Service Area Status
Stakeholder Webinar
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Bureau of Primary Health Care (BPHC)

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Vision: Healthy Communities, Healthy People

Agenda

- Introduction to Service Area Status (SAS)
  - Background
  - Overview
  - Proposed Measures and Weights
- Potential SAS Use Cases
- Calculation of the SAS Score
- Comparison of SAS and Unmet Need Score (UNS)
- Next Steps

Background

- Need for a quantitative, standard way to understand a health center's service area

- A measure-based service area score could be very helpful to HRSA, health centers, and others to understand the health, social, and economic status of a health center's service area

- Development of the Service Area Needs Assessment Methodology (SANAM) and utilization of the Unmet Need Score (UNS) in the 2019 New Access Point (NAP) funding opportunity demonstrated the value of a quantitative, standard approach for assessing unmet primary and preventive care need

Service Area Status (SAS) Overview

- Describes health, social, and economic status of communities served by a health center

- Methodology
  - Leverages SANAM and the data used in the calculation of the UNS
  - Information on SANAM measures used for the UNS in the 2019 NAP funding and proposed changes to the measure set for UNS 2.0 are available on HRSA's Health Center Program Strategic Initiatives website

Proposed SAS Measures and Weights

- Like the UNS, the SAS score is a weighted sum of measures
- SAS uses UNS 2.0 measure set without Health Center Penetration
  - Includes key measures of health determinants and health status
  - SAS focuses on status of the community, regardless of the presence of a health center
  - Maintains relative weights of measures, after removing Health Center Penetration measure

HEALTH DETERMINANTS			HEALTH STATUS	
NON-ACCESS MEASURES	ACCESS OUTCOME MEASURES	ACCESS BARRIER MEASURES	PROXY MEASURES	DIRECT MEASURES
Limited Access to Healthy Foods 1.9	Health Center Penetration	Below 200% Federal Poverty Level 12.5		All Cause Mortality 2.5
Violent Crime 1.9	Cervical Cancer Screening 3.8	Associate Degree or Higher 3.8		Drug Poisoning Mortality 2.5
	Dental Visit in Past Year 3.8	Housing Stress 3.8		Asthma 1.9
	Preterm Births 3.8	No High School Diploma 3.8		Diabetes 1.9
	Prev Hospital Stays 3.8	Single Parent Household 3.8		Poor Mental Health 1.9
		Unemployment 3.8		Poor Physical Health 1.9
		Uninsured 12.5		Chlamydia 2.1
		Broadband Access 3.8		Obesity 2.1
		Foreign-Born Index 3.8		Smoking 2.1
		Linguistic Isolation 3.8		
		No Vehicle Access 3.8		
		Nonwhite Index 3.8		

Socioeconomic Status Measure
Measure Weight

Measures presented here based on draft UNS 2.0 measure set

Potential SAS Use Cases (1/2)

1. Assess need for, and provision of, Training and Technical Assistance (TTA)
   - Overall, measure group, and individual measure scores can provide insights into issues that might be influencing health or access in service areas
   - *Examples:* provision of a specific type of technical assistance by a Primary Care Association (PCA); facilitate connections among health centers that have common challenges to share lessons learned

2. Provide additional information to inform funding decisions
   - Could add additional insight from key measures of health determinants and health status for communities served by health centers to inform funding decisions
   - *Examples:* could help identify need for specific supplemental funding such as expanded services; could help identify need to fund additional/new technical assistance partner organizations
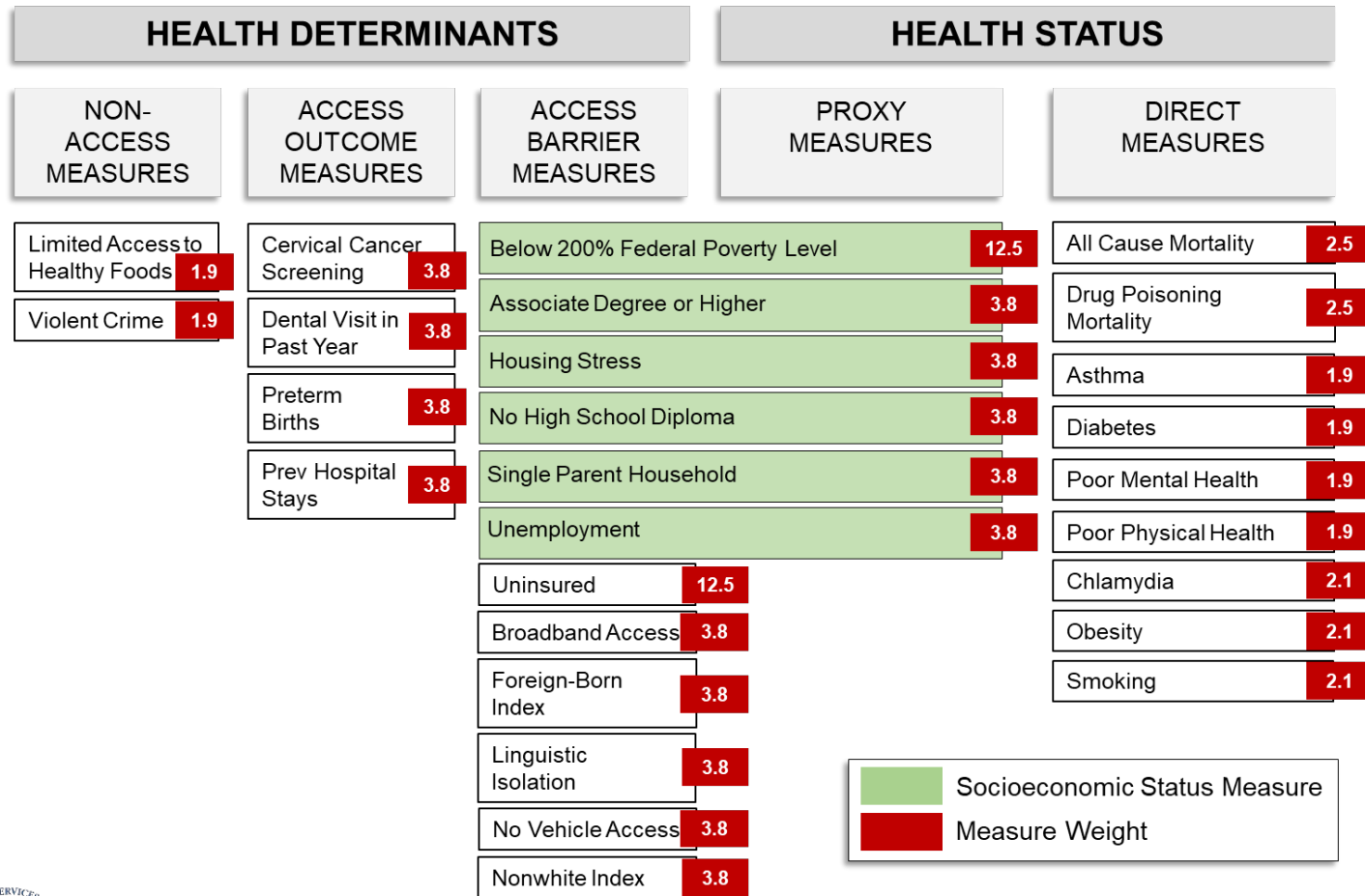
Potential SAS Use Cases (2/2)

3. Contextualize health center challenges and performance
   - Can track overall, measure group, and individual measure scores over time and can provide standardized overview of health profiles of service areas
   - *Example*: provide context for various domains in the "Advancing Health Center Excellence" framework, especially Population Health and Social Determinants of Health domain

4. Provide additional context for acute public health emergencies
   - Informs priority areas for mitigation and recovery to avoid exacerbating existing disparities
   - *Example*: advise mitigation and recovery for natural disasters, localized outbreaks, etc.

5. Use as component of Needs Assessment for compliance requirement

6. Potentially serve as a public tool that can be utilized by external entities

Polling Questions: Potential Use Cases

- Training and Technical Assistance (TTA)
- Funding Decisions
- Contextualize Health Center Challenges and Performance
- Acute Public Health Emergencies
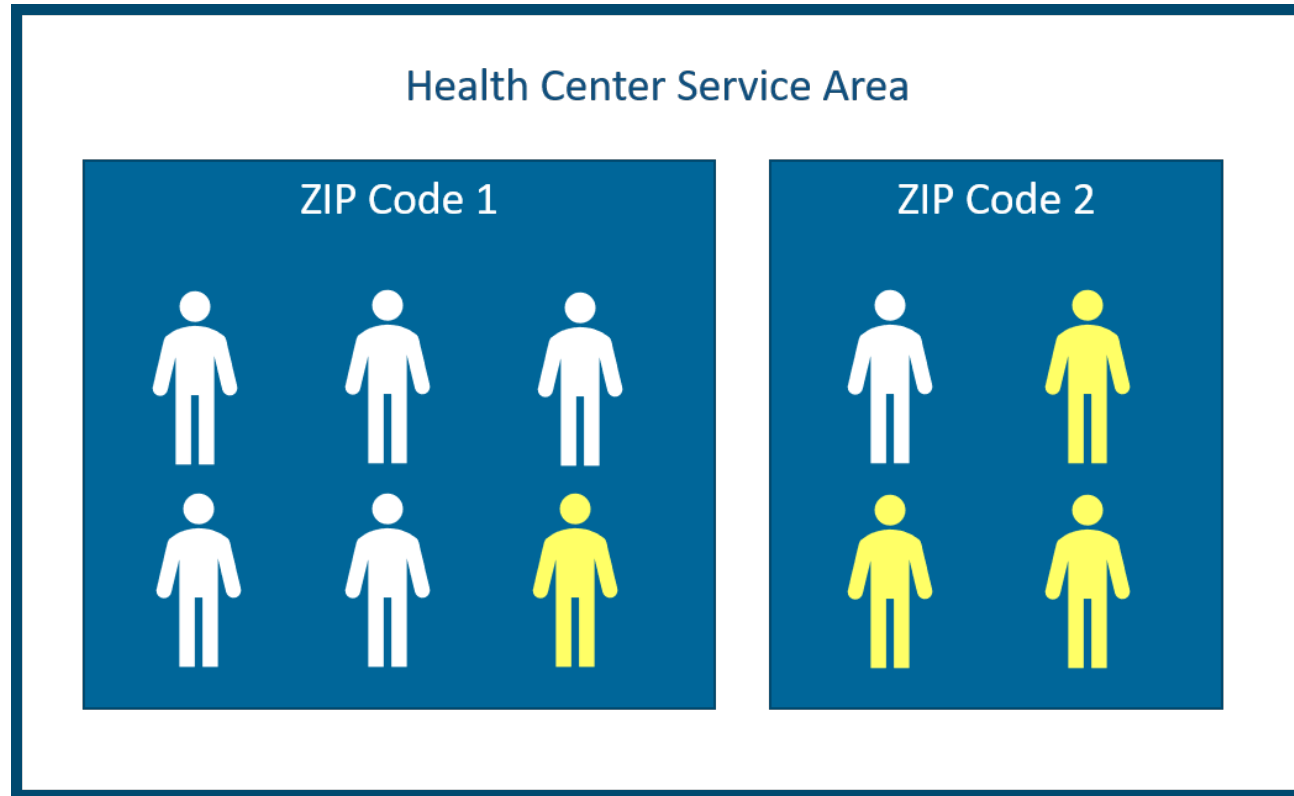- Needs Assessment Component

Calculation of the SAS Score for a Health Center's Service Area

HEALTH DETERMINANTS

NON-ACCESS MEASURES		ACCESS OUTCOME MEASURES		ACCESS BARRIER MEASURES	
Limited Access to Healthy Foods	1.9	Cervical Cancer Screening	3.8	Below 200% Federal Poverty Level	12.5
Violent Crime	1.9	Dental Visit in Past Year	3.8	Associate Degree or Higher	3.8
		Preterm Births	3.8	Housing Stress	3.8
		Prev Hospital Stays	3.8	No High School Diploma	3.8
				Single Parent Household	3.8
				Unemployment	3.8
				Uninsured	12.5
				Broadband Access	3.8
				Foreign-Born Index	3.8
				Linguistic Isolation	3.8
				No Vehicle Access	3.8
				Nonwhite Index	3.8

HEALTH STATUS

PROXY MEASURES		DIRECT MEASURES	
		All Cause Mortality	2.5
		Drug Poisoning Mortality	2.5
		Asthma	1.9
		Diabetes	1.9
		Poor Mental Health	1.9
		Poor Physical Health	1.9
		Chlamydia	2.1
		Obesity	2.1
		Smoking	2.1

Socioeconomic Status Measure

Measure Weight

1. **Compute ZIP Code scores** using the measures and their respective weights for each ZIP Code in the health center's service area

2. **Compute the overall SAS score** by weighting each ZIP Code score and summing all the ZIP Code scores

HRSA Health Center Program

ZIP Code Weighting: Patient vs Population

Health Center Service Area

ZIP Code 1

ZIP Code 2

The SAS score uses a **patient-weighted** method, which weights ZIP Code 2 more than ZIP Code 1

In comparison, the UNS uses a **population-weighted** method, which weights ZIP Code 1 more than ZIP Code 2

Health Center Patients represented in Yellow
SAS Score ranges between 0 – 100 points

Comparison of SAS and UNS

Topic	Service Area Status (SAS)	Unmet Need Score (UNS)
Purpose	Describes the health, social, and economic status for communities served by current health centers	Describes the community need for a proposed health center site
Health Center Penetration Measure	Not included	Included
Geographic Areas Scored	Calculated for current health center service areas	Calculated for proposed service areas
ZIP Code Weighting for Score	Patient-weighted scoring	Population-weighted scoring
Use Cases	Potential uses include TTA, funding decisions, contextualize health center challenges, acute public health emergencies, needs assessment component	NAP Funding

HRSA Health Center Program

Next Steps

- Obtain and consider feedback from stakeholders on use cases of SAS

- Continue to explore use cases of SAS

- Finalize SAS Scores

Thank You!

Strategic Initiatives Team

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

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