Sherry Giles (00:04):
Futures Thinking for Community Health Centers Beyond the Pandemic. My name is Sherry Giles, program specialist in the training and technical assistance department here at NACHC, and I'm pleased to bring you this webinar, along with my colleague, Gerrard Jolly, director of career advancement strategies, who you will hear from in a few moments.

Gerrard Jolly (00:23):
Thank you so much, Sherry, and thank you everyone for joining us today. We're glad to have you here with us, wherever you're calling in from. Great to see folks from all around the country who are joining us for our Leadership Office Hour: Beyond COVID, Futures Thinking for Community Health Centers Beyond the Pandemic, or as some of you might have seen it advertised, Reflections Upon Alternative Strategies for Community Health Centers Beyond the Pandemic. And so, we want to welcome you here with us today. We have, as our presenter, Eric Meade, who I will introduce momentarily. Eric, I think you have the ball, so I'm going to ask you if you would take us to the next slide please.

Gerrard Jolly (01:13):
Thank you so much. My name is Gerrard Jolly, folks. I'm the director of career advancement strategies here at NACHC, and as you know, NACHC has been serving as the voice for community health centers for nearly 50 years, and we'll be looking forward to celebrating that with you here soon. If you would take a moment to just kind of reflect. There was an article that came out recently in the Harvard Business Review that highlighted that even before the COVID-19 crisis, rapid technological change, growing economic interdependence and mounting political instability had conspired to make the future increasingly murky. I noticed that uncertainty was so all-encompassing that to fully capture the dimensions of the problem, researchers had come up with these elaborate acronyms that I'm sure some of you have heard of, such as VUCA, or volatility, uncertainty, complexity and ambiguity; and TUNA, turbulent, uncertain, novel and ambiguous.

Gerrard Jolly (02:20):
And so, when we think about just the uncertainty that existed at that particular time, before this year, you think of how that has truly grown, how that has become sort of exponentially greater when we think about what has been the result of the pandemic. And then in recent weeks, as if the pandemic was not enough, for us to manage, both as health centers and as a nation, we had the video of the death of George Floyd at the hands of Minnesota police officers, and that set off a chain of events, resulting in protests. That is certainly likely to have an impact on COVID-19 as well.

Gerrard Jolly (03:16):
And so, how do you proceed in the midst of all that's happening, in the midst of a future that is potentially uncertain, that is certainly uncertain? How do you proceed? And I'll note one more point here from the Harvard Business Review article. It said strategic foresight, and that is, it offers a way forward for us, not to predict the future, but rather to make it possible to imagine multiple futures and creative ways that heightens our ability to sense, shape and adapt to what happens in the years ahead. You see, that strategic foresight helps us to figure out how to think about the future, and that's what our presenter is here to assist us with as well today. Eric Meade is the... And Eric, if you'll take us to the next slide, please. Eric Meade is the principal of Whole Mind Strategy Group and the founder of Beyond COVID. Eric has worked with a number of federal agencies, helping them to be able to reflect upon and plan futures or to do scenario planning, and we're excited to have him as a futurist here with us today.
So, without further ado, want to extend a warm welcome to Eric Meade. Eric?

Thank you, Gerrard, and thanks everyone for being here. I'm very excited about today and so excited to actually give myself my second haircut of the pandemic this morning, so... It's a Zoom haircut, so I only cut what I could see, what you can see from the screen. But anyway, just happy to be here with you all and to explore the future and to talk about some scenarios we developed for NACHC and for the leadership network, and also talk about some larger implications of these times for how we think about the future and how we think strategically.

So, our objectives, I'll throw up here right on the slide. The first one is to provide an overview of three scenarios for community health centers beyond the pandemic, and these were developed through some interviews with some of the members of the NACHC leadership network, also some additional research and a poll of just a couple of questions to take the temperature of people's thinking about how the future might evolve. Then, we will explore the difficulty and the importance of futures thinking, or that strategic foresight that Gerrard just discussed, during a crisis. And I will... That's something I really wrestled with and I'll talk a little bit more about that, and I'll start with a problem that I had and then by talking about that, we will find some tools to solve a problem that you all have, which is how to keep your heads above water and think proactively about the future. So, we'll provide tools for that as our last objective. And then, at the end, we'll have some Q&A.

So, let's look at the plan. I'm going to quickly give you the overview of the Beyond COVID scenarios for NACHC. I'm going to talk about this paradox of being a futurist in the present when there's a big crisis going on. We're going to talk about some tools for futures thinking for you all, and then we'll have some Q&A at the end.

So, Gerrard mentioned strategic foresight as a field, and it certainly has started getting more attention and more prominence, even before the virus and the protests. It is a field that goes back really to the Cold War as a profession, where there have been futurists or people doing strategic foresight. My sense is once we figured out to blow up the planet with the atom bomb, people started thinking, "Well, maybe we ought to think a little more proactively about the future." So, that's where the field became more professionalized. One of the big tools that futurists use is scenarios, and scenarios are alternative depictions of what the future might be. So, they have a variety of purposes and values. One is they help you explore trends that are happening, things like generational transition from Boomers to Gen X to millennials and then to my kids, thinking about how different attitudes generationally might change things 10, 20 years from now. So, you're looking at trends across social, political, economic, technological areas. By doing so, you're also able to challenge your own assumptions about the future, and then you discover new opportunities and strategies that you might pursue.

So, I really liked Gerrard's comment that we're not really trying to predict the future. When I go to a party and mention I'm a futurist, the first question I always get is, "Hey, did you bring your crystal ball?"
And that really is not what this is about, and we'll get more into that, but it really is about how do you develop alternative views of the future so that you can be more agile, more adaptable to whatever happens. So, the purpose of a set of scenarios is not to guess something right, so much as it is to expand the range of things that you imagine could happen, and you might get ahead of some of them in your planning or just in your mental orientation.

Eric Meade (08:40):
So, in this project, I mentioned we did interviews, a poll and developed three different scenarios for community health centers, and the model we used envisions an expectable, a desperate and an aspirational future. So, expectable is just baseline expectations. If I walk down the street and ask 10 people what they thought, or proposed a certain future to a bunch of people, nine out of 10 people are going to say, "Yeah, I've seen those headlines. I've seen those trends, those models. That's probably what's going to happen." The desperate future presents a feasible set of significant challenges. My daughter always thinks about zombie apocalypse for this, but that's not really... That's not the purpose. It's not asteroids and zombies. It really is just things that genuinely could happen, and if they happened at the same time, it would be pretty desperate and you would be forced to dig deep and find some new strategies and coping mechanisms. And then the aspirational future is a pathway to surprising success. So, this is where you allow yourself to imagine that some things really go well, and so well that whatever's happening right now, you might look back on this period and say, "Wow, that was... It was quite a crucible, but things really turned out quite well and better than I would have expected."

Eric Meade (10:02):
So, I will briefly go over these, and part of the reason... We'll take a look at these scenarios in retrospect, even though they were developed within the last month and presented just a few weeks ago. Certainly, a lot has changed and the George Floyd death and protests and the responses to the protests, all that has happened since then. So, we'll do a light touch on the scenarios, but even with the passage of time, I think they do prompt thinking for community health centers on how you might respond.

Eric Meade (10:40):
So, the first scenario is called Making It Through. This is the expectable scenario, and this one, over the course of the summer, there's a delicate balance between managing the unemployment rate and the economic recovery, and the infection rate and the death rate. And we're seeing already, I guess, in 18 or 19 states, over the past week there's been an increase in cases. So, not to say that we've gone back over the edge, but certainly it's going to take more attention to manage that as we go through the next six to 12 months at least. Political divide over social distancing, where there's real political opposition in some areas to the shutdown orders.

Eric Meade (11:24):
For community health centers, Medicaid and telehealth get expanded, but reimbursements are reduced. Certainly, there was a boon that telehealth was reimbursed, but as we move forward, I would expect some modification to the reimbursement structure. And then, some other things here. You can see community health centers are stocking up on PPE, getting ready for a second wave, which isn't an overwhelming wave, but does happen in some places. And racial disparities are left unaddressed. So, maybe I was anticipating the George Floyd protests, but in this scenario, nothing really happens in that area, and so there are three million cases and 135,000 deaths.
Eric Meade (12:16):
The implications that the leaders found on the webinar we did for this one, principally, the slimmer margins and depending on what happens with the election, you could see different outcomes for the funding for community health centers. So, certainly being forced to do more with less and with having other revenue streams, like dental, not available during shutdown periods. And then also the challenges in predictive planning. Just because this is so unprecedented, it's hard for leaders and managers to make decisions because the data they have may even not be relevant to the problems they're trying to solve. But there were some opportunities. Collaborating in new ways with hospitals and other community partners and doing more preventive health, especially around... Preventive health education, especially around the risk factors for COVID-19. So, how can you work with those hard-hit populations and try to reduce their risk as much as possible?

Eric Meade (13:13):
The next scenario was the desperate one, and this one we called On The Way Out. Not terribly optimistic, I guess, for community health centers. But in this one, there was this whack-a-mole pattern of re-opening the economy, restricting it, re-opening, restricting, without any clear policy and progress on the pandemic. At the same time, there's a backlog of non-COVID health issues, so people who need care are not getting it because they're afraid to go to the clinics. In this one, we did have... This is not about George Floyd. This is riots and violence just generally, social unrest. With people out of work and really struggling to survive, it gets violent. One set piece of this scenario was a shooting of some health care workers on their way to work in... I don't know. I forget if I picked Texas or Tennessee. Some place that happened. And there had been a conspiracy theory in this scenario that the health care system was sustaining the pandemic for its own purposes.

Eric Meade (14:15):
So, what else? A lot of community health centers really couldn't make up the financial shortfalls, even with the funding that has come out of the federal government. There are some health centers that haven't been eligible for some of the programs that have been made available, so that still is an issue for some. And later on in this scenario, the boon of telehealth kind of goes away for community health centers because CMS comes out with rules on what it takes to be reimbursed for telehealth, and phone-based telehealth doesn't cut it anymore, and so community health centers are in a more difficult position, trying to capture market share in telehealth, even with their own communities. And Obamacare is repealed. I'll just slide it in there.

Eric Meade (15:02):
So, what are the implications for this scenario that the leaders found? They found communities turning inward, so the local officials might be much more important than state officials and even national officials. Patients would be avoiding clinics, so there's a huge issue around just other care that would need to be addressed. We're seeing that with vaccinations. With a lot of people avoiding their pediatric or primary care visits, there is a concern that some of the other diseases, infectious diseases, will roar back in some areas. And then workforce shortage is worse, and a lot of burnout for health care workers in this one, as well as the additional security threat I mentioned in this scenario.

Eric Meade (15:43):
But this scenario had opportunities. Certainly even more health education with hardest-hit communities. Growing the Medicaid rolls as people lose their jobs. So, there's quite a bit of
unemployment in this scenario for a long period of time. So, if there is money for Medicaid, that would provide additional revenue sources to community health centers. And the last one is to diversify payment sources. So, if Obamacare is going to get repealed in this scenario, if there are other threats to community health center funding, where else could the money come from? Is it commercially insured? Is it direct primary care? Are there other options for that?

Eric Meade (16:24):
So, we won't spend too much time in this desperate domain. We'll go to the third scenario, which was the aspirational scenario. This is called A New Movement, and in this one, there's a relatively rapid recovery in the economy. Eighty percent of those jobs lost during March and April and May have come back by August. There's a lot more technology that's applied to try and control the virus, for tracking contacts and that sort of thing. New treatments, as well. And in this scenario, community health centers really serve as the backbone of U.S. COVID testing among the hardest-hit communities. So, that's a real opportunity for health centers to step forward and serve a vital national purpose. Health care reform occurs late next year in this scenario and there's a public option, and there's risk-adjusted capitated payments; a per-member, per-month capitation system. So, that allows community health centers to leverage what they've done for the entirety of the movement, on thinking about social determinants and really thinking broadly about people's health and population health.

Eric Meade (17:36):
And most interestingly, maybe the economy in this scenario re-orient toward human need. So, there's not as much focus on the over-hyped products for over-consumption. The economy... A lot of people who gave things up during the shutdown period realize that they didn't need those things anyway. So, people haven't bought new fashion items and a lot of other things in months, so maybe to some extent it stays that way. And in this scenario, we have 2.5 million cases, 125,000 deaths. We're actually approaching that now in real life, so that's one of the things that you would want to adjust over time as you're using these scenarios.

Eric Meade (18:19):
So, implications that the leaders found. First was, a lot of the tech that helps address the pandemic in this scenario is not affordable for many of the communities that you all are working with. So, that is an interesting question. How do we prevent the digital divide from expanding, even relative to a pandemic that is disproportionately affecting low-income and minority communities? And also, they realized community health centers really need to be involved in the design of that PMPM payment model so that the value that they bring and the experience they bring can be brought to bear and then the model would work for them going forward. Also, telehealth gets easier in rural areas because there's a push in this scenario for ubiquitous broadband access, which has held up telehealth in some rural areas. And opportunities, certainly ramping up COVID testing. Many health centers have already done that as a reimbursable service. Deepen and broaden partnerships, and then also just finding new ways to take services to the population through mobile vans, telehealth, clinic visits in some cases, but a wider variety of options.

Eric Meade (19:41):
So, we are going to do a poll question now, and the first... We'll do a couple of them. First one is, "Given what you know right now, which of these scenarios is most likely to occur?" So, Emily, can you initiate the... Oh. I see it over in the... Where my chat was, now there's a polling, so if you need to...
Emily DeMent (20:06):
Yeah.

Eric Meade (20:06):
Go ahead, Emily.

Emily DeMent (20:07):
If anyone can't see it, you might want to... If you put your cursor over the screen, there should be three dots at the bottom that say "more options." You can click on that and click on and off the polling panel if you can't see it. But it should automatically show up for you.

Eric Meade (20:26):
And we'll do this pretty quickly, so just in the next 30 seconds or so. Please cast a vote there and we'll see what you all think. And I see the poll has ended, so Emily, as soon as you can, can we show these results? And we'll...

Emily DeMent (21:04):
All righty. I just clicked share.

Eric Meade (21:06):
Okay. So, about a quarter of you think that the Making It Through, the expectable scenario. About a little under 10 percent think that the desperate scenario is most likely and then 23... So, about half and half between the aspirational and the expectable for those who voted, with some thrown in on the desperate. That's actually slightly more optimistic than I might have expected, so quite a few people are thinking that there's some real positive change that could come out of this. Okay.

Eric Meade (21:41):
So, let's... I'm going to move the slide to the next poll. I have one more. So, in terms of the opportunities that come out of this COVID-19 experience... And there are others that are not listed here, of course. Which of these are you most hopeful that your own community health center will capture and pursue? So, one is acquire new patients through Medicaid, deepen relationships with community partners, expand preventive health education for vulnerable populations and diversify payment sources. So, give a vote there. Try to finish up. Cast a vote if you are interested, if any of those opportunities seem attractive to you.

Eric Meade (23:01):
Okay. Let's see what you all said.

Emily DeMent (23:07):
Five seconds.

Eric Meade (23:09):
All right.
Emily DeMent (23:11):
One moment and I'll let you know.

Eric Meade (23:11):
The suspense is killing me.

Emily DeMent (23:18):
All righty.

Eric Meade (23:24):
Okay. A lot of interest in diversifying payment sources. That's a concern I've heard from a lot of community health centers, and one that pre-dates the pandemic anyway. So, certainly a few of these scenarios would make that more important. And then acquiring new patients through Medicaid would be the second one. Okay. So, there are, I'm sure, many other opportunities that have emerged through this pandemic that you are pursuing and that your colleagues across the country may be pursuing. There is an opportunity to continue this conversation, so I'd love to see what else you come up with and at the end, Gerrard can tell you how to stay in this conversation, and there's some online activities to keep it going and find out what else you're experiencing.

Eric Meade (24:24):
So, with that I'll go on to the next slide and I want to move up... I want to move up a... If I can advance the slide here. I want to move up a meta level, I guess, and talk a little bit about this experience of being a futurist amid such uncertainty. And I think futurists generally do well with uncertainty, and that's really one of the job requirements. But typically, futurists are working over much longer periods of time, so to be honest, the reason I started this Beyond COVID stuff was, the first few days of shutdown, which was mid-March for where I live in Colorado, and for most of the country, I think...

Eric Meade (25:13):
At first, I just saw a lot of facilitations and presentations getting canceled, some with PCA, some with other clients, and at first I was kind of freaked out of, how I am going to put food on the table and rest of it. And then, finally I said, "Well, okay. Let's forget about earning money right now and just how can a futurist be helpful in a time like this?" So, if you see me on your screen, I'm in my walk-in closet, which I turned into a recording studio, started the Beyond COVID podcast and the website with some other tools. And it's funny, it was really just to be helpful, recognizing that it probably was going to be a while before I was standing in front of a group again. And what surprised me then was that as I started putting some of this futurist thinking out there, a lot of people were interested and there was a lot of interest in the general business and nonprofit press around scenario planning.

Eric Meade (26:12):
Now, the interesting thing is here is that because futurists typically work with longer periods of time, a standard scenario set would be looking out 10 or 20 years. So, you're really grappling with long term trends and changes and seeing how they interact and how will this generation deal with this technology and what are the different systems-level outcomes that would surprise us if we knew about them today, but become more and more plausible. What is different about these times is that people want scenarios, but they want to know kind of what's going to happen over the next year and it's not an easy
even predictive question. So, the amount of change that would have happened in a 10 or 20 year set of scenarios in what we might call normal times, we're finding now could happen in a much shorter period of time. Three years, five years, even a couple months. If you look at what's happening with the protests and really the broad mind shift around racism in this country, at least ostensibly from the statements people are making that they weren't making a few months ago. We're seeing that there's a lot of potential for change here.

Eric Meade (27:25):
If you think back to other periods of time, like from 1929 until 1934... 1929, I'm taking before the stock market crash. But you basically go from the jazz age to the depth of the Great Depression in five years, and if you had told someone that in 1928, they would have been quite shocked and laughed at you. But it happened. So, there are these periods from time to time where a lot of change happens in a small period of time, and one quote that I really like is the quote from Edward Abbey. He was an environmentalist, author, and he said, "Geologic time includes now." You know, we tend to think that the world was crazy up until the time we were born and now we can expect it to pretty much stay the same, and yet there are radical shifts that could take place.

Eric Meade (28:19):
So, that creates a challenge and if you're writing scenarios, and one of the best examples to communicate a principle of complexity theory that I like is if you drop a ball on a wedge of wood... So, that's what's shown in this graphic. So, that ball is going to be dropped on that wedge of wood and if you move that little wedge a little bit left or right, you're going to have a big impact on the final outcome. The ball's either going to go to the left or to the right, and really, one millimeter of difference on where the wedge is as the ball hits it is going to make that determination. And that's what we're experiencing right now.

Eric Meade (28:59):
So, every day, we check out the news and there's something new that has radically changed our world, at least for the near term. So, the greatest example of that, obviously, is the George Floyd protests across the country, which happened... He was killed two days before the webinar we had with the leadership network, and so at that time, there was starting to be some, at most, just some initial conversation. I think that Thursday and Friday were the protests really picked up nationwide and in some cases got violent. So, that's where we are right now. We're in one of those periods of time, like 1929 to 1934. I think we will look back on this period of 10 years, 15 years certainly, and probably even 2020, as a year where a lot of things changed that had very large impacts going forward.

Eric Meade (29:58):
So, that raises the question, how do you use scenarios? How do you think about the future when, really, it's moving the wooden wedge one millimeter left or right that is going to have a significant impact on what the future holds? And the first point I'd make on that is the heading of the previous slide, which is Crisis and Chaos. This is the place of agency. If you were in a world where everything was easy to predict, first, that wouldn't be very much fun and second of all, you couldn't make much of an impact. So, to the extent that you can move a wedge a millimeter to the left or to the right, there's really the opportunity to have a huge impact and shape the future toward the aspirational future that I presented earlier or a different version of an aspirational future that you would come up with on your own.
Eric Meade (30:49):

So, it's not so much about predicting what the news will be tomorrow or predicting even what the medium or long term future will be. I think the value of scenario planning and scenario thinking is just creating this discipline that the future is uncertain, but rather than just sit back and see it as a mystery, we're actually articulating the different ways it could come out or a set of different ways it could turn out, and that allows us to move more flexibly. Rather than hearing a piece of news and getting wrapped around the axle about it and saying, "Okay. I guess all of our funding's going to get cut" or "I guess we don't have to worry about money anymore," whichever news item or outcome it is. You can hold all of those things in parallel and take different actions that would advance your mission in different scenarios and see where they overlap and see where you do have to make trade offs between things that would work in one scenario versus another.

Eric Meade (31:49):

So, it's really a mental discipline that I think leaders can use, even if they're not doing big scenario projects and writing long scenarios and doing a lot of research on it. Just having that mental framework that uncertainty can be described, it can be bounded, it can be scoped out and you can work within that. Now, it's also important to be careful of biases about the future. So, I was pleased this did not show up in the poll we just did, but I have found that many people find desperate futures much easier to believe than aspirational futures. So, there is a human tendency to elevate fears over hopes. So, people very quickly dismiss the best things they can imagine and they very quickly latch on to the most desperate things, of losing funding and being more constrained in what you can do as a health center to advocate for your communities. So, be aware of that and hold these scenarios in a suitable creative tension and also give enough credence to the notion that things actually might turn out well and that... To some extent, that'll be the product of your own action and to some extent, it'll be just that sometimes things go well in the world.

Eric Meade (33:14):

There's one other model I wanted to bring in here. This is another model for thinking about the futures thinking about life, and that is the hero's journey. So, many of you are probably familiar with this concept of the hero's journey. Comes from the work of Joseph Campbell, who is a comparative mythologist and found that a lot of the stories in myth around the world had the same basic structure. And if you're not familiar with Joseph Campbell, you're probably at least familiar with Star Wars, the movie or the initial trilogy, George Lucas, he was... Campbell's work to basically do that plot line. So, it has all of these...

Eric Meade (33:52):

The trilogy has all the features of the stories that are listed here, and the first is the call to adventure. So, there's something that needs to be done, but you resist it at first, but then you're forced to kind of cross that threshold and do it. There are helpers and mentors along the way. There are challenges and temptations you have to face. And so, you reach a point called the abyss, which is where you really have to look inside yourself. You have to, whether you refers to you as an individual or your community or your society... And then by going through that abyss, you reach a rebirth on the other side and you're transformed. You atone for the things of the past and then you're able to return to the home that you left from when you crossed the threshold, but you're bringing with you what Campbell would call the gift of the goddess. So, what did you gain? You know, that Holy Grail or that wisdom, that insight. Then
you're able to bring that back home and in the words of the poet T.S. Eliot, you return home... I'm paraphrasing, but you return to where you started and know it for the first time.

Eric Meade (35:07):
So, I actually did a... I co-led a workshop for the Assistant Secretary of Defense for Health Affairs a number of years ago, and actually the person leading the engagement was someone probably near and dear to many of your hearts, Ahmed Calvo. And what we had worked out was a workshop experience were people were going through this and they were envisioning a better future for health in this country, but they were putting in this framework of what is the call to adventure that we need to answer? Who are the mentors along the way? What's the real abyss that we need to pass through? And then what would it look like to return on the other side with some new wisdom or a Holy Grail of some sort or some elevated consciousness or awareness that helps us support each other and our communities better.

Eric Meade (36:02):
So, that is a question I'd like to leave you with, and we'll do one more poll and then we'll do some Q&A. So, the question is, what one word or short phrase best captures the gift of the goddess that you expect to find on your journey? So, this is a difficult time. Maybe this is the abyss or maybe it gets worse, but if we can step back from the immediate crisis mentality of, "Oh my gosh, the sky is falling, everything's awful." If we were able to place this experience in the longer term context for us as a society, for your community, for you as an individual, what does that look like and what would you hope to achieve or gain at the end of that journey that you could then bring back to your life and your community's life and make it better? So, I'll give you a minute or so to answer that question and then we'll go to some Q&A.

Gerrard Jolly (37:07):
Thank you, Eric. While folks are responding to that question... And you touched on this a little bit, but might ask you to reflect upon just how can we avoid our sort of human tendency towards the negative in our modeling or in our approach? Can you re-emphasize that point for us?

Eric Meade (37:33):
Sure. I think the first thing is to be aware of it and then the second thing is to just pause, and I mentioned earlier keeping your head above water. I mean, that's really the point, to just pause. From a futuristic perspective, keeping your head above water also allows you to look at the horizon. So, horizon scanning is a term we use, looking at trends and what could be.

Eric Meade (38:00):
So, there's been a lot of talk of mindfulness as a way to get through an experience like this. I had an experience this morning. I went to my local school and sat on a bench just to collect my thoughts before the webinar, and I left my hat there. So, I walked home and thought "Oh, I don't have my hat." So, I wanted to back and get it, so I grabbed my bike and then my bike had a flat tire, and then... So, I didn't realize it until I was on the bike and I turned a little bit to look at the tire and see how flat it was, and I fell off the bike. I haven't fallen off a bike in probably 30 years. So, that was a moment where I'd gone from this really easygoing, okay, I'm really excited about this webinar and some thoughts to share. And I quickly went to, "Oh my gosh. This is awful. Everything I touch just falls apart." But I was able to pause and kind of regain my composure.
Eric Meade (38:54):
Now, that is an absolutely petty example compared to what anyone is dealing with right now, but it does just show things can suddenly change and the goal really is to just pause, relax those emotions that are getting all agitated, like fear and anxiety; and just really name the futures that could happen. And a lot of times, when I work with a group and I'm doing a scenario workshop and there's an expectable, a desperate and maybe an aspirational or two scenario, the group that has the most fun is typically the one in the desperate scenario. And it's because all those emotions that would otherwise lead them to a real place of paralysis and anxiety, they're able to express that using their imagination, saying, "What if this happened? What if this happened?" And so there's a real value in telling the stories about what could happen in the different scenarios and the different futures, and I think that also is a means to cool the emotions down and just look around and say, "Okay. These things could happen." And then if you're a leader, to communicate those different possibilities to the people you're working for and with.

Eric Meade (40:13):
So, it's typically thought that it's a leader's job to come up with that vision, and that's true - the positive future you're guiding toward, but at the same time recognizing for people the other things that could happen and that these are not... They don't need to be big sources of anxiety. This is just the uncertainty that we live in and there's going to be good stuff that happens, there's going to be bad stuff to happen, but what can we do to most advance our mission, given where we are right now?

Gerrard Jolly (40:43):
Thank you, Eric. Very much appreciate you helping us to reflect upon that a bit. It looks like our poll has ended.

Gerrard Jolly (41:42):
So, can we get results for the poll here momentarily?

Emily DeMent (41:43):
Should be showing now.

Eric Meade (41:43):
That may be a more difficult one to process. Are there questions that people have that we can discuss in the meantime?

Gerrard Jolly (41:43):
Thank you, Eric. So, thank you, Eric. Very much appreciate you sharing this reflection upon alternative scenarios for our health centers beyond the pandemic. If you have questions for Eric, we invite you to put those questions in the chat box at this time. Please post your questions to the chat box and Eric will respond to your questions. While you are doing that, Eric, we want to... We'll start you off with the question here. How often should a health center update its scenarios and what would prompt that update?

Eric Meade (42:23):
So, in so-called normal times, I might say every few years, or if your scenarios are looking out 10 or 20 years. So, having a set of scenarios that looks out beyond your traditional planning horizon, I think
always makes sense, even if only because it allows you to give yourself permission to consider things that actually will happen with your planning horizons. So, I typically say if you're going to plan for five years, do scenarios for 10 because a lot of those things probably will happen in five years later. We don't do a great job estimating how much can change in a period of time.

Eric Meade (43:01):
Right now, I think it's a different methodology. I think it's not developing super-long, thorough scenarios and then just leaving them on the shelf, pulling them down every few months to check them out. I think in a period like this, it really is updating them biweekly, monthly. Get your core team together and say, "Look, these are the three or four things we had outlined that could happen." And health centers can use some of the things that have been provided through this process, and just update those and hear them and say, "Okay, what is not likely anymore?" We have a huge election coming up. Some of these scenarios are going to change drastically because we're going to have more certainty about some things that are very uncertain right now.

Eric Meade (43:49):
So, as you do this... This, I think, is probably a more productive approach to the planning you're doing over the near term than your traditional, "Let's set a five year goal or a three year goal." The traditional strategic planning. So, I would say keep it as an ongoing conversation. If some health centers even wanted to take the scenarios we presented here and the racial justice protests... Very, very short scenarios that were provided in the documentation for this webinar in advance. Just have your team look at those and look at the interactions among them. So, certainly the expectables will correlate, the desperates will correlate and the aspirational will correlate, both across the pandemic and the protests. But make them match. Just have the conversation and allow people to first engage the future in an actual methodological way, and second of all, hear other people's assumptions about the future, challenge their own assumptions and make the future a conversation rather than just everyone's implicit fears sitting within them while they're having other conversations.

Gerrard Jolly (45:06):
Thank you for that reply, Eric, and we've got some great responses that have come in from the third poll. Words such as resilience, transformation, sustainability, thankful, rebirth, human connection and confidence.

Eric Meade (45:25):
Okay.

Gerrard Jolly (45:26):
What do those kind of words... What do those kind of words suggest, Eric? What do you think?

Eric Meade (45:34):
Well, I am happy to explore desperate futures and over short periods of time, whether short means a year or a decade or more. We do experience desperate futures, but I have an underlying faith in humanity, of not putting up with the things that really are not helpful for people and that humans will figure it out and we will move forward. So, I would invite people... It seems like I don't have to invite them much further than where they already are, but I would invite people to really open themselves up to the possibility that this is among those moments that will be looked back upon as having led to a
much more enjoyable future, and whether that is expressed as inclusion, justice, equity, prosperity. I think it takes times like this to get to times that are better, so it seems like people are already thinking about that transformation and I would encourage them to keep that conversation open with their colleagues and staff and leaders, and make sure that they are all scouting out the best opportunities to move toward that future, because they are all around us if we're able to pause, look around and find them.

Gerrard Jolly (47:01):

Thank you, Eric. Yeah, it certainly seems that for folks who are coming from the health center movement, who have 50 years of history, or 55 years of history, and now to look back upon those early beginnings out of the civil rights era to where health centers have come today, I think the optimism and the expressions that are indicated here in that poll are reflective of that experience, and we know that these folks are going to work hard to make that difference going forward because they care about the communities that they serve. So, we'll look forward to seeing just what the future holds and looks like as a result of all the hard work that our health center colleagues are doing.

Gerrard Jolly (47:56):

With that said, again, we want to thank you, Eric, for helping us to reflect upon alternative futures, to really think about the value of those, especially in the midst of a crisis or multiple crises that we seem to be in the midst of, and we trust that those who are attending today will reflect upon our discussion today and see where there are opportunities to apply it in your futures planning. I'm going to ask you, Eric, to hand me the ball, or you can move the slides. That works great.

Gerrard Jolly (48:38):

And as opportunity for folks to be able to continue this discussion, we ask you to add your voice by sharing your perspectives with us on or before Monday of next week by completing the brief poll, and you see the address, the link to access that poll, on the slide here. And this will help to support the work that Eric is doing to prepare a paper that will help us to really dive deeper and provide some additional recommendations for you in the health centers as you navigate this time of uncertainty in which we're in. And if you want to have additional context and background, which includes the original scenarios that were developed in April and May, as well as the updated scenarios that were developed post the death of George Floyd, you can go and check those scenarios out in that additional context and background. So, we encourage you to do that and continue to add your voices to this discussion as we move forward.

Gerrard Jolly (49:54):

Our next slide, please. Let's see. Actually, this is a different slide. Let's move to this one. Thank you. If you're looking for COVID-19 resources, we want to encourage you to check out nachc.org coronavirus. There you can find resources from many of our federal partners that NACHC has pulled together and curated for you, as well as resources, other resources that NACHC has compiled. We encourage you to check those resources out at nachc.org/coronavirus. Our next slide helps us to appreciate that you can also find resources from the 20 National Training and Technical Assistance partners in the health center resource clearinghouse, resources in all types of topics, from finance to operations to human resources. Just a gamut of support to your... Managing and working with your health center boards. You can find all those resources at healthcenterinfo.org, so we encourage you to check that site out as well for resources.
Gerrard Jolly (51:16):

Our next slide helps us to appreciate that you can also engage with your colleagues in having further conversations and networking on best practices, support, resources, ideas and questions that you have around COVID-19. To access that community health center networking group online, you're asked to email Susan Hanson at shanson@nachc.org. Again, that's Susan Hanson at shanson@nachc.org. Ask to be invited to join the community health center networking group for COVID-19 in Noddlepod. And so we encourage you to do that as well to continue to network with your colleagues around this issue.

Gerrard Jolly (52:05):

And if we move to our next slide, we just would encourage you to follow the latest updates on NACHC's various tools and platforms, whether it's Twitter, Facebook, is that Instagram and LinkedIn. Feel free to get the latest on both coronavirus as well as the support that NACHC is trying to secure from Congress and other sources at NACHC. Follow us at @nachc. And lastly, I just want to say thank you again to Eric for his presentation for us today and for the work that he has been doing with community health centers, with your colleagues, gathering information and reflecting and analyzing that for us, and we'll look forward to the paper that he's developing for us that will provide additional insights and support.

Gerrard Jolly (53:07):

We also want to thank Sherry and Emily for their technical support for us today, and we want to thank you, our attendees, for taking the time out of your... What we know is a very busy schedule, to join us for this presentation. We look forward to communicating with you and getting your continued voices on this discussion in the future. Otherwise, we want to ask you to continue to be safe and well and enjoy the rest of your day. This will bring our webinar to an end. Thank you everyone and have a great week.