

## Building a Resilient Health Care Workforce in Washington, D.C. Summary of a Convening

On October 3, 2018, the District of Columbia Healthy Communities Collaborative (DCHCC) convened local health care and mental health professionals at a Busboys and Poets to improve self-care and mental wellness in clinical and community-based workplaces. A panel of speakers shared strategies on how to implement wellness efforts from the perspectives of the director of Mary's Center school-based mental health program, the executive director of the Wendt Center for Loss and Healing, a former wellness director of E.L. Haynes Public Charter School and program lead of Children's National Health System mindful mentors program. More than 30 health care and mental health providers and professionals participated from local hospitals, community health centers, government, and education sectors and shared input on current workplace wellness programs and strategies to promote and sustain workplace wellness and self-care at the individual and organizational level.



### Overview

The convening was held for mental health and primary care providers who care for adults, children and families living in District of Columbia communities who have a role in referring or treating populations with mental illness and those who have experienced trauma or stress.

### Objectives

- Present an overview on mental wellness and self-care highlighting local examples of how to evaluate and build workplace resiliency
- Identify strategies for individuals and organizations to promote mental wellness and self-care in their workplace
- Strengthen connections and supports within our health care and mental health workforce

### Panel Quotes

*"Teams must be inspired by a mission that is bigger than the individual work they do – It makes that really hard emotional work doable."* – Marisa Parrella, Director of School Based Metal Health Program at Mary's Center

*"Just as a mother doesn't wake up and say I want to be an abusive parent today, no employee says I want to be a super underperformer today. We provide a work environment that encourages staff to take a sick day before they are sick."* – Michelle Palmer, Executive Director of Wendt Center for Healing and Loss

*"Systems are not set up to for staff to have conversations about work life balance. At E.L. Haynes, we integrated employee wellness into our performance management system used for regular check-ins."* – Tia Brumsted, Deputy Assistant Superintendent of Health and Wellness Division with the D.C. Office or the Superintendent of Education; former Wellness Director of E.L. Haynes Public Charter School

*"It's a powerful awakening when you get people to sit and breathe for a few minutes. I didn't think I had a minute in my day but that minute gave me many more minutes in my day."* – Vicki Freedenberg, Electrophysiology Nurse Scientist at Children's National Health System

## Key Takeaways

Burnout is caused by a combination of factors in one's internal and external environments. Although the intersection of these factors impacts an individual's experience uniquely, it is widely recognized that external factors, including the role of the social determinants of health in caring for patients, are the biggest contributors to burnout.<sup>1</sup> Extensive evidence suggests that a systems-thinking approach that is deliberate, sustained and comprehensive at the organization and practice environment is necessary to addressing clinician well-being, resilience and burnout.<sup>2,3</sup> System factors that contribute to burnout may include the learning and practice environment, such as social support and community at work.

*"I enjoyed the fellowship among providers and the effort to create a sense of a culture of wellness."*  
–Event Participant

Panel speakers and participants shared strategies that promote and sustain workplace wellness and self-care at the individual and organizational level:

### Workforce Capacity Building

- Give ongoing training and resources on the impact of compassion fatigue and secondary trauma with regular staff check-ins
- Have staff complete workplace assessments such as the Professional Quality of Life Scale (ProQol)
- Offer continuous education on race, equity and implicit bias and other larger systemic issues

### Policy, Systems and Environmental Change

- Integrate staff wellness metrics in employee performance management systems
- Incorporate mindfulness into clinical rounds, staff meetings and retreats
- Offer yoga and meditation classes, wellness competitions, and disseminate wellness resources and tips
- Offer social time for staff to engage, decompress and share strategies. For example, facilitated conversations over lunch – "chat and chews" – give an opportunity for staff to build relationships
- Create a policy that eliminates added sugar and junk foods at staff meetings

## Next Steps

The DCHCC is developing an advocacy tool that will be released in 2019 on how to drive policy and system-level changes to build a resilient health care and mental health workforce in both clinical and community settings. To get involved with this initiative and for more information, contact Julia DeAngelo at [jdeangelo@childrensnational.org](mailto:jdeangelo@childrensnational.org) or Marisa Parrella at [mparrella@maryscenter.org](mailto:mparrella@maryscenter.org).

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<sup>1</sup> Eisenstein, L. (2018, July 20). To Fight Burnout, Organize [NEJM Catalyst]. Retrieved from <https://catalyst.nejm.org/burnout-sdoh-collective-action/>

<sup>2</sup> Brigham, T., C. Barden, A., Legreid Dopp, A. Hengerer, J. Kaplan, B. Malone, C. Martin, M. McHugh, and L. Margaret Nora. (2018). A Journey to construct an all encompassing conceptual model of factors affecting clinician well-being and resilience. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. Retrieved from <https://nam.edu/journey-construct-encompassing-conceptual-model-factors-affecting-clinician-well-resilience/>

<sup>3</sup> Shanafelt, T. D. and Noseworthy, J. H. (2017, January). Executive Leadership and Physician Well-being: Nine Organization Strategies to Promote Engagement and Reduce Burnout. 92(1):129-146. <https://doi.org/10.1016/j.mayocp.2016.10.004>

## Attendees

- Children’s National Health System – [childrensnational.org](http://childrensnational.org)
- Common Unity – [onecommunity.org](http://onecommunity.org)
- Community of Hope – [communityofhopedc.org](http://communityofhopedc.org)
- Office of the State Superintendent of Education – [osse.dc.gov](http://osse.dc.gov)
- Mary’s Center – [maryscenter.org/SBMH](http://maryscenter.org/SBMH)
- Medstar Georgetown Center for Wellbeing in School Environments
- Minds Inc. – [mindsincorporated.org](http://mindsincorporated.org)
- Wendt Center for Healing and Loss – [wendtcenter.org](http://wendtcenter.org)

## Acknowledgements

This event was funded by the DCHCC and executed by Julia DeAngelo from Children’s National Health System and Marisa Parrella from Mary’s Center whose institutions are leading the DCHCC 2016-2019 Community Health Improvement Plan Mental Health Strategy 2: *Increase mental health workforce capacity by addressing the recruitment, retention, accessibility, competency, and workforce issues*. We send our gratitude to Satyani McPherson for leading mindfulness activities to open and close our event and appreciations to our panel speakers, our DCHCC Chair, Yolette Gray from Providence Health System, and convening volunteers from DCHCC member organizations: Iana Clarence, Desiree de la Torre, Elizabeth Davis, Amber Rieke, Gloria Saez, and Justine Wu.


## Background

The DC Healthy Communities Collaborative (DCHCC) is a coalition of hospitals and federally qualified health centers (FQHCs) that combine efforts and resources to assess and address community needs. This work is undertaken in partnership, is data-driven, and engages the community. The DCHCC is leading a Community Health Improvement Plan to address four priority community needs including care coordination, health literacy, mental health, and place-based care.



Through a needs assessment, the DCHCC identified provider burnout and staff turnover as key workforce barriers in providing behavioral health services. Workplace stress can compromise an employees’ mental and physical health contributing to burnout and poorer quality of care. Studies have found higher levels of work-related stress among frontline health and mental health care providers—personnel who provide direct services to those with serious mental health issues, including nurses, social workers, psychologists, aides, case managers, and occupational therapists. It is now more important than ever to build a resilient health care and mental health workforce who can address the significant mental health challenges that DC communities face.

For more information, visit the DC Health Matters website at [dchealthmatters.org](http://dchealthmatters.org).



The District of Columbia  
**Healthy Communities Collaborative**

Building a Resilient Health Care Workforce  
in Washington, D.C.

October 3 Convening

DC Healthy Communities Collaborative

DCHCC strives to improve community health by **assessing** the communities' needs, developing and implementing a **community-driven plan** of action, and realizing **measurable outcomes**.

Our vision is **one healthy and thriving capital city** that holds the same promise for all residents regardless of where they live.



Collaborating for a Better CHNA

4 hospitals and 4 community health centers entered into a formal partnership in January 2012 to develop a citywide needs assessment and improvement plan in 2013



Ex-officio members include DC Hospital Association and DC Primary Care Association

Community Advisory Board includes ~10 members representing several social determinants of health in DC



**Mental Health**  
prevention and treatment of psychological, emotional and relational issues that lead to higher quality of life



**Place-based Care**  
care options that are convenient and culturally sensitive



**Care Coordination**  
deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care



**Health Literacy**  
ability to obtain, process, and understand basic health information to make appropriate health decisions

Objectives

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**Mental Health**  
prevention and treatment of psychological, emotional and relational issues that lead to higher quality of life

*Our Strategies*

1. Advocate for a District-wide mental health needs assessment
2. **Increase mental health workforce capacity**
3. Implement policy level solutions
4. Improve care coordination for mental health and substance abuse
5. Advocate for financial incentives to increase mental health services in Ward 7 & 8

Learn more at [DCHealthMatters.org](http://DCHealthMatters.org)



## Trauma in our Community

**Yet Another Spike In K2 Overdoses Sends 67 To The Hospital**  
PHOTO: JEFFREY M. HARRIS/GETTY IMAGES

**With Scarce Access To Interpreters, Immigrants Struggle To Understand Doctors' Orders**  
PHOTO: JEFFREY M. HARRIS/GETTY IMAGES

**People live in terrible conditions in some of D.C.'s affordable housing**  
THREE LOCAL PAPERS FIND HEALTHY HOUSING ISSUES ON SUBSIDIZED UNITS  
BY MICHELLE PALMER FOR HEALTHY COMMUNITIES COLLABORATIVE | AUG 16, 2018 11:00 AM EDT



**Local**  
**'Gunz down D.C.': Young people produce song hoping to end gun violence**  
Youth through the D.C. Department of Youth Rehabilitation Services called for an end to gun violence in the city. The justice-involved youth shared their stories and produced a song to advocate change among their peers.

**Lawsuit alleges D.C. has failed hundreds of emotionally disturbed children**  
D.C. Public Defender's Office

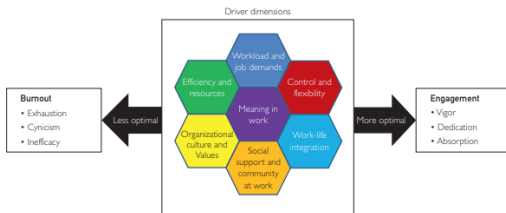
## What are your greatest workplace stresses or challenges?

- \* High community need and finding community resources for families
- \* Patient/client engagement
- \* Hiring and retention
- \* Work overload
- \* Workplace conflict
- \* Racial equity concerns
- \* Documentation
- \* Work/home balance
- \* Self-care

## What do you do to address workplace stress and burnout?

- \* Eat, sleep, spend time with family, friends, church
- \* Exercise
- \* Advocate and provide staff information on specific self-care/relaxation/stress-relief techniques
- \* Use humor
- \* Mediation and timeout on weekends
- \* Approach conflict proactively, have courageous conversations and restorative steps to repair and re-create
- \* Courses/certifications: Mindfulness-based stress reduction course, Mental Health First AID

## Drivers of Health Care Providers Well-being



[https://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)



**Building a Resilient Health Care Workforce in Washington, D.C.**  
**Panel Discussion**

**Marisa Parrella** – Director of School Based Mental Health Program at Mary's Center (Moderator)


**Michelle Palmer** – Executive Director of Wendt Center for Loss & Healing

**Tia Brumsted** – Deputy Assistant Superintendent of Health and Wellness Division with the DC Office of the State Superintendent of Education; former Wellness Director of E. L. Haynes Public Charter School

**Vicki Freedenberg** – Electrophysiology Nurse Scientist at Children's National Health System

## Activity Instructions

- \* **10 minutes** – List current wellness programs, initiatives or practices that promote workplace wellness and self-care at the individual or organizational level
- \* **10 minutes** – Identify strategies to address key organizational drivers that foster a resilient health care workforce in Washington, D.C.
- \* **5 minutes** – Report out



Drivers of Health Care Providers Well-being

