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

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>> Good afternoon. We're going to go ahead and get started. It's 2:00 on the dot. Welcome. It's my pleasure to welcome you to the Division of Maternal and Child Health Workforce meeting. I'm the director of our division. And it's wonderful to have so many of you from across all of our programs represented today. Today's meeting focuses on the important theme of self-reflection and resilience among the MCH workforce. Let me back up a slide. Self-reflection and leadership competency.

If infuse in your programs and curriculum all the time. We define it within the MCH leadership competencies as the process of assessing the impact of personal values, beliefs, communication styles, cultural influences and experiences on one's leadership style. By engaging in self-reflection MCH leaders can, among other things, identify personal strengths and informal and organizational context and strive for balance between private, professional lives to optimize wellbeing. Today we want to broaden that competency and have time to pause and reflect on how we as MCH leaders are taking care of ourselves during incredibly challenging times. And I hope we're able to learn from one another about strategies that we can best support ourselves, our trainees, providers, and those in the communities and populations in which we serve.

I've had the opportunity over the past seven months to join many of your grantee meetings and calls. These causes all start the same way. How are you, how are your families, how are you coping, how is your program doing, what changes have you made to training, clinical care and community engagement.

These adaptations, your support for one another, and your continued commitment to the MCH population is truly remarkable. I hope this meeting allows us to share those strategies and reflections across our grant programs and continue to identify ways in which we can support the MCH workforce and be resilient leaders.

I hope coming together as an MCH workforce development network provides you with a spark today if you need it or some new energy and some new ideas and really gives you that sense of togetherness as we come together across a larger MCH workforce development network.

No matter how we connect, there is power across all of our grant programs. So if we can move to the next slide, I'm going to give you just a couple quick communication tips for today. I know you're all very familiar with Zoom. You can do this in your sleep.

But just a few reminders, so please keep yourself on mute when you are not speaking. If you have a lag in your video, you can certainly turn off your camera while you are not speak. If you need to change your Zoom name, there's some clues to how to do that. Sometimes I turn on my Zoom and it's still one of my kid's names. So you can click over your name and change it. To rename yourself.

Feel free to actively use the chat box today. As you'll see, our agenda is very tight. But we want to hear from you through the chat box in both the MCH and staff will be monitoring the chat box throughout. We'll have a couple times where we'll be able to open up the lines to ask questions live.

You can use the raise the hand function located in the participants box next to your name. And the reactions, let us know you're there throughout the meeting. So as you can see on the next slide, we actually have an incredibly full agenda today. We are probably a little ambitious. But as we thought about it, there's so much that we wanted to cover today.

So today we're going to start with a keynote address from Dr. Torey Mack. We'll have time to hear from our grantees, highlighting three grantee best practices, then we'll have time to train you facilitating a more resilient and adaptive workforce, and we'll close with a trainee panel.

Been we move into our keynote speaker we are going to launch a quick poll so we can all see who is here from among our grantees. So as that pops up, I encourage you to let us encourage you to let us know which program you represent. AUCD has provided amazing support for this meeting and I want to thank Jackie and Emma who have been working hard to pull our grantee meeting together. So thank you both so much.

As you can see we have a range of our programs represented. So nice to be able to connect with all of you. So you can continue to do that for a second and we are going to transition into our keynote speak keynote speaker. We are lucky to have Dr. Torey Mack, the deputy joining us today.

She assumed the role of deputy associate administrator for the Bureau of Health workforce in January of 2019. Prior to joining, she serves at the bureau chief of family health at the DC Department of Health. She worked to reduce health risks and promote health equity among DC's most vulnerable populations.

Before joining the family health bureau, she was an neonatologist at Texas Children's Hospital where she worked in the areas of cultural competence, palliative care and specialized acute neonatal care. She is a passionate physician and senior public health leader striving to improve the health and wellbeing for those at greatest risk. So Dr. Mack, thank you so much for joining us today.

We are going to close the pole and turn it over to you.

>> Thank you, Lauren. Good afternoon, everyone. Thank you for that great introduction. I am Torey Mack, the deputy associate administrator for the Bureau of Health workforce where our mission is to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting that workforce to the communities that need them.

As Lauren mentioned I do have an NCH background so I'm very happy to be speaking with you all, I'm particularly grateful that the MCH bureau has invited me here today. There's so much alignment in our work, and I think one key area of alignment when it comes to health workforce is a topic of provider clinician burnout. So as a physician who practiced clinically this is something I'm well aware of, particularly those systemic issues.

So the goal of what I want to be able to talk to you all about today is to really increase the awareness of provider burnout in the clinical setting specifically, including those risk factors but also the preventive measures and to offer some guidance and tools as well as encouragement to all of our grantees to work to build resilience during these difficult times.

So if we can go to the next slide, please. A little about what I want to be able to run through is discussing provider burnout in a clinical setting. I want to talk about strategies to build resilience, reduce burnout and promote engagement and just really recognizing those risk factors. I want to talk about HRSA's efforts to date in terms of wellness program models.

So research studies we are supporting as well. And then I also want to talk Taub health disparities especially in this very trying times.

But particularly as related to our providers. So, next slide, please. Before we get into the meat I really want to talk about COVID-19 and the impact that's having in the workforce. I think it's important for us to acknowledge that.

So while it's too early to have significant studies on the emotional and psychological toll of COVID-19 specifically, we do have data coming out early from other countries as well as data from SARS and MRS outbreaks that show what providers are face. They see uncertainty about the magnitude, how long it's going to happen, what are the ultimate effects.

We know there's new information all the time. They're concerned about being prepared, personally prepared, their organizations being prepared, the public as well. Lack of needed supplies are concerns that providers have whether it be PPPE or equipment, testing.

And then potential threats, worrying about themselves, especially when they are working on the front lines, their loved ones and coworkers also. All these things add stress to the providers. Next slide.

What happens as a result of the stressors is a considerable proportion of healthcare workers report experiencing these acute psychological effects so that's depression, distress, insomnia, anxiety. Particularly prevalent from the studies out of Wuhan is woman nurses and those who are the other frontline healthcare workers are really those directly engaged are really the ones who are suffering the most.

So these effects I want to point out are additive. So they are piling on to have of the workforce that's already facing the impacts of burnout. So I would think of it as acute stress on a chronic problem. Of course if these continue to persist along with this uncertainty and the burdens in the workplace and really has a risk for professional burnout for these provider.

The next slide I want to talk about what specifically burnout is. So there are several different definitions of burnout. I'm going to talk about a few them as I go through here but the one we are December playing is focused on the PHO definition. It's defined as chronic workplace stress that has not been successfully managed.

And it has these three dimensions here. The first would be the feeling of energy depletion or others have termed it emotional exhaustion. The next dimension is increased mental distance from your job or feeling of negativism, also cynicism is how WHO defines it. Depersonalization is another way it's been put especially in the health space.

And then the last one is reduced professional efficacy, that low sense of professional accomplishment in your work. I want to point out here that burnout is an occupational phenomenon. It certainly is going to impact the workforce and their loved ones outside the clinical setting but the roots of burnout lie within that clinical setting.

So when we think about the causes we're thinking about job demand, workload and time pressure as well. When you look at medical students and residents specifically, those in training, burnout has been associated with suboptimal clinical experiences as well or inadequate support while they are train. So on the next slide I want to talk about what the scope of the problem is.

The scope of the problem, it's always good to know what you're dealing with. So even before those potential additive effects of COVID-19, this is the current scope. So on average, about 50 percent of physicians, nurses, medical students, residents and trainees are experiencing symptoms of burnout. And they vary across the highest rates are actually on that student and resident training side.

60 percent of them reporting symptoms. I would like to point out the physicians are experiencing burnout at twice the rate of other American workers. It's certainly not an issue that's unique to healthcare. But while we see it stable across other U.S. job markets it's really increasing in physicians and healthcare providers.

And those on the frontlines, similar to COVID-19 are caring for our sickest, those are the ones at highest risk for burnout so whether they be working in the emergency room or private practice, family medicine, internal medicine specialties are particularly impacted. Next slide.

What's the impact of burnout on the healthcare system? It's great impact. And so physicians who are burnt out are twice as likely to be involved in patient safety incidents. They are twice as likely to deliver suboptimal care to patients, a lot of that can be the low professionalism.

And they're three times more likely to receive low satisfaction from patients and we can use that as proxy for quality in some instances. And also the economic impact can't be ignored. And the economic impact, there's some vast differences in terms of the amount. This is a conservative estimate. I've seen some that are in the 6 billion-dollar range.

It's estimated at $4.6 billion in costs related to turnover and reduced clinical hours. Other reasons for those costs would be absenteeism, reduced productivity, increased errors and more malpractice claims as well.

Next slide, please. So what is the impact of turnover specifically? So what you can see here that's displayed is when you look at some cross sectional studies, job dissatisfaction and intent to leave are independently associated with current practice, including outside of retirement. Similarly, you can see that in nurses as well.

The financial implications are great. This particular figure is specific to registered nurses, but the cost of replacing one registered nurse due to turnover is 1.2 to 1.3 times their salary. So it gets very costly. And of course depending on what the specialty is, the ranges for physicians specifically can range in the 100,000 up to $1 million depending.

So just pointing out the impact on the system and then to the organization as well. Next slide. Okay. So there's good news. So I like to talk about good news.

The good news here is that there are protective elements. So there are these tangible and intangible resources that can counter burnout. So creating meaning in work, for instance, having job control, having social support available, peers, supervisors. These are all items that can be, elements that can be reflected in goals and can certainly show increase in your resilience in terms of burnout.

And these primarily come from the national report. Next slide. I want to spend some time on this slide because I want to talk about some of those specific strategies. These that I've outlined here actually came from the 2017 Mayo clinic proceedings.

And before I start, I want to say that this is a system issue. And so when we think about burnout and counteracting it, we can't rest solely on the providers themselves or the people.

We definitely have to look at the system as a whole and ways in which it can be tackled in that way. Of course an individual's personality, characteristics and outlook can certainly have the -- be a factor in burnout, but counteracting cannot rest solely in the hands of these providers.

So this slide is focused on what an organization can do to reduce burnout and promote engagement. So first, acknowledging and assessing the problem. So having that candid dialogue. And everyone knows that an organization is going to measure what they think is critical to success, what they think is critical to achieving their mission. So that assessment and acknowledgment is very important.

The next piece is harnessing the power of leadership. So that's really selecting the right leaders. So once you select them also making sure that you have those resources to develop and prepare them to be leaders as well and to assess their performance also.

Next, develop and implementing targeted work unit interventions. This goes back to that assessment piece. The issues that lead to burnout might be generalizable overall and I talked about some of those generalizable reasons but how they manifest and the factors that lead to them can vary widely so the solutions can be tailored as well to those specific factors.

And next, cultivating a community at work. So nurturing peer support for instance and formal and informal ways that bring staff together to talk, to build relationships and share ideas is very important.

Next, using rewards and incentives wisely. So certainly being aware and conscious and intentional about what you use for rewards and what you are rewarding is key. Aligning values and strengthening culture. So, yes, that shared values and that goes back to one of those a couple slides back when I talked about the counter-elements it's really getting meaning in your work.

So having the shared values and ideas is really important in terms of alignment. And I think also just articulating how you are all moving towards that common goal is important to engagement.

Next, promoting flexibility in work life integration. So being open to encourage your staff to think about what could be right for them. And I think a lot of times in leadership roles, I think you may think if something in particular might work, and you can actually engage people and see this is the needs, how can we achieve that together, what flexibilities would work.

Providing resources to provide resilience and self-care. Again, these resources are going to be best received when they're part of an overall effort to address those systemic and those environmental issues that lead to burnout.

You don't want to risk just sending the message that the individual is a problem by only focusing on those individuals issues.

And next, facilitating and funding organizational science. This speaks of course developing new metrics and establishing blink marks and being part of that data but it also speaks to that engagement piece as well.

Next slide. So I want to talk about HRSA's efforts today. So this slide is featuring a recommendation from the Advisory Committee on interdisciplinary linkages so this is one out of five advisory councils specific to workforce within HRSA.

What they stated in their recommendation from to 19 is HRSA should develop evidence-based practice models that prevent burnout and foster wellbeing, resilience and retention. So we have been working to do just that. Next slide.

Thank you. In large part, when we look, when we think about our work we are thinking about it in buckets in terms of education, training and service as well. And we are looking at ways we can support provider wellness in all of those phases.

So these are just a few of the ways we have incorporated strategies into our programs. They can range from the self-care efforts like I talked about when they are part of an entire system of supports, enhancing support through strong hardship relationships whether it be peers or colleagues or mentors and it's important to do that assessment.

So they are very data driven and having the pre- and post program assessments really help us gauge the results of our efforts as well. Next slide, please. Again, I want to stress that data certainly underpinning our work that we do.

So I want to highlight one example in which we have, we're not only implementing but we're also measuring. And so this example is our advanced nursing education program, and sexual assault nurse examiners.

This program was created in 2018. The design of this program and the purpose is really so, it's access, supply and it's also quality. So getting more sexual assault nurse examiners in the fields, what they primarily do is they address the physical and the mental healthcare needs of assault survivors.

They also collect evidence and that evidence can ultimately lead to higher prosecution rates in sexual assault cases. As you can all imagine, this can be a very emotionally traumatic and stressful job, which can certainly lead to burnout. One example from a state we have, they trained 540 nurse examiners in a two-year period.

And at the end of the two-year period they only had 42 who were still practicing. So high degree of turnover, high risk for burnout. So because of this, what we did is we required the awardees to include wellness in the programs. Specifically they were asked to provide support and resources to enhance practice and increase retention.

Many of the awardees responded to this requirement in different ways but all of them have components of provider wellness. Next slide.

What we want to know is, yes, we love that you have it incorporated but we want to know if these models are helping because we want to know if we can replicate them. So what we do is we use our annual performance reports to collect that data to help us answer the question whether or not the models are working.

And specifically our annual performance roars are looking at the number and types of support that's being provided including the number of participation in each activity.

We want to look at the comparison of baseline and then also post didactic in terms of the burnout assessment scores. And we are also doing a one-year follow-up to determine the rate of retention.

As we learn more about our retention in our sexual assault nurse examiners program we'll share that information with other awardees and hopefully we can disseminate best practices in the field. Next slide.

One other example is our primary care training and enhancement program. This program specifically supports enhanced training in future primary care clinicians, educators as well as researchers and promotes primary care practice.

So this program also takes a systematic approach to improving trainee and provider wellness. We have some different examples listed here including instructional material and self-management from the University of South Alabama. Northeast Ohio medical University is implementing time to develop those implements, about ten hours.

And we have Emory University, who has put forth internal wellness retreats at the end of the first year of training where they have time to examine those issues related to burnout. Next slide, please.

I also want to highlight another way that HRSA is taking steps to help and add to the field. And this comes from our health center workforce. Our bureau of primary healthcare which has over 1400 health centers and 13,000 service delivery sites across the country, they recently tried to study that question.

We are in phase 2 currently. But we hope to be able to get that information out in terms of looking at staff surveys on health center provider burnout and wellbeing and engagement. Next slide, please. Additionally, we also on the Bureau of Health workforce fund several research centers through cooperative agreements.

This is with health workforce centers across country. On this slide and the next one, you can see some of the research that they're undertaking including the impact of COVID-19. And University of Washington, they are looking specifically at resilience burnout.

They are looking specifically at resilience and burnout in terms of -- I have a message here. The health profession programs. Next slide.

So really quickly, as I'm approaching my time, I do want to highlight health disparities. I think often when we talk about health disparities, that's in relation to patients or citizens, populations of people. But I want to take some time to discuss disparities related to providers and those in health career training.

What we can see here, this is from one of our grantees and this is from Charles Drew medical College. What they found in 2018, doing a study, they want to see how minority positions view the role of race and ethnicity in their training experiences.

So here are some of their finding. They found residents and Andy thing physicians of color were more likely to experience burnout and express discrimination in the workplace. They found minority physicians were more likely to resign from their jobs. That minority residents also described being mistaken for nonmedical staff, something that has happened to me, certainly.

Despite wearing white coat, displaying their badges and introducing themselves as physicians. And also that providers of color cite an ongoing harassment and systemic issues as factors for changing professions, and leaving rural and underserved communities which is so important because this is a particular population that actually has a high rate of serving rural and underserved populations.

Next slide. I won't belabor this. I know we are all aware about the role of cultural competency in terms of healthcare communication. Certainly a diverse workforce can improve cultural competency. Next slide.

What I want to show here is what I was mentioning a couple slides back is when we look at med school and who plans to serve underserved communities, 61 percent of African Americans and going down the list, 49, 42, 37, and 27 percent for Asian.

The point is to say it's important when we look at burnout to also think about who we're targeting when we do those assessments to making sure the strategies can account for this as well.

Next slide, please. So this I want to leave this as a resource for you all. About a year ago HRSA issued a special edition of the primary healthcare digest focused on issues of workforce engagement and wellbeing. It's certainly rich with resources if you have time. If you want to launch a wellness program or you have one that you just want to retool, these are some really good resources that can be used.

Next slide. And so this is just a closing slide. And I mentioned the Mayo clinic proceedings in 2017. And that was led by Dr. Tate in Stanford so I wanted to leave us with a quote. Any healthcare 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. So I would add even more so now there are high stakes for inaction but those targeted interventions can help in almost every setting and every program. And that's an issue I think we all need to raise, especially as we talk about being able to recruit and train staff and trainees in the areas that need them the most and build a healthier population. So thank you all.

>> Thank you so much for helping set the stage for us for this meeting. So many of our participants are clinicians, our training clinicians are working directly with them as part of interdisciplinary teams. So I really appreciate your guiding framework and specific examples.

So we have some time for our questions and discussion. You can type questions directly into the chat or you can raise your hand and we can call on you so you can open up your line. So I encourage you to jump in. I know many of our grantees on calls have been sharing strategies with one another and now is a good time to touch on some of those that are helping to support clinicians to prevent burnout and resilience.

So I see a lot of thank yous coming in. Wonderful presentation.

>> Thank you.

>> No questions, but thank you. We'll give everyone a couple minutes to think more about processing and connecting within their own programs as well. I see a question for you. Can you say more about the resilience factors you mentioned earlier? Are there examples of effect I have strategies to help build and promote these?

>> Yes. So there are quite a few strategies. And I think the key thing I want to point out is that there's going to be a huge laundry list of things that you can do. I think if I were to say two things, one of them is to make sure that you think about it outside of the individual.

I know when I was in clinical practice, one thing they would do is talk about giving physicians vouchers for massage. So sort of those individual-type strategies, but not necessarily sort of looking at it from a systems perspective in terms of how the organization can be supported.

One thing I would say. The other thing I would say is it really needs to be targeted. Because there's such a long list of things you can do, I think being able to assess the team, whether it be be the trainees or clinicians is key to be able to identify what's going to be most impactful.

But there are tools to help with that. So there's burnout assessments that you can use. There's one I was just mentioning, our bureau of primary healthcare is implementing. I think when you have those assessments you can then link those specific strategies based on those. That's -- this next point here, I see burnout affects family advocates as well. Absolutely.

I think one area that we are really looking at in the Bureau of Health workforce is our community health workers, including family advocates. I think that's an important piece as well to work in conjunction with the healthcare team.

And of course they do -- are going to experience high rates of burnout as well. I think especially when you think about the MCH population. So this is an area that doesn't have as much specific research on what has been specifically helpful for family advocates, let's say.

But I think there is a lot of information that can certainly be cross referenced in terms to what's happen helping. But I think knowing exactly what that problem is assists with that.

And if it is, so using the -- just use the sexual assault nurse as an example. If it is a particular stress for them it's really that support and connection and peer support. Right?

Not necessarily the hours that you would see in terms of the flexibility that's required and others may see for burnout. So that key is really assessing, identifying what the problem is before you try to fix it.

>> Thank you. A recommendation for a book in the chat. The beauty in breaking. So if anyone wants to read more. Other questions for Dr. Mack? Feel free to use the chat to share strategies you may be trying within your programs, both to support clinicians or to support self advocates and family members that are working with you.

>> I have to say hello to Baylor College of Medicine. I see you there. I remember you all. Great to see you guys here.

>> A couple programs at Baylor. Very good company. Any last questions for Dr. Mack? We are recording the meeting. So you can share her presentation with others with whom you work or go back and see some of the frameworks and resources too. Okay. Well, thank you so much for taking the time to join us and sharing your experience and perspective with us. We're really grateful for your time and ongoing connection to support the MCH workforce. So thanks so much.

>> Always happy to do it. Thank you all. Have a good afternoon.

>> We are going to transition now to the second session, which is grantee highlights, and gives us the opportunity to hear directly from three of our division of MCH workforce development grantees. First we'll hear from Dr. Sheila Marcus, who will share strategies from MC3 which is Michigan's pediatric mental healthcare access program

Dr. Mar success is a clinical professor at the University of Michigan. The section chief for child and adolescent psychiatry, codirector of the infant and early childhood clinic and director of the MC3 program. Her areas of interest include intergenerational transmission of illness, maternal child attachment and early risk factors for psychiatric illness including presentation of autism in toddlers-she became a grandmother a day earlier than expected.

So can't join us in person today but was incredibly generous and recorded her presentation for us yesterday. Her colleague Ann Kremer is here representing the program and can answer any questions for you live. I'm going to introduce all three of our speakers, and then we'll watch Dr. Marcus' presentation. But certainly an event that all of us in MCH love to hear about.

Next we'll hear from Catrina Waters, the assistant professor at Alabama State University MCH pipeline program. She'll discuss experiences supporting undergraduate public health students. A little bit about Dr. Waters, she just celebrated her 20 year wedding anniversary. So congratulations on that.

And for over 22 years she's been impacting students' lives at Alabama State University. She's interested in working with women, children and families as an undergraduate she trained in accounting, then received a master's in organizational leadership and management, and then became the master of divinity and a community public health certificate recipient.

So really connected to all of the work that we do. She desires not only to see students soar academically but see they become more self-aware and realize their professional dreams one step at a time.

Lastly, in this session we'll hear from Whitney Terrill, a community fellow from the Minnesota program. She spores Minnesotans living with disabilities to access home and community-based services through her role at the Department of Human Services, disability services division fiscal policy team.

Whitney is deeply interested in and outcomes-based payment design and works on a legislatively mandated project to explore options for how Minnesota might pay for disability services in the future. She intends to use her experience for self-advocacy and social inclusion for people with disabilities in the U.S. and African countries and deepen her understanding of disability policy studies.

We will hear from all of the presenters and then we'll be able to take questions through the chat box. So feel free to enter them throughout. We will continue to monitor the chat box. And if there's time left tautened of the session we'll be able to answer some questions directly. So we are going to turn now to the recorded presentation from Dr. Marcus.

>> Good afternoon. It's just a pleasure to be with all of you this afternoon. And I'm really pleased to tell you about a concept that we found to be really useful during this period that we were doing consultations during COVID and during this time of just intense emotions around racism.

So we developed a concept that is in fact borrowed heavily from the field of trauma and from the field of psychological first-aid called reflective contemplation.

And these provider days were a one-hour period in which we did reflective consultation, conducted virtually with groups of providers. You can do these across disciplines or within disciplines, you can certainly include leadership in a clinic if you choose.

But it's really just an opportunity for primary care docks to reflect on their own experiences within the last six months so they in turn can check in with their patients. What we are doing is providing a holding environment for our primary care colleagues so they in turn can provide a holding environment for caregivers so that caregivers can support their children.

And that sort of, it's that concept of it takes a village. So that essentially is where this comes from. If you think about this, this is the stress continuum. It's very commonly used in the field of psychological first-aid.

So if you look at this, ready. That's a pretty high bar. That's how people are when they're at their best, they're functioning optimally, they are trained, well prepared, spiritually and mentally fit. Most of us are not there. Most of us and for the last several months have been at least reactive. Somewhat distressed. Feeling a little irritable, a little anxious, perhaps not sleeping as well as usual and certainly at the beginning of all of this, many of us fell into the orange zone.

Periodically having issues where sleep, so the idea is to keep as many of us as possible in yellow and moving back toward the green zone. So really the common themes within our provider cafes are this idea that you want to surface and validate feelings of the providers, and you want to normalize the experience. Frankly, the stress continuum that I showed you is the normative experience for human being during a time of stress.

If you think about COVID-19, it is a perfect storm, if you will, for the sympathetic nervous system. It is novel. It bathes us with this environment of uncertainty. It causes all of us to feel a sense of lack of control. And of course lack of social support. So in all these things are really problematic. So what we do in a provider cafe in addition to checking in is to help people counteract all four of these things.

So, novelty. How do you manage novelty? One of the things that we always encourage is for all of us to seek out accurate information on infection, lately on community prevalence, options around school, from reputable sources and to right-size media exposure. You want to make sure that it gets both accurate but also at a time and time of day that allows you time to sort of both reflect and calm down, certainly before sleep.

So many people we advise just to watch a short newscast or read headlines in the morning and not reexpose yourself multiple times during the day. Uncertainty. We know that for all of us, uncertainty leads to anxious rumination, that is a cortisol-driven event. We often talk about the fact with anxious rumination the first person in the room whose affect you need to regulate is your own.

So there are several ways to sort of counteract rumination and uncertainty. And all of them involve essentially turning on the parasympathetic nervous system. There are several ways to do this. We've been talking to providers a great deal about various mindfulness apps.

My personal favorite is the 10 percent happier app, which has a live portion. It has all sorts of meditation opportunities to learn different meditative techniques. They talk a lot in meditation about the concept of don't get on the bus, meaning all of us have thoughts that are distracting and concerning that come to us during the day.

And if you can simply ground yourself in the here and now, you cannot allow yourself to, quote, unquote, get on the bus and go off spinning into a rumative mood. It takes you to a place you don't want to be.

The 5, 4, 3, 2, 1 is an excellent technique to look around you and see five things, to hear four things, to touch three things, to smell two things, to taste one thing.

It's another great way to ground yourself. Box breathing is another one. Breathing in for four counts, holding for four counts, out for four counts, holding for four counts. We also talk about yoga and exercise. The magic dose of exercise being 40 minutes four times a week.

We talk a great deal in the cafes about this concept of agency and the fact that controlling our behaviors is much easier than controlling our thoughts. And to focus on things of course that you can control. Nowadays what are your options for school and hand washing and masking and distancing.

And we tell providers to focus on what's right for you and for your family. Because there is no one answer. We talk a good deal about how to maintain social support during this period of the pandemic. For kids who are returning to school, how to connect with school friends both virtually and in small groups.

How to help children who are anxious, rehearse re-entry, for parents of children who are needing special education services, how to connect virtually around 504 plans and how to engage with neighborhood groups to the extent that's possible. Caribu and Together are fabulous apps that enable grandchildren and grandparents to connect when they can't be together. Physically.

So that's something else we frequently cover. We always share in this provider cafes what I would called a vice from the world of trauma. And those include things like be kind to yourself. Don't ever let the perfect be the enemy of good enough. The idea of juggling balls. And juggling balls is a thing where we all have rubber balls, we all have Crystal balls, those are things we simply can't drop.

But during periods where you are managing a lot of things, this idea there are certain things we have to let drop. Laundry, perfect meals, vegetables, having your kids never be on screen time. Those have to be rubber balls that have to be dropped. Gratitude. We talk to people about making a nightly dinner time ritual of gratitude. What happened today that I'm thankful for.

We talk about this idea that small things really do matter. Sometimes in both this world, the political world, a world in which ideas around racism and disparity are overwhelming for us, to do very small things. Altruism, thank you notes, making financial and practical contributions to causes that are important to you.

They help children in important lessons and they are a mechanism for hand-on learning. For children, we talk about this idea of asking questions. And whether it's adults or kids, opening the door, questioning what does a child know. What is he or she thinking about? Many kids are delighted to be back in school. Some are frightened. We ask providers to help parents to use simple language.

Things like hey, buddy, we've heard a lot of talk about viruses and that we're going back to school. I wonder what you've been hearing about. And I know some kids in the neighborhood are home and some are going to school. What do you think about that? We talk about ideas of displacement. Do any of your friends have parents who work in the hospital? What's that like for them? What are you hearing about?

And then listening. What do kids know? Do they have this understanding? Are they blaming themselves? Children are extraordinarily narcissistic, and often blame themselves for things that they don't understand well.

If you don't know how to respond to a child or frankly to a parent or provider, buy some time. I'm glad you told me about that. It's important. Let me think about that and I'll come back and talk to you more later. Is that okay. And then have a conversation.

We also talk about acknowledging feelings, including mixed feelings that might be good and bad. I can understand that you're feeling proud but also scared. It makes sense to me that you sometimes feel this way and also that way. Empathize, normalize, I think a lot of kids feel this way. Sometimes I feel scared and mad too. And to identify coping strategies.

At the end of the day, all of us, parents, providers, kids, we're all in the same boat and the important strategies apply to all of us. Checking in with yourself, surfacing feelings, normalizing, contextualizing and using strategies.

So our last thoughts are how you are as a provider, as a consultant, as a parent is as important as what you do. Hold the providers, who hold the parents who hold their child and treat yourself with kindness. We talk about the fact that when the going gets tough the first person in the room whose affect you should regulate is your own. And be with your families. Be curious, validate their feelings.

Speak the unspeakable and don't let the perfect be the enemy of the good enough. So thanks very much for your time this afternoon. If you have any questions, feel free to contact me. Thank you.

>> Great. So as a reminder, we'll take your comments or questions in the chat as we move along. And then hopefully have a little bit of time at the end to address them. But I really hope you connected with that presentation and the many strategies. I found her to be so soothing. It was great to hear the range of things.

We're going to shift now to Catrina Waters and shift our focus a little bit and talk more about support for students. So Catrina I'll turn it over to you.

>> Thank you so much. And to all of you, good afternoon. Thank you all for the opportunity to come and bring as you all have brought such an important conversation to this platform today, building a resilient MCH workforce. And thank you for the consideration.

I bring you greetings on behalf of the project director, Dr. Porti, our esteemed president, Dr. Quinton T Ross. The maternal and child health pipeline training program at Alally State entered its 15th year of helping our trainees realize their professional dreams one step at a time in an effort to increase a more diverse workforce.

Today I want to just share with you the importance of self-reflection and resilience, how we have implemented this focus at ASU, and the impact we utilize in one's personal and professional development. I know you all probably already know this, but for the sake of our discussion today, resilience is defined in the dictionary as a noun, the ability to recover or adjust from misfortune or change.

Resilience as thought by the American psychological association says resilience is a personal journey. Unique to each person. Primarily in our program we work with undergraduate students, many of them are first-time, first-generational college students.

They come from various socioeconomic statuses. And as like many of your trainees they come with different mindset, values, beliefs, morals, as they enter our program. I start these words with a quote from William Shakespeare's hamlet, to thine own self be true.

I want you to remember these five words, the power of one sentence as we share together during this session. We have coined an acronym called LIFE, L.I.F.E., which is the premise for which we have provided a safe space for our trainees to grow and oftentimes find themselves. These letters stand for L, lift, I, impact, F, fight, E, empower.

For over 14 years we have made self-awareness and self-reflection a common thread throughout our program. No matter if we are discussing emerging health issues in MCH or working through professional socialization, there's an opportunity for our trainees to reflect.

It is the desired aim and has been accomplished that our trainees will leave our program, leave our institution with a better yet evolving sense of self. As you know, the MCH competencies includes within its framework the sphere of influence from self to others to the wider community.

It's a graphic and I'm sure you've seen it, the center has a white center and with the word self then outer area is blue with others and another outer area circle says the wider community.

This is a strange toward the leadership process as viewed by these competencies.

Most often our trainees, whether it's an ASU student or maybe in one of our programs, we have trainee students who come to the table thinking in the reverse order.

The care of the wider community becomes their primary focus, and we say why is that? It's because it's due to their desire to want to be a helping professional, the best helping professional they can be. Ultimately caring for people.

Don't get me wrong, and I make no mistake, worrying and concerning, being concerned about the wider community is very important. However, until we help our trainees to see themselves and where they are in light of who they are or desire to become their aspirations that through introspection, the view is often distorted.

There's a saying that hurt people hurt people, and when you are better able to deal with overcome or pinpoint issues or challenges that relate to self, you'll be better equipped to help your patient, your client, your trainees or others to be their best selves.

I share with you, and not only to be better equipped but be empowered to bounce back. I share with you this story about one of our trainees who embraced the power of reflection and the power of resilience.

This young man had the hopes of one day working with adolescents. And I introduced him to our summer program and encouraged him to apply, and he applied for it. And upon entering the program he was not sure of himself, of his future, aspirations, he knew what he wanted to become, but because for so many years he had been hearing such negativity like you can't be, you won't be, from being homeless in his car for a point in his life.

To society already pinpointed and forms an opinion of who he was and what his outcome was going to be. I looked at that young man, eye to eye, and I said these words to him: You have the power to change the narrative. The power of one sentence, as I said before, there's power in just one sentence, change the course of this young man's life.

From that moment, his participation in our program, I saw a fire ignited in him that yes, he still had his issues to deal with, yes, he still had those issues to overcome in his past, but he had identified them and decided to work on them but not to allow them to define who he was.

This young man is well on his way to becoming a pediatric physical therapist. This is one story of many that we have been able to witness along the way at in our program at ASU that students have the power through self-reflection, the power of resilience to change the course of their lives.

By nature, children are resilient. But as we get closer, the resilience takes, as we get older, rather, the resilience takes on a different meaning and perspective, oftentimes a little difficult to overcome. For all of us listening today, even to myself, let us continue to help our trainees and one another to be our best selves.

And to be true to ourselves, thus enabling us to lift others, impact lives, fight for what's right, with our voices, with our work, with our vote, and empowering as we navigate uncharted territories for the betterment of the wider community, ultimately creating a more resilient prepared MCH workforce, to lead us in the present and in the future.

Some of the tools that we have been using at ASU to help our students, through this self-reflection, through this self reflection and resilience, to remind them it's a journey and not a marathon, that it's a process and not being so hard on themselves. That they have self-worth and there's flexibility.

We have our students to do journaling every single day, answering questions like if you were a book, what would be the title and why. If you looked into the mirror, what would the mirror say. These are ways to help them to self-reflect on who they are. Not only that, we do one on one sessions. Give them a safe space to reflect.

We participate in the life course model that helps them to see some of the places they've been or the clients and patients they may deal with in the future. Tapping into their inner selves, finding a higher power to pull on, during this pandemic, during our summer program we brought in a counselor to help share with our trainees how to help them through the process and how not being afraid to start again and to know their story.

We don't know what tomorrow will bring. But working together through systematic racism, through COVID-19, this pandemic, through injustices that we're dealing with in the world, to mental illnesses, the stresses of life, the overwhelmingness of life, we don't know what tomorrow will bring but working together today will help us all.

And I leave you these closing words from Maya Angelou, she said I can be changed by what happens to me, but I refuse to be reduced by it. What does that say? That in these challenging times we can bounce back and start all over again. Thank you so much by the opportunity.

>> Thank you so much, Catrina. Your students are so lucky to have you guiding them. So glad you could share some time with us today. We appreciate that. So we're going to shift to Whitney now. Who will talk to us from a community-based and disability perspective. So hopefully you've been connecting both to provider strategies, strategies to connect with your students and now hear from a trainee but someone who's working within the community

Whitney was a late breaker to our panel here. So appreciate Whitney so much for fitting in the time to speak with all of us today. Whitney, we'll turn it over to you.

>> Hi, everyone. Good afternoon. Very excited to be here with you. And so appreciate the opportunity. At Minnesota Lend, I think we're living in really interesting times, and especially being here in Minnesota with the murder of George Floyd happening just miles from where I live and also reflecting on kind of layers of trauma and challenges that we have in addition to thinking about COVID-19, of course.

It's been a challenging year. One of the things that's really pushed me of course is that I want to be a leader who I'm still remembering my commitment and my interest in really serving children with ASD and other neurodevelopmental related disabilities.

Of course many of us are familiar with LEND. But what I really wanted to focus on today is thinking about a book that's been really important to me this year as I've really tried to both think about self-care in this moment but also how I can continue to be effective and resilient and support also to my peers.

So act like a leader, think like a leader is a book by Ibarra and she walks us through important questions through her book that talk about some of the things you see on the screen. What opportunities will help us become more strategic leaders, what are the ways we can extend ourselves, extend our areas of expertise strategically.

What are the best ways for us to learn as adults. And 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? And so in this moment, I think we're looking for non-traditional answers. We're not looking for people just to plow ahead.

We're actually as all the other speakers have mentioned, we're looking for people who are deeply committed to both doing the heart work and also hopefully looking for innovative strategies in this moment. So as someone who works in public service, we've seen incredible innovation in the ways that policy is almost like the rules are being broken to make sure that we're actually meeting people's direct needs.

So it's been a pretty incredible process both from a disability fiscal policy perspective and I'm also on a partial reassignment to Minnesota's Department of Health, so I'm also seeing the COVID work in ways that we're really empowering communities to think specifically how do we respond to people with disabilities, how do we respond to the LGBTQ community, how do we respond to Latinx, how do we respond to African-American community, African heritage.

Really using an equity lens to make sure we are not only taking care of other people but also taking time within our agency to think about ourselves. We just had a training for example in our branch to remind ourselves as workers in the COVID world that there's a lot that we're taking in and that we need to process.

So I just want to mention that this has been an important book for me. But the leadership that we're looking for is not just the traditional answer. Next slide.

Other questions that kind of emerged for me out of this book is thinking about how much interaction do we have with new roles or activities, and maybe at this time we're saying we don't have that capacity. And then also looking at how are we working to change and better work the way we work.

So better the way we work. So for of us, that's meant working from home but for others of us it means we're more comfortable seeing people's pets, people children around us and really being comfortable sharing more of our lives. I think there's been an incredible shift in the work in general, I felt like I was able to connect with my colleagues at the university and at the state and those we partner with in the community.

But I have just so enjoyed this extra layer of connection that's unfortunately emerged through this terrible pandemic. And then of course we're asking with whom are we doing that work.

And for me, I think it's been really wonderful to see state agencies and the University of Minnesota and others really leveraging all those years of building relationships with community members to be more effective during this time and also to just take permission to share that all of us are going through something very common as a society.

And we don't have to do things as usual. And the other questions are how can we branch out from our current responsibilities without being overwhelmed. So one of the things I've been thinking about is how do I emerge out of this pandemic well in a good place but also without feeling like I'm overwhelmed with like my family responsibilities, professional responsibilities,.

So one of the most important questions for me as a person actually is how can I be more playful with our work. So, next slide.

So for me Lend has been a great support system for me to think about how do I push through that. Next slide. Next slide. I've continued to really work with my mentors and our relationships have gotten even closer.

Making sure that we're still continuing our research through but I'm also thinking about how, what are the other skills or information that I need to really be present and connected in this moment with them. Next slide. So part of what's helped me is to really just try to break things down. What is the steps that I'm planning to take in my work. What is the first part maybe that they've already started.

What is the core thing I'm focusing on in this specific time period because that's a big issue right now during COVID. We don't know when it's going to end. Some people say two years, some say next year. But thinking about what is my focus in this moment. Next slide.

So for me it's been really important to also think about my LEND experience and work with things that are aligned with my job. I really love that opportunity. So I mentioned, in my bio, it means I really care about value-based payment and ways Minnesota spends its work. So a way for me to be present and address this mission is try to align my work as much as I can and also to really think about how can I continue to connect with my peers.

In a way that's personal and helps us continue to meet the responsibilities we have both to community and the public health world or human services world. Next slide.

So I also like that there are times when I've been able to be a community resource. This opioid work was something that really stood out to me as important before the pandemic. So I tried to stay in touch with especially some of our first nations here in Minnesota to see how is that work going or staying in touch with community members in African-American communities, both communities who have been disproportionately impacted by health disparities related.

To the opioid epidemic. So making sure if there was something before the pandemic that I'm keeping that going and reminding the community partners I'm still interested and want to follow up with them.

So I've tried to focus on making sure that I'm thinking really, really at an intersectional lens when looking at policy, obviously because the key focus on racial equity during this time I'm trying to make sure I deepen my understanding that I'm very clear about what is the public narrative that I want to put forward, what's really happening, how does that relate to me as a person and how do I connect that to a deeper message that I want anyone who I'm sharing information with.

Especially if they are legislators, how that's going to be important to Minnesota. Next slide. So I've really benefited from being connected to the AUCD emerging leader community, connecting with other trainees, understanding their priorities, especially in the midst of the pandemic and then before a little bit. Next slide.

But what has really been important to me is thinking about ways that AUCD is also helping us navigate through some of these competing narratives especially important narratives where disability actually may not be as highlighted as much but we have the opportunity through the multicultural committee or other committees within AUCD and other communities to make sure that we're thinking through an intersectional lens.

And collaborating with each other to address health disparities. More important, even just this morning I was having a conversation with someone based in Nigeria. We are trying to keep the work going, remembering there's an opportunity to collaborate on COVID outreach and education and prevention strategies but in public health strategies but to just keep pushing forward, the work that we're doing and the collaboration as much as possible while.

Still building in time to check in with each other. It was wonderful to check in with my colleague. We laughed and talked about colleagues and got to work. It's not just work work work. Next slide.

So obviously cultural competence is one of the most important things to never divorce like the person centered and family centered approaches that we have from actually being culturally and linguistically relevant to families. In the work that I'm contributing to at MDH we are having that approach, even having contractors, contract managers who are community-specific people who understand those nuances and the communities.

Community organizations who are often working with specific populations or linguistic communities. So I think it's really important we are taking care of each other, that we are also making sure we're continuing our education around anti-racism, especially during this time so we are prepared for these communities where we have weighty conversations.

And we are dealing with this right now and at the Department of Human Services, trying to implement anti-racism education and training for all of our staff but really finding that there's this deep layers and events that keep popping up unfortunately whether it's a murder or shooting or other kind of public narratives that are really making it challenging for us to move forward as a society around race.

And further we still have this layer of course with anti-ableism that we need to move forward and make it specific as well and intersectional as I've said. And I also really appreciate the opportunity to continue that with my peers. It's been a aware for us to check in with each other through book leads, we are reading evicted and other books on racism.

I could go on and on. But it's amazing even through a book club how we are able to connect with each other and continue this interdisciplinary conversation which is why I listed my colleague's names who I'm so grateful for.

I want to highlight that Lend has been an important part of connecting my head to my heart, making sure I have the deepest empathy and knowledge possible to be an effective leader. I'm so grateful for my mentor Rebecca Brown. She gave me the efficacy in the work.

I didn't study disability. I studied sociology at Hampton University. And so it LENND has been an incredible connector for me to find deeper connection in my work and all these relationships I've tried to highlight to make sure I thank people who are part of my community at Minnesota LEND. Next slide.

So finally of course I want to thank the center leadership, ICI director Amy Hewitt and other outstanding faculty at the University of Minnesota and my peers especially from last year's cohort and just invite you all to please connect with me. I'm happy to talk to you.

And I hope we can be resilient and lead through this together. Thank you so much.

>> Thank you, Whitney. The future is bright with you in it. So happy that you're connected to LEND and so nice to hear from your experience at multiple levels. There is one question for you in the chat that maybe you'll be able to respond to

We are going to shift to the next session but I wanted to remind everyone that the chat is open and you can continue to put in any comments or questions from any of the presenters throughout the meeting. But we are going to keep moving. And it's time to engage you all in some training. You do so much training of others.

But now it's time for you to gain some skills as well today. I always say we have the best grantees, don't tell my other MCH colleagues that but clearly our division grantees rock. So you all provided us with wonderful examples of the work that you're doing, and we're going to continue hear from another grantee now. The national MCH workforce development center who will lead us in a mini training on facilitating a more re.

Resilient and adaptive workforce during times of crisis. I'm happy that we've invited Rebecca green leaf and Christina Welter to lead us in this training. I'll briefly introduce them. Rebecca currently serves as the training coordinator and pipeline team lead for the national MCH workforce development center. In this role she collaborating with faculty and staff to develop curricula, craft online learning platforms.

Create training and technical assistance resources to support MCH professionals nationwide. Rebecca's been serving in various public health roles for over 20 years including working for the association of maternal and child health programs, Title V program, the California institute for developmental disabilities and the national training institute for childcare health consultants.

She is joined by Dr. Welter a clinical assistance professor of health policy and administration, director of the doctorate and public health leadership program and the associate director of the policy practice and prevention research center, the University of Illinois, Chicago school of public health.

She has over 20 years experience helping organizations and their partners to create impactful and sustainable change and she proudly served as one of the deputy incident commanders for the Department of Health, COVID-19 response in spring 2020 helping the state to expand its strategic management and policy response to the virus.

We'll also be able to take questions throughout the chat for this session as well. I think everyone knows the MCH development center is doing wonderful training and support for Title V agencies so we are delighted to be able to tap into your expertise to provide training for us too. Rebecca and Christina, I'll turn it over to you.

>> Great. Thank you. Are you able to hear me okay?

>> Yes.

>> Okay. Great. Could we have the next slide, please? Here a photo of our preCOVID selves. We probably had fewer gray hairs and fewer wrinkles back at that point. But there we are. Next slide, please. Just as a very quick reminder, the MCH workforce development center is based out of the University of North Carolina at Chapel Hill.

When we started in 2013 and our purpose is to support state and territorial Title V programs in three main areas. So we provide training, technical assistance, consultation and coaching around change management, systems integration and then evidence-based decision making and applied implementation.

And we see family engagement and health equity as really foundational to all of our work that we do with our Title V partners and friends. Next slide, please. So this is what we hope to achieve together in our time today.

We have about 30 minutes set aside for this. We are going to consider the challenges that many of us have experienced this year and reflect on what this has meant in terms of change. We'll explore why leading during times of change is particularly challenging and difficult and we'll look at the role of resiliency in expanding adaptive capacity across organizations.

And we're going to point you toward a mini course on resiliency and adaptive leadership that was developed by our workforce development center that you can rest solely Vuitton your own.

We'll highlight tools that are part of the mini course that might be helpful to you during this challenging time. Next slide, please. So we thought it important to pause right at the beginning of our time together just to really recognize the tremendous work that's being done by everyone that is on the call listening to the presentations and just even seeing the participant list and understanding the types of programs that folks are calling in from.

And imagining the types of challenges to which you must have adapted over these past six or seven months, is really impressive that you're still showing up for each other, showing up for yourselves, showing up for your colleagues and families, and we just want to acknowledge that we are moving past the marathon part of this crisis.

I think it's safe to say we're in the ultra marathon which is the 50 and hundred-mile races that folks do. Our surge capacity may be dimming a little bit. So it's extra important to lean into our resiliency and to show appreciation for ourselves and others as we're doing our work. Next slide, please.

So I welcome ideas or comments that you would like to chat in the chat box about challenges you and others in your MCH system, your program, your universe, your organization, you might have experienced this year.

As others have said, we have several different challenges going on at the same time this year. We have the COVID-19 we're experiencing and acknowledging growing awareness of equity as a public health emergency. Many of us have transitioned to online work, online living, online learning.

And we have heard from our MCH partners that they are being called to respond in different ways. So some have been called into respond at leadership levels, others are being pulled into jobs like contract tracing. Others are developing new guidance for families and moms and making decisions about reopening clinics and what that will look like with the new restrictions in place.

We've heard from many of our MCH partners that they're having to find new and creative ways, both to reach out to the families that they serve but also to engage with the family leaders for whom they rely on input and their expertise about how the system is working for them.

And we feel good that our public health partners are well-positioned to do this work. We know that you guys as public health folks are systems thinkers, you know how to connect resources. You know how to build on current and new partnerships and relationships.

We know you know how to see the farthest end to the trees. We know how to work with people and families at all walks of life and all phases of life. And we really welcome and appreciate input from a wide range of diversity.

So we feel powerfully that our maternal and health partners, our public health partners are well-positioned to do the work that needs to be done right now.

Next slide, please. So this is one of the resources that I've mentioned a couple slides back. We have on our website, which is the third bullet down there, MCH wdc.unc.edu. Thank you, Emma. A free mini course on resiliency and adaptive leadership.

It was developed right at the beginning of our pandemic in early March of 2020 by Jeanine Herrick a senior staff member at our workforce development center and founder of leadership coaching.

It has quickly become one of the most popular pages on our website. The course is in nine sections. Each of them is less than ten minutes long. And each segment is a different topic. So today we're going to pull out two of them. We'll talk about assuming an adaptive mindset and recognizing differences in change styles.

So each section has a video recording, a script for that section, and then a reflection tool often a worksheet or something else to help you apply the learning to your life and to your own leadership challenges.

So if you take away nothing else from our time today, I hope you will go to this website, visit the mini course, listen to a full section, a couple sections, because it's short, each one less than ten minutes, and because it's self-paced, it's a great thing to do if you just have a few minutes between meetings or need a pick-me-up at the end of a difficult day.

So I hope you'll go there and check it out. It is free and accessible to all. I plug the navigator when I get a chance to. They have a ton of resources on resiliency and leadership more broadly, also all free. And well worth looking into if you haven't been there already. Next slide, please.

>> Okay. Thank you, Rebecca. Everyone can hear me okay?

>> Yes.

>> Great. Thank you. So I'm Christina Welter. I'm a proud member of the national workforce center adaptive leadership and change management. I've been working with them for four years and I specialize in change leadership

Before we talk about these two tools we wanted to chat a little bit about what is unique about change during a crisis. And it's great that the speakers so far have already prepared you for some of these points.

So I think what we say should be pretty complementary. Change for humans is difficult any day. And ordinary times. Just think of how we -- we react to a small change in our routine if we are trying to have a healthier diet or add a few extra walks into the day it takes extra time, extra motivation and resources.

This brings up for us both rational and emotional reactions. So then put ourselves in the organizational perspective when we think about change in our organizations, those, we go through change there too like if our job or roles shift. So these feelings might be even more exacerbated in terms of how we react or have to adapt because of the pressure that we're under.

You may be unclear about your new role and not sure what you are supposed to do and whether we are prepared or have the skills to perform these new duties or maybe the vision is unclear or not very exciting to us.

And even if it is exciting to us, there's uncertainty often with change. So when we think about daily change it puts us into the situation where we may not have control which is something we've heard already today, concern that we can't adapt or maybe we're not motivated to do the change for whatever reason.

Well, during a crisis, and boy, have we had some crises this year, the 2020 year has been a beast for change and crises, this is an extraordinary mode of change as so many have already articulated. Ting key is to acknowledge the multiple levels which Dr. Mack spoke about that we are dealing with personal, organizational, community, systems and really international levels of change.

And we have things happening at all the personal level and all the way to that global level. And it's happening very fast. And so it becomes overwhelming. So during a crisis, all of our normal feelings are exacerbated. Next slide, please.

And just to explain this a little bit more because I think it's really important to understand some of these change processes to explain then why some of the way we behave and act might shift.

So this is from Darryl Connor an international change expert, and it's their one of many different graphics that talk about the change process. But again we all react a little differently to change. And there might be rational response or emotional response.

But because we're human beings, emotion is usually front and center. So to the left if you see the current state, we're often ready to participate in change as we begin a process. Most of us will at least be on board with an initial process. But as time goes on and as we transition as I just articulated, maybe one of those things starts to bubble up like lack of clarity of the vision, lack of clarity of your role, your feelings of insecurity or uncertainty.

About what you can do and how you can do it. So what happens is we get exhausted. We run out of capacity to really adapt to that situation. So you can see in the middle of that graph, we start to check out. When we have too much uncertainty and too much change it becomes overwhelming.

And the uncertainty and overwhelmingness causes us to check out in one way or another whether we want to or not or mean to or not. And so we see this often as resistance to change.

It may look like a negative thing but the reality is we only have so much surge capacity to be able to adapt.

We saw this with COVID. The problem with this is that we start to forget really important things. And we start to take actions that may or may not be what's best. And we can think about this in terms of COVID-19 at the beginning of COVID-19, the U.S. generally participated in the quarantine.

At least from the beginning, in general. But because we were scared. There was a sense of urgency behind what we were doing. But eventually as other demands and urgencies are impacted some of us personally led to some states and some people opting out.

We started to check out, because we couldn't see what was coming. We couldn't have control over it so we started to not maybe comply to the degree that would be ideal for infection control.

So our question then becomes how do we, what prevents us from checking out or how do we limit and expand our capacity to be able to adapt.

How do we increase our energy and ability to do so. So we often think in public health especially, we think of the need for organizational resources, like capital, money, head counts, people, that's certainly true and will always be true.

But we want to introduce you to the idea of adaptation capacity. This idea that if we have more energy to be able to adapt to the situation and learn and ask questions about the new way or where we're going or what's happening, it can help us make that transition forward a little bit easier and avoid some of these checking out traps.

Unfortunately though, crisis exacerbates this. Next slide. So during the leadership during normal times as we said in a change process, leaders need to provide that clear vision that motivates people, help make the actions and pathways towards that vision as clear and easy as possible and build our capacity to learn new skills and take on new roles.

In an emergency obviously so many people have said, sometimes it's not so clear where we're headed or how long we're going to get there. There's this strong urgency to act right now. Regardless of equity or leveraging resources or this need to take charge and make decisions right this minute. And while some of this is needed, there are grave consequences for not taking more time to consider the impact of our decisions.

At multiple levels and from multiple perspectives. Unfortunately we saw this situation during COVID-19 and now during COVID-19, when we're seeing gross inequities in how COVID-19 is being experienced.

Where African-American and black folks are 4.7 more times likely to be hospitalized and about 2 more times likely to die from COVID-19.

So by not pausing and stopping and trying to rectify the tensions in a crisis, there are these really grave implications. So leadership's role is to balance these tensions, to balance the tension of taking action without vision, to balance urgency with restraint and practice what we call adaptive leadership or systems thinking so we can see the need and act on the need for equity.

Next slide, please. So the role of leadership during a crisis then is to really facilitate building adaptation capacity. Resilience is really this idea of learning and adapting. So things, the goal of leaders that we can do is to practice reflection. You've heard a lot of that today already. Avoiding sinking into technical pitfalls and I'll share an example in a minute.

To adapt to the functional productive and healthy as possible and then promoting systems thinking by getting diverse perspectives and facilitate learning.

Those are the ways in which at the organizational level on top of the individual level, we can start to help us expand our capacity. And indeed Thomas Friedman says illiteracy will be defined not by those who cannot read or write but by those who cannot learn and relearn and by standing still is deadly.

So as we've already said, Jeanine who I loved working with, she's phenomenal and we've done a lot of training together has this nine-part quick mini course on adaptive leadership. So a lot of what I just shared is this introduction we just abbreviated it.

We're going to share two things we just talked about. Thinking big. Assuming an adaptive mindset and thinking through change as a practice. Next slide. So the first question is as we think about responding to COVID-19, one question we might be asking ourselves and wherever we're at today whether a university or state health department or a program is how can we create and sustain a strategic multi-use effective contact tracing program for COVID-19.

That builds public value for public health in general. So we're not just doing contact tracing. Next slide. We want to ask ourselves this question. The technical approach to contact tracing would be to do a good job at contact tracing, to be effective and efficient that we've reached so many people in such-and-such a time.

The adaptive challenge though helps us to see more of the systems perspective. What are the root causes of morbidity and mortality for COVID-19, inequities, structural racism, other deficiencies. Does our system have the capacity to respond to some of those. And if so are there ohs that are support us?

Can we leverage resources, can we connect. And what are those assets perhaps in the community. Is somebody else really more of an expert than we are. Can we connect with them to leverage what we may not know.

So are there partnerships we can use to reach our goal. When you are in an emergency sometimes you forget to ask those questions. You just try to do the task at hand. But the reality is we can have a bigger impact and more systemic impact if we take time to ask some of the next questions if you can go to the next slide.

So this is a very simple set of questions that we have in this mini course as a tool. And by tool, it's really taking the time to stop for a minute and ask some very conscientious questions that get us thinking differently, get us thinking beyond the technical task.

So thinking about who are the different categories of people affected by this change. Individuals, families, friends, social groups, organizations, community services. And I added worker centers and worker advocacy organizations. And I did that on purpose because that's a group you may or may not be familiar with.

They are typically nonprofit organizations that support building power and education for workers who are precariously employed to help protect their benefits and health and safety.

We know in COVID-19, many of these workers are the ones that are being exposed to COVID because industry's not necessarily complying with some of the recommendations. So they may know and have better ideas about how to do contact tracing more quickly and with the right people than we do, we being a public health department.

You ask yourself what impact do I want to make, what's the intention and what are the outcomes. So these are adaptations to actual exercises in systems thinking that we offer at the workforce center that boil down to their, which is why they are quick and can help you think and learn and promote resiliency.

Next slide.

>> All right. So we know more now about why change is so hard. We're witnessing on a very large-scale the stress, anxiety and fear that people are experiencing as a result of this very significant change to the routines of their lives. And especially during periods of so much change, it's really important to be aware that we all have specific preferences about how we like to experience change.

Let's go to the next slide. So giving some thought and consideration to how you prefer to do change can be very helpful. And it can also be even more helpful to give some thought to how you clears, other teams of people that we lead or support have preferences for change and for how they like to do change work.

So here are some commonly recognized change style preferences. In general, conservers, and as I talk about this, you might think about which one resonates with you and if there are styles that resonate with specific members of our team.

They prefer change that maintains the current structure. They like predictability. They might appear conscious or inflexible and they like to honor tradition and established practice.

Pragmatists are likely to focus on workable outcomes and be open to both sides of an argument. They like to weigh the benefits and the risks of all the options. They like to seek and act upon input from their team and community members.

Originators likely to propose new changes to the current structure of the organization, they are likely to question the accepted way of doing things and ready to move away from the status quo.

They are likely to agree to move forward even if there is risk or uncertainty around the proposed change. So your preference around change can affect how easy or hard it might be for you to shift into this adaptive mindset.

Leaders who are adaptable understand that change is always happening and sometimes it can be all-consuming, for example for all of 2020. And these folks are comfortable knowing they may have to be flying the plane and putting the pieces to the plane together at the same time and that even as that is happening they'll have to reflect and make changes and adjust their flight plan as they go along.

So recognizing our change style preference can help us lean into our adaptive and flexible sets. Can I have the next slide, please.

>> So once you are aware of your own change style and that of your colleagues you might spend some time thinking about how to motivate your colleagues toward the change that you believe is right for your group. You can announce the change, you can explain how the change will take place and why you think it's important

But if you are not actually motivating you are going to quickly run into resistance. At work our rational mind knows we need to change or improve something but our emotional mind likes the comfort and ease of our existing routine and the way things have always been.

And it's interesting and challenging to balance that. So there's a book that we looked at in pulling this together called the happiness hypothesis. And the author there calls the emotional mind the elephant. And the rational mind the rider.

So because the rider is so small compared to a six-Tonell Afghanistan, it's easy for the rider, the rational part of the brain,.

To lose control of the direction they want to go if the elephant, the emotional mind, gets lazy, gets scared, is too tired to change, if they just are looking for a quick payoff and want to be done.

So leading both the rider and the elephant, you need to appeal to both sides of the brain and have those two parts work together. So to lean into your rider side, clarify the direction you want to go, help yourself and your staff develop clear plans and break them down into smaller achievable, measurable benchmarks.

Look for what's working, look for your small wins and successes and then think about how you can build on that. To motivate the elephant side, the emotional side, engage the emotional side of those around you, evoke a powerful emotion. You might share the story of a family or a child that might benefit from the proposed change.

You need to help your colleague feel the need to change. Next slide, please.

And all of this to say people with all different change styles can change. But they just need to -- they prefer change to experience change differently and they like to be motivated to change in different ways.

As you are thinking about this and conditioning this, this is the time to think creatively, to leverage opportunities, to make choices about pivoting where you need to and to help others in your organization do the same. So for most of us, this means working in an uncomfortable place of not really knowing how things are going to go exactly.

Next slide, please. So again, this is pulled from the reflection sheet or worksheet that goes with this subset of our mini course. And these are some questions that will help you put this work into action.

You can download and print this worksheet and come back to it at any point. But to make this actionable you should reflect upon your own resources and your own preferences for change, think about what you like about change work, where you often call on others to do the work, think about how you put supports in place to help you be comfortable when you are moving through an uncomfortable phase of change.

Pair yourself with people who compliment your strengths and find others to collaborate with on the areas you don't naturally bring forward to the change process. It's also important to recognize and be nurturing and encouraging to yourself and others as you assume this adaptive mindset. So intentionally set aside time to pause and reflect on the small wins you're making each day and each week that you show up both at home and at work.

Think about the strengths you already offer that could be enhanced or maximized to help support your colleagues, your staff and the populations that you're working to serve. And then remember that positioning is half the battle in creating new ways of working.

So reflect on the relationships and partnerships that you already have. Think about how those established connections might help you pivot to this new way of working. Think about how you can bring them into your idea generation stage and help you visualize new paths.

And think about are there other relationships and other partnerships that you don't have right now that you haven't currently explored that you should cultivate during this really weird time when folks may be more likely to be open to establishing a new partnership and new way of doing work.

Adaptive leaders know that gaining different perspectives and working with different people allows them to jump effectively from one change effort to the next and ride the wave of change as we go along. Next slide, please.

So here are some ways to increase your flexibility and comfort with change. Working with someone with a different style, understand different perspectives, solicit feedback and suggestions, reflect on lessons learned. Not only individually and on your own but also with diverse colleagues.

Next slide, please. Here are the key takeaways I hope you'll remember from our presentation today. One, change is hard, particularly during times of uncertainty which 2020 has certainly been.

Also lean into your resiliency and adaptive leadership skills, try not to fall back on our technical thinking, quick fix solve the problem type thinking.

Know, constantly be thinking in the back of your brain that everyone has different change style preferences, and author personalized support to your colleagues when you can to help them move down the path of change.

And I hope you'll access and use these free resources at the workforce development center and at MCH navigator. Next slide.

And here are just some questions for you to think about. It's really important to apply your learning. I know we don't have time to do this today. But maybe tomorrow or the next day consider what was clearest or what excited you, what tools were useful and don't let this just wash over you but go back and apply the information later on. Thank you so much. I think that's our end.

>> Thank you both so much. I appreciate you giving us some tools and strategies to think about as we continue through this marathon. And I bet you'll see an uptick in the course after this meeting. So I so appreciate you taking time to do some training for us.

So as we conclude today's grantee meeting I want to thank all of you for spending the time with us today. I hope you emerge from this meeting as I said with a spark if you need it right now

And at a minimum with some strategies and some sense of community as we are all connected as MCH professionals. We'll follow up with some resources. Thank you so much for participating today. Bye.