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Chapter

Culture of Health Leaders: Building a Diverse Network to Advance Health Equity

Natalie S. Burke, Gail C. Christopher, Tara S. Hacker, Jeffrey Moy and Andrea Williams

Abstract

The Culture of Health Leaders Program takes a holistic approach to leadership development, having participants work through a three-year process centered around four Areas of Mastery (self, relationships, environment, and change). Applying an equity lens to their leadership style and systems-level change work, a focus on the inner world, and network activation are some of the unique approaches the program uses that have resulted in advancing equitable leadership and a culture of health around the country. Use of rapid cycle learning and participant-led activities has allowed program staff to build upon lessons learned and adapt to participant needs in order to evolve the programming and participant experience since its inception in 2016.

Keywords: Leadership development, Culture of Health, health equity, rapid cycle learning, equitable leadership, inner world, systems change, perspective transformation, peer-to-peer learning, networks

1. Introduction

The Culture of Health Leaders Program is funded by the Robert Wood Johnson Foundation and is offered through a collaboration of the National Collaborative for Health Equity (https://www.nationalcollaborative.org/) and CommonHealth Action (https://commonhealthaction.org/). The Center for Creative Leadership (https://www.ccl.org) is a key partner and provides leadership development content, faculty expertise, and coaching to program participants and staff. This program is designed to engage and support a strong and diverse network of leaders as they build a culture of health and health equity within communities. The program attracts visionary individuals who are sparking changes in their communities, organizations, and sectors to overcome injustice and promote opportunity, allowing everyone access to what they need to thrive. Leaders in the program develop deep relationships with other diverse thinkers and doers, knowing that meaningful change cannot be achieved alone. During the course of the program, leaders undertake a personal and professional journey that broadens their perspectives and approaches, increasing their ability to solve complex health challenges in their communities.

2. Program design & theory of change

Participants of the Culture of Health Leaders (COHL) program work through a three-year process that results in their ability to produce mastery of self, relationships, environment, and change. As depicted in **Figure 1** below, the COHL program model moves beyond the traditional leadership development focus of behavioral adaptation and competencies. Based on the Beyond Competencies Model [1], the COHL program is designed to also address three elements of the inner world – circuitry, conscious engagement, and inner content. With this additional element, the program takes a more holistic approach to leadership by allowing participants to explore how the inner world influences and is influenced by their behaviors and lived experiences. It is through the interplay of the Areas of Mastery ("Nexus of Mastery"), that participants will make decisions, demonstrate behaviors, and take actions that lead to building a culture of health. By applying our approach to equity, diversity, and inclusion (EDI), program participants will apply an equity lens to the development and implementation of policies, programs, and practices that create and support the Culture of Health Action Areas (Shared Value, Cross-Sector Collaboration, Healthier Communities, and Integrated Systems), leading to improved outcomes for population health, wellbeing, and equity.

Self-knowledge is an important element of effective leadership. To increase self-knowledge, leaders participate in an assessment process through multiple forms of feedback in a safe, confidential environment. Throughout the program, participants engage in 360 degree and self-assessments, individual reflection, and peer feedback to better understand their own approaches to leadership, communication, working in diverse teams or partnerships, cultivating, and maintaining relationships, and navigating conflict and change. The 360 assessment was designed specifically for the COHL program and is taken at the beginning, middle, and end of the program to identify individual and cohort-level changes. The COHL 360 assessment provides insights on strengths and gaps in leadership competencies for participants to understand and explore with their executive coaches. The program's sixteen leadership competencies are defined below in **Table 1**.

Throughout the program, coaches partner with Leaders in a thought-provoking, dynamic, and supportive process. The 360 and other assessment results serve as a bridge for participants to better understand their own preferences and leadership style alongside their personal coaches who offer them continuous feedback and space for reflection. Leaders reflect on areas of growth they have identified as
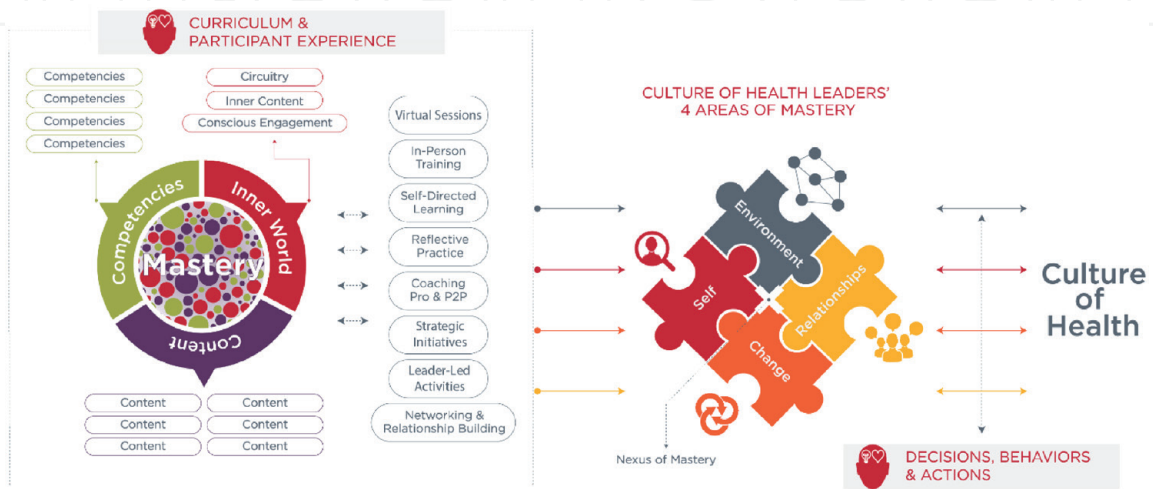

Figure 1.
Culture of Health Leaders Program Model & Theory of change.

Mastery of Self	Mastery of Relationships	Mastery of Environment	Mastery of Change
Self-management; self-insight, self-development Compensates for own weaknesses, capitalizes on own strengths; learns from own experiences and makes needed adjustments in own behavior; takes care of self and is aware of his/her feelings.	**Building Collaborative Relationships** Builds productive working relationships with co-workers and external parties.	**Acts Systemically** Understands the political nature of the organization and works appropriately within it; effectively establishes collaborative relationships and alliances throughout the organization.	**Influencing, Leadership, Power** Good at inspiring and promoting a vision; able to persuade and motivate others; skilled at influencing superiors; delegates effectively.
Handles Disequilibrium Can put stressful experiences into perspective and can handle mistakes, stress, and ambiguity with poise.	**Values Diversity** Avoids prejudging or making assumptions when dealing with others who differ by gender, race, or culture.	**Getting Information, Making Sense of It; Problem Identification** Seeks information and can create order out of large quantities of information. Gets to the heart of the problem.	**Change Management** Uses effective strategies to facilitate organizational change initiatives and overcome resistance to change.
Learns Through Others Values other people's perspectives and input and recognizes limits of own point of view.	**Brings out the Best in People** Has a special talent with people that is evident in his/her ability to pull people together into highly effective teams.	**Sound Judgment** Makes timely decisions; readily understands complex issues; develops solutions that effectively address problems.	**Communicates Effectively** Communicates organization goals and is able to inspire through presentation of information.
Interpersonal Savvy Understands own impact on situations & people; accurately senses when to give and take when negotiating.	**Managing Conflict Negotiation** Negotiates adeptly with individuals and groups; effective at managing conflict and confrontations skillfully.	**Demonstrates Vision** Understands, communicates, and stays focused on the organization's vision.	**Risk-Taking; Innovation** Visionary; seizes new opportunities and consistently generates new ideas; introduces and creates needed change even in the face of opposition.

Table 1.
COHL competencies to develop equitable leadership Behaviors.

critical to effectively leading in their context. Coaches provide an ongoing, supportive relationship designed to help Leaders produce fulfilling results in their personal and professional lives. In addition to the individual coaching relationship, each participant works with two or three other participants in a peer coaching team to support each Leader's development, provide a practice field to explore new leadership behaviors, and provide feedback in a supportive environment. Through this process Leaders develop the critical skill of coaching, one of the most effective tools available to take leadership development to a deeper and more sustainable level.

3. Program curriculum

In addition to a robust learning process through assessments and coaching, the program offers several courses, trainings, and other opportunities for participants

to study, discuss, practice and apply content related to change leadership, communications, equitable leadership, health equity, policy, systems change, and social determinants of health. Throughout the program, leaders develop a foundation in equity, diversity, and inclusion (EDI) as a guiding principle in their work to build a culture of health.

Designed for both self-paced and cohort learning, courses are primarily delivered online with a few select trainings or course modules delivered in-person to maximize group learning, interaction, and participation. Included in the program's design are opportunities for current participants and alumni to lead the development and delivery of learning content, peer coaching, and group engagements (e.g., roundtable discussions, topic-based or skill-building workshops, community conversations, networking and relationship-building activities or events, book clubs, affinity groups, etc.) Based on participant feedback and interest over the years, the program has evolved to allow more space for leaders to create personalized learning paths that help shape the development of their program experience as well as the trajectory of their leadership journey.

4. Strategic initiatives

Participants in the Culture of Health Leaders program develop and implement a strategic initiative in their final two years of the program that is expected to produce measurable improvements in leaders' communities. **Strategic initiatives** are designed to catalyze long-lasting, sustainable change that foster a culture of health *and*, importantly, serve as a space for practice and application of what participants are learning through the program. The work done in the program convenings and virtual courses is critical to developing the Leaders, but it's not enough. Seminal research studying how leaders learn, grow, and change revealed an approach for leveraging the power of experiences for leader development [2]. To be truly effective, classroom learning must be directly connected and extended to the leader's context for practical application. Through the strategic initiatives, participants work to deeply understand a real problem, take wise actions, and reflect on and apply what they have learned: integrating knowledge, practicing skills, collaborating with one another, enacting equitable leadership, and using tools and resources from the COHL Program. Building upon their knowledge and skills, leaders support shifts in policies, programs, practices, and environments to advance health equity. Calling upon their networks, they use practices that foster perspective transformation[1] among individuals, communities, organizations, sectors, and societies to bring about change. Leaders work to mobilize stakeholders, increase collaboration between silos, and redistribute power and resources to address systemic inequities.

In their first year, National Program Center staff begin working with each new cohort to establish a shared vision and definition for a culture of health to help ground their work in the collective. Participants also engage in various activities and guided exercises to help them craft their own vision for the change they hope to create. From there they move into an exploration and planning stage to better understand the needs of their community/organization/sector along with the historical context and issues or experiences pertaining to equity. Throughout the development

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[1] **Perspective Transformation** is the process of becoming critically aware of how and why our assumptions have come to constrain the way we perceive, understand, and feel about our world; changing these structures of habitual expectation to make possible a more inclusive, discriminating, and integrating perspective; and, finally, making choices or otherwise acting upon these new understandings. Source: Mezirow [3].

of their grant proposals in year two, Leaders are provided technical assistance; guidance, support, and follow-up from program staff; opportunities for mentorship from fellow participants and alumni; and coaching support. The program also began providing access to a shared pool of funding to support community engagement activities starting with Cohort 2 based on feedback from participants and recognition that engagement of community members is critical for the planning and development process and that their time, expertise, and input adds value and should be compensated. Program staff review each strategic initiative grant proposal using an equity lens and provide one-on-one feedback to expand perspectives and/or identify potential connections in the field and from within the program. Our team of reviewers serve as a connector of people and resources throughout the proposal development and implementation processes.

During the implementation phase, each participant receives a $35,000 grant to launch their initiative. Throughout this phase, they receive guided practice, feedback, and thought partnership from program staff, their peers and coaches, and a panel of sustainability experts and technical assistance providers. Given our focus on sustainability, the program provides resources and space for participants to generate additional sources of funding or revenues in support of continuing this work even after they become alumni. Leaders submit regular progress updates to program staff including those specific to their monitoring and evaluation plans. Given the diversity of our participants in terms of their initiative focus, fields/disciplines, experiences and leadership levels, the progress updates keep staff informed and more readily attuned to meet their individual needs. Toward the end of their last year in the program, they are provided with additional communications coaching and video recording and editing support for them to share their COHL work and leadership journey with wider audiences. Many of our leaders go on to conduct media interviews and write publications about this work and its impact.

5. Network-building & activation

Another important element of the program's design is our focus on relationship building among and across cohorts, as well as interactions with alumni and other RWJF Leadership for Better Health (LBH) programs, to develop lasting connections and relationships that are mutually supportive of their leadership and that serve to deepen and strengthen their networks as a collective. This is achieved through the use of diverse networking groups and peer coaching groups; collaboration and support on strategic initiatives during proposal development and implementation (both within and across cohorts); funding for Leaders to contract with alumni and other program participants to provide technical assistance on their strategic initiatives; funding dedicated to bringing in alumni as subject matter experts who design and deliver various content and facilitated sessions with active cohorts; as well as space, logistical support, and limited funding for participants to design their own relationship-building initiatives and activities.

Some examples of network activation from our first cohort of Leaders include the creation of a COHL Alumni nonprofit group working to elevate and support the alumni network; formation of a consulting group, Vertical Strategies (https://www.verticalstrategies.net/), that is dedicated to providing services to elevate nonprofits so they can achieve a culture of health in their respective communities; and the launch of Shift Health Accelerator (http://shifthealthaccelerator.org/) whose mission is to simplify access to money and expertise for peer leaders in communities to increase equity in health outcomes. All of these initiatives include members from multiple cohorts and grow each year as they identify various skills, expertise, and

experiences presented among new COHL cohorts. Our second cohort of Leaders self-organized regional community tours and cohort retreats in conjunction with our in-person convenings. They also found opportunities to enter each other's communities via their strategic initiative work to provide on-the ground technical assistance and learning with their fellow cohort members. Cohorts three and four spearheaded the creation of affinity groups and learning circles that are topic- or social identity-based as a means for supporting, learning, and amplifying their participation in the program and their work to advance a culture of health. In response to the Coronavirus pandemic, participants from all of the cohorts came together in 2020 and led the creation of the COHL COVID-19 Task Force – this group of Leaders went on to launch the Coronavirus Support Network (https://coronavirusnetwork.org/) and Project Finish Line (https://covidfinishline.com/), both of which provide communities and leaders with information, resources, tools, and strategies for addressing health inequities exacerbated by the pandemic and in support of vaccine distribution.

Each year we have seen our participants collaborate, ideate, innovate, and shape their individual and collective experience in the program. The National Program Center actively collects participant feedback through multiple methods (e.g., annual participant experience surveys, post-event surveys, focus groups, in-depth interviews, alumni surveys, end of program surveys, one-on-one and cohort-wide feedback sessions, etc.) and applies rapid cycle learning to evolve our program throughout the year(s). Cross-cohort relationship building has been identified as a significant desire among participants, especially as the program grew with each additional cohort. In the Spring of 2021, we will be testing and launching a new online community platform that will serve as the central hub for program partici- pants and alumni to better connect and share resources and continue expanding and deepening their relationships with one another. We have also brought on Community Managers and Mentors who will focus on activating virtual engage- ment and network building within and across cohorts, train alumni to serve in this role in future years and maintain this focus on remote relationship-building even as we return to in-person convenings. We believe this will further amplify engagement and collaboration and help strengthen and grow their networks.

6. Program goals: Breakdown by year

As outlined in the program snapshot below, each program year builds upon the content, learning, and experience from the year prior. The focus shifts each year to achieve all four areas of mastery by the end of their three-year experience (**Figure 2**).

The goal of the Culture of Health Leaders Program is that by the end of Year 1, successful leaders will have made progress toward achieving mastery in the four areas of mastery of self, relationships, environment, and change in the following ways:

- Gained a heightened self-awareness and understanding of the relationship between self-knowledge and successful leadership to develop their mastery of self.

- Developed an individual leadership development plan.

- Initiated and developed mutually supportive relationships with other Culture of Health Leaders to support cohort cohesion.
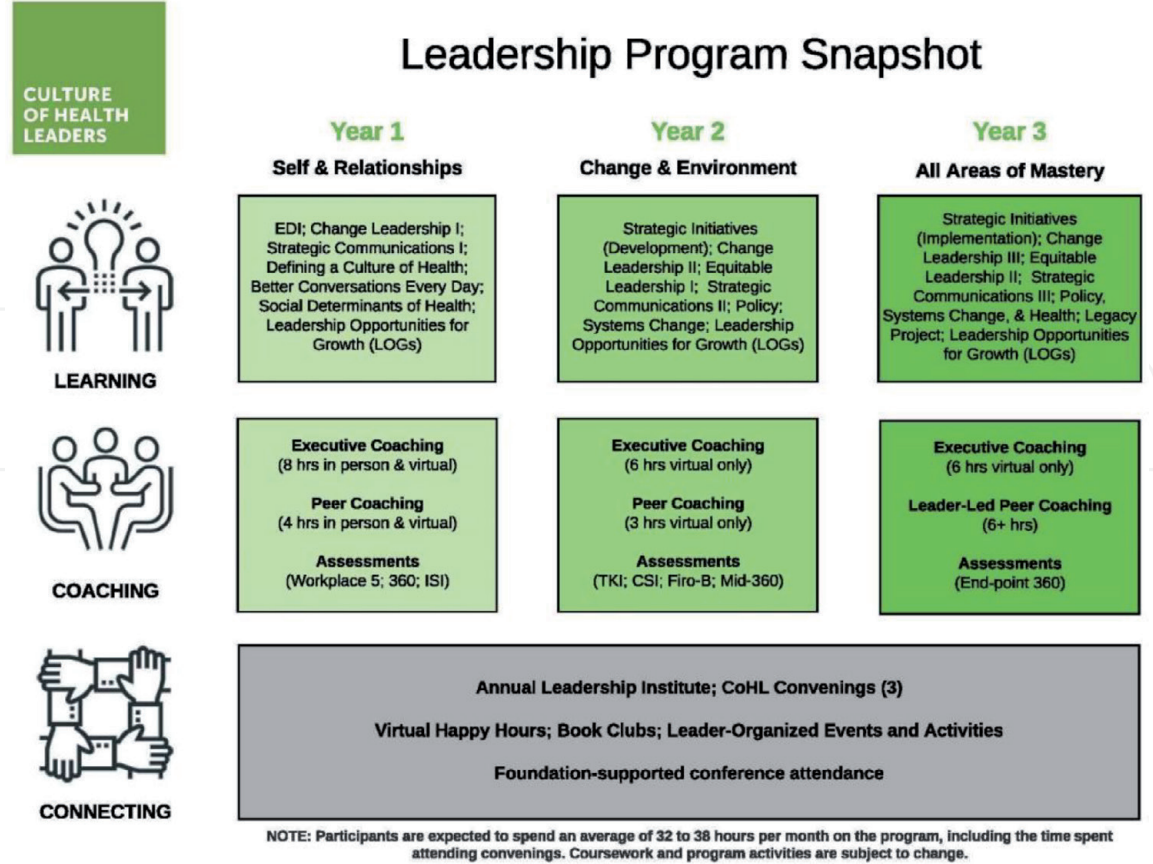
Leadership Program Snapshot

CULTURE OF HEALTH LEADERS	**Year 1** **Self & Relationships**	**Year 2** **Change & Environment**	**Year 3** **All Areas of Mastery**
LEARNING	EDI; Change Leadership I; Strategic Communications I; Defining a Culture of Health; Better Conversations Every Day; Social Determinants of Health; Leadership Opportunities for Growth (LOGs)	Strategic Initiatives (Development); Change Leadership II; Equitable Leadership I; Strategic Communications II; Policy; Systems Change; Leadership Opportunities for Growth (LOGs)	Strategic Initiatives (Implementation); Change Leadership III; Equitable Leadership II; Strategic Communications III; Policy, Systems Change, & Health; Legacy Project; Leadership Opportunities for Growth (LOGs)
COACHING	Executive Coaching (8 hrs in person & virtual) Peer Coaching (4 hrs in person & virtual) Assessments (Workplace 5; 360; ISI)	Executive Coaching (6 hrs virtual only) Peer Coaching (3 hrs virtual only) Assessments (TKI; CSI; Firo-B; Mid-360)	Executive Coaching (6 hrs virtual only) Leader-Led Peer Coaching (6+ hrs) Assessments (End-point 360)
CONNECTING	Annual Leadership Institute; CoHL Convenings (3) Virtual Happy Hours; Book Clubs; Leader-Organized Events and Activities Foundation-supported conference attendance		

NOTE: Participants are expected to spend an average of 32 to 38 hours per month on the program, including the time spent attending convenings. Coursework and program activities are subject to change.

Figure 2.
Note: Based on an annual review of learning and participant feedback, the National Program Center made changes to content, curriculum, and programming each year. The snapshot above was pulled from the September 2019 – August 2020 program year. Significant efforts were made beginning in April 2020 to reduce the overall level of effort to an average of 10–12 hours required per month (down from 32 to 38 hours per month in prior years).

- Developed skills as a peer coach.

- Developed an understanding of the production of health and the factors that drive it to support their mastery of environment.

- Identified the factors within their community, sector, or industry that support or hinder building a culture of health.

By the end of Year 2[2], successful leaders will have made progress toward achieving mastery in the four areas of mastery of self, relationships, environment, and change in the following ways:

- Expanded and deepened relationships across the COHL ecosystem to support participants in the planning, design, and implementation of their Strategic Initiative and Culture of Health work.

- Built or strengthened teams in their home communities, organizations, and/or sectors on which they will be focusing their Culture of Health efforts.

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[2] In response to the Coronavirus Pandemic that struck in early 2020, the National Program Center made several changes to the program as a means for reducing overall level of effort, allowing for more flexibility and personalization of coursework, and moving up the timeline for strategic initiative funding and implementation. We also moved the program completely virtual starting in March 2020 to present day (March 2021). It is not yet clear when we will return to hosting in-person convenings.

- Deepened understanding of changing systems and institutions and developed a plan to assess the environments and power structures in building a culture of health in their communities, organizations, and sectors.

- Completed targeted work on Individual Leadership Development Plans (ILDPs) based on Year 1 assessment results and feedback/coaching.

By the end of Year 3, successful leaders will have made progress toward achieving mastery in these four areas of mastery of self, relationships, environment, and change in the following ways:

- Expanded and deepened relationships across the COHL ecosystem to support participants in the ongoing implementation of their Strategic Initiative and Culture of Health work.

- Applied learning from the Program and other Leaders to advance equity in an organization, community, institution, or system.

- Practiced and enhanced their approaches to cultivate, broker, and manage relationships with, between, and among people who can help advance equity.

- Practiced and enhanced their ability and approaches to recognize and manage elements, conditions, and factors within the environment by taking action and/or engaging others appropriately; anticipate windows of opportunity opening and closing; and being in tune with social, political, and cultural landscapes while navigating them effectively.

- Developed heightened self-awareness regarding the inner world and how to leverage it for successful leadership in terms of decisions, behaviors, and actions.

7. Program evaluation strategy

The Culture of Health Leaders National Program Center applies rapid cycle learning by actively collecting quantitative and qualitative data from participants through methods such as surveys and interviews. These evaluation methods are utilized on a regular basis in conjunction with events (in-person or virtual convenings), coursework (completion of a training or course), at the end of each program year, as well as on an as-needed basis, such as recent interviews to inform a virtual engagement strategy. As previously described, these results have helped inform program adjustments to ensure leaders are receiving an experience in keeping with the program model and theory of change previously described. Assessments related to the 16 competencies the program aims to develop provide measurements of participants' progress throughout the program. Additional support from RWJF informs evaluation related to the network aspects of this and the other LBH programs.

8. Conclusion

Five years and nearly 200 leaders later the Culture of Health Leaders Program continues to grow, support, and expand its outreach to leaders from business and tech professionals to artists and community organizers - who have the drive

and passion to collaborate in building thriving communities. Early findings from our first two cohorts indicate that over the course of their three years in the program, participants were successful in advancing their equitable leadership behaviors -- growing their effectiveness as individuals and as a collective in their leadership journey. Their innovation helps build a Culture of Health, one in which everyone in America has a fair and just opportunity to achieve the best possible health and wellbeing.

Chapters 10 and 15 have been contributed by members of the first Cohort of the Culture of Health Leaders program and exemplify the typical kinds of leadership projects typical of the program Leaders. In Chapter 10, Dr. Kent Key shares his work in the Flint Youth Public Health Academy, through which he is collaboratively addressing the under-representation of African American researchers in public health. In Chapter 15, Dr. Laurel Berman shares her work in the field of environmental sciences, where toxic sites are transformed back into places that can support a culture of health.

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