

Preparing the Next Generation of Health Center Leaders:

The Experience of the Clinic Leadership Institute's Emerging Leaders Program



Prepared for
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Prepared by
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About Informing Change

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We use data and analysis as the foundation for our services in evaluation, strategy development, applied research and data capacity-building. To find out more about Informing Change and our services, visit www.informingchange.com.



About Blue Shield of California Foundation

The Foundation works to improve the lives of all Californians, particularly the underserved, by making healthcare accessible, effective, and affordable, and by ending domestic violence. The Foundation focuses its support in two program areas: Healthcare and Coverage and Blue Shield Against Violence. For more information, visit www.blueshieldcafoundation.org.



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The Center works to transform healthcare by offering solutions-driven approaches to some of the field's toughest challenges. Their efforts focus on three areas: leadership programs to empower change agents at every level and within all sectors of the healthcare system, research to understand today's workforce issues and design

actionable strategies to solve them, and consulting services to creatively and collaboratively address individual and organizational needs. For more information, visit www.futurehealth.ucsf.edu.



Executive Summary

Since its launch in 2008, the Clinic Leadership Institute Emerging Leaders Program (the Program) has been at the forefront of efforts to cultivate the leadership pipeline in California’s community health centers field. Created through a partnership between Blue Shield of California Foundation and the Center for the Health Professions at the University of California, San Francisco, the intensive 18-month program prepares emerging leaders to assume executive health center positions within five to eight years. **To date, the Program has trained eight cohorts of participants who are now well equipped to lead their organizations into the future and to ensure that the health centers field remains strong and vibrant.**

The Program is designed for community health center staff who demonstrate a long-term commitment to serving and potential for leading organizations in the healthcare safety net. Each year, the Program selects approximately 25 participants to develop their competencies in areas that are vital to health center leadership, including strategic thinking, relationship management, business acumen and data-driven decision making. These participants are drawn from health centers and health center associations across the state and represent diverse education, racial and ethnic backgrounds as well as a range of perspectives and professional experiences.

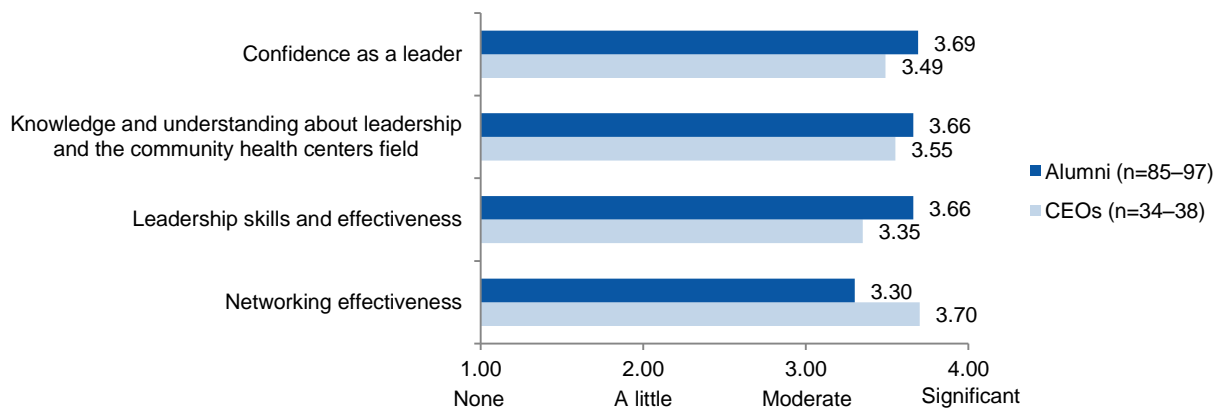
The Program offers a combination of didactic instruction and experiential learning opportunities customized for the health center context. Six in-person, multi-day seminars are at the heart of the Program, though participants benefit from additional supports and opportunities—including personal learning plans, peer networking, leadership coaching, a health center leadership project and an alumni component—to help deepen and integrate learnings. The Program expects the greatest impacts among participants, with more modest—but invaluable—impacts accruing in participants’ sponsoring organizations and the broader health centers field over time.

This report summarizes the results and lessons learned from a longitudinal, mixed-methods evaluation conducted by Informing Change, focusing on the experiences and trajectories of the Program’s first five cohorts for up to five years after graduation. This evaluation is intended to inform others who work in and support community health centers, the healthcare safety net and the broader nonprofit leadership development field.

PARTICIPANT IMPACTS

As a result of attending the Program, alumni are more knowledgeable, confident and skilled in core areas that are critical for strong health center leadership and closely aligned with the Program’s curriculum. Alumni are demonstrating greater understanding of the healthcare landscape, finding and honing their leadership voice, communicating more effectively as leaders, and holding a broader organizational perspective. To build on these skills and further strengthen their leadership, more than half (55%) of alumni **pursue additional education and training** (e.g., workshops, certificates, degree programs).

The Program's Contribution to Participants' Improvements

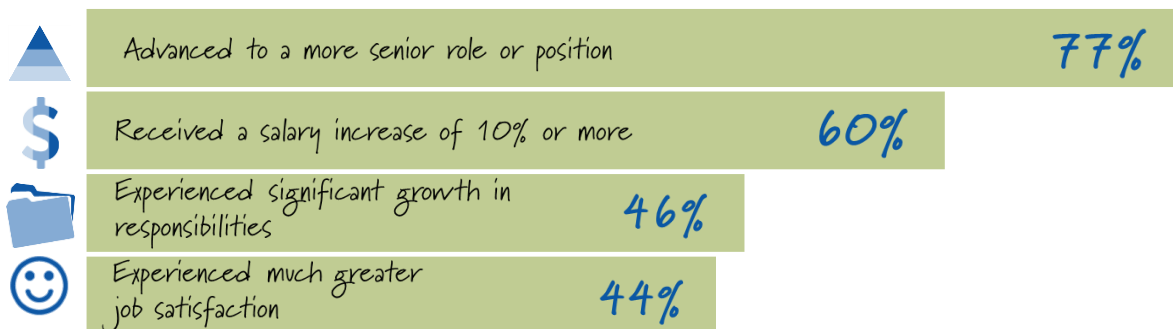


“The Program provided me with knowledge about the community health centers world outside of the four walls of my health center. The experience and skills I gained from the Program helped in expanding my role as a professional and my ability to lead my health center forward.”

– Alum

Alumni experience considerable career growth, during the Program and over time, with many assuming executive-level or other senior roles well ahead of the Program’s anticipated 5–8 year timeframe. From advancing to “C-suite” positions (e.g., CEO, COO, CFO) and taking on higher-level managerial and organizational responsibilities, to having greater involvement in field-level venues, alumni’s influence is growing inside and outside of their organizations.

Career Growth Since Beginning the Program

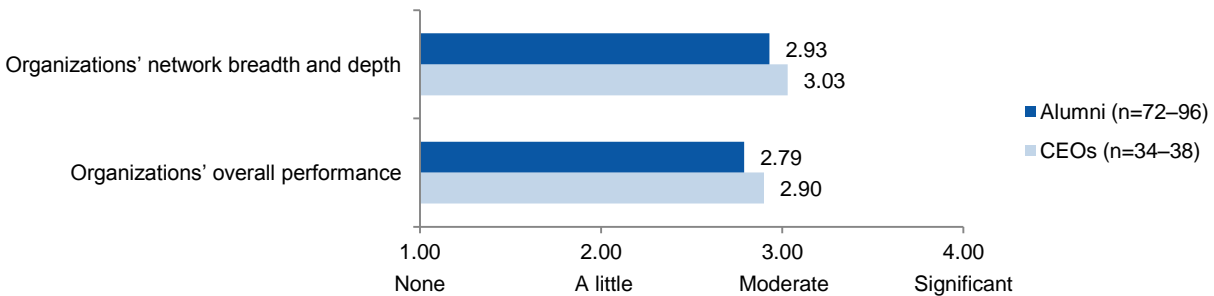


The Program has helped to reaffirm and reignite alumni’s commitment to the field, with the vast majority (88%) continuing employment in health centers or other safety net organizations. Among those who have stayed in the health centers field, about three-quarters have remained at the organizations that sponsored their Program involvement. Initial concerns about the departure of trained alumni for more senior, higher-paying positions outside of the health centers field have been unfounded.

NETWORK, ORGANIZATION & FIELD IMPACTS

Networking is one of the Program’s most significant impacts—not only the improvements to alumni’s networking competencies and effectiveness, but particularly the creation of a strong web of organizational and field-wide connections. Alumni develop broader networks of contacts, gain peer support, learn to reach out with greater ease and confidence, and access employment opportunities. Benefits accrue to sponsoring organizations as alumni link up colleagues in and across organizations to exchange tools, resources and best practices. CEOs and field stakeholders have been impressed by the growing reach, maturity and usefulness of the Program’s network over time.

The Program’s Contribution to Organizational Improvements



Health centers are stronger as a result of alumni’s experience in the Program, with evidence of increased leadership capacity, enhanced ability to respond to rapid changes in healthcare and improved cultivation of emerging leaders. These tangible organizational improvements are facilitated by alumni’s application of improved skills (e.g., “big-picture” thinking, communication); their applied leadership projects (e.g., access to care, operational efficiencies); and the sharing of tools and practices among staff (e.g., data dashboards, process improvement methods). Sponsoring or employing multiple Program participants usually results in a **“multiplier” effect on organizations** through the development of a cohort of like-minded leaders and the ability to more effectively catalyze organizational improvements.

Health center CEOs and stakeholders attest to the Program’s contributions to a more robust and resilient health centers field in California. The next generation of leaders are more capable and connected, a critical mass of organizations in the state has been elevated by Program participation, and the field climate is now more conducive to developing, advancing and retaining qualified leaders. Primarily through the Program’s network, these field-level benefits are being shared and transferred to the broader healthcare safety net as well.

LOOKING AHEAD

Most Program alumni (91%) aspire to assume more senior roles, though opportunities to advance are not always available at their current organizations due to factors such as organizational size, lack of staff turnover and participant readiness. Similarly, **health center CEOs (98%) are confident and optimistic about the future leadership of the health centers field overall, but concerned about their own organizations’ ability to prepare and advance emerging leaders.** A challenge remains for health centers, the Program and others supporting the field to address key barriers affecting the leadership pipeline so that the momentum created by the Program can be sustained.

As a start, **CEOs and stakeholders say that continued training and support is needed to reinforce leadership capacity at multiple levels in the field,** such as executive or leadership coaching for current and emerging leaders; regular trainings (e.g., skill refreshers, advanced sessions); a mentoring program (e.g., among peers, with more established leaders); and active professional networking opportunities. A hearty appetite exists

for further knowledge and skills development, with topics ranging from healthcare innovation and data analytics, to board management and beyond.

LESSONS LEARNED

The Program has earned praise and endorsement from alumni and stakeholders for its effectiveness in preparing emerging leaders to further health centers' core mission—providing high-quality, affordable, sustainable healthcare to poor and underserved populations. Given the Program's tremendous success, the evaluation points to key recommendations for those supporting, designing or implementing other nonprofit leadership development efforts—both small- and large-scale. They are drawn from Program challenges and successes.

KEY RECOMMENDATIONS

- Program design should address the unique needs of the given field.
- Clearly articulate the program's goals, strategies and desired outcomes—and how and when they will be met.
- Decide if the program will support a participant network.
- Define and refine selection criteria, and pay attention to diversity.
- Determine the ideal breadth and depth of program reach.
- Offer an appropriate amount of complementary and mutually reinforcing supports.
- Engage participants' CEOs and supervisors.
- Support organizations' abilities to prepare for and work through leadership transitions.
- Accelerate program impacts at the organizational and field level.
- Promote a field-wide view when working on participant recruitment, development and retention.
- Discuss leadership needs throughout the field to promote greater awareness of and support for career pathways.

“The Program has been invaluable in helping develop the new leaders at our health center and in the community health center movement. It prepares us to serve our communities better, as health centers [now] play a much more significant role in delivering care to our communities.”

– Stakeholder

Evaluation Findings

INTRODUCTION

In the mid-1960s, the civil rights movement inspired a groundbreaking approach to addressing the health needs of poor and underserved populations. Founded on principles of community involvement, social justice and a broad view of factors contributing to health, the early community health center movement was created by dedicated and passionate community advocates and leaders. The health center mission continues as the strong beating heart of the community health centers field; however, over the last several decades, it has become clear that health centers require a larger cadre of leaders with an ever-growing set of skills to fulfill their mission.

The need for additional leaders was highlighted in the early 2000s, in studies that predicted that tenured nonprofit leaders were preparing to transition out of leadership roles and that a gap in the leadership pipeline was approaching. They reported that a limited number of “next generation leaders” were ready and eager to accept senior leadership positions.¹ This impending gap was predicted for the community health centers field, as well as the broader nonprofit sector.

To address this leadership gap, Blue Shield of California Foundation (the Foundation) partnered with the Center for the Health Professions at the University of California, San Francisco (the Center) to design and implement the Clinic Leadership Institute Emerging Leaders Program (the Program).² They designed an intensive, 18-month, part-time program to prepare emerging leaders to move into executive positions within 5–8 years to ensure a strong and vibrant community health centers field in California.³ Since its launch in 2008, the Program has trained more than 200 emerging leaders over eight cohorts.

KEY PROGRAM IMPACTS

- Alumni demonstrate greater knowledge, confidence and skills critical for leading health centers.
- About three-quarters of alumni have advanced to executive leadership or other senior positions; for many, advancement has occurred more quickly than the anticipated 5–8 years.
- Most alumni have assumed greater professional responsibility, received salary increases and experienced greater job satisfaction.
- The vast majority of alumni continue to work in the community health centers field or healthcare safety net.
- The strong and diverse alumni network continues to benefit individuals and their organizations.
- Organizations continue to benefit as alumni apply their strengthened leadership skillset and share what they have learned with other staff.
- The Program has helped contribute to a stronger, more stable community health centers field in California.

This report is a summary of a longitudinal evaluation of the Program’s first five cohorts. It provides learnings about the Program model and key impacts (see box above) to inform others who work in and support community health centers, the healthcare safety net and the broader nonprofit leadership development field.

Evaluation Approach & Methods

In 2008, the Foundation contracted with Informing Change to design and implement an evaluation of the Program’s impacts, strengths, opportunities for improvement⁴ and lessons learned. While the Program is currently in its eighth cohort, the evaluation was designed to focus on the experiences and trajectories of the first five cohorts from the time participants started the Program to up to five years after graduation. The Foundation’s investment in conducting a prospective evaluation presented a unique opportunity to gather data about the participants both during their time in the Program and as they continued along their career paths. The data has helped the Foundation and the Center better understand the impact of their investment in developing future leaders for the community health centers field in California.

For the evaluation, Informing Change collected multiple types of data from diverse respondents—including participants, alumni, program implementers, their CEOs and colleagues, and stakeholders in the community health centers field—at multiple points in time (e.g., immediately after graduation, on an annual basis for up to five years). In this report, the majority of the quantitative data represent alumni’s most current information based on responses to surveys administered from 2010 through 2014. The alumni survey represents nearly all alumni from the first five Program cohorts (94% response rate). In addition, the report provides data from a 2014 survey of CEOs from organizations that either sponsored or employed a Program participant (49% response rate). In a few places, we show data about participants’ experiences during or at the end of the Program (92% response rate), in which case we use the term “participant” rather than “alumni.”⁵ Finally, this report also draws on the wealth of evaluation data that has been collected since 2008, including interviews with 143 people and focus groups with 61 people (e.g., alumni, CEOs, staff, stakeholders), seminar observations, and an examination of program materials and secondary data. The appendix provides more detailed information about the evaluation’s data collection and analysis efforts.

The Emerging Leaders Program Model

The Program is designed for emerging leaders—community health center staff who demonstrate a long-term commitment to serving and potential for leading the healthcare safety net.^{6,7} The Program requires applicants to have at least three years’ experience working in the community health centers field, and they must hold a management or supervisory role where they demonstrate the ability to oversee and motivate staff. The applicants must be employed at a licensed community health center, free clinic, designated tribal clinic, or consortia that serves community health centers statewide or in a particular region. The Program also requires that these applicants’ health centers—referred to as “sponsoring organizations”—nominate individuals for the Program, verify that they are recognized as next generation leaders and commit to supporting the participants throughout the Program (e.g., providing time off of work to attend seminars). The Program selects approximately 25 participants each year to build their knowledge, confidence and skills in six core competency areas that are vital to strong community health center leadership:

- **Leadership and decision making**, such as developing an effective leadership style, making decisions and communicating them in a clear and compelling manner, building commitment among teams, guiding others and pulling people together;
- **Organizational values and behaviors**, such as developing and communicating an organizational vision, setting performance standards for team members, and exhibiting strong values in work;
- **Strategic thinking and action**, such as maintaining an awareness of the field to make informed decisions, keeping the “big picture” in mind, and creating operational and project plans;
- **Business acumen and financial management**, such as understanding and applying financial principles and tools and focusing on the most critical work priorities;

- **Relationship management and diversity**, such as staffing teams with complementary skills, promoting open communication and developing meaningful relationships with others; and
- **Organizational improvement and data-driven decision making**, such as recognizing how to gather and use data and information for performance improvement and establishing standards and quality management systems.

The Program is guided by its theory of change; its expected impacts are summarized in Exhibit 1. The most sizeable and earliest impacts are expected among the participants themselves. The Program then anticipates that these leaders will help improve their organizations, and over time, the pool of trained leaders and organizations are expected to influence change in the community health centers field and healthcare safety net. The organization- and field-level impacts are envisioned as more modest and distant, yet vitally important, Program impacts.

Exhibit 1
Expected Program Outcomes



To achieve its intended impacts, the Program incorporates a combination of didactic instruction and experiential learning activities. While six in-person, multi-day seminars are at the heart of the program, participants are also offered a continuum of complementary supports to help participants deepen, apply and integrate learnings (Exhibit 2).

Exhibit 2
Program Components

Seminars	Six in-person seminars bolster participants' knowledge and skills through instruction, field-specific topics and scenarios, group problem solving, and role playing.
Personal learning and leadership plans	After completing personal assessments and receiving input from colleagues and staff, participants create individualized leadership development plans to guide them through the Program experience.
Inter-session assignments	Approximately three hours of inter-session work (e.g., readings, webinars, group activities) is assigned per week.
Peer networking groups	Groups of approximately five participants meet together throughout the Program to facilitate more intimate peer connections, learning and support.
Professional leadership coaching	Each participant has access to nine hours of one-on-one coaching—personal, customized and confidential support—during the Program and six hours after graduation.
Clinic Leadership Institute (CLI) Projects or “CLIPs”	Participants implement customized leadership projects at their health centers that allow them to practice their leadership skills (e.g., securing buy in, managing people and processes, measuring progress) while also working on an organizational need.
Leadership network and alumni activities	Participants have structured opportunities during and after the Program to connect with and learn from fellow alumni and colleagues from other health centers.

While the core design of the Program has remained largely the same since its inception, staff adapted the Program and remained agile to respond to various internal and external factors. During the course of the Program, staff did the following:

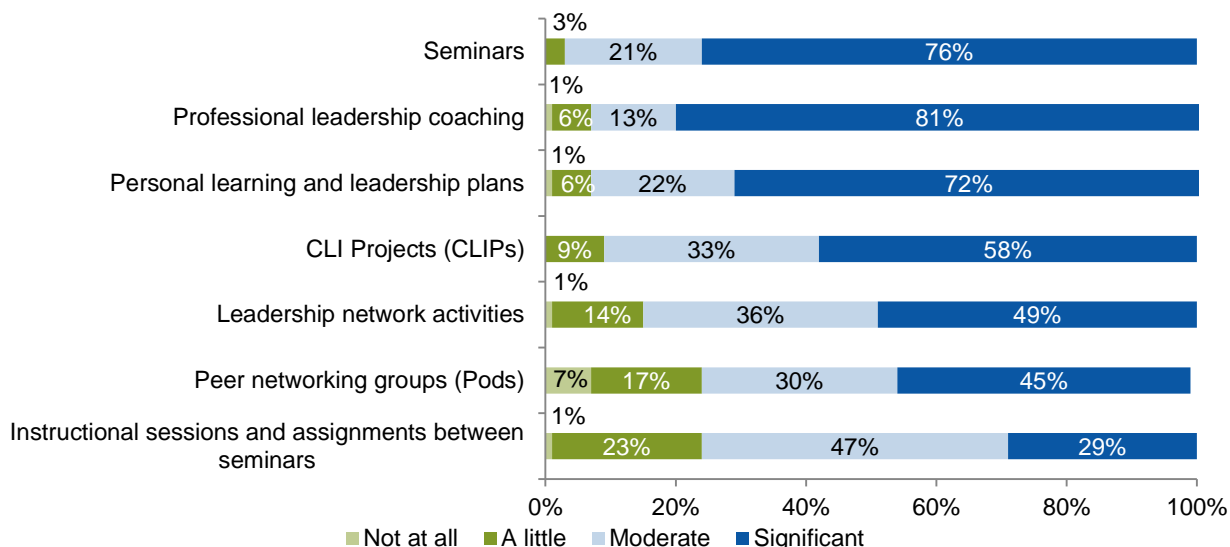
- **Incorporated new topics into the curriculum to respond to policy changes.** The healthcare safety net experienced significant shifts when the Affordable Care Act was introduced and implemented during the course of the Program. The Program heightened its focus on preparing participants to manage significant organizational change; for instance, the Program began framing the CLIPs as vehicles to position sponsoring organizations for healthcare reform.
- **Responded to feedback from participants and stakeholders.** Program staff made refinements to the curriculum and design based on participant feedback and evaluation results. They offered more coaching hours after graduation, altered the curriculum to address work-life balance and time management concerns, refined aspects of the peer networking groups and alumni activities, and more proactively communicated with sponsoring organizations' leaders about the Program.
- **Focused participant recruiting efforts based on data.** After seeing the distribution of participants across the state's regions in the first few cohorts, staff augmented recruitment efforts in the Central Valley and Southern California to increase the Program's geographic spread.
- **Adjusted expectations for post-graduation career commitments.** As health centers became more connected with other organizations working in the healthcare safety net, the Program broadened its expectations of success to include alumni working in the healthcare safety net, as opposed to the community health centers field specifically.

- **Created new programs and broadened the network to further address leadership needs.** In 2012, staff developed two new programs under the broader umbrella of the Clinic Leadership Institute (CLI). The New Executive Transitions (nEXt) and Executive Excellence (Ex²) programs, were developed to focus on strengthening the leadership of new community health center CEOs and executive teams, respectively. Staff also expanded the “CLI network,” to integrate participants across the suite of CLI programs and strengthen connections across the community health centers field and healthcare safety net.

The Program’s key strengths lie in its strong curriculum and package of complementary supports. The customized curriculum, grounded in leadership research and the health center context, ensures that participants learn the knowledge and skills most applicable to their day-to-day work and the evolving field. While participants find all aspects of the Program to be effective overall, they find some components to be even more valuable than others in enhancing their leadership (Exhibit 3). For example, participants report that:

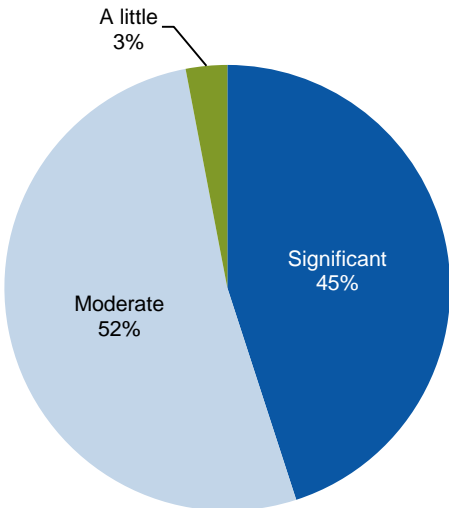
- Seminars are especially valuable because they focus on salient, health center-specific topics and are led by high-quality instructors.
- The coaching—a new experience for many—provides personal, customized and confidential support.
- Individualized learning and leadership plans incorporate honest and direct feedback to help participants most effectively take advantage of the Program experience for their own development.
- CLI Projects allow participants to practice skills to benefit themselves and their health centers.
- Networking activities are beneficial, but more effective after they are alumni of the Program.
- Peer networking groups provide a sense of camaraderie, commonality and validation, but the ideal structure or format of these groups (e.g., phone and in-person meetings, frequency of meetings, size of groups) varied for participants.
- Inter-session assignments provided opportunities to continue learning between seminars, but busy work and life schedules made it difficult for many participants to complete these assignments.

Exhibit 3
Perceived Effectiveness of Program Components
 (n=109)



The Program addresses key, previously unmet needs to prepare the next generation of community health center leaders. Alumni and CEOs appreciate the investment in a program uniquely designed for diverse, emerging leaders in the community health centers field—many of whom would not otherwise have access to such support, especially those in rural areas or small organizations. Reflecting on the full suite of programs—Emerging Leaders, nEXt, and Ex²—respondents believe that CLI has had considerable success in addressing the leadership needs of the community health centers field (Exhibit 4).⁸

Exhibit 4
CEOs' Reflections on CLI's Success in Meeting Leadership Needs in the Health Centers Field
(n=29)



Alumni and CEOs are highly satisfied with the Program and would recommend it to others. They find great value in its support of emerging leaders and think that the Program is a high-quality leadership development effort. Almost all (97%) alumni and most (86%) CEOs are very likely to recommend the Emerging Leaders Program to others. CEOs and alumni either tend to think that the impacts that have occurred (described in subsequent pages) would not be possible, or would not have occurred as quickly, without the Program.

"I don't think there's any other leadership program that I am aware of that I would send my staff to that provides the level of intensity, depth and support that really addresses leadership in a holistic way."

– Stakeholder

While Program staff have remained agile to meet the various challenges and external conditions, there are still a few key challenges that persist and require continued attention. All three of these are common to many leadership development programs.

- **Maintaining a vibrant and engaged network of professionals over time.** Alumni who are advancing in their careers and working in largely under-resourced organizations often have many competing priorities for their time. Throughout the course of the Program, alumni have consistently reported value in having access to the professional network, but many have tapped into it on an “as needed” and relatively infrequent basis. Staff have devoted ongoing attention and investment to determine the most appropriate amount, type and sequencing of supports to enhance network utilization and impact.

- **Applying and integrating new skills in health centers and affecting organizational change.** To different extents, alumni struggle with practicing and integrating what they have learned through the Program in a real-world context, either in between Program seminars or after graduation. The application of learnings within an organization is influenced by the support of existing leaders and staff, the availability of opportunities, and having adequate time and space to think through the application of skills on the job. Concerted and focused efforts to identify methods or venues (e.g., organizational projects, assignments to share with teams or present to staff) to share learnings were important in facilitating the impact of a leadership program within the organization.
- **Working with current leaders in sponsoring organizations to support alumni’s movement into more senior roles and higher-level responsibilities.** There was some evidence that the Program impacted organizations’ ability in this area. However, there is a need for the Program and others working to enhance the future leadership of the field to continue to identify factors that stymie upward movement (e.g., organizational size, lack of staff turnover, alumni readiness) and collaborate with health centers to address these issues (e.g., identify career paths, provide coaching for existing leaders, assist with succession planning).

WHO ARE THE EMERGING LEADERS?

The emerging leaders represented in this report are a diverse group with a range of perspectives and experiences. While participants are primarily female (85%), upon entering the Program they:

- Range in age from 27 to 59, with an average age of 40 years;
- Represent a variety of races and ethnicities, with almost two-thirds (61%) identifying as non-White (Exhibit 5);
- Have varying levels of prior education, with one-third having a graduate degree and one-fifth having a high school degree or less (Exhibit 6); and
- Hold a variety of health center positions (e.g., Chief Operating Officer, Clinic Site Manager, Department Director) within various departments (e.g., human resources, health education, behavioral health).

Exhibit 5
Participants’ Race/Ethnicity
(n=112)

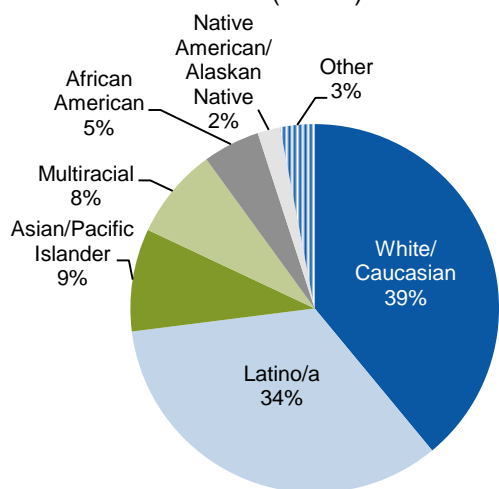
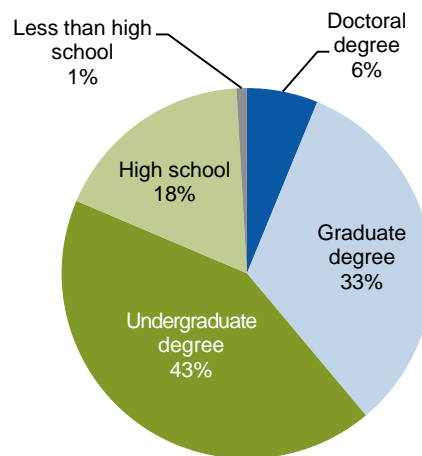
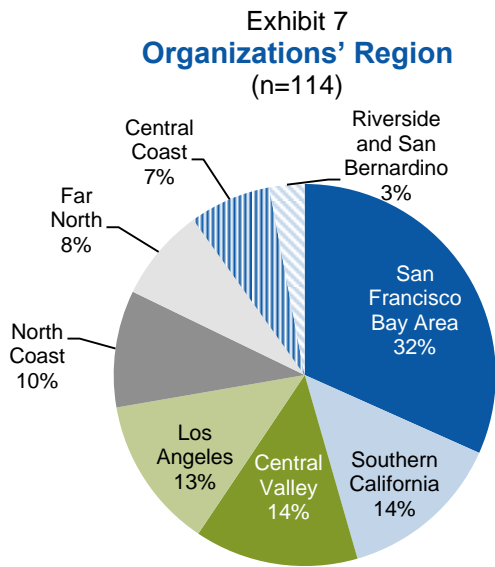


Exhibit 6
Participants’ Education Level
(n=113)



When participants graduate from CLI, they are employed at organizations that vary in location and size (Exhibits 7 and 8). Participants' primarily worked at community health centers, including federally-qualified health centers, family planning clinics and Indian health centers, among others, located in urban and rural areas throughout the state.



**Exhibit 8
Organizations' Size**

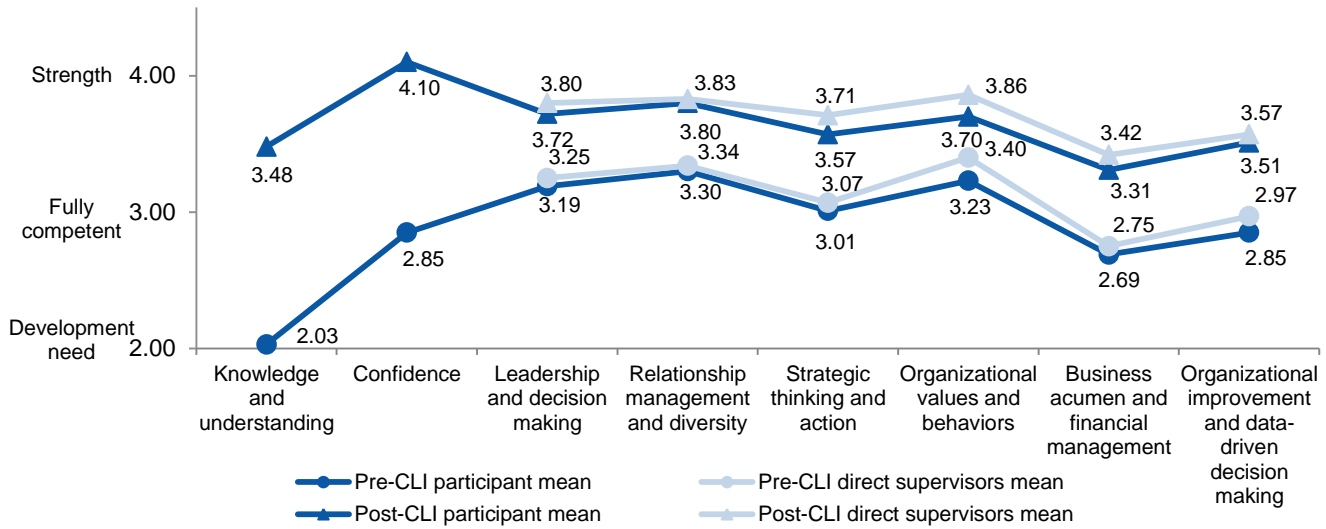
	Mean	Median	Range
Number of clinic sites (n=90)⁹	8	5	1–45
Number of full-time equivalent staff (n=103)¹⁰	298	227	3–2,058
Current annual operating budget (n=107)	\$23 million	\$18 million	\$234,000–179 million

PARTICIPANT IMPACTS

Knowledge, Confidence & Skills

Participants demonstrate greater knowledge, enhanced confidence and improved skills in all of the areas that the Program deems critical to leading vibrant and successful health centers. As shown in Exhibit 9, at the end of the Program, both participants and their direct supervisors report improvements in participants' competencies that are aligned with the Program's curriculum. Although, on average, direct supervisors rate participants' competencies slightly higher than the participants themselves, the respondents' ratings map closely to one another overall.

Exhibit 9
Improvements in Participants' Knowledge, Confidence & Skills¹¹
 (Participants: n=90–93; Participants' Direct Supervisors: n=55–62)

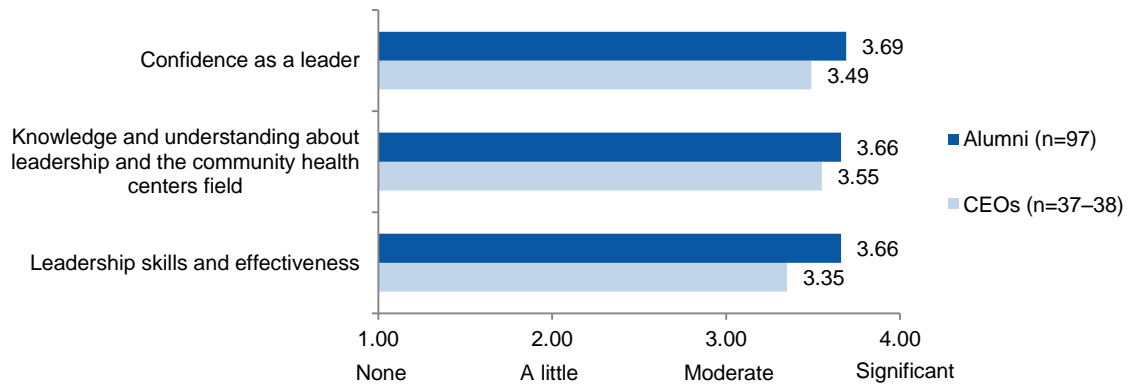


After graduating, alumni report that the Program has continued to be particularly helpful in spurring their development in the following areas:

- Understanding the evolution and complexities in health centers and the healthcare safety net.** The Program has opened many alumni's eyes to the history of the health center movement, the current role that health centers play in a dynamic healthcare system, the range of responsibilities involved in running a health center, and how healthcare reform and the economic environment affect their organizations.
- Finding and using their voice.** The Program has enhanced the confidence of alumni, an important developmental step on the way to applying new knowledge and skills and strengthening leadership. As alumni develop an increased understanding of their leadership style, strengths and weaknesses, they use this knowledge to increase their leadership presence at their organizations and become more effective at applying their strengths to their work. The resulting inner and outer confidence shows up in a variety of ways: greater comfort speaking up, sharing opinions, standing by decisions and challenging ineffective organizational norms. Some alumni also report greater confidence in advocating for their career paths (e.g., asking for promotions, negotiating raises).
- Enhancing their leadership perspectives and behaviors.** Alumni report better skills in communicating, decision making, delegating, listening, visioning and presenting to others. Refining and practicing this range of skills helps alumni further boost their confidence to lead. Some alumni also report gaining a broader organizational perspective, developing a higher-level vision and enacting strategies to get there.

Overall, the Program has made a "significant" contribution to improvements in alumni's knowledge, confidence and skills (Exhibit 10). These positive ratings still recognize that other factors beyond the Program experience (e.g., personal initiative, work ethic, the organizational environment) also contribute to alumni's leadership growth.

Exhibit 10
The Program's Contribution to Participant Improvements



Pursuit of Additional Education

To continue strengthening their leadership and advancing their careers, over half (55%) of alumni have pursued additional educational opportunities since beginning the Program (Exhibits 11 and 12). This includes a variety of educational opportunities ranging from intensive formal degree programs (e.g., bachelor's, master's, doctoral), to certificate programs (e.g., professional billing, employer law), to executive leadership programs (e.g., Board Leaders Institute, Ex²), to one-time skill workshops (e.g., Institute of Healthcare Improvement seminars, LEAN training, fundraising classes).

Exhibit 11
Participants' Pursuing Educational Opportunities Beyond the Program
 (n=116)

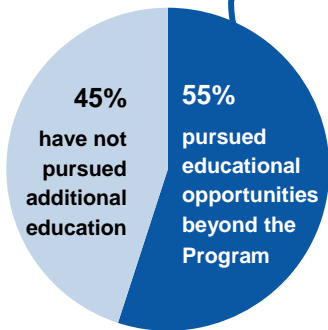
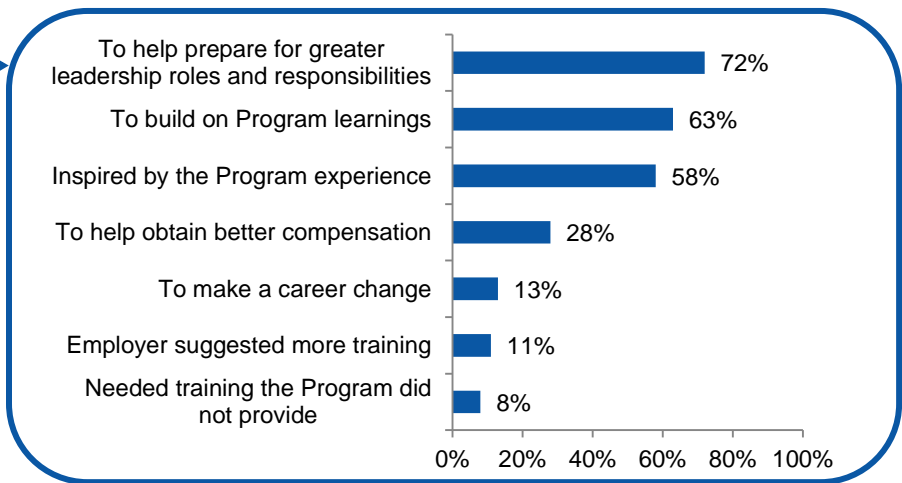


Exhibit 12
Primary Reasons for Seeking Additional Education¹²
 (n=64)

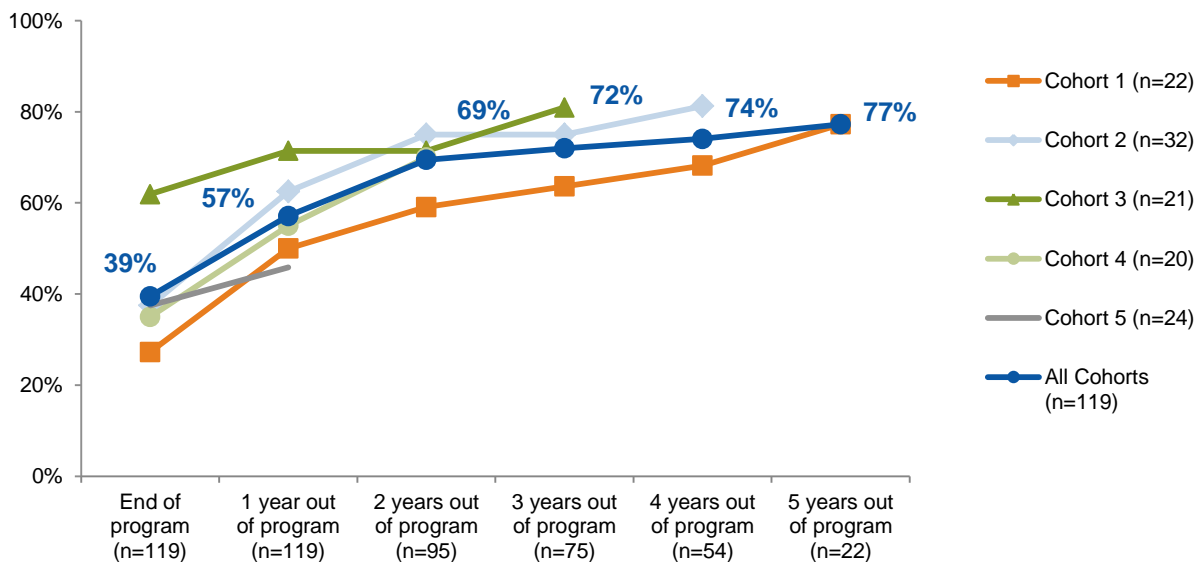


Career Advancement

Among the first five cohorts, more than three-quarters of alumni (77%) have assumed a more senior role since beginning the Program. While it was expected that alumni would move into executive leadership positions within 5–8 years after graduation, many of those who have advanced did so during their time in the Program or within just one year after graduation (Exhibit 13). The following points offer further evidence that alumni are progressing in their careers and growing as leaders. Among those who have advanced to a more senior role:

- Seven alumni have moved into CEO positions at community health centers;¹³
- Half (51%) are currently in what is considered the equivalent of a “C-Suite” position (e.g., CEO, CFO, COO);
- More than a third (35%) have moved onto the senior leadership team at their organizations;¹⁴ and
- Nearly one-fifth (15%) have moved onto their organizations’ management team since beginning the Program.

Exhibit 13
Cumulative Percentage of Alumni Who Have Assumed More Senior Roles or Positions Since They Began the Program¹⁵



ALUMNI CAREER PATH HIGHLIGHTS

Teresa Seeley was a member of the Program's inaugural cohort. She began the Program as the Director of Operations at Conejo Free Clinic, and by the time she had graduated, she had advanced to the position of Executive Director. Since 2009, Teresa has continued to lead her health center through the challenges and transformations of the evolving healthcare landscape.

“My Program experience was the first stepping stone toward successful leadership. The exposure I received to so many brilliant minds and superior leaders paved the way for incredible success.”

In 2008, when he joined the first cohort of CLI Emerging Leaders, **Inder Wadhwa** was serving in a dual capacity as both Fiscal Officer and Acting Executive Director of Pit River Health Service, Inc. Later that same year, Inder accepted the position of Executive Director/CFO at Northern Valley Indian Health, Inc., where he has remained throughout the years since graduating from the Program. Inder credits the Program with helping him see himself as a leader not only in his own organization but in the field of community healthcare.

“The Program provided me with knowledge about the community health centers world outside of the four walls of my health center. The experience and skills I gained from CLI helped in expanding my role as a professional and my ability to lead my health center forward.”

Nereida Morfin started working at Borrego Community Health Foundation first as a receptionist, then as a financial counselor, then as an office manager. Before long, she was promoted to Regional Director of Operations, and her supervisor encouraged her to apply for the Program's fourth cohort to support her new leadership role. While in the Program, she was promoted yet again to Vice President of Operations, and after graduation, she again advanced to the role of Chief Program Officer. She does not plan to stop there, though—she hopes to continue to advance her career in the community health centers field.

“My experience with the Program has been amazing. It helped me better understand my role as a leader. Before the Program, I did not think I could make a change that would impact my organization; I would wait for others to make the change. As a result of the Program, I have learned many new skills in many areas and now have the confidence to make changes that make a difference.”

Francine Novak joined the fifth cohort of the Program while she was already playing a leadership role as the Director of Operations at Western Sierra Medical Clinic. During her time in the Program, however, she moved onto her health center's executive leadership team as the new Chief Operations Officer, a role with significantly expanded responsibilities.

“I now supervise middle management for all day-to-day operations; focus on expansion, quality and new services; and participate in developing organization-wide strategies.”

Almost all (91%) alumni have taken on more responsibilities, and most (85%) have earned a merit-based salary increase since beginning the Program (Exhibits 14 and 15). Alumni report taking on new managerial, change management and staff supervision duties, as well as responsibility for higher-level organizational issues (see box). Alumni who work at larger organizations report more growth in their responsibilities than those participants who work at smaller organizations, which may be due in part to the amount and frequency of opportunities to take on new projects or roles.¹⁶

- ### EXAMPLES OF EXPANDED RESPONSIBILITIES
- Opening up a new satellite office
 - Overseeing the quality of programs
 - Leading Patient-Centered Medical Home efforts
 - Implementing electronic health records
 - Representing the organization at field-level conferences
 - Exercising greater decision-making authority

Exhibit 14
Job Responsibilities Growth
(n=123)

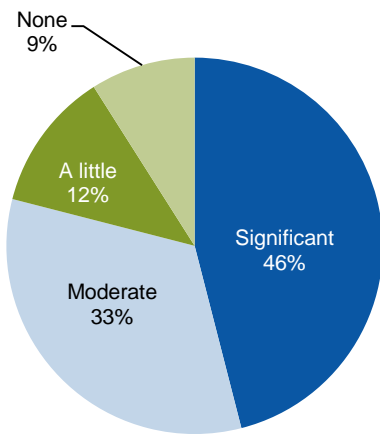
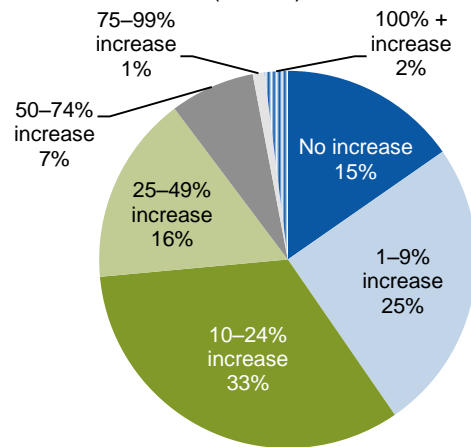
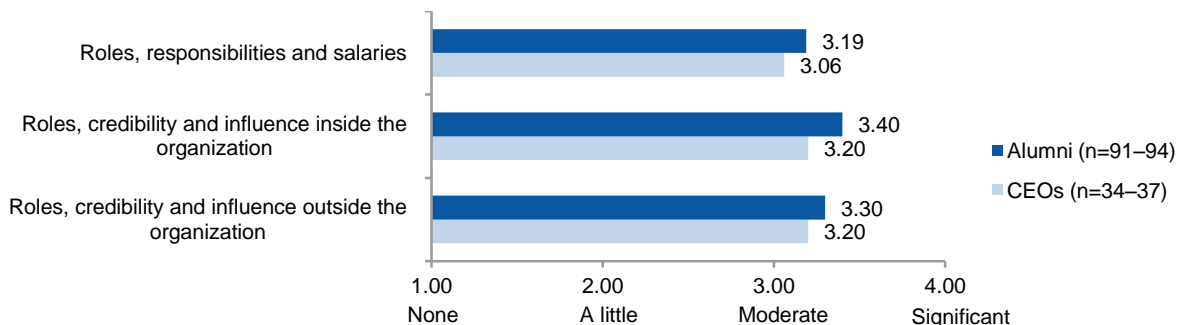


Exhibit 15
Percentage Salary Increase
(n=123)



The majority of alumni and CEOs believe the Program has made a sizeable contribution not only to alumni’s career growth, but also to their influence inside and outside of their organizations (Exhibit 16). Alumni say that, in large part due to their Program experience, their organizational leaders are “taking them more seriously” and taking notice of their enhanced leadership in internal and external venues; in turn, senior leaders are providing recognition in the form of additional opportunities, responsibilities and authority. Other factors are also contributors to alumni’s growth, such as personal motivation and available opportunities within the organization. However, for some, a lack of support among senior leaders is noted as an impediment to growth and influence both within and outside of the organization.

Exhibit 16
The Program’s Contribution to Professional Growth & Influence



The majority of alumni are more satisfied with their jobs and believe that the Program has made an important contribution to this shift (Exhibit 17). Greater satisfaction corresponds with taking on new challenges

“The Program significantly contributed to my confidence. I was able to confidently articulate my value, vision and career path intent, and to request and negotiate a significant promotion to a more senior level.”

– Alum

or having more authority, switching organizations or positions, using skills learned in the Program (e.g., managing priorities and workload, working with colleagues effectively, advocating for oneself in the organization), and having more confidence. A few alumni who express decreased job satisfaction explain that it is due to a lack of opportunities to practice their leadership or dissatisfaction with their current organizational or collegial dynamics. Alumni stipulate that their satisfaction fluctuates due to multiple factors beyond the Program experience, including their position,

responsibilities, organizational structures, colleagues and self-confidence (Exhibit 18).

Exhibit 17
Changes in Job Satisfaction
(n=122)

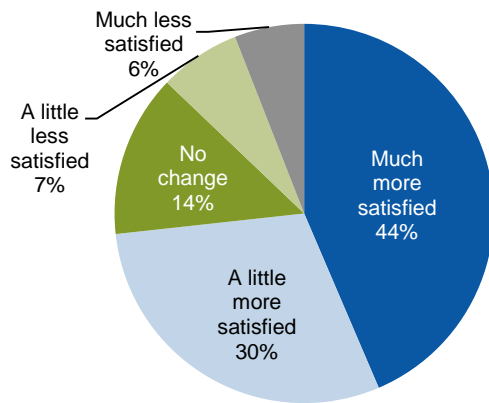
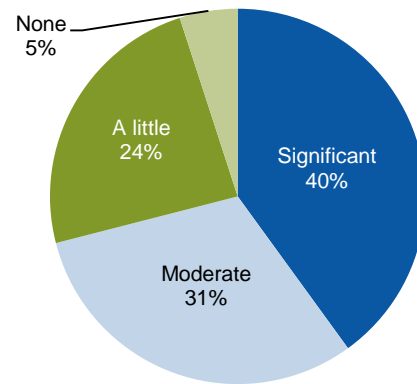


Exhibit 18
The Program’s Contribution to Changes in Job Satisfaction
(n=93)



Employment Retention in the Healthcare Safety Net

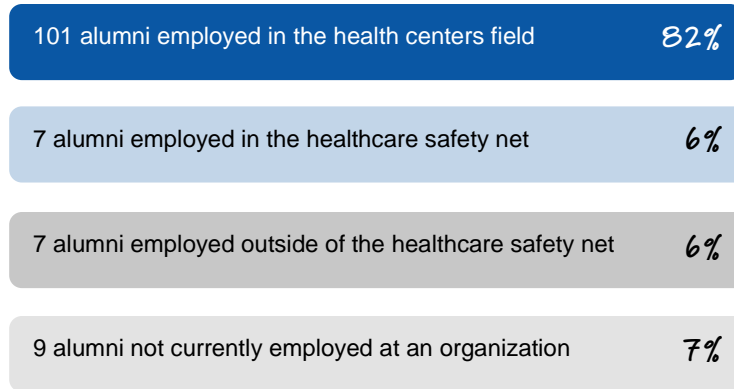
The vast majority (82%) of alumni are still employed in the community health centers field, with an additional portion (6%) working in broader healthcare safety net organizations (Exhibit 19). Among those who have stayed in the health centers field, about three-quarters have remained at their sponsoring organizations. The concern, early in the Program, that a large share of trained alumni might leave sponsoring organizations or the community health centers field—particularly for more senior or better-paying positions at other types of organizations—was largely unfounded. Those who move within the healthcare safety net go to organizations such as county health agencies

“Though already a ‘true believer,’ the Program had a direct impact on my commitment to community health centers. Learning more about the history of health centers and what a pivotal role they play in healthcare has inspired me to be more dedicated than ever.”

– Alum

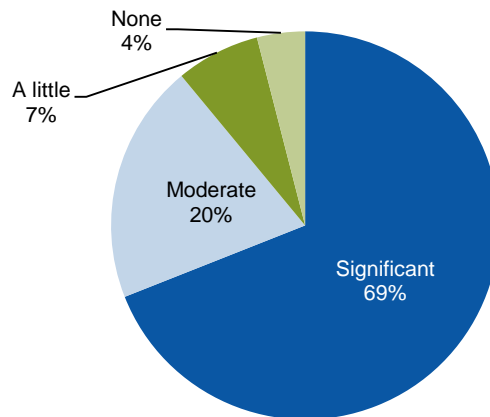
or hospitals, human or social services providers that offer mental or health services, or health plans. The small percentage of alumni who move outside of the healthcare safety net are working at other nonprofits, for-profit medical centers, or management or consulting firms—or they are unemployed.

Exhibit 19
Alumni's Current Employment¹⁷
 (n=124)



Alumni report that the Program has helped increase their commitment to working in the healthcare safety net over the longer term (Exhibit 20). The Program experience helped to reaffirm the commitment that many had at the start of the Program by reigniting their passion for the mission of community health centers, providing them with a network of like-minded peers in the field, and giving them the confidence to influence and advance in the field.

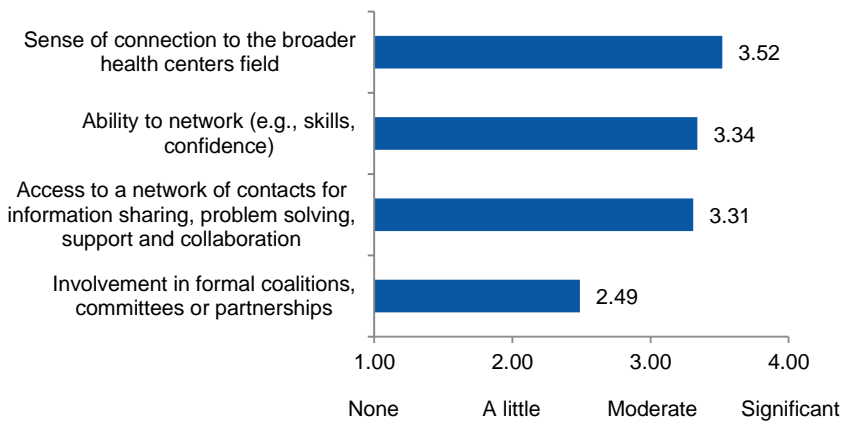
Exhibit 20
The Program's Contribution to Increased Commitment to Working in the Healthcare Safety Net
 (n=85)¹⁸



IMPACTS ON NETWORKS

Throughout the Program and after graduation, participants gain exposure to numerous networking opportunities and strategies that improve their networking competency and overall effectiveness on the job. Key Program contributions to alumni's networking are shown on the next page (Exhibit 21).

Exhibit 21
The Program’s Contribution to Alumni’s Individual Networking
 (n=86–96)



TYPES OF INFORMATION SHARED IN THE CLI NETWORK

- Job descriptions and hiring practices
- Policies and procedures
- Workflow design
- Compensation or salary rates
- Information technology
- Staffing ratios
- Best practices and models

Furthermore, alumni note that the CLI network has contributed to the following, even after they graduate from the Program or transition organizations:

- **A broader professional network**, including contacts whom they did not know prior to the Program, in new geographic regions across the state and in different types of organizations and program areas (e.g., school-based health centers, behavioral health);
- **Enhanced peer support** and feedback opportunities, which have inspired alumni, provided moral support and helped them engage in problem solving at their organizations;
- **Increased confidence** to network with others beyond the Program; and
- **Increased employment opportunities** as alumni reach out to the network to look for qualified job candidates and to search for new job or leadership opportunities.

“My CLI network remains a source of support and professional accountability. This, combined with a sense of ‘safety’ and confidentiality in sharing challenges and opportunities, is important.”

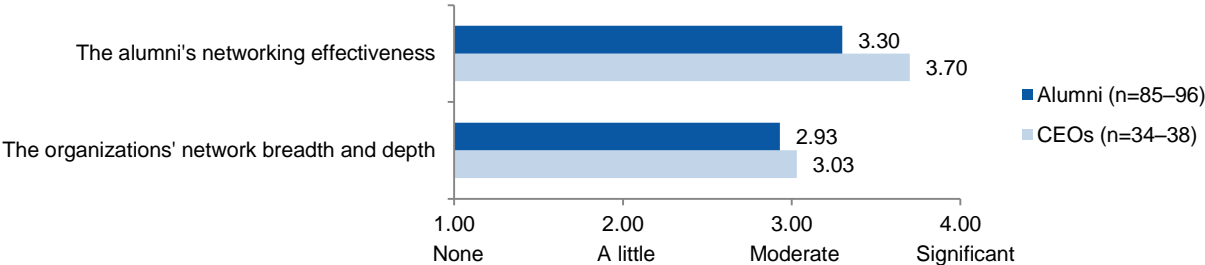
“As a direct result of the CLI network, I was recruited into my current job. Also, the credibility of CLI contributed to the progression of my role once I was hired.”

“The CLI network has provided direct linkages to leaders at similar health centers where we can exchange solutions and discuss problems. It has enriched my ability to bring outside solutions to my organization.”

“With almost any issue I am dealing with, I can pick up the phone and call a CLI friend for input.”

CEOs and stakeholders believe that the Program has had a considerable impact on networking above and beyond individual alumni, having cultivated a strong web of connections between organizations that permeates the field statewide. These field stakeholders have seen the Program’s network grow with each cohort and mature over time, extending its reach and usefulness. For example, they report that alumni are networking with greater ease, sharing best practices, presenting on panels and joining committees. CEOs even rate the Program’s contribution to alumni’s networking effectiveness slightly higher than alumni themselves, which may be in part due to CEOs’ appreciation for the networking benefits that accrue to the broader organizations (Exhibit 22).

Exhibit 22
The Program’s Overall Contribution to Networking



SPOTLIGHT ON EMERGING LEADER PARTICIPANT'S CLI PROJECT: MARICELA GUTIÉRREZ AND TIBURCIO VASQUEZ HEALTH CENTER, INC.

Maricela Gutiérrez, Director of Youth Health Services at Tiburcio Vasquez Health Center, Inc. (TVHC), developed a CLI Project (CLIP) that has had a lasting impact on her health center and the population it serves in Southern Alameda County. While determining how to focus her CLIP as a Cohort 3 Emerging Leaders Program (the Program) participant, Maricela identified a critical gap in the population that her health center served. TVHC's Youth Health Services Department (the Department)—which runs two health centers and provides medical and health education services—was limited to serving teenagers, while many young people over 18 in the health center's service area were without healthcare. "They were a population in limbo with respect to access to healthcare." To address this considerable need, Maricela presented her vision of expanding health center supports to older youth, persuading her organization's leaders to support the endeavor as the focus of her CLIP.

Once she secured project buy-in, convincing TVHC's executive team of the importance of reaching a broader youth population, Maricela began to lead a number of changes throughout the Department. School health center hours were

"I didn't have health insurance, [but] the Mobile Health Van provided the opportunity to take care of my health needs right on site on my school campus. Whenever I have any health questions I know where to go. It has been a great thing for my school."

– 16-year-old student, Hayward, CA

extended, from three to five days a week, and new services were offered, such as on-site distribution of birth control. By redefining the target population, healthcare became available to youth and young adults ranging from the ages of 4–26. Further, the Department began to offer supports for the first time through a mobile van, expanding access to additional school sites and churches, among other locations.

Maricela credits the Program—particularly the guidance from staff, her coach and peers—as critical to the success of the Department's expansion. "My participation in CLI was the catalyst which helped launch

this expansion and integration model." Essential to the CLIP's success was the alignment of Maricela's vision with TVHC's strategic plan and involving related departments in brainstorming and problem solving. The importance of ongoing evaluation—assessing progress against goals and identifying mid-course refinements—was also a key lesson learned.

"My CLIP has continued to flourish [since I completed the Program] by expanding our vision to serve hard-to-reach populations, such as transition age youth, newly arrived immigrant youth, and out-of-school youth and their families."

– Maricela Gutiérrez, Alum

Four years after Maricela launched her CLIP, the expanded youth services remain intact, continuing to meet the needs of local youth. The CLIP has had other outcomes as well, having brought greater legitimacy to the school health center model at TVHC and inspiring future mobile health services for her agency. Maricela is proud of the department's growth, and continues to lead her department in building on the CLIP's success.

IMPACTS ON ORGANIZATIONS

The Program has had additional impacts—beyond the benefits of the CLI network—on organizations’ leadership and overall capacity¹⁹ (Exhibit 23). As noted on page 7, the Program did not anticipate having a large impact on either the alumni’s organizations or the field; however, as a result of the alumni’s increased leadership knowledge, skills and networks, there is evidence of impacts on their organizations. These impacts generally occur through alumni’s application of enhanced knowledge and leadership skills (e.g., “big picture” thinking, communication); the sharing of new tools and practices with other staff (e.g., Plan-Do-Study-Act cycles, data dashboards); the CLIPs (e.g., increased operational efficiency, greater access to care) and the organizations’ expanded networks through alumni as mentioned in the previous section. See the profile on page 22 for a detailed example of an alum’s CLIP and its impact on their organization.



Sponsoring or employing more than one Program alum at an organization can have a “multiplier” effect on the alumni’s leadership growth, as well as on their organization.²⁰ In fact, the majority of alumni and CEOs who have worked with multiple alumni at the same organization heartily agree that there is a substantial positive contribution to overall leadership capacity.²¹ Alumni and CEOs note that close working relationships among the alumni, the development of a “common language,” a “critical mass of skills,” and mutual support and sharing of Program learnings all help accelerate changes in individual and organizational leadership capacity. See the profile on page 24 for a detailed example of the impact of multiple alumni at one organization. However, there are some cases where the “multiplier effect,” is not leveraged to its full extent for a variety of reasons. For example, organizational leaders do not always fully understand the value of employing multiple alumni, there aren’t enough opportunities for multiple emerging leaders to take on higher-level responsibilities, alumni work in different departments or sites, or alumni may just “lack synergy” with their personalities, like with any other colleague.

“Having more than one participant go through the Program creates a common language and tools that we have then used internally for staff development.”

– CEO

SPOTLIGHT ON NEIGHBORHOOD HEALTHCARE: EMPLOYING MULTIPLE EMERGING LEADER PROGRAM PARTICIPANTS

In 1969, Neighborhood Healthcare opened its doors at just one modest site in Escondido, California. Forty-five years later, the health center has 10 sites throughout San Diego and Riverside counties, serves over 67,000 people annually, and employs a staff of almost 600. Though much has changed at the health center over the years, professional development for staff has remained a consistent priority. It is not surprising, then, that the health center has sponsored a total of four Emerging Leaders Program (the Program) participants—beginning with the inaugural cohort in 2008—and hired one additional Program alum.

Tracy Ream, the health center's CEO and an advisor to the Program since its launch, chose to sponsor several participants because, "In the midst of growing, we needed to increase leadership ability at multiple levels in the organization." The Program was accessible, tailored to meet the needs of health center staff, and focused on cultivating an in-depth understanding of leadership—which Ream was not able to find elsewhere as the health center worked to grow leaders from within.

“We didn’t have to send every person to the Program. We have benefited from having a core group of alumni who are permeating the organization with so much from what they have learned It permeates down throughout the organization to their colleagues and peers.”

– Tracy Ream, CEO

Their experiences allowed the alumni to be the main drivers of a recent collaborative undertaking, which resulted in achieving a Patient-Centered Medical Home level three designation for one health center site.

Following this successful endeavor, the group of alumni is now leading efforts to achieve the same designation at eight more health center sites.

For this group, the Program stressed the importance of building relationships with each other, colleagues in their own organization and colleagues throughout the field. These alumni find comfort in knowing they are surrounded by colleagues who have open minds and good, innovative ideas and can help each other move their health center forward. Ream notes how they “can support each other and keep many of the habits, insights and freshness that they got from each other alive.”

Based on their shared Program experience, a group of health center peers, who participated in different cohorts, now speak a similar language, see things through a similar lens, have a broader set of skills and feel more supported in their work. The alumni have become stronger, more strategic and confident leaders. Equipped with learnings from their CLI Projects, strategic planning skills, the ability to make data-informed decisions and strong self-awareness, the alumni continue to apply what they have learned and lead their colleagues through more effective processes.

“The Program gave us well-rounded knowledge of the operations, management and financial aspects of the health center; it built our skills to help us in the critical areas of leadership and management...It’s really helped us move forward with the many improvements and changes we need to make in the areas of patient experience, PCMH designation and transforming care delivery.”

– Amparo Mahler, COO, Alum

IMPACTS ON THE COMMUNITY HEALTH CENTERS FIELD

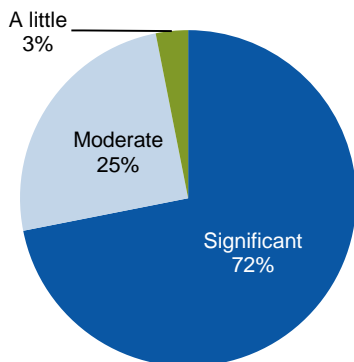
Overall, CEOs and other stakeholders in the field indicate that the Program has helped contribute to a more robust, resilient community health centers field in California (Exhibit 24). Over time, the Program’s impacts on alumni and their organizations have amassed at the field level, ushering in the next generation of connected, capable leadership.

Exhibit 24
CEOs’ Ratings of the Program’s Contribution to Improvements in the Health Centers Field Since 2008
 (n=30–32)



CEOs and stakeholders note that the Program has had additional positive impacts on the broader healthcare safety net—in particular, the CLI network’s reach and effectiveness has extended to other individuals and organizations caring for the underserved (Exhibit 25). The larger pool of field leaders and more connected network benefit the greater good, as Program-trained leaders exercise and transfer their skills, knowledge and field-level perspectives among a broad array of safety net partners and organizations.

Exhibit 25
CEOs’ Ratings of the Program’s Contribution to the Broader Safety Net Network
 (n=32)



“The Program has created a pool of candidates that are committed to community health centers and are eager to serve. Their thinking has been refined, and they have learned key executive skills.”

– CEO

PROGRAM IMPACTS: IN THE WORDS OF HEALTH CENTER CEOS & STAKEHOLDERS

“Our alumni are well grounded in their learnings from the Program and share these learnings with other staff who have not experienced the Program. They are willing to bring new approaches to old issues, which allow us all to think in new ways.”

“The Program has been invaluable in helping develop the new leaders at our community health center and in the community health center movement. It prepares us to serve our communities better, as health centers play a much more significant role in delivering care to our communities.”

“I’m seeing many of the alumni moving to the ‘C-suite’...We’ll see more of that happening in the next five years or so. I think that pipeline has been created, and it’s good.”

“The Program has given us hope—a new generation of leaders, and that’s really important. [When] we leave the community health centers field, there will be someone that can carry on the mission—and it will be someone that has all the experience and knowledge.”

LOOKING AHEAD

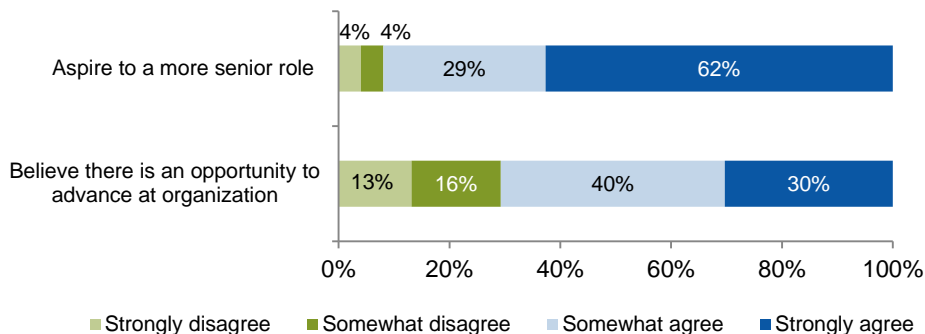
Looking to the future, most alumni aspire to assume more senior roles; however, they are less certain about the opportunity to advance at their current organizations (Exhibit 26). Alumni say opportunities for movement may be restricted because current leaders are not ready to move out, there is limited upward mobility due to their organizational structure or current position level, or they may not desire a higher-level position (particularly the CEO role); CEOs note similar barriers to advancement, and add that some alumni do not yet exhibit readiness in terms of confidence or skills. Alumni who work at larger organizations are more likely to report that they will have opportunities to advance into more senior roles at their organizations, as compared to alumni who work at smaller organizations.²² CEOs report that, even if there are limited opportunities for advancement at their organizations, many alumni are well positioned to move to more senior positions at other organizations.

“I really enjoy operations and systems, and [in my position] I am about as senior as I could be in a relatively large organization. I always want opportunities to grow... but I am not entirely sure at the moment that I would want to become a CEO.”

– Alum

Exhibit 26
**Gap Between Alumni's Aspirations & Perceptions
 Related to Advancement at Their Organizations²³**

(n=92)



“I think that the alumni come back [from the Program] with better skills, but there are not always immediate openings to move those people up in the ranks.”

– CEO

CEOs are optimistic about the future leadership of California’s health centers field overall; however, CEOs and alumni are less confident about their own organizations’ ability to prepare and promote emerging leaders (Exhibits 27 and 28). In large part thanks to the Program, CEOs and stakeholders are reassured that there will be a strong line of candidates for executive positions as they open in the field. Although the Program has helped draw attention to individual

organizations’ needs to prepare, advance and retain up-and-coming leaders in order to create a “strong leadership bench,” this is a “work in progress” at many organizations.

Exhibit 27
**CEOs’ Confidence About the
 Future Leadership of the Health
 Centers Field²⁴**

(n=35)

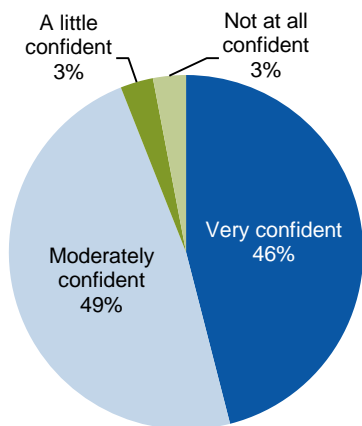
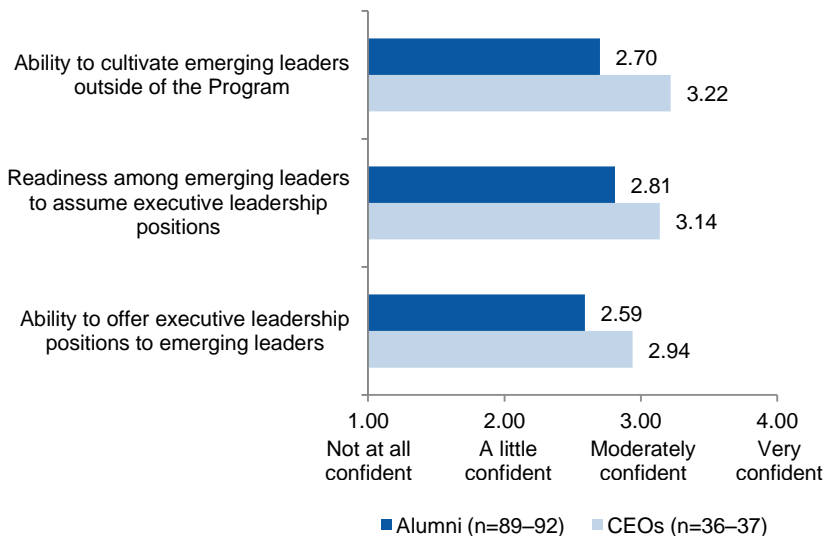


Exhibit 28
**CEOs’ & Alumni’s Confidence about their
 Organizations’ Leadership Capacity**



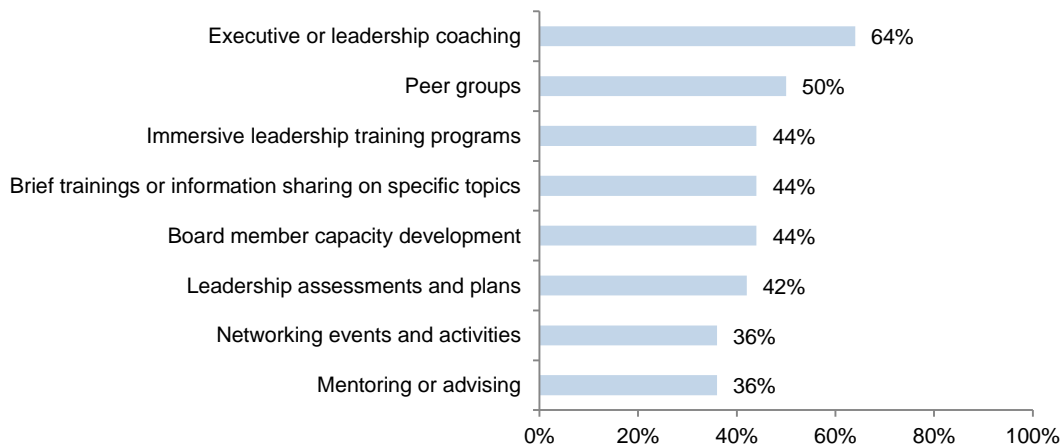
Ongoing training and support is needed to sustain leadership capacity among Program alumni, organizations and other professionals in the field. CEOs and stakeholders cite a few different supports that could be helpful to further equip current and future leaders with the skills they need. Regardless of who provides these supports—organizations, the Program or others supporting the field—CEOs and stakeholders feel that these would help further address leadership gaps in the field. Exhibit 29 shows the specific leadership development needs in the health centers field as identified by CEOs.

TOPICS OF INTEREST FOR FURTHER KNOWLEDGE & SKILLS DEVELOPMENT

- External influences, evolutions and trends relevant to the health centers field
- Healthcare innovation and creative problem solving
- Health center operations and business
- Negotiation skills and conflict management
- Financial management (e.g., payment reform, fundraising)
- Health IT and data analytics
- Change management
- Communication and collaboration
- Board management
- Consumer and staff engagement

- **Executive or leadership coaching** to help current and emerging leaders enhance their leadership skills and ability to adapt and innovate.
- **Regular trainings** for multiple levels of leaders, including emerging leaders’ skill refreshers, as well as more advanced training for mid-level managers or experienced leaders.
- **Mentoring programs**, either among peers or with more established leaders to help healthcare safety net professionals share and learn from others working on similar issues or in similar circumstances.
- **Active professional networking opportunities** that can expand and support the Program’s network in the longer term, so that professionals throughout the field can continue to share successes, challenges and resources.

Exhibit 29
CEOs’ Ratings of Leadership Development Needs in the Health Centers Field²⁵
 (n=35)



LESSONS FOR THE FIELD

Given the tremendous success of the Program, it is important to share learnings so that those who are interested in supporting or developing other leadership development efforts—whether for emerging leaders or other groups—can benefit from this experience. Below, we at Informing Change share lessons learned from our experience evaluating the Emerging Leaders Program, as well as our experience with other nonprofit leadership efforts. These lessons are based on areas where the Program had success and areas where they encountered and addressed challenges.

Considerations for Designing Effective Programs

- **Design a program that addresses the unique needs of the given field.** Tailor program curricula to respond to specific needs of the field, and build skills needed in the particular environment in which participants are working. For example, the Program made sure to incorporate lessons on the history of the community health centers movement, as well as the implications of healthcare reform, to provide participants with the appropriate context for applying their leadership skills.
- **Clearly articulate the goals, strategies and desired outcomes of the program—and how and when they will be met.** Put together a clear framework that lays out program expectations, such as a theory of change, and revisit it periodically to respond to real-time feedback and changing contexts. Even terminology or expected outcomes that seem clear at the start of the program may need further clarification once the program is implemented. For example, the Program learned that different organizations define senior team, management team and C-suite leadership in different ways and thus have different conceptions of leadership advancement.
- **Decide if the program will support a participant network.** Determine if the program will have a network component after participants' graduate since this will often require more intentional support and facilitation. By making a decision early on in the program, resources can be set aside for the network and recruitment and programming decisions can be influenced by the expectations of building a network. For example, the Program brought a small group of participants together in regional "Pods" or peer networking groups, which helped to jump start participants' networking. In addition, they set up an online site for participants to connect and share resources across the state. Given that networks grow organically, it is especially important that staff stay in tune with the program participants' needs and adjust their support as the network matures and evolves over time.
- **Define and refine selection criteria, and pay attention to diversity.** Use readiness assessments or colleague input where helpful to identify appropriate candidates, and determine common characteristics associated with successful participants to inform future recruitment strategies. Further, determine the priorities for diversifying the target population, and examine demographic and background data to ensure that the program will adequately reach a range of groups and areas (e.g., based on ethnicity, gender, geography, position types). Selection criteria are not always clear-cut and may need some trial-and-error testing. For example, the Program staff needed to find proxy indicators for their selection criteria since "emerging leaders" cannot simply be identified by job title or years of experience.

- **Determine the ideal breadth and depth of program reach.** If the program wants to reach a wide geographic area, recruiting participants from multiple counties and regions would be advised; however, if the program wants to have deeper impact in particular regions or organizations, consider selecting multiple participants from the same organization. Throughout the Program, this was an ongoing tension, given the desire to impact leadership at both a statewide and an organizational level; overall, the Program aimed to touch as many health centers as possible, though they did train multiple participants from some (typically larger) organizations.
- **Offer an appropriate amount of complementary and mutually reinforcing supports.** Offer both didactic and experiential learning opportunities, within individual and group settings, to meet the needs of varying types of learners. In addition, facilitate and nurture connections among active participants and alumni. The Program’s full suite of supports helped participants grow their leadership beyond more traditional in-person trainings, the 18-month timeframe allowed participants the time to absorb and apply learnings, and alumni programming extended the reach of the network and Program supports.

Considerations for Supporting Organizations to Foster Leadership

- **Engage participants’ CEOs and supervisors.** Since program participants do not work in siloes at their organizations, it is important to involve direct supervisors and CEOs to set expectations for program requirements (e.g., time and financial commitments from participants and sponsors), areas to be covered in the curriculum and anticipated impacts. This helps sponsors protect participants’ time for program participation, identify opportunities for participants to take on new responsibilities, and cultivate complementary supports for participants’ development and advancement. This may include identifying ways for individuals to express their leadership in current roles (e.g., representing the health center at field-level meetings, starting new organizational projects), which is especially important when more senior positions are not immediately available.
- **Support organizations’ abilities to prepare for and work through leadership transitions.** Many organizational leaders do not have experience cultivating and preparing leaders to move into more senior positions in their organizations. Similarly, leadership succession planning is still relatively uncommon in many nonprofit organizations, despite its importance. Focused, and usually small, supports (e.g., executive coaching, mentoring relationships, team coaching, succession planning) can help position organizations to plan for and facilitate positive and timely transitions.

Considerations for Strengthening Field-wide Leadership

- **Accelerate program impacts at the organizational and field level.** Since many leadership programs work primarily “through” participants, these types of impacts typically accumulate at a slow rate. Invest in supports that have the potential to catalyze change at multiple levels, such as hosting regional networking events or supporting projects which involve cross-organizational collaboration. The Program strengthened the organizational project component (CLIPs) over time to inspire more ambitious and lasting changes in sponsoring organizations and to support and disseminate new practices that could elevate the field.

- **Promote a field-wide view when working on participant recruitment, development and retention.** Focus on the retention of trained leaders in their organizations as applicable, but also encourage a more expansive view that recognizes the mobility of leaders as an asset to the larger field. In the early stages of the Program, this involved ongoing reminders of the potential field-level benefits to assuage concerns about losing staff after training; CEOs serving as Program advisors were particularly instrumental in advocating this field view among their peers.
- **Discuss leadership needs throughout the field to promote greater awareness of and support for career pathways.** Since any one entity can only address a portion of the array of leadership needs in a given field, it is important for funders and program staff to engage other allies and stakeholders in conversations about how to address these needs collectively. Pay special attention to where new or additional supports could fill gaps (e.g., focused resources for succession planning), as well as ways to leverage existing supports. For example, the Foundation launched the CLI Ex² and nEXt programs to complement and build on the Emerging Leaders Program; organizations that took part in more than one of these programs benefited from the expanded range of support.

CONCLUSION

As the healthcare landscape continues to undergo significant changes, it remains critical that competent and confident leaders provide guidance and vision to community health centers and other healthcare safety net organizations. The Clinic Leadership Institute's Emerging Leaders Program has greatly contributed to developing this cadre of new leaders who are, and will continue to be, tackling unexpected challenges, leading complex and changing organizations, and collaborating with diverse individuals and organizations. These alumni, with their strengthened leadership, are well positioned to contribute to the viability and sustainability of the community health center field long into the future.

ENDNOTES

- ¹ https://www.compasspoint.org/sites/default/files/docs/research/5_daring.pdf and https://www.compasspoint.org/sites/default/files/docs/research/521_readytolead2008.pdf.
- ² The Foundation maintains responsibility for funding and overseeing the overall program, while the Center administers the program (e.g., curriculum development, faculty and speaker recruitment, program marketing).
- ³ Throughout this report, the terms “community health centers” and the “community health centers field” encompass a range of health center types, including regional or statewide health center organizations in California.
- ⁴ Suggestions for Program refinement were offered by the evaluation team and incorporated by the Foundation and Program staff on an ongoing basis, so detailed findings are not included in this final report.
- ⁵ The number of respondents to each survey question may vary for two reasons: 1) throughout the years, the surveys were updated to add or remove certain questions based on the Program’s information needs, and as a result, not every question was asked of each respondent; and 2) respondents who marked “don’t know” or “not applicable” to questions were removed from the analysis.
- ⁶ The Program admitted a small number of participants who were already CEOs in early cohorts. However, as the Program made refinements, they did not admit applicants holding CEO positions in future cohorts.
- ⁷ Only one person from each health center is eligible for program participation per Program cohort, though multiple staff from the same health center may be selected across cohorts.
- ⁸ Although respondents were asked to reflect on the overall impact of all CLI programs, including nEXt and Ex², they are most familiar with the Emerging Leaders Program.
- ⁹ The number of clinic sites is self-reported by participants; this question was not asked of Cohort 1 participants.
- ¹⁰ The number of full-time equivalent staff and operating budget are taken from organizations’ IRS form 990s, obtained via www.guidestar.org.
- ¹¹ The ratings scale ranges from 1 “significant development need” to 5 “exceptional strength.” Findings for “knowledge and understanding” and “confidence” come from participant and colleague surveys administered by Informing Change and are not available for supervisors. The skill ratings include survey data collected by Informing Change for Cohorts 1–2 alumni and their supervisors and similar data collected via UCSF’s Mercer360 (formerly Censeo 360^o) survey for Cohorts 3–5 alumni and their supervisors.
- ¹² Respondents could select one or more answer choices.
- ¹³ Three alumni advanced to become CEOs of health centers, but then transitioned into a different role and organization, and four alumni began the Program as CEOs. These CEOs are not included in this figure.
- ¹⁴ A total of 61% of alumni who remained at their sponsoring organizations report that they are currently on the senior leadership team versus 41% of alumni who are no longer working at their sponsoring organization.
- ¹⁵ This graph shows the cumulative percentage of participants who have advanced into a more senior role since beginning the Program. It does not account for individuals who may have moved into a senior position more than once. The four participants who began the Program as CEOs are excluded. To account for years when an alum did not respond to the annual survey, the missing response for that particular year is inferred based on their previous and/or subsequent year’s survey response.
- ¹⁶ Alumni at larger organizations (budget of ≥\$10 million) report more growth in their responsibilities (mean rating: 3.44) versus alumni who work at smaller organizations (budget <\$10 million) (mean rating: 2.84).

- ¹⁷ These data draw on both the alumni's most recent survey response, as well as updates from Program staff.
- ¹⁸ This graph excludes 12 alumni who report no increase in their commitment, or who are no longer working in the healthcare safety net.
- ¹⁹ Alumni who have an education of an associate or bachelor's degree report higher Program contribution ratings to their organizations' improvements (mean rating: 2.89) versus alumni who have an education level of a master's degree or higher (mean rating: 2.39).
- ²⁰ For example, CEOs at organizations with multiple alumni report, on average, a stronger Program contribution to organizational improvements as compared to CEOs with only one alum (mean rating across the organizational improvement variables is 3.00 versus 2.54, respectively).
- ²¹ This question was asked only of those alumni (n=64) and CEOs (n=21) who reported working in organizations that sponsored or employed multiple alumni. Most of these alumni (79%) and CEOs (76%) reported that the organizational contribution of having multiple alumni was "moderate" or "significant."
- ²² A total of 81% of alumni at large organizations (budget of \geq \$10 million) versus 60% of alumni at small organizations (budget $<$ \$10 million) believe they will have an opportunity to advance at their current organization.
- ²³ This graph does not total 100% due to rounding.
- ²⁴ This graph does not total 100% due to rounding.
- ²⁵ Respondents could select one or more answer choices.

Appendix: Data Collection & Analysis

Informing Change began data collection for the Clinic Leadership Institute Emerging Leaders Program (the Program) in June 2008 and has collected data on a regular basis through November 2014 (Exhibit A1). Throughout the years, Informing Change has analyzed the data and reported findings to the Blue Shield of California Foundation (the Foundation) and UCSF’s Center for Health Professions (the Center) to inform Program adjustments and refinements. This appendix provides an overview of the evaluation data collection and analyses.

Exhibit A1

THE EMERGING LEADERS PROGRAM EVALUATION: DATA COLLECTION BY YEAR & COHORT

	2008	2009	2010	2011	2012	2013	2014
Cohort 1 (Jan 2008–Jun 2009)	Initial participant focus groups	End-of-program participant & colleague survey & interviews	1st follow-up alumni survey & interviews	2nd follow-up alumni survey & interviews	3rd follow-up alumni survey	4th follow-up alumni survey	5th follow-up alumni survey
Cohort 2 (Jan 2009–Jun 2010)			End-of-program participant & colleague survey & interviews	1st follow-up alumni survey & interviews	2nd follow-up alumni survey	3rd follow-up alumni survey	4th follow-up alumni survey
Cohort 3 (Jan 2010–Jun 2011)				End-of-program participant & colleague survey & interviews & direct supervisor data from the Center	1st follow-up alumni survey	2nd follow-up alumni survey	3rd follow-up alumni survey
Cohort 4 (Jan 2011–Jun 2012)					End-of-program participant survey & direct supervisor data from the Center	1st follow-up alumni survey	2nd follow-up alumni survey
Cohort 5 (Jan 2012–Jun 2013)						End-of-program participant survey & direct supervisor data from the Center	1st follow-up alumni survey
Cross-Cohort (2008–14)				CEO & stakeholders survey & interviews			Final CEO survey Interviews & focus groups with alumni, CEOs & other stakeholders

DATA COLLECTION METHODS

Surveys

Informing Change administered a variety of surveys to different types of respondents throughout the years, including:

- **Alumni Survey (2010–14):** A survey of Emerging Leaders graduates, conducted annually. This report includes the most recent survey response available from 116 participants in Cohorts 1–5 (94% response rate).
- **End-of-Program Participant Survey (2009–13):** A survey administered approximately two months after each cohort's graduation from the Program. This report includes some data from 114 participants in Cohorts 1–5 (92% response rate).
- **End-of-Program Colleague Survey (2009–13):** A survey administered to up to three colleagues (e.g., supervisors, CEOs) of Cohorts 1–3 participants approximately two months after each cohort's graduation from the Program.
- **CEO Survey:** Two surveys, administered in 2011¹ and 2014, to CEOs of community health centers that sponsored and/or employ(ed) Emerging Leaders. This report includes data from the 2014 survey, which had 41 CEO respondents (49% response rate).

Interviews & Focus Groups

Informing Change conducted 137 phone interviews and 9 focus groups with 55 participants to gather qualitative information about the Program's design, implementation and impacts. These conversations were held with participants during the Program (and alumni once they graduated), their colleagues, CEOs of community health centers, stakeholders (e.g., funders and experts in the health centers field) and program implementers (e.g., staff, coaches, advisors). In addition, Informing Change also held an online discussion with 17 alumni about their CLIPs.

	Interviewees	Focus Group Participants
Participants and Alumni	44	39
Colleagues (e.g., CEOs, supervisors)	63	0
Stakeholders	30	0
Program Implementers	6	16
Total	137	55

Observations

Informing Change attended and observed various Program events throughout the course of the evaluation to see how participants and alumni interacted together and responded to the curriculum. Observed events included Program seminars, graduations and alumni events.

¹ This 2011 survey also included stakeholders (e.g., funders and experts in the health centers field).

Materials & Secondary Data Review

Various reports, Program materials and secondary data were reviewed and analyzed for this evaluation. For example, Informing Change reviewed Program seminar agendas, curricula and assignments; the online forum for alumni; CLIP posters; Foundation board updates; and participant marketing, recruitment and selection materials. In addition, in 2011 the Center began administering its own 360° assessment called the Mercer360 (formerly Censeo 360°) to the direct supervisors of Cohorts 3–5 participants. This assessment was administered prior to and after the Program, so Informing Change began using and analyzing these data about participants' competency levels instead of asking similar information in a survey.

Input from Advisory & Working Groups

Informing Change provided updates to and received input from the Emerging Leaders Program's Working Group, which consisted of community health center leaders across the state. The Working Group was established to provide advice on the Program's design, course topics, content and participant selection. Informing Change also worked with an Evaluation Advisory Group composed of Foundation staff, Center staff and consultants to receive Program updates and feedback on the evaluation.

ANALYSIS

All existing and primary data was synthesized, organized and analyzed in one of two datasets—quantitative or qualitative. Data coding and analysis for both datasets aligned with the evaluation questions.

The data for this report primarily draws on alumni, CEOs and stakeholders' most recent reflections on the Program. While we draw on other historical data throughout the report, alumni's quantitative data are drawn for their most recent response to the annual post-program survey; CEO's quantitative data are drawn from their 2014 survey responses. Therefore, most data are reported from 2014; for example, if a Cohort 2 alumna responded to the annual survey in 2010 and 2014, the 2014 response replaces the previous year's response. However, if a Cohort 2 alumna only responded in 2009 and 2010, the most recent (i.e., 2010) response is used in the analysis. In addition, the qualitative analysis for this report is based primarily on the interviews conducted in 2014; however, the findings draw on the historical data as well.

Qualitative data from the interviews, surveys and document review were analyzed using NVivo, a qualitative analysis software. Informing Change developed a coding structure based on the evaluation questions. Quantitative survey analysis was conducted using SPSS, a statistical analysis software. The number of respondents to each survey question ($n=X$) vary for two reasons: 1) throughout the years, the surveys were updated to add or remove certain questions based on the Program's information needs, and as a result, not every question was asked of each respondent; and 2) respondents who marked "don't know" or "not applicable" to questions were removed from the analysis. After the first phase of analysis, looking at basic means and frequencies across the survey variables, Informing Change also examined differences between and among different groups. These groups included:

- Number of participants at an organization (one alum or more than one alumni);
- Organizations' budget size (budget of \geq \$10 million or $<$ \$10 million);
- Cohort (Cohort 1, Cohort 2, Cohort 3, Cohort 4, Cohort 5);
- Level of education (high school or less, associate's or bachelor's degree, master's or doctorate degree); and
- Employment status at sponsoring organization (whether or not currently working at sponsoring organization).

Differences among groups that were significant and relevant are mentioned in the report and footnoted. The final phase of synthesis and interpretation brought both quantitative and qualitative findings together and took place in a collaborative manner. Assessment team members generated internal findings summaries which went through an internal iterative review process to identify the most salient findings and learnings from all data sources to then focus, refine and tighten key findings.

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