

A Scan of Health Leadership Development Programs

A Report Prepared for
The Robert Wood Johnson Foundation

The Leadership Learning Community

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A SCAN OF HEALTH LEADERSHIP DEVELOPMENT PROGRAMS

A REPORT PREPARED FOR THE ROBERT WOOD JOHNSON FOUNDATION

BACKGROUND

The Robert Wood Johnson Foundation (RWJF) has expressed an interest in better understanding the capacity, scope and reach of existing health leadership development programs. Understanding the current landscape of leadership development efforts in the field of health can identify opportunities to leverage what currently exists, address potential gaps and consider innovations that could strengthen health leadership development efforts to improve health outcomes particularly for those who are medically underserved. Current RWJF initiatives address how to improve health care systems and the conditions that promote better health at the individual and community level, the disparities among groups in health status and access to health care, and human capacity building and leadership development. The scan intends to assist the foundation in the pursuit of its broad goals of building leadership capacity to improve the health and health care of all Americans.

RWJF commissioned the Leadership Learning Community (LLC) to conduct a health leadership development scan. The scan has several objectives:

- Map the current status of leadership development opportunities in the field of health, including leadership development gaps;
- Explore opportunities to leverage investments in health related leadership efforts by connecting programs within a broader health reform framework or movement;
- Catalyze a learning community of health related leadership programs to exchange lessons about successful development models and practices and to monitor the health impacts of their combined efforts; and
- Test interest in networking the graduates of health leadership programs.

The LLC has conducted three leadership development program scans in the past two years. Scans provide a framework for synthesizing disparate knowledge about a range of different program approaches, current capacity, potential gaps and emerging opportunities so that stakeholders will have information that can help them be strategic in their own leadership efforts. Recent LLC scans synthesize knowledge about innovative leadership development initiatives and methodologies, the scope of leadership approaches that are being implemented in the Greater Washington D.C. Area, and efforts to diversify leadership positions in nonprofit organizations to include more individuals of underrepresented racial and ethnic groups. The scans are also building a body of knowledge about the strengths of specific leadership strategies and their contributions to achieving desired outcomes. Learning from these scans will help inform the assessment

of health leadership development efforts and contribute to LLC's work of strengthening the entire field of leadership development.

METHODS

Overview

The primary focus of this scan is health leadership development programs. Leadership development programs are distinguished by their attention to principles of adult learning that anchor leadership training in the experience and application of new skills to participants' leadership context. They often combine core curriculum with individualized learning plans to address specific learning needs that will benefit participants in their workplaces and communities. Life-long learning is a core principle of these programs. Generally, they utilize a cohort delivery strategy that strengthens program sustainability and cultivates relationships among participants over multiple sessions to increase peer learning and social capital. Leadership development programs incorporate a variety of program elements into their design that distinguish them from training seminars, degree based programs, organizational capacity building and the less structured efforts to cultivate and support leadership in an organization, community or initiative. While the scan focuses mainly on individual health leadership development programs, we also mention important efforts to bring together multiple programs in leadership networks and to cluster programs under the auspices of an intermediary organization.

Program Selection

The LLC developed the following criteria to guide selection of programs to be included and profiled in the scan:

- The primary focus of the program is to improve health status or health care.
- The program convenes participants over time or convenes for an intensive period over which sustainable relationships are cultivated among groups of participants.
- Participants in the program come from diverse settings and institutions.
- Programs incorporate principles of experientially based adult learning.

Using these criteria, LLC staff researched over 70 health leadership efforts and identified 47 leadership development programs that meet these criteria and have been utilized as the data pool for the charts and graphs used in this scan (Attachment A). These programs vary widely in whom they recruit and select from health professionals to grassroots community leaders and journalists who cover health issues. They focus on a range of health issues, including substance abuse, multi-cultural health, community health, community advocacy, hospital administration, violence prevention, geriatric care, health policy, consumer empowerment, health and technology, border health issues, media and health education.

In addition to programs that meet the criteria to be included in the scan we also share lessons from other sources including the broader field of leadership development programs; multi-issue leadership development programs that include health leaders; and recognition programs that reward innovation and achievement in the field of health but do not include a cohort component.

Program Review

LLC staff researched the Internet for the following information about each program:

- Mission statement and purpose
- Changes the program seeks to support
- Target population
- Desired outcomes: individual development, increased community or organizational capacity, changes in the field of health care and changes in the health care system
- Leadership competencies supported by the program
- Program design components
- Sources of financial support
- Theoretical foundations and health frameworks
- Geographic focus—city, area, state, etc. and rural or urban, including metropolitan areas
- Alumni activities

We have developed profiles for each health leadership development program included in the scan. Throughout the scan these 47 programs have been analyzed along a number of dimensions that are depicted in bar and pie charts. The data for each of these charts has been compiled in Excel spreadsheets that are attached in the Appendices as Attachments D, E, F and G. The order of these attachments corresponds with the order of the charts as they appear in the scan.

Key Informant Interviews

Phone interviews were conducted with seven key informants -- long time staff or directors of successful health leadership development efforts – to solicit their perspectives on key competencies for health leaders, challenges in health leadership development efforts, strengths and weaknesses of current efforts, opportunities for collaboration and potential gaps.

Health Leadership Program Mapping Session

Based on Internet research and key informant interviews, a diverse cross-section of stakeholders in health leadership work were identified and invited to participate in a two-day Health Leadership Mapping Session hosted by the California Endowment in San Francisco on March 24-25, 2005. Twenty-eight people participated (see Attachment B for list of participants).

At the working session participants were invited to engage with the LLC in the process of assessing and mapping the current status of health leadership development efforts. To accomplish this work, participants were asked to work in teams over a two-day period and charged with several important tasks:

- Introduce the target, objectives and impact of their leadership development work;
- Surface a shared understanding of the impact of current trends within the health field on health leadership competencies and challenges;

- Identify strengths, gaps and opportunities for building the capacity of health leadership; and
- Explore opportunities for increased collaboration among programs and their graduates.

STAKEHOLDER PERSPECTIVES AND MAPPING SESSION FINDINGS

We begin with a report of the most significant findings from the interviews and convening of health leadership development stakeholders. Our discussion of the leadership development landscape in the field of health will be anchored in the challenges and opportunities expressed by those who are most engaged and knowledgeable about the work.

Current challenges to building the capacity of leadership in health

The Need for a Common Framework

Participants in the mapping session expressed the need for a common language and an analytical framework with which to understand, connect and focus their varied leadership development efforts. Throughout the discussion the group often came back to the need to engage in the work of creating a common vision that would surface the commonly held values beneath the differences in language that people use to describe what they are doing and why they are doing it. This response spoke to both a sense of relative isolation and the desire to strengthen collaborative efforts to build political will and accelerate changes to significantly improve health outcomes.

In the field of leadership development one of the most frequently asked questions is “leadership for what?” Answering this question is especially difficult in a field as complex as health. The tendency is to limit the scope of the response to address a specific health issue or target population. What is lost, however, is a broader vision of change that unifies these efforts.

Initial elements of a unifying framework for a broad health reform analysis and change strategy were suggested through the mapping conversations:

- Clearly define and articulate the overall health reform agenda and goals;
- Move from a disease management model of health care to a prevention and promotion model;
- Reduce the disparities in access to health care and in health status;
- Invest in advocacy and media because fundamentally health reform is political;
- Involve consumers in prevention and solutions; and
- Engage multiple stakeholders in the development and implementation of a change agenda.

The process of mapping the field provides programs with a better understanding of where there are synergies in their work with others who share similar goals and desired impacts. This is an important first step in laying groundwork for leadership development

practitioners to continue the difficult but important work of shaping a common framework that can transcend the focus within areas of specialization. As a result, boundaries can be crossed, lessons and approaches can be shared, and political will can be built among a critical mass of health leadership program graduates who can inform and support the broader health reform agenda.

The Lack of Moral Outcry

Participants expressed dismay and grave concern about the lack of moral outrage over the status of general health and health care delivery in the United States. Some participants felt that the people in the U.S. are sadly misinformed and believe that the health care system in this country is among the best in the world. There has been a lack of appropriate response to the degradation of healthcare quality, access and cost. Participants pointed to specific attacks on healthcare in the current political environment that have failed to provoke a sense of urgency or response.

The Continuing Leadership Gaps

One key informant described an important “aha” moment when she realized the degree to which medical directors have not been perceived as leaders. Another said, “Leadership itself is a gap in health.” A couple of mapping session participants reflected a larger discussion occurring in the nonprofit sector about whether the emphasis on good management fails to sufficiently acknowledge that leadership mastery is something quite different. The lack of clarity about the differences between management and leadership supports a problematic assumption that the leadership needs of health professionals are being adequately met by a number of very helpful, targeted executive training and nonprofit management programs. Despite these programs, mapping participants suggest that investments in leadership development are not adequate to address the root causes of the health care crisis, to diversify the health care workforce, and to prepare the next generation of health leaders.

The Limitations of Current Leadership Development Evaluation Approaches

Participants talked about the challenges of evaluating leadership development efforts, reflecting the sentiments of leadership development funders who have participated in the LLC Funder’s Affinity Circle. They attributed the lack of support for leadership development as an investment strategy to the difficulties of demonstrating the impact of leadership development. A W.K. Kellogg publication, “Evaluating Outcomes and Impacts: A Scan of 55 Leadership Development Programs,” finds that most leadership development programs are limited in their capacity to capture outcomes and impacts because they do not invest in longitudinal evaluations and they often lack a theory of change that surfaces the links between individual change and changes in organizations, communities or fields.¹ Experimental and quasi-experimental methods that are widely used in the sciences to demonstrate attributable benefit are often not appropriate for assessing the benefit of leadership development programs. Current efforts are under way to develop and test mixed methodologies that better capture the full range of outcomes

¹ W.K. Kellogg Foundation, “Evaluating Outcomes and Impacts: A Scan of 55 Leadership Development Programs,” August 2002, page 6.

and impacts of leadership programs.² The forthcoming Handbook on Evaluating Leadership Development that the Robert Wood Johnson Foundation is supporting will contribute significantly to the capacity of the leadership development field to make the case for investing in leadership development as a change strategy.

The Lack of Succession Planning and Preparation of Emerging Leaders

A number of key informants interviewed raised concern about issues of succession planning, pointing out that they are not seeing new leaders emerge who are prepared to step into leadership positions currently held by medical directors and non-profit leaders who are approaching retirement age. One challenge that mapping participants noted was the lack of a strong mentorship practice within the field of health. A second widely discussed challenge was the lack of diversity in the health care workforce. This has significant consequences for the cultural competence of health care services and for the quality of health care decision-making. The Annie E. Casey Foundation has been studying demographic trends and predicts a significant shift with retirement that could create 10,000 executive leadership openings in the non-profit sector.³ This research suggests an important need to invest in preparing the next generation of leadership and identifies an opportunity to diversify leadership across a variety of sectors through proactive leadership strategies that focus on people of color.

An inventory of core competencies, assets, and strategies

Core Competencies

The mapping participants spoke to environmental challenges and obstacles faced by the leaders in their programs that included:

- Tension between health professionals and community leaders;
- Turf concerns and competition among health agencies;
- The impact of changes in political leadership at the state and national level;
- Fiscal and budgetary constraints;
- Negative trends in healthcare; and
- The time it takes for significant change to occur.

Participants were asked to consider what competencies leaders need to both address these challenges and achieve desired program outcomes. The group identified a number of core competencies that are critical to the success of leadership in the field of health:

- Effective use of the media;
- Crossing of professional, cultural and class boundaries;
- Effective collaboration;

² See “EvaluLEAD: A Guide to Shaping and Evaluating Leadership Development Programs,” published by the W.K. Kellogg Foundation, <http://www.wkkf.org/Programming/ResourceOverview.aspx?CID=281&ID=3740>

³ See “Capturing the Power of Leadership Change: Using Executive Transition Management to Strengthen Organizational Capacity,” <http://www.aecf.org/publications/data/etm.pdf>

- Skills in policy and advocacy;
- Evaluation and measurement; and
- Training in systems change.

Key informants added to this list effective collection, analysis and use of data; and a more sophisticated use of technology to improve health outcomes. In addition, participants from the National Public Health Leadership Development Network stressed the importance of building on the work done by the American Public Health Association to identify core competencies.⁴

Asset Mapping

The group recognized that many of its members had significant capacity, resources and experience in some of the critical competencies the group identified. Attachment C lists the competencies needed for leadership effectiveness and identifies resources in each of these areas. The asset map will be shared with the mapping session group participants and posted on the LLC website to encourage those who were not able to participate to comment and add themselves to the document as resources.

Strategic Opportunities

The group spent time identifying what needs to be done in order to accelerate change. A number of ideas and possibilities were generated including:

- Replicating the successful organizing efforts of selected programs;
- Increasing training in policy and advocacy;
- Identifying common ground across sectors, disciplines, and issue areas,
- Learning each other's language;
- Empowering community leaders;
- Mentoring; and
- Building sustainable active alumni networks.

The group looked to each other as resources for implementing this work. Participants acknowledged the value of meeting and expressed the concern that while it would be helpful to begin developing a common framework, it requires resources dedicated to this work. It may be possible to build on the momentum of existing networks that have already formed to connect leadership development efforts. One promising example is the alumni organization for the Public Leadership Institutes, the Public Health Leadership Society. There is also a network of health educators, the Society for Public Health Education that links 25,000 members in 33 states.

⁴ The process of identifying needs and core competencies is described in an article in the American Journal of Public Health, "Competency Development in Public Health Leadership," 90(8), August 2000.

A SCAN OF HEALTH LEADERSHIP PROGRAMS

In what follows, we begin to address the issues raised by participants in the mapping session and provide an overview of health leadership development programs along several dimensions, addressing the following questions:

- What changes are health leadership programs seeking?
- Who are health leadership programs targeting for recruitment in order to support changes in health and health systems?
- What competencies are health leadership programs cultivating in participants to help them achieve desired outcomes?
- How are programs developing and supporting leadership competencies?
- What outcome indicators are programs articulating?

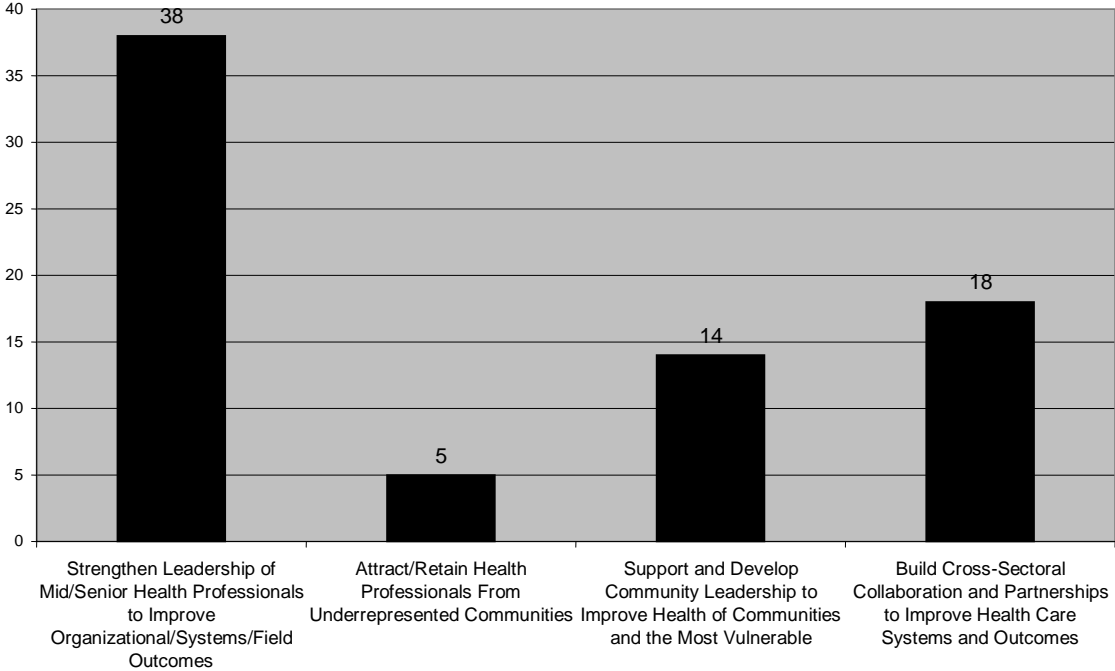
We will illustrate the discussion of targets and outcomes with examples of the programs reviewed in the scan. In some instances, we illustrate key distinctions with program descriptions or summarize our findings in bar charts and pie charts. Throughout the scan we have inserted a number of discussion points to highlight lessons and dilemmas. We also raise questions to stimulate further reflection and conversation among key stakeholders in the field. We end the report with summary observations and some suggestions for leveraging current opportunities, and increasing the impact of health leadership development programs.

What changes are health leadership programs seeking?

In analyzing health leadership programs we found that the majority of programs cluster around four change strategies:

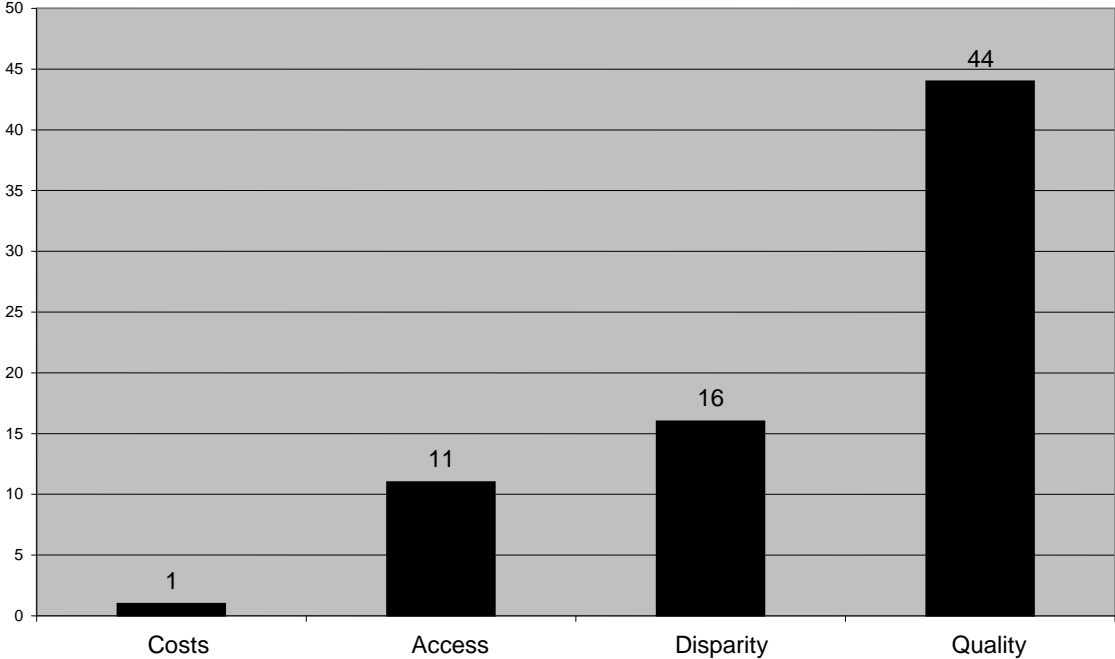
- Strengthen the leadership competencies of mid-career and senior professionals to more effectively lead health care organizations, and influence their fields, health policy, and health systems.
- Attract and support health professionals, particularly from underrepresented groups and issue areas.
- Recognize, develop and sustain the leadership capacity of community health leaders and community health nonprofit organizations in order to improve the health of local communities, particularly those that are underserved.
- Strengthen the connections among health leaders from diverse organizations and sectors in order to create more effective collaborations, partnerships, and alliances that together can accelerate improvements in health care systems and health outcomes.

Change Outcomes



Before discussing each of these strategies in depth we present a chart summarizing the health reform goals that programs seek to support. These goals are to improve access to care, enhance the quality of care, address the cost of health care, and/or reduce health disparities.

Program Objectives



As the chart indicates, most programs focus on either quality or health disparities, far fewer are addressing access to care or cost issues. We noted that few programs are explicit about their health reform goal. In most cases, we inferred the health reform goal from the purpose of the program.

Strengthen leadership competencies among mid-career and senior professionals

The majority of the programs in the scan, 76% seek to improve the leadership skills of mid-career and senior healthcare professionals. These programs usually target a professional group such as nurses (Executive Nurses Leadership Program), public health officials (Public Health Leadership Institutes), or pharmacists (Kaiser Permanente Pharmacy Leadership Development Program). They are responding to a need to develop and support leadership among professionals who have reached positions of authority in their organizations and fields, and have the potential to lead change in their organizations, the fields in which they work, and/or the health system. Some programs, such as the Sierra Health Foundation's Leadership Program, also target leaders of nonprofit organizations.

There are a number of competencies that these programs seek to develop clustering around communication, team-building, problem-solving, advocacy, research and cultural competency. Some programs such as the Public Health Leadership Institutes take a regional approach with over 35 institutes around the country, which are then networked nationally.

National Public Health Leadership Development Network (NLN)

The National Public Health Leadership Development Network grew organically out of the early collaboration among some Public Health Leadership Development Institutes that were initiated in 1991. Several programs began meeting to share information and received funding in 1994 from the CDC to formalize and build a network of leadership programs in public health. The NLN has several broad goals: to increase accessibility of public health leadership development programs; to improve the quality of education and training programs for public health leaders; and to contribute to the body of knowledge around Public Health Leadership and Leadership Development.

The NLN now represents 37 Public Health Leadership Institutes. Half of these programs are profiled on NLN's website and have been included in the scan. Although these programs share a number of common features, we also noted some interesting differences and innovations. In general, most of the Institutes run for 1-2 years, and utilize the framework of public health competencies that was developed by the NLN. The programs tend to use four design components in their delivery: cognitive/didactic instruction, usually offered face to face; skill building sessions; personal leadership development; and a feedback component, using applied leadership projects and/or 360 degree assessment tools. There is variation among programs in the target populations based on funding objectives. Some of the programs in the NLN, such as those in Ohio and North Carolina, have experimented with recruiting diverse teams instead of individuals.

The NLN itself works to help build the evaluation capacity of its participants, as well as surface and disseminate best practices at its annual conferences. It also has taken up the work of advocating for funding to increase access to public health leadership programs by supporting existing and new programs. The NLN plays an important role in accelerating peer learning among seasoned programs and transferring knowledge to support new programs.

Competency Focused Approaches

While most programs in the scan focus on strengthening effective organizational and field leadership, there are several that specifically develop research and policy skills. The Robert Wood Johnson Health Policy Fellowship provides grants to mid-career professionals to gain a deeper understanding of health policy, and to contribute to the formulation of new policies and programs. Some programs target emerging leaders such as the Louis Stokes Urban Health Policy Fellowship. An interesting new program, the Central Valley Health Policy Institute's Health Policy Leadership Program, seeks to bring together a diverse group of Central Valley stakeholders in health to develop policy skills by tackling significant environmental health issues in a region with some of the worst health indicators nationally.

Issue Focused Approaches

Other programs may focus on an issue, such as the Patient Safety Leadership Program; or a particular leadership capacity, such as the Cultural Competence Leadership Fellowship. The Cultural Competence Leadership Fellowship is beginning its inaugural year. Fellows are being selected from a variety of fields to explore their leadership and cultural competency abilities using assessment, feedback, coaching, individualized leadership development plans, retreats, and action learning projects. The program is designed to help health organizations and institutions to improve the quality and safety of care for racial and ethnic minorities.

Sabbaticals

Another program strategy for supporting mid-career and senior leaders of nonprofit organizations are sabbatical programs such as the one offered by The California Wellness Foundation. This program responds to a concern that leaders in the nonprofit health sector are increasingly under pressure to fill gaps in health services and develop solutions to the health care crisis, often leading to burnout. The purpose of the sabbatical program is to improve the long-term effectiveness of the services that nonprofit organizations offer by providing executives with the rest they need to continue to direct their organizations' missions. Sabbaticals are increasingly recognized as an effective succession planning strategy that encourages a stronger distribution of leadership and cultivation of the second tier. With a number of mid-career and senior executives reaching retirement age this becomes an increasingly important issue. Some of the recognition and sabbatical programs like the Durfee Foundation program in California are building funds for team development into their programs along with a convening component to build peer support and learning among the sabbatical recipients.

Discussion

The strength of programs focused on the leadership capacity of health professionals is that they assist those who are already in leadership positions to become more effective leaders within the organizations, fields, and systems in which they work. In our web based research, these programs do not explicitly link success with improved health outcomes so it is difficult to know what impact these programs intend to have on the quality of care and service delivery, and how they are doing.

One example of a program that is intentional about linking leadership development with performance outcomes is the Blandin Foundation Health Care Leadership Program. This program assists rural hospital leaders to improve their performance and their relationships with the communities they serve. Using a Performance Improvement Assessment process, hospitals receive data in areas where improvements are needed. The assessment is shared with community members, and becomes the basis for setting a change agenda. Workshops are held to support and develop leadership to drive the change process. A Balanced Scorecard tracks progress on such outcomes as patient satisfaction and safety, as well as operational and community outcomes.

Another strategy for leveraging the impact of leadership programs is to embed them within a larger initiative. For instance, Urban Health Initiative Fellows are selected to work on local campaigns in five cities that are being supported by the Urban Health Initiative. Each multi-year campaign takes to scale proven programmatic strategies in order to significantly improve citywide statistics of well-being for children, youth, and families. Fellows bring skills and expertise that strengthen and support each campaign, and are given an opportunity to participate in leading change. Another example is the three leadership programs that were part of a 10-year California Wellness Foundation Violence Prevention Initiative.⁵ Along with building the capacity of community organizations, policy research, and media strategy, these leadership development programs were used to create synergies to accelerate a shift from a criminal justice to a public health approach to violence prevention.

Questions

- What improved health outcomes can we expect from strengthening leadership competencies among mid-career and senior professionals?
- Can leadership development program strategies be clearly aligned with specific health outcomes and proxy measures of progress on reform efforts?
- How can leadership investments within an initiative be leveraged in order to increase sustainability and accelerate change?
- What strategies are needed to address a potential transfer of leadership? Is there an opportunity to diversify the sector? Is attention being paid to knowledge transfer and workforce development?

Attract and support health professionals from underrepresented groups and issue areas

Several programs in the scan seek to expand the pipeline of professionals. These programs focus on increasing access to, and leadership in, the professions, particularly among those from underrepresented groups; and/or seek to attract professionals to an underrepresented issue or field. Pipeline programs are responding to the need to diversify the healthcare workforce, improve the cultural competency of health care delivery, and bring attention to health issues and concerns that are often overlooked and under-resourced. Following are examples of pipeline programs included in this scan:

⁵ See “The California Wellness Foundation Violence Prevention Initiative Evaluation Report,” <http://www.leadershiplearning.org/resources/>

- The *Executive Leadership in Academic Medicine Program* aims to expand the pool of qualified women in academic medicine and dentistry.
- The *National Hispanic Medical Association Leadership Fellowship* supports young resident physicians to take a leadership role in Federal and state health policy development, or in academia, to focus on health issues of the Hispanic Community.
- The *Louis Stokes Urban Policy Fellows Program*, sponsored by the Congressional Black Caucus Foundation, provides leadership development training to health professionals to engage in efforts to eliminate health disparities in the U.S. and internationally.
- The *Developing Leadership in Reducing Substance Abuse Program* seeks to attract new talent to the leadership ranks at all levels of the substance abuse field who reflect the ethnic and gender diversity found in the population of the United States.

Discussion

One lesson learned about pipeline programs is the importance of supporting leaders once they enter a field. Often the culture of their professions makes it more difficult for leaders from underrepresented groups to follow a successful career pathway. Mentoring and professional peer support are program elements that have been found to successfully support negotiating career pathways for those from underrepresented groups and for those who are seeking careers working on issues within less well-established professional fields, such as substance abuse or violence prevention. In an evaluation of The California Wellness Foundation's Academic Fellowship Program in Violence Prevention, fellows reported benefiting from periodic convenings over the course of their fellowship, and that these convenings increased opportunities for peer learning, mutual support, and commitment to the field.

It is also important to create environments that will support the leadership of people of color. Increasing the cultural competency of all health professionals will improve the quality of culturally appropriate care and create a more receptive climate for the contributions of a more diverse health workforce. There are several strategies for increasing cultural competency. The Cultural Competency Leadership Programs works intensively with participants to develop their cultural awareness and competency. More health professionals will be reached as all health leadership programs incorporate multi-cultural competency as a universal competency that should be integrated into every program. Within the leadership development field there has been a good deal of experience to suggest that programs that recruit diverse cohorts have the opportunity to work more significantly with developing the skills to work across difference in the context of collaborative projects.

The concern expressed by Mapping Session participants about the lack of attention to succession planning and a pending transfer of leadership suggests that it will be important to expand pipeline programs and strategies. These existing efforts may provide some helpful lessons for the field about how to cultivate and diversify health leadership.

Questions

- In what ways can pipeline efforts create sustainable supports for fellows that may last beyond the fellowship itself?
- How can leadership development efforts better address the structural and institutional barriers to the leadership of underrepresented groups?

Developing and sustaining community health leadership

The cluster of community leadership-focused programs uses diverse strategies to address leadership needs. We briefly discuss some of these programs and the needs they are hoping to address.

The need for innovation and bringing good ideas to scale

Oftentimes systems change is seeded by efforts that take place outside existing institutional structures. The RWJF Community Health Leaders Program brings significant financial resources to support social entrepreneurs in the field of health to take their work to scale. This program recognizes established community health leaders who have already launched an innovative program. The Creating Healthier Communities Fellowship supports teams of diverse leaders to develop and implement innovative action learning projects to improve community health status.

We did not find any social entrepreneur programs that specifically target emerging leaders, although programs such as Echoing Green and Ashoka have supported start-up projects and organizations with a health focus, including domestic violence, Native American health advocacy, mental health advocacy, and community based recovery and housing programs.

The need to strengthen the capacity of consumers to become effective health advocates

Consumers of health care increasingly find it necessary to advocate on their own behalf in order to receive quality care for themselves and their families. Programs like the Women's Health Leadership Institute in California identify and support women who are acting as health advocates on behalf of their families, neighbors and communities and who have little formal training, support or resources. This program increases the confidence, agency, and effectiveness of community health advocates through culturally relevant approaches to developing personal mastery, collaboration, skills building and the cultivation of peer support communities.

Developing community leadership through multi-issue leadership/advocacy programs that are not exclusively health focused

There are a number of local and national leadership development programs that recruit from a broad spectrum of social issues, including health. Many community and nonprofit leaders in health are participating in these programs. One leadership development approach is the advocacy model that focuses on cultivating neighborhood and grassroots organizing skills in the context of campaigns. These campaigns are grounded in an analysis of power. A number of advocacy (organizer) schools like the Center for Third World Organizing, Western States Academy, and Southern Women's Empowerment Project attract grassroots community leaders with an interest in health. This "trial by fire"

development approach gives people an opportunity to learn leadership through practice. With some additional resources, these programs could be enhanced by providing participants with increased peer learning, self-assessment, individualized skills building and development plans, and opportunities for renewal in order to sustain them in their work.

In addition, there are a number of programs that provide leadership training to nonprofit Executive Directors such as nonprofit management centers and programs like LeaderSpring. The Executive Directors of health-focused nonprofits struggle with many of the same issues and stresses faced by Executive Directors across the spectrum of issues. Health Executive Directors may actually benefit from the learning, exchange and potential for multi-issue collaboration with other EDs. There are also well recognized leadership development programs like Ford Foundation's Leaders for a Changing World, Annie E. Casey Foundation's Child and Family Fellowship, Rockefeller Foundation's Next Generation Leadership Program, and Kellogg National Leadership Programs that have recruited both health professionals and community leaders. Leadership Trenton, supported with funding from RWJF, recruits concerned citizens from their community who are prepared to act as leaders on a number of issues in their city including education, health, and community development.

There may be opportunities to more intentionally partner and build opportunities for connecting health professionals/activists to potential cross-sectoral allies by expanding the participation of health leaders in these programs. The new Kellogg Leadership for Community Change program focuses each session on a specific issue around which community participants are selected in up to 10 cities nationally. They are convened locally by intermediaries and teams from each city, and gather annually in a learning community to exchange lessons and build relationships. There may exist interesting opportunities to partner on a health session.

Discussion

While community-focused leadership programs are far fewer in number than those that serve professions and fields, they are doing vital work to improve health outcomes and reduce health disparities among groups and communities that are chronically underserved by the current health care system. They are often a source of innovation that offers models for improving health outcomes. An important element in their success is ensuring that consumers have a strong voice. One RWJF Community Fellow, for instance, founded a health care center for women with disabilities that worked within a large rehabilitation hospital, while maintaining a strong constituent voice and autonomous programs.⁶

Scaling up and replicating innovative programs is a strategy for creating momentum for change in health care systems. Since community-focused programs are often under-

⁶ For further case studies about Community Fellows and their innovations, see Richard A. Couto, *To Give Their Gifts: Health, Community and Democracy*, Nashville: Vanderbilt University Press, 2002.

resourced, support for scaling up and replication is needed from policymakers who are charged with setting spending priorities and allocating resources. Most community health leadership programs do not focus their efforts on influencing health policy. In a recent report by PolicyLink entitled, “Community and Health Policy,” they document the importance of a combined focus on community and the policies that affect their environments as critical for altering and ameliorating the underlying forces at the heart of the determinants of health. The PolicyLink report presents examples of successful community involvement and policy change.⁷

Many health initiatives operate within communities to organize and give voice to community leadership. It requires digging a little deeper to locate leadership development activities that are part of place-based efforts to raise levels of civic engagement around issues of health disparity, quality and access in communities. The Westside Health Authority, for instance, organizes residents from Chicago’s West Side to respond to unmet health care and social needs. Their strategy is to achieve results “not for but with the community.” Though they have no explicit leadership development program, the activities of organizing and engaging the community in problem solving strengthens residents’ leadership.

Another similar effort, Community Health Councils, achieves its goals by mobilizing, organizing and empowering community and grassroots consumer groups that share its vision of a healthy, informed and pro-active consumer population. They work through community collaborative efforts to identify the healthcare needs of existing and emerging communities. The Councils could serve as a strong community-based platform for providing leadership development to build health leadership capacity in a community context.

Questions

- Why are disproportionately fewer resources going to community leadership development efforts and what impact will this have on improved health promotion and care?
- What leadership development strategies best support communities to effectively voice their needs and desires, lead change, advocate on behalf of their communities and build alliances with professionals?
- How can health initiatives build community capacity by integrating leadership development into their work?

Building multi-sector networks, collaborations, and partnerships to accelerate breakthrough change

The process of changing how and to whom health care institutions deliver services, how the system finances and regulates health care, and public opinions about health and health care requires a multi-sectoral, multi-disciplinary critical mass of leaders who can work together to accelerate change.

⁷ <http://www.policylink.org/publicationsByFocus.html>,

The Packard Foundation funded three programs included in this scan, IIE-LDM, IHP-IFPLP, and UW-PLP, to build a critical mass of family planning/reproductive health leaders in developing countries who are capable of leading change to significantly improve reproductive health outcomes, quality of care, and access to services. The goal is to identify and connect selected leaders who together create a tipping point within the country that assures positive change. These programs recruit leaders from government, nongovernmental organizations, academic institutions, religious organizations, and media. Additionally, their recruitment strategies also included recruiting women and youth. Through joint projects and advocacy efforts, these leaders have built stronger connections and demonstrated their ability to have a positive impact. While no tipping points have been reached (none of the programs has existed for more than four years), some precursors of systems level change have been documented, such as increased numbers of training and degree programs, new policies, and increased access to government resources.⁸

Several programs in the scan seek to develop and support health collaboration by convening and training diverse stakeholders in collaboration and partnership skills. The International Center for Health Leadership Development's Community-Focused Health Collaboration Fellowship Program prepares a diverse group of bridge building leaders with the commitment and skills to create organizational collaborations between communities and institutions such as health centers, foundations, government agencies, and universities. Several of the public health leadership institutes also train diverse stakeholders in collaboration and partnership skills.

Discussion

The quality and density of the connections among leaders from different sectors correlates with their ability to understand, trust, and respect one another; and to work collaboratively on planning, projects, and collective action. Several leadership development evaluations have found that leadership programs that support professional and personal relationships are more sustainable and as a result have more potential for positive and long-lasting impact.

While training people in collaboration skills is important, learning and connections can be accelerated by working together on a collaborative project that contributes to improving health outcomes. The International Family Planning Leadership Program has found that collaborative projects are effective tools for focusing learning about collaboration and deepening connections that are sustained after the training program ends.

Questions

- In order to move a health reform agenda what types of multi-stakeholder relationships need to be forged within and outside of the health field, and what role can leadership development programs play in bridging these boundaries?

⁸ Recently completed evaluation report, "Leadership Matters: An Evaluation of Six Family Planning and Reproductive Health Leadership Programs," prepared for the Packard Foundation and the Gates Foundation.

Who are health leadership programs targeting for recruitment in order to support changes in health and health systems?

The decision about who to recruit and select for participation in a health leadership program depends on the changes the program seeks. In order for programs to maximize the likelihood that they will successfully achieve their outcomes, they need to clearly define their target population. Decisions about recruitment are made along several dimensions:

- Work domains
- Leadership stages
- Geography
- Issues
- Demographic characteristics
- Individuals or teams

Work domains

The majority of programs target health professionals in the fields of medicine, public health and nursing. These are the frontline workers in the health system who are responsible for delivering health care and prevention. As mentioned in the previous section, programs that recruit health professionals seek to strengthen and improve the effectiveness of the organizations and fields in which they work.

Leadership programs that seek transformational change in health institutions and health systems broaden who they recruit to include some combination of professionals, consumers, scholars, policymakers, business leaders, advocacy and community groups, media, and those from underrepresented groups. In some cases, programs target a subset of these groups in order to strengthen their voice and advocacy capacity on behalf of health issues and concerns. For instance, the Kaiser Media Fellowship Program targets journalists who cover health issues. The Women's Health Leadership Program targets women who are health advocates for their families and neighborhoods.

Leadership stages

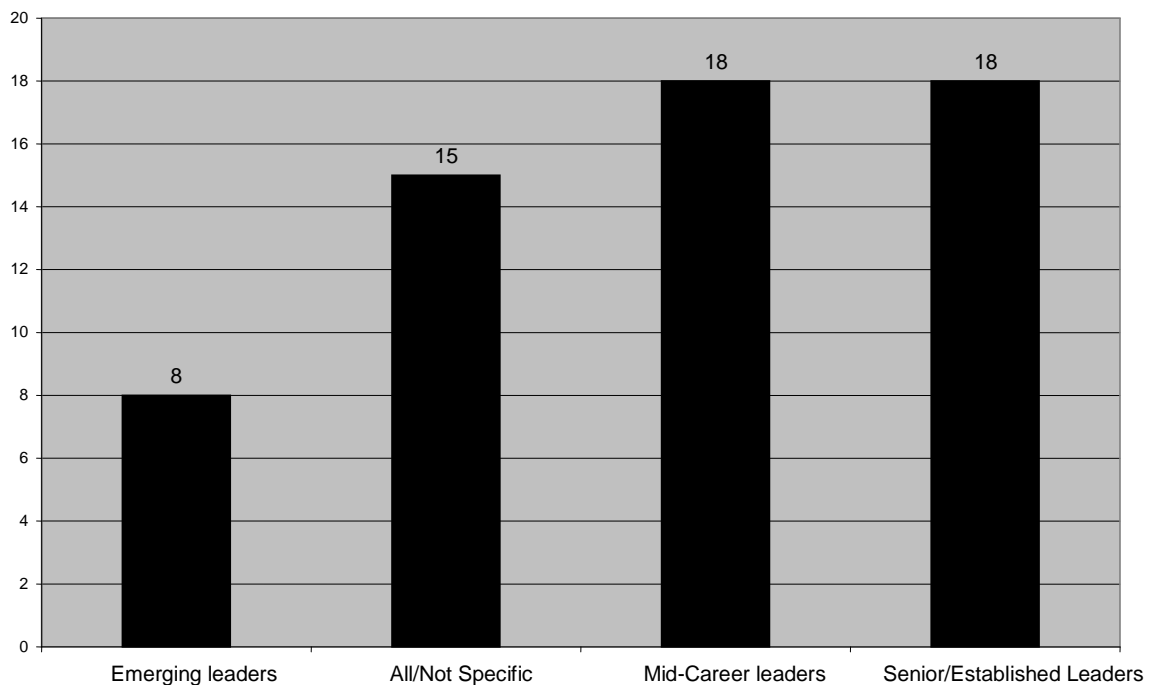
Another dimension of recruitment is the leadership stage of participants. The programs scanned reference three stages of leadership that could combine elements of age, experience, and credentials.

- Emerging leaders (e.g., youth, new professionals, consumers/constituents from underrepresented groups new to their leadership roles)
- Mid-career (or mid-life) leaders (e.g., those who have been in their careers for a significant period of time and have established themselves as leaders in their professions and communities and are poised to become organizational leaders, advocates, policymakers, researchers, and educators)
- Established leaders (e.g., those who are positioned through experience or prestige with broad influence or those preparing to pass on what they are learning to others)

Discussion

The distinctions between mid and senior level leadership become quite blurred across leadership programs. The lack of a common language to more clearly define who is being recruited also affects our understanding of why we are targeting leaders at specific stages and how they can best be supported. It appears that many of the programs that are recruiting senior/established leaders are not targeting the elder statesmen of the profession or community but people who have reached a position of considerable influence. Most health leadership programs in this scan focus on mid-career or senior/established leaders, with a smaller number focusing on emerging leaders.

Target Audience



The choice of whose leadership to support has embedded within it some assumptions about who is needed to lead change. Each stage has important leadership to offer. For instance, emerging leaders bring enthusiasm, new ideas, innovation, and diverse perspectives to inspire the change process. Mid-career (or mid-life) leaders bring experience, commitment, and the potential to leverage their knowledge and skills to accelerate change. Established leaders/elders bring experience, influence, extensive networks, commitment and the desire to pass on their learning and wisdom to others who can benefit from and build on what they have learned.

Few programs focus on established leaders/elders. Focus group participants reflected that there was not enough mentoring, or consideration within the field of those who are nearing retirement, and what they have to offer, and what they need in order to leave their legacy. Many of the programs recognize that their participants will become potential future mentors as they mature into their roles. The former Center for Health Leadership

and Practice focused on supporting new State Health Directors with experienced high level mentors in the state health system. They developed and produced a manual about how to select, train, and monitor successful mentoring relationships.

Some leadership programs seek to bring people together across these stages of leadership in order to create synergies for learning, change, and renewal. The Louis Stokes Urban Policy Fellows Program provides an opportunity for emerging leaders to shadow more established health policy leaders.

Geography

Geography creates boundaries within which the target population will be recruited. The scope of health leadership programs may be local/regional, statewide/multi-state, national or international. Most programs in this scan are national or statewide/multi-state. There are several factors that influence the decision about the geographic scope of the program: resources, desired impact, and funding sources. Local and regional programs may be less costly to run because travel costs can be minimized. Decisions to focus locally or regionally are also influenced by a desire to increase the likelihood of demonstrable impact. For instance, the Blandin Health Care Leadership Program and the Urban Health Initiative Fellows Program both focus on local communities in order to more effectively track impact.

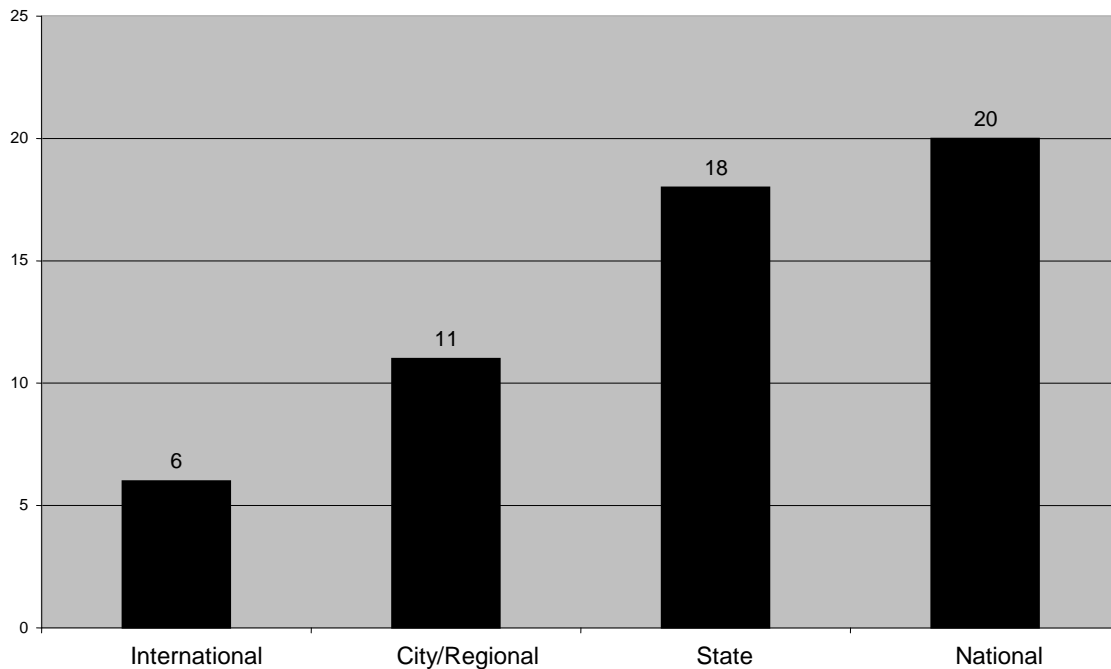
Statewide programs often reflect a foundation's mandate to fund in a particular state. This is particularly true in California where there are several statewide health focused foundations. In another case, an extensive national leadership effort to develop and support public health leaders has led to the creation of 37 statewide or multi-state programs around the country. The shared mission of these programs, along with their autonomy to design and implement the specifics of their leadership institutes, creates unique opportunities for cross-program learning and collaboration.

National programs are more highly selective because they are comparatively more expensive to run. Leaders recruited for these programs are likely to be the only one from their organization. These programs expose leaders to national health issues that influence and affect their professions and organizations.

International programs in this scan tend to focus on selected target countries (or regions within those countries) where they recruit leaders who are working in the area of population and reproductive health. Most of these programs bring leaders to the United States for their program experience.

While most programs focus on only one geographic area, there is great potential to link programs and build larger networks that better leverage and align the change agenda that programs seek to achieve. The bar chart below provides a breakdown of programs in the scan according to their geographic reach. Some international health programs were included in the scan; however, we did not systematically search for international programs.

Geographic Distribution



Some programs specified that they worked exclusively in rural areas or urban communities. The disparities in health outcomes for people living in rural areas and in distressed urban communities warrant efforts to better understand and address the factors that influence health outcomes in these settings.

Issues

Another strategy for targeting recruitment is to focus on a particular issue such as substance abuse, patient safety, violence prevention or reproductive health. Typically, an issue focused recruitment strategy is multi-disciplinary and multi-sector. The goal is to build a critical mass of leaders who can significantly influence public policy, the allocation of resources, the field's visibility, and public opinion about the issue.

Demographic characteristics

Some programs recruit participants based on gender or ethnicity. These are often pipeline programs that seek to develop and support leadership from underrepresented groups.

Individual vs. teams

Leadership development programs historically have focused their interventions on the support of individuals who are selected to be part of a leadership development experience with others outside of their organization. While this has the advantage of exposing participants to new ideas, perspectives and potential resources there are limitations to this approach that are being explored by programs who are recruiting teams. One concern with an individual approach is that it honors one individual for the work of many.

Participants who are the sole representative of their organization also describe frustration as they return to their organization excited to implement a new change or direction and find that they have no support from colleagues who did not share in their experience. The recruitment and development of teams can strengthen the organizational application of learning and program impact. The recruitment of multi-sectoral teams from a specific region or area can also increase the likelihood that sustainable partnerships and collaborative relationships will be sustained beyond the duration of the leadership program. The National Public Health Leadership Institute recruits senior public health officials and builds inter-organizational teams through a year long distance learning program with an intensive one week leadership development program. The program is unique in that it requires the participating governmental public health leaders to recruit leaders from other health agencies to participate with them as part of a team.

Discussion

The decision about who to target and select for participation in leadership programs is widely considered one of the most, if not the most, important decision a program makes. There is a wide diversity of recruitment strategies being used by health leadership programs. To our knowledge no efforts have been made to systematically explore which recruitment strategies are best aligned with achieving what types of outcomes. The field of health leadership development might benefit from better understanding how their recruitment strategies influence outcomes.

Intergenerational leadership development programs appear to be a missed opportunity in the field. The lack of established leaders/elders mentoring emerging leaders means that a great deal of experience and knowledge is likely to be lost. Likewise, established leaders are missing opportunities for inspiration and renewal that come from their interactions with emerging leaders. With the concerns about the impending leadership transition, more consideration might be given to creating these opportunities.

Questions

- How can assumptions about how change occurs be articulated by leadership programs to help them strategically assess recruitment targets that will best support short term health outcomes while accelerating systems change?
- Who can facilitate a broader field analysis that transcends the specific recruitment targets of individual programs to assess who needs to be supported and with what capacities to advance a strategy for systems change?

What competencies are health leadership programs cultivating in participants to help them achieve desired outcomes?

There are a set of leadership competencies emerging more universally among leadership development programs across a variety of fields in response to the challenges all leaders face in an increasingly global, technological, complex, diverse and rapidly changing society in which the gap between the haves and have nots is growing. A group of leadership scholars and practitioners funded by the W.K. Kellogg Foundation was

convened to identify the core competencies for effective leadership in the 21st century.⁹ Many of the competencies they identified are the same ones we found incorporated in health leadership programs. These core competencies include: multicultural competency, systems analysis, personal mastery, use of technology, and collaborative leadership.

Leadership stages

While there are some universal competencies that leaders need, there are also competencies that may be specific to the different stages in a leader's development and the contexts in which they apply those competencies. While certain competencies may be more essential at one stage or another, there are elements of each competency that are found at every stage. For example:

- **Emerging leaders/youth** benefit greatly from developing competencies of personal mastery (e.g., commitment, confidence, clarification of beliefs and values, perspective, ability to take risks, stand up for what you believe in), new knowledge, an understanding of how things are done and why, and new resources and networks.
- **Mid-career/life leaders** benefit greatly from developing competencies such as communication skills, collaboration skills, systems thinking skills, policy analysis, data collection and research, media training, self-reflection and organizational effectiveness skills.
- **Established leaders/elders** benefit from developing competencies of sharing leadership with others, personal renewal, creative reflection, team and legacy work.

Leadership context

Some people apply leadership competencies predominantly in their professional work environment, others apply it primarily in their communities. Some work across both. Each of these domains of practice has its own culture (e.g., language, traditions, belief systems, norms, ways of interacting and engaging in collective action). One of the challenges mentioned by Mapping Session participants was the different cultures that people bring to their health leadership work and the need to forge some shared language, traditions, beliefs and norms that can link and create a higher synthesis of knowledge and wisdom that can accelerate improvements in health systems and health care.

There may also be some differences in the competencies required to best support an individual within a leadership field of practice. The National Public Health Leadership Development Network surveyed public health leaders as part of an effort to understand the specific leadership competencies that would provide public health officials with the tools to make public health practice more effective and to strengthen the public health system. The Community Clinics Initiative recognized the specific challenges of medical directors and partnered with Harvard School of Public Health to provide a leadership

⁹ This research is detailed in an article, "Leadership for the 21st Century".
<http://www.academy.umd.edu/publications/klspdocs/21stcen.html>.

development program to develop the specific skills and competencies that could increase their effectiveness as leaders within community clinics.

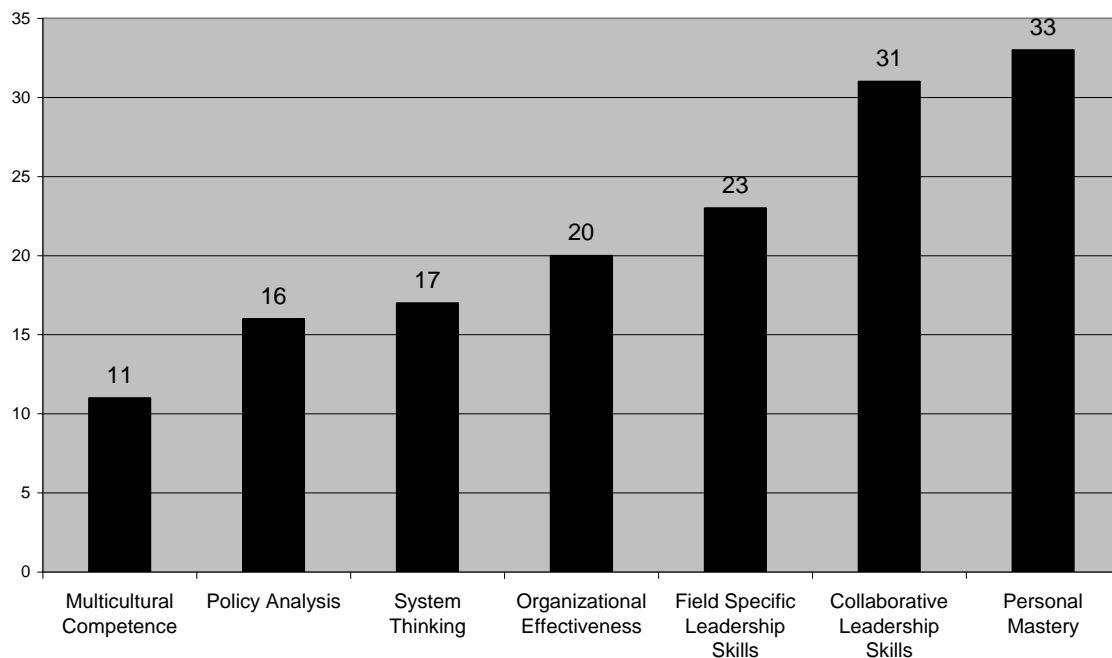
Leadership competencies

The competencies most frequently mentioned by programs in this scan are:

- **Personal mastery:** commitment, confidence, clarification of beliefs and values, perspective, self-reflectiveness, ability to take risks, stand up for what you believe in, and communicate
- **Systems thinking:** seeing the big picture, understanding how things fit together, and a deeper understanding of the change process
- **Advocacy:** ability to stand up for what you believe in, collect and analyze data, engage policymakers and researchers, formulate ideas and communicate them with others, develop and support policy, engage in collective action
- **Multicultural competence:** openness to diverse perspectives, historical understanding of racism and other forms of exclusion, self-awareness, commitment and capacity to engage, work and partner across differences
- **Collaborative leadership skills:** listening, openness to diverse perspectives; and boundary-crossing, bridge-building, team/community building skills
- **Organizational effectiveness:** managing conflict, negotiation, team-building, problem-solving, and managing people
- **Field specific leadership skills:** research and data gathering skills, theoretical and historical understandings of issues in the field, new knowledge

The bar chart below illustrates the number of programs that are cultivating competencies in each of these areas.

Leadership Competencies



Discussion

It is interesting to note that while programs did not specifically identify themselves as policy based or striving for policy change as a primary outcome, a number of the programs have identified policy analysis as one of the skills they are trying to develop among participants. The other most notable areas of skill development were collaborative leadership and personal mastery. All of these areas of skill and competency were identified by the Mapping Session participants as important.

Participants also addressed the importance of media and marketing skills, and the capacity to influence public opinion. Increasingly, health care is a political issue in which public opinion is a valuable asset in efforts to influence health policy and health reform. The California Wellness Foundation worked effectively with the Berkeley Media Studies Group to train fellows how to more effectively engage the media and bring visibility and credibility to the field of violence prevention. Some recognition programs have developed media strategies for their recipients to gain broader exposure for their work.

Question

- If very few of the health leadership programs, predominantly for health professionals, are incorporating multicultural competency into their programs, what might be the costs to addressing issues of access and disparity?

Leadership models/theories

Every leadership development program incorporates a theory of leadership into their program design whether it is explicit or not. Some of the questions that theories of leadership address are:

- What is leadership?
- Is it a relational process or a set of traits that certain individuals possess?
- Is leadership situational or is it values-based?
- Are concepts of leadership culturally specific or are there universal characteristics of good leadership?

In a recent LLC inquiry process about how to increase leadership opportunities for people of color, we heard repeatedly about the importance of acknowledging and honoring differences in how leadership is expressed in different cultures and traditions. At the same time others believe it is of utmost importance to begin by clarifying one's values and beliefs and then align these with one's actions.

A small number of programs in this scan offer explicit theoretical foundations for the model of leadership that informs their program design. The most frequently cited influences are: James MacGregor Burns' work on transforming leadership, Robert Greeleaf's work on servant leadership, and Peter Senge's work on the "fifth discipline."

Health framework

While some of the programs adopted a specific framework on the most important elements of health reform, many programs operate with a more specialized focus on their

specific issues such as substance abuse, nursing, issues of aging, etc. Some of the grassroots programs have a social justice framework that connects the issues of disparity and access to systemic root causes of institutionalized racism and the increasing divide between the haves and have nots.

Discussion

It is interesting to look at the field specific approach to leadership development in the context of the concerns raised by the Mapping Session participants that they found it difficult to connect their efforts within a broader framework. It could be fruitful to explore opportunities for connecting the work of multiple health leadership programs to a broader reform agenda. This could address feelings of isolation and more significantly increase opportunities for the participants of these programs to more effectively connect and leverage each others' work to build political will and engage in collective action on behalf of a broader vision for health reform and systems change. Leadership development programs provide an important venue for building a vision that can mobilize a critical mass of leadership and resources on behalf of broad systems change.

Question

- What are the obstacles to developing a strong framework that connects the work of health leaders across a variety of fields, issues and perspectives? How can this framework be developed and what role can funders and other intermediaries play in helping to connect the dots?

How are programs developing and supporting these competencies?

Leadership program components

Leadership programs use a variety of design elements to support and develop leadership. The LLC has been exploring which design elements are most frequently associated with the cultivation of specific leadership competencies such as personal mastery; knowledge, skills, and new behaviors; social capital; and collective action. This helps us to look for an alignment between the desired outcomes, competencies needed to support the achievement of those outcomes, and approaches to developing those competencies.

Below we describe some of the leadership development program components that were most frequently utilized by the programs we reviewed. We have clustered them in line with the types of competencies they may best support, while understanding that many of these components will cross over areas of competency.

Personal Mastery

- **Retreats** build cohort relationships and encourage deep personal reflection, sharing and in some cases healing in a safe environment.
- **Journaling** supports personal reflection and documentation of learning.
- **Mentoring** provides participants with the support, encouragement and advice of someone with more experience and wisdom in their field; mentoring also assists with the application of learning in the work context.

- **Self assessment tools** help individuals to evaluate their own strengths and weaknesses more objectively, using diagnostic tools and in some cases, 360 feedback. These assessments provide a strong foundation for individual learning plans.
- **Sabbaticals** rejuvenate leaders and increase their personal sustainability.
- **Individual learning plans** support learning customized to participant's specific strengths, areas for growth and work context.

Knowledge, Skills and New Behaviors

- **Seminars and skill building workshops** support the development of core leadership competencies in the context of a cohort group.
- **Experiential learning** anchors learning in the actual leadership challenges of participants and provide opportunities for participants to deeply ground their learning in an examination of real time concrete issues.
- **Case studies** offer participants an opportunity to utilize new skills applied to specific problems that they are likely to encounter in the practice of leadership.
- **Field studies, internships and research projects** increase the application of learning.

Social Capital

- **Cohort/network development** increases sustainability and builds social capital. Networks can be developed among cohort participants or expanded to include other cohorts, trainers, mentors, selection committees, program staff and resource people. Cohort development activities might include education programs, social events, meetings/trainings for a broader community, or annual conferences.
- **Alumni components** increase the resources made available to support the continued collaboration of program graduates to leverage their resources, time and efforts on behalf of improved health outcomes.

Collective Action

- **Collaborative projects** support the concrete application of skills to real problems and accelerate learning about how to develop collaborative skills that focus concretely on addressing a health issue.

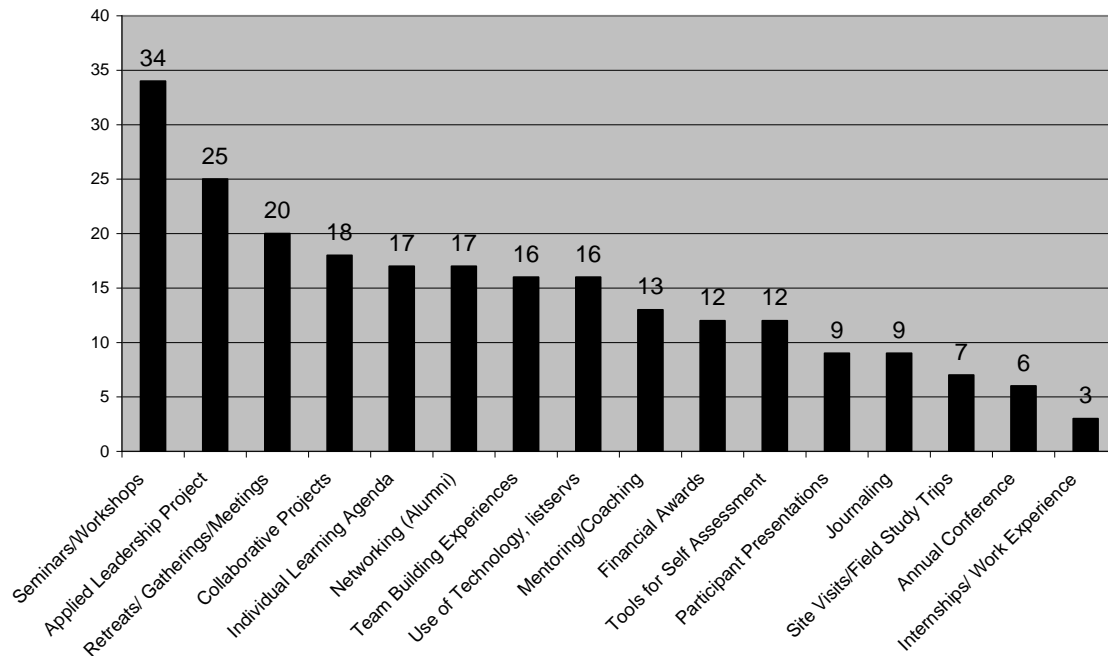
In general, programs bundle delivery mechanisms. The most common bundle of elements include seminars, collaborative projects, experiential education and peer networks. Programs with a less intentional focus on leadership generally use more formal mechanisms of delivery, e.g., course work, fieldwork and individual learning plans. Programs that are more intentionally focused on developing leadership are more likely to report customized programs of delivery, e.g., seminars, conferences, skill building, team building, experiential learning, etc.

Core design elements

The graph below identifies the program elements most frequently incorporated by the health focused leadership development programs that were scanned. The primary bundle of program elements across these programs appears to be applied learning projects,

financial awards, individual learning plans, mentoring, retreats, seminars and skills based training workshops and a focus on networking and alumni development.

Program Components



Case studies

One component we did not systematically track was case studies; however, we noticed in our research that case studies appeared frequently as a learning tool. Case studies provide an important way to ground the introduction of new leadership skills in practically addressing challenges that participants are likely to encounter relevant to the contexts in which they exercise their health leadership. Case studies are used far less frequently in other leadership development programs, probably because they are more likely to take place outside academic settings. Nevertheless, case studies are a useful teaching tool. Sharing the cases developed by health leadership development programs with others outside the health field may strengthen their leadership program learning methodologies.

Recognition

Recognition can be an actual leadership program model, as in the case of the RWJF Community Leaders Program or the Ford Foundation’s Leaders for a Changing World. These programs acknowledge and recognize the accomplishments of leaders and believe that increased visibility will help these leaders expand and leverage their work for greater impact. Unlike other leadership approaches, the emphasis is less on skill development and more on building a learning community of established leaders. Recognition can also be valuable as a leadership development component for more traditional leadership models. The participants of these programs could also benefit by their programs building publicity into their selection process. This approach increases the prestige of those

selected and may help them attract new resources to their leadership work. There are a number of leadership awards to health professionals administered by the American Public Health Association and other national networks. These awardees could benefit from the RWJF and Ford Foundation models that increase the support to awardees through peer convening.

Leadership program administration

The leadership development programs in this scan are basically administered and run by nonprofit leadership development programs, intermediaries, partnerships, and by foundations. There are strengths and challenges associated with each of these approaches. The clear majority of programs reviewed in this scan are operated by intermediaries and partnerships.

Intermediaries

There are several intermediaries that are mission-critical organizations for the field of health leadership development. The Center for Health Professions runs a number of health leadership programs (including the RWJF Executive Nurse Fellowship Program, California HealthCare Foundation's Health Care Leadership Program, and Integrated Nurse Leadership Program). The Health Research Education Trust and Health Forum offer the Patient Safety Fellowship and the Cultural Competence Fellowship. By offering programs to a diverse group of health professionals in a variety of settings, these intermediaries are accelerating their learning about how to effectively develop and support leadership development. They also have the capacity to provide venues for connecting graduates of these programs. A GrantCraft guide on leadership development programs describes the advantages of intermediaries for a grant maker.

“It can reduce administrative burden, partners can add value, and distance can be helpful, e.g. establishing an intermediary as a bridge between the funder and the leadership program can help to create a safe space for program participants.”¹⁰

Partnerships

Many of the Public Health Institutes often run through a joint partnership between state departments of public health and schools of public health. These partnerships mobilize the assets and resources of both organizations in support of developing the field's leaders.

Foundation Operated Programs

Several of the leadership programs were operated by foundations. Of course, the advantages to this approach are that program participants form stronger relationships with funders and can be valuable resources and partners, informing grant making strategies. These programs are often better resourced and invest more heavily in evaluations which surface important learning for the field. The prestige lent to these programs may also help to build recognition for the work of participants and field visibility. In some rural

¹⁰ “Leadership Development Programs: Investing in Individuals”
(http://www.leadershiplearning.org/community/files/download?version_id=1204)

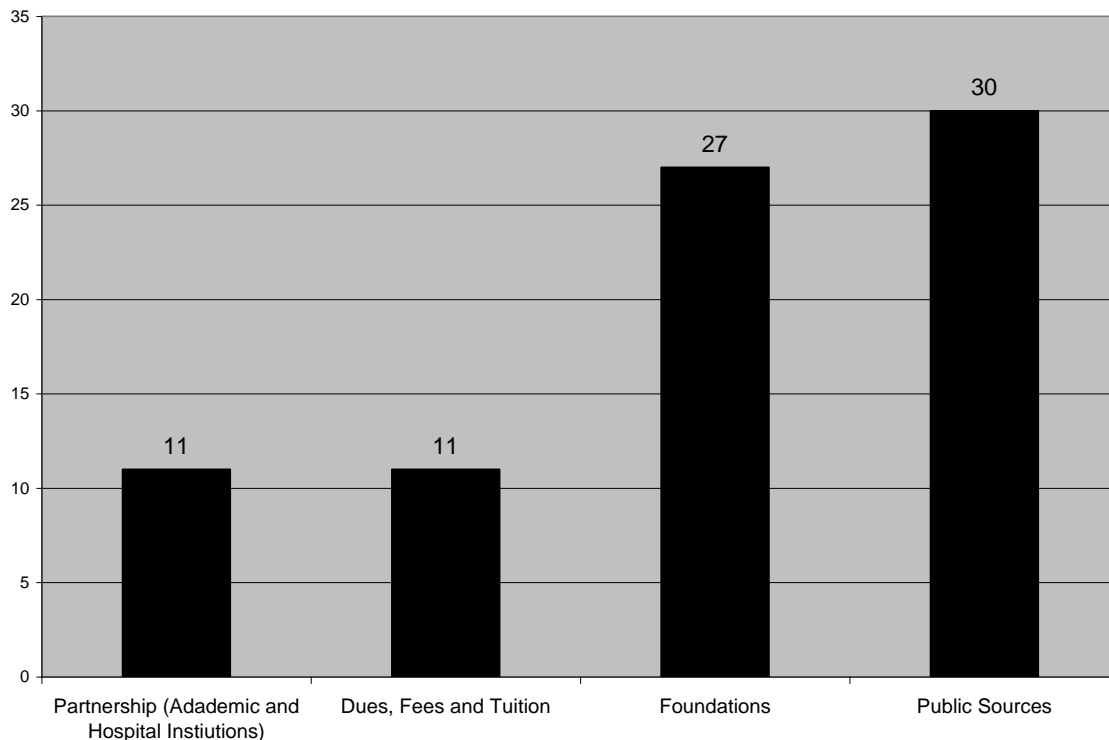
areas there may not be intermediaries or infrastructure to support leadership programs outside of the foundation. Of course, if it is the intent of a foundation to spin off the program it is sometimes difficult to interest other investors when the program is strongly affiliated with one foundation.

Non-profit Leadership Programs

There were few strictly non-profit leadership development programs among the pool of health leadership programs reviewed. This is significant compared with leadership development in other fields. There may be a relationship between the lack of these programs and the small number of leadership development opportunities for grassroots and community health activists. Nonprofit leadership development programs often operate closer to the ground and also struggle more with issues of financial sustainability since their constituencies often cannot pay fees to participate.

The chart below tracks the sources of support for the leadership programs profiled in the scan.

Investors in Health Related Leadership Development Programs



Discussion

While it may appear from the above chart that leadership programs may have the capacity to operate on a fee for service basis, it is important to note that most of the programs for grassroots and community leaders remain largely dependent on foundation support. Programs that rely on public sources are also increasingly susceptible to changes in the political environment.

Questions

- What are the most serious obstacles to increasing investments in leadership development to expand and sustain leadership capacity building efforts?
- What models are available from other fields about how to support the sustainability of leadership development initiatives?
- Who could effectively champion the need for investment in building the capacity of health leadership?

What outcome indicators are programs articulating?

There are five domains in which leadership programs articulate and track outcomes.¹¹

- Individual
- Organizations
- Communities
- Fields
- Systems

Individual

Most leadership development programs articulate and track outcomes at the individual level. The decision to track outcomes at the individual level is motivated by several factors.

- Leadership programs are primarily designed to develop and support individuals.
- Individual level outcomes are the most easily attributed to the leadership program because they are likely to occur during the course of the program or soon after.
- Evaluations of leadership programs generally take place at the end of a program or soon after, making it less likely to capture changes in domains other than the individual.
- Leadership program evaluations rely heavily on self-reporting or 360 degree feedback.

Based on our web research, health leadership programs frequently identify core leadership competencies they seek to develop and support in individuals, such as improved team-building skills, collaboration, and communication. The National Public Health Leadership Network has identified 79 competencies that public health leaders need, clustering in four areas: transformational competencies, political competencies, transorganizational competencies, and team building competencies. The competency framework has been used as an evaluation tool.¹² The Northeast Public Health Leadership Institute asked four cohorts of program participants to rate their competency level before and after they took the training. They found significant improvements in

¹¹ “Evaluating Outcomes and Impacts; A Scan of 55 Leadership Development Programs,” W.K. Kellogg Foundation, 2002.

¹² Saleh, Shadi, et al., “Evaluating the Effectiveness of Public Health Leadership Training: The NEPHLI Experience,” *American Journal of Public Health*, 94(7), July 2004.

skill levels for all the competencies they evaluated, noting that the most improvement occurred in those competencies that participants used on a regular basis.

Most programs do not specifically articulate on their website what outcome indicators they are tracking to demonstrate improved competencies or the specific outcomes they are holding themselves accountable for achieving. This does not necessarily mean the program has not thought about these issues, although, in our experience, programs often design and implement leadership development activities without a clear articulation about how these activities are linked to outcomes, and what indicators they will track to demonstrate success. Organizations, like the National Leadership Development Network, provide a valuable resource to programs because they engage stakeholders in a process of thinking more intentionally about what the public health leadership needs are, how programs can be designed and implemented to meet those needs, and what measures will be used to demonstrate success.

We think that the health leadership development field would benefit tremendously from increased sharing of evaluation outcome indicators and evaluation results. One promising model is RWJF's grants results reports. In a review of the Executive Nursing Leadership Program, we found a description of evaluation findings that summarized individual outcome indicators, and the percent of participants who reported that the program supported the development of their abilities. We did not, however, find a link to this report on the program's homepage.

Organizations

Many of the programs in this scan are developing and supporting leaders who are in management positions within their organizations. There is an underlying assumption in many programs that by enhancing the leadership competencies of individuals, this will in turn improve the competence of organizations to deliver services, adapt to change, and collaborate with other organizations in ways that will improve and promote the health of communities nationwide.¹³

Attributing organizational level outcomes to leadership programs that recruit and support individuals is often problematic because organizational level change is influenced by many people and generally takes more time to observe. Furthermore, few leadership programs support individual leaders to apply what they learn once they return to their organization.

One method for overcoming some of these challenges is to recruit and support teams within organizations. Management Sciences for Health (MSH) recruits teams from ministries of health, international public health programs, and nongovernmental organizations in order to strengthen the management systems that are necessary to deliver high quality health services. MSH has developed a workgroup climate assessment to assess team performance. Programs, like MSH, that intentionally design their programs

¹³ Wright, Kate, et al., "Competency Development in Public Health Leadership," American Journal of Public Health, 90(8), August 2000.

to support organizational outcomes are more likely to be able to track those outcomes and attribute results to the program.

The Blandin Foundation's Health Care Leadership Program, mentioned earlier, begins by assessing organizational performance of rural hospitals. This assessment is the foundation of the leadership program. After setting improvement priorities with community input, participants learn to build metrics for their strategic change priorities, collect data for these metrics, and develop plans for having the balanced scorecard and metrics introduced into the day-to-day activities of the hospital. This is another example of a program that is intentionally designed to produce and track organizational-level outcomes.

Communities

Rarely are community-level outcomes tracked as part of a health leadership development program unless it is part of a larger community change initiative. The Urban Health Initiative, for instance, tracks selected health indicators in the five cities where the initiative is being implemented. The fellowship program is one component of the initiative, and thus contributes to the overall outcomes of the initiative. Isolating the particular contributions of the fellowship program can be difficult to do quantitatively, however, in telling the story of the results in a particular city, the contribution of the Fellowship can be described.

Fields

Like community level outcomes, field level outcomes are rarely tracked. They are, however, important indicators of success that are often associated with leadership programs that focus on increasing the visibility and credibility of health issues. The Academic Fellowship Program that was part of the California Wellness Foundation's Violence Prevention Initiative sought to increase scholarship and teaching of violence prevention within a variety of fields, and to influence the policies and practices of professional associations to bring greater awareness to violence prevention as a public health issue. Some of the ways in which the Academic Fellowship Program measured outcomes was to track the increase of publications about violence prevention in professional journals, the number of conference presentations, the number of courses that addressed violence prevention in university and college curricula, and the professional standards of practice in fields like trauma surgery and child psychiatry.

Systems

Systems level changes are the most difficult to demonstrate because they occur over longer periods of time, and are influenced by many factors. Despite these challenges, we believe there is value in articulating systems level outcomes and possible precursors that indicate progress on systems level outcomes. Since systems change is complex and involves many stakeholders, the process of articulating a theory of systems change and the role of leadership in that process is by necessity a cross-program effort. Developing a shared learning agenda, and set of evaluation questions that guide inquiry across programs may be one way to make progress in better understanding how systems change occurs. Some systems level outcomes that are important to track are changes in the

allocation of resources, policies that are adopted, and in practices of implementation. Cross-sector and cross-organizational collaboration and partnerships are also likely to be important precursors to systems level change.

Discussion

Funders and other stakeholders are increasingly asking how leadership development contributes to changes in organizational effectiveness, community health outcomes, fields of study and practice, and reform of health systems. These big questions cannot be answered by any one program. Supporting the development of cross-program learning agendas and, where appropriate, cross-program evaluations will significantly accelerate learning about impact in the field of health leadership development.

Efforts by the National Public Health Leadership Network to develop a leadership competency framework for the field of public health is a promising example that other professional leadership development programs may want to consider. For example, could the various nurse leadership programs be convened to develop frameworks of competency and leadership practice that strengthen their programs and their capacity to achieve positive outcomes?

Question

- What partnerships would be required to fund/support cross program evaluation and learning over time that could accelerate field learning and strengthen leadership development practices?

Summary Observations about Current Leadership Development Efforts and Opportunities for Building Leadership Capacity in the Field of Health

The work of participants in the Health Leadership Mapping Session and the scan research findings has provided a valuable overview of the status of current leadership development efforts in the field of health. The scan validates much of what has been expressed as areas of concern by key informants and Mapping Session participants who identified the need to empower community leadership and bridge relationships between community advocates and health professionals. The clear majority of programs profiled in the scan, over seventy-five percent (75%), serve to build the leadership skills of health professionals. Health professionals in a variety of settings, areas of specialization and in specific professional roles are receiving strong support from programs that seek to cultivate many of the skill sets and competencies that Mapping Session participants believe are critical for health leaders, e.g. collaboration, systems thinking, personal mastery, policy analysis and field specific leadership skills.

There were fewer programs, thirty percent (30%), that were addressing the need to identify common ground and work across sectors to accelerate improvements in systems levels outcomes. Less than 25% of the programs were specifically focused on building the capacity of grassroots community health leadership. Efforts to organize and increase community voice, often within community based initiatives, seem to be supported with

fewer resources. Formal leadership development approaches are less accessible to community and grassroots health leadership. Only a handful of programs sought to create new pipelines that would create and sustain new leadership, especially from underrepresented communities. So while programs are emerging to address a good number of the needs identified by Mapping Session participants, it is clear that there is both an opportunity and need to build on these models and expand these efforts.

It is interesting that Mapping Session participants identified the need to strengthen evaluation and measurement efforts. Research from the broader field of leadership development and a review of the public materials available about the programs profiled suggests that health leadership development programs could benefit from identifying the specific health outcomes they hope to attribute to their programs. The existence of developed networks and intermediaries create strong platforms for developing and testing out program logic models that can identify and monitor health outcomes. These efforts could deepen learning across programs about strategies for cultivating specific competencies and the bundles of program components that yield the best results with the highest return on investment. These networks can also serve to provide conduits for raising the discussion about key elements of a health reform agenda that can unify the work of leadership programs and their graduates.

The issue of resources to strengthen the sustainability of current leadership development efforts and to expand leadership development opportunities to build the capacity of grassroots community leadership was raised by Mapping Session participants and through the scan research of existing funding trends. Many veterans in the field of leadership development believe that funding streams for investments in individuals can be strongly tied to our ability to build the case of leadership development through evidence of impact. This also connects to the need to strengthen evaluation work.

The current leadership development programs, networks and initiatives provide a strong foundation for expanding leadership development approaches and programming to address unmet and emerging needs. Our summary observations are divided into four categories: leveraging what exists, building on current work, addressing gaps, and new opportunities.

Leveraging What Exists (Low Hanging Fruit)

- Distribute information about multi-issue leadership programs that are available to leaders in the health field
- Disseminate resources on leadership development evaluation to health leadership programs, e.g., the upcoming Handbook on Evaluating Leadership Development, resources available on the LLC website and through the LLC Evaluation Learning Circle, and the EvaluLEAD Framework
- Connect current health alumni networks, the Public Health Leadership Society, the LLC Cross Program Alumni Pilot and the alumni initiatives of current health programs
- Encourage a virtual exchange of curriculum resources and recommended trainers among the health leadership programs scanned

Building on Current Work

- Incorporate leadership development components into major health initiatives
- Increase resources to civic engagement strategies and resident organizing efforts to more consciously support the development of community leadership
- Invest in cross program evaluations to strengthen program learning and begin to assess impact on health outcomes in the field
- Build partnerships between the LLC Health Affinity Circle and the National Public Health Leadership Development Network

Responding to Gaps

- Plan for a potential transfer of leadership
 - Explore models of succession planning
 - Invest in programs for emerging leaders
 - Increase scholarship funds for degree programs
 - Support programs that increase leadership opportunities for underrepresented groups
- Increase health leadership media competency
 - Expand health focused leadership opportunities for journalists
 - Increase access to media training as a core competency for all health leaders
- Increase leadership programs for community activists/consumers

New Opportunities

- Increase partnerships among health funders and coordinate opportunities to address gaps and opportunities
- Work with the current field of health leadership programs, possibly in partnership with Grantmakers in Health, to help them develop a unifying framework for their efforts.

Conclusion

The news is good. Leadership development programming within the health field is quite robust. There is an impressive breadth of leadership programs serving a broad spectrum of health professionals, advocates and grassroots leaders. The programs support health outcomes aligned with areas of primary concern in the field, e.g., reducing disparities in health status and health care, increasing access to care, creating and sustaining multi-cultural competence of delivery systems, quality of care, etc. There are a number of strong networks emerging within the group, especially within public health. Participants in the Mapping Session were very engaged in the activity and turned not only to funders but to themselves as resources for addressing emerging needs.

The Session participants and the scan identified several gaps in succession planning, public opinion impact and sufficient attention to building grassroots leadership and cultivating partnerships between providers and consumers. Perhaps the process of

producing the scan and the scan itself will not only help to explicitly identify and mobilize the leadership potential within the programs, but will also galvanize new resources as other potential investors, including more local and regional foundations, understand the potential and power inherent in these programs and in leaders to support and push the broader health reform agenda – at the local, state, and national levels. Developing and communicating the broader context for these programs could be a natural role of national foundations and would link these programs to their broader reform agendas.

Attachment A

Health Leadership Programs Included in the Scan

Arkansas Academy for Public Health Leadership
Blandin Health Care Leadership Program
California Wellness Foundation - Sabbatical Program
CCP – Women’s Health Leadership Institute
CDC/ATSDR Leadership & Management Institute
CDC/CCL/UNC National Public Health Leadership Institute (PHLI)
CHCF Health Care Leadership Program
Community Clinics Initiative
Community Health Leadership Program – Robert Wood Johnson Foundation
Creating Healthier Communities Fellowship
Cultural Competence Leadership Fellowship
Developing Leadership in Reducing Substance Abuse (DLRSA)
Executive Leadership in Academic Medicine
Executive Nurse Fellows Program – Robert Wood Johnson Foundation
Great Basin Public Health Leadership Institute
Great Plains Public Health Leadership Institute
Health Policy Leadership Program
Heartland Center for Leadership Development
IHP – International Family Planning Leadership Program
Integrated Nurse Leadership Program
ICHLD – Community-Focused Health Collaboration Fellowship
Kaiser Media Fellowships in Health
Kaiser Permanente Pharmacy Leadership Development Program
Kansas Public Health Leadership Institute
Kentucky Public Health Leadership Institute
LEADing Organizational Change
Leadership Development Mechanism (IIE)
Michigan Community Health Leadership Institute
Mid-America Regional Public Health Leadership Institute
Missouri Public Health Leadership Institute
National Hispanic Medical Association: Leadership Fellow
National Public Health Leadership Institute
Northeast Regional Public Health Leadership Institute
Northwest Regional Public Health Leadership Institute
Oklahoma Public Health Leadership Institute
Patient Safety Leadership Fellowship
Population Leadership Program
Population Leadership Program – University of Washington
Public Health Leadership Institute of Florida
Regional Institute for Health and Environmental Leadership

Sierra Health Foundation – Health Leadership Program
South Central Public Health Leadership Institute
Southeast Public Health Leadership Institute
The Louis Stokes Urban Health Policy Fellows Program
Urban Health Initiative Fellows- Robert Wood Johnson

Attachment B

Health Leadership Mapping Session Attendees March 24-25, 2005

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Attachment C

Asset Map

Effective Use of the Media	Crossing Professional, Cultural and Class Boundaries	Skills in Policy and Advocacy	Evaluation and Measurement	Frameworks of Leadership Competencies	Training in System Change
Media Advocacy <i>Trauma Foundation</i>	Influencing skills for senior level health leaders working across sectors <i>Population Leadership Program</i>	<i>Sierra Health Fdn., Centers for Collaborative Planning, i.e. Community Partnerships for Healthy Children</i>	Asset based research	NLN Leadership Development Competency Framework pub. ASPH <i>Public Health Leadership Network (PHLN)</i>	Advocacy training and understanding the public health system <i>Community Health Councils</i>
Media Literacy Tools <i>Leadership Learning Community (LLC)</i>	Collaboration training; action learning projects; intraorganizational <i>Center for Health Leadership and Practice (CHLP)</i>	Policy and advocacy curriculum <i>Public Health Leadership Network</i>	<i>NLN Evaluation Workgroup</i>	Leadership competencies <i>Public Health Leadership Network</i>	NLN Curriculum Design Workgroup and National Conference <i>PHLN</i>
Media Training <i>Alliance for Health Promotion</i>	Collaboration training <i>Public Health Leadership Network</i>	Advocacy and policy training <i>Public Health Leadership Network</i>	EvaluLead method/approach for planning and evaluating leadership development programs <i>Population Leadership Program</i>	360 degree feedback instrument based on competency framework <i>Public Health Leadership Network</i>	
Communication Manual <i>NCI</i>	<i>Heartland Center for Leadership Development</i>	Supporting clinical leaders in policy and advocacy <i>Community Clinics Initiative</i>	Evaluation of program objectives and accomplishments <i>Wholistic Stress Control Institute</i>	Doctorate Public Health Leadership <i>UC Berkeley School of Public Health</i>	
Collaborative Leadership Curriculum <i>Turning Point—Public Health Leadership Network</i>	Collaborative skills development <i>International Center for Health Leadership</i>	Grassroots advocacy and policy <i>101 Women's Health Leadership Institute</i>		Leadership Development Evaluation <i>Leadership Learning Community</i>	
	Resources on multiple styles of leadership <i>Leadership Learning Community</i>	Advocacy training and annual advocacy summit in DC <i>SOPHE</i>		Community Needs Assessments <i>Wholistic Stress Control Institute</i>	
	Can help cross boundaries into community and non-professional world <i>(RWJ) Community Health Leadership Program</i>				
	Network Building - Alumni Networks -- <i>CHLP</i>				

Replicating Successful Organizing Effort	Increased Training in Policy and Advocacy	Identify Common Ground Across Sectors and Learn Each Other's Languages	Opportunities for Participation of Community Leaders in Policy and Decision Making Processes	Mentoring	Sustainable Active Alumni Networks
Training for community members in conducting community assessment and resource mapping re nutrition and patient advocacy. <i>Community Health Councils</i>	healtheducationadvocate.org	Expertise working with community groups from many different backgrounds. We bring consumer advocates to the discussion. Our leaders like a broad cultural competence that they bring. <i>(RWJ) Community Health Leadership Program</i>	Popular Educator <i>International Center for Health Leadership</i>	Mentoring programs, curriculum, guides, succession planning, coaching. <i>Center for Health Leadership and Practice</i>	Access to a network of the nation's senior public health leaders via web-based and on-site activities, i.e., educational teleconferences, onsite educational sessions and receptions. <i>Public Health Leadership Society</i>
Evaluation workgroup <i>NLN</i>	Policy Development <i>Trauma Foundation</i>	Building bridges between Community Health Clinics and Public Health Systems <i>Community Clinics Initiative</i>	Leadership development training for community outreach workers <i>Community Health Councils</i>	<i>School of Public Health-DPH Program - UC Berkeley</i>	Building collegial networks <i>Community Clinics Initiative</i>
<i>Heartland Center for Leadership Development</i>	Experience with public policy education and organizing within leadership development <i>Center for Health Leadership and Practice</i>		Consumer guide and "teach-in" re hospital transactions <i>Community Health Councils</i>		A free space or think tank for public health leaders to discuss topical PH issues and make policy recommendations in a politically neutral setting <i>Public Health Leadership Society</i>