

# HEALTH LEADERSHIP FELLOWS

## EVALUATION FOR CLASS 2007-2009

### AND SUMMARY OF THREE COHORTS



ROBERT L. WILLIAMS, PH.D.  
SENIOR FELLOW, CENTER FOR ETHICS AND CORPORATE RESPONSIBILITY,  
ROBINSON COLLEGE OF BUSINESS, GEORGIA STATE UNIVERSITY  
AND  
SENIOR ASSOCIATE, TRIANGLE ASSOCIATES OF CHAPEL HILL, NC

# Table of Contents

<b>Executive Summary.....</b>	<b>3</b>
<b>Background.....</b>	<b>4</b>
<b>Analysis of Cohort Three Data.....</b>	<b>6</b>
<b>Analysis of Residential Session Data.....</b>	<b>7</b>
<b>Value of Information.....</b>	<b>8</b>
<b>Value of Getting to Know Others.....</b>	<b>10</b>
<b>Value of Coaching.....</b>	<b>12</b>
<b>Faculty Evaluations.....</b>	<b>14</b>
<b>Analysis of Inter-Session and Team Data.....</b>	<b>15</b>
<b>Summary Evaluation.....</b>	<b>19</b>
<b>Key Impact: Systemic.....</b>	<b>19</b>
<b>Key Impact: Individual.....</b>	<b>21</b>
<b>Key Impact: Community and Organization.....</b>	<b>23</b>
<b>Eight Core Goals for Fellowship.....</b>	<b>24</b>

## Executive Summary

### ***Themes across three cohorts and a few differences with Cohort Three***

*As the third and final evaluation of the three cohorts and five years of leadership development, this report will focus on comparative themes across all three cohorts. At the same time, it will highlight a few significant differences or additions from the responses of Cohort Three.*

### ***Greatest change from Cohort One to Cohort Two; some changes idiosyncratic by the composition and “personality” of the cohort***

*Understandably, the evaluations of Cohort One led to several significant changes in the program resulting in many significant positive changes in the evaluations. At the same time, we sense that there remain differences, both positive and negative, in the evaluations that reflect both the composition and “personality” of the different cohorts.*

### ***A successful program based upon a range of short-term indicators which, by inference, will have long-term impact***

*No leadership development program—local, regional or national—has devised a way to measure the full impact of their programs with short-term measures. Based on comparisons to data from similar programs, the Fellows program was successful in three areas that typically infer long-term impact: social networking, developmental feedback to individual leaders, and increasing awareness of larger social and healthcare systems.*

### ***Direct impact on services for children and frail elderly***

*In addition to the personal growth and development for participants, the evaluations of Cohort Three indicate additional direct impact on services to target populations. Similar to the evaluations of Cohort One and Two, Cohort Three participants used new information, relationships, and ideas to improve services during their time in the program.*

### ***Consistent positive feedback for key elements of program***

*Across all cohorts, there were elements of the program which were very positive and viewed by participants as the best parts of the program. Those included new information and ideas, the assessment process, leadership coaching, networking and relationships (in part a result of the time spent working with a team within the cohort), and specific content such as storytelling.*

## Background

### *Similar to evaluations of Cohorts One and Two*

The Health Foundation of Western and Central New York (HFWCNY), formerly the Community Health Foundation of Western and Central New York, began a new leadership development program in 2005 to improve the competencies and networks among leaders of community health and social service organizations. The Foundation made a five-year commitment to the project that would consist of three cohorts of about 30 participants in a multi-session program over 18 months. Triangle Associates, a national consulting firm in health care, foundations, and higher education; the Fanning Institute at the University of Georgia, a research and service institute; and, in the final evaluation, the Center for Ethics and Corporate Responsibility at Georgia State University, a nationally recognized center for leadership and executive development in Atlanta, were asked to combine resources and conduct a summary evaluation of all three cohorts of the Health Leadership Fellows (HLF) program for HFWCNY.



### *Context and goals of the program*



Evaluations for Cohort One and Cohort Two can be found in separate reports given to the Foundation in 2008 and 2010. This report will address specific data from Cohort Three compared to the other cohorts in Section One and the summary evaluation of all three cohorts in Section Two. We are using a similar format for the evaluation of Cohort Three that we used for the first two cohorts for ease of comparison and summary. While the evaluation of Cohorts One and Two provides a point of comparison for the evaluation of Cohort Three, we also assessed the program for Cohort Three on its own merits and based upon the impressions and perceptions of the participants in that cohort.

In creating the program, the HFWCNY tried to reflect the mission, vision and values of the Foundation which...



*“...is committed to improving the quality of health and health care in Western and Central New York, particularly for the frail elderly and children living in communities of poverty. At the core of that commitment is the foundation’s Cation to person-centered care and the development of a community culture which values continuous quality improvement, best practice implementation and organizational collaboration.(Unknown, 2004)*

We also relied upon documents created during the development of the program and interviews with key leaders at the HFWCNY to identify the core goals of the HLF program which we would identify as:

### ***Core goals of the Health Leadership Fellows***

1. Increase the focus on “person-centered” care.
2. Develop a healthcare culture that values continuous quality improvement, learning, and applying best practices and collaboration among organizations.
3. Improve critical skills of leaders in healthcare organizations by providing them with a collaborative learning experience.
4. Apply the core competencies needed to improve health outcomes for frail elders and children in communities of poverty.
5. Focus on skill development in the Institute of Medicine’s 5 key competencies for healthcare in the 21st century.
6. Support a cadre of people who collaboratively influence and encourage integrated systems of care in their communities and initiate individual and collective change on behalf of frail elders and/or children in communities of poverty.
7. Foster care systems that are person-centered and emphasize evidence-based practice, quality-improvement approaches and state-of-the-art informatics.
8. Strengthen relationships with future partners and collaborators for other foundation work.



The last two evaluation reports of Cohort One and Cohort Two briefly outlined some national trends and issues in evaluating leadership programs funded by foundations. We will not repeat that discussion here other than to repeat briefly four principles:

***Basic principles for evaluating leadership development programs***

- (1) no single evaluation provides the total picture;
- (2) short term evaluations rarely reflect the ultimate impact of the program over time;
- (3) comprehensive, long-term evaluations are rarely cost effective and typically are cost prohibitive; and
- (4) leadership and professional development is rarely tied to one activity or program.

**Analysis of Data**

This evaluation is built upon three sets of data. Each group is discussed separately but with comparisons or links to other data, especially where different data strengthen conclusions or observations. The three groups of data are:

***Three sources of data from which we built the evaluation***

- 1) Four residential session evaluations completed by participants.
- 2) Assessment of intersession team activities.
- 3) Team advisor assessment of participants development.
- 4) Individual interviews with Fellows and supervisors of Fellows.

Cohort Three had 38 Fellows, the largest number of Fellows in any one cohort. There were 30 women and 8 men, the largest difference in gender of any of the three cohorts. (Based on brief demographics gathered during the interviews, we also sense this was the most experienced—and perhaps oldest average age—of the three cohorts.)

While session evaluations, inter-session and final interviews with Fellows, and interviews with supervisors of Fellows were available to all 38 Fellows, the response rate varied greatly across the data collection points. However,

## ***Responses of Fellows and Supervisors***

with the exception of supervisors, we had access to data from an average response rate of almost 90 percent. Of all three cohorts, we found this cohort to be the most difficult with whom to schedule final telephone interviews with both Fellows and their supervisors. After three rounds of scheduling attempts over five months, we had interviewed 76 percent or 29 of the Fellows.

The number of supervisors interviewed was less robust with full interviews of only 18 supervisors. It would be unfair to view supervisors as either uncooperative or avoiding the interview. Our interviewers talked with 27 supervisors—much closer to the number of Fellows interviewed—and nine of them were either not familiar with the Fellows participation in the program or had not supervised the Fellow before, during and after the Fellowship (necessary to answer comparative questions about the impact of the program and changes in behavior of the Fellow). Almost 90 percent of the supervisors we talked with supervised Fellows whom we had interviewed. This was a similar percentage to the earlier cohorts and we found the overlap helpful for interpreting the qualitative data.

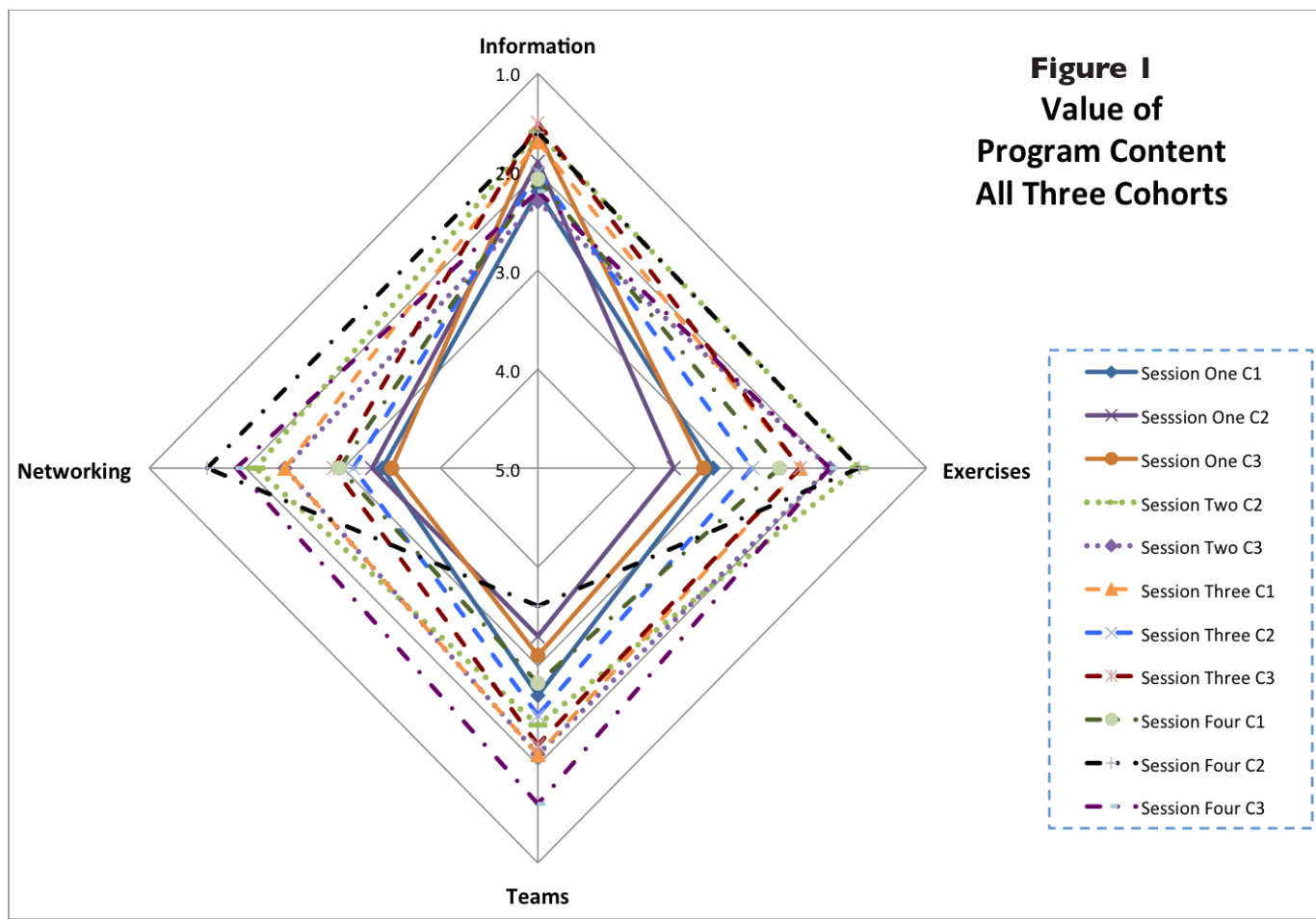
## **Analysis of data from residential sessions**

The response rates for all four of the residential session evaluations were high: typically more than 90 percent of the Fellows participating in that session. The evaluation form was more standardized across all four sessions with Cohorts Two and Three which allows us to more easily compare ratings.

## ***Assessing the value of content of residential sessions***

Evaluations of the four sessions asked Fellows to assess the value of four individual elements of the session. We have summarized the results for all three cohorts in Figure 1 on the next page. The four elements are (1) value of the information in the session; (2) value of group exercises; (3) value of working in teams; and (4) value of getting to know the other Fellows. Respondents were asked to rate the elements in the session that gave the Fellow the most valuable material relative to personal growth as a leader with “1” being most valuable and “5” being “least valuable”.

The ratings in Figure 1 appear as continuous lines connecting the intersection of the mean value score on the four different content areas for each session for each cohort. The legend on the right of Figure 1 shows different



lines for each of the session numbers for each of the cohorts labeled “C1”, “C2”, and “C3. (Items related to the value of program content were inadvertently omitted from the Session Two evaluation for Cohort One.)

### Value of Information

The tightest cluster of ratings for a single value for three cohorts is the “value of the information in the session”. It was also the learning element rated most valuable. We can safely assume from these ratings (supported by the interviews) that the Fellows viewed the program as providing high quality and pertinent information that seemed to stretch or challenge the Fellows as much as the other content areas. In the interviews, Fellows in Cohort Three referred to how much they had learned about the healthcare system and social services in the program. Several of those interviewed thought that the level of knowledge and experience of the Fellows

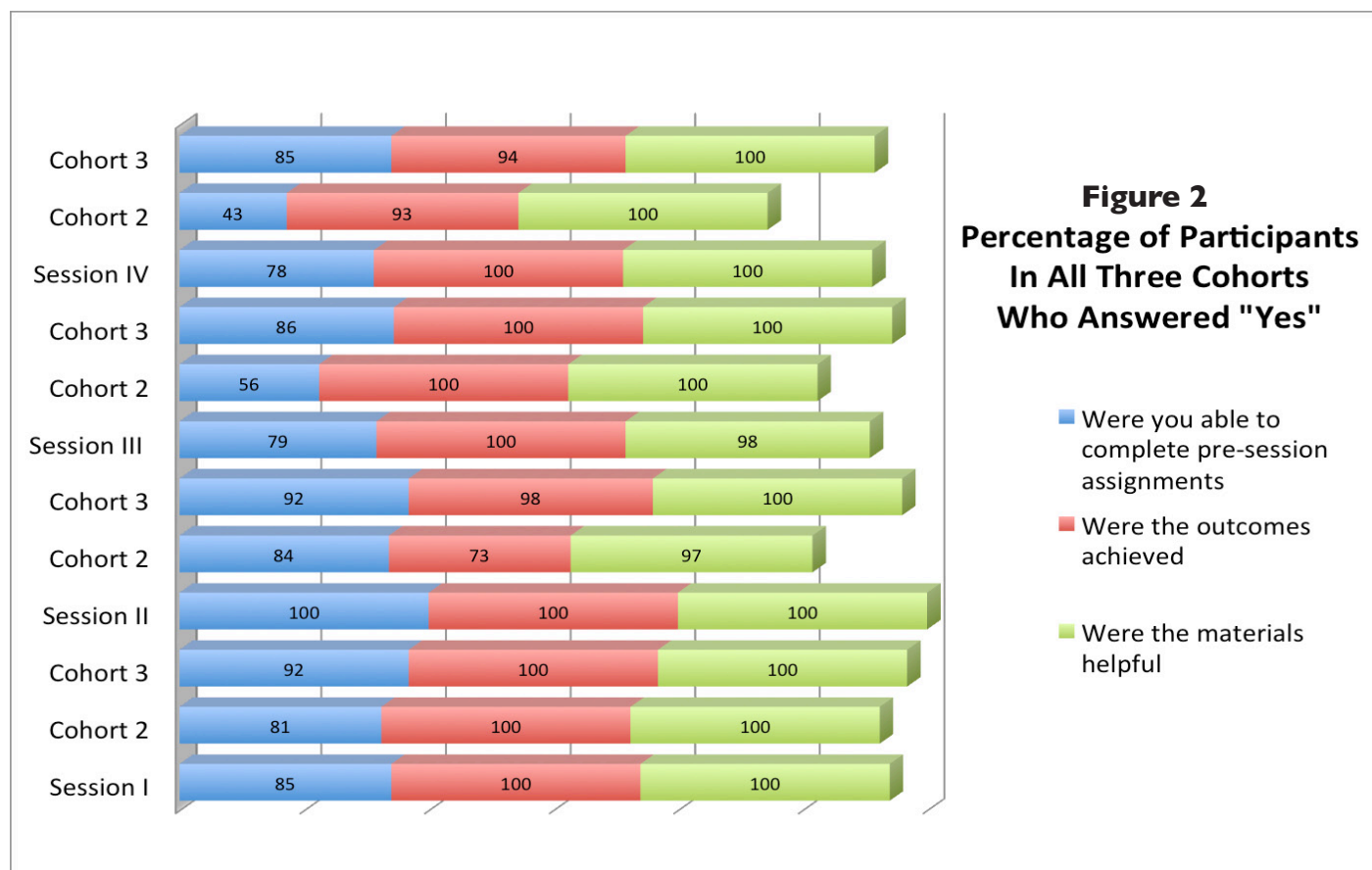
made some of the basic content of the programs unnecessary but overall the information provided was seen as most valuable.

Participants were asked to indicate whether or not they were able to complete pre-session assignments, accomplish the outcomes of those assignments and if the materials were helpful. The data from all three cohorts for those questions is shown on the next page in Figure 2. Each cohort has a horizontal bar for each session: Cohort One data is shown in the horizontal bar next to the name of the session. The number of positive responses seems to indicate a level of learning through both session content and pre-session activities.

Compared to similar leadership development programs, the HLF program demonstrates much better success in getting participants to complete pre-session assignments. According to one Fellow:

*“I found the pre-session work prepared me well for participation in sessions. The organizers of*





*the program did a good job of using the pre-session material to cover the basics and that meant we had more time in session for discussions of more complex issues.”*

*“The work with my team between sessions was a high point of the program for my. None of my teammates were in the same type of organizations or even doing the same kind of work and that turned out to be one of the most positive aspects of the team. We worked at understanding the role each team member and each of their organizations played in health care and how we could compliment or collaborate more effectively. We had more time during team meetings to explore those connections than we did in the general meetings.”*

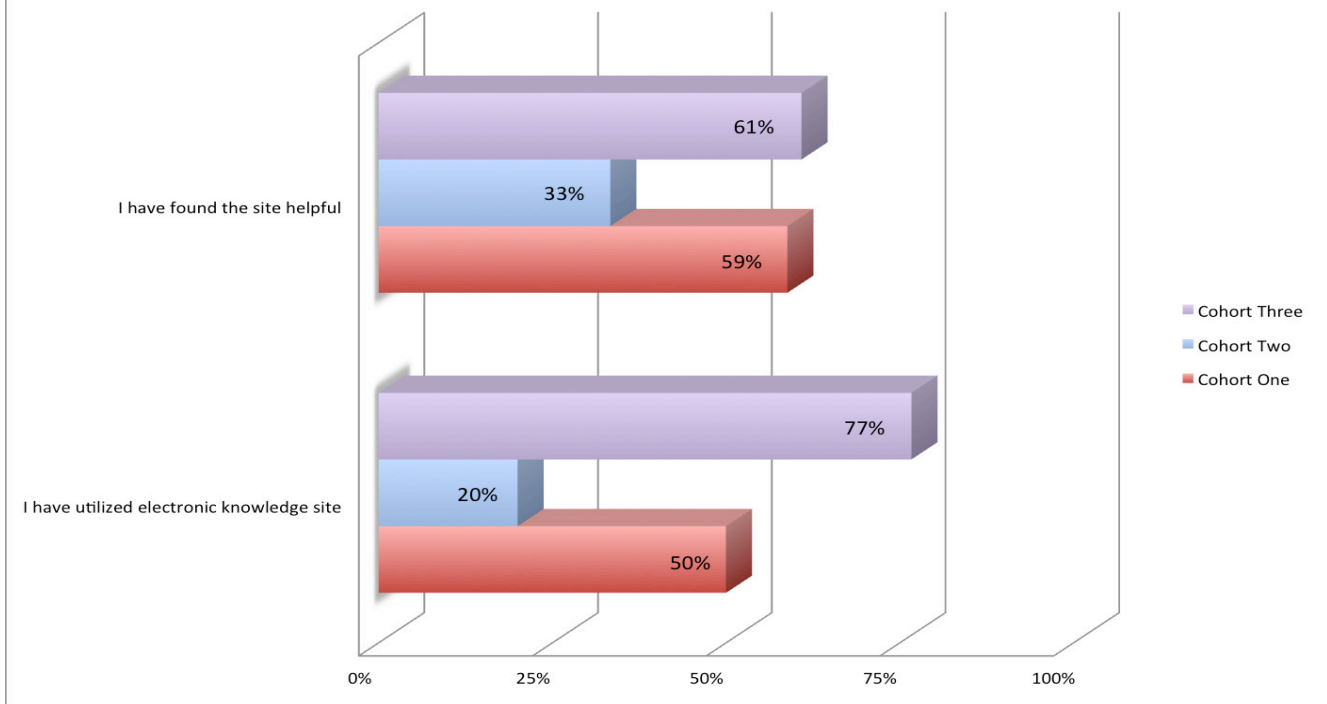
*A Fellow*

This comment, and others like it from the interviews, is reflected in the level of agreement expressed by respondents in the green segment of the bars in Figure 2 above that ranged from 97 to 100 percent agreement that the pre-session materials were helpful.

Cohort Two had the lowest level of agreement for completing the assignments and for achieving the outcomes of the assignments (the blue and red segments), especially for Sessions III and IV. That may be explained by a couple of comments in the interviews that thought the information on pre-session assignments came too close to the date of the sessions and Fellows did not have sufficient time to complete.

The other source of information for the Fellows was a web-based “knowledge site”. Figure 3 on the next page shows the percentage of Fellows in each Cohort who used the electronic knowledge site and, among those who used it, the percentage who found it helpful. Cohort Two, the blue bar, reported significantly less use of the site and, among those who did

**Figure 3: Use of Electronic Knowledge Site--All Cohorts**



*“Maybe it was because there were so many women in the Fellowship but I think it really helped us build and use relationships. As one of the few men in the program, I was struck by the ease with which the women built professional relationships. In more male-dominated programs, I think we focused more on technical and procedural issues. I learned as much from watching and listening to other Fellows, especially the different styles of the women.”*

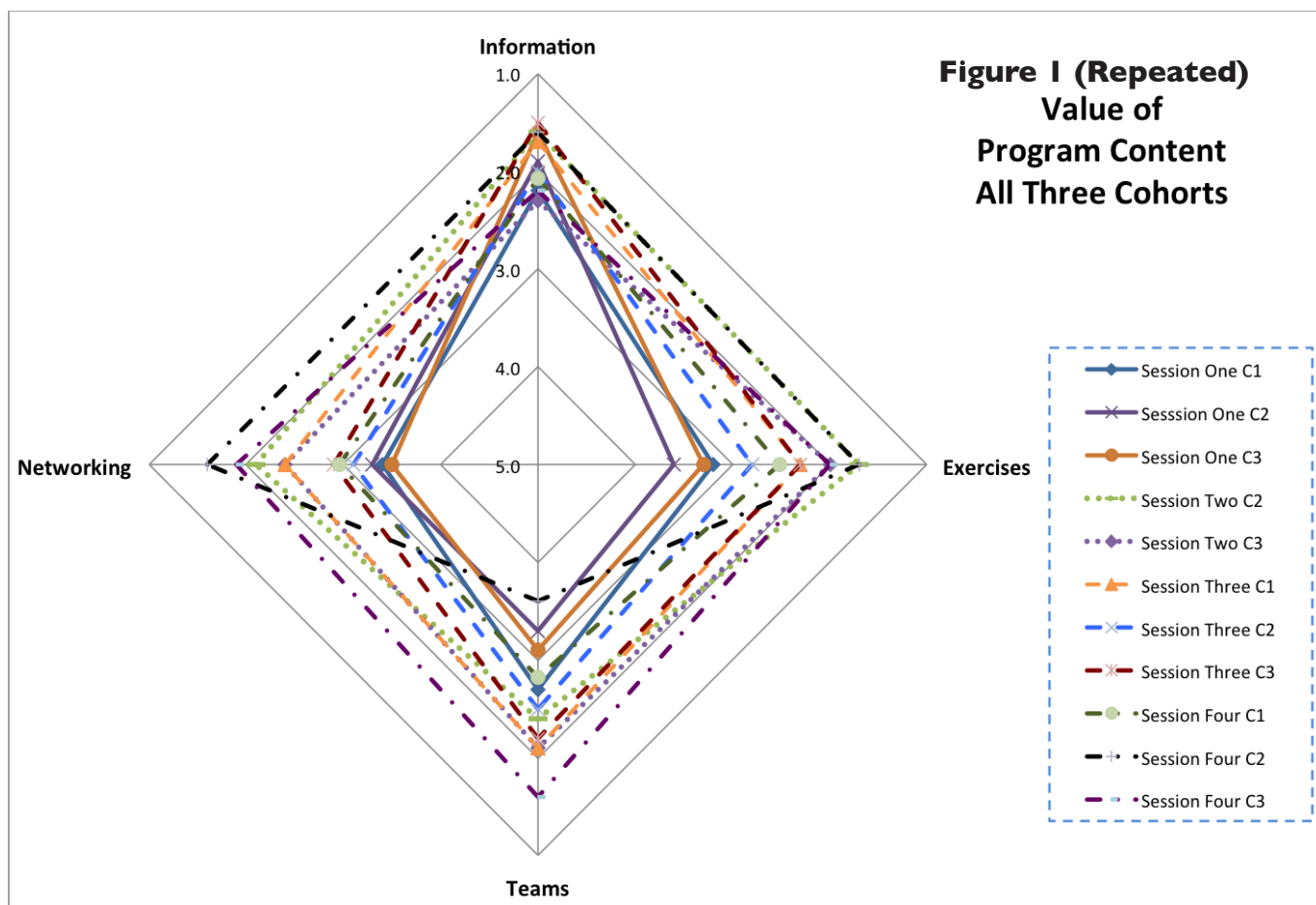
*A Fellow*

use it, a significantly lower percentage indicated that they found the site helpful. According to the staff of HFWCNY, the site was not altered in any significant way from Cohort One to Cohort Two to Cohort Three nor were there any obvious changes in program content that would have changed the purpose and content of the knowledge site. Interviews with the Fellows did not indicate any common reason for the significant drop in usage in Cohort Two. The evaluation report done for Cohort Two pointed to several possible explanations and interviews with Cohort Three Fellows does not provide any additional insight. We will remain with our earlier observations that of all the resources provided to participants in leadership development programs, the one most consistently under-utilized in our experience are static resources such as websites and background readings. One Fellow in Cohort Two summed up the conflict for time and ability to use program resources this way:

*“As much opportunity as the Fellowship provided, I still had a job, a family and a community expecting some of my time. I never used all the resources of the Fellowship.”*

### **Value of Getting to Know Others, Working in Teams and Group Exercises**

While the value of information as reflected in Figure 1, repeated on the next page, got the most consistently high value ratings, the value of getting to know other Fellows, the value



*“The most immediate of the Fellowship on our organization was in terms of connecting our organization to others with related interests but with whom we had not previously collaborated. I can think of a grant proposal and advocacy for a change in state policy that would not have been successful without the relationships (a Fellow) built during the program.”*

*A Supervisor*

of working in teams, and the value of group exercises were also highly valued by all three cohorts. There were slightly lower scores in these content areas in Cohort One. The ratings were better in Cohort Two and Three after changes were made in program design and faculty.

Based upon the interviews with both Cohorts Two and Three, the increase in value for team work during sessions for Cohort Three over Cohort Two may reflect different—and more positive—interpersonal dynamics in the teams in Cohort Three. The value of group exercises had a collected mean score of 2.6 for all cohorts across all sessions. Based on interviews, the group exercises were more important in Session I in all three years where they received a 3.2 value score.

All three cohorts gave “the value of getting to know other Fellows” the lower ratings in Session One but that learning element got better and better value ratings as the sessions progressed. The interviews with Fellows in all cohorts suggest a couple possible explanations: (1) that upon first meeting each other, the value of deeper exchanges would not be appar-

*“I have never had any formal leadership or management coaching prior to the Fellows program. It was more than just help on interpreting my feedback. My coach helped me develop a personal and professional development plan and twice during the Fellowship helped me with issues in my organization.”*

*A Fellow*

*“(Our Fellow) came to me shortly after the initial session and described the role of the coaches. I agreed to participate in a conference call with (our Fellow) and the coach and I found the experience highly informative and very, very professional. I saw (our Fellow) using the coach several times during the two years and, truthfully, I thinking getting an outside perspective on personnel and organizational issues significantly improved (our Fellow’s) management and leadership.”*

*A Supervisor*

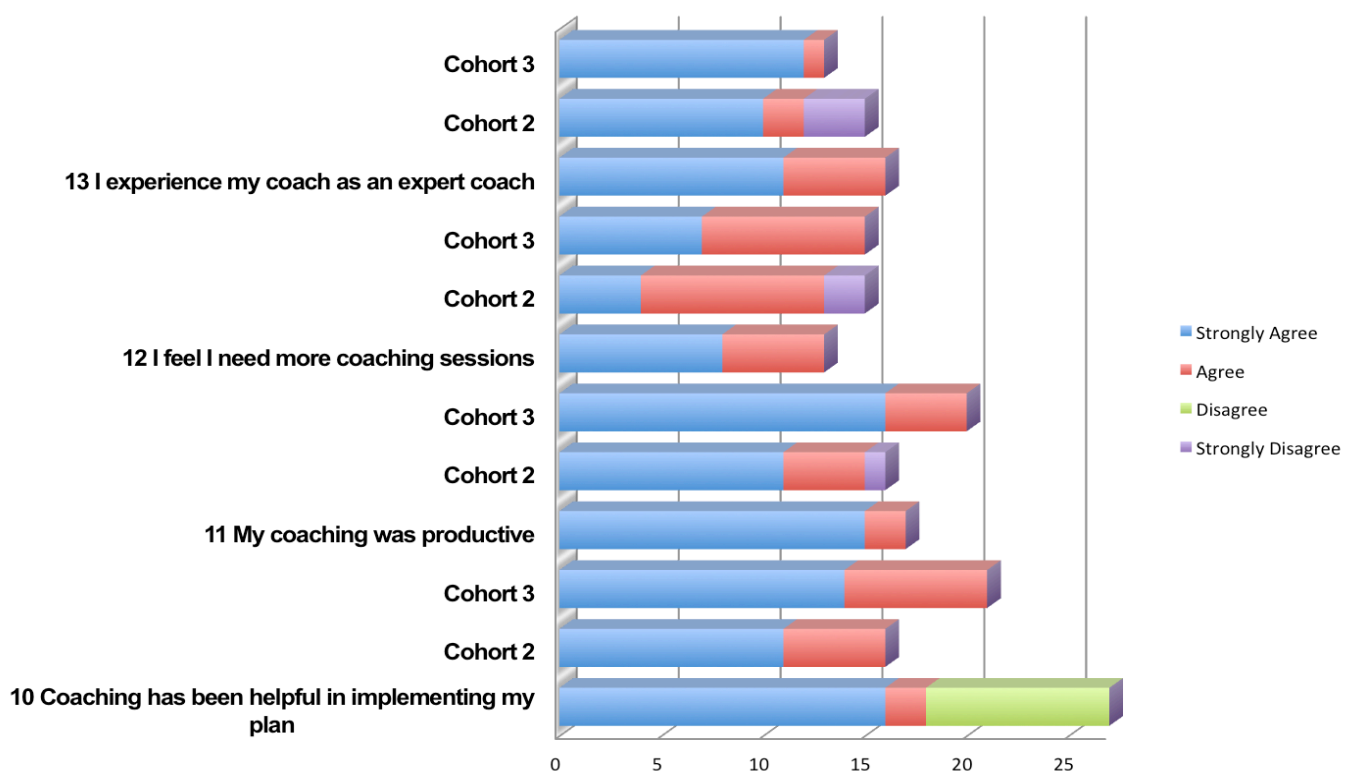
ent to participants until later in the program and (2) the focus in Session I with individual assessment may have resulted in participants being more self-absorbed in Session I. Again, interviews suggest that most of the Fellows did not know each other well and one of the goals of the program was to strengthen the network of leaders in the area.

Interviews with both Fellows and supervisors of Fellows in Cohort Three underscored the value of networking and working in teams. Almost half of those we interviewed pointed to the work done with teams as having a noticeable and immediate impact on the Fellow and the Fellow’s organization. In most cases, the interviews described more collaboration or networking as a result of the work in teams, often focused on a particular issue or problem in the services provided to children and frail elderly in Western and Central New York.

## Value of Coaching

Coaching, in all leadership development programs or processes, is very much dependent upon the fit between coach and participant. For example, one

**Figure 4: Coaching Evaluations for All Three Cohorts**



*“My coach did not seem to understand the realities of my organization and leadership challenges I face. I think my experience was different from other Fellows but I think they were more focused on personal development and I was more focused on organizational issues.”*

*A Fellow*

*“I realized that the quality of coaching is equal parts ability of the coach and receptivity of ‘coachee’. I was not a very good ‘coachee’ in the beginning and my coach pointed that out in a very helpful manner. When I complained to a co-worker about the feedback, my co-worker said it was true and gave examples of how I had resisted feedback at work. ‘Seems like you are resisting feedback about resisting feedback.’ said my co-worker.”*

*A Fellow*

Fellow interviewed seemed to appreciate the talents of his coach but knew from the beginning that there was just some difference in style or personality that was not working. Overall, the coaching phase of the Fellowship continued to be as strong learning element in Cohort Three.

Figure 4 on the previous page shows more specific feedback on the quality of coaching. By far, across all cohorts, one of the most valuable parts of the program was the availability of professional leadership coaches who were available both in the initial session and then for conference calls.

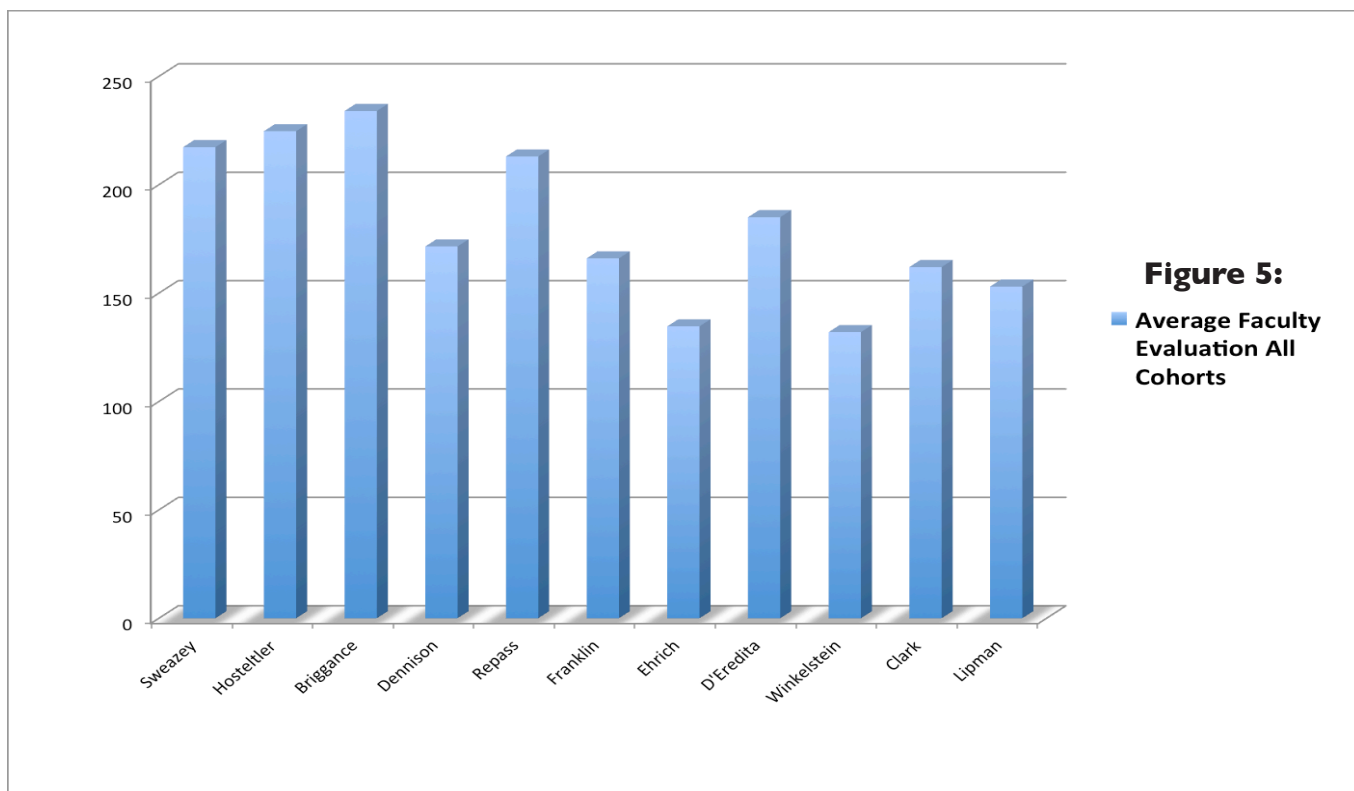
Participants were asked to indicate the level of agreement—from strongly agree to strongly disagree—on a four point scale. In Figure 4, the responses from the three cohorts are shown as horizontal bars with four different color segments. The length of the blue segment of the bar indicates the number of respondents “strongly agreeing” with the statement. Red segments indicate the number “agreeing”; green segments indicate the number “disagreeing”; and the purple bars indicate the number “strongly disagreeing”. (Responses from Cohort One are shown in the bar next to the statement being rated.)

Because the bars show frequency of response, the length of the bar or any colored segment is influenced by the number of respondents. For example, Cohort One had more than a 90 percent response rate to the statement “Coaching has been helpful in implementing my plan”. Fifteen “strongly agreed” to that item in Cohort One, two “agreed” and nine “disagreed”. That is the strongest level of disagreement or negative feedback for all cohorts and all items. About 20 percent of the respondents in Cohort Two “strongly disagreed” with the statement “I experience my coach as an expert coach.”

Other than the response by Cohort One as to the helpfulness of the coaches in implementing the Fellows plan, all other responses were between 75 and 100 percent either “strongly agree” and “agree” to the four statement.

Interviews with Fellows and supervisors of Fellows for Cohort Three further amplifies the importance of the coaching resource for this program. In the words





*“The presenters and coaches were very professional and experts in their fields. Having access to them during, after and between sessions and the small size of the cohort provided additional learning opportunities that most of the professional development programs I attend don’t provide.”*

*A Fellow*

of one Fellow:

*“There were times during the Fellowship when having access to a coach made a difference in my ability to create a development plan and make progress. This was my first experience with a leadership development program and I think that executive coaching made all the difference in terms my personal development.”*

### Faculty Evaluations

In addition to evaluations of the content, pre-session working and coaching, Fellows were also asked to rate the faculty. Figure 5 above shows an average rating for all faculty across the three cohorts. The faculty rated highest (above 175) taught all three cohorts and were often mentioned positively in the interviews with Fellows. Those averaging below 150 taught only Cohort One and were not invited back. Those who averaged between 150 and 175 were given feedback by staff and given a chance to improve their presentations in Cohort Two. Two did and presented to all three cohorts.

*“I describe myself as an introvert and I always contribute more and feel more comfortable in smaller groups. Given the large size of our cohort and the number of very extroverted and outgoing Fellows, I did not say much during most sessions. That’s why I appreciated the team meetings so much. I got to know Fellows in my team better than the other Fellows and thought our discussions in team meetings were more open and honest.”*

*A Fellow*

*“I know the Foundation had specific tasks for the teams and I don’t really think that we needed another project given how busy we already are but I found the team meetings had other benefits. It was in team meetings that we did more problem solving and idea generation unrelated to our project. That was a huge benefit for me and had direct application to work I was doing.”*

*A Fellow*

Given the faculty ratings, the very high rating on the value of the information presented in the program and comments in the interviews, the program enjoyed a very high caliber of faculty, many of them with national reputations and many years of experience with leadership development programs. The program also provided continuity in faculty across sessions and across cohorts which we believe increased the faculty’s understanding of the goals of the program and the needs of the Fellows.

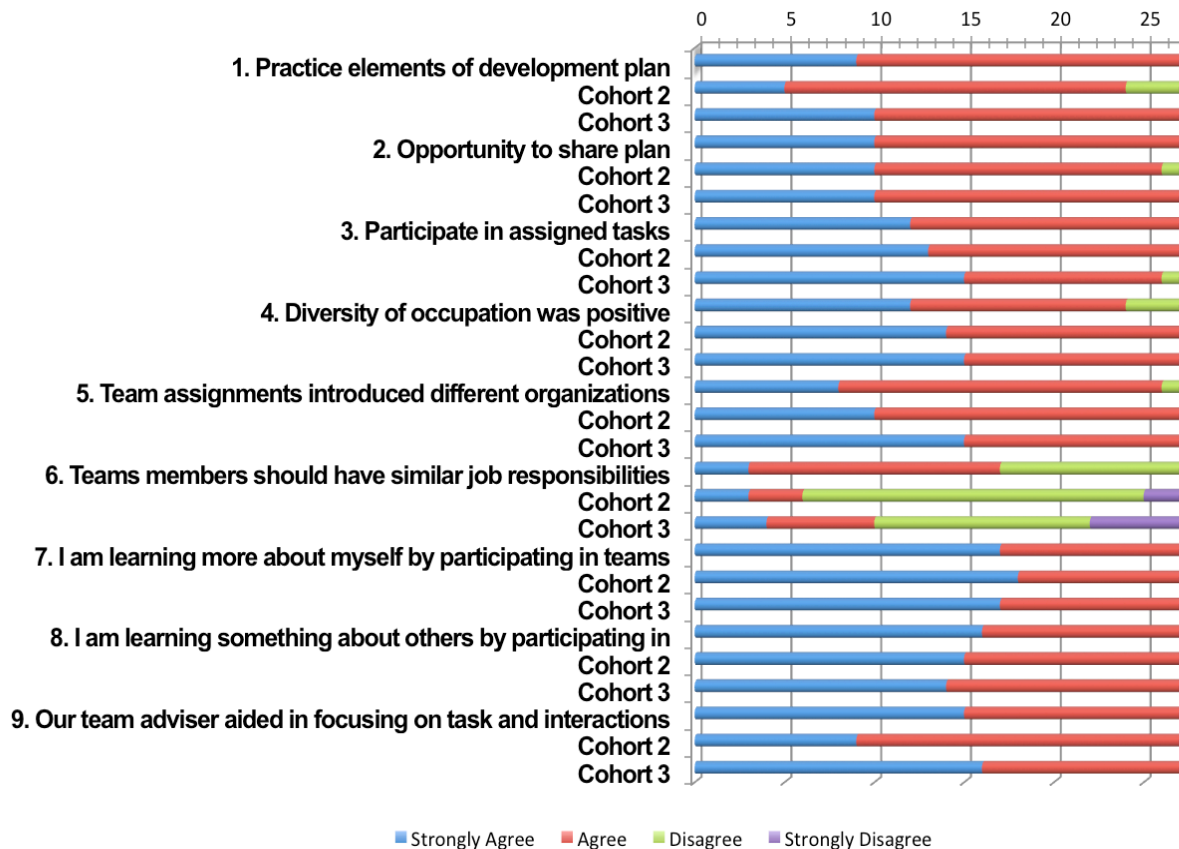
## **Inter-session Team Evaluation**

To better track the progress of each cohort and the program itself, HFWCNY staff conducted evaluations and interviews with Fellows related to the team meetings held between sessions. The data from the team evaluations is shown in Figure 6 on the next page. Each Fellow was asked to indicate the level of agreement—from “strongly agree” to “strongly disagree”—with statements related to the conduct and outcome of the team meetings and activities. (Data from Cohort One is the horizontal bar next to the statement being rated.)

Levels of agreement are shown by the different colored segment of the bar with blue representing “strongly agree”, red representing “agree”, green representing “disagree” and purple representing “strongly disagree”. A quick glance shows high levels of agreement with all statements except item 6: “Team members should have similar job responsibilities”. Less than half of the Fellows in all cohorts agreed with that statement. One of the Fellows interviewed offered a fairly common sentiment:

*“The diversity of team members did not make much sense to me in the beginning but over two years, I increasingly came to seek out members of our team for advice and counsel. They had backgrounds and experiences very different from mine and often had access to resources or came up with suggestions that just were not in my wheelhouse...my expertise...and I don’t think could have been provided by the people I work with daily.”*

**Figure 6: Intersession Evaluations for Cohort One, Two and Three**



*“As an alum of the program, I am being encouraged by Foundation staff to be more involved in work groups at the Foundation and to even consider submitting a grant. I think the potential for the alumni network and for all of us to work on specific projects supported by the Foundation will be a direct outgrowth of the team projects and meetings. I think we were more passive as learners during sessions and more actively engaged in team meetings.”*

*A Fellow*

Similar sentiments from other Fellows interviewed found value in the diversity of the team composition, both in terms of organizations, professional background and roles within the organization. In particular, several Fellows mentioned the range of leadership roles among both team and cohort members. The span of control, levels of responsibility, and size of organizations varied greatly among Fellows. There were CEOs of fairly large health care organizations and executive directors of small non-profits. The Fellows viewed the diversity as a small impediment in Session One where leadership assessments and the resulting conversations and coaching had to cover a very diverse set of leadership roles. However, in later sessions, the diversity of leadership roles and leadership styles needed in different roles became “living case studies,” in the words of one Fellow.

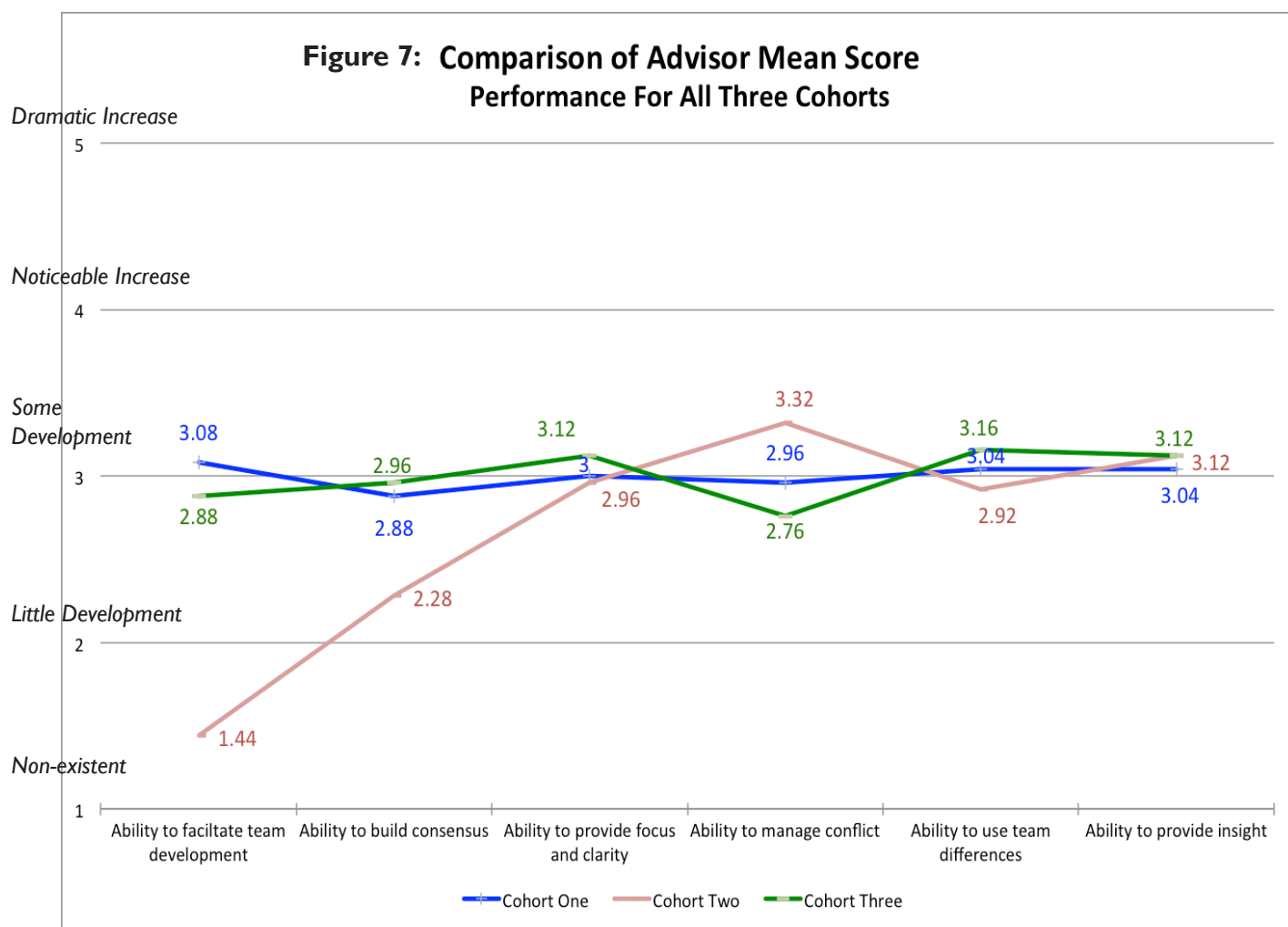
One of the strongest levels of agreement for all cohorts was the statement “I am learning more about myself by participating in teams.” Over half of all the Fellows in three cohorts “strongly agreed” with that statement. When asked about possible reasons

*“The most noticeable change in (our Fellow) was her expanded knowledge of the service providers in New York State. Prior to her participation in the program, her views and decisions were often pretty provincial and very narrowly explored. I am impressed with her growth over the past couple of years.”*

*A Supervisor*

for such a strong level of agreement, several Fellows pointed to: (1) common language about leadership developed during the program, (2) quality and honesty of feedback from team members, (3) ability to focus on specific personal leadership issues in a safe and open setting, and (4) ability to compare personal perceptions to perceptions and actions of other Fellows. In the words of one of the Fellows interviewed, points of comparison with other Fellows were also helpful in learning what not to do as a leaders:

*“There were times when I could watch my teammates, one in particular, who would try to make a point in a very negative, almost aggressive way. She was not effective. I realized that I had a tendency to do the same thing when I was pressured so it was like watching a videotape of me and I could see where different strategy or choice of words would have been more appropriate.”*



*“It is always hard to be a leader when you are in a group of leaders. I noticed that I behaved differently in our team based on the assumption that everyone else in the room was a better leader than I was. In retrospect, I think all the Fellows were a bit intimidated by the other Fellows and that impacted how much we got done in terms of team meetings and projects.”*

*A Fellow*

*“Our team advisor was very active in the first meeting and then began to back off as the group began to gel. Team members took more responsibility once the project got identified and I never had the sense of one Fellow dominating or leading all the time. Those roles seemed to move from person to person among the team. I think we did a good job managing conflict and view our differences as ways to test ideas and assumptions rather than criticism or personal attacks.”*

*A Fellow*

Figure 7 on the previous page shows the combined mean score for the evaluation of Fellows by the team advisors. The advisors assessed individual Fellows on their team on five abilities: facilitating team development, building consensus, providing focus and clarity, managing conflict, using team differences and providing insight. In Figure 7, Cohort One is the blue line, Cohort Two is red and Cohort Three is green. Fellows were rated on a 5-point scale ranging from “5 dramatic increase” to “1 non-existent”.

The mean score for Cohort Two Fellows on “ability to facilitate team development” and “ability to build consensus” was 20-25 % lower than either Cohort One or Three Fellows. In the evaluation report on Cohort Two, we discussed possible reasons for the lower scores based upon interviews with Fellows and with advisors. The similarity of scores between Cohort One and Three provides additional confirmation that Cohort Two’s lower scores on development in teams was more a reflection on the difference in personalities in the cohorts than a reflection on program structure or advisors’ performance. Notice, also, that Cohort Two got the highest score of any cohort on improvements in performance of the “ability to manage conflict”

(From an evaluation methodology stand point, the wording of the evaluation instrument would tend to dampen performance scores. The evaluation of Fellows by advisors is a comparative score and reflects an appraisal of improvement in performance over a relative short period of time of two years. It also does not account for the level of performance the Fellows displayed in the beginning. Given the competitive nature of selection of Fellows and the average age of the Fellows, most Fellows probably entered with a fairly good or even high demonstrated performance on the five items being measured. The scale used on the assessment is expressed in terms of improvement, not performance, it would be difficult for high performers to show much improvement.)

When interviews of Fellows from Cohort Three are compared with interviews from Cohorts One and Two, we notice more mention by Cohort Three of how the teams became more self-managed during



the two years and how the role of the team advisor was less important over time. There is no evidence of specific changes in team structure or advisor roles with Cohort Three so one possible explanation is that the team advisors had become more proficient in their roles based on experiences with two cohorts and encouraged more self-management by team members.

## Summary Evaluation

To prepare this summary evaluation, we reviewed interviews and surveys from all three cohorts using three key types of general impact of any leadership development program—systemic impact, individual impact and community and organizational impact—and the eight specific core goals of the HLF program:



1. Increase the focus on “person-centered” care.
2. Develop a healthcare culture that values continuous quality improvement, learning, and applying best practices and collaboration among organizations.
3. Improve critical skills of leaders in healthcare organizations by providing them with a collaborative learning experience.
4. Apply the core competencies needed to improve health outcomes for frail elders and children in communities of poverty.
5. Focus on skill development in the Institute of Medicine’s 5 key competencies for healthcare in the 21st century.
6. Support a cadre of people who collaboratively influence and encourage integrated systems of care in their communities and initiate individual and collective change on behalf of frail elders and/or children in communities of poverty.
7. Foster care systems that are person-centered and emphasize evidence-based practice, quality-improvement approaches and state-of-the-art informatics.
8. Strengthen relationships with future partners and collaborators for other foundation work.

## Key Impact: Systemic

The interviews with three cohorts of Fellows and their supervisors provides compelling evidence of the impact of the Fellowship on the larger health and social system in western New York, especially on children in poverty and the frail elderly. Through all three evaluations, we have used three important dimensions of assessing systemic impact. Rather than repeat the discussions in previous reports, we provide a brief summary including all cohorts for each of the three indicators.

**Developing social capital.** Based upon the number of times mentioned in interviews with both supervisors and Fellows, the program seems very successful in creating or improving relationships among those who work in health and social services in Western and Central New York. Systems need large investments in the development of social capital, often described as the bonds of trust and relationship that exist among individuals and communities that support mutual understanding, collaboration, and joint action. We heard about at least 12 new collaborative efforts among Fellows, not counting the team projects.

Supervisors also pointed to new collaborations and new relationships with other providers that came as a direct result of a member of their organization participating in the Fellowship. Some Fellows were more likely to describe the new collaborations in terms of “tasks”, “issues” and “resources” while other Fellows were more likely to describe the collaborations in terms of “relationship”, “common language” and “trust”. The difference in the task perspective of collaboration and the relationship perspective may simply indicate which is of greater value to the individual Fellow.

**Increasing and sustaining leadership in the system.** Both Fellows and supervisors identified that one of the most important parts of the HLF program was that it identified new and emerging leaders and focused on their development. Secondly, many Fellows interviewed thought the recognition, coaching and peer relationships, and leadership techniques were sustaining them in very difficult and often isolated jobs as leaders of small non-profits and community organizations.

Receiving recognition and resources from the HFWCNY has increased their sense of well-being and effectiveness and their commitment to stay in the field. In particular, those interviewed point to the impact of professional coaching on whether or not the Fellow continued in leadership roles.



Repeatedly, across all three cohorts, the data seems to confirm the degree of development the Fellows experienced, both as leaders and as service providers.



### **Creating and disseminating new knowledge.**

All three cohorts, evidenced by both interviews and surveys, benefitted from the information and knowledge in the content of the program, especially in terms of data related to health status and best practices. All cohorts pointed to the value

of the 360-degree assessments as “new information”, “surprising news” and “well documented” and the impact that sort of information had on them in terms of personal change.

One Fellow said that the program “made me realize how little data we have related to health and quality of life and how much we need it to lead change.” Another said “the systematic feedback for the assessments provided such clear and direct information on how people perceive my performance and motivation, I could no longer ignore it or assume it was a skewed or biased perspective of one person.” Interviews of supervisors also praised the impact of new information from the Fellowship on the system, especially in terms of best practices and innovation. “By bringing in national speakers and national concepts, the program gave (our Fellow) ideas that, while they were radical to many in our community, were research-based and proven to work other places similar to our community,” said a supervisor.

### **Key Impact: Individual**

**Assessment and coaching.** In terms of change and development, all those interviewed—and the team advisors’ reports—provide ample evidence that the assessment and coaching aspect of the Fellowship had significant impact on individual Fellows and their personal and professional growth. For most of the Fellows, the Fellowship provided the first opportunity to participate in a 360-degree assessment and to have access to an individual leadership coach. The interviews with supervisors confirmed the Fellows’ self-assessment had led to significant and positive change in the leadership skills of the Fellows. Areas most often changed included: broader, more systemic view of health and human services; how they treat the people they work with; listening more; setting the vision then trusting and equipping people to do the work; better equipped to manage conflict; and a more collaborative leadership style. Less observable but frequently mentioned in the interviews, was the Fellows’ sense

that they had become more self-aware; spent more time in self-reflection, had more self-confidence and saw themselves more objectively.

**Recognition.** It can be said that recognition can go a long way in developing a person. Unfortunately, rather than go a long way, it often goes a short distance: right to the person's head. We find that the recognition factor for Fellows was more of a morale, then an ego, booster. Even though Fellows in all cohorts already seemed to be slightly more experienced and perhaps more visible as leaders, the recognition by the HFWCNY still had a significant impact on their personal self-esteem and confidence and how their organizations and communities viewed them as leaders. The greatest impact of the recognition by the Foundation has been to the leaders in smaller community organizations, those in more rural areas of the state and the younger Fellows. The recognition also had very tangible impacts on the Fellows' organizations and programs: the Fellowship tended to give them more access to resources.

**Building and deepening relationships.** Programmatic design of the Fellowship encouraged greater interaction among the Fellows and the interviews with Fellows and supervisors confirmed that the design worked well. One Fellow said that the "opportunity to develop relationships with other Fellows was the most significant benefit of the program. The team activities and discussions encouraged us to get to really know each other and I think it happened very fast." Almost all the Fellows interviewed said that they were continuing to use those relationships, both in terms of providing better services but also in terms of their individual development. "I no longer have a professional coach, but a couple of the other Fellows have been very helpful when I have needed a sounding board," said one Fellow.



**Learning from workshops and structured experience.** The presence of national experts and proven national models and best practices provided Fellows with access to information that was both new and challenging. As mentioned at other points in all evaluations, we sensed that all cohorts found the workshop sessions more beneficial than the inter-session team activities, with Cohort Two showing the largest gap. That has to be put in the context that it is a relative conclusion in that all cohorts gave almost all the parts of the program high ratings. Interestingly, while many Fellows from all the cohorts referred to the difference in quality among the four sessions, they also pointed out that they learned something in every session and were using materials from almost all the workshops.





**Personal change.** Both supervisors and Fellows mentioned specific instances of personal, rather than professional, change prompted by participation in the HLF program. We make this distinction based upon the demonstrated link between on-the-job performance and satisfaction with personal life such as family relationships, recreation, healthy lifestyles, positive attitudes and the like. Many of those we interviewed

did mention that they anticipate more changes to be noticeable in the future which would match the evaluations of other leadership programs that show that the tendency to see noticeable change is best measured in years rather than months.

### **Key Impact: Community and Organization**

#### **Organization or Community or Both?**

While the interviews with supervisors gave us information on the organizational impact of Fellows during and immediately after the program, somewhat surprisingly the supervisors also described an increase in the Fellows' impact on the community. In fact, it was the supervisors' ability to slide back and forth between community and organization impacts that caused us to notice a relationship between the two. Fellows also noted in their interviews that changes in their leadership seemed to encompass both community and organizational roles and, while one might be more important for one Fellow and the other for another Fellow, almost all Fellows spoke of increasing leadership in both settings.

**Relationships, collaboration, partnerships and networks.** If you accept the basic tenet that all leadership is a social activity requiring the participation of others, then the quality of relationships in all forms—collaborations, partnerships, co-workers, and so on—would be critical to success. Based upon the interviews, we believe that the Fellowship has been successful, even in the short term, in impacting both communities and organizations





and the services they provide through the relationships formed or improved in the program. In particular, according to one Fellow: “I see evidence of the Fellows’ network in almost every regional or statewide meeting I attend and in the number of grant applications, advocacy efforts, and efforts to improve services being done by Fellows and based on friendships formed during the Fellowship.”

**Community and organizational change.** Several Fellows were involved in large scale change activities, either in their organization or community, during or right after the Fellowship. For most, they were able to apply many of the lessons learned in a “living laboratory”, as one Fellow described the program, to both test out new ideas and the Fellow’s ability to lead the change. For those Fellows who participated in such a change process, we sense that they may have experienced more development given the real-life challenge in times of change that require new leadership competencies.

### **Eight Core Goals for the Program**

In the initial planning of the Health Care Fellows program, the staff of the Foundation developed eight core goals for the program. We thought it a fitting close to the evaluation of the program and the experiences of over 100 Fellows to revisit those eight goals.

**Increase the focus on “person-centered” care.** In the words of one Fellow, “In the beginning of my Fellowship, I think I viewed the purpose of the program as improving my leadership and management. During the two years, I came to realize that there were several cross-cutting values that were more about the services and care we delivered and that answered for me the question of ‘leadership for what purpose?’.”



One of the key values mentioned by many Fellows and reinforced through several key content areas in sessions was “person-centered” care. Realistically, values are difficult to change so we have to believe that this value was already present for most of the Fellows and was reinforced in the Fellowship through who was selected and the time spent in the program supporting the value. We have no evidence or anyway to measure the strengthening of values in the Fellowship or in changes in Fellows that led to more “values in action” instead of just “espoused values. We can loosely interpret the comments of several supervisors that Fellows were “using new leadership skills to improve care and patient services” or “leading more with vision and

purpose” as some indication that the program was successful in doing more than imparting management skills.

**Develop a healthcare culture that values continuous quality improvement, learning, and applying best practices and collaboration among organizations.**

We will begin with the last part of this goal because we believe developing more collaboration is currently and may remain one of the strongest outcomes of the program. The evidence in interviews and data from surveys leaves no doubt that Fellows are collaborating more and more effectively based upon what they experienced as Fellows. As the Foundation transitions from support of the program to future interactions with alumni of the program, we sense that there will be additional opportunities to support collaboration among Fellows. While we do not have such overwhelming evidence for improving the culture of learning among Fellows and their organizations, we do find repeated mention in the interviews of

changes in perceptions of the importance of continuous learning, both about themselves and the larger healthcare and social services systems. If nothing else, the positive impact of structured feedback and assessment used in the program should open the door for Fellows to be more self-aware and engage in more professional and personal development. One supervisor, in commenting on changes in the Fellow, said, “She is asking questions and demonstrating more interest in learning from others and from her own experience.”



**Improve critical skills of leaders in healthcare organizations by providing them with a collaborative learning experience.**

Some of the most positive feedback from Fellows relates to the quality of information and knowledge provided in the sessions and the team activities. Much of the content

focused on leadership skills and some of them were viewed by Fellows as unique learnings about critical skills that could be applied immediately in their daily roles. “I would never imagine when I applied for the Fellowship that learning to tell my story, the story of my organization and the story of the people we serve would have an immediate impact on my effectiveness as a leader,” remembered on Fellow. Others also referred to improved skills as a result of the 360-degree feedback and coaching.

**Apply the core competencies needed to improve health outcomes for frail elders and children in communities of poverty.**

We think the words of one Fellow speak best for others in the program: “I came into the Fellowship with more passion and purpose than skills as a leader. The Fellowship gave me more balance by focusing on developing skills that fit with my values and make me more effective.” A quick review of the projects

undertaken by teams of Fellows reflect their commitment to health outcomes of frail elderly and children in communities of poverty and the interviews provide ample evidence of Fellows developing new skills and competencies to better address their projects and their organizational missions.

**Focus on skill development in the Institute of Medicine's 5 key competencies for healthcare in the 21st century.** We have more evidence of the quality of presentation and learning more about the IOM's five key competencies than we do of specific changes in the Fellows skills.

**Support a cadre of people who collaboratively influence and encourage integrated systems of care in their communities and initiate individual and collective change on behalf of frail elders and/or children in communities of poverty.** At other points in the report we have discussed the significant increase in collaborative efforts of the Fellows. It is worth noting again that the selection as a Fellow and the resources provided by the Foundation were unique opportunities for most, if not all, of the Fellows. "People viewed me differently when I became a Fellow and have different expectations of me. The coaching, the support for team projects and the relationship with other Fellows have given me more confidence to meet those expectations," said one Fellow.

**Foster care systems that are person-centered and emphasize evidence-based practice, quality-improvement approaches and state-of-the-art informatics.** We were struck by one supervisor's comment that the HCF program "changed the basic DNA of health care services in Western New York." This supervisor had two employees participate in the program and he was referring to what he called "fostering a spirit of cooperation and quality of care" that he had not seen previously in his many years in the region. While the word "advocacy" does not appear in this goal statement, it has to be assumed that changing care systems to achieve this goal will require advocates. Many of the Fellows, in the interviews, referred to an increase in the time they spent in and effectiveness of their efforts when advocating for such changes, both within organizations, communities and the region.

**Strengthen relationships with future partners and collaborators for other foundation work.** Based upon the interviews with the Fellows, this goal has become an expectation of the Fellows and many reported instances in which the Foundation had already involved them. To fully realize this goal now depends upon how the Foundation uses the alumni network it has created.

