

Medical Service Study Areas (MSSA)

Medical Service Study Areas (MSSAs) are sub-city and sub-county geographical units used to organize and display population, demographic and physician data. MSSAs were developed in 1976 by the California Healthcare Workforce Policy Commission (formerly California Health Manpower Policy Commission) to respond to legislative mandates requiring it to determine “areas of unmet priority need for primary care family physicians” (Song-Brown Act of 1973) and “geographical rural areas where unmet priority need for medical services exist” (Garamendi Rural Health Services Act of 1976).

MSSAs are recognized by the U.S. Health Resources and Services Administration, Bureau of Health Professions’ Office of Shortage Designation as “rational service areas” for purposes of designating Health Professional Shortage Areas (HPSAs), and Medically Underserved Areas and Medically Underserved Populations (MUAs/MUPs).

The MSSAs incorporate the U.S. Census total population, socioeconomic and demographic data and are updated with each decadal census. Office of Statewide Health Planning and Development provides updated data for each County’s MSSAs to the County and Communities, and will schedule meetings for areas of significant population change. Community meetings will be scheduled throughout the State as needed.

Each MSSA is composed of one or more complete census tract. MSSAs will not cross county lines. All population centers within the MSSA are within 30 minutes travel time to the largest population center.

MSSA Definition

<u>URBAN MSSA</u>	Population range 75,000 to 125,000. Reflect recognized community and neighborhood boundaries. Similar demographic and socio-economic characteristics.
<u>RURAL MSSA</u>	Population density of less than 250 persons per square mile. No population center exceeds 50,000.
<u>FRONTIER MSSA</u>	Population density of less than 11 persons per square mile.