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Geographic Access to Urogynecology Care in the United States

Ellie Schmidt

Keywords

Pelvic Floor; Physical Therapists; Health Services Accessibility; Demography

Abstract

Importance: Although access to Urogynecologic care is known to influence patient outcomes, less is known regarding geographic access to care and how it may vary by population characteristics.

Objectives: The primary objective of this study is to estimate geographic accessibility of Urogynecologic services, defined as both board-certified Urogynecologists and pelvic floor specialized physical therapists in the continental U.S. in terms of travel time and by population demographics.

Study Design: We performed a descriptive study using practice location data by ZIP code for all board-certified Urogynecologists who are AUGS members (N=835) and pelvic floor physical therapists (N=985). Using the HERE routing API, driving times from each ZIP code to the nearest provider ZIP code were calculated. These data were then overlaid onto a map of the continental United States. Alaska and Hawaii were excluded because travel in these states is often non-road based. The travel time categories included: <30 minutes, 30 minutes to <1 hour, 1 hour to 2 hours, and >2 hours. Using data from the 2017-2021 5-year American Community Survey, race/ethnicity, age, education, poverty status, disability status, health insurance coverage, and rurality were compared across travel times.

Results: The 31,754 ZIP codes of the continental U.S. were included in the travel time analysis. Of these, 389 (1.23%) had at least 1 Board Certified Urogynecologist and 785 (2.47%) had at least 1 pelvic floor physical therapist. A total of 92.29 million women over age 35 years who live in the continental U.S. were represented in the demographic analyses. 79% of the studied population live within 1 hour of a Urogynecologist and 85% live within 1 hour of a pelvic floor physical therapist. 7% and 3% of the studied population live >2 hours from a Urogynecologist and pelvic floor physical therapist, respectively. Values for travel times to both Urogynecologists and pelvic floor physical therapists indicate that American Indian/Alaska Native have a much greater travel burden than other racial/ethnic groups.

Conclusions: There are population groups with limited geographic access to Urogynecologic care. Pelvic floor physical therapists are more geographically accessible to the population studied than Urogynecologists.