



2020 MCH Workforce Development Virtual Grantee Meeting: "Building a Resilient MCH Workforce"

September 30, 2020

Vision: Healthy Communities, Healthy People



Welcome DMCHWD Grantees!

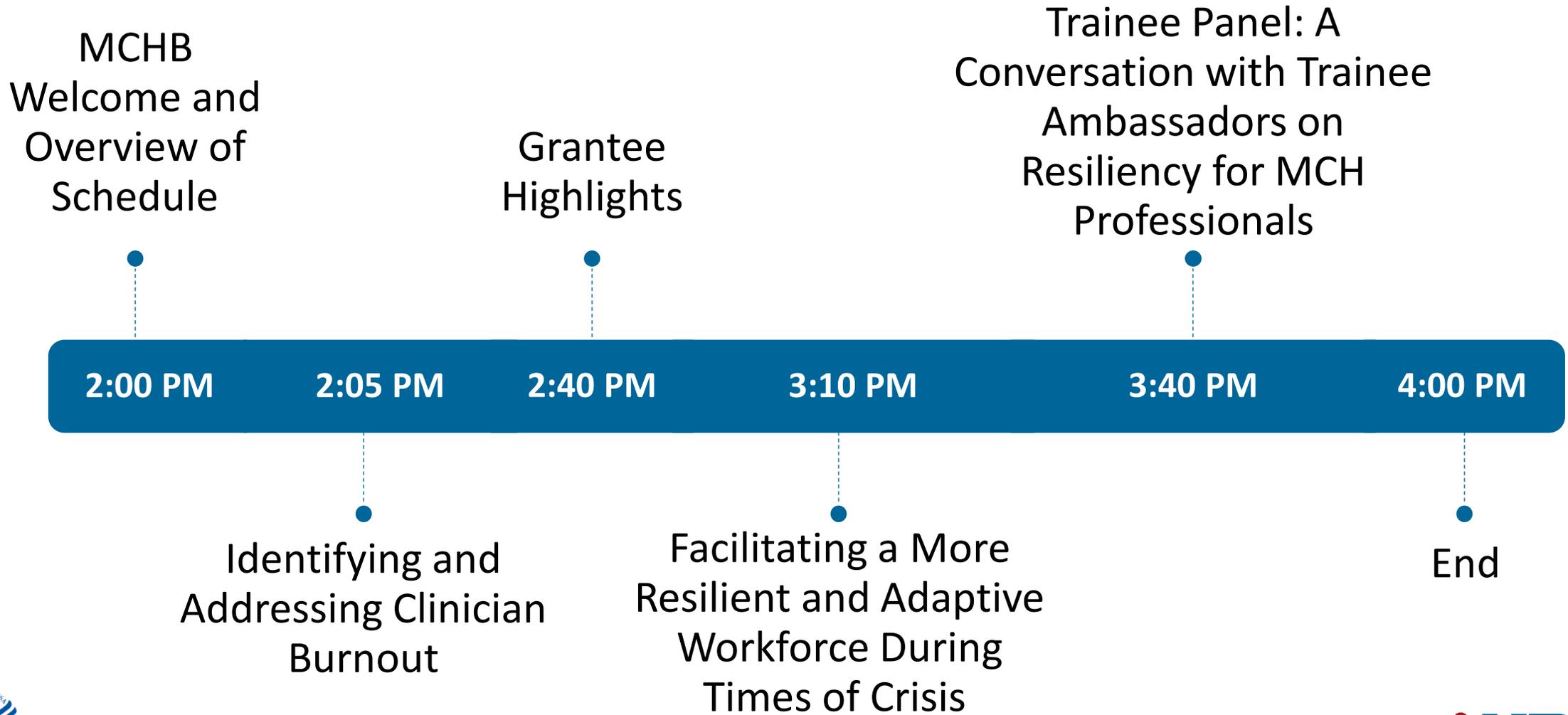


Communication Best Practices

- Please keep yourself on mute when not speaking
- State your name and program before speaking each time
- Change your Zoom name to your name, program, and pronouns
 - Hover over your name in the “Participants” box and select “More” → “Rename”
- Ask questions and interact with others via the chat box
- Use the raise hand function (located in the “Participants” box next to your name) or the reaction buttons (on the bottom bar) throughout the meeting



Agenda



Identifying and Addressing Clinician Burnout

Torey Mack, MD

Deputy Associate Administrator | Bureau of Health Workforce, HRSA





Building a Resilient Maternal and Child Health Workforce

September 30, 2020

Torey Mack, MD
Deputy Associate Administrator
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Agenda

- ▶ **Provider Burnout**
- ▶ **Strategies to Build Resilience, Reduce Burnout, and Promote Engagement**
- ▶ **HRSA's Efforts for Wellness Program Models**
- ▶ **Research Studies**
- ▶ **Health Disparities**

Clinician Stress and Burnout

Brief Overview



COVID-19's Stress on Providers

▶ Prolonged Uncertainty

- Magnitude
- Duration
- Effects

▶ Concerns about Preparedness

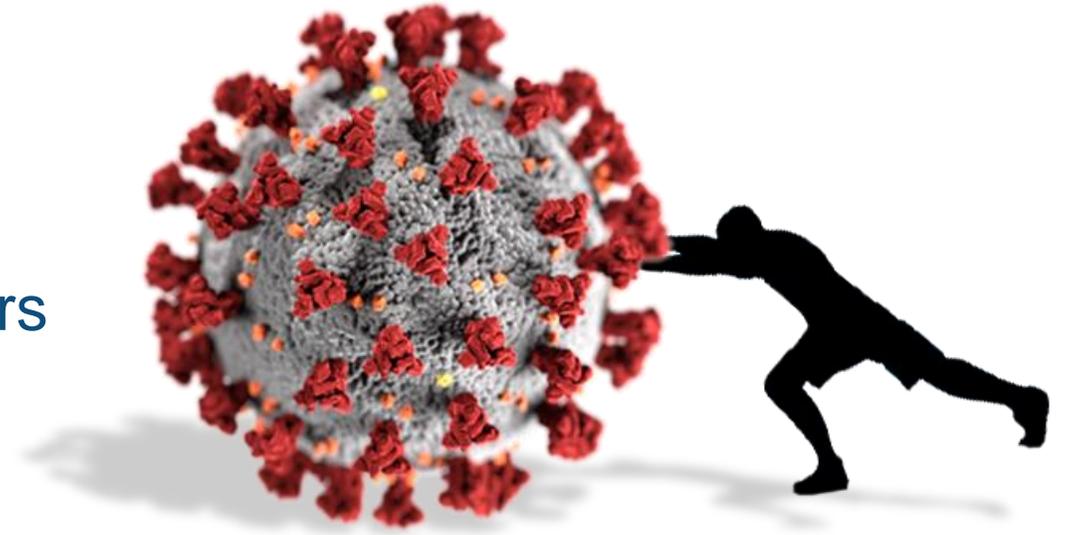
- Personal
- Organization
- Public

▶ Lack of Needed Supplies

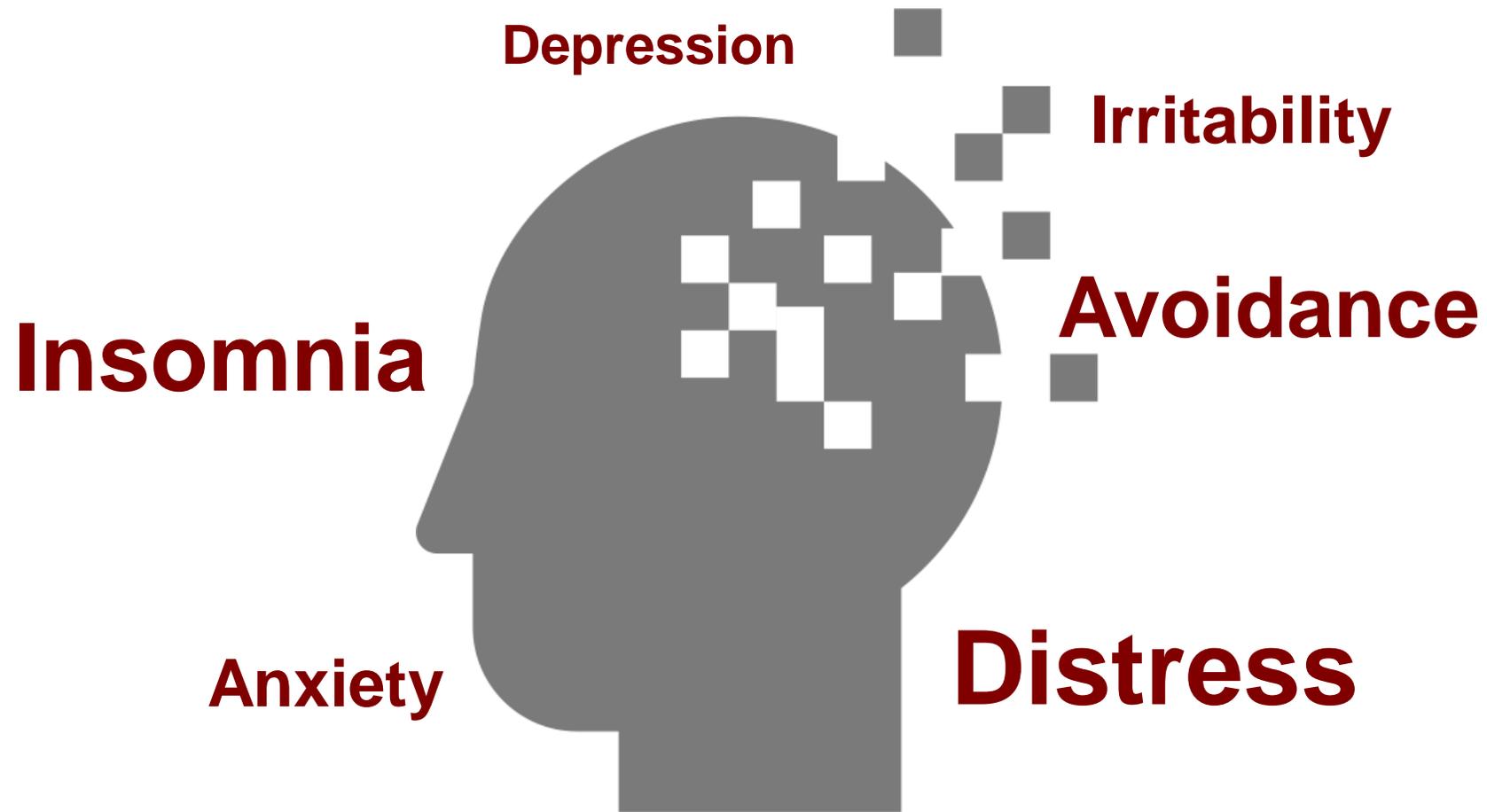
- PPE
- Equipment
- Tests

▶ Potential Threats

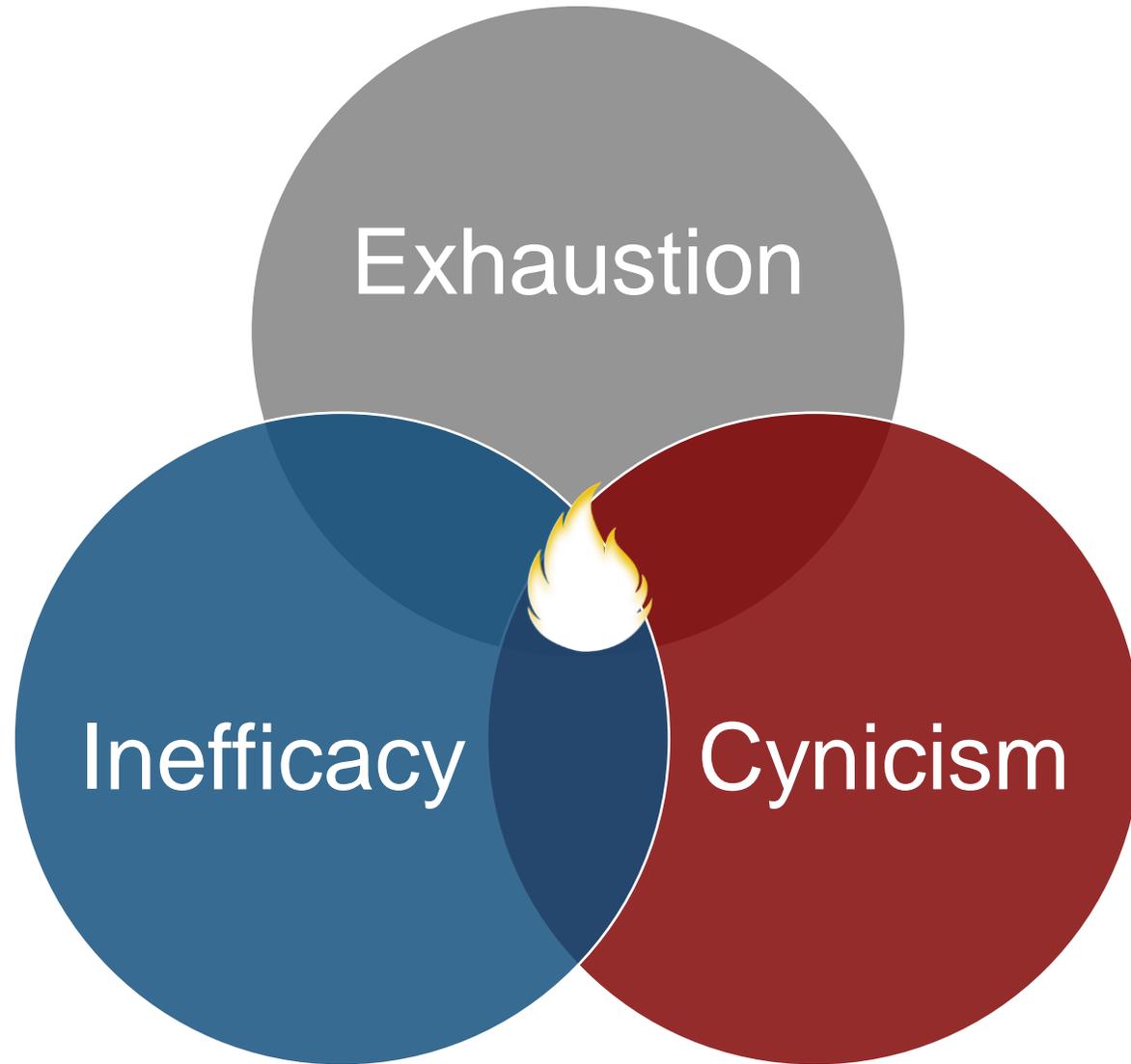
- Self
- Loved Ones
- Coworkers



COVID-19's Psychological Effects on Providers



What Is Burnout?



Burnout: The Scope of the Problem

50%

physicians, nurses

x2

other professions

#1

front-line providers

Burnout: The Impact on Health Care

x2

unsafe or
suboptimal care

x3

low
patient satisfaction

\$4.6+

billion in costs

Burnout: The Impact on Turnover

x3

intent to leave

x1.3

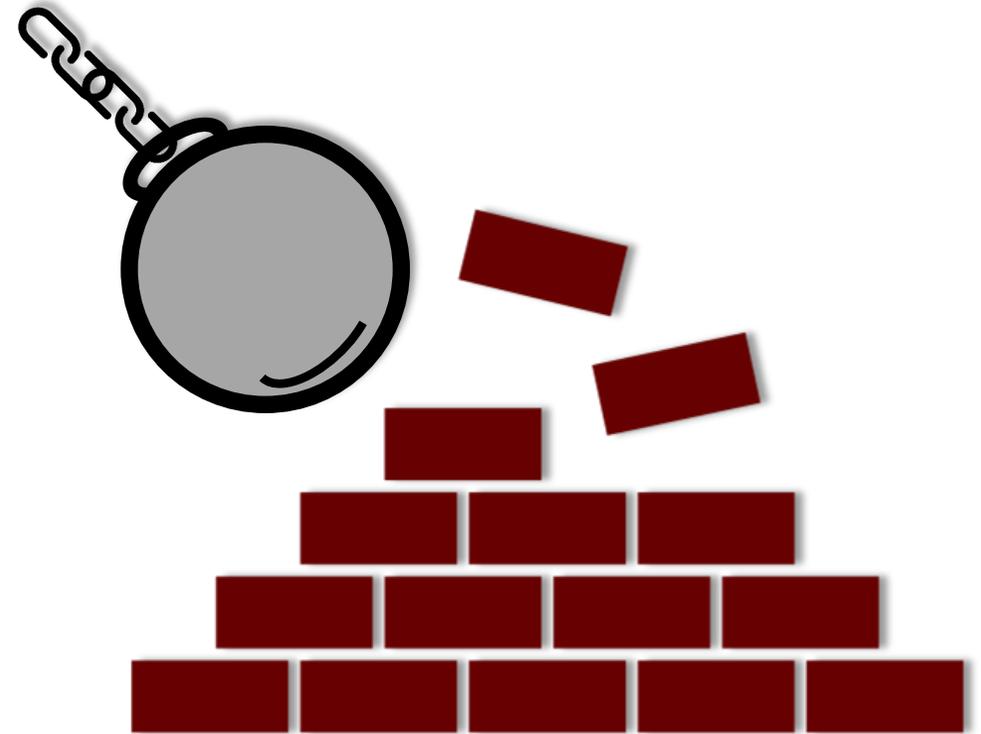
salary costs
(nurses)

\$500K

(physicians)

Counter Elements to Burnout

- Meaning and purpose in work
- Positive work and learning environments
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Reduced administrative burdens
- Optimized workflows and technology
- Interdisciplinary team collaboration
- Supportive and effective leadership



Strategies to Build Resilience, Reduce Burnout, and Promote Engagement



Acknowledge and assess the problem



Cultivate community at work



Promote flexibility and work-life integration



Harness the power of leadership



Use rewards and incentives wisely



Provide resources to promote resilience and self-care



Develop and implement targeted work unit interventions



Align values and strengthen culture



Facilitate and fund organizational science

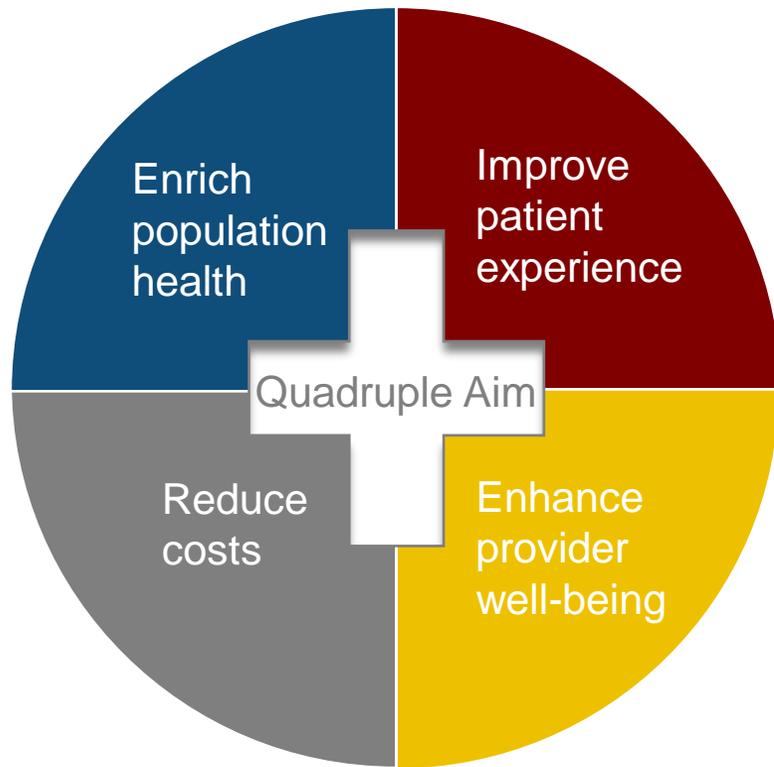


Shanafelt, TD, and Noteworthy, JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, January 2017;92(1):129-146

HRSA's Efforts on Wellness Program Models



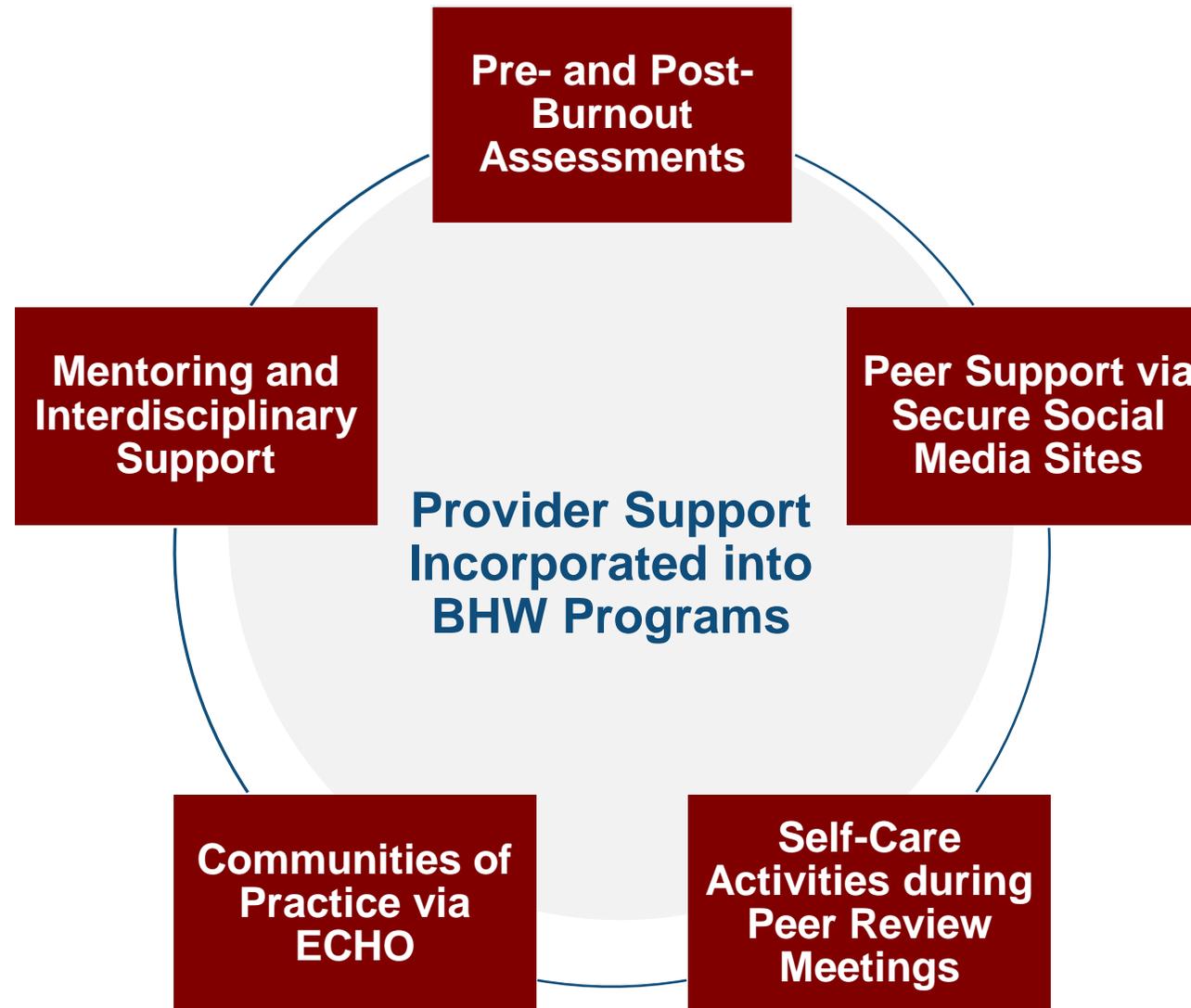
How HRSA Can Help Improve Clinician Well-Being



“ACICBL* recommends that HRSA work across divisions and programs to include specific language in their notices of funding opportunities (NOFOs) to develop **evidence-based practice models that prevent burnout and foster individual/team wellbeing, resilience, and retention** to advance the Quadruple Aim in interprofessional collaborative practice.”

*ACICBL = Advisory Committee on Interdisciplinary Community-Based Linkages
17th Report to the Secretary of Health and Human Services and the U.S. Congress (August 2019)

Provider Wellness Program Models



Provider Wellness Example in 2018: ANE-SANE

Purpose

- ↑ Number and distribution of Sexual Assault Nurse Examiners
- ↑ Physical and mental health care of survivors
- ↑ Evidence collection ↑ Prosecution rates

Provider Impact

Emotional, traumatic stress from repetitive exposure to sexual violence cases leads to **burnout and exiting the work.**

Awardee Requirements

Awardees must provide support and resources to enhance practice and increase retention of SANEs.

Provider Wellness Programs

Awardees developed **provider wellness** and clinician support programs to retain SANEs.

Provider Wellness Measurements: ANE-SANE

Number and Types of
Support Provided



Hours of Participation
in Each Activity



Burnout Assessment:
Baseline vs.
Post-Didactic/Clinical

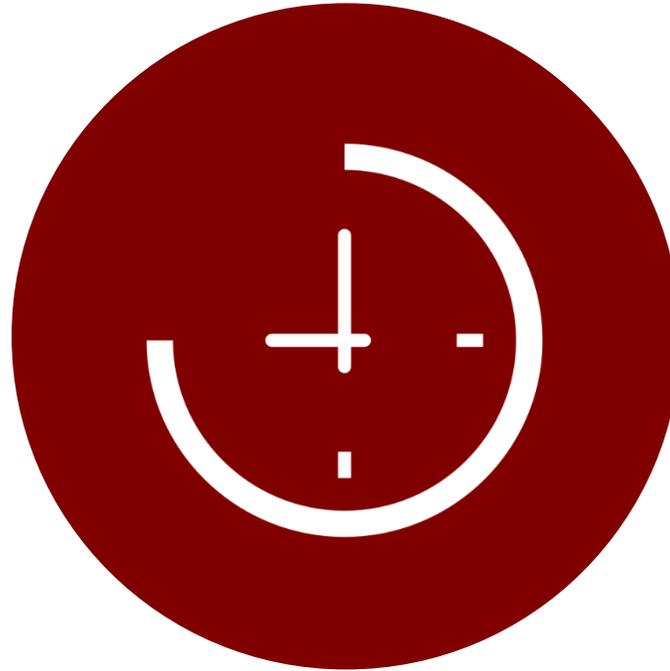


Rate of Exit
After One Year

Provider Wellness Example: Primary Care Training and Enhancement Program



Instructional materials
in self-management



Course time to develop
and implement
self-care plans



Wellness retreat
on burnout and
resilience

HRSA's Workforce Engagement & Well-Being Initiative

GOAL: Develop and conduct a health center provider and staff survey to collect, analyze, and disseminate national data on health center workforce well-being and engagement.

Phase 1: (2019-2021)

- Review the literature and evaluate existing surveys
- Convene a Technical Advisory Panel
- Develop a workforce well-being survey
- Institute a Health Center Learning Collaborative

Phase 2: (2021 and beyond)

- Administer the workforce well-being survey
- Analyze data
- Disseminate findings and promising practices
- Enhance training and technical assistance strategy to support the health center workforce
- Expand and improve health center activities to support the workforce



Clinician Burnout Research Studies

- **The Health Workforce Research Centers**
 - University of Michigan Behavioral Health Workforce Research Center
 - Impact of COVID-19 on presenteeism, absenteeism, and burnout associated with behavioral health conditions for frontline health care workers.
 - University of North Carolina at Chapel Hill, Program on Health Workforce Research and Policy
 - Identify proven strategies for reducing burnout and increasing mental health & well-being of health care providers.
 - Developing a better understanding of factors leading to, consequences of, and ways to reduce clinician burnout.
 - Understanding factors leading to staff turnover among RNs.



Clinician Burnout Research Studies Continued

- George Washington University, Health Workforce Research Center - Policy
 - Utilization of medical scribes and their impact on clinician burnout and provider satisfaction in Community Health Centers (CHCs)
- University of California, San Francisco, Health Workforce Research Center – Long-Term Care Support and Services
 - Staff turnover in home health
- University of Washington, Health Workforce Research Center – Allied Health Workforce
 - Wage consequences of illness and burnout in the allied health workforce
- University of Washington, Health Workforce Research Center – Health Equity in Health Workforce Education and Training
 - Resilience, burnout and the potential burden of being underrepresented in health professions programs

Health Disparities

Cultural Competency and Med School Demographics



2018 Study on the Role of Race/Ethnicity: Research & Key Findings

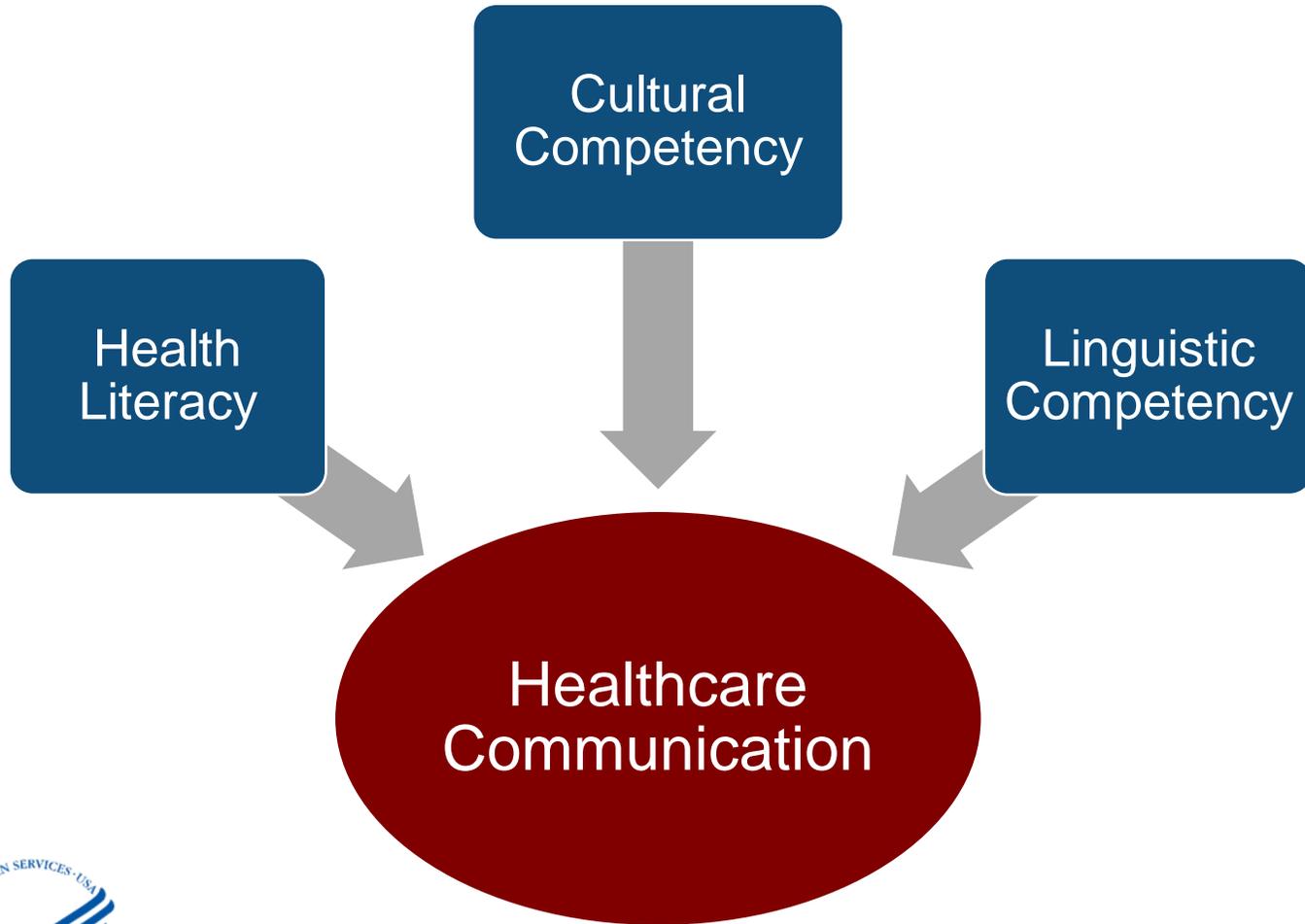
How do minority resident physicians view the role of race/ethnicity in their training experiences?

- Residents/Attending physicians of color were more likely to experience burnout and expressed being routinely discriminated in the workplace.
- Minority physicians were more likely to resign from their job due to workplace discrimination.
- Minority residents also described being mistaken for nonmedical staff despite wearing white coats, displaying a physician identification badges and introducing themselves as physicians.
- Providers of color cited ongoing harassment and systemic issues as factors for changing professions, leaving rural underserved communities or resigning from their position.

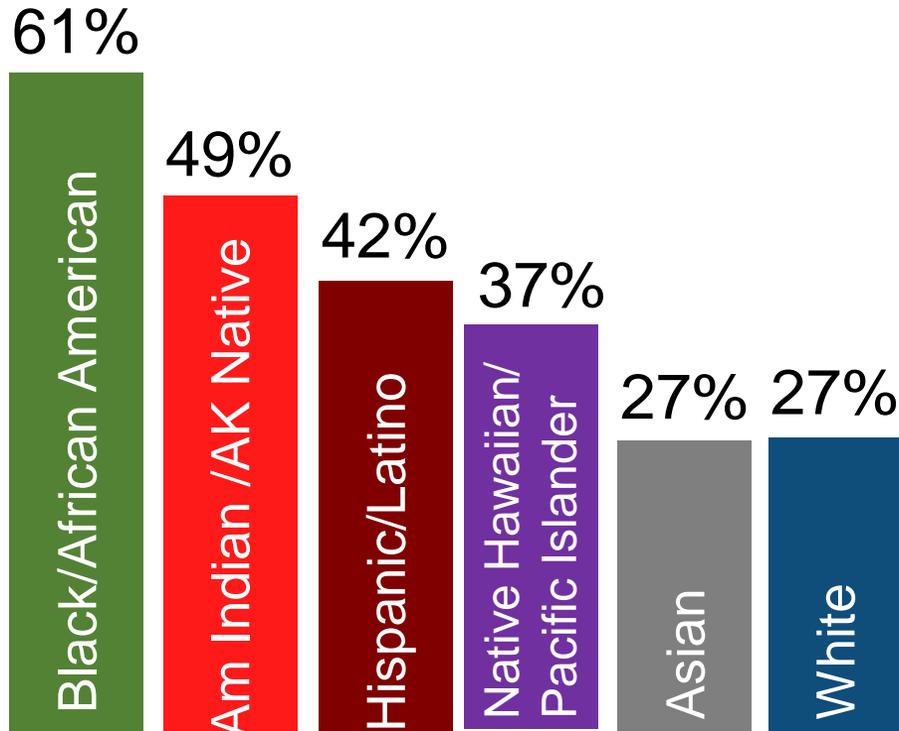


<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2703945>

The Role of a Culturally Competent Workforce



Med School Matriculants Planning to Serve the Underserved



Additional Information

Primary Health Care Digest



- Promising practices
- Assessment tools
- Trainings
- Presentations
- Articles
- Resources

volume 1 <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/242715b>

volume 2 <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/243b90e>

Improving Health Care



Any health care organization that recognized it had a system issue that **threatened quality of care, eroded patient satisfaction, and limited access to care** would rapidly mobilize organizational resources to address the problem. **Burnout is precisely such a system issue.** ”



Shanafelt, TD, and Noteworthy, JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, January 2017;92(1):129-146



Questions



Contact Us

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Grantee Highlights: Michigan Pediatric Mental Health Care Access Program (MC3)

Sheila Marcus, MD

Program Director | MC3





Grantee Highlights: Alabama State University MCH Pipeline Program

Catrina Waters, MS, MDiv

Assistant Project Director | Alabama State University MCH Pipeline Program



Contact Catrina:

crwaters@alasu.edu



Grantee Highlights: Minnesota LEND

Whitney Terrill

Trainee | University of Minnesota LEND





**Act Like a Disability Leader,
Think Like a Disability Leader**
Whitney Terrill, MNLEND



HELLO!

I am Whitney Terrill

I am here because I want to be **a future leader who will serve** children with Autism Spectrum Disorders, other neurodevelopmental and related disabilities.

Source: Adapted from University of Minnesota, Institute on Community Integration, Minnesota Leadership in Neurodevelopmental Disability Program page: <https://ici.umn.edu/projects/97>.



Overview of **MNLEND**

To prepare future leaders to service children with Autism Spectrum Disorders, other neurodevelopmental and related disabilities

Act Like a Disability Leader, Think Like a Disability Leader

Questions for reflection:

- What opportunities will help us become more strategic leaders?
- What are the ways we can extend our areas of expertise strategically?
- What are the best ways for us to learn as adults?
- Why is it important to change our way of acting, not just thinking?
- What action opportunities do we as a nation offer people to test their leadership?

Act Like a Disability Leader, Think Like a Disability Leader

Questions for reflection:

- How much interaction do we have with new roles or activities?
- How are we working to change and better the way we work?
- With whom are we doing that work?
- How can we branch out from our current responsibilities without being overwhelmed?
- How can we be more playful with our work?

Minnesota Leadership in Neurodevelopmental Developmental Disabilities Program

“Prepares future leaders who will serve children with Autism Spectrum Disorders (ASDs), other neurodevelopmental and related disabilities (NDDs), and their families in healthcare, education, human services, and policy settings. MNLEND is an interdisciplinary training program that responds to the needs of these children and their families, bringing together faculty, staff and students from 12 disciplines across the University of Minnesota, as well as community members, to:

1. **Advance the knowledge and skills** of all child health professionals to improve healthcare delivery systems for children with developmental disabilities;
2. Provide **high-quality interdisciplinary education** that emphasizes the integration of services from state and local agencies and organizations, private providers, and communities;
3. Provide health professionals with **skills that foster community-based partnerships**; and
4. Promote **innovative practices to enhance cultural competency**, family-centered care, and interdisciplinary partnerships.”

Source: University of Minnesota, Institute on Community Integration, Minnesota Leadership in Neurodevelopmental Disability Program page: <https://ici.umn.edu/projects/97>.



1. Knowledge and Skills

To improve healthcare delivery systems for children with developmental disabilities

Knowledge and Skills



Autism Mentorship Program

Complete an annotated bibliography to support the background information for a peer-reviewed journal article



Deinstitutionalization Literature Review

Complete a systematic literature review on deinstitutionalization from 2010-2019



Enhanced Research and Analytical Skills and Abilities

I have the opportunity to be immersed in rigorous academic projects that hold importance in the care delivery system for children and adults with disabilities.

Special thanks to Dr. Rebecca Hudock, Dr. Lindsey Weiler, Dr. Sheryl Larson, and Dr. Lynda Lyti Anderson

MN LEND Projects

Autism Mentorship Program Evaluation Project
Deinstitutionalization Systematic Literature Review Project

Foundation

DeIP: Long history of monitoring integrated community living vs. deinstitutionalization

AMP: Relationships with multiple community partners who collectively designed AMP as a thoughtful intervention for adolescents with ASD

Focus

DeIP: Complete a PRISMA systematic literature review on deinstitutionalization from 2010-2019; PRISMA=identify, screen, eligibility, inclusion

AMP: Complete an annotated bibliography and support the background information/review for a peer-reviewed journal article

Future

DeIP: Complete an annotated bibliography and participate in writing intended for broader use and publication

AMP: Continue qualitative data collection process to deepen evaluation of AMP and possibly community outreach; intended for local use and for publication



2. Interdisciplinary Education

To emphasize service integration from agencies and organizations, private providers, and communities

Connecting MNLEND to Disability Fiscal Policy



Value-Based Payment Project

Exploring outcomes on VBP for Minnesota's home and community-based services for better outcomes and value



Sustainability Planning for HCBS Providers

Managing mini grants to HCBS providers and developing training to support their financial sustainability



Application of Interdisciplinary Education

Our interdisciplinary education helps me to better understand ways policy can serve individuals with ASD and related disabilities.

Special thanks to the MN DHS Disability Services Division leadership Director Natasha Merz, my manager Curtis Buhman, my supervisor Colin Stemper, colleague Dylan Adams, and trusted contract manager Trudy Cariveau. Their support and partnership allows me to participate in MN LEND and to succeed in these projects.



3. Community Partnerships

To provide health professionals the skills to foster community-based partnerships



Opioid Project

Opportunity to serve as a **community resource** for the opioid project as a sounding board, light reviewer, and informal connector. It allowed me to learn with the core project team, and to extend my knowledge of systems, relationships and some resources at different phases of this project.

Special thanks to this project team Catherine Mapa, Bridget Winchester, Rebecca Dosch-Brown, Dr. Jennifer Hall-Lande, and Sarah Hollerich

Advocacy Experience: Sharing Information on the Expansion of Inclusive Child Care in Minnesota

- **Identifying a policy area** of significance to my community and to me
- **Deepening my understanding** of a policy area with a MNLEND colleague who lives in my district
- **Developing a compelling public narrative**, linking the story of “now”, “me”, and “us”.
- **Informing legislators** in Minnesota about the importance of expanding access to inclusive child care for children of all abilities

Special thanks to the Beth Fondell (University of Minnesota) and the Arc Minnesota for their leadership in developing a 2020 Legislative Agenda ([full agenda](#)).



AUCD Emerging Leader

National AUCD/UCEDD community of trainees from diverse identities working to advance leadership, academic, and professional growth.

- Opportunity to connect with other trainees
- Added layer of learning about colleagues around U.S.
- Sharing information back with MNLEND colleagues

Special thanks to AUCD Emerging Leaders Interns Jazmin Burns and Meghan Breheney



AUCD Multicultural Committee Trainee Representative

National AUCD/UCEDD committee to respond to the requirements for inclusion, diversity, and cultural competence as set forth in the Developmental Disabilities Assistance and Bill of Rights Act of 2000. This is an opportunity for trainee to serve on an AUCD Multicultural Committee as a part of the executive committee.

Special thanks to my mentor Dr. Renee. Charlifue-Smith (U Colorado), Dr. Janice Enriquez (UC Davis), Jacy K. Farkas (U Arizona), Dr. Derrick Willis (U Iowa), and Tanisha Clarke (AUCD).



From MNLEND to African Association of Disability and Self Advocacy Organizations



Special thanks to Macdonald Metzger, Dr. Charity N Funfe Tatah Mentan, Muna Khalif, and others in AADISAO



4. Cultural Competence

To promote innovative practices to enhance cultural competency, family-centered care, and interdisciplinary partnerships

Learning from Families

- It matters to **have access to community** education class for children and families with ASD.
- Individuals with ASD and their parents are **persuasive and creative advocates for inclusion** and access to resources and supports.
- Families with children with ASD require a **supportive team to sustain overall well-being** for their children and for themselves.

Sharing CALC skills and knowledge in community

- **Advocating cultural and linguistic competence** skills and knowledge with communities and at state government
- **Co-leading anti-racism and anti-ableism** policy and training development for organizations and state government
- **Reading and continuing education** on race and disability with MNLEND trainees

Special thanks to my peers in book club on disability/race Catherine Mapa (social worker), Bridget Winchester (genetic counselor), Charles Davis (public health professional), Katie Beard (NDDs researcher), Michaela McCabe (speech language pathologist), Erin Van Dyke (pediatric nurse practitioner)



“

This program connected **my head to my heart.** I finally have the deeper knowledge and empathy to be an effective leader.

Special thanks again to Rebecca Dosch-Brown and for her generous mentorship and support. It matters to have people in your life who believe you can be more than you are.

Let's lead together!



Finally, I would be remiss to also thank others who were central to my 2019-2020 MN LEND year.

Special thanks to ICI Director Amy Hewitt, Beth Fondell, Dr. Andy Barnes, numerous outstanding UMN faculty and staff, community speakers, and you all - my dear peers.



THANKS!

Any questions?

You can find me at:

- @whitneyterrill
- terri014@umn.edu
- www.linkedin.com/in/whitneyterrill



Special thanks to all the people who made and released these awesome resources for free:

- Presentation template by [SlidesCarnival](#)
- Photographs by [Unsplash](#)

Facilitating a More Resilient and Adaptive Workforce During Times of Crisis

Rebecca Greenleaf, MPH and Christina Welter, DrPH, MPH
National MCH Workforce Development Center



Facilitating a more resilient and adaptive workforce during times of crisis

Division of Maternal and Child Health Workforce Development

National MCH Workforce Development Center

September 30, 2020



National **MCH** Workforce
Development Center
Advancing Health Transformation



National MCH Workforce Development Center



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Background

Launched in 2013, the National MCH Workforce Development Center was funded to **advance the skills and capacity of public health professionals** working in organizations serving the **maternal and child health population**.

The Center delivers training and consultation to teams of Title V professionals, partners, and family leaders in:

- Change management and adaptive leadership
- Systems integration
- Evidence-based decision making to facilitate implementation

Family engagement and health equity are embedded in all Center services, reflecting the Center's commitment to inclusion and family-driven practice.





Learning Objectives

- Define the role of leadership in times of crisis
- Define resiliency and its role in expanding adaptive capacity within organizations to address on-going crisis situations
- Share two tools to promote resiliency



THANK

YOU

An illustration of two hands, one light blue and one light purple, holding a red heart. The hands are positioned as if they are cupping the heart. The fingers are pointing towards the center where the heart is. The wrists are a light tan color.



What challenges have you and the MCH system in which you work experienced this year?

- Covid 19
- Equity as a Public Health Emergency
- Transition to Online Living and Learning
- MCH Partners Report
 - Supporting the response at leadership levels
 - Developing guidance for moms and families
 - Reopening clinics
 - Connecting with family partners
- What other challenges are you experiencing?





Resources

Inbox (3) - rebecca | Wellness Archives - C | Women's New A | Mail - Greenleaf | Spark Sessions | Get behind the m | Resiliency and X | challenges - Goo | +

https://mchwdc.unc.edu/resiliency-and-adaptive-leadership-during-covid-19-crisis/

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 National MCH Workforce Development Center
Advancing Health Transformation

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[Home](#) / Resiliency and Adaptive Leadership During COVID-19 Crisis

Mini-Course in Resiliency and Adaptive Leadership

March 2020

Join Jeannine Herrick, Senior Staff at the MCH WDC, to learn more about how to lead in challenging times.

Take time to support yourself as a leader. Give yourself time to think and plan. Adapting under stress is hard; the sense of crisis and urgency can push us into missing options, making rash decisions, limiting ourselves, and getting caught up in technical thinking that misses the big picture opportunities.

Type here to search | 10:28 AM 9/22/2020

- FREE Mini-Course on Resiliency and Adaptive Leadership
- Developed by Jeannine Herrick, Senior Staff at the MCHWDC
- mchwdc.unc.edu
- mchnavigator.org

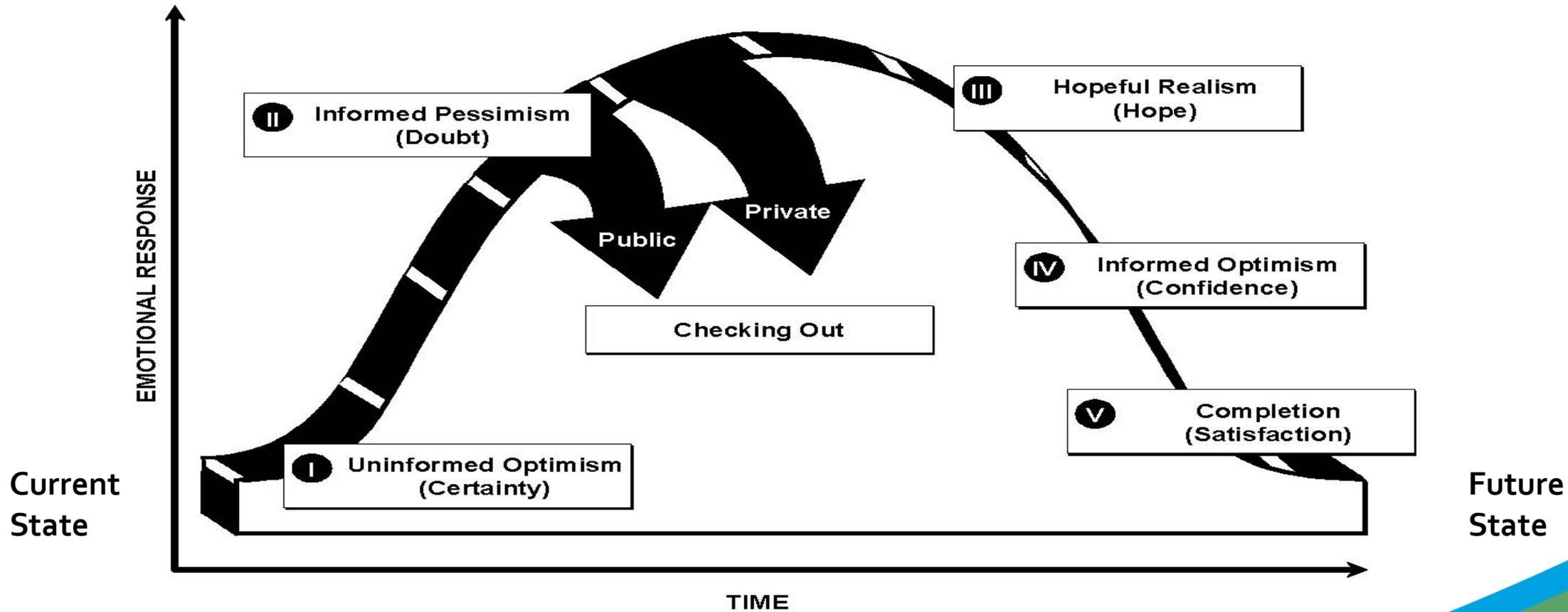


Change in 2020

- Change as a **typical** process is hard because:
 - We fear losing something of value
 - We are concerned that we won't be able to adapt
 - We may be unmotivated or unengaged in the process
- Change **during crisis** is even *more* difficult because:
 - Its hard to respond to the large amount of information
 - Change is happening at many levels (personal and professional) at the same time
 - There are many unknowns
 - Feeling a lack of control creates anxiety and fear



Understanding Change As a Process



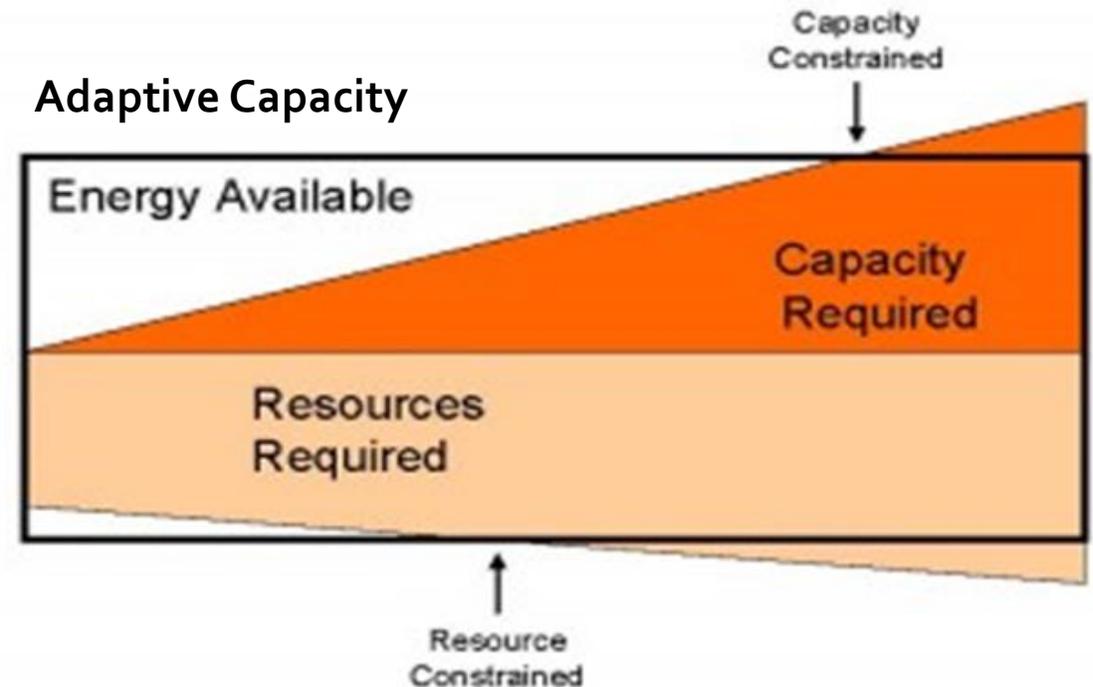
Credit: connerpartners.com



The Challenge of Change

Understanding Capacity and Resources

- **Adaptation capacity** is an individual phenomenon (although it can also be aggregated to reveal a group's or an entire organization's readiness for change).
- **Organizational resources** are the enablers of change that reside outside a person or group (e.g., capital, technology, available time, headcount)





Why is leading during crisis hard?

Leaders need to balance tension between:

- Command and Control vs. Adaptive Leadership
- Efficiency vs. Equity
- Action vs. Planning
- Balance Urgency and Restraint

Leadership should help balance these tensions.





What is the role of leadership and resiliency during a crisis?

Our goal as leaders is to help others

- Practice inquiry and reflection
- Avoid sinking into technical pitfalls
- Adapt to be as functional, productive, and healthy as possible
- Expand their adaptive capacity to promote systems thinking
- Facilitate learning

In the future "illiteracy will not be defined by those who cannot read and write, but by those who cannot learn and relearn." Any form of standing still is deadly.

(Thomas Friedman, NYT, Sept 8 2012)



Mini-Course in Resiliency and Adaptive Leadership

Course Outline

- Introduction
- Adaptive Leadership
- Sphere of Influence
- Trust and Creative Problem-solving
- Stepping Forward as a Leader
- **Thinking Big – Assuming an Adaptive Mindset**
- **Thinking Through Change as a Practice**
- Phasing your change
- 10 Tips for Leaders of Transformative Efforts During the Current Crisis

<https://mchwdc.unc.edu/resilency-and-adaptive-leadership-during-covid-19-crisis/>



Jeannine Herrick, Senior Staff at the MCH WDC



Adaptive Mindset

Challenge: How can our state/university/program create and sustain a strategic, multi-use and effective contact tracing program for COVID-19 that builds value for public health in general?





Contact Tracing

As a Technical Challenge

- We need to reach x number of people each day to alert them that they have been in contact with someone who tested positive for COVID-19. We can do this by making x phone calls and sending x emails, and mailing x postcards each week.

As an Adaptive Challenge

- What are the root causes of Covid19 morbidity and mortality?
- Does our system have the capacity to respond in the way required? If not, what can we do to strengthen weak spots?
- What are community assets we can leverage? Who is really the expert here? Are there existing or new partnerships that might help us reach our goal?



Adaptive Mindset

- How are different categories of people affected by this challenge?
 - Individuals
 - Families, friends, colleagues, social groups
 - Organizations like schools, health care providers
 - Community Services
 - Worker Centers, Worker Advocacy Organizations
- What is the impact I want to make?
- What is the intention behind the impact?
- What are the outcomes or results I hope to achieve?



Change Styles and Types

Challenge: Staff have new roles and responsibilities related to contract tracing for COVID-19, but some people have had a hard time adapting to the changes.





Change Style Preferences

Conservers

- *Accept* the paradigm
- Prefer *incremental* change
- Evolution

Pragmatists

- *Explore* the paradigm
- Prefer *functional* change
- Solution

Originators

- *Challenge* the paradigm
- Prefer *expansive* change
- Revolution



Motivation

- How do we motivate our colleagues to move from the present state to the future state?
 - Rational Action
 - Emotional Action
 - The environment in which the change is supposed to happen.



Focus on one specific, critical aspect of the change, so the rider doesn't have to decide.



Get the elephant moving with a powerful emotion.



Make the path of change easy to follow, because human behavior is highly situational.



Motivating Individuals with Different Change Styles

- To motivate ***Conservers***, take a gradual but continuous approach to change. Focus on what is known, rather than what is unknown.
- To motivate ***Pragmatists***, allow colleagues to question current systems and pursue new possibilities and directions.
- To motivate ***Originators***, allow time to focus on accomplishing the task at hand. Ask for input on an idea's functionality and merit.



Change Styles and Types

- What do you like about change work?
- What do you lean on others to do or avoid about change work?
- What strengths can you offer to support the change?
- What established relationships could be helpful in supporting the change?
- What new relationships might support the change?



Increasing Your Flexibility

- Consult with someone with a different change style.
- Seek to understand different perspectives.
- Try out a different style.
- Solicit feedback and suggestions.
- Step back and be aware of your initial reactions and emotional responses.
- Regularly reflect on lessons learned with diverse colleagues.

Credit: V. Upshaw



Key Take-Aways

1. Change is hard, particularly during times of uncertainty.
2. Lean into your resiliency and adaptive leadership skills, try not to fall back on technical thinking.
3. Know that individuals have different change style preferences. Offer individualized support when you can.
4. Access and use (free!) resources at mchwdc.unc.edu and mchnavigator.org .

Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.

~Joel A. Barker



O.R.I.D. Debrief

Objective: What was clearest about today's presentation?

Reflective: What excites you most about the possibility of expanding your organization's adaptive capacity?

Interpretive: How do you think the tools presented today specifically address the challenges you noted in today's presentation?

Decisional: What is one tool you think you can apply immediately?

Thank you!

For more information, visit
mchwdc.unc.edu



National **MCH** Workforce
Development Center
Advancing Health Transformation

A Conversation with Trainee Ambassadors on Resiliency for MCH Professionals

Facilitator: *Emma Fox, MPH* | Program Specialist, AUCD

Panelists: *Alicia Reynolds, MPH* | CoE in MCH, TAG member
Tina Herrera, MD | Trainee, LEAH



Meet the Panel



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