The Pathway to Leadership

Lessons from Clinic Leadership Institute

BTW INFORMING CHANGE

INTRODUCTION

The community health center movement that was founded in the mid-1960s has since grown into a complex system of clinics that are critical to the delivery of high quality, comprehensive healthcare services for poor and underserved populations across California and the nation.[i] Historically, community clinics have often lacked substantial resources to support and equip staff with the skills they need to successfully move into executive leadership positions. Now, as many tenured leaders approach retirement, the community clinics field faces an impending shortage of leaders who are prepared to fill senior clinic positions.[ii] This problem is compounded by the fact that the recent passage of federal healthcare reform is bringing rapid changes to the already complex healthcare environment. Now more than ever, clinics need strong and competent leaders to guide them through these upcoming changes and enable them to effectively meet the needs of their patients and communities.

In response to the leadership challenges and needs in the community clinics field, particularly regarding the development of emerging leaders, Blue Shield of California Foundation has partnered with the Center for the Health Professions at the University of California, San Francisco to design and implement Clinic Leadership Institute (CLI). Launched in 2008, CLI is an 18-month leadership program designed to prepare emerging leaders to move into executive clinic leadership positions within 5 to 8 years, thereby helping to sustain a strong and vibrant California community clinics system. Blue Shield of California Foundation has committed $10 million to support a total of five CLI cohorts, two of which have been completed to date.[iii] CLI selects approximately 25 applicants for each cohort—ultimately, the program plans to train more than 125 emerging leaders by 2013.

About This Report

In 2008, Blue Shield of California Foundation contracted with BTW *informing change* to conduct an ongoing evaluation of CLI's impacts, strengths, challenges and opportunities for improvement. This report describes key findings based on the experiences of the first two CLI cohorts. The findings are based on both quantitative and qualitative data collected during and after each cohort from a range of sources including CLI participants, colleagues and key stakeholders.[iv]

The primary audiences for this report are individuals and organizations who are in key positions to support emerging community clinic leaders. This includes clinic CEOs and executive staff, regional and statewide clinic consortia, and others that provide a variety of leadership supports to the clinics field (e.g., technical assistance providers, training groups).[v]

The CLI Program Model

CLI is designed for emerging leaders—that is, community clinic staff who exhibit the potential to move into executive leadership positions and demonstrate a long-term commitment to serving the community clinics field.[vi] Applicants must be employed in one of the approximately 200 California clinic corporations that meet eligibility criteria for Blue Shield of California Foundation's Clinic Core Support Initiative.

CLI intends to achieve outcomes among participants, sponsoring clinics and over time, the clinics field, as shown in Exhibit 1.

Exhibit 1
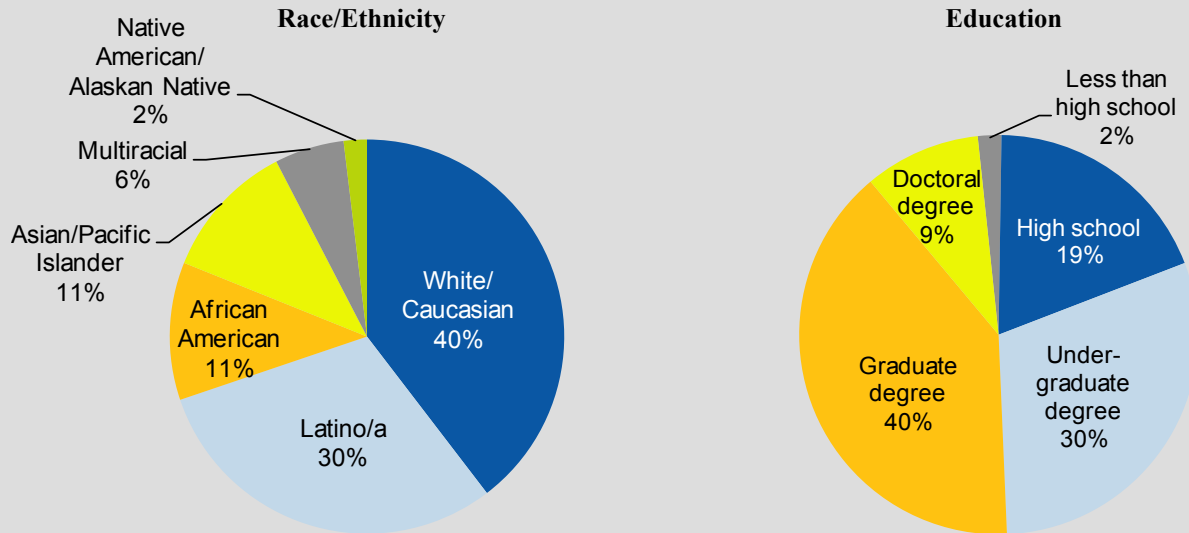**Expected Progression of CLI Impacts**

The CLI model incorporates a combination of experiential and hands-on activities and engages participants in a variety of learning modalities over the course of the program, as described in more detail in Exhibit 2. While the in-person seminars are at the heart of the program, CLI incorporates a continuum of complementary supports to help participants deepen and apply learnings. The program focuses on building participants' knowledge, confidence and skills in the following six core competency areas: leadership and decision making, organizational values and behaviors, strategic thinking and action, business acumen and financial management, relationship management and diversity, and organizational improvement and data-driven decision making. Throughout all of the core competency areas, the program incorporates an intentional emphasis on developing leadership skills to a greater extent than management skills.
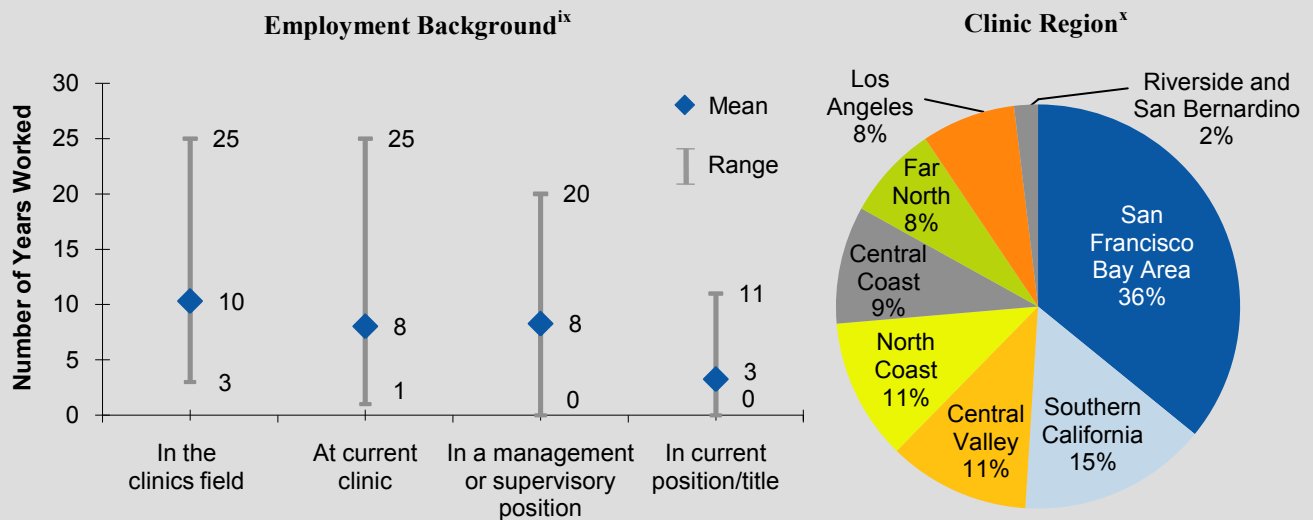
Exhibit 2
CLI Strategies

Seminars	Six in-person seminars bolster participants' knowledge and skills through instruction, group problem solving and role playing.
Personal learning and leadership plans	After receiving personal assessments, participants create individualized development plans with input from CLI staff and coaches.
Inter-session assignments	Approximately three hours of inter-session work is assigned per week (e.g., readings, webinars, group activities).
Peer networking groups	Groups of approximately five participants meet together throughout the program for peer learning and support.
Professional leadership coaching	Each participant has access to nine hours of one-on-one coaching during the program and six hours after graduation.
CLI Projects	Participants implement customized leadership projects at their clinics that address individual leadership plans and organizational needs.
Leadership network and alumni activities	Participants have opportunities during and after the program to connect with fellow CLI participants and colleagues from other clinics.

CLI's emerging leaders are a diverse group. The majority of participants (85%) are females who represent a range of racial and ethnic backgrounds. On average, participants are 41 years old, with an age range of 28 to 59 years. About half of the participants have a graduate degree or higher.

Race/Ethnicity

- Native American/Alaskan Native 2%
- Multiracial 6%
- Asian/Pacific Islander 11%
- African American 11%
- White/Caucasian 40%
- Latino/a 30%

Education

- Less than high school 2%
- Doctoral degree 9%
- High school 19%
- Graduate degree 40%
- Under-graduate degree 30%

CLI draws participants with a range of expertise from clinics throughout the state. On average, participants have a decade of experience in the community clinics field and almost as much experience at their current clinics and in management or supervisory positions. Participants have comparatively less experience in their current positions, which include a variety of titles (e.g., Director of HIV Services, Chief Operating Officer, Nutritional Services Coordinator) across clinic department types (e.g., operations, behavioral health, human resources). Participants primarily work at Federally Qualified Health Centers throughout California.[viii] A few participants work at other types of organizations such as free clinics, family planning clinics (e.g., Planned Parenthood), Indian health clinics or clinic consortia.
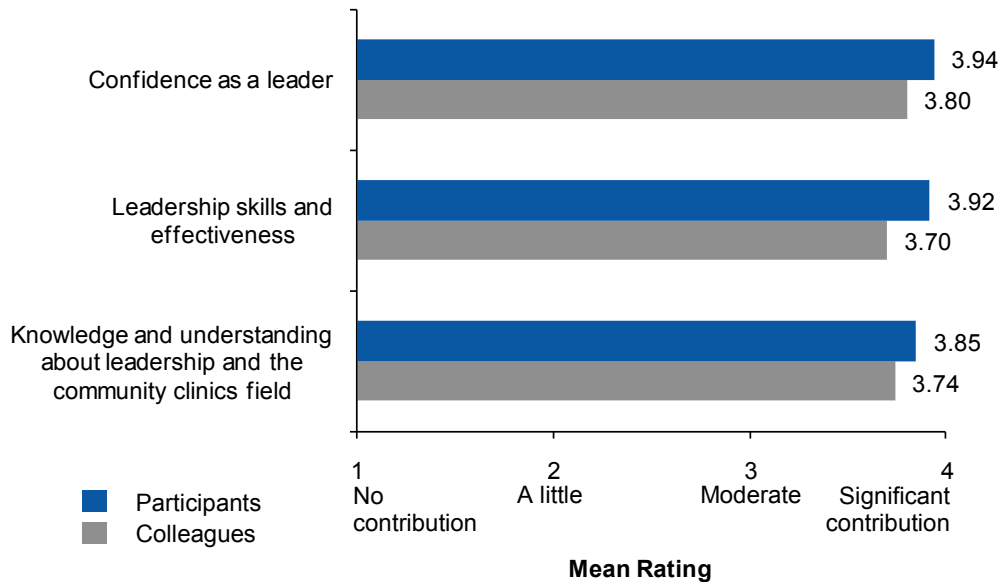
Employment Background[ix]

Number of Years Worked

- In the clinics field: Mean 10, Range 3 to 25
- At current clinic: Mean 8, Range 1 to 25
- In a management or supervisory position: Mean 8, Range 0 to 20
- In current position/title: Mean 3, Range 0 to 11

◆ Mean
I Range

Clinic Region[x]

- Los Angeles 8%
- Far North 8%
- Central Coast 9%
- North Coast 11%
- Central Valley 11%
- Riverside and San Bernardino 2%
- San Francisco Bay Area 36%
- Southern California 15%

PARTICIPANTS' KNOWLEDGE, CONFIDENCE & SKILLS

Participants and a selection of their colleagues report that CLI has made a significant contribution to improvements in participants' knowledge, confidence and skills. An average of two colleagues per participant—generally the participants' CEO, direct supervisor and/or a colleague on the senior leadership team—responded to the survey to provide their perspective on participants' growth and CLI experience. On average, participants rate CLI's contribution slightly higher than colleagues (Exhibit 3), most likely because participants are more closely involved in CLI and familiar with its impacts on their leadership. Along with their CLI experience, participants note that other factors have contributed to improvements, including their own growth and maturity, supportive colleagues and families, and new opportunities to implement their leadership skills.

Key Types of Participant Improvements

- Greater knowledge about clinics' history and current context
- Increased confidence in one's strengths and role within and outside of the clinic
- Increased understanding and embodiment of leadership skills, values and roles

Exhibit 3
Mean Ratings of CLI's Contribution to Participants' Improvements

"CLI has exposed [our participant] to a broader scope of thinking, innovative ideas and best practices from a wide array of organizations. This has invigorated her creative and proactive thinking for our organization."
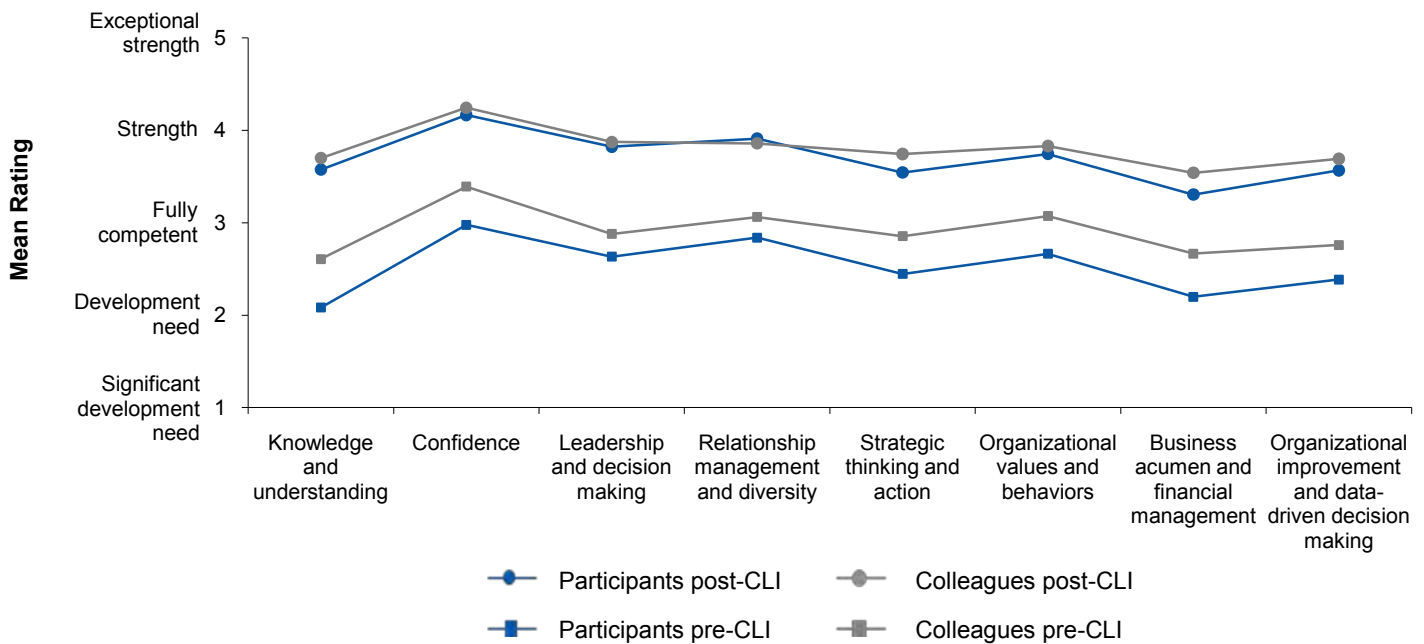
—Colleague

Overall, participants demonstrate increased competency in areas that are vital to strong clinic leadership. Exhibit 4 on the next page displays pre-CLI and post-CLI mean competency ratings as perceived by participants and their colleagues in the core competency areas addressed by CLI's curriculum. On average, there is approximately a one-point difference (on a competency scale from 1 to 5) between pre- and post-CLI ratings, and participants' and their colleagues' ratings closely map to one another across competency area. Prior to CLI, participants and colleagues rate knowledge and understanding about leadership and the clinics field as one of participants' lowest competencies; participants show the greatest improvements in this area by the end of the program. Despite gaining more knowledge and comfort in the area of business acumen and financial management, this remains a slightly weaker area relative to other core competencies. Overall, participants' outcomes align with the program's expectations and mirror CLI's focus on developing a comprehensive suite of leadership competencies.

Exhibit 4

Improved Knowledge & Understanding of Leadership & the Clinics Field

"It is as if a light bulb went on with regards to the importance and historical relevance of the community clinics movement. [Our participant] is now able to place in context our organization's role in the healthcare safety net as well as her own role in the organization."

—Colleague

Participants gain a broader understanding about the grassroots history of the clinics movement as well as the current role of clinics in a changing and complex healthcare system. With this knowledge, participants are better able to place their day-to-day work in the broader context and history of the movement. CLI also provides participants with up-to-date information about changes in the healthcare system. For example, participants have access to information about the passage and implementation of federal healthcare reform through CLI seminars, a visit to the state capitol and periodic webinars.

Through CLI, participants learn what it takes to be a leader and how it differs from being a manager. Participants learn that leadership requires a certain set of skills such as developing a long-range vision, taking responsibility for strategic actions and delegating tactical assignments to staff. As participants come to understand what it takes to be an executive leader and what strengths and weaknesses they bring to the table, they are better able to focus on improving specific skills (e.g., communicating, listening) and gaining needed expertise (e.g., operations, finance) to eventually advance into more senior roles.

Greater Confidence as Leaders

Participants gain greater confidence to expand their responsibilities and take on new tasks. Prepared with knowledge and tools, participants have taken on additional and/or larger roles that take them beyond their comfort zone. For example, colleagues report that participants have begun to represent their clinic at public events or conferences, partner with others on community projects and take on more leadership responsibilities within their clinic.

"CLI has drastically increased my confidence. I've made presentations to statewide stakeholder groups that I never would have done before attending CLI."

—Participant

Participants are more empowered to speak out and step up as leaders. Participants feel more comfortable in their leadership roles and report that they are more likely to speak up in order to voice their opinions, ask questions, contact funders or establish professional connections. Participants also note new confidence in policy advocacy as well as an improved ability to work with higher-level executives or board members.

The CLI experience elevates participants' perceptions of themselves and enhances the perception of their competence and credibility among their colleagues. Colleagues' willingness to assign new and higher-level responsibilities indicates a strong sense of confidence in participants' abilities to lead projects and people. Some supervisors have also reduced their level of management due to their increased confidence in participants' ability to handle high-level responsibilities on their own.

The CLI model—as well as other models found in the broader leadership field—views confidence as an important developmental step for overall leadership and growth. While confidence is often a precursor for other leadership outcomes, it also serves as the glue to help leadership knowledge and skills stick.

Enhanced Leadership Skills & Effectiveness

Below we highlight participants' key improvements in leadership skills and effectiveness, which reflect the CLI curriculum's focus on overlapping and complementary leadership competency areas.

"I focus less on day-to-day minutiae and think more about the organization's vision, strategic plans and long-term goals."

—Participant

Participants have developed a broader organizational perspective. Participants are better able to understand the overall goals and long-term vision of their clinics, in part because CLI provides opportunities for participants to step outside their day-to-day roles and learn about new areas of clinic operations and administration. Participants' enhanced understanding of the big picture yields more forward thinking about how the clinic can achieve its goals, which has been particularly important as clinics prepare for changes associated with healthcare reform.

Participants communicate more effectively with internal and external audiences. Participants are better able to translate their ideas into action plans and clearly articulate project goals, and they have learned how to deliver their message more effectively by getting rid of nervous habits and displaying an ~~e~~xecutive presence." Overall, participants are more competent and comfortable with communicating in diverse situations ranging from presenting at conferences to conversing with team members.

Participants develop more productive and collegial relationships with others. In large part due to greater awareness of their own and others' work styles (e.g., stressors, communication style), participants are working more effectively with their colleagues. They cultivate a more patient and curious stance in their professional relationships and are better at collaborating with higher-level staff. Participants report that they are more able to confront controversial issues directly, and as a result, they are addressing conflict more often and more diplomatically.

Participants delegate responsibilities and manage staff more effectively. Participants more effectively prioritize their work and manage their time by recognizing where they can delegate responsibilities to other staff. Rather than simply handing off tasks when they delegate, they are more likely to coach and mentor others to ensure high quality work, teach them new skills and empower them in their roles.

Participants manage projects and organizational processes more effectively. Participants are better able to identify areas where they need buy-in and information from other people (e.g., board members, other organizations, operational or clinical staff) to support their work. They also place greater importance on using data to make informed decisions and more accurate projections.

ADVANCING ALONG A CLINIC CAREER TRAJECTORY

Carlos Londono, Tiburcio Vasquez Health Center, Inc.

In 2000, Carlos Londono, along with his wife and young daughter, moved to the United States from Colombia in search of new opportunities and a better life. Even though Londono, who had been a physician in Colombia, could not practice medicine in the U.S. without getting re-certified, he remained committed to the health field and took a position as a Community Health Educator at Tiburcio Vasquez Health Center (TVHC) in Union City, California. In the ensuing years, Londono's hard work, commitment and persistence led to multiple promotions and increasing responsibilities within TVHC. To further enhance his skills and advance his career, Londono joined the second cohort of CLI in 2009.

At CLI, Londono strengthened his leadership, especially in the areas of time management, public speaking and networking. He found CLI's executive coaching to be extremely valuable in helping him become more confident and competent as a leader. Londono's enhanced skills, in combination with his renewed confidence, helped him take on additional leadership roles, such as facilitating executive-level discussions about the clinic's pursuit of an electronic health records system and holding contract negotiations with clinic funders.

In large part due to Londono's enhanced leadership, he was promoted to TVHC's Director of Programs in 2010, taking over responsibility for four large community health programs. His responsibility grew from overseeing an annual budget of $400,000 to one of $3 million. Londono's supervisor Malou Martinez, Chief Financial Officer and acting CEO, notes that ―CLI positioned our organization to promote from within instead of recruiting leaders from outside the organization." Londono continues to apply the skills he learned through CLI in his current position and as a new member of TVHC's executive team. Londono reflects, ―I am now in a position to help the clinic move forward, especially as healthcare reform is implemented…. By developing emerging leaders, CLI is helping clinics to sustain our work into the future without losing the true mission of clinic work."

"CLI helped me reflect on the best of me from the past and how to use this to keep moving into the future. Now, I am thinking more about my career objectives and I have a renewed commitment to the community clinics field."

—Carlos Londono, Participant

PARTICIPANTS' NETWORKING

Participants and colleagues credit CLI for making a substantial contribution to participants' networking—an essential component of strong clinic leadership (Exhibit 5). CLI's networking component is seen as a key benefit of the program, and respondents note how the program produces better networking, not simply more networking.

Exhibit 5
**Mean Ratings of CLI's Contribution to Improvements in Participants' Networking**
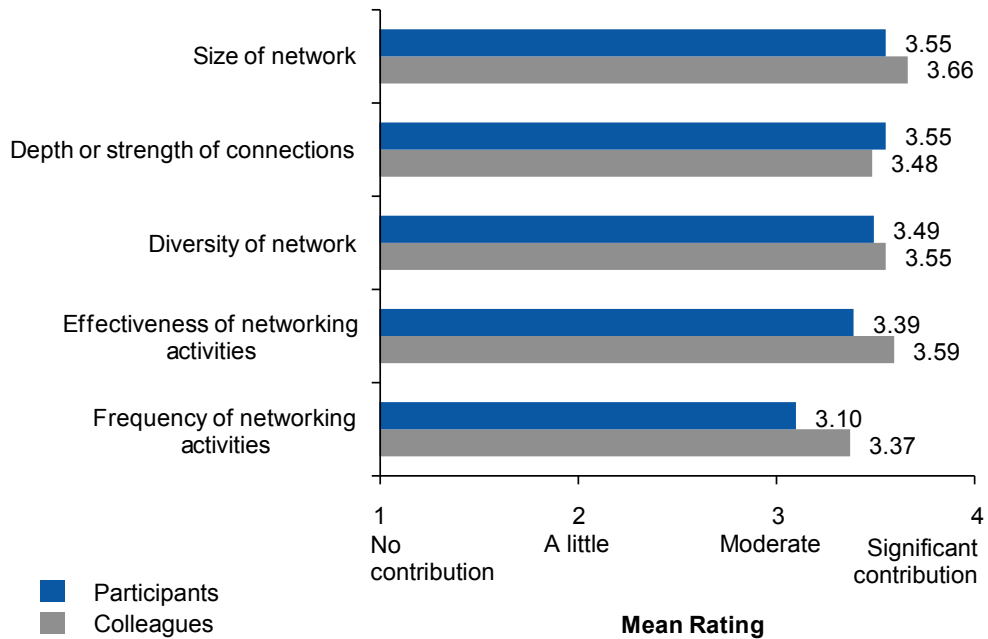
Overall, participants engage in a range of networking activities and find them to be quite effective in enhancing their ability to do their work. Participants most commonly network with others in their cohort to provide and/or receive personal support as well as share tools or information, as illustrated by the blue bars in Exhibit 6 on the next page. These networking activities help build a sense of camaraderie among clinic peers, expose participants to different perspectives and help them avoid "reinventing the wheel." On average, participants find that their networking activities have been "moderately" to "very" effective as shown by the orange line in Exhibit 6. In addition to the networking opportunities offered during the program, CLI's alumni network provides structured opportunities for participants to maintain connections after graduation through semiannual in-person convenings, webinars and teleconferences.

Exhibit 6
Participants' Networking Engagement & Perceived Effectiveness[xii]
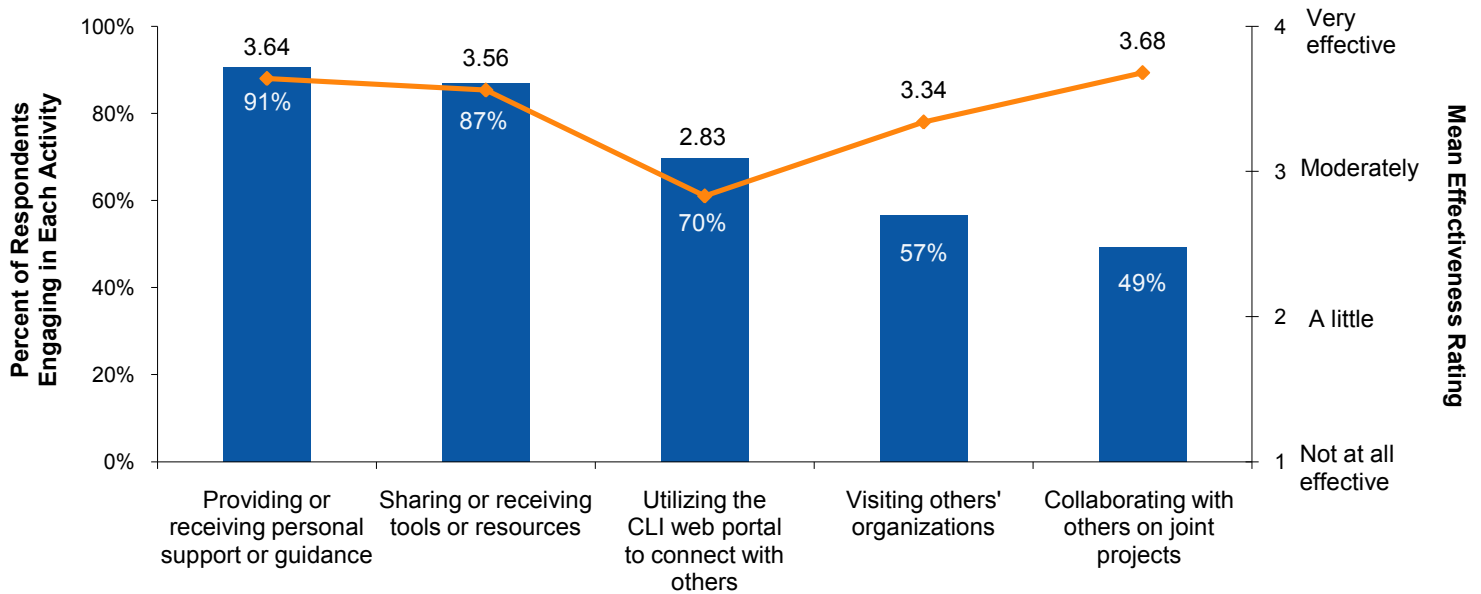
Participants desire deeper connections with colleagues in other CLI cohorts and the clinics field and are beginning to develop additional connections outside the CLI network. To some extent, initial connections with other colleagues begin to develop while participants are in CLI. For example, some participants report that their CLI peers act as "access points" to other staff within their organization who can offer additional information and resources. After graduation, some participants are motivated to take part in other types of associations that help broaden their professional networks such as advisory boards, professional associations (e.g., California Primary Care Association) or peer learning communities.

"CLI has given me the opportunity to meet other healthcare workers. I used to only be in contact with others in my surrounding area, but now I can contact CLI participants across the state."

—Participant

PARTICIPANTS' ROLES, RESPONSIBILITIES & CAREER PATHS

All participants indicate that CLI contributes—significantly, in many cases—to growth in their roles, responsibilities and/or salary (Exhibit 7). While multiple factors, personal and organizational, play into promotions and merit increases, participants are quick to credit their CLI experience for tangible improvements in their jobs. In addition to helping trigger job changes, colleagues and participants note that CLI, particularly the leadership coaching and networking components, have helped participants make smoother transitions into their new roles and responsibilities.

Exhibit 7

Participants' Ratings of CLI's Contribution to Growth in Their Roles, Responsibilities and/or Salary[xiii]
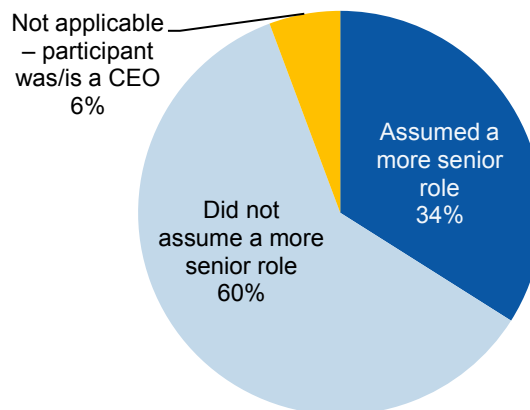

- A little 7%
- Moderate 31%
- Significant 62%
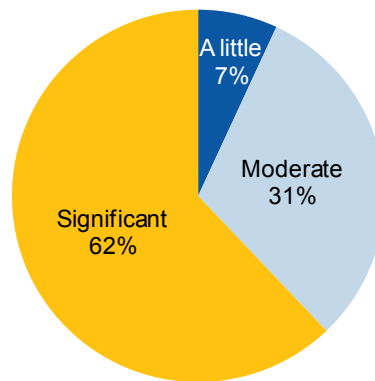
"Halfway through CLI, I received a promotion. My boss told me later that she knew about CLI's curriculum and she had confidence that I would be able to apply the learnings in my new role."

—Participant

Participants are quite successful in assuming more senior roles at their clinics (Exhibit 8). At the end of the program, all employed participants report working in the clinics field, and approximately one-third report receiving promotions at some point since they began CLI.[xiv] Some participants have become CEOs, while others have taken on other leadership positions in their organization, such as Administrative Director, Deputy Director of Operations and Clinic Manager.

Exhibit 8

**The Percent of Participants Who Have Assumed a More Senior Role**

- Not applicable – participant was/is a CEO 6%
- Did not assume a more senior role 60%
- Assumed a more senior role 34%

Regardless of whether participants received a formal promotion, most take on greater leadership responsibilities. At the end of the program, about three-quarters report ―moderate" or ―significant" growth in their responsibilities (Exhibit 9). For example, participants report that they are taking on larger-scale projects and representing their clinic in external networks. Some participants have seen a decrease in the number of direct reports, which is a positive change that allows them more time to take on additional leadership roles; for others, an increase in direct reports has enhanced their leadership responsibilities.

Exhibit 9
The Extent Participants' Job Responsibilities Have Grown

Not at all 13%
A little 13%
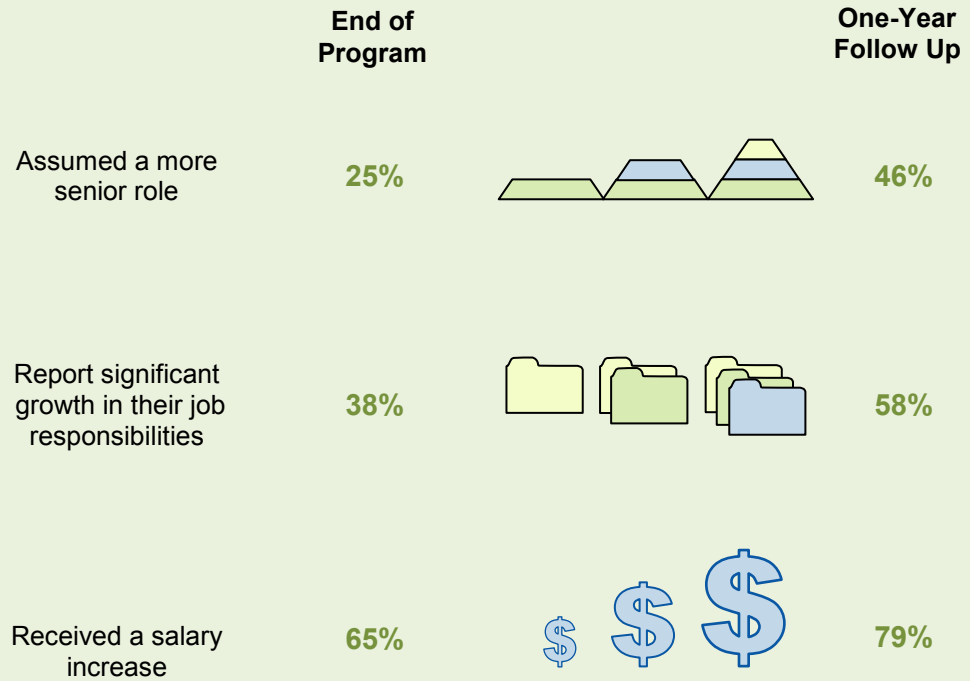A moderate amount 36%
Significantly 38%
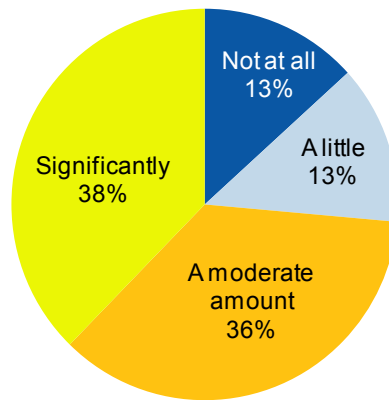
The majority of participants have received salary increases since beginning CLI, primarily in recognition of their new roles and additional responsibilities (Exhibit 10). In some cases, participants receive other types of benefits in addition to or instead of salary increases. These include paid training opportunities, one-time bonuses and opportunities to attend external meetings in the field.

Exhibit 10
The Extent Participants' Salary Has Increased[xv]

50-74 percent 4%
25-49 percent 2%
10-24 percent 22%
0 percent 36%
1-9 percent 36%
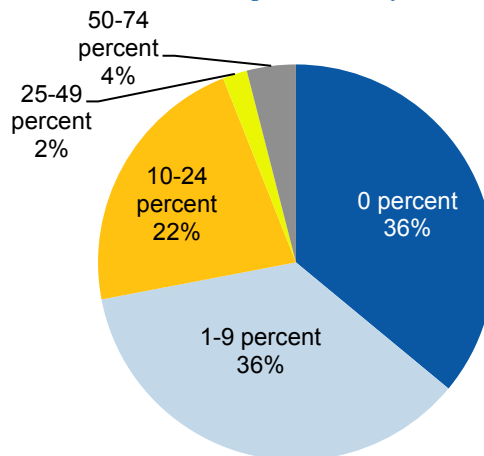
CONTINUING ALONG THE LEADERSHIP PATH: A ONE-YEAR UPDATE

After graduating from CLI, alumni are asked to provide annual updates about changes in their professional roles, responsibilities and salaries since first beginning CLI. Alumni of the first CLI cohort report continued growth and success in their careers and attribute much of this growth to their CLI experience.

	End of Program		One-Year Follow Up
Assumed a more senior role	25%		46%
Report significant growth in their job responsibilities	38%		58%
Received a salary increase	65%		79%

"[Since CLI] I've taken on several new projects for my organization and run a very productive clinic. I continue to utilize the lessons that I learned at CLI on a daily basis."

—Alumni

Hopes & Concerns About Participants' Career Paths

Most participants are optimistic about their career paths after attending CLI
(Exhibit 11). Some participants note a new or renewed commitment to their career
and/or greater motivation to advance in their clinic. Participants generally aspire to
hold executive level positions in the future, and while some predict that they will be
ready for more senior roles within the next five years, others see it as a longer-term
goal due to a lack of available positions or a need for additional training and
experience. CLI has inspired some participants to pursue additional educational
opportunities (e.g., graduate programs) in an effort to further strengthen their
leadership and advance their careers.

*"I think I will have an
opportunity to be COO
of our organization
within the next five
years. In the longer
term, I would like to
move into the CEO
position, but I still have
a lot to learn."*

—Participant

Exhibit 11
**Participants' Mean Ratings About Their Future Career Goals & Plans[xvi]**

**Participants want to stay in the clinics field; however, in the absence of clear
career paths, they will consider other career options.** Some participants say that
the structure or size of their clinics are not conducive to internal career mobility.
Participants also report insufficient transition planning on the part of clinic executives
and a lack of organizational mentors who can provide career guidance. If advancement
opportunities are not available, some participants are open to exploring options that will
allow them to work with similar populations in other settings (e.g., the broader
healthcare safety net).

Though generally eager to take on more senior roles, participants have a variety of concerns about the additional responsibility (Exhibit 12). Many participants are particularly discouraged about assuming CEO positions given the perceived work-life imbalance among many current senior leaders, especially clinic founders and long-time clinic executives. Furthermore, participants question the feasibility of taking on CEO-level responsibilities in the near future given that they already report difficulties balancing their professional and personal responsibilities. This is accentuated by the fact that many emerging leaders are at a stage in their life when they are undergoing major personal transitions (e.g., raising families, moving to new locations, caring for parents).

Exhibit 12
Participants' Concerns About Assuming More Senior Roles[xvii]

Percent of Respondents
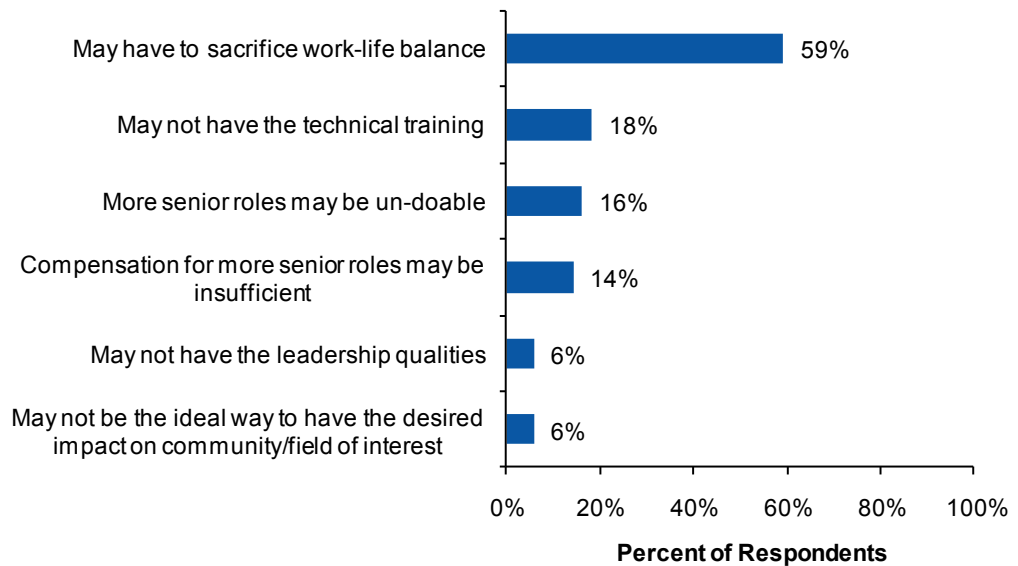
Divergent Perspectives on Leadership & Work-Life Balance
From a Participant & Their CEO

Participant —   — CEO

"I was already learning how to [balance my work and life priorities]; then I got more perspective at CLI. It doesn't mean I'm doing less work, but I'm finding new ways to get it done that don't require me to work 12 hours a day."

"She is beginning to understand that the organization is part of your life—work and life aren't separate…. You have to figure out how you can do more than is really actually possible to do."

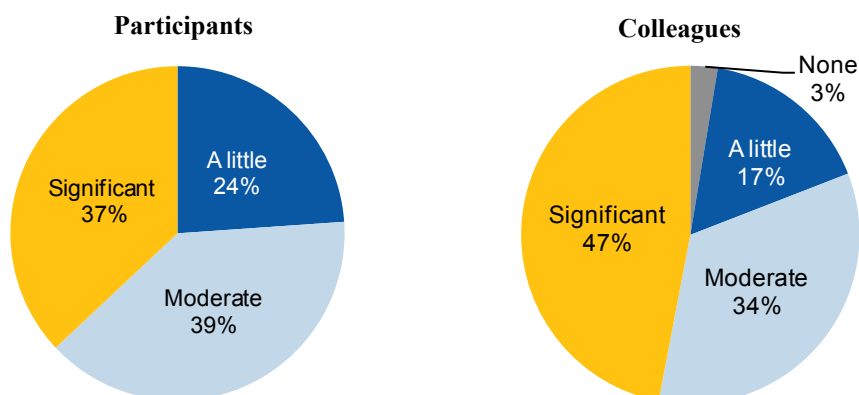## CLI'S CONTRIBUTION TO ORGANIZATIONAL & FIELD-LEVEL IMPROVEMENTS

To varying extents, participants' CLI experience makes important contributions to their sponsoring clinics (Exhibit 13). Participants and colleagues report that, to date, CLI's most valuable contributions to clinics include: participants' improved job performance, participants' CLI Projects, the availability of an emerging leaders' network, and the increased visibility of and support for the cultivation of leaders. It is anticipated that further clinic impacts will accrue as participants have more time to exert their enhanced leadership skills within their organizations.

Key Types of Organizational & Field Improvements

- Increased organizational capacity
- Stronger network of clinic peers
- Greater preparation of emerging leaders for senior leadership roles

Exhibit 13
Ratings of CLI's Contribution to Organizational Improvements

Participants

A little 24%
Moderate 39%
Significant 37%

Colleagues

None 3%
A little 17%
Moderate 34%
Significant 47%

"Our participant's CLI Project produced a living document that we are using to prepare for healthcare reform implementation and position the clinic to improve our quality of care. We are absolutely leveraging the work he did on the CLI Project for our organization."

—Colleague

Participants' CLI Projects strengthen their organizations' capacity in a variety of tangible ways. By design, the CLI Projects allow participants to practice their leadership and management skills while addressing relevant organizational needs. CLI Projects catalyze or facilitate clinic improvements that may not have otherwise occurred, or at least not with the same degree of timeliness, oversight or support. Depending on the type of project and the participant leading the charge, some CLI Projects result in longer lasting improvements at the organization, or at least hold the promise for doing so. Exhibit 14 highlights the variety of CLI Projects that participants have undertaken and resulting improvements to date.

Exhibit 14
Examples of Organizational Capacity Improvements Resulting From CLI Projects

Efficiency and quality	Improved patient flow, improved provider productivity, identified and shared clinical best practices
Patients' access to care	Increased patient visits and educational services, established a community health promoter program, integrated behavioral health services
Organizational or program planning	Recruited and trained new board members, implemented a marketing campaign for the clinic, conducted an organizational landscape analysis
Staff recruitment, satisfaction and professional development	Hired and trained new staff, piloted an employee wellness program, reduced employee turnover
Financial stability	Implemented a new third-party billing structure, developed purchasing procedures to cut supply costs, reduced costs of care by using a mobile dental van

Overall, colleagues and key clinic stakeholders think that CLI has begun to contribute to field-level improvements, which will increase further as the pool of CLI-trained participants reaches a critical mass. Respondents who are aware of or directly involved with the program think that CLI is influencing the field in four key ways: 1) successfully preparing emerging leaders to take on more senior leadership roles in rapidly changing clinics; 2) helping participants become more involved in regional- and field-level activities (e.g., clinic consortia, California Primary Care Association committees, community collaborations); 3) raising awareness among many CEOs and other clinic leaders about the need to build their ―bench strength‖ and plan for leadership development and transitions; and 4) improving external perceptions about clinics' willingness to invest in high quality leaders.

RECOGNIZED NATIONALLY, FOCUSED LOCALLY

Mary Ann Hodges-Huntsman, Share Our Selves Free Clinic

Mary Ann Hodges-Huntsman, Director of Pharmacy at Share Our Selves Free Clinic in Costa Mesa, California, joined CLI in 2009 to refine her leadership skills and learn about emerging trends in the healthcare field. At the time, she did not realize that her participation in CLI would not only propel her into new leadership positions, but also bring national recognition to her clinic.

Hodges-Huntsman's CLI Project, which was designed to improve patients' health outcomes by integrating pharmacy services into comprehensive asthma care, was a particularly effective way for her to apply her leadership skills. At the project's launch, she assembled a clinic team to carry out and support the project. Hodges-Huntsman notes, ―Through my CLI experience, I learned how to reach across clinic departments to communicate my ideas and get buy-in for the project.‖ In addition, Hodges-Huntsman assembled an external team of representatives from a local hospital, health department and two universities to facilitate information sharing and best practices among the clinic and its partners. Her work on the CLI Project prompted her to apply for a national learning collaborative organized by the Health Resources and Services Administration (HRSA); this allowed her to test, share and implement best practices for integrating pharmacy services with patient care.

Within the project's first six months, Hodges-Huntsman reported a 75% decrease in asthma-related emergency department visits and a 43% reduction in asthma urgent care visits among clinic patients. Share Our Selves is currently expanding its pharmacy services integration model to diabetes care and rheumatoid arthritis. HRSA recognized the clinic, including the work of Hodges-Huntsman's CLI Project, with national awards for improvements in clinical pharmacy services and health outcomes management, and invited Hodges-Huntsman to be on the faculty for its next learning collaborative. As Hodges-Huntsman takes on this new leadership role that CLI helped position her for, Karen McGlinn, the clinic's Executive Director, is proud to say that Hodges-Huntsman and Share Our Selves are ―recognized nationally, yet focused locally.‖

"Mary Ann's CLI Project and our participation in the HRSA collaborative ties into changes that will occur with healthcare reform."

— Karen McGlinn, Colleague

SUPPORTING EMERGING LEADERS: A CALL TO ACTION FOR THE CLINICS FIELD

CLI has been instrumental in helping participants make great strides in their knowledge and understanding of the clinics field, their confidence as leaders and their leadership skills. As these competent and successful emerging leaders continue to grow, strengthen their networks and exert their leadership in a variety of ways, there is great potential for positive impacts on CLI-sponsoring clinics, the broader clinics field in California and beyond.

But how will this potential translate into the greatest possible impacts? From the experience of CLI as well as other leadership programs, it is clear that leadership development involves personal and professional transformation that takes place in fits and starts, in the short and long term. As CLI participants move further away from readily available leadership supports provided by the program, this evolving and ongoing transformation can become more difficult. Current clinic leaders and other staff, clinic associations, funders and others who support the field can all play an important role in capitalizing on the significant promise of emerging leaders and ensuring their contribution to meaningful differences in the clinics field.

Below we list key ways in which individual and collective efforts can support emerging clinic leaders, both those who have participated in CLI as well as those who have not.

1. **Promote and take advantage of professional development opportunities within clinics and in the broader clinics field.** These types of opportunities not only stretch the leadership abilities of emerging leaders, but can help lighten the load for existing leaders and bolster clinics' visibility and connections. Where possible, identify ways to tangibly link individual leadership development to organizational improvements to heighten return on investment. This could include greater shared leadership among clinics' emerging and senior leaders (e.g., co-directing initiatives, shifting the distribution of external and internal leadership responsibilities) and participation in local, regional and state networks or projects (e.g., California Primary Care Association committees, policy advocacy efforts, disease collaboratives).

2. **Nurture the network of emerging leaders to facilitate information sharing, mentoring and support.** As emerging leaders take on new, and often more difficult responsibilities, they will benefit from expertise and support from their peers as well as more tenured leaders. Within clinics, it is helpful to set aside time to talk about challenges and successes, share helpful resources and promote an open-door policy to encourage emerging leaders to seek assistance in facilitating their own professional development and organizational change. Across clinics, a strong network of connections between CLI and other leadership program participants, tenured leaders and other key field leaders will help —aise all boats" in the clinics field. These connections are especially important for emerging leaders who may be more isolated due to their clinic location (e.g., rural areas).

3. **Define and encourage movement along career paths within clinics and in the clinics field more broadly.** To retain strong emerging leaders, facilitate opportunities and provide guidance to move them along career paths that take into account the necessary preparation, timing and supports as well as different views of leadership (e.g., greater emphasis on work-life balance) and seasons of life (e.g., caring for young children and parents). These efforts should include identifying opportunities for emerging leaders to assume greater responsibilities and upward mobility within their own clinic as well as clarifying criteria for job promotions and periodically discussing career goals. It will also be important to anticipate that some leaders will need to move to other clinics to assume more senior positions.

4. **Engage in proactive, ongoing planning to ensure smooth transitions into and out of leadership roles.** To successfully move emerging leaders into more senior positions, it will be important to engage in thoughtful processes that position these leaders for success and assist existing leaders in graceful transitions that minimize organizational disruptions. This may be especially valuable and most difficult for long-term, founding clinic leaders. Complementary leadership supports (e.g., individual and team coaching, external support for succession planning) among emerging leaders, current executives and/or other clinic staff can go a long way toward facilitating positive and timely transitions.

<div align="center">✦✦✦✦</div>

Community clinics will face unprecedented changes in the coming years with the implementation of federal healthcare reform. Strong and visionary leaders will be crucial to navigate these uncharted waters and ensure clinics' success and sustainability. Clinic Leadership Institute offers an effective response to this important need by strengthening emerging leaders' ability to competently and confidently address the wide-ranging issues affecting clinics now and in the future.

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[i] Lefkowitz, B. (2007). *Community Health Centers: A Movement and the People Who Made it Happen.* New Brunswick, New Jersey: Rutgers University Press.

[ii] Lepore Dube, S., Howard, K.A., & Tirona, M. (2009). *Community Clinic Leadership in California: The State of the Field and Implications for the Future.* Berkeley, CA: BTW Consultants, Inc. and CompassPoint Nonprofit Services.

Tirona, M., Howard, K.A., & Lepore Dube, S. (2009). *The Pipeline Promise: A Study of Emerging Leaders in California Community Clinics.* Berkeley, CA: BTW Consultants, Inc. and CompassPoint Nonprofit Services.

[iii] CLI is currently hosting the third and fourth cohorts and will implement a fifth cohort starting in 2012.

[iv] BTW *informing change* gathered data from mid-2008 through fall 2010 using a variety of methods. Online surveys were administered to participants and a selection of their colleagues at the end of the first and second cohort to which 53 participants and 122 colleagues responded (response rates of 91% and 83%, respectively). First cohort participants also received a survey one year following graduation to which 24 responded (96% response rate).

Additional data collection included 95 telephone interviews and 6 focus groups with participants, colleagues and key stakeholders; seminar and meeting observations; and a review of key documents. Unless otherwise noted, the report includes findings from the first and second cohorts. The term alumni is used for findings specific to first cohort participants who reported data one year after CLI graduation. Otherwise, the term participant refers to individuals in the first or second CLI cohorts.

[v] Regional or statewide clinic consortia provide a variety of supports (e.g., advocacy, education, technical assistance) to a group of member clinics with the ultimate intention of improving the health of their populations. Throughout this report, the terms clinic and clinics field encompass a range of clinic types, including clinic consortia in California.

[vi] CLI requires applicants to have at least three years experience working in the clinics field and currently hold a management and/or supervisory role. Applicants must also exhibit an openness to learning and a willingness to engage in an alumni network after completing the program.

[vii] CLI revisits and refines its recruitment strategies on an ongoing basis to ensure that cohorts are comprised of a diverse and representative mix of participants, clinic types and clinic locations throughout the state.

[viii] Federally Qualified Health Centers receive substantial government funding to offset the costs of providing uncompensated care.

[ix] The number of years in a management or supervisory position corresponds with participants' experience as of January in the year they first began CLI. Other responses correspond to the period approximately three months after CLI graduation, when surveys were completed.

[x] The regions represent the location of participants' clinics approximately three months after CLI graduation, when surveys were completed.

[xi] The graph represents the mean of a varying number of indicators (range: 2-18) within each CLI core competency area. Confidence was rated on a scale from 1 —very low" to 5 —very high." The data points are connected to display the overall pattern of data, not to represent progression over time.

[xii] For networking engagement, percents do not total 100% due to the option of marking multiple responses. Only those engaging in each networking activity rated effectiveness. The CLI web portal is an online forum for connecting with participants across cohorts. This tool was introduced after the first two CLI cohorts began. CLI expects subsequent cohorts with earlier exposure to the web portal to report greater utilization and effectiveness.

[xiii] Only participants in the second cohort are represented in this graph.

[xiv] A small number of participants reported that they were not working at the time surveys were completed, within approximately three months after CLI graduation.

[xv] Only pay increases due to promotions or merit were considered.

[xvi] Only participants in the second cohort are represented in the graph item regarding clarity of one's desired career path in the longer term.

[xvii] Percents do not total 100% due to the option of marking multiple responses.

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