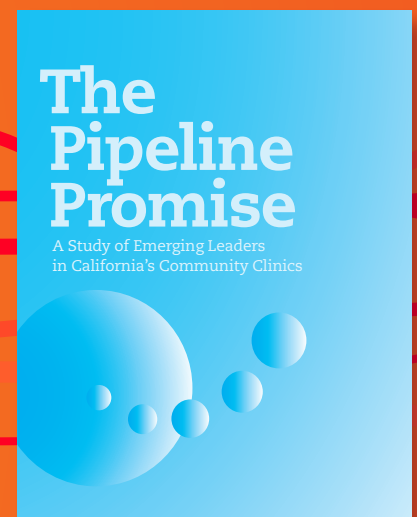
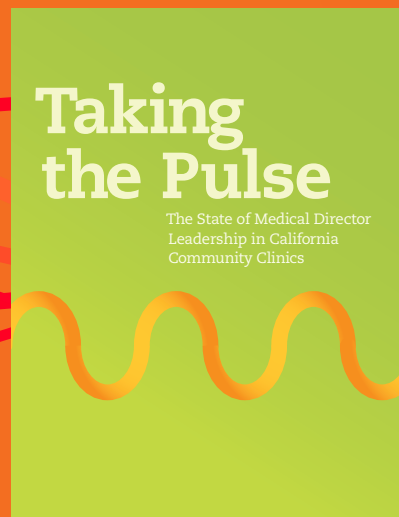
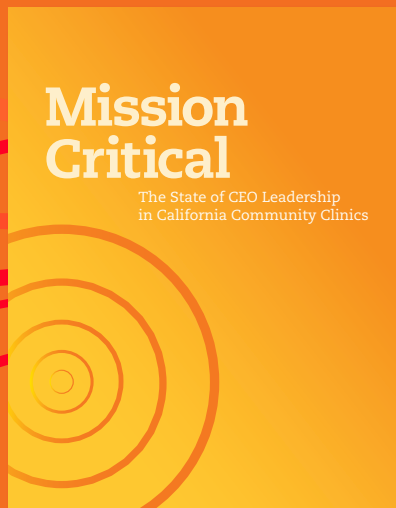


# Community Clinic Leadership in California

The State of the Field &  
Implications for the Future



## Acknowledgements

CompassPoint and BTW *informing change* thank the members of our Community Clinic Leadership and Workforce Study Advisory Committee for volunteering their time to provide valuable guidance in the design of the study, the data analysis and the development of this report. We also thank the many individuals who contributed to the study by completing a survey or participating in our interviews and focus groups. We express appreciation to Ben Felsing and Marla Cornelius of CompassPoint for their support, and we sincerely thank 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 their valuable feedback on every phase of the project.

Please note that the conclusions and recommendations in this report are those of the authors and may or may not reflect the views of individual members of the Community Clinic Leadership and Workforce Study Advisory Committee.

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# Community Clinic Leadership in California

## The State of the Field & Implications for the Future

### Introduction

In 2008, two leading health care funders in California—the Blue Shield of California Foundation (BSCF) and the Community Clinics Initiative (CCI), a joint project of Tides and The California Endowment—engaged a team of consultants from BTW *informing change* (BTW) and CompassPoint Nonprofit Services (CompassPoint) to assess the state of leadership in the community clinics field. The results of this assessment are summarized in three reports:

- **Mission Critical: The State of CEO Leadership in California Community Clinics**, which focuses on current clinic CEOs;<sup>1</sup>
- **Taking the Pulse: The State of Medical Director Leadership in California Community Clinics**, which focuses on current Medical Directors; and
- **The Pipeline Promise: A Study of Emerging Leaders in California Community Clinics**, which looks at other staff who may become the future CEOs, Medical Directors or other senior leaders in clinics.

These three reports provide a snapshot of the current leadership landscape as well as its implications, with the intent to stimulate discussion and action among community clinic and clinic consortia leaders, their partners, funders and other community clinics stakeholders.<sup>2</sup> The work builds on the findings and recommendations of two earlier studies conducted by CompassPoint in 2003—*Securing the Safety Net*, which focused on clinic CEOs, and *Bridging Medicine and Management*, which focused on clinic Medical Directors. The more recent work, however, has broadened its focus to include the field's emerging leaders; emerging leaders are defined as clinic staff other than current CEOs and Medical Directors who, to different extents, exhibit leadership in their current positions.

This document highlights the key findings from all three reports and summarizes the major implications and recommendations for the community clinics field from a cross-study perspective. Readers of this summary will gain a broad overview of the state of leadership in the California community clinics field as well as a general understanding of the studies' calls to action to community clinics stakeholders. More detailed information about each study and its findings can be found in the specific reports mentioned above.

1 Many community clinics, health centers and clinic membership groups use the position title of executive director to designate their chief executive officer. Throughout this document and the related reports, the term *chief executive officer* (CEO) includes within it those leaders who hold the title of executive director.

2 The term *community clinics* includes both clinics and health centers, acknowledging that most organizations refer to themselves as clinics but some prefer to be called health centers. The term *clinic consortium* refers to a regional or statewide clinic membership group, with the understanding that some of these groups may call themselves an association, council or network.

## Background

**T**he nonprofit sector has long experienced challenges in finding, training and keeping leaders. Nonprofit leaders carry a wide range of responsibilities critical to the achievement of their organizations' mission but often receive inadequate supports to meet these daunting demands. Similar to the situation in the nonprofit sector overall, community clinics confront significant challenges in recruiting, developing and retaining leaders. Clinics face the pending retirement of many CEOs, geographic obstacles (e.g., recruitment to rural areas), competition from other health care areas (e.g., HMOs and other health care plans) and a need for greater alignment between patient and provider diversity. The national physician shortage and rapid changes to health care, as well as other contextual issues, exacerbate these challenges. The community clinics field is also struggling to address the needs of emerging leaders, talented individuals in the early stages of their careers who may assume more senior leadership roles in the future. While many of these emerging leaders would like to assume a senior position, they note significant concerns about doing so, such as the ability to retire, support their families and balance the seemingly overwhelming demands of being a senior leader at a community clinic. To effectively meet the pressing health care needs of the communities they serve, clinics and clinic consortia are aware that they will need to make significant investments in their current and emerging leaders.

## Study Methods

**D**ata for these studies were collected through surveys, interviews and focus groups of community clinic staff. In November 2008, BTW and CompassPoint sent e-mail requests describing the study and inviting CEOs, Medical Directors and all other staff to participate in the survey. Survey invitations were sent to more than 240 California community clinics and clinic consortia headquarters, which together manage a total of approximately 700 clinic sites.<sup>3</sup> Survey questions focused on the career paths leading to respondents' current positions, the rewards and challenges of their current positions, their career aspirations and their professional and leadership development needs. BTW and CompassPoint conducted phone and in-person interviews and focus groups with a total of 46 clinic staff to delve more deeply into topics addressed in the surveys. Consultants also drew from informal conversations with a variety of stakeholders in the field as well as more formal conversations during the study period, including the BSCF's Clinic Leadership Institute training sessions and working group meeting and the California Primary Care Association's 2009 Statewide Community Health Center Workforce Strategy Meeting.

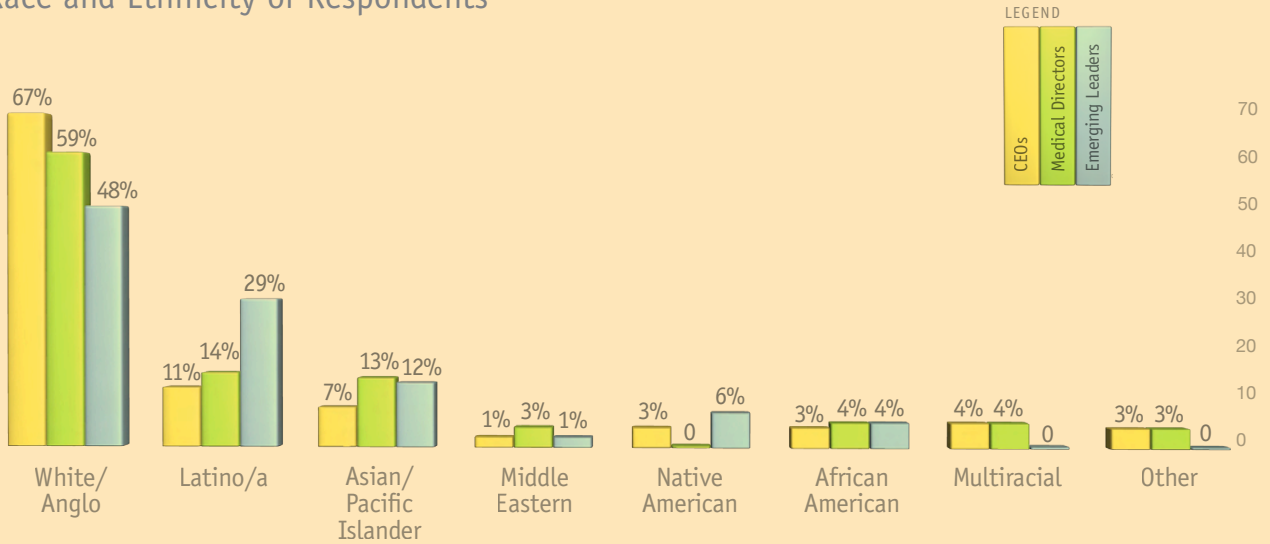
When analyzing survey data, differences were explored across a variety of demographic (e.g., gender, age and ethnicity) and organizational (e.g., clinic location, clinic size, etc.) factors. Findings were also compared across the three studies, where applicable.

<sup>3</sup> The survey yielded complete, unduplicated responses from 121 CEOs (50% response rate), 71 Medical Directors (45% response rate) and 1058 emerging leaders (The response rate was not calculated since the total population of community clinic staff who received the survey request was unknown).

## Who Participated in the Studies?

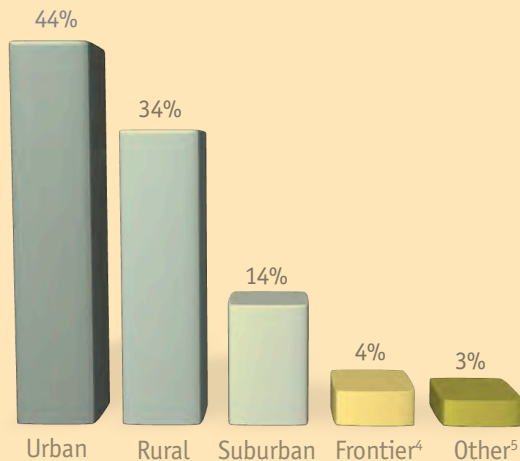
The following figures describe the respondents to the three surveys and the organizations where they work. For additional information on the respondents and organizations, refer to the position-specific reports.

### Race and Ethnicity of Respondents



### Primary Location of Respondents' Organizations

NOTE: The percentages are across all three samples.



### Gender, Age and Education of Respondents

	Gender	Average Age	Education
<b>CEO</b>	60% female	55	68% with graduate degree
<b>Medical Director</b>	47% female	49	44% with additional graduate degree <sup>6</sup>
<b>Emerging Leader</b>	85% female	41	34% with graduate degree

<sup>4</sup> "Frontier" represents areas that are sparsely populated rural areas isolated from population centers and services. Source: [http://www.raonline.org/info\\_guides/frontier/frontierfaq.php#definition](http://www.raonline.org/info_guides/frontier/frontierfaq.php#definition).

<sup>5</sup> "Other" includes organizations that respondents 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.

<sup>6</sup> This indicates a graduate degree distinct from the required M.D. (e.g., MBA).

# At-a-glance: **The Findings**

## clinic CEO

### Path to Becoming a Clinic CEO

- ▶ CEO respondents have been in their position for an average of nine years, with a range of one year to thirty-three years tenure. Nearly half (47%) of respondents have been in their current position for a relatively short period of time—four years or less.
- ▶ About half of CEOs were recruited internally; among the half recruited externally, most were recruited from the nonprofit sector (74%) and/or health care disciplines (41%).
- ▶ Half of respondents served in a CEO position at another clinic or another type of organization prior to their current position.
- ▶ Regardless of their previous position, a large percentage of CEOs note that they did not intentionally pursue this position.

## medical director

### Path to Becoming a Medical Director

- ▶ On average, Medical Directors have held their current position for about six years, with a range of tenure from one to thirty-two years. One half (50%) of respondents have been in their position for a relatively short period of time—four years or less.
- ▶ For about three-quarters of Medical Directors (70%), this is the first time that they have served as a Medical Director.
- ▶ Nearly two-thirds of Medical Directors worked and/or volunteered at their clinic prior to assuming their current role. Among the one-third of Medical Directors recruited externally, about one quarter came from another community clinic (27%) and one quarter from a private practice setting (27%).

## emerging leader

### Of the Emerging Leaders Who Aspire to a Senior Leadership Position (60%):

- ▶ The majority have worked in community clinics for 10 years or less;
- ▶ Most have held their current positions for three years or less and are more likely to hold a non-manager position;
- ▶ More than half are 40 years old or younger;
- ▶ The largest racial group is Whites/Anglos, followed by Latino/as;
- ▶ The majority are women; and
- ▶ Nearly one-third of them are from working-class backgrounds.

# The State of Clinic Leadership

Overall, community clinic and clinic consortia staff are passionate about their work, feel their personal values strongly align with their organization's mission and report high levels of job satisfaction.

- ▶ CEOs and Medical Directors accept and stay in their positions due to a deep commitment to the organization's mission and a desire to play a significant role in providing much needed and high quality health care.
- ▶ Similarly, emerging leaders 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.
- ▶ Emerging leaders also report a deep sense of individual satisfaction from working in a community clinic. Nearly 90% say they are personally fulfilled by the work they do in their current position.

While most clinic staff across position type report high levels of job satisfaction, they also describe significant challenges that they face.

- ▶ Recruiting, managing and retaining staff are the top challenges cited by both CEOs and Medical Directors.
- ▶ Many Medical Directors report struggles balancing their administrative duties with clinical care, a challenge that is accentuated since most do not receive training for this type of position.
- ▶ Areas of challenge for current CEOs are those in which they are less likely to share responsibility with others. For example, CEOs cite managing the organization's finances and fundraising as one of the most challenging aspects of their position. In this area CEOs tend to share the least responsibility with other clinic leaders, such as the Medical Director and board members.

The majority of emerging leaders aspire to hold a senior leadership position at a community clinic.

- ▶ Of those who are interested in a senior leadership role, 30% do not know which position they would like to hold.
- ▶ Eighty-two percent feel they are ready now or will be within the next five years to take on a senior leadership role.
- ▶ Of the five specific types of senior positions listed, community clinic staff are most interested in the positions of CEO, Chief Operations Officer and Clinic Director; the lowest levels of interest are for the Medical Director and Chief Financial Officer positions.<sup>7</sup>

<sup>7</sup> Respondents were given the opportunity to specify other types of senior positions in which they were interested but were not represented by these five named positions.

“It is a very rewarding job. I always feel like I am needed.... People wouldn't have health care otherwise if we weren't here.”

– CEO

“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.”

– Emerging Leader

While a large percentage of emerging leaders expect to seek a senior leadership role, clinic staff perceive personal barriers to pursuing such roles.

- ▶ For over half (54%) of the emerging leaders, their greatest concern about assuming a senior leadership position at their clinic or another organization in the community clinics field is that it would mean sacrificing work-life balance.
- ▶ About one third (34%) of emerging leaders do not consider a senior leadership position to be the best way to impact their community or the community clinics field.
- ▶ Aspirants to senior-level clinical leadership roles clearly feel a “push and pull” between their desire to work directly with patients and the necessities of their administrative duties; about one-third (34%) specifically note that they want to focus on direct patient care only.

### Anticipating the Leader’s Challenge of Work-Life Balance

Who is concerned about work-life balance? Concerns are more common among those who aspire to clinical leadership positions:

- 48% of those who aspire to Medical Director and Clinical Director positions;
- 37% of those who aspire to CEO and Chief Operating Officer positions; and
- 25% of those who aspire to the CFO position.

“If you are in a senior leadership role, you are doing everything.... For right now, that’s not a direction I am choosing to go in.”

– *Emerging Leader*

“We’re caught between administrative responsibilities on one side and the rest of our responsibilities on the other. It’s a great challenge and opportunity to coordinate and integrate everything into the overall mission and also to deliver that day to day in the clinic.”

– *Medical Director*



“It was completely a mission-based decision. I just have this compulsion to get up and go to work where I believe in the mission, and it’s never been more true for me than here.”

– CEO

“If you can provide 90% of compensation demands, the other 10% can be made up by goodwill [e.g., flexible schedules, training opportunities, etc.]. If you go below 90%, you’ll lose people.”

– Medical Director

Lower levels of compensation compared to other sectors also pose significant barriers and affect the recruitment and retention of current and future leaders.

- ▶ Although the majority of CEOs and Medical Directors report that they made a financial sacrifice to work in the community clinics field, they are also at least somewhat satisfied with their total compensation package. While most CEOs—who earn an average of \$122,776 per year—and most Medical Directors—who earn an average of \$155,646 per year—do not consider compensation to be a primary motivating factor for taking their position, they state that the lower level of compensation relative to similar positions in other sectors is a problem for retention, recruitment and the ability to retire.
- ▶ More than one-third of emerging leaders (37%) have financial concerns about working in the community clinics field; their greatest concerns are inadequate money to retire and to support one’s family.
- ▶ Medical Directors and emerging leaders cite concerns about paying down their student debt. Thirty-four percent of emerging leaders who carry student loan debt are “very concerned” about paying down their remaining student debt; 64% of Medical Directors state this as well.
- ▶ Almost 60% of emerging leaders feel they are underpaid in their current position and that their salaries are not competitive with similar positions elsewhere.

“I wouldn’t be effective without a well-functioning board of directors and senior management team, but the same holds true for all the staff. When you have good systems in place and can move forward, you can do phenomenal things. Right now, I have everything I need to do my job because everyone is doing their job.”

– CEO

### Although community clinics seek leaders who are diverse and represent the patient population, clinic leaders are still primarily White/Anglo.

- ▶ About two-thirds (67%) of CEOs and 59% of Medical Directors describe themselves as White/Anglo.
- ▶ Nearly half (48%) of emerging leaders describe themselves as White/Anglo. Despite this large proportion, it appears that there are more emerging leaders of color than current leaders.
- ▶ Emerging leaders of color are more interested in assuming a senior leadership position than White/Anglo community clinic staff, although the majority of them have still not decided in which role they are most interested. Those who express interest in a specific position are more interested in senior administrative roles than in senior clinical positions; the highest level of interest is in the CEO role.

### A shared leadership model<sup>8</sup> is being used by many clinic leaders to develop and strengthen leadership and enhance their own job satisfaction and retention.

- ▶ CEOs who share more management responsibilities and work more effectively with their senior management team and boards of directors report higher levels of job satisfaction and effectiveness in their position.
- ▶ Medical Directors who work closely with their CEOs and consider them to be an important source of support are the most satisfied with their position.
- ▶ Similarly, Medical Directors who report working effectively with their clinic management teams are more likely to report greater effectiveness in their position and more satisfaction with their job.
- ▶ Though meeting regularly and working effectively with clinic management teams improves Medical Directors’ overall satisfaction with their position, almost one-third of them report they do not have a clinic management team; these Medical Directors typically serve in smaller clinics.

<sup>8</sup> In a shared leadership model, the organization 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. 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.

Steps to cultivate the next generation of clinic leaders—CEOs, Medical Directors and other senior staff—varies significantly among organizations.

- ▶ Robust and disciplined succession planning in community clinics is uncommon; clinics are more likely to have a second in command or a group of leaders who can take over key leadership responsibilities temporarily in the event of the departure of the CEO or other senior leader.
- ▶ Most emerging leaders (97%) who aspire to specific senior leadership positions are not receiving professional development explicitly to advance to a senior leadership role in their organization.
- ▶ Among those emerging leaders who feel they are ready now or will be within five years to assume a senior leadership position, more than one-third (36%) 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.
- ▶ While 89% of staff believe they have the skills to advance within their organizations, about half (47%) believe there is no room for advancement at their current organization and more than half (58%) are unsure of the specific criteria for promotion.

“There’s not a good training ground for nonprofit [clinic] executives today.... There are no steps as there were twenty years ago because organizations and regulations are more complex now. The stepping stones used to be easier. I’m not sure what to do to grow the next CEO.”

– CEO

### CEOs Looking Forward

- A little more than half of current CEOs (56%) plan to leave their position within the next five years; while about one-third plan to retire, about a quarter do not know what they are going to do next.
- One-third of current CEOs say they would consider taking another CEO position at a clinic or clinic consortium.

### Medical Directors Looking Forward

- Nearly two-thirds of Medical Directors plan to leave their current position within the next five years.
- Only a small portion (17%) plan to retire or be a Medical Director at another clinic (15%).

# Recommendations & Calls To Action

For  
Clinic Staff

**Articulate a career path and goals to benefit you and your organization.** Discuss regularly with your supervisor what work you are interested in at your clinic and where you envision your career going; take into account the ways in which your professional development plans align with the organization's goals and plans.

**Obtain the professional development and leadership supports you need to be most effective in your position.** Utilize a combination of tailored supports that meet your needs but also take into account the needs and context of your organization. Find seminars, conferences and workshops that support your professional development goals and ask for your clinic's support. Request opportunities to increase your responsibilities that provide you with leadership development opportunities (e.g., leading a significant clinic project).

**Seek the support of colleagues—externally and internally—as part of your professional and leadership development.** As you consider your career trajectory, think beyond the four walls of your current organization. By attending external trainings and conferences and participating in peer networks, you can develop relationships with other peers, field leaders and sector experts. These relationships can be extremely useful in identifying career opportunities, work-related guidance and relevant emerging trends.

**Partner with colleagues in developing a collaborative approach to leading the organization.** Both Medical Directors and CEOs cite their management teams as the greatest source of support. For those who are very satisfied in their current roles, a majority share responsibilities with their management team “very much.” Find ways to partner with other senior leaders and develop a collective approach to addressing your organization's challenges.

**Adopt a leadership model that supports teams that can fully share the opportunities and challenges of leading a community clinic.**

Survey respondents and focus group participants alike note that the responsibilities and duties of clinic senior leaders are often overwhelming and burdensome. To better distribute leadership responsibilities across the organization, consider replacing outdated structures and move toward models that support teams. Clinics that employ less traditional and hierarchical approaches to leadership, while still holding staff and leaders accountable for organizational impact, are better positioned to attract and retain leaders. These models also provide opportunities to build the leadership bandwidth in your organization.

**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. Develop a clear vision for the organization's future, and identify the long-term strategies and the leadership competencies needed to get there. Build the bench strength for each senior leadership role within your clinic, not just for the CEO and Medical Director positions. Create professional development plans for any staff who have the potential to assume greater responsibilities over time.

**Provide competitive compensation to all clinic and clinic consortium staff.**

The data are clear—clinic staff, while passionate about their work, have significant concerns about being able to sustain a career within the community clinics field. Partner with your board and funders to provide salaries and benefits which attract and retain emerging talent.

**Define and promote career paths within your clinic.**

In addition to identifying the responsibilities and the needed skills 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.

**Embrace generational differences.**

Recognize the differences in style, approach and priorities that exist between the generations. Younger staff may be reluctant to spend more than a few years in a job where they sense little potential for growth or professional development, while older staff in mid-career may react differently to job stability. Clinic leadership not only must understand the different ways in which these generational cohorts define what it takes to recruit and retain great talent, but they should also take advantage of opportunities for staff to learn and grow together across generational lines (e.g., intergenerational mentoring and coaching programs).

*For Senior  
Clinic  
Leadership*

## For Boards

### **Invest in reasonable compensation for leadership 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.

### **Take personal responsibility to ensure an effective board.**

The performance of the board can have a direct relationship to senior leadership satisfaction and retention. Board members should actively recruit and develop board members, identify the board's key performance areas, support the CEO and other senior leaders and make sure that the entire board engages in the strategic questions facing the organization.

### **Help to identify and cultivate future CEOs and senior clinic leaders.**

Make succession planning a regular part of your annual assessment of the clinic's performance and strategies. Ask whether and how potential leaders are being cultivated and what resources are needed to support their successful recruitment and/or development. Take a role in identifying and mentoring current and potential senior and emerging leaders.

## For Field Capacity Builders

### **Provide a variety of leadership development opportunities which help to build the leadership bandwidth across the community clinics field.**

Develop an array of trainings, networks and conferences which address different leadership needs and help community clinics and clinic consortia to build their leadership capacity. Such offerings should include not only trainings, workshops or leadership development programs but also peer networks, regional or statewide convenings and more tailored support, such as coaching and mentoring. Gather stakeholders periodically to discuss and plan how to address pressing leadership and workforce issues affecting the field.

### **Partner with clinics in developing field-wide career paths.**

Think about how to articulate and promote the wide range of career options for staff working in the community clinics field. Help develop career paths which show how individuals can move through the field as they grow professionally. Promote these frameworks at regional convenings, statewide conferences and regional clinic consortia meetings.

**Support system-level efforts that will contribute to more strategic approaches to building the clinic leadership and workforce.**

Look for opportunities to connect the community clinics field with broader health, education and workforce initiatives. Identify ways that these approaches can enhance the leadership bandwidth within clinics and strengthen the leadership pipeline for the field. Utilize existing infrastructures, such as the California Primary Care Association and the regional clinic consortia, for system-level efforts.

**Support clinics' efforts to offer competitive compensation.**

Fund efforts to conduct market analyses of compensation packages and examine important sector-wide compensation issues. Help clinics explore whether and how non-salary benefits such as flexible work schedules or educational support can attract and retain talented staff. Talk to other funders about assisting community clinics to address the issue of competitive compensation packages and explore ways to collaborate.

*For  
Funders*

*An advisory committee representing different areas of the community clinics field advised and guided this assessment and the development of the reports.*

*Committee members were:*

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

Carl Coan, Chief Executive Officer, Eisner Pediatric and Family  
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Efrain Coria, Chief Operating Officer, Gardner Family Health Network

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