



Robert Wood Johnson Foundation

Human Capital

The Human Capital Portfolio seeks to nurture a strong, capable and diverse health and health care workforce and leadership.

For more than 30 years, RWJF has supported programs that help develop leaders in health and health care, such as the *Robert Wood Johnson Health Policy Fellowships Program* and the *Robert Wood Johnson Executive Nurse Fellows Program*. Many program alumni in leadership positions today acknowledge the role RWJF has had in advancing their careers. But neither our programs, nor the health and health care leadership of our nation, are as diverse as they should be. Thus, in 2006 we looked at our leadership programming with fresh eyes, seeking to increase the diversity of our scholars and fellows, and the diversity of voices in leadership positions.

We initiated an effort to increase the diversity of the pool of qualified applicants to several of our leadership development programs. These programs had each been trying to do this, with limited success. We began work to identify and enhance the successful strategies of individual programs, but also to develop proactive marketing and outreach strategies. We plan to implement these enhanced outreach efforts for the programs' application cycles during 2007 and will track their impact.

As we looked at our history of investments in leadership development, we saw that most of our programs focused on leaders who work in large institutional settings. Another way to increase the diversity of leadership in health and health care is to expand the breadth and diversity of the settings on which our programs focus. Locally-based nonprofit organizations occupy an important role in our health and health care system, providing critical services and support. And the leadership of community nonprofits is often well-positioned to help the rest of the system appreciate the need for diversity.

Many community nonprofits are led by senior leaders who are aging out of the workforce at a time when demand for services from these organizations is increasing, along with the financial pressures they face. To combat these complex challenges, we believe that creating a leadership development experience for junior or emerging leaders that is focused on innovative, system-change thinking, will provide a model for these organizations in the future.



We are currently supporting the design of a training program that can help develop a new cadre of competent leaders in community-based nonprofits. We hope to build their abilities to influence systems, bring about organizational change, adapt innovations from other fields, create more client-focused services, work across traditional organizational barriers, and build stronger, sustainable organizations that provide better health and health care services in underserved, under-resourced communities.

We also began an effort in 2006 to track the diversity of leaders in key positions in health and health care. We will continue to track this over time to help us understand where we need to target our future investments.

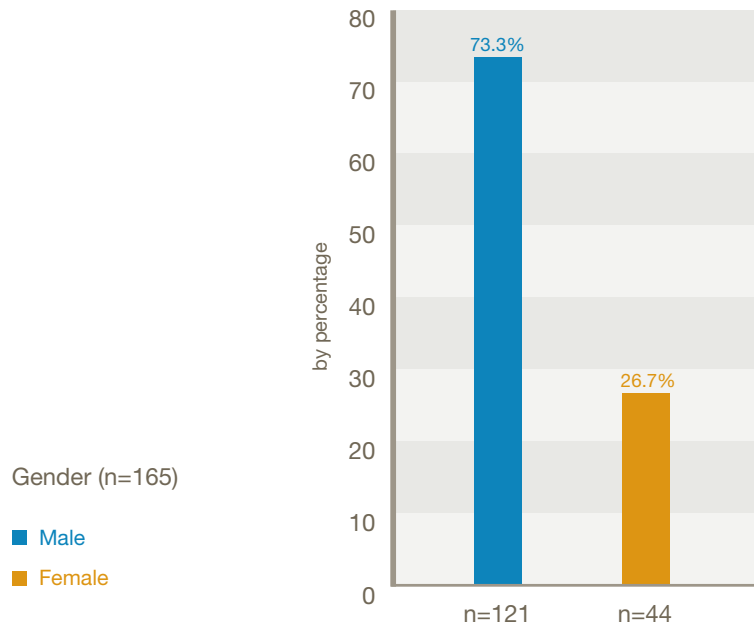
Not surprisingly, America's current group of leaders in health and health care are primarily white males in their mid-fifties, most with doctoral/professional degrees, who have occupied their current leadership positions for about six years. There are some "pockets" of diversity. Women occupy about 40 percent of senior leadership positions in state health departments and in America's major foundations. Nearly one-third of senior leadership positions in major foundations are held by African Americans.

In the coming years, as our nation becomes increasingly diverse, we will continue to track the diversity of the leadership in our health and health care system, and in the programs we support.

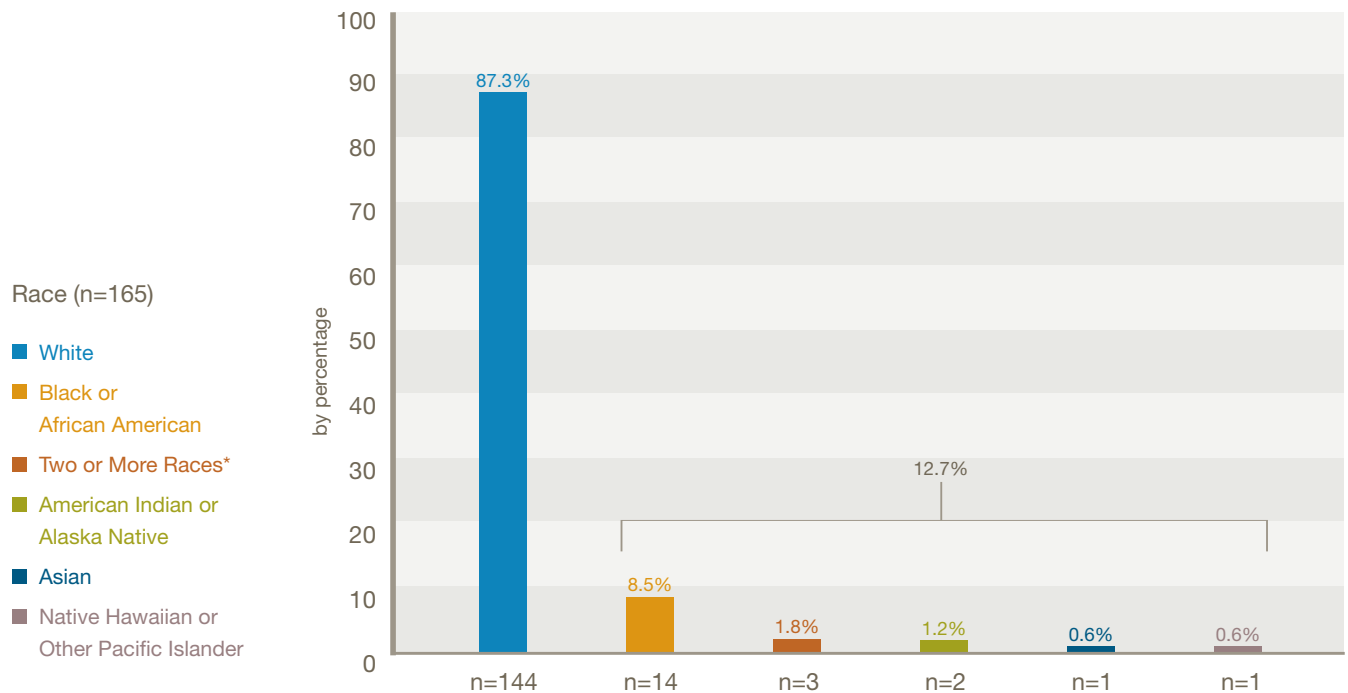
For additional information about our initiatives and objectives, visit www.rwjf.org/humancapital.



U.S. Health and Health Care Leaders, by Gender



U.S. Health and Health Care Leaders, by Race



SOURCE: The Lewin Group, Health and Health Care Leadership Tracking Initiative Findings, Year One, November 2006.