Federal/State Partnership Meeting

Luncheon Speaker

October 25-27, 2009

ELLEN VOLPE: My name is Ellen Volpe. I served as the project officer for the Maternal and Child Health Bureau's cooperative agreement with the Association of Maternal and Child Health Programs, AMCHP. And as such, it is my privilege this afternoon to introduce our lunch speaker, Michael Fraser. Mike really needs no introduction to this group. But since I'm guessing there might be a few people here who have not had the pleasure of working directly with Mike, being, perhaps, new to MCH, I want to take a few minutes to share both some well-known and some lesser known facts about Mike and then turn the podium over to him.

Mike is currently the chief executive officer of AMCHP, well known to all of you, of course, as the premiere professional association for state Maternal and Child Health leaders and partners nationwide. Dr. Fraser has been CEO of AMCHP since August 2007, where he's worked tirelessly with the AMCHP board and all of you as members to energize and invigorate AMCHP support of state MCH programs and provide leadership on issues impacting women, children and families.

If you ask Mike, he will tell you he's never had a better job and he means it. And as one indication of his leadership skills and success as CEO of AMCHP, Mike recently received, as recently as last week he just told me, the 2009 Young and Aspiring CEO

Award from Association Trends magazine, which I think we need to give him a round of applause. Now, Michael will also tell you, he's not really that young anymore. He apparently just made the cut off for that award by 17 days, so I did ask him what that cut off was, but I won't share that. But as far as I'm concerned, Mike, you're still young.

MICHAEL FRASER: Thank you.

ELLEN VOLPE: Dr. van Dyck spoke this morning of the MCHP jam session, rap session around strategic planning that we had. What I learned as I look over Mike's bio, perhaps a little known fact about Mike, at least one I didn't know before, that he desperately wanted to be an opera singer when he grew up. And so I'm wondering -- now, see, you don't even know what I was going to say.

MICHAEL FRASER: I have an idea.

ELLEN VOLPE: I thought, perhaps, rather than a jam or a rap session, we should consider an MCH opera.

MICHAEL FRASER: Okay. I'll do that.

ELLEN VOLPE: And so I'm considering adding that to the AMCHP cooperative agreement.

MICHAEL FRASER: I guess we'll have to do it.

ELLEN VOLPE: Now that I'm aware of this, I'm also looking for a show of hands from the group on -- yes, this is what you thought I was going to say. Who wants to hear a sampling?

MICHAEL FRASER: I got chicken in my throat. I'll give it later.

ELLEN VOLPE: Now, I do have to say, and I'm going to get you off the hook now, a friend of mine whose husband sings opera said, that's not fair to do to you because I haven't given you time to warm up your vocal chords.

MICHAEL FRASER: That's right.

ELLEN VOLPE: So tonight, after we're done with our breakouts, we'll all lead it back here.

When a career in opera didn't work out, Mike chose to study sociology instead of music, receiving his doctorate in sociology from the University Of Massachusetts at Amherst in May 1997. Prior to joining AMCHP, Dr. Fraser held a variety of positions that prepared him well for his current role, including deputy executive director of the National Association of County and City Health Officials, regional program manager with the

Center for Disease Control and Prevention, and senior staff fellow for none other than the Health Resources and Services Administration.

I won't mention all of his awards and honors, but since he will be speaking on the topic of resilience, I thought it worth highlighting his distinguished service award from the secretary of Health and Human Services for exemplary teamwork, productivity, organization and scientific excellence demonstrated during the Public Health Emergency Response to the World Trade Center and Pentagon terrorist attacks and the Anthrax investigation. Dr. Fraser has published several research articles and professional publications, and is on the adjunct faculty at the University of Maryland University College. Put him in front of an audience and you'll quickly learn what a great communicator he is. He'll happily talk for hours. Sorry, Mike, but you only have 30 minutes.

MICHAEL FRASER: Okay.

ELLEN VOLPE: With a style that is entertaining and will make us laugh even as he drives home his very important message. Although very comfortable in front of an audience, Mike is also very approachable. Not only does he want to hear your ideas, he takes each one seriously with the goal of using them all to further the work of AMCHP about which he is so passionate. When not busy at AMCHP, Mike is usually cooking, singing, doing yard work or reading about leadership management or organizational development.

Here today to speak to us about resilience, I'm pleased now to turn the podium over to Dr. Michael Fraser.

MICHAEL FRASER: Thank you. Thanks, Ellen. I got to change my bio. Absolutely. That reinforced it. I just want to take a quick sec, where are our North Dakota folks? They're over here. What a great job you guys did in training Mary Wakefield. Let's give them a -- yeah. Absolutely. All right. We had our board meeting on Friday and we noted to Dr. Wakefield that we hadn't had a HRSA administrator at a board meeting in about eight years, coincidentally. So, it was a pleasure to hear her again this morning and so thank you all for the work you do in raising up great MCH leaders.

I had lunch with Peter van Dyck this afternoon and -- are staff ready for the distribution of what I -- are staff ready? I don't see your staff. Yeah, there they are. So, Peter authorized me to share some really great news with all of you. He has approved an extra payday and a hundred grand to everyone of you. And my staff are going to distribute those now. Thank you, Peter. Grace will give you yours. Even Peter gets one of each. I wish it was real because, let me tell you, you deserve it, instead, we have the chocolate bars. It's great. How it's great? You can do all kinds of stuff with chocolate on the top, so. So enjoy that part of your dessert.

I want to talk about something that is -- when I was thinking about this talk, I was thinking about it as a lighthearted approach to what really is a difficult subject and the

subject about, which I'll be the first to admit, I'm not really an expert. Which one of you all keeping, the hundred grand or the pay day? I think the hundred grand is probably worth more than your pay day, right?

UNKNOWN SPEAKER: Yeah.

MICHAEL FRASER: Okay. It's a serious topic, resilience, and it's something that I think a lot of us probably intuitively understand, but not something we spend a lot of time talking about, especially in a national meeting. And when the planning committee for the partnership meeting was thinking about topics that would be relevant to states, we suggested and I'm sure there was the similar thinking at the partnership meeting -- planning committee that we needed to do something that face the reality of what you all are dealing with in your states. And I think we can learn a lot about ourselves and a lot about organizations by touching on the topic of resilience. I do want to put a shameless plug in for the AMCHP conference before I start. We welcome you back. We invite you back to D.C., just a little farther south of where we are, March 6th through the 10th, so be sure to put that in your datebook or your PalmPilot or whatever folks use now, iPods. And I also want to let you know that we are aware that it's really a challenging time for states to travel out of state and to bring many folks to a meeting. And so we're anxious to hear your ideas on what we can do to make it easier for you to get to the conference and ways that we can sustain activity that's in support of your work outside of an in-person kind of event, so please let us know about that as well.

And just as a preface before I get going, I'm forgetting all kinds of things here because I only have 30 minutes, used to about 300. I don't use slide, I don't put slides in the notebooks anymore. I just put an outline of what I'm going to talk about with some references on it, so you you'll find that under tab six. And there is actually an exercise that we're going to do, so if you don't have your book, you might just have to share with somebody sitting next to you -- under tab six. Okay, enough of that.

So, putting in context some of the remarks that were made earlier and also the feedback that I heard in the regional meeting I attended, it's pretty clear that states are in a world of fiscal hurt. I think that's probably the most technical way to summarize it. And we're not alone in MCH in terms of budget constraints and challenges. You know this, your colleagues and other state agencies are also facing similar challenges. But I think the rapidity with which these challenges evolved and the severity of these challenges really don't -- can't go unnoticed which this graph and the subsequent graph really illustrate, which is in the second quarter of '08, revenues to states was obviously declining. But there were still some states, mostly those that have wonderful resources related to petroleum or energy did well even as the slope began to curve downwards at the states. But this is where we are now in the second quarter of '09, and I think it's worth noting even though I'm not epidemiologist, I understand this, which is not one of these states is in the green.

Now, those of you in the territories, I think have probably a similar story, but these data aren't collected obviously and that's why they're not on the map. But our states, as I

mentioned, are in a world of hurt. And what this means to AMCHP is we have to continue to advocate so that we can move states forward in this troubling times, but also the pressure is really on for us to deliver in terms of how we could get support for Title V programs, and we're thinking of, again, new and creative ways to do that.

One of the things that's unique about this talk today is I'm not going to talk much about what's going on here in Washington because there's a breakout session this afternoon repeating on health reform and some of the wonderful new opportunities that are in health reform for Title V, but that alone is worthy of the luncheon talk. So if you're looking for that kind of info please, please go to the breakout session.

What's clear is that the impact of these deficits have impacted you, literally, sitting in this room, in terms of reductions enforced in the states, layoffs. I was at the ASTHO meeting last week where your commissioners all come together and many of them had to leave the room to take calls related to layoffs and furloughs. And I know many of you are on furloughs trying to save your state dollars. It's remarkable to see the work is being maintained despite 20 percent cuts in workforce reductions in how you do your work, when you do your work and the people that you have to do your work. And I think that speaks volumes to resiliency.

When we pulled states to talk with them about what the budget cuts really meant for their states, these are some of the examples that we got. And I got more today and I've been updating our list so that we can talk about real impact of cuts at the state level. For

example, in one state, all their care coordinators, that really critical component of integrating health, public health and services in the state, are going away. Some states are cutting entire programs like adolescent health. Some states are not able to provide state wide services like genetic counseling. Some states are reducing their investment in birth defects registries, screening, less funding, debts passed on to local agencies. Or as I mentioned earlier, not all programs can be offered in all areas. And these are just some of the ways that these cuts are having a real impact on your practice.

And I think it's also important to note that very few of you are directly sharing that with the policymakers or some of our federal officials. So part of what we're trying to do is get that information from you and funnel all that up because I know it's difficult based on where you sit and how you work for you to directly let folks know. But as part of your work, if you have the chance to make these cuts real to your policymakers and leadership in your state and your leaders here in Washington, that really drives home those charts with real examples, and so we would like to continue to collect those.

So this is one approach. Remember this poster, the cute little kitten? I had it. It's like from the '70s. I'm that young, okay? This was from the '70s. Hang in there, it's all going to be fine. Well, that's one approach and it's probably true. But there is an approach we can use a little more systematically and strategically to think about how do we get through this. And not only how do we get through this, which I think is important but what can we learn from it. And if we miss the opportunity to learn from the crisis that

we’re in right now, I think we would’ve missed a real opportunity for MCH programs and for our partners in the states to improve.

And so, I want to talk about resilience. Many of you are used to working in clinical settings potentially with social work backgrounds, working with families to build resilience and so we use the term resilience a lot. I’m using the word resilience in our thinking about both ourselves as MCH leaders, the professionals, and our organizations as MCH agencies. And so, for me, resilience -- in this talk, resilience means not the capability of a strain body to recover its size or shape although that would be very nice. My body is not doing that actually. Well, it would better, of course. I’m using the second entry is an ability to recover from or adjust easily to misfortune or change.

How many of us would agree with this statement that MCH programs are in a time of change right now? Okay. And misfortune as well, if you’ve use that in a broad sense of what states are facing. And so, there is a way we can respond to that change. There is a way we can respond to misfortune. And folks have actually studied this stuff. Why do some organization snap and why they’re some organization snap back? And you can think about in corporate America, there’s a lot of studies of resilience but we don’t actually do a lot of studies of resilience in government and the government agencies. But there’s certainly a lot of material there and that’s part of what we’re going to do today, just think about how -- why some organizations snap and why some organizations snap back. In fact, the science suggests -- and I can’t believe I’m presenting on science but you never know.

The science suggests that are three features of resilient organizations. I'm going to talk about this briefly and the reference to this is in your handout. But resilient organizations have these three common features in the research: an uncanny ability to deal with reality, deeply held belief that their work is meaningful, and ritualized ingenuity or innovation. Those are the three features of resilient organizations. Let's talk about these just briefly before we go forward. An uncanny ability to deal with reality, why would that be important to resilience? Any ideas? Any ideas? Why is that a feature of resilient organizations?

UNKNOWN SPEAKER: Flexibility.

MICHAEL FRASER: Gives you flexibility. Okay. Any others?

UNKNOWN SPEAKER: You can only deal with what you're willing to acknowledge.

MICHAEL FRASER: Right. Deal with what you're willing to acknowledge. Okay. What else?

UNKNOWN SPEAKER: [Inaudible].

MICHAEL FRASER: Yeah, up here.

UNKNOWN SPEAKER: You focus on what's here and now, so you don't get frustrated by what isn't happening.

MICHAEL FRASER: Right. If you focus on what's here and now, you won't be frustrated on what could happen and your planning is grounded in reality. Now, it's always hard to feel like, whose reality is this, right? But the extent to which an organization can deal with the here and now, and not what they'd like to see happen or what they think is going to happen is a characteristic of resilient organizations. Another characteristic of resilient organizations is that they believe in the work that they do. Why would that be a characteristic of resilience? Yes, *Sherry.

SHERRY: Keeps you excited and engaged.

MICHAEL FRASER: It keeps you excited and engaged. Keeps you committed.

UNKNOWN SPEAKER: It gives you endurance.

MICHAEL FRASER: Gives you endurance. Okay, because you know you have a bigger purpose. What else? Yeah.

UNKNOWN SPEAKER: It gives you a reason to get up every day and go to work.

MICHAEL FRASER: Gives you a reason to get up. Despite all the odds, despite the challenges, you have a reason. Your work is meaningful to you. Okay? And the families, the women, children that we serve depend on us for that. Linda?

LINDA: Driving and motivating.

MICHAEL FRASER: Driving and motivating, having meaning. Absolutely. And also, it's a shared vision for what you're trying to accomplish, right? It's very clear that organizations that believe in the work they're doing, believe in their mission and vision are going to be resilient organizations because they have that laser-like focus on their mission, on their vision, and how important their work is. So that's a characteristic of resilience. Innovation, why would innovation be a characteristic of resilient organizations? That's a weird one to me when I first started looking at this stuff. Yeah.

UNKNOWN SPEAKER: It allows us to think outside the box.

MICHAEL FRASER: Absolutely. I couldn't have said it better myself. Resilient organizations look to new solutions. This allows you to think outside the box, okay? And so, in a time of chaos, or in a time of misfortune or change, if you use the same tools you always use, you may be bound to snap or fail. But if you look outside what you normally do for answers, you may, in fact, be building resilience in your organization and not snap at a crisis and, in fact, learn from it. It's an opportunity to get new tools.

This was really interesting. When I was reading an example, it wasn't government, but UPS, after Hurricane Andrew in Florida awhile back, told their employees to do whatever it took to deliver the package the next day and they did. They used innovative ways to get that -- those packages to their customers. And so, they were a resilient organization in many different ways. But with this facet of what they did, they really proved that they could weather that crisis, weather that storm. It's a really, really fascinating story.

What was interesting to me about the three characteristics of resilience is that leadership wasn't one of them. And I wonder about that because I think in resilient organizations, there is a piece of resilience that has a lot to do with meaning and reality and innovation, but also a lot to do with leadership. And so I'm adding to the list of three to -- not to say that it's wrong but just for us to consider also the role of leadership in building a resilient organization. And as we all know, I have this posted on my wall at work. I don't do a presentation without this slide. "An MCH leader inspires and brings people together to achieve sustainable results to improve the lives of the MCH population." That's from the MCH leadership competencies. And I do a lot of talking on leadership. It's one of my favorite things to think about and to talk about. But I think resilient organizations need resilient leaders. And resilient Title V programs need resilient Title V leaders.

Now, I've had the luck of being at AMCHP for -- going into my third year now. And in those first couple of years, and I hope to continue, I spent a lot of time visiting many

different states. And as I go across the country, I have the chance to meet all kinds of folks in public health and meet a lot of MCH leaders. And as this economic crisis and some of the deficits that we've been talking about have emerged, there've been a number of different responses that I've observed to the change and misfortune that are occurring across the country. And so, in these gloomy times, we have the choice to, again, respond in the way that we always have or to think about what it would like for us to create a resilient organization.

And I just want to share five types of leaders that I've seen in the field and how do you think a little bit about yourself and your team in terms of resilience and yourself as a resilient MCH leader. And I'm going to posit in the five types that I've developed that while they may be effective in terms of management and they may be effective in terms of leadership, they may not be building a resilient MCH organization. And so, I want to share those with you, and you'll see in the handout that there's a space for you to write the pros and cons of each -- of these five types because there are pros and cons of each of these five types. But we're not going to do that as a small group because I only have 10 minutes left. Unbelievable.

So one of the types that I've encountered is who I call the general, okay? This is a very, very popular leadership type in which the general says, "All right, troops, we have crisis on our hands. We're going to go to war on this one. Hunker down. We're going to get through this. Just keep fighting, keep listening, it'll all be all right," okay? What are some of the benefits of this general or commander type of leadership?

UNKNOWN SPEAKER: It keeps progress moving.

MICHAEL FRASER: It keeps progress moving. Someone is in charge of that, right? What else?

UNKNOWN SPEAKER: Appears to have command of the situation.

MICHAEL FRASER: Appears to have command of the situation. So in a crisis or a change time, that's extremely important because you can all just scatter in the wind and either not show up for work or hide under your desk when you're there, right? Seriously. Why is this type of -- why is this strategy not building resilience?

UNKNOWN SPEAKER: It discourages innovation.

MICHAEL FRASER: Discourages innovation because you're just following orders, okay. What else?

UNKNOWN SPEAKER: No buy-in.

MICHAEL FRASER: No buy-in. Okay. So you're not getting a collective sense of what's important, that shared meaning, right? Is that where you're going with that? Okay. What else?

UNKNOWN SPEAKER: May not be in touch with reality.

MICHAEL FRASER: May not be in touch with reality. Exactly. So you might be executing a strategy you used for a hurricane in a deficit because it worked last time, why not try again? Okay. And so that's a very good point. So there are pros and cons to this strategy.

Then there's the Gumby, okay? I love going to these agencies because they're like, oh, yeah, it's really not a big deal. They just tell us to do this and we do that and it's all fine. We got our programs. We're running our programs. You're allowed to make some changes. Change is good. We, you know, we're not doing that one anymore but we picked up these. So flexibility is good, right? I mean, we need to be flexible, bend like the willow. There's all kinds of, you know, ways that we can improve ourselves by being more flexible. But why wouldn't this be a characteristic of a resilient leader? Yeah.

UNKNOWN SPEAKER: You can corrupt your mission.

MICHAEL FRASER: You can corrupt your mission, absolutely. Because you're so flexible, what do you really stand for, right? Absolutely. Yeah.

UNKNOWN SPEAKER: You tend to wear your staff down.

MICHAEL FRASER: It can wear your staff down because you're just catching all the balls from the different, you know, try to keep the balls up in the air. Any others?

UNKNOWN SPEAKER: Go with the latest, greatest idea.

MICHAEL FRASER: Go with the latest, greatest idea which means?

UNKNOWN SPEAKER: Changing.

MICHAEL FRASER: Changing but not having a strategy, right? So what's your strategy, all right? So while flexibility is absolutely important, it may not be a key to building resilience. Yes, sir?

UNKNOWN SPEAKER: It may not be the person that will fight for something that needs to be fought for.

MICHAEL FRASER: It might not be the person who will fight for something that needs to be fought for. Absolutely. Absolutely. So not being core to what's meaningful about your work and instead just dodging or responding or changing for the sake of change. Great answers. So I love that type because it's one of those surprise types where you'd think, of course, you want to be flexible but it's not necessarily building resilience in your organization.

Then there's Chicken Little. And this is always an interesting visit to make where folks are thinking, it has never been this bad. It is so bad, every agency I talk to is bad. The sky is falling and you need to duck and cover now kind of feeling, okay? And this one's, this, the problem with this one is it's actually infectious, too, because not only is it out of touch with reality, unless you really are closing down your operation, okay, and that would be a piece of the sky falling for many of us. But, so that's why it's not necessarily a strategy to build resilience. But in that infectious nature of this one, it's very hard to get anything done when all you're worried about is whether the sky is going to fall on you. And so a lot of time is spent internally and a lot of time is spent worrying and certainly not one of the key features of a resilient organization.

The Pollyanna or the optimist or seeing the world through rose-colored glasses is our fourth type of leader that I have encountered. And I appreciate these folks a lot because I try and look at the glasses half-full, too, right? But sometimes it just is hard and some things do stink when you're laying off staff, when you're getting an 80 percent of your pay. You can try and make some lemonade out of that one. More power to you, okay? But why is the Pollyanna, and Pollyanna to me means being the optimist in any situation. Why is that not key to building a resilient organization? Yes, sir?

UNKNOWN SPEAKER: Because you're no longer a realist.

MICHAEL FRASER: You're no longer a realist. You're not in-touch with that first characteristic of a resilient organization. The insight with this one is amazing. Terry, did you want to add something?

UNKNOWN SPEAKER: No. I mean, [inaudible] our team is trying to do 100 percent participation.

MICHAEL FRASER: Good. That's what we like.

UNKNOWN SPEAKER: You're not focused on change.

MICHAEL FRASER: You're not focused on change. You're focused on what could be, okay? And while it's really important as a survival strategy, okay, and while it's nice to be around folks that are optimistic, there is a harsh reality that we can't explain away. Like, hope is not a strategy, okay? And optimism is a great characteristic. But if everyone in your leadership is thinking, it's going to be perfect. We can deal with this. Let's learn from this and not facing the harsh reality of where you're at, you're doing yourself a serious disservice in your organization as well.

The fifth type of organization, the response to this I've seen from some leaders, is what I call the waiting game or retired on the job. And unfortunately, this one is usually one where I don't know if there's a lot we can do because it's really about being shutdown to the potential for change. It's really about, well, I only have four more years till I'm in for

30 so I can weather any storm if I just come in, sit at my desk, do my work. I'll do the block grant, you know? But I'm not going to do more, okay? And this one is tough because our systems are set up to promote it in many ways, you know? And I think in building a resilient organization, we have to ask ourselves, as the speaker said last night, if we feel this way, are we really the ones that should be doing this? And it's not that it's necessarily bad to take a status quo approach.

But in building a resilient organization and inspiring and feeling motivated and making your work have meaning, this probably isn't the best approach. How many of you know somebody that takes this strategy to their work? It happens everywhere. It happens everywhere. And part of what you can do with those folks hopefully is rekindle why they got there in the first place. Because unlike a lot of other jobs, we all came to this work with a passion and it's really about reigniting that passion in many cases. Now, this is particularly challenging in tough economic times because these are the folks that were hoping to retire in two and now they're going to be around for seven, okay? So don't take this one lightly. Don't take this one lightly.

Here's the point of all of this. While those five folks are running amazing maternal and child health programs in many respects, they're not building a resilient organization. And so in a crisis like this, there's the real risk of that organization falling apart of snapping and not snapping back. And so to snap back is going to require us to be MCH leaders, to be resilient MCH leaders. And I love this quotation which reads, extraordinary leaders find meaning in and learn from the most negative events. Like phoenixes rising from the

ashes, they emerge from adversity stronger, more confident in themselves and their purpose and more committed to your work. If you can use these challenging times and to learn and to think about how your organizations can actually get better, you're building a resilient organization.

If you're ducking and covering and hoping that they don't do anything to your organization and you're going to keep it tucked away, we may, in fact, be doing ourselves a disservice. And so, as we think about the response to these challenging times and as you think about your personal response to these challenging times, remember this quotation, it's in the handout. I put that one up on my desk. You're learning from negative events versus just responding to them. There are some leadership skills that help leaders learn from adversity. And these are in your handout as well and I won't touch too much on them because Ellen's going to pull me off with a hook here.

But I do want you to know that there's a lot of - a lot of this is related to building MCH leadership in your organizations. At the heart, again, of building a resilient organization is getting back to your core, getting back to why you exist, getting back to the meaning that your work has for you and your communities. And part of what you can do, rather than just saying, "Okay, we're going to do more with less," is say, "We're going to do less with less. And we're going to do what's not less," Newman from California. We're going to do less with less. And part of what you have to do then is say, "What are we going to stop doing, okay? We're not going to be the flexible Gumby. What are we going

to stop doing? And what are we going to start doing better that's core to where we want to be?"

This, also, is in your slides, but I can't believe how many organizations I go into, including my own, where we spend very, very, very great amounts of time on those things that matter little, little, little, little to our mission. Why not use this as an opportunity to say, "We're going to stop doing what's not core to why we're here," okay? And that's going to upset some of our stakeholders and it's going to upset of some of the folks that we work with, but we, in these times, are going to have to focus on what we do the best and what's the most important. And you can use this table in a staff meeting or a management team meeting, literally, to write the activities or programs that you do and think about the investment that you have versus the - its importance or its priority.

High importance, high performance is where you want to sustain activity in tough economic times. Low importance and low performance are those easy things for you to give up. Where it takes a lot of thinking are going to be the things that you do really, really well but aren't that important. Why are we doing those things so well? Should this – is that something that has to move up to a sustained level, or is that something that we can decline to do? And then, certainly use this as an opportunity to think about what is important to us in which we're not performing well now. Where can we use this as an opportunity to improve if we let some of these other stuff go? I use this filter all the time

and I find it very useful to getting back to our core, why we exist, and the meaning of work has for me.

There are a lot of things that you can say about resilience. What's really, really critical is that, like leadership, resilience is not something that you have to be born with. It's something that you can learn. And what's really wonderful about resilience is we have a tremendous number of examples of resilient MCH leaders. And I'm just going to close by letting you know about who some of those leaders might be in your community, in your agency.

Those of you who work closely with families, those of you who work closely with families about children with special healthcare needs, home visiting, other kinds of programs, you know what resilience is. You know what resilience is because those folks have figured out how to learn from adversity, how to turn what is a apparent disadvantage into an opportunity to learn. Those families go thorough change constantly and challenge constantly and are tested constantly, and yet they keep coming back, like phoenixes rising from the ashes.

And so, we might also want to use this time of turmoil or change to connect more with the folks that has something to teach us, our families. There's a wonderful exercise that I learned when I went to New Mexico for a family meeting. And at the start of the exercise – start of the meeting, everyone was asked to think about how they got into MCH in the first place and why that work is important to them. And this is a technique

that Sophie from Family Voices, I believe, introduced, but is being perpetuated by the team even without her being there. And they took like a minute and a half, two minutes of silence. You know how uncomfortable that is? Like, one of the attendees came in and thought we were all praying or something. It was really weird. But we got back to why – what was core about what we were doing, and the meeting was so productive and so exciting. And people kept referring back to when I came in and I had that chance to reflect. And that's why I think this and that's why I think we should do this. It was so powerful. And I think in that exercise, we were also building resilience.

Well, I want to close by saying there's a number of opportunities that we have at AMCHP to develop Maternal and Child Health leaders, and we're happy to share those with you. But one of the things that I think happens in times of challenge and change, despite all of those different leadership types, is the real pulling back on training, workforce development and professional development. It's in the discretionary part of your budget. It may be the first to go in terms of how you make priorities. But again, if we're going to use this opportunity to learn and build resilience in our organizations, that might not be such a crucial - that might not be such a wise decision to make.

It's really hard to invest in staff while you're also letting staff go. But as we think about building resilient MCH leaders, we can't expect that to happen by chance or spontaneously. And so, every one of us has to be intentional when times are good and times are bad in terms of building resilience in our organizations and promoting MCH leadership. That's why it's such a privilege to work with you and for you. And that's why

it’s such a privilege to work with our partners at the Bureau who take this very, very, seriously as well.

I hope in those five types you said, “I’m perfect. I’m not anyone of those. He could’ve been talking about my health department." And I hope you’re not saying, “I’m never inviting him back to my health department.” Hopefully. I’d love to come back. But take to heart why we got here in the first place, take to heart the passion that you have for your work, and help us in AMCHP and help us at the Bureau build resilient MCH leaders. Thank you very much.

ELLEN VOLPE: Mike has challenged us to be more resilient in our organizations. He’s also thrown us off schedule a little. I’m going to suggest that I’m looking for an okay that we start our breakouts at 1:45, go till 3:15, and that’ll still give us a 15-minute break before the second round. Does that work? So that...

MICHAEL FRASER: You have to respond to change, Ellen.

ELLEN VOLPE: That’s right. That’ll give you all time to get there. We’ve got about 10 minutes then to get to the rooms. Three of them are on this level, two are upstairs. That information is in your notebooks. If you have trouble, get to one of us and we’ll get you there. Thank you again, Mike.