



Robert Wood Johnson Foundation Community Health Leaders

Providing recognition for the contributions these leaders make in their communities and enhancing their capacity

EXECUTIVE SUMMARY

The *Robert Wood Johnson Foundation* (RWJF) established the *Community Health Leaders* in 1991. Recognition awards have honored 206 unsung and unusually resourceful people working in communities across the country to improve health and access to care for underserved and often disenfranchised populations. The Foundation has supported the program with \$40.9 million since its inception

The award consists of six components:

- A financial award of \$125,000—\$105,000 to support a project at each leader's organization and \$20,000 directly to the leader for personal development
- National recognition and presentation
- Participation in an annual meeting with other leaders
- Scholarships and sponsorships to attend meetings and conferences
- Peer-change meetings focusing on specific issues
- Technical assistance through consultation, phone, and video conferencing and connections to other resources
- Participation in workgroups to explore health care issues affecting communities

CONTEXT

In communities across America, grassroots leaders work with more determination than resources to make a difference. Typically, they are able to work only on a small part of a very large problem, but they often have broad local respect.

The acknowledgement of their efforts by a national philanthropy such as RWJF bestows a layer of credibility they can use to leverage their influence and further community support. In addition, because *Community Health Leaders* often work “closer to the ground” than traditional RWJF grantees, honoring their work has also provided an opportunity for the Foundation not only to forge new ties in the community but to connect with grassroots leaders.

RWJF Interest in Leadership

The program is one of an array of leadership programs RWJF has funded over the years, including:

- *Robert Wood Johnson Foundation Executive Nurse Fellows* provides advanced leadership opportunities for nurses in senior executive roles in health services, public health, and nursing education who aspire to lead and shape the U.S. health care system of the future. See the [Program Results Report](#) for more information.
- *Ladder to Leadership: Developing the Next Generation of Community Health Leaders* develops a cadre of future health leaders from community-based nonprofit organizations serving vulnerable people. See [Program Results Report](#) for more information.
- *Boundary Spanning Leadership*, a program started in 2012, supports and develops the leadership competencies and coaching skills of RWJF grantees through training programs in boundary spanning leadership. It runs through April 2015.
- The RWJF Leadership Network uses a widely recognized social media tool to allow the Foundation's extended community to forge powerful connections to advance their work and increase their collective impact in health and health care.¹
- RWJF has made six grants since 2005 to support National Urban Fellows—a diverse cadre of potential leaders in health and health care policy and advocacy.
- As part of its 40th anniversary celebration in October 2012, RWJF created the Young Leader Awards, to recognize leaders under 40 for their exceptional contributions to improving the health of the nation. See the [Program Results Report](#) on the awards.

¹ Grant ID# 70862; \$755,000 (April 1, 2013, to March 31, 2014).

THE PROGRAM

The *RWJF Community Health Leaders* award recognizes individuals who have overcome daunting obstacles to improve health and health care in their communities, and help them have a more permanent and widespread impact. Its goals are to:

- Increase the visibility and exposure of the leaders and their work to the nation
- Enhance and enrich leadership skills
- Increase opportunities for the leaders to establish new relationships and expand their influence to improve health outcomes in communities

Community Health Leaders hail from many backgrounds. “Some are working in rural communities, some on reservations, some with Alaska natives, some in New York City or Los Angeles,” says Janice Ford Griffin, national program director. “Some are high school graduates, while others have multiple degrees. They are health professionals, including physicians, dentists, and nurses; they are activists, advocates, parents and volunteers; and some are board members.” Their programs often serve as national models for building healthier communities.

What these innovative leaders have in common, according to the program website, is “a powerful commitment to changing the health care system by providing access to care and new ways of thinking about access in areas of great need. All are responsible for changing the health status of entire communities because of their leadership.”

The award takes a broad view of health, recognizing that social and economic stability, educational investments, and advocacy are determinants that have a direct impact on the health of a community. In rural and urban areas across the country, awardees have taken on domestic violence, environmental pollution, urban violence, and food and housing inadequacies, as well as more traditional health issues.

The *RWJF Community Health Leaders* award consists of financial and other support to build the capacity of award-winners. It has six components:

- A financial award of \$125,000—\$105,000 to support a project at each leader’s organization and \$20,000 directly to the leader for personal development
- National recognition and presentation
- Participation in an annual meeting with other leaders
- Scholarships and sponsorships to attend meetings and conferences
- Peer-change meetings focusing on specific issues
- Technical assistance through consultation, phone, and video conferencing and connections to other resources

- Participation in workgroups to explore health care issues affecting communities

Choosing the Leaders

Each year, program staff at *RWJF Community Health Leaders* encourages nominations from health care consumers, community leaders, health professionals, government officials, and other individuals inspired by people in their communities. Nominees must generally be at the mid-career level with a record of innovation in improving community health, but who have received little significant national recognition for their work.

An extensive outreach process finds individuals through networks other than those already known to RWJF. Strategies include the use of selected mailing lists, site visits to meet community leaders, and networking via hundreds of personal calls and letters. Staff directs attention to particular subjects, populations, or geographic areas (for example, mental health care, American Indians, or upper Midwest states) to make sure the process respects diversity.

Because of this outreach, *RWJF Community Health Leaders* has received a peak of more than 800 brief nominations, and consistently more than 200 full nominations annually over the past three years. RWJF program staff, the national program office staff, and two consultants/experts review the nominations and submit the top 60 candidates to the national advisory committee for review and rank ordering. The national advisory committee narrows the field to 30 candidates and makes a preliminary choice of finalists.

Program staff, and, when possible, national advisory committee members and program alumni, conduct site visits to learn more about the work of the finalists and their communities. Program staff and national advisory committee members then choose 10 leaders a year.

Announced at an annual dinner, the new *Community Health Leaders* have the opportunity to meet program staff, award winners from previous years, policy-makers, and representatives of other national organizations.

Program Management

From November 1991 until the middle of 2007, Third Sector New England (formerly Massachusetts Health Research Institute) served as the national program office for *Community Health Leaders*. Third Sector's Catherine Dunham, EdD, was the national program director.

RWJF managed the award program internally from 2007 to 2009, National Program Director Griffin was former deputy director of RWJF's program *Fighting Back*[®]: *Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol*, (see [Program](#)

[Results Report](#) for more information on that program) and deputy director of Join Together at the Boston University School of Public Health (see [Program Results Report](#)).

In January 2010, management of the program moved to the Harris Foundation in Houston, remaining under Griffin's leadership.

The national advisory committee is composed of past recipients of the *Community Health Leaders* award; other health leaders in communities around the country; government officials; and experts in the field of community health, research, and philanthropy. See the list of current [national advisory committee](#) members online.

RESULTS

- **From 1993 through 2012, 206 individuals became *Community Health Leaders*, approximately 10 each year.** Five leaders received the award based on their work in the Gulf Coast region affected by Hurricanes Katrina and Rita through a special selection process. In three cases, two leaders shared one award.

Awardees have held leadership roles—as founders, executive directors or chief executive officers, board members, directors, managers, coordinators, or volunteers—in a variety of organizations, including independent nonprofits; colleges and universities; local, state, and federal government; and community health centers and clinics.

For a list of leaders by year and state, along with biographical sketches and contact information, see the *RWJF Community Health Leaders' website*. For links to stories about a selection of former leaders, see this report's [Story List](#).

- **Awards have been used to expand current projects, provide seed funding for new local initiatives; build evaluation and data collection systems; support training; engage new clients; and serve other strategic purposes.** Awardees must submit a proposal to RWJF describing how they will use the \$105,000 portion of the award to support a defined project that will build upon or enhance their work. Each leader receives a personal award of \$20,000 as an expression of appreciation for their work, which they can use for personal development at their discretion.

National program staff guides the new leaders in developing their proposals, helping them to explore their special strengths and personal and professional goals. The *RWJF Community Health Leaders* program director and the RWJF program officer review all proposals. RWJF then creates agreements and disburses the requested funds, which the leaders must spend within two years.

- **Community Health Leaders give voice to the needs of underserved groups and bring a perspective that larger organizations, including RWJF, may overlook. For example:**

- *Community Health Leaders* **Aracely Rosales** (1997) and **Josephine Mercado, JD** (2010) challenged fellow leaders to engage in aggressive community public education campaigns about the Affordable Care Act. Read more about those efforts [here](#). Read the [Grantee Story](#) on Rosales.

A survey conducted by the national program office in the fall of 2012 found that 70 percent of responding *Community Health Leaders* had met with state public officials about federal health reform, and 58 percent had met with federal officials.

- An official from the federal Health Services and Research Administration (HRSA) spoke at an *RWJF Community Health Leaders* annual meeting and claimed there were no waiting lines for HIV testing anywhere in the United States. “The room erupted,” said Griffin. Audience members clearly felt that the official had no on-the-ground knowledge of their communities, and had overlooked their constituents. “The *Community Health Leaders* were not among his grantees, they were taking care of people who for whatever reason fell between the cracks of programs with specific criteria and regulations for participation.”
- The nomination and selection process introduces RWJF to new players and new issues. “*RWJF Community Health Leaders* has connected us to individuals at the community level,” says Sallie George, RWJF program officer. “When we get these nominations in, we become aware of things happening at the ground level. This last round we got a lot of nominations related to traumatic brain injury. I wonder if that is a trend we need to watch out for.”

- **The national program office provides *Community Health Leaders* with technical assistance, coaching, networking, and other opportunities to learn.** This guidance helps them expand their projects, promote their work with broader audiences, and gain greater recognition among local and national funders.

Resources include:

- Scholarships and sponsorships covering registration and travel costs for attendance at meetings and conferences
- “Peer exchanges” that bring *Community Health Leaders* together to focus on specific issues of common concern
- Stipends to pursue special projects in organizational development, marketing, communications, technology, research, evaluation, leader-to-leader mentoring, and other areas

- Networking and technical support from national program office staff via telephone and video conferencing
- Referrals to other resources, including consultants who provide coaching on research and advocacy and links to other RWJF programs and projects
- Opportunities to participate in workgroups that explore best practices, collaboration, research, social determinants of health, and other issues that influence the health of communities. The national program office’s Research and Evaluation Workgroup created two webinars: “[Low Cost Evaluations for Innovative Health Programs](#)” and “[How to Conduct a Focus Group Interview.](#)”
- Annual retreats, which bring together *Community Health Leaders*, program staff, guest speakers, and workshop leaders for skill-building workshops, discussions, and networking.
- **The national program office and RWJF provide opportunities for leaders to expand their connections and track their experiences.** For example:
 - Leaders are included in the *Robert Wood Johnson Foundation Alumni Network*. The alumni network, established in July 2009,² aims to enrich the work of more than 2,200 alumni in RWJF’s various Human Capital programs.
 - National program office staff introduced *Community Health Leaders* to other organizations involved in health issues, including Families USA, the National Rural Health Association, and the Association for Community Health Improvement. “We work with all these organizations to make sure they know about *Community Health Leaders*, and to get our leaders to understand their opportunities to participate as members,” said Griffin.
 - Researchers from *New Connections: Increasing Diversity of RWJF Programming*,³ an RWJF national program, collaborated with the national program office to conduct research on the experiences of *Community Health Leaders* in rural areas and in the San Francisco Bay area. See the [Progress Report](#) for more information on *New Connections*.

Findings were presented at the 2011 *RWJF Community Health Leader* awards celebration. Alberto J.F. Cardelle, MPH, PhD, chair of the department of health studies at East Stroudsburg University in Pennsylvania surveyed 23 *Community Health Leaders Award* recipients in rural across the United States and conducted

² The \$2.7 million *Robert Wood Johnson Foundation Alumni Network* started in July 2009 and runs to July 2014.

³ *New Connections* seeks to bring new perspectives to RWJF grantmaking by supporting researchers from historically disadvantaged and underrepresented communities to conduct secondary analyses on existing datasets and to help RWJF address specific research questions.

follow-up interviews with 12 leaders.⁴ He found that an early life experience was a typical catalyst to leadership. He also identified common traits among the leaders, including “passion for an ideal”; experience with networks of people and organizations, and problem-solving skills.

Cardelle’s findings were echoed in another *New Connections*-funded study by Hanh Cao Yu, PhD, of Social Policy Research Associates in Oakland, Calif.⁵ who interviewed Community Health Leaders in the Bay Area. Her research pinpointed a number of specific life experiences that she deemed formative. Many of the leaders trace their commitment to their current work back to their youthful devotion to community service. For many, living abroad or immigrating to the United States “increased their commitment to diverse communities in need.”

More information on these presentations is in “On the Nature of Leadership” on the RWJF [website](#).

- Program staff conducts periodic surveys to track leaders’ careers and

Lessons in Leadership: Be Quiet and Listen

Too often, health professionals and groups decide what the problems are in a given community without street-level confirmation. Although well intentioned, health workers often go into communities and dictate exactly what help and assistance will be given. They are often surprised that the communities do not take advantage of the “wonderful” programs they have established. Even when surveys are done to elicit input from individuals and groups from the community, they can be biased by the prejudgments of the investigators.

For example, by asking about certain problems (teen pregnancy, drugs, or access to health care), the most pressing needs of a community (isolated elders, infant mortality, lead poisoning) may be missed. Engaging meaningful input from community individuals and groups before establishing an intervention is a complex task, but a critical step in serving that community.

—Excerpted from “Beyond Theory: Lessons from Community Health Leaders,” *CORO Leadership Review*, June 2000.

⁴ Cardelle AJF A Systems Approach to Public Health Interventions: Evaluation the CHL in Rural Health Programs. Philadelphia: New Connections, 2011. Available online at http://rwjf-newconnections.org/userfiles/file/CHLReport_Cardell.pdf.

⁵ Yu HC and Foley K, *The Powerful Pathways of Diverse San Francisco Bay Area Community Health Leaders*. Oakland, CA: Social Policy Research, 2011. Available online at http://rwjf-newconnections.org/userfiles/file/CHLReport_Yu.pdf.

accomplishments, and to learn how their experience as leaders have influenced them. “They all talk about growth, [how] it has helped them to grow,” says Griffin. “They all talk about the extra credibility the award gives them in their ability to be heard—and heard in a serious way by people who are in decision-making positions.”

Communications Results

RWJF and the national program office have disseminated information about the leaders and promoted their work since the program’s inception. For example: Every year, a national press release publicizes the annual presentation of awards, and includes biographical sketches of the winners. Local press releases feature individual winners, their work, and their communities. As a result, leaders typically receive some combination of local, regional, and statewide media coverage after receiving the award.

- The program’s [website](#) offers brief biographies of all leaders, resources for leaders, and a description of the program. The RWJF website has longer profiles of 42 alumni leaders (see the [Story List](#) at the end of this report).
- “Beyond Theory: Lessons from Community Health Leaders,” appeared in the June 2000 issue of *CORO Leadership Review*. Written by Constance Pechura, PhD, a former RWJF senior program officer, and Peter Lee, MPH, a former *Community Health Leader*, the article describes the award and briefly profiles some of the leaders.

Lessons in Leadership: Take Care of Yourself

Most Community Health Leaders forget that self-care is a valuable skill that protects and strengthens their programs and vision. The cost of improving the health of communities shouldn't have to include failed personal relationships, total exhaustion and burnout. But are there approaches to cope with the overwork, low pay and multiple crises that inevitably result from a commitment to improve a community's health? Many of the awardees have found there are effective methods to reduce stress, others have been helped to recover from their own trauma by their community health work, and still others have used their experiences in survival and self-care to inspire their community health work.

—Excerpted from "Beyond Theory: Lessons from Community Health Leaders," *CORO Leadership Review*, June 2000.

Recognizing the Leaders

A number of past *Community Health Leaders* have received recognition in their communities and beyond. The *Community Health Leaders* newsletter or the program's website reported the following examples:

- **Dana Harvey (2010)** was one of 11 people named by President Obama in 2012 as Food Security Champions of Change for their work in strengthening food security in the United States and around the world.

Harvey is executive director of Mandela MarketPlace, a small business incubator in West Oakland, Calif., that is creating a community-led food system combining increased access to healthy foods with economic development to build community health and wealth. Read her [biography](#) on the *Community Health Leaders* website.

- **Tim Lefens (1998)** received a 2012 National Mature Media Award for his work as founder and executive director of A.R.T. (Artistic Realization Technologies), a nonprofit that uses technology to enable those with severe physical disabilities to create art. Published in 2002, *Flying Colors* is Lefen's book about the work. Read the story of [Tim Lefens](#).
- **Ruth Ann Norton (2005)** received national recognition at the June 2012 annual conference of Clinton Global Initiative America in Chicago, where the Green & Healthy Homes Initiative™, the program she created and directs, was a featured innovative solution to the nation's housing crisis. The initiative's 'Commitment to Action' was among presentations to the members of the Clinton Global Initiative's America Housing Recovery Working Group, charged with propelling cross-sector approaches to the complex challenges of distressed residential properties. A dedicated advocate for healthy housing, Norton is executive director of the Coalition to End Childhood Lead Poisoning. Read the story of [Ruth Ann Norton](#).
- **Doriane Miller, MD (1993)** was featured in the *Chicago Tribune* (August 12, 2012) for her play, "It Shoudda Been Me."

The play focuses on DeShawn, a 15-year-old Chicago boy who becomes depressed and prone to violence after his best friend is killed in a drive-by shooting. The play aims to get audiences to open up about their own relationship to violence. A community physician, Miller now directs the University of Chicago's Center for Community Health and Vitality. She received the Distinguished Community Service & Advocacy Award from the Pritzker School of Medicine in June 2011.⁶

⁶After receiving her RWJF Community Health Leader Award, Miller joined RWJF July 1, 1997, as a senior program officer. She became a vice president in 2001 and left December 2002, returning to Chicago.

- **Joanne Samel Goldblum (2007)**, founder of the National Diaper Bank Network, was featured in the September 23, 2008, issue of *Miller-McCune Magazine* for her efforts to supply diapers to low-income residents in New Haven, Conn. Goldblum previously had been featured as an ABC News “Person of the Week” and in *People Magazine* and the *New York Times*. Read her [profile](#) on the *Community Health Leaders* website.
- **Sara O’Donnell (2007)** was featured in the September 4, 2008 issue of the *Chronicle of Philanthropy* for her work in founding the Cancer Resource Center of Mendocino County.

The article describes how she wanted to ensure that other cancer patients in her rural California county had more information than she did after being diagnosed. The Cancer Resource Center, which opened in 1995, serves about 250 people a year without charge. Her staff members visit patients to offer their services, brainstorm about the questions they should ask their doctors, and accompany them to appointments.

“I’ve learned that if you see a need, and if it is something you have a passion for, don’t let anyone tell you that whatever your goal is cannot be achieved,” she states. Read her [profile](#) on the *RWJF Community Health Leaders* website.

Lessons in Leadership: See Beyond the Obvious

Many health leaders have a vision that is larger than medical care and incorporates a sense of the complex relationships among physical, social, economic, and other aspects of life in a community. Health work channeled too narrowly on one specific problem or specific intervention can miss important opportunities for change.

—Excerpted from “Beyond Theory: Lessons from Community Health Leaders,” *CORO Leadership Review*, June 2000.

- **Kimberly Byas-Dilosa**, one of the 2006 special Gulf Coast *Community Health Leaders* recipients, received the 2008 Innovator of the Year award from *New Orleans City Business* for her campaign, “Teen-friendly GNO” (Greater New Orleans). The campaign seeks to bring the issues facing teens to the collective consciousness of the local, state, federal, and international communities while making New Orleans a safe haven for teens. Read the story of [Kim Byas-Dilosa](#).
- **Sharon Rohrbach, RN, (2000)**, founder of Nurses for Newborns Foundation in St. Louis, was one of five \$100,000 winners of the [2007 Civic Ventures Purpose Prize](#), which recognizes outstanding achievements by innovators in the second half of their lives. “This was not a lifetime achievement prize but an investment in what I can do in the future,” Rohrbach says. “The United States ranks 42nd in infant mortality in

the world; obviously, my work isn't finished yet." Read the story of [Sharon Rohrbach](#).

- **F. Amos Bailey, MD, (2000)** was elected to the board of the American Academy of Hospice and Palliative Medicine, a professional organization for physicians who are committed to improving the lives of patients and their families dealing with serious illness. Bailey is the director of palliative care at the Birmingham Veterans Administration Medical Center and assistant professor of medicine at the University of Alabama at Birmingham. Read his [profile](#) on the *RWJF Community Health Leaders* website.

Lessons in Leadership: Network to Build Bridges

If vision is the ability to see the relationship between health and societal issues, then networking is the ability to connect problems with solutions. Networking essentially means the skills to bridge varied community subgroups, and to persuade people from communities, agencies, and programs to contribute collectively to the solutions for community issues. Many of the Community Health Leadership Program Awardees have found that they need to be able to build bridges across language, institutional, and other barriers. They also have been able to bring a variety of stakeholders to the table and to help them see their relations to each other and to their communities. Some call this skill "schmoozing" and, certainly for working in communities, it is essential.

—Excepted from "Beyond Theory: Lessons from Community Health Leaders," *CORO Leadership Review*, June 2000.

EVALUATIONS

RWJF commissioned three external evaluators to guide the development of the program, and the national program office also conducted an evaluation.

In 1993, consultants Deanne Bonnar, PhD, at Boston University, and Doreen A. Cavanaugh, MA, at Brandeis University, compared the award winners with the runners-up in the first year of the initiative. They found that the leaders chosen more fully embodied the qualities the program was seeking than the runners-up.

Their report also highlighted ways in which the program might further diversify its pool of applicants.

In a subsequent study in 1994, the two consultants compared the *RWJF Community Health Leaders* with three other award programs: the Ford Foundation's Innovations in State and Local Government, the MacArthur Fellows Program, and the Reebok Human

Rights Award. Among the findings: other award programs selected more people who held staff positions than the *RWJF Community Health Leaders*, which offered more technical assistance than the other programs.

Program staff and the national advisory committee used the information from both evaluations to improve the outreach, screening, and selection process, and refine the direction of the program.

Another evaluation, conducted by the Alpha Center in 1997, examined the program's impact on *Community Health Leaders* and their programs and made recommendations for improvement. Among the findings:

- Leaders maintained significant dedication to their work and organizations despite the new career opportunities they encountered after receiving the award.
- More active contact between current and previous leaders and their programs would advance RWJF's goals.

See the [Appendix](#) for more findings from all of these evaluations, as well as the internal evaluation of outreach activities conducted by the national program office in the spring of 2001.

RELATED PROJECT

With partial funding from an RWJF grant,⁷ Richard A. Couto (with Stephanie C. Eken), researchers at the University of Virginia, wrote a book that presents the work of 12 *Community Health Leaders* as examples of innovative democratic leadership. In *To Give Their Gifts—Health, Community, and Democracy*, published by Vanderbilt University Press in 2002, the authors concluded that leadership entails:

- Compassion
- Inspiration and support for others to change individually
- Inspiration for people to work together to reach places unimagined
- Delegation of the glory attached to success

The authors also stressed that commitment—to the details involved in making change, as well as to the “long haul” of change—is a major quality of a leader. They identified the common tasks of leadership as coping with constant change, inherent conflict, and the need to collaborate. The authors found that the 12 *Community Health Leaders*:

- Stressed the importance of looking at the antecedents of both problems and proposed solutions

⁷ Grant ID# 31077: \$49,864 (June 1, 1997, to June 30, 1999).

- Acted to improve conditions even as they remained mindful that more needed to be done
- Focused on community and the willingness to take responsibility for one another, which appears to provide the firmest common foundation for leadership in health care

LESSONS LEARNED

RWJF expects to spend time in 2013 and part of 2014 documenting the lessons learned from the 20-year *RWJF Community Health Leaders* initiative.

National Program Director Griffin indicated there are lessons to learn at several levels—about the kinds of people who become *Community Health Leaders*, about the projects they undertake, and about the interactions among the leaders, the national program office, and RWJF—including the impact of management shifts.

Added RWJF’s George, “We can learn a lot from the leaders themselves about how community change happens at the local level, particularly working with local policy-makers. We need to learn from these folks how they did it.”

Griffin hopes to see lessons drawn about RWJF’s administrative and reporting requirements. For many *Community Health Leaders*, she says, “The whole world of national institutional philanthropy is new. They have varying degrees of education and experience and for the most part this [the award] is not something they asked for.”

Requiring leaders to submit a complex electronic proposal describing their use of the grant money may be unduly burdensome, Griffin said, noting that concepts like “fringe benefits” and “indirect costs,” are unfamiliar to some. “Community leaders who are accomplishing things in the area of health are not necessarily program directors.... Good program directors may be able to zip through all the foundation bureaucracy easily, but they may or may not be the real leaders in the community.”

An increased emphasis on technology may also influence who gets nominated and selected for the awards, Griffin believes. “If you’re looking for people who are working in underserved communities, by definition underserved may mean lack of access to technology or lack of proficiency with technology. By requiring the use of information technology to apply, you may be limiting access to the nomination process by the very people we are hoping to reach.”

Although not convinced that technology is to blame, George acknowledged, “Over the past few years, we have received more nominations for people who have advanced degrees— more doctors, nurses, PhDs, who were doing some community work as part of their job—and less for the on-the-ground, community advocates who were more

prominent in years past; but it's unclear if this is due to budget cuts across the nation to important community programs or some other ancillary factor.”

LOOKING FORWARD: CULTIVATING YOUNG LEADERS

Prior to closing *RWJF Community Health Leaders* in 2014, RWJF will celebrate the legacy of the 20-year program, and the leaders it has honored. As of June 2013, specific plans for a culminating event were still under development.

This investment in *Community Health Leaders* has helped RWJF program staff understand the complex factors that influence health and health care. Keeping individuals and communities healthy must include improving education, transportation, employment, and housing. With that in mind, RWJF has come to believe that the next generation of leaders must focus on developing and honing skills that build connections and emphasize collaboration across sectors.

To help generate this focus, the Foundation is creating a new leadership development initiative designed to identify bold innovators early in their careers and provide them with the skills and training they need to engage diverse, and even unlikely, partners in creating a true culture of health. Thus, 2012 was the last cohort selected for the *RWJF Community Health Leaders*, and the national program office will wind down by December 2014.

This new program aligns with the Foundation's future strategic directions, that will involve building capacity at the community level by investing earlier in the pipeline and encouraging young leaders to collaborate and span boundaries like never before. Such an approach could include training promising community leaders in strategic communications, boundary spanning leadership techniques, policy, and other areas.

Prepared by: Paul Mantell; updated by Kelsey Menehan

Reviewed by: James Wood, Karyn Feiden and Molly McKaughan

Program Officers: Constance M. Pechura, Judith Stavisky and Sallie Anne George

Evaluation Officer: Nancy Fishman

Grant ID#: CHR

National Program Director: Janice Ford Griffin (832) 319-7380; janice@chl-thf.org

APPENDIX

Past Evaluations of *Community Health Leaders*

Bonnar and Cavanaugh Study, 1993

In 1993, the national program office of *RWJF Community Health Leaders* commissioned an evaluation of the award program. Consultants Deanne Bonnar, PhD, at Boston University, and Doreen A. Cavanaugh, MA, at Brandeis University, compared the leaders with runners-up in the first year of the initiative.

The evaluators reviewed the top 60 nominees, and found that all were appropriate candidates in that they met the basic eligibility criteria and were providing leadership in community-based health services to people clearly in need, were in mid-career, had received little recognition for their efforts, and represented diverse populations.

However, the evaluation uncovered some differences between leaders and runners-up. Most significant was the fact that while *all* of the leaders had the following qualities, only *some* of the runners-up did:

- An orientation toward providing health care as a right and empowering the population being served
- Experience in running or facilitating programs that are groundbreaking, either in concept or for the population being served
- An approach to health care that exemplifies a holistic view—for example, because it involves housing, community action, or some other component that is not considered a traditional part of health care
- Weathered storms that might have sunk less determined people. These storms sometimes came in the form of blatant hostility or prejudice from the larger community, or in the quieter, but no less destructive, form of indifference to the needs of homeless people with AIDS or women with disabilities.

The evaluation also found that people of color made up 50 percent of the leaders but only 35 percent of runners-up, presumably reflecting a deliberate effort to ensure diversity.

On the other hand, the leaders included an overrepresentation of males. Given the major inequities facing women in leadership, the evaluators suggested that *Community Health Leaders* examine this disparity.

Other questions raised by the evaluation included the following:

- Is it the program's intention to recognize leaders who are from the population they work with (for example, ethnic minorities, disabled people or people at a certain

income level)? How important is it that the chosen leaders live and work in the same area as those they serve?

- How does the nature of a religious mission affect leaders' decisions? Is it the program's intention to exclude from awards members of religious communities because the work is seen as part of their job? How does *Community Health Leaders* regard lay people highly motivated by religious missionary zeal?
- Are programs that exclusively address mental health eligible, or must every program have physical health as a primary component?
- Does the program intend to recognize individuals/programs that work with only the "poorest of the poor?"
- Is a high level of personal self-sacrifice a prerequisite for winning? How does the program view well-compensated individuals? Is that an obstacle to winning?

This report helped program staff and the national advisory committee improve its screening and selection process, and refine the direction of the program.

Bonnar and Cavanaugh Study, 1994

This study, also carried out by consultants Bonnar and Cavanaugh under a subcontract with Third Sector New England (the national program office at the time), compared *Community Health Leaders* with three other award programs: the Ford Foundation's Innovations in State and Local Government, the MacArthur Fellows Program, and the Reebok Human Rights Award.

The evaluation found two principal differences:

- The other award programs selected more people who held staff positions than *Community Health Leaders*.
- *Community Health Leaders* offered more technical assistance than the other programs.

Bonnar and Cavanaugh also studied the approach to outreach, and helped staff refine their procedures to better reflect the award program's mission and goals.

Community Health Leaders subsequently began collecting data on nominees' location, issue of interest, gender, ethnic background, population served, and type of organization represented. In their analyses, program staff looked for underrepresentation in the nominating search, which helped them develop an outreach strategy for the next cycle.

Community Health Leaders also updated and refined its database of nominators. Staff members contacted newspapers and a variety of public agencies, community

organizations, and foundations to establish rapport and increase the potential for diversity among nominators and nominees.

Evaluation by the Alpha Center, 1997

In 1997, RWJF commissioned the Alpha Center for Health Planning to conduct an evaluation of the program's impact on leaders and their programs.⁸ (The Alpha Center is now AcademyHealth.) This evaluation consisted of:

- A written questionnaire sent to 49 leaders (32 questionnaires were returned—a 65% response rate)
- Site visits to five programs
- A telephone survey of 28 leaders, as well as telephone surveys of nominators and community leaders in communities where site visits had been conducted

This evaluation, according to all concerned, took place under serious time constraints, making it difficult for the investigator to offer recommendations that were more than tentative.

Among the findings and recommendations of the evaluation report:

- Leaders maintained significant dedication to their work and organization despite new career opportunities following receipt of the award.
- Leaders greatly appreciated the support from the national program office and would welcome additional opportunities to maximize that support.
- The process for identifying nominees in communities should be reviewed, including guidelines and qualifications for nominators. Close organizational affiliations may influence objectivity and the extent to which nominators consider the widest range of potential candidates in the community.
- Enhancing the methodology and approaches used to publicize the award and stimulate nominations would increase the potential to identify leaders in underserved communities.
- RWJF should consider greater flexibility in designing the duration of award spending by leaders (for example, one to five years) to accommodate differing organizational settings and issues.
- Organizing leaders at the annual meeting into working groups according to the similarity of their programs could be beneficial.

⁸ Grant ID# 032260: \$55,561 (July 1, 1997, to November 30, 1997).

- With public relations assistance and support to leverage additional funds, it may be possible to extend the economic and programmatic impact of *Community Health Leaders*.
- More active contact between current and previous leaders and their programs might facilitate greater interest in RWJF's goals.
- The national program office should be more specific about the conditions for receiving and using funds associated with the award
- The selection process for leaders should be reviewed and assessed to identify ways to better achieve RWJF's goals.

In response to the evaluation, the national program office reviewed and revised its written materials to eliminate possible ambiguity about use of the funds.

Community Health Leaders staff at Third Sector New England objected to some of the evaluation's findings, pointing out flaws in study methodology, the rushed nature of the evaluation process, limitations posed by funding constraints, and the small number of site participants.

When contacted, the evaluator agreed that some findings might have been distorted by the deadlines imposed on the evaluation.

Internal Evaluation

The national program office at Third Sector New England conducted an internal evaluation of its outreach activities in the spring of 2001, and concluded that it should:

- Define a strategic plan for outreach that has both long-range (three to five years) and more immediate components
- Enhance its opportunities to think creatively about outreach
- Further develop its cultural competencies, primarily translation abilities
- Draw more on previous leaders and “scouts” (such as Rotary Club members, who do not have a specific health mission, but may be in a position to identify potential leaders) as sources of nominations
- Maximize media use for outreach, such as press releases and public service announcements
- Extend outreach by better connecting with existing regional systems, for example, federal Health and Human Services offices and regional RWJF conferences

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Pechura CM and Lee P. “Beyond Theory: Lessons from Community Health Leaders.” *CORO Leadership Review*, (1): 60–67, 2000.

Books

Couto RA (with Eken SC). *To Give Their Gifts—Health, Community, and Democracy*. Nashville, TN: Vanderbilt University Press, 2002. A description of the book, and ordering information, is available [here](#).

Communications

www.communityhealthleaders.org. Website of the *Robert Wood Johnson Foundation Community Health Leaders* program contains detailed information about the awards and its leaders, webinars, and feature articles.

Webinars

“Low Cost Evaluations for Innovative Health Programs” presented by Jonathan Delman, JD, MPH (CHL 2008). CHL Research & Evaluation Work Group, June 24, 2010. Available [online](#).

“How to Conduct a Focus Group Interview” presented by Melanie Spector, PhD (CHL 2002). CHL Research & Evaluation Work Group, September 16, 2010. Available [online](#).

STORY LIST

Below is a selection of the 206 leaders honored by the program. Click on the name to view their story and a description both of the leadership that resulted in the award, and how the award has changed their work and their lives. Dates are their award years.

Atum Azzahir (1996)

Director, Healthy Powderhorn
Minneapolis, Minn.

Dennis Berens, MEd (1997)

Coordinator, Office of Rural Health
Nebraska Department of Health
Lincoln, Neb.

Anna Bissonnette, RN, MS (1994)

Coordinator, Elder Health and Housing
Services at Boston Medical Center
Elder Health and Housing Services at Boston
Medical Center
Boston, Mass.

Stephen F. Black, JD (2008)

President and Founder
Impact Alabama
Birmingham, Ala.

Carol Ann Bonds, PhD (1996)

Superintendent
Rogers Independent School District
Rogers, Texas

Ronald Sahara Brown (1996)

Executive Director
Flint Odyssey House, Saginaw Odyssey House
Flint, Mich.

Kimberly Byas-Dilosa (2006)

Founder and Executive Director
YOUTHAnasia Foundation
Harvey, La.

Neil S. Calman, MD (1993)

President
Institute for Urban Family Health
New York, N.Y.

David Carey (2009)

Founder and Chairman of the Board
Inspire
Phoenix, Ariz.

Scott Charles, MAPP (2008)

Director
Cradle to Grave Program
Trauma Outreach Coordinator
Temple University Hospital
Philadelphia, Pa.

Susan Chasson, MSN, JD (2001)

Statewide Sexual Assault Nurse Examiner
(SANE) Coordinator
President, Board of Trustees
Utah Coalition Against Sexual Assault
Provo, Utah

Tyrone Chatman (1999)

Associate Executive Director
Michigan Veterans' Foundation
Detroit, Mich.

Alfred Davis (2007)

Director for Elderly and Disabled Services,
Boston Public Housing Authority
Boston, Mass.

Lorelei DeCora (1993)

Administrative Consultant
Porcupine Clinic
Porcupine, S.D.

Joe DiCara, MD, MPH (1998)

Volunteer Executive Director
Chicago Youth Programs
Chicago, Ill.

Nancy Johns DiVenere (1998)

Director
Parent to Parent of Vermont
Winooski, Vt.

Carl Ebert, DDS (1997)

Vice President and Director of Community
Dentistry Apple Tree Dental
Minneapolis, Minn.

Rev. Micheal Elliott, MDiv, MSW (2000)

President
Union Mission
Savannah, Ga.

Monty Fakhouri, MSCHS, CHES (2006)

Director of Public Health and Youth
Programs/Services
Arab American and Chaldean Council
Lathrup Village, Mich.

Barbara Garcia, MPA (1993)

Deputy Director
San Francisco Department of Public Health
San Francisco, Calif.

Arlene Goldsmith, PhD (1994)

Executive Director
New Alternatives for Children
New York, N.Y.

Arnell J. Hinkle, MA, RD, MPH, CHES (2003)

Executive Director
CANFIT
Berkeley, Calif.

Sherry Hirota (1994)

Executive Director
Asian Health Services
Oakland, Calif.

Cheryl Holder, MD (1995)

Medical Director
North Dade Health Center
Miami, Fla.

James Hotz, MD (1995)

Medical Director
Southwest Georgia Community Health
Institute
Albany, Ga.

Alvin Jackson, MD (2001)

Medical Director
Community Health Services
Fremont, Ohio

Victor Joseph (2001)

Director
Health Services Division f
Tanana Chiefs Conference
Fairbanks, Alaska

Tim Lefens (1998)

Director
A.R.T. (Artistic Realization Technologies)
Belle Meade, N.J.

Martin Lynch, PhD, MPA, MS (1995)

Executive Director
Over-60 Health Centers
Berkeley, Calif.

Arneatha Martin, ARNP, MN, RN (2001)

Co-President and CEO
Center for Health and Wellness
Wichita, Kan.

Ly-Sieng Ngo (1994)

Family Health Worker/Community Health
Interpreter
Central Seattle Community Health Centers
Seattle, Wash.

Ruth Ann Norton (2005)

Executive Director
Coalition to End Childhood Lead Poisoning
Baltimore, Md.

Guadalupe Sanchez de Otero (2003)

Director
Andrew Sanchez Memorial Youth Center
Columbus, N.M.

Judith Panko Reis, MA, MS (2005)

Founder and Director, Women with
Disabilities Center
Rehabilitation Institute of Chicago
Chicago, Ill.

Rev. Kenneth Robinson, MD (1998)

Pastor and Chief Executive
St. Andrew A.M.E. Church
Memphis, Tenn.

Michael Rodolico, EdD, MPH (2006)

Executive Director
Health Access Washoe County Community
Health Center
Reno, Nev.

Sharon Rohrbach, RN (2000)

Founder and Executive Director
Nurses for Newborns Foundation
St. Louis, Mo.

Aracely Rosales (1997)

Principal
Health Literacy Innovations Philadelphia, Pa.

Martha Ryan, RN, MPH (2003)

Executive Director
Homeless Prenatal Program
San Francisco, Calif.

Beatrice Clark Shelby (1993)

Executive Director
Boys, Girls, Adults Community Development
Center
Marvell, Ark.

Young Shin, JD (2002)

Executive Director
Asian Immigrant Women Advocates
Oakland, Calif.

Emma Torres (1999)

Director
Division of Health and Human Services,
Campesinos Sin Fronteras Somerton, Ariz.

Laura Trejo, MSG, MPA (2002)

Former Director
El Portal: Latino Alzheimer's Project
Los Angeles, Calif.