

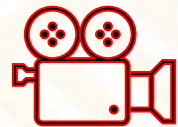
Burnout and Workplace Well-Being for Community Health Workers

January 18, 2024

Acknowledgements

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This product also draws on the work of numerous organizations and individuals deeply immersed in the work of defining and supporting community health workers. Their contributions are acknowledged via references throughout the deck.



Recording in progress

Purpose

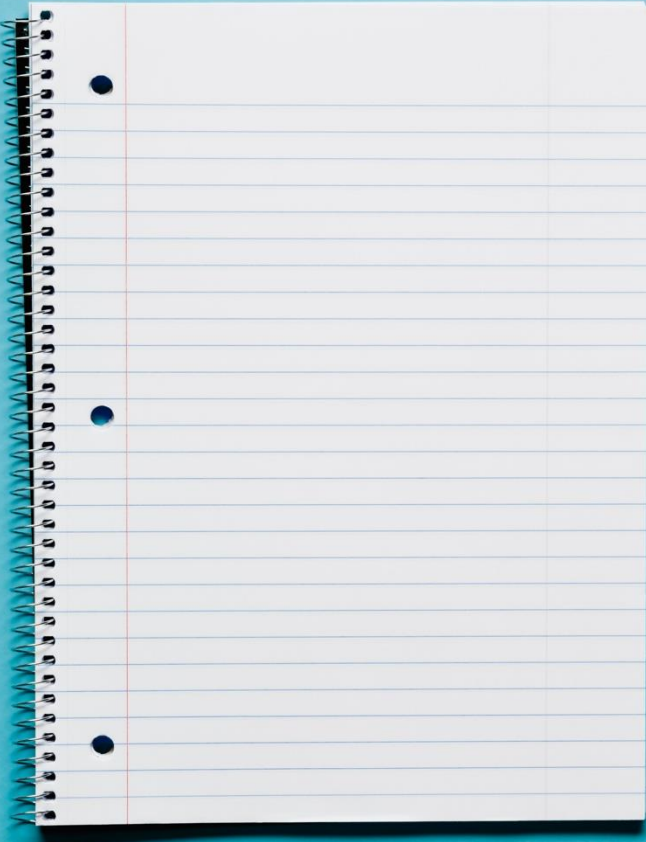
Are you a community health worker (CHW), CHW supervisor, program manager, or clinic administrator seeking to 1) facilitate honest, reflective conversations about workforce burnout and support, and 2) take concrete actions that elevate CHWs and promote their well-being?

You're in the right place. During this training, we will:

- Lay out basic terms related to burnout and workplace well-being
- Outline the complex factors that shape and influence burnout and workplace well-being
- Identify steps various players can take to improve well-being in the workplace

This resource is intended as a general guide that may simplify complex matters for the purpose of discussion. Not every section may be exactly relevant to your work or context, but the general concepts and strategies are important in a variety of settings, for a wide range of actors. *This presentation will be shared with you—feel free to adapt and use in your own workplaces to facilitate further conversation on these important topics.*

Other Goals for This Conversation



- Pause and think
- Write down notes
- Think about self and team members

Reflect



- Ask questions throughout
- Share ideas and strategies if comfortable

Discuss



- Consider how to continue conversations
- Learn more

Take Forward



First reflection: Why are you here today? Why did you choose to attend, and what do you want to get out of this?

First, Level-Setting: Who Are CHWs?

The American Public Health Association CHW Section has adopted the following definition of a community health worker:

A community health worker is a **frontline public health worker** who is a **trusted** member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/**intermediary between health/social services and the community** to **facilitate access** to services and improve the **quality** and **cultural competence** of service delivery.

A community health worker also builds individual and community capacity by **increasing health knowledge and self-sufficiency** through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

CHWs are members of the community themselves and, as such, have expertise in the health issues affecting their communities and geographies.



CHWs may be employed under a variety of titles; however, they all face similar challenges that can lead to burnout.

Partial List of Titles for CHWs:

- **Community Health Worker (CHW)**
- **Promotor(a) de Salud**
- **Aunties**
- Birth Assistant (Doula)
- Birthing Family Support Worker
- Care Coordinator
- Community Advocate
- Community Aide
- Community Care Specialist
- Community Care Worker
- Community Coordinator
- Community Dental Health Coordinators
- Community Health Associate
- Community Follow-Up Worker
- Community Health Advocate
- **Community Health Aide**
- **Community Health Coach**
- **Community Health Coordinator**
- Community Health Educator (CHE)
- Community Health Navigators
- Community Health Organizer
- **Community Health Outreach Worker**
- Community Health Partners
- Community Health Representative (CHR)
- Community Health Specialist
- Community Liaison
- Community Navigator
- Community Organizer
- Community Outreach Navigator
- Community Outreach Worker
- Community Promoter
- Community Social Worker
- Cultural Case Manager
- Cultural Interpreter
- Cultural Mediator
- Diabetes Education Associate
- Diabetes Self-Management Support Associate
- **Diabetes Educator**
- Diabetes Family Support Worker
- Diabetes Navigator
- Family Advocate
- Family Planning Counselor
- Family Support Worker
- Family Advocate
- Family Health Advocate
- Family Health Promoter
- Family Outreach Worker (FOW)
- Family Support Specialist
- Family Support Worker
- Health Ambassadors
- Health Communicator
- Health Extension Workers
- Health/Nutrition Support Worker
- **Health Promoter**
- Health Liaison
- Health Specialist
- Health Workers
- HIV/AIDS Educator
- HIV/AIDS Family Support Worker
- HIV Peer Advocate
- Homeless Advocate
- Lay Health Advocate
- Lay Health Worker (LHW)
- Mental Health Worker
- Men's Health Specialist
- Men's Health Worker
- Navigator
- Neighborhood Health Advocate
- New Professionals
- Outreach Advocate
- Outreach Coordinator
- Outreach Educator
- Outreach Specialist
- Outreach Worker
- Patient Experts
- Patient Navigator
- Peer Advocate
- Peer Counselor
- Peer Educator
- **Peer Health Educator**
- Peer Support Specialist
- Peer Wellness Specialist
- Physical Activity Specialist
- Social Determinants of Health Specialists
- Street Outreach Worker
- Wellness Ambassadors
- Wellness Guide
- Women's Health Specialist
- Youth Development Specialist
- Youth Peer Counselor
- Youth Worker

Pause for Introductions

- Name, Location, Role
- What are CHWs called in your jurisdiction?



The Challenges CHWs Face as a Field

Lack of integration with other "health" partners: CHWs are often not formally connected to the rest of the public health system, including public health departments, primary care, and other less traditional "health" players including social service providers.

Variable compensation (often low or none): The compensation mechanisms for CHWs may be complex, and these positions are often time-limited, which contributes to reduced motivation for new professionals and difficulty retaining CHWs.

Perceived lack of standardization: Approaches to programming, training, and certification vary—this offers important flexibility for different contexts but also creates challenges for unified advocacy and awareness efforts.

Unclear career advancement pathways: "Advancement" often moves CHWs out of CHW-type roles, contributing to low retention and constant need for hiring and training.

Funding challenges: Programs are often funded by multiple grants of differing terms, which may be inflexible and short-term, restricting programmatic activities and staff development.

Common themes in these challenges include lack of respect and role standardization as well as insufficient or inconsistent coordination with other players in public health and medical systems.



The Challenges CHWs Face in the Field

Access to transportation: CHWs often travel to remote communities to provide services or conduct outreach because the populations they serve often have limited access to transportation. CHWs should be reimbursed for traveling costs.

Safety issues: CHWs may deal with challenging interpersonal situations in communities and home visits. Programs must ensure the safety of CHWs and should provide safety training.

Program resources: CHWs often need access to technology, including mobile technology, to help them accomplish their jobs, especially in rural settings. Programs should provide the necessary resources and tools to complete their tasks.

Cultural barriers: CHWs serve a wide range of patients in their communities and are often able to bridge cultural barriers. To best support them in this effort, programs must provide materials that are culturally appropriate and communicate information in a way that considers local customs, beliefs, values, and traditions.

Patient referral challenges: CHWs often have difficulties referring patients to healthcare providers and coordinating services with outside providers. Steps should be taken to improve systems for coordination of care between agencies.

Partnership challenges: Limited partnership with public health, social service, and private organizations can limit outreach or unintentionally duplicate activities. Programs should identify opportunities to work with new and existing partner organizations to help extend the reach of a CHW program.



Which of these are most significant in your settings?

Topics

Background on Burnout

What Is Workplace Well-Being?

Levels of the Environment/System

Structural Level

Organizational Level

Interpersonal Level

Individual Level

Summary & Key Takeaways, Additional Resources

A Burnout Crisis Amidst a Global Pandemic

"Workforce burnout" soared during the pandemic, particularly among healthcare workers, as individuals faced overload, trauma, and lack of protection and support. But burnout is not a new phenomenon, and it hasn't gone away since the crisis faded.

Headlines about this additional crisis are prevalent, and numerous studies are emerging from around the world documenting the pandemic's effects on the health workforce.

The New York Times

Coronavirus Briefing: A Burnout Crisis

Around one in five health care workers have quit since the pandemic began.

Give this article



By Jonathan

Jan. 14, 2022

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PROFESSION AND SOCIETY

JOURNAL OF NURSING
SCHOLARSHIP

Puerto Rican healthcare workers' perspectives on the impact of COVID-19 pandemic on their role, patient care, and mental health

Carmen Alvarez PhD, CRNP^{1,2} | Noemy Diaz-Ramos EdD, RN, MSN³ |
Rosalphie Quiles PhD⁴ | Maria Jose Sanchez-Roman MD, MPH⁵ | Kristina Weeks DrPH, MHS^{2,6} |
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HOME ABOUT FEATURES CHW VOICES HSG HUB CHF HUB RESOURCES

Are we doing enough for the mental well-being of Community Health Workers during COVID-19?

August 28, 2020 By

A conversation with: Dr. Pallab K Maulik, Rohina Joshi, Alyssa Chikaphupha, David Musoke, Kingsley Chikaphupha, and Faye Moody

Occupational Stress, Burnout, and Depression in Women in Healthcare During COVID-19 Pandemic: Rapid Scoping Review

Abi Sriharan^{1,2*}, Savithiri Ratnapalan^{2,3,4}, Andrea C. Tricco^{5,6}, Doina Lupea⁷, Ana Patricia Ayala⁸, Hilary Pang^{1,9} and Dongjoo Daniel Lee^{1,9}

What Is Burnout?

Burnout is the emotional exhaustion that results in decreased sense of personal accomplishment at work, sometimes accompanied by the feeling that you're observing yourself from outside your body or that things around you aren't real (called "depersonalization").



CHWs and Burnout

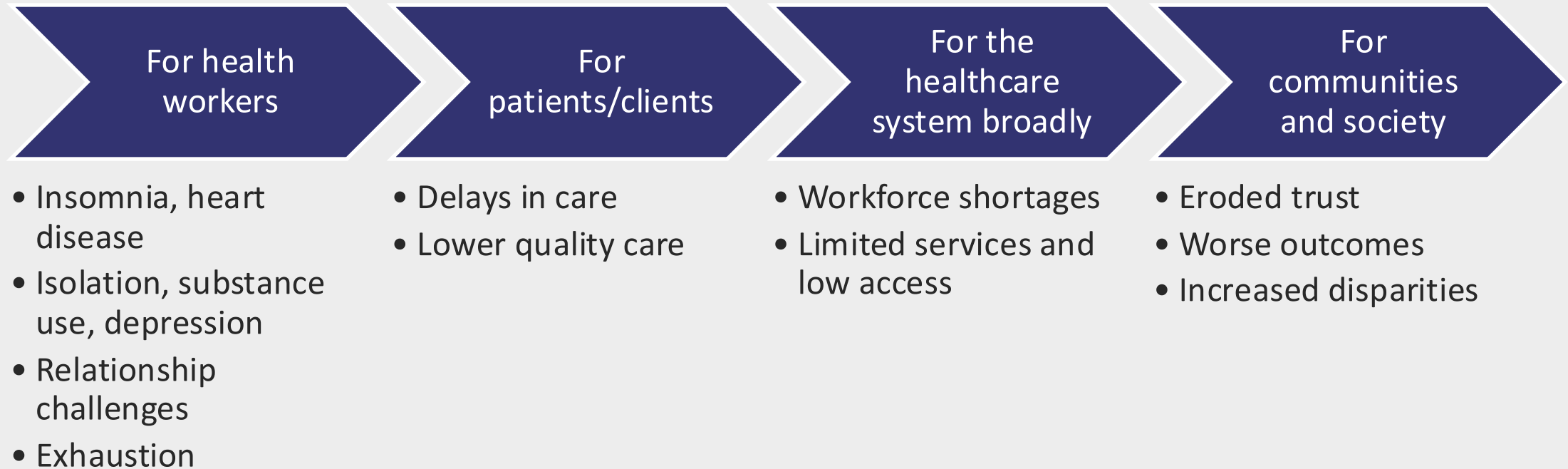
CHWs have a unique role in the health care system. They are intimately involved in the lives of their patients, generating a rewarding sense of purpose and meaning.

But this powerful role also brings with it unique risks, as CHWs witness and work to address complex physical, psychological, and social needs. **CHWs may experience "compassion fatigue"** because of their involvement in the lives of patients, some of whom have intense emotional pain as a part of their lived experience.

CHWs are at high risk of burnout.

Why Does Burnout Matter?

There is a range of negative consequences of health worker burnout, on multiple levels:



“Our health depends on the well-being of our health workforce.” – [U.S. Surgeon General](#)

What Can We Do to Address Burnout?

Too many resources focus on self-care as the solution to burnout.

Self-care (discussed later in this resource) has an important place in the workplace, but it is not a solution to the complex and multifaceted layers of burnout, and it places sole responsibility on CHWs.

Preventing and addressing CHW burnout requires dedicated commitment and action at a range of levels, by a variety of partners.

This session strives to share practical steps that **CHWs, supervisors, employers, and communities** can all take to do their part to **promote workplace well-being** and ensure CHWs are fulfilled and supported to play their important roles for years to come.



Before We Continue



Take a moment to think back on your own professional experiences.

- Have you ever felt emotionally exhausted? What were the specific stressors at that time?
- How did it impact your life outside of work?

It can be difficult to break apart feelings of burnout and identify where we may be able to take action to prevent or address it.



Creative commons: [Scorched Earth](#)

Topics

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Summary & Key Takeaways, Additional Resources

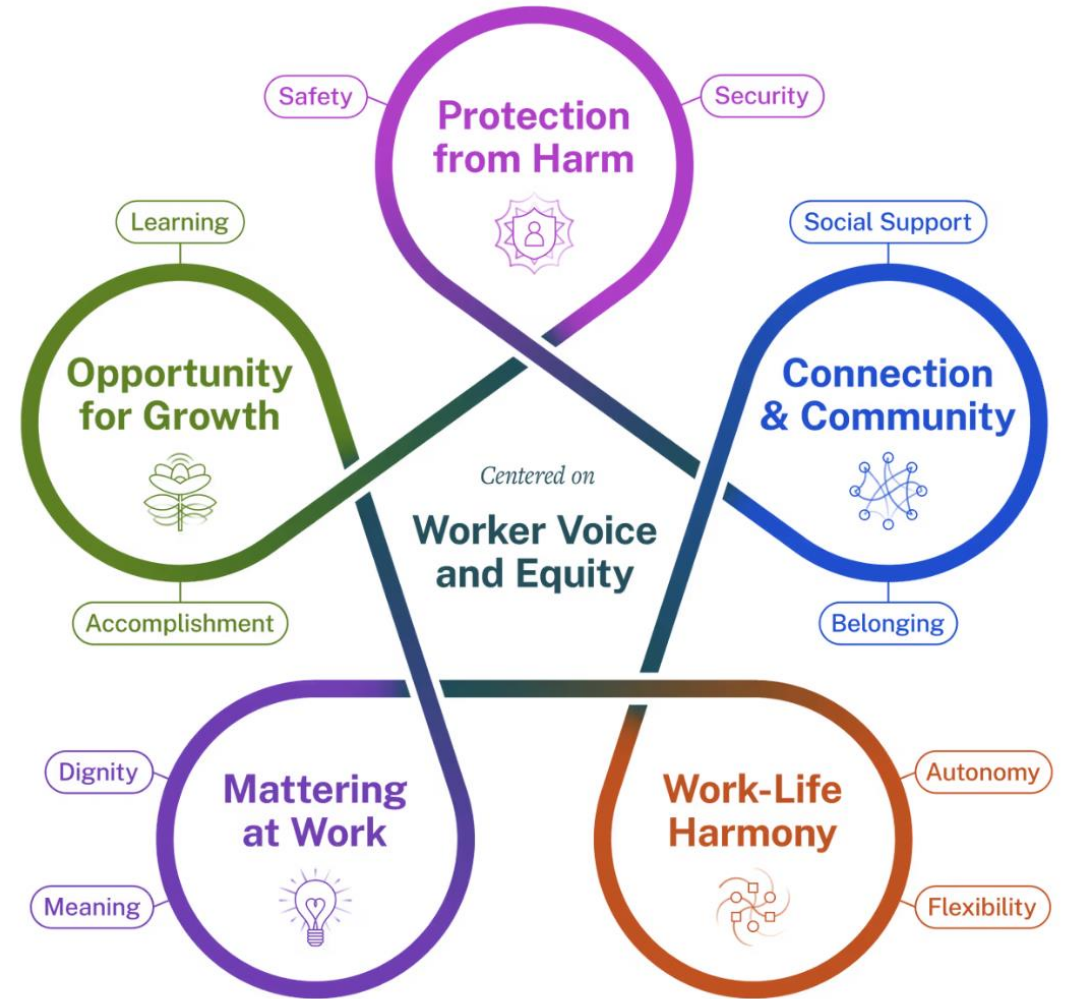
Workplace Well-Being: A Useful Framework to Understand and Address Burnout

The U.S. Surgeon General's "Principles of Workplace Well-Being" provide a framework for understanding and addressing burnout, and more broadly for promoting well-being.

Centered on the worker's voice and equity, the framework names "**Five Essentials**" to help workplaces work as engines for well-being. Each essential is connected to two human needs that must be understood and met for holistic workplace well-being.

The Five Essentials (+ Human Needs):

1. **Protection from Harm** (safety and security)
2. **Connection & Community** (social support and belonging)
3. **Work-Life Harmony** (autonomy and flexibility)
4. **Mattering at Work** (dignity and meaning)
5. **Opportunity for Growth** (learning and accomplishment)



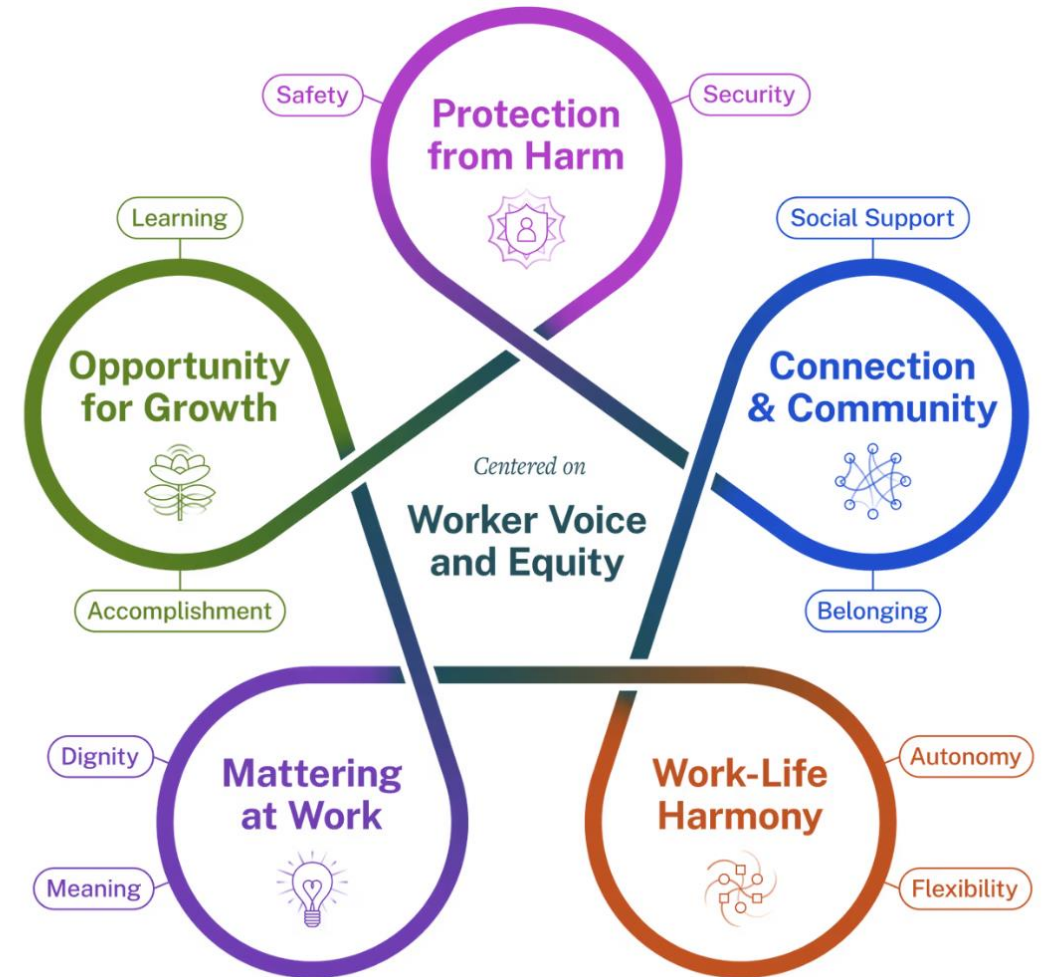
Take a Moment to Reflect



Review the Five Essentials and Their Associated Basic Needs:

- Where do you (or where do your team members) seem to be very comfortable or supported?
- Where do you see challenges?

Write these reflections down; we'll revisit in later sections.



Topics

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What Is Workplace Well-Being?

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Structural Level

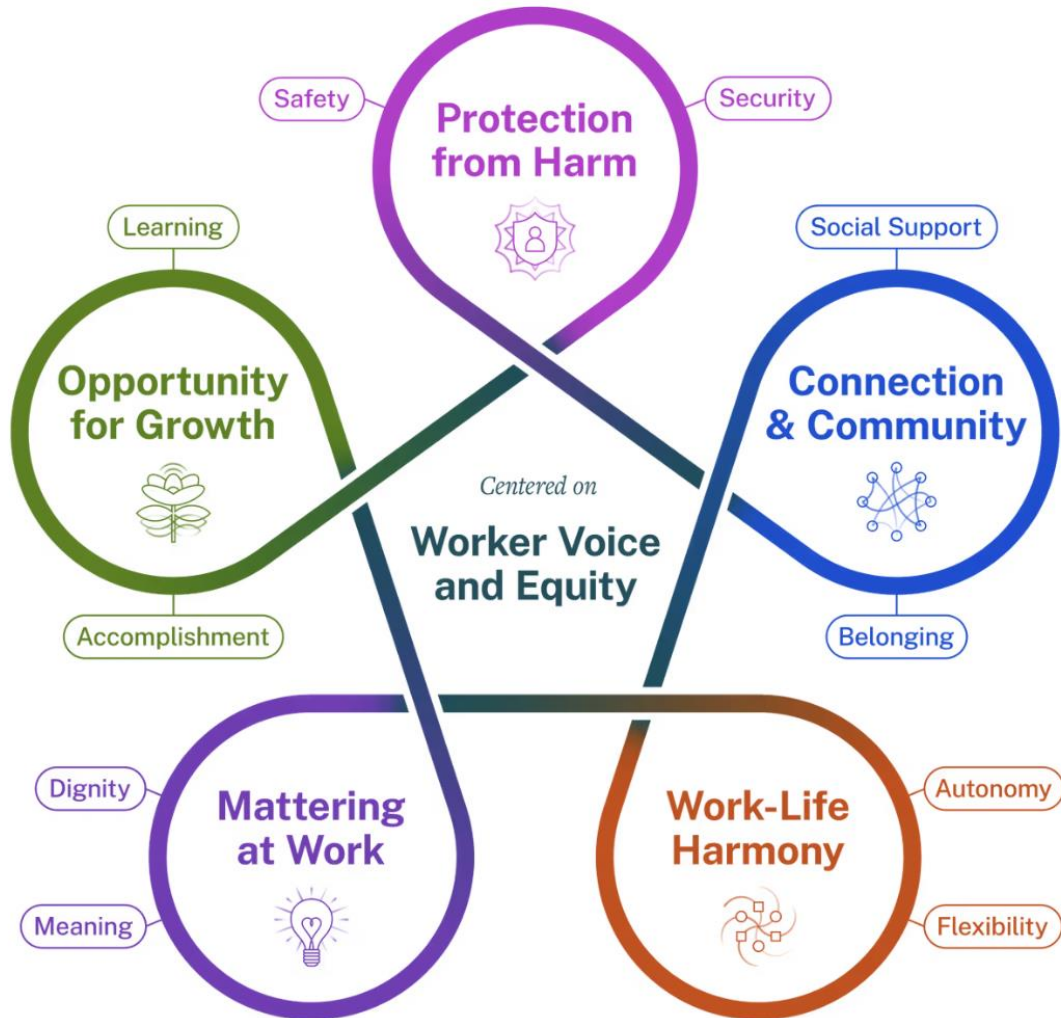
Organizational Level

Interpersonal Level

Individual Level

Summary & Key Takeaways, Additional Resources

Further Discussions: The Complexity of Burnout and Well-Being.



The five essentials and corresponding needs are complex, and there are many aspects that are **outside the control of CHWs.**

Remember, workplace well-being requires multiple people to do their part across different levels of the environment/system.

What Do We Mean by Levels?

Consider how workplace well-being, like so much in our lives, is shaped by factors at multiple levels of the environment/system.

Structural Level: societal systems, policies, and social forces

Organizational Level: institutional policies, culture, and practices

Interpersonal Level: relational interactions

Individual Level: habits, behaviors



Revisit Your Last Reflection



Review the Essentials that seemed like challenge areas and pick one that feels most important/critical.

- Think about factors at each of these levels that create this challenge.
- Now, think about what needs to happen at each of these levels to overcome that challenge.

In the next section, we'll revisit these levels to identify opportunities for improvement and intervention to better support the CHW workforce.



Topics

Background on Burnout

What Is Workplace Well-Being?

Levels of the Environment/System (quick stretch break!)

Structural Level

Organizational Level

Interpersonal Level

Individual Level

Summary & Key Takeaways, Additional Resources

Recall from the Previous Section

Workplace well-being, like so much in our lives, is shaped by forces at multiple levels and requires actions at multiple levels.

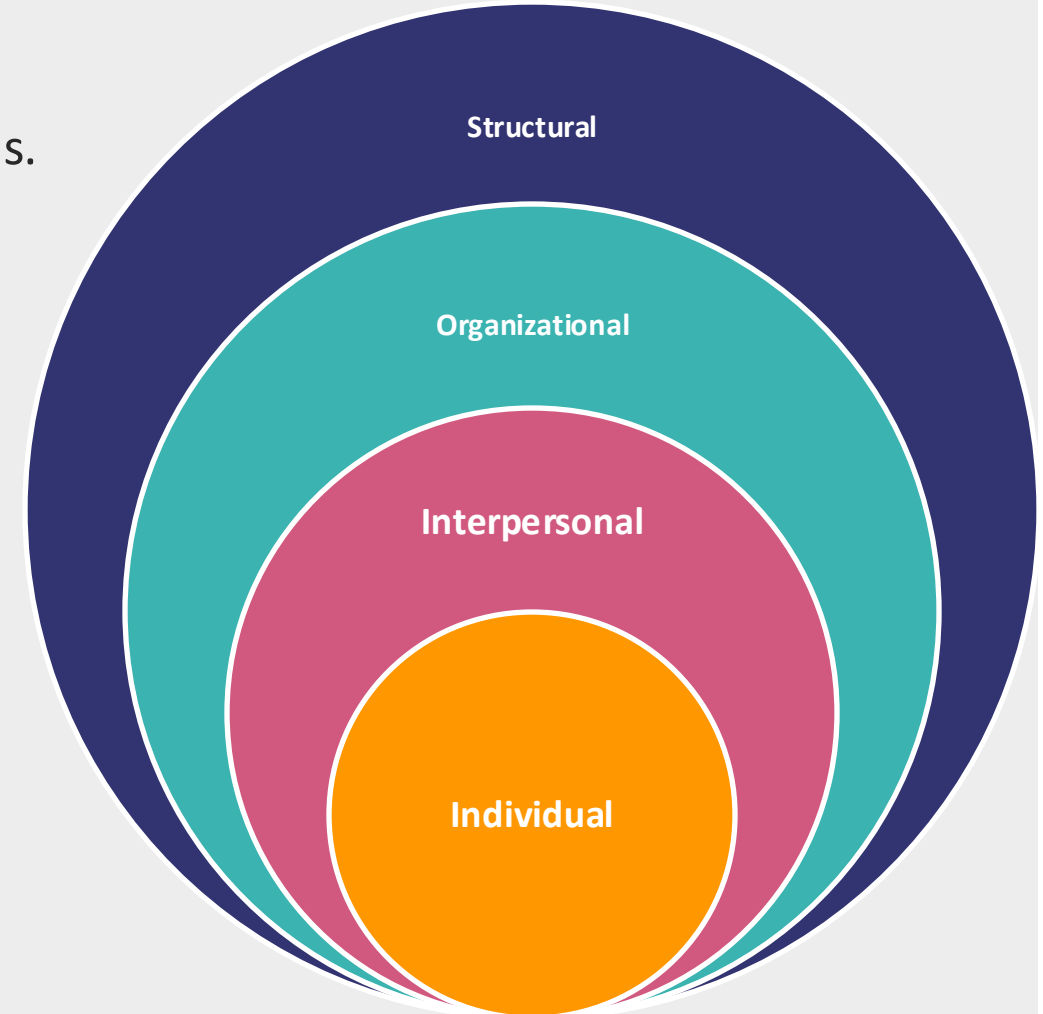
Structural: societal systems, policies, and social forces

Organizational: institutional policies, culture, and practices

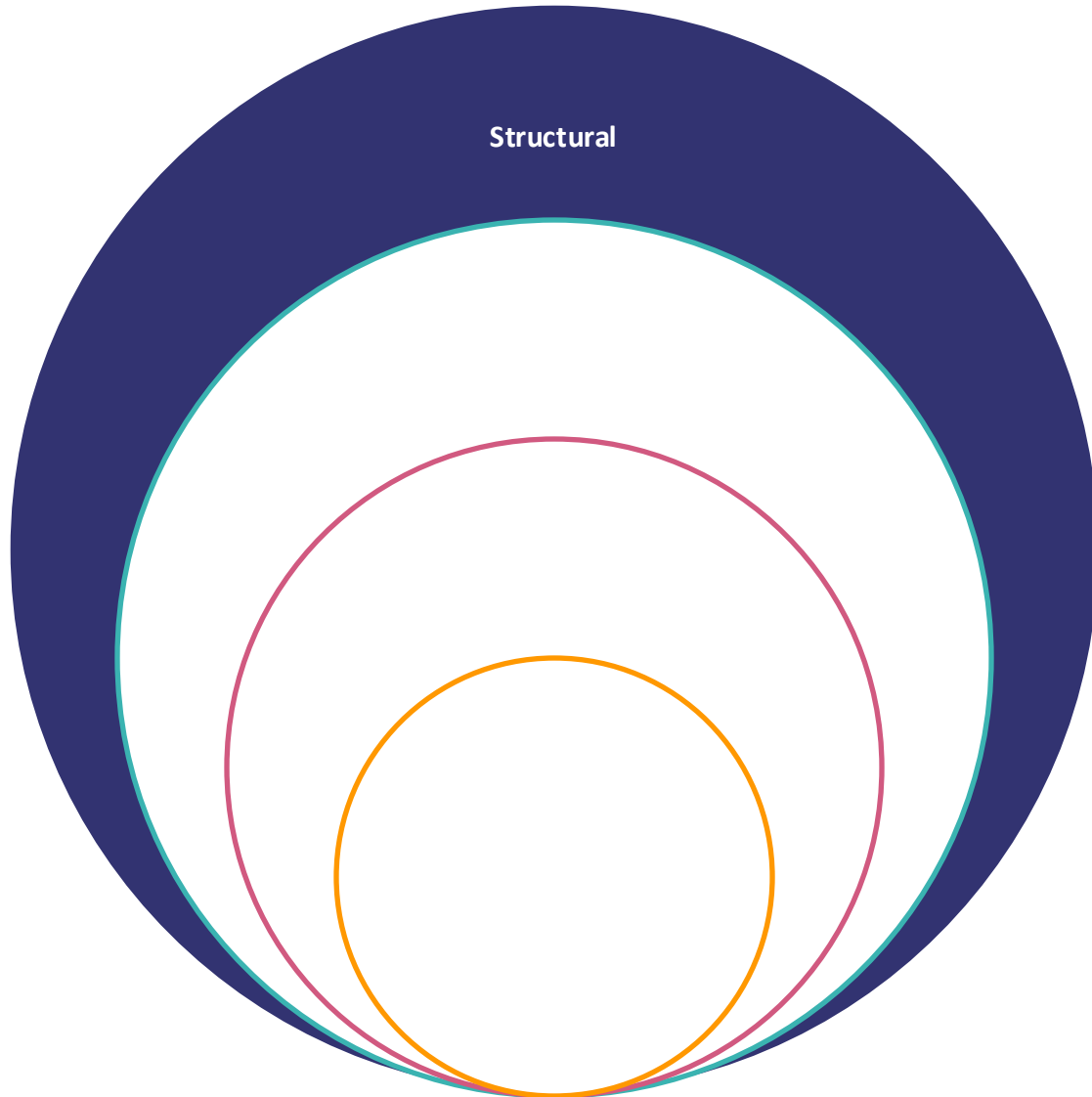
Interpersonal: relational interactions

Individual: self habits, behaviors

We'll now look at each of these in more detail.



Structural Factors Related to Burnout: What Are They?



Structural factors: Racism, gender discrimination and violence, income inequality, and more.

- They are the policies, systems, institutions, and social forces that generate and maintain the conditions that produce hierarchies and inequalities.
- “The water we swim in”: These factors determine basic quality of life and shape our realities even when we don’t consciously recognize them.
- Our safety and security are heavily influenced by structural factors.

Structural Factors: What Can Be Done?

While structural factors are among the most important for well-being, they are often ignored in discussions of well-being, burnout, and self-care because they might feel too difficult to change. They require political solutions, and sometimes these solutions remain in the control and power of far-away governments.

However, organized and mobilized grassroots movements for change are powerful ways to transform structural factors, and becoming actively involved in such movements can itself improve mental health and well-being. On the right is an example of how one CHW organization joined the grassroots movement.

Are there other ways you might be able to influence structural change?

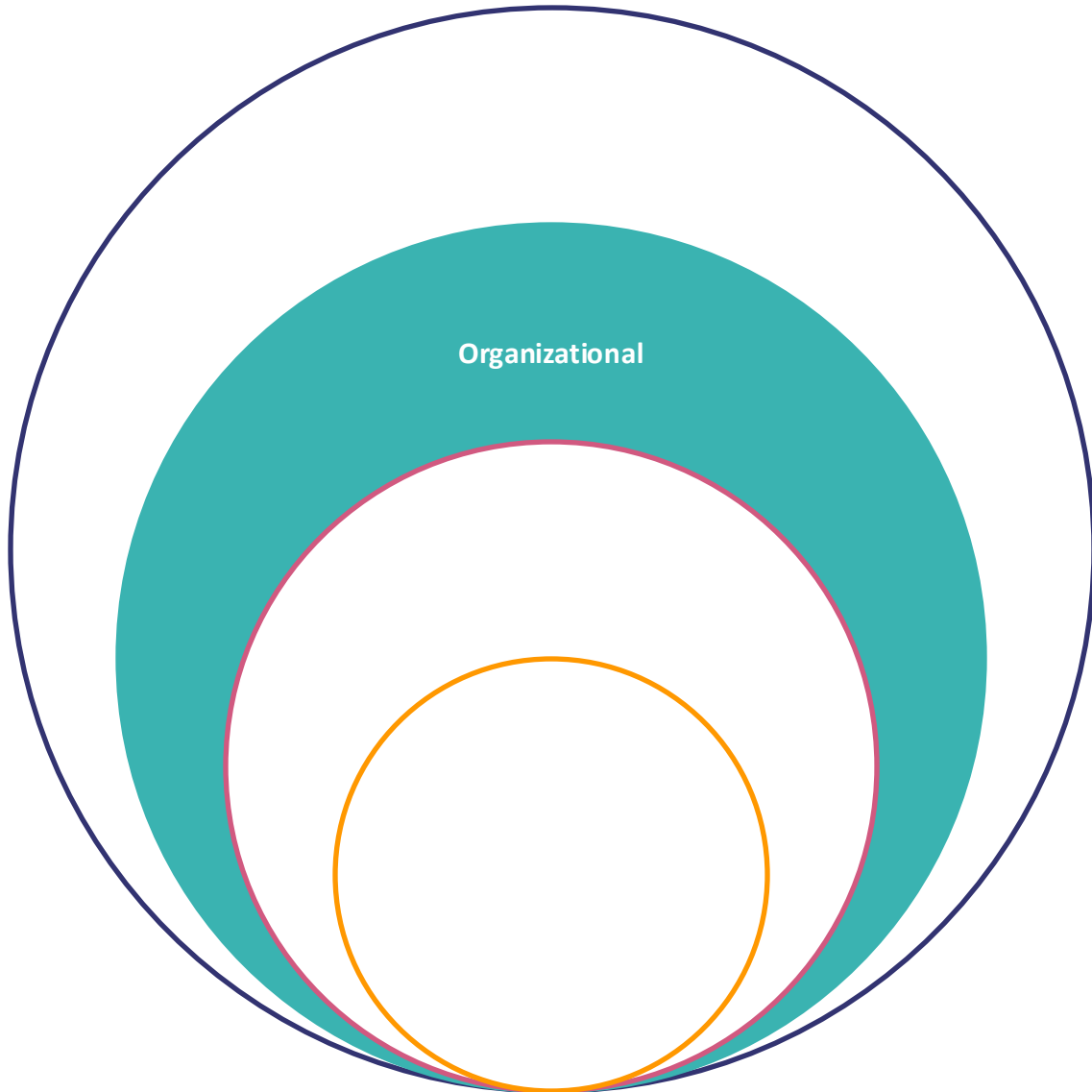


El Centro community health workers/promotores de salud visit the NC General Assembly to advocate for funding. Credit: Rubi Morales

Spotlight: Legislative Advocacy in North Carolina

El Centro Hispano is an organization that recruits, trains, and manages promotores de salud in Durham, NC. El Centro team members visit the NC General Assembly three times every month to continue to advocate for increased funding for this critical community health workforce.

Organizational Factors Related to Burnout: What Are They?



Organizational factors: Institutional policies and practices that lead to...

1. Work overload
2. Lack of care team integration
3. Lack of proper supervision
4. Lack of consistent training

Reviewing policies, practices, and program design with respect to the above issues can help you identify opportunities to improve support for CHWs.

Examples of Supports

- What supports and benefits are in place for CHWs?
- Is there a pathway to promotion?
- Do CHWs get adequate time off?

Organizational Factor: Work Overload

- Work overload [triples](#) the risk of burnout.
- It subjects CHWs to psychological, social, and spiritual injury, also known as “moral injury,” by forcing CHWs to choose between their patients and themselves.
- It leads to reduced flexibility, autonomy, time to learn and progress, and time to share and connect with others.

Organizational Actions to Reduce Work Overload:

- Ensure all team members are aware of the CHW job description, which should include a set number of tasks.
- Systematize routine aspects of the job (such as screening processes) to help streamline and save time.
- Critically evaluate staffing: Is there more work than the current team should take on?
- Find ways to track evidence of overwork and burnout.

Highlighted Resources

It is an important role of supervisors to carefully protect CHW time. There are numerous tools and resources available to equip supervisors to effectively support and protect CHWs.

- MHP Salud’s “[Six Tips for CHW Supervision Success](#)” and [Supervision Manual](#)
- The National Academy of Medicine’s “[Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings](#)”

Organizational Factor: Lack of Care Team Integration

- Lack of team integration contributes to reduced sense of **belonging, dignity, meaning, and autonomy**.
- CHWs need to be recognized for their **unique** role and as **part of a larger health team**, rather than just serving as an extension of or substitute for other health professional roles.



Photo credit to the Massachusetts Association of CHWs (MACHW) – read more about their integration efforts [here](#)

Organizational Actions to Help Integrate the Care Team:

- Ensure ways for CHWs to share expertise and influence decisions made on care delivery and organizational practice.
 - Supervisors: Ask CHWs to present patient and community updates in meetings and workgroups.
- Find ways to increase CHW visibility and power within the organization.
 - Encourage CHWs to keep reflection logs to promote processing and story sharing. However, it is critical to ensure there is a balance of effort, so that the process alleviates rather than increases work burden.

Spotlight: Improving Care Team Integration

In [Benton County, OR](#), CHWs participate in daily care team huddles, where they contribute to shared understanding of patients' health statuses, needs, and goals.

<https://healthleadsusa.org/communications-center/resources/battling-burnout-self-care-and-organizational-tools-to-increase-community-health-worker-retention-and-satisfaction/>

Organizational Factor: Supervision

- Supervision is a critical part of CHW training and ongoing work, **promoting skill development, supporting problem solving, and increasing motivation and engagement**, among other things.
- Effective supervision enhances CHWs' abilities, promotes quality care, and contributes to **better health outcomes** within the communities they serve.
- Organizations: Pay attention to supervisor/leadership trainings and ongoing skills development. Clinical expertise and experience do not automatically translate into supervisory skills.
- Encourage supervisors to:
 - Have regular check-ins with CHWs and encourage open, honest communication.
 - Protect CHW boundaries, guarding against overload, “underload,” or underappreciation.
- Cultivate a supportive work environment where challenges are raised and discussed, and where CHWs feel supported.

Spotlight: Supportive Supervision

“Practicing supportive supervision with community health workers is a mutual process where both the supervisor and the CHW have an opportunity to grow, change, and learn. Engaging in this process with CHWs has been one of the supreme joys of my career.” — Noelle Wiggins, Community Health Worker Supervisor and [CHW Common Indicators Project](#)*

**Note: “Supportive and Reflective Supervision” has been identified by the Project as an important indicator of program functioning*

Organizational Factor: Training

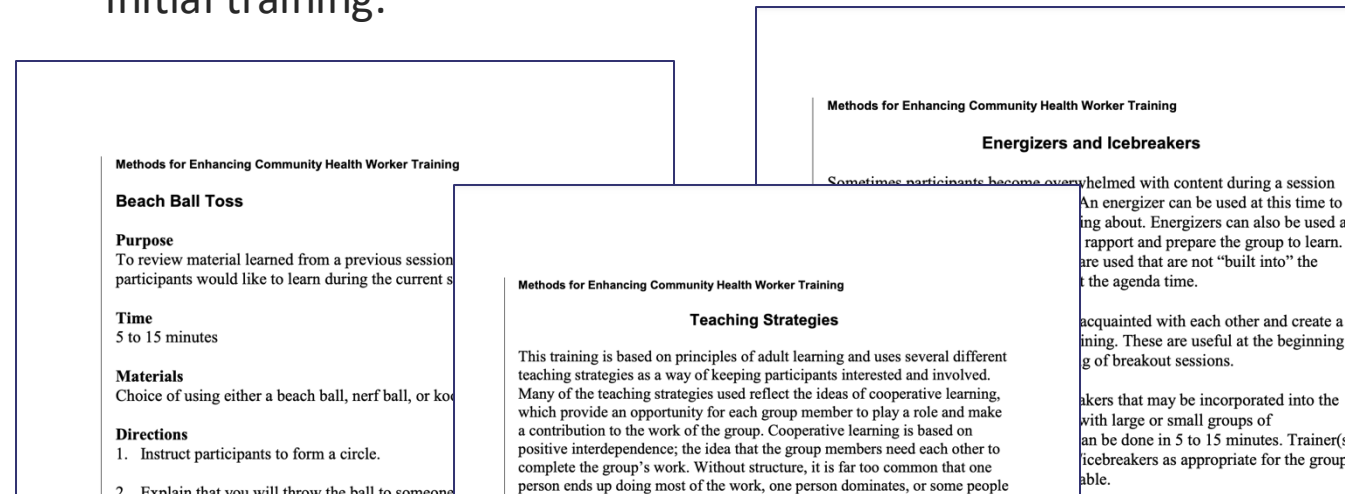
- Comprehensive and well-designed training has a profound impact on CHWs' ability to **stay safe, deliver high-quality services, establish trust, and contribute to improved health outcomes.**
- Training is **not a one-time occurrence** and requires attention to content as well as methods to promote knowledge retention and skill building.
- Training improves **connection** and **autonomy**; instills sense of **accomplishment** and **growth**.

Highlighted Resource: Enhancing Training

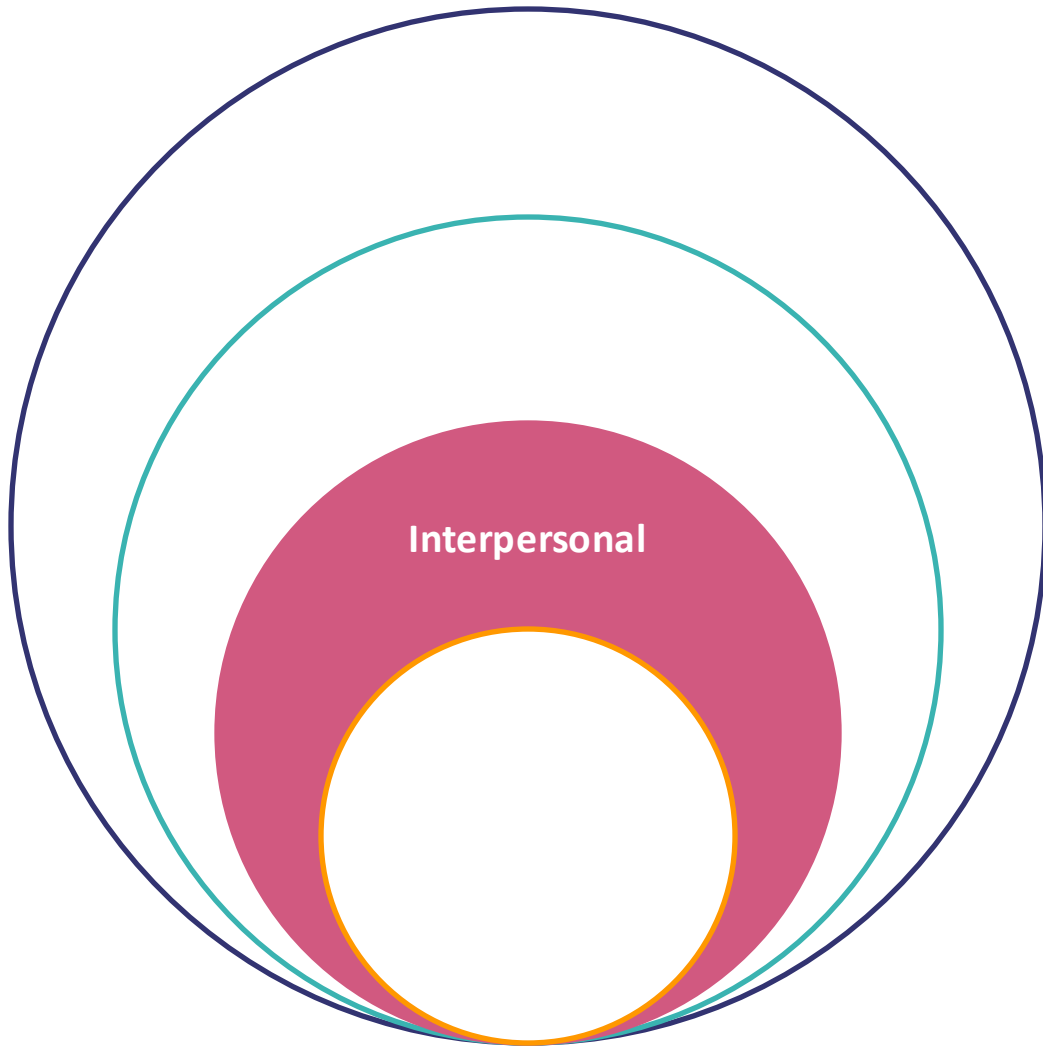
Training is an art and a skill. High-quality training can equip CHWs to be more comfortable and confident in day-to-day work. There are numerous resources and courses available on ways to make learning interactive, participatory, collaborative, and fun. This resource from CHW Central, initially developed by CDC, is full of ideas that can be quickly implemented for lasting impact.

https://chwcentral.org/wp-content/uploads/2013/09/tp-section1_1.pdf

- Initial trainings should include knowledge-based and health promotion components as well as build core CHW strengths in relationship-building and social interaction (often called “soft skills”).
 - Include time for teambuilding and connection with peers, ensuring trainings are interactive and participatory.
- Organize education days for team bonding, learning, case discussions.
- Cultivate opportunities for growth and skill development.
- Ensure protected time for learning and skill building after initial training.



Interpersonal Factors Related to Burnout: What Are They?



Interpersonal factors: Increasing human interactions and strengthening relationships

Relationships and social connections are key to managing adversity, stress, and day-to-day well-being. Our safety, dignity, and meaning are all shaped and enabled through our relationships.

Organizations and supervisors play a role in structuring spaces for interpersonal connection as a way of working, but individual CHWs can also cultivate connections.

Interpersonal Factors: What Can We Do to Support Strong Relationships?

- Supervisors and Organizations:
 - Organize peer support groups to ensure a workplace forum for bonding and support.
 - Ensure confidential emotional support outlets for CHWs to discuss relationship stressors or isolation.
 - Organize regular team huddles and informal gatherings.
- CHWs:
 - Connect with one another, recognizing your peer relationships as a critical tool in your work and well-being.
 - Pay attention to changes in your colleagues and signs of burnout or increased stress.

Spotlight: Interpersonal Connections

The Kabeho Mwana Project, operated from 2006-2011 in Rwanda, formed small peer support groups (PSGs) among CHWs working in case managers of child illness and health promotion. The PSGs supported problem solving and building of social capital; ultimately, the project saw improvements in performance, supervision, and motivation as well as care-seeking among catchment populations (Langston et al, 2014)

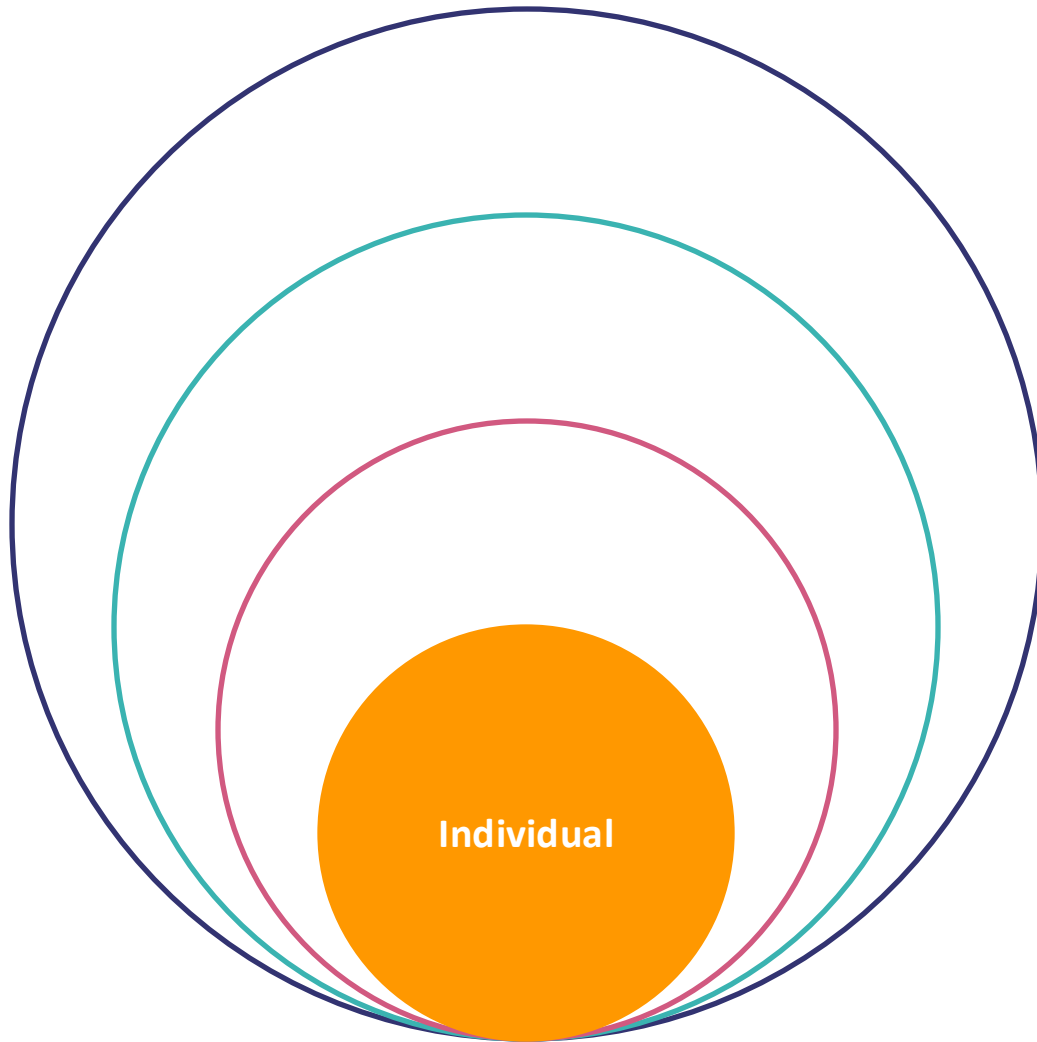


The Bahomwana CHW Peer Support Group meets in Gasambu village, Rwanda, to exchange ideas and challenges in order to accomplish and improve their work.



How does your workplace support interpersonal connection?

Individual Factors Related to Burnout: What Are They?



Individual factors: Actions, habits, behaviors

As in any job, there are steps individuals can take to balance their work with their lives and to stay physically and mentally healthy.

However, we must re-emphasize that while self-care is crucial, it should not obscure the fact that most drivers of burnout are outside of CHWs' direct control.

Self-care cannot change workplace conditions or structural factors.

Individual Factors: What Can We Do to Take Care of Ourselves?

- Self-care is “the practice of caring for your physical, emotional, and psychological well-being” and requires you to be aware of your own needs.
- Pay attention to what contributes to your own burnout and emotional disconnection from work.
- Key components include healthy eating, exercise, quality sleep, strengthening social connections, mindfulness, and avoiding stress.



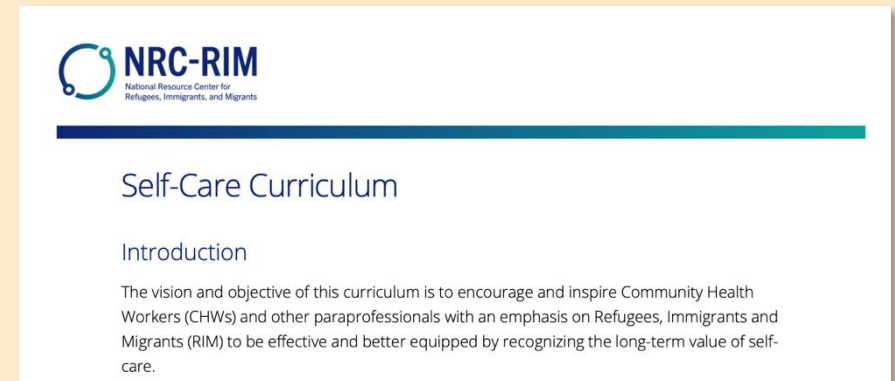
How do you take care of yourself each day?

Supervisors, do you encourage team members to pay attention to self-care?

Spotlight: Self-Care

There are a range of resources freely available to promote CHW self-care. Our favorite is [this self-care curriculum](#) developed by the National Resource Center for Refugees, Immigrants, and Migrants and CHW Solutions.

Available in English and Spanish, it provides an overview of self-care along with useful tools and frameworks that CHWs can work through together or independently.



<https://nrcrim.org/self-care-community-health-workers>

[https://chwtraining.org/wp-](https://chwtraining.org/wp-content/uploads/2019/04/CHWTrainingBurnoutPrevention2019-04-19.pdf)

[content/uploads/2019/04/CHWTrainingBurnoutPrevention2019-04-19.pdf](https://chwtraining.org/wp-content/uploads/2019/04/CHWTrainingBurnoutPrevention2019-04-19.pdf)

Topics

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Summary & Key Takeaways, Additional Resources

Summary & Key Takeaways

- Burnout is one of the most significant threats to workplace well-being.
- The drivers of burnout occur at structural, organizational, interpersonal, and individual levels of the environment/system.
- While individual efforts (i.e., self-care) are important, coordinated efforts at the organizational level are also critical to prevent and address burnout.

We hope this is the start of more conversations and actions as we work together to improve workforce wellness.

What Now?

There's no quick solution or easy fix to burnout in the workplace. However, there are things we can all do, regardless of our roles, to better position our workplaces as sources of well-being and to pay more attention to our energy and needs.

Reflect back on the information covered and commit:

1. What is one action I can take today to promote my own well-being?
2. What is one way I can support those around me to do the same?
3. What is something that will require wider partnership to enact, and what is my next step to start that process?

Additional Resources/Reference Materials

Resource	Source	Description/Purpose
Framework for Workplace Well-being	U.S. Surgeon General's Office (HHS)	Framework to understand and improve well-being in the workplace, generally
Self-care for Community Health Workers	National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)	Interactive training for CHWs available in English and Spanish (online & PDF versions)
Burnout Prevention & Recovery for CHWs	CHWTraining & Happiness 1 st Institute	Training deck with burnout self-test, mood resources
Development and implementation of a Pacific Island-Centred COVID-19 Health Worker Safety Guide	Pacific Emergency Education	Developed a Health Worker Safety Guide for Australia and New Zealand COVID-19 – addresses the safety aspect of well-being
Battling burnout: Self-care and organizational tools to increase community health worker retention and satisfaction	HealthLeads	Overview of CHW risk factors for burnout + select organizational approaches to preventing and addressing it
Professional Quality of Life Inventories & Self-Care Handouts	ProQOL	Offers a series of self-assessments in multiple languages to evaluate burnout, compassion fatigue and satisfaction, moral distress, and perceived support, as well as self-care tools and recommendations
Addressing Health Worker Burnout	US Surgeon General's Office (HHS)	Webpage and report on burnout in the health workforce and suggested action for multiple stakeholders
Secondary Traumatic Stress & Burnout for CHWs	Arizona State University	Includes link to a CHW assessment and other supportive resources
Boundaries as self-care: How caregivers (like CHWs) avoid burnout	Health Care Access Now	Self-care tips for caregivers

Thank You!

For any questions about this resource or technical assistance needs, please contact ASTHO Island Support: islandsupport@astho.org