

PUBLIC HEALTH WORKFORCE RESILIENCE SERIES

PART 1 - ANTI-FRAGILITY

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Guest: Ron Chapman, MSW, CEO, Leading Public Health

Guest: Dr. Mike Underwood, PhD, Branch Chief of School-based Surveillance,
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Dany Zimmel (DZ): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, the Region V PHTC seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into this first episode in our series on Public Health Workforce Resilience. Today, we'll learn all about Anti-fragility. I'm your host, Dany Zimmel.

DZ: On today's episode, we're fortunate to be able to speak with three different guests on this topic. Later on, we'll hear from Dr. Mike Underwood, who will speak to anti-fragility in practice at the CDC. But to first set the stage, we'll hear from Natalie Gallagher and Ron Chapman. Natalie is a coach, trainer, and a facilitator who works with individuals to strengthen communication skills like public speaking. She also works with organizations, including those in governmental public health, to help them communicate effectively to solve problems and reach common goals. Ron is a facilitator, strategist, trainer, and coach and consultant, specializing in leadership and organization development. Ron has experience with capacity building in the public health sector, and his clients include governmental and non-governmental organizations, non-profits, and private sector organizations. Today, Natalie and Ron are here to talk with us about anti-fragility. Welcome to our podcast. I'm really excited to speak with both of you today. So let's start by learning a little bit about each of our guests and about the work that they've been involved in. Natalie, how about we start with you first?

Natalie Gallagher (NG): Absolutely. Dany, thank you so much for having us on today, we're really excited to talk about a lot of the work that we've been doing, specifically the work we've been doing this past year, because as I'm sure you are aware, it has been a heck of a year, especially if you work in public health. My background is teaching, I consider myself an educator at my core, and so everything I do is based on adult learning theory and how we can teach professionals, specifically those in public health, skills and strategies to maximize the way they communicate, and their mindset as they go out into the field. And for today's purposes, just to tie it all back to communication, I really think of mindset as being the way that you communicate with yourself. So that's just a 30,000 foot overview of what I do.

DZ: Thank you for that, and it'll be interesting to see the connection between mindset and communication through our conversation today. So now let's here from Ron.

Ron Chapman (RC): Well, Dany, I too am delighted to be here sharing the time with Natalie. I'm a social worker, a Master's in social work, although I've never practiced

clinically. I've spent the past 20+ years in public health, state, local, international, CDC, NIH. So I spend almost all my time trying to help people and groups and organizations realize their potential; that can be mission potential, mission impact, can be the capacity of the workforce, can be individual leadership capacity. Really what I'm focused on is getting the best out of this remarkable public health workforce, and I call it the heart of public health, 'cause I think there's a whole lot of heart here to work with. So I'm really delighted to pass on some of our knowledge about this today.

DZ: Thank you both for being here and being able to share your experiences and your knowledge with us today. So starting with Ron, we know that you have experience working both with local health departments and also with federal agencies like the CDC, so I think it's relevant to set the stage for our conversation today to paint a picture of what public health has been up against over this past year. What changes have you seen with some of your clients and how have things changed from pre-COVID to where we are now?

RC: Sure, and just as Natalie foreshadowed, we all know it's been a difficult year or so. What I wanna go back to is a very brief phrase I used earlier, Dany, the heart of public health. I think what maybe people don't appreciate enough is that most all of you in public health, you signed up to do big, important work, and why not a pandemic, right? But it comes at a high cost, the stress, the burnout, the wearing away around the edges of all of the things because let's face it, public health practitioners take these matters pretty seriously, as well they should. I think one of the larger things that has been interesting to me is the challenges around work-life balance. This virtual world just doesn't care about boundaries of any kind, and your kids while they're sitting there just they don't think, "Oh, Mommy's on a Zoom, I can't drop in." So there's all these variables and tension producers that have made it especially hard, and at the same time, I wanna give a shout out, the truth of the matter is that public health has, especially at the local level, clearly corresponded exceptionally well under very difficult circumstances. Yeah, being able to talk about this anti-fragility as part of that is perfect.

DZ: It is pretty evident that our public health practitioners have been under prolonged stress, their professional and personal lives, you mentioned the blurring of lines with the work-life balance, and in public health, many of us are used to hearing terms like resilience and resiliency, and these terms tend to invoke a sense of being able to bounce back and recover from difficulties or challenges quickly. We're a year into this COVID-19 pandemic, and both individuals and organizations may still be feeling overwhelmed and overworked, resilience sounds like something we could use. Obviously, it's something that we should be striving for if we have the capacity to do that, but today we're here to talk about something called anti-fragility. And I think for our listeners, it'd be helpful to first just dive into what

anti-fragility means and how this is related to resilience. So I'm gonna ask Natalie to jump in here and just really get to the bottom of it. What is anti-fragility?

NG: Absolutely. This is a framework based on a book by Nassim Nicholas Taleb, and what he examined is there's not really a word for things that are anti-fragile. Fragile is breakable, but what happens when you're up against stressors, disorder, chaos, and you get stronger on the other side? Resiliency means to stay the same, so this is something a little bit different, and one of my favorite examples from the book is the human skeleton is an anti-fragile system. We know that you actually have to do a lot of weight-bearing exercises to make your bones stronger, so under the right amount of stress, they get better. Now, let's tie this back to public health, what we have seen is it's not going to be enough for public health professionals to come out of this on the other side, just the same, resilient. They have to learn and get better. They have to be stronger, they have to become anti-fragile. So a lot of what we've done in this past year, Ron and I, is we've designed trainings and coaching based around this concept of being anti-fragile.

NG: One of our clients is Gaston County, North Carolina. They're in the heart of the pandemic, they're under an incredible amount of stress, they're on the ground working with the residents of their county every single day, and their leaders reached out to us saying, "We need to do something different for them. It's not enough for them to get a little pep talk or just say, "You know, just be happy, just be positive," 'cause that's kinda meaningless, it's, What can we do to come out of this different, better, stronger?" So we started thinking about what kind of strategies would they need to implement to learn and grow? What would they need to do to come out of this as stronger professionals, savvier teams, better, more nimble? Take all of these really tense, stressful situations, learn from them, apply new concepts, and on the other side, you have a public health agency that's better equipped for whatever comes next, so that is the core of the anti-fragile system.

DZ: So it sounds to me that anti-fragility goes beyond resiliency. We're not just trying to get through the now, we're trying to grow through the challenges that we're experiencing and be able to be more adaptive and that are prepared for the future.

NG: Absolutely, especially because it's unrealistic to say that we're gonna come out of a year like 2020, the same. And I know people are saying like, "We should be resilient." Yes, absolutely, but what if we could take out a step further? What if we can learn and grow and make changes that make us better, so that way when we are encountering the next really challenging situation, we have better tools in our toolbox to approach it? And I'm gonna give you one non-health example that really resonates with people. We know that air travel, flying, is the safest way to travel, and the reason for that is because the air travel system is anti-fragile. Every time there's a crash, and this always makes people a little like, "Oh, no," we study it relentlessly and we make changes to everything, the technology, the way we

train pilots, the way the pilots communicate, all these different safety measures. And as a result, every single year, flying gets safer and safe and safer. So we can do that with public health organizations, we see this huge anti-fragile impact that goes far beyond being resilient.

DZ: It sounds like part of this perhaps includes aspects of continuous improvement, of reflection, of iterative changes, so I'll be interested to hear how both of you, how your experiences have been working with some of our public health individuals and teams on the ground to implement this framework.

NG: Yeah, I'll give you a couple of quick examples, and I'm gonna turn it over to Ron. When I talk about mindset being how you communicate with yourself, I'm referring to that constant running voice in your head that gets you to feel and think in certain ways, right? So if we're talking about developing an anti-fragile mindset as a public health professional, what I aim to do is change that running monologue in your head to serve you better. And one of the first questions I use to prime clients is, "What do you think about when you're feeling stressed out? And what can you replace that with?" And here's a really simple quick question or statement. Instead of freaking out, feeling stressed out, overwhelmed, which are very normal, give yourself a little bit of time to feel that.

NG: At the other end of it, ask yourself, "I wonder how this is all going to turn out?" Or you can say something like, "I'm curious to see how this is all going to turn out." And all of a sudden you're pointing in a different direction of possibilities and you start to feel a little bit better. And we have a lot of evidence that feeling better improves your cognition. And so that one question, "I'm curious to see how this all turns out." That starts to create this anti-fragile mindset where you're taking these really challenging situations and reframing them so that you are going to learn and find out, this may turn out really great on the other end, and that's a completely different way of thinking about something.

DZ: I really like that. The impact of mindset. So Ron, I wanna bring you into this aspect of our conversation about the application of the anti-fragility framework. What kind of impact could this have on an organizational level? How can applying anti-fragility help a leader assess and address barriers among their team?

RC: I wanna do a couple of connecting of some dots based on what's happened. First, to share my mindset analogy. The only difference between being terrorized and invigorated by a ride on a rollercoaster has nothing to do with the rollercoaster. It's the same ride. It's the mindset we bring to the ride that creates the experience of it. That's a complete reaffirmation for me, 'cause, well, rollercoasters, right? So, you said something too, Dany, I wanted to acknowledge. You used the phrase, "To grow through it," which is exactly the mindset. How do we take whatever, and turn it into growth opportunity? Which I know to

some sounds a little gamey, except you were right when you said CQI, continuous quality improvement, it's built into public health with evaluation. Evaluation is an anti-fragile process, it's designed to collect data, apply the data to build back stronger, better, etcetera. So we intuitively know this, but I think we have a harder time applying it to our teams and so forth. The one that immediately came to mind when you asked that question, Dany, was a recent client Natalie and I had inside the CDC. And Natalie's conclusion was that what we needed to do at one point in this, Dany, was ask them over the past year to share an example of something that had happened and how it made them stronger.

RC: It was so cool to watch the shift in how people experienced it, 'cause what happens Dany is suddenly you go, "Oh, right. That was really difficult going through the shift to virtuality, or my kid that's coming back to live in my basement, or pick any number of things. But oh my God, how much I was strengthened, how much I grew through that." And as these leaders talk this through together, what was really neat to watch this upward spiral, where we change what I might call the doom-and-gloom dialogue around these difficult times, to an acknowledgement that nobody ever talks, ultimately, about anything other than what made us better. Nobody wants to talk about the boring teacher or the boring mentor. We wanna talk about the coach, the trainer, that person who asked more of us, and as a result of it, we became better. It's built into our genetic code, I think, the heroic journey and all that. So what I wanna talk about just quickly, and then I'll stop yammering nonstop and let you squeeze something in here Dany, obviously, I'm pretty jazzed by this stuff. What I think really happens at the individual and team level, this plays to people's greatest aspirations in public health. Public health people wanna do really big meaningful stuff, they want their work to matter.

RC: So when you ask them to start thinking about a way, the heart of public health, to really think of themselves as an uber team, someone that can really, really step into the space and thrive on the back side, it just plays well, Dany, with almost everybody, 'cause it's like, "Oh yeah, we're like superheroes. Yeah, let's do superhero stuff." It just plays very well in the public health space.

DZ: Thank you for that information, and I wanna touch on a piece that you mentioned about acknowledging the stressors and the barriers and the importance and the value of doing that when we're applying this anti-fragility framework.

RC: Let's be a social worker now, let's be honest. Denial or minimizing people's experience is a terribly bad strategy, and way too many leaders do that. "Oh, it's fine, you'll get over it," like some of those great characterizations of, "Oh, it's a broken leg, just walk it off." Yeah, the truth of the matter is what we need is incredibly emotionally-aware leaders, team leads, members of our teams, to not minimize, to acknowledge. And then I heard a friend of mine who's out in West Texas in public health say this, "What we need to do is not call

people out, but call them up," that ask them, "Yeah, it's hard. Yeah, I get it. Take a day off. Absolutely, you have our full support, let's hit the reset and let's come back stronger and better and do really more of this good work." So we have to do a both/and, Dany, to acknowledge the difficulty, watch for the signs of people being over the edge, because burnout's a real thing and we need to be mindful of that, and just merely asking our people to rise to the occasion is only a piece of the anti-fragile equation.

DZ: Definitely, validation before support.

RC: Yeah.

DZ: Yeah. So one thing that you just mentioned about stress and burnout, what are some signs, what does that look like in the workplace for our public health practitioners?

RC: The one that I'm hearing the most of is people who are telling me that they just can't seem to recover. This is tending to be cumulative. People say, "I had a long weekend and I woke up Tuesday morning and I was just whipped." It's like, that's a real sign of having gone over the edge. The fact that people are having difficulties is of course a given with all these stressors, but when you can't rebound, that's a real clear sign. Now of course, people show the stress in all kinds of ways, they get sometimes snappy at people, not their best communication, and I think we need to cut people a lot of slack in that case, while continuing to hold a mirror up for all of this. The number one strategy I am recommending to my clients is that they find their reset interval, which tends to be every 3-5 weeks for most of us, and genuinely make a commitment with a loved one or a friend that you will walk away for a long weekend. Because a lot of our public health people won't actually take the time off unless they're obligated to do so. I have a client who's in local public health, who's got his full calendar year, a rolling calendar year scheduled with his wife to take weekends every four weeks to get away for four days, 'cause she won't let him keep working through the weekend.

DZ: That's great.

RC: And unless we get it on our calendars and really commit to going to the North Georgia Mountains here in Atlanta or genuinely getting off the grid, genuinely taking a break, communicating with our teams and our bosses we're dropping offline, we won't do it. So it's that reset, a good four-day weekend can bring a whole lot of vigor back to you if you will really allow yourself to take it, and if you gotta trick yourself into doing it, I say that's a good strategy.

DZ: Mm-hmm. Being intentional, it's key here to try to work through and maybe even prevent burnout. I'd like to ask Natalie to join us here. Once we've recognized the signs of

stress and burnout, either in ourselves or others, how can we put this anti-fragility approach into practice? Can you share some examples with us?

NG: Absolutely. Ron talked about acknowledging when you're feeling burned out, stressed out, etcetera. One of the first things that I coach my clients on is giving yourself permission to feel bad. We live in a society that is very much like, "Be happy all the time," which is tremendously unrealistic, and actually, typically makes you feel worse 'cause you're not living up to these very high expectations. So give yourself space to feel sad, to feel grief, to feel anger, but don't dwell on it, don't live there. Agree that you're going to put a time limit on it, and that alone sometimes makes you feel better, like, "Yes, I feel very angry, I feel sad, I feel despondent, but I know that this is a temporary feeling, and there are things that are gonna come next."

NG: And after that, I like to do an exercise that I call radical gratitude. This is sort of a compilation of a lot of different practices. You have undoubtedly heard about keeping a gratitude journal or a gratitude practice, very common advice. There's a reason it works. Now, typically when I'm sitting down with a group and I'll say, "Okay, drop something into chat..." 'Cause we're on Zoom... "That you're grateful for." And it's always the big three, family, health, job, always. Those are the big ones.

NG: Great. And then people stop there. And so radical gratitude is looking around your space wherever you are and being grateful, consciously grateful, for every single thing around you. Are you grateful for the electricity that's bringing light into your room? Are you grateful for the laptop or the computer that allows you to connect with others? Are you grateful for the pen, the ball point pen, that allows you to take important notes? I start getting really detailed with it, and I coach people how to do that because what happens? We know that your brain creates patterns and that creates neural pathways, if you are creating pathways of constant and unrelenting gratitude, you're literally changing the chemistry of your brain.

NG: And now you're always looking for solutions, you're looking for possibilities, you're looking for opportunities, you're looking for ways to move through this really challenging time and you are finding them. You are creating the patterns and the pathways to get there. So by the end, I'll have these groups where people come in and they're solo and they don't wanna be in another training and they're afraid to be bored. They're so busy, they're overwhelmed, and by the end they're like, "Oh my God, I'm so grateful for this cup of coffee. I'm grateful for my cat. I'm grateful for my sweater, 'cause it's cold. I'm grateful for my space heater. I'm grateful for the gas in my car tank."

NG: And it's incredible what that does for the whole rest of their day. And then I tell them like, "This is something that you can do nonstop. When you're driving, 'Hey, I'm grateful for

that red light that kept me from being smashed by another car." It's a completely... A new way to reframe everything.

DZ: I really like that, radical gratitude.

NG: It's a lot of fun actually.

DZ: It's pretty powerful. Yeah. *[chuckle]*

NG: Yeah.

DZ: And I think this is a good point to make a little plug for the next episode that we're going to have where we'll be returning with both of you, both Natalie and Ron to talk about the science of happiness and how we can really work towards putting some strategies into practice to mold our minds and shift our mindsets and how that will have an impact on our outlook, our behaviors, the impact of the work that we're doing. So all that's to say that there's more that we can talk about this. I'm looking forward to that in the next episode.

NG: Oh gosh, yes. And Ron and I can talk about this forever. *[chuckle]* We actually have to really rein ourselves in, especially... We do a lot of co-training and we have to make sure that we're not just like... We were joking around, we've become like the click and clack of public health, 'cause we just take all these public health issues and just yammer about them. But we get a good response from it. So hopefully it's helpful.

DZ: I'm sure the coaching that you and Ron have been providing for those in public health has been really helpful. And fortunately, we're able to hear firsthand from a public health professional that you both have been working with to learn more about what it's been like putting this framework into practice. I'd now like to welcome Dr. Mike Underwood to our conversation. Dr. Underwood is the Chief of the School-based Surveillance Branch of the Centers for Disease Control and Prevention, and works to expand how we use data through surveillance, modernization, innovative analyses and creative visualization in order to monitor trends in adolescent health behaviors and school health policies and practices. As a leader, Dr. Underwood has been able to apply some aspects of anti-fragility to strengthen his team and the nature of their work. Welcome to the podcast. I'm happy you're able to join us today.

Dr. Mike Underwood (MU): Thanks for having me, Dany.

DZ: So to start out, can you tell us a little bit about yourself and your work at the CDC?

MU: Sure, absolutely. So I originally trained as a pharmacologist at the University of Minnesota Medical School. And while I was there, I eventually made a transition into public

health. I actually joined CDC as an Epidemic Intelligence Service Officer in 2009, working in the division of cancer prevention and control. Over the next several years after that, I worked in cancer, I worked in global health immunization programs across CDC, always with the primary focus in public health surveillance. And then I joined the division of Adolescent and School Health as the School-based Surveillance Branch Chief in January of 2018. And my group manages surveillance systems to monitor student health behaviors and school health practices across the United States.

DZ: Thanks for sharing a little bit about yourself. So it sounds like the work that you're doing and the team that you manage have had to face a lot of changes, a lot of uncertainty in the past year because of COVID. Can you speak a little bit to the impact that the COVID-19 pandemic has had on your team and the ability to meet your target objectives?

MU: Absolutely. There was just a lot of angst in January, and February of 2020, as we all watched COVID-19 developments around the globe. Then as with many workplaces, we moved to 100% telework in early March 2020. And this was an especially busy time for us because we were preparing to release the CDC's 2019 Youth Risk Behavior Survey Data. And at the same time we were in the field collecting data for a separate survey of school-based organizational policies and practices called The School Health Profiles. There were a lot of challenges, as you mentioned along the way. However, I was really, really impressed. In the end my staff just showed great resilience and anti-fragility.

MU: We were able to successfully pull off the largest release of YRBS data in our history. We helped modify the School Health Profiles data collection plan. And helped CDC funded surveillance programs, navigate those circumstances by helping to figure out how to keep their work going in the midst of school closures and virtual learning due to the COVID-19 pandemic. In addition, we actually developed and launched a brand new surveillance system for students outside of school to evaluate their health behaviors during the COVID-19 pandemic called, the Adolescent Behaviors and Experiences Survey.

MU: So we were quite busy. And all of this was happening while some of my staff were actually deployed to assist with CDC's COVID-19 emergency response. We've had at least one person in our branch deployed ever since last spring, and about a quarter of the branch have been deployed at some point in time. So a lot of disturbances to our day-to-day and the different roles that people are in. But despite all those obstacles presented due to the pandemic and the immediate transition to teleworking, so far, we've been able to meet and even exceed all of our target objectives.

DZ: That's great to hear. It sounds like your team has been able to still meet the objectives and to be productive, and despite all of these challenges and barriers that have come up, whether they were things that we could have planned for or we weren't able to plan for.

But a couple of pieces that you mentioned kind of echo a little bit of what we heard about from Ron and Natalie earlier. Public health practitioners are having to be engaged in new COVID-related activities while also continuing their normal activities. There's the prolonged stress of the continuing pandemic. It's not over yet.

DZ: We know that individuals and organizations are overworked and they're feeling overwhelmed. But we did learn from Natalie that anti-fragility is a framework that goes beyond resilience. And you mentioned resilience and implementing anti-fragility with your team... Anti-fragility can get you beyond resilience and help you to become adaptive as you're working through adversity. I'd like to ask you, how did you begin cultivating this sort of anti-fragile work environment? And then also, what are some signs of stress or burnout to look for among members of your team?

MU: All of that is absolutely right. Thankfully, we actually started working with Ron and Natalie in 2018 to enhance our culture across the branch. Really our ability to work together in a cohesive fashion and communicate effectively. Our focus on that training was really about strengthening communication, building sustainability, nurture collaboration. Along the way, we incorporated anti-fragility which has paid great dividends considering our current position as a branch. While we have been successful over the past 14 months, we've certainly endured our share of difficulties.

MU: I began to see, as you mentioned, some early signs of stress across the branch. Staff really feeling overwhelmed. The occasional frustration on patients. On top of that, all of us were directly impacted by this pandemic; just like everyone else. That takes an emotional and physical toll on you and everyone around you. And it's tough to escape. And that continues to feed back into that burnout. I have seen our skill development come into play, when staff had to cover for one another by taking on new roles, or dealing with challenges, all while continuing to get better and grow in the process. As you said, we're not yet beyond COVID-19.

MU: And we will likely continue to learn from our mistakes and difficult situations, hopefully growing and getting better by meeting any of those challenges that are presented to us. The only constant in life really is change. When we move past this pandemic, there will be new obstacles presented. However, with the skills that we've developed and anti-fragility and our continuously improving and growing culture, I'm confident in my team. And I know that we'll be able to rise to the occasion.

DZ: Sounds like your team does a really great job of staying in touch with one another and communicating in order to make sure that things aren't being missed, especially when people are having to bounce between these different roles. So thank you for sharing a little

bit about that. As a follow-up, can you talk a little bit about the ways that you guide your team to address barriers that they encounter.

MU: Sure. That's an excellent question. So there have been a lot of tools that I've had to lean on during this process in helping to overcome those barriers. If there were three that I had to really call out, it would be communication, as you just mentioned, strategic planning, and also individual and group acknowledgement. So starting with communication, when hit with new information, my first thought is who needs to know this? And my second thought is what's the best way to communicate? Is it by email or phone or video? And our branch meetings have really taken on a new dimension during the pandemic.

MU: Previously we could see one another nearly every day in the office. But now that sort of face-to-face exposure just doesn't exist anymore. Towards the start of the pandemic we relied heavily on conference calls for meetings, and later we began using video conferencing. And that's worked much better for us to be able to see one another and interact. However, we're still learning how to work in this new normal. Another key has been regular weekly meetings with my leadership group in the branch. Sometimes we have to discuss really tough, difficult topics, including things like staffing or task management and accountability. It's been helpful to keep that group cohesive and on track to support the rest of the branch.

MU: The second tool, I would say, is strategy and planning. Strategic planning has always been important to us, even more so now, as our agency navigates this public health emergency. As I mentioned earlier, we have a lot of surveillance activities going on in the branch, and we've added to that list. I'm always thinking about the best way to fill the massive need for timely adolescent health data. I ask that my leads in the branch do the same. What we will have available, and when that data will be available, I really rely on my team to help fill in all the details for the best approach to meet that constant need for really good, high quality data.

MU: And also about strategic planning, I have to make sure that no one's caught off guard or blindsided by new developments. And that feeds back into always having good communication. In our branch, strategy and planning is extremely important, and everyone plays a part; it's truly a team effort. So the third tool that we've really leaned on is acknowledgement. Acknowledging our wins as individuals and also as a group. This pandemic has showed us all the importance of mindfulness and staying present. We commonly used to say, bring your whole self to work, and that's taken on new meaning as we have effectively brought work home with us.

MU: The past 14 months have been extremely difficult on all of us. We've been isolated from loved ones. We've lost half a million people to COVID-19. At the same time we

watched the nation reckon with racial injustice and have seen fundamental challenges to our belief systems. It's more important than ever that we step back to acknowledge one another and our successes. We already had regular updates as a branch to acknowledge outstanding work, but we've recently taken it a step further. During each of our branch meetings, I'll actually borrow from a popular radio program to ask, what's the best thing to happen to you this week? The responses that I get from staff are heart-warming. It feels really good to share good news and it feels even better to hear good news.

DZ: Those are all really great points. And especially for the last piece, when you were talking about individual and group acknowledgement. I appreciate that you mentioned how with your teams you were acknowledging successes and good news and bringing positivity to the forefront, but I think it's also important that you mentioned, it's important to carve out space for us to acknowledge the barriers, the frustrations, the failures, and to also allow for us to talk about and really sit with the impact that the COVID-19 pandemic has had. And also the impact that the racial inequities that our country is coming to terms with right now.

DZ: It's really important to allow space for that. So thank you for sharing that piece. And all of these points, communication, strategic planning, individual and group acknowledgement, I think will all be helpful for our public health practitioners and leaders as they are working on implementing anti-fragility. As a final question, are there any tips that you have for other leaders who may want to put this anti-fragility approach into practice?

MU: Sure. Speaking for ourselves, we've learned a lot along the way. And I think the first thing is to acknowledge that we still have a long way to go. So far, our branch's approach to anti-fragility has been tremendously helpful in navigating this new normal. If I had to share a final tip, it would be to pack lots of patience and grace. We've all been through a lot. You and everyone around you deserves it.

DZ: Definitely. That's something that I think can often times be forgotten. It can fall off the front of mind, but definitely worth trying to bring back to front of mind and remember. Thank you so much, Dr. Underwood for speaking with us today and for sharing some of your examples with how you've been able to put anti-fragility into practice.

MU: Thank you for having me.

DZ: So now we're going to come back to chat a little bit more with Natalie and Ron as we near the end of our conversation today. We just heard some great tips from Dr. Underwood on implementing anti-fragility, but I'd like to follow up with Natalie for a

moment. So, Natalie, are there any specific dos and don'ts that our listeners should be aware of?

NG: Yeah, I think the bad rap that positive psychology gets, and that's the technical term, is because a lot of people equate it with what you see on Pinterest or Instagram. Which is just these dull platitudes that are meaningless and they're not very helpful, and frequently they're bad advice. So I would say don't pay attention to what you're seeing on social media because that's crowdsourced positive psychology, and a lot of it is off-base. Do start to look at the experts. And I'm talking about people like Brené Brown and Shawn Achor and Esther Perel. What are they seeing about this, 'cause they've done the research.

NG: They've done the neurological research, they've done the studies, they've developed the frameworks, and they have a lot of really beautiful advice, like leaning into being vulnerable. Giving yourself a chance to feel that way. And specifically here are exercises to pull yourself out because it's not enough to just say, "Be happy." That's awful advice. It really is. Instead, it's we need to give you specific strategies to train your brain to get to feeling this way. So don't just go look at Pinterest unless of course you're looking at fun things like recipes. Instead look at the people who have done this research. What kind of amazing advice can they share with you?

DZ: I think that's all really helpful advice for our listeners. Thank you.

NG: Absolutely.

DZ: So all this information sounds really helpful and it's so needed right now. Ron what can someone do if they wanna learn more about this framework?

RC: Well, obviously the items, not just anti-fragility by Taleb, but also the items Natalie just mentioned with Brené Brown and Shawn Achor. There's another one. Shirzad Chamine, C-H-A-M-I-N-E, who's been doing a lot of research on positive intelligence. Which is the same stuff in Natalie's talking about; about the literal brain chemistry of well-being is how I would describe it. And he has a number of practice tools that are very very helpful. 'Cause a lot of this is day in, day out practice, like most things. We're gonna provide a toolkit that will be available to the listeners which will have some of these references and other items we come up with. I wanna go back to something Natalie said because I think it's really, really important.

RC: If you find yourself or find others being pollyannaish about this, I urge you to step around that. And because most of you are grounded in evidence, don't just go to the vague platitude space. It's better than un-vague platitudes. But really dig into this. What Natalie and I have found is that perhaps what some of us used to think was rubbish pop

psychology, it turns out the brain science really does support that the things we're talking about really do work. And when teams... This is the place that's most remarkable for me.

RC: When teams begin to provide the grounded orientation, grounded feedback, grounded positivity, essentially, what we've learned in the developmental world is that you're either on an upward spiral or a downward spiral. You're never static. So what these do is they create this steady upward practice spiral, which actually generates more and more and more and more. And then what the research also shows is that even when you have a slip down, it becomes easier to get back on the positive spiral. So do the leg work. There's some really remarkable stuff here that I think we're seeing pretty impressive results with during this COVID time.

DZ: Thank you for sharing that information. So as we are wrapping up today, I would like to take a moment to ask both of you to share with us what is one thing that is helping you get through the pandemic. Is there something that's providing comfort or inspiration during this time?

NG: Besides Netflix and ice cream? [chuckle] I have a book club. We started at the end of 2019. It was actually... There's was 10 of us. A few physicians, a few CDC employees are in this book club. We ended up becoming great friends through this. We created a social support system, which is actually a core tenant of The Happiness Advantage, which we're gonna talk about next time. But having this group of phenomenal, educated, talented women to talk to and to talk things through with has been a game changer for me. It has made the biggest difference in my mindset and how I've been able to cope in what has been a stressful year for everyone.

DZ: That sounds like a really great opportunity to share with others and to be in a space where you can give support and receive support.

NG: Absolutely. And all of us have had a very stressful year, but we all agree that having these other people that you can talk to has made the world of difference. That would be the last piece that I would encourage public health workers to do is build that social support structure. Because that is everything.

DZ: Mm-hmm. Definitely. What about you, Ron? Is there something in particular that's been helping you get through the pandemic, something that's providing comfort or inspiration?

RC: Yeah, well, I could give you the easy one, which is, I'm a wanderlust, so I get out with a lot of solo traveling by car to see things I might not otherwise see. That's really a joy producer. What I really wanna talk about is, at the time the pandemic broke out, I canceled a spiritual pilgrimage to Scotland. Actually, it got cancelled 'cause it was just too risky for

those of us who were going. And I was talking with the psychologist who was leading this. And we decided I would turn it into an opportunity for an internal pilgrimage. So I am actually on day 377 of my inner pilgrimage.

DZ: Wow.

RC: Which means I have been going into my own practices more deeply than ever before. And it seems odd to say it... We talk a lot about how it's on the inside, not the outside, but the past more than a year, bears it out. It has been the most fruitful year of my life. Being semi-quarantined, but knowing that I could use that time to deepen my own life, my own practice, my own grounding. And so it's really humbling to admit that it took a pandemic to make me sit down and spend time with myself doing the inner developmental work I need to do. And yet it has been remarkably successful. Not surprising. I'm a big fan of meditation, and a big fan of contemplation, and a big fan of yoga.

RC: And so all those things are a piece of this inner pilgrimage. So I guess I'll just toss this out there for people to consider consistent with the anti-fragility. I would have never guessed that the difficulties of this would have borne such fruit as that. I had no idea that that was a possibility. And so if that's true for me, I'm sure it's true for others.

DZ: Well, thank you for sharing that with us. It sounds like it's been a very powerful and fruitful experience.

RC: Of all the things, the blessings of COVID, right? *[chuckle]*

DZ: Yeah. Well, I'd like to take this time to thank both of you for having this conversation with us today and for sharing from your experiences and providing some insight on this topic. And to our listeners, we hope that today you've learned some tips to not just get through, but to be able to grow through whatever challenges may come your way. We encourage you to check out some of the great resources that we mentioned in the podcast notes, as well as an evaluation and a transcript. Funding for this podcast is provided by the Health Resources and Services Administration. And with that we'll end here for today. Stay safe and stay curious everyone.

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