



# Addressing Rural Health Worker Burnout

*September 19, 2023*

**CAPT Mahyar Mofidi, DMD, PhD**  
**HIV/AIDS Bureau Rural Health and HIV Workgroup**  
**HIV/AIDS Bureau (HAB)**  
**Health Resources and Services Administration**

**Vision: Healthy Communities, Healthy People**



# AGENDA

- Welcome
- HIV/AIDS Bureau Overview
- Bureau of Primary Health Care Overview
- A Practical Look at Burnout, Association of Clinicians for the Underserved
- Recipient Presentation, G.A. Carmichael, Mississippi
- Resources
- Q&A



# Learning Objectives

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**Upon completion, participants will be able to:**

- Identify causes of burnout
- Discuss system's changes to address burnout
- Summarize personal changes to address burnout
- Reflect on lessons learned
- Identify resources

# HRSA's Ryan White HIV/AIDS Program

## Overview



# HRSA's HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

## Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



# HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to more than 576,000 people in 2021—more than half of all people with diagnosed HIV in the United States.
- 89.7% of RWHAP clients receiving HIV medical care were virally suppressed in 2021, exceeding the national average of 65.9%<sup>i</sup>.



# HAB Rural Health and HIV Workgroup

## Workgroup Mission

To provide support and resources to RWHAP recipients and stakeholders to assist in the delivery of optimal care and treatment for people with HIV in rural communities.

## Workgroup Goals

- Determine how the workgroup can support the Ending the HIV Epidemic in the U.S. (EHE) initiative
- Identify barriers/challenges faced by RWHAP recipients in rural communities and facilitate strategies to ameliorate them
- Provide a platform for rural RWHAP recipients to share successes and challenges and collaborate with other rural recipients
- Create partnerships with other HRSA Bureaus and Offices, federal, state and local stakeholders to develop activities and initiatives that address the needs of people with HIV in rural communities
- Expand the visibility of RWHAP in rural communities in national meetings, conferences, and other platforms



# 2021 RWHAP Client-Level Data






# In 2021, the RWHAP served more than half a million people in the United States and 3 territories<sup>a</sup>

**SERVED** **576,076** clients in **2021**  
**MORE THAN 50%** of people with **diagnosed HIV in the United States**




**73.3%**  
were racial/  
ethnic minorities

  
**48.3%**  
were aged 50  
years and older

**5.0%**  
had unstable  
housing

  
**59.2%**  
were living at or  
below 100% of  
the Federal  
Poverty Level

  
**18.1%**  
had no health  
care coverage

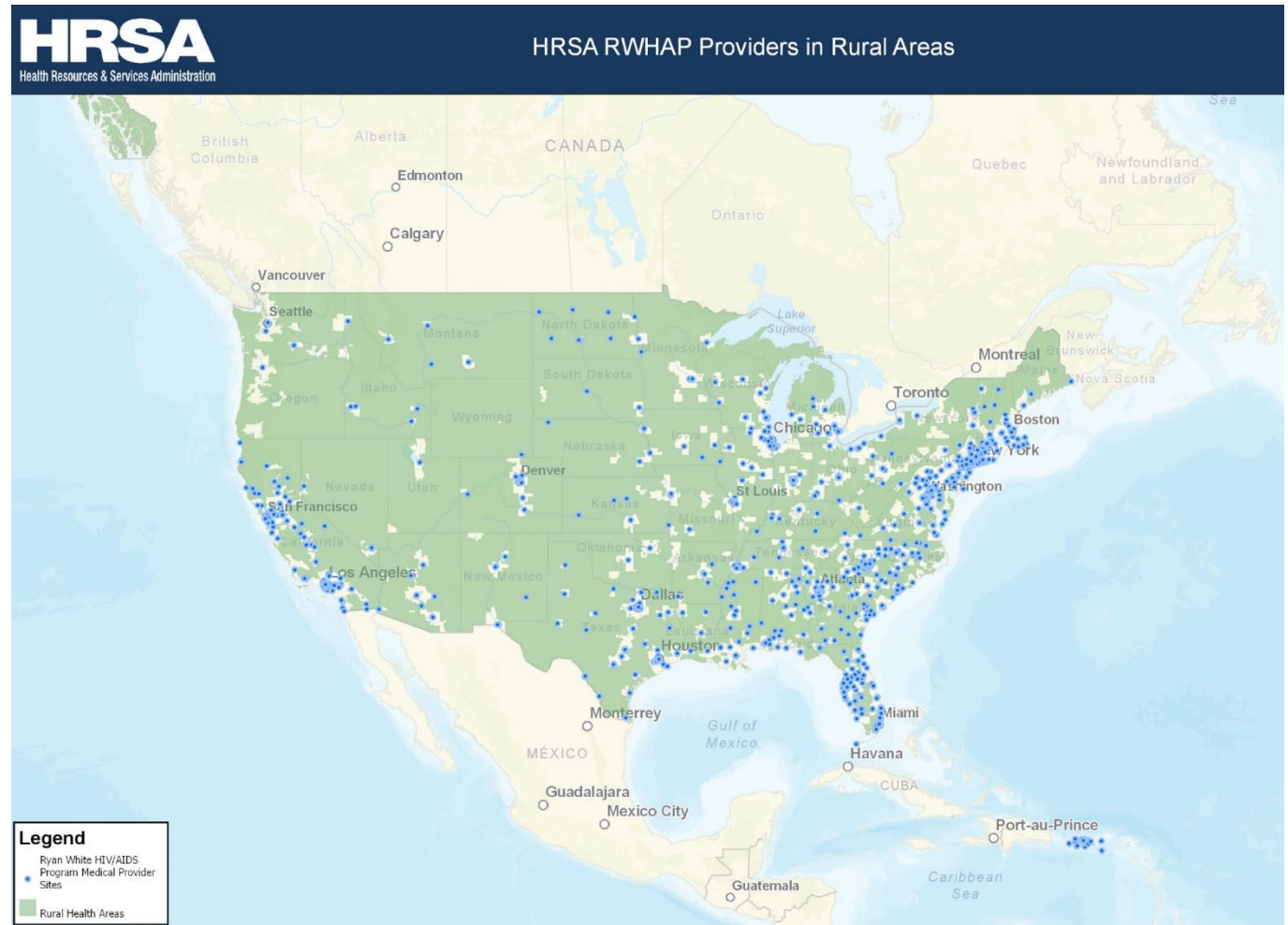


<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# HRSA RWHAP Providers in Rural Areas, 2020

- Nationally, 8.2% of RWHAP providers were located in rural areas
- Nearly 90% (85.6%) of rural providers received Public Health Service Act 330 funding (HRSA-funded Health Centers)
- Nearly half (46.8%) served more than 100 RWHAP clients



Data in this slide was updated from HRSA's Ryan White HIV/AIDS Program: HIV Care and Treatment in Rural Communities Factsheet. <https://ryanwhite.hrsa.gov/resources/factsheets>  
Map: HRSA Map Tool. <https://data.hrsa.gov/maps/map-tool/>. HRSA RWHAP Providers in Rural Areas Created 5/19/2022.



# In 2020, nearly 20,000 clients visited rural RWHAP providers the United States and 3 territories<sup>a</sup>




## 3.5%

of all RWHAP clients (n=19,814)  
visited **rural providers** in 2020

**57.6%**  
were racial/  
ethnic minorities




  
**50.4%**  
were aged 50  
years and older

**5.0%**  
had unstable  
housing



 **57.6%**  
were living at or  
below 100% of  
the Federal  
Poverty Level

  
**18.9%**  
had no health  
care coverage



Data in this slide was updated from HRSA's Ryan White HIV/AIDS Program: HIV Care and Treatment in Rural Communities Factsheet. <https://ryanwhite.hrsa.gov/resources/factsheets>

# Top 10 Services Delivered by Rural RWHAP Providers, 2020

2020 Rank	Service Category	% Rural Providers Delivering Service
1	Outpatient Ambulatory Health Services	52.4%
2	Medical Case Management	50.6%
3	Medical Transportation	44.7%
4	Oral Health Care	40.6%
5	Emergency Financial Assistance	40.6%
6	Non-Medical Case Management	37.7%
7	Mental Health Services	31.8%
8	Early Intervention Services (EIS)	22.4%
9	Health Insurance Premium and Cost Sharing Assistance	21.3%
10	Housing	19.4%





# Viral Suppression among RWHAP Clients who Visited Rural RWHAP Providers, 2020

**90%**

**of clients who visited rural providers reached viral suppression in 2020**

- ✓ Consistent with the national RWHAP average of 89.4% clients virally suppressed in 2020
- ✓ Increased 5 percentage points over the last 5 years (85.1% viral suppressed in 2016)



*Viral suppression* was based on data for people with HIV who had at least 1 outpatient ambulatory health services visit during the measurement year and whose most recent viral load test result was <200 copies/mL.

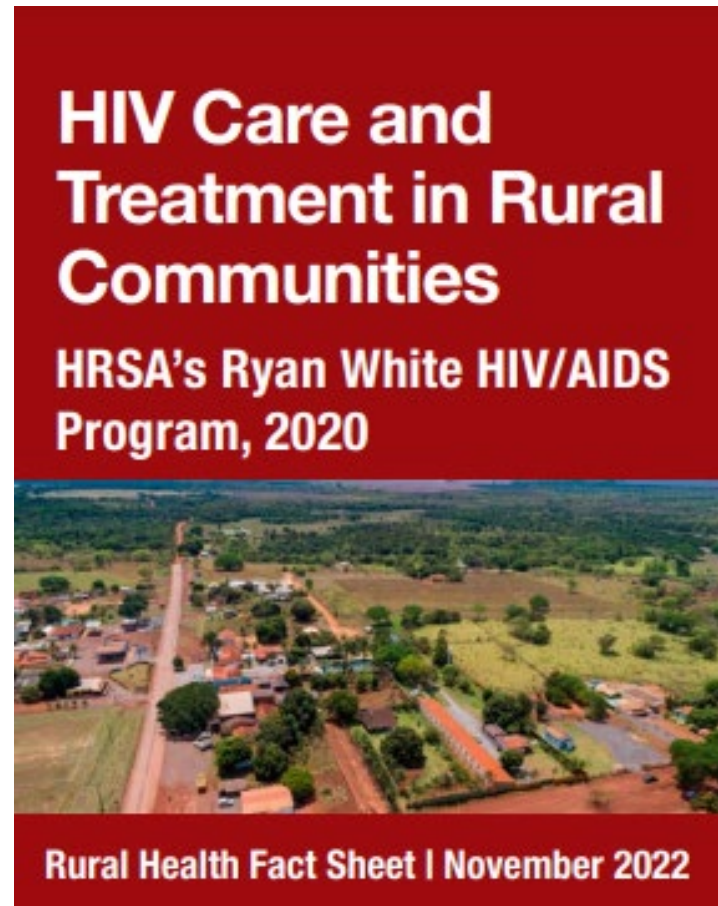
Data in this slide was updated from HRSA's Ryan White HIV/AIDS Program: HIV Care and Treatment in Rural Communities Factsheet. <https://ryanwhite.hrsa.gov/resources/factsheets>



# RWHAP Rural HIV Care Fact Sheet

## HRSA's Ryan White HIV/AIDS Program: HIV Care and Treatment in Rural Communities

[https://ryanwhite.hrsa.gov/resources/  
factsheets](https://ryanwhite.hrsa.gov/resources/factsheets)



Ending  
the  
HIV  
Epidemic

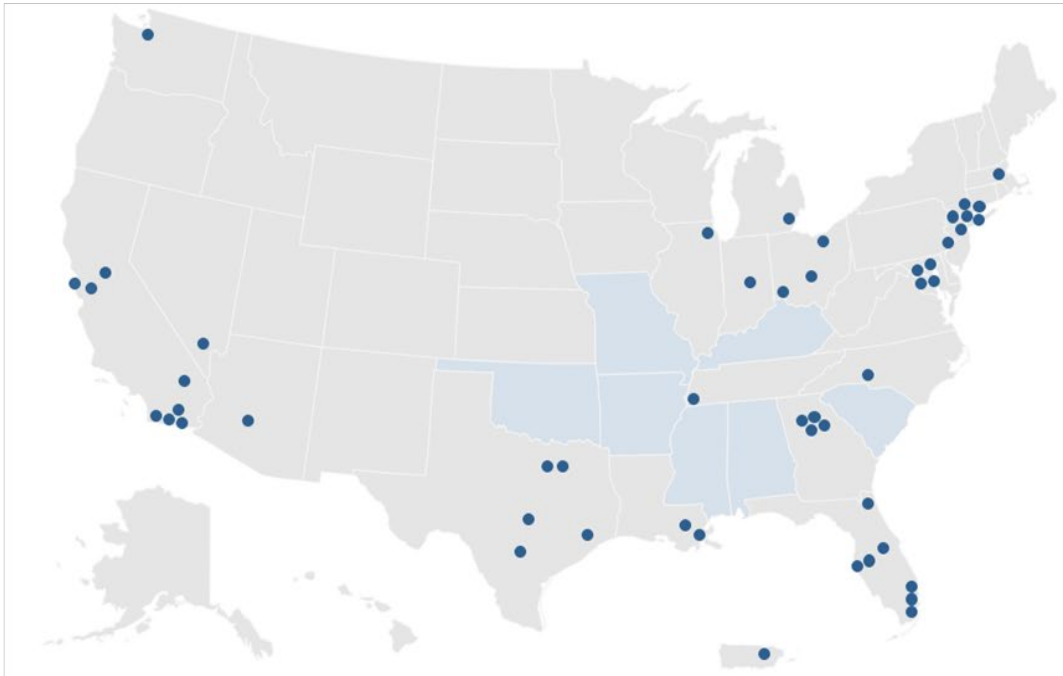
Now is the time to end the HIV epidemic in the U.S.

We have access to the most powerful HIV treatment and prevention tools in history and we know where infections are rapidly spreading.

By equipping all communities at risk with these tools, we can end HIV in America.

# Focused Jurisdictions for the Ending the HIV Epidemic in the U.S. Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and the seven states with substantial rural HIV burden.





# Seven Ending the HIV Epidemic in the U.S. (EHE) States

In FY 2021,  
**HRSA awarded nearly \$10 million**  
**to HAB EHE Part B recipients**  
with a substantial number of HIV  
diagnoses in rural areas

Alabama

Arkansas

Kentucky

Mississippi

Missouri

Oklahoma

South Carolina



# Rural Health and HIV Resources

- [RWHAP Part F AIDS Education and Training Centers \(AETC\) Program](#)
- [HIV Prevention and Treatment Challenges in Rural America: A Policy Brief and Recommendations to the Secretary](#)
- [National Rural Health Association \(NRHA\): Rural Health Resources and Best Practices](#)
- [National Rural Health Resource Center \(NRHRC\): Rural Response to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Prevention and Treatment of HIV Among People Living With Substance Use and/or Mental Disorders](#)
- [Rural HIV/AIDS Prevention and Treatment Toolkit](#)
- [Telehealth Resource Centers \(TRCs\)](#)
- [HRSA's RWHAP HIV Care and Treatment in Rural Communities Fact Sheet](#)
- [Rural HIV/AIDS Planning Program Grantee Sourcebook 2020-2021](#)



# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

<https://ryanwhite.hrsa.gov>



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>



# BPHC Addressing Staff Burnout in Rural Communities

September 19<sup>th</sup>, 2023

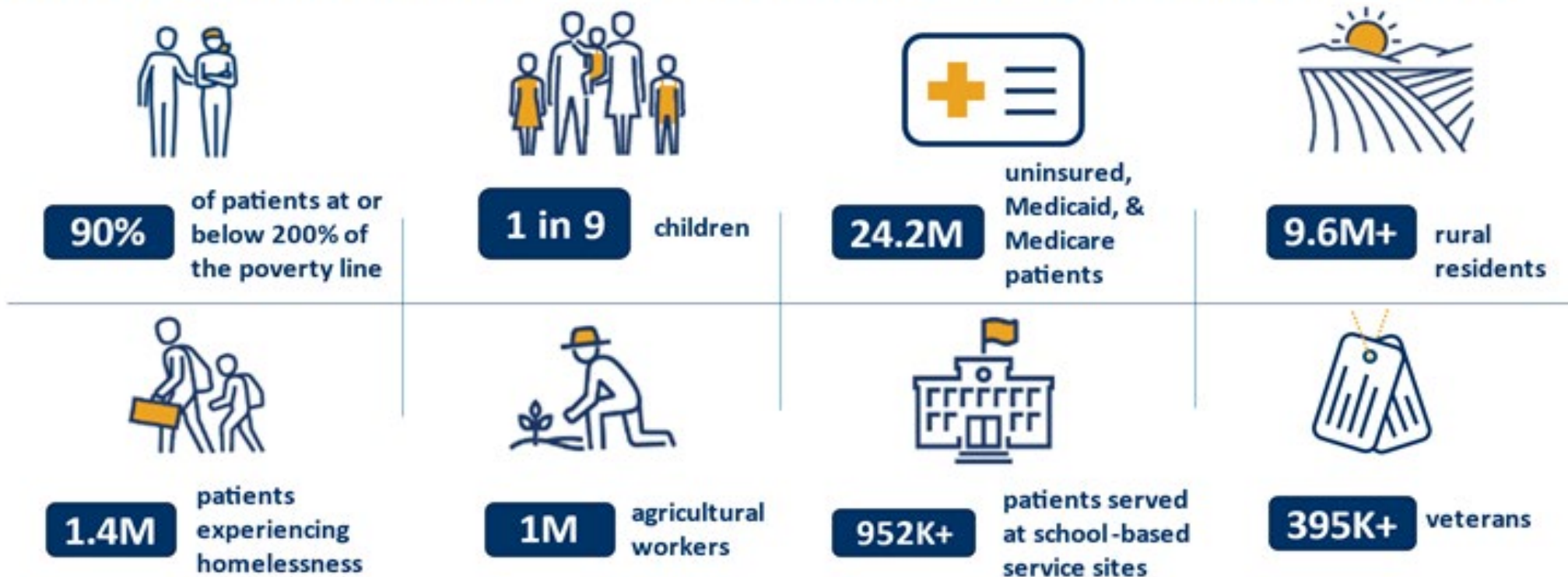
**CDR Gary Koller, Investment Oversight Officer, Service Expansion Investments**  
Office of Health Center Investments Oversight  
Bureau of Primary Health Care (BPHC), Health Resources and Services Administration

**Vision: Healthy Communities, Healthy People**



# Bureau of Primary Health Care: Patient Characteristics

30M+ people rely on HRSA-supported health centers for care, including:



The Bureau of Primary Health Care (BPHC) funds nearly 1,400 health centers. They provide affordable, accessible, and high-quality primary health care to underserved communities at nearly 15,000 sites. Health Centers:

1-Are community-based and serve more than 30 million people; 2-Provide access to medical, dental, behavioral, and other health care services; 3-Provide care for all, with special initiatives for people experiencing homelessness, agricultural workers, and residents of public housing.

From this slide, you can read that HRSA supported health centers “care” for 90% of patients at or below 200% of the poverty line, 1 in 9 children, 24.2 million uninsured, Medicaid, and Medicare patients. Also, 9.6 million patients seen by the HRSA support health centers are rural residents.

Furthermore, the HRSA supported health centers “care” for 1.4 million patients experiencing homelessness, 1 million agriculture workers, 952,000 patients served at school-based service sites, and 395,000 veterans.



# BPHC Health Centers Serving Rural Residents

- With the Bureau of Primary Health Care (BPHC) funding nearly 1,400 health centers:
  - ✓ Almost 600 health centers serve rural residents
  - ✓ Again, the health centers serve over 9.6 million rural residents
  - ✓ Over 50% of health centers serving rural residents have 10,000 patients or less
  - ✓ Over 44% of health centers serving rural residents have 5 sites or less





# BPHC's Progress in Ending the HIV Epidemic in the U.S.

In FY 2023, \$35 million was awarded to support the EHE Initiative, further increasing participation in the Initiative's targeted geographic regions.

	2020	2021	2022
Total Health Center Patients	28.6M	30.2M	30.5M
Number of HIV Tests	2,489,031	3,272,865	3,492,034
Number of HIV Patients (PLWH)	189,970	200,006	199,442
% New Diagnoses Linked to Care <sup>1</sup>	81.41%	82.70%	82.20%

- Nearly **3.5 million** HIV tests conducted in 2022
- **Nearly 200,000** patients with HIV received primary care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- **Nearly 85,000** patients received Pre-Exposure Prophylaxis (PrEP) services in 2022 (up 7% from 2021)



Source: Uniform Data System (UDS); 2020-2022 – Table 3A, Table 6A, Table 6B.

<sup>1</sup>HIV Linkage to Care CQM defined as percent of patients with first-ever HIV diagnosis that were seen for follow-up treatment within 30 days of diagnosis



# Staff Burnout for Health Centers serving Rural Residents

## EMPLOYEE BURNOUT



## Key Indicators of Staff Burnout

- ✓ Exposure to prolonged stress
- ✓ Signs of exhaustion
- ✓ Discouragement about progress towards the mission
- ✓ A negative attitude toward their effectiveness

*Five Key Strategies to Help Health Centers Protect Against Staff Burnout.* (n.d.). Retrieved August 24, 2023, from [http://www.ncfh.org/uploads/3/8/6/8/38685499/five\\_strategies\\_to\\_help\\_health\\_centers\\_protect\\_against\\_staff\\_burnout\\_fv.pdf](http://www.ncfh.org/uploads/3/8/6/8/38685499/five_strategies_to_help_health_centers_protect_against_staff_burnout_fv.pdf)



# Staff Burnout for Health Centers serving Rural Residents

## Five Strategies to Support Employee Mental Health & Well Being

- Incorporate Self-Care Practices and Provide Support
- Fix Inefficiencies
- Implement a Company –Wide Wellness Mindset
- Create Solutions at the Organization Level
- Create Sustainable Workload



# Targeted Technical Assistance

## Health Center Technical Assistance Strategies

HRSA will award a 2-year TA contract to address the 4 outcomes and key drivers of workforce wellbeing.

### Modalities will include:

- ✓ Communities of Practice
- ✓ Learning Collaboratives
- ✓ Webinars
- ✓ Virtual and On-site Site Visits
- ✓ One-on-One Coaching
- ✓ Office Hours
- ✓ Case Studies
- ✓ Action Plans
- ✓ Employee Well-being Strategies, Workforce Well-being and Strategic Planning
- ✓ HCs Sharing Best Practices

## Health Workforce Recruitment and Retention NTTAP's Focus Areas

The NTTAP's two areas of focus through 2024 are Health Workforce Satisfaction Measurement and Health Workforce Wellbeing response.

### Planned Trainings and TA Resources include:

- Webinar on Compensation Wellness for Staff
- Publication on Burnout Prevention Programs
- Workforce Wellness Through a Trauma-Informed Lens Webinar
- Healthy Workforce, Healthy Communities Webinar
- Organizational Self Care Implementation Guide
- Organizational Self Care Assessment Tool Coffee Break Webinar
- Improving Workforce Wellness through Creativity



# Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)



877-464-4772, 8 a.m. to 8 p.m. ET, Monday - Friday (except federal holidays)

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[bphc.hrsa.gov](http://bphc.hrsa.gov)



[Sign up for the \*Primary Health Care Digest\*](#)



# STAR<sup>2</sup> CENTER

Solutions, Training, and Assistance for Recruitment and Retention



- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

[www.chcworkforce.org](http://www.chcworkforce.org)

Contact us: [info@chcworkforce.org](mailto:info@chcworkforce.org)

# YOUR PRESENTER



MICHELLE FERNÁNDEZ GABILONDO  
DSW, MSW

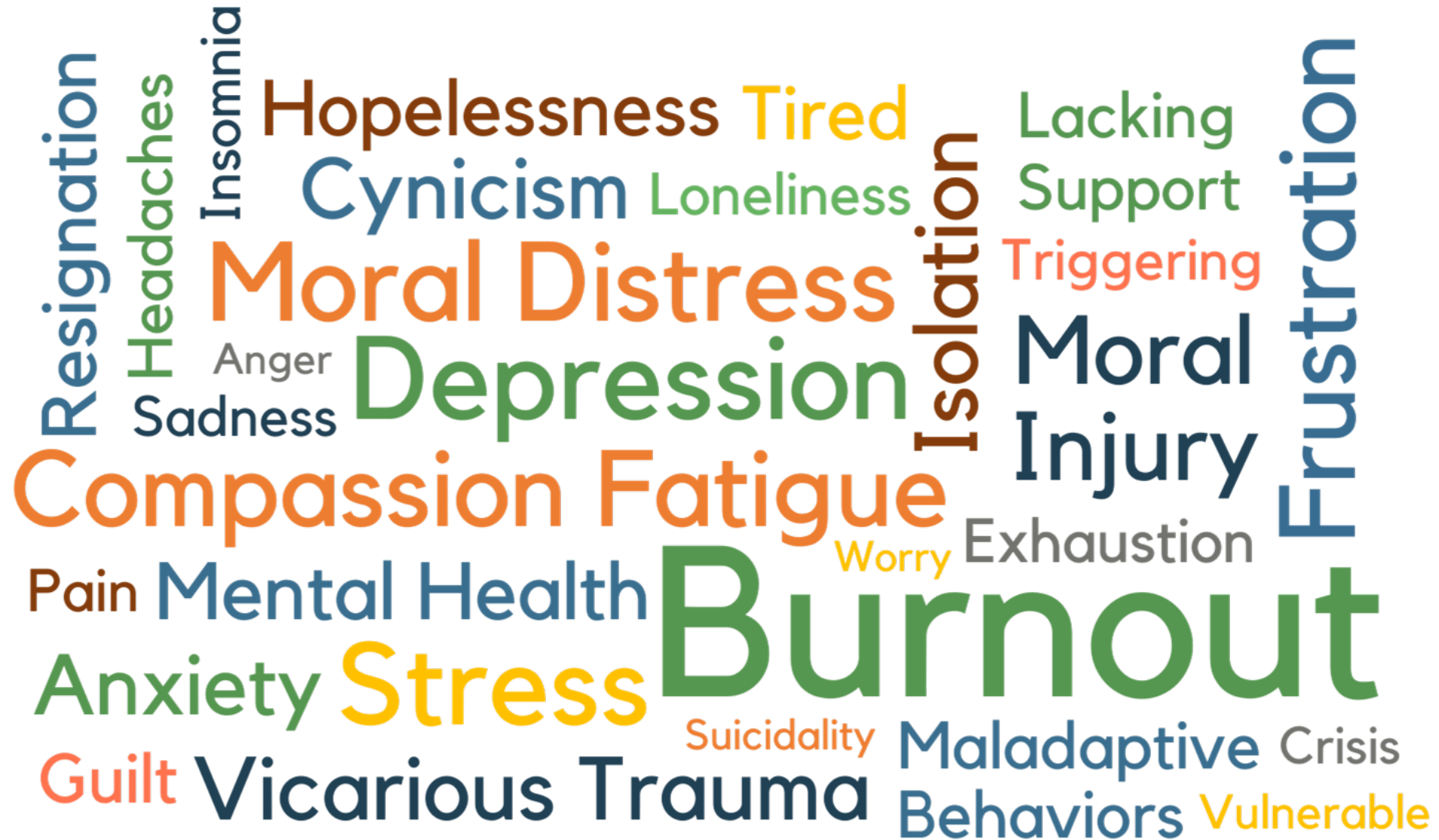
*(she/her/ella)*

**Associate Director of Workforce Development**

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# EMPLOYEE WELLNESS

Why It Matters?



# EMPLOYEE WELLNESS

## Burnout



## Burnout

- An occupational phenomenon, not a medical condition
- Chronic workplace stress that is not well-managed
- Fatigue, exhaustion
- Negative feelings towards job, cynicism, mental distance from work
- Reduced professional efficacy, feeling a lack of accomplishment

## Stages of Burnout



Sources: [World Health Organization](#); [STAR<sup>2</sup> Center Organizational Leadership & Resiliency Toolkit](#)

# EMPLOYEE WELLNESS

## Resilience

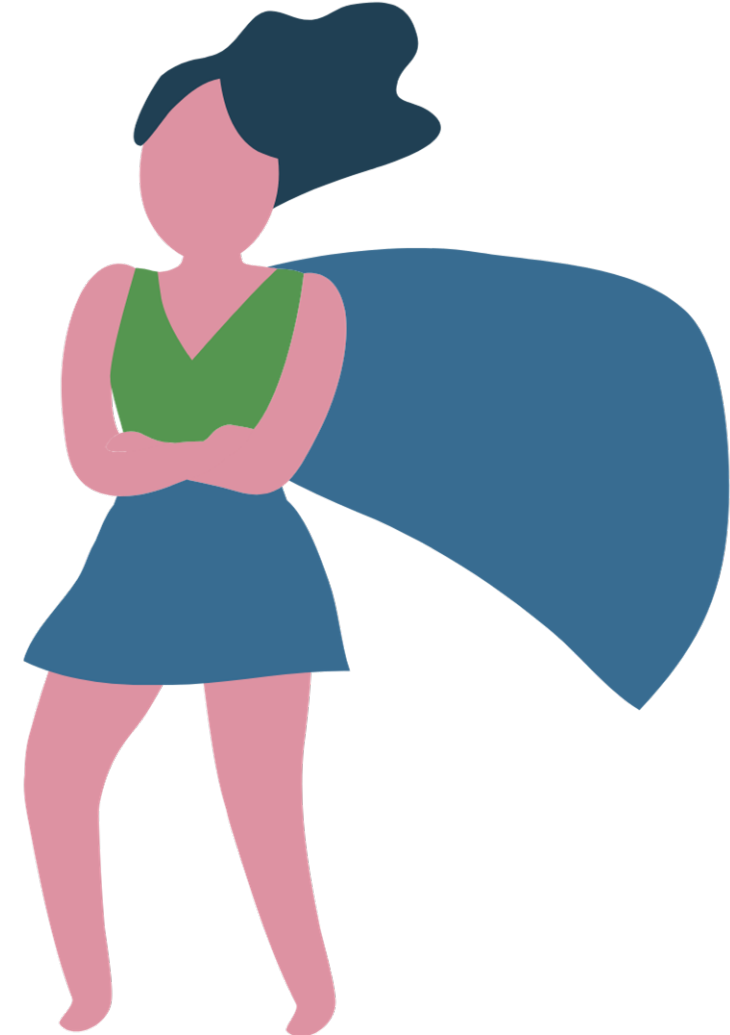


## Individual Resilience

- We are all resilient, it is about how you develop this skill
  - Involves behaviors, thoughts, actions
- Ability to adapt well to adversity, chronic stress, trauma, etc.
- It is not a linear path, there is no definite end
- Takes time, practice, intentionality

## Organizational Resilience

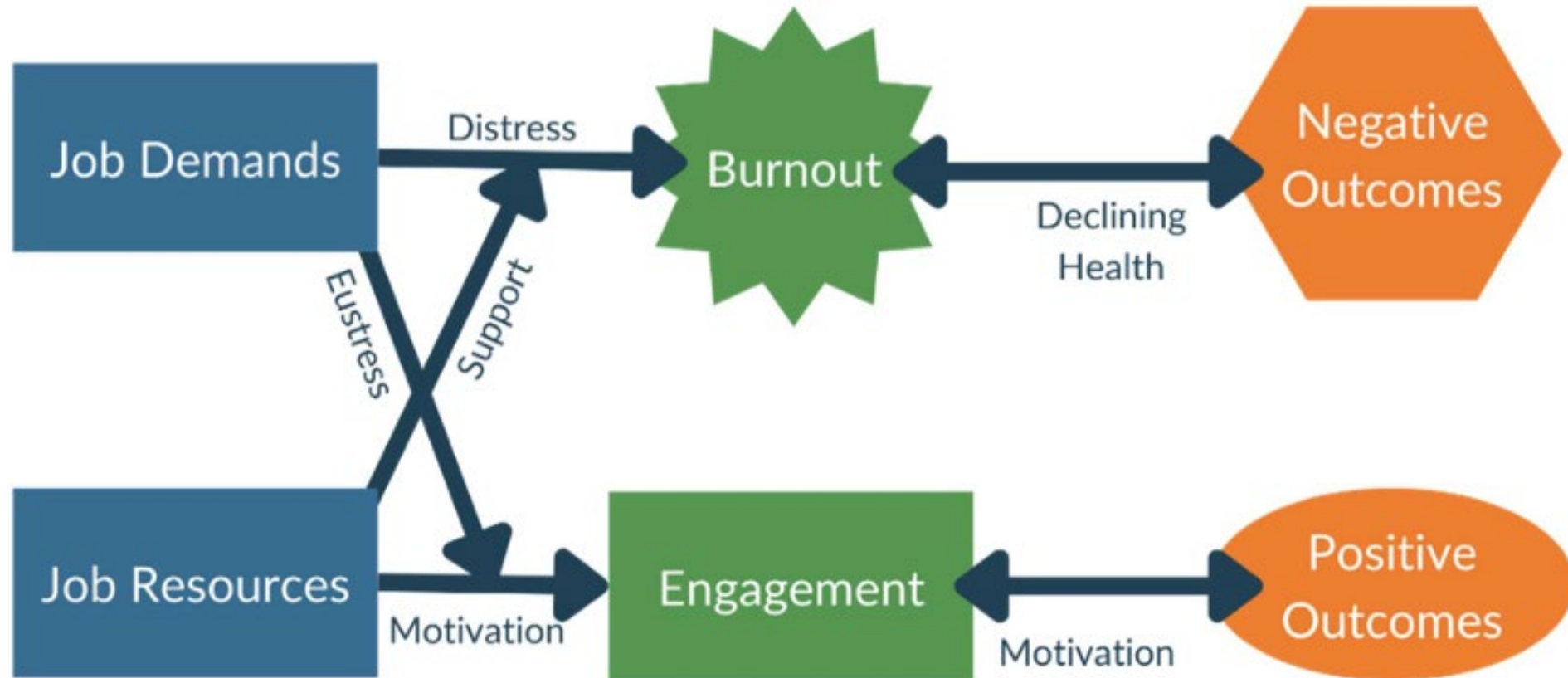
- Embraces a culture of wellness and employee engagement
- Adapts to and anticipates change
- It is proactive not reactive





# ADDRESSING BURNOUT

## Job Demand & Resource Model



Sources: [Wiley Online Library](#); [STAR<sup>2</sup> Center Organizational Leadership & Resiliency Toolkit](#)

# ADDRESSING BURNOUT

## Organizational Strategies



*No magical solution*

**Focus wellness services on:**

- Physical
- Emotional
- Financial
- Communication



Sources: [Open-Source Workplace](#); [Forbes](#)



## STAR<sup>2</sup> CENTER RESOURCES

- [Burnout Self-Assessment Tool](#)
- [STAR<sup>2</sup> Center Organizational Leadership and Resiliency Toolkit](#)
- [Workforce Self-Care Resources Bundle](#)
- [STAR<sup>2</sup> Center Talks Workforce Success Podcast \(Self-Care Series\)](#)
- [STAR<sup>2</sup> Center Resilience and Trauma-Informed Factsheet \(soon to be released\)](#)
- [Building an Inclusive Organization Toolkit](#)
- [Clinician Well-Being Resources Bundle](#)
- [STAR<sup>2</sup> Center Self-Paced Courses](#)

**STAY IN TOUCH!**

**Chcworkforce.org**

**info@chcworkforce.org**

**844-ACU-HIRE**





G.A. CARMICHAEL  
FAMILY HEALTH CENTER  
CANTON, MS  
FUNDING SOURCES  
330 HEALTH CENTER GRANT AND RWHAP PART C



# ADDRESSING PROVIDER & STAFF BURNOUT IN RURAL COMMUNITIES

## PRESENTERS

Monica Gilkey, Ryan White Program Coordinator (Canton, MS)  
Lisa Ross, Ryan White Program Coordinator (Greenwood, MS)  
Kempenie Sutton, Ryan White Program Case Manager  
Tasha Brown, Deputy Director of Programs

# Overview of G. A. Carmichael Family Health Center (GACFHC)

- ▶ GACFHC is a Federally Qualified Health Center.
- ▶ GACFHC receives 330 and Ryan White Parts C grant funding.
- ▶ Healthcare facilities are located in Belzoni, Canton, Carthage, Greenwood and Yazoo City, Mississippi.
- ▶ Our RW service areas include: Attala, Carroll, Holmes, Humphreys, Issaquena, Leake, Leflore, Madison, Montgomery, Sharkey, and Yazoo counties in Mississippi.
- ▶ GACFHC currently employs 150 staff members including 12 Ryan White staff.
- ▶ Patient demographics: 13,711 users, 94% African American, 73% at or below 100% poverty level, 41% uninsured.

# Polling Questions

## 1. Signs of burnout include:

- a) Trouble sleeping
- b) Being easily irritated by coworkers and clients
- c) Excessive absenteeism
- d) Often think of quitting your job or changing profession.
- e) All of the above

## 2. Are you or have you ever experienced burnout on your job?

- a) Yes, I am currently experiencing burnout.
- b) Yes, I have experienced burnout in the past.
- c) No, I have never experience burnout.



# Some signs of burnout

- ▶ Dreading going to work
- ▶ Having low energy and little interest in work
- ▶ Excessive absenteeism
- ▶ Being irritated easily by coworkers and/or clients
- ▶ Having trouble sleeping or feelings of emptiness
- ▶ Emotionally detaching from colleagues or clients
- ▶ Feeling that your work and contributions goes unrecognized
- ▶ Having a negative attitude at work
- ▶ Feeling that your work lacks importance
- ▶ You often think of quitting work or changing professions

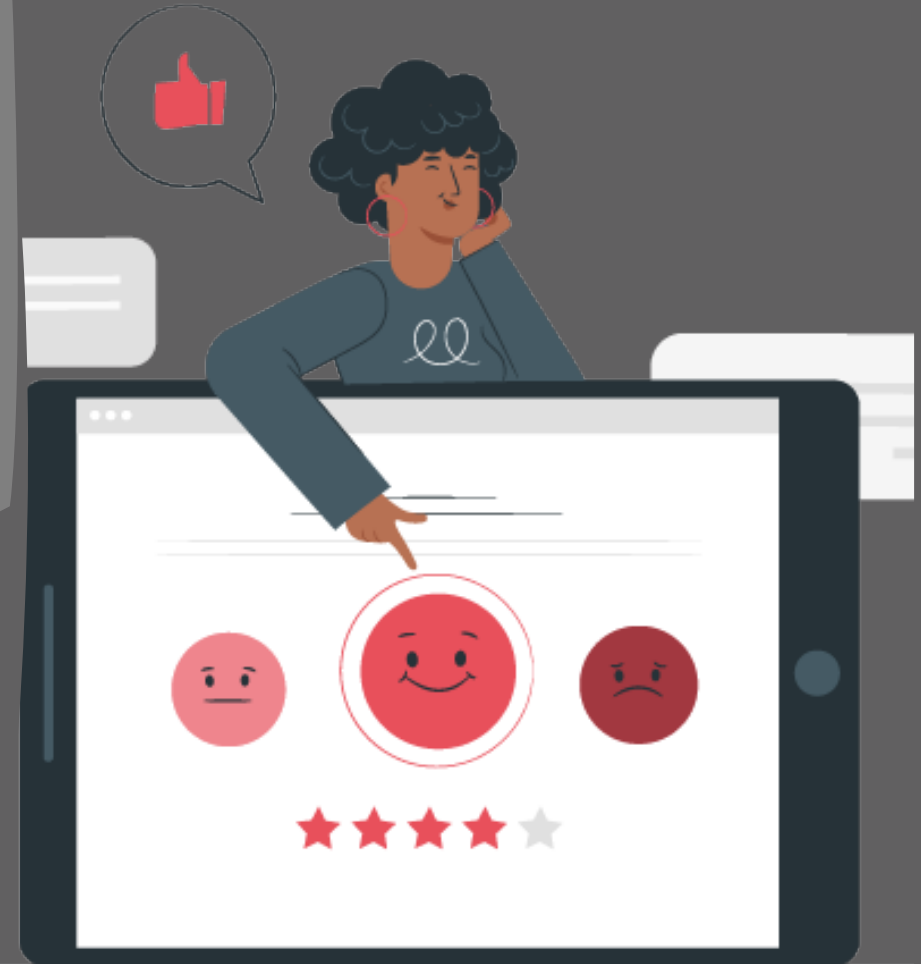


# GACFHC Survey Questions

- ▶ Is your job stressful?
- ▶ Do you feel physically, emotionally or mentally drained because of your job?
- ▶ Are you satisfied with the opportunities for growth within the organization?
- ▶ Do you feel that you have open communication with your supervisor?
- ▶ Do you feel respected by GACFHC staff?
- ▶ Do you think your work makes a difference?
- ▶ How often do you consider quitting your job?
- ▶ Do you feel that you are a valued employee of GACFHC?
- ▶ Do you feel that your work contributions go unnoticed?
- ▶ What would make GACFHC a better place to work?

# Survey Results

- ▶ 42.49% - agree their job is stressful
- ▶ 19.56% - agree they feel physically, emotionally or mentally drained because of their jobs.
- ▶ 52.17%- agree they have open communication with their supervisor.
- ▶ 75%- state they feel respected by staff.
- ▶ 86.96% - think their work makes a difference.
- ▶ 21.74% - often think about quitting their job
- ▶ 64.13% - feel they are a valued employee of GACFHC
- ▶ 26.08%- feel their work goes unnoticed.
- ▶ 83.69%- agree they were satisfied with growth opportunities within the organization.
- ▶ Pay increases, better retirement plan, and more personal leave time are a few things staff think would make GACFHC a better place to work.



# Potential Issues Resulting From Provider & Staff Burnout

- ▶ An increased risk of higher incidence of patient and staff safety issues. Mistakes may be easily made if a staff member is not fully engaged in his/her work.
- ▶ Productivity will be decreased drastically. Patient experience longer wait times.
- ▶ Quality of client care can be lacking, leading to suboptimal patient health outcomes.
- ▶ Increase in staff absenteeism and turnover rates.
- ▶ Poor patient satisfaction results.



# Strategies For Provider & Staff to Avoid Burnout

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Having open lines of communication with coworkers. Don't be afraid to ask for assistance.

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Discuss any concerns and job expectations with your immediate supervisor.

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Prioritize your tasks to improve your workflow and delegate tasks to others, when possible. This helps to bring order to your workload.

---

Make time to have enjoyable activities that are not related to work.

---

Find quiet moments to relax.

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Find a good work-life balance. Spend time with family and friends doing things that you enjoy doing.

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Prioritize your well-being by performing stress relieving techniques and exercises to help you stay calm and relax.

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Get good quality sleep every night. Usually 7 or more hours of good quality sleep will help you to feel rested when you awake.

# Strategies Used By GACFHC For Alleviating Provider & Staff Burnout

- ▶ Staff appreciation days
- ▶ Staff is encouraged to participate in fun activities with clients and co-workers.
- ▶ Bonuses
- ▶ Staff achievements are recognized in our monthly newsletters.
- ▶ Bi-annual awards ceremonies

# Impact Made & Lessons Learned

- ▶ Staff felt valued and appreciated.
- ▶ Staff who participated in fun activities w/coworkers and patients, were more relaxed and got to know their coworkers better.
- ▶ Receiving bonuses encouraged the staff to work even harder towards increasing their productivity.
- ▶ Reduction in staff absenteeism and turnover
- ▶ Recognition of staff and family member(s) accomplishments made staff feel proud.
- ▶ Open channels of communication are essential to ensuring that all employees comprehend their job responsibilities and expectations.
- ▶ Due to the stigma associated with HIV care, HIV positive patients require more support from staff .





# QUESTIONS

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# THANK YOU

**Monica Gilkey, LPN**

Ryan White Program Coordinator

**GACFHC.ORG**





# Rural Resources and Programs

## Addressing Staff Burnout in Rural Communities Webinar

*September 19, 2023*

**Alexa Ofori**  
**Senior Advisor**  
Federal Office of Rural Health Policy (FORHP)

**Vision: Healthy Communities, Healthy People**





# The Federal Office of Rural Health Policy

Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

## Cross Agency Collaboration

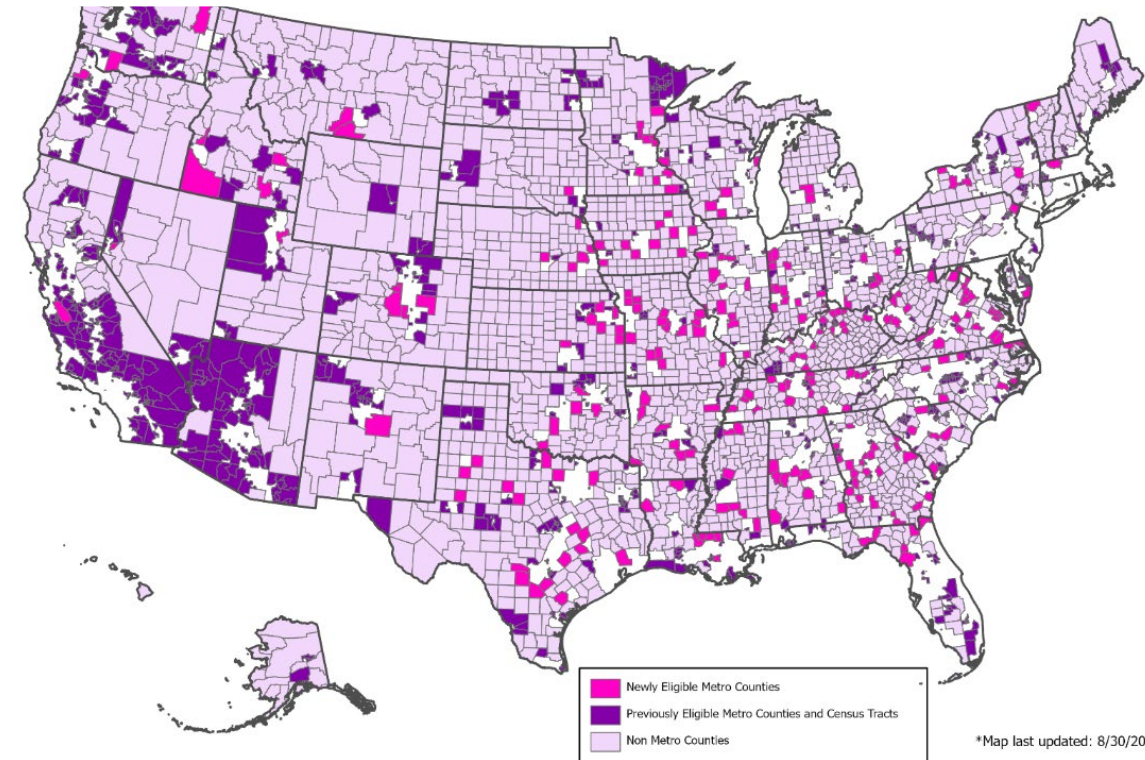
Works across HRSA, HHS, and several other federal partners to accomplish its goals

## Capacity Building

Increases access to health care for people in rural communities through grant programs and public partnerships

## Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



# Rural Health Information Hub (RHHub)

## Information, Opportunities & Resources

### Topic Guides

#### MORE ON THIS TOPIC

##### Introduction

##### FAQs

##### Chart Gallery

##### Resources

##### Organizations

##### Funding & Opportunities

##### News

##### Events

##### Models and Innovations

##### About This Guide

[Rural Health](#) > [Topics & States](#) > [Topics](#)

### Rural Healthcare Workforce

Maintaining the healthcare workforce is fundamental to providing access to quality healthcare in rural areas. Rural healthcare facilities must employ enough healthcare professionals to meet the needs of the community. They must have proper licensure, adequate education and training, and cultural competency skills. Equally important, optimizing how health professionals are used and enhancing coordination among them helps ensure that patients are getting the best care possible.

Strategies can include:

- Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider
- Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice.
- Removing state and federal barriers to professional practice, where appropriate
- Changing policy to allow alternative provider types, once evidence shows they can provide quality care

### Funding Opportunities

#### MORE ON THIS TOPIC

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##### Funding & Opportunities

##### News

##### Events

##### Models and Innovations

##### About This Guide

[Rural Health](#) > [Topics & States](#) > [Topics](#)

### Rural Healthcare Workforce – Funding & Opportunities

For additional funding options, please see RHHub's [Online Library: Funding & Opportunities](#)

Sort By: [Date](#) | [Name](#)  Hide Inactive Funding

[Narrow by type](#) [Narrow by geography](#) [Narrow by topic](#)

#### Indian Health Service Loan Repayment Program

Loan repayment for undergraduate and graduate health professional educational loans in return for full-time clinical service in Indian Health Service programs.

Geographic coverage: Nationwide

Application Deadline: Aug 15, 2019

Sponsors: Indian Health Service, U.S. Department of Health and Human Services

#### NIDDK Education Program Grants (R25 Clinical Trial Not Allowed)

Grants to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral and clinical research needs. Institutions are encouraged to diversify their student and faculty populations to enhance the participation of individuals from groups identified as underrepresented in the biomedical, clinical, behavioral and social sciences.

### Models and Innovations

#### MORE ON THIS TOPIC

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##### Organizations

##### Funding & Opportunities

##### News

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### Rural Healthcare Workforce – Models and Innovations

These stories feature model programs and successful rural projects that can serve as a source of ideas and provide lessons others have learned. Some of the projects or programs may no longer be active. Read about the [criteria and evidence-base](#) for programs included.

Sort By: [Date](#) | [Name](#)

[Narrow by geography](#) [Narrow by topic](#)

#### Promising Examples

##### High Plains Community Health Center Care Teams

Updated/reviewed February 2019

- **Need:** Meeting health care demands in a region with a limited number of physicians, where recruiting additional providers is considered impractical.
- **Intervention:** Using the additional support of health coaches, implementation of care teams consisting of 3 medical assistants to support each provider.
- **Results:** More patients seen per provider hour, with improved patient outcomes and clinic cost savings.



<https://www.ruralhealthinfo.org>



# Rural Health Information Hub (RHHub)

## Resources

### Program Models that Address Burnout

- [Telehealth Models for Promoting Workforce Recruitment and Retention](#)
- [Avera Light Model](#)

### Rural Monitor Articles

- [Physician Burnout: Definition\(s\), Cause\(s\), Impact\(s\), Solution\(s\)](#)
- [Healthcare Professionals' Mental Health Needs: Where Can They Go?](#)



Burnout, [as described by the World Health Organization](#), is a "phenomena in the occupational context and should not be applied to describe experiences in other areas of life."



[Researchers](#) have defined burnout as "emotional exhaustion, depersonalization, and reduced personal accomplishment" due to one's job. [Results](#) from a 2017 survey indicated that physician burnout registered at 42.7% compared to 28% in the general population. Of additional concern is [data](#) that indicates depression is increasing among physicians, making experts further concerned about an increase in [suicidal ideation](#) that often accompanies depression.

#### Healthcare Professionals' Mental Health Needs: Where Can They Go?

by [Kay Miller Tompala, MD](#)

This is the second in a two-part series on rural physician and provider behavioral health. Read part one - [Physician Burnout: Definition\(s\), Cause\(s\), Impact\(s\), Solution\(s\)](#).

Just like their patients, physicians have life challenges that originate at home and at work. From the death of a loved one to refusing to access available assistance because of stigma, their stories might sound like this:



"My spouse died a few years ago from cancer. I'm still struggling with grief. And I'm still angry. Then, one of our partners left the practice and we're taking more call. I know I'm working too much, but I don't want to take any time off because that'll be even tougher on my partners. Plus, they always look at me as the one who can always do more. And then there are bills to pay. I'm getting burned out. Maybe I'm even depressed. Maybe I even need anti-depressants. But my medical license needs to be renewed and I don't want to have to answer 'yes' to that question: 'Have you ever been depressed and taken medication?' Who knows what would happen to me?"

Unlike the general population with burnout rates of 28% and a [depression prevalence of 8% in those age 20 and older](#), in a [recent study](#), physician burnout and depression were both noted to be nearly 40%. Additional research has suggested that these mental health



# The National Rural Health Association (NRHA)

## Rural Health Voices Blog

- [Helping rural health care providers cope with pandemic stress](#)

## Policy Brief

- [Retaining Rural Health care Professionals: Strategies to Reduce Burnout](#)





# Funding Opportunities for Community Organizations

## Funding Forecast for Rural Health Grants

Funding Opportunity	FY 2024	FY 2025
<b>Rural Health Care Services Outreach</b> <a href="mailto:ruraloutreachprogram@hrsa.gov">ruraloutreachprogram@hrsa.gov</a>	N/A	NOFO Available Fall of 2024 Project Period Start 7/1/2025
<b>Rural Health Network Development Planning</b> <a href="mailto:nosian@hrsa.gov">nosian@hrsa.gov</a> (Nkem Osian)	NOFO Available Fall 2023 Project Period Start 7/1/2024	NOFO Available Fall 2024 Project Period Start 7/1/2025



# Resources and Tools for Addressing Burnout

- [Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce](#)
- [National Academy of Medicine Resource Compendium for Health Care Worker Well-Being](#)
- [Telehealth Models for Promoting Workforce Recruitment and Retention Toolkit \(June 2023\)](#)
- [Retaining Rural Health Care Professionals: Strategies to Reduce Burnout \(February 2023\)](#)
- [Avera Light Model : Live, Improve, Grow, Health and Treat \(March 2021\)](#)
- [Burnout: Measurement Tool\(s\), Cause\(s\) and Impact\(s\)](#)
- [Resource Compendium for Worker Well-Being](#)
- [U.S. Surgeon General Advisory on Addressing Health Worker Burnout](#)
- [Workplace Change Collaborative](#)



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