

# Health Professional Shortage Areas: A Resource for Tribal Partners

## Health Resources and Services Administration

### What is a HPSA?

A Health Professional Shortage Area ([HPSA](#)) is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals. There are three HPSA disciplines: Primary Care, Dental Health, and Mental Health. Maternity Care Health Professional Target Areas ([MCTAs](#)) are areas within a designated primary Care HPSA that are experiencing a shortage of maternity health care professionals.

Section 332 of the Public Health Service Act governs HRSA's rules for designating shortage areas, including specifying what criteria must be considered. HRSA funds State Primary Care Offices (PCOs) to conduct needs assessments in their states, determine what areas are eligible for designations, and submit shortage designation applications to HRSA's Shortage Designation Management System (SDMS).

HRSA reviews the applications from PCOs in SDMS. Once a designation application is approved by HRSA, HRSA calculates and assigns a HPSA score.

By statute, almost all Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs) are [auto-HPSAs](#). This means that applications to designate ITUs are automatically approved (ITU applications are updated quarterly from a list provided by the Indian Health Service – while approval is automatic, the full process may take weeks or months). ITUs that only offer substance-use disorder (SUD) services are not auto-HPSAs, but they [can still apply](#) and be designated.

All auto-HPSA facilities have a point-of-contact with access to SDMS and the SDMS manual for ITUs.

### How is a HPSA score calculated?

HRSA calculates scores using standard national data sets built into SDMS. There are three criteria used for all three HPSAs (as well as MCTAs), and the data sources for these criteria cannot be substituted: Population-to-Provider Ratio, percentage of the population below the federal poverty level ([FPL](#)), and travel time to the nearest source of care (NSC). Local data submitted by PCOs may be accepted to supplement or replace the default data sources for the other criteria. The table below shows which criteria are considered for each of the three primary types of HPSAs, their weights for each HPSA type, the default data sources used by SDMS, and whether the default data source can be replaced.

For ITUs, the HPSA score criteria that use Census data only use data on American Indian/Alaska Native (AI/AN) individuals within ITU's service area.



Criterion	Primary Care	Dental Health	Mental Health	Default Data Source	Adjustable (Yes/No)
Population-to-Provider Ratio	10	10	7	State PCO submits data	No*
% Population below FPL	5	10	5	US Census Bureau	No
Infant Health Index	5			US CDC	No
Travel time to NSC	5	5	5	State PCO and SDMS	Yes
Water Fluoridation Status		1		State PCO submits data	Yes
Elderly Ratio			3	US Census Bureau	No
Youth Ratio			3	US Census Bureau	No
Alcohol Abuse Prevalence			1	State PCO submits data	Yes
Substance-use Prevalence			1	State PCO submits data	Yes
<b>Max Possible HPSA Score</b>	<b>25</b>	<b>26</b>	<b>25</b>		

\*While data for the Population-to-Provider Ratio cannot be substituted, it may be supplemented by additional data (e.g., data on transient populations in a service area).

MCTA scores also account for fertility rate, [social vulnerability](#), and [maternal health indicators](#). A higher MCTA score can substitute a primary care HPSA Score for specialized providers in some HRSA programs.

### What are ITU scores currently?

Data on all HPSA scores are available at [HRSA's Data Warehouse](#). As of FY22, there were 886 ITUs with a HPSA designation and score. The table below shows the number and proportion of ITUs within each sub-range for each type of HPSA score.

ITU HPSA	Score of 17+		Score of 16-7		Score of 6-0		Total ITUs
Primary Care Score	516	58.24%	325	36.68%	45	5.08%	886
Dental Health Score	570	64.33%	285	32.17%	31	3.50%	886
Mental Health Score	410	46.28%	473	53.39%	3	0.34%	886

### How can a HPSA score be updated?

HRSA cannot initiate a HPSA score review, nor can HRSA manually update any individual scores. Any changes to a HPSA score must be initiated by the respective State PCO. Most updates occur when there are significant changes to data that was initially used to calculate a HPSA score. However, it is possible to request an update to a HPSA score using supplemental data at any time.

State PCOs regularly submit rescore requests, which must be done through SDMS. HRSA reviews and approves the rescore requests. Common requests that result in updated scores include: number of providers at a healthcare facility (Population-to-Provider Ratio), alcohol abuse and substance-use prevalence, and water fluoridation status.



## Who should I contact about updating the HPSA score for an ITU?

All designated ITUs have an on-site point-of-contact with access to SDMS, as well as an SDMS User Guide for ITUs. The SDMS User Guide for ITUs is the best resource for technical questions about how supplemental data can be entered into SDMS.

[State PCOs](#) are required to provide technical assistance to all designated facilities in the state. Depending on the state, some PCOs have staff dedicated to ITUs, or to regions within the state where ITUs operate. State PCOs have specialized knowledge of the HPSAs in their states and are an essential point of contact for partners interested in rescoreing.

HRSA engages directly with ITU partners as needed. HRSA also has regional staff that perform site visits to ITUs and can provide ad hoc technical assistance related to workforce programs. HRSA's Bureau of Health Workforce (BHW) provides technical assistance to State PCOs on complex designation, scoring, and SDMS issues. To get help from HRSA, contact the Office of Tribal Affairs at [aianhealth@hrsa.gov](mailto:aianhealth@hrsa.gov).

### Notes from BHW:

The US Census Bureau has [publicly announced](#) that AI/AN populations are undercounted in their data, most recently following the 2020 Census. As a result, calculations that rely in part on Census data, such as HPSA scores, can be assumed to have limitations when used to measure tribal communities.

However, many ITUs are eligible to receive various types of priority and preference for BHW programs. For example, each year since 2020, Congress has mandated a \$15 million set-aside in the National Health Service Corps (NHSC) Loan Repayment Program ([NHSC LRP](#)) for applicants serving at ITUs. As a result, all eligible healthcare professionals who were working at ITUs and submitted complete NHSC loan repayment applications have received awards since 2020.

Each appropriation of the \$15 million set-aside has been "no-year" funding, meaning HRSA is able to use the amounts remaining from previous years for future NHSC application cycles. HRSA seeks to expend the set-aside funds in a way that maximizes the number of awards to applicants serving at ITUs. HRSA achieves this by using set-aside funds for applicants from ITUs with HPSA scores that may have been too low to be funded otherwise.

A minority of the funding from the previous years' NHSC ITU set asides has been carried over since 2020. HRSA hopes to significantly increase the number of NHSC applicants from ITUs during future cycles in order to award all past and future funds that Congress has reserved for loan repayment to healthcare providers serving tribal communities.

NHSC set-aside funds are presently available (May 2023) for applicants from any NHSC ITU site who is eligible and submits a complete application during future NHSC application cycles. Below is a list of actions ITUs can take to become eligible and/or competitive sites for NHSC and other BHW programs.



### ***Become a National Health Service Corps Site***

Most ITUs are already NHSC sites or [will be automatically approved after applying](#). NHSC applicants working at ITUs have a very high likelihood of receiving an award. ITUs should encourage their health professionals to submit NHSC loan repayment applications, even if the ITU has a low HPSA score.

### ***Apply to be an NHSC-approved SUD Treatment Facility and SAMHSA-certified Opioid Treatment Program***

After becoming an NHSC site, consider completing the [NHSC Comprehensive Behavioral Health Services Checklist](#) and [SAMHSA Opioid Treatment Program \(OTP\)](#) certification processes. Use these certifications to recruit providers who have specialized training in SUD treatment AND: are certified in NHSC SUD LRP-specific professions (SUD Counselors, Pharmacists, Registered Nurses [RNs]); are interested in a 3-year service commitment; and/or are interested in working at an NHSC-approved SUD site. These providers will have tier 1 priority for the NHSC Substance-use Disorder Workforce Loan Repayment Program ([NHSC SUD LRP](#)).

### ***Consider the NHSC Rural Communities Loan Repayment Program (if rural ITU)***

If the ITU is rural, after completing the NHSC Comprehensive Behavioral Health Services Checklist, consider the NHSC Rural Communities Loan Repayment Program ([NHSC RC LRP](#)). Applicants from facilities who have previously received funding from HRSA's Rural Communities Opioid Response Program ([RCORP](#)) will receive tier 1 priority. If the ITU has not previously received RCORP funding, but is a SAMHSA-certified OTP, applicants can still receive tier 2 (with specialized SUD training) or tier 3 (without specialized SUD training) priority for NHSC RC LRP. Use these statuses to recruit providers who: are certified in NHSC SUD LRP-specific professions (SUD Counselors, Pharmacists, RNs) OR are certified registered nurse anesthetists (CRNAs) — this is the only NHSC LRP that CRNAs are eligible for; are interested in a 3-year service commitment; are interested in working at a rural NHSC-approved SUD site; and/or are interested in maximizing their total potential award amount for a 3-year service commitment.

### ***Consider the NHSC's Students to Service Loan Repayment Program ([S2S LRP](#))***

The S2S LRP offers up to \$120,000 in loan repayment to physicians, dentists, nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs) who are completing their final year of school in exchange for a two-year service commitment at/in a HPSA, regardless of HPSA score. Funding preference is given to applicants most likely to serve in a HPSA and/or with a disadvantaged background. Sites may only host one S2S participant per yearly placement cycle.

### ***Consider the NHSC Scholarship Program ([SP](#))***

In addition to its portfolio of loan repayment programs, the NHSC funds scholarships for individuals studying to become healthcare providers in exchange for a two-year service commitment in a HPSA following graduation. There is a minimum HPSA score for NHSC SP eligible sites that is calculated each year based on the entities that post openings for scholars and their scores (the lowest of the top X entity scores, where X is the number of eligible scholars graduating in a placement period, times two). Sites may only host one NHSC Scholar participant per yearly placement cycle.



### ***Consider other HRSA BHW programs:***

HRSA awards NHSC loan repayment contracts in descending order of the HPSA score of the eligible applicant. However, many other programs outside of the NHSC that use HPSAs either a) only require a HPSA designation and do not consider HPSA score, or b) have a minimum scoring threshold (e.g., the applicant must serve at a facility with a minimum HPSA score of 7).

In addition to administering the NHSC Program, HRSA awarded over \$1 billion in other grants, cooperative agreements, and contracts (loan repayment and scholarships) to strengthen the primary care workforce in FY22. [Learn more about HRSA's work in your area.](#)

ITUs, as well as other tribal entities (e.g., tribal governments, regional tribal health consortiums, etc.), are eligible for many BHW programs beyond NHSC. Recent examples of BHW programs for which tribal entities were awarded include the [Opioid Impacted Family Support Program in FY2020](#) (Northwest Portland Area Indian Health Board and Alaska Native Tribal Health Consortium) and the [Community Health Worker Training Program in FY2022](#) (Northwest Portland Area Indian Health Board). ITUs with unmet workforce needs may request information about other HRSA programs that have upcoming competitions for which ITUs will be eligible. ITUs interested in a consultation with HRSA programs should send a request detailing their situation and workforce needs (e.g., doctors, pharmacists, dentists, nurses, etc.) to HRSA's Office of Tribal Affairs. You may contact the Office of Tribal Affairs at [aianhealth@hrsa.gov](mailto:aianhealth@hrsa.gov).

### ***Consider recruiting a foreign provider through the J-1 Visa Waiver process***

A J-1 Visa allows an international medical graduate (IMG) to enter the United State in order to participate in a medical residency, fellowship, or research program. IMGs on a J-1 Visa must return home for two years after their training is completed. This provision may be waived if the IMG agrees to serve for three years in a HPSA with a minimum score of 7 (or in a [Medically Underserved Area/Population](#)). Several federal agencies, including HHS/HRSA, can request waivers. Waivers can also be submitted through [Conrad 30](#) programs at the state level. The J-1 Visa Waiver is a complex, interdepartmental process for both the provider and the site, however it can also be rewarding for communities in need of providers. For more information about the J-1 visa waiver process through HHS, please visit the [HHS Exchange Visitor Program website](#). You may also contact HRSA's Office of Tribal Affairs at [aianhealth@hrsa.gov](mailto:aianhealth@hrsa.gov).