Rachel Gonzales-Hanson ([00:00](https://www.rev.com/transcript-editor/Edit?token=EzdYdCJnEjK5yOgQjdMNpbPyCT6pOrFIV1I4e9TvoeQTmfvHModoLpEiFJPxuyfG1L0YSvbjHiet27OcxrINOIHOIp8&loadFrom=DocumentDeeplink&ts=0.32)):

Good morning or good afternoon, depending from where you are joining us. I am Rachel Gonzales-Hanson, senior vice president of western operations for the National Association of Community Health Centers. Thank you for joining us today. Before we begin the program, it is my pleasure to introduce NACHC's president and CEO, Mr. Tom Van Coverden to say a few words to us. Tom.

Tom Van Coverden ([00:26](https://www.rev.com/transcript-editor/Edit?token=W0OxkX5zk4sPJDPPcn-7JSW2pUKQipdEyY_Nxo28iGQYXHRSrONw6gKLOqROLEO0YdDEjL3IOfYFhhsXgBZopyWVIpI&loadFrom=DocumentDeeplink&ts=26.07)):

Rachel, thank you very much. We've known each other for a number of years, and I want to say a big thank you to you and Gerrard for pulling this program together, and Dr. Lamb, likewise, to you, Dr. Mack and Scott for the incredible job you guys are doing and the importance of this, the talent burnout and our workforce or the resiliency and what it is we can do and need to do to support you. So thank you all for taking the time to do this. It's an important topic, and I guarantee you that the one thing I do is hear from a number of people from the administration in various agencies as well as from Capitol Hill, "Tom, how are guys doing? How are the health centers doing? How is the staff doing? What is the burnout rate? How many folks are you testing? What is the test rate." Just continually concerned and want to make sure that they can do everything they want to make sure that you have the resources and the money you need.

Tom Van Coverden ([01:29](https://www.rev.com/transcript-editor/Edit?token=eNVbSwO1zNp46mOZkrX5g-P8dpiVAG3pKe93-AuKLIEEPM6pFGHbphyH3GKZAbrn2R2XQ-4HZjShw1QjPMX4ZRupkGw&loadFrom=DocumentDeeplink&ts=89.31)):

So they hear that crying. I think they understand what it is that you're doing with some of the highest risk populations. So thank all of you again for coming together and pulling together as one, which is our hallmark and working toward the common goal, strengthening the health centers themselves, certainly, our PCAs, the Primary Care Associations and networks. As you know, we're not out of the woods yet, not by a long shot as evidenced by the recent spikes across the country. But we're not giving up the fight, and it's because if you.

Tom Van Coverden ([02:06](https://www.rev.com/transcript-editor/Edit?token=nyQMxvjQu_Q6PcvJTPd3Lj6xX922XknFpC8N9bF_WZWQWuRrwwU4R2L6ZrFjzNt29aetJYlekCZbGCOEQJlQjVAy3us&loadFrom=DocumentDeeplink&ts=126.68)):

So our goal remote remains very much the same. The stability of a long-term funding, money for innovation and growth, and we continue to push on each and every one of these issues. Again, key meetings with members of Congress this week and several other committees to discuss those issues, as well as a meeting with Secretary Hargan set for next week, the secretary of HHS. So again, they want to know how things are going on the front lines and what it is you're doing. So I'm interested, Rachel, in hearing from folks here.

Tom Van Coverden ([02:41](https://www.rev.com/transcript-editor/Edit?token=GuHlCe3P8mhcB5I27jYRqQbLF0NtZcmbGiJ6krKcDDQ1r9lVHQJ0eocJFlxNWHAiunNESRQpW3AxcQ3Bb0mEwIjAsJY&loadFrom=DocumentDeeplink&ts=161.11)):

We know that what we're doing, we cannot do without a strong and healthy and engaged workforce. The last several months have certainly taken a toll on all of us, and most especially those of you on the front line. I just want you to know that we're there working with you on efforts and strategies to bolster the current workforce and innovative ways and things that we're doing to give people a little break, a little to decrease burnout, and ways we can get additional help in there to improve retention and secure the funding we need for additional workforce and training programs now and in the longer run.

Tom Van Coverden ([03:18](https://www.rev.com/transcript-editor/Edit?token=Cbrnwy0MTgmbM640G2SIWy-Jsju46PGd3r8-M5jLKkkj9rK62TkWGaRJSQyoeUOMyIlq_YsSuwcA9bJG-g761vhZ9go&loadFrom=DocumentDeeplink&ts=198.09)):

So once again, I just want to say a big thank you to everybody. I can get very specific on the issues, again, working on a number of revenue streams for the organizations to make sure that the resources are there. Again, by just as evidenced by our long history with the health center movement, sticking together and working together, I very much have faith that we can overcome anything. You guys are the best you, and I say thank you to everyone.

Rachel Gonzales-Hanson ([03:51](https://www.rev.com/transcript-editor/Edit?token=1VP8HFAi_NHre-w1P02MWZ6MhcePThPLm-VUDXhsJiwl24GebvNLaA9gPIgggtMx-DMZtyz5jWWkJzR9xIE0lcOSlHo&loadFrom=DocumentDeeplink&ts=231.18)):

Thank you, Tom. We really appreciate that you're always leading the charge to protect health centers, and of course, always making sure that we stay focused on our patients. It's all for the patients. So thanks for that. As we begin the program, let's take care of some of the housekeeping items. If you're having technical difficulties, just click on the request support button at the bottom of the screen. For those joining via internet, today's speakers will have content slides. For those who are calling in, the recording, transcript, and the slides will be posted on NACHC's website after the webinar. If you have a question during the panelist presentation or during the formal Q&A session at the end, please enter those questions in the Q&A with speakers area. Then please include who you are directing your question. We will try to group the questions around topics of themes to make our Q&A time more efficient.

Rachel Gonzales-Hanson ([04:45](https://www.rev.com/transcript-editor/Edit?token=PgEH1tU12Wz8A01XFSqJ8_sEI_tt4QO0i-NnBntf8qUnHFrTY3Cd1klWjMa7c54rEcNDd74C40wiE441WCuPohpdUYY&loadFrom=DocumentDeeplink&ts=285.84)):

Those questions that we are not able to address will be added to the NACHC website, the COVID-19 page. Feel free to chat with your other participants or communicate with the NACHC during the webinar also through the chat feature. Lastly, we would like to hear your ideas for potential future topics. Please also enter those in the chat feature.

Rachel Gonzales-Hanson ([05:08](https://www.rev.com/transcript-editor/Edit?token=OOuXR_-s7XeUkSDeCpHlUSb5MLj-oTYB49Up3biUN8VP7lgU1qvlXn7LNCrgQ5f2PdEOScGEyls6UPDL8zbLrkhcFh8&loadFrom=DocumentDeeplink&ts=308.12)):

So now let's get on with our program. NACHC's Re-Imagining Care webinars series is focused on supporting health centers as they continue to appropriately respond to the COVID pandemic, all the while, taking that flexibility and those brilliant innovations and transformations that health centers are using to battle COVID-19 to guide us in re-imagining healthcare delivery. This is how we shape the future and continue to uphold America's health centers as leaders in primary healthcare. This is our second in a series of five webinars, and as indicated by the title, and as Tom spoke, it is about the wellbeing of health center staff at all levels. After all, if we do not take care of ourselves and each other, how can we expect to take care of our patients because they deserve to be?

Rachel Gonzales-Hanson ([06:02](https://www.rev.com/transcript-editor/Edit?token=LUk9iczkNA53TcFTZvOf7Kul5BaXN6u-QkDfCMFUoDNSVjcKu9XN-mV8_hbrmDRAdTCf9ypUz4eNEWMfwpI8Yaq-Apo&loadFrom=DocumentDeeplink&ts=362.22)):

We are pleased to have NACHC's director of career advancement strategies, Gerrard Jolly, who will serve as the moderator for today's panel. Gerrard, it's all yours.

Gerrard Jolly ([06:12](https://www.rev.com/transcript-editor/Edit?token=cxeDBbKsezyiZVfMY8_-ZpPIv5it4ZGXc6wPO1xdTdfTOTaOMCzmiIW-6bzsWz5xj9fLNz73MKLJ6PwTkkJwAoX_dIs&loadFrom=DocumentDeeplink&ts=372.74)):

Thank you very much, Rachel. I appreciate that introduction, and I second your warm welcome to all who are joining us on this webinar today. It has been said that if you love what you do, that you will never work a day in your life. Many of you in the health center movement have expressed just how much you love what you do. Your commitment to the mission of community health centers drives you to go above and beyond to care for the patients and communities you serve.

Gerrard Jolly ([06:41](https://www.rev.com/transcript-editor/Edit?token=ov8v9jlXOfmL4OBS0PNmmwjZyjP8WBq46f2xNT7o5TQQeG9o5EE7khXVHSVy61RXtoLnBC9YzJfzy7hL1aOweZU8BWk&loadFrom=DocumentDeeplink&ts=401.1)):

That has been the case long before they ever was a pandemic, a pandemic that has disproportionately affected the health of these very patients and communities, a pandemic that has forced many of you to change the way you deliver care overnight to try to make up the loss of 50% of your revenue to develop new policies and protocols, to adjust workflows, to implement new cleaning procedures, to learn to work from home, to parent while working from home, to endure it through layoffs and furloughs, and to hold back the anger and tears from watching news reports of increasing sickness and death from coronavirus, from police brutality and racial injustice.

Gerrard Jolly ([07:25](https://www.rev.com/transcript-editor/Edit?token=q4RkM6H4GNnNUMLCA5ypZ0xMDmvHbN81O7wIG2VxDlFE-JZTs1DH-iBKJXYF9PJsjQyzKEuDxeTIge7erxw9s9Rgta0&loadFrom=DocumentDeeplink&ts=445.88)):

It's all enough to make you want to say, "Enough." Undoubtedly though, you have committed yourself even more to your work into the communities in these turbulent times. Yet, with that love that passion and commitment for your health center communities comes an increasing risk that you will suffer burnout if you do not have the tools, resources, and support that you need to manage your stress, to increase your resiliency, and to support your staff and colleagues to do the same. That is why we have developed today's webinar.

Gerrard Jolly ([08:02](https://www.rev.com/transcript-editor/Edit?token=AkaOornfyyfMBRc0GpFgmK6Jr68rhqO8hkcLvDHwP9P-nUvJu6LTLH9pxvm-dYpBfsniBuEdD7Gs_rTFqMdlSJph4XA&loadFrom=DocumentDeeplink&ts=482.05)):

As you re-imagine care for your patients at communities, we've designed this session to help you be also a leader, manager, supervisor to recognize the potential physical and emotional impacts of the current crises on the health and wellbeing of all health center employees, from the outreach worker to the provider, from the custodian to the accountant, from the staff at the front desk to the staff in the back office because none are immune to suffering burnout. We will highlight promising practices from some of your fellow health centers to reduce related burnout and stripping resiliency, and we'll identify resources to address workforce needs, resources that you can find in the resource box on the bottom left side of your screen.

Gerrard Jolly ([08:49](https://www.rev.com/transcript-editor/Edit?token=9X8IVqrDPtE_pR5r4oZvOoxoYyLk-8H4MX9KfaQn39dAcD_GrJXdqQc9haDDpWgmDiXv8yXkkc_iebUYPqusUXi6gEw&loadFrom=DocumentDeeplink&ts=529.77)):

So let us begin by giving our attention to our first featured panelists, Dr. Gerri Lamb, who is professor and director of the Center for Advancing Interprofessional Practice, Education, and Research at Arizona State University. Gerri, you have our attention.

Dr. Gerri Lamb ([09:07](https://www.rev.com/transcript-editor/Edit?token=hLycxItIGbuno2nwP1PkM_q7I0c6-N7JEVAsrKLQseb6EQqf0epT-gOLFB84Nhobph63VUsmoi5hPFQv_5EZ7tNd_So&loadFrom=DocumentDeeplink&ts=547.3)):

Thanks, Gerrard. I'm so glad to be with all of you today, and I'm really delighted to provide some introductory remarks to the following panelists. So this is, as Rachel and Gerrard were saying, a part of re-imagining care, and it's such a critical topic, I think, as we all know. Today's topic on burnout and resiliency is especially important. For us to have success in re-imagining care, we've got to have a robust and resilient workforce. We need to have an understanding of both the situation and the factors that contribute to burnout so we can prevent it and build resilience.

Dr. Gerri Lamb ([09:56](https://www.rev.com/transcript-editor/Edit?token=g_FzyBAb8uYHNS6gTV3utlxPTd-yyWFrOjq-9gY6wokLZQt9qYVH9t45ml_FOfImqbMKVdZFlSpUwkssLEjGc-vHfWg&loadFrom=DocumentDeeplink&ts=596.51)):

What you've got in front of you on this slide here is earlier this week on Tuesday Dr. Dan Miller, who many of you know. I did a webinar on a topic of moral resilience and moral distress. I was asked in the next few minutes to connect a few dots to today's webinar on burnout and resilience. Next slide.

Dr. Gerri Lamb ([10:26](https://www.rev.com/transcript-editor/Edit?token=0Sbz-Lw20btlbUloyWUNwKwKU6x9co-T650LU2onILeCHnw_kdnQphPP1ESymMnZKTEOzRIcfUzszjisAu-hjcnuSrw&loadFrom=DocumentDeeplink&ts=626.57)):

So what we spoke about earlier this week was a whole array of moral concepts that you see in front of you related to burnout and building resilience. In times of crisis, like we're in right now, moral and ethical issues move front and center. Gerrard and Rachel and Tom mentioned so many of them, and we probably all could list many, many more. What do we do with the reality of the growing rates of COVID, the lack of ICU beds, decisions about who gets tested, health and racial disparity. All of them weigh very heavily.

Dr. Gerri Lamb ([11:09](https://www.rev.com/transcript-editor/Edit?token=hJGJk_wfdjbyAVf8_uE_G1DMh-EnBOvwZNCkCl1YcCTG11lZWTzhlFbU245-OjgFEqOZsydyf4VAfHBFpgNU_VfFU9Q&loadFrom=DocumentDeeplink&ts=669.89)):

Earlier this week, and I might add that the recording is available to all of you, we talked about moral distress, knowing the right thing to do and not being able to do it, and its connections to burnout and resilience, today topic so that there's a lot of connects between the concepts that you're seeing here on moral courage, moral healing, distress, resilience, injury. You can give me the next slide, please.

Dr. Gerri Lamb ([11:43](https://www.rev.com/transcript-editor/Edit?token=vH2t8ZrRletjpJqZi8v8Hwc_eMIaKz-KC30V-V0662n7SpWd80PID_FzJS7fLDyBKiRFepNuK3YoKArn49UsbUKwJ8I&loadFrom=DocumentDeeplink&ts=703.43)):

I want to just call out the connect between burnout and moral distress, moral distress being, as I mentioned, knowing the right thing to do and not being able to do it. Increasingly people feel that moral distress is a significant contributor to burnout. We know from the National Academy's report last year that burnout was rampant well before COVID. You see some of the statistics up here, which is a third to a half of nurses and physicians have substantial symptoms of burnout. This was published in 2019 and that we can only guess that the other members of the frontline staff, the team are increasing in burnout. So part of re-imagining care is to recognize the dilemmas, the pain, and talk about them and work out strategies that's part of the healthcare community, what we're all doing today. Next slide, please.

Dr. Gerri Lamb ([12:52](https://www.rev.com/transcript-editor/Edit?token=__2vbBTnzKhlpWL9WxdqqLYjScIbUNg33lUkv0aVBcLndZu9HcA88lmaQuvLmSPgWbo1rxb1J5MAXy7rR2kkSct33hY&loadFrom=DocumentDeeplink&ts=772.78)):

So in our webinar earlier this week, Dan and I went through several practical things that we've learned from all of you, as well as people who work in the field of moral distress and resilience intervention. Just a couple here, and we'll tell you about a new resource in just a moment. First and foremost is the importance of naming moral distress, moral resilience, burnout so that people can talk about it and that there's a variety of things that we can do. We have had lots of discussions of people in the community health centers, the leaders and administrators about the importance of finding time to talk about it and recognize early cues to moral distress, to burnout, and you'll hear many more things today, as well as educating clinical teams about the preventive strategy, recognizing in each other.

Dr. Gerri Lamb ([14:09](https://www.rev.com/transcript-editor/Edit?token=7E43kFhjrdUTwe7fE2j0qh96_06b6f2ZWEPzsz3u4hTfsltK9i4O9OFReaR0z-Ywy_4PMrTvOm-LP1nYpbK6uw6Hj6c&loadFrom=DocumentDeeplink&ts=849.22)):

I hope that one of the things that we leave all of you today, as well as in the webinar, Dan and I did on Tuesday is that the feelings that go along with moral distress, moral injury, burnout, and the things that lead to burnout are very important cues that can lead to meaningful conversations and improve resilience. I can't emphasize enough how important this dialogue is. One of the things Dan said on Tuesday really resonated with me. He said it's really critical to know that we're not alone these feelings and in this time, that we're part of a very, very strong healthcare community to support us, to help us as individuals, and also importantly, as team members and members of our organization.

Dr. Gerri Lamb ([15:08](https://www.rev.com/transcript-editor/Edit?token=DT6FqG6gZ5C7pknSkM-GF3pcahDuDpfxmFWRkQNS_lMZQEHYfrDZ-Z7Kb4cka0jr8FsDlN5ZINEkinrkLmVpAE_htSU&loadFrom=DocumentDeeplink&ts=908.8)):

So I'm really glad you're here today for this webinar for your ability to reach out not only for yourself, but for your team members, for your community health centers, and last thing I'd like to do before I turn it over to today's wonderful panel is to share a new resource with you. The link is on your resource list today. As I mentioned earlier, Dan and my recording will be available soon. So if you would move to the next slide, please.

Dr. Gerri Lamb ([15:44](https://www.rev.com/transcript-editor/Edit?token=Ql8l-7b-NhPJpV5l8YLgHGoHB9EIO-sJszp-MG4aICLOhhBynKZoZyptPm8erhszGtH3c3g6QmeBC8E3ttePWlLTZNs&loadFrom=DocumentDeeplink&ts=944.62)):

So we have developed a digital magazine it's an online magazine, free of charge that you can use, your teams can use to start conversations about distress and injury and burnout and resilience and action that you can take. You've got the link to the digital magazine here. What I would like is to invite you all, if you are interested. We are working with a variety of community health center teams to help us evaluate the digital magazine. It's really critical to us that it's meaningful. NACHC helped to fund and demonstrate and disseminate this resource, and you have been wonderful partners in this. The magazine, I think has lots of useful information and exercises to start discussions and to have meaningful conversations. Next slide.

Dr. Gerri Lamb ([16:46](https://www.rev.com/transcript-editor/Edit?token=gleaHKFu7mCa1J9gpu9Y5g7VB32JggMtwqFCDS6cO0x4s60lezAZafNz6bpBzIs2NkQPcUo1FiNmUWy3UW9_2iPbGVc&loadFrom=DocumentDeeplink&ts=1006.73)):

I think Rachel and Gerrard said that these will be available to you. Here's my contact information at Arizona State University as well as the link to the magazine and emails. If you're interested in being part of the evaluation or talking with me in particular about the magazine and this work, feel free to email or put your name in the chat so that Rachel and Gerrard can send me if you're interested in being part of the evaluation. So again, thanks for joining today, and I'm going to turn it back over to the host.

Gerrard Jolly ([17:25](https://www.rev.com/transcript-editor/Edit?token=gcrvD02M_HPOYr4dwEKbR-w4ZrFbSMB9mkiBaKnN8PAmvj8QYUXem1aq8PMkf9mhB6bThDRFJ8gXziMKDZEHroz7eTA&loadFrom=DocumentDeeplink&ts=1045.13)):

Thank you, Gerri, for helping us to begin this conversation about more distress, more injury, and more resilience and for sharing your resources with us. Now, we'll turn to our next featured panelists, Dr. Porshia Mack, the chief medical officer and executive vice president with Tiburcio Vasquez Healthcare Center. Porshia, the floor is yours.

Dr. Porshia Mack ([17:52](https://www.rev.com/transcript-editor/Edit?token=t5v5qiPuKzGcTa6WzumlgyIVMQD5_8v_H-aXMLE9PbEdhxxmFQfbcR52EztNQ1F6kGJ3zFmUBq1Jiq49XMVu9-tWtYc&loadFrom=DocumentDeeplink&ts=1072.4)):

Thank you. Thank you, Gerrard. So again, I am Dr. Porshia Mack. I am at Tiburcio Vasquez Health Center. I am a pediatrician by training. Burnout and resiliency is something that so always has been important, but particularly during these times. Next slide, please.

Dr. Porshia Mack ([18:22](https://www.rev.com/transcript-editor/Edit?token=wFdv3E29ZlRrhftlACcuEgO1hfIKBljNBDJRBUknPWno-ML9xwVy5BsWTMyHM5GVF45Ua_pGdM4M6bkMjjvEwuPzmuI&loadFrom=DocumentDeeplink&ts=1102.02)):

So just briefly, a little bit about Tiburcio. We are an urban FQHC. We are located in the San Francisco Bay Area, and we're responsible for about 30,000 lives. Our patient population tends to skew a bit young at... 45% of our patients are pediatrics, and we have a growing geriatric population, and 70% of our patients are Latino. We have also been sheltering in place since March 17th. We are still sheltering in place. We are slowly reopening. However, we although seen a market rise in COVID cases, deaths, morbidity with African Americans and Latinos. Next slide, please.

Dr. Porshia Mack ([19:28](https://www.rev.com/transcript-editor/Edit?token=jXxubd4UJ6p_l1BADJYNMupMnUp-Zyu97YfCHp2wr3x6RqS7feEkaIQ-NiQI-n1iRjqmYGE0T_Qpvui_VRmMDsmpKFs&loadFrom=DocumentDeeplink&ts=1168.25)):

So stress is a huge marker of burnout. Stanford University recently did a survey of all of their healthcare staff to ask about what the stressors are, and probably to no one's surprise, the three big buckets were COVID, racial disparities, and economic uncertainty. So how can we take these three themes and then apply them to our healthcare centers? With COVID, there's a lot of stress among staff around having access to appropriate PPE, real worries about exposing themselves to COVID and bringing that home to their families. Then there's a worry about what support systems are available for those of us who have had staff become positive with COVID.

Dr. Porshia Mack ([20:36](https://www.rev.com/transcript-editor/Edit?token=NuM1ylMvh4ZH_LLS7JmZ12nmHJN_r_cguDkqJvR0krbvlLHaAu5e0YnLo8dzhQSMZ2JDkD2UpFwf1RU35rugMVxdsrk&loadFrom=DocumentDeeplink&ts=1236.46)):

With regards to racial disparities, we have a lot of staff who want to make a difference, but not necessarily knowing how. They have expressed worries about their own implicit bias, whether that implicit bias shows up in interactions with patients or staff or even with hiring practices. Our healthcare teams wanting to really look at how systemic racism and social interact... Excuse me, how systemic racism affects social determinants of health and healthcare disparities. That's part of our healthcare roots. That's in our DNA.

Dr. Porshia Mack ([21:26](https://www.rev.com/transcript-editor/Edit?token=5p3bAHE0dyYshgYORMLTCmex_jrMoTmYQbDpVqDHCVrNkdvV1nNeyt5M3V72xMspGdEyTCC63h5syD1dEbjQ1fpnBaw&loadFrom=DocumentDeeplink&ts=1286.73)):

Then with economic uncertainty, I know I get a lot of questions from staff regularly around the economic viability of our healthcare center, and lots of worries about their own position or worries about family members who may have beyond... They may have lost a job or fear of them losing a job. Next slide.

Dr. Porshia Mack ([22:02](https://www.rev.com/transcript-editor/Edit?token=xtaGSjtdhNpjboVLI2w8xOcAg0DZe1sAlComVqv1gEWPNqVO9uUs6rPltgK1zsmU5kwR_vXosVOKI3NCwg-yR52Rn8c&loadFrom=DocumentDeeplink&ts=1322.74)):

So with all this uncertainty, of course, there is a stress. But with that is the precursor to burnout. So we as healthcare leaders, we can help with this uncertainty by really doubling down on our communication efforts. Stanford, in fact, in response to the survey they did with their healthcare staff, they formed a multi-prong communication approach. So one is communication with your coworkers and your supervisors and employers about the stressors, as Dr. Lamb just mentioned, like naming it and talking about it and creating space to have these conversations.

Dr. Porshia Mack ([22:48](https://www.rev.com/transcript-editor/Edit?token=cMz99eGf4HAHiDvc3qZLEAdMbyycDeJyQ6fya7lDQqUt1Z8tjlM8itEmP6nsYwq8pQml_ZjZ1_jsC-qXJ5aEg0XhnKo&loadFrom=DocumentDeeplink&ts=1368.67)):

Next is talking openly about how the pandemic is affecting your work and your home life. Then it's really important to identify job factors that can cause stress, and together, this is key, together with staff, identifying some solutions. Then we as healthcare leaders, we also have to communicate that some changes will be permanent. Then what's really, really important, I mean, all of it is really important, but it's supplying mental health resources to our staff.

Dr. Porshia Mack ([23:30](https://www.rev.com/transcript-editor/Edit?token=pHUPDjmZOMN-s9CtU8zjKwXhJSOIwReLNY_41h3HdId2cAygk-8OtPlCcuJxH7eUMSRtQJvqsflP63ssqi7GSIMQMH0&loadFrom=DocumentDeeplink&ts=1410.29)):

I really like how Stanford summarized their survey as, "Healthcare staff want unambiguous assurance that their organization will support them. You can summarize their request as, hear me, protect me, prepare me, support me, and care for me." I see that protect me coming in the form of, for example, giving staff regular up-to-date information around COVID from the CDC, from your state. Remember, our staff, they're hearing a lot of, all of us, misinformation around the pandemic. So we can be a source of accurate information. Continue to notify your staff of any agency restructuring that may be happening due to the pandemics. I see part of that support me that staff want coming in the form of, for example, notifying their staff of their exposure to COVID and whether that exposure came from patients or a coworker, or supplying medical and financial options when you do have a positive healthcare staff.

Dr. Porshia Mack ([24:54](https://www.rev.com/transcript-editor/Edit?token=_PVBS6cNdLX4vfZ4tsSrL_BYgQsORDXdv5KpcOapXgPbR1o7pIspzSWaQU66jyWMnpZkY4NYjAW9ItoCxw7E7XboeRM&loadFrom=DocumentDeeplink&ts=1494.03)):

And then sharing ever emerging protocols and policies. I know many of us have written several policies during this time in response to the pandemic, and it seems at times you write one policy, and it's absolutely weeks later. Then really, part of care for me, it's really important to not only making sure that your staff feel heard, but really don't be afraid to share stories that illustrate that we're all human. On a personal note, I shared with staff how I felt about the George Floyd murder, being a person of color who has lived experiences of being judged based on my race. Our national FQ workforce, it tends to be very, very diverse in terms of sexual orientation, ethnicity, gender, socioeconomic status. I truly believe that many of our staff had experiences of feeling discriminated against based on a stereotype. So knowing that we can empathize is comforting. Next slide, please.

Dr. Porshia Mack ([26:23](https://www.rev.com/transcript-editor/Edit?token=ueTcNDgciQ8G64RMoH4iKkgEYKQjrugB3iwXIm6-tKMJa4wKryIieNac1HcMOjS1Vx1n44WPd4fp7dIlq4qAk9TDmI4&loadFrom=DocumentDeeplink&ts=1583.2)):

So one big exacerbator of burnout is loneliness. So while having remote work options and telehealth and video capabilities have been truly a game changer in our road, and I know I'm excited for that, but with remote options, it also means there's more opportunities for people to become disconnected. So how can we promote connectivity during this time? We can encourage staff to regularly check in with their colleagues and their peers and their supervisors. Virtual coffee times and happy hours are a huge success. I had one director who ordered door dash for her whole team, and then they all had a virtual lunch.

Dr. Porshia Mack ([27:20](https://www.rev.com/transcript-editor/Edit?token=sgAKzybD5ASwI67JWXWuZ8-dm-rlHX4dOBQdmY01S9-2mGakCU8cpM9iitiZLBq2vbhFlMVkau87bdVWUHUx6xBcHI4&loadFrom=DocumentDeeplink&ts=1640.11)):

Make sure to encourage staff who are working remotely to set an agenda for the day and to create a regular routine. This includes simply taking breaks and going outside. Those of us who do multiple meetings by Zoom, it's okay. Let people know that there may be distractions. There may be children in the background, pets, and all of that is okay. We have to be flexible during this time. We have to be kind to ourselves and our coworkers and our families. Next slide.

Dr. Porshia Mack ([28:10](https://www.rev.com/transcript-editor/Edit?token=EVWlDHNhhJJMsxMzdgsGoR-gG5xF5WrNhbwgZetXARqA23Rk8uoCZrtz7xbC5eqG4n7_5V-tq9mGk11WQCAf0_y92YY&loadFrom=DocumentDeeplink&ts=1690.04)):

So we hear this term, unprecedented times. We hear it everywhere. Honestly, it just seems now, almost to try to rephrase to capture everything that's going on, there's a lot on people's mind. That's true for me. I'm sure it's true for most of us here on the phone. So we have to remind ourselves, our staff, that everyone is in unusual situations right now. Everyone has limited resources, and everyone's trying to figure it out. We have case managers who pre pandemic, their job was to go into patient's homes and provide resources and care management and even deliver food. Well, that's now changed during the pandemic. So they've had to learn how to work differently, even though these families, their needs are still there, if not more so. Our maintenance staff, I mean, cleaning materials have been farce at best. So it is understanding that we're all just working with what we have. Next slide, please.

Dr. Porshia Mack ([29:32](https://www.rev.com/transcript-editor/Edit?token=rePiQ9CQoX-uCN8lplnTjMTcj0CupdJOnRszIVIijE1doKuv_GGmIktb_8bcgbfZC0-uvCoMzwr95pG3iT1tN75mQ30&loadFrom=DocumentDeeplink&ts=1772.38)):

Okay. So with resiliency, there is a proportional relationship between resiliency and a sense of control. So we all have to learn and encourage staff to accept things they can't and cannot control. One of the things that has been a game changer for our organization is compiling a reentry task force made up of several departments throughout our organization. It has sparked great ideas and things that I know I wouldn't have thought about as we think about reentry. We can all work to create a safer workspace, and I say safer because, obviously, there's going to be no work area that's a hundred percent infection free.

Dr. Porshia Mack ([30:25](https://www.rev.com/transcript-editor/Edit?token=TpeylhAoKd8bQRKssSeUXpdFW95slGI7m0Y81psuuQTaIhOSwP-nAHsoOyrQjlScfMZCVuXVBBWlpfdGzrqy0SpMkwU&loadFrom=DocumentDeeplink&ts=1825.65)):

I really can't emphasize this enough, putting self care in the forefront. We have to remember that many of our staff are experiencing triggers, stress, and trauma, either firsthand or vicariously. So self-care is so important. It could start with just simply when we have our meetings before we get to the agenda asking, "What did you do today to make your life better? Or what's one good thing that happened since we last spoke?"

Dr. Porshia Mack ([30:59](https://www.rev.com/transcript-editor/Edit?token=73AJmlcnaL96fHlCNRnfBGEVhu5NfEZglS78mimTlY_wQ_4aVn7fMLSXYalL0bW-Vfd7diYWa-9XuJq2rW2Q7qRxvp4&loadFrom=DocumentDeeplink&ts=1859.01)):

For those health centers that can continue remote work, and as long as it makes sense from an operational and financial standpoint, continue it. Having access to executives is extremely important. Our CEO puts out five-minute sort of summary emails at the end of each week, and we've gotten a lot of positive feedback, and staff feel like, "Okay they're thinking about us. They're thinking about the whole organization."

Dr. Porshia Mack ([31:32](https://www.rev.com/transcript-editor/Edit?token=F_xG__fXNsUsg7Rs7tq1e6KWjhr1_FAXHOFLnE-FglQkdoXXHad97iaGZjMO7DWyRZwou1U9czODDQ39XSmuYQ1M7-A&loadFrom=DocumentDeeplink&ts=1892.24)):

I also encourage as healthcare leaders to use this access time to manage expectations. I get a lot of comparisons of, why can't we do things like Kaiser, which is a big healthcare system here? So we have to remind staff that we are truly doing the best that we can for the resources that we have for the scale of our organization. Then again, setting a routine, offering mental health options, and offering substance misuse options. We are seeing a spike nationally with substance misuse. So we need to offer resources in a nonjudgmental manner.

Dr. Porshia Mack ([32:20](https://www.rev.com/transcript-editor/Edit?token=SF_zdH1PQqzP6mYFzd_vieb1WsIH-b7ot4yEdpBZoEEK7CWGIGsoH6FPgUNa50mwJC0-0SjRamqqUsp5DIgIAuOvQ9Q&loadFrom=DocumentDeeplink&ts=1940.67)):

And what can't we control? We definitely cannot control when there will be a vaccine, cure. I mean, when there will be a COVID vaccine or cure. We can't control, but we can influence staff fear by lots of communications, reassurances. We can influence the economy as it applies to our health centers by making sure organizations are fiscally sound and nimble. Then we can control kind of what our post COVID world will look like. Next slide, please.

Dr. Porshia Mack ([33:02](https://www.rev.com/transcript-editor/Edit?token=SYDooPTW7v1PQKEmstrwyg2QRDQJwVio73-8N7_KnCNKLaJZEsbtG1DD8BlOBvsSKiquZbITTBIhJOP77OjE2epd8s0&loadFrom=DocumentDeeplink&ts=1982.05)):

So as we start thinking about back to normal, if, when that will happen and whatever that looks like, we can use this time now to put in place some things to make us an even more resilient and effective organization. So regular debriefs by department and profession or cataloging what was learned and updating protocols, looking at after-crisis needs to facilitate recovery and restoration, and then most important, really honoring the dedication and the commitment of our entire workforce. Next slide.

Dr. Porshia Mack ([33:52](https://www.rev.com/transcript-editor/Edit?token=0BV0OefhF9B9NDOJRQrjAB1yR4bwhZD1-wQQcPIxXi2y00q-lHH03CFITm1XYBPgyL-r9uw_NytvIa7TDXpGx4_7L70&loadFrom=DocumentDeeplink&ts=2032.8)):

Thank you. I just briefly talked about burnout and resiliency and some of the things that we're doing here at Tiburcio and some things I think can be done elsewhere. Here are some resources from my talk, and thank you for your time.

Gerrard Jolly ([34:10](https://www.rev.com/transcript-editor/Edit?token=JI6P87QORgQNwYZmRiY6VBgpoUObWJ_d_aSUJiUyewI6OrL9BUVGvUsO6SFN_iQM14PN6tYv0tkVdlkZYLPitipe0qE&loadFrom=DocumentDeeplink&ts=2050.18)):

Thank you so much Porshia for waving up those words that our health center employees are screaming out, hear me, protect me, prepare me, support me, and care for me. And thank you so much for doing that at Tiburcio Vasquez and for sharing your tips with us today. Our final feature panelist is Scott Owens, chief workforce officer at Mountain Family Health Centers. Scott, you have our attention.

Scott Owens ([34:43](https://www.rev.com/transcript-editor/Edit?token=C9kpqKOpRRfvMXwrIQm-cdBKMTj9EQhDzijA2X9vL3M90pHiIQnqJG3VynPxNByHX26hSe96QOI2Af-Qkyt5_eIYNpM&loadFrom=DocumentDeeplink&ts=2083.49)):

Okay. Well, thank you, and thank you all for being here today. I just want to talk a little bit about some of the ideas and strategies to help leaders become more engaged with staff as we move through these trying times and unprecedented times. As Tom was saying, in order for us to move through this in success, we need an engaged workforce. But that only happens when we have engaged leadership. So hopefully, with what I talk about today, we set the stage for you to be an engaged leader in service to your team because really, that's a huge opportunity that we have here today.

Scott Owens ([35:31](https://www.rev.com/transcript-editor/Edit?token=PapTvzGhjPoM_1jOQac-Lj4Pw1EnVrWTVGgt8dFGX5DXflBiEq3_HNu8fJJ44x8LT5GpIi-T1_urzdmHdwqiDau4eH0&loadFrom=DocumentDeeplink&ts=2131.65)):

So many changes and develops have happened. The list goes on, COVID, protests, furloughs, layoffs, we all know them, telehealth, virtual meetings. These are all challenges, and these are all changes, and these are all, as well, great opportunities. There are silver linings in all of these and when we discover those and we find the opportunities to thrive for ourselves and for our teams and recognizing that there's a mental shift in place now for leadership to think differently on how we choose to lead our teams, and that is going to involve lots of people, a lot of trust and creating personal ownership within your teams, and we rely on them to execute in ways where we cannot really see as much as we used to see before. Next slide.

Scott Owens ([36:30](https://www.rev.com/transcript-editor/Edit?token=yTdbdIjG6jErYfEhaxJcyguYIfsTjwkXEzRRBA7pkXSRx-GXQa1MrQMvuqa1PHS3y3VAllap81D6NfVuoNNU7IHpK7Y&loadFrom=DocumentDeeplink&ts=2190.63)):

So we talk about setting the STAGE, and it's just an acronym that I know we all love as the CHC community. We love our acronyms. So here's another one to add to the 10,000 acronyms that you've already been forced to memorize. We're going to talk about standards today and what that means and how your team can set standards for themselves and how we build trust within that team and for each other. What does acknowledgements look like? What does recognition look like now in this day and age for the team? How do we set those goals and create those daily routines and tasks and agendas that need to be set in place to ensure we are achieving excellence and celebrating those successes and taking care of ourselves in the process. Next slide.

Scott Owens ([37:23](https://www.rev.com/transcript-editor/Edit?token=QWJfTSPMEt6LR1Q1UF0Hpwo0M7WLF9Lc3n91xve7iRbtpT7hWfTu2G563V7RxExvE-nVvmRO7p3Kw2lH1iTkU4dg8vI&loadFrom=DocumentDeeplink&ts=2243.01)):

So when I think about standards, you've heard this in a lot of different ways, standards in expectations, agreements, directives. It can be a number of different things. But it all means the same is answering the question of who are we as a team? What is it that we're about? How are we going to choose to communicate to each other? What does operations look like for us? What are we going to? What do we value as a team, and what are the things that we want to prioritize as a team? What defines us? What are the new norms that we're going to put in place now that we have a different set of norms as a result of all the happenings that are going on?

Scott Owens ([38:03](https://www.rev.com/transcript-editor/Edit?token=WjtIGAubGgfe_2HGwNbabNNZV4Sg84SpPRC3p-xZ0bAqvNs67tblxobdtqMKHYKq_pfFDclKYzx6M-Y8Of_vmvq0Fuo&loadFrom=DocumentDeeplink&ts=2283.97)):

So when we look at how we accomplish those things, we can already see that one-on-ones or personal check-ins are more important than ever to be an engaged leader because no longer are we seeing all of our team necessarily day to day. If we are, they're wearing masks typically, we know that there's a lot of stressors out there. We know that there's a lot of anxiety out there. But we don't see those non-verbals as much anymore. So how do we as leaders look for ways as a leader, I should say, to engage your team personally in a one-on-one style regularly.

Scott Owens ([38:45](https://www.rev.com/transcript-editor/Edit?token=K8FQwzBrbIxkftckZok7fLQwhdfl9rNdndyOFXMCGeueYGxAElAbmRroQjKqqwfzbqOCpCJlygVZzEGsqC9YFXIcOr8&loadFrom=DocumentDeeplink&ts=2325.8)):

I lead with my individual team members every two weeks, currently, for at least 30 minutes to do exactly that, just to check in, and it doesn't have to be work-related topics necessarily. A lot of it is, how are you doing? How are you working? What are you excited about? What are some challenges for you, and how can I be better for you as a leader, and what are some things that you're getting and not getting that I can help you with?

Scott Owens ([39:11](https://www.rev.com/transcript-editor/Edit?token=5k0MMJ-C8CbQt9czsT1dKWlQ0GVpjPncT4gz1CCFBR47VW_tF4YTaNTBcVePcRvzdZG_MMevaQvABD75xY-wSERksDY&loadFrom=DocumentDeeplink&ts=2351.67)):

Team meetings can be formal, can be casual. I think they should be both, and I think they should be at least twice a month as well, if not more frequently, again, to check in to see overall how the team is doing, to check in on those standards that the team has put together with you as the leader to determine, how are we doing with these standards? How are we doing as a group with meeting or agreements as a team, and what do we need to change?

Scott Owens ([39:43](https://www.rev.com/transcript-editor/Edit?token=t7VPkPQoGOQSLvldljYBf2zBh-fEouSAYlnPoUVRV_qLKOjE4toR6SZwUCvi5uIE-5bM-7imI6WNo0SwRWr10YoWTOQ&loadFrom=DocumentDeeplink&ts=2383.71)):

Behaviors. Those stigmas that we now have for people who might be working from home or remotely and being parents and some being homeschool teachers for a time and also needing to be a great and great employees that we want them to be as well. Is the sigma still, if you're working at home, you must not be working, or how do we change that? If you are working at home, what are the standards and put in place when you work at home? Can I be in my pajamas? Can I not be in my pajamas? Or do I hold the same expectations for everyone else as if you were on a work day? Let's talk about that, but let's be clear about that because reassurance is going to be a big part of how we build trust and achieve excellence as a team. All right?

Scott Owens ([40:25](https://www.rev.com/transcript-editor/Edit?token=1VqNOFqf2GDIJb2yxBe7Ik7RCyIJwmT1hk_dBvkLbBUAHO_EfPNw5F0RErvpsekZb3_NF8enScbO11L7KGE9TKMVaO0&loadFrom=DocumentDeeplink&ts=2425.11)):

What a great opportunity to talk about and recognize these are differences as well and what makes us tick, and what are our triggers? What are the things that make us happy, all about uniting us under our similarities, and that's where our team needs to thrive. Next slide.

Scott Owens ([40:45](https://www.rev.com/transcript-editor/Edit?token=BuZtgg2-fk_ZigQRIl2g_CNKwteGM7PUIZtdYGjnF-_Ffgzzhqjkhh676oZkxEdpCvOHhgOcQN9KqyJ5GYiOYlJv04g&loadFrom=DocumentDeeplink&ts=2445.03)):

In trust, we're going to have to put away that management microscope. If you're a one who tends to want to be that micromanager, we all know that it's not the best in practices, especially in the community health center environment, but you're forced to have less of that now. You're forced to put in that trust into others to achieve on their goals without you necessarily seeing them day to day. What's the standards now for getting things done versus how they get done? Does it matter where I am? Does it matter how it gets done as long as it does get done to the standards and expectations we've put in place?

Scott Owens ([41:22](https://www.rev.com/transcript-editor/Edit?token=yaW6Aa42I92uWiICy9t61KlZsAqpY1fU18uDVid88U3vvVE6ZHirGUYuTaHV_Y6nb8-UaCkYiTqQGOMRIvi-hFuMy2k&loadFrom=DocumentDeeplink&ts=2482.14)):

So a huge part of trust is acknowledging your own vulnerabilities as a leader and inviting your team to share in your own goals and your own challenges that you're facing as a leader and being vulnerable because when you are vulnerable, you're inviting other people to do the same. So when I talk to my team, I said, "People, this is really, really difficult right now to try to ensure that all of you are taken care of, and I'm challenged by the regular distractions of having two daughters at my house that are young, and there's constant interruptions, and I'm just hoping that I'm executing." Just talking about through those things with your team and acknowledging that they're not alone, you're in this with them, helps develop that trust.

Scott Owens ([42:05](https://www.rev.com/transcript-editor/Edit?token=tj2tMRQBoEcq6pATPLrJHxrgub-W-5THtzl3prDH4EnXxwoyZRlQ7MHrL4bThwJDFRpIg-G8b9ZPNruNSLO4r04bfXY&loadFrom=DocumentDeeplink&ts=2525.5)):

Obviously, we're going to have to be more flexible with those schedules and potentially those work times as well, again, under the understanding of, "Hey, not about how it gets done, is that it gets done." So think about ways that you can be more flexible and creative with your team in order to achieve that success. Working from home doesn't necessarily... Working from home is definitely one as well to think about. Sometimes they've opened up the parks here where I am. So that become sometimes my babysitter while I work with a hotspot. So next slide.

Scott Owens ([42:45](https://www.rev.com/transcript-editor/Edit?token=ANKnIQjESrBq8EHyjQWlavRj2mOqWgxryRgewmmfX51fmDLQ9FuRGL23iXu7vAo1QqVPU6sysW4dzgv7gHzAGGfR8nE&loadFrom=DocumentDeeplink&ts=2565.93)):

What do recognition programs look like now for our team? What are the things that we really appreciate, and how do we ensure that we're regularly acknowledging all the great things that we're doing? Again, because not everybody has that opportunity to just say, "Hey, great job today." Because you don't see each other. You don't see those non-verbals anymore. So you can't just check in and say, "Hey, I noticed you did this. I really appreciate it. Thank you very much. You have to go out of your way now to make that happen and in a virtual world, and more often, again, for that reassurance. But talk to your team about what it is that they like to see in recognition in this day and age.

Scott Owens ([43:24](https://www.rev.com/transcript-editor/Edit?token=bFJ_AeR80vJwt7D9Wvcgl8EmflAGxTgWyXnbNfHufdj8MV3eUkznpFrI5Zor0aWHydyxz6uUsL-ovs9-BWPpIT8vQW4&loadFrom=DocumentDeeplink&ts=2604.71)):

Sometimes recognition is just time, and that's going to be a big part of it. Sometimes it's time off and recognizing as a leader that your team does need to take their breaks, does need to take their lunch breaks. Even if they're working away from their clinics, away from their sites, they need to take care of themselves. So you will talk about that. Development plans should still be ongoing. We should still be looking at ways to maximize the potentials of our team and having strong development plans in place for each individual to show that you care about them, to show that you want them to succeed and maximize the potentials that they have as well and reach their own personal goals. Next slide, please.

Scott Owens ([44:11](https://www.rev.com/transcript-editor/Edit?token=5qYL8TvrjtEl50sMUxubmQur0ICg7switxUOCUm4l_TyAffg46nCHgQYsr_AMoKW1E2ueSf5y7oP7wt_v_fQcvjt5Ns&loadFrom=DocumentDeeplink&ts=2651.38)):

Goals should be daily. They should have short term. There should be long term as well, and they should be centered around the organization, the department, and that individual, and using those tools such as Outlook, I like to use Outlook and your human resources information systems to keep track of what those goals are and stay organized in those goals is very important. I find that using tasks and assigning tasks allow for me as leader to provide regular followup and create meaningful conversations in our check-ins about how things are going with certain projects and certain tasks and certain goals in general.

Scott Owens ([44:55](https://www.rev.com/transcript-editor/Edit?token=rdMXbJ0Y0RbmJI53JZSrugbqZYjDe6cAtRhty_qQnCU-2aG9MRb8s3au0XNixkyAoGRTTRyVNtA_3v-fK0R1QTeWh-o&loadFrom=DocumentDeeplink&ts=2695.82)):

So just think about your current tools that you have in your arsenal already. We don't necessarily need to invent the wheel here. We have a lot of the tools in place already, and now it's just a matter of putting more emphasis in those tools into our teams to create strong leadership and more engaged team as well. Next slide.

Scott Owens ([45:22](https://www.rev.com/transcript-editor/Edit?token=S9WrnS3MjzjZLSGSgXgYvu86KsEMCa93ZdFKrFITo_5JXvneFixF1eqF2SqNaYPC9QJf-gFFikWjfJLT4zpCuB1jDrw&loadFrom=DocumentDeeplink&ts=2722.16)):

This brings us to excellence. So again, we're all in this together. Followup, followup, trust but verify is all part of the deal. I can't emphasis enough how important it is for you as a leader to take care of yourself. I know just as a parent, that if I'm not taking care of myself as a parent, I can't be my best parent. Well, that applies to leadership as well. If I'm not taking time to go get my vitamin D outside, then I might not be in the best place to lead my team. So if you have a wellbeing program in place, if you have an employee assistance program in place, these are all things that you want to remind your team of, and you want to take advantage of yourself. Don't underestimate the power of just regular gratitude sharing.

Scott Owens ([46:10](https://www.rev.com/transcript-editor/Edit?token=X39lfTNzTkLC-SHabWW4aHgtHvEI8rX5Kiw01tmB5VmGbzHtcteu3WXfKaZQYZxHGASdfja8gFDxfyeP4qBC9RMe6yE&loadFrom=DocumentDeeplink&ts=2770.88)):

At the end of each meeting that we have, team meeting that we have, we hold space for gratitude. Not everybody on my team likes each other necessarily. They're not all going to go out and have beers at the end of the day. But they do appreciate each other, and there are things about one another that you recognize, and we have gratitude sharing, and we take a moment to say, "Hey, I really appreciate what you did there. I really appreciate you taking the time at that moment to help me," or whatever the case may be, but really emphasizing that and bring the team together, and looking for excuses to bring the team together is very important in this day and age. It provides that regular reassurance that it is okay that there's distractions. It is okay that there's stress out there, and we are all in this together. And that's a huge part of ensuring that you're engaged in the leader and that your team can stay as engaged as possible. Next slide.

Scott Owens ([47:13](https://www.rev.com/transcript-editor/Edit?token=MGbWXkp-mQ8YP2CqOkAhrnYLOj-SSaOgtqImDbVuUFkf51DrMrtgCnsQwEuRK-uhbeRz3cZu2LJlid_oBj-EBumrkJs&loadFrom=DocumentDeeplink&ts=2833.84)):

All of this is connected. So a lot of these terms that I'm using are all interconnected with each other. But I find that as long as you stick the three things that your team will never tire of, you're going to be just fine, and that is, you'll never hear a team member say, "Hey, my leader just communicates with me too often. I'm constantly in the loop on what's going on, and it's getting kind of frustrating and annoying." That's not going to happen. You'll never have an employee say that. You'll also never hear a team member say they recognize me too much. I'm constantly told how great I am. I'm constantly being reassured of how great things are, that things are okay, and that's getting really frustrating. That's not going to be a thing.

Scott Owens ([47:58](https://www.rev.com/transcript-editor/Edit?token=m43i2Jh3ZHsv686BEF1pS7K_Z75DdQp8YmY-Vr21ZAxbMroDHr9sGDpVhU3vqYLh1GUkqcDQ-DeeY7vkxXG5n-aIsQs&loadFrom=DocumentDeeplink&ts=2878.31)):

Also solicited feedback. How am I doing for you as a leader? What can I do to help you more to in your successes? You'll never hear your team member say, "Hey, they're constantly asking for my ideas on things, my input on things, and they're constantly wondering what else they can do for me." That's not going to happen. If you can stick to those three things and just make it your own, get creative in your own leadership and in your own way on how you can create a more engaged workforce by becoming a more engaged leader, emphasize at least those three principles right there. Next slide.

Scott Owens ([48:39](https://www.rev.com/transcript-editor/Edit?token=QoUuTMs_mvUUcAfanVKfCiV-F0cgfA7RmdvYZVBAwd_AhuBndVfiNm-WdLctTdbeEBAgfZpzjGz_FvxuQ3kPm3FGGBE&loadFrom=DocumentDeeplink&ts=2919.81)):

I want to just thank Gerrard, thank Rachel for thinking of me and bringing me into this presentation. It was an honor and much appreciated. Thank you.

Gerrard Jolly ([48:50](https://www.rev.com/transcript-editor/Edit?token=yMvFibsotTskJmw5wRurFlnDK31dsfg6sdMmV3oeVh3ioETxnrNrXOUPbzqt9OIrLbav8akEy5VM__v1mMX0C-8Jyzo&loadFrom=DocumentDeeplink&ts=2930.87)):

Thank you, Scott, for helping us to set the stage to be engaged leaders, to care for our teams and the health centers. Thank you very much. Now, we'll turn to our questions. Phillip, do we have questions for our panelists?

Phillip Stringfield ([49:08](https://www.rev.com/transcript-editor/Edit?token=bX_NFJDKVOirI_ApdF2potFvh61ytZ-xaotvPkCRA_zfACgnoqmpybPOv3k-59v-5k2H6O9sJ_eBJWnwd41A2E7vm40&loadFrom=DocumentDeeplink&ts=2948.63)):

Yeah. Thank you, Gerrard, and thank you to all of our panelists for that great presentation today. So we did get a couple of questions. One, this was not specific to a presenter. So I would just ask that whoever would like to jump in, I'll just go ahead and jump in first. But the question is, our medical staff and therapists are reporting burnout related to telehealth in the technology challenges. What strategies do you recommend to address this?

Dr. Gerri Lamb ([49:39](https://www.rev.com/transcript-editor/Edit?token=4yVBWu1SXuUtkqeXe1vkYzIC3Nltn911I2sEy6lIarl332dwZ5gX4GbYiOWhMY5BZ44sx1807jXg1-XOcBuIpL0q574&loadFrom=DocumentDeeplink&ts=2979.53)):

I can speak on that. So this is for behavioral health in particular?

Phillip Stringfield ([49:47](https://www.rev.com/transcript-editor/Edit?token=EnODlMji_uJq_Vgrvt282h9aazOJW2Q1M4mKWH1UZvRR8qIKOshyKf1nJgpVa-hFBvkA5ZbMeXihQuuT7ZKqmPOI9iw&loadFrom=DocumentDeeplink&ts=2987.94)):

So this one was just around medical staff, but you can apply it to... It is saying therapist as well. So I guess it's going to apply to that as well.

Dr. Gerri Lamb ([49:55](https://www.rev.com/transcript-editor/Edit?token=xFW7EK8V_1JiRzC8qRt5waqBqUVdJ8poYe_s-St31ruTzJ4LQzks2lntsAB1mXR8Ccx8GlwJqTP68gIxP4lXqHOMDm8&loadFrom=DocumentDeeplink&ts=2995.39)):

Yeah. Yeah. So we are seeing that a lot because again, our patients are having difficult lives, and so our staff are hearing these stories. So there's a lot of serious trauma. So one of the things that we're doing is again, putting self-care at the forefront, trying to look at ways to be creative with the schedule so that there's perhaps not as many sort of like back to back if possible, getting a little bit more variety in the schedule.

Dr. Gerri Lamb ([50:38](https://www.rev.com/transcript-editor/Edit?token=DbwbR62N8NijlVYDLbdJ2AGHvfUSbyPJSHA-Vq8G4s-u3WKB5d_O2j6ie_rL_BuVR5OnOwIkHVS_uOnq0W7QXqkZwPg&loadFrom=DocumentDeeplink&ts=3038.27)):

I think I see a question. Our health is not teleworking. I'm sorry. I'm trying to navigate answering the question, and I don't know if this new question...with regards to the current question, but let me just wrap up. But with our mental health practitioners in particular, it's just been really challenging around that. So we have mental health coordinators who are supporting them and playing a bigger role during this time, and we've also seen this burnout with our medical providers. So they're saying the patients who are coming in, they're just so much sicker. So as we can, we've increased the responsibilities of our nurse and MAs to take some of that off of the providers.

Phillip Stringfield ([51:35](https://www.rev.com/transcript-editor/Edit?token=YDaqKdH_yAaEGbekn1HCBaDhhfn7u5vLfP5Mx1PFiia3vCEQ_BTU9xjCSXYkWTnLZYPCB9z9dZAcA57fkfkvKC-oMUM&loadFrom=DocumentDeeplink&ts=3095.25)):

Thank you. Was there any response from the other presenters. Just wanting to make sure before we go to the next question? All right. So the other question that I had came in is, is there any suggestions on how to navigate through parents not being able to work full time due to not having childcare for their kids, not have schools? Again, that was directed to any presenter, but just looking to any suggestions around parents not being able to work full time and having to juggle childcare as well, the same.

Dr. Porshia Mack ([52:21](https://www.rev.com/transcript-editor/Edit?token=2l3PSKRLXIp0qQpRbR33dQoMjs7DZJD6nf40DB31KmyczQICQoADZQrtc2Txur4MHEyPmKEES5KNyBHJIl2KjX0edfE&loadFrom=DocumentDeeplink&ts=3141.51)):

I'm happy to talk about this one since I am a solo parent with a small child and trying to work. One of the things that we've done is we have been waiting to see what the school district is going to do. In the Bay Area, schools have not yet announced what the school year's going to look like. But what we are anticipating that there'll be a combination of remote and in person. So we want to continue to offer remote options for our staff, understanding that many of our employees are parents and just being understanding with that, understanding as you can, if maybe the workday starts a little bit later or a little bit earlier, to accommodate for those that may have to care for children during the day.

Dr. Porshia Mack ([53:24](https://www.rev.com/transcript-editor/Edit?token=LPDruhNJMkATAJqOGiNJpOZOAj_SGldtSw4gfq8k8aVNwhoB0IQVl3tC82xMqNmLYp_5hF3vRmYbSMiybL0feKVhtYw&loadFrom=DocumentDeeplink&ts=3204.45)):

My personal belief is as long as the work gets done, we can be flexible. Now, obviously, for providers, it's a little bit different. But for the majority of our health center staff, I think we can offer some flexibility.

Scott Owens ([53:46](https://www.rev.com/transcript-editor/Edit?token=c-E2OBvT4kxfLUiOKD0S0FkLaejlvOrCHTijG2InMZj4mORZwOl_oxzoRc7WYHiAIsm-a6XsEBrKy60J7x40eXBYB4Y&loadFrom=DocumentDeeplink&ts=3226.18)):

This is Scott. This is Scott. I'd like to echo that a little bit. I mean, having two kids myself, and during this time, it was a four-year-old and an eight-year-old, and one goes to school, and one doesn't. So it was certainly a childcare home school and be a leader, time, and situation where many hats all at once, worlds collided, if you will. I want a work-life balance in my life, but I don't want it all at the same time. It really struck me as so important to have as much flexibility as possible with individuals, but really talking to them through each situation is different.

Scott Owens ([54:29](https://www.rev.com/transcript-editor/Edit?token=rHzbe-w35lYK6tXkj721RNTYqZ7CaUL_LzIYKRHIX3wMCYrbn3Q-QMxGk-gGUmlnAfFsg9E70mi0Qs2j2YoxESZLT68&loadFrom=DocumentDeeplink&ts=3269.73)):

I think knowing that each situation is different, it's more important for leaders than ever to really ask that question is, what is your day to day look like so that I can find ways to support you and be flexible for you to understand, "Hey, maybe Thursday is your best day to get things done and meet those deadlines. Maybe working split shifts is better for you." Maybe working just in different ways and looking for opportunities to be flexible and providing that reassurance that, "Hey, it's okay. We all have different chaos going on in our lives, and now we need to understand what your chaos looks like so that we can tailor a good workday, a good work week for you so that everybody wins."

Phillip Stringfield ([55:25](https://www.rev.com/transcript-editor/Edit?token=4j7zH_gh3JiHpE_dMOLuYU4FfRamEnFFSFa5Y95W2CTuClcAXre2G4iUjlyNKS7frPQ3Sn0lOpIT-gqZ07mF2AIp3vE&loadFrom=DocumentDeeplink&ts=3325.84)):

Thank you for your responses. The next question is a really good one, I think. So I've spent a lot of time talking about how we can really engage with our staff and patients during this time. But this question is regarding the health centers that are not teleworking. So it says our health center is not teleworking. How do we adapt to these suggestions?

Dr. Gerri Lamb ([55:55](https://www.rev.com/transcript-editor/Edit?token=-BFis6ZoT_bW7_HV8ZBZqtqKqtt1t2nDC3ehps7lgFF4pC2yycezIDwsyI1TyIHEYASIPi9qnG6rtJ3gj6K1aagXQKs&loadFrom=DocumentDeeplink&ts=3355.32)):

I would think about flexible hours, if possible. For example, if your clinic has evening hours or weekend hours, which traditionally is reserved for our providers to see patients, but things maybe like staff working during that time.

Scott Owens ([56:23](https://www.rev.com/transcript-editor/Edit?token=9-_o7kyejeNAHuf4nK7I1KgiF4ID7fQVRwv0j7niJPK2OWJIGUBxaoxuwdNZFBBfV6ysMJB4aBsKa3AW_IpX3ZbRQhU&loadFrom=DocumentDeeplink&ts=3383.32)):

Yeah. This is where CHCs would need to get creative and knowing that school's out, there's no childcare, and there's no telework available. Are there new benefits? Are there new programs that we can put in place? What are some of the feedback we're getting from staff that they would like to see that would help them become more engaged? I don't know what that looks like with creativity. It could be some online daycare options, or again, yeah, maybe some more split shifts, flexible work schedule situation. But most more of a team support helping each other to move forward and to help really succeed in that. There is no simple formula, I can tell you that. But one thing that we definitely want to be emphasizing is we don't want to assume the solution as a leader. We want to bring in the team to help create solutions together.

Phillip Stringfield ([57:36](https://www.rev.com/transcript-editor/Edit?token=WTcNOK-eSb2xIuumYLa6F1Hhh3LsRM_rw4DODq8q92hUGwQtOc7hmp6TF9XKbRaUMKqEcrIl6LyrR3y554o92lmciT0&loadFrom=DocumentDeeplink&ts=3456.84)):

Great feedback. Thank you. Thank you everyone for your answers.

Gerrard Jolly ([57:48](https://www.rev.com/transcript-editor/Edit?token=4Ev6FjnLDGEWx0_h2cq3rsiszt-I0CIyriaKnxvnI08msmeu3mt_AnAB9sysj2DyTYgOkG1WNQ9cmpQkTMhVoJPSwB0&loadFrom=DocumentDeeplink&ts=3468.51)):

Thank you, Philip. I want to thank all of our presenters, our panelists, Dr. Gerri Lamb, Dr. Porshia Mack, and Scott Owens. We appreciate you for helping us to reflect upon how to reduce talent burnout and increase workforce resiliency as we re-imagine care. With that, I will turn our attention back to Rachel. Rachel.

Rachel Gonzales-Hanson ([58:13](https://www.rev.com/transcript-editor/Edit?token=H1KU-tGRCaeY4OxdhtJNZuljeSq9KM0ZS64oSwTWCfPjzhK6IGRBV69u2f8-4OQ1_wFJixs2J-9l8Mk24pHPs8nehQI&loadFrom=DocumentDeeplink&ts=3493.41)):

Thank you, Gerrard. I think one of the important pieces that we heard today was making sure that we're definitely communicating with our staff, and the planning is so important whenever these kinds of things are going to be implemented or needing to be implemented. So we're approaching it as a team, as health centers do work that way. Approaching it as a team is always great. Thank you again also to the speakers.

Rachel Gonzales-Hanson ([58:37](https://www.rev.com/transcript-editor/Edit?token=LiaHwv26ovTwKmxWpcOyPyv03HO7tZdEw28oLz-BfTJLFGLTrI9JQ87lQCkvt-lkBxB5tcnx4q3zK9-k9DPHA4Gpbk8&loadFrom=DocumentDeeplink&ts=3517.03)):

I also want to thank the NACHC team, who's always behind the scenes, but just as important to make sure our programs are great. The recording, transcription, and the webinar, as well as the PowerPoints, and the links to the resources will be able to be found on the NACHC website in the COVID-19 page. We also would like to remind you to save the date for the rest of the webinar series. Our topic for July 9th, which is our next webinar is innovative outreach and enrollment practices. So make sure to Mark your calendar. And then we are also going to be letting you know later on about the topic for July 23rd and August the 6th webinars. So mark your calendars. Also, if you have any suggestions for future topics, put them in the chat feature. We want to hear from you. So thank you again for joining us. Remember, stay safe. You are important.