

Building Lasting Connections

An Investment
in Leadership


*A History of the Health
Leadership Fellows Program
(2005–2015)*



Health Leadership Fellows



Health Foundation
for Western & Central New York



A call for health. A call for leadership.

Our vision of improving health care for vulnerable older adults and young children impacted by poverty depends on the work of advocates in the community. When the leaders at local non-profits share a sense of purpose, they can work together to solve the region's toughest health issues.

To build a network of skilled leaders who will take on these challenges collaboratively, the Foundation created the Health Leadership Fellows program. One of our earliest and longest-running programs, the Health Leadership Fellows program has trained hundreds of non-profit professionals on leadership, communication and collaboration since it began in 2005.

What follows is the history of the Health Leadership Fellows program from 2005 to 2015, including how it came to be, how it evolved over the years and where it is 10 years later.



Health Leadership Fellows

2004

An idea takes root



In 2004, the Health Foundation for Western and Central New York, then known as the Community Health Foundation of Western and Central New York, was only two years old, yet it had already begun working to establish itself as the region's go-to non-profit organization for health-related philanthropy and results-driven programming for its targeted populations: vulnerable older adults and young children impacted by poverty.

Still something was missing. Ann Monroe, who served as president of the Health Foundation from 2003–2016, noticed a lack of shared purpose among the local non-profit organizations the Foundation supported, starting at the leadership level. At the same time, there was growing pressure on those leaders to use best practices to deliver improved health care and outcomes in an increasingly connected, technologically advanced industry.

“Leadership training” had already become a buzzword among corporate and non-profit management in many industries, but it was primarily a way to identify emerging talent. Monroe observed a dearth of deeper networking—the kind that seeks out and nurtures collaborative opportunities between and among leaders already established in their careers.

“The non-profit health care leaders here weren't talking,” Monroe says. “We weren't sharing best practices and identifying gaps in services and delivery.”

To test her observations, Monroe brought this issue to Virginia Oehler, an experienced health care administrator and training specialist. Monroe challenged her to conduct a feasibility study to see if there were any local programs supporting collaboration in leadership and what programs existed around the country that addressed the actual practice of collective leadership.

Monroe's vision was to create a Foundation-developed program that would create a cadre of driven, diverse, skilled and, above all, collaborative leaders.

Completed later that year, the feasibility study showed what Monroe already had observed: that little to no collaborative leadership training existed in western or central New York.

“We were starting from scratch, but it was an exciting opportunity to create an experience for leaders that would provide them with a journey where they explored themselves as leaders, functioned in leaderless teams and created collaborative outcomes,” Oehler says.

Her surveys, interviews and focus groups also found that leaders of health care and safety net organizations were working within narrow silos, each busily working to drive the mission of their own agency, non-profit, hospital network or other health-related organization. Few, if any, had strategic plans to collaborate across organizations to better serve their targeted populations.

“We needed a real-world, in-depth program that would help the decision makers—the CEOs, agency directors and other health leaders—effect more immediate change,” Oehler says. >>

Creating the Model

Challenge in hand, Oehler set out to design what would eventually become the Health Leadership Fellows program. The program was structured, in part, after a similar health care leadership program Oehler and Monroe visited at the University of California at San Francisco’s Center for Health Professions, then directed by health care workforce expert Edward O’Neill.

In addition to serving the Foundation’s core populations of vulnerable older adults and young children impacted by poverty, the Fellows program was designed to focus on strengthening the community’s collaborative leadership capacity.

The goal is to create a stronger network of skilled leaders from across the spectrum of health care providers and non-profit agencies in western and central New York that serve the vulnerable populations important to the Foundation.

“We targeted today’s leaders and tried to supply them with a toolbox of resources that they could take and apply immediately in their workplaces,” Oehler says.

The Program

The Foundation launched the 18-month Health Leadership Fellows program in the fall of 2005. The Foundation’s board approved funding for three cohorts of 25–35 participants each, all of whom graduated by 2009. Since then, the Foundation has supported three more cohorts, with a seventh that began in 2016 and an eighth to begin in 2017.

At the heart of the Health Leadership Fellows program’s intensive 18-month curriculum are the following five core competencies established by the Institute of Medicine (IOM) for health care professionals:

- 1

Provide person-centered care
- 2

Work in interdisciplinary teams
- 3

Employ evidence-based practice
- 4

Apply quality improvement
- 5

Utilize informatics



“We targeted today’s leaders and tried to supply them with a toolbox of resources that they could take and apply immediately in their workplaces.”

Virginia Oehler



CORNERSTONES OF THE PROGRAM:

Personal Assessments



Residential Sessions

- › The Individual Leader
- › Results-Based Leadership
- › Leading Change
- › Communicating as Leader

Coaching

Team Projects

In order to be eligible to become a fellow, an applicant must be a professional in a decision-making position of influence in an organization serving vulnerable older adults or young children impacted by poverty. The application process includes written responses to essay questions relative to health leadership. After the Foundation receives the written application, the applicant is invited to participate in an interview. The applicant’s organization must also approve, commit to and support the applicant’s full participation in the fellowship program during the participant’s work schedule.

After fellows are selected to participate in the program, they are invited to attend an informational session held several months prior to the actual beginning of their 18-month experience. At the information session, the class of fellows is informed about several pre-program requirements, including three personal assessments.

The assessments include a Benchmarks “360°” evaluation wherein the leader and others with whom he or she works scores the leader on a number of leadership qualities. This gives the fellow a complete picture of how he or she is viewed by others in comparison to the fellow’s own self image. The additional assessments provide the fellow with a comprehensive look at his or her individual personality and relationship preferences that assist the fellow in understanding the “why” of how others may perceive his or her performance as leader.

Considered one of the most highly regarded aspects of the program, these assessments form a fundamental base for each fellow from which to build individual and collaborative capacity. Each fellow is then assigned an executive coach who assists the fellow in using the assessments to develop his or her own leadership plan.

The first of four residential sessions, spread over a year, is “The Individual Leader.” The additional three sessions are: “Results-Based Leadership,” “Leading Change” and “Communicating as Leader.” All sessions are led by a diverse group of national experts with extensive experience in their respective fields.

Much of the work, however, happens between these sessions. Each of the four residential sessions is followed by a period when the fellows work in small teams, collaborating on specific inter-session tasks that are designed to apply various elements covered in the previous residential session.

The Fellows program was intentionally designed with a flat hierarchy; there are no “team leaders” or spokespeople on each team. Instead, each fellow is encouraged to voice his or her individual opinions, share knowledge, and divide responsibilities equally among the team. >>



At the beginning of the second, third and fourth residential sessions, each team delivers a 10-minute presentation on their intersession work, giving and receiving feedback from the larger group.

The final six months of the fellowship are devoted to the development and implementation of team projects that impact the health care of either vulnerable older adults or young children impacted by poverty. For their projects, teams are given a budget and access to faculty coaches and research assistants.

Throughout the fellowship, the fellows are assigned books to read that complement the work being presented at the residential sessions as well as access to graduated fellows through the Fellows Action Network website. Posted articles and resources are made available during the fellowship and afterward.

One of the goals of the Health Leadership Fellows is to strengthen relationships among leaders from a diverse range of fields and organizations. Interviews and surveys from across cohorts showed that most fellows did not know each other well at the beginning of the program—even those whose organizations were affiliated in some way. The enrichment of each fellow’s network of colleagues occurs as a result of each team’s diversity and the engagement of an expert team adviser.

“Interdisciplinary networking is one of the most valued skills the program aims to impart,” Oehler says.

At the close of the fellowship, there is a graduation ceremony where each team presents their projects as a group to the entire cohort of fellows, their bosses, members of the Foundation’s board of trustees, members of the Fellows Action Network and the succeeding cohort of fellows. The team projects are written and distributed to the attending group as well as posted on the FAN website.

Additionally, a total of \$50,000 is made available after the graduation, so that teams may apply for funding to expand or build upon their projects. Examples of those expanded projects are featured in a separate section of this report and some have become collaborative community movements as a result. >>



The final six months are devoted to the development and implementation of team projects designed to impact vulnerable adults or underserved youth.

After Graduation

After the first cohort graduated in 2007, they became the first members of the Fellows Action Network (FAN). Earlier that year, the Board of Trustees had approved funding for the Fellows Action Network so that the collaborative work begun during the fellowship would continue and grow. The FAN would be self-governing and work collectively to increase the members' collaborative leadership capacity.

The FAN's mission is "to improve the quality of life in western and central New York through advocacy, action and professional development." The FAN's membership will continue to grow with each graduating class of fellows, thus adding to the original goal of the Health Leadership Fellows program: "to create a cadre of skilled, diverse and collaborative leaders in organizations serving older adults and children impacted by poverty."

It is anticipated that by 2018, the FAN's membership will include more than 310 leaders from throughout the regions.

Though the program was still relatively new, awareness was already starting to build nationwide. In 2007, the Foundation was approached by the Center for Creative Leadership to assist them in developing a leadership program for emerging leaders in health care. The Center had been awarded a grant from the Robert Wood Johnson Foundation for this purpose and would be partnering with nine foundations around the country on the program, called "Ladders to Leadership."

The Foundation participated in recruiting and selecting individuals to participate in "Ladders to Leadership" from the central New York region and hosted the launch of the program in Syracuse.

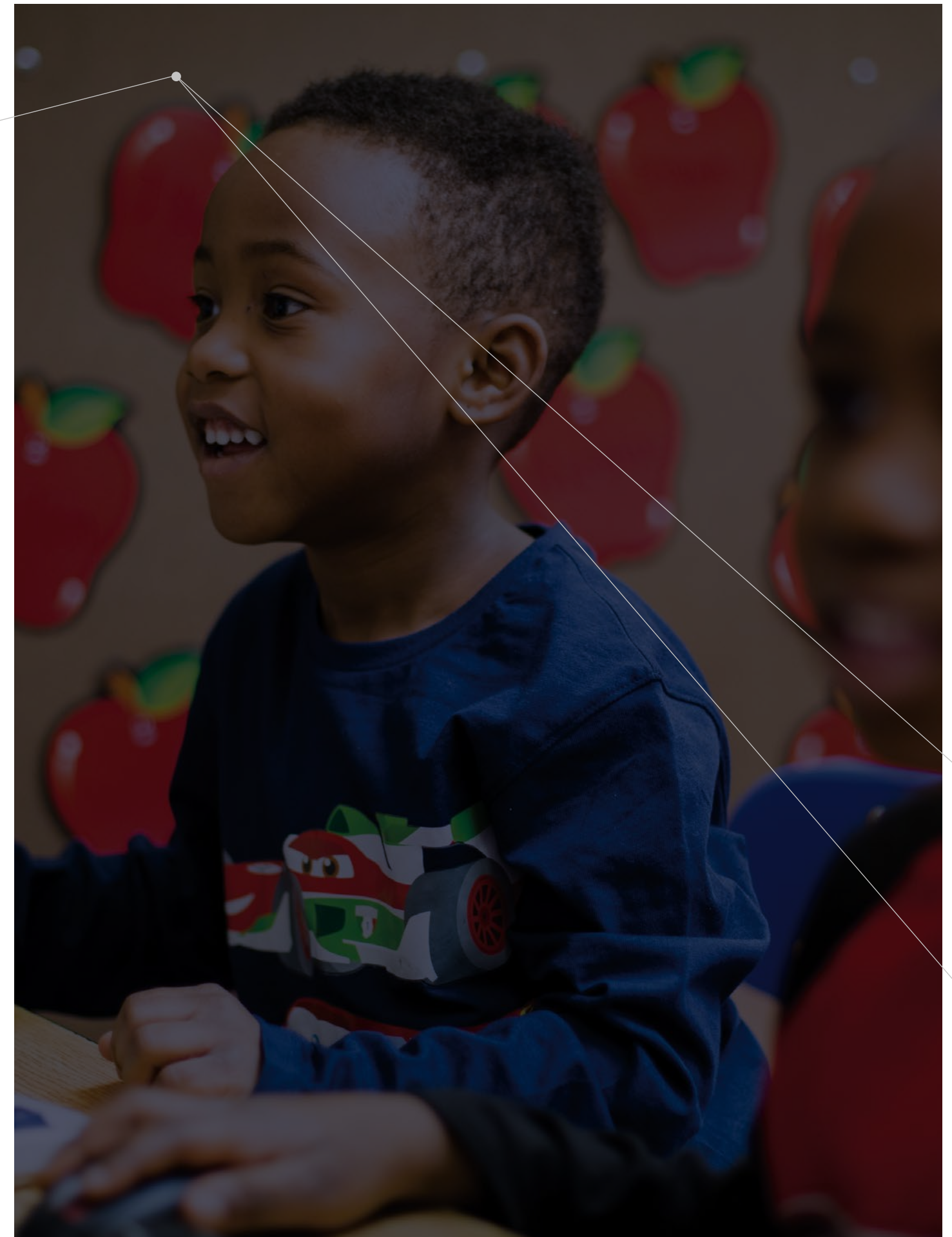
In addition, when the participants of the Ladders to Leadership program graduated, the Foundation invited those graduates to participate as members of the FAN. They continue to be active members of the FAN today and add to the health leadership capacity in central New York.

Says former Health Foundation Board of Trustees member and chair Dr. Angel Gutierrez, "Through the Health Leadership Fellows program, the Foundation has created a powerful network of leaders that will continue to grow."

The Health Leadership Fellows program and the Fellows Action Network have since branched out, creating an expanding network of like-minded leaders and advocates of high-quality health and health care collaboration and delivery. ■

"Through the Health Leadership Fellows program, the Foundation has created a powerful network of leaders that will continue to grow."

Dr. Angel Gutierrez





The Value of Community:

Leola Rodgers

Ask Leola Rodgers what she values, and she offers one word: “community.”

Rodgers has served as CEO and president at Syracuse Community Health Center since January 2015, but she has been a central New York health care leader for far longer. She came to the SUNY Upstate Medical System in 1999 to oversee pediatrics and other programs during and after construction of the Upstate Golisano Children’s Hospital in Syracuse, which was completed in 2009.

Rodgers applied to the second cohort of the Health Leadership Fellows program on the recommendation of her supervisor at SUNY Upstate. Her mission as a fellow was to ask the same question she had as member of the Board of Trustees for the Health Foundation: “what can we do better to help health care improve at the community level?” She has served on the Health Foundation’s board for 10 years and has served as chair of the Central New York Regional Committee for the past four.

Rodgers is proud of central New York’s community health centers, part of a national network of facilities designated to receive Medicare and Medicaid funding known as Federally Qualified Healthcare Centers, or FQHCs. “When I came here, I discovered that people are passionate about their health centers, which are located where people live and work. Patients see physicians and care workers who look like them, and they can get care whether they can pay or not. You see us instead of the emergency room. In fact, most of our patients are seen five times a year.”

Syracuse Community Health Center was well established as one of the oldest FQHCs in the state, Rodgers says. But challenges persist in central New York, one of two different regions served by the Health Foundation. “It’s been difficult to engage certain agencies, because we didn’t originally have an office; now we have office managers and a location,” she says of the Foundation’s regional board.

Western New York and central New York, she adds, have different politics, companies, agencies and cultures. In CNY, health care facilities struggle to reach patients across a wide area, much of it rural. In fact, some colleagues in Rodgers’ Health Leadership Fellows cohort came from long distances to meet: three were from Syracuse, one from Cortland, and another was located in Tompkins County.

Yet Rodgers says they stuck it out. As a fellow, she appreciated the evidence-based research and in-depth readings, as well as the focus on the Foundation’s mission-critical areas: vulnerable older adults, young children in poverty and building community health capacity.

“They invested in us in a way that most organizations don’t unless it’s at a very high level,” she says, noting the professional coaching and mentoring, as well the residential session focused on storytelling. “Being able to tell a story of what you’re doing is so important. No matter where people are, they can get behind and connect to personal experiences.”

Rodgers used her own storytelling skills during fundraising for the children’s hospital, moving from one community board to the next. “That was critical. Joining different boards helps me, as does being African-American and a woman, have a unique perspective on the health care landscape.”

Almost a decade after her Health Leadership Fellows experience, Rodgers still works to “spread what I’ve learned to other organizations, to the local boards and agencies.” The Fellows program gives fellows the foundation to “change things and push from within.”

With more than 60 community health centers in New York, most of the state’s smaller FQHCs had to contend with the big downstate hospitals. Being a fellow taught Rodgers to see things more strategically as she helps four major Syracuse-area health centers collaborate, find efficiencies and leverage their political power in order to offer affordable, high-quality health services to underserved patients.

“Hospitals are looking at us as the best practices. It costs us less to use mid-level practitioners, like physician assistants, as they should be used—to deliver real care,” she said.

With her leadership experience bolstered by the Health Leadership Fellows program, Rodgers looks forward to “the next level of how we reach and expand.” She is most excited about developing local programs to address triggers of decline in vulnerable older adults—part of an effort she supports through the Health Foundation’s Community Impact Committee.

“The lightbulb went off for me,” she says, noting that when elderly patients are hospitalized, they and their families are often thrust into the health system and caregiver roles without proper support. “We’re starting to look at things like nutrition; transportation; links to community, like church and family. It’s all about locally delivered, high-quality population health management.”

The cohorts

2005–2009

Cohorts 1–3

The first three cohorts of the Health Leadership Fellows were the pioneers. They also included some of the program's most impactful leaders and collaborators to date.

For example, in Cohort 1, Oehler recruited some of western and central New York's best and brightest leaders to kick off the program, including, but certainly not limited to, Dennis Walczyk, executive director of Catholic Charities; Tammy Marshall, then chief of nursing at Loretto Health System in Syracuse; Marlene Schillinger, executive director of Jewish Family Services; Dr. Theresa Stephan Hains, director of the Wiegel Health Center at Buffalo State College; Dr. Kathleen Grimm; Laura Meyers, then president of Planned Parenthood; Mary Craig, executive director of AHEC (Area Health Education Center); Carol Kostyniak, then executive director of Buffalo Spine and Sport Institute; James Casion, then CEO of Baker Victory Services in Buffalo; Jerry Bartone, executive director of Community Concern; Helen Stepowany, then associate executive director of Upstate Cerebral Palsy; and Debra English, administrator of Cayuga County Long Term Care.

Upon graduation, the fellows from the first cohort became the first members of the Fellows Action Network. Both during and following the program, they began applying their new skills and self-knowledge toward closing gaps in regional health care delivery.

What's more, says Oehler, many of the fellows from the first three cohorts worked on expanded projects together in interdisciplinary, intra-agency teams. Others reported that the Health Leadership Fellows taught them the vital importance of better networking, which many admitted they weren't actively doing. The growing membership in the FAN was an opportunity for relationships to develop among the fellows outside their respective cohorts, thus creating another level of potential collaborations.

Confidence building was a key outcome for some of the younger fellows. Some leaders, like Diane Bessel, assistant professor of social work and sociology at Daemen College, were new to their industry or position.

"I came into the program from the Homeless Alliance, as a younger fellow and without much knowledge of the medical field," Bessel says. "Through the core competencies and gaining more confidence with senior leaders, I became more comfortable with that landscape."

"Not only did I strengthen my leadership skills, but I also learned from my new peers about the myriad issues, lingo, processes and resources associated with social and health services," Bessel adds. >>

For Carol Kostyniak, it was the opposite. As executive director for the Buffalo Spine and Sports Institute, she had a background in health care but was “always interested in education, in growing other leaders.” Now at the Catholic Diocese of Buffalo, she applies the Health Leadership Fellows training in storytelling and “communicating up” in order for her to help lead employees and work with donors.

Kostyniak states, “it was getting to know the network and other organizations” that made the biggest impact on her professionally. Her team adviser during the program, Ken Rogers, has since helped the Diocese with strategic planning, and her teammate Jerry Bartone, CEO of Community Concern of WNY, continued to develop the team’s project to establish a managed support resource and “211” hotline for caregivers.

Several leaders said they applied for the fellowship expecting more practical lessons on running non-profits, but came away satisfied and surprised at the individual leadership skills they learned and appreciated learning the theories behind outcomes-based, person-centered care.

“I expected it would be about all the little pieces that are intrinsic to leading: financial administration, the lack of on-the-job training programs,” says Leola Rodgers, chief executive officer and president at Syracuse Community Health Center in Syracuse, NY. Rodgers was a fellow in Cohort 2 while overseeing pediatrics at Upstate Golisano Children’s Hospital at SUNY Upstate Medical University.

Instead, what she and other leaders found is a program focused on improving the individual first, rather than plunging into an organization’s needs; those improvements would come in time. Now a trustee on the board of the Foundation, Rodgers has chaired the board’s central New York regional committee for the last four years and knows first-hand how strong leaders can effect change, especially in regions like central New York, where geographic distances play a role and limited resources must be used wisely in order to reach underserved rural and urban communities.

“The Health Leadership Fellows program was about identifying our strengths and weaknesses, particularly within our current roles,” Rodgers says. “We learned how to expand our existing skills to help the needs of the community. By the end of the program, I really appreciated that.”

As the third cohort of 38 fellows graduated in 2009, it became apparent that a leadership program like the Health Leadership Fellows had been sorely needed throughout the regions. Many fellows say they had not found—and still have not seen—any executive leadership program as high quality or with as much deeply researched curricula.



“We learned how to expand our existing skills to help the needs of the community.”

Leola Rodgers



“I’d been looking around for a leadership program, but this one had by far the best experts in their fields.”

Mike Melara

“I’d been looking around for a leadership program, but this one had by far the best experts in their fields,” says Mike Melara, who was in Cohort 3 while serving as executive director of Huntington Family Services near Syracuse, his first executive position. Now, he serves as chief executive at Catholic Charities of Onondaga County.

From the expert faculty and their residential classroom sessions, to the 360° leadership assessments and personal coaching sessions, participants in the first three cohorts used new information, relationships, and ideas to improve services during their time in the program.

For some, the 360° individual feedback conducted before the program began made the largest impression. In some cases, these accomplished leaders simply weren’t aware of their own strengths and areas for improvement. With the feedback, coupled with other assessments, they were able to see how their behaviors were experienced by and impacted others.

“The 360° feedback from colleagues showed that I was perceived as aloof, and I had no idea,” says Nancy Blaschak, then CEO of Buffalo’s American Red Cross chapter. “I can see the big picture, and it seems obvious to me, but I wasn’t communicating that to others.”

Nancy developed more cohesion on her teams, commenting, “I started having more frequent staff meetings, asking staff for feedback and making sure I was sharing my ideas more directly.” >>

In addition to the individual 360° assessment, each adviser assigned to a team assessed its individual fellows on six abilities: facilitating team development, building consensus, providing focus and clarity, managing conflict, using team differences and providing insight. This assessment process now includes the team member and the adviser assessing the member's leadership qualities three times together over the course of the fellowship. This process reinforces the fellow's individual development within the context of collaborative work on a team.

For executives used to running their own organizations, the team structure often proved to be a challenge. For example, the four fellows on Melara's project—to develop a teacher-friendly curriculum that would encourage teeth-brushing for elementary students—held opposing views on occasion while developing the what, how and why of their mission.

"Picture four 'alpha' leaders working on a rather complex intervention. We didn't see eye-to-eye at first," Melara says. However, he adds, "Once we realized and respected what each other's strengths and weaknesses were, we could get the work done faster."

All of the first three cohorts found the program's residency sessions particularly beneficial. Among the session topics, storytelling was by far one of the most compelling and useful, say the fellows.

For example, Rodgers recalls having just become CEO at Syracuse Community Health Center and trying to decide what to say in a talk for the American Heart Association's "Go Red" campaign. In the end, she says, "I decided to tell my story about my mother, about all of her health care problems and of being a caregiver and going through the system, how it changed my life. Everyone could relate to that."

At the Syracuse Community Health Center, she adds, "We were trying to limit the number of times patients had to land in a hospital emergency room, like my mother had. The Fellows program helps you learn how to tell these stories."

Throughout the process, and especially after the first cohort graduated, Oehler and the leadership instructors tweaked the program to make improvements based on feedback from fellows and their advisers. Each new cohort benefitted from the ones before it.

"We were all learning together," Oehler says. ■



"We were all learning together."

Virginia Oehler





*The Challenge
of New Thinking:*
**Michael
Melara**

In charge of one of central New York’s largest non-profit agencies, Michael Melara tackles leadership challenges every day. As executive director at Catholic Charities of Onondaga County, he is responsible for overseeing community-based and residential programs that serve nearly 27,000 individuals a year, a \$13 million annual budget, more than 270 employees and multiple program sites.

Eleven years earlier, in 2004, Melara was a first-time executive for Huntington Family Centers. At the time, he says, there weren’t many high-quality executive training programs available. Then he heard about the Health Leadership Fellows program and decided to apply for Cohort 3.

Huntington had unique needs: it included youth programs plus an equally large group of elderly populations living in poverty. Melara needed help understanding best practices to engage and work with those populations.

He calls the Health Leadership Fellows program opportunity “an unequivocally great fit.” That’s surprising, since he was initially quite skeptical.

During the Fellows program, his team of single-minded leaders initially struggled to agree on roles, strategy and goals for their project, a dental education program to instill preschoolers with better teeth-brushing habits. Melara’s team of fellows eventually persevered, developing a curriculum and piloting it at one of the Catholic Charities’ preschools before successfully expanding it throughout the county.

“At first, I wasn’t really thinking about my exposure to other leaders. I wanted an individual experience,” he says. “The Fellows program did a good job explaining why the group dynamic is important to the success of our project.”

During the 18-month program, Melara’s thinking about leadership collaboration began to change as he saw how the Health Leadership Fellows philosophy could help him at work. At Huntington, Melara says, “we were flying by the seat of our pants, but doing something that feels good is not the same as doing something effective.” The Fellows program helped him focus on more rigorous program design and implementation. Conversely, when he moved to Catholic Charities, he encountered a highly process-oriented culture that was not seeing results.

In the end, the Health Leadership Fellows program’s focus on outcomes and personal development changed his mind about the time commitment required for leadership training. The program’s 360° feedback and executive coaching helped teach him more effective ways to communicate change. He also appreciated the videotaped public relations and storytelling exercises. “Uncomfortable? Yes, but totally worth it. There’s something to be said for working with the experts in your field.”

What stands out to him now are that his ideas, beliefs and assumptions as a leader were constantly challenged, and in many ways further developed, as a result of his fellowship experience. When the time came to leave Huntington, he left the agency better than it was before and ready for new challenges.

“I have this new conviction because of the Health Leadership Fellows. I am willing to break glass,” he says. “Catholic Charities’ culture has changed in the last seven years. We’re much more outcome focused, and we’ve found ways for our whole system to get stronger.”

(2009-2012)
*Hiatus: A Strategic
Sharpening*



“We were invigorated as a whole organization and came out of those years of internal assessment with a more informed idea on what we wanted to accomplish with the Fellows program.”

Ann Monroe

In 2009, when three cohorts of Health Leadership Fellows had graduated, the Foundation decided to stop the program to reassess its goals and outcomes.

“It wasn’t easy stopping the program, but it was necessary,” says Monroe, citing a projected lack of demand as one reason for taking the break. Broadening the Foundation’s reach was another; Monroe and Oehler realized they needed to reach more communities, especially in rural areas and in central New York.

This decision coincided with the Foundation’s decision to go through a “strategic sharpening” process to examine the investments the Foundation had made and the impact of those investments.

As a result of this process, the Foundation sharpened its focus within its two target populations. For vulnerable older adults, that meant identifying and deferring the “triggers of decline,” such as physical accidents or illness that lead to hospitalization, as well as providing older adults with more effective health care and support networks so they could function more successfully in the community.

For children living in poverty, the Foundation refined its efforts to focus on children from birth to age five—years during which children are especially vulnerable—in order to help them be healthy and ready to succeed in school.

The process also helped shape the combined efforts to benefit both target populations into a third funding focus area: building community health capacity throughout western and central New York. This funding area, though never formally recognized prior to 2009, had evolved through a series of investments in leadership development, community engagement and broadening the Foundation’s understanding of the needs of its target populations and the individuals and institutions that serve them.

Building the skills of leaders to ensure health care programs and services operate effectively and nurturing the growth and development of health care leaders through programs like the Health Leadership Fellows was one of the most important ways the Foundation was building community health capacity.

After three years had passed, demand for the program had begun to surge once again as word spread of the success of the first three cohorts.

In 2012, the Health Foundation decided to re-launch the program. Since then, three more cohorts have been organized, and a seventh and eighth have been approved by the Foundation’s Board of Trustees. The applications to participate in the newer cohorts of fellows have far exceeded the 40 positions available for each.

“We were invigorated as a whole organization and came out of those years of internal assessment with a more informed idea on what we wanted to accomplish with the Fellows program,” Monroe said. ■





*The Model
of Success:*
**Diane
Bessel**

Diane R. Bessel was wrapping up her doctorate in social work at the University at Buffalo when the call came encouraging her to apply to the Health Foundation’s Health Leadership Fellows program. She was working as half of a two-person team at the Homeless Alliance of Western New York when a friend emailed her about it. There were several reasons why she applied, she says, all backed by the support of her employer. “The Alliance saw the investment that the Foundation was making in the fellows, and we both saw the value in my becoming more aware of the local health landscape as well as the Institute of Medicine’s core competencies and how they fit in with data management models for better service delivery.”

As a younger member of a very ambitious and dynamic Cohort 1, Bessel says, she “grew more confident and began to understand my strengths—by the end, I could match conversation with people I looked up to.” Having secured more than \$39 million in federal funding for the WNY homeless community at the Alliance, among other accomplishments, Bessel was ready for her next challenge. The Fellows program, she adds, helped push her to finish her doctorate and “go bigger.”

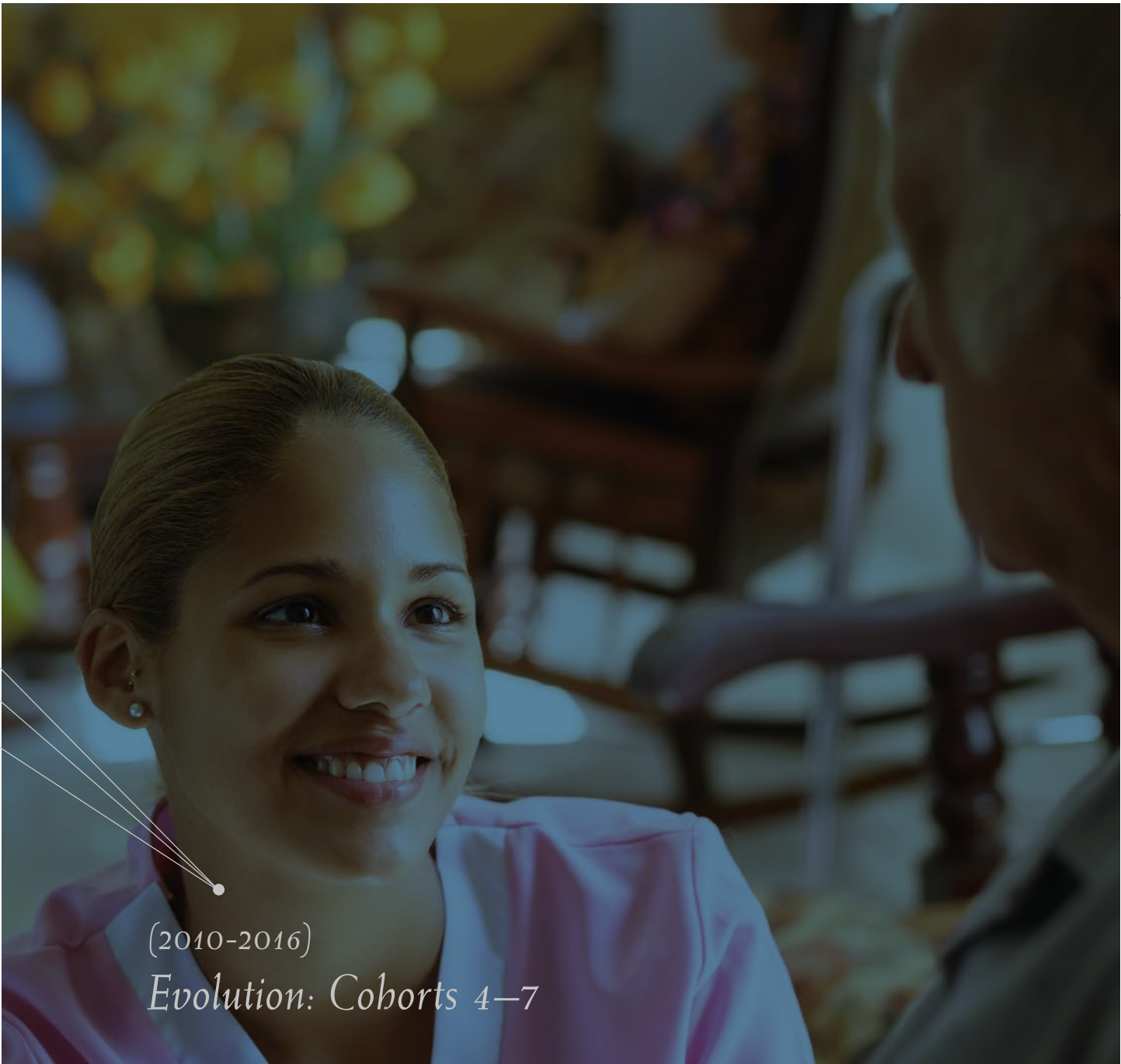
Since finishing the program in 2006, Bessel has done just that—she completed her degree and went on to become a respected and award-winning scholar, teacher and non-profit leader, most notably as director of research, investments, and advocacy at the United Way of Buffalo and Erie County. Now teaching and overseeing the undergraduate program of social work and sociology at Daemen College, Bessel says she applies her Fellows experience daily, whether leading her department in reaccreditation or teaching her students about research methods and social work practice.

She also collaborates locally and nationally to serve at-risk populations. As vice president of the New York State chapter of the National Association of Social Workers, Bessel is a sought-after consultant who shares skills she began developing at the Homeless Alliance: community-based research, strategic planning, program development and evaluation and social policy.

As a key member of the Fellows Action Network, she has been busy developing and assessing projects like the Town Square for Aging project in Amherst, NY, which she helped launch with her Cohort 1 colleagues David Dunkelman, Pamela Green and others. The innovative health care facility now serves nearly 2,500 older adults and their families.

With her Daemen students, Bessel is also creating social network maps, part of FAN’s ongoing network weaving initiative. While granular and time-consuming, these online databases, surveys and other tech-savvy tools tap her research expertise, which she finds personally fulfilling, but they also help focus the FAN’s efforts to nurture health care leadership and to expand and improve connections between providers and their target populations throughout western and central New York.

“Network weaving and mapping are game-changers in terms of producing tangible outcomes in health care delivery,” she says. “By helping connections between health care leaders happen organically, where they’re needed, they also prove how creative thinking, training and technology are rapidly revolutionizing our fields.”



(2010-2016)

Evolution: Cohorts 4–7

The Health Leadership Fellows program re-launched in 2012, motivated by continued demand from area leaders for more programming and our recognition of the increased value former fellows were contributing to community solutions.

The fourth cohort began its work in September 2013, including 38 fellows who graduated on April 27, 2015. Cohorts 5, 6 and 7 began in September 2014, 2015 and 2016 respectively, and Cohort 8 will commence in 2017.

Following the hiatus after the first three cohorts, the Foundation had discovered that many organic connections were being made between graduates of the previous three classes. That trend continued with the fourth cohort and hasn't stopped for Cohorts 5, 6 and 7.



*“It helped me
fine-tune who I am
as a person
and as a leader.”*

Nestor Hernandez

One of the more significant changes while revising content and processes was the selection of team advisers for the new cohorts. It was decided to select graduated fellows who understood the various stages of development, team processes and individual learning from their own fellowship experience to be team advisers for the upcoming cohorts. This process has helped to connect FAN members to current fellows.

Ideas and requests circulate between former and current cohort members, so projects began developing naturally that involved both FAN members and the current participants.

Nestor Hernandez, associate director at People, Inc., joined Cohort 4 while transitioning from one executive role to another. He had been working to improve neighborhood and family programming at the Belle Center on Buffalo's Lower West Side. Then, in 2013, he had the opportunity to help People, Inc., an already established agency, meet its mission to support seniors, adults and families coping with disabilities. The Health Leadership Fellows program, he says, helped him shift his already strong leadership skills from ones focused on urgent outcomes to measured self-reflection.

“It helped me fine-tune who I am as a person and as a leader,” he says.

“People, Inc.'s CEO, Rhonda Frederick, had gone through the Fellows program and recommended it to me,” Hernandez adds. “I wasn't sure I could handle the workload with my new job, but in the end I found it helpful to have the chance to step back and assess where I was at the time and where I needed to go.”

It was the successful collaborations and network leadership of the first three cohorts of fellows that led to the program's reputation as being unique and effective. This resulted in the Foundation receiving 63 applicants for the 40 fellowship positions available. This has been a consistent result of fellows' collaborative work in their respective communities.

Nancy Blaschak, a fellow in the third cohort, served as a team adviser in Cohorts 4 and 5. “The interesting role for me has been as an observer,” she says of her time as team adviser. “We are there really as guides, not managers. When I went through the program, I enjoyed everything, all my teammates. Now, I see how each team is so much like our relationships in real life; there are always issues. Each cohort has its own experience.”

While observing Cohorts 4 and 5, Blaschak found that it was important to let the personal dynamics naturally play out. One team, she recalls, “had members with strong, dominant personalities. During our regular check-ins with the group, a few people were always complaining about these stronger personalities. My response: ‘Why are you telling me this? Tell them what you're feeling.’ At the next meeting, there were some more constructive, more evenly balanced conversations.” ■



The Importance of Informed Decisions: **Nestor Hernandez**

A former staff sergeant in the US Army Reserve, a veteran of Operation Iraqi/Enduring Freedom and a Bronze Star recipient, Nestor Hernandez knows what it means to serve and to take calculated risks.

Although he’s young, Hernandez has helped lead Buffalo’s safety-net community for well over a decade and has been recognized locally for his efforts on behalf of children and families in poverty. His latest challenge has been as associate vice president at People, Inc., one of the region’s biggest advocates for people dealing with developmental disabilities.

Previously, he served as executive director of The Belle Center, a social services organization for families and children who are in need and are living in Buffalo’s Lower West Side.

He started out at Belle as a volunteer, but quickly realized that the struggling non-profit and its Latino clientele needed his help. “I loved what I saw; I wanted to take a leap of faith,” he says. He would tell stories in Spanish to the neighborhood kids of how he grew up in a single-parent household and didn’t see college as an option until well into high school. “I wanted to be a voice for families and children, to help them see that you have to experience different things.” The center was in financial trouble, but Hernandez felt passionate about helping. He became executive director soon after.

While at The Belle Center, he says, there was a constant sense of urgency to make improvements, to push and fill immediate needs. That contrasted sharply with his current role at People, Inc., which has better organization and a healthier budget, but also a much larger staff and more complex regional operations.

In 2013, Hernandez joined the Health Leadership Fellows’ fourth cohort—the same year he decided to leave the Belle Center for the bigger agency. At first, he was wary of the time commitment required of the program. Yet once again, he decided to make that leap and says it has paid off personally and professionally.

“When I moved to People, Inc., I had to learn a very different culture and meet new staff. The Health Leadership Fellows program was more work, but it pushed me to fine-tune who I am as an individual and as a leader,” he says.

For their final project, Hernandez’s Health Leadership Fellows team investigated asthma rates in his old stomping grounds on Buffalo’s West Side. They also organized a community-based action group comprised of neighborhood citizens, or “champions,” and facilitated community conversations about research, legislation and advocacy surrounding asthma. Even after his cohort graduated, the group continued to meet, applying for a Health Foundation grant to help keep the neighborhood action group alive. “Our goal was to fade out over time and allow the community to build ownership, to work out its own solutions,” he says.

Part of Hernandez’s work at People, Inc. focuses on building the agency’s capacity in another of the Health Foundation’s focus areas, improving the health of vulnerable older adults. An added challenge is supporting the full spectrum of disabilities found within that population. The goal, he says, is to mitigate those triggers “so there’s an end of life that’s dignified and affordable.”

With the fellowship experience and additional results-based accountability training, Hernandez recently tackled accreditation, which spurred his agency to centralize its huge amounts of case-based observations and data and create a common language.

“We needed to simplify and translate it all,” he said.

He believes his fellowship training also helps him ask the right questions about that data, such as, “How can we use it to further our mission—moving our clients toward independence? How does it impact our housing facilities, our other resources? Do we have the right people using this information, such as clinical staff to make informed decisions about giving medications?”

Data crunching aside, it is fitting that at a place called People, Inc., Hernandez and his staff are having more person-centered conversations. “As you move toward managed care, your investment is based on how the individual lives today.”

This long-term strategy can work with any population, Hernandez stresses, but he has seen how it works for those living in urban poverty or with disabilities. Because of his fellowship experience, he can better make decisions based on their impact, and do so in collaboration with the people he serves. “I keep in mind, we’re ‘doing with, not doing to,’” he adds. “The Health Leadership Fellows taught me how to offset my own strengths so we can collectively make a difference.”



The next level

Fellows Action Network

The Fellows Action Network comprises alumni of the Health Leadership Fellows program as well as graduates of the Ladders to Leadership program. In many ways, these members remain the lifeblood of the program.

Some of the graduates have returned to serve as team advisers for the cohorts; others have developed projects that have stemmed from FAN interactions. For example, the Town Square for Aging, which originated as a team project in Cohort 2, has evolved to include multiple FAN members across several cohorts from before and after the 2009 hiatus.

Early on, the FAN existed as a group of former fellows supported by a steering committee that offered retreats and other face-to-face leadership and networking programs.

“I feel that we were given a large task and gift,” says Diane Bessel of the FAN’s evolution. “A core of us wants to do more. I attended leadership programs, such as one from the Kellogg Foundation, but there was nowhere near the level of continued support. The focus of the FAN will foster this collective movement forward.”

The central New York contingent of the FAN has been very active in creating a strong mentoring program that extends into western New York. It has developed a strong series of leadership development workshops and seminars attended by members and mentees of their mentoring program. This effort has been led by FAN members that include graduates of Ladders to Leadership as well as the Foundation’s Fellows program.

The western New York FAN members have developed advocacy training and actual advocacy planks, taking their efforts to Albany on behalf of vulnerable populations. Western New York FAN members have also participated in an extensive training with national collaboration expert Karen Ray to become “collaboration catalysts” to help other organizations develop and sustain collaborative efforts in the community.

The entire FAN community is invited to attend an annual leadership development retreat where they have an opportunity to continue their own leadership development and connect to other members of the FAN community of leaders. >>

Social Network Analysis

In 2014, as an added element to the evaluation being conducted by Deborah Meehan, founder and executive director of the Leadership Learning Community, and Tracy Patterson, director of evaluation for the Center for Creative Leadership in Greensboro, North Carolina, the Foundation engaged the Leadership Learning Community to conduct a social network analysis of all existing cohorts of fellows. At that time, the fourth cohort was active and the previous three were a part of the Fellows Action Network.

The Social Network Analysis complemented the evaluation by providing a picture of how relationships cultivated through the Fellows program have resulted in collaborations, and how those collaborations have been sustained to improve health outcomes.

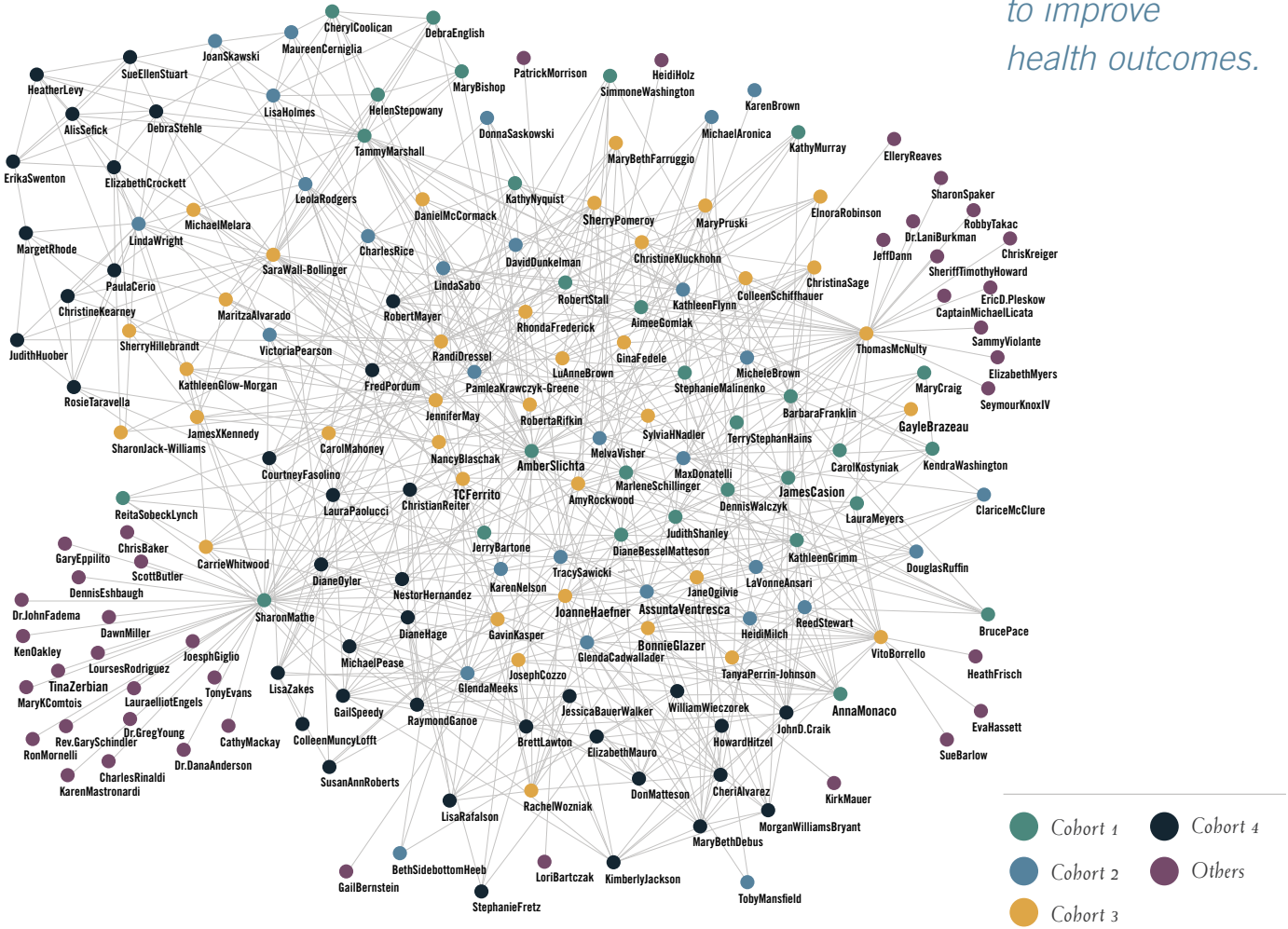
Through a Social Network Analysis survey, the Leadership Learning Community asked current and former fellows about their participation in collaborative efforts and with whom they share information, ideas and resources. Other survey questions included interest areas where fellows wanted to collaborate, as well as leadership abilities they wanted to develop and talents they were willing to share with other members of the FAN.

The Social Network Analysis provided a picture of how relationships cultivated through the Fellows program have resulted in collaborations, and how those collaborations have been sustained to improve health outcomes.



What makes the Health Leadership Fellows unique, say its graduates, is how it creates a culture of collaboration from the top down.

COLLABORATIONS



The results of the survey, which had an 89% response rate, were “mapped” and analyzed. The following year, the fifth cohort participated, and the response rate to their survey was even higher at 99%. Going forward, cohorts 5, 6, 7 and 8 will participate in the social network analysis as well.

The maps indicated where and with whom the present and graduated fellows had connected as a result of their participation in the Health Leadership Fellows program. The maps further indicated some of the collaborations that had developed. It also indicated the counties within the funding regions that were included in this work, as well as counties where there were no fellows as of yet.

The Social Network Analysis mapping process illustrates what the past written evaluations indicate and provides the Foundation, the fellows and the community information about past and present collaborations. In addition, it also provides a planning tool for future collaborative endeavors.

In 2014, The Leadership Learning Community was spearheading a National Collaborative Research Project and asked the Health Foundation’s leadership if there were interest in having five FAN members participate in a major element of the project.

The Foundation chose to invest \$25,000 as a funding partner in a key piece of the national research project, the “Action Research Project.” The focus of the collaborative learning and coaching was in “network weaving” and network leadership. This work with key representatives of the FAN, namely Sharon Mathe, Diane Bessel, Nancy Blaschak, Tracy Sawicki and Kathleen Glow-Morgan, built upon the concepts and practices of Social Network Analysis and mapping.

Mapping gives the FAN a visual way to collect input from people and see where the connections are and the natural places where a project or initiative can “seed.” These data points are added to a database, which then “maps” or displays the regional network. FAN members are looking at ways to use such technology, as well as other tools like Google Docs and Skype, to connect more consumers and providers to each other.

Visualizing resources and gaps is dependent on network weaving—a skill many of the fellows intrinsically have as leaders of their organizations. Network weavers are people who can move in and out of different circles and industries, making personal connections that then become institutional. FAN members bring disparate groups and individuals together to work toward common goals.

Outcomes: Collective Impact

The Health Leadership Fellows program is one of several investments the Health Foundation has made in recent years to build community health capacity, including the Reaching for Excellence program and speaker series; the Safety-Net Initiative; and further organizational capacity-building efforts such as “Ready or Not” and “GetSET,” among others. >>

What makes the Health Leadership Fellows unique, say its graduates, is how it creates a culture of collaboration from the top down. Supported by the FAN, these are leaders who not only know themselves better, they are more aware of the region's shared health care needs and how their disparate missions intersect.

Recognition by the Foundation, according to graduated fellows, is perhaps appreciated the most by younger Fellows and leaders serving smaller community organizations, including more rural areas of the state. As the outcomes of the first three cohorts have shown, there are tangible impacts on these particular Fellows' organizations and programs, because the Health Leadership Fellows network gave them broader and more direct access to resources they didn't have before.

For many, it has also significantly improved the culture of their organizations, from the leadership level to part-time staff and volunteers.

Says Mike Melara of Catholic Charities of Onondaga County, "I came into a culture [at Catholic Charities] that was incredibly process-oriented, where there was more of a focus on feeling good than evaluating effectiveness of all that process. I had to make difficult decisions to follow best practices and current research, but I was able to do it because I had this conviction I got from the Fellows. I was willing to break glass. In the last seven years, our culture has changed; we're much more outcome-focused."

For Nestor Hernandez, he learned how to work with his new staff at People, Inc. and incorporate observations and data more effectively following a recent accreditation process. "Now, I listen to my staff very carefully, like I used to listen to families at the Belle Center. I want to empower them to lead, to help us have better-informed, person-centered conversations about our clients," he explains.

Hernandez says the Fellows experience helps him use the masses of data his agency collects. "We're being more proactive with collecting data, and to make sure we have the right people using it, like clinical staff in charge of medications. Do they have the right training?"

This increased awareness of larger social and health care systems, says Monroe, was one hoped-for goal of the Fellows program.

"We hoped it would become a resource—for people, ideas, diversity—and that we would see more collaborative advocacy taking place regionally."

Much of the program's future sustainability rests on the FAN, she adds.

"We can't be an echo chamber in health care, repeating the same leadership mantras without tangible outcomes. The FAN should do the opposite, offer new solutions and long-term impact."

The outside evaluators, Deborah Meehan, executive director, Leadership Learning Community, and Tracy Patterson, director, Evaluation Center, Center for Creative Leadership, agree; compared to similar leadership programs, they say, the Fellows program shows long-term promise in terms of its ability to provide high-quality, sustainable professional development for individual leaders.



"We can't be an echo chamber in health care, repeating the same leadership mantras without tangible outcomes. The FAN should do the opposite, offer new solutions and long-term impact."

Ann Monroe



As part of the joint evaluation, both Patterson and Meehan utilize site visits with selected teams, beginning with Cohort 4.

"Our task has been to determine the investment value and success of the Health Leadership Fellows, and, by far, my visits have shown that it is helping health care leaders ask new questions, such as 'Shouldn't we hold ourselves accountable as more than just individual leaders?'" Patterson says. "Now there's a focus on collaboration, on what's good for the collective community."

Of the FAN's work, Meehan adds, "These are real-world projects. Whether they're tackling asthma, behavioral health, emergency and crisis or dental screening for kids, one of the most enduring and sustainable impacts is creating local and place-based projects, where the participants' relationships continue. The mapping proves that the FAN's graduates become strong collaborators."

These are exciting times for the Health Leadership Fellows program, and for the Health Foundation. After stepping down as program director, Virginia Oehler is focusing on sharing design elements, insights and outcomes of the Health Leadership Fellows program with other foundations and organizations, informing the field of leadership development here and in other parts of the country. She is replicating the model with the Missouri Foundation for Health and serves as adviser to other leadership efforts. She continues to serve as an adviser to the Health Leadership Fellows program at the Foundation. Nancy Blaschak has become the new program director for the Health Leadership Fellows starting with the sixth cohort of fellows.

Not only does the Health Leadership Fellows program continue to be in high demand, but, as the network maps have begun to show, it is making meaningful improvements in the culture of health care delivery in urban and rural New York State from Syracuse to Buffalo and beyond. The program is attracting the kinds of diverse, committed talent that is particularly effective at driving innovation and collaboration.

Indeed, nearly all the graduated fellows interviewed for this history say they are more willing and able to pick up the phone and work with each other across agencies and professional fields in order to solve the region's toughest health issues.

The leaders served by the Health Leadership Fellows program are making a difference in the lives of thousands of people, from the very young to the frail and elderly—vulnerable populations that desperately need new pathways to care and support. ■



Case Studies:

Real-World Outcomes

ORIGIN: COHORT 1

Trauma-Informed Community Initiative of WNY Coalition

Another successful network formed by FAN members and other regional health care organizations is the Trauma-Informed Community Initiative of WNY Coalition.

This concept originated within the team projects of Cohort 1 of the Health Leadership Fellows. As a result of that earlier foray into addressing the issues relative to childhood trauma, a small group of Health Leadership Fellows, in 2008, began developing ideas for a volunteer network that would provide trauma-informed and trauma-specific services. Their working theory was that as individuals become better informed about trauma, the need for trauma-informed and trauma-specific services will increase.

The initial working group included fellows Jim Casion, then CEO of Baker Victory Services; Kate Grimm, M.D.; and Dennis C. Walczyk, CEO of Catholic Charities, all Cohort 1 graduates. Today, many fellows are members, including Nancy Blaschak, Carol Kostyniak, Jessica Pirro, Mindy Cervoni and Susan Green of the Institute on Trauma and Trauma-Informed Care at the University at Buffalo's School of Social Work. In addition to this work group of fellows, Glenda Cadwallader, a graduate of Cohort 2 was contracted by the Foundation to facilitate the group's strategic focus and intent.

“This is a revolutionary way to look at delivering health care,” says Casion. “Trauma-centered care doesn’t shy away from seeing the complex effects of trauma throughout all of society. What’s exciting for us is to see it addressed in terms of an individual’s unique mental, physical and social needs.”

With funding from the Health Foundation, the group has grown into a network of individuals from a wide range of organizations who are working to develop and implement a Greater Buffalo Trauma-Informed System of Care Community, including Baker Victory Services, Catholic Charities, Buffalo Police Department, UB, Crisis Services, Care Management Coalition of WNY, Roman Catholic Diocese of Buffalo, American Red Cross, Child Care Resource Network, Boys & Girls Clubs of Buffalo and several others. The coalition continues to help lead and assist individuals, organizations and communities by mobilizing resources in education, prevention and response to deal with the multi-dimensional aspects of trauma. ■

ORIGIN: COHORT 4

T-Bear: Transforming Beliefs/ Behaviors to Elevate Achievement Realization

A program that initially developed out of the fourth cohort of Fellows has FAN team members preparing for the future health care demands of an aging population while addressing the shift in patient care from hospitals to home-based settings.

“When researching the long-term care needs of older adults, the data we unearthed was surprising,” says team member Alis Sefick, consultant for Healthy Communities Consulting. “We saw that the demand for older adult direct care is expected to increase by 200 to 240%, while the informal caregiver ratio will decline by 15%. So, the care often provided by family, friends and neighbors to help this vulnerable older adult population will decrease, and thus the need for the home care service industry will rise,” Sefick explains.

Yet the Paraprofessional Healthcare Institute and the Institute for the Future of Aging Services, national leaders in improving eldercare, report that the system faces challenges recruiting and retaining employees. Unless there is a change, there will not be an adequate supply of staff to care for the projected population needing home health services in the future.

With the growing demand for home care service, FAN team members Liz Crockett, executive director of REACH CNY, Inc.; Heather Levy, director of nursing, Syracuse Community Health Center; Sefick; Deb Stehle, associate administrator, Ambulatory Services & Women’s Health SUNY Upstate Medical Hospital; Sue Ellen Stuart, executive director, Visiting Nurses Services; and Erika Swenton, director of operations, St. Camillus Home Care, are focusing their efforts on supporting those who help older adults age in place—the home health aides and their employers.

Statistics show more than half of the households of the home care workforce are under 200% of the federal poverty line.

“Both from the experience of our team and from what research underscores, the home health aide is a woman living in dire poverty, with the workforce comprising women of color with immigrants totaling one-quarter of the home care aide population,” Sefick says. She further explains that chronic exposure to discrimination and poverty directly impacts the development of the executive function processes of the brain where life skills are developed. “When we surveyed local home health aides and agencies, the responses we received indicate that many women come to work with little focus. Home care aides face challenges in getting to work with child care, transportation, fatigue, family concerns and personal finances all associated with the environment they are living in,” Sefick says.

Understanding that deficits in life skills impact the ability of people in poverty to engage in work and stay employed, team members say that providing life skills training for the health care aide—something low-cost and cost effective—can, over time, turn the curve of home care recruitment and retention and ultimately reduce hospitalizations by helping more elders age in place. And home health agencies that participated in the team’s surveys agreed, with 100% reporting they are interested in a program designed to improve the life skills of their employees.

In October 2016, team members offered their first home health agency life skills training in Ithaca, New York. The program is designed to guide home care organizations in implementing life skills training to their employees. A life skills training tool kit is also provided, which includes an overview of research and the need for life skills training, along with life skills curriculum. In addition to hosting home health agency life skills trainings, team members are working with the Finger Lakes Geriatric Education Center to develop an online version of their training program.

“A Life Skills Training Program will provide healthcare paraprofessionals an opportunity to develop the skill set to enable them to manage or look for ways to manage child care, transportation, financial, relationship or other issues that they may not be able to put aside while at work. We believe that this project, extrapolated over time, will improve the care provided to the elderly and will demonstrate improvement in community wide metrics to reduce ER visits, admissions to hospital in medical and surgical services and hospital readmissions to these services within 30 days,” Sefick said. ■

ORIGIN: COHORT 5

POP-UP! For Kids' Health

To make an “immediate, positive impact” was what team members from Cohort 5 set out to do when developing their final project for the Fellows program. “We wanted to design something that was meaningful and ultimately left somebody walking away from our work better,” says Tara Ellis, president and CEO of Meals on Wheels for Western New York.

The team devised the concept of a mobile health pop-up event, which brings medical and dental services to children in settings that are convenient, comfortable and familiar to families living in areas isolated by poverty. “We wanted medical providers to work in collaboration with people who had already developed trust in the targeted communities and who provide care to children in that trusted setting as a way to build a bridge between individuals living in poverty and the health care community,” Ellis said.

To develop a project model, team members identified ZIP codes where there was the highest need and targeted both urban and rural geographic pockets where there was a lack of primary medical, dental and mental health care providers. Across all communities, both urban and rural, team members found common struggles in access to care and access to services. “A surprising takeaway from surveying the population is that we now understand that the community desperately needs the most basic of services. The net is much larger than we anticipated, and people are stressed and burdened because they can’t afford medical care, nor can they get to medical services such as primary care, dental and vision services,” explains Ellis.

Team members Jorien Brock, consultant at Jorien Brock Consulting; LaTonya Diggs, DSRIP project specialist for Millennium Collaborative Care; Ellis; Lt. David Mann of the Buffalo Police Department; Isiah Marshall, associate professor and MSW program director at Daemen College; Carol Murphy, director of Harvest House; and Rebecca Schaeffer, child psychiatrist, clinical associate professor of psychiatry Buffalo Department of Psychiatry, UB School of Medicine, organized pop-up events to be held at the Matt Urban Hope Center and the Martha Mitchell Community Center, both identified as areas in need in the

city of Buffalo. A total of 11 community collaborators came together to provide primary pediatric health screenings, linkage care, pediatric dental care and pediatric eye and hearing exams. These collaborators provided 147 services to 50 children at the two events.


“From the services provided at the event, we saw key trends in that children have a significant need for dental and vision care. We had children being diagnosed with three to five cavities, and it is heartbreaking to see that children in these two communities need something as simple as basic eye glasses,” Ellis shares.

“I think we have been working with an old model of care where people have to bring their health needs to the health providers, and I think that that’s really complicated for children and families living in poverty,” Rebecca Schaeffer adds.

“The promise of what started this is just a kernel of what could happen. It is a wonderful idea, and I can imagine that this could be replicated as a pop-up for the elderly, and we can look at different areas of the city to bring this to,” says Joseph Cozzo, president of Buffalo Hearing and Speech Center, Fellows team advisor and chair of the Health Foundation Board of Trustees.

“We’ve had a lot of conversation about the future and how to determine long-term sustainability for not just the children, but for the elderly who are homebound and those who have an economic burden. If providing core care are the services the community needs, we don’t want it to ever get to a point where it is so desperate,” agrees Ellis.

After the pop-up, team members met with host site representatives and community collaborators to plan for future expansion and long-term sustainability. The partners are all on board for a long-term partnership that can service all communities of need. ■



Using what they've learned from the expert faculty, residential sessions, leadership assessments and coaching sessions, our Health Leadership Fellows have used new information, relationships and ideas to make a difference in the health of young children and older adults across western and central New York.

We're proud of all that our fellows have accomplished since the program began and are excited about what the future may hold.

To learn more about the Health Leadership Fellows program, its work, and how you can be a part of it, please contact the Health Foundation at (716) 852-3030, or visit hfwcnny.org.

