



## *Massachusetts Institute for Community Health Leadership*

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### Overview:

In 2005 the Blue Cross Blue Shield of Massachusetts Foundation created a new initiative to help build leadership capacity among health care organizations in the Commonwealth that serve the needs of low-income and uninsured residents. The *Massachusetts Institute for Community Health Leadership* (The Institute) is an 18 day residential program conducted over nine-months. Its purpose is to develop the next generation of leadership to effectively address the future opportunities and challenges in community-based low-income health care.

### Eligibility and Selection:

Each year, a group of up to 18 highly-regarded applicants with recognized leadership potential will be selected to participate in the Institute. These participants will come from a variety of backgrounds and represent diverse employment situations, such as:

- Executive Directors without significant experience heading an organization
- Executive Directors who wish to gain new tools in collaborative leadership
- Clinicians ready to make a transition to administration
- direct service or program Managers seeking senior management positions

Applicants must submit a complete application package which includes:

- Application
- Personal essay
- CEO/Organization Commitment and Recommendation
- Colleague Recommendation
- Current resume

A Selection Committee made up of community health leaders, the Blue Cross Blue Shield of Massachusetts Foundation staff, and alumni of the program will evaluate the applications and select a slate of 25 finalists to be interviewed between August 18 - 20, 2010. Final selection of participants will be made by the Selection Committee after interviews have been completed.

### Selection Timeline - 2010:

August 2	Five complete Application Packets due
August 18 - 20	Interviews
August 23	Selection and Participant Notification
September 23	Program begins (at 4 pm)



*Massachusetts Institute for Community Health Leadership*

Application for Fall 2010 - Spring 2011

Deadline: Monday, August 2, 2010

Name \_\_\_\_\_

Gender  F  M

Organization \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Please include the following information with the application (along with five copies of all materials):

- A current resume (not more than 2 pages)
- A summary (limit half page) of:
  - o The mission of your organization and where you fit (You may attach an Org Chart if needed)
  - o Your professional plans three years from now (what is your vision for yourself as a leader)
- The completed CEO/Organization Commitment and Recommendation Form
- A Letter of Recommendation from a colleague in your field

In an essay of no more than two pages please address the following:

1. What have you found to be significant challenges in your leadership experiences?
2. What do you hope to gain for a) yourself, b) your organization, and c) your community by participating in this program; what impact do you want to have?

3. Reflecting on your experience, how do you distinguish between leadership and authority?

Send this application and the information requested (along with five complete copies) to:

Blue Cross Blue Shield of Massachusetts Foundation  
Attn: Massachusetts Institute for Community Health Leadership  
Landmark Center  
401 Park Drive  
Boston, MA 02215-3326

Participants will be selected based on:

- Willingness and capacity to become vital leaders in the health care community serving low-income and uninsured residents
- Openness and receptivity to learning and trying new ways
- Commitment to the learning of others
- Ability to work collaboratively
- An openness and adaptability to changing behavior and accepting diverse viewpoints
- Ability to attend and participate in all sessions

The Foundation is committed to achieving demographic and geographic diversity in the selection of participants for the Massachusetts Institute for Community Health Leadership.

***Please read the following statement closely and sign if you are in agreement:***

I certify that the information in this application is true and complete to the best of my knowledge. I authorize verification of all statements in this application, as it relates to the selection process. If I am selected as a participant, I agree to fully participate in the nine-month leadership development program including:

- Personally and actively participating in all program activities, including attending all 18 days of the program.
- Commit to working an average of 7 to 8 hours per month on further study and learning experiences, such as reading articles, participating in conference calls, and/or meetings with other participants.
- Develop and implement a collaborative leadership improvement project focused on benefiting community-based low-income health care.
- Furnish my own transportation and incidentals expenses related to attending seminars and other program events (the BCBSMA Foundation will provide tuition\*, lodging and meals).
- Permit my name, organization, biographical information and photo to be used in informational and promotional materials pertaining to the Institute.

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Signature (required)

Date

\* The Institute covers the tuition for the program, including the cost of sessions and other learning experiences, educational materials, electronic and print resources, lodging and meals during the sessions. *The cost to your organization, other than the participant's time should he or she be selected for the Institute is \$550.00.* This is used to defray a small amount of the program cost, and to demonstrate and solidify the organization's commitment.

## *Massachusetts Institute for Community Health Leadership*

### CEO/ORGANIZATION COMMITMENT AND RECOMMENDATION FORM

I support \_\_\_\_\_ application to  
First Name Last Name

participate in the *Massachusetts Institute for Community Health Leadership* (The Institute), a nine-month leadership development program. I understand the goal of The Institute is to develop and build capacity for more effective leaders serving the health care needs of low income and uninsured people in the Massachusetts.

Please provide a brief statement (not more than two typed pages) about the applicant's leadership capabilities and potential, and their promise as an individual to favorably impact Massachusetts' health care system serving low-income and uninsured consumers. In your recommendation, please explain:

- How long, and in what capacity you have known the applicant
- Why you believe the applicant is well suited to become a participant in The Institute
- What is the applicant's potential for greater leadership roles, including the capacity to head Massachusetts organizations serving the health care needs of low-income and uninsured consumers

Please attach this page as a Cover Sheet to your recommendation.

**DEADLINE: 5:00 PM, August 2 , 2010**

I understand and agree to support the person I am recommending to:

- Fully participate in all program activities, including attending all 18 days of the program
- Commit 7 - 8 hours per month for further individual study
- Participate in the evaluation of the Institute
- Make a concerted effort to attend as many management elective sessions as possible.

The Institute covers the tuition for the program, including the cost of sessions and other learning experiences, educational materials, electronic and print resources, lodging and meals during the sessions. *The cost to your organization other than the participant's time should he or she be selected for the Institute is \$550.00.* This is used to defray a small amount of the cost of the program, and to demonstrate and solidify the commitment of the organization.

I certify that our organization *fully supports* his or her participation in the Massachusetts Institute for Community Health Leadership, including release time to attend *all* of the sessions and to complete assignments between sessions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please give the original completed and signed form and the recommendation statement to the applicant to include with their complete application package. Their application will not be considered complete without this form and recommendation statement.**

Submission of application materials are due to the Blue Cross Blue Shield of Massachusetts Foundation by **5:00 PM on August 2**, and is the responsibility of the applicant. Please plan accordingly.



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**COLLEAGUE RECOMMENDATION**

Please provide a one-page statement about the applicant's leadership capabilities and potential, and their promise as an individual to favorably impact Massachusetts' health care system serving low-income and uninsured consumers. In your recommendation, please explain:

- How long and in what capacity you have known the applicant
- Why you believe the applicant is well suited to become a participant in The Institute?
- What do you believe is the applicant's potential for taking on greater leadership roles in the Massachusetts serving the health care needs of low-income and uninsured consumers?

Please attach this page as a Cover Sheet to your recommendation, and limit your recommendation to one typed page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please give the original completed and signed form and the Recommendation Letter to the applicant to include with their complete application package. Their application will not be considered complete without this form and Recommendation Letter.**

Submission of application materials are due to the Blue Cross Blue Shield of Massachusetts Foundation by 5:00 PM on August 2, and is the responsibility of the applicant. Please plan accordingly.