



PARTNERSHIPS

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

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Over 500 Attend National Conference on Community Building

Speakers and Presenters Deliver Results



Dr. Robert D. Putnam answers questions from the audience following his keynote address during the opening plenary session of the conference. He is the founder of the Saguaro Seminar: Civic Engagement in America, a program to develop broad-scale, actionable ideas to fortify civic connectedness.

Sierra Health Foundation, with the generous support of 12 co-sponsoring organizations, convened a national conference; *Building Community to Improve Health: The Power, The Proof, The Promise*, in Sacramento on September 23–25, 2002. Over 530 health providers, academics, representatives from community-based organizations, evaluators and funders from 31 states and the District of Columbia met for two and a half days to discuss, learn and share stories about the role of community building to improve health.

The conference gave participants the opportunity to meet people with different perspectives to learn from each other, make connections and form their own community. The conference was marked by a strong sense of collaboration among participants and the benefit of having, as one attendee put it, “such a wide variety of resources provided so conveniently at one place and time.” As another observed, “Organizations can collaborate [well] when they are committed to working together.”



Building Community to Improve Health
the power ■ the proof ■ the promise

Conference plenary speakers presented theories and practical examples to demonstrate the power, proof and promise for improving health through a variety of strategies that connect individuals. Keynote speaker Robert Putnam, the Peter and Isabel Malkin Professor of Public Policy at Harvard University, spoke about how individuals have become increasingly disconnected from family, friends, neighbors, the underlying causes of this increased isolation, and the possibilities for reconnecting community.

John McKnight, co-director of the Asset-Based Community Development Institute at Northwestern University, speaking during the opening plenary, challenged conference attendees to examine whether they truly value community assets and differentiated between the value of community members leading the charge and the influence of social service agencies.

Continued on page 7

Learning Circles Funding Awarded

Interagency collaboration, grassroots community leadership, communicating ethical behavior in the nonprofit workplace: these are some of the Learning Circle projects being funded by Sierra Health Foundation to improve the health of people in northern California. Ten Learning Circle groups have been funded in the initial 12-month phase of the Learning Circle strategy as part of the Foundation's new Capacity Building Program. The program is designed to build the capacity of individuals, organizations and communities.

A Learning Circle is a group of individuals with a common interest that meets 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, and are built upon the idea that every member has something to contribute and that every member has something to learn.

Learning Circles are usually facilitated by a group leader. 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.

Continued on page 7

The Health Leadership Program

Session I Begins for Class II

Twenty-seven people from health-related nonprofit organizations and public agencies from across northern California have been chosen to participate in the second year of Sierra Health Foundation's Health Leadership Program. Class II began on November 6, 2002. 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.

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.

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. These institutions combine a diversity of expertise in health, public policy, nonprofit management, board development and private-sector best practices. The six-month program is taught through a combination of classroom sessions, team action-learning projects and Web-based distance learning.

Continued on page 7



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

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

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LETTER *from the* PRESIDENT

Sierra Health Foundation was recently invited by the Northern Valley Community Foundation to a “Meet the Grantmakers” event in Chico, California, to speak to a group of 160 nonprofit organizations serving Glenn, Tehama and Butte counties. We were happy to be on a list of presenters that included the Great Valley Center, The California Endowment, The California Wellness Foundation, The S.H. Cowell Foundation, the Women’s Foundation and the Community Technology Foundation.

As we were pulling together our presentation, it seemed that this was a good place to begin a public roll-out of our new Capacity Building Program — in a room full of people representing at least a hundred health and human service nonprofit organizations serving a population in the heart of our region.

When we talk about capacity building, one of the first questions that is always asked is “what exactly do you mean by capacity building?” While we have collected several definitions for the term, we have decided the simplest way to begin to describe it, is to provide assistance to individuals, organizations and communities, to carry out their mission.



Bill Santos

FPO
Pick Up
from last
issue

“When we talk about capacity building, one of the first questions that is always asked is “what exactly do you mean by capacity building?”

— Len McCandliss

The issues facing nonprofit health and human services providers are well understood. Persistent financial pressure; shifting political and, therefore, funding priorities; workforce and leadership recruitment; and retention issues have always been present. It is not so amazing that the sector works, as that it survives. As the region grows and as needs change, the “capacities” of most of us will need to be developed. In the midst of all this work, there isn’t much time or money left over for professional and program development in the budgets of many organizations.

Until now we have included training opportunities within our other programming. Two years ago our Board of Directors set in motion the work to create a special opportunity to invest in nonprofit leaders and organizations.

Thanks again to the North Valley Community Foundation for sponsoring such a successful event and allowing us to deliver our message. And thanks to all of you who took the time out of your busy schedules to come listen to the presentations.

Sierra Health Foundation Says Goodbye to a Friend and Leader

Katherine Kerr, a friend of Sierra Health Foundation, a member of the inaugural class of the Health Leadership Program and Director of the Alpine County Health and Human Services Agency, died in an automobile accident on September 13, 2002 near her home in Markleeville, California. She was 44.

Katherine graduated summa cum laude from the University of California, Chico, with a bachelor’s degree in social work in 1990. In 1992 she moved to Alpine County and began work in the child and adult protective services programs there. In 1995 she was appointed as Director of Social Services for Alpine County and was named Director of the Alpine County Health and Human Services Agency in 2000. She was also Chair of the Alpine County Children and Families Commission, the Family Support Council and the Child Abuse Prevention Council.



Katherine Kerr
1958–2002

Friends and colleagues remember Katherine as a friend, a mentor, a leader, a counselor and a source of inspiration. In her Health Leadership Program application she explained what attracted her to her career of helping others, “I intended to become a lawyer, but after being an intern in a law office I was both disappointed and disillusioned.

I stumbled into the social work field, literally, when a LCSW (Licensed Clinical Social Worker) was a guest teacher in one of my classes. I changed majors and graduated three years later, never once regretting my decision. I am devoted to social work and public health because both fields are based on empowering the person or family.”

She expressed the depth of her commitment to her work, her colleagues and her community in words of hope and vision, “(Through the Health Leadership Program) I want to learn new ways to help empower my staff, to help them believe in themselves and their talents, to celebrate their successes and explore their challenges. I want to learn new ways to help my staff trust in their compassion and empathy as they continue to reach out to our communities and help my staff empower families. I want to learn how to empower people to be comfortable asking questions and seeking help. I want to learn how to help the community view our agency as a partner and not as a caretaker and to strengthen our ties with the Washoe Tribe and their health care providers so that we can move forward to successful collaborations that meet the needs of the Washoe community.”

Her work will be remembered; Alpine County has dedicated the county’s new Health and Human Services building in her memory.

Katherine’s life was an offering of service. The positive impact of her spirit is made evident by the profound loss her friends all feel.

A Refreshing “Refresher”



“Letting go of approaches or programs that have been a part of an organization’s identity can be very difficult.”

— Dorothy Meehan

In my last column I spoke about the program changes occurring at the Foundation and our increased investment in building the capacity of individuals, organizations, and communities. In keeping with the theme of capacity building, I want to take some wise words that were shared with me recently and share them with you.

Earlier this year, Dr. Steven Schroeder, retiring President and CEO of the Robert Wood Johnson Foundation, was the keynote speaker at the “Grantmakers in Health” annual meeting, which I attended. His final speech to the collective body was a “refresher” of lessons learned during his tenure. Although he spoke from the grantmaker’s side of the house, I could see what he had to say was applicable to grantseekers as well. Out of respect for his fine work and dedication, I decided to take some of his most valuable “lessons learned” and adapt them to better fit the organizational needs and concerns of our northern California readership.

Lesson 1 – Mission Matters

A strong mission statement describes your organization’s purpose for existing. A well-conceived mission statement will direct your efforts, keep you focused, and inspire you in your work. If your mission statement doesn’t accomplish these things, consider changing it.

At times like the present, when the economy is shaky and public funding cuts are imminent, a strong mission statement will keep you from straying from your primary purpose.

Lesson 2 – Focus is Critical

If your organization has adopted a focused strategy, you will be less tempted by what I euphemistically call the “issue du jour” or the issue that is current and fashionable. Philanthropists and sometimes nonprofits fall under the spell of “popular trends in giving” causing them to lose sight of where and how they can make the greatest impact. A focused approach to your goals and objectives will help dispel any tendency to veer from them. Take time to look at your organization to see if it’s spread too thin over multiple issues. Are your steps to success out of sync with your defining strategy? Give your organization a thorough “check up.” It’s always worth having.

Lesson 3 – Execution Trumps Strategy

We all agree with Dr. Schroeder that developing a sound strategy for your organization is vital to success. Developing a complementary plan of execution is equally important. Directors and administrators spend long hours pondering theories of change, logic models, and work plans that will help create a powerful impact on their programs. However, the resulting “punch” to their game plan will be diminished if it is not trumped by an equally sound strategy for execution. To guarantee a sound execution of your strategies, your organization must invest in skilled leaders who are not afraid to apply lessons learned while implementing and monitoring well-heeled strategies.

Lesson 4 – Change Comes Hard

Many of the nonprofit organizations we fund, or hope to fund, are focused on addressing huge societal problems, such as lack of access to health care, alcohol or substance abuse, and dysfunctional families. The underlying causes of these conditions are complex and answers and solutions don’t come easily. We all need to recognize that this work takes time and large “doses” of support to produce the right results.

As we all tackle the complex aspects of any issue, we need to assess the impact of our efforts on the people we serve, so that resources are not wasted on strategies without “punch.”

Lesson 5 – Know When to Hold ‘em, Know When to Fold ‘em

Our operating environments are constantly in flux. While our mission statement should stay relatively constant, our strategies need to be more dynamic. What if the environment you’re operating in changes because societal needs expand or shrink? What if resources are being wasted? What if programs are becoming ineffective? These kinds of situations are not uncommon for any organization. Healthy operators understand this and will, when necessary, perform a self examination. A frank analysis of each program and strategy will determine how you’re hitting or not hitting “the mark.”

On the flip side, letting go of approaches or programs that have been a part of an organization’s identity can be very difficult. For example, Sierra Health Foundation did a lengthy self examination before we decided to suspend our unsolicited and mini-grant programs for the past two years (and at least through 2003.) The decision was not popular with many of our past and current grantees.

However, the philanthropic environment the Foundation operates in has changed materially over the past years compelling us to consider new and innovative ways to best serve our constituents. As tough as it was, we knew we needed to make some fundamental changes in our strategy and redirect our resources to areas where we believe we can make the greatest impact.

Lesson 6 – Establish a Strong Internal Culture

The word “culture” comes from the Latin verb, colere, to cultivate. Dr. Schroeder stated strongly that well-run organizations have a responsibility to cultivate culture: “The key is to build a culture that will reinforce mission; stimulate and reward performance; and help with recruitment and retention.” The principles projected by the leadership of an organization have a great deal to do with creating a sustainable culture. Personally, and speaking from this side of the “funding fence,” I think humility, accessibility and respect are the principles that make the greatest contribution to our organization’s culture. What are the principles your organization holds dear? How are these reflected in the work you do?

Lesson 7 – Pursue Accountability

Sierra Health Foundation, like all foundations and nonprofit organizations, has made great strides in recent years in the area of accountability. No longer do we see measuring units of service as sufficient; we now try to measure outcomes when it is feasible and affordable. And we ask ourselves more frequently how we can determine when something is effective.

Pursuing the answer to this question is ongoing, so don’t stop asking the question. The right answer to the question could make the difference between receiving, or not receiving, future funding. More importantly, by asking the question, you’ll know if you are indeed making positive changes in someone’s life.

GrantWise is a column devoted to helping nonprofit organizations in Sierra Health Foundation’s funding region better attract and utilize grant dollars — whether from us or from others. I hope you have found these seven lessons helpful, and, Dr. Schroeder, good luck in your next “chapter”.



Bob Dimand, M.D.

Class I Participant Profile

DR. BOB DIMAND

UC Davis Children's Hospital Pediatric Intensive Care Unit (PICU), headed by Class I Leadership participant Bob Dimand, M.D., cares for the severely ill infant and child up to the age of 15. According to a recent study of statistics on a selected group of PICUs in the United States compiled by the Children's National Medical Center in Washington, DC, the UC Davis Children's Hospital PICU is among the top three of that selected group with the highest survival rate.

The UC Davis Children's Hospital PICU provides round-the-clock care for its patients and serves northern California through a critical care consultation line that connects UC Davis physicians to rural communities within two minutes, a telemedicine program that provides real-time consultations, and a Life Flight program that transports the most critically ill patients to the UC Davis Children's Hospital in Sacramento.

UC Davis Children's Hospital provides a comprehensive range of inpatient and outpatient services for children and provides the only Level 1 pediatric trauma and emergency service in the region.

Health Leadership Program

Graduates Put Lessons to Work

They came together from far-flung corners of northern California and from a variety of organizations, time and again, to participate in sessions for the Health Leadership Program. And when it was over, with a certificate of completion in hand, they returned to their communities — but each remained a part of the “together” that had formed, continuing to benefit from the relationships and the shared experience.

That's the common theme that runs through interviews with four of the 23 graduates from the first Health Leadership class, a seven-month program that began in November 2001. The course is designed to strengthen the leadership skills of current and future leaders of nonprofit organizations and public agencies. Strong leadership, in turn, can drive an improved quality of life for people and communities in northern California. Immersed in a curriculum put together by the Sacramento Center of the University of Southern California and the USC Marshall School of Business, the participants delved into many aspects of leadership — and they became comrades by sharing their experiences and challenges.

“I feel like I have a network of people from diverse areas that I can call on to get a second opinion for just about anything,” says Rosa Vivian Fernandez, executive director of the Redwoods Rural Health Center in Redway. “The wealth of experience and knowledge that my classmates brought helped me enormously as we went through the course. The relationships we established have made us a network — almost like a family — that supports each other.”

That isn't surprising, given the emphasis on relationships in the curriculum, according to Rafaela Frausto, executive director of Sierra Nevada Children's Service in Grass Valley. “The heart of everything in the leadership training, throughout a broad array of topics, was the value of relationships,” she says. “It always came back to relationships; being a leader, getting people to follow you by focusing on their core values and developing a relationship with them.”

Kristin Bengyel, former executive director of Siskiyou County Behavioral Health Services, has already put the class relationships to work. As employees of the nonprofit Kings View Mental Health Systems, Bengyel and her staff are under contract to the county to provide management of mental health services for county residents. In a county of 44,000 people, Behavioral Health Services handles about 1,300 clients who are on psychiatric medications. One day, the psychiatrist providing services unexpectedly went on two months' sick leave.

“Suddenly there was no psychiatric medication support for the entire county,” Bengyel said. “Before the leadership class, I might have simply panicked. Instead, I brainstormed with a friend from the class, contacted the Rural Health Medical Network, arranged for triage with primary care physicians in rural health clinics and lined up a temporary doc. I might have come to the same steps on my own — but with the connections and personal relationships this class helped me establish, I was able to get everyone to jump on the problem and solve it within a couple of days.”

Bengyel isn't the only one who has used the class lessons in practical ways since graduation. Thomas Amato, executive director of People and Congregations Together (PACT) in Stockton, found the classes particularly helpful since his group's main function is to develop grassroots leaders. PACT's member organizations include about 19,000 people; PACT has trained about 250 community leaders to work with local families on health, safety, crime, education and other issues.

For Amato, the Foundation's leadership program was particularly helpful in identifying strategic approaches. This has included being more disciplined about assessing challenges and opportunities, planning actions and assigning roles in a more organized manner. Another emphasis Amato absorbed from the leadership classes was win-win negotiating. His group is currently working to convince the Stockton mayor to allocate fewer resources downtown and more to outlying neighborhoods.



Class I Health Leadership Program participants engage in a small group discussion.

“We could simply have a straight confrontation, go into attack mode and we might win,” Amato says. “But there is a ballot measure this fall that would substantially cut city funding. We need to be constructive rather than just critical so we don't end up helping people whose real goal is to scuttle the city's budget. If we take the right approach, the mayor will see us as working with him, rather than attacking him, and he will understand the value of winning our allegiance through a more thoughtful allocation of resources.”

Win-win negotiation is one of several strategies explored in the Health Leadership Program. Another is identifying key values around an issue and the desirable outcomes before examining options and selecting a solution. Frausto says the Sierra Nevada Children's Services team put this strategy in play when an increase in benefit costs forced them to look at their compensation package. “Our core values were the first thing we talked about. We are a family organization, so family is a core value. That meant we were not going to cut dependent care. We also valued longevity and the quality of care.”

Continued on next page

Building Capacity:

The Guiding Light for Sierra Health's New Grant Program

No one decides to take up running one day and enters a marathon the next day. To take on that kind of challenge, a person gets the right equipment, establishes a workout regime and then gradually builds the capacity to run longer and longer distances. But in everyday life, people, organizations and even whole communities often take on challenges without any preparation other than determination and perseverance. And while those attributes may lead to some success, they rarely are sufficient for the long run.

For close to two decades, Sierra Health Foundation has been funding individual, organizational and community efforts to promote health in northern California through special grants and initiatives. One of the lessons learned has been that in the public service sector — just as in the athletic world — the best long-term, sustainable results come from building capacity from the ground up. It isn't enough to simply solve one problem or fund one program; instead, an infrastructure of capability needs to be developed and nurtured over time.

Putting that knowledge to work, the Foundation decided early in 2002 to create a capacity building framework to guide its future grants. The framework includes component programs in each of three areas: individual, organization and community.

To describe the parameters of the new Capacity Building Program, the Foundation adopted the following definition:

“Capacity building refers to activities that strengthen an organization (or person or community) and help it better fulfill its mission. Capacity building can occur in virtually every aspect of an organization, including programs, management, operations, technology, human resources, governance, financial management, fund development and communications.”

While many of the components of the Capacity Building Program are still on the drawing board, Sierra Health Foundation has filled in some of the areas. They include:

It isn't enough to simply solve one problem or fund one program; instead, an infrastructure of capability needs to be developed and nurtured over time.

Building the Capacity of Individuals

The Health Leadership Program addresses capacity building directly by providing individuals with a seven-month curriculum in leadership skills and practices. The first class of 23 participants graduated in the spring of 2002 and a second class has just begun.

Another program strategy, Learning Circles, brings individuals with a common interest together for peer-to-peer sharing of information and expertise. Although the format and process is completely flexible, the goal of Learning Circles is to have people learn from each other about a self-identified topic in a manner that will lead to action and change. Sierra Health Foundation recently issued 10 grants to create Learning Circles in northern California (*see story on page 1*).

Building the Capacity of Organizations

The Organizational Assessment strategy is designed to initially provide six nonprofit groups with the opportunity to identify strengths, weaknesses and development opportunities through the creation of an action plan. The goal is to help organizations strengthen their capabilities as a means of becoming more effective and sustainable. Sierra Health Foundation will announce its first round of grantees soon (*see sidebar*).

Building the Capacity of Communities

The Community Partnerships for Healthy Children Leadership Council is an outgrowth of Sierra Health Foundation's 10-year children's initiative to improve health and the quality of life for children and their families in northern California communities. Funded by Sierra Health Foundation, the Council will continue the work of strengthening communities and building their capacity to improve conditions for children and families.

During the next year, Sierra Health Foundation plans to continue to rollout strategies of the Capacity Building Program and to reach out to communities in the continuing effort to improve the lives of northern Californians.

Health Leadership Program

Continued from previous page

Frausto says by beginning with core values, the problem was easier to tackle because time was not wasted in discussing options that were never going to be embraced. “Before, we would have just thrown the problem on the table and everyone would have been all over the place, trying to solve it,” she says. “This approach of identifying core values and desirable outcomes really clarifies the discussion and helps focus on what is important. It helps you understand what is sacred and what you won't give up as opposed to the areas where you can negotiate and be flexible.”

Similarly, Fernandez says the lessons she learned has helped the Redwoods Rural Health Center as it goes through a major expansion driven by an annual \$600,000 federal grant the group received after she completed the leadership training. Two points in

particular stand out for her. The first is that leaders need to see the big picture, “looking at everything from 30,000 feet up rather than down at the surface where the details can overwhelm you.” The second speaks to the whole concept of leadership: “Leadership is something that is beneficial when you give it away,” she says. “It's an opportunity to share with others and to expand your leadership by giving it to others through mentoring.”

Each of the four graduates say they plan to remain in contact with their classmates. “What we learned from the instructors was wonderful,” says Bengyel, “but what we can go on learning from each other is invaluable.” One important lesson from the first graduating class: Relationships are a powerful component of leadership.

A Rigorous Checkup for Organizations

Getting an annual physical gives the doctor an opportunity to check blood pressure, listen to the heartbeat, test reflexes and analyze the results of laboratory tests. The patient usually gets praise for what is going well, warnings about areas of concern and advice on next steps. The outcome: a longer and healthier life if the patient follows directions.

In much the same way, organizations can benefit from a thorough checkup by a knowledgeable consultant. That's the goal behind the Organizational Assessment program, created by Sierra Health Foundation.

Under the program, CompassPoint Nonprofit Services of San Francisco is training a panel of consultants in organizational assessment techniques. Sierra Health Foundation will then fund nonprofit health-related organizations to hire consultants to go through the assessment process.

The consultants are trained to use an assessment tool that helps identify information about an organization's strengths and areas for improvement in functional areas like governance, financial management, fund development, information technology and human resources. The consultants work closely with staff and board members, including using a self-assessment survey to gather everyone's perspective. Working together, the consultant and the organization use the assessment results to create an action plan for capacity building.

Community Partnerships for Healthy Children

Collaboratives Work for Real Change

Successful, healthy and productive community collaboratives are all about change — taking the conditions they find and making them into something better. This can happen through a one-time event like a park cleanup day, or a continuing effort, like an after-school program for at-risk youth. However most

collaboratives involved in the Community Partnerships for Healthy Children (CPHC) initiative believe that their biggest successes will come through policy change — systemic reform with broad effect and ongoing impact.

Policy change isn't easy and isn't quick. CPHC collaboratives have been focusing their efforts on policy change for several years now. In April people involved in the CPHC initiative came

together in Sacramento for two days of continued education and training on how to most effectively work for policy change. The CPHC collaboratives currently have deep policy connections within their local communities and county governments but this gathering presented collaborative members the opportunity to meet and discuss public policy with elected officials at the state government level.

In conjunction with the education sessions and legislator visits, the collaborative members held the first-ever REALLY on the west steps of the State Capitol to tell their true stories of how the lack of health care affects real families and real communities.

At the time of the REALLY, elimination of funding for the Child Health and Disability Prevention (CHDP) program appeared imminent. Additionally, the continuing lack of health care coverage through the Healthy Families program for parents of children enrolled in Healthy Families remains a concern for collaborative members.

During the REALLY, collaboratives presented information about their communities and their collaborative group. Portraits of families with children enrolled in the Health Families program were displayed telling their stories of how health care coverage, or the lack of it, affects their lives.

The highlight of the REALLY was the stories told by the families affected by the CHDP program. “I’m the head of a family transitioning from welfare to work. Right now my three children are enrolled in Healthy Families and are able to get their medical needs met,” says Cathy LeBlanc, a member of the Yuba Community Collaborative for Healthy Families and a member of the CPHC Leadership Council. “However, I don’t have insurance coverage through my job, and it’s important that I stay healthy in order to provide for my kids. Expanding Healthy Families to cover parents like me would enable me to stay healthy.”

A recent evaluation report on policy change activities in which the CPHC collaboratives are engaged shows this policy-change approach to community building is working. The breadth of activities illustrated in the report demonstrates how CPHC collaboratives are continuing to make the shift from thinking of themselves and other parents and community members as just clients or recipients of services to members of an active constituency to improve child and family health.

For example, in the Alkali Flats neighborhood in downtown Sacramento the Children First–Flats Network, in cooperation with other Sacramento-based collaboratives, developed and implemented a dental sealant program in schools, funded by the Foundation’s *brightSMILES* program. As a result of three years of work, Sacramento County replicated the program in schools across the county and also bought a mobile dental treatment van with a resultant increase in the number of children with healthy teeth.

In Modesto, the West Modesto/King–Kennedy Neighborhood Collaborative has always been about cultivating relationships with political bodies, department heads and local institutions. Members have served on school committees, the public health commission and on advisory committees to the city council. The collaborative saw a need for a health clinic in their neighborhood and began work on collecting data to prove the need for a clinic. They developed a plan in conjunction with the county and county health directors, the sheriff’s department and others. As a result a new health clinic opened in May 2002 in West Modesto.

CPHC collaborative members serving on local decision-making bodies such as county Children and Families Commissions help to address several factors affecting a community’s health and demonstrate increased willingness to intervene for the public good. The Foundation believes the CPHC collaboratives have successfully made the connection between community building and policy work. This connection has been a major contributor to the sustainability of successful collaboratives and their efforts.



CPHC collaborative members gather on the steps of the California State Capitol during the REALLY.

The latest issue of *Spotlight*, Sierra Health Foundation’s newsletter focusing on health policy issues, looks at policy changes being pursued by the CPHC collaboratives under the guidance of the CPHC Leadership Council. (You can read *Spotlight* online at www.sierrahealth.org or www.cphconline.org.)

Community Building

Continued from page 1

Neal Halfon, Professor of Pediatrics in the School of Medicine, Professor of Community Health Sciences, and director of the UCLA Center for Healthier Children, Families and Community, spoke on Tuesday morning and provided a framework for understanding the role of community building in improving health and demonstrated the limited research that has been done to evaluate the effects of the link between the two.

The evaluation panel of Edith Parker, Assistant Professor, Department of Health and Behavior and Health Education, School of Public Health, University of Michigan; Meredith Minkler, Professor of Health and Social Behavior at the School of Public Health, University of California, Berkeley; and Mildred Thompson, Director of PolicyLink, reviewed the limitations, challenges and promise of finding proof of the correlation between community building and health.

The closing address, by Loretta Tate, provided a comprehensive and inspiring example of the promise of community building in action. Tate told of the work and success of the Marshall Heights Community Development Organization (MHCD) of which she is President and CEO. MHCD promotes economic opportunities for citizens in Washington, DC's Ward 7 (Tate's own neighborhood) to link residents with opportunities within the city and region, and to attract human and financial resources to the community.

Those attending the conference got down to work in 29 breakout sessions. Experts and practitioners shared case studies, tips, and tools for a wide variety of topics, including a profile of the Colorado Healthy Communities Initiative, how community building can address teen sexual behaviors and how to use logic models to improve strategy development, action and outcomes.

Participants had abundant opportunity to reflect on and share what they heard, the relevance of that to their work, and ways to apply new ideas. Reflection activities took place at the end of each plenary session. At the closing session participants worked in groups to discuss the question, "Where do we go from here?" to identify agenda items for further action in community building to improve health.

For the Foundation, hosting a national conference such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish new relationships. We hope those who attended came away with a greater understanding of community building and its influence on health, and a sense of the great possibilities of this work, and the work yet to be done," said Dorothy Meehan, Foundation Vice President.

Conference co-sponsors were the Archstone Foundation, The California Endowment, The California Wellness Foundation, The Colorado Trust, S. H. Cowell Foundation, The Dorothy Rider Pool Health Care Trust, Foundation Consortium, Group Health Community Foundation, The James Irvine Foundation, Kansas Health Foundation, Northern California Grantmakers and The Rockefeller Foundation.

Health Leadership Program

Continued from page 1

Class II Program participants include:

Darla Clark, Clinical Administrator
Chapa-De Indian Health Program, Inc.

Lucinda Lyon, Director, Dental Hygiene Program
University of the Pacific School of Dentistry

Audrey Flower, Executive Director
Madrone Hospice

Nicole Bateman, Executive Director
Community Living Centers

Sr. Cora Salazar, Executive Director
Families in Self Help, Inc.

Lisa Bertaccini, Chief of Child and Family Mental Health
Sacramento County Division of Mental Health

Uma Zykofsky, Health Program Manager
Sacramento County Department of Health and Human Services

Carol Roberts, Executive Director
Valley Oak Children's Services

Sharon Elliott, Health Promotions Division Manager
El Dorado County Public Health Department

Teresa Jacques, Administrator
Modoc Medical Center

Shirley DicKard, Executive Director/Coordinator
Camptonville Community Partnership

Valrie Thompson, Program Manager
Center for Human Services

Bob David, Regional Vice President
Hospital Council of Northern and Central California

Susan Sells, Deputy Director of Community Programs
Amador-Tuolumne Community Action Agency

Lao Ly, Site Coordinator
Community Partnership for Families of San Joaquin

Robina Asghar, Site Coordinator
Community Partnership for Families of San Joaquin

Herma Taylor, Community Programs Coordinator
Community Action Agency of Butte Co., Inc.,
Esplanade House



The Health Leadership Program
Class II participants.

Patricia Davis, Executive Director
American Lung Association of California,
Superior Branch

Melinda Dugger, Executive Director
Make-A-Wish Foundation

Lisa Salinas, Director of the Family Learning Center
Community Resource Project, Inc.

Joan Loustalet, Executive Director
Tulelake Community Partnership

Ruth Hall, Truckee Branch Manager
Sierra Nevada Children's Services

Don Bennett, Executive Director
Emergency Food Bank

Lisa Boch, Executive Director
Chemical Dependency Center for Women

Warren Daniels, Executive Director
Nevada County Substance Abuse Treatment and
Recovery Program

Carl McLaney, Supervisor
State of California Office of Statewide Health
and Planning

Guy Klopp, Executive Director
Project Help

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 and public agencies. Sierra Health Foundation defines health broadly and generally considers most human-service agencies as health-related. (See *Graduates Put Lessons to Work* on page 4 for more on the program from participants in the first Health Leadership Program class.)

Learning Circles

Continued from page 1

Learning Circle funding:

Alpine County Health and Human Services – To develop a vision and plan for the Community Wellness Project for the Hung-a-lel-ti southern band of the Washoe Tribe.

Amador-Tuolumne Community Action Agency – To support the inaugural Leadership class participants to continue education efforts related to cutting edge concepts of leadership, learning strategies and best practices applications.

Colusa County Department of Mental Health – To develop interagency collaboration among participants working together to develop Colusa County's Children's System of Care.

Community Services Planning Council, Inc. (Youth Services Provider Network) – To increase understanding among participants about youth development principles and applications on a communitywide basis and across various systems and disciplines.

Eastern Sierra Family Resource Center – To improve access to services that promote the health and wellness of Mono County Latino residents and develop grassroots community leadership and advocacy for health and wellness issues.

Glenn County Office of Education – To identify and provide a non-duplicated system of services to underserved Hispanic senior population of Glenn County.

Health Plan of San Joaquin – To address the epidemic of childhood overweight and obesity.

River Oak Center for Children, Inc. – To identify best practices and standards developed in research of services to children and families, from residential care to prevention and early intervention.

Shasta Regional Community Foundation – To discuss individual values, concepts and perceptions of ethical behavior in the nonprofit workplace then to communicate and reinforce concepts and perceptions with the organizations represented.

United Way California Capitol Region (Sacramento ENRICHES) – To support community leaders and Sacramento ENRICHES to discuss the topic, "Building capacity in neighborhoods to create social capital."

Learning Circle activities are under way. Future issues of Partnerships will report on the outcomes of the various Learning Circle projects.

Loretta Tate, President and Chief Executive Officer of the Marshall Heights Community Development Organization in Washington, DC, addresses an audience of over 500 during the Foundation-hosted conference held in September in Sacramento.



Community Building Conference Page 1

A Letter from the President Page 2

GrantWise..... Page 3

Health Leadership Program..... Page 4

Building Capacity Page 5

CPHC..... Page 6

Inside Partnerships

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

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Building Conference**

See page 1

**Real Families Rally
for Real Changes**

See page 6

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