

### J-1 Visa Prioritization Matrix:

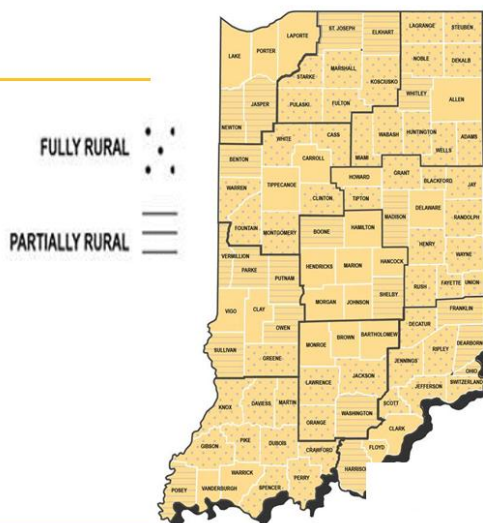
**Design:** The IPHCA team has developed the associated “J-1 Visa Prioritization Matrix” to identify “pockets of need” related to healthcare across the state. This matrix aims to identify counties within Indiana where there is the highest opportunity to reach vulnerable and underserved Hoosiers. County-level data from four key sources were leveraged to inform the outcomes of this matrix. Prioritization is calculated using three steps. First, each metric is scaled in quintiles (1-5) or “criterion score”, then each variable is weighted, and finally, a score out of 5 to assign a rank from 1-92 (92 representing the 92 counties in Indiana).

### Source Data:

- Medically Underserved Area/Population (MUA/P)
  - When a county has a partial county MUA/P, it will be applied to the whole county for the purpose of the calculation.
  - Source: HRSA
  - More information: <https://data.hrsa.gov/tools/shortage-area/mua-find>
- Health Professional Shortage Area (HPSA)
  - When a county has a partial county HPSA (geographic or population), the highest score will be applied to the whole county for the purpose of the calculation.
  - Facility HPSA score is **not** included in the scale for the assigned county-level HPSA calculation but will be hand-entered by the reviewer on a case-by-case basis.
  - Source: HRSA
  - More Information: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Social Vulnerability Index (SVI)
  - The social vulnerability index refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.
  - Source: CDC
  - More Information: [https://www.atsdr.cdc.gov/place-health/php/svi/?CDC\\_AAref\\_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/index.html](https://www.atsdr.cdc.gov/place-health/php/svi/?CDC_AAref_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)
- Rurality Designation:
  - Based on the 2021 Federal Office of Rural Health Policy (FORHP) guide, IDOH has provided the below visual assigning “partially rural” or “fully rural” designations to each county in the state. Counties with any level of rural designation are weighted equally. Any county without shading is determined to have “no rural” designation.

## Rural landscape

There are a total of 47 Indiana counties that are defined as **fully rural** according to the Federal Office of Rural Health Policy.



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- More Information: <https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf>
- Direct Patient Care Provider Consideration:
  - This scoring consideration is **not** included in the prioritization scale for the assigned county-level calculation, but will be hand-entered by the reviewer on a case-by-case basis for applicants that provide direct patient care. For this, an additional 0.5 points will be added to the overall county score.
  - To qualify as a direct patient care provider, the physician must provide direct patient care at least 32 hours per week.
  - Direct patient care: Hands on, face-to-face contact with patients for the purpose of prevention, diagnosis, treatment, and/or monitoring.

**Scaling:** The tool has key components that allow for it to give an “apples to apples” comparison of all variables. The key components are **scaling**, **weighting**, and **ranking**. To scale, we must be able to compare, for example, an SVI score of .1234 to a HPSA score of 10 and a binary (yes/no) MUA/P designation. This tool utilizes quintiles based on each variable’s upper and lower extremities. The upper and lower extremities are listed in Figure 1.1. Once the quintiles for the measure are determined, each county is given a “criterion score” from 1-5 with respect to the raw data range.

**Figure 1.1**

Criteria Scale		Less Opportunity		3	Most Opportunity	
		1	2		4	5
SVI	Low	0	0.2	0.4	0.6	0.8
	High	0.1999	0.3999	0.5999	0.7999	1
MUA	Low	No				Yes
	High					
HPSA	Low	1	5	10	15	20
	High	4.99	9.99	14.99	19.99	25
Rural Designation	Low	No Rural				Any Rural
	High					

**Weighting:** Once scaling is determined, the measure is then assigned a weight. As the name suggests, the weight reflects the variable's relevance to the overall calculation. Both HPSA and MUA/P variables carry an equal weight of 40% each. SVI and Rurality are respectively weighted at 10% in the overall calculation.

**Figure 1.2**

Weighting						
Criterion 1		Criterion 2		Criterion 3		Criterion 4
Medically Underserved Area		Health Professional Shortage		Social Vulnerability Index 2022		Any Rural Designation
Weight:	40.0%	Weight:	40.0%	Weight:	10.0%	Weight: 10%
1= Not Designated		1= Less opportunity		1=Less Opportunity		1 = No rural, 5 = Full or partial rural designation
5= Designated		5= More opportunity		5=More Opportunity		0.5 will be added for applicants that provides direct patient care

**Ranking:** Results from adding together the weighted scale of each variable determine the "rank." Each of the three variables are added together to give an "outcomes score" with a maximum of 5. The county with the highest score will be assigned a rank of 1, the second highest a 2, and so on with all remaining counties. Note that a few "ties" still yield some counties sharing the same rank number.

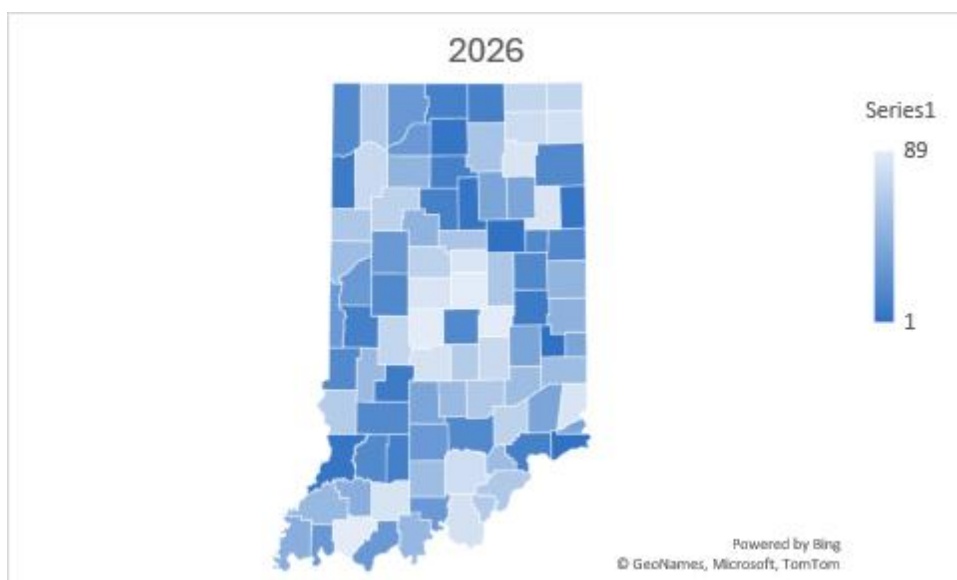
**Figure 1.3**

County	Criterion 1	Weight 1	Criterion 2	Weight 2	Criterion 3	Weight 3	Criterion 4	Weight 4	Outcomes Score	Priority Rank
County A	5	2.00	4	1.60	4	0.40	5	0.5	4.50	4
County B	5	2.00	4	1.60	5	0.50	1	0	4.10	18
County C	5	2.00	1	0.40	3	0.30	1	0	2.70	64
County D	1	0.40	4	1.60	3	0.30	5	0.5	2.80	63
County E	5	2.00	3	1.20	4	0.40	5	0.5	4.10	18
County F	1	0.40	1	0.40	1	0.10	5	0.5	1.40	84
County G	5	2.00	3	1.20	2	0.20	1	0	3.40	53

### Heat Map

A “heat map” visual was generated in a separate tab to depict the counties with the highest need in dark blue and the county with the least need in light blue.

**Figure 1.4**



### Priority Matrix Template Reference

- Praxie: <https://praxie.com/project-prioritization-matrix-online-software-templates/>

**Contact Information:** Please contact Natalie Morrison [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org) with questions.