



Connecticut
Statewide Retention Plan
of National Health Service
Corps (NHSC) Providers

2013



Acknowledgements

Creation and implementation of the Recruitment and Retention Activities (RRA) Initiative were completed by the Connecticut Department of Public Health's Primary Care Office through a contract with Eastern Connecticut Area Health Education Center (AHEC). Funding for the RRA Initiative was provided by the Connecticut Department of Public Health #2012-0175.

Primary Care Office: Through a cooperative agreement with the Health Resources and Services Administration (HRSA), the Connecticut Primary Care Office (PCO) works with health care providers and communities to improve access to care for the underserved by recruiting and retaining providers to practice in federally designated shortage areas. The mission of the PCO is to improve the health of Connecticut residents who live in underserved areas through timely and accurate assessment, planning, and assistance, as well as to increase access to primary care providers of medical, dental, and mental health services.

Eastern CT AHEC: The federal Area Health Education Center (AHEC) Program was established in 1973 as a way to encourage medical schools to increase the number of students and residents trained in rural communities. The AHEC Program is housed in the U.S. Department of Health & Human Services' Health Resources and Services Administration. The Connecticut AHEC Program was established in 1995 by Connecticut General Assembly and received initial federal funding in 1997. The program is based at the University Of Connecticut School Of Medicine in Farmington and implemented by regional AHECs in Waterbury, Hartford, Bridgeport and Willimantic. The mission of Eastern Connecticut AHEC is to enhance access to quality health care, particularly primary and preventative care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

National Health Service Corps (NHSC): The NHSC is part of the United States Department of Health and Human Services (DHSS), division of Health Resources and Services Administration (HRSA), Bureau of Clinician Recruitment and Services (BCRS). The NHSC scholarship and loan repayment programs help underserved communities across the nation receive greater levels of primary care. Through the National Health Service Corps, providers receive scholarships and loan repayment in return for committing to practice in Health Professions Shortage Areas (HPSA) for a defined period of time.¹

¹ NHSC Clinician Retention: A Story of Dedication and Commitment, December 2012



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RRA Initiative Core Work Group Members

Core Work Group Members were made up of a team of informants who are experts in their respective fields. Members participated within the RRA Initiative focusing on various areas such as human resources, education, and workforce development. Members met monthly and assisted in the development, implementation, and evaluation of the RRA Initiative.

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Executive Summary

Successful National Health Service Corps (NHSC) retention programs encompass virtually everything a state does to improve the quality and quantity of health care providers in Health Profession Shortage Areas (HPSA). Retention efforts consist of the various policies and practices which lead to providers' continued loyalty towards serving a community after their NHSC commitment has been fulfilled. This Statewide Retention Plan was created to improve access to quality healthcare by increasing all National Health Service Corps (NHSC) provider groups within Connecticut's Health Professions Shortage Areas.

Research shows that major factors affecting NHSC retention rates include the providers' motivation and timing when joining the NHSC and their experience at the practice site. Providers whose family's social, employment, and educational needs are met in the community are more likely to remain.² Despite the fact that over the course of its history the NHSC has enabled more than 40,000 clinicians "to go where others choose not to go," the problem of lack of access to care in HPSA's has grown more critical. This has contributed to the growth of millions of people without access to primary medical, oral, and mental and behavioral health services.³ The continued retention of NHSC Providers is essential for addressing this issue.

Data collected through quantitative and qualitative methods show that there is a need to expand upon the recruitment efforts of future NHSC providers at both the undergraduate and graduate levels. These recruitment efforts will ensure that quality providers who believe in the mission of the NHSC will remain in their initial HPSA after their NHSC commitment is complete. Opportunities to network with peers through group or club environments have also been identified in a recent survey of current NHSC providers. A mentoring program targeted towards the specific needs of providers will be established in order to provide critical support. Site administrators also identified a need to better establish recruitment and retention efforts. This will be achieved through the creation of a site tool kit which will provide administrators with the materials needed for their retention efforts. Finally, performance measures have been developed from this data to measure if these practices are working towards the central goal of the RRA Initiative. These practices will be implemented throughout the spring and summer of 2013 and will be evaluated by Eastern AHEC in consultation with the Primary Care Office.

This Statewide Retention Plan provides readers with an overview of the NHSC in Connecticut, including a summary of data results and conclusions. Performance measures created to meet the programs goal are also defined and are supported

² NHSC Clinician Retention: A Story of Dedication and Commitment, December 2012

³ A National Health Service Corps for the 21st Century, January 2000



by documentation provided in the appendices. In order for this plan to be successful, it is necessary that both NHSC providers and sites participate in each of the outlined activities. It is the responsibility of all NHSC sites to implement strategies and activities outlined in the Recruitment and Retention Activities (RRA) Initiatives Statewide Retention Plan.



Introduction

The recruitment of critical health care professionals can be costly in terms of expenses and lost revenue. Vacancies can also impact the provision of health care services to underserved populations already in need of services by extending waiting times for appointments or not providing the services at all. Strengthening and growing our primary care workforce is critical to keeping our nation healthy. As more Americans gain access to health care, it is essential that qualified health care providers are there to serve them. The NHSC, through its providers and sites, plays an important role in helping to address the country's primary care shortage.⁴

Connecticut is characterized by high social and economic contrast and racial and ethnic diversity. It is the third smallest state in the United States in terms of area, but it has the 29th highest population and is the fourth most densely populated state. Approximately 88% of Connecticut's population lives in urban areas.⁵ While Connecticut is one of the wealthiest states in the country, several cities have extremely high rates of poverty. With a median household income of \$68,595, the state was ranked third highest in the nation in 2008.

Access to primary medical, dental, and behavioral/mental health care is an important requisite for good health. Lack of primary health providers creates barriers to access for low-income, publicly insured, uninsured and geographically isolated residents of Connecticut. Whether in terms of health status, income, poverty, racial composition, or almost any other factor, statewide averages for Connecticut often are misleading. Striking disparities exist across town lines, among racial and ethnic groups, and between urban and rural populations. These differences have engendered the concept of "two Connecticut's", one comprised of people who live in the wealthiest state in the nation, and the other consisting of those who live in some of the most severe and concentrated pockets of poverty in the United States.⁶

The purpose of the Recruitment and Retention Activities (RRA) Initiative is to assist the Connecticut Department of Public Health's Primary Care Office (PCO) in collaboration with the Eastern Connecticut Area Health Education Center (AHEC) in the coordination and implementation of activities within the State of Connecticut as it relates to the retention of primary care providers within the National Health Service Corps (NHSC).

⁴ <http://nhsc.hrsa.gov/corpsexperience/aboutus/index.html>

⁵ Connecticut Healthy Homes Data Book, July 2012

⁶ Connecticut Healthy Homes Data Book, July 2012



Vision and Mission

A vision is defined as “an image of the future we seek to create.”⁷ The Recruitment and Retention Activities (RRA) Initiative envisions a Connecticut where each individual has access to quality health care to meet his or her needs. The RRA Initiative will work towards achieving this vision by assisting communities in the recruitment and retention of National Health Service Corps (NHSC) providers, thus increasing access to primary care services. The RRA Initiative will also focus its attention to a larger health care delivery system by collaborating with NHSC sites to integrate activities that increase the number of health care professionals in Health Professions Shortage Areas (HPSA) locations.

The mission of the RRA Initiative is to increase the number of NHSC providers who continue working in HPSA locations after their service commitment is complete. This will improve access to healthcare by increasing all NHSC provider groups. Utilizing a variety of resources and key partnerships, a clear methodology has been established to achieve three major objectives that were identified by the RRA Initiative: 1) To increase the total number of NHSC providers who remain in a Connecticut HPSAs upon the completion of their site commitment, 2) To improve workplace morale for NHSC providers, and 3) To foster the perception that NHSC sites are professionally rewarding and are employers of choice, reducing provider turnover rates. These major objectives were developed upon the analysis of quantitative and qualitative assessments completed by both NHSC providers and site administrators and are outlined in the sections below.

⁷ http://wiki.answers.com/Q/What_is_a_company%27s_vision



NHSC Provider and Site Administrator Assessments

Data Collection

National Health Service Corps Provider and Site Administrator Assessments were created in collaboration with core work group members. The purpose of these assessments was to gather information from loan repayers, scholars, and site administrators to generate activities for the RRA Initiative. Each of the assessments were broken down into sections which included demographics, application and enrollment, retention, and work environment (See Appendix B, C, & D). Each of the assessments were distributed through two means of collection, the first through Survey Monkey which were released a total of three times within eight weeks, and the second through a one-time hard copy mailing. As an incentive to obtain responses, each respondent was entered into one of three raffles. Data was compiled using Microsoft Excel. Assessment results were presented to Core Work Group Members for review. This data was used towards the creation of the goal and performance measures of the RRA Initiative.

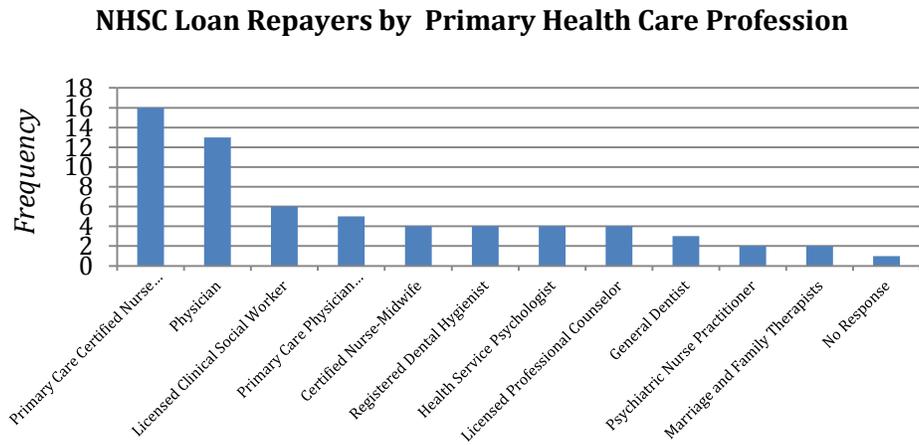
Results

Demographics

Eastern AHEC administered a total of 390 provider and site assessments, yielding a 29% response rate. Of these respondent, 16% were primary care certified nurse practitioners, 12% physicians, 6% licensed social workers, 5% physician assistants, 4% dental hygienists, 4% psychologists, 4% licensed counselors, 3% general dentist, 2% psychiatric nurse practitioner, 2% marriage and family therapist, and 1% did not respond to the question (See figure 1). As figure 1 illustrates the vast majority of the types of NHSC provider occupations comprised of primary care certified nurse practitioner and physicians.



Figure 1: NHSC Loan Repayers by Primary Health Care Profession



As shown in Figure 2, the majority of NHSC providers (67.9%) live with domestic partners. In figure 3, survey shows that the majority of respondents do not have school aged children (58%). The high numbers of providers with partners and children indicates a potential desire for family-oriented activities, particularly in light of the results shown in Figure 4, where the distribution of respondents is relatively even when asked if there were activities or support available for their families.

Figure 2: Providers Living with a Domestic Partner

Providers Living with a Domestic Partner

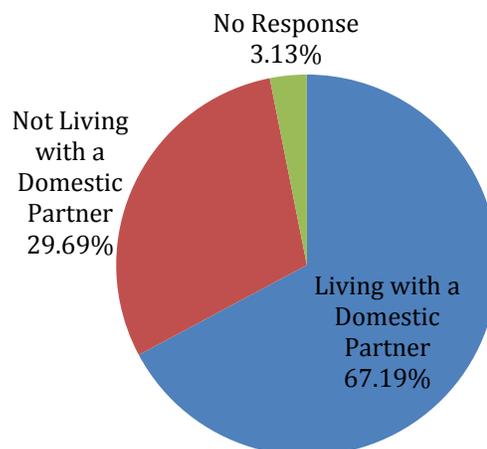




Figure 3: Number of School Aged Children

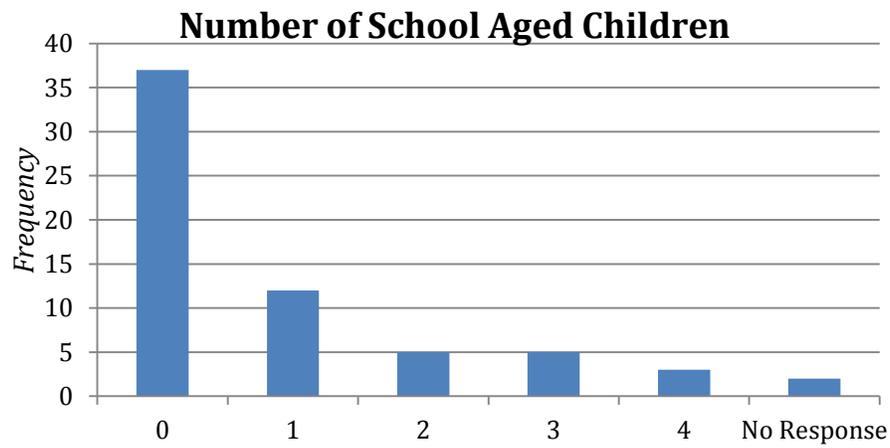
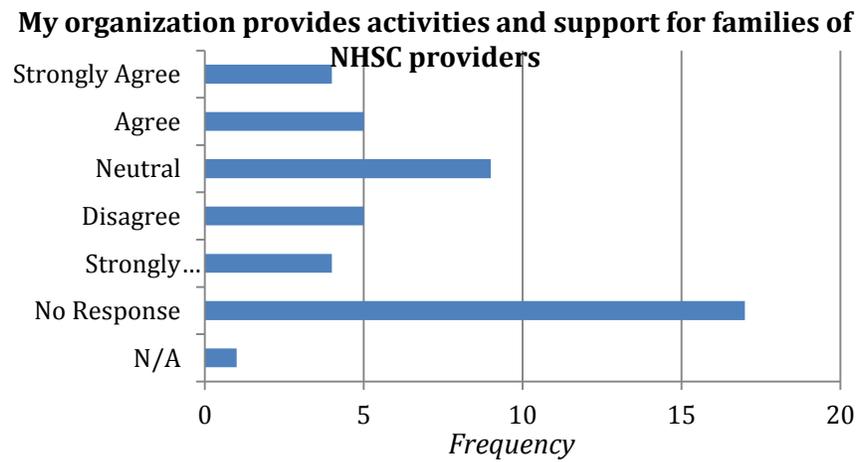


Figure 4: Activities and Support to Families

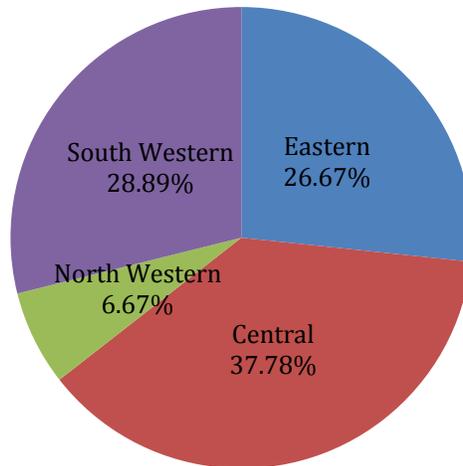




National Health Service Corps Site Administrator assessment results in figure 5 show that the majority of respondents came from the central (37.78%) and southwestern regions (28.89%) of Connecticut. Below in figure 5 you will find the chart highlighting the regions of CT that NHSC Site survey respondents represent to which the data corresponds with the UDS mapper confirming that the two regions with the least representation are in the Eastern and Northwestern regions.

Figure 5: Regional Site Locations

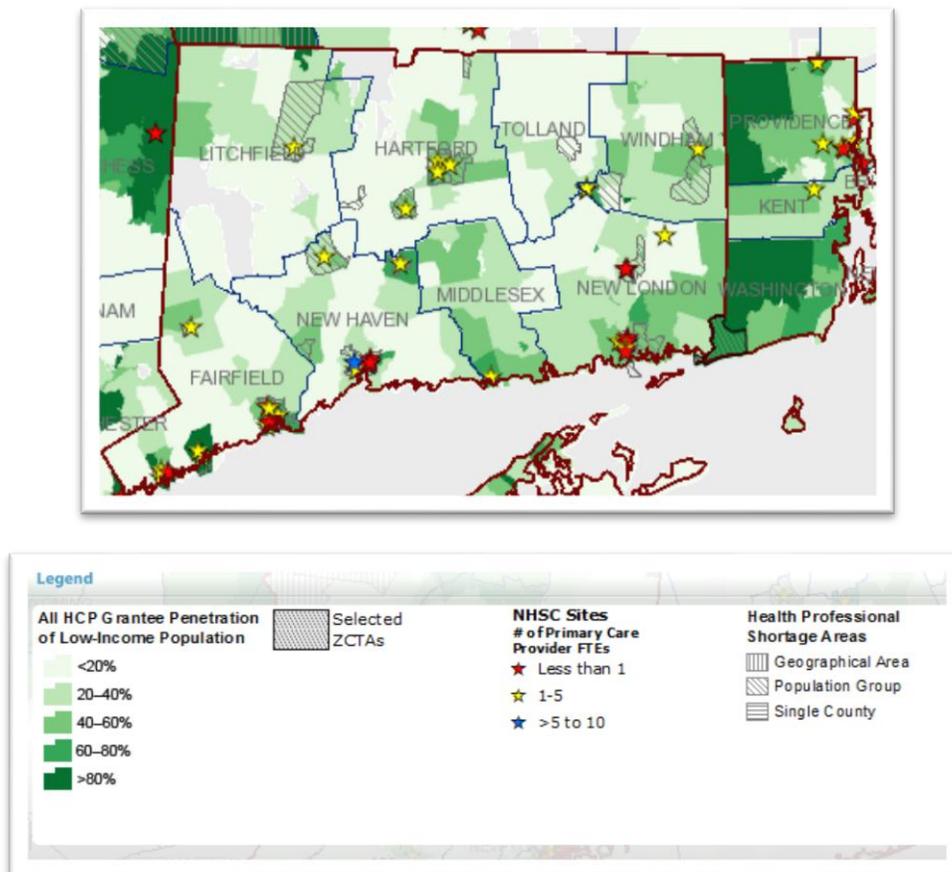
Region of Connecticut Organization is Located





A map of Connecticut created in the Uniform Data System (UDS) Mapper (Figure 15) illustrates the relation of Health Profession Shortage Areas (HPSAs) to NHSC Site locations. Using the legend in figure 6, it is shown that there is a lack of NHSC sites in HPSA locations within Windham, Tolland, and Litchfield counties.

Figure 6: Uniform Data System (UDS) Mapper



Application and Enrollment

A trend is presented by the data in Figure 7: a majority (60%) of NHSC providers chose to participate in the NHSC, not because of the reputation of the NHSC or their interest for living in a HPSA, but to pay off their student debt. In Figure 8, the majority of providers (89.06%) stated that there was no support staff to assist them in finding a site in a state of their choosing.



Figure 7: Participation within the NHSC

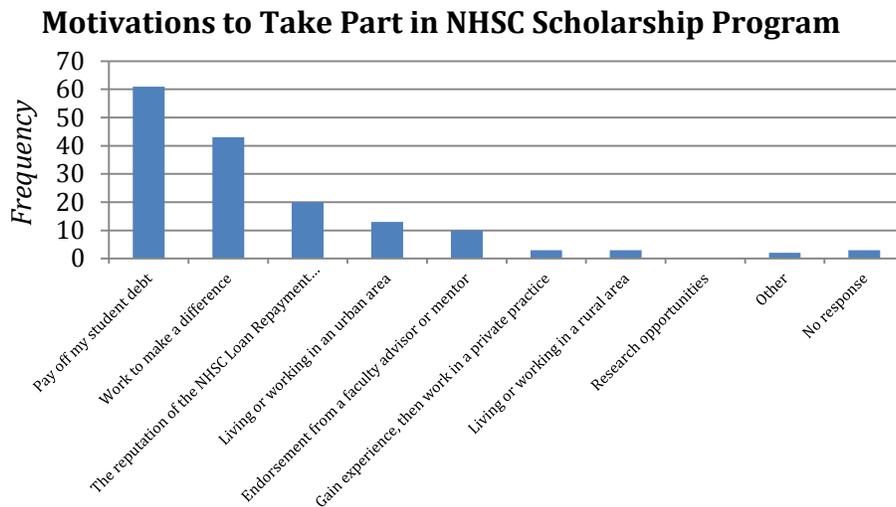
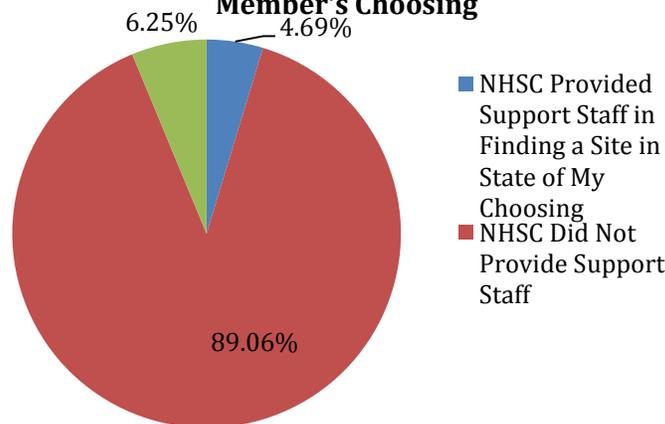


Figure 8: NHSC Support Staff

NHSC Support Staff: Assistance in Finding A Site in State of Member's Choosing



Retention

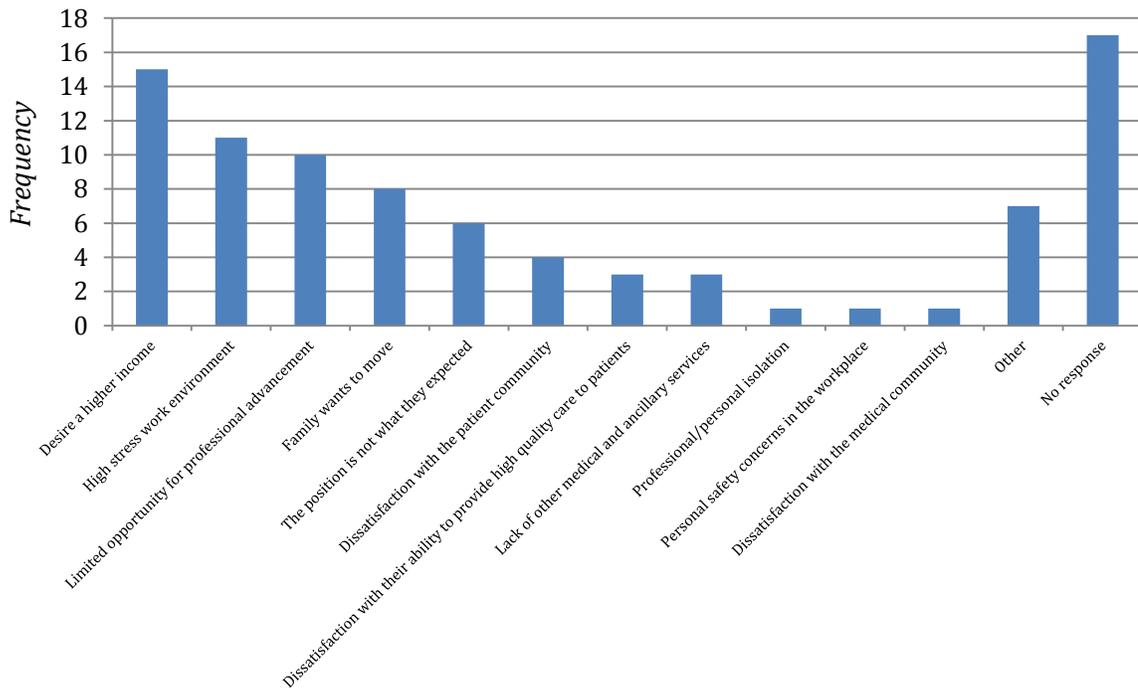
The stress experience associated with NHSC sites is supported by the results shown in Figures 9 and 10. Other measures reinforce this trend such as in Figure 9. For example, 33% of providers decide to leave their sites after their commitment is completed due to a stressful work environment. Figure 10 provides a more direct measure, and again, a majority of respondents report that



they work in a high stress environment.⁸ The aforementioned results should be considered in light of the fact that family reasons and a stressful environment are among the top four reasons why providers leave after completing their commitment. These results suggest that these are areas where strides in retention can be made.

Figure 9: NHSC Retention

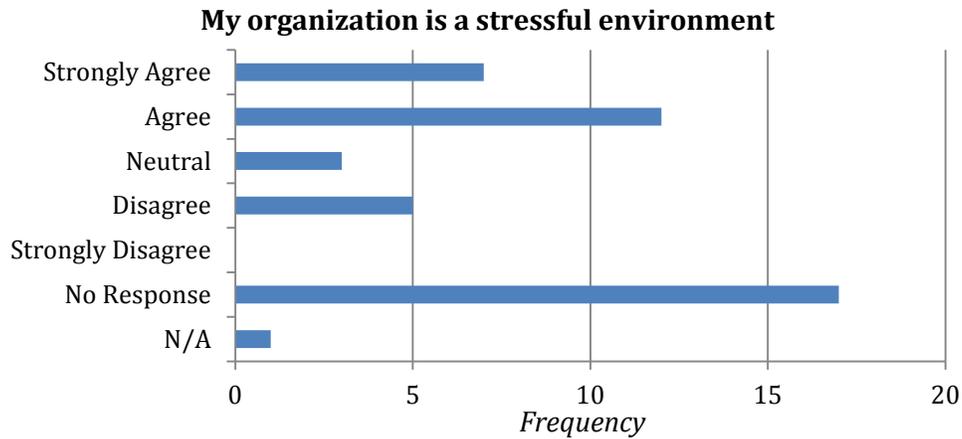
Reasons NHSC Providers Leave Organization After Completing Their Commitment



⁸ In addition to the stressful environment and family factors, there are other factors that influence providers' decisions to leave. Figure 5 shows that 28% leave because they desire a higher income while another 17% leave due to dissatisfaction with their ability to provide high quality care to their patients.



Figure 10: Work Environment



Work Environment

When choosing a location to serve their NHSC commitment, as seen in figure 11, the majority of providers (55%) agreed that the location of the community is most important. Data shows that the community must also be an “ideal” fit for their family. However, 71.88% respondents indicated that providers are not choosing to live within the HPSA location where they work (See figure 12). Overall, 23% of providers strongly agree that they will stay at the NHSC site after completion of their commitment (See figure 13).

Figure 11: Site Placement Factors

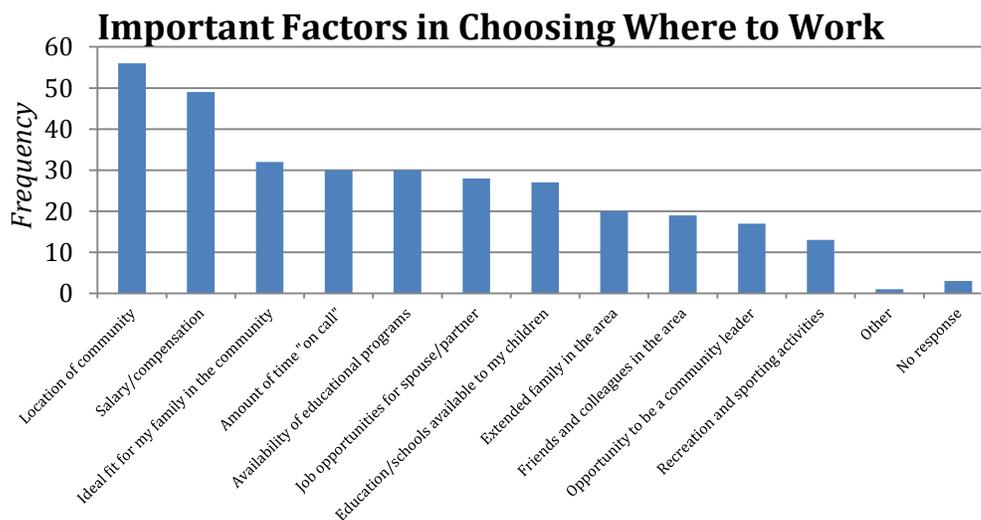




Figure 12: Location of Residence

I live in the HPSA that my NHSC site is located in

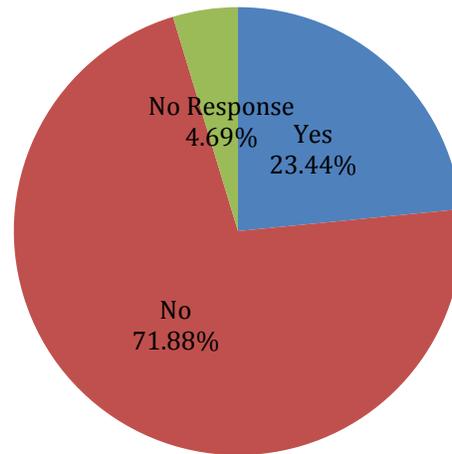
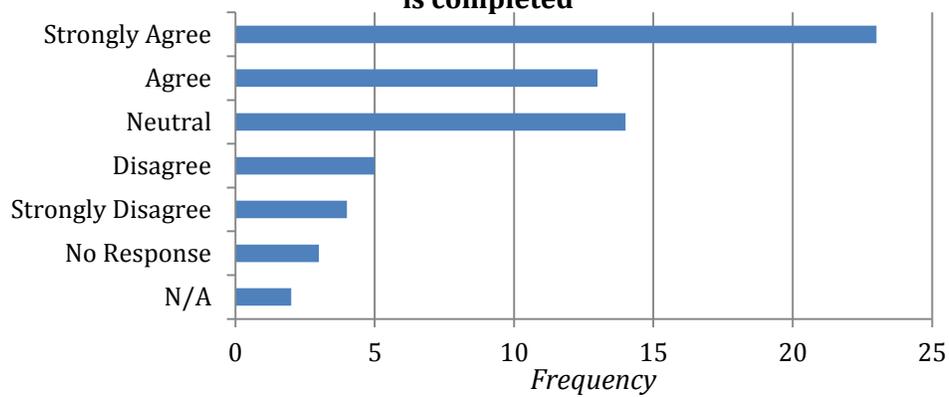


Figure 13: HPSA Long-Term Retention

I plan on continuing to work at my NHSC site when my commitment is completed





NHSC Provider and Site Administrator Discussion Groups

Data Collection

Discussion groups brought providers and sites together to gather insight on assessment results. Five discussion groups were held throughout Connecticut, engaging more than 50 providers and site administrators. Participants were introduced to the RRA Initiative and provided with an overview of Year One accomplishments and Year Two goals. This included a presentation of the NHSC assessments, activities outlined in the draft logic model, and a facilitated group discussion hosted by Eastern AHEC and Core Work Group members. The regional RRA Initiative group discussion meetings were held at the following locations;

- Bridgeport – Optimus Health Care, Inc.
- Middletown – Community Health Center of Middletown
- Norwich – United Community and Family Services
- Torrington – Community Health and Wellness Center of Greater Torrington
- Willimantic – Generations Family Health Center, Inc

Results

Providers and site administrators had varied knowledge of the NHSC; however, the majority of providers who participated in the discussion groups agreed that most providers who apply to the Loan Repayment program do not have a clear understanding of the NHSC. It was stated that the title “Loan Repayment program” was misleading and that providers applied for the main reason of loan repayment rather than for service or a commitment to a HPSA location. Many providers leave their sites after their commitment is completed due to the fact that they had never felt that they were a part of a larger initiative such as the NHSC. Providers also communicated that they were missing a sense of community between peers and many noted that they were not aware of the NHSC providers within their own sites. While the annual NHSC conferences were extremely well received by those who attended, many felt that once they returned to Connecticut, they did not know how to continue the group’s momentum.

"The only time [providers] think of themselves as a NHSC member is when they do their paperwork. There is no camaraderie or community." –NHSC Site Administrator



National Health Service Corps providers and site administrators discussed the reasoning behind provider's decisions to leave once their commitment was completed. The site administrators' knowledge of exit surveys and providers' insights from peers produced one clear reason. Working in a HPSA location is a high stress, high pressure job that results in "burn out." Because of this, providers are seeking "easier work" and higher pay making private practices very appealing and the NHSC's number one competitor. This trend is reinforced by the quantitative results, discussed above.

"The patients are uninsured or underinsured... it's hard to give the patients service because you take on more responsibilities; you get "beaten up." –NHSC Loan Repayment Provider

When asked what retention initiatives NHSC sites implement, it was discovered that there are currently no retention activities taking place. Administrators did claim that retention and professional development activities do occasionally occur, but that they are not specifically geared towards NHSC providers. Rather, they tend to be directed at staff in general. Administrators, however, are very interested and willing to apply the practices outlined in the tool kits that will be created and distributed to each site. There is a particularly high interest in recruitment, mentoring initiatives, and professional development programs.

"I like the mentoring activity. If we had a mentor programs and necessary materials participants would be engaged." –NHSC Loan Repayment Provider



Recommendations

Data results aided in the creation of performance measures for the recruitment and retention of NHSC providers throughout Connecticut's designated HPSA locations. Data indicated that there must be a focus on engaging future health care professionals early in their educational careers. This would enhance how the mission of the NHSC is introduced earlier in students' academic careers. Activities suggested include relationship building with academic institutions and advisors and utilizing programs such as the Collegiate Health Service Corps to engage students pursuing health care careers. These marketing efforts will increase providers and sites awareness of the NHSC, strengthening the applicant pool. The regular and accurate use of the NHSC Job Center will reinforce national recruitment efforts of providers.

Recruiting providers committed to the mission of the NHSC must also be addressed. Multiple participants recommended that designing an essay component for the Loan Repayment application could prove beneficial when evaluating an application. It was also suggested that requiring providers to participate in a longer commitment would secure them for an extended period of time.

The creation of a NHSC provider network, including an alumni chapter, was also suggested. A provider network will allow for the state to continue relationships as well as increase opportunities for evaluation and tracking purposes. By generating a network of providers, members will have the opportunity to reach out to their peers allowing them to create an identity as a group. Activities should also take place statewide on reoccurring bases to provide members with the opportunity to interact outside of the workplace. By re-engaging and appointing past providers in mentorship roles, it will act as a support system for current NHSC providers who don't feel a sense of belonging. These mentoring activities will motivate both past and current providers increasing in the length of time a NHSC provider stays in a HPSA after completion of their commitment. Current NHSC providers will have the opportunity to express their concerns in a safe environment and receive feedback from experienced providers. This will also allow NHSC providers to receive recognition from peers and mentors increasing their sense of belonging.

To meet the needs reflected throughout the data results, a tool kit for NHSC sites and a guide for family members of providers will be developed. The proposed tool kit and family guide will provide sites and providers with the instruments that are necessary for retention. The tool kit will include concepts, activities and resources needed for the recruitment and retention of NHSC providers in HPSA areas. Through the implementation of these best practices, sites will see an



increase in the applicant pool of potential NHSC providers and see a reduction in staff turnover rates. The tool kit will also provide sites with a professional development catalog highlighting opportunities that can be implemented in-house alleviating the pressures of busy schedules. Sites who offer professional development trainings to their providers will increase the perception that NHSC sites are professionally rewarding and encourage the growth of provider skill sets. A family guide will be created in an electronic format for families of NHSC providers to access during the provider's application process. Participants of the group discussions also suggested that the addition of resources such as information on first time home ownership would be beneficial. Families who utilize the guide for living in a HPSA may develop a sense of belonging resulting in families supporting providers who wish to stay after their commitment is complete.

Overall, the NHSC assessments and group discussion sessions proved to be valuable toward the efforts of the RRA. Recommendations were considered during the revision of the draft Logic Model and are addressed in the following performance measures. (See Appendix A)

"[This discussion group] is a good example of how we need to move forward. Sites and providers are interacting and introducing themselves to each other. We should continue this." –NHSC Site Administrator



Action Plan

Goal

The overall goal of the RRA Initiatives Statewide Retention Plan states that Health Professions Shortage Areas (HPSAs) will have improved access to quality healthcare through an increase of all National Health Service Corps (NHSC) provider groups. This will be achieved through the activities outlined in the following performance measures.

Performance Measures

Table 1: Performance Measure 1

1. Increase the retention of NHSC providers who remain in a Connecticut HPSA upon the completion of their site commitment		
Activities:	Timeline:	Expected Outcome:
Develop and promote a marketing campaign used to engage current and future health care providers as well as site administrators	Spring 2013, ongoing	At least 80% of site administrators will agree that recruitment through web based media, social networks, undergraduate and graduate level advisors, providers, and sites enhanced the provider pool
Distribute “How To” materials to site administrators maximizing the use of the NHSC Job Center	Spring 2013	At least 80% of all sites will increase their use of the NHSC Job Center
Design a tool kit for sites highlighting best practices for the recruitment and retention of NHSC providers	Summer 2013	At least 80% of all NHSC sites will apply practices outlined in the tool kit for the recruitment and retention of NHSC providers



Table 2: Performance Measure 2

2. Improve workplace morale for NHSC providers		
Activities:	Timeline:	Expected Outcome:
Develop a list serve of past and present NHSC providers available for distribution as well as selecting regional leaders to host gatherings. Develop an “Alumni” to engage past NHSC providers	Spring 2013 - Ongoing	At least 80% of providers who participate in networking activities will agree that the initiative established a camaraderie between providers
Create mentor training materials to be used by sites and past NHSC providers	Summer 2013	A minimum of 15 past NHSC providers throughout Connecticut will be trained as mentors
NHSC providers will be contacted and asked to respond to questions which will help create schedules for the mentoring group sessions. Times, dates, and locations will be selected to best fit the needs of providers.	Summer 2013 - Ongoing	At least 60% of NHSC providers will participate in mentoring group sessions at least once prior to the completion of their NHSC commitment



Table 3: Performance Measure 3

3. Enhance the perception that NHSC sites are professionally rewarding and are employers of choice		
Activities:	Timeline:	Expected Outcome:
Work with community partners and the NHSC to create a catalog of professional development opportunities that can be replicated on site to NHSC site administrators to be included in the Tool Kit.	Summer 2013	At least 60% of NHSC Site will facilitate professional development activities outlined in the tool kit
Create an electronic family guide that outlines school systems, housing, recreational activities, job opportunities, etc. for families to use when moving to designated HPSAs.	Summer 2013	At least 80% of NHSC provider families will utilize the electronic family guide for living in designated HPSA locations

Evaluation

The RRA Initiative plans to evaluate all activities to ensure all expected outcomes are being met. Strategies for evaluation include web-based survey tools utilizing likert scales looking at the utilization of tool kits, guides, and mentoring programs. Exit surveys will also be completed with providers as they leave their sites once their commitments are completed. The RRA Initiative will also measure how many times tool kits and guides are utilized virtually. A full report will be completed and submitted to the Primary Care Office with recommendations for sustainability of the RRA Initiative.



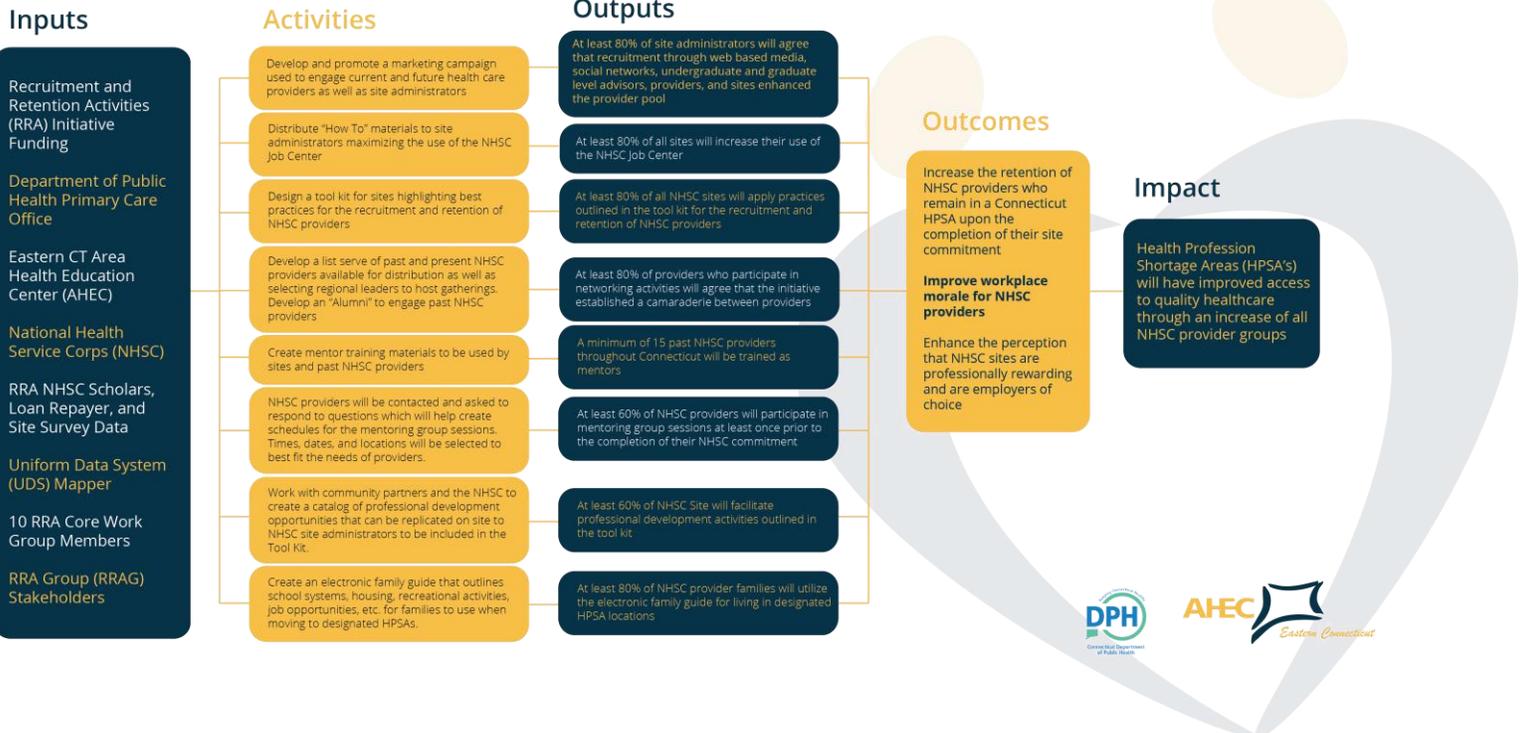
Appendices



Logic Model

March 1, 2012 – September 29, 2013

CT Department of Public Health, Primary Care Office
in Collaboration with Eastern CT Area Health Education Center



Appendix A: RRA Initiative Logic Model

For the detailed logic model, visit:

<http://www.easternctahec.org/misc/pdfs/RRA-Logic-Model-v3.pdf>



Appendix B: NHSC Loan Repayment Assessment

NHSC Loan Repayment Assessment

Thank you for taking the time to complete the NHSC Loan Repayment Assessment. Your feedback is important to us.

The CT Primary Care Office (PCO) is utilizing the Recruitment and Retention Activities (RRA) Initiative funding to evaluate the effectiveness of retention activities of provider sites and the impact of American Recovery and Reinvestment Act (ARRA) funding on reducing primary care workforce shortages and improving access to health care services in underserved communities in Connecticut. The PCO will utilize your responses to develop a statewide strategic retention plan in collaboration with Eastern CT Area Health Education Center (AHEC) and other stakeholders.

This survey should take about 15 minutes of your time. Your answers will be completely anonymous and by filling out the survey you will be prompted to enter into a drawing for one of two Amazon Kindle Fires. All survey results will be presented to the RRA Initiative Advisory Group.

If you have any questions about the survey, please contact us at lowe@easternctahec.org or call 860-455-3031

In order to progress through this survey, please use the following navigation buttons:

- *Click the Next button to continue to the next page.*
- *Click the Previous button to return to the previous page.*
- *Click the Exit the Survey Early button if you need to exit the survey. (Your spot will not be saved)*
- *Click the Submit button to submit your survey.*

Demographics

Primary Health Care Profession

- Physician
- Primary Care Physician Assistant
- Primary Care Certified Nurse Practitioner
- Certified Nurse-Midwife
- General Dentist
- Pediatric Dentist
- Registered Dental Hygienist
- Psychiatrist
- Health Service Psychologist
- Licensed Clinical Social Worker
- Psychiatric Nurse Practitioner
- Marriage and Family Therapists



- m. Licensed Professional Counselor
- n. Other (Please List)

Year Graduated from Training (Enter Year)

Sex

- a. Male
- b. Female

Age (Enter a number)

Race

- a. White
- b. Black or African American
- c. American Indian and/or Alaska Native
- d. Asian
- e. Native Hawaiian and/or Other Pacific Islander
- f. Other race (Skip pattern: If chose other, please specify)
- g. Two or more races (Skip pattern: If chose two or more, please specify)

Ethnicity

- a. Hispanic or Latino
- b. Not Hispanic or Latino

Are you currently living with a domestic partner? (Example: Husband/Wife
Girlfriend/Boyfriend)

- a. Yes
- b. No

Number of School Aged Children; Including Foster Children (Enter total number)

Application and Enrollment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

1. Which of the following statements motivated you to take part in the NHSC Loan Repayment program? (Please check all that apply)
 - a. Pay off my student debt
 - b. Work to make a difference
 - c. Research opportunities
 - d. Gain experience, then work in a private practice
 - e. Living or working in a rural area
 - f. Living or working in an urban area
 - g. The reputation of the NHSC Loan Repayment program



- h. Endorsement from a faculty advisor or mentor
 - i. Other (Please list)
2. How did you first hear about the NHSC Loan Repayment program?
 - a. Presentation given by program recruiters
 - b. NHSC Website
 - c. NHSC program participant
 - d. Informational brochure
 - e. From a Health Profession Shortage Area (HPSA) site
 - f. Other (Please list)
3. I chose my placement from the list of NHSC-approved sites under the state that I am licensed to practice in on the NHSC website
4. The NHSC provided me with support staff that assisted in finding a site in the state of my choosing
5. (Skip Pattern Question on Survey Monkey) What was your overall impression of the application process?
 - a. The application process went smoothly, I had no major problems
 - b. The application process was frustrating, I experienced some problems
6. I encountered the following problems during my application process (check all that apply)
 - a. I found it difficult to get assistance with completing the application requirements
 - b. The HPSA list that I had access to was outdated making it difficult to find a site
 - c. The application review process took a long time (over three month)
 - d. Other (Please list)
7. (Skip Pattern Question on Survey Monkey) What was your overall impression of your site placement process?
 - a. The site placement process went smoothly, I had no major problems
 - b. The site placement process was frustrating, I experienced some problems
8. I encountered the following problems during my site placement process (check all that apply)
 - a. It took a long time for site placement approval
 - b. It took a long time to begin working at the approved site
 - c. The benefit package was not offered in a timely manner
 - d. Other (Please list)



9. The annual NHSC Loan Repayment conference is useful
- Yes, I attended the NHSC Loan Repayment conferences and they are useful
 - Yes, I attended the NHSC Loan Repayment conferences and they were not useful
 - Yes, I am aware that the NHSC Loan Repayment conferences take place, but I have never attended
 - I was not aware that the NHSC offered annual conferences for the Loan Repayment program

10. The NHSC continued to support me after placement at my approved site

11. Comments

Retention

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

12. The following is important to me when choosing where to work (Please check all that apply)
- Location of community
 - Amount of time “on call”
 - Availability of educational programs, CEU, or other skill development
 - Opportunity to be a community leader
 - Ideal fit for my family in the community
 - Education/schools available to my children
 - Recreation and sporting activities
 - Extended family in the area
 - Friends and colleagues in the area
 - Job opportunities for spouse/partner
 - Salary/compensation
 - Other (Please list)
13. I am satisfied with the employee benefit package offered by my site
14. My salary package is competitively priced
15. My benefit package is competitively priced
16. Please rate the following benefit areas by level of importance with 1 being most important and 6 being least important
- Health benefits
 - Disability benefits
 - Retirement Plan



- d. Life insurance
- e. Education assistance
- f. Bereavement pay
- g. Retirement packages
- h. Paid time off

- 17. I am satisfied with the commute time to my site
- 18. I moved to Connecticut because of my NHSC site placement
- 19. I live in the Health Professions Shortage Area (HPSA) that my NHSC site is located in
- 20. My family supports me working in a medically underserved area
- 21. My spouse/partner is satisfied with the community that we live in
- 22. My spouse/partner is satisfied with his/her employment opportunities in the area surrounding my NHSC site placement
- 23. I (we) am satisfied with the public school system available to my children
- 24. I (we) plan on staying in the area after my NHSC commitment is complete
- 25. I feel like part of a network of dedicated NHSC primary care professionals
- 26. I have a professional network of primary care professionals who work in high need areas
- 27. I plan on completing my NHSC commitment
- 28. I plan on continuing to work at my NHSC site when my commitment is completed
- 29. I plan on practicing in a Health Profession Shortage Areas (HPSA) upon completion of my NHSC commitment
- 30. I would recommend others to apply to the NHSC programs
- 31. I plan to leave the community after completion of my NHSC commitment (Please check all that apply)
 - a. Desire a higher income
 - b. Family wants to move
 - c. The position is not what I expected
 - d. Professional/personal isolation



- e. High stress work environment
- f. Limited opportunity for professional advancement
- g. Personal safety concerns in the workplace
- h. Dissatisfaction with my ability to provide high quality care to my patients
- i. Dissatisfaction with the medical community
- j. Dissatisfaction with the patient community
- k. Lack of other medical and ancillary services
- l. Poor fit between me and the community in which I work
- m. Poor fit between my family and the community in which we live
- n. Other commitment is keeping me from staying; Example: currently paying a mortgage in another community

32. Comments

Work Environment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

- 33. I was provided with an orientation to my site and their departments when I began my placement
- 34. I am satisfied with the training and development opportunities my site offers to staff
- 35. I have all of the resources that I need to do my job effectively
- 36. I am provided with a mentor during my site placement
- 37. I have opportunities for professional advancement
- 38. My site expects teamwork between staff
- 39. I feel like a valued member of an interdisciplinary team
- 40. My NHSC-approved site retains its most valuable employees
- 41. My site placement workload is manageable
- 42. My site placement is a stressful environment
- 43. I am concerned about my ability to keep a position at my NHSC site placement once my commitment is complete due to position cut backs
- 44. Patient needs are a top priority within the site



- 45. My site offers trained medical interpreters to patients who are not English speaking
- 46. My site is actively involved in quality improvement indicators
- 47. My site has good relations with nearby hospitals for patients requiring emergency and inpatient care
- 48. I would recommend this site placement to other NHSC providers
- 49. Overall, I am satisfied working at my NHSC site
- 50. Overall, I am satisfied with the NHSC Program
- 51. Comments



Appendix C: NHSC Scholar Assessment

NHSC Scholars Satisfaction Survey

Thank you for taking the time to complete the NHSC Scholar Assessment. Your feedback is important to us.

The CT Primary Care Office (PCO) is utilizing the Recruitment and Retention Activities (RRA) Initiative funding to evaluate the effectiveness of retention activities of provider sites and the impact of American Recovery and Reinvestment Act (ARRA) funding on reducing primary care workforce shortages and improving access to health care services in underserved communities in Connecticut. The PCO will utilize your responses to develop a statewide strategic retention plan in collaboration with Eastern CT Area Health Education Center (AHEC) and other stakeholders.

This survey should take about 15 minutes of your time. Your answers will be completely anonymous and by filling out the survey you will be prompted to enter into a drawing for one of two Amazon Kindle Fires. All survey results will be presented to the RRA Initiative Advisory Group.

If you have any questions about the survey, please contact us at lowe@easternctahec.org or call 860-455-3031

In order to progress through this survey, please use the following navigation buttons:

- *Click the Next button to continue to the next page.*
- *Click the Previous button to return to the previous page.*
- *Click the Exit the Survey Early button if you need to exit the survey.*
- *Click the Submit button to submit your survey.*

Demographics

Primary Health Care Profession

- o. Physician
- p. Primary Care Physician Assistant
- q. Primary Care Certified Nurse Practitioner
- r. Certified Nurse-Midwife
- s. General Dentist
- t. Pediatric Dentist
- u. Registered Dental Hygienist
- v. Psychiatrist
- w. Health Service Psychologist
- x. Licensed Clinical Social Worker
- y. Psychiatric Nurse Practitioner
- z. Marriage and Family Therapists
- aa. Licensed Professional Counselor



bb. Other (Please List)

Year Graduated from Training (Enter Year)

Sex

- c. Male
- d. Female

Age (Enter a number)

Race

- h. White
- i. Black or African American
- j. American Indian and/or Alaska Native
- k. Asian
- l. Native Hawaiian and/or Other Pacific Islander
- m. Other race (Skip pattern: If chose other, please specify)
- n. Two or more races (Skip pattern: If chose two or more, please specify)

Ethnicity

- c. Hispanic or Latino
- d. Not Hispanic or Latino

Are you currently living with a domestic partner? (Example: Husband/Wife
Girlfriend/Boyfriend)

- c. Yes
- d. No

Number of School Aged Children; Including Foster Children (Enter total number)

Application and Enrollment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

1. Which of the following statements motivated you to take part in the NHSC
Scholarship program? (Please check all that apply)
 - a. Pay off my student debt
 - b. Work to make a difference
 - c. Research opportunities
 - d. Gain experience, then work in a private practice
 - e. Living or working in a rural area
 - f. Living or working in an urban area
 - g. The reputation of the NHSC Scholars program
 - h. Endorsement from a faculty advisor or mentor



- i. Other (Please list)
2. How did you first hear about the NHSC Scholarship program?
 - a. Presentation given by program recruiters at my school
 - b. NHSC Website
 - c. Faculty advisor
 - d. NHSC program participant
 - e. Informational brochure
 - f. From a Health Profession Shortage Area (HPSA) site
 - g. Other (Please list)
3. I chose my placement from the list of NHSC-approved sites in high need urban, rural and frontier communities from the NHSC website?
4. The NHSC provided me with support staff that assisted in finding a site in the state of my choosing
5. The NHSC provided me with travel to and from interviews at potential sites
6. (Skip Pattern Question on Survey Monkey) What was your overall impression of the application process?
 - c. The application process went smoothly, I had no major problems
 - d. The application process was frustrating, I experienced some problems
7. I encountered the following problems during my application process (check all that apply)
 - e. I found it difficult to get assistance with completing the application requirements
 - f. The HPSA list that I had access to was outdated making it difficult to find a site
 - g. The application review process took a long time (over three month)
 - h. Other (Please list)
8. (Skip Pattern Question on Survey Monkey) What was your overall impression of your site placement process?
 - a. The site placement process went smoothly, I had no major problems
 - b. The site placement process was frustrating, I experienced some problems
9. I encountered the following problems during my site placement process (check all that apply)
 - a. It took a long time for site placement approval
 - b. It took a long time to begin working at the approved site
 - c. The benefit package was not offered in a timely manner



d. Other (Please list)

10. The annual NHSC Scholar orientation and placement conference was useful
- a. Yes, I attended the NHSC Scholar orientation and placement conferences and they are useful
 - b. Yes, I attended the NHSC Scholar orientation and placement conferences and they were not useful
 - c. I am aware that the NHSC Scholar orientation and placement conferences take place, but I have never attended
 - d. I was not aware that the NHSC offered annual Scholar orientation and placement conferences

11. The NHSC continued to support me after placement at my approved site

12. Comments

Retention

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

13. The following is important to me when choosing where to work (Please check all that apply)
- a. Location of community
 - b. Amount of time “on call”
 - c. Availability of educational programs, CEU, or other skill development
 - d. Opportunity to be a community leader
 - e. Ideal fit for my family in the community
 - f. Education/schools available to my children
 - g. Recreation and sporting activities
 - h. Extended family in the area
 - i. Friends and colleagues in the area
 - j. Job opportunities for spouse/partner
 - k. Salary/compensation
 - l. Other (Please list)
14. I am satisfied with the employee benefit package offered by my site
15. My salary package is competitively priced
16. My benefit package is competitively priced
17. Please rate the following benefit areas by level of importance with 1 being most important and 6 being least important



- a. Health benefits
- b. Disability benefits
- c. Retirement Plan
- d. Life insurance
- e. Education assistance
- f. Bereavement pay
- g. Retirement packages
- h. Paid time off

- 18. I am satisfied with the commute time to my site
- 19. I moved to Connecticut because of my NHSC site placement
- 20. I live in the Health Professions Shortage Area (HPSA) that my NHSC site is located in
- 21. My family supports me working in a medically underserved area
- 22. My spouse/partner is satisfied with the community that we live in
- 23. My spouse/partner is satisfied with his/her employment opportunities in the area surrounding my NHSC site placement
- 24. I (we) am satisfied with the public school system available to my children
- 25. I (we) plan on staying in the area after my NHSC commitment is complete
- 26. I feel like part of a network of dedicated NHSC primary care professionals
- 27. I have a professional network of primary care professionals who work in high need areas
- 28. I plan on completing my NHSC commitment
- 29. I plan on continuing to work at my NHSC site when my commitment is completed
- 30. I plan on practicing in a Health Profession Shortage Areas (HPSA) upon completion of my NHSC commitment
- 31. I would recommend others to apply to the NHSC programs
- 32. I plan to leave the community after completion of my NHSC commitment (Please check all that apply)



- a. Desire a higher income
- b. Family wants to move
- c. The position is not what I expected
- d. Professional/personal isolation
- e. High stress work environment
- f. Limited opportunity for professional advancement
- g. Personal safety concerns in the workplace
- h. Dissatisfaction with my ability to provide high quality care to my patients
- i. Dissatisfaction with the medical community
- j. Dissatisfaction with the patient community
- k. Lack of other medical and ancillary services
- l. Poor fit between me and the community in which I work
- m. Poor fit between my family and the community in which we live
- n. Other commitment is keeping me from staying; Example: currently paying a mortgage in another community

33. Comments

Work Environment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

- 34. I was provided with an orientation to my site and their departments when I began my placement
- 35. I am satisfied with the training and development opportunities my site offers to staff
- 36. I have all of the resources that I need to do my job effectively
- 37. I am provided with a mentor during my site placement
- 38. I have opportunities for professional advancement
- 39. My site expects teamwork between staff
- 40. I feel like a valued member of an interdisciplinary team
- 41. My NHSC-approved site retains its most valuable employees
- 42. My site placement workload is manageable
- 43. My site placement is a stressful environment



44. I am concerned about my ability to keep a position at my NHSC site placement once my commitment is complete due to position cut backs
45. Patient needs are a top priority within the site
46. My site offers trained medical interpreters to patients who are not English speaking
47. My site is actively involved in quality improvement indicators
48. My site has good relations with nearby hospitals for patients requiring emergency and inpatient care
49. I would recommend this site placement to other NHSC providers
50. Overall, I am satisfied working at my NHSC site
51. Overall, I am satisfied with the NHSC Program
52. Comments



Appendix D: NHSC Site Administrator Assessment

Thank you for taking the time to complete the NHSC Site Administrator Assessment. Your feedback is important to us.

The CT Primary Care Office (PCO) is utilizing the Recruitment and Retention Activities (RRA) Initiative funding to evaluate the effectiveness of retention activities of provider sites and the impact of American Recovery and Reinvestment Act (ARRA) funding on reducing primary care workforce shortages and improving access to health care services in underserved communities in Connecticut. The PCO will utilize your responses to develop a statewide strategic retention plan in collaboration with Eastern CT Area Health Education Center (AHEC) and other stakeholders.

This survey should take about 15 minutes of your time. Your answers will be completely anonymous and by filling out the survey you will be prompted to enter into a drawing for \$100.00 pastry and coffee catering from your local bakery of choice for your organization. All survey results will be presented to the RRA Initiative Advisory Group.

If you have any questions about the survey, please contact us at lowe@easternctahec.org or call 860-455-3031

In order to progress through this survey, please use the following navigation buttons:

- *Click the Next button to continue to the next page.*
- *Click the Previous button to return to the previous page.*
- *Click the Exit the Survey Early button if you need to exit the survey.*
- *Click the Submit button to submit your survey.*

Identifying Indicators

What region of Connecticut is your organization located in?

- Eastern
- Central
- North Western
- South Western

Is your organization located in the main facility or a satellite office?

- Main Office
- Satellite Office

Approximately how many employees does your organization have? (Enter number)



Application and Enrollment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

1. What year did your organization become a NHSC-approved site? (Enter year)
2. The NHSC provides my organization with support to attract and retain qualified and dedicated primary care providers
3. The NHSC provides my organization with opportunities to network with other NHSC-approved sites and community organizations
4. The NHSC provides my organization with direct access to the State Primary Care Office (PCO) that provides assistance with increasing access to primary health care services in our community
5. My organization has participated in NHSC site technical assistant webinars
6. Staff responsible for the placement of NHSC providers at my organization stay updated on NHSC enrollment and are aware of any positions that need to be filled
7. My organization is aware of the new NHSC Job Center
 - a. Yes, my organization is aware of the NHSC Loan Job Center and find it useful
 - b. Yes, my organization is aware of the NHSC Loan Job Center and do not find it useful
 - c. My organization is aware of the NHSC Job Center, but have never visited the site
 - d. My organization is not aware of the NHSC Job Center
8. (Skip Pattern Question on Survey Monkey) What is your organizations overall impression of the site placement process?
 - a. The site placement process went smoothly, I had no major problems
 - b. The site placement process was frustrating, I experienced some problems
9. My organization encountered the following problems during the site placement process (check all that apply)
 - a. It took a long time for site placement approval
 - b. It took a long time for the NHSC Providers to begin working at our approved site
 - c. The benefit package was not offered in a timely manner
 - d. Other (Please list)
10. Comments



Retention Incentives

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

11. How does your organization recruit NHSC providers?
 - a. Past volunteers return to our community after completing their program of study
 - b. Presentations to health profession programs
 - c. Through our organizations website
 - d. Through the NHSC
 - e. Other (Please List)
12. My organization is satisfied with the employee benefit package offered to NHSC providers
13. My organizations salary package is competitively priced
14. My organizations benefit package is competitively priced
15. My organization provides activities and support for families of NHSC providers
16. In the past five years, how many NHSC providers have worked at your organization (Enter number)
17. Approximately, what percent of NHSC providers continue working at your organization once their commitment is complete? If you are not sure, please provide your best estimate. (Enter number)
18. NHSC providers who continue to work in my organization once their commitment is complete work for
 - a. 1 year
 - b. 1-5 years
 - c. More than 5 years
19. NHSC providers leave my organization once their commitment is complete
20. My organization completes exit interviews with NHSC providers who leave after their commitment is complete
21. NHSC providers leave my organization after completing their commitment due to (Please check all that apply)
 - a. Desire a higher income



- b. Desire a higher income
- c. Family wants to move
- d. The position is not what they expected
- e. Professional/personal isolation
- f. High stress work environment
- g. Limited opportunity for professional advancement
- h. Personal safety concerns in the workplace
- i. Dissatisfaction with their ability to provide high quality care to patients
- j. Dissatisfaction with the medical community
- k. Dissatisfaction with the patient community
- l. Lack of other medical and ancillary services
- m. Poor fit between NHSC providers and the community in which they work
- n. Poor fit between NHSC providers family and the community in which they live
- o. Other commitment is keeping them from staying; Example: currently paying a mortgage in another community

22. Comments

Work Environment

Questions will be answered using a five-point Likert Scale

Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

- 23. My organizations provides NHSC Providers with an orientation to the organization and their departments when they begin their placement
- 24. My organization provides NHSC providers with training and development opportunities focusing on the job that the NHSC providers currently hold
- 25. My organization provides NHSC providers with training and development opportunities focusing on training for jobs that NHSC providers may potentially hold
- 26. My organization provides NHSC providers with mentors during their site placement
- 27. My organization offers NHSC providers opportunities for professional advancement
- 28. My organization offers NHSC providers all of the resources that they need to do their job effectively
- 29. My organization expects teamwork between staff
- 30. My organization feels that NHSC providers are a valued member of an interdisciplinary team



31. My organization retains its most valuable employees
32. My organization believes that the work load is manageable for NHSC providers
33. My organization is a stressful environment
34. My organization cannot offer permanent placement once the NHSC providers commitment is complete due to position cut backs
35. My organization considers patient needs to be a top priority
36. My organization offers trained medical interpreters to patients who are not English speaking
37. My organization is actively involved in quality improvement indicators
38. My organization has good relations with nearby hospitals for patients requiring emergency and inpatient care
39. My organization would recommend this site placement to NHSC providers
40. Overall, my organization is satisfied with our relationship with the NHSC program
41. Comments



Appendix E: Discussion Group Questions

Recruitment and Retention Activities (RRA) Initiative Discussion Group Meeting Agenda

Meeting called by Victoria Lowe, Director of Programs, Eastern CT AHEC

Core Work Group Members	Marc Camardo, Nancy Berger, Rashad Collins, Doug Olson, Susan Arndt, Luis Mendez, Mark Austin, Lindsay Powel
8:15-8:30	Sign-In and Light Breakfast
8:30-8:45	Welcome and Introductions
8:45-8:55	Overview of the REA Initiative Year I & II
8:55-9:20	Presentation of REA NHSC Provider & Site Survey Data and draft Strategic Plan & Logic Model
9:20-9:50	Group Discussion Activity
9:50-9:55	Meeting evaluation
9:55-10:00	Closing Remarks

Discussion Activity Questions

1. What are your initial reactions to the data collected from NHSC providers and sites?
 - a. What results were most surprising?
 - b. What results were most concerning?
2. What influences a provider's decision to leave a service area once their NHSC commitment is complete?
3. What can the REA Initiative do to positively impact retention, making the NHSC program in Connecticut more successful?
4. What retention initiatives are being implemented by the NHSC sites that mirror activities outlined in the Logic Model and Strategic Plan?
 - a. Which activities have been successful and present noticeable changes in retention of NHSC providers?
 - b. Which of these activities would you like to see replicated to other site locations throughout Connecticut?



5. In what ways could the REA Initiative work with NHSC sites to ensure that they implement retention activities as outlined in the Logic Model and Strategic Plan



RRA

Recruitment & Retention Activities
Initiative

Creating a network of National Health Service Corps Providers throughout CT
www.ct.gov/dph • www.easternctahec.org

