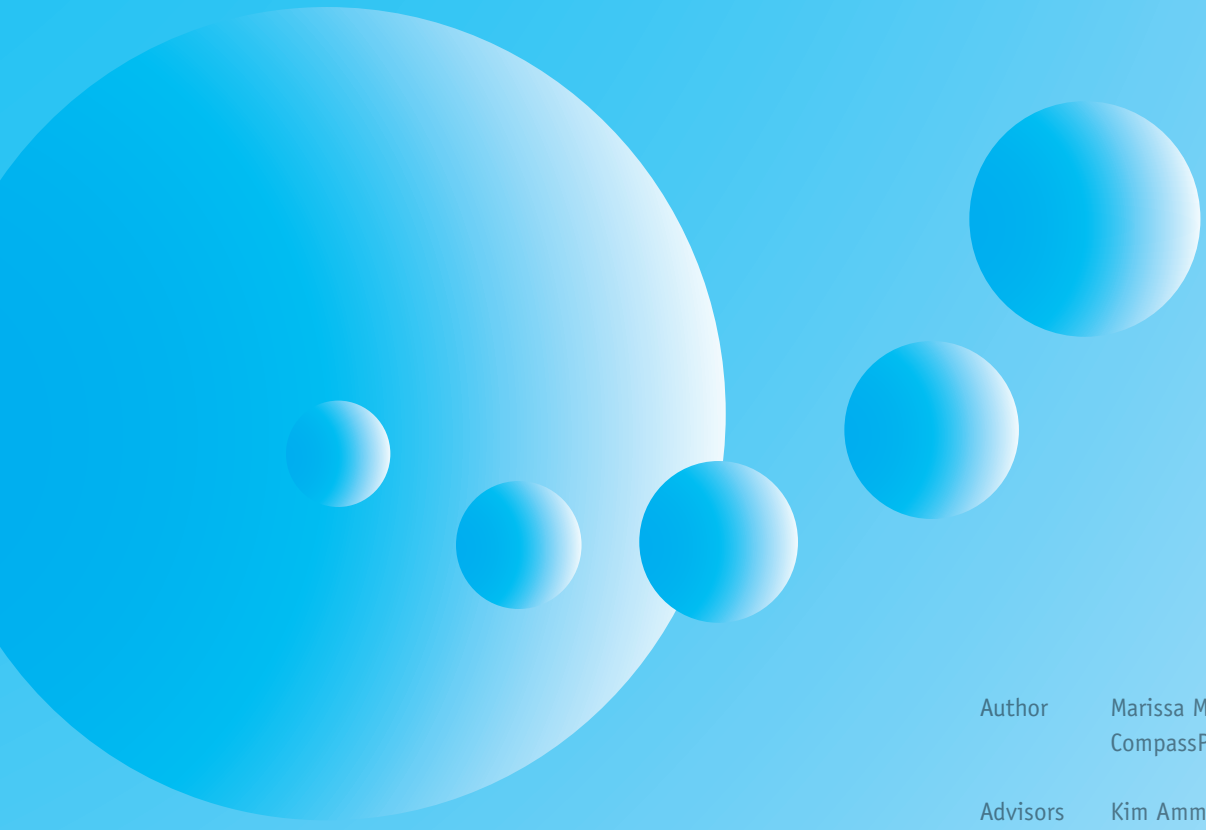
A study produced in partnership
by BTW *informing change*,
the Blue Shield of California Foundation,
the Community Clinics Initiative,
a joint project of Tides and
The California Endowment,
and CompassPoint Nonprofit Services.

The Pipeline Promise

A Study of Emerging Leaders in California Community Clinics



Author Marissa M. Tirona
CompassPoint Nonprofit Services

Advisors Kim Ammann Howard &
Sara Lepore Dube
BTW *informing change*

Acknowledgements

CompassPoint and BTW *informing change* thank the distinguished members of our Community Clinic Leadership and Workforce Study Advisory Committee for volunteering their time to provide invaluable guidance in the design of the study, data analysis and development of this report. Please note that the conclusions and recommendations in this report are those of the authors and may or may not reflect the views of the committee members.

Yasser Amman, President and Chief Executive Officer, University Muslim Medical Association

Carl Coan, Chief Executive Officer, Eisner Pediatric and Family Medical Center

Efrain Coria, Chief Operating Officer, Gardner Family Health Network

Deb Farmer, Chief Executive Officer, Westside Family Health Center

Cathy Frey, Executive Director, Alliance for Rural Community Health

John Gressman, President and Chief Executive Officer, San Francisco Community Clinic Consortium

Kathy Lim Ko, Program Director, Community Clinics Initiative

Terri Kluzik, Associate Director, The Center for Health Professions

Melissa Knox, Program Associate, The Center for Health Professions

Margarita Pereyda, Medical Director, Share Our Selves

Jim Perkins, Deputy Director of Programs, California Primary Care Association

Brenda Solórzano, Chief Program Director & Director of Health Care and Coverage, Blue Shield of California Foundation

Jane Stafford, Managing Director, Community Clinics Initiative

Amanda Stangis, Director of Programs, California Primary Care Association

Dong Suh, Associate Director, Asian Health Services

CompassPoint Nonprofit Services and BTW *informing change* also offer their deepest thanks to:

Ben Felsing of CompassPoint for the technical assistance provided in the survey design and distribution;

Marla Cornelius of CompassPoint for her insightful feedback throughout this project; and

Kathy Lim Ko and Jane Stafford of the Community Clinics Initiative and Brenda Solórzano of the Blue Shield of California Foundation for their unwavering support of this work and tremendously valuable feedback on every phase of this project.

Contents

1 **Introduction**

2 **Study Overview**
Background
Methodology
Terminology

5 **Respondent and Organizational Data**
Respondent Data
Current Positions
Organizational Demographic Data

8 **Chapter 1: The Community Clinic Leadership Pipeline**
The Emerging Leaders of Community Clinics
Readiness and the Next Generation of Community Clinic Senior Leaders
Preparing Emerging Community Clinic Leaders
Perceptions of and Opportunities for Advancement

22 **Chapter 2: Barriers to Community Clinic Leadership**

27 **Chapter 3: The Pipeline Promise**

28 **Chapter 4: Recommendations**
Emerging Leaders
Clinics
Boards
Field Capacity Builders
Funders

33 **Resources**
Leadership Programs
Web Resources and Service Providers
Selected Articles, Books and Research

The Pipeline Promise:

A Study of Emerging Leaders in California Community Clinics

Introduction

Over the last decade a number of studies[1] have established that there will be significant turnover in leadership positions at nonprofits as executives and senior managers retire and leave their organizations. In response to these studies, stakeholders invested in the sustainability of the nonprofit sector have been examining the implications of this leadership turnover and focusing on how to support nonprofit organizations in the cultivation of the next generation of leaders. The community clinics[2] field is not immune from this shifting landscape – 55 percent of current CEO/Executive Directors[3] and 62 percent of current Medical Directors expect to leave their jobs within five years.[4]

As such, those invested in the sustainability of the community clinics field – clinic and clinic consortium[5] leaders, capacity builders and funders – want to take a closer look at who the next generation of clinic leaders may be and what can be done to support their professional and leadership development. These emerging leaders are in the early stages of their careers and will need significant investment in their development before assuming the leadership mantle. They also face many barriers to leadership; they are concerned about the ability to retire and support their families if they continue to work in the community clinics field, and they struggle with how they might balance the seemingly overwhelming demands of being a senior leader at a community clinic with the needs of their families.

And yet, despite these obstacles, community clinic staff are passionate about the work they do and are committed to the missions of their organizations. In this report, we will discuss not only potential challenges to the community clinic leadership pipeline, but we will also examine opportunities and propose strategies for preserving and protecting this pipeline.

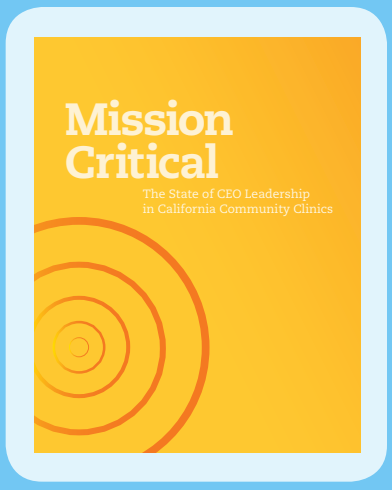
1 See, e.g., Jeanne Bell and Timothy Wolfred, *Daring to Lead 2006: A National Study of Nonprofit Leadership* (CompassPoint, 2006) and Thomas J. Tierney, *The Nonprofit Sector's Leadership Deficit: Executive Summary* (Bridgespan, 2006).

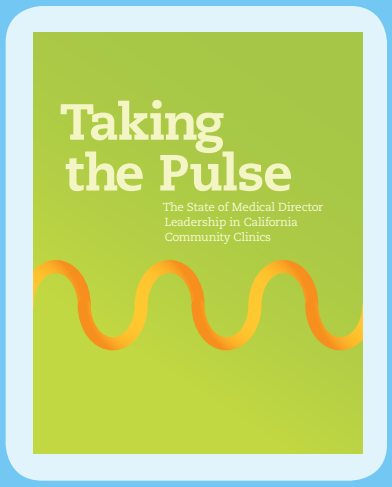
2 In this report, we use the term "community clinic" or "clinic" to include both clinics and health centers, acknowledging that most organizations refer to themselves as "clinics," but some prefer to be called "health centers."

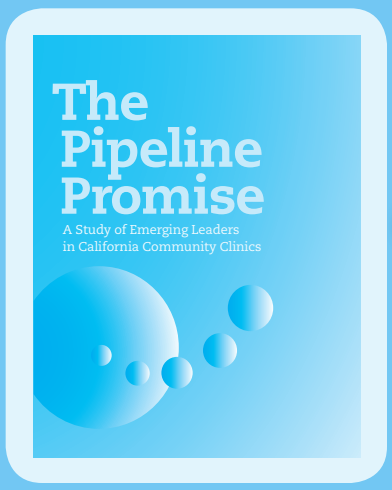
3 Many community clinics and clinic consortia use the title "Executive Director" to designate their "Chief Executive Officer." In this report, we use those terms interchangeably.

4 Kim Ammann Howard and Sara Lepore Dube, *Mission Critical: The State of CEO Leadership in California Community Clinics*, p. 23 (BTW *informing change*, 2009) and Kim Ammann Howard and Sara Lepore Dube, *Taking the Pulse: The State of Medical Director Leadership in California Community Clinics*, p. 23 (BTW *informing change*, 2009).

5 A variety of names are used to describe regional and statewide clinic membership groups, including "consortium," "association," and "network." In this report, we use the term "consortium."







Study Overview

Background

In May 2008, the Blue Shield of California Foundation (BSCF) and Community Clinics Initiative (CCI)[6] commissioned CompassPoint Nonprofit Services (CompassPoint) and BTW *informing change* (BTW) to study the leadership and workforce challenges and issues facing community clinics across California. This study – the Community Clinic Leadership and Workforce Study – builds on two 2003 studies of community clinic leadership in California: *Securing the Safety Net*, a profile of community clinic CEOs/Executive Directors, and *Bridging Medicine and Management*, a profile of community clinic Medical Directors. The earlier studies, commissioned by the Regional Associations of Clinics and the California Primary Care Association, funded by The California Wellness Foundation and CCI and conducted by CompassPoint, revealed community clinic leaders' unique needs and offered several "calls to action"[7] for improving leadership positions and the field as a whole.

Given the high turnover among clinic leaders, the variety of leadership supports that have been provided over the past five years (e.g., Medical Director training) and the changing health care environment, stakeholders – clinic and clinic consortium leaders, funders and capacity builders – wanted to see how the landscape has shifted as well as examine current challenges and opportunities. In addition to replicating the 2003 studies, CCI and BSCF also wanted to explore the clinic leadership pipeline and understand the experiences of emerging clinic leaders based on CompassPoint's 2008 report, *Ready to Lead? Next Generation Leaders Speak Out*, a national study of next generation nonprofit leaders.

Methodology

In November 2008, CompassPoint administered an online survey to staff at over 240 community clinics and clinic consortia headquarters managing approximately 700 sites across California. The survey stayed in the field until March 2009 and yielded a sample of 1,058 respondents. Survey questions focused on community clinic staff's current positions, career aspirations, job challenges and rewards, and professional and leadership development needs (e.g., training and support). These questions were designed to reveal information about the challenges and concerns confronting emerging leaders.

CompassPoint also conducted two focus groups – one for staff from rural clinics and one for staff from urban clinics – in June 2009 as part of the data collection for this report. Focus group participants represented all levels within community clinics and included both clinical and administrative staff. Focus group participants are quoted anonymously throughout this report.

6 CCI is a joint project of Tides and The California Endowment.

7 These studies can be accessed at www.compasspoint.org.

To guide the work of the study, an advisory committee comprised of funders and representatives from the community clinics field was formed. A summary report – *Community Clinic Leadership in California: The State of the Field and Implications for the Future* – that highlights the key findings and implications from this report as well as from the companion reports – *Mission Critical: The State of CEO Leadership in California Community Clinics* and *Taking the Pulse: The State of Medical Director Leadership in California Community Clinics* can be accessed at www.compasspoint.org.

Community Clinic Leadership and Workforce Studies Advisory Board

Yasser Amman, President and Chief Executive Officer, University Muslim Medical Association

Carl Coan, Chief Executive Officer, Eisner Pediatric and Family Medical Center

Efrain Coria, Chief Operating Officer, Gardner Family Health Network

Deb Farmer, Chief Executive Officer, Westside Family Health Center

Cathy Frey, Executive Director, Alliance for Rural Community Health

John Gressman, President and Chief Executive Officer, San Francisco Community Clinic Consortium

Kathy Lim Ko, Program Director, Community Clinics Initiative

Terri Kluzik, Associate Director, The Center for Health Professions

Melissa Knox, Program Associate, The Center for Health Professions

Margarita Pereyda, Medical Director, Share Our Selves

Jim Perkins, Deputy Director of Programs, California Primary Care Association

Brenda Solórzano, Chief Program Director & Director of Health Care and Coverage, Blue Shield of California Foundation

Jane Stafford, Managing Director, Community Clinics Initiative

Amanda Stangis, Director of Programs, California Primary Care Association

Dong Suh, Associate Director, Asian Health Services

Terminology

Below are definitions used throughout this report:

- **Senior leadership roles:** *Ready to Lead* focused exclusively on future leaders' interest in heading nonprofit organizations. In this instance, the study partners wanted to understand whether community clinic staff are willing, prepared and ready to assume a variety of senior leadership positions. As such, in addition to asking respondents about their interest in the CEO/Executive Director role, researchers also inquired about aspiration to the following senior leadership positions: Medical Director, Chief Operations Officer (COO), Chief Financial Officer (CFO) and Clinical Director.[8] Of course, there are other senior-level positions within a community clinic that were left off of this list (e.g., Human Resources Director or Director of Development). However, given that most clinics have the five aforementioned positions, the authors focused only on these roles for the purposes of this study.

8 The definition of who a "Clinical Director" is varies from clinic to clinic. As such, the term is intended to encompass the range of roles (for example, Nursing Director) analogous to it.

- **Leadership pipeline:** As explained in *Ready to Lead*, the leadership pipeline can be defined in two parts.[9] First, the pipeline supplies community clinics and clinic consortia with a qualified, committed and viable workforce. Individuals in this pipeline "have intentionally sought employment" in the community clinics field and "are interested in staying within the sector in the foreseeable future."[10] In addition, the "pipeline is a process by which individuals gain experience and skills."[11] Though the focus of this study is on understanding who aspires to senior leadership roles within community clinics, and there is an assumption that staff advance through the pipeline, the leadership pipeline can flow in many directions. That is, when talking about strengthening the leadership pipeline, we must support not only those who seek senior and executive leadership roles, but also those who lead from wherever they sit within the organization.

- **Emerging leaders:** For the purposes of this study, emerging leaders are defined as those clinic staff who are not currently the CEO/Executive Director or Medical Director of their organizations. However, these emerging leaders may in fact be exhibiting leadership in their current positions. As such, emerging leaders are "those who have demonstrated a commitment to" the community clinics field and "are actively developing their skills and leadership capabilities to hold management positions of all kinds."[12]

- **Managers:** Managers are defined as those survey respondents who identify as one of the following: (1) Senior Administrative Manager/Director (reporting directly to the CEO/Executive Director); (2) Senior Clinical Manager/Director (reporting directly to the Medical Director); (3) Middle Administrative Manager/Director; and (4) Middle Clinical Manager/Director.

- **Non-managers:** Non-managers are defined as those survey respondents who identify as one of the following: (1) Administrative Non-Manager; (2) Clinical Non-Manager; (3) Entry-Level/Junior Clinical position; and (4) Entry-Level/Junior Administrative position.

- **Clinical staff:** Clinical staff are defined as those survey respondents who identify as one of the following: (1) Senior Clinical Manager/Director; (2) Middle Clinical Manager/Director; (3) Clinical Non-Manager; and (4) Entry-Level/Junior Clinical position.

- **Administrative staff:** Administrative staff are defined as those survey respondents who identify as one of the following: (1) Senior Administrative Manager/Director; (2) Middle Administrative Manager/Director; (3) Administrative Non-Manager; and (4) Entry-Level/Junior Administrative position.

9 Marla Cornelius, Patrick Corvington and Albert Ruesga, *Ready to Lead? Next Generation Leaders Speak Out* (CompassPoint, 2008).

10 *Id.*, p. 5.

11 *Id.*

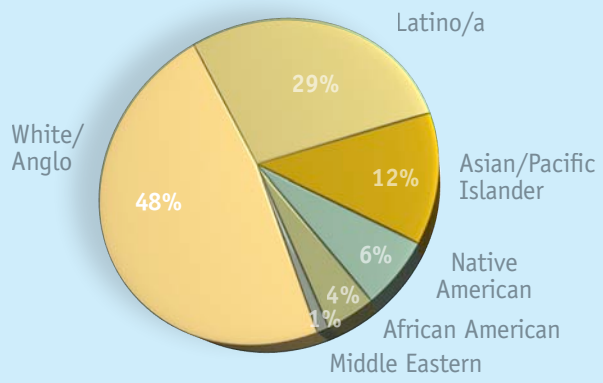
12 *Id.*

Respondent and Organizational Data

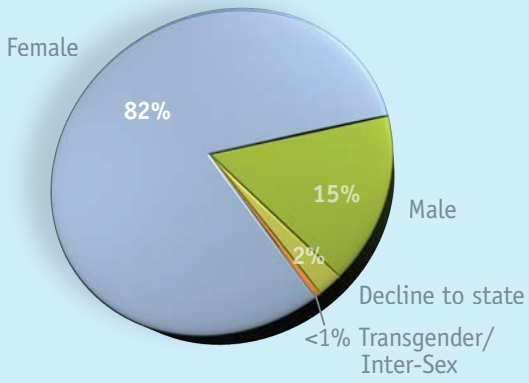
Respondent Data

Eighty-two percent of the survey respondents are female, and nearly half (48 percent) of the respondents identify as White/Anglo. They range in age from under 20 to over 60, and the average age is 41. Key demographics are shown below:

Race/ethnicity of emerging leaders

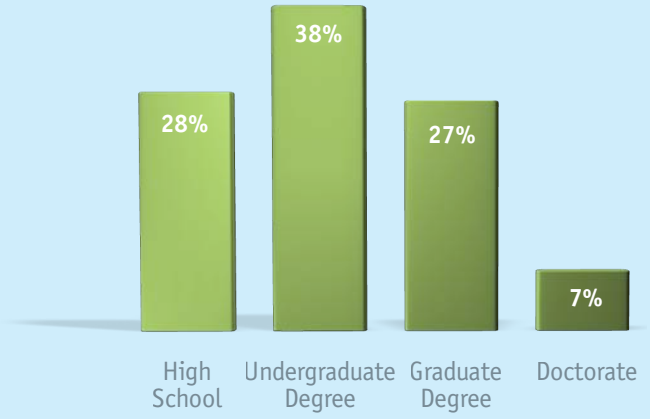


Gender



Respondents are a well-educated group, with the majority (65 percent) responding that the highest level of formal education completed was an undergraduate or a graduate degree.

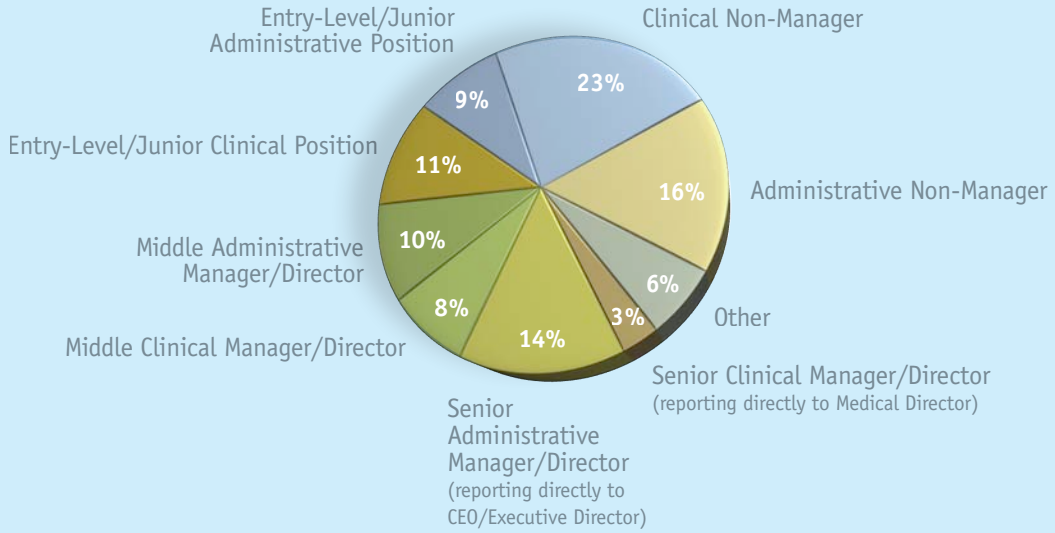
Highest level of formal education completed



Current Positions

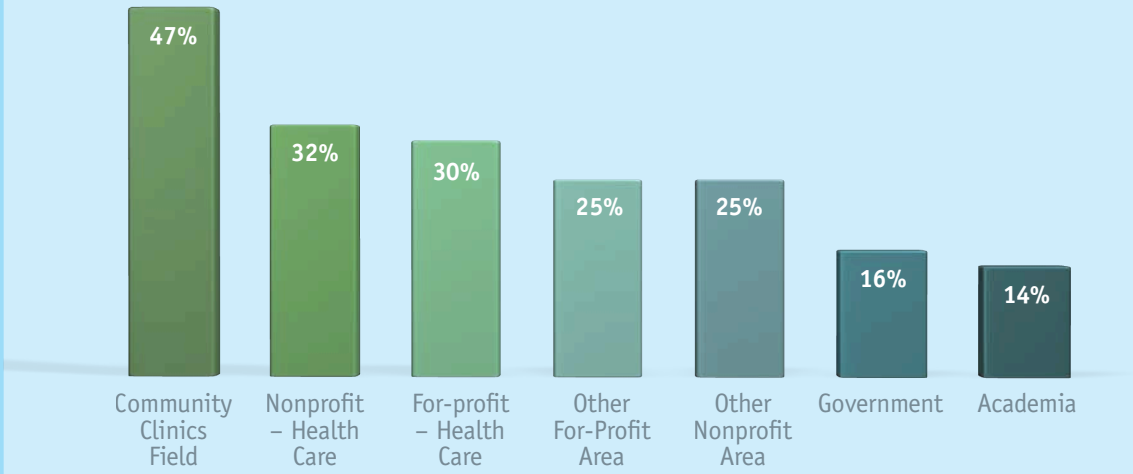
Our 1,058 respondents represent a range of positions within community clinics and consortia and are evenly split between administrative and clinical staff. Below is a breakdown by position level:

Current positions



Respondents have held their current positions for an average of about five years, and more than half (59 percent) have been in their current positions for one to three years. Many of the respondents – 44 percent – were working or volunteering at a clinic or clinic consortium prior to their current position. Below is a breakdown of the seven sectors in which respondents have ever done paid work.

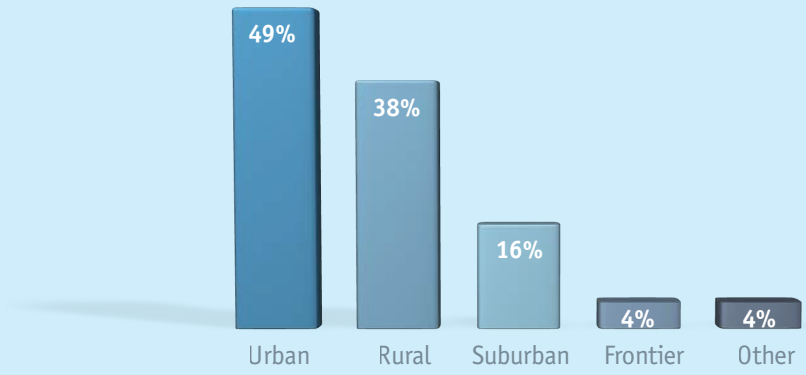
Prior positions held



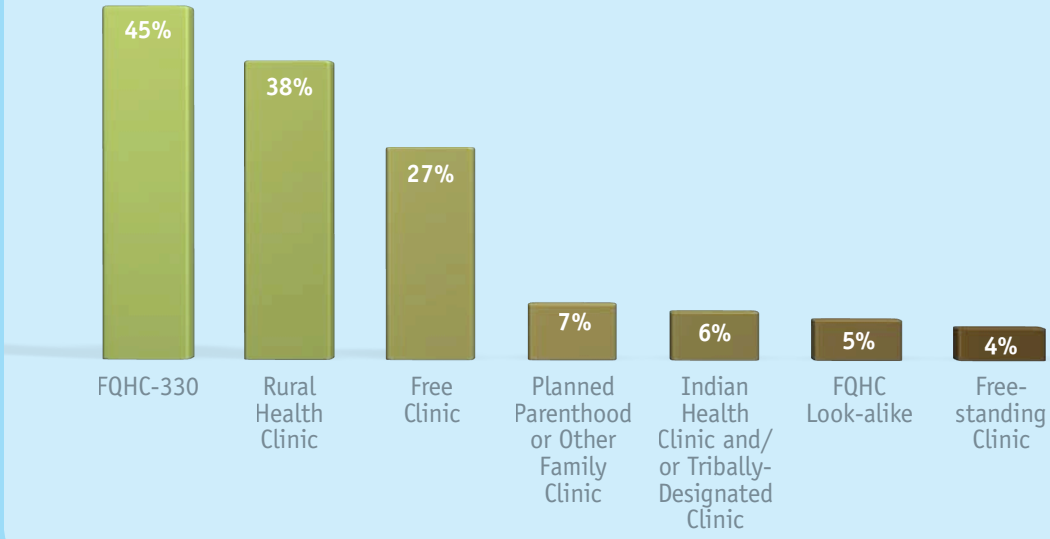
Organizational Demographic Data

Almost half of the respondents (49 percent) state that the primary location of their organization is "urban." Similarly, about half (45 percent) of respondents state that their organization is an FQHC-330.[13] Below is a further breakdown of the location and type of clinic or clinic consortium.

Organization's primary location[14]



Type of organization



13 Federally Qualified Health Centers (FQHCs) are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid Programs of the Social Security Act and receive funds under the Health Center Program. Types of FQHCs include: Community Health Centers, which serve a variety of underserved populations and areas; Migrant Health Centers, which serve migrant and seasonal agricultural workers; Healthcare for the Homeless Programs, which reach out to homeless populations; and Public Housing Primary Care Programs, which serve residents of public housing. Source: http://www.hrsa.gov/.

14 "Frontier" represents areas that are sparsely populated rural areas isolated from population centers and services. Source: http://www.raconline.org/info_guides/frontier/frontierfaq.php#definition. "Other" includes organizations that emerging leaders did not think fit into one of the stated categories (e.g., "small town") as well as organizations that do not view one of their multiple clinic sites as a primary clinic location.

CHAPTER 1

The Community Clinic Leadership Pipeline

The Emerging Leaders of Community Clinics

Key Findings

- Future community clinic leaders are at the early stages of their careers and will need significant investment in their development before assuming the leadership mantle.
- The majority of people of color aspire to senior leadership, but have not decided in which role they are interested.
- Staff who are interested in assuming a senior leadership role someday, but do not know which role at this time, are younger, have worked in the field for less than five years and are mostly non-management clinical staff.
- Community clinic staff are least interested in the Medical Director and CFO positions.
- Staff who are not interested in senior leadership cite the sacrifice of work-life balance and the inability to impact the communities they serve as their primary reasons for foregoing a leadership role.

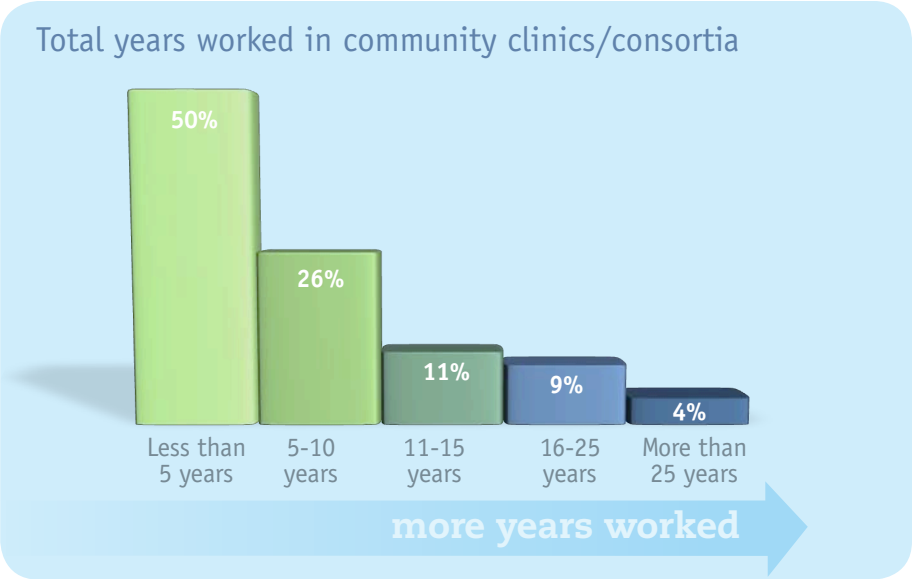
The survey data reveals that the majority of respondents – over 60 percent[15] – aspire to hold a senior leadership position at a community clinic someday. Despite this level of interest, nearly 40 percent of respondents are not interested in a senior leadership position at a community clinic. Though this latter statistic indicates a potential pipeline leak, other data regarding staff aspiration to senior leadership suggest there are still several opportunities to educate staff about senior-level opportunities and thus strengthen the community clinic leadership pipeline.

To understand better how to promote senior leadership opportunities and to identify and develop potential aspirants, we will first examine the profile of respondents who are interested in senior leadership and the roles in which they are most interested. We will also discuss those respondents who are interested in senior leadership, but do not know yet what specific role they may want to assume later in their careers. Finally, we will take a look at those respondents who are not interested in senior leadership and explore ways to cultivate their interest in organizational leadership roles and to support their individual leadership development.

Future community clinic leaders are at the early stages of their careers and will need significant investment in their development before assuming the leadership mantle.

One of the most interesting themes to emerge from the data is that staff who aspire to senior leadership roles in community clinics have neither worked in the field nor held their current jobs for a very long time. The vast majority of respon-

15 When asked in CompassPoint's *Ready to Lead* survey whether they wanted to be the executive director of a nonprofit someday, 32 percent of respondents answered affirmatively.



dents – 76 percent – have worked in community clinics for 10 years or less. Indeed, approximately 50 percent have worked in the field for five years or less. Moreover, these respondents have not been in their current positions for very long – 59 percent have held their current positions for three years or less.

Given the length of time that this group has worked in the sector, it is not surprising that 57 percent are 40 years old or younger. Whites represent the largest racial group among these respondents (44 percent), followed by Latino/as (32 percent). Women represent 80 percent of this group, and 41 percent of these respondents report that they grew up in a working-class family. More non-managers (55 percent) are interested in ascending to a senior leadership position than managers (42 percent). There is slightly more interest among administrative staff in pursuing a senior leadership role compared to clinical staff.

Below are profiles of those respondents aspiring to the five senior leadership roles identified in the survey:

Position Aspiring To	Managers v. Non-Managers	Clinical v. Administrative	Age	Gender	Race
CEO/Executive Director	71% are Managers	77% are Administrative Staff	58% are 40 or younger	68% are women	46% are white; greatest frequency among people of color: Latino/as
Medical Director	68% are Non-Managers	75% are Clinical Staff	65% are 40 or younger	79% are women	43% are white; greatest frequency among people of color: Latino/as and Asian/ Pacific Islanders
Chief Operations Officer	69% are Managers	76% are Administrative Staff	57% are 40 or younger	Evenly split between men and women	38% are Latino/as and 38% are white
Chief Financial Officer	60% are Managers	95% are Administrative Staff	53% are 40 or younger	70% are women	65% are white; greatest frequency among people of color: Latino/as
Clinical Director	67% are Non-Managers	69% are Clinical Staff	69% are 40 or younger	69% are women	47% are white; greatest frequency among people of color: Latino/as

Of those who are interested in a senior leadership role, 30 percent express interest, but do not know which role at this time.

Of those who are interested in a senior leadership role, 30 percent express interest, but do not know which role at this time. For those who indicate which role they aspire to, respondents are most interested in the following positions: (1) CEO/Executive Director; (2) COO; and (3) Clinical Director. The profiles for those aspiring to the CEO/Executive Director and COO roles are very similar. In both instances, approximately 70 percent of staff interested in these roles are managers, and more than 75 percent of this group are administrative staff. Approximately one-third of these respondents are ages 31-40, and whites and Latino/as are the two racial groups most interested in the CEO and COO roles.

The profile of staff interested in the Clinical Director role is similar with respect to age and race, but differs in two significant ways. First, only 29 percent of those interested in becoming Clinical Directors are managers. Second, more than two-thirds of those interested in the position are clinical staff, with Clinical Non-Managers expressing the most interest (47 percent of total Clinical Director aspirants) in the role. It is not surprising that a significantly greater number of clinical staff are interested in the Clinical Director role given that the technical requirements of the role would presumably rule out those administrative staff members with minimal or no clinical experience.

The data suggest that staff see two distinct career tracks within the community clinics field and that the majority of respondents are not considering professional opportunities beyond the career path upon which they are already venturing. It is telling that, while managers are more interested in the CEO and COO positions than non-management staff, it is non-managers who are most interested in the Clinical Director position. For clinical non-management staff who are interested in a senior leadership role, this position may be the only one for which they are more likely to be qualified, given that the Medical Director position requires a medical degree. It is not surprising therefore that, out of all of the senior leadership roles identified on the survey, this one would be considered the most attainable for clinical non-management staff.

The majority of people of color aspire to senior leadership, but have not decided in which role they are interested.

Like the larger respondent group, the majority of people of color who aspire to senior leadership have still not decided in which role they are interested. However, for those who have identified a future leadership position, people of color generally express the most interest in senior administrative roles (e.g., CEO or COO). Both African Americans and Asian/Pacific Islanders chose senior administrative roles over clinical positions by a rate of almost three to one. Latino/a, Middle Eastern and Native American staff were more evenly split between their interest in senior administrative and senior clinical roles. Below is a breakdown of the senior leadership roles that people of color are most interested and least interested in, by race:

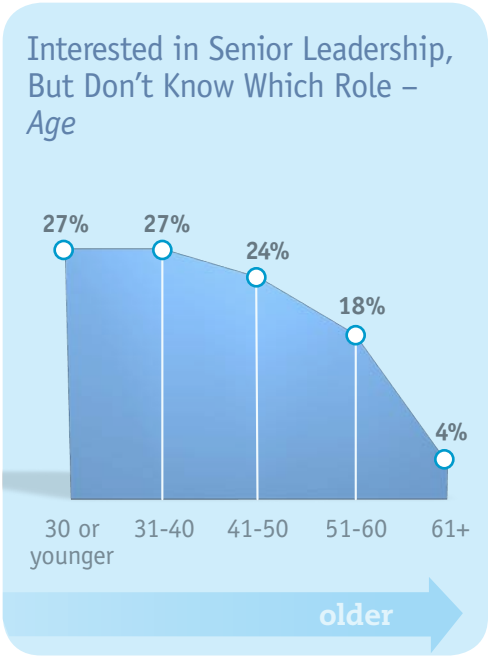
Ethnic Group	Role Most Interested In	Role Least Interested In
African American	CEO	Medical Director
Asian/Pacific Islander	COO	CFO
Latino/a	CEO	CFO
Middle Eastern	CEO	COO; CFO
Native American	CEO	CFO

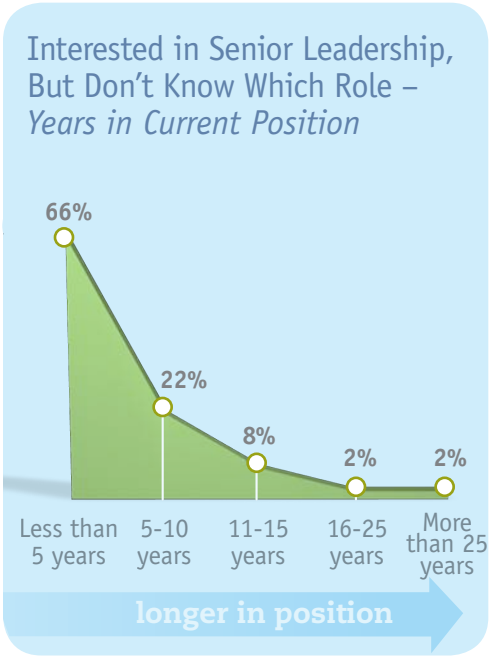
The implication of this data is that the leadership pipeline for senior level positions – especially the CFO position – will continue to be overwhelmingly white, unless current clinic leadership, sector capacity builders and funders implement strategies to develop and sustain the next generation of leaders of color in community clinics. In a time when client populations are increasingly diverse and require health care services that are culturally competent and accessible on multiple levels, clinics need to think strategically about how to include a diversity of perspectives within their organizations. As described in *What About the Next Generation of Leaders of Color? Advancing Multicultural Leadership in the Nonprofit Sector*, "To effectively assess social needs, design relevant and culturally appropriate programs and services and implement those interventions requires the full inclusion of people who have similar experiences and an authentic understanding of the populations they aim to serve."[16] Stakeholders invested in diversifying the pipeline need to broaden their recruitment strategies and consider working more closely with medical schools and other educational institutions to implement action plans for developing, supporting and recruiting more people of color into the field.

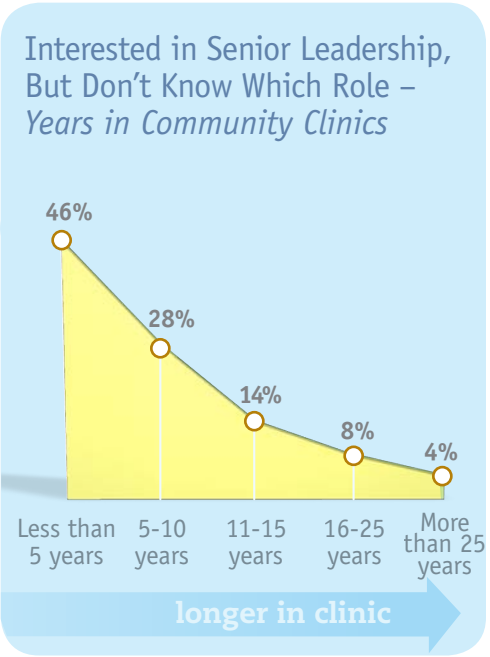
"I'm stuck because I haven't decided if that [senior leadership] is the career path I would want… I just haven't made a decision yet about where I want to go professionally."

Staff who are interested in assuming a senior leadership role someday, but do not know which role at this time, are younger, have worked in the field for less than five years and are mostly non-management clinical staff.

As noted above, 30 percent of those interested in assuming a senior leadership role do not know which role they would like to hold. As one junior administrative staff member says, "I'm stuck because I haven't decided if that [senior leadership] is the career path I would want . . . I just haven't made a decision yet about where I want to go professionally." More than half of this group are under the age of 40, and 66 percent have been in their current position for less than five years. Almost half of this group has been working in the community clinics field for less than five years, and women represent almost 90 percent of this group. Once again, whites represent the largest racial group among these respondents (41 percent), followed by Latino/as (36 percent).







16 Marla Cornelius and Steve Lew, *What About the Next Generation of Leaders of Color? Advancing Multicultural Leadership in the Nonprofit Sector* (CompassPoint, 2009).

A little more than one-third of these respondents report that they grew up in a working-class family, and 64 percent of this group currently hold non-management positions. Interestingly, more than half of these respondents are clinical staff. This may be due to the fact that there are fewer senior clinical leadership roles from which to choose. If clinical staff are primarily interested in Medical Director and Clinical Director positions, and the qualifications to become a Medical Director significantly limit the pool of eligible applicants, it is not surprising that clinical staff are unsure about what opportunities might exist within community clinics.

Community clinic staff are least interested in the Medical Director and CFO positions.

With respect to the Medical Director position, only three percent of all survey respondents are interested in that role. Even fewer respondents – two percent – are interested in the CFO role. Non-managers (especially Clinical Non-Managers) express more interest in the Medical Director position than managers, while managers – specifically Senior Administrative Managers and Directors – are more interested in the CFO role than non-managers.

To attract more emerging leaders to the CFO position, clinic and sector leaders will need to invest more resources in cultivating current clinic finance staff and enhancing the financial management capabilities of other staff. Stakeholders might also want to consider articulating more clearly the career path leading to the CFO position. The Medical Director position poses a greater challenge. We will examine potential strategies for improving the Medical Director pipeline in Chapter 2.

Emerging leaders state that sacrificing work/life balance would be a significant reason not to pursue any of the senior leadership roles identified in the survey.

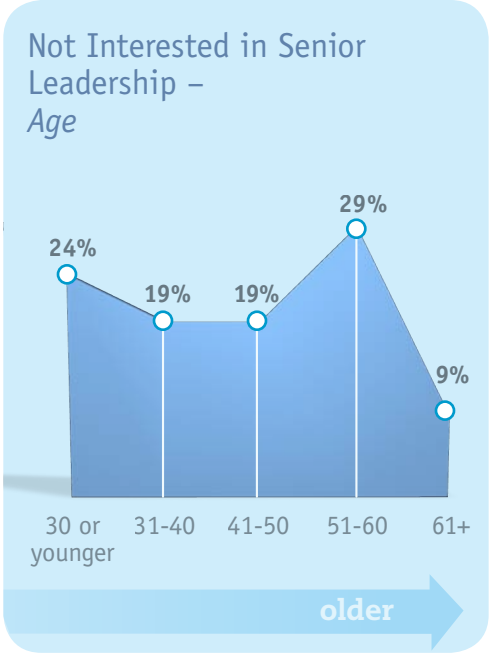
Staff who are not interested in senior leadership cite the sacrifice of work-life balance and the inability to impact the communities they serve as their primary reasons for foregoing a leadership role.

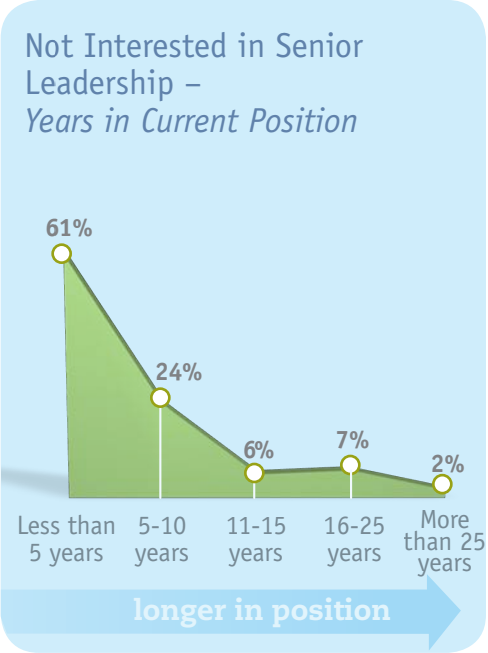
Almost 40 percent of all survey respondents state that they are not interested in pursuing a senior leadership role at a community clinic or consortium. In this respondent group, non-managers outnumber managers by a ratio of more than three to one. However, this group is relatively evenly split between clinical and administrative staff. Nearly one-third of these respondents are ages 51-60, and over two-thirds are female.

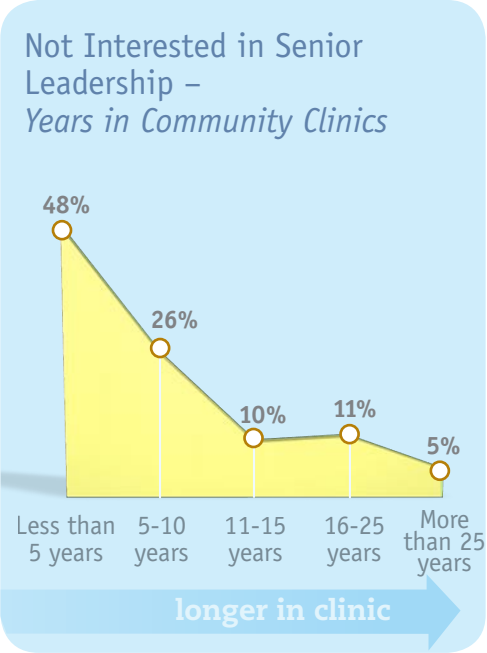
People of color appear to be more interested than white community clinic staff in senior leadership. Whereas 40 percent of all white respondents are not interested in a senior leadership role, only 28 percent of people of color, on average, are not interested in a senior leadership position.

Though the reasons are varied for why respondents in this group are not interested in pursuing a senior leadership position, three motivations stand out. First, 74 percent of this respondent group state that **sacrificing work/life balance would be a significant reason not to pursue any of the senior leadership roles identified in the survey** either at their current organization or any other community clinic or clinic consortium. Relatedly, more than half of this group state that **they cannot have the kind of family life they want and be a senior leader.** Finally, 68 percent of this group believe that **a senior leadership position is not an ideal way to impact the communities they serve**.

Despite their disinterest in pursuing senior leadership roles at a community clinic, less than 10 percent of this group are actively seeking a job outside of their







organization. Of this group, while 30 percent state that they do not seek future employment, for those who identified a sector for their ideal next job, the nonprofit community clinics field is the most popular. This finding suggests that, while these respondents are not interested in senior leadership at this point in their careers, they are still committed to a career within the field. This presents an opportunity to clinics and the field to invest in the leadership and professional development of these staff because, while they may not aspire to senior leadership positions, they can still lead from wherever they sit in their organizations. As such, clinics should resist the gravitational pull of "positional leadership" – the notion that one is a leader only if she or he sits in an executive or senior role. Rather, clinics can encourage and create opportunities for the various instances of situational leadership that occur on a daily basis within their organizations. No matter what role a staff member plays within a clinic, she or he has the potential to lead the organization in strategy development, program delivery, client service and change initiatives if given the appropriate support, guidance and training. In doing so, stakeholders can help grow the leadership bandwidth across the entire community clinics field by engaging staff in leading their organizations regardless of level or position.

PROFILE

Those Who Aspire to Senior Leadership

- Majority have worked in community clinics for 10 years or less.
- Most have held their current positions for three years or less.
- More than half are 40 years old or younger.
- Whites are the largest racial group among these respondents, followed by Latino/as.
- Majority are women.
- Nearly one-third are from working-class backgrounds.
- More non-managers than managers are interested in ascending to a senior leadership position.
- Almost one-third do not know, at this time, in which specific senior leadership role they are interested.

Readiness and the Next Generation of Community Clinic Senior Leaders

Key Findings

- Emerging leaders feel they are ready now or within the next five years to assume a senior leadership position.
- More administrative staff than clinical staff feel they are ready now or within the next five years to become senior leaders.
- More than one-third of respondents who aspire to specific leadership roles feel that it is likely or very likely they will assume the leadership mantle.
- Among people of color, Latino/as feel the most positively about the likelihood of assuming a senior leadership position in their organization.
- Those staff who aspire to the CEO and COO positions feel the most positively about their chances of assuming those positions, while those who aspire to the Medical Director position feel the least positively about their chances.

82 percent feel they are ready now or within the next five years to take on a leadership role.

For those respondents who are interested in a senior leadership role, 82 percent feel they are ready now or within the next five years to take on such a role. Comparatively, only 40 percent of the respondents to the *Ready to Lead* survey felt ready to take on the executive position within the next five years. The majority (66 percent) of managers feel they will be ready now, compared to 33 percent of non-managers. With respect to being ready for senior leadership within one to five years, it is nearly evenly split between managers and non-managers. Twice as many administrative staff feel they are ready now for senior leadership compared to clinical staff; this ratio is similar for those administrative and clinical staff who feel they will be ready within one to five years.

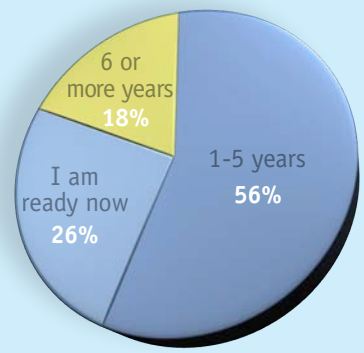
Among age groups, 33 percent of staff ages 51-60 believe they are ready now to take on a senior leadership role; similarly, 34 percent of staff ages 31-40 feel they will be ready within one to five years to take on a senior leadership role. Among all racial groups, with the exception of one,[17] at least half of those respondent groups feel they will be ready within one to five years. Men and women feel similarly about their readiness to take on leadership; a little more than half feel they will be ready within one to five years and approximately one-third feel they are ready now to be senior leaders.

Given survey respondents' relative confidence in their abilities to assume senior leadership roles within the next few years, it is important to understand how they feel about their likelihood of becoming a senior leader. If emerging leaders feel negatively about their prospects for becoming senior leaders, despite their feelings of readiness, it is possible they will become discouraged and forego pursuing senior level positions within their own organization or anywhere else within the community clinics field. But, before we can begin to address this issue, let's take a look at how current clinic staff feel about their chances of becoming senior leaders.

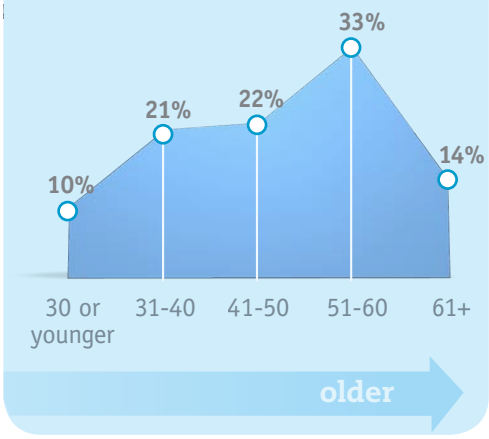
17 Among Middle Eastern staff, 40 percent feel they would be ready now, and 40 percent feel they would be ready in six or more years.

Readiness to Take On a Senior Leadership Role

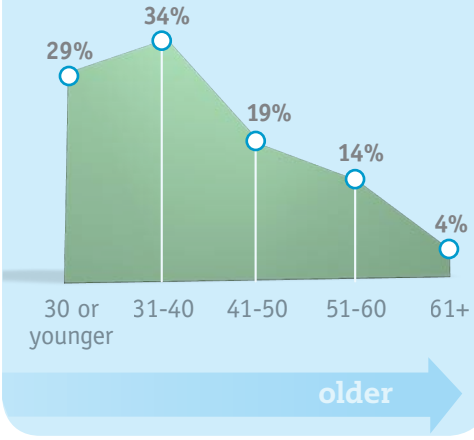
(All respondents)



Ready to be a Senior Leader Now – *Age*



Ready to be a Senior Leader in 1-5 Years – *Age*



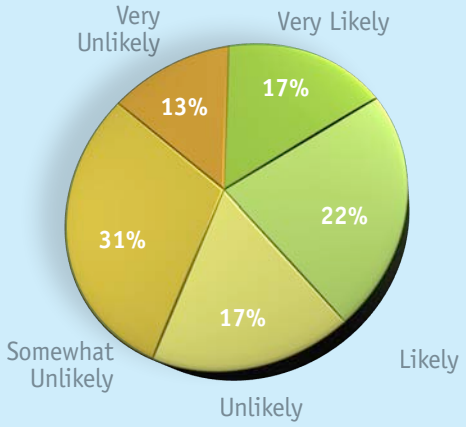
Overall, 39 percent of those respondents who aspire to specific senior leadership positions feel it is likely or very likely they will attain that position. Of this group, 72 percent are administrative staff, and only 27 percent are clinical staff. The majority (65 percent) of current managers and directors feel it is likely or very likely they will be senior leaders, whereas only 33 percent of non-managers have the same feelings of likelihood. Within age groups, respondents' feelings are mixed about the likelihood of becoming a senior leader. Responses are evenly distributed across the spectrum of age groups – not one group feeling significantly more confident in their likelihood of becoming a senior leader than not.

Among people of color, Latino/as feel the most positively about the likelihood of becoming a senior leader. Conversely, Middle Eastern staff feel the most negatively about the likelihood of assuming a senior leadership position in their organization. Those whose family socio-economic status was middle class growing up feel the most positively about the likelihood of becoming a senior leader, and those who came from a working class background feel the most negatively about their chances.

On average, 32 percent of respondents who aspire to the five identified senior leadership positions feel it is somewhat unlikely they will become a senior leader within their organization. Those who aspire to the CEO and COO positions feel the most positively about their chances – in both cases, approximately 40 percent of respondents who aspire to those roles feel it is likely or very likely they will become senior leaders. In marked contrast, only 21 percent of those who aspire to the Medical Director position feel it is likely or very likely they will become a senior leader.

Likelihood of Becoming a Senior Leader

(all respondents)



Preparing Emerging Community Clinic Leaders

97 percent of respondents who aspire to specific senior leadership positions state they were not being explicitly developed to serve in a senior leadership role in their organization.

Key Findings

- Community clinic staff are not being explicitly developed for senior leadership positions.
- Of those who are being explicitly developed, the overwhelming majority are administrative managers.

While emerging leaders feel positively about their readiness for senior positions, they feel less so with respect to their chances for becoming senior leaders. These lesser feelings of likelihood could be attributable to a host of individual barriers, career choices and/or organizational impediments. One factor affecting these feelings of likelihood is the degree to which staff are being explicitly developed for senior leadership roles.

When asked whether they were being explicitly developed for a senior leadership position, on average, 97 percent of respondents who aspire to specific senior leadership positions state they were not being explicitly developed to serve in a senior leadership role in their organization. For those who say they are being explicitly developed for the senior leadership roles identified in the survey, their profiles are as follows:

Position Explicitly Developed For	Managers v. Non-Managers	Clinical v. Administrative
CEO/Executive Director	77% are Managers	80% are Administrative Staff
Medical Director	58% are Non-Managers	58% are Clinical Staff
Chief Operations Officer	77% are Managers	82% are Administrative Staff
Chief Financial Officer	67% are Managers	86% are Administrative Staff
Clinical Director	57% are Non-Managers	64% are Clinical Staff

Compared to all other racial groups, Latino/as indicate more often that they were being explicitly developed for the Medical Director, COO and Clinical Director positions, while whites had the highest rates of frequency with respect to the CEO and CFO positions.

As such, while emerging leaders express a clear sense of readiness to become senior leaders, more intentional leadership development may need to happen within community clinics. Indeed, it is significant that 36 percent of staff do not feel they will have the opportunity to take on new responsibilities and/or get a promotion at their current organization within two to five years. Thus, a staff person's sense of readiness can erode not only if there is a lack of tangible and defined promotional opportunities, but also if there is no growth happening within his or her current position. Given the ready and willing leadership pipeline present, clinics have the opportunity to more effectively develop and commit to the prospects for emerging leaders.

PROFILE

People of Color

- Majority are interested in senior leadership, but have not decided in which role they are interested.
- Are more interested in assuming a senior leadership position than white community clinic staff.
- Express more interest in senior administrative roles than in senior clinical positions.
- Are most interested in CEO role.
- Are least interested in CFO role.
- Feel they are ready to become senior leaders within one to five years.
- Generally, are not being explicitly developed for senior leadership roles.
- Feel personally fulfilled in their current positions.

Perceptions of and Opportunities for Advancement

Key Findings

- While most clinic staff feel they are qualified to advance within their organizations, about half feel there is no room for advancement.
- Staff are unsure of what advancement opportunities are available.
- Staff believe that advanced degrees and technical skills are critical to advancement.
- Generally, staff have a positive view of available professional development opportunities.

In order to develop strategies which bridge the gap between emerging leaders' perception of readiness and their interest in senior leadership with the lack of intentional leadership development, we need to understand staff perceptions of advancement, professional development and leadership opportunities. In doing so, we can ascertain what organizational impediments affect the leadership pipeline and identify opportunities to correct existing flaws within the system as well as build on the effective strategies which currently exist.

While most clinic staff feel they are qualified to advance within their organizations, about half feel there is no room for advancement.

More than 75 percent of the survey respondents plan to continue their careers at their organizations and only 32 percent would be surprised if they are at their current organization in the next three years. In addition, the vast majority – 89 percent – believe they have the skills to advance within their organizations. Notwithstanding their commitment to their clinics and confidence in their capabilities, almost half – 47 percent – believe there is no room for advancement at their current organization. As one focus group participant states, "I think if I want to stay in the world of community clinics I would need to leave because we just have a very small community clinic so there are no [senior] positions." And, as another staff member puts it, "The executive team is here to stay, so I would need to go elsewhere for an upper level position."

> "I think if I want to stay in the world of community clinics I would need to leave because we just have a very small community clinic so there are no senior positions."

Among those respondents who feel there is no room for advancement, 60 percent are non-managers; clinical and administrative staff report similar rates of feeling there is no room for advancement. More Clinical Non-Managers and Senior Clinical Managers feel negatively about the possibility of advancement. With respect to the latter, 71 percent of that respondent group believe there is no room for advancement at their organizations. Among racial groups, most respondents feel there is room for advancement within their organizations. Only white and Middle Eastern respondents report a higher rate of negative feelings about their opportunities.

Given that nearly half of respondents have a negative view of opportunities within their current organizations, it is important to understand what perceived and real barriers may stand in their way to advancement. In analyzing the data, three themes emerged: (1) respondents have a desire to advance within their organizations, but are unsure of what opportunities are available; (2) earning an advanced degree and developing further technical management skills are the perceived greatest hindrances to advancement; and (3) respondents generally have positive views about the professional development opportunities provided by their organizations.

Staff are unsure of what advancement opportunities are available.

A recurring theme which emerged from both the survey responses and focus group discussions is that staff are unaware of what advancement opportunities are available within their current organizations. For example, while most respondents – 74 percent – feel they would be considered fairly for promotion, 58 percent do not know what the criteria are for promotion. What is even more striking is that more than one-third (35 percent) of managers report that the criteria for promotion have not been clearly defined for them. Generally, all racial groups report similar or slightly higher frequencies of lack of awareness than the total survey average, however, both Asian/Pacific Islander (66 percent) and Middle Eastern (67 percent) staff report significantly greater instances of not knowing what the criteria are for promotion.

Staff believe that advanced degrees and technical skills are critical to advancement.

Although clinic staff need greater clarity regarding what it takes to get promoted within their organizations, a significant number – 39 percent – are very clear that getting an advanced degree, certification or license and developing further certain technical or management skills (e.g., clinical experience and finance) are essential to further one's career. For example, a focus group participant who is deciding whether to "advance in management or in nursing" noted, "in either case, I would have to go back to school to earn an advanced degree in health administration or nursing." Fortunately, 33 percent of all respondents report that their organization provides financial support for the pursuit of advanced education. Of course, the degrees to which clinics can fund certification or licensing coursework differ, depending on the organization's resources. As one senior-level staff member stated, "Our executive management team is very used to promoting [professional development for staff], but since our resources are limited, there is only so much we can do. We help with shorter schedules, we provide limited tuition and help with courses if they need the support and are interested, but there are really not enough resources."

Generally, staff have a positive view of available professional development opportunities.

Despite the real and perceived lack of resources for attaining an advanced degree, certification or license, respondents generally have a positive view of the professional development opportunities available to them. For example, 93 percent[18] of the respondents feel they are learning in their current positions. Moreover, 70 percent of respondents feel that their individual professional development needs are being met and that their organizations provide them regular access to professional development activities, such as customized in-house training, on the job training, external seminars and conferences.

Nonetheless, there are a number of professional development offerings that respondents feel their organizations fall short in providing. For example, almost half of all

18 This result is slightly higher than what the *Ready to Lead* survey respondents reported; in that instance, 87 percent stated that they are growing and learning in their positions.

> "Our executive management team is very used to promoting [professional development for staff], but since our resources are limited, there is only so much we can do."

survey respondents feel they are not given the opportunity to lead or manage significant organizational projects. In addition, a significant number of respondents – 44 percent – feel that their organizations do not provide sufficient coaching or mentoring to help them in their career development.[19] And yet, despite the fact that clinics are not providing these types of activities, a number of focus group participants comment on the benefits they have observed when staff are mentored or coached. One focus group participant shares the story of a CEO who invested time in mentoring a junior staff member over the course of several years by "putting her in many different positions that allowed for growth." Years later when the CEO left his role, this staff member took over his position. That senior leader gave her "the abilities and competencies strategically, so she could move to higher positions when the opportunities became available. That's what someone can do to support someone else."

Implications for strengthening the pipeline

The survey data and focus group feedback suggest two potential strategies for strengthening the leadership pipeline. First, **organizations need to define career frameworks for their staff.** That is, in addition to articulating the skills needed and responsibilities of each staff function, clinics need to define what the career paths are within an organization. This would include articulating what it takes for a staff member to advance through the organization and what criteria – sector leadership, supervisory experience, technical skills and degrees – are needed for promotion. Notably, 71 percent of respondents believe their organization does a good job of developing and promoting from within. Thus, while respondents feel their co-workers are being promoted, they do not necessarily think that they are progressing within their clinics or they are unsure of how to do so. Well-defined career paths would help staff clarify what is required of them to advance should they so choose. As one focus group participant succinctly says, "I wish someone would sit down with me and help me figure out my career path."

Second, **clinics need to develop intentional, organization-wide professional development strategies** that support not only management and technical skills-building, but leadership development as well. Fifty-six percent of respondents report that their organization does not have a clearly articulated professional/leadership development

19 Respondents feel similarly about the lack of opportunities to participate in community clinic networks and conferences, and an even higher percentage – 58 percent – feel they do not get the opportunity to represent their organizations at these convenings.

"I wish someone would sit down with me and help me figure out my career path."

"Professional development opportunities are out there for staff, but I don't think enough of them utilize the opportunity, and I don't know how much it is talked about at each individual clinic."

plan for all staff; however, individual needs are being met. One focus group participant says, "Professional development opportunities are out there for staff, but I don't think enough of them utilize the opportunity, and I don't know how much it is talked about at each individual clinic." Thus, this disconnect between individual and organizational needs suggests that clinics must take a broader and more strategic view of professional development. In addition to providing traditional forms of professional development, such as staff in-services, access to off-site workshops and tuition reimbursements, clinics should invest in professional and leadership development activities which complement existing trainings, such as coaching and mentoring.

Clinics should also think beyond the "four walls" of the organization and promote field-wide opportunities as forms of professional development, such as sending staff to represent the organization at regional and statewide conferences and networks, and make such field-building work part of what is expected for advancement within an organization. Focus group participants who feel that their clinics are committed to professional development note not only the organization's financial investment in training, but also the organization's commitment to the personal and professional growth of each and every staff member. That is, these organizations institutionalize continuous learning as part of their culture. As one staff member states, "Our organization does a lot of teaching and empowers the staff so that personal growth is part of their work. They feel like they are a big part of the organization, even though they are not a manager. Even someone in the medical records department feels empowered."

"Our organization does a lot of teaching and empowers the staff so that personal growth is part of their work. They feel like they are a big part of the organization, even though they are not a manager."

As part of developing a strategic approach to professional development, clinics will also need to invest in building supervisors' abilities to work with staff in developing their professional development plans. As one focus group participant observes, "Some supervisors do a good job [at working on professional development plans]; for others, it's hard enough to get them to do performance evaluations, let alone set specific [professional development] goals." Fortunately, 79 percent of the survey respondents state that their supervisors know their leadership potential. Clinics may want to consider requiring supervisors to invest significant effort in cultivating and assisting emerging leaders in their development.

Finally, clinics need to demonstrate their commitment to professional development by providing sufficient time, on a regular basis, for staff to attend workshops, conferences, convening and seminars. A number of focus group participants note that they are so busy at work they do not have time to focus on their professional development. Although many organizations are doing more with less these days, leaders still need to invest in their staff's development and allow them the time to engage in training.

CHAPTER 2

Barriers to Community Clinic Leadership

Key Findings

- Staff's greatest concern about assuming a senior leadership role is that it would mean sacrificing work-life balance.
- Staff have financial concerns about working in the community clinics field, and clinic compensation poses a significant barrier to senior leadership.
- Aspirants to the Medical Director role are more numerous than any other group in identifying barriers to senior leadership.

Our analysis reveals that there is a significant number of community clinic staff who are interested in becoming the next generation of senior leaders. They have confidence in their readiness for senior leadership, but they are not currently being cultivated for leadership roles. Moreover, organizational impediments such as the lack of well-defined career paths, perceived and real "glass ceilings" and the absence of professional development strategies may prove to deter a significant number of staff from leadership. Such structural impediments, however, can be addressed through effective strategy development, significant infrastructure investment and diligent resource allocation. Notwithstanding systemic impediments, though, staff also cite a number of personal barriers to pursuing senior leadership. That is, they may feel the job can be done; they're just not sure if they want the job.

Staff's greatest concern about assuming a senior leadership role is that it would mean sacrificing work-life balance.

Regardless of what position they aspire to, respondents consistently report that they would have to sacrifice work-life balance to pursue a senior leadership role. More than half – 54 percent – report this as a barrier.[20] As one focus group participant states, "Personally, [a senior leadership role] would not be appealing to me. [Our organization has] a great executive team, but they are overworked." Another staff member states even more pointedly, "I don't want a senior leadership position. It is way too much responsibility and too overwhelming." And, as yet another focus group participant shares:

> *I don't particularly feel that I really want a senior leadership position. Our Executive Director went on sabbatical for three months and our Medical Director stepped in as the Interim Executive Director… I saw how difficult it was for our Medical Director to do what our CEO does… I just had a conversation with our CEO where I said, "I don't know how you do your job keeping community clinics staying afloat and keeping people happy." All the stress – I don't think I'd want the position because it is so much responsibility. It takes a special person and it's not me, at least at this point in my life.*

20 Comparatively, only 40 percent of respondents to the *Ready to Lead* survey listed sacrificing work-life balance as a barrier.

These sentiments are shared not only among focus group participants, but among survey respondents as well:

PROFILE

Who is Concerned About Work-Life Balance?

- Sixty percent are non-managers.
- Evenly split between administrative and clinical staff.
- Half of those who are interested in senior leadership, but do not know which role.
- Thirty-seven percent of those who aspire to CEO and COO positions.
- Forty-eight percent of those who aspire to Medical Director and Clinical Director positions.
- Twenty-five percent of those who aspire to the CFO position.

Thus, the struggle between balancing work in a clinic and one's life outside of the workplace is a palpable one. A number of focus group participants acknowledge that work-life balance choices have affected their career progression thus far. One mid-level manager states that being "a single mother…played a huge role in deciding to put off" her education and that only now, as her youngest child graduates, will she be able to "finish what [she] want[s] to accomplish." As she puts it, "I put my family first for the first twenty years of my career." Another focus group participant states that by spending more time at home with his children during the age when most people are "at the peak of their careers," his career path was affected. Given the difficult choices staff have to make and the perception that leadership roles in clinics compound those dilemmas even further, it is not surprising staff feel that senior leadership would make work-life balance an impossibility. As one focus group participant says, "If you are in a senior leadership role, you are doing everything, and I think, for right now, that's not a direction I am choosing to go in."

"If you are in a senior leadership role, you are doing everything, and I think, for right now, that's not a direction I am choosing to go in."

Respondents also identify other factors as possible barriers to pursuit of the senior leadership role. Below is a break down, in descending order, of those factors identified as significant barriers to leadership:

Barrier	% of all respondents
Would have to sacrifice work-life balance	54%
Do not have the technical training	42%
Want to focus on direct patient care only	35%
Want to work in a different sector or nonprofit area	34%
Not ideal way to have impact on my community/field of interest	34%
Can't have family life and be a senior leader	33%
Probably won't be given the opportunity	33%
Compensation is insufficient	32%
Would be difficult to balance administrative duties with direct care	31%
Don't have leadership qualities	22%
The job description is un-doable	20%

"If the field is going to attract the quality of people they want, they are going to have to pay more."

Staff have financial concerns about working in the community clinics field, and clinic compensation poses a significant barrier to senior leadership.

Survey respondents and focus group participants alike feel that the lack of adequate compensation is a significant barrier to senior leadership in community clinics. Thirty-seven percent of all respondents report having financial concerns about committing to a career in the community clinics field. More than half (63 percent) of this group are non-managers, and respondents are evenly split between administrative and clinical staff. Among people of color, approximately 50 percent of Middle Eastern and Asian/Pacific Islander staff report having financial concerns of staying in the sector.

Staff members' greatest concerns are about the lack of money to retire or to support one's family. Of those who are concerned about financing their retirement, 32 percent are under the age of 30, and 62 percent are non-managers. For staff who are concerned about supporting their families, 42 percent are under the age of 30, and 69 percent are non-managers. Moreover, almost one-third of all respondents carry student loan debt; 35 percent of those respondents are "very concerned" about paying down their remaining student debt, and most of them (64 percent) have remaining balances of less than $25,000.

Which Financial Concerns are Most Significant?	% of respondents who have financial concerns about working in the community clinics field
Not enough money to retire	23%
Not enough money to support a family	17%
Not enough money to own a home	16%
Not enough money to support standard of living	16%
Not enough money to pay off all debt	14%
Not enough money to pay off student debt	9%

These financial concerns are further compounded by the fact that survey respondents and focus group participants feel the compensation provided in community clinics is insufficient. As a senior manager states, "If the field is going to attract the quality of people they want, they are going to have to pay more." Indeed, almost 60 percent of all respondents feel they are underpaid in their current position and their salaries are not competitive with similar positions elsewhere. One junior administrative staff member wonders whether she is going to be able to continue to support a family with the type of pay she gets at her community clinic. Another focus group participant reflects on the relationship between her clinic's financial health and her individual financial concerns: "My concern is [the clinic's] stability, since we're so dependent on so many different funding entities to make sure we can operate day to day. We recently went through job cuts, which may mean pay cuts for certain people, so my concern mainly is stability." As one focus group participant put it more directly, "I definitely don't like the pay. I'm going to learn as much as I can before I move on."

Aspirants to the Medical Director role are more numerous than any other group in identifying barriers to senior leadership.

A recurring theme is that, while all respondents indicate multiple reasons for why they may not pursue a senior leadership role, those who aspire to the Medical Director position are more numerous than any other group of respondents in identifying

"Being a center manager or a services manager, or being on the admin side, it wouldn't really interest me because it would remove me from patients. It would offer more money, but that doesn't interest me."

barriers to senior leadership. For these staff, the top three barriers to senior leadership are: (1) they do not have the technical training; (2) they feel a conflict between wanting to focus on direct care and attending to their other work; and (3) they do not think that being a senior leader is an ideal way to impact the communities they serve. As discussed already, it is not surprising that aspirants to the Medical Director position would cite technical training as a barrier to leadership given that the role requires applicants to have a medical degree. Indeed, 48 percent of those who aspire to be a Medical Director cite this as a barrier, compared to only 28 percent of those who aspire to the CEO position.

Aspirants clearly feel a "push and pull" between their desire to work directly with patients and the necessities of their administrative duties. For 33 percent of those aspiring to the Medical Director position, the desire to focus on direct patient care gives them pause before pursuing a senior leadership role. Indeed, almost 40 percent of Medical Director aspirants – and nearly one-third of Clinical Director aspirants – cite the difficulty in balancing administrative duties and direct patient care as a barrier to senior leadership. When asked whether she would consider a senior leadership role at her clinic, one focus group participant notes, "I would not enjoy being on the administrative side of the clinic. I am not feeling a draw there because I would be too removed from patient care." And, as another staff member states, "I think that if I were to kind of move up the ladder 'admin-wise' I would not really enjoy those positions. Being a center manager or a services manager, or being on the admin side, it wouldn't really interest me because it would remove me from patients. It would offer more money, but that doesn't interest me."

Staff feel strongly that their organizations align with their personal values and allow them to give back to the communities in which they live and work.

Her sentiment is echoed by more than one-third of the Medical Director aspirants who state that senior leadership is not an ideal way for them to have an impact on the communities they serve. Such a sentiment is not surprising given the deep commitment that many focus group participants express regarding why they work at community clinics in the first place. Staff feel strongly that their organizations align with their personal values and allow them to give back to the communities in which they live and work. Even those who came to the sector accidentally feel a deep passion for their organization's mission. As one focus group participant notes, "I took this job because of the commute. I continue to stay because I know that our services are so vital to the community."

Thus, staff want a significant connection between the work they do and the communities they serve. To the extent that staff perceive the administrative and managerial aspects of being a Medical Director as getting in the way of that connection, clinics will be challenged in finding committed and qualified staff to fill that position. As

> "I took this job because of the commute. I continue to stay because I know that our services are so vital to the community."

> "The community clinic setting is more complicated than other settings because we have to do extra work such as fundraising and grant writing. They [for-profit hospitals and clinics] just see patients and bill."

such, clinics need to find a way to support current and aspiring Medical Directors in striking an effective balance between client services and administrative duties. One strategy could be to develop a shared leadership model which embraces leadership that is based on mutual rather than solitary leadership, spreads leadership down and throughout the organization and fosters an environment of inclusion and shared accountability. Moreover, current clinic leadership has to promote more effectively the reasons why client care, organizational leadership and management are critical to the success not only of the Medical Director, but to the organization as a whole.

Implications for strengthening the pipeline

Two strategies emerge from understanding the real and perceived challenges staff are facing. First, **stakeholders interested in the sustainability of community clinics – current clinic leadership, board members, sector leaders and funders – need to invest in paying better salaries to clinic staff.** Survey respondents and focus groups participants state that they are underpaid, and as a result, they are concerned about how long they can continue to work in the community clinics field. They seek compensation which is reflective of the multiple aspects of their positions and are, to an extent, market competitive. As one focus group participant aptly states when discussing the disparity between nonprofit clinical staff compensation and for-profit salaries, "The community clinic setting is more complicated than other settings because we have to do extra work such as fundraising and grant writing. They [for-profit hospitals and clinics] just see patients and bill. It's not easy, but we have an extra layer to deal with. I don't think our salaries are competitive. It's something to look at – the extra responsibilities."

Second, **clinics can support staff's efforts to achieve work-life balance by rethinking how the work of senior leaders gets done.** As discussed above, moving to a shared leadership model which promotes personal growth and shared accountability not only strengthens the leadership capacity within a clinic, but can help to reduce the overwhelming workloads assumed by senior leaders. A shared leadership framework encourages staff not only to make decisions about their own work, but also to direct and coordinate the efforts of their colleagues. As a result, leaders can spread leadership skills and responsibilities throughout their organizations and move away from heroic, self-sacrificing leadership. In doing so, current leadership can also demonstrate to emerging leaders how a collaborative, team-based leadership practice supports a viable life inside and outside of the office.

CHAPTER 3

The Pipeline Promise

Survey respondents and focus groups participants identify many perceived and real challenges to assuming a senior leadership position at a community clinic with many indicating that senior leadership is not a career path they seek. However, despite the barriers and disinterest, the outlook for the community clinic leadership pipeline is not grim. As already discussed, a significant number of community clinic staff – 60 percent – are interested in senior leadership. But, perhaps even more important than staff's interest in senior leadership, is their fervor for and commitment to the community clinics field. As reported in the survey results and focus groups discussions, **community clinic staff are passionate about the work they do and are drawn to the missions of their organizations because of the positive and meaningful impact they can have on the communities they serve.** As one focus group participant states, "I know about community clinics, because I grew up in a rural area, and my family used them. I started here because I got a paid internship while in school, so it was a great opportunity. I stayed because it's a great place to work . . . and I've been given a lot of opportunities. It's great what we do – giving care to people in need, and it's rewarding to give back to the community."

Indeed, staff have a deep sense of individual satisfaction by working in a community clinic. **When asked whether they are personally fulfilled by the work they do in their current positions, nearly 90 percent of all survey respondents report that they are.** Moreover, if job hunting is an indicator of whether someone is committed to staying in the community clinics field, only 10 percent of all respondents are actively seeking a job outside of their current organizations. Comparatively, 33 percent of respondents to CompassPoint's 2008 *Ready to Lead* survey were actively seeking a job outside their current organization. And, although this group is actively seeking a job outside of their current clinics, nearly half of them are committed to staying in the health care field. Thus, notwithstanding the personal costs of working for a community clinic and the structural impediments which may thwart their advancement at their current workplace, staff are committed to staying in the field.

An opportunity exists to support the community clinics field by investing significantly in the professional and leadership development of all community clinic staff, regardless of whether they aspire to a senior leadership role. In doing so, stakeholders can contribute to the sustainability of the field by supporting and developing this ready and willing workforce who are passionate and committed to the work of community clinics. The building blocks for that support are already in place – staff feel they are learning in their current positions, and many have access to a range of development activities that support their professional growth. What community clinics and other stakeholders should consider focusing their efforts on now is creating organization and sector-wide professional and leadership development strategies which support shared leadership frameworks, defining career paths within clinics and throughout the sector and providing competitive compensation to clinic staff. In the next section, we will examine different strategies that can capitalize on the promise of the community clinic leadership pipeline.

CHAPTER 4

Recommendations

For Emerging Leaders

Define your career path. Take control of your career – ultimately, it is your responsibility. Ask for the opportunity to lead significant clinic projects. Discuss regularly with your supervisor what work you are interested in at your clinic and where you envision your career going. Find seminars, conferences and workshops that support your professional development goals and ask for your clinic's support. There may be funding available – you will not know until you ask.

Find a mentor. Mentors can be critical to growth and success in your career; they can help you build new talents and develop self-awareness. They can also connect you to people, provide constructive criticism and help you learn from mistakes they have made. When searching for a mentor, think about where you are in your career, and where you would like to be. Have a clear understanding of your purpose and desired result from the mentoring relationship.

Seek networking opportunities. As you consider your career trajectory, think beyond the four walls of your current organization. By going to external trainings, attending conferences (like those sponsored by the California Primary Care Association) and participating in field networks (like the Regional Clinic Consortium or the National Association of Community Health Centers), you will meet new people and network with field experts, leaders and like-minded individuals. Building relationships like these can be extremely useful for finding out about career opportunities, work-related guidance, and emerging trends.

Work with a coach. In a mentoring relationship, one often seeks advice and counsel from a more experienced colleague who shares his or her relevant knowledge and practice. Coaching is a process by which you can clarify your thinking and identify solutions to workplace challenges. A coach helps you discover your own solutions by asking a series of thought-provoking questions and offering unconditional listening and support.

Define and promote career paths within your clinic.

In addition to identifying the skills needed and responsibilities for each staff position, articulate what it takes for a staff member to advance through the organization and what criteria – field leadership, supervisory experience, technical skills and degrees – are needed for promotion. Help staff manage their careers by clearly defining promotion criteria and by requiring supervisors to discuss the topic of career paths with their supervisees on an annual basis. Partner with other clinics and capacity builders in developing career frameworks which have broad applicability throughout the community clinics field.[21]

For Clinics

Invest in and promote professional development opportunities. Develop organization-wide professional development strategies that support not only management and technical skills-building, but leadership development as well. Continue to provide traditional forms of professional development, such as staff in-services, access to off-site workshops and tuition reimbursements. Provide activities which complement existing trainings, such as executive coaching and mentoring. Evaluate the organizational professional development strategy on an annual basis.

Adopt a collaborative, team-based leadership model that fosters shared accountability. Survey respondents and focus group participants alike noted that the responsibilities and duties of clinic senior leaders are often overwhelming and burdensome. Consider replacing outdated structures and move towards models which support teams that can more fully share with the senior leaders in the challenges of leading a community clinic. For both Medical Directors and CEOs, their management teams are cited as the greatest source of support[22] and for those who are very satisfied in their current roles, a majority share responsibilities with their management team "very much."[23] Thus, clinics that employ less traditional and hierarchical approaches to leadership, while still holding staff and leaders accountable for organizational impact, are positioned well to attract and retain emerging leaders.

Provide competitive compensation. The data are clear – community clinic staff, while passionate about their work, have concerns about being able to sustain a career at a community clinic. As discussed above, almost 60 percent of all survey respondents feel they are underpaid and their salaries are not competitive. Partner with your boards and with funders in providing salaries and benefits which attract and retain emerging talent.

21 One resource for developing career frameworks is the Community Clinic Voice, (www.communityclinicvoice.org) a free, online gathering place for clinic professionals. Among other things, the website includes job postings, which could help inform organizational discussions regarding career paths.

22 *Mission Critical: The State of CEO Leadership in California Community Clinics*, p. 12 (BTW *informing change*, 2009) and *Taking the Pulse: The State of Medical Director Leadership in California Community Clinics*, p. 17 (BTW *informing change*, 2009).

23 *Id.*, p. 16.

For Clinics

Develop and implement succession plans for your senior leadership positions. A clinic that gives on-going attention to talent-focused succession planning can be more nimble and flexible, having the skills and the capacity at hand to meet whatever challenges may arise.[24] Develop a clear vision and set of long-term strategies and identify the leadership competencies to help the organization get there.[25] Build the bench strength for all of the senior leadership roles within your clinic, not just for the CEO or Medical Director positions. Create professional development plans for any staff who have the potential to assume greater responsibilities over time.[26]

Recognize and embrace generational differences. The combination of younger staff desiring to advance through nonprofit organizations and Baby Boomers staying in their positions longer has dramatically shifted the composition of the workforce.[27] However, contrary to popular belief, these groups are remarkably similar in their workplace preferences and values (e.g., both groups value flexible work arrangements and the opportunity to give back to society).[28] Of course, differences in style, approach and priorities still exist; younger staff may be reluctant to spend more than a few years in a job where they have little potential for growth or professional development, and older staff now see themselves as being in their mid-careers. As such, clinic leadership not only must understand the different ways in which these generational cohorts are redefining what it takes to recruit and retain great talent, but they should also take advantage of those opportunities where staff can learn and grow together across generational lines (e.g., intergenerational mentoring and coaching programs).[29]

24 Timothy Wolfred, *Building Leaderful Organizations: Succession Planning for Nonprofits* (CompassPoint, 2008).

25 *Id.*, p. 6.

26 *Id.*

27 See Sylvia Ann Hewlett, Laura Sherbin and Karen Sumberg, *How Gen Y & Boomers Will Reshape Your Agenda* (Harvard Business Review, July-August 2009).

28 *Id.*, p. 73.

29 *Id.*, p. 76.

For Boards

Partner with current senior leaders in succession planning. Make succession planning a regular part of your annual assessment of the clinic's performance and strategies. Inquire about how emerging organizational strategies will be supported by future leaders and whether the appropriate leadership competencies have been identified. Ask whether and how potential leaders are being developed and what resources are needed to support their successful recruitment and/or development.

Invest in reasonable compensation for clinic staff. As stewards of an organization's resources – financial, human and otherwise – board members must support compensation which is market-based and competitive. Partner with senior staff in developing a sustainable business model which does not sacrifice staff salaries and benefits.

For Field Capacity Builders

Partner with clinics in developing field-wide career paths. Think about how to articulate and promote the wide range of options for staff who choose a career in the community clinics field. Staff are committed to a career in the field, but there is often no room for advancement at their current clinics. Rather than lose these talented individuals to government agencies or the for-profit sector, help develop career paths which show how an individual can move through the field as he or she grows professionally. Promote these frameworks at regional convenings, statewide conferences and local consortia meetings.

Continue to develop and support field-wide networks for various levels and types of clinic positions. As part of their professional and leadership development, emerging leaders must learn how to build and sustain relationships with peers from other clinics as well as funders, field experts and leaders and community stakeholders. Peer networks provide opportunities to current and emerging leaders to share knowledge on leading-edge clinical practices, to learn what other organizations are doing and to find potential areas of collaboration. Such networks should be provided for various levels and types of clinic positions; for example, the Community Clinic Association of Los Angeles County conducts a series of roundtables for, among others, Directors of Nursing, CFOs and Dental Directors.

Partner with medical schools, nursing schools and other educational institutions in recruiting future senior-level clinical staff. Help facilitate collaboration and cooperation among and between all groups both directly and indirectly related to the community clinics pipeline. In this instance, there can be no leadership pipeline into the field without support from educational institutions like medical schools, nursing schools, trade schools, area health education centers and community colleges. Work with institutions on developing curriculum which prepares their students for the technical, managerial, administrative and leadership requirements of a career at a community clinic. Convene all groups invested in the sustainability of the community clinics field for statewide and regional meetings that address workforce, education and health care related issues (see, e.g., the "Connecting the Dots" initiative).

For Funders

Support clinics' efforts to offer competitive compensation. Anyone interested in preserving the community clinic leadership pipeline will need to invest in overhauling current compensation frameworks. Fund a clinic's effort to conduct a market analysis of its compensation packages or commission a study examining important field-wide compensation issues (e.g., difficulty in attracting Medical Director candidates given higher salaries from for-profit hospitals and clinics). Examine how non-salary benefits – flexible work schedules, educational support – can attract and retain talented community clinic staff. Talk to each other and identify ways to collaborate on addressing this important resource question.

Invest in organizational professional development strategies. Ask your grantees about what they are doing to develop and support their workforce. As clinics enhance their human resources systems to implement robust professional development activities, support them by providing the resources to improve job descriptions, map out career frameworks and develop trainings which enhance technical and administrative skills. Any comprehensive clinic-wide professional development strategy should also include succession planning for senior leaders; invest in such transition-related activities.

Support field-wide leadership development programs. Think strategically about how field-wide approaches to leadership development can enhance the leadership bandwidth across the community clinics field. Funders have access to, in ways that clinics and capacity builders may not, cutting edge leadership work being done in other parts of the larger nonprofit sector that can inform efforts among community clinics. Programs such as Blue Shield's Clinic Leadership Institute, which draw on expertise from within and outside of the community clinics field, bring together staff from across California who represent a range of clinical and administrative positions as well as geographic area, ethnic background and clinic size and type. Initiatives such as this one complement the development work clinics are already engaged in and support the next generation of clinic leaders.

Resources

Leadership Programs

Clinic Leadership Institute (CLI), a project of the Blue Shield of California Foundation, engages and prepares emerging leaders of California's community clinics and health centers to be effective and passionate agents of change in today's rapidly evolving health care environment. For more information, visit www.futurehealth.ucsf.edu/Public/Center-Home.aspx.

Management 101, offered by CompassPoint Nonprofit Services, is an intensive three-day training that covers the key content areas needed by senior-level nonprofit managers to more effectively manage a nonprofit organization in today's environment. This course will help you be a senior thinker within your organization, provide you with essential management skills to deepen your professional expertise, and enable you to contribute to your organization in a more strategic way. For more information, visit www.compasspoint.org.

Web Resources and Service Providers

Blue Shield of California Foundation (BSCF) is committed to making health care effective, safe, and accessible for all Californians, and to ending domestic violence. As one of California's largest health philanthropies, BSCF serves as a catalyst for change, promoting new solutions and bringing together a diverse array of stakeholders. BSCF blends community-based philanthropy with strategic innovation to move California forward. For more information, visit www.blueshieldcafoundation.org.

California Primary Care Association (CPCA) is the statewide leader and recognized voice representing the interests of California community clinics and health centers and their patients. CPCA represents more than 800 not-for-profit community clinics and health centers (CCHCs) who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. For more information, visit www.cpca.org.

The Community Clinics Initiative (CCI) is committed to attaining health equity for traditionally underserved communities in California through field building, collaboration, learning and reflection. CCI is a joint project of Tides, a San Francisco-based nonprofit organization that works with "individuals, groups and funders to implement programs that accelerate positive social change" and The California Endowment, 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 all Californians." For more information, visit www.communityclinics.org.

The Community Clinic Voice is a free, online gathering place for clinic professionals to network, share information and exchange ideas in order to build stronger and healthier communities. By overcoming geographic isolation and the time constraints on busy clinic professionals, the online community provides a forum for a wide range of clinical staff to connect with one another. The online information is accessible at any time from any location. The range of clinical staff participating in the community provides valuable insight from every side of clinic operations. The Community Clinic Voice is a joint project of Tides and The California Endowment. There is no cost to join or use the Voice. For more information, visit www.communityclinicvoice.org.

CompassPoint Nonprofit Services (CompassPoint) is a nonprofit consulting, education, and research organization with offices in San Francisco and Silicon Valley, California. Through a broad range of services and initiatives, CompassPoint serves nonprofit volunteers and staff with the tools, concepts, and strategies necessary to shape change in their communities. In addition to training and consulting in leadership, nonprofit strategy, finance, fundraising, governance, and executive transition management, CompassPoint frequently publishes books, articles, and research reports on topics of relevance to nonprofits, funders, and capacity builders. For more information, visit www.compasspoint.org.

UCSF Center for the Health Professions offers solutions-driven approaches to the toughest health care challenges through three areas of focus: (1) Leadership Programs; (2) Research; and (3) Consulting Services. For more information, visit www.futurehealth.ucsf.edu/Public/Center-Home.aspx.

Resources

continued

Selected Articles, Books and Research

Bell, J., Moyers, R. and Wolfred, T. (2006) *Daring to Lead 2006: A National Study of Nonprofit Leadership*. San Francisco: CompassPoint Nonprofit Services and the Meyer Foundation.

Cornelius, M., Corvington, P. and Ruesga, M. (2008) *Ready to Lead? Next Generation Leaders Speak Out*. San Francisco: CompassPoint Nonprofit Services, The Annie E. Casey Foundation, the Meyer Foundation and Idealist.org.

Cornelius, M., and Lew, S. (2009) *What About the Next Generation of Leaders of Color? Advancing Multicultural Leadership in the Nonprofit Sector.* San Francisco: CompassPoint Nonprofit Services.

Gislason, M. and Wilson, J. (2009) *Coaching Skills for Nonprofit Managers and Leaders: Developing People to Achieve Your Mission*. San Francisco: Jossey-Bass.

Hewlett, S., Sherbin, L. and Sumberg, K. (2009/ July-August) *How Gen Y & Boomers Will Reshape Your Agenda*. Cambridge: Harvard Business Review.

Kunreuther, F. (2005) *Up Next: Generation Change and the Leadership of Nonprofit Organizations.* Baltimore: The Annie E. Casey Foundation.

Kunreuther, F. and Corvington, P. (2008) *Next Shift: Beyond the Nonprofit Leadership Crisis.* Baltimore: The Annie E. Casey Foundation.

Kunreuther, F., Kim, H. and Rodriguez, R. (2008) *Working Across Generations: Defining the Future of Nonprofit Leadership*. San Francisco: Jossey-Bass.

Raelin, J. (2003) *Creating Leaderful Organizations.* San Francisco: Berrett-Koehler.

Tierney, T. (2006) *The Nonprofit Sector's Leadership Deficit: Executive Summary*. Boston: The Bridgespan Group.

Wolfred, T. (2008) *Building Leaderful Organizations: Succession Planning for Nonprofits.* Baltimore: The Annie E. Casey Foundation.

Wolfred, T. (2009) *Managing Executive Transitions: A Guide for Nonprofits.* Saint Paul: Fieldstone Alliance.

About

BTW *informing change* (BTW) is a strategic consulting firm that provides evaluation and organizational learning support to philanthropic and nonprofit organizations. BTW strives to inform change in the nonprofit and philanthropic sectors by working in partnership with clients to design and implement evaluations, assist with program and organizational planning and conduct applied research. To find out more about BTW, visit www.btw.informingchange.com.

CompassPoint Nonprofit Services (CompassPoint) is a nonprofit consulting, education, and research organization with offices in San Francisco and Silicon Valley, California. Through a broad range of services and initiatives, CompassPoint serves nonprofit volunteers and staff with the tools, concepts, and strategies necessary to shape change in their communities. In addition to training and consulting in leadership, nonprofit strategy, finance, fundraising, governance, and executive transition management, CompassPoint frequently publishes books, articles, and research reports on topics of relevance to nonprofits, funders, and capacity builders. For more information, visit www.compasspoint.org.

Blue Shield of California Foundation (BSCF) is committed to making health care effective, safe, and accessible for all Californians, and to ending domestic violence. As one of California's largest health philanthropies, BSCF serves as a catalyst for change, promoting new solutions and bringing together a diverse array of stakeholders. BSCF blends community-based philanthropy with strategic innovation to move California forward. To learn more, visit www.blueshieldcafoundation.org.

The Community Clinics Initiative (CCI) is committed to attaining health equity for traditionally underserved communities in California through field building, collaboration, learning and reflection. CCI is a joint project of Tides, a San Francisco-based nonprofit organization that works with "individuals, groups and funders to implement programs that accelerate positive social change" and The California Endowment, 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 all Californians." For more information, visit www.communityclinics.org.

blue shield of california foundation

An Independent Licensee of the Blue Shield Association

BTW INFORMING CHANGE

Community Clinics Initiative

Strong Clinics, Healthy Communities

CompassPoint NONPROFIT SERVICES

Further Research and Leadership Programming

To inquire about replicating this research or developing related leadership programming, contact Marissa Tirona at CompassPoint Nonprofit Services at marissat@compasspoint.org.

Ordering Information

Additional electronic copies of this report are available at www.compasspoint.org.

Design www.traversosantana.com