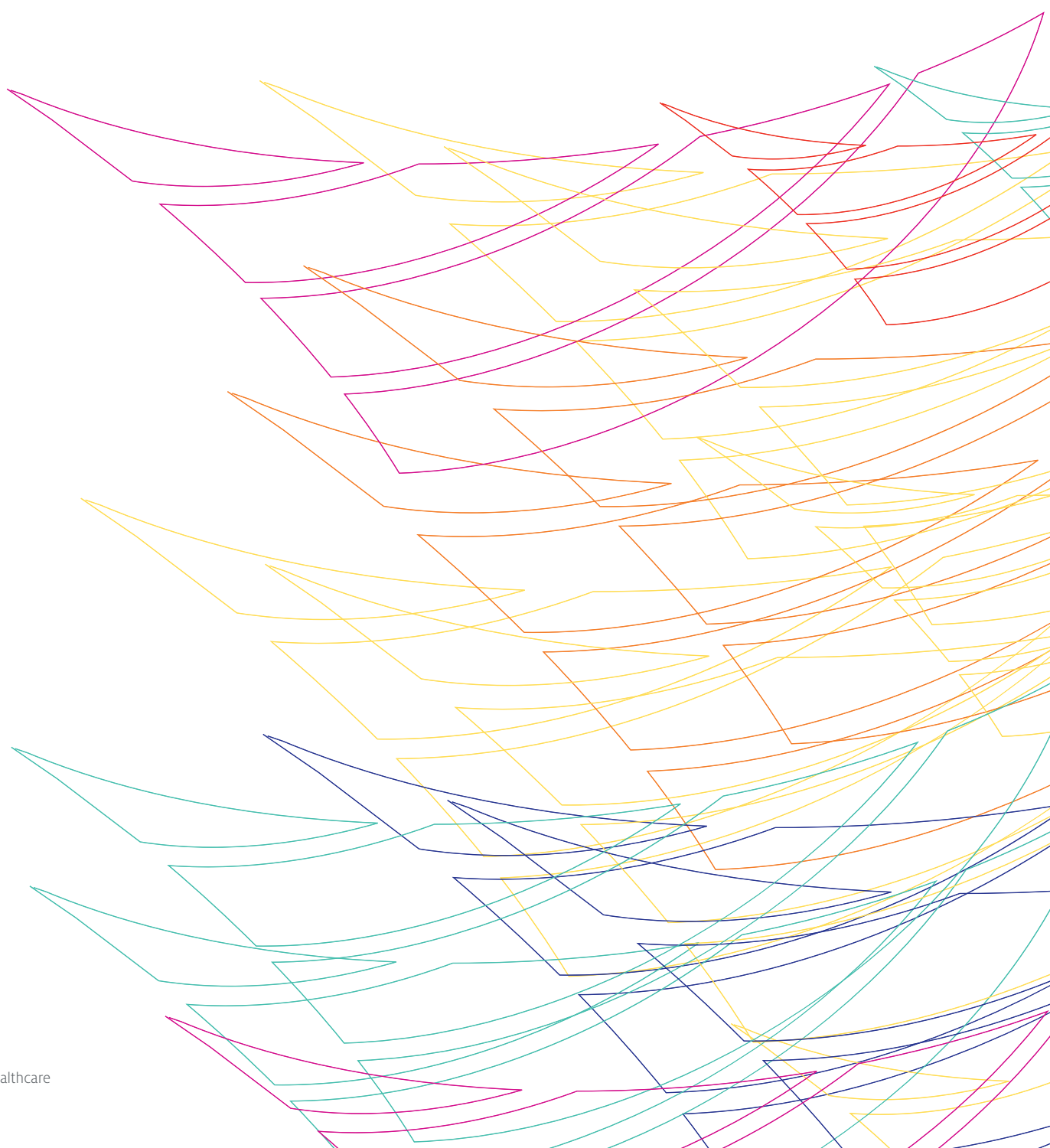


# Robert Wood Johnson Foundation



Ladder to Leadership: Developing the Next  
Generation of Community Healthcare Leaders



# The Challenge

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Management expert Peter Drucker once described nonprofits as “human-change agents.” Others describe them as safety nets—institutions that tackle some of society’s thorniest problems. But many nonprofit agencies that provide community health services are facing challenges: potential gaps in leadership as baby boomers retire by the thousands over the next decade, and a need for creative, bold strategies to maintain quality care and services with limited resources.

A study by the Bridgespan Group, which advises nonprofits and philanthropists, estimated that by 2016 nonprofits will need almost 80,000 new senior managers every year. The leadership deficit, according to the study, is the biggest issue facing these organizations.

The Robert Wood Johnson Foundation (RWJF), the nation’s largest philanthropy devoted exclusively to improving health and healthcare, took steps several years ago to address this problem.

“The goal of the Foundation’s Human Capital Portfolio is to ensure that we have a diverse and adequately trained health and health care workforce,” says Sallie George, a program officer with the Princeton, NJ-based Foundation. “The Foundation has a 40-year history of supporting the development of ‘human capital,’ but we have supported little on increasing the leadership capacity of health-related nonprofits at the community level. We saw this as a gap in our portfolio. The nonprofit level is where a lot of change happens.”

The Foundation, George says, wanted a customized program that would target early-to-mid-career emerging leaders of nonprofits and government agencies, who would be able to help support their organizations and communities in efforts to improve health and healthcare in vulnerable communities across the United States.

# The Solution

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In 2007, RWJF awarded a \$4 million grant over four years to the Center for Creative Leadership (CCL®) to design and manage a new program, Ladder to Leadership: Developing the Next Generation of Community Healthcare Leaders (LTL). The program was completed successfully in July 2012, with the graduation of the last cohort.

CCL developed a 16-month leadership development curriculum for 219 early-to-mid-career professionals, focusing on developing leadership skills related to bringing about organizational change; adapting innovations from other fields; creating more client-focused services; and working across internal and external organizational boundaries. The program promoted cross-organization collaboration and encouraged innovation and community visibility to more effectively tackle health and healthcare issues.

Eight communities were chosen for participation based on poverty levels, the size of immigrant and minority populations, readiness of organizations in the communities to collaborate, and the potential for impact. A key consideration was the availability of a community partner organization to help identify and recruit participants and build community support.

Cohorts of up to 30 Fellows each were selected in communities from across the United States: Albuquerque, NM; Birmingham, AL; Central New York; Cleveland, OH; Eastern North Carolina; Kansas City Metro area; Newark, NJ; and Portland, OR. These professionals represented a diverse group of health and healthcare nonprofits serving a variety of needs, including the Cascade AIDS Project in Portland, the Minority Health and Health Disparities Research Center at the University of Alabama at Birmingham; and the Nash County Health Department in rural eastern North Carolina. Also represented were organizations providing family planning, treatment for mental illness and addiction, independent living support for older adults, and resources for victims of abuse.

“Through the program’s curriculum, we hoped they would gain more confidence in their ability to lead regardless of their formal position, be able to think more strategically, learn to collaborate effectively so they would be able to take on additional leadership roles in their communities and tackle tough issues,” says George of the Foundation’s goals for the program. “We also wanted them to have skills playing different roles in group projects and to hone their creativity.”

# The Solution *(cont.)*

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## Key Program Objectives

- Develop leadership skills among emerging leaders in health and health-related nonprofit organizations.
- Increase effective collaborations and joint implementation of activities between community-based organizations.
- Increase peer support among Fellows.
- Encourage innovative and effective approaches to health and health-related challenges.
- Increase the visibility of a pool of nonprofit leaders ready for higher level leadership roles.

### The 16-month program includes:

- 360 feedback on leadership behaviors
- 5 face-to-face leadership development sessions
- Team-based Action Learning projects
- Professional one-on-one coaching

The comprehensive LTL program included proven methods for individual development, as well as cutting-edge approaches to accelerating leadership. It featured 360-degree assessments, that allowed Fellows to identify strengths and weaknesses through feedback from supervisors, peers, direct reports, and other raters. Fellows participated in interactive, experiential learning sessions on collaboration, conflict-resolution, decision-making and other leadership topics and worked one-on-one with coaches.

A key component of the training was a practical learning strategy, in which Fellows formed small teams to develop an action learning project dealing with a health or healthcare issue in their community. This action learning process provided a laboratory for the Fellows to practice their leadership skills and to develop new ideas for addressing health and healthcare challenges.



# The Impact

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As a result of the Ladder to Leadership developmental process, participants experienced improvements in leadership skills and behaviors. They, as well as peers and supervisors, report positive contributions to the program a year after program completion.

“The application of the skills and assessments to our real-world situations, with feedback from peers we’d learned to trust, was incredibly valuable,” says one participant. “I feel that now there’s nothing in our professional community that we can’t tackle together.”

## Impact on Individuals

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LTL generated results that are real, enduring, and powerful. A survey of Fellows indicates improvement in all areas of individual effectiveness assessed at the conclusion of the program. Similarly, the people who work closely with the Fellows also reported significant improvement in the Fellows’ leadership abilities. In rating the program, 95% of Fellows and 90% of their supervisors, peers, direct reports, and other raters reported an increase or significant increase in leadership effectiveness. Eighty-nine percent of the Fellows and 86% of colleagues indicated an increase or significant increase in effectiveness on collaborative projects.

“LTL was personally and professionally life-changing,” says one Fellow. “I feel better able to assess my role on a day-to-day basis in the environment in which I work without the fears that plagued me before. More than anything, it gave me the belief that I could be a good leader and manager at the same time and know the difference.”



# The Impact (cont.)

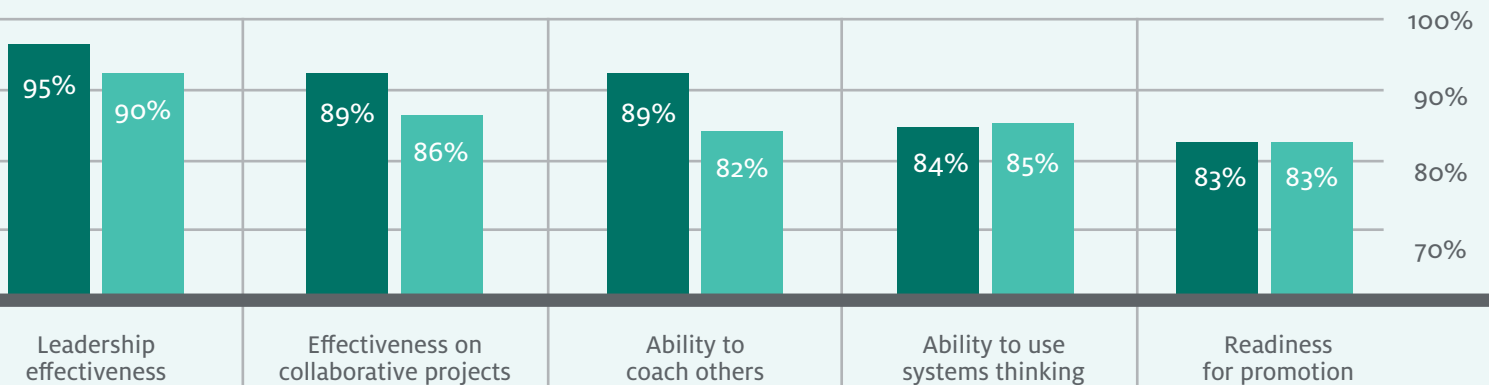
A year after the completion of the 16-month program, there is evidence that the impact was sustained. Fellows reported greater job responsibilities in their organizations—29% had received a promotion, and another 37% had taken on additional duties. Further, 77% reported the program increased their ability as a leader and 60% reported improvement in effectively engaging in collaborative relationships to a great or very great extent one year after the program.

As an example, a supervisor reported that one Fellow is “increasingly able to facilitate interdisciplinary solutions, break down barriers between disciplines by acknowledging unique contributions of each to the team, and helps others to recognize the same.”

## Improvements in Individual Effectiveness as a Result of LTL

(% reporting “increase” or “significant increase”)

Self, n=168  
All Observers, n=1,467



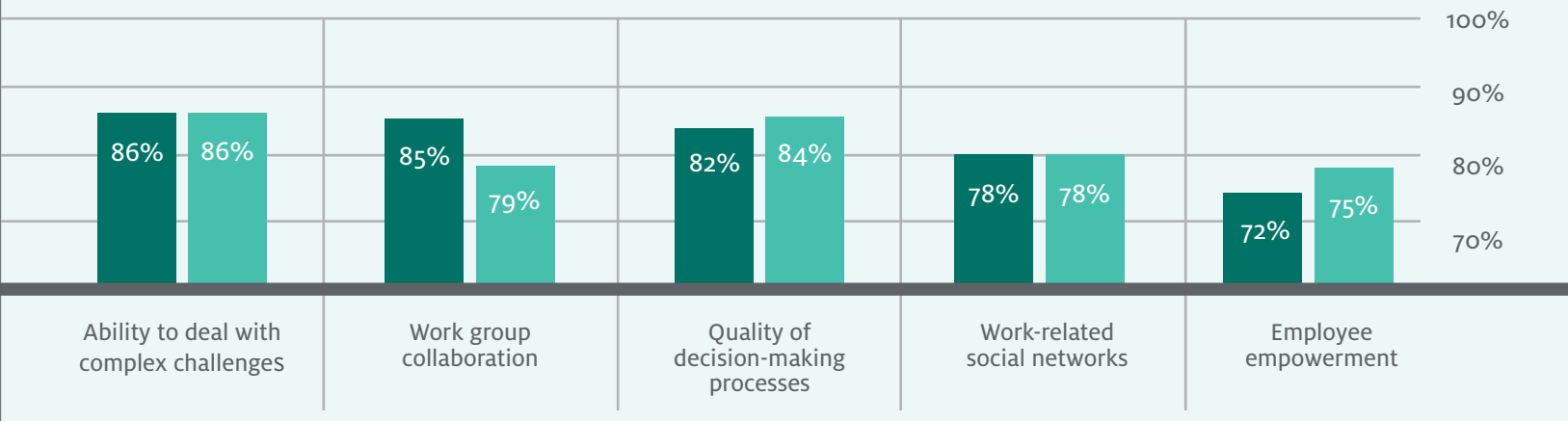
## Impact on Organizations

The operations of health nonprofit and governmental organizations were strengthened by LTL Fellows, according to participants and their colleagues. When asked about the areas of the organization in which the Fellow is responsible, post-program survey data revealed positive organizational changes as a result of the Fellows' participation in the program. Survey results show that 86% of Fellows and their coworkers reported an increase or significant increase in their organizations' ability to deal with complex challenges. The quality of decision-making processes within the organizations similarly increased, according to 82% of Fellows and 84% of colleagues.

### Improvements in Organizational Capabilities as a Result of LTL

(% reporting "increase" or "significant increase")

■ Self, n=168  
 ■ All Observers, n=1,467



## The Impact *(cont.)*

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“One of the specific areas that I identified for improvement through the LTL program was collaboration skills,” one Fellow noted. “As a result of this, even though I have strong introvert tendencies, I made a conscious effort to spearhead a multiagency grant-application process that resulted in the award of a \$568,000 grant to our county for pregnant and parenting young women.”

### Impact on Communities

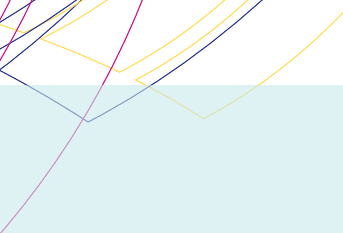
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One of the goals of the program was to develop a well-connected cadre of leaders who will go on to collaborate and solve community problems. While the primary focus of the program and the evaluation was on individual leadership behaviors, there was in fact evidence of LTL’s impact on communities.

### Results by the Numbers:

- 91%** reported an increased ability to identify health-related needs in the community.
  - 92%** reported an increase in ability to identify health-related resources in the community.
  - 71%** leveraged networks to address community health challenges.
  - 72%** reported an increase in leading collaborative community projects.
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A critical part of the LTL curriculum was the action learning project. Small teams of Fellows, with guidance from a coach, developed community health-related initiatives. This collaborative process—which allowed Fellows to learn how to reach consensus, work with a team, and understand their leadership styles—also was designed to impact the quality of healthcare. Here are some examples:

**In Birmingham**, one team developed a social media and Web-based marketing campaign to educate teenagers about healthy sexual behaviors. The group won funding to develop an integrated cell phone and text messaging platform that supplements existing in-school health programs. This program was piloted in one high school and has received \$100,000 to expand to others.

**Another Birmingham** team received a grant to start a community garden at a county hospital that is spurring community engagement among patients, many of them uninsured. It has operated so far for two summers.

**In Central New York**, a team put together a training toolkit on succession planning for community organizations and delivered a training session at a conference.

**In Kansas City**, a group won a grant to implement a virtual grocer program, which allows low-income families who do not have access to fresh foods in their neighborhoods the ability to order food online and have it delivered.

Overall, this program is expected to have an impact on the community by building leadership capacity for the nonprofit organizations in the community. “Five to 10 years from now, I would suggest many of these folks (the LTL Fellows) will be running major nonprofits in this area,” says Steve Roling, president and CEO of the Healthcare Foundation of Greater Kansas City, which served as a community partner supporting Fellows in that area.

# The Conclusion

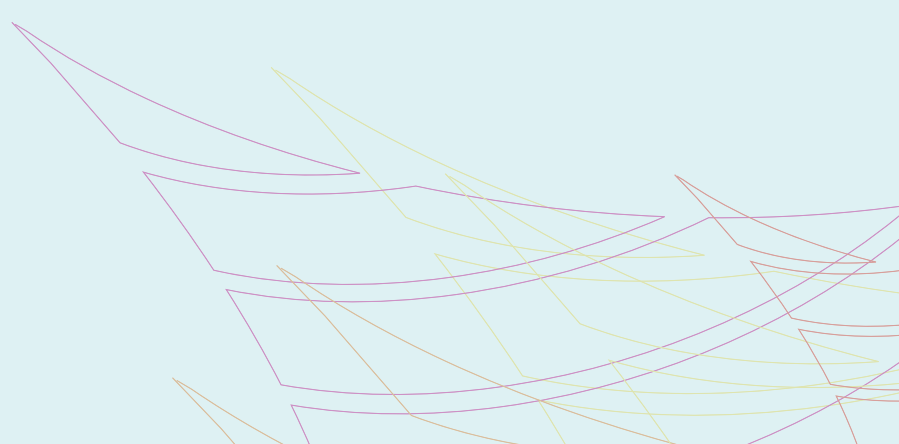
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Before entering LTL, most of the Fellows selected in each of the eight communities around the country did not know each other. Through LTL and their action learning projects, they were able to build networks with others in their community to address community health issues, provide more opportunities for information and resource sharing, establish and strengthen partnerships, and implement jointly-sponsored activities to address health issues.

Surveys of LTL Fellows show they found the program relevant, engaging, and in many instances, life-changing. The Fellows, as well as their peers, bosses, direct reports and other colleagues, reported strengthened leadership abilities that led to a positive impact on the nonprofits and their roles in the communities.

“We recognize that there are a lot of nonprofit leaders that are so focused on providing services to those most vulnerable that they’re not looking beyond their organizations to see where they fit in to the larger system and where it makes sense to collaborate,” said RWJF’s Sallie George. “LTL Fellows now have the skills and competencies to help guide their organizations through this important work. In several communities, that is pretty groundbreaking, to get organizations to talk and collaborate that were never talking before.”

“The real significance will be the critical thinking and the partnerships that happen,” Roling said. “They have learned how to get out of their normal thinking patterns.”



The Robert Wood Johnson Foundation, according to George, launched LTL believing that strong leadership is important in improving the quality of health and healthcare in the United States. “It’s been a successful endeavor for us,” she said.

Surveys of Fellows and coworkers reveal that key LTL program objectives were achieved. Emerging leaders of health-related nonprofits increased their leadership skills and their abilities to collaborate and implement activities with other community-based groups. The action learning project process encouraged Fellows to be innovative in dealing with health care issues and increased their visibility and impact within their communities.

CCL’s results-driven, reality-focused approach is making a difference for healthcare leaders and in communities. Because of this success, RWJF has asked CCL to use key elements of the program to guide several new leadership development initiatives.

“There is evidence,” says George, “that we are strengthening the opportunity of these communities to be healthier places.”

One LTL Fellow commented, “I have learned that you can become a stronger leader for your organization and community through dedicated attention to certain actions. This role as a leader is not about your job title but is about the impact you make and what you inspire in others.”

*To learn more about this topic or the Center for Creative Leadership’s programs and products, please contact our Client Services team.*

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