



PARTNERSHIPS

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

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Nursing Scholars

Staying True to the Mission



Aida Felix

In December 1999, Sierra Health Foundation's Board of Directors allocated \$200,000 over eight years to cover ten, four-year scholarships for students studying in health and health-related fields at California State University, Sacramento (CSUS) and California State University, Chico (CSUC).

The inspiration for these grants was twofold: the region was experiencing an increasing shortage of nurses and health practitioners, and both universities were having difficulty attracting top students in health-related studies. Scholarship opportunities provided by the California State University System pale in comparison to those of private universities and University of California campuses. And, while many students come to CSUS from surrounding counties, nearly one third of the freshman class comes from outside the northern California region. CSUC has similar challenges. Research shows that those students who come from outside the northern California region tend to go back to where they came from or go elsewhere after they graduate.

The scholarship application and selection process marries the two existing needs: that of attracting top students, and that of capturing those students who are interested in remaining in the region's healthcare workforce after they graduate.

Over the next couple of years, *Partnerships* will highlight the Foundation's scholarship recipients. To begin, we would like to introduce Aida Felix, a second year nursing student at California State University, Sacramento. Most of the information to follow was taken from Aida's application to the scholarship program which includes an essay on "Why did you choose the health profession as your area of study?"

Aida grew up poor in a migrant farm labor camp in Ceres, California. From an early age, her family's health care consisted of a team of nurses and physicians that were brought in to "el campo," as it was called, in vans and cars with mobile supplies. When Aida was young she didn't realize that this was not the standard for everyone — she was in sixth grade

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CPHC — Building Community in Cyberspace

Sierra Health Foundation and the Community Partnerships for Healthy Children (CPHC) Leadership Council are pleased to announce that the Community Partnerships for Healthy Children Web site is online!

The site was developed to share information about the community building work in which the CPHC collaboratives are engaged, collaborative success stories and "best practices" of CPHC. The main sections of the Web site are:

What is CPHC? — Explains community building, the history of CPHC, the principles and goals of CPHC and the technical assistance and evaluation aspects of the initiative.

CPHC Partners — Describes the organizations supporting the infrastructure of CPHC. This section will also feature information on other supporters and sponsors as the initiative proceeds further into Phase IV, Impact and Sustainability.

CPHC Communities — Each collaborative has a page here with a description of issues, community and collaborative profiles and strategies and outcomes for Phase IV. Each page features a picture of collaborative activities and some have logos and links to the collaborative's Web site.

How You Can Participate — This is a section for policy makers, community activists and others interested in supporting or replicating the work of the collaboratives.

Leadership Council — Features information about the Leadership Council and the strategies, activities and outcomes being implemented to influence positive

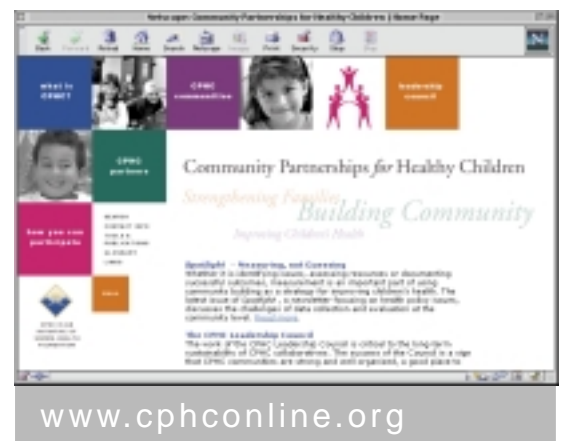
changes in policy around improving children's health.

Other features of the Web site include:

- Three feature links on the home page directing users to "hot" information such as CPHC Day at the Capitol.
- A glossary of community building terms.
- The **Tools and Publications** section — an online version of **Highlights and Spotlight** and a searchable library of past articles from CPHC publications. The topical index lets the user quickly locate articles sorted by subject.
- Links to other Web sites on community building, funding and program development, plus links to information about the counties in northern California where the CPHC collaboratives are located.

CPHC Online is designed to work best with version 4.0 or later of Microsoft's Internet Explorer web browser or the Netscape Navigator web browser. It will look best at a screen resolution of 800 x 600 dpi.

Let us hear your comments and reaction to CPHC Online. To visit point your browser to www.cphconline.org.





SIERRA HEALTH FOUNDATION
An Endowment for Northern California

MISSION STATEMENT

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

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LETTER from the PRESIDENT



Bill Santos

“I would like to express my thanks to our partners in the region who assisted us in getting the word out about the Health Leadership Program and to everyone who showed interest in the program.”

— Len McCandliss

The deadline for application to Sierra Health Foundation’s new Health Leadership Program was August 15. By close of business August 13, we had received approximately 28 applications to fill 25 slots, and most of the applications were from the Sacramento Metropolitan area. During the final 48 hours an additional 98 applications came in from all over the region. Needless to say, up until the deadline, we were curious as to what kind of response we would actually have, and in the end, we were quite pleased.

For us, the participant selection process for the inaugural class was both stimulating and difficult. The screening and review of applications inspired us to hold a number of personal interviews. Though we knew many of the applicants through their community involvement — there were many applicants we did not know. The individuals we met and spent time with are thirsty for knowledge and for interaction with others who share their mission to lead those around them. This left an impression on us — that creating the Health Leadership Program to build the capacities of the nonprofit and public sectors is the right thing.

The inaugural class has been selected and notified, with sessions beginning November 7. And, I think the Foundation and the participants share a vision — that this leadership development and mentoring experience will supply cutting-edge professional

development and an opportunity to learn and work alongside others who value individual and collective experiences and perspectives. Ultimately, it is our hope that this program will contribute considerably to a better, stronger nonprofit network of providers and resources in northern California.

For those of you who applied to the Health Leadership Program and did not get selected this year, I encourage you to keep focused on increasing your individual capacities and the capacities of your organization, and to apply again. In the work that we’ve done over the years with nonprofit organizations, and in the recent research we’ve completed with some of those same organizations, we find a constant thread: there is a wealth of existing and potential leaders who are deeply passionate about their work and who have the will and capacity to achieve great success. You will read an extraordinary story from one of these gifted people in the article below.

I would like to express my thanks to our partners in the region who assisted us in getting the word out about the Health Leadership Program and to everyone who showed interest. We look forward to learning, along with the first class, about the benefits of building individual capacities using what we think is an innovative program design, and we look forward to sharing our lessons learned with the nonprofit and public sectors along the way.

“...there is a wealth of existing and potential leaders in the nonprofit sector who are deeply passionate about their work and who have the will and capacity to achieve great success.”

“The Bridge is Being Formed as I Walk” Camptonville Goes to Washington, D.C.

By Cathy LeBlanc

Sierra Health Foundation’s Community Partnerships for Healthy Children initiative has a straightforward purpose: to improve the health of children from birth through age eight.

However, this simple goal has unexpected depth and numerous unexpected outcomes. One intriguing example: Cathy LeBlanc. Cathy is a member of the Yuba Community Collaborative for Healthy Children, based in Camptonville, California. Six years ago no one would have ever expected to see her in Washington, D.C., meeting with members of Congress to promote children’s health issues and welfare reform. Cathy herself says, “My involvement with the collaborative has brought me out of the woods — literally — and back to being a citizen again.”

We asked Cathy to share her story with *Partnerships* readers. Here it is, in her own words.

“I’ll write the story.” I smile, I can’t help it. To me this journey from welfare mom to community advocate seems almost unreal. It’s an unlikely path, with a checkered past and an amazing future. How did I do it? Not with any pre-conceived well thought out plan, but with one blind, trusting step at a time. Here is some of my story.

Once upon a time in a young girls’ heart, I believed. I believed in all those “old movies” where good conquered evil and a true heart won out, even against all odds...

Then life happened. A young marriage, and a divorce 11 years later. I found myself without direction, working to pay bills by day and singing in a rock ‘n’ roll band by night. I was involved in many vices. I lost my day job. Then I fell in LOVE with (how does the saying go?) the wrong guy, but to

me he was Mr. Right. Where I hadn’t had any children in an 11-year marriage, I found myself pregnant for the first time at age 33. I gave birth to Ruby Falcon (named after my ‘65 Ford), and my life changed from that moment. I knew I had better make some lifestyle changes. It wasn’t easy.

Three years later John and I had twin boys; Dakota Justin and Talon Case. A year after that John was shot and killed, living too close to the wild side. I was shattered; I felt alone. At 38 I was a single mom on welfare. Home was a cabin in the woods in Camptonville, California. The generator that supplied electricity for the cabin barely ran. I had no running vehicle. We lived 30 miles from the nearest big town. There was no public transportation.

As my children grew, so did I. I realized that responsibility was a good thing especially coming from a child’s perspective. I needed to find work. I needed a car I could rely on instead of one held together with duct tape, bailing wire and prayers.

In 1996 I volunteered to help with a community project. The Yuba Community Collaborative for Healthy Children (YCCHC) coordinator, Shirley DicKard asked me to gather information about the concerns parents of young children



Shirley DicKard

Cathy LeBlanc (center) and her children (from left to right) Ruby, Dakota and Talon.

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Bill Santos

Survival of the Fittest

The unique needs of the nonprofit sector require that funders and organizational leaders understand the benefits of capacity building.

Are you looking for funding fitness? If so, here's another question to ponder: What do nonprofit organizations (NPOs) have in common with people who diet and exercise? The answer is nonprofits, like most people, want long and healthy lives.

Sierra Health Foundation is interested in helping both people and organizations keep fit. Much of our grantmaking efforts over the past 17 years have been made with this goal in mind. Recently, however, the Foundation has cast its eye more toward organizational fitness, with the sole purpose of keeping organizations vital and sustained. The required regimen toward this goal is called capacity building.

I wrote about capacity building in the fall/winter 2000 Partnerships and defined it as "a process funders use to assist nonprofit organizations in strengthening their internal operations to become more efficient and effective for those they serve." If the phrase "capacity building" sounds a little too academic or constructional, substitute "capability building" instead. The active word here is "building" — helping nonprofits build a fortified, well-funded and fit future.

Today a growing number of private funders (some public funders too) are re-thinking how they can best support NPOs. Supporting program services is most often the primary focus of a large number of funders. An emerging trend, however, confirms that funders now recognize without a rock-solid infrastructure, NPOs are not as effective in accomplishing their programmatic goals and objectives. Fortunately, this evolution in philanthropic philosophy is getting attention throughout California and around the nation.

In California a number of foundations are stepping up to the plate with increased funding for capacity-building efforts. For example, The California Wellness Foundation recently announced it would fund a number of requests for general operating support, and The California Endowment is examining how it can assist grantees in new ways around organizational fitness. On a national level, a related association of foundations promoting funding organizational development has grown large enough to warrant a permanent home and staff. This new direction of thought around funding is good news for all engaged in philanthropic service.

Sierra Health Foundation recognizes the benefits of marrying a fit organization with well-developed programs. These benefits are most often realized through continued funding support for fundamental programs and services. To this end, we too have been exploring new opportunities to support our region's NPOs.

Over the summer, we conducted a number of focus groups throughout our funding region to determine the capacity-building needs of our current and potential grantees. We interviewed a cross section of that community — over 60 people representing local and rural NPOs. Also included in the interview

process were other funders, local government agencies, and a number of consultants to nonprofit organizations. All of the participants were generous with their time and collective experience, and we garnered invaluable information from them. The consensus revealed that the nonprofit sector believes a funder's money is well spent on building up viable organizations from within to serve better those "without."

(Take a look at the sidebar for a synopsis of our findings. If you would like to "second" any of these ideas or share additional thoughts around your organization's capacity-building needs, send me an e-mail at programs@sierrahealth.org and title your correspondence "GrantWise." I welcome any new ideas or suggestions.)

Gathering information around capacity building is a good thing; having Sierra Health Foundation incorporate that information into a funding program is a better thing; but having your organization use that information to advance its mission is a great thing!

For the present, Sierra Health Foundation is using the collected data for a plan of action to build a program around capacity building. At this time we're still in a design mode, so I can't give you a lot of information about the plan other than it's on the drawing board and progressing. Keep reading upcoming issues of this newsletter and check our Web site, www.sierrahealth.org, for updates.

I urge you to take advantage of this heightened interest in capacity building when you're soliciting support from other private and public funders. Following are some tips to consider next time you approach a potential funder for direct program assistance:

- Don't assume funders aren't interested in helping you shore up your organization's infrastructure.
- Don't be reluctant to let funders know you too need administrative support. Most funders understand as well as you that good programs can't happen without good management and assistance.
- When you are preparing program budgets for multiple-year grants, build in salary increases so you can retain qualified staff over the life of the project.
- Build training funds into your proposed budget. If you have high expectations for your organization, you will need an effective and well-trained staff and board. A tangential benefit of a training program is everyone involved will feel more valued for their efforts.
- Share the successes of your board and management team with your funders. Leaders who create successes also create interest from their funders. Your job is to demonstrate how your organization's leadership and continuing professional development is worthwhile and critical to the successful outcome of the project.

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Capacity Building Focus Groups

EFFECTIVE NPOs HAVE:

- Strong leadership
- Strong business practices & systems
- Strong programming
- Heavy community involvement

ASSISTANCE TO NPOs CAN BEST BE PROVIDED VIA:

- Local resource centers
- Ongoing training programs
- Online resources
- Consultant pool for referrals
- Leadership/training academy
- Individualized assessment and ongoing development support
- Development grants
- Direct underwriting of key personnel
- Direct provision of administrative support
- Crisis funding: Interim EDs; ED searches; Bridge funding

FOCUS GROUP CONCLUSIONS

- A capacity building program would be well received in the region.
- There is a consensus on need for:
 - Ongoing and accessible training for NPOs
 - Access to technical assistance
 - Individualized and thorough assessment services
 - Individualized development support

An archive of past GrantWise columns is on the Foundation's Web site, www.sierrahealth.org

"...think outside the box. Use as much forthright creativity as you can to get the funding you require."

Sierra Health Foundation

Funding in El Dorado and Amador Counties 1996–2001 (Partial List)

THE EL DORADO COUNTY BOYS AND GIRLS CLUB
\$9,870

For the SMART Moves educational program designed to teach youth resistance skills in the areas of drugs, alcohol and early sexual involvement.

NATIONAL FEDERATION OF INTERFAITH VOLUNTEER CAREGIVERS
\$70,480

To recruit, train, and mobilize volunteers to be effective caregivers.

CASA EL DORADO
\$14,398

To support the development, testing, and implementation of a model Health and Education Passport system for children in foster care.

EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT
\$48,000

To support outreach and case management for low-income persons in the South Lake Tahoe area in need of specialized care.

GOLD COUNTRY HEALTH AND WELLNESS CENTER
\$6,500

To improve access to health information through the expansion of the Health Resource Library

MOTHERLODE COMMUNITY ACTION
\$1,000

To repair a delivery van for its senior meals on wheels program.

El Dorado, Amador Counties Plug Gaps in Services

From one extreme to another. It's a fitting phrase for Amador and El Dorado counties, although at first glance they look not only similar to each other but also uniform within their boundaries — lots of rugged countryside, small population spread thinly, little economic development, and strong historic roots in California's Gold Rush era. But both can provide examples that reach beyond the median to extremes at both ends of the scale.

Amador County, for instance, rises gently from Ione, which sits close to sea level, all the way up to Kirkwood at the 12,000-foot elevation. With a scant 35,000 population and plenty of small rustic communities, Amador County — which only recently saw the installation of the third stoplight in the whole county — seems the perfect example of rural, independent, simple living. But 5,000 of that population are incarcerated in two state facilities, introducing a level of employment and bureaucracy that is urban in flavor. And the crowds drawn to Kirkwood for skiing each winter are more focused on a resort lifestyle than roughing it in the wilds.

El Dorado County offers rural life at its best, with tucked-away cabins in isolated foothills amid breath-taking scenery and rich, productive farm operations that offer a bounty of crops. More than half of the county's 1,805 square miles is in public ownership in the form of national forests, parks and recreation areas. But the county's rural middle is flanked by the fast-multiplying Sacramento-bound commuters who have taken up residence on the west end of the county and the recreation-

The recently completed Diamond Springs–El Dorado Fire Protection District station on Highway 49 in Diamond Springs houses four engines, district offices and crew. Eighty percent of the construction work on the 14,000 square foot facility was performed by the district's firefighters and a volunteer labor force. El Dorado County fire personnel recently raises \$149,000 to support their comrades involved in the terror attacks in New York City and Washington, D.C.



minded crowds that cluster near Lake Tahoe at the east end. Both create population centers that have little in common with the county's center.

The challenges that face both counties are similar: too many people for too few jobs, too many demands on inadequate social services, and not enough infrastructure to grow local solutions without support from outside. Grants provided by Sierra Health Foundation are helping several organizations in each county grow in new directions.

El Dorado County

Diamond Springs Fire Protection District

The grant was small but the impact has been huge, according to Todd Cunningham, assistant chief for the Diamond Springs–El Dorado Fire Protection District. In 1998, Sierra Health Foundation gave \$5,000 toward a project to buy portable defibrillators, the machines that deliver an electric jolt when a person's heart has to be restarted. With that money in hand, Diamond Springs convinced El Dorado County to contribute a similar amount. The result: four defibrillators, three to be operated by volunteers in rural regions and one to provide an additional Advanced Life Support Ambulance in the more urban area.

The successful grant was just the beginning. Today Diamond Springs has applications in the works that could yield as much as \$250,000 in grants for a variety of community services. "The interesting thing about grants is that no one wants to give money to an organization that fails," Cunningham says. "Our district is in the black and always has been. The grant process is easier when you can show you've been fiscally responsible. And then when you subsequently show success, it really opens the doors."

Cunningham says the Foundation grant was one of the district's first from a source other than local individuals or businesses. But the district has long benefited from strong support by the local non-profit Firefighters Association and a mind-set that thinks "privatized" rather than "governmental structure." "We are small and primarily volunteer," he says. "But we've turned that into a real strength as we have partnered with the association and used our Sierra Health Foundation experience as a springboard for other grant funding."

Mobile Health Clinic

The concept of taking one grant and using it to leverage other opportunities is familiar to Lois Hathway, manager of health information and development for the El Dorado Public Health Department. In 1998, Sierra Health Foundation provided \$70,000 for the purchase of a mobile health clinic. "It's really taken us in a direction that we've always wanted to go but couldn't before," Hathway says. "Besides serving our isolated indigent population, it has really opened doors to other solutions."

Originally staffed with a full-time nurse practitioner, the mobile unit follows a rural route with five different stops and has been treating 1,800 patients a year. Recently a physician has begun traveling with the unit and the patient treatment rate has jumped to 3,000 a year. In addition, a bilingual health advocate staffed the mobile clinic for the first two years, helping families access care, get needed referrals and sign up for various health care entitlement programs.

"It's been very well received and has been very successful in reaching people who simply don't have access to care," Hathway says. "But the really big news is that the mobile unit has done such a good job that our county is now moving ahead with plans

to open a permanent clinic in Pollack Pines.” Hathway says those who doubted how effective the mobile unit would be have been won over and now see the need for a more permanent solution.

Tooth Mobile

Another on-the-move effort that has been well received is the Tooth Mobile, a nonprofit agency that operates in 20 northern California counties and brings dental care to children at school sites. With the help of a \$10,000 Sierra Health Foundation grant in 2000, the Tooth Mobile extended its reach into El Dorado County.

Community leaders and school officials have lauded the Tooth Mobile for making a huge difference for children. One principal wrote about a student who was in so much pain from rotted teeth that she couldn’t concentrate well enough to learn. Four months after the Tooth Mobile’s visit, the girl had made almost two years’ progress academically and had become a happy, radiant child. “I know you look at how you can physically help someone, but I look at how you academically help,” the principal wrote. “If a child is without pain, we can nurture and teach them.”

Elder Care Health Ministry

At the other end of the age spectrum, the El Dorado County Federated Church received \$85,000 in 1999 to develop services for isolated elderly people through a Health Ministry Program. The result has been an integrated program that has been shared with other churches in California and throughout the country, according to Karen Shelnut, Health Ministry coordinator and parish nurse.

“Social isolation is the number one indicator for physical decline as people grow older,” Shelnut says. “We wanted to address isolation and also help people with the spiritual journey of understanding how they can continue to be a meaningful part of society and the community as they grow older.”

Services and activities have included exercise classes geared to both active older adults and the frail elderly; workshops about depression, medication management, mental health awareness and other issues; home visits to isolated older adults; and preventive health screenings. Altogether, services have reached more than 450 older adults.

As the development-and-start-up grant money winds down, Shelnut says the program has proven its value. As a result, the church and other funding sources are expected to step in to underwrite activities that are not fully self-sustaining. “We used the



money to develop the program and get it off the ground,” she says. “And we’ve also met another main objective by sharing the program and the tools we use so that others will benefit from what we’ve learned.”

Amador County

Griefbusters

Like any other hospice program, Hospice of Amador specializes in helping patients and families cope with terminal illness. But because of a scarcity of county resources, the hospice program is branching out with the help of a \$33,112 grant from Sierra Health Foundation. “We realized we were seeing children among our patient families, but that we did not have anybody trained to deal with children in grief,” says Jan Houghton, volunteer coordinator for the hospice program. “And in the community, there is such a void — not even a suicide prevention program or counselors in our schools. This is an added dimension not only to our program but to the entire community.”

Using the funding, Hospice of Amador volunteers traveled to Monterey for training with Hospice of Central Coast, the creators of the Griefbusters program for children. The volunteers returned with materials, permission to use the logo and plenty of guidelines for how to work one-on-one with children in need. About 40 people have gone through the training and almost two dozen children have received services.

“This is very much an individualized program,” Houghton says. “Depending on the age of the child and what connects with them, the volunteer may use art, writing, journaling, reading together or playing games — whatever it takes to build trust.” At the same time, Houghton says the program is ready to deal not only with grief but also with children in trouble or a school crisis.

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Amador County Facts

POPULATION (2000)	35,100
PER CAPITA INCOME (1999)	\$14,282
LARGEST INDUSTRIES (1990)	Retail — Trade Government Manufacturing Construction Finance, insurance and real estate
EDUCATION (1990)	82.5% High School Graduate or higher 14.0% Bachelor’s Degree or higher

El Dorado County Facts

POPULATION (2000)	156,299
PER CAPITA INCOME (1999)	\$35,058
LARGEST INDUSTRIES (1990)	Executive, administration and managerial occupations Service occupations Construction Personal Services Education
EDUCATION (1990)	85.9% High School Graduate or higher 20.8% Bachelor’s Degree or higher

Source: US Census Bureau

September 11 2001

By now it is apparent that the events of September 11 have dramatically affected the lives of Americans everywhere. People across the country are more aware now of how closely linked and interconnected we are. It seems that everyone has a friend or loved one, or has a connection to someone with a friend or a family member, who was directly involved in the tragic events of that day in New York City and Washington, D.C.

Representatives from Grass Roots Organizing for Welfare Leadership, including Cathy LeBlanc, were in Washington, D.C. on September 10 and 11. On Monday, September 10, 2001, Cathy led a group of six on a trip to the Rayburn House Office Building. They visited 27 offices and met with staffers, urging them to attend the press conference on September 11 in the Capitol building to hear their message on welfare reform. More than 50 congressional staffers, four U.S. Representatives and 30 members of the media were expected. The next day Cathy was part of the greeting team for the press conference. As people were filing in for the 9:00 a.m. start, a reporter came up to Cathy, apologized for leaving and informed her about what was happening in New York.

A television in a meeting room across the hall was on, communicating the pictures of the World Trade Center on fire. As the reality of what was happening took hold they realized there would be no press conference that day. Then security guards started rushing everyone out. The frightened faces, the confusion, people on the verge of panic drove home the seriousness of the situation. As they exited the Capitol building carrying their meeting supplies, they could see smoke rising from the direction of the Pentagon. Police and Army roadblocks caused traffic gridlock. Cathy said they felt lucky they were on foot even though it took them two hours to return to their hotel. By Thursday, September 13, they realized they wouldn't be flying home anytime soon, so they decided their best option to get home to California was a bus.

A four-day cross-country bus trip is an amazing way to see the country, Cathy says. Paraphrasing one of her favorite songs, Cathy said, "What a long, strange trip it was." She says the bus was packed with travelers, all strangers, used to the convenience of flying, but as they traveled west they became almost an extended family, bound together by the event.

Two weeks after returning home Cathy was interviewed on local radio. "I was asked if I would ever go to Washington, D.C. again," she said. "I told them if you had asked me that a day or two after that bus ride I would have said 'NO!' But I realize that it is important that our government hear our voices, the voices of the people. So, yes, I expect to go back in the future to finish what we started. Wish me luck!"

Camptonville Goes to Washington, D.C.

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Camptonville goes to Washington, D.C. (from left) Mariah Sullivan, Cathy LeBlanc and Jennifer Bliss in front of Union Station.

"By wanting what is best for my children I was beginning to see how that first blind step was now leading me down a path, of believing in myself, and the start of my career as a community advocate."

had in our community, and then input them into a computer.

I explained to Shirley I had very limited office skills. The keyboard was unfamiliar ground. My past occupations had been a forklift driver, a bartender, a silversmith and a singer in a rock 'n' roll band, not quite what I thought qualified me. Shirley assured me I could do it, it was fairly easy and she would teach me. Then I remembered that back in high school I led group discussions as a teen

counselor and was used to speaking and being in front of people from my experience with the rock band. And I did want to learn how to use a computer. "OK," I said.

I found out that parents in our community were concerned about the lack of childcare and transportation, and that our young children wanted to socialize. I explained to the parents why YCCHC wanted the information. That we (all of us in the community) were a part of the collaborative, which in turn was a part of Sierra Health Foundation's Community Partnerships for Healthy Children initiative (CPHC) and that Sierra Health Foundation sponsored us. With the data we collected we could make a difference in our children's lives. At that time I was not quite sure myself about how the whole thing worked, but I had been assured that *every voice counted*.

After that project came others. I took a lead in developing a local newspaper, *The Camptonville Courier*, first published in 1996. I was part of a Camptonville presentation at the national All-American City Competition in 1997. In 1998 I became the Twilight School Coordinator. I was also attending workshops through Sierra Health Foundation. I found myself elbow to elbow with some of the most powerful community leaders in northern California (we just didn't know it yet.)

Then something wonderful happened, I was given a 1967 Ford two-door hardtop. I had transportation. I could enroll my twin boys, now three years old, in Headstart, located in the next small town eight miles away. Other families in the community were not so fortunate. They had no transportation. With the collaborative helping me, I became a licensed school bus driver and was able to bring Camptonville's young kids to Headstart. There I was able to hear the voices of more parents.

At Shirley's suggestion I started a discussion group to talk about our goals. We called it "Moms Supporting Moms" (MSM). This was about the time welfare reform and "welfare to work" programs became popular. Because of our distances from services, we were exempt from anything Health and Human Services had to offer. We were labeled "hard to serve" and left alone. Yet we still had dreams. Many of us needed childcare and wheels in order to get mobile, upwardly or otherwise. Many of us were in such low wage jobs that even though we worked, we were still eligible for welfare benefits. Then because the group had no funding after a year, it stalled.

By wanting what is best for my children I was beginning to see how that first blind step was now leading me down a path, of believing in myself, and the start of my career as a community advocate.

Last year I had the opportunity to start a pilot project with the support of Kathy Volf and Barbara Miles of the Yuba County Human Services Agency. Shirley had been listening to my ideas and reports and put them in the right hands. Camptonville would be given the opportunity to follow through on some of the hopes of the families in our

community, through the "CanWORK in Camptonville" project. This project finally allows us a connection that is offered in larger communities. We have a homespun approach to welfare to work that is working. We meet weekly, helping each other to reach our goals and to follow our dreams.

Then I took one of those blind steps. Faye Kennedy from the Center for Collaborative Planning (CCP) forwarded an e-mail message to me from the Center for Third World Organizing (CTWO) about an organization called Grass Roots Organizing for Welfare Leadership (GROWL).

From this email CanWORK participants took part in a postcard campaign to U.S. Congressman Wally Herger, our representative in Washington. (Rep. Herger is the chair of the House Subcommittee for Human Resources responsible for issues related to the Temporary Assistance for Needy Families (TANF) program reauthorization.)

I learned GROWL organizers were planning to deliver the last batch of postcards personally to Herger's Chico office and were planning a personal visit with him. I let them know we had experience in speaking with legislators (through Sierra Health Foundation training) and that we would be happy to come along. So they invited us — Jennifer Bliss, who is a local Headstart teacher, and me. We had an opportunity to share some of our personal experiences about welfare reform.

After this meeting we had a debriefing lunch, I sat next to Diana Spatz of LifeTime. LifeTime is a non-profit organization that empowers low-income families, mainly single women with children, through education and a lot more. It is made up of past and current welfare parents who have received, or are working on various forms of higher education (from GEDs to Phds.) They have already changed policy statewide on TANF regulations concerning education. (For more information contact LifeTime at (510) 452-5192 or Diana Spatz via email at dspatz@hotmail.com.)

Through this connection LifeTime staffers came to a "CanWORK" meeting in July to discuss educational opportunities and our role in affecting policy. They invited us to be a part of a statewide leadership conference on TANF reauthorization held in Oakland in August 2001. This time three of us from Camptonville participated; Mariah Sullivan, a current CanWORK mother, Jennifer Bliss, and myself. During this conference we developed a position paper to use as a tool to inform the press and the House Subcommittee for Human Resources of the views of actual welfare recipients.

Now the real exciting news: we were invited (by CTWO and GROWL) to go to Washington, D.C. in September. We planned visits to legislators to discuss our views from the rural perspective on TANF reauthorization, while others would be testifying before Rep. Herger's sub-committee. There would be representatives from 53 organizations from 34 states going on the trip. This is to be an unprecedented event, a true grassroots effort. This will be the very first time that former and current welfare families have ever been well enough organized to speak in a united voice to Congress about welfare reform.

Wow, what a fun ride! My advice to anyone is to follow your passion and do what you feel good about. Do what excites you. These are your strengths. Above all believe in yourself and take one small step in that direction whenever you can.

I have a friend and neighbor, Joan Journey, who is starting a volunteer home hospice here in Camptonville. She was telling me about her "dream." She said, "Cathy this may sound weird, but I feel as if the bridge is being formed as I walk. When I take a step it's as though something solid forms underneath."

For more information about CanWORK in Camptonville contact Cathy LeBlanc at (530) 288-9355.

Survival of the Fittest

Continued from page 3

- From office space to software, ask for what you need. As one successful children's lobbyist from California recently shared, "'No' is just a place to start the negotiations."
- When you can, challenge the limitations some funders place on overhead allowances. Find ways to demonstrate how having overhead expenses covered creates more opportunities for additional programmatic successes within the organization.
- Lastly, think outside the box. Use as much forthright creativity as you can to get the funding you require. One innovative attendee of our focus groups told how he incorporated training expenses into his organization's benefits package. That way he was able to cover training within the benefits rate limitations. Smart and honest creativity!

As always, I hope the information contained in this column (most taken from practical experience) helps you to become more "GrantWise!" It is my goal. Helping NPOs to thrive through capacity building programming is a high priority right now at Sierra Health Foundation. Working with you to keep your organization funded and "fit" is all part of the plan.

You can find past GrantWise columns on our Web site — www.sierrahealth.org.

El Dorado and Amador Counties

Continued from page 4

Establishing an accessible community resource was also the goal of Gold Country Health and Wellness Center, which received \$6,500 from Sierra Health Foundation in 2000. Mary Ellen Welsh, co-director of the group, says the funding has been used to buy consumer-oriented health reference books, a new computer, health newsletters, CD-ROMS and other materials for a special Health Resource Library in the main county library in Jackson.

"We have subjects covered from A to Z, and we've done a lot of research to make sure what we provide is reliable and accessible," says Welsh. "We also have a brochure, bookmarks and other materials that help make people aware of where they can find information."

Welsh says the librarians have noted an increase in the number of people coming in and asking for the health reference material. As the other organizations in both El Dorado and Amador Counties have found, the demand for services is pressing. With a jump-start from outside funding, some of those needs are beginning to be met.

"Use as much creativity as you can to get the funding you require."

Staying True to the Mission

Continued from page 1

"In 1993 she began college at UC Davis where she was given the opportunity to fulfill part of her dream. She became a member of Clinica Tepati in the fall of 1993. This is a clinic run by undergraduate students with the support of the Department of Family Practice from the UC Davis School of Medicine."

before she realized that other children went to the doctor's office when they were sick or needed a shot. Soon thereafter she learned that her health care team was comprised of volunteers and her appreciation for them was endless. She had seen them take care of her grandmother with diabetes. It was at this time that she made the decision that she too would someday give back to her community.

In 1993 she began college at UC Davis where she was given the opportunity to fulfill part of her dream. She became a member of Clinica Tepati in the fall of 1993. This is a clinic run by undergraduate students with the support of the Department of Family Practice from the UC Davis School of Medicine. Together with medical students and a couple of licensed physicians, every Saturday was spent volunteering to run a free clinic in the Washington neighborhood of downtown Sacramento. While they treated people of all backgrounds, their patients were mainly of Mexican-American descent. For many of the patients, the clinic has been their only source of health care for many years. They felt safe coming to a clinic where people spoke their language and were genuinely interested in their well being.

Throughout her time with the clinic, her responsibilities changed. She first began as a translator and intake person — taking the patient's blood pressure, temperature, height and weight, blood sugar, and hematocrit, and verifying their chief complaint. The next position she would hold was in the laboratory. Here she learned to prepare specimens for transfer, perform urinary analysis and pregnancy tests, operate

the centrifuge, and prepare and view specimens on slides. Her final position was a clinic manager. In this position she was responsible for the daily operation of the clinic. Her responsibilities included training patients, assigning patients to intake people and medical students, reviewing charts, writing referrals, dispensing medications, and being able to take the place of an absent volunteer. She performed this position for 18 months until leaving the university in December of 1997 to pursue a nursing degree.

During Aida's four years at UC Davis she had been a pre-med student, but it was her own childhood experience and experience at Clinica Tepati that ultimately helped her make the decision that nursing was a better fit. She admired the compassion and dedication of the nurses she had met and became convinced that as a nurse she could have a positive influence on her patients while maintaining the flexibility to return to her community.

Aida is currently in her third semester of nursing school, is working on her own time as a student nurse "extern" at UC Davis Medical Center in the ICU, while in the middle of her clinical rotation in the labor and delivery unit at Methodist Hospital in Sacramento. Aida is married, has a three year old son, and is expecting her second child in March. Aida will graduate from the CSUS nursing program in August 2002.

Aida Felix is an exemplary benefactor of the Sierra Health Foundation/CSUS scholarship for health professions, and we are proud to be able to assist in her mission to learn and give back to her community.

Captain John Wiegel and Fire Chief Jim Christian of Diamond Springs—El Dorado Fire Protection District, Other El Dorado and Amador county grant recipients are profiled on page 4.



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Inside Partnerships

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

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