

GeoAI *for* Health Summit

monday, june 27

session time: 10am - 11:30 US EST



- Welcome & Introduction
- Panelists
 - Stephen MacFeely, PhD, WHO
 - Jay R Etherton, Data Scientist/Epidemiologist, HSR.health
 - Serene Ong, GIS Analyst & Anthony Arce, Data Coordinator, San Bernardino Co Dept of Public Health
- Q&A
- Networking



How We Help

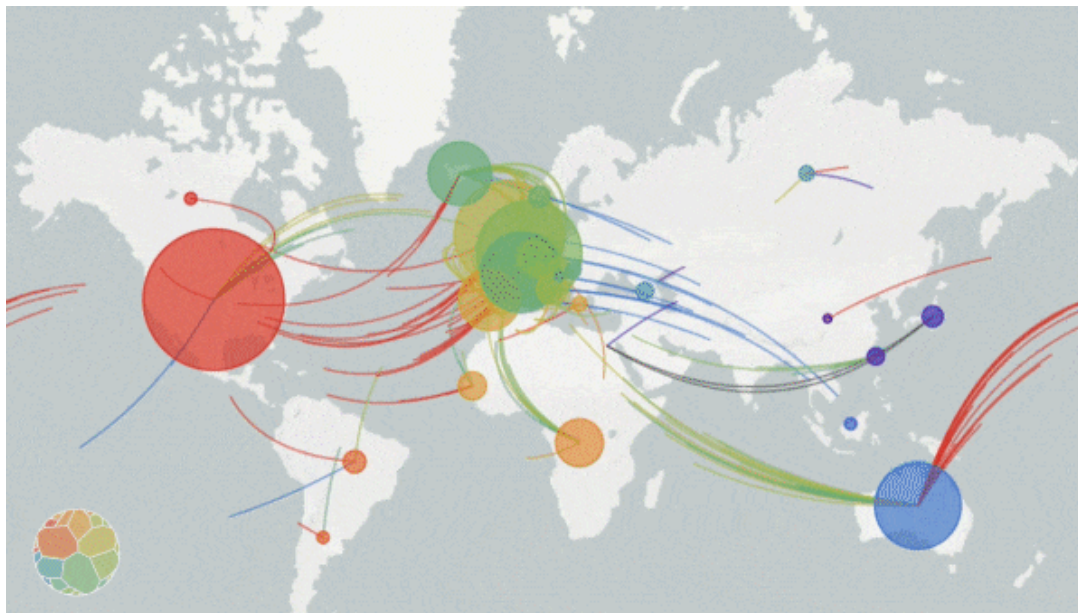
Leverage Actionable Insights from Health, Social, & Environmental Data to:

| SOLUTION | BENEFITS | CLIENT |
|---|--|---|
| Disease Surveillance & Intervention Solution | <p>Guide efforts to safely reopen economies and resume normal activities.</p> <p>Enable effective allocation of resource to combat health disasters.</p> <p>Identify early signals of potential human-to-human transmission.</p> | <p>Global Public Health, WHO Health Departments</p> <p>National CDCs</p> <p>Hedge Funds</p> <p>Airlines</p> <p>Cruise Lines</p> <p>Hotels</p> <p>Real Estate</p> <p>School Systems</p> <p>Logistics</p> |
| Health Risk Data & Indices | <p>Enable Organizations to anticipate and take advantage of health risks.</p> <p>Assess the current and future health & medical needs of a population.</p> <p>Stratify patients for risk of adverse outcomes.</p> | <p>Emergency Management</p> <p>Insurers</p> <p>Health Systems</p> |
| SDOH | <p>Leverage insights from broad sets of social & environmental determinants of health.</p> | <p>Hospitals</p> <p>Health Departments</p> <p>Community Service Organizations</p> |



How We Help

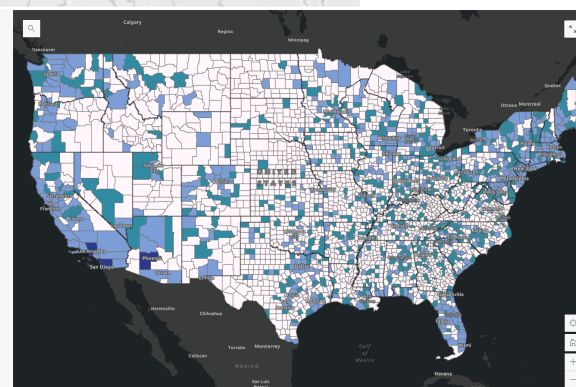
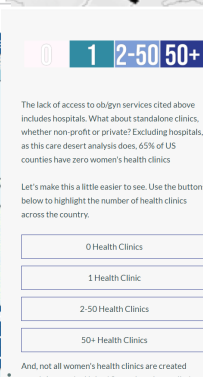
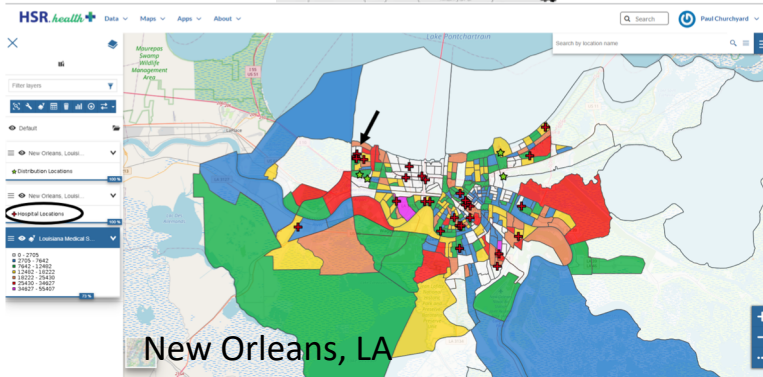
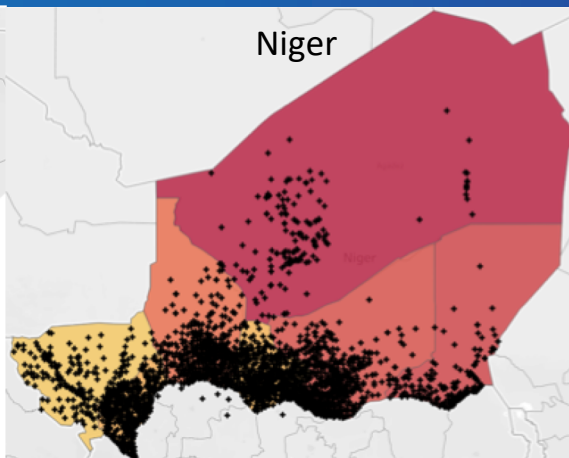
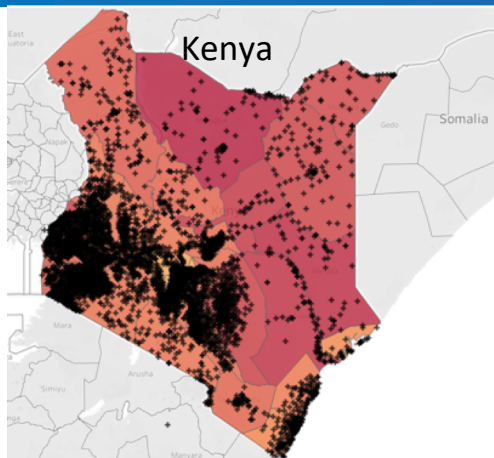
Leverage Actionable Insights from Health, Social, & Environmental Data to:



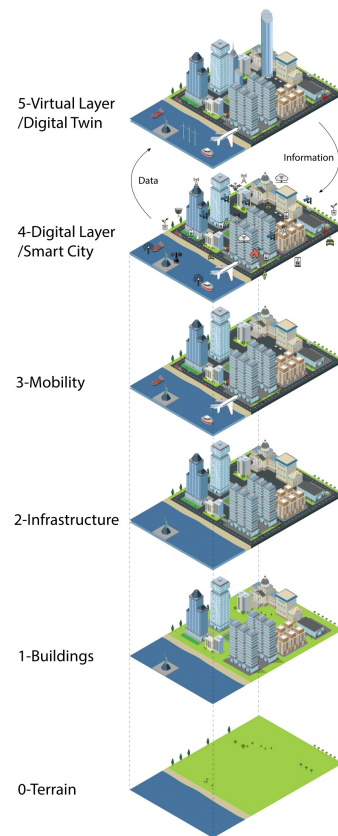
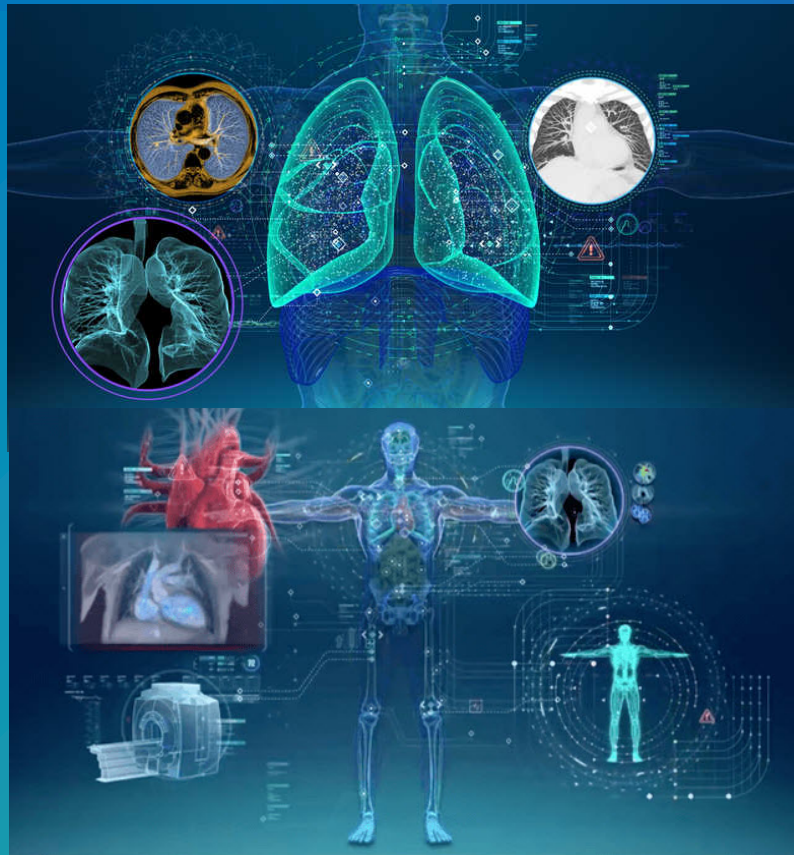
GeoAI At Work In Healthcare



Healthcare Access: Facility Location



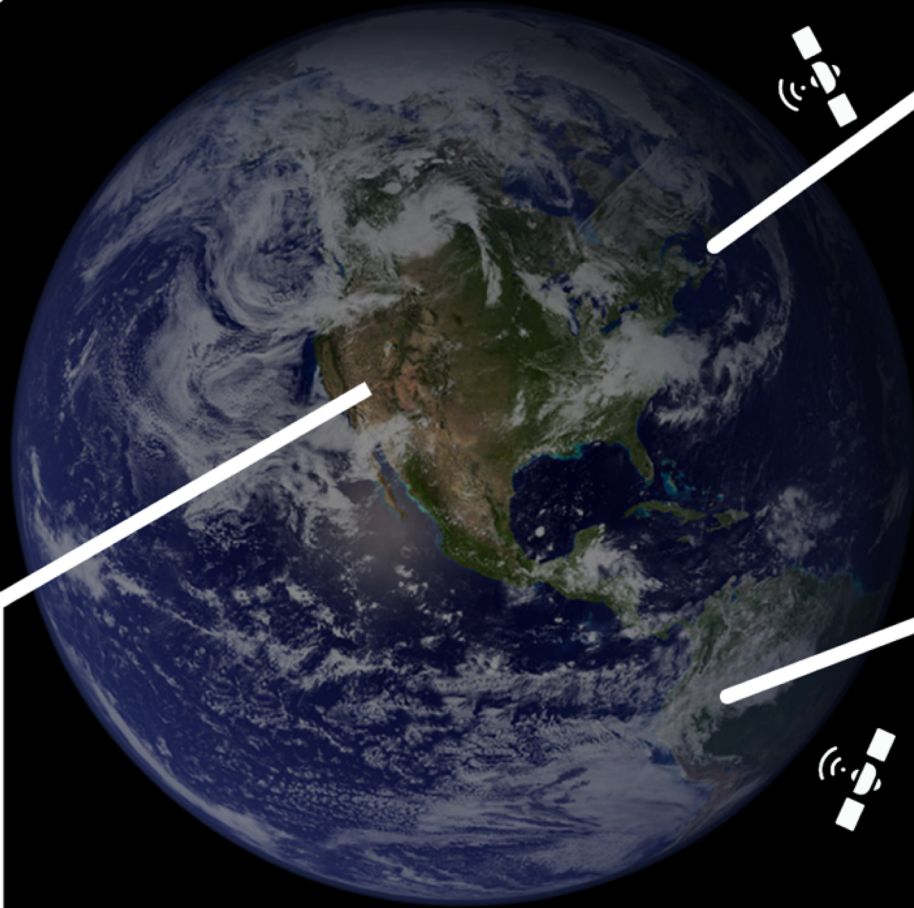
Novel Data Sources



Monitoring Environmental Conditions and Health Status of Residents



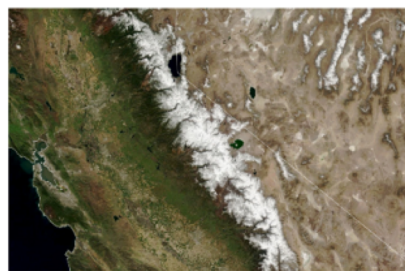
EARTH OBSERVATION



FLASH FLOODS FROM HURRICANE IN NORTHEAST



CLIMATE-CHANGE INDUCED MOUNTAIN ICE MELTING IN ROCKIES



GOLD-MINING RELATED FOREST LOSS IN PERU



Informing Policy Makers

CARE DESERTS PHARMACIES DRIVING DISTANCES

Health Care equity includes access to care. What happens when the care you need is in a different county? State? How far is too far?

FROM POP. CENTER

Distances*
above normal range
14.2 - 33.6 miles
10.2 - 13.2 miles
6.4 - 10.1 miles
normal range
0 - 6.4 miles

27 counties have no above normal distances from population center to pharmacy
Total Population 10,307,310

40 counties have at least one driving distance above normal from population center to pharmacy
Total Population 10,594,326

TO PHARMACY

| | FRANKLIN | MONROE | JEFFERSON | LIBERTY | BEWEE |
|--|----------|---------|-----------|---------|---------|
| POPULATION | 11,811 | 75,798 | 14,161 | 8,345 | 68,262 |
| PHARMACIES | 2 | 22 | 2 | 1 | 14 |
| PHARMACIES/10,000 | 1.7 | 2.9 | 1.4 | 1.2 | 2 |
| AVERAGE DISTANCE (STATE) | 2.5 MI | 2.5 MI | 2.5 MI | 2.5 MI | 2.5 MI |
| AVERAGE DISTANCE (COUNTY) | 11.6 MI | 15.5 MI | 10.9 MI | 10.9 MI | 10.7 MI |
| % OF PLACES IN COUNTY ABOVE THE STATE NORM | 50% | 66% | 85% | 60% | 50% |
| % ABOVE STATE AVERAGE | 355% | 509% | 329% | 331% | 321% |

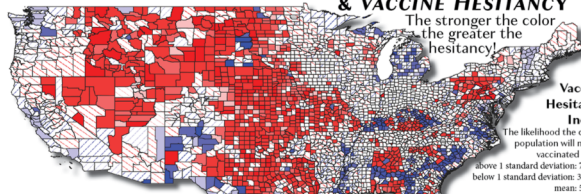


* Lines connect populated places to the nearest pharmacy and do not represent the route

FLORIDA

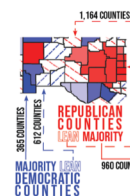
HSR.health+ PARTY AFFILIATION & VACCINE HESITANCY

The stronger the color the greater the hesitancy



Vaccine Hesitancy Index:

The likelihood the county population will not get vaccinated (in %)
Above 1 standard deviation: 76.99%
Below 1 standard deviation: 37.47%
mean: 57.18%



70% OF VACCINE HESITANT COUNTIES ARE REPUBLICAN
ABOVE 1 STANDARD DEVIATION
POP. 7,671,597
3,103,389 40% .9% 121
367,863 4.7% .1% 22
2,254,896 100% .7% 87
1,648,002 20% .8% 30

That's a lot of red! But it accounts for 33MIL people against the 89MIL the blue represents

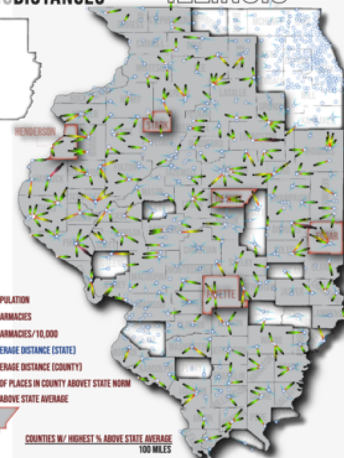
86% OF VACCINE FRIENDLY COUNTIES ARE DEMOCRATIC
BELOW 1 STANDARD DEVIATION
POP. 133,339,103
3,006,154 2% .9% 51
53,672,257 40% 16% 84
14,787,899 11% 4.0% 1,194
81,082,899 48% 10% 812

* Lines connect populated places to the nearest pharmacy and do not represent the route

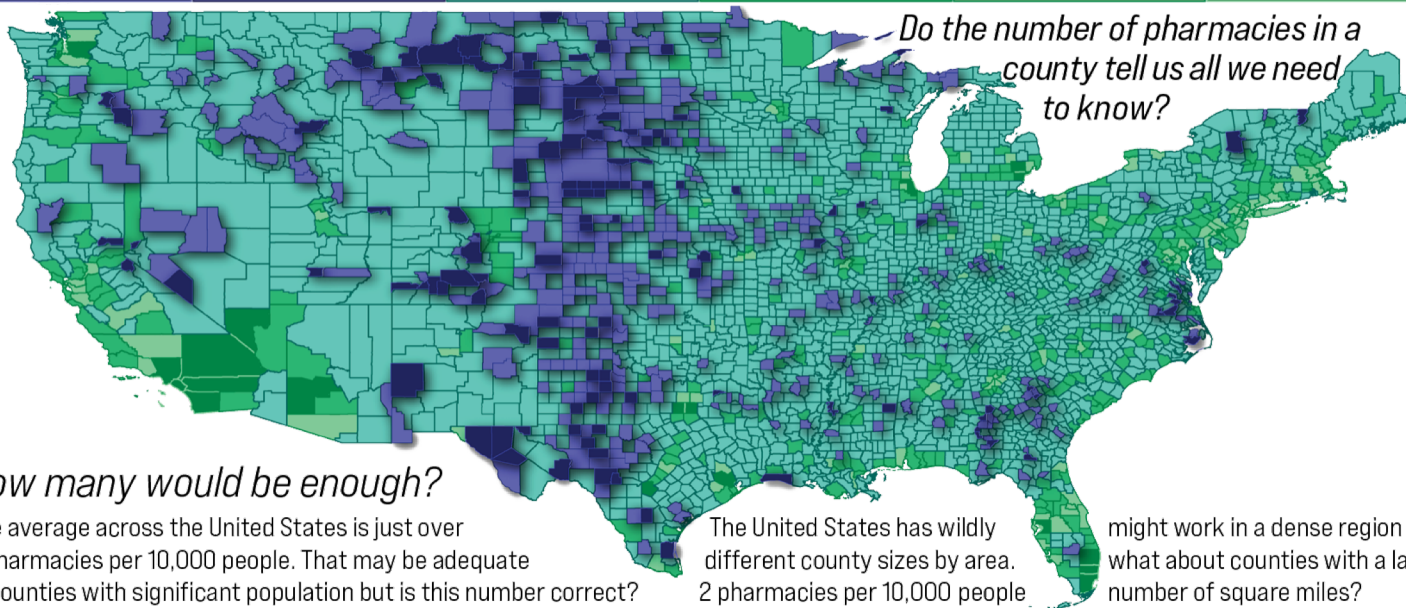
| | FRANKLIN | MONROE | JEFFERSON | LIBERTY | BEWEE |
|--|----------|---------|-----------|---------|--------|
| POPULATION | 6,809 | 21,545 | 5,447 | 17,407 | 15,932 |
| PHARMACIES | 0 | 2 | 0 | 4 | 2 |
| PHARMACIES/10,000 | 0 | .9 | 0 | 2.3 | 1.2 |
| AVERAGE DISTANCE (STATE) | 5 MI | 5 MI | 5 MI | 5 MI | 5 MI |
| AVERAGE DISTANCE (COUNTY) | 12.9 MI | 10.5 MI | 12.4 MI | 11.8 MI | 9.5 MI |
| % OF PLACES IN COUNTY ABOVE STATE NORM | 100% | 66% | 100% | 66% | 57% |
| % ABOVE STATE AVERAGE | 158% | 110% | 147% | 136% | 90% |



PHARMACIES DRIVING DISTANCES



PHARMACY DESERTS



How many would be enough?

The average across the United States is just over 2 pharmacies per 10,000 people. That may be adequate in counties with significant population but is this number correct?

The United States has wildly different county sizes by area. 2 pharmacies per 10,000 people

might work in a dense region but what about counties with a large number of square miles?

Pharmacies per 10,000 people

Pharmacies per 100 sq. miles

< 1 [245]

1 - 3 [2,581]

> 3 [527]

0 [143]

< 1 [1,517]

1 - 10 [1,247]

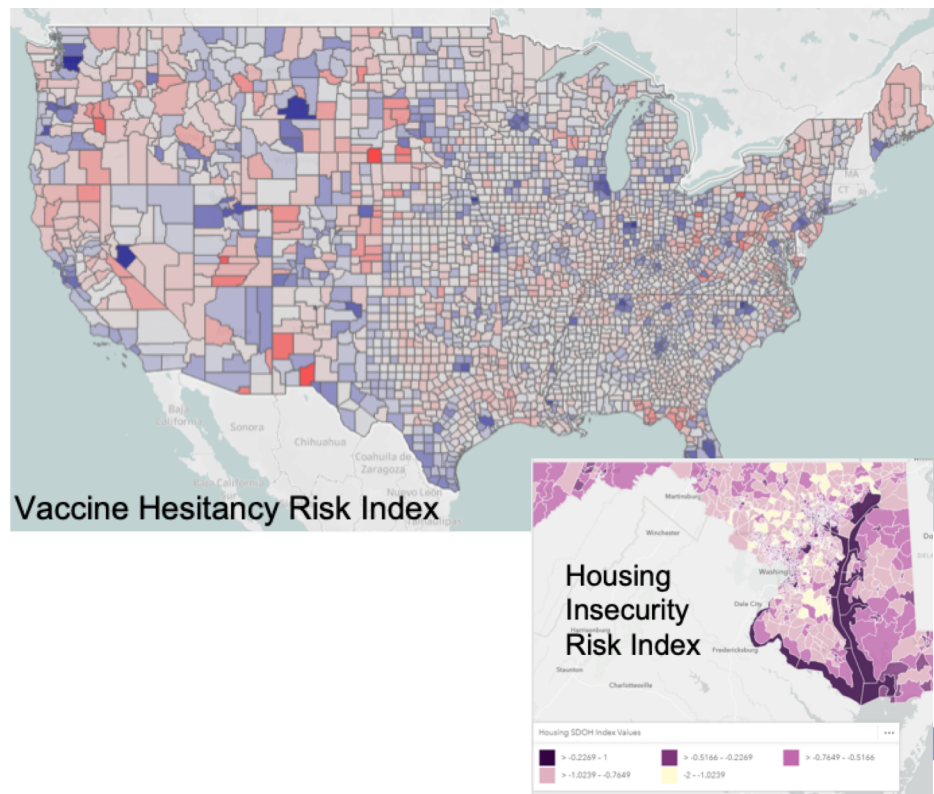
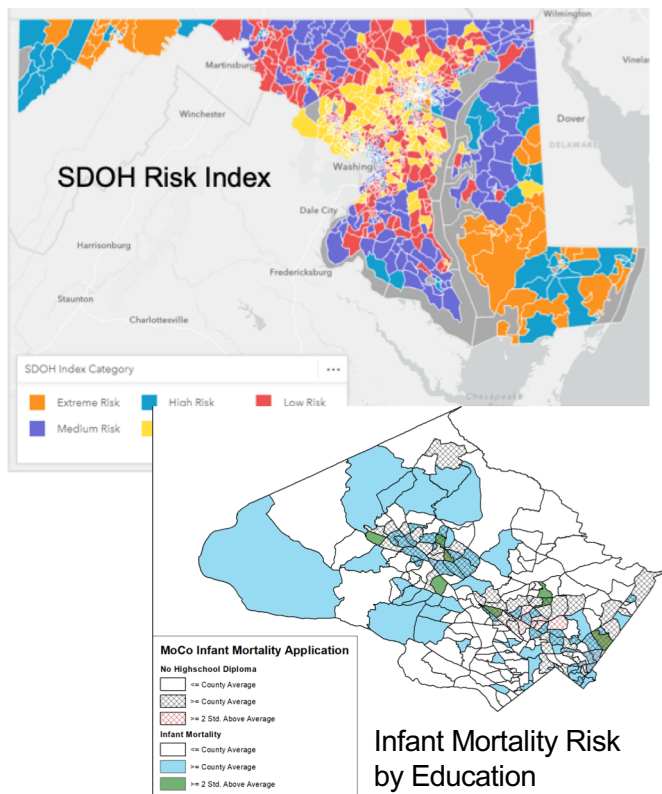
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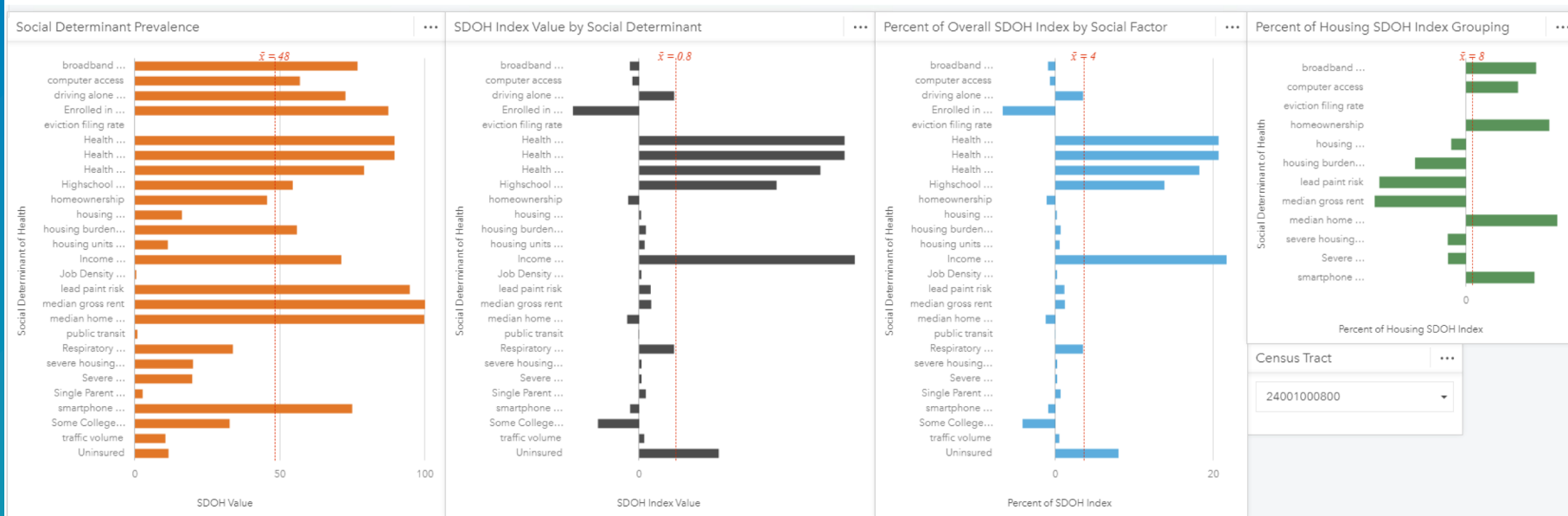
1. Who/which populations & communities are at greater risk of a specific health issue?
2. What are the underlying factors that contribute to this risk?
3. How can those populations best be served / treated to overcome those risks?
4. Where should interventions be launched to have the greatest impact at lowering the risk?



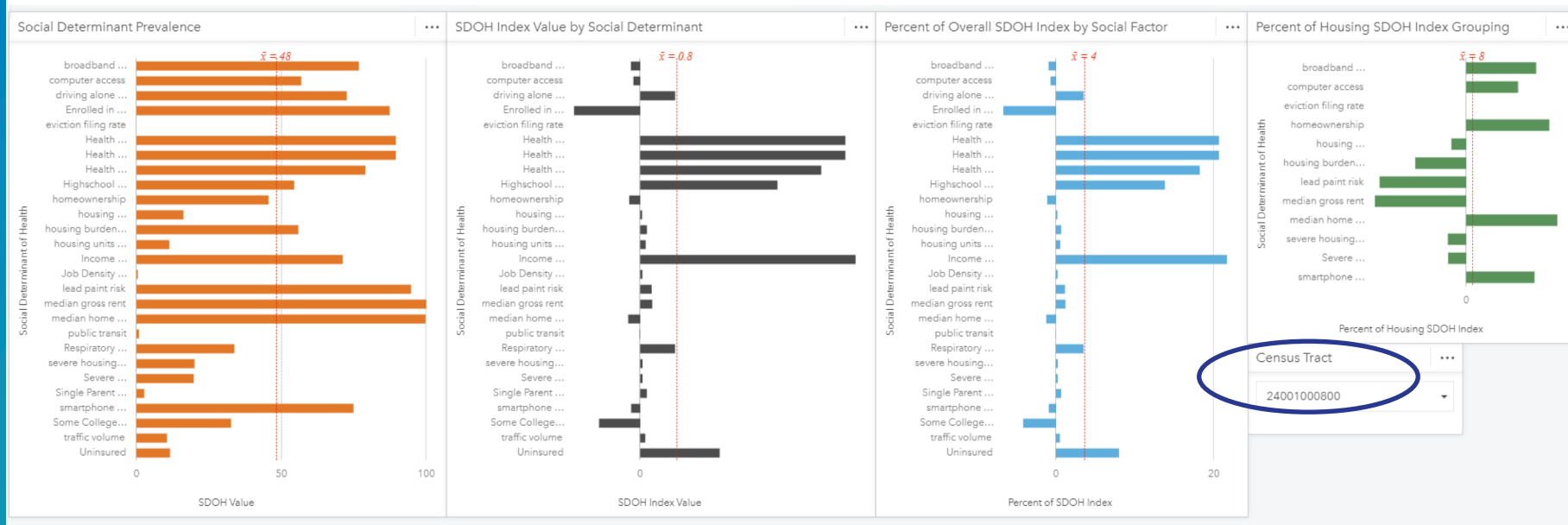
Health Equity



Analysis of Underlying Factors



Analysis of Underlying Factors at a Granular Level



Identifying Medical Supply Needs

Rimac Post-Flood Medical Supply Routes

