



Sojourns Scholar Leadership Program

2025 PROGRAM EVALUATION COMPREHENSIVE REPORT

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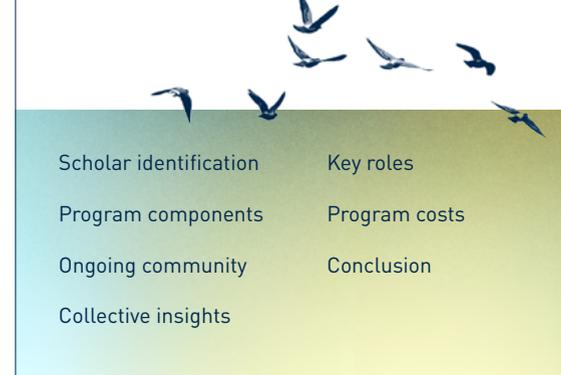
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01

Introduction



Over the past decade, Cambia Health Foundation has invested more than \$25 million in the Sojourns Scholar Leadership Program (SSLP) to nurture emerging palliative care leaders who could improve care for people with serious illness. Our commitment to supporting leadership development as a catalyst to transform health care was purposeful and intentional and yet the results exceeded our expectations.

We proudly supported 108 innovative projects, but the “secret sauce” was that every aspect of the program was designed to prioritize the innovators themselves. Recognizing that growth flourishes in connection, we sought to cultivate a diverse community of leaders grounded in strong relationships. While we created opportunities for connection and collaboration at every turn, it was the scholars who brought the community to life and embodied the culture that has made this program so impactful.

The 108 scholars—physicians, nurses, social workers, chaplains and other dedicated professionals—have brought compassion and innovation to their work in communities across the country, strengthening the field of palliative care and improving the experience of patients and families. Their work demonstrates how transformative it can be when emerging leaders from a variety of disciplines have the community, resources and support they need to advance whole-person care.

As we reflect on the past ten years, this evaluation offers an opportunity to learn directly from the scholars—how the program shaped their careers, advanced the field and what made this interprofessional leadership development model so effective. We hope these insights will inspire a continued commitment to supporting the next generation who will carry this work forward.

Thank you to every scholar, mentor, partner and supporter who has been part of this journey. Your dedication strengthens our belief in the power of collaborative leadership to create a more person-focused health care system.

With hope and optimism,

Peggy Maguire

Peggy Maguire
President, Cambia Health Foundation



ABOUT CAMBIA HEALTH FOUNDATION

Cambia Health Foundation is the corporate foundation of Cambia Health Solutions. Founded in 2007, the foundation has funded over \$138 million in grants to advance whole-person care models at every stage of life to build a just and inclusive health care system for all.



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To learn more about the program and its scholars, or to download a summary of this evaluation, please visit:

www.cambiahealthfoundation.org/focus-areas/sojourns-scholar-leadership-program.html

SOJOURNS SCHOLARS



PAST AND PRESENT
ADVISORY BOARD
MEMBERS

PALLIATIVE
CARE EXPERTS*

CHF STAFF*

Meet the Sojourns Community

Throughout the report we will refer to the following groups:

SOJOURNS COMMUNITY

Includes Sojourns Scholar Leadership Program (SSLP) scholars, advisory board members, mentors, palliative care experts and Cambia Health Foundation (CHF) program staff.

COHORT

Group of scholars (10-12) who entered the program in the same year and participated together.

PALLIATIVE CARE EXPERTS

Leaders in palliative care who have supported the program, provided feedback on its impact and/or shared perspectives on the challenges and opportunities for the field of palliative care.

SCHOLAR

Anyone who received a Sojourn Scholar grant award. Includes those with active projects and those who contribute to the community as alumni.

ADVISORY BOARD MEMBER

Past and current members of the SSLP advisory board.

CHF STAFF

Current and previous employees of Cambia Health Foundation that played a role in the SSLP.

Scholar spotlights

Throughout this report, we highlight selected projects and scholars as examples to illustrate the range of stories behind the data. Because this report can't feature all 108 scholar projects, these examples were nominated by fellow scholars. Although we spotlight individuals, we recognize that the program's impact is collective.

“Observing Sojourns Scholars achieve their personal goals and advance on their professional journeys is inspiring. I think the greatest strength of the program has been the collective impact beyond individual achievements.”

ADVISORY BOARD MEMBER

Key definitions

For the purposes of this evaluation, we use the following terms as defined below.

PALLIATIVE CARE

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of doctors, nurses, social workers, chaplains and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness and it can be provided along with curative treatment.

Source: Center to Advance Palliative Care

PRINCIPLES OF PALLIATIVE CARE

These are less conclusively defined, but commonly understood by the SSLP to include:

- Whole-person care
- Skilled communication and informed choice
- Access and equity
- Interprofessional team



02

Evaluation approach

This program was independently evaluated by Future Work Design in 2025. The evaluation was guided by a structured process that linked goals, data collection and outputs.

EVALUATION PURPOSE

Using Michael Quinn Patton’s Utilization-Focused Evaluation framework¹, Cambia Health Foundation (CHF) identified **Judgment of Overall Value** as the primary purpose of this evaluation. As the program concludes after a decade, the central question is straightforward: *Did the Sojourns Scholar Leadership Program deliver outcomes that justify the investment—did it work?*

Secondary purposes include **knowledge generation, accountability and learning**. These remain important and are reflected in the evaluation goals, but the guiding focus has been on assessing the program’s overall value across its lifespan.

DATA SOURCES



175+ existing data sources:

Scholar proposals and applications, scholar reports, Sojourns Summit evaluations, scholar surveys and videos, scholar articles, industry and conference literature and podcasts.



5 focus groups with scholars (12), advisory board members (5) and Cambia Health Foundation staff (3).



18 individual interviews with scholars (11), palliative care experts (5) and Cambia Health Solutions staff (2).



An extensive evaluation survey was completed by 90% of past and current scholars (97), 90% of past and current advisory board members (9), and a selection of palliative care industry experts familiar with SSLP (10), for a total of 117 participants.

PROCESS

The evaluation process reflects the challenge that the SSLP is both one program and a collection of 108 diverse and unique projects. Because projects varied widely in aims, settings and methods, standardized outcomes were difficult to collect and compare. Instead, we use scholars’ professional judgment and evidence to understand subsequent system-level changes. This scholar-centered approach grounds conclusions in field expertise and real-world context, surfacing emergent and unexpected outcomes.

HOW WE GATHERED THE EVIDENCE

- Reviewed existing program data to establish context and identify gaps.
- Conducted focus groups and interviews to collect stories and qualitative evidence.
- Fielded a survey to validate and extend insights.
- Synthesized findings across sources.

CONFIDENTIALITY AND ATTRIBUTION

All survey responses and interviews were conducted anonymously to encourage open and candid feedback. Quotations and insights presented in this report are attributed by participant role rather than by individual identity.

EVALUATION GOALS

Questions we set out to answer from 10 years of the SSLP:

NO. 01

Did the program achieve its goals?



Identify, cultivate and advance the next generation of palliative care leaders.



Invest in innovative projects that improve the care of people with serious illness.



Create a community of palliative care leaders that influence and accelerate broader system change.

NO. 02

What value did key components of the SSLP program design deliver?

NO. 03

How might the SSLP or a similar leadership development program be improved in the future?

NO. 04

What lessons does the SSLP community have for palliative care, philanthropy and health care?



03

Program history

The Sojourns Scholar Leadership Program (SSLP) has evolved over time, with major shifts shaped by both the needs of the field and feedback from scholars. The timeline below highlights the key milestones and the reasons behind them.



CAMBIA HEALTH FOUNDATION* (CHF) ESTABLISHED

Cambia Health Solutions (CHS) established the foundation to take a more strategic approach to philanthropy and to align its giving with its Cause: serving as a catalyst to transform health care into a person-centered and economically sustainable system. By placing people, rather than institutions at the center, the foundation set the guiding principle for its philanthropic efforts. The foundation board recognized palliative care as a clear and meaningful expression of this person-focused mission.

SOJOURNS SCHOLAR LEADERSHIP PROGRAM LAUNCH

In 2011, CHF launched the SSLP with a two-year grant model that paired innovative projects with leadership professional development and mentorship. Inspired by the earlier Project on Death in America (1994-2003), the program sought to create a peer community and a critical mass of leaders to grow the field. Initially, the program was open to physicians and nurses.



REGIONAL PALLIATIVE CARE AWARDS

The foundation launched the Sojourns Awards, providing \$50,000 unrestricted grants to established leaders in palliative care in Idaho, Oregon, Utah and Washington. These regional awards recognized innovators and raised awareness but primarily supported practitioners and health care systems already established in the field.



RESEARCH TO INFORM FUTURE INVESTMENTS OPPORTUNITIES

Cambia Health Foundation partnered with the National Journal to conduct a nationwide survey of consumers and physicians on their attitudes toward palliative care. The results showed strong support but revealed dramatic training gaps and low awareness and confidence among patients and clinicians, prompting CHF to reimagine the Sojourns Awards as a national leadership development program focusing on emerging leaders for greater impact.

*Prior to 2011, the foundation was known as the Regence Foundation



SPECIAL INTEREST GROUPS (SIGS)

As the scholar community grew, participants sought ongoing ways to connect around shared professional and personal interests. This led to the creation of SIGs—scholar-led, topic-specific groups that provided structured opportunities to collaborate, learn together, and strengthen community across cohorts.

EMPHASIS ON EXPANDING ACCESS

CHF embedded equity into program design by adding health equity related questions to the application process and encouraging projects that addressed racial disparities and structural inequities. This shift was driven by recognition that palliative care had historically lacked diversity among its leaders and often failed to meet the needs of marginalized communities.

PANDEMIC ADAPTATION

The program carried on through the pandemic with an emphasis on resilience and wellness, shifting its annual in-person convening to a virtual format; hosting monthly virtual meetups for scholars and advisory board members and practicing trust-based philanthropy and flexible grantmaking. In that same year, CHF adopted a stronger regional focus, prioritizing whole-person health across the human lifespan through investments in resilient children and families, healthy and connected aging and the health care workforce. Amid these changes, CHF reaffirmed its 10-year commitment to the SSLP.



PROGRAM EXPANSION TO INCLUDE MORE PROFESSIONS

The program broadened beyond its initial physician and nurse focus to intentionally include chaplains, social workers and other clinicians or health care leaders practicing or conducting research in community health settings. This shift was driven by recognition that palliative care leadership cannot be sustained if concentrated only in physician and nurse leaders in academic medicine; it must reflect the full interprofessional team and the diverse care settings where serious illness care happens and/or is needed.



FINAL COHORT AND CONTINUING COMMUNITY

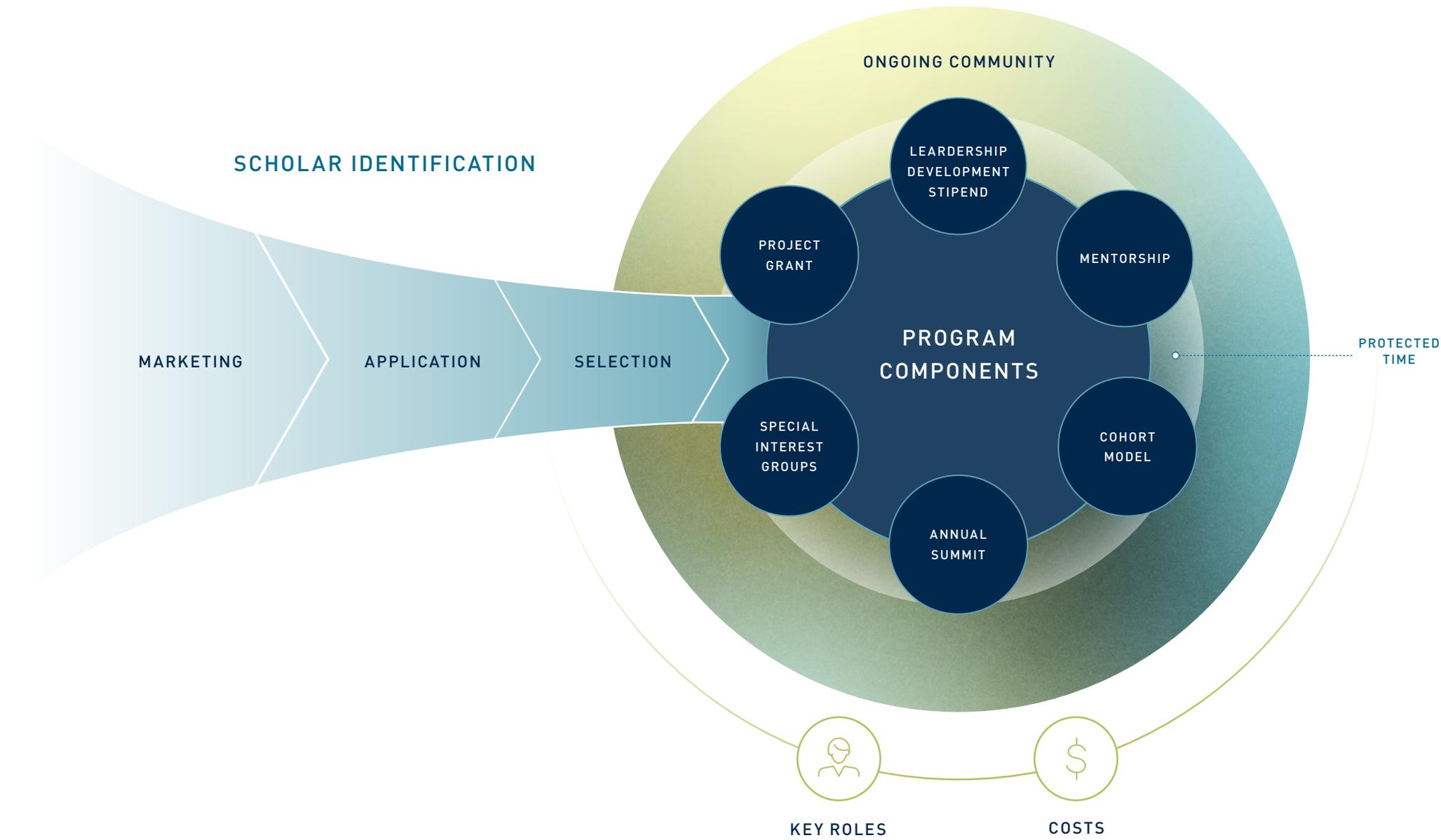
The final cohort of Sojourns Scholars was selected in 2023, completing the 10-year program cycle that CHF committed to from the outset. The decision not to add new cohorts reflected both CHF's strategic shift in focus and the belief that the program had fulfilled its goal of cultivating a strong leadership community for the field. While the recruitment of new scholars has concluded, CHF committed to sustaining the existing community by funding existing scholar engagement through 2030.



04

Program design

The scholar experience was shaped by the interplay between what the program offered and how it was delivered. This section explores which elements were most and least effective.



EVALUATION GOALS

No.01

Did the program reach its goal to **identify**, cultivate and advance the next generation of palliative care leaders?

No.02

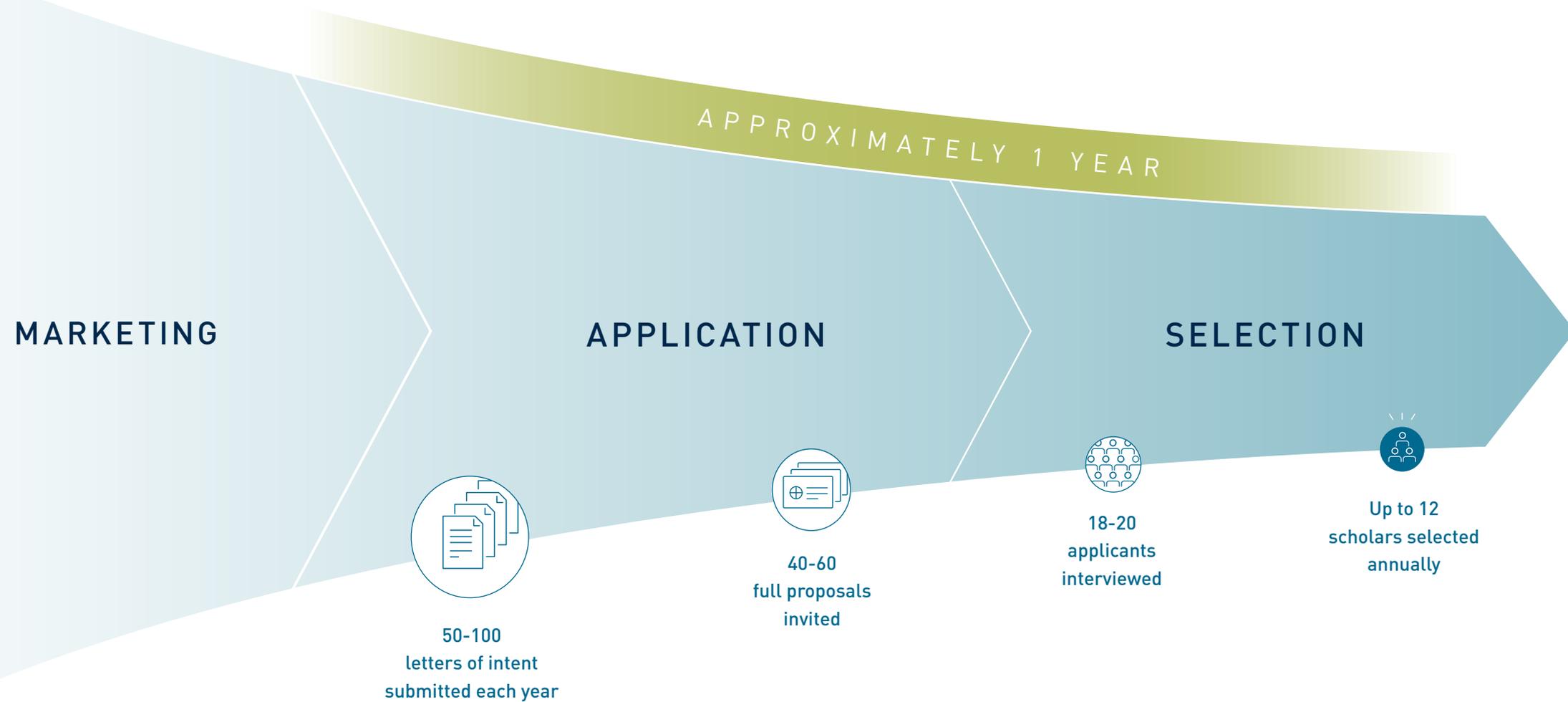
What value did key components of the SSLP program design deliver?

No.03

How might the SSLP or a similar leadership development program be improved in the future?

SCHOLAR IDENTIFICATION

The Sojourns Scholar Leadership Program’s impact starts upstream: outreach, application and selection determine who enters the pathway—and whether scholars reflect the breadth of experience and potential the field needs.





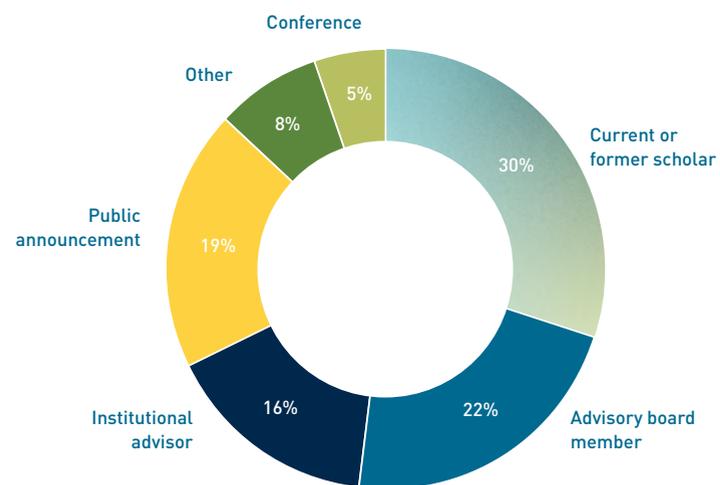
Marketing

DESIGN

The program relied less on advertising and more on personal, relationship-driven outreach. Scholars were primarily recruited through professional membership organizations, advisory board networks and referrals from current and former scholars.

HOW DID SCHOLARS FIRST HEAR ABOUT THE PROGRAM?

97 SCHOLARS SURVEYED



Over 50% of scholars first heard about the program through word of mouth

Prospective applicants were encouraged to connect directly with program officers early in the process, giving them the chance to ask questions and assess whether the program was the right fit.

Key marketing strategies included:

- Presenting at national and industry-wide events (e.g., SXSW, End Well, CAPC).
- Sponsoring discipline-specific meetings, hosting listening sessions and offering “lunch and learns,” often with current and former scholars sharing their experiences.
- Issuing press releases to expand outreach in under-represented regions.

“When we shifted to expand to new professions, we knew we were going to need to do some intentional marketing in those new disciplines. We started to connect more with the membership organizations for chaplain, social work.”

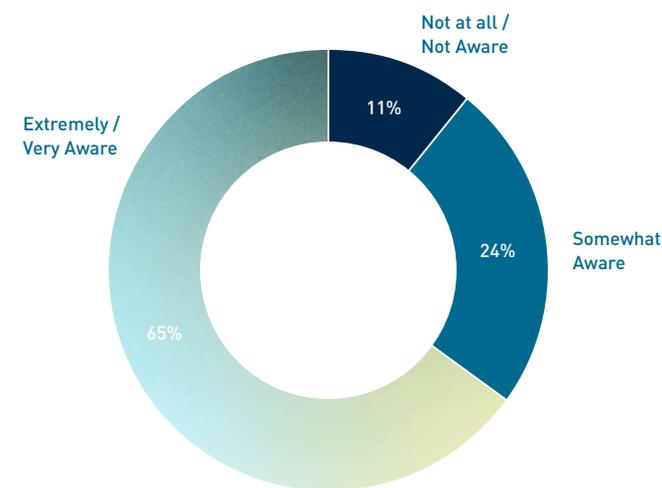
CHF STAFF

RESULTS

The SSLP is widely recognized across the palliative care field, especially in research and academic circles. Awareness is thinner among frontline clinicians, particularly in community and rural settings.

HOW AWARE OF SSLP ARE PALLIATIVE CARE PROFESSIONALS?

117 SOJOURNS COMMUNITY MEMBERS SURVEYED



According to interviews with the Sojourns community, the program is regarded as a prestigious, high-impact initiative with a gold-standard reputation for developing national leaders in palliative care, among those familiar with it. Scholars are viewed as exceptional practitioners and emerging leaders and many go on to make significant contributions to the field.

“For people who work in academia or research it’d be very high but clinically, my peers have never heard of it.”

NURSE / SCHOLAR

“Individuals who were supported [in the program], then became, in my opinion, more active in the field and contributed to the field.”

PALLIATIVE CARE EXPERT

RESULTS BY DISCIPLINE



Strongest awareness:
Research and academia



Strong to moderate awareness:
Social work, nurse, physician



Little awareness:
Chaplains

Application

DESIGN

Eligibility Requirements

To ensure a strong fit with the program's goals, applicants were required to meet the following eligibility criteria:

- Demonstrate a clear commitment to palliative care.
- Represent an eligible discipline: physicians, nurses, social workers, chaplains, psychologists, pharmacists, PAs and other health system professionals.
- Have a local mentor, or propose alternatives if unavailable.
- Secure institutional support confirming at least 30% time commitment (50% preferred).
- Have at least one year in their current role with institutional commitment independent of the award.
- Not be a current recipient of another career development award (e.g., NIH K award).
- Commit to attending the Sojourns Scholar Leadership Summit for the duration of their grant.



Nearly every applicant also had a voluntary one-on-one coaching call with a program officer as part of the application process, where they received guidance on program goals and the application process.

RESULTS

Value: Personalized support

The application process was valued for its personalized support. Pre-application calls clarified the program's focus on leadership, while post-application feedback calls gave constructive guidance that often led to stronger re-submissions. Many scholars appreciated this approach as a way to build both individual capacity and the field.



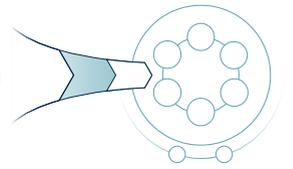
SCHOLAR EXPERIENCE RATING
(1-5 SCALE)

Opportunity: Expanding applicant pool

Scholars noted several features of the program's structure that could limit who was positioned to participate. A demanding application, requiring multiple letters and placing heavy weight on mentor strength, tended to advantage physician and/or academic applicants.

In addition, although the 30-50% protected time was an important cornerstone for the program, the requirement was difficult for community-based clinicians to secure, narrowing who could realistically apply.

SCHOLAR IDENTIFICATION



"We did not provide written feedback. We wanted it to be a dialogue. We wanted them to be able to ask questions like, 'What do you mean by that?' Or, 'Can you help explain that a bit more?' These calls were often 1 hour long."

CHF STAFF

Selection

DESIGN

The process followed staged reviews, moving from letters of intent to full proposals, interviews and final board approval.

Selection Criteria emphasized

- Commitment to advancing palliative care across policy, practice, education and research.
- Leadership potential and track record of increasing responsibility.
- A two-year leadership development plan.
- Innovation and potential impact of the project (including sustainability and dissemination).
- Institutional support and mentoring strength.
- Alignment with CHF’s strategic goal to diversify the scholar pool by profession, region, race and gender.

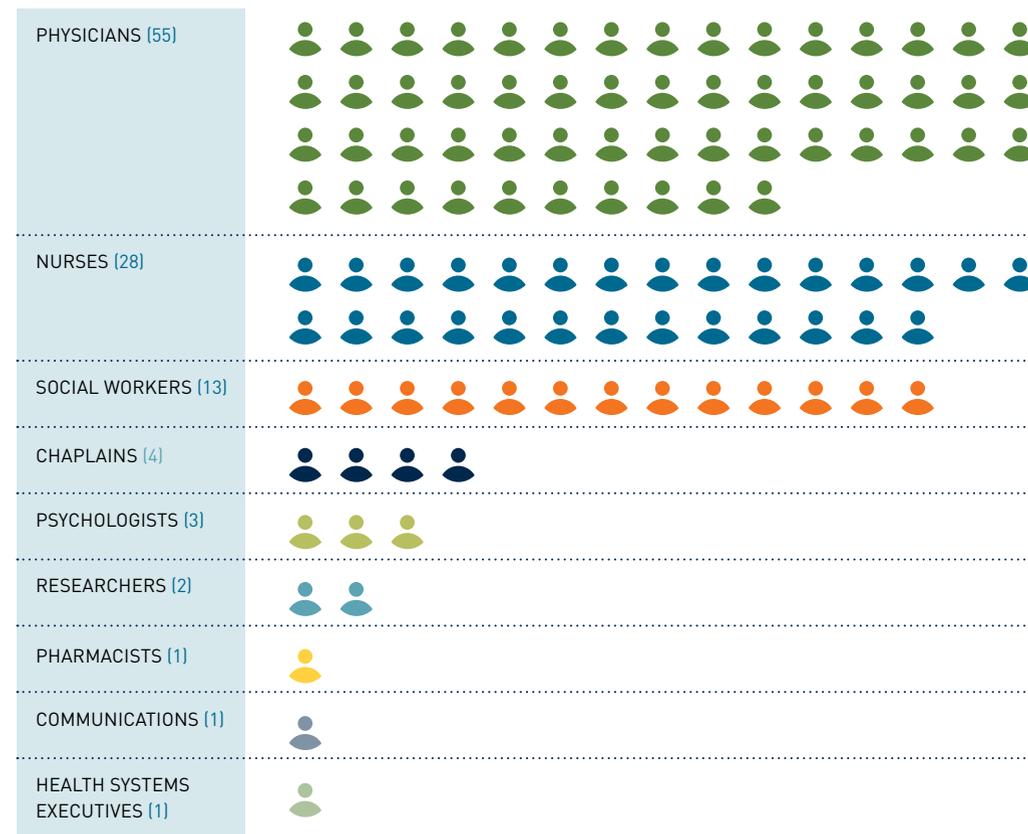
Final selections, approved by the CHF board, were based on recommendations from the advisory board.

RESULTS

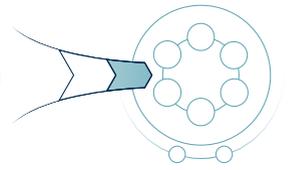
This program is considered highly selective with an average **acceptance rate of 16%**. While it is difficult to find comparable acceptance rate data for peer leadership programs in health care, an acceptance rate of 16% puts SSLP in the company of well-known programs like the Fulbright Program (18–21%) and Presidential Management Fellowship (12%).

Scholar attributes

WHAT PROFESSIONAL DISCIPLINES WERE SCHOLARS?



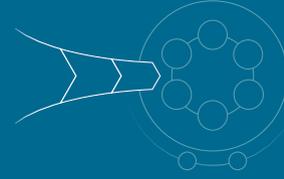
SCHOLAR IDENTIFICATION



“The best fit is people who have academic potential and who are wanting to develop leadership skills and really want to make an impact in the field. It’s not for people who are really happy with their clinical work. It has to be somebody who has interesting things they want to explore, wants to have an impact on the field in a bigger way, wants to ask questions and get input from a variety of different leaders across the country.”

PALLIATIVE CARE EXPERT

SCHOLAR IDENTIFICATION



No.01

EVALUATION GOAL

Did the program reach its goal to **identify**, cultivate and advance the next generation of palliative care leaders?

CONCLUSION

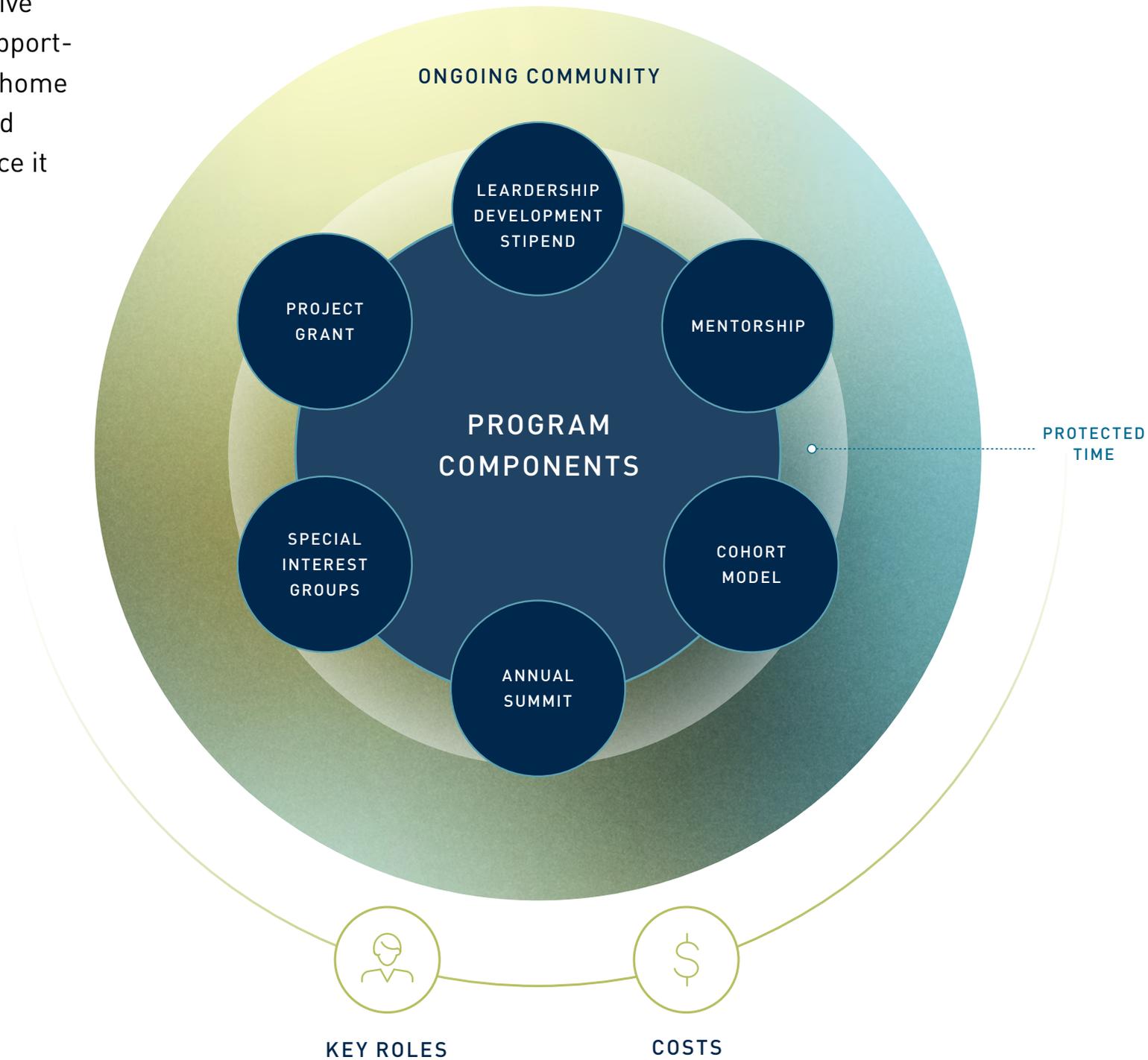
Yes. The program effectively identified and supported emerging palliative care leaders in research and academia.

However, it was less effective in reaching frontline clinicians—particularly those in community and rural settings—due to limited awareness of the program and eligibility requirements (such as dedicated time and mentorship) that were less feasible to clinicians.



PROGRAM COMPONENTS

The SSLP program offered a comprehensive suite of support. Each component was supported by 30-50% protected time at scholars' home institution. This section provides a detailed look at each component and the experience it created for scholars.



Project grant

DESIGN

Each scholar received a two-year, \$180,000 grant to carry out a palliative care project. Topics spanned clinical initiatives, communication and advance care planning, education, policy/advocacy, health equity and systems change. The award funded protected time and essential costs; personnel, materials, participant reimbursements, transcription and travel.

“My project helped me to establish a foothold in a research path that I was able to grow and develop with ongoing funding for 5 years after my scholars funding ended.”

2017 SCHOLAR

“It would be amazing if Cambia had like a \$50,000 pilot award that we could apply to... and then do that project instead of trying to get outside funding.”

2022 SCHOLAR

RESULTS

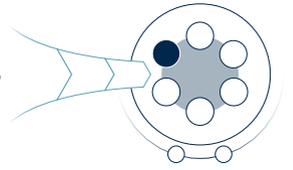
Value: Dedicated time to advance their work

Scholars valued the project grant and protected time because it carved out real, dedicated bandwidth to advance their work, without piling onto clinical duties. The program stood out for being flexible to scholars' needs, supporting project pivots and providing accommodations during life events.

Opportunity: Pathways for additional funding

83% of scholars agreed with the program recommendation to add a small, flexible “Phase 2” fund to extend promising pilots, seed cross-cohort collaborations and pursue spin-off ideas. As proof-of-concepts matured, the next steps (e.g. scale-up, rigorous evaluation and implementation support) often exceeded the original grant's scope. CHF has occasionally provided additional funding or helped connect scholars to outside funders, but a predictable continuation pathway would accelerate impact and reduce friction.

PROGRAM COMPONENTS

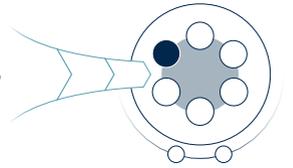


SCHOLAR SPOTLIGHT

ERIN COLLINS - 2022 SCHOLAR

Improving rural and houseless access to palliative care

Erin Collins' work is founded on the Compassionate Communities model, a public health approach to palliative care that seeks to improve access to support beyond hospital walls by bridging health systems and local communities. She notes that for an individual with a serious illness, only about 5% of their time is spent with a health care provider, and her work aims to address the other 95%. Her Peaceful Presence Project brings end-of-life doula services to rural and houseless communities, offering non-medical presence, legacy work, and advance care planning where palliative resources are scarce. She also developed a continuing education course for Community Health Workers in rural Oregon, building a network of CHWs who can provide primary palliative support and act as a bridge between communities and the health care system. Together, these efforts help ensure that palliative care is not just a service in a building but a circle of care that communities can count on.

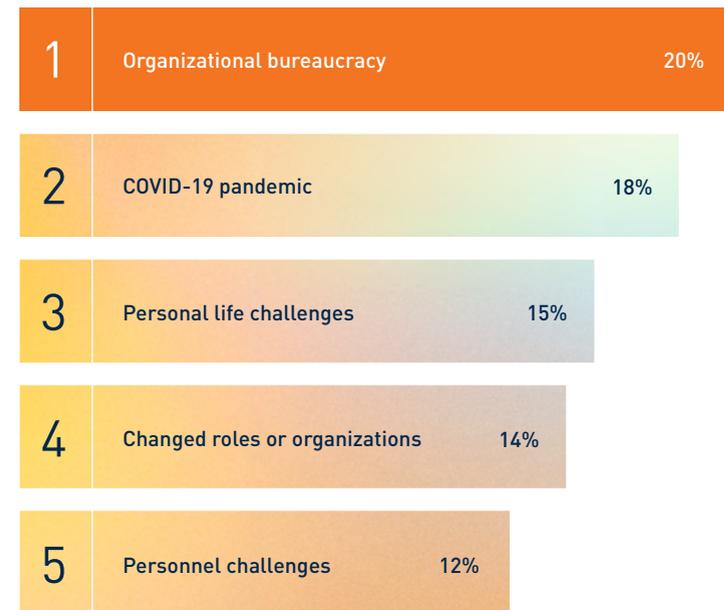


Project grant

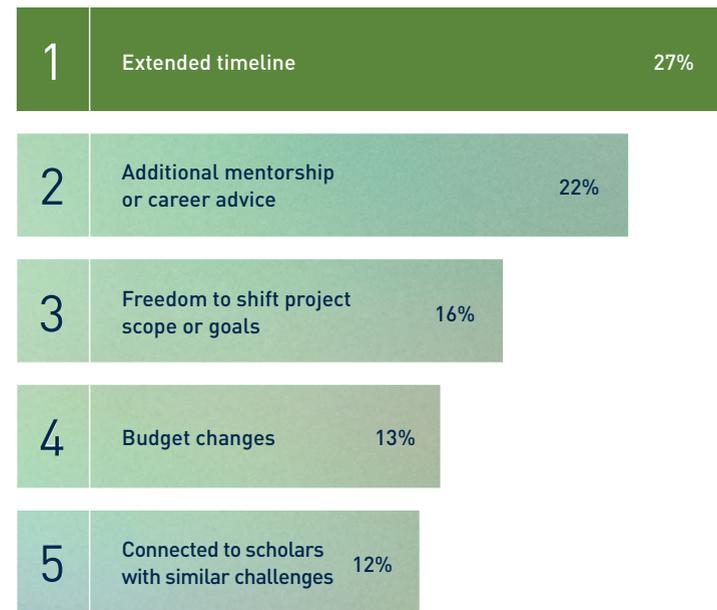
WHAT KINDS OF CHALLENGES DID SCHOLARS FACE DURING THEIR PROJECTS?
WHAT SUPPORT DID THEY RECEIVE?

97 SCHOLARS SURVEYED

TOP 5 CHALLENGES FACED BY PARTICIPANTS DURING THEIR PROJECT



TOP 5 FORMS OF SUPPORT PROVIDED BY CHF TO SCHOLARS



“The program gave me the freedom to pivot my project when traditional funding models didn’t fit. That flexibility created space to experiment with new, collaborative approaches.”

2018 SCHOLAR



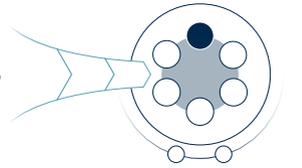
SCHOLAR SPOTLIGHT

DR. KASHELLE LOCKMAN – 2019 SCHOLAR

Advancing pharmacists’ role in palliative care

Dr. Kshelle Lockman’s multi-year project is underway to integrate pharmacists more fully into palliative care teams. In year one, she convened leaders and advisors to draft Entrustable Professional Activities for specialist and generalist pharmacists and mapped plans for validation and national dissemination. In parallel, she outlined an “off-the-shelf” PharmD toolkit that schools can adopt as a two-credit course or embed across curricula. As the project continues, these efforts aim to establish shared standards, practical training pathways, and scalable teaching tools—so pharmacists are prepared to improve the quality of care for people living with serious illness wherever patients receive care.

“Access to palliative care education is limited and variable across pharmacy schools. That’s surprising given the first vow in the Oath of a Pharmacist is ‘I will consider the welfare of humanity and relief of suffering my primary concerns.’”



Leadership development stipend

DESIGN

Scholars were required to allocate up to \$3,500 per year (max \$7,000 over two years) from their award specifically for leadership development. Funds supported activities such as national conferences, courses and certificates and executive coaching.

RESULTS

Value: Personalized leadership plans

Scholars valued the stipend because it enabled personalized leadership development plans tailored to their goals, rather than a one-size-fits-all approach. Its flexibility helped them direct funds where they would have the greatest impact.

Opportunity: More structured leadership training

60% of scholars agreed with the suggestion to provide more structured leadership, business and finance content at summits. Many scholars mentioned how much value they derived from the public speaking coaching and they desired more support of this quality.

“Through the award, I was able to complete a leadership certificate at my university and pay for an executive coach. This tremendously helped my leadership growth, including dealing with different leadership trials, triumphs and opportunities.”

2022 SCHOLAR

“I used the grant to enroll in an MBA program as my leadership training and gained immense confidence in myself. I also used it to support an executive coach who pushed me to grow outside my comfort zone.”

2020 SCHOLAR

“In the current environment, understanding business and finance is necessary for survival.”

2016 SCHOLAR



SCHOLAR SPOTLIGHT

DR. CAREY CANDRIAN – 2018 SCHOLAR

Giving voice to equity in hospice care

Dr. Carey Candrian focused on a pivotal moment in serious-illness care: the hospice admission conversation. Centering older LGBTQ+ adults, she used stakeholder-driven research to create communication guidelines that help nurses and hospice teams build trust, explain options clearly, and support informed decisions. Through her leadership development plan, Dr. Candrian deepened her expertise at the intersection of communication, palliative care, and LGBTQ+ health. She trained in community-based research, survey design, and policy advocacy. This work led to a 5-year NIH grant to improve the way older LGBTQ+ are cared for with serious illness. The result is clearer, kinder hospice admissions that make equity the baseline.

“Her ability to use storytelling to humanize and connect people to one another and highlight how we can improve care for people who identify as LGBTQIA+ was just so powerful.”

2014 SCHOLAR

Mentorship

DESIGN

Each scholar engaged in individualized mentorship from a team of experts. This typically included a local mentor and a dedicated SSLP advisory board mentor. Mentors provided invaluable guidance on project design and execution, career advancement, networking with national leaders, manuscript and grant preparation and navigating institutional and personal challenges.

“My mentor experience was truly transformative. I’m not sure if that was an experience that the majority of scholars had but the commitment and quality of mentoring I got was incredible, and at just the right moment in my career.”

2014 SCHOLAR

“If your mentor is invested in you, it makes a huge difference... if your mentor is not or is too busy, you are really at a deficit.”

2023 SCHOLAR

RESULTS

Value: Commitment and dedication

A defining feature of the SSLP was the extraordinary investment mentors and advisors made in scholars themselves. Beyond scheduled guidance, they showed up as true partners in growth—attuned to each scholar’s goals, opening doors through timely introductions and advocacy and committed to long-term leadership development. Many scholars described this as a key aspect of the program’s “secret sauce”: mentorship that reached beyond a single project and often became enduring counsel and sponsorship.



SCHOLAR EXPERIENCE RATING
(1-5 SCALE)

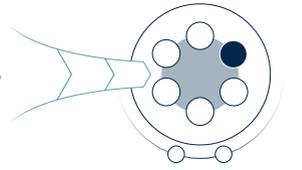
Opportunity: Consistent mentor experiences

While 94% of scholars had meaningful mentorship, it wasn’t universal. Some participants noted variable engagement, inconsistent follow-through and limited guidance in disciplines with less-defined career pathways. **6% of scholars** rated their mentorship experience as poor or very poor.

Scholar suggestions:

- Set baseline expectations for cadence, responsiveness and shared goals.
- Establish a process for providing scholars regular feedback on leadership growth.
- Invite local mentors to key touchpoints (e.g., the summit) to keep guidance aligned with Sojourns’ leadership aims.

PROGRAM COMPONENTS



WHAT PERSONAL APPROACHES OR PRACTICES HELPED MENTORS BE MOST EFFECTIVE IN SUPPORTING SCHOLARS?

 9 ADVISORY BOARD MEMBERS SURVEYED

Encouragement and openness

Creating space for scholars to be honest and reflective without judgment.

Tailored guidance

Getting to know each scholar personally and professionally to shape advice that fits their circumstances.

Modeling leadership

Demonstrating solution-focused leadership with humility and generosity.

Mutual growth

Seeing mentorship as a way to sharpen their own leadership skills.

Cohort model

DESIGN

Scholars were part of an intentionally selected cohort of 10-12 peers who were accepted in the same annual application cycle, fostering a strong sense of community and providing a unique platform for learning and collaboration. This included regular cohort calls where scholars discussed common issues, shared successes and challenges and offered mutual support. Each cohort was selected to include diverse backgrounds and experiences.



RESULTS

Value: Peer-based mentorship and support

Based on scholar feedback, the cohort model functioned as a tight, interprofessional learning circle. In these small groups, scholars learned to mentor and support one another; practicing candid feedback, sharing expertise across disciplines and maintaining steady peer accountability. They reported that the structure created space for trust, deep relationships and practical problem-solving, helping normalize leadership challenges and refine ideas before taking them to the wider field.



SCHOLAR EXPERIENCE RATING
(1-5 SCALE)

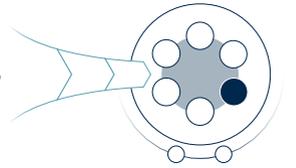
Opportunity: Increased project visibility (outside of cohort)

81% of scholars agreed with the recommendation to provide more visibility into projects outside of their cohort. This became especially challenging as the community grew.

SCHOLAR SUGGESTIONS

- **Centralize information:** Create a searchable directory of projects, outputs and expertise.
- **Share updates continuously:** Maintain a lightweight, community-wide feed of wins and lessons learned.
- **Schedule cross-cohort touch points:** Hold regular lightning talks, speaker exchanges or themed discussions.

PROGRAM COMPONENTS



“The cohort meetings became a ‘forum where like if you were struggling with something with your project, you could talk to the group about it and that’s unique.”

2018 SCHOLAR

“The cohort provides the psychological safety to say “I don’t know. Can you please help me?”

2023 SCHOLAR

“As the community grew, it became harder to see what others were working on and to stay connected across cohorts.”

2014 SCHOLAR

Annual summit

DESIGN

CHF hosted an annual summit that convened all cohorts to connect with each other and the advisory board, engage with national experts and reflect on projects and leadership growth. Originally a two day gathering, the summit expanded to three days in response to scholar feedback, with participation required for current cohorts and encouraged for alumni— all costs were covered. The summit's content and format were iteratively refined based on ongoing feedback to keep the experience responsive to evolving needs.

“The annual summit is truly a well-spring of all the things that fuel us forward. In our ever-digitalized world, the value of in person meetings and connectivity cannot be undervalued.”

2020 SCHOLAR

RESULTS

Value: Community building

The summit emerged as one of the most valued elements of the program. Scholars described it as a tangible expression of generosity: thoughtfully planned settings, welcoming accommodations and time carved out for connection in a field where resources are scarce. The program also invested heavily in the content—hands-on leadership training, executive coaching and direct access to national leaders—which reinforced that scholars' ideas and voices mattered. As the community grew, the summit became the backbone of the network—knitting cohorts together, sustaining relationships across years and keeping alumni connected between cycles.

Alumni attendance averaged 86% even though scholars were not required to return, evidence of the summit's lasting impact.

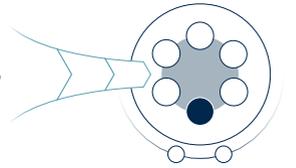


SCHOLAR EXPERIENCE RATING (1-5 SCALE)
93% RATED THEIR SUMMIT EXPERIENCE AS EXCELLENT

Opportunity: Additional community-wide touchpoints between summits

The summit was the only time/place where the entire community came together. **66% of scholars** agreed with the program recommendation to provide more touchpoints in between summits.

PROGRAM COMPONENTS



“[The program] Provided an opportunity for collaborations that would not have been possible without the Summit.”

2016 SCHOLAR

“With each passing year I have felt less connected to the program, because the annual meeting is largely the only interaction we early-on attendees have had.”

2015 SCHOLAR

Special Interest Groups (SIGs)



“Cambia really did listen to feedback both from the scholars and then the advisory council and implement it.”

2014 SCHOLAR

DESIGN

SIGs operated as topic-specific, cross-cohort working teams that brought people with shared interests together to learn and collaborate. SIGs included: Interprofessional Teams, Caregivers, Women’s Leadership (and a sub-group book club), Pediatric, Policy, Advance Care Planning, Education, Equity and Narrative. These groups allowed scholars to connect on specific interests, enhance their work and foster partnerships. They engaged through virtual meetings on a regular or ad hoc schedule, driven by their members.

This idea was initiated by scholars in 2017 and was later supported operationally by CHF who maintained participant lists, scheduled regular calls and coordinated communications, while keeping content scholar-led.

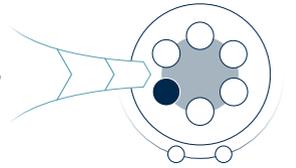
61% of scholars agreed that the scholar’s level of voice and influence made the program special or unique.

RESULTS

Value: Collaboration

Scholars valued SIGs as a way to bring scholars together around shared interests. They sparked rapid learning and collaboration, evident in manuscripts, grant proposals, curricula and pilots. Because SIGs convened virtually between summits, they provided extra touchpoints many scholars wanted to stay connected.

PROGRAM COMPONENTS



“My leadership role in the SIG led to a leadership role in my home institution that has continued to produce great opportunities for collaboration and growth.”

2017 SCHOLAR

“It was a really nice way to have a connection, opportunities with people on short-term projects and got you to meet people from other cohorts.”

2018 SCHOLAR

SOME SCHOLARS QUESTIONED THE NEED FOR SIGS

“Although the collaborations have been helpful, I think probably some of them could have come even without the structure of the SIG.”

2023 SCHOLAR

Ongoing community

DESIGN

The experience for scholars after the conclusion of their two-year grant period often included continuing cohort meetups, staying connected with mentors, returning to the summit and collaborating across cohorts. The program has a Basecamp forum where conversations take place within and across cohorts. CHF supports this engagement through ongoing support and continued funding of the summit, helping alumni remain connected and visible to one another.

“This is a vital community that has kept me sane during difficult times and is a group I can always come back to when I need advice, collaboration or connection.”

2015 SCHOLAR

“This is an exceptional community. The field would benefit from a white paper of sorts of how to create this type of psychologically safe, authentic culture that allows us to be who we are while maintaining our professional identities. Our home institutions are undoubtedly get a better version of us because of the Cam Fam.”

2019 SCHOLAR

DESPITE A STRONG EMPHASIS ON INCLUSION, A COUPLE OF SCHOLARS REPORTED FEELING OVERLOOKED.

“You have many experts and yet you seem always to elevate a few favored voices. It makes the rest of us feel less-than.”

2014 SCHOLAR

RESULTS

Value: Connection

Continued participation after the two-year grant was optional, yet all but a handful of scholars stayed active. This tells us that scholars continued to get value from the program as alumni, and it continued to fuel their growth as leaders.

The scholar network is seen as a trusted circle for advice, collaboration and support. Beyond connection, the community functioned as an engine for collaborations. As a professional network, it amplified visibility for scholars—turning warm introductions into invitations to speak and serve advisory roles and providing access to funders and national organizations.

Opportunity: Equitable access to external opportunities

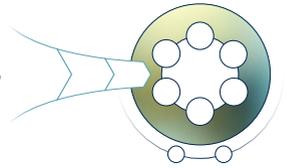
A key request was to replace informal, relationship-driven invitations with a transparent, proactive approach to external opportunities, such as conference stages, publications, panels, boards and media, so more scholars can step forward.

SCHOLAR SUGGESTIONS

- Open calls/interest forms for all external opportunities
- Clear selection criteria and rotating roster
- Quarterly reports to track and share opportunities offered

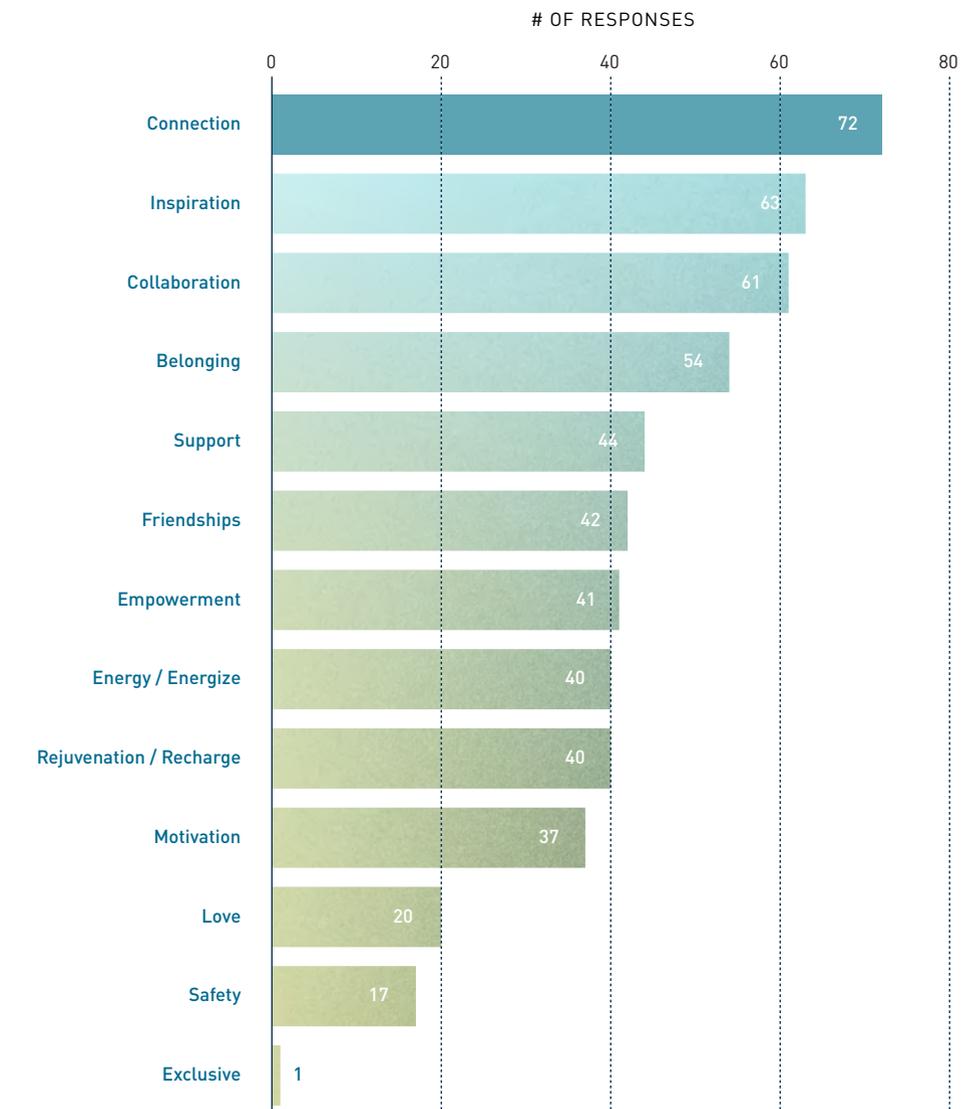
Although some of this occurred behind the scenes, it was not always evident to scholars.

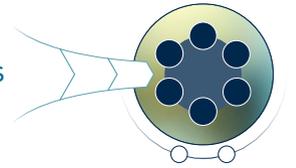
PROGRAM COMPONENTS



WHAT BENEFITS DID THE PROGRAM PARTICIPANTS EXPERIENCE FROM THE COMMUNITY?

117 SOJOURNS COMMUNITY MEMBERS SURVEYED





Collective insights

HOW DID SCHOLARS RATE THEIR EXPERIENCE IN SSLP?

97 SCHOLARS SURVEYED



Scholars' highest-rated experiences were those led by CHF, highlighting the foundation's strong commitment to execution and follow-through.

HOW DID SCHOLARS RANK THE PROGRAM COMPONENTS?

97 SCHOLARS SURVEYED

RANKED FROM MOST TO LEAST VALUABLE

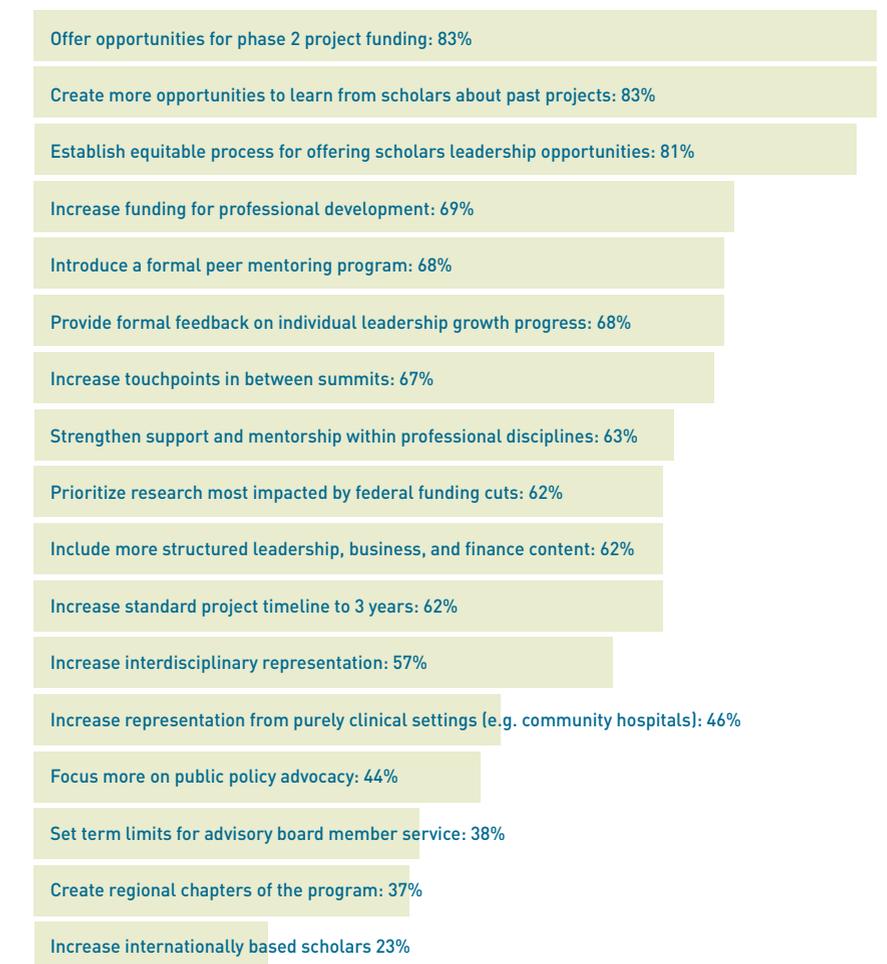
	COMPONENT	VALUE
1	Annual summit	Community building
2	Cohort experience	Peer based mentorship and support
3	Project grant	Dedicated time to advance their work
4	Leadership stipend	Personalized leadership development plans
5	Mentorship	Commitment and dedication
6	Special Interest Groups	Collaboration

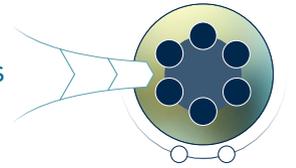
The SSLP stood apart for integrating substantial project funding with structured leadership development and a sustained community of practice, a combination unmatched by other [comparable programs](#).

TO WHAT EXTENT DOES THE SOJOURNS COMMUNITY AGREE WITH THE FOLLOWING SUGGESTIONS FOR SIMILAR PROGRAMS AND/OR A FUTURE ITERATION OF THIS PROGRAM?

117 SOJOURNS COMMUNITY MEMBERS SURVEYED

% = AGREE AND STRONGLY AGREE COMBINED



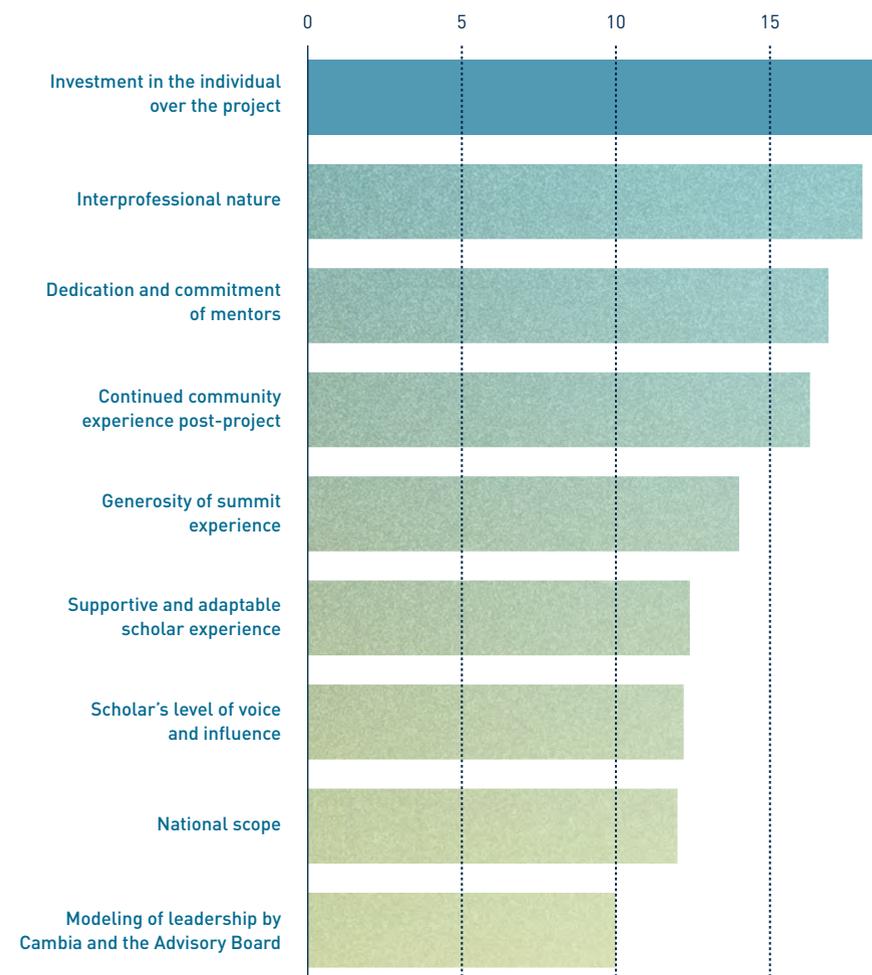


Collective insights

WHAT ASPECTS OF THE PROGRAM MADE IT SPECIAL OR UNIQUE COMPARED TO SIMILAR PROGRAMS?

 117 SOJOURNS COMMUNITY MEMBERS SURVEYED

COMBINED SCORE RANKED FROM MOST TO LEAST VALUABLE



Top defining features



INVESTMENT IN THE INDIVIDUAL

In every touchpoint it was apparent that the leadership development of the scholar was the priority. This was evident in the trust-based relationships built with scholars, flexibility and adaptability offered during the project grant and the generosity of the summit experience.

"I felt deeply cared for and understood as part of the program. Cambia invested in me as a person and as a leader. That felt different than other programs which were more tied to the project or institution."

2017 SCHOLAR



INTERPROFESSIONAL NATURE

Making the program interprofessional had a profound impact on the work, the community and on the field.

"The interdisciplinary aspect of Sojourns is unique. It built respect across disciplines and elevated the entire field."

PALLIATIVE CARE EXPERT

"The recognition of interprofessional leadership through the Sojourns Scholars Program has allowed me to finally be seen in my career."

2021 SCHOLAR



CONTINUED COMMUNITY EXPERIENCE

While many programs have an alumni network and some provide annual events, the level of investment that the SSLP program makes in supporting the scholar network through the summit and ongoing communications is extraordinary. It's this investment that draws scholars back year after year and their engagement is what fuels the community.

"The program was invaluable for me in terms of developing a national network of support and collaboration. I have learned so much from my peers, mentors and the whole community."

2014 SCHOLAR

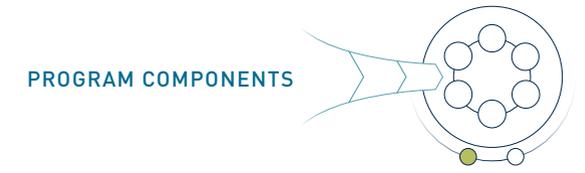


DEDICATION AND COMMITMENT OF MENTORS

Many scholars describe a form of mentorship that extended far beyond the life of a project and often became a lifelong source of support, advice and sponsorship.

"Mentorship is a two-way street. The relationships work best when you can learn from each other and recognize the shared experience as human beings."

ADVISORY BOARD MEMBER



CHF staff

DESIGN

In addition to the financial investments made to support the program, CHF also provided staff to manage the program through the following roles:

PROGRAM OFFICER

The program officer supported applicants through the application process and provided ongoing guidance once scholars were selected. They helped scholars address program-related challenges, navigate institutional requirements when those did not align with program goals and connected individuals facing similar issues. They also facilitated community building through planning of the annual summits, supporting cohort activities and Special Interest Groups.

GRANTS MANAGER

The grants manager supported SSLP operations and logistics. They coordinated scheduling and grant administration for scholars, assisted with communication and planning and played a central role in organizing the annual summit. Their coordination helped ensure smooth operations and meaningful engagement across scholars, advisors and foundation staff.

EXECUTIVE LEADERSHIP

The executive leader provided overall strategic direction and resources for the program. They worked closely with the CHF board and the SSLP advisory board to shape program design, participated in the interview/selection process, elevated the importance of palliative care in public forums, participated in thought leadership activities and connected scholars with professional opportunities. The executive leader also served as an ad hoc mentor to individual scholars as requested. Through this sustained commitment, the executive leader helped ensure the program advanced its mission while strengthening the field of palliative care more broadly.

Team size

- Program staffing ranged from 2.0–3.0 FTE total, including administrative and PR/communications support.
- An external events planning firm was frequently contracted to plan and produce the summit.

RESULTS

Value: Exceptional support

CHF staff were described as central to scholars' sense of support throughout the program. Scholars and advisors consistently highlighted their responsiveness, flexibility, and the way they fostered a climate of trust and compassion. This human-centered approach made scholars feel cared for as people, not just grantees, and was viewed as a defining strength of the program.



SCHOLAR EXPERIENCE RATING
(1-5 SCALE)



“It’s unique that Cambia also provided resources to manage the program. Many funders will provide the grants but outsource the program management.”

ADVISORY BOARD MEMBER

“The glue that holds all of this together is CHF staff. They really make it easy for us to be scholars and they make it easy for us to connect.”

2022 SCHOLAR

“[Cambia leadership] really modeled a form of leadership that was bottom’s up, could see the potential in others and wanted to invest in others.”

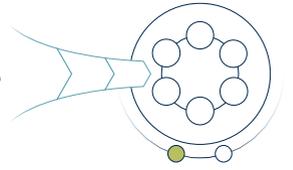
ADVISORY BOARD MEMBER

“Our purpose was to create the space for the program to come alive and evolve and improve each year.”

CHF STAFF

Advisory board

PROGRAM COMPONENTS



DESIGN

The advisory board played a central role in guiding the SSLP, combining oversight, mentorship and program advocacy. The board began with a small group of six members at the program’s inception in 2014 and grew over time to meet evolving program needs, including interprofessional representation.

RESPONSIBILITIES AND CONTRIBUTIONS

<p>SCHOLAR SELECTION AND EVALUATION</p>	<p>Advisory board members were integral to the selection process. They reviewed full proposals, participated in in-person interviews, deliberation calls and recommended finalists to the CHF board. To preserve fairness, members disclosed conflicts of interest and recused themselves when necessary.</p>
<p>MENTORSHIP</p>	<p>Each advisory board member provided direct mentorship to scholars, committing up to 72 hours annually across four assigned scholars (about 12 hours per scholar). Although the structure and frequency of communication often shifted after a scholar’s project was completed, the mentoring relationships themselves continued.</p>
<p>PROGRAM ADVOCACY</p>	<p>Board members acted as ambassadors for the program, helping disseminate requests for proposals and promoting the program nationally.</p>
<p>PROGRAM FEEDBACK AND DEVELOPMENT</p>	<p>Beyond selection and mentoring, members advised on program design and improvements. They regularly attended board meetings and the annual summit. Their input, alongside scholar feedback, helped refine the program.</p>

COMPOSITION AND SELECTION CRITERIA

Advisory board members were selected based on their demonstrated leadership and contributions to advancing palliative care policy, practice, education and research. As nationally recognized leaders, their involvement elevated the program’s visibility and ensured that scholar selection and mentorship were grounded in deep field expertise.

COMPENSATION

Advisory board members served ongoing terms and were compensated as independent contractors. The Chair received \$20,000 annually, other members received \$15,000 annually and additional mentors (not serving as full Board members) were compensated between \$7,000 and \$10,000 per year. Travel and approved expenses were reimbursed.

RESULTS

The advisory board’s responsibilities were unusually intensive compared to most leadership programs, particularly the structured mentorship and multi-day selection process. Compensation was higher than typical stipends but appropriate for the workload, helping attract national leaders and reinforcing the program’s prestige.

HOW DID ADVISORS RATE THEIR EXPERIENCE IN SSLP?

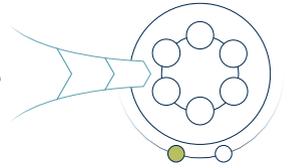
09 ADVISORY BOARD MEMBERS SURVEYED

SCALE: 1-5



Advisory board

PROGRAM COMPONENTS



RESULTS (CONTD)

Advisors reported an excellent participant experience, citing strong support from the CHF team and a clear, well-run structure. Many also described mutual growth—becoming better mentors and leaders through the experience and through one another.

Ratings were consistently high for role clarity, mentoring guidance, governance and CHF communication. Crucially, advisors weren't just mentors—they had real voice in shaping direction, from co-designing elements of the program to selecting scholars. Scholar selection scored comparatively lower. Advisors reflected that initially there were opportunities for the process to be more transparent and inclusive, which they later addressed.

“This is absolutely the best Team/Group/Family in health care that I have been a part of... It is truly a Community of Humans that are making a difference all across this nation.”

ADVISORY BOARD MEMBER

“The more I mentor people at different institutions... the better I am as a mentor... I have learned so much from the other AB members.”

ADVISORY BOARD MEMBER



DR. LYNN REINKE - 2014 SCHOLAR

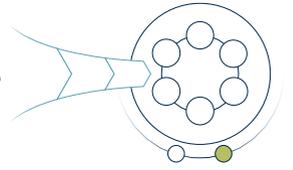
From scholar to advisory board member

An inaugural Sojourns Scholar in 2014, nurse scientist Dr. Lynn Reinke used mentorship and the Sojourns network to sharpen her leadership and national voice. She translated her scholarship into system-level roles, chairing Veterans Affairs committees, serving with the National Quality Forum and completing the Health and Aging Policy Fellowship. She also served as President of the Hospice and Palliative Nurses Association and Foundation, further amplifying nursing leadership across the field. In 2021, she returned to Sojourns as a member of the advisory board, where she now helps steer the program and mentor future scholars. Her path from scholar to national leader to advisory board member shows how Sojourns cultivates leaders over time, creating opportunities to shape the field and to mentor those who follow.

“I was curious about how I would feel moving from scholar to board member, but the Advisory Committee community made me feel welcome and gave me a voice.”

“Getting to know the mentee as a person and professional helps me tailor the approach I take as a mentor. Applying career decision making exercises and tools can be helpful when mentees are faced with challenging career decisions. This usually occurs after they complete the SSLP.”

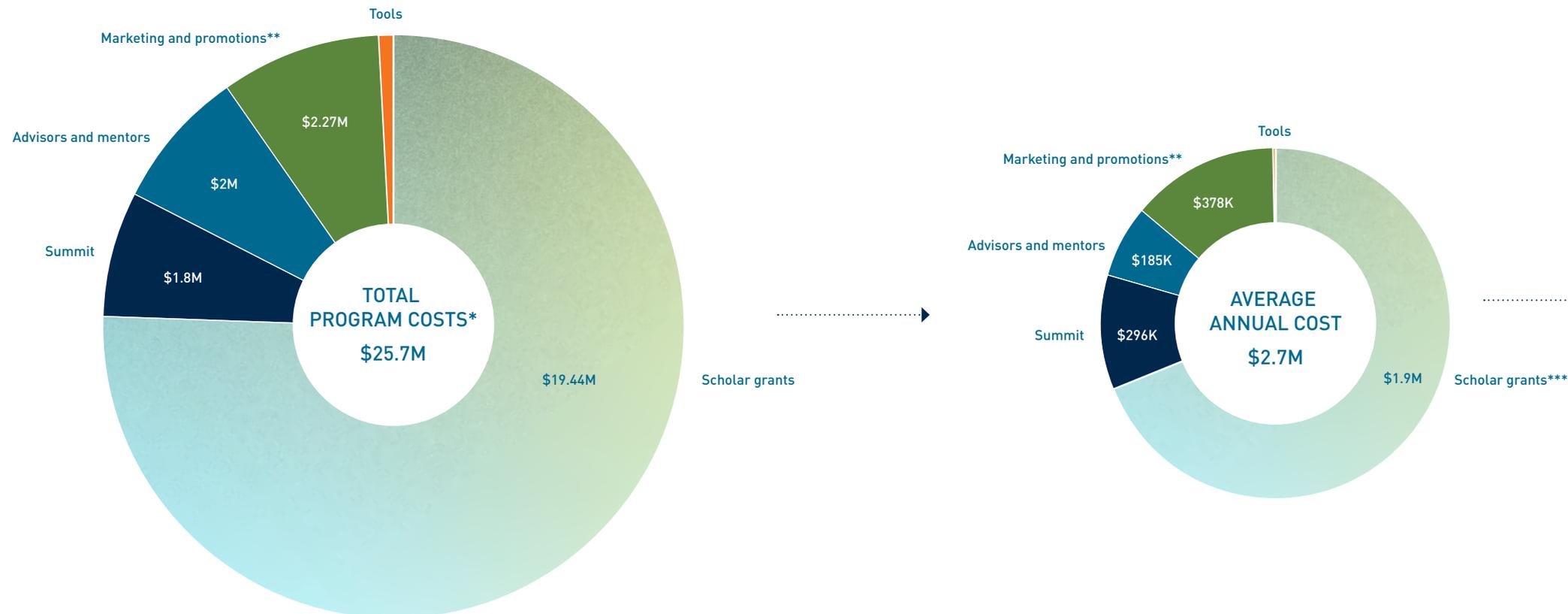
ADVISORY BOARD MEMBER



Program costs

Philanthropic Philosophy: Cambia Health Foundation stewards resources responsibly and in line with strategy. Opportunities are prioritized based on the team’s strengths, community needs and alignment with Cambia’s broader Cause to serve as a catalyst to transform health care, creating a person-focused and economically sustainable health care system.

The SSLP represents 25% of Cambia Health Solutions Philanthropic Investments over the last ten years, a clear indicator of its commitment to it as a signature program.



69% of funds went directly to the scholars and their projects.

18% went to the experiential support for scholars through mentors and the summit which were both identified as highly valued by scholars

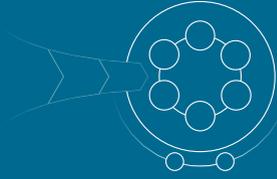
Program administration is hard to quantify because program management was provided by full time staff whose time is split between other programs.

* Does not include program administration / management

** Based on 6 years of tracked data (2018 - 2023)

*** Based on an average cohort size of 10.6 scholars

PROGRAM COMPONENTS



No.02

EVALUATION GOAL

What value did key components of the SSLP program design deliver?

CONCLUSION

The SSLP was highly effective at building a community that delivered connection, inspiration and collaboration among scholars.

The SSLP stood apart for integrating substantial project funding with structured leadership development and a sustained community of practice.

The scholars' most valued program components were:

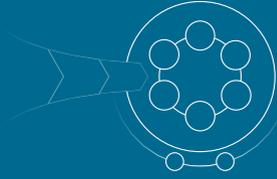
1. The annual summit which became the backbone for the community
2. Smaller format cohorts which provided peer support
3. The project grant which provided dedicated time for scholars to advance their work

The Sojourns community identified the following as top defining features of the program:

1. Investment in the individual
2. Interprofessional nature
3. Dedication and commitment of mentors
4. Continued community experience post project



PROGRAM COMPONENTS



No. 03

EVALUATION GOAL

How might the SSLP or a similar leadership development program be improved in the future?

CONCLUSION

Overall, scholars rated their experience extraordinarily high: 4.9 out of 5.

A core driver of SSLP's success was its intentional, long-term investment in scholars as individuals. Unlike programs that focus chiefly on project outputs, SSLP emphasized learning, growth and the relational infrastructure that enables leaders to flourish. Dedicated mentors and a supportive, enduring community elevated scholars across their careers. This person-centered, relationship-driven model offers valuable lessons for the field.

Key opportunities for improvement include:

- Creating pathways to follow-on phase 2 funding for high-potential projects
- Ensuring consistent mentorship and feedback across disciplines
- Making access to external opportunities transparent and equitable
- More structured leadership, business and finance content





05

Program outcomes and impact

The Sojourns Scholar Leadership Program (SSLP) was designed around three clear aims. This section evaluates the program’s outcomes against these goals, highlighting both the measurable impacts and the ways scholars described their growth and contributions to the field.



DEVELOPING THE NEXT GENERATION OF LEADERS



INVESTING IN INNOVATION THROUGH PROJECTS



ACCELERATING SYSTEM CHANGE



EVALUATION GOALS

no.01a

Did the program reach its goal to identify, **cultivate and advance** the next generation of palliative care leaders?

no.01b

Did the program reach its goal to invest in innovative projects that improve the care of people with serious illness?

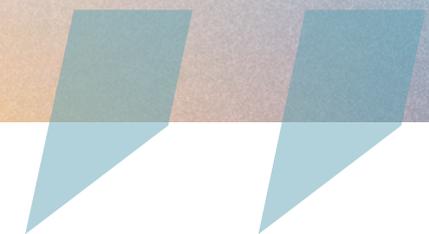
no.01c

Did the program achieve its goal to create a community of palliative care leaders that influence and accelerate broader system change?



Through my experiences in the program I was able to increase my confidence and collaborate with interdisciplinary colleagues that shared my same passions. It was the most valuable experience to date in my career.

2021 SCHOLAR



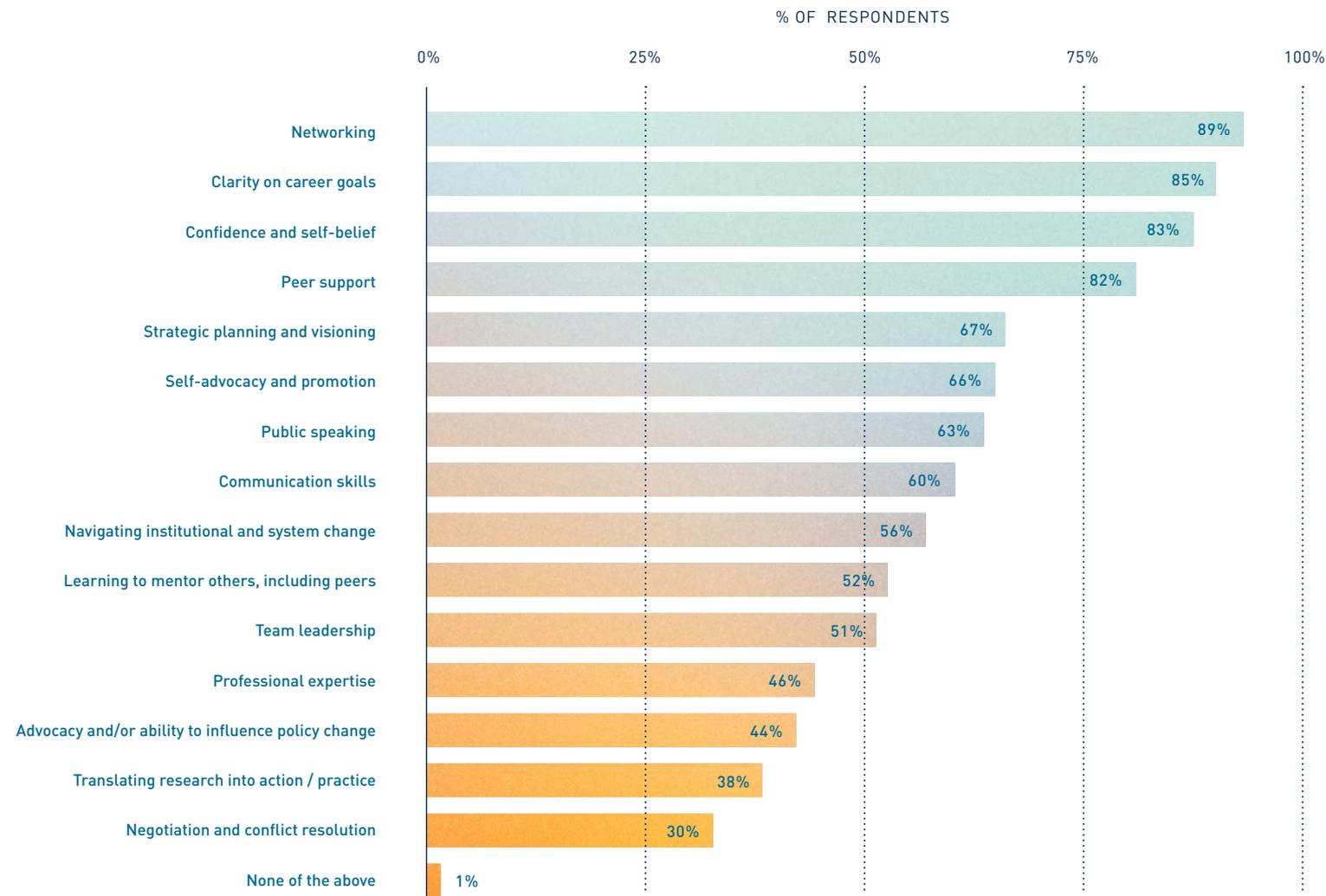


DEVELOPING THE NEXT GENERATION OF LEADERS

Leadership skills

WHAT SKILLS DID SCHOLARS REPORT HAVING GAINED AS A DIRECT RESULT OF THE PROGRAM?

97 SCHOLARS SURVEYED



SCHOLAR SPOTLIGHT

DR. ANAO ZHANG – 2023 SCHOLAR

Redefining what leadership looks like

A social worker and researcher, Dr. Anao Zhang is building an inclusive framework for adolescent and young adult (AYA) oncology, targeting a population in a “double divide” between pediatric and adult oncology and between pediatric and geriatric palliative care. He’s working with patients and survivors to define a simple “level of care” standard any hospital can use to see its status and next steps. Alongside this work, he chairs the AYA Cancer Alliance education committee and leads the research subgroup for the AYA Cancer National Think Tank, helping ideas move into everyday care.



The Sojourns Scholar Leadership Program reshaped how he sees himself as a leader:

“The concrete outcome [of SSLP] is my enhanced willingness and openness to take on and look differently at leadership roles ... I used to think other people will do it; now I think I should be the one to do it, I’m the right candidate.”

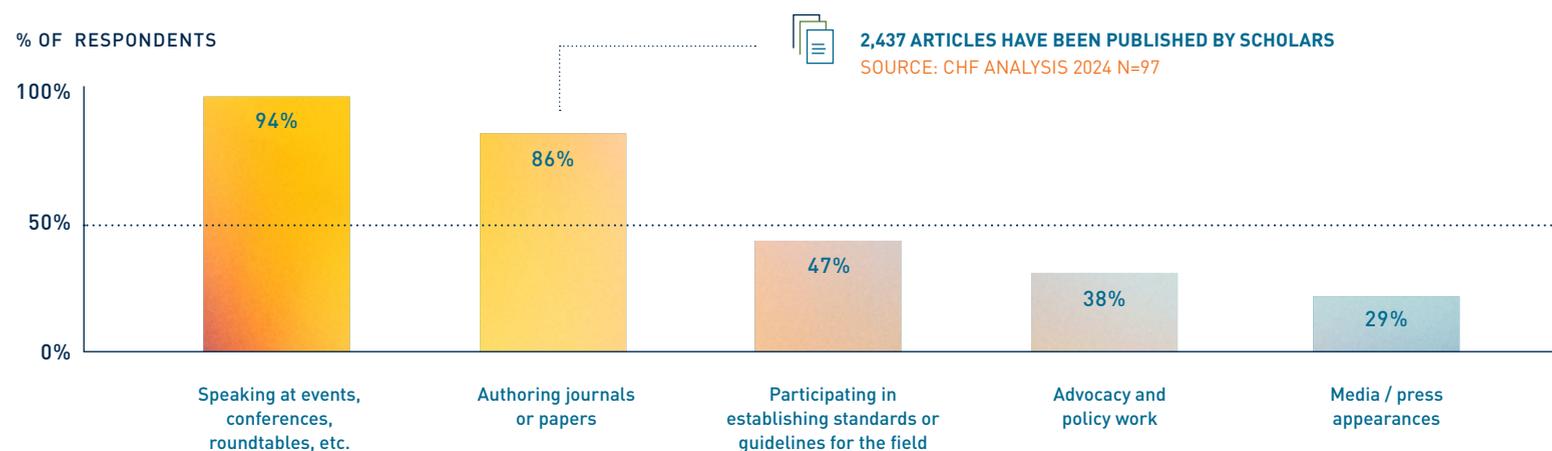


DEVELOPING THE NEXT GENERATION OF LEADERS

Leadership activities

WHAT LEADERSHIP ACTIVITIES DID SCHOLARS EXPERIENCE OUTSIDE OF THE PROGRAM THAT OCCURRED AS A RESULT OF PARTICIPATION IN THE PROGRAM?

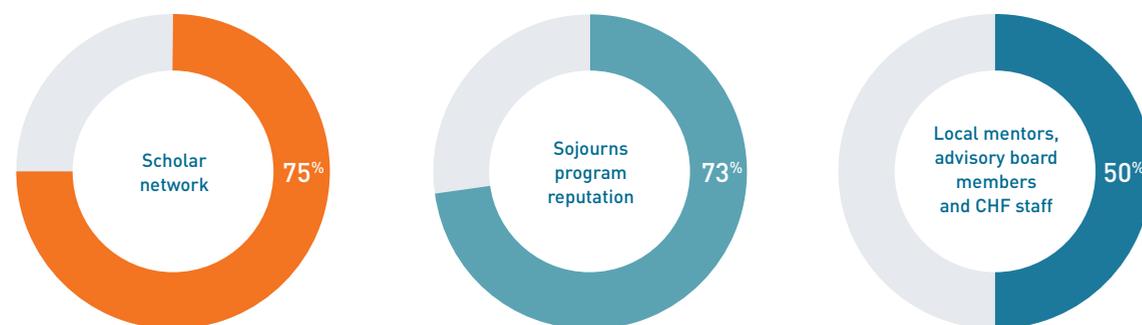
97 SCHOLARS SURVEYED



WHAT WERE THE MOST INFLUENTIAL SOURCES IN CONNECTING SCHOLARS TO LEADERSHIP OPPORTUNITIES OUTSIDE OF THE PROGRAM?

97 SCHOLARS SURVEYED

% WHO REPORTED THE SOURCE AS VERY OR EXTREMELY INFLUENTIAL



"I was able to lead the team of nurses who revised the nationally-endorsed palliative care competence statements for undergraduate and graduate nursing students."

2019 Scholar

"Since this project, I have authored the first ASCO guidelines for cancer cachexia."

2016 Scholar

"The professional network has by far been the most powerful in linking me with like-minded people to partner and collaborate, creating opportunities for increased leadership. Examples have ranged from publication to speaking opportunities to serving on expert panels for guidelines."

2021 Scholar

"Opportunities were open through participation in Sojourns that I would have never had access to without the Cambia name and influence."

2019 Scholar



DEVELOPING THE NEXT GENERATION OF LEADERS

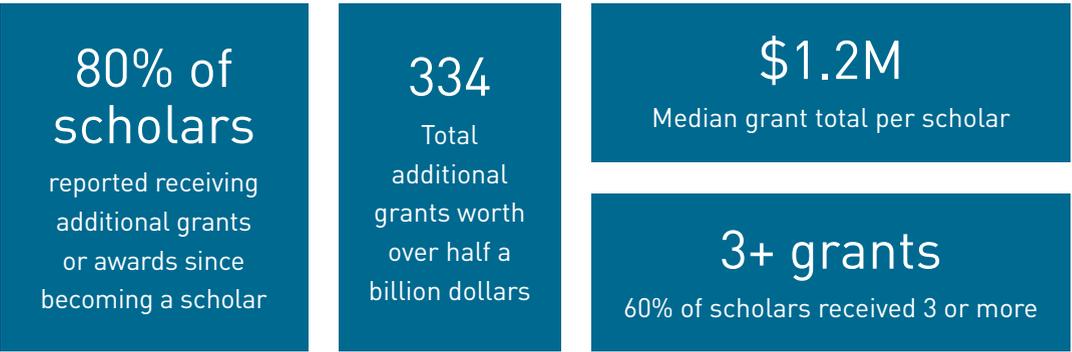
Achievements

Scholars reported attaining the following achievements since they became a Sojourns Scholar:

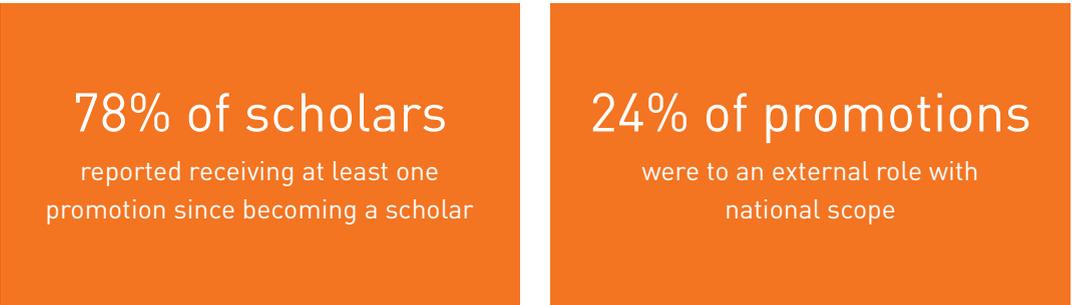
APPOINTMENT TO NATIONAL COMMITTEES, PROFESSIONAL SOCIETIES OR BOARDS



ADDITIONAL GRANTS



PROMOTIONS



“My community leadership as Chair of the Board for the Alzheimer’s Association Capital of Texas has allowed me to extend lessons from the Sojourn Scholar program into advocacy, public engagement and caregiver-focused programming across the region.”

2022 SCHOLAR

“The reputation of this national program, along with the leadership skills I gained through mentorship, was also a catalyst to an internal promotion within my organization.”

2021 SCHOLAR



DEVELOPING THE NEXT GENERATION OF LEADERS

Achievements



APPOINTMENT TO NATIONAL COMMITTEES,
PROFESSIONAL SOCIETIES OR BOARDS

SCHOLAR SPOTLIGHT

DR. ZARA COOPER - 2015 SCHOLAR

Embedding palliative care in surgery and trauma

Through national leadership in surgical and palliative organizations, Dr. Zara Cooper has used committee platforms to integrate palliative care into routine surgical practice. Her service led to concrete changes, including adding a palliative care module to the trauma life support curriculum, convening stakeholders to set geriatric trauma standards and co-authoring evidence reviews that guide everyday practice. These roles fuel a research and quality agenda aimed at making primary palliative skills standard for every surgical trainee. The vision is clear and increasingly shared: every surgeon should be able to elicit goals, manage symptoms and partner with patients and families across the surgical journey.



ADDITIONAL GRANTS

SCHOLAR SPOTLIGHT

DR. CORITA GRUDZEN - 2015 SCHOLAR

Making the business case for palliative care



Dr. Grudzen's project focused on integrating palliative care into the Emergency Department (ED), a critical and high-cost area of the hospital, requiring a strong business and systems-level argument. Her research involved understanding the perspectives of hospital administrators on the barriers and opportunities for palliative care in the ED. This work directly addresses the "C-suite" and highlights financial incentives such as improved throughput ("offloading the ED") and aligning patient needs with resources, which one administrator called "the perfect alignment between good care and good business". Dr. Grudzen's work and supporting literature point to the financial benefits of ED-based palliative care, including decreased hospital length of stay and costs. Dr. Grudzen received over \$20 million in funding from the Patient-Centered Outcomes Research Institute and the National Institute of Health to conduct two large pragmatic trials to increase emergency medicine palliative care access (EMPaIA) and primary palliative care for emergency medicine (PRIM-ER). She is also MPI of a \$56 million award from NIA, a pragmatic trial across 80 EDs testing three new care models in dementia using a factorial design, entitled Emergency Departments LEading the transformation of Alzheimer's and Dementia care (ED-LEAD).



PROMOTIONS

SCHOLAR SPOTLIGHT

DR. ARIF KAMAL - 2014 SCHOLAR

Bringing palliative care to the national stage

Dr. Arif Kamal used Sojourns mentorship and protected time to strengthen leadership, research management and organizational strategy while completing an MBA in organizational leadership. He turned those skills into national influence, leading quality efforts at the Duke Cancer Institute, chairing a major oncology quality committee, contributing to palliative care policy and advising national groups on health care quality. His Sojourns-supported work also led to a federal K08 career development award and a strong body of research on quality measurement, community-based care and technology-enabled improvement. A connector and mentor to many future scholars, he helped grow the Sojourns community itself. Today, as the first Chief Patient Officer at the American Cancer Society, he is embedding palliative care principles across their patient-facing programs and elevating the field on the national stage.

"The Sojourns program gave me the skills, relationships and confidence to step into leadership roles that shape how quality and equity are defined in palliative care."





DEVELOPING THE NEXT GENERATION OF LEADERS

No. 01A

EVALUATION GOAL

Did the program reach its goal to identify, **cultivate and advance** the next generation of palliative care leaders?

CONCLUSION

Yes.
91% of the Sojourns community agreed that the program created a next generation of palliative care leaders that can transform care delivery.
The program cultivated 108 emerging palliative care leaders by building confidence and fostering skills in communication, public speaking and cross-disciplinary collaboration.
It contributed to the advancement of those leaders by opening doors through its network and reputation. A significant number of scholars advanced in their careers and broadened their influence because of the program.
85% of scholars reported that the SSLP had a lot or a great deal of influence on their achievements.





The program has enabled me to better contribute to positive change in the field in every way imaginable—from modeling and mentorship to support for my project which I firmly believe will not only impact and expand my discipline and field but has already further catapulted my career as a researcher and leader—the program has been truly transformative for me and has allowed for meaningful professional self-actualization.

2022 SCHOLAR

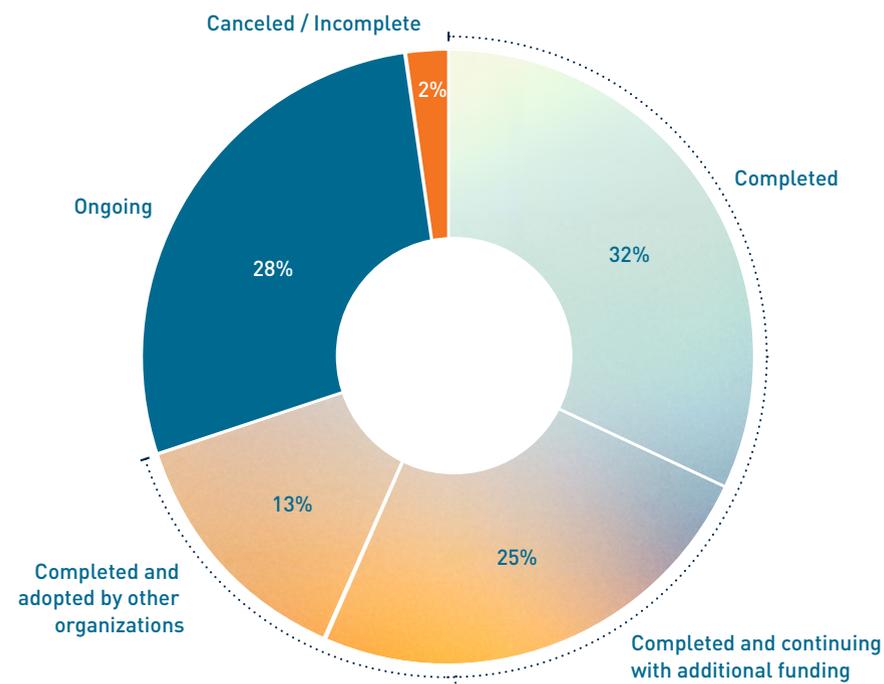


INVESTING IN INNOVATION THROUGH PROJECTS

Project completion

WHAT IS THE STATUS OF SSLP PROJECTS?

97 SCHOLARS SURVEYED



70% of SSLP projects have been completed by 2025



SCHOLAR SPOTLIGHT

DEBBIE LAFOND DNP – 2015 SCHOLAR

PANDA Cubs: A scalable model of education and mentoring

Debbie Lafond’s PANDA Cubs Program utilizes intensive education and mentoring for interdisciplinary pediatric clinicians at the bedside. This model educates clinicians from every unit and shift, and community based clinicians, to provide primary palliative care for children with serious illness and their families 24/7, which expands access to services of the institution’s specialty pediatric palliative care team (the PANDA Palliative Care Team). This program provides education, scripted communication role plays, and practical tools to enhance and engage learners. Learners complete a quality improvement project to further apply and disseminate learning. Through this model, clinician confidence and competence improved significantly and clinicians reported moral distress decreased by about 30 percent. This program has now been replicated in ten health care systems and regional hospices. The model was presented at the National Academies of Science Engineering and Medicine, the ANCC Magnet Conference, and the AAHPM/HPNA Annual Assembly. By building skills where care happens, Debbie Lafond turned workforce development into a culture shift that improves care for children and families, and health care communities can scale.



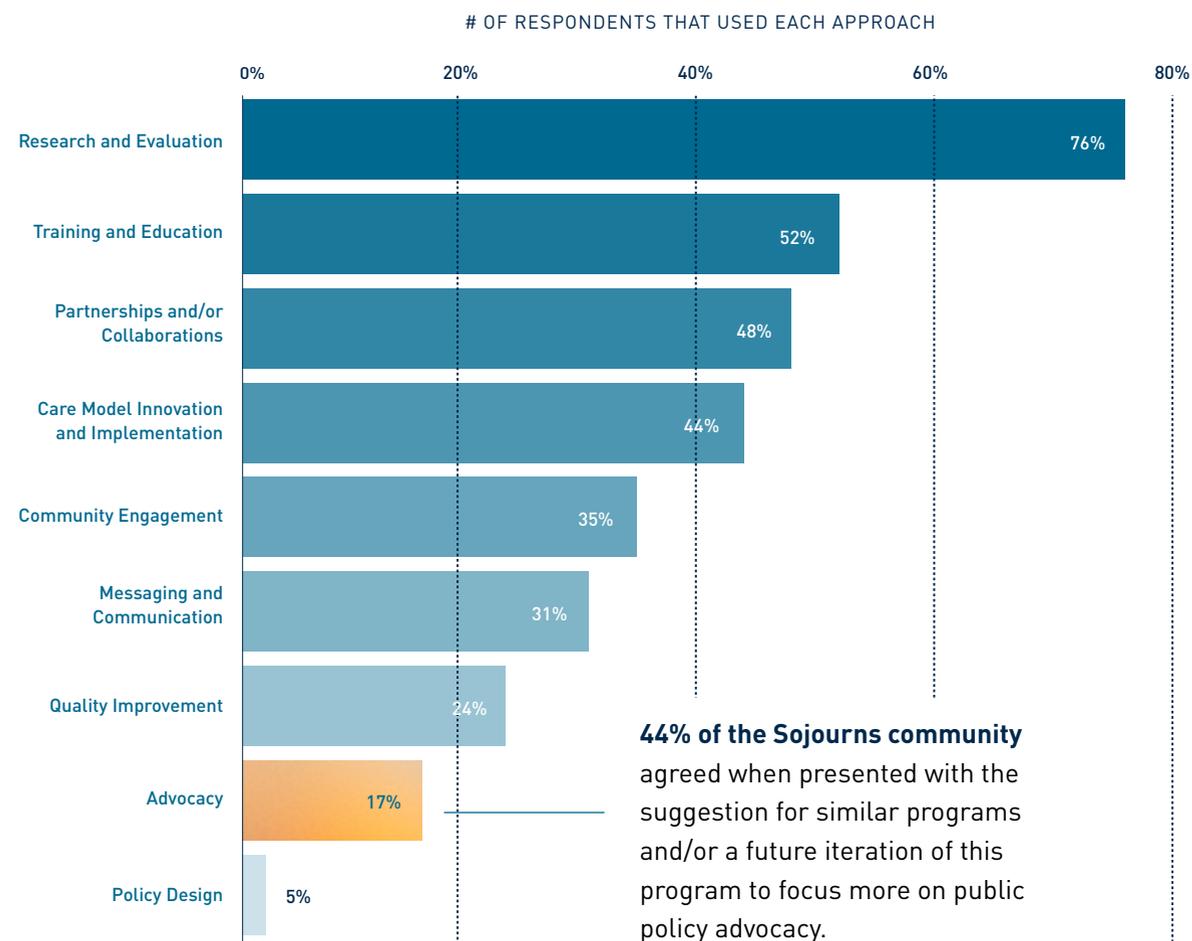
INVESTING IN INNOVATION THROUGH PROJECTS

Project approaches and methods

WHAT APPROACHES DID SCHOLARS USE IN THEIR PROJECTS?

QUESTION FORMAT: MULTI-SELECT UP TO 3

97 SCHOLARS SURVEYED



74% selected 3+ project approaches indicating most projects used a multi-approach strategy.

Scholars are primarily building evidence and skills through research, education, and partnerships; fewer are pushing on quality improvement, policy, or advocacy.



SCHOLAR SPOTLIGHT

DR. RACHELE BERNACKI – 2015 SCHOLAR

Messaging + training at scale

Dr. Rachele Bernacki built a national Serious Illness Care Community of Practice to spread high-quality goals-of-care conversations. Through the Communication in Serious Illness course, interdisciplinary teams received structured training, remote coaching, and a shared messaging toolkit that included a conversation guide, implementation playbooks, and common language. Her Sojourns project launched a course into a scalable implementation network, helping sites adopt consistent practices and speak with clarity to patients and families. The result is a durable community that makes serious-illness conversations easier to start, simpler to sustain, and more likely to honor what matters most.



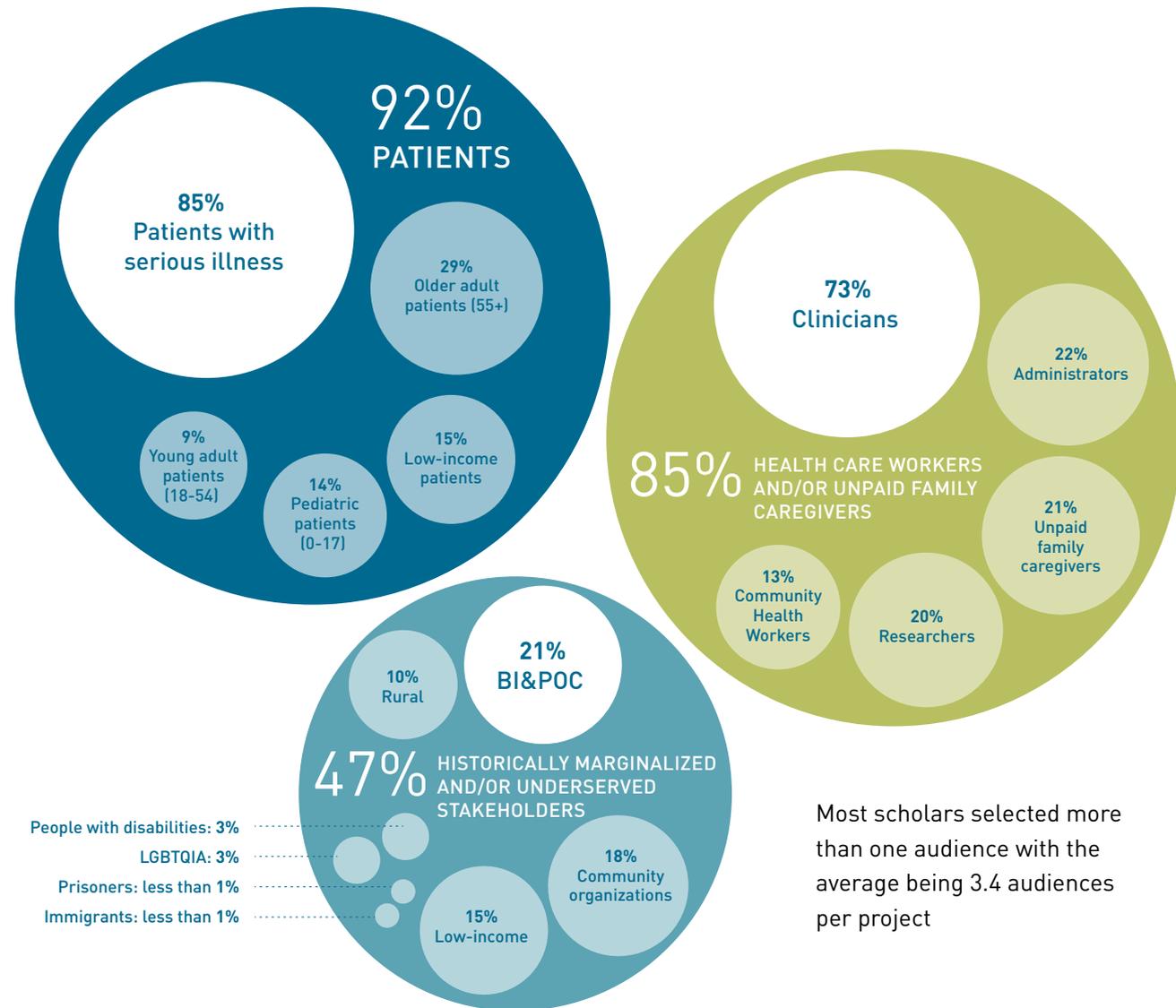
INVESTING IN INNOVATION THROUGH PROJECTS

Impacted populations

WHAT POPULATIONS DID SCHOLAR PROJECTS SEEK TO IMPACT?

QUESTION FORMAT: MULTI-SELECT UP TO 3

97 SCHOLARS SURVEYED



Most scholars selected more than one audience with the average being 3.4 audiences per project

SCHOLAR SPOTLIGHT

DR. KAREN MOSS - 2022 SCHOLAR

Caregiver support through connection

Dr. Karen Moss is developing innovative interventions that center the experiences of African American and Black family caregivers of people living with Alzheimer’s disease and related dementias (ADRD)—a group often overlooked in palliative care research. Building on earlier findings that many caregivers want to “give back,” Moss created Pair 2 Care to connect experienced caregivers with those new to the role. In the project’s first year, she laid key groundwork—forming her Family Caregiver Community Advisory Board (FamCAB), executive producing the Pair 2 Care study training videos, launching the Pair 2 Care study page on her research laboratory website and sharing her work through conferences and academic presentations.

Through her Family Caregiving Community Research (FamCare) Laboratory, FamCAB, and research participants, Pair 2 Care was found to be feasible and acceptable. Publication of this work is forthcoming. Dr. Moss is advancing an innovative and culturally responsive peer support program for Black caregivers that will be scaled to meet the needs of all caregivers, thereby promoting health equity.



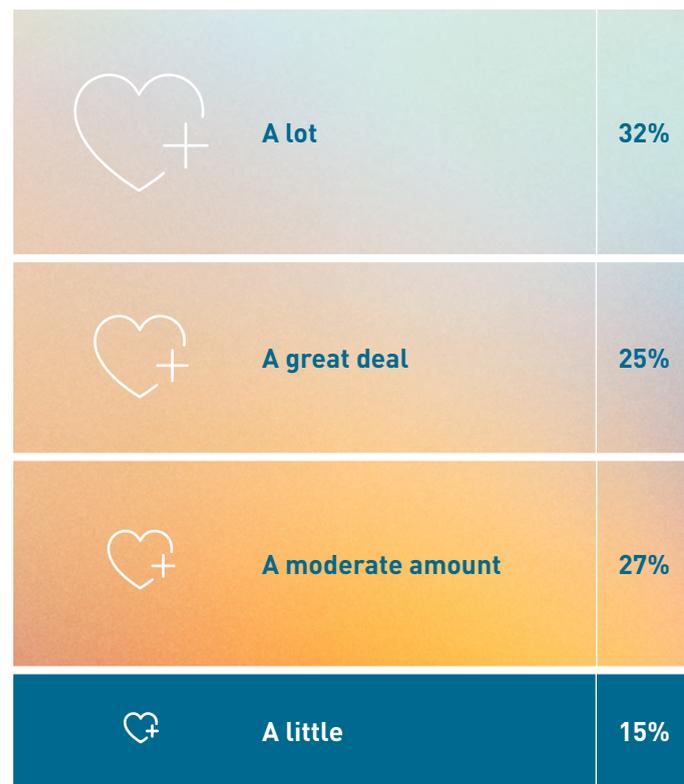


INVESTING IN INNOVATION THROUGH PROJECTS

Impacted populations

HOW MUCH IMPACT DID SCHOLAR PROJECTS HAVE ON IMPROVING THE CARE OF PEOPLE WITH SERIOUS ILLNESS?

97 SCHOLARS SURVEYED



84% of scholars reported their project had/will have a significant impact on improving the care of people with serious illness.

HOW MANY PEOPLE WERE DIRECTLY IMPACTED BY SSLP PROJECTS?

97 SCHOLARS SURVEYED

68% of scholars reported that the number of impacted people is unknown.

32% of scholars reported an estimated number of impacted people:

- Total minimum estimate of impacted people (sum of reported values) = **106,435***
- Median number of impacted people per project = **100**
- **45% of projects** had very small population impacts (less than 1%) while **13%** had very large impacts (10,000+)

The total likely understates impact given the high share of unknowns and the longer-term outcomes of many of the projects which are still yet to be realized.

SCHOLAR SPOTLIGHT

DR. AB BRODY – 2014 SCHOLAR

From pilot project to national leadership



Few nurse leaders have done more to elevate dementia care in palliative settings than Dr. Abraham “Ab” Brody. When he became a Sojourns Scholar in 2015, his project—the Dementia Symptom Management at Home (DSM-H) program—was an early-stage idea. With the program’s support, it grew into a scalable model later adapted for hospice care and disseminated nationally. Scholars note that his award catalyzed vital connections and mentorship, leading to multiple

large collaborative initiatives and a nationwide 40-site NIH-funded telehealth study that placed nursing-led palliative care delivery at its core. Through Sojourns, he also gained the confidence and leadership skills to expand his influence, crediting the program’s investment in individuals as creating the psychological safety to experiment, grow, and lead. Today, he is recognized as a leading voice in palliative nursing, advancing research, education, and policy while mentoring the next generation of nurse leaders to carry the field forward.

“What made Sojourns unique was the psychological safety. They invested in us as leaders, not just our projects, and that let us take risks, learn and grow.”



INVESTING IN INNOVATION THROUGH PROJECTS

No. 01B

EVALUATION GOAL

Did the program achieve its goal to invest in innovative projects that improve the care of people with serious illness?

CONCLUSION

Yes.

84% of scholars reported their project had or will have a significant impact on improving the care of people with serious illness.

The SSLP seeded innovative work that, collectively, is improving care.

Demonstrated areas of innovation include:

- Reaching underserved groups
- Person-centered stakeholder engagement
- Integrated approaches that support patients, families and care teams.

As is typical of innovation, project reach varies widely—from small pilots directly touching fewer than 25 people to expansive implementations reaching 10,000+. The pathway from research to results is often indirect, making consistent, comparable impact metrics hard to capture. Despite the measurement gap, **impact is compounding over time** as projects persist, attract follow-on funding and are adopted by other organizations.





The Sojourns Scholar Leadership Program enabled me to see that the work I am doing can be a catalyst for public policy changes. This work is ongoing and continues to gain traction on the national level.

2015 SCHOLAR

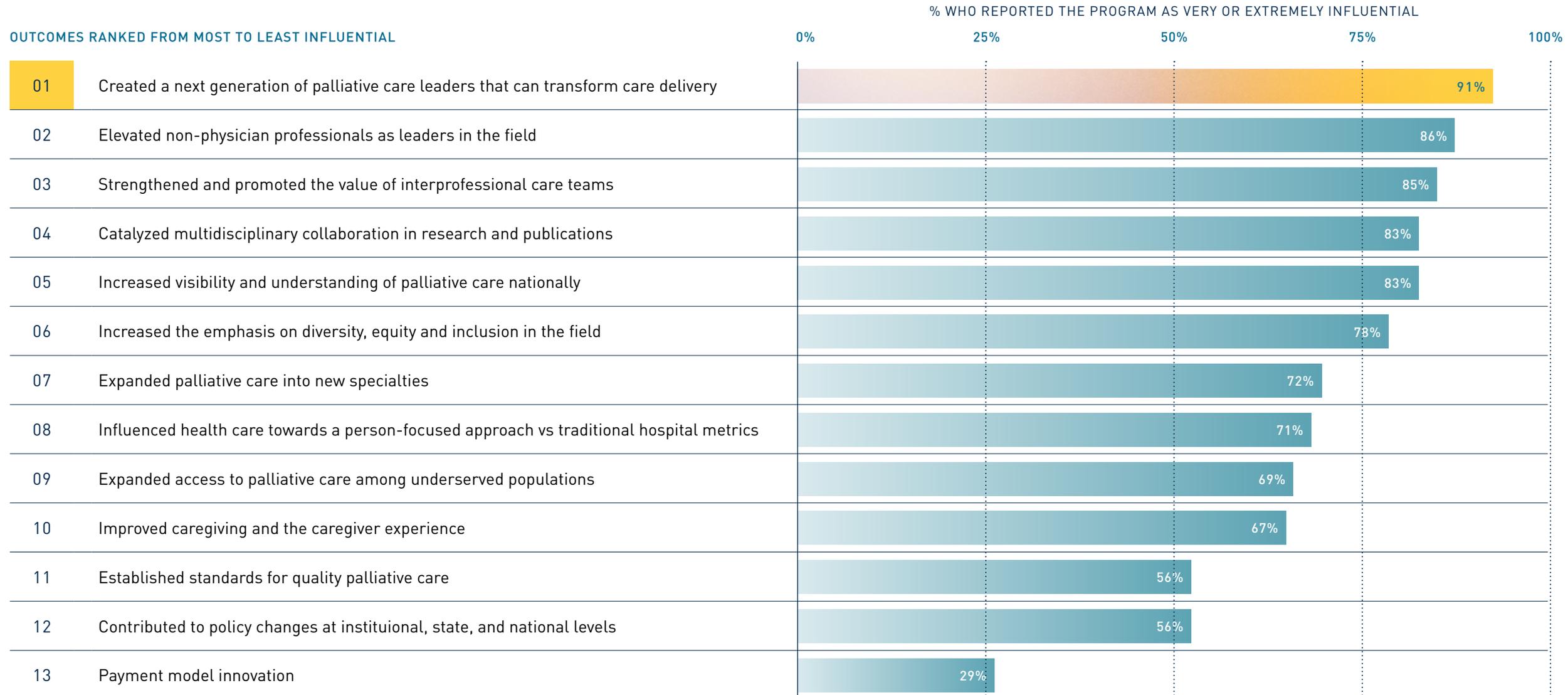


ACCELERATING SYSTEM CHANGE

Program outcomes

WHAT OUTCOMES DID THE PROGRAM INFLUENCE?

 117 SOJOURNS COMMUNITY MEMBERS SURVEYED





Program outcomes

#06 PROGRAM OUTCOME: INCREASED VISIBILITY AND UNDERSTANDING OF PALLIATIVE CARE NATIONALLY

SCHOLAR SPOTLIGHT

DR. TOBY CAMPBELL - 2014 SCHOLAR

Amplifying palliative care through storytelling

When Dr. Toby Campbell joined the inaugural 2014 cohort, his project centered on improving communication between providers and seriously ill patients. Together with 2017 scholar Dr. Gretchen Schwarze, he developed the innovative “Best Case/Worst Case” tool, now widely recognized as a practical way to guide high-stakes medical decisions. But perhaps his most unique contribution has been his podcast, *Palliatively Speaking*. Inspired by Cambia’s commitment to “platforming” scholars and elevating their expertise, Dr. Campbell launched the series to share the voices and stories of remarkable leaders in serious illness care. Featuring conversations with scholars and other inspiring voices, the podcast captures the human side of the field and preserves the legacy of the Sojourns program through storytelling.

Palliatively Speaking: By the Numbers

9 episodes released (as of July 2025)

7,800 average listens per episode

196,000 total listens across platforms

28,350 unique listeners worldwide

Ranked in the top 8% of health podcasts

“Cambia has done a really awesome job at pulling in and designating, as leaders, people who typically in hospitals are not treated as equals. And I think that’s really important. When Cambia, for example, does the leadership breakfast at the AAHPM Annual Assembly meeting every year, you see a panel of people from pharmacy, social work, psychology and it’s like those are not the typical MDs that are speaking.”

2020 SCHOLAR

“The program empowered me to create and teach an interprofessional leadership course within a palliative PhD program.”

2016 SCHOLAR



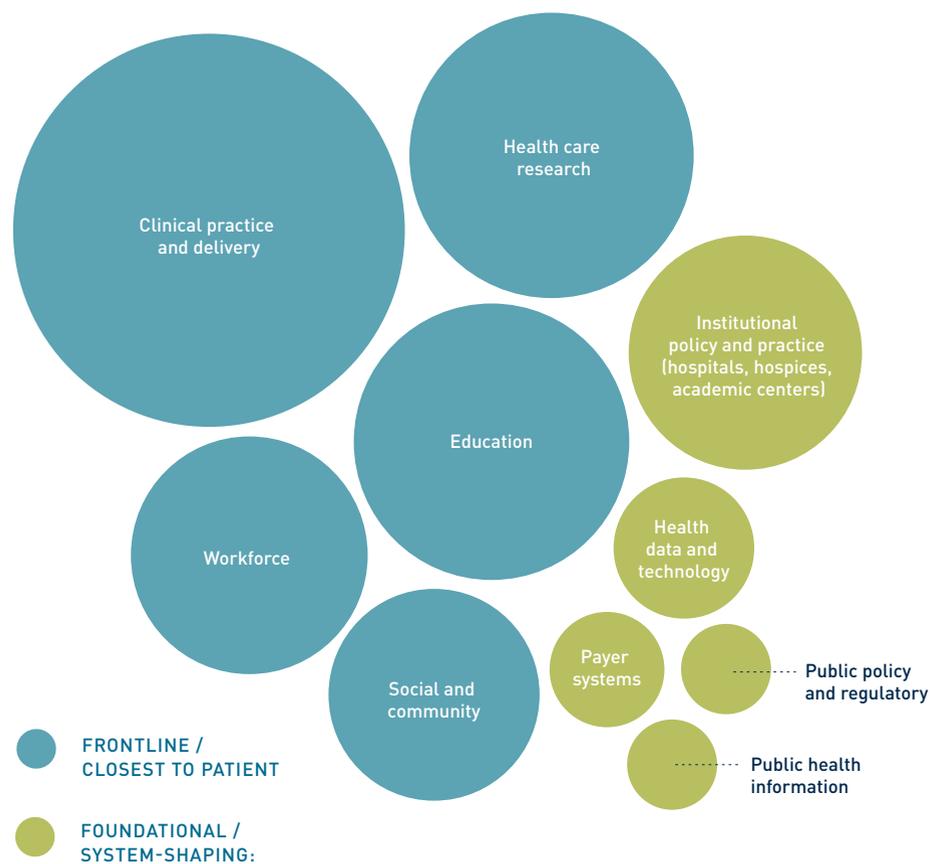
ACCELERATING SYSTEM CHANGE

Systems influence

Projects primarily influenced systems closest to the patient and demonstrated less impact on broader system-shaping levers, indicating stronger frontline improvement than large-scale system change. However, when we look at the [activities](#) scholars undertook outside their project work, we see clear examples of system-level influence, including advocacy and policy engagement. Much of this work occurred through collaborations among scholars.

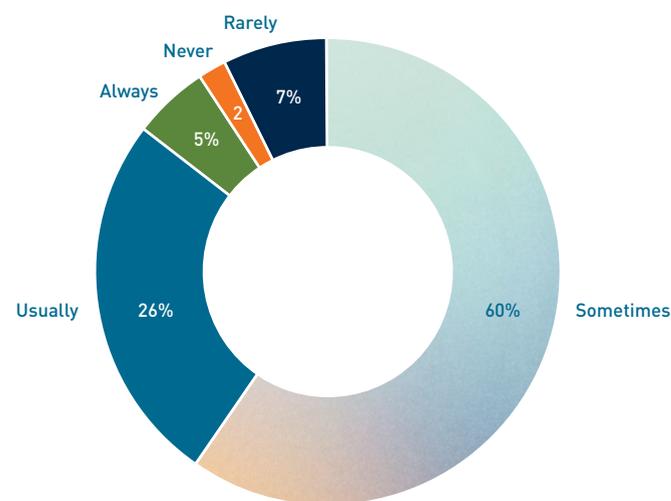
WHAT SYSTEMS DID PROJECTS SEEK TO INFLUENCE?

97 SCHOLARS SURVEYED



HOW OFTEN DID SCHOLARS COLLABORATE WITH ONE ANOTHER AFTER THEY ENTERED THE PROGRAM?

97 SCHOLARS SURVEYED



85% reported that they sometimes, usually or always collaborate with scholars on leadership activities such as speaking engagements, authoring journals or papers, establishing standards and advocacy.

SCHOLAR SPOTLIGHT

DR. BRIE WILLIAMS - 2016 SCHOLAR

Compassionate release as public health

Dr. Brie Williams advanced palliative care for incarcerated people with serious illness by conducting a research project to understand the Compassionate Release knowledge needed among people experiencing serious medical illness during incarceration and their health care professionals. With support from Sojourns, she engaged healthcare professionals and people who are incarcerated across 3 state jail and prison systems and used her findings to build model policy, streamline health-related evaluations, train correctional clinicians, and mentor early implementation



across jurisdictions. The work reframed compassionate release as an issue of public health and human dignity and influenced institutional policies and national policy discussions. By translating evidence into practical guidance that systems can use, Dr. Williams is helping ensure that serious-illness care honors dignity, even behind prison walls.



ACCELERATING SYSTEM CHANGE

No. 01c

EVALUATION GOAL

Did the program achieve its goal to create a community of palliative care leaders that influence and accelerate broader system change?

CONCLUSION

Yes.

The Sojourns community identified the following as top outcomes of the program:

- Elevated non-physician professionals as leaders in the field
- Strengthened and promoted the value of interprofessional care teams
- Catalyzed multidisciplinary collaboration in research and publications
- Increased visibility and understanding of palliative care nationally

We also saw evidence of systems change through scholars collaborations. Together, they converted their insights into broader impact by shaping standards of practice, informing policy and amplifying their work through speaking engagements—ultimately improving care for people with serious illness.





06

Looking ahead

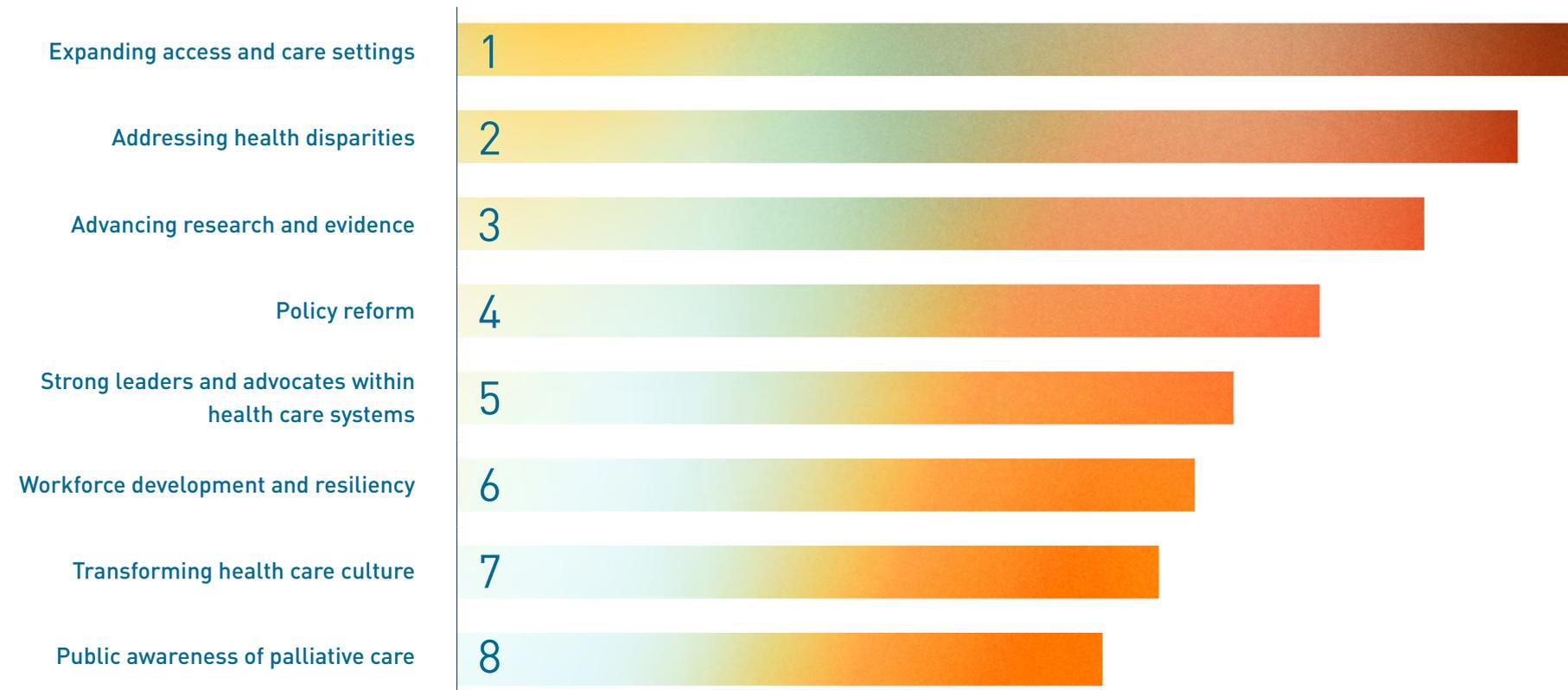
PERSPECTIVES ON THE FUTURE
OF PALLIATIVE CARE

While earlier sections of this report focus on the impacts the Sojourns Scholar Leadership Program (SSLP) achieved, this section considers where the field stands now and shares the Sojourns community’s point-in-time perspectives on trends likely to shape the future. These perspectives are those of the Sojourns community and do not represent the palliative care field as a whole or Cambia Health Foundation (CHF).

Current needs

WHAT ARE THE MOST PRESSING NEEDS FACING THE FIELD OF PALLIATIVE CARE TODAY?

 117 SOJOURNS COMMUNITY MEMBERS SURVEYED



EVALUATION GOAL

no.04

What lessons does the SSLP community have for palliative care, philanthropy and health care?

TOP NEEDS RANKED FROM MOST TO LEAST IMPORTANT

#1

Expanding access and care settings + addressing disparities

Palliative care has expanded dramatically across U.S. hospitals and health systems over the past two decades, yet gaps in access and capacity remain. An estimated 13 million Americans are living with a serious illness and could benefit from palliative care services.³ Hospital-based palliative care teams exist in 83.6% of medium hospitals and 96.2% of large hospitals.⁴ However, penetration is uneven: only about 34% of rural hospitals provide palliative care services.⁵ Outside the hospital, community-based palliative programs (in clinics, nursing facilities or home care) are growing but services are highly variable and insufficient to meet the need. Many patients still receive palliative care only in the final stages of illness.⁶

Studies show that Black, Hispanic, American Indian and Asian patients are less likely than White patients to receive timely referrals to palliative care or hospice services.⁷ Black and Hispanic patients experience longer hospital stays, higher costs and lower rates of advance care planning and hospice utilization.⁸ Patients from lower-income areas and rural regions face more limited access to specialized palliative care services due to fewer available providers and facilities.⁹

"[We need to be] increasing use of digital health to increase palliative care access and support delivery of care."

2023 SCHOLAR

SOJOURNS SCHOLARS, ADVISORS AND EXPERTS ALL RANKED EXPANDING PALLIATIVE CARE ACCESS AS THEIR #1 NEED, HIGHLIGHTING TWO DIMENSIONS OF EXPANSION:

1. Continued training of all healthcare professionals in primary palliative care skills and expansion in the number of palliative care specialists is needed with attention to engaging more medical specialties beyond its base in oncology (e.g. primary care, cardiology, and surgery) and more disciplines in healthcare (e.g. speech language pathology, psychology, and pharmacy).

"Effective adoption depends on internal champions—practitioners within each discipline who can advocate authentically and tailor training to their peers. What works? The authenticity of somebody from within the field. Whether that's somebody in primary care, a chaplain or speech language pathologist, having those embedded specialists do the education for their people, I think is that's where you get traction."

PALLIATIVE CARE EXPERT

2. Palliative care should be offered in more diverse community settings, moving beyond hospitals to clinics, homes, schools, long-term care, churches, etc. and telehealth is essential to scalability. Consistent standards for community based palliative care would improve quality and accelerate adoption.

"We need to meet patients, especially children, wherever they are; schools, homes, camps."

PALLIATIVE CARE EXPERT

"[We need] growth in ambulatory and home-based palliative care."

PALLIATIVE CARE EXPERT

SCHOLAR SPOTLIGHT

DR. KHALIAH JOHNSON – 2021 SCHOLAR

Advancing health equity in pediatric palliative care



Dr. Khaliah Johnson's mixed-methods project was designed to understand the impact of racism on Black and American Indian children and families facing serious illness, with the overall goal of generating tangible recommendations for how the palliative care field can address racism and inequities in care. A key impact of her work was the formation of a 16-member advisory board, which developed into a strong community of BIPOC clinicians, patients, and families who collaborated on national presentations and created media content for the Courageous Parents Network. The project's findings have been disseminated through multiple scholarly publications, including a scoping review in the *Journal of Pain and Symptom Management*, and are being used to develop a position statement on racism in pediatric palliative care. With continued funding, her ongoing research links structural determinants to care experiences and outcomes, equipping clinicians and systems to deliver care where equity isn't an aspiration but the baseline.

#1

Expanding access and care settings + addressing disparities

SOJOURNS COMMUNITY PERSPECTIVES

THESE PERSPECTIVES WERE GATHERED FROM INTERVIEWS AND SURVEY RESPONSES TO THE QUESTION “WHAT TRENDS WILL IMPACT PALLIATIVE CARE IN THE FUTURE?”

ACCESS TO PALLIATIVE CARE IS LIKELY TO DECLINE DUE TO POLICY CHANGES

Cuts to Medicare and Medicaid in 2025 put direct and indirect strain on palliative care access, particularly for low-income people. **66% of the Sojourns community agree Medicare and Medicaid policy changes will reduce access to palliative care.** 2025 federal legislation specifically prohibits national nursing home staffing standards designed to improve care.¹⁰ One expert noted that policy advocacy may need to move from the federal to the state level and that in the future access may depend on where you live.

“The field is largely dependent on hospital and health system support because there’s no reasonable reimbursement. As hospitals become more and more strapped, which they’re going to after the Big Beautiful Bill, programs that are viewed as non-essential will be cut. And it’s hard to say whether [palliative care is] established enough or viewed as essential enough in most institutions and health systems to survive that.”

PALLIATIVE CARE EXPERT

BOTH PRIMARY AND SPECIALTY PALLIATIVE CARE ARE GAINING RECOGNITION AND IMPORTANCE

Palliative care is increasingly moving “upstream” with basic pain and symptom management and advance care planning becoming standard practice earlier in the patient journey. Already, multiple states require clinicians to have training in pain management and serious illness communication,¹¹ and more than 136,000 health workers have taken CAPC’s online courses in pain management, communication and other palliative skills in recent years.¹² **66% of the Sojourns community agree principles of palliative care are becoming more well understood and integrated into a variety of health care settings.**

At the same time, recognition of the importance of specialty palliative care is increasing. **74% of the Sojourns community agree palliative care is getting more engagement across diverse specialties and disciplines.**

“There is internal recognition within many fields that palliative care is a specialty, such as pharmacy, psychology, child life specialists, speech language pathology. And there is recognition in the broader palliative care community of what those specialties can do. We need to equip them to advocate in their own professions in the way that oncologists did years ago.”

PALLIATIVE CARE EXPERT

VIRTUAL-SUPPORTED PALLIATIVE CARE IS GROWING BUT AT-RISK

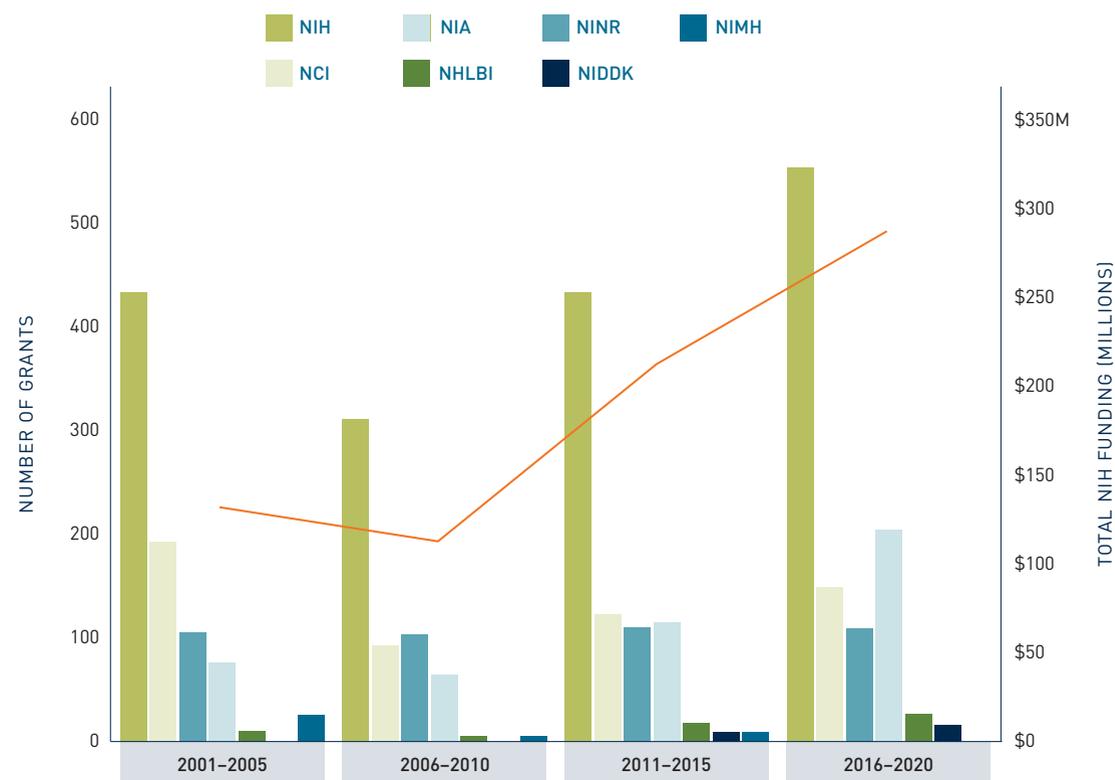
The COVID-19 pandemic accelerated the adoption of telehealth for palliative care, enabling virtual consultations, remote symptom monitoring, and support for patients and caregivers at home. Even after clinics reopened, tele-palliative care remained a standard access point: in a national Medicare cohort, 18.2% of outpatient specialty palliative visits were by telehealth in 2023 (vs a 28.5% peak in Feb 2021)—levels far above pre-pandemic and higher than most other specialties.¹³ Tele-palliative care is now an important modality to reach rural patients and those too ill to travel, and it is expected to remain a staple in palliative services. The REACH PC study (2024) demonstrated that virtual visits for palliative care are comparable to in-person visits for patient outcomes.¹⁴ **91% of the Sojourns community agree digital health (telemedicine) is a growing channel for palliative care.** However, the current reimbursement structure for virtual palliative care visits is based on temporary COVID-era waivers that expired on September 30, 2025. Without congressional or CMS policy action, telehealth reimbursement for most palliative services outside mental health will not continue.¹⁵

TOP NEEDS RANKED FROM MOST TO LEAST IMPORTANT

#2 Advancing research and evidence

The Sojourns community believes there is a pressing need to protect and publish research that advances palliative care science and demonstrates impact and value.

Palliative care research grew steadily from 2000 through 2020, while remaining a relatively small field of study. Only 0.2% of National Institutes of Health research awards from 2015–2020 supported palliative care, and over 80% of that funding was concentrated in three institutes: the National Cancer Institute, the National Institute on Aging, and the National Institute of Nursing Research.¹⁶ With the field still maturing, participants expressed the importance of building the foundational evidence base required to make data driven arguments.



This chart shows the total number of grants awarded to palliative care research by NIH overall, NCI, NINR, NIA, NHLBI, NIDDK, and NIMH, as well as the corresponding total grant funding in dollars during each five-year interval.¹⁷

“I really worry about our ability to grow the science of the field. People still don’t get what we do in palliative care. There is a risk that it will be seen as fluff.”

PALLIATIVE CARE EXPERT



SCHOLAR SPOTLIGHT

DR. J. NICHOLAS ODOM – 2020 SCHOLAR

Harnessing smartphones to predict caregiver distress

The idea was simple: using smartphones to detect when family caregivers are in distress. With this vision, Dr. Odom’s project tested whether passively collected GPS data from smartphones could help predict distress for caregivers and patients with advanced cancer. With a focus on underserved populations, including rural-dwelling and African American families, the study examined both the feasibility of gathering this data and the ethical questions of privacy and trust. By combining digital insights with self-reported measures of anxiety, depression, and quality of life, Dr. Odom’s work laid the groundwork for predictive models that could trigger earlier, more equitable palliative care interventions. Fellow scholars cite his project as a clear example of the tangible research outputs enabled by Sojourns—innovation that keeps families’ needs at the center.

#2 Advancing research and evidence

SOJOURNS COMMUNITY PERSPECTIVES

ADVANCES IN GENETIC RESEARCH AND AI TECHNOLOGY HAVE POTENTIAL TO DRIVE PERSONALIZED CARE PLANS

Machine learning algorithms embedded in electronic health records can help identify patients at high risk of decline and “nudge” clinicians to initiate timely end-of-life discussions or palliative consults.¹⁸ Early studies have shown that AI-driven alerts can increase referrals to palliative services and prompt more goals-of-care conversations.¹⁹ While some interviewees expressed excitement for a new era of technology-enabled palliative care, for most the future has not yet arrived. Only **20% agreed that “advances in genetic research and AI technology are driving personalized care plans.”**

“When I look at what we’re learning about rare diseases, AI will be helpful in extracting from medical records key information across situations and across cases to really help us look at patterns in a way that right now we don’t have the tools to do.”

PALLIATIVE CARE EXPERT

CUTS TO FEDERAL RESEARCH FUNDING

There are indications that federal funding for palliative care research have slowed significantly.

- While specific data on palliative care funding for 2020-2025 is not yet published, NIH funding overall has flattened in real terms.
- In 2022, NINR released a new strategic plan that eliminated its dedicated Office of End-of-Life and Palliative Care Research, effectively removing palliative care as a named priority area. Following this change, NINR made the controversial decision not to renew funding for the Palliative Care Research Cooperative (PCRC) when its grant ended in mid-2023.²⁰
- Counterbalancing these setbacks, Congress signaled support in the FY2024 appropriations, directing that \$12.5 million be spent on palliative care research (via NIA).²¹
- The second Trump administration has proposed 40% NIH funding cuts in the 2026 federal budget - from about \$48 billion in 2025 to around \$27 billion in 2026.²² However these have not been enacted by Congress as of late 2025.²³

86% of the Sojourns community agree critical research will not take place due to research funding cuts. 80% of the Sojourns community agree a generation of researchers may leave the field due to research funding cuts. Because cuts are disproportionately impacting those whose research has a health equity component, there are serious concerns that pressures to leave the field will disproportionately fall on individuals who are already underrepresented in the scientific and medical community.

“People who had chosen palliative care research are asking the question ‘is this even going to be a viable field?’ because of NIH funding. This is a serious hit. What was a funding issue is becoming a workforce issue. The impact will be for at least a decade.”

PALLIATIVE CARE EXPERT

INCREASED POLITICIZATION OF DIVERSITY, EQUITY AND INCLUSION

2025 executive orders EO 14151 (“Ending Radical and Wasteful Government DEI Programs and Preferencing”) and EO 14173 (“Ending Illegal Discrimination and Restoring Merit-Based Opportunity”) require termination of all federal DEI programs and activities promoting DEI objectives. **95% of the Sojourns community agree health equity research is being defunded at the federal level.** Researchers we interviewed claimed to be increasingly unable to publish or speak about equity in palliative care due to institutional and federal constraints.

The Sojourns Scholar program played an important role in supporting health equity research and innovation in palliative care. Many interviewees are deeply troubled by how federal policy will impact ongoing research.

“We are afraid of saying health equity in an email. A lot of us doing health equity research have seen our projects defunded...If we can’t talk about inequities or disparities, then how do we address them?”

PALLIATIVE CARE EXPERT

TOP NEEDS RANKED FROM MOST TO LEAST IMPORTANT

#3

Policy reform

The policy landscape for palliative care in the U.S. is evolving, with growing recognition by both state and federal policymakers. In the United States, 13 states now require insurance coverage or payment for palliative care services, often by adding dedicated palliative benefits in Medicaid or mandating managed care and private insurers to cover interdisciplinary palliative care.²⁴ Additionally, 22 states include palliative care or pain management content in clinician licensing requirements. Dozens of states have also established palliative care advisory councils or statewide strategies to expand access. At the federal level, initiatives like the proposed Palliative Care and Hospice Education and Training Act (PCHETA) aim to increase workforce training and public awareness, indicating bipartisan interest in strengthening serious illness care.

Despite this progress, the Sojourns community rated policy reform as an urgent matter for the field. In interviews, scholars and experts noted several areas of reform:

MEDICARE AND MEDICAID

42% of Americans receive their health care coverage through Medicare or Medicaid. The reimbursement policies of these programs with regard to palliative care are hugely influential on the field. In particular, the Medicare Hospice Benefit is a target for reform.

“Reform needs to address specific things: right now patients can’t continue [physical therapy] in hospice, [or some] disease modifying therapies or blood transfusions.”

PALLIATIVE CARE EXPERT

PAYMENT AND REIMBURSEMENT

Models must reflect the value palliative care provides (e.g., cost avoidance, not revenue generation). Models should move away from fee-for-service to better support team-based care.

“The need for accreditation-linked staffing minimums [as] many “palliative care programs” are minimal or symbolic, with no regulation to ensure quality or adequacy.”

PALLIATIVE CARE EXPERT

CLINICAL GUIDELINES AND NATIONAL STANDARDS

The 5th revision of the National Consensus Project for Quality Palliative Care (NCP) Guidelines is underway. NCP guidelines, while not mandated in law, policy or reimbursement models, are seen as the gold standard for palliative care and an important part of the ecosystem that influences policy.



DR. PHIL RODGERS – 2017 SCHOLAR

Shaping the future of palliative care policy

Dr. Rodgers helped bring palliative care to the center of national payment and policy discussions. When he became a scholar in 2017, his project focused on developing ways for palliative care to engage with alternative payment models—a vision for sustainability and growth at a systems level. While the project evolved as national policies shifted, the SSLP gave him the time, mentorship and platform to grow as a leader in this critical area. With support from his program advisors, Dr. Rodgers shaped policy through the American Academy of Hospice and Palliative Medicine, co-chairing national task forces on payment and quality.

His leadership helped secure new Medicare reimbursement for services such as advance care planning and complex chronic care management and he led the drafting of a palliative care Physician-Focused Payment Model. Today, as Chair of Family Medicine at the University of Michigan, he continues to influence how care is delivered and financed, ensuring that patients and families benefit from models that recognize the full value of palliative care. His journey reflects how Sojourns develops leaders who not only advance their own work but also help redesign the systems that make the field stronger.

“Policy never unfolds in a straight line. It’s slow and messy, full of detours and backtracks, so measure success by direction, not perfection.”

SCHOLAR SPOTLIGHT

TOP NEEDS RANKED FROM MOST TO LEAST IMPORTANT

#3 Policy reform

SOJOURNS COMMUNITY PERSPECTIVES

LESS ROBUST PALLIATIVE CARE MODELS ARE PROLIFERATING UNDER THE CURRENT POLICY FRAMEWORK

Many in the Sojourns community see expansion of palliative care in Medicare Advantage and private equity models as not without risk. **62% of the Sojourns community agree private Medicare Advantage insurers are launching less robust palliative care models.**

78% of the Sojourns community agree private equity investors are rapidly entering the long-term care facility/hospice space.

“Hospice reform has to happen. Private equity coming into home based palliative care space is a problem.”

PALLIATIVE CARE EXPERT

“Private equity will continue to be in this space— if Medicare Advantage carves in hospice there will be dollars to be made here. How do we influence so that those models are high quality care and make sure models are built with integrity?”

PALLIATIVE CARE EXPERT

THERE IS GROWING EVIDENCE AND PRECEDENT TO LEVERAGE FOR POLICY REFORM

63% of the Sojourns community agree we have more data than ever to demonstrate the impact and value of palliative care. Much of this initial evidence was aimed at understanding cost-avoidance in hospital settings, but now there is a broader range of research that makes the financial case for palliative care. For example, evidence suggests that when payers reimburse community-based palliative care, it leads to improved outcomes and cost savings through reduced hospital utilization.²⁵ However, palliative care experts noted that a lack of metrics is a unique challenge for this field.

“No singular outcome measure currently defines palliative care’s value—reliance on process and structure measures limits recognition.”

PALLIATIVE CARE EXPERT

Some interviewees noted that there are good precedents to leverage for policy reform, such as the impact of accreditation-based protections to reduce hospital infections, or the measurable benefits of the Concurrent Care for Children policy. **58% agreed that “we now have good, evidence-backed precedents to leverage for policy reform”** while acknowledging there is still work to be done.

EFFECTIVE ADVOCACY REQUIRES PARTNERSHIP AND COALITION-BUILDING

There is disagreement among the Sojourns community about whether the field has sufficient policy leadership.

58% of the Sojourns community agree that “No group has stepped up to lead public policy advocacy for the palliative care agenda”, whereas 24% disagree. The diffusion of political influence across the many organizations that represent the palliative care field is an ongoing trend that is hampering forward momentum.

“CAPC can’t lobby. AAHPM - they have lobbyists. Nurses have lobbyists. But we’re not making use of coalition. In the past it took the American Cancer Society to convene a group of hundreds of cancer.. and palliative care organizations. They had sophisticated lobbyists and got the NIH to fund palliative care. Those partnerships and coalitions are what are needed to get things done.”

PALLIATIVE CARE EXPERT

#4

Workforce development and advocacy within health care systems

The Sojourns community highlighted three dimensions of workforce development needs:

1. WORKFORCE GROWTH

The palliative care workforce in the U.S. is insufficient to meet current and future needs. There are only about 19,920 clinicians (across all disciplines) with specialty certification in hospice and palliative care nationwide.²⁶ This equates to just 2.86 physicians or advanced practice providers per 100,000 people – far fewer than most other medical specialties. In addition, demand is rising with the aging population, and workforce growth is not keeping pace. **86% of the Sojourns community agree workforce shortages across palliative care disciplines are deepening as demand continues to rise.** Workforce development goes far beyond the palliative care specialty to mainstreaming palliative care skills among primary care and other specialties.

“We need more trained clinicians with expertise in symptom management and family support.”

PALLIATIVE CARE EXPERT

Building the workforce through expanded training programs, fellowships and retention efforts is therefore a critical priority.

2. WORKFORCE DIVERSITY

Creating multilingual, culturally responsive teams is increasingly necessary.

“Historically many people of color have not trusted the health care system as a whole and especially hospice or palliative care. So they’re saying ‘you want to help me die.’...putting people in a position where they’re reflecting the communities that they are serving [helps] tear down those... trust barriers.”

PALLIATIVE CARE EXPERT

“Multilingual, multicultural teams; Increasing linguistic and cultural diversity in teams is essential.”

PALLIATIVE CARE EXPERT

3. STRONG LEADERS AND ADVOCATES WITHIN HEALTH CARE SYSTEMS

Many in the Sojourns community agree that a change in how our health system operates starts with the voices at the table in each hospital, clinic and health system across the country. Whether at a for-profit, non-profit or government institution, the business case for palliative care must be made in the language of finance and data.

Since this isn’t always a “native language” for emerging palliative care leaders, there continues to be a strong need for development of leadership and communication skills to advocate in C-suite and policy spaces.

“We need ‘leadership fluency in health system finance and value-based care to secure palliative care’s strategic role.’”

PALLIATIVE CARE EXPERT

SCHOLAR SPOTLIGHT

CHAPLAIN ALLISON KESTENBAUM – 2018 SCHOLAR

Building a blueprint for palliative spiritual care

Allison Kestenbaum created the Palliative Care Specialty Spiritual Care Education project to equip chaplains and spiritual leaders to serve effectively on interdisciplinary teams. Motivated by the toll of unmet spiritual needs on patients and clinicians, she piloted and evaluated a replicable training program at UC San Diego Health. Since 2020, the project has trained over 100 clergy and religious leaders, launched collaborations with the Catholic Diocese of San Diego and Neshama: Association of Jewish Chaplains, and produced a full blueprint for palliative spiritual care Clinical Pastoral Education. The team also developed standardized patient exercises that have been adopted nationally and published an evidence-based spiritual assessment manual that has been downloaded more than 800 times in seven nations via SpiritualAim.org. The result is a practical pathway for embedding high-quality spiritual care wherever serious illness is treated.



Allison accepting the Doris A. Howell, MD, Award for Advancing Palliative Care ceremony in 2022

TOP NEEDS RANKED FROM MOST TO LEAST IMPORTANT

#4

Workforce development and advocacy within health care systems

SOJOURNS COMMUNITY PERSPECTIVES

PALLIATIVE CARE LEADERSHIP DEVELOPMENT IS AT RISK

73% of the Sojourns community agree investment in palliative care leadership development is declining. One palliative care expert noted the need for “sustainable research and career development funding, given the sunseting of Sojourns, NPCRC, and PCRC and NIH underfunding.” While emerging efforts such as the ASCENT Palliative Care Consortium are providing important research support, the overall “supply” of leadership development opportunities continues to shrink even as the “demand” for them remains high.

“Funding cuts are threatening the pipeline of future palliative care researchers and practitioners. How do we continue to prepare the next generation of practitioners and providers if we’re unable to find funding for them?”

PALLIATIVE CARE EXPERT

“We were a generation that realized that there would literally be no field if we were not worrying about it constantly. The next generation doesn’t understand how fragile the whole thing is. It is not mandatory for accreditation for hospitals. It’s not mandatory for pretty much anyone. There’s no regulatory underpinning... [I’m worried the current generation of leaders will] be shocked when these cuts come as opposed to seeing them coming, preparing for them, fighting them strategically, coming together as a group to figure out strategies.”

PALLIATIVE CARE EXPERT

LEADERS WITH PALLIATIVE CARE EXPERIENCE MAY INCREASINGLY BE SEEN AS STRONG CANDIDATES TO LEAD HEALTH CARE INSTITUTIONS

We heard anecdotally in interviews with palliative care experts that palliative care leaders are well-positioned to take on major leadership roles, modeling the values of inclusion and collaboration system-wide. However, only **54% agreed with the statement “Leaders with Palliative Care experience are increasingly seen as strong candidates to lead health care institutions.”** Still, there is great optimism among many in the program.

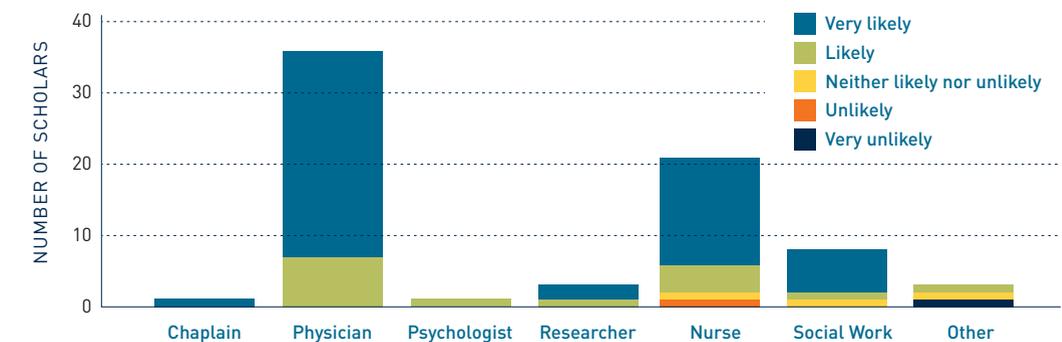
“Palliative care leaders are the solution to today’s health care problems”

PALLIATIVE CARE EXPERT

In conclusion, palliative care in the United States has fought successfully to establish itself as the standard of care, but this position is fragile.

HOW LIKELY ARE SCHOLARS TO CONTINUE TO WORK IN PALLIATIVE CARE OVER THE NEXT 3-5 YEARS?

97 SCHOLARS SURVEYED

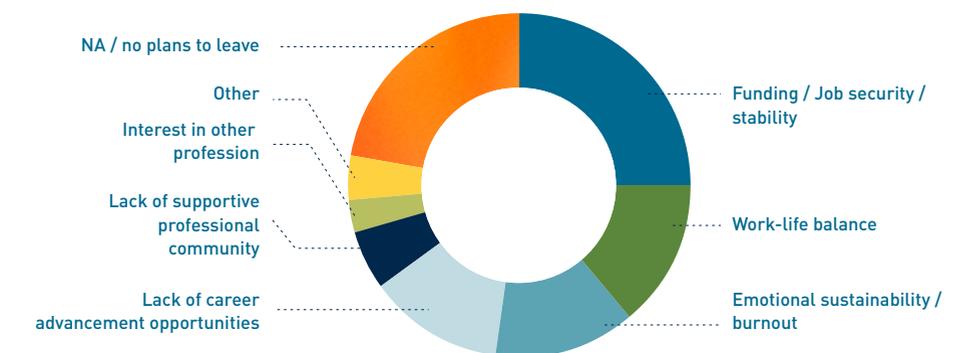


Among Sojourns scholar alumni, **93% said they are likely or very likely to continue working in palliative care over the next 3-5 years.** However, the response was strongest among physicians and researchers, suggesting that nurses, social workers and other disciplines face more barriers to longevity in the field.

The biggest drivers of Sojourn Scholar alumni leaving the palliative care field include funding/job security, work-life balance, burnout and lack of career advancement.

WHAT FACTORS MIGHT INFLUENCE SCHOLARS DECISION TO LEAVE PALLIATIVE CARE?

97 SCHOLARS SURVEYED



A call to action

The following practical measures were gathered from interviews and focus groups, reflecting the priority needs we heard from scholars.



Palliative care community

1. CREATE A BROAD COALITION FOR POLICY ADVOCACY

Build a bipartisan alliance that includes clinical specialties and patient advocacy organizations, articulate a clear set of policy proposals and prioritize actions that will drive the greatest impact.

2. DRIVE ON-GOING INNOVATION IN DELIVERY AND PAYMENT MODELS

Support the definition and development of community-based palliative care models. Promote interprofessional engagement in expanding access to community-based palliative care.

3. ACTIVATE THE BUSINESS CASE FOR PALLIATIVE CARE

Continue to support leadership development in palliative care by building finance literacy and executive skills. Equip promising palliative care leaders with the data and strategies they need to influence change within their systems.



Health care community

1. EXPAND PALLIATIVE CARE IN HEALTH SYSTEMS

Integrate palliative care in institutions as part of a broader vision for economically sustainable whole-person care. Become educated on the facts of how palliative care is a win-win, improving care and the patient experience while reducing costs.

2. PROMOTE LEADERS WITH PALLIATIVE CARE EXPERIENCE IN HEALTH CARE SYSTEMS

Elevate leaders with palliative care expertise into administrative and executive roles, embedding its principles into organizational values, culture and everyday leadership practice.

3. IDENTIFY, CONNECT AND SUPPORT CHAMPIONS INSIDE EACH DISCIPLINE

Ensure every specialty and subspecialty has national champions for the palliative dimension of their field. These leaders should be equipped to drive the creation of specialty-specific guidelines, training and resources. These leaders should collaborate across disciplines on shared strategies. The ultimate goal is that, together, these champions promote the value of primary palliative care skills for every clinician who interacts with people with serious illness.



Philanthropy community

1. INVEST IN LEADERSHIP DEVELOPMENT

This program demonstrates what a 10-year commitment to leadership development can achieve. Whether it is continuing to support the next iteration of the Sojourns Scholar Leadership Program or applying this approach to other fields, funders can collaborate to sponsor an interprofessional cohort model to catalyze change very effectively.

2. LEVERAGE PARTICIPATORY DESIGN

This program demonstrates the importance of (1) engaging an advisory board who are experts in the field and (2) engaging participants in shaping the program at every step. The program used the principles of community-based participatory research to respond and adapt to a rapidly evolving field over 10 years of investment.

LOOKING AHEAD

No.04

EVALUATION GOAL

What lessons does the SSLP community have for palliative care, philanthropy and health care?

CONCLUSION

Palliative care has made great progress in becoming the standard of care for helping people with serious illness, and yet the field faces significant ongoing challenges.

The Sojourns community consistently called for action to address critical needs in the field:

- Expanding access and care settings + addressing disparities
- Advancing research and evidence
- Policy reform
- Workforce development and advocacy within health care systems

We look to the palliative care field, health care partners and funders to sustain momentum through **policy advocacy, ongoing innovation in models of care** and investments in **leadership development**.

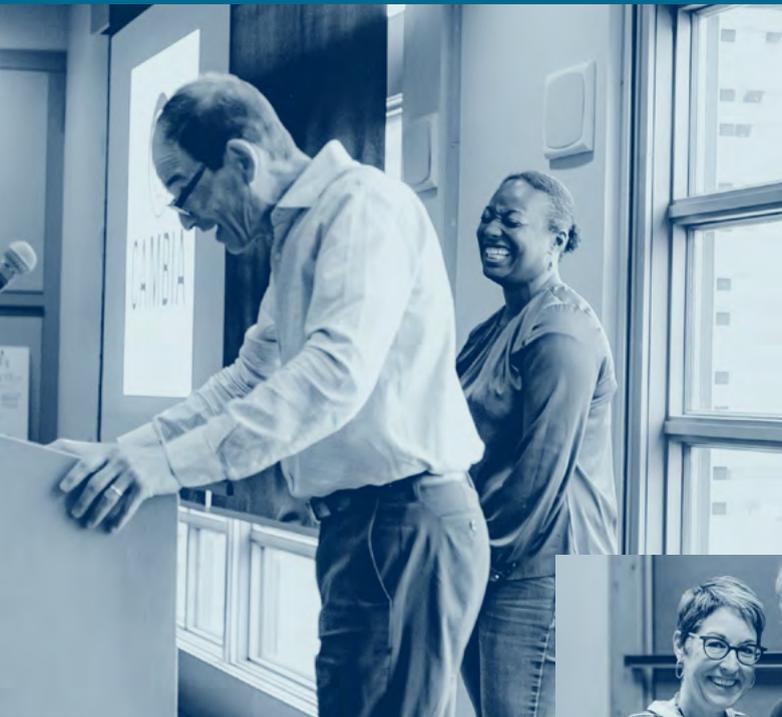




07

Evaluation summary

THE SSLP WAS A REMARKABLE PROGRAM WITH A LASTING IMPACT ON THOSE WHO PARTICIPATED



“I don’t know of any program like this in the country in any other field. The group of scholars that has been assembled here is so wise and unusual. The impact of this program may be hard to measure, because much of it is felt to us personally. But we will continue to lead, in the field and in other areas, for years to come. The impact of this program will live on and on.”

2020 SCHOLAR



EVALUATION GOAL

CONCLUSION

RELEVANT SECTIONS

NO.01A



Did the program reach its goal to identify, cultivate and advance the next generation of palliative care leaders?

Yes.

91% of the Sojourns community agreed that the program created a next generation of palliative care leaders that can transform care delivery.

The SSLP effectively **identified** and supported emerging palliative care leaders in **research** and **academia**. However, it was less effective in reaching frontline clinicians—particularly those in community and rural settings—due to limited awareness of the program and eligibility requirements (such as dedicated time and mentorship) that were less accessible to clinicians.

The program cultivated 108 emerging palliative care leaders by building confidence and fostering skills in communication, public speaking and cross-disciplinary collaboration.

It contributed to the advancement of those leaders by opening doors through its network and reputation. A significant number of scholars advanced in their careers and broadened their influence because of the program.

85% of scholars reported that the SSLP had a lot or a great deal of influence on their achievements.

NO.01B



Did the program achieve its goal to invest in innovative projects that improve the care of people with serious illness?

Yes.

84% of scholars reported their project had or will have a significant impact on improving the care of people with serious illness.

The SSLP seeded innovative work that, collectively, is improving care.

Demonstrated areas of innovation include:

- Reaching underserved groups
- Person-centered stakeholder engagement
- Integrated approaches that support patients, families and care teams

As is typical of innovation, project reach varied widely—from small pilots directly touching fewer than 25 people to expansive implementations reaching 10,000+. The pathway from research to results was often indirect, making consistent, comparable impact metrics hard to capture. Despite the measurement gap, **impact is compounding over time** as projects persist, attract follow-on funding and are adopted by other organizations.

NO.01C



Did the program achieve its goal to create a community of palliative care leaders to influence and accelerate broader system change?

Yes.

The Sojourns community identified the following as top outcomes of the program:

- Elevated non-physician professionals as leaders in the field
- Strengthened and promoted the value of inter-professional care teams
- Catalyzed multidisciplinary collaboration in research and publications
- Increased visibility and understanding of palliative care nationally

We also saw evidence of systems change through scholars collaborations. Together, they converted their insights into broader impact by shaping standards of practice, informing policy and amplifying their work through speaking engagements—ultimately improving care for people with serious illness.

EVALUATION GOAL

No.02

What value did key components of the SSLP program design deliver?

CONCLUSION

The SSLP was highly effective at building a community that delivered connection, inspiration and collaboration among scholars.

The SSLP stood apart for integrating substantial project funding with structured leadership development and a sustained community of practice.

The scholars' most valued program components were:

1. The annual summit which became the backbone for the community
2. Smaller format cohorts which provided peer support
3. The project grant which provided dedicated time for scholars to advance their work

The Sojourns community identified the following as top defining features of the program:

1. Investment in the individual
2. Interprofessional nature
3. Dedication and commitment of mentors
4. Continued community experience post project

RELEVANT SECTIONS

No.03

How might the SSLP or a similar leadership development program be improved in the future?

Overall, scholars rated their experience extraordinarily high: 4.9 out of 5.

A core driver of SSLP's success was its intentional, long-term investment in scholars as individuals. Unlike programs that focus chiefly on project outputs, SSLP emphasized learning, growth and the relational infrastructure that enables leaders to flourish. Dedicated mentors and a supportive, enduring community elevated scholars across their careers. This person-centered, relationship-driven model offers valuable lessons for the field.

Key opportunities for improvement include:

- Creating pathways to follow-on phase 2 funding for high-potential projects
- Ensuring consistent mentorship and feedback across disciplines
- Making access to external opportunities transparent and equitable
- More structured leadership, business and finance content

No.04

What lessons does the SSLP community have for palliative care, philanthropy and health care?

Palliative care has made great progress in becoming the standard of care for helping people with serious illness, and yet the field faces significant ongoing challenges.

The Sojourns community consistently called for action to address critical needs in the field:

- Expanding access and care settings + addressing disparities
- Advancing research and evidence
- Policy reform
- Workforce development and advocacy within health care systems

We look to the palliative care field, health care partners and funders to sustain momentum through **policy advocacy, ongoing innovation in models of care** and investments in **leadership development**.

IN LOVING MEMORY OF OUR FRIEND AND COLLEAGUE RANDY

The first lesson is to work with people you like and even love.

Before my (ALS) diagnosis, I used to think of my legacy as the papers I had published and the impact that my research has had on the field of medicine. Since my diagnosis, my thinking has changed. I now see my legacy as the people I have mentored and helped mentor and the people that they have mentored. This vision of legacy gives me much more joy and happiness than my old vision of legacy.

DR. J. RANDALL CURTIS



APPENDIX: END NOTES

- ⁰¹ Michael Quinn Patton's Utilization-Focused Evaluation (UFE) framework is an approach to evaluation that emphasizes the practical use of evaluation findings by intended users. The core principle is that an evaluation should be designed based on how it will be practically used. The framework identifies six key uses: judgment of overall value, learning, accountability, monitoring, development, and knowledge generation.
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- ⁰³ *America's Readiness to Meet the Needs of People with Serious Illness: 2024 Serious Illness Scorecard*. Center to Advance Palliative Care. August 2024.
- ⁰⁴ 83.6% of hospitals with over 50 beds have a palliative care team (rising to 96.2% of hospitals with >300 beds). *America's Readiness to Meet the Needs of People with Serious Illness: 2024 Serious Illness Scorecard*. Center to Advance Palliative Care. August 2024.
- ⁰⁵ *America's Readiness to Meet the Needs of People with Serious Illness: 2024 Serious Illness Scorecard*. Center to Advance Palliative Care. August 2024.
- ⁰⁶ Median hospice length of service is ~18 days. *2021 Edition: Hospice Facts and Figures*. Alexandria, VA: National Hospice and Palliative Care Organization. www.nhpco.org/factsfigures.
- ⁰⁷ Kanagalingam, Gowthami; Allen, Jessica; Chin, Grant H.; Lee, Homer M. "Palliative care and chronic liver disease: barriers to care, health disparities and the role of health literacy." *Annals of Palliative Medicine*, vol. 14, no. 4, July 30, 2025.; Coby Garcia et al. *Disparities in receipt of palliative interventions across disaggregated Hispanic subgroups with late-stage colon cancer in the United States*. *J Clin Oncol* 43, 12078-12078(2025).
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- ⁰⁹ Matthias Weiss et al. Addressing Barriers in Palliative Care for Rural and Underserved Communities. *Am Soc Clin Oncol Educ Book* 45, e472842(2025).
- ¹⁰ Lipschutz, D., and A. Bers. "Impact of the Big Bill on Medicare." Center for Medicare Advocacy, July 24, 2025.
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- ¹² *America's Readiness to Meet the Needs of People with Serious Illness: 2024 Serious Illness Scorecard*. Center to Advance Palliative Care. August 2024.
- ¹³ Chua IS, Huskamp HA, Mehrotra A, Wilcock AD. Palliative Care Specialist Use Among Medicare Decedents Who Had Poor-Prognosis Cancers. *JAMA Netw Open*. 2025; 8(7):e2522886.
- ¹⁴ Hippensteele, Alana. "REACH PC Trial: Early Palliative Care Via Telehealth Has Equivalent Efficacy to On-Site Visits for Patients With Advanced NSCLC." *Pharmacy Times*, vol. 6, no. 5, June 2, 2024.
- ¹⁵ "Medicare telehealth flexibilities expire following missed congressional deadline." Center to Advance Palliative Care blog, October 1, 2025.
- ¹⁶ Gelfman LP, Du Q, Morrison RS. An update: NIH research funding for palliative medicine 2006 to 2010. *J Palliat Med*. 2013 Feb;16(2):125-9. doi: 10.1089/jpm.2012.0427. Epub 2013 Jan 22.;Brown, Elizabeth, R. Sean Morrison, and Laura P. Gelfman. "An Update: NIH Research Funding for Palliative Medicine, 2011-2015." *Journal of Palliative Medicine*, vol. 21, no. 2, Feb. 1, 2018; Buehler NJ, Frydman JL, Morrison RS, Gelfman LP. An Update: National Institutes of Health Research Funding for Palliative Medicine 2016-2020. *J Palliat Med*. 2023 Apr;26(4):509-516. doi: 10.1089/jpm.2022.0316. Epub 2022 Oct 27.
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- ²⁶ *America's Readiness to Meet the Needs of People with Serious Illness: 2024 Serious Illness Scorecard*. Center to Advance Palliative Care. August 2024.

APPENDIX: PROGRAM COMPARISON

Program	Scope	Participants / Cycle	Focus / Description	Project Grant (Y/N)	Leadership Dev (Y/N formal leadership curriculum/coaching?)	Cohort Model (Y/N concurrent small-group/cohort?)	Annual In-Person (Y/N program-run, ≥1x/year?)	Post-Cohort Network (Y/N strict: named alumni network + staff-run events)	Funding Scale (USD; category specific amount or training-only)	Active Period	Acceptance Rate (%; category)
American Leadership Forum (ALF) of Oregon	US (Oregon)	Not published	Cross-sector fellows program building collaborative civic leadership.	No	Yes	Yes	Yes	Yes	Tuition (no grant)	1986–present	Not published
Betty Irene Moore Fellowship (Nurse Leaders & Innovators)	US (National)	10 – 20	3-year fellowship for nurse scientists; project + leadership training.	Yes	Yes	Yes	Yes	Unclear	\$450k per fellow/3yrs (Large)	2020–present	Not published
California Health Care (CHCF) Leadership Program	US (California)	Up to 32/yr	Two-year fellowship developing leaders in California’s health care system.	No	Yes	Yes	Yes	Yes	Training only (no stipend)	2000–present	Not published
Executive Leadership in Academic Medicine (ELAM)	US (National)	96	Year-long leadership program for women faculty in academic medicine, dentistry, public health, and pharmacy.	No	Yes	Yes	Yes	Yes	Tuition (no grant)	1995–present	Not published
Greenwall Faculty Scholars Program	US (National)	3	Early-career faculty in bioethics; salary support and a scholar community.	Yes	Yes	Yes	Yes	Yes	≈50% salary x 3yrs (≈\$270k; Large)	≈2002–present	Not published
Hearst AAHPM Leadership Scholars Program	US (National)	5	Two-year leadership scholarships for hospice and palliative medicine physicians (via the American Academy of Hospice and Palliative Medicine).	No	Yes	No	No	No	\$5k over 2yrs (Small)	≈2017–present	Not published
James Irvine Foundation Leadership Awards	US (California)	4-6	Annual awards spotlighting CA leaders; grant to recipient org.	Yes	No	No	No	No	\$350k to org (Large)	2006–present	Not published
National Palliative Care Research Center (NPCRC)	US (National)	8-12	Career development and pilot grants to advance palliative care research. Annual convening plus mentorship	Yes	Yes	No	Yes	Yes (program ended 2025)	≈\$180k over 2yrs (Large)	2005–2025	Not published
Project on Death in America (PDIA)	US (National)	9-15	1994–2003 Open Society Institute initiative building leadership and research in end-of-life care.	Yes	Yes	Yes	Yes	No	Various grants (Large)	1994–2003	Not published
Sojourns Scholar Leadership Program	US (National)	10-12	2-year \$180k project grant + individualized leadership development.	Yes	Yes	Yes	Yes	Yes	\$180k over 2yrs (Large)	2014–2023 (alumni ongoing)	Not published
Tideswell / Emerging Leaders in Aging (UCSF)	US (National)	15-20	One-year leadership program for leaders in aging; leadership practicum and cohort-based learning.	No	Yes	Yes	Yes	Yes	Training only (no stipend)	2015–present	Not published
Zelda Foster PELC Leadership Fellowship (NYU)	US (National)	≈8 fellows/yr	Post-MSW fellowship for palliative and end-of-life care social work leaders; seminars and a capstone project.	No	Yes	Yes	Yes	Yes	Training only (no stipend)	≈2005–present	Not published

