

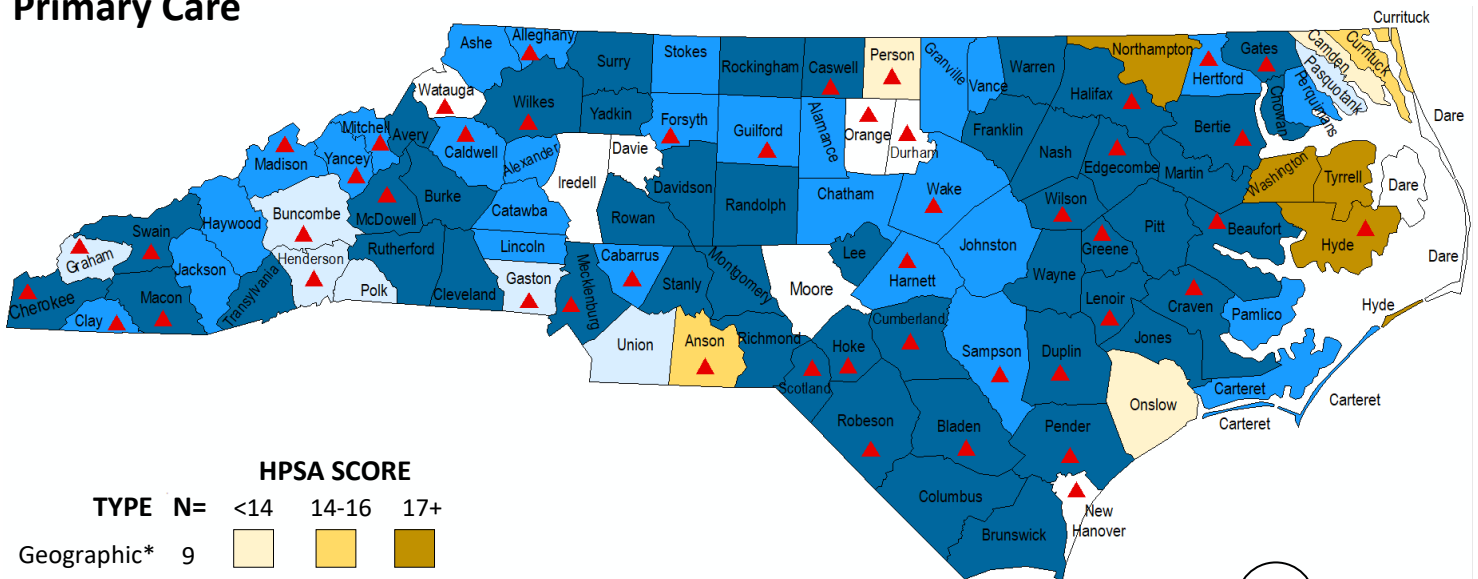
## North Carolina Health Professional Shortage Area

2022 Profile (current HPSA Data as of 06/01/2023)

### Overview:

The North Carolina Office of Rural Health (ORH) works with the federal government and local communities to identify shortages of primary medical care, dental, and mental health providers. These areas or populations are designated as Health Professional Shortage Areas (HPSAs). HPSA designations allow ORH to identify those areas and populations with the most pressing health care access issues and provides a blueprint for how to efficiently utilize state and federal resources to improve access to health care providers. Many state and federal programs use different types of shortage designations as part of several criteria to determine eligibility for incentives such as the National Health Service Corps (NHSC) loan repayment and scholars programs, NURSE Corps loan repayment and scholars programs, Centers for Medicare & Medicaid Services (CMS) incentive bonus payments (for physicians in geographic HPSAs only)\*, the CMS Rural Health Clinic Program, the J-1 Visa Waiver program, the NC state loan repayment program, and the NC state/federal loan repayment program.

### Primary Care



#### HPSA SCORE

TYPE	N=	<14	14-16	17+
Geographic*	9			
Population	83			

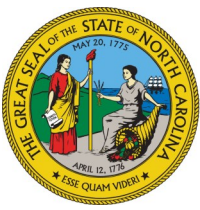
Facility 47 Indicates at least one HPSA facility, does not include correctional facilities or Federally Qualified Health Center (FQHC) satellite sites.

92

Counties with a geographic or population HPSA for Primary Care

**ABOUT SCORING:** The higher the HPSA score the greater the need is for providers in a given area for that HPSA type. The Office of Rural Health strives to reduce shortages in North Carolina by targeting recruiting efforts and resources to areas with the highest needs. HPSA scores are one of the factors used by the NHSC Federal Loan Repayment Program to prioritize awards. HPSAs scores are calculated using data for the service area and for areas surrounding the service area within a designated travel boundary. The scoring data includes provider service hours, census demographic information (population and poverty), Medicaid paid claims data, access to services with a sliding fee schedule payment option, low birthweight and infant mortality rates (only for primary care), access to fluoridated water (only for dental), substance abuse prevalence (only for mental health), and the availability or overutilization of providers in nearby areas.

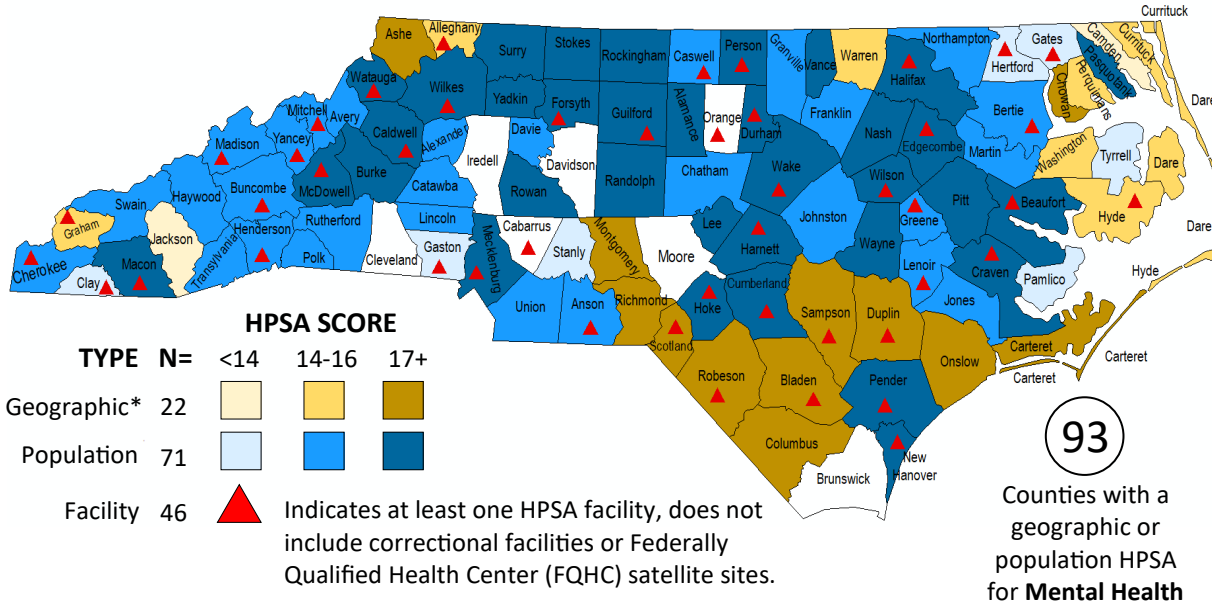




**North Carolina Health Professional Shortage Area**

2022 Profile (current HPSA Data as of 06/01/2023)

**Mental Health**



**HPSA TYPES**



**■ GEOGRAPHIC**  
Includes total population residing in the service area

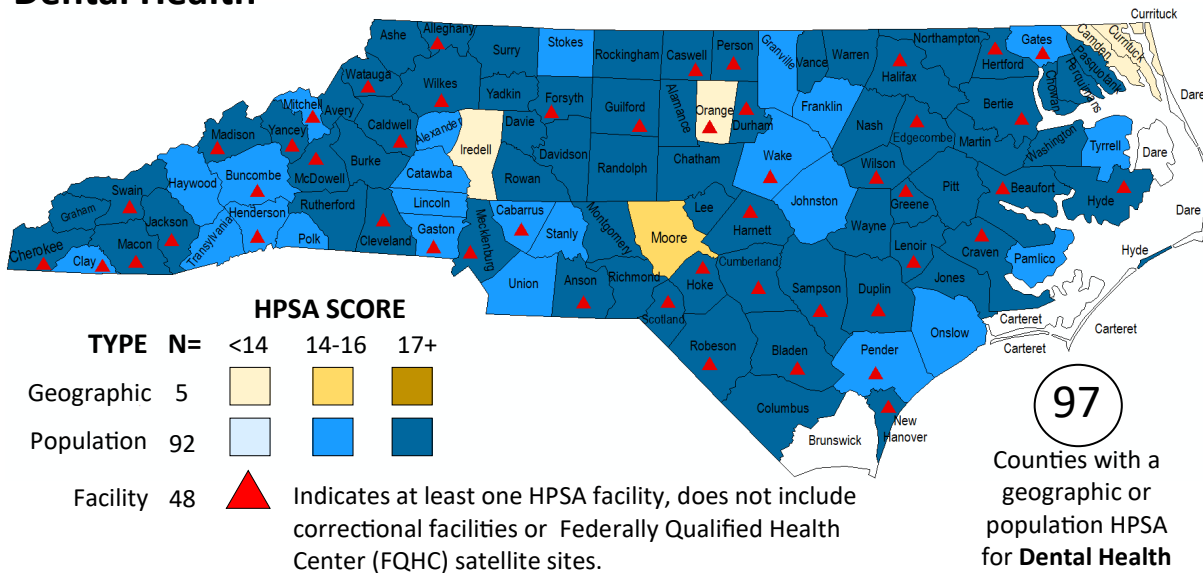


**■ POPULATION**  
A specific population (e.g. low-income) residing in the service area



**▲ FACILITY**  
E.g. FQHC, RHC, state prison, state mental hospital or other facility

**Dental Health**



**ABOUT SERVICE AREAS:** Geographic and population HPSAs may be a whole county, or only part of a county, even though the entire county is shown as shaded. Either way, they must be recognized as a rational service area (RSA) as defined in the federal HPSA guidelines. Some RSAs may be made up of multiple counties, or a county may have more than one RSA within their borders. The boundaries for the same HPSA category (primary care, mental health, or dental) cannot overlap. Counties that do not have HPSA designations may, or may not, have been reviewed recently. Therefore, it is possible there are undesignated counties that may meet HPSA designation criteria.

