# The Rural Health Workforce

## Data and Issues for Policymakers in:

Washington
Wyoming
Alaska
Montana
Idaho

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# Policy Brief Series



## INTRODUCTION

This series of policy briefs describes characteristics of the rural health care workforce and factors affecting the delivery of health care in rural areas. The five briefs provide data on the numbers of health care professionals in Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI states) from available data sources, discuss the impacts of using differing definitions of *rural*, list state-level resources for WWAMI health workforce data, describe the foundations of health workforce assessment, and provide examples of national and regional resources to help ameliorate provider shortages in rural areas. The information included in this series will help guide policymakers and others in their efforts to strengthen the health workforce to better serve rural populations.

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# The Rural Health Workforce in the WWAMI States: By the Numbers

## THE CHALLENGES OF MEASURING THE RURAL HEALTH WORKFORCE

The availability of data to describe the rural health workforce is limited, including for the WWAMI states. Tables 1 through 5 show the latest available information on numbers of select types of health care providers relative to the population in the five WWAMI states. Many provider types are not represented here; these are the only available data that are comparable for all five states. Comparable data are important for providing planners a standard point of reference for evaluating provider supply across states. Available data are further limited in that they tend not to be current; for many professions, such as allied health occupations, the most recent comparable data is more than 10 years old because small numbers are suppressed in small counties to prevent identification of individuals.

The rural definitions used in generating these data are county-based. Because county-based rural definitions combine larger rural areas with more isolated ones, the numbers below will overstate provider supply for small rural areas and understate it for larger rural areas (see Brief #4 in this series, "What Is Rural in the WWAMI States? Why Definitions Matter," for a discussion of the implications of different rural definitions).

## NUMBER OF HEALTH CARE PROVIDERS PER 100,000 POPULATION

### WASHINGTON

**Table 1: Health Care Providers in Washington State per 100,000 Population in 2008**

| | Metropolitan Areas | Rural Areas | Total (Metro & Rural) |
|---|---|---|---|
| Physicians – all | 239 | 126 | 225 |
| Generalist physicians | 89 | 69 | 86 |
| Family practice/general practice | 45 | 46 | 45 |
| General internal medicine | 29 | 14 | 27 |
| General pediatrics | 15 | 9 | 15 |
| Surgeons | 46 | 22 | 43 |
| General surgery | 7 | 6 | 7 |
| Obstetrics-gynecology | 12 | 5 | 11 |
| Other surgery | 27 | 11 | 25 |
| Other specialists | 104 | 35 | 95 |
| Dentists | 76 | 43 | 72 |
| Physician assistants | 34 | 34 | 34 |

*Data sources: American Medical Association Masterfile 2009 (physicians), Area Resource File 2008 (dentists and physician assistants).*

# WYOMING

**Table 2: Health Care Providers in Wyoming per 100,000 Population in 2008**

| | Metropolitan Areas | Rural Areas | Total (Metro & Rural) |
|---|---|---|---|
| Physicians – all | 229 | 159 | 180 |
| Generalist physicians | 72 | 69 | 70 |
| Family practice/general practice | 41 | 45 | 44 |
| General internal medicine | 17 | 16 | 17 |
| General pediatrics | 14 | 8 | 10 |
| Surgeons | 57 | 40 | 45 |
| General surgery | 9 | 9 | 9 |
| Obstetrics-gynecology | 13 | 11 | 11 |
| Other surgery | 34 | 20 | 23 |
| Other specialists | 101 | 50 | 66 |
| Dentists | 54 | 46 | 49 |
| Physician assistants | 47 | 35 | 39 |

*Data sources: American Medical Association Masterfile 2009 (physicians), Area Resource File 2008 (dentists and physician assistants).*

# ALASKA

**Table 3: Health Care Providers in Alaska per 100,000 Population in 2008**

| | Metropolitan Areas | Rural Areas | Total (Metro & Rural) |
|---|---|---|---|
| Physicians – all | 255 | 157 | 223 |
| Generalist physicians | 93 | 102 | 96 |
| Family practice/general practice | 54 | 79 | 62 |
| General internal medicine | 22 | 14 | 20 |
| General pediatrics | 17 | 9 | 14 |
| Surgeons | 61 | 22 | 48 |
| General surgery | 11 | 7 | 9 |
| Obstetrics-gynecology | 15 | 5 | 12 |
| Other surgery | 35 | 10 | 27 |
| Other specialists | 101 | 33 | 79 |
| Dentists | 77 | 57 | 71 |
| Physician assistants | 65 | 72 | 67 |

*Data sources: American Medical Association Masterfile 2009 (physicians), Area Resource File 2008 (dentists and physician assistants).*

# MONTANA

**Table 4: Health Care Providers in Montana per 100,000 Population in 2008**

| | Metropolitan Areas | Rural Areas | Total (Metro & Rural) |
|---|---|---|---|
| Physicians – all | 304 | 164 | 214 |
| Generalist physicians | 86 | 76 | 79 |
| Family practice/general practice | 44 | 50 | 48 |
| General internal medicine | 28 | 18 | 22 |
| General pediatrics | 14 | 7 | 10 |
| Surgeons | 75 | 36 | 51 |
| General surgery | 11 | 8 | 9 |
| Obstetrics-gynecology | 15 | 9 | 11 |
| Other surgery | 50 | 19 | 30 |
| Other specialists | 142 | 52 | 84 |
| Dentists | 66 | 50 | 56 |
| Physician assistants | 47 | 40 | 43 |

*Data sources: American Medical Association Masterfile 2009 (physicians), Area Resource File 2008 (dentists and physician assistants).*

# IDAHO

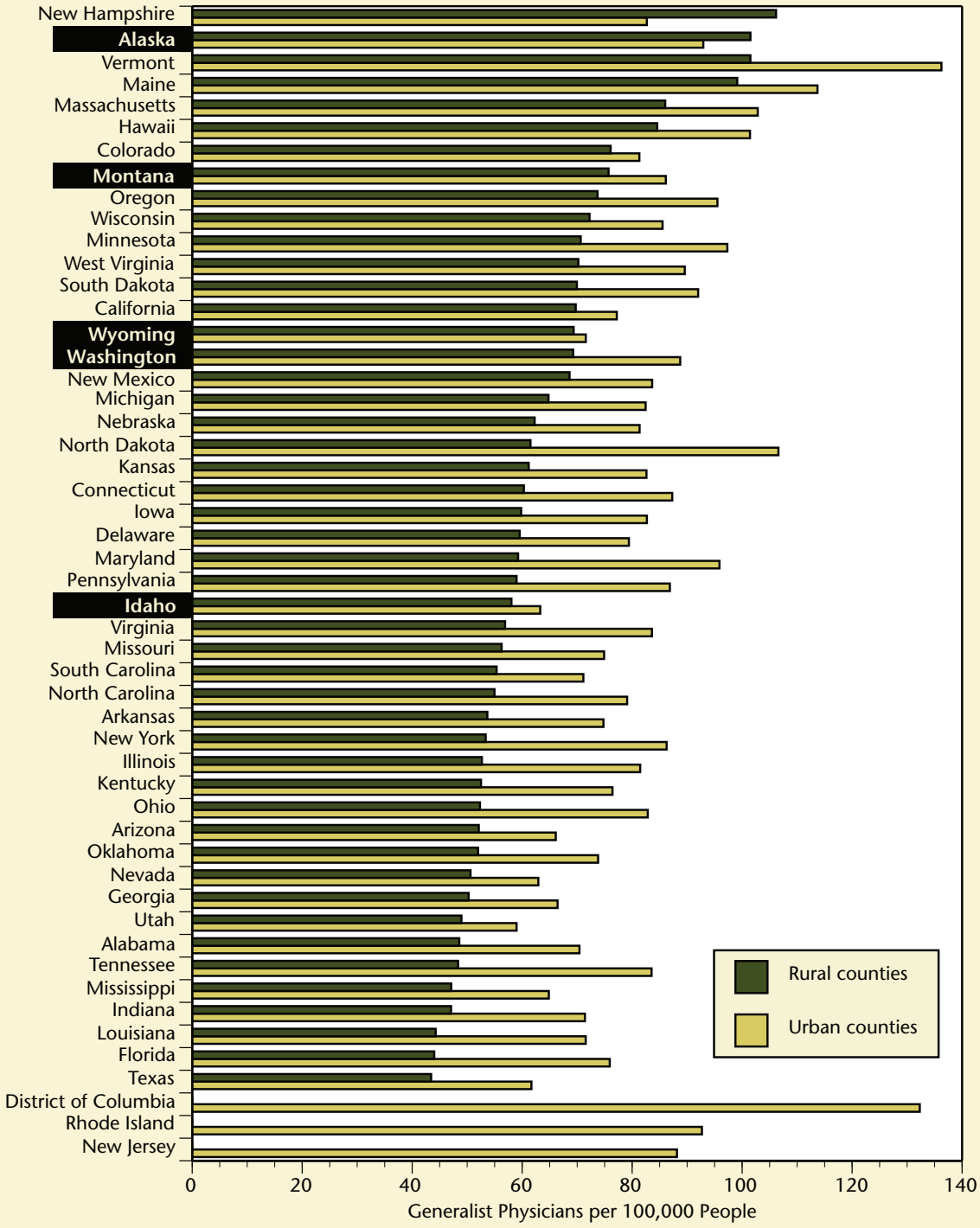
**Table 5: Health Care Providers in Idaho per 100,000 Population in 2008**

| | Metropolitan Areas | Rural Areas | Total (Metro & Rural) |
|---|---|---|---|
| Physicians – all | 195 | 119 | 169 |
| Generalist physicians | 63 | 58 | 61 |
| Family practice/general practice | 39 | 44 | 41 |
| General internal medicine | 15 | 9 | 13 |
| General pediatrics | 9 | 4 | 7 |
| Surgeons | 47 | 25 | 39 |
| General surgery | 8 | 6 | 7 |
| Obstetrics-gynecology | 12 | 7 | 10 |
| Other surgery | 27 | 13 | 22 |
| Other specialists | 86 | 36 | 69 |
| Dentists | 66 | 48 | 59 |
| Physician assistants | 40 | 29 | 36 |

*Data sources: American Medical Association Masterfile 2009 (physicians), Area Resource File 2008 (dentists and physician assistants).*

There are no standards for what constitutes an under- or over-supply of health care providers per population. Most often these numbers are compared to a national average, or ranked among the other geographic entities being compared. Figure 1 shows how the WWAMI states compare with other states in numbers of generalist physicians per 100,000 population, by rural and urban counties.

**Figure 1: Generalist Physicians per 100,000 Population in Rural and Urban Areas, by State; 2009**




*Data source: American Medical Association Masterfile, 2009.*

## CONCLUSION

In the WWAMI states, as in the rest of the United States, rural populations are served by proportionally fewer health care providers than serve urban populations. There are few sources of data that clearly describe rural health workforce supply, demand, and trends, but what data exist consistently show unequal geographic distribution of this workforce, sometimes with great disparities between urban and rural areas.

Large differences between the WWAMI states in the composition of their rural health workforces point to the need for state-level solutions to monitor workforce supply and distribution, and to optimize the use of limited health resources. To accomplish this, states can support collection and updating of standardized health workforce data on a wide range of health professions, with routine analysis and reporting to policymakers.

Despite limited health workforce data that are comparable among all five WWAMI states, there are state-specific resources that provide important information about the health workforce in individual states. Brief #5 in this series, "Health Workforce Assessment: Tools for Policymakers and Planners," lists these resources and their websites. It also provides context for thinking about how to use workforce supply, demand, and need statistics for policy development.

### Suggested Citation

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