

## COMMENTARY

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# New York State Physicians: Characteristics and Distribution in Health Professional Shortage Areas

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Along with high numbers of physicians, New York State also has 2.7 million people living in poverty and 3 million without health insurance who are likely to live in areas with few physicians.<sup>1,2</sup> Nearly 4 million New Yorkers live in communities that have been designated as health professional shortage areas (HPSAs).<sup>3</sup> We conducted a study to examine the physician workforce in New York State and its HPSAs.

Data on federally designated primary medical HPSAs were obtained from the Bureau of Health Professions. Physician data obtained from the AMA Physician Masterfile were geocoded and cross-referenced with the HPSA file. A complete description of methods and findings are available in the full study report.<sup>4</sup>

Of the 47,981 physicians identified as practicing in New York State (NYS), 14.5% were found to practice in HPSAs. Most of these, 13.5% of all NYS physicians, practice in metropolitan HPSAs. Primary care physicians practice in HPSAs at only a slightly higher rate (16 vs. 15%) than non-primary care physicians, and also practice predominantly in metropolitan HPSAs (see Table 1).

More than half (53%) of all primary care physicians practicing in NYS metropolitan HPSAs are international medical graduates (IMGs), compared to 33% of those in nonmetropolitan HPSAs and 44% of those practicing outside of HPSAs. Thus, NYS relies heavily on IMGs born outside of the USA to meet the need for physicians in underserved communities, particularly in metropolitan areas.

Almost one in three black, non-Hispanic physicians in NYS were found to practice in metropolitan HPSAs, the highest prevalence of any racial/ethnic group. All non-white physicians had higher rates of metropolitan HPSA practice than white, non-Hispanic physicians. Overall, New York State has a small base of underrepresented minority physicians (8% of all physicians) who are disproportionately located in metropolitan HPSAs. The lack of growth in the number of minority students graduating from medical schools in NYS is out of sync with the state's growing minority population.

Thirty-six percent of NYS physicians are graduates of a medical school located in NYS, yet only 29% of physicians in HPSAs are graduates of these schools. Graduates of the four medical schools in the state university system comprise 13% of both the NYS physician workforce and the HPSA workforce.

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**TABLE 1. New York State physicians in metropolitan and nonmetropolitan HPSAs, 2000**

	New York State		Metropolitan HPSAs		Nonmetropolitan HPSAs	
	Total	Number	Percent	Number	Percent	
<b>Specialty</b>						
Family practice	2,683	348	13	98	4	
General practice	582	81	14	8	1	
Internal medicine	7,989	1,125	14	68	1	
Obstetrics-gynecology	2,698	338	13	22	1	
Pediatrics	4,152	715	17	22	1	
All other specialties	29,877	4,347	15	233	0.7	
				Chi-square = 218.89 $p < 0.001$		
<b>US/IMG</b>						
USMGs	29,030	3,429	12	292	1	
US-IMGs	3,303	266	8	22	0.7	
Non-US IMGs	15,648	2,808	18	137	0.9	
				Chi-square = 28.34 $p < 0.001$		
<b>Gender</b>						
Male	35,540	4,639	13	366	1	
Female	12,441	1,864	15	85	0.7	
				Chi-square = 20.15 $p < 0.001$		
<b>Race/ethnicity</b>						
Black, non-Hispanic	1,512	469	31	7	0.5	
Hispanic	1,338	304	23	7	0.5	
Asian	5,658	1,009	18	57	1	
Native American/Alaskan native	14	0	–	0	–	
Other	1,229	198	16	20	2	
White, non-Hispanic	24,080	2,493	10	230	1	
Missing	14,150	2,030	14	130	1	
				Chi-square = 51.85 $p < 0.001$		

While the heavy concentration of NYS HPSA physicians in metropolitan HPSAs reflects, to a great extent, the distribution of the overall state population, it is disproportionate to the HPSA population which needs to be served. Seventy-eight percent of New York's HPSA population is located in metropolitan HPSAs, while 94% of the state's HPSA physicians practice there.<sup>5</sup> New York's nonmetropolitan HPSAs have lower physician to population ratios and higher unmet need. Given that family physicians are more likely to practice in the nation's rural areas than other primary care physicians,<sup>6</sup> the relatively small workforce and training pipeline for family physicians in NYS contributes to shortages in rural areas.

Increased family medicine training, recruitment of minority physicians into training, and ensuring the continuing flow of IMGs into NYS are efforts most likely to increase the number of physicians practicing in New York's HPSAs.

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