



ADVOCATES FOR
COMMUNITY HEALTH

United for Health and Innovation

OFFICE HOURS:

HRSA Designations & Communications Strategies in the
MAHA Era

June 25, 2025

HRSA SHORTAGE DESIGNATIONS



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Shortage designation identifies an **area, population, or facility experiencing a shortage of health care services**. Designations are **used to direct federal resources** (e.g. grants & workforce programs) to areas with the greatest need.

- Health Professional Shortage Areas (HPSA)
- Medically Underserved Areas (MUA)
- Medically Underserved Populations (MUP)



3 TYPES OF HPSA DESIGNATIONS

Geographic

Provider shortage for an entire group of people within a defined geographic area

Population

Provider shortage for a specific group of people within a defined geographic area. (e.g. low-income populations, homeless populations, & migrant farmworkers)

*Facility

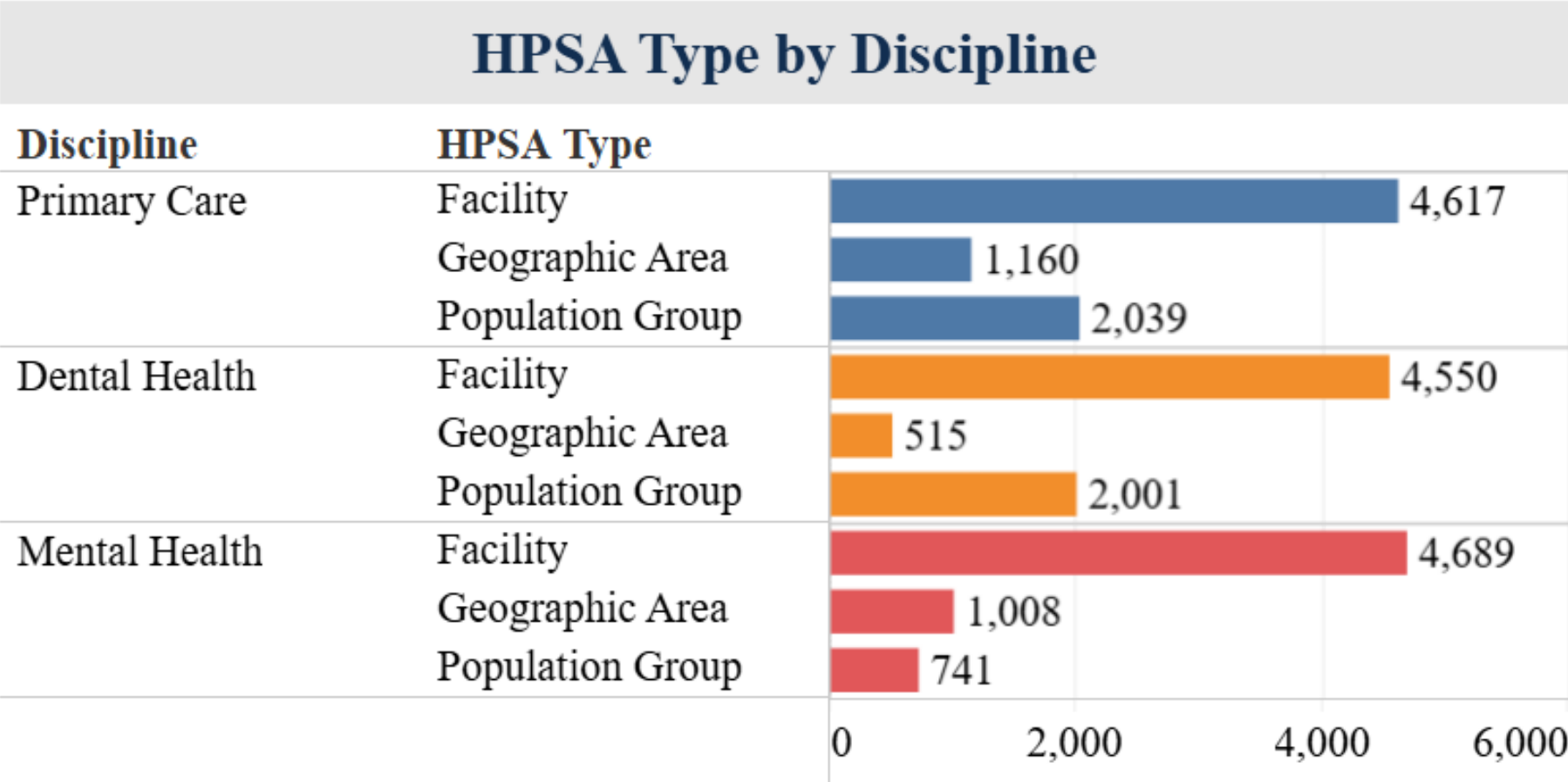
Public or non-profit private medical facilities. They serve a population or geographic area with a shortage of providers. ***FQHCs = Automatic Facility HPSAs.**



NOTE: Not used in CHC resource designation

Within each HPSA type, there are 3 categories:

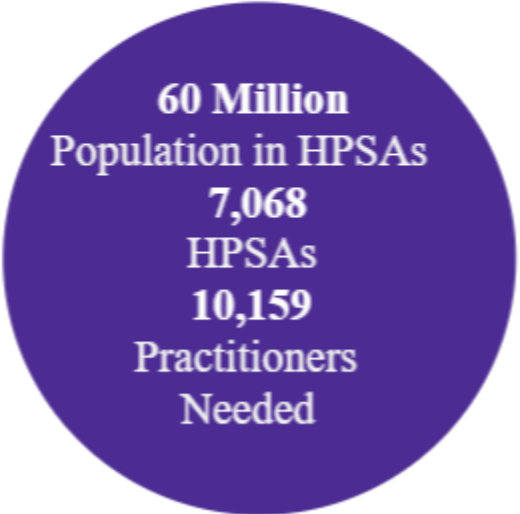
- 1. Primary care
- 2. Dental health
- 3. Mental health



Primary
Care

Dental
Health

Mental
Health



1,357 FQHCs fall under primary care.

Source:
<https://data.hrsa.gov/topics/health-workforce/shortage-areas>



MUA/MUP DESIGNATION

Medically Underserved Areas (MUA)

MUAs have a shortage of primary care health services within geographic areas.

Could include a whole county, group of neighboring counties, group of urban census tracts, group of county or civil divisions.

Medically Underserved Populations (MUP)

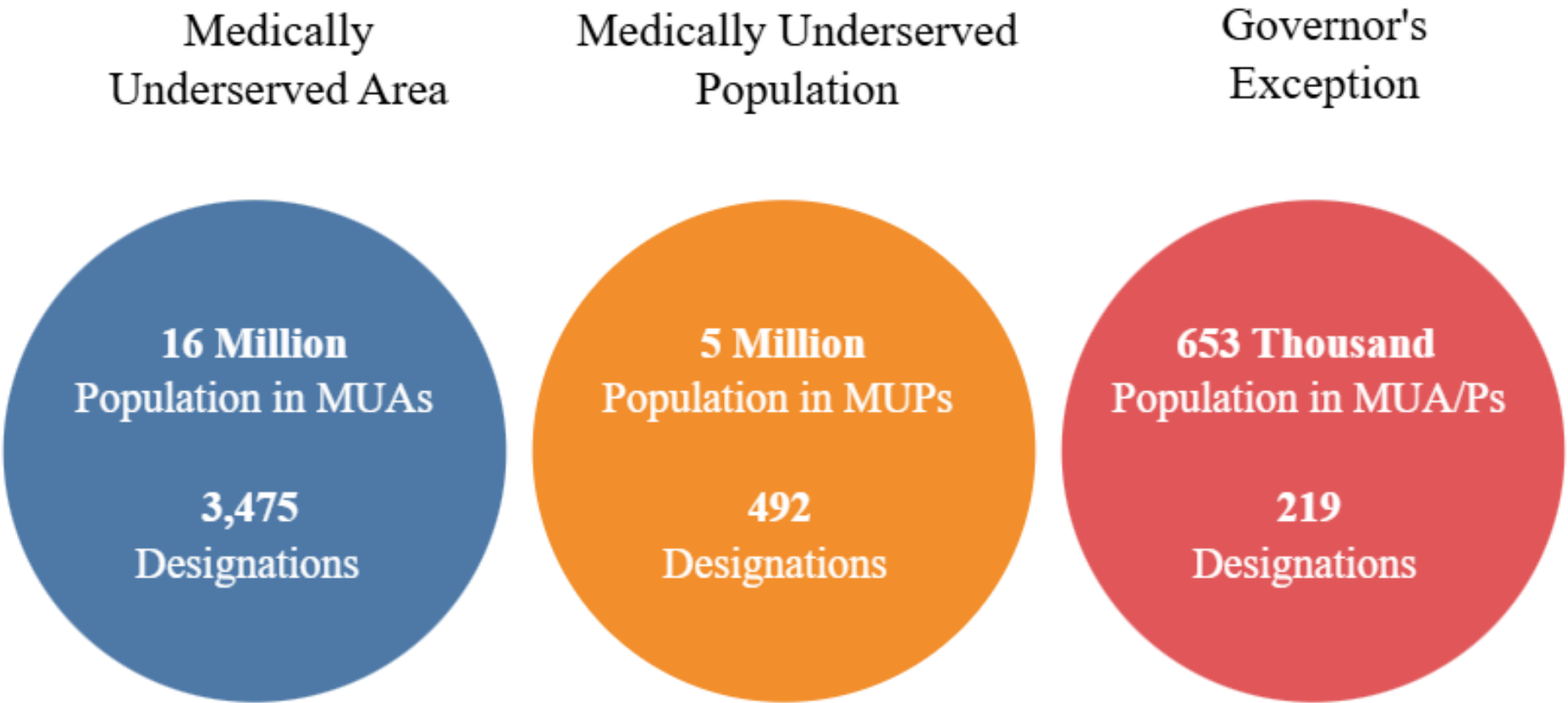
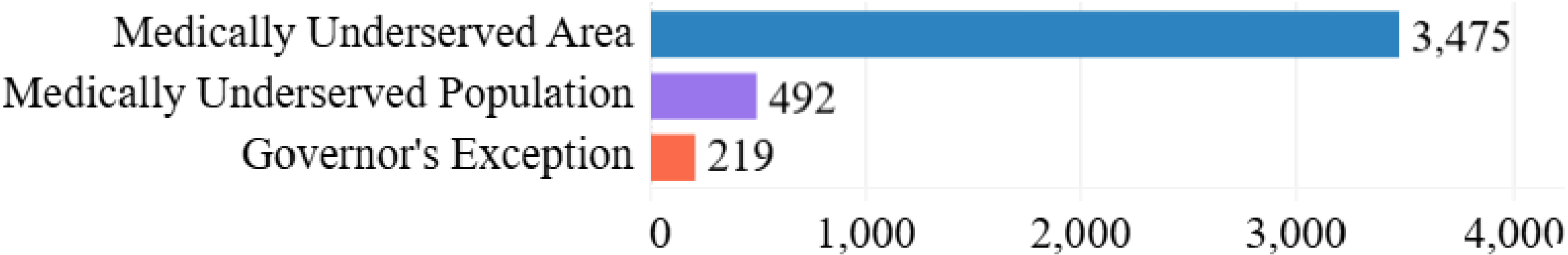
MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care.

Could include people experiencing homelessness, are low-income, eligible for Medicaid, Native Americans, Migrant farm workers



NOTE: Used in CHC resource designation

MUA/P Designation Type Count



Source:
<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

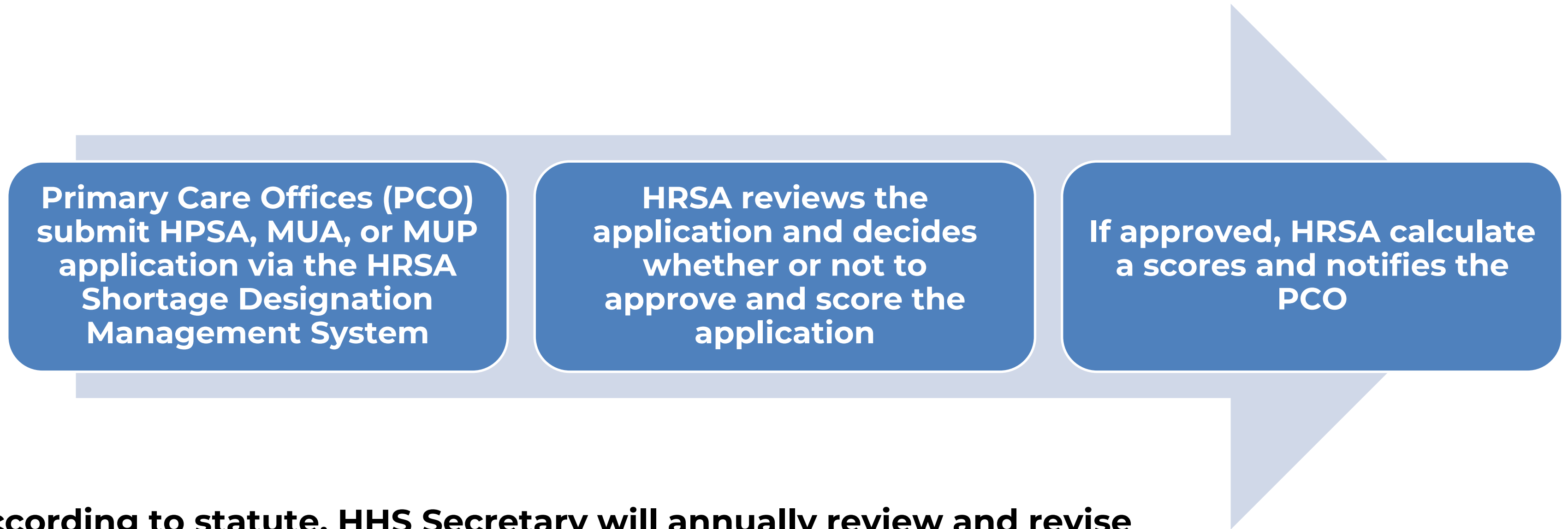


SCORING METHODOLOGY



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DESIGNATION APPLICATION & SCORING



According to statute, HHS Secretary will annually review and revise HPSA designations; however, statute does not require annual MUA/MUP updates.

Based on the HRSA MUA look-up tool, the last significant updating of MUAs/MUPs occurred in the mid-1990s. Some states have voluntarily updated their MUA/MUP designations, but most have not.



HPSA SCORING METHODOLOGY

All HPSA scores (primary care, dental health, and mental health) have 3 common criteria:

- 1) Population-to-provider ratio
- 2) Percent of population below 100% of the Federal Poverty Level (FPL)
- 3) Travel time to the nearest source of care (NSC) outside the HPSA designation area

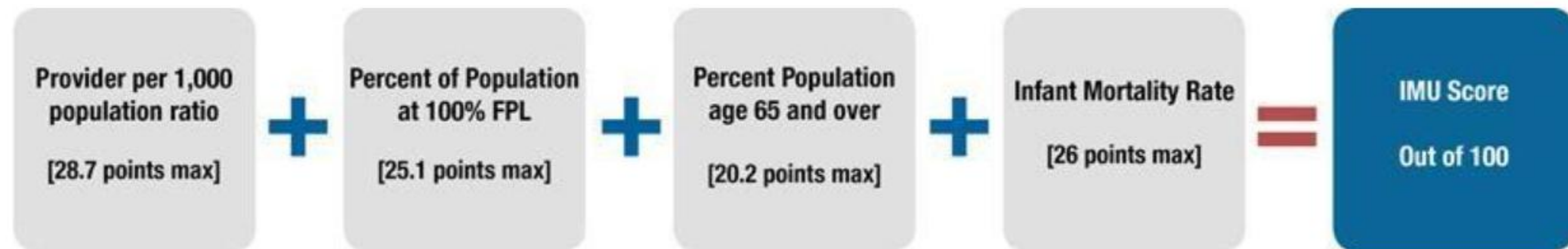
PRIMARY CARE HPSAs can receive a score of 0-25
(no minimum threshold, need at least score of 1):



MUA/MUP SCORING METHODOLOGY

MUA/MUP scores depend on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation.

An area or population can receive an IMU score between 0-100, anything **below a 62** qualifies as an MUA/MUP.



PEVIOUS PROPOSED RULES

In **1998, 2008, and 2011**, HRSA sought to update and modernize the shortage area designation process. Each proposed rule took different approaches, but all called to include PAs and NPs in the provider-to-population ratios. **Ultimately, no proposed rules were placed into effect** – there was overwhelming stakeholder concern that many areas/facilities/populations would lose their designation.

Shortage Designation Modernization Project of 2014 aimed to standardize & streamline how areas were designated. Key outcomes: uniform designation criteria, public access to data, automated scoring system/streamlined review process, **Auto-HPSA designation for FQHCs to reduce burden.**



POTENTIAL THREATS & CHANGES



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October 2006

**HEALTH
PROFESSIONAL
SHORTAGE AREAS**

Problems Remain with
Primary Care Shortage
Area Designation
System

Where Are Provider Shortages?

Reassessing Outdated Methodologies

Bill Finerfrock

PARAGON
HEALTH INSTITUTE

APRIL 2024

1995 GAO report cited this failure to regularly update the MUA/MUP list as a major deficiency.

It states that HHS officials said that the department “no longer reviews the list of MUAs to decide whether any should be de-designated.”

“If the federal government revised the HPSA/MUA/MUP methodologies to include the primary care workforce available in 2024, thousands of communities currently designated as underserved would see their shortage area classification removed.”

“The last significant updating of MUAs/MUPs appears to have occurred in the mid-1990s...many have not been reviewed since their creation in the 1970s and 1980s”

POTENTIAL CHANGES



Review & designate HPSA and MUA/MUP shortage areas using existing methodology annually.



Add NPs and PAs to the Provider-to-Population Ratio calculation - could result in higher scores & therefore, designation loss.



New Special Need MUA/HPSAs subcategory - additional calculation for CHCs/RHCs that excludes physicians, NPs, PAs practicing as a result of the designation program. If no longer underserved = de-designation, if underserved = special need designation.

DISCUSSION



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QUESTIONS

1. Has your state voluntarily updated MUA/MUP? If so, how did that process go?
2. What's your experience/relationship been with your PCO?
3. In your view, what is the most important thing for HRSA to consider in updating HPSA or MUA designations?
4. Are there changes you'd like to see in the redesign?



COMMUNICATIONS STRATEGIES IN THE 2ND TRUMP ADMINISTRATION



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NEW COMMUNICATIONS STRATEGIES: DISCUSSION

- A growing list of words and materials has been scrubbed from government websites and documents and flagged for review by federal agencies.
- The White House has left it to federal agencies to interpret how to comply with executive orders that solely recognize male and female sex or eliminate diversity, equity, and inclusion programs.
- The New York Times published a list of words flagged by federal agencies to ban, limit, or avoid. Additional terms have been reported by Reuters, The Washington Post, Propublica and more.

Words to Avoid using with the Feds (particularly in writing)

20

TOPIC	AVOID	TOPIC	AVOID	TOPIC	AVOID
DEI	Diversity	Sexual Orientation	LGBTQ or any variant	Trauma	Shock, ordeal, damage
	Equity		Sexual Orientation		Injury, moral injury
	Inclusion		Climate		Harm Reduction
	Race	Climate Resiliency	Lived experience		
	Racism	Climate Change	Climate Change	Justice/ Empowerment	Justice
	Ethnicity		Environmental Justice		Empowerment
	Affirmative Action		SDOH, or any variant		Any explanation of why work should be done
	Cultural competency	SDOH	Health-Related Social Needs	Groups or Trainings	Peer Network or Peer Groups
	Racial Justice		Undocumented		Coaching
	Harm Reduction	Immigration	DACA		Bootcamp
	Cultural competency		Sanctuary		Academies
Disparities	Disparities		Safe space	Methods of Sharing Info	Podcasts
	Comparisons of different population groups	Migrant and seasonal agricultural workers		Vulnerable Populations	Vulnerable populations
Gender	Gender	Migrants	Your PCA has a longer list (including alternate terms to consider) that it can share.		COVID
	Transgender			COVID	
	Gender Affirming Care			Work environment	Hybrid work environment
	The concept of gender in any form			Women's Health	Reproductive health care

NEW COMMUNICATIONS STRATEGIES: DISCUSSION OF BEST PRACTICES

Tips and resources:

- Assume that everything you put in writing, or share on a screen, with a Federal HHS employee could be reviewed by AI for specific words/ terms.
- Colleen Meiman has collected and disseminated useful resources on this and other topics that can be found at the LINKS tab on the far left of her [Online Resource Spreadsheet](#).

DISCUSSION



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UPCOMING REMINDERS

- ACH's National Call-In Days for Medicaid

Call 1-877-224-2015 tomorrow for National Call-In Day

- Early bird registration is open now for the CHC Best Practices Meeting in Denver on October 6-7

Register at <https://advocatesforcommunityhealth.org/get-involved/chc-best-practices-meeting/>





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