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Analysis of Population and Demographic Trends of American Indians and Alaska Natives (AI/AN) Populations

Native American Consultants, Inc.

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EVALUATION OF IHS MID-LEVEL HEALTH PROVIDERS

FINAL REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service
EVALUATION OF IHS MID LEVEL HEALTH PROVIDERS

FINAL REPORT

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EVALUATION OF IHS MID LEVEL HEALTH PROVIDERS

PRESENTED BY

NATIVE AMERICAN CONSULTANTS, INC.

JULY 15, 1994
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EXECUTIVE SUMMARY

The Indian Health Service (IHS) has a critical need to determine its needs for mid level health providers (MLHPs), ie., Physician Assistants, Nurse Practitioners, Certified Nurse Midwives and Clinical Nurse Specialists through the Year 2000 and to address recruitment and retention of MLHPs.

After conducting a literature search and reviewing available IHS documentation on MLHPs and IHS MLHPs, the contractor met with the Project Officer (PO) to discuss the IHS MLHP Program and related policy issues. Afterwards, the contractor developed a work plan which provided the following tasks to be accomplished:

a. Site Visit and Site Visit Protocols
b. Survey Instrument Development
c. Case Study and Case Study Methodology
d. Survey Distribution
e. Survey Analysis
f. Draft Report
g. Oral Presentation
h. Final Report

The survey instruments, site visit protocols and the case study protocols were developed in November 1993 and approved by the Project Officer (PO) in December 1993. The site visits and case study were performed in January 1994. The field sites were IHS facilities at Tahlequah, Oklahoma; Gallup, New Mexico; and Albuquerque, New Mexico. The case study was performed in Albuquerque. Results from the site visit interviews with MLHPs and primary care managers were used to revise the survey instruments. The MLHP Survey and the Primary Care Manager Survey were mailed out to the IHS service units in February. In January 1994, the PO added the Clinical Nurse Specialist as an MLHP category which increased the number of MLHP categories to four. Overall, 279 surveys (25 to primary care managers and 254 to MLHPs) were mailed to MLHPs and primary care managers. By the end of April 1994, 133 surveys (14 from primary care managers and 119 from MLHPs) were returned. It should be noted that this project was limited to IHS MLHPs only. Tribal MLHPs may be addressed at a later date. In addition, since all persons surveyed were Federal employees, there was no requirement to obtain OMB approval of the survey instrument.

This study resulted in obtaining responses from 119 MLHPs (47% of the current MLHP staff) and 14 of the primary care managers. The surveys confirmed that the MLHPs are making a major contribution to the IHS primary care program and are well utilized.

The MLHPs indicated that the key retention points in their consideration to remain with the IHS are increases in salaries, CME benefits and recognition as a health care professional with policy making privileges. Serious dissatisfaction (from 42% to 53%) in these three areas underline the importance for IHS action. Other factors of importance are: quality health care provided in the clinics (this will deteriorate significantly if sufficient MLHP replacements aren’t
provided over the next six years); Native American community relationships (the recruitment of more local Native Americans will enhance this situation which the survey indicated was excellent); physician performance (significant decline in numbers of IHS physicians will negatively impact this issue in a major way), and administrative support (more administrative support will be required to free MLHPs for almost exclusive attention to primary health care duties).

NOTE: The term physician performance refers to the physician's skill level, managerial capability and clinical practice ability.

The recruitment of more Native Americans would help to provide a more representative IHS MLHP corps. Currently, of those surveyed, 28% are Native American and 72% are non-Indian. To help alleviate this imbalance, some sort of strategy should be developed and implemented such as a Native American Recruitment Master Plan. Such a plan would require more science classes in high school, recruitment contacts in high school, a sizeable scholarship fund to provide MLHP training and certification, and dedicated recruitment specialists to direct all facets of a Native American MLHP Program. The survey also indicated that 72% of the MLHPs are female and 28% are males.

The IHS must begin immediately to address the projected shortfall of MLHPs. This shortfall is based on the assumption that during the next six years the IHS will lose approximately 51% of its MLHPs. The extrapolated MLHP attrition/requirements projections indicate that the IHS needs to produce approximately 171 MLHPs over the next six years. Failure to replace the MLHPs will impact the IHS commitment to provide quality health care to American Indians and Alaskan Natives (AI/AN) and result in an unacceptable level of primary health care.

Of the training alternatives considered, the one offering the greatest promise and responsiveness is the Satellite Program which allows for a majority of the training to occur at a site near the student's home. This would be much more attractive for Native American MLHP candidates than the University Based Program or the IHS Program.
The following recommendations are submitted for action:

- Increase MLHP salaries to competitive levels for recruitment and retention purposes.
- Review Continuing Medical Education (CME) benefits and establish a competitive CME Program (including CME inservice training) for recruitment and retention purposes.
- Provide more administrative support for MLHPs to take care of non-clinical duties so that MLHPs can concentrate more time on providing primary health care.
- Establish a Native American Recruitment Master Plan which will immediately start the recruitment process of Native Americans at all levels of qualifications with special emphasis on promoting the recruitment of high school age students for input as MLHPs at Year 2000 and beyond.
- Establish a revised recruitment/retention program which will immediately address the recruitment and retention of MLHPs to make up the projected shortfall of approximately 29 MLHPs which is expected to occur in each of the upcoming years through the Year 2000.
- Establish a part time employment program which can help to retain departing MLHPs and to be used as a recruiting device for private sector MLHPs seeking part time employment.
- Consider the establishment of full health benefits for Native American MLHPs at the IHS health facility that they are assigned to.
- Promote the establishment of more rotations at IHS facilities to obtain greater exposure to MLHPs in their academic training phase.
- Establish several Satellite Programs to be responsive to MLHP training requirements in the areas listed below and allow Native Americans to go to school closer to home.

1) Northern Plains
2) Southwest
3) Northwest
4) Alaska.
1.0 INTRODUCTION

1.1 STATEMENT OF THE PROBLEM

The Indian Health Service (IHS) has a critical need to determine its needs for mid level health providers (MLHPs) i.e., Physician Assistants, Nurse Practitioners, Certified Nurse Midwives and Clinical Nurse Specialists through the Year 2000 and to address recruitment and retention of MLHPs.

1.2 BACKGROUND

The IHS has a critical shortage of medical personnel capable of providing primary health care. The outlook for the future, as more physicians depart IHS and retire, is that the IHS will not be able to replace most of these physicians. A 1993 report entitled "The Role of Physician Assistants and Nurse Practitioners in a Managed Care Organization" (written by the Kaiser Permanente Center for Health Research) indicated that the role of MLHPs will be expanded to help meet the health care requirements of a managed care organization. Another program which will probably impact the availability of physicians for IHS service, is the passage of a national health care plan by the Congress in the Fall of 1994. Initial estimates by the IHS recruitment staff indicate that health care organizations will not only draw physicians away from the IHS with more attractive compensation programs, but will continue to get the lion's share of physicians coming from medical institutions. With these rather grim predictions in mind, it is anticipated that the current IHS MLHP requirements will be insufficient to meet the growing primary care requirements in the future years. There will be a need to factor in at least a 5% increase in IHS MLHP requirements every two years until more solid indications are available to show cause to do otherwise.

1.3 PROJECT SUMMARY

After conducting a literature search and reviewing available IHS documentation on mid level health providers (MLHPs) and IHS MLHPs, the contractor met with the Project Officer (PO) to discuss the IHS MLHP Program and to obtain guidance for project implementation. The contractor then developed a work plan which included the following activities:

a. Site Visit (for report see Appendix A) and Site Visit Protocols (Appendix B)
b. Survey Instrument Development (see Appendix C for MLHP Survey and Appendix D for Primary Care Manager Survey)
c. Case Study (Appendix E) and Case Study Methodology (Appendix F)
d. Survey Distribution (see final status report at Appendix G)
e. Survey Analysis
f. Draft Report
g. Oral Presentation
h. Final Report

The survey instruments, site visit protocols and the case study protocols were developed in November 1993 and approved by the Project Officer (PO) in December 1993. The site visits
and case study were performed in January 1994. The field sites were IHS facilities at Tahlequah, Oklahoma, Gallup, New Mexico and Albuquerque, New Mexico. The case study was performed in Albuquerque. Results from the site visit interviews with MLHPs and primary care managers were used to revise the survey instruments. The MLHP Survey and the Primary Care Manager Survey were mailed out to the IHS service units in February 1994. The PO, in January 1994, added the Clinical Nurse Specialist as an MLHP category which increased the number of MLHP categories to four. Overall, a total of 279 surveys were mailed to IHS employees (25 to primary care managers and 254 to MLHPs). Surveys were sent only to IHS facilities. By the end of April 1994, 133 surveys (14 from primary care managers and 119 from MLHPs) were returned.

The methodology involved in the development of the survey instruments was based on using the previous physicians survey (Appendix H) as a model and on the experience of the IHS staff and the two NACI consultants. After the initial instruments were compiled and reviewed, the survey instruments were field tested during the site visits and interviews at IHS facilities at Tahlequah, Oklahoma, Gallup, New Mexico and Albuquerque, New Mexico. Substantive comments supplied by the 21 MLHPs and 3 primary care managers were used to make several changes and improvements to the MLHP survey. The primary care manager survey remained intact.

The case study (see Appendix E) was performed in January 1994 comparing two female Native American MLHPs - one in an HMO and one in the IHS. The case study findings revealed that there are significant gaps between the two systems. Compensation disparity was the most significant difference with differences also noted in Continuing Medical Education (CME) benefits, professional recognition, health insurance, patient flow and triage preparation. In order to more accurately display the compensation differences between the IHS and the private sector, data was obtained from the IHS and the Physicians Assistants National Office and is shown in Figure 1-1. As can be seen from this matrix, the salary differential over the first twelve years of employment ranges in favor of the private sector from $11,186 to $16,774 per year grouping. It should be noted that the case study was limited to only one case study at a single location.

2.0 NEED FOR MID LEVEL HEALTH PROVIDERS (MLHPs)

The need for the mid level health providers (MLHPs) in complementing IHS physicians in providing primary care becomes apparent as the role of the MLHP becomes more clearly defined. The IHS, as of February 1994, had 254 MLHPs (101 Physician Assistants, 60 Nurse Practitioners, 39 Certified Nurse Midwives and 54 Clinical Nurse Specialists). In the survey of the 254 IHS MLHPs conducted earlier this year, 119 MLHPs responded.

2.1 SPECIFIC ROLE OF MLHPs

Of those responding, 97% are nationally certified in their specialty area and are providing 36 hours of patient care per week. The average MLHP sees approximately 21 patients per day.
## PHYSICIAN ASSISTANT COMPENSATION COMPARISON

<table>
<thead>
<tr>
<th>Category</th>
<th>Start</th>
<th>1-3 Years</th>
<th>4-6 Years</th>
<th>7-9 Years</th>
<th>10-12 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS*</td>
<td>$34,745</td>
<td>$34,539</td>
<td>$40,973</td>
<td>$45,721</td>
<td>$48,236</td>
</tr>
<tr>
<td>Private Sector**</td>
<td>$46,440</td>
<td>$51,313</td>
<td>$56,069</td>
<td>$58,630</td>
<td>$59,422</td>
</tr>
</tbody>
</table>

* Based on Data Effective 6/11/94.

** Based on Data Supplied by Physician Assistants National Office.

Note: Higher figure for IHS PA starting salaries is due to six of nine new hires with starting salaries over $40,000 per year.
The MLHP specialties as indicated in the survey vary as shown in Figure 2-1. The top three categories are: 1) Medical 2) Midwifery and, 3) Family Practice. The MLHPs function with limited or no direct supervision and provide close to 28 hours, on the average, of IHS outpatient clinic and satellite clinic coverage. The work of the MLHPs allows the IHS physician to spend more time on critical patient care, surgery, hospital visits and supervision of the various clinic departments.

Looking at the specific MLHP roles identified, the following commentary provides some expanded discussion where appropriate.

a. Family Practice. In this role the MLHP functions as the initial health provider that the patient sees when coming to an IHS clinic. The MLHP does the patient triage and workup and provides the initial diagnostic service. The patient will be referred to other services when appropriate.

b. Medical. The MLHP works in the special medical clinics such as: Dermatology, Cardiovascular and Neurology. Patient referrals and repeat patients are processed and evaluated by the MLHP, before being seen by the clinic specialist.

c. The additional specialties listed in Figure 2-1 are the other special clinics/services that can be featured at an IHS facility.

d. The "other" category in Figure 2-1 refers to non-primary care duties. The primary function in this area is where the MLHP is used in a training position.

2.2 CURRENT MLHP STAFFING AND PERSONAL STATISTICS

The breakdown of current MLHPs within the IHS is shown in Figure 2-2 (this data provided by the IHS Staff). As can be seen, Physician Assistants lead with 40%, Nurse Practitioners represent 23%, Clinical Nurse Specialists are at 22% and Certified Nurse Midwives make up 15%. The average age of MLHPs responding to the survey, is 45 years with only 28% being of American Indian/Native Alaskan (AI/NA) origins (see Figure 2-3). Whites represent 68% of the IHS MLHPs while Hispanics are at 2% and Pacific Islanders comprise only 1%. The breakdown by sex (Figure 2-4) indicates that 72% of MLHPs are female and 28% are male.
MLHP CATEGORIES

- 50%
- 45%
- 40%
- 35%
- 30%
- 25%
- 20%
- 15%
- 10%
- 5%
- 0%

- PHYSICIAN ASSISTANT
- NURSE PRACTITIONER
- CLINICAL NURSE SPECIALIST
- CERTIFIED NURSE MIDWIFE

Figure 2-2
MLHP BREAKDOWN BY RACE

Figure 2-3
MLHP BREAKDOWN BY SEX

Figure 2-4
2.3 PROJECTED STAFFING REQUIREMENTS

Of the 119 MLHPs who responded to the survey, 51% plan to leave IHS within the next six years (see Figure 2-5). The attrition rate varies by year:

- 25% within the first two years - 30 by 1996
- 10% within two to four years - 12 more by 1998
- 16% within four to six years - 18 more by 2000.

The projected MLHP losses by area are shown in Figure 2-6. These projections are based on the survey and have a standard deviation of plus or minus 2%. The area showing the highest percentage of losses is the Navajo Area with 33% of the MLHPs surveyed indicating that they would leave the IHS in the next six years. The other big losers are: 20% in the Oklahoma Area and 17% in the Phoenix Area.
PROJECTED MLHP ATTRITION
(BASED ON SURVEY)

Figure 2-5
Extrapolating the survey figures across the board would lead to projected losses as follows:

- 65 MLHPs leaving IHS by 1996
- 26 MLHPs leaving IHS between 1996 and 1998
- 39 MLHPs leaving IHS between 1998 and the Year 2000

Overall, projected MLHP losses in the next six years are estimated at 130 mid level health providers. The impact of this projected loss of MLHPs would create significant shortfalls in the quality of care provided by IHS. The quality of health care provided by IHS is expected, as mentioned previously, to be exacerbated by the departure of significant numbers of physicians. Moreover, it is anticipated that the coming years will see increased patient caseloads which will in turn create an increased demand for primary care health providers. These two points will require more MLHPs to be recruited. Until more hard information is acquired, it is estimated that the MLHP staffing will need to be increased by at least 5% for every other year. Another factor supporting the 5% figure is the statistical reliability of this survey which has a standard deviation of plus or minus 2%. Basing MLHP estimates on the foregoing, the projected MLHP requirements and shortfalls are listed below for the years 1995 through the Year 2000.

### MLHP PROJECTIONS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>REQUIREMENTS</th>
<th>PROJECTED STAFFING</th>
<th>SHORTFALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>271</td>
<td>226</td>
<td>45</td>
</tr>
<tr>
<td>1996</td>
<td>271</td>
<td>193</td>
<td>78</td>
</tr>
<tr>
<td>1997</td>
<td>284</td>
<td>180</td>
<td>104</td>
</tr>
<tr>
<td>1998</td>
<td>284</td>
<td>167</td>
<td>117</td>
</tr>
<tr>
<td>1999</td>
<td>299</td>
<td>147</td>
<td>152</td>
</tr>
<tr>
<td>2000</td>
<td>299</td>
<td>128</td>
<td>171</td>
</tr>
</tbody>
</table>

With a 171 MLHP projected shortfall over the next six years as also shown in Figure 2-7, the IHS needs to strengthen its recruitment/retention programs. The recruitment and retention situations are addressed in the following two sections.

### 3.0 RECRUITMENT

In the recruitment area there are several courses of action to consider:

- Recruitment from existing educational institutions to fill current and future requirements.
- Increasing recruitment incentives in the private sector by increasing compensation.
- Recruitment and training of more Native Americans.
- Emergency Medical Services.
- Part Time Employment.
TOTAL PROJECTED MLHP SHORTAGE

Figure 2-7

- projected needs
- resources
3.1 EXISTING EDUCATIONAL INSTITUTIONS

This alternative has some promise. IHS, in this case, would increase the number of facilities within the IHS which would allow for student clinical rotations. Spending clinic time in a given specialty affords the student insight into primary care needs of American Indians/Alaskan Natives and first hand information regarding the facility, staff, patient population and the area in general. Exposure to the clinics and the areas where the clinics are located is a key recruitment strategy. In addition, recruitment materials could be sent to all MLHP schools.

3.2 INCREASING COMPENSATION

Another recruitment incentive derived from the survey is increasing starting salaries to more competitive levels as well as providing bonuses which currently are only provided to physicians.

3.3 RECRUITMENT OF MORE NATIVE AMERICANS

Since only 28% of the MLHPs surveyed are of Native American origin, major considerations should be given to recruit additional Native Americans. The major reasons for doing this are greater longevity of service and the highly desirable goal to have more Native Americans in the IHS medical service. The detractor to this course of action is the paucity of Native Americans currently pursuing science courses and the lack of strong scientific curricula at reservation high schools and Indian impacted schools. It should be noted that this information was derived from discussions with about 28 reservation education directors over the last two years. To pursue this objective would require a Native American Recruitment Master Plan, which currently does not exist. In this regard, long range plans should include a high school recruitment approach which would emphasize incorporation of science courses necessary for college entrance. Youth interest in the medical field should be increased through the use of workshops, on the job training at the IHS clinics, and work study programs. This effort would also require extensive scholarship funds to produce a significant number of Native American MLHPs. Academic training would be more effective if it were conducted in satellite training programs (see discussion in Section 6.2) established near or on the reservation. Such a plan implemented immediately, would start delivering Native American MLHPs in the Year 2000.

3.4 EMERGENCY MEDICAL SERVICES (EMS)

The EMS sections of police departments and fire departments throughout the country have many emergency medical technicians and paramedics who could fit in as MLHPs with little additional training. The military EMS and Licensed Practical Nurses (LPNs) would also represent a good recruitment resource for training programs, not for direct hire as MLHPs. They are all trained in providing primary care and comprehensive diagnostic services. Salary ranges vary and opportunities exist to acquire highly qualified people at lower compensation levels.
4.0 RETENTION

The surveys provided an unique insight into what issues are important pertaining to retention. The key retention factors cited below are those specifically identified by MLHPs who responded to the survey.

4.1 KEY FACTORS

The key retention factors are shown in Figure 4-1 (level of importance to survey respondent) and the satisfaction levels of the MLHPs are displayed in Figure 4-2 (perceived MLHP satisfaction). Each is commented upon below:

- **Quality Health Care.** Of those surveyed 81% indicated that the IHS clinic's ability to deliver quality health care was extremely important in their decision to stay with the IHS. Decreasing numbers of IHS physicians and an accompanying shortfall of MLHPs over the next six years threaten the quality health care capability more and more with each succeeding year. Measures taken to insure quality health care are vital to the MLHP retention program. The current level of satisfaction with this factor is 71%.

- **Policy Making.** The survey indicated that 79% of the MLHPs responding felt that their ability to impact patient care by policy making and policy implementation is a major consideration in their decision to remain with the IHS. Only about 50% felt satisfied in this area. Much more attention needs to be focused on including MLHPs in policy making positions in Service Units and independent clinics.

- **Professional Utilization.** Of those MLHPs surveyed, 79% indicated that their professional utilization in primary health care roles is very important in their decision to stay with the IHS. Sixty-nine percent of the MLHPs responding to the survey indicated that their utilization in IHS facilities is already at a high level.

- **Community Relationships.** From the survey responses, 79% indicated that the Native American community relationship is a highly significant factor in their decision to stay with the IHS. Of those surveyed, 77% stated that they enjoyed excellent community relationships with the surrounding Native American community, although some improvements in this area could still be made. Emphasis on forging stronger community relationships should be made an integral part of the Service Unit's community programs.

- **Professional Recognition.** Of those surveyed, 78% indicated that professional recognition of their individual performance was very important in their decision to stay with the IHS. Only 45% of those surveyed stated that they were satisfied with the professional recognition that they received. See Figure 4-3 for a breakdown of perceived non recognition (overall 53% of the MLHPs stated they received no professional recognition) and the importance of recognition as stated...
KEY RETENTION FACTORS
(IMPORTANCE FOR STAYING in IHS)

Figure 4-1

1 QUALITY HEALTH CARE
2 MLHP ABILITY TO IMPACT PATIENT CARE
3 PROFESSIONAL UTILIZATION
4 NATIVE AMERICAN COMMUNITY RELATIONS
5 PHYSICIAN PERFORMANCE
6 PROFESSIONAL RECOGNITION
7 ADMINISTRATIVE SUPPORT
8 CONTINUING MEDICAL EDUCATION
9 COMPENSATION
10 CAREER DEVELOPMENT
11 PATIENT CARE HOURS DISTRIBUTION
12 LOCAL LIVING CONDITIONS
13 PERSONAL/FAMILY HEALTH CARE
KEY RETENTION FACTORS
(PERCEIVED MLHP SATISFACTION)

1. QUALITY HEALTH CARE
2. MLHP ABILITY TO IMPACT PATIENT CARE
3. PROFESSIONAL UTILIZATION
4. NATIVE AMERICAN COMMUNITY RELATIONS
5. PHYSICIAN PERFORMANCE
6. PROFESSIONAL RECOGNITION
7. ADMINISTRATIVE SUPPORT
8. CONTINUING MEDICAL EDUCATION
9. COMPENSATION
10. CAREER DEVELOPMENT
11. PATIENT CARE HOURS DISTRIBUTION
12. LOCAL LIVING CONDITIONS
13. PERSONAL/FAMILY HEALTH CARE
Figure 4-3
Professional recognition means that the MLHPs want to have a say (a vote) in the consideration and formulation of local clinic policy and procedures. The MLHPs indicated that professional recognition can be enhanced by the establishment of a lead MLHP at each facility who could exercise the MLHP voting prerogative, arrange MLHP work schedules and look after a MLHP career development program. The lead MLHP would be responsible for arranging accredited CME inservice training and assisting with the resolution of MLHP problems and recertification processing. Emphasis should be given to bestowing recognition upon deserving MLHPs.

- **Physician Performance.** Of the MLHPs surveyed, 78% indicated that the facility’s physician performance was a very important factor in their decision to stay in the IHS. Physician performance is rated excellent in 66% of the MLHP surveys. The term physician performance refers to the physician’s skill level, managerial capability and clinical practice ability.

- **Administrative Support.** Of those surveyed, 73% indicated that the quality of administrative support is a significant factor in their decision to remain with the IHS. Only 29% rated the administrative support as adequate in their facility. It appears that procedures to upgrade the quality of administrative support at the Service Unit should be given a priority consideration.

- **Continuing Medical Education (CME).** Of the MLHPs surveyed, 70% placed a high premium on the availability of adequate CME funds. Underlying the need for change in this area, 42% of those surveyed indicated that IHS CME funds were non-existent or poor. Only 34% of the MLHPs surveyed were satisfied with the CME program. A significant increase or establishment (where appropriate) of CME funds is vital to making IHS more competitive and able to retain more MLHPs. A breakdown of the importance of CME by IHS Area is shown in Figure 4-4.

- **Compensation.** Of the MLHPs surveyed (see Figure 4-5) 70% stated that compensation is a significant factor in their decision to remain with the IHS. Currently, only 30% of the MLHPs feel satisfied with the IHS compensation program. Of those surveyed 43% of MLHPs stated that they were dissatisfied with compensation (see Figure 4-6). Any retention program will have to address increasing compensation to competitive levels. Failing to do this, upgrading the CME program considerably is a MUST.

- **Part Time Employment.** Part time employment of MLHPs should be considered as a retention factor and as a possible solution to MLHP shortages. Among those surveyed, 70% indicated that they would like to consider part time employment as an alternative employment option. Fifty-one per cent stated they would prefer to work weekends only as a part time alternative. The establishment of part time employment as a viable employment option could be instrumental in retaining 30 to 40% of those MLHPs who indicated they will be departing the IHS in the next six years.
COMPENSATION IMPORTANCE

Figure 4-5

21
As shown in Figure 4-1, several other factors - career development, patient care hours distribution, local living conditions and personal family health care - are considered as important areas for retention consideration. They should be included in any retention program inducements but should receive a lower level of emphasis compared to the key issues which are described above. It should be noted that the Areas of Bemidji, Nashville, Portland and Tucson had insufficient MLHP responses or numbers of MLHPs to warrant their inclusion in figures which show specific Area data.

5.0 PRIMARY CARE MANAGERS

A small sample of primary care managers was surveyed. Primary care managers consist of clinic directors and physicians in key management roles. Of 25 surveys sent to primary care managers, 14 responded and the results of this response are provided below.

5.1 MLHP ROLE

All of the primary care managers who responded stated that the MLHPs were being utilized to the maximum extent possible in the clinics and contributed an average of 92% of their time to direct patient care. Sixty-nine per cent felt that MLHP staffing inadequacies existed in the various service areas queried. They also stated that MLHP shortages would range from a low of six to a high of sixty in their respective service areas over the coming six years.

5.2 RECRUITMENT/RETENTION

The primary care managers, in general, indicated a strong need for the establishment of MLHP salaries at a level commensurate with the private sector and that there is a critical need to establish a competitive Continuing Medical Education (CME) program.

5.3 PRIMARY CARE MANAGER CONCLUSIONS

Primary care managers throughout the IHS are concerned that health care delivery will become increasingly less comprehensive over the next six years unless the numbers of MLHPs can be significantly increased. Most indicated an urgent need to increase MLHP salaries and CME benefits. Greater emphasis needs to be placed on recruitment and retention issues to maximize the utilization and growth of MLHPs within the Indian Health Service.

6.0 TRAINING ALTERNATIVES

MLHP training can be broken down into three categories:

- University based program
- Satellite program
- IHS program
6.1 UNIVERSITY BASED PROGRAM

This type of program has been in existence since the late 1960's with a recent trend towards increasing numbers of applicants and fewer classroom spaces. The criteria for admission is strongly weighted in the sciences as well as previous medical experience. One possible course of action is to obtain 1 to 3 IHS slots within a specific university program with student selection based on strict predesignated criteria. The drawbacks for recruiting more Native Americans in this type program are the paucity of qualified Native American student candidates and the tendency for Native Americans attending urban university curricula to not return to their reservations after obtaining their degrees. Costs for this training are also considered to be a drawback since costs are higher than the other training alternatives being considered.

6.2 SATELLITE PROGRAM

This alternative offers the Native American student the opportunity to take a majority of the prerequisite courses and rotations at or near his/her reservation. This course of study offers the best promise of retaining the successful degree completion student on his/her reservation and allows for an almost continuous cultural and family contact throughout the pursuit of the academic degree. Native American MLHPs surveyed strongly recommended the use of satellite programs for the education of more MLHPs from the reservation. Costs for the satellite program alternative would be considerably less than the university based program. Three university physician assistant programs were investigated as possible candidates for satellite training. The information pertaining to these programs is contained in Appendix I.

6.3 IHS PROGRAM

The third educational option would be to establish an IHS MLHP training program at an IHS facility such as the IHS Clinical Support Center (CSC) in Phoenix. This would prove highly beneficial to the tribes and pueblos in the Southwest but would still be too far away from home for Native Americans located in the other parts of the country.

7.0 CONCLUSIONS

7.1 GENERAL

This study resulted in obtaining responses from 119 MLHPs (43% of the current MLHP staff) and 14 of the primary care managers. The surveys confirmed that the MLHPs are making a major contribution to the IHS primary care program and are well utilized.

7.2 KEY FACTORS

The MLHPs indicated throughout the IHS that increases in salaries, CME benefits and recognition as a health care professional with policy making privileges, are key retention points for consideration in their decisions to stay in the IHS. Serious dissatisfaction (from 42% to 53%) in these three areas underline the importance for IHS action. Other factors of pressing importance are: quality health care provided in the clinics (this will deteriorate significantly if
sufficient MLHP replacements aren't provided over the next six years), Native American community relationships (the recruitment of more local Native Americans will enhance this situation), physician performance (significant decline in numbers of IHS physicians will negatively impact this issue in a major way) and administrative support (more administrative support will be required to free MLHPs for almost exclusive attention to primary health care duties).

7.3 RECRUITMENT

The recruitment of more Native Americans would help to provide a more representative IHS MLHP corps. Currently, of those surveyed, 28% are Native American and 72% are non-Indian. A Native American Recruitment Master Plan should be established. Such a plan would need to be established to include additional science classes in high school, recruitment contacts in high school, a sizeable scholarship fund to provide the MLHP training and certification and dedicated recruitment specialists to direct all facets of a Native American MLHP Program.

7.4 PROJECTIONS

As the number of IHS physicians decreases and given the projected loss of approximately 51% of the IHS MLHP assets over the next six years, steps to correct the MLHP shortfalls must begin immediately. The extrapolated MLHP attrition/requirements projections indicate that the IHS needs to produce approximately 171 MLHPs over the next six years. This equates to recruiting or retaining 29 MLHPs each year. A 29 MLHP shortfall each year means that 615 patients on a daily basis will have to be seen by other remaining primary health care providers. Failure to replace the MLHPs will impact the IHS commitment to provide quality health care to American Indians and Native Alaskans and result in an unacceptable level of primary health care.

7.5 TRAINING

Of the training alternatives considered, the one offering the greatest promise and responsiveness is the Satellite Program which allows for a majority of the training to occur at a site near the student’s home. This program would be much more attractive for Native American MLHP candidates than the University Based Program or the IHS Program.

8.0 RECOMMENDATIONS

The following recommendations are submitted for action:

- Increase MLHP salaries to competitive levels for recruitment and retention purposes.

- Establish a chief MLHP representative at each clinic (if practical) and at least at each Service Unit. This representative will have voting privileges, manage MLHP work schedules, schedule CME inservice classes, hold rap sessions with unit MLHPs, and manage MLHP career development programs.
• Review Continuing Medical Education (CME) benefits and establish a competitive CME Program (including CME inservice training) for recruitment and retention purposes.

• Provide more administrative support for MLHPs so that they can concentrate more time on providing primary health care and reduce time spent on non-clinical duties.

• Establish a Native American Recruitment Master Plan which will immediately start the recruitment process of Native Americans at all levels of qualifications with special emphasis on promoting the recruitment of high school age students for input as MLHPs at Year 2000 and beyond.

• Establish a revised recruitment/retention program which will immediately address the recruitment and retention of MLHPs to make up the projected shortfall of approximately 29 MLHPs which is expected to occur in each of the upcoming years through the Year 2000.

• Establish a part time employment program which can help to retain departing MLHPs and to be used as a recruiting device for private sector MLHPs seeking part time employment.

• Consider the establishment of full health benefits for Native American MLHPs at the IHS health facility that they are assigned to.

• Promote the establishment of more student rotations at IHS facilities to obtain greater exposure to MLHPs in their academic training phase.

• Establish several Satellite Programs to be responsive to MLHP training requirements in the following areas:

  1) Northern Plains
  2) Southwest
  3) Northwest
  4) Alaska.
APPENDIX A

SITE VISIT
SITE VISIT REPORT

During the period January 10-13, site visits were made to the IHS facilities in Tahlequah, Oklahoma, Gallup, New Mexico and Albuquerque, New Mexico. In addition, a case study was performed in Albuquerque, New Mexico comparing a private HMO MLHP with an IHS MLHP.

The site visits were conducted primarily to validate the MLHP and Primary Care Manager survey instruments. The findings of the site visits are provided below:

- **Survey Instrument**
  - 21 MLHPs and 3 primary care managers surveyed
  - Completed in approximately 20 - 30 minutes
  - Easily read and understood
  - 3 revisions/5 new questions are recommended and included in the revised MLHP survey
  - No changes recommended for the Primary Care Manager survey

- **Significant Information Obtained Concerning MLHPs**
  - Overworked
  - Underpaid
  - Need increase in CME funding
  - Under recognized as professionals
  - No committee vote on policy issues
  - Inadequate health insurance coverage for MLHP and dependents
  - Inadequate housing for both staff members and students
APPENDIX B

SITE VISIT PROTOCOLS
SITE VISIT PROTOCOLS

Upon completion and approval of the two site survey tools, arrangements will be made to conduct on-site interviews with Primary Care Managers and Mid-Level Health Providers at three IHS facilities. After prior notification of the visits, the interviewer will conduct one site survey at Tahlequah, Oklahoma, at Gallup and at Albuquerque, New Mexico. At each of the three sites, the following criteria will be utilized.

1. Arrival at destination and meet with Service Unit Director or representative to describe purpose of visit.

2. Phone call verification of meeting and confirmation of directions to interview site.

3. Each interview will be conducted:
   a. privately and uninterrupted
   b. in a quiet non-patient area
   c. one on one.

4. All interviews will be conducted in a timely fashion and will last no longer than one hour.

5. All interviews will be scheduled so that they will not interfere with or interrupt patient flow.

6. No information collected from the surveys will be shared with other personnel at the interview site.

7. All information collected will be strictly confidential with no requirements of name or other indentifying mechanisms.

8. Survey tools will be numbered to insure anonymity.

After all interviews have been conducted at a specific site, time permitting, the interviewer will be provided a short tour of the facility to strengthen their knowledge base of the capabilities of each site.

Once the on-site interviews are completed, the survey instruments will be revised, approved by the IHS PO and mailed to all of the Mid-level Health Providers in the IHS and to additional Primary Care Managers as required. Recommendations for types of training, job improvements, retention incentives and projected requirements for MLHP personnel will be based on data extrapolated from the completed survey tools. It should be noted that the IHS health care facilities are located in unique settings and that medical support staffing requirements for each facility can be markedly different from other similar size facilities. In this regard there is no basic staffing standard which necessarily applies across the board.
APPENDIX C

MLHP SURVEY
January 28, 1994

TO: Mid Level Health Providers

FROM: Native American Consultants, Inc. (NACI)

SUBJECT: Survey of Indian Health Service Mid Level Health Providers

The Indian Health Service (IHS) has the primary responsibility for the medical care and treatment of many Native Americans throughout this country. Therefore, your role as a Mid Level Health Provider (MLHP) is critical in ensuring that this important group of Americans receive quality health care.

In order to know more about your role, the IHS has asked NACI, an independent contractor, to conduct a national survey of MLHPs. For purposes of this survey, MLHP refers to physician assistants, nurse practitioners and certified nurse midwives. All IHS MLHPs are requested to participate in this important research project, which will help IHS learn more about the reasons MLHPs stay or leave the IHS and what can be done to enhance their recruitment and retention. In order to ensure confidentiality and objectivity, NACI and its staff have been directed that under no circumstances will individual respondent information be disclosed to any IHS staff or other government official without written permission from the individual respondent. A summary of the information you provide, will be used by the IHS in its strategic planning for improving MLHPs’ circumstances and experiences within the IHS.

The attached survey form will take 15-20 minutes of your time to complete. Please give this survey your careful attention and return it to NACI no later than April 1, 1994. A pre-addressed envelope is provided for your convenience. Return your sealed envelope to your servicing mail room.

Should you have any questions concerning the survey instrument, feel free to call the undersigned at 1-800-347-0576 (toll free). Your participation in this important research project is greatly appreciated.

Sincerely yours,

Terence McCarthy
NACI Project Director
SURVEY
FOR
INDIAN HEALTH SERVICE MID LEVEL HEALTH PROVIDERS

1. Which type of mid level health provider are you trained as?
   PLEASE CIRCLE ONE NUMBER
   Physician Assistant 1
   Nurse Practitioner 2
   Certified Nurse Midwife 3
   Other (Specify ________) 4

2. Which of the following best describes your activities immediately prior to entering the IHS?
   New Graduate 1
   Graduate Internship 2
   Clinical Practice, excluding government (Federal, State, Local) 3
   Other Clinical Practice (e.g. private practice, HMO) 4
   Other (Specify ________) 5

3. When did you first enter the IHS?
   Month ___ ___ Year ___ ___

4. When you first entered the IHS, did you have a service obligation that could be fulfilled by serving in the IHS?
   Yes ___ 1 GO TO 4a
   No ___ 2 GO TO 5
4a. What was the type of this service obligation?

National Health Service Commissioned Corps (NHSC) 1
Indian Health Service (IHS) 2
Other Service Residency Program 3
Other (Specify__________) 4

4b. What was the period of this obligation in months?

Number of Months ___ ___

4c. What was/is the ending date of your obligation?

Month ___ ___ Year ___ ___

IF PERIOD OF OBLIGATION IS NOT YET OVER, PLEASE ANSWER 4d

4d. Do you plan to serve beyond your obligation?

Yes ___
No ___

5a. What medical specialties do you currently practice?

Surgical 1
Medical 2
Pediatric 3
Midwifery 4
Other (Specify ________) 5

5b. Are you certified as a mid level health provider?

Yes ___ 1 GO TO 6a
No ___ 2 GO TO 5c

5c. Do you plan to take the certifying exam within the next two years?

Yes ___
No ___
6a. How many voting positions on committees which impact policy and procedures for patient care, are filled by MLHPs?

6b. Does your facility have a MLHP who serves as an MLHP advocate?

Yes ___ 1 GO TO 6c

No ___ 2 GO TO 6d

6c. Where does the MLHP advocate work in your facility?

6d. Indicate how many patients, on the average, per shift per day do you see?

6e. What is the approximate percentage of patients that MLHPs in your facility see versus primary care providers?

7. Are you a member of the Public Health Service Commissioned Corps or a Civil Service employee of the IHS?

   Public Health Service Commissioned Corps 1

   Civil Service Employee 2

8. What do you consider your primary assignment within the Indian Health Service?

   Patient Care Provider 1

   Clinical-- Administrative 2

   General Administrative 3

   Other (Specify ________ ) 4

9. At your facility, does the clinical director significantly influence management decisions?

   Yes ___

   No ___
10. During your most recent complete week in practice, how many hours did you spend:

a. Seeing patient in an outpatient clinic  
   (including satellite clinics) ____ Hrs
b. Seeing hospitalized patients ______ Hrs

11. Knowing what you know now, would you choose to practice medicine in the IHS again?
   Yes __
   No __

12. Do you currently plan to leave the IHS within the next 6 years?
   Yes __ 1 GO TO 12a
   No __ 2 GO TO 13a

12a. How long do you plan to stay with the IHS?
    Within 2 Years 1
    Within 4 Years 2
    Within 6 Years 3
    Other (Specify ________) 4
In the next set of questions we want to learn more about what you like and don't like about the Indian Health Service and how important these likes and dislikes are in your decision to remain in or leave the IHS. For each pair of items below, please give us first, your assessment with each feature of the IHS and, second, how important this feature is to you in your decision.

13a. Which of the following best describes your reaction to the distribution of hours you dedicate to patient care and non-patient care activities in the IHS?

5  4  3  2  1

Satisfied  Dissatisfied

13b. How important is the distribution of patient care hours in your decision to stay with or leave the IHS?

5  4  3  2  1

Important  Not Important

14a. How would you rate the administrative support in your IHS facility?

5  4  3  2  1

Excellent  Poor

14b. How important is the administrative support in your decision to stay with or leave the IHS?

5  4  3  2  1

Important  Not Important

15a. Do you consider the number of medical support staff (e.g., nurses, technicians, etc.) adequate or inadequate?

5  4  3  2  1

Adequate  Inadequate

15b. How important is the number of medical support staff in your decision to stay with or leave the IHS?

5  4  3  2  1

Important  Not Important
16a. How would you rate the quality of medical support staff (e.g., nurses, technicians) in your IHS facility?

5  4  3  2  1
Excellent  Poor

16b. How important is the quality of medical support staff in your decision to stay with or leave the IHS?

5  4  3  2  1
Important  Not Important

17a. How would you rate the adequacy of your IHS physical facilities (plant and equipment)?

5  4  3  2  1
Excellent  Poor

17b. How important are the physical facilities in your decision to stay with or leave the IHS?

5  4  3  2  1
Important  Poor

18a. How would you rate physician performance (as your supervisor) in your IHS facility?

5  4  3  2  1
Excellent  Poor

18b. How important is physician performance (as your supervisor) in your facility in your decision to stay with or leave the IHS?

5  4  3  2  1
Important  Not Important

19a. How would you rate the amount (time) of direct supervision in your IHS facility?

5  4  3  2  1
Excellent  Poor
19b. How important is the amount (time) of direct supervision in your decision to stay with or leave the IHS?

5  4  3  2  1
Important    Not Important

20a. How would you rate your utilization in your IHS facility?

5  4  3  2  1
Excellent    Poor

20b. How important is your utilization in your decision to stay with or leave the IHS?

5  4  3  2  1
Important    Not Important

21a. How would you rate the availability of referral services in the IHS?

5  4  3  2  1
Excellent    Poor

21b. How important is the availability of referral services in your decision to stay with or leave the IHS?

5  4  3  2  1
Important    Not Important

22a. How would you rate the quality of care provided at your IHS facility?

5  4  3  2  1
Excellent    Poor

22b. How important are quality of care issues in your decision to stay with or leave the IHS?

5  4  3  2  1
Important    Not Important
23a. How would you rate Continuing Medical Education (CME) opportunities in the IHS?

5 4 3 2 1

Excellent Poor

23b. How important are CME opportunities in your decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

24a. How would you rate IHS opportunities for career development for MLHPs?

5 4 3 2 1

Excellent Poor

24b. How important are career development opportunities in your decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

25a. How would you rate the nature of your relations with the Native American community?

5 4 3 2 1

Excellent Poor

25b. How important are your relations with the Native American community in your decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

26a. How would you rate your current annual compensation (salary and bonus) in the IHS?

5 4 3 2 1

Satisfied Dissatisfied
26b. How important is your current annual compensation in your decision to stay with or leave the IHS?

5  4  3  2  1

Important Not Important

27a. How would you rate your expected future compensation in the IHS?

5  4  3  2  1

Satisfied Dissatisfied

27b. How important is your expected future compensation in your decision to stay with or leave the IHS?

5  4  3  2  1

Important Not Important

28. Do you receive post graduate educational reimbursement (e.g., for out of service residency or internship)?

Yes ____
No ____

29a. Does your facility provide weekend alternatives (e.g., two 12 hour shifts on a weekend with 40 hour week benefits)?

Yes ____
No ____

29b. Would you like to see weekend alternatives as an option?

Yes ____
No ____

30a. Is part-time employment available at your IHS facility?

Yes ____
No ____

30b. Would you like part-time employment as an option at your IHS facility?

Yes ____
No ____
31. Have you ever participated in the IHS loan repayment program?
   Yes ___ 1 GO TO 32a
   No ___ 2 GO TO 33a

32a. How would you rate your reaction to the loan repayment program?
   5  4  3  2  1
   Satisfied  Dissatisfied

32b. How important is your evaluation of the loan repayment program in your decision to stay with or leave the IHS?
   5  4  3  2  1
   Important  Not Important

33a. How would you rate IHS housing benefits?
   5  4  3  2  1
   Excellent  Poor

33b. How important are housing benefits in your decision to stay with or leave the IHS?
   5  4  3  2  1
   Important  Not Important

34a. How would you rate your local living conditions?
   5  4  3  2  1
   Excellent  Poor

34b. How important are your local living conditions in your decision to stay with or leave the IHS?
   5  4  3  2  1
   Important  Not Important

35a. Do you feel you receive, on an ongoing basis, the professional recognition due you?
   Yes ___  
   No ___
35b. How important is the recognition received from your supervisor regarding your performance in your decision to stay with or leave the IHS?

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<tr>
<td>Important</td>
<td>Not Important</td>
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36a. What is your current marital status?

- Currently Married 1 GO TO 36b
- Living with Someone as if You Were Married 2 GO TO 36b
- Separated 3 GO TO 37
- Divorced 4 GO TO 37
- Widowed 5 GO TO 37
- Never Married 6 GO TO 37

36b. How would you rate employment opportunities for your spouse/partner in the area where you now live?

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<tr>
<td>Excellent</td>
<td>Poor</td>
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36c. How important are employment opportunities for your spouse/partner in your decision to stay with or leave the IHS?

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<tr>
<td>Excellent</td>
<td>Poor</td>
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37. How many children do you have in the following age groups who reside with you?

- None who reside with you 1 GO TO 39
- 0-2 Years Old ___ ___
- 3-5 Years Old ___ ___
- 6-13 Years Old ___ ___
- 14-18 Years Old ___ ___
- 19 Years Old ___ ___

38a. How would you rate the school system in your area?

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<th>1</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
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</table>
38b. How important is the school system in your decision to stay with or leave the IHS?

5 4 3 2 1
Important Not Important

39. Where do you get your personal and family health care?

___ IHS
___ HMO
___ CHAMPUS
___ Private

39a. How would you rate your personal and family health care?

5 4 3 2 1
Excellent Poor

39b. How important is your personal and family health care in your decision to stay with or leave the IHS?

5 4 3 2 1
Important Not Important

40a. How would you rate your personal and family health care facility?

5 4 3 2 1
Excellent Poor

40b. How important is your personal and family health care facility to your decision to stay with or leave the IHS?

5 4 3 2 1
Important Not Important

41a. How would you rate the MLHP's ability to impact patient care policy in your facility?

5 4 3 2 1
Excellent Poor
41b. How important is the MLHP's ability to impact patient care policy in your facility in your decision to stay with or leave the IHS?

5 4 3 2 1
Important Not Important

42a. Do you have recreational facilities in your area?

Yes ____
No ____

42b. How important is the adequacy of recreational facilities in your decision to stay or leave the IHS?

5 4 3 2 1
Important Not Important

43a. Do you have other dependents who live with you?

Yes ____ 1 GO TO 43b
No ____ 2 GO TO 44a

43b. In addition to children counted in question 37, how many dependents live with you?

Number of Dependents ____

44a. How would you rate the impact of your service in the IHS on your family members?

5 4 3 2 1
Positive Negative

44b. How important is the impact of your service in the IHS on your family members in your decision to stay with or leave the IHS?

5 4 3 2 1
Important Not Important

45. What is your sex?

Male 1
Female 2
46. Which of these groups best describes your ethnic origin?

White, Not of Hispanic Origin 1
White, of Hispanic Origin 2
Black, Not of Hispanic Origin 3
Black, of Hispanic Origin 4
Asian, Asian American, Pacific Islander 5
American Indian, Alaskan Native 6
Other (SPECIFY) ___________________________ 7

47. In what year were you born?
19 ___ ___

48a. What mid level health provider school did you attend (if more than one, please list the school of graduation)?

Mid Level Health Provider School

________________________________________
City, State/Country

48b. In what year did you graduate from the mid level health provider school?
19 ___ ___

49. Why did you decide to work for the IHS?

50. If you are not paying back a student loan what is keeping you with the IHS?
51. How safe is the working environment at your present facility?

52. How safe is the community at large?

53. Do you feel that personal and family safety is a factor in your job site choice?

54. As a final question, is there anything that could be changed about the Indian Health Service or your assignment in the IHS that would make you more likely to extend your tenure with the service?
APPENDIX D

PRIMARY CARE MANAGER SURVEY
TO: Primary Care Managers

FROM: Native American Consultants, Inc. (NACI)

SUBJECT: Survey of Indian Health Service Mid Level Health Providers

The Indian Health Service (IHS) has the primary responsibility for the medical care and treatment of many Native Americans throughout this country. Therefore, your role as a primary manager of Mid Level Health Providers (MLHPs) is critical in ensuring that this important group of Americans receive quality health care.

In order to know more about the role of MLHPs, the IHS has asked NACI, an independent contractor, to conduct a national survey of MLHPs. For purposes of this survey, MLHP refers to physician assistants, nurse practitioners and certified nurse midwives. Primary care managers are requested to participate in this important research project, which will help IHS learn more about the reasons MLHPs stay or leave the IHS and what can be done to enhance their recruitment and retention. In order to ensure confidentiality and objectivity, NACI and its staff have been directed that under no circumstances will individual respondent information be disclosed to any IHS staff or other government official without written permission from the individual respondent. A summary of the information you provide, will be used by the IHS in its strategic planning for improving MLHPs' circumstances and experiences within the IHS.

The attached survey form will take 15-20 minutes of your time to complete. Please give this survey your careful attention and return it to NACI no later than April 1, 1994. A pre-addressed envelope is provided for your convenience. Return your sealed envelope to your servicing mail room.

Should you have any questions concerning the survey instrument, feel free to call the undersigned at 1-800-347-0576 (toll free). Your participation in this important research project is greatly appreciated.

Sincerely yours,

Terence McCarthy
NACI Project Director
SURVEY FOR INDIAN HEALTH SERVICE PRIMARY CARE MANAGERS

1. How many years have you worked with mid level health providers (MLHPs)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>2 Years</td>
<td>1</td>
</tr>
<tr>
<td>4 Years</td>
<td>2</td>
</tr>
<tr>
<td>6 Years</td>
<td>3</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>4</td>
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</tbody>
</table>

2. Are you the clinical director of your IHS facility?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
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</table>

3. What do you consider your primary assignment within the Indian Health Service?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
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<tbody>
<tr>
<td>Patient Care Provider</td>
<td>1</td>
</tr>
<tr>
<td>Clinical-- Administrative</td>
<td>2</td>
</tr>
<tr>
<td>General Administrative</td>
<td>3</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

4. At your facility, does the clinical director significantly influence management decisions?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

5. Are you yourself a mid level health provider?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2 GO TO 7</td>
</tr>
</tbody>
</table>
6. What type of mid level health provider are you?

   Physician Assistant 1
   Nurse Practitioner 2
   Certified Nurse Midwife 3

7. How many MLHPs currently provide primary health care services at your facility? ______

7a. How many (total) MLHPs do you currently need at your facility? ______

7b. How many (total) MLHPs do you project that your facility will require in:

   2 years ______
   4 years ______
   6 years ______

In the next set of questions we want to learn more about what you like and don’t like about mid-level health providers in the Indian Health Service and how important these likes and dislikes are in your decision to utilize mid level health providers in your facility. For each pair of items below, please give us first, your assessment with each feature of the IHS and, second, how important this feature is to you in your decision making.

8a. Which of the following best describes your reaction to the distribution of hours mid level health providers dedicate to patient care and non-patient care activities in your facility?

   5 4 3 2 1
   Satisfied Dissatisfied

8b. How important is the distribution of patient care hours in your decision to utilize mid level health providers in your facility?

   5 4 3 2 1
   Important Not Important
9a. How would you rate the administrative support for mid level health providers in your IHS facility?

5 4 3 2 1

Excellent Poor

9b. How important is the administrative support in their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

10a. Do you consider the number of medical support staff (e.g., nurses & technicians) who assist mid level health providers as adequate or inadequate?

5 4 3 2 1

Adequate Inadequate

10b. How important is the number of medical support staff to their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

11a. How would you rate the quality of medical support staff (e.g., nurses, technicians) who assist mid level health providers in your IHS facility?

5 4 3 2 1

Excellent Poor

11b. How important is the quality of medical support staff in their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important
12a. How would you rate the adequacy of your IHS physical facilities (plant and equipment)?

5  4  3  2  1

   Excellent       Poor

12b. How important are the physical facilities in the mid level health providers' decision to stay with or leave the IHS?

5  4  3  2  1

   Important       Poor

13a. How would you rate the quality of direct physician supervision in your IHS facility?

5  4  3  2  1

   Excellent       Poor

13b. How important is the quality of direct physician supervision in the mid level health providers' decision to stay with or leave the IHS?

5  4  3  2  1

   Important       Not Important

14a. How would you rate the amount of direct supervision in your IHS facility?

5  4  3  2  1

   Excellent       Poor

14b. How important is the amount of direct supervision in your IHS facility?

5  4  3  2  1

   Important       Not Important

15a. How would you rate the utilization of mid level health providers in your IHS facility?

5  4  3  2  1

   Excellent       Poor
15b. How important is their utilization in their decision to stay or leave the IHS facility?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
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<th>2</th>
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<tr>
<td>Important</td>
<td>Not Important</td>
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16a. How would you rate the availability of referral services in the IHS?

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<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
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16b. How important is the availability of referral services in the MLHPs' decision to stay or leave the IHS?

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<td>Important</td>
<td>Not Important</td>
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</table>

17a. How would you rate the quality of care provided by mid level health providers in your IHS facility?

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<thead>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
<td></td>
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</tbody>
</table>

17b. How important are quality of care issues in the MLHPs' decision to stay with or leave the IHS?

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<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
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</tbody>
</table>

18a. How would you rate Continuing Medical Education (CME) opportunities for mid level health providers in your IHS facility?

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<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
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</table>

18b. How important are CME opportunities in the MLHPs' decision to stay or leave the IHS?

<table>
<thead>
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<th>3</th>
<th>2</th>
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<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19a. How would you rate IHS opportunities for career development by mid level health providers?

5 4 3 2 1

Excellent Poor

19b. How important are career development opportunities in their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

20a. How would you rate the nature of the mid level health provider's relations with the Native American community?

5 4 3 2 1

Excellent Poor

20b. How important are their relations with the Native American community in their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

21a. How would you rate the current annual compensation (salary and bonus) for mid level health providers in the IHS?

5 4 3 2 1

Satisfied Dissatisfied

21b. How important is their current annual compensation in their decision to stay with or leave the IHS?

5 4 3 2 1

Important Not Important

22a. How would you rate the mid level health providers expected future compensation in the IHS?

5 4 3 2 1

Satisfied Dissatisfied
22b. How important is their expected future compensation in their decision to stay with or leave the IHS?

5  4  3  2  1

Important  Not Important

23. Does your facility provide weekend alternatives?

  yes  1
  no   2

23a. Would you like to see weekend alternatives as an option?

  yes  1
  no   2

24. Is part-time employment available at your IHS facility?

  yes  1
  no   2

24a. Would you like part-time employment as a option at your IHS facility?

  yes  1
  no   2

25a. How would you rate the mid level health provider's reaction to the loan repayment program?

5  4  3  2  1

Satisfied  Dissatisfied

25b. How important is their evaluation of the loan repayment program in their decision to stay with or leave the IHS?

5  4  3  2  1

Important  Not Important

26a. How would you rate IHS housing benefits for the mid level health provider?

5  4  3  2  1

Excellent  Poor
26b. How important are housing benefits in their decision to stay with or leave the IHS?

<table>
<thead>
<tr>
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<th>3</th>
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</tr>
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</table>

27a. How would you rate the local living conditions?

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</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
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<td></td>
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</tbody>
</table>

27b. How important are the local living conditions in the mid level health provider's decision to stay with or leave the IHS?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
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<th>1</th>
</tr>
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<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
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</tbody>
</table>

28a. How would you rate employment opportunities for the spouse/partner of the mid level health provider in the area where you now live?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28b. How important are employment opportunities for their spouse/partner in their decision to stay with or leave the IHS?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
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<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
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</tr>
</tbody>
</table>

29. How safe is the working environment at your present facility?

30. How safe is the community at large?

31. Do you feel that personal and family safety is a factor in the retention of the mid level health provider at your site?
32. As a final question, is there anything that could be changed about the Indian Health Service or the mid level health provider's assignment in the IHS that would make them more likely to extend their tenure with the service?
CASE STUDY ANALYSIS

On Wednesday, January 12, 1994, a comparison study was performed in Albuquerque, New Mexico. Mid level health providers (MLHPs) were interviewed at the PHS Indian Center and the Lovelace HMO. The MLHPs had similar educational, specialty and experience backgrounds. Both were Native Americans and females. The MLHP from the HMO had worked for the IHS for 15 years and would be willing to return if compensation and benefits were increased to competitive levels. The interviews were conducted one-on-one and explanations of questions were provided where needed. The following information highlights the significant differences and similarities.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>IHS</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries (entry level)</td>
<td>$23,000</td>
<td>$38,000</td>
</tr>
<tr>
<td>2. Continuing Medical Education</td>
<td>$500/5 days per year</td>
<td>$1800/5 days per year</td>
</tr>
<tr>
<td>3. Patient Flow</td>
<td>21 per day</td>
<td>15-20 per day</td>
</tr>
<tr>
<td>4. Supervision</td>
<td>Yes (not enough)</td>
<td>Yes (as needed)</td>
</tr>
<tr>
<td>5. Policies</td>
<td>No Votes</td>
<td>Votes</td>
</tr>
<tr>
<td>6. Hours Worked</td>
<td>Equal</td>
<td>Equal</td>
</tr>
<tr>
<td>7. Community Services</td>
<td>Time Dependent</td>
<td>Time Available</td>
</tr>
<tr>
<td>8. Prescriptions</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9. MLHP Supervisors</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Nursing Triage</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Patient Set Up</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Patient Turn Around Time</td>
<td>3-4 Hours</td>
<td>1 Hour</td>
</tr>
<tr>
<td>13. CME Inservices</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Satellite Clinics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Health Insurance</td>
<td>Yes/No</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Housing For Staff</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>17. Housing For Students</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
COMMENTS ON SIGNIFICANT ITEMS

- **SALARIES.** The basic entry level salary rates apply. However, there are instances where a MLHP who is a registered nurse, could be hired as a GS 10 which has a salary of over $31,000 per year.

- **CONTINUING MEDICAL EDUCATION (CME).** The need for increased CME cash benefits for MLHPs is an essential competitive consideration. Each MLHP category has varying annual accreditation criteria which must be met; otherwise, the MLHP is faced with eventually having to retake their boards. The usual minimum amount of annual CME hours runs between 40 to 50 hours. Most MLHPs try to satisfy this with a one week training conference. Conference costs run $400 to $500. Costs for travel, food and lodging are extra.

- **PATIENT FLOW AND TURN AROUND TIME.** The HMO MLHP sees 15 to 20 patients per day with a turn around time of approximately one hour. The IHS MLHP sees 21 to 22 patients per day with a turn around time of 3 to 4 hours. Patient examination time for each MLHP is about 15 to 30 minutes. The triage and set up of each patient seen provide significant differences. At the HMO the patient receives advanced triaging and is placed in the examining room ready to be examined by the MLHP. The IHS does only basic triage (checking vital signs) which forces the MLHP to start virtually from scratch in the patient care process.

- **POLICY/PROCEDURE DEVELOPMENT.** The development of patient care procedures and policies and the MLHP participation as a voting committee member is an issue which directly impacts the MLHP's recognition as a health care professional. In the HMO the MLHP is a voting member of the policy making committee which directly affects patient care. As such, the HMO MLHPs receive professional recognition from their physician colleagues. In the IHS, however, the MLHPs, in most instances, have no direct say in the development or enactment of patient policies. Since the IHS MLHPs see well over a majority of the patients seen in an IHS facility, more thought should be given to allowing them to participate in the formulation of patient care policy and procedures.

- **HEALTH INSURANCE.** Personal health insurance coverage of the MLHPs differs greatly from one IHS facility to another. Native American MLHPs are all offered full health coverage with one condition attached. The MLHP must be a member of the Tribe served by the IHS facility. For example, a Navajo MLHP working at a Zuni facility must return to the Navajo reservation to receive free health care. This sort of condition seems to be impractical and should be removed throughout the IHS. All other providers, in most instances, must pay for their health care. In sharp contrast are the MLHPs associated with HMOs. They receive free HMO health insurance and partial benefits for their dependents.

Overall there are significant benefit gaps between the MLHPs in IHS and those in HMOs. Compensation is the most significant gap. Other areas the IHS needs to look at are: CME benefits, professional recognition, more inclusive health insurance and more efficient patient flow/triage preparation.
APPENDIX F

CASE STUDY METHODOLOGY
CASE STUDY METHODOLOGY

Purpose: Compare IHS Mid-level Health Providers to private practice (HMO) Mid-level Health Providers in an effort to develop insight into job incentives.

Methodology: In order to perform an effective case study comparison certain pre-survey criteria must be met

1. selection of two Mid-level Health Providers from same demographic area.

2. selection of two Mid-level Health Providers practicing same sub-speciality (ie.) surgical, family practice etc.

3. selection of two Mid-level Health Providers with relatively same size practice and patient numbers.

4. selection of two Mid-level Health Providers whose job descriptions and skill requirements are the same.

Upon selections of two Mid-level Health Providers, on site interviews will be conducted utilizing the following criteria:

1. arrival at destination

2. phone verification of meeting with directions to interview site (if other than original)

3. each interview will be conducted:
   a. privately and uninterrupted
   b. in a quiet non patient area
   c. one on one

4. all interviews will be conducted in a timely fashion and will last no longer than one hour

5. all interviews will be scheduled such that they will not interfere with or interrupt patient flow

6. no information collected from the survey will be shared at the interview site
7. all information collected will be strictly confidential with no requirements of name or other identifying mechanisms.

8. survey tools will be numbered to insure anonymity.

Upon completion of all interviews at a specific site, time permitting the interviewer will be given a short tour of the facility to strengthen their knowledge base of the site capabilities.
APPENDIX G

SURVEY DISTRIBUTION/FINAL STATUS REPORT
MAY 15, 1994 FINAL STATUS REPORT

MLHP/PRIMARY CARE MANAGER SURVEYS
(MAILED OUT DURING WEEK 14-18 FEBRUARY 1994)

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<td>Fort Totten Service Unit*</td>
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<td>Yukon-Kuskokwim Health Corporation*</td>
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* Surveys mailed to individuals.
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<tr>
<td>Miami PHS Indian Health Center*</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lawton SU</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Anadarko PHS Indian Health Center*</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Shawnee SU*</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tahlequah SU</td>
<td>13</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Wewoka SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHOENIX AREA</th>
<th>SENT</th>
<th>RECEIVED</th>
<th>DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado River SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Fort Yuma SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Keams Canyon SU</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Owyhee SU</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Phoenix SU</td>
<td>20</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Sacaton SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>San Carlos SU</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Schurz SU</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Uintah and Ouray SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Whiteriver SU</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PORTLAND AREA</th>
<th>SENT</th>
<th>RECEIVED</th>
<th>DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taholah SU*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Warm Springs SU*</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Yakima SU</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Umatilla SU*</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUCSON AREA</th>
<th>SENT</th>
<th>RECEIVED</th>
<th>DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sells SU</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Santa Rosa PHS Indian Health Center*</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTALS** 279 133^ 146

* Surveys mailed to individuals.

NOTE: SU Directors received letters except where individual mailings noted.

^ Of 133 surveys received: 119 are from MLHPs; 14 are from Primary Care Managers.
APPENDIX H

PHYSICIANS SURVEY
Survey of
Indian Health Service Physicians

The first few questions are about your experiences and current medical practice in the Indian Health Service (IHS) and your future plans.

1. Which of the following best describes your activities prior to entering the IHS?

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Medical Education (Residency/Fellowship)</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Practice, excluding government (Federal, State, Local)</td>
<td>2</td>
</tr>
<tr>
<td>Other Clinical Practice (e.g., private practice, HMO)</td>
<td>3</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

2. When did you first enter the IHS?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. When you first entered the IHS, did you have a service obligation that could be fulfilled by serving in the IHS?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1 GO TO 3a - b</td>
</tr>
<tr>
<td>No</td>
<td>2 GO TO 4</td>
</tr>
</tbody>
</table>

3a. What was the type of this service obligation?

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Service Commissioned Corps (NHSC)</td>
<td>1</td>
</tr>
<tr>
<td>Indian Health Service (IHS)</td>
<td>2</td>
</tr>
<tr>
<td>Other Service Residency Program</td>
<td>3</td>
</tr>
<tr>
<td>Loan Repayment Program</td>
<td>4</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>5</td>
</tr>
</tbody>
</table>

3b. What was the period of this obligation in months?

<table>
<thead>
<tr>
<th>Number of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3c. What was/is the ending date of your obligation?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF PERIOD OF OBLIGATION IS NOT YET OVER, PLEASE ANSWER 3d

3d. Do you plan to serve beyond your obligation?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
4. What medical specialties do you currently practice?
   
   Primary Specialty  ____________________________________________
   
   Secondary Specialty  ____________________________________________

5. Are you board certified in the primary specialty listed above?
   
   Yes  1  GO TO 6
   No.  2  GO TO 5a

5a. Do you plan to take the board certifying exam in your specialty within the next two years?
   
   Yes  1
   No.  2

6. Are you a member of the Public Health Service Commissioned Corps or a Civil Service employee of the IHS?
   
   Public Health Service Commissioned Corps 1
   Civil Service Employee 2

7. What do you consider your primary assignment within the Indian Health Service?
   
   Patient Care Provider 1
   Clinical - Administrative 2
   General Administrative 3
   Other (Specify) ________ 4

8. Are you the clinical director of your IHS facility?
   
   Yes  1
   No.  2

9. At your facility, does the clinical director significantly influence management decisions?
   
   Yes  1
   No.  2
10. During your most recent complete week in practice, how many hours did you spend:
   a. Seeing patients in an outpatient clinic
      ___ | ___ Hrs
   b. Seeing hospitalized patients
      ___ | ___ Hrs
   c. In other patient care activities
      ___ | ___ Hrs
   d. In non-patient care activities
      ___ | ___ Hrs
   e. Total hours all activities
      (Should equal the sum of 10a. - 10d.)
      ___ | ___ Hrs

11. Knowing what you know now, would you choose medicine as a profession again?
    Yes 1
    No  2

12. Knowing what you know now, would you choose to practice medicine in the IHS again?
    Yes 1
    No  2

13. Do you currently plan to leave the IHS within the next 5 years?
    Yes 1  GO TO 13a
    No  2  GO TO 14a

13a. When do you plan to leave the IHS?
     Within 1 Year 1
     Within 2 Years 2
     Within 3 Years 3
     More than 3 Years 4
In the next set of questions we want to learn more about what you like and don't like about the Indian Health Service and how important these likes and dislikes are in your decision to remain in or leave the Service. For each pair of items below, please give us first your assessment with each feature of the IHS and, second, how important this feature is to you in your decision to stay with or leave the Indian Health Service.

<table>
<thead>
<tr>
<th>Question</th>
<th>Assessment</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Which of the following best describes your reaction to the distribution of hours you dedicate to patient care and non-patient care activities in the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>14b. How important is the distribution of patient care hours in your decision to stay with or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>15a. How would you rate the administrative support in your IHS facility?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>15b. How important is the administrative support in your decision to stay with or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>16a. Do you consider the number of medical support staff as adequate or inadequate?</td>
<td>5 1</td>
<td></td>
</tr>
<tr>
<td>16b. How important is the number of medical support staff in your decision to stay with or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>17a. How would you rate the quality of medical support staff (e.g., nurses, technicians) in your IHS facility?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>17b. How important is the quality of medical support staff in your decision to stay with or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>18a. How would you rate the adequacy of your IHS physical facilities (plant and equipment)?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>18b. How important are the physical facilities in your decision to stay with or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>19a. How would you rate the availability of referral services in the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>20b. How important is the availability of referral services in your decision to stay or leave the IHS?</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>20a. How would you rate the quality of care provided at your IHS facility?</td>
<td>20b. How important are quality of care issues in your decision to stay with or leave the IHS?</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>Excellent Poor</td>
<td>Important Not Important</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21a. How would you rate Continuing Medical Education (CME) opportunities in the IHS?</th>
<th>21b. How important are CME opportunities in your decision to stay with or leave the IHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Excellent Poor</td>
<td>Important Not Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22a. How would you rate IHS opportunities for career development?</th>
<th>22b. How important are career development opportunities in your decision to stay with or leave the IHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Excellent Poor</td>
<td>Important Not Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23a. How would you rate the nature of your relations with the Native American Community?</th>
<th>23b. How important are your relations with the Native American Community in your decision to stay with or leave the IHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Excellent Poor</td>
<td>Important Not Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24a. How would you rate your current annual compensation (salary and bonus) in the IHS?</th>
<th>24b. How important is your current annual compensation in your decision to stay with or leave the IHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Satisfied Dissatisfied</td>
<td>Important Not Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25a. How would you rate your expected future compensation in the IHS?</th>
<th>25b. How important is your expected future compensation in your decision to stay with or leave the IHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 4 3 2 1</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>Satisfied Dissatisfied</td>
<td>Important Not Important</td>
</tr>
</tbody>
</table>
26. Have you ever participated in the IHS loan repayment program?
   Yes 1 GO TO 26a
   No 2 GO TO 28a

26a. What is that maximum amount that could have been repaid?

27a. How would you rate your reaction to the loan repayment program?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>Dissatisfied</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27b. How important is your evaluation of the loan repayment program in your decision to stay with or leave the IHS?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28a. How would you rate IHS housing benefits?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28b. How important are housing benefits in your decision to stay with or leave the IHS?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29a. How would you rate your local living conditions?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29b. How important are your living conditions in your decision to stay with or leave the IHS?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>Not Important</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. What is your current marital status?

<table>
<thead>
<tr>
<th>Currently Married</th>
<th>1 GO TO 31a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Someone as if You Were Married</td>
<td>2 GO TO 31a</td>
</tr>
<tr>
<td>Separated</td>
<td>3 GO TO 32</td>
</tr>
<tr>
<td>Divorced</td>
<td>4 GO TO 32</td>
</tr>
<tr>
<td>Widowed</td>
<td>5 GO TO 32</td>
</tr>
<tr>
<td>Never Married</td>
<td>6 GO TO 32</td>
</tr>
</tbody>
</table>
### Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>31a.</td>
<td>How would you rate employment opportunities for your spouse/partner in the area where you now live?</td>
<td>1 = Excellent, 2 = Poor</td>
<td>Please explain:</td>
</tr>
<tr>
<td>31b.</td>
<td>How important are employment opportunities for your spouse/partner in your decision to stay with or leave the IHS?</td>
<td>1 = Important, 2 = Not Important</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>How many children do you have in the following age groups who reside with you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None who reside with you</td>
<td>1 = GO TO 33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0-2 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3-5 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-13 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14-18 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19 Years Old or Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Do you have other dependents who live with you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1 = GO TO 33a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2 = GO TO 34</td>
<td></td>
</tr>
<tr>
<td>33a.</td>
<td>In addition to children counted in question 32, how many dependents live with you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Dependents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34a.</td>
<td>How would you rate the impact of your service in the IHS on your family members?</td>
<td>1 = Positive, 2 = Negative</td>
<td></td>
</tr>
<tr>
<td>34b.</td>
<td>How important is the impact of your service in the IHS on your family members in your decision to stay with or leave the IHS?</td>
<td>1 = Important, 2 = Not Important</td>
<td></td>
</tr>
</tbody>
</table>
The following demographic information will be used only for analysis purposes.

35. What is your sex?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

36. Which of these groups best describes your ethnic origin?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Not of Hispanic Origin</td>
<td>1</td>
</tr>
<tr>
<td>White, of Hispanic Origin</td>
<td>2</td>
</tr>
<tr>
<td>Black, Not of Hispanic Origin</td>
<td>3</td>
</tr>
<tr>
<td>Black, of Hispanic Origin</td>
<td>4</td>
</tr>
<tr>
<td>Asian, Asian American, Pacific Islander</td>
<td>5</td>
</tr>
<tr>
<td>American Indian, Alaskan Native</td>
<td>6</td>
</tr>
<tr>
<td>Other, (SPECIFY)</td>
<td>7</td>
</tr>
</tbody>
</table>

37. In what year were you born?

19 __ | __

38. What medical school did you attend (if more than one, please list the school of graduation)?

Medical School

City, State/Country

39. In what year did you graduate from medical school?

19 __ | __
40. How would you describe the community you lived in when you were 16 years old? Would you say it was urban, suburban, or rural (a small town or farm)?

<table>
<thead>
<tr>
<th>Community</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>1</td>
</tr>
<tr>
<td>Suburban</td>
<td>2</td>
</tr>
<tr>
<td>Rural</td>
<td>3</td>
</tr>
</tbody>
</table>

41. As a final question, is there anything that could be changed about the Indian Health Service or your assignment in the IHS that would make you more likely to extend your tenure with the service?

Thank you for completing this questionnaire.
APPENDIX I

UNIVERSITY PHYSICIAN ASSISTANT PROGRAMS
UNIVERSITY PHYSICIAN ASSISTANT PROGRAMS

A. UNIVERSITY OF SOUTHERN CALIFORNIA (USC).

The prerequisite requirement for physician assistant (PA) candidates is two years of college. The program length is two years and is a degree producing program. For a satellite training program, the first six months must be spent on campus which will be followed by eighteen months of clinic rotations. The rotations can be scheduled for IHS or tribal clinics on the reservation. USC is ready to establish satellite programs for Native Americans (taking ten students at a time). Currently, USC is conducting training at Ganado on the Navajo Reservation. Contact person at USC is Jack Liskin (213)342-1260.

B. UNIVERSITY OF WASHINGTON.

The prerequisite requirement for PA candidates is two years of college or two or more years of previous health experience. The program length is twenty-one months with a campus requirement of nine months. Twelve months are spent in clinic rotations. The University of Washington is ready to establish Native American satellite training programs which can take twelve students at a time. Currently, the university is providing training for Native Alaskans at Sitka, Alaska. Contact person is Ruth Ballweg (206)543-6483.

C. UNIVERSITY OF NEBRASKA.

The prerequisite requirement for PA candidates is two years of college. Program length is two years. Campus study requirements range from six to nine months. Clinic rotations vary from fifteen to eighteen months. The University Medical Center Chancellor is very anxious to establish a Native American PA satellite training program. Contact person is Roxanna L. Fredrickson (402)559-4200.