

**EXECUTIVE SUMMARY ARRA-
FUNDED NATIONAL HEALTH SERVICE
CORPS AND STATE LOAN REPAYMENT
PROGRAMS SURVEY RESULTS**

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EXECUTIVE SUMMARY
ARRA-FUNDED NATIONAL HEALTH SERVICE CORPS AND
STATE LOAN REPAYMENT PROGRAMS
FINAL SURVEY RESULTS

The Missouri Primary Care Office (MPCO), in support of the retention of the American Recovery and Reinvestment Act (ARRA) National Health Service Corps (NHSC) and Missouri's State Loan Repayment Program (SLRP) healthcare providers who are providing services to the medically underserved populations in Missouri, contracted with the Department of Health Management and Informatics, School of Medicine, University of Missouri, to assist in conducting, analyzing, and interpreting surveys of participants in the two programs. The following report provides an initial analysis of the surveys conducted between July 17 and November 20, 2012.

The two surveys administered were based on the surveys prepared by the Cecil G. Sheps Center for Health Services Research. SurveyMonkey was used to conduct the surveys, with intended respondents sent e-mails from MPCO on July 17, 2012, inviting them to access the survey through a secure link. The link for the survey of the National Health Service Corps (NHSC) was sent to 176 individuals identified as candidates, and the link for the survey of the State Loan Repayment Program (SLRP) was sent to 23 individuals. The recipients of the surveys were individuals who were identified by the National Health Service Corps as ARRA-funded clinicians between 2009 and 2011. By November 20, 2012, responses had been received from 94 NHSC participants (53.4% response rate) and 16 SLRP participants (69.6% response rate). When responding to the surveys, not all participants answered all questions; thus, the number of responses to individual survey questions may vary. Of the 94 NHSC respondents, 17 mistakenly indicated that they had received funding from NHSC, but not during the relevant period for the survey of 2009, 2010, and 2011, and were directed to end the survey. Of the 16 SLRP respondents, 4 mistakenly indicated they had received funding from SLRP, but not during the relevant period for the survey, and were directed to end the survey, and so only 77 NHSC and 12 SLRP respondents answered the remaining questions.

In terms of primary specialty/discipline of the respondents, primary care physician was the largest category for the NHSC respondents, with 26.0%, while nurse practitioners were, by far, the largest category for the SLRP, with 66.7%. Other disciplines included dentists, certified nurse midwife, primary care physician assistant, health services psychologist, licensed clinical social worker, and licensed professional counselor.

The NHSC respondents were asked in which NHSC scholarship program they were participating. Of the 36 who answered the question 52.8% indicated medicine, 11.1% indicated dentistry, 30.6% indicated nurse practitioner, 2.8% indicated certified nurse midwife, and 2.8% indicated physician assistant.

To obtain some background information regarding training and experiences prior to NHSC or SLRP services, respondents were asked about their predominant living location prior to entering college. For NHSC respondents, the locations reported were: MO-43, AR-5, IL-5, KS-4, MI-3, CA, LA, NH, and TX-2 each, FL, IN, MN, OR, and PA-1 each, and 3 reported no one place. For SLRP respondents, the locations reported were: MO-7, TX-2, and MT, NE, and SD-1 each.

Respondents were also asked about the predominant type of community they lived in prior to entering college. Of the 77 NHSC respondents, 38 indicated small town or rural, 22 indicated suburban, 13 indicated urban, and 4 indicated no principal place. Of the 12 SLRP respondents, 7 indicated small town or rural, 2 indicated suburban, 2 indicated urban, and 1 indicated no principal place.

In response to the question regarding the state in which they graduated from professional school, 55 of the 77 NHSC respondents indicated MO, 3 each indicated IL, KS and TN, NE indicated 2, and 1 each indicated AL, AR, AZ, GA, IA, LA, MD, NJ, NY, VA, and WA. Among the 12 SLRP respondents, 7 indicated MO, 2 indicated IA, 2 indicated TX, and 1 indicated NE.

When asked about year of graduation from professional school, 10 of the NHSC respondents indicated before 2000, 27 indicated between 2000 and 2004, 35 indicated between 2005 and 2009, and 5 indicated in 2010. Only 1 of the SLRP respondents graduated before 2005, 10 graduated between 2005 and 2009, and 1 graduated in 2010. Respondents were then asked about the state in which they completed their last residency. Since some professions do not complete residencies, only 40 NHSC and 4 SLRP respondents replied to this question. The four SLRP respondents all indicated MO, while 28 of the 40 NHSC respondents indicated MO. Other states indicated by NHSC respondents were 3 from LA, 2 from IL, and 1 each from DC, FL, KS, OH, PA, SC, and TX. When asked about the year their last residency was completed, 2 of the NHSC respondents indicated before 2000, 7 indicated between 2000 and 2004, 19 indicated between 2005 and 2009, and 7 indicated 2010 or later. Of the 4 SLRP respondents, all completed their residency, between 2007 and 2009.

Respondents were asked if they had received any formal training experiences with medically underserved populations during their professional training and if so, where did they receive such training. Respondents were asked to check all that applied, and so responses are greater than total number of respondents. Among responses, 19 NHSC respondents and 1 SLRP respondents indicated they had no formal training with medically underserved populations during their professional training. Among NHSC responses with training, 47 indicated as a student, 22 during residency/fellowship, and 8 during advanced training. Among SLRP responses, 10 indicated as a student and 1 during advanced training. The numbers are based on the responses, not respondents. Respondents were then asked about how many weeks, cumulatively, were spent in the training experiences with medically underserved populations. Of the NHSC respondents, 11 indicated < 10 weeks, 13 indicated 11 – 20 weeks, 7 indicated 21 – 30 weeks, 11 indicated 31 – 52 weeks, and 10 indicated more than 52 weeks. Of the SLRP respondents, 1 indicated < 10 weeks, 2 indicated 11 – 20 weeks, 3 indicated 21 – 30 weeks, and 4 indicated 31 – 52 weeks. Respondents were asked if they participated in the Student/Resident Experiences and Rotations in Community Health (SEARCH) Program as a student. Of the 74 NHSC respondents to this question, 8 (10.8%) responded yes and 66 (89.2%) responded no, they had not participated. Of the 12 SLRP respondents 1 (8.3%) responded yes and 11 (91.7%) responded no.

Next, respondents were asked about the exposure they had to certain settings or providers. Based on a Likert scale from 1 (none) to 5 (extensive exposure), the average score by NHSC respondents (i) for community and/or migrant health center was 2.31, (ii) for rural health care was 3.04, (iii) for inner city health care for the poor was 2.41, and (iv) to past and/or current Program clinicians was 1.72. For the SLRP respondents, the average scores for the same settings (i) to (iv) were 3.33, 3.42, 2.83, and 1.75, respectively. As indicated, the respondents had more exposure to rural health care than to the other types of settings or clinicians.

Respondents were asked to approximate their total educational debt upon completion of training. The 60 NHSC responses were: 10 with \$40,000 or less, 24 with \$40,001 - \$80,000, 13 with \$80,001 - \$120,000, 8 with \$120,001 - \$160,000, 12 with \$160,001 - \$200,000, and 7 with greater than \$200,000. The 12 SLRP responses were: 3 with \$40,000 or less, 4 with \$40,001 - \$80,000, 2 with \$80,001 - \$120,000, 0 with \$120,001 - \$160,000, 1 with \$160,001 - \$200,000, and 2 with greater than \$200,000.

The next set of questions asked the respondents about joining either the National Health Service Corps (NHSC) or the State Loan Repayment Program (SLRP) and about selecting their first practice site. The first question asked if they were still in training. Only four (5.4%) NHSC respondents answered yes they were still in training. The State Loan Repayment Program is not available to individuals in training. The respondents were then asked when they began their repayment program service. Of the 55 NHSC respondents, 1 began in 2007, 2 in 2008, 12 in 2009, 37 in 2010, 16 in 2011, and 1 in 2012. Of the 11 SLRP respondents, 6 began in 2009, 3 in 2010, and 2 in 2011.

Next, respondents were asked about their reasons for applying to the Programs. Based on a Likert scale of 1 (strongly disagree) to 5 (strongly agree), the average score for NHSC respondents to the statement “I needed financial assistance to pay off educational debt” was 4.19 and for SLRP respondents, the average score was 4.27. The average score for NHSC respondents to the statement “I wanted to provide care to an underserved population or area” was 4.33 and 3.91 for SLRP respondents.

The respondents were asked for the location of their first practice/site where they began working as part of their Program. All except one of the NHSC respondents indicated the practice site was located in Missouri; the one non-Missouri site was in Arkansas. All of the SLRP sites were in Missouri. The respondents were also asked if they were already working in this practice/site when they applied for the Program. Only 7 (10.3%) of the 68 NHSC respondents indicated “no”—they were not already working in the practice/site—and only 2 (18.2%) of the 11 SLRP respondents indicated “no.”

For the respondents who were already working in this practice/site, they were asked about how many months they had worked there before applying to the program. Of the NHSC respondents, 27 had been working there 12 months or less, 10 had been there between 13 and 24 months, 7 had been there between 25 and 36 months, 4 had been there between 37 and 48 months, and 15 had been there more than 48 months. Of the SLRP respondents, 6 had been there for 12 months or less, 1 had been there between 13 and 24 months, 1 had been there between 25 and 36 months, 1 had been there between 37 and 48 months, and none had been there more than 48 months

Respondents were also asked if they knew the practice/site might be eligible for the Program when they decided to work in the practice. Of the 66 NHSC respondents, 37 (56.1%) indicated yes and 5 (55.6) of the 9 SLRP indicated yes. Respondents were also asked where they would have likely worked if they had not participated in the NHSC or the SLRP, checking all that applied. Numbers are provided for the NHSC responses with the responses for SLRP in parentheses; 47 (6) indicated in the same practice, 20 (4) in a rural practice, 4 (0) in an inner city practice, 12 (0) in an underserved area, 4(0) in a community or migrant health center, and 4 (1) in “other” locations.

Next, respondents were asked how important certain factors were to them and/or their family in choosing the place to work and if the practice/site met their expectations. See in Table 1.

Table 1: How important to you and/or your family were each of the following considerations when choosing to work in your practice/site? Did the practice and community you chose meet your needs?						
National Health Service Corps Responses						
Factor	(1) Very Important	(2)	(3) Somewhat Important	(4)	(5) Not Important	Met Needs
Working with a specific socioeconomic or ethnic population	9	11	28	7	13	No = 4
Working at a specific, known site that you already had in mind	23	12	17	8	8	No = 5
Working in a specific area (e.g., near family or in a particular state)	36	12	13	2	5	No = 5
Having ready access to specific activities like fishing, hiking, fine dining, or theater	5	13	24	17	9	No = 12
State Loan Repayment Program Responses						
Factor	(1) Very Important	(2)	(3) Somewhat Important	(4)	(5) Not Important	Met Needs
Working with a specific socioeconomic or ethnic population	0	4	3	0	4	No = 2
Working at a specific, known site that you already had in mind	2	6	3	0	0	No = 1
Working in a specific area (e.g., near family or in a particular state)	7	2	1	1	0	No = 1
Having ready access to specific activities like fishing, hiking, fine dining, or theater	0	4	3	3	1	No = 3

The next section of the survey asked respondents about their first service site. For type of setting they were in for their first practice, the NHSC responded as follows: Community or migrant health center = 13, rural health center = 22, other primary care practice = 9, prison = 2, behavioral health or substance abuse facility = 8, hospital-based clinic or service = 6, and other = 8. The SLRP responded as follows: Community or migrant health center = 1, rural health center = 5, other primary care practice = 1, and hospital-based clinic or service = 3. Next, the respondents were asked approximately how many patient/client visits or encounters they had on a typical day in all settings (e.g., office and hospital). Of the NHSC respondents, 27 reported 10 or fewer visits per day, 23 reported 11 – 20 visits, and 17 reported more than 20. Of the SLRP, 2 reported 10 or fewer, 7 reported 11 – 20 visits, and 2 reported more than 20.

Next, respondents were asked how much they agreed or disagreed with a number of statements about their first practice/site experience while serving in the program. There were 67 respondents from the NHSC and 10 from the SLRP to this question. The answers are provided in Table 2. As indicated, most respondents felt they had a very positive experience in their first practice within the Program.

Table 2: How much do you agree or disagree with the following statements about your work in your first practice/site while serving in the Program?					
Statement	(1) Strongly Disagree	(2)	(3) Neutral	(4)	(5) Strongly Agree
NHSC					
I had a good clinical back-up from more senior and/or supervising clinicians in my practice	8	3	11	12	33
I was able to provide the full range of services for which I was trained and wished to perform	6	6	5	15	35
The practice had an effective administrator	10	4	13	13	27
Work rarely encroached upon my personal time	10	12	23	12	10
I felt a strong personal connection to my patients	5	1	10	18	33
I felt I was doing important work in this practice	5	0	6	13	43
I felt a sense of belonging to the community where I worked	6	5	7	20	29
I felt appreciated by NHSC staff for my work	5	6	17	14	25
Overall, I was pleased with my work	4	3	4	15	41
Overall, I was satisfied with my practice	6	1	7	17	36
Statement	(1) Strongly Disagree	(2)	(3) Neutral	(4)	(5) Strongly Agree
SLRP					
I had a good clinical back-up from more senior and/or supervising clinicians in my practice	1	0	2	3	4
I was able to provide the full range of services for which I was trained and wished to perform	1	3	0	3	3
The practice had an effective administrator	2	0	0	5	3
Work rarely encroached upon my personal time	1	0	3	4	2
I felt a strong personal connection to my patients	1	0	0	6	3

Table 2: How much do you agree or disagree with the following statements about your work in your first practice/site while serving in the Program?					
Statement	(1) Strongly Disagree	(2)	(3) Neutral	(4)	(5) Strongly Agree
I felt I was doing important work in this practice	1	0	0	3	6
I felt a sense of belonging to the community where I worked	1	1	0	3	5
I felt appreciated by NHSC staff for my work	0	0	4	4	2
Overall, I was pleased with my work	1	0	0	5	4
Overall, I was satisfied with my practice	0	1	1	5	3

The respondents were then asked how satisfied they were with certain aspects of their first Program practice/site experience. The responses from 67 NHSC and 10 SLRP participants are provided in Table 3.

Table 3: How satisfied were you with the following aspects of your first Program practice/site during the years you were serving in the Program?					
NHSC					
Statement	(1) Very Dissatisfied	(2)	(3) Neutral	(4)	(5) Very Satisfied
Your relationship with the practice administrator	7	3	11	14	32
Financial stability of the site/practice organization	4	8	11	17	27
Physical conditions of the healthcare facility	4	5	7	22	29
Your salary or income from your practice	4	12	11	21	19
Availability of cross coverage to allow you to leave town	4	5	11	14	33
Mission and goals of the practice	3	3	3	19	39
Your access to specialist consultations for your patients	9	7	5	23	23
Support by other clinicians working at the site	4	4	6	15	38
The contacts and other support you received from NHSC staff	6	4	17	21	19
SLRP					
Statement	(1) Very Dissatisfied	(2)	(3) Neutral	(4)	(5) Very Satisfied
Your relationship with the practice administrator	1	0	3	4	2
Financial stability of the site/practice organization	1	0	4	4	1
Physical conditions of the healthcare facility	1	0	4	2	3
Your salary or income from your practice	0	1	4	5	0
Availability of cross coverage to allow you to leave town	0	1	1	4	4
Mission and goals of the practice	0	1	2	4	3
Your access to specialist consultations for your patients	0	2	1	4	3
Support by other clinicians working at the site	1	0	1	6	2
The contacts and other support you received from NHSC staff	0	0	6	2	2

Next, respondents were asked about annual salary or income when beginning work and then about their most recent or last annual salary or income in that practice. There were 67 NHSC responses and 10 SLRP responses. For NHSC respondents, the range was <\$25,000 to more than \$100,000 for both initial and most recent salary, although fewer individuals were at the lower salary recently. For SLRP respondents, the range was between \$25,000 and \$100,000, with salaries also increasing from initial to the most recent.

Of the 67 NHSC respondents, 47, or 55.2 percent, indicated that they taught students at their first practice/site when they were serving in the NHSC. Of the 10 SLRP respondents, 7 indicated that they had taught students at their first practice/site when serving in the SLRP. The respondents were then asked how much they agreed or disagreed with statements about the community where they lived in their first practice/site. The responses are provided in Table 4.

Table 4: How much do you agree or disagree with each of the following statements about the community where you lived while working in your first Program practice/site and serving in the Program?						
NHSC						
Factor	(1) Strongly Disagree	(2)	(3) Neutral	(4)	(5) Strongly Agree	Not Applicable
My spouse/partner was happy in the community	2	1	6	10	28	20
Satisfactory professional opportunities for my spouse/partner were available in the community	6	1	8	5	26	21
My children were happy in the community	1	1	3	5	31	26
Satisfactory educational opportunities for my children were available in the community	2	1	5	10	25	24
My family was concerned about personal safety in the community	38	10	2	2	5	10
SLRP						
My spouse/partner was happy in the community	1	1	0	0	6	2
Satisfactory professional opportunities for my spouse/partner were available in the community	1	1	3	1	2	2
My children were happy in the community	0	1	1	0	6	2
Satisfactory educational opportunities for my children were available in the community	0	1	1	1	4	3
My family was concerned about personal safety in the community	5	3	0	0	0	2

The next section dealt with job changes and future plans. Respondents were asked if they had completed their initial two-year contract with service. Of the NHSC respondents, 35 (52.2%) indicated yes and of the 10 SLRP respondents, 80.0% responded yes. For those that responded yes, they were asked when they completed their initial contract. Three NHSC completed their first contract in 2010, 10 in 2011, and 20 in 2012, and 2 indicated in 2013; the corresponding numbers for SLRP were 1, 4, and 1. For the 35 NHSC respondents who answered no, they had not completed their initial NHSC contract, 34 indicated they were now serving their initial NHSC contract and 1 respondent indicated that his/her contract was terminated. The 2 SLRP respondents who had not completed their initial contract indicated they were now serving their initial contract.

Respondents were asked if they had applied for one or more extension Program contracts to extend their service. Of the NHSC respondents, 21 (31.3%) indicated they had signed an extension contract and of the SLRP respondents, two indicated they had signed an extension contract. Of the NHSC respondents, 59 (88.1%) indicated they were still working in the same practice where they first served in the NHSC. All 10 SLRP respondents were still working in the same practice location.

Respondents were asked to provide information on their future career plans. When asked about how long they thought they might stay in their current practice/site, 33 of the 66 NHSC respondents and 6 of the SLRP respondents indicated at least five years. When asked about how long they thought they might stay in their current community, 42 of the 66 NHSC and 8 SLRP respondents indicated at least five years; regarding staying in rural practice, 49 of the 66 NHSC and 9 SLRP respondents indicated at least five years; and regarding staying in medically underserved population areas, 55 NHSC and 2 SLRP respondents indicated at least five years.

Background information was asked of the respondents to provide some context for the responses. Of the 70 NHSC respondents, 22 (31.4%) were male and 48 were female; of the 10 SLRP respondents, 4 were male and 6 were female. Only 2 (2.9%) of the 68 NHSC respondents and none of the SLRP respondents indicated they were of Hispanic origin. In terms of age of the 69 NHCS respondents, 12 were born before 1961, 12 between 1961 – 1970, 10 between 1971 – 1975, 25 between 1976 – 1980, and 10 later than 1980. Of the SLRP respondents, 4 were born between 1961 – 1970, 1 between 1971 – 1975, 4 between 1976 – 1980, and 1 after 1980. Of the 67 NHSC respondents, 57 were white, 3 Asian, 7 Black or African American, and 3 Other. All 9 of the SLRP respondents were white.

Of the 68 NHSC respondents, 18 (26.5%) indicated they were not married at any point while working in their first practice site as did 4 of the 10 SLRP respondents. Of the respondents who answered yes, they were married while working in their first practice site, questions were asked about the background of their spouse. In terms of the state in which the spouse of NHSC respondents lived when growing up, 27 were in MO, 5 in IL, 3 in AR, 2 each in LA, NE, and OK, and 1 each in CO, FL, HI, KS, KY, OR, TN, and Mexico, and 1 in no one place. For the spouse of SLRP respondents, 5 were in MO, 1 in ID, and 1 in MT. In terms of the types of communities of the spouses of NHSC respondents, 29 were in small town or rural, 14 were in suburban, 8 were urban, and 2 were in no principal place. For SLRP respondents, the numbers were 5 in small town or rural, 1 in suburban, and 1 in urban.

The final section of the survey asked the respondents to evaluate their experience with the National Health Service Corps or the State Loan Repayment Program and to provide recommendations for ways to improve the two programs. The respondents were asked to rate, on a scale of 1 to 10 with 1 being very dissatisfied and 10 being very satisfied, considering all of the experiences they have had with the Program, how satisfied were they with the Program. The average score provided by the 70 NHSC respondents was 8.91 and the average score provided by the 10 SLRP respondents was 9.40. The respondents were also asked the extent to which the Programs fell short of (1) or exceeded (10) their expectations. The average score provided on this question by the 70 NHSC respondents was 7.74 and the average score provided by the 10 SLRP respondents was 8.00.

On the 70 NHSC respondents, 21 (30.0%) indicated that their organizations do not have an electronic medical record (EMR). Of the 49 NHSC respondents indicating their organization had an EMR, only 6 (12.2%) indicated they did not use it. Of the 10 SLRP respondents, 4 indicated that their organizations do not have an electronic medical record, and of those that did have an EMR, all use it.

Two open-ended questions were asked of respondents. The first question involved what the Program leadership and staff could do to make the Program a better program for its clinicians. The unedited responses are provided below.

Table 5: What can the Program Leadership and staff do to make the Program a better program for its clinicians?

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NHSC Respondents
NHSC is a great program. My dissatisfaction is a result of a poor employer.
Continue to have procedures in place that allow applicants to speak to real people about procedures.
I recently discovered that we are not eligible for the NHSC loan repayment. I wish the NHSC would continue to provide this loan repayment program for current clinicians at our site who are not currently in the program. On average, we receive less income than many other agencies in our community and this would allow for those who have received the loan repayment to be more financially stable. I know it has been an extreme hardship for them to pay student loans and they were hoping for repayment to provide for their families.
Less bureaucratic to participate
Many times I had to resubmit forms in my application process. Very frustrating. After acceptance everything went smooth.
More classes that apply to dentistry at NHSC conference
Offer bonuses for years served
My application process was EXTREMELY difficult. deadline dates moved constantly (always forward without my notification) the contact people really didn't have the information to help me know when to apply, my application was constantly delayed, my application first round information was lost and I was denied, i was never notified it was incomplete, countless phone calls did not discover that it was incomplete, it took 1.5 years, approx 50 phone calls and emails to finally put through a completed application for my first round. The new process for my reapplication was much better, however. It still was a lot of hurry up and wait with always moving deadlines and dates for approval and so forth.
Most on changes already implemented -- mainly need to ease application process and add people to the program year round. Like the part time option.
better streamlining of communication, more sense of who is in charge of what, less redundant paperwork
Keep up the good work. The NHSC has helped me significantly over the years and I am grateful.
make more funds available
Offer more sites for employment.
Better communication via email
I felt the program was user friendly. I have no concerns.
Offer health insurance to private practice clinicians
application process was very frustrating. I had to resubmit forms several times
in my case I really wanted to continue loan repayment and to continue to work in my clinic, but the compensation was not adequate. When it came time to renegotiate my contract with my clinic I was also required to renew my NHSC loan. It was very difficult to negotiate and keep my options open. While negotiating my contract with clinic, I would have to met all stipulations of my NHSC loan. In particular, this would require me to use my previous loan repayment money for intended use rather than use as a cushion in case a transition away from clinic and NHSC is needed. A clearly defined grace period for declining contract would be beneficial. Another option is to be able to re-apply for extension but not have repaid loan, just a date that proof of payment that coincides with declining extension option. Basically this would make it easier to plan for another year of NHSC yet keep other options open.
Keep better tabs on sites. Check how they treat their non-nhsc employees.
I am very satisfied with the program
Allow days spent at trainings/conferences to count towards the minimum days required to be at the site
Be truthful
Give a higher compensation for medical doctors than mid levels. Their loans are typically higher and take much longer to pay off.
CHANGE MY ADDRESS -- MY OFFICE GOT DESTROYED BY THE TORNADO IN MAY, 2011 AND I AM STILL BATTLING TO GET IT CHANGED!!
Fix the portal.
I have found it difficult to communicate and know who to communicate to when I have questions.
Improve communication. NHSC is a great program and one I would recommend to others. At times though, it seems the left hand does not know what the right is doing. For instance, communications sometimes are sent to the wrong provider or not sent at all. Navigating who to call for what issue can also be baffling.
Offer Maternity and Paternity leave at no cost to the clinicians.
It needs to be easier to communicate with NHSC leadership. I have tried through various avenues to contact a person and it is often difficult to receive an answer.
Be truthful. Explain ways to improve vs, shutting places down

Table 5: What can the Program Leadership and staff do to make the Program a better program for its clinicians?
Efficient organization
nothing, it's fabulous
The online portal helps, but when there is a problem it seems like no one knows the answer. They had to "escalate" my problem to many levels
It is more involved with activities offered than when my wife was involved.
Strengthen the administrative abilities of the community health centers. Train the supervisors about the advantages of mentoring in a positive way.
Be in closer contact with the sites we work at. I feel like the co I work at is unstable, and I don't feel like my job is secure at times. It is understaffed and there is lack of organization.
I saw a lot of training or talk online about primary care, but little or nothing about mental health, which I understand is a very significant part of NHSC outreach.
More focus on providing technical assistance to adding psychologists to primary care hospitals and clinics.
Continue to offer support and training opportunities. Also, it would be nice to have a site visit at the beginning of service, rather than the end.
Provide more educational CEU opportunities for LPC'S.
SLRP
Advertise more to local medical students and residents
Nothing. I am very pleased and grateful to have the financial assistance to pay back my loans

The last question asked what the Programs could do to make it more likely that their alumni would continue to serve need populations. The unedited responses are provided in Table6.

Table 6: What can the Programs do to make it more likely that its alumni would continue to serve needy populations.
NHSC
Increase the number of approved sites, make residential and civil commitment facilities approved sites, as they serve an increasingly underserved population with regard to Sex offenders.
Continue to educate the community about other NHSC facilities and job opportunities in other areas.
I recently discovered that we are not eligible for the NHSC loan repayment. I wish the NHSC would continue to provide this loan repayment program for current clinicians at our site who are not currently in the program. On average we receive less income than many other agencies in our community and this would allow for those who have received the loan repayment to be more financially stable. I know it has been an extreme hardship for them to pay student loans and they were hoping for repayment to provide for their families.
Less bureaucracy
Increase award amount for subsequent years.
choose doctors who actually want to practice in rural america/inner city america. you can't make people stay who only are in the program for the money. you will never retain those folks. essentially the ones who stay probably would have without the money, like myself. I am thankful for the loan payment, however.
Pay us an ongoing stipend? Offer a free (paid to go) CME every year we continue at our practice cite?
continuing benefits of some kind
Offer more sites. Educate employers as to the benefits of having NHSC.
I wish I knew.
Offer health insurance to private practice clinicians
advocate for higher reimbursement rates.
make it easier for private clinics to be approved NHSC sites (at least part time)
Have More regular and supportive contact with alumni. Extend grants for continuing education.
Provide health insurance
Continue to supplement income after student loans have been payed off.
Do what you are doing now.
Help us get some tax credits!! I run a private practice in a rural area and enjoy my work. Myself and my spouse are the only two practicing psychologists in six counties! Because of the primary payer source (Medicaid) my income potential has a very definite ceiling. Since I am self-employed, I am taxed to the teeth. And, we are just busy enough that we have to have office staff help us. Of course, I have to pay their taxes too. I'm not against paying taxes, but at some point, with cost of living increasing and having a child, there will be a tipping point where I can no longer afford to live in this community. A tax break would help. Otherwise, I'm afraid we will have to leave one of these days, unless Medicaid

increases its reimbursements significantly, which I do not expect will happen.
Offer incentives to stay; perhaps if you take on x number of loan repayment clinicians then the government will grant your practice x amount of dollars, towards retention and growing a practice.
allow a portion or percentage of loan repayment to be used to maintain a practice
Completed service benefits
I don't have an answer to that
nothing
CE opportunities. Offering more value to the loan repayment awardees. Better access to mentors that are close to our own age.
Not sure at this point
Maybe advocate with insurance providers, Medicaid, and Medicare for recognition, consideration in authorizations, and reimbursement.
More support for standards requiring large hospitals and primary clinics to have psychologists to serve the needs of the poor more adequately.
Accept more clinicians.
Provide more educational CEU opportunities for LPC'S.
SLRP
Continue to offer loan repayment
Unknown
Offer more loan repayment money after the initial contract is served
After loans are paid off, provide a monetary stipend on top of the salary paid by the site to make it more competitive from a monetary standpoint