

Community Partnerships Leaders Program

Overview: The *Community Partnerships Leaders Program* (CoPaLS) is an initiative created by the Blue Cross Blue Shield of Massachusetts Foundation with input from a number of Massachusetts health organizations. The purpose of CoPaLS is to strengthen the basic leadership skills among emerging community leaders and activists who are passionate about their work. We also aim to create a more equitable system of health care by addressing social determinants of health. CoPaLS will meet weekly for five Tuesday sessions, from April 7th through May 5th. The program will run from 5:00 - 8:30 pm.

The five program topics for the second CoPaLS class are:

- Organizing Successful Campaigns on Issues
- Dealing with Conflict
- Communicating Effectively
- Building Collaborative Meetings
- Understanding How to Impact Policy

Participants:

- We are looking for applicants who are passionate about improving access to health in their communities by strengthening their skills in the topics areas listed above.
- A group of up to 20 highly-regarded applicants with recognized leadership potential will be selected to participate in CoPaLS.

Eligibility and Selection:

- Candidates for the program those people in the community who work closely with a community health center, advocacy group, or community based organization. The candidates are seen as emerging leaders and who would benefit by strengthening their skills in working with a variety of stakeholders.
- Selection will be based on completing an application, the individual's commitment to attend all five sessions, and their goals of what they plan to do with the tools and network they gain through the program.

How to Apply:

- Applicants must complete the attached application package and submit to the Blue Cross Blue Shield of Massachusetts Foundation by 5:00 p.m. on Thursday, March 5, 2009.
- Applicants are encouraged to have a letter of endorsement of not more than a page from a not-for-profit organization serving the low income and uninsured here in Massachusetts.

Program Cost:

- The Foundation covers the tuition for the program, including the cost of sessions and other learning experiences, educational materials, and meals during the sessions.
- In addition the Foundation will assist with parking or transportation costs.
- Should assistance with reimbursement for child care be a necessity, the Foundation will help.
- Participants accepted into the program are **requested to make a one time payment of \$25**. This is representative of the individual's intention to take part in all five sessions of the program. The money is used to help defray the cost of materials and food.

Selection Timeline - 2009:

A Selection Panel made up of Blue Cross Blue Shield of Massachusetts Foundation staff will evaluate the applications. Decisions of the Selection Committee are final.

Time Lines:

- *Application period opens Monday, February 2*
- *Application deadline 5 PM, Thursday, March 5*
- *Notification of who is selected Tuesday, March 10*
- *First session begins: Tuesday, April 7*

Dates	Speaker	Content
April 7	Lew Finfer & Joel Barrera	Organizing Successful Campaigns on Issues
April 14	Robert Bowers	Dealing with Conflict
April 21	Andrea Miller	Communicating Effectively
April 28	Cynthia Parker	Building Collaborative Meetings
May 5	Jarrett Barrios	Understanding How to Impact Policy
Location: BCBSMA at Landmark Center		
Time: 5:30pm - 8:30pm		
Participants: 15 - 20 people		
Session Structure		
5:00 - 5:30	Networking & light dinner	
5:30- 8:30	Workshop	



*Community Partnerships Leaders Program)
(to be completed by the Applicant)*

Application for Spring 2009

Deadline: March 5, 2009

Name _____

Gender F M

Organization/Affiliation _____

Title (if applicable) _____

Mailing Address _____

City, Zip _____

Work Phone _____ Email _____

Sponsoring Organization (if applicable): _____

Sponsor's Name _____

Sponsor's email _____ Phone: _____

Please attach the following information to this application:

A letter of endorsement of not more than a page from the referring organization (if applicable).

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

1. Explain the health issue you are interested in addressing.
2. How do you feel participation in this program will benefit you, your community partners and your work in the community?

Send this application and the information requested to:

Attention: Isadora Choute
Blue Cross Blue Shield of Massachusetts Foundation
Attn: CoPaLS Manager
Landmark Center
401 Park Drive M/S 01-04
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
- 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 Community Partnerships Leader Program.

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 program including:

- Personally and actively participating in all program activities
- Foresee no obstacles to being at and participating in all scheduled sessions.
- Commit to working up to 2 hours between sessions on further study and learning experiences, such as reading articles, or meetings with other participants.

Signature *(required)*

Date

Community Partnerships Leaders Program

Letter of Endorsement from Referring Organization

I have encouraged _____ to apply to
First Name Last Name

and participate in the *Community Partnerships Leaders Program (CoPaLS)*. I understand the goal of CoPaLS purpose is to strengthen the basic leadership skills among emerging community leaders and activists who are passionate about their work and to create a more equitable system of health care and in addressing social determinants of health.

Please provide a brief statement (not more than one typed page) about the applicant's leadership capabilities and potential, and his/her promise as an individual who may 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 CoPaLS
- Applicant's potential for becoming a more vital leader serving the health care needs of low-income and uninsured consumers.

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

DEADLINE: 5 PM, March 5, 2009

Submission of application materials are due to the Blue Cross Blue Shield of Massachusetts Foundation by 5 PM on Thursday, March 5 and are the responsibility of the applicant.
