Secondary Traumatic Stress Identification, Mitigation and Improving Work Satisfaction for Healthcare Staff During the COVID19 Pandemic
National Center for Health in Public Housing

• The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for $1,824,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

• The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Increase access, quality of health care, and improve health outcomes
Health Centers close to Public Housing

- 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million
- 385 FQHCs In or Immediately Accessible to Public Housing = 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123 patients

Source: UDS
Public Housing Demographics

- 2.2 million residents
- 2.2 Persons per household
- 38% Children
- 59% Female
- 83.2% Below federal poverty level
- 55% Less than high school diploma
- 52% White
- 43% African-American
- 25% Hispanic
- 38% Disabled

Source: HUD
Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**

<table>
<thead>
<tr>
<th></th>
<th>HUD-Assisted</th>
<th>Low-income renters</th>
<th>All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair/Poor Health</td>
<td>35.8%</td>
<td>24%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>71%</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Disability</td>
<td>61%</td>
<td>42.8%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17.6%</td>
<td>8.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>COPD</td>
<td>13.6%</td>
<td>8.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>16.3%</td>
<td>13.5%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Source: Helms VE, 2017
Sources of Anxiety Among Health Care Professionals

- Access to appropriate personal protective equipment
- Being exposed to COVID-19 at work and taking the infection home to their family
- Not having rapid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work
- Uncertainty that their organization will support/take care of their personal and family needs if they develop infection
- Support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation)
- Being able to provide competent medical care if deployed to a new area (eg, non-ICU nurses having to function as ICU nurses)
- Lack of access to up-to-date information and communication.
Psychological Impact of COVID-19 Pandemic on Health Care Workers

- Total: 1830 Contacted Individuals
- Respondents: 1257, Participation rate: 68.7%
- 68% Nurses, 32% Physicians

### Mental Health Outcomes Among Frontline and Second-Line Health Care Workers During the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy

<table>
<thead>
<tr>
<th>Mental Health Outcome</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1379 HCWs responded questionnaire</td>
<td></td>
</tr>
<tr>
<td>681 Endorsed PTSS</td>
<td></td>
</tr>
<tr>
<td>341 Depression</td>
<td></td>
</tr>
<tr>
<td>273 Anxiety</td>
<td></td>
</tr>
<tr>
<td>114 Insomnia</td>
<td></td>
</tr>
<tr>
<td>302 High perceived stress</td>
<td></td>
</tr>
</tbody>
</table>

Source: [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229)
<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together</td>
</tr>
<tr>
<td>Care for me</td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
</tbody>
</table>

Source: [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229)
PHPC COVID-19 by the numbers

Source: nchph.org
Today’s panelists:

April Naturale, PhD, Traumatic Stress Specialist

Sarah Aleman, MSW, LCSW, Director of Behavioral Health, Zufall Health Center
SECONDARY TRAUMATIC STRESS IDENTIFICATION, MITIGATION AND IMPROVING WORK SATISFACTION FOR HEALTHCARE STAFF DURING THE COVID19 PANDEMIC

April Naturale, PhD
Traumatic Stress Specialist
GOALS

▪ Describe healthcare provider compassion fatigue / secondary traumatic stress, vicarious trauma and burnout

▪ Identify methods for healthcare staffs to conduct stress management assessments, implement mitigation efforts, and improve work satisfaction for providers

▪ Describe ways to implement a Cognitive Strengthening Preparedness Program
<table>
<thead>
<tr>
<th>CF</th>
<th>STS</th>
<th>VT</th>
<th>Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhaustion</td>
<td>Symptoms parallel</td>
<td>Negative cognitive</td>
<td>Indifference</td>
</tr>
<tr>
<td>Overworking</td>
<td>client’s</td>
<td>schemas</td>
<td>Frustration</td>
</tr>
<tr>
<td>Depression</td>
<td>Intrusive images</td>
<td>Question beliefs</td>
<td>with admin,</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Fear</td>
<td>No sense of safety</td>
<td>supervisor,</td>
</tr>
<tr>
<td>Obsession with helping</td>
<td>Avoidance</td>
<td>Change in world view</td>
<td>peers and policy</td>
</tr>
<tr>
<td></td>
<td>Helplessness</td>
<td></td>
<td>Leave profession</td>
</tr>
<tr>
<td></td>
<td>PTSD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Shared Symptoms:** Increased substance use/misuse; relationship problems; increased rates of physical illness (HBP, weakened immunity)
<table>
<thead>
<tr>
<th>Role Ambiguity</th>
<th>Lack of Clarity of Tasks</th>
<th>Lack of Team Cohesion</th>
<th>Mismatch of Skills with Tasks</th>
<th>Discomfort with Hazardous Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command and Control Ambiguity</td>
<td>Ineffective Communication with Team/Non Team and HQ</td>
<td>Need for Information that cannot await clearance delays</td>
<td>Resource / Equipment Shortages</td>
<td>Reintegration Barriers</td>
</tr>
<tr>
<td>Lack of or Too Much Autonomy</td>
<td>Database Issues, Linkage between Epidemiology, Lab and Sampling</td>
<td>Lab Specimen Tracking &amp; Reporting</td>
<td>Sources Of Stress For Healthcare Responders</td>
<td></td>
</tr>
<tr>
<td>Coworkers picking up your work or not</td>
<td>Lack of Understanding of What You Went Through</td>
<td>Domestic / Family Conflicts or Issues</td>
<td>Lack of Self Care; Start of Self Medicating</td>
<td></td>
</tr>
</tbody>
</table>
Multiple patients
...serious injuries
...simultaneous lifesaving efforts
...over long periods of time

Unique Traits of Healthcare Workers

<table>
<thead>
<tr>
<th>Trait</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly self reliant</td>
<td>Desire to care for others</td>
</tr>
<tr>
<td>Give vs receive/ need support</td>
<td>“Work till it hurts”</td>
</tr>
<tr>
<td>“Weak” if display emotional distress</td>
<td>Skip breaks/meals</td>
</tr>
<tr>
<td>Staffing patterns require coverage</td>
<td>Sacrifice self care for the care of others</td>
</tr>
</tbody>
</table>

Stigma surrounds behavioral health concerns.
RISK FACTORS

Professional:
✓ See a high number of trauma cases
✓ Lack of confidence/specific training

Personal:
✓ History of trauma
✓ Isolated/without good social support
✓ Lack of good coping skills; use of negative coping

Physical:
✓ High fat/salt diet
✓ Race/genetics
✓ Single professional caregivers
# Secondary Traumatic Stress Indicators

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Personal</th>
<th>Workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Heartbeat/Panic Headaches</td>
<td>Anxiety Fear Anger</td>
<td>Isolation Cynicism Mood Swings</td>
<td>Avoidance Tardiness Absenteeism</td>
</tr>
<tr>
<td>GI Distress</td>
<td>Sadness/Crying</td>
<td>Conflicts Alcohol and Substance</td>
<td>Lack of Motivation Lower Staff</td>
</tr>
<tr>
<td>Fatigue/Exhaustion</td>
<td>Helplessness</td>
<td>Misuse</td>
<td>Morale</td>
</tr>
<tr>
<td>Sleep Issues</td>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Immune Function</td>
<td>Hopelessness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Spiritual**

- Questioning Work/Life
- Anger at Higher Power
- Hopelessness
THE PROFESSIONAL AND INTERPERSONAL EFFECTS OFSTS

**Professional**
- Loss of productivity
- Exhaustion
- Poor communication
- Impatience/ increased conflicts among staff
- Inability to stop working
- Increased obsession with helping
- Decreased confidence/ second guessing

**Interpersonal**
- Detachment/numbing
- Isolation/withdrawal
- Loneliness
- Mistrust
- Anger often directed at loved ones
- Decreased interest in intimacy/sex
- Negative impact on parenting
COMMON EFFECTS EXPERIENCED BY HEALTHCARE PROVIDERS

- Self medicating
- Overeating/drinking
- Extramarital affairs
- Suicidal gestures
THE GOOD (PROTECTIVE) NEWS: WORK SATISFACTION

✓ Compassion Satisfaction / Traumatic Growth
✓ Stress management
✓ Self confidence/competence
✓ Spiritual connection
✓ Respect for human openness and resilience
WHAT DO YOU BRING FROM YOUR LIFE?

- Personal commitments
- Professional commitments
- Physical and mental condition
- Vulnerabilities
- Self-awareness
WHAT IS SELF CARE?

The ability to maintain physical, emotional, relational, and spiritual health in times of stress.
EXERCISE: PATH TO SELF CARE

- Work Stress
- Warning Signs
- Negative Strategies
- Positive Strategies
THE CORE FOUR

✓ Regulated Sleep
✓ Physical Movement
✓ Active Mental Relaxation
✓ Social Support and Close Relationships
ASK YOURSELF...

✓ One thing to reduce stress and burnout?
✓ Do I need help to carry it out?
✓ Do I need reminders?
✓ When in my day can I do this?
✓ What resources do I need?
✓ How can I use my self care plan to remain resilient during disaster work?
LEISURE ACTIVITIES ACTION PLAN

- Paper and pen/electronic device
- Three leisure activities
- Date and time you can perform each
- Add to your calendar once a week for a month
# Personal Action Plan

<table>
<thead>
<tr>
<th>Current Skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills to Work On</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Goal</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>People and tools</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Action Plan</td>
<td>What do you need to do now</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
SKILLS: PROFESSIONAL/PEER SUPPORT

✓ Provide emotional/practical help
✓ Speak as equals, reciprocity
✓ Maintain contact after each shift or difficult patient encounters
✓ Strategize, share concerns
✓ Vary caseload
✓ Practice self care
✓ Practice within scope of abilities
✓ Work within the rules
✓ Seek support
✓ Identify CF and STS symptoms
✓ Practice controlled empathy
✓ Set helpful boundaries
ORGANIZATIONAL READINESS TOOLS

▪ Organizational Assessment
▪ Stress Audit Checklist
▪ ProQOL-5
▪ OVC Vicarious Trauma Toolkit

Professional Quality of Life Scale (ProQOL)

When you [help] people you have direct contact with their lives. As you may have heard, your compassion for those you [help] is often affected by your experiences, beliefs, and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that best reflects how frequently you experienced these things in the past 30 days.

<table>
<thead>
<tr>
<th>1=Never</th>
<th>2=Rarely</th>
<th>3=Sometimes</th>
<th>4=Often</th>
<th>5=Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am happy.</td>
<td>2. I am preoccupied with more than one person [Help].</td>
<td>3. I get satisfaction from being able to [help] people.</td>
<td>4. I feel connected to others.</td>
<td>5. I jump or am startled by unexpected sounds.</td>
</tr>
<tr>
<td>6. I feel energized after working with those I [help].</td>
<td>7. I find it difficult to separate my personal life from my life as a [helper].</td>
<td>8. I am as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
<td>9. I think that I might have been affected by the traumatic stress of those I [help].</td>
<td>10. I feel trapped by my job as a [helper].</td>
</tr>
<tr>
<td>11. Because of my [helping], I have felt “on edge” about various things.</td>
<td>12. I like my work as a [helper].</td>
<td>13. I feel depressed because of the traumatic experiences of the people I [help].</td>
<td>14. I feel as though I am experiencing the traumas of someone I [have helped].</td>
<td>15. I have beliefs that sustain me.</td>
</tr>
<tr>
<td>16. I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
<td>17. I am the person I always wanted to be.</td>
<td>18. My work makes me feel satisfied.</td>
<td>19. I feel worn out because of my work as a [helper].</td>
<td>20. I have happy thoughts and feelings about those I [help] and how I could help them.</td>
</tr>
<tr>
<td>21. I feel overwhelmed because my care [work] load seems endless.</td>
<td>22. I believe I can make a difference through my work.</td>
<td>23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
<td>24. I am proud of what I can do to [help].</td>
<td>25. As a result of my [helping], I have intrusive, frightening thoughts.</td>
</tr>
<tr>
<td>26. I feel “tonged down” by the system.</td>
<td>27. I have thought that I am a “success” as a [helper].</td>
<td>28. I can’t recall important parts of my work with trauma victims.</td>
<td>29. I am a very caring person.</td>
<td>30. I am happy that I chose to do this work.</td>
</tr>
</tbody>
</table>

© S. Madhul Pandian, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Compassion Fatigue (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using this test should e-mail www.proqol.org to verify that the copy they are using is the most current version of the test.

Unclassified/For Public Use
EXPERIENCE AND TRAINING

- Professional skills development
- Sense of confidence and competence
Cognitive restructuring / reframing
- Attention diversion
- Mindfulness training
- Adaptive engaging
- Adaptive affective expression
ATTENTION DIVERSION

- Purposeful emotion regulation
- Decreases intense feelings
- Temporary
ABOUT MINDFULNESS

▪ Cognitive strengthener
▪ Any level is positive
▪ Focus on present moment
▪ Acknowledge things as they are

Mindfulness Exercise

• Sit in quiet place
• Feet on ground
• Hands on lap
• Close your eyes
• Focus on breathing
• Thoughts come and go
• Inhale positivity
• Exhale stress
Adaptive Engaging

- With others who understand and accept you
- In helpful activities
  - Increase coping skills
  - Build resilience
- Maintain integrity, dignity, and civility
- Avoid toxicity
- Avoid negative coping behaviors
ADAPTIVE AFFECTIVE EXPRESSION

✓ Identify distressing emotions
✓ Express emotions in healthy ways
✓ Identify your prodromal activities
✓ Identify and plan for triggers
RESOURCES

- ASPR TRACIE: [www.asprtracie.hhs.gov](http://www.asprtracie.hhs.gov) or call 1-844-5-TRACIE
- Division for At-Risk Individuals, Behavioral Health & Community Resilience (ABC): [www.phe.gov/Preparedness/planning/abc](http://www.phe.gov/Preparedness/planning/abc)
- SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC): [www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)
- National Center for Posttraumatic Stress Disorder: [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Professional Quality of Life (PROQOL): [http://www.proqol.org](http://www.proqol.org)
Sarah Aleman, MSW, LCSW
Director of Behavioral Health
• FQHC in Northwest NJ serving 6 counties (suburban/urban) at 8 sites, 2 vans
• Primary Medical and Dental services at all sites
• Served 40,000 patients with 140,000 visits in 2019
• Around 350 staff plus volunteers
• Integrated behavioral health, medical, and dental services
Whole-Person Health for Patients & Staff

- Two initiatives of 2018
  - Trauma-Informed Care Learning Community
  - Integrated behavioral health care
- 18 staff in the BH department, majority are bilingual
  - Clinicians
  - Case Managers
  - Outreach
  - Administration
- Same-day access for BH visits in-person or via telemedicine
- Focus on well-being for patients and staff
March 2020 – Initial Impact of COVID-19

- NJ quickly became a hot spot for COVID-19
- Sudden shift in visit types – 80% sick visits
- No COVID-19 testing yet
- Sending very sick patients to the hospital
- Practice transformation to telemedicine
- A lot of COVID-positive staff
Psychological Impact of COVID-19

- Staff tested positive
- Staff could not work due to childcare
- Physical and emotional health concerns of staff
- Impact of furloughing some staff
- Staff’s personal experiences with loved ones with COVID
- Stress of transforming our practice “over night”
- Impact of hearing patients’ stories, trauma, and needs
- Ongoing anxiety and uncertainty, still high positive rates
Our Response

- Trauma Informed Care – focus on patient and staff safety and well-being
- Self-care resources for staff
- Stress management sessions & one-on-one sessions
- Food!
- Some staff working remotely
- April self-care contest
- Staying connected through Zoom and Microsoft Teams
- Community resources – COVID bereavement group, food pantries, food deliveries
- Communication and flexibility from all staff
- Sharing appreciation – management and patients
Self-Care Resources

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness Meditation Audios</td>
<td><img src="image" alt="Mindfulness Meditation Audios" /></td>
</tr>
<tr>
<td>Helplines</td>
<td><img src="image" alt="Helplines" /></td>
</tr>
<tr>
<td>Nicotine Recovery Services</td>
<td><img src="image" alt="Nicotine Recovery Services" /></td>
</tr>
<tr>
<td>Mindfulness and Meditation Apps</td>
<td><img src="image" alt="Mindfulness and Meditation Apps" /></td>
</tr>
<tr>
<td>What You Can Do To Take Care Of Yourself</td>
<td><img src="image" alt="What You Can Do To Take Care Of Yourself" /></td>
</tr>
<tr>
<td>Activities for Kids</td>
<td><img src="image" alt="Activities for Kids" /></td>
</tr>
<tr>
<td>10 tips for Stress Management James Mast</td>
<td><img src="image" alt="10 tips for Stress Management James Mast" /></td>
</tr>
<tr>
<td>EAP Fyer</td>
<td><img src="image" alt="EAP Fyer" /></td>
</tr>
<tr>
<td>Mental Health and Coping During COVID-19 — CDC</td>
<td><img src="image" alt="Mental Health and Coping During COVID-19 — CDC" /></td>
</tr>
<tr>
<td>Coping with the Novel Coronavirus - January 2020</td>
<td><img src="image" alt="Coping with the Novel Coronavirus - January 2020" /></td>
</tr>
<tr>
<td>Coping with Stress</td>
<td><img src="image" alt="Coping with Stress" /></td>
</tr>
<tr>
<td>Helping Children Cope</td>
<td><img src="image" alt="Helping Children Cope" /></td>
</tr>
<tr>
<td>Coping with Stress During Infectious Disease Outbreaks</td>
<td><img src="image" alt="Coping with Stress During Infectious Disease Outbreaks" /></td>
</tr>
<tr>
<td>Relaxed_Breathing_es</td>
<td><img src="image" alt="Relaxed_Breathing_es" /></td>
</tr>
<tr>
<td>Relaxed_Breathing</td>
<td><img src="image" alt="Relaxed_Breathing" /></td>
</tr>
</tbody>
</table>
If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.
Upcoming events:

Partnership Opportunities for Health Centers, EnVision Centers, and Public Housing Agencies

**Date:** June 24, 2020  
**Time:** 1:00 – 2:00 pm EDT  

**Registration:** [https://attendee.gotowebinar.com/register/2816351063492004368](https://attendee.gotowebinar.com/register/2816351063492004368)
LET US KNOW YOUR THOUGHTS!
Visit Our Website:

nchph.org

PHPC COVID-19 Weekly Updates

Webinars

Monographs

Publications

Interactive Maps

Provider and Resident-Centered Factsheets

Training Manuals

Newsletters

Annual symposiums

One-on-One
Join Our Mailing List at [nchph.org/contact](http://nchph.org/contact) and Receive:

- HRSA Updates
- Medicare Updates
- Funding Opportunities
- Senior Programs
- Resources and Services
- Webinars
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Burns</td>
<td>Director of Health</td>
<td><a href="mailto:Bobburns@namgt.com">Bobburns@namgt.com</a></td>
</tr>
<tr>
<td>Dr. Jose Leon</td>
<td>Chief Medical Officer</td>
<td><a href="mailto:jose.leon@namgt.com">jose.leon@namgt.com</a></td>
</tr>
<tr>
<td>Saqi Maleque Cho</td>
<td>Manager of Policy, Research, and Health</td>
<td><a href="mailto:Saqi.cho@namgt.com">Saqi.cho@namgt.com</a></td>
</tr>
<tr>
<td></td>
<td>Promotion</td>
<td></td>
</tr>
<tr>
<td>Fide Pineda Sandoval</td>
<td>Health Research Assistant</td>
<td><a href="mailto:Fide@namgt.com">Fide@namgt.com</a></td>
</tr>
<tr>
<td>Chantel Moore</td>
<td>Communications Specialist</td>
<td><a href="mailto:Cmoore@namgt.com">Cmoore@namgt.com</a></td>
</tr>
<tr>
<td></td>
<td>Please contact our team for Training and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Technical Support</td>
<td>703-812-8822</td>
</tr>
</tbody>
</table>
THANK YOU!

National Center for Health in Public Housing

2111 Eisenhower Ave, Alexandria, VA 22304 • 703.812.8822 • nchph.org