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Title

Where are counties with consistently low rates of primary care physician capacity and high percentages of Black populations?

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Primary care physician shortages are well documented and expected to worsen, particularly in specific regions in the US. Further, racial and ethnic minorities, particularly Black populations, have less access to primary care and worse health outcomes compared to white populations. One proposed solution to solving these health inequities is to increase the primary care workforce in populations with historic health inequities. Objective(s): This research identifies counties that have consistently low rates of primary care physician supply and high percentages of Black populations (Low PCP / High Black). Study Design and Analysis: longitudinal, observational analysis; co-location mapping to identify counties in the bottom quartile for primary care physician capacity (per 100,000) for all years 2013-2020 and in the top quartile for percentage of Black populations, 2017-2021 (Low PCP / High Black). Dataset(s): Robert Wood Johnson County Health Rankings, 2023 (Trend Data). Population Studied: Non-Puerto Rican U.S. Counties. Results: Of the 526 counties with consistently low PCP capacity, 147 were in the top quartile for Black populations. More than 3 million people live in these counties, of which 95% are in the southern and southeastern US. Almost 60% of the 867,000 Black persons in these counties can be found in just four states (GA, MS, NC, VA). Almost half of the population in Low PCP / High Black counties can be found in non-metropolitan areas. PCP capacity is low in these areas, with only 472 PCPs spread across the almost 150 counties (a rate of 15 per 100,000 compared to about 76 per 100,000 U.S. average). More than a fifth of these counties do not have a single PCP. Conclusions: The National Academies of Science, Engineering, and Medicine report on primary care outlines steps for ensuring access to highquality primary care including having an adequate supply of primary care physicians in every community. Targeting specific geographies and identifying current and potential residency programs, teaching health centers, rural training tracks, and other pathway programs in these areas can help ensure equitable access to high-quality primary care for all Americans.

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