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Introducing Matt Neil 00:53

Matt Neil and I collaborate as students of podcasting. In our day jobs he learns about teaching, I learn about health. We both use the medium of audio to learn and advocate. We talk once a week on the Zoom video and almost daily on our Slack podcasting community. We have never met in person. When I began producing episodes about becoming CEO of your health, I knew we needed to chat with Matt. Healthcare and secondary education feel similar to me. Are they? What can we learn from a professional educator about becoming a leader? Can I learn about learning to become a better CEO of my health from a high school teacher?

**Health Hats:** Matt, thanks for joining me. I'm very excited.

**Matt Neil:** I'm happy to be here. I'm excited, too.

**Health Hats:** Matt, how do you introduce yourself to people in a social situation?

**Matt Neil:** My name is Matt Neal. I'm a teacher. I teach young people, primarily high school-aged students. I consider myself a teacher, coach, and mentor. Those are skills that I have cultivated but also part of a calling. This is going into my 13th or 14th year teaching. That doesn't seem real.

**Health Hats:** Where were you when you first realize that health was fragile?

**Matt Neil:** My mother-in-law battled and died of cancer. That happened when my wife was in her 20s. We were living in eastern Pennsylvania. Her mother got really sick, and she had cancer and had treatments and different things and recovered. She came to visit us and stayed with us for a while. When she was staying with us, she was pretty healthy still. And then I remember there's a point, because my wife worked for the American Cancer Society, where she realized that her mom was not doing well. Their mom was dying. She took a leave of absence and went and stayed with her and I had to keep working. But we were apart for several months. It was just horrible. The only bright spot out of

that was that my wife was able to be there with her because she knew it was coming. It was hard and brutal but also a process that she went through with her mom. Comparing that to my father-in-law died. It would be two November's ago. That was extremely sudden. He was in his mid-70s, but he was doing up-downs, burpees in my living room. Showing me how he could do these and then we get this horrible call that something happened. It was just immediate. Her dad was one of my best friends - really tough.

Enrollment – Joyful learning 04:14

**Health Hats:** You're a secondary school teacher? You write and talk a little bit about the setting, the circumstances, and methods of learning. And recently you wrote something about student enrollment. I know that [Seth Godin wrote in Medium in April](#), he wrote this statement because when you said it, I looked it up. Enrollment is not a word that I would usually use, and so he said, "enrollment is what happens when you're already engaged in the journey. When it's something you seek out. Something you're eager for." Is that the definition that you're using when you talk about enrollment?

**Matt Neil:** Well, Seth's podcast that he did it was an [episode of Akimbo](#). What's the thing that kids always say about school that they hate. They have to do it. They are forced to do it. I think enrollment is getting them to become a part of their educational experience and be an active member and that so that they are joyfully, or excitedly participating in their educational experience. And that can be a challenge. It's doable.

**Health Hats:** You think part of it is that they're a captive audience and it's mandatory and its part of being a young person.

**Matt Neil:** What's the subject or a class that you loved in school?

**Health Hats:** History

**Matt Neil:** Me too. Why was that?

**Health Hats:** Well, it was an amalgamation of the stories in a different time. Experiencing the same thing I'm experiencing. I mean in the sense of family, food, community, stress, tragedy, inspiration. But in a completely different setting. I like that. That was exciting.

**Matt Neil:** Me too, and I'm willing to bet I might be wrong, but almost always I'm willing to bet you had at least one great history teacher.

**Health Hats:** I did it was a Jerry Keeney.

**Matt Neil:** Jerry Keeney.

**Health Hats:** What was cool about what he did was he taught American history in high school. And he took four or six events in American history and the one I remember the most is the Constitutional Convention, and he assigned everybody in the class a person that was there. We studied who that person was, and where they lived and where they grew up to get to know them. And then he would stage these scenes where we would be that character. And then he would change something. And say what if this happened instead? Oh, my goodness, it was so creative.

See the show notes or my website [www.health-hats.com](http://www.health-hats.com) and click on blog/podcast for more information, to subscribe or contribute. If you like it, share it. Thanks.

Life happens to kids, too 08:24

In your role as this leader with a captive audience, there are so many nuances. Like whether the kid is hungry. Whether there's a bunch of stress at home. Whether it's early in the day or late in the day. That there are these factors that don't have to do with school that impact their enrollment. How does that present itself to you?

**Matt Neil:** Every class period of every day, there are outside factors influencing the kids that can be much stronger or more powerful than anything we can do. But we can't control those things. We can only try to help those kids as much as possible with the things that we can help and in the classroom. So, you're right, if a child comes in and is hungry. One, we need to feed them and two, if you're hungry, you're not learning. It's very hard. It's possible, but it's extremely hard. The child comes in, and they haven't slept. They slept only two hours last night for whatever reason. There are many different reasons that kid is going to have a really hard time learning. Kids come in who come from different types of situations where they don't have food at home. They don't have stability in the home. There could be a serious illness in the family. That impacts their learning. The first step is you have to be aware of that. The old school way of saying, "My job is to teach history, and that's it." It's not to get involved at all. But that does not work anymore. There might have been a time when that worked. It doesn't work for me. It's never worked to me. Being aware that Susie is hungry and being aware that Johnny is struggling because his parents are maybe getting a divorce.

Health in school – Nine weeks 10:45

**Health Hats:** How is health taught in school? I don't remember learning anything in school about it. But how does that happen where you are? Do schools introduce people to health and wellness?

**Matt Neil:** It varies tremendously depending on where you are. I think we should be doing much more on health. Unfortunately, that's the answer to everything. In education, right or wrong, for the past in the US the past 10, 15, 20 years have been standardized testing, English, and math primarily. Now, there's a huge push for STEM which is great.

**Health Hats:** STEM is science, technology, engineering, and math,

**Matt Neil:** Which are all very good things. But whenever you focus on one thing, you don't focus on another. There's limited time. I'd love to do more with health. What do you cut? The answer is, you really can't cut anything because everything is stretched so much. In our district, kids have health class with physical education. A quarter of health and a quarter of Phys Ed taught by a physical education and health teacher. I think our teachers do a great job with that with the limited time they have. Nine weeks for health, such a huge subject. It varies quite a bit. We should be doing a lot more on Mental Health and social-emotional health. We should be more aware as teachers about mental health and physical health and how there's an interplay. We should be trying to arrange a school around healthy things, healthy environments for those kids, which I think we do. For good logical, but crazy reasons, we wake the kids up at a time that is just not healthy. It's terrible for them. We start school at 7:20. A lot of schools start at 7:00, 7:30, 7:40 and they are not ready. They're exhausted. In my first period, I'm a

pretty engaging guy. I'm pretty loud, candidly. And they're still exhausted. They're looking at you. "How can I think when I should still be in bed?"

**Health Hats:** You must regularly have people in your class that have an acute or a chronic illness, whether it's physical health or mental health. How do you engage in that for the day and for the plan for that person? How does that happen as a teacher?

**Matt Neil:** That's a great question. Someone who has an ongoing health issue They'll have a specific medical plan in place. We know those accommodations at the beginning of the year. Let's say I had a student who is hard of hearing, but they read lips very well. In that situation, I'm always very cognizant of where I am in the room. They might not want me to wear a microphone because that then calls attention to what's happening with them, but I can make sure my face is facing them and give them a better seat. I can be very aware of that. I know that as teachers. There's a lot we can do to make that class better for them. Put students who you know around them who don't mumble, who speak very clearly and look at that person.

Impact learning in healthcare 15:05

**Health Hats:** Now, I want to think about the healthcare world. And I'm interested in how people enroll in their health and in my language, it's "I'm in charge of my health. I'm the CEO of my health. "There are people like me. I'm the CEO of my health, and I can't help it. It's just the way I am. I need a certain set of things to be successful at being the CEO of my health. But I'm not typical, and most people either don't have skills that they need, some confidence or even know that it's an option.

**Matt Neil:** What do you mean by that? Can you say more about that?

**Health Hats:** You go to the doctor. The doctor tells you what to do. You do it. They say, take a pill. You take a pill. Then they've got to deal with can I afford it? How am I going to get it, whatever?

**Matt Neil:** But they're passive, not active. That's part of it.

**Health Hats:** Yes. It's not part of our culture. It's dangerous to make too many generalizations about culture because there are so many different cultures. I think I know that people who take control of their health manage better. Their symptoms are often more manageable. I deal a lot with pain management, and a common thing that people say is that it's important to have control, to feel control over your pain. I don't like saying feel control. I mean have control. That there are options. I can choose things. I'm not dependent on somebody else all the time. I know what works and what doesn't that those are things that help people. I listen to you, and I listen to Maria (who's somebody else in our fellowship) who thinks a lot about learning. She has a podcast, [Impact Learning](#). I keep thinking about that for healthcare. How we learn about our bodies, about ourselves. How do we learn to learn about it? There are so many similarities to education. That there's an educational industrial complex. There's a healthcare industrial complex. They're systems. It's something big. It's like mandatory education. Everybody goes to the doctor, almost everybody. Almost everybody goes to school. It affects everybody. But we're all so different. I wonder what you think about how people learn? Taking the scenario of learning to be in charge of their health, being in charge of their learning?

**Matt Neil:** I think you said something at the beginning of this conversation that applies here, "that's just the way I am." The way you are is shaped by how you were raised. Your parents talked to you about

health at a young age. That is very matter-of-fact detailed knowledge of your body and health whereas many people do not. I do believe that. I'm biased because I'm a teacher. Education is the key here. By education I don't just mean knowledge, although knowledge is a part of it. You said something too about not knowing that it's an option. That's how I think a lot of kids and parents approach school. They show up and exist there, as opposed to being in control. We all know that one of the differences between a good and a great student is great students ask questions. They're taking great notes. They help other members in the classroom with their learning as well. They are reading. They're doing the work. That can apply to health care. Anytime I've had any health issue; I'm always amazed by the amount of knowledge I need to know. How do I manage this? How can I get better? How can I improve? How could I deal with it? It can be very overwhelming. I think that's how a lot of kids feel in school. Because the kids are overwhelmed, some of them throw up their hands and say why bother or they get by. Does that happen in health care, too?

**Health Hats:** Totally.

Who's doing the heavy lifting? 20:28

**Health Hats:** I interviewed Melissa Reynolds. She has fibromyalgia. She writes and advocates and coaches people with the pain and symptoms of fibromyalgia, especially in pregnancy. Melissa says that people need to do the work of their health. You can have a team, a really good team, but you still have to do it. And then see did it work or not. It's not a passive process. And I thought you just said something similar. Education is a process of being engaged and doing the work.

**Matt Neil:** Yes. Global feedback to every student teacher I've ever had has always been who's doing the heavy lifting in this lesson plan? Almost always the teachers doing the heavy lifting. It's primarily lecture based. It's transmitting information. And by the way, lectures can be great and important and helpful. But the idea is if you have five lesson plans and if you're doing a hundred percent of the heavy lifting, you're not giving them a challenge to overcome. There is very little learning going on. There's a famous John Adams quote where he says, "A scholar is made alone." What he's trying to tell his son, is that you have to be willing to go and sit down and put your head down and do whatever work on your own. But I would add to that: then you have to share that work and have a community. Otherwise, who are you doing the work for? You're doing it for yourself. I might do something and think it's terrible or not that good and share it. Then you say, "This part right here, I like this." Then I have something to work from.

Peer support, peer learning 22:28

**Health Hats:** In terms of health care, maybe this is the challenge I'm dealing with. I've got to do the work myself. But if I have a team or a support system, then I can say, "this worked, this didn't." Somebody can say, but you know "that did work. You don't see it, but it worked." I've advocated for years for peer communities in health. I imagine that students that are engaged together learn a ton.

**Matt Neil:** If you look back at the classes that you enjoyed; you probably had a great relationship with your teacher. You had classmates; you had peers that made it real for you and was fun. I've had classes with teachers that were only okay, but I loved the people in the class. A group of four isn't a group of four. It's three groups of two. And they can have different conversations, and they can share their work quickly. So, we do a lot of quick read alouds for 90 seconds about this topic, and we're going to read aloud - not in front of the class. We're going to read to a partner, and I say turn to your diagonal partner

read that aloud to them and have a one-minute conversation. Then I might say who wants to volunteer? A couple of extrovert kids share out their responses. Then they've all connected with the learning. They've used their writing. They're able to speak, listen, and write. Those scenarios and those little things tie them to what we're doing much more. If they have someone who they're interacting with frequently, they are more tied to the class. Any class that I've ever had where the kids are sad that it's the last day our classes; where they have formed deep bonds with their fellow students; as well as a deep bond with me; and if you know if there are tears on the last day, you did something right. That doesn't happen too often. I don't know how we take that and apply it to Health Care.

**Health Hats:** That's not going to happen with your doctor or your nurse. That's going to happen with peers. That's one of the beauties to me of the internet world. Being ill is an incredibly lonely process, no matter how extroverted and gregarious you are. It's you. Your spouse, your partner doesn't experience what you experience. But other people who are experiencing something similar to what your experience is very powerful.

**Matt Neil:** Maybe you have an answer right there. You know this.

Planting a seed 25:30

**Health Hats:** I've been thinking about this idea of planting a seed and being satisfied with that. I'm old, I'm seasoned, whatever you want to call it. My enthusiasm for changing the world - those days are over. My sights are more set on small gains with individuals and small communities of people. I want to try to refine this business of planting a seed so that when a person is ready it can sprout. Their Journey changes a little bit because there was a moment of recognition. That's beautiful if that can happen. It takes a lot of patience. Not patience meaning sitting and waiting for the thing to sprout. I mean patience to say, "okay. I planted a seed. That's a good thing. That's enough for right now." And you know move on. Do you think about that as a teacher?

**Matt Neil:** Yes. I am never okay when a student isn't doing well or isn't learning. I'm always thinking, "how can I reach the student?" But you can take that too far. You can beat yourself up. I have been there in my career. I think any teacher who tries to be good has experienced that frustration of, "I know he or she can do this. I know that the student can do this, but they're not. How can I help them?" And you want to be a problem solver and do that. However, I think there are times when you have to take the small wins and say, "maybe I've influenced this kid and maybe they'll realize it in the future." Maybe they don't realize it now. I think planting the seed is a very good way of saying that. It is it has to be a partnership. I cannot drag kids over the finish line for their education. They have to run. I can reach out in many different ways. I think we should as teachers. I feel like planting the seed, that's at least the start. Sometimes a child will come back to you months or even years later and say, hey, I remember when you said this. It spoke to me. I wasn't in a place to receive that at the time but now I am."

Dignity and respect – a foundation for learning 28:25

**Health Hats:** I think about my son, a first-grade teacher. My wife and I had gone to his class and done a unit on the heart or something. One of the things that he does is he stands at the door in the morning, and he shakes the kid's hand as they walk in the room and says, "good morning. I'm so glad you're here. We're going to have a good day." At the end of the day, he does the same thing. He stands at the door, and he shakes their hand, and he said, "I'm delighted that we could spend this day together and I look

forward to seeing you tomorrow.” For some of these kids it may be the only respect that they experience. I love that, and I think that's not necessarily planting a seed, but it's making the ground a little more fertile.

**Matt Neil:** Love is very powerful as is showing respect. It's the “I see you” thing as well. People act like kids are in the way. They're not in the way. We want them here. There have been young people I have said that to as they're going out the door to the college, “Hey, we're counting on you.” Then other times they go, “you're counting on me?” Yes, your family is counting on you. Your community is counting on you. We're counting on you. Your teachers and the country is counting on you. The world needs you. People don't hear that enough. I love that your son does that. First-grade teachers, elementary school teachers are the most underrated teachers. I can't give them enough praise because great elementary school teachers can impact the kids so deeply because they're with them for so long. I might have my students in a day for 40 minutes. They're with them the whole day. If you have a great elementary school teacher, I think studies that show it's double or triple the growth from a poor teacher to a great elementary school teacher. It's not just academic growth that we need to worry about. All of their habits for success come from, or many of their habits of success come from those early years. I appreciate you sharing that story. That is a remarkable thing he is doing. I'm sure among other things. They will feel that impact.

**Health Hats:** In health care, the thing that I hear most is, “You got to show up. You got to do the work” and dignity. The challenges of dignity in the healthcare machine. It doesn't sound so different from education.

And now a quick break to hear about our sponsor, Abridge. I see many clinicians on a regular basis, way too many. I'm appalled at how little I can remember when I get home. My wife asks, what did she say? What about this medication or that test? I'm happy to remember half of it. To help me remember everything, I downloaded a new smartphone app called Abridge.

Now, when I go to the doctor, I ask if it's okay to record our conversation. Nobody has said no yet. I push a big pink button to record, and after I'm done, the transcript from our audio appears -- not the whole thing that's too much, but sections around medical keywords like fatigue, pain, tests, exercise meds. Now when I'm done, I can share my visit with my wife, and she can listen to exactly what the doctor said. Abridge was created by patients, doctors, and caregivers. Check out the app at [abridge.com](http://abridge.com) -- a b r i d g e .com or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!

Learning to be CEO of your health 33:17

**Health Hats:** What should we be talking about that we haven't?

**Matt Neil:** Why did you want to have this conversation? Because you seemed very excited to do it right away. That made me excited to do it. Why did you want to have this conversation?

**Health Hats:** I wanted to have this conversation because I've been chewing on this issue of how people learn to be CEO their health. I needed to talk to some people who I respected who weren't in healthcare to get a different perspective. This week I talked with Jane Beddall, who does the [Crafting Solutions to Conflict](#) podcast — talking with her about how people make decisions, how people learn the skills of

making decisions and resolving questions with each other and differences with each other. It was another example of looking at this from a different point of view. Listening to you and reading your stuff was somebody chewing on this in a different world. That's why.

**Matt Neil:** I very much appreciate you saying that. You've been so kind to me in this conversation, in our work together. What you were doing is part of the solution. People need to be more involved in everything they do. When I talk to you or I talked to someone else in our group, and I get their perspective, it makes me look at my situation differently. I've been teaching for all these years. There's still so much out there that we're not doing. Some things take more effort. There is not a lot of time left in a school day to add, add, add. I'm looking at where is some hidden thing that we don't know about, or it's right there in front of us, but we can't see it yet. That's part of what you're doing here. What is this other person doing in their field that I could borrow and pull into mine? That's fascinating to me.

**Health Hats:** We homeschooled through the seventh grade. That gave me a different view of education. My feeling is education is about learning life, experience to be a good person and contribute to the community, and be satisfied and fulfilled with your family, and contribute to the next generation. We spent a lot of time together, and we learned through doing stuff together. I had to find stuff that we were both interested in, or we were all interested in. If my kid had an interest and I didn't care, I needed to find somebody else to work with them; somebody who did care about whatever. As you've heard from this conversation, I have a lot of interest in history. Well, it turned out, so did the kids. We were living in West Virginia, and the Civil War was a big thing. We did a lot of reading about the Civil War and traveling and seeing things about the Civil War. We cooked. We kept bees. We had chickens. We had a garden. We were building a house. We lobbied for a home-schooling law.

**Matt Neil:** It sounds great.

**Health Hats:** We did stuff together. We all learned how to learn together.

**Matt Neil:** One of the most important things you can do.

**Health Hats:** Maybe the issue for both of us is not packing more into the day, but it's facilitating, encouraging process to take when people are not with the expert, the teacher, the doctor, the nurse. Because they want it.

**Matt Neil:** Yes. I guess the challenge there is what you do when people don't.

**Health Hats:** You're not God.

**Matt Neil:** That's true. But I think giving people experiences getting people experiences to hook them.

**Health Hats:** To have a success

**Matt Neil:** Have a success, small wins can be a big deal. Giving them a path sit to say here are some things you could try. Let us know if any of these things work.

**Health Hats:** Yeah. Alright, man. Thank you so much.

**Matt Neil:** Thank you, Danny. This is great.



## Reflections 39:06

The answer to my question, “Can I learn about learning to become a better CEO of my health from a high school teacher?” Yes. Absolutely. Matt confirmed my sense that learning rests best on a foundation of dignity and respect. We agreed that unless a person willingly works to learn about anything, planting a seed may be the most sustainable action we can take. Hopefully Health Hats, the Podcast plants such a seed. Matt introduced me to “Who’s doing the heavy lifting?” If teachers do the heavy lifting in education, do kids learn? If clinicians do the heavy lifting for health, can we become CEOs of our health? I’ll have to chew on that one. I invited Matt to the podcast to explore the concept of enrollment – joyful learning. Can we use managing or leading in chronic illness and joyful in the same sentence? I don’t know - maybe passionate learning, energetic learning, eager learning. Regulations, custom, and the inertia drive both education and healthcare. Life gets in the way for both. Some education and some healthcare practitioners develop workarounds to accommodate life. Massive frustration. Arggh. Yet, in the moments when I appreciate the outcome of best health – living at peak capacity – I confess to a thrill running through me. I try to surround myself with health. I’m healthier person and a better CEO when I’m part of a positive, supportive, learning community. Unfortunately, neither education nor healthcare are particularly healthy industries. That’s so sad. Perhaps CEOs of their health need small communities of support. Have you, the CEO of your health created such a community of support? If yes, how? Where? How’s it going? If not, can you start now?