

Study maps need for kids' doctors in rural areas

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Map shows children in low-physician regions by percent.

(AP) -- There are enough children's doctors in the United States, they just work in the wrong places, a new study finds. Some wealthy areas are oversaturated with pediatricians and family doctors. Other parts of the

nation have few or none.

Nearly 1 million kids live in areas with no local children's doctor. By moving doctors, the study suggests, it would be possible for every child to have a [pediatrician](#) or family physician nearby.

There should be more focus on evening out the distribution than on increasing the overall supply of doctors for children, said lead author Dr. Scott Shipman of the Dartmouth Institute for [Health Policy](#) and Clinical Practice in Lebanon, N.H.

"I worry that it could get worse," Shipman said.

He said medical schools are graduating more students, but the result will be more doctors in places where there's already an over-supply. Indeed, previous studies have shown that doctors locate where supply is already high, rather than in areas with greater need.

Growth in the number of pediatricians and [family physicians](#) has outpaced increases in the U.S. child population, Shipman and his colleagues found. Yet the study's analysis shows nearly all 50 states have extremely uneven distribution of primary care doctors for children.

Mississippi had the highest proportion of children (42 percent) in low-supply regions, defined as areas with more than 3,000 children per children's doctor. Next were Arkansas, Oklahoma, Maine and Idaho.

Areas with an abundance of children's doctors were Washington, D.C., and Delaware, which had no children living in low-supply regions. Maryland, Washington and Wisconsin also had very few children living in low-supply areas.

The study used national data to calculate the per-child supply of working

pediatricians and family physicians in geographic regions. Regions with many children's doctors were wealthier. Low-supply regions were mostly rural.

The study appears Monday in the [journal Pediatrics](#).

The number of pediatricians has been on the rise, increasing by 51 percent from 1996 to 2006. The supply of [family doctors](#) grew by 35 percent in the same years. The population of children grew by only 9 percent during those years.

Federal funding has expanded in recent years for the National Health Service Corps, which offers loan forgiveness for doctors and other practitioners who locate in underserved areas. That may help, Shipman said.

Uninsured patients and the low payments from Medicaid keep doctors out of poor, rural areas, said Dr. Thomas Bodenheimer of the University of California, San Francisco, who wasn't involved in the new research but studies work force issues in primary care.

Don't look for help from state governments, said Dr. Roland Goertz, a family physician in Waco, Texas, and president of the American Academy of Family Physicians, who wasn't involved in the new study.

"Most states are in fiscal crisis. Without resources, it's going to be tough to turn it around," Goertz said.

Nurse practitioners can help, said Kristy Martyn, a pediatric nurse practitioner and researcher at University of Michigan's nursing school.

"The limiting factor is the numbers," Martyn said. "We need more pediatric nurse practitioners and nurse practitioners trained to provide

care to children."

Some communities help a hometown student go to med school with the understanding the student will return home.

Dr. Katie Dias, 27, a third-year family practice resident in Kansas City, Mo., will begin her career in the rural northwest Missouri town where she grew up. With stipends from the state and the community hospital in tiny Albany, Mo., she'll start practicing with only \$50,000 in student loans, much less than many other young doctors.

"I am definitely a small town girl," Dias said. "I feel very passionately about the community I grew up in. This is not a short-term commitment for me."

More information: American Academy of Pediatrics:
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