



# PARTNERSHIPS

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

Volume 12, Number 4  
Fall/Winter 2000

## Health Rights Hotline: Helping Consumers Resolve Health Care Problems

**W**hen you're feeling ill and you need to see your doctor, obtaining medical care often is an easy routine. You make a phone call, you get an appointment and within a day or two, sometimes even in just a few hours if it's urgent, you're on your way to the doctor's office. Soon, the check for the co-payment is written, you say "Aahhh" and within a short time you have a prescription in hand. End of story. In fact, you take it for granted that it's always this easy.

But that's not always the end of the story, especially for people with serious illness or who require continuing medical care, as an August 2000 report by the Health Rights Hotline points out. *When What's Ailing You Isn't Only Your Health* is the first report of its kind that looks specifically at difficulties experienced by persons with different health conditions. (The full report is available on the Health Rights Hotline Web site, [www.hrh.org](http://www.hrh.org).)

Health Rights Hotline is an independent service offering free information and assistance to healthcare consumers in El Dorado, Placer, Sacramento and Yolo counties. Experienced counselors answer general questions about consumers' rights in healthcare and help consumers resolve specific problems with their health coverage.

Shelley Rouillard, Health Rights Hotline Program Director says, "People don't often realize that they don't have to take 'no' for an answer when dealing with their healthcare provider or health plan." Rouillard says the Hotline adds value to the modern healthcare system. "We offer assistance to anyone, regardless of how they get medical coverage," she said, "Our services are available to people with Medicaid or Medicare as well as to those with commercial or private coverage."



The Hotline services include counseling on navigating the healthcare system and referrals to helpful resources, direct assistance and advocacy to help consumers resolve their healthcare problems, education about how consumers can be their own best advocates, and a comprehensive Web site ([www.hrh.org](http://www.hrh.org)) hosting all of the Hotline's education materials on how to solve problems with healthcare coverage.

*Continued on page 6*

The staff at Health Rights Hotline includes:  
**Front Row L-R: Brooke Davis (Receptionist), Shelley Rouillard (Program Director).**  
**Middle Row L-R: Debra Garcia (Counselor), Jayne Burkman (Senior Counselor), Houa (Hannah) Yang-Her (Counselor), Allison Hartill (Office Manager).**  
**Back Row L-R: Elizabeth Landsberg (Supervising Counselor), Ana Negron (Counselor), Maria Villalpando (Counselor), Debra Mack (Counselor).**

The Health Rights Hotline is open from 9:00 a.m. to 5:00 p.m., Monday through Friday, PST, and can be reached toll-free by consumers in the four-county service area by calling (888) 354-4474 or (916) 551-2100. Their Web site address is [www.hrh.org](http://www.hrh.org).

## We Did It Ourselves

### *Guidelines for Successful Community Collaboration*

In May 2000, Sierra Health Foundation published *We Did It Ourselves: Guidelines for Successful Community Collaboration*. This comprehensive new resource is a three-volume set of Guide Books written by Sierra Health Foundation, the Center for Collaborative Planning and SRI International. Each Guide Book illustrates the step-by-step approaches CPHC communities took to develop a vision for children's health, identify and mobilize local assets, engage communities to reach their goals and learn from their successes and challenges.

More extensive information and a detailed description of each Guide Book is available on Sierra Health Foundation's Web site, [www.sierrahealth.org](http://www.sierrahealth.org).

*We Did It Ourselves* is available for \$50 per three-volume set. You can order this valuable resource guide with your Visa or MasterCard by calling (800) 617-7433.

Order forms are also available at [www.sierrahealth.org](http://www.sierrahealth.org).





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

*“For Sierra Health Foundation, it is one of our greatest community assets, and for all organizations that have a convening program it is an effective way to engage a diverse cross-section of people in a number of different discussions about how to make the world a better place.”*

**C**onvening is a unique contribution private foundations can make to advance the skills and opportunities of their grantees, build leadership, and to strengthen the infrastructure of the communities they serve. At Sierra Health Foundation, convening happens every day. The decision to build a headquarters was made so that the Foundation could better satisfy the community’s need for meeting space and better facilitate the collaboration and skill building of its grantees. Five years later, these things are being accomplished. From grantwriting workshops to training seminars on sustainability to summits on regional air quality, the Foundation’s convening program is working all the time.

Over the past few years, more and more Foundations have been making convening a program strategy — where foundation-sponsored meetings are action-oriented and structured to produce measurable outcomes. In addition to producing desirable results, convening often encourages collaboration and partnership and can help to foster social change and policy development.

Many foundations utilize convening to complement and further their mission. The California Healthcare Foundation, whose mission in part is to improve the health status of Californians, hosts health policy briefings, educational forums, and meetings of diverse stakeholders for the purpose of promoting “practical progress” in the area of policy development. It is common for the outcomes of these meetings to be published and disseminated for public education and consumption. San Diego-based Alliance Healthcare Foundation hosts targeted meetings and conferences for community leaders that focus on issues affecting public health problems in their region. In using convening to create awareness within the community about critical public health issues, the foundation believes it can more effectively engage policy-makers and opinion leaders in useful

*“More and more Foundations have been making convening a program strategy — where foundation-sponsored meetings are action-oriented and structured to produce measurable outcomes.”*

— Len McCandliss

dialogue and find ways to improve healthcare in their region. The Kaiser Family Foundation regularly convenes interest groups around issues at their offices in Menlo Park and Washington D.C., making education of the public, and more specifically the media, a priority. Kaiser’s objectives in this area will be further met when a conference and meeting facility they are constructing in Washington D.C. is completed. The California Wellness Foundation considers the convening of its grantees to be part of its grants management practice — awarding grants to intermediary organizations to support the facilitation of a variety of meetings, conferences, group sessions and retreats that train and unify grantees. Similarly, the Flinn Foundation in Phoenix, Arizona, has discovered convening grantees and community groups around a common goal can be an effective tool to enhance grant projects.

In this issue of Partnerships, you will read about Shasta County — a county with its own wonderful convening resource in the McConnell Foundation. The McConnell Foundation is a private, independent foundation that serves Shasta and Siskiyou counties. The Foundation’s meeting facility is open to eligible nonprofit organizations and public agencies in its funding region. ([www.mcconnellfoundation.org](http://www.mcconnellfoundation.org))

Just as is the case at many of the organizations I’ve mentioned in this piece, Sierra Health Foundation’s Conference Center is alive with activity. The meeting rooms, which vary in size, are full of people from all over northern California. Consumed in dialogue, debate, and decision-making, members of our surrounding communities take full advantage of this valuable resource. For Sierra Health Foundation, it is one of our greatest community assets, and for all organizations that have a convening program, it is an effective way to engage a diverse cross-section of people in a number of different discussions about how to make the world a better place.

## Mini-Grants Bring Immediate Results

The heart of Sierra Health Foundation’s mission of supporting health and health-related activities throughout northern California continues to be the Health Grants program. In 2001, the Foundation designated almost \$3 million for Health Grants awards, in addition to other targeted funding areas. A meaningful portion of that funding is slated for the Mini-Grants program.

The Foundation accepts and reviews requests for Mini-Grants (grants of \$10,000 or less) on an ongoing basis. The program was created to provide funding opportunities through a simpler application and reporting process designed for smaller organizations, or for large and small organizations that simply don’t need a large amount of money for a project.

Mini-Grants proposals must meet specific criteria. First, support from Sierra Health Foundation must be essential to the project. Secondly, Foundation funds should comprise at least 50 percent of the proposed project budget.

Additionally, the proposed projects should either improve the delivery of health services, expand the use and availability of health services, or positively impact the health of underserved populations in the Foundation’s funding region.

Preference is given to projects that bring immediate results, community-based projects, health education and prevention efforts, and proposals that expand existing projects. As with all Foundation grants, the proposed project must serve the population in the Foundation’s 26-county funding region. For more information on the requirements, refer to the Mini-Grants application form.

The Mini-Grants application was recently updated to further streamline the process and is available on the Foundation’s Web site at [www.sierrahealth.org](http://www.sierrahealth.org). Just go to the Grants section to download the application. You can also obtain an application by calling the Foundation at (916) 922-4755.



Bill Santos

## “A New Approach to Philanthropy and What it Means to You”

### *Capacity-building for Nonprofits*

**H**appy New Year to all our readers, grantees and those involved in the pursuit of philanthropy.

As the millennium kicks in (for some a second time), the business of philanthropy appears to be thriving throughout the nation — good news for all potential grantees.

You might recall in my last column, I shared what I consider to be innovative trends and strategies philanthropists are using to carry out their missions: investing in leaders, communicating, convening, partnering with for-profit organizations, and capacity-building — the subject of this column. My goal is to help you understand these trends and give you more insight into how funders think. Hopefully this information will increase your chances of getting the support you need to carry out your programs and achieve your goals. Capacity-building is a good place to begin.

Let's start with a basic and concise definition of capacity-building: “capacity-building is a process funders use to assist nonprofit organizations in strengthening their internal operations to become more efficient and effective for those they serve.” In my last column I reminded my readers that most funders today believe upkeep and maintenance and providing a solid infrastructure are fundamental to developing stable nonprofit organizations.

As a result, foundations are investing funds into the areas of board and staff development, fund development, leadership and professional development, management information systems, and general operating support, to name a few. If you think of it, funders are not unlike venture capitalists; in fact, the buzz phrase “venture philanthropy” is being touted by funders to support organizational capacity-building and infrastructure. Also, like venture capitalists, funders recognize there are many aspects of a business that need to be strong to make a product successful.

There are two ways funders can engage in venture philanthropy — direct, monetary support of an organization or through intermediaries. An intermediary, in this context, is an organization dedicated to supporting nonprofits in their missions by providing varying levels of expertise.

Sierra Health Foundation (SHF) is fortunate to have two key intermediaries in our 26-county funding region. In Sacramento the Nonprofit Resource Center (NRC) serves a 24-county region in northern and central California; in Redding, the Grant and Resource Center (GRC) serves a nine-county area. NRC and GRC are committed to helping nonprofits succeed. To do this they offer, within their scope of commitments, consulting services on board training, organizational assessment, strategic planning and other technical assistance customized to an organization's needs and budget. (See side bar for additional information on their services.)

According to a recent issue of *Foundation News & Commentary*, the following tips on building capacity and seeking financial support are worth noting before you write your grant for capacity-building support. When searching for a foundation-sponsored, capacity-building grant, research substantiates that the following programmatic components are most effective:

- Clearly identified problems, goals and outcomes.
- Experience and expertise of the consultant or training provider.
- Appropriate methodology and a feasible work plan to achieve results.
- Board and management staff investment in the project.
- Sufficient time to complete the effort; and
- Capability of the organization to conduct the project.

When seeking funds to support building the capacity of your organization, keep in mind the basic philosophy of most funders: by strengthening your organization, the “human condition” will be changed — the reason why you mutually exist. You can fortify your proposal by explicating the following points:

- Clearly articulate the desired results of the capacity-building effort. In addition, explain how achieving short-term results will affect your clients or customers in the long term.
- Fully describe the expertise of your consultants or trainers.
- Submit a work plan that leads logically to the desired results.
- Include any investments (time/money) made by your board of directors, managers and staff to support the proposed project.
- Describe your organization's ability to conduct the capacity-building effort, including such things as release time and back-up staffing

To further demonstrate your organization's commitment to the effort, be sure the application comes from the nonprofit organization that needs the capacity-building and does not come from your consultant.

And, one last tip I'd like to throw in for good measure. Because funders are now demonstrating a growing interest in capacity-building, this might be the time to test the level of their commitment. The next time you write a proposal, you might want to emphasize how grant dollars earmarked for programs could be better invested if the core of the organization is also supported. Indeed, a bold campaign for capacity-building dollars could be the ticket to success. Try it; you might be surprised!

Again, I extend my wishes for a happy and prosperous New Year.

*“When seeking funds to support building the capacity of your organization, keep in mind that the funder is most interested in knowing that by strengthening your organization, the “human condition” will be changed — the reason why your organization exists.”*



#### NONPROFIT RESOURCE CENTER

828 I Street, Second Floor  
Sacramento, CA 95814-2508  
Phone (916) 264-2772  
Fax (916) 264-2787  
www.nonprofitresourcectr.org

The Nonprofit Resource Center (NRC) serves a 24-county region in northern and central California. Workshops offered by NRC include:

- Controlling your resources
- Board roles and responsibilities
- Creating fund development plans
- How to research grant funding sources
- Proposal writing clinics
- Outcome-based evaluations
- Business plans
- Strategic planning
- Budgeting
- Building a successful team
- Managing change
- BoardLINK — matching people wishing to serve with nonprofit boards of directors
- CEO training — a ten-month, intensive training program for nonprofit managers
- Manager's forum — a monthly networking opportunity
- In a newly conceived program, NRC works with the Sacramento Community Cable Foundation, to provide technology training with computers.

In conjunction with NRC, Sierra Health Foundation offers a grant-writing workshop called GrantWise. If you want to be notified about the next workshop, please e-mail your request to [info@sierrahealth.org](mailto:info@sierrahealth.org).

#### THE GRANT AND RESOURCE CENTER OF NORTHERN CALIFORNIA

2280 Benton Drive  
Building C, Suite A  
Redding, CA 96003  
Phone (530) 244-1219  
Fax (530) 244-0905  
www.grcnc.org

The Grant and Resource Center of Northern California serves a nine-county area in northern California. Regularly offered workshops include:

- Beginning grantwriting
- Funding research
- Board round table discussions
- Effective board leadership
- Planning your board retreat

Both centers offer a library of books, periodicals, videos, audiotapes, and databases with information on all aspects of nonprofit management and fund raising. Additional services include board training, organizational assessment, strategic planning, and other customizable technical assistance.

## Sierra Health Foundation Funding in Shasta County 1995–2000 (Partial List)

SHASTA COMMUNITY  
HEALTH CENTER  
\$500,000

To support purchase and renovation of a new clinic facility to house the Shasta Community Health Center.

THE GOOD NEWS  
RESCUE MISSION  
\$8,612

To provide care for acute episodic illness, health counseling, and tuberculosis testing to the homeless and needy.

MERCY MEDICAL  
CENTER MOUNT SHASTA  
\$10,000

To develop a long-term business plan for the Community Health Plan of Siskiyou County.

SHINGLETOWN MEDICAL  
CENTER  
\$75,000

To support construction of a new rural, primary health care clinic.

MERCY FOUNDATION  
NORTH  
\$100,000

To increase neonatal services available by establishing a Level III Neonatal Intensive Care Unit at Mercy Redding Hospital.

HELP, INC.  
\$9,957

To computerize referral systems thereby improving access to appropriate referrals given by Help, Inc. volunteer counselors.

SOUTHEAST ASIAN  
CHRISTIAN MINISTRY  
\$8,850

To provide classes in culturally appropriate, assertive parenting for parents of Southeast Asian juvenile offenders.

SHASTA COUNTY,  
DEPARTMENT OF  
HOUSING AND  
COMMUNITY ACTION  
PROGRAMS  
\$50,000

To hire a full-time, services coordinator to arrange for the provision various nutrition and health programs offered at the senior center in Anderson.

## A Visit to Shasta County

California's Sacramento Valley is not part of the Great Plains, but a driver could be forgiven for thinking so. Drive north from Sacramento on I-5 and the scenery stays pretty much the same for more than 100 miles. Flat. Field after field, with occasional one-exit communities. Cows and horses, but few buildings.

Then comes Shasta County, still mostly flat along I-5 but with Mt. Shasta to the north providing a hint of the mountains to come. Mt. Lassen looms in the east; the wilds of Trinity County sit to the west. Redding, Shasta County's seat and the only city of any size for miles around, is tucked into the most northern tip of the Central Valley.

Leave I-5, head out from Redding in almost any direction, and the keystones of the county's economy are soon uncovered. Directly north is the heart of Shasta County's recreation industry, Lake Shasta. Turn east on Highway 44 or 299 for the trees and mills that drive the timber industry. Stray to the southwest to find the ranches that give the county an agricultural base. Mining, first for gold and then for copper, is a faded memory in historic sites like French Gulch.

The cyclical nature of these types of industry — recreation, timber, agriculture, mining — has been with the county for a long time. Gold brought a surge of population in the 1850s, and copper was huge for a decade or two around 1900. Both died out long ago. The first timber was logged for profit in the 1840s, but 150 years later environmental concerns have reduced logging and mill operations greatly. The construction of Shasta Dam in 1938 brought 4,000 construction workers, but by 1944 the dam was complete and many of the workers moved on.

For the people who have stayed, the boom-and-bust economy is the backdrop for a way of life that balances rugged individualism with a neighbor-helping-neighbor spirit. This can be seen in the Grassroots for Kids organization in tiny Shingletown, in Shasta Community Health Center's outreach philosophy to surrounding counties and in Prevent Blindness Northern California's community-by-community approach. All focus on leveraging limited resources to benefit the broadest range of people.

### Grassroots for Kids

In 1994, the administrator of the medical clinic in Shingletown (estimated population 10,000 year-round residents) and the school superintendent wanted to collaborate to help children. Turned down for a state grant, they received funding from Sierra Health Foundation to begin to build community collaboration. Over the following years, the Foundation contributed about \$200,000 through its Community Partnerships for Healthy Children initiative.

The beginnings for Grassroots for Kids were rocky, according to today's executive director, Lori Juszak. But eventually the community learned to rise above conflicting agendas, pull together and build partnerships. The end result is a dynamic organization that leverages local talent, attracts external resources and benefits the small community.

"The best thing we've accomplished is that we rallied a community that has a lot of great ideas to actually get things done at the grassroots level," Juszak says. "We've been a catalyst for leveraging resources."

Grassroots for Kids offers 23 sustainable programs for children, including recreation, sports, mentoring, education, health and safety, Juszak says. But community collaboration is the real strength of the organization. One of the group's main accomplishments is the Shingletown Activities Council, an umbrella group that represents many of the community's organizations and coordinates events to reduce overlap and encourage multi-organization efforts. Among other activities, the council sponsors a Trick or Treat night for Halloween and a charitable Christmas event.

Another key effort underway is the community center project, a planned 5,000-square-foot building that can accommodate 350 people. The project raised \$14,000 in funding in just two weeks, a healthy start towards the money needed to begin.

Knowing how to bring strengths together and build collaboration is paying off for Shingletown, as demonstrated by its ability to attract resources beyond the collaboration grants. In 1999, Grassroots for Kids received almost \$30,000 in a Sierra Health Foundation *brightSMILES* grant to expand school-based dental care. And recently the group received a

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**Lori Juszak**

**Executive Director,  
Grassroots for Kids**

For children, a professional eye exam is recommended shortly after birth, at six months, before entering school and periodically throughout school years. For more information about children's eye health and safety, visit [www.preventblindness.org](http://www.preventblindness.org).



Judy Howard

commitment of \$375,000 over four years from The California Endowment and the Public Health Institute to evaluate and address health needs in the community.

What's next for the organization? More collaboration, but spread farther afield. "We're taking it on the road," Juszak says. "Now we're going into other very small rural communities to help them get started. We're also traveling and learning from other communities. And we're working on how to change policy at the county and state level by collaborating with other rural communities."

### Shasta Community Health Center

Although its base of operations is in Redding, the Shasta Community Health Center looks far beyond the city limits to define its responsibilities. With about 40,000 patients, the Center serves one out of every four Shasta County residents with primary care, according to Executive Director C. Dean Germano. In addition, the Center is the referral site for specialty care for the low-income residents of six counties in northern California.

The nonprofit Center got its start in 1988 when Shasta County closed its county general hospital, joining many other rural counties in exiting medical care for indigent residents. Today the Center offers the services of 11 family physicians, three pediatricians, six nurse practitioners and physician assistants, and five dentists. Thirty-four specialists come to the Center to provide care. The physical locations for the Center include Redding, two rural clinics and half a dozen school sites.

"Probably the biggest impact we've had on the community is that we've relieved pressure in the emergency rooms and provided better continuity of care for low-income people," Germano says. "With the help and support of foundations like Sierra Health, we've really cut down on waiting lists for primary care — although specialty care can still involve a wait."

The Center has also been able to broaden services, such as increasing access to dental care. Collaborating with nearby Shasta College, which wanted to start a dental hygiene training program, and the local chapter of the Northern California Dental Society, the Center was able to attract grants — including almost \$60,000 from Sierra Health Foundation — to expand its dental clinic. Today, the Center has 11 dental operatories, nine of them equipped through grants.

What's next for the Center? It will be the biggest challenge to date, but one that is well in hand, according to Germano. The lease on the old county hospital building expires in mid-2001 and the Center must move. The cost, including buying an existing earthquake-proof building and equipping it, is expected to be about \$4.8 million. Already, the Center has raised \$4.3 million, including \$500,000 from Sierra Health Foundation. The building has been purchased at an attractive price; demolition and construction will begin in October and be completed by early summer. When completed, the new facility will double the number of clinic exam rooms to 60, allowing for the future expansion of primary and specialty care.



"We've had a lot of partners and Sierra Health was one of the first. By stepping forward early, Sierra added to the credibility of our project," Germano says "We're recognized as a resource for the six-county region in providing a system of care that really needs to be supported. People have been very generous."

### Prevent Blindness Northern California

Preventing the most common causes of blindness in children in some ways is very simple: detect the problem, provide care — eyesight saved. But there are several stumbling blocks along the way. With no frame of reference, children often don't know they are having trouble seeing and can't tell their parents. In rural areas with few medical resources, access to care is limited. Lack of awareness, poverty and transient lifestyles all contribute to the problem.

Enter Prevent Blindness Northern California. Its focus is on the most common causes of blindness. For children, that is amblyopia, often called lazy eye, and for adults it is glaucoma. Early detection for both is a must, according to Peter Jamgochian, executive director. The group's line of attack includes screening children and adults directly, but also involves training of child care workers, school employees, parents and others in each community to test children.

The group, which is based in San Francisco but provides services throughout Northern California, recently received a \$150,000 grant from Sierra Health Foundation to set up a permanent operation in Redding. Jamgochian says a full-time director and program assistant are getting the program going with the goal of screening 9,000 children in four counties in the first year.

"We're really grateful to Sierra Health Foundation for the grant," Jamgochian says. "We're a small agency and that was a big grant for us. We're already strong in the San Francisco Bay area, Sacramento and Sonoma. Now we'll be strong in the Shasta County area as well."

### Shasta County Facts

POPULATION	165,400
POPULATION DENSITY	44 persons per square mile
MEDIAN YEARS OF SCHOOL	13.0
ANNUAL SPENDING ON EDUCATION	\$253,800,000
PER CAPITA INCOME	\$20,539
Rank — 30th (of 58 counties)	
LARGEST INDUSTRIES	Retail — Trade Services Government Construction/ Manufacturing/Mining

Source: California Dept. of Finance, Financial & Economic Research Div. (1998 Data)

## Advice for Consumers: Take Charge of Your Health Care

### AVOIDING PROBLEMS

- Understand your rights.
- Know the type of plan you are in and how it works.
- Read your Evidence of Coverage (EOC) or Summary Plan Description (SPD).
- Communicate with your doctor.
- Be an informed patient.
- Carry your health plan card with you at all times.

### RESOLVING PROBLEMS

- Identify the source of the problem.
- Talk to your doctor or member services department of your health plan or medical group.
- Be assertive, persistent and specific.
- Demand high quality service.
- Document your problem and what is being done to resolve it.
- Know your health plan's grievance and appeal procedures.
- Consider seeking help outside of your plan.

From *When What's Ailing You Isn't Only Your Health* by Health Rights Hotline.

The complete report is available on the Health Rights Hotline Web site, [www.hrh.org](http://www.hrh.org) in the "What's New" section.

*"We help people understand their rights, responsibilities and options, and direct people to the best resources to resolve their problems."*

**Health Rights Hotline:**  
**Helping Consumers Resolve Health Care Problems**  
*continued from page 1*

The Health Rights Hotline began in 1997 through funding from Sierra Health Foundation, The California Wellness Foundation, and the Henry J. Kaiser Family Foundation. The California Endowment recently granted the Hotline operating funds on a matching grant basis through 2002, according to Rouillard.

Since 1997 the Hotline has helped more than 9,500 people. In the six-month period of January to June 2000, the Hotline counselors handled 1,400 cases, 30 percent of which were solved within 30 minutes or less. "Sometimes, the help we give is simple, such as coaching someone on how to talk to their doctor about their problem or concern," said Rouillard.

She tells the story of a woman who needed a wheelchair for easier mobility. "She had a borrowed chair, but it fit poorly, and was heavy and awkward for her," Rouillard explained, "plus, since it was borrowed, she was nervous about using it and unsure how long she would have it." She called the Hotline, inquiring about help in purchasing one of her own. The counselor, after talking with the woman, suggested she talk to her doctor about the problem. Her doctor was able to quickly help her obtain a wheelchair through coverage offered by her insurance plan. "We try to help resolve problems at the lowest possible level," Rouillard says.

Most of the cases handled by Hotline counselors take longer to resolve. Sixty-five percent of cases in the six-month period took an average of 1.6 hours to resolve. Five percent of cases took an average of 8.7 hours of staff time. "The more complex problems usually involve denials of care or access to specialty care, or a sense from the caller that the care they got was not "good" care. Claims disputes take a lot of time to resolve, trying to figure out what is the consumer's responsibility and what belongs to the plan or provider," said Rouillard, "Consumers often don't realize that the problem may be with the medical group providing care, not with the health plan."

Rouillard cites an example of a more complex case. A woman in an employer-sponsored health plan reported that her doctors had been unsuccessful in accurately diagnosing and identifying the primary site of her cancer. Through the Internet, she found a specialty cancer center experienced at treating cancer patients when the primary site of the cancer was not known; however, the center wasn't a member provider of her health plan. Her doctor wrote a letter of support for the referral, but the medical group denied the request. The woman called the Hotline seeking help in getting a second opinion from the out-of-plan cancer center. The Hotline counselor helped her prepare an expedited appeal which resulted in an approved referral to an in-plan specialist but not to the specialty center. Through continued negotiations with the health plan, the Hotline counselor obtained approval for a consultation at the center, and based on a review of the woman's lab results and x-rays, the specialty cancer center was able to determine and diagnose the cancer without requiring an in-person visit.



**Denise Shrum, one of Health Rights Hotline's counselors discusses a case with a caller.**

Rouillard says *When What's Ailing You Isn't Only Your Health* is intended as a tool to give health plans and policymakers a better understanding of the experiences of different people as they navigate the healthcare system. According to the report, understanding the types of problems experienced by consumers with critical, and often different, healthcare needs is an important step towards preventing and fixing problems within the healthcare system.

Compared to the average Hotline caller, the report found that people with cancer are nearly twice as likely to report specialty care problems, people with diabetes are nearly two-thirds more likely to report denials of care, and people with mental health conditions are nearly twice as likely to report prescription drug problems.

"We are successful at helping people solve problems, but we can't force the system to change," Rouillard said, "We try to work collaboratively with the health plans and medical groups to resolve consumer issues in a non-adversarial way. This report provides information to policymakers, as well as to the plans and groups, on how the healthcare system is working for the people using it."

The report emphasizes that the problems identified are from the consumer's perspective. Hotline counselors do not judge whether a problem or complaint is "justified." As Rouillard notes, "We help people understand their rights, responsibilities and options, and direct people to the best resources to resolve their problems."

The Health Rights Hotline sometimes does not know how, or if, a consumer's problem was resolved. "We can't always solve the problem in favor of the consumer," Rouillard says. "But we do know from follow-up surveys with many of our callers that 80 percent are satisfied with the resolution of their problem or they came away with something positive from their experience with the Hotline."

## ABOUT HEALTH GRANTS

Sierra Health Foundation is committed to addressing a broad range of health issues in the 26 northern California counties in which it funds. The Foundation pursues this commitment through its Health Grants Program. Emphasis is placed on projects that improve the delivery of health care services, expand the use and availability of existing health care resources, and have a positive and lasting impact on the health of underserved populations.

For grants of \$10,000 or less, interested applicants are encouraged to apply through the Mini-Grants Program. Requests are accepted

and reviewed on an ongoing basis. Please allow eight weeks for a Mini-Grant funding decision.

Grants of more than \$10,000 require more detailed proposals and are considered by the Foundation Board of Directors three times each year. Deadlines for requests are February 1, August 1, and November 1. Please allow four to six months for the Foundation to respond to your funding request for more than \$10,000.

For more information on how to apply for funding, please call (916) 922-4755, or visit [www.sierrahealth.org](http://www.sierrahealth.org).

## recent GRANTS

## Health Grants

The Health Grants Program aims to expand the delivery of health care services, expand the use of health care resources, and positively impact the health of underserved populations. It is a \$1–2 million annual grantmaking effort.

Organization	County	Project Description	Grant Amount
Faith in Action Interfaith Volunteer Caregivers of Solano County	Solano	To provide nonacute, nonmedical support services to frail elderly, the chronically ill and persons with disabilities.	\$179,979
Mercy Foundation	Sacramento	To support construction and staffing of a community education and healthcare resource center for residents of the Bishop Francis A. Quinn Cottages.	\$100,000
Nonprofit Resource Center	Regional	To provide capacity-building training, grantwriting training and technical assistance to community-based, health-focused collaborations.	\$97,280
Foresthill Safety Club	Placer	To purchase a four-wheel drive ambulance and specialized equipment.	\$92,000
Nonprofit Resource Center	Regional	To strengthen leadership skills of nonprofit CEOs and nonprofit board members.	\$60,000
Sacramento Hearing Services Center, Inc.	Sacramento	To support hearing loss screenings and provide assistive listening devices.	\$53,686
The Dental Health Foundation	Sacramento	To promote recommendations of the Surgeon General's Report on Oral Health and the Children's Dental Health Initiative report.	\$45,000
Hospice of Amador	Amador	To provide training through Griefbusters of Amador to support children suffering a loss due to death or dying.	\$33,112

## Mini-Grants

Requests for grants for \$10,000 and under are accepted and reviewed on an ongoing basis.

Organization	County	Project Description	Grant Amount
Public Health Institute	Regional	To support implementation of the California Adolescent Health Collaborative's Strategic Plan.	\$10,000
Gold Country Health and Wellness Center	Amador	To improve access to health information through the expansion of the Health Resource Library and community outreach.	\$10,000
Tooth Mobile	Regional	To purchase dental supplies for a mobile dental service for low-income, uninsured school children at schools in El Dorado, Mono, Sutter and Yuba counties.	\$10,000
Ore-Cal Resource Conservation and Development Area Council	Siskiyou	To support the installation of an emergency generator to allow Happy Camp Health Services, Inc. to power the clinic for 24 hours during power outages.	\$10,000
Clean & Sober	Sacramento	To support the purchase of a minivan to transport residents and move equipment and supplies.	\$10,000
Community Partners	Plumas	To improve mental and physical health outcomes of women who have survived violence.	\$10,000
Sacramento Loaves and Fishes	Sacramento	To support remodeling and expansion of current bathroom facilities.	\$10,000
Placer County Department of Health and Human Services, Adult System of Care	Placer	To train counselors and trainers as part of the Senior Peer Counselor Training Program.	\$9,976
American Red Cross, Yolo County Chapter	Yolo	To support purchase of Automated External Defibrillators and other equipment.	\$9,922
The El Dorado County Boys and Girls Club	El Dorado	To implement a SMART Moves educational program designed to teach resistance skills in the areas of drugs, alcohol and early sexual involvement for youth.	\$9,870
Parent Resource Center	Stanislaus	To provide additional perinatal support, infant parenting programs and health education to at-risk families.	\$9,568
Eastern Plumas Hospital District	Plumas	To purchase and install a dispatch radio/phone system for answering emergency (911) medical requests.	\$8,700
Mercy Foundation	Regional	To support a telephone access program to monitor and evaluate elderly Chronic Obstructive Pulmonary Disease patients.	\$8,000
Twin Lakes Food Bank	Sacramento	To support the purchase of a commercial-grade refrigerator and freezer.	\$6,267
Health For All	Sacramento	To promote the services available at Health For All through the production of a brochure for distribution to underserved populations.	\$5,000
Senior Gleaners, Inc.	Sacramento	To support the Basic Baby Needs program that supplies families with baby food and hygiene products.	\$5,000
Sierra Family Medical Clinic, Inc.	Nevada	To support improvements in patient access, maintenance of the telemedicine program and clinic sustainability.	\$2,500

## Community Partnerships for Healthy Children Grants

On July 1, 2000 the Community Partnerships for Healthy Children (CPHC) initiative officially entered what could be considered its most crucial era. Phase 4, Impact and Sustainability, is dedicated to increasing the effectiveness of the collaborative at the local level, as well as influencing new or improved public and private policies at the local, regional, and state level.

At the heart of CPHC is the idea that communities have the capability to resolve most of their own problems and a long-term funding strategy leads to long-term solutions. Evaluation data gathered to date shows the ten-year, \$20-million effort to improve the health of children from birth through age eight in communities throughout northern California is teaching those involved that community-based solutions are the best hope for lasting success.

Grants awarded since 1994 by Sierra Health Foundation in support of the CPHC initiative are listed below.

### Phase I, Community Development

29 grants, \$851,922

### Phase II, Program Planning

29 grants, \$1,671,273

### Phase III, Implementation

26 grants, \$3,689,882

### Phase IV, Impact and Sustainability (to date)

15 grants, \$1,377,601

Technical assistance, evaluation, research, training, special funding opportunities, and other related support

\$6,378,534

These collaboratives are full participants in Phase IV of the initiative.

#### Modoc County

Modoc Collaborative — Families Matter

#### Nevada County

Children's Collaborative of Tahoe Truckee  
Community Network for Children & Families

#### Plumas County

Plumas Children's Network

#### Sacramento County

Cordova Community Collaborative for  
Healthy Children and Families  
Children First — Flats Network  
Tahoe/Colonial Collaborative

#### Shasta County

Grassroots for Kids

#### Stanislaus County

Ceres Partnership for Healthy Children  
Modesto Airport Neighbors United  
Oak Valley Family Support Network  
West Modesto/King-Kennedy Neighborhood  
Collaborative

#### Trinity County

Trinity — Kids First

#### Tuolumne County

Tuolumne YES Partnership

#### Yuba County

Yuba Community Collaborative for Healthy  
Children

These affiliated collaboratives promote the principles of CPHC and receive technical assistance, participate in training and development, and the activities of the CPHC Council.

#### Calaveras County

Calaveras Partnerships for Healthy Children

#### El Dorado County

El Dorado County Children and Families  
Network

#### Sacramento County

Hagginwood Community Collaborative  
North Highlands Children's Coalition

#### San Joaquin County

San Joaquin County Healthy Children's  
Collaborative

#### Sutter County

United for Healthy Families

As part of the work of  
Prevent Blindness  
Northern California in  
Shasta County, this young  
girl is being checked for  
Amblyopia, or "lazy eye."

Judy Howard



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

# PARTNERSHIPS

SIERRA HEALTH FOUNDATION  
*An Endowment for Northern California*



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**A Visit to Shasta  
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