Hello,

I am interested in looking at the availability of access to OBGYN subspecialists over time (2008 to 2022) in the United States. The topic is physician workforce planning, where is the greatest need for more physicians to serve women 18 years and older. Patients will be driving by car.

I'm hiring because I have too much work to do it all by myself.

Deliverables:

1) Source code in R

**Sample Abstract**

**Geographic Disparities in Potential Accessibility to Gynecologic Oncologists in the United States from 2008 to 2022.**

Objective: To use a spatial modeling approach to caputure potential disparities of gynecologic oncologist accessibility in the United States at the block group level between 2008 and 2022.

Methods: Physician registries identified the 2008 to 2022 gynecologic oncology workforce and were aggregated to each county. The at-risk cohort (women aged 18 years or older) was stratified by race and rurality demographics. We computed the distance from at-risk women to physicians. We set drive time to 30, 60, 180 and 240 minutes.

Results: Between 2008 and 2022, the gynecologic oncology workforce increased. By 2022, there were x active physicians and x% practiced in urban block groups. Geographic disparities were identified, with x physicians per 100,000 women in urban areas compared with 0.1 physicians per 100,000 women in rural areas. In total, x block groups (x million at-risk women) lacked a gynecologic oncologist. Additionally, there was no increase in rural physicians, with only x% practicing in rural areas in 2008-2015 relative to ??% in 2016-2022 (p=?). Women in racial minority populations exhibited the lowest level of access to physicians across all time periods. For example, xx% of American Indian or Alaska Native women did not have access to a physician with a 3-hour drive 2008-2015, which did not improve over time. Black women experience an increase in relative accessibility, with a ??% increase by 2016-2022. However, Asian or Pacific Islander women exhibited significantly better access than ??? women across all time periods.

Conclusion: Although the US gynecologic oncologist workforce increased steadily over 20 years, this has not translated into evidence of improved access for many women from rural and underrepresented areas. However, health care utilization and cancer outcomes may not be influenced only by distance and availability.