RURAL ACCESS TO LEADERSHIP DEVELOPMENT IN CALIFORNIA: NEEDS AND OPPORTUNITIES

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Summary

Nationwide experts on rural health assert that leadership training would benefit health and health care in rural communities. Most available leadership development programs for health care leaders in rural and border regions of California are year-long hybrid or virtual only. Existing programs have defined curricula with a focus on communication and operational skills and include professional networking. Some programs are for employees of specific organizations or associations, while others include employees in specific roles from different organizations. Program costs vary and are often subsidized by grants or sponsorships so that participants' organizations do not pay for staff to attend.

Based on an environmental scan and key informant interviews, leaders in these regions desire access to affordable leadership development opportunities that build skills and connections among peers across organizations. Programs with the following features may help address some of the identified needs and challenges: (1) Three to six-month hybrid program (a combination of virtual and in-person sessions) with a defined curriculum, peer networking, executive coaching, and a 360-feedback assessment and (2) Curriculum content including: navigating conflict, persuading and influencing others, increasing resilience, and leading others through organizational change.

Context

This project set out to **identify strategies to increase access to leadership development for new and emerging health care leaders who reside in California's rural and southern border regions**. The 2006 Institute of Medicine report on *Quality Through Collaboration: The Future of Rural Health* found that leadership training programs would benefit rural communities by building the strong leadership necessary to achieve improvements in health and health care in rural communities.[1] Since then, the increased complexity and pace of change in health care continue to demand a need for leadership skills. The National Rural Health Resource Center works with rural hospitals across the country and found that providing leadership education and training to managers in rural hospitals is one mechanism to support leading changes in health care.[2]

The findings of this report were informed by an environmental scan of existing leadership development programs to identify what programs were available, the content being taught, how the program was being delivered, and costs. The scan was supplemented with key informant interviews of decision makers in health care organizations in rural and southern border[3] regions.

Existing Leadership Development Programs

We conducted a scan of existing leadership development programs for health care workers in rural and border regions in California and nationwide. The programs were identified through online searches as well as websites of the National Rural Health Association, National Rural Health Resource Center, and Rural Health Information Hub. The 21 programs identified are summarized in Appendix 1; five based in

[1] https://nap.nationalacademies.org/read/11140/chapter/2#5

[2] https://www.ruralcenter.org/resource-library/managing-from-the-middle-leading-through-change

[3] Rural California counties are those defined as such by the Health Resources and Services Administration (HRSA) - https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf. The southern border region includes San Diego and Imperial counties.

California, seven available in states other than California, and nine national programs available to individuals in California.

Audience and eligibility

The audience and eligibility vary among training programs. Some focus on employees of specific organizations or associations, while others target individuals in specific roles. Eight (38%) of the 21 programs explicitly focus on early- or mid-career professionals. In California, three of the five programs target new and emerging leaders.

Program components and curriculum

Based on available descriptions, programs have defined curricula that focus on two categories of skills:

- **Leadership and communication skills,** including topics such as capacity building; strategic planning; developing, and implementing a vision; establishing a succession plan; improving organizational culture; engaging community; improving community health; navigating conflict; leading through organizational change; and navigating the healthcare environment.
- **Health center operations**, focusing on knowledge such as human resources; health information technology; finance and payment reform; regulatory compliance; implementing and scaling innovations; navigating competition; and quality improvement.

Three (14%) programs include curricula on health equity, public health, or advocacy.

All programs include networking opportunities and some (9, 43%) also offer a mentoring opportunity. Few programs require completion of a project (6, 29%). Training programs rarely include executive coaching, personal assessments, development of professional goals and associated action planning, or opportunities to job shadow, do community service, or attend relevant conferences.

Duration and training mode

Programs range from two days to two years, with most programs spanning one month to two years (16, 76%). During the COVID-19 pandemic, many programs switched from in-person to virtual or hybrid (in-person and virtual) modes of training. Hybrid programs are the most common (8, 38%), followed by virtual only (6, 29%) and in-person (4, 19%) programs. Participants in hybrid programs meet in-person one or two times over the course of the program, usually at the launch and/or end of the program. Three programs (14%) did not report a mode of training.

Cost

Cost information is incomplete because some programs are supported by grants or sponsorships that subsidize the cost for participants and/or their organizations while others do not. Reported costs to participants or their sponsoring organizations range from free to $9,000. Appendix 1 includes a comparison of available program cost, duration, mode of delivery, and grant support.

Key Informant Interviews

To ensure a diverse selection of interviewees, we sought individuals based on geography (e.g., Northern and Sierra counties, San Joaquin Valley) or specific types of organizations (e.g., community health centers, professional associations, public health entities). We also sought to interview individuals

from variety of roles (e.g., chief executive officer, chief medical officer, public health officer). We interviewed a total of 14 individuals representing 13 organizations. Appendix 2 includes the full list of interviewees. We were not able to recruit Native American health care organizations despite multiple efforts.

Interviews were conducted using a structured interview guide[4] and included questions to understand challenges faced by new and upcoming health care leaders in the geographic region, whether leadership development training would help address some of those challenges, and reactions to sample leadership development programs. Each interview was led by a two-member team, summarized in written notes, and then analyzed for themes, which are shared below.

Key Findings

Health care leaders in rural and border regions of California identified the following challenges for new leaders and opportunities for addressing these challenges with leadership programs.

Table 1. Themes and Recommendations Identified by Interviewees

Interview Themes
Staff who would benefit most from leadership development training: • Clinicians entering management or at the director level • Generally mid-career, reporting up to C-suite, and having <5 years of experience
Rural health care organizations are experiencing: • Leaders with gaps in skills and confidence • Limited opportunities for career progression for staff • Challenges in identifying the right people for leadership opportunities • Challenges in staff recruitment and retention, resulting in limited release time to attend trainings
A leadership development program might: • Encourage retention • Train dedicated, mid-level staff who can be promoted within a couple of years • Allow for peer-to-peer learning across counties and institutions • Improve outcomes in quality of care, teamwork, and business operations
Rural health care organizations want to see leadership development programs that offer: • Short duration (3–6 months) with a set curriculum, peer-to-peer networking, executive coaching, and a 360-degree feedback assessment • Impart highly desired leadership skills such as: navigating conflict, persuading and influencing others, increasing resilience, and leading others through organizational change • Hybrid programs that encourage in-person networking while limiting travel time • Costs <$10,000 per participant

Challenges faced by rising leaders

Key informants shared several challenges faced by new and upcoming leaders in their geographic region including organizational issues, gaps in skills, and career opportunities,

[4] Interview guide available upon request.

Organizational challenges

Staff shortages and retention

All interviewees cited environmental challenges as barriers to leadership development for staff. Nearly one-third described difficulty retaining staff, noting that increases in workload during the pandemic has led to increased burnout among staff. Many organizations also reported losing staff who opted for remote jobs and or higher pay. A few interviewees work in organizations with affiliated residency and training programs that attract new physicians and nurses to their geographic region. However, these programs are perceived to contribute to a "revolving door of [clinicians] coming in and out" of the organization, as clinicians leave after completing their training.

Two interviewees mentioned a tension between promoting staff from within the organization and hiring external candidates. They note that while external candidates are difficult to recruit, these candidates are perceived to be more likely have the needed leadership skills and experiences. This route, however, fails to support a culture of promoting leaders from within the organization. Five (38%) of interviewees discussed viewing leadership development as a long-term investment and recruitment and retention tool.

Time and staffing constraints

Five (38%) interviewees, all from community health clinics, mentioned that they are not able to allocate time for clinical staff to participate in leadership development due to patient care needs and financial constraints. These constraints have been exacerbated by the pandemic. Lean staffing also necessitates that one individual takes on multiple essential tasks within an organization, making it more difficult to allow release time because their responsibilities cannot be covered by others.

Gaps in leadership skills

Eight (62%) interviewees identified that clinicians who transition into management roles have gaps in leadership skills including self-confidence. They noted that employee turnover during the COVID-19 pandemic resulted in the hiring or promotion of mid-level managers with limited leadership experience. The skills most often identified as lacking include: understanding finance (88%), operations (50%) and human resources (38%); managing and supporting staff (38%); and confidence in exerting authority as well as self-confidence (38%). Additional skills mentioned by interviewees include knowledge of health care policy, building partnerships with funders and local communities, marketing, change management, and uplifting equity in health care.

Limited opportunities for career progression

Health care organizations in rural areas are often small, which results in fewer leadership roles and opportunities within an organization. One interviewee characterized this situation as, "you're either a clinician, a medical director, or the chief medical officer." Others noted infrequent turnover in leadership, which further limits opportunities for advancing to senior leadership roles.

Interviewees also remarked on the limited number of health care organizations in rural California, which has the impact of encouraging staff to not "rock the boat" or "step out of their lane" because of the lack of other employment opportunities. One interviewee emphasized it takes bravery to be a leader in rural regions, "If you are brave and you are ousted, you have nowhere else to go, so it's scary. You don't have any other career choices. If you're brave, you're a target." Because of this, interviewees

highlighted a need for clinicians to understand opportunities for employment outside one's own organization and additional career paths.

Solutions to challenges for new leaders

All of those interviewed think leadership development training would address some of the challenges for new and upcoming leaders in their geographic region by:

- encouraging retention (4 interviewees, 31%),
- training dedicated, mid-level staff who can develop skills that foster promotion (7, 54%),
- enhancing peer-to-peer learning across counties and institutions (7, 54%), and
- improving outcomes in quality of care, teamwork, and business operations (10, 77%).

Most organizations interviewed (11, 85%) do not have structured leadership training opportunities and rely on external programs, staff huddles, meetings, retreats, and one-on-one check-ins with staff to develop leadership skills among employees. Interviewees note that peer-to-peer learning usually exists within the organization or region but appreciate the value of programs that allow staff members to engage more candidly with others beyond their regional environment to address leadership challenges.

Some organizations (3, 23%) rely on established external programs such as the California Health Care Foundation (CHCF) Health Care Leadership Program, the California Primary Care Association's HealthManagement+ Program, and peer support groups offered by local primary care associations to meet leadership development needs and engage with these programs. Few interviewees (2, 15%) are in organizations with their own "leadership academies" for mid-career staff. Participants must be nominated and they receive training on topics such as executive leadership, teamwork and interpersonal skills, project management, strategy, and finance, operations, and human resources.

Nearly one third (4, 31%) of interviewees agreed that leadership development programs are useful but described struggling to identify "untapped potential." Reasons for this include potential participants may not have the bandwidth to engage in trainings or are experiencing burnout or new employees who are currently not interested in leadership development.

When sharing sample leadership development programs with those interviewed, the following key themes emerged in interviewees responses:

- Focus the curriculum on the following high priority leadership skills, including
  - Navigating conflict
  - Persuading and influencing others
  - Increasing resilience
  - Leading others through organizational change
- Provide training duration with even time to develop relationships
  - 77% of interviewees expressed an interest in three- or six-month leadership development programs
  - They emphasized that participants need enough time to develop relationships with others in the program and to decompress time required to travel to attend sessions

- Ensure that peer-to-peer sharing, executive coaching, and personal reflection/assessments are emphasized
    - 54% expressed interest in executive coaching and a 360-degree feedback assessment
    - 54% of expressed interest in peer-to-peer sharing of challenges
    - Opportunity to connect is more important than the specific content due to the magnitude of challenges staff are dealing with and the associated burnout
- Training costs, especially for smaller community health centers and federally qualified health centers (FQHCs), matter
    - 31% of interviewees did not feel that a 1-week intensive program would be robust enough for the desired growth or learning
    - 54% said a hybrid format (with virtual and in-person learning) would be ideal to encourage in-person networking while decreasing costs and travel time
    - Support from foundations or grants (or other ways to subsidize organization's financial commitment) would encourage organizations to send staff to programs

Recommendations

Based on the key informant interviews, landscape scan, and Healthforce Center's expertise in leadership development for health care leaders, a leadership program with the following characteristics may meet the needs of up-and-coming leaders in rural and border regions of California.

- 3-6-month leadership curriculum focused on key leadership skills (i.e., navigating conflict, persuading and influencing others, increasing resilience, and leading others through organizational change) with reflection exercises
- 360-degree feedback assessment
- Personalized leadership development plan
- Executive coaching
- Professional peer networking
- <$10,000 per participant (provide scholarships or subsidies)

Conclusion

Most existing leadership development programs currently available to new and upcoming health care leaders in rural and border regions of California miss some of the key characteristics and components that interviewees indicated would most help these leaders address their top challenges. A leadership program that provides virtual learning around core topic areas as well as supporting assessments, coaching and connection to peers from other geographic areas is an approach that can help address some of the challenges identified.

Acknowledgements

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About Healthforce Center

At Healthforce Center, we believe that people are the most important element in health care. Our mission is to equip people with the workforce knowledge, leadership skills, and network connections to create a collective force for health, equity, and action. We envision an effective and responsive health care ecosystem that is driving progress toward more equitable health outcomes for all. We provide research, programming, consulting, and evaluation in support of these goals.

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Appendix 1: Summary of Environmental Scan

Table 1. Summary of Leadership Development Programs for Rural Health Care Leaders

Region/State	Program Name	Sponsoring Organization	Duration	Mode of Delivery	Target Audience	Program Components	Cohort Size	Cost	Scholarships/ Financial Sponsors
Alaska	Pathways to Leadership Program	Alaska Native Tribal Health Consortium	9 months	In-person (monthly)	Tribal Health Organization employees at all levels of their career, with or without formal education, seeking to improve their leadership, management, and supervisory knowledge and skills	Monthly core trainings, mentorship, job shadow, executive meeting shadow, community service, networking book club, and group project proposal. At the end of the program, after successfully passing an exam, participants receive a Certified Supervisor Certification, and graduates may choose to receive continuing education (CE) credits or undergraduate credits from Alaska Pacific University.		Free	
Alaska, Idaho, Oregon, and Washington	Northwest Public Health & Primary Care Leadership Institute	Northwest Regional Primary Care Association and the Northwest Center for Public Health Practice	9 months	Hybrid (two virtual sessions, one in-person session)	Mid-career professionals in public health and primary care, particularly emerging leaders working with rural and underserved populations on health care transformation	Curriculum (leadership competencies, collaboration, and public health and primary care issues), project specific to work or organization, mentored by senior faculty with executive experience, and creation of an individual leadership plan. Program has a health equity focus and an understanding of the life-course perspective to frame leadership development.		$3,300	Limited scholarships available
California	San Diego Healthcare Leaders Executive Program	San Diego Organization of Healthcare Leaders	1 month (6 curriculum hours)	Virtual (meets weekly)	Mid-level management healthcare leaders from San Diego	Interactive sessions on health law, revenue cycles, healthcare transformation, hospital policy to enhance management, and operational skills	25	$50	
California	Management and Clinical Excellence Program	Sutter Health	4 months	Hybrid (8.5 days in-person, 4 months virtual)	Employees who are clinical leaders, practitioners, administrators, and other professionals at the director level	Curriculum (process improvement, effective leadership principles and business strategy theory and techniques), consultant and peer-based coaching,		Free (excluding travel and lodging)	Travel and lodging for in-person sessions covered by attendee or

Region/State	Program Name	Sponsoring Organization	Duration	Mode of Delivery	Target Audience	Program Components	Cohort Size	Cost	Scholarships/ Financial Sponsors
						mentorship, and a team-based process improvement project			departmental sponsor
California	Health Leadership Program (on pause)	Sierra Health Foundation	7 months	In-person	Healthcare leaders in Northern California and the San Joaquin Valley	Curriculum on improving effectiveness, quality, financial stability, partnership development, governance and sustainability, organizational outcomes, and impact	26		
California	Leadership Equity Program	California Primary Care Association	10 months	Hybrid (16 virtual sessions, 3 three-day in-person sessions)	Employee of a community health clinic or consortium in California in a mid-level management role, entering C-suite in 1-5 years	Curriculum (anti-racism and racial equity, leadership development, health center operations, and community wellbeing), executive coaching, peer-to-peer learning, capstone project, and capacity-building for their respective community health center executive team and organization		$7,700	Travel and lodging for in-person sessions be covered by participant's employer
California	Health Leadership Academy	UC San Diego (UCSD) Extended Studies	1 year	Virtual (meets monthly)	UCSD faculty leaders	Courses on leading change, improving quality, finance and budgeting, managing healthcare operations, building, and leading high performing teams, strategic planning, managing complex projects, negotiation techniques, and resolving conflict		$9,000	Sponsorship for faculty is offered by the Vice Chancellor for Health Sciences and the Health Sciences Office of Faculty Affairs
Georgia	Georgia Rural Hospital Training	Georgia Rural Health Innovation Center at Mercer University	8 hours	Virtual (on-demand)	CEO and CFO of all hospitals eligible for the Rural Hospital Tax Credit Program are required to complete the training every 2 years	Curriculum (governance, liability and accountability, regulatory considerations, fiduciary responsibility, compliance, ethics, continuum of care, strategic planning, and grants)			

Region/State	Program Name	Sponsoring Organization	Duration	Mode of Delivery	Target Audience	Program Components	Cohort Size	Cost	Scholarships/ Financial Sponsors
Illinois	Rural Health Fellowship	Illinois Critical Access Hospital Network	6 months	Hybrid (meets twice a month)	New and emerging C-suite and C-suite track individuals from Illinois rural health organizations	Collaborative learning curriculum (rural health, operations, finance, and leadership), mentor pairing with an experienced rural health leader through the duration of the Fellowship, building, planning, or implementing a rural healthcare project of choice, and presenting your project at the conclusion of the Fellowship	15	$2,150	$650 scholarships available to members from critical access and small rural hospitals
Michigan	EMS Leadership Academy	Michigan Center for Rural Health	4 days (30 hours of curriculum)	In-person	Rural EMS providers from Michigan	Curriculum ("Moving from Management to Leadership of the EMS Organization", "Showing Up as a Leader", "Moving Your Organization Forward", and "Your Specific Role and Challenges: A Retreat")	26	Free	
Tennessee	Leadership Academy	Rural Health Association of Tennessee	2.5 months	Virtual (6 live sessions, 4 on-demand sessions)	Rural healthcare organizations from Tennessee	Support leaders looking to grow as a leader, influence organizational culture, and become better engaged in their communities	12	$997 for members, $1250 for non-members	
West Virginia	Appalachian Health Leadership Forum	The Center for Rural Health Development	2 days	In-person	Rural healthcare organizations from West Virginia	Governance, community health improvement planning, strengthening capacity	48	$350	
National	Certified Rural Health Clinic Professional Course	National Association of Rural Health Clinics	15-20 hours	Virtual (on-demand)	Directors, clinic administrators, and other rural health clinic leaders	Curriculum (operations, administration and finance, billing and coding, regulatory compliance, and quality). Participants earn a Certified Rural Health Clinic Professional certification.		$450 for members, $600 for non-members	

Region/State	Program Name	Sponsoring Organization	Duration	Mode of Delivery	Target Audience	Program Components	Cohort Size	Cost	Scholarships/ Financial Sponsors
National	New Board Chair Leadership Program	National Association of Community Health Centers	2 months (6.5 hours of curriculum)	Virtual (5-part live series)	New health center board chairs or those about to step into the board chair role at a health center	Training addresses the role of the board chair, board chair-CEO partnership, board meeting facilitation, navigating conflict, and board chair succession planning		$425	Supported by HRSA grant
National	Indigenous Public Health Leadership Program	National Network of Public Health Institutes (NNPHI)	5 months	Hybrid (5 virtual sessions, 1 in-person session)	Early career professionals working with tribal departments of health or in Indian Health Service healthcare facilities	Virtual learning consortium on public health issues impacting AI/ANs, virtual convenings, fully funded invitation to attend NNPHI's annual conference, funding for additional professional development, coaching and networking		Free	Supported by the Centers for Disease Control and Prevention
National	Rural Health Leadership Institute	National Organization of State Offices of Rural Health	6 months	Virtual (12-part live series)	Exclusive to State Office of Rural Health staff	Leadership assessments, support capacity building and reduction in leadership turnover, develop and implement a vision, and establish a succession plan. Participants earn a Certificate of Rural Health Leadership.	60	$1,000	
National	National Rural Health Leadership Virtual Residency Program	Rural Wisconsin Health Cooperative	1 year	Virtual (meets monthly)	Novice leaders, supervisors, managers, directors, team leads, charge nurses with less than one year of experience in a leadership role	Leadership education and skill development, networking, mentorship		$2,375 for members, $2,850 for non-members	
National	Rural Health Fellows Program	National Rural Health Association (NRHA)	1 year	Hybrid (9 virtual sessions, 3 in-person sessions)	NRHA members	Leadership and advocacy training, updates on legislative and regulatory concerns that impact rural health, and participation in a mentorship program with current members of NRHA's Board of Trustees	10-15	Free (not including travel and lodging)	Travel and lodging for in-person sessions be covered by attendee or corporate sponsor

Region/State	Program Name	Sponsoring Organization	Duration	Mode of Delivery	Target Audience	Program Components	Cohort Size	Cost	Scholarships/ Financial Sponsors
National	NRHA Rural Hospital CEO Certification Program	Center for Rural Health Leadership	2 years		Rural hospital CEOs	Mentoring, networking, curriculum (leadership, operational, financial, clinical), certification			
National	NRHA Rural Hospital CFO Certification Program	Center for Rural Health Leadership	2 years		Rural hospital CFOs	Mentoring, networking, curriculum (leadership, operational, financial, clinical), certification			
National	NRHA Rural Hospital CNO Certification Program	Center for Rural Health Leadership	2 years		Rural hospital CNOs	Mentoring, networking, curriculum (leadership, operational, financial, clinical), certification			

Appendix 2: List of Key Informant Interviewees

Table 2. List of Key Informant Interviewees

Organization	Name	Title	Organization Type	County
Anderson Valley Health Center	Mark Apfel, MD	Medical Director	Community health center or public clinic	Mendocino County
Neighborhood Healthcare	Rakesh Patel, MD	CEO	Community health center or public clinic	San Diego County
Open Door Community Health Centers	Kelvin Vu, DO	Senior Vice President of Clinical Services Medical Officer, Site Medical Director	Community health center or public clinic	Humboldt County
Sutter Health Memorial Medical Center	Sergio Camarillo, RN, MS, MBA	Director of Orthopedics, Inpatient Surgical Services, Transport Services	Private or nonprofit hospital	Stanislaus County
UC San Diego Health	Parag Agnihotri, MD	CMO of Population Health Services	Public hospital	San Diego County
Yuba and Sutter County Health and Human Services	Phuong Luu, MD, MHS, FACP	Bi-County Public Health Officer	Government agency	Yuba and Sutter County
Father Joe's Villages	Jeffrey Norris, MD	CMO	Private or nonprofit hospital	San Diego County
Vista Community Clinic	Sujana Gunta, MD	Director of Pediatric Services	Community health center or public clinic	San Diego County
California Primary Care Association	Mike Witte, MD	CMO	Professional association	Statewide
Health Alliance of Northern California	Doreen Bradshaw	Executive Director	Professional association	Statewide
Mendocino County Public Health Department	Noemi Doohan, MD, PhD	Public Health Officer	Government agency	Mendocino County
Mathiesen Memorial Health Clinic	John Vass Jasmin Rice	CEO Director of Operations	Community health center or public clinic	Tuolumne County
West County Health Centers	Jason Cunningham, DO	CEO	Community health center or public clinic	Sonoma County