

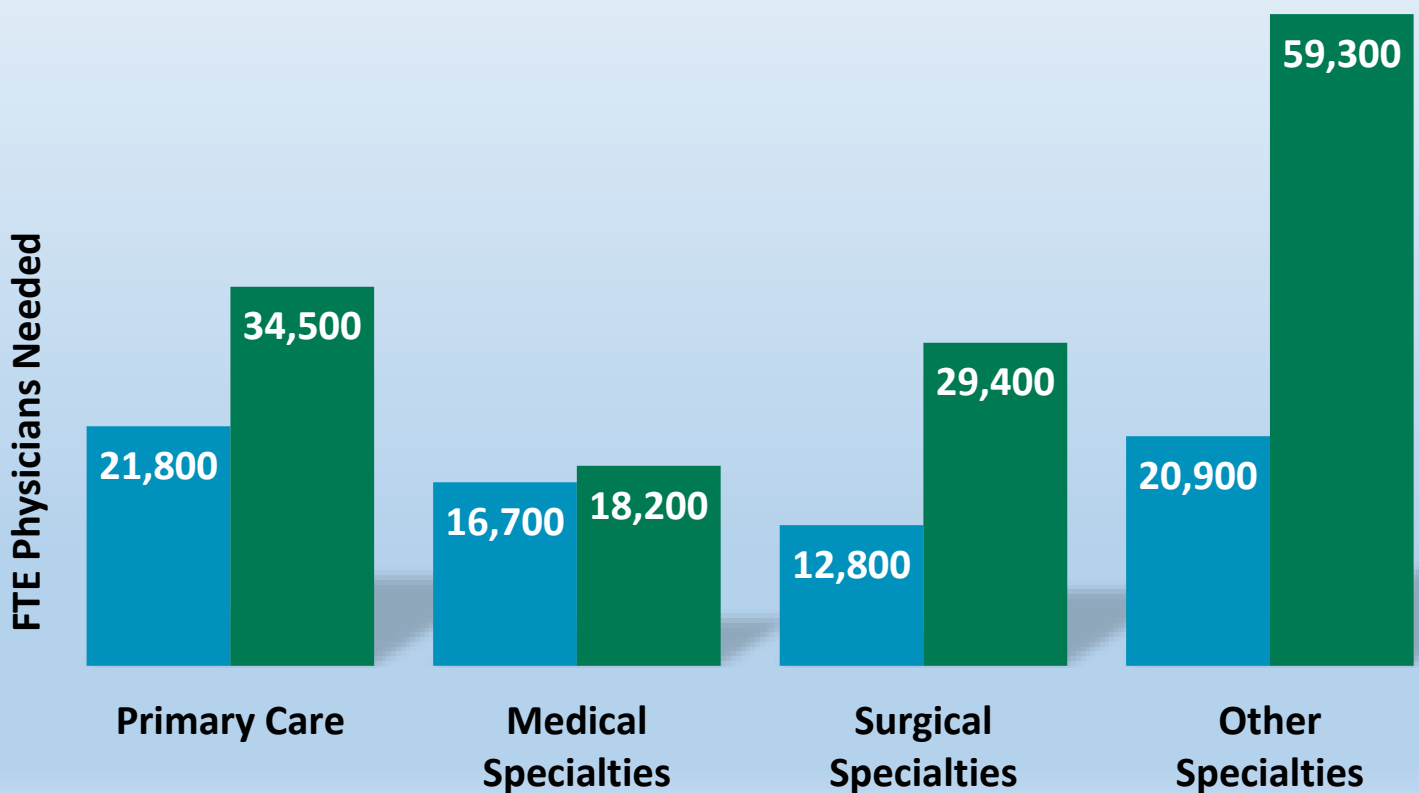
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## Projected Need for Additional Physicians Greatest When Race and Ethnicity Included

This snapshot highlights two hypothetical scenarios modeled to estimate the number of additional FTE<sup>1</sup> physicians that would be needed to provide the additional care required if underserved populations (e.g., Black, Latinx) had health care use patterns similar to populations not perceived as underserved (insured, suburban, and white). Both scenarios controlled for other demographics, lifestyle choices, and disease prevalence.

**Scenario 1:** Assumes all U.S. residents have the care-use patterns of people with medical insurance who live in suburban areas.

**Scenario 2:** Assumes all U.S. residents have the care-use patterns of *non-Hispanic white* people with medical insurance who live in suburban areas.



These data show that people in historically underserved populations (e.g., racial minority, rural), particularly those who identify as non-White, receive less care than people in populations not viewed as underserved. More than 70,000 FTE physicians would be needed if everyone used care as if they had medical insurance and lived in a suburban area (Scenario 1). This number doubles when assuming everyone *also* had the same care-use patterns as non-Hispanic White people (Scenario 2).

This snapshot shines a light on how health insurance, residential location, and race and ethnicity influence health care utilization, and particularly the substantial impact of inequitable access on differences in the use of health care services by race and ethnicity. In addition to expanding health insurance coverage, policies eliminating racial bias, discrimination and other systemic barriers are vital in achieving equitable access to health care.

Source: [The 2020 Update: Complexities of Physician Supply and Demand: Projections from 2018 to 2033](#).

<sup>1</sup>FTE is defined as average weekly patient-care hours worked for each specialty group.