

# ACROSS *the* BOARD

A Bulletin to Assist, Educate, Encourage and Communicate with Volunteer Board Members



## **BUILDING BOARD SKILLS**

# Leading in Tough Times: Developing Resilience

By: Jessica G. Hartung

**To what extent does your community health center get derailed when tough times come your way? Some organizations bounce back after mishaps and misfortunes, stronger than before, while others flounder, blame circumstances and seem permanently damaged. Tough times are a true test of leadership.**

This article provides a few simple and effective steps you can take personally, and as a health center board to work through challenges, bounce back from difficulties, and discover opportunities even within the hardships you face. The methods presented here are based on the Adversity Quotient®, the most widely adopted resilience building method in the world, currently in use

by industry-leading companies and many governments across the globe.

Recent years have brought an increase in the already rapid pace of change in all spheres of life and business. Community health centers have been forced to rapidly respond to significant opportunities and challenges and changes, which creates demanding and sometimes emotional and chaotic work for boards. Given the multitude of uncertainties and adversities all organizations are facing, those who are most effective at making decisions, solving problems, and remaining focused under difficult circumstances have a significant advantage.

If your organization has been tested recently by significant challenges and changes, you may have observed yourself and your colleagues in action during an adverse or intense situation. Reflect for a moment: how

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## Leading in Tough Times: Developing Resilience

did you and your fellow board members respond? Did you prioritize the most important aspects to discuss? Was a lot of time spent analyzing the origins of the problem, including who or what was “at fault”? Did you quickly move in a productive direction? Did you demonstrate resilience?

First, let’s be clear on the definition of resilience. It is commonly defined as the capacity to bounce back from adversity. Dr. Paul G. Stoltz, originator of the Adversity Quotient®, and his partners at Harvard Business School, define resilience as “your capacity to be strengthened and improved by adversity.” Brad Henry, Governor of Oklahoma, described it this way, “Resilience is woven deeply into the fabric of Oklahoma. Throw us an obstacle, and we grow stronger.” The community health center movement has resiliently withstood many obstacles, threats and challenges in its 45-year history, and it continues to address the local economic hardships with opportunities to increase health, community spirit, and economic development. A few determined community health and civil rights activists during the 1960s focused on what they could influence, and pioneered a new community-based model to address the desperate need for health care in low-income communities. Today’s community health center boards have their roots in resilient action.

Resilient people and organizations not only survive change or hardship, they leverage the experience for their growth and benefit. For instance, on May 4, 2007, the small town of Greensburg, Kansas was devastated by a tornado that leveled about 95 percent of the city. After the tornado, the town made a remarkable, bold comeback, by rebuilding the community to the highest “green” standards, ultimately reinventing itself as a model for sustainable building and green living now recognized around the world. The point is, without their adversity, Greensburg would never have transformed to where they are today.

A lack of resilience is characterized by defensiveness, cynicism, burnout, fatigue, and hopelessness. When leaders approach adversities with a sense of discouragement, convinced that the situation is terrible, blaming and bickering along the way, it is time to make a shift — the sooner, the better. Without a resilient mindset, you can still get results and create significant achievements, but it takes a mighty toll on you, and those around you.

According to a study on executive derailment by the Center for Creative Leadership, the number one reason managers derail is their inability to adapt or change during a transition. Similarly, a frequently mentioned success

factor is the ability to change or adapt. Resilient leaders are able to respond optimally to whatever circumstances are dealt to them, uplifting others to give their best efforts in a moment of truth. We appreciate resilient leaders because we know they can handle the tough stuff and work through to a better solution – whatever the circumstance.

Community health center boards can develop greater resilience by modifying their mindset during tough situations and applying a few scientifically grounded approaches to facing adversity in board meetings, and conversations before and after meetings.

### **Resilience is like a muscle: it is developed through use**

Research shows that each of us respond to adversity in a specific, consistent pattern—a pattern of which most of us are largely unaware. Your “hardwired” pattern of response relates to all forms of adversity, from major tragedies to minor annoyances. One’s tolerance toward and ability to convert adversity is something you can permanently improve. Decades of research have shown that what you pay attention to actually changes the neural pathways in the brain. By focusing your attention, you can improve the hardwired patterns of your brain, helping you to obtain better results in difficult circumstances. Using the methods described below, you can strengthen your individual ability and the collective ability of your board to respond to tough issues productively.

### **Reliable way to measure your resilience**

Adversity Quotient®, or AQ®, is a proven method of understanding, assessing, and strengthening the way people perform under demanding circumstances. AQ® has helped many thousands of people not only perform better on the job, but also experience less personal stress, and increase productivity, tenacity, leadership, innovation, optimism, energy, and health. Specifically, higher AQ® scores have been linked to cardiovascular health, decreases in prescription drug use, muscular/skeletal health, gastrointestinal health, fewer sick days from work, and a host of other health measures. As your AQ® increases, the positive impacts on your life are rich, deep, and enduring. For businesses and other organizations, a high-AQ® workforce translates to increased capacity, productivity, and innovation, as well as lower attrition and higher morale.

### **The four aspects of AQ® are referred to as your CORE response.**

People who suffer from lower Adversity Quotients® tend to feel that much of what they face is out of their control



response, focus intently on the facets of the situation that you can influence, rather than those you cannot. In many circumstances, we have much more control than we realize. In situations where events are completely outside of your influence, you can focus on controlling your own reaction so that your attention remains on creating a positive outcome.

### **Ownership (O)**

*When something happens, how likely are you to improve or contribute to the situation, even in the smallest way?* The higher your AQ®, the more likely you are to step up or pitch in, even when you are not required to do so. The lower your AQ®, the more likely you are to step back, or back out, often because you already feel overwhelmed. This also reduces your sense of Control.

A high score in Ownership will strengthen your accountability, reduce helplessness, and spark action. Ask yourself, “How can I immediately improve this situation? To improve your Ownership response, do something, no matter how small, to improve the situation, even if your formal responsibility does not require such an action.

and beyond their influence. This may induce a sense of helplessness, which can shut down productive thinking. But the higher your AQ®, the more automatically and consistently you will identify and focus on the facets of the situation you can influence, even if it is only your own response. You can initiate some simple actions to strengthen your CORE and your capacity to successfully navigate any adversity and contribute positively to the world around you—despite dire circumstances.

### **The four dimensions of CORE:**

#### **Control (C)**

*When something happens, to what extent can you control, or at least influence, what happens next?* Control is the most important CORE dimension when it comes to your health. During a challenge, ask yourself, “How can I positively influence what happens next?” To improve your Control

#### **Reach (R)**

Individuals with a lower AQ® often have emotional “oil spills.” They perceive any given setback as a major disaster. Adversities are bigger, heavier, and more serious than they may need to be. The higher your AQ®, the more naturally you will seek to contain adversity, minimizing its size and scope. And the higher your AQ®, the more naturally you will perceive and expand the potential upside, just like the town of Greensburg, Kansas did after the devastating tornado.

The Reach dimension can help you keep the situation manageable, making problem-solving easier and quicker. It reduces the psychological toll adverse events take on you, your colleagues, and even the entire executive team. To improve the way you view setbacks, focus on ways to minimize or contain the negative aspects of the situation.

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### Endurance (E)

*When something happens, how big do you perceive it to be, and how long do you perceive it will last, or endure?* People with lower Adversity Quotient® scores tend to perceive adversities as lasting a long time, if not forever. They have difficulty seeing past tough times. The higher your AQ®, the more naturally you will see and work to get past any given hardship, setback, and challenge. This keeps you optimistic, which is vital for your health and tenacity. The Endurance dimension will help you maintain hope and perspective. To improve your ability to see past the adversity, paint a vivid picture of what it will be like after this adversity has passed. Focus on actions that will help you get through the worst of the situation as quickly as possible.

### Apply CORE questions in board meetings

When difficulty strikes, no matter how bad the event might be, or how strong your initial reaction, remind yourself and others that the response determines what happens next. Shift away from analyzing the cause, to thinking about how best to respond. Ask these questions, first of yourself, and then, as needed, of the whole group. Your goal is to generate possibilities for action; the group can decide what makes the most sense once a series of good options are on the table. Consider what question would be most helpful for the group to hear first (not necessarily in this order):

- **Control:** What facets of this situation can we influence? And/or who on my Board or in our community can help, and what's the best way to engage them?
- **Ownership:** How can we step up or pitch in to help, even in the smallest way, to improve the situation as quickly as possible? And specifically, who will work on which pieces of what needs to be done? How can I mobilize the efforts of those who are hanging back?
- **Reach:** How do we limit the downside of this adversity and discover or maximize an upside? What strengths and resources will our organization develop by addressing this event?
- **Endurance:** What will the organization look like on the other side of this situation? How do we get there as quickly as possible?

As you develop a clearer sense of the CORE dimensions, you can see them play out in news stories, movies, and meetings. You may notice some classic low AQ responses to issues as you and others respond to adversity. For instance, when you hear someone say words similar to these, you can identify the CORE dimension that needs strengthening:

- “There’s nothing we can do.” Or “We could have prevented

this, if we had only seen it coming.” Notice that this is a low **Control** response that leaves people discouraged. Counter with focusing on what the group can influence now.

- “Somebody should do something.” or “It’s their fault that we’re in the mess.” Notice that this is a low **Ownership** response. Defensiveness is also a low ownership response. Identify ways the board can support staff, or make any slight improvement to the circumstances.
- “This is a disaster!” or “This one mistake ruins our whole strategy!” This is a low **Reach** response, which can lead to unhelpful catastrophizing and take the focus away from considering productive responses.
- “We’ll never recover from this!” or “There’s no end in sight.” This is a low **Endurance** response. Create a picture of the future on the other side of the challenge to enable the group to create a workable path through whatever obstacles exist.

Even “moderate” or normal responses lead to unnecessarily protracted pain, uncertainty and suffering. A “High AQ” or highly resilient response sustains precious hope, momentum, energy and possibilities. It gets you through the storm better and faster.

Community health centers’ challenges and opportunities are many. Providing high-quality primary care to low-income patients in communities with increasing unemployment and more uninsured puts pressure on providers and facilities, sometimes outstripping their capacity to serve patients. The changes and possibilities associated with the recent healthcare reform are still unfolding. Fortunately, history has shown that, on the whole, community health centers are remarkably resilient and resourceful, creative and dedicated to finding solutions. By using the Adversity Quotient® approach, your community health center board will be better equipped to respond in an effective way to the challenges the coming years will bring.



**About the Author:** Jessica G. Hartung is the founding principal and CEO of Integrated Work, a Boulder, Colorado leadership development company that strengthens the capacity of mission-driven leaders to fulfill their visions. Jessica’s 18 years of professional experience in government, non-profits, small businesses, and entrepreneurial ventures have provided strength and flexibility to her skills as a coach and facilitator. She is known for her straightforward and compelling style that moves individuals and teams to develop the skills necessary to meet and exceed their goals.

Integrated Work is the licensed PEAK Learning® affiliate for delivering the Adversity Quotient® program to non-profit organizations and government agencies throughout the United States. Jessica has worked extensively with the public health, affordable housing and scientific communities. To learn more about Resilience Building and Adversity Quotient®, contact Jessica at: [jessica@integratedwork.com](mailto:jessica@integratedwork.com) or (303) 516-9001



## April Nance

**Name of center:** East Arkansas Family Health Center, Inc.

**Years on board:** 3

**Office:** Chairman of the board

**Profession:** Accountant

**Member tip:** Get as much training as you can. Being a user of the center is fine but there are so many situations a board member should be prepared for. Training helps you prepare for contingencies.

**April Nance** believes that when you take care of the little issues, the big issues fall into place a lot easier. Thanks to her dedication and attention to detail, the 32-year-old accountant has been elected chair of the East Arkansas Family Health Center in West Memphis, Ark., after serving on the board for only three years.

“The board saw great potential in me,” says Nance, a mother of an 8-year-old daughter. “I went to every meeting, all the special events, and demonstrated that I really care about this health center and the people it serves. After a year-and-a-half, I was named chair of the finance committee.” A year-and-a-half after that, she says, the 10 other board members elected her chairman of the board. “Being chair is an honor,” she says. “But it comes with a great responsibility that I take very seriously. I come from a strong religious background and know that serving others is something we have to do, that we need to do. So I intend to do my best to help move this center forward.”

A self-described “country girl” who drives a pick-up truck, Nance originally was invited to submit an application for the board after being recommended to it by a friend. She visited the center and attended a board meeting. “My first impression was ‘Wow!’” she says. “There were different people from different backgrounds coming together to do something really good. It was inspiring. I really wanted to be a part of it and to contribute. I remember thinking that whatever I do going forward has to be for the betterment of this center.”

Located in the Mississippi Delta area near the Tennessee border, East Arkansas Family Health has four sites. It serves patients in a wide geographic area, including Tennessee. Among the center’s offerings are primary care services and preventive medicine, family planning and prenatal care, immunizations, dental services, health education, including HIV/AIDS education and nutrition counseling, and pharmacy services. It also houses a food bank.

And, for those patients who don’t have a way to get to the center, East Arkansas offers transportation services. “People come here and are amazed by the quality of service they receive and the variety of services they can get,” says Nance, herself a center user. “We rival any medical services in this area.”

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## Shirley Carter

**Name of center:** Southwest Virginia Community Health Systems, Inc.

**Years on board:** 30+

**Office:** Various, over the years

**Profession:** Business administrator

**Member tip:** Do not lose sight of your center’s original mission, which is to provide the best health care possible for the people within its reach.

**Shirley Carter** lives in a small town. And because she does, she wears a lot of hats. Besides being an active pastor at the Church of the Nazarene, the widowed, 72-year-old grandmother works 38 hours a week for the town of Saltville, is on the town’s community liaison board, is vice chairman of the local food bank and a founding member of Southwest Virginia Community Health Systems.

“It’s not about me,” says Carter, who also retired after 45 years of service for a defense contractor. “I really don’t want to make a big deal of out my life. I am who I am by the grace of God, and there are a lot of people around here who work like I do. I feel so fortunate because we all support each other.”

In such a small town, she says, they have to. Saltville, a town of about 2,400, is in rural southwest Virginia. It is renowned for the salt marshes that attracted wildlife — including mastodons and woolly mammoths — during prehistoric times. From 1894 until 1972, the town was the home of Mathieson Alkali Works, a chemical company that saw opportunity in the area’s natural resources. Thus, Saltville became a quintessential company town, with Mathieson (later the Olin Corp.) providing jobs, housing, stores and health care. But when the company closed up shop, the jobs and the health care dried up. So volunteers, such as Carter — who at the time was a member of the town council and health commission — looked for ways to provide essential services. “The company offered us its hospital building,” she says. “Over the years, we learned about government grants that helped us expand our services.”

Today, the center has more than a half-dozen sites and provides an array of services, including primary care, behavioral health care, dental care and pharmacy services to area residents. In 2009, the center saw some 16,000 patients in more than 57,000 encounters. Those patients included Carter. For years, she and her family were users of the center. That included not only her two daughters and husband, but also their extended family.

“For a number of years, my husband and I took in a lot of young people who needed a place to stay,” she says. “Some were relatives; some were not. They would drift in and stay for two or three years at a time. Over the years, we had 16 of

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## Resources

For more information and reading on Adversity Quotient see [www.peaklearning.com](http://www.peaklearning.com)

### **How to Bounce Back from Adversity**

By Dr. Joshua D. Margolis and Dr. Paul G. Stoltz,  
*Harvard Business Review*.

The authors describe a resilience regimen—a series of pointed questions designed to help managers replace negative responses with creative, resourceful ones and to move forward despite real or perceived obstacles.

Available from:

<http://hbr.org/product/how-to-bounce-back-from-adversity/an/R1001E-PDF-ENG?Ntt=bounce+back+from+aversity>

### **The Adversity Advantage**

By Dr. Paul G. Stoltz and Erik Weihenmayer  
*(Fireside, a division of Simon & Schuster, 2008)*.

Adversity Quotient® (AQ®) expert Paul G. Stoltz, Ph.D., and world-class blind athlete Erik Weihenmayer team up to take you on a climb up the Seven Summits. The Adversity Advantage blends Stoltz's proven leadership techniques and groundbreaking research with Erik's soul-stirring real-world anecdotes and wisdom. The Adversity Advantage offers practical tools that teach you how to use adversity as a force for superior achievement, resilience, agility, innovation, energy, and happiness. Learn to bring out your best when you need it most, under pressure.

Available from:

[www.Amazon.com](http://www.Amazon.com) or your local bookstore

### **Adversity Quotient @ Work**

By Paul G. Stoltz, Ph.D. (*Morrow, 2000, 2001*)

The perfect guidebook for workplace applications, Adversity Quotient @ Work introduces a greatly expanded menu of AQ-related discoveries, tools, and applications. It describes new approaches to using AQ for hiring, coaching, managing culture change, and expanding capacity. This book is featured in many of the world's top media.

Available from:

[www.Amazon.com](http://www.Amazon.com) or your local bookstore

### **Adversity Quotient: Turning Obstacles into Opportunities**

By Paul G. Stoltz, Ph.D. (*Wiley, 1997*)

Selected as "one of the top 30 books of the year" by *USA Today*, this book introduces Adversity Quotient® (AQ®) theory, measurements, and tools through simple language and real-world examples.

Available from:

[www.Amazon.com](http://www.Amazon.com) or your local bookstore

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### **April Nance**

Last year, East Arkansas served 9,869 patients and had nearly 32,000 patient encounters at its four sites. And while growing the center is always on her mind, Nance says it must grow carefully and thoughtfully. "I think my accounting background and work for a non-profit company has been a plus. The lessons I learn in the for-profit world are applicable here. And that's important if we want to remain a viable part of this community."

**PROFILE** (continued from page 5)

### **Shirley Carter**

them. Many still keep in touch. I like to think we made a difference in their lives."

Indeed, Carter and the other local volunteers continue to make a difference in people's lives. "I used to know just about everyone in town," she says. "I don't recognize a lot of the young people anymore, but if I talk to them, I'll remember their grandparents or great-grandparents. I was born here and this is my home, and we look after one another."

## Tell us what you think!

We'd like to hear your input on this issue and what you'd like to read in future issues of *Across The Board*

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