

**W E L C O M E**

**Ryan White HIV/AIDS Part C, Part D and Part F Dental Programs  
Stakeholder Meeting**

**Health Resources and Services Administration | HIV/AIDS Bureau  
Division of Community HIV/AIDS Programs**

**July 20, 2023**





# DCHAP Stakeholder Webinar

July 20, 2023

**CAPT Mahyar Mofidi, Director**  
Division of Community HIV/AIDS Programs (DCHAP)  
HIV/AIDS Bureau (HAB)

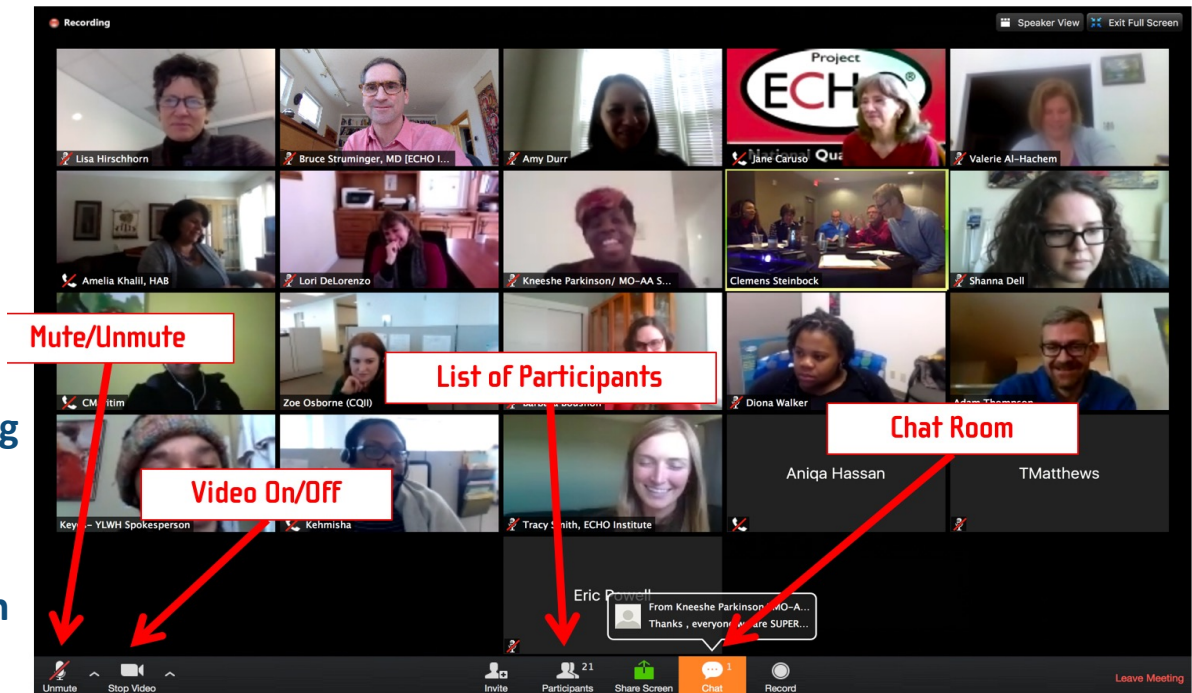
Vision: Healthy Communities, Healthy People



# Zoom Platform

## Virtual Etiquette

- Mute your line and stop your video during presentations
- Chat to ask questions and make comments during the presentations and discussion
- Start your video when presenting – we will call on you
- Pair your phone with your computer – to reduce bandwidth



# Meeting Agenda

---

- **Public Health Updates**
- **Program Updates**
- **Recruiting and Retaining Staff: Strategies for Building and Sustaining the HIV Workforce and Strengthening Organizational Capacity**



# HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

---

## 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 HIV/AIDS Bureau Strategic Priorities

## Lead Progress: Foster Innovative Solutions to Drive Improvements



Lead and enhance national HIV care and treatment through evidence-informed interventions, best practices dissemination, data-driven decision making, health workforce development, quality management, policy development, and program implementation.

## Partner for Results: Engage Strategically with Stakeholders to Enhance Outcomes and Achieve Results



Develop and strengthen strategic domestic partnerships internally and externally to improve program design, implementation, and evaluation; data utilization and sharing; communications; policy development; community engagement; and service integration.

## Promote Integration: Integrate HIV Services to Improve Overall Outcomes



Implement an integrated approach to HIV care and treatment in an evolving healthcare environment, with a focus on syndemics and the social determinants of health, by integrating preventative care, mental health services, and substance use treatment into HIV primary care.

## Leverage Data: Use and Disseminate Data to Inform Decision Making and Measure and Evaluate Progress



Use data from a variety of sources to improve policies, decision-making, and service delivery and create mechanism for program and outcome data dissemination, including dashboards and data visualizations.



# Public Health Updates



# Mpox Health Alert Network (HAN)

---

- [HAN: Potential Risk for New Mpox Cases](#) (May 15, 2023)
  - Cluster of mpox cases in the Chicago area
    - ✓ Between April 17 to May 5, **12 confirmed and one probable cases** reported
    - ✓ Nine of the cases were among men who had received two JYNNEOS vaccines
    - ✓ No hospitalizations
  - Although vaccine-induced immunity is not complete, vaccination continues to be important in preventing mpox and decreasing severe infections
  - A resurgence of mpox could occur as people gather for festivals and other events this spring and summer





# Mpox Resources

---

- Risk of renewed mpox outbreaks warrants continued vigilance, steps to reduce risk of infections and vaccination
- Clinician recommendations for evaluating and treating mpox are available on the CDC website:  
<https://www.cdc.gov/poxvirus/mpox/clinicians>
- May 19, 2023, Morbidity and Mortality Weekly Report (MMWR) includes reports on the effectiveness of JYNNEOS against diagnosed mpox and the effectiveness of JYNNEOS in preventing mpox



# Additional Mpox Resources

## Get Healthy and Ready for Summer 2023

[Print](#)



The warmer months are full of events that celebrate the LGBTQ+ community. Preparing for this season is a great opportunity to make sure that you stay healthy before, during, and after these celebrations.

## Learn more about mpox

Scan to learn more about mpox or visit [www.cdc.gov/mpox/your-health](https://www.cdc.gov/mpox/your-health)



For more information: <https://www.cdc.gov/lgbthealth/summer/>





# Medicaid Continuous Enrollment Unwinding

## DCHAP Stakeholder Meeting

**Andrea Jackson, DrPH, MPH**  
Chief, Policy Development Branch, Division of Policy and Data  
HIV/AIDS Bureau (HAB)

**Vision: Healthy Communities, Healthy People**



# Medicaid Continuous Enrollment Unwinding

## Background

---

- Under the Families First Coronavirus Response Act (FFCRA, P.L. 116-127), states received a 6.2 percentage point increase in the federal match if they did not disenroll individuals during the public health emergency (PHE).
- The Consolidated Appropriations Act of 2023 (CAA, P.L. 117-328) enacted in December 2022:
  - decoupled the continuous coverage requirement from the PHE, ending it on March 31, 2023
  - phased down the enhanced matching rate over the remainder of 2023 if states meet certain criteria
  - established specific public reporting requirements, and –
  - provided the Centers for Medicare & Medicaid Services (CMS) with additional enforcement mechanisms
- States have resumed normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible**.



# Important Reminders about the Medicaid Continuous Enrollment Unwinding

- States began processing Medicaid and CHIP **redeterminations** as early as February 1, 2023, resulting in eligibility renewals or terminations on or after April 1, 2023.
- CMS found that of the renewals due in April, about:
  - 45% of renewals resulted in people successfully being able to keep their Medicaid or CHIP coverage.
  - 31% of renewals resulted in someone losing Medicaid or CHIP coverage.
    - **Of those that lost coverage, 79% were due to procedural reasons like not returning a renewal form.**
  - 24% of renewals were still being processed by Medicaid and CHIP agencies.
- **High rates of procedural terminations alongside data indicating many Medicaid enrollees are not aware that renewals have restarted is concerning.**



# Where do we go from here to keep people covered?

---

Ryan White HIV/AIDS Program recipients and subrecipients can assist people with Medicaid coverage to:

- ✓ **UPDATE their contact information** with their state Medicaid agency.
- ✓ **RESPOND to the Medicaid/CHIP renewal form** when it arrives.
- ✓ **CONSIDER OTHER COVERAGE OPTIONS** If a client is no longer eligible for Medicaid or CHIP, check for other coverage options (e.g., employer, Affordable Care Act Marketplace at HealthCare.gov, or through Medicare).
- ✓ **AGGRESSIVELY PARTNERING** with managed care health insurance plans, hospitals, pharmacies, community organizations, employers, schools, and other partners to get out the word to Medicaid enrollees and assist patients in completing renewal forms or directly connecting them to health plans, navigators, or state agencies that can help do so.



<https://www.medicaid.gov/resources-for-states/downloads/renewals-all-hands-on-deck-fact-sheet.pdf>



# Where do we go from here to keep people covered?

- Identify all clients at risk of losing Medicaid coverage and **flag their charts** for reminders.
- **Send reminders** to clients regarding the need to renew Medicaid coverage.
- **Schedule advance appointments** to assist clients with Medicaid coverage renewals.
- **Boost staff capacity** to help Medicaid eligible clients renew and maintain coverage and help clients who are no longer eligible for Medicaid transition and enroll in alternate coverage
- **Increase staff time** on engagement, education, renewal, and enrollment activities for Medicaid clients.
- Ensure that Marketplace-eligible clients losing Medicaid or CHIP coverage from March 31, 2023 through July 31, 2024 are informed of the temporary **Exceptional Circumstances Special Enrollment Period (“Unwinding SEP”)** providing additional flexibility to enroll in Marketplace coverage.



# Medicaid Resources

- **Access, Care, and Engagement Technical Assistance (ACE TA) Center**
  - [targethiv.org/ace](http://targethiv.org/ace)
- **CMS Medicaid Unwinding Resources**
  - [Medicaid.gov/unwinding](http://Medicaid.gov/unwinding)
- **All Hands-On Deck: Keeping People Covered as States Restart Routine Medicaid Renewals**
  - <https://www.medicaid.gov/resources-for-states/downloads/renewals-all-hands-on-deck-fact-sheet.pdf>
- **Medicaid Continuous Enrollment Unwinding Program Letter**
  - <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/medicaid-continious-enrollment-unwinding-program-letter.pdf>





# DCHAP Program Updates



## Notices of Award (NoA)

---

- **RWHAP Part D WICY Supplemental (HRSA-23-050)**
  - Anticipate awards to be released by August
- **RWHAP Part C Capacity Development (HRSA-23-052)**
  - Anticipate awards to be released by September 1, 2023



# Important Dates: Upcoming FFR Deadlines

<b>RWHAP Part C</b>	<b>Budget period ends...</b>	<b>FY 2022 FFR Due Date</b>
April Start	3/31/2023	7/30/2023
May Start	4/30/2023	7/30/2023
<b>RWHAP Part D</b>	<b>Budget period ends...</b>	<b>FY 2022 FFR Due Date</b>
August Start	7/31/2023	10/30/2023
<b>RWHAP Part F CBDPP</b>	<b>Budget period ends...</b>	<b>FY 2022 FFR Due date</b>
July Start	6/30/2023	10/30/2023



# FY 2022 RWHAP Part C Expenditure Reports

RWHAP Part C	FY 2022 Budget Period End Date	FY 2022 Expenditure Report Due Date
January Start	12/31/2022	3/31/2023
April Start	3/31/2023	7/30/2023
May Start	4/30/2023	7/30/2023



# FY 2023 RWHAP Part C Allocation Reports

RWHAP Part C	FY 2023 Budget Period Start Date	FY 2023 Allocation Report Due Date
January Start	1/1/2023	7/31/2023
April Start	4/1/2023	5/31/2023
May Start	5/1/2023	6/30/2023



# RWHAP Part D Allocation and Expenditure Reports

---

- **Allocation**

- FY 2022 RWHAP Part D Allocation Reports were due on **September 30, 2022.**

- **Expenditure**

- FY 2021 RWHAP Part D Expenditure Reports are due on **October 31, 2022.**

*Please work with your project officer (PO) if you need additional time to submit these reports, or if you require the assistance of Ryan White Data Support with the submission of these reports in the Program Terms Reporting (PTR) system.*



# RWHAP Part D WICY Basic Training Program

---

## Session #4



- **Topic:** Youth
- **Date:** Thursday, September 7, 2023
- **Time:** 2:00 – 4:00 pm EST

## Upcoming Session

- **Session #5 (Fall/Winter 2023):** Clinical Quality Management



# RWHAP Part D Communities of Practice (CoP)

---

**The Communities of Practice focus on three important areas:**

- Pre-conception counseling, including sexual health (2023 – 2024)
- Trauma informed care (2024 – 2025)
- Youth transitioning from youth services to adult care (2025 – 2026)

## **Trauma Informed Care Community of Practice**

- Is your Part D program interested in improving trauma informed care practices or is your Part D program excelling in this area? Consider joining the 2024-2025 cohort
- **Start date:** March 2024
- **Email:** [AskPartD@hrsa.gov](mailto:AskPartD@hrsa.gov)

[Part D Communities of Practice Resources | TargetHIV](#)





# HRSA and CDC to Jointly Host Public Health Leader and Community Listening Sessions in 2023

- In summer 2023, HRSA HAB will collaborate with CDC to jointly host the next series of virtual Public Health Leader and Community Listening Sessions.
- Similar to 2021, the virtual listening sessions will be hosted by region.
- Each region will have the opportunity to participate in both a public health leader and community member session.



# 2024 National Ryan White Conference Update

**Dates**


August 20-23, 2024

**Location**

Marriott Marquis  
Washington, DC

**Format**

Hybrid, in-person and virtual participation.



**Attendees**

Up to 3,500 in-person attendees can participate.



**Purpose**

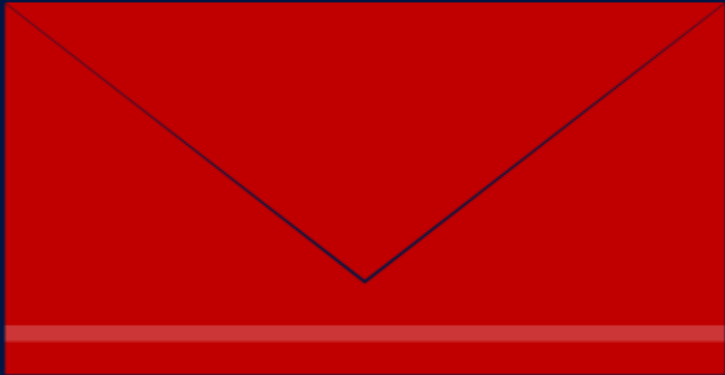
Deliver program and policy updates, share innovative care models, and provide training and TA to RWHAP recipients; federal, national, state, and local stakeholders; health care and service delivery providers; and people with HIV.

**Practice Models**

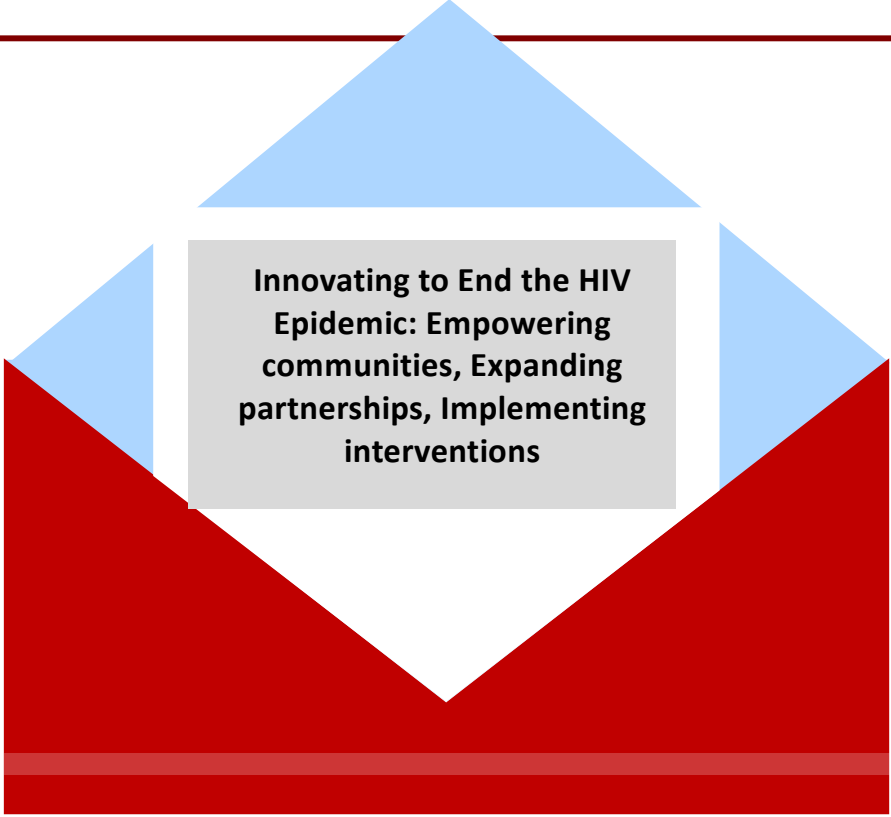
A forum for sharing best practice models to help attendees facilitate a coordinated response to HIV-related health disparities.



# 2024 NRWC Theme



# 2024 NRWC Theme



# 2023 Stakeholder Webinar Schedule

---



## SAVE THE DATE

### HAB's DCHAP Stakeholder Webinars

Day and Date	Time
Thursday, October 19, 2023	2 pm – 4 pm ET



**Poll Question :**  
**October Stakeholder Webinar**  
**Topics of Interest**



**Thank You!**



# Questions





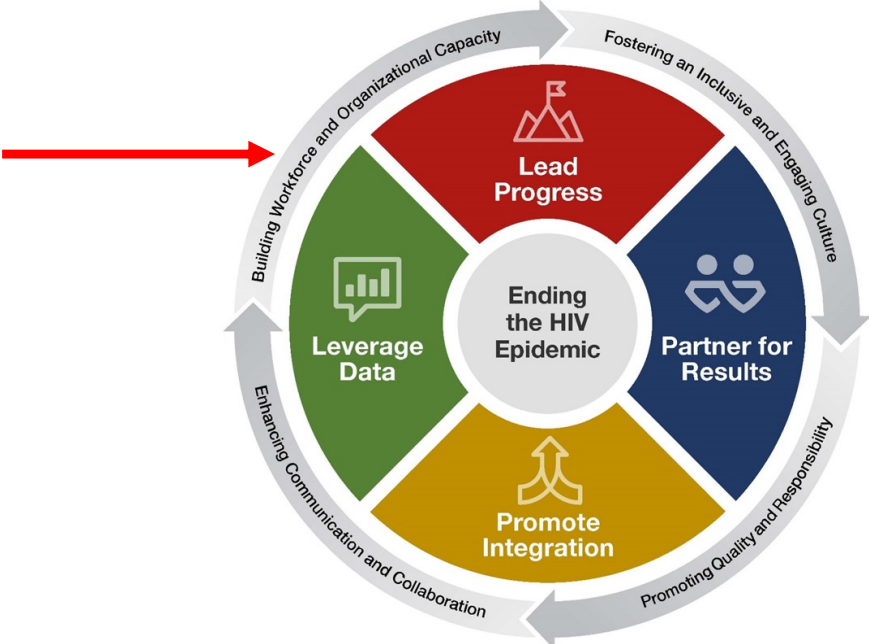
# Recruiting and Retaining Staff

Strategies for Building and Sustaining the HIV Workforce and Strengthening Organizational Capacity

**Dana Hines, Ph.D., DCHAP Nurse Consultant**



# HRSA HIV/AIDS Bureau Strategic Priorities in Action





# UPMC Presbyterian Shadyside Pittsburgh (PA) Area Center for Treatment

Part of the *UPMC Center for Care of Infectious Diseases*



Funding by  
Ryan White  
Parts C, D  
and F (SPNS)

We Provide	
Primary and Specialty Care	Pharmacy Consultation
Mental Health Service	Gynecological Care
Dietitian/Nutrition Service	Free Partner Testing
Medical/Non-Med Case Mgmt	Transportation – and more...

# Patient Demographics – 1,574 HIV+



## Gender

76% Male  
23% Female  
1% Transgender

## Age

13-24: 1%  
25-44: 28%  
45-64: 54%  
65+: 17%

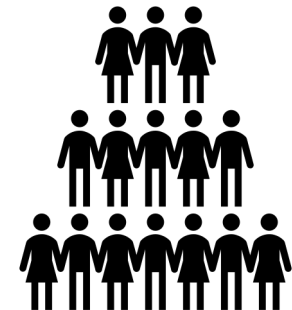
## Race/Ethnicity

White: 54%  
Black or African American: 39%  
Hispanic, any race: 4%

More than one race: 2%  
Asian: 1%

## Poverty Level

Below 100%: 22%  
100-138%: 11%  
139-200%: 11%  
201-250%: 6%  
251-400%: 12%  
401-500%: 3%  
>500%: 9%  
Unknown/Unreported: 26%

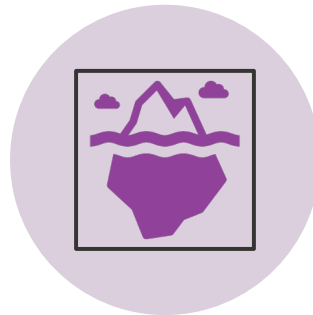


# Objectives

Presenters will:



Describe clinic staff turnover during Pandemic 2020-22



Discuss approach used to identify root causes of turnover



Summarize strategies employed to address recruitment and retention

# The Perfect Storm 2022



## In Survival Mode

Only constant – change (*previous 16 months*)

2020-21 Gradual Turnover – relocations,  
resignations, retirements

Gradual backfilling of vacancies

Were things getting back to normal?



## 2022: What happened next

Serious health diagnosis – clinic manager

All clinical patient-facing staff quit (6 in span of 8  
weeks)

No clinical staff remained in “front of the house”

Led to several more departures

# Staff Turnover

With all departures,  
turnover rate for ID  
outpatient department  
employees was >41%



# Getting Under the Hood

- Understatement to say we were in trouble
- Intentional action needed to identify root cause(s) of exodus

## Steps:

1. Administrator conducted exit interviews with all departing staff.
  - Common Themes
    - Burnt out from “acceptable” patient and physician behaviors
    - Felt “less than”
    - And no one was listening



# Getting Under the Hood

2. Clinic Medical Director and Department Administrator then met 2:1 with each outpatient employee, asking each the same questions.

- i. What elements of your job energize you?
- ii. What elements most play to your strengths and true passion?
- iii. What parts of your job sap your energy? Why?
- iv. Describe your ideal working situation
- v. My manager supports me by \_\_\_\_
- vi. My manager could do better in this way/these ways \_\_\_\_
- vii. I stay with Infectious Diseases because \_\_\_\_



# Getting Under the Hood

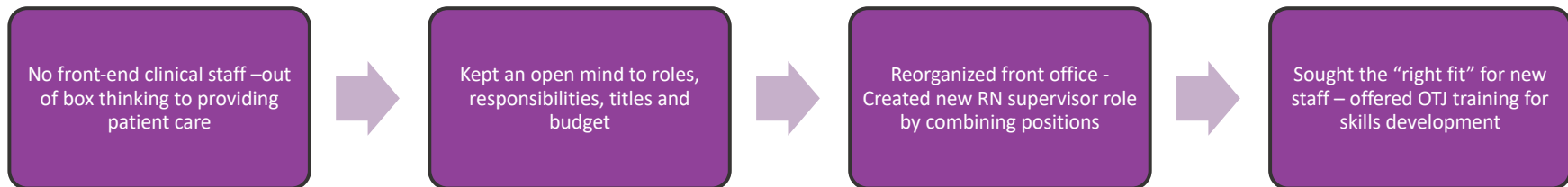
3. De-identified responses to interview questions collected in MS forms survey
4. Responses collated by neutral third party
5. Separately, Clinic Medical Director and Administrator organized feedback into major categories
6. Met to compare/contrast findings and agree on approach
7. Feedback categories were then used to create a SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis
  - Became action plan for correction



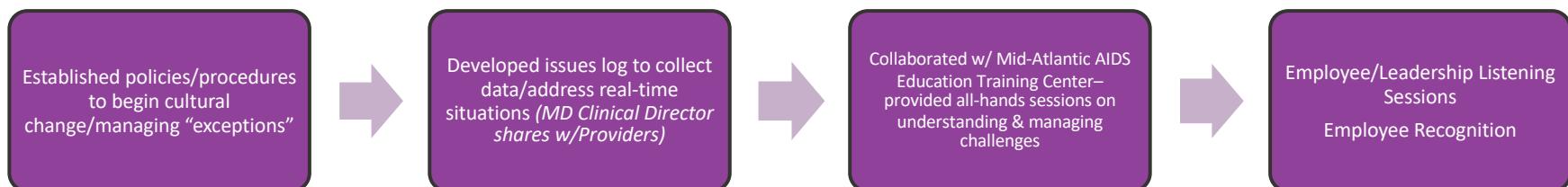
S	W	O	T
Strengths	Weakness	Opportunities	Threats
<p>Meaningful, rewarding work</p> <p>Challenging work</p> <p>Diverse patient population</p> <p>Teamwork, relationships</p> <p>Flexible work environment</p> <p>Hybrid schedules/some work from home</p> <p>Supportive management</p> <p>Independence, autonomy</p>	<p>Chronic staffing shortages</p> <p>Inconsistency among provider practices, expectations</p> <p>Disparate patient groups served with different demands, expectations</p> <p>Insufficient communication between groups in clinic</p> <p>High call volume, routing challenges</p> <p>Lack of dedicated medical records staff to track...</p>	<p>Prioritize staff recruitment</p> <p>Establish, enforce clear policies and procedures with rare exceptions</p> <p>Educate front staff on disparities</p> <p>Improve patient relations, problem solving skills via training</p> <p>Implement, document process improvements</p> <p>Conduct onboarding in consistent manner</p> <p>Establish regular dialogue among OP leadership, staff, providers</p>	<p><b>Burn-out due to:</b></p> <p>Short staffing</p> <p>Patient behaviors/demands (<i>e.g., late patients, walk-ins, texting physician when don't get what they want; unreasonable expectations for resources; play staff against each other</i>)</p> <p>Physician workflows, overbooking, add-ons, running late (<i>e.g., staff miss meals, work past shift</i>)</p> <p>Physician expectations of staff support</p> <p>New system initiatives without resources</p>

# Simultaneously Recruit & Retain - Prioritization & Multitasking (not all inclusive)

## RECRUITMENT – needed to continue seeing patients AND backfill vacancies ASAP



## RETENTION – while simultaneously focusing on opportunities & threats to develop action plan



# Lessons Learned & Key Takeaways



1. Don't wait – Listen and address team concerns in real time.
2. Ask staff to share concerns and ideas regularly, and then act on them.
3. Don't immediately press the “NO” button. Explore and if cannot accommodate, be open as to reasons why.
4. When working with physicians, have data to support your case.
5. Many times, we found that issues might have been attributed to 1-2 physicians.
6. When challenged by patients, listen to what is going on in their lives.
7. We held multiple educational sessions to help us see from patient perspective and managing expectations. However, we also cannot allow our staff to be bullied and abused.
8. Having clear processes and procedures and enforce them – This will gradually help to manage expectations.
9. Recognize and treat exceptions as exceptions. They should be rare.



# Presenters

Paula Price Ziemski, CPC, PHR, SHRM-CP  
Administrative Director, UPMC Center for Care of Infectious Diseases

[ziemskipp2@upmc.edu](mailto:ziemskipp2@upmc.edu)

412-864-1724

Kate Codd-Palmer, CRNP  
Clinic Manager, UPMC Center for Care of Infectious Diseases

[coddpalmerk@upmc.edu](mailto:coddpalmerk@upmc.edu)

412-647-3243

THANK YOU

Recruiting and Retaining Staff:  
Strategies for Building and Sustaining  
the HIV Workforce

---




**MEDICINE**



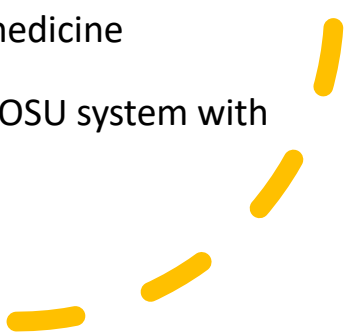


# Presenters

- Micah Derby, D.O.
  - [Michah.derby@okstate.edu](mailto:Michah.derby@okstate.edu), Clinic Medical Director
  - Bryan Bozell, Pharm.D.
  - [Bozell@okstate.edu](mailto:Bozell@okstate.edu), Clinical Assistant Professor
  - Barbi Zimmerman
  - [Barbi.Zimmerman@okstate.edu](mailto:Barbi.Zimmerman@okstate.edu), Practice Administrator
- 


A large orange shape on the left side of the slide, consisting of a vertical rectangle on the left and a quarter-circle on the right.

## Standing Out at OSU!

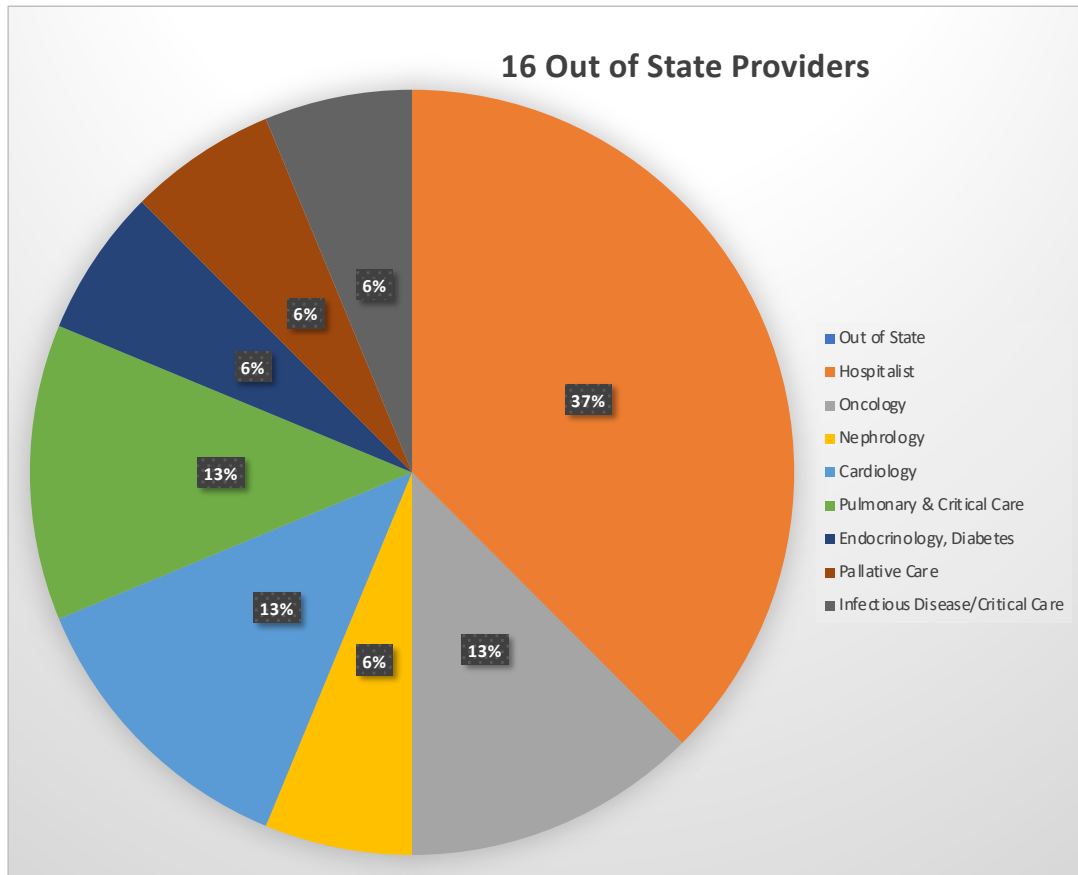
- Funding stream Ryan White Part B & C
  - When OSU Internal Medicine Specialty Service (IMSS) clinic was first awarded the grant, there were 188 patients
  - Currently, OSU IMSS is caring for 1,443 patient, and have seen 4,198 patients since January 2023
  - Our percentage of patients currently on ART is 99.3%
  - Our percentage of patients with an undetectable viral load is 90.3%
  - Since the award of the grant, OSU internal medicine residency program has trained over 170 physician with the knowledge of HIV care. This number only continues to grow as our residency program is growing
    - Our current resident class is 39 internal medicine residents
    - Many residents stay and work within the OSU system with continued exposure to HIV
- 
- A decorative graphic in the bottom right corner consisting of several short, curved yellow lines arranged in a roughly circular pattern.



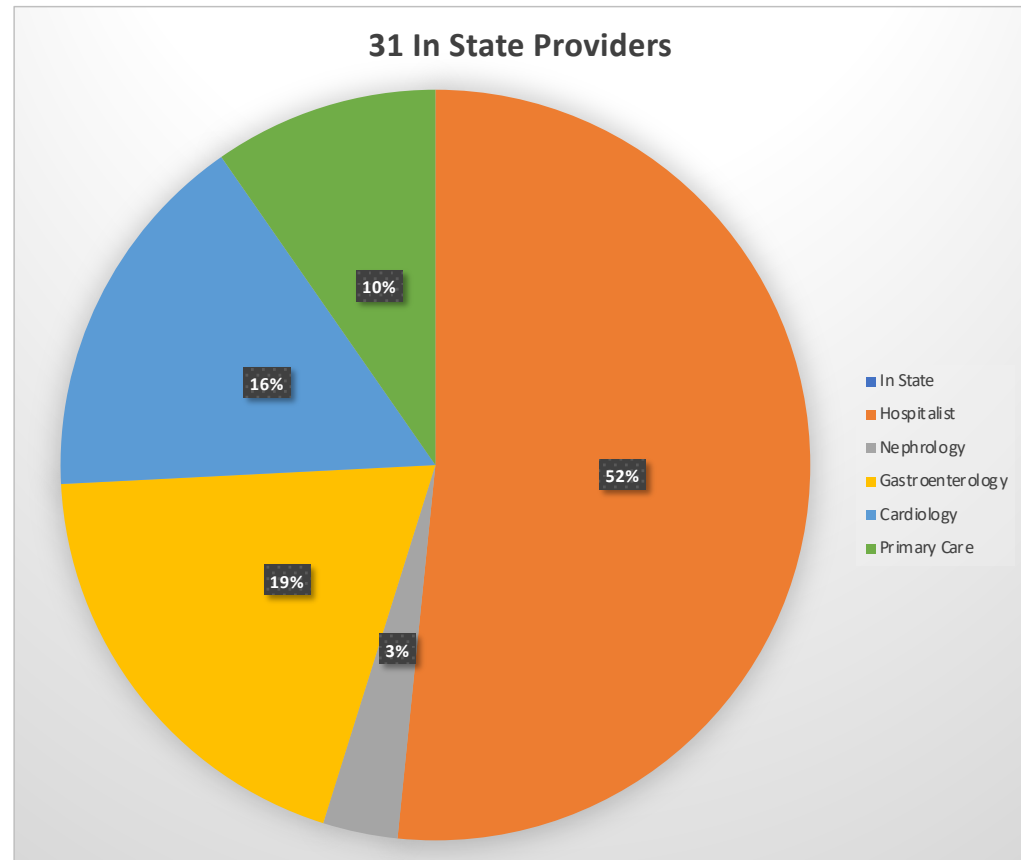
# Standing Out at OSU!

- Provider retention working with HIV program
    - Drs Baker, Som, Cook, Cobbs, Woods, Derby, Hiebert, Hardesty all Internal Medicine attending physicians at OSU
    - Other IM providers Dr. Francis Haas
    - Dr. Madhuri Lad, Dr. Misty Brannen
    - Specialist – Dr. Matt Wilkett and Dr. Steve Kiml
- 

Standing Out  
at OSU!



Standing Out  
at OSU!

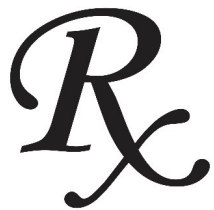


# Standing Out at OSU!

- Food and clothing pantry
- Virtual Support group lead by peer advocate
- HIV on site testing w/immediate treatment or referral to Internal Medicine for PrEP
- Collaboration with multiple local agencies in helping to prevent and treat HIV
- 6 full-time case managers
- Psych care within our clinic
- Full-time AAHIVP in house pharmacist
- Education:
  - HIV ECHO for rural Oklahoma
  - 1 of 2 U.S. residency programs that teach full-time in an HIV clinical setting
  - Telemedicine for 3 Oklahoma sites
  - All full-time clinical professors are AAHIVM certified



# Clinical Pharmacy and Staffing at OSU

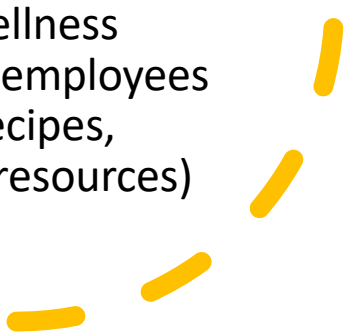


- Total of 22 PGY1 pharmacy residents (5 PGY2 residents)
  - Longitudinal rotation
- Training students and residents
- Chart review and recommendations
  - Support for medical residents and attendings
- In-services for staff
- Assisting case management, nursing, and counselors



A large orange shape on the left side of the slide, consisting of a vertical rectangle on the left and a quarter-circle on the right. The text "Staff Onboarding" is written in white inside this shape.


# Staff Onboarding

- All clinical staff attend the Clinic New Employee Orientation (NEO). Some examples of sessions for NEO include:
    - Clinic Overview: Dive into what makes OSU Medicine a great place to work!
    - History of Ryan White and timeline of HIV/AIDS
    - HIPAA, Safety, and Security: Learn how OSU prioritizes employee and patient safety and confidentiality.
    - Wellness: Find out the different wellness opportunities OSU provides for its employees (including websites with healthy recipes, multiple gyms, and mental health resources)
- 
- A decorative graphic in the bottom right corner consisting of several short, curved yellow lines arranged in a partial arc.




A large orange shape on the left side of the slide, consisting of a vertical rectangle on the left and a quarter-circle on the right side.

## Current Retention Efforts

- Salary Market Analysis
  - Career Path for 5% increase in pay
  - Tuition wavier for dependents and staff
  - Referral incentive for employees
  - Summer Hours
  - 14 days of Holiday paid time off
  - Vacation and Sick Time
  - OSU Cowboys Spurs
  - Flexible working hours
- 
- A decorative yellow dashed line in the bottom right corner, consisting of several curved segments.




# Staff Burnout/Turnover

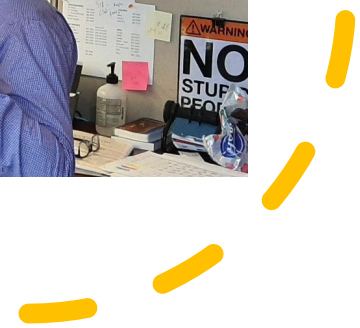
- Wellness program with incentives
  - Free access to gym
  - Cooking and gardening classes
  - Team Building w/in the office
    - Easter Egg Hunt
    - National Margarita Day
    - St. Patrick's Day – Leon Leprechaun
    - National Chip and Dip Day
    - July 4<sup>th</sup> – Linda Liberty
    - Nurses, Physician, Front, Case Management Day
- 



## Staff Engagement

- OSU Internal Medicine knows that having staff dedicated to our mission for caring for patients living with HIV/AIDs is critical to patient care and patient satisfaction.
  - OSU Internal Medicine utilizes staff meetings, department meetings, and CQI meetings to ensure feedback, concerns, and questions are addressed and answered.
  - OSU Internal Medicine welcomes and encourages education on new medications and procedures.
- 


# Team Building



A large orange shape on the left side of the slide, consisting of a vertical rectangle on the left and a quarter-circle on the right.

Thank you

Q & A

A yellow dashed arc in the bottom right corner of the slide, consisting of several short, curved segments.

# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

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



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

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



# HRSA Health Workforce Resources

---

- [Faculty Loan Repayment Program](#)
- [Substance Use Disorder Treatment and Recovery Loan Repayment Program \(STAR LRP\) Pediatric Specialty Loan Repayment Program](#)
- [Nurse Corps Loan Repayment Program](#)
- [National Health Service Corps \(NHSC\) Loan Repayment Programs](#)
- [NHSC Substance Use Disorder Workforce Loan Repayment Program | NHSC \(hrsa.gov\)](#)
- [NHSC Rural Community Loan Repayment Program | NHSC \(hrsa.gov\)](#)
- [NHSC Students to Service Loan Repayment Program | NHSC \(hrsa.gov\)](#)
- [Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce](#)



## Connect with HRSA

---

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



[Sign up for the HRSA eNews](#)

FOLLOW US:

