

South Dakota Department of Health Office of Rural Health Recruitment and Retention Survey



A Report Produced By The

**South Dakota Planning and Development Districts for the
South Dakota Department of Health, Office of Rural Health**

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Executive Summary

The healthcare workforce shortage continues to remain a challenge in South Dakota. Between the years of 2008 and 2018, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between the years 2002 and 2018. In addition, the elderly population in South Dakota is expected to double by 2025.

This study is part of an effort to identify and quantify, on a statewide basis, information regarding how South Dakota healthcare facilities, local units of government and economic development groups are recruiting and retaining healthcare professionals. It is anticipated that the results of the survey will assist in identifying those innovative solutions that could be replicated throughout the State.

Based on the database provided by the South Dakota Office of Rural Health and the South Dakota Planning and Development Districts 1,147 surveys were distributed to 605 healthcare facilities and 542 local units of government/economic development groups. Specific to healthcare facilities, 17 ambulatory surgery centers, 204 assisted living centers, 39 Critical Access Hospitals, 43 Federally Qualified Health Centers, 49 home healthcare facilities, 29 hospices, 12 hospitals, 110 nursing facilities, 4 outpatient physical therapy facilities, 11 psychiatric residential treatment facilities, 76 Rural Health Clinics, 11 specialized hospitals were surveyed. The 542 local units of government and economic development groups surveyed consisted of 66 County Commissions, 285 municipal governing bodies, 157 economic development groups, 13 electric cooperatives, 7 public utility companies, and 14 telephone companies.

The information presented in this report was based on the surveys received from 33.1% of the healthcare facilities and 40% of the local units of government/economic development groups throughout South Dakota. While this report accurately reflects the opinions of those healthcare facilities and local governments/economic development groups that responded to the surveys, the information in this report may not be indicative of all healthcare facilities and local units of government/economic development groups.

Recruitment

The respondents representing healthcare facilities and local units of government/economic development groups generally agreed on seven of the top ten reasons that influence a healthcare provider's decision to practice in a specific facility or community. One of the most interesting differences in the prioritization of each group of respondents was that respondents representing local units of government and economic development put more emphasis on facilities and access to necessary professional equipment/technology while healthcare facilities respondents emphasized spouse/family preference and availability of social, cultural, and recreational activities – quality of life as being more important.

Table A shows the most important incentives or reasons given by the respondents for healthcare providers choosing to practice in a specific facility or community included:

Table A
Incentives/Reasons that Influence Decision to Practice - A Comparison Between Units of Government/Economic Development Groups and Healthcare Facilities

Rank	Units of Government/Economic Development Groups		Rank	Healthcare Facilities
1	Salary levels		1	Salary levels
2	Facilities		2	Their spouse/family preference
3	Access to necessary professional equipment/technology		3	Call schedule
4	Educational facilities for children (schools)		4	Availability of social, cultural and recreational activities – quality of life
5	Availability of social, cultural and recreational activities – quality of life		5	Facilities
6	Size of your community		6	Employment opportunities for spouses
7	Support staff		7	Their family lives here
8	Professional support		8	Educational facilities for children (schools)
9	Employment opportunities for spouses		9	Access to necessary professional equipment/technology
10	Their spouse/family preference		10	Coverage when the provider takes leave, vacation, or is absent

Retention

As with recruitment incentives, the respondents representing healthcare facilities and local units of government/economic development groups generally agreed on the top ten reasons that influence a healthcare provider’s decision to remain in practice in a specific facility or community. Of special note, most of those reasons identified by both groups of respondents related more to family and community opportunities as opposed to professional opportunities. While the prioritization slightly differs between the two groups, both groups of respondents did place rank on salaries and patient relationships as being the most important reason/incentive to remain in practice.

Table B shows the most important incentives or reasons given by the respondents for healthcare providers choosing to remain in practice in a specific facility or community.

Table B
Incentives/Reasons that Influence Decision to Remain in Practice - A Comparison Between Units of Government/Economic Development Groups and Healthcare Facilities

Rank	Units of Government/Economic Development Groups		Rank	Healthcare Facilities
1	Ability to cultivate relationships with patients		1	Competitive salaries
2	Competitive salaries		2	Ability to cultivate relationships with patients
3	Educational facilities for children		3	Family oriented setting
4	Cost of living		4	Educational facilities for children
5	Family oriented setting		5	Incentives (bonuses, sick leave, health insurance, etc.)
6	Cost of maintaining practice		6	Employment opportunities for spouses
7	Availability of social, cultural and recreational activities for family		7	Cost of living
8	Personal/professional growth		8	Personal/professional growth
9	Employment opportunities for spouses		9	Professional support
10	Incentives (bonuses, sick leave, health insurance, etc.)		10	Availability of social, cultural and recreational activities for family

Effectiveness of Recruitment/Retention Strategies

Respondents representing both healthcare facilities and local units of government/economic development groups believed that they had been successful in recruiting and retaining healthcare providers, 71% and 76%, respectively. Again, there was general agreement on nine of the top ten most effective strategies. The prioritization of the top five strategies (competitive salary, health insurance, flexible schedule, loan repayment programs, and hiring bonus) were very similar.

Table C identifies those recruitment and retention strategies that have been the most effective in the recruitment and/or retention of physicians, physician assistants, and advanced practice nurses in rural areas.

**Table C
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and Advanced Practice Nurses in Rural Areas - A Comparison Between Units of Government/Economic Development Groups and Healthcare Facilities**

Rank	Units of Government/Economic Development Groups	Rank	Healthcare Facilities
1	Competitive salary	1	Competitive salary
2	Health insurance	2	Flexible schedule
3	Flexible schedule	3	Hiring bonus
4	Loan Repayment Programs	4	Health insurance
5	Hiring bonus	5	Loan Repayment Programs
6	Continuing education opportunities/reimbursement	6	Annual leave
7	Annual leave	7	Long term bonus
8	Retirement contribution	8	Scholarships or tuition reimbursement for students
9	Scholarships or tuition reimbursement for students	9	Retirement contribution
10	Career ladder opportunities	10	Continuing education opportunities/reimbursement

Strategies to Increase the Supply of Health Professionals:

Based on the provider responses, some possible ways to increase the supply of healthcare professionals in rural areas included:

- Providing more incentives such as loan repayment;
- Providing incentives specifically targeted to those who practice in rural areas;
- Increasing awareness of the need in rural areas among healthcare providers and students;
- Increasing the interest of high school students in health professions, especially in the rural areas, because providers who were raised in a rural area appear more likely to practice in a rural area;
- Promoting and advertising the positive aspects of living and working in rural areas;
- Providing funding to upgrade the facilities and equipment in rural areas;
- Providing funding for housing and utilities; and
- Engaging in private-public partnerships.

South Dakota Department of Health - Office of Rural Health, Recruitment and Retention Survey Findings and Outcomes

Introduction

The healthcare workforce shortage continues to remain a challenge in South Dakota. Between the years of 2008 and 2018, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between the years 2002 and 2018. In addition, the elderly population in South Dakota is expected to double by 2025.

This study is part of an effort to identify and quantify, on a statewide basis, information regarding how South Dakota healthcare facilities, local units of government and economic development groups are recruiting and retaining healthcare professionals. It is anticipated that the results of the survey will assist in identifying those innovative solutions that should be replicated throughout the State.

Methodology

In an effort to identify successful strategies for recruiting new healthcare professionals as well as retaining existing healthcare professionals the South Dakota Office of Rural Health (SDORRH) began collaborative discussions with South Dakota's Planning and Development Districts (Planning Districts) in the spring of 2011. As a result of those discussions, representatives from both organizations designed two surveys, one for healthcare facilities and the other for local units of government and economic development groups. The questions in the surveys were related specifically to primary healthcare services. Primary care is the entry point into the healthcare system where physical and mental health maintenance, health promotion, and disease prevention activities are provided. For the purpose of the surveys, primary care includes physician assistants (PAs), advanced practice nurses (APNs), certain mental health providers (e.g., psychologists, social workers, and licensed professional counselors), community health workers, and physicians in one of five specialties (general practice, family practice, Ob-Gyn, general internal medicine, and general pediatrics).

The First District Association of Local Governments (First District) mailed the surveys to the respondents in October of 2011 and in November of 2011 reminder notices were mailed. After the initial mailing and reminder notices, staff from the Planning Districts contacted survey recipients by phone in January and February of 2012 to encourage participation in the survey and in many cases, completed a phone survey.

Respondents had the option of mailing back a completed survey, completing the survey via Survey Monkey, or completing the survey by phone. The responses were sent to staff of the Planning Districts and then forwarded to the First District to be entered into a database and analyzed.

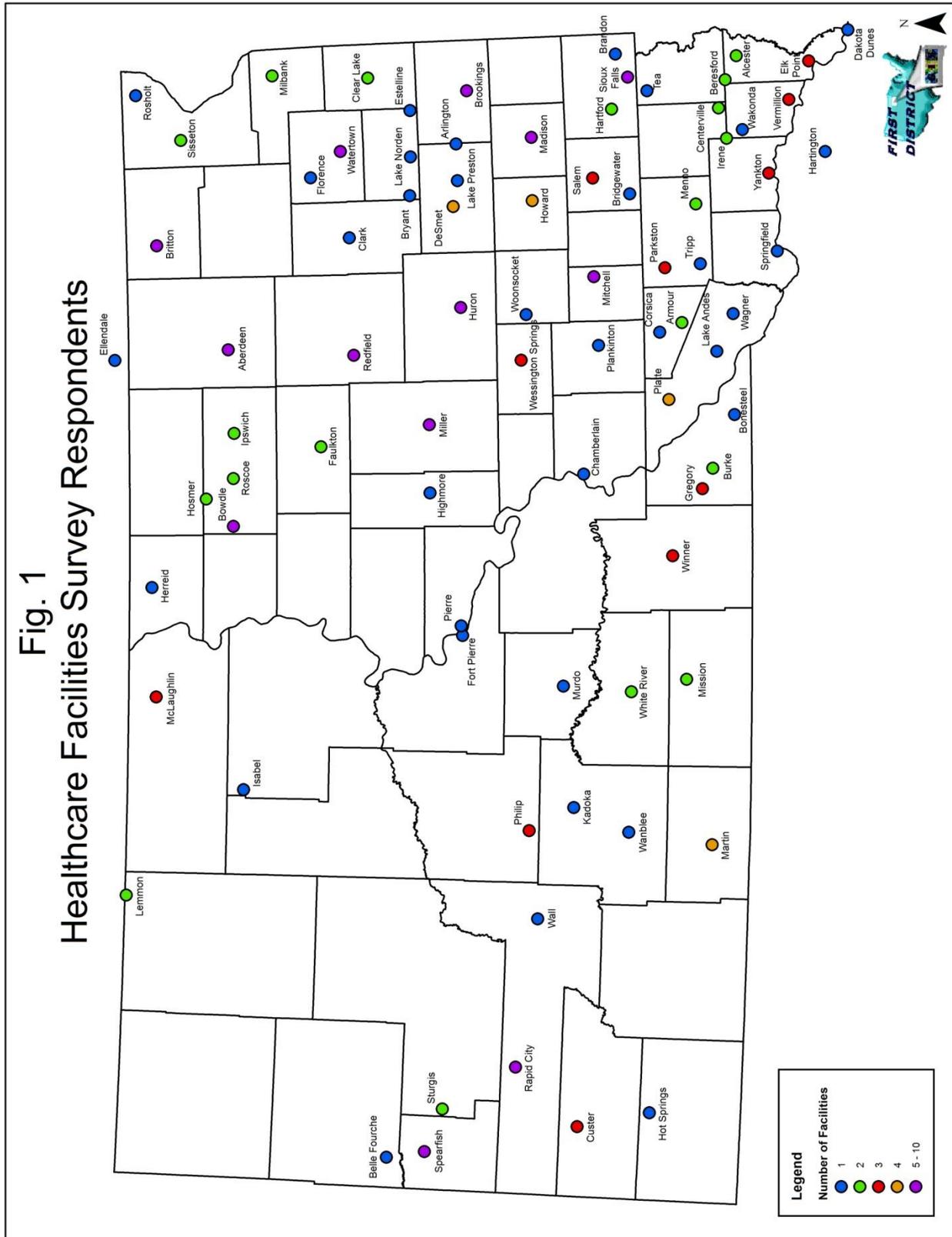
Based on the database provided by the South Dakota Office of Rural Health and the South Dakota Planning and Development Districts 1,147 surveys were distributed to 605 healthcare facilities and 542 local units of government/economic development groups. Specific to healthcare facilities, 17 ambulatory surgery centers, 204 assisted living centers, 39 Critical Access Hospitals, 43 Federally Qualified Health Centers, 49 home healthcare facilities, 29 hospices, 12 hospitals, 110 nursing facilities, 4 outpatient physical therapy facilities, 11 psychiatric residential treatment facilities, 76 Rural Health Clinics, 11 specialized hospitals were surveyed. The 542 local units of government and economic development groups surveyed consisted of 66 County Commissions, 285 municipal governing bodies, 157 economic development groups, 13 electric cooperatives, 7 public utility companies, and 14 telephone companies.

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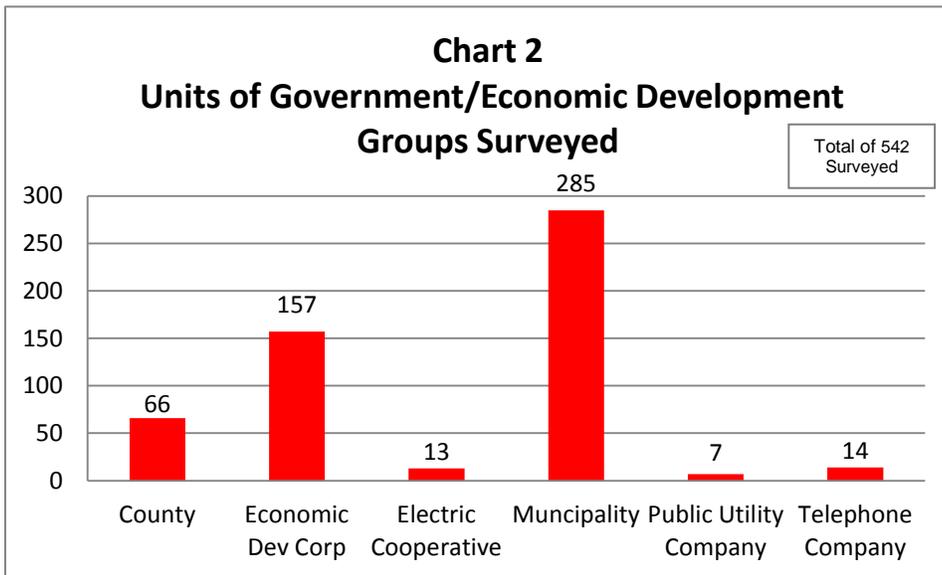
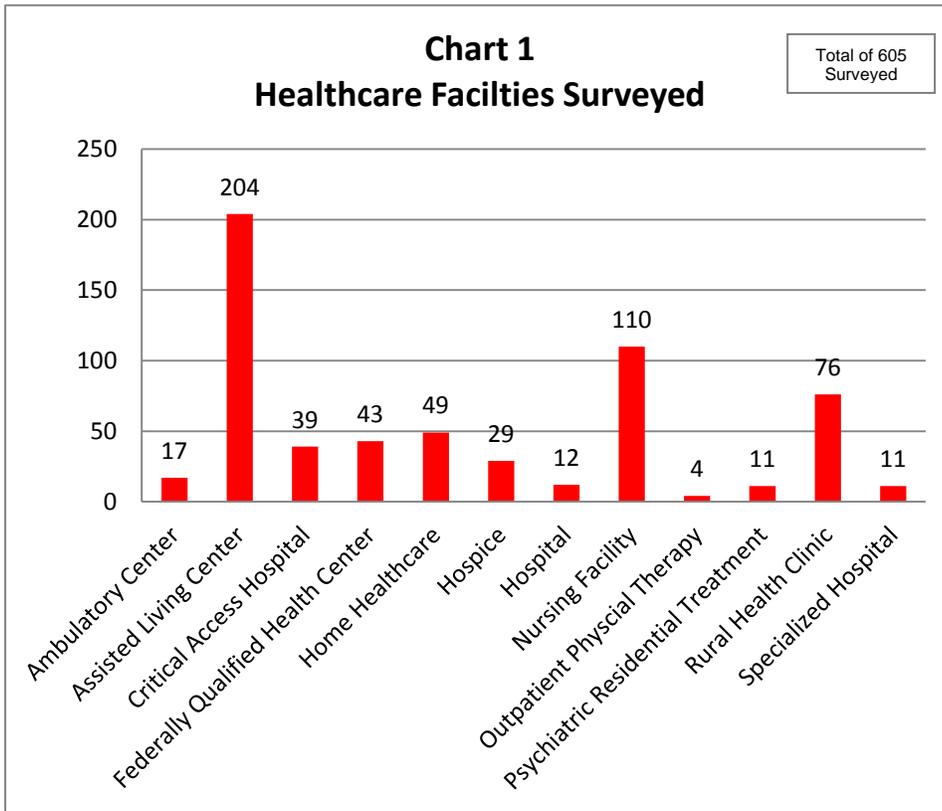
Complete copies of the Healthcare Facilities and Local Units of Government/Economic Development Groups Surveys can be found in Appendix B and C at the end of this report. Referring to the survey questions may aid in the understanding of the information presented in this report.

Figures 1 and 2 depict the locations of those Healthcare Facility and Local Units of Government/Economic Development Groups respondents that answered the survey.

Fig. 1
Healthcare Facilities Survey Respondents

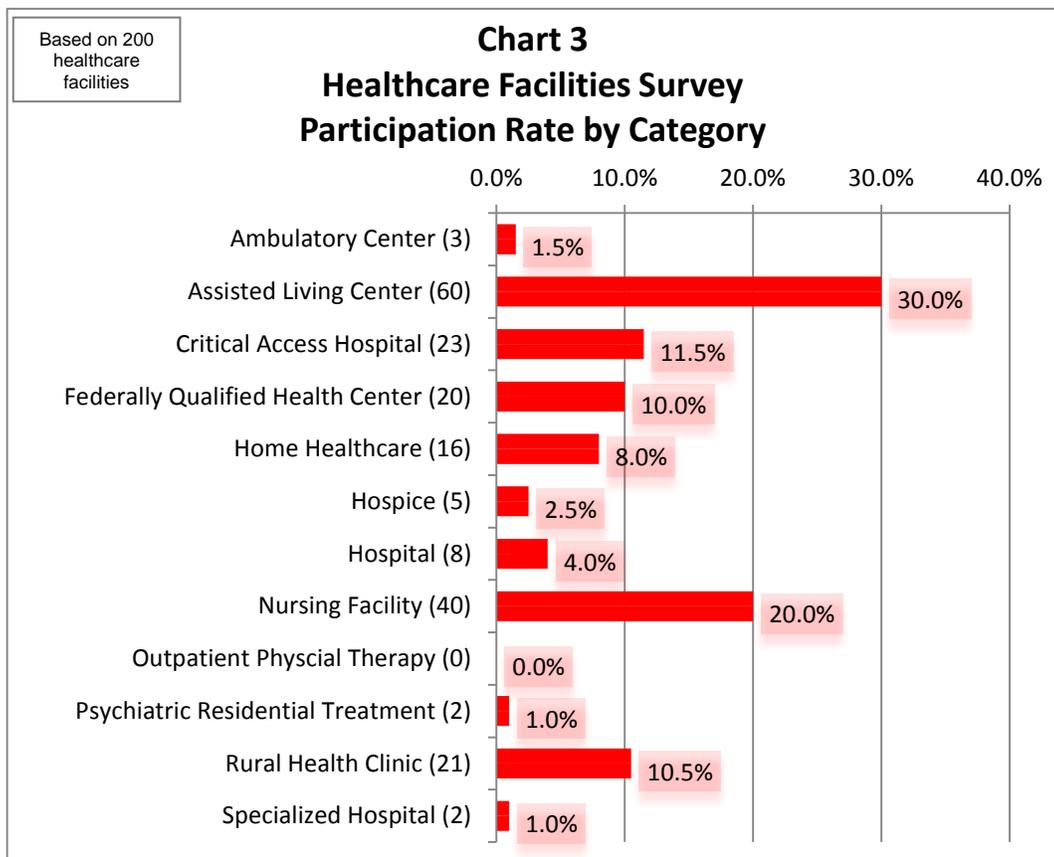


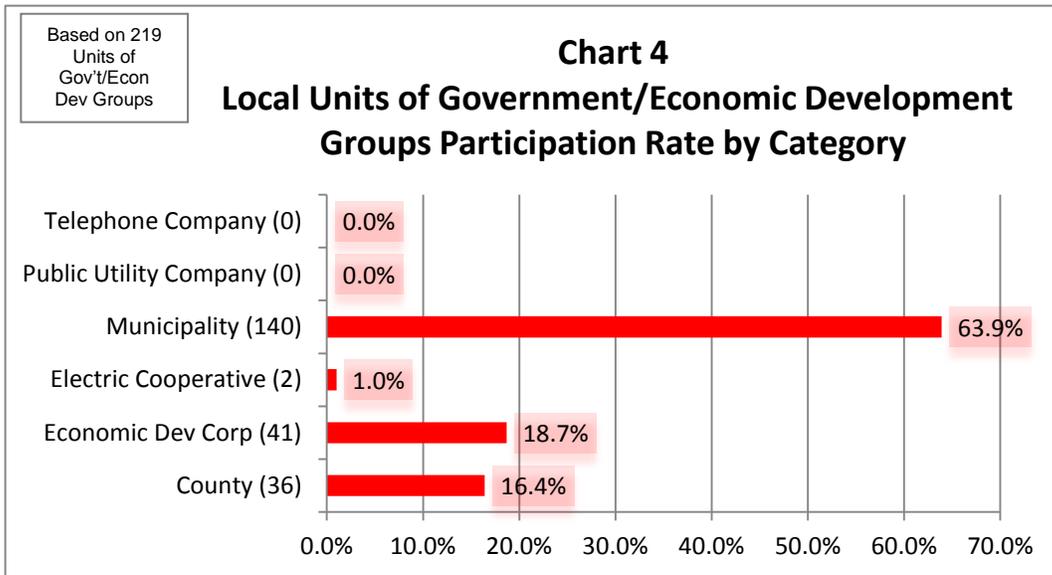
Charts 1 and 2 depict the total number of surveys distributed to healthcare facilities and units of local government/economic development groups.



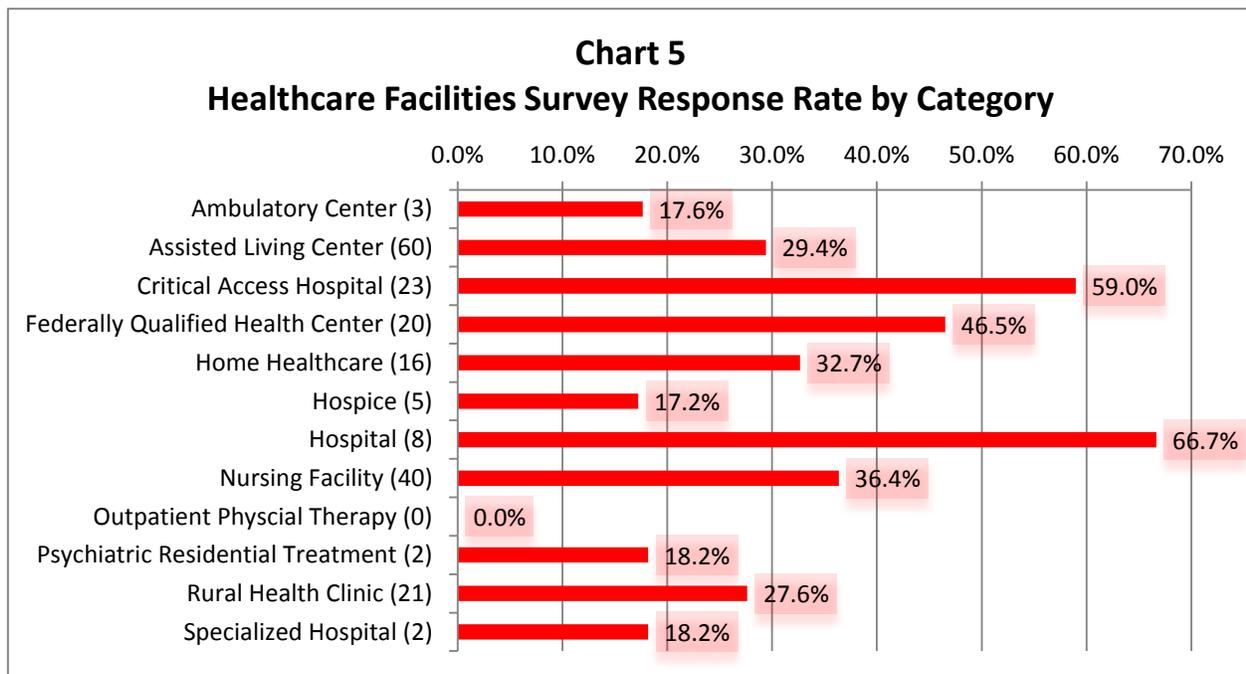
The Planning Districts received 127 surveys representing 200 healthcare facilities and 226 surveys representing 219 local units of government/economic development groups with response rates of 33.1% and 40%, respectively. Several healthcare facilities and local units of government/economic development groups submitted more than one survey or a single survey addressing multiple facilities. In order to obtain the widest range of opinions the responses from those surveys were used in analyzing response rate and content. Furthermore, it should be noted that not all of the surveys were totally completed; 76.6% of the surveys from healthcare facilities were totally completed compared to 68.1% of the surveys received from the local units of government/economic development groups.

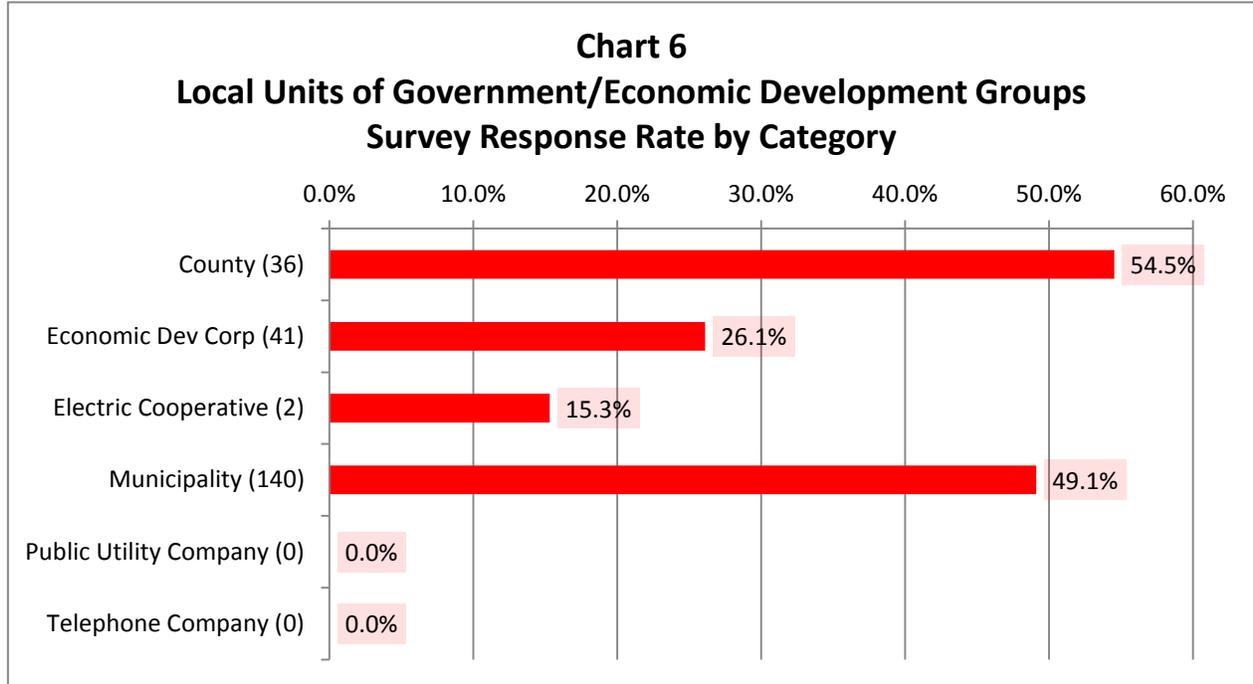
Charts 3 and 4 depict the participation rates by category of all surveys returned from healthcare facilities and local units of government/economic development groups surveyed. To interpret the charts correctly, please note that the denominators used in calculating percentages were based on the total number of surveys received by category. For example, Chart 3 shows that 30% of the surveys returned from the 200 participating healthcare facilities were received from assisted living centers. The actual number of surveys returned is located in the parenthesis for each category.





Charts 5 and 6 depict the survey response rates of healthcare providers and local units of government/economic development groups. To interpret the charts correctly, please note that the denominators used in calculating percentages were based on the total number of surveys received by category compared to surveys distributed by category (see Charts 1 and 2). For example, Chart 5 shows that 29.4% of all assisted living centers surveyed returned a survey. The actual number of surveys returned is located in the parenthesis for each category.



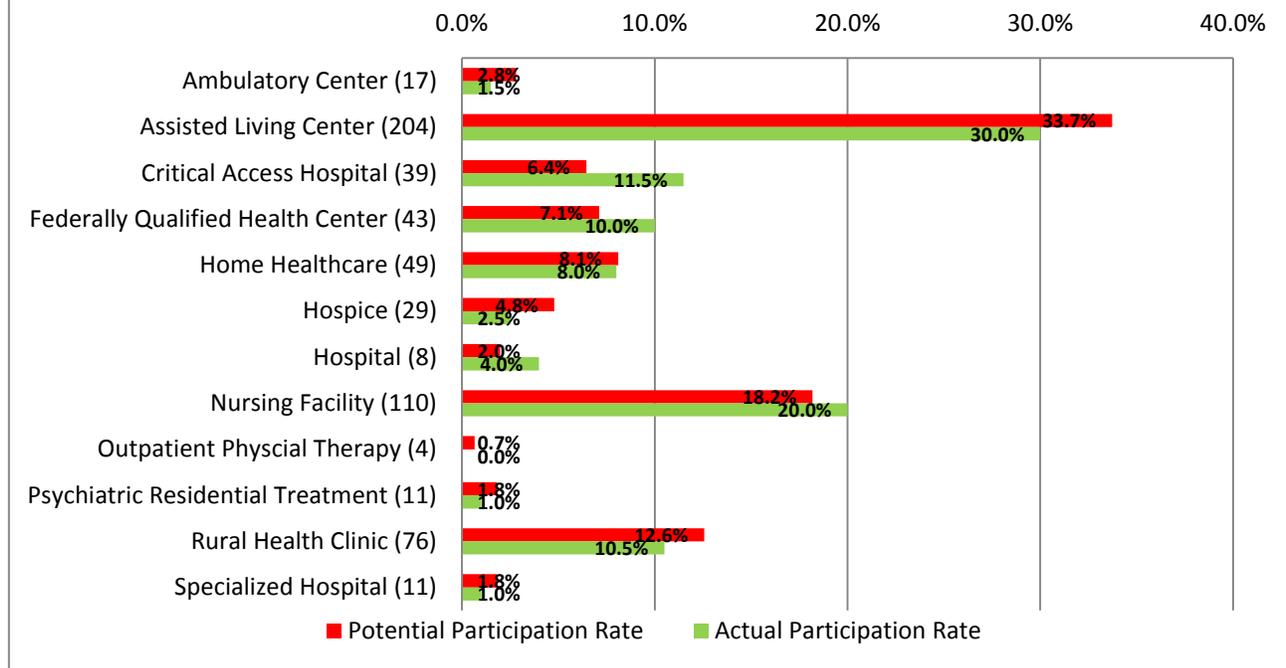


Healthcare Facility Findings

Surveys were distributed to 605 healthcare facilities throughout South Dakota. A total of 127 responses representing 200 healthcare facilities in 31 counties were received for a response rate of 33.1%. Assisted living and nursing facilities represented 51.9% of the facilities invited to participate in the survey. Coincidentally, 50% of the 200 responses were from those types of healthcare facilities (Chart 3). Critical Access Hospitals, hospitals, specialized hospitals, Federally Qualified Health Care Centers, and Rural Health Clinics represented 29.9% of potential responses and 25.5% of actual respondents.

Chart 7 shows the number of healthcare facilities invited to participate in the survey and the response rate from each category of healthcare facilities. Potential participation rate is defined as the percentage of the total number of healthcare facilities invited to participate in the survey. For example, of the 605 healthcare facilities invited to participate, 204 were assisted living centers. Therefore, assisted living centers comprised 33.7% of the total number of healthcare facilities surveyed. Actual participation rate represents the percentage of healthcare facilities that responded to the survey. Responses from assisted living centers represented 30% of the 200 healthcare facility surveys submitted (60 responses – Chart 3). The actual number of surveys distributed to each category of healthcare facility is located in the parenthesis for each category.

**Chart 7
Healthcare Facilities Invited to Participate and
Actual Participation Rates**



Recruitment

Questions 3 through 27 dealt primarily with healthcare provider recruitment strategies such as the importance of recruitment incentives and usage of state and national recruitment/placement programs.

Question 3 asked respondents to rank 26 incentives/reasons which they consider to be important to those healthcare providers in their decision to come and practice in their facility/community. The five most important incentives/reasons, given in order, were salary levels; spouse/family preference; call schedule; availability of social, cultural and recreational opportunities – quality of life; and facilities. The five reasons considered the least important were the J-1 Visa Waiver Program, major airport accessibility, proximity of residency programs, lack of specialties, and hospital incentives.

In addition to professional incentives, respondents identified the importance of family considerations in the recruitment of healthcare providers. Five of the ten most important incentives identified by the respondents had a family component. Those family issues important to recruitment of healthcare facilities included such things as spouse/family preference; availability of social, cultural, and recreational activities; employment opportunities for spouses; existing family live in the area; and educational facilities for children.

**Table 1
Incentives/Reasons that Influence Decision to Practice
(Healthcare Facilities)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Salary levels	10	Coverage when the provider takes leave, vacation, or is absent	19	State/community incentives
2	Their spouse/family preference	11	Their rural background	20	Management structure of organization
3	Call schedule	12	Professional support	21	Continuing education opportunities
4	Availability of social, cultural and recreational activities – quality of life	13	Their spouse's family lives here	22	Hospital incentives
5	Facilities	14	Awareness of a position opening	23	Lack of specialties
6	Employment opportunities for spouses	15	Size of your community	24	Residency program proximity
7	Their family lives here	16	Workloads	25	Major airport accessibility
8	Educational facilities for children (schools)	17	Support staff	26	J-1 Visa Waiver Program
9	Access to necessary professional equipment/technology	18	Recommendation by another provider		

As stated before, half of the healthcare respondents represented assisted living and nursing facilities and nearly 30% represented various types of hospitals and clinics. When comparing the importance of recruiting incentives for both subgroups, several areas of commonality as well as differences became apparent.

Both subgroups agreed that salary levels, facilities, spousal/family preference, and educational facilities for children ranked high in importance (upper third of responses). Where the assisted living/nursing home subgroup differed from the hospital/clinic subgroup was that facilities were slightly more important than salary levels and issues such as employment opportunities for spouses, their family lives there, and coverage when the provider takes vacation or is absent were deemed more important for recruiting providers for assisted living centers/nursing homes.

The hospital/clinic subgroup respondents identified recruitment incentives such as call schedule; access to necessary professional equipment/technology; availability of social, cultural, and recreational activities-quality of life; and rural background as being more important for hospital/clinic healthcare providers.

Tables 2 and 3 provide the incentives and their respective rankings for the assisted living/nursing home and hospital/clinic subgroups.

**Table 2
Incentives/Reasons that Influence Decision to Practice
(Assisted Living Centers/Nursing Homes)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Facilities	10	Access to necessary professional equipment/technology	19	State/community incentives
2	Salary levels	11	Call schedule	20	Workloads
3	Employment opportunities for spouses	12	Support staff	21	Continuing education opportunities
4	Their family lives here	13	Their rural background	22	Hospital incentives
5	Coverage when the provider takes leave, vacation, or is absent	14	Size of your community	23	Lack of specialties
6	Educational facilities for children (schools)	15	Professional support	24	Residency program proximity
7	Their spouse/family preference	16	Their spouse's family lives here	25	Major airport accessibility
8	Awareness of a position opening	17	Management structure of organization	26	J-1 Visa Waiver Program
9	Availability of social, cultural and recreational activities – quality of life	18	Recommendation by another provider		

**Table 3
Incentives/Reasons that Influence Decision to Practice
(Critical Access Hospitals, Hospitals, Specialized Hospitals,
Federally Qualified Health Centers, and Rural Health Clinics)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Salary levels	10	Coverage when the provider takes leave, vacation, or is absent	19	Recommendation by another provider
2	Call schedule	11	Their spouse's family lives here	20	Support staff
3	Their spouse/family preference	12	Employment opportunities for spouses	21	Management structure of organization
4	Access to necessary professional equipment/technology	13	Professional support	22	Continuing education opportunities
5	Availability of social, cultural and recreational activities – quality of life	14	Their family lives here	23	Lack of specialties
6	Facilities	15	Size of your community	24	Major airport accessibility
7	Educational facilities for children (schools)	16	Awareness of a position opening	25	J-1 Visa Waiver Program
8	Their rural background	17	State/community incentives	26	Residency program proximity
9	Workloads	18	Hospital incentives		

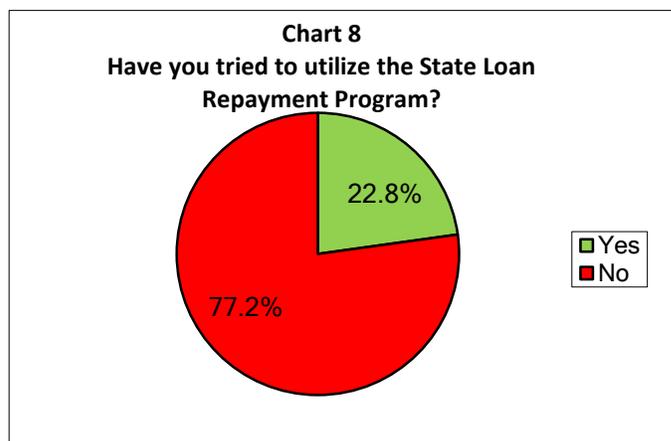
Questions 4 through 27 dealt with obligatory service programs and their role in achieving unmet primary healthcare needs and in recruiting and retaining healthcare providers. Programs included J-1 Visa Waiver Program, State Loan Repayment Program, National Health Service Corps Scholarship (NHSC), National Health Service Corps Loan Repayment Program, Health Professional Recruitment Incentive Program (HPRIP), and Private Sponsorships. Respondents were asked if their facility had utilized a specific program in recruiting health care providers and whether or not the program was beneficial and if not why. State Loan Repayment Program, followed by Private Sponsorship, NHSC Loan Repayment and HPRIP, are the obligatory service programs considered most beneficial in achieving unmet primary care healthcare needs. (Table 4)

**Table 4
Participation and Satisfaction of Obligatory Service Programs**

Obligatory Service	% of Respondents that Tried to Use Program	% of Respondents that Found the Program to be Beneficial
State Loan Repayment Program	22.8	90.9
Private Sponsorship	16.7	82.4
National Health Service Corps Loan Repayment Program	20.8	76.2
Health Professional Recruitment Incentive Program	30.2	67.7
National Health Service Corps Scholarship Program	16.2	58.8
J-1 Visa Waiver Program	10.7	53.6

State Loan Repayment Program

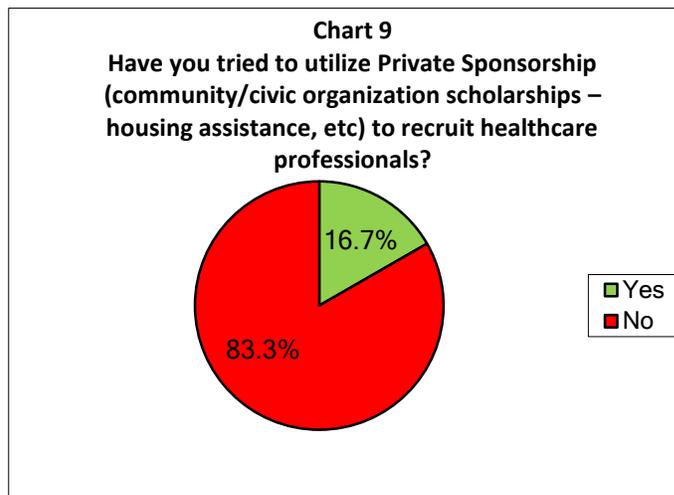
This program provides for the repayment of qualifying educational loans for recruitment and retention of certain eligible health professionals. In return, the health professional commits to a full-time service obligation in an eligible practice site within a federally designated Health Professional Shortage Area (HPSA) for a minimum of two years.



Of the respondents, 77.2% stated that they had not used the State Loan Repayment Program, and two-thirds of those said that the program would not apply to their type of facility. For the 22.8% of respondents that have tried to utilize the program, nearly 91% felt that the program was beneficial to their facility. The primary reason for those respondents that did not find benefit from the program was that their employees/facility did not meet the qualifications of the program.

Private Sponsorship Program

Examples of Private Sponsorship may include scholarships from a municipal government, community club, or local school community to encourage high school youth to study in the medical field. It could be local incentives (office space, home, car, etc.) to individuals promising to work in the medical field in a particular community.

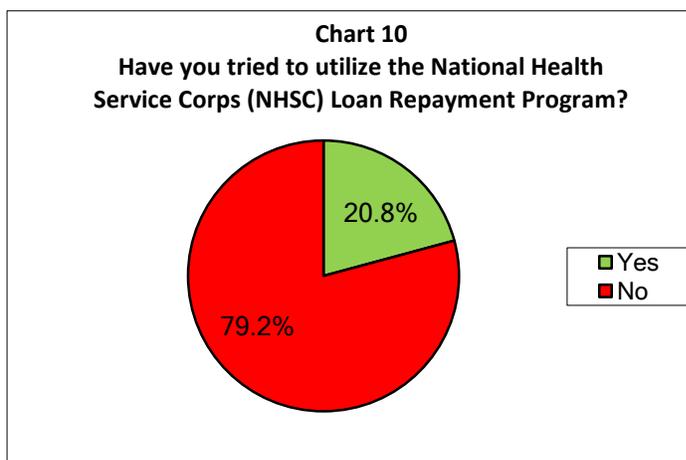


Less than 17% of the respondents stated that they had used a Private Sponsorship Program in an effort to recruit healthcare professionals. Of all the respondents, 80% that have not utilized a Private Sponsorship Program stated that there was either no need for such a program or that a program had not been developed in their community. For the 16.7% of the respondents that have tried to utilize a Private Sponsorship Program over 82% felt that the program was beneficial to their employees/facility. Reasons stated by respondents that did not find benefit from the program ranged from the program not being applicable to their employees/facility to not being able to retain individuals after the contract was fulfilled.

National Health Service Corps (NHSC) Loan Repayment Program

The NHSC Loan Repayment Program offers fully trained providers repayment of qualified educational loans in exchange for a minimum of two years' service at a federally designated Health Professional Shortage Area or a Medically Underserved Area. Participants also receive a competitive salary, some tax relief benefits, and a chance to make a significant impact on the health status of a community.

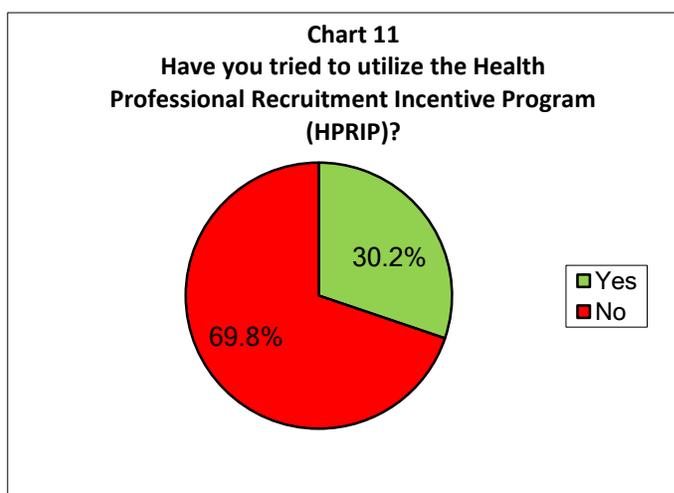
Approximately 80% of the respondents stated that they had not used the NHSC Loan Repayment Program and two-thirds of those said that the program would not apply to their type of facility. For the 20.8% of the respondents that have tried to utilize the program, over 75% felt that the program was beneficial to their facility. The primary reason for those respondents that did not find benefit from the program was that their employees/facility did not meet the qualifications of the program.



*Health Professional Recruitment Incentive Program (HPRIP)**

The program is intended to help recruit certain health professionals by providing a financial incentive for them to fill vacancies in healthcare facilities. The program provides \$5,000 directly to each health professional who has entered into a contract and completed a two-year service obligation. The professional must provide full-time services within their occupation at an employing facility in South Dakota.

The payment each health professional receives is split between the state and the employing facility. The proportion each pays is dependent on the size of the community in which the facility is located. Facilities in communities of 2,500 or less pay 25% of the \$5,000. Facilities in communities over 2,500 pay 50% of the \$5,000. The community portion of the payment can be made any time; the state payment occurs only after completion of the two-year service obligation.

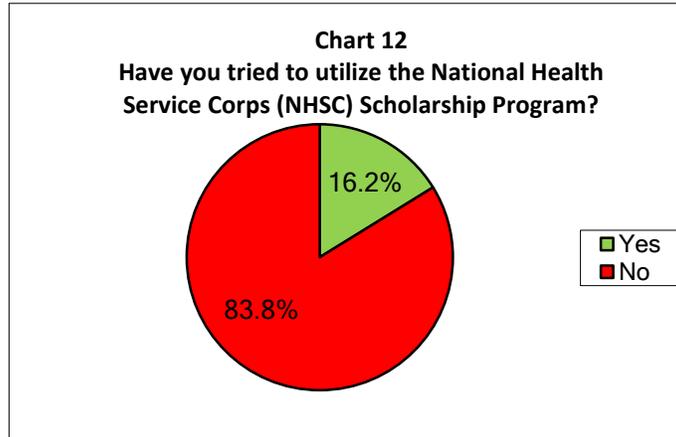


Nearly 70% of the respondents stated that they had not used the HPRIP Program and nearly 70% of those said that the program would not apply to their type of facility. For the 30.2% of the respondents that have tried to utilize the program, over two-thirds felt that the program was beneficial to their facility. Reasons stated by respondents that did not find benefit from the program ranged from the program not being applicable to their employees/facility to not being able to retain individuals after contract was fulfilled.

* Effective July 1, 2012 HPRIP will be replaced by the Rural Healthcare Facility Recruitment Assistance Program. For more information visit: www.ruralhealth.sd.gov.

National Health Service Corps (NHSC) Scholarship

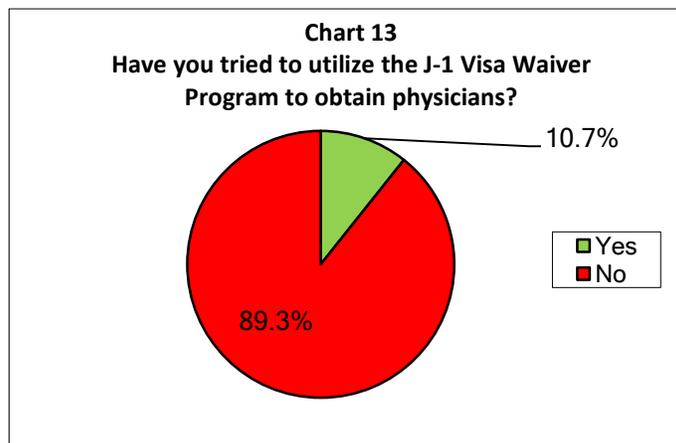
The NHSC Scholarship Program offers the payment of tuition and fees, books, supplies, and equipment for up to four years of education, and a monthly taxable stipend. For each year of support received, the provider must serve one year in a federally designated Health Professional Shortage Area (HPSA) of greatest need. The service commitment is a minimum of two years and begins upon completion of residency or other training.



Nearly 84% of the respondents stated that they had not used the NHSC Scholarship Program and two-thirds of those said that the program would not apply to their type of facility. For the 16.2% of respondents that have tried to utilize the program, approximately 59% felt that the program was beneficial to their facility. Reasons stated by respondents that did not find benefit from the program ranged from the program not being applicable to their employees/facility to not having any individuals showing interest due to the location of the facility.

J-1 Visa Waiver Program

In an effort to improve access to healthcare for residents of underserved areas, the J-1 Visa Waiver Program permits interested government agencies to request that the United States Department of State recommend that the Immigration and Naturalization Service waive the foreign residency requirement in exchange for an agreement that a J-1 Physician who completes medical training in the United States will practice for at least three years in a federally designated Health Professional Shortage Area or a Medically Underserved Area.



Nearly 90% of the respondents stated that they had not used the J-1 Visa Waiver Program and nearly all of those said that the program would not apply to their type of facility. For the 10.7% of respondents that have tried to utilize the program, slightly over half felt that the program was beneficial to their facility. The primary reason for those respondents that did not find benefit from the program was that their experience did not result in a long-term hire.

Retention

Questions 28 and 29 focused on why healthcare providers decide to remain in or leave their practices/communities. Respondents were asked to identify potential reasons for their decision to leave and also what strategies have or have not worked in retaining healthcare professionals.

Question 28 asked respondents to rank 23 incentives/reasons which they consider to be important to those primary healthcare providers in their decision to remain practicing in their facility/community. Competitive salary was rated as the most important issue in the retention of providers (Table 5). Family oriented setting; educational facilities for children; incentives (bonuses, sick leave, health insurance, etc.); and employment opportunities for spouses also ranked very high. Locum tenens; shopping; service obligation programs (J-1 Visa Waiver, Private Sponsorship, NHSC or State Loan Repayment Programs); and religious activities were ranked as the least important.

As in the recruitment section of the survey, respondents identified the importance of family issues in the decision of a healthcare provider to remain practicing in a facility/community. Five of the ten most important incentives/reasons identified by the respondents had a family component with three of the top six reasons relating to family issues.

Table 5
Incentives/Reasons that Influence Decision to Remain in Practice

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salaries	9	Professional support	17	Recognition of efforts
2	Ability to cultivate relationships with patients	10	Availability of social, cultural and recreational activities for family	18	Productivity incentives
3	Family oriented setting	11	Cost of maintaining practice	19	Lack of traffic, congestion
4	Educational facilities for children	12	Continuing education opportunities	20	Religious activities
5	Incentives (bonuses, sick leave, health insurance, etc.)	13	Recreational access	21	Service obligations (J-1 Visa Waiver, Private Sponsorship, NHSC or State Loan Repayment Programs)
6	Employment opportunities for spouses	14	Lower crime rates	22	Shopping
7	Cost of living	15	Located near a larger city for greater variety of services and activities	23	Locum tenens
8	Personal/professional growth	16	Opportunities for leadership		

When comparing the importance of various retention incentives between assisted living/nursing home responders and hospital/clinic responders there was nearly identical agreement on both the most and least important incentives/reasons for remaining in a particular healthcare position.

Both subgroups agreed that competitive salary levels, family oriented setting, educational facilities for children, and ability to cultivate relationships with patients ranked high in importance (top four responses). Where the assisted living/nursing home subgroup differed from the hospital/clinic subgroup was that cost of living, cost of maintaining practice, and lower crime rates were deemed more important for retaining providers for assisted living centers/nursing homes.

The hospital/clinic subgroup respondents identified retention incentives such as availability of social, cultural and recreational activities for family and continuing education opportunities as being more important for retaining hospital/clinic healthcare providers.

Tables 6 and 7 provide the retention incentives and their respective rankings for the assisted living/nursing home and hospital/clinic subgroups.

**Table 6
Incentives/Reasons that Influence Decision to Remain in Practice
(Assisted Living Centers/Nursing Homes)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salaries	9	Professional support	17	Located near a larger city for greater variety of services and activities
2	Family oriented setting	10	Cost of maintaining practice	18	Lack of traffic, congestion
3	Educational facilities for children	11	Lower crime rates	19	Productivity incentives
4	Cost of living	12	Availability of social, cultural and recreational activities for family	20	Religious activities
5	Ability to cultivate relationships with patients	13	Opportunities for leadership	21	Service obligations (J-1 Visa Waiver, Private Sponsorship, NHSC or State Loan Repayment Programs)
6	Employment opportunities for spouses	14	Continuing education opportunities	22	Shopping
7	Incentives (bonuses, sick leave, health insurance, etc.)	15	Recreational access	23	Locum tenens
8	Personal/professional growth	16	Recognition of efforts		

Table 7
Incentives that Influence Decision to Remain in Practice
(Critical Access Hospitals, Hospitals, Specialized Hospitals,
Federally Qualified Health Centers, and Rural Health Clinics)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salaries	9	Professional support	17	Lower crime rates
2	Ability to cultivate relationships with patients	10	Cost of living	18	Opportunities for leadership
3	Family oriented setting	11	Continuing education opportunities	19	Lack of traffic, congestion
4	Educational facilities for children	12	Productivity incentives	20	Service obligations (J-1 Visa Waiver, Private Sponsorship, NHSC or State Loan Repayment Programs)
5	Availability of social, cultural and recreational activities for family	13	Recreational access	21	Religious activities
6	Incentives (bonuses, sick leave, health insurance, etc.)	14	Located near a larger city for greater variety of services and activities	22	Locum tenens
7	Employment opportunities for spouses	15	Recognition of efforts	23	Shopping
8	Personal/professional growth	16	Cost of maintaining practice		

Question 29 asked whether or not the respondents had recently lost healthcare providers and the reasons related to the provider leaving. Of the respondents, 41% stated that they had lost healthcare providers and felt that the biggest reason their facilities lost providers recently was due to social, cultural, economic opportunities for spouses; other opportunities; retirement; and salary.

Effectiveness of Recruitment and Retention Strategies

Questions 30 through 37 addressed the effectiveness of recruitment and retention strategies. The respondents were asked to rate the effectiveness of various strategies and then provide insight into what has and has not worked in the area of recruitment and retention.

Question 30 related to the effectiveness of thirty various strategies in the recruitment/retention of physicians, physician assistants, and advanced practice nurses in rural areas. The respondents ranked competitive salaries, flexible schedule, hiring bonus, health insurance, loan repayment, and annual leave as the most effective incentives/strategies for recruiting and retaining physicians, physician assistants, and advanced practice nurses in rural areas.

Health career camps, volunteer programs, job fairs, wellness programs, daycare assistance, and job shadowing opportunities were ranked as the least effective. It should be noted, however, that health career camps, volunteer programs, and job shadowing opportunities are more related to piquing interest into healthcare professions as opposed to perhaps recruiting or retaining trained healthcare professionals. If those “interest” related strategies were removed from the survey, other strategies such as housing assistance, career planning, and technology training would gain more relevance as being less effective. Finally, advertising job openings and job fairs were not viewed as especially effective tools in the recruitment of trained healthcare providers.

Table 8
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and Advanced Practice Nurses in Rural Areas

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salary	11	Performance-based incentives	21	In-house skills training
2	Flexible schedule	12	Pension	22	Housing assistance
3	Hiring bonus	13	Sick leave	23	Technology training
4	Health insurance	14	Outreach to new graduates	24	Career planning tools
5	Loan Repayment Programs	15	Cafeteria style benefits	25	Job shadowing opportunities
6	Annual leave	16	Career ladder opportunities	26	Daycare assistance
7	Long term bonus	16	Conference travel	27	Wellness programs
8	Scholarships or tuition reimbursement for students	17	Internship and mentor programs	28	Job fairs
9	Retirement contribution	18	Advertising	29	Volunteer programs
10	Continuing education opportunities /reimbursement	19	Employee rewards/recognition	30	Health career camps

Tables 9 and 10 provide the effectiveness rankings for assisted living/nursing home responders and hospital/clinic responders. Both subgroups were in agreement with the basic findings of the most and least effective rankings of question 30. The only difference between the subgroups was on priorities of the “more effective” strategies. Assisted living/nursing facility responders identified flexible scheduling, hiring bonus and annual leave as slightly more effective recruitment and retention strategies than did the hospital/clinic respondents. Hospital/clinic respondents put more emphasis on loan repayment programs and health insurance.

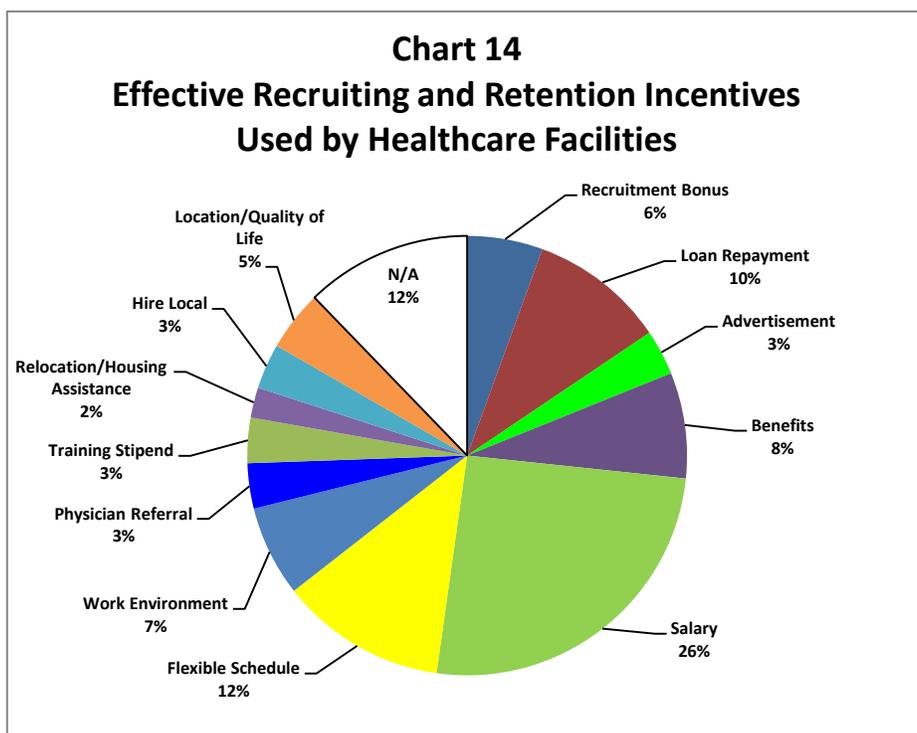
Table 9
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and Advanced Practice Nurses in Rural Areas (Assisted Living Centers/Nursing Homes)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salary	11	Performance-based incentives	21	In-house skills training
2	Flexible schedule	12	Pension	22	Housing assistance
3	Hiring bonus	13	Sick leave	23	Technology training
4	Health insurance	14	Outreach to new graduates	24	Career planning tools
5	Loan Repayment Programs	15	Cafeteria style benefits	25	Job shadowing opportunities
6	Annual leave	16	Career ladder opportunities	26	Daycare assistance
7	Long term bonus	16	Conference travel	27	Wellness programs
8	Scholarships or tuition reimbursement for students	17	Internship and mentor programs	28	Job fairs
9	Retirement contribution	18	Advertising	29	Volunteer programs
10	Continuing education opportunities /reimbursement	19	Employee rewards/recognition	30	Health career camps

Table 10
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and Advanced Practice Nurses in Rural Areas (Critical Access Hospitals, Hospitals, Specialized Hospitals, Federally Qualified Health Centers, and Rural Health Clinics)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salary	11	Performance-based incentives	21	In-house skills training
2	Flexible schedule	12	Pension	22	Housing assistance
3	Hiring bonus	13	Sick leave	23	Technology training
4	Health insurance	14	Outreach to new graduates	24	Career planning tools
5	Loan Repayment Programs	15	Cafeteria style benefits	25	Job shadowing opportunities
6	Annual leave	16	Career ladder opportunities	26	Daycare assistance
7	Long term bonus	16	Conference travel	27	Wellness programs
8	Scholarships or tuition reimbursement for students	17	Internship and mentor programs	28	Job fairs
9	Retirement contribution	18	Advertising	29	Volunteer programs
10	Continuing education opportunities /reimbursement	19	Employee rewards/recognition	30	Health career camps

When question 31 was asked “Please list the incentives that have been the most effective in recruiting or retaining healthcare providers,” the responses from the facilities varied, but the most frequent response given was competitive salaries followed by flexible schedules and loan repayment. Training stipends and relocation/housing assistance, while mentioned, received the fewest responses.



*N/A – Respondents felt that the question was not applicable to their facility.

When asked to “List the incentives/strategies that were not effective in recruiting and/or retaining healthcare providers,” (question 32) national/regional searches as well as advertising were mentioned. Furthermore, some facilities indicated that excessive salary offers, recruitment bonuses, and flexible scheduling also had failed. Several respondents stated that even with comparable salary and schedule offerings many healthcare providers declined offers because of lack of employment opportunities for spouses. One facility stated that excessive salary offerings eventually backfired on the organization. Some of the answers included:

- Tried using a national company to help with recruitment and they never even offered one name, except for J-1 Visa Waiver Program applicants, which we told them we did not want to consider, at least for initial candidate offerings;
- Timeline Recruitment Firm – They work for the benefit of themselves instead of the candidate and organization paying them to find candidates;
- Sign up bonuses did not work;
- Raising the pay scales worked;
- Providers not from the Midwest; and
- I found that having a flexible schedule is great but that it can also drive people away when someone's "contracted" schedule has precedence over the schedule of other people at the same level (nurses and providers alike).

Questions 33 and 34 inquired “Whether there were any incentives for recruitment or retention that you would like to use but have not been able and if so why were you not able to utilize.” Of the respondents, 23% stated that they would like to try additional incentives but found that the primary encumbrance for implementing any incentive was related to the lack of available financing and restrictions based on Medicare and Medicaid cuts. Some of the reasons for not implementing incentives included:

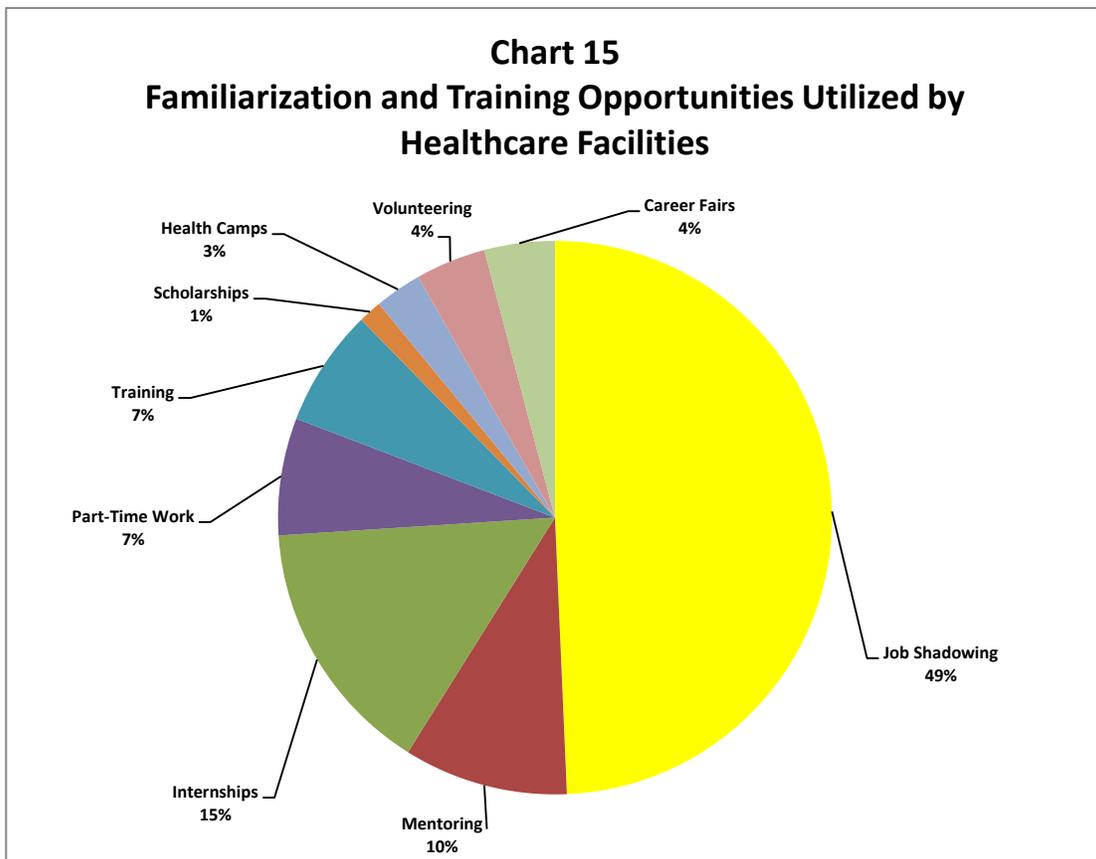
- Higher pay not possible with new Medicare regulations;
- Would like to use many of the listed incentives but we have lack of funding/community support; and
- Would like to offer more tuition assistance for our college/university nursing students, but do not have the resources to accomplish this.

Overall, most of the facilities that responded to question 35 believed that they had been successful in recruiting and retaining healthcare providers (70.8%) with 17% stating that they had been unsuccessful. While question 34 stated that the lack of funding was the primary reason for not implementing various recruitment/retention initiatives, question 36 found that the most significant problem(s) in recruiting and retaining healthcare providers related to the rural location of the facilities. More than half of the respondents felt that the rural location combined with the lack of social, cultural, and economic choices for the provider and his/her spouse (question 36) impacted recruitment and retention efforts. Identified problems relating to financial issues such as salary, loan repayment and other cash incentives represented less than 15% of the responses. Specific problems identified included:

- Call schedule, spouse employment and lack of amenities in a small town;
- Finding/attracting candidates who desire a rural lifestyle;
- Getting people to look at our community. Many providers look at where we are at in the state and immediately look somewhere else;
- Re-location to rural area, distance from a bigger community for shopping, cultural and employment opportunities for spouse;
- Resources for offering competitive salaries/drawing new talent from outside of community;
- Tendency of newer graduates to specialize (fewer interested in family practice);
- Weather; and
- Workload.

Job Shadowing/Mentoring/Internship

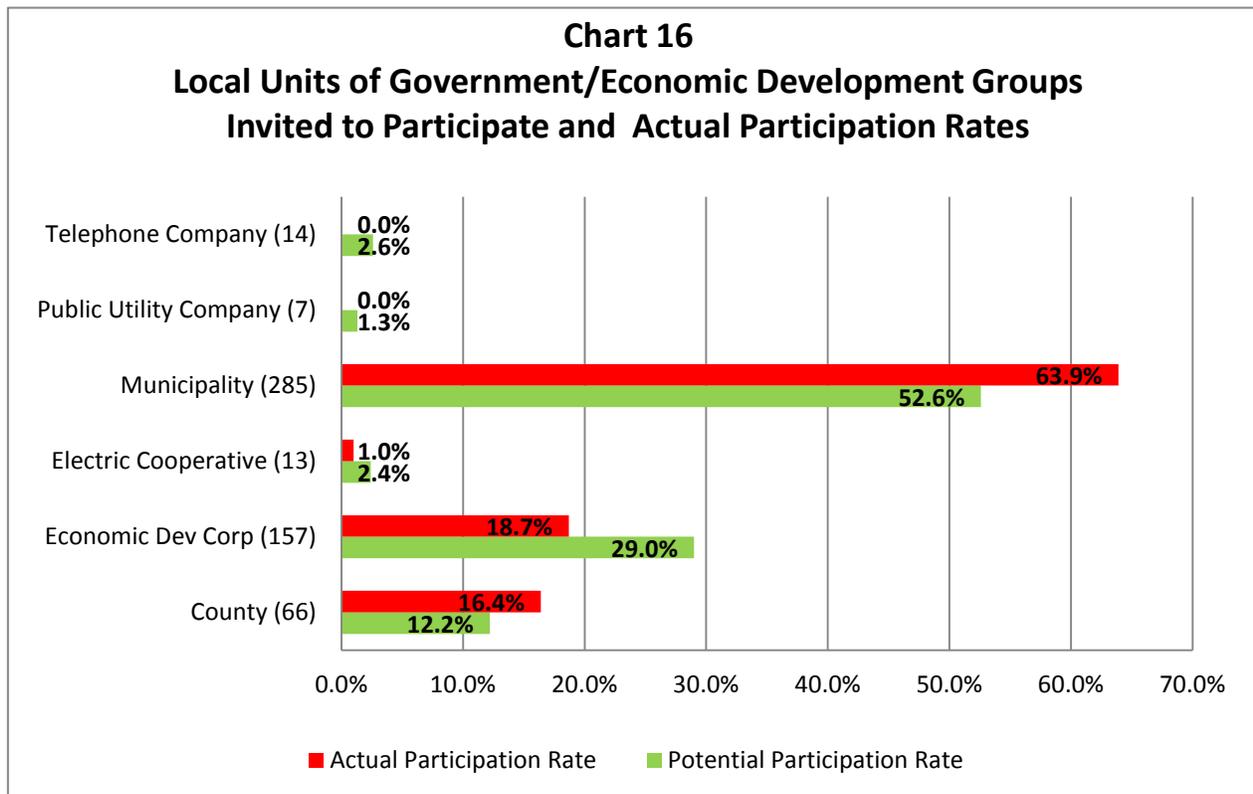
Questions 37 and 38 related to familiarization or training experiences for high school students. Of the respondents, 75% stated that their facility does provide training/familiarization experiences for high school students such as job shadowing, mentors, internships, etc. Job shadowing, internships, and mentoring activities are the most utilized experiences.



Local Units of Government/Economic Developer Findings

Surveys were distributed to 542 local units of government/economic development groups throughout South Dakota. A total of 226 responses representing 219 local units of government/economic development groups in 34 counties were received for a response rate of 40%. Nearly one-half of the municipalities, one-fourth of the economic development groups and over one-half of the counties participated in the survey.

Chart 16 shows the number of units of government/economic development groups invited to participate in the survey and the response rate from each category. As before, potential participation rate is defined as the percentage of the total number of local units of government/economic development groups invited to participate in the survey. For example, of the 542 local units of government/economic development groups invited to participate, 285 were municipalities. Therefore, municipalities comprised 52.6% of the total number of local units of government/economic development groups surveyed. Actual participation rate represents the percentage of local units of government/economic development groups that responded to the survey. Responses from municipalities represented 63.9% of the 219 local units of government/economic development group surveys submitted (140 responses – Chart 4). The actual number of surveys distributed to each category of healthcare facility is located in the parenthesis for each category.



While many local units of government and economic development groups may not have a direct relationship or involvement with recruitment and retention of healthcare providers, they do understand the importance of having a deliverable health system in their community or county. With the exception of the obligatory service section completed by the healthcare facilities, many of the same questions were asked of the local units of government and economic development groups to gauge what, if any, involvement they may have with activities related to healthcare provider recruitment and/or retention.

Familiarization

The intent of question 3 was to have the respondents identify types of healthcare facilities in their communities. It became evident in the analysis of this question that while over 71% of the respondents answered this question, many of the respondents, through no fault of their own but that of the survey instrument itself, were unable to differentiate between the various types of healthcare facilities within the survey. With the exception of the easily identifiable assisted living centers and nursing facilities most respondents identified healthcare facilities in their community based upon perception of healthcare services provided as opposed to the recognized classification of facility. Be that as it may, the responses still provide insight into the respondent's understanding that there are healthcare facilities within their community. Of the respondents, 58% stated that there are assisted living and/or nursing facilities within their community. Furthermore, 77% identified some type of medical facility within their community (hospital, clinic, home health, hospice, etc.).

Recruitment

Question 4 asked respondents to rank 24 incentives/reasons which they consider to be important to those healthcare providers in their decision to come and practice in their communities. The five most important incentives/reasons, given in order, were salary levels; facilities; access to necessary professional equipment/technology; educational facilities for children; and availability of social, cultural and recreational opportunities – quality of life. The five reasons considered the least important were major airport accessibility; proximity of residency programs; lack of specialties; recommendation by another provider; and their spouse's family lives here.

Table 11
Incentives/Reasons that Influence a Decision to Practice
(Local Units of Government/Economic Development Groups)

Rank	Incentive		Rank	Incentive		Rank	Incentive
1	Salary levels		9	Employment opportunities for spouses		17	Their rural background
2	Facilities		10	Their spouse/family preference		18	State/community incentives
3	Access to necessary professional equipment/technology		11	Workloads		19	Continuing education opportunities
4	Educational facilities for children (schools)		12	Coverage when the provider takes leave, vacation, or is absent		20	Their spouse's family lives here
5	Availability of social, cultural and recreational activities – quality of life		13	Awareness of a position opening		21	Recommendation by another provider
6	Size of your community		14	Call schedule		22	Lack of specialties
7	Support staff		15	Hospital incentives		23	Residency program proximity
8	Professional support		16	Their family lives here		24	Major airport accessibility

The local units of government/economic developer groups respondents consisted of 83% counties/municipalities versus 17% local economic development groups and corporations. As in the healthcare facilities analysis, the responses from these two subgroups exhibited agreements and differences throughout the survey.

Although there were subtle differences in the individual rankings, both subgroups agreed that salary levels; facilities; access to necessary professional equipment/technology; educational facilities for children; and availability of social, cultural, and recreational activities-quality of life ranked high in importance (upper one-fifth of responses).

Tables 12 and 13 provide the incentives and their respective rankings for the local units of government and economic development groups.

**Table 12
Incentives/Reasons that Influence Decision to Practice
(Local Units of Government)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Salary levels	9	Coverage when the provider takes leave, vacation, or is absent	17	Their rural background
2	Access to necessary professional equipment/technology	10	Professional support	18	State/community incentives
3	Facilities	11	Workloads	19	Continuing education opportunities
4	Educational facilities for children (schools)	12	Call schedule	20	Their spouse's family lives here
5	Size of your community	13	Awareness of a position opening	21	Recommendation by another provider
6	Availability of social, cultural and recreational activities – quality of life	14	Their spouse/family preference	22	Lack of specialties
7	Support staff	15	Their family lives here	23	Residency program proximity
8	Employment opportunities for spouses	16	Hospital incentives	24	Major airport accessibility

**Table 13
Incentives/Reasons that Influence Decision to Practice
(Economic Development Groups)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Facilities	9	Support staff	17	Their family lives here
2	Access to necessary professional equipment/technology	10	Employment opportunities for spouses	18	Their spouse's family lives here
3	Salary levels	11	Workloads	19	Recommendation by another provider
4	Availability of social, cultural and recreational activities – quality of life	12	Awareness of a position opening	20	State/community incentives
5	Educational facilities for children (schools)	13	Hospital incentives	21	Continuing education opportunities
6	Their spouse/family preference	14	Call schedule	22	Lack of specialties
7	Size of your community	15	Coverage when the provider takes leave, vacation, or is absent	23	Residency program proximity
8	Professional support	16	Their rural background	24	Major airport accessibility

In the area of the importance of recruitment strategies, units of local government/economic development groups and healthcare facility responses were similar in many areas. For example:

- Both groups ranked salary levels as the most important reason for healthcare providers in their decision to practice in the rural area;
- Incentive issues such as facilities and social, cultural, and recreational opportunities-quality of life were identified by both groups as being very important; and
- Both groups identified major airport accessibility; proximity of residency programs; and lack of specialties as not being overly important in a healthcare provider’s decision to practice in their community.

While there were many similarities between the two responder groups, the main difference between healthcare facilities and local units of government/economic development group responses was that it appeared that the government/economic survey responders placed a greater emphasis on professional issues than family issues in a healthcare provider’s decision to practice in their community.

Table 14 provides a comparison between the units of government/economic development groups and the healthcare facility respondents.

Table 14
Incentives/Reasons that Influence Decision to Practice
A Comparison Between Units of Government/Economic Development Groups
and Healthcare Facilities

Rank	Units of Government/Economic Development Groups		Rank	Healthcare Facilities
1	Salary levels		1	Salary levels
2	Facilities		2	Their spouse/family preference
3	Access to necessary professional equipment/technology		3	Call schedule
4	Educational facilities for children (schools)		4	Availability of social, cultural and recreational activities – quality of life
5	Availability of social, cultural and recreational activities – quality of life		5	Facilities
6	Size of your community		6	Employment opportunities for spouses
7	Support staff		7	Their family lives here
8	Professional support		8	Educational facilities for children (schools)
9	Employment opportunities for spouses		9	Access to necessary professional equipment/technology
10	Their spouse/family preference		10	Coverage when the provider takes leave, vacation, or is absent

Retention

Questions 5 and 6 focused on why healthcare providers decide to remain in or leave their practices/communities. Respondents were asked to identify potential reasons for their decision to leave and also what strategies have or have not worked in retaining healthcare professionals.

Question 5 asked respondents to rank 21 incentives/reasons which they consider to be important to those primary healthcare providers in their decision to remain practicing in their community. Ability to cultivate relationships with patients was rated as the most important issue in the retention of providers (Table 15). Competitive salaries; educational facilities for children; cost of living; and family oriented setting also ranked very high. Shopping; religious activities; and productivity incentives were ranked as the least important.

As in the recruitment section of the survey, respondents identified the importance of professional issues in the decision of a healthcare provider to remain practicing in a facility/community. Six of the ten most important incentives/reasons identified by the respondents had a professional component.

Table 15
Incentives/Reasons that Influence Decision to Remain in Practice
(Local Units of Government/Economic Development Groups)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Ability to cultivate relationships with patients	8	Personal/professional growth	15	Opportunities for leadership
2	Competitive salaries	9	Employment opportunities for spouses	16	Lack of traffic, congestion
3	Educational facilities for children	10	Incentives (bonuses, sick leave, health insurance, etc.)	17	Recognition of efforts
4	Cost of living	11	Professional support	18	Productivity incentives
5	Family oriented setting	12	Continuing education opportunities	19	Recreational access
6	Cost of maintaining practice	13	Located near a larger city for greater variety of services and activities	20	Religious activities
7	Availability of social, cultural and recreational activities for family	14	Lower crime rates	21	Shopping

When comparing the importance of various retention incentives between local units of government and economic development groups responders, there was nearly identical agreement on both the most and least important incentives/reasons for remaining in a particular healthcare position.

Both groups agreed that ability to cultivate relationships with patients; competitive salary levels; educational facilities for children; cost of living; and cost of maintaining practice ranked high in importance (top four of six responses).

Tables 16 and 17 provide the retention incentives and their respective rankings for the local units of government and economic development groups.

**Table 16
Incentives/Reasons that Influence Decision to Remain in Practice
(Local Units of Government)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Ability to cultivate relationships with patients	8	Incentives (bonuses, sick leave, health insurance, etc.)	15	Located near a larger city for greater variety of services and activities
2	Cost of living	9	Employment opportunities for spouses	16	Lack of traffic, congestion
3	Educational facilities for children	10	Personal/professional growth	17	Recognition of efforts
4	Competitive salaries	11	Professional support	18	Productivity incentives
5	Family oriented setting	12	Lower crime rates	19	Recreational access
6	Cost of maintaining practice	13	Continuing education opportunities	20	Religious activities
7	Availability of social, cultural and recreational activities for family	14	Opportunities for leadership	21	Shopping

**Table 17
Incentives/Reasons that Influence Decision to Remain in Practice
(Economic Development Groups)**

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Ability to cultivate relationships with patients	8	Employment opportunities for spouses	15	Personal/professional growth
2	Availability of social, cultural and recreational activities for family	9	Family oriented setting	16	Productivity incentives
3	Competitive salaries	10	Incentives (bonuses, sick leave, health insurance, etc.)	17	Professional support
4	Continuing education opportunities	11	Lack of traffic, congestion	18	Recreational access
5	Cost of living	12	Located near a larger city for greater variety of services and activities	19	Recognition of efforts
6	Cost of maintaining practice	13	Lower crime rates	20	Religious activities
7	Educational facilities for children	14	Opportunities for leadership	21	Shopping

In the area of the incentives/reasons that may influence the decision to practice in a particular facility or community, units of local government/economic development groups and healthcare facilities responses were similar in many areas. For example:

- Both groups ranked incentive issues such as ability to cultivate relationships with patients; competitive salaries; and educational facilities as being very important; and
- Both groups identified shopping; religious activities; and productivity incentives as not being overly important in a healthcare provider’s decision to practice in their community.

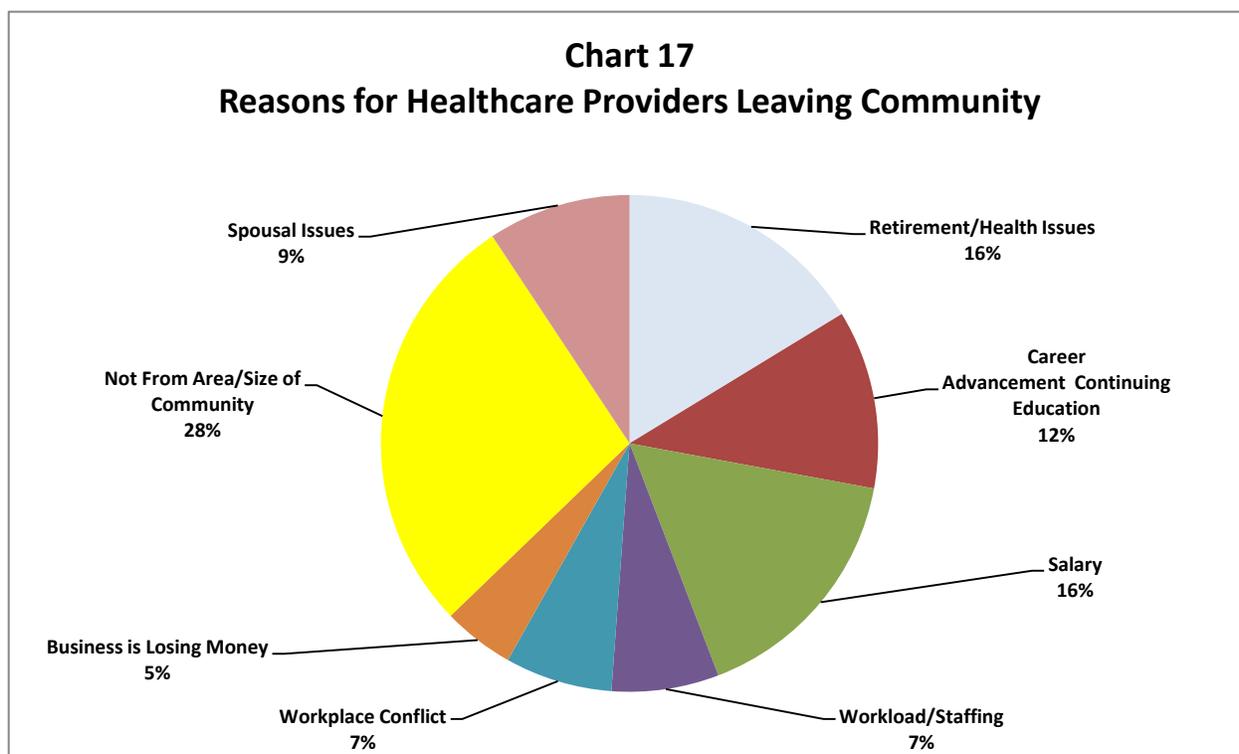
In the recruitment analysis units of government/economic development groups respondents placed more emphasis on professional versus family issues as compared to healthcare facilities respondents. However, in the area of retention both respondent groups generally agreed on the most important reasons/incentives for a healthcare provider to remain in practice.

Table 18 provides a comparison between the units of government/economic development groups and the healthcare facilities respondents.

Table 18
Incentives/Reasons that Influence Decision to Remain in Practice
A Comparison Between Units of Government/Economic Development Groups
and Healthcare Facilities

Rank	Units of Government/Economic Development Groups	Rank	Healthcare Facilities
1	Ability to cultivate relationships with patients	1	Competitive salaries
2	Competitive salaries	2	Ability to cultivate relationships with patients
3	Educational facilities for children	3	Family oriented setting
4	Cost of living	4	Educational facilities for children
5	Family oriented setting	5	Incentives (bonuses, sick leave, health insurance, etc.)
6	Cost of maintaining practice	6	Employment opportunities for spouses
7	Availability of social, cultural and recreational activities for family	7	Cost of living
8	Personal/professional growth	8	Personal/professional growth
9	Employment opportunities for spouses	9	Professional support
10	Incentives (bonuses, sick leave, health insurance, etc.)	10	Availability of social, cultural and recreational activities for family

Question 6 asked whether or not the respondents had recently lost healthcare providers and what reasons related to the provider leaving. Of the respondents, 20% stated that they had lost healthcare providers and felt that the biggest reason why their facilities lost providers recently was due to the healthcare provider not being from the area/the size of the community.



Effectiveness of Recruitment and Retention Strategies

Questions 7 through 15 addressed the effectiveness of recruitment and retention strategies. The respondents were asked to rate the effectiveness of various strategies and then provide insight into what has and has not worked in the area of recruitment and retention.

Question 7 related to the effectiveness of 30 various strategies in the recruitment/retention of physicians, physician assistants, and advanced practice nurses in rural areas. The respondents ranked competitive salaries; health insurance; flexible schedule; loan repayment programs; hiring bonus; and continuing education opportunities/reimbursement as the most effective incentives/strategies for recruiting and retaining physicians, physician assistants, and advanced practice nurses in rural areas.

Volunteer programs, health career camps, job fairs, wellness programs, job shadowing opportunities, and conference travel were ranked as the least effective. As with the healthcare respondents it should be noted that health career camps, volunteer programs, and job shadowing opportunities are more related to piquing interest into healthcare professions as opposed to perhaps recruiting or retaining trained healthcare professionals. If those “interest” related strategies were removed from the survey, other strategies such as daycare assistance, career planning, and technology training would gain more relevance as being less effective. Finally, advertising job openings and job fairs were not viewed as especially effective tools in the recruiting of trained healthcare providers.

Table 19
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and
Advanced Practice Nurses in Rural Areas
(Local Units of Government/Economic Development Groups)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salary	11	Pension	21	Daycare assistance
2	Health insurance	12	Performance-based incentives	22	Cafeteria style benefits
3	Flexible schedule	13	Long term bonus	23	Career planning tools
4	Loan Repayment Programs	14	Employee rewards/recognition	24	Technology training
5	Hiring bonus	15	Outreach to new graduates	25	Conference travel
6	Continuing education opportunities/reimbursement	16	Housing assistance	26	Job shadowing opportunities
7	Annual leave	16	Advertising	27	Wellness programs
8	Retirement contribution	17	Sick leave	28	Job fairs
9	Scholarships or tuition reimbursement for students	18	Internship and mentor programs	29	Health career camps
10	Career ladder opportunities	19	In-house skills training	30	Volunteer programs

Tables 20 and 21 provide the effectiveness rankings for local units of government responders and economic development groups responders. Both subgroups were in agreement with the basic findings of the most and least effective rankings of question 30. The only difference between the subgroups was on the priorities of the “more effective” strategies. The economic development groups responders identified flexible scheduling, hiring bonus, annual leave, scholarships or tuition, and career ladder opportunities as slightly more effective in recruitment and retention strategies than the local units of government respondents.

Table 20
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and
Advanced Practice Nurses in Rural Areas
(Local Units of Government)

Rank	Incentive	Rank	Incentive	Rank	Incentive
1	Competitive salary	11	Pension	21	Cafeteria style benefits
2	Health insurance	12	Employee rewards/recognition	22	Sick leave
3	Flexible schedule	13	Performance-based incentives	23	Career planning tools
4	Loan Repayment Programs	14	Housing assistance	24	Technology training
5	Hiring bonus	15	Advertising	25	Conference travel
6	Continuing education opportunities/reimbursement	16	Long term bonus	26	Job shadowing opportunities
7	Retirement contribution	16	Internship and mentor programs	27	Wellness programs
8	Annual leave	17	In-house skills training	28	Job fairs
9	Scholarships or tuition reimbursement for students	18	Outreach to new graduates	29	Health career camps
10	Career ladder opportunities	19	Daycare assistance	30	Volunteer programs

Table 21
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and
Advanced Practice Nurses in Rural Areas
(Economic Development Groups)

Rank	Incentive		Rank	Incentive		Rank	Incentive
1	Competitive salary		11	Long term bonus		21	Advertising
2	Flexible schedule		12	Continuing education opportunities/reimbursement		22	Technology training
3	Health insurance		13	Pension		23	Daycare assistance
4	Hiring bonus		14	Outreach to new graduates		24	Cafeteria style benefits
5	Loan Repayment Programs		15	Sick leave		25	Job shadowing opportunities
6	Annual leave		16	In-house skills training		26	Wellness programs
7	Performance-based incentives		16	Internship and mentor programs		27	Job fairs
8	Scholarships or tuition reimbursement for students		17	Career planning tools		28	Conference travel
9	Career ladder opportunities		18	Employee rewards/recognition		29	Health career camps
10	Retirement contribution		19	Housing assistance		30	Volunteer programs

In the area of the effectiveness of incentives and strategies that work in recruiting and retaining physicians, physician assistants, and advanced practice nurses in rural areas, units of local government/economic development groups and healthcare facility responses were similar in many areas. For example:

- Both groups ranked incentive issues such as competitive salary, flexible schedule, hiring bonus, health insurance, and loan repayment programs as being very important; and
- Both groups identified volunteer programs, job fairs, wellness programs, and health career camps as not being overly important in a healthcare provider's decision to practice in their community.

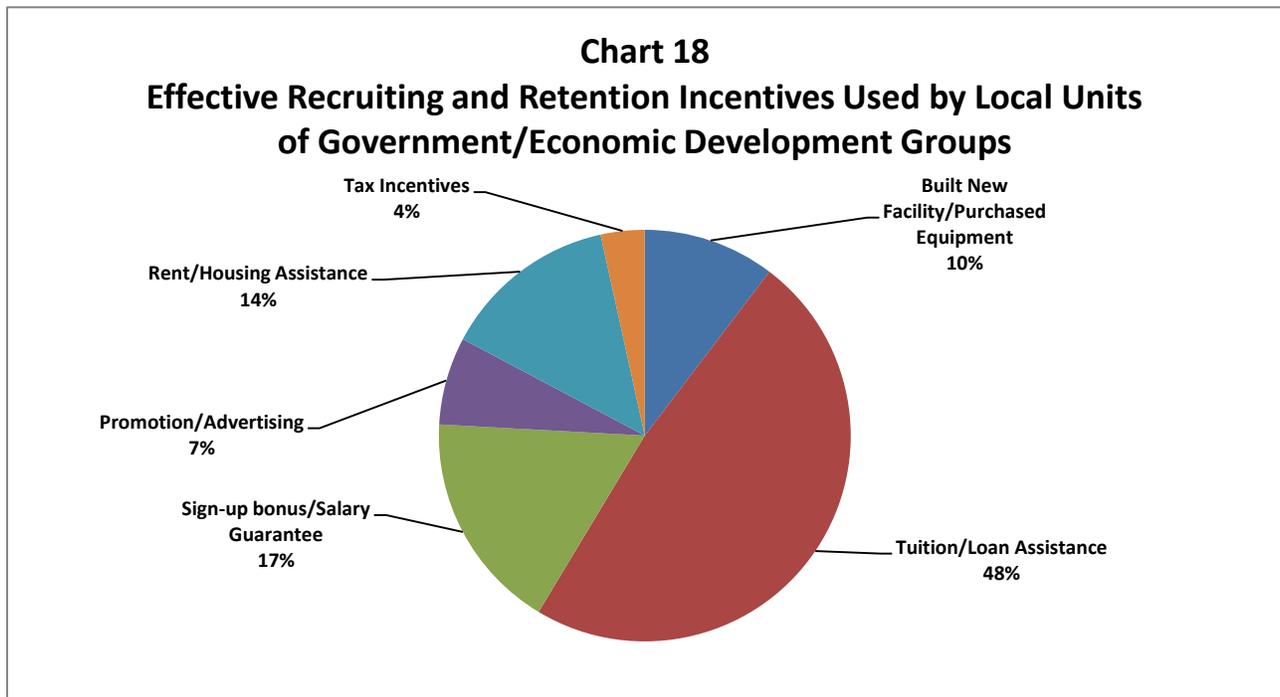
Table 22 provides a comparison between the units of government/economic development groups and the healthcare facilities respondents.

Table 22
Effectiveness of Recruitment/Retention Strategies for Physicians, Physician Assistants, and
Advanced Practice Nurses in Rural Areas - A Comparison Between Units of
Government/Economic Development Groups and Healthcare Facilities

Rank	Units of Government/Economic Development Groups		Rank	Healthcare Facilities
1	Competitive salary		1	Competitive salary
2	Health insurance		2	Flexible schedule
3	Flexible schedule		3	Hiring bonus
4	Loan Repayment Programs		4	Health insurance
5	Hiring bonus		5	Loan Repayment Programs
6	Continuing education opportunities/reimbursement		6	Annual leave
7	Annual leave		7	Long term bonus
8	Retirement contribution		8	Scholarships or tuition reimbursement for students
9	Scholarships or tuition reimbursement for students		9	Retirement contribution
10	Career ladder opportunities		10	Continuing education opportunities /reimbursement

Questions 8 through 13 dealt with the effectiveness of recruitment and retention strategies utilized by local units of government/economic development groups. Over 74% of respondents stated that they had offered incentives to aid in the recruitment of primary healthcare providers.

When question 9 was asked “Please list the incentives that have been the most effective in recruiting or retaining healthcare providers,” the responses from the local units of government/economic development groups varied, but the response most given was tuition/loan assistance (48%), followed by sign-up bonus/salary guarantee, and rent/housing assistance.



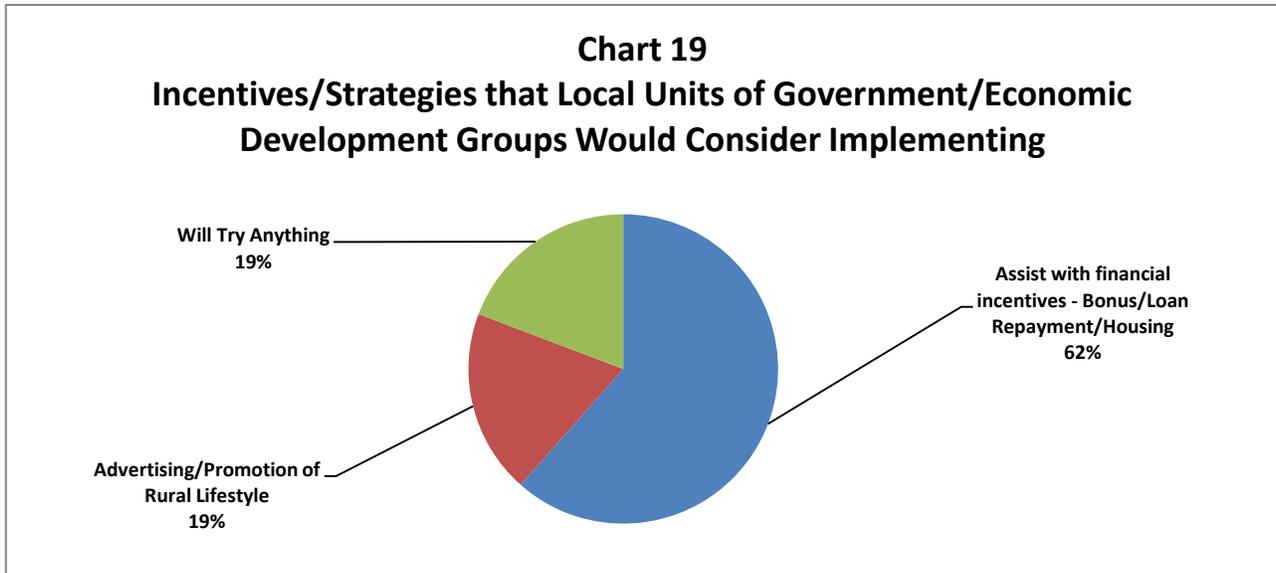
Some of the specific answers regarding effective incentives included:

- Added a 1 cent sales tax with the proceeds going to the hospital;
- Built new facility to house healthcare clinic;
- Built new facility, with the local economic development board, to acquire a chiropractic clinic;
- Provided capital for acquisition of equipment/facilities;
- Low-interest personal and business lending;
- Created a video to showcase what our town has to offer;
- Free electricity, water, sewer and rent for 3 months;
- Help pay back student loans;
- Low interest loans, property tax breaks first 5 years;
- Offering scholarships to nursing students in return for working at our hospital for a pre-set number of years;
- Physician tuition loan program; guaranteed salary; provide rotation opportunities for medical students and residents;
- Paid all utilities for office space;
- Salary guarantees;
- Salary based on charges for services provided;
- Providing student residency opportunities;
- We are just starting to use incentives for sign-on bonuses. We have used housing incentives in the past and they have worked very well for short-term contracts; and
- We have been approached to take part in offering tuition reimbursements, moving expense assistance, low interest loans to buy into practices, and ideas like that.

While only 3% of the respondents answered question 10, which asked to list the incentives/strategies that were not effective in recruiting and/or retaining healthcare providers, national/regional searches as well as community size and work visa programs were mentioned. Some of the answers given were:

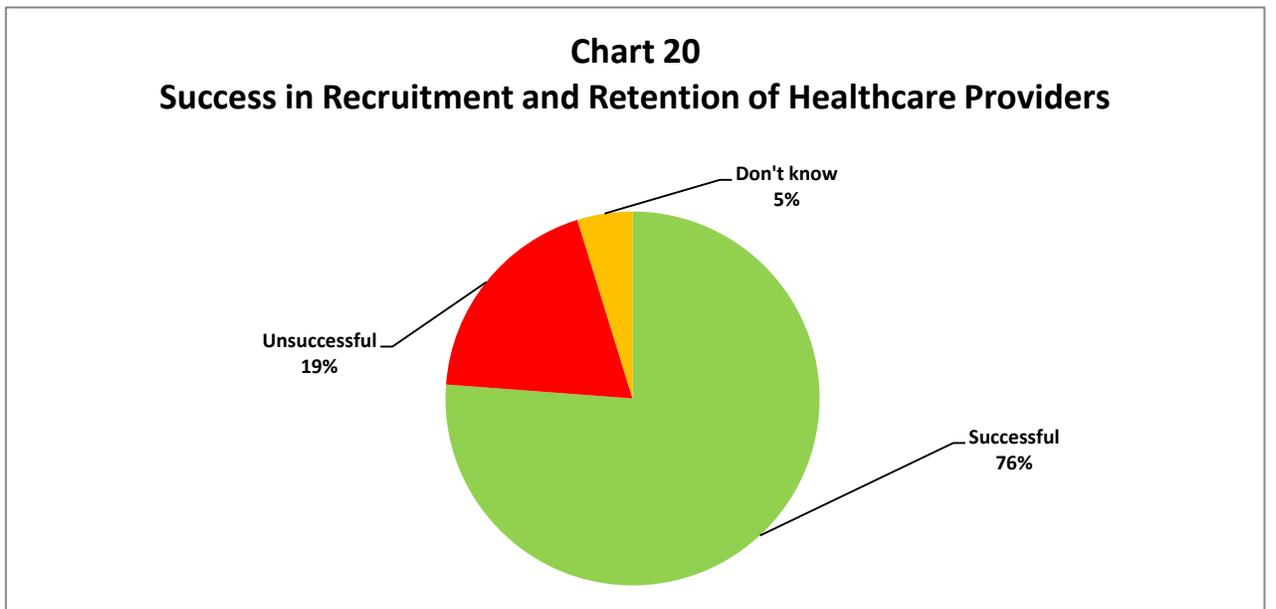
- Paid utilities have not kept anyone here long-term. We are only forty minutes from a city with lots of providers; and
- Work Visa programs only continue until time commitments have been met. They are a temporary solution. Always on to bigger and better places.

Questions 11 through 13 dealt with units of government/economic development groups that to-date have not been involved with offering recruitment/retention incentives (approximately 75% of the respondents). Of the previously mentioned non-participating respondents, 52% stated that they would be interested in supporting healthcare recruitment and retention incentives/strategies. Of those respondents, 62% would be willing to provide financial assistance and 19% would try anything to help recruit or retain healthcare providers.

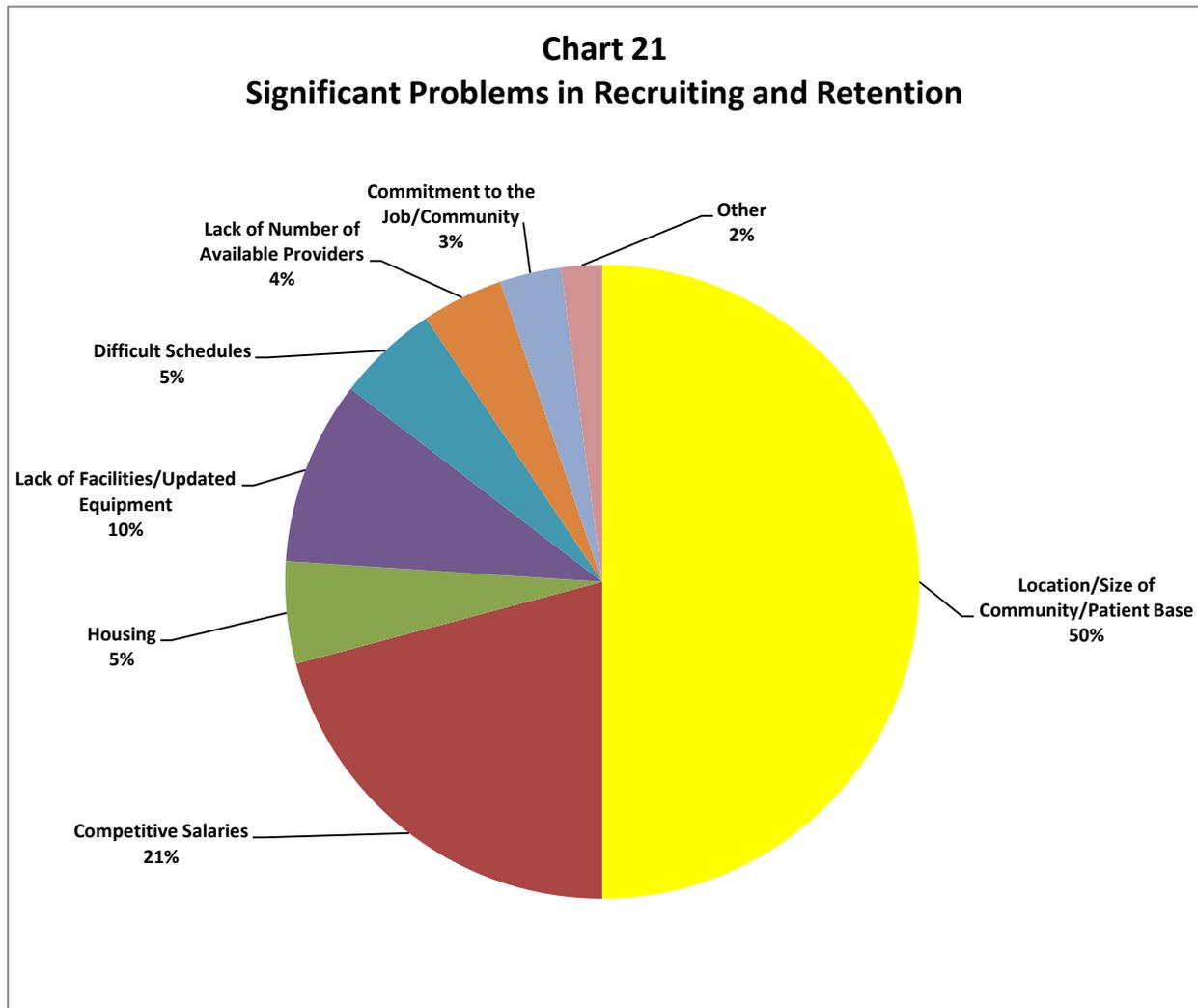


The vast majority of those units of government/economic development groups in question 11 that stated they would not support recruitment or retention incentives based their responses on reasons such as the community being too small, we do not have any health facilities, or we lack the financial capability to assist. (Question 13)

Overall, 76% of the facilities that responded to question 14 believed that they had been successful in recruiting and retaining healthcare providers, with 19% stating that they had been unsuccessful.



Question 15 found that the most significant problem(s) in recruiting and retaining healthcare providers related to the rural location of the facilities. More than half of the respondents felt that the rural location, size of the community, and available patient base combined with lack of facilities/equipment and available housing were the biggest detriments to recruiting and retention activities.



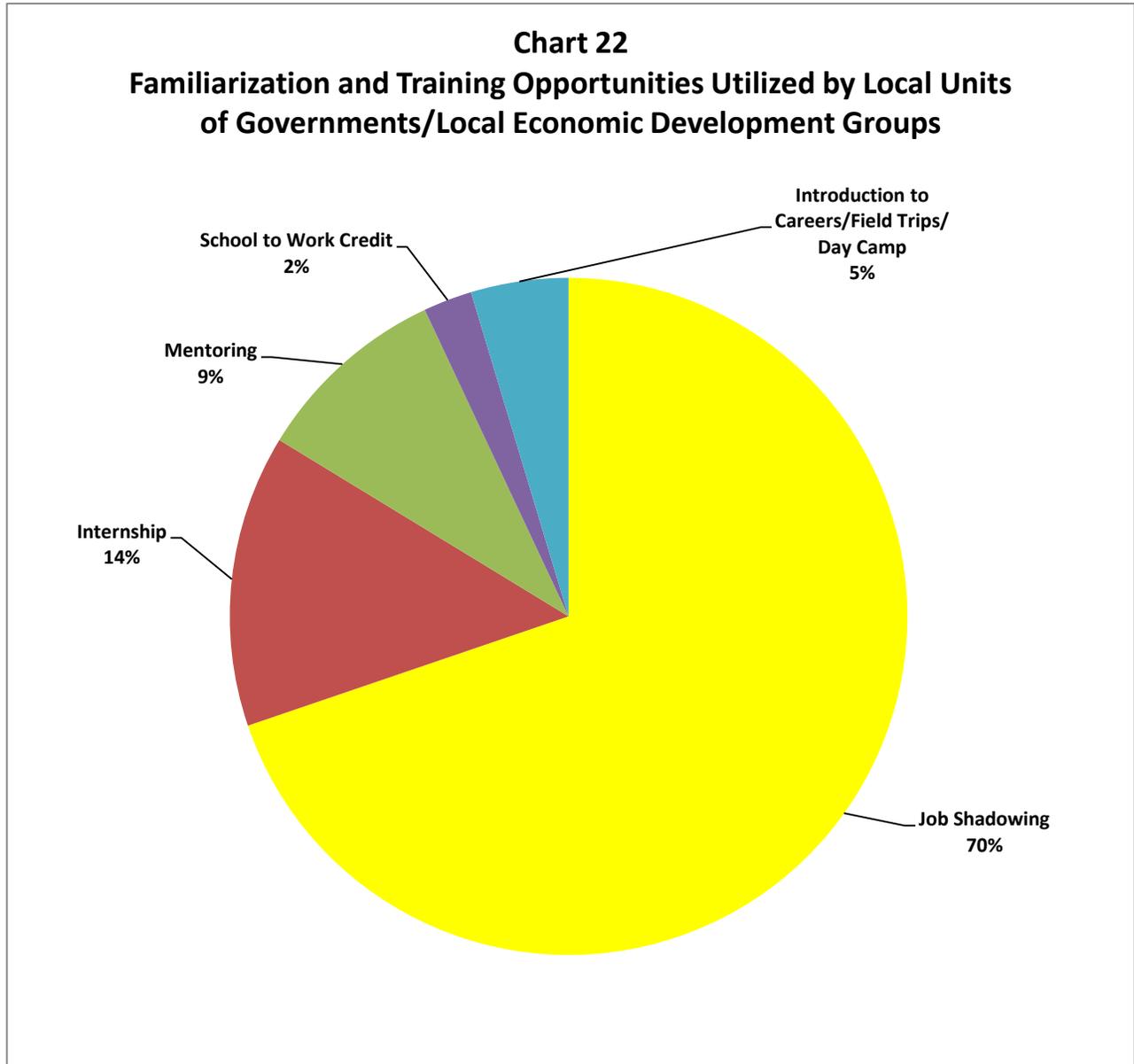
Specific problems relating to recruitment and retention included:

- Commitment to the job;
- The cost of education, volunteer service, and burnout;
- Competitive wages;
- Housing, daycare, and diminishing population as potential patients;
- Keeping them fulfilled with everyday job related duties and competing with the salaries of the Sioux Falls Metro market;
- Finding someone who wants to live and practice in a small town;

- Associated clinics don't think we have the population to support a full-time clinic;
- Opportunities are better in larger communities in wages, social activities and spousal needs;
- Rural area about an hour from a major city;
- Rural area with limited cultural activities available;
- Rural setting with no hospital or drug store;
- Size of our community - not everyone wants to be in a small rural setting, especially those with families. Most of the ones we've lost in the recent past have moved on to a larger community;
- Salary, housing opportunities are terrible unless you can afford to build new;
- Facilities and equipment are old;
- Probably the financial aspect, as the same healthcare professional may make a significantly larger salary in a larger population of people setting;
- The availability in the number of recruits that understand and want to work in a rural area is a major problem. They seem to want to be part of a system and have a colleague to bounce questions off of, as well as the ability to compete with sign-on bonuses;
- The remoteness of our location in relation to large hospital facilities and the ability of these facilities to attract quality medical practitioners;
- The providers in one community actually work for a hospital and clinic group. I believe they are tired of management restraints created by the hospital and clinic group and moved on to advanced positions. In addition to serving the clinic in our community, they must also work in other hospitals on nights and weekends; and
- Weather.

Job Shadowing/Mentoring/Internship

Questions 16 and 17 related to familiarization or training experiences for high school students. Of the respondents, 62.6% stated that their community does provide training/familiarization experiences for high school students such as job shadowing, mentors, internships, etc. Job shadowing, internships and mentoring activities are the most utilized experiences.



Summary

The information presented in this report was based on the surveys received from 33.1% of the healthcare facilities and 40% of the local units of government/economic development groups throughout South Dakota. The results apply specifically to the units of government, economic development groups and healthcare facilities that were surveyed in this report. Based on the information that is available, there are some conclusions that can be drawn from the respondents:

Recruitment

- Rural areas have more difficulty in recruiting and retaining providers than larger communities and
- Rural areas were more successful in recruiting and retaining providers who had rural backgrounds or ties to the area.

Healthcare Facilities

- Competitive salary levels; preference of the spouse/family; flexible call schedules; availability of social, cultural and recreational opportunities – quality of life; and modern facilities were ranked as the most important reasons in the decision of a healthcare provider to practice in a specific facility/community;
- The J-1 Visa Waiver Program; proximity of residency programs; lack of specialties; and hospital incentives were ranked as the least important reasons in the decision of a healthcare provider to practice in a specific facility/community; and
- In addition to professional issues, family issues such as employment opportunities for spouses and educational facilities for children were identified as important incentives considered by a healthcare provider in their decision to practice in a specific facility/community.

Local Units of Government/Economic Development Groups

- Competitive salary levels; facilities, access to necessary professional equipment/technology; educational facilities for children; and the availability of social, cultural and recreational opportunities – quality of life were ranked as the most important reasons in the decision of a healthcare provider to practice in a specific facility/community;
- Major airport accessibility; proximity of residency programs; lack of specialties; recommendation by another provider; and that their spouse's family lives in the area were ranked as the least important reasons in the decision of a healthcare provider to practice in a specific facility/community; and
- Government/economic development survey responders placed a greater emphasis on professional issues over family issues in a healthcare provider's decision to practice in their community.

Obligatory Service Programs

A majority of healthcare facilities respondents that use obligatory service programs such as J-1 Visa Waiver Program, State Loan Repayment Program, National Health Service Corps Scholarship (NHSC), National Health Service Corps Loan Repayment Program, Health Professional Recruitment Incentive Program (HPRIP), and Private Sponsorships have seen benefits in the recruitment of healthcare providers. However, only 10% to 30% of the respondents have utilized the programs.

Retention

Healthcare Facilities

- Competitive salary, family oriented setting, educational facilities for children, incentives (bonuses, sick leave, health insurance, etc.), and employment opportunities for spouses were ranked as the most important reasons in the decision of a healthcare provider to continue practicing in a specific facility/community;
- Locum tenens; available shopping; service obligations (J-1 Visa Waiver Program, Private Sponsorship, NHSC or State Loan Repayment Programs); and religious activities were ranked as the least important reasons in the decision of a healthcare provider to continue practicing in a specific facility/community;
- As in the recruitment section of the survey, respondents identified the importance of family issues in the decision of a healthcare provider to remain practicing in a facility/community. Five of the ten most important incentives/reasons identified by the respondents had a family component with three of the top six reasons relating to family issues;
- Respondents felt that the main reason why their facilities lost providers recently was due to the lack of social, cultural, and economic opportunities for the provider's spouse and family;
- Flexible schedule; hiring bonus; health insurance; loan repayment; and annual leave were ranked as the most effective incentives/strategies for recruiting and retaining physicians, physician assistants, and advanced practice nurses in rural areas; and
- Of the respondents, 71% believed that they had been successful in recruiting and retaining healthcare providers.

Local Units of Government/Economic Development Groups

- Competitive salaries, educational facilities for children, cost of living, and family oriented setting were ranked as the most important reasons in the decision of a healthcare provider to continue practicing in a specific facility/community;
- Shopping, religious activities, and productivity incentives were ranked as the least important reasons in the decision of a healthcare provider to continue practicing in a specific facility/community;
- As in the recruitment section of the survey, respondents placed more importance on professional issues in the decision of a healthcare provider to remain practicing in a facility/community;

- Respondents felt that the main reason why their facilities lost providers recently was due to the healthcare provider not being from the area and the size of their community;
- Competitive salaries, health insurance, flexible schedule, loan repayment programs, hiring bonus, and continuing education opportunities/reimbursement were ranked as the most effective incentives/strategies for recruiting and retaining physicians, physician assistants, and advanced practice nurses in rural areas; and
- Of the respondents, 76% believed that they had been successful in recruiting and retaining healthcare providers.

Strategies to Increase the Supply of Health Professionals: Based on the provider responses, some possible ways to increase the supply of healthcare professionals in rural areas include:

- Providing more incentives such as loan repayment;
- Providing incentives specifically targeted to those who practice in rural areas;
- Increasing awareness of the need in rural areas among healthcare providers and students;
- Increasing the interest of high school students in health professions, especially in the rural areas, because providers who were raised in a rural area appear more likely to practice in a rural area;
- Promoting and advertising the positive aspects of living and working in rural areas;
- Providing funding to upgrade the facilities and equipment in rural areas;
- Providing funding for housing and utilities; and
- Engaging in private-public partnerships.

APPENDICES

Appendix A – South Dakota Planning and Development District Map

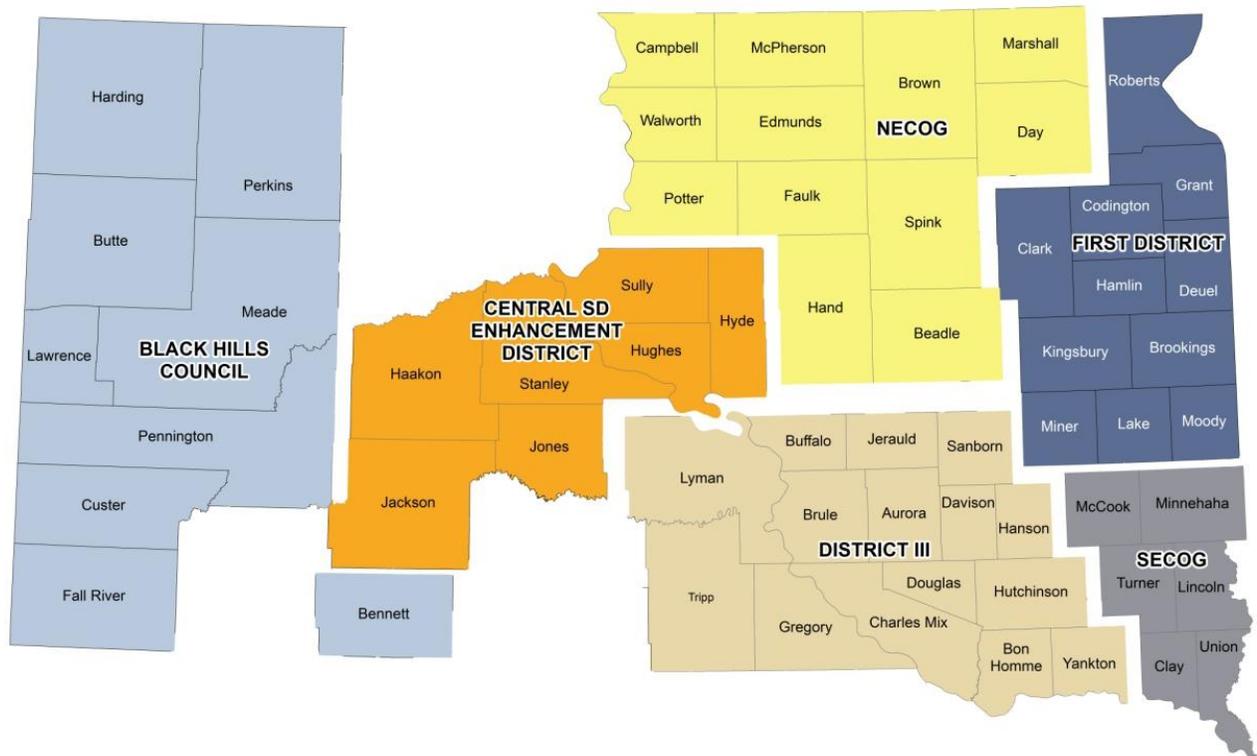
Appendix B – Healthcare Facilities Survey

Appendix C – Local Units of Government/Economic Development Groups Survey

Appendix D – List of Participating Respondents

Appendix E – Sources

Appendix A – Planning and Development District Map



Appendix B - Healthcare Facilities Survey

SURVEY OF SOUTH DAKOTA HEALTHCARE FACILITIES REGARDING HEALTHCARE PROVIDER RETENTION AND RECRUITMENT

The Healthcare Workforce Shortage continues to remain a challenge in South Dakota. Between the years of 2008 and 2018, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between the years 2002 and 2018. Not to mention, the elderly population in South Dakota is expected to double by 2025.

This questionnaire is part of an effort to identify and quantify, on a statewide basis, information regarding how South Dakota healthcare facilities and communities are recruiting and retaining healthcare professionals.

The questions in this survey are related specifically to primary healthcare services. Primary care is the entry point into the healthcare system where physical and mental health maintenance, health promotion, and disease prevention activities are provided. For the purpose of this survey, primary care includes physician assistants (PAs), advanced practice nurses (APNs), certain mental health providers (e.g., psychologists, social workers, and licensed professional counselors), community health workers, and physicians in one of five specialties (general practice, family practice, Ob-Gyn, general internal medicine, and general pediatrics). Please consider the level of primary care services in your community/facility when answering these questions.

1. DEMOGRAPHICS

Respondent's Name: _____

Respondent's Title(s) (CEO, CNO, HR, Administrator, etc.): _____

Facility or Clinic Name: _____

Mailing Address: _____
(Street address/PO Box) (City) (State) (Zip code)

Physical Address (if different from mailing address):

(Street address) (City) (State) (Zip code)

Location of Facility (County): _____

Telephone: _____

E-mail Address: _____

2. Facility type (**choose one**):

- A. ___ Ambulatory Surgery Center
- B. ___ Assisted Living Center
- C. ___ Community Health Center
- D. ___ Federally Qualified Health Center (FQHC)
- E. ___ Home Health Care
- F. ___ Hospice
- G. ___ Hospital
- H. ___ Hospital, Critical Access Hospital (CAH)
- I. ___ Hospital (Specialized)
- J. ___ Nursing Facility
- K. ___ Outpatient Physical/Occupational Therapy
- L. ___ Private Practice/Clinic
- M. ___ Psychiatric Residential Treatment Facility
- N. ___ Rural Health Clinic (RHC)
- O. ___ Other (please specify): _____

RECRUITMENT (Questions 3 through 9)

3. Which of the following do you consider to be important to those primary healthcare providers in their decision to practice in your facility/community? Please rank the following from 1 to 26, in terms of their overall importance with “1” being the most important and “26” being the least important. **Use each number once.** Please list any other items considered to be important.

- A. ___ Access to necessary professional equipment/technology
- B. ___ Availability of social, cultural and recreational activities – Quality of Life
- C. ___ Awareness of a position opening
- D. ___ Call schedule
- E. ___ Continuing education opportunities
- F. ___ Coverage when the provider takes leave, vacation, or is absent
- G. ___ Educational facilities for children (schools)
- H. ___ Employment opportunities for spouses
- I. ___ Facilities
- J. ___ Hospital incentives
- K. ___ J-1 Visa Waiver Program
- L. ___ Lack of specialties
- M. ___ Management structure of organization
- N. ___ Major airport accessibility
- O. ___ Professional support
- P. ___ Residency program proximity
- Q. ___ Recommendation by another provider
- R. ___ Salary levels
- S. ___ State/community incentives
- T. ___ Support staff
- U. ___ Their family lives here
- V. ___ Their rural background
- W. ___ Their spouse/family preference
- X. ___ Their spouse’s family lives here
- Y. ___ Workloads
- Z. ___ Size of your community
- AA. ___ Other (specify) _____

4. Have you tried to utilize the J-1 Visa Waiver Program to obtain physicians? **(Circle One)**
YES NO

A. If NO to Question 4, why have you not tried to obtain a Physician through the J-1 Visa Waiver Program?

B. If YES to Question 4, has the J-1 Visa Waiver Program been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

5. Have you tried to utilize the State Loan Repayment Program? **(Circle One)** YES NO

A. If NO to Question 5, why have you not tried to utilize the State Loan Repayment Program?

B. If YES to Question 5, has the State Loan Repayment Program been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

6. Have you tried to utilize the National Health Service Corps (NHSC) Scholarship? **(Circle One)**
YES NO

A. If NO to Question 6, why have you not tried to utilize the National Health Service Corps (NHSC) Scholarship?

B. If YES to Question 6, has the National Health Service Corps (NHSC) Scholarship been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

7. Have you tried to utilize the National Health Service Corps (NHSC) Loan Repayment Program? **(Circle One)** YES NO

A. If NO to Question 7, why have you not tried to utilize the Health Service Corps (NHSC) Loan Repayment Program?

B. If YES to Question 7, has the Health Service Corps (NHSC) Loan Repayment Program been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

8. Have you tried to utilize the Health Professional Recruitment Incentive Program (HPRIP)? **(Circle One)** YES NO

A. If NO to Question 8, why have you not tried to utilize the Health Professional Recruitment Incentive Program (HPRIP)?

B. If YES to Question 8, has the Health Professional Recruitment Incentive Program (HPRIP) been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

9. Have you tried to utilize Private Sponsorship (community/civic organization scholarships – housing assistance, etc) to recruit healthcare professionals? **(Circle One)** YES NO

A. If NO to Question 9, why have you not tried to utilize Private Sponsorship to recruit healthcare professionals?

B. If YES to Question 9, has Private Sponsorship been beneficial to you? **(Circle One)** YES NO

C. If you answered NO to the previous question, please explain.

RETENTION (Questions 10 through 11)

10. Which of the following do you consider to be important to those primary healthcare providers in their decision to remain practicing in your facility/community? Please rank the following from 1 to 23, in terms of their overall importance with "1" being the most important and "23" being the least important. **Use each number once.** Please list any other items considered to be important.

- A. ___ Ability to cultivate relationships with patients
- B. ___ Availability of social, cultural and recreational activities for family
- C. ___ Competitive salaries
- D. ___ Continuing education opportunities
- E. ___ Cost of living
- F. ___ Cost of maintaining practice
- G. ___ Educational facilities for children
- H. ___ Employment opportunities for spouses
- I. ___ Family oriented setting
- J. ___ Incentives (bonuses, sick leave, health insurance, etc.)
- K. ___ Lack of traffic, congestion
- L. ___ Located near a larger city for greater variety of services and activities
- M. ___ Locum tenens
- N. ___ Lower crime rates
- O. ___ Opportunities for leadership
- P. ___ Personal/professional growth
- Q. ___ Productivity incentives
- R. ___ Professional support
- S. ___ Recreational access
- T. ___ Recognition of efforts
- U. ___ Religious activities
- V. ___ Service obligations (J-1, private sponsorship, NHSC or State Loan Repayment Program)
- W. ___ Shopping
- X. ___ Other (please specify)_____

11. If you have lost healthcare providers in your community or facility recently, what were their reasons for leaving?

RECRUITMENT AND RETENTION STRATEGIES/INCENTIVES (Questions 12 through 19)

12. In your opinion, how important or effective are the following strategies in the recruitment/retention of physicians, physician assistants, and advanced practice nurses in rural areas? Please rank the following from 1 to 30, in terms of their overall effectiveness with “1” being the most effective and “30” being the least effective. **Use each number once.** Please list any other items considered to be important.

- A. ___ Advertising
- B. ___ Annual leave
- C. ___ Cafeteria style benefits
- D. ___ Career ladder opportunities
- E. ___ Career planning tools
- F. ___ Competitive salary
- G. ___ Conference travel
- H. ___ Continuing education opportunities/reimbursement
- I. ___ Daycare assistance
- J. ___ Employee rewards/recognition
- K. ___ Flexible schedule
- L. ___ Health career camps
- M. ___ Health insurance
- N. ___ Hiring bonus
- O. ___ Housing assistance
- P. ___ In-house skills training
- Q. ___ Internship and mentor programs
- R. ___ Job fairs
- S. ___ Job shadowing opportunities
- T. ___ Loan Repayment Programs
- U. ___ Long term bonus
- V. ___ Outreach to new graduates
- W. ___ Pension
- X. ___ Performance-based incentives
- Y. ___ Retirement contribution
- Z. ___ Scholarships or tuition reimbursement for students
- AA. ___ Sick leave
- BB. ___ Technology training
- CC. ___ Volunteer programs
- DD. ___ Wellness programs
- EE. ___ Other _____

13. Please list the incentives/strategies that have been most effective in recruiting and/or retaining healthcare providers.

14. Please list incentives/strategies that were not effective in recruiting and/or retaining healthcare providers and why they failed.

15. Are there any incentives/strategies for recruitment or retention that you would like to use but have not been able to use for some reason? **(Circle One)** YES NO

16. If YES to Question 15, what incentives/strategies and why were you not able to utilize them?

17. Overall, would you say that your community/facility has been successful or unsuccessful in recruiting and retaining healthcare providers? Please explain.

18. What would you say has been the most significant problem in recruiting and retaining healthcare providers in your community?

19. Does your community/facility provide training experiences for high school students such as job shadowing, mentors, internships, etc.? **(Circle One)** YES NO

20. If YES to Question 19, which experiences do you provide?

21. Additional Comments/suggestions:

We hope you will consider participating in this survey to help identify strategies that work in the recruitment and retention of healthcare professionals in South Dakota.

The information you share will be kept confidential. Reports will aggregate responses and no individual will be identified. Your submission of responses to the survey will be considered as your informed consent.

Please return completed surveys in the enclosed envelope by **November 11, 2011** to:

**First District Association of Local Governments
POB 1207
Watertown, SD 57201**

or fax completed surveys to 605-882-5049; or

e-mail surveys to jan@1stdistrict.org; or

You may also complete the survey at:

<https://www.surveymonkey.com/s/sddohrecruitmentretentionhealthfacilitysurvey>

Thank you for taking the time to complete the survey.

Appendix C - Local Units of Government/Economic Development Groups Survey

COMMUNITY/COUNTY/DEVELOPMENT ORGANIZATION SURVEY OF HEALTHCARE PROVIDER RETENTION AND RECRUITMENT

The Healthcare Workforce Shortage continues to remain a challenge in South Dakota. Between the years of 2008 and 2018, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between the years 2002 and 2018. Not to mention, the elderly population in South Dakota is expected to double by 2025.

This questionnaire is part of an effort to identify and quantify, on a statewide basis, information regarding how South Dakota healthcare facilities and communities are recruiting and retaining healthcare professionals.

The questions in this survey are related specifically to primary healthcare services. Primary care is the entry point into the healthcare system where physical and mental health maintenance, health promotion, and disease prevention activities are provided. For the purpose of this survey, primary care includes physician assistants (PAs), advanced practice nurses (APNs), certain mental health providers (e.g., psychologists, social workers, and licensed professional counselors), community health workers, and physicians in one of five specialties (general practice, family practice, Ob-Gyn, general internal medicine, and general pediatrics). Please consider the level of primary care services in your community/facility when answering these questions.

1. DEMOGRAPHICS

Please note the sector you are representing in your answers (**mark only one box**):

- | | | |
|---|--|---|
| <input type="checkbox"/> County Commission | <input type="checkbox"/> City Council/Town Board | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> City/County Staff Person | <input type="checkbox"/> Individual Elected Official | <input type="checkbox"/> Private Business |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Other _____ | |
| Economic Development Corp | | |

Name of county or community you will be referencing in your answers: _____

Respondent name(s) and Title(s): _____

Mailing Address: _____
(street address/PO Box) (city) (state) (zip code)

Telephone: _____

E-mail Address: _____

2. Does your community/county have any of the following facilities (**choose all that apply**):

- A. Ambulatory Surgery Center
- B. Assisted Living Center
- C. Community Health Center
- D. Federally Qualified Health Center (FQHC)
- E. Home Health Care
- F. Hospice
- G. Hospital
- H. Hospital (Specialized)
- I. Hospital, Critical Access Hospital (CAH)
- J. Nursing Facility
- K. Outpatient Physical/Occupational Therapy
- L. Private Practice/Clinic
- M. Psychiatric Residential Treatment Facility
- N. Rural Health Clinic (RHC)
- O. Other: _____

RECRUITMENT

3. Which of the following do you consider to be important to those primary healthcare providers in their decision to practice in your facility/community? Please rank the following from 1 to 24, in terms of their overall importance with “1” being the most important and “24” being the least important. **Use each number once.** Please list any other items considered to be important.

- A. Access to necessary professional equipment/technology
- B. Availability of social, cultural and recreational activities – Quality of Life
- C. Awareness of a position opening
- D. Call schedule
- E. Continuing education opportunities
- F. Coverage when the provider takes leave, vacation, or is absent
- G. Educational facilities for children (schools)
- H. Employment opportunities for spouses
- I. Facilities
- J. Hospital incentives
- K. Lack of specialties
- L. Major airport accessibility
- M. Professional support
- N. Residency program proximity
- O. Recommendation by another provider
- P. Salary levels
- Q. State/community incentives
- R. Support staff
- S. Their family lives here
- T. Their rural background
- U. Their spouse/family preference
- V. Their spouse’s family lives here
- W. Workloads
- X. Size of your community
- Y. Other (specify) _____

RETENTION (Questions 4 through 5)

4. Which of the following do you consider to be important to those primary healthcare providers in their decision to remain practicing in your facility/community? Please rank the following from 1 to 21, in terms of their overall importance with “1” being the most important and “21” being the least important. **Use each number once.** Please list any other items considered to be important.

- A. ___ Ability to cultivate relationships with patients
- B. ___ Availability of social, cultural and recreational activities for family
- C. ___ Competitive salaries
- D. ___ Continuing education opportunities
- E. ___ Cost of living
- F. ___ Cost of maintaining practice
- G. ___ Educational facilities for children
- H. ___ Employment opportunities for spouses
- I. ___ Family oriented setting
- J. ___ Incentives (bonuses, sick leave, health insurance, etc.)
- K. ___ Lack of traffic, congestion
- L. ___ Located near a larger city for greater variety of services and activities
- M. ___ Lower crime rates
- N. ___ Opportunities for leadership
- O. ___ Personal/professional growth
- P. ___ Productivity incentives
- Q. ___ Professional support
- R. ___ Recognition of efforts
- S. ___ Recreational access
- T. ___ Religious activities
- U. ___ Shopping
- V. ___ Other (please specify) _____

5. If you have lost healthcare providers in your community or facility recently, what were their reasons for leaving?

RECRUITMENT AND RETENTION STRATEGIES/INCENTIVES (Questions 6 through 14)

6. In your opinion, how important or effective are the following strategies in the recruitment/retention of physicians, physician assistants, and advanced practice nurses in rural areas? Please rank the following from 1 to 30, in terms of their overall effectiveness with “1” being the most effective and “30” being the least effective. **Use each number once.** Please list any other items considered to be important.

- A. ___ Advertising
- B. ___ Annual leave
- C. ___ Cafeteria style benefits
- D. ___ Career ladder opportunities
- E. ___ Career planning tools
- F. ___ Competitive salary
- G. ___ Conference travel

- H. Continuing education opportunities/reimbursement
- I. Daycare assistance
- J. Employee rewards/recognition
- K. Flexible schedule
- L. Health career camps
- M. Health insurance
- N. Hiring bonus
- O. Housing assistance
- P. In-house skills training
- Q. Internship and mentor programs
- R. Job fairs
- S. Job shadowing opportunities
- T. Loan Repayment Programs
- U. Long term bonus
- V. Outreach to new graduates
- W. Pension
- X. Performance-based incentives
- Y. Retirement contribution
- Z. Scholarships or tuition reimbursement for students
- AA. Sick leave
- BB. Technology training
- CC. Volunteer programs
- DD. Wellness programs
- EE. Other _____

7. Has your community/organization ever offered incentives/strategies to aid in the recruitment or retention of primary healthcare providers? **(Circle One):** YES NO

8. If YES to Question 7, please list the incentives/strategies that you have used in the past **that have been the most effective** in recruiting and retaining healthcare providers?

9. If YES to Question 7, please list incentives/strategies that you have used in the past **that were not effective** in recruiting and retaining healthcare providers and why they failed?

10. If NO to Question 7, would your community/organization support incentives/strategies that assist in the recruitment and retention of primary healthcare providers? **(Circle One)** YES NO

11. If YES to Question 10, what incentives/strategies would you utilize?

12. If NO to Question 10, why not?

13. Overall, would you say that your community/facility has been successful or unsuccessful in recruiting and retaining healthcare providers? Please explain.

14. What would you say has been the most significant problem in recruiting and retaining healthcare providers in your community?

15. Does your community/facility provide training experiences for high school students such as job shadowing, mentors, internships, etc.? **(Circle One)** YES NO

16. If YES to Question 15, which experiences do you provide?

17. Additional Comments/suggestions:

We hope you will consider participating in this survey to help identify strategies that work in the recruitment and retention of healthcare professionals in South Dakota.

The information you share will be kept confidential. Reports will aggregate responses and no individual will be identified. Your submission of responses to the survey will be considered as your informed consent.

Please return completed surveys in the enclosed envelope by **November 11, 2011** to:

**First District Association of Local Governments
POB 1207
Watertown, SD 57201**

or fax completed surveys to 605-882-5049; or
e-mail surveys to jan@1stdistrict.org; or
You may also complete the survey at

<https://www.surveymonkey.com/s/sddohrecruitmentretentioncommunitysurvey>

Thank you for taking the time to complete the survey.

Appendix D – List of Participating Respondents

Counties

Aurora	Codington	Haakon	Mellette
Brookings	Corson	Hamlin	Miner
Brown	Custer	Hanson	Minnehaha
Brule	Day	Harding	Moody
Butte	Deuel	Hughes	Potter
Campbell	Dewey	Hutchinson	Roberts
Charles Mix	Edmunds	Jerauld	Spink
Clark	Grant	Jones	Walworth
Clay	Gregory	McCook	Ziebach

Economic Development Groups

Aberdeen Development Corporation	Clark Industrial Development	Howard Industries, Inc.	Onida Area Development Corporation	Vermillion Area Chamber & Development Company
Alcester Chamber of Commerce	Colman Economic Development Corp	Ipswich Area Development Corporation	Philip Chamber of Commerce/Economic Development	Viborg Development Organization
Arlington Development Corporation	Deuel Area Development	Jackson-Kadoka Economic Development Corporation	Pollock Area Development Corporation	Wagner Area Growth
Belle Fourche Development Corporation	Estelline Economic Development Corp	Kimball Development Inc.	Rapid City Economic Development	Watertown Chamber of Commerce
Brookings Economic Dev Corp	Eureka Community Development Corporation	Lake Andes Development Association	Redfield - Grow Spink, Inc.	Wessington Springs Area Development Corp
Campbell County Economic Development Corp.	Gary - Gate City Dev Assoc, Inc.	Milbank Chamber of Commerce	Rosholt Improvement Association	
Castlewood-Sioux Valley Dev Corp	Gregory Business & Industrial Development	Mitchell Area Development Corporation	Rural Learning Center	
Centerville Area Foundation	Harrisburg Economic Development Corporation	Mobridge Economic Development Corporation	Scotland Area Development Association	
Centerville Development Corporation	Hill City Heart of the Hills Economic Development	Murdo Development Corporation	Tabor Development Corporation	

Municipalities

Aberdeen	Clark	Gayville	Langford	Platte	Wall
Altamont	Clear Lake	Geddes	Leola	Pollock	Ward
Arlington	Colman	Gettysburg	Lily	Pukwana	Warner
Armour	Colome	Goodwin	Long Lake	Rapid City	Waubay
Ashton	Columbia	Gregory	Madison	Redfield	Webster
Avon	Conde	Groton	Marion	Reliance	Wessington Springs
Badger	Corsica	Harrisburg	Marvin	Rockham	Wessington
Belle Fourche	Custer	Harrold	Menno	Rosholt	Westport
Belvidere	Davis	Hecla	Midland	Scotland	White River
Big Stone City	Dell Rapids	Henry	Milbank	Selby	Willow Lake
Blunt	DeSmet	Herreid	Mitchell	Sioux Falls	Wilmot
Bowdle	Doland	Hill City	Mobridge	Sisseton	Winner
Brandon	Dolton	Hitchcock	Montrose	South Shore	Wolsey
Bristol	Elk Point	Hosmer	New Effington	Springfield	Wood
Britton	Elkton	Hoven	New Underwood	Stickney	Yankton
Bruce	Emery	Howard	Northville	Summit	
Bryant	Estelline	Humboldt	Oldham	Tabor	
Canova	Eureka	Huron	Onida	Tyndall	
Carthage	Farmer	Ipswich	Ortley	Verdon	
Castlewood	Faulkton	Kadoka	Parker	Vermillion	
Centerville	Flandreau	Kennebec	Parkston	Viborg	
Chamberlain	Florence	Kimball	Peever	Virgil	
Chelsea	Frederick	Kranzburg	Philip	Volga	
Claire City	Freeman	Lake Andes	Pierre	Wagner	
Claremont	Gary	Lake Norden	Plankinton	Wakonda	

Healthcare Facilities

Abbott House Inc.	Bowdle Nursing Home ALC	Fountain Springs Healthcare	Leisure Living-Hartford	Sanford Vermillion Hospital
All Points Health Services	Brookings Health System Arlington Clinic	Gentle Touch	Leisure Living-Hartford	SD Indian Community Health
Angelhaus Regional Basic Care Center	Brookings Hospital	Golden Living Community - Park Place	Lutheran Social Services of SD	Senior Citizens Home-Hosmer
Aurora County Clinic	Brookings Hospital Home Health Agency	Golden Living Center - Ipswich	Madison Community Hospital	Senior Citizens Home ALC-Hosmer
Avera DeSmet Memorial Hospital	Brookings Hospital Hospice	Golden Living Center - Ipswich ALC	Madison Home Care	Serenity Corner Assisted Living Facility
Avera Endoscopy/Surgical Center	Brookview Manor	Golden Living Center - Milbank	Marshall Co Healthcare Center Home Health	Silver Threads, Inc.
Avera Gregory Healthcare Center	Bryant Community Health Center	Golden Living Center - Salem	Marshall County Healthcare Center	Sioux Falls Health Department/Community Health
Avera Hand County Memorial Hospital and Clinic	Burke Medical Clinic	Golden Living Center - Salem ALC	Menno-Olivet Assisted Living	Spearfish Regional Hospital
Avera McKennan Hospital and University Health Center	Campbell County Clinic-Herreid	Golden Living Center - Watertown	Menno-Olivet Care Center	Spearfish Regional Hospital Home Care
Avera Prince of Peace	Cedar Village	Good Samaritan Society - DeSmet ALC	Michael J Fitzmaurice South Dakota Veterans Home	Spearfish Regional Surgery Center
Avera Prince of Peace Retirement Community	Children`s Home Society- Intensive Treatment Unit	Good Samaritan Society - Home Care (DeSmet)	Mission Medical Clinic	Springfield Assisted Living Center
Avera Queen of Peace	Community Memorial Home Health	Good Samaritan Society - Home Care (Sioux Falls)	Morgan Lane Village	Spruce Court
Avera Queen Of Peace Home Health	Community Memorial Hospital-Redfield	Good Samaritan Society - Howard ALC	Morningside Manor	StoneyBrook Suites-Brookings
Avera Rosebud Country Care Center	Community Memorial Hospital-Burke	Good Samaritan Society - Miller ALC	Morningside Manor - ALC	StoneyBrook Suites-Watertown
Avera Sacred Heart Home Care (Branch)	Coteau Des Prairies Hospital	Good Samaritan Society Centerville	Oahe Valley Community Health, Inc.	StoneyBrook Suites Assisted Living-Dakota Dunes
Avera Sacred Heart Home Care Services	Coteau Des Prairies Hospital-Sisseton Clinic	Good Samaritan Society Centerville - Assisted Living	Park Place Assisted Living	Sunset Manor Avera Health
Avera St. Benedict Assisted Living	Country View Assisted Living Center	Good Samaritan Society Howard	Parkside Retirement Community	Sunset Manor Avera Health ALC

Avera St. Benedict Cert Rh Clinic	Country View Estates LLC	Good Samaritan Society Miller	ParkWood	The Endoscopy Center, Inc.
Avera St. Benedict CRHC - Lake Andes	Courtyard Villa Assisted Living Center	Haisch Haus	Philip Clinic	The Victorian
Avera St. Benedict CRHC - Tripp	Custer Regional Hospital	Hand County HHA	Platte Care Center	Trail Ridge Retirement Community ALC
Avera St. Benedict Health Center	Custer Regional Medical Clinic	Hans P. Peterson Memorial Hospital	Platte Health Center	United Retirement Center
Avera St. Luke`s	Custer Regional Senior Care	Hans P. Peterson Memorial Hospital (Phillip Health Services)	Platte Medical Clinic	US Indian Health Services
Avera St. Luke`s Home Health of Ellendale (Branch)	Dakota Hills Assisted Living Center	Healthcare for the Homeless	Prairie Community Health	Vermillion Medical Clinic
Avera Weskota Memorial Medical Center	David M. Dorsett Healthcare Center	Heritage Senior Living	Prairie Crossings	Violet Tschetter Memorial Home
AveraCare Hospice	Diamond Care Center	High Prairie Retirement Home, Inc.	Prairie Estates Care Center	Wagner Community Memorial Hospital
Bell Medical Service	Douglas County Home Health Services	Highmore Health	Prairie Estates Care Center, Inc. ALC	Wakonda Heritage Manor
Benet Place Assisted Living	Douglas County Memorial Hospital	Horizon Health Care - Mellette County Health Clinic	Prairie Lakes Home Health	Wall Clinic
Bennett County Family Health Care	Dow Rummel Village	Horizon Health Care - Mission Medical Clinic	Prairie Lakes Hospice	Wanblee Public Health Center
Bennett County Hospital and Nursing Home	Dow-Rummel Village	Hospice of the Northern Hills	Prairie Lakes Hospital	Weskota Manor
Bennett County Hospital and Nursing Home	Eastern Star Home of SD Assisted Living	Howard Community Health Center	Rapid City Community Health Center	West River Health Clinic
Bennett County Hospital Home Health	Eastern Star Home Of South Dakota, Inc.	Huron Regional Medical Center	Rapid City Regional Hospital (Regional Health)	West River Health Clinic- Lemmon
Bethany Meadows	Edgewood Spearfish Senior Living LLC	Huron Regional Medical Center Community Hospice	Redfield Clinic	Westwood Assisted Living
Bethel Lutheran Home	Edgewood Vista of Sioux Falls	Huron Regional Med.Ctr/HHA	Rosholt Care Center	Wheatcrest Hills
Bethel Suites	Elder Inn	Indian Health Center USPH (Dental)	Rosholt Care Center ALC	Wheatcrest Hills - ALC
Bethesda Home Of Aberdeen	Elk Point Clinic (All Points Health Services)	Jenkin`s Living Center	Same Day Surgery Center, L.L.C.	Whispering Winds Assisted Living
Bethesda of Beresford	Faulkton Area Medical Center	Jerauld County Clinic	Sanford Clinic Deuel County	White River Health Care Center

Bethesda of Beresford - ALC	Faulkton Area Medical Center	Jones County Clinic	Sanford Clinic Estelline	Whiting Memorial Clinic
Bowdle Clinic	Fay Wookey Memorial Assisted Living Center	Kadoka Nursing Home	Sanford Mid-Dakota Hospital	Winner Regional Healthcare Center
Bowdle Hospital	Firesteel Healthcare Center	Lake Preston Community Health Center	Sanford Clinic Lake Norden	Winner Regional Healthcare Center
Bowdle Hospital ALC	Five Counties Nursing Home	Leisure Living-Salem	Sanford Clinic Vermillion	Yankton Medical Clinic, P.C. ASC
Bowdle Nursing Home	Foothills Assisted Living	Leisure Living-Corsica	Sanford Hospital Deuel County	

Appendix E - Sources

South Dakota State Data Center: <http://www.sdstate.edu/soc/rlcdc/index.cfm>

South Dakota Department of Labor and Regulation: <http://dol.sd.gov>

US Census: <http://www.census.gov>