

## 2011 Survey of 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 during 2004, 2005 or 2006. *If you did not serve in the NHSC then, please check the appropriate box below and mail the questionnaire back to us in the enclosed envelope.*

- I was never in the NHSC—you have the wrong person
- I served in the NHSC but at no point in 2004, 2005 or 2006

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 shown on this page only allows us to keep track of the questionnaires as they are returned.

Public reporting burden for this collection of information is estimated to average 12 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: \_\_\_\_\_  or 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. How much do you agree or disagree with the statements below about your reasons for 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 the NHSC Loan Repayment Program?

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 it be might eligible for NHSC loan repayment? 1. Yes 0. No

8. Where would you likely have worked if you had not participated in the NHSC Loan Repayment Program? (*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*)

	<u>Importance</u>					Was need met at your first NHSC practice?	
	Not important	Somewhat 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 did 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 were you on call (apart from scheduled clinic hours)? \_\_\_\_\_ days and nights  
(respond "0" if you did 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 were serving in the NHSC? (circle one number on each line)

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

14. How satisfied were you with the following aspects of your first NHSC practice/site during the years you 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
i. the contacts and other support you received from NHSC staff	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? \$ \_\_\_\_\_

16. Did you teach students or other learners at your first NHSC practice/site when you were serving in the NHSC?

1. Yes → If yes, about how many half-days per month did 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 and serving in the NHSC?

*(circle one number on each line or "NA" if you did not have a spouse or partner or didn't have children)*

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

#### IV. JOB CHANGES AND YOUR FUTURE

18. Did you complete your initial two-year NHSC Loan Repayment Program contract/term with service?

*(circle 1 or 2 below)*

1. Yes → If yes, when did you complete that initial two-year contract? Month: \_\_\_\_\_ Year: \_\_\_\_\_

2. No → If no, what happened with your initial NHSC Loan Repayment contract obligation?

*(circle one number)*

0. I am now serving my initial NHSC Loan Repayment contract

1. I am now in deferment for my initial NHSC contract

2. I paid the required amounts to buy out of part or all of my initial NHSC contract

3. The NHSC now considers me in default

4. Other Specify: \_\_\_\_\_

19. Did you *apply* for one or more renewal (“amendment”) Loan Repayment contracts to extend your NHSC service?  
(circle one number)

- 0. No
- 1. Yes, I applied, but I wasn’t granted a renewal
- 2. Yes, I applied and was offered a renewal contract but decided not to take the renewal offer
- 3. Yes, I signed a renewal contract

→ If you signed a renewal contract, when did or will you complete your last renewal contract?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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 \_\_\_\_\_

21a. Please list all positions where you have worked for six months or longer since leaving your first NHSC practice site. Include periods of clinical and non-clinical work, as well as periods of training and when you did not work. List current position first, then others going backward in time.

	Start Date		End Date		Position			City/Town	State	Zip (if known)	This organization focuses on care for underserved?	
	Month	Year	Month	Year	Clinical	Other	Specify*				Yes	No
1.	___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	→	___	___	___	Yes	No
2.	___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	→	___	___	___	Yes	No
3.	___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	→	___	___	___	Yes	No
4.	___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	→	___	___	___	Yes	No

\*If responded Other, please note appropriate number above:

- 1. non-clinical work
- 2. in training
- 3. teaching
- 4. other work
- 5. not working

b. If you are now in clinical practice, what proportions of the patients are covered under: (Numbers may not total to 100%)

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

22. The following questions are about your current career plans. Respond on each line 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                            | 4. Asian                                     |
| 2. Black or African American        | 5. Native Hawaiian or other Pacific Islander |
| 3. American Indian or Alaska Native | 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

