

Webinar: Leading When Nothing is Certain and Everything is Complicated

June 11, 2020

Title Slide



Katie Quimby: Hello, everyone. This is Katie Quimby from the Title X Family Planning National Training Center, and I am pleased to welcome you all to today's webinar called Leading When Nothing is Certain and Everything is Complicated. I have a few announcements before we begin. First, everyone on the webinar today is muted given the large number of participants. We plan to have some time for questions today. You can ask your questions using the Q&A pod on the side of your screen at any time. We'll also be asking for your participation at a few points during the webinar. You can respond in the audience chat pod, which is green and can be found at the bottom of your screen. A recording of today's webinar, the slide deck, and a transcript will be available on fpntc.org within the next few days. Finally, this presentation was supported by the Office of Population Affairs. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS. I'd now like to turn things over to my colleague at the FPNTC and University of North Carolina program manager, Joan Healy.

Joan Healy: Great, thanks, Katie. So pleased you could join us for today's webinar, Leading When Nothing is Certain and Everything is Complicated. Today's webinar is a preview for the upcoming virtual Title X Leadership Institute's Navigating Uncertainty and Complex Challenges, June 17th, from 11:00 AM to 5:00 PM Eastern time. The Leadership Institute is open for registration for Title X grantees. If you're a Title X grantee and you haven't yet registered to the Leadership Institute, we hope you and your teams will plan to join us after getting a sample today of the

FPNTC support in developing your leadership skills. For those joining us today who are not Title X grantees, the Title X Leadership Institute recorded sections and materials will be on the FPNTC website for your use as well, along with today's recording and materials.



Objectives

- Identify two skills to effectively lead during uncertainty and complex challenges
- Identify one challenge participants are facing now that could benefit from leadership skills
- Identify FPNTC resources to build leadership capacity to lead during uncertainty and complex challenges



By the end of today's webinar, you will be able to identify two skills to effectively lead during uncertainty and complex challenges, identify one challenge you as a participant are facing now that could benefit from leadership skills, identify FPNTC resources to build your capacity to lead during complexity and uncertainty.



Agenda

- Introduction to Title X Leadership Skills
- Leading When Nothing is Certain and Everything is Complicated
 - Melissa Weiler Gerber, President & CEO, AccessMatters
 - Facilitated by Elizabeth Futrell, Director, Ci3 Transmedia Story Lab, University of Chicago
- Hearing From You
 - A key adaptive challenge you are facing?
 - What leadership competencies do you need to strengthen to address your challenge?
- FPNTC Resources



Briefly, we'll start today's session with an introduction to Title X leadership skills, we'll then hear from our presenter, Melissa Weiler Gerber, president, and CEO from AccessMatters on Leading When Nothing is Certain and Everything is Complicated. There's a question and answer facilitated by Elizabeth Futrell, Liz, director of Ci3 Transmedia Story Lab at the University of Chicago. And then we want to hear from you. What key adaptive challenge are you facing, and what leadership competencies do you need to strengthen to address your challenge? And then we'll wrap up by looking at FPNTC resources on leadership.

Different Types of Challenges



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| <h3><u>Technical Challenges</u></h3> <ul style="list-style-type: none">• Straightforward• Agreement on the problem and certainty about the cause of the problem and the solution• Typically resolved with authoritative expertise | <h3><u>Adaptive Challenges</u></h3> <ul style="list-style-type: none">• Adaptive challenges are complex• May not be wide agreement or certainty about the cause of the problem. Uncertainty about what will work. Solutions may still need to be tested• Requires changing people's priorities, beliefs, habits• Requires leadership at all levels |
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Before we dive in, we want to set the stage for today's discussion. Leading during uncertain times and complicated environments is a big challenge. We wanted to highlight the different types of challenges we face in our work. Technical challenges are straightforward. There's typically agreement on the problem and certainty about the cause of the problem and the solution. The problem is typically resolved with authoritative expertise. Adaptive challenges are complex. There may not be wide agreement or certainty about the cause of the problem. There may be uncertainty about what will work, and solutions may still need to be tested. Adaptive challenges require changing people's priorities, beliefs, and habits and require leadership at all levels.

Examples of Leadership Challenges

Technical
Ensuring staff know the evidence-based guidelines

Adaptive
Identifying and addressing reasons for rising cases of STDs

<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
<https://www.cdc.gov/std/news.htm>

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For example, a challenge that requires leadership with both technical and adaptive components is the rising number of sexually transmitted diseases in the U.S. On the national public health level, the rise in cases of STDs is an alarming trend. A technical challenge is ensuring staff know evidence-based guidelines. As we see here, the CDC and Office of Population Affairs provide recommendations for providing quality family planning services. Additionally, CDC's STD treatment guidelines provide technical guidance on assessments, screening, and treatment. Over time as evidence-based guidelines evolve, providers must change their work policies accordingly. But it's still a technical challenge in that there are high levels of agreement uncertainty about the evidence-based practices related to STDs. An adaptive challenge is identifying and addressing reasons for this alarming rise in rates of STDs. The CDC acknowledges that there are uncertain about the reasons for these alarming increases and what might additionally be needed to address them. What matters in one community might be different from another. Adaptive challenges, we need to create more agreement uncertainty about the causes of the problem and the solutions, and adaptive challenges call for adaptive solutions. A survey of the Title X grantees conducted in 2017 by the FPNTC, family planning agencies indicated a need for their leaders to improve capacity to identify and resolve adaptive challenges, challenges without a clear or agreed-upon definition, or readily identifiable solutions.

Sources:

[CDC, MMWR, Providing Quality Family Planning Services](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf)

<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

[CDC News, The U.S. is Experiencing Steep, Sustained Increases in Sexually Transmitted Diseases](https://www.cdc.gov/std/news.htm)

<https://www.cdc.gov/std/news.htm>

Title X Leadership Competencies

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| <p>INDIVIDUAL LEVEL</p> <ul style="list-style-type: none">Critical ThinkingDiversity and InclusionProblem-solvingJudgment and Decision makingResilienceActive LearningSelf-awareness/Self-reflectionEmotional IntelligenceInitiating | <p>TEAM/INTERPERSONAL LEVEL</p> <ul style="list-style-type: none">Relationship Building and ManagementCreating Shared VisionProblem-solvingConflict ManagementCommunicationCultural CompetencyEngagementEffective TeamsNegotiationTalent ManagementPerformance Planning |
| <p>ORGANIZATION/SYSTEMS LEVEL</p> <ul style="list-style-type: none">Reflection and Continuous LearningChange ManagementDiversity and InclusionProblem-solvingStrategic ThinkingContinuous ImprovementSystems Thinking | <p>COMMUNITY/ECOSYSTEM LEVEL</p> <ul style="list-style-type: none">Stakeholder EngagementStakeholder AnalysisAdvocacyPromoting Health EquityNetwork BuildingCollaborations and PartnershipsResilience |



On this slide, we see the Title X leadership competencies which were identified as the skills needed for the Title X workforce to adapt to adaptive challenges. For today's session, there was a handout. You should have received a handout of these leadership competencies prioritized for the Title X workforce. So please refer to the handout which contains a description of each competency at the individual, team, organization, and community level. As we go through the presentation today, you might want to note those leadership skills which Melissa Weiler Gerber has used to address her challenge as well as note some of the areas where you would like to strengthen your leadership skills. Without further ado, I'd like to hand it over to Liz Futrell to introduce Melissa and to get us started. Thank you.

Speaker and Facilitator



Melissa Weiler Gerber, JD
President & CEO,
AccessMatters

Elizabeth Futrell, MSPH
Director, C3 Transmedia Story Lab,
University of Chicago



Elizabeth Futrell: Thanks so much, Joan. As noted previously, Melissa Weiler Gerber is CEO and president of AccessMatters, a Title X grantee based in Philadelphia, Pennsylvania. Melissa, thanks so much for joining us. As you know, our world, our country, our organizations, and our home lives have undergone profound, and in some cases, lasting changes this year, and the ground continues to shift beneath our feet. The pandemic and the continued toll of racist murders, police brutality, and threats to black lives have compelled us to confront our country's pervasive health, economic, and social inequities all rooted in systematic injustice. There've been few times in recent history where the need for effective leadership has been as pressing as it is now. Thank you for taking time out of your own effort to address these challenges at AccessMatters to share with us your insights on what it takes to lead when nothing is certain, and everything is complicated.

Melissa Weiler Gerber: Thanks so much, Liz. Before I begin my comments, I just want to note that it was months ago that I was asked to speak on the topic of leadership in the face of complicated challenges and uncertainty. My talk was already under required review just as we were learning about the racist, vigilante murders of Ahmaud Arbery and Nina Pop and in advance of the police killing of George Floyd, Breonna Taylor, Tony McDade, Tristan Reed, Manuel Ellis, and David McAtee, and before the racist threats to Christian Cooper's life. I want to honor these individuals whose names are now familiar and countless others whose names we may never know, and their experiences with police brutality and anti-black racism in the US. We will address the issue of leadership in the wake of these more recent events during the discussion that follows this pre-approved COVID focus talk.

It was the evening of Saturday, March 7th. I was heading from Philly to Washington D.C. for the National Family Planning and Reproductive Health Association's annual conference. The buzz

was growing about the coronavirus, so I had some trepidation about taking the train and heading into a hotel ballroom with hundreds of other people. But it seemed like things were so calm in D.C. I knew the folks on the ground there were monitoring the situation carefully, and as always, I was longing to see my colleagues. And so I proceeded.

From the start, it was clear that this wouldn't be like other conferences. Hugs were replaced with elbow bumps. Hand sanitizer became the most sought-after exhibit hall giveaway. The session was then started with the agenda to tell us breaking news on a still-new pandemic, which I learned called COVID-19. By Tuesday afternoon, remaining conference activities were canceled as attendees scrambled to get home quickly and safely in order to make plans for what would come next. When I arrived in Philly in the day Wednesday, it felt like things were changing hourly. By Thursday, it was clear we needed to make significant decisions of an unprecedented nature with incomplete information that will have lasting impact on our organization, and so we did.

By the end of that week, we shifted to remote work for all staff, suspended all direct client-facing work until safe to resume, and lifted the cap on our sick leave policy. By the following Monday afternoon, our mayor announced he was shutting down the city at 5:00 PM. We got out a final round of communications to our funders, partners, and board members, closed up the office, and entered the first day of our new normal. You know what? So did all of you. And so this talk today, while highlighting a few of my personal takeaways from this period is really a tribute and a thank you to everyone who had to take a leap, make a judgment call, experience pushback, pause and regroup, make a mistake, make another mistake, gather information, consult trusted advisors, and do our best under almost unimaginable circumstances.

Truth be told, I was asked to give this talk before COVID-19. Remember before COVID-19, the talk was to be about leadership skills in times of uncertainty and complex challenges such as managing the impact of Title X world changes on our network with care. The idea was to talk about leadership skills such as resilience, focus, and stick-to-itiveness needed in the face of change to ensure the core mission of the Title X program stayed on track, and that the people who need the services continue to get them, and that the concerns of staff delivering those services were heard, honored, and addressed so that the Title X program could continue to deliver critical, life-changing, and life-saving services to those who need them. I want to acknowledge this because it isn't as if we were operating with a full tank of gas and a fresh emotional reserve when COVID-19 hit. Our bandwidth was already stretched thin responding to new Title X program rules and significant changes to our network of care due to those rules. We were already busy and tired and stressed out. COVID-19 didn't care, it came anyway, suddenly, ruthlessly. And so to me, the most interesting leadership lessons and observations have been about what skills and practices enabled us to do what we needed to do to face this novel coronavirus on top of our existing demands. The challenge was in the challenge.

With each of this to be managed through, no doubt looks a bit different. I'm sure all of us needed to apply critical thinking skills trying to make sense out of the incomplete and sometimes conflicting information we had at hand, talking through options with our internal

leadership teams, and using our best judgment to come to a decision about next steps. Those parts of crisis management are to be expected. But for me, it felt like a part of my ability to garner the focus and energy needed to rally and take on COVID-19's challenge was that I pulled from other parts of my leadership portfolio and allowed myself to show different parts of myself in this crisis, which helped me draw energy from the experience and find ways of feeling more connected to my staff despite being physically further apart. First of all, I needed to be an active learner at a whole new level, being open to listen to and learn from staff members outside the senior leadership team who were closely following how COVID-19 was tracking in Europe and what steps seemed most promising in containing it. While my senior team and I were close to concluding we needed to move to remote work, well-reasoned and thoughtful emails from fellow staff members validated the path we were considering and pushed us to make a move as quickly and thoughtfully as we could.

Next, I had to be an active learner to stay on top of quickly unfolding new federal health benefits programs, federal state and local loan programs, statutory and regulatory frameworks for stimulating the economy and protecting workers, and local, state and, where trusted, federal guidance regarding the status of the virus, the scope, and impact of stay-at-home orders and best practices for assessing how to keep staff as safe as possible, an ever-changing picture. First of all, I had to lead with emotional intelligence more than at any point in my career. My staff was scared. Scared for their own health, scared for family members, scared of how little we knew about something so deadly, and scared of how we were going to handle the situation. Will they feel safe? Will they be able to care for themselves and loved ones? It quickly became apparent that job one was doing right by our staff by providing as much of a sense of security as possible. It was the right thing to do for staff who had been true to our agency. We also knew that folks would not be able to turn their attention to supporting our critical public health mission until their basic needs were attended to. It's not really listening to staff concerns about remaining in our office space, it meant understanding the challenges many employees were facing as daycares and schools began to close and ensuring all staff, a caregiving account under our own policy and then stating and meaning it, and then stating again, and again that we were, are living in unprecedented times, that each of us is differently-abled to manage through this social isolation and constant stress of this period and that while some people might have managed well at the beginning, they might hit a wall at week eight or twelve.

Feeling good and feeling not so good can change day by day, even hour by hour. That there was no expectation that people and teams would be able to operate at 100% and that there was every expectation that we would all take the time we needed to care for ourselves and be kind to each other. We shared resources, we listened for any signs of individual or team struggle and brought in additional help in the form of a trauma-informed therapist and consultant to listen and support our staff members. Right from the start, it's clear that one of the best ways for us to ease anxiety and increase a sense of security was to communicate, communicate, and then communicate some more. The tribe had set a tone of humility and partnership from the start, admitting that we were working with incomplete and evolving information, so that while we do our best to make good decisions and craft effective policies, we were likely to make some missteps and might need to pause and course track if we learned more. We asked for patience

and understanding and pledged frequent communication in return, rather than waiting until we felt we had tied up all the loose ends and unanswered questions. It was clear that one of the biggest anxieties our staff was facing was about whether there would be layoffs and what would happen to our funding if we were not able to safely execute on some of our grants deliverables. This was a particular source of anxiety for our direct service workers whose jobs typically involve face to face contact with consumers to conduct community-based HIV testing and provide navigation services for those seeking sexual and reproductive health services.

When we announced the move to remote work, we also announced the suspension of community-based activities and the pledge to ensure that our direct service team did not financially suffer as a result of that decision, and then early communication to funders letting them know what we were doing and why, and asking for their assurances around continued funding. It also meant working with our bank and auditors to garner our Payroll Protection Program loan to provide an additional layer of insurance against the funding downturn. Time and again, we heard from staff how grateful they've been for the security of their jobs and staying attune to anxiety levels around this and communicating about the steps we've taken to protect jobs to being key to demonstrating compassionate leadership during this time. This period also has afforded me the opportunity to connect with staff outside my leadership team in new and meaningful ways. The weekend to remote work I was getting reports from my leadership team but really wanted to hear directly from the rest of staff how things were going for them and to let each person know that I was grateful for their continued dedication to our mission and thinking of them and their loved ones. I sent individual emails to each of the 35-or-so other members of our team, acknowledging what a scary time it is, how quickly they had to shift gears, how much each of them was struggling.

The responses I got back were not the sentence or two I expected. Many staff members wrote paragraphs, sharing so much about their families, their fears, their remote work successes, and struggles. I heard about how hard it was for a four-year-old to understand why if mom is home, she can't just play all day. I heard about the stress of having a father who's battling cancer in the midst of a pandemic and worrying about whether he can safely get the care he needs. I heard about having to quarantine from your own spouse because he's an EMT and having to explain to your two-year-old why he can't hug his dad. I took my cue from my staff and shared back about my own family, my own fears, successes, and struggles. The connection struck a chord with them and with me, so much so that I did it again, and plan to continue with it throughout this remote work period. As I checked in with staff, I heard over and over again how supported people felt by their managers, directors, and vice presidents, and how grateful they were for the flexibility and understanding being shown. In fact, staff exclusively recognized that our leadership team have been modeling the trauma and front leadership we've been working toward in our agency, recognizing staff members as whole people whose lives and experiences cannot simply be checked at a virtual workroom door, especially during a time like this. One of our newest supervisors shared in a recent virtual staff meeting that she was discovering during this time period that she could lead more from the heart and was leaning into that. What she said rang so true for me. Too often, I feel as though everyone is looking to me to have the answers. As horrible as this pandemic has been, it's sudden and unprecedented nature meant

that there was no game book for managing this crisis. And that in its own really weird way was liberating. I learned to get comfortable speaking without having everything tied up in a bow because my staff needed an imperfect something rather than a leadership voice. I learned to throw away the agenda during a supervisory check-in because I could hear the stress bubble in a staff member's voice and knew more than anything she just needed to talk. I learned to let down my own guard and share more of my own feelings and challenges, as well as my own sense of humor. I learned that by being more vulnerable, I could connect more authentically, and that leading with my heart has just been as necessary, in fact, more necessary than leading with my head. This talk, like these times, isn't what I expected it would be when I was first asked. It is less about analytics and metrics and being in control and more about emotions and perception and allowing yourself to show vulnerability. It's about knowing what is most important, people and relationships, and following that as your North Star, no matter how far you're traveling through. It's about remembering that if you can create a space where people feel as safe as possible doing this crazy work we do in these unbelievable times, then only good and creative and resourceful and inspiring and truly wonderful things can happen.

Over the decade, Title X has continued to provide vital care in the face of so many challenges. This pandemic will, is already, leaving its mark in tragic and unjust ways across our nations. The COVID-19 will not take down Title X because of leaders like you and leaders on my team who know we can and must use our minds and our hearts to ensure that comprehensive and confidential sexual and reproductive health services are always available for all who need them. Thank you.

Elizabeth Futrell: Thank you so much, Melissa. I really appreciate that honesty in your talk and just thinking back and listening to your personal story. The universal nature of some of the challenges we face at this moment is evident. I want to ask you a few questions, and then we'll open this up to questions from the audience. I want to start here. So much has happened in the world, even since you submitted this talk a few weeks ago, as you mentioned. Staff who were feeling pressures related to COVID-related shutdowns are now negotiating new pressures that come with the reopening process, black staff are also bearing the weight of injustices of disparate COVID-19 impacts, police brutality, and anti-black racism as you mentioned at the outset. You talked about drawing on emotional intelligence in your talk. Could you speak to how that competency and perhaps others like self-awareness, self-reflection, and cultural responsibilities have guided your interactions with staff in the midst of these difficult events?

Melissa Weiler Gerber: Well, Liz, you just packed a lot into that question, and so I'm going to try to take different pieces of it in order and start first with how we've been handling COVID-19 and pressures around reopening. I think all of us have experienced and seen the incredible pressure to ease up on restrictions, recognizing the tremendous economic impact of this crisis. We've seen that play off often in tension with public health concerns and implications. We've seen it play out certainly here in Pennsylvania as well. And so as that started becoming the narrative, I remember talking in a leadership team meeting and saying, "What are we hearing that folks are worried about? What are you hearing in your team meetings and what should we be saying that we haven't yet said, that might be able to ease people's stresses." Realizing there were so many

stresses we could do anything about, there were ones we could do something about. When we realized that folks were hearing this narrative about reopening and really beginning to worry that this pressure to open our city and state mounted, they might be forced to come back to work sooner than they felt safe doing and certainly sooner than they felt feasible given childcare and other issues. We really decided we needed to address directly with staff, let them know that while we were going to continue to look at trusted sources for guidance, that we were also going to focus on their safety and their wellbeing, that that was always going to be our top priority, that we were aware of how much they needed public transportation and childcare and schooling and summer camps now and that we knew that COVID was having a dramatic impact on the safety of all those things. We recognized that some of our staff members may fall into high-risk categories. We wanted to assure people we weren't going to have an arbitrary marker like, for example, in Philly moving from the red to yellow phase of caution, we weren't going to just switch the lights back on soon as that happened. We were going to make sure that we were not bringing folks back until we felt that it was safe to do so and then to do so in a really adequate way and with notice so that people really had an opportunity to adapt their life. And so I think we've continued to apply that emotional intelligence in that keeping the ear to the ground. In the last couple of days, our city has moved to a slightly more relaxed phase of restriction and so we took it upon ourselves to really reiterate our commitment and make concrete the fact that we're going to remain in work mode until at least Labor Day so that folks could have that one piece of stress reduced and plan their summers accordingly. I think it's been really important to continue to really pay attention to staff concerns and continue to use emotional intelligence around those things. With respect to the impact of recent, really graphic displays of police brutality and anti-black racism and the impact of those in our staff, in particular our black staff, I would never attempt to speak for my black staff members and the trauma they experienced, to vividly play events that are painful both because they're horrific in their particular instance but also because they're so incredibly common in the US. Then, of course, those events don't stand alone, you mentioned this yourself, but they're added to countless similar events over our nation's history. They're added to the disparate impact of COVID-19 on black and brown communities due to enduring systematic racism. They're added to the disparate economic impact of lost jobs and being forced to work with C jobs during the pandemics so that others of us could stay safe. And so the cumulative pain and exhaustion and trauma and depletion was really palpable. I think we were all very, very sensitive to that. And so our first priority as leadership was to work to support black staff and then all staff in processing what was happening in our city and in our nation. I would say that my first step as a leader in that regard definitely was flawed. I used to come to the white supremacist tendency of urgency and move too fast on something that I thought would be helpful, but landed in a way that was hurtful and it wouldn't be the only time that that happened that week. I have really learned in my own work that as a white person, I need to face reality of making mistakes in this area and then owning them with humility and really learning from them. In my learning, there is a quote that really stands out to me. Maya Angelou said something that's been so meaningful for me as I manage my own shortcomings, which is, "Do the best you can until you know better, then when you know better, do better." I really appreciate this directive because it acknowledges that we move in this work imperfectly while it also makes clear that we have to commit to continuous learning and improving. It removes the excuse of not starting until you understand

all the theory, you can use all the language, know all the strategy, but it doesn't permit you to sit in a place of ignorance for long, and that really resonates with me. Again, as a white CEO in an agency that's committed to sustained anti-racism work, awareness of my own biases on these limitations is really critical. I'm in a position of power, so I'm in a unique position to either advance or thwart anti-racist efforts in both our internal and external operations. And so it was really important to me that when I screwed up, I modeled humility and repair as best I could and did what was needed. After offering sincere apologies, I hope we then demonstrated commitment by moving on to other planned work which was providing supportive spaces for black staff to process their feelings, the work facilitated by a trauma-informed consultant that was known to our staff, and then creating a space later in the week for non-black staff to really examine our own role in perpetuating white supremacy and anti-black racism. We asked our senior team to cancel non-essential meetings at the start of that week. We've continued since that time to really assess our ability to complete certain weeks in the way that we try to center our staff and think that staff are still feeling and that will continue to be bearing and really encourage folks to take whatever mental health time they needed, reminding them of outside counseling resources if that could be helpful. And then I say the last thing we really did in the face of all that was to take time to craft an organizational statement of support and commitment that was less about saying, because it felt like a lot of people were saying a lot of things, and more about commitment to action, what we were going to do as an organization to make AccessMatters anti-racist. We're going to be following up on that in their staff meeting and with work later this month to ensure that the work we're doing and the commitment we're making is really enduring.

Elizabeth Futrell: Thanks so much for that answer, Melissa. You mentioned the importance of learning from our mistakes. It's also so important, I think, to listen and learn from each other, so really appreciate you sharing all of those insights and those practices.

The slide features a white background with a decorative border of colorful circles (orange, green, blue) in the top right corner. The title "Q&A with Melissa" is written in purple at the top left. Below the title is an icon of two blue silhouettes of people with a speech bubble containing a question mark. To the right of the icon, the text reads: "Enter your questions in the Q&A pod for Melissa on leading during uncertainty and complex challenges." In the bottom right corner, there is a logo for FPNTC, which consists of a circular arrangement of colorful dots followed by the text "FPNTC".

Q&A with Melissa

Enter your questions in the Q&A pod for Melissa on leading during uncertainty and complex challenges.

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You talked about leading by modeling, and this next question relates to that as well. An adaptive competency that many of us are thinking about right now is resilience, and another competency, relationship building and management, can help cultivate a sense of the resilience in a workplace. I'm wondering how you are modeling self-care in your organization and what you've seen that has been the effect of doing that.

Melissa Weiler Gerber: Sure. I want to start by saying I think we need to be careful when we talk about resilience because I think often it can be seen as something internal, like an inner strength that you either have or you don't have, or one that you're expected to have or expected to develop in spite of all the trauma and pain that society and race load unto people unfairly and unevenly. I attended a children's hospital Philadelphia webinar during this remote period and it was managing through the stressors of COVID-19. For the reasons that I just mentioned about, they lifted up a different idea of resilience which comes for Dr. Saul Levin. The definition is that individuals' utilization of inner strength and outer resources in order to overcome serious adversity, even traumatic circumstances, and still continue to pursue and succeed in one's endeavors.

They really stress that many of us can't manage through times like this relying only on our own reserves and that it's really unfair to set people up for that. We need to turn to outside reserves. The thing they pointed out is that a lot of the things that we can usually turn to as sources of support, we can't access because of COVID-19. This is something we've really tried to emphasize at AccessMatters and to normalize during this period, talk about encouraging time off, including continuing to schedule and take vacations even if they have to because a stay-cay instead of the travel that you had planned, really talking explicitly in supervisory and even team meetings

about self-care, about check-ins, and exchanging ideas about self-care that have worked for each of us, so we can give each other ideas about what to do.

I've definitely shared some of the things that have been helpful to me, one of which was, I think, a surprise to my family and close friends was really discovering that big-batch cooking and freezing is very Zen and satisfying to me. I came to cooking very, very, very late in life, so that was a really wonderful thing and very methodical and made me feel like I was doing something good for my family. I've been running. I've been being more international about nutrition and taking the time to also strengthen with some core training that I had always wanted to do and never quite made the time to do. I've been exploring my own city on foot as a tourist, discovering and photographing here in streets and murals and neighborhoods and parks that I didn't know existed, the way that we're able to travel right now and go to someplace else.

I've also really been trying to stay grounded in personal growth commitments that I've made to myself, and to my staff really in some ways, over the past several years, which are daily Spanish lessons and continuous reading, to do my own work to become anti-racist. And then I would just say on the lighter note that finally, my practice is to end each day by sampling a different ethically-made dark chocolate bar from some awesome small-batch chocolate maker that I'm always excited to support.

Elizabeth Futrell: Those are all great self-care strategies. Thanks for sharing, and really appreciate your reconsideration of the way we define and think about resilience. We want to open it up for the participants of the webinar to ask questions. Participants, using the Q&A pod, please enter your questions to Melissa on leading during uncertainty and complex challenges. While people are writing their questions, Melissa, I'll ask you one more question for now, and that is that, as you mentioned, good communication is absolutely essential at a time like this. Your talk hinted at the need for leaders to struck a balance between being willing to be vulnerable but also being steadfast and offer a sense of organization sturdiness. Can you talk about your philosophy around communication and how the events of the last few months have enhanced or reinforced your understanding of good communication in the midst of uncertainty?

Melissa Weiler Gerber: Sure. I am a lawyer by training, so both by training and maybe a bit by nature, I really like to have everything well thought out with a reasoned analysis to back up my statements made and actions taken. I want to look at all the angles and risks and benefits. I think I'm pretty careful about the precedent we set when we say or do something as an organization. I'm sure that to this point there's tendencies, like we protected my agency at some times from taking too much risk. But I also am aware that they can really be maybe too careful at time, and that in turn, I think it tends to create a delay in action or allowed for there to be an information void while I've been trying to get all the loose ends tied up perfectly. What I've learned is when there's an information void, the team wants to create its own narrative, and that can cause unnecessary anxiety or confusion and worse case, hurt and pain. And so I've learned to lean into the gray more, to try to get out in front and anticipate with the best information that you have. And then as I said before, to really keep a pulse on what might be causing people stress, what information would be helpful to the team to feel more secure to

feel thereby more able to focus really on their health and safety and their work, and to be more comfortable in acknowledging the emotional piece of our work, the emotions of staff, my own emotions, and really to lead in communications with compassion and empathy. As stated above, when I screw up, to apologize with humility and sincerity and pledge to do better.

Elizabeth Futrell: Thanks for all that. I see one question that's come in that'll I'll ask from the audience, and that is, "What have you done, and what skills are useful now in reaching out to partners, community groups, especially to figure out what clients need most right now?"

Melissa Weiler Gerber: Yeah, I really want to credit our team. The way that we are structured as a grantee organization for Title X is that we are working with a network of providers. We don't have our own clinics, and so we are working with a really diverse network of providers with many different ways of delivering services. I really want to give tremendous credit to our team who has been focused from day one as we moved to remote work, to staying in really close communications with all the networks we work with, Title X and otherwise, to find out how folks were adjusting and what their needs are and then to be able to report back to funders what was happening, how service is being impacted and to advocate in some cases for reimbursement methodology to make sure that it covered telehealth when things were shifting to a telehealth environment. And so I think our goals are really to stay in close communication with partners, to let partners know what our game plan was about our own operations, and then to stay in close contact with funders who are supporting the work in the hope that we can both be good advocates for changes that need to happen and also to really show up and provide security around the funding stream to keep the work flowing with continuity for clients.

Elizabeth Futrell: Thanks so much for that, Melissa. Got another question which is, "As you've updated your organization to the COVID reality, curious about what practices you've implemented that your organization want to continue even once everyone is back on site and workflow has gotten closer to the new normal."

Melissa Weiler Gerber: Yeah, we actually asked our staff this question in department meetings, really wanting to figure out lessons learned from all of this, what's worked well, what hasn't, what should we absolutely leave behind, and what should we absolutely carry forward. Some of the leave-behinds were things that relate to processes that perhaps have always been annoying and inefficient but were glaringly so during remote work, where we just determined they're simply not necessary. We've decided we're streamlining the way we handle things like the issuance of contracts, processing of invoices, commission of expense received for American Express. I think folks are pretty overjoyed about the time and frustration that those fairly simple decisions are going to save them.

But there are some really bigger, deeper things that came out of the staff recommendations as well, and for me, the striking one was one that I alluded to when I was speaking earlier, which is that staff noticed that leadership is acting and leading with more flexibility, empathy, understanding of the challenges that faced them as whole people, challenges they face outside of the workspace. And those are things that we have been focusing on as a leadership team

through training of our leadership team on trauma-informed supervision that we got to put into action in a real-world situation at a scale that I think none of us really ever anticipated. It was really amazing to know that it was making a difference for staff, that it was noticed and acknowledged, but much more importantly what they said was, "How do we keep it going once the current crises have passed? We don't want just kind of resort to all about work model of thinking once this time period has passed." I think that's really profound, and I am very committed to ensuring that through my own modeling, through ongoing training for leadership and supervisor, and then the manner in which we think about how we evaluate supervision, that we're really ensuring that we institutionalize this trauma-informed approach in our culture because it's really been clear how much it means to our staff.

Elizabeth Futrell: Yeah, thanks for sharing. I really appreciate that because I mean this whole crisis has been an opportunity for us all to take a step back and really think about the way we should be working and what long-term changes we can make just to make life feel more manageable. It's great to hear you reflecting on that. I've got another audience question, and that is, "There are huge disparities in access to care and how vulnerable populations are impacted the most right now. What are you seeing, and what are you doing to make sure equitable access for clients experiencing barriers right now?"

Melissa Weiler Gerber: Yeah, I really appreciate that, and I think this is one of those things where COVID-19 has put this on a national and global stage in a way that perhaps is new news to some folks, but I feel like for folks operating in Title X and in public health generally, we know that COVID is just the latest example and in many ways the product of all of the disparities that are based on racist practices that have preceded it. The underlying conditions that have caused more deaths in black and brown communities are based on decades worth of issues in terms of access to healthcare. And so organizationally, there are a number of things we're doing. We're involved in some efforts in Philadelphia, specifically looking at the higher rates of black maternal mortality and thinking about how we can look at the systems of care at the area delivery hospitals and try to analyze what's happening and try to impact care there. Connected to that, we've got some really fantastic new legislators in the Philadelphia region who are focused on black maternal and child health particularly, and we're looking for ways to amplify that work and get more engaged on an advocacy level in that.

We've also done a lot of shifting of our own training work internally, so in addition to the programs that we manage and looking at disparities through those, we also offer capacity building services and essentially a lot of that, looking at implicit bias, looking at racial micro-aggressions and looking at the way racism impacts delivery of care by working with medical students and departments of health and healthcare providers to really try to influence the way that they deliver care and think about care to help reduce disparities. And then I would say that in every proposal that we write and in every program that we operate, including the Title X program, we're continually doing community needs assessments within our own region to look for areas where access is still not what it should be and to make sure that we're reaching out as much as we can to ensure that where there are gaps in care and whether those gaps in care are because there isn't a care point, or the gaps in care are because there is a care point but it's not

a care point that feels like a welcoming and respectful care point, that we're trying to insert access points into those areas.

Most recently, we're doing that and thinking about where there are gaps in care and using some of the extension plans that we have from Title X to be able to do that. I think we also try to find non-traditional points of care. And so I think in one of the programs that we have been doing a lot of work to expand, again thanks to additional funding from Title X over the last year, is school-based care, so looking at how we can have additional access points that are outside of just usual clinic settings but it still always for warm handoffs for more comprehensive care, so entry points of care at trusted schools and non-profits and social service sites but then can link back to more comprehensive care. I also would just say I think we're also looking now, because of course a lot of things I just described are shifting into a different model because of COVID-19, I think we're working with our providers to see what the extension of telehealth does in terms of extending access to care in a way that we might not have thought about before.

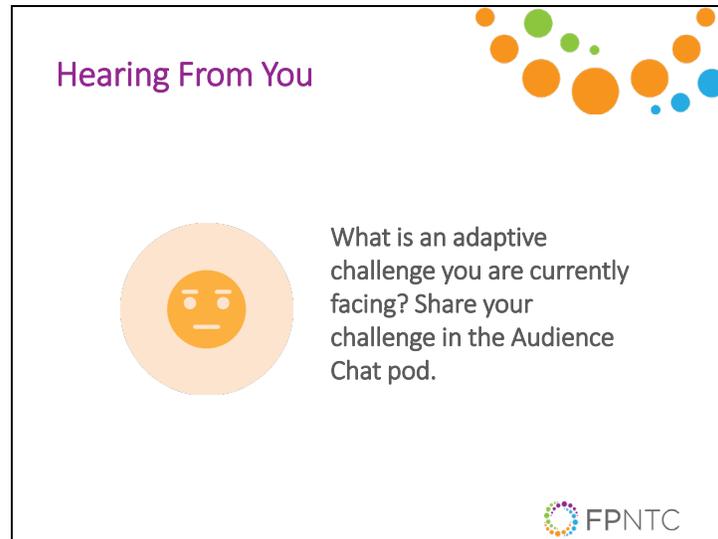
Elizabeth Futrell: Yeah, thank you for that. Yeah, that's a lot of food for thought there. Everyone has had to, all of a sudden, provide telehealth, and a lot of that is technical on how services can be provided, lots of great materials and experiences are being shared, a lot of learning as we go. What have you found useful, especially your staff, to provide services in what is completely a new way for assisting people?

Melissa Weiler Gerber: As I said, in the Title X context we're really working to support partners to find the method of service delivery via telehealth or drive-by pickup of pills, or whatever happens to be that works best for their individual clinic setting and their community. Just some examples of what we're trying in programs that we operate that are direct-service facing, we have an HIV-testing team that really specializes in going out late late at night on a mobile van to community settings to try to reach folks who would otherwise not get testing and potentially wouldn't come into a clinic setting for testing. That is, like many HIV-testing programs, an incentivized testing program, so folks who come out to get tested receive an incentive for doing so. I believe as we started thinking about our move to remote work and the risk that was increasing in our community for COVID-19, we didn't feel like it was either safe for community members and our staff members, or quite frankly ethical, to be incentivizing folks to come out into a potential group setting to do testing.

And so our testing team, a team that loves to be in direct contact with clients and serving the community, had to shift gears really quickly and focused on capacity building and other ways to increase their skill-building and training for the day that would come next. Thanks to some really creative thinking and quick work on folks on our staff, we were able to forge a new partnership with our area AIDS activities coordinating office through the Philadelphia Department of Public Health to help them expand a pilot from a couple of months ago to do in-home HIV testing and have our team help folks through that process and be available for follow-up guidance and linkage to care assistance depending on how their results turn out.

So we're doing some early outreach efforts and advertising efforts about that. But I think it's been that kind of adaptation of thinking, "How do we preserve our commitment to public health and also keep folks on all sides of the equation safe?" Similarly, we do some navigation services that we're moving from, "Okay, we can't do them one on one, in person, can we do them by telehealth?" And now re-examining again, "Might it soon be safe to do a group setting in a socially-distanced way?" And so I think we're trying to work with the partner organizations that we work with and think together about the safety of our own team to continually take in the new information that we get. I mean all of us know that, I think in the last week alone, information about asymptomatic cases changed at least two or three times. There are a lot of things that we're learning, and we're trying to take those in and figure out what's going to be safe and effective from a public health standpoint.

Elizabeth Futrell: Thanks so much for that. Yeah, I mean, it's just interesting. We were talking a minute ago about just practices at work that may continue past the age of COVID-19, and it just strikes me as we think about how we deliver care, sort of being creative and finding these new ways to reach people and provide services. Hopefully, these innovations will stick in the long term and just enable us to reach more people, so thanks for that. We are going to turn back to Joan and the audience, and we'll have a chance in the next few minutes to hear from webinar participants.



Hearing From You



What is an adaptive challenge you are currently facing? Share your challenge in the Audience Chat pod.



Joan Healy: Yeah, thanks, Liz, and thanks, Melissa. We wanted to hear from you what is an adaptive challenge you're currently facing. The call, the adaptive challenge is complex and complicated, a lot of uncertainty. We've heard of uncertainty from Melissa. She talked about the uncertainties of whether there will be layoffs, what would happen to funding if they weren't able to safely execute on some of their grant deliverables, the complexities of a lot of those guidance continually changing, benefits, loan programs. We'd like to hear from you if you can enter into the audience chat pod, what challenges you're facing right now. I think it would be helpful for participants to see what's some of the commonalities as well as some of the very unique challenges that we might be experiencing right now. One, we might be in that afternoon wall where people are soaking in and not actively sharing right now. One thing we did it was helpful to see the question about telehealth because I think that so much about what people have been focused on in terms of being able to continue offering services, do people have any specific aspects of telehealth that were proving particularly challenging right now, if you want to enter those in the chat. Okay, nothing much.

Hearing From You (continued)



What adaptive leadership skills would you like to strengthen to help address your adaptive challenge?

Share the skills you want to develop in the Audience Chat pod.



Maybe we'll move on to the next part where we wanted to hear from you, ultimately look at what adaptive leadership skills you think you would like to strengthen to help address some of the challenges you're facing and share the skills you want to develop in the audience chat. We do have some chatting coming in now, someone saying, "Our clinics have been really slow in implementing telehealth. The clinics are open. Few people so we haven't had a huge need in our state." Perhaps if you could chat in which state you're in, that might be good context for people. There's another one, "Overwhelming community need for COVID-19 in our sites." That may be a common challenge, that others are experiencing that. Similar challenges, mostly staff and security, taking care of their families, family members experiencing job loss, and then challenges getting clinicians on board with telehealth and when they still need see patients in person and at their hospital jobs, so kind of a whole range. Now another note, "Addressing racism, white privilege, white supremacy, what's appropriate for us to do as an organization knowing we have a team of people that are in different places in their journeys?" Melissa, do you want to build off of any of that and comment just in terms of maybe commonalities you're seeing around some of the reactions to the telehealth services?

Melissa Weiler Gerber: Sure. Well, there were a couple of questions also that I see came in just asking about resources for trauma-informed supervision, and it sounds like there are some questions around entering into race equity work and anti-racism work. I would just say that our path at AccessMatters has been anything but linear, and it's not been all smooth. I feel like in those instances of doing the trauma-informed work, and doing the anti-racism work, we really owe a debt of gratitude to staff members for raising these issues and saying, "This is important for leadership to focus on." I think that I would just really recommend looking in your area for facilitation to help you through this process because I think where we have fallen short is for trying to do something with either without enough knowledge to do it appropriately, or trying

to take on too much internally so that staff can be full participants in the process but have too much of the weight of it. We paused on some of our race equity work to focus organizationally on trauma-informed supervision, feeling like if we could build up a base of trust with our team, that that was going to be crucial for us to be able to move forward in what we're sure to be very challenging discussions around race and anti-racism and our commitment to anti-racism, both in our own internal policies and practices as well as the way we approach our programming and the outside world.

I would just really highly recommend looking for someone who can facilitate. We're now working with somebody who is very skilled in terms of being a therapist, who has a trauma-informed focus. And so she is a trainer around trauma-informed supervision and trauma-informed work generally and does her work through a race equity lens. And so for us, it was a really good fit and so I'd be happy to talk to anybody offline about that, but also would just really highly recommend facilitation to be able to allow both leadership and staff to fully participate and especially if they're focused at very different stages of work in your organization. Someone who has experience can really help to facilitate that and enable everyone to feel like they can make progress from the point that they're starting at. Somebody also asked about the source of their resilience comment and it's Dr. Saul Levine. I don't know when we send this out if anybody wants the quote again we can provide that, but that was the reference.

Joan Healy: Right. Well, we didn't see any specific comments about leadership skills that people would like to strengthen to address challenges that they have right now, although people are reflecting what are the challenges that they are faced with. Again, encouraging to look over the handout that was sent prior to the webinar so you can reflect on some of those and hopefully the discussion with Melissa and hearing what skills are proving useful to her will prove useful to you as well, as well as to just other areas you may want to strengthen your skills. We were going to turn to some of the resources that are available through the FPNTC.

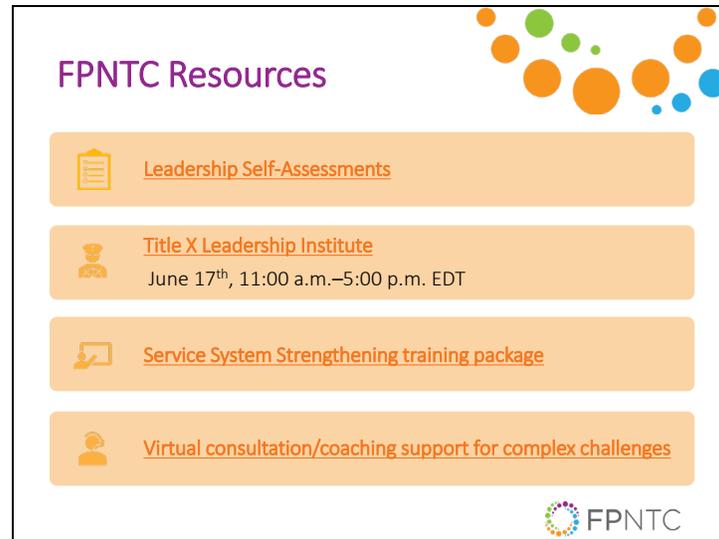
Title X Adaptive Leadership Competencies



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INDIVIDUAL LEVEL | TEAM/INTERPERSONAL LEVEL |
| Critical Thinking Diversity and Inclusion Problem-solving Judgment and Decision making Resilience Active Learning Self-awareness/Self-reflection Emotional Intelligence Initiating | Relationship Building and Management Creating Shared Vision Problem-solving Conflict Management Communication Cultural Competency Engagement Effective Teams Negotiation Talent Management Performance Planning |
| ORGANIZATION/SYSTEMS LEVEL | COMMUNITY/ECOSYSTEM LEVEL |
| Reflection and Continuous Learning Change Management Diversity and Inclusion Problem-solving Strategic Thinking Continuous Improvement Systems Thinking | Stakeholder Engagement Stakeholder Analysis Advocacy Promoting Health Equity Network Building Collaborations and Partnerships Resilience |



For reference, here are adaptive leadership competencies that you may think you need strengthening. Please refer to the handout to consider leadership skills needed at the Individual, Team, Organization/Systems, and Community/Ecosystem Levels. Again, reflect for a moment on what skills you think you might need to address your challenge. Then type in the Chat pod what skills you think you might need. The FPNTC website has self-assessments of Team and Organization adaptive leadership skills/competencies. We recommend you take these self-assessments and The assessment provides links to resources that can help you build your adaptive leadership skills.



As we mentioned at the beginning, on the FPNTC website there are team and organizational leadership self-assessments that allows for you and members of your team and organization to look at what are your strengths in many of the areas that we heard about today such as resilience, problem-solving, active learning, promoting health equity, so encourage you to take a look at the resources there. You'll also be linked after you complete the assessment with resources that can be used to meet those needs for strengthening your leadership skills. Then we want to encourage Title X grantees who haven't already, to register for the Title X Leadership Institute on June 17th. We'll be sharing more from other fellow grantees on challenges they're experiencing. We'll have several workouts, participatory sessions for building your leadership skills, so I encourage you to look at that registration on the FPNTC website and sign up for that. As well, the resources on the service systems strengthening page on the FPNTC website, there are a number of training packages there to help you build your skills and that of your staff. And then finally, for the grantees who will be attending the Title X Leadership Institute, there'll be an opportunity to have some follow-up virtual consultation and support for some these challenges you identified and how you can apply the skills that you learn at the Leadership Institute. I want to make everyone aware of those resources. I want to thank people today for joining in, taking time out of your very busy schedules. I'll turn it over to Katie to wrap us up.

Leadership Self-Assessments

<https://www.fpntc.org/resources/adaptive-leadership-self-assessment-teams>

Service System Strengthening training package

<https://www.fpntc.org/training-packages/service-system-strengthening>

Virtual consultation/coaching support for complex challenges

<https://www.fpntc.org/granteesupport>



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Katie Quimby: Thanks, Joan. Just a couple of quick things before we close out. Just a reminder that we will the materials from today's session available within the next few days on fpntc.org. If you do have any additional questions for FPNTC on this topic, please don't hesitate to reach out to us at fpntc@jsi.com. Our final ask is that you please complete the evaluation today. The link to the evaluation will be emailed to you after the webinar, and we really do love getting your feedback and we use it to inform our future webinars. That concludes today's webinar. Thank you again for joining us.