



SIERRA HEALTH FOUNDATION  
An Endowment for Northern California

# PARTNERSHIPS

*A profile of the Foundation's ongoing effort to create a healthy northern California*

Volume 14, Number 1  
June 2002

## Conference to Bring Community Building Experts from Around the Country

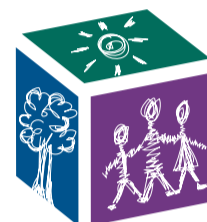
This fall, Sierra Health Foundation is hosting a national conference to highlight and promote the positive impact of community building on health outcomes. Inspired by the work of the Community Partnerships for Healthy Children (CPHC) collaboratives, this landmark conference will be held in Sacramento at the Sheraton Grand Hotel, September 23–25, 2002.

Across the country, community-building strategies are boosting the quality of life for children and families. While there is a growing body of evidence regarding contributions made by community building, there are still gaps in the theory, experience and evaluation. This conference will provide an opportunity to hear new research and to begin a national dialogue on what works.

Featured speakers at the conference include **Robert Putnam, Ph.D.**, Professor of Public Policy at Harvard University and founder of the Saguaro Seminar: Civic Engagement in America, a program to develop broad-scale, actionable ideas to fortify our nation's civic connectedness. His recent book, *Bowling Alone: The Collapse and Revival of American Community*, explores social capital and decreasing participation in U.S. civic organizations.

**Neal Halfon, M.D., M.P.H.**, Director of the UCLA Center for Healthier Children, Families and Communities, will provide the nuts and bolts of community building to improve health. Working with former Vice President Al Gore, Halfon has developed a college-level curriculum on community building. His "family centered community building" expands the traditional definition of community building beyond an emphasis on economic development to incorporate the need to consider social relationships in improving communities.

**Loretta Tate, President/CEO**, of the Marshall Heights Community Development Organization, Inc., in Washington, D.C., has helped initiate numerous health care programs and activities. Under her leadership, several hospitals have established clinics in the Ward 7 area of Washington, D.C. Tate is strongly committed to the belief that citizens can define and improve the quality of life in their community.



### Building Community to Improve Health

the power ■ the proof ■ the promise

**Edith Parker**, Assistant Professor, Health Behavior & Health Education, University of Michigan School of Public Health, focuses on the design, implementation and evaluation of community-based interventions to improve health outcomes nationally and internationally. Parker has particular expertise in lay health-advisor programs and strategies that employ community development techniques.

These speakers, along with other noted community building leaders from around the country, will share insights, evidence and case studies on the opportunities and challenges of community building.

Sponsors of the conference include Archstone Foundation, The California Endowment, California HealthCare Foundation, The California Wellness Foundation, The Colorado Trust, S.H. Cowell Foundation, Foundation Consortium, Group Health Community Foundation, The James Irvine Foundation, Kansas Health Foundation, the Northern California Grantmakers association, and The Rockefeller Foundation.

Dorothy Meehan, Vice President of Sierra Health Foundation says, "I've been involved with CPHC for ten years. I've seen the positive benefits of community building over and over." She continued, "For a long time I've felt it's important for us to be involved on a national scale in bringing together experts in the field for a discussion about research, about strategy, about evaluation, about the very definition of what community building is, and how we can advance the visibility and legitimacy of community building as a way to improve health."

Five hundred participants are expected to attend the conference. Public and private grantmakers, academicians, policymakers, advocates, evaluators, practitioners and community representatives will have the opportunity to listen to speakers and attend learning sessions geared to their particular interests.

Meehan says the fundamental message of the conference is that building community to improve



*These speakers, along with other noted community building experts from around the country, will share insights, evidence and case studies on the opportunities and challenges of community building.*

*Continued on page 7*



SIERRA HEALTH FOUNDATION  
An Endowment for Northern California

#### MISSION STATEMENT

Sierra Health Foundation supports health and health-related activities in northern California.

#### FUNDING REGION

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba Counties

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## LETTER from the PRESIDENT



Bill Santos

*“We look forward to building new and existing partnerships with you as we move forward with the capacity building program and the funding opportunities that go along with it.”*

— Len McCandliss

*“Not only are we committed to strengthening the relationships we have with you, but the relationships you have with one another.”*

A year ago, we sent out a brochure describing how and why we were refocusing our grantmaking priorities and methods of support to more effectively respond to the many changes that have taken place in our funding region. The influx of new resources from other foundations, Prop. 10 monies and tobacco tax revenue, and the experience we've had with Community Partnerships for Healthy Children, all played into our decision to change the way we do things.

Since last June, we have been busy creating an implementation plan for a three-tier program that improves health by supporting the development of individuals, organizations and communities. Using a variety of capacity building strategies, we hope to improve health by increasing the effectiveness of formal and informal leaders, health and human service organizations, and local agencies in the region.

The first tier of our capacity building program began last fall with the institution of our Health Leadership program and addresses the needs and capacities of individuals. After seven months of intense course work, the first class of twenty-three participants representing 12 northern California counties, became Sierra Health Foundation Leadership Fellows at a ceremony held at Foundation Headquarters. It was a celebration of what has been achieved and what can now be achieved as a result of what has been learned. Looking to the future, we now have an alumni group that is poised to remain connected to one another and to the next class — serving as mentors, and as an

advisory body. The Foundation is currently recruiting individuals to participate in the second class. Application brochures have been distributed by mail and are available online or by phone request.

The Leadership Program constitutes what I'll call the first tier of our capacity building program, as it is designed to build the capacity of individuals. The second and third tiers of our capacity building program are focused on organizational and community development. Dorothy Meehan's GRANT Wise column on the next page outlines in some detail our plans for the capacity building effort.

Because of the changing environment, and due to our experience in community development through the Community Partnerships for Healthy Children Initiative over the past nine years, the Foundation strongly believes that capacity building is a promising and cost-effective way to strengthen communities and the systems of service and care in northern California. By making a significant investment of resources in a variety of funding strategies directed toward the development of individuals, organizations and communities, the overall health and well-being of the region will improve.

We look forward to building new and existing partnerships with you as we move forward with the capacity building program and the funding opportunities that go along with it. Not only are we committed to strengthening the relationships we have with you, but the relationships you have with one another.

## Learning Circles

### Learning Circles Funding Now Available

Sierra Health Foundation is pleased to offer a new funding opportunity to help strengthen the capacity of individuals, organizations and communities in its 26-county funding region of northern California. Immediate funding is available to individuals and organizations (nonprofit and local government) who are interested in participating in Learning Circles.

Some of the most effective and lasting learning comes through peer-to-peer sharing of information and expertise. Sierra Health Foundation is interested in supporting peer-learning groups of individuals or organizations (Learning Circles) devoted to improving health in the region.

Up to 10 Learning Circles will be funded in an initial 12-month period. Total funding available is \$10,000 per Learning Circle.

### What Is a Learning Circle?

A Learning Circle is a group of individuals with a common interest who meet regularly to learn from each other and others about a self-identified topic and in a format the group has decided upon. Learning Circles are flexible, peer-directed learning experiences. Learning Circles are built upon the idea that every member has something to contribute and that every member has something to learn.

Learning Circles are intended to lead to action and change. The group members agree upon learning objectives and how to achieve them. Learning Circles meet on a regular basis but the group determines the number of meetings, length and frequency of the meetings.

A group leader usually facilitates Learning Circles. This leader can be an expert on the subject of the circle, or not. The leader can be someone from within or outside the circle. The leader's job is to facilitate the discussion, not to determine subject matter, set the agenda or drive the discussion to a prejudged outcome.

Outside experts can be invited to address the group but the emphasis is on the members of the group participating as teachers and students.

*A Learning Circle is a group of individuals with a common interest who meet regularly to learn from each other and others about a self-identified topic and in a format the group has decided upon.*

*The deadline to apply for Learning Circles funding is June 28, 2002. The application can be found on the Foundation Web site at [www.sierrahealth.org](http://www.sierrahealth.org).*



Bill Santos

## Cashing in on Change

*Renewing the Foundation's commitment to grantmaking*

**W**ho ever said change is easy? It's not! Sometimes, however, a tweak here and there can make an already good thing even better. And that's what Sierra Health Foundation hopes to do as it moves away from a tradition of primarily funding program services and jump starts a capacity-building program.

### Changing with the Times

I started writing GRANTWise in 1998 as a way to disseminate practical advice about funding opportunities in and around the Foundation's funding region. My goal has been to educate grant seekers by pointing out current trends in philanthropy and inform our readership of potential funding opportunities.

My goal now is to refocus my column and provide useful information for future opportunities connected to our capacity-building efforts. But because old habits die hard with me, and because getting the grant remains the "bread and butter" of most nonprofits, I also will continue to offer helpful hints and current trends in philanthropy to facilitate those efforts.

### Changing Paths

Across the nation and especially in California, newly created foundations are springing up, and along with existing philanthropies, providing abundant opportunity for the nonprofit sector. For example, in California alone, approximately 1,500 new foundations were formed from 1988 to 1998, resulting in additional resources for nonprofits, as well as unique challenges for funders. Sierra Health Foundation's Board of Directors and staff have spent a great deal of time over the last 18 months examining the changes and trends taking place in our region and in the broader world of philanthropy. The results underscore the Foundation's already-held belief that there is a need for and a desire to build capacity for growth and change within the vast nonprofit arena.

Sierra Health Foundation wants to do its share to ensure a viable and productive future for nonprofits. Strategies are now in place at the Foundation to concentrate significantly, but not exclusively, on capacity building. The targeted beneficiaries of these strategies will be the diverse population of individuals, organizations and communities in our funding region.

### The Necessity of Change

A recent telephone call from a grantee reinforced my belief that Sierra Health Foundation is starting down the right path by focusing a portion of its grantmaking dollars on a capacity-building program.

Her call was similar to the myriad calls I've received since the Foundation announced its shift in funding focus. I explained the Foundation's goal to strengthen the organizations and individuals working diligently within our funding region. I reinforced our belief that overall a greater number of people will benefit from this effort. The decision to refocus our funding did not happen overnight, but a great

deal of research and serious discourse over a long period of time proved to us we were charting the right course.

"Okay and good for Sierra Health Foundation," was her response, but "if you're not making unsolicited service grants any more, just what can capacity building do for my organization?" This question is a good one, and I'd like to answer it. First, however, I would like to summarize what isn't changing.

### What Hasn't Changed

To begin, the Foundation has not changed its ongoing mission to support health and health-related activities for rural and underserved communities in our 26-county funding region in northern California. In the midst of all the new opportunities the Foundation is pursuing around capacity building, some of our programs, I'm happy to report, will continue as planned or will be enhanced:

#### *Community Partnerships for Healthy Children*

Our ten-year Community Partnerships for Healthy Children (CPHC) initiative is now in its final stage and continues as planned to promote children's health in our region. The newly-formed and funded CPHC Leadership Council will advocate on behalf of our CPHC communities to improve living conditions and health for children in years to come.

#### *brightSMILES*

Support for community fluoridation also will continue through our *brightSMILES* Program. Now in Phase III of this effort, the Foundation is committed to increasing awareness of the need for community water fluoridation, the single most effective means of reducing dental problems in children, regardless of race or income level.

#### *Health Leadership Program*

The Foundation's Health Leadership Program, which just graduated its inaugural class, continues in 2002 with its second class. Please read further for more information on this well-received program.

#### *Conference and Convening Program*

The in-kind grants we make through the Conference and Convening Program will be ongoing, with some additional enhancements. Each year over 14,000 people, from grass-roots organizers to policymakers, use the Foundation's meeting facility to examine a broad range of health issues. The Foundation recognizes this program as a convenient and valuable asset for the individuals, organizations and communities we serve.

### What Has Changed

Traditionally, Sierra Health Foundation has promoted health through unsolicited (responsive) grantmaking and focused initiatives. Today, as we move to a focus on capacity building, we will no longer accept unsolicited grant requests. This doesn't mean we are out of the business of grantmaking; it simply means for a period of time we're taking a new approach to identifying and supporting potential grantees in our region.

*Continued on page 7*

*"By its nature, change is dynamic and through the dynamics of change, new and exciting opportunities often emerge. Sierra Health Foundation has 'bought in' to this dynamic. My hope is you will find an opportunity to 'cash in' on our capacity-building strategies. You might get back more than you think!"*



## 1. Future funding opportunities

### PROGRAM APPLICATION INFORMATION

Health Leadership Class II  
Available Now  
Deadline: June 30, 2002

Learning Circles  
Available Now  
Deadline: June 28, 2002

Organizational Assessments  
Available Summer 2002  
Deadline: To be announced

## 2. Definition of a Learning Circle

A learning circle is a group of people with a common interest who meet regularly to learn from each other and occasionally, other experts, about a self-identified topic and in a format the group has decided upon. Learning objectives and how to achieve them are likewise agreed upon by the group members. Learning circles, which usually meet monthly or quarterly, are most often facilitated discussions. Experts on the chosen topic can be invited to address the group to further enhance learning, but the emphasis is on the members participating as both teachers and learners.

## 3. Expansion of meeting guidelines for the Conference and Convening Program

Sierra Health Foundation's Conference and Convening Program reflects the Foundation's commitment to promoting health-related activities in northern California. The purpose of the program is to assist health and human service organizations achieve their objectives by providing a neutral meeting venue which is ideal for the following types of meetings:

- Policymaking
- Strategic planning
- Collaboration
- Education and training
- Board of Directors training and retreats
- Staff training and retreats
- Volunteer/donor recognitions

The Foundation offers meeting space "in-kind" to nonprofit organizations and governmental agencies that work in health and health-related endeavors. Nonprofit organizations must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

## Sierra Health Foundation

### Recent Funding in Stanislaus County (Partial List)

#### OAK VALLEY FAMILY SUPPORT NETWORK \$87,000

To support the implementation phase of a community-based, collaborative approach to improving the health and well-being of children.

#### CERES PARTNERSHIP FOR HEALTHY CHILDREN \$87,000

To support the implementation phase of a community-based, collaborative approach to improving the health and well-being of children.

#### AIRPORT NEIGHBORS UNITED \$99,000

To support the implementation phase of a community-based, collaborative approach to improving the health and well-being of children.

#### WEST MODESTO/KING-KENNEDY NEIGHBORHOOD COLLABORATIVE \$99,012

To support the implementation phase of a community-based, collaborative approach to improving the health and well-being of children.

#### PARENT RESOURCE CENTER \$9,240

To provide additional perinatal support, infant parenting programs and health education to at-risk families through increased nursing hours.

#### GREAT VALLEY CENTER \$25,000

To support IDEAL's efforts to strengthen local capacity for effective public policy decision-making impacting the economic, social, and environmental future of under-represented minority groups throughout the Central Valley.

#### GREATER MODESTO AREA CHURCHES \$150,000

To purchase building supplies and support direct health services. To support rebuilding efforts in Stanislaus county associated with the 1997 flood.

## Stanislaus: In the Middle

In a state that has one county with a population of almost 10 million (Los Angeles) and one with barely more than 1,000

(Alpine), Stanislaus County falls somewhere in between with almost 450,000 people. Similarly, when it comes to geographic size, Stanislaus County (1,521 square miles) is neither the smallest county (San Francisco County with 49 square miles) nor the largest (San Bernardino County with a huge 20,164 square miles). In fact, look at a California map, and even its location in the state is distinctly middle of the road.

But don't tell the people who live there that Stanislaus County is just average. When they look around, they see BIG everywhere — big issues, big challenges and big opportunities. For example, there is:

- An incredible diversity, perhaps best displayed in the King-Kennedy neighborhood in west Modesto: 8,300 African-Americans, Hispanics, Caucasians and Southeast Asians (Hmong, Laotian and Cambodian), all tucked into 1.2 square miles. Varying concentrations of this type of demographic are repeated throughout the county.
- A dependable but dismaying seasonal swing in the economy, which is agriculture-based, cannery-driven and rurally dispersed. The result is a seasonal workforce that often has high needs and low engagement in isolated communities.

**Students at Rio Altura School-Riverbank take part in the Oak Valley Family Support Network's Learn to Read Book Presentation.**



- A well-rooted sense that partnerships between government and community activists are the best way to address multi-faceted issues and extend services to residents in both urban and rural parts of the county.

A significant factor in the county's focus on partnerships has been Sierra Health Foundation's Community Partnerships for Healthy Children (CPHC) initiative, according to several long-time Stanislaus activists. At one point, the county had five foundation-funded collaboratives, a level of activity that outstrips any other county. Today, four of those collaboratives continue to bring communities together, influence governmental policies and address local issues: Ceres Partnership for Healthy Children, Airport Neighbors United, Oak Valley

Family Support Network and West Modesto/King-Kennedy Neighborhood Collaborative.

Even before Sierra Health Foundation arrived on the scene in 1994, the county was a hotbed of collaboration. Debbie Miller remembers that when the state passed the Healthy Start legislation in 1991, she was already working for an informal group of county officials who were looking for ways to integrate services and bring people together around issues affecting children and families. This group later became the Stanislaus Children's Council.

The funding of Healthy Start programs was an important step, Miller says, because it sought to link schools and service providers through collaboration. The programs have made a big difference to children in many communities and have produced strong community leaders who know how to get things done.

But in many ways, Miller says, Sierra Health Foundation's initiative was the fulcrum for lasting community impact. The 10-year time frame compared to Healthy Start's three-year funding is one key advantage that allowed collaboratives to find their feet and learn to make a difference. In addition, the fact that the collaboratives were community based, rather than tied to an existing institution (e.g., schools) as Healthy Start was, gave them a freedom and independence that was important.

Bernadette Paul, a former Ceres collaborative leader, agrees with Miller. "The consciousness that Sierra Health had in valuing grassroots efforts and the community voice was apparent," Paul says. "Sierra Health really invested in the growth of communities."

Both Paul and Miller have a front-seat view of the impact that the collaboratives have had. They are Community Builders for the Community Building Project, a coalition that includes Healthy Start programs and Sierra Health Foundation collaboratives in rural Stanislaus County. Funded by The California Endowment, the project's mission is to enhance the work of collaborative groups by providing tools for self-sufficiency, advocating for sustained funding and increasing the strength of the separate groups through collectivity.

The concept began with early gatherings of the collaboratives and then expanded in 1997 with a volunteer recognition event that incorporated the collaboratives and the Healthy Start groups. "It was clear that by coming together, everyone could learn from each other and share experiences," Miller says. "The Community Building Project grew out of the need to reflect on the prior 10 years of work and to see what was needed to make sure that these community efforts continued and grew."

Miller and Paul see many areas where the Foundation collaboratives have had a long-lasting impact. Their involvement with their Healthy Start partners in the Community Building Project has impacted local policy issues. One clear example is the deliberation on the distribution of Proposition 10 tobacco funds in Stanislaus County. Both credit the coalition with pushing the community voice to the forefront, encouraging the Prop. 10 commission to have

translators at meetings, to meet in outlying communities and to do outreach for funding to community-based organizations. Two of the original Commission members were leaders in CPHC collaboratives.

Mickey Peabody also points to the Prop. 10 funding as tangible proof that the county government recognizes and values the contributions that the collaboratives have made. A former coordinator for the Oak Valley collaborative, Peabody today is a field representative for a Stanislaus County supervisor.

“Because of Sierra Health Foundation, we have viable collaboratives that are very important to our outlying communities and our urban neighborhoods,” she says. These collaboratives bring focus to where the needs are and provide valuable information that allows government agencies to make good decisions on where to invest resources.”

Looking back on her own long role as a community activist, Peabody says it used to be difficult to get the attention of bureaucracies and institutions. “Sierra Health Foundation was on the cutting edge of community collaboration,” she says. “Today it is a buzz word for every funder, but then it was very new. When I look back nine years ago and think about what is happening today, it amazes me how much collaboration has become a vital part of these communities and allowed them to become successful at identifying and beginning to meet local needs.”

The collaborative philosophy that underlies the Foundation’s CPHC initiative is also evident in other movements it has supported in Stanislaus County over the years. For example, in 1997 when the county was trying to recover from devastating floods, the foundation formed an alliance with The California Endowment and the California HealthCare Foundation to distribute \$1.2 million in aid to eight counties, including Stanislaus. The funding was funneled through existing collaboratives, as well as interfaith organizations.

On a bigger, longer-term scale, the Great Valley Center is another collaborative effort that Sierra Health is involved in, providing \$35,000 in grants. The Center is a nonprofit organization that fosters collaboration, shares information and offers grants to promote the integration of economic, environmental and social progress throughout the entire valley region. Carol Whiteside, founder and president of the Center, also sits on the Sierra Health Foundation board.

“One of the key concepts for the Great Valley Center is our emphasis on diverse participation and collabora-

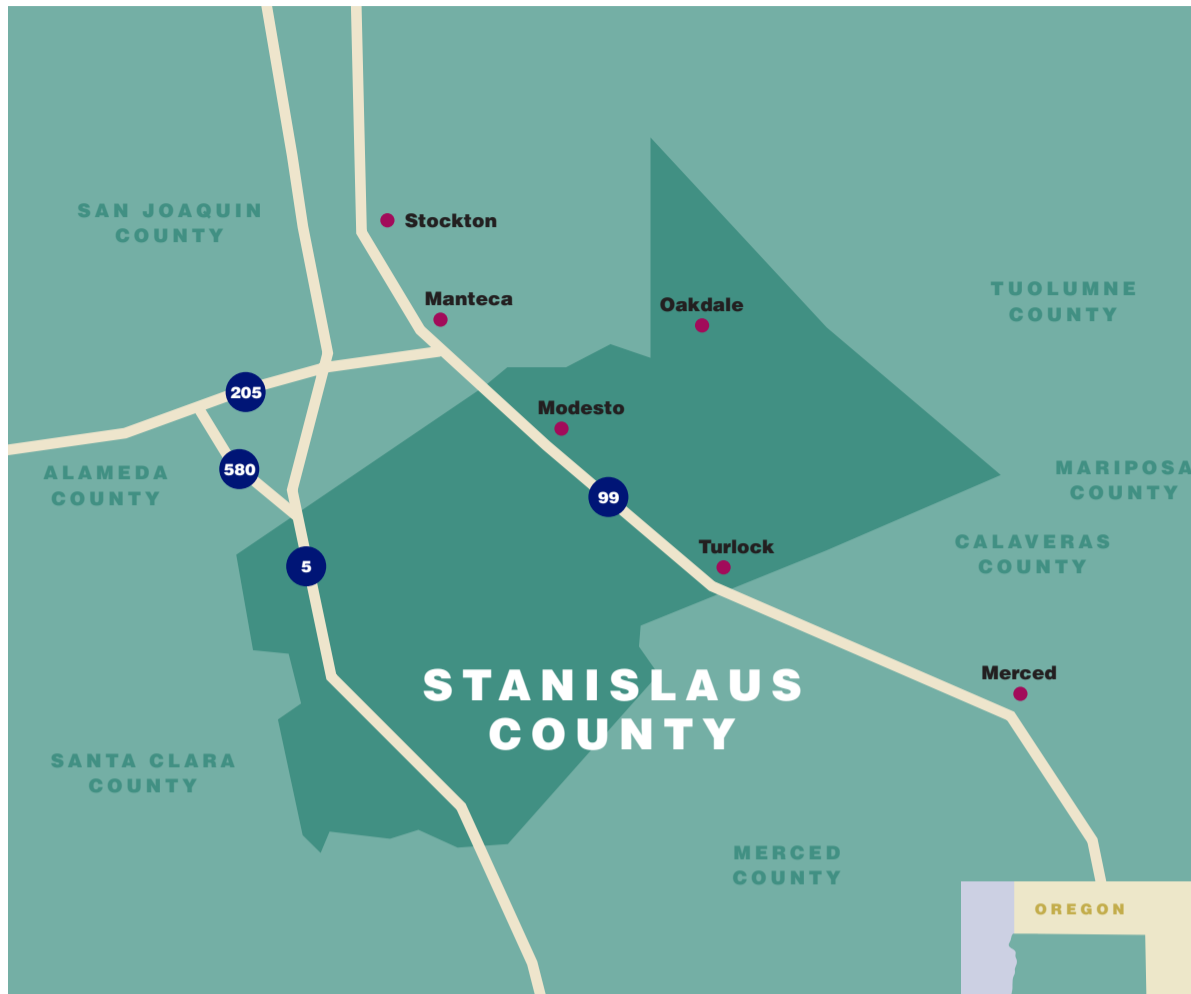
tion,” Whiteside says. “That fits in well with Sierra Health’s philosophy, and we’re pleased to have the foundation’s support as we address issues that affect the economy, health and livability of our Valley communities.”

While the Foundation has often been a relatively quiet, background presence in Stanislaus County — working through collaboratives rather than taking center stage itself — it played a more visible role in the City of Modesto’s consideration in 2001 of whether to fluoridate water. Under the current phase of its *brightSMILES* initiative, the foundation funds community water fluoridation projects because it is a proven approach for preventing oral health disease and the devastating effects of tooth decay in children and families.

The Foundation offered more than \$200,000 to Modesto for the capital costs of implementing fluoridation, a plan that was moving forward with city council support. However, a citizens’ vote in November 2001 that indicated widespread opposition to fluoridation convinced the city council to abandon the project.

Nonetheless, the Foundation can take credit for raising awareness of dental health needs to a new level, according to city official Glen Lewis. Lewis said that since the vote against fluoridation, community activists have been taking a leading role in promoting other means of meeting dental health needs — progress that probably would not have occurred without the Foundation’s intervention and support.

From her perch in a supervisor’s office, Peabody says that across the spectrum the impact of Sierra Health Foundation in Stanislaus County has been huge and extremely helpful. “The spin-off from what Sierra Health has done here has been tremendous,” she says. “Like every county in the state, we have people with needs that are not always met. We’ve been very fortunate to have Sierra Health Foundation help us focus on community resources and collaboration.”



## Stanislaus County Facts

### POPULATION (2000)

446,997

### PER CAPITA INCOME (1999)

21,318

### UNEMPLOYMENT RATE

10.5% (1999)

### CHILDREN BELOW POVERTY

27.2% (1997)

### HOME OWNERSHIP RATE

61.9% (2000)

### MEDIAN HOME VALUE

\$123,000 (1990)

### LARGEST INDUSTRIES (1997)

- Manufacturing
- Trade — wholesale and retail
- Healthcare and social assistance

## The Health Leadership Program

### *Leadership for Northern California*

Sierra Health Foundation believes the heart of northern California's health and human service delivery system is the people who are dedicated to the missions of these organizations. The professional and personal development of this cadre is a top priority for the Foundation.

Lessons learned since Sierra Health Foundation was founded in 1984 have shown that an organization can

have talented staff, good program design and sufficient resources, but without strong, dedicated, skilled leaders, the organization and its programs will not achieve their potential impact.

Created in 2001, the Health Leadership Program is designed to strengthen the leadership skills of current and future leaders of nonprofit organizations and public agencies whose mission is dedicated to improving the health of northern Californians.

An advisory committee made up of representatives

from the types of organizations the program is designed to serve helped the Foundation identify the leadership qualities they need and helped define the program curriculum.

Over 150 people applied to be part of the inaugural class and in November 2001, 23 participants came together for the first class meeting. The six-month program is taught through a combination of classroom sessions, team action-learning projects and Web-based distance learning. Program participants are from a wide variety of organizations; some large, urban organizations with a large client base, others come from small rural organizations that serve a wide geographic area.

The Sacramento Center of the University of Southern California (USC) School of Policy, Planning, and Development and the Marshall School of Business deliver the course curriculum on behalf of Sierra Health Foundation. These institutions combine a diversity of expertise in health, public policy, nonprofit management, board development and private-sector best practices.

The program curriculum was well received by participants. "I was pleased with the practicality of the program and excited to see the impact on my professional development, my organization and community," says Pedro Naranjo, Director of Prevention Services for the Boys & Girls Clubs of Greater Sacramento. Tammy White, Lead Public Health Nurse with the Plumas County Public Health Agency said, "The concepts and theories used in conjunction with diverse group dynamics and interaction provided me with a prolific learning experience."

What does Sierra Health Foundation ultimately hope to accomplish with this program? The goal is to send a diverse group of highly skilled leaders back into their community — better skilled, further motivated, with a stronger vision — to lead those around them into a healthier twenty-first century.

Dorothy Meehan, Sierra Health Foundation Vice President, said, "We truly had no idea what to expect in terms of who would apply to be part of the first class. We knew what our goals were, we had selected a good team to teach the course, we had put together what we thought was a good program based on the feedback of our advisory committee, but until those first applications started coming in, we didn't know what was going to happen."

Meehan continued, "We were very pleased with the overall quality of the applicants, we had a lot of very good people apply to be a part of the class, but there were a lot of unknowns ahead of us. Then that first day arrived and, at the end of the first session, it looked like this was going to turn out to be something useful, unique and special."

Rich Callahan, Director of USC's Sacramento Center says of the class participants, "The first class was an inspiring group of professionals. I was impressed with their accomplishments and values, particularly their belief that their organizations made an important difference in the lives of the people they served."

The program is an intense leadership development program, not a management training course. "Six months ago I thought leading an organization meant delivering quality services while remaining fiscally sound," says program participant Bonnie Ferreira, Deputy Director of Sacramento-based MAAAP, Inc. "What I have since learned is there is a fine line between managing an organization and leading one. Balancing sound management practices while building trusting relationships with the community, other organizations and my staff is essential. By remembering the human spirit is what matters most I can now see myself as a leader through a new pair of glasses."

Applications are now being accepted for participation in the second Health Leadership Program class, slated to begin November 6, 2002. Application materials are available on the Foundation Web site, [www.sierrahealth.org](http://www.sierrahealth.org). Applications can be submitted via email, the application deadline is June 30, 2002.

The Health Leadership Program is a Sierra Health Foundation grant program and as such is offered at no cost to participants or their organizations. It is designed for current and/or potential executives of health-related nonprofit organizations or public agencies. Sierra Health Foundation defines health broadly and generally considers most human-service agencies as health-related. Preferred participants will be in mid-career management roles and have a strong commitment to, and involvement with, their local community.

The inaugural class graduated May 17, 2002. "I believe this program will continue to have an impact long after I graduate," says Sandy Damiano, Executive Director of the Sacramento County Mental Health Treatment Center. "The caliber of the instructors and peers has been outstanding. The course has really helped me to focus on my strengths as well as areas needing development. Most of all it is helping me to reflect more on my individual leadership style and how it impacts the organization. This is truly a valuable experience and well worth the energy expended."

Applications are now being accepted for participation in Class II of the Health Leadership Program, slated to begin November 6, 2002.

Application materials are available on the Foundation Web site, [www.sierrahealth.org](http://www.sierrahealth.org).

**Application deadline is June 30, 2002.**



**Shelly Hance, Executive Director of the Amador-Tuolumne Community Action Agency, is awarded her certificate of completion from Len McCandliss, Dorothy Meehan and Rich Callahan.**

## National Conference

Continued from page 1

health is, indeed, possible and can make a valuable impact. Other important objectives of the conference include:

- Increasing understanding of current information on community.
- Identifying gaps in what is known about community building and to set an agenda for future initiatives.
- Developing a better understanding of the different languages used to describe this work and to offer a proposed definition of terms.
- Increasing understanding of opportunities, challenges and realities of investing in this approach and the values a funding organization must embrace to be successful.
- Increasing the capacity of people working in the field by offering promising practices of community building.
- Sharing what was learned with others unable to attend the conference.

Conference sessions have been solicited from community-building experts from across the country. The sessions will be presented around three themes or threads:

- New Ways of Looking at What Influences Health
- Community Building with Different Populations
- Community Building and its Effect on Specific Health Issues

Session participants will learn about the latest logic models, research approaches and findings related to community-building strategies; the strengths and challenges of investing in and managing community building programs; and will hear from other practitioners and researchers on current and innovative approaches to conducting and evaluating community building efforts.

The San Francisco-based firm *i.e.* communications, LLC, is managing the planning and coordination of the conference. Laurie Kappe, the firm's president, has many years' experience in health policy and has a particular interest and passion in community building and community development.

"I'm looking forward to this event so we can share what we've learned about community building through CPHC," says Dorothy Meehan. "But more importantly we want to learn what others are doing so our work can become more effective and more productive. We don't have all the answers, and we want to learn more about this important work so we can apply it to what we're doing to improve the health of families in northern California."

For information on how to register for the conference, visit the Foundation's Web site at [www.sierrahealth.org](http://www.sierrahealth.org).

## MD/MBA Scholar Update

**W**hen last we reported on Rebecca Eakins and Eric Schwartz, two Sierra Health Foundation MD/MBA scholars at University of California, Davis, they were in their first and third year of medical school, respectively. Much has happened for them since then, both personally and professionally.

In 1996, the University of California, Davis schools of medicine and business, with funding from Sierra Health Foundation, established the MD/MBA Scholars Program to train distinguished medical students to provide clinical and business leadership within the managed care environment in northern California, particularly among underserved populations.

Scholars were chosen competitively based on academic excellence, a demonstrated interest in healthcare economics, a commitment to northern California, and a focus on providing healthcare to the underserved.

The intensive program requires particular dedication. After three years of medical school, the scholars devote two years to a rigorous MBA program emphasizing finance and management, before moving on to their fourth year of medical school.

Three scholars are currently enrolled in the program (Thomas Bui was profiled in a recent issue of *Partnerships*.)

Eakins, who finished her MBA in March, is now back to medical school for her fourth and final year. Besides

this academic accomplishment, Eakins has had two children since starting the program. "Having my children added a year to the program for me. Both the MD and MBA programs have been flexible, so I could take time off to be home with my children," Eakins said.

A year from now, Eakins looks forward to either a pediatric or family practice specialty. Though she is drawn to pediatrics, her current rotation at the UC Davis Medical Center is in family practice. "I have been enjoying seeing people of all ages and will miss that in pediatrics," Eakins said.

Eakins expects to apply her MBA experience, a particular highlight of which were the classes in healthcare, to community involvement. "I want to be involved in a way that will effect change, particularly in the healthcare policy arena," Eakins said.

Schwartz, who is also in his final year of medical school, will be the first graduate of the MD/MBA Scholars Program. He extols the benefits of the combined degree. "Much like the basic science years of medical school gave me the tools to understand and expand on my medical knowledge, business school gave me the tools to understand complex issues dealing with medicine in a managed care environment," Schwartz said in a report to the Foundation.

In June, Schwartz will begin his residency in psychiatry. He credits much of his success thus far to his family's support through 11 full-time years of school. In another measure of success, wife Diane and their children Everett and Richelle have recently moved into their new house in Davis.

## GRANTWise

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### What's New for You (opportunities on the horizon)

#### Organizational Development Program

I'm very excited to introduce the future funding opportunities related to our newly conceived Organizational Development Program. Again, with an emphasis on capacity building, we are committed to helping organizations help themselves.

One key area, often neglected, usually due to limited financial resources and assistance programs, is organizational development. Some months ago, we ran a series of focus groups to determine the needs nonprofits have for both individual and organizational development. We were not surprised to learn the need is great. To meet the needs, we have designed strategies that will be implemented over a number of years.

In early May Sierra Health Foundation issued a request for applications to support peer-organized and directed learning groups. These learning groups, sometimes called "learning circles," can cover a variety of topics related to health. Concurrently, the Foundation conducted a series of forums to explain the benefits this opportunity will provide nonprofits in our funding region.

This summer you will hear about additional opportunities to have an independent, organizational assessment of and for your agency. A team of consultants will assess your organization's policies, procedures and programs and produce a viable

work plan to increase the effectiveness of your organization. We are now in the process of recruiting a consulting firm to manage this strategy for us.

I continue to emphasize the ongoing benefits of our Health Leadership Program and our Conference and Convening Program.

The response and enthusiasm the inaugural Health Leadership class generated from both participants and the training staff has been gratifying, and we are anxious to begin again. Class II will commence in November 2002. The deadline for Class II applications is June 30, 2002.

Finally, the Conference and Convening Program will continue its in-kind services to the nonprofit health community, with some additional enhancements. Again, in order to support our capacity-building efforts in the most comprehensive way possible, we have changed our application criteria for meeting space and now will open the facility to include staff retreats and training and development meetings. As a reminder to those of you not familiar with this program, meeting space, equipment, staff support and a beverage service are provided on an in-kind basis to all users.

I encourage you to visit our Web site, [www.sierrahealth.org](http://www.sierrahealth.org), to find current program information and applications, or call the Foundation to learn even more about our current and future plans.

Participants in Sierra Health Foundation's Health Leadership Program participate in a group learning exercise during a recent class session. Applications are now being accepted for participation in the second class.



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## Inside Partnerships

*A profile of the Foundation's ongoing effort to create a healthy northern California*

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**Conference to Bring  
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