

# The Robert Wood Johnson Community Health Program

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Robert Wood Johnson Foundation

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## *Editor's Introduction*

A large philanthropy working at the national level can easily gravitate toward supporting well-established organizations and professionals with impressive credentials. It is crucial, however, to understand that improvements in health and health care come not only from established actors working at the national and state levels but also from people and organizations striving to improve conditions at the community level.

The Foundation's stature may be based largely on its national policy and program activities, but it devotes a significant amount of its resources to supporting local activities. The Local Initiative Funding Partners program, for example, supports efforts devised and carried out by local foundations.<sup>1</sup> Faith in Action, now one of the Foundation's signature programs, supports local interfaith coalitions whose members provide volunteer caregiving to people with chronic health conditions.<sup>2</sup>

The Robert Wood Johnson Community Health Leadership Program is another such program. It identifies local leaders working to improve health or health care, celebrates their contribution, and gives their effort a boost with a modest amount of financial support and the imprimatur of the Foundation's name. It is one of the staff's favorite programs because of the immediacy of the leaders' contributions. Many Foundation programs involve bank shots in their effort to bring improvements to society; this one gives a sense of a direct hit.

This chapter was written by award-winning author Paul Mantell, who is working on a series of brief biographies of all ninety-one winners of the Robert Wood Johnson Community Health Leadership Award. In it, Mantell examines the subtle role of the program, which starts by honoring successful individuals and then capitalizes on the visibility that a Foundation award can bring to further energize them and expand their influence. The program also demonstrates the roles that convening, networking, technical assistance, and seed money can play in helping individuals make a difference in their community.

## *Notes*

<sup>1</sup> See Wielawski, I. M. "The Local Initiative Funding Partners Program." In *To Improve Health and Health Care 2000: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2000.

<sup>2</sup> See Jellinek, P., Gibbs Appel, T., and Keenan, T. "Faith in Action." In *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1998.

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**E**very year since 1993, The Robert Wood Johnson Community Health Leadership Program has honored 10 outstanding but largely unrecognized leaders in the field of community health who have created or significantly improved health services within their community. Many of them have fought through personal hardship, and all have made sacrifices to improve the health of their communities. Here are three of their stories.

Ron Brown

When Ron Brown was seven years old, he was at home with six of his brothers and sisters when their mother's clothing caught fire as she tried to light a kerosene stove. Horrified and helpless, he watched as she burned to death. Subsequently, Brown blamed himself for not being able to save her. This early trauma, and the guilt that resulted from it, led him into drug abuse, and ultimately to prison.

For many people, that would have been the end of the road, but Ron Brown was determined to turn his life around. He resolved to devote himself to helping those people—especially women and children—who were homeless, incarcerated or otherwise disabled by their addiction to drugs.

In 1977, at the age of 22, Brown was released from prison and found his way to Detroit's Rubicon-Odyssey House. After graduating from the Rubicon recovery program, he became an Odyssey House employee, and by 1987 he was the head of Rubicon's satellite program in Flint, Mich.—a city that, like Detroit, had fallen on hard times.

That same year, Rubicon was forced to close its doors on short notice, and its clients were put at risk. Brown's satellite clinic was still functioning, however, and with \$200, some food stamps, and fierce determination, Brown told Rubicon's clients in Detroit that anyone who wanted to follow him to Flint (about 70 miles northwest) would be welcome. They would be treated, and would not be turned away, no matter what.

Several of those people took him at his word, and so did a therapist nurse and two senior residents. This skeleton crew struggled desperately to keep the now-overtaxed Flint Odyssey House afloat. "We had to get some more money," Brown recalls. "We just hustled. We washed cars. We collected donations. We salvaged food from the previous program. They had freezers with liver, and we ate liver for several weeks, breakfast, lunch, dinner. We just toughed it out, getting donations every day for our daily operational basic needs."

Five years later, under Brown's leadership, Flint Odyssey House had grown from one building that offered treatment for 15 people to a campus with 40 buildings providing a variety of programs:

- A long-term residency drug treatment center for the indigent.
- A transitional housing program for homeless former substance abusers.
- An AIDS outreach project providing prevention services to street drug users.

- A Health Awareness Center linking people in the neighborhood with health care services.
- Freedom Schools, offering community children teachings in life skills such as grammar, manners, etiquette, organization, self-esteem and leadership.
- Day care for children of residents, enabling parents to attend school or work—an Odyssey House requirement.
- Community coalitions and block clubs that paint houses, fences, and garages; clean vacant lots and sidewalks; and renovate and repair the homes of community residents, most of them senior citizens.
- The Treat the Streets Program, turning former crack houses into viable low-income housing, built and renovated by the men and women in the residential program. When the patients finish treatment, they're allowed to live in the homes they've renovated. This approach gives homeless people a place to call their own, gives indigent recovering addicts job skills and self-esteem, and helps rehabilitate the neighborhood.

In 1996, Ronald Brown was honored for his achievements with the Robert Wood Johnson Community Health Leadership Award.

#### Emma Torres

In 1969, when Emma Torres was 13 years old, her parents took her out of school and emigrated from Mexico to the United States. In California, she worked in the fields along with her parents, aunts, uncles and cousins—one of the thousands of migrant workers, many underage, who harvest the foods for Americans' tables. Housing for such workers is often substandard, their working conditions are frequently unhealthy and unsafe, and their access to health care and other services is impeded by an array of barriers.

When Cesar Chavez and his farm workers' union organizers came to the Salinas Valley, Emma and her family were working there, and they became strong supporters of the movement, helping to feed the crowds of workers who flocked to Chavez's banner. They were beaten one day in an ambush in San Lucas, California, while police stood by and even helped. By the age of 16, Emma Torres had been targeted as one of the movement's leaders—and thrown in jail. But the farm workers' union had won a part of its battle with the growers. Over time, small improvements continued, though the farm workers' overall plight has continued to be severe.

At age 19, Emma Torres married a fellow farm worker, with whom she dreamed of starting a family. By the age of 23, she had one child, and another on the way. That year, her young husband was found to have leukemia. He died at 26, leaving her with two young children and dim prospects for the future.

Throughout her husband's illness, Torres had to travel a long distance to and from the hospital where he was being treated. With almost no command of English, she found it difficult communicating their needs to service providers. "We had always worked,"

she recalls. “We had never depended on any service or anything. It was very bad for me to go through the services.” She became determined to change these conditions.

Torres knew that education was important to her future, so in 1979, after enlisting her mother to help with child care, she enrolled in a trade school, taking English classes and getting a GED. To improve her typing skills to make herself eligible for a job at the local Women, Infants, and Children, or WIC, center, Torres rose before dawn and arrived at school in time to practice. The trip was a long one, because she shared a house with her mother across the border in Mexico.

This was a difficult period, a time of self-doubt and despair. Neighbors and family members called her selfish for leaving her mother to raise her children. Her self-esteem was low. “They said, ‘You’re a widow, you should be weeping at home, crying your heart out, and letting everybody else feel sorry for you and take care of you,’” she recalls. “But anger gives me strength to do things. I told my mother, ‘Do you think they will feed me if I stay home? I have something in mind I want to do, and I don’t care about anything else.’”

She got the job at WIC.

Later, Torres worked for a year as a consultant on a pilot perinatal project called Healthy Start. Her assignment for 1988 was to recruit people from the community to serve as lay health workers. Like her, they had to be representative of their community economically, socially, educationally, and linguistically. The idea was that these workers, once trained, would fill a gap in the health care system by tending to the health needs of migrant farm worker women.

In 1989, Torres went on to serve as a migrant liaison for a local community health center, the Valley Health Center Clinic in Somerton, Ariz. Here she developed the Western Migrant Network Tracking System, coordinating and assisting with medical services as workers migrated in and out of state. The program, like most of her creations before and since, operated on an extremely limited budget. Torres often wound up driving clients a considerable distance to medical appointments. She also translated educational materials, coordinated outreach activities, and conducted bilingual nutrition education classes—all in addition to her regular duties at the center.

In 1991, Torres was recruited to open new community lay health worker programs in western Arizona, using the same principles as Healthy Start, but expanding into new areas such as substance abuse and pesticide awareness. The new organization, *Promotores Campesinos* (Health Promotion for Field Workers), provoked fierce resistance in the medical community. Torres had to convince many doctors that well-trained lay health care workers were not a threat to public health, but an asset. Her efforts succeeded, and the programs took root. Today, *Promotores Campesinos* is considered a model for community lay health worker programs around the nation.

Her next venture was another pilot project: a mobile unit bringing health care to migrants in the fields where they worked. Inaugurated in 1994, the MOMOBIL quickly became a successful model project, and Emma Torres began to loom large in

Arizona-Mexico border area health care circles. In 1997, she became project manager of *Puentes de Amistad* (Bridges of Friendship), a substance abuse prevention partnership in Yuma, Arizona. There she took on responsibility for developing a staff, finding volunteers, creating coalitions, and conducting community outreach.

Her program *Campesinos sin Fronteras* (Farm Workers Without Borders) coordinates programs on both sides of the border with Mexico, serving workers who frequently cross back and forth.

In 1999, Emma Torres was honored with the Community Health Leadership Award.

#### Ly-Sieng Ngo

Cambodia's Khmer Rouge unleashed their greatest fury on the country's educated classes, but a young woman named Ly-Sieng Ngo managed to survive the killing fields and was one of the few upper-class, educated Cambodians among the thousands of refugees arriving in Seattle. She could read, write, and speak French, and even a little English. She quickly landed a job as an interpreter at a Seattle health center.

There she witnessed the great pain and profound needs of the Cambodian refugee community, and she began to find ways to help. If people had no food, she found some for them, or showed them how to take the bus to the food bank. If they were unable to take the bus, she did their errands for them. If their child was sick, she would visit and help the family decide whether to go to the emergency room. She attended pregnant women when they went into labor, interpreting for them with the hospital staff.

But Ngo couldn't shake her own awful memories. They haunted her every night, and conventional therapy wasn't helping. Then one weekend, on a solo trip to a friend's cabin in the woods, Ngo found that, for some reason, quilting seemed to make her feel better. If it worked for her, she wondered, why not for others?

When she returned to Seattle, she founded a women's sewing circle, and the results were dramatic. The women began opening up—sharing stories, food, and friendship. They were healing each other's psychological wounds and reawakening one another's

interest in life. They were using health facilities much less often. Some no longer required antidepressant medication.

When a small retail space in the local hospital fell vacant, Ngo saw an opportunity. "Everything just happened at the right time," she recalls. "The store was available with very little rent, and my women had enough quilts to sell. And then we were on the front page of the *Seattle Times*! And we sold our quilts like hot cookies! It was a miracle."

Ngo was moving ahead on other fronts as well. She trained and evaluated new interpreters. She organized a volunteer network to help people in need of preventive

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health care. She developed and conducted AIDS education workshops for Cambodian men and their wives. She visited China to study herbal medicine, with the express purpose of providing extra care to personal friends who were sick with AIDS.

Ngo's combination of caring and expertise has allowed her to promote appropriate Western health care practices among Asian patients without undermining their own health beliefs or cultural practices. In 1985, she became a certified community health advocate. She addressed conferences and meetings of American medical providers, speaking about Cambodian culture and appropriate use of interpreters. She provided individual and family health education activities in nutrition, family planning, and prenatal care. Ly-Sieng Ngo has helped sensitize two communities—providers and patients—to cultural differences, and to build an atmosphere of trust between them.

For her achievements, she was honored in 1994 with the Community Health Leadership Award.

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## THE BEGINNING OF THE PROGRAM

The idea for the Community Health Leadership Program came out of conversations in 1991 among program staff members at the Robert Wood Johnson Foundation who felt that more needed to be done to recognize the leaders behind local initiatives—people who might not be eminent or nationally known but were nevertheless effective, innovative, and courageous leaders in community health. Terrance Keenan, then a Foundation vice president and currently a special consultant to the Foundation, was one of those involved in the program's conception. He recalls, "From our earlier efforts in community health, particularly in support of setting up school-based clinics, we found that persevering, outstanding, committed individuals could do something about getting a community-based health service project under way, often amid great controversy and against great odds."

The Robert Wood Johnson Foundation's staff members hoped that extending the Foundation's recognition to such community health leaders would help legitimize and elevate their work. As expressed in the proposal for the program, the aim of the Community Health Leadership Program was "to provide recognition, through financial awards and technical assistance, for the contributions grassroots community health leaders make to achieving the Robert Wood Johnson Foundation's mission and goals, and to enhance the capacity of these individuals to have more permanent and widespread impact on our nation's health care problems."

Catherine Dunham, a newly arrived special adviser to Steven Schroeder, the Foundation's president, was, according to Keenan, "instrumental in stressing the importance of the fact that these individuals, many of whom did not come with high academic credentials, could nevertheless be catalysts for change on

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serious, important issues.” Dunham, who was hired for her expertise in state government but has a background in community health as well, was asked to head the National Program Office, or NPO, and has served in that position ever since. Third Sector New England, an innovative resource center for nonprofit organizations in Boston, serves as the program’s National Program Office. (Dunham is national program director for Third Sector as well.) “Above all, it’s the inspiration factor that makes this program such a joy to work on,” Dunham says. “These leaders are amazing people. And what they’ve accomplished is just incredible.”

The Community Health Leadership Program was authorized by the Robert Wood Johnson’s board of trustees in 1991, starting with a one-year planning grant. This was followed in 1992 by a three-year implementation grant. With renewals over the program’s first nine years, and additional grants to the National Program Office for technical assistance, the Foundation’s commitment to this program totaled \$14 million through 2000. In 2001, the program was renewed for five years at a level of up to \$15 million.

It was clear from the beginning that a successful outreach effort to find grassroots candidates would be crucial to the program’s success. After setting up the National Program Office, Dunham and the deputy director, Susan Bumagin, together with Foundation staff, brought together a National Advisory Committee to help structure and set the direction for the program, decide on its nomination and screening procedures, and participate in the selection process. Anna Faith Jones, then president of the Boston Foundation, one of the largest community foundations in the nation, was the committee’s first chairperson.

#### DIRECTION AND ADMINISTRATION

In recognition of the community leaders’ achievements, the Foundation awards \$120,000 (the amount was raised in 2001 from \$100,000) to the organization of their choice (generally their own). The money, which is paid out over a period of up to three years, enables the Community Health Leaders to improve and expand their programs. Up to \$15,000 of the award money (formerly \$5,000–\$7,500) comes in the form of a personal stipend. In addition to the monetary award, the Community Health Leadership Program offers recipients annual retreats, enhanced media coverage, access to legislators, and the opportunity to apply for minigrants for capacity building. The program’s renewal in 2001 included an expanded array of options for the leaders.

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The National Program Office runs the nomination and selection process, plans the awards ceremony, conducts a needs assessment, and works with awardees on media relations in the region and the local community. It offers technical assistance as well, including advice on how to promote the awardees' work through the media and in the funding community. Training is available in the use of computers, software, and the Internet, as is help with marketing, promotion, networking, and advocacy. Program office staff members also make phone calls and write recommendation letters when a community leader requests it. Dunham encourages the leaders to voice their opinions on policy issues and to get involved in the health care debate as advocates for change.

The National Advisory Committee conducts outreach, initial screening, and review of nominations. Its members include community health leaders as well as others familiar with community health (in recent years, past Community Health Leadership awardees have served on the advisory committee). At the outset of the program, the National Advisory Committee's purview was defined by the goals of the Robert Wood Johnson Foundation; those goals, broadly interpreted, guide its outreach activities and selection criteria. In the mid-1990s, at the urging of awardees, the National Advisory Committee broadened its criteria even further by adopting the World Health Organization definition of health, which embraces physical, emotional, mental, and spiritual aspects. The committee recognized that social and economic stability, along with educational investments, has a direct impact on the health of a community. Domestic violence, environmental pollution, poor housing, and urban violence all come into play under this definition.

As a result of adopting such a holistic definition of health, those receiving awards from the Community Health Leadership Program come from many areas: a superintendent of schools, clergymen, lay workers, administrators, concerned citizens, parents, and others not employed in the more traditional health care arena.

### THE SELECTION PROCESS

The Community Health Leadership Program seeks out midcareer leaders with five to 15 years of experience who, as a group, represent a rich diversity of backgrounds, fields, and geographic distribution and have overcome significant challenges to improve access to health care and social services to underserved and isolated people in their communities. These leaders must demonstrate (1) a track record of community-based health services leadership; (2) commitment to a career in community health; (3) commitment to working in underserved areas; and (4) consistency with the Foundation's overall goals.

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Nominations for the leadership award can be made by health care consumers, community leaders, health professionals, government officials or “others who have been personally inspired by people providing essential community health services.” The National Advisory Committee seeks nominations through an intensive outreach process that includes use of mailing lists, networking and hundreds of personal phone calls. Nominators submit a letter of intent, which is screened by NPO staff members. If it is approved, a full nomination packet is sent out roughly six weeks later. The NPO’s director and deputy director review all nominations and then hand over the files of the top 60 candidates to the National Advisory Committee, which holds a two-day meeting each year in January to rank the top 20 candidates. NPO staff members then visit the sites to learn more about the work of the nominees and how it connects to the community. After the visits are evaluated and references are checked, the National Advisory Committee selects ten candidates to receive the award. In the program’s first year, there were 226 nominations. By 2002, that number had grown to 463. Thus far, 101 people have been chosen as Community Health Leaders (with two winners sharing an award in 1994).

#### THE AWARDS CEREMONY

The annual awards celebration for the Community Health Leadership Program has been held every year since 1994 in Washington, D.C. In recent years, the ceremony has taken place at the National Press Club, a facility large enough to accommodate the family and friends of the winners. In spite of the travel time and expense—a significant barrier for some—the hall is always packed. Leading up to the big event, the NPO’s communications staff distributes press releases featuring each leader in his or her local media markets. The resulting attention may be brief, but it can make a substantial difference in the awardee’s ability to raise more funds, reach a wider audience, and have his or her voice included in health policy forums.

On the days before and after the awards ceremony, NPO staff members, National Advisory Committee members, and past winners meet with the new leaders to familiarize them with the program. In addition, taking advantage of the ceremony’s Washington location, the program has teamed up with Project Connect, a Robert Wood Johnson Foundation program that introduces Foundation grantees and awardees to their legislators, to arrange meetings for the new leaders with their representatives and senators. Many of the leaders report improved access to their elected representatives, both national and local. Occasionally the payoff is much larger. Ho’oipo DeCambra of Hawaii, who won a leadership award in 2000, convinced Sen. Daniel Inouye of the need for a new health center.

### FOLLOW-UP

Once the awardees have returned home, staff members of the National Program Office move the process forward, sending the new leaders a budget form and a survey designed to help them organize their thoughts and priorities as to how to use their award money. During the summer and the fall, the NPO's deputy director phones the leaders and, using the completed survey as a guide, conducts a structured interview that gives them an opportunity to refine their ideas about how to use the award money. The leaders next send in proposals and budgets, and after agreement on these has been reached, the NPO disburses the money. There are few restrictions on the use of the money, the main one being that it must be spent within three years. NPO staff members encourage leaders to think long-term, to create as much leverage as they can, and to consider as many options as possible. The Community Health Leadership awardees, not surprisingly, universally praise the flexibility of the program's funding. "It was the first time we ever have had unrestricted funds," one recipient says of the award. "It made us feel a sense of partnership and mutual respect. This kind of funding is funding with dignity."

#### *Using the Award Money to Strengthen Communities*

The current award, \$120,000, is not a large amount in the context of grantmaking at the national level. But it's important to remember that most community-based operations struggle to raise enough funds just to keep going. Emma Torres's *Puentes de Amistad* had a budget in the \$200,000 range the year she won the award, with several projects in need of additional support. Torres was able to shore up these projects and offer a salary to two key volunteers.

"It changed my life entirely," Ly-Sieng Ngo says of her award and the money that came with it. She used it to create a support group for Cambodian men that would provide not just healing but a livelihood as well. Their first project was a furniture manufacturing co-op. But after a short while, the men themselves, most of whom had been farmers in Cambodia, asked Ngo if she could help them set up a landscaping business. She turned to the staff of the NPO for help. "They were very supportive and well-organized," she says. "They had expertise in setting up a business and could connect us with people who could help us." The business is now booming, bringing the men increased self-esteem as they take pride in supporting their families and feel secure in their financial future.

Ron Brown's initial plan was to use the funds from the award to create an annuity plan for Odyssey House's long-serving staff. But when he discovered that an old-age home in the neighborhood was about to close its doors, he could not turn away from the need to keep the residents in their home. He used the money to buy the property, saving it and keeping it open to this day.

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*Supplementary Minigrants and Workshops*

In 1996, the Community Health Leadership Program began offering technical assistance in areas beyond spending the award money. The first such assistance was in the form of a workshop for leaders in using the Internet. In 1998, the Robert Wood Johnson Foundation began providing additional support for such capacity-building workshops.

In addition, the NPO has used its technical assistance budget to make minigrants of \$3,000-\$5,000 to individual leaders. According to national program director Catherine Dunham, these minigrants have been one of the most important features of the entire program (minigrants were made a formal part of the program in the 2002 reauthorization). “I sometimes feel we get even more bang for the buck out of those tiny but precisely targeted grants than we do out of the award funds themselves,” she says.

A good example is a 2001 minigrant given to Harry Weinstock, the director of the Brain Injury Association of Virginia and a recipient of a Community Health Leadership Award in 1997. The \$4,000 grant was to help develop a strategy to educate legislators about brain injury. When the March legislative session ended, every program in Virginia was cut—except for brain injury programs. When Weinstock spoke to legislators afterward, they told him that the education his group had given them had made a crucial difference. The consultant hired to conduct the training was recently named commissioner of the Department of Rehabilitative Services, the state agency designated to serve people with brain injury. He invited Weinstock to serve on a work group that will help shape that agency’s future. All from a \$4,000 minigrant!

*The Annual Retreat*

The NPO arranges an annual retreat for award recipients that takes place in a different city every year. These gatherings, also attended by program staff members, guest speakers, and workshop leaders, amount to a network and support group. They include a site visit to a local leader’s organization. The 2001 retreat, in Memphis, featured the Rev. Kenneth Robinson’s St. Andrew AME Church and its many programs for Memphis residents. The church runs programs focusing on the health of the mind, body, and spirit. It has also been buying up derelict properties and renovating the spaces for affordable housing. Retreat participants toured Robinson’s programs, as well as the new Hope and Healing Center for healthy living and disease prevention, funded by local faith-based organizations. (Robinson, a 1999 Community Health Leadership Program Award winner, is chairman of the board of the Hope and Healing Center.)

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Most Community Health Leadership Program awardees greatly value the program's annual retreats. Just getting together with others who are engaged in similar work and struggles is healing and energizing for the Leaders. "Each time I come back from the retreats, it boosts me up to another level of recovery," Ly-Sieng Ngo says. For Ngo, who still suffers occasional posttraumatic stress, that is no small statement.

According to Emma Torres, "It's like they're part of a great big family I belong to. Whenever I think, 'This is too much, this is too hard, I don't want to do this anymore,' I remember them, and the struggles they have been through. And if I gave them a call, I know they would immediately try to help me."

*Benefiting from the Enhanced Credibility of the Community Leaders*

Perhaps the greatest effect of receiving the Community Health Leadership Award is the credibility it confers on its recipients. Getting such an endorsement from the largest foundation in the field of health and health care can be transforming for a new or struggling nonprofit organization. It can have a continuing effect, especially in the area of fundraising.

Emma Torres reports that she is now regarded as an authority on migrant worker health issues and is widely sought after for her leadership. She serves on the board of several organizations dealing with such issues as tobacco use, HIV, perinatal health, and cultural competence. In 2000, she became the first Hispanic to run for city council in her home town of Yuma, Ariz., which has a population that is mostly Hispanic. Running on short notice, she fell just short but is considering running again after she has completed her college education.

Another benefit of the award is the media attention that comes with it. Although seizing the national media spotlight has been an uphill struggle, the extensive local media play that leaders typically receive has often had a tremendous return. When Ly-Sieng Ngo returned to Seattle, she found herself the object of intense media attention. "Reporters came to the clinic to interview me, and they put me on the front page the next day," she says. "After that, people kept calling to find out about what I do, ask for advice, ask about my experiences—and it continues."

## LESSONS ABOUT LEADERSHIP

Leadership has to be nurtured, and such nurturing requires knowledge of the components of successful leadership. The attempt to define the essence of leadership is also in the interest of the leaders themselves. Having shouldered responsibilities within their organization, they now need to identify and groom new leaders to take over when they move on. What is it that has made Ron Brown such an

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effective leader despite his lack of training for such a role? In his own words, “I don’t think you can train people like there’s a program.” Nevertheless, there are some common, identifiable threads that seem to define leadership, at least in the arena of community health.

An article by Constance Pechura, a senior program officer at the Robert Wood Johnson Foundation, and Peter Lee, a Community Health Leadership Award recipient in 1995, described the program and briefly profiled some of the awardees.<sup>1</sup> The authors’ view of the essentials of leadership was, in part:

**Be Quiet and Listen.** Too often health professionals and groups decide what the problems are in a given community without street-level confirmation. Although health workers are well-intentioned, they often go into communities and dictate exactly what help and assistance will be given. They are also 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 (teenage pregnancy, drugs, or access to health care), the investigators may miss the most pressing needs of a community (isolated elders, infant mortality, lead poisoning). Getting information from community individuals and groups before establishing an intervention may be difficult, but it is a critical step in serving that community.

**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 focused too narrowly on one specific problem or a specific intervention can miss important opportunities for change.

**Network to Build Bridges.** Networking essentially involves building bridges to varied community subgroups and persuading people from communities, agencies, and programs to contribute collectively to the solutions for community issues. Many of the Community Health Leadership Program awardees found that they needed to build bridges across language, institutional and other barriers. They were able to bring a variety of stakeholders to the table and to help them see their relations to one another and to their communities.

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**Take Care of Yourself.** Most community health leaders forget that self-care is a valuable skill that protects and strengthens their programs and vision. Some Community Health Leadership Program Award recipients have found 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.

In 1997, the Robert Wood Johnson Foundation commissioned a monograph on leadership, using the stories of twelve program leaders as its major focus. Richard Couto and Stephanie C. Eken wrote the monograph, which was published in 2002.<sup>2</sup> The authors concluded that leadership entails compassion, inspiration and support for others to change individually, inspiration for people to work together, and delegation of the glory attached to success. The authors also stressed commitment to the details of change efforts, as well as to the long haul of change. They identified the common tasks of leadership as coping with constant change, with inherent conflict, and with the need to collaborate. In looking at the Community Health Leadership Program Award recipients, the authors found that community—the willingness to take responsibility for one another—constitutes the firmest common foundation for leadership.

## EVALUATING THE PROGRAM

The Alpha Center for Health Planning—now the Center for Health Policy Research—evaluated the Community Health Leadership Program in 1997. The assessment consisted of a written questionnaire sent to 49 awardees (32 questionnaires were returned); a telephone survey of twenty-eight awardees, nominators, and community leaders; and site visits to five of the awardees' programs. According to all concerned, the evaluation was conducted under severe time constraints, making it difficult for the investigator to make recommendations that were anything more than tentative. Here are key findings and recommendations of the evaluation:

- Awardees maintained significant dedication to their work and organization despite new career opportunities resulting from the award.
- The support from the National Program Office was greatly appreciated; exploration as to how to maximize support from that office should be considered.
- The methodology and the approaches used to publicize the program and stimulate nominations should be enhanced to identify leaders in needy communities.
- Developing creative approaches to the annual meeting could produce higher benefits.
- Technical assistance on public relations and obtaining additional funds as a result of the award would extend the economic and programmatic impact.

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- More active contact with former awardees would promote greater interest in the Foundation's goals.
  - Greater specificity, during the post-award period, about the award program conditions for receipt and use of funds would minimize disappointment.
  - The process for identifying nominees and selecting recipients should be reviewed.

In response to the evaluation, the National Program Office reviewed and revised its written materials. However, NPO staff members disagreed with some of the evaluation's more critical findings. They pointed out flaws in the study methodology, the rushed nature of the evaluation, and the natural limitations posed by funding constraints and the small number of participants. The evaluator agreed that perhaps some findings might have been distorted by the time limitations placed on the evaluation.

The awardees themselves, interviewed by phone over the past two years, report improved relationships and goodwill in the community, increased community recognition, increased opportunity for regional and national involvement in community health issues and health care reform, enhanced personal honor and sense of meaning, increased leverage for other funding sources, and (most important) increased credibility for themselves and their projects overall.

#### ENHANCING THE PROGRAM

In October 2001, the Community Health Leadership Program was reauthorized for \$15 million over a five-year period, and the goals were expanded from simply honoring and celebrating grassroots leaders to "enhancing their capacity to address difficult health care problems of their communities." This function had become more and more prominent within the program as the years progressed. Robert Wood Johnson Foundation program staff members have also recognized the potential to develop the Community Health Leadership Program leaders as a resource network for the Foundation.

Under the renewal, the amount of the award was increased to \$120,000 per recipient, including \$105,000 to the recipient's institution and \$15,000 to the recipient to cover professional development and travel. In addition, program "enhancements" were funded: (1) \$2.1 million for organizational capacity-building and leadership development activities (peer assistance and mentoring, a leadership institute, assessment tool development, organizational development grants, and a sabbatical program); and (2) \$750,000 for research and documentation of leaders' approaches and lessons learned, and development of policy briefs to disseminate lessons learned.

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The enhancements are expected to increase the impact of the award for each recipient's institution, and to result in sharing lessons with policy makers, government agencies, community health agencies, and others.

### THE FOUNDATION AND THE COMMUNITY HEALTH LEADERS

National Program Director Catherine Dunham has observed that the Community Health Leadership Program is about more than just recognition. She wants to introduce this growing group of health leaders to the Foundation itself and is quick to point out the contributions the program leaders make to achieving the Foundation's mission and goals. Indeed, some leaders have received grants from the Foundation independent of the Community Health Leadership Program, and in one case a Community Health Program Award recipient, Doriane Miller (1993), was recruited to work as a vice president at the Foundation.

However, the Robert Wood Johnson Foundation has taken only partial advantage of the potential benefits offered by the program, according to Terrance Keenan. "These are not people with long academic CV's with one hundred peer-reviewed publications under their names," he says. "They're people who've been in the trenches, who do the work that makes a difference on a day-to-day basis. But they have some very important lessons to teach others about how to create social change."

According to Dunham, as well as members of the Foundation's program and communications staff, lessons from the program's awardees could be applied to more of the Foundation's national programs. The Foundation has commissioned profiles of Community Health Leadership Program Award recipients that are accessible on the Foundation's Web site ([www.rwjf.org](http://www.rwjf.org)). These profiles could help make Foundation program staff members more aware of the leaders' work, so that when a spot on a national advisory committee or program that deals with community-based health issues comes up, this ready-made pool of grassroots community health leaders would be considered.

### CONCLUSION

In summing up the Community Health Leadership Program's efforts, Terrence Keenan says, "I personally regard it as being in the best tradition of philanthropy: identifying outstanding leaders who otherwise wouldn't get recognition, acknowledging them, and helping support their work. It recognizes how things get done at the really local community level—it recognizes that kind of initiative, that perseverance, that special vision that characterizes this group of leaders." Or, as Tom Chapman, who conducted the

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program's outside assessment, put it, "Programs like the Community Health Leadership Program are at the heart of what the Foundation should be all about."

### *Notes*

<sup>1</sup> Pechura CM and Lee P. "Beyond Theory: Lessons from Community Health Leaders." *CORO Leadership Review*, June 2000, pp. 66–67.

<sup>2</sup> Couto R and Eken S. *To Give Their Gifts: Health, Community, and Democracy*. Nashville, Tenn.: Vanderbilt University, 2002.