Appendix D
Background Material for Two OTA Surveys

Methods

OTA'S 1988 Survey of State Rural Health Activities

Survey Instrument and Respondents—A written questionnaire was designed to assess State involvement in rural health programs and activities (a copy of the questionnaire and a list of respondents' names and addresses follow the methods section in this appendix). A draft of the survey instrument was reviewed by selected individuals and by two of the eventual respondents, and it was subsequently revised in accordance with their comments.

Respondents for the survey were identified through brief telephone interviews with State health officers or other individuals known to be knowledgeable about rural health activities within that State. Multiple responses were received from 13 States where 2 or more organizationally independent entities were identified as playing a major role in State rural health planning, development, research, and/or policy (see ch. 4, figure 4-l). A total of 65 respondents reported for the 50 States.

The survey solicited basic descriptive information including the agency's specific rural health objectives, location in the State organizational structure, and origins (e.g., legislative or administrative).

Respondents were asked to indicate whether they had been directly involved during the past 3 years in specific rural health ***activities*** within the following 8 general categories:

1. provider recruitment/placement;
2. financial assistance to local organizations;
3. technical assistance to rural communities, health facilities, and health providers;
4. rural health research;
5. rural health systems coordination and implementation;
6. education;
7. legislative affairs relating to rural health; and
8. rural health-related publications.

Respondents were then asked to identify, from the eight general ***activity*** categories, the three that were their organization's highest priorities for action, and to indicate any special populations (e.g., children, elderly, low income, racial/ethnic groups) to which their previously identified rural health ***activities*** were targeted. Respondents were asked to rank six general health ***issue areas (e.g.,*** medical liability insurance costs/availability, payment issues, health provider issues) according to which were the most pressing ***issues*** for rural health in the State, with the option to add and rank any of their own priorities not listed. Respondents were also asked to rate on a six-point scale their level of involvement in several specific health services (e.g., acute health care, child health care, long-term care, mental health care). Due to inconsistencies in interpretation of and responses to this section[1], however, responses were not included in the analysis.

Data Collection and Analysis—Data were collected on the mailed survey form from all 50 States. After being received by OTA, the data were summarized on a standardized form and sent back to the respondent for verification. For States with more than one respondent, all respondents were sent both a copy of their response summary and the summaries from the other respondents in their State. The verified (or corrected) data were used for the analysis. Information about budget and staff size was also collected, but because these items were not addressed consistently[2] budget and staff data were for the most part excluded from analysis. While specific budget data were not comparable, analysis of funding sources was conducted to examine the degrees of dependence of responding organizations on Federal, State, and private or other dollars. For this reason, only budget changes and sources are reported.

[1]Followup phone conversations with respondents revealed that many thought this section of the survey meant to elicit responses regarding level of involvement in the ***delivery*** of these specific services, rather than involvement in research, planning, and development activities.

[2]Differences in State budgeting and recording procedures as well as differences in States' definitions of "rural" limited the amount and uniformity of financial data collected through the survey. Seven States did not respond to this section of the survey, and the remaining 43 used a variety of methods to determine the amount of their budget spent on rural health activities. Some respondents listed the entire State health budget others computed the rural health budget as a percentage of the total State health budget according to the proportion of rural residents or rural counties in the State; and some States reported specific budget allocations for rural health initiatives.

Data from the States with more than one respondent were combined to reflect the total picture of State activities. For items requiring a single response (i.e., priorities, rankings, and ratings), a primary respondent was selected by the OTA staff based on their judgment regarding which respondent appeared most generally knowledgeable about the breadth of the State's activities.

For purposes of analyses, States were divided in three fashions. First, States were divided into four standard regions: Northeast, South, Midwest, and West (see app. F for the States included in each region). Second, States were classified as "more rural" or ''less rural" depending on the percentage of their population residing in nonmetropolitan areas in 1986.[3] Third, States were divided according to whether the respondents in that State were reporting activities of an identified "office of rural health," or an office whose primary responsibility is to administer to the health needs of rural areas of the State.[4]

This survey does not provide a complete picture of State-conducted or State-funded rural health-related activities, but it does give us a basis for describing State activities. Respondents were often in specific bureaus, divisions, or sections of State departments of health, and did not always respond on behalf of the department or the State government as a whole. Rather, they tended to describe only the activities in which they were directly involved. Rural health-related activities of other State departments or agencies and independent activities of State universities and colleges (e.g., university-based offices of rural health or Area Health Education Centers) were for the most part not captured.[5] Chapter 4 includes a list of the entities in each State whose activities were reported in the survey response. The survey also did not attempt to determine: 1) the degree to which the respondents or their agencies were involved in any given activity; 2) the degree to which any particular activity was deemed effective, either by the organization itself or by outside individuals; or 3) the amount or source of funding for any specific activity. These limitations may affect the comparability of data among States.

The degree to which individual States identified ''ruralhealth' issues as separate from general health issues and addressed them in a targeted manner varied greatly from State to State. The survey did not prescribe a definition of "rural' correspondents, but left the definitional issue up to the individual States. What is considered "urban" in North Dakota may be considered "rural" in New Jersey or Pennsylvania. Some of the more urban States may not identify rural health as a specific issue because such a small proportion of their population is affected, while some of the more rural States may not regard 'rural health" as a separate set of issues because most of their population is rural. As a result, some of the activities listed by respondents were not specifically targeted to rural areas, but were provided to the State as a whole. These differences may also affect the comparability of State data.

OTA'S 1989 Survey of States on Health Personnel Shortage and Medically Underserved Areas

A second OTA survey was designed to examine State activity and satisfaction with the Federal designation of health manpower shortage areas (HMSAs) and medically underserved areas (MUAs). The questionnaire was reviewed by 10 people familiar with shortage area designations and was subsequently revised based on their comments (a copy of the questionnaire follows the methods section in this appendix). In July 1989 OTA mailed the questionnaire to the individual in each State responsible for designating health personnel shortages and medically underserved areas.[6] Respondents were encouraged to consult with other involved parties in their States when responding to the

[3]''More rural'' States (th,. with more than 50 percent of their population residing in nonmetropolitan areas) are Idaho, Vermont, Men- South Dakota, Wyoming, Mississippi, Maine, West Virginia, North Dakota, Arkansas, Iowa, Alaska, Kentucky, Nebraska, and New Mexico. All other States are considered "less rural".

[4]A State was identified as having an office of rural health if a) the name of one or more of the responding organizations within that State included the term "rural", orb) the organization was otherwise known to have a mission primarily related to rural health. States *with* offices of rural health (hereafter referred to as "ORH States") were: Arizona, California, Connecticut Goergia, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Oregon, Texas, and Utah. All other States were classified as ''non-ORH States." States with offices of "local" or "community" health were not classified as "ORH States," although the roles of these offices may be similar to the role of an office of rural health.

[5]In some States, AHECs operating Primarily on State funding and university-based offices of rural health with State budget authority were included if they had been identified as appropriate respondents during the identification process.

[6]The list of respondents was based in part on a list supplied by the Office of Shortage Designation, Bureau of Health Care Delivery and Assistance. Other respondents were identified through phone calls to State health department officials.

questionnaire. Forty-five of fifty States returned questionnaires—a 90 percent response rate.[7] (No list of respondents to this survey is included in this appendix because some responses were confidential.)

The goals of OTA's survey were to learn:

- how satisfied States were with Federal designation criteria and processes;
- if and why interest in Federal designations had increased or decreased over the last 5 years;
- if States were using their own health personnel shortage areas or medically underserved area designations and, if so, how they were used;
- if States had sufficient resources to monitor health personnel shortage and medically undeserved areas; and
- what Federal programs were perceived to have had the most positive effects on shortage and underserved areas.

Data analysis included variable frequencies and some regional comparisons.

[7]California, Connecticut, Iowa, Massachusetts, and North Dakota did not return questionnaires. Wyoming was also excluded from the survey analysis because, as of June 1988, the position responsible for HMSA/MUA designations was cut and it has since been left to individual counties and hospitals to do their own designations.

List of Respondents to OTA's 1988 Survey of State Rural Health Activities

NOTE: The first respondent listed under each State was the "primary respondent", whose responses to the ranking and rating sections were used to express State rural health issues and priorities.

''*' indicates the entity whose activities are reported in the survey response. Budget data may not be reported for the same entity, but for a more specific division.

''**' indicates the person who completed the questionnaire.

Joan McConnell
Director
Planning and Program Development
Bureau of Environment& Health Service Standards
Dept. of Public Health
434 N. Monroe Street Room 249
Montgomery, AL 36130-1701
* Bureau of Environment & Health Service Standards
** Naomi Halverson

Dwayne B. Peeples
Division of Public Health
Dept. of Health& Social Services
P.O. Box H-06
Juneau, AK 99801
* Division of Public Health,
Dept. of Health and Social Services
** Dwayne B. Peeples

Alison M. Hughes
Associate Director
Rural Health Office
University of Arizona
3131 East Second Street
Tucson, AZ 85716
* Rural Health Office
** Alison M. Hughes

Charles McGrew
Director
Section of Health Facilities, Services& systems
Arkansas Dept. of Health
4815 W. Markham
Little Reek, AR 72205
* Section of Health Facilities, Services & systems
** Yvette Lamb, Director,
Office of Primary care

Charles Cranford
Director
Arkansas Area Health Education Center Program
University of Arkansas for Medical Sciences
4301 W. Markham, Slot 599
Little Rock, AR 72205
* AR Area Health Education Center Program
** James L. McFadin, Associate Director,
Administration

William Avritt
Chief
Rural and Community Health Division
Dept. of Health Services
714 P street
Sacramento, CA 95814
* Rural and Community Health Division
** Lawrence J. McCabe, Jr., Chief,
Hospital and Medical Standards Program

Margaret Gerould
Deputy Director
Division of Health Planning and Analysis
Office of Statewide Health Planning& Development
1600 9th Street, Room 440
Sacramento, CA 95814
* Office of State Health Planning & Development
** Ernesto Iglesias, Manager, Small &
Rural Hospital Project

Lindy Wallace
Health Planning Consultant
Colorado Dept. of Health
4210 E, 11th Avenue
Denver, CO 80220
* State of Colorado
** Lindy Wallace

Susette Benn
Center for Chronic Diseases/Urban/Rural Health
150 Washington Street
Hartford, CT 06106
* State of Connecticut
** Susette Benn

Richard Steiman
Deputy Director
Division of Public Health
Cooper Bldg, P.0. Box 637
Dover, DE 19903
* Division of Public Health
** Marihelen Barrett, MCH Director

Gregory Glass
Administrator
Florida Health Manpower Program
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
* State of Florida
** Gregory Glass

Raymond Seabolt
Director
Primary Health Care Section
Room 100
878 Peachtree Street, N.E.
Atlanta, GA 30309
* Primary Health Care Section
** Rita C. Salain, Community Health Specialist

David Foulk
Director
Center for Rural Health
Georgia Southern College
L.B. #8148
Statesboro, GA 30460
* Center for Rural Health, Georgia Southern College
** David Foulk

Peter Sybinsky
Deputy Director for Planning, Legislation and Operations
Hawaii Dept. of Health
P.O. BOX 3378
Honolulu, HI 96801
* Dept. of Health
** Peter Sybinsky

Diane Bowen
Supervisor
Office of Health Policy& Resource Development
Division of Health
Dept. of Health& Welfare
450 W. State Street, 4th Floor
Boise, ID 83720
* State of Idaho
** Diane Bowen

Alvin B. Grant
Acting Director
Center for Rural Health
Illinois Dept. of Public Health
535 West Jefferson
Springfield, IL 62761
* State of Illinois
** Alvin B. Grant

Keith Main
Director
Public Health Research Division
Indiana State Board of Health
1330 West Michigan Street

P.O. Box 1964
Indianapolis, IN 46206-1964
* State of Indiana
** Keith Main

Mary Ellis
Director
Dept. of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
* State of Iowa
** Louise Lex, State Health Planner

Steve McDowell
Director
Office of Rural Health
Dept. of Health and Environment
Landon State Office Building, 10th Floor
900 SW Jackson
Topeka, KS 66612-1290
* State of Kansas
** Steve McDowell

Don Coffey
Manager
Health Resources Development Branch
Division for Health Policy & Resource Development
Dept. of Health Services
275 East Main Street
Frankfort, KY 40621
* State of Kentucky
** Don Coffey

Patrick O'Connor
Director
Division of Policy& Program Development
Dept. of Health& Hospitals
655 N. 5th Street, Suite 307
Baton Rouge, LA 70802
* State of Louisiana
** Marcia L. Daigle, Director, Primary Care Coordinating Unit

Sophie Glidden
Office of Health Planning and Development
151 Capitol Street, Station 11
Augusta, ME 04333
* State of Maine
** Sophie Glidden

Jeanette Washington
Health Planner
Maryland Health Resources Planning Commission
P.O. Box 2679
Baltimore, MD 21215-2299
301/764-3323
*** MD Health Resource Planning Commission**
**** Jeanette Washington**

Jonathan Foley
Maryland Dept. of Health& Mental Hygiene
201 W. Preston St., RM 314-B
Baltimore, MD 21201
*** Primary Care Cooperative Agreement unit,**
Dept. of Health and Mental Hygiene
**** Jonathan Foley**

Susan Bernstein
Director
Office of Local and Regional Health
Massachusetts Dept. of Public Health
150 Tremont Street
Boston, MA 02111
*** Dept. of Public Health**
**** Susan Bernstein & Hillel Liebert, District Health Officer, Western Massachusetts**

Lou Crosby
Policy Chief
Division of Health Facility Planning& Policy Development
Bureau of Health Facilities
Michigan Dept. of Public Health
P.O. Box 30195
Lansing, MI 48909
*** Division of Health Facility Planning & Policy Development**
**** Lou Crosby**

Jim Parker
Director
Community Health Services Division
Dept. of Health
717 Delaware St., S.E.
Minneapolis, MN 55440
*** Dept. of Health**
**** Wayne R. Carlson, Director, Community Development**

Ella Tardy
Director
Office of Primary Care Liaison
Mississippi State Dept. of Health
P.O. Box 1700
Jackson, MS 39215-1700
*** Office of Primary Care Liaison**
**** Ella Tardy**

Lorna Wilson
Director
Division of Local Health & Institutional Services
Dept. of Health
P.O. Box 570
Jefferson City, MO 65102-0570
*** Bureau of Primary Care, Division of Local Health& Institutional Services**
**** George A Thomas, Jr. program Coordinator, Bureau of Primary Care**

Thomas R. Piper
Director
Certificate of Need Program
Dept. of Health
P.O. Box 570
Jefferson City, MO 65102
*** Certificate of Need Program**
**** Thomas R. Piper**

Charles Aegenes
Chief
Health Planning Bureau
Dept. of Health&Environmental Sciences
Cogswell Building, Capitol Station
Helena, MT 59620
*** Bureau of Health Planning**
**** Charles Aegenes**

David Palm
Director
Nebraska Office of Rural Health
Dept. of Health
P.O. Box 95007
Lincoln, NE 68509
*** State of Nebraska**
**** David Palm**

Joseph Jarvis
State Health Officer
Division of Health
Nevada Dept. of Human Resources
505 E King Street
Carson City, NV 89710
*** Division of Health**
**** Ron Lange, Administrative Health Services Officer**

Caroline Ford
Director
Office of Rural Health
University of Nevada
Mackay Science, Rm. 201
Reno, NV 89557-0046
*** Nevada Office of Rural Health**
**** Caroline Ford**

William T. Wallace, Jr.
Director
New Hampshire Division of Public Health Services
6 Hazen Drive
Concord, NH 03301
*** Division of Public Health Services**
**** John D. Bonds, Assistant Director for Planning**

Viktoria K. Wood
Research Scientist
New Jersey Dept. of Health
Local Health Development Services
379 West State Street
Trenton, NJ 08625
*** State of New Jersey**
**** Viktoria K. Wood**

Harvey Licht
program Manager
Primary Care Section
Dept. of Health& Environment
P.O. Box %8
Santa Fe, NM 87501-0968
* Primary Care Section
** Harvey Licht

Charles Alfero
Director
New Mexico Health Resources, Inc.
P.O. Box 27650
Albuquerque, NM 87125
* New Mexico Health Resources, Inc.
** Charles Alfero

Paul Fitzpatrick
New York State Dept. of Health
Division of Planning, Policy, and Resource Development
Empire State Plaza
Corning Tower—Room 1656
Albany, NY 12237
* State of New York
** Assistant Chief Health Planner

James D. Bernstein
Chief
North Carolina Office of Health Resources Development
701 Barbour Drive
Raleigh, NC 27603
* Office of Health Resources Development
** James D. Bernstein

Eugene S. Mayer
Program Director
North Carolina AHEC program
CB #7165 Medical School Wing C
University of North Carolina/Chapel Hill
Chapel Hill, NC 27599
* North Carolina AHEC Program
** Eugene S. Mayer

Robert M. Wentz
North Dakota State Dept. of Health& Consolidated Laboratories
Judicial Wing 2nd Fl
600 E. Boulevard Ave
Bismarck, ND 58505-0200
* State Dept. of Health
** Robert M. Wentz

Jack Geller
Acting Director
The Center for Rural Health Services, Policy & Research
University of North Dakota
501 Columbia Road
Grand Forks, ND 58201
* Center for Rural Health Services, Policy & Research
** Lynett Krenelka, Grants Coordinator

Susan Ewing-Ramsay
Head
Primary Care Section
Ohio Dept. of Health
246 N. High Street
Columbus, OH 43266-0118
* Primary Care Section
** Susan Ewing Ramsay

Suzanne Nichols
Director
Oklahoma Health Planning Commission
Dept. of Health
1000 NE 10th St.
Oklahoma City, OK 73152
* Oklahoma Health Planning Commission
** Howard H. Vincent

Don K. Leavitt
Executive Director
Oklahoma Physician Manpower Training Commission
P.O. Box 53551, Rm. 211
1000 NE 10th St.
Oklahoma City, OK 73152
* Physician Manpower Training Commission
** Don K. Leavitt

Brent VanMeter
Deputy comissioner for Special Health Services
Dept. of Health
P.O. Box 53551
1000 NE 10th St.
Oklahoma City, OK 73152
* State Dept. of Health
** Brent VanMeter

Marsha R. Kilgore
Manager
State of Oregon Office of Rural Health
1174 Chemeketa St. NE
Salem, OR 97301
* State of Oregon
** Marsha R. Kilgore

Stephen Male
Director
Bureau of Health Financing& Program Development
Pennsylvania Dept. of Health
P.O. Box 90
Harrisburg, PA 17120
* Bureau of Health Financing & Program Development
** Stephen Male

William White
Division of Hospitals
Pennsylvania Dept. of Health
P.O. Box 90
Harrisburg, PA 17120
* Division of Hospitals
** William White

Sharon K. Cagen
Project Director
Cooperative Agreement for Primary Care services
Rhode Island Dept. of Health
75 Davis Street
Providence, RI 02908
* State of Rhode Island
** Sharon K. Cagen

Thomas McGee
Director
office of Primary care
Dept. of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
* office of Primary care
** Tom McGee

Bernie Osberg
Rural Health Manager
South Dakota Office of Rural Health
Dept. of Health
523 E Capitol
Pierre, SD 57501
* Dept. of Health
** Bernie Osberg

Scot Graff
Manager
Rural Health Program
University of South Dakota School of Medicine
2501 W. 22nd Street
Sioux Falls, SD 57117-5346
* University of South Dakota School of Medicine
** Scot Graff

Eloise Hatmaker
Division of Health Access
100 9th Avenue North
Nashville, TN 37219
* State of Tennessee
** Ray Davis, Director of Physician Placement,
& Annette Menees, Health Planner

Albert Randall
Associate Commissioner for Community & Rural Health
Dept. of Health
1100 w 49th street
Austin, TX 78756
* Dept. of Health
** John Dombroski Director, Primary Health Care Services program

Ellen Widess
Director of Rural Health
Dept. of Agriculture

P.O. Box 12847
Austin, TX **78711**
*** Dept. of Agriculture**
**** Ellen Widess**

Claudia Siegel
Director of Medical Programs
Texas Higher Education Coordinating Board
P.O. Box 12788
Austin, TX 78711
*** Higher Education Coordinating Board**
**** Claudia Siegel**

Robert W. Sherwood, Jr.
Director
Bureau of Local and Rural Health Systems
Utah Dept. of Health
288 North 1460 West, P.O. Box 16660
Salt Lake City, UT 84116-0660
*** State of Utah**
**** Robert W. Sherwood, Jr.**

Christine Finley
Health Planner
Vermont Dept. of Health
60 Main Street-Box 70
Burlington, VT 05402
*** State of Vermont**
**** Christine Finley**

Raymond O. Perry
Director
Office of **Planning and Regulatory Services**
Division of Health Planning
Dept. of Health
1010 James Madison Building
109 Governor Street
Richmond, VA 23219
*** State of Virginia**
**** Raymond O. perry**

Verne Gibbs
Health Planning Administrator
Dept. of Health
Mailstop OB-43F
Olympia, WA 98504
*** Dept. of Health**
**** Verne Gibbs**

George W. Lilley, Jr.
Acting Administrator
Division of Health
1800 Washington Street, East
Building 3, RM 206
Charleston, WV 25305
*** Dept. of Health**
**** George W. *Lilley,*** Jr.

Richard C. Heinz
Coordinator
Primary care Programs
Division of Health
P.O. Box 1808
Madison, WI 53701-1808
*** State of Wisconsin**
**** Richard C. Heinz**

R.L. Meuli
Director
State of Wyoming Health Dept.
Cheyenne, WY 82002
*** Wyoming Health** Dept.
** Larry Goodmay

SURVEY OF STATE RURAL HEALTH ACTIVITIES

Spring 1988

Office of Technology Assessment
U.S. Congress
Washington, D.C. 20510-8025

Conducted by the Office **of** Technology Assessment
U.S. **Congress**

SURVEY OF STATE RURAL H

INSTRUCTIONS

1. READ OVER THE SURVEY CAREFULLY. If you have any questions, contact Leah Wolfe or Marc Zimmerman at the Office of Technology Assessment, Health Program, U.S. Congress, Washington, D.C. 20510-8025 (202/228-6590).

2. Please feel free to attach separate sheets whenever more room is needed for a response.

3. Please note that for each item in the ACTIVITIES section, we are interested only in activities your organization is CURRENTLY involved in OR has been involved in DURING THE PAST 3 YEARS.

4. Please make use of the "other" categories throughout the survey to capture any activities/programs that we have not included in our checklists. Don't forget to describe these other activities in the spaces provided.

5. Please enclose any representative literature/publications you may have that will help describe your activities/programs in greater detail, and feel free to reference this literature at any point in the survey (e.g., "See p. 26 of enclosed Annual Report for description of our demonstration projects."). A postage-paid envelope has been provided for this purpose.

6. When you have finished, please enclose the completed questionnaire as well as any related literature in the postage-paid envelope. Please return the survey by

_____

THANK YOU FOR YOUR TIME AND COOPERATION<

I. GENERAL DESCRIPTION

Organization Name: _____

Address: _____

_____

Phone: _____/_____

Name/Title of director: _____

Name/Title of. other key contact: _____

Name/Title of persots completing survey: _____

Year established _____

Type of organization:

State Government-based
University-based
Private/non-profit
_____ Other (describe) _____

_____

Staffing and Funding:....

(If *rural health* activities are only part of your organization's responsibilities, please make the following estimates based on those activities alone.)

Number of people on staff: _____ FTE (include professional, administrative, support)

Total annual budget for rural programs (include federal, state, local, private, and fee-for-service income):

FY 87: s _____

N 88: S _____

N 89: S _____

Breakdown: % Federal funding —% Local public funding
_____% State funding —% Fee-for-service income
% Private funding (e.g., foundation grants)

Please list private funding sources _____

_____

_____

_____

PLEASE CONTINUE ON NEXT PAGE

1. GENERAL DESCRIPTION **(CONTINUED)**

A) What are your organization's rural health objectives? (Include your official mandate, if applicable.):

B) Was your organization established on the authority of State legislation or through an administrative action?

C) Where within the organizational structure of the State government are you located? (Please provide an organizational chart if available.) If you are not a State agency, what is your relationship to the State government?

PLEASE CONTINUE ON NEXT PAGE

2. **ACTIVITIES**

Please check those rural health activities below in which your organization has been DIRECTLY **involved DURING THE PAST 3 YEARS. If your organization engages in/has engaged in any activities that are not listed here, please check "other" and describe these activities in the space provided.**

A: PROVIDER RECRUITMENT/PLACEMENT

NO, we have not done any provider recruitment or placement in the past 3 years.
If NO, are there any other agencies/organizations in your State that do?
Please give names: _____

_____

YES, we engage/have engaged in the activities indicated below:

Indicate # of providers PLACED OVER THE PAST 3 YEARS:
(please put ● 0" if you recruited but did not place anyone)

M. D.'s/D.O.'s	**Physician Assistants**
R.N.'s	**Mental Health Professionals**

— Nurse Practitioners

• Other (Please specify typea and give # PLACED OVER THE PAST 3 YEARS - e.g., L. P. N.'s, Physicat Therapists, Pharmacists):

_____ _____

_____ _____

Recruitment methods (check all that apply

— Loan forgiveness/repayment programs (Please describe): _____

_____

— State scholarships in exchange for service in rural areas

— Other financial *incentives* _____

_____

Placement service

____ Other _____

_____

PLEASE CONTINUE ON NEXT PAGE

2. ACTIVITIES (CONTINUED)

B: FINANCIAL ASSISTANCE TO LOCAL ORGANIZATIONS

NO, we have not provided any financial assistance during the past 3 years.
if NO, are there any other agencies/organizations in your State that do?
Please give names: _____

YES, we have provided/provide the types of financial assistance checked below:

Type of assistance:	Recipients (e.g., rural communities, local organizations, educational institutions)
Loans (non-student)	_____
Direct subsidy	_____
Matching funds	_____
— Other (describe)	_____

C: TECHNICAL ASSISTANCE

NO, we have not provided any technical assistance during the past 3 years.
If NO, are there ● nj other agencies/organizations in your State that do?
Please give names: _____

— YES, we have provided/provide the types of technical assistance checked below.

(1) — HMSA/MUA/MUP designations

(2) Assistance to rural communities

Statewide Mental health needs assessment
Date of last Statewide assessment _____
— Other needs assessments (describe) _____

— Community Board development
— Grant application assistance
— planning
— Resource identification
— Other: _____

PLEASE CONTINUE ON NEXT PAGE

2. ACTIVITIES, C: TECHNICAL ASSISTANCE (CONTINUED)

(3) Assistance to rural health facilities/providers

— Facility development/construction consultation
— Grant application assistance
Management assistance
— Other _____

D: RESEARCH

NO, we have not done any rural health research in the past 3 years.
11 NO, are there ● ny other agencies/organizations in your State that do?
Please give names: _____

YES, we have done/are doing research on the following topics (check all that apply):

____ Health personnel
____ Health services utiliza
____ Health status (e.g., mo
____ Health systems coordi
____ Insurance coverage in
____ Medical liability insur
____ New technology (e.g.,
____ Quality of care
____ Rural hospitals
____ Other: _____

PLEASE CONTINUE ON NEXT PAGE.

2. ACTIVITIES (CONTINUED)

E: RURAL HEALTH SYSTEMS COORDINATION AND IMPLEMENTATION

NO, we have not engaged in any rural health systems coordination or implementation during the past 3 years.

If NO, are there any other agencies/organizations in your State that do?

Please give names: _____

YES, we have engaged/engage in the activities checked below:

Developing alliances between hospitals

Please specify types of participants (e.g.. urban/rural, large/small) _____

— Developing alliances between hospitals and other medical service facilities (e.g., WITH CHC's, private physicians, mental health centers, county health depts.)

Please specify types of participants: _____

Developing alliances not involving hospitals (e.g., AMONG CHC's, private physicians, mental health centers, county health depts., community representatives)

Please specify types of participants: _____

____ Special health service district development or other financial options

Please describe: _____

____ Other: _____

F: EDUCATION

____ NO, we have not engaged in any educational activities during the past 3 yea

If NO, are there any other agencies/organizations in your State that do?

Please give names: _____

____ YES, we have engaged/engage in the educational activities checked below:

____ Medical and other health professions education

____ Consumer health education programs

____ Continuing education programs for rural providers

____ Statewide rural health conferences

____ Other: _____

PLEASE CONT

2. ACTIVITIES (CONTINUED)

G: LEGISLATIVE AFFAIRS

NO, we have not engaged in any legislative affairs during the past 3 years

If NO, are there any other agencies/organizations in your State that do?

Please give names: _____

YES, we have engaged/engage in the activities checked below:

Development of task force/committee to address rural health care issues

Working with legislature/legislative committees on rural health issues

____ Other: _____

H: PUBLICATIONS

Please check below any rural health-related publications your organization has produced during the past three years. Enclose representative samples if possible.

Annual report	Information packets	Research reports
Newsletter	Evaluation reports	— Newspaper articles
Journal articles	— Policy recommendations	

Other _____

I: PRIORITIES

Please check bdOW UP TO THREE activity areas which are currently your higheat priorities

__ A: PROVIDER RECRUITMENT/PLACEMENT	— F: EDUCATION
__ B: FINANCIAL ASSISTANCE TO LOCAL ORGANIZATIONS	— G: LEGISLATIVE AFFAIRS
— C: TECHNICAL ASSISTANCE	— H: PUBLICATIONS
__ D: RESEARCH	
__ E: RURAL HEALTH SYSTEMS COORDINATION AND IMPLEMENTATION	

3. SPECIAL POPULATIONS

Please check below special populations to which any of your programs or activities you indicated ● *bove* are/have been specifically targeted

— Children	Racial/Ethnic groups
Elderly	Please specify: _____
— Low income	_____
— Migrant workera	— Uninsured
— Pregnant women	— Other: _____

PLEASE CONTINUE ON NEXT PAGE

4. MAJOR RURAL HEALTH CARE DELIVERY ISSUES IN YOUR STATE

GENERAL ISSUES: The following is a list of health care DELIVERY issues *in rural areas*. Please rank each of the six issues by severity of the issue in your State, using "1" to indicate the biggest problem area, "6" the smallest problem area. List and rank any other health care DELIVERY issues in the space provided, expanding the ranking scale as necessary. Please use each number only once.

_____ Health provider issues (e.g., shortages, recruitment/retention)
Please specify: _____
_____

_____ Medical liability insurance costs/availability

_____ Meeting the needs of special populations (e.g., elderly, migrant workers, high-risk pregnancies)

_____ Payment issues (e.g., Medicare urban/rural differential, insurance coverage)

_____ Quality of care

_____ services issues (e.g., hospital closures & restructuring, systems planning & development

_____ Other: _____

SPECIFIC SERVICES Using the scale described below please indicate the amount of ● ttention your organization is CURRENTLY devoting to each of the following

RATING SCALE: 0 . . . . . 1 . . . . . 2. . . . . 3. . . . . 4 5
devoting NO *attention to* this — devoting M06T ● ttention to this

(You may use each number more than once . . .)

_____ Acute health care
Child health care
Emergency medical care
_____ Health promotion/Disease prevention
Home health care
Long term care
Mental health care
obstetrics care
— Other: _____
— Other: _____

PLEASE CONTINUE ON NEXT PAGE

5. QUESTIONS

Please describe briefly (A) three CURRENT activities and programs in your State that have been effective in addressing rural health issues; and B) three activities or programs you would like to see in your State IN THE FUTURE to address these issues.

A) Current Activities (3):

B) Future Activities (3):

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

Please return survey by _____ to: Leah Wolfe, Health Program, Office of Technology Assessment, U.S. Congress, Washington, DC 20510-8025.

July 24, 1989

CONGRESSIONAL OFFICE OF TECHNOLOGY ASSESSMENT'S
SURVEY OF STATES ON
HEALTH PERSONNEL SHORTAGE AND
MEDICALLY UNDERSERVED AKEA DESIGNATIONS

Name/Title of person completing survey: _____

Name/Title of other contact(a): _____

Organization Name: _____
Addreas: _____
Phone: _____

A. Primary Care Health Personnel Shortage Area Designations

1. How satisfied are you with the criteria used to Redesignade Primary Care Health Manpower Shortage Areas (lMSAs)?

_____Very satisfied
_____Satisfied
_____Dissatisfied
_____Very dissatisfied
_____Don't know
_____No opinion

Please describe why you satisfied odissatisfied.

a. What changes would you suggest in Primary Care HMSA criteria that would inprove identification of primary care personnel shortage areas?

b. Whet aspects of the Primary Care HMSA criteria are good and should be retained?

c. Describe any problems that you bave bad in designating primary care personnel shortage areas in the rural (i.e., nonmetropolitan) areas of your State (e.g. designations in frontier areas).

2 To what extent do you agree with the following statements:

a. A primary care HMSA's priority grouping (i.e., group 1-4) is a good measure of the HMSA's relative degree of primary care health personnel shortage.

_____Strongly agree
Agree
_____Disagree
Strongly disagree
Don't know
No opinion

Comment:

b. Allocation of Federal resources is correlated to HMSA priority groups.

_____Strongly agree
_____Agree
_____Disagree
Strongly disagree
Don't know
No opinion

Comment:

3. Please briefly describe trends in HMSA designation activity in your State's metropolitan and nonmetropolitan areas since 1980.

4. Since 1985, has the demand for Federal Primary Care HMSA designation increased, decreased or remained the same for metro and nonmetropolitan areas in your State?

Demand for Primary Care HMSA designation	Metropolitan	Nonmetropolitan
Increased very much	_____	_____
Increased somewhat	_____	_____
Remained the same	_____	_____
Decreased somewhat	_____	_____
Decreased very much	_____	_____
Don't know	_____	_____
Does not apply	_____	_____

5. Please indicate whether each of the following has increased decreased or had no effect on the demand for Federal Primary Care HMSA designations in your State since 1985.

Factor:	Factor has: Increased demand	Decreased demand	Had no effect	Don't Know
a. Need for NHSC personnel	_____	_____	_____	_____
b. Availability of NHSC personnel	_____	_____	_____	_____
c. Rural Health Clinics Act	_____	_____	_____	_____
d. Medicare physician bonus payment	_	_____	_____	_____
e. State programs linked to HNSA designation	_	_	.	_____
f. Other_____	_	_____	_____	_____
g. Other_____	_	_____	_____	_____

6. Has your State filed any Primary Care HMSA applications since 1985?

_____Yes
_____No (If *no*, skip to question 8.)
_____Don't know (If don't knew, skip to question 8.)

7. In general, what is your level of satisfaction with how Federal Primary Care HHSA applications have been processed?

_____Very satisfied
_____Satisfied
_____Dissatisfied
_____Very dissatisfied
_____Don't know
_____No opinion

If satisfied or dissatisfied, what aspect(a) of the application process lsd to your satisfaction or dissatisfaction?

_____
_____
_____

8 If any Federal Primary Care HMSA designations have been reviewed since 1985, indicate your general level of satisfaction with the Federal review process.

_____Very satisfied
_____Satisfied
_____Dissatisfied
_____Very dissatisfied
_____Don't know
_____Does not apply, no review
_____No opinion

If satisfied or dissatisfied, what aspect(s) of the review proceas have led to your satisfaction or dissatisfaction?

_____
_____
_____
_____

9. Is your State defining shortage areas for physician specialties (e.g., OB/Gyn) or for non physician health care providers (e.g., nurses)?

_____Yes
_____No
_____Don't know

If yes, specify the type of providers for which shortage areas are defined and briefly describe designation criteria (or, if available, attach).

_____
_____
_____
_____

B. Medically Underserved Areas (MUA)

1. How satisfied are you with the criteria used to designate Federal Medically Underserved Aas (mlAs)?

_____Very satisfied
_____Satisfied
_____Dissatisfied
_____Very dissatisfied
_____Don't know
_____No opinion

Please describe why you are satisfied or dissatisfied.

_____
_____
_____
_____

a. What changes would you suggest in the Federal MUA criteria that would improve identification of medically underserved areas?

b. What aspects of the MUA criteria are good and should be retained?

c. Describe any problems that you have had in designating medically underserved areas in the rural (i.e., nonmetropolitan) areas of your State (e.g., designations in frontier areas).

2. Please briefly describe trends in MUA designation activity in your State's metropolitan and nonmetropolitan areas since 1980.

3. Since 1985, has the demand for Federal MUA designation increased, decreased or remained the same for metro and nonmetropolitan areas in your State?

MUA applications	Metropolitan	Nonmetropolitan
Increased very much	_____	_____
Increased somewhat	_____	_____
Remained the same	_____	_____
Decreased somewhat	_____	_____
Decreased very much	_____	_____
Don't know	_____	_____
Does not apply	_____	_____

4. Please indicate whether each of the following factors has increased, decreased or had no effect on the demand for Federal MUA designations in your State since 1985.

Factor:	Factor has: Increased demand	Decreased demand	Had no effect	Don't Know
a. Need for CHCs	_	_	_	.
b. Availability of CHC funds	_	_	_	.
c. Rural Health Clinics Act	_	_	_	.
d. State programs linked to MUA designation	_	_	_	_____
e. Other _____	_	_	_	_____
f. Other _____	_	_	_	.

5. Has your State filed any MUA applications since 1985?

_____Yes
_____No (If no, skip to question 7.)
Don't know (If don't know, skip to question 7.)

6. In general, what is your level of satisfaction with how Federal MUA applications are processed?

_____Very satisfied
_____Satisfied
Dissatisfied
_____Very dissatisfied
Don't know
No opinion

If satisfied or dissatisfied, what aspect(s) of the application process led to your satisfaction or dissatisfaction?

7. What is your level of satisfaction with the frequency of Federal MUA review?

_____Very satisfied
_____Satisfied
Dissatisfied
_____Very dissatisfied
Don't know
No opinion

Please comment on why satisfied or dissatisfied and if dissatisfied, specify how often the MUAs should be reviewed and why.

8. To what extent do you agree or disagree with this statement?

Different criteria should be used when reviewing Federal MUAs that have established Federal services (e.g., City Health Centers) in the area.

Strongly agree
Agree
_____Disagree
Strongly disagree
_____Don't know
_____No opinion

Comment:

c. General Comments on Shortage Areas and Medically Underserved Areas

1. Does your State have health personnel distribution programs that use some type Of shortage area designation?

_____Yes
_____No (If no, skip to Question 2.)
Don't know (If don't know, skip to Question 2.)

If yes, please check all State health personnel distribution programs present in your State and for each checked program indicate whether the Federal HMSA, MUA or State criteria are used to implement the program. In the apace provided below, briefly describe any State designation criteria that are used (or, if available, attach).

STATE DISTRIBUTION PROGRAMS:	Program Present in State? Yes	No	Shortage Designation Uaed — Federal HMSA	MUA	State Designation
1. Educational Programs:					
a. AHECs	___	___	___	___	
b. Targeted Primary Care training opportunities (e.g., residencies)			___	___	
c. Seat purchases			___	___	
d. Preceptorships			___	___	
e. Other educational program _____			___	___	
2. Financial Incentives During Training					
a. Service-contingent loans and scholarships					
b. Other loans					
c. Other scholarship					
d. Other financial incentive _____					
3. Aid in Practice					
a. Placement					
b. Guaranteed income					
c. Loans					
d. Health professions school loan repayment					
e. Malpractice subsidy					
f. Other aid in practice _____					
4. Other Program(s)					
a. _____					
b. _____					

Please briefly describe the State designation criteria that are used (or, if available, attach).

_____
_____
_____
_____
_____

a. If your State uses a designation other than the HMSA and MUA designations to identify shortage areas:

Why doesn't your State use the Federal HMSA or MUA designation for these areas?

_____
_____
_____

2. In your opinion, are there areas or populations in your State that have health personnel shortages or are medically undeserved but are not designated as Federal HMSAs or MUAs?

_____No
_____Yes
Don't know
_____No opinion

If Yes, please describe these areas/populations and why they have not been designated

_____
_____
_____
_____

If Yes, are any of these areas/populations are designated as State health personnel shortage or medically underserved areas?

_____
_____
_____
_____

3. In your opinion, are there areas/populations that are inappropriately designated as Federal HMSAs or NUAs areas/populations that do not have a shortage of health personnel or are not medically underserved)?

_____No
_____Yes
_____Don't know
_____No opinion

If Yes, please explain why the designations are inappropriate.

4. In your opinion how effective have the following Federal program(s) been in improving the availability of health services in your State's nonmetropolitan health personnel shortage and medically underserved areas?

VE - Very Effective
E - Effective
I - Ineffective
VI - Very ineffective
NF - Not familiar with Federal program
DK - Don't know
NO - No opinion

federal programs	Effectiveness VE	E	I	VI	NF	DK	NO
National Health Service Corps	—	—		—	—	—	
Support of Primary Care educational programs	—		—	—		—	—
AHEC activities	—	—	—	—	—	—	—
Community Health Centers	—	—	—	—	—	—	—
Rural Health Clinics Act	—	—	—	—	—	—	—
Medicare physician payment bonus	—	—	—	—	—	—	—
Private loan repayment programs (other than NHSC)	—	—	—	—	—	—	—
Other (specify) _____	—		—	—		—	—
Other (specify) _____	—	—		—			—
_____	—	—	—	—	—	—	—

5. HMSA and MUA designations were originally designed to meet the needs of the NHSC and CHC programs. In your opinion, how appropriate are these designations for other Federal programs auch as the Rural Health clinics Act and Medicare incentive payments?

_____Very appropriate
Appropriate
_____Inappropriate
_____Very inappropriate
Don't know
_____No opinion

6. Does your *atate* delineate primary cservice areas?

_____Yes
_____No
_____Don't know

If Yes, please briefly describe how tha areas are &fined
_____
_____
_____

7 Does your State conduct any special surveys of primary care providers monitor shortage areas/underserved areas or as part of your HMSA/MUA designation activities?

_____Yes
_____No
_____Don't know

If Yes, please briefly describe the surveys.
_____
_____
_____

8. Has the withdrawal of Federal planning resources (e.g., State Health Planning and Development Agency (SHPDA) funds) had a positive, negative, or no effect on your State's ability to prepare requeats for HMSA/MUA designation?

Very positive (describe) _____
Somewhat positive (describe) _____
Somewhat negative (describe) _____
Very negative (describe) _____
— No effect

9. In general are your State/Federal resources adequate for maintaining an accurate and up-to-date set of health personnel shortage areas and medically undersexed areas?

_____Yes
_____No
Don't know
_____No opinion

If No, please describe what resources are inadequate
_____
_____
_____

10 If available, please send us any State asps you have prepared that ahow the location of any of the following: Federal HMSAs, MUAs, State-designated shortage are CHCs, NHSC sites, certified Rural Health Clinics, and/or primary care service areas.

D Genera Comments

Please provide any additional general comments that you have about the designation of primary care personnel shortage areas or medically underserved areas that have not been covered adequately by this questionnaire?

Comments:

Please return this questionnaire by 4 August 89 in the self-addressed envelope enclosed or send to:

Rita Hughes
Office of Technology Assessment
Health Program
600 Pennsylvania Avenue, S.E.
Washington D.C. 20003