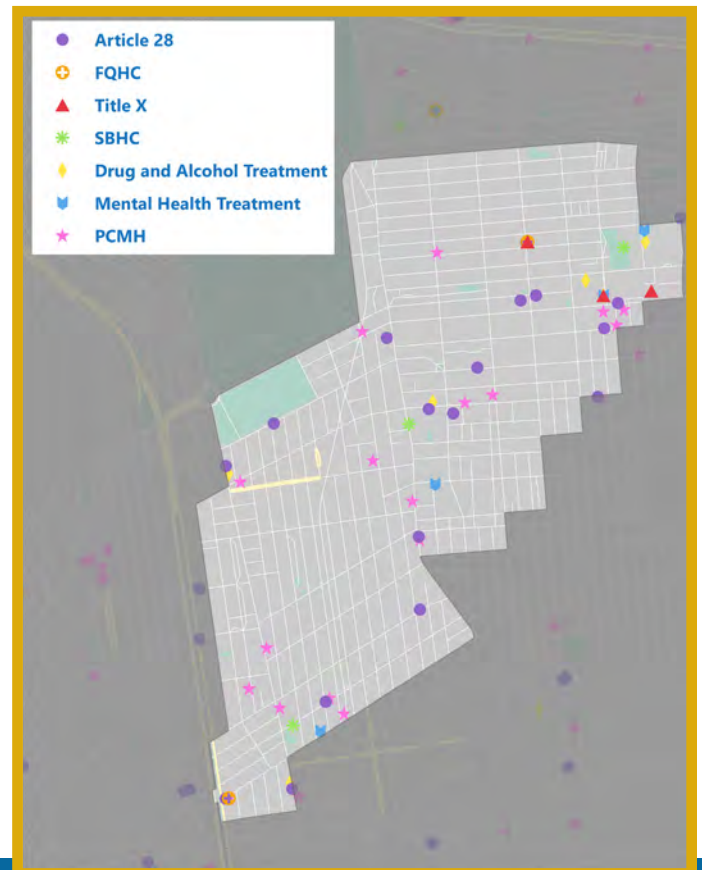
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
19	Article 28	19
2	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
9	Mental Health Treatment Centers	5
8	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
19	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 41

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 41

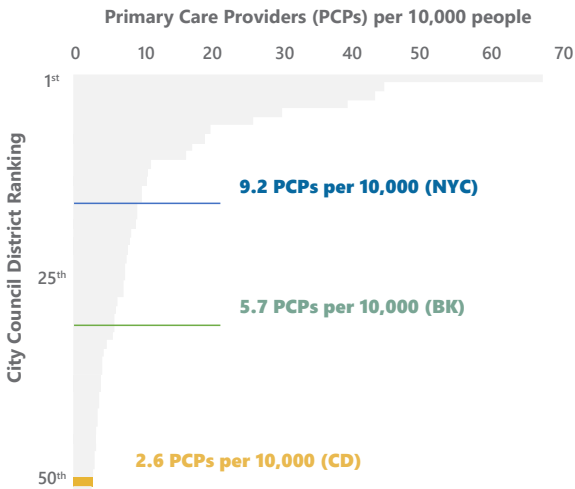
Includes the Bedford-Stuyvesant, Ocean Hill-Brownsville, East Flatbush, and Crown Heights neighborhoods.



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

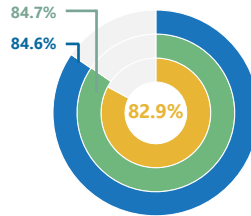
## PRIMARY CARE ACCESS

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.



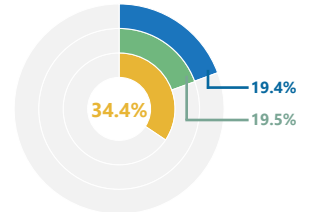
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **2.6 PCPs per 10,000 residents**.



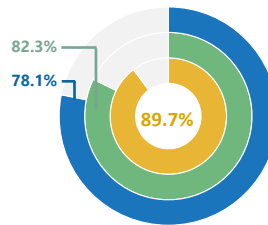
### Health Insurance

82.9% of District residents have health insurance coverage



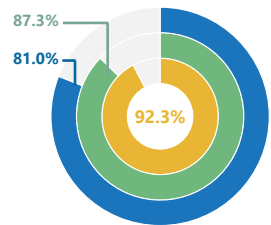
### PCMH-Recognition

34.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

89.7% of PCPs in the District accept patients with Medicaid

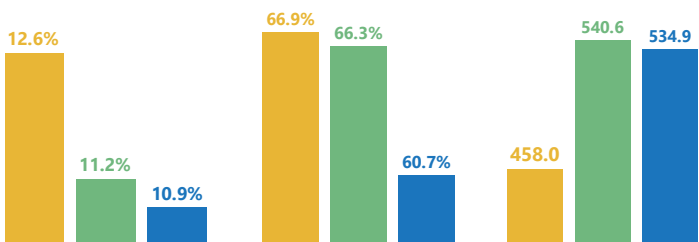


### Medicare Acceptance

92.3% 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

15.2% of District residents report having diabetes

### Lack of Immunization

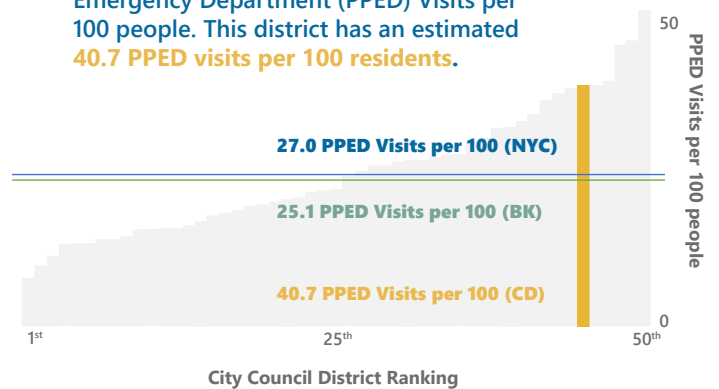
66.9% of District residents have not received the influenza vaccine

### Heart Disease Mortality

458.0 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 **40.7 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

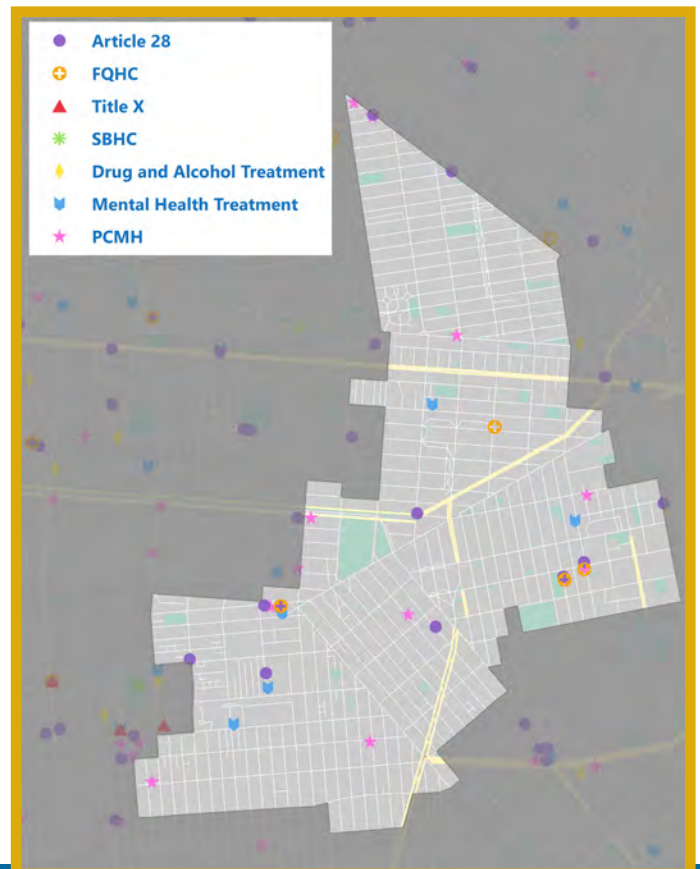
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

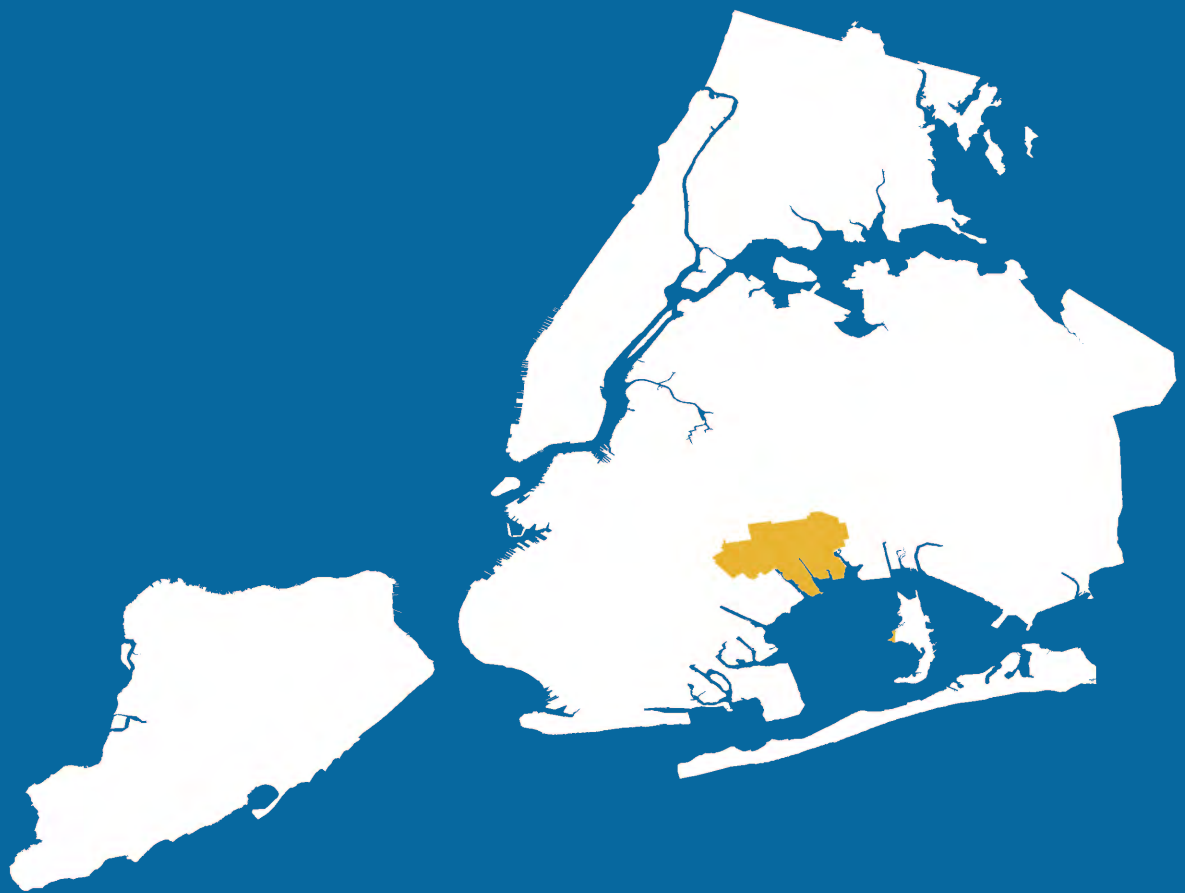


## FACILITIES

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
12	Article 28	19
4	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
0	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
11	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 42

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 42

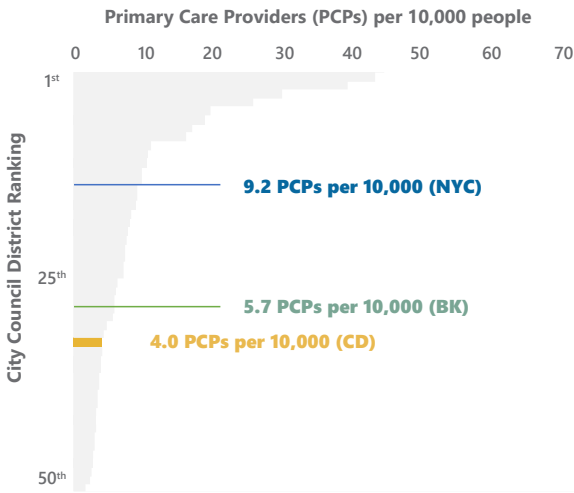
Includes the East New York, New Lots, Remsen Village, Spring Creek, and Starrett City neighborhoods.



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

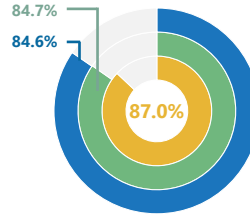
## PRIMARY CARE ACCESS

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.



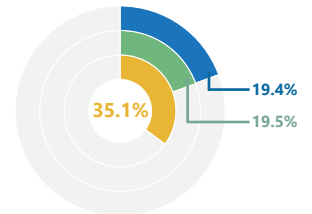
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **4.0 PCPs per 10,000 residents**.



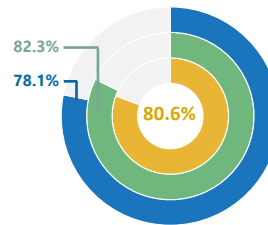
### Health Insurance

87.0% of District residents have health insurance coverage



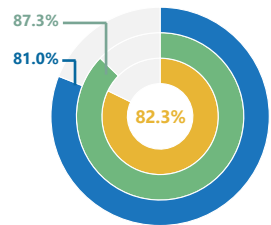
### PCMH-Recognition

35.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

80.6% of PCPs in the District accept patients with Medicaid

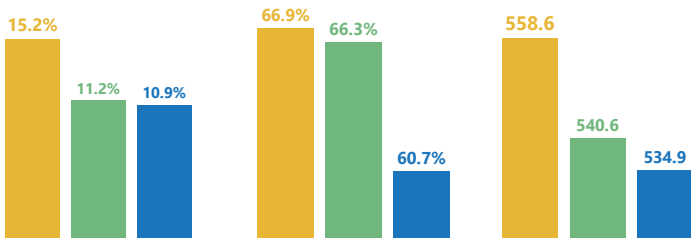


### Medicare Acceptance

82.3% 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

15.2% of District residents report having diabetes

### Lack of Immunization

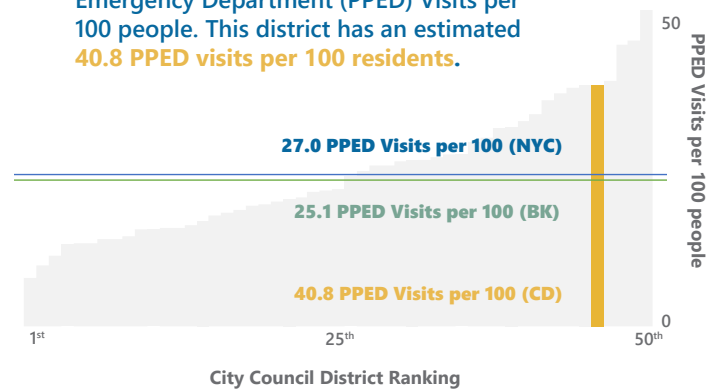
66.9% of District residents have not received the influenza vaccine

### Heart Disease Mortality

558.0 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 **40.8 PPED visits per 100 residents**.





## SOCIOECONOMIC POSITION

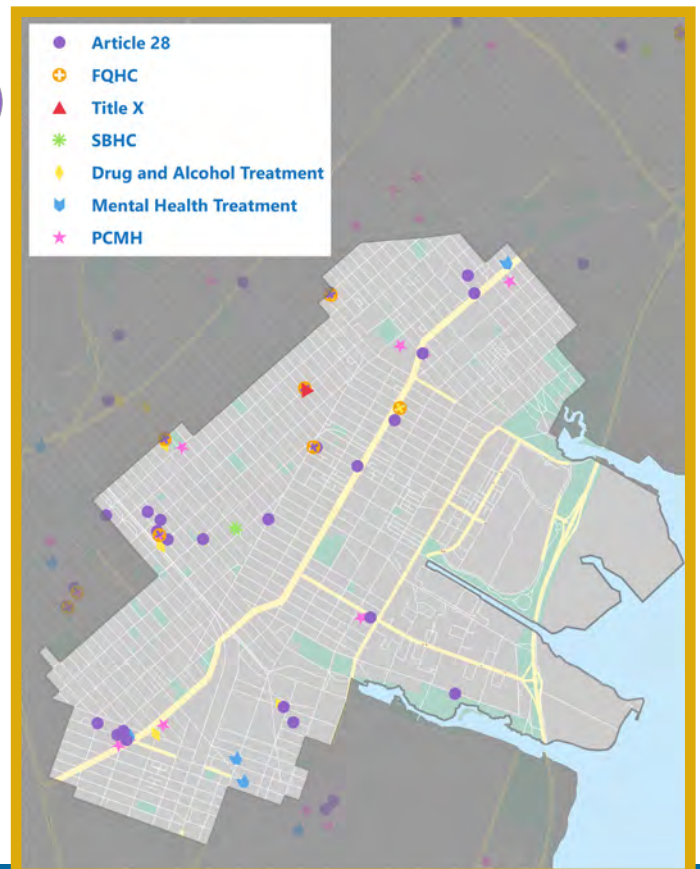
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

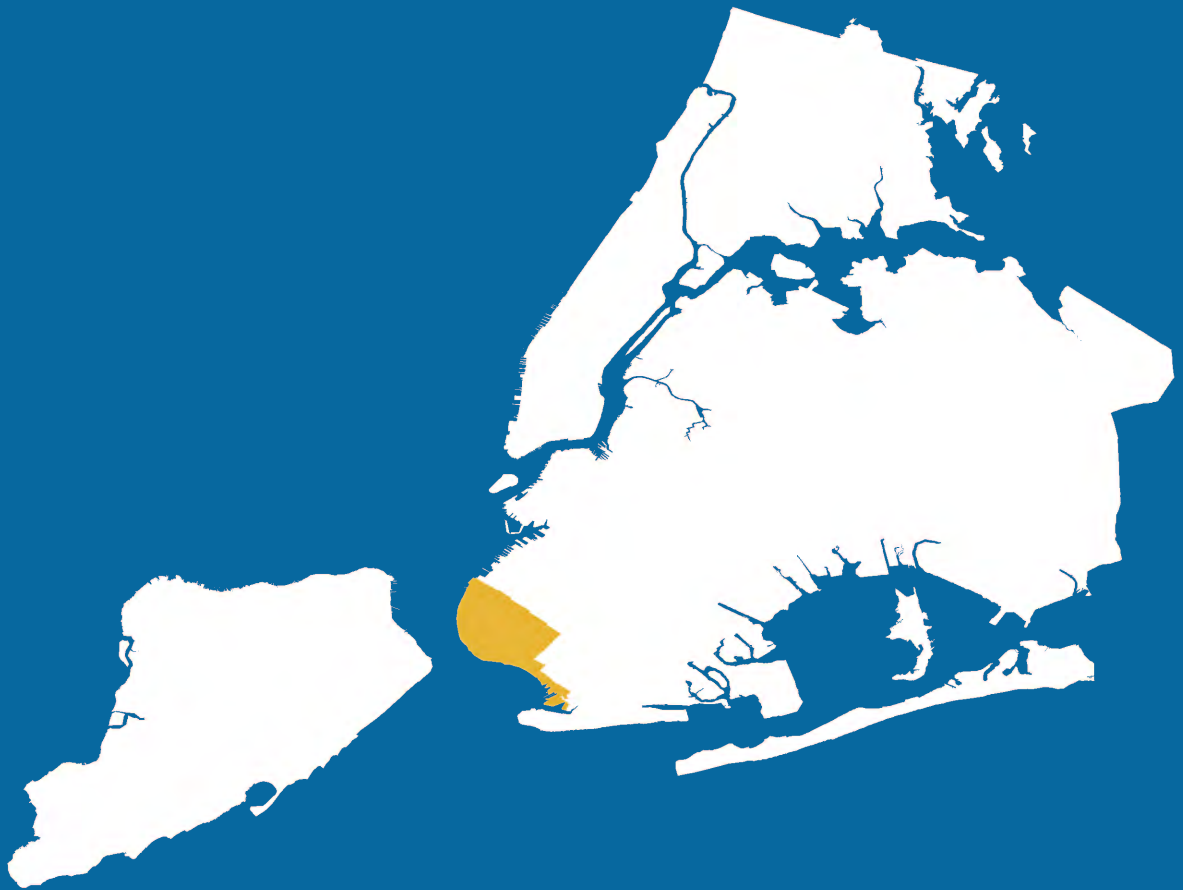


## FACILITIES

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
25	Article 28	19
6	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
5	Mental Health Treatment Centers	5
8	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
13	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 43

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 43

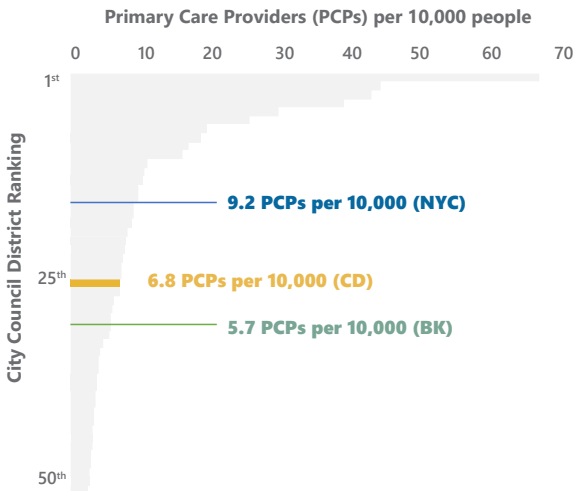
Includes the Bay Ridge, Dyker Heights, Bensonhurst, and Bath Beach neighborhoods.



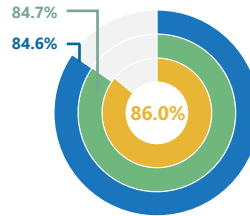
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

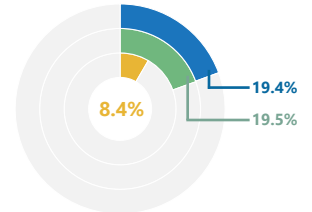
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



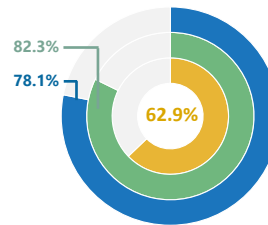
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **6.8 PCPs per 10,000 residents**.



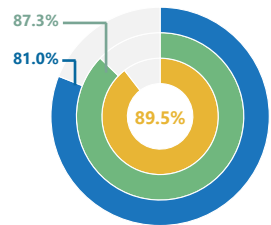
**Health Insurance**  
86.0% of District residents have health insurance coverage



**PCMH-Recognition**  
8.4% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



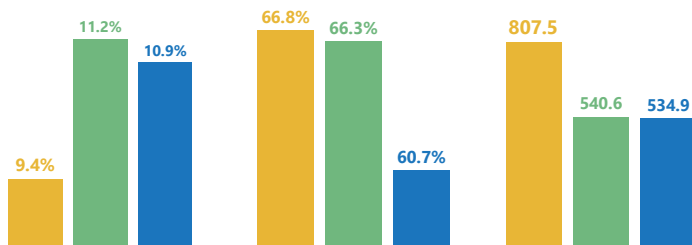
**Medicaid Acceptance**  
62.9% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
89.5% 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.



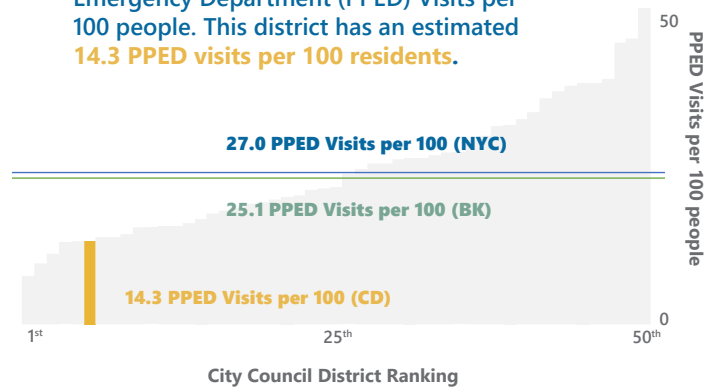
**Diabetes Prevalence**  
9.4% of District residents report having diabetes

**Lack of Immunization**  
66.8% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
807.5 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 **14.3 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

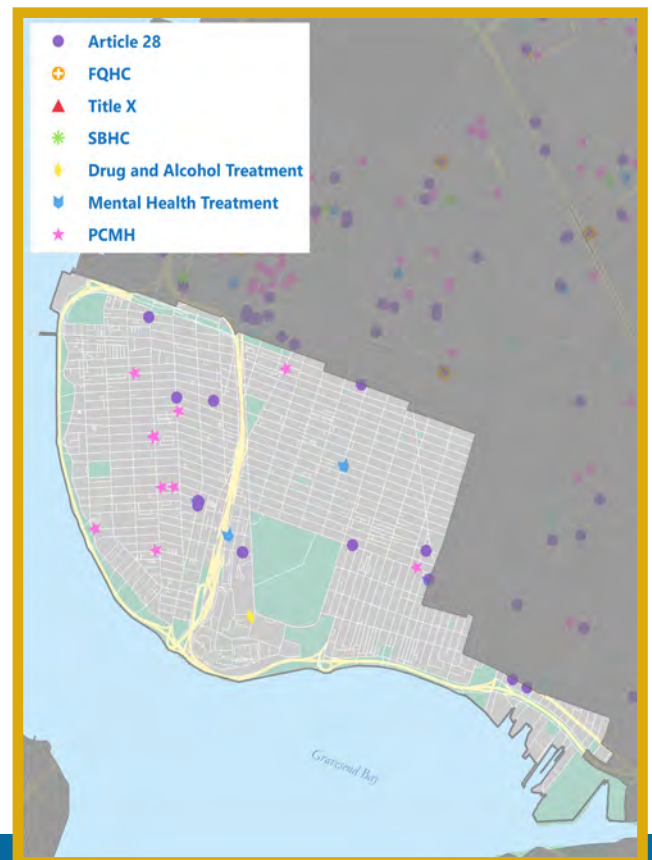
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
14	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
4	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 44

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 44

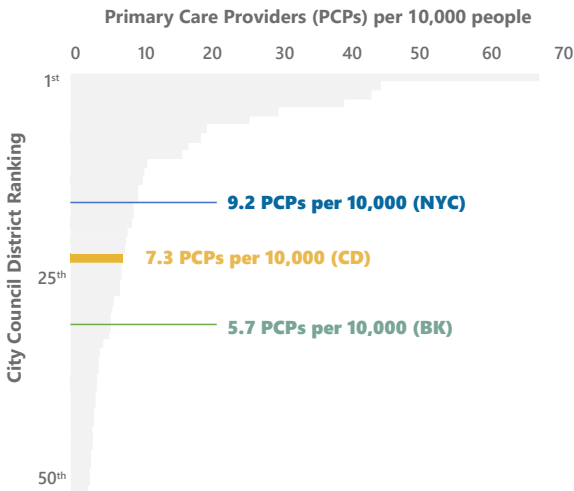
Includes the Bensonhurst, Borough Park, Midwood, and Ocean Parkway neighborhoods.



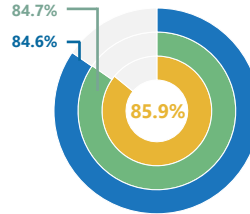
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

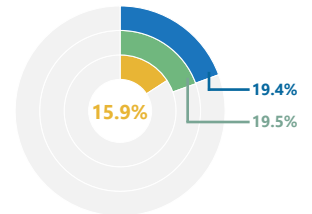
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



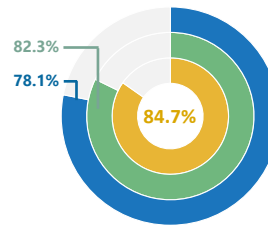
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **7.3 PCPs per 10,000 residents**.



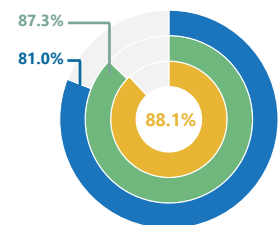
**Health Insurance**  
85.9% of District residents have health insurance coverage



**PCMH-Recognition**  
15.9% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



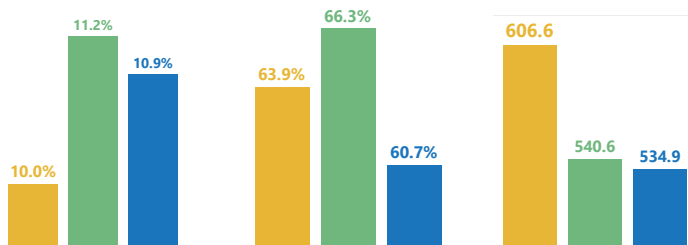
**Medicaid Acceptance**  
84.7% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
88.1% 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.



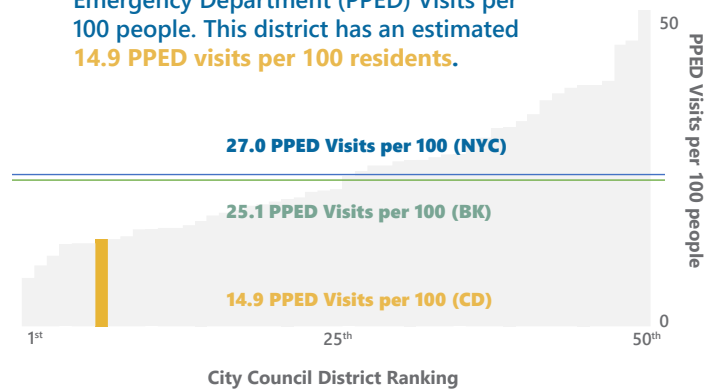
**Diabetes Prevalence**  
10.0% of District residents report having diabetes

**Lack of Immunization**  
63.9% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
606.6 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 **14.9 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

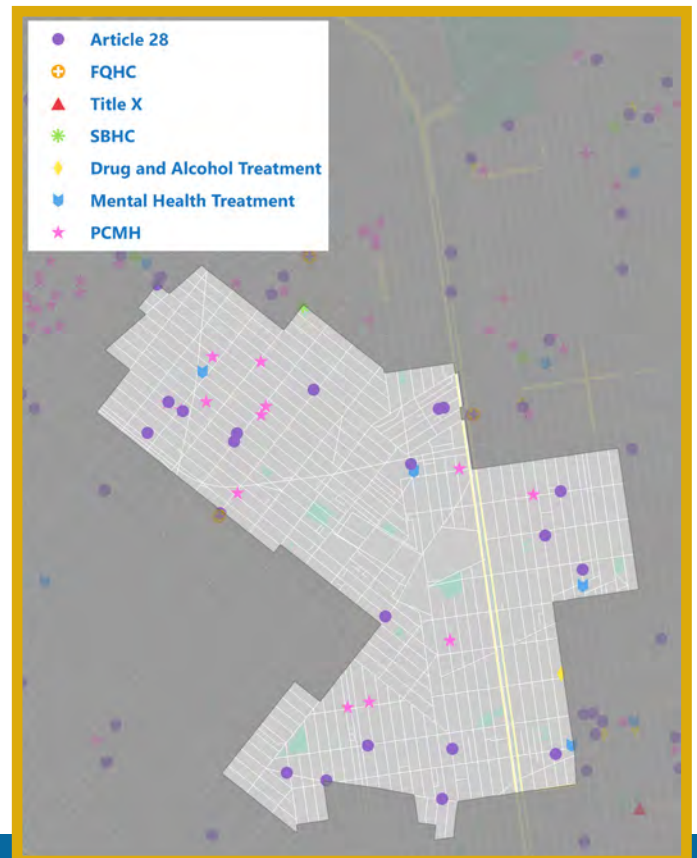
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
20	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
2	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
13	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 45

**2019 PRIMARY CARE PROFILES**

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





# COUNCIL DISTRICT 45

Includes the Flatbush, East Flatbush, Flatlands, Midwood, and Canarsie neighborhood

CD

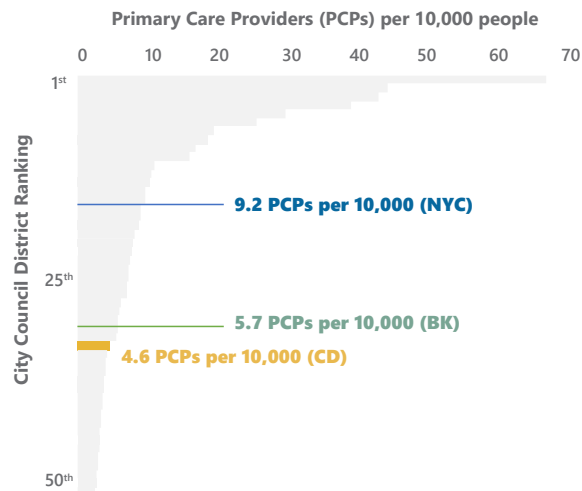
BK

NYC

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

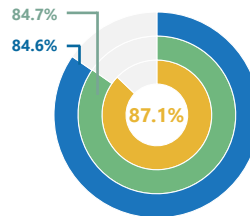
## PRIMARY CARE ACCESS

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.



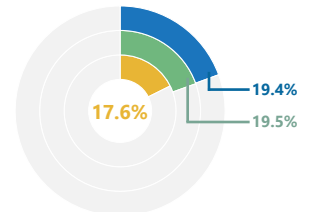
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **4.6 PCPs per 10,000 residents**.



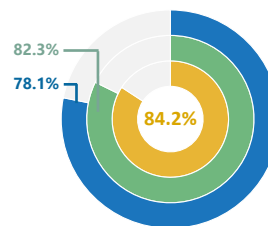
### Health Insurance

87.1% of District residents have health insurance coverage



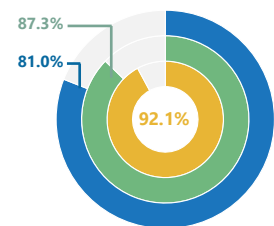
### PCMH-Recognition

17.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

84.2% of PCPs in the District accept patients with Medicaid



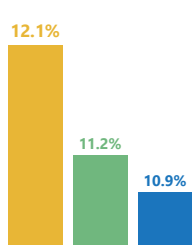
### Medicare Acceptance

92.1% of PCPs in the District accept patients with Medicare



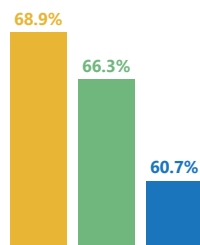
## HEALTH STATUS

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.



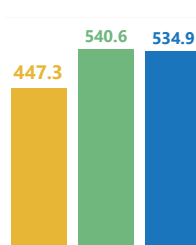
### Diabetes Prevalence

12.1% of District residents report having diabetes



### Lack of Immunization

68.9% of District residents have not received the influenza vaccine

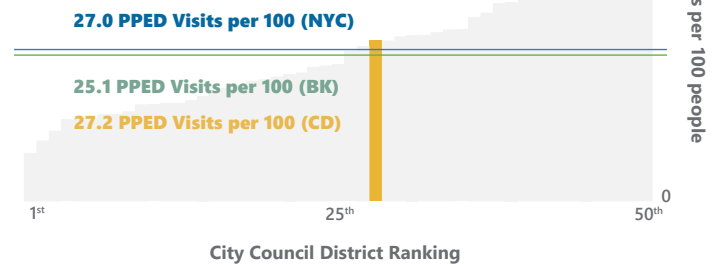


### Heart Disease Mortality

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

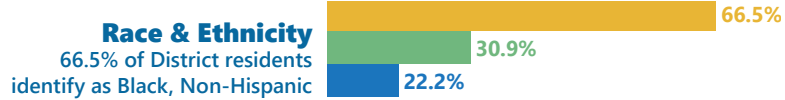
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **27.2 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

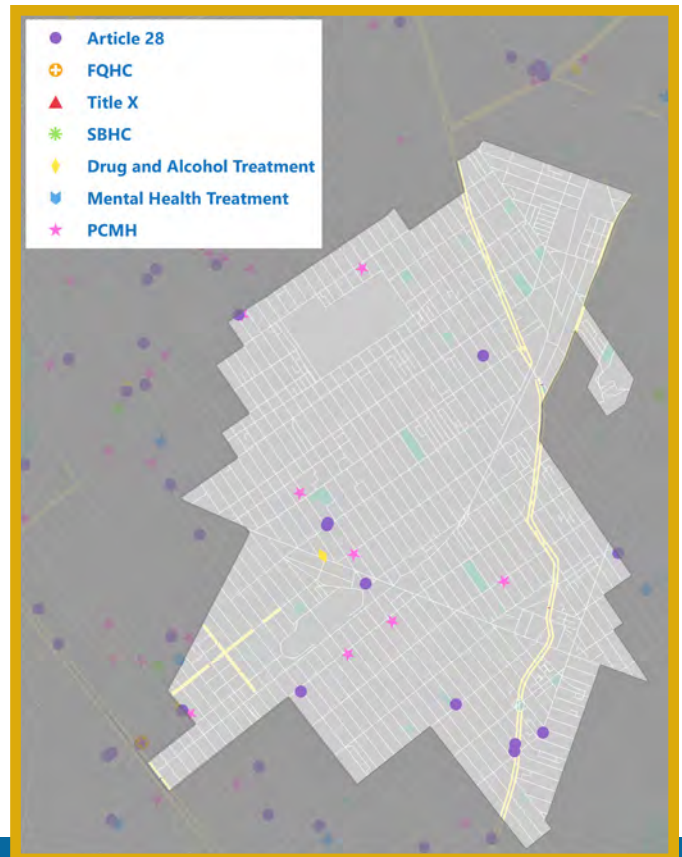
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

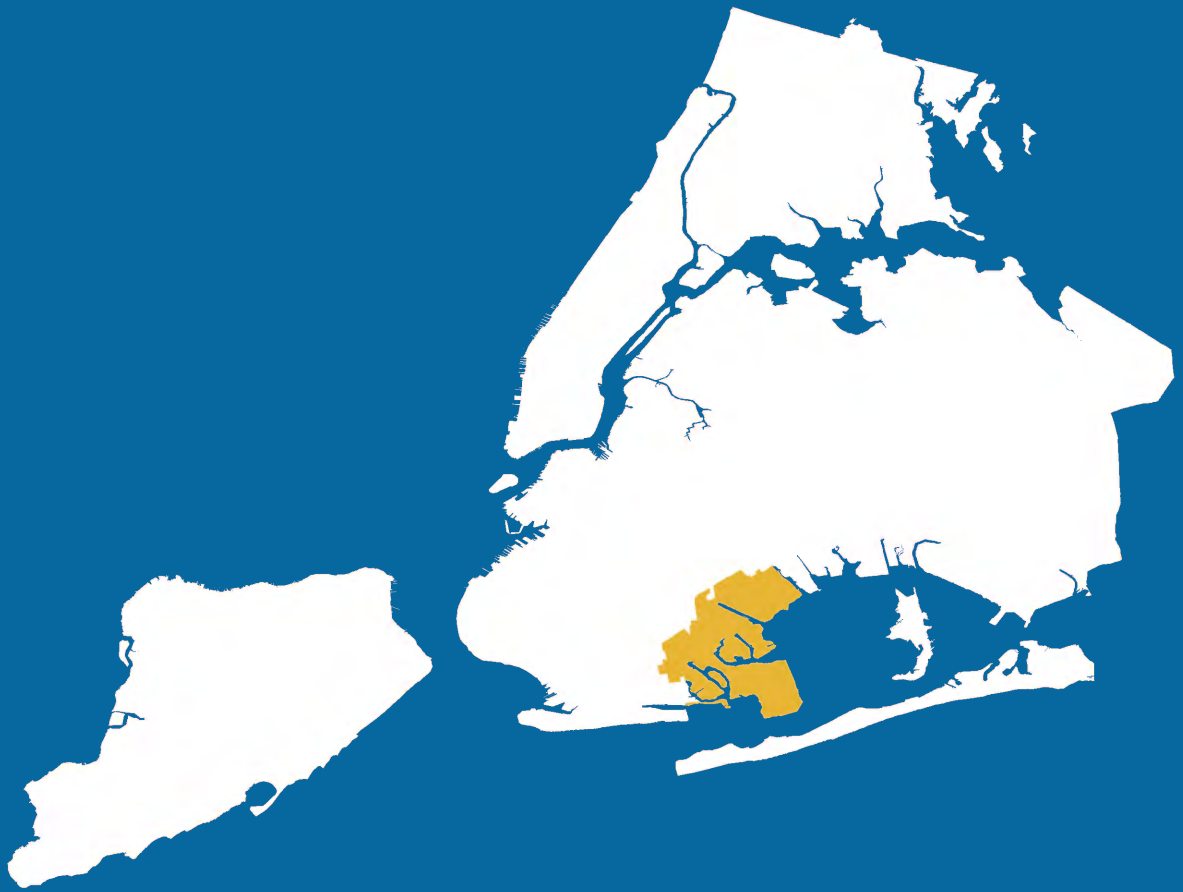


## FACILITIES

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
11	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
0	Mental Health Treatment Centers	5
1	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
9	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 46

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 46

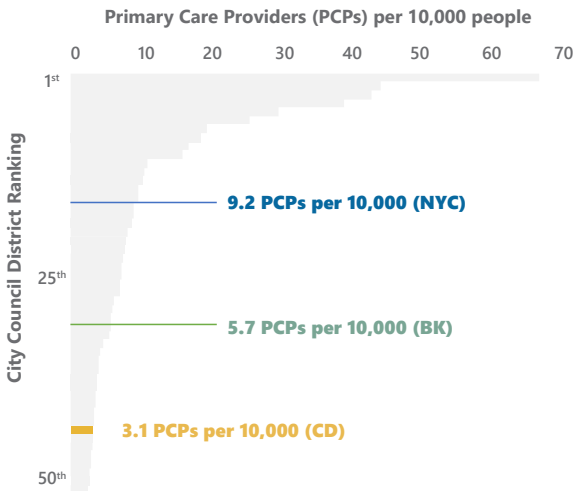
Includes the Bergen Beach, Canarsie, Flatlands, Georgetown, Gerritsen Beach, Marine Park, Mill Basin, Mill Island, and Sheepshead Bay neighborhoods.



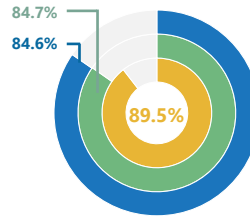
For comparison purposes, each metric is displayed at the city (NYC), borough (BK), and Council District (CD) level

## PRIMARY CARE ACCESS

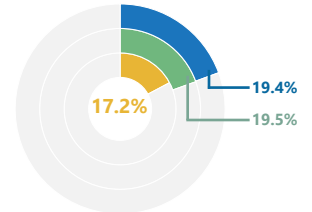
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



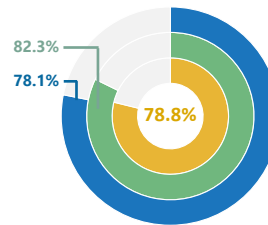
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **3.1 PCPs per 10,000 residents**.



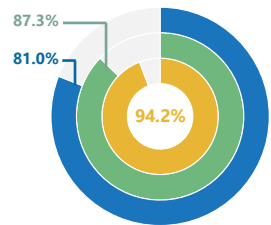
**Health Insurance**  
89.5% of District residents have health insurance coverage



**PCMH-Recognition**  
17.2% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



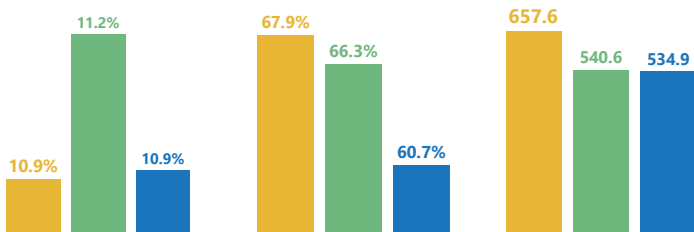
**Medicaid Acceptance**  
78.8% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
94.2% 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.



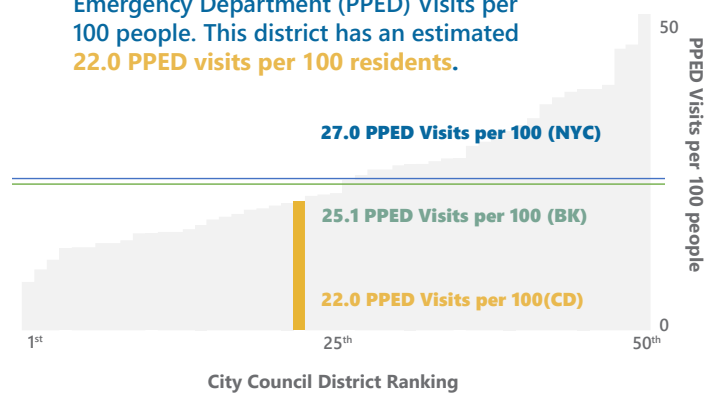
**Diabetes Prevalence**  
10.9% of District residents report having diabetes

**Lack of Immunization**  
67.9% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
657.6 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 **22.0 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

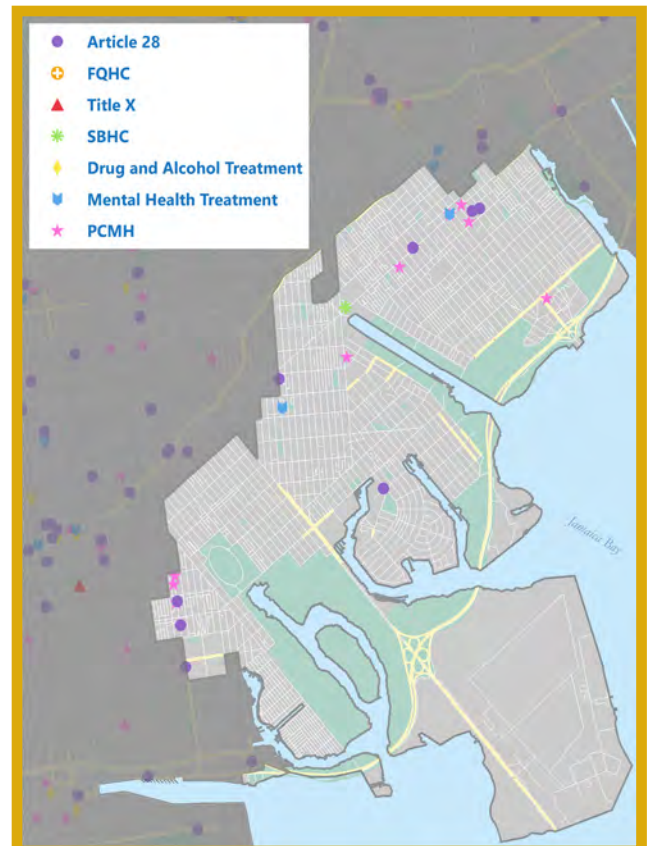
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

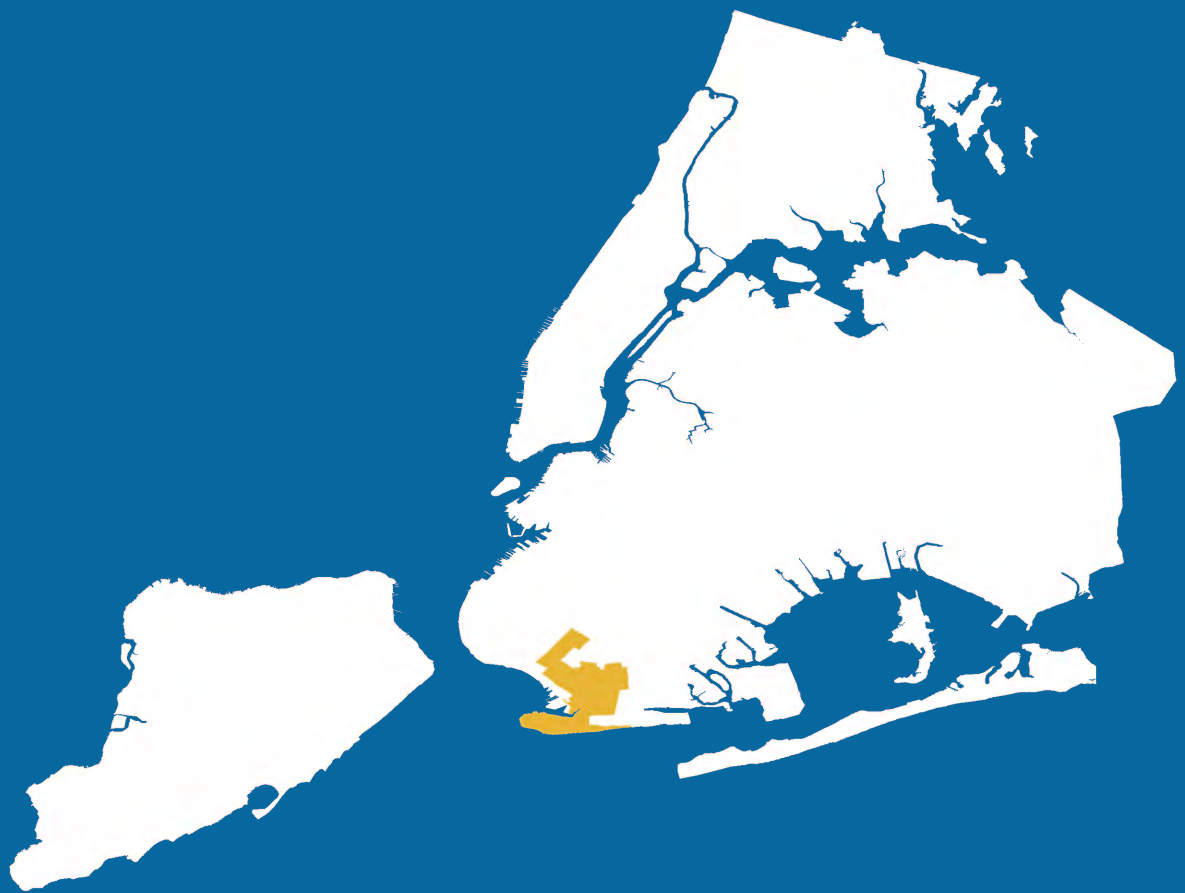


## FACILITIES

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
7	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
0	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
0	Drug and Alcohol Treatment Centers	6
1	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 47

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 47

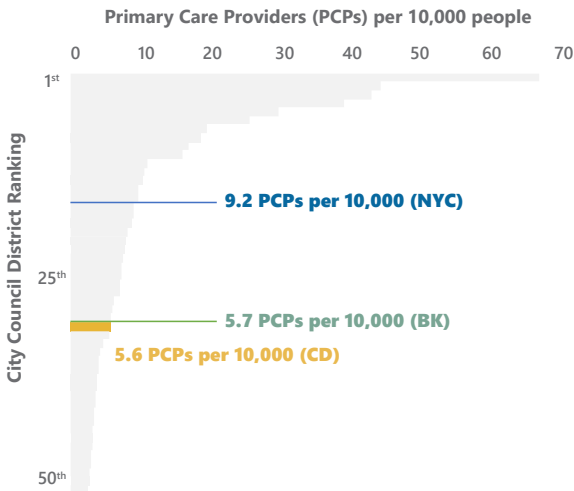
Includes the Bensonhurst, Coney Island, Gravesend, and Sea Gate neighborhoods.



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

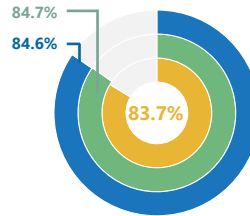
## PRIMARY CARE ACCESS

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.



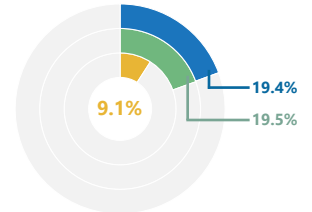
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **5.6 PCPs per 10,000 residents**.



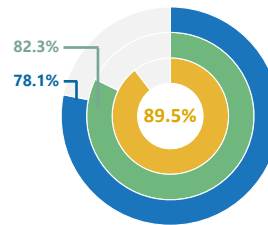
### Health Insurance

83.7% of District residents have health insurance coverage



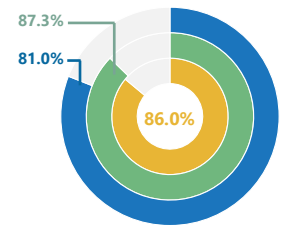
### PCMH-Recognition

9.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

89.5% of PCPs in the District accept patients with Medicaid

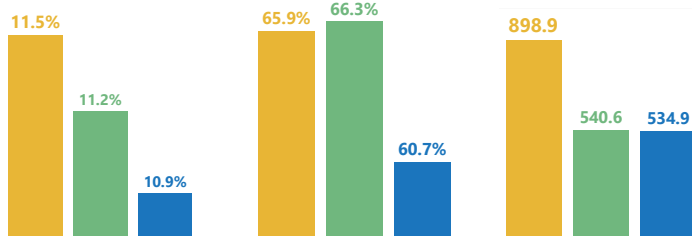


### Medicare Acceptance

86.0% 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

11.5% of District residents report having diabetes

### Lack of Immunization

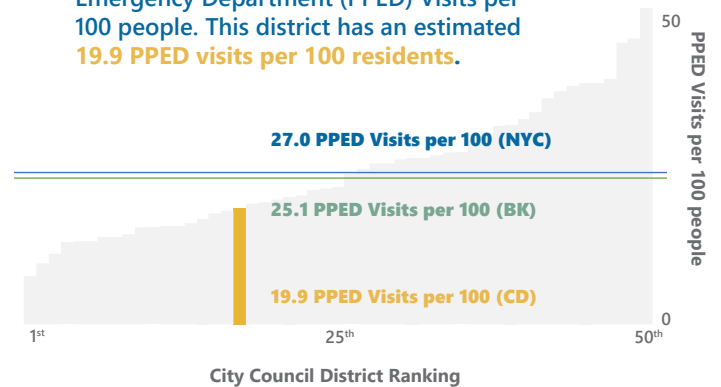
65.9% of District residents have not received the influenza vaccine

### Heart Disease Mortality

898.9 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 **19.9 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

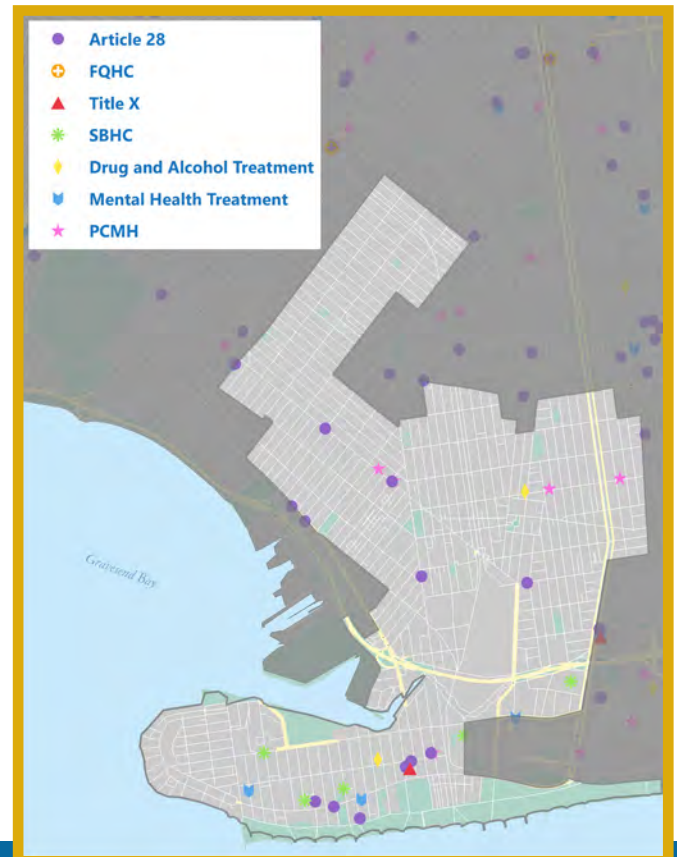
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.



## 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
11	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
1	Title X Family Planning Program	1
2	Mental Health Treatment Centers	5
2	Drug and Alcohol Treatment Centers	6
5	School-Based Health Center	2
5	Patient-Centered Medical Home (PCMH) Access Point	12







# COUNCIL DISTRICT 48

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 48

Includes the Brighton Beach, Manhattan Beach, Sheepshead Bay, Homecrest, Trump Village, Luna Park, Brightwater Towers, and Midwood neighborhoods.

CD

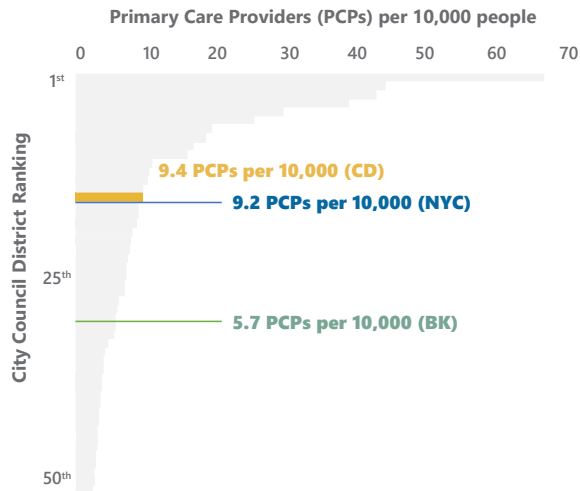
BK

NYC

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

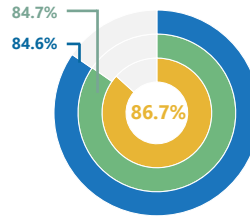
## PRIMARY CARE ACCESS

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.



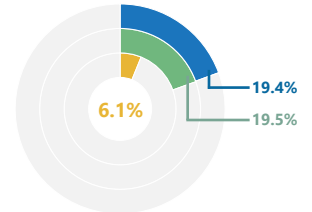
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **9.4 PCPs per 10,000 residents**.



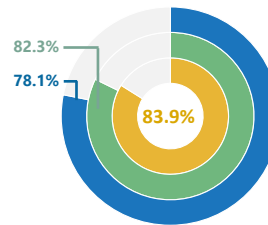
### Health Insurance

86.7% of District residents have health insurance coverage



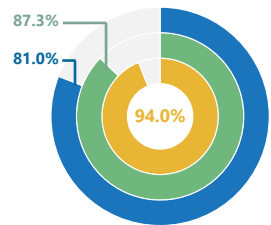
### PCMH-Recognition

6.1% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

83.9% of PCPs in the District accept patients with Medicaid

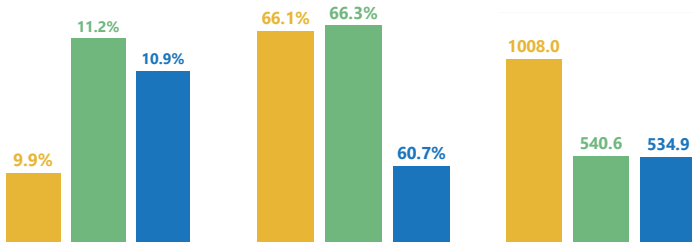


### Medicare Acceptance

94.0% 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

9.9% of District residents report having diabetes

### Lack of Immunization

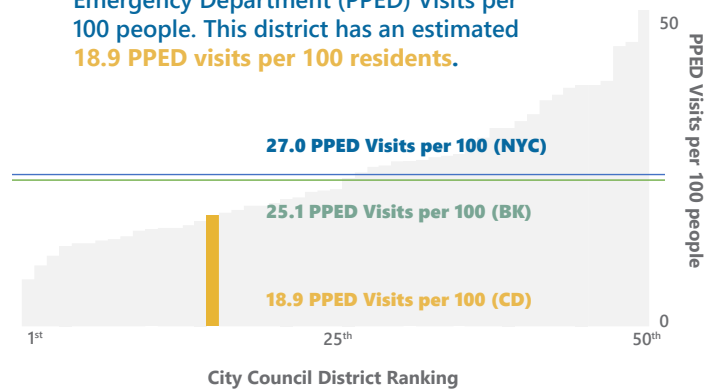
66.1% of District residents have not received the influenza vaccine

### Heart Disease Mortality

1,008.0 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 **18.9 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

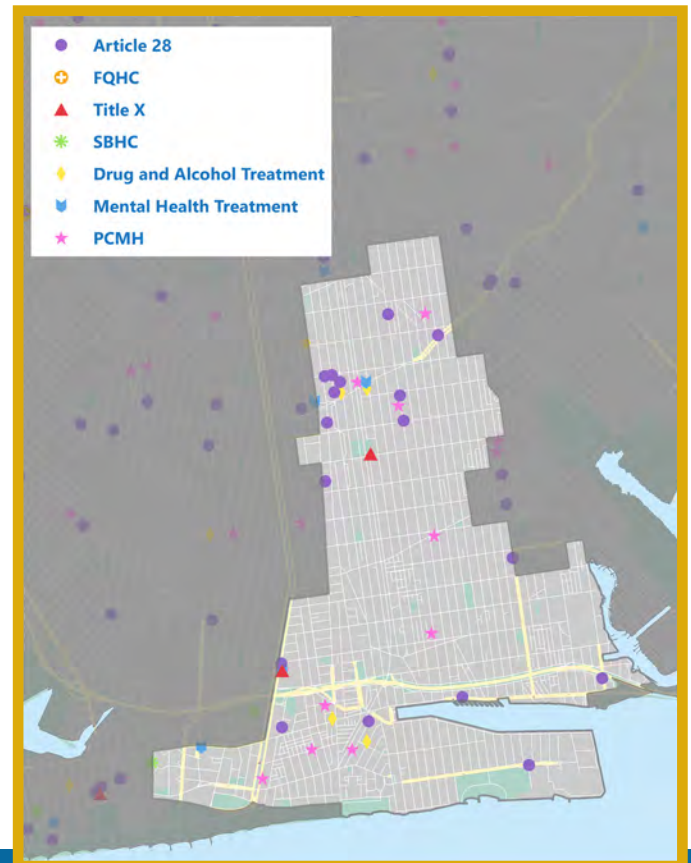
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

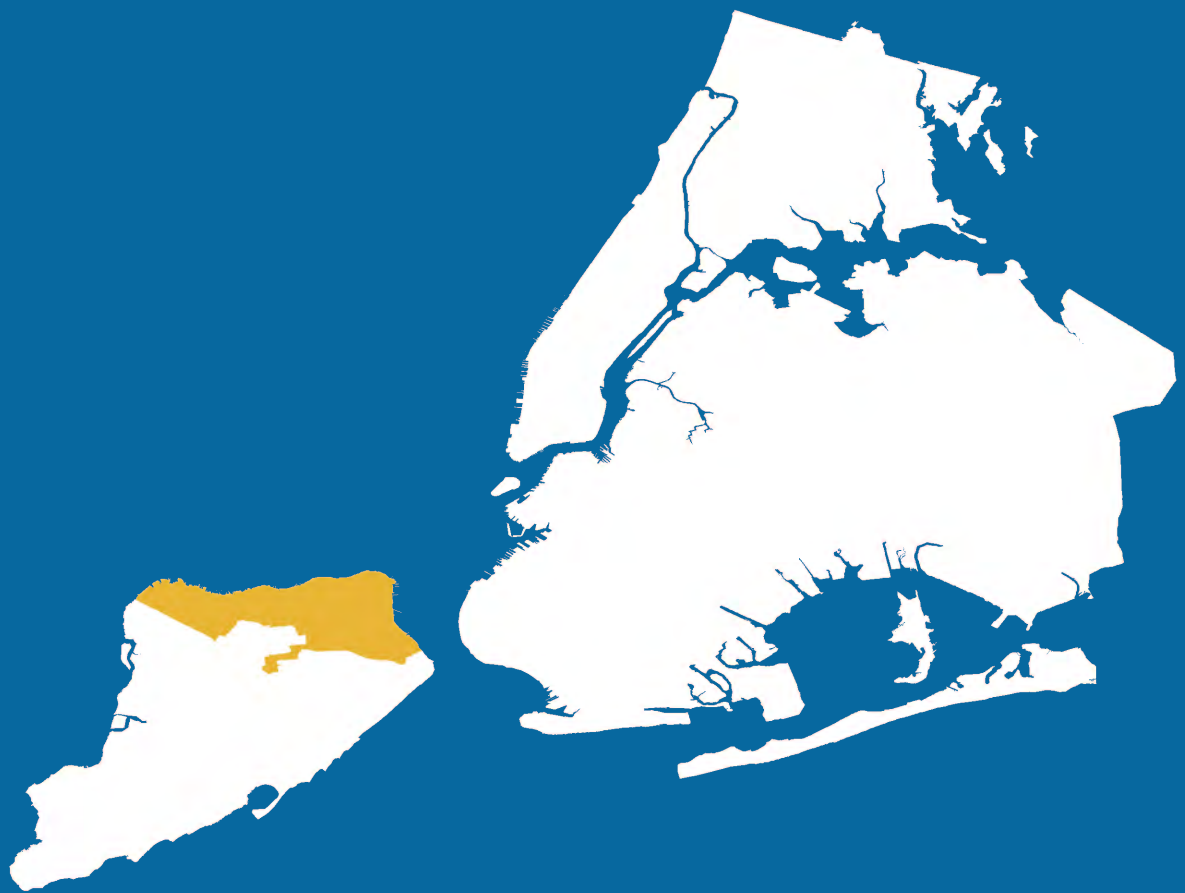


## FACILITIES

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
17	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
3	Mental Health Treatment Centers	5
4	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
10	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 49

**2019 PRIMARY CARE PROFILES**

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



**PRIMARY CARE  
DEVELOPMENT  
CORPORATION**

# COUNCIL DISTRICT 49

Includes the Arlington, Clifton, Clove Lakes, Concord, Elm Park, Graniteville, Livingston, Mariners Harbor, New Brighton, Port Richmond, Randall Manor, Rosebank, St. George, Snug Harbor, Silver Lake, Stapleton, Sunnyside, West Brighton and Tompkinsville neighborhoods.

CD

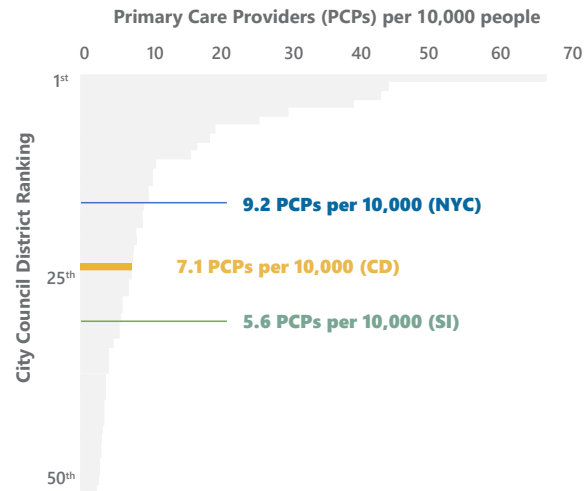
SI

NYC

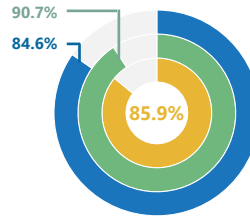
For comparison purposes, each metric is displayed at the city (NYC), borough (SI), and Council District (CD) level

## PRIMARY CARE ACCESS

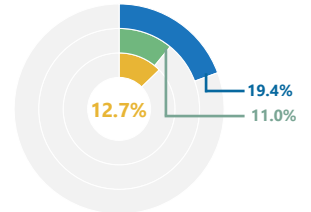
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



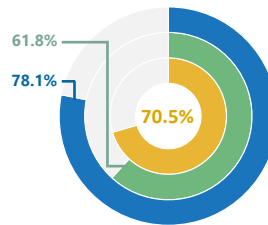
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **7.1 PCPs per 10,000 residents**.



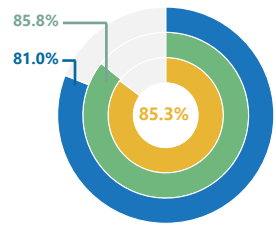
**Health Insurance**  
85.9% of District residents have health insurance coverage



**PCMH-Recognition**  
12.7% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



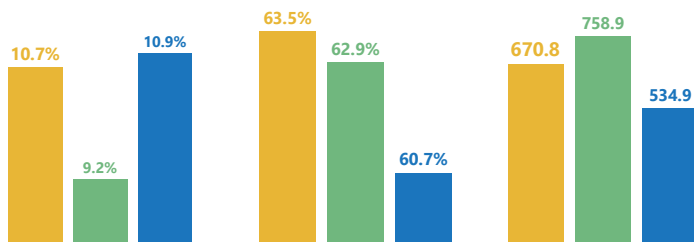
**Medicaid Acceptance**  
70.5% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
85.3% 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.



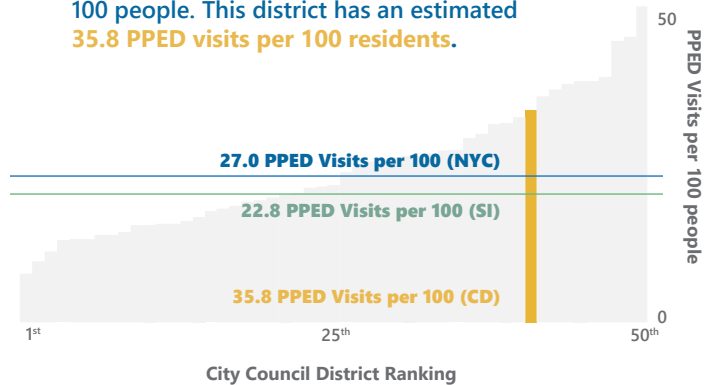
**Diabetes Prevalence**  
10.7% of District residents report having diabetes

**Lack of Immunization**  
63.5% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
670.8 deaths per 100,000 District residents result from heart disease

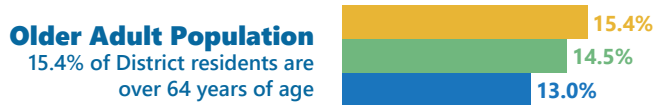
### Preventable ED Visits

Number of Potentially Preventable Emergency Department (PPED) Visits per 100 people. This district has an estimated **35.8 PPED visits per 100 residents**.



## SOCIOECONOMIC POSITION

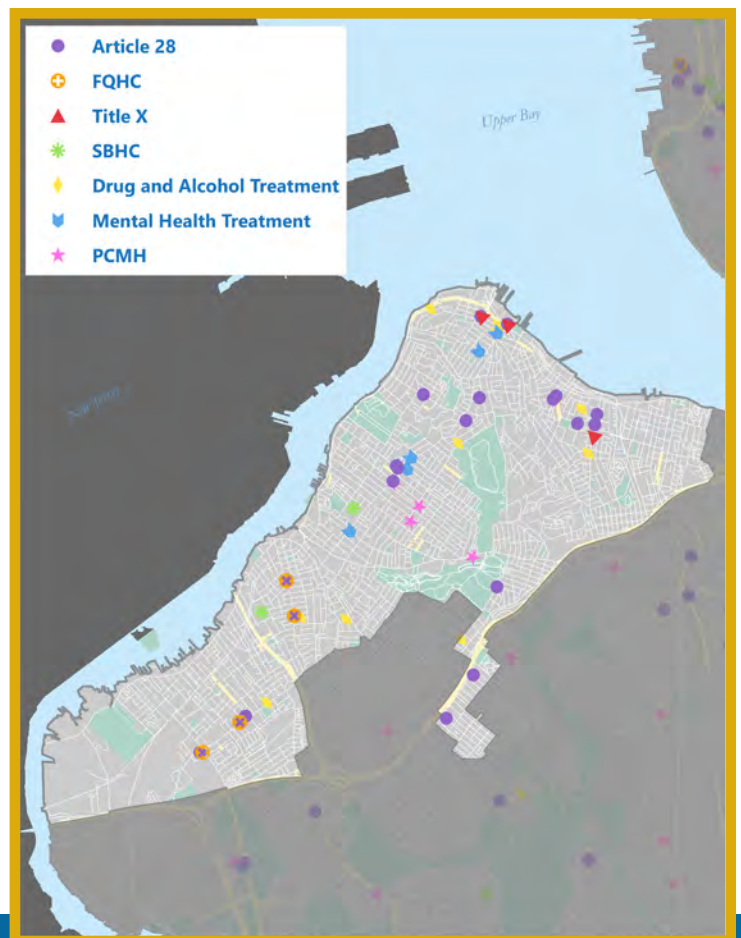
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

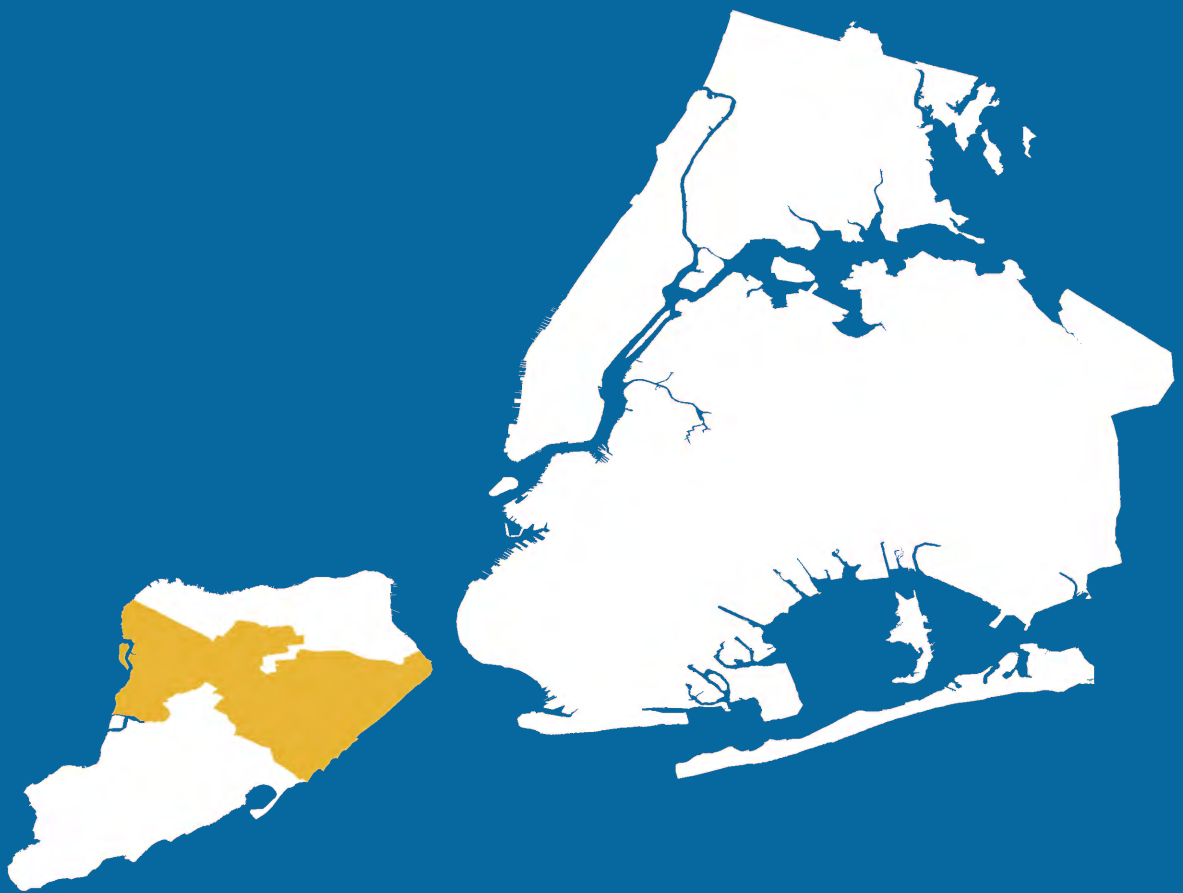


## FACILITIES

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
24	Article 28	19
4	Federally Qualified Health Centers (FQHCs)	3
4	Title X Family Planning Program	1
6	Mental Health Treatment Centers	5
11	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
7	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 50

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 50

Includes the Arrochar, Bloomfield, Bulls Head, Chelsea, Concord, Dongan Hills, Egbertville, Emerson Hill, Grant City, Grasmere, Lighthouse Hill, Manor Heights, Midland Beach, New Dorp, New Dorp Beach, New Springville, Oakwood, Old Town, Richmond Town, South Beach, Todt Hill, Travis, and Westerleigh neighborhoods.

CD

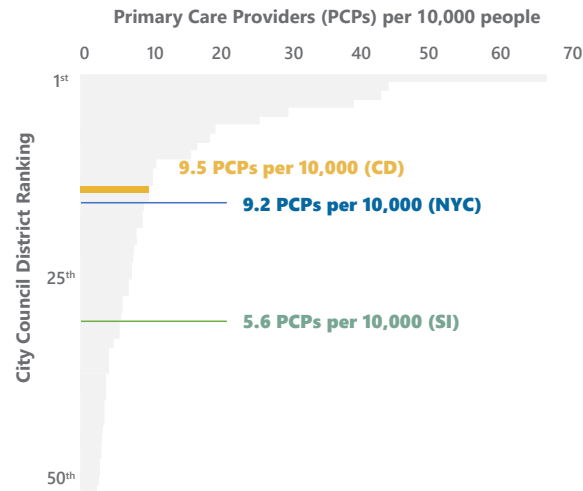
SI

NYC

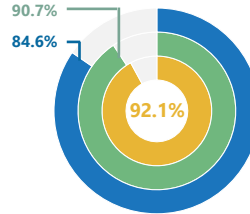
For comparison purposes, each metric is displayed at the city (NYC), borough (SI), and Council District (CD) level

## PRIMARY CARE ACCESS

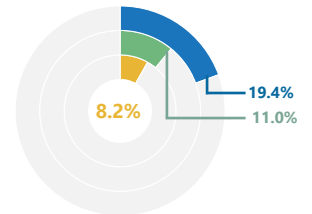
Primary care access is when a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.



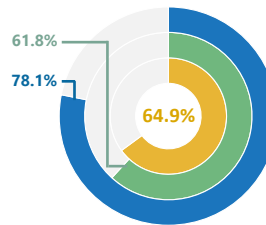
**Primary Care Provider Availability**  
Number of PCPs per 10,000 people. This District has an estimated **9.5 PCPs per 10,000 residents**.



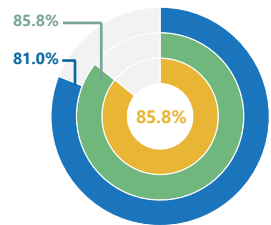
**Health Insurance**  
92.1% of District residents have health insurance coverage



**PCMH-Recognition**  
8.2% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



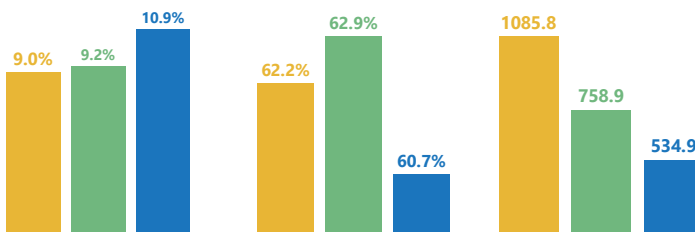
**Medicaid Acceptance**  
64.9% of PCPs in the District accept patients with Medicaid



**Medicare Acceptance**  
85.8% 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.



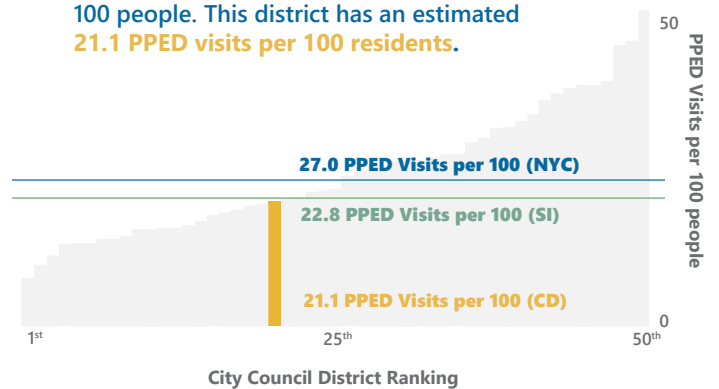
**Diabetes Prevalence**  
9.0% of District residents report having diabetes

**Lack of Immunization**  
62.2% of District residents have not received the influenza vaccine

**Heart Disease Mortality**  
1,085.8 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 **21.1 PPED visits per 100 residents**.



27.0 PPED Visits per 100 (NYC)

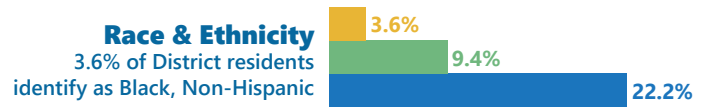
22.8 PPED Visits per 100 (SI)

21.1 PPED Visits per 100 (CD)



## SOCIOECONOMIC POSITION

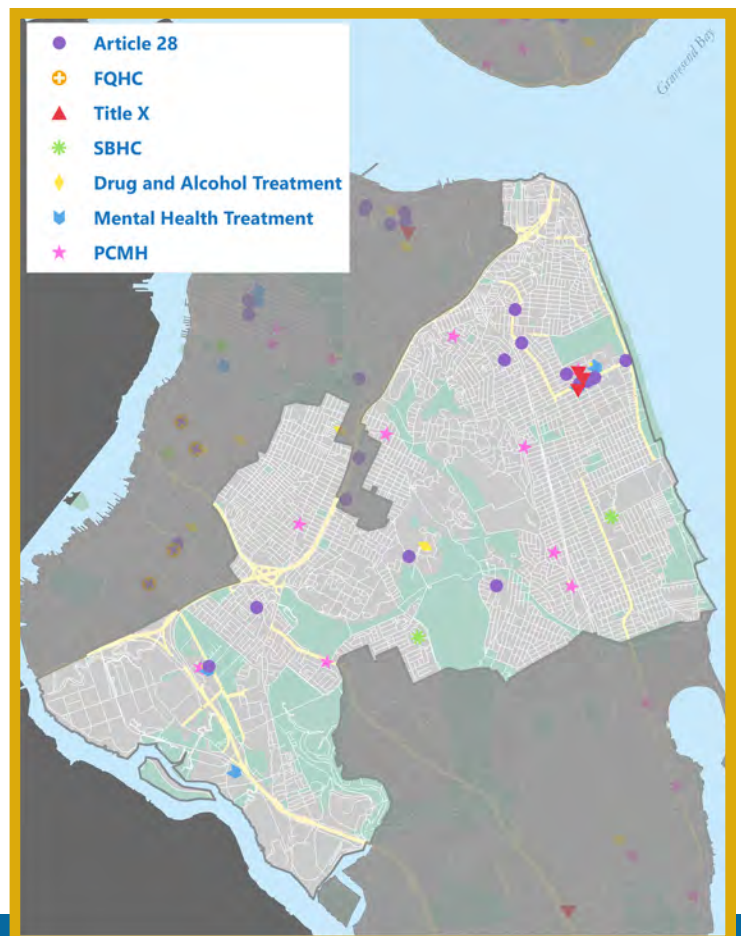
Socioeconomic position refers to the social and economic factors that significantly contribute to existing health disparities, and is interdependent with the quality of available primary care and level of care continuity provided.

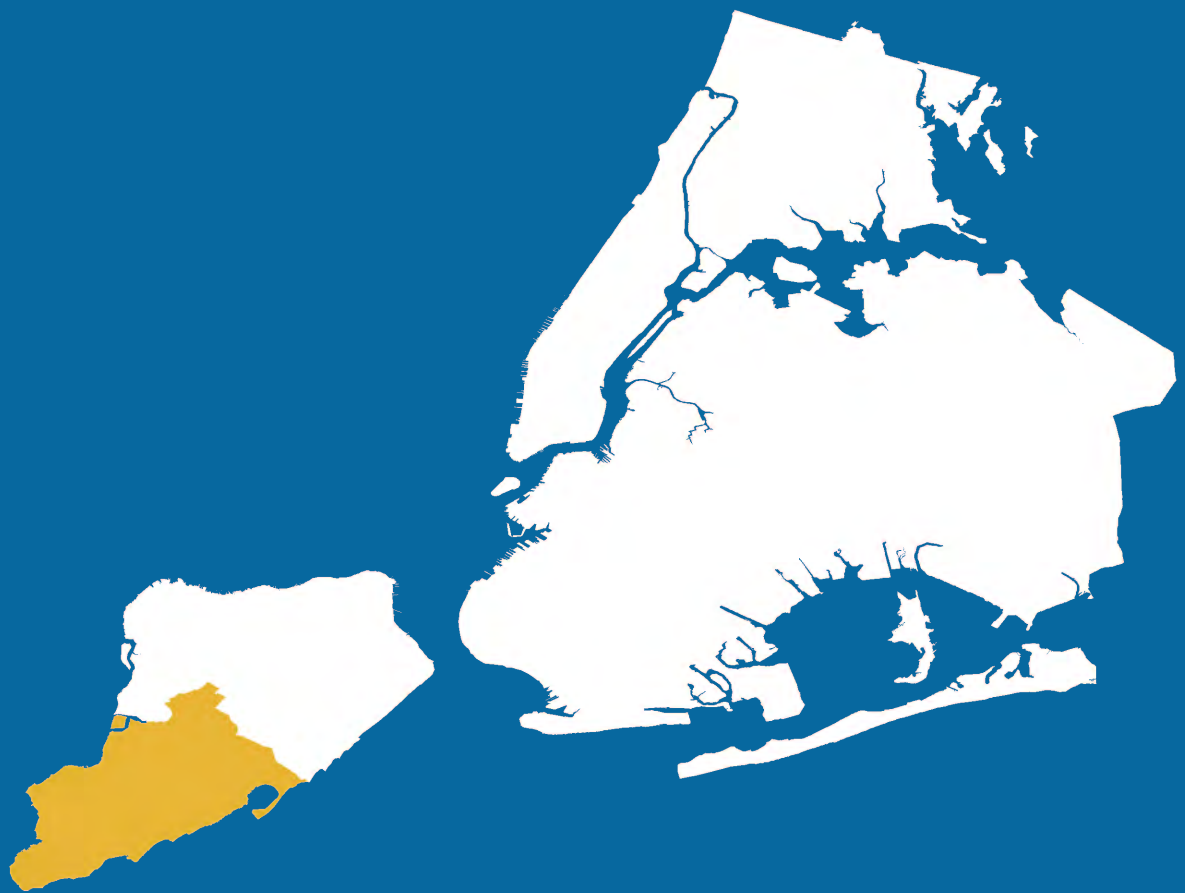


## FACILITIES

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
23	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
3	Title X Family Planning Program	1
7	Mental Health Treatment Centers	5
3	Drug and Alcohol Treatment Centers	6
3	School-Based Health Center	2
9	Patient-Centered Medical Home (PCMH) Access Point	12





# COUNCIL DISTRICT 51

**2019 PRIMARY CARE PROFILES**

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



# COUNCIL DISTRICT 51

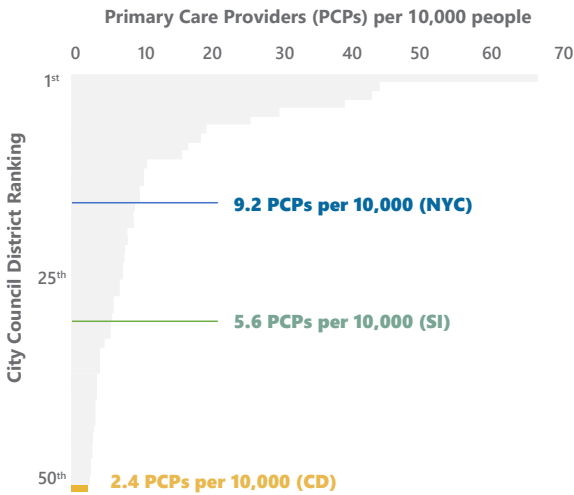
Includes the Annadale, Arden Heights, Bay Terrace, Charleston, Eltingville, Great Kills, Greenridge, Heartland Village, Huguenot, New Springville, Pleasant Plains, Prince's Bay, Richmond Valley, Rossville, Tottenville, and Woodrow neighborhoods.



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

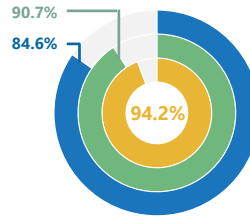
## PRIMARY CARE ACCESS

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.



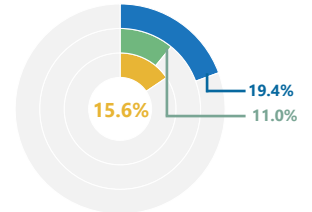
### Primary Care Provider Availability

Number of PCPs per 10,000 people. This District has an estimated **2.4 PCPs per 10,000 residents**.



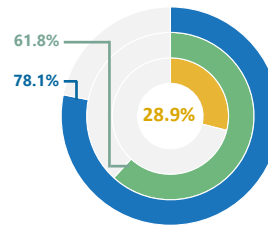
### Health Insurance

94.2% of District residents have health insurance coverage



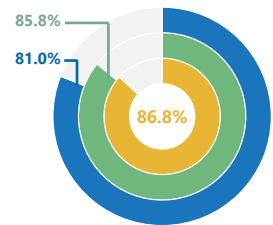
### PCMH-Recognition

15.6% of the District's Primary Care Access Points are Patient-Centered Medical Home (PCMH)-Recognized



### Medicaid Acceptance

28.9% of PCPs in the District accept patients with Medicaid

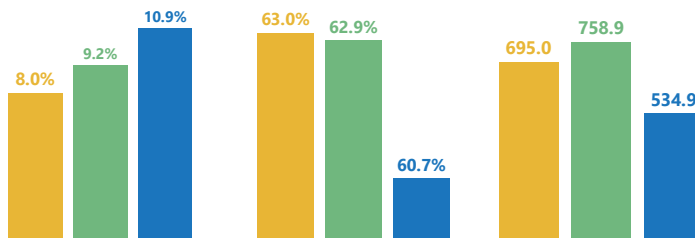


### Medicare Acceptance

86.8% 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

8.0% of District residents report having diabetes

### Lack of Immunization

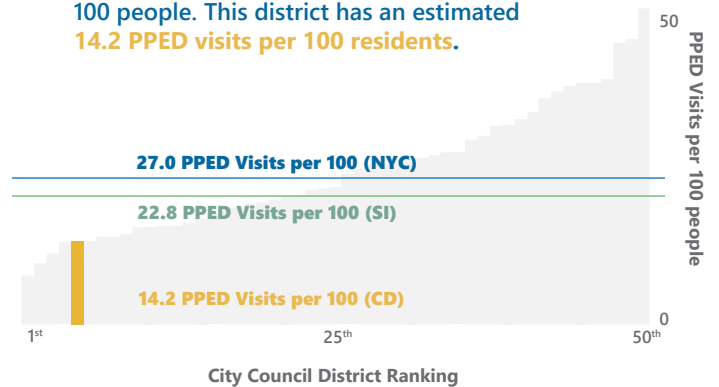
63.0% of District residents have not received the influenza vaccine

### Heart Disease Mortality

695.0 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 **14.2 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
2	Article 28	19
0	Federally Qualified Health Centers (FQHCs)	3
2	Title X Family Planning Program	1
3	Mental Health Treatment Centers	5
6	Drug and Alcohol Treatment Centers	6
0	School-Based Health Center	2
7	Patient-Centered Medical Home (PCMH) Access Point	12

