

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

Criterion	Primary Care	Dental Health	Mental Health
Population-to-Provider Ratio	10	10	7
% Population below FPL	5	10	5
Infant Health Index	5		
Travel time to NSC	5	5	5
Water Fluoridation Status		1	
Elderly Ratio			3
Youth Ratio			3
Alcohol Abuse Prevalence			1
Substance-use Prevalence			1
Max Possible HPSA Score	25	26	25

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 for a primary care HPSA Score for purposes of placement of specialized maternal health providers in some NHSC programs.

What are ITU scores currently?

Data on all HPSA scores are available at [HRSA's Data Warehouse](#). As of FY24, there were 893 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%	328	37%	52	5%	893
Dental Health Score	566	63%	296	33%	34	4%	893
Mental Health Score	406	45%	485	54%	5	1%	893

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 or Site Point of Contact. Most updates occur when there are significant changes to data that was initially used to calculate a HPSA score. It is possible to request an update to a HPSA score using supplemental or system 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: changes in the number of providers at a healthcare facility (Population-to-Provider Ratio), alcohol abuse and substance-use prevalence, and water fluoridation status.

The data points that non-Uniform Data System (UDS) reporting sites may update include:

- Patients Served by Zip Code



- Patients Served by Zip Code at or Below 100% Federal Poverty Level
- Infant Mortality Rate/Low Birth Weight
- Fluoridated Water Indicator
- Elderly Ratio
- Youth Ratio
- Substance Misuse Prevalence
- Alcohol Misuse Prevalence
- Site Geocoding

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. To register to be an on-site point-of-contact, please visit the [Bureau of Health Workforce Portal](#).

[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 essential 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.

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 2020-2023, 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, with the combination of the ITU set-aside and the mandatory funding provided to the NHSC, all eligible healthcare professionals who were working at ITUs and submitted complete NHSC loan repayment applications have received awards since 2020. Most recently, in FY 2024, Congress increased ITU appropriations to \$15.6 Million.

Each appropriation of set-aside funding has been "no-year" funding, meaning HRSA is able to use the amounts remaining from previous years for future NHSC application cycles. 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 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](#). ITUs should encourage their health professionals to submit NHSC loan repayment applications, even if the ITU has a low HPSA score as NHSC applicants working at ITUs have a very high likelihood of receiving an award.

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 from those sites can still receive tier 2 (with specialized SUD training) or tier 3 (without specialized SUD training) priority for NHSC RC LRP. NHSC approved sites 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. Starting in FY24, maternal care providers are additionally eligible for a supplemental award of \$40,000. 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. Sites may only host one NHSC Scholar participant per yearly placement cycle.

Consider the Nurse Corps Loan Repayment Program ([NCLRP](#))

The Nurse Corps Loan Repayment Program (NCLRP) offers professional Registered Nurses, including Advanced Practice Registered Nurses, up to 85% of their outstanding qualifying nursing education loan balance in exchange for service at health care facilities with a critical shortage of providers or in eligible schools of nursing. Participants are awarded 60% (30% each year) for the initial two-years of service and can complete an optional third year of service for an additional 25% of their original qualifying loan balance. American Indian Health Facilities are considered eligible Nurse Corps Loan Repayment Program sites if they are located in, designated as, or serving a primary care or mental health HPSA. There is no limit on how many Nurse Corps participants may be working at a site.

Consider the Nurse Corps Scholarship Program ([NCSP](#))

The Nurse Corps Scholarship Program provides scholarships to nursing students in exchange for a minimum two-year, full-time service commitment (or part-time equivalent) at an eligible health care facility with a critical shortage of nurses. Participants' service obligation is a minimum of two years but not more than four years after obtaining their nursing licensure, depending on how long they received support. American Indian Health Facilities are considered eligible Nurse Corps Scholarship Program sites if they have HPSA score of 14 or higher.

Consider other HRSA BHW programs

In addition to administering the NHSC Program, HRSA awarded over \$1 billion in other grants, cooperative agreements, and contracts to strengthen the primary care workforce in FY24. Many of these programs rely on use of HPSA designations for priority or preference determinations. [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 to HRSA's Office of Tribal Affairs. You may contact the Office of Tribal Affairs at 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 States 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.