**ANNEX F**

**HEALTH CARE PROVIDER QUESTIONNAIRE**

**ERS: Rural Community Wealth and Health Care Provision**

**PROVIDERS MAIL/WEB SURVEY**

**9/20/2013**

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| **Verification.** |
| 1. Are you currently working as a health care provider in [TOWN], [STATE]?1 = Yes2 = No If no, please return this survey in the envelope provided, so we can correct our records and do not continue to try to reach you. Thank you! |
| **Your Background.** |
| 2. Your current role as a health care provider:1 = Physician (MD or DO)2 = Dentist3 = Physician’s Assistant4 = Nurse Practitioner5 = Midwife6 = Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. Your specialty:1 = Family Practice, General Practice2 = Internal Medicine3 = OB/GYN4 = Pediatrics5 = Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Where do you live in relationship to [TOWN]?1 = Within city limits2 = Within 2 miles of town3 = 2 to 10 miles from town4 = 10 to 20 miles from town5 = 20 or more miles from town | 5. Did you ever live in [TOWN] before you began working there as a health care provider?1 = Yes2 = No |
| 6. Year you completed your highest level of medical/dental training: \_\_ \_\_ \_\_ \_\_ | 7. Year you began working as a health care professional in this community: \_\_ \_\_ \_\_ \_\_ |
| 8. Location of your medical/dental training: 1 = USA State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 = Other country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9. Did you spend any part of your residency, an internship, or externship in a rural area or a small town? (<20,000 pop.)1 = Yes 2 = No |
| 10. Location where you graduated from high school:1 = USA State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 = Other country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 11. Where did you primarily grow up? 1 = Farm/ranch, not in a town or city2 = Town of less than 20,000 population3 = City of 20,000 to 100,000 population4 = City/Metropolitan area over 100,000 pop. |

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| **Your Current Practice.** |
| 12. Where is your current practice based? 1 = In a hospital2 = In a clinic3 = In an office setting4 = In a retail business setting5 = Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 13. Are you the sole owner, a part-owner, or an employee of your practice?1 = Sole owner2 = Part-owner3 = Employee |
| 14. Number of hours you work per week in [TOWN] (on average):\_\_\_ \_\_\_ hours/week | 15. Number of hours you work per week in other communities (if any, on average):\_\_\_ \_\_\_ hrs/wk 0 = None |
| 16. Which best describes your current on-call responsibilities? 1 = Do not have on-call responsibilities2 = Acceptable on-call responsibilities3 = Unacceptable on-call responsibilities | 17. Do you have adequate professional coverage for your practice while you are on vacation?1 = Yes2 = No |

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| **Your Recruitment Experience.** |
| 18. How did you learn about the opportunity to work in this community? *(Circle all that apply.)*1 = Family or friends2 = Professional colleague3 = School faculty or placement office4 = Position announcement5 = Town representative or organization6 = Professional recruiter7 = Someplace else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19. Was there a specific recruitment effort on the part of [TOWN] leaders to encourage you to work in this community?1 = Yes 2 = No ***[If No or Unsure, please go to Q.21, next page.]***3 = Unsure, don’t remember |
| 20. **If yes,** what did the recruitment entail? *(Circle all that apply)*1 = Information provided by community (e.g., brochures, lists of services, etc.)2 = Site visit for myself arranged by community3 = Site visit for my spouse/children arranged by community4 = Site visit for myself arranged by employer5 = Site visit for my spouse/children arranged by employer6 = Other *(Describe below)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Your Decision to Work in This Community.** |
| 21. How important to you were each of the following factors in **your decision to practice in this community**? |
|  | **Not Important** |  | **Neutral** |  | **Very Important** |
| a. | Your own familiarity with this area | 1 | 2 | 3 | 4 | 5 |
| b. | Opportunities for your spouse or partner | 1 | 2 | 3 | 4 | 5 |
| c. | Relatives or friends are nearby | 1 | 2 | 3 | 4 | 5 |
| d. | Good place to raise a family | 1 | 2 | 3 | 4 | 5 |
| e. | Quality of schools | 1 | 2 | 3 | 4 | 5 |
| f. | Size of the town  | 1 | 2 | 3 | 4 | 5 |
| g. | Recreational opportunities | 1 | 2 | 3 | 4 | 5 |
| h. | Natural amenities (climate, scenery, lakes/rivers/ocean, etc.) | 1 | 2 | 3 | 4 | 5 |
| i. | Cultural amenities (local arts, historical sites, cultural events, etc.) | 1 | 2 | 3 | 4 | 5 |
| j. | Social opportunities (churches, social organizations, etc.) | 1 | 2 | 3 | 4 | 5 |
| k. | Friendliness of the people | 1 | 2 | 3 | 4 | 5 |
| l. | Availability of goods and services | 1 | 2 | 3 | 4 | 5 |
| m. | Low taxes | 1 | 2 | 3 | 4 | 5 |
| n. | Low cost of living | 1 | 2 | 3 | 4 | 5 |
| o. | The need for health care providers in the community | 1 | 2 | 3 | 4 | 5 |
| p. | Recruitment efforts by the community | 1 | 2 | 3 | 4 | 5 |
| q. | Placement through a program (NHSC, visa waiver, etc.) | 1 | 2 | 3 | 4 | 5 |
| r. | Quality of medical facilities | 1 | 2 | 3 | 4 | 5 |
| s. | Quality of the medical community | 1 | 2 | 3 | 4 | 5 |
| t. | Opportunities for your professional growth/advancement | 1 | 2 | 3 | 4 | 5 |
| u. | Opportunity to own a practice | 1 | 2 | 3 | 4 | 5 |
| v. | Good financial package (salary, benefits, loan forgiveness, etc.) | 1 | 2 | 3 | 4 | 5 |
| w. | Reasonable workload  | 1 | 2 | 3 | 4 | 5 |
| 22. What is the **most important reason** why you chose to practice in this community? |
| 23. What was the **biggest drawback** to choosing to practice in this community? |

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| **Your Decision to Stay in This Community.** |
| 24. How important to you are each of the following reasons for **continuing to work** in this community? |
|  | **Not Important** |  | **Neutral** |  | **Very Important** |
| a. | Your family is settled there; don’t want to uproot them | 1 | 2 | 3 | 4 | 5 |
| b. | Your spouse or partner has a good job/career  | 1 | 2 | 3 | 4 | 5 |
| c. | Relatives or friends are nearby | 1 | 2 | 3 | 4 | 5 |
| d. | Good place to raise a family | 1 | 2 | 3 | 4 | 5 |
| e. | Quality of schools | 1 | 2 | 3 | 4 | 5 |
| f. | Size of the town | 1 | 2 | 3 | 4 | 5 |
| g. | Recreational opportunities | 1 | 2 | 3 | 4 | 5 |
| h. | Natural amenities (climate, scenery, lakes/rivers/ocean, etc.) | 1 | 2 | 3 | 4 | 5 |
| i. | Cultural amenities (local arts, historical sites, cultural events, etc.) | 1 | 2 | 3 | 4 | 5 |
| j. | Your involvement in community activities | 1 | 2 | 3 | 4 | 5 |
| k. | Friendliness of the people, good friendships | 1 | 2 | 3 | 4 | 5 |
| l. | Availability of goods and services | 1 | 2 | 3 | 4 | 5 |
| m. | Low taxes | 1 | 2 | 3 | 4 | 5 |
| n. | Low cost of living | 1 | 2 | 3 | 4 | 5 |
| o. | The need for health care providers in the community, having a positive impact through your practice | 1 | 2 | 3 | 4 | 5 |
| p. | Efforts by the community to encourage you to stay | 1 | 2 | 3 | 4 | 5 |
| q. | Quality of the medical facilities | 1 | 2 | 3 | 4 | 5 |
| r. | Quality of the medical community | 1 | 2 | 3 | 4 | 5 |
| s. | Good professional contacts and collegiality in the medical community | 1 | 2 | 3 | 4 | 5 |
| t. | Opportunities for your professional growth/advancement | 1 | 2 | 3 | 4 | 5 |
| u. | Your investment in your practice (patient base, office, equipment, etc.) | 1 | 2 | 3 | 4 | 5 |
| v. | Good financial package | 1 | 2 | 3 | 4 | 5 |
| w. | Reasonable workload  | 1 | 2 | 3 | 4 | 5 |

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| 25. Have you ever seriously considered moving and practicing in a different location?1 = Yes2 = No [IF NO, GO TO Q28, BELOW] |
| 26. IF YES: What was the main reason that you considered leaving? |
| 27. IF YES: What was the main reason that you decided to stay? |

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| **Availability and Quality of Health Care in [TOWN]** |
| 28. How would you rate the overall **availability** of health care in this community?

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| **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| 1 | 2 | 3 | 4 | 5 |

 | 31. How would you rate the overall **quality** of health care in this community?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| 1 | 2 | 3 | 4 | 5 |

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| 29. In your opinion, how has the **availability** of health care services in this community changed over the past 5 years?

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| --- | --- | --- | --- | --- |
| **Declined a Lot** | **Declined a Little** | **No Change** | **Improved a Little** | **Improved a Lot** |
| 1 | 2 | 3 | 4 | 5 |

 | 32. In your opinion, how has the **quality** of health care services in this community changed over the past 5 years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declined a Lot** | **Declined a Little** | **No Change** | **Improved a Little** | **Improved a Lot** |
| 1 | 2 | 3 | 4 | 5 |

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| 30. In your opinion, are the changes in the **availability** of health care in this community due to any of the following reasons? | 33. In your opinion, are the changes in the **quality** of health care in this community due to any of the following reasons? |
|  | Yes | **No** | **Don’t Know** |  | Yes | **No** | **Don’t Know** |
| a. | Changes in health care facilities or equipment | 1 | 2 | 3 | a. | Changes in health care facilities or equipment | 1 | 2 | 3 |
| b. | Changes in health care professionals  | 1 | 2 | 3 | b. | Changes in health care professionals  | 1 | 2 | 3 |
| c. | Changes in health facility administration/ownership | 1 | 2 | 3 | c. | Changes in health facility administration/ownership | 1 | 2 | 3 |
| d. | Changes in government policies/programs | 1 | 2 | 3 | d. | Changes in government policies/programs | 1 | 2 | 3 |
| e. | Changes in the health insurance industry | 1 | 2 | 3 | e. | Changes in the health insurance industry | 1 | 2 | 3 |
| f. | Changes in the local economy or business community | 1 | 2 | 3 | f. | Changes in the local economy or business community | 1 | 2 | 3 |
| **Recruitment and Retention of Other Providers** |
| 34. In the past 5 years, have you ever been involved in the recruitment of other health care professionals to your town?1 =Yes2 = No | 35. In the past 5 years, have you ever been involved in an organized effort to encourage other local health care professionals to stay in your town?1 =Yes2 = No |
| 36. In general, what would you say is the most important factor in **successfully recruiting or retaining** health care providers in [TOWN]?  | 37. In general, what would you say is the greatest **difficulty in recruiting or retaining** health care providers in [TOWN]?  |

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| **Community Involvement**  |
| 38. How much have you been involved in volunteer activities in this community that are related to health care or promoting healthy lifestyles? *(E.g., speaking to local groups on health issues, helping address a local health problem, participating in a community health fair, etc.)*1 = Not at all2 = Some3 = A Lot | 39. How much have you been involved in other volunteer activities in this community that are **not related to health**? *(E.g., school, charity, sports activities, etc.)* 1 = Not at all2 = Some3 = A Lot |
| 40. Do you currently hold a local **government** leadership position in this community?1 = Yes2 = No  | 41. Do you currently hold a leadership position in a **civic** **organization** in this community?1 = Yes2 = No  |
| 42. How many local organizations or associations do you belong to in this community? *(E.g., churches, service or sports clubs, school or business organizations, etc.)*0 = None1 = One or two2 = Three to five3 = Six to ten4 = More than ten | 43. How easy is it for someone to get involved in community activities in this town?1 = Very easy2 = Somewhat easy3 = Unsure4 = Somewhat difficult5 = Very difficult |

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| **Future Outlook** |
| 44. What are your professional plans for the next 5 years?1 = Continue to practice in this community2 = Move practice to another location3 = Change career path in this community4 = Change career path in another location5 = Retire6 = Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 45. If Q44 is 2, 3, or 4, please explain why. |

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| **Demographic Information** |
| 46. Your Gender: 1 = Male 2 = Female | 47. Your current marital status: 1 = Married or living as married2 = Divorced or separated3 = Widowed4 = Single never married |
| 48. Your current age:  \_\_\_\_\_ \_\_\_\_\_ |
| 49. Your Ethnicity:1 = Hispanic2 = Not Hispanic | 50. Your Household (HH) Size: \_\_\_\_\_\_\_ Number in HH age 18 or older \_\_\_\_\_\_\_ Number in HH under 18 years old |
| 51. Your race: *(Circle all that apply)* 1 = White2 = Black or African American3 = American Indian or Alaska Native4 = Asian5 = Native Hawaiian or Other Pacific Islander6 = Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 52. Your household income in 2013: 1 = Less than $25,0002 = From $25,000 up to $50,0003 = From $50,000 up to $75,0004 = From $75,000 up to $100,000 5 = From $100,000 up to $150,0006 = $150,000 or more |
| 53. Please record any other comments you would like to make regarding your experience as a health care provider in this community. |

***Thank you very much. Iowa State University and the USDA Economic Research Service greatly appreciate your cooperation and assistance. Please return your completed survey in the envelope provided.***