

Health Resources and Services Administration Bureau of Health Workforce National Health Service Corps Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.

Survey Introduction

The National Health Service Corps (NHSC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the NHSC.

The survey is hosted via a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007 which expires May 31, 2018.

The survey will take approximately 15 minutes to complete. Thank you in advance for completing the survey.

Please click on the "Next" button below to begin.

Introduction

INTRO1 Through which program did you most recently join the National Health Service Corps?

1. NHSC Scholarship Program
2. NHSC Loan Repayment Program
3. NHSC Students to Service Loan Repayment Programs
4. None of the above (**TERMINATE**)

INTRO2a **[IF INTRO 1=1 or 3]** Are you currently in school?

1. Yes - (**Will be defined as Group 3 - Current Students**) [**Skip Retention section**]
2. No

INTRO2b **[If INTRO 2a=NO]** Are you currently pursuing post graduate training?

1. Yes - (**Will be defined as Group 3 - Current Students**) [**Skip Retention section**]
2. No

INTRO2c **[IF INTRO 2b=NO]** How long did it take you to find current employment?

1. 1-6 months
2. 7-12 months
3. More than 1 year
4. Currently unemployed

INTRO2d [IF INTRO 2a= YES] When do you expect to graduate? (Month/Year drop down box)

INTRO3a Please select your discipline type.

1. Primary Care
2. Oral Health
3. Mental/Behavioral Health

INTRO3b Please select your discipline from the list below. [Limit response options asked on answer to INTRO3a]

1. Physician (MD, DO) (filter for PC)
- 2.
3. Physician Assistant (filter for PC & M/BH)
4. Nurse Practitioner (filter for PC & M/BH)
5. Certified Nurse Midwife (filter for PC)
6. Psychiatric Nurse Specialist (filter M/BH)
7. Dentist (DDS, DMD) (filter OH)
8. Dental Hygienist (filter OH)
9. Health Service Clinical Psychologist (filter M/BH)
10. Licensed Clinical Social Worker (filter M/BH)
11. Licensed Professional Counselor (filter M/BH)
12. Marriage and Family Therapist (filter M/BH)

INTRO3c Please select your specialty from the list below. [Limit response based on answer to INTRO 3b - only those that selected 1, 2, 3, 4, 7]

1. Family Medicine (filter for Physician, Physician Assistant)
2. General Internal Medicine (filter for Physician)
3. General Pediatrics (filter for Physician, Physician Assistant)
4. Obstetrics/Gynecology/Women's Health (filter for Physician, Physician Assistant)
5. Geriatrics (filter for Physician, Physician Assistant)
6. Adult (filter for Physician Assistant)
7. General Dentistry (AEGD/GPR) (filter for Dentists)
8. Dental Public Health (filter for Dentists)
9. Pediatric Dentistry (filter for Dentists)
10. Psychiatry (filter for Physicians, Nurse Practitioners, Physician Assistants)
11. Mental Health & Psychiatry (filter for Physicians, Nurse Practitioners, Physician Assistants)
12. No post-doctoral training

Retention (DO NOT ASK IF GROUP=3)

RET1 Which of the following best describes your current service status?

1. Completed service obligation (Will be defined as Group 2 -Alumni) (Continue)
2. Currently serving (Will be defined as Group 1 - In Service) (SKIP TO RET19)

RET2 When did you complete your service obligation with the NHSC? **[NOTE: Drop down box for month and year selection]**

RET3 Are you still providing direct patient care at the NHSC site where you completed your NHSC service obligation?

1. Yes
2. No

RET4 (ONLY IF RET3=1) How did you become aware of the job you currently hold?

1. NHSC Regional Office
2. Health Workforce Connector (formerly known as the NHSC Jobs Center)
3. NHSC Virtual Jobs Fair
4. Internet search
5. Outside Recruiter
6. Current employee at the site
7. Friend or family member
8. School or clinical rotation/residency program
9. State recruitment web site
10. State Primary Care Office
11. State Primary Care Association
12. Other, please specify **[CAPTURE RESPONSE]**

RET5 (ONLY IF RET3=2) How did you become aware of the job where you completed your service obligation?

1. NHSC Regional Office
2. Health Workforce Connector (formerly known as the NHSC Jobs Center)
3. NHSC Virtual Job Fair
4. Internet search
5. Outside Recruiter
6. Current employee at the site
7. Friend or family member
8. School or clinical rotation/residency program
9. State recruitment web site
10. State Primary Care Office
11. State Primary Care Association
12. Other, please specify **[CAPTURE RESPONSE]**

RET5a (ONLY IF RET4 or RET5=Internet Search) Please specify which websites you visited for your internet search.

RET6 Were you employed at your site prior to applying to the NHSC Loan Repayment Program?

1. Yes
2. No **(SKIP to RET8)**

RET7 (ONLY IF RET6=1) How long were you employed at your site prior to applying to the NHSC Loan Repayment Program?

1. Less than 1 year

2. 1-2 years
3. 2-5 years
4. More than 5 years

RET8 How long do you plan to remain at your current site?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET9 Did the opportunity to apply for NHSC Loan Repayment influence your decision to choose your site when you applied?

1. Yes
2. No

RET10 **[ONLY IF RET3=YES]** What influenced your decision to remain at your current site? **[Rank up to 5, with 1 being the most influential]**

1. Commitment to underserved communities
2. Salary
3. Opportunities for advancement
4. Ability to provide full scope of services
5. Cost of living
6. Experience at site
7. Site operation/direction closely aligned with my personal goals
8. Balanced schedule/hours
9. Use of electronic health record system
10. Availability of training opportunities
11. Availability of resources to do my job well
12. Mentoring support
13. Peer relationships
14. Community support
15. Close to extended family/parents and siblings
16. Spouse employment opportunities
17. School district
18. Other, please specify **[CAPTURE RESPONSE]**

RET11 **[ONLY IF RET3=NO]** What could your site have done to encourage you to remain at your current site? **(Rank up to 3 with 1 being the most influential.)**

1. There's nothing my site could do to change my decision to leave. **(EXCLUSIVE)**
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well

10. Mentoring support
11. Ability to provide input on site policies
12. Other, please specify **[CAPTURE RESPONSE]**

RET12 **[ONLY IF RET3=NO] Did any of these external factors contribute to your decision to leave your NHSC site? [Rank up to 3, with 1 being the most influential]**

1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Change of career
8. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
9. Other, please specify **[CAPTURE RESPONSE]**

RET13 **[If RET3=NO] Part of the National Health Service Corps' mission is to provide access to quality care for the Nation's most vulnerable. Have you chosen to continue to provide care to underserved populations in the same geographic area where you completed your service obligation?**

1. Yes
2. No

RET14 **[IF RET13=YES] How long do you plan to remain in this community/geographic area?**

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET15 **[ONLY IF RET13=NO] Have you chosen to provide direct patient care in a health professional shortage designation area (i.e., underserved community) after fulfilling your NHSC service obligation?**

1. Yes
2. No

RET16 **[ONLY IF RET15=NO] How long have you been practicing in this health professional shortage designation area (i.e., underserved community)?**

1. Less than 1 year
2. 1-2 years

RET17 **[ASK ONLY OF GROUP 1 RESPONDENTS] Do you plan to remain at your current site after you have fulfilled your NHSC service obligation?**

1. Yes
2. No
3. Don't know **(SKIP to RET24)**

RET18 [ONLY IF RET19=YES] How long do you plan to remain at your current site after you have fulfilled your NHSC service obligation?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years
5. Don't know

RET19 [ONLY IF RET19=NO] What could your site do to encourage you to remain at your current site? (Rank up to 3 with 1 being the most influential.)

1. There's nothing my site could do to change my decision to leave. **(EXCLUSIVE)**
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well
10. Mentoring support
11. Ability to provide input on site policies
12. Other please specify **[CAPTURE RESPONSE]**

RET20

[ONLY IF RET19=NO] Are any of these external factors contributing to your decision to leave after you have fulfilled your NHSC service obligation? [Rank up to 3, with 1 being the most influential]

1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Retirement
8. Change of career
9. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
10. Other, please specify **[CAPTURE RESPONSE]**

RET21 [If RET19=NO] Part of the National Health Service Corps' mission is to provide access to quality care for the Nation's most vulnerable. Do you think you will continue to provide care to underserved populations in the same geographic area where you completed your service obligation?

1. Yes
2. No **[Skip to RET25]**

RET22 [IF RET23=YES] How long do you plan to remain in this community/geographic area?

1. Less than 1 year
2. 1-2 years

3. 2-5 years
4. More than 5 years

RET23 [ASK ONLY OF GROUP 1 and INTRO1 =2 RESPONDENTS] Were you employed at your current site prior to applying to the NHSC Loan Repayment Program?

1. Yes
2. No [Skip to RET27]

RET24 [If RET25=YES] How long were you at your current site before you applied to the NHSC Loan Repayment Program?

1. Less than 1 year
2. 1-2 years
3. 2-5 years
4. More than 5 years

RET25 [ASK ONLY OF GROUP 1 and INTRO =2] Did the opportunity to apply to the NHSC Loan Repayment Program influence your decision to choose to work at your site?

1. Yes
2. No

RET26 [If RET19=YES] [ASK ONLY OF GROUP 1 RESPONDENTS] What will most influence your decision to remain at the site? [Rank up to 5, with 1 being the most influential]

1. Availability of loan repayment financial support
2. Ability to provide full scope of services
3. Commitment to underserved communities
4. Salary and benefits
5. Opportunities for advancement
6. Cost of living
7. Experience at site
8. Site operation/direction closely aligned with my personal goals
9. Balanced schedule/hours
10. Use of electronic health record system
11. Use of telemedicine
12. Availability of training opportunities
13. Availability of resources to do my job well
14. Sense of community with peers
15. Distance from extended family/parents and siblings
16. Spouse employment opportunities
17. School district
18. Difficulty finding another job
19. Length of commute
20. Other, please specify [CAPTURE RESPONSE]

RET27 [ASK ONLY OF GROUP 1 RESPONDENTS] How did you become aware of the job you currently hold?

1. Health Workforce Connector (formerly known as the NHSC Jobs Center)
2. NHSC Virtual Job Fair

3. Internet Search
4. Outside Recruiter
5. Employee at the site
6. Friend of family member
7. School or clinical rotation/residency program
8. State recruitment web site
9. NHSC Regional Office
10. State Primary Care Office
11. State Primary Care Association
12. Other, please specify [CAPTURE RESPONSE]

RET29a (ONLY IF RET28=Internet Search) Please specify which websites you visited for your internet search.

RET30 [Group 1- In Service Clinicians] Please consider your previous training, including post graduate or residency. Using a 10-point scale on which 1 means *Very poorly prepared* and 10 means *Very well prepared*, how prepared were you to practice at your site?

1. Evidence based care
2. Patient-centered care
3. Team-based integrated care
4. Practice management and administration
5. Social determinants of health
6. Working in underserved community
7. Caring for medically complex/special needs patients
8. Population-based health
9. Quality improvement
10. Value based care

RET31 [Group 1- In Service Clinicians] What additional training opportunities would have better prepared you to work in the current job? (Please rank up to 5, with 1 being the most important.)

1. Evidence based care
2. Patient-centered care
3. Team-based integrated care
4. Practice management and administration
5. Social determinants of health
6. Working in underserved community
7. Caring for medically complex/special needs patients
8. Population-based health
9. Quality improvement
10. Value based care

Recruitment [ASK OF ALL RESPONDENTS]

RECR1 How did you first hear about the NHSC program?

1. Site administrator or site staff

2. Faculty of your training programs
3. Colleague
4. Family member or friend
5. Outside Recruiter
6. Current NHSC Member
7. NHSC alumnus
8. NHSC Website

9. NHSC Literature
10. NHSC Staff (Regional Office/Headquarters)
11. Internet search
12. Professional Association
13. Primary Care Office (PCO)
14. Primary Care Association (PCA)
15. Social Media (e.g., Facebook, etc.)
16. Advertisements (print, newsletters, etc.)
17. Exhibit at a professional meeting
18. Career counselor
19. Other (please specify) **[CAPTURE RESPONSE]**

RECR2 (ONLY IF RECR1=Internet Search) Please specify which websites you visited for your internet search.

Customer Service Portal [ASK OF ALL RESPONDENTS]

Q2_1 Have you used the Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NHSC members can conduct transactions, upload required documents, ask questions, and perform other online activities.

1. Yes
2. No **(Skip to Q3_1)**
3. Don't know **(Skip to Q3_1)**

Q2_2 How have you used the Customer Service Portal in the last 12 months? (Select all that apply) **[Limit response options based on Group]**

1. Enrollment verification **[Group 3]**
2. Post graduate training verification/request **[Group 3]**
3. Ask a question **[all]**
4. Update my personal information **[all]**
5. Look at my service obligation end date **[all]**
6. Access my continuation application information **[Group 1]**
7. Request a transfer to a new site **[Group 1]**
8. Request to add a new site **[Group 1]**
9. Maternity/Paternity/Adoption leave request **[Group 1 & 3]**
10. Medical or non-medical suspension **[Group 1 & 3]**
11. Request a conversion from full-time to half-time service **[Group 1]**
12. Report unemployment **[Group 1]**
13. Request a default/waiver **[Group 1]**

- 14. Request assistance to find a new NHSC site [Group 1]
- 15. Complete in-service verification [Group 1]
- 16. Site Visit Request [Group 3]
- 17. Relocation Request [Group 3]
- 18. View payment history [all]
- 19. Request leave of absence (personal/family/medical reasons) [Group 3]
- 20. Update contact information [all]
- 21. Update banking information [Group 1 and Group 3]
- 22. View contact information for Regional Advisor [Group 3]
- 23. Select state preferences to complete service obligation [Group 3]
- 24. Add initial site assignment [Group 3]
- 25. Tax Information [Group 3]
- 26. Request a debt estimate [Group 1 & 3]
- 27. Other, please specify [all]

Q2_3 What additional feature, if any, would you like to see added to the Customer Service Portal? [CAPTURE RESPONSE]

Please think about your overall experience using the Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate.

- Q2_4 The ease of navigation
- Q2_5 Ability to find the information needed
- Q2_6 Ease of understanding the information communicated
- Q2_7 The organization of the information provided
- Q2_8 The usefulness of completing service requests through the Customer Service Portal
- Q2_9 The timeliness of NHSC responses to your inquiry

Information/Communication [ASK OF ALL RESPONDENTS]

Q3_4 (ONLY for Group 3) Is there any other information that the NHSC should consider providing to help you with your transition from training to service? [Capture Response]

Q3_5 (Only for Group 1 who entered the program as an NHSC Scholar and are currently “in-service” -i.e. completing their service obligation practicing at a site). Was there any other information that the NHSC could have provided to improve your transition from training to service? [CAPTURE RESPONSE]

Mentoring

MENTOR1 (GROUP 3 – IN SCHOOL) Why would you participate in a mentoring program? (Select all that apply)

- 1. Insights on NHSC service experience
- 2. Candid feedback/advice on course selection and clinical rotations
- 3. Resume/curriculum vitae (CV) feedback
- 4. Guidance on finding a potential service site
- 5. Impartial or independent guidance

6. Understanding complexities of practicing in a Health Professional Shortage Area (HPSA)
7. Networking opportunities with other current NHSC participants
8. Networking opportunities with past NHSC participants
9. Other (Capture Response)

MENTOR2 (GROUP 1 & 2 – IN SERVICE & ALUMNI) Why would you serve as a mentor to NHSC participants still in school or in residency? (Select all that apply)

1. Helps prepare the next generation of clinicians
2. Give back to the NHSC program
3. Leadership development
4. Networking opportunities
5. Potential recruitment opportunities for your organization
6. Opportunity to reflect on your current practice
7. Other (Capture Response)

MENTOR3 (GROUP 1 IN – SERVICE)_Would you also be interested in having a mentor?

1. Yes
2. No

MENTOR4 (ONLY IF MENTOR 3 = YES) Why would you request to have a mentor? (Select all that apply)

1. Insights on NHSC service experience
2. Career guidance
3. Impartial or independent guidance
4. Understanding complexities of practicing in a Health Professional Shortage Area (HPSA)
5. Networking opportunities with other current NHSC participants
6. Networking opportunities with past NHSC participants
7. Other (Capture Response)

MENTOR5 (IF MENTOR3 = NO) Why would you choose not to participate in a mentor program?

1. Already have a mentor or mentee
2. Scheduling conflicts/limited availability
3. Do not see value in participation
4. Other (Open Ended)

MENTOR6 (GROUP 3 – IN SCHOOL) Is there any other mentoring assistance that NHSC can provide to improve your transition from training to service? (Open Ended - Capture Response)

MENTOR 7 (GROUP 1 – IN SERVICE) Is there any other mentoring assistance that NHSC can provide during your service commitment? (Open Ended - Capture Response)

Population Health

Customer Service [This section asked only of Group 1 and 3 respondents]

Q5_1 Have you contacted the NHSC during the past 12 months?

1. Yes
2. No **(skip to Q6_1)**

Q5_2 In the past 12 months, through what means have you contacted the NHSC? (Select all that apply)

1. Telephone (Customer Care Center)
2. E-mail (Direct Analyst Assistance)
3. Fax
4. Customer Service Portal
5. Facebook
6. Twitter
7. LinkedIn
8. Other, please specify **[CAPTURE RESPONSE]**

Q5_3 Please select all the reasons that you contacted the NHSC in the past 12 months. **(Limit response options by group)**

1. Enrollment verification **[Group 3]**
2. Post graduate training verification/request **[Group 3]**
3. Ask a question **[all]**
4. Update my personal information **[all]**
5. Look at my service obligation end date **[all]**
6. Access my continuation application information **[Group 1]**
7. Request a transfer to a new site **[Group 1]**
8. Request to add a new site **[Group 1]**
9. Maternity/Paternity/Adoption leave request **[Group 1 & 3]**
10. Medical or non-medical suspension **[Group 1 & 3]**
11. Request a conversion from full-time to half-time service **[Group 1]**
12. Report unemployment **[Group 1]**
13. Request a default/waiver **[Group 1]**
14. Request assistance to find a new NHSC site **[Group 1]**
15. Complete in-service verification **[Group 1]**
16. Site Visit Request **[Group 3]**
17. Relocation Request **[Group 3]**
18. View payment history **[all]**
19. Request leave of absence (personal/family/medical reasons) **[Group 1 & 3]**
20. Update contact information **[all]**
21. Update banking information **[Group 1 and Group 3]**
22. View contact information for Regional Advisor **[Group 3]**

23. Select state preferences to complete service obligation [**Group 3**]
24. Add initial site assignment [**Group 3**]
25. Tax Information [**Group 3**]
26. Request a debt estimate [Group 1 & 3]
27. Other, please specify [**all**]

Q5_4 Of all the reasons you selected for contacting the NHSC in the past 12 months, what was the reason of your most recent contact? (**Only show selections made in Q5_3**)

1. Enrollment verification [**Group 3**]
2. Post graduate training verification/request [Group 3]
3. Ask a question [**all**]
4. Update my personal information [**all**]
5. Look at my service obligation end date [**all**]
6. Access my continuation application information [**Group 1**]
7. Request a transfer to a new site [**Group 1**]
8. Request to add a new site [**Group 1**]
9. Maternity/Paternity/Adoption leave request [**Group 1 & 3**]
10. Medical or non-medical suspension [**Group 1 & 3**]
11. Request a conversion from full-time to half-time service [**Group 1**]
12. Report unemployment [**Group 1**]
13. Request a default/waiver [**Group 1**]
14. Request assistance to find a new NHSC site [**Group 1**]
15. Complete in-service verification [**Group 1**]
16. Site Visit Request [**Group 3**]
17. Relocation Request [**Group 3**]
18. View payment history [**all**]
19. Request leave of absence (personal/family/medical reasons) [**Group 3**]
20. Update contact information [**all**]
21. Update banking information [**Group 1 and Group 3**]
22. View contact information for Regional Advisor [**Group 3**]
23. Select state preferences to complete service obligation [**Group 3**]
24. Add initial site assignment [**Group 3**]
25. Tax Information [**Group 3**]
26. Request a debt estimate [Group 1 & 3]
27. Other, please specify [**all**]

Q5_5 For your most recent contact, approximately how long did it take for the NHSC to first respond to, or acknowledge, your initial contact?

1. Within 24 hours
2. Between 24 and 48 hours
3. Between 2 and 4 days
4. More than 4 days but less than 1 week
5. More than 1 week but less than 1 month
6. More than a month
7. They have never responded to my initial contact

- Q5_6** For your most recent contact, ideally, how long should the NHSC have taken to first respond to, or acknowledge, your initial contact?
1. No more than 24 hours
 2. No more than 48 hours
 3. No more than 2-4 days
 4. No more than 1 week
 5. No more than 1 month
- Q5_7** Was the NHSC representative able to resolve your issue?
1. Yes
 2. No (**skip to Q5_9**)
- Q5_8** (**If Q5_7=1**) How long did it take for the NHSC to resolve your issue/situation?
1. Within 24 hours
 2. Within 48 hours
 3. Within 2-4 days
 4. Within 1 week
 5. Within 1 month
 6. Within a few months
- Q5_9** Ideally, what is your expectation for how long it should have taken the NHSC to resolve your issue/situation?
1. No more than 24 hours
 2. No more than 48 hours
 3. No more than 2-4 days
 4. No more than 1 week
 5. No more than 1 month
- Q5_10** (**If Q5_7=No**) If the NHSC representative was not able to resolve your issue, did he/she refer you elsewhere for further assistance?
1. Yes
 2. No
- Q5_11** (**If Q5_10=Yes**) Where did the NHSC representative refer you to?
1. Customer Service Portal
 2. NHSC Website
 3. Another representative
 4. Customer Care Center
 5. Other, please specify [**CAPTURE RESPONSE**]

Thinking about your most recent contact with the NHSC, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate...

- Q5_12** Ease of reaching a NHSC representative
- Q5_13** Courteousness of the NHSC representative
- Q5_14** Knowledge of the NHSC representative
- Q5_15** Timeliness of the representative's response to your inquiry or concern
- Q5_16** Relevance of the information provided by the NHSC representative
- Q5_17** Level of service provided by the NHSC representative

Q5_18 Please use this space for any additional information you would like to provide the NHSC regarding ways we can improve the program. **[CAPTURE RESPONSE]**

Site Experience [Groups 1 and 2 only]

Q6_1 Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC.

Q6_2 Please explain the reason for the rating you provided for your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC. **[CAPTURE RESPONSE]**

Q6_3 Using a scale from 1 to 10, where 1 means “Not very prepared” and 10 means “Very Prepared”, please rate how prepared you felt for dealing with the patient population at your site at the start of your NHSC service obligation. **[CAPTURE RESPONSE]**

Q6_4 [IF Q6_3 = 1-4] What additional training or information would you have liked to receive?
[Capture Response]

Q6_5 [If Q6_5 = 7-10] What information did you receive that helped prepare you and from whom?
[Capture Response]

ACSI Benchmark Questions [ASK OF ALL RESPONDENTS]

Q8_1. Please consider all of the experiences you have had with the NHSC program. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NHSC program?

Q8_2. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NHSC program fallen short of or exceeded your expectations?

Q8_3. Imagine an ideal scholarship and loan repayment program. How well do you think the NHSC compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*.

Outcome Measures/Retention

Q9 **[ASK ONLY OF GROUP 1]** On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to remain at your National Health Service Corps site after your service obligation is complete?

Q10 [ASK ONLY OF GROUP 1] On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue to provide health services in health professional shortage areas after your service obligation is completed.

Q11 (If Q10>=7) What has contributed to the likelihood that you will continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete? (Rank up to 5, with 1 being the most influential)

1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of training opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Commitment to underserved communities
18. Other, please specify [CAPTURE RESPONSE]

Q12 (If Q10<7) What would increase your likelihood to continue to serve in a health professional shortage area (i.e., underserved community) after your service obligation is complete? (Rank up to 5, with 1 being the most influential)

1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of distance learning opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Better prepared to work with patient population
18. Other, please specify [CAPTURE RESPONSE]

Q13 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to recommend the National Health Service Corps to someone else?

Demographics [ASK OF ALL RESPONDENTS]

DEM1 What is your gender?

1. Male
2. Female
3. Transgender Male
4. Transgender Female
5. Prefer not to say

DEM2 What is your age?

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and over

DEM3 What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Prefer not to say

DEM4 What is your race? (Select all that apply)

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other, please specify
7. Prefer not to say

DEM5 **(Group 1 only)** Do you speak a language other than English?

1. Yes
2. No

DEM6 **(Group 1 only) (If DEM5=1)** What language(s), other than English, do you speak? (Select all that apply)

1. Spanish
2. French
3. German
4. Chinese (Mandarin or Cantonese)
5. Hindi
6. Arabic

7. Portuguese
8. Vietnamese
9. Russian
10. Other, please specify [CAPTURE RESPONSE]

DEM7 (Group 1 only) (If DEM5=1) Are you able to use this other language at your job?

1. Yes
2. No

DEM8 (Groups 1 and 2 only) Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up?

1. Yes
2. No

DEM9 (Groups 1 and 2) Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training?

1. Yes
2. No

DEM10 (Group 3) Are you currently attending health professions school within 100 miles of where you grew up/where you consider home?

1. Yes
2. No

DEM11 (Group 3) Do you plan to practice within 100 miles of where you completed your health professions training?

1. Yes
2. No

DEM12 (Group 3 and DEM10=NO) Do you plan to practice within 100 miles of where you grew up/where you consider home?

1. Yes
2. No

PROGRAMMING NOTE: DEM 13-19 applies only to Group 1 respondents

DEM13 Does the NHSC site where you are currently working use any form of telehealth?

1. Yes
2. No [SKIP to DEM20]

DEM14 What type?

1. Behavioral
2. Oral
3. ICU
4. I don't know
5. Other [CAPTURE RESPONSE]

- DEM15** Is your clinic...
1. the originating site (where the patient is located)
 2. the distant site (where the clinician is located)
 3. both the originating site and distant site
- DEM16** Do you personally use some form of telehealth in your clinical practice?
1. Yes
 2. No
- DEM17** [If DEM13=YES AND DEM15=BOTH] Are you...
1. the clinician at the distant site providing the care
 2. the clinician at the originating site assisting with the care
 3. other [CAPTURE RESPONSE]
- DEM18** If [If DEM16=YES] What percentage of your clinical practice is spent providing telehealth services?
1. <10%
 2. 10-20%
- DEM19** If given the opportunity to spend more of your clinical practice providing telehealth services, what percentage of time would you prefer?
1. Current amount is fine; no change
 2. 25%
 3. 50%
 4. 75%
 5. 100%
 6. Other [CAPTURE RESPONSE]
- DEM20** [If DEM16=NO] Why don't you use telehealth in your clinical practice? [CAPTURE RESPONSE]
- DEM21** [If DEM13=NO] Why doesn't your site use some form of telehealth? (Select all that apply)
1. Costs too high
 2. Lack technical knowledge
 3. Resistance among staff
 4. Licensing barriers
 5. Connectivity/bandwidth
 6. I don't know
 7. Other [CAPTURE RESPONSE]
- DEM22** (Group 1) From the list below, please select the option that best describes where you currently practice:
1. Federally Qualified Health Center (FQHC)
 2. FQHC Look-Alike
 3. Rural Health Clinic
 4. Hospital Affiliated Primary Care Outpatient Clinic
 5. Indian Health Service

6. Tribal Clinic
7. Urban Indian Health Clinic
8. Correctional Facility
9. Private Practice (Solo/Group)
10. Community Mental Health Facility
11. Community Outpatient Facility
12. Critical Access Hospital
13. Free Clinic
14. Immigration and Customs Enforcement (ICE) Health Service Corps
15. Mobile Unit
16. School-based Health Program
17. State and County Department of Health Clinic

DEM23 (Group 2 only) From the list below, please select the NHSC site that best describes where you were working when you finished your service obligation.

1. Federally Qualified Health Center (FQHC)
2. FQHC Look-Alike
3. Rural Health Clinic
4. Hospital Affiliated Primary Care Outpatient Clinic
5. Indian Health Service
6. Tribal Clinic
7. Urban Indian Health Clinic
8. Correctional Facility
9. Private Practice (Solo/Group)
10. Community Mental Health Facility
11. Community Outpatient Facility
12. Critical Access Hospital
13. Free Clinic
14. Immigration and Customs Enforcement (ICE) Health Service Corps
15. Mobile Unit
16. School-based Health Program
17. State and County Department of Health Clinic

DEM24 (Group 2 only) Where are you practicing now? Please select from the list below.

1. No longer providing direct patient care (**Skip to end**)
2. Private Practice (Solo/Group)
3. Federally Qualified Health Center (FQHC)
4. FQHC Look-Alike
5. Rural Health Clinic
6. Hospital Affiliated Primary Care Out-Patient Clinic
7. Indian Health Service
8. Tribal Clinic
9. Urban Indian Health Clinic
10. Correctional Facility
11. Community Mental Health Facility
12. Community Outpatient Facility
13. Critical Access Hospital

14. Free Clinic
15. Immigration and Customs Enforcement (ICE) Health Service Corps
16. Mobile Unit
17. School-based Health Program
18. State and County Department of Health Clinic
19. Other, please specify [**CAPTURE RESPONSE**]

DEM25 (Group 1 only) Do you work at multiple NHSC-approved sites?

1. Yes
2. No

DEM26 (Groups 1 and 2) How many patients does your site(s) see per year?

1. 1-2,500 patients
2. 2,501-5,000 patients
3. 5,001-7,500 patients
4. 7,501-10,000 patients
5. 10,001 – 15,000 patients
6. 15,001 – 20,000 patients
7. Over 20,000 patients

DEM27 [Groups 1 & 2] On average, how many patients do you see per day?

[Free response – validate that entry is whole number (0 allowed)]

DEM28 [Groups 1 & 2 – ONLY IF THEY SELECTED MENTAL AND BEHAVIORAL HEALTH DISCIPLINE]

Does your site provide mental and behavioral health services?

1. Yes
2. No

DEM29 (Groups 1 and 2) Please list the ZIP code of the site where you practice. If you practice at more than one site, please list the ZIP code for the site where you spend the majority of your time practicing. (**Capture numerical response**)

DEM30 (Group 3) From the drop-down box below, please select the state where you are currently attending health professions school or residency.

Thank you for your time. The Health Resources and Services Administration's National Health Service Corps appreciates your input!