

2010 to 2020 saw disparities in surgeon supply widen in the United States

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Disparities in surgeon supply between rural and urban counties and

between socially vulnerable and other counties widened in the United States from 2010 to 2020, according to a research letter published online Nov. 29 in *JAMA Surgery*.

Vishal R. Patel, from the Dell Medical School in Austin, Texas, and colleagues evaluated trends in per-capita surgeon supply from 2010 to 2020 at the U.S. county level.

The researchers found that surgeon supply per 100,000 population decreased in rural counties (9.97 versus 9.03), while increasing in [urban counties](#) (22.7 versus 23.6), thus widening the rural-urban disparity in surgeon supply over time (difference-in-difference, -1.78). For socially vulnerable counties, the number of surgeons per 100,000 population decreased between 2010 and 2020 (12.4 versus 11.5), while remaining unchanged in other counties (15.4 versus 15.4), thus widening the disparity in surgeon supply (difference-in-difference, -0.87).

"These findings suggest that existing federal programs have not addressed the unequal distribution of the surgical workforce," the authors write. "Policy solutions are needed to reduce health inequities and mitigate underlying factors of surgical workforce [disparities](#), including unequal compensation, working conditions, and access to training."

More information: Vishal R. Patel et al, Surgeon Supply by County-Level Rurality and Social Vulnerability From 2010 to 2020, *JAMA Surgery* (2023). [DOI: 10.1001/jamasurg.2023.5632](https://doi.org/10.1001/jamasurg.2023.5632)

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