INCOME OPPORTUNITIES AND PHYSICIAN LOCATION TRENDS IN THE UNITED STATES*

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INTRODUCTION

In a highly industrialized society professional manpower is one of the most important resources, which implies that trends in its geographic location have important economic and social implications. The spatial distribution of physicians in relation to population has been highly uneven in the United States for at least several decades.[1] Since this situation must be considered less than ideal from both the economic and the social points of view, the trends in the location of physicians should be of particular interest. The present article seeks to answer three basic questions. First, is there any tendency toward change in the distribution of physicians, and if so, is the long-run tendency toward a more even or a more uneven distribution pattern? Second, what is the role of physician location trends in the distributive pattern? Third, to what extent are the observed changes in physician location accounted for by such variables as population and per capita income, which may be taken to reflect income opportunities for physicians? It should be borne in mind that a more even distribution of physicians in relation to population can come about either because more physicians move to areas with a physician shortage or because more people move to areas with a relative physician surplus.

The time period covered by the analysis is from 1950 to 1959. This is a rather short period, but its choice is dictated by the fact that adequate and comparable data on physician location are available only for these two dates. The data are from the health manpower surveys of the U.S. Public Health Service.[2] The location trends over this period will be related to the following variables: (1) the degree of urbanization, (2) the regional shift in population, (3) the regional per capita disposable income at the beginning of the period, and (4) the increase in regional per capita income during the period. The choice of these variables is again limited partly by the availability of data and partly by the nature of the analysis, which is primarily statistical. A priori, the most important omission among variables would seem to be the income of physicians. Relevant comparative regional

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[1] An analysis of this distribution can be found in G. V. Rimlinger and H. B. Steele, "An Economic Interpretation of the Spatial Distribution of Physicians in the U.S.," *Southern Economic Journal*, July 1963, pp. 1–12.

[2] The 1950 data are from M. Y. Pennell and M. E. Altenderfer, *Health Manpower Source Book*, section 4, U.S. Public Health Service (Washington, D.C.: U.S. Government Printing Office, 1954); and the 1959 data are from W. H. Steward and M. Y. Pennell, *Health Manpower Source Book*, section 10, U.S. Public Health Service (Washington, D.C.: U.S. Government Printing Office, 1960).