California SRSA Guidelines: Current and Future Development

Hovik Khosrovian
California Primary Care Office (PCO) Director
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Objectives

• California Statewide Rational Service Area (SRSA) Background
• Overview of Existing SRSA Guidelines
• Statewide Project for New SRSA Guidelines
Background

• Legislation in the 1970s gave authority for the creation of a Commission to:
  • Develop guidelines and identify areas of unmet need
  • Determine the definition of a rural community
  • Award grants to residency programs within those underserved communities

• The Commission established Medical Service Study Areas (MSSA)
  • California’s “rational service areas” for health care delivery.
  • Geographic units of analysis
Background, cont.

• Use of MSSAs
  • Designate areas of unmet need
  • Prioritize grant funding
  • Display data through Geographic Information System (GIS)
  • Conduct statewide needs assessment
  • Used by other state offices to assess healthcare delivery and health outcomes
Current SRSA/MSSA Guidelines

• Each MSSA is composed of one or more complete census tracts
• MSSAs will not cross county lines
• All census tracts within the MSSA are within 30 minutes travel time to the largest population center
• MSSAs generally align with “communities” in the sense of geographic, cultural, and sociodemographic similarities
Current SRSA/MSSA Guidelines, cont.

- 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
Map of California MSSAs

- 542 MSSAs
- 8,036 Census Tracts
- 315 Urban MSSAs
- 173 Rural MSSAs
- 54 Frontier MSSAs
MSSA Configuration

- MSSAs revisited every decennial census
- GIS software identifies newly created census tracts
- Review the MSSAs to determine whether the MSSA criteria is still met, i.e. MSSAs exceeded population size or census tracts are non-contiguous
- Run a comparison of each MSSA from the previous decennial census vs the current decennial census, review changes in population numbers, poverty rates, and demographic data

- Public Process
  - Public meetings when changes are needed
  - Support from the county
Revising MSSA Guidelines

• PCO leading Statewide Project to revise MSSA guidelines
  • Project split into two teams:
    • Policy Workgroup—stakeholders, county officials, other state departments involved in health policy
    • Technical Workgroup—GIS experts, researchers, epidemiologists from counties and other state departments providing guidance on
  • Opportunity to re-evaluate MSSA guidelines.
    • Developed in the 1970s.
    • California’s community demographics have likely changed.
    • Existing MSSA methods do not consider community health/outcomes.
Development of Revised Guidelines

• Project Goals:
  • Develop MSSA/rational service area guidelines scalable based on available data (e.g. minimal, moderate, and robust data sets)
  • Develop model available for other states to use

• Initial focus on patterns of health delivery using patient data:
  • Difficulty in collecting patient data
  • Patient data identifies where people are going for care but doesn’t address what is a community or if it is the ideal situation
Rational Service Area Development

• Project revised focus to define community and rational service area:
  • A community is a contiguous population which shares common social and economic interests.
  • A rational service area for primary care is a geographic unit within which the majority of residents should be able to obtain most of their outpatient primary care services (excluding emergency department care)

• Identifying Communities using Census Places:
  • Census Designated Places (CDP)
  • Incorporated Places (cities)
Census Designated Places

• CDPs are settled population centers with a residential core, high population density, and local identity
• CDPs are requested by State and local agencies
• CDPs are based on census blocks and can serve as a building block for MSSAs
Incorporated Places

• Incorporated Places are:
  • Legally bounded entities
  • Active local governance (e.g. mayor, city council)

• California: 480 incorporated places
  ▪ Los Angeles city
  ▪ Paradise town

• Develop process to split up large cities using Indices
Economic Hardship Index (EHI)

- Includes 6 indicators that reflect social determinants of health.
- Higher scores indicate a higher level of hardship.
- Uses American Community Survey (ACS) Five Year Estimates.
- Includes domains for housing quality, income, employment, education, and demographics.
- Can be calculated at many geographies (e.g. census block group, census tract, city, county).
Sacramento’s EHI scores

- Black borders show Census Place Sacramento City’s boundaries.
- White borders indicate census tracts.

![Map of Sacramento showing economic hardship scores]
Next Steps for MSSA Revisions

• Use EHI to identify communities within large cities
• Use CDPs to identify smaller communities and unincorporated neighborhoods
• Refine guidelines:
  • Population caps
  • Urban and Rural definitions
  • Cross county lines
• Conduct impact analysis on HPSAs with new MSSA boundaries
• Hold Public Meetings with counties to collect input on new guidelines