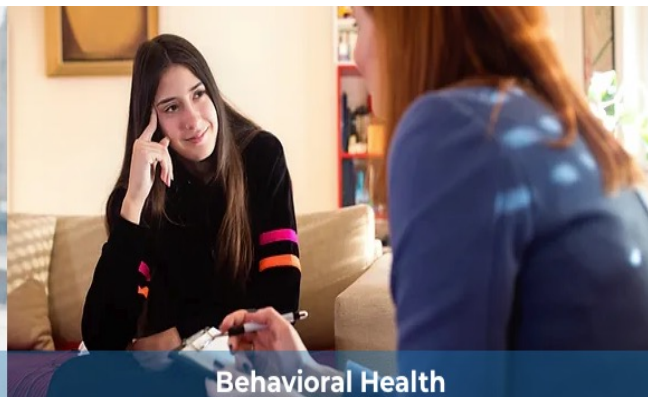
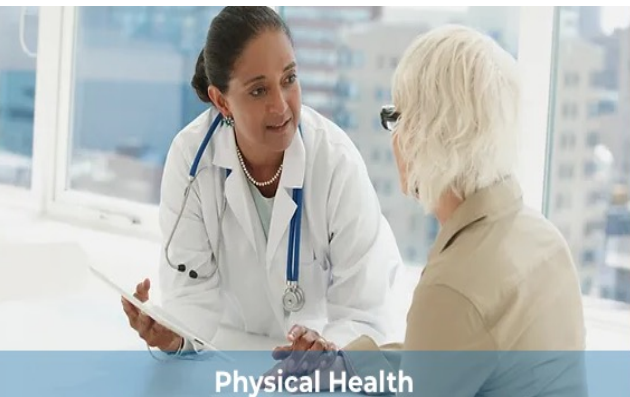


# SLO Healthcare Workforce Partnership

## Partnership Meeting 7/11/24

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# Summary of Recent Research

- Medical Service Study Areas (MSSAs)
- Health Professional Shortage Areas (HPSAs)

# Medical Service Study Areas (MSSAs)

- Existing guidelines in existence since the early 1980s.
- Developed by OSHPD (predecessor to HCAI) to prioritize Song-Brown grant funding for nursing and primary care physicians.
- Recognized by Health Resources and Services Administration (HRSA) as California's Rational Service Areas (RSAs) for healthcare delivery since 1990s.
- Service area component of provider shortage area designations (including Health Professional Shortage Areas).
- Used by HCAI to prioritize workforce development efforts.
- Beginning with the 1990 census, the MSSA boundaries are reassessed by analyzing changes in population, demographics, socioeconomics, and census tracts.



# Medical Service Study Areas (MSSAs)

## Current MSSA Guidelines:

- One or more complete census tracts
- Cannot cross county boundaries
- All population centers in a MSSA are within 30 minutes travel time to the largest population center.
- MSSA aligns with “communities” in the sense of geographic, cultural, and sociodemographic similarities.
- Must be characterized as Urban, Rural, or Frontier (State Definition):
  - **Urban MSSA:**
    - Population range of 75,000-125,000
    - Reflect recognized community and neighborhood boundaries
    - Similar demographic and socio-economic characteristics
  - **Rural MSSA:**
    - Population density of less than 250 persons per square mile
    - Population center cannot exceed 50,000
  - **Frontier MSSA:**
    - Population density of 11 persons per square mile or less.



# Medical Service Study Areas (MSSAs)

## MSSA Redevelopment:

- Existing guidelines in existence since the early 1980s.
- Update guidelines to be data-driven, justifiable, automated, and scalable based on available data.
- Create MSSAs that better represent strong community identity.

## Revisions to MSSA Guidelines:

- ***Identify communities:***
  - Base them on census tracts and stay within county boundaries.
  - Use Census Places from the US Census Bureau to define communities (i.e., unincorporated communities that are locally recognized AND incorporated places, such as cities).
  - Combine Census Places that are within 30 minutes of drive time in urban areas and 60 minutes in rural areas.
  - For large urban areas, use the Economic Hardship Index (EHI) to identify smaller MSSAs with similar EHI values.
- Create rural MSSAs with larger populations to ensure meaningful analysis.
- Maximum population sizes remain the same (250,000/MSSA).



# Medical Service Study Areas (MSSAs)

## Next Steps by HCAI:

- Identify the appropriate definition for “Rural.”
- Finalize the new guidelines and host regional webinars to discuss the new boundaries with the public, county offices, clinics, and other stakeholders.
- Post the data to the HCAI website for public access.
- Input the new boundaries into HRSA’s system for use in HPSA designations.
- Update existing HCAI maps and data that use MSSAs as a layer.

The new MSSAs will go into effect in 2025 to align with HRSA’s updating of HPSA designations.



Hovik Khosrovian, Senior Policy Advisory, Health Workforce Development, HCAI

# Health Professional Shortage Areas (HPSAs)

- Designated by Health Resources & Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers:
  - Geographic (a county or Medical Service Study Area)
  - Population (e.g., low income or Medicaid eligible)
  - Facilities (e.g., federally qualified health centers, state or federal prisons)
- Scores are updated every 3 years.



# Health Professional Shortage Areas (HPSAs)

## Health Professions Shortage Area (HPSAs) Population to Provider Ratio Requirements

3 Categories:	Primary Care	Mental Health	Dental
1. Geographic	>3,500:1	>30,000:1	>5,000:1
2. Geographic with high need	>3,000:1	>20,000:1	>4,000:1
3. Population Low-Income/ Medicaid Eligible/ Homeless/Migrant Farm- workers	>3,000:1	>20,000:1	>4,000:1





## Category 2: MSSA Geographic with High Needs Population Designation Requirements

High Need Population Designation Requirements	Primary Care (must meet one of the "Xs" below)	Mental Health (must meet one of the "Xs" below)	Dental Health (must meet one of the "Xs" below)
1. More than 20% of population must be at or below 100% Federal Poverty Level (FPL)	X	X	X
2. More than 100 births per year per 1,000 women ages 15-44	X		
3. More than 20 infant deaths per 1,000 live births	X		
4. More than 50% of the population has no fluoridated water			X
5. The youth ratio (# of person <18 to the # of adults ages 18 to 64) is greater than 0.6)		X	
6. The elderly ratio (# of person >65 to the # of adults ages 18-64) is greater than 0.25		X	
7. Alcohol or substance abuse prevalence data showing the area to be in the worst quartile nationally, state, region		X	



### Category 3: MSSA Low Income/Medicaid Eligible Population Requirements

Low Income Primary Care, Dental, and Mental Health	At least 30% of the population must be at or below the 200% FLP (before adding homeless and farmworkers)
Primary Care and Dental Health	Medicaid Eligible Count: Medicaid Visits (5,000 visits = 1 FTE Provider)

### Contiguous Area (CA) Analysis and Nearest Source of Care (NSC) Requirements:

In addition to population demographics, an analysis of Contiguous Areas (the distance providers are from the population center in terms of travel time) and Nearest Source of Care (the travel time and distance the population in the MSSA would have to travel outside of their MSSA to seek care) is calculated to determine the final HPSA score.



# Health Professional Shortage Areas (HPSAs)

## **Primary Care Score Criteria (ranging from 0-25):**

- Population to provider ratio
- Population below 100% federal poverty level
- Infant mortality or low birth weight
- Travel time or distance to nearest source of care

## **Mental Health Score Criteria (ranging from 0-25):**

- Population to provider ratio
- Population below 100% Federal poverty level
- Elder/youth ratio
- Prevalence of substance/alcohol misuse
- Travel time or distance to nearest source of care

## **Dental Health Score Criteria (ranging from 0-26):**

- Population to provider ratio
- Population below 100% federal poverty level
- Fluoridated water (50% or more of population lacking access)
- Travel time or distance to nearest source of care



# Health Professional Shortage Areas (HPSAs)

## Benefits of Designation as a HPSA:

- ***Recruitment & Retention Benefits:***
  - NHSC Loan Repayment and Scholar Placement
  - State Loan Repayment Program (SLRP)
  - Nurse Corps Loan Repayment and Scholar Placement
  - Office of Health Workforce Development Loan Repayment Scholarship Programs
  - J-1 Visa Waiver Program
  - Expedited Medical Licensure - Medical Board of CA
- ***Financial Benefits:***
  - Rural Health Clinic (RHC) Certification
  - 10% Medicare Bonus Payment for geographic HPSAs only (does not apply to FQHCs or RHCs)
  - Registered Dental Hygienist in Alternative Practice (RDHAP) – Dental Board of CA



## SLO COUNTY HEALTH PROFESSIONAL SHORTAGE AREAS

HPSA Name	Designation Type	Status	Rural Status	Designation Date	Update Date
<b>Primary Care, Mental Health, Dental Health</b>					
<b>Community Health Centers Of The Central Coast, Inc.</b>	<b>Federally Qualified Health Center</b>	<b>Designated</b>	Non-Rural	10/21/2003	09/10/2021
	<b>16 Sites / Cities</b>				
	4 San Luis Obispo		Non-Rural		
	2 Paso Robles		Non-Rural		
	2 Templeton		Non-Rural		
	1 Atascadero		Non-Rural		
	1 San Miguel		Non-Rural		
	1 Cambria		Rural		
	3 Arroyo Grande		Non-Rural		
	1 Nipomo		Non-Rural		
	1 Oceano		Non-Rural		
<b>Mental Health</b>					
<b>MSSA 171/172 - Arroyo Grande/San Luis Obispo</b>	<b>High Needs Geographic HPSA (27 census tracts)</b>	<b>Designated</b>	Non-Rural	03/07/2022	03/07/2022
<b>Dental Health</b>					
<b>ME-MSSA 173 - El Paso de Robles/Lake Nacimiento/San Miguel</b>	<b>Medicaid Eligible Population HPSA (9 census tracts)</b>	<b>Designated</b>	Partially Rural	10/24/2022	10/24/2022
<b>LI/MSSA 172 - San Luis Obispo</b>	<b>Low Income Population HPSA (14 census tracts)</b>	<b>Designated</b>	Non-Rural	11/17/2022	11/17/2022



### Areas or Facilities Withdrawn from HPSA Designation

<b>HPSA Name</b>	<b>Designation Type</b>	<b>Status</b>	<b>Rural Status</b>	<b>Designation Date</b>	<b>Update Date</b>
California Men's Colony	Correctional Facility	Withdrawn	Non-Rural	03/08/2007	06/29/2012
Atascadero State Hospital	State Mental Hospital	Withdrawn	Non-Rural	09/06/2018	01/02/2024
Nipomo/Arroyo Grande	Geographic HPSA	Withdrawn	Non-Rural	04/12/1978	04/02/1984
Low Income - PASO ROBLES (MSSA 173)	Low Income Population HPSA	Withdrawn	Partially Rural	05/21/2001	11/03/2011
Low Income/MFW - ARROYO GRANDE (MSSA 171)	Low Income Migrant Farmworker Population HPSA	Withdrawn	Partially Rural	05/21/2001	11/03/2011
Low Income/Migrant Farmworker/Homeless - Atascadero	Low Income Homeless Migrant Farmworker Population HPSA	Withdrawn	Partially Rural	11/19/2001	11/03/2011
Low Income/MFW - MSSA 173/El Paso de Robles	Low Income Migrant Farmworker Population HPSA	Withdrawn	Partially Rural	05/04/2004	01/02/2024
Low Income-MSSAs 171& 172/Arroyo Grande//San Luis Obispo	Low Income Population HPSA	Withdrawn	Non-Rural	08/12/2013	01/02/2024



# **SLO Healthcare Workforce Partnership Community Forum**



# Community Forum Planning

## ***Poll for Potential Dates:***

- Check mark each date that you are available.
  - Tuesday, October 29, 2024
  - Wednesday, October 30, 2024
  - Tuesday, November 5, 2024
  - Wednesday, November 6, 2024

## ***Invitees could include (target = 100 attendees?):***

- HR representatives & other employees from healthcare organizations
- Healthcare practitioners (physical, behavioral, oral health)
- Chambers of Commerce (SLO Business & Economic Development Council)
- First 5, SLOCAP, and other community-based non-profits
- Legislative Leaders (local and state-level)
- General public





# Community Forum Planning

## ***Potential Framework for the Program:***

- 11:00am to 12:00pm Registration, Lunch, Networking
- 12:00 to 12:15pm Welcome, Intros, Overview of the Partnership
- 12:15 to 12:30pm Problem Statement: Highlights of the Data and Research (10-year trends, survey results, HPSA designations, etc.)
- 12:30 to 1:20pm Recruitment & Retention Program (including audience engagement segment)
- 1:20 to 1:30pm Break
- 1:30 to 2:20pm Healthcare Career Pathways Program (including audience engagement segment)
- 2:20 to 2:30pm Break
- 2:30 to 3:20pm Funding & Advocacy Program (including audience engagement segment)
- 3:20 to 3:30pm Closing



4:00 to 6:00pm  
Career Exploration Program for Local Students



# SLO Healthcare Workforce Partnership

## 2024 Community Forum

### #3: Funding & Advocacy Committee

You have approximately 50 minutes in the agenda to address specific topics relevant to your Committee's work and of interest to an audience of key SLO County stakeholders interested in addressing the critical shortage of health workers. You should allot at least 10 to 15 minutes of your 50 minutes to some type of audience interaction (e.g., Q&A, facilitated discussions with pre-planned questions, soliciting more data/information on the types of information included in the recent survey, etc.). Describe what your program will include:



**SLO Healthcare Workforce Partnership  
2024 Community Forum  
#3: Funding & Advocacy Committee**

**Action Plan**

<b>What actions need to be taken to prepare for this program?</b>	<b>Who will do it?</b>	<b>When will each action be completed?</b>