

UDS Mapper Module Transcript

Slide 1 - Welcome

Welcome to the Bureau of Primary Health Care's UDS Mapper training. The UDS Mapper tool is a geospatial and decision support tool for exploring communities and data as it relates to Federally Qualified Health Center (FQHC) service areas and the relationships between the programs and community attributes and other sources of care. The UDS Mapper tool can assist individual health centers in evaluating their programs and to get a visual representation of their site and its relationship to community they serve.

Slide 2 – What is the UDS Mapper?

The UDS Mapper is an online tool used to explore maps and data related to FQHC service area issues. The UDS Mapper was developed by the American Academy of Family Practitioner's (AAFP) Robert Graham Center to provide online access to the maps, data, and analysis produced annually by JSI for the BPHC.

This mapping and decision support tool combines zip code level UDS data to community and population data to show geographic/spatial relationships and can be used to further evaluate the current impact of the FQHC programs at a local level.

Slide 3 – Why is Zip Code Data Important?

In the UDS, grantees report patients by zip code of residence. These patients tie to the total unduplicated patient count, not to service categories, demographics, or sites. After the data is finalized for the year, JSI aggregates the zip-code level data of each grantee to U.S. Census Zip Code Tabulation Areas (ZCTAs). ZCTAs are generalized area representations of U.S. Postal Service zip codes and provides summary statistics from the U.S. Census. Calculations are performed at the ZCTA level and the aggregate results of those calculations are captured in the mapping and export utilities explained throughout this module. Zip codes with fewer than 10 patients are not analyzed or mapped as the inclusion would falsely inflate the amount of coverage actually being provided by individual health centers.

Slide 4 – How Do You Access the Mapper?

The UDS Mapper can be accessed online at <http://www.udsmapper.org>. Although the site is publically accessible, it does require a login. To obtain a login, click "register". You will then be asked to enter an email address and password as well as your name, zip code, and the type of organization that you represent. After you have entered your registration information, click "submit". After you click "submit," an email will be sent to you containing your login information. Click "Home" on the UDS Mapper to return to the login page, where you can enter the login information that you received via email.

The UDS Mapper tool requires Adobe Flash player to function. To download or update the software for free, click the link on the screen.

Slide 5 – Uses of the UDS Mapper Tool

The UDS Mapper tool can help health centers visualize the relationships between patients, the population, and the health services provided in an area. As the UDS Mapper presents information geographically, it can help to more easily identify potential areas of unmet need, explore relationships with nearby grantees, and assist in better planning for future growth or changes.

The information presented in the maps is color coded to easily identify the percentage of the population served as well as areas of gaps and unmet needs and can be used for grant applications, board presentations, and many other circumstances in which it would be useful to demonstrate how your health center meets a real need in the community.

Slide 6 – UDS Mapper Layers

Several layers have been built into the online mapping tool that enable you to assess grantee dominance, FQHC penetration, the ‘unserved’ low income population, the count of grantees serving the area, the change in the number of patients served over time, and other key Census demographics.

Slide 7 - UDS Mapper Layers

As stated previously, the UDS Mapper enables you to assess grantee dominance, defined as the FQHC grantee in which most patients go to for care. The image shown here is the national map and each color represents a grantee serving the majority of patients in an area. It is best to zoom closer into an area to get a clearer idea of what grantee dominance looks like there.

Slide 8 – UDS Mapper Layers

Using the UDS Mapper, you can look at FQHC penetration at a national and a local level. By looking at FQHC penetration, you can evaluate the effectiveness of FQHCs at serving the low income and total population in a given area. For organizations interested in increasing capacity by adding more resources or a new location, it would be beneficial to review the mapping of penetration rates focusing on the patients of greatest need. The low income population is often referred to as a population of greatest need for care. For example, if there exists a low penetration rate, as represented by the lightest green shading, there may be high levels of unmet need in the community.

Slide 9 – UDS Mapper Layers

Remember, just because a person may have low income and your health center is not serving him/her, does not necessarily mean that he/she is unserved. Therefore, the UDS Mapper also enables you to evaluate the low income population ‘unserved’ by an FQHC. With this functionality, you will want to zero-in on the darker purple areas, as the darker colors represent geographical areas where there may be additional needed capacity for already serving that population.

Slide 10 – UDS Mapper Layers

The UDS Mapper also can also show shifts over time in the total number of patients served within a particular ZCTA. With this function, an individual can see if there has

been a drastic increase (represented by deeper blue) or decrease (represented by deeper red) of patients served in the area. Multiple years of data are used for this analysis to show a change over time.

Slide 11 – UDS Mapper Layers

There are also several optional layers that you can choose to overlay on the maps that you generate. The optional layers include grantee and service delivery site locations, other federally-linked provider locations (such as Rural Health Clinics, look-alikes, IHS, Critical Access Hospitals, and non-FQHC National Health Service Corps sites), HPSA & MUA/MUP boundaries, Census boundaries/roads, as well as background maps and satellite images (although the satellite images can only be used separately and not as an overlay). The optional layers are intended to clarify and give meaning to the data mapped and can give a complete picture of the service area, the environment in which you are operating, and areas for potential expansion.

For example, if, you review an area shown as having a large ‘unmet need’ in an area, you may want to activate the layer for other federally linked providers. You may discover that there is an IHS site in the midst of that area that may be serving this population already and there may not actually be the level of need that there seemed to be.

Slide 12 – UDS Mapper Functionality

The UDS Mapper tool is very useful because it allows you to analyze zip code level patient origin data reported by health centers. You can combine multiple layers to show elements that are of interest to you, such as roads and other health center. You can also identify elements that are shown on the map and receive descriptive information regarding those ZCTAs and can geocode addresses and place the points on the map. The UDS Mapper even allows you to tailor the maps you create with self-drawn elements and labels by clicking the “Annotate” button at the top of the screen. Feel free to play around!

The UDS Mapper also enables you to utilize the data outside of the online mapping tool. You can export the aggregated service area statistics to spreadsheets for analysis outside of the UDS Mapper. You can also export the maps that you create to PDF for use in presentations or applications, or create a URL to share these maps via the web.

Slide 13 – Example 1: Analyze Community Need/Service Expansion

This slide provides a basic guide to analyzing community need and evaluating the possibility of service expansion. To evaluate community need in order to make an informed decision on the potential for expansion, you will need to explore pockets of FQHC unserved, low-income residents. You will want to make sure that you look at the proportion of low income unserved, as well as the total quantity of unserved individuals. Just because a proportion is low does not mean that the overall quantity is low. This is particularly true in densely populated areas.

Evaluate trends in the community. Consider socio-economic factors such as poverty and the minority population, and will also identify neighborhoods that are similar to your

current service area. You will also want to consider the travel routes and distance from both your site and from other providers.

You will also want to identify other federally-linked providers in the area. Other FQHC grantees already have their patient information included in the UDS Mapper, so you will know which grantee is dominant for the area. As other FQHC sites may serve patients from the same zip code as you, they may have an impact on your growth potential in a given area. However, nearby sites share your mission and can be utilized for both support and collaboration. You should also evaluate how much need RHC, Look-Alikes, and IHS may be meeting. Again, you can look to them for both collaboration and support.

It will also be useful to analyze recent trends in FQHC patients. If there seems to be large increases or decreases in the community in recent years, you should look for a cause or otherwise evaluate whether or not the increases or decreases are likely to continue in the future.

Slide 14 – Assessing a NAP

This slide provides a basic guide to assessing a new access point. Before you can submit an application for a new access point or an expansion application, you will need to be able to prove that there is the need for one. Remember, by doing your own review prior to submission of an application, you can strengthen your application and possibly even expedite your review. To begin, identify the proposed site location by geocoding it in the Mapper tool. Then, determine the service area that would be considered rational for the site. A good rule of thumb is to determine the area in which 80% of the patients live. You want to make sure that you are giving yourself credit for the area that you consider your service area, but that you are not being overly generous. Though it is possible that the service area forms a buffer around your site, it may instead follow major travel routes, or be a combination of the two. You will also need to be able to explain large increases or decreases in FQHC patients in the area. For example, was there recently a large influx or exodus of potential patients? Identify the role of other federally-linked providers in the area. You need to assess their contribution and determine or describe the potential for collaboration.

In assessing a new access point, it is also important to evaluate the proposed capacity of the site. The average provider is able to perform between 4,000 and 5,000 visits in a year. Assuming 3-4 visits per patient per year, you should consider a ratio of 1,100 patients to every 1 provider FTE to meet capacity.

Slide 15 – Other Tools

As mentioned previously, the UDS data that powers the Mapper can be exported to Excel for analysis. Another tool has been developed that can help you to easily calculate, interpret, and present data to be used in program evaluations, applications, and presentations. This spreadsheet is available online, and support is available through the UDS support line.

Slide 16 – Qualifying Factors

It is important to note that the tools developed to help you to make the most of your UDS data do have some qualifications. Patient counts are given for FQHC grantees only. Other federally linked providers are assessed only by location, and no information is supplied for providers without federal connections.

The analysis used in the UDS Mapper presumes all patients served by FQHCs are low-income, which is an assumption, but is used as the numerator in data calculations. This can lead to a penetration rate greater than 100% if a significant portion of the patients served by a health center have incomes over 200% FPL. This may also occur if multiple health centers serve the same individuals. This may be common with health centers that only offer one type of service, such as dental. Additionally, these calculations assume that 100% of the population seeks care each year, which is unlikely to be accurate. Census data does not capture transient and homeless patients, and thus, they will not be included in the denominator of calculations.

Lastly, zip codes are not always congruent to ZCTAs. Institutions and PO Boxes are included as ZCTAs and may slightly distort your analysis. Similarly, the data from zip codes with fewer than 10 patients is not geomapped.

Slide 17 – Available Assistance

There are many resources available to help you as you learn to use the UDS Mapper tool and to help you with any technical questions you may have.

Slide 18 – Assistance

If you require additional assistance, there are many resources available online at <http://www.udsmapper.org> including the UDS Mapper manual, webinars, tutorials, FAQs, and metadata information. You can access these resources by clicking “Help” in the navigation bar at the top of the web screen. The Excel tool is located online at <http://bphcdata.net/html/bphctraining.html>. For assistance with using the UDS Mapper, click the “Contact Us” link at <http://udsmapper.org/contact-us.cfm>. For content-related questions, you can contact UDS Support at 866-UDS-HELP or through email at udshelp330@bphcdata.net.

Slide 19 – Thank you

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