

Rural Availability of the Obstetrician-Gynecologist Physician and Certified Nurse Midwife Workforce

A high-quality women's health care system depends on the availability and access to well-trained women's health providers

BACKGROUND

- The U.S. has the **highest maternal mortality** rate of developed countries.
- In Arizona from 2012-2015, the maternal mortality rate was **25 per 100 000** live births.
- The maternal mortality rate for American Indian or Alaska Native women in Arizona was **70.8 per 100 000 live births**, the **highest** compared to other race and ethnicity groups

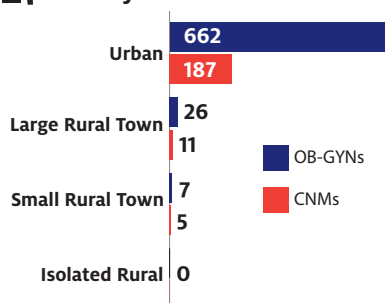
RURAL ARIZONA MATERNAL HEALTH WORKFORCE

8% of Arizonans live in rural areas.

4.7% of ob-gyn physicians and 7.9% of CNMs work in rural areas



Urban-Rural Distribution of Ob-Gyns and CNMs



The Ratio of Ob-gyn Physicians per 10,000 Women is **Lower in Rural Areas**

Location Type	Ratio
Arizona	2.03
Urban	2.10
Large Rural Town	1.50
Small Rural Town	1.10
Isolated Rural	0

ARIZONA'S HEALTH SYSTEM & WORKFORCE

Counties with **NO** maternal care: La Paz, Greenlee

Counties with **limited access** to maternal care: Gila, Graham, Cochise, Santa Cruz

No maternal care = zero hospitals offering obstetric care, zero OB providers & any percentage of women ages 18-64 uninsured. **Limited Access (level 1 or 2)** = Less than 2 hospitals offering obstetrics care, less than 60 OB providers per 10,000 births, and greater or less than 10% women ages 18-64 uninsured. (March of Dimes, 2018)



DEFINITIONS:

Access to Maternal Health Care

Access to hospitals & providers offering women's health and obstetric care.

Barriers to accessing care include lack of health insurance coverage, affordability, and travel time.

Maternal Health Workforce

Obstetrics & Gynecology (Ob-gyn) Physicians, Family Physicians, Nurse Midwives, Women's Health Nurse Practitioners and Physicians Assistants. General Surgeons are sometimes considered part of the maternal health workforce (e.g., for cesarean delivery).

HOW WORKFORCE SHORTAGES AFFECT RURAL MOTHERS:

Rural women have less access to health care, prenatal, obstetric and post-partum services – One in FOUR rural women give birth at a non-local hospital.

Access to prenatal and obstetric services are decreasing in rural areas due to closures of obstetric units and rural and critical access hospitals.

In some areas, almost half of rural women travel over 30 minutes for maternity care.

Travel may delay prenatal care and increase the risk of premature delivery.

EDUCATIONAL TRAINING AND BACKGROUND OF OB-GYN PHYSICIANS IN ARIZONA



- 19.4% completed their undergraduate medical education in Arizona
- 34.4% completed their graduate medical education (residency) in Arizona
- 13.3% completed both undergraduate and graduate training in Arizona
- Of ob-gyn physicians who completed their undergraduate education in Arizona, 63.2% completed their graduate training in Arizona

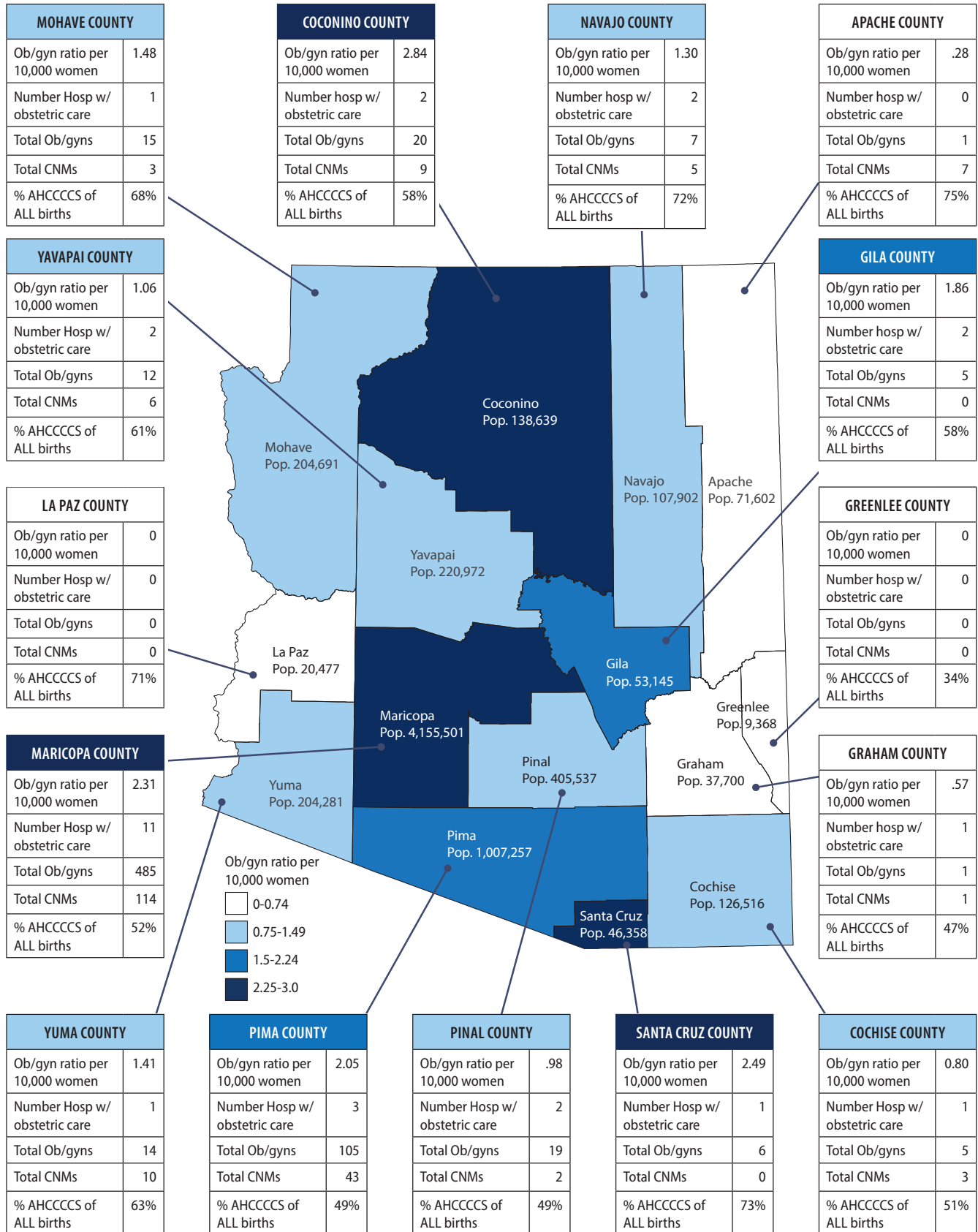


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OB-GYN PHYSICIANS AND CERTIFIED NURSE MIDWIVES BY COUNTY

ARIZONA EST. POP. 7.1 MILLION | 695 OB-GYN PHYSICIANS | 203 CNMS | 2.03 OB-GYNS PER 10,000 WOMEN



Ob-gyn physicians by county rely on Arizona licensure data. CNM data is from the federal National Plan and Provider Enumeration System. Hospitals with obstetrics care is from the Health Resources and Services Administration (HRSA) Area Health Resource File (AHRF). Obstetric care is measured as an affirmative response to the American Hospital Association Facility Survey item about obstetrics beds. There are some cases (e.g., Apache county) where the AHRF lists zero hospitals with obstetrics care. However, vital statistics from the Arizona Department of Health Services show hospitals reporting births in 2018. Data limitations: does not include, family physicians who provide prenatal, obstetric, and post-partum care or NPs and PAs.