
NEWS RELEASE

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Rural Health Workforce Conference Prioritizes Community Solutions and Care for Both Patients and Providers

Save the Date for this Virtual Event April 22-24

(For Immediate Release – Jefferson City, March 9, 2021) The [Rural Health Workforce Conference \(RHWC\)](#) will be held April 22-24, 2021. The conference is hosted by the [Missouri Rural Health Association \(MRHA\)](#) in partnership with [Missouri University School of Medicine](#) and the [Health Resources and Services Administration \(HRSA\)](#).

The RHWC is ideal for health care practitioners, health care administrators, students, HR professionals, nonprofit organizations, and businesses with a vested interest in rural health care and attracting qualified professionals to serve rural communities. Though originally supposed to feature both in-person and online participation, attendees are now encouraged to safely attend from home as the conference goes entirely virtual due to COVID-19 concerns.

The conference comes at a critical time as rural communities continue to face health professional shortages in key disciplines including primary care, dentistry, and specialty health care services to name a few. The pandemic has especially impacted rural communities and their health care teams, adding to the hardships providers already face. According to a [brief](#) by the National Rural Health Association (NRHA), rural communities generally possess fewer health care workers, which combined with the small population size makes the loss of a single provider have significant impact. Rural communities also tend to be poorer than their urban counterparts and have both dispersed populations and insufficient transportation infrastructure. These factors make rural health care personnel difficult to retain due to the immense pressure and fatigue they experience, especially during the pandemic.

The NRHA states that the health care labor shortage in the U.S. is expected to last into the foreseeable future and is due in part to maldistribution of health professionals, affecting predominantly rural communities. Rural health workforce training is often inadequate and students are less likely to have the support they need through financial and educational status, role models, and available transportation to professional education programs. The lack of support and resources for rural health care workers, compounded with the fear of virus exposure, pressure of being one of few frontline workers in the area, and general exhaustion, has many employees facing burnout.

[Burnout](#), a job-related stress syndrome resulting in exhaustion, is now seen as an “epidemic” for the medical care industry. Experts are working to find solutions and coping skills for providers,

especially new medical students. They believe that teaching providers to care for their own health and mental wellbeing will lead them to not only provide better care as residents, but also have a better understanding of the impact of mental health.

In a 2003 [statement](#) on physician depression and suicide, the American Medical Association stated, “Because physicians’ own health habits affect their health and prevention counseling, attention to their depression and suicidality may improve their mentoring and training of young physicians and may improve mental health care of patients.” Though there isn’t hard data supporting a link between physician burnout and suicide, there are increased rates of suicidal ideation in medical students and residents. Burnout is caused by a variety and typically combination of factors and [can be measured](#) to determine both its cause and its effects on patient satisfaction, economics, quality, and safety.

Understanding the factors that lead to burnout includes acknowledging the rural-specific causes such as the provider vs population difference and lack of financial support as well as considering how various identities intersect in the rural medical field. While new students may experience burnout due to the enormous pressures and emotional tolls of medical school, female physicians experience burnout due to irregular schedules not allowing a work-life balance with childcare, among other factors. Improving support for providers leads to better patient care, ideas to improve rural community infrastructure, and a stronger understanding of the intersection of physical and mental health.

The goal of the conference is to educate and empower rural health care personnel to create meaningful, sustainable changes in their communities to better serve both patients and providers.

“Providing rural health care comes with many intricacies,” said Missouri Rural Health Association Executive Director Melissa Van Dyne. “Despite its tremendous rewards, like caring for people you’ve grown up with or elders who lived in your neighborhood, it also poses challenges. In rural communities, health care disparities are fueled by transportation deserts, long commutes to neighboring cities to receive care, hospital closures, inadequate broadband infrastructure that sometimes circumvents access to telehealth, among many other barriers. Add to that health professional shortages and in some instances the inability to attract and recruit health practitioners – and the obstacles become more extreme. This conference addresses some of those challenges and offers attendees an avenue to broaden their networks. Anyone vested in rural health care is highly encouraged to attend.”

The conference will cover a variety of topics including COVID-19’s impact on rural health care, mental health, and rural suicide prevention. It will also feature speakers, workshops, and breakout sessions covering employee recruitment and retention, policies that affect rural health care, building sustainable transportation infrastructure, and more. Links to access the conference will be sent prior to the event. Tickets are \$50 with no refunds available. Register for the virtual event by April 16: <https://mrhassociation.org/event/rural-health-workforce-conference/>. Learn more and see the full agenda of conference speakers and sessions [here](#).