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

An RWJF National Program

SUMMARY

From 2007 through 2012, Ladder to Leadership: Developing the Next Generation of Community Health Leaders provided leadership training to 219 early-to-mid-career professionals working with vulnerable populations in eight targeted regions and communities across the United States. The $3.6 million program aimed to build a pipeline of future leaders for health-related nonprofit organizations and communities by bolstering leadership capacity through promoting collaboration and encouraging innovation.

CONTEXT

Nonprofit health organizations provide critical support for millions of underserved Americans. According to the Alliance for Advancing Nonprofit Health Care, 60 percent of community hospitals, all community health centers, 30 percent of nursing homes, and some 17 percent of home health agencies are nonprofits.1

These organizations need skilled leaders who can serve as visionary catalysts for change while also managing day-to-day activities. Yet an impending exodus of senior managers as Baby Boomers retire threatens the sustained leadership of these organizations.

RWJF’s Interest in This Area

The Robert Wood Johnson Foundation (RWJF) has a longstanding commitment to ensuring that the nation has a diverse, high-quality health workforce, and to developing leaders within that workforce. To mention three of them:

- Robert Wood Johnson Foundation Executive Nurse Fellows. This leadership development program prepares a select cadre of registered nurses (RNs) who are in

senior executive positions for influential roles in shaping the U.S. health care system of the future. RWJF established the national program in 1997.

Since 2010, the Center for Creative Leadership in Greensboro, N.C., has managed the program. From 1998 through 2012, 15 classes of fellows—totaling 262 nurses—had entered the program and 221 fellows had graduated. In 2005, the Lewin Group conducted an evaluation of the program that concluded that it "occupies a unique niche, providing rich opportunities to translate enhanced leadership skills into heightened effectiveness across service, education and public health sectors. It also increasingly serves as a model and catalyst in seeding new leadership development programs." Read the Program Results Report for more information.

- **Robert Wood Johnson Foundation Clinical Scholars.** This program fosters the development of physicians who are equipped to lead the transformation of U.S. health and health care through positions in academic medicine, public health, and other leadership roles. As of August 2012, the Clinical Scholars program had graduated 1,176 Scholars. Many have moved into leadership positions in academia—some 179 are full professors, 140 are department chairs, more than 100 are vice chairs and division chiefs, and seven are deans of schools of public health or medical schools. For more information, read the Program Results Report.

- **Robert Wood Johnson Foundation Community Health Leaders.** RWJF initiated this program in 1991 to recognize individual contributions to improving health and health care in their communities. Through $125,000 recognition awards, Community Health Leaders annually honors 10 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 award is composed of $105,000 to be used at the leader's discretion for his/her project and $20,000 to the leader for personal development. Read the Program Results Report for more information.

In 2006, RWJF funded the Center for Creative Leadership to analyze existing programs for health care leaders.² It found a lack of opportunities for emerging leaders of community-based organizations, and only a few small programs to develop and support leaders from underrepresented minority groups. See Planning Phase for details of this analysis.

"The Foundation has a 40-year history of supporting the development of human capital, but we have supported little on increasing the leadership capacity of health-related nonprofits at the community level," said Sallie George, MPH, an RWJF program officer. "We saw this as a gap in our portfolio. Nonprofits are where a lot of change happens."

Recognition of this gap led to the creation of **Ladder to Leadership.**

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² ID# 58505.
THE PROGRAM

From 2007 through 2012, Ladder to Leadership: Developing the Next Generation of Health Care Leaders provided leadership training to 219 early-to-mid-career professionals working with vulnerable populations in eight targeted regions or communities across the United States (see Choosing the Eight Regions/Communities for details). The $3.6 million program aimed to build a pipeline of future leaders for health-related nonprofit organizations and communities by bolstering leadership capacity through promoting collaboration and encouraging innovation.

“We recognized that a lot of nonprofit leaders are so focused on providing services to those most vulnerable that they’re not looking beyond their organizations to see where they fit into the larger system, and where it makes sense to collaborate,” said George. “We hoped that Ladder to Leadership fellows would gain confidence in their ability to lead regardless of their formal position, and learn to think more strategically and collaborate effectively.”

The Center for Creative Leadership in Greensboro, N.C., served as the national program office. David G. Altman, PhD, and Karen Dyer, EdD, co-directed the program, and Lynn Fick-Cooper, MBA, and Shera Clark, MA, served as co-deputy directors.

Planning Phase

In 2006, as previously mentioned, before RWJF funded the program, it made a two-year $157,129 grant to the Center for Creative Leadership3 to gather information on the needs of emerging leaders, their organizations, and other stakeholders, and on the need for new leadership programs. The center based its analysis on:

- 36 telephone interviews with senior leaders at health-related nonprofits, experts in community health and health disparities, and administrators and creators of existing leadership development programs throughout the country
- 8 focus groups with 79 emerging leaders in Colorado Springs, Colo.; Greensboro, N.C.; Princeton, N.J.; and San Diego, Calif.
- 889 online surveys completed by emerging and senior leaders at health-related organizations throughout the country
- A review of existing leadership development programs

This research revealed the following:

- Individuals often accept nonprofit leadership positions later in life; someone just beginning such a career could easily be 40 to 50 years old. For example, “we

3 ID # 58505.
discovered emerging leaders who had been practicing nursing for 20 years and then made the switch to running a cancer organization,” noted Fick-Cooper.

- Critical competencies for emerging health leaders include collaborative leadership, political savvy, influencing and networking skills, the ability to “span boundaries”—that is, to work across disciplines and organizations—visionary thinking, and effective time management.

- A wide range of health care leadership programs focus on existing leaders, but only a few target emerging leaders.

- Despite the time and energy required for such training, stakeholders expressed a high degree of interest in an effort like *Ladder to Leadership*.

### Designing the Program

The Center for Creative Leadership then developed a 16-month training program, which a cohort of fellows from each region or community would begin on a staggered schedule during the program’s four years. The training included:

- Three separate multiday training sessions on collaboration, conflict resolution, decision-making, and other leadership skills at the Center for Creative Leadership

- “360-degree assessments,” which allowed fellows to identify their strengths and weaknesses through feedback from supervisors, peers, and employees reporting directly to them

- One-on-one coaching and mentoring

- A team “action learning project” that focused on a health-related challenge in the fellows’ own communities. The goal was to enable the fellows to practice their leadership skills and develop new ideas for addressing health-related challenges while collaborating with other leaders in their regions or communities. Participants from each region broke into smaller teams to develop and pursue the projects.

### Partnering with Community Foundations

The Center for Creative Leadership partnered with a community foundation in each region or community to help implement the program. These foundations promoted it and recruited potential fellows through community meetings, and found local nonprofit sponsors for the team action projects. (For a list of these foundations, see Appendix 1.)

“When we offered information sessions about the program for the nonprofit community, they were excited because we don’t typically have leadership training opportunities for emerging leaders,” said Craig Drinkard, a program officer at the Victoria Foundation, the partner in Glen Ridge, N.J. “We have that for established leaders, but not emerging.”
Involving foundations “was an innovative part of the program design,” according to Program Director Altman. “Instead of parachuting into the communities and then leaving, by building bridges with and getting local philanthropies involved we hoped to have more buy-in and more sustainability, and to build capacity beyond a one-shot 16-month intervention.

**Choosing the Eight Regions/Communities**

After compiling a short list of 23 regions/communities, program staff interviewed executives at community foundations and local health and other stakeholders to determine their interest, readiness, and support for the program.

Staff members chose eight regions/communities based on their minority and immigrant populations and poverty rates, the readiness of a community foundation to collaborate, and an existing RWJF connection to the area. An eight-member national advisory committee helped select the final communities. (For a list of members, see Appendix 2.)

Elena Alvarado, MA, president and CEO of the National Latina Health Network in Washington and an advisory board member, added that program leaders chose regions and communities “not just based on need but also those where partnerships would be developed to create an impact that would last after the program was over.”

Two regions/communities—one in New Jersey and one in North Carolina—represented the home states of RWJF and the Center for Creative Leadership. The eight regions and communities were:

- **Seven rural counties in central New York (Jefferson, Onondaga, Cayuga, Oneida, Oswego, Courtland, and Tompkins)** (September 2008 through December 2009). The area has a large Black population and a growing Hispanic population, and a significant number of “lost boys” from Sudan. It had a 15 percent poverty rate and 9 percent unemployment rate.

- **Cleveland, Ohio** (March 2009 through June 2010). The city has a large Black population, and more than 26 percent of residents lived below the poverty line.

- **Birmingham, Ala.** (June 2009 through September 2010). The city has large Hispanic and African-American populations, and more than 25 percent of residents lived below the poverty line.

- **Albuquerque, N.M.** (September 2009 through December 2010). The city has large Hispanic and American Indian populations, and nearly 14 percent of residents lived below the poverty line.

- **Seven rural counties in eastern North Carolina (Edgecombe, Halifax, Nash, Northampton, Warren, Wayne, and Wilson)**—November 2009 through April 2011. The area has large Black and Hispanic populations, and had 18 percent
poverty and 11 percent unemployment rates. North Carolina is also home to the Center for Creative Leadership.

- **Portland, Ore.** (March 2010 through June 2011). The city has large and growing Russian, Somalian, Hispanic, and Black populations. More than 13 percent of residents lived below the poverty line.

- **Newark, N.J.** (September 2010 through December 2011). The area has large Black and Hispanic populations, and had a 26 percent poverty rate and a 9 percent unemployment rate. The state is home to RWJF.

- **Kansas City, Mo.** (September 2010 through December 2011). Residents of Wyandotte and Jackson counties speak more than 30 languages, and the area’s poverty rate topped 14 percent.

**Recruiting the Fellows**

The Center for Creative Leadership worked with the community foundations to recruit up to 30 fellows from each region. To qualify, the fellows had to work for a community-based health-related nonprofit or government agency and also have:

- One to five years of supervisory experience
- Record of accomplishment in the nonprofit sector
- Proven commitment to improving health outcomes of vulnerable populations
- Potential for assuming leadership, as evidenced by experience, accomplishments, membership on external boards, and references

“When you read the essay of someone you wanted to see in the program, they revealed a keen desire to learn and grow,” said Program Director Altman. “When you saw a pathway for this person around leadership, they were willing to subject themselves to a deep educational experience as opposed to just acquiring a check on their resume.”

Support from the fellows’ organizations was also key, because although the majority of the training occurred in each community, the fellows traveled to the center’s headquarters for three-to-four-day sessions.

**The Eight Cohorts**

Local cohorts ranged from 19 fellows in North Carolina to 31 in Albuquerque. They represented a diverse group of nonprofits, including the Cascade AIDS Project in Portland, Ore.; the Minority Health and Health Disparities Research Center at the University of Alabama at Birmingham; and the Nash County Health Department in rural eastern North Carolina.
Fellows also represented organizations providing family planning, treatment for mental illness and addiction, support for older adults living independently, and resources for victims of abuse.

The following describes the fellows:

- They were predominantly female.
- They averaged 37.7 years of age, although they ranged from 25 to 50 years old.
- They averaged nearly five years’ tenure at their organization.
- Some 65 percent were White, 20 percent were Black, 8 percent were Hispanic, 5 percent were multiracial, and 2 percent were Asian.
- More than 90 percent had a four-year degree, and more than 65 percent had a graduate degree.

Of the 219 fellows who started the program, 97 percent completed it.

**EVALUATION RESULTS**

Heather Champion, PhD, headed a team at the Center for Creative Leadership that evaluated the program. For this analysis, fellows completed Web-based surveys at the outset of the program, at its end, and one year later. The team also surveyed fellows’ supervisors and other co-workers during and after the program, and interviewed fellows, co-workers, and local sponsors of the action learning projects and other collaborators.

The center subcontracted with Kimberly Fredericks, PhD, MPA, assistant professor of management at The Sage Colleges School of Management, to perform a social network analysis, which tracks changes in the density of social connections. In this case, she measured the share of possible collaborative relationships among the fellows in each cohort before and after the program, defining collaboration as sharing information, sharing resources, or jointly implementing an activity.

The evaluators reported these impacts of the program on individuals, organizations, and communities to RWJF:

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4 Long-term follow-up data were available for the first five cohorts only, as *Ladder to Leadership* closed in 2012.
Impact on Individuals

- At the conclusion of the program, fellows and their colleagues reported that it had bolstered the leadership capacity of participants:
  
  — 95 percent of the fellows—and 90 percent of their supervisors, peers, and the employees who report directly to them—reported an increase or a significant increase in fellows’ leadership effectiveness.
  
  — 89 percent of the fellows, and 86 percent of their colleagues, reported an increase or a significant increase in fellows’ effectiveness on collaborative projects.
  
  — 89 percent of the fellows, and 82 percent of their colleagues, reported an increase or a significant increase in fellows’ ability to coach others.
  
  — 83 percent of the fellows, and 83 percent of their co-workers, reported an increase in fellows’ readiness for promotion.

“Ladder to Leadership made me think about the person I want to be and the person I could be, and that is very often unheard of, once you are no longer in school. It focused on my development and how it was changing, which is extremely important but as leaders we don’t often get to do. It showed me that I am like a Chinese proverb: ‘Tell me and I’ll forget; show me and I may remember; involve me and I’ll understand.’”—Tracie L. McClendon-Cole, JD, MPA, Kansas City fellow

Read a profile of Tracie L. McClendon-Cole.

- One year after completing the program, fellows from the first five cohorts reported sustained gains in leadership ability:
  
  — 29 percent had received a promotion, and another 37 percent had taken on more duties.
  
  — 77 percent continued to report that the program had increased their leadership ability and their belief in their capacity to be a good leader.
  
  — 74 percent reported that their relationship with their program mentor continued to help them develop as a leader.

“Recognizing my leadership style through the program allowed me to change my mindset to better lead others. It wouldn’t be an exaggeration to say that Ladder to Leadership saved my career. I think if I hadn’t gone through the program I would have abandoned the nonprofit world.”—Deborah W. Hoffman, MA, Albuquerque fellow

Read a profile of Deborah W. Hoffman.
Impact on Organizations

- At the conclusion of the program, fellows and their colleagues reported a positive impact on their organizations:
  - 86 percent of both fellows and their co-workers reported an increase or a significant increase in their organization’s ability to deal with complex challenges.
  - 85 percent of both fellows and their colleagues reported an increase or a significant increase in collaborations.
  - 82 percent of fellows, and 84 percent of their co-workers, reported an improvement in their organization’s decision-making processes.
  - 78 percent of both fellows and their colleagues reported an increase or a significant increase in work-related social networks. For more on this, see Results of the Social Network Analysis.
  - 68 percent of supervisors reported that the program had increased fellows’ ability to identify and bring in resources to support the organization’s work.

“Completing the program successfully made me a desirable candidate for a new position in my organization. It was a double blessing in that way. The skills that I learned promoting open communication are a perfect fit for my organization. The visioning, sharing of ideas, and shared leadership concepts are important. The program definitely changed who I am as a leader.” — Habeebah Rasheed Grimes, PsyS, Cleveland fellow

Read a profile of Habeebah Rasheed Grimes.

- One year after completing the program, more than half of the fellows in the first five cohorts continued to report a positive impact on their organizations:
  - 66 percent reported continued improvements in team collaborations.
  - 61 percent reported continued improvements in working across organizational boundaries.
  - 61 percent reported continued improvements in leveraging resources to support their organization’s work.

“Since completing the program, I have spearheaded a merger of two nonprofit organizations and quadrupled my budget and employees. I went from executive director to chief executive officer. Under my leadership we have completed and are implementing a strategic plan with a comprehensive succession plan. I have the best relationship with my board of directors—they were my nemesis during the Ladder to Leadership days!” — Cassandra C. Sheets, LMSW, central New York fellow

Read a profile of Cassandra C. Sheets.
Impact on Regions/Communities

- Fellows developed skills they needed to strengthen their regions or communities, according to surveys after fellows had completed the program:
  - 91 percent of fellows reported an increased ability to identify health-related needs in the community.
  - 92 percent of fellows reported an increased ability to identify health-related resources in the community.

“I have gained greater self-awareness, methods to communicate with difficult individuals, techniques to run more effective meetings, processes to confront and avoid conflict, and the confidence to speak up rather than internalize my thoughts, emotions, and ideas. By overcoming these challenges, I have become a more strategic and creative thinker, and have made a stronger impact in my organization and my community than I ever thought possible.”—Jane S. Sarwin, MPH, northern New Jersey fellow

Read a profile of Jane S. Sarwin.

- One year after completing the program, fellows in the first five cohorts reported a positive impact on their communities:
  - 72 percent reported an increase in their leadership of collaborative community projects.
  - 71 percent of fellows continued to leverage networks to address community health challenges.

“We are breaking down the silos of working on our own and starting partnerships with other institutions,” said Christopher Lee Wood, a North Carolina fellow. After the program, Wood worked with the Nash County and Edgecomb County health departments on a joint grant to provide breast cancer screenings for underserved women in the two counties. “That comes from our team project and learning the vocabulary of health care and collaboration,” he noted.

Read a profile of Christopher Lee Wood.

“Five to 10 years from now, I would suggest that many of these folks will be running major nonprofits in this area,” said Steve Roling, president and CEO of the Healthcare Foundation of Greater Kansas City, a community partner. “The real significance will be the critical thinking and the partnerships.”
Although most of the fellows in each cohort did not know each other before the program, they used their training and 37 action learning projects to establish local partnerships and promote community health. For example:

- **In Birmingham**, one team developed a social media and Web-based marketing campaign to educate teenagers about healthy sexual behavior. The group won funding to develop an integrated cell phone and text-messaging platform to supplement in-school health programs. This program, piloted in one high school, won $100,000 to expand to other schools.

- **In central New York**, an action learning team created a training toolkit on planning for leadership changes at community organizations, and delivered a training session at a conference.

- **In Kansas City**, an action learning team won a grant to implement a virtual grocer program. The program allows low-income families who do not have access to fresh foods in their neighborhoods to order food online for delivery.

- **In eastern North Carolina**, Fit and Fabulous, a project targeting areas with high rates of obesity, won a $5,000 grant from Blue Cross Blue Shield of North Carolina Foundation. The team used the grant to purchase medical and fitness equipment, and curricula to extend the program.

- **In Cleveland**, one action team created a model depicting the flow of health care funding throughout Ohio, and planned to disseminate the information to community decision-makers.

- **Another Birmingham team** received a grant to start a community garden at a county hospital. The project, which is continuing after two summers, spurred community engagement among patients, many of them uninsured.

  “Our vision was not to go and put a garden in,” said Birmingham fellow Rachel Reinhart. Instead, the project gave “patients, volunteers, doctors, administrators, janitors—you name it” a chance to build engagement, trust, and teamwork. “We invited everyone,” she said, adding that the project “created a model of what a healthier lifestyle could look like, and of what can happen when a community works toward a goal.”

Read a profile of Rachel Reinhart.
Results of the Social Network Analysis

According to a report to RWJF:

- Ladder to Leadership enhanced social and collaborative networks among the fellows:
  - 80 percent of fellows and 76 percent of their colleagues reported an increase or a significant increase in work-related social networks among the fellows.
  - Collaborative relationships among the fellows in each cohort increased by 13 percent, on average. In Birmingham, for example, collaborative relationships increased by 20 percent (see Figures 1 and 2 below).

Figure 1. Collaborative Relationships Among Birmingham Fellows Before Program
LESSONS LEARNED

1. Recruiting qualified fellows to participate in an intensive leadership development program can be difficult, especially during a difficult economy. In many communities, the program struggled to recruit enough applicants. “We were in vulnerable communities by choice, in rural and suburban areas, and there were not that many people to draw on. And people couldn’t leave their jobs. It was a lot to ask—not just of participant but of their bosses, too,” said Fick-Cooper.

“We rolled out in 2008, and that’s when the bottom fell out of the economy: everyone laid off staff and coped with lower budgets,” she continued. “The managers would say, ‘You want to take someone and have me give up their time? Particularly our highest performer?’ Unfortunately, many organizations said no, which was an understandable, but short-sighted response to a long-term need.”

2. Integrate the impact of race, power, and privilege on health and health care into leadership training programs. Fellows in Albuquerque and Portland, Ore., were keenly aware that many local health disparities reflected such challenges, and pushed
the Center for Creative Leadership to build skills for addressing them into the training.

The center responded by modifying the program. The experience “had a profound impact on us because they helped open our eyes to the systemic or structural nature of power,” including “sexism, racism, heterosexism, and able-ism,” Fick-Cooper said.

“We had a hard time as a group talking about race, power, and privilege. It’s difficult to have an honest conversation about your own biases and opinions, and that’s an important lesson. We investigated our own organizations, too. Asking ourselves ‘How do I need to change to be the kind of leader we need?’ was very eye-opening.”—Helen K. Bellanca, MD, MPH, Portland fellow.

Read a profile of Helen K. Bellanca.

AFTERWARD

In May 2011, RWJF awarded the Center for Creative Leadership a six-month grant\(^5\) to examine best and next practices in leadership development. Based on that research, RWJF gave the center a $1.6 million grant\(^6\) from May 2012 to May 2014 to develop and pilot two training programs under RWJF’s *Boundary Spanning Leadership* authorization:

- The Community Coalition Leadership Program expands the boundary spanning leadership and coaching skills of grantees who use coalitions and other multi-sector mechanisms to help organizations and communities fundamentally improve health and care. It includes communities who are part of RWJF’s *Roadmaps to Health Community Grants* initiative\(^7\) and representatives of organizations that provide technical assistance to these coalition-based initiatives.

- The Boundary Spanning Leadership Program supports individual RWJF grantees and national program office leaders nominated across the Foundation’s teams and portfolios with a 2-1/2 day leadership training course.

The Center for Creative Leadership is developing and piloting both programs; Fick-Cooper is the program director for the two programs.

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\(^5\) Grant ID# 69011. $98,984 from May 15, 2011 to November 14, 2011.

\(^6\) Grant ID# 69887. $1,599,723 from May 25, 2012 to May 14, 2014.

\(^7\) This $8.6 million program, running from November 2010 to November 2016, is part of the RWJF *County Health Rankings & Roadmaps* initiative to mobilize local communities, national partners, and leaders across all sectors to improve health. Whereas the County Health Rankings show what is known about what makes people unhealthy or healthy in each county in the United States, Roadmaps to Health show what can be done to make neighborhoods and communities healthier places. The program funds local coalitions and multisector partnerships to take action to improve health by addressing the factors that, according to the County Health Rankings, most influence health. These include education, income and employment, community safety, and family and social support.
“Ladder for Leadership” helped us craft a strategy for investing in local leadership,” noted Nancy W. Fishman, MPH, RWJF senior program officer. “Community leadership across sectors is key to where we are going, and that’s a reflection of what we’ve learned.”

David M. Krol, MD, MPH, RWJF senior program officer, concurs. “I do not think that the Foundation’s enterprise leadership efforts would have been anywhere near what they are now without the knowledge and experience gained via Ladder to Leadership. We were able to test, refine, and improve the approach, and ultimately see it succeed in the communities we focused on.”

The Center for Creative Learning is also the national program office for the Robert Wood Johnson Foundation Executive Nurse Fellows program, which is training nurse leaders to promote change in the U.S. health care system. For more on this program, see RWJF’s Interest in This Area and read Program Results Report.
APPENDIX 1

Community Foundation Partners

(Provided by the Center for Creative Learning; not verified by RWJF.)

Albuquerque Community Foundation
Albuquerque, N.M.

Health Care Foundation of Greater Kansas City
Kansas City, Mo.

Cleveland Foundation
Cleveland, Ohio

Kate B. Reynolds Charitable Trust
Winston-Salem, N.C.

Community Foundation of Greater Birmingham
Birmingham, Ala.

Northwest Health Foundation
Portland, Ore.

Community Health Foundation for Western & Central New York
Buffalo, N.Y.

Victoria Foundation
Newark, N.J.

APPENDIX 2

National Advisory Committee

(At the time the committee was formed; provided by the Center for Creative Learning; not verified by RWJF.)

Elena Alvarado, MA
President and CEO
National Latina Health Network
Bethesda, Md.

Sarah Greene
Former President and CEO
National Head Start Association
Alexandria, Va.

Edward L. Baker, Jr., MD, MPH
Former Director
North Carolina Institute for Public Health
Research Professor of Health Policy and Management
University of North Carolina School of Public Health
Chapel Hill, N.C.

Teresa C. Gomez, MA
Former Deputy Cabinet Secretary
New Mexico Indian Affairs Department
Santa Fe, N.M.
President and CEO (as of August 2012)
Futures for Children
Albuquerque, N.M.

Lucy Hall Gainer, NCAC, CASAC
Founder and CEO
Mary Hall Freedom House
Atlanta, Ga.

Karen McNeil-Miller, EdD
President
Kate B. Reynolds Charitable Trust
Winston-Salem, N.C.
APPENDIX 3

More on the Social Network Analysis

Evaluators reported that collaborative relationships among fellows in each cohort increased by 6 percent to 20 percent.

For example, they reported a 20 percent increase among fellows from eastern North Carolina:

Figure 3: Collaborative Relationships Among Eastern North Carolina Fellows Before the Program
The evaluators reported a 12 percent increase in collaborations among fellows from central New York:

**Figure 5. Collaborative Relationships Among Central New York Fellows Before the Program**
They also reported a 6 percent increase in collaborations among fellows from Portland, Ore.:

Figure 7. Collaborative Relationships Among Portland, Ore., Fellows Before the Program
Figure 8. Collaborative Relationships Among Portland, Ore., Fellows After the Program
BIBLIOGRAPHY

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

Books and Chapters


Reports


Communications or Promotions

www.laddertoleadership.org. Created to share information about the program.

PROFILE LIST

- Helen L. Bellanca, MD, MPH, Portland, Ore.
- Habeebah Rasheed Grimes, MA, PSYS, Cleveland, Ohio
- Deborah W. Hoffman, MA, Albuquerque, N.M.
- Tracie L. McClendon-Cole, JD, MPA, Kansas City, Mo.
- Rachel Reinhart, Birmingham, Ala.
- Jane S. Sarwin, MPH, Newark, N.J.
- Cassandra C. Sheets, LMSW, Utica, N.Y., and Central New York
- Christopher Lee Wood, Eastern North Carolina