Data Report

Data Substantiating Recommendations to HRSA in "*Supporting National Health Service Corps and Other Safety Net Clinicians Facing Personal and Professional Challenges due to COVID-19*"

Data from the "*Survey of the Pandemic Experiences and Effects on Clinicians in Safety Net Practices in 20 States*"

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February 5, 2021

This Report and Its Data

This report provides data to substantiate the recommendations made in a companion report, "*Supporting National Health Service Corps and Other Safety Net Clinicians Facing Personal and Professional Challenges due to COVID-19: Recommendations to HRSA*," dated February 5, 2021.

This report's data are from the *Survey of the Pandemic Experiences and Effects on Clinicians in Safety Net Practices in 20 States*, which sought input from 3,924 National Health Service Corps clinicians working in safety net practices in 20 states. These states participate in the *Provider Retention and Information System Management* (*PRISM*) Collaborative,[1] previously known as the Practice Sights Retention Collaborative. All clinicians currently serve in or recently completed (since July 1, 2020) the loan repayment or scholarship programs of the NHSC. The survey was conducted on-line, with human subjects approval by the Non-Biomedical IRB at the University of North Carolina at Chapel Hill.

Participants. This report is based on data from 1,518 NHSC clinicians who responded as of January 24, 2021, at which time the response rate was 38.7% for NHSC clinicians [N.B. the survey is still active and still accruing respondents]. A total of 691 respondents (46%) had completed their NHSC contracts from July 1, 2020 to November 28, 2020, prior to when the survey was initiated, and 827 (54%) were currently serving when they responded. Respondents participate(d) in the NHSC Loan Repayment Program (1,223), NHSC Substance Use Disorder Workforce LRP (142), NHSC Scholarship Program (106), and NHSC Rural Community LRP (47).

The 1,518 respondent clinicians of this report are in the following disciplines: Nurse practitioner (353); Physician (210); Licensed clinical social worker (203); Licensed professional counselor (184); Physician assistant (159); Dentist (167); Psychologist (81); Substance use counselor (53); Marriage and family therapist (40); Dental hygienist (35); and others are Certified nurse midwives, Licensed mental health practitioners, Pharmacists, Psychiatric nurse specialists, and Registered nurses (33 total).

These 1,518 clinicians work in the following practice settings: FQHC (884); Mental health facility (194); Indian Health Service or tribal site (168); "other" office-based clinic or site (147); Rural Health Clinic (63); correctional facility (31); and the others in free clinics, health departments, hospital-based practices, and substance use disorder facilities (31 total).

Analyses. Analyses generally present simple item response percentages to show how broadly clinicians report the various issues, experiences, assessments and mental states that are relevant to each set of recommendations. All group frequency comparisons presented are statistically significant at the $p \leq .05$ level. Selected verbatim comments are also presented that highlight, in clinicians' own words, the issues identified in numerical analyses. Clinicians' comments are their responses to a question appearing at the very end of the questionnaire, "*This space is yours. Please clarify any earlier responses or tell us anything more about how the COVID-19 pandemic has affected you, your work or practice/clinic."* Portions of clinicians' comments are redacted to maintain anonymity and for brevity.

Principal limitations of this study are that it is based on clinicians in less than half of U.S. states, with less than 100% clinician participation in those states, and its analyses are not adjusted for potential confounders. Findings have not yet been crafted into manuscripts and undergone peer review.

[1] https://www.practicesights.org/

Recommendation 1. Ensure adequate PPE and require its appropriate use in practices supported by HRSA and the NHSC.

HRSA should require all practices it supports to provide personal protective equipment (PPE) appropriate to clinicians' jobs, per CDC guidelines. Assist practices in acquiring these PPE. Require all safety net practices have an explicit and firmly enforced policy for all patients and staff to wear adequate PPE and maintain social distancing as much as possible within the health facility. These recommendations are consistent with OSHA guidance for workplaces during the COVID-19 pandemic.[2]

- Supportive data:

  27% of clinicians feel that their practices or their parent organizations have not made certain that they had appropriate PPE. This includes 27% of medical providers, 32% of dental providers, and 16% of mental health providers.

  Not providing adequate PPE affects clinicians' relationships with their practices:

  Only one-quarter of clinicians who feel their practices have not made certain they have appropriate PPE report that their practices have done everything in their power to protect their health. In comparison, more than three-quarters of clinicians who indicate that their practices made certain they have appropriate PPE also report that their practices have done everything to protect their health.

  Similarly, only 14% of clinicians who do feel their practices have made certain they have appropriate PPE report that their practices have created a high degree of trust among employees. In comparison, 57% of clinicians who indicate that their practices have made certain they have appropriate PPE also report that their practices fostered trust.

- Selected comments from clinicians:

  My practice took a long time to accept and implement safety measures for its employees for the COVID pandemic. Employees had to report them . . . so that they can take adequate measures to protect their employees. ---Nurse practitioner, FQHC

  . . . We, as mental health providers, are not given any PPE and told to provide our own, . . . ---Marriage and family therapist, [redacted practice type]

  . . . Our own governor, [name], has failed to initiate a mask mandate. It makes me feel that I should not have to put my life at risk to treat dental problems for folks who cannot take simple measures to respect my right to stay alive. This point encourages me to pursue private practice where I am not expected to treat any and all. . . . In fact, I am angry. ---Dentist, "other" office-based clinic

  I felt unsafe at work. There were no protocols or very lax protocols about infection control. . . . I felt like I was fighting for my patients' quality of care while trying to stay safe myself. We were given 1 N95 mask to use [long-term]. The CEO walked around without a mask whenever he was on site. Provider room was tiny with no chance of distancing . . . I nearly quit medicine. ---Physician assistant, FQHC

  . . . Patients do not wear masks appropriately which makes me be harder with patients. Stressful time ---Physician assistant, FQHC

[2] Occupational Safety and Health Administration. Guidance on Preparing Workplaces for COVID-19. OSHA 3990-03-2020.

<u>Recommendation 2</u>. Help practices provide measures to protect clinicians' health during the pandemic

Encourage safety net practices to provide safer work site or job options for clinicians who are in high risk groups for complications if infected with COVID-19 or who live with someone who is. Assure that all clinicians who provide face-to-face care to patients or clients have immediate access to COVID-19 vaccination. All of these clinicians should now be eligible to be vaccinated per CDC recommendations.[3] Provide the means for safety net clinicians who are infected with COVID-19 to be out of work to isolate—consistent with OSHA guidance—without using regular sick-days, vacation days, or have to take unpaid leave.

- <u>Supportive data:</u>

  41% of clinicians report that they or someone they live with is in a high-risk group for complications if infected with COVID-19.

  Nevertheless, among *medical providers* who are or live with someone in a high-risk group, half report they do not have the option to work at least partially at home, and two-thirds have no option to move to a low-risk work area.

  For *dental health providers*—whose work requires face-to-face care with substantial office equipment—among those who are or live with someone in a high-risk group, 80% do not have an option to work even partially from home, and 84% do not have an option to move to a low-risk work area.

  Among *mental health providers* who are or live with someone in a high-risk group, 23% do not have an option to work even partially from home, and 43% do not have an option to move to a low-risk work area.

  There are consequences to practices for not providing safe work environments for clinicians:

  Compared to those who have the option to work from home and/or move to a safer work environment, those who had neither option more often anticipated leaving their practices within two years (64% vs. 54%) and less often would recommend their practice to others of their discipline (64% vs. 79%).

- <u>Selected comments from clinicians:</u>

  I left agency work the day my NHSC contact was completed in order to work from home full time. I am high risk and my agency wasn't able to accommodate my needs to not be on site. I am now working [part] time with [new practice] providing online counseling.
  ---Licensed clinical social worker, Mental health facility

  Our clinic has not given staff the option of working from home, including for staff like myself who . . . are considered high risk; for this reason, a lot of staff have left for other opportunities to work from home. This has created significant shortages in staff that have directly impacted client care and contributing to further burn out among existing staff. ---Licensed professional counselor, IHS/tribal site

  I have not received any support from management regarding my personal health, safety, or wellbeing. We have been denied every accommodation proposed including: schedule changes and telework. We have not only been denied changes in our program, we are often asked to see more patients, and are asked to cover multiple areas which expose us to more patients and more staff during an outbreak. I did end up contracting COVID, and due to [personal health issue] . . . I genuinely feel like my health and wellbeing is

[3] Centers for Disease Control and Prevention. <u>CDC's COVID-19 Vaccine Rollout Recommendations</u>. Feb 3, 2021.

not a priority, and our management cares more about our "numbers" and running our mental health program like a business than the wellbeing of their staff and patients.
---Licensed clinical social worker

it was disheartening when I contracted COVID through exposure at work that I was forced to take time off and go over 2 weeks without providing care for patients. Furthermore, it hurt to find out that my employer wasn't responsible to fulfill paid time off through ffcra [Families First Coronavirus Response Act] guidance due to being a healthcare facility. Rapport and safety within the clinic is uncertain and staff are struggling.
---Licensed professional counselor, FQHC

I would not be working right now if it weren't for my HRSA loan repayment obligation. I am at high risk for COVID complications . . . I do not want expose myself or my family to the risks of COVID. But I have to go into the office and do just that because the only HRSA site near me requires in person office work. So I go in and expose myself to possible COVID exposure every week.
---Psychologist, FQHC

i am burned out from talking about it. i feel unheard. if i get it i will die. my organization doesn't pay for my time off even if i get covid from work. ---Psychologist, Mental health facility

<u>Recommendation 3</u>. Help clinicians meet their children's needs

Provide the means for safety net clinicians to meet the logistical and financial requirements of caring for their children during the pandemic. Encourage safety net practice leaders to allow clinicians time off to respond to pressing needs of their children. Educate and encourage practice leaders to try to accommodate clinicians' responsibilities to their children when shaping clinical services and schedules, when assigning responsibilities to individuals, and in granting excused leaves.

- <u>Supportive data:</u>

  Among clinicians with children at home, 28% report severe stress trying to meet their children's needs during the pandemic (another 49% report moderate stress).

  As a comparison, only 8% of clinicians with children at home report severe stress from the possibility of or actually losing their jobs and 8% from personal finances.

  Clinician-mothers more often report severe stress from meeting children's needs than clinician-fathers (31% vs. 14%).

  Stress from meeting children's needs during the pandemic has consequences for practices, as it is associated with clinicians' mental health and how long they may remain in their practices:

  95% of parents who report severe stress from meeting their children's needs also report feeling burned out in the past month (vs. 74% of parents who report no or minimal stress from meeting their children's needs).

  Similarly, 67% reporting severe stress meeting their children's needs also report feeling down, depressed or hopeless (vs. 39% among those with no or minimal stress meeting children's needs).

  43% of parents reporting severe stress meeting their children's needs anticipate they will leave their practices within two years (vs. 23% of parents who report no or minimal stress meeting children's needs).

- <u>Selected comments from clinicians:</u>

  I worry about childcare, I worry about helping my kids with homeschooling, I worry about losing my job . . . I am not sure I want to continue working in healthcare after this. ---Nurse practitioner, FQHC

  . . . I found it to be very stressful to work for this agency after I was put in a situation where I was going to be home without pay due to school and day care closings. The agency I work for now has policies in place to support employees in this pandemic. ---Licensed clinical social worker, mental health facility

  COVID-19 has affected my family and I in juggling work with our Children's virtual learning. My employer has only been concerned with their productivity numbers and not the stress we as parents are facing . . . ---Licensed professional counselor, FQHC

  Very difficult with children doing distance learning. Currently took leave from work due to lack of childcare and assistance with their schoolwork. ---Licensed professional counselor, IHS/tribal site

  COVID-19 has affected my family and I in juggling work with our Children's virtual learning. My employer has only been concerned with their productivity numbers and not the stress we as parents are facing with our children's education. ---Licensed professional counselor, FQHC

<u>Recommendation 4</u>. Enhance access to behavioral health services for clinicians

With three out of four safety net clinicians feeling burned out and half feeling depressed and hopeless, HRSA should ensure there are ways for all safety net clinicians to access mental health resources and care. This recommendation is consistent with OSHA guidance for workplaces during the COVID-19 pandemic, "Ensure that psychological and behavioral support is available to address employee stress." Promote ways for clinicians to take short, paid periods away from work for recovery and to again feel invigorated in their work and lives. Educate and encourage practice leaders how to create an organizational work culture of caring and support.

- <u>Supportive data:</u>

  Mental health issues are common among safety net clinicians:

  > In the preceding month: 76% of clinicians report feeling burned out; 48% report feeling down, depressed or hopeless; 67% report being bothered by emotional problems; and 61% have worried that work is hardening them emotionally.

  Nevertheless, only 44% of clinicians report that their practice or its broader organization offers a stress management program or resources.

  There are costs to practices when clinicians experience mental health issues in the pandemic:

  > Fewer clinicians who feel depressed, compared to those who do not, would definitely recommend their practices to others (30% vs. 50%). Similarly, fewer clinicians who report that they are bothered by emotional problems would definitely recommend their practices to others (34% vs. 54%).
  >
  > Further, half of clinicians currently serving in the NHSC who report feeling depressed or bothered by emotional problems anticipate leaving their service sites within two years. In comparison, nearly three-quarters of those who feel neither depressed nor bothered by emotional problems anticipate remaining in their service sites beyond two years.

- <u>Selected comments from clinicians:</u>

  It has been difficult hearing about increasing daily difficulties patients are having due to having COVID or are struggling with feeling anxious, depressed, or are grieving for someone who passed away, and feeling there is no support at work for feeling overwhelm, except suggestions to take days off.
  ----Licensed clinical social worker, FHQC

  . . . The long term impact of working in a community that experiences high levels of trauma, oppression, discrimination, lack of access and now, with a global pandemic, higher rates of infection and death, has been extremely difficult. What was already difficult work has become completely exhausting. I know I am a good clinician and I am proud of my work in mental health/trauma/substance use but the pandemic and the difficulty of this collective trauma has forced me to wonder if I can continue to do this work long term. . . . I may need to look for a different career after my debt is finally paid off and I can reasonably step down from the position I have in my current placement. ---Licensed professional counselor

  I experienced a high level of anxiety and had to work [parttime] to recuperate, so my salary decrease[d].
  ---Nurse practitioner, FQHC

  . . . As a behavioral health worker telehealth drastically impedes my ability to feel connected to my clients, along with my own stress and burnout reducing my ability to stay focused and connected. This causes me

to feel less satisfaction from my position, due to feeling less effective at my job. . . . I'm doing my best to support the team I supervise to stay afloat, but we're all working on fumes.
---Licensed clinical social worker, Mental health facility

The increased workload and stress combined with the subsequent decrease in provider support has led me to leave the clinic where I work, which is the approved site for NHSC. Even though it is very financially stressful to me and my family, I am choosing to [end] my NHSC contract early and pay the immensely high fees to do so. I am doing this for my mental health. I have accepted a job to work at an organization that offers more provider support and resources. ---Physician, FQHC

Many of my coworkers are struggling with burnout. Our work has shifted in the sense that we are dealing primarily anxiety, depression, fear, and grief and loss. It's a difficult time to be a helper. Although my work has made great changes to protect our physical health, they have [done] little to help our emotional health
---Licensed clinical social worker, FQHC

Although caseload numbers have stayed steady and busy, the emotional and stress burden has been EXTREMELY heavier working in mental health likely to cause a much earlier burnout and perhaps leaving site and area of medicine earlier than planned ---Physician assistant, "other" office-based practice

My practice clinic already had burnt me out long before my contract was done, but the pandemic made it worse. I'm now pursuing an entirely different career and experiencing a lot of mental and physical struggles that I believe my practice clinic is responsible for. They do not consider the wellbeing of employees who repeatedly ask for changes that do not happen and there should be accountability, as their behavior contradicts the purpose of the NHSC. ---Licensed clinical social worker, FQHC

Our clinic has been overwhelmed and is constantly trying to meet the need. Its a stressful terrible time that wont stop... ---Physician assistant, IHS/tribal site

Very stressful. My organization did not allow time off even when I requested a mental health day it was denied, . . . ---Physician assistant, FQHC

Doing telehealth is exhausting and has led me to feel burned out. I work with a very high needs/low resources population and trying to meet their needs via telehealth feels overwhelming. My department continues to be understaffed, and at times my scheduled has been overwhelming.
---Psychologist, IHS/tribal site

<u>Recommendation 5</u>. Provide financial recognition for clinicians' expanded and exhausting workload and hazardous roles

Promote ways for safety net clinicians to be financially compensated—such as through bonuses or by increases in loan repayment amounts—if in meeting the needs of their patients and practices during the pandemic they have had to work substantially longer hours, see many more and sicker patients, or taken on additional responsibilities. Similarly, find ways to provide hazard pay or otherwise recognize clinicians working in particularly hazardous roles during the pandemic.

- <u>Supportive data:</u>

  Nearly one-quarter of clinicians report a 25% or greater increase in daily patient visits during the pandemic, but only 13% of these clinicians report that they had received a bonus or hazard pay, and just as many reported a reduction in salary or benefits.

  > Greater proportions of mental health providers (26%) and medical providers (25%) experienced a 25% increase in patient visits than dental providers (11%)

  Acknowledging and rewarding extra work demands placed on clinicians can make the demands feel less onerous to clinicians.

  > Fewer clinicians who report a 25% increase in patient visits and received a bonus report that they now feel that "things were piling up so high that [they] could not overcome them," compared to those who did not receive a bonus (39% vs. 53%).

- <u>Selected comments from clinicians:</u>

  My work load increased significantly due to COVID. At the same time the clinic deferred raises this year.
  ---Licensed professional counselor, FQHC

  Work harder under more stressful situations, at higher risk for illness with reusing ppe and get no hazard pay like other "essential business". ---Nurse practitioner, FQHC

  Our services are more accessible due to telehealth, which is fabulous, but also means we are busier than we ever have been before. They suspended our raises, even though they are making more money due to increased access. ---Licensed professional counselor, FQHC

  Increased work load for me, increased productivity for me . . . yet decrease in scheduled raise.
  ---Physician assistant, FQHC

  Increased work hours with benefits removed. ---Physician, FQHC

  More work, no increase in pay, little support or acknowledgement that we are doing well. Don't want to stay where I work after my contract ends because of unrealistic expectations my upper management.
  ---Psychologist, FQHC

  We have had to take more call, since our rural practice format includes outpatient, inpatient, and OB. We have had to make massive adaptations . . . Myself and my physician partners are all working longer/more hours due to new COVID call on top of our regular inpatient call and trying to keep up on the clinic side too which is quite difficult.
  ---Physician

<u>Recommendation 6</u>. Provide emergency financial relief to clinicians in dire financial situations

Some safety net clinicians face dire financial situations due to cuts in their own or spouses' pay or from furloughs and layoffs, at times compounded by higher costs for childcare. Many of these clinicians are early in their careers and with little personal savings and substantial education debt. These clinicians are at high risk of being lost to their practices. HRSA should develop ways to have emergency financial relief provided to safety net clinicians facing particularly dire financial situations.

- <u>Supportive data:</u>

  A significant minority of all safety net clinicians—but approaching half of dental providers—have experienced financial and/or job security challenges during the pandemic.

  16% of clinicians report that their salaries or benefits were reduced during the pandemic—the highest rate is among dental providers (31%).

  9% of clinicians report that they were furloughed during the pandemic—highest among dental providers (41%). 2% of clinicians have been permanently laid off—also highest among dental providers (7%).

  14% of clinicians report that their practice temporarily closed for four weeks or more during the pandemic, and 2% of clinicians reported that their practices closed permanently—temporary closures occurred most often for dental providers (44%), as did permanent closures (4%)

  10% of clinicians report severe financial stress—the highest rate is among dental providers (22%).

  Among clinicians who report severe financial stress, 44% report that their salaries or benefits were reduced during the pandemic, 28% report their practices had closed temporarily and 7% that their practices closed permanently

  Among dental providers who report severe financial stress, the practices of 55% closed for at least 4 weeks during the pandemic and the practices of 9% closed permanently. Further, 72% of these dental providers had been furloughed and 25% have been laid off.

- <u>Selected comments from clinicians:</u>

  My clinic had furloughed me until further notice and . . . my husband [was laid off] due to the pandemic. We are struggling financially and also to fulfill the NHSC contract. ---Dentist, FQHC

  It was necessary to use some of my repayment money to pay bills. Now I will be scrambling to repay the money before the end of my contract. ---Nurse practitioner, FQHC

  Covid-19 has empacted my life in so many ways. I lost all my benefits, laid off, extended contract once again, money problems. Its a very hard and stressful situation. . . ---Dental hygienist, FQHC

  My salary has been reduced and that has placed a financial burden on me and my home. ---Nurse practitioner, "other" office-based site

<u>Recommendation 7</u>. Set expectations for practice leaders to weigh the needs of clinicians as people and as workers when setting organization programs and policies

Set expectations for leadership in safety net practices to maintain positive and supportive relationships with clinicians and staff during the pandemic, even when pressed to meet patients' needs. Help practices know how best to communicate with clinicians, hear their needs and suggestions, craft supportive policies, and show appreciation for their work. HRSA's guidance on these issues will be heard and trusted by safety net practices.

a. Provide a C-suite leadership webinar series to inform practice leaders. Create education and training materials. Offer webinars.

b. Encourage leadership to share information on the practice's finances with all staff to help them understand the rationale for decisions as they are made.

- <u>Supportive data:</u>

  Using survey response data, a "*my practice cares about me*" scale was created (Alpha=.94) by averaging Likert-scale responses to five questions: *During the pandemic, my practice/clinic: (a) has done everything within its power to protect my health, (b) has really cared about my well-being, (c) has appreciated my contributions, (d) has created a high degree of trust in the organization among employees, (e) has done everything within its power to help me provide high quality care in difficult situations*.

  Clinicians in the bottom quartile on the "*my practice cares about me"* scale, compared to those in the top quartile:

  - more often report they are depressed (65% vs. 34%) and burned out (88% vs. 64%)
  - less often would recommend their practices to others in their discipline (34% vs. 97%)
  - among those currently in the NHSC, they more often anticipate leaving their service practices within two years (61% vs. 22%)
  - among those who have completed their NHSC contracts, fewer are actually still working in their service practices (65% vs. 91%)

- <u>Selected comments from clinicians:</u>

  I feel like the economic impact on my agency has caused a sense of fear in administrative staff and there's been less focus on supporting staff.
  ---Licensed professional counselor, IHS/tribal site

  . . . I have felt a general lack of communication between administrative personnel and staff. . . . . there is a lack of coordination between providers. It feels like an "every-man-for-himself" situation. . . This has created an air of mistrust.
  ---Physician assistant, Rural Health Clinic

  I think the NHSC needs to . . . hold clinic sites/companies more accountable about the reported work conditions and treatment of employees in the program. Because my site was so terrible, all the participants either left before or after their contract ended (myself included) and I would strongly advise against anyone having to commit any time in exchange for loan repayment. At the end of the day we all questioned if our mental health and overall well being was worth it.
  ---Licensed clinical social worker, FQHC

There was little appreciation shown to staff initially during COVID. Instead, staff meetings were about productivity requirements . . . It left me with less respect for the agency overall.
---Licensed professional counselor, FQHC

This has illustrated how ineffective mgmt is and how they don't care about us or patients. It's disgusting to work for such a system.
---Psychologist, mental health facility

My clinic had years of dysfunctional management . . . My burn out with this clinic is much more related towards long term dysfunction in leadership with patterns of leading from fear and intimidation as opposed to burn out from stress directly related towards Covid-19.
---Physician assistant, FQHC

. . . board and the administrator reduced clinic hours and fired my co-worker. They reduced hours . . . I as a provider was not asked or consulted I was told what my new schedule was with 2 days notice.
---Physician assistant, Rural Health Clinic

It has been exhausting and damaged morale at our clinic. . . . The pandemic just brought out a lot of dysfunctions that were already there and made them more obvious and more immediately destructive.
---Physician assistant, FQHC

Administration is not listening to provider concerns about staff or patient safety (not just myself, but a large group of providers).
---Physician, FQHC

<u>When practice leadership supports the needs of clinicians, they recognize and celebrate this:</u>

I am happy to serve during this historical time. My clinic truly has been indispensable for my community. Stressful times like this shows who has true leadership skills and I am happy to be working now with a strong admin team with the rare exception
---Physician, FQHC

This year has stretched me for sure, but overall I feel blessed to work where I do and to be able to be in healthcare and help people throughout this pandemic.
---Physician assistant, FQHC

My organization has been very supportive during this time. They have not furloughed or laid anyone off. We are a community health clinic and we definitely serve our community.
---Nurse practitioner, FQHC

My practice site has done everything in their power to provide resources to both staff and clients during this difficult time. I have felt safe every step of the way. I could not be more thankful for my practice setting.
---Licensed clinical social worker

<u>Recommendation 8</u>. Provide increased flexibility in how NHSC clinicians can fulfill their contracts

Provide all possible flexibility in amending NHSC participants' contracts to accommodate the many significant changes the pandemic has caused for their clinics and family situations that were not anticipated when they signed contracts. The option to amend service contracts for pandemic-related circumstances should be clearly and proactively communicated to all NHSC clinicians. NHSC participants should not be left worrying about how changes in their jobs due to the pandemic may put them in violation of their contracts and make them liable for large financial penalties. The NHSC should build on flexibilities that have already been implemented.

- <u>Supportive data:</u>

  Many NHSC clinicians report that the terms of their NHSC contracts have been amended during the pandemic because of its disruptions to patient care.

  19% of these NHSC clinicians report at least one change in their contracts. Three-quarters of these changes were extensions in the contract end-date. More than half of dentists report at least one change in their NHSC contracts.

  Among all clinicians who reported extensions of the end-date of their contracts, 70% reported that they had been furloughed or laid off from their jobs.

  Both the 19% of NHSC clinicians who had their contracts amended and almost as many who did not have their contracts amended report that participating in the NHSC during the pandemic is a stress.

  35% of all NHSC clinicians report that they have had moderate or severe stress during the pandemic from their participation in the NHSC, including 60% of dental providers.

  Among clinicians who report a change in their NHSC contracts, two-thirds report moderate or severe stress from their NHSC participation, as do one-quarter of those who have not had a change to their contracts.

  For 40% of those who report moderate or severe stress from participating in the NHSC during the pandemic, this stress equaled or exceeded the level of stress they report due to their personal finances and the possibility of or actually losing their jobs.

  Feeling stress from participating in the NHSC during the pandemic is associated with clinicians' mental health.

  Among those who report moderate or severe stress from their NHSC participation, 88% feel burned out from work, 60% report they are bothered by feeling down, depressed or hopeless, and 72% report that they are worried that work is hardening them emotionally.

- <u>Selected comments from clinicians:</u>

  Our clinic was closed for 2 months. This prolonged my time commitment. I have since fulfilled my required time and chose not to continue in the program due to fear of another furlough. ---Dentist, FQHC

  . . . Constant/continual worry about the possibility of being laid off and another suspension/new updated end date was stressful. It felt like I wasn't ever going to fulfill my contract and when I aired these concerns to one of the NHSC reps over the phone I was met with what I felt to be a rude "response", how basically it

was my fault and my doing since I signed the contract. Kind of like Oh well, too bad for you response.
---Dental hygienist, FQHC

My clinic had furloughed me until further notice and . . . my husband [was laid off] due to the pandemic. We are struggling financially and also to fulfill the NHSC contract. ---Dentist, FQHC

It has been difficult hearing about increasing daily difficulties patients are having due to having COVID or are struggling with feeling anxious, depressed, or are grieving for someone who passed away, . . . I feel I can't take days off due to having a service contract and not knowing how that would be affected.
---Licensed clinical social worker, FQHC

I feel penalized by the forced hours reduction at my site. They cut all staff and provider hours . . . This greatly impacted my income and resulted in the extension of my service period. I would like the NHSC to consider waiving an extension of service dates for factors like this that are out of participants control.
---Nurse practitioner

The covid pandemic has made work difficult. Due to my HRSA loan repayment contract I have been forced to stay with a company who has revoked our medical benefits and refused to provide any supports for their employees during the pandemic. They were only concerned about their own financial situations. I am forced to stay here despite having a great job opportunity to work in the same community . . . However, I cannot make this move due to my HRSA contract continuing to be extended due to the pandemic and furloughs that took place on the part of my employer. This has only caused further distress to myself and my family due to emotional, physical, psychological, and financial stressed and worries.
---Licensed professional counselor

I was afraid I would get permanently laid off and not be able to complete my commitment and moving is not an option for me since . . . and my husband has a well established job. This would have caused financial distress for my family. It has made me not want to apply for this commitment again.
---Dentist, FQHC

Due to pandemic there has been management changes; I received a promotion, yet still carried a patient caseload. Ultimately, I've been spending many hours at work and have had little time for other things. Did not immediately change status with [NHSC] from full-time to part-time clinician (as I'm still working over 60 hours a week) . . . am fearful I will disqualify for my grant. It would be nice if more leeway and flexibility was allowed during this time, from [NHSC], for healthcare workers.
---Licensed clinical social worker, mental health facility

My position closed . . . Due to required clinic type I have been unemployed since [date] and have to move from home to another state to complete contract or receive a hefty fine. 3 times what was paid on my student loans. Would not recommend HRSA contract to anyone . . . ---Nurse practitioner, FQHC

Covid-19 has empacted my life in so many ways. I lost all my benefits, laid off, extended contract once again, money problems. . . . I am still waiting for my location to start up again . . . I am worried since the temporary suspension is only for 1 year max . . . Dental careers is limited at some locations and relocating will put another burden on me. This is a situation that no one has control over and I just wish some of the requirements for the loan repayment would be more understandable to its participants.
---Dental hygienist, FQHC

Most stress comes from being afraid I will be out of compliance with the LRP.
---Substance use disorder counselor, Mental health facility