POPHIVE | Yale SCHOOL OF PUBLIC HEALTH

PopHIVE:

Population Health Information and **Visualization** Exchange

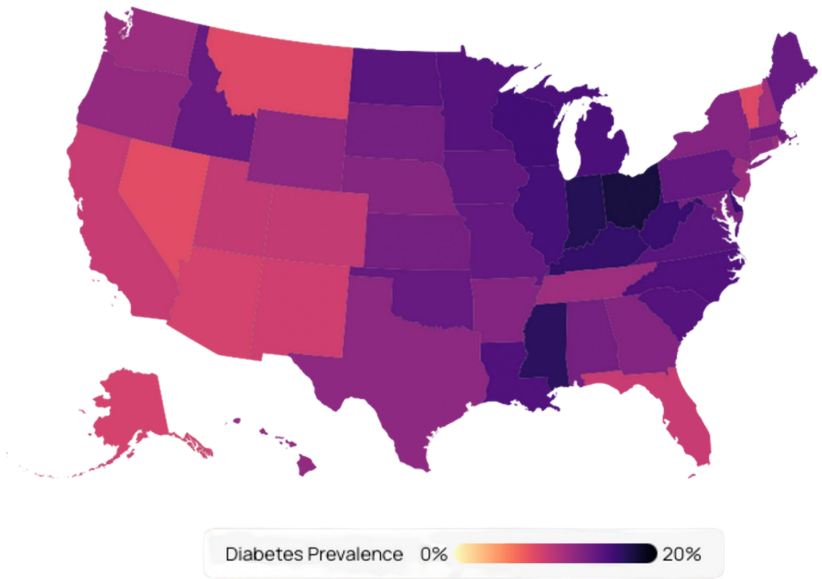
DSDE Let's Talk Data - October 5, 2026

“National health data has been too fragmented and too slow for too long. PopHIVE changes that.”

– Megan L. Ranney, MD, MPH
Dean of the Yale School of Public Health

A HOT NEW HEALTH DATA TOOL HAS ENTERED THE VILLA.

PopHIVE transforms complex, siloed data into actionable insights.



Yale SCHOOL OF PUBLIC HEALTH

OUR MISSION

Democratize health data. A publicly accessible, user-friendly platform for the **linkage, integration, and simultaneous visualization** of de-identified population health data.

01

Collect once, use often

Data is so often collected, but rarely shared back. By collecting once and using often, the energy can be spent on solutions rather than data gathering.

02

Interpret locally

Implementing new models, finding new solutions for improved health and savings not only take data, but take context.

03

Data should be public

Government, Communities, Providers, and the Private Sector can all work to solve health challenges if they can see the problems at hand.

What different data tells us

The Power of Integration

Each data set approximates the health and wellbeing of people or communities.

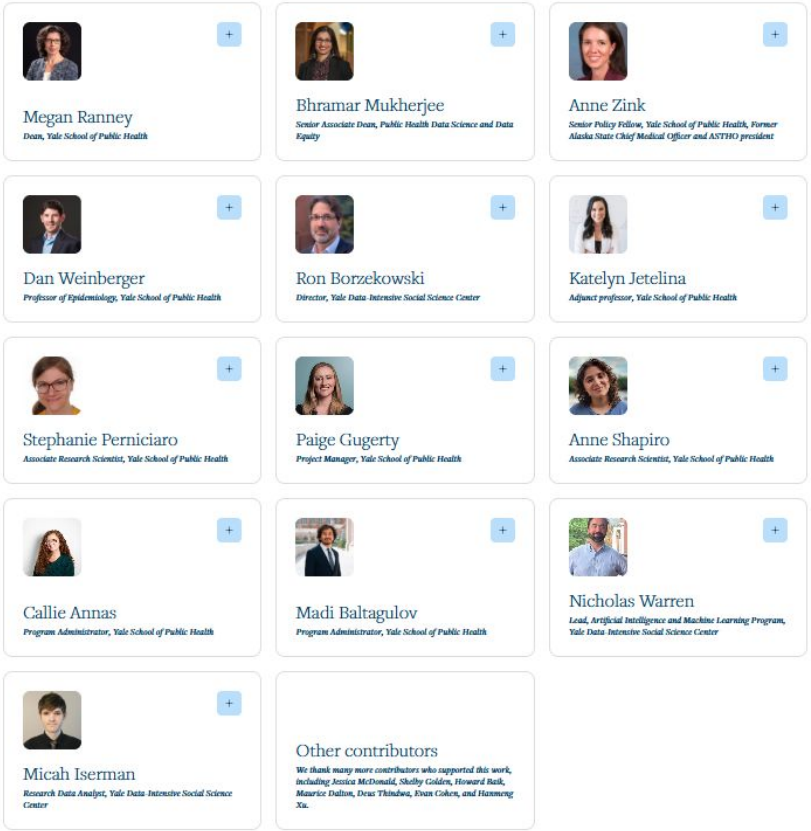
But by putting them together, we can get a better picture of what is needed and are more resilient as data feeds change.



THE PLATFORM

Who We Are

Created by clinicians, researchers, data scientists and more.



THE PLATFORM

Our partners





KAISER PERMANENTE®

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COMMON HEALTH Coalition

Together For Public Health

Epic

CSTE.

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BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES

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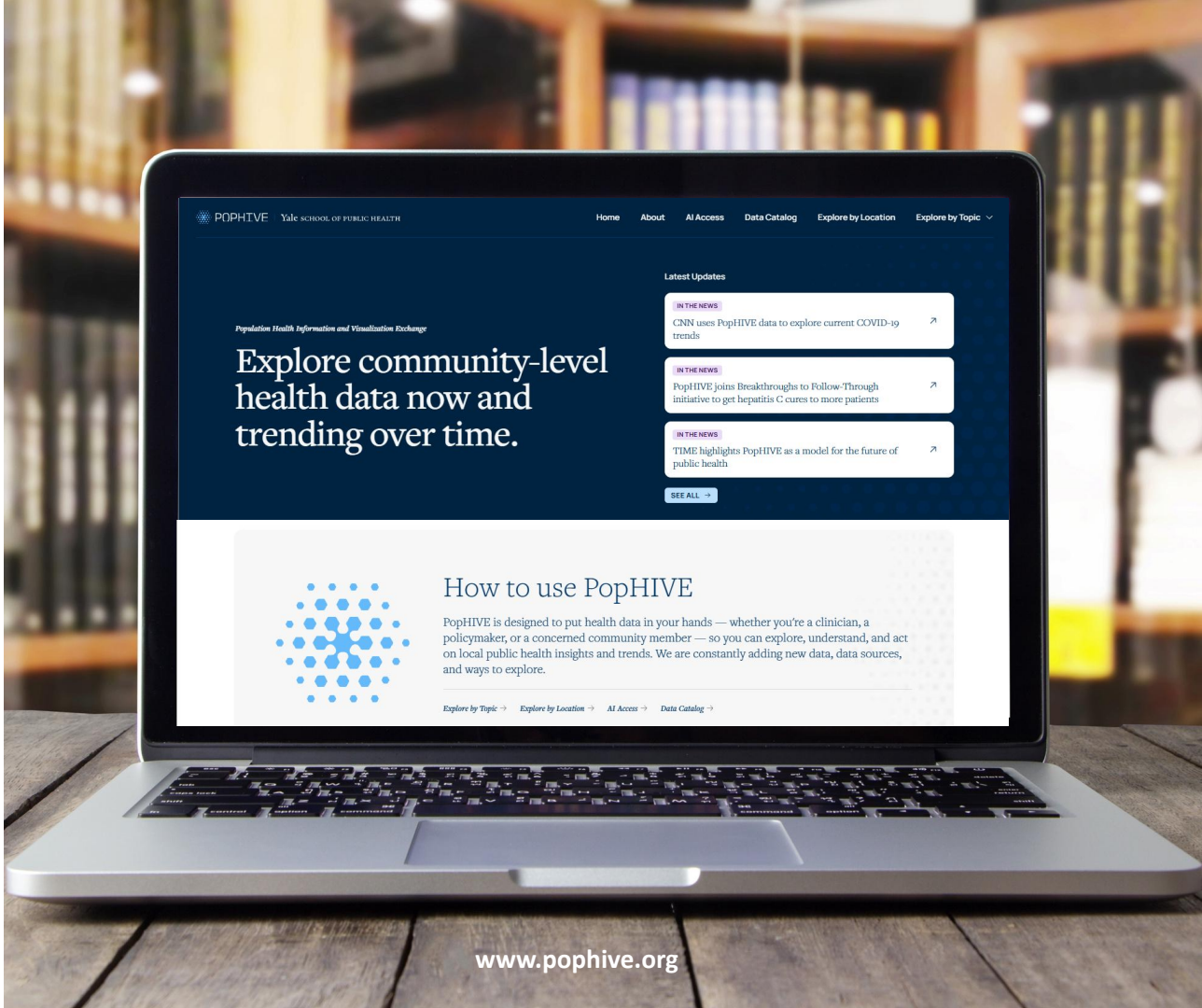
PopHIVE features

Data visualizations by health topic

Near real-time health trends down to the county level

AI integration via connectors with tools that support MCP, including Claude, ChatGPT, Copilot

Extensive data catalog



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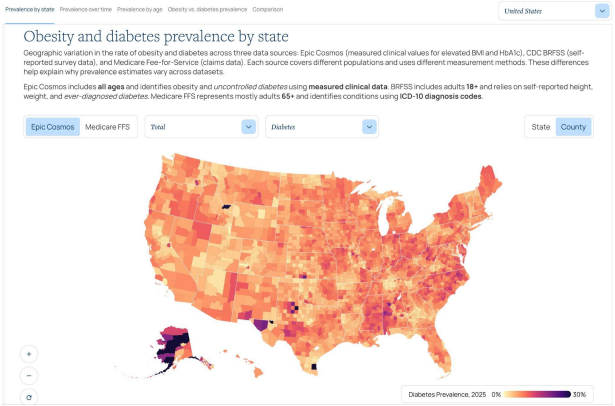
www.pophive.org

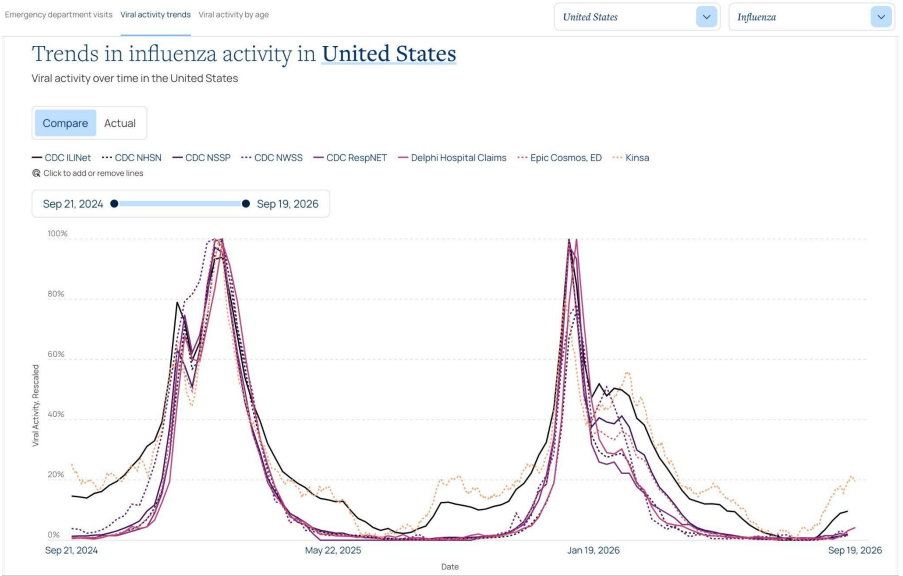
DATA VISUALIZATION

Dashboards with near real-time data

The Power of Integration

By putting datasets together, we can get a better picture of what is needed and are more resilient as data feeds change. PopHIVE integrates traditional data sources like CDC NSSP and BRFSS with novel and non-traditional data sources such as Epic Cosmos, Kinsa Health, and Google Health Trends.





DATA EXPLORER

Hundreds of updated measures across 11 categories to inform action in states and counties

Latest available observations

District of Columbia

321 measures across 11 categories

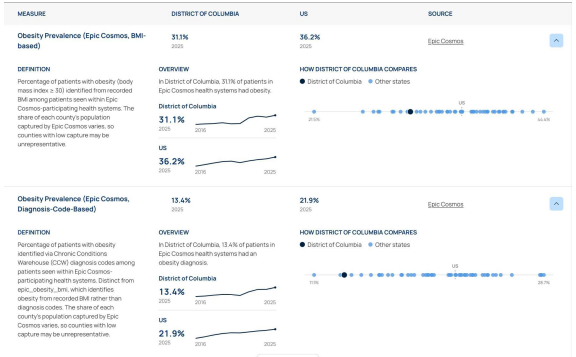
Download CSV | View on GitHub

FILTER BY DATA SOURCE: *All data sources*

JUMP TO CATEGORY: *Select a category*

Chronic Disease

MEASURE	DISTRICT OF COLUMBIA	US	SOURCE
CANCER			
Colorectal, Breast, Prostate, or Lung Cancer Prevalence Among Medicare Beneficiaries	11% 2023	11% 2023	CMS Mapping Medicare Disparities
CARDIOVASCULAR METABOLIC			
Adult Obesity Prevalence (BRFSS)	25.5% 2024	32.9% 2024	Behavioral Risk Factor Surveillance System
Obesity Prevalence (Epic Cosmos, BMI-based)	31.1% 2025	36.2% 2025	Epic Cosmos
Obesity Prevalence (Epic Cosmos, Diagnosis-Code-Based)	13.4% 2025	21.9% 2025	Epic Cosmos

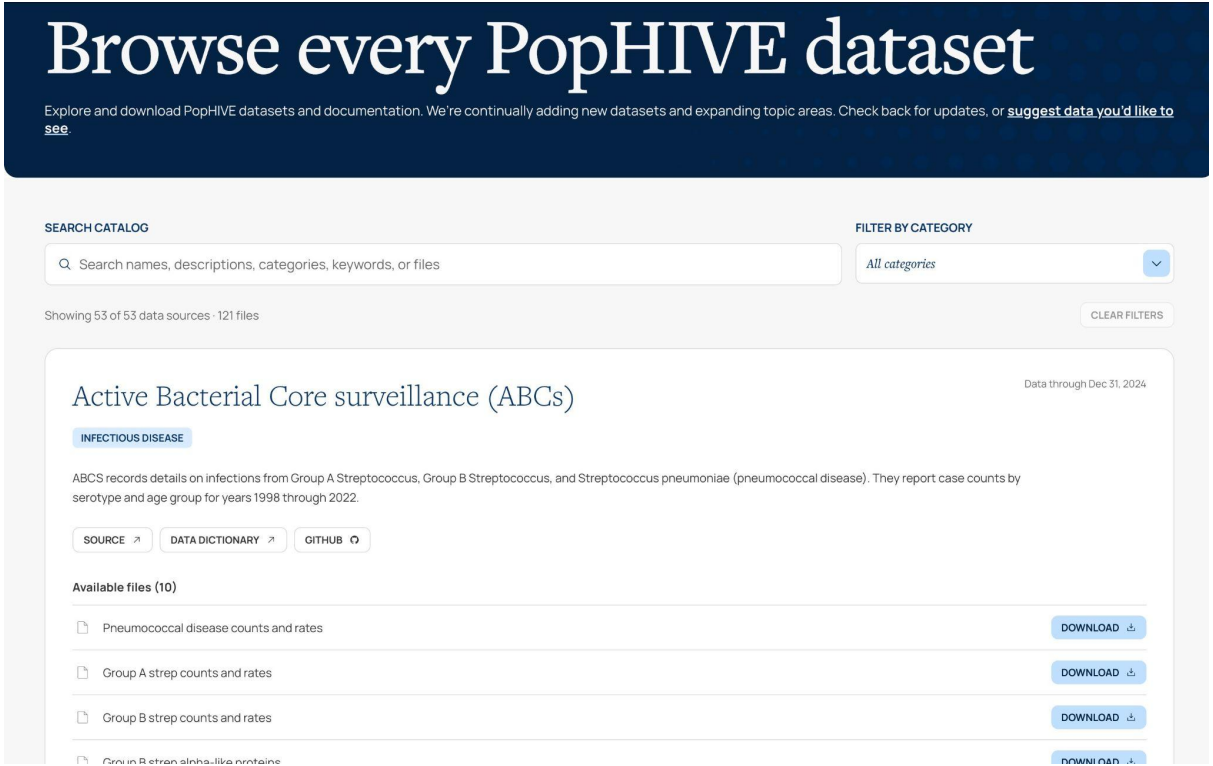


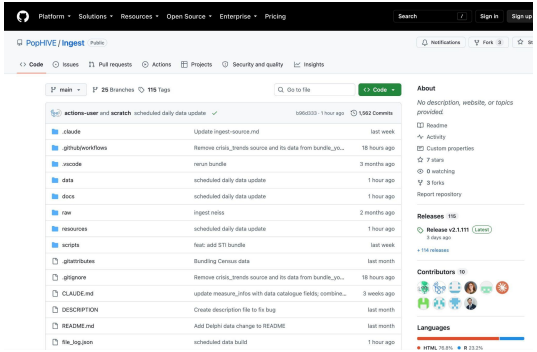
Data for Action

States and counties are using Data Explorer for real-time decision making to inform funding, priorities, and current state measures.

DATA CATALOG

Access over 50 datasets for research and analysis



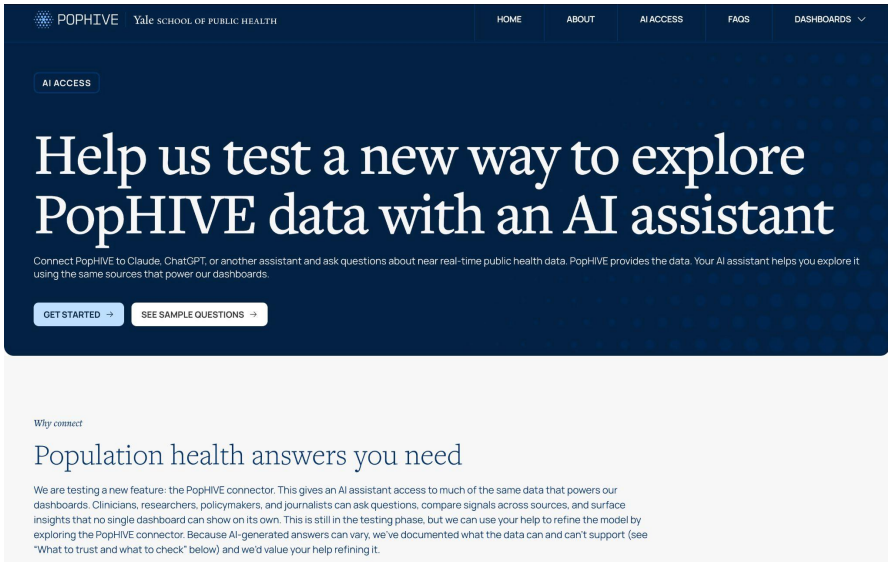


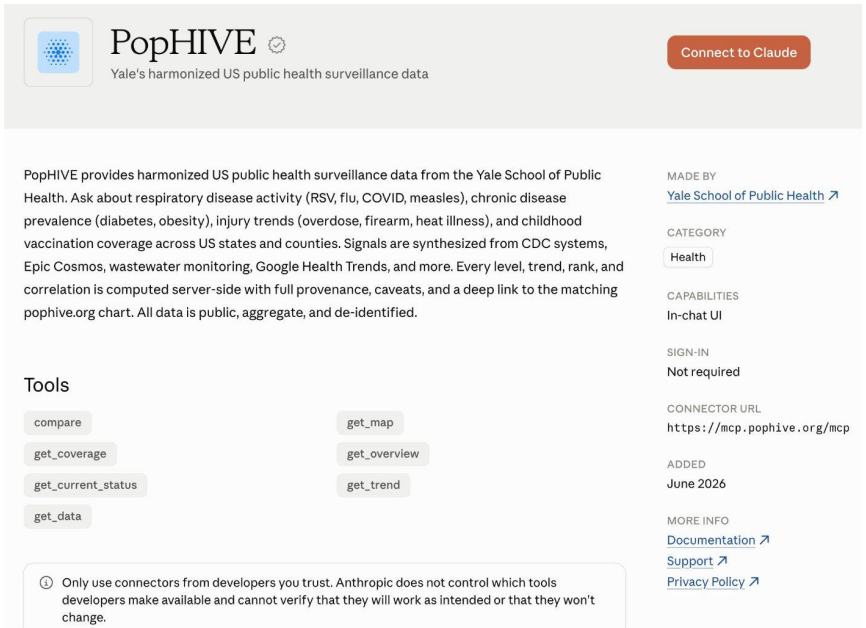
Public Data for Good

Sharing and bundling de-identified data for exploration, hypothesis generation, research, and analysis for all.

AI INTEGRATION

Explore PopHIVE data with an AI tool





Sample Prompt

"Using PopHIVE data, how has RSV activity in Washington, D.C. changed over the last four weeks?"

Live demo of the website + MCP connector

pophive.org

What can you answer with PopHIVE?



Mapping diabetes burden across the US

CLAUDE PROMPT

"Using PopHIVE data, which states have the highest diabetes rates, and how does that compare across data sources?"

PopHIVE ANSWER

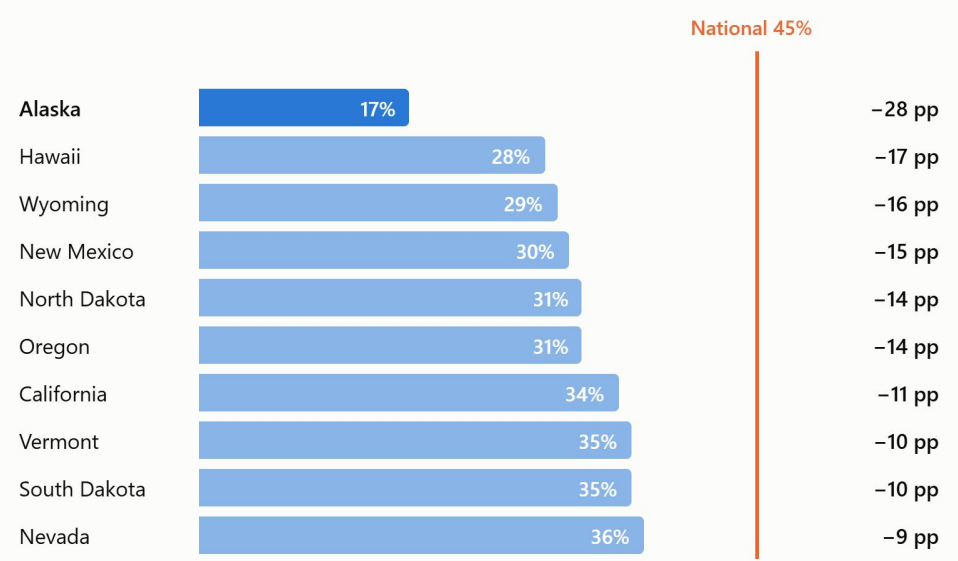
- Mississippi, West Virginia, and Kentucky rank in the top 10 for diabetes in all four PopHIVE data sources.
- Rates differ by source, but the rankings agree, pointing to a consistent Deep South and Appalachian burden.



Closing the preventative care gap

CLAUDE PROMPT

"Using PopHIVE data, which states have the lowest Medicare Annual Wellness Visit rates, and how far below the national average are they?"



Share of Medicare FFS beneficiaries with an annual wellness visit, 2023. Source: Medicare FFS claims via PopHIVE (Yale School of Public Health).

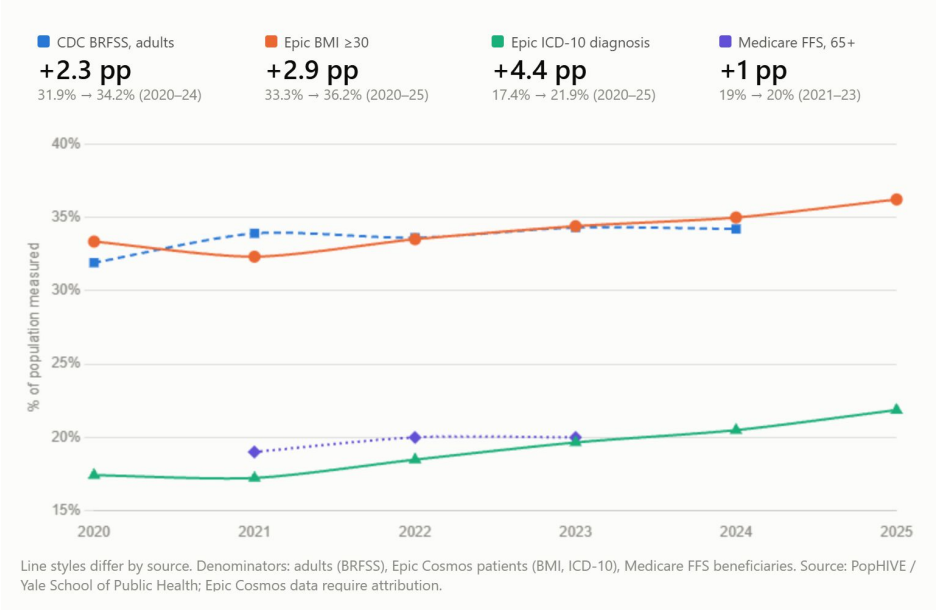
Do different datasets tell different stories?

CLAUDE PROMPT

"Using PopHIVE data, how has obesity changed over the past 5 years — and do the data sources agree?"

PopHIVE ANSWER

- Epic Cosmos EHR-measured BMI rose 2.7% over 2021–2024, and hit 36.2% by 2025
- Self-report and EHR agreed in 2021 but now they've diverged by ~2 %



THE PLATFORM

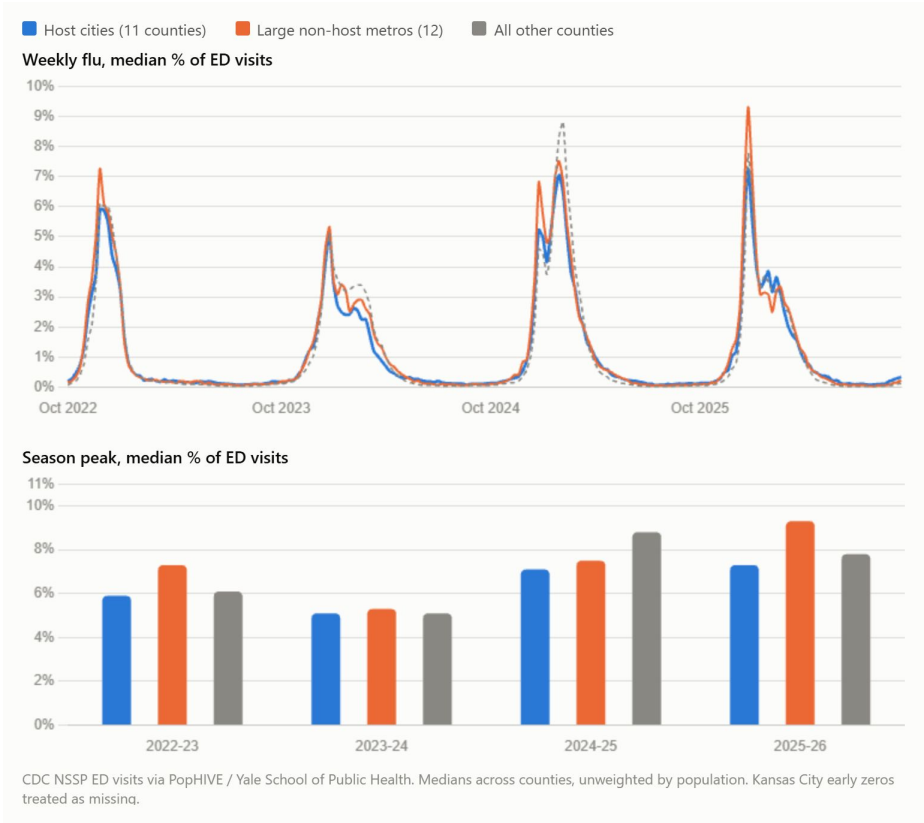
Real-time surveillance

CLAUDE PROMPT

“Using PopHIVE data, compare influenza activity in the US World Cup host cities vs. non-host cities over recent seasons. Note any data gaps.”

PopHIVE ANSWER

- Host-city median peaks (5.1–7.3% of ED visits) were at or below large non-host metros (5.3–9.3%) every season.
- Data are county-level, and five host counties carry state-level estimates.



CDC NSSP ED visits via PopHIVE / Yale School of Public Health. Medians across counties, unweighted by population. Kansas City early zeros treated as missing.

THE PLATFORM

Perform community needs assessments

CLAUDE PROMPT: *"Using PopHIVE data, perform a community needs assessment for New Haven County."*

New Haven County needs assessment

Ahead of most US counties, behind the Connecticut county median on nearly every measure compared

Drug overdose deaths

32.3

per 100,000, 2025

CT median 20.8, US median 20.1. Down 44% since 2021.

Premature death

7,774

years of life lost per 100,000, 2025

CT median 6,993. Up 25% since 2020; life expectancy 78.0 years.

Infant mortality

5.4

deaths per 1,000 births, 2025

CT median 3.9. Low birth weight 8.4% vs 7.4%.

Chronic disease and access, 2024–25

Adult obesity	Diabetes	Uninsured adults	Mammography screening
31.4%	**9.2%**	**7.3%**	**45%**
CT median 31.0; was 27.1% in 2019	CT median 8.3	CT median 6.5	CT median 48%

Strengths: uninsured rate of 6.0% is lower than 90% of US counties; teen births and preventable hospital stays are down sharply since 2020; poor mental health days (4.7 a month) are below the CT and US medians.

Source: County Health Rankings, CDC/NCHS via PopHIVE (Yale School of Public Health). CT median = 8 Connecticut counties.

How can you get involved?

Reach out via info@pophive.org!

- Use our data and tell others about us
- Tell us what other data you want to see
- Collaborate with us to host data
- Provide feedback on the MCP



Thank you.

Questions?

