

Need for a Coordinated GIS Program in the Healthcare Bill

As Congress works to pass Healthcare Reform legislation, the House and Senate should include a provision to assure that geographic information system (GIS) technology links health and location data to geography for the purpose of efficiently delivering healthcare services.

Geospatial technology provides a useful way to analyze and visualize spatial and temporal relationships among data. Researchers, public health professionals, policy makers, and others use GIS to better understand geographic relationships that affect health outcomes, public health risks, disease transmission, access to healthcare, and other public health concerns. GIS is being used with greater frequency to address neighborhood, local, state, National, and international public health issues. GIS improves understanding of a problem, what response is necessary, and how to prevent and mitigate future outcomes.

One example of GIS utilization is the GIS for Breast Cancer Studies on Long Island (LI GIS). This unique research tool combines an extensive collection of data and other geospatial resources. The LI GIS is designed primarily to study potential relationships between environmental exposures and breast cancer in Nassau and Suffolk counties (Long Island), NY. However, its application can be extended to the study of other diseases in other localities across the Nation.

Healthcare Reform legislation provides an opportunity to bolster and enhance utilization of GIS by Federal agencies such as the Center for Disease Control (CDC), the National Center for Health Statistics (NCHS), the National Cancer Institute (NCI) and others. To help coordinate greater utilization by such agencies, a Geospatial Management Office (GMO) is needed within the Department of Health and Human Services (HHS). Such an office should be modeled after the Department of Homeland Security's GMO.

MAPPS, the national association of private mapping and geospatial firms, believes such geospatial data sets provided by geospatial professionals would include:

- Matching the location data of health care providers, facilities and services with populations in need;
- Demographic data, including the age, race, sex, and income of the population;
- Health outcome data, including relative epidemiology incidence and health facilities data; and
- Environmental data, including land use and cover; transportation; water use and potential sources of water pollution; point and on-point pollution (including chemical releases into water, air, and soil); electric power lines; information on toxic chemicals and hazardous and municipal waste; and radiation.

ACTION REQUESTED:

MAPPS respectfully urges Congress to include a provision in the Healthcare Reform legislation to establish a Geospatial Management Office (GMO) within HHS to coordinate the acquisition, management, and dissemination of geographic data to decision-makers in order to track incidents and report trends, while creating an innovative public-private partnership that recognizes the critical role that all stakeholders can and should play in providing best available healthcare data, including commercially available services and data products from the private sector. For more information, contact John Byrd, MAPPS Government Affairs Manager, at jbyrd@mapps.org or 703-787-6996.