BTW INFORMING CHANGE

Cultivating Leadership Through Social Change Initiatives: Broadening Our View and Support of Nonprofit Leaders

The Experience to Date of the Community Clinics Initiative,
a Joint Project of Tides and The California Endowment

INTRODUCTION

This brief tells a story about how leadership has been and continues to be cultivated within a broad social change initiative. We use the ten-year Community Clinics Initiative (CCI), a joint project of Tides and The California Endowment, to show the variety of ways in which leadership can be developed and strengthened within the nonprofit sector.[i] CCI, which aims to build and strengthen community clinics' capacity to provide high quality health care, focuses on the community clinics field in California. We hope this brief will enhance grantmakers' and nonprofit practitioners' thinking and decision making about how to support and advance leadership among individuals, organizations, networks and the nonprofit sector more broadly. While CCI's experience focuses specifically on the community clinics field, the lessons about leadership are applicable to other large-scale efforts to catalyze social change.

Tides & The California Endowment

Tides is a nonprofit organization based in San Francisco that works with "individuals, groups and funders to implement programs that accelerate positive social change" in the nonprofit sector. As a project of Tides, the Community Clinics Initiative receives operational capacity, program design and grantmaking support as well as opportunities for shared learning and knowledge creation with Tides' other projects and initiatives.

The California Endowment is a statewide health foundation whose mission is to "expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of Californians." The foundation has provided over $98 million in funding for the Community Clinics Initiative since 1999.

CONTEXT & BACKGROUND

In California, more than 200 community clinic corporations provide comprehensive and high-quality health care services to nearly 4 million uninsured and underinsured patients each year, roughly 11% of the state's total population.[ii, iii] These nonprofit organizations serve increasingly diverse and challenging patient populations in a complex, quickly changing and underfinanced health care system. Most clinics are a member of one of 16 clinic networks in California—regional organizations that provide services and support to clinics with the intention of improving the health of the populations clinics serve. Clinics and clinic networks play crucial roles in the broader health care safety net, a collection of nonprofit health care entities (e.g., public hospitals) that address the pressing health care needs of disadvantaged and underserved populations.

A scan of relevant research shows that the community clinics field faces leadership challenges similar to those in the broader nonprofit sector— resource constraints, staff turnover and stress are common problems, and many current leaders are expected to retire or leave the field in the near term. In addition, the expectations for clinic leaders' knowledge and skills continue to expand in complexity and range; these individuals are increasingly responsible for knowing how to run a clinic as a business, oversee the integration of technology into health care delivery and collaborate effectively with an expanding group of health-related and community-based organizations. Like many nonprofit organizations, clinics often lack the resources and organizational culture conducive to supporting formal leadership development for established and/or emerging leaders; this remains true even as the demand for high-quality leadership continues to increase. In response to the considerable leadership challenges facing nonprofit organizations, there is a growing focus in the philanthropic and nonprofit sectors on strengthening nonprofit leadership.[iv]
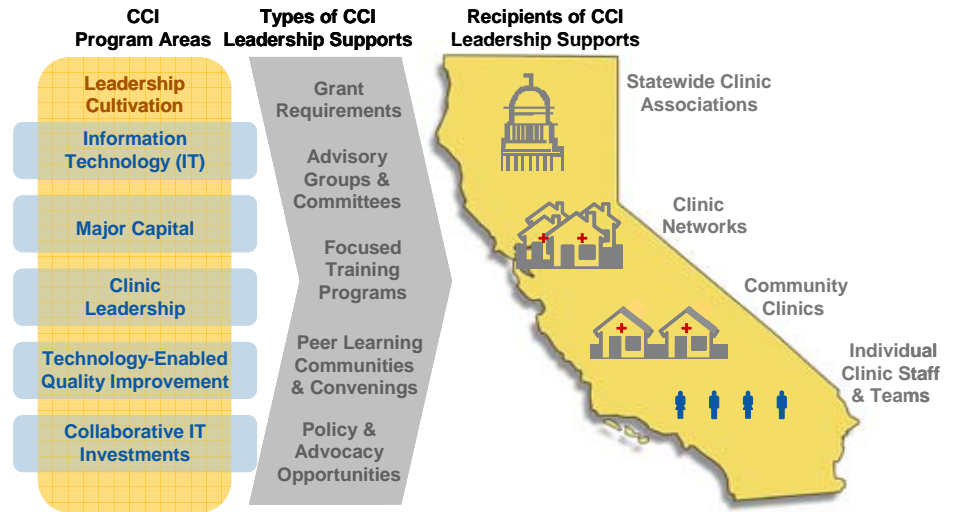
CCI'S APPROACH TO CULTIVATING LEADERSHIP

Throughout the life of the Initiative, CCI staff have aimed to enhance the capacities of their grantees and strengthen the broader community clinics field in California. In working towards these objectives, CCI did not originally focus on leadership cultivation as a priority. However, the importance of leadership and the need for leadership supports in the community clinics field soon become evident to CCI through its investments in information technology (IT) and facilities development. CCI staff realized that the success or failure of their capacity-building efforts frequently hinged on the presence of strong individual and organizational leadership. Consequently, CCI began to plan for supports that would strengthen the capacity of clinic staff to lead organizational change processes.

**CCI's Focus on Specific Organizational Leaders:
Cultivating Leadership Among Clinic Medical Directors**

CCI's early grantmaking supported clinics in improving their IT systems, and evaluations of these efforts showed that successful IT implementation required an internal champion who could lead the organizational change process. CCI soon realized that organizations that were generally most successful in their IT efforts had medical directors (i.e., physicians who simultaneously hold clinical and managerial responsibilities in the clinic) who were providing such leadership. A national study that focused on key drivers in IT adoption came to similar conclusions about the important role of medical directors.[v] Building on this information, CCI funded a study to explore the ways in which clinics and other stakeholders could better address the professional development needs of medical directors within California. The study found that half of the clinics' medical directors were considering leaving their positions within five years. Furthermore, the evidence showed that many medical directors lacked the management skills needed to partner effectively with senior leadership staff and actively contribute to key clinic practices such as budgeting, IT planning, public policy and advocacy.[vi] While medical directors served as experts in their content area of medicine and clinical practice, rarely did they receive training to lead clinics confidently and effectively in administrative processes or serve as the "bridge" between clinical and administrative staff. As one key stakeholder reflected, "Doctors go to medical school and do a residency, but they never have a course on management. They don't know the language used by [administrative] leaders in the clinics." Although CCI had not initially planned to focus on medical director leadership, they chose to respond to this need in the field by investing in an annual four-day management and leadership training program and an ongoing alumni network for medical directors throughout California. Medical directors ultimately became a key audience for CCI's leadership cultivation efforts, and key stakeholders in the field note that CCI has had a tremendous impact on these individuals' leadership.

Although leadership has since garnered more attention in clinics as well as the broader nonprofit and philanthropic sectors, CCI's interest in leadership cultivation was first met with hesitance and even resistance by many clinic executives for whom "leadership" seemed abstract and less relevant than other institutional priorities. However, CCI persisted in its efforts to identify and address leadership needs within the community clinics field in multiple and timely ways, as informed by regular reflective practice and the application of learnings. Some CCI grantmaking practices have focused explicitly on cultivating leadership and were designed and labeled as leadership supports from their onset. Other practices were not necessarily framed as leadership supports at the time they were designed or deployed. As shown in Exhibit 1 on the next page, the combination of overt and tacit leadership cultivation efforts were woven into all of CCI's grant programs.

Exhibit 1
CCI's Leadership Cultivation Approach

Below, we briefly highlight CCI's key leadership supports:

- **Grant requirements.** As a prerequisite for funding in several instances, CCI engaged clinic leaders and multidisciplinary teams in assessing needs, planning (e.g., fund development, strategic and business plans) and learning so that they could more effectively develop, implement and collectively lead projects within and across organizations. CCI frequently provided financial support and technical assistance to assist clinics with meeting these requirements.

- **Advisory groups and committees.** With an emphasis on thoughtful inquiry and strong process, CCI facilitated various opportunities for established and emerging clinic leaders to learn from national experts, think about their work in different ways and guide the Initiative. For example, CCI engaged clinic representatives through its Steering Committee to reflect on clinics' role in the health care field and actively shape the design of specific CCI grant programs and the overall Initiative. More recently, CCI brought together a group of innovative thinkers to articulate a leadership vision and strategy for the community clinics field that CCI could support with grant funds.

- **Focused training programs.** CCI-supported training programs typically focused on specific audiences and/or skill sets, such as a leadership and management training program and subsequent alumni network for clinic medical directors (i.e., physicians who simultaneously hold clinical and managerial responsibilities in the clinic). Other examples include a training for CEO-medical director teams to facilitate greater shared leadership within clinics and a seminar to strengthen teamwork between financial and operations staff in order to maximize clinic revenue.

- **Peer learning communities and convenings.** A number of facilitated gatherings associated with different CCI grant programs offered emerging and established leaders opportunities to network, share learning, collectively problem solve and receive support and encouragement. These peer forums were intended to optimize the success of new technologies, structures and processes that clinics were implementing or planning to implement.

- **Policy and advocacy opportunities.** CCI facilitated several opportunities for community clinic leaders to influence policy and educate philanthropic organizations on behalf of the broader community clinics field. For example, CCI provided financial support to the California Primary Care Association—a statewide association representing nonprofit community clinics and health centers—to increase physician leadership in statewide advocacy efforts. CCI also supported clinic representatives in participating in and presenting at regional, statewide and national forums about clinics' needs and their role in the health care field.

The recipients of CCI's grants and other leadership supports included both individuals and organizations throughout the California community clinics field such as clinic staff and teams, community clinics, clinic networks and statewide associations such as the California Primary Care Association. The focus and "dose" of leadership supports were informed by CCI's grantmaking experience and research and evaluation in the field. In addition, CCI frequently decided to allocate leadership supports in response to emergent opportunities in the field (e.g., health care reform) and specific requests by individuals or organizations (e.g., policy or educational opportunities).

KEY IMPACTS OF CCI'S LEADERSHIP CULTIVATION EFFORTS

CCI has directly and indirectly strengthened leadership among individuals, within and across organizations and throughout the community clinics field. We highlight the key impacts of CCI's leadership cultivation efforts below.

Improved knowledge, expertise & leadership skills for individuals

CCI has been particularly successful in advancing leadership among individuals and roles that have not traditionally been a focus of leadership efforts, such as medical directors. The CCI-sponsored training program, alumni activities and other supports for medical directors helped raise the collective understanding, skills and confidence

"The leadership classes, cohorts [of peers] and alumni groups…really gave me skills to do a better job—to understand what was going on [as a medical director] and talk the language of administration such as balance sheets and grant writing. They [also] gave me leadership skills to work with physicians and be more effective for them."

—Medical Director

of these individuals, particularly related to non-clinical responsibilities such as financial and personnel management (e.g., budget review, provider compensation, conflict resolution). By supporting the development of approximately 160 medical directors representing most clinics in California, CCI helped form a cadre of clinic leaders who share a common foundation of knowledge and training and exhibit greater effectiveness in management and leadership.[vii]

In addition, CCI's collaborative IT investments created opportunities for new types of leaders to shine. Chief information officers, physician champions for technology-enabled quality improvement and IT "super-users" were among the individuals that emerged as change agents during the implementation of projects aimed at collecting and using data to improve the quality of health care.

Enhanced organizational effectiveness & stewardship

Through its grantmaking, trainings and other efforts, CCI has improved the ability of key staff in clinics to assess organizational strengths, prioritize areas for improvement and engage in and manage organizational change. For example, CCI supported assessments to help clinic leaders make informed decisions about whether and when to pursue electronic health records, a complex and resource-intensive technology. As part of its funding programs for IT, capital improvement and other specialized areas, CCI assisted clinics in identifying and addressing staffing needs crucial to long-term organizational success and sustainability (e.g., chief information officer, fund development staff); these efforts brought forward new talent and improved organizational management teams.

"Our operational understanding of health IT [in the community clinics field] has qualitatively grown. At the leadership level among all clinics and boards, their savvyness on different types of issues— electronic health records, chronic disease management systems, transmitting and gaining access to data—has gone up qualitatively in the last several years, and we would not have been able to achieve that if not for CCI."

—Chief Information Officer

Cultivating Leadership Among Individuals

Following the completion of his family residency program in 1995, Dr. Robert Moore began his career as a physician at Community Health Clinic Ole, the only nonprofit community health center in Napa County, California. As the clinic's first full-time physician, Moore kept busy practicing medicine—delivering babies and helping patients prevent and manage diabetes were among his many passions. Over the past decade, Clinic Ole has grown exponentially in terms of its patient population, staffing capacity (the clinic now employs six full-time physicians) and sophistication of technology and quality improvement systems. Parallel and contributing to this development, Moore's leadership role and visibility have also grown within and outside the clinic.

Moore does not hesitate to acknowledge the part CCI has played in his own and his clinic's development. For instance, CCI staff invited him to speak at various convenings about his clinic's unsuccessful electronic health record (E.H.R.) adoption, which had been partially funded with a CCI grant. Clinic Ole's E.H.R. endeavor became an important cautionary tale in the field and Moore emerged as an advocate for clinics' health IT readiness and an advisor on the selection of appropriate E.H.R. software products. In addition, after Moore took on the position of Medical Director at Clinic Ole, CCI funded his tuition for the medical director training program. Moore says, "[The training program and alumni activities] have given me a number of tools that have allowed me to do my job better…financials, increased public speaking and thinking about health policy in a different way." Even more importantly, Moore notes that he has built relationships and alliances—and benefited from the peer support and exchange of ideas—among a group of professionals that rarely got together before the CCI-supported training and convenings.

With the support of CCI and others, Moore continues to take on greater leadership roles. He chairs the California Primary Care Association's clinicians committee, which strives to increase clinicians' leadership in health policy and advocacy. He developed a training series about creating a culture of quality improvement in health care and has shared it with organizations in California and beyond. As a dedicated teacher and mentor, he guides clinical and non-clinical staff at Clinic Ole with the intention of strengthening the next generation of leaders.

Moore's next challenge is leading twelve clinics in his regional clinic network, where he is now Medical Director for Quality, in an E.H.R. implementation effort closely linked to core principles of quality improvement. CCI staff Sarah Frankfurth notes that Moore is "seen as an expert in the field on [clinical] quality and has helped to change the conversation from technology for technology's sake to one about the tools of technology for quality."

Stronger connections, information exchange & opportunities for collaboration within & across organizations

Through convenings, peer committees and other mechanisms, CCI facilitated the creation and strengthening of relationships and networks both within and between organizations. For instance, clinical IT committees, user groups and the online Community Clinic Voice platform enabled clinic staff across organizations, disciplines and geographic boundaries to learn from one another, problem solve and demonstrate leadership around a wide array of topics. A clinic's Chief Information Officer says that CCI's forums for connecting people allow them to "share experiences with technology and health care processes, both the positives and negatives. It gives you the capability to learn from work others have done so it either reduces the amount of work you have to do or eliminates that as an option you would explore, channeling efforts in a more productive direction." This type of collaborative work has been especially powerful for smaller clinics and those in rural areas, as well as for certain types of clinic staff (e.g., financial and operations personnel) who may lack peers within their organization and rarely have opportunities to share ideas with others in similar positions. In addition, CCI's various gatherings and forums have provided opportunities for clinic staff to observe and practice leadership skills, which in turn can benefit their own organization and the broader field.

> *"Clinics have a lot more visibility [because of CCI and other funding partners]. Clinics have done better because we have better leadership and billing and collection systems; as that has happened our notoriety has gone beyond California. Groups including the Institute for Healthcare Improvement and Institute of Medicine are aware of health centers and their role…and are acknowledging their quality and importance."*
>
> —Clinic CEO

What is the Community Clinic Voice?

The Community Clinic Voice (the Voice) is an online community that connects over 1200 clinic professionals throughout California, as well as in other states. Members represent a variety of clinic staff positions, ranging from administrative staff to medical directors to IT specialists. Voice users can receive daily e-mail updates from the site and/or log on to post questions or start discussions around topics of interest. Discussions frequently revolve around financial management, clinical care issues, organizational operations, health IT and health care policy. CCI staff update the site continuously with news and trends in the health care field as well as research and tools for users to download and utilize in their clinics. To access the Voice, visit the following Web site: www.communityclinicvoice.org.

Greater influence & visibility of individuals & organizations

CCI's leadership cultivation efforts contributed to individuals' enhanced credibility within their own organizations and networks. Some individuals, such as IT specialists, have been recognized as leaders for the first time. CCI also helped build and reinforce the professional identity and leadership role of medical directors. Although they were previously recognized as clinical experts, medical directors are now commonly seen as crucial participants on clinic management teams thanks to their

newfound administrative acumen. As a clinic CEO says, "CCI has brought physicians more into the mainstream of leadership in community health centers. I think there's been a recognition—and in part by pushing leadership skills—that physicians in particular have a huge role to play in the strategic direction of the community clinic." CCI also assisted individuals and organizations in stepping up their involvement and visibility in broader arenas. With partial funding from CCI, for instance, the California Primary Care Association facilitated a number of specialty task forces that gave clinicians, chief information officers and chief financial officers a platform for organizing and advocating for key health care issues. In addition, CCI's focus on IT positioned several clinics to be leaders in the field, as other organizations within and outside of California now look to them as models of IT implementation.

A field better prepared for collective action

A more subtle yet very powerful way that CCI nurtured leadership was by facilitating a stronger field identity among clinics. CCI's ongoing attention to and support for building the field not only created and strengthened field-wide leadership roles and opportunities (e.g., shaping clinical measurement standards and policy), it contributed to a more unified and prominent role for clinics in the national and state health care system and policy debates. CCI's supports also positioned clinic leaders to play key roles in conversations and decisions about the future of health care. As one stakeholder notes, "Community clinics are a whole separate segment of the provider community that has not been high on the radar. Everybody knows about health maintenance organizations and county hospitals, but there is this whole other segment that is overlooked. CCI has elevated awareness of the community clinic movement at the legislative level and within physician organizations."

KEY LESSONS LEARNED

What did it take to achieve these impacts? In assessing CCI's leadership approach, several key themes emerge for cultivating leadership in the nonprofit sector. The application of these lessons can enhance the practices of grantmakers and nonprofit organizations that aim to create broad social change.

Support leadership cultivation as a critical strategy for creating change in complex systems. CCI scanned its programs in an ongoing way with a systems-change lens, looking for opportunities to cultivate leadership that would benefit the field as well as specific individuals and organizations. This eye for field-level change influenced CCI's decision to push clinics and clinic leaders out of their comfort zone on numerous

"Upon reflection, we realized that leadership is not only about cultivating a select number of charismatic leaders, but also involves creating an environment and vehicle for people to improve their own professional development and move into new roles. This brings about a denser social network in the field and ultimately spreads leadership across the field."

—CCI Staff

occasions, through IT and capital improvement projects, greater involvement in policy and advocacy and more. When reflecting on their experience, many grantees recount their initial reluctance and later appreciation for CCI's encouragement to take more risks and innovate, which ultimately helped position them as leaders within a stronger overall field.

Incorporate leadership cultivation into a variety of grantmaking and capacity-building practices over time. CCI's integration of multiple types of leadership supports into different aspects of the Initiative meant that most individuals, organizations and networks received complementary and reinforcing supports over time. Furthermore, CCI was able to maximize its responsiveness to a variety of leadership needs by blending specific leadership supports for defined audiences or time periods with flexible resources for emergent leadership opportunities in the field.

Expand leadership opportunities for a range of nonprofit staff. CCI staff recognized that to successfully reach the goals of the Initiative, they would need to support clinics and clinic networks in cultivating the leadership of staff other than CEOs, who typically receive more opportunities to enhance their leadership (e.g., through professional meetings, networks and trainings). Broadening the leadership focus allowed for the cultivation of a greater number of individual leaders and, equally important, the development of teams and shared leadership within organizations. CCI's more inclusive approach to leadership cultivation not only enhanced the chance of success for specific grant projects but also contributed to the leadership pipeline by positioning new individuals to step up and exercise leadership.

Pay attention to leadership language. Faced with some resistance in the community clinics field to their labeling of supports as "leadership development," CCI learned that it was sometimes best to avoid using the term "leadership." Consequently, CCI remained sensitive to leadership language while maintaining their commitment to identifying and supporting individuals and organizations with the potential to make a difference in the field. For example, CCI focused on meeting CEOs' and medical directors' priority training and development needs without becoming mired in the debate over what constitutes "leadership" versus "management." With their broad definition of leadership and judicious use of leadership language, CCI staff were able to challenge many people's preconceived notions about what leadership is and who is eligible for such supports.

"I can't say enough about how important it is for IT staff to have a strong role in the strategic planning of their organizations and to network with each other to broaden their knowledge and share it with other organizations and regions. A key learning for me is that IT staff need professional development to better understand their strategic role."

—Chief Information Officer

Cultivating Leadership Through Grantmaking Practices

When CCI launched its Major Capital Campaign Gifts Program (the Program) in 2003, the goal was to strengthen the physical infrastructure of California's community clinics as well as increase clinics' long-term fund development capacity. CCI staff intentionally structured the Program with requirements that would push clinic personnel, both staff and volunteers, to step up their leadership. Although the Program grantees demonstrated elements of leadership potential such as a strong community-governed board of directors, an interdisciplinary management team, a comprehensive fund development plan and community engagement, CCI structured the Program to strengthen and enhance the grantees' capacity in each of these areas. Even those applicants that did not receive a $250,000 capital grant often received other CCI supports to facilitate their continued capacity building and prepare them for subsequent CCI grant cycles.

By emphasizing an interdisciplinary team approach, the Program encouraged clinics to involve staff beyond the CEO in fund development and capital improvement leadership. For example, at one clinic the Associate Medical Director took on the responsibility of leading the capital improvement project. She led structured meetings for clinic staff about the larger project and helped them process new information and problem solve. She became involved with fundraising, determining new staffing, gathering community support and dealing with licensing issues.

The Program grants not only built leadership within the clinics' walls, they often enhanced clinics' visibility and credibility in the community. For instance, CCI's emphasis on community engagement assisted clinics in forming and strengthening relationships with community members. One clinic staff member reports, "Our capital campaign is definitely strengthening our relationship with the community…We have begun to proactively meet our current donors and explain more about our services and our long-term vision [for the clinic]." Furthermore, by making presentations at community events, meeting with city or county officials and articulating their vision for an improved health center, clinic staff are taking a more proactive leadership stance on behalf of community clinics. A stakeholder reports, "Now I see [fund] development people out and about [in the community]. That is leadership."

Cultivate opportunities for collective leadership across organizations. Given its desire for field-level impact and influence, CCI structured its grantmaking practices to encourage and sometimes require cross-organizational collaborations. Over time, CCI recognized that successful collaborations are typically characterized by a history of collaboration among lead partners, substantial up-front investments of time and resources by participating organizations and funders, a focus on small-scale pilot efforts prior to broad application (e.g., of IT systems) and the use of learning groups for information sharing and problem solving. While the cross-agency collaborations often proved to be challenging, they cultivated shared leadership and contributed to greater learning and success within and across organizations.

Cultivating Leadership Through Collaborative IT Efforts

The process of introducing and integrating IT systems within and across community clinic settings has been one of the greatest challenges for the field during the past decade. Health IT endeavors require unprecedented cooperation among clinic staff as they select systems, evaluate organizational readiness and support ongoing learning and application among system users. But along with the challenges, IT efforts also provide opportunities to promote and strengthen leaders, as illustrated by the two examples below.

One of CCI's IT grant requirements was that clinic staff join user groups sponsored through CCI's online community, the Community Clinic Voice (the Voice). In his early days as Office Manager and IT Manager at Casa de Salud clinic, Joey Manansala found tremendous value in the Voice, both for himself and for new users of IT systems. He reflects, "In the clinics we can sometimes feel isolated. All my peers were experiencing the same [IT challenges] so I would tell them, 'try the Voice, you'll instantly get an answer [to your questions], and the answers come from others who are actually doing what you are doing in the field.'" Manansala became a recognized IT expert on the Voice, and he has since been able to take on greater leadership roles. He is now part of the Technical Services Organization of the Community Clinics Health Network in San Diego County, part of one of the 16 clinic networks in the state. In his current role, he helps clinics throughout the county plan and implement new IT systems, provides training sessions for system users and runs five statewide IT user groups for clinics.

Anthony Stever, former Chief Information Officer at Redwood Community Health Coalition (RCHC), a clinic network in northern California, recalls how clinic staff were especially hungry for guidance on their early IT endeavors. "There were so many changes going on in community health centers, with more and more people using [IT systems]," he says. In addition to using and advocating for the Voice as a vehicle for sharing information about IT systems, Stever initiated a peer-based effort to respond to the field's need for IT guidance. First, in 2005, Stever applied part of an RCHC grant from CCI to voluntarily host and support a chronic disease management IT system for ten clinics. To support implementation of this system, participating clinics took part in face-to-face training sessions and biweekly "super-user" conference calls. Building on the success of this project, CCI provided a grant to RCHC so that Stever could pull together a larger learning community of CCI grantees to share information and best practices around the design and integration of clinical IT systems. Stever and his fellow learning community members worked together to set standards for clinical measurement and define the formats for sharing data across clinics. The success of this effort contributed to the California HealthCare Foundation's decision to fund a new statewide initiative to build on this work to improve the quality of health care through cross-clinic collaboration.

Continually assess and address individual and organizational readiness for leadership cultivation. When determining the focus, scope and timing of leadership supports, it was important for CCI to assess the extent to which individuals and organizations had the necessary resources (e.g., staff time and money) and support (e.g., from CEOs and board members) to engage in leadership and change efforts. By breaking down the grantmaking process

into sequential steps such as assessments, planning grants and implementation grants, CCI was able to determine and address readiness at different stages of grantmaking. Furthermore, CCI was responsive when leaders encountered resistance in bringing about change within their organizations; for example, CCI paid for change management consultants to assist clinic leaders in implementing their collaborative IT projects. By carefully assessing readiness on the front end of grants and midcourse, CCI was better able to support organizations with a wide range of capacities and set them up for success.

Utilize technology as a platform for leadership development. CCI-supported technology and telecommunications tools increased the opportunities for individuals to share information efficiently and effectively and collaborate across organizational, geographic and other boundaries. These tools also allowed leadership to "bubble up" in new ways and among nontraditional leaders. For example, the online community sponsored by CCI, the Community Clinic Voice, enabled self-organized learning among people with similar interests; staff working on clinical IT issues used this platform extensively. Through this online vehicle, individuals emerged as content and process experts and gained visibility in the field, which helped them take on greater organizational and field-level leadership roles.

Provide time and space for learning, innovation, reflection and rejuvenation. Many times within the Initiative, key members of the community clinics field were brought together for various types of gatherings including learning communities, advisory groups and the CCI Steering Committee. In these facilitated gatherings, CCI was able to elevate the conversation beyond the day-to-day realities of clinics to focus on larger issues and opportunities in the field. The opportunity for big-picture learning and reflection reenergized participants and enhanced their vision for and leadership of the Initiative and the field. High quality CCI staffing to oversee planning, implementation and follow up contributed to the success of these gatherings.

Culitivating Leadership at the Initiative Level

When CCI staff first recruited representatives from California community clinics and the health care field to serve on its Steering Committee (the Committee), they expected that the group's collective experience and brainpower would serve the Initiative well. From 1999 to 2005, the Committee defined and guided the Initiative toward its many accomplishments, especially in the areas of health IT. But what CCI staff did not anticipate from the outset was the degree to which the Committee would promote individual members' leadership and help them become more effective spokespeople and advocates for the community clinics field.

CCI sowed the seeds of leadership cultivation by engaging financial and operations staff and medical directors in the Committee's work, in addition to "usual suspects" like CEOs. Although some Committee members were less established leaders in the field, they added rich perspectives and gained valuable knowledge from their participation. Further, Committee members strengthened their connections to other innovative thinkers as well as to the broader clinic movement. For instance, CCI brought in a number of speakers, from California and nationally, to engage members in stimulating and productive discussions about context, challenges and opportunities in the community clinics field.

Members look back on their time spent on the Committee as enormously fulfilling and energizing, both personally and professionally. The experience often motivated them to share learnings with other colleagues and lead change efforts in their own clinics. One clinic executive and former Committee member recalls, "The meetings were learning opportunities, not just one-sided [gatherings] where we gave our opinions. I got a better understanding about the bigger picture and the health care industry… [so] I could better prepare my organization and support the changes we needed [to make]." Another former member states, "CCI has helped me to think more systematically in terms of the broader health agenda." He believes that his Committee experience played a substantial role in his recruitment as a board member for a large health funder.

CONSIDERATIONS FOR THE FUTURE

While CCI and other organizations have made significant contributions to the development and strengthening of leaders in the nonprofit sector, the leadership needs of the sector continue to exceed available resources. It is well worth the time to thoughtfully consider how to maximize current leadership strategies and/or make new investments to better prepare and retain today's and tomorrow's nonprofit leaders.

In this section, we offer key questions for funders to consider as they reflect on how to most effectively cultivate nonprofit leaders through grantmaking and/or other types of support. In addition, these are salient questions for nonprofit leaders who seek to enhance the individual and collective leadership capacity within their own organizations and the communities they serve.

- What types of funding or supports do you currently offer—or already exist in your field—to help strengthen leadership within organizations and across a field of practice? Consider funding and supports that may not bear a traditional "leadership" label.

- What are your priorities for leadership cultivation and support (e.g., purpose, participants, geography)?

- What do you hope will be different in your organization, community or field if your leadership cultivation efforts are successful?

- How is leadership cultivation in your organization, community or field influenced by culture and context?

- To what extent does your organization, community or field exhibit readiness for leadership cultivation efforts?

- To what extent are resources available for leadership cultivation?

- What categories of individuals or groups need to be reached with leadership cultivation efforts to enhance the success of organizational/program goals and field building?

- What combination and sequencing of leadership supports, grantmaking strategies and/or other capacity-building efforts are needed?

- What types of leadership cultivation strategies would result in greater collaboration and opportunities for shared or collective leadership?

- To what extent is your organization/program able to support leadership cultivation in an ongoing manner?

CONCLUSION

One of the key success factors of CCI's leadership cultivation efforts is the Initiative staff's recognition that leadership capable of addressing complex systems change requires sustained commitment and support. To maximize leadership in any field, a commitment to leadership cultivation must be embedded in the cultures of both funders and grantee organizations and practiced and revisited in an ongoing way. Starting with their design and structure, nonprofit initiatives that aim to cultivate leadership need to clearly identify and understand existing leadership needs and contexts, choose the most effective strategies to address those needs and incorporate flexibility for addressing new opportunities as they arise. CCI's experience demonstrates that, with this kind of approach, leadership cultivation within a broad social change initiative can succeed at many levels.

[i]   The data for this brief were drawn from a variety of sources including 24 interviews with recipients of CCI's leadership supports, 12 interviews with key informants and CCI staff, an online survey of clinic medical directors who participated in the medical director training program sponsored by CCI (38% response rate), a review and analysis of related background documentation (e.g., grantee reports) and participant observations at relevant events (e.g., medical director alumni sessions). This brief is also informed by previous CCI evaluation efforts conducted by BTW *informing change* and Blueprint Research & Design that focused on CCI's grantmaking programs as well as the broader impacts of the Initiative.

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[vi]   Ruiz-Healy, C. (2003).

[vii]   Other organizations and programs that have supported leadership development and management training among clinic medical directors include the California HealthCare Foundation, UCLA Anderson School of Management and the California Primary Care Association.