



Robert Wood Johnson  
Foundation

APRIL 2016

BIRMINGHAM • FAIRBANKS • SOMERTON • PHOENIX • MILWAUKEE • LITTLE ROCK • MARVELL  
PINE RIDGE • SEATTLE • BRIDGEPORT • MENDOCINO • DURHAM • SAN JOSE • BELLE MEADE  
OAKLAND • NEW HAVEN • BILOXI • HOPKINSVILLE • LOS ANGELES • WORCESTER • HONOKAA  
BRONX • ALAMOSA • AURORA • DENVER • WASHINGTON • NEWARK • BROOKER • HELENA  
CASSELBERRY • DAVIS • CINCINNATI • HUNTINGTON PARK • FT. LAUDERDALE • HOMESTEAD  
MIAMI • NEW BRUNSWICK • WEST PALM BEACH • ANCHORAGE • BROOKLYN • SAVANNAH  
DECATUR • DETROIT • ATLANTA • AMARILLO • COON RAPIDS • WAI'ANAE • REXBURG • LOWELL  
CHICAGO • INDIANAPOLIS • SHARON SPRINGS • WICHITA • BATON ROUGE • FRANKLIN  
HARVEY • NEW ORLEANS • HOLDEN • ROXBURY • ALTOONA • WELLESLEY • POCOMOKE CITY  
SAN DIEGO • SILVER SPRING • BALTIMORE • FLINT • ALBANY • KEALAKELUA • WHITE EARTH  
DARWIN • MINNEAPOLIS • COLUMBIA • BOSTON • ST. LOUIS • BERKELEY • PHILADELPHIA  
SAN FRANCISCO • MORAVIAN FALLS • RIO PIEDRAS • SONORA • CHAMPAIGN • WASHINGTON  
NEWTON GROVE • EDGELEY • SAN BERNARDINO • ALBUQUERQUE • FORT YATES • LEBANON  
MIAMI LAKES • ASBURY PARK • THOREAU • GARFIELD • RICHMOND • AZTEC • COLUMBUS  
SANTO DOMINGO • SACRAMENTO • HEMPSTEAD • COMPTON • TULSA • AUGUSTA • MACY  
LINCOLN • CALEXICO • RENO • HOOD RIVER • FREMONT • JENKINTOWN • PITTSBURGH  
MEMPHIS • SAN JUAN • PROVIDENCE • NEW YORK CITY • CHARLESTON • MORRISTOWN  
COLUMBIA  
SALT LAKE  
WAUSAUM

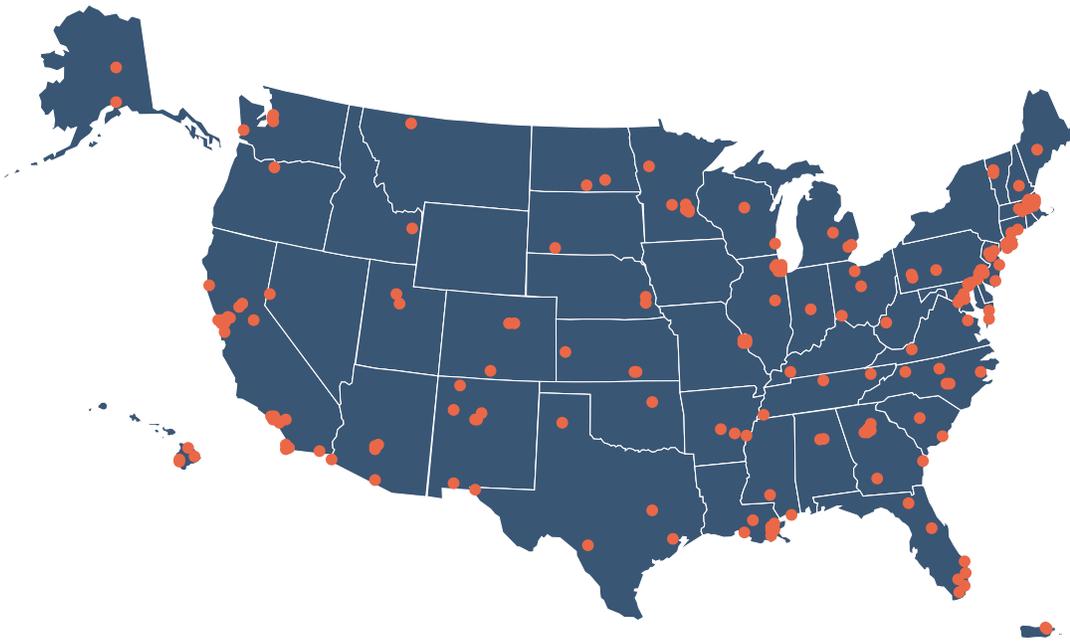
# Honoring Unsung Heroes in Communities Across America: Building Connections to Forge Solutions

**A Special Report on Robert Wood Johnson Foundation  
Community Health Leaders, 1992–2015**

by Kelsey Menehan and Mary Nakashian

---

From 1993 to 2015,  
207 Community Health  
Leaders worked to advance  
health in 138 communities  
across America (some  
communities benefitted  
from the work of more than  
one leader, concentrating  
on different problems at  
different times).



© 2016 Robert Wood Johnson Foundation



Robert Wood Johnson Foundation

Route 1 and College Road East  
P.O. Box 2316  
Princeton, NJ 08543-2316

This publication is available for downloading  
from the Foundation's website at  
[www.rwjf.org/CommunityHealthLeaders](http://www.rwjf.org/CommunityHealthLeaders).

---

# Honoring Unsung Heroes in Communities Across America: Building Connections to Forge Solutions

A Special Report on *Robert Wood Johnson Foundation Community Health Leaders, 1992–2015*

## Table of Contents

1	Preface by Risa Lavizzo-Mourey
2	The View From the Ground
<b>6</b>	<b>Chapter 1: Thinking Differently About Health and Leadership</b>
6	“Bring Me Your Best Innovative Ideas”
7	A Program to Honor Unsung Heroes
7	Communities Nominate Their Leaders
8	Broadening RWJF’s Reach Into Communities
8	Diversity a Priority
9	The First Groups of Awardees
11	Early Evaluations and a “Values Clarification”: Are We Getting the Kind of Leaders We Want?
12	Community Health Is About Social Justice
13	A Vision of Community Health
<b>14</b>	<b>Chapter 2: Celebrating Proven Leaders: Key Program Elements</b>
14	Raising the Leaders’ Profiles in Their Communities
15	“Training” for People Who Are Already Leaders
16	Coming to Grips With Succession Planning
17	Convening and Connecting: The Power of the “Cohort Effect”
18	Documenting How Leaders Lead
19	Key Milestones in the Program
<b>20</b>	<b>Chapter 3: The Program Matures, Evolves, and Comes to an End</b>
20	Channeling Adverse Experiences Into Leadership
20	Leading Through Art
21	Leading a Community Through Disaster Recovery
22	Changes in Program Leadership, Focus, and Location
22	Moving to Princeton
22	Less Technical Assistance, Changes in Oversight
23	A Lost Opportunity
24	Diversity Slips
24	Technological Roadblock?
25	Reframing Technical Assistance: Peer to Peer
25	Workgroups: The Leaders Take Charge
26	Key Findings From the Workgroup Surveys
27	The Annual Meeting: On-the-Ground Reality Check
27	The Program Closes
28	“A Loss for the Field”

<b>29</b>	<b>Chapter 4: Program Impact</b>
29	The Leaders by the Numbers
30	Expanding Their Community Work
30	Tackling Public Policy Barriers
31	Achieving a National Reach
32	Bringing a Community-Level Perspective to Government
33	Increased Visibility and Influence
34	“They Are Serial Innovators”
<b>35</b>	<b>Chapter 5: Leaders and Leadership</b>
36	Reports, Books, and Articles About the Community Health Leaders Program
36	“Drivers and Servants”: Personal Characteristics of the Leaders
37	Fairness, Equity, and Justice
38	Channeling Their Pasts: Formative Experiences and Crises as Catalysts
41	Leaders in Action
41	Listening to the Community: “To lead people, walk beside them...” Lao Tse
42	Empowering Yourself, Empowering Others
43	Building Connections to Forge Solutions: Person to Person
44	Embracing Differences: Dealing With—and Using—Conflict
45	Going Beyond Symptoms: Solving the Root Causes
46	Dealing With Ambiguity and Uncertainty
46	Joy in Service
<b>47</b>	<b>Chapter 6: Looking Forward: Lessons for the Field and Philanthropy</b>
47	Shine a Light
48	Provide Relevant and Timely Support
48	Create a Learning Community
48	Connect Practice and Policy
49	Link National and Local Philanthropy
<b>50</b>	<b>Appendixes</b>
51	Appendix 1: Links to Stories About Selected Leaders Posted on <a href="http://rwjf.org">rwjf.org</a>
53	Appendix 2: The Program’s Final National Advisory Committee Members
54	Appendix 3: Community Health Leaders (Selected 1993–2012)
84	Appendix 4: People Interviewed for This Report
<b>85</b>	<b>Photo Credits</b>

## Preface

The 207 extraordinary individuals who received the *Robert Wood Johnson Foundation Community Health Leaders* award given every year from 1993 through 2012 are living proof that some of the most innovative and practical solutions for improving health aren't always found in hospitals and health clinics. They can also be found in our communities: our homes, our neighborhoods, our schools, and our workplaces.

As RWJF moves forward with its vision of building a national Culture of Health—a culture in which everyone has the opportunity to live the healthiest life possible—it is both appropriate and wise to explore the stories of these pioneering Leaders. Through passion, creativity, and hard work, they advanced health in communities across the country.

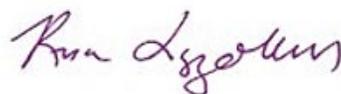
They strengthened safety nets; they created healthier environments; they brought needed health resources to the underserved; they diversified local health care workforces; and they established grassroots programs to provide preventive care. Mostly, though, they recognized that something in their communities needed improvement, and they didn't wait for someone else to fix it. They faced problems straight on and devised ground-level solutions.

Because of these collaborative and forward-thinking Leaders, many Americans with the greatest needs now have better opportunities to live longer and healthier lives.

It was both the honor and the privilege of the Robert Wood Johnson Foundation to recognize and support the work of these Community Health Leaders. As you read this Special Report, you will see dozens of stories that illustrate how drive and dedication of one person can make a difference in the lives and health of entire communities.

Our Community Health Leaders have created new paths for others to follow, and inspire us all to do more.

Thank you to all of our Community Health Leaders for teaching us to dedicate our efforts today toward building a better tomorrow.



**Risa Lavizzo-Mourey, MD, MBA**  
**President and Chief Executive Officer**

# Introduction: The View From the Ground



## PINE RIDGE

The Pine Ridge Indian Reservation in the southwest corner of South Dakota is a place of desolate beauty and staggering health statistics. Spread across three of the poorest counties in the United States, Pine Ridge has a per capita annual income of less than \$9,000 and an unemployment rate that hovers at more than 80 percent. Residents on the reservation have eight times the U.S. rate of diabetes, five times the cervical cancer rate, twice the rate of heart disease, and eight times the rate of tuberculosis. Alcoholism is estimated as high as 80 percent, and one in four is born with fetal alcohol syndrome or its effects. Teen suicide is four times the national rate.

**Lorelei DeCora (1993)**, an enrolled member of the Winnebago tribe, moved to Pine Ridge with her husband, an Oglala Lakota, in 1974. A committed activist from a family of activists—her great grandmother survived the infamous 1890 massacre at Wounded Knee Creek and in 1973 DeCora herself became a participant in the second siege of Wounded Knee—DeCora was appalled at how little access to health care the reservation’s 20,000 residents had.

Living in Porcupine, one of nine districts of the Pine Ridge Reservation, she and other residents had to travel 26 miles each way to the Indian Health Services hospital, a facility that was chronically underfunded and understaffed. “In a simple car accident,” DeCora says, “people die because of lack of knowledge about controlling bleeding. Several things make hospitals inaccessible, including the distances, weather, and sometimes impassible roads.”

At a 1980 monthly meeting of the Brotherhood Community, one of six tribally recognized villages in Porcupine District, DeCora suggested that the residents build their own clinic right there in the district. It seemed to be a radical, almost unthinkable suggestion, presented as it was to a people who were used to living in a “welfare state,” where everything was provided for them from outside, in paternalistic fashion (and often none too well). The reaction to her suggestion surprised DeCora “Well, let’s do it, then,” she recalls them saying.

Starting with a \$1,500 grant from the Seva Foundation, DeCora led an effort to establish the first community-owned and operated health center on a reservation in the country. “Rather than wait for the federal and/or tribal government to respond, she was able to convince us that we could do it ourselves,” a board member of the clinic recalls. “As the program began to emerge, people in the community began to see that there is a way out of the dependency that has befallen our people... Lorelei has helped people throughout the reservation better understand the true meaning of self-determination.”

### SAN FRANCISCO

In San Francisco in the 1980s, a health crisis was devastating neighborhoods of mostly poor blacks. **Doriane Miller (1993)**, a 30-something physician working in a primary care clinic in Bayview-Hunters Point, recalls the foggy August day when a woman in her early 60s came to her appointment with a little girl of about three in tow. “As a conversation starter, I asked, ‘So who is this? Is this your granddaughter? Is she staying with you for the summer?’



Doriane Miller (1993)

“The woman replied, ‘No, my granddaughter lives with me.’ She started telling me the story of her life. She had a son in prison, and her granddaughter’s mother was addicted to crack cocaine and in and out of the family’s life. She had taken on the care of this grandchild because the parents were out of the picture.”

The city officials Miller talked to about what she was observing were dismayed. “They said, ‘What do you mean the parents aren’t raising these kids? That’s where we are sending the AFDC (Aid for Dependent Children) check,’ ” Miller recalls. “I had to explain that many parents were coming in and out of their children’s lives, staying for a week or so, picking up an AFDC check, dumping their kids on their parents, and then going out and buying drugs.”

An article in 1988 in the *San Francisco Chronicle* estimated the cost of the crack cocaine epidemic at \$77 million—almost exactly the amount of the budget deficit in city and county services that year.

Somebody needed to do something, and in this case it was Miller. In 1989, she and a nurse colleague created the nonprofit, Grandparents Who Care, and began offering these older “mothers” support groups, health promotion, job training, housing, social services, drug education, transportation, and primary care to strengthen the safety net for the children in their care.

“It has always been apparent to me that being able to heal people and make them stronger is less about what I can do as a doctor within that very limited skill set and more about their particular lives and circumstances,” Miller says. “So if you don’t ask the question behind the question, you are not delving in a way that is able to do something about it.” Looking back on this time, she says, “This is the most rewarding work that I have done in my life.”



South Bronx, N.Y., 1980,  
Broken Promises



Neil Calman (1993)

## THE BRONX

The Bronx of the mid-1970s was fast becoming a symbol of urban decay, as arson fires, rampant crime, and poverty pushed residents out in droves. **Neil Calman (1993)**, just completing his family practice residency at the Montefiore Hospital, saw the decline of the Bronx in his patients' eyes, and in their bodies. Way too many were suffering—and dying—from diseases that should have been preventable.

Making a dent in the borough's dismal health statistics required action and organization, something that this third-generation New Yorker and self-described “warrior for urban health” knew about. So as others were escaping the burning Bronx, Calman stayed.

His first venture—to establish community health centers that would also serve as training sites for medical students and residents—faltered. Too much of his own aggressiveness and too little skilled collaboration with the community is Calman's assessment in retrospect.

Starting his own nonprofit institute, Calman eventually partnered with the city to turn a bankrupt health care facility into a comprehensive family practice center for the benefit of all the community's diverse residents.

The initiative expanded into a network of small, nonprofit, private practices in housing developments, union clinics, and satellite clinics for the homeless.

As a patient at one of the clinics noted, “Dr. Calman's clinic is the only place in town that you can go if you're on Medicaid or ‘sliding scale’ without fear of mistreatment. It is a joy to go to the clinic. I believe that it is the way it is because of Dr. Calman and his beliefs about the way people deserve to be cared for.”

Every day, in inner cities, rural areas, small towns, and reservations people like DeCora, Miller, and Calman are leading the way in confronting—and working to dismantle—the myriad of roadblocks and inequities that threaten the health and wellbeing of thousands. These inspirational leaders often overcome personal, economic, institutional, and societal barriers to achieve meaningful change. Their efforts not only improve the lives of individuals; they also empower disenfranchised people to participate in and take charge of changing their communities and the institutions that serve them. They often labor in relative obscurity, neither seeking nor needing recognition.

Yet, there is much to learn from such people about the nature of leadership, the power of community action, and the pathways to real change in the face of the many intractable problems in American communities.

In 1992, the Robert Wood Johnson Foundation (RWJF) created a program to find such leaders, support them, and then shine a light on them for others to see. DeCora, Miller, and Calman were part of the first group of leaders to receive awards from the new program, *RWJF Community Health Leaders*. From 1993 to the close of the program in 2015, 207 people were honored with leadership awards. Some were physicians,

Leaders are collaborators and innovators, and in many ways are key forerunners of the Culture of Health that RWJF is committed to promoting.

dentists, nurses, or other health care professionals, but many others were organizers and activists, artists and attorneys, street workers and advocates, parents and volunteers.

What these leaders shared was a broad view of what constituted health and a powerful commitment to social justice. Where health care was not available to people because of age or poverty or class, they sought to bring it. Where the circumstances of peoples' lives, environments, and behaviors were leading to health problems, they sought to address those issues.

They worked with people who were often marginalized—refugees and immigrants, homeless people, poor mothers, persons with disabilities or addictions, cancer patients, people with HIV/AIDS, elderly people, people at the end of life, young people on the streets.

Leaders work in small towns, rural farmland, and dense metropolitan areas. They are secular and religious, gay and straight, disabled and abled. They address a broad spectrum of health and health care concerns that encompass substance abuse, environmental health, chronic illness, youth development and violence prevention, domestic abuse, end-of-life care, and access to culturally competent health care, among other issues.

They are collaborators and innovators, and in many ways are key forerunners of the Culture of Health that RWJF is committed to promoting.

This Special Report examines the evolution of this 24-year-old program and through the stories of its leaders, seeks to illumine the many ways in which savvy, dedicated individuals can be catalysts in improving the health and well-being of entire communities.

CHAPTER 1

# Thinking Differently About Health and Leadership



Steve Schroeder

**“BRING ME YOUR BEST INNOVATIVE IDEAS”**

In early 1991, **Steve Schroeder**, just months into his tenure as the new president of the Foundation, listened intently as program officers pitched their proposals to the new RWJF management team. The projects being presented that day were sound and worthy—and many would make the cut and move on to the Board of Trustees for authorization.

But Schroeder wasn’t satisfied.

Schroeder’s mandate as president was to put the “health” into the Foundation’s mission to “improve the health and health care of all Americans.” The bulk of the Foundation’s grantmaking was aimed at fixing medical care systems, while the issues affecting people’s health went far beyond the care they received at hospitals or in doctors’ offices.

As the program staff meeting ended, Schroeder issued a challenge: “We need some new ideas. We need to do things differently. We need to move in new directions. Next time, I am inviting you to come in here with your very best new innovative program ideas.”

**Steve Somers**, a senior program officer in attendance, looked up and smiled. Somers had come to the Foundation from Washington, where he had worked on an array of domestic policy issues—all of which impacted people’s health but were not labeled as such, things like poverty, homelessness and inadequate housing, joblessness, and lack of access to a good education. In his five years at RWJF, he had drawn inspiration from **Terrance Keenan**, an RWJF vice president, who was working these same issues, but from the ground up at the community level.

“Terry was someone who ferreted out people and organizations that were doing special things but not getting recognition. He was not a policy guy and his perspective was a breath of fresh air,” Somers recalls. “I very quickly felt this was an opportunity to promote a sector of the world that RWJF interacted with but had not been promoted before.”



Steve Somers



Terrance Keenan  
(1923–2009)

### A PROGRAM TO HONOR UNSUNG HEROES

Somers and an RWJF team that included Keenan went to work, proposing a new program that would find and honor local leaders who had overcome obstacles to improve the health of their communities, particularly those with large underserved populations.

The team wanted the program to find people close to the ground, working without a lot of support, in scrappy little organizations without “infrastructure or bandwidth,” Somers says. “They’re subject to burnout so quickly, because of the intensity and commitment and zeal for what they are doing.”

Those chosen as “community health leaders” would receive a cash award to support their work, targeted technical support, and a local and national spotlight, all designed to bolster them and their work. In turn, it was hoped that the Foundation would be able to learn from the leaders’ hard-won experience in effecting social change at the community level. “Without [these leaders],” the original request for authorization states, “many of the Foundation’s programs would be doomed to failure.”

Looking back on his time at RWJF from the mid-1980s to the mid-1990s, Somers wonders how “innovative” the program itself was. But it was certainly a departure from the Foundation’s other leadership programs aimed at medical professionals and run out of academic medical centers: The *RWJF Clinical Scholars* program, instituted shortly after RWJF opened its doors in 1972, provided post-doctoral training for young physicians in health services and health policy research. The Minority Medical Faculty Development Program (later renamed the *Harold Amos Medical Faculty Development Program*), mentored individuals from historically disadvantaged and underrepresented backgrounds to become leaders in the field of academic medicine and science.

Somers says: “Community Health Leaders was designed to be about different people who did not have a great list of credentials.”

At about the same time Community Health Leaders was launched, RWJF also resurrected and recrafted *RWJF Local Funding Partnerships*, another Keenan-inspired program that had been “sunsetting” prior to Schroeder’s arrival. The program provided matching grants for innovative community-based projects aimed at improving the health and health care of underserved and vulnerable populations. “That program came from the same impulse,” Schroeder says, which was to “do stuff locally and maybe to inspire more systemic visions of how to do that work.” See [Special Report on RWJF Local Funding Partnerships](#).



Catherine Dunham

### COMMUNITIES NOMINATE THEIR LEADERS

As Schroeder was adding staff to address the health side of the RWJF mission, he tapped **Catherine Dunham** to become his special assistant, and to run the new leaders program. Dunham, a former policy coordinator in health and human services, elder services, and consumer affairs for Massachusetts Governor Michael Dukakis, with deep roots in community-based human services programs, recalls being immediately attracted to the idea of lifting up local community leaders. But family obligations loomed large at the

time. “I told Steve I’d be happy to head up the program,” Dunham recalls, “but that I couldn’t leave Boston.”

RWJF set up the national program office at Boston’s Third Sector New England, an institute providing management and leadership resources to help nonprofits support healthy, socially just communities. Dunham became director as the details of the Community Health Leaders program were being hammered out.

One piece of the program design was “dumb luck,” she says, but turned out to be key. “We decided to do an open nomination process,” Dunham says, “and that, I think, was one of the most important ways we got real community leaders. We required a reference from a consumer, a peer in the community, who was not in their organization. That gave us a really good sampling of people.”

### **BROADENING RWJF’S REACH INTO COMMUNITIES**

Finding that “good sampling” required program staff to tap networks far beyond RWJF’s typical reach. “In 1992, we did not have a deeply community-based, broad reach,” Somers recalls. “RWJF had the list you would expect them to have—academic health centers, state health commissioners, state Medicaid directors, hospital directors—all with a clearly health care focus. It did not have community development block grantees, or community service people, or all of those other lists. You have to develop it.”

The outreach process—which would be expanded and fine-tuned over the years—depended extensively on personal calls, letters, and encounters. The program’s first call for nominations in 1992 drew a healthy 300 applications. Dunham recalls being awestruck as she and newly tapped members of the national advisory committee read about the people being nominated. (See [Appendix 2](#) for a list of the program’s final advisory committee members.)

Winnowing down the pool of nominations was difficult, Dunham recalls, and the final selection of just 10 awardees required soul searching by committee members. As part of the winnowing, committee members, program staff, and later, outside experts visited the finalists in their communities. Seeing up close how the work of the nominees connected to the community became an important part of the vetting process, Schroeder says. “Someone who is a self-promoter or isn’t authentic can really tarnish something like this,” he says. “We really wanted these people to be authentic, grassroots leaders.”

### **DIVERSITY A PRIORITY**

From the start, RWJF and the program’s staff and advisers were intent on getting a group of leaders that was diverse by every imaginable criterion: gender, race and ethnicity, education, occupation, experience, disability, and geography. Other criteria were that those chosen be at the mid-level of their careers, with at least a five-year record (later changed to from three to 10 years) of accomplishment—and that they had not received significant national recognition for their work.

Seeing up close how the work of the nominees connected to the community became an important part of the vetting process, Stephen Schroeder, former president of RWJF says. “Someone who is a self-promoter or isn’t authentic can really tarnish something like this. We really wanted these people to be authentic, grassroots leaders.”

“We did get some people who during the site visit were perky and energetic, and very nice people,” Dunham recalls, “but after the process was over, they would say they were two weeks away from retirement. Or there were people two years out of graduate school where it was unlikely they would have had enough time to accomplish very much.

“This was not a lifetime achievement award or an award for those showing promise,” she says. “We were giving an award for accomplishment, and we started to look for things that signaled that our award would help them leverage their leadership.”

### THE FIRST GROUPS OF AWARDEES

The leaders chosen for the first awards in 1993 appeared to check all of the boxes. “Very few of the leaders had we heard of previously,” Schroeder recalls, “so we were getting into the real world in celebrating these kinds of people.”

The leaders’ accomplishments, often in the face of great adversity both personal and professional, were impressive and humbling, Schroeder recalls.

**Judy Panko Reis (1993)** had been left partially paralyzed after a brutal attack that claimed the life of her fiancé. After a long rehabilitation, Reis found love again and married, but was astonished to discover that reproductive health care was often unavailable or denied to women with disabilities.

Working in collaboration with health care providers at the Rehabilitation Institute of Chicago, Reis created a health center run by and for women with disabilities. The clinic offers peer-support groups, educational seminars, as well as the services of an outpatient ob/gyn clinic with an accessible examination table and nurses and physicians sensitive to the patients’ issues.

The first in her family to go to college, **Barbara Garcia (1993)** was still in her 20s when she became executive director of Salud Para La Gente, a primary care clinic serving the largely Latino population of farmworkers in Watsonville, Calif. Garcia was struggling to raise funds for her fledgling clinic when, in 1989, a major earthquake struck the San Francisco Bay Area, with its epicenter near Watsonville.

Damage was widespread, including to the local hospital. Salud Para La Gente remained open 24 hours a day to meet the community’s major medical needs—and to distribute food and clothing. Some 10,000 people were served in one way or another. But the clinic’s efforts also stirred controversy. Salud Para La Gente was not authorized to provide disaster services, and so it had to sue the city to get reimbursement from disaster funds set aside by the state and the Federal Emergency Management Agency.

With the Community Health Leaders award, the clinic was able to meet the final requirement for designation as a Federal Qualified Health Center, which made it eligible to receive federal funds. “That solidified our clinic into being a very large provider in the area,” says Garcia. “We’ve built satellite clinics and were able to realize all the dreams we had in growing the program.”



Judy Panko Reis (1993)



Barbara Garcia (1993)

The early leaders also demonstrated an unswerving dedication to bringing needed services and dignity to groups of people that had been overlooked and pushed aside.

**Beatrice Clark Shelby (1993)** had given up a steady paycheck as an alcoholism counselor to lead a community development center in Marvell, a poor Arkansas town at the gateway of the Mississippi Delta. At first, the Boys, Girls, Adults Community Development Center focused on youth, offering non-school educational programs, leadership development, and job training. “But every time we did one project,” Shelby noted, “we found another piece missing. We discovered that to serve youth, you had to develop a holistic approach of helping parents.”

By the time Shelby was named a Community Health Leader, the center had added a health clinic; programs aimed at preventing unwanted pregnancy, alcohol and drug dependency, and crime; a restaurant providing healthful, affordable food to staff, children, and adult clients, as well as the general public; a parental outreach program for pregnant and parenting adolescents; and a program providing positive male role models to black boys and adolescents ages 8 to 18. She also had led the charge in getting Marvell to build 39 units of safe, low-income housing for its elderly and poor.

The early leaders also demonstrated an unswerving dedication to bringing needed services and dignity to groups of people that had been overlooked and pushed aside.

**Michael Cronin (1993)** created a network of resources in Boston to bring medical, educational, and support programs; and specialized housing to young prostitutes, run-aways, and other community members overlooked by available AIDS support services.

In Hood River, Ore., a rural community with few resources, **Lou DeSitter (1993)** earned the trust and friendship of Latino farmworkers and rallied his neighbors to address the dangers of pesticide exposure, alcohol abuse, inadequate housing, and discrimination.

A formerly homeless alcoholic, **James Roundtree (1993)** directed the *Neighborhood Center of St. Benedict the Moor*, which also runs recovery apartments in the Bronx, N.Y., as a haven for people coming out of drug and alcohol treatment programs.

“Sometimes I look out and it seems that we don’t make a dent,” Mr. Roundtree said. “It’s not hopeless, though sometimes I feel it. But when one guy comes back and says ‘thank you, James,’ that’s my recharge... . ‘We don’t give up on nobody, even those who come high to our soup kitchen. For everybody there is some help if you want it. I’ll never give up on anybody.’”

**Kenneth N. Tittle (1993)**, a physician, founded and developed Mariposa Ministry, a faith-based peer-counseling outreach program among young people and adults with physical disabilities in the small border communities of the Imperial Valley, Calif., and in adjoining Mexicali, Mexico.

“The common elements were hard work, altruism, being very tenacious,” Schroeder says of the leaders. “Those are all things people probably knew about. But the depth and heroic nature of many of them was inspirational.”

**EARLY EVALUATIONS AND A “VALUES CLARIFICATION”:  
ARE WE GETTING THE KIND OF LEADERS WE WANT?**

Two early evaluations of the program, both conducted by Deanne Bonnar, PhD, at Boston University, and Doreen A. Cavanaugh, MA, at Brandeis University, confirmed that the program was reaching the kinds of desired “ground level” leaders that it intended.

Their 1993 study compared the first year’s award winners with the runners-up, and found that the leaders chosen more fully embodied the qualities the program was seeking than the runners-up. Among the differences: there was a greater proportion of people of color among the winners, and all of the winners (and only some of the runners-up) regarded health care as a right, had a holistic approach to the provision of health care, and ran programs that were considered groundbreaking, either in concept or in regard to the population being served.

Their 1994 study compared *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. The other award programs selected more people who held staff positions than the *RWJF Community Health Leaders*—reinforcing the idea that RWJF was finding people who were leaders not just on the basis of the title they held but on their ability to catalyze action in a community.

The national advisory committee, led by **Anna Faith Jones**, at the time president of the Boston Foundation, and the first black woman to head a major foundation, went through its own “values clarification” in the early years of the program. “That is where we started to be of the opinion that we should differentiate between people who had the advantage of training and education and standing and those with no advantage and who had overcome substantial obstacles,” Dunham recalls.

“That the program might choose a street worker with a high school degree over the head of a social service department or hospital system came as something of a surprise to some,” Dunham says. “I remember a hospital administrator in Louisiana asking me, ‘Why did you give him an award?’ I think he felt he himself should have been nominated.”

“As time went on we got people who were out there on the edges of the traditional health delivery system,” she says. “They were doing extraordinary things but they were on nobody’s career ladder. They were out in the land of social determinants of health or health advocacy.”

Just how far out in that land would become evident as the successive cohorts of leaders were chosen. **Arlene Goldsmith (1994)** was honored for her efforts to help a population she hadn’t even known existed—severely disabled children who were living out their lives in New York City hospitals, even though there was no medical need for them to be there. “Some of these children were living there eight years past medical need!” Goldsmith recalls, the astonishment still fresh in her mind. In 1982, she created an

“As time went on we got people who were out there on the edges of the traditional health delivery system. They were doing extraordinary things but they were on nobody’s career ladder. They were out in the land of social determinants of health or health advocacy.”

—Catherine Dunham,  
former program director



Anna Bissonnette (1994)

Viewing health care through a community lens, the Leaders prescribed specific social and political remedies to improve health, community, and democracy.

agency that helps disabled children to leave hospitals and return to caring community environments.

**Anna Bissonnette (1994)** came to a similar startling realization while supervising student home visits, part of her duties as associate professor at Boston University. She noticed the increasing frequency with which elderly patients living in rooming houses were being evicted under the pressures of gentrification—a trend that continues today. Unable to find affordable rooms elsewhere, aged people were walking the streets by day, and sleeping in shelters by night.

The experience shocked Bissonnette to the core. “I was naive,” she recalls. “I had no idea of the number of homeless elders. Almost every unit of low-income single-unit occupancy in and around Boston was lost by people who had been living there for years and years.”

She quickly went to work, building a coalition of service providers and obtaining funding from Boston Medical Center’s Elders Living at Home Program (ELAHP)—a program she designed to help homeless elders find permanent, affordable housing, and to become functioning members of the community.

In his early twenties, **Ronald Sahara Brown (1996)** found a path back to sobriety at Detroit’s Rubicon Odyssey House, part of the New York City-based Odyssey Institute, a network of facilities that offer long-term substance-abuse treatment. In the late 1980s, Brown became the head of Flint Odyssey House, Rubicon’s satellite program in Flint, Mich., a city which, like Detroit, had fallen on hard times due largely to the effects of downsizing in America’s automobile industry. With a combination of blind faith and grit, Brown kept the long-term treatment facility from going under until county and state agencies began funneling funds to the orphaned operation.

With the treatment center in the midst of what was then one of Flint’s highest drug-trafficking and prostitution areas, Brown began purchasing and receiving donations of homes and properties too run down for the owners to rehabilitate on their own. His vision was to reclaim the neighborhood from drug dealers, crack house by crack house. From 1989 on, Flint Odyssey House was a force in revitalizing the area, and stimulating the community’s growth and development.

### COMMUNITY HEALTH IS ABOUT SOCIAL JUSTICE

In 1996, members of the first three cohorts of Community Health Leaders convened to learn what they had in common in addition to their recognition by RWJF. Over the course of several days, they realized that they all pursued some form of social justice through a variety of community initiatives.

With their common bond in mind, the awardees expanded the World Health Organization’s already broad definition of health to include the social and economic factors that contribute to community health and from which individuals gain the best chance for their own health. Viewing health care through a community lens, they prescribed specific social and political remedies to improve health, community, and democracy. (See *A Vision of Community Health* in the text box on page 13.)

“Health is really the opportunity that people have to maximize their potential. Health is part of our community and how we build a community that supports individuals and gives them opportunities to be fully interactive in their communities.”

—Peter Lee, 1995  
Community Health Leader



Constance Pechura

### A Vision of Community Health

- All people have intrinsic value worthy of investment.
- Cultural diversity is a strength.
- People have the right to self-determination in their own communities
- Mutuality and interdependency are valued over individualism.
- Participation in the governmental process is a responsibility of a healthy community.
- Community education and employment are major preventive health measures.
- All people have the right to safe, healthy environments.

As **Peter Lee (1995)**, the director of the Massachusetts Partnership for Healthy Communities at Health Resources in Action who died in December 2012, noted in a 2002 book about the program: “There’s an awful lot of stuff that goes into people being healthy that is more than just a doctor, a nurse, a hospital, shots, and medicine,” he wrote.

“Health is really the opportunity that people have to maximize their potential. Health is part of our community and how we build a community that supports individuals and gives them opportunities to be fully interactive in their communities.”

The national advisory committee quickly adopted this interpretation of what health meant. 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 Leaders program would come from many areas: a superintendent of schools, clergy, lay workers, administrators, concerned citizens, parents, and others not employed in the more traditional health care arena.

“It became a strong ethic of the national advisory committee and the Foundation to be as inclusive as possible,” recalls **Constance Pechura**, a senior program officer who oversaw the program at RWJF beginning in 1998. “They were looking at health very broadly. It was not just somebody who ran a health clinic. It was people of all kinds who contributed to the health of the community.”

It was perhaps the first time that RWJF had taken such a broad view of health, and though there was bound to be push back, Schroeder was pleased.

“People at the Foundation had become infatuated with very large grant programs,” Schroeder recalls, “things like, ‘let’s change how children perceive life in cities. So let’s have all cities over a million in population compete for a healthier children program.’”

“That’s why I thought it was good for our staff at RWJF to do the Terry Keenan thing. This program was a way of building up the credibility of these kinds of people among a very highly credentialed, very smart staff.”

*\*To Give Their Gifts*, by Richard A. Couto with Stephanie C. Eken.

CHAPTER 2

## Celebrating Proven Leaders: Key Program Elements

Community Health Leaders differed from grant programs at RWJF in that leaders were being recognized for the important community work that they had already done—and were still doing. “We were recognizing the leaders,” Schroeder says. “We did not create them. We were celebrating them.”

In this context, the national program office’s role was to shine a light on the leaders, provide specific and targeted technical assistance, and to create opportunities for the leaders to support and learn from each other.

The first groups of awardees received \$100,000. This award later increased to \$120,000 and again to \$125,000. Awards were split between support for leaders’ projects and support for their personal development.

### **RAISING THE LEADERS’ PROFILES IN THEIR COMMUNITIES**

One of the hopes of the program was that leaders laboring in obscurity might not continue to be so obscure. Toward that end, each year RWJF disseminated national and local press releases publicizing the presentation of Community Health Leaders awards, biographical sketches of the winners, their work, and their communities. RWJF also profiled a number of the leaders on its website (see [Appendix 1](#) for links to 54 profiled leaders and [Appendix 3](#) for a list of all leaders).

For a number of years, the presentation of the new leaders was made in Washington at the National Press Club, a high-profile venue. For about five years, leaders also had an opportunity to visit their representatives on Capitol Hill, as part of RWJF’s *Project Connect*. “It was like *Mr. Smith Goes to Washington*,” Dunham says. “I think the group bonded in the middle of that, not just the year groups, but all the leaders.”

As a result, leaders typically received some combination of local, regional, and statewide media coverage after receiving the award.



Dennis Berens (1997)

The publicity had an impact, particularly locally. As director of the Office of Rural Health, part of the Nebraska Department of Health, **Dennis Berens (1997)** built an array of coalitions and initiatives aimed at improving the health and well-being of people living in rural communities. He says the leaders award gave his efforts a sense of legitimacy, both personal and institutional, up to the state level. “To have an entity like the Foundation recognize your efforts says to the folks inside state government, ‘Hey, this is probably pretty important.’ ”

The award also helped some leaders leverage other local funding.

During the tumultuous, rapid transition to managed care in Tennessee, **Tony Garr (1998)** protected the most vulnerable consumers by taking on the insurers, state government, and major health care providers to get the care they needed. The Community Health Leaders award brought much-needed recognition to the organization he led, the Tennessee Health Care Campaign. “There were two foundations in Nashville that we had never been able to receive funding from,” he says, “but because of the connection with the Robert Wood Johnson Foundation, we received that funding.”

The RWJF award worked something like a “Good Housekeeping Seal of Approval,” Schroeder says. “It helped them to try to sustain what was in many cases a difficult path they had chosen.”

#### **“TRAINING” FOR PEOPLE WHO ARE ALREADY LEADERS**

The leaders chosen, for the most part, did not consider themselves to be on a particular career path and were not looking for a course in Leadership 101. “They did it [lead],” Dunham says. “They either had preparation, or were self-taught.” In keeping with that philosophy, during the first few years of the program, the primary technical assistance offered the awardees was a survey and budget form to help them organize their thoughts and priorities as to how to use their award money.

But by 1996, it was becoming clear that the leaders could use some additional support, but the question was, what kind? “Why undertake to train successful leaders?” an overview report of the program asked around 2008. “How can technical assistance be conducted without entering into a hierarchical pupil-teacher relationship?”

One solution was to offer leaders technical assistance aimed at expanding their activities into new arenas. “These folks...were aspiring to change things, to fix things,” Dunham says. “So their interest, skill, and knowledge development revolved around stuff that was relevant to what they wanted to fix. ... They were very pragmatic. So we did leadership development wrapped in other concepts.”

The first such assistance was in the form of a workshop on using the Internet in the late 1990s—at the time a new and relatively untested tool that the leaders were finding increasingly important to their work. Another area in which the leaders said they needed training was documenting their work. Without that skill it was difficult to make the case for support from local foundations or government funders.

“The leaders were very pragmatic. So we did leadership development wrapped in other concepts.”  
—Cathy Dunham,  
former program director

“So we taught them research,” Dunham says. “Not controlled trial research, but here is how you respectably define what you are doing, measure what impact you are having, and describe it.”

The national program office also produced a handbook, called *Real Clout*, which spelled out a simple, step-by-step process for identifying public policy targets and developing strategies to address them. “Tiny but precise” mini grants of \$3,000 to \$5,000 were then awarded to select leaders to fully develop and execute their strategies.

**Judy Panko Reis (1993)** used a \$5,000 grant to co-author a 2004 white paper about how the health care delivery system is not structured to provide safe, patient-centered care to people with disabilities. The paper’s findings were cited by the U.S. Surgeon General and the National Council on Disabilities, which granted Reis and her colleagues funds to organize a health care summit on ways to improve access to health care for disabled people in a variety of settings. See [page 9](#) for more about her work.



Arkadiusz Strzelecki (2002)

**Arkadiusz Strzelecki (2002)**, a Polish refugee, was named a leader for his work organizing immigrant communities against domestic violence. One barrier for women in getting free of an abusive spouse, Strzelecki discovered, was the inability to get a driver’s license. Strzelecki used a mini-grant to spearhead an effort to change license regulations in San Diego.

“He didn’t have a clue how to do that,” Dunham recalls. “So we gave him a coach and helped him figure out who set those regulations, how to approach those kinds of changes, how to put together a credible group to advocate for change, and how to put his arguments into an ‘elevator speech.’ ”

Dunham considered these small grant projects invaluable. “I sometimes feel we got even more bang for the buck out of those tiny but precisely targeted grants than we did out of the award funds themselves.”

Other topics covered at annual meetings or through individual consultation or coaching were communications and human resource/nonprofit management. In addition, the national program office provided travel assistance for a limited number of peer-to-peer exchanges on specific topics—one such exchange focused on health care for the homeless.

### COMING TO GRIPS WITH SUCCESSION PLANNING

Many of the leaders had either created organizations or were the prime movers within existing organizations. A key concern for them was: “What happens to my organization and its work when I am no longer around?” To help leaders address the question, the national program office created a sabbatical period, for which leaders could apply and receive support for two months away from what were often all-consuming jobs. The program ran for three years with five to six leaders chosen per year.

“Almost everybody who applied for sabbatical were founders of their nonprofits,” Dunham says, “and didn’t have a clue how to let go of it or even move into a different role within it.” During the sabbatical period, leaders went through a planning exercise to identify possible successors and others to whom they could delegate responsibilities.

The sabbatical also provided enough of a break that some of the leaders “didn’t have to leave their organizations,” Dunham says. “They came back rested and expanded.” Dunham believes some local funders came to see the importance of supporting sabbaticals for key Community Health Leaders. “Even in insecure, un-endowed community-based organizations, that sort of mechanism should be supported by funders who rely on those organizations, who value those organizations. I think local/regional funders figured that out and emulated some of what we did.”

### CONVENING AND CONNECTING: THE POWER OF THE “COHORT EFFECT”

From the start, some of the best “technical assistance” came from the leaders themselves. They became friends and each other’s best supports.

The money that RWJF invested in bringing them together was “worth its weight in gold,” says Margaret O’Byron, former chief executive officer of the Consumer Health Foundation in Washington, who served on the national advisory committee. “The energy, the collaboration, the deep friendships that grew out of those annual meetings was phenomenal. There was a lot of cohesion created among small groups and the group as a whole.”

In fact, interaction with other leaders—the “cohort effect”—was the most-mentioned positive feature of the program in a survey of leaders who received their awards from 1993 to 2005. The survey respondents said that what they got from Community Health Leaders was quite different from what they derived from local networks to which they belonged. They identified the value of their local networks as operational and practical: new allies, new sources of services or referrals, access to local funding, etc. In the Community Health Leaders program, the other leaders, while seen as a source of information, were primarily valued as a support and peer network.

**Carey Jackson (1999)**, who was honored for his work establishing a clinic for newly arrived immigrants at a Seattle county hospital, says convening with his fellow leaders was like being “collected back to Camelot.”

“There were all of these fragmented people off doing these odd things,” he says, “working with homeless mothers, working with the blind, being with kids with disabilities around art, working with refugees and immigrants suddenly being collected together to join with this society and to draw strength from one another and then go back and do their work.”

“This group of health leaders is not the conventional,” says **Lon Newman (2004)**, who as head of a Wisconsin health agency spearheaded an effort to make contraceptives accessible and affordable to women in poor, rural areas. “These are community-based people who are imaginative, innovative, serving the underserved. I really did feel at home there. Not that I don’t feel at home in the administrators’ group, but it’s not the same. I felt a comradeship there [with leaders] that I didn’t feel any other place, even though I’m a tall white guy.”



Carey Jackson (1999)



Lon Newman (2004)



Emma Torres (1999)

The peer network that was established—and the staff of the national program office were very much part of that, leaders said—also served as a hedge against burnout.

**Emma Torres (1999)** recalls the struggles she faced in Western Arizona in the 1990s convincing doctors that lay health care workers—or *promotoras*—were not a threat to public health, but an asset. Attending the annual meeting of leaders provided a shelter from the storm. “It’s like they’re part of a great big family I belong to,” she said in a chapter on the program in the 2003 RWJF anthology, *To Improve Health and Health Care, Volume VI*. “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.”

The national program office also provided funds for leaders to attend conferences related to their areas of work—another way that, over the years, leaders were able to maintain connection with each other, with the program, and with others in the field doing similar community work.

#### **DOCUMENTING HOW LEADERS LEAD**

Under a 1997 contract with RWJF, Richard Couto, a researcher at the University of Richmond, and co-researcher Stephanie Eken interviewed 12 Community Health Leaders from the 1993 to 1996 groups to distill their lessons of community, health, and leadership. The resulting book, *To Give Their Gifts*, published in 2002, offers a window not only into the lives of the leaders and their approach to leadership, but a broad look into the connection of health to community and democracy. See [Chapter 5: Leaders and Leadership](#) in this report for details about what the researchers discovered.

## Key Milestones in the Program

Since its inception in 1992 until its close in 2014, RWJF expended almost \$41 million for the *Community Health Leaders* program. Following are key milestones:

- 1992** RWJF Board of Trustees authorized funding for three years to develop a new Community Health Leaders program to “recognize the contributions various community leaders make in assisting the Foundation achieve its mission and goals.”
- 1993** First group of 10 leaders selected. Initial cash award for chosen leaders was \$100,000—\$95,000 for a project and \$5,000 for personal development.
- 1994** Early evaluations confirmed that the program was finding community-level leaders.
- 1995** At the urging of the first groups of leaders, the national advisory committee adopted the World Health Organization’s broad view of health as it relates to social justice. Program was reauthorized for an additional three years.
- 1996** The program offered targeted assistance to help leaders expand their work into new areas.
- 1998** The program was reauthorized for an additional three years.
- 2001** The program was reauthorized for an additional five years.  
Awards were increased to \$120,000 per recipient—\$105,000 to the recipient’s institution and \$15,000 to the recipient to cover professional development and travel.  
  
The program enhancements included \$2.1 million for organizational capacity building and leadership development (peer assistance/mentoring, a leadership institute, assessment tool development, organizational development grants, and the sabbatical program); and \$750,000 for research and documentation of leaders’ approaches and lessons learned.
- 2006** The program was reauthorized for five more years. Awards were raised to \$125,000—\$105,000 to the recipient’s organization and \$20,000 for personal development. Changes included an emphasis on recognition of accomplished leaders, and less focus on training and developing leaders; continued engagement of all leaders instead of limiting interaction to leaders from most recent three years; and the requirement that leaders develop projects according to RWJF grant regulations.  
  
A special authorization honored five leaders working in the region affected by Hurricanes Katrina and Rita.  
  
The program office moved from Third Sector New England to RWJF; Janice Ford Griffin is selected to lead the program.
- 2010** The program office moved to Harris Foundation in Houston under Griffin’s leadership.
- 2012** The last group of Community Health Leaders was selected. The program office closed at the end of 2014.
- 2015** The grant awards to leaders selected in 2012 ran until the end of December 2015.

CHAPTER 3

# The Program Matures, Evolves, and Comes to an End



Nefertiti Lancaster (right) painted a picture with the assistance of Jonathan Becan (left) at A.R.T.'s temporary gallery space on Hulfish Street as program founder Tim Lefens (1998) observed.

By 2005, some 120 Community Health Leaders awardees had been chosen—an impressive group of people that in addition to health care professionals included clergy, lawyers, a former banker, a visual artist, and a founder of a community arts production company. In keeping with what had become a well-established value of the program, nearly all leaders had encountered and overcome adversity and were pursuing social justice goals.

## CHANNELING ADVERSE EXPERIENCES INTO LEADERSHIP

### Leading Through Art

**Tim Lefens (1998)** was a sought-after abstract painter on the New York arts scene when he heard the news that no visual artist should hear. “You have retinitis pigmentosa,” a doctor told him. “You have two years, five at the outside, of usable vision left.”

Three consecutive specialists made wisecracks to the effect of, “Well, it’s a good thing you’re an abstract painter because you don’t need your eyes.”

“I vowed I would never put myself in the hands of an eye doctor who was not also an artist,” Lefens says.

He eventually found an ophthalmologist who was also a sculptor. Lefens showed the doctor reproductions of his paintings. The doctor looked carefully at each image, looked up at Lefens and said, “I’d like you to come to the school where I am teaching. They’re starting an art program. I’d like you to show slides of your work to my students.”

At the Matheny Medical and Educational Center in Peapack, N.J., Lefens encountered children and adults with an array of medically complex developmental disabilities that severely limited their ability to move, see, hear and function. “But I could see by looking in their eyes how much they were still there, 100 percent,” he says. “They were really intense, but they were being spoken to as if they were infants, and it was really upsetting to me.

Lefens came up with a number of innovations that allowed people with disabilities to create art. He invited those in motorized wheelchairs to drive across a large canvas on the floor, slathered with paint, using the power and weight of the chair like a big paintbrush to leave a mark.

Then he bought a target laser at a local gun store and attached it to an old welder's helmet. Wearing the device, students were able to indicate their choices of color, texture, size, and brush type and to trace where they wanted the paint to go. Lefens trained able-bodied trackers, studio assistants who applied the paint exactly where the artists pointed the light on the canvas.

At a gallery opening in New York, the work of all of his students sold out. With help from friends, Lefens set up a nonprofit corporation called A.R.T., for Artistic Realization Technologies, and with the Community Health Leaders award, he was able to reach out to numerous organizations that served people with profound disabilities—from large ones, like Easter Seals and United Cerebral Palsy, to public schools systems, to the small, private institutions that are tucked away around the country.

### Leading a Community Through Disaster Recovery

Many community people emerged as heroes in the aftermath of Hurricane Katrina in 2005. Community Health Leaders chose five Special Gulf Coast Leaders in addition to the 10 leaders chosen in 2006. One of them was New Orleans native **Kimberly Byas-Dilosa (2006)**, who had trained and worked as an architect prior to Katrina. She founded YOUTHAnasia Foundation—so named, she says, because it strives to “kill what is killing Greater New Orleans’ teenagers.”

After evacuating to Tennessee with her husband and 1-year-old daughter during the hurricane, Byas-Dilosa returned after the storm to find their condo and all of its contents waterlogged and moldy—a total loss. Retrieving a few family photos, including her wedding album, she set up house in a trailer supplied by the Federal Emergency Management Agency (FEMA), and went back to her work.

Worried that the emotional stress of Katrina would fester into violence, Byas-Dilosa created The Campaign to Rebuild a Teen-Friendly Greater New Orleans. The initiative aimed to raise awareness about the correlation between the increase in teen crime and suicide in post-Katrina New Orleans and the lack of mental health care being provided to teen hurricane survivors. She and the teens organized a press conference to protest the closing of the New Orleans Adolescent Hospital, New Orleans’ only psychiatric facility for children. They also launched “Release Your Tension” Open Mic Night to give young people an outlet to express their hurt and frustration.

“There was nothing celebratory going on in the city,” Byas-Dilosa recalls, so she organized a citywide talent show for teens. About 20 teens performed and some 2,000 people attended that first show in January 2006. “It was the first public event held after Katrina,” she says. “It was like a light at the end of the tunnel. The parents were thanking us for hosting the show because the kids were so bored and upset.”



Kimberly Byas-Dilosa  
(2006)



Risa Lavizzo-Mourey

## CHANGES IN PROGRAM LEADERSHIP, FOCUS, AND LOCATION

### Moving to Princeton

The stories of the leaders resonated strongly with the RWJF Board of Trustees, Schroeder recalls, and challenged them, as well.

“They saw that these leaders were willing to work in a nonglamorous setting taking care of people with great need,” he says. The highly credentialed might not choose such a path, Schroeder says. “If you had gone to Princeton, you’re not likely to spend 10 years working in a homeless shelter,” he says. “You have to be a very special person if you do that.”

Among RWJF staff, the leaders were greatly admired, and with the arrival in 2003 of **Risa Lavizzo-Mourey** as new RWJF president and chief executive officer, the program gained another strong supporter.

But the reorganization of the RWJF program staff into a series of teams, each responsible for a specific goal area and the programming to reach it, left Community Health Leaders as something of an outlier, not fitting easily into the Foundation’s newer grantmaking priorities. There were also concerns about expense—the number of program staff at Third Sector New England had grown, as well as the technical assistance budget. To address these issues, in 2006, RWJF staff decided to bring the program back into the Foundation to be managed within. Dunham left the program in 2007. She is now vice president at Boston-based Preservation of Affordable Housing.

Closing down the national program office in Boston and moving it to RWJF fell to **Judy Stavisky**, an RWJF senior program officer with experience working in inner city neighborhoods and community-based organizations. Her first move was to convince **Janice Ford Griffin** to run the program at RWJF.

Griffin’s community experience included a stint as director of drug policy in the Houston mayor’s office from 1990 to 1993. She had gone on to serve as 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](#)).

“We interviewed a lot of people, but as soon as I met Janice,” Stavisky recalls, “I knew she was the right person. She was a greater nurturer, very practical, not pie-in-the-sky. She really knew what people needed and was a great networker and connector.”

### Less Technical Assistance, Changes in Oversight

Having the program managed at RWJF inevitably created other changes as well.

“Rather than running the money through Third Sector New England,” says **Sallie Ann George**, an RWJF program officer who worked with the program after Stavisky, “we were directly granting to the organization the leaders named. It was a closer financial relationship.”



Judy Stavisky



Janice Ford Griffin



Sallie Ann George

The five-year reauthorization in 2006 called for significant changes, including a new requirement that leaders develop defined projects according to RWJF grant regulations.

The latter change—handling the leaders program as any another RWJF grant program—had repercussions beyond just changes in paperwork and administration. Griffin recalls sitting in meetings at RWJF and reminding senior staff that Community Health Leaders was not a traditional grant program, or for that matter, like the other RWJF leadership programs.

“Community Health Leaders did not apply for grants,” Griffin says. “We are asking communities to tell us who they [the leaders] are, and we choose them based on what they have done in the past. They are not coming to us saying, ‘We want to be involved in your new initiative and to comply, we will turn ourselves inside out for the Foundation.’”

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

### A Lost Opportunity

Managing the program within the Foundation might have helped realize one of the original hoped-for goals: that leaders’ ground-level knowledge would help inform RWJF programs in policy change and other more macro arenas. While some leaders served on national advisory committees and one, Doriane Miller, became a program vice-president at RWJF, in general those connections never quite gelled, Stavisky says, with the result that both Foundation staff and the leaders missed out on the benefits of that cross-fertilization.

“Rarely would staff at an RWJF-funded initiative that was doing something like getting people insured say, ‘Hey, some of those Community Health Leaders are doing this too. Let’s bring some of them in,’” Stavisky says. “The leaders certainly gained a lot from each other’s connection, but...they couldn’t gain the synergy from being more connected inside the Foundation, and the initiatives RWJF funded lacked the input of people we had just anointed as being leaders.”

RWJF’s evolving organizational structure contributed to the disconnect, says George, as program teams zeroed in on specific goals, such as reducing childhood obesity or improving the quality and equality of care. “So it was hard to find venues to highlight the leaders’ work and let people know how relevant it could be.

“Maybe having some targeted nominations for people working in areas we cared about might have been helpful,” she says. “But because we didn’t do that, we had such

“The leaders couldn’t gain the synergy from being more connected inside the Foundation, and the initiatives RWJF funded lacked the input of people we had just anointed as being leaders.”

—Judy Stavisky, former RWJF senior program officer

a breadth and diversity [among the leaders]. By the same token, I think they would have gotten even more visibility and could have helped inform our strategies more if they were aligned.”

### Diversity Slips

Having a diverse pool of applicants had been a key value of the national advisory committee. “You had physicians next to somebody who had a high school degree whose mom died from heart disease who is going to take on cardiovascular issues,” George says. “The diversity of people given this award was really cool.”

But as the years went on diversity began to slip. Some people seemed to be “self-nominating” and having someone else fill out the forms. There were also more applications from highly credentialed people, as well as people later in their careers. “The program started to be seen as a capstone award, and that was not what it was intended to do,” George says.

The program also was not able to help leaders make connections with community-level organizations that might become aligned with their work. “We asked new leaders every year to tell us what other organizations they were involved in such as Rotary or Kiwanis that had initiatives that may fall under social determinants of health,” Griffin says. “We wanted to establish open lines of communication and promotion of the leaders with those groups.”

Communication dollars were directed elsewhere, Griffin says. “That cut off another one of our avenues for finding people in the nontraditional audiences.”

### Technological Roadblock?

Another reason for the change in the nominations may have been purely technological. RWJF was transitioning the administrative paperwork and records for many of its programs online. The call for nominations for the 2009 Community Health Leaders program went out digitally, replacing the hard-copy postcards and letters that had been distributed widely in communities around the country.

The number of nominations dipped from 753 in 2008 to 532 in 2009, and steadily decreased thereafter. There also was less diversity among the nominees. Griffin believes the change to the online application process was the main culprit.

“We used to get some nominations that were written in pencil on tablet paper, some in Spanish,” Griffin says. “You knew these were coming from people in the community who knew somebody doing something in the church or admired someone from afar. Once you went to that electronic process, it dropped off. We saw far more nominations of people who were professionals. We saw far more that were just tweaked grant proposals.”

In January 2010, the program moved to the Harris Foundation in Houston, Griffin’s hometown, remaining under her leadership. It was reasoned that Harris Foundation, a nonprofit with a mission to invest in community-based initiatives, would offer a

“We used to get some nominations that were written in pencil on tablet paper, some in Spanish. You knew these were coming from people in the community who knew somebody doing something in the church or admired someone from afar. Once you went to that electronic process, it dropped off. We saw far more nominations of people who were professionals.”

— Janice Ford Griffin,  
former program director

new network that could help expand the outreach for nominations of new leaders and increase the visibility of current ones. The partnership with Harris also offered the opportunity for RWJF to expand its reach in the southern United States, where there were proportionately fewer RWJF grantees compared to other regions of the country.

### Reframing Technical Assistance: Peer to Peer

One key change made in the program, which Griffin lobbied for, was redirecting some of the program budget that had gone to technical assistance to travel, so that more leaders from previous years could come to the annual meeting, rather than just the previous three cohorts.

“The leaders are the most effective and unique peer resources for each other,” she says. “When you look at the vast array of occupations, experiences, and geography [of the leaders], they have experience that goes far beyond what you would find in a more homogeneous group of grantees. If you are looking for other physicians, they are there. If you are looking for street outreach workers, they are there. The leaders are people who walk to the beat of different drummers. They are not necessarily trying to replicate the same model. They want to know what lessons others have learned.”

### Workgroups: The Leaders Take Charge

Leaders took the initiative in creating workgroups on special topics and holding monthly phone conferences on those topics. The topic areas were research, best practices, personal support, collaboration, and social determinants of health. Several of the groups fielded online surveys of all leaders (see Key Findings on [Page 26](#)).

According to consultant Catherine West, whose 2009 report to RWJF summarized the workgroups’ activities, the workgroups enabled leaders to explore in greater depth issues that were having an impact on their work. For example, the Personal Support Workgroup enlisted leaders as guest speakers in addressing the issues of transitions, retirement, succession planning, coaching and mentoring, internal organizational challenges, burnout, and illness. Together, group members and guest speakers discussed lessons learned, resources and training programs used, and how they may have done things differently.



Gabriel Rincon (2011)

**Gabriel Rincon (2011)** is one of the leaders who, after participating in the Personal Support Workgroup, implemented a two-year succession plan that passed the torch of leadership of the Mixteca Organization, which he founded in 2000 in Brooklyn, N.Y. The organization provides culturally appropriate information to Latinos about HIV/AIDS, as well as other diseases affecting the community, such as diabetes and heart disease.

Stepping down was “difficult” he says, but hearing from other leaders “helped me relax, and realize the big impact we can have. But we don’t have to be selfish. We can share with the rest of the people who want to do something for the community.”

Some 96 percent of responding leaders were addressing at least one social determinant of health.

### Key Findings From the Workgroup Surveys

- Leaders were very interested in researching the outcomes of their work, but few had the time, knowledge, or experience to get started. “We have 10 years of data covering 50,000 families and over 150 data fields,” one leader noted, “but lack the resources to fully analyze and complete the evaluation needed to establish us as evidence-based practice.”
- Leaders generally cited leadership qualities that were more humble and that differ from “traditional” or “historic” definitions of leadership. “Leaders view leadership as the ability to help others problem-solve,” the report said, “as opposed to being tied to a particular cause/issue, organization, or general community.”
- Some 70 percent of respondents said they had participated in leadership training. But “it was all over the map,” recalls Griffin. “Some in the military, some had training in association with their jobs, many had never had any leadership training, and some said they had some leadership exposure around community organizing.”
- Some 96 percent of responding leaders were addressing at least one social determinant of health. They reported income, education, and housing as the social determinants having the greatest impact or influence on their communities and their work.

The vast majority of respondents collaborated with local (91%) and state government entities (82%), as opposed to federal (66%). Collaboration with the nonprofit sector was high, but there appeared not to be collaborations with businesses and the private sector.

The workgroups also created and shared resources for advancing leaders’ work. For example, the Collaboration Workgroup shared information about stimulus grants announced early in the Obama administration, and then worked together to apply for them. The Research Workgroup put together two webinars about how to do low-cost community-based participatory research.

In addition to supporting the leaders in select activities, the workgroups also provided an important window into the leaders as a collective whole, according to West. “Respondents’ definitions of leadership were quite similar,” she wrote in her report to RWJF, “someone who has a vision, motivates, and works with others to achieve a common goal. As one leader pointed out, ‘A leader is a committed champion for a cause who understands the big picture and sets the table for others to come to embrace the cause and share the responsibility of working toward successful resolution and positive outcomes.’”

The leaders served as what RWJF's Sallie Ann George, RWJF program officer, called an "on-the-ground reality check" about how certain issues and policies played out in the community.



20th Anniversary Celebration of the program

### The Annual Meeting: On-the-Ground Reality Check

In addition to providing a means for leaders to connect with each other, the annual meeting became the venue for presentations and workshops conducted by policymakers, national leaders, and other persons of stature. Their insights were often helpful to the leaders. And in turn, the leaders served as what RWJF's George called an "on-the-ground reality check" about how certain issues and policies played out in the community.

While acknowledging that the leaders gained valuable insights from national experts, George also wondered if "less talking and more on-the-ground observation would have served the leaders' needs better.

"I remember this one meeting in Savannah where we did a site visit over to the one project site," George says. "We learned hands on what was going on at that site and the leaders really learned from them. I think they learn differently than in a scientific meeting. The experiential aspect is important. Learning by seeing, not just talking about things."

### THE PROGRAM CLOSES

In 2012, RWJF celebrated its 40th anniversary—a natural time to reassess the direction of the Foundation and where it wanted to focus over the next 20 years. Out of these discussions came a commitment to further change its structure and grantmaking to aim them at building a Culture of Health in the United States.

As part of the reorganization, RWJF staff decided to sunset all but two of its leadership programs, Community Health Leaders among them. The last cohort of leaders was selected in 2012, with their awards running through 2015, and the national program office closed at the end of 2014.

In its letter to leaders announcing the closing, Risa Lavizzo-Mourey complimented the program and past leaders for helping 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."

Leadership programs moving forward would connect clinicians, scholars, researchers, and leaders from medicine, nursing, and population health with experts from sectors such as architecture, education, urban planning, transportation, social justice, and housing with the goal of working together to address health challenges facing individuals and communities, and to drive change toward a Culture of Health.

The closing of the Community Health Leaders program was met with sadness, and some dismay, among leaders, program staff, and others at RWJF who had helped to fashion and shepherd the program over the years.

A major disconnect at RWJF, according to Stavisky (who left RWJF in 2007), was between what she calls the "reality people" and the "policy people." "There were a lot of champions. Everyone loved hearing the stories," she says. "But we were less successful in saying, 'These are not just community folks. These are people working on the baby steps that need to be taken in terms of policy change.' But that case was never made."



Deborah Jastrebski (2011)

### **“A Loss for the Field”**

National advisory committee chair **Margaret O’Byron** saw the closing of both Community Health Leaders, and at the same time, *Local Funding Partnerships* as a significant loss for the field. A consultant and former chief executive officer of the Consumer Health Foundation in Washington, O’Byron says the two programs “were rated extremely high by local foundations. They were the two programs that would get As. So when they both went away...there was a loss.”

Dunham says her greatest sadness was that the program was not able to help the Foundation learn from the leaders as much as she hoped. “Some of the leaders were in places that nobody would go,” she says. “They not only lived there, but they succeeded at affecting that environment and improving the health conditions of the residents. These guys and gals were social entrepreneurs. They were doing stuff that we need to figure out how to think about.”

In the end, being a Community Health Leader is more a state of mind and a way of life than an honor that lasts for a couple of years. **Deborah Jastrebski (2011)** speaks for the leaders when she says, “To be brought together with like-minded people, to be with your peers, is huge. It was amazing, personally and professionally, and it will be forever.”

CHAPTER 4

# Program Impact

A 2013 census of all leaders found that 80 percent had kept doing their work.

Though the Community Health Leaders program in no way “created” leaders, RWJF hoped that the award would help to enhance their ability to lead their communities toward greater health. One measure of the community-level impact of the award was this: did the leaders remain in their communities and continue to deepen and expand the work for which they were honored?

The answer, for the most part, is yes. A 2013 census of all leaders found that 80 percent had kept doing their work. Only 20 percent were doing something different than the work in which they were engaged when they received the awards—that is, they retired, changed jobs, or relocated. “That is what we wanted,” Pechura, formerly with RWJF, says, rather than people using the award as a “jumping off place to go somewhere else.”

## The Leaders by the Numbers

From 1993 through 2012, 207 individuals became Community Health Leaders, approximately 10 each year. Five of these leaders received the award based on their work in the Gulf Coast region affected by Hurricanes Katrina and Rita through a special selection process.

The group of leaders was remarkable in its diversity. Some 45 percent are people of color, and more than half are women. Their ages range from the 30s to the 70s. They are secular and religious, gay and straight, disabled and abled. The leaders include two people who are blind, three who are quadriplegic, two who speak only Spanish, and one who is deaf.

The leaders tackled a broad range of issues that impact people’s health—HIV/AIDS, substance abuse, end-of-life care, oral health, mental health, disabilities, youth development, homelessness, farmworker health, environmental health, cancer, prenatal care, and refugee and immigrant health.

For links to stories about a selection of former leaders, see [Appendix 1: Story List](#).  
For a list of leaders by year, see [Appendix 3](#).



Cheryl Holder (1995)

## EXPANDING THEIR COMMUNITY WORK

### Tackling Public Policy Barriers

A number of leaders found that addressing public policy became an essential part of their social justice work in communities.

**Cheryl Holder (1995)** is medical director of North Dade Health Center (NDHC), a comprehensive outpatient community health center that serves Opa-locka, a poor, multi-ethnic neighborhood in Miami. In the early 1990s, she spearheaded Project Care (Community AIDS Reduction through Education) and trained locals to talk to people congregated in beauty salons, coffee shops, bars, laundromats, and street corners about the AIDS crisis. In a relatively short time, because of Project CARE's activities, the health center's comprehensive AIDS program went from serving 60 HIV/AIDS patients to serving more than 400.

But the needs of the community required a more comprehensive approach. "I saw that much of the real answer for the population I serve is much wider than what my center can do," Holder says. She developed the Florida Coalition for School-Based Health Care, to spread the model she'd developed throughout the State of Florida, and to get it supported and sustained by state funding through the state's health department. Advocacy in this area now constitutes a major part of her work.

**Zaid Gayle (2008)** created Peace4Kids, a "community-as-family" safe haven for foster children in the violent Watts area of South Los Angeles. At Peace4Kids, adult volunteers become a consistent presence in the children's lives. In late 2009, budget cuts to the child welfare system were threatening the small stipends available to 18-year-olds aging out of foster care. Without the funds, at least a quarter would become homeless, one report predicted.

In response, Gayle organized a group of children aging out of foster care to testify before the California Assembly on increasing the upper age limit. In 2010, then-Governor Arnold Schwarzenegger signed Assembly Bill 12, a bill that raises the age limit to 21. Schwarzenegger called the idea of taking care of oneself at age 18 "ludicrous."

**Zane Gates (2011)** was raised in an Altoona, Pa., housing project and overcame learning disabilities to become a doctor. He eventually established a clinic that serves people who earn too much to qualify for Medicaid, the government health plan for the poor who can't afford medical care.

Working with an insurance company, he invented a new model for caring for the working poor by creating "insurance-less" primary care offices that do not charge deductibles or co-pays, do not limit the number of visits, and do not impose administrative requirements. In 2013, his plan was adopted and funded for a demonstration throughout the state of Pennsylvania. Read [more](#) about Gates' initiative.



Zaid Gayle (2008)



James Withers (2002)

### Achieving a National Reach

While they started locally, several leaders led initiatives that eventually achieved a national reach:

**James Withers (2002)** worked for years to win the trust of people living in alleys, parks or on sidewalks—the unsheltered homeless. His organization, *Operation Safety Net*, became one of the nation’s first “street medicine” programs and the model for other such programs that have developed around the world.

In partnership with Pittsburgh Mercy Health System, where Withers is an internist, *Operation Safety Net* launched the annual International Street Medicine Symposium. “Today, it’s still rare for people to offer medical services in abandoned buildings or under bridges,” Withers says, “but there are now enough organizations for us to come together to talk about the best ways to provide this type of care.”

In 2008, Withers launched the *Street Medicine Institute* to serve as the “home” for street medicine. Its network includes teams across the United States and in other parts of the world.



Ruth Ann Norton (2005)

**Ruth Ann Norton (2005)** was shocked to learn that some 15,000 kids in her home state of Maryland were getting poisoned every year by lead—“something that I thought was history.” In 1993, she assumed leadership of the Coalition to End Childhood Lead Poisoning, and by 2003 the group’s strong advocacy was being credited with achieving a 97 percent decrease in childhood lead poisoning in Baltimore, and a 94 percent decrease statewide.

In 2008, Norton began the National Green & Healthy Homes Initiative as a program of the coalition. The initiative now has a national mission—replacing stand-alone housing intervention programs with an integrated, whole-house approach that produces sustainable green, healthy, and safe homes.



Joanne Samuel Goldblum (2007)

**Joanne Samuel Goldblum (2007)** began working at the Yale Child Study Center in the late 1980s. “What I saw again and again was a level of poverty that most of us don’t think exists in America,” she says. “Right next to Yale, we had families so poor they were re-using diapers.” She adds, “There is not a clinical intervention for not having toilet paper or diapers.” So, Goldblum began handing out diapers—an essential product not covered by federal food stamp programs—to poor mothers in her town of New Haven, Conn. After becoming a Community Health Leader in 2007, Goldblum caught the attention of Kimberly-Clark Corporation, the maker of Huggies disposable diapers, which began donating 20 million diapers a year. This enabled Goldblum to start the National Diaper Bank Network, which distributes the donated diapers, helps startup diaper banks, and seeks to raise public awareness of the issue.

“Too many people were reinventing the wheel,” Goldblum says. “This lets us share best practices.” As of the end of 2014, there were some 250 diaper banks around the country. The network has a full-time staff of six; Goldblum is executive director.

### Bringing a Community-Level Perspective to Government

Several leaders were tapped to direct large city or state health departments, where their community-based orientation has helped reshape priorities.

**Barbara Garcia (1993)** rose through the ranks to become **director** of the Department of Public Health of the city and county of San Francisco in 2011, the first non-physician to lead the \$2 billion agency. Garcia's first job in the San Francisco health department was director of programs for the homeless. "I still am the homeless director," she says. "I have not left my hands out of the development of new innovative programs. I am not a bureaucrat."



Kenneth Robinson (1998)

**Kenneth Robinson (1998)**, a minister and a physician, served as commissioner of the Tennessee Department of Health from 2003 to 2007, the first Black person in that position. "The model RWJF had originally seen [centering public health around community health] inspired the governor to see if I could bring to his cabinet a more holistic approach to public health," Robinson recalls.

Convinced that Tennessee's consistent position at the bottom of state health rankings was due to the poor health status of minorities and racial ethnic groups, he worked to reverse the inequities. The issues he targeted—including cardiovascular disease, obesity, diabetes, and infant mortality—were problems statewide. "But they all had demonstrable statistical disparities in African-American communities," Robinson says.

Robinson spearheaded a massive expansion of safety-net primary care services into 48 county health departments, with funding to some 60 faith- and community-based clinics serving uninsured adults. "I got the state-level public health service to return to its roots of working closely with community-based organizations," he explains.

In 2007, Robinson returned full-time to his congregation in Memphis, which had grown into a 1,600-member church and an enterprise providing high-quality child care, a charter elementary school, and more than 100 units of affordable housing to its community.

**Alvin Jackson (2001)** was named director of the Ohio Department of Health in 2007 in part because of his work as a physician providing primary medical care to rural residents and migrant workers. He is believed to be the first director to visit every local health department in Ohio. Jackson made public awareness and education, disease prevention, and data-driven decision-making top priorities in his service to the 11.5 million Ohio residents. After his four-year stint, he returned to Fremont, Ohio, where he first began his work in the early 1990s in a small neighborhood clinic serving a diverse community, including many Blacks and—in season—migrant farmworkers.



Elimelech Goldberg  
(2004)

### Increased Visibility and Influence

In addition to the Community Health Leaders award, leaders continue to receive state and national acknowledgements for their work and influence.

Seven leaders have been named CNN Heroes, an award initiated in 2007 to recognize “everyday people changing the world”:

**Martha Ryan (2003)** brought prenatal care to homeless women in San Francisco by using a model she learned in Somalia: turning clients into outreach workers, serving them, and having them reach out to others like them.

**Elimelech Goldberg (2004)** lost his daughter to cancer and turned his grief into Kids Kicking Cancer, a program that uses martial arts therapy to empower young cancer patients and help them manage pain.

**Lynne Holden (2009)** cofounded Mentoring in Medicine, an organization to help disadvantaged youth fulfill their dreams of becoming health care professionals.

**Roseanna Means (2010)** left a lucrative medical practice to organize teams of volunteer doctors and staff nurses who visit shelters in and around Boston, cutting through red tape to give free, patient-centered medical care to women and children.

**Andrea Ivory (2011)** used skills she learned as a real estate agent to map neighborhoods in Miami that were least likely to have insurance or access to health care and then mobilized some 4,000 volunteers to deliver literature about breast cancer awareness to at-risk women; in 2013 her volunteers started delivering information on heart disease as well. “It was a natural transition,” Ivory says, “because both diseases have shared risk factors.”

**Richard Nares (2011)**, who lost his only son to cancer shortly before his sixth birthday, founded the Emilio Nares Foundation with his wife to offer transportation for low-income families whose children were battling cancer at Rady Children’s Hospital in San Diego.

**James Withers (2002)**, for his work in bringing medical care to homeless people living on the streets, and for connecting them to other social services. See [page 31](#) for more about Withers’ work.

One leader, **Dana Harvey (2010)**, was named White House Champion of Change for her efforts to increase access to healthy and locally produced foods in Oakland, Calif., as well as to provide jobs and entrepreneurship opportunities to residents who otherwise may not have a chance to own a business.

Two leaders received the Purpose Prize, awarded by [Encore.org](#) to individuals 60 and over who are creating new ways to solve tough social problems:

- When **Judy Berry (2010)** couldn’t get the right care for her mother who was suffering from dementia, she founded Lakeview Ranch Dementia Care Foundation in Darwin, Minn., and spent her own funds to build a facility addressing dementia patients’ emotional, spiritual, and physical needs.

- When **Im Ja Choi (2011)** left her career in the financial field to care full-time for her mother, finding a Korean-speaking health aide was almost impossible. So Choi created Penn Asian Senior Services (PASSi) to train Asian-speaking home health aides to assist seniors with their daily needs. Since opening in 2005 with two part-time employees, the agency has become one of the largest employers of Asian immigrants in the area around Jenkintown, Pa., outside Philadelphia.

### “THEY ARE SERIAL INNOVATORS”

Wherever their life paths have taken them, Community Health Leaders continue to focus on social justice concerns that are intertwined with health issues. For some, one issue has naturally led to another, and then another.



Micheal Elliott (2000)

Early in his work as a church minister, **Micheal Elliott (2000)** riled his congregants by inviting homeless people into the church on cold winter nights. Later as president of Union Mission, a tiny but venerable Savannah organization, he would rile his staff and board by insisting that the biblical mandate to feed the hungry and clothe the naked did not go far enough.

“It struck me that it was actually enabling homelessness to continue,” he says. “If you’re homeless, you would go get clothed, you would get fed, you would get somewhere to sleep, and you would wake up the next day still homeless. And it seemed to me that housing, tied to other levels of accountability, and equipping folks with the tools they need to overcome their homelessness, was a much better way to go.”

Enlisting the support of the state, Elliott spearheaded an effort to house homeless people, and to provide them services designed to get them out of homelessness. When he noticed that a number of homeless people with illnesses were being bounced from shelter to hospital to the streets, he convinced two local hospitals to open four shelter-based clinics.

This unusual collaboration of two competing hospitals drew the attention of the RWJF, whose *Local Funding Partnerships* program supported the start-up of the new J.C. Lewis Health Center, a 32-bed respite care center that opened in 1999. In its first three years of operation, the health center saved the two hospital organizations \$34.3 million in uncompensated care, Union Mission reported in August 2003.

Elliott’s elevated profile from becoming a Community Health Leader in 2000 helped him get the attention of the Georgia Department of Community Health. It and the Department of Community Affairs agreed to provide seed money for replication of the J.C. Lewis Center in other Georgia cities.

Former Program Director Dunham says she often saw this kind of evolution in leaders’ work. She recalls talking to several early leaders who had worked to create affordable housing in New York City. “What they did 20 years ago is literally history and kind of dull now,” she says. “But the organizations they lead are responsive organizations, and if they are successful, and many of them are, they are tackling new stuff.

“They are serial innovators.”

CHAPTER 5

## Leaders and Leadership

“They shook up the unshakable truths. They were fierce. They had this steely determination. Folks could really not be moved off their goal... . In truth, these are some of the fundamentals of policy change.”

—Judy Stavisky, former RWJF senior program officer

Community Health Leaders not only honored the accomplishments of unique leaders; it also illuminated important and thoughtful perspectives on the nature of leadership itself. What attributes did these leaders share? What factors contributed to their success—was it their innate personalities, the issues they chose, the communities where they lived, or some combination?

Richard Couto, in his early study of leaders, *To Give Their Gifts*, writes that he wanted “to take leadership off its pedestal and show how it walks, talks, breathes, lives among ordinary people.”

He soon discovered that the 12 leaders he spent time with were anything but ordinary. “They have a heightened sense of cultural, racial, and socioeconomic discrimination precisely because they know of the values, hard work, and talents to be found among the people who endure them,” he writes. “They throw the net of community and individual worth widely, determined to draw in people who presently have too little of the social goods—such as education, housing, and health care—that others take for granted.”

In a report to RWJF, leaders characterized themselves as:

“Having the ability to create a vision, the passion to inspire others to embrace that vision, the tenacity to move the vision forward through whatever obstacles occur, and the courage to adapt and change course as knowledge and diverse experience and input require to achieve success.”

Former RWJF Senior Program Officer Stavisky agrees:

“They shook up the unshakable truths. They were fierce. They had this steely determination. Folks could really not be moved off their goal.... In truth, these are some of the fundamentals of policy change.”

“Some of the people were very dynamic, they drove progress, and then there were servant leaders who listened more than they talked and built networks. There isn’t one formula for leadership in a community.”

—Constance Pechura, former RWJF senior program officer

Program Director Griffin saw in leaders the same singlemindedness:

“They had the courage to take a stand for unpopular issues or marginalized communities and the determination to get in there and cut the red tape. Their commitment was always to working toward solutions with the community, and not toward upward career mobility.”

This chapter draws themes from four studies and articles about the leaders (see text box below), as well as interviews with them and RWJF program officers and national program staff, that illumine the characteristics of Community Health Leaders and the nature of their community leadership. The short vignettes of leaders here, as well as those cited throughout this report, point to a set of attributes and skills that made their leadership effective.

#### “DRIVERS AND SERVANTS”: PERSONAL CHARACTERISTICS OF THE LEADERS

The word leader often conjures up an educated, polished, hard-charging, “take-no-prisoners” type. But, according to former RWJF Senior Program Officer Constance Pechura, Community Health Leaders didn’t fit any mold.

“Some of the people were very dynamic, they drove progress, and then there were servant leaders who listened more than they talked and built networks. There isn’t one formula for leadership in a community.”

Couto notes the clarity leaders had about their values. They knew what they stood for—human worth and dignity. Out of those values, their styles of leadership emerged.

#### Reports, Books, and Articles About the Community Health Leaders Program

Cardelle AJF. *Critical Leadership Pathways Among the Robert Wood Johnson Foundation Rural Community Health Leaders: New Connections*, 2011. This survey of 23 leaders working in rural communities across the United States analyzes the leaders’ pathways and the most significant factors in their taking on leadership roles in their communities.

Couto RA with Eken S. *To Give Their Gifts—Health, Community, and Democracy*. Nashville: Vanderbilt University Press, 2002. This early work offers a window not only into the lives of the leaders and their approach to leadership, but a broad look into the connection of health to community and democracy.

Pechura CM and Lee P. “Beyond Theory: Lessons From Community Health Leaders,” *CORO Leadership Review*, June 2000. The former program director and a 1994 leader review the first seven years of the program to glean the key factors that contributed to the leaders’ success.

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](#). Interviews with leaders in the Bay Area pinpoint a number of specific life experiences that were important in their later emergence as community leaders.

Community Health Leaders were notable for their *inclusiveness* writes Couto—insisting on “including marginalized groups the process of change.” They demonstrated extraordinary *initiative*—a willingness to “take responsibility for a condition that everyone can see but few are willing to address.” They drew on a depth of *creativity*, which includes vision, imagination, reflective practice, and critical thinking... as well as *resilience*—the ability to come back from failure, disappointment, and fear.”

**Martin Iguchi**, a professor at Georgetown University in Washington, served on the national advisory committee from 2009 to 2012, and had the opportunity to observe many Community Health Leaders.

Quoting the daily mantra of one of the leaders, Joe Hollendonner, Iguchi stated: “‘A clear mission tied to a specific social justice agenda was what seemed to drive leaders forward,’ especially in the face of opposition.”

“If you really believe that all individuals are entitled to health care and all are entitled to quality health care, all are entitled to have a voice in what that care looks like,” Iguchi says. “...then you can’t just expect it to come to you. You have to go out and demand it and participate in how that unfolds.”



Martin Iguchi, national advisory committee member

#### FAIRNESS, EQUITY, AND JUSTICE

The leaders uniformly demonstrated a passionate and abiding sense of what is fair and what is not. Promoting fairness and justice pervaded everything they did—securing health services, fighting for an equitable distribution of economic resources, and empowering disenfranchised people to advocate for themselves and their neighborhoods.

That’s what drove **James Hotz (1995)** after he landed in tiny Leesburg, Ga., as the county’s first doctor in 40 years. His medical training as an internist had not prepared him to meet the health needs of even his first patient who visited his trailer office: a 35-year-old woman with advanced cervical cancer who was dying, Hotz said, “because she hadn’t had a pap smear.” Hotz came to believe that “health reform starts with me. It’s one person at a time and it’s your commitment. If you can’t do that, then you are not a leader.

“Our commitments to our patients are for better or for worse, for richer or for poorer, in sickness and in health till death do us part,” he says. “It is a vow that physicians should take and be able to do. If we can’t work with an institution to honor that commitment, then we shouldn’t work there.”

RWJF’s Pechura and Community Health Leader Lee noted a similar conclusion in their article in *CORO Leadership Review*. “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,” they wrote. “Health work channeled too narrowly on one specific problem or specific intervention can miss important opportunities for change.”



James Hotz (1995)



Gregg Croteau (2006)

**Gregg Croteau (2006)** created the youth-run United Teen Equality Center (UTEC) in Lowell, Mass., to provide immigrant youth a safe haven and an alternative to gang involvement. Its Streetworker Team intervenes in gang conflicts, mediates disputes between rival gangs, and coordinates peace summits. UTEC also received an *RWJF Local Funding Partnerships\** award for this work.

By 2010, Croteau was convinced of the need to focus more on young people with a history of criminal involvement. UTEC formed partnerships with correctional facilities and “the work behind the walls has been a big step forward for us,” he says. “We’re working with people six months in advance, before they come back into the community.”

As Croteau told the Senate Judiciary Committee, “Youth who are in gangs also have the capacity to create change, not only in their own lives but in the life of their community.”

#### **CHANNELING THEIR PASTS: FORMATIVE EXPERIENCES AND CRISES AS CATALYSTS**

Many of the Community Health Leaders trace their commitment to their youthful devotion to community service. For many, living abroad or immigrating to the United States served not only to equip them with linguistic, social, and cultural tools that proved useful, but also contributed to their dedication to working in diverse communities in need.

Other common experiences included powerful youth programs and inspiring mentors in higher education, and many reported that growing up during the civil rights movement was critical to their development as leaders. In many cases, personal trauma became a catalyst for their leadership to address social injustices.

**Ly-Sieng Ngo (1994)** grew up in Cambodia in a wealthy family with some 50 servants. When the Khmer Rouge began their reign of terror in 1975, Ly-Sieng Ngo and her elite family was a prime target. She endured four years of slave labor, during which most of her family members died, before a change of regime allowed her to immigrate to the United States.

In Seattle, Ly-Sieng Ngo found work interpreting for Cambodian- and Chinese-speaking patients at several community clinics. In actuality, she did much, much more. At the office, she wrote translations of health education materials, assisted patients in completing forms, and worked with providers to identify and arrange referrals for specialty and social service care. She coached refugees in U.S. health care practices and how to use its health care system, and she counseled health care workers about their patients’ culture, beliefs, and practices.



Ly-Sieng Ngo (1994)

\* Read the Special Report on *RWJF Local Funding Partnerships*.

Her own trauma dogged her, but sewing helped, so she started a quilting circle for Cambodian women. “The first week, I brought six women, and they were fighting to tell their stories,” she recalls. “When they’d come to the clinic, they never shared one word. I thought my experience was quite bad, but their stories were way more than what I could even imagine!” Within a year, the group had grown to 46, and the quilts were selling like hotcakes.

Over the next 10 years, Ly-Sieng Ngo conducted AIDS education workshops, earned certificates as a community health advocate and childbirth educator. She addressed conferences and meetings of American medical providers, speaking about Cambodian culture and the appropriate use of medical interpreters. She provided individual and family health education activities in areas such as nutrition, family planning, and prenatal care. These activities helped sensitize the two communities—providers and patients—to cultural differences, and built an atmosphere of trust between them.

She used the \$100,000 stipend from her Community Health Leaders award to pay the salary of a co-worker to do with Cambodian men what she herself had done with the women—create a support group that would provide not just healing, but a livelihood. The men, who had been farmers in Cambodia, started a landscaping business, which continues to thrive.

In the 1960s, **Alvin Jackson (2001)** was one of a dozen black students to integrate all-white Statesboro High School. On one occasion, a group of white students tried to run him down in their car after school. It wasn’t the first time; on previous instances, he’d had to jump into a ditch to avoid getting hit.

No one identified Jackson among the “college-bound.” But he enrolled at Oakwood College in Alabama, nonetheless, and received an academic scholarship his second year there.

At the urging of the school’s president, he applied for—and won—a nationwide scholarship to spend his junior year in England. On school breaks, Jackson traveled extensively throughout Europe. “After seeing Moscow, Leningrad, Paris, London, Edinburgh, Berlin, Rome—and all those great cities—I thought, ‘Oh my God. All of our people back in America really do not have a good vision of what the world is really like.’ ”

Back in the United States, and while getting his PhD, Jackson worked as a part-time lab instructor for Ohio State’s medical students. Wishing he was one of them, he eventually entered medical school, and was posted at a small clinic in Fremont, Ohio, a diverse community, including many blacks and—in season—migrant farmworkers.

The moment Jackson walked through the doors, he knew he’d found his place in the world. As he puts it, “working at a community health center, working in this community, was the coming together of a lot of who I was as a person.”

“Working at a community health center, working in this community, was the coming together of a lot of who I was as a person.”  
—Alvin Jackson, 2001  
Community Health Leader



Martha Ryan (2003)

**Martha Ryan (2003)** found her life's work in the Somali desert. It was 1981 and ethnic Somali nomads were streaming across the border from their villages in Ethiopia, suffering and half-starved.

Ryan was working with the nonprofit Medical Volunteers International and realized that the needs of the refugees far exceeded the resources of her group. "So we taught the women in the camps to be health workers."

After eight years and two more visits to Africa, Ryan started the Homeless Prenatal Program at a shelter in San Francisco. Once again, she was turning clients into outreach workers, serving them and having them reach out to others like them. "We took an idea from the undeveloped world and brought it into the developed world," she says. "But there's an undeveloped world here in America. That's the bad news." (Ryan also received funding from the *RWJF Local Funding Partnerships* program.)



Debbie Chatman Bryant (2012)

**Debbie Chatman Bryant (2012)** grew up in Moncks Corner, a small town 40 miles north of Charleston, S.C., the youngest of six siblings. It was the segregated South, but Bryant says she felt protected by the elders in her home and church. She didn't learn how bad things really were until she and two of her siblings were transferred to what was then called the white school.

"Our parents wanted us to get the best education," Bryant says, "and really believed what Dr. King had said about black children and white children standing together and learning together."

The sole black student in her 2nd-grade classroom, Bryant was shunned by her classmates and ignored by her teachers. It was not until middle school during the days of mandatory desegregation that Bryant was in classrooms where "many of the students looked like me." But the many indignities during her formative years had nibbled away at her self-esteem. After high school, she enrolled in college but soon dropped out, laid low by both a serious physical illness and depression. "Honestly, I lost who I was for a while," Bryant says.

Bryant began to find herself again when she realized she was meant to be a nurse. "I remember vividly as a young girl being ill and going into the hospital," she says. "My parents got little respect and the health care workers were speaking at them, not to them, and over me, not to me."

While getting her bachelor's and master's degrees in nursing in Charleston, Bryant became excited about a new model of care—community nursing. She realized that instead of making a difference for one patient at a time, she could impact health outcomes at the population level, at the community level, at the state level, and even the national level. "I could make a difference for African-Americans in the community in a whole different way," she says.

Today, as director of outreach and community relations, Hollings Cancer Center at the Medical University of South Carolina, she creates programs to help medically underserved communities overcome the many barriers to health and health care in a culturally sensitive way.

The ability to engage the community—and recover from missteps—is a special characteristic many leaders demonstrated.



Kris Volcheck (2010)

## LEADERS IN ACTION

### Listening to the Community: “To lead people, walk beside them...” Lao Tse

However clear their vision, effective community health leaders know that it cannot be theirs alone—it requires the company of others. “Soliciting meaningful input from community individuals and groups before establishing an intervention is a complex task,” Pechura and Lee write, “but a critical step in serving that community.”

The ability to engage the community—and recover from missteps—is a special characteristic many leaders demonstrated. “There is really no textbook that even gives you a clue about how to do this,” former national advisory committee member Iguchi says. “I think all of these Community Health Leaders do this much better than most do-gooders,” he says. “It is an entirely different model that they understand.”

Coming from a family of activists, **Neil Calman (1993)** is accustomed to pushing through obstacles to get things done. In mid 1970s, when he and three colleagues went to the South Bronx to set up a community health center, which they accomplished with federal funding, they found that, because the community hadn’t been involved in the process, it wasn’t interested in the outcome.

“It was one of these real lessons that you never forget,” Calman remembers. “When you are in a collaboration, it’s not how fast you move, but rather how well you gain consensus at every step.” Eventually, with much greater engagement with community members, Calman was able to set up a network of clinics in the Bronx. See [page 4](#) for more about Calman’s work.

In 2010, **Kris Volcheck (2010)** and his team created the first school-based dental clinic in Arizona. Three portable chairs, a hand-held X-ray machine, laptop computers, and a Web-based dental practice management system allowed the clinic to setup and operate in an open classroom or auditorium.

But the clinic was not immediately embraced in the largely Hispanic neighborhood. For one thing, these clinics in Arizona had a reputation for giving subpar care. Another barrier was fear of immigration authorities. Volcheck says, “Arizona has implemented or attempted to implement draconian anti-immigrant measures.”

To demonstrate commitment, Volcheck and his team promoted the dental clinic exclusively in Spanish, hired bilingual staff, and employed many Mexican-Americans from the neighborhood to be assistants and receptionists. Reaching moms through coffee klatches and other gatherings also has been key, Volcheck says. “The most powerful tool has been word of mouth, from mom to mom, but that has taken awhile.”

This work paid off. As community members grew to trust the clinic and viewed it as an important resource and presence, Volcheck ultimately leveraged \$1.6 million from foundations and government agencies for the startup of a children’s dental clinic.

### Empowering Yourself, Empowering Others

For the leaders, getting input from the community was more than just a practical thing to do. Leader **Judy Panko Reis (1993)** is of the firm belief that community groups need to do the work of defining a problem and searching for its solution.

“What that means is the community that is being served actually has a leadership role in a very genuine way, both authority-wise and economic wise,” she says in *To Give Their Gifts*. “The community being served has access to the economic resources and determines the priorities of those economic resources—how they are going to be spent—and makes it a priority that the community members themselves who are equipped and qualified to help administer certain health initiatives are paid to do so. Self-determination is really the key.” See [page 9](#) and [page 16](#) for more about Panko Reis’ work.

That’s what **Beatrice Clark Shelby (1993)** had in mind when in 1982 she agreed to head up, for free, the Boys, Girls, Adults Community Development Center in Marvell, Ark. She began by developing a core management team. Over the years, this team expanded its capacity and abilities, and initiated a host of new programs and projects. Many staff members had once been on the welfare rolls and were former recipients of the center’s services.

Shelby never suggests that she is the leader; she builds teams that inspire confidence and teach civic responsibility. This objective reflects her abiding ambition to help people learn to help themselves. “People say that I lead, but mostly I’ve got all these young people that work with me, that do things that make me look good,” she says. “So let me just be honest. I try to give them an opportunity.” See [page 42](#) for more about Shelby’s work.

When **Dennis Berens (1997)** became head of the Nebraska Office of Rural Health, the state had more than 500 communities with 1,000 or fewer residents, many of which were hours away from health services. Berens saw his role as “creating relationships, and then, empowering the people you have relationships with to be whatever they can be,” he says. “I don’t care if you remember my name five or 10 years from now—if you think something actually good happened here—more important is that you felt that you did it.”

Empowering others also means preparing one’s organization or work for the time when its leader will not be around. This was a significant challenge for some Community Health Leaders. “We would ask the leaders: ‘If you got a new job, what happens to this work, to this issue?’” recalls Griffin. “Who is going to stand up and continue it?” If the community owns it, it’s not going to die. It will take on a different form.” See [page 15](#) for more about Berens’ work.

“If the community owns it, it’s not going to die. It will take on a different form.”

—Janice Ford Griffin,  
former program director



Atum Azzahir (1996)

“The theory of collaboration does not work if you cannot build relationships with people on a personal level.”

—Atum Azzahir, 1996  
Community Health Leader

### **BUILDING CONNECTIONS TO FORGE SOLUTIONS: PERSON TO PERSON**

If vision is the ability to see the relationships between health and societal issues, then networking is the ability to connect problems with solutions, Pechura and Lee write. Leaders demonstrated networking skills that bridged varied community subgroups and persuaded people from communities, agencies, and programs to contribute collectively to solutions.

Many of the leaders found that they needed to be able to build bridges across barriers: language barriers, institutional barriers, and others. They were 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,” Pechura and Lee write, “and, certainly for working in communities, it is essential.”

Getting people to the table was only the first step in the long process toward real and productive collaboration, leaders found.

**Atum Azzahir (1996)** has lived all of her life in Powderhorn, the poorest district in Minneapolis. Ordinarily, new arrivals to the city live there a short period and move to another neighborhood when they are financially able. Working to create a safer and healthier environment in the midst of such transience has not been easy. But it has taught Azzahir that collaboration, to be effective and real, must be up close and personal.

“The theory of collaboration does not work if you cannot build relationships with people on a personal level,” she says. “If you cannot get past the ‘I am the expert,’ you can’t collaborate.” See a [video](#) of Atum Azzahir talking about her work at the Cultural Wellness Center.

**Carol Ann Bonds (1996)**, superintendent of the Rogers Independent School District, about an hour’s drive north of Austin, Texas, raised some \$2.5 million to develop two school-based clinics. In an area with no other health care facilities, the health centers serve the entire community, providing nutrition and medicine, as well as special needs programs for disabled children and pregnant teens.

Bonds’ lesson in collaboration came when the two teams she had charged with restructuring the schools—one focused on children’s physical and mental health and the other on teaching and learning in the schools—saw that they had overlapping goals. “Why don’t you have kids researching and trying to find ways to solve the physical and mental health problems as well as the academic problems?” the medical director of one of the health centers asked.

The two teams moved from working in parallel to working together, turning the health center into a center for research, learning, and problem-solving. As part of their studies, students created a number of projects, including conducting health histories of every household in their community to inform parents and neighbors about health problems and then research solutions on the Internet.

Numerous organizations have joined the collaborative effort, but Bonds is strict about the requirements.

“It can’t be just if you are going to come once a year and provide coloring books for my kids and then write that up as your community service,” Bonds says. “I want

long-term involvement, a buy-in to making real meaningful change.... Some people have left mad because they thought we were ungrateful, but it has worked.”

Bonds likens a successful collaboration to a marriage—“it is not static but grows through conflict. Initial obstacles to collaboration must be overcome.”

#### **EMBRACING DIFFERENCES: DEALING WITH — AND USING — CONFLICT**

Like Bonds, many leaders found that conflict was an inevitable part of their collaborative efforts. To be effective, they had to learn how to accept conflict, work with it, and even, on occasion, create it in order to serve the social justice goals they were pursuing.

As head of Asian Health Services in Oakland, Calif., **Sherry Hirota (1994)** says that one of her most important jobs is demanding—strongly and persistently—that her patients have access to multilingual, multicultural health care. “It’s never over, because policy can change in an instant,” she says.

“Sometimes you think, ‘Well, wouldn’t it be a lot nicer just to be able to show my charming side.’ “I think the benefits of conflict when you have successes and victories totally outweigh the slightly uncomfortable feelings. I think that you get used to being that person who’s kind of pushing the envelope.”

After two local hospital closings in Chicago in the late 1980s, **Jackie Reed (1995)** developed the Westside Health Authority, which ensured the re-opening of one hospital and the conversion of the other into a multiservice health facility.

Reed does not avoid conflict and at times she stimulates it—a reflection she says of a “confrontational” personality and style that goes back to her days in the civil rights movement in Mississippi.

One area that has brought Reed into conflict is her belief that the community should have more control over its resources. “I was fed up with the negative energies being created about our neighborhoods. People would say, ‘Nothing is going to work... money has been spent and nothing works.’ That avoids two big questions: Who controls those dollars? And how can a community have more control of those dollars.

“He who sets the menus, sets the table,” she says. “So I set the menu here, and I frame things in a way that make folks feel a little uncomfortable.”

Reed has learned that she handles conflict well when she listens to other points of view when issues are sensitive. “I respond to the fear that they may have about the situation by being nonthreatening. So rather than being confrontational, handling it well means I have heard them and I respond to the factors that perpetuate or drive the conflict. There’s a much better relationship that’s formed when people have worked through conflict.”

Handling and using conflict skillfully requires that leaders know themselves, manage their emotions well, channel their passion productively, and on occasion ask hard questions of themselves. “In certain situations,” Griffin noted in a report to RWJF, “the leader expresses the feelings of the community regarding being exploited. That expression of indignation or anger can be useful if thoughtfully controlled.”



Sherry Hirota (1994)

“In certain situations, the leader expresses the feelings of the community regarding being exploited. That expression of indignation or anger can be useful if thoughtfully controlled.”

—Janice Ford Griffin,  
former program director

### Going Beyond Symptoms: Solving the Root Causes

Community Health Leaders were problem-solvers and also helped others solve problems, Pechura and Lee noted in the *CORO Leadership Review* article. That meant looking for the antecedents of the problem. If they started off focused on one particular issue, their search for solutions might lead to other issues.

While working at the Indian Health Service hospital in Rosebud in the 1990s, **Lorelei DeCora (1993)** began to notice that there was a pandemic of diabetes and its related illnesses among Rosebud’s Native-American population. “We were applying Band-Aids,” she says, “and really not getting to the root problem of the disease,” which strikes Native Americans at a rate 20 times greater than it strikes other Americans.

For DeCora, the answers to diabetes, as to other social ills among her people, lay in their traditions. With help from the [Seva Foundation](#), as well as partnerships with affected tribal councils, in 1994 DeCora began Diabetes Wellness: American Indian Talking Circles at Pine Ridge and three other reservations.

The talking circles—consisting of 10 to 20 people gathering together through a cycle of 12 meetings—followed the model of Native American talking circles to address the diabetes pandemic through self-education and prevention. With the help of a facilitator, participants teach each other, and learn from each other—how to change their diet and lifestyles by reading labels, changing the foods they choose and the way they prepare them, and increasing physical activity.

Since 2005, the Centers for Disease Control and Prevention (CDC), in partnership with the Seva Foundation, has supported Diabetes Talking Circles throughout Indian Country.

To DeCora, leadership is no mystery. “I think anybody can do any of these things,” she says. “But a leader is only a leader if you’ve got somebody following you. You’ve got to have the strong will of the people, or it isn’t gonna happen. What a leader is, is just speaking to the need, and a way to do it. But it’s really the will of the people that makes it happen.”

Read more about DeCora on [page 2](#) of this report.

In Alaska, another Native American, **Victor Joseph (2001)**, created an innovative drug and alcohol addiction-recovery program that combines the best of Western science with Alaska Native values and traditions. After becoming director of the Health Services Division for the Tanana Chiefs Conference in 2007, Joseph spearheaded projects to expand access to health care for some 26 communities spread over 180,000 square miles in the interior of Alaska.

People with addictions, he discovered, need more than treatment programs. They need a place to live. So, in 2012, Joseph helped establish Housing First in Fairbanks to provide stable, supportive housing for homeless people with mental illness or addictions. Tenants pay 30 percent of their rent, with 70 percent paid through vouchers or other sources.

“What a leader is, is just speaking to the need, and a way to do it. But it’s really the will of the people that makes it happen.”

—Lorelei DeCora, 1993  
Community Health Leader

“The leaders’ ability to tolerate ambiguity allows them to keep working in an environment that will daunt others.”

— Janice Ford Griffin,  
former program director



Andrea Ivory (2011)

In 2012, an evaluator documented some \$700,000 in savings over 10 months for 10 tenants of the Housing First program (based on what the city did not have to spend on emergency department visits, detox visits, police contact, and community service patrol pick-ups).

#### DEALING WITH AMBIGUITY AND UNCERTAINTY

Effective community leaders also have learned how to function well in “a confusing and mixed up world where there is not consensus or clear answers,” Griffin notes about the leaders the program sought. “They can go ahead and make meaningful progress, and their ability to tolerate ambiguity allows them to keep working in an environment that will daunt others.”

Another Alaskan, **Amanda Gaynor Ashley (2009)** worked in such an environment to breathe new life into an oral health clinic in Alaska’s remote North Slope Borough area. Her efforts to improve the oral health of residents included collaboration with the Ilisagvik Tribal College to train dental assistants. Under Ashley’s leadership, the frequency of dental emergencies has been drastically reduced.

“Here she is, a single woman from the Midwest, working out in a remote part of Alaska, where people are pulling their teeth out with their hands,” says Judy Stavisky, who traveled by small prop plane to visit Ashley. “Native women with high school degrees are going through this intense training in order to give back to their community. She took enormous heat from the professional dental association for that.”

#### JOY IN SERVICE

What was more remarkable, Stavisky says, was the unbridled joy with which Ashley did the work—a phenomenon that a number of leaders displayed. “This woman was changing the face of dentistry,” she says, “and she is just delighted to be doing it. There is this single-minded devotion to doing something that makes such a difference.”

For many of the leaders, the delight comes from having found their true purpose in life. **Andrea Ivory (2011)** was an established real estate agent in South Florida, when she was diagnosed with breast cancer in 2004. After surgery and recovery, Ivory became convinced that she should do something with her life related to breast cancer.

The answer, she says, came to her in a vision: She would use her real estate skills to identify underserved neighborhoods that were least likely to have access to health care due to their socioeconomic status. She would then deliver breast cancer awareness literature (and later heart risk awareness literature) to homes in those targeted neighborhoods and bring low- or no-cost mammograms to the women living there.

And that is what she did, creating the Women’s Breast & Heart Initiative, whose 4,000 volunteers knock on some 10,000 doors each year. “I was on a quest for a purpose in life when I was diagnosed with breast cancer. I felt I was saved to serve.” See [page 33](#) for more about Ivory’s initiative.

CHAPTER 6

# Looking Forward: Lessons for the Field and Philanthropy

“I have come to appreciate that leadership and tactics are every bit as important as strategy. Developing effective tactics requires a solid sense of how the world actually works, again a messy science at best.”

—Steve Schroeder, former president of RWJF

The problems that RWJF and many other foundations tend to tackle are what Steve Schroeder has called the “big, hairy, audacious” ones. “Typically, they are problems with significant consequences and multiple causes and contributors,” he noted in a 2001 retrospective of his time as RWJF president. “If they were easy, they would have been solved already.”

“I have come to appreciate that leadership and tactics are every bit as important as strategy,” he said. “Developing effective tactics requires a solid sense of how the world actually works, again a messy science at best.”

Community Health Leaders are experts in this messy science. Walk a mile—or even a block or two—in their shoes and “big, hairy” social problems suddenly have faces and names. The leaders gave the Foundation “honest entre” into the real world of community health. “You can argue whether history is made by individuals or organizations,” says Steve Somers. “I do think you can’t overestimate how important individual motivation and individual leadership is. We ought to do more to support it.”

Following are some ideas about how to support community-level leaders and their initiatives.

## SHINE A LIGHT

“Part of the job of a foundation like RWJF is to hold up an example of these kinds of local good works that help to make life better for people who need it,” Schroeder says.

Shining the light served an important purpose, says Martin Iguchi, who served on the leaders’ national advisory committee. “Once the light was shined on them,” he says, “a lot of other organizations saw how important they were. That is invaluable. And...it doesn’t always take money to have an impact. Just the acknowledgement was incredibly important.”

The leaders' work also shines a light on how real change happens in communities. "We had a large focus on reaching disparate populations, and those are the guys who are developing programs to meet health needs in disparate populations," RWJF Program Officer Sallie George says. "They were serving in the heart of those communities."

#### **PROVIDE RELEVANT AND TIMELY SUPPORT**

Proven community leaders need a different kind of support than emerging leaders—not Leadership 101 but tailored assistance aimed at expanding their work. In the end, the best support came from the leaders themselves, in person and on the ground. "I think these community leaders learn differently than in a scientific meeting," George says. "The experiential aspect is important. Learning by seeing, not just talking about things."

Another kind of support that may be apropos for seasoned leaders is individual coaching. "To be able to pick up the phone and say, 'I am facing the worst situation' and to be able to talk it out for an hour," Somers says, "that's the kind of thing, as the ad says, 'It's priceless.' We did not do that at Community Health Leaders when it started, and I wouldn't have known to do it. But I know now."

#### **CREATE A LEARNING COMMUNITY**

The Community Health Leaders program placed a high priority on building connections among leaders, through the annual meetings, workgroups, phone conferences, and occasional site visits. That should be a key feature of any leadership program, says Margaret O'Bryon, who served on the leaders' national advisory committee.

"Funders need to bring people around the table to connect," she says. "I don't think there is anybody who does an effective leadership program like this that doesn't do this. You have to."

Somers concurs. "There is a lot of value in being a band of brothers and sisters," he says. "Those relationships tend to survive, beyond what you are learning or doing in the program itself, and may mitigate burnout somewhat. If I had to redesign the program based on my subsequent experience I would pay more attention to that."

According to Pechura, nothing beats face-to-face. "An important lesson for philanthropy is that how you keep these people in touch needs to be meaningful," she says, "not just a Facebook network."

#### **CONNECT PRACTICE AND POLICY**

Community Health Leaders took on an array of "intractable" social problems and in many cases also spearheaded policy changes to address them. But according to Griffin, a "missing rung" in the ladder is the step between practice and policy.

"Innovations that challenge assumptions are often dismissed as charitable ventures," she wrote in a report to RWJF. "They are not seen as object lessons, but as nice stop-gaps until 'the professionals' fix the system."

"Funders need to bring people around the table to connect. I don't think there is anybody who does an effective leadership program like this that doesn't do this. You have to."

—Margaret O'Bryon,  
member of the national  
advisory committee

“You can get infatuated with systems change, and forget that it takes people on the ground to make it happen.”

—Steven Schroeder,  
former president of RWJF

Local leaders need help to see the policy context of the work they have done. And policymakers need to learn from local leaders about implementation and its impact on real people.

“You can get infatuated with systems change,” Schroeder says, “and forget that it takes people on the ground to make it happen. If you’re working on abstract things like expanding health insurance coverage and you’re working with governors and lawyers and legislators and lobbyists,” he says, “you often forget, or you don’t uncover, why it is as important as it is. One of the reasons why politics and health care is so polarized is that we have lost the personal narrative.”

#### **LINK NATIONAL AND LOCAL PHILANTHROPY**

By recognizing community health leaders, RWJF hoped that their initiatives would gain more support at the local level. With a few exceptions, leaders reported that the RWJF cash award and seal of approval did serve that purpose. But in general, the relationship between national and local funders remains murky.

“If I did this again, I would make sure to figure out how to intentionally engage local funders,” O’Byron says. “What are the expectations of local funders? Is the expectation just money? Well, no, that is not what a local funder wants. Where is the synergy between us? When do we get to have input?”

“There needs to be clarity in the field,” she says. “There needs to be a conversation.”



## Links to Stories About Selected Leaders Posted on *rwjf.org*

(Positions listed below were those held at the time of the award.)

### 1993

#### Neil S. Calman, MD

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

#### Lorelei DeCora, RN

Administrative Consultant  
Porcupine Clinic  
Porcupine, S.D.

#### Barbara Garcia, MPA

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

#### Judith Panko Reis, MA, MS

Healthcare Policy Analyst  
Access Living  
Chicago, Ill.

#### Beatrice Clark Shelby

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

### 1994

#### Anna Bissonnette, RN, MS

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

#### Arlene Goldsmith, PhD

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

#### Sherry Hirota

Chief Executive Officer  
Asian Health Services  
Oakland, Calif.

#### Ly-Sieng Ngo

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

### 1995

#### Cheryl Holder, MD

Medical Director  
North Dade Health Center  
Miami, Fla.

#### James Hotz, MD

Former Medical Director  
Southwest Georgia Community  
Health Institute  
Albany, Ga.

#### Martin Lynch, PhD, MPA, MS

Executive Director  
Over-60 Health Centers  
Berkeley, Calif.

### 1996

#### Atum Azzahir

Director, Healthy Powderhorn  
Minneapolis, Minn.

#### Carol Ann Bonds, PhD

Superintendent  
Rogers Independent School District  
Rogers, Texas

#### Ronald Sahara Brown

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

### 1997

#### Dennis Berens, MEd

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

#### Carl Ebert, DDS

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

#### Aracely Rosales

Principal  
Health Literacy Innovations  
Philadelphia, Pa.

### 1998

#### Joe DiCara, MD, MPH

Volunteer Executive Director  
Chicago Youth Programs  
Chicago, Ill.

#### Nancy Johns DiVenere

Director  
Parent to Parent of Vermont  
Winooski, Vt.

#### Tim Lefens

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

#### Rev. Kenneth Robinson, MD

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

### 1999

#### Tyrone Chatman

Associate Executive Director  
Michigan Veterans' Foundation  
Detroit, Mich.

#### Emma Torres

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

### 2000

#### Rev. Micheal Elliott, MDiv, MSW

President  
Union Mission  
Savannah, Ga.

#### Sharon Rohrbach, RN

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

**2001**

**Susan Chasson, MSN, JD**

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

**Alvin Jackson, MD**

Medical Director  
Community Health Services  
Fremont, Ohio

**Victor Joseph**

Director  
Health Services Division  
Tanana Chiefs Conference  
Fairbanks, Alaska

**Arneatha Martin, ARNP, MN, RN**

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

**2002**

**Young Shin, JD**

Executive Director  
Asian Immigrant Women Advocates  
Oakland, Calif.

**Laura Trejo, MSG, MPA**

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

**2003**

**Arnell J. Hinkle, MA, RD, MPH, CHES**

Executive Director  
CANFIT  
Berkeley, Calif.

**Guadalupe Sanchez de Otero**

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

**Martha Ryan, RN, FNP, MPH**

Executive Director  
Homeless Prenatal Program  
San Francisco, Calif.

**2004**

**Rabbi Elimelech Goldberg**

Founder and National Director  
Kids Kicking Cancer  
Southfield, Mich.

**Lon Newman, MS**

Former Executive Director  
Family Planning Health Services  
Wausau, Wis.

**2005**

**Ruth Ann Norton**

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

**2006**

**Gregg Croteau**

Executive Director  
United Teen Equality Center  
Lowell, Mass.

**Kimberly Byas-Dilosa**

Founder and Executive Director  
YOUTHAnasia Foundation  
Harvey, La.

**Monty Fakhouri, MSCHS, CHES**

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

**Michael Rodolico, EdD, MPH**

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

**2007**

**Alfred Davis**

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

**Joanne Samuel Goldblum**

Founder and Director  
National Diaper Bank Network  
New Haven, Conn.

**2008**

**Stephen F. Black, JD**

President and Founder  
Impact Alabama  
Birmingham, Ala.

**Scott Charles, MAPP**

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

**2009**

**David Carey**

Founder and Chairman of the Board  
Inspire  
Phoenix, Ariz.

**Lynne Holden, MD**

President  
Mentoring in Medicine  
New York, N.Y.

**2010**

**Dana Harvey**

Executive Director  
Mandela MarketPlace  
Oakland, Calif.

**Kris Volcheck, DDS, MBA**

Dental Director  
Central Arizona Shelter Services  
(CASS) Dental Clinic for the  
Homeless  
Phoenix, Ariz.

**2011**

**Deborah A. Jastrebski**

Founder & Chief Executive Officer  
Practice Without Pressure  
Newark, Del.

**Andrea Ivory**

Founder  
The Women's Breast & Heart Initiative  
Miami Lakes, Fla.

**2012**

**Debbie Chatman Bryant, RN, DNP**

Director of Outreach and Community  
Relations at Hollings Cancer Center  
Medical University of South Carolina  
Charleston, S.C.

**Amy Johnson, JD**

Executive Director  
Arkansas Access to Justice Commission  
Little Rock, Ark.

## The Program's Final National Advisory Committee Members

**Dennis Berens, MEd**

Principal  
Nebraska Times, LLC  
Lincoln, Neb.

**Senator Sylvia Garcia, JD**

Texas Senate District 6  
Houston, Texas

**Sandra Hullett, MD**

CEO-Medical Director  
Cooper Green Hospital  
Birmingham, Ala.

**Martin Iguchi, PhD**

Adjunct Senior Behavioral Scientist  
RAND Corporation  
Professor, Departments of Psychology  
and International Health  
Georgetown University  
Washington, D.C.

**Anthony Iton, MD, JD, MPH**

Senior Vice President,  
Healthy Communities  
The California Endowment  
Oakland, Calif.

**Martin Lynch, PhD, MPA, MS**

CEO/Executive Director  
LifeLong Medical Care  
Berkeley, Calif.

**Margaret O'Bryon—Chair**

Founder  
Accelerating Change Group  
Bethesda, Md.

**James O'Sullivan, MPH, MPhil**

Program Director, IBD & Crohn's Disease  
Senior Advisor, Israel  
Helmsley Charitable Trust  
New York, N.Y.

**Mark A. Rothstein, JD**

Director  
Institute for Bioethics,  
Health Policy & Law  
University of Louisville,  
Health Sciences Center  
Herbert F. Boehl Chair in Law & Medicine  
University of Louisville, Bioethics  
and Medical Humanities  
Louisville, Ky.

**Roberto Suro, MA**

Professor  
USC Annenberg School for  
Communication & Journalism  
Los Angeles, Calif.

**Evonne Yancey, MEd**

Director, Community Benefit &  
Community Affairs (ret.)  
Kaiser Permanente  
East Point, Ga.

## Community Health Leaders (selected 1993–2012)

(Positions listed below were those held at the time of the award. Descriptions are from the program’s website, which is no longer available. Those whose names are in blue have profiles on [www.rwjf.org](http://www.rwjf.org).)

### **Jocelia Adams, RN, 2000**

*Clinical Director/Founder, Center for Caregiver Training  
San Francisco, Calif.*

Adams created the first free training program for San Francisco families and friends struggling to provide home care for gravely ill loved ones. Her program uses humor to teach the practical skills of coping with illness, building a support network, and navigating an increasingly difficult medical care system.

### **Alice Ayala, 2007**

*Executive Director, Casa Joven del Caribe  
Dorado, Puerto Rico*

Ayala has worked passionately and relentlessly to help people often dismissed by society—homeless drug addicts and people with HIV/AIDS in the rural areas of Puerto Rico. After spending nearly 20 years as vice mayor of Dorado, Puerto Rico, she began pursuing humanitarian efforts from her home, providing food, clothing, emotional, and spiritual support to the people she could reach. Early on, Ayala’s work sparked a backlash because of the social stigma attached to those she was helping. She persisted in building Casa Joven del Caribe, an organization that today plays a significant role in providing treatment, prevention, and primary health care for those most at risk for developing or living with addiction, HIV/AIDS, and other sexually transmitted diseases. Ayala promotes a spirit of community and compassion through aggressive outreach, and by involving church members and key community leaders as board members, staff, mentors, and volunteers.

### **Elisabeth Arenales, JD, 2006**

*Healthcare Program Director, Colorado  
Center on Law and Policy  
Denver, Colo.*

Arenales advocates for health care justice, collaborating with doctors, the business community, and the state legislature. But when the stakes are high, she’s not afraid to take matters further. In 2004, when a state-designed computer screening system failed, cutting off life-sustaining services to seriously ill people, Arenales successfully sued the state and won a court order to restore services.

### **Amanda Gaynor Ashley, DMD, MS, 2009**

*Dental Clinic Director, Samuel Simmonds  
Memorial Hospital Dental Clinic  
Barrow, Alaska*

Ashley brought new life to an oral health clinic in Alaska’s remote North Slope Borough area. Her efforts to improve the oral health of the community include a collaboration with the Ilisagvik Tribal College to train dental assistants. She brings enthusiasm to her work to expand awareness of the importance of oral health through efforts to provide onsite dental care at area elementary schools. Under Ashley’s leadership, the clinic has trained members of the community in oral health, drastically reducing the frequency of dental emergencies and helping to transform the oral health of an entire generation.

### **Rachel Atkins, MPH, 1994**

*Executive Director, Vermont Women’s Health Center  
Williston, Vt.*

In the face of violent intimidation tactics by opponents to abortion rights, Atkins demonstrates tremendous courage, grace, and commitment in providing women access to a full array of much-needed OB/GYN services. Her program serves as a national model for delivering quality patient-centered care, health education, and medical training for doctors and advanced practice clinicians.

### **Atum Azzahir, 1996**

*President and Executive Director, Powderhorn—  
Phillips Wellness & Cultural Health Practices Center  
Minneapolis, Minn.*

Azzahir helps citizens create a safer and healthier environment in her community through an “invisible college” that trains Citizen Health Action Teams to solve their problems. The teams broaden the definition of health to include personal and economic development, adequate housing, safe homes and streets, education, employment and job satisfaction, and spiritual well-being. The program created a new multicultural wellness center that will offer classes in nutrition and exercise, as well as health care services.

**F. Amos Bailey, MD, 2000**

*Medical Director, Balm of Gilead Center  
Birmingham, Ala.*

Inspired by a dying man abandoned by his family in a dangerous Birmingham neighborhood, Bailey mobilized the medical community to develop a compassionate end-of-life care facility for disadvantaged residents with terminal illnesses. His efforts have created an affordable safety net for those dying without access to health care.

**Michael Baker, MPH, 1994**

*Executive Director, Tri-County Community Health Center  
Newton Grove, N.C.*

Baker left a successful private-sector career to rescue a health clinic on the verge of collapse and build it into a recognized champion of migrant worker health. Relying on his strong organizational skills and business acumen, he endured financial risk and initial mistrust to earn a reputation as an innovator, a fighter, and a friend of the community.

**Sharon Baskerville, 2006**

*Executive Director, District of Columbia  
Primary Care Association  
Washington, D.C.*

Baskerville's passion for social justice began in the 1970s, when, as a poor, single mother on welfare, she walked into a neighborhood clinic seeking services for her family. Today, as a result of her tenacity and wisdom, there is a plan: the \$145 million Medical Homes D.C. Initiative, supported by District and congressional leaders, to bring primary and specialty care facilities and doctors into underserved neighborhoods.

**Bonny Beach, MS, 2005**

*Executive Director, NDNS4 Wellness,  
American Indian Prevention Coalition  
Phoenix, Ariz.*

Beach is a Native American who has seen firsthand the pain and destruction that substance abuse has exacted on her community. To create a positive impact, she began the inter-tribal nonprofit organization that employs more than 50 Native Americans, providing culturally respectful prevention, educational, and counseling services through school-based programs. The program also offers substance-abuse treatment to some 300 young people through its residential and outpatient services.

**Charles Belting, DDS, 1994**

*Dental Director, Valley-Wide Health Services  
Alamosa, Colo.*

Belting was the only dentist in more than 8,000 square miles who provided dental services to 12,000 poor and uninsured patients. He went by the philosophy that if a "family has driven 100 miles, he will take care of the whole carload before he goes home." His willingness to stand up for what he believed led to first-time dental coverage for the unemployed, a new training program for dental students at his clinic, and a draft state law to fund preventive dental care.

**Judy Bentley, RN, 2004**

*Executive Director, Community Health-  
In-Partnership Services  
St. Louis, Mo.*

Bentley runs a free health care clinic serving the mostly uninsured residents of the Northside area of St. Louis. Among its services is a unique outreach program that offers health screenings and education in non-traditional community settings, such as banks and barbershops.

**Dennis Berens, MEd, 1997**

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

A former farmer, teacher, and newspaper publisher, Berens created Nebraska's first Office of Rural Health in 1990 to ensure health care access to people living in very isolated areas. Berens' skill in building coalitions and getting people to work together is evident whether he's helping to establish coordinated systems of care, resolving community conflicts, or protecting services for those especially in need.

**Judy Berry, 2010**

*Founder, Lakeview Ranch Dementia Care Foundation  
Darwin, Minn.*

Berry's mother suffered from dementia for years, but couldn't get the right care because dementia services were not tailored to individuals. In memory of her mother, Berry spent her own funds to build a facility addressing dementia patients' emotional, spiritual, and physical needs. Lakeview Ranch welcomes patients of all economic levels and works to reduce medications in managing aggressive behavior. It has achieved a 93 percent decrease in behavior-related hospitalizations.

**Angela Bianco, RN, 1995**

*Program Coordinator, The Gathering Place  
Thoreau, N.M.*

An emergency room nurse from Brooklyn, N.Y., Bianco moved to southwest New Mexico to establish prenatal, maternal health, and literacy programs on a Navajo Reservation. Committed to encouraging self-sufficiency, Angela implemented economic development programs such as an artisans' cooperative that sells Native crafts through a television shopping network.

**Anna Bissonnette, RN, MS, 1994**

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

Bissonnette has been described as a "maverick who has overcome institutional resistance to involve health care providers in the needs of the elderly poor." Since 1986, she has built a coalition of elder service providers and public officials to fund housing for homeless elders. She chairs an organization that has renovated a boarding house for homeless women and converted a warehouse into housing for elders.

**Stephen Black, JD, 2008**

*President, Impact Alabama  
Birmingham, Ala.*

After graduating from Yale Law School, Black could have pursued a lucrative legal career in private practice. Instead he returned to his Alabama roots, believing he had an obligation and social responsibility to help the underserved in his community. In 2004, Black founded FocusFirst, where graduate students in area universities are trained to provide vision screenings to pre-school children throughout Birmingham, specifically in low-income areas. Black believes poor vision has an impact on children's ability to perform academically. Since the program's launch, FocusFirst has provided free, technologically advanced vision screenings for more than 25,000 children in 60 counties throughout the state, helping to ensure many of these children begin their education with appropriate vision care.

**Carol Ann Bonds, PhD, 1996**

*Superintendent of Schools, Rogers  
Independent School District  
Rogers, Texas*

Bonds raised \$2.5 million to develop two school-based clinics, which serve as health centers for the entire community. In an area with no other health care facilities,

the centers also provide nutrition and medicine, as well as special needs programs for disabled children and pregnant teens. Bonds creatively integrates health and education: students conduct health histories of every household in their community to inform parents and neighbors about health problems and then research solutions on the Internet.

**Yvette Bonnet, MBA, 2006**

*Executive Director, Comprehensive AIDS  
Program of Palm Beach County  
West Palm Beach, Fla.*

Her own experience with injury and poverty shaped Bonnet's decision to work directing an HIV/AIDS program in a county with one of the highest HIV/AIDS and uninsured rates in the nation—one out of every 166 people is living with HIV or AIDS. Today, the organization has expanded its HIV prevention and education services, reaching all communities of Palm Beach County, and serving nearly 3,000 HIV/AIDS patients annually. Work has begun on a 28,000 square-foot community health center that will be the first nonprofit, nongovernmental, federally qualified health center in Palm Beach County.

**Jamie Kamilani Boyd, PhD, MSN, RN, 2011**

*Director, Pathway out of Poverty Program,  
Windward Community College  
Kaneohe, Hawaii*

Boyd's goal is to improve the long-term health of Hawaiians by increasing their access to living-wage jobs. Based at Windward Community College in Hawaii, the Pathway out of Poverty program keeps Hawaiians in college, advancing along a pathway in health careers from nurses' aide to registered nurse, while increasing wages and improving personal health. The teaching style is grounded in the Hawaiian value of kuleana—individual and collective responsibility for the functioning and advancement of society. Boyd's work honors Hawaiian educational traditions of oral recital, service, and hands-on learning; and combines western and Hawaiian healing. Since 2007, Boyd has partnered with Kamehameha Schools and The Queen's Medical Center, and has used the U.S. Recovery Reconciliation Act to obtain resources, equipment, and tuition assistance for students. Today, Boyd trains about 50 nurses' aides per year, approximately one-quarter of whom will continue to pursue their registered nurse degrees. Boyd has also developed support programs to help the students overcome barriers to entry, including bias, poverty, and low expectations, so they can focus on high standards and quality care.

**Kay Branch, MA, 2012**

*Elder Health Program Manager, Alaska  
Native Tribal Health Consortium  
Anchorage, Alaska*

Branch helps elders stay close to home in independent, healthy, and safe environments. When that is not possible, she strives to develop culturally appropriate care in other settings. Branch is credited with helping to change state policies to allow tribal elders to stay in their communities and to be cared for by other Alaska Native people. She has also been instrumental in the development of a tribal long-term care facility in Kotzebue that enables elders who are housed in Anchorage or Fairbanks to be “back home.”

**Fred Wells Brason II, 2012**

*Founder and Director, Project Lazarus  
Moravian Falls, N.C.*

Brason’s program offers a balanced approach to preventing drug overdoses while ensuring that patients who need pain management get the care they need. Brason started Project Lazarus in Wilkes County, N.C., to provide technical assistance and training on overdose prevention. The program forges coalitions with community groups, clinicians, law enforcement, service providers, and pharmacies to help raise awareness and implement strategies for reducing prescription drug abuse. Thanks to Brason’s leadership and the efforts made by committed community partners, overdose deaths decreased by 69 percent in Wilkes County between 2009 and 2011, from 46.0 per 100,000 to 14.4 per 100,000.

**Connie Bremner, 2001**

*Elder Health Program Manager, Alaska  
Native Tribal Health Consortium  
Browning, Mont.*

Bremner, recognizing that the significant health needs of her reservation’s elders were going unattended, transformed the struggling senior facility into a model health and wellness center offering a personal care attendant program, nutrition education, meal delivery, and social activities. Her programs created new jobs and now serve more than 600 elders.

**Ronald Sahara Brown, 1996**

*Executive Director, Flint Odyssey House &  
Odyssey House of Saginaw and Flint  
Flint, Mich.*

A former heroin addict, Brown—who started with \$200 in food stamps and no funding commitments—has built a multi-million dollar substance-abuse treatment program.

Located in one of the city’s highest drug-trafficking and prostitution areas, he has begun to realize his vision of reclaiming the neighborhoods from drug dealers, crack house by crack house. The organization’s Treat the Streets program is now a major force in revitalizing this community hit hard by double-digit unemployment.

**Debbie Chatman Bryant, DNP, RN, 2012**

*Assistant Director; Cancer Prevention, Control,  
and Outreach; Hollings Cancer Center,  
Medical University of South Carolina  
Charleston, S.C.*

Bryant works to improve healthy behaviors and to lower cancer risk among racially and ethnically diverse and medically underserved populations in South Carolina’s low country. She organizes and trains lay patient navigators to help with diagnostic follow-up and treatment appointments. She developed a voucher system to cover the cost of co-payments and eliminate financial barriers. She uses mobile screening vans to provide care in nontraditional settings and help address patients’ fears of costs and distrust of the existing systems. The number of mobile unit screenings increased from 1,300 in 2006 to more than 2,000 in both 2010 and 2011. More than half of the patients screened were uninsured or underinsured, and nearly two-thirds of those served say they would not have been screened if not for the mobile van. The program decreased the number of patients lost to follow-up from 11 percent in 2009 to less than 5 percent in 2010.

**Anita Buel, 2008**

*Director, Deaf Community Health Worker Project  
Minneapolis, Minn.*

As a deaf person, Buel has had to overcome innumerable communication barriers when seeking medical care. Members of the deaf community are often excluded from the national health agenda and they are rarely mentioned when talking about people for whom spoken English is a second language. After being diagnosed with advanced stage breast cancer as a young mother and not having adequate resources devoted to the deaf community for her disease, Buel’s leadership at the Deaf Community Health Worker program is responsible for training members of the deaf community to help deaf patients access medical services and understand medical issues in their language. Prior to Buel’s intervention, a deaf person with a serious health problem had no support at the doctor’s office. Today, Deaf Community Health Workers’ services are covered by Medical Assistance in Minnesota.

**Elizabeth Burke, 1999**

*Medical Advocacy Department Manager, Women's Center and Shelter of Greater Pittsburgh Pittsburgh, Pa.*

A former victim of domestic abuse, Burke has successfully bridged the gap between the medical and domestic violence communities to create a comprehensive response to victims. From emergency department screenings to follow-up services to an extensive prevention network, Burke's efforts ensure that abused women get help before the cycle of violence destroys their lives.

**Brenda Butler-Hamlett, 2000** (deceased)

*Community Development Coordinator, New England Organ Bank Roxbury, Mass.*

A heart transplant recipient, Butler-Hamlett shares her own experience in her outreach to boost awareness of the need for increased organ donations among minorities. Her programs at community centers, schools, and churches also encourage minorities to avoid lifestyle choices that increase the risk of needing a transplant.

**Kimberly Byas-Dilosa, 2006**

*Founder and Executive Director, YOUTHAnasia Foundation Harvey, La.*

Byas-Dilosa devotes her life to improving the lives of low-income, at-risk young people through her health promotion, education, and leadership development organization. Not even the nation's worst natural disaster could stop her from focusing on her mission. Her worry over what the kids would be doing while the adults were busy rebuilding led her to create TEENZMatter Productions, a company that keeps teens excited and involved by enabling them to produce and participate in citywide entertainment shows. Two thousand kids were involved in the first show and grateful adults asked, "What would these teenagers be doing on a Saturday night if not for TEENZMatter?"

**Neil Calman, MD, 1993**

*President, Institute for Urban Family Health Bronx, N.Y.*

Calman is changing the nature of medical care in Manhattan and the South Bronx with a network of small, nonprofit, private practices in housing developments, union clinics, and satellite clinics for the homeless. These practices offer quality settings for primary care doctors-in-training to encourage the pursuit of careers in family medicine.

**Lana Deann Canuteson, 2009**

*President, Full Life Corporation Kealakekua, Hawaii*

While in intermediate school, Canuteson visited a residential care facility for people with developmental disabilities and was shocked at the way people lived. That visit so profoundly impacted Canuteson that she has dedicated her adult life to building a world where people with intellectual and physical disabilities have greater opportunities and can make their own decisions about every aspect of their lives. Through her work at Full Life Corporation on Hawaii's "Big Island," Canuteson's unrelenting advocacy has brought access to much-needed services previously not available for residents of the state. Through her leadership in securing the Medicaid Waiver Program, today approximately 2,500 people with developmental disabilities on the island of Hawaii now have access to services.

**David Carey, 2009**

*Chair, Inspire, Human Services Co-op Phoenix, Ariz.*

Carey was a sophomore in college when a freak gunshot accident left him paralyzed. Determined to live a full life, he went on to complete a degree in physical education. Now an activist for independent living for persons with physical disabilities, he works to improve the design of durable medical equipment and has successfully pressured city governments for safely designed public transportation and effective traffic control for persons with physical disabilities. Carey is an ardent advocate for gun control and is a much-admired and sought-after mentor for others with physical disabilities.

**Carol Carothers, 2004**

*Director, NAMI Maine Augusta, Maine*

Influenced by the suicide of a young inmate at a maximum-security prison, Carothers spearheaded a Maine initiative to improve treatment of mentally ill prison inmates and prevent their inappropriate incarceration. Her program has become a national source of best practices for criminal justice professionals who work with mentally ill clients.

**Martha Cook Carter, MBA, RN, 1999**

*Executive Director, Women Care/Family Care Scott Depot, W.Va.*

Since 1989, Carter has provided and sustained Putnam County's only women's health, midwifery, and family planning services available to the rural poor population. She and her staff also teach families how to navigate a complex

health care system. Carter has been active in statewide efforts to bring additional health care services, including the recruitment of midwives, to underserved communities.

**Luis Centeno, 2009**

*Barnabas Transformation Ministry  
Philadelphia, Pa.*

A gang member in his youth, Centeno turned his life around and created a faith-based recovery and addiction prevention program for individuals and families in the “Badlands” section of West Kensington, Philadelphia, one of the worst drug centers in the country. Today, 200 volunteers combine counseling with physical education and arts programs to reach the area’s young men and women.

**Janet Chang, 1999**

*Program Coordinator, Family Support Center  
San Jose, Calif.*

After raising her children for 24 years, Chang began working as a school nurse in 1992 and since has developed several innovative programs to remove barriers of access to health care and provide educational opportunities to underserved students, such as those from homeless families. She also orchestrated a broad-based volunteer effort to remove tattoos on youths seeking a fresh start after involvement in gangs.

**Scott Charles, 2008**

*Trauma Outreach Coordinator, Temple University Hospital  
Philadelphia, Pa.*

Charles leads the Cradle to Grave program, an intervention program he developed to prevent violence among inner-city teens at one of Philadelphia’s busiest trauma centers. He takes the student participants, ages 12 to 18, through a reenactment of the final day of a 16-year-old multiple gunshot victim—from the moment he arrives at the trauma center to when his body is taken to the morgue. The goal: to show the real-life impact of getting shot—not just the media images. Charles also intervenes directly with gunshot patients while they are in the hospital since they have a one in seven chance of getting shot again. The program is a model for other trauma centers since it works to heal patients physically and spiritually.

**Megan Charlop, MPH, 2009 (deceased)**

*Founder and Director, Community Health Division  
at the Montefiore School Health Program  
Bronx, N.Y.*

Charlop oversaw the Montefiore School Health Program’s public health initiatives, offering comprehensive care to 15,000 students in 16 school-based health centers in the

Bronx. She spearheaded the development of the Montefiore Safe House for Lead Poisoning Prevention program, the Hunts Point Asthma Initiative’s school component, Greening for Breathing, and the Norwood Nursery. Charlop served on the boards of the New York City Coalition to End Lead Poisoning and the Public Health Association of New York City.

**Susan Chasson, JD, MSN, 2001**

*Founder, Utah County Children’s Justice Center  
Provo, Utah*

As a nurse and midwife, Chasson saw that the system for helping child victims of physical abuse and sexual assault often caused excessive trauma for the children and families. She created the Children’s Justice Center, a homelike environment where children can tell their stories in a way that fosters healing. The center now serves more than 1,200 victims annually.

**Tyrone Chatman, 1999**

*Associate Executive Director, Michigan Veterans Foundation  
Detroit, Mich.*

Chatman is a Vietnam veteran and a tireless advocate for homeless people. He developed a 24-hour walk-in center for the homeless with an alcohol detoxification service. As associate executive director of the Michigan Veterans Foundation, Chatman has created transitional housing, substance-abuse intervention, and vocational training for homeless veterans.

**Im Ja Choi, MS, 2011**

*Founder and Executive Director, Penn Asian Senior Services  
Jenkintown, Pa.*

When Choi’s mother suffered from stomach cancer, a doctor urged that she be sent to live in a nursing home. Instead, Choi left her career in the financial field to provide full-time care for her mother, who spoke only Korean. Finding a Korean-speaking health aide was almost impossible, so Choi created Penn Asian Senior Services to train Asian-speaking home health aides to assist seniors with their daily needs. Since opening in January 2005 with two part-time employees, the agency has become one of the largest employers of Asian immigrants in the region, with a staff of more than 260 people. In order to assist Asian seniors, Choi also had to overcome resistance from state government officials who argued that because Asians rarely called in for such help, there was no need for it. “Of course they don’t get calls,” Choi said, “These people don’t speak English, and they don’t even know there is an agency they can call.” In 1996, Choi expanded her outreach to create Women’s Development Institute International, a nonprofit that provides multicultural and educational programs for women.

**Elroy Christopher, 2003**

*Co-Director, Rose Street Community Center  
Baltimore, Md.*

Christopher stood up to drug dealers and opened a community center to save his neighborhood from the ravages of crime and substance abuse. He helps residents get treatment and job training, provides tutoring for youths, and organizes community cleanups to create a “civil life” on his street.

**Maria Contreras, 1998**

*Director, Soldiers of Health  
Roxbury, Mass.*

Determined to address the disturbingly high levels of poor health and substandard living conditions in Egleston Square, one of the poorest neighborhoods in Boston, Contreras founded Soldiers of Health, a neighbor-to-neighbor outreach program that connects people in need to health and social services.

**Naomi Cottoms, MA, 2011**

*Community Connectors  
Helena, Ark.*

When college administrator Cottoms returned to her hometown of Helena, Ark., a small and economically depressed community on the Mississippi River, she began working to ensure that even the poorest residents could get access to health care. Cottoms developed Community Connectors, a program to train and send local workers door-to-door to gain the trust of local residents and teach them about health and social services available to them. The program grew to include initiatives that address health, education, and economic disparities throughout the Delta region. A multi-year evaluator of the program by the University of Arkansas Medical Sciences Center found that the programs that diverted elders from nursing homes to using community-based care generated important savings to the state, as well life-changing benefits to the clients themselves. With an array of collaborators from the public and private sectors, Cottoms encourages marginalized members of the community to speak for themselves and take charge of their own health.

**Sandra Cox, PhD, 2003**

*Executive Director, Coalition of Mental Health Professionals  
Los Angeles, Calif.*

After the Rodney King verdict and ensuing riots, Cox rallied her colleagues to create a coalition to provide mental health services to the working poor of South Central Los Angeles. She also founded programs to provide housing for the chronically mentally ill and counseling for domestic violence victims.

**Michael Cronin, PhD, MPH, 1993**

*Director, JRI Health  
Worcester, Mass.*

Cronin’s ability to build coalitions and aggressively seek out every available resource brought medical, educational, and support programs and specialized housing to people at risk of contracting HIV and people with AIDS, including young prostitutes, runaways, and other community members often overlooked by other AIDS support services.

**Gregg Croteau, MSW, 2006**

*Executive Director, United Teen Equality Center  
Lowell, Mass.*

Croteau’s experience has shown him that truly successful youth programs must engage the young people in the work. United Teen Equality Center is run by and for young people between the ages of 13 and 23, providing a safe haven for youth development programming and grassroots organizing. One of the most daring and successful of the center’s programs is the Streetworker Program, which facilitates mediations with gangs on a daily basis and coordinates peace summits. In one year alone, United Teen Equality Center conducted more than 50 successful mediations and a highly successful peace summit between two rival gangs.

**Ronald Crowder, 2005**

*Executive Director, Street Works  
Nashville, Tenn.*

As an HIV-positive Vietnam vet himself, Crowder started his organization from the trunk of his car, providing HIV prevention information to people no one else was reaching out to—primarily drug addicts and sex workers. Today, Street Works operates two all-night drop-in centers and provides a variety of HIV-related prevention services at the times and places where high-risk behaviors are most likely to occur.

**Hugh F. “Trey” Daly III, JD, 2009**

*Senior Attorney, Legal Aid Society of Great Cincinnati  
Cincinnati, Ohio*

Daly works to ensure that thousands of low income and sick people living in southwest Ohio have access to health care services. His work to provide substantive data and informative testimony to the Hamilton County Health Care Review Commission led to support for new and expanded services and outreach strategies, especially for Medicaid-eligible individuals and families. Daly brokered an agreement to use funds from the Hamilton County Hospital Levy, which resulted in as many as 60,000 low-income individuals receiving discounted hospital care. His

efforts have also prompted local hospitals to end abusive and aggressive medical debt-collection practices against patients who cannot afford to pay enormous medical bills.

**Alfred Davis, 2007**

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

Davis' commitment to bringing healthy lifestyle programs to vulnerable older adults goes beyond the community room and into the community. Davis has successfully built partnerships to create aerobics and nutrition classes, bowling and golf outings, and other programs to improve fitness and meet other needs of older adult and disabled Bostonians who live in public housing. Staff members speak several languages and dialects and are sensitive and understanding of the diverse needs of the residents they serve. Davis inspires admiration and support from academic institutions and other organizations.

**Joe Dawsey, 2006**

*Executive Director, Coastal Family Health Center  
Biloxi, Miss.*

Dawsey applied almost superhuman organizational skills to keep health services going to victims of Hurricane Katrina in Coastal Mississippi when so many providers failed to go on. Only someone with Dawsey's passion, leadership, experience, and commitment to seeing the organization survive could collaborate with others in his own and the extended community to make that happen. When the country of Qatar asked the Mississippi's governor to help them identify recipients of the \$100 million they were donating to the relief effort, Dawsey and his work stood out. Coastal received \$3.4 million from Qatar to rebuild infrastructure and resume much-needed health services to the 32,000 Mississippians Coastal serves.

**M. Ho'oipo DeCambra, 2000**

*Executive Director, Ho'omau Ke Ola  
Wai'anae, Hawaii*

As head of a drug rehabilitation center, DeCambra took the difficult step of forcing her own daughter to seek treatment and speaking openly about the experience as an example to others. She overcame strong staff resistance and bridged cultures to incorporate traditional Hawaiian healing practices into her center's treatment program.

**Lorelei DeCora, RN, 1993**

*Founder and Administrative Consultant, Porcupine Clinic  
Pine Ridge, S.D.*

DeCora's organizational and negotiating skills helped establish the first community-owned and operated health center on a reservation in the country. It brings needed medical services to a remote area of Pine Ridge Reservation and serves as a symbol of hope for all American Indians.

**Jonathan Delman, JD, MPH, PhD (cand.), 2008**

*Executive Director, Consumer Quality Initiatives  
Roxbury, Mass.*

Delman has struggled with mental illness his entire adult life. Aware of everyday stigmas surrounding his mental illness, Delman has chosen to help others like himself to improve their experiences. He founded Consumer Quality Initiatives, which partners with consumers and academics to conduct high-quality research on people's experiences with mental health services. He then provides the results to policymakers and service providers to help them improve services. His work has changed the way the Massachusetts Department of Mental Health cares for adolescents with mental health issues.

**Lou DeSitter, 1993**

*Coordinator, La Clinica del Carino  
Hood River, Ore.*

DeSitter earned the trust and friendship of Latino farmworkers by showing them how to meet the health and housing needs of this rural Oregon community with few resources. DeSitter involved his neighbors in successfully addressing the dangers of pesticide exposure, alcohol abuse, inadequate housing, and discrimination.

**Joseph DiCara, MD, MPH, 1998**

*Volunteer Executive Director, Chicago Youth Programs  
Chicago, Ill.*

During his time as a medical student, DiCara's concern for families and children in dangerous housing projects drove him to create healthy, safe recreation and education alternatives for children and teens. Today, more than 450 volunteers run 37 programs, all with the goal of keeping children and teens off drugs, away from guns, out of gangs and the maternity ward, and headed for healthy and productive futures.

**Nancy DiVenere, 1998**

*Founder, Parent to Parent of Vermont  
Essex Junction, Vt.*

DiVenere is the mother of a child born with mild cerebral palsy whose advocacy and support reaches families with children who have special needs throughout Vermont, and in the process has changed state policy and transformed medical education.

**Carl Ebert, DDS, 1997**

*Vice President and Director of Community  
Dentistry, Apple Tree Dental  
Coon Rapids, Minn.*

Believing that the dental profession should be more proactive in issues of access to care for the frail elderly and people with special needs, Ebert has fought to ensure their oral health needs are recognized and properly addressed. Co-founder of a consumer advocacy group, Ebert's voice is heard by public leaders and policymakers. Also a caring clinician, he provides dental services on site for nursing home residents whose average age is 83.

**Rabbi Josef Ekstein, 1996**

*Executive Director, Dor Yeshorim  
Brooklyn, N.Y.*

Ekstein founded and operates the first-in-the-nation program to significantly reduce the number of babies born with Tay Sachs and other lethal genetic diseases prevalent among Eastern European Jews. The father of four children who died from Tay Sachs, Ekstein built this program with no formal medical or scientific training, very few resources, and strong initial opposition from his Orthodox Jewish community, which is bound by strict laws and rules of behavior. His program now reaches communities in Chicago, Baltimore, Detroit, and Los Angeles, and serves as a model for other communities at risk for genetic diseases.

**Micheal Elliott, MDiv, MSW, 2000**

*President, Union Mission  
Savannah, Ga.*

Convinced that poor health care prolongs homelessness, Elliott forged a partnership among area shelters, hospitals, and government agencies to create shelter-based clinics, a respite care center, and an HIV/AIDS facility. His efforts have helped cut homelessness in Savannah in half since 1992.

**Monty Fakhouri, MSCHS, 2006**

*Director of Public Health and Youth Programs/  
Services, Arab American and Chaldean Council  
Metropolitan Detroit, Mich.*

Fakhouri is a man with a mission: to provide the poor residents of Metropolitan Detroit, including Arab-Americans and African-Americans, access to culturally appropriate health care and prevention services. He also recognizes the importance of serving the needs of youth and helped to develop a youth center that offers a safe place to play and study. The National Football League agrees with Fakhouri's mission. It selected Fakhouri to lead the "One World One Team" multicultural activities for youth during the 2006 Super Bowl in Detroit.

**Beth Farmer, MSW, 2012**

*Project Director, Pathways to Wellness: Integrating  
Refugee Health and Well-Being, Lutheran  
Community Services Northwest  
Seattle, Wash.*

Farmer works with refugees from war-torn countries, including Burma, Iraq, Afghanistan, Sudan, and Somalia. She developed a culturally competent short assessment tool to assess symptoms of anxiety and depression resulting from violence, severe trauma, and other mental health issues. The Pathways screening tool has been integrated into refugee screening in King County, Washington, where about 70 percent of new refugees are screened. The tool is also used in Arizona, Maryland, Florida, Idaho, Oregon, and Maine.

**Donene Feist, 2008**

*State Director, Family Voices of North Dakota  
Edgeley, N.D.*

Feist's commitment to children with special health care needs goes beyond the Family Voices of North Dakota's Health Information and Education Center program and into numerous communities across the state. She consistently collaborates with families and professional partners to improve the health and well-being of children with special health care needs and their families. She has found services for more than 20,000 children with a wide range of complex health needs in a state with few urban centers. She assists families in navigating public and private health systems and insurance plans, and helps them find accurate information and resources for their children. Feist developed North Dakota's first parent-to-parent organization.

**Raymond Figueroa, 2004**

*Executive Director, Turning Point/Discipleship  
Brooklyn, N.Y.*

Figueroa overcame a turbulent youth of drug abuse and gang violence to head an organization that provides housing, substance-abuse treatment, and AIDS programs to people in Brooklyn's most troubled neighborhoods. This program serves more than 2,000 residents a year and reaches 20,000 more through outreach initiatives.

**Lisanne Finston, MDiv, MSW, 2011**

*Director, Elijah's Promise  
New Brunswick, N.J.*

Finston first encountered the growing homeless population as a college student in the early 1980s when a volunteer trip to a soup kitchen set the course for her life's work. She is now reinventing the food bank/soup kitchen model by finding ways to offer healthful foods and food preparation training to clients themselves. As director of Elijah's Promise in New Brunswick, N.J., Finston turned a local soup kitchen into a catering business/cafe that feeds hundreds of families with nourishing, locally grown food. The accompanying culinary school has trained more than 500 people in cooking and catering, while the pay-what-you-can Better World Cafe, where about one quarter of the patrons volunteer in exchange for their meals, is close to breaking even. These and other initiatives reflect Finston's vision that rich and poor can dine together on healthy, sustainable food; and her goal of reforming a national food system that values cheap, easy, and processed foods over healthy, locally grown fare.

**Timothy Flanigan, MD, 2000**

*Director of Infectious Diseases, Miriam  
Hospital/Brown University  
Providence, R.I.*

As head of an inner-city center for drug-addicted, HIV-positive residents, Flanigan jumped bureaucratic hurdles to set up a care system for at-risk Rhode Island prison inmates. Not stopping there, he launched an education project for children of incarcerated and drug-addicted women, and a prison medicine program at Brown University's Miriam Hospital.

**Mary J. Fleming, RN, 2001**

*Coordinator, Agricultural Health, Grady Memorial Hospital  
Delaware, Ohio*

After losing a close friend in a farming accident, Fleming was deeply affected by other farmers' complacency around farming-related injuries and deaths, and began a mission

to educate and raise awareness about farming safety. A nurse and family farmer, her programs range from training emergency medical services providers in special farm circumstances, such as tractor overturns and pesticide exposures, to providing low-cost farm first aid kits to farms across Ohio.

**Jennifer Flynn, MS, 2005**

*Executive Director, NYC AIDS Housing Network  
Brooklyn, N.Y.*

For nearly two years, Flynn ended her workday by standing for six hours in front of New York City's largest welfare center protesting the lack of legally mandated emergency housing for homeless people living with AIDS. Now, in an area where HIV has hit low-income people of color harder than any other demographic group, Flynn and her coworkers have seen to it that housing is provided to every single New Yorker with HIV/AIDS who requests shelter.

**Monte Fox, 2007**

*Diabetes Program Manager, White Earth Tribal Health  
White Earth, Minn.*

As a Hidatsa member of the Three Affiliated Tribes growing up on a reservation in western North Dakota, Fox witnessed first-hand the toll that diabetes exacted within his own family. He developed great respect for his Native culture and the healing power of Native-American beliefs and practices. These experiences fueled his passion and mission to help the White Earth people improve their health through diet and exercise. Fox has developed culturally sensitive programs to promote healthier lifestyles, including a diabetes camp for adults and a summer survivor program for kids. He has also invented games like Diabetes Bingo and Honor the Beat, which focus on education and prevention of diabetes and cardiovascular disease. Fox successfully negotiated for a podiatry clinic to serve the tribes that has saved more than 20 limbs from amputation during the last 4 years.

**Rosalina Freeman, 1999**

*Executive Director, Reachout  
Morristown, Tenn.*

Committed to reversing poor health outcomes, such as high infant mortality and low-birthweight babies among Latino migrant and factory workers in east Tennessee, Freeman founded Reachout. Her community educators visit workers at their workplaces or in their homes to provide health education and link them to needed services, from primary and prenatal care to legal services.

**Andrew Friedman, 2007**

*Co-director, Make the Road by Walking  
Brooklyn, N.Y.*

Friedman witnessed the struggles of immigrants through the eyes of his grandparents and understood early on that easing their plight required both education and advocacy. As a law student in the 1990s, Friedman co-founded Make the Road by Walking in Brooklyn's Bushwick neighborhood to help residents advocate for improvements to their lives and their community. Helping people understand how to use free-speech rights and the democratic process has reaped tangible results. In 2006 the New York State Department of Health adopted regulations requiring private and public hospitals to provide free interpretation and communication services. His work with coalitions of diverse groups helped pass the Equal Access to Health and Human Services Act in New York City in 2003, which ensures that forms for food stamps, Medicaid, and other public assistance are made available in many languages.

**Diane Gaines, MA, 1997**

*Executive Director, EAC'S Women's  
Opportunity Resource Center  
Hempstead, N.Y.*

Surviving first a spinal cord injury that left her paralyzed, and then breast cancer, Gaines has "turned lemons to lemonade" with a program offering an alternative to incarceration to women convicted of crimes associated with substance abuse. In addition to helping women turn their lives around, Gaines is actively involved in cancer awareness education and formed the Long Island Chapter of a community-based support organization of African-American women who have battled breast cancer.

**Barbara Garcia, MPA, 1993**

*Executive Director, Salud Para La Gente  
Watsonville, Calif.*

Garcia's political savvy transformed a small clinic in her community predominantly composed of Latino farmworkers and their families into a federally qualified, bi-cultural comprehensive health care center that has mobilized the county to respond to a wide variety of community crises, including the 1989 California earthquake.

**Jose Garcia, RPh, 2003**

*Pharmacist, Promotor, Thomason C.A.R.E.S.  
El Paso, Texas*

Garcia created and runs a program focused on the needs of Chicano men with asthma and diabetes. He started the program, which uses pharmacists to treat and educate

patients, after observing that most of those who ended up in the hospital's emergency department were those who became ill because they could not afford co-payments for their prescription medication.

**Tony Garr, 1998**

*Executive Director, Tennessee Health Care Campaign  
Nashville, Tenn.*

During the tumultuous, rapid transition to managed care in Tennessee, Garr protected the most vulnerable consumers by taking on the insurers, state government, and major health care providers to get the care they needed. From solving the eligibility problems of an individual client to tackling systemic issues such as barriers to prenatal care, Garr is a highly effective advocate for the marginalized.

**Zane Gates, MD, 2011**

*Founder, Partnering for Health Services  
Altoona, Pa.*

While growing up in low-income housing, Gates' mother, Gloria, single-handedly instilled a desire in her only son to succeed and to help others. After medical school at the University of Pittsburgh, Gates returned to Altoona and created a free, van-based clinic to serve working poor who were ineligible for Medicaid. After partnering with Altoona Regional Health System, he transformed the mobile clinic to today's Partnering for Health Services, which provides access to free health care for about 3,500 people yearly in the Altoona area. Among Gates' innovations is a hospital-only insurance plan that permits clinic patients to purchase hospital coverage for \$99 a month. Gates is also the director of the Altoona Community Health Center, a federally qualified health center. As a tribute to his mother, he founded the Gloria Gates Foundation to provide academic enrichment for more than 100 children in Altoona public housing. With these projects, Gates has touched nearly all the lives and institutions in Altoona while working for systemic change to assure support for free medical clinics throughout Pennsylvania.

**Zaid Gayle, 2008**

*Executive Director, Peace4Kids  
Compton, Calif.*

When Zaid Gayle was a teenager, he founded a teen group through his church that promoted learning and self-expression. That experience launched Gayle into a lifetime of service. In 1998, he created Peace4Kids, a "community-as-family" safe haven for foster children in the violent Watts area of South Los Angeles. At Peace 4 Kids, adult volunteers become a consistent presence in the children's lives. Over the past decade, the program has grown from having no

budget to having \$1 million annually with 10 full-time staff members and nearly 100 adult volunteers. Gayle has also been a key influence in foster care reform in California.

**Rabbi Elimelech Goldberg, 2004**

*Founder and Executive Director, Kids Kicking Cancer Detroit, Mich.*

Goldberg, a black belt in karate who lost his first child to leukemia, created a program that uses martial arts therapy to empower young cancer patients and help them manage pain. Social workers and child life specialists who are also martial arts experts teach weekly classes at Michigan and New York hospitals.

**Joanne Samuel Goldblum, 2007**

*Founder and President, New Haven Diaper Bank New Haven, Conn.*

Goldblum saw a need among poor families that was vital to the health and well-being of their infants and toddlers—diapers. As a social worker, she was frustrated and outraged to discover that it was not permissible to use food stamps or funds from other social programs for basic items like diapers, toilet paper, or sanitary napkins. Recognizing that no one was “connecting the dots” for low-income families, she created the New Haven Diaper Bank. It distributes diapers free to families through a network of social service agencies, churches, and educational institutions throughout greater New Haven. With her influence and reputation, she has successfully raised awareness of the issue of proper hygiene for infants and how it affects the quality of life in low-income families. To stock the diaper bank, Goldblum promotes “diaper drives” so corporate groups and organizations can participate in this citywide effort.

**Arlene Goldsmith, PhD, 1994**

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

Goldsmith passionately believes that chronically ill and severely disabled children have the right and the ability to live in the community, rather than in the depersonalized settings of a hospital or institution. In 1981, she created an agency that helps these children leave hospitals and return to caring community environments, saving millions of dollars in hospitalization costs and bringing dramatic improvement and new hope to many children.

**Rachel Gonzales-Hanson, 1995**

*Chief Executive Officer, Community Health Development Uvalde, Texas*

Gonzales-Hanson started as an administrative assistant for Uvalde’s health clinic when it was housed in a trailer. Two years later, she became executive director. Gonzales-Hanson recruited family doctors and much-needed pharmaceutical services to what is now a federally qualified health center in this isolated, poor, predominantly Hispanic farming and ranch community.

**Chrysanne Grund, 2011**

*Project Director, Greeley County Health Services Sharon Springs, Kan.*

Grund has touched the lives of nearly all residents of Wallace and Greeley Counties, providing access to free or low-cost prescriptions, developing a parenting class and Girl Power training, leading an effort to revitalize and restore a rural community, and providing breast cancer awareness information and securing a mammography machine through partnership with a regional hospital. She founded the Greeley-Wallace County Healthcare Foundation, a two-community partnership that provides travel funds to local cancer patients through a fundraising Victory Walk. Because of Grund, Wallace County has a state-of-the-art health clinic providing care to residents of one of Kansas’s few rural counties without a hospital.

**John Gusha, DMD, 2003**

*Project Director, Central Massachusetts Oral Health Initiative Holden, Mass.*

Gusha mobilized dental societies and nonprofit groups to launch an oral health initiative for low-income residents of his community. The initiative, a collaborative of 25 organizations, runs a clinic staffed by volunteer dentists offering oral health screenings and education to teach young mothers about preventing tooth decay.

**Clayton Guyton, 2003**

*Director, Rose Street Community Center Baltimore, Md.*

Guyton stood up to drug dealers and opened a community center to save his neighborhood from the ravages of crime and substance abuse. He helped residents get treatment and job training, provide tutoring for youths, and organize community cleanups to create a “civil life” on his street.

**Lucy Hall-Gainer, 2002**

*Founder and Executive Director, Mary Hall Freedom House  
Atlanta, Ga.*

Hall-Gainer, who lost her mother to alcoholism, founded a residential recovery program to help addicted mothers break the pattern of substance abuse. Her program provides 250 women a year with chemical dependency treatment and vocational training, while teaching their children how to avoid becoming substance abusers.

**Curtis Harris, MPA, 1997**

*Director, HIV/AIDS Project, American  
Indian Community House  
New York, N.Y.*

Native American and gay, Harris began an AIDS awareness program using traditional Native American talking circles that has become a model for urban Indian health. Establishing the Native American Leadership Commission on HIV/AIDS, Harris also co-produced an education and prevention plan for Native American communities that resulted in the creation of four satellite clinics across the state.

**Dana Harvey, MS, 2010**

*Executive Director, Mandela MarketPlace  
Oakland, Calif.*

Harvey launched a cooperative effort in West Oakland to provide organic and locally grown foods in a neighborhood with no full-service grocery stores. The result is now the Mandela MarketPlace, and is a pioneer in assessing, developing, and operating community food systems. The worker-owned Mandela Foods Cooperative, just one part of the organization, offers education, job training, and work opportunities. Mandela MarketPlace also incubates other collaborations to serve its economically distressed neighborhood by increasing economic opportunity and self-reliance.

**Sumiko Hennessy, PhD, 1998**

*Executive Director, Asian Pacific Development Center  
Aurora, Colo.*

Hennessy overcame cultural and institutional barriers to provide mental health and social services to Asian immigrants and refugees in Denver, Colo. Asian Pacific Development Center's 50 bicultural/bilingual staff provide a wide variety of services to the diverse Asian community, ranging from mental health counseling, substance abuse, and HIV/AIDS prevention to domestic violence counseling and youth vocational training.

**Judi Hilman, 2009**

*Executive Director, Utah Health Policy Project  
Salt Lake City, Utah*

As a passionate and gifted community organizer, Hilman has engaged a wide range of Utah residents in a variety of advocacy campaigns. Hilman empowers those around her—from low-income persons and persons with disabilities, to small business owners—to use their voices to advocate for justice. Hilman leads the Utah Health Policy Project, founded in 2006 to assure quality, affordable, comprehensive health care coverage for all Utah residents through research, policy advocacy, and civic participation activities. Though the agency is not designed to provide direct services, it receives multiple calls per month that are filtered through a safety net with the help of a resource guide that Hilman created. Today Utah Health Policy Project helps hundreds of individuals each month learn about health policy issues and solutions, the policymaking process, and how they can play a role.

**Arnell Hinkle, MA, MPH, 2003**

*Executive Director, Community  
Adolescent Nutrition & Fitness  
Berkeley, Calif.*

Hinkle is at the heart of the movement to improve healthy eating and physical activity environments for adolescents in low-income communities and communities of color. From grassroots to government, she works with community-based and youth-serving organizations to raise-up local solutions and support the development of culturally competent nutrition and physical activity policies and practices. Her efforts to produce culturally appropriate nutrition and physical activity education training resources emphasizing youth leadership are nationally recognized and used throughout the United States.

**Sherry Hirota, 1994**

*Executive Director, Asian Health Services  
Oakland, Calif.*

Hirota began her involvement in Asian health services as a single mother seeking health care. Hirota's organization, which serves one of the nation's largest Asian and Pacific Islander populations, reflects a deep commitment to her community and to patient participation in program decision-making. Her skill lies in an exceptional ability to educate other community advocates about health and cultural diversity on a regional, statewide, and national level.

**Lynne Holden, MD, 2009**

*President and Chief Executive Officer,  
Mentoring in Medicine  
New York, N.Y.*

Holden has established an all-volunteer organization that encourages and nurtures disadvantaged students from Harlem and the South Bronx in New York City to enter the health professions. Reaching students as young as first grade, Mentoring in Medicine introduces students to a wide range of health professions and provides mentoring, academic enrichment, and leadership development to set them on the path toward health careers. In addition to the personal contact with health professionals, students have opportunities to deliver health education in the community. Holden has created a movement that motivates and supports nearly 6,000 students and engages nearly 500 health care professional volunteers.

**Cheryl Holder, MD, 1995**

*Medical Director, North Dade Health Center  
Miami, Fla.*

Initially a National Service Corps physician, Holder is deeply committed to educating and providing health care to the underserved—in beauty parlors, bars and street corners, in the schools, and at the North Dade Health Center. On her own time, she works to get housing for people with AIDS.

**Joe Hollendoner, MSW, 2010**

*Founder, Broadway Youth Center  
Chicago, Ill.*

Hollendoner founded the Broadway Youth Center, a program of the Howard Brown Health Center, to support young lesbian, gay, bisexual, and transgender (LGBT) people who are homeless. Forging partnerships with local nonprofit and for-profit groups, Hollendoner helps at-risk LGBT youth gain access to services including medical care, therapy, and employment training. The program is the largest provider of HIV testing and counseling for youth in Illinois. Those youth diagnosed with HIV can enroll in the “HIV+” youth program and receive medical care, therapy, and peer-support services.

**James Hotz, MD, 1995**

*Board Chairman, Southwest Georgia  
Community Health Institute  
Albany, Ga.*

When Hotz arrived in Leesburg, Ga., as a National Service Corps physician, he became the county’s first doctor in 40 years. Hotz founded and now directs three primary care clinics covering 14 counties in southwest Georgia. He also

has created the Community Health Institute which brings together competing hospitals, private physicians, and public health providers to develop much needed health programs in this poor, rural area.

**Elise Hough, 2006**

*Executive Director, United Cerebral  
Palsy of Greater Houston  
Bellaire, Texas*

*It was hard enough for able-bodied people to find basic necessities after Hurricane Katrina hit. For people with disabilities and their families, it was almost impossible. Foremost among their concerns was gaining access to the adaptive medical equipment many need for survival, equipment that had been abandoned or was destroyed during the hurricanes. Hough and her staff found wheelchairs, lifts, walkers, hospital beds, and other equipment for people with disabilities of all ages. With the help of numerous disability organizations and a dedicated staff, she turned United Cerebral Palsy of Greater Houston into the central coordinating group for Katrina evacuees with disabilities.*

**Harold Hunter, MA, 1994**

*HIV/AIDS Case Manager, Tri- County  
Community Health Center  
Newton Grove, N.C.*

Hunter’s energy and cross-cultural experience in the Peace Corps led him to successfully develop and implement a community-wide substance-abuse program for migrant workers. His program addressed substance abuse among a disenfranchised, highly mobile population by skillfully blending primary health care, individual counseling, health education, and community coalition-building.

**Andrea Ivory, 2011**

*Founder and Executive Director, Women’s  
Breast Health Initiative  
Miami Lakes, Fla.*

Even before Ivory was diagnosed with breast cancer, she had been searching for a “purpose-driven life.” Realizing that her cancer was detected early because she had insurance and access to doctors, Ivory decided to better the odds for at-risk women with fewer resources. Mapping neighborhoods with her real estate skills, Ivory identified homes least likely to have insurance or access to health care and persuaded 20 friends to deliver literature about breast cancer awareness. Ivory ultimately organized this effort into the Women’s Breast Health Initiative, gathering 4,000 volunteers who have reached more than 40,000 households. After conducting outreach in a particular

neighborhood, Ivory's group follows up by sending a mammography van to provide free breast cancer screenings. The project has also launched [www.b4pink.com](http://www.b4pink.com) to educate women about the importance of healthy eating, exercise, and other ways of reducing the risk of breast cancer.

**Alvin Jackson, MD, 2001**

*Medical Director, Community Health Services  
Fremont, Ohio*

When Jackson realized that migrant workers and their children couldn't travel to the Community Health Services center in town, he created a mobile clinic to reach the 8,500 migrant farmworkers and their families in the region. Jackson, the son of a migrant farmer himself, takes the clinic from camp to camp providing medical care to those who would otherwise go without.

**Jonathan Carey Jackson, MD, 1999**

*Medical Director, Community House Calls  
Program, Harborview Medical Center  
Seattle, Wash.*

Jackson has transformed the way health care is delivered to newly arrived refugees in Seattle. He created a program that offers health, social, and mental health services in 17 languages provided by health professionals trained to understand and integrate cultural factors into their practice. Services are provided in refugees' homes or neighborhood settings, with the assistance of "interpreter cultural mediators" recruited from the local communities.

**Uwe Jacobs, PhD, 2009**

*Clinical and Executive Director, Survivors International  
San Francisco, Calif.*

Jacobs has provided therapeutic care to more than 1,000 individuals who have experienced torture. He is also a leader in efforts to officially recognize and define gender-based violence as torture. Through his work with people from different nations and backgrounds, and with victims of genocide from around the world, Jacobs realized that many who were being persecuted were victims of domestic violence, female genital mutilation, sex trafficking, and the threat of "honor killings." Seeing the tremendous need, he developed alliances of health professionals to provide services to victims of gender-based violence. His work has demonstrated that survivors of gender-based violence have levels of trauma that are comparable to those of most torture victims. Jacobs has established a partnership with the San Francisco Bar Association to provide pro bono services to assist torture victims in gaining asylum in the United States.

**Deborah A. Jastrebski, 2011**

*Founder and CEO, Practice Without Pressure  
Newark, Del.*

For Jastrebski's son Marc, who has Down syndrome, going to the doctor was torture. His fear, coupled with health care providers' routine techniques, led to screaming, hitting, and ultimately missed appointments and health problems. Determined to overcome this fear, Jastrebski developed an approach that now trains people with special needs, their caregivers, and health professionals in the skills needed to provide services from dental exams to blood draws. Today Practice Without Pressure works with hundreds of individuals, families, and providers, and conducts both practice sessions and actual training for people with disabilities. The approach not only improves emotional and health outcomes, but also saves money, according to Jastrebski. In 2009, Practice Without Pressure helped the state of Delaware save \$260,000 in sedation costs for disabled patients. Through her personal experience, Jastrebski has devised an innovative, stress-free health care experience for the disabled, while teaching the medical community a new path to serving those patients humanely and with sensitivity.

**Amy Johnson, JD, 2012**

*Founding Board Member, Harmony Health Clinic  
Little Rock, Ark.*

Johnson worked with local clergy to establish the Harmony Health Clinic in Little Rock, a free clinic for the working poor, people who don't qualify for Medicaid or Medicare and who cannot afford health insurance. Harmony Health Clinic provides local medical and dental professionals with the opportunity to serve their community, help others, and volunteer their time and services to improve the quality of the health of their neighbors. The clinic has more than 2,000 patients, the vast majority of whom suffer from chronic conditions such as diabetes, heart disease, high blood pressure, and obesity. Johnson is the first executive director of the Arkansas Access to Justice Commission where she works to help low-income Arkansans overcome legal barriers that perpetuate poverty. She has helped to raise more than \$2.1 million to support the provision of free legal aid to low-income people. She also served on an advisory committee that oversaw the formation of the state's first hospital-based medical-legal partnership.

**Melva Jones, RN, 2000**

*Program Manager and Director, Mattie  
B. Uzzle Outreach Center  
Baltimore, Md.*

Jones runs a successful grassroots drug intervention program in partnership with local faith leaders to reclaim a community blighted by substance abuse. The center provides street outreach to get residents of one of Baltimore's most-troubled neighborhoods treatment, housing, a soup kitchen, and job referrals.

**Victor Joseph, 2001**

*Director, Recovery Camp Program,  
Tanana Chiefs Conference  
Fairbanks, Alaska*

An Athabascan Indian and former substance user himself, Joseph drew on his own experiences to design a Recovery Camp that reintroduces Athabascan Indians and other Alaskan Natives who suffer from alcohol and substance abuse to traditional native values and strengths. Accessible only by plane, boat, dog sled, or snowmobile, the camp provides daily individual, group, and family counseling, in addition to teaching life skills.

**David J. Kalke, 2001**

*Program Developer, Central City Lutheran Mission  
San Bernardino, Calif.*

In 1996, Kalke created a "safe zone" in an area of San Bernardino, Calif., known to have the state's highest teen pregnancy and sexually transmitted disease rates and marked by rampant gang violence, to provide teen health and education programs. The original core of 12 teens has since grown to more than 100 youths a year, working, learning, and volunteering in what has become a gang-free, safe space in the midst of a devastated neighborhood.

**Charlotte Keys, 2001**

*Founder and Executive Director, Jesus  
People Against Pollution  
Columbia, Miss.*

Keys lost her county job and her life was threatened when, as a county clerk, she discovered and publicly discussed lawsuits filed by several workers against Reichold Chemical. After she learned about the severe health problems plaguing the old and young in her community, traced to a 1977 explosion at Reichold's plant, Keys created Jesus People Against Pollution to mobilize her community to demand health and environmental justice.

**Kathleen Knight, RNP, MSN, 1995**

*Executive Director, Visiting Nurse  
Association of Central Jersey  
Asbury Park, N.J.*

In 1984, Knight initiated a mobile nursing program that combines direct services, education, referral, and advocacy for deinstitutionalized mentally ill and frail elderly living in boarding homes along the New Jersey shore. Today, she oversees primary care services in a model nurse-practitioner-managed clinic that continues her work with this vulnerable population.

**Rajiv Kumar, MD, 2009**

*Chair and Cofounder, Shape Up RI  
Providence, R.I.*

Kumar developed and successfully implemented a strategy to reduce obesity among Rhode Island residents through exercise and healthy eating. Since 2005, he has brought Rhode Islanders together within their trusted social networks to accomplish this. Peer networks support and provide reinforcement to them in their encouragement of friends, family members, and colleagues to join them in eating healthily, losing weight, or exercising together. Now a nonprofit organization, Shape Up RI engages participants—including more than 40 corporations—in 8- or 12-week challenges, in teams that compete by tracking weight, exercise hours, and/or pedometer steps.

**Francois Leconte, 2004**

*President and CEO, Minority Development & Empowerment  
Ft. Lauderdale, Fla.*

Leconte launched an organization to provide health services and improve the quality of life for the Haitian community. The agency, which he started by passing out HIV/AIDS prevention flyers on street corners, has grown into 22 prevention, education, and intervention programs.

**Peter R. Lee, MPH, 1995**

*Director, Ecumenical AIDS Ministry, South  
Carolina Christian Action Council  
Columbia, S.C.*

Lee was an inspirational force in helping the church, the state health department, and people concerned about persons with AIDS to join forces. He built church-based collaborative networks that provide support and services to people with AIDS and their loved ones.

**Tim Lefens, 1998**

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

Lefens taps into the artistic talents of individuals with severe physical disabilities, enabling them to express themselves through art while vastly improving their mental health. His innovative devices and techniques allow his students—most with limited or no ability to move their arms and legs—to create serious art.

**Claudia Lennhoff, 2002**

*Executive Director, Champaign County  
Health Care Consumers  
Champaign, Ill.*

Channeling her experience as an uninsured cancer patient, Lennhoff transformed a grassroots public health group into a powerful and effective voice for the county's most needy residents. She also helped spearhead efforts to create Champaign County's first countywide public health department.

**Nina Lomely-Baker, 2003**

*Director of Family Services, Mental Health  
Association of South Central Kansas  
Wichita, Kan.*

Drawing on her own experiences as the parent of children with emotional disabilities, Lomely-Baker teaches others how to navigate health care and education services for their emotionally disturbed children. Her program educates 650 families a year about their children's disabilities and rights as students.

**Laura Lopez, 2007**

*Director, Street Level Health Project  
Oakland, Calif.*

Lopez experienced firsthand the isolation and discrimination of life as a low-wage immigrant. After emigrating from Peru in 1994, Lopez, then 18 years old, mastered English and gained an education in spite of being actively discouraged and often isolated by her employers. Today she leads the Street Level Health Project which conducts aggressive outreach to connect uninsured and low-wage day laborers to a variety of health and social services. Under Lopez' leadership, Street Level now operates a twice-weekly free health clinic run by physician and nurse volunteers. It provides weekly food distribution, hot lunches, community mental health referral services, English as a second language classes, an immigrant film and discussion series, and a dynamic women's knitting and crochet project. As workers come up with ideas for

programs and activities, Lopez helps in the early stages and quietly steps aside to let them lead.

**Ray E. López, MA, 2008**

*Environmental Program Manager, Little Sisters  
of the Assumption Family Health Service  
New York, N.Y.*

López works with East Harlem residents to help combat environmental conditions affecting their health, including insect infestation, mold, and poor air quality. He helps families control asthma triggers in their homes, reducing costly emergency room visits and school absences. He also developed solutions to the growing bedbug infestation in New York City, including wrapping duct tape around the edge of a cleaned mattress as a kind of sticky moat to prevent reinfestation. These approaches have directly helped hundreds of East Harlem residents resolve their own personal environmental health issues and created a ripple effect as they help relatives and neighbors. Under López's leadership, Little Sisters of the Assumption has become widely recognized for its environmental interventions, receiving the U.S. Environmental Protection Agency's Region 2 Environmental Quality Award for its asthma program.

**Mary Lovato, 1997**

*Program Director, A Gathering of Cancer Support  
Santo Domingo, N.M.*

Raised as a member of the Santo Domingo tribe, Lovato returned to her home after six months of treatment for leukemia, only to be rejected by her people who thought her contagious. After three requests, she was granted permission from the Tribal Council to begin cancer support groups. Her work is now carried out on 19 pueblos in southern New Mexico and she has changed her community's attitudes and beliefs about cancer.

**JoAnn Lum, 2005**

*Executive Director, National Mobilization  
Against Sweatshops  
New York, N.Y.*

The daughter of Chinese immigrants, Lum founded this nonprofit organization to harness the power of worker campaigns to create healthier workplaces and communities. In addition, she has launched, "Beyond Ground Zero," a coalition of public health advocates, doctors, and clergy that came together in response to the health crisis among Lower Manhattan's poor following 9/11.

**May Ying Ly, MSW, 2005**

*Executive Director, Hmong Women’s Heritage Association  
Sacramento, Calif.*

A Hmong refugee herself, Ly founded the organization to provide Hmong families with culturally appropriate social and health services—including assistance with enrollment in health plans. Collaborating with several media organizations, Ly drew attention to the physical and mental health problems affecting traumatized Hmong newcomers.

**Louise Lyles, RN, 1995**

*Community Health Nurse, Grace Hill Health Center  
St. Louis, Mo.*

Lyles’ work as a community health nurse, starting at 5:30 a.m. each day, took her to 15 shelters and day facilities weekly, where she provided direct care, consultation, follow-up, humor, and compassion to homeless men, women, and children. Lyles advocated successfully for shelters to be used as permanent addresses, ensuring residents eligibility for food stamps, the ability to receive mail, and to vote.

**Martin Lynch, PhD, MPA, MS, 1995**

*Executive Director, LifeLong Medical Care  
Berkeley, Calif.*

Lynch’s deeply held commitment to protecting the rights and dignity of older adults has turned a tiny, rented storefront clinic into a comprehensive health and social services agency. A masterful collaborator who knows how to compete in the health care market, he is leading efforts to merge elder services with programs serving other age groups.

**Ursula Markey, 2002**

*Co-Founders and Directors, Pyramid Parent Training Project  
New Orleans, La.*

Frustrated by struggles to educate their autistic son, Markey and her husband created a support network to help parents of special needs children navigate New Orleans’ education and health systems. The project offers workshops on special education and disability laws and one-on-one assistance to low-income families.

**Zara Marlene Marselian, MA, 2004**

*Chief Executive Officer, La Maestra Family Clinic  
San Diego, Calif.*

The child of refugee and immigrant parents, Marselian founded a community center that offers multicultural health care and social services to immigrants and refugees in inner-city San Diego. The clinic has provided medical

and dental care, health education, job training, childcare referrals, and translation services in 19 languages to nearly 50,000 residents.

**Arneatha Martin, RN, 2001**

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

Tired of seeing people die of preventable illnesses, Martin, a nurse, created a state-of-the-art health center for low-income African-Americans focusing on prevention and education. As an incentive for expectant mothers to make and keep prenatal appointments, they earn points to use to shop in the center’s “Storks Nest,” a closet full of baby supplies. And those without means to pay can volunteer their time in the center in return for services.

**Gwendolyn Mastin, 2004**

*CEO and President, New Phoenix Assistance Center  
Chicago, Ill.*

Mastin founded Chicago’s first scattered-site housing program for homeless women infected with HIV or AIDS and their children. She also developed a pregnancy-prevention initiative for teens that embraces cultural traditions and encourages creation of family support networks. Since it was founded in 1991, the program has served more than 5,700 people in the Chicago metro area.

**Annie Maxwell, MS, 2006**

*STARS and Volunteer Services Program Director,  
Center for the Visually Impaired  
Atlanta, Ga.*

Blind from birth, Maxwell is often compared with another Annie, the legendary Annie Sullivan who taught Helen Keller. When she became the director of the Social Therapeutic and Recreational Services (STARS) program, she gave hope and more to a generation of socially isolated and educationally deprived children and their families by offering visually impaired children after school enrichment programs, field trips, a summer day camp, athletic programs, and mentoring.

**Sandra Singleton McDonald, 1995**

*Founder and President, Outreach  
Atlanta, Ga.*

McDonald began to educate the African-American community about AIDS on the streets by handing out information and condoms. Passionate in her desire to help “people who look like me,” she now oversees the most extensive AIDS awareness, prevention, and support program for African-Americans in Georgia.

**Roseanna Means, MD, 2010**

*President and Chief Medical Officer, Women of Means Wellesley, Mass.*

Roseanna Means left a lucrative private practice to provide care to poor and homeless women in the greater Boston area. Women of Means organizes teams of volunteer doctors and staff nurses who visit shelters in and around Boston, cutting through red tape to give free, patient-centered medical care to women and children. Means trains medical students and residents to recognize the unique sensitivities and needs of women experiencing homelessness.

**Josephine Mercado, JD, 2010**

*Executive Director, Hispanic Health Initiatives Casselberry, Fla.*

When Mercado retired from her career as a lawyer in New York and moved to Florida, she discovered there was little or no statistical data on the delivery of basic health care services to Hispanic or Black populations. Using her legal background, Mercado founded Hispanic Health Initiatives, which empowers Central Florida's Hispanic community to make informed decisions about wellness and health care. Mercado rallied an army of volunteers to educate migrants and uninsured communities about wellness and disease prevention. Hispanic Health Initiatives offers health forums, health fairs, health classes, and screenings to thousands of Central Florida families.

**Marilyn Mesh, MEd, 1997**

*Executive Director, Alachua County Organization for Rural Needs Brooker, Fla.*

A lay rabbi and acupuncturist, Mesh transformed a rural clinic located in trailers into a thriving health care center of more than 7,500 square feet in two buildings. Surviving with no federal or state funding, the family health center provides 11,000 visits annually by using 100 volunteers to provide more than \$1 million of health and dental services to families without insurance in an isolated and impoverished area of rural north central Florida.

**Doriane C. Miller, MD, 1993**

*Co-Founder, Grandparents Who Care San Francisco, Calif.*

Concerned about an increasing number of older African-American women with high rates of stress-related ailments, Miller discovered that many had assumed full-time care of their grandchildren due to parental substance abuse. She developed a model program for these older "mothers" that

provides support groups, health promotion, job training, housing, social services, drug education, transportation, and primary care to strengthen the safety net for these families.

**Thomas Mock, 2005**

*Executive Director, A Community Resource Network Lebanon, N.H.*

A certified psychotherapist, Mock's life was transformed when he began treating hemophiliac children who had contracted HIV through blood transfusions. In an area where many people were intolerant of the victims of the epidemic, Mock advocated on behalf of his patients and others suffering with AIDS in the counties he served. Today, the network offers a full range of services to people with HIV/AIDS, from screenings and health care referrals to housing and transportation.

**David L. Moore, 2005**

*Chief Executive Officer, Metropolitan Community Health Services Washington, N.C.*

Moore is intimately acquainted with the debilitating effects of poverty and illness, having grown up poor in California while suffering from sickle cell disease. As a minister in Beaufort County, he founded the organization to improve the quality of life of the region's low-income residents, most of whom are African-American. Initially, the clinic operated without financial support, but it grew in size through grants obtained by Moore.

**Carole Morison, 2004**

*Executive Director, Delmarva Poultry Justice Alliance Pocomoke City, Md.*

After working as a chicken farmer under restrictive poultry company contracts, Morison organized a coalition of farmers, religious leaders, workers, and others to advocate for better working conditions. The 17-group alliance addresses health issues, unfair labor practices, and environmental pollution stemming from chicken production methods.

**Brent Moss, JD, 2006**

*7th Idaho District Court Judge, Bonneville/ Madison Mental Health Court Rexburg, Idaho*

For years, Moss saw defendants come before his bench with severe mental illnesses. Knowing full well that a prison sentence was unlikely to offer rehabilitation or treatment, Moss succeeded in opening one of the few mental health courts in the nation. The court uses regular hearings,

frequent drug tests, an assertive regimen of treatment for defendants who come before it, serious consequences for those who don't follow the rules, and rewards for those who do. Since its launch in 2002, the court has reduced jail time for its participants by 85 percent and hospital time by 97 percent.

**N. Diane Moss, 1996**

*Executive Director, Children Having Children  
San Diego, Calif.*

Moss works to reduce teen pregnancy in an area of San Diego where the incidence of children having children is four times higher than the city's average. The agency teaches elementary school children how to resist early sexual involvement in classes on self-esteem; trains teens to counsel other teens about how to resist social pressures; and offers parent-child workshops that foster discussions about sexuality. In addition, Moss directs one of seven neighborhood-based experiments that are reforming the way public money is spent for families and children.

**Richard Nares, 2011**

*Co-Founder and Executive Director,  
Emilio Nares Foundation  
San Diego, Calif.*

When his only son Emilio died of cancer shortly before his 6th birthday, Nares found his world shattered. He and his wife founded the Emilio Nares Foundation to offer transportation for low-income families whose children were battling cancer at Rady Children's Hospital in San Diego, Calif. The foundation offers families vans that are sterilized, stocked with snacks, and supplied with cleaning materials for times when children suffer reactions to their treatments. Its work has expanded to offer families greatly needed education and advocacy training, healthy meals, help with burial costs, and support for families at cancer camps. It also has added 6,500 new donors to the bone marrow registry.

**Lon Newman, MS, 2004**

*Executive Director, Family Planning Health Services  
Wausau, Wis.*

Newman champions the cause of accessible, affordable family planning for poor and young women. His agency serves about 5,000 women a year, offering reproductive health care, contraceptive services, and education at seven clinics and through his innovation, the "contraceptive kiosk," at colleges and local businesses.

**Ly-Siengo Ngo, 1994**

*Family Health Worker and Interpreter, Community  
Health Services and Country Doctor Community  
Clinic and High Point Community Health Center  
Seattle, Wash.*

Ngo, who lost most of her family during the Cambodian War, battles post-traumatic stress disorder like many other victims of the Khmer Rouge. As an interpreter and medical assistant for community-based health programs, her work is as much mental health care as translation. She provides a unique language and cultural bridge that allows otherwise reserved Cambodian families to talk about their problems and find peace and community through group work projects.

**Vien Nguyen, 2006**

*Pastor, Mary Queen of Vietnam Community  
Development Corporation  
New Orleans, La.*

The New Orleans Vietnamese-American community is the third largest in the United States and Nguyen has been described as its cornerstone. He has dedicated his life to preserving and strengthening this community of modest means. When Hurricane Katrina hit, Nguyen opened the two-story rectory and school as shelters to poor and elderly residents who could not evacuate; and he organized boat rescues for people stranded in their homes. Shortly after the hurricane, he traveled 10,000 miles to see Vietnamese-American evacuees in Texas, Louisiana, and Arkansas to ensure that they received the relief services they needed and to facilitate their return to New Orleans. Also, he organized the community to prevent the use of a nearby landfill as a dumping ground for dangerous contaminated debris from the storms.

**Kristy Nichols, MS, 2006**

*Program Manager, Louisiana Department  
of Health and Hospitals  
Baton Rouge, La.*

Nichols grew up in the South around people she saw struggling financially and without access to adequate health care. This experience inspired Nichols to make her life's work that of enabling those most vulnerable to act on their own behalf. As head of the Bureau of Primary Care and Rural Health, she has improved the health status of rural residents and has been instrumental in increasing the number of federally qualified health centers serving rural Louisiana by almost 50 percent. As a result, in 2005, the state went from the bottom of the list of states receiving federal funding to third in the nation.

**Ruth Ann Norton, 2005**

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

Unwilling to accept the fact that children are exposed to hazardous environments, especially in their own homes, Norton has dedicated herself to the prevention of lead poisoning in children. Norton transformed the coalition from a program staffed by one person to a 35-person organization providing primary prevention and direct services to thousands of at-risk clients. Under her leadership, the coalition has played a significant role in reducing childhood lead poisoning in Baltimore by 91 percent in less than a decade.

**Ifeanyi Ann Nwabukwu, RN, 2012**

*Executive Director, African Women's  
Cancer Awareness Association  
Silver Spring, Md.*

Nwabukwu surmounts language barriers, cultural differences, and complex bureaucracy to reach more than 7,000 women with breast cancer education and free screenings. As the founder of the African Women's Cancer Awareness Association, she works to eliminate disparities in awareness, prevention, and treatment of cancer for Africans in the Washington area, including Prince Georges and Montgomery counties in Maryland. She brings information, advocacy, links to medical care, and treatment with cultural sensitivity. Nwabukwu's work with the association includes the publication of tailored educational materials in diverse languages, including French, Amharic, Portuguese, Arabic, Ibo, Swahili, and Yoruba. She has also partnered with the Caribbean, Korean, and Hispanic communities to promote breast cancer awareness. African Women's Cancer Awareness Association provides patient navigation services to cancer patients, including transportation, and financial and household assistance. Nwabukwu convinced state and county officials to change the format of existing forms that required immigrants seeking mammograms to provide social security numbers and immigration status in order to allay fears of deportation that resulted in delayed treatment and more severe cancer cases.

**Sara O'Donnell, 2007**

*Executive Director, Cancer Resource  
Center of Mendocino County  
Mendocino, Calif.*

O'Donnell grew up in rural, central California where her family worked in the agricultural fields and suffered the effects of exposure to pesticides. After losing five family

members to cancer, and living on a shoestring with three children and no insurance, she was determined to devote her life to helping others in similar situations. In 1995, she founded the Cancer Resource Center of Mendocino County to provide a support network for cancer patients living in the rural county to help them navigate the daunting maze of decisions, treatment, and care for cancer. Today, the center helps cancer patients, their families, and caregivers with a full range of services, including assistance with formulating care plans, advocacy for benefits, support groups, counseling, and transportation, so that the time patients spend with their doctors can be focused on their treatment decisions.

**Steve Ohly, RN, MSN, 1998**

*Manager, Community Health Programs, Aurora  
Health Care Department of Family Medicine  
Milwaukee, Wis.*

The homeless and unemployed find the barriers to health eliminated through the efforts of Ohly. By establishing partnerships among insurers, government providers, and consumers, and recruiting volunteers, he created and manages two clinics providing quality and culturally sensitive health and dental care—one in a neighborhood center, the other in a grocery store.

**Alma Olivas, 2005**

*Patient Advocate, Community Coalition  
for Healthcare Access  
Albuquerque, N.M.*

Olivas learned how to fight for patients' rights through her own grandmother's health crisis. Advocating for the coalition, she has helped to curtail aggressive collection practices on the part of health providers, increased the availability of interpreter services, improved financial assistance for low-income people, and raised community awareness of the health care problems of immigrants and the uninsured.

**Guadalupe Sanchez de Otero, 2003**

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

Otero founded a community center in an old fire station to offer a safe haven for children of farmworkers. When she saw growing numbers of senior residents suffering from isolation and poor nutrition, she and her mother cashed in hundreds of aluminum cans and began serving seniors hot meals at the center.

**Margaret Peake-Raymond, MSW, 1994**

*Director, Minnesota Indian Women's Resource Center  
Minneapolis, Minn.*

Having first-hand experience with the death and destruction caused by alcohol-related diseases among Native Americans, Peake-Raymond founded the most comprehensive program in the state that provides health and social services to American Indian women and families. Her holistic model addressed the many causes of poor health in her community by providing treatment for alcohol and chemical dependency, day care, parent education, housing, and transportation.

**Sonith Peou, 2009**

*Program Director, Metta Health Center  
Lowell, Mass.*

Since arriving in the United States as a refugee from the Khmer Rouge in Cambodia, Peou completed training as a nursing assistant and learned English at night. He has worked to ensure the availability of culturally competent services for Southeast Asian immigrants in Lowell, Mass., helping them to become healthy, economically independent citizens. Peou helped to establish the Metta Health Center, an initiative of the Lowell Community Health Center, and designed the facility to look like a clinic in Cambodia. He staffed it with native Cambodian speakers and incorporated elements of Eastern medicine that are more traditional in Asian countries. Today, the Metta Health Center provides culturally competent health care services to thousands of Cambodians, Laotians, and Vietnamese. Like other community clinics, the center focuses on preventive care.

**Cristina Perez, MA, 2012**

*Director of Community Outreach, Women  
Organized Against Rape  
Philadelphia, Pa.*

Perez has established a growing and powerful coalition of male and female rape survivors who work to prevent victimization of other women and men in their community. Her programs have reached thousands of Latinos, including more than 2,800 migrant workers and 3,500 survivors of sexual violence. Perez established both MUVYR (Mujeres Unidas con Voz Y Resiliencia) and Men in Transition as initiatives of Women Organized Against Rape. MUVYR is a coalition for women who have been victims of rape who now volunteer to prevent sexual violence in their community. With Men in Transition, Perez trains males to become volunteer counselors who take leadership roles to prevent sexual abuse of their wives, family members, and themselves. The programs include counseling and support

groups, training for health professionals to understand the special needs of immigrant communities, seminars for teenagers to help them understand the meaning of sexual consent and statutory rape, and drug and alcohol abuse recovery programs.

**Silvia D. Portillo, 2003**

*Health Project Lead Organizer, Tenants'  
and Workers' Support Committee  
Alexandria, Va.*

Portillo, who fled El Salvador, expanded health care access to her Latino community in Northern Virginia by training community members to speak out for themselves. She led a campaign that won \$300,000 in medical debt relief from a local health system and persuaded hospitals to hire bilingual staff.

**Marlom Portillo, 2012**

*Executive Director, Institute of Popular  
Education of Southern California  
Los Angeles, Calif.*

Portillo founded and directed the Los Angeles-based Worker Health Project for the Institute of Popular Education of Southern California in 2003 to promote health awareness, networking, alternative health, and safe and healthy working conditions among Latino day laborers, household workers, and families. With a holistic approach to occupational health and safety—including mental and spiritual wellness in addition to traditional job-related issues—his work has reached more than 12,000 people. There are now workshops on leadership and community participation, and health promoters are trained to help workers recognize job-related hazards and manage chronic disease. He has made the institute an essential member of more than 17 countywide initiatives, seven state-level coalitions, and two national-level coalitions. The health program has leveraged resources to create lasting impact, training and organizing thousands of health promoters, workers, parents, youth, and adults.

**Maria Ramos, 2008**

*Network Associate Director, Generations+/  
Northern Manhattan Health Network  
Bronx, N.Y.*

In 2003, Maria Ramos saw a need for health services among New York City's taxi and limousine drivers who frequently suffer from medical conditions as a result of their sedentary work and "on-the-go" eating habits. What began as an opportunity to bring health care to those living and working in Harlem and the South Bronx communities has developed into a mechanism to deliver health care services to drivers

at 70 taxi bases across New York, where more than 3,000 drivers and their families can have access to care. Ramos and her outreach staff travel to area taxi bases daily, using dispatch radios to announce the availability of services for that day. Most services are provided within an hour, which appeals to drivers, who average three customers within that time frame. Ramos' success has led to other projects, including a collaboration with the taxi bases and the Department of Aging to increase awareness of available health care programs to seniors as she continues to find innovative ways to meet the health care needs of New Yorkers.

**Jacqueline Reed, MA, 1995**

*Executive Director, Westside Health Authority  
Chicago, Ill.*

In response to two local hospital closings, Reed developed Westside Health Authority, which ensured the re-opening of one hospital and the conversion of the other into a multiservice health facility. The authority forms a bridge between community residents and organizations, churches, health providers and planners, out of which has come a health care action plan for this predominantly working poor African-American community.

**Judy Panko Reis, MA, MS, 2009**

*Health Care Policy Analyst, Access Living  
of Metropolitan Chicago  
Chicago, Ill.*

Reis's personal experience as a woman with disabilities has helped her become a guiding force in advancing the health and education agenda of this center. This is the first center in the country run by and for women with disabilities in collaboration with health providers to specifically address the health care needs of women with disabilities while also providing a forum for other concerns, including sexuality, parenting, domestic violence, and teen girl mentoring.

**Darleen Reveille, RN, 2012**

*Senior Public Health Nurse, City of  
Garfield Health Department  
Garfield, N.J.*

Working with the mayor and the city council, Reveille spearheaded the F.U.N. (Fitness, Unity & Nutrition) Partnership along with professionals from Ramapo College of New Jersey, Rutgers University, the Garfield Parks and Recreation Department, public schools, the YMCA, the Boys and Girls Club, and several health insurance companies. The team developed innovative approaches to engage the

entire community in efforts to reduce obesity, including using geographic information system (GIS) technology, and designing summer camps to promote physical activity and make learning about nutrition fun. F.U.N. increased the number of students who were walking to school by encouraging participation in the National Safe Routes to School Program and establishing "walking school buses," groups of kids who met and walked together. F.U.N. also worked with Rutgers Cooperative Extension to establish community and school gardens. This initiative promotes environmental and nutritional awareness by teaching potential career skills and an appreciation of food and vegetables.

**Susan Reyna, 2004**

*Executive Director, M.U.J.E.R.  
Homestead, Fla.*

After suffering abuse as a child, Reyna founded a "one-stop" program to aid victims of domestic violence and sexual abuse in Dade County's farmworker community. Her program, serving primarily Latina women and children, promotes healthy lifestyles, emotional wellness, and stability in migrant worker families.

**Gabriel Rincon, DDS, 2011**

*Founder/President, Mixteca Organization  
Brooklyn, N.Y.*

In the early days of his career during the late 1980s and early 1990s, while caring for late-stage AIDS patients in New York City during his dental residency, Gabriel Rincon saw the dearth of information about the disease, particularly in Mexican American communities for whom topics of sex and gender roles were taboo. He developed a culturally sensitive educational program for Latinos and in 2000 organized these efforts into the nonprofit Mixteca Organization. Upon recognizing the prevalence of diabetes, heart disease, and general lack of information about accessing health care in the community, he included education about these illnesses in his outreach. Today Mixteca offers programs that include literacy, and computer and English classes. Rincon, who first came to the United States at age 17 from Puebla, Mexico, has dedicated himself to assuring access to care for other Latinos who may lack the language skills or social support to obtain the care they need. In 2010, Rincon expanded his outreach, initiating an effort to tackle domestic violence in the Latino community.

**Kenneth Robinson, MD, MDiv, 1998**

*Pastor and Chief Executive Officer, St. Andrew African Methodist Episcopal Church Memphis, Tenn.*

A Harvard–educated doctor, Robinson has found his true calling in ministering to both the body and soul of south Memphis, a struggling community with major health needs. He has dedicated himself and his church to youth leadership development, and substance abuse and violence prevention, as well as broader economic development.

**Michael Rodolico, EdD, MPH, 2006**

*Executive Director, Health Access Washoe County Reno, Nev.*

Rodolico’s passion for health care was shaped by his experiences as a combat medic assigned with the U.S. Army Special Forces Civic Action Teams helping villagers in Southeast Asia. Today, Rodolico has built a community health center with 60,000 client visits every year. In addition, he opened the area’s first dental clinic, now providing nearly 18,000 dental visits each year. Leaving no person without needed care, Rodolico also developed the area’s first women’s health program, first pediatric mental health clinic, a pharmacy, a diabetes service, and a free clinic for the homeless.

**Susan Rodriguez, 2010**

*President and Founding Director, Sisterhood Mobilized for AIDS/HIV Research and Treatment (SMART) University New York, N.Y.*

Susan Rodriguez found out that she and her toddler daughter had contracted HIV after her husband tested positive for the virus in 1995. Rodriguez co-founded Sisterhood Mobilized for AIDS/HIV Research and Treatment (SMART) University in 1998. SMART University and its adjunct programs continue to conduct classes for women on how to survive and thrive in the face of HIV and AIDS. A project of the Fund for the City of New York, SMART addresses disparities for women in health care, and empowers low-income HIV-positive women of color to make informed health care decisions and to advocate for quality HIV care.

**Judith G. Rogers, 2002**

*Pregnancy and Birthing Specialist, Through the Looking Glass Berkeley, Calif.*

Rogers draws on her experience as an occupational therapist and disabled mother to provide home-based childbirth and parenting education for disabled parents. She works with parents and local manufacturers to customize

baby care equipment, often accompanying parents on outings to field test solutions.

**Sharon Rohrbach, RN, 2000**

*President, Dynamic Change St. Louis, Mo.*

Following 17 years of growing the nonprofit organization Nurses for Newborns from kitchen table to multi state, Rohrbach changed professional direction. After winning a \$100,000 Purpose Prize from Civic Ventures in 2007, she decided to start a national company to help nonprofit executive directors learn how to raise funds and grow their organizations. The new venture, Dynamic Change, LLC, has been able to assist nonprofit organizations from the Texas/Mexico border to Alaska. Rohrbach finds it very satisfying to be able to share the skills learned during her earlier career.

**Anne Rolfes, 2007**

*Founding Director, Louisiana Bucket Brigade New Orleans, La.*

Rolfes, founder of the Louisiana Bucket Brigade works with residents in Louisiana to mitigate the impact of polluted air and contaminated soil. Rolfes advocates for pollution control, health protections, and fair compensation so longtime residents living on or near contaminated areas can relocate. Members of the Bucket Brigade have learned to collect and test soil and air samples and amass data that clearly show the link between the contamination and myriad health problems suffered by residents who live near oil refineries and chemical plants. Rolfes has led the largest collection of community-gathered air samples in the United States and documented hundreds of violations of state and federal air quality standards. This former Peace Corps worker’s environmental advocacy work began in Nigeria where she helped Ogoni refugees in the Niger Delta cope with a devastating environmental and health crisis.

**Juan Romagoza, MD, 1996**

*Executive Director, La Clinica del Pueblo Washington, D.C.*

A victim of state-sponsored torture in El Salvador who was smuggled out of the country near death, Romagoza now runs a free health care and education clinic in his Latino community in the Adams-Morgan section of the Capitol. The clinic has grown 10-fold during his tenure. Romagoza’s work takes him to the streets, to hospital board rooms, and to government offices. Specialized mental health services for refugees suffering from post-traumatic stress syndrome are offered in addition to primary care, health education, and prevention.

**Fran Rooker, 2010**

*Co-founder and President, The Jason Foundation  
Radford, Va.*

When Rooker's 11-year-old son Jason died as the result of a brain injury, she channeled her grief into founding The Jason Foundation, which advocates on behalf of people living with brain injury. She later launched Brain Injury Services of Southwest Virginia to provide direct services to help survivors and their families rebuild their lives, and facilitated the establishment of a network of educational and support programs throughout the state.

**Aracely Rosales, 1997**

*Director of Latino Health Projects,  
Health Promotion Council  
Philadelphia, Pa.*

When Rosales, a former teacher, fled her native Guatemala to come to the United States in 1981, she spoke no English. Today, she directs the only culturally sensitive diabetes education program conducted in Spanish in Pennsylvania. Her easy-to-read guides and cookbooks serve a dual purpose of literacy and health education to a largely immigrant multicultural community.

**Denise Rosario, 1996**

*Executive Director, Coalition for Hispanic Family Services  
Brooklyn, N.Y.*

Determined to keep foster children within their own Latino community, Rosario directs a neighborhood minority foster care agency. These children are able to remain in contact or reunite with their original families. Now going well beyond foster care, the program has expanded to include an independent living center for older foster children; an arts and literacy after-school project; HIV counseling; and programs that teach life skills to teen parents. Working with a local hospital, the agency built a much-needed primary care and mental health center.

**James Roundtree, 1993**

*Director, St. Benedict-the-Moor Neighborhood Center  
Bronx, N.Y.*

Roundtree's determination and personal commitment as a former homeless alcoholic made this storefront clinic a haven for people coming out of drug and alcohol treatment programs. The center offers recovering persons the opportunity to serve members of their own community by operating a soup kitchen and a food distribution center in one of the city's most neglected areas.

**Juan Carlos Ruiz, 1999**

*Community Organizer, Wisconsin Citizen Action  
Milwaukee, Wis.*

Ruiz came to the United States as a political exile from Peru and has continued his commitment to social justice ever since. He has played a leadership role in organizing local communities around the creation of school-based clinics and crime prevention. In a city where the rates of childhood lead poisoning are five times the national average, Ruiz has successfully mobilized a coalition of parents and health providers to advocate for prevention initiatives.

**Martha Ryan, RN, FNP, MPH, 2003**

*Executive Director, Homeless Prenatal Program  
San Francisco, Calif.*

Inspired by her experience in the Peace Corps, Ryan, a nurse practitioner, created a program in which formerly homeless mothers help provide prenatal care to other homeless women. Ryan's program offers 2,600 families a year access to health care, emergency shelter, domestic violence programs, and substance-abuse treatment.

**Marisa Santos de Blay, 1994**

*Proyecto Amor  
Rio Piedras, Puerto Rico*

When Santos de Blay learned that the abandoned children she visited were HIV-positive and had nowhere to go, she and her husband bought and renovated a house for 35 HIV-positive children. Relying on instinct, perseverance, and love, Santos de Blay fought deep-rooted cultural stigma and discrimination to get these children into the public schools. Her home provided the children with both the emotional and physical support to live out their lives with dignity and security.

**Leon Schimmel, MD, 1994**

*Medical Director, Yolo County Midwifery Service  
Davis, Calif.*

When in 1988, obstetricians in Yolo County stopped providing care to low-income, uninsured women, Schimmel organized and led a countywide coalition that created a public-private clinic to provide prenatal, delivery, and follow-up care. His perseverance and courage in the face of opposition from his peers and canceled malpractice insurance has enabled him to build a service that is described as the "best thing to happen to poor women in this county."

**Shira Shavit, MD, 2010**

*Director, Transitions Clinic  
San Francisco, Calif.*

Working in a prison as a young family physician, Shavit found that many inmates with HIV and hepatitis were being released without health information or a care plan. As director of Transitions Clinic, she has led a community-based effort to create a medical home tailored to the needs of former prisoners and their families. As a member of San Francisco's Reentry Council, Shavit works with city leaders on policies to improve the health of people returning from prison. She also designed the curriculum for the first national certificate program to train former inmates to become community health workers.

**Beatrice Clark Shelby, 1993**

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

Shelby and Boys, Girls, Adults Community Development Center network, partner, and collaborate to nurture youth through nonschool-hour educational programs; foster young leaders through leadership development and job-training services; support individuals, parents, and families through a variety of services and projects; operate a community-based restaurant; and own and manage a 39-unit apartment complex in Marvell, and 15 rental houses. The center's current focus is on building organizational capacity and acquiring the resources necessary to maintain quality programs and be responsive to emerging community needs.

**Kazue Shibata, MA, 2009**

*Chief Executive Officer, Asian Pacific Health Care Venture  
Los Angeles, Calif.*

As a bilingual health educator, Shibata saw that many of her clients did not know where to go for services and once there, could not communicate with providers. Since then, she has achieved her dream of developing a health center that provides affordable, culturally competent services targeting the undeserved Asian Pacific Islander and immigrant community of Los Angeles.

**John Eagle Shield, 2002**

*Director, Community Health Representatives  
Program, Standing Rock Sioux Tribe  
Fort Yates, N.D.*

Shield directs the only program on his reservation that brings health care and prevention to people's homes. Noting the growing number of residents with diabetes-

related kidney failure, he forged partnerships to develop an intensive diabetes-prevention training program to slow the epidemic.

**Young Shin, JD, 2002**

*Executive Director, Asian Immigrant Women Advocates  
Oakland, Calif.*

A Korean immigrant, Shin launched Asian Immigrant Women Advocates to empower Asian immigrant women in California factories to create healthier working conditions. The organization sponsors literacy classes, injury-prevention workshops, a clinic to treat ergonomic injuries, and a sewing lab where workers design low-cost workstation improvements.

**Alice Maria Slaven-Emond, RN, MSN, 2003**

*Volunteer Executive Director,  
Northeast San Juan County Health & Wellness Center  
Aztec, N.M.*

Slaven-Emond fulfilled a dream when she opened a clinic to provide health services to uninsured working families of her rural town. The safety net for her community, Slaven-Emond treats everyone from single mothers with two jobs to county and city employees, elected officials, and their families.

**Claudia Sowell, ED, LPN, 1999**

*Director, St. Luke Free Clinic  
Hopkinsville, Ky.*

By pulling together 250 physicians, nurses, pharmacists, and other community members into a formidable volunteer corps and gaining support from local businesses and churches, Sowell has made it possible for the working poor in three rural counties to obtain free health care. She has also been instrumental in helping other communities in Kentucky to open free clinics and in organizing the Free Clinic Association of Kentucky.

**Melanie Spector, PhD, EdD, 2002**

*Director, Tulsa C.A.R.E.S. Prison Project  
Tulsa, Okla.*

Spector created a program that enables incarcerated women to teach HIV-prevention strategies to their peers in Oklahoma's prisons. Nearly 250 inmates have earned college credit for helping develop the course, produce materials, instruct 6,500 fellow inmates, and recruit future educators and participants.

**Kathy Spoor, RN, BSN, 2005**

*Director, Pacific County Public Health and Human Services Department  
South Bend, Wash.*

Seeing her grandmother struggle with the effects of childhood polio and losing her mother to a smoking-related illness led Spoor to dedicate her life to preventing illness among the residents of one of the poorest regions in the state of Washington. The department offers all of the traditional public health services, from disease surveillance to tracking pregnancy outcomes, but under Spoor's leadership, it has extended its work to include HIV and STD testing, family planning, low-cost or free pharmaceuticals, a host of youth development programs, and dental care.

**Wehnona Stabler, 2007**

*CEO, Carl T. Curtis Health Education Center  
Macy, Neb.*

A member of the Omaha Nation, Stabler returned to the reservation in rural northeastern Nebraska in 1999 following the death of her mother, determined to work for her community and change the health care paradigm from treatment of avoidable illnesses to prevention. Stabler has developed collaborative relationships with other tribes and organizations, the Department of Veterans Affairs, and Creighton University in Omaha, to provide a full array of health services for the underserved community. Through her leadership, she has earned the respect of her tribe. The federally qualified health center includes primary care clinics, telemedicine, a dialysis unit, outpatient alcohol treatment, and environmental health programs as well as dentistry, podiatry, pharmacy, optometry, and mental health services. There is also a 25-bed nursing home and 24/7 ambulance service. Her strong family experiences and passion for tribal history and traditions have guided her to assure the availability of health care that is sensitive and culturally appropriate for the community.

**Frances Stout, RD, 2009**

*Chair of the Board, Tohono O'odham  
Nursing Care Authority  
Sells, Ariz.*

Stout helped to establish the first skilled-nursing facility for elderly Native Americans for the Tohono O'odham Nation, a federally recognized tribe. Previously, the elderly had to leave the reservation to receive skilled nursing care. With all the proficiencies and expertise gained in her 33-year nursing career, Stout contributed to the creation of the 60-bed skilled-nursing facility, the first of its kind on the

Tohono O'odham Nation reservation. She has also helped to create the elder care consortium—a coalition of entities within the Tohono O'odham Nation that is working to develop formal training programs for health careers and address the wide-ranging issues affecting elderly Native Americans, including transportation, housing, and safety.

**Claudia Stravato, 2009**

*Board Member and Retired Executive Director, Texas  
Panhandle Family Planning and Health Centers  
Amarillo, Texas*

Stravato is a determined and unwavering advocate for accessible primary care for low-income and uninsured families, with a special emphasis on family planning for teens and adolescents. She believes that teen pregnancy and sexually transmitted diseases are not just women's problems. Stravato spearheaded the effort to open a clinic for men and boys; it has been flooded with patients since it opened.

**Satira Streeter, PsyD, 2009**

*Executive and Clinical Director, Ascensions  
Community Services  
Washington, D.C.*

Streeter is determined to improve the mental health and overall quality of life in the Anacostia neighborhood. She combines her commitment to her profession as a clinical psychologist with her activism in the community, where she is a volunteer leader of a support group for single moms, a Girl Scout troop leader, and an advocate for strong families. She teaches social skills to boys as a way of preventing their membership in gangs. Working without a salary for more than two years, Streeter founded Ascensions Community Services to ensure that children and their families living in the Anacostia community would have the mental health services that they so desperately need. Ascensions provides free, comprehensive community mental wellness services and holistic psychological interventions to disadvantaged children and their families living in the area.

**Arkadius Strzelecki, 2002**

*Manager, Refugee Women's Network  
Decatur, Ga.*

A Polish refugee, Strzelecki organizes immigrant communities against domestic violence for the Refugee Women's Network. Among his trailblazing efforts is the creation of TAPESTRI, an Atlanta coalition helping immigrants curb domestic violence that serves as a national model.

**Pamela Talley, MS, 2007**

*Owner and Clinical Nurse Specialist, Therapeutic Solutions St. Louis, Mo.*

Talley is the organizer of Grandparents Raising Grandchildren, a program to address the unique needs of senior citizens rearing young children in inner-city St. Louis. As a nurse working in St. Louis hospitals, Talley witnessed the full spectrum of mental health issues, substance abuse, crime, and incarceration that consume youth and destroy families. She saw that the negative impact of gentrification and slashed budgets for public services were especially affecting older residents—many of whom are raising grandchildren. The program includes a support group offering parenting education, counseling, and health care information and referrals for seniors who find themselves once again in parenting roles. Crisis intervention and case management are focused on supporting families so they can remain intact. The members develop their own program of restorative activities, including going out to lunch, to the movies, and gardening, to minimize their isolation and help them to maintain the energy required for parenting at an older age.

**Kenneth M. Tittle, MD, 1993**

*Founder, Mariposa Project Calexico, Calif.*

Tittle founded and developed Mariposa Ministry, a faith-based peer-counseling organization for young people and adults with physical disabilities in the small border communities of the Imperial Valley, California, and in adjoining Mexicali, Mexico. This community organizing work has focused on overcoming the emotional, social, and spiritual challenges of living disabled in a society that stigmatizes persons with disabilities. Involvement in Mariposa has been life-changing for many persons with disabilities, some of whom have gone on to positions of leadership involvement in social change. Tittle and the Mariposa Ministry group have also taken the lessons learned to other faith communities in the United States to promote understanding and full inclusion of persons with disabilities. In addition to the Mariposa work, Tittle has more than 30 years of experience with community health centers as a physician and medical director, working with low-income Latino populations, and with special areas of interest/expertise in disabilities and rehabilitation, culturally competent health care and border health issues, pain management issues, organization of primary health care services, and primary care internal medicine. He has also served as public health officer and as medical director and physician for the county jail.

**Bev Tittle-Baker, 2006**

*President/CEO, Community Asset Resource Enterprise Partnership Mesa, Ariz.*

Negotiating a truce among seven rival gangs around her kitchen table and running after-school programs in her backyard was not exactly what Tittle-Baker had in mind when she retired. Tittle-Baker has built a major holistic youth development program that has expanded to include the needs of the entire community. Today, the partnership runs a pediatric and family planning clinic with onsite prenatal care; programs for youth, adults, and the community; an emergency food pantry, a clothing bank and holiday assistance program; and plans are underway for a dental clinic.

**Kathi Toepel, 2012**

*Director of Senior Services, Catholic Charities Diocese of Stockton Sonora, Calif.*

Toepel works to connect isolated seniors with volunteers who visit regularly and provide transportation and activities. She also organizes support to caregivers, along with social services and counseling. She has helped develop services to treat depression and prevent suicide. In the past three years, her outreach and engagement program has provided assistance to more than 700 older adults, and her in-home counseling program has kept many elders from being re-admitted to hospitals. Toepel has been persistent in convening local professionals, law enforcement, and operators of long-term care facilities to reduce elder abuse, over-medication, and law-enforcement interventions through collaboration and coalitions.

**Emma Torres, MSW, 1999**

*Project Manager, Puentes de Amistad Somerton, Ariz.*

Propelled by the hardship she faced as a migrant farmworker, Torres has dedicated her life to working with farmworkers along the U.S.-Mexican border to improve outreach health services for migrant workers. She trains women farmworkers to go out into the fields to teach their peers about health issues, including pesticide poisoning and HIV/AIDS. Employing creative approaches such as the art of storytelling to promote self-identity and cultural pride, Torres is spearheading efforts to respond to the high rates of pregnancy and substance abuse among teens in her community.

**Margaret Trauner, 1996**

*Executive Director, KEY Consumer Organization  
Indianapolis, Ind.*

Trauner’s experience with severe clinical depression and multiple hospitalizations while raising a son with mental illness motivated her to found a statewide mental health advocacy organization in 1987. The program trains consumers to provide mental health services; uses experienced and able consumers to support people coming out of institutions; and advises state and local boards on consumer and policy issues. She was also a key player in developing a managed care system that reorganized mental health care in Indiana.

**Laura Trejo, MSG, MPA, 2002**

*Co-Investigator, El Portal  
Huntington Park, Calif.*

Trejo, who fled El Salvador, created a program to serve Spanish-speaking families caring for loved ones suffering from Alzheimer’s disease. El Portal has quadrupled services for Los Angeles Latinos with dementia, including adult day-care programs, support groups, and a mobile care unit to treat patients at home.

**Jennie Trotter, MEd, 1998**

*Founder/Executive Director, Wholistic  
Stress Control Institute  
Atlanta, Ga.*

The crisis in Atlanta revolving around the terrifying occurrences of missing and murdered children in the early ’80s convinced Trotter that inner-city children and their parents needed tools to cope with fear and stress. In 1984, she founded the Wholistic Stress Control Institute, which provides health education, stress management, wellness, and violence-prevention programs, including one for incarcerated youth.

**Gina Upchurch, RPh, MPH, 2001**

*Founder and Executive Director, Senior PHARMAssist  
Durham, N.C.*

With a special interest in senior health, Upchurch, a pharmacist and health educator, created a model assistance program that helps older adults on limited incomes purchase necessary medications. Upchurch and other Senior PHARMAssist (SPA) staff also carefully monitor the medications of their participants to prevent life-threatening interactions and adverse events. In a study, they found that those enrolled in their program visited the emergency room and were admitted to the hospital 31 percent less after participating for one year.

**Jose Vargas-Vidot, MD, 2000**

*Founder and Executive Director, Iniciativa Comunitaria  
San Juan, Puerto Rico*

As a young government doctor, Vargas-Vidot was appalled at the number of poor HIV-positive patients with no access to treatment. He started a clinic that has grown into one of the most recognized health services on the island, offering free health care, housing, and AIDS-prevention services to HIV-positive patients, drug addicts, sex workers, and the homeless.

**Carmen Valesquez, MA, 1997**

*Executive Director, Alivio Medical Center  
Chicago, Ill.*

As a member of Chicago’s Board of Education, Velasquez learned that not only the schools but the health clinics were not meeting the needs of her Mexican community. In response, she raised the money to build a medical clinic that opened its doors in 1989. Now a federally qualified health center serving 8,500 patients a year, the clinic built a second facility in the neighborhood which is twice as big as the first, with future plans to build a birthing center and an intergenerational community center.

**Sandra Vining, 1998**

*Program Manager, Greater Bridgeport  
Adolescent Pregnancy Program  
Bridgeport, Conn.*

Propelled by her own personal struggles, Vining has created outreach services to bring HIV/AIDS prevention and drug treatment to teens, sex workers, substance users, and others on Bridgeport’s streets since 1987.

**Kris Volcheck, DDS, MBA, 2010**

*Dental Director, Central Arizona Shelter Services  
Dental Clinic for the Homeless  
Phoenix, Ariz.*

After selling his private dental practice, Volcheck began searching for a more fulfilling career. He volunteered to deliver food to homeless people, and worked as a case manager at a homeless shelter where he witnessed the dire social costs of poor oral health. Volcheck established the Central Arizona Shelter Services Dental Clinic for the Homeless to provide comprehensive oral health services to this underserved population. Volcheck also joined other community leaders in launching school-based dental clinics for impoverished students in four elementary schools.

**Gail Walker, RN, 1996**

*Executive Director, Hamakua Health Center  
Honokaa, Hawaii*

In response to the closing of the major employer of the northern region of Hawaii, Walker gathered the community support and funds needed to convert the Hamakua Sugar Company's infirmary into a certified, federally designated rural health clinic. She turned the old infirmary into a thriving community center. As the entire community struggled toward a new way of life, displaced workers and their families received affordable and quality care at the only primary care center in a 900 square mile area of 7,500 residents.

**Sheila Webb, PhD, RN, MS, 2000**

*Director of Health, New Orleans Health Department  
New Orleans, La.*

Webb, the first African-American and non-physician to head the New Orleans Health Department, revitalized the city's neighborhood clinics by convincing the federal government to restore funding. She also expanded programs providing well baby care, promoting childhood immunization, and addressing environmental health problems of the city's poorest residents.

**Harry Weinstock, 1997**

*Executive Director, Brain Injury Association of Virginia  
Richmond, Va.*

Weinstock joined Virginia's Brain Injury Association as a volunteer while caring for his brain-injured father. Since stepping in to save the organization from bankruptcy, he has developed a Survivor's Council and a range of support services for people with traumatic injuries and their families. Weinstock helped bring state policy attention to the needs of families who have experienced a neuro-trauma. He volunteers hundreds of hours each year to plan and direct summer camp experiences for brain-injured adults.

**Gary Wiltz, MD, 1996**

*Executive Director, Teche Action Clinic  
Franklin, La.*

Wiltz directs a health care clinic that provides one-stop shopping for people with limited access to care. The clinic, serving 7,000 people a year, offers basic medical care, mental health, substance abuse, legal, and social service programs. Located in an isolated, rural area, it also addresses environmental health issues resulting from a lack of basic sanitation, contaminated drinking water, and air pollution from dioxin sprayed on sugar cane crops. In a federally designated health professional shortage area

where 70 percent of the population is uninsured, the clinic also provides primary care training to medical students interested in rural health.

**James Withers, MD, 2002**

*Founder and Medical Director, Operation Safety Net  
Pittsburgh, Pa.*

Withers teams volunteer medical professionals and medical students with formerly homeless people to bring health care to the unsheltered homeless on Pittsburgh's streets. He founded his program, which serves 900 patients a year, after spending a year on the street learning firsthand about the needs of the homeless.

**Beverly Wright, PhD, 2006**

*Executive Director, Deep South Center for  
Environmental Justice at Dillard University  
New Orleans, La.*

Shortly before Hurricane Katrina, Wright's mother and only brother died. Then the storm destroyed her home and office. Wright looked beyond her personal tragedy and loss, and focused instead on the environmental issues that threatened low-lying areas, and the health of the mostly minority and low-income people who live there. In early 2006, she initiated a project that involved collaboration with the United Steel Workers Union and with volunteer, faith-based, and neighborhood organizations. It was a pilot clean-up effort on Aberdeen Road in New Orleans East, and more than 180 volunteers showed up for training and work. Tainted soil was safely removed from each yard and replaced with new topsoil and sod as part of the project named A Safe Way Back Home. It resulted in a cleaner street, the return of residents, and many requests from other communities for a similar program.

**Andru Ziwasiimon-Zeller, MD, 2010**

*Co-Founder, Casa de Salud Medical Office  
Albuquerque, N.M.*

Ziwasiimon-Zeller was a family physician at a local hospital when he learned the hospital was subjecting low-income and uninsured patients to unfair payment and collection practices. When, as a cofounder of the Community Coalition for Healthcare Access, he joined patients to protest this, the hospital asked him to resign from its adjunct faculty. He now works as a peer with community members to operate Casa de Salud, a clinic for low-income and uninsured patients that combines conventional and natural medical practices to meet physical and spiritual health needs in a culturally sensitive environment. A central mission of Casa de Salud is advocating for public policies to improve access to care.

## People Interviewed for This Report

**Catherine Dunham, EdD**

Vice President, Residential Services  
and Community Improvement  
Preservation of Affordable Housing  
Boston, Mass.

**Barbara Garcia, MPA**

1993 Community Health Leader  
Director, Department of Public Health  
San Francisco, Calif.

**Sallie Ann George, MPH**

Senior Program Officer  
Robert Wood Johnson Foundation  
Princeton, N.J.

**Janice Ford Griffin**

Program Director  
Community Health Leaders 2007–2014  
Houston, Texas

**Martin Iguchi, PhD**

Community Health Leaders National  
Advisory Committee 2003–2012  
Adjunct Senior Behavioral Scientist  
RAND Corporation  
Professor, Departments of Psychology  
and International Health  
Georgetown University  
Washington, D.C.

**Doriane Miller, MD**

1993 Community Health Leader  
Former Vice President, RWJF  
Associate Professor of Medicine  
Director, Center for Community  
Health and Vitality  
The University of Chicago Medicine  
Chicago, Ill.

**Margaret O'Bryon**

Community Health Leaders National  
Advisory Committee 2003–2012  
Founder  
Accelerating Change Group  
Bethesda, Md.

**Constance Pechura, PhD**

Former RWJF Senior Program  
Officer 1998–2006  
Executive Director (ret.)  
Treatment Research Institute  
Philadelphia, Pa.

**Steven A. Schroeder, MD**

Former RWJF President 1990–2002  
Distinguished Professor of Health and  
Health Care, Department of Medicine  
Director, the Smoking Cessation  
Leadership Center  
University of California, San Francisco  
San Francisco, Calif.

**Stephen A. Somers, PhD**

Former RWJF Program Officer 1984–1995  
President and Chief Executive Officer  
Center for Health Care Strategies (CHCS)  
Hamilton, N.J.

**Judith Stavisky, MPH, MEd**

Former RWJF Senior Program  
Officer 1999–2007  
Senior Investigator  
Catholic Social Services  
North Penn Community Health  
Foundation  
St. Francis de Sales School  
Philadelphia, Pa.

---

## PHOTO CREDITS

<b>Page</b>	<b>Photo</b>
2	<b>Pine Ridge Reservation</b> —Photo credit: Kathleen Farah, 2015
3	<b>Doriane Miller</b> —Photo credit: Bruce Powell, © University of Chicago Medicine, 2014
4	<b>South Bronx, Broken Promises</b> —Photo credit: John Fekner, © John Fekner Research Archive, 1980
4	<b>Neil Calman</b> —Photo credit: Neil Calman
6	<b>Steve Schroeder</b> —Photo credit: Brian Clark
6	<b>Steve Somers</b> —Photo credit: Cliff Moore
7	<b>Terrance Keenan</b> —Photo credit: Randall Hagadorn
7	<b>Catherine Dunham</b> —© Robert Wood Johnson Foundation, 2013
9	<b>Judy Panko Reis</b> —© Robert Wood Johnson Foundation, 2013
9	<b>Barbara Garcia</b> —Photo credit: Carlos Balladares, © San Francisco Department of Public Health, 2011
12	<b>Anna Bissonnette</b> —© Robert Wood Johnson Foundation, 2013
13	<b>Constance Pechura</b> —Photo credit: Randall Hagadorn
15	<b>Dennis Berens</b> —Photo credit: Mike Wight, © Nebraska Health and Human Services
16	<b>Arkadiusz Strzelecki</b> —© Robert Wood Johnson Foundation, 2013
17	<b>Carey Jackson</b> —Photo credit: Jenny James
17	<b>Lon Newman</b> —© Robert Wood Johnson Foundation, 2013
18	<b>Emma Torres</b> —© Robert Wood Johnson Foundation, 2013
20	<b>Tim Lefens with students</b> —Photo credit: Denise Applewhite, © Princeton University, 2004
21	<b>Kimberly Byas-Dilosa</b> —Photo credit: Kimberly Byas-Dilosa
22	<b>Risa Lavizzo-Mourey</b> —Photo credit: Allan Shoemaker
22	<b>Judy Stavisky</b> —© Robert Wood Johnson Foundation, 2013
22	<b>Janice Ford Griffin</b> —© Robert Wood Johnson Foundation, 2013
23	<b>Sallie Ann George</b> —© Robert Wood Johnson Foundation, 2013
25	<b>Gabriel Rincon</b> —© Robert Wood Johnson Foundation, 2013
27	<b>20th anniversary celebration</b> —© Robert Wood Johnson Foundation, 2013
28	<b>Deborah Jastrebski</b> —Photo credit: Deborah A. Jastrebski, 2011
30	<b>Cheryl Holder</b> —© Robert Wood Johnson Foundation, 2013
30	<b>Zaid Gayle</b> —© PEACE4KIDS, 2013
31	<b>James Withers</b> —Photo credit: Archie Carpenter, © Pittsburgh Mercy Health System, 2015
31	<b>Ruth Ann Norton</b> —© Robert Wood Johnson Foundation, 2013
31	<b>Joanne Samuel Goldblum</b> —Photo credit: Gail Zucker. © Lilith.org
32	<b>Kenneth Robinson</b> —© Robert Wood Johnson Foundation, 2013
33	<b>Elimelech Goldberg</b> —Photo credit: Joshua Schwartz Photography, © Kids Kicking Cancer, 2014
34	<b>Micheal Elliott</b> —Photo credit: Wen McNally
37	<b>Martin Iguchi</b> —Photo credit: Tony Ridder, © Ridder Creative, 2011
37	<b>James Hotz</b> —Photo credit: Heather Combs
38	<b>Gregg Croteau</b> —Photo credit: UTEC, © Gregg Croteau, 2014
38	<b>Ly-Sieng Ngo</b> —Photo credit: CMCH, © CMCH, 2015
40	<b>Martha Ryan</b> —Photo credit: Lois Nicolas, © LOICPHOTO.COM, 2012
40	<b>Deborah Chatman Bryant</b> —Photo credit: YoungDoo M. Carey
41	<b>Kris Volcheck</b> —Photo credit: Kris Volcheck/CASS
43	<b>Atum Azzahir</b> —Photo © Cultural Wellness Center, 1996
44	<b>Sherry Hirota</b> —Photo © Asian Health Services, 2015
46	<b>Andrea Ivory</b> —© Robert Wood Johnson Foundation, 2013