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HEALTHY COMMUNITIES

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Collaboration and Community Sustainability in Rural States

DEBBIE GILMER: You have two tools. You have two in your green packet. You have a green that's called the Governor's Children's Cabinet and then the priority mapping survey. I'm just going to talk a minute about what we did with this and— this must not be the most recent version of this. This is the only thing I can think of because that slide is not there. But the slide is on your hand—

SHARON NICHOLSON HARRELL: Handout.

DEBBIE GILMER: --here. I think it's the last slide before questions. Yeah.

UNKNOWN SPEAKER: It's page seven.

DEBBIE GILMER: There are a number of states that have—do this. I don't know if we were the first state. I know we're one of the first states. Our state is really, I said this earlier briefly, very committed to the right things. We don't always go about doing them in the right way, but I think that we're committed to health care access, we're committed to good schools for all kids and family supports and those kinds of things, and we have the right values. We also have a governor

who established—he's in his second term—established the Children's Cabinet that's comprised of the commissioners, the five child-serving agencies. See if I can get them, education, health and human services, labor, corrections, public safety.

TONI WALL Public safety, yeah.

DEBBIE GILMER: Public safety. There's the commissioners' level and then there's the senior staff level, and each level of the Children's Cabinet has a different role and responsibility. But 18 months ago, they selected through some review that they did three priority areas for focus, and the three priority were early childhood, transition, young adult—youth and young adults in transition and average childhood experiences. And our MCH medical director is around the corner doing—and his real passion is the adverse childhood experiences, and he's doing a workshop this morning on Future Search and some of the work that he and others in Maine have done around that, but again, sort of building on the theme of It's Just the Way We Do Business.

We know that there were lots of initiatives going on in our state that were tackling the broad array of issues facing youth in transition from—I talked about homelessness, what the governor's calling disengagement, kids 16 to 19 who are neither in school nor work and sort of what's happening with that group of kids and why, the areas—the issues of the transition into adulthood for young adults

who require a long-term care and other kinds of support of services, whether it be vocational rehabilitation or community-living supports, but also the very big issue of aspirations—raising aspirations where there's a—one of the issues—I don't remember if it made it on to the matrix—is “Realize Maine!” in all one word with an exclamation point. And that was a youth summit that the governor did a couple of years ago. I think there were 300 kids from around the state that were brought together in a retreat, and they've continued to inform the Children's Cabinet about why kids are leaving the state to go to school and work we lose. Interestingly enough, I was in a conference in Boston a couple of weeks ago. Vermont is the highest exporter of students. They also import a number of college—a large percentage of college students. But as a percentage of their college students, they export the most in any state, which is interesting. Maine is also a high exporter, and we don't have enough students. Remember, we have a high graduation rate but a very low rate of participation in post-secondary, and we can't afford for that group of kids to be going out of state, and so the governor brought a group of kids together.

But anyway, they identified transition as one of the areas. And as part of some of the work that I do under contract with our Department of Education asked me to work with the Children's Cabinet to look at—we've been talking about doing this for years, and we kept talking about this white paper that we would have one report that listed every single initiative in the state that focused on youth in transition, because we don't have—we can't afford to duplicate effort. That's sort

of the biggest issue that we struggle with. We don't have enough resources to duplicate efforts for anybody. And so, this is by no means, this is work in progress, ever evolving. It says 2005 but was actually submitted to the Children's Cabinet a year ago, so it's 2006. It's January 2006. We sent the survey trying to come up with all of the resources, grant-funded or otherwise, that were addressing the needs of youth in transition. The Children's Cabinet has taken this work, which one of the outcomes of the mapping survey who—when who's doing what, how are you getting funding, what are the outcomes, how are you're outcomes being measured, and what tools being used. And if there's a specific sort of categorical population that this initiative is addressing, which is it? And this is the matrix that came about.

By way of update, the Children's Cabinet now is—and I could not get a copy. They haven't released the copy yet of what they're calling a dashboard. Is anybody else familiar with that term? We've got all these state departments and initiatives using this term dashboard and creating this dashboard on the Web. And I'm still sort of new on it and it's not a term I'm familiar with so I'm not quite sure what it means, but it's a snapshot. And I have looked at one of the dashboards that Muskee had created around our CMS-funded grants, the Real Choices work that's going on in our state under the New Freedom Initiative. So, folks here may now—you want—can you explain a little bit about dashboards?

UNKNOWN SPEAKER: Dashboard (inaudible) from the business world. It's basically a list of your quality indicators and where you stand on it from quarter to quarter or year to year so that you can see—in one look, you can see the (inaudible) targeting and where you're staying, either top or below, last quarter, is there a trend, are you pretty (inaudible) not improving. And usually there's kinds of (inaudible) doing that. But the idea is to monitor your performance on ongoing basis and that you'll see if you're making progress towards the indication that you set (inaudible).

DEBBIE GILMER: Okay. And—

UNKNOWN SPEAKER: Also if you like your dashboard of your car.

DEBBIE GILMER: Well, and I've heard—

UNKNOWN SPEAKER: In old days when you used to have all the things (inaudible) it happens until it happened.

DEBBIE GILMER: The red light comes on and it's too late. Okay. Thank you both for that. And so what's happened now is we have a dashboard that's getting ready to be unveiled on the youth in transition effort. And we also have this statewide effort that comes out in the Children's Cabinet called Maine Marks, and my guess is that that's exactly what they're using for the—and it is the indicators.

There's a series of 30 or 40 indicators that Maine is measuring basically how it serves kids in its early childhood, it's dental care, it's all kinds of stuff. And so the dashboard probably takes the youth indicators, so the transition-related indicators. So, that's sort of the next step from this so that the child-serving agencies working in collaboration and that they meet—the commissioners meet every other week. The senior staff meets every week. I mean, there's all kinds—and there's local, there's—what are the case—what are those—it used to be the QICs but now they're called—it's not case coordination but they do case study kinds of stuff at the local level too and regional level too, and then those issues—the issues that are being grappled with kid by kid or family by family at the local level inform work that's happening at the senior staff level and the commissioners level. So, it's a process that the issues that are bubbling up from the community are getting addressed at the senior staff and commissioners' level.

So, this is just the tool, and we wanted to share sort of toolkits about how folks—until you sit down and look at the array of programs, you just don't realize that there are an incredible amount of resources and effort going into tackling an issue. We're talking rural areas so we all have transportation issues, and indeed we do. And while they may be different specifically in different areas, the issue really is folks who are poor, transportation is always an issue, and then you add in the rurality and access issues. We can't afford to duplicate those resources, put them down, create a survey like that was very simple to whatever the topic is, and then do a scan of your community. We have an online—this is another—in

our Healthy & Ready to Work Phase 1 Project, and we created a resource directory. How many people have resource directories typically that are printed? Well, most of the time, those resource directories are outdated before they hit the press, right? The phone number is changed, the Web site's address is changed, whatever. And we did a process that was really fun. And to be fair, we haven't focused on keeping it updated, but we still get a whole lot of kudos for it so we might as well share it. We took talking about youth in transition and trying to create—everybody wanted resource directories. Special Ed Directors wanted resource directories. Special Ed teachers want—parents wanted them. But we didn't feel—I mean, we could create a directory of all the programs in a region but instead we chose to go to the service users who are the folks using the services locally, and ask them a series of questions. We created three vignettes. We call them the vignette family. Three individuals with pretty discrepant needs and ask a group of folks who are coordinating transition in a region—Sally, what would you do with Sally? Who would you refer Sally to if funding—there were three questions, I think. If funding wasn't an issue, what would you—and then given the resources in your area. We wanted to create a directory, a—we called it a service tapestry of services that folks in the local communities use so that it wasn't somebody outside saying, "This is what's available." It's on the Web. It's very, very accessible and searchable. You can search by state, you can search by region, you can search by town and, I think, 14 different areas, from advocacy to transportation to vocational education, higher education, community supports. But it's representative. You don't get into the service tapestry, you don't get listed

as a resource unless people in the community are using you. And so, it's reflective of the folks in the community.

So, I think in terms of our—and I'll turn this over to Toni in a minute—our piece around collaboration and sustainability really looks at who's doing what, what already exists, and how do you leverage those resources. Again, I'm going to just keep harping on the fact that we're not going to bring a whole lot of new resources to our state or the state legislature facing a \$700 million structural gap. You guys all know what structural gaps are, right? And so, we have this—like we have a \$5 or \$6 billion state budget and we have 20 percent structural gap every single session so we're not going to get new money, we're not going to get new resources. And we've talked a little bit about the medical model, and this is one place I wish we could use the medical model. And that is when we discover a service or system that's no longer—it's not best practice, it's not—that's become outdated, let's stop funding it. Instead, we just fund a new thing and still fund the old thing. And in the medical model, we'd stop providing a drug or do a service because we found a new and better way to do things. We'd stop funding the old way. So, that's one of my pet peeves that we just continue to fund what we've always funded and then just to add. This is a process that's really allowing kids and families and the service system and its users to identify what's out there, who's doing what, leveraging the cross projects and efforts so that we're not recreating the wheel. And that from the governor's Children's Cabinet on down to the community, folks are sort of reflecting on what's going on, have the tools,

know what's out there so that they can indeed leverage on a systemic basis. Do you want to add anything before we cast it off?

TONI WALL Just really quickly, I just want to make sure that I get this point across. As Deb has talked about going from the community up to the state level and the state level back to the community with the service tapestry, one of our next goals is to really create regional youth advisory councils. Recognizing that our state is huge and I'm in the state capital, and I have no idea—like Lubec, what do kids in Lubec with disabilities really need, what do they want? Are they getting the services they need? So thereby, we're going to create this regional youth advisory councils and use the MCH performance measures to have those—they rate access to medical homes, their involvement in policy development and report back to me with a—rated themselves in a baseline so we can help them have better access to care, have more speech therapist or PTs or going to higher education. And I'm looking at this system to be so informative and then to inform the Children's Cabinet these are the things that regions are telling us and—I'm at a loss for words. But anyway, it's a system that will be reciprocal in many respects.

DEBBIE GILMER: I'm going to put up my Web—my e-mail address. People can e-mail me and I'll send you a copy of the report card that we're using for the regional kids in both youth advisory councils and the regional family advisory councils that we're doing through our Family-to-Family Health Information

Centers. But the kids have taken the indicators that sort of professionals did and created a report card that is still, I think, pretty complicated but the kids loved it and are satisfied with it. And that's out in the field right now for kid and family feedback, and we'll have a baseline this year of what kids and families around the state have determined to be sort of the state of the state around access to care using the six performance measures. So, the block grants would be adventurous, but I can e-mail that to folks. That's sort of a different project so I didn't even think about including that unless it would have been helpful.

UNKNOWN SPEAKER: (Inaudible) the Children's Cabinet, what is (inaudible) or is it—

DEBBIE GILMER: No, it's the five commissioners of the child-serving agencies: labor, HHS, public safety, corrections, and education chaired by the first lady.

UNKNOWN SPEAKER: (Inaudible)

DEBBIE GILMER: On the Children's Cabinet, it's the commissioners of the five child-serving agencies.

UNKNOWN SPEAKER: (Inaudible)

DEBBIE GILMER: It's the commissioners of the five child-serving agencies.

SHARON NICHOLSON HARRELL: We need to influence that. We need to influence the change of (inaudible).

UNKNOWN SPEAKER: No. I mean, (inaudible) is that a lot of our initiatives have to do with youth involvement. And one thing that keeps lacking is having youth involvement.

DEBBIE GILMER: Well, the governor appointed this task force to look at engaging Maine's youth. That's the Children's Cabinet Initiative. There are 50 members of it. Eight or 10 of them are youth. Yeah?

UNKNOWN SPEAKER: (Inaudible) they're absolutely—

DEBBIE GILMER: Oh, absolutely. Absolutely. Absolutely. But not on the Children's Cabinet. The Children's Cabinet are the commissioners.

UNKNOWN SPEAKER: Okay.

DEBBIE GILMER: Yeah.

PHYLLIS MAGNUSON: You know, I used to love PowerPoint.

TONI WALL (Inaudible) can see it.

DEBBIE GILMER: It's that last slide.

PHYLLIS MAGNUSON: Go back.

DEBBIE GILMER: No. Yeah.

PHYLLIS MAGNUSON: That's it.

DEBBIE GILMER: Okay. I don't—

TONI WALL: Moving on.

PHYLLIS MAGNUSON: We gave you a sample of this, and this is not—I'm a very good thief. I did not create this tool. There's a collaboration toolkit. Did you get one?

DEBBIE GILMER: Right.

PHYLLIS MAGNUSON: Did we have anymore?

UNKNOWN SPEAKER: There's nothing here.

UNKNOWN SPEAKER: There should be some in every place.

DEBBIE GILMER: Okay.

UNKNOWN SPEAKER: Here, we got one.

PHYLLIS MAGNUSON: We got one?

UNKNOWN SPEAKER: Oh, that's it.

PHYLLIS MAGNUSON: It's called the collaboration toolkit.

UNKNOWN SPEAKER: Yeah.

PHYLLIS MAGNUSON: You go on the Web and Google collaboration toolkits and find one that suits your situation, and that's what I did. It is very simple kind of thing. What I've done in here is to pull out worksheets—if we wanted to go in that direction. But from now on, I think, what I'd like you to do is to think about your own situation and one thing that you think you can do something about. There's a problem. We can do it a group or you can do it individually, that there's an issue that you want to address: transportation, school safety. I'm in the

schools all the time, so. But think about the one particular place that there's something that you want to do something about. Well, we'll use kids and crisis as example or we could use the situation that we had recently with the pertussis outbreak. Let's use kids and crisis for me. But think about you've got a problem. You've got unmet medical needs of children, of—in your particular area. And locally, you're going to try, "Does anybody else see this problem or is it just you?" We already know the state's not going to give us any money. I mean, we've been there, done that. It's going to be a local kind of thing.

Let me give you a little bit of demographics about North Carolina. We're not like our sister state in the south which has a localized Department of Health and Human Services. And whenever an immunization will always pass in South Carolina, every county gets the same thing. Maternal health block money, did give you according to size, every gets the same thing. It's very centralized. In North Carolina, we have 100 counties and it's localized. So, everybody goes to Raleigh and fights over the money. Okay? We're fighting for 200 school nurse positions right now as we speak. Our lobbyist is with our legislation down in Raleigh.

UNKNOWN SPEAKER: Say it again.

PHYLLIS MAGNUSON: We're fighting for 200 school nurse positions.

UNKNOWN SPEAKER: Two?

PHYLLIS MAGNUSON: Mm-hmm. And we need—

UNKNOWN SPEAKER: We have 200 in the state.

PHYLLIS MAGNUSON: My school nurse ratios, the recommended Academy of Pediatrics, Nurses Association, everything, is one to 750 students. And for exceptional and disabled children, it's one to 250. My school nurse ratios are one to 2,200. So, we'll stretch real thin. And we really had a terrible time with that when we had the pertussis outbreak three weeks ago.

UNKNOWN SPEAKER: And how do you reconcile when you've only got 150 kids in the school district? You can't afford a fulltime nurse with those ratios.

PHYLLIS MAGNUSON: No. You have to split.

UNKNOWN SPEAKER: So, we're probably within the ratio but you've got one school nurse for 150 kids spread over—

PHYLLIS MAGNUSON: Spread over a distance. So, everybody's state is different. Now, in South Carolina, there's a school nurse in every school building because it's centralized. But in North Carolina, there's—I think the average ratio

is one nurse shares two or three schools. She goes two or three different schools a day or in a week in a given time. Let's take that issue. If you see a problem, you want more school nurses, how—and I just went through this. It's a four-year project, I'll tell you. When I first came onboard as the school health administrator, my nurses were doing the old-time school nurse stuff. The Band-aids and the boobos and what I call mommy visits. And I set them down and said, "No more mommy visits." We don't do mommy visits anymore. The teachers, the secretary, they can put the Band-Aids on the boobos. We're going to case-manage, we're going to write care plans, we're going to find our student population, we're going to treat their illnesses, we're going to look for resources, we're going to put glasses on their faces, we're going to screen, we're going to do everything. So, I first had to educate my staff, because they were at the different spot that I was in. So, that's what happened first, was to educate the people that you're working with, what it is that you want. Okay?

The next thing I had to do was convince that what I was saying was the truth because they've been doing this 20 years now, and this new woman is coming in and she's trying—going to tell them, "Guess what, we're going to do it a different way." And the schools expected it. And we have a very unique situation in Moore County. There's only two school nurse programs in the state that are not run—not administered by the health department or the school system. One is us in Pinehurst and the other is in Greenville at East Carolina University. We're the only ones that are hospital. Not being in the health department, not being in the

school system gives you a plethora of all the good stuff that a hospital has. So, we took strong advantage of that.

So when you're looking at an issue and looking at a problem, first, it's got be defined. What is the problem and what is it that you're trying to do? And try to keep your vision. And we talked about this last night. What is the urgency? What is the urgency? Who cares if you do or don't do what you're doing? Who cares? It may not be the right time. It may not be the right place. You may not want to fight that battle. It may be because five years down the road you won't get what you really want, so it's very difficult. What any of you ever read "The Tipping Point"? Okay. It's the tipping point. You got to know where the tipping point is. And those of you who haven't read "The Tipping Point," I suggest you do so, because in anything in society, in medicine, in economics, in anything there comes a tipping point. The ground has to be fertile. The time has to be right. The timing has to be right. The people have to be right. Marketing uses this all the time to sell us the hottest thing. How many of you also little Elmo? Remember Elmo this year, Christmas? He did the DMX, EMX Elmo. And he's a robotic Elmo. Well, I happen to be in a relationship at that time where this person had a grandchild and he was going to get that EMX Elmo or he was going to die. We were getting up at 5:00 in morning, run into Toys 'R' Us and Kmart. Everywhere we could go to see if we could get this DMX Elmo. If you see him he's hysterical. (Inaudible) because he falls down and he laughs and he rolls over and he gets back up. And he's more fun for the adults than he is children. But what they did

was they created a tipping point. They created a marketing strategy where people couldn't get that and people who really wanted it, and they kept showing the commercials and putting with the scarce resources. And it happens in health care all the time, and it happens when you're trying to build collaborative agreements and we're trying to accomplish something. We got to wait for the tipping point. We got to wait for the right time and the right place for this to happen.

So for four years now that I've been working on my school nurse program, trying to get more school nurses. I got them a CEO and he says—like he does everything, because Sharon and I, we don't make money for First Health. We're in the paper a lot because we make First Health look good and they're not-for-profit, except they make a heck of a bunch of money, don't they, Sharon?

DEBBIE GILMER: We're being recorded.

PHYLLIS MAGNUSON: I know. I'm probably going to be fired when I get home. He won't know, thank God. But they have to have a certain percent and not-for-profit has to have a certain percent income in kind contribution to the community, and here fit Sharon and I. And we don't get the kind of resources or recognition usually because we don't make the money. But when we want to look good in the paper and we're out there stopping out that hooping-cough epidemic, we own the

front page. Sharon's on the front page, and she won a terrific award. Dental—tell me what award.

SHARON NICHOLSON HARRELL: (Inaudible)

PHYLLIS MAGNUSON: That she won this great award that like very few dentists get that Colgate give you. And Mr. Frock standing beside her, shaking her hand because she did this. Sharon and I, in our programs, have reached the tipping point. We're at the point where if we keep pushing just a little bit more, we're going to get what we want, and it's going to happen. Just like that Elmo. They'd made tons of money off Elmo because they created the ground, they did the marketing, they did the mapping, they looked at assessment, they did the community assessment, they looked at the need, they looked at the resources, they did the marketing, and they got it ready, and then they presented it. And that is collaboration. And when you go through and you look at this, the first thing after you decide, if you do have a vision, and you have determined that the urgency is something that you can really do, then you start mapping, you start using these tools, and you start getting deliberate about what you're doing.

Identifying stakeholders is the biggest mistake we make on the first step, because they're not going to be the people that you think they're going to be. There're going to be some people you're going to put on there. And I learned in my graduate degree in administration, you don't surround yourself with yes

ma'am. You always surround yourself with people you—or your worst enemies and the people that are going to hold you back. The person that's going to fight you the most on the issues that you want to get has got to be on that committee. It's got to be the stakeholder, because if that person is not there in the beginning, you are not going to get there in the end. So, when you look at stakeholders, look at everybody. Look at the people that can help you get it done and look at the people that are going to keep you from getting it done and put them on your committee. When you formulate this and what's in there, I'm not going to make you go through it, is the stakeholder list, and when you get home and have some—I call it bathroom reading—take it to the bathroom and really concentrate on this and identify who it is that we want to get this thing done. So, you're going to identify your stakeholders. It's good to collaborate because you know what I found out? When I went—on the graduate school and they taught just what is about research and they wanted us to go write grants and I thought, me write a grant, that's something I would never do. But now I write them, what, we do it 15 minutes sometimes. We sit down and do that.

The other thing we were talking about with my good friend back here was in your brochure here this week, it often only says, "Go to the Hill. Go meet your legislator. Go talk to them." The National Committee was up here three weeks ago where we did do this. Purposely, we had a briefing breakfast. It was on federal funds for school-based health centers. I have never had so much fun in my life. And they want to talk to you. They want you to come up there, and it's not

a scary place. And to think that I was going to be lobbying my senator—my two senators of North Carolina and that they would listen to me, they were just in awe. They wanted to hear the stories. They want to hear what you're doing. They want to know what took—how the kids are acting and reacting and suffering and what's happening in the communities. And if they don't hear it from us, nobody's going to tell them. So, go to Chapel Hill this week. Pick up the phone and e-mail them and ask them for just a 15-minute appointment, but go put your body in front of them and talk to them because they are ready to hear from you, especially now we're in a great climate. I just love the politics right now because nobody knows what anybody's doing, and they're going to be waffling like crazy. Our time is now. Our time is now to do what we need to do for our children.

UNKNOWN SPEAKER: I wish we could but the stable ask us to (inaudible) we cannot go to the Hill.

PHYLLIS MAGNUSON: You can't go to Hill?

UNKNOWN SPEAKER: No, we can't.

PHYLLIS MAGNUSON: Why?

UNKNOWN SPEAKER: Because when we first had to start it off, we asked them, and they—

UNKNOWN SPEAKER: Yeah. No, we're not allowed to go to the Hill and
(inaudible).

UNKNOWN SPEAKER: State employees.

PHYLLIS MAGNUSON: Oh, no. No, you can't. Is that right? State employees
don't.

UNKNOWN SPEAKER: Yeah.

PHYLLIS MAGNUSON: But you can find some—

UNKNOWN SPEAKER: I think that's probably typical for them.

PHYLLIS MAGNUSON: Yeah, right.

UNKNOWN SPEAKER: Yeah. But that's the downside because you're the
advocate (inaudible) to take our money and do what you got to do with our
money.

PHYLLIS MAGNUSON: You can't do it on their time, though.

UNKNOWN SPEAKER: Yeah.

PHYLLIS MAGNUSON: Right.

UNKNOWN SPEAKER: But the (inaudible) I really wanted to go, because that's basically what a lot of us should do. And like I said, inner city with rural, (inaudible) to get that one issue is that there's so much that you really want to embrace in the conference, you don't have that time. If you're going to take out time to go to the Hill, you might lose out on (inaudible) here in the conference.

PHYLLIS MAGNUSON: Yeah.

UNKNOWN SPEAKER: So, that's the only catch to the—

PHYLLIS MAGNUSON: I mean, it's really funny but you won't be in there very long. You got a really—I mean, they—

UNKNOWN SPEAKER: Do not stand, they'll let you stay.

UNKNOWN SPEAKER: No. No.

PHYLLIS MAGNUSON: Uh-uh. No. I actually don't mind to sit with them 45 minutes. That (inaudible) Elizabeth Doyle I got to be with her for 45 minutes, but that was very rare.

UNKNOWN SPEAKER: The issue was that the timeframe that they have here for the conference for us.

PHYLLIS MAGNUSON: Yeah.

UNKNOWN SPEAKER: You know what I mean? If you take our time to go there, you can't. You might miss out on something here.

PHYLLIS MAGNUSON: Something here.

UNKNOWN SPEAKER: So, it's like do you really want to take that time.

PHYLLIS MAGNUSON: Right. Like we're saying, is this the tipping point? Is it the time for you to go? This may be not the time for you to go. It was for me.

UNKNOWN SPEAKER: Could you not go? And this is just a question as a profit citizen.

UNKNOWN SPEAKER: Uh-huh.

PHYLLIS MAGNUSON: There is a drawback.

UNKNOWN SPEAKER: Yes, that too.

PHYLLIS MAGNUSON: Because I work with the state and we couldn't neither.

UNKNOWN SPEAKER: Yeah. Only (inaudible).

PHYLLIS MAGNUSON: But when I'm with the (inaudible), I made it my own way. How am I on time?

UNKNOWN SPEAKER: We're (inaudible).

PHYLLIS MAGNUSON: I'm okay? All right. There's a couple other tools in here.

TONI WALL We need to move quick.

PHYLLIS MAGNUSON: All right. I'll move quick. I want to just make a few quotes then. Babe Ruth. Here's a quote from Babe Ruth. "Every strike brings me closer to the next homerun." Every strike is going to bring you closer to the next homerun. It may not end up the way you want it to end up, and it may not look like what it was going to look like when you start it but you've got to put the

initiative out there. Meetings. I hate meetings. Don't you all hate meetings?

There's a couple of things I want to say about meetings. When you've got your stakeholders, you've sent out your letters of invitation, be very specific about your time, where it is, and feed them. If you have to pay out of your pocket, feed them. Feed them something. But feed them, they will come. I have 40 people on my school health advisory council and they don't miss a meeting. It's because I feed them at 5:30, and then they—

TONI WALL (Inaudible) but I can't feed people anymore in Maine.

PHYLLIS MAGNUSON: Well, I just get on my pocket.

TONI WALL I can, too. I feed people but I (inaudible) and I pay for (inaudible) Congress to get food (inaudible) approved. But it does work around. Yeah, that's fine.

PHYLLIS MAGNUSON: Get a grant. Get something. I mean, bake a cake, but feed them.

TONI WALL I wanted to add something to what Phyllis is saying. And we can do this in Maine, because I started out saying something about everybody knows one another and it's very incestuous but—and I see in one of the slides here, it talks about trust and the partnership and the critical role. I mean, you guys can

trust in one another, you've got an established relationship, you know that you're going to carry out what you say you're going to do, and I don't think we can say enough about establishing—it's all about relationships. And the point that you raised about having everybody at the table, adversaries as well as proponents and supporters is really critical. You have to have everybody at the table but you have to have established relationships, and you build that over time, you build that over partnerships and baby steps. One of my favorite quotes, "If you don't know where you're going, any road will get you there." If you've worked together, you've got a vision, you're working together on that and you're working in partnership with folks that you have relationships with and trust, you can address—readily address the issues where there may be some conflict because of those established relationship. So, when I think about what we've done in Maine, it really is built on the foundation statewide, of sitting at the same tables, partnering, trusting, collaborating, and for sure, we don't always agree. But we can get beyond that because we've got the fire in the belly, the urgency of the issue, and it's kids and families that we know share—

PHYLLIS MAGNUSON: Need the same thing.

TONI WALL Yeah.

PHYLLIS MAGNUSON: That's a great point. When you run your meeting and you say you're going to end at 6:30, end at 6:30. Don't go over. Have an agenda

and stick to it. And if it's of issue that comes up beyond that, make another meeting. Keep the meeting short, sweet, feed them, have your allies there, your enemies there, and when you get there, start your brainstorming. You may not be the best facilitator. It may be somebody, Joe Blow, there's a preacher down the street that's got a good mouth, and let him facilitate somebody out of the blue. And don't make any rules when you brainstorm, or set them up ahead of time for everybody, and let the thoughts flow. How are we going to get more school nurses? How in the world can we get them into schools? We've got kids dying: asthma, diabetes, obesity. How about Subway? They have all those commercials about being lean. Don't we have a stake in this when they try to help us get more school nurses? Pull in the business community. I'm just about done. And then once you build that teamwork and you have the assessment, don't overwork your team, and split it up in small groups. Keep it simple. Remember that. Keep your open communications, and don't talk in jargon, and don't talk in lingo that only educators would understand or only medical people would understand. Keep your communication lines open and simple, and don't try to play anybody's power game when you're brainstorming. And nothing that anybody says is wrong or stupid.

Teamwork strategies. Once you see the teams forming, I do this with my staff, they have all these strengths and weaknesses and I'll place them where they need to be so they make the best of their assets. And this quote is about teamwork strategies from Colin Powell says, "The best method in overcoming the

obstacles is the team method.” And if you start and get tired—all of a sudden you get the steam rolling and this tie—this buy in and these teams that want to do this, for God’s sake, let them go. Let that horse gallop and let them—let it take off and don’t—it’s very hard when you burst an idea for you not to try to make the horse go in the direction you wanted to go, because that might not be the best direction for the community or the situation. Let them go and just guide the process.

Open communication and motivated partnerships. Mark Twain said that he could live—“I can live two months on one good compliment.” Remember people’s names, give them compliments for what they do well, acknowledge them in the meetings and in the groups and during the time. “You really got that on time.” “I can’t tell you what she did. She got that particular project done on time.” And then start ideating your funding sources, and don’t let your brain be frozen at this point. Look at everything. Good. Gosh, the Internet is just wild out there with resources. And that was what always frightened me. In North Carolina, we’ve got R.J. Reynolds and (inaudible), filthy rich money-people that love to give it away if you just get your face in front of them and talk to them. Find out who those people are in your state.

And last but not the least, “Just because something doesn’t do what you planned it to do doesn’t mean it’s useless.” And that was by Thomas Edison. “And more times than not, it hasn’t turn out the way I thought I would, but it turned out to be

something wonderful.” We’re going to talk to guys in a little bit about an action plan. And if you’re thinking about your own individual visions and where you want to be, I want you to think about—write these things down—this thing that’s in your mind, this thing you want to create, what activity do you want done, what is it that you want done, who is going to be responsible for it, the timeframe that you see it being workable, who is responsible for completing the task, and how is it going to be measured, which for me is where I’ll be—always begin. I begin at the end. How am I going to measure? And we’ll turn it over to Sharon.

SHARON NICHOLSON HARRELL: I just want to say that I’ll always learn something from Phyllis. No matter how many times we present together, I always learn something new from you. And I want to—

PHYLLIS MAGNUSON: That’s probably not a good thing.

SHARON NICHOLSON HARRELL: I want to add just one thing to what she said about when you’re talking about your stakeholders and your community members. Always encourage them, the ones that you’re meeting, sure feed them, keep your agenda short, but always remind them to speak to someone else about what you’re doing because you never know which friend they have that may be next—that they live next door to the governor. So, ask them to continue to spread the word.

We're going to shift just a little bit now. We're going to be looking at avoiding pitfalls and looking at issues and challenges as we've talked about already, but focusing more on brainstorming about some of those issues and challenges in community in collaboration among communities. And Sam and I talked over the break, and I'm going to try to paraphrase your question and then give you a chance to phrase it the right way. But he was asking about how you reconcile conflict between legislation that a community or stakeholder group wants. How do you reconcile those needs when it conflicts with what the legislator's needs or priorities are? And maybe you can phrase that.

SAM COOPER: You're doing great.

SHARON NICHOLSON HARRELL: Okay. So, we're going to talk about that in the end, brainstorm about other issues that are relevant to it.