

## 2011 Survey of Current and Recent NHSC Loan Repayment Participants

This questionnaire is intended for clinicians of all disciplines who were serving (providing clinical work) in the National Health Service Corps on September 1, 2010. *If you were not serving in the NHSC on September 1st, please check the appropriate box below and mail the questionnaire back to us in the enclosed envelope.*

1.  I was never in the NHSC—you have the wrong person
2.  I had not yet begun serving in the NHSC as of September 1, 2010
3.  I completed my NHSC service prior to September 1, 2010

Any explanation/elaboration? \_\_\_\_\_  
\_\_\_\_\_

***All others please complete the questionnaire. Thank You!***

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### Use of identifiers and Reporting Burden

The information you provide will not be revealed to the NHSC or others in any way that can be linked to you, your community or practice. All information provided will be handled anonymously and reported in aggregate. The identification number with this questionnaire allows us only to keep track of the questionnaires as they are returned.

Public reporting burden for this collection of information is estimated to average 8 minutes. The OMB control number for this project is XXX, expiration XX.

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### I. TRAINING AND EXPERIENCES PRIOR TO NHSC SERVICE

1a. In what state did you live most of your years before college? State: \_\_\_\_\_  check if no one place

b. In what type of community was this? (*circle one*)

1. urban      2. suburban      3. small town or rural      0. N.A., no principal place

c. In which state and year did you graduate professional school (e.g., medical or dental school)?

1. State: \_\_\_\_\_      2. Year of graduation: \_\_\_\_\_

d. *For physicians and others who completed a residency:*

In which state and year did you complete your residency? *If more than one residency, report the last.*

1. State: \_\_\_\_\_      2. Year of graduation: \_\_\_\_\_

2a. Did you have any formal training experiences with medically underserved populations during your professional training? (*circle number of all that apply*)

0. No → If “no”, skip to 2c  
1. Yes, as student  
2. Yes, during residency or fellowship

b. How many weeks cumulatively were spent in these experiences? \_\_\_\_\_ weeks

c. Did you participate in the NHSC's SEARCH Program as a student? 1. Yes 0. No

d. During your training, how much exposure did you have to:  
(circle one number on each line)

	None		Moderate Exposure		Extensive Exposure
1. community and/or migrant health centers?	1	2	3	4	5
2. rural health care?	1	2	3	4	5
3. inner city health care for the poor?	1	2	3	4	5
4. past and/or current NHSC clinicians?	1	2	3	4	5

3. What was your approximate outstanding educational debt when you completed your training? \$ \_\_\_\_\_

**II. JOINING THE NHSC AND SELECTING YOUR FIRST NHSC SERVICE SITE**

4a. When did you begin your Loan Repayment Program service? Month: \_\_\_\_\_ Year: \_\_\_\_\_

b. Were you serving an "amendment" (renewal/extension) contract with the Loan Repayment Program on September 1, 2010? 1. Yes 0. No

c. Were you serving in the NHSC's Half-Time Loan Repayment Program on September 1, 2010? 1. Yes 0. No

d. How much do you agree or disagree with each statement below about your reasons for initially applying to the NHSC Loan Repayment Program. (circle one response for each question.)

	Strongly Disagree		Neutral		Strongly Agree
a. I needed financial assistance to pay off educational debt.	1	2	3	4	5
b. I wanted to provide care to an underserved population or area.	1	2	3	4	5

5. Where was your first practice/site where you began working as part of your NHSC Loan Repayment Program service?

Practice/Organization name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. When did you begin working in this practice/site? Month: \_\_\_\_\_ Year: \_\_\_\_\_

7. Were you already working in this practice/site when you applied for NHSC Loan Repayment?

0. No

1. Yes → If “yes” a. about how many months had you worked there before *applying* for loan repayment? \_\_\_\_\_ months

b. when you decided to work in this practice, did you know that you might be eligible for NHSC loan repayment? 1. Yes

0. No

8. Where would you likely have worked if you had not participated in the NHSC? (*circle all that apply*)

- a. in the same practice
- b. in a rural practice
- c. in an inner city practice
- d. in an underserved area
- e. in a community or migrant health center
- f. other (*specify*): \_\_\_\_\_

9. How important to you and your family were each of the following considerations when choosing to work in your first NHSC practice/site? Did the practice and community you chose meet your needs?

(*circle responses for both “importance” and “need met” on each line*)

	Importance					Need met at your first NHSC practice?	
	Not important	Somewhat important	Very important	Very important	Yes	No	
a. Working with a specific socioeconomic or ethnic population	1	2	3	4	5	Y	N
b. Working at a specific, known site that you already had in mind	1	2	3	4	5	Y	N
c. Working in a specific area (e.g., near family or in a particular state)	1	2	3	4	5	Y	N
d. Having ready access to specific activities like fishing, hiking, fine dining or theater	1	2	3	4	5	Y	N

**III. ABOUT YOUR FIRST NHSC SERVICE SITE**

10. Which one of the following best describes your first NHSC practice/site? (*circle one letter*)

- a. community or migrant health center
- b. rural health center
- c. other primary care practice
- d. Indian Health Service (IHS) site
- e. tribal site
- f. prison
- g. city or county health department
- h. dental practice—group or private
- i. mental health or substance abuse facility
- j. nursing home
- k. university-based clinic or service
- l. hospital-based clinic or service
- m. Other (*specify*): \_\_\_\_\_

11. How many patient/client visits or encounters do you have on a typical day in all settings (e.g., office & hospital)? \_\_\_\_\_ total visits per day

12. How many weekday evenings and weekend days on average per week are you on call (apart from scheduled clinic hours)? \_\_\_\_\_ days and nights  
(respond "0" if you do not take call) (maximum = 7)

13. How much do you agree or disagree with the following statements about your work in your first NHSC practice/site while you are/were serving in the NHSC? (circle one number on each line)

	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
a. I have good clinical back-up from more senior and/or supervising clinicians at my practice.	1	2	3	4	5
b. I am able to provide the full range of services for which I was trained and wish to perform.	1	2	3	4	5
c. The practice has an effective administrator.	1	2	3	4	5
d. Work rarely encroaches upon my personal time.	1	2	3	4	5
e. I feel a strong personal connection to my patients.	1	2	3	4	5
f. I feel I am doing important work in this practice.	1	2	3	4	5
g. I feel a sense of belonging to the community where I work.	1	2	3	4	5
h. Overall, I am pleased with my work.	1	2	3	4	5
i. Overall, I am satisfied with my practice.	1	2	3	4	5

14. How satisfied have you been with the following aspects of your first NHSC practice/site during the years you are/were serving in the NHSC? (circle one number on each line)

	Very Dissatisfied		Neutral		Very Satisfied
a. your relationship with the practice administrator	1	2	3	4	5
b. financial stability of the site / practice organization	1	2	3	4	5
c. physical condition of the healthcare facility	1	2	3	4	5
d. your salary or income from your practice	1	2	3	4	5
e. availability of cross coverage to allow you to leave town	1	2	3	4	5
f. mission and goals of the practice	1	2	3	4	5
g. your access to specialist consultations for your patients	1	2	3	4	5
h. support by other clinicians working at the site	1	2	3	4	5

15. a. What was your annual salary or income when you began working in your first NHSC practice/site? \$ \_\_\_\_\_
- b. What was your most recent or last annual salary or income in this practice? \$ \_\_\_\_\_
- no change; I am still in my first year there

16. Do you teach students or residents while working at your first NHSC practice/site?

1. Yes. → If yes, about how many half-days per month do you teach? \_\_\_\_\_ half-days
0. No

17. How much do you agree or disagree with each of the following statements about the community where you lived while working in your first NHSC practice/site? (circle one number on each line or "NA")

	Strongly Disagree	1	2	3	4	Strongly Agree	Not Applicable
a. My spouse/partner is happy in the community.	1	2	3	4	5	N/A	
b. Satisfactory professional opportunities for my spouse/partner are available in the community.	1	2	3	4	5	N/A	
c. My children are happy in the community.	1	2	3	4	5	N/A	
d. Satisfactory educational opportunities for my children are available in the community.	1	2	3	4	5	N/A	
e. My family is concerned about personal safety in the community.	1	2	3	4	5	N/A	

#### IV. JOB CHANGES AND YOUR FUTURE

18. Are you still serving in the National Health Service Corps?

- A. Yes → If yes, when will you complete your current contract? Month: \_\_\_\_\_ Year: \_\_\_\_\_
- B. No → If no, did you . . . (circle one letter below)
- a. satisfactorily complete your NHSC contract/obligation with service?  
→ If so, when did you complete your service? Month: \_\_\_\_\_ Year: \_\_\_\_\_
- b. defer your obligation?
- c. go into default?
- d. other: *Explain:* \_\_\_\_\_

19. Did or will you apply for a renewal (“amendment”) contract to extend your NHSC service?

1. Yes                      0. No                      2. Uncertain

20. Are you still working in the same practice where you first served in the NHSC?

1. Yes → *Skip to question 22 below.*

0. No → If no, when did you leave your first NHSC site? Month: \_\_\_\_\_ Year: \_\_\_\_\_

21. Where do you now work and what kind of position is it?

Outside the U.S. (*check the box only if outside the U.S.*)

a. City: \_\_\_\_\_ b. State: \_\_\_\_\_ c. Zip: \_\_\_\_\_

b. Type of position: (*circle one number*)

1. Clinical work

→ a. If clinical, approximately what proportion of your patients are covered under: (*Numbers may not total to 100%*)

1. Medicaid \_\_\_\_\_%      3. IHS or tribal coverage \_\_\_\_\_%  
2. Medicare \_\_\_\_\_%      4. uninsured \_\_\_\_\_%

b. Does this organization focus on care for the underserved?    Yes \_\_\_\_\_ No \_\_\_\_\_

2. non-clinical work

3. in training (e.g., residency)

4. teaching

5. not working

6. other

22. *The following questions are about your current career plans. Please provide a response on each line below. Respond with a single year estimate if able, otherwise a range of years. Check “NA” when not applicable.*

Looking ahead, how many more years do you think you will:

	<u>Single year estimate</u>		<u>Range of years estimate</u>	
a. remain in your current practice/site?	_____	OR	_____ to _____	
b. remain practicing in your current community?	_____	OR	_____ to _____	
c. remain in rural practice?	_____	OR	_____ to _____	<input type="checkbox"/> NA
d. continue practicing with a medically underserved population?	_____	OR	_____ to _____	<input type="checkbox"/> NA

**V. YOUR BACKGROUND AND FAMILY**

23. Year of birth: \_\_\_\_\_

24. Your gender:                      1. Male                      2. Female

25. Are you of Hispanic origin?    1. Yes                      2. No

26. Race: *(circle all that apply)*

- 1. White
- 2. Black or African American
- 3. American Indian or Alaska Native
- 4. Asian
- 5. Native Hawaiian or other Pacific Islander
- 6. Other: \_\_\_\_\_

27. Were you married or did you have a partner at any point while working in your first NHSC practice site?

0. No → If no, skip to question 28 below.

1. Yes

b. In what state did your spouse/partner live growing up? State: \_\_\_\_\_  or check if no principal state  
 or check if outside the U.S.

c. In what type of community did your spouse/partner grow up? *(circle one)*

- 1. urban
- 2. suburban
- 3. small town or rural
- 0. Not applicable, no principal place

**VI. YOUR RECOMMENDATIONS**

28. What can the NHSC leadership and staff do to make the NHSC a better program for its clinicians?

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29. What can the NHSC do to make it more likely that its alumni would continue to serve needy populations?

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