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**CLINICAL
SCHOLARS**

tccGROUP
solutions for social impact

Clinical Scholars Dashboard Report 2021

Data for Program Year
September 2020–August 2021

July 2022

The 2021 CS Dashboard Report contains a set of four dashboards which answer the following learning questions.

The purpose of this dashboard is to inform and advance strategic learning among key stakeholders of the Clinical Scholars program.

Dashboard #1 (pg. 3)

- How much support has been provided to participants?
- How satisfied are participants with their program experience?

Dashboard #2 (pg. 10)

- To what extent are participants expanding and strengthening their network for working to develop a Culture of Health?

Dashboard #3 (pg. 12)

- How have participants disseminated Culture of Health learnings?
- How have participants been formally recognized by their communities?

Dashboard #4 (pg. 14)

- How have participants assumed leadership roles within their communities?

Additionally, an Appendix, beginning on [page 17](#), provides the full set of CLI core indicators and the response rates for each of the data collection tools.

Dashboard #1

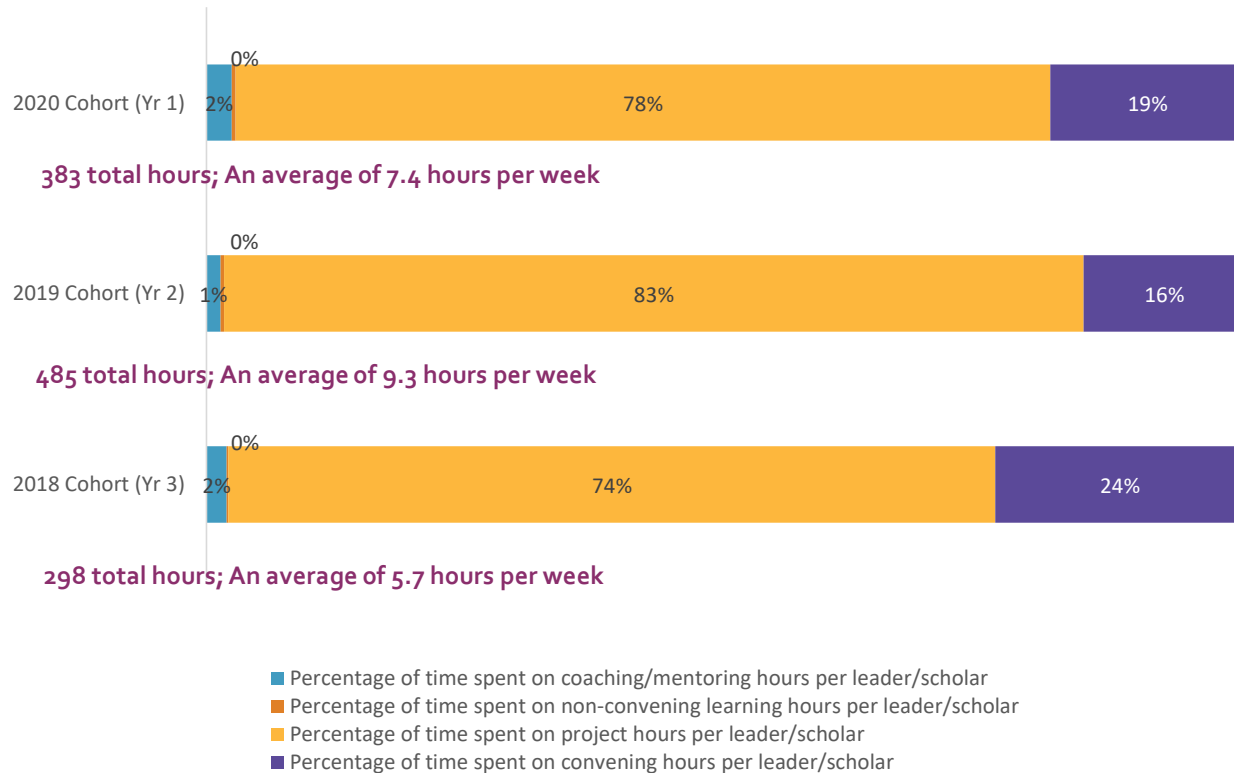
How much support has been provided to participants?

and

How satisfied are participants with their program experience?

During 2021, CS participants that were in their second year experienced the largest number of program time with a total of 485 hours. The majority of time for each cohort was spent on project hours.

Chart 1: CS Program Intervention Time by Cohort

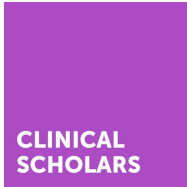


Notes:

- Clinical Scholars’ program design includes project hours and learning time that overlap with participants’ time in their workplace.
- The percentage decrease in program time between 2020 and 2021 varied by one’s time in the program. Program time for 1st year participants stayed almost the same (381 to 383); for 2nd year participants it increased (437 to 485); and for 3rd year participants it decreased (384 to 298).

Source: NPC Reports.

Internal Data

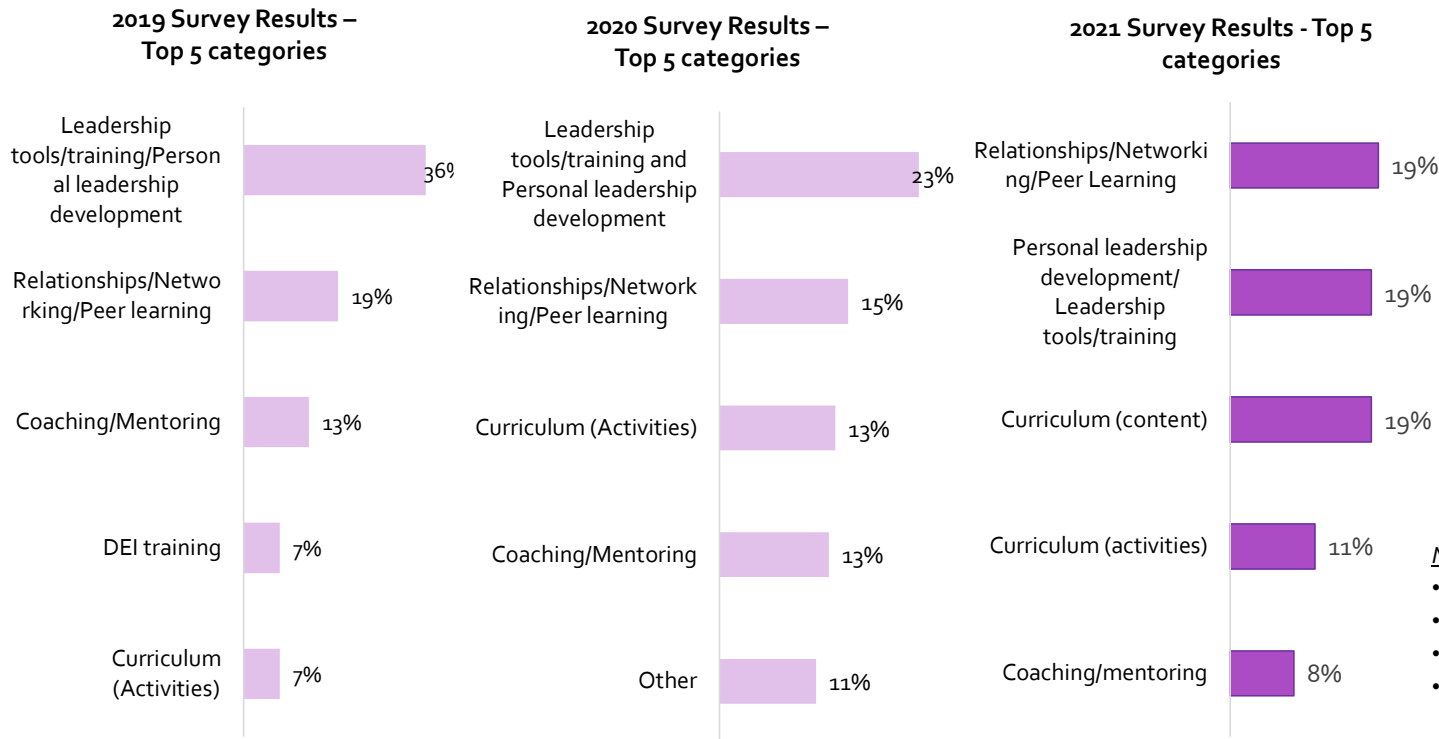


Internal Data



Networking and leadership training continue to be the most valuable aspects of the CS program for participants.

Chart 6: 2019-2021 Results for, “As you work to achieve a Culture of Health in your community, what aspects of your change leadership program have been the most valuable?”



Respondents in 2021 found value in teamwork opportunities which facilitated network growth and friendships.

Participants also found value in leadership training, stating that they felt improvement in “real-time” while attending sessions and have had changes in their perspective on how they lead.

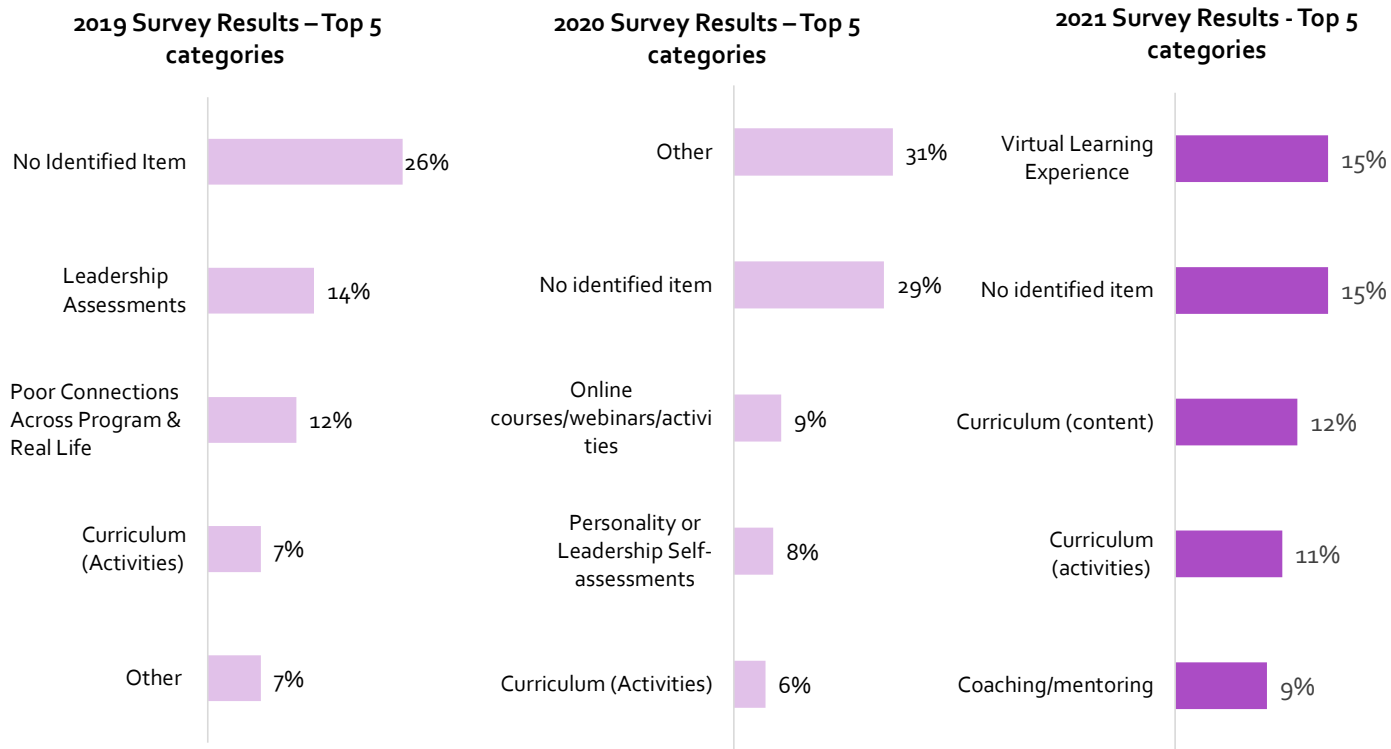
Notes:

- Percentages based on number of distinct mentions.
- 2019: 40 respondents with 70 distinct category mentions.
- 2020: 69 respondents with 135 distinct category mentions.
- 2021: 60 respondents with 108 distinct category mentions.

Source: TCC Annual Survey.

Online courses/webinars/online activities and no identified item were the least valuable aspects of the CS program for participants in 2021.

Chart 7: 2019-2021 Results for, "As you work to achieve a Culture of Health in your community, what aspects of your change leadership program have been the least valuable?"



Online activities were noted as least valuable, as participants found the sessions difficult to engage with as they missed the connections made with in-person learning.

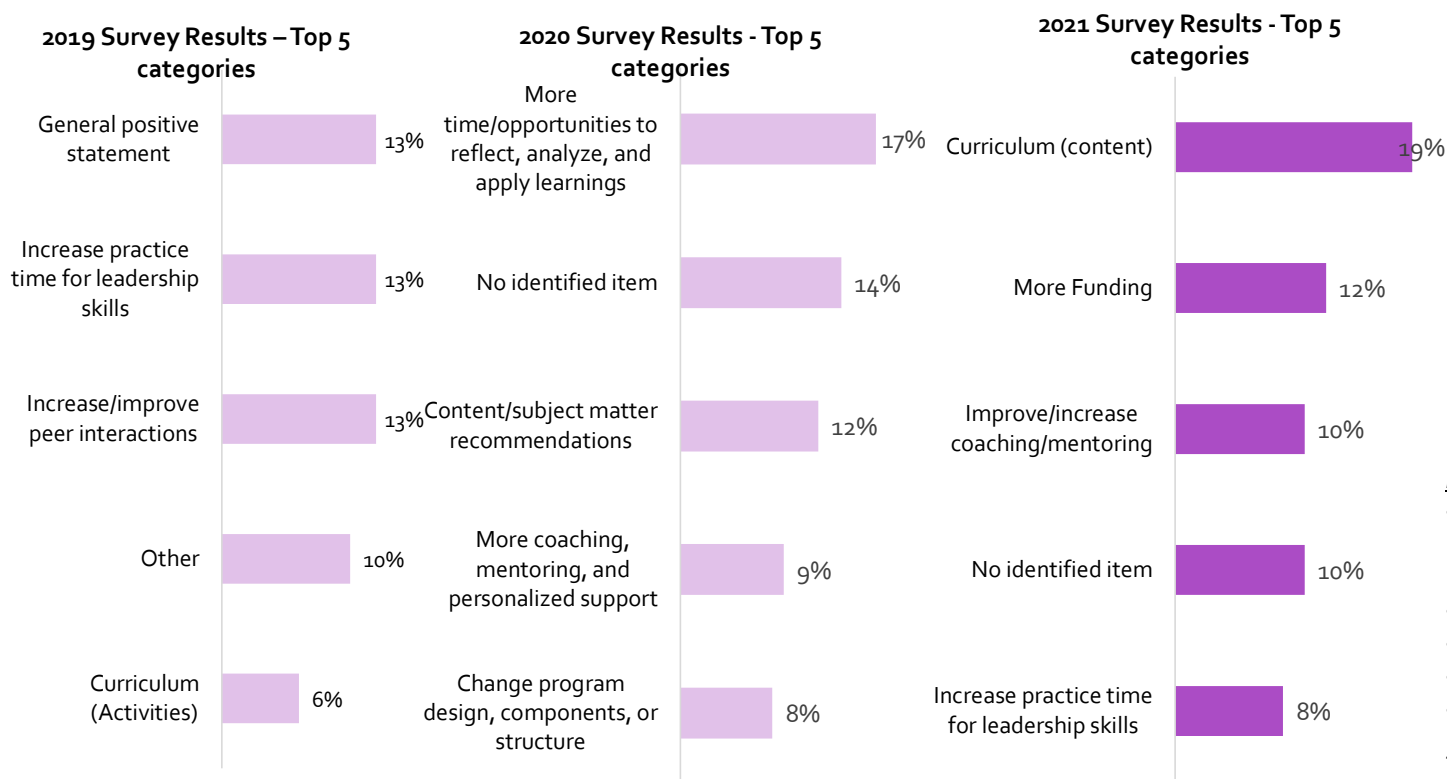
The curriculum, content and activities, were also mentioned as least valuable. Some Clinical Scholars noted that some lectures and readings felt outdated and that group activities were difficult.

Notes:

- "No Identified Item" indicates that the participant stated they were unable to find an aspect of the program that was least valuable
- Percentages based on number of distinct mentions.
- 2019: 36 respondents with 42 distinct category mentions.
- 2020: 64 respondents with 65 distinct category mentions.
- 2021: 54 respondents with 65 distinct category mentions.

CS 2021 program participants recommended changes to the content of the curriculum.

Chart 8: 2019-2021 Results for, “If you could add or change one thing about your program to help you better exercise leadership to achieve a Culture of Health in your community, what would it be?”



CS program members in 2021 recommended a variety of curriculum changes including greater diversity of content and more training on health equity.

They also desired more funding opportunities for community and pilot projects, improved coaching/mentoring, and more time to practice leadership.

Notes:

- “No Identified Item” indicates that the participant stated they were unable to find an aspect of the program that was least valuable
- Percentages based on number of distinct mentions.
- 2019: 36 respondents with 48 distinct category mentions.
- 2020: 63 respondents with 66 distinct category mentions.
- 2021: 55 respondents with 59 distinct category mentions.

Source: TCC Annual Survey.

Dashboard #2

To what extent are participants expanding and strengthening their network for working to develop a Culture of Health?

Social Network Analyses

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Clinical Scholars Staff have been working with the Duke Social Network Analysis Center since Cohort 2016 started the program. Their methodology focuses on the assessment of the development of social capital. Data collection has been completed by the consultant and the results are still forthcoming. This dashboard will be revised with the included information from the social network analysis when it is available.

Dashboard #3

**How have participants disseminated
Culture of Health learnings?**

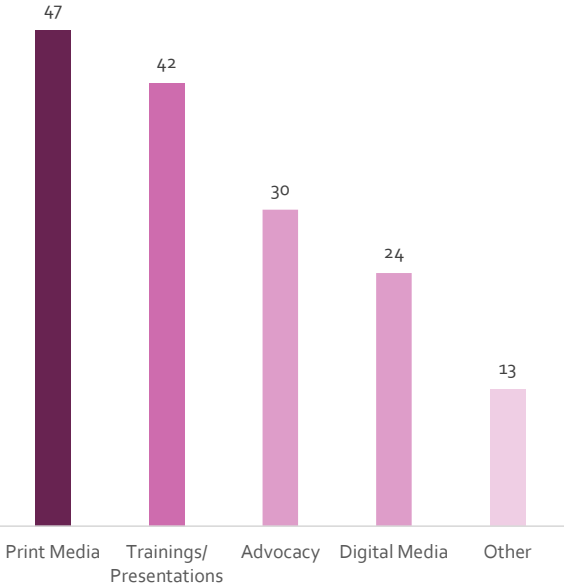
and

**How have participants been formally
recognized by their communities?**

Clinical Scholars most frequently disseminate their COH ideas through print media and trainings/presentations.

Chart 9: Types of Thought Leadership in which Scholars Engaged

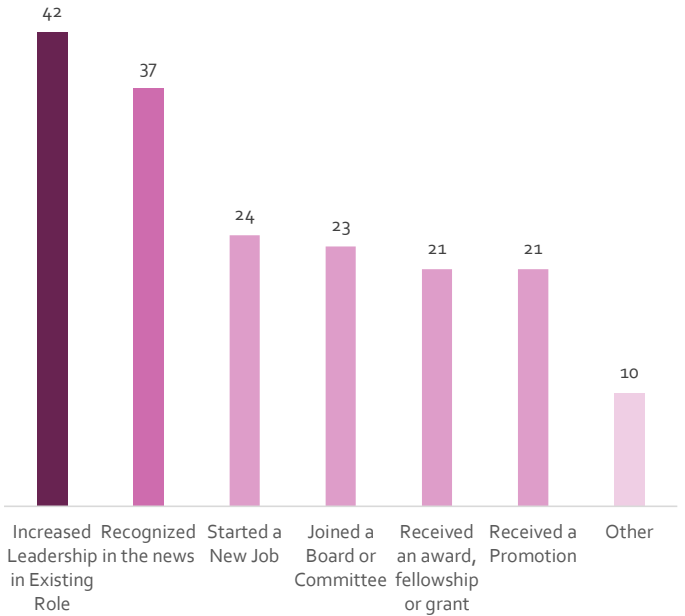
N = 89



Clinical Scholars were most frequently recognized for their Culture of Health leadership through increased leadership in an existing role and recognition in the news.

Chart 10: Formal Recognition Leaders Experienced

N= 89



Clinical Scholars participants reported their work was related to 2 state policy changes. No organizational policy changes were reported.

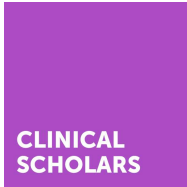
Notes:

- Starting with the 2020 dashboard, counts represent number of leaders. In previous dashboards, the counts represented the number of types of formal recognition or Thought Leadership activities.
- Scholars were asked to report on formal recognition received over the "past year" (e.g., September 2010-August 2021)
- Scholars were asked to report on thought leadership conducted over the "past year" (e.g., September 2019-August 2020)
- Print Media signifies White papers, Books/ book chapters, & Journal articles
- Digital Media signifies Podcasts, Broadcast or digital media & Blog posts
- Participants were asked to report policy changes that were related to or influenced by their participation in the program over the past year. As such, not all work described was directly supported by grant funds or program resources (e.g., coaching). All CLI participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code.
- Policy change was reported for the current and exiting participants.
- Increased leadership in an existing role means that a participant took on additional leadership responsibilities in the role they currently have, for example leading a new project, or being a thought leader in a new skill they attained.

Dashboard #4

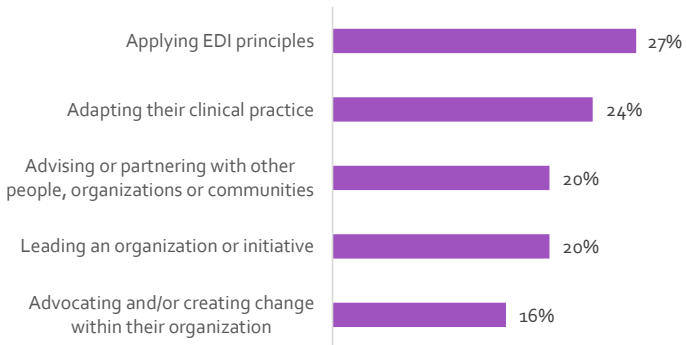
How have participants assumed leadership roles within their communities?

Applying Equity, Diversity, and Inclusion (EDI) principles and adapting their clinical practice became more important to Clinical Scholars participants as ways that they exercised leadership in 2021.

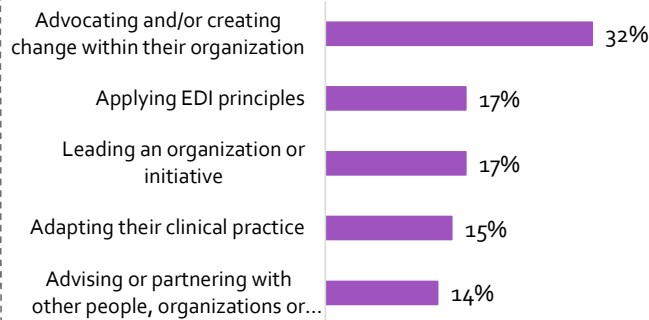


Charts 11-15: Participants' Top 5 Leadership Roles, 2017-2021

2021 Top 5 Leadership Roles



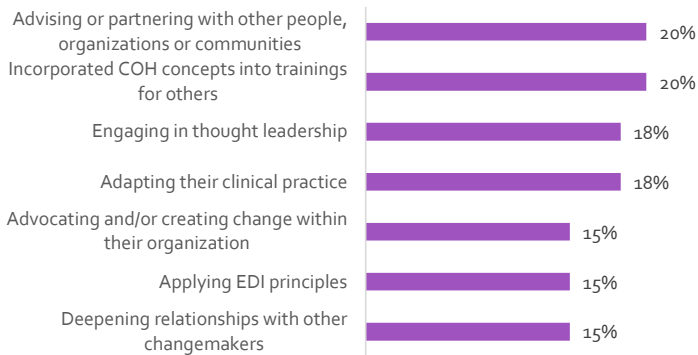
2020 Top 5 Leadership Roles



Notes:

- Participants that had been in the program at least one year were asked to respond to this item, "Thinking about the last year, what examples are you most proud of where you have taken on a leadership role in creating the conditions for health equity?"
- Qualitative responses were coded into categories of leadership roles. Some responses fall into more than one category.
- Percentages represent the portion of respondents that answered this question that described taking this type of leadership role. The number of respondents to this question each year is as follows: 2017= 18; 2018=48; 2019=55; 2020=59; and 2021=51.
- Adapting their clinical practice means that the respondent mentions making or being a part of changes made in a medical facility or clinical setting. Some examples have included adding a telehealth service or outreaching or tailoring services to a specific population.

2019 Top 5 Leadership Roles



2018 Top 5 Leadership Roles

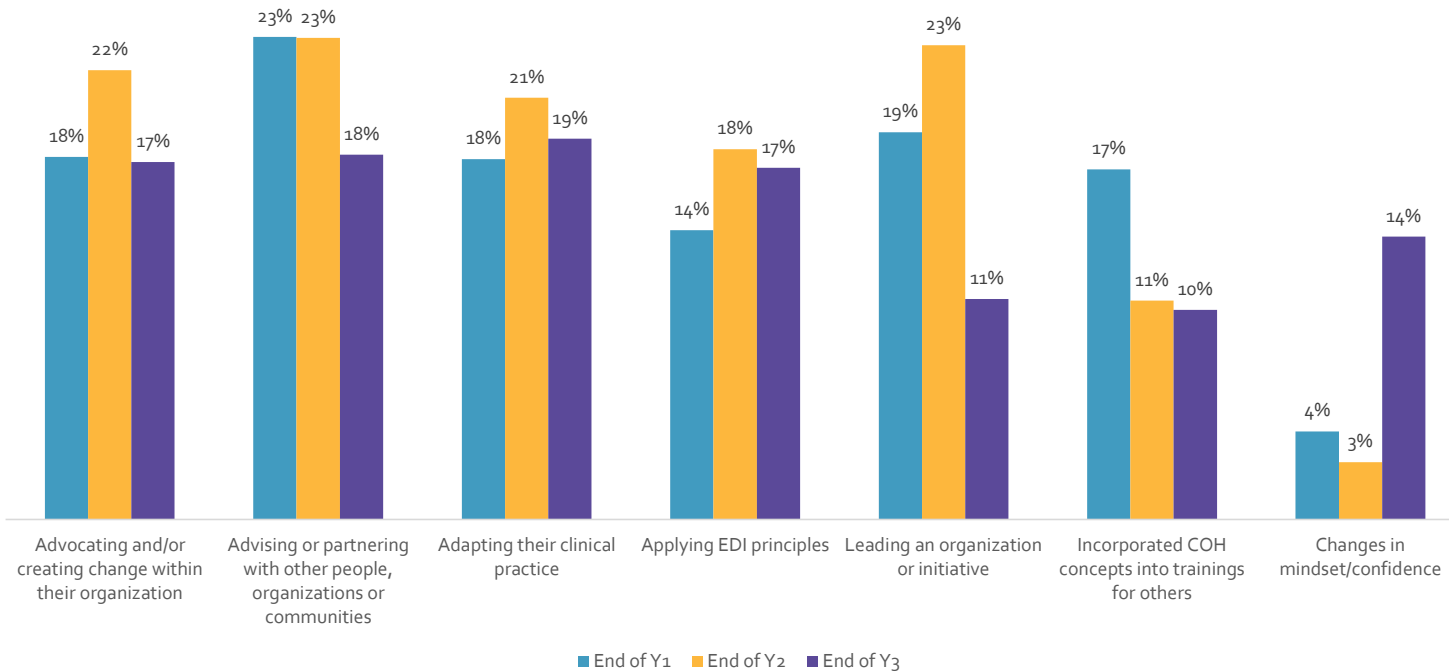


2017 Top 5 Leadership Roles



For Clinical Scholars, those in their third year of the program were more likely to report changes in mindset/confidence and less likely to report leading an organization or initiative as ways that they exercised leadership.

Chart 16: Participants' Leadership Roles Throughout the Clinical Scholars Program



Notes:

- Participants that had been in the program at least one year were asked to respond to this item, "Thinking about the last year, what examples are you most proud of where you have taken on a leadership role in creating the conditions for health equity?"
- Qualitative responses were coded into categories of leadership roles. Some responses fall into more than one category.
- Percentages represent the portion of respondents that answered this question that described taking this type of leadership role.
- Average percentages of each type of leadership role were compared across years for participants finishing their first year of the program (Y1), their second year of the program (Y2), and their third year of the program (Y3).

Appendix

Change Leadership Initiative Core Indicators



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Input Indicators

Tell us who is entering and participating in the Clinical Scholars Program.

1. Type of applicants

- Sex, race/ethnicity, geography, sector, discipline, acceptance rates

2. # participants active or have completed program

- Sex, race/ethnicity, geography, participation status, career level

3. # participating cross-sector or cross-discipline teams

4. Diversity of disciplines and sectors represented

Activity Indicators

Tell us what our intervention delivers and how satisfied participants are.

5. Level of participant support (average # per participant)

- Coaching/mentoring, non-convening, project hours, convening, average hrs /week

6. # participants highly satisfied with their program experience

- Yearly, upon program exit

7. # and type of participants projects in process and completed

8. # RCL questions answered within the year

- RWJF & NPC levels

Outcome Indicators

Tell us what changes are being made as a result of the program.

9. Participants' improvement in target leadership competencies

10. Connectivity of participants

- Breadth, strength, connectivity types

11. # of thought leadership activities by participants

- Advocacy, training, writing

12. # of new or improved policies adopted for promoting COH directly related to participants' work

- Organizational, city, county, state, regional, federal, tribal

13. Formal recognition of participants in their communities

- Awards, career advancement, news coverage

14. Participants report of how they have assumed COH change leadership roles in their community

Data Sources for the Dashboard

The following data sources were used to compile this dashboard:

1. **SSRS Applicant Survey** – This survey designed and administered by third party organization SSRS (PSRAI for the years 2016-2017) and is sent to all applicants of any RWJF program or grant. The applicant survey is sent to all members of a project team, with the exception of 2017 when it was only sent to team leads. When comparing longitudinal applicant data, we generally leave out the 2017 responses and make a note of that in the notes section.
2. **NPC data on program participants** – Each National Program Center (NPC) collected and reported data on their specific program. Data was submitted to TCC Group in January 2022 for the current year. Historical data comes from a similar process in 2017 -2020. There were some changes made to improve data quality in 2018.
3. **TCC Group annual survey of participants** – TCC Group administered a survey to program participants from August 2021 to March 2022. Historical data comes from a similar process in 2017-2020. There were some changes made to improve data quality in 2018.

In most cases, data in this dashboard is presented with the most recent data first since this dashboard reflects the 2020 program year. In some cases, data is compared longitudinally.

Methodology and Response Rates



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A note on methods: The dashboard includes data from several sources collected by TCC Group, external contractors, and the NPCs. In addition to the data that is collected for the dashboard, NPCs conduct their own program-level evaluations. Data from those evaluations are not included here.

In 2018, there was a shift in TCC’s Annual Participant Survey to include demographic questions instead of asking NPCs to collect this data. This has resulted in a more complete set of demographic data.

The following table shows a breakdown of number of respondents and response rates for the relevant surveys used in this dashboard:

Table 1: Number of Responses and Response Rates for Surveys Used in This Dashboard

Data Source*	2017		2018		2019		2020		2021	
	Total # of Respondents	Response Rate	Total # of Respondents	Response Rate	Total # of Respondents	Response Rate	Total # of Respondents	Response Rate	Total # of Respondents	Response Rate
PSRAI/SSRS Applicant Survey	57	73%	113	36%	138	46%	106	25%	N/A	
TCC’s Current Participants Survey	57	88%	87	90%	67	66%	76	73%	39	57%
TCC’s Exiting Participants Survey	-----	-----	-----	-----	21	72%	25	76%	27	87%

**The additional data collected by NPCs on a yearly basis for all active participants is provided to TCC Group using the NPC template. While this data is included in the dashboard, exact response rates are not provided to TCC Group.*

For questions or additional information about this 2021 CLI Dashboard Report, please email Lisa Frantzen at lfrantzen@tccgrp.com.