

Health Leadership Fellows Program



Cohort IV Evaluation



Introduction

The Center for Creative Leadership (CCL) and the Leadership Learning Community (LLC) were hired by the Health Foundation for Western and Central New York (HFWCNY) to conduct an evaluation of Cohorts IV and V of the foundation's Health Leadership Fellows Program.

As expressed by the HFWCNY, "the goal of the Health Leadership Fellowship program is to expand a network of skilled leaders that will learn to lead collaboratively from both within and outside of their organizations and become advocates for improved healthcare delivery, particularly for vulnerable older adults and children ages birth to five impacted by poverty."

The evaluation seeks to understand the impact the program has had on individuals, team collaborative capacity and the growth of the fellows' network; and the difference that these changes have made in the health of older adults and children living in Western and Central New York. To answer these questions the evaluation team worked with the foundation, HLF program advisers and participants to identify the assumptions about how the program increases collaboration and the results expected to occur. This work, referred to as a Theory of Change, guided the evaluation components which include: 1) a 6-month post program survey that provides an opportunity for fellows to assess changes in their mind-set, skills and behaviors; 2) a social network analysis that provides a visual representation of data about changes in the amount, types and patterns of relationships; and 3) site visits which provide an opportunity to observe the collaborative dynamics among fellows implementing team projects, the immediate results of those projects and assess their potential benefit to older adults and children impacted by poverty.

This portion of the report focuses on two Cohort IV team projects. It is based on what the evaluation team learned from its site visits with the fellows from each of the project teams and others who had first hand knowledge of their work as a team or about the impact of their project. During each site visit, the evaluation team met first with the entire group. They asked participants to talk about what excited them most about the project and to then write and post a headline for the most significant change that had occurred as a result of the project. In a traditional approach to this exercise, the group would have voted on which of these changes they thought were most significant. There was such convergence among participants about what was most significant that there was no value in voting, so the group instead focused on why the change was important. During each site visit, after meeting as a group, one evaluator met separately with the fellows to more deeply explore their team's collaborative process and the application of skills acquired during the program. Advisors and colleagues who were not fellows but had experience with fellows and their team also met separately with one of the evaluators to offer an outside perspective on how fellows had changed and what they observed of the collaborative process and the potential of each project.

The following two vignettes tell the stories of two Cohort IV team projects, Coordinating Buffalo's Asthma Efforts and a Cattaraugus County Care Coordination Summit. Each vignette includes a description of the project, the benefits that have emerged from the project, the anticipated long-term results, the collaborative process that generated and supported the project, and the summary observations and reflections along the way.

Cattaraugus County Care Coordination Summit



On an unusually warm fall day in September, the sun filled conference room at Evergreen Association grew even brighter as it filled with fellows from the HLF program's Team Two. Some of the fellows had driven for close to two hours, one arrived mopping his brow and bemoaning his decision to walk. All had come to take a close look at Team Two's project, the Cattaraugus County Care Coordination Summit, with HLF program evaluators. The enthusiasm of fellows was far from diminished by the commute. Warm hugs were shared all around and in minutes a baby picture appeared and was being passed around while family inquiries were being made and answered. There was little room for doubt that this tightly knit group was genuinely delighted to be together again. The fellow who was unable to attend, like a loose strand, was clearly missed by the team who wove his contributions to the project into the afternoon conversations with love and laughter.

Focus group participants who were not part of Team Two were warmly welcomed into the fold and introduced as the group settled in to speak with the evaluation team and share their observations about the Coordinate Care Summit in Cattaraugus County, a rural county in western New York. We were snugly crowded around the conference table; a team advisor, a colleague of a team member, two people who had been participants in the project organized by fellows, and six of the seven members of Team Two, the program designer and the evaluators.

The Problem/Opportunity:

“Where Can I Go to Connect Patients to All of the Services They Need?”

Team Two coalesced around an existing need and emerging opportunity: In rural Cattaraugus County, services are dispersed and people working in health-care delivery systems are often unaware of the resources available to clients and patients. Pair this problem with a growing focus on Care Coordination as a driver for helping patients get the care they need, when they need it, while reducing duplication. Despite the hopes being pinned on Care Coordination, fellows were empathetic to the challenges that Care Coordinators were facing, challenges that were limiting the impact of Care Coordination potential.

Most care delivery organizations had very tight resources without any budget for publicity or making their services known to others in the county. There was a lot of pressure for Care Coordinators who were being inundated with people who needed help, with little time to explore what was available outside of their own organization or to build relationships with other organizations.

During their participation in the Health Leadership Fellows program, fellows had learned about the importance of relationships and networks. To illustrate the problem and opportunity, one fellow shared a story, “I can call the Department of Aging, but if I don’t know anyone over there. It can take me a long time to find the right person in the agency and then to get help for my client. However, if you are having a problem you call up Bonnie and say ‘this is the problem and I don’t know where to send this person’ and now you have someone who can tell you where to go, you have a starting point, you are not calling an agency. You are calling a person.”

Fellows were committed to selecting a project that would make a real difference in health outcomes of people in the county. They recognized that strengthening Coordinated Care would increase the speed with which people could access the services, which in turn could disrupt compounding health issues and begin to improve the health of people living in Cattaraugus County. As one fellow explained, “If a person in crisis gets access to the services they need more quickly, it can stop the

dominoes from falling in other areas of their lives. We won’t know what we prevented from happening, but speed does matter for these folks.” Echoing these sentiments, one fellow after another chimed in, “Speed can help in the prevention of chronic illness. If you do it across the board you will see a healthier community,” and, “If you don’t get people right away they will give up.”

Fellows were aware that the opportunity to support networks of Care Coordinators existed beyond Cattaraugus County and that successful implementation of this model had the potential to be replicated in other parts of the state and benefit more residents. As one fellow put it, “There is a large bucket of money loose in the state. They are looking for new ideas and ways to use the money for the benefit of the counties. I suggested a project with Care Coordinators and they are looking at it.” Care Coordination is a hot topic without clear models. Fellows saw that this was an issue that was timely and where there could be opportunities for replication. This was important because not all fellows on the team worked in Cattaraugus County. “I don’t work with Care Coordinators in the focus county but I want to have this in my county. Expansion is very important.”



Cattaraugus County, NY

The Project:

Relationships Build Bridges to Better Care

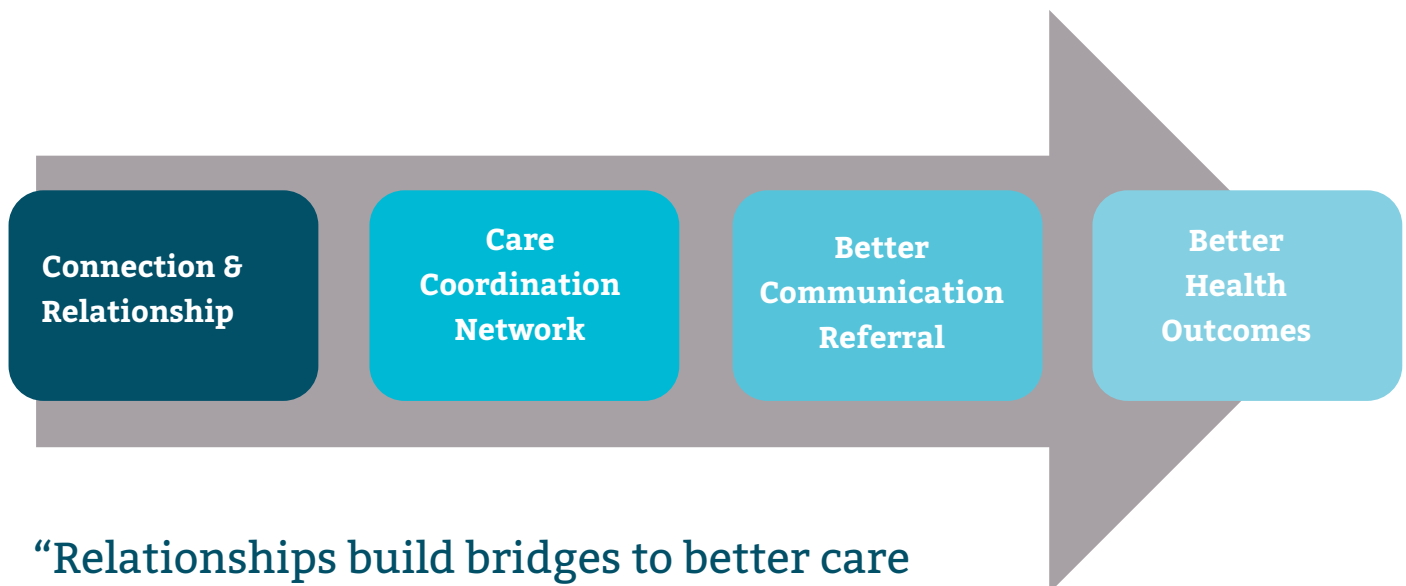
The Approach:

Although there is an understandable stress in trying to find the right project for a team that spans distance (Buffalo to Olean) and professions- nurses, executive directors, foundation program officers -Team Two's landing on a project was relatively smooth. As they began to talk about the importance of Care Coordination they benefited from the enthusiasm of a team member who was quick to share a story of success that could potentially be applied to Coordinated Care.

As fellows explained, "The inspiration came from the SNAPCAP Billers. SNAPCAP brought together billers who were all experiencing chaos. They could not get bills out the door or bring money in. They brought billers together for training. The by-product of that meeting was great energy and a network of billers who had not had access to each other before."

The model was not a hard sell for the group because, as one fellow pointed out, "it also played into our wheel-house and excitement about a fun, engaging project that would make a difference for people." As one fellow explained, they thought about what they could draw on from their own fellowship program to create a 'mini fellowship experience' for Care Coordinators that would weave new relationships and build friendships.

As fellows tapped into their own experiences, a set of assumptions emerged about how to ultimately improve care and health. When asked to write headlines about the most significant changes occurring through their approach, one Fellow captured the working premise of the project: "Relationships build bridges to better care for Cattaraugus County residents." As we mapped all of the headlines, a theory of change was revealed in the collective wisdom of the group.



"Relationships build bridges to better care for Cattaraugus County residents."

- Team Two's Fellow

What They Did

Fellows knew what they wanted to do; build relationships among Care Coordinators so that they could learn about each other's' services and communicate more effectively to improve the speed and quality of care for residents in Cattaraugus County. The next question was how to do it. Fellows were clear that they were not experts in Care Coordination; certainly no more so than the Care Coordinators themselves. They were also clear that, their role was convening, not training. So again, they turned to their own experiences to understand what makes people want to come to an event and when they get there, what helps them to connect and build friendships.

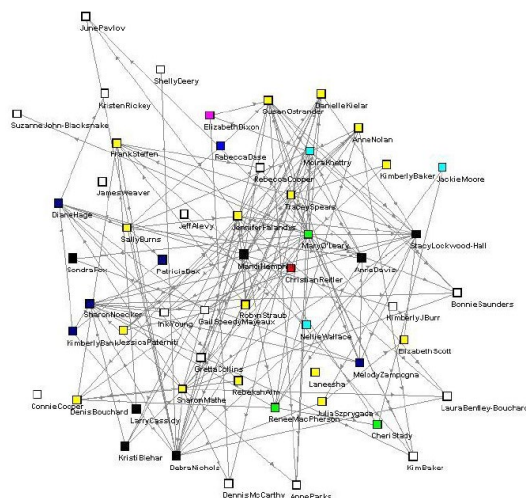


Team Two decided to hold a half day Cattaraugus Care Coordination Summit. The team advisor and other observers commented that the group was strategic on a number of levels. First, they were thoughtful about how to get the right people there. They tapped into what was already there and engaged an existing consortium to help them develop a list of who to invite. They involved the right stakeholders and shared the list with others to see who they might be missing. They made sure that there were 'boots on the ground types' coming. The team advisor reflected for a minute and captured the process poetically, "The idea was their own, but they went out to a larger group to make it come alive."

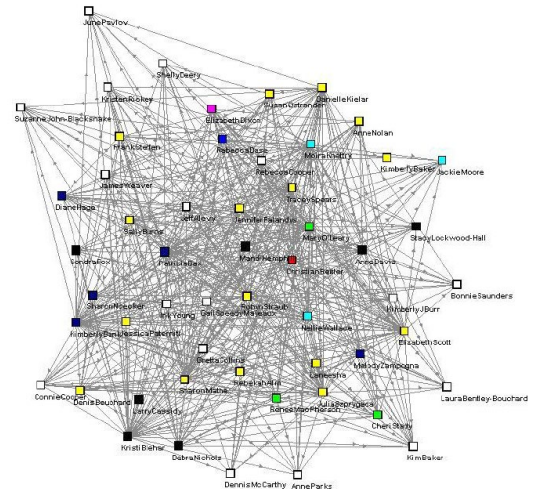
They were smart about how they organized the summit. They knew they wanted to help catalyze a network of care coordinators, but they did not present it as a networking summit because that's not something busy people intuitively think they need. Instead, they designed the summit in ways that would create opportunities for connection and nurture relationships. They borrowed a "speed dating" process from their own fellowship experience. They encouraged people to sit with folks they didn't know. They sent out a survey in advance to ask attendees who they wanted to meet at the summit and they created opportunities for this to happen. They paid attention to learning, using what one observer described as a "back seat approach, providing different ways to learn and share, like case studies, and allowing participants to nurture each other." When fellows embarked upon this project, they wanted it to make a difference and they wanted to have fun along the way. Their fun was contagious and helped to make the summit an event that people wanted to attend.

As to their primary objective of building relationships, Team Two did not leave their assessment of success to guesswork. They administered a Social Network Analysis survey to participants before and after the event to collect hard data about the changes to degree of sharing and collaboration among participants who attended the events. In the maps reproduced below, each box represents an individual and the lines that connect the boxes indicate a collaborative relationship. You can see in the post-event map that the density of lines (and amount of collaboration) has significantly increased, indicating that the fellows solidly accomplished their immediate objective.

Current Collaboration – Pre-event



Future Collaboration – Post Event



The Benefits of the Project and Long-Term Potential:

Better Care:

Of course fellows were most interested in whether new relationships among Care Coordinators would result in better care. The stories that they have compiled over the year since the Summit are indeed encouraging.

- “I have been in my position for 15 years and I thought I knew what was going on in the county but I didn’t. We are a resource for a lot of people and now we have more resources and references for people.”
- “As an individual who is constantly trying to find resources for people, I can say that after the Summit I knew where they were. I feel that I can get people the services they need so they are getting improved quality of care.”
- “You are not calling an agency anymore. You are calling a person you know for help.”

As Care Coordinators communicate and reach out to one another they are able to get the services they need and more quickly. One of the summit participants drove this home with a story:

A woman from Gowanda area was seeking care because of an urgent and life threatening health concern. She had enrolled in insurance after an emergency room visit, but it would not become effective for another two weeks. When she reached out to another local physician, she was told that she either had to bring \$110 to the appointment or she couldn’t be seen. Care Coordinators who met at the summit were in contact despite geographic distance. The Care Coordinator met with the patient, assured her that because of the sliding fee scale she would not have a charge for the day’s visit, and got her in to see a midlevel provider immediately. Upon review of the emergency room record as well as the provider’s own exam, an ultrasound was performed and there was a positive finding of unknown origin. The Care Coordinator worked with the medical director to find a surgeon in Buffalo who would take the patient’s pending insurance and got her a visit in short order to see the specialist. The patient underwent surgery just days after her insurance kicked in and the result was benign, which was the best result anyone could have asked for. This person has continued in care and is doing well.

Sustainability and Replication:

The network launched at the summit is being sustained by two participants who ‘have picked up the torch’ and have taken on responsibility for continuing to host bimonthly convenings. One Fellow applied for and received funding from the HFWCNY to replicate the project in Chautauqua County. Team Two and their advisor are all working with the fellow to support the replication.

The Collaborative Process:

As the group of fellows broke off from the larger group for a more private discussion about their team process, one fellow kicked off the session nostalgically looking around the table, “I left the fellowship feeling like I have six new friends and people I want to work with. No tender spots. I missed you guys. I really did.”

They were amused as they described the rabbit holes they went down in the early days of the project when they felt the need to accommodate everyone’s suggestions. They recalled that before long, they could have intense conversations (and the pressure of picking a project produced a few) without anyone getting mad at each other. In fact, they were so comfortable, that they shared a good laugh as one fellow remembered the time that an advisor thought two fellows who were teasing each other were having an actual rift.

Team Two acknowledged that the road to a successful project was not completely smooth. Geography was a challenge and in the words of one fellow, “you can’t ignore the hours and hours of driving that it took for the group to get together.” For people who were already over scheduled and extremely busy, this made scheduling quite a challenge. Another fellow described the ambiguity of the project assignment, unleashing a lively discussion about whether that was intentionally included in the HLF program design to create discomfort and learning. The otherwise agreeable group diverged on these issues: Was the ambiguity a good and necessary part of the project? Was it necessary to be face-to-face monthly to be fully present and build relationships?

Through the challenges, relationships were the glue that held the team fast. “Almost all of us at one point in time said, ‘I don’t know what I would do if it weren’t for the team.’” Most of the team members experienced life events that took them out of commission, illnesses, marriages, and babies. When that happened, others stepped up and had each other’s backs. The team advisor appreciated their team dynamic, “They used humor to get through challenges. They laughed a lot. They just dealt with it and shared the responsibility. They did that all the way through. They took ownership.”

In addition to developing strong relationships and clear alignment, when they gelled on a project, the team paid attention to each other’s leadership. One fellow shared with the group her surprise when she found herself feeling sad as she drove off from the summit after weeks of thinking she could not wait for it to be over. She realized that there was a final chapter she was missing, the chance to revisit their leadership goals and ask each other how they had done. This was not a group inclined to leave any members’ needs unaddressed. It became quickly apparent that the fellows were tuned into each other and had been noticing each other’s progress towards making their goals. One fellow turned to another and said, “I know you wanted to communicate better. I have noticed you communicate better and actively share.” The group supported each other in learning and learned from each other.

“They used humor to get through challenges. They laughed a lot. They just dealt with it and shared the responsibility. They did that all the way through. They took ownership.”



Summary Observations and Reflections

- **Application of Framework Tools:**

Fellows drew on methodologies and approaches introduced to them in the program, e.g. the importance of relationships, speed dating, the power of networks, creating spaces for engagement away from work. They took an example of an approach that worked in a different context and adapted it.

- **Defining and Measuring Success:**

The team had a clear purpose with concrete measures of success. By using a Social Network Analysis, Team Two was able to collect and visually represent data that showed a significant increase in communication.

- **Focus on Improving Health Outcomes:**

The fellows had a strong commitment to applying the fellowship training to a project that would improve health outcomes for rural residents of Cattaraugus County and they were strategic about selecting a project with potential for replication.

- **Benefits to Residents of Cattaraugus County:**

There are early stories of Care Coordinators tapping into new relationships formed during the Summit to help their clients get the care they need, and in a timely way.

- **Managing Project Demands:**

The team had distance challenges to cope with and many members of the team experienced life events that limited their participation for short periods of time. The team paid attention to relationships and covered for one another without losing sight of their project, and emerged with a successful project and deep friendships. The team was unable to say whether their easy dynamic was luck, with the right combination of people, or specific teamwork skills. There was some discussion though not consensus about whether there would be ways to mitigate stressful time challenges by revisiting the requirements for monthly face to face meetings.

A Project to Coordinate Buffalo's Asthma Efforts



The conference room of the Tower Foundation was buzzing as a dozen people grabbed lunch and took a seat at the large polished dark wood table. A diverse group of men and women were assembling from non-profit organizations, foundations, a network of community health workers, a community health center, county mental health services and academia

At the center of the good-natured ribbing and catching up were six of the seven members of Team One from Cohort IV of the Health Leadership Fellows program. They were there with advisors and people close to their work to tell the story of their team's project, "Coordinating Buffalo's Asthma Efforts," during a site visit conducted by the evaluators for Cohort Four of the HLF program.

The Problem:

Lots of Solutions and No One Solution

Team One chose to tackle the astonishingly high rates of asthma among children in Buffalo. One in four high school students and one in five middle school students in Buffalo have reported being diagnosed with asthma. The team identified asthma as low hanging fruit because asthma is treatable and because there was a lot of work going on to reduce asthma-related emergency room visits.

The team began by first investigating the problem through a review of current research and stakeholder interviews. They were employing a Results Based Accountability Approach to understanding the baseline data and then the story behind the problem. The problem was multi-layered and the story complex. In the words of one fellow, "It was overwhelming! There were so many factors that have been identified that are contributing to the problem; parents who can't get time off of work to take their kids to appointments, mold in houses, no inhaler spacers in school, lack of access to primary care." Another fellow explained that there were a lot of good things being done that remained bucketed in silos so that while these efforts might be making a difference in one school or one patient education program; the results were not adding up. One of the participants chimed in with a descriptive punch line, "There were lots of solutions but no one solution."

There was plenty of research and more than one report that talked about 'the one thing' that would make a significant difference, to bring the full spectrum of people working on the issue and affected by asthma to the table. It became clear that it is not enough to put out a report telling people what they should do or what needed to happen because in the teams assessment the recommendations were not being comprehensively implemented.. The idea needs a champion. A report won't have impact if no one takes action. Team One stepped up to that challenge and became champions for a Community Solutions Approach to bringing people working on asthma to the table.

Asthma in Buffalo



1 in 4
high school
students



1 in 5
middle school
students



The Project:

The Champions for a Community of Solution

The Approach:

Team One set out to implement a Community of Solution approach that they had been introduced to during the HLF program. One of the fellows pulled out his phone and googled the term to explain that the idea that has been around since 1967 as a way to address fragmentation throughout a system and improve health care through whole patient-centered, community-based, multi-professional approaches.

Members of the Coordinating Asthma Efforts team were humble champions; well aware of the immensity of the problem and the need to be strategic if they, as six individuals, were to have a meaningful and lasting impact. They wanted to bring a broad group of stakeholders together, they wanted to make sure that community has a strong voice at the table and they wanted their efforts to be sustainable. They realized they did not have to start from scratch in trying to find a place where people could come together.

The team decided to work with the Asthma Coalition and tap into their own diverse connections to help the coalition extend their ties into the community. The team saw that they could have a more lasting impact by working with an existing coalition that would continue beyond the six-month cycle of their project.

Early in their Community of Solutions work, Team One put a strong stake in the ground around the importance of community-driven solutions. “We want solutions to come from the community and we are facilitating a way for that to happen.” Building on that, another fellow added, “We have become highly professionalized in doing things to people instead of engaging them in their own solutions.” Team One understood that solutions need to be anchored in the specific context of each community. For example, is there a physician shortage, is the community near a toxic site, does the school in this community have an asthma plan?

What They Did:

In addition to their research and stakeholder interviews, the team held two focus groups at a neighborhood community center: one where parents were invited to share their experiences and ideas about the problems of asthma in their community; and another with children. The team worked to make the meeting welcoming and offered dinner, childcare and gift cards. Two weeks later after they had had an opportunity to synthesize their findings, the fellows hosted a Community of Solution lunch to share what they were learning and elicit more ideas about possible solutions and to expand ownership of the problem.

In the six months since the program ended, the Fellows have helped to organize two additional meetings, one in June and another in August. They also submitted a proposal for additional support from the foundation to help sustain outreach work they began. The availability of a small grants program to provide continued support to the fellows project is a unique feature of the Health Leadership Fellows program that Team One put to good use. A grant from the HFWCNY has been awarded to the Asthma Coalition and fellows have organized another meeting scheduled for February 25. They are committed to supporting this effort and the funds will make it possible for the Asthma Coalition to hire an intern.



**“We want solutions
to come from the
community and we are
facilitating a way for
that to happen.”**

The Benefits of the Project and Long-Term Potential:

Asthma Finds Widespread Support, Breathe Easier Today!

Fellows have made a commitment to continuing this work with the Asthma Coalition to nurture a smooth transition of leadership over the Community of Solutions Process until it is institutionalized as part of the coalition's approach to its work. One fellow from the team expanded on the value of the grants program, "it does not have to be a big grant to signal important support from the foundation and to leverage interest." The Asthma Coalition released its strategic plan for 2015 and fellows were happy to see that it mirrored the findings of their work. The coalition Director was eager to work with fellows and saw the opportunity to advance mutual goals together. The evaluator spoke with the coalition Director in early 2016 to understand how that early enthusiasm played out over 2015 after the fellows had completed their program.

Jenn Sullivan, Executive Director of the Asthma Coalition confirmed all that fellows said about Erie County with its disproportionately high rates of Asthma and felt fortunate that HFWCNY has a strong focus on the health of children that made asthma a good choice for a team project. In Jenn's words, the support from Team One, "could not have come at a more opportune time because of where they as a coalition were at in terms of building relationships.

Being able to tap the networks that the folks from the cohort bring to build broader support in the community is essential and work that we would not have been able to take on because their dollars were allocated to specific projects. The fellows continuing to offer support and the availability of flexible funding support makes a difference in the capacity of the Asthma Coalition's capacity to integrate a Community of Solution approach. This means bringing more stakeholders to the table who care about Asthma and ultimately bringing more attention to the problem of Asthma in Erie County."

When fellows had the opportunity to offer headlines for their most significant change they converged quickly. One person jumped right after another leading with, "I should go next because my headline builds on that." The headlines speak for themselves: People from Different Sectors Actually Talking to Each Other; All Stakeholder (including those directly impacted) Being Included and Co-Producing Solutions; Asthma: The Community Needed to Address Serious Problem; Stakeholders Commit to Working Together; Local Organizers Join to Improve the Lives of Children.

The 'champions' experienced first hand the power of putting the recommendations to work and got a taste of what can happen when people bring their ideas, energy and resources together to tackle the problem they all care deeply about. One fellow brought it home with her aspirational headline, "Asthma Finds Widespread Support, Breathe Easier Today."



The Collaborative Process:

Diversity Is a Beautiful Weave of Different Parts That Come Together as a Whole

There was a lot of playful groaning and eye rolling when Team One sat down together to talk about their own collaboration. A common refrain in the HLF program about collaboration was ‘if it isn’t painful it’s not collaboration.’ Team One worked hard and had their share of pain points. As one member explained, “We expected it to not be easy. I have worked with difficult groups before but this was particularly challenging. It was a very difficult process to work through, but extremely valuable.”

Group Norms

Some of the early challenges were technical, including the basic housekeeping that has to be done to coordinate scheduling, figure out platforms, and make sure notes are taken among seven very busy individuals. Fellows were taking on the additional responsibilities of the fellowship project and nothing was being offloaded from their already full plates. There was not a commitment from supervisors to create time and early on there were not clear expectations within the group about priorities and making time in full schedules for the project meetings. Meetings were being scheduled and cancelled when someone could not attend. Without consistency in participation, decisions did not have traction and frustration grew. It was a wake up call. Exasperation was mounting and the Team One Advisor sat down with the group and told them they were dysfunctional. They needed to develop group rules and group norms and learn to enforce them.

Building Trust Relationships

The team also had to find its rhythm with process. One fellow described it as getting stuck on the culture stuff of checking in. People would rush into the meeting saying that they only had an hour to meet and then 45 minutes later the group would still be doing check ins. The same fellow was probably only partly joking when demonstrating how mention of one person’s vacation during check in sparked tangents about everyone’s favorite vacation. Joking aside, the fellows were trying to balance taking time to learn about each other as people and build trust, with the need to get the work done. Fellows brought different organizational cultures and sensibilities to the process. One fellow expressed his surprise about the role of vulnerability. When one fellow bemoaned check ins, saying that they were becoming therapy sessions, another defended time for relationship building explaining that hearing each other’s stories gave perspective if you listened for meaning and went beyond the conversation to connect around experience, life and work.

Selecting the Project

Trying to find the right project for a very diverse group of people was a source of stress. The team rose to the challenge of finding a meaningful project by identifying the values that were most important to them and that could serve as criteria. They wanted to do a project that allowed community voices to be heard, that would help people feel less isolated, and that would help people feel more empowered and independent.

They wanted to have a big impact. The team also knew that they wanted a project that could develop legs and continue. They did not want to do another research project that did not get implemented or just pick a project that fit the six-month project time frame if it did not have a benefit. The team picked asthma because it is a significant problem that is treatable and because they believed the Asthma Coalition could be strengthened through their efforts to make more progress on the issues thwarting progress by building strong community ownership.

Coalescing as a Team

As an early assignment, the team talked about the Myers Briggs and Firo B personal assessments that each fellow completed during the program and how they might use that information to understand how they worked as part of a team and what they brought to the team. In hindsight, several of the fellows felt that they did not flesh it out or understand the assessment tools well enough to answer these questions. They had to learn a lot about group process as the team had to learn to manage boundaries and structures in the group. In the end, the team did come together with a passion and commitment for their project. They speak with ease now about how they used to storm off and storm back. “We had the scrappiness that comes from caring. We all got beat up at times and we all hugged.”

One of the site visit participants, who was not a member of the team but observed their collaborative work was impressed by how well they worked as a team tapping one another in different roles that played to individual strengths. “Their (project team) sophistication around implementation is very helpful. They are social scientists. Some people on the team will have strengths in evidence based practice and others know how to manage inner dynamics. It’s a leadership challenge to know who brings what value to the team.” (Team observer)

The Team as a Microcosm

People remain fragmented because it’s hard to build trust relationships that can bridge diverse perspectives and silos. People are eager to get to action and not inclined to step back and commit the needed time to building relationships. The team chuckled affirmatively when one member said, “I had a hard time stepping back. If a kid has a problem I want to help him today.”

The team understood that the work that they were doing as a team was fertile ground for understanding and informing the work that needed to occur among the diverse stakeholders who all hold a piece of the problem and solution to the asthma problem in Buffalo. The team advisor poetically elucidated this, “Diversity is a beautiful weave of different parts that come together as a whole. But, way up stream from that, diversity is disconnected, not trusting, and fragmented. This team moved along the process to lead a beautiful weave. The same thing has happened with this initiative. To get that beautiful weave takes a lot of work.”

“Diversity is a beautiful weave of different parts that come together as a whole. This team moved along the process to lead a beautiful weave”

Summary Observations and Reflections

- **Application of Tools:**

The fellows drew on methodologies and approaches introduced to them in the program: The team successfully used both the Results Based Accountability Framework and the Community of Solutions approach in their project.

- **Focus on the Foundation's Target Population:**

The fellows had a strong commitment to implementing a project that they believed, based on research, was essential to improving the health of children who are living in poverty in Buffalo and experiencing high rates of asthma.

- **Sustained Benefits to Children:**

While it is understandably still early to say how the Community of Solution approach will be sustained by the Asthma Coalition, the fellows were strategic in selecting a project that could be housed within a sustained coalition. The coalition Executive Director sees the importance of the work begun by fellows and is optimistic about broadening engagement in the work with the continued support of fellows and a grant from HFWCNY for this work.

- **Learning Through Stress and Discomfort:**

The team experienced a lot of early challenges in their formation and processes. They were able to reflect, learn and adapt to continue their project. They were driven by a high commitment to improving outcome for children with asthma.

Group Process:

- The team felt that they would have benefited from more training in group process. They learned a lot from trial and error and wondered if they might have been more effective with group process tools. Some fellows mentioned that they wished they had been more proficient at using the personality preference and feedback assessment tools to understand their team.

Collaboration

- The team drew on one another's strengths to successfully implement their project.

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About Leadership Learning Community

Leadership Learning Community strives to advance a more just and equitable society by transforming the way leadership development work is conceived, conducted and evaluated. We believe that promoting leadership as a process that is more inclusive, networked and collective will have a greater impact in advancing equity.

As part of our core work, we provide members with unparalleled access to resources and networking opportunities. Our members include a diverse group of funders, practitioners and consultants, all of who are engaged in leadership development work.

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