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Welcome to voices in the work, a continuing education podcast from the Texas Opioid Training Initiative. I'm doctor Lindsey Laura, associate director of the pharmacy Addictions Research and Medicine program and assistant professor of practice at the University of Texas at Austin College of Pharmacy. Voices in the work is designed to share new ideas and fresh perspectives with health professionals and other members of the workforce about substance use disorder prevention, treatment, and recovery.

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The first season will highlight innovative training strategies used to teach future health professionals about substance use disorders as part of their health professions curricula. This continuing education activity is supported by the Texas Targeted Opioid Response, a public health initiative operated by the Texas Health and Human Services Commission through federal funding from the Substance Abuse and Mental Health Services Administration.

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Description. More than a decade ago, three people in Austin, Texas, set out to make naloxone an overdose prevention education more accessible today. That effort has trained thousands of people and become a nationally recognized model for overdose prevention. In this episode, we explore the story of Operation Naloxone and we are joined by Kate Lower, director of shift at the University of Texas at Austin and leader of campus efforts focused on substance use prevention and overdose response, including Operation zone.

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Doctor Deandra Robinson, a first year pharmacy resident at Parkland Health, graduate of the University of Texas at Austin College of Pharmacy and a former student director of Operation Naloxone. And Doctor Lucas Hill, associate professor at the University of Pittsburgh School of Pharmacy, executive director of the Implementation and

Research Center for Healthy Communities, and co-founder of Operation Naloxone. Lucas, I'm wondering if you can start us off, you know, take us back to 2015, 2016, what was happening at the time that led you, Laurie Holleran, Stryker, and Mark Kinsley to start a program like Operation The Lock Down?

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Well, thanks, Lindsay, for inviting me. And, I think this is really cool conversation. An important program to highlight. And you've underplayed your role in all of that. You're not just a podcast moderator. You were one of the key contributors during the early phases as a pharmacy student. So I'm glad you're part of the discussion. By 2015, opioid overdose was the leading cause of accidental death in the United States.

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And it was, maybe more pronounced in some other states. But it was certainly on the rise in Texas, and we didn't have good systems to identify it and, and ensure appropriate reporting of overdose deaths. When Texas passed legislation in 2015 allowing for legal distribution of naloxone without a prescription. It created an opening for us Austin leaders to act.

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I was fortunate to arrive that same year as a new faculty member. After implementing a naloxone code prescribing program in three family health centers up in Pittsburgh. So I was sort of in the right place at the right time. I connected with Laurie and Steiger, who was, a renowned professor who created the Recovery High School had been key to the development of the center for Students in Recovery at UT Austin, and had already laid some of the groundwork with University Health Services and other leaders on campus identifying a need to be responsive and proactive about overdose prevention efforts on campus.

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We also were acquainted with Mark Kinsley, a really well-respected harm reductionist who, was active in the community, had played a role in advocating for that naloxone access legislation. And he alerted us to, reports of three overdose deaths among students that had occurred during, you know, a recent few months off campus. You know, in a way that the university may otherwise never have known about.

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And so that that connection to the community really was what sparked awareness. And, energy to do something. And, I think I was I was

helpful because me having the PharmD credential made everybody feel a little bit more comfortable with the idea of deploying what historically had been a prescription medication in a new environment and and providing appropriate training to key individuals across campus and making sure that we were, we were being as flexible as possible, distributing this key overdose response rescue medication as broadly as possible, while, you know, not running afoul of of any, legal requirements and documenting everything appropriately.

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Well, yeah. Thank you so much for giving us that history into Operation Naloxone. And, really appreciate you to be able to share, where you, Laurie and Mark were, were all coming from when when this started. Now that we have, you know, a little bit of history, can you all tell us and the listeners, for someone who doesn't have any context to what operational zone it is, what is it what what involves the operational zone initiative?

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Operational oxygen is a student driven opioid overdose education. And the vaccine distribution program launched at UT Austin in 2016. To our knowledge, it was the first ever, robust campus overdose prevention program in the United States. And it operates by training students, staff and community members to recognize opioid overdose, which is an excessive amount of opioid in the brain, shutting down a person's intrinsic drive to breathe and then administering naloxone, also known as Narcan.

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Essentially, when somebody is experiencing an opioid related overdose, their lung function slows oxygen in their blood is depleted, and their heart and brain eventually stop working. Naloxone is an opioid antagonist or blocker that can rapidly reverse the effects of opioids and restore normal breathing. So operational oxygen it's a primarily student led initiative. Where we give trainings, surrounding opioid overdose, education and how to respond in an emergency.

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And so the trainings are typically about 60 minutes long. They're, inclusive, non-judgmental. Students are encouraged to ask questions and interact with us. We go over the, history of the opioid crisis, a little bit of opioid pharmacology, and then we get into how to recognize an opioid overdose. What are you looking for? What signs? So unresponsiveness that pinpoint pupils, shallow breathing.

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And we explain that and then show them how to use naloxone. And then by the end of the training, we give them resources, for local risk reduction, organizations. And we also provide naloxone for the students to carry with them. You know, operational oxygen is the access, distribution and education, of opioid overdose. And so, in addition to the training, there's a number of what we call open distribution sites and then emergency sites.

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And so emergency sites are those places like residence halls, libraries, and a bunch of different places around campus. And that's beyond Austin, even since our campus spans really, across the state. But emergency sites really are those places that have naloxone on hand. If an emergency happens, someone in that building has access to naloxone to intervene.

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And then our open distribution sites are really open to anyone in our UT Austin community. So any student, faculty, staff, community member can come and get naloxone or Narcan specifically for free and anonymously. And this really started this was been an evolving effort to establish these, distribution sites, starting with Lucas and his team, in the libraries.

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And then we've seen that grow where we now have over ten open distribution sites that, anyone can come and get naloxone from. And so, they don't have to go through a training for that. That is just a resource that's available. We've given out thousands, tens of thousands of doses at this at this time. And then the training is, is this really nice?

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You know, other kind of, arm of, of operation, a lock zone that is very much student driven. In partnership with our office. That is a really nice balance between student perspective and not only that, but a student expert. Right. So a pharmacy student that really knows and has a deep knowledge and understanding of the issues, and then, you know, someone from from our team, which is a more public health.

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And it's been a really nice partnership and balance, of the work. And so I think operation a lock Zone is, you know, both of that, it's really environmental in that it's, it's making a resource accessible,

but then it's also educational and that it's informing and empowering our audience to intervene and save a life. Wow, that's so cool.

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How many between the emergency sites and the open distribution sites? How many sites exist today? Gosh, what a great question. And it literally just changed like last week. So I, I should have, been a little bit better prepared. We have about 34 emergency sites. And I think that number just went up to about 40. And then, we have nine open distribution sites, and that number just went up to, oh gosh, about 13 or 14, I think.

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We just had, our libraries, we were kind of an open distribution site in our main library. And recently our libraries were like, you know what? Let's put make all of the UT Austin libraries open distribution sites. So there's there's several libraries across this large campus that we now get to kind of promote, to all of our students, no matter where they are on campus, they'll have access.

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That's amazing. That's incredible. I just, while impressive, also, I don't want that to be intimidating to people who might be thinking about launching something. You know, you have to start somewhere, and that demonstrates incredible growth over the ten years of Operation block seven. When we launched in 2016, the campus pharmacy was the only, you know, open distribution site.

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There was really no emergency access point. We distributed free naloxone nasal spray through, you know, open training. Sometimes we would go into the university housing co-ops that were off campus. Sometimes we'd have, trainings on campus that were available to students. And, and we were fortunate to have state funding at that time that made naloxone readily available.

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And and we got some early reports of use, ten reports, especially among the, off campus housing co-ops, ultimately were the places where you would leave behind a box or two and they'd hit up one of our students to, to try to get more. So, you have to start somewhere. Direct distribution, a single access site is is somewhere and has a real impact.

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So, aspire to be the operational oxygen of 2026, but know that if you are the operational zone of 2016, 2017, you're also saving lives. And it's okay to start small. Yeah, a lot of growth happened over, as you said, the ten years. So yeah. Thank you for pointing that out. Alondra I'm just thinking about, like, what a cool opportunity for a student when they're not yet, you know, licensed pharmacists to be able to participate in this.

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Like, what was that like for for your development? Yeah, it was an amazing opportunity. One that I am just incredibly grateful for. Every time I think about it, because I think it was a very first, a very unique opportunity to be involved with, operational action. I didn't know anything about naloxone before I got to pharmacy school until I attended my first training.

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And I said, you know, this is this is amazing. Like, I want to be a part of this. And I appreciate the way that operational excellence serves this kind of like this leadership pipeline for students, because I came in as a first year pharmacy student, I didn't have any, leadership experience or anything like that. Not that much, you know, public speaking experience, but I was able to jump right in as a junior chair.

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And I had my, senior chair who was there to guide me, explain the role, mentor me. And then the next year, I was able to serve in that senior chair student director role. And so, I appreciate that a lot. And I feel like, you know, the person I was as a first year student is not the same person that I am today.

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I've grown so much on, and it's really amazing to see the growth that happens, to to see these students step into their confidence, in leading these presentations, you know, that's an intimidating thing. And they're being seen as experts and ask these really challenging questions. And, they really take it in stride. And they really, you see them, you know, kind of nervous maybe at the beginning.

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And then by the end, they're like, they're running things, you know, which is which is really awesome. Yeah. I just would add that, you know, I think the way that the operation locks on looks now is

informed by the fact that student leaders were involved and had meaningful input at the very beginning. And if you you compare University of Texas at Austin Overdose Prevention program to some other university, I won't call anybody out.

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The the typical approach is to start with administration, to start with health services, and to think small and to think sterile. No oxygen stocked in the campus health center. Available only with, visit at least to a nurse or to a prescriber. Not widely publicized, not provided through open trainings, or when there are trainings provided by somebody, a staff member, a faculty member who feels distant from the student.

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And it doesn't necessarily feel like the most welcoming environment, the easiest place to show up. I mean, when you have an open training to give out, an overdose antidote, the people who show up are the ones who are. It's going to have an impact for our students who are using drugs. It can be students who know students who are using drugs.

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But for the most part, students who know people who are using drugs and are going to be there to to save a life when that person's using drugs, it's another person who uses drugs, and those students are at risk of feeling like they're outing themselves in those environments. You have to build a lot of credibility and trust before you can get to sort of the mixed model that operational action currently looks like, where there is deployment through existing university structures and staff members.

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But there's also the student aspect, and I think it meant a lot that in the early phases, we had pharmacy student organization leaders who built the program. Yeah, that student to student rapport building and, you know, peer to peer, you know, so important for the people that you're trying to reach and the education you're trying to provide, while also being a really cool opportunity for the student leaders that are involved.

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And I just think about the development that that goes into them. Well, for listeners who might be thinking like, wow, this is really cool, I want to start something like this, or, you know, even bring a small piece of what you all are doing to their, campus or setting that they

work in. What are the necessary components that you would say are required to start something like this?

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You know, I can chime in on, early barriers and, I think we were lucky that we didn't experience many after I arrived because Lori and Mark had already run into some of those. And I think they were not the, the worst kind of barriers they, you would hope are sentiments that would be long gone. But unfortunately, I don't think they are, about distribution of naloxone, encouraging illegal drug use or, you know, the fact view that I think does still persist among some that people who use illegal drugs deserve to have really significant negative consequences.

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I would hope that we would would have an understanding of evidence and an unethical thought process that that doesn't allow us to perpetuate any of those myths. And I didn't run into any of that being explicitly stated here at UT's early on. I think there was general support, but there were PR concerns. You know what our donors and parents and regents going to think if we start, promoting that we have a free overdose reversal drug on campus or in the dorms?

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Does that signify to people that, you know, UT has a drug problem? And, and that really wasn't the genesis. We were trying to be proactive, but we knew there was a serious issue that we needed to be proactive about. So I think those stories that Mark Kinsley brought from the community about students experiencing overdoses that we weren't aware of, that we never would have heard about without him, that pushed it over the line because nobody wanted to, you know, the alternative PR nightmare is to have a student experience an overdose somewhere on campus and not be prepared for it.

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So, you know, I think it's about creating an understanding and a momentum around the positive PR that can be associated with this. And, you know, more importantly, the positive, real impact. And the as programs like operational zone have grown, I think now we've got the evidence and the stories to demonstrate that in a compelling way. But I think that's really important on the front end.

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And, and if you have a high level administrator professional within university who's just not on board, you're gonna run into two

challenges. So it's it's really about building a coalition of experts and, essentially placed individuals at the university that can support early movement. And once you get rolling, there's there's momentum. Yeah. So going off of evidence, establishing the, the benefits of a program like this and like incorporating the stories, like you said, can potentially help with, with buy in from leadership at, someone's university to, to get something like this going.

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Any other components, like Kate that you would say, would be important for someone who wanted to start something like this? Yeah, absolutely. I mean, as as I as kind of going off what Lucas said. Right. Like, I think having some of those, it kind of takes, you know, as little as one and hopefully, you know, a small team that that really believes in this to kind of think creatively about how to establish that network.

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And so I think, you know, first and foremost, access to naloxone or Narcan, is essential, right? If you're wanting to kind of distributed or kind of make it accessible, we're lucky to have some state support, you know, in that area. So I think that's one thing to look into. What are the state policies? What are what are the opportunities, just in terms of that access.

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But it really is a lot of relationship building. And I think creative partnerships and so certainly students, I think we've, we've made the case pretty strong for the involvement of students. But honestly, I think there's so, so many more partners than you might think that are eager to support this. I think there aren't many folks, that I've encountered who haven't been impacted by an overdose or lost someone or know someone who's lost someone from an opioid overdose.

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And so there's a lot of belief and support, and an eagerness to, to kind of be part of a solution, you know, keeping centered on your mission. I think for us, you know, celebrating those small wins feels really important. And I think there have been some buildings that we, you know, we've worked with a bunch of facility operators, to, to kind of be open or emergency sites.

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And we've looked strategically across campus of, you know, where are the gaps, you know, or where how can we make it more accessible? And some of those spaces were like, totally, we want to support this, but

we don't want to promote it, you know, because there's that, that PR fear or, you know, what will parents like?

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We do a lot of tours through the space. And so instead of, you know, being, I think, deterred by that, it really allowed us to have this conversation, to both educate those facility operators and think about, okay, you have students staffing these desks, what, you know, support, what education, what training do you feel would make you feel more comfortable?

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But also it's not about a neon sign. It's about access to naloxone. And so if that facility in that building, you know, they are the experts in their in their building, you know, that's not for us. So it's really finding that middle ground. And I think that attitude or that collaboration is really key to, building a sustainable model.

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But really to make it happen, you need passion, knowledge, access to naloxone and then just, an ability to kind of look for those opportunities and, you know, find traction where you can. And on that note of like, partnerships and collaborations, like, are there any partnerships or collaborations where you're like, wow, like, you know, this is such an important I mean, I'm sure they all are.

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Yeah. But are there any that, you're like, you know, you for sure need this or are there any that even surprised you at all the connection. So many. I mean, I think that's been such a happy surprise of, of, you know, I mentioned the libraries earlier, as a, as expanding and that was really that wasn't us, you know, advocating for that.

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That was the library had the person who oversaw the facility, and our main library, you know, has personal connection to this, believes in the work, and then got promoted and asked to, you know, expand. So it wasn't us really like trying to sell or, you know, it's not one sided. It's really become this reciprocal relationship. And so someone in facilities who we might not think is, you know, going to invest a lot in a public health or kind of a pharmaceutical effort, finds it very personally rewarding to, you know, and so I think they see the oh, yes, we have an opportunity to provide this kind of service or the library is

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this community resource that, that we can lean into. But a lot of the other work that we do is looking at community engagement. And there's a nonprofit, in Austin that works with hospitality folks. And so our folks in the restaurants and bars that our student frequent, we there's one bar in particular that's popular with students who had, I think, last fall, a handful of overdoses in one night.

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And so we've been able to partner with that nonprofit to do operational zone trainings for hospitality folks. And that feels like a really exciting partnership to me, and a really important one, because, again, we might not think of that as a campus entity, but that is where our students are playing, living, working. And so knowing that, you know, drug use, can happen really anywhere, but especially in some of that late night or some of those hospitality, some of those West Campus establishments being able to just have that conversation with hospitality folks, with bartenders, servers, and really kind of hear their questions, but also empower them to feel like they can respond.

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Those partnerships are really exciting to me. Yeah. And that kind of goes back to what Lucas, you were saying when we were talking about if someone wanted to start this and you were saying, you know, to incorporate students because faculty might, you know, initially think, let's partner with, you know, campus health services, which not to say that's not a good thing, but look at all the like libraries and hospitality services.

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You know, those are just two examples of partnerships that maybe a faculty member wouldn't think of. Yeah. And I think, you know, thinking about who create who makes up your culture of care. Right. And I think it's really everybody and that's so much of our work is helping other people see their role in prevention. And I think with operational Roxon, again, there's been such great structure to lean on to get by and to help people see themselves in the work and to recognize that it's it's not about, the stigma or the problem.

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It's about being part of the solution. Okay. So to our audience, take a moment to consider the setting where you teach or work. If you wanted to launch a program like this, what resources, partnerships, or champions would already be in place and what gaps would need to be

addressed first? For listeners who might be curious, what is y'all's approach for, this student leader pipeline, like how how are the student leaders identified and what what are those years of leadership?

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What does that look like? Right. So typically, they start off as anyone would just as a training, attendee of a trainee. So, they go, they learn more, and then they decide they want to be a student leader. So for myself, they put out, you know, applications, if you want to be a junior chair.

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And I saw it as a great opportunity to get involved. I was very interested in Operation along zone. And I really wanted to, you know, work on my public speaking. So I just thought it was going to be great. So I applied, and I think there were a few that applied. So they looked through those and then I was selected.

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And so I started off as a junior chair under, my senior chair. And essentially I just started off giving the trainings with my senior chair, becoming more comfortable learning the material, answering questions, staying organized and kind of balancing pharmacy school with going out and giving the trainings. And I was, you know, mentored very well during that first year and I was able to serve as the student director.

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My second year pharmacy school, with the new junior chair that we selected. And so it's two years, a two year commitment to Operation Naloxone, which I think really helps with maintaining the sustainability of, the student leadership because, you know, students come in, then they're not just immediately thrown in. They're not, you know, just told to, you know, just take over, you know, it's it's a process where they learn, they become more comfortable, and then eventually they take over.

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And I think that it's a great way to maintain the continuity of it as well, while also providing an opportunity for students to, you know, mentor each other. And then just be involved with operations and which is great in itself. The other thing that I'm not sure has been mentioned is the the inspiration that these pharmacy students are to other students.

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I think because of seeing these students in this role, because there is a there is the specific training to kind of be, you know, the the director, the student director of, of operational zone. But because of them, we've had students reach out to us from a wide variety of backgrounds and disciplines and majors that say, I want to do a research project, I want to do this certificate, I want to do this.

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And so it has really expanded, kind of and inspired a lot of other students from other disciplines to be part of it as well. And maybe a little bit of a different, less, specific way. But I do think that power is is really clear from the students. That's so cool. And also, while no program last ten years without encountering some challenges and, you know, Lucas, you kind of mentioned some from the early years, but what have been some of the biggest barriers or challenges with operational excellence?

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I mean, I'll acknowledge the elephant in the room that, I was there to start it. And a lot of that initial year or so effort was, was on my back as, you know, early career faculty member trying to engage some key student leaders and, and support a burgeoning initiative. And we built it into something that was semi sustainable.

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But when you're reliant on a single faculty member who's going to have shifting priorities and changing responsibilities over time, you put yourself at at risk from a sustainability standpoint. So I think it was really critical that that new shift was launched, that we began to explore partnerships. And, you know, Kate, provided us with some key funding and, and infrastructure and guidance, you know, maybe like the five, six year mark and that made it so that, you know, as when I, I ended up taking a position at the University of Pittsburgh and leaving Texas, that there was somebody to hand it off to.

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Faculty reliance is especially a challenge when you've got a program that's really about service. It's about, improving health and building community. And it's not as much about research and scholarship and bringing in money. It might cost more money than it brings in, in some cases. And so that that ultimately belongs in a permanent university unit that, addresses related health issues or student needs and builds that community and momentum on a variety of related topics.

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So I think that you two shift and Kate, as an administrative leader there, that that overcame the sustainability concern. But you never want a program this important to be too dependent on any one person, especially a faculty member. We were really lucky. There was a lot of serendipity and a lot of people who who kind of built something that was able to be sustainable.

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And I think, again, having it started with faculty got it started faster, honestly, I think on our campus. And then, you know, I think built a, enough kind of evidence and proof of, purpose that then, you know, we we were able to cut through some of the potential administrative kind of like pushback. And so we were, you know, this is a thing that faculty started that students have sustained.

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And then it just fit so naturally into our mission of shifting campus culture as it relates to substance use. So, it was a really nice and easy partnership, though, I imagine, you know, that beginning it's always hard to get something started and find traction and find those people. And so I think, again, those relationships are so key.

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And I think a barrier, you know, is institutionalization and sustainability in, in any campus or any system, especially, I think, just to acknowledge, you know, a really changing landscape of higher education with, with, you know, rapidly moving priorities and new leadership can often, you know, kind of, create challenges or curiosities. And so weathering those storms is, is important.

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But I think, again, if you're building something really solid that's really grounded and kind of has a lot of student input, that has a lot of faculty buy in, that has institutionalization kind of on your health services side or wherever that might be. You know, those are going to be, real strengths. And they're real challenges.

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Right. And I think partnerships are challenges. I think it could easily be, not as collaborative, but I think because the people are who they are, because we're united in the sense of purpose, it didn't become a territorial thing or a siloed thing, which can often happen

in big campuses. And so I think those are potential, you know, pitfalls that that could happen.

00:32:58:22 – 00:33:16:11
Unknown
But again, I think we we've been really lucky. But it's luck. And it's also a lot of hard work and intention and communication to kind of build this, build this collaborative effort because we really all see it as a community effort. So that feels really important. We talked about the stigma too, is as being a barrier.

00:33:16:11 – 00:33:39:13
Unknown
I think that's certainly a barrier to institutionalization. That's a barrier to signage. That's a barrier to PR. And but I think it's also one reason, one thing in our trainings is really we talk a little bit about stigma. We talk about, you know, language and the impact of language and so, there are, ways to kind of work with those barriers and make them strengths, but they're certainly there.

00:33:39:13 – 00:33:59:06
Unknown
And they can certainly be a challenge. And one thing I think financial, I'm sure a lot of folks, you know, have that question of of budgets are tight and getting tighter. And so how do you start this thing? And again, we've been lucky to be able to get Narcan, for free, which has really helped us again, expand, and provide this resource.

00:33:59:06 – 00:34:19:16
Unknown
We've worked with a lot of community partners in that way. As well. But we fought for budget lines, too, you know, and trying to kind of make sure that we have dedicated people who have this as part of their job to, really ensure not only that we can sustain, but that we are really, staying on top of trends, best practices.

00:34:19:18 – 00:34:48:00
Unknown
Because, you know, culture can change naloxone, you know, even the, the policies around naloxone, Narcan have changed, and not always in a bad way, but I think it's being on top of that and making sure that we're on the same page and kind of, again, creating solutions together is is important. What's one lesson that educators should, should take from this story?

00:34:48:02 – 00:35:18:06
Unknown
I would say that, you know, as far as the student perspective, students are very interested in helping to lead programs like this. They recognize the importance, they find it meaningful, they're very

capable, and they want to be involved with things like this. So I think that you know, giving them that support and giving them that room to to really lead and grow in and develop, into professionals through programs like this is really important.

00:35:18:06 – 00:35:28:17
Unknown
So, you know, don't, don't sleep on the students because they think they want to be involved and they can absolutely do it.

00:35:28:19 – 00:36:00:13
Unknown
Yeah, I, I totally agree with that. I think similar with, with other partners that you might think would be resistance, but I think really what I would what start small. It doesn't have to be I think Lucas kind of mentioned this. You know, it doesn't happen. You don't have to start at the top. But I think, you know, starting small with those those key, partnerships and then celebrating those small wins and, and, you know, not being afraid to pivot or adjust, and keeping, you know, at the center what feels most important for you and your institution, I believe, will continue to be strong.

00:36:00:13 – 00:36:25:09
Unknown
And I think we'll continue to build partnerships and, and, you know, continue to distribute and educate as we have. I think there's we're talking about, you know, ways that we can think systemwide, you know, is one of many schools in a system. There's also a lot of other institutions across our state that, we now have some state legislation to to kind of look at education and response to opioid overdose.

00:36:25:09 – 00:36:47:16
Unknown
And so I think we can be a great resource in that way. And then I think even beyond Texas, you know, I think we can really build partnerships broadly, to, to see our work grow. And again, I think the infrastructure that we're building and the networks that we're building, and establishing are really strong for whatever might come next.

00:36:47:18 – 00:37:11:07
Unknown
And so I think there's a lot of good, to be had of building, continuing to build this community so that whatever that might be, in the best interests of students are our community, that we now have folks in place and communication lines in place and even distribution in place for whatever might come next. And we really have the ability to to pivot and be creative.

00:37:11:07 – 00:37:40:22

Unknown
And we've demonstrated success in that. And I think that'll carry us forward into things we can't even yet imagine. That's so cool. And yeah, just I know we've said it throughout but so cool ten years I hope it continues, as you said for many more. And you know Kate, Alondra Lucas, thank you all so much for being here to, share your story behind Operational Zone.

00:37:40:23 - 00:37:59:03
Unknown
Thank you so much for having us. It's a great conversation to have. Yeah. I'm so happy to be here. Thank you to see everybody. Well, as you reflect on today's discussion, consider one idea from operational oxygen that could work in your own setting. What would need to happen to turn that idea into action?