

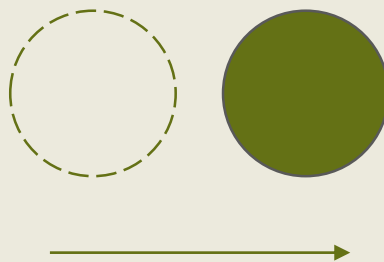
Evaluation of the Health Leadership Fellows Program

Class Years 2006 through 2015

Connecticut Health Foundation
Health Leadership Fellows Program
Fellows Network
July 16, 2015



Purpose



Understand the difference made by the Health Leadership Fellows Program



Collect and develop feedback from comparable programs, Fellows, CT Health staff, and HLFP faculty

Report Data Sources



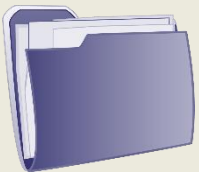
CT Health Staff and HLFP Faculty: the perspectives and feedback of at least six Foundation staff and HLFP Faculty



HLFP Alumni Fellows: perspectives and feedback of 135 Fellows (70% of all Fellows) from interview and survey data



External Experts on Health and Health Equity in CT: the perspectives of five external experts



Comparative Leadership Program Data: data from 13 comparable leadership programs

Triangulation & Mixed Methods

Triangulation



CT Health Staff
& HLP Faculty



Fellows

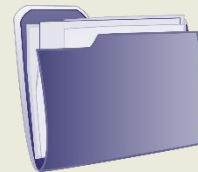


External
experts

Mixed methods



Interviews



Document
review



Surveys

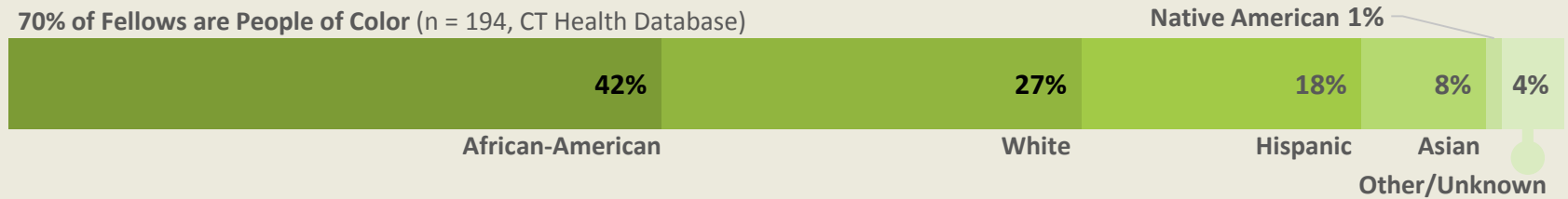
About the Program

- The Health Leadership Fellows Program (HLFP) was founded in 2005
- 10 class years (2006 to 2015) have graduated from the program to become Fellows
- The ten-month HLFP curriculum covers both leadership development and health equity
- Upon graduation, participants become Fellows and join the Fellows Network

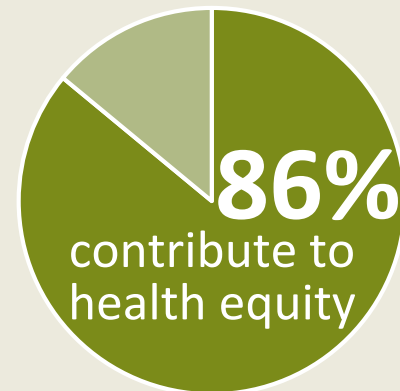
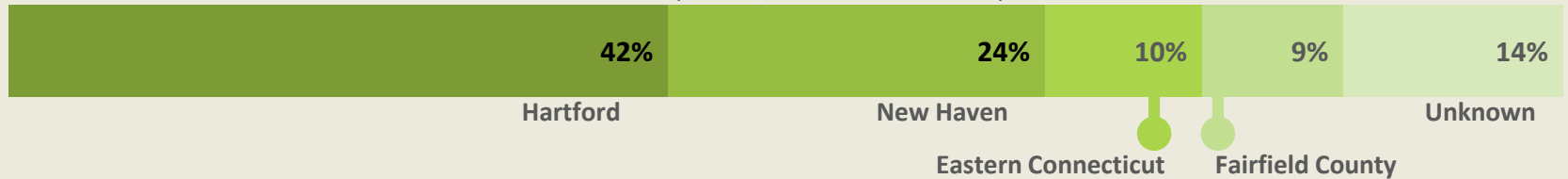
About HLFP & Fellows

About Fellows

70% of Fellows are People of Color (n = 194, CT Health Database)



Two-thirds of Fellows Reside in Hartford and New Haven (n = 194, CT Health Database)



CT Health Goals for HLFP

1

Develop the **knowledge and skills** of individuals in the areas of health equity and leadership, and for individuals to apply these assets to their **professional development**.

2

Increase the number of **people of color who are at the table** when decisions or policies are made that impact health. (The decisions/policies may be broader than health—e.g., housing—but in some way impact health.)

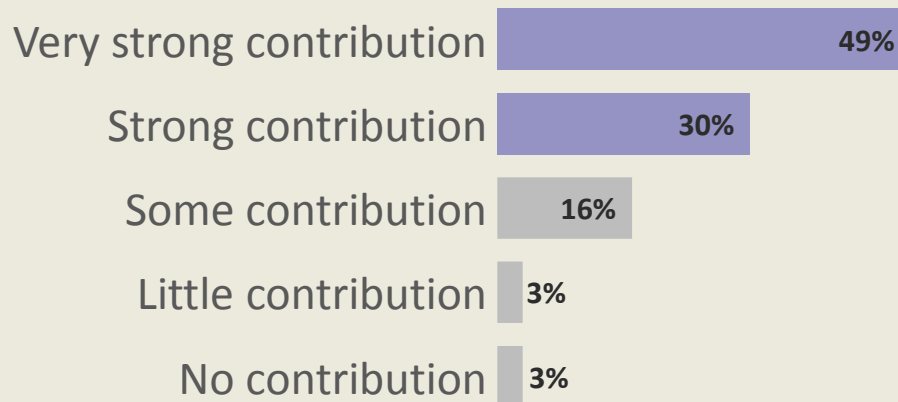
3

Provide Fellows with the knowledge and skills to **change systems and policies** through Fellows' primary place of employment, other professional roles, and/or volunteer activities.

Goal 1: Knowledge and skills

- **This goal has been met.**
- The Program has developed Fellows' knowledge and skills in the areas of health equity and leadership

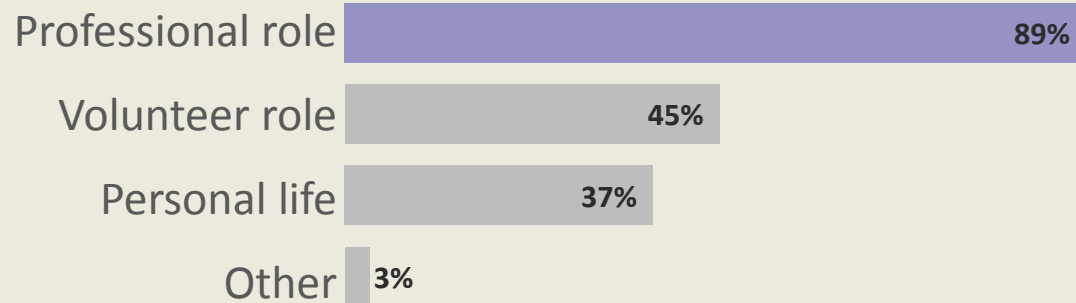
79% of Fellows Report that HLPF Made a Strong or Very Strong Contribution to Their Leadership (n = 37, Fellows Interviews)



Goal 1: Knowledge and skills

- The vast majority of Fellows are applying these assets to their professional development

Most Fellows (89%) Work on Health Equity through a Professional Role (n = 109, Fellows Survey)



Goal 1: Knowledge and skills

- What does it look like for Fellows to work on health equity?



Findings

Goal 2: People of color are at the table

- **This goal has been met.**
- 70 percent of all Fellows are people of color
- 82 percent of Fellows of color report contributing to improving health equity in Connecticut
- Professional, personal, and volunteer activity of Fellows of Color



Goal 2: People of color are at the table

- CT Health connects Fellows to projects and professional opportunities
- CT Health connected Fellows to the State Innovation Model (SIM) Initiative and now at least three Fellows sit on the State Innovation Model Consumer Advisory Board or workgroups
- Through the Program and CT Health, several Fellows mentioned working with or volunteering with the CT Multicultural Health Partnership and/or Health Justice CT
- More recently, some Fellows noted being involved in the outreach and the roll-out of the open enrollment process for health insurance through Access Health CT

Goal 3: Systems and policy change

- **This goal has not been met.**
- There are a few promising but early results, but there has not been a big, noticeable win with a major system or policy that improves health equity at scale.
- Advocacy, policy, and systems change was discussed by Fellows who were interviewed, but was significantly less prevalent than other types of work in support of health equity.

Goal 3: Systems and policy change

Examples of Fellows' efforts in this area:

- Removing barriers to healthcare services or health care information for underserved populations, including language barriers and housing;
- Influencing health insurance policies to provide expanded or improved coverage, for example, to HIV+ individuals and other underserved populations;
- Engaging in legislative advocacy on public health topics, in support of aging populations to be able to age in place, and for health equity in business practices; and
- Advocating for healthcare reform

Program/Network Design & Strategy

- The Program and Network is in need of additional design and strategy to match its current maturity and future ambitions.
- CT Health has already started down this path, but more infrastructure and purposeful cultivation is necessary now that the Strategy has matured from an experiment to a core Foundation investment and a Network of nearly 200 health equity leaders.
- There are five areas that the Foundation (and Fellows) could strengthen so that the Network can better impact health equity:
1) Shared vision for health equity impact
2) Communication,
3) Ongoing professional development and capacity building,
4) Structure of Fellows Network, and
5) Fellows tracking.

Strategic Alignment

- The Health Leadership Fellows Program is most robust as the incubator program—not a Fellows Network—though the longer-term ambitions of the Fellows Network yield more promise to Fellows and CT Health.
- The Fellows Network has not been effectively engaged to have long-term impact.
- The Fellows Network and the Foundation’s hopes for the Network have grown organically over the years, and expectations for the Network are much higher now than ten years ago.

Program Reputation and Visibility

- The Program is regarded well by those who know of it—but the reputation and visibility of the Program could be improved within Connecticut.
- There are still many people in important health-focused positions and related fields that do not know about the Program, understand the importance of being a Fellow, or know to draw on the Program or Fellows as resources.
- The visibility of the Program is strongest in the Hartford and New Haven areas.
- The reputation of the Fellowship is tied to the positive, visible reputation of the Foundation. The stand-alone reputation of the Fellowship is less well known than CT Health.

Recommendations

- 1. Clarify the contribution of the Program to the Foundation's strategic plan**
- 2. Strengthen the “incubator” program**
- 3. Strategize on how to increase active engagement from Fellows Network.**

Next Steps

- 1. Assess the Situation:** The evaluation report will deliver the necessary information to assess the outcome and functioning of HFLP and the Fellows Network.
- 2. Identify Range of Options:** The recommendations from the report and recommendations from CT Health staff will present CT Health with a range of options.
- 3. Refine & Select Top Options:** CT Health staff will refine the list of recommendations to select those that will best contribute to a strengthened Health Leadership Fellows Program to align with the Foundation's priorities.
- 4. Plan & Implement:** CT Health staff will plan and implement new designs and strategies into the Health Leadership Fellows Program.

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