




Health Care Leadership Program

Interim Evaluation Report

Prepared for:
California HealthCare Foundation

Prepared by:
 **The LEWIN GROUP**

November 21, 2005

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Chapter 1 Introduction

The Health Care Leadership Program is an intensive, two-year program that seeks to improve the health of Californians by developing and sustaining a network of leaders who will shape a more responsive and effective health care system. The Program is sponsored by the California HealthCare Foundation (the Foundation) and is administered by the Center for the Health Professions at the University of California, San Francisco. The Program offers on-site learning experiences, interactions with colleagues and exposure to nationally-recognized faculty experienced in business, leadership, health care and public policy, including faculty from the UCLA Anderson School of Business and the Executive Development Group.

In December 2004, The Lewin Group (Lewin) submitted the first evaluation report of the Program to the Foundation. The initial evaluation focused on the experiences of the first and second cohorts of fellows (2001-2003 and 2002-2004) and used a framework that permitted program impacts to be assessed across three potential spheres of influence:

- **on the individual fellow**, by exploring the extent to which they acquired the confidence and skills necessary to enhance their personal and professional growth;
- **on the fellow's organization**, by examining the extent to which fellows increased their roles and ability to apply leadership skills within their organizations; and
- **on the health care system in California**, by identifying the extent to which fellows achieved heightened profiles and pursued leadership roles outside their own health care organizations.

It was clear, based on the initial Lewin evaluation, that the Program held a great deal of promise for building a network of health care leaders who would shape a more responsive and effective health care system in California. Cohort 1 and 2 fellows had, in fact, expanded their leadership capacity beyond what would have taken place absent the Program, and they were applying the management and leadership skills and practices in their health care organizations. Employers of the fellows saw the Program as going beyond what individual organizations could do in providing leadership training by providing a venue for bringing together leaders from all sectors of health care in California, exposing them to each other's issues and creating a community of leaders trained with a common vision. These were critical milestones to have reached, given that the Program was young and continuing to evolve.

The ultimate goal of the Foundation is to demonstrate that the individual and organizational outcomes being achieved by the fellows translate into broader health systems change in California. To track progress toward meeting the Foundation's goal, from January 2005 through December 2006, Lewin not only will continue to assess Program outcomes at the individual, organizational and systems level for fellows participating in the Program (Cohorts 3 and 4), but will track fellows that have completed the Program (Cohorts 1 and 2) to identify longer-term program outcomes. This report provides information on the Cohort 3 fellows (2003-2005), as well as up-to-date information on the longer-term outcomes of the Program for the inaugural cohort of fellows (2001-2003).

We gratefully acknowledge the time and effort of all individuals who provided information for this evaluation. They were uniformly responsive and supportive in participating in interviews and completing surveys.

Evaluation Methods and Data Sources

The evaluation employed a data collection framework used by Lewin in the previous evaluation of the Health Care Leadership Program and consisted of four major tasks, including:

- 1) **focused review of program documents and existing program data**, carried out to identify changes in the Program components/content and gather demographic and other select information on fellows.
- 2) **use of a web-based interface**, for the collection of survey information. The survey was fielded between August through October 2005 to gather quantitative information and limited qualitative information from Cohorts 1 and 3 fellows.
- 3) **interviews with Cohort 3 fellows**, conducted in August through September 2005 as an overlay to the survey. Interview questions were designed to elicit qualitative information that was used to provide a richer context for the survey data.
- 4) **interviews with supervisors of Cohort 3 fellows**, conducted in September and October 2005, to gather views on the value of the Program for their organizations, the ability of the fellows to translate the skills and knowledge learned into their work environments and the Program's contribution to the broader health care delivery system.

Exhibit 1 provides detailed information on the status of data collection activities to date within each stakeholder group. Twenty-one of a possible 29 (72.4 percent) Cohort 3 fellows responded to a web-based survey, and 20 (69.0 percent) were interviewed by telephone regarding their Program experiences. Only two Cohort 3 fellows did not participate in the evaluation (i.e., did not complete either an interview or a survey).

**Exhibit 1:
Response Results by Key Informant Group**

Key Informant Group	Contacted	Completed (%)
Cohort 3 Fellow Surveys	29	21 (72.4%)
Cohort 3 Fellow Interviews	29	20 (69.0%)
Cohort 3 Supervisor Interviews	21	11 (52.4%)
Cohort 1 Fellow Surveys	26	14 (53.8%)

Exhibit 2 provides a profile of fellows in Cohorts 1 through 4, the focus of this two-year evaluation effort. The overall size of the cohorts has increased throughout the history of the Program. Selected fellows are predominately Caucasian, which mirrors the racial/ethnicity mix of the applicant pool. The Program is becoming more diverse with respect to the types of health professionals being selected as fellows. While the first two cohorts were comprised primarily of physicians and nurses, Cohorts 3 or 4 includes dentists, pharmacists and mental health professionals. In addition, more fellows from public sector organizations are being selected to participate.

**Exhibit 2:
CHCF Fellow Profile - Cohorts 1, 2, 3 and 4¹**

Category	Cohort 1 Fellows n (%)	Cohort 2 Fellows n (%)	Cohort 3 Fellows n (%)	Cohort 4 Fellows n (%)
Total	26	26	29	30
Gender				
Female	10 (38.5%)	14 (53.8%)	15 (51.7%)	19 (63.3%)
Male	16 (61.5%)	12 (46.2%)	14 (48.3%)	11 (36.7%)
Ethnicity/Race²				
Caucasian	19 (73.1%)	20 (76.9%)	20 (69.0%)	21 (70.0%)
African and African American	3 (11.5%)	3 (11.5%)	2 (6.9%)	1 (3.3%)
Hispanic/Latino	1 (3.9%)	1 (3.9%)	4 (13.8%)	3 (10.0%)
Asian/Pacific Islander	3 (11.5%)	2 (7.7%)	3 (10.3%)	5 (16.7%)
Location				
Greater LA/San Diego	10 (38.5%)	9 (34.6%)	11 (37.9%)	10 (33.3%)
Bay Area	7 (26.9%)	9 (34.6%)	11 (37.9%)	14 (46.7%)
Central (Fresno and Sacramento)	5 (19.2%)	4 (15.5%)	5 (17.2%)	5 (16.7%)
Central Coast	2 (7.7%)	1 (3.8%)	1 (3.5%)	0 (0.0%)
Northern California	2 (7.7%)	3 (11.5%)	1 (3.5%)	1 (3.3%)
Profession				
Medicine	21 (80.8%)	18 (69.2%)	20 (69.0%)	16 (53.3%)
Nursing	4 (15.4%)	8 (30.8%)	6 (20.7%)	5 (16.7%)
Dentistry	0 (0.0%)	0 (0.0%)	2 (6.9%)	4 (13.3%)
Mental/Behavioral Health	0 (0.0%)	0 (0.0%)	1 (3.4%)	2 (6.7%)
Pharmacy	1 (3.8%)	0 (0.0%)	0 (0.0%)	2 (6.7%)
Other (paramedic)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.3%)
Organization Type				
Private (Health Plans, Medical Groups, Medical Centers)	14 (53.8%)	16 (61.5%)	13 (44.8%)	13 (43.3%)
Public and Community Health	6 (23.1%)	7 (26.9%)	12 (41.4%)	11 (36.7%)
Academic	5 (19.2%)	2 (7.7%)	1 (3.5%)	4 (13.3%)
Other	1 (3.9%)	1 (3.9%)	3 (10.3%)	2 (6.7%)

The remainder of this report includes the following chapters:

- **Chapter 2: Cohort 1 Fellows : Two Years After Completing the Program**, focuses on updating the process made by Cohort 1 fellows toward achieving longer-term outcomes related to their participation in the Health Care Leadership Program.
- **Chapter 3: Fellowship Experiences**, describes the experiences of Cohort 3 participants and presents their experiences with the various Program components.
- **Chapter 4: Measuring Program Success**, examines the impact of the Program across three domains: 1) on the individual fellow; 2) on the fellow's organization; and 3) on the health care system in California. The Chapter includes information on the longer-term outcomes achieved by fellows in Cohort 1 who graduated from the Program in September 2003.

¹ Fellow profile information was provided by the CHCF Program Office.

Chapter 2

Cohort 1 Fellows: Two Years after Completing the Program

This chapter will focus on updating the progress being made by Cohort 1 fellows toward achieving longer-term outcomes related to their participation in the Health Care Leadership Program. Fourteen of the 26 (53.8 percent) of Cohort 1 fellows provided information related to their leadership accomplishments and continued leadership development goals since completing the Program in the Fall of 2003.

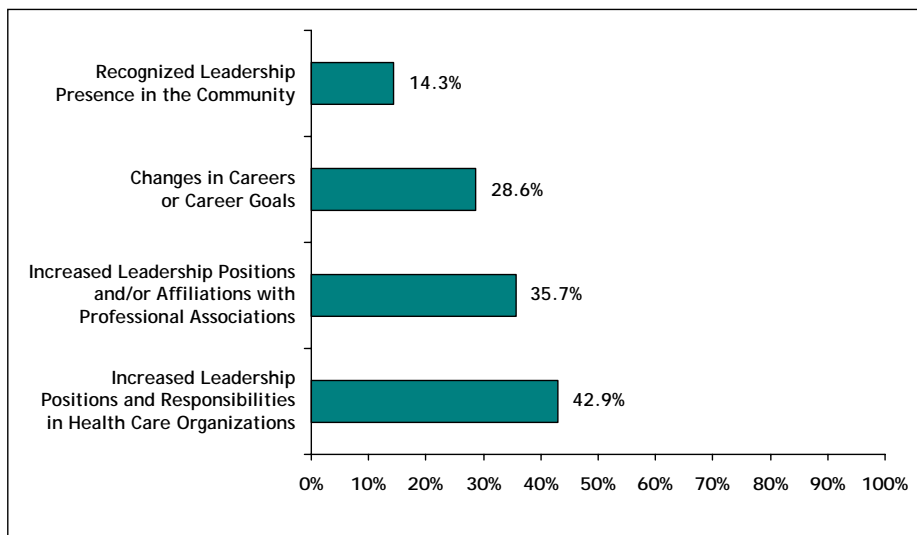
I. Advancing Leadership Careers and Developing Professionally

Cohort 1 fellows acknowledged that the skills and knowledge acquired during the Program continue to be instrumental in helping them to both advance their careers in health care and develop professionally as leaders. This evaluation assessed four measures related to career advancement and professional development. These included:

- increased leadership positions and responsibilities in health care organizations
- changes in careers or career goals
- increased leadership positions and/or affiliations with professional associations
- recognized leadership presence in the community

Fellows from Cohort 1 continue to seek and gain opportunities to assume leadership positions in health care and increase the types and levels of responsibility they undertake within their organizations. It is noteworthy that these fellows not only are increasing their participation as members in professional associations, but also accepting leadership positions. While fellows currently are not ready to acknowledge themselves as recognized leaders in the community, they are increasing their involvement in community-related activities and view that involvement as paving the way for future leadership opportunities. **Exhibit 3** provides information related to the specific career advancement and professional development measures assessed.

Exhibit 3:
Measures Related to Career Advance and Professional Development (n=14)



Below are examples provided by Cohort 1 fellows that demonstrate their continued progress in expanding their leadership roles and advancing their professional development since participating in the Program.

- One fellow has become the president of the American Geriatrics Society, the nation's largest organization of professionals dedicated to the health of older persons. Within this organization, he has led the drafting of its vision statement for the future and helped the organization get through a strategic planning retreat and building organizational capacity.
- Another fellow has been appointed to the Board of Directors of the American Board of Internal Medicine and chairs its committee on practice performance, a required component for maintenance of certification. In July 2006, he will become a member of the Board's Executive Committee.
- Building on the leadership skills acquired through the Program, another fellow is participating in a CEO mentorship program and has developed career goals aimed at becoming President of a hospital in California.
- Following the Program, one fellow made a career transition, deciding to pursue his passion for quality improvement. He has become a recognized leader in pay-for-performance (P4P), and has given lectures to various stakeholders on P4P. He also has become a quality leader within his organization.
- Since completing the Program, one fellow assumed leadership responsibility for two departments in two hospitals. In her new role, she moved into a more academic environment with a new set of expectations. She reported that her ability to embrace change and the challenges that change can bring were facilitated by her participation in the Program.

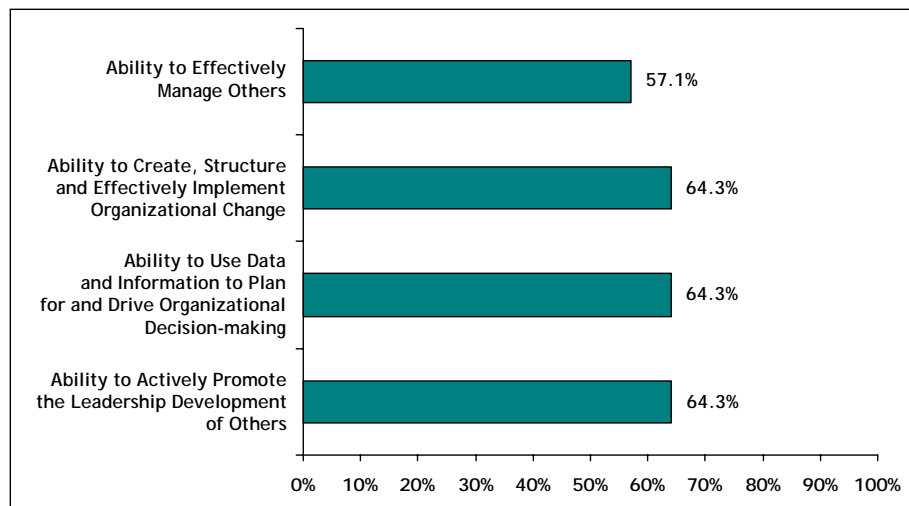
II. Effecting Organizational Change

Cohort 1 fellows continue to be actively involved in implementing change within their health care institutions. Fellows report that their status as CHCF Health Care Leadership Program fellows continues to be positively viewed by their organizations and supervisors, which oftentimes lends legitimacy to their proposals and facilitates successful implementation of programs and policies. Not only are the fellows viewed as organizational "change agents," they are seen as leadership role models for others. To that end, a number of the fellows successfully have developed and implemented leadership and professional development programs for staff.

Four indicators related organizational change were measured during this evaluation. These included:

- ability to create, structure and effectively implement organizational change
- ability to use data and information to plan for and drive organizational decision-making
- ability to effectively manage others
- ability to actively promote the leadership development of others

Exhibit 4:
Measures of Organizational Change (n = 14)



Below are examples of the types of organizational level change in which fellows have been involved in their health care institutions. These examples also illustrate how fellows are using the leadership skills acquired through the Program to facilitate change.

- One fellow redesigned her organization's anti-coagulation clinic to improve patient safety. Through the use of data, she was able to demonstrate effectively to a steering committee of key stakeholders that, compared to benchmarks, the clinic had worse outcomes. She then was able to provide examples of "best practices" from other organizations that could be used to address the issue. Initially several of the stakeholders were extremely threatened by the proposed changes; however, the fellow not only was able to reassure these individuals that their roles were still important, but explained how the changes would be beneficial to them.
- Another fellow used the skills learned during the Program to gain a commitment from his parent organization to invest \$30 million for new facilities, equipment upgrades and implementation of electronic medical records. He noted that his ability to listen to all parties, gain and mobilize the support of key stakeholders and clearly articulate his message was key to his success.
- By working collaboratively with a fellow from another cohort and another institution, two fellows successfully introduced the PDCA (Plan, Do, Check, Act) change management method to both their organizations. Recalling the team building, collaboration and change management skills from the Program, the fellows concluded that, rather than simply implementing changes in their organization, using the PDCA method would foster a sense of ownership among the affected staff, thereby empowering them to make and sustain the changes themselves.
- One fellow's organization is responsible for doing PPO contracting for its IPA, one of the few IPAs that is able to negotiate PPO contracts. This requires an immense amount of communication and operationalization within the administrative organizations, provider network, insurance stakeholders and the FTC. The techniques and skills presented during

the Program were key to this fellow in being able to communicate and provide leadership for this initiative.

- By developing and supporting new training opportunities and a mentoring program, another fellow has fostered the professional development of his direct report faculty.
- Seeing the benefits that the 360° feedback process had for him in terms of his growth as a leader, one fellow successfully has implemented the 360° feedback process at all levels within his organization.
- Another fellow developed a successful proposal and implemented a hospital generalist program. The process involved aligning critical stakeholders and securing funding and other needed resources. Once with proposal was accepted, the fellow recruited two outstanding national figures.

III. Influencing the Health Care System

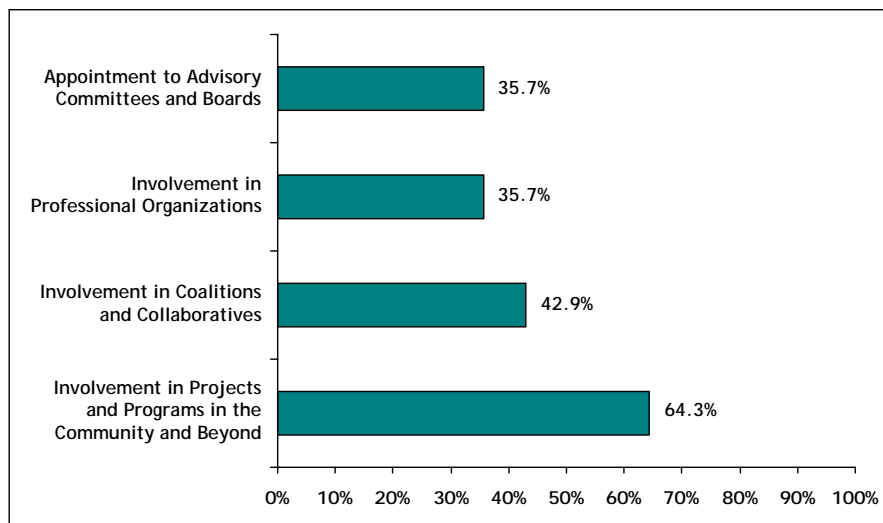
It is evident that Cohort 1 fellows are continuing to make a positive contribution to improving the quality of health care being delivered to Californians. Fellows are broadening their involvement in health care beyond their individual organizations. In addition, they are beginning to emerge as players in health care policy. Of particular note, fellows were hoping that the Program alumni would develop into a more cohesive vehicle for influencing state health policy and thought that they still may.

Four indicators aimed at assessing the broaden involvement of fellows in health care beyond their individual organizations were also examined. These included:

- appointment to advisory committees and boards
- involvement in professional organizations
- involvement in coalitions and collaboratives
- involvement in projects and programs in the community and beyond

Since participating in the Program, approximately 36 percent of fellows reported becoming more active in their professional organizations, particularly taking on leadership roles on committees or workgroups. The same percentage of fellows are serving on advisory committees or boards related to health care. Involved fellows credit being an alumni of the Health Care Leadership Program as a reason for their appointments. Fellows also are increasing their involvement in the creation of new coalitions in their communities and beyond.

Exhibit 5:
Influencing the Broader Health Care Field (n = 14)



Below are some examples provided by Cohort 1 fellows of their broadening involvement in the health care arena in California:

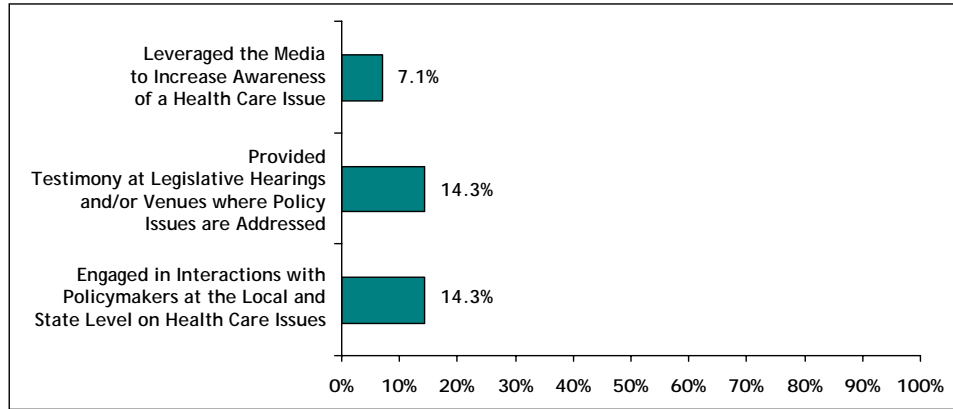
- One fellow has been asked to work as a consultant for a nationally recognized organization that promotes quality improvements for Medicaid and SCHIP beneficiaries.
- Another fellow has been a catalyst for the expansion of a geriatrics program to community-based skilled nursing facilities. This fellow also is working with others to create a new palliative care program at Stanford Hospital.
- As part of the Integrated Healthcare Association (IHA), one fellow worked on the Healthy Alternatives Vending Machine Policy to develop and promote healthy alternatives for vending machines at IHA member organizations throughout the state.
- One fellow's organization has become a recognized leader within the state's managed care organizations, because of their commitment to innovation and quality for Medi-Cal recipients.
- Another fellow is serving on the advisory board for the California Academy of Family Physicians' diabetes collaborative.
- Another fellow has increased his involvement in several national organizations in his medical specialty. He is on their governing boards and has a pivotal role in policymaking.
- After discovering the influence that organizations like the California Medical Association (CMA) have on policy, this fellow became a CMA delegate.

An additional three measures were explored related to the fellows efforts to create awareness of health care issues through the media and policy. These included:

- leveraged the media to increase awareness of health care issues
- provided testimony at legislative hearings or other venues where policy issues are addressed

- engaged in interactions with policymakers at the local and state level on health care issues

Exhibit 6:
Influence on Policymaking (n = 14)



Fellows provided example of how they have engaged in creating awareness around health care issues.

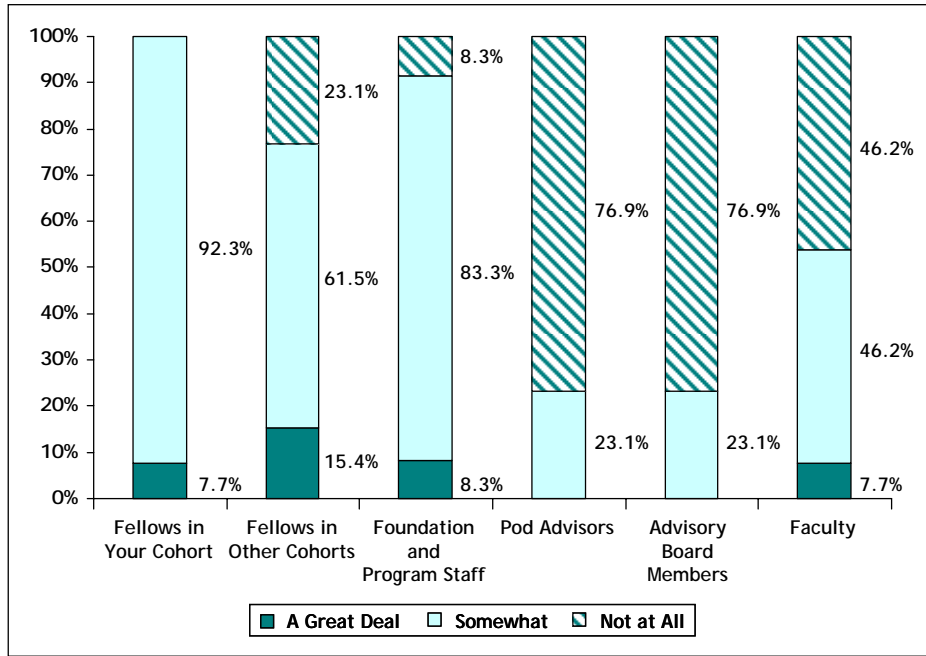
- One fellow credits the skills and experiences provided by the Program with facilitating his ability to interact with the California State Assembly, particularly in advancing policies to protect patients from unfair billing practices.
- Another fellow testified on multiple occasions before the California Board of Supervisors about many health care issues.
- Another fellow has worked to raise issues affecting local physician reimbursement issues. The issue now is part of the national debate and focus.
- One fellow’s CHIP project has taken him to Washington, DC several times. He has developed a relationships with the Medicare Payment Advisory Commission (MedPAC) staff and key congressional committee staff members.
- Another fellow has been working with city officials to increase its ability to meet the health care capacity needs of her community. She also worked to develop protocols for dealing with the media on high profile stories.
- One fellow has prepared public announcements for a variety of division- and school-wide functions, including his own division-sponsored end of life and palliative/pain management conference. He also has been active in exchanging ideas and shaping policy internal to his organization.

IV. Networking

One of the strengths of the Program is its ability to foster an atmosphere for fellows to network and form strong interpersonal relationships with other health care leaders in California. Many of these relationships have been maintained over time. Almost without exception, fellows in Cohort 1 have maintained some level of contact with one another since completing the Program. Fellows also are using their contacts with fellows from other cohorts, the Foundation and program staff and faculty in helping them address issues they are facing with their careers,

organizations and beyond (Exhibit 7). It is through this type of networking and collaboration that a cadre of health care leaders working to address health care issues throughout California will be created and sustained.

Exhibit 7:
Fellow’s Networking Activities (n = 13)



V. California Health Care Leaders Network

With support from the program office, the California Healthcare Leaders Network officially was established in May 2004. The Network is one mechanism for graduated fellows to channel their energy, enthusiasm and commitment to enhancing health care in California while continuing to build upon what the fellowship began, including providing opportunities for networking and improving leadership development skills. The remainder of this section describes the activities undertaken by the Network.

First, a committee of graduated fellows was formed to develop and guide the activities of the Network. This committee was instrumental in establishing a mission statement, by-laws, operating principles and core strategies for the Network. The Network’s core strategies:

- **continuing professional growth** will focus on further development of interpersonal skills and leadership styles, as well as the mastery of management and business skills necessary to lead health care organizations.
- **sharing expertise among leaders** means establishing a community of leaders who can draw upon the knowledge, skills and experience of its members to support each other.
- **by convening leaders**, the Network will use their skills to approach the key practice, political, access and financing issues in health care affecting California. Potential approaches include advocating policy, assembling coalitions of health care organizations,

implementing demonstration projects in organizations served by Network member, writing position papers and organizing conferences.

A Board of Directors, which meets monthly, was elected to provide strategic direction, identify types of activities and monitor the budget and finances of the Network. To facilitate professional growth and launch new initiatives, the Network meets in-person twice per year. During these meetings, time is spent on all three core strategies, including identifying ad hoc working groups that focus on specific projects in between meetings. The meetings also typically have a session devoted to professional growth and a presentation of an issue of importance facing health care, such as the nursing workforce shortage. To date, the Network has convened four meetings (May 8, 2004; September 11-12, 2004; February 25-26, 2005; and September 23-25, 2005). Generally, the meetings have had high participation of Program alumni. Over 80 percent of the inaugural class attended the first meeting, and 85 percent paid their dues of \$200 per person.

The Network has identified five areas in which they would like to focus their activities. Working groups have been formed for each of five topic areas:

- improving care through information technology
- quality improvement
- meaning in leadership
- revising office systems
- health care systems change

To date, each working group has identified goals and is working to develop strategies and a plan to achieve their goals. More details will be provided in the final evaluation report detailing the progress of each working group.

Chapter 3: Cohort 3 Fellowship Experiences

This chapter focuses on the third cohort of Program fellows. It briefly describes their experiences with the Program and presents their perspectives on the various Program components.

I. Value of the CHCF Leadership Program

- **The Program presented an opportunity for fellows to strengthen management and leadership skills applicable to their work settings that were either lacking or not fully developed.** Fellows continue to view the Program as a forum for sharing ideas, issues and experiences with colleagues in a supportive and engaging environment. Fellows overwhelmingly thought the Program provided the perfect balance of didactic learning, skills development and networking.

"This has been the best learning experience of my life. I have always loved school and learning, but this was the perfect blend of networking, education and socializing."

"I was at a crossroads in my professional life. This gave my work new direction and new inspiration."

"Participating in the Program was a chance of a lifetime. It was a completely transformative experience."

- **Fellows saw the Program as an invaluable resource for leadership training as they progress in their careers.** Many fellows indicated that their participation in the Program came at a critical milestone in their careers. For one fellow, the Program gave him the leadership skills necessary to assume the role of president of his 70 member medical group. Another fellow was transitioning into a management role and was not feeling prepared to do so. He noted that the Program was particularly effective in helping him to develop his delegation and communication skills.
- **Through the Program, fellows were able to develop a network of health care leaders whose perspectives are broader than the individual institutions which they represent.** By including health care leaders from the private, public and community health settings and providing a common context, as well as exposure to one another's experiences, the Program is creating a solid foundation of leaders for the future and for improving the health care system in California.

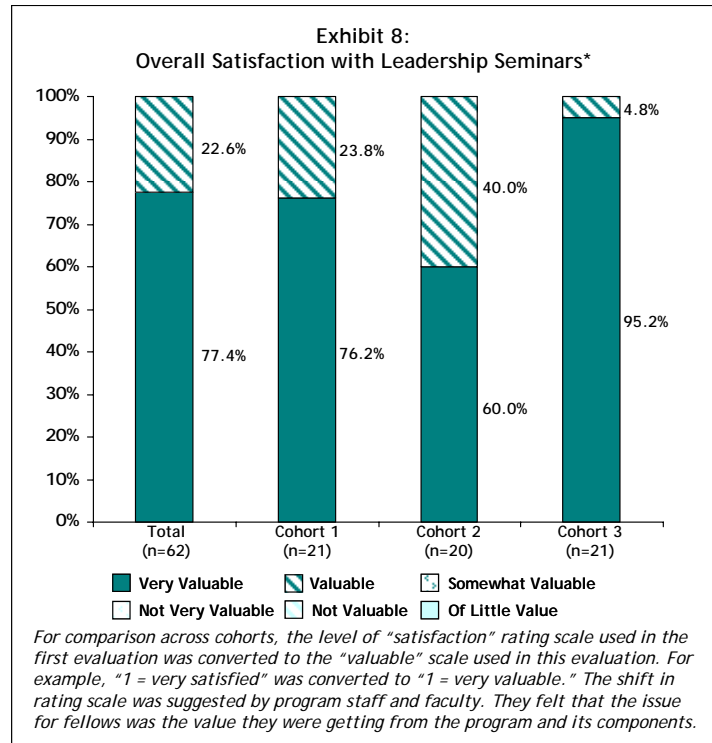
II. Fellow Perspective on Program Components

A program like the Health Care Leadership Program is only as strong and effective as its individual core components. Almost without exception, fellows continue to see tremendous value in the various components that collectively encompass the Program.

A. Leadership Seminars

The six, five-day leadership seminars focus on skills and competencies needed to advance in leadership positions. These sessions provide interactive, experiential lessons that explore the nature of the leadership challenge for clinicians, the challenge of leading teams and models of change management and conflict resolution. The seminars involve organizational simulations, self-assessment activities, role-plays and peer coaching.

- As the program evolves, fellows are assigning a higher value to the leadership seminars. Compared with previous cohorts, the overwhelming majority of fellows in Cohort 3 found the seminars to be an extremely valuable aspect of their fellowship experience (Exhibit 8). Fellows also agreed that the various objectives set forth for the seminars added value to their overall experiences with the Program (Exhibit 9).



- Leadership seminars provided fellows the opportunity to step outside their organizational boundaries into an environment that was exceptionally conducive to learning and leadership development. As a result, fellows were able to develop new leadership skills and insights, share ideas and experiences with colleagues in a collegial manner and cultivate personal and professional relationships.
- Leadership seminars provided a venue for fellows to exchange ideas and experiences with individuals from a variety of health care settings and diverse professional backgrounds. Several of the fellows noted that the seminars broadened their perspectives about the issues facing health care today and the challenges that leaders within health care organizations in California face. Many fellows reflected on their naiveté about how the issues facing private versus public organizations or in different geographic regions of the state could be so different.

**Exhibit 9:
Value of Leadership Seminars - Cohort 3
(n = 21)**

Objective	Very Valuable n (%)	Valuable n (%)	Somewhat Valuable n (%)	Of Little Value n (%)	Not Valuable n (%)	Not Very Valuable n (%)
Provide quality speakers/faculty	20 (95.2%)	1 (4.8%)	0 (0%)	0(0%)	0 (0%)	0(0%)
Present thought-provoking ideas and information	19 (90.5%)	2 (9.5%)	0 (0%)	0 (0%)	0(0%)	0 (0%)
Address relevant content, themes, and issues	18 (85.7%)	3 (14.3%)	0 (0%)	0 (0%)	0(0%)	0 (0%)
Address issues at appropriate level	16 (76.2%)	5 (23.8%)	0 (0%)	0(0%)	0 (0%)	0 (0%)
Provide opportunity to engage in meaningful dialogue with colleagues	16 (76.2%)	4 (19.1%)	1 (4.7%)	0(0%)	0 (0%)	0 (0%)
Created opportunities for self-reflection	17 (80.9%)	4 (19.1%)	0 (0%)	0(0%)	0 (0%)	0 (0%)
Enhanced leadership skills	18 (87.7%)	3 (14.3%)	0 (0%)	0(0%)	0 (0%)	0 (0%)

For comparison across cohorts, the level of “satisfaction” rating scale used in the first evaluation was converted to the “valuable” scale used in this evaluation. For example, “1 = very satisfied” was converted to “1 = very valuable.” The shift in rating scale was suggested by program staff and faculty. They felt that the issue for fellows was the value they were getting from the program and its components.

When asked how future leadership seminars might be enhanced, only a few suggestions were provided, including:

- incorporate more time during the seminars for structured discussions among the fellows and the presenter to facilitate the sharing of ideas and experiences about translating the material presented into their daily responsibilities.
- tailor the content to be relevant to the other health professions, including mental health providers, dentists and pharmacists, rather than to primarily physicians and nurses.
- include more speakers and/or sessions that focus on organizational issues in the public sector.
- schedule the more scientific content earlier in the day when fellows are fresher and schedule the more dynamic speakers or more interactive sessions in the afternoon when fellows’ energy levels decrease.

B. UCLA Anderson School Seminar

While most fellows indicated that their experience at The Anderson School at UCLA was valuable, others raised some concerns. Many of the issues identified were consistent with feedback provided from previous cohorts during Lewin’s initial evaluation of the Program.

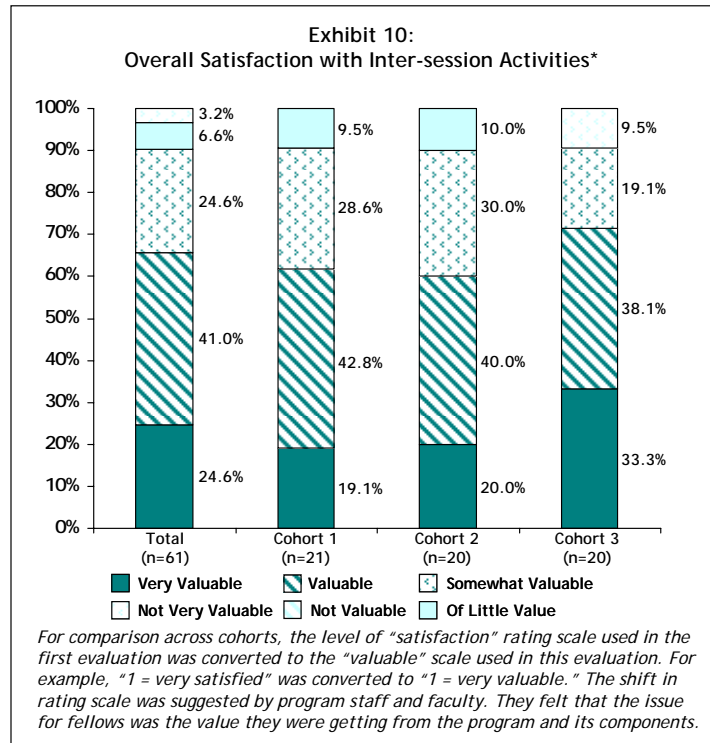
First, fellows continue to report a disconnect on how the material presented during this seminar is relevant and can be translated into their daily work environment. This was particularly true for fellows working in public sector organizations. Fellows suggested including more case-based discussions about how the concepts fit into the daily work environment of health care organizations. Second, fellows felt that the curriculum was too much of a

“hyper-condensed” professional business school curriculum, which was not the most effective method to present the material given the limited time available. Third, for fellows without much prior business, finance or statistical knowledge, the material was “over their heads.” To address this issues, fellows raised the possibility of dividing the fellows into two groups based on their level of knowledge of business concepts or providing a “pre-session,” which introduces basic business concepts. Finally, given the limited time available for in-person interactions and the need to maximize the opportunities for developing leadership skills, fellows suggested that this might be an area of the Program to consider scaling down.

C. Inter-session Activities

In between seminars, fellows participate in a variety of activities to keep active and engaged in the fellowship, promote learning and prepare for subsequent sessions. Assignments include readings and case studies, peer group interactions, telephone and web conferences with faculty and advisors and web-based tools to track goals and share experiences and progress.

The majority of Cohort 3 fellows (72 percent) rated the inter-session component as either “very valuable” or “valuable.” Comparing this with feedback received from Cohort 1 and 2 fellows during Lewin’s initial evaluation indicates that fellows are seeing increased value in the inter-session activities.



In order to better understand how fellows arrived at their overall rating of the inter-session activities, they were asked to rate the value of the inter-session activities across five objectives (Exhibit 11). While fellows found the readings and case studies to be extremely relevant and helped to reinforce the skills and concepts from the lectures, almost half of the fellows expressed some degree of difficulty in incorporating the inter-session activities into their already busy schedules which prevented them from taking full advantage of the readings and case studies in between the seminars.

Exhibit 11:
Value of Inter-session Activities - Cohort 3
(n = 21)

Objective	Very Valuable n (%)	Valuable n (%)	Somewhat Valuable n (%)	Of Little Value n (%)	Not Valuable n (%)	Not Very Valuable n (%)
Reinforced skills and lessons learned (n=20)	5 (25.0%)	12 (60.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prepared for subsequent sessions (n=20)	9 (45.0%)	7 (35.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Provided opportunities for telephone/web conferences with faculty and advisors (n=20)	5 (25.0%)	9 (45.0%)	3 (15.0%)	2 (10.0%)	1 (5.0%)	0 (0.0%)
Easily incorporated in to fellow’s schedule (n=20)	4 (20.0%)	5 (25.0%)	7 (35.0%)	3 (15.0%)	1 (5.0%)	0 (0.0%)
Included relevant readings and case studies (n=20)	14 (70.0%)	2 (10.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

For comparison across cohorts, the level of “satisfaction” rating scale used in the first evaluation was converted to the “valuable” scale used in this evaluation. For example, “1 = very satisfied” was converted to “1 = very valuable.” The shift in rating scale was suggested by program staff and faculty. They felt that the issue for fellows was the value they were getting from the program and its components.

D. Pod Experience

The Pod component of the Program is unique in that it creates a built-in peer support group and mechanism for fellows throughout the two-year fellowship to monitor activity and personal growth over time. These peer groups shift the focus of learning as individuals to learning as a group.

- **By working in Pods, fellows learned to work in teams, built relationships with colleagues and received coaching and guidance on career issues from peers and Pod advisors.**
- **Fellows acknowledged a degree of variability in the quality of the Pod experience.** Roughly one-third of Cohort 3 fellows rated the value of their Pod experience as less than valuable, which is consistent with ratings provided by fellows in Cohorts 1 and 2. Issues raised by these previous cohorts of fellows continue to be a source of frustration for these fellows as well.

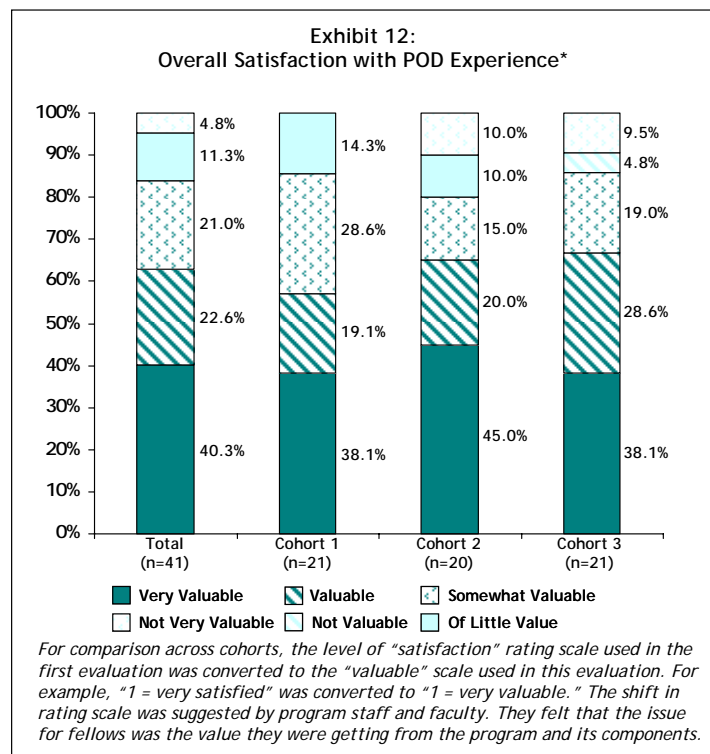


Exhibit 13:
Value of Pod Experience - Cohort 3
(n = 21)

Objective	Very Valuable n (%)	Valuable n (%)	Somewhat Valuable n (%)	Of Little Value n (%)	Not Valuable n (%)	Not Very Valuable n (%)
Guidance/support provided by Pod leaders (n = 20)	12 (60.0%)	5 (25.0%)	0 (0.0%)	0 (0.0%)	2 (10.0%)	1 (5.0%)
Constructive Pod interactions (n = 19)	17 (89.5%)	0 (0.0%)	0 (0.0%)	2 (10.5%)	0 (0.0%)	0 (0.0%)
Discussions that create meaningful learning opportunities (n = 19)	9 (47.4%)	5 (26.3%)	3 (15.7%)	0 (0.0%)	1 (5.3%)	1 (5.3%)

For comparison across cohorts, the level of "satisfaction" rating scale used in the first evaluation was converted to the "valuable" scale used in this evaluation. For example, "1 = very satisfied" was converted to "1 = very valuable." The shift in rating scale was suggested by program staff and faculty. They felt that the issue for fellows was the value they were getting from the program and its components.

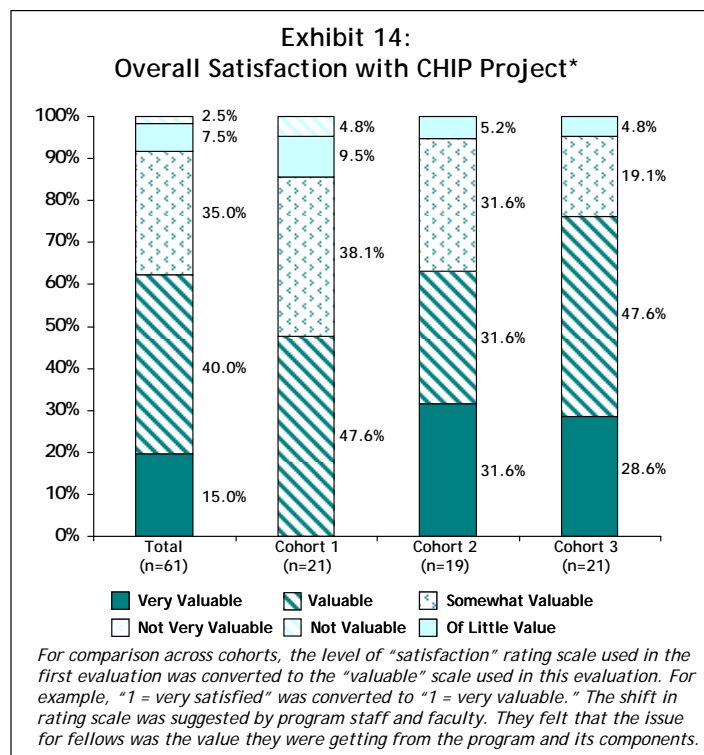
Suggestions for improving the Pod experience for the fellows include:

- whenever possible, structure Pods and assign Pod advisors with geography or area of interest in mind.
- in addition to geography, consider grouping fellows into Pods based on shared or common interests.
- ensure that the Pod advisor plays an active role in assisting the Pod to stay focused and on track.

E. CHCF Management Improvement Project (CHIP)

The CHIP is a practical exercise that creates an opportunity for fellows to draw on the skills and knowledge acquired during the Program to create and implement a project designed to improve and change their organizations. The CHIP project also provides opportunities for peer consultation, whereby fellows consider the challenges and issues facing their colleagues and offer practical advice on how best to resolve them.

The CHIP experience continues to generate mixed reaction from fellows. Across the three cohorts of fellows that have provided input to date, approximately two-thirds rated their CHIP experience as either "very



valuable” or “valuable.” A small number of fellows expressed some confusion at the outset of the CHIP with regard to objectives and/or the process for executing their project. Further, some fellows noted that they lacked adequate support and guidance from the program staff in shaping and implementing their projects.

In order to more fully understand what aspects of the CHIP continue to present issues for the fellows, three objectives associated with this Program component were explored (**Exhibit 15**).

Exhibit 15:
Value of CHIP - Cohort 3
(n = 21)

Objective	Very Valuable n (%)	Valuable n (%)	Somewhat Valuable n (%)	Of Little Value n (%)	Not Valuable n (%)	Not Very Valuable n (%)
Offers mechanisms to apply leadership skills learned (n = 20)	8 (40.0%)	9 (45.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Allows fellows to leverage projects as an opportunity for further leadership development and professional growth (n = 18)	9 (45.0%)	7 (35.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Addresses issues of importance to the future of your organization (n = 20)	16 (80.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

For comparison across cohorts, the level of “satisfaction” rating scale used in the first evaluation was converted to the “valuable” scale used in this evaluation. For example, “1 = very satisfied” was converted to “1 = very valuable.” The shift in rating scale was suggested by program staff and faculty. They felt that the issue for fellows was the value they were getting from the program and its components.

For most fellows, the CHIP experience resulted in valuable projects being implemented in their organizations. While most CHIP projects were focused at the organizational level, many fellows viewed their organizational projects as an important first step in creating opportunities that could be transferable to the broader health care system. Some examples of CHIP projects that focused at the organizational level include:

- One fellow’s project focused on increasing efficiency, access and patient satisfaction in primary care centers by decreasing cycle time (i.e., total time spend by patient in the clinic) by at least 25 percent in each department by June 30, 2005. This CHIP project was very successful and actually resulted in a decrease in cycle time by 50 percent.
- Another fellow evaluated the possibility of implementing a midwifery service to provide prenatal and inpatient care to the uninsured, immigrant population in the county. This CHIP project spun off the development of a midwifery graduate program at the University of California, San Francisco.

“The CHIP experience provided an excellent framework for organizing around a major project. I have used the format for several other projects as well.”

“While the implementation of the CHIP was fine, the initiation was confusing.”

“It was a very practical and useful on many levels. It was an ideal way to use leadership learning provided through the Program.”

- Another fellow completed an evaluation and presented findings to the fellow’s board regarding the benefits, obstacles and costs of implementing an electronic health record (EHR) program in 5 to 10 pilot primary care physicians’ offices. Currently, the fellow’s IPA is reviewing various EHR products that are available and is working with its information technology department to provide recommendations.

F. Personal Leadership Development

A key focus of the Program is personal leadership development. Fellows are exposed to a variety of leadership assessment instruments and other self assessment tools that include VOICES 360° reviews, Myers-Briggs, FIRO-B, SYMLOG and individual coaching sessions to help identify the areas on which the fellows needed to work over the course of the fellowship. In addition, fellows used a web-based tool, Friday5s, to track development goals and share experiences and progress.

Almost without exception, fellows valued the opportunity to learn about themselves with information and feedback gathered through the leadership assessment instruments. While some fellows expressed a degree of discomfort with the process, the benefits associated with the exercises more than outweighed the cons. Fellows particularly highlighted the value of the VOICES 360° feedback. In fact, several of the fellows reported that they have initiated a 360° feedback in their own organizations. **Exhibit 16** provides input from Cohort 3 fellows on the value of the various leadership assessment tools.

Exhibit 16:
Value of Leadership Assessment Instruments - Cohort 3

Instrument	Very Valuable n (%)	Valuable n(%)	Moderately Valuable n (%)	Of Little Value n (%)	Not At All Valuable n(%)
Myers-Briggs Type Indicator (n=21)	10 (47.6%)	4 (19.1%)	7 (33.3%)	0 (0%)	0 (0%)
Voices 360° Feedback (n=21)	18 (85.7%)	3 (14.3%)	0 (0%)	0 (0%)	0 (0%)
FIRO-B (n=20)	10 (50.0%)	6 (30.0%)	4 (20.0%)	0 (0%)	0 (0%)
SYMLOG (n=20)	7 (35.0%)	6 (30.0%)	7 (35.0%)	0 (0%)	0 (0%)
Friday5s (n=21)	5 (23.8%)	4 (19.1%)	7 (33.3%)	2 (9.5%)	3 (14.3%)

For comparison across cohorts, the level of “satisfaction” rating scale used in the first evaluation was converted to the “valuable” scale used in this evaluation. For example, “1 = very satisfied” was converted to “1 = very valuable.” The shift in rating scale was suggested by program staff and faculty. They felt that the issue for fellows was the value they were getting from the program and its components.

Another tool used by the Program is the Friday5. This tool provides a structure for fellows to provide input on their progress and for faculty and Pod advisors to provide feedback. Like the fellows in Cohorts 1 and 2, mixed feedback on the usefulness of the Friday5, was provided by Cohort 3 fellows. Slightly over 40 percent of fellows rated their experience with the Friday5 as at least a valuable one. The remaining fellows felt the Friday5s was “moderately valuable” to “not at all valuable.” The program staff may want to consider reassessing the value of the Friday5 as useful tool for determining the progress fellows make.

Chapter 4: Cohort 3 Fellows: Early Program Successes

Fellows from Cohort 3 completed the Program in the Fall of 2005. Even at this early stage, they already are translating the management and leadership skills and practices acquired through the Program into the work they are doing in their health care organizations. Almost without exception, fellows also reported that the Program has had a major influence on their careers and career goals.

Employers of Cohort 3 fellows also see value for their organizations in having individuals participate in the Program. In fact, for a number of employers, this was not the first fellow from their organization to participate. They also would support the participation of fellows in future Programs. Without exception, employers agreed that this Program goes well beyond what any individual institution, particularly public sector entities, could do in providing leadership training.

This chapter is focused on identifying early program outcomes for Cohort 3 across three domains:

- **on the individual fellow**, by exploring the extent to which they have acquired the skills and confidence necessary to enhance their personal and professional growth.
- **on the fellow's organization**, by examining the extent to which fellows are translating the leadership skills acquired during the Program to the work they perform within their organizations.
- **on the health care system in California**, by identifying the extent to which fellows are achieving heightened profiles and pursuing leadership roles beyond their own organizations.

I. Personal and Professional Growth

Individuals are typically the primary focus for leadership programs. The development of skills and knowledge and the changes in attitudes, perspectives and behaviors are all potential individual outcomes. This evaluation examined six individual-level competencies addressed in the Program to determine the extent to which participation influenced the fellows' abilities in those areas. The individual competency areas included: 1) skill development; 2) communication; 3) confidence and risk taking; 4) knowledge development; 5) collaboration and partnership; and 6) professional development.

A. Skill Development

The fellows in Cohort 3 were asked to rate the extent to which their participation in the Program helped them to develop or improve existing skills that would enhance their leadership ability. With the exception of facilitation, a majority of fellows reported that the Program contributed in a substantial way to their ability to build skills in areas important for their development as leaders.

Exhibit 17 presents data reported by the fellows for the six skill areas assessed.

“It was eye opening for me to learn that I have a competitive style in terms of conflict management. Now in meetings, I think about different approaches and choose the most appropriate style to suit the need. As a result, I am better able to achieve consensus.”

“The fellowship has helped me identify the value of providing professional development activities for my staff.”

“I feel more empowered to step back and delegate. This frees up my time to focus on other activities, such as program planning and strategic planning.”

Exhibit 17:
Influence on Skill Development - Cohort 3
(n = 19)

	A Great Deal	Somewhat	Not at All
Facilitation	5 (26.3%)	14 (73.7%)	0 (0.0%)
Strategic planning	10 (52.6%)	9 (47.4%)	0 (0.0%)
Problem-solving	10 (52.6%)	9 (47.4%)	0 (0.0%)
Team building	10 (52.6%)	9 (47.4%)	0 (0.0%)
Goal-setting	11 (57.9%)	8 (42.1%)	0 (0.0%)
Conflict resolution	11 (57.9%)	8 (42.1%)	0 (0.0%)

B. Communication

From Cohort 3 fellows’ perspective, the Program played an important role in helping them to become more effective communicators (Exhibit 18). The Program went well beyond simply improving their oral and written communication skills. Fellows also expressed an increased ability to not only listen to, but to actively solicit input from others, then use these interactions to build consensus and buy-in. Fellows also credit the Program with providing opportunities to enhance their public speaking skills.

Employers also noted positive changes in the fellows’ ability to use their newly acquired communication skills to develop more effective interpersonal relationships at all levels within their organizations. One employer stated that, “prior to the Program, the fellow would make decisions, regardless of the type, in isolation. Now, he is more cognizant of when and how to get the input from others and when building stakeholder buy-in is critical to being able to effectively implement his policies.”

“I am more cognizant of making sure the message I send out will get me where I want to go. I am more conscious and skilled in formatting and delivering my message to get buy in and interest from others.”

“I am more patient and collaborative in leading change. I now can solicit people’s input and use it.”

“I am now more comfortable giving and receiving criticism and as a result my performance has improved.”

Using skills gained from the Program, fellows also have achieved increased levels of success in crafting and delivering effective messages. For some fellows, this has resulted in not only responding to, but seeking out public speaking opportunities which, in turn, have increased their ability to garner support from others.

Exhibit 18:
Influence on Communication Skills - Cohort 3
 (n = 21)

	A Great Deal	Somewhat	Not at All
Oral and written skills	8 (38.1%)	13 (61.9%)	0 (0.0%)
Ability to express/hear divergent opinions	15 (71.4%)	6 (28.6%)	0 (0.0%)
Ability to gain support of influential people	12 (57.1%)	8 (38.1%)	1 (4.8%)
Ability to mobilize political will for change	10 (47.6%)	10 (47.6%)	1 (4.8%)
Ability to utilize the media	2 (9.5%)	14 (66.7%)	5 (23.8%)

C. Confidence and Risk-taking

Being able to take calculated risks, think out of the box and develop innovative approaches to tasks are important skills for individuals in leadership positions to possess. Many of the assignments and exercises presented during the Program created opportunities for fellows to move outside their comfort zones, build confidence and explore new ways of thinking about and tackling the complex issues facing their organizations and the broader health care field.

"The Program allowed me to think and understand the consequences of inaction. It reinforced that we can be creative, different and caring and that these are positive attributes even in corporate America."

"The Program has forced me to step up to the plate, when previously I would not have gotten involved. I feel like I now have the skills and legitimacy to step forward and help solve problems throughout the system."

Exhibit 19 presents the fellows’ assessment of the level of influence the Program had on their confidence and ability to take risks. Fellows were quick to acknowledge the contribution of the Program in building their confidence and self image. Feeling more confident was key for fellows to not only think more creatively in addressing issues or thinking about developing new programs but also to put their ideas forward to key decision makers.

Exhibit 19:
Influence on Confidence and Risk-Taking - Cohort 3
 (n = 21)

	A Great Deal	Somewhat	Not at All
Confidence and self-image	15 (71.4%)	6 (28.6%)	0 (0.0%)
Abilities to take greater risks	15 (71.4%)	6 (28.6%)	0 (0.0%)
Willingness to move outside traditional and patterned ways of thinking	13 (61.9%)	8 (38.1%)	0 (0.0%)
Willingness to suggest creative solutions to others within the organization	16 (76.2%)	5 (23.8%)	0 (0.0%)

Employers viewed the ability to take calculated risks as important for leaders in their organizations. Several employers have seen improvements in the fellows’ willingness to recommend and implement innovative solutions. Since participating in the Program, employers also noted fellows are more poised and have a greater “executive presence.”

D. Knowledge Development

The fellowship not only provided an opportunity for fellows to broaden their knowledge of the health care field, but also created forums for fellows to gain a better understanding of the various entities and factors that impact how health care is delivered and financed.

Fellows come to the Program with strong clinical backgrounds and general knowledge of the health care field. The added value of this Program for them is its focus on the transfer of knowledge related to other disciplines or content areas relevant to their work and development as health care leaders. The Program’s ability to assemble fellows from diverse health care professions and health care settings creates a “learning community” that would not have been possible without the Program.

“A strength of the Program for me was learning more about the role of the government in health care as well as the provision of health through governmental agencies.”

Exhibit 20 presents the fellows’ assessment of the level of influence the Program had on their knowledge development.

Exhibit 20:
CHCF Influence on Knowledge Development - Cohort 3
(n = 20)

	A Great Deal	Somewhat	Not at All
Knowledge of health field	8 (40.0%)	12 (60.0%)	0 (0.0%)
Knowledge of other fields or knowledge relevant to your work	14 (70.0%)	6 (30.0%)	0 (0.0%)
Knowledge of broad issue areas, such as government and politics, mass media, economics, environmental issues, etc.	13 (65.0%)	7 (35.0%)	0 (0.0%)

E. Collaboration and Partnerships

Another indicator of Program impact is the ability of fellows to work collaboratively and create partnerships for change, both within their organizations and the broader health care system. Even at this early stage, Cohort 3 fellows acknowledge the positive influence that the Program is having in that regard.

Exhibit 21 presents information related to the fellows’ perceptions of the impact of the Program on collaboration and partnerships. Without question, the Program has created opportunities for fellows to broaden their professional networks. Fellows actively are exploring opportunities to collaborate with other fellows, particularly with those in their Pods.

Employers also recognize the value the fellowship in providing opportunities for fellows to network and collaborate. They see the benefit that comes to their organizations from being able to tap into the best practices identified through collaborating and partnering with fellows from other organizations. For example, several fellows representing both public and private

institutions currently are collaborating and sharing best practices on a diabetes management program. One employer noted that “having CHCF fellows in our region has served as a seed for change by promoting collaboration and partnerships among organizations that have no formal connection or relationship.”

Exhibit 21:
CHCF Influence on Collaboration and Partnerships - Cohort 3
 (n = 21)

	A Great Deal	Somewhat	Not at All
Ability to expand professional networks	16 (76.2%)	5 (23.8%)	0 (0.0%)
Ability to engage interdisciplinary groups	9 (42.8%)	11 (52.4%)	1 (4.8%)
Involvement in collaborative projects with other organizations	15 (71.4%)	5 (23.8%)	1 (4.8%)
Involvement in collaborative projects with other CHCF fellows	9 (42.8%)	11 (52.4%)	1 (4.8%)
Ability to build relationships across the various health care sectors	14 (66.7%)	7 (33.3%)	0 (0.0%)

II. Organizational Change

A desired outcome of the Program is for fellows to assume greater leadership roles in their organizations. Even at this early stage, Cohort 3 fellows already are doing just that. Employers interviewed confirmed this assertion. It is important to note that the employers are knowledgeable about the Program and well versed on what their fellows are accomplishing.

Several fellows acknowledged a notable change in their relationships with peers, staff and supervisors. Employers also commented on an improvement in the fellows’ ability to interact with staff members at all levels and implement changes within the organization. Most notably, fellows are delegating tasks that they previously would have done themselves. They are thinking more strategically and spending more time incorporating the organization’s vision, mission and values into their work.

“Probably the most important part of the fellowship is that it strengthened my resolve to make change happen in my organization and gave me the courage to follow my vision.”

“Since being in the Program, the fellow has gained more credibility within the organization among peers and superiors as a person who is extremely valuable to the organization as a leader. The fellow’s political capital has been increasing over the past two years so now when she says something, people listen.”

“Being a CHCF fellow has given me more personal authority and my projects more legitimacy.”

Exhibit 22 provides information from Cohort 3 fellows on the various ways the Program has influenced their organizations.

Exhibit 22:
CHCF Influence on Fellow’s Organization - Cohort 3

	A Great Deal	Somewhat	Not at All
Ability to engage others to get work done rather than doing it yourself (n=20)	14 (70.0%)	6 (30.0%)	0 (0.0%)
Ability to be more proactive rather than reactive (n=20)	12 (60.0%)	8 (40.0%)	0 (0.0%)
Your leadership responsibilities (n = 19)	14 (73.7%)	5 (26.3%)	0 (0.0%)
Ability to develop new projects or programs (n=20)	12 (60.0%)	8 (40.0%)	0 (0.0%)

During the interview, employers were asked to provide commentary on the traits they look for in their leaders. The traits mentioned are consistent with those being developed by fellows during the Program. We also looked to the fellows’ employers to provide their perspectives on the value that the Program has brought to their organizations.

Without exception, employers interviewed acknowledged that their organizations are realizing a number of positive benefits related to the fellow’s participation in the Program. Employers cited these particular benefits:

- For fellows who come from public sector organizations, employers noted that the Program provides a rare and invaluable opportunity for leadership development. Given the resource constraints facing organizations in the public sector, the Foundation, through its investment in this Program, is filling a unique niche in providing leadership development opportunities for their staffs.
- In a number of health care organizations, employers report that it is considered an honor to be a CHCF fellow. Being in the Program not only enhances an individual’s professional reputation, it adds to the caliber of leaders within individual health care organizations. This is seen as an important first step toward achieving the Foundation’s longer-term goal of developing and sustaining a network of leaders who will shape a more responsive and effective health care system in California.
- Employers report that, through the networking opportunities made possible by the Program, fellows from a variety of health professions and from diverse health care organizations across the state, are bringing back a variety of best practices and benchmarking data to their home institutions.

What Traits Do Fellows’ Employers Look For In Their Health Care Leader?

The individual ...

- has a vision and can communicate it*
- understands the broader health care system*
- is able to navigate the political environment, both internally and externally*
- effectively manages change*
- embraces innovation and creativity*
- delegates and holds staff accountable*
- is involved in health care beyond their own organization*

III. Health Care System Change

It is the ultimate goal of the Program to develop a cadre of health care professionals who will emerge as leaders in California. The third cohort of fellows graduated from the Program only two months ago, and they are already beginning to show positive outcomes. Therefore, it is important that expectations regarding their ability to be seen as leaders beyond their own organization be viewed with this in mind.

A. Shaping Health Care and Health Care Policy

The majority of Cohort 3 fellows acknowledged that the Program was instrumental in broadening their role as leaders in health care. Most reported that, prior to participating in the Program, their view of themselves as health care leaders was narrowly focused and was largely confined to the organizations where they work.

Fellows are working in their communities through collaboratives and coalitions on health care issues and advancing their involvement in health care policy at both the local and state levels.

Exhibit 23 provides feedback from Cohort 3 fellows on areas in which the Program helped to shape their ability to influence the broader health care system. Of particular note, fellows viewed their participation in the Program as central to their ability to be more effectively engage with policymakers on health care issues.

“I was greatly influenced by the legislative session in Sacramento. I now call the county supervisor and other legislative staff in my District for various issues. Prior to the program, it had never occurred to me to take this sort of legislative initiative to get things done.”

“I would never have found my way around the State Capitol and spoken with elected officials if I hadn’t been part of the fellowship. How I feel comfortable contacting elected officials when the need arises.”

**Exhibit 23:
Influence in Shaping the Health Care System and Health Policy - Cohort 3**

	A Great Deal	Somewhat	Not at All
Influenced ability to develop new community coalitions or collaborations (n = 19)	5 (26.3%)	11 (57.9%)	3 (15.8%)
Influenced ability to develop new projects or programs in your community (n = 18)	6 (33.3%)	8 (44.5%)	4 (22.2%)
Influenced your ability to make policymakers aware of and attuned to health care issues (n = 18)	7 (38.9%)	10 (55.6%)	1 (5.5%)
Influenced involvement in community activities, civic affairs, volunteer work (n = 18)	3 (16.7%)	13 (72.2%)	2 (11.1%)

B. Leadership Activities

Another potential measure of the extent to which fellows are expanding their leadership roles is the Program’s influence on time spent in various activities expected of leaders. Having a better understanding of the change in time fellows devoted by type of activity since participating in the Program may provide corroborating evidence to support an enhanced leadership profile.

“Since participating in the Program, I have worked to promote myself as a regional resource for workforce development.”

“To quote my boss, ‘since participating in the Program, you have brought back the respect for and confidence in the role Medical Director.’”

“I am currently working with a video company to produce a video highlighting community health centers and the benefit they bring to our community.”

The overwhelming majority of fellows already are reporting an increase in the time they are spending interacting with current leaders in health care

(**Exhibit 24**). Using the skills gained from the Program, the majority of fellows not only are increasing the number of presentations they make at professional meeting, they also are assuming more leadership positions with their professional associations.

**Exhibit 24:
Change in Time Spent of Selected Leadership Activities - Cohort 3**

	Significantly Increased	Increased	Not Changed at All
Connections with current health care leaders (n = 19)	3 (15.8%)	12 (63.2%)	4 (21.1%)
Publications (n = 19)	0 (0.0%)	4 (21.1%)	15 (79.0%)
Presentations at professional meetings	5 (15.8%)	7 (36.8%)	9 (47.4%)
Leadership positions within professional organizations (n = 18)	2 (11.1%)	7 (38.9%)	9 (50.0%)
Testimony at legislative hearings and/or other venues where policy issues are addressed (n = 19)	0 (0.0%)	7 (36.8%)	12 (63.2%)
Media coverage (n = 19)	1 (5.3%)	3 (15.8%)	15 (79.0%)

IV. Next Steps

The evaluation of the CHCF Leadership Program continues. The final evaluation report is due to the Foundation in November 2006. This report will include information on Cohort 4 and provide, where appropriate, comparisons between Cohorts 3 and 4. The report also will detail the longer-term outcomes of the Program achieved by Cohorts 1 and 2 and will describe the progress of the California Health Care Leaders Network and its working groups.

Remaining evaluation activities of focus include:

- surveying and/or interviewing Cohort 2 fellows.
- surveying and/or interviewing Cohort 4 fellows.
- conducting interviews with employers of Cohort 4 fellows.