



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

PARTNERSHIPS

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

Volume 11, Number 4
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Telemedicine

Closing the Distance Gap for Rural Communities

Before 1990, most pregnant women in Colusa County, north of Sacramento, had to drive to a different county to obtain prenatal care and deliver their babies. There were no Ob/Gyn services at Colusa Community Hospital, and local physicians were fearful of providing obstetrical care without any backup.

But the hospital found a solution, and since then, according to CEO Ed Bland, about 2,200 babies have been delivered there.

The solution? About \$11,000 worth of equipment, including a teleperinatal monitor, that provided a technological safety link between the hospital and Ob/Gyn specialists at the University of California, Davis Medical Center (UCDMC) in Sacramento, about 60 miles away.

In years to come, such links will become an important, if not irreplaceable, component of health care for rural Californians. Known as telemedicine, this new technology can put rural patients face-to-face with specialists even though the patients never leave their own primary care physician's office.

In its most dramatic form, telemedicine is interactive, and involves cameras, computers, probes and live talk and data sharing between doctor, patient



Photo courtesy of Kaiser Permanente

Personal telemedicine units such as this one allow rural practitioners to consult with specialists in larger metropolitan areas.

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CPHC Shines at National Conference

"CPHC is tackling more children's health issues than most other comparable community building activities."

Steve Barrow



In March, representatives from each of the 26 Community Partnerships for Healthy Children (CPHC) collaboratives traveled to Los Angeles to attend and participate in the 25th Anniversary Conference of the Children's Defense Fund (CDF).

The Children's Defense Fund Conference is one of the most highly recognized and attended conferences on children's policy issues in the United States. "Exposing CPHC community members to the diverse attendance at this conference created many policy opportunities for the collaboratives," said CPHC Program Officer Steve Barrow. "The wide variety of policy and process training that goes on at the CDF conference helps increase the best practice and general knowledge of our CPHC participants. Many ideas that are picked up at the conference are being taken back to the CPHC communities to help strengthen the activities already being tackled in these communities," he said.

At the conference, it became clear that the CPHC initiative is one of the most mature and diverse community building efforts of its kind in the nation. "CPHC is addressing more children's health issues than most other comparable community building activities," said Barrow. "But what we also learned is that even though our collaboratives are engaged in some of the latest 'state-of-the-art' activities regarding children and family health, there is a lot to learn from other programs taking place in other parts of the nation," he said. "This multi-layered conference offers one of the best chances to be exposed to and develop relationships with people from other successful efforts to improve children's health."

Many of the 150 CPHC attendees returned to their communities invigorated, energized, and ready to continue making strides to improve the health of children in their communities. Judging by their enthusiasm, they will enjoy continued success on behalf of children's health.



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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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PARTNERSHIPS

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LETTER from the PRESIDENT

“The Sacramento community, with its high penetration of managed care enrollees, offers those working in the field of public health a distinct opportunity to examine how managed care and community health issues converge — and to further identify which issues are of specific concern.”

For some time Sierra Health Foundation has been considering the effects of managed care on our community, and considering how we might best be helpful. That work has resulted in a few grants being made, and in the development of some conferences on issues important to the region.

We are satisfied with the progress of our Managed Care Program. We wanted the program to reflect a concentrated effort in the areas of research, education and health policy. From that, some unique projects were born. For example, in a collaborative effort with the Henry J. Kaiser Family Foundation and The California Wellness Foundation, an ombuds program called the Health Rights Hotline was created, offering counseling and problem-solving services to health care consumers residing in El Dorado, Placer, Sacramento, and Yolo counties. The feedback we have received thus far from the four-county region is that the Hotline is a very positive addition to the community.

We organized a series of meetings at the Foundation Headquarters, the purpose of which is to promote discussion among health care providers, purchasers, policy makers and consumers on issues and opportunities within the managed care system. There are three initial focus areas of the convening efforts: safety net providers’ transition to managed care, collaboration between health plans and public health programs, and a community response to the findings and recommendations of the Governor’s Managed Health Care Improvement Task Force. Having held

“We are satisfied with the progress of our Managed Care Program. We wanted the program to reflect a concentrated effort in the areas of research, education and health policy.”

— Len McCandliss



Bill Santos

one round of meetings in each of the categories to date, it is clear that the stakeholders involved in this marketplace are highly motivated to continue their dialogue with one another to address a variety of issues of common interest. Safety net providers involved in Sacramento County’s Geographic Managed Care Program (GMC) are meeting with representatives from area health plans to better identify a means to improve their overall partnering capabilities as well as focus on the health needs of the “hard to reach” populations in Sacramento County. The Sacramento community, with its high penetration of managed care enrollees, offers those working in the field of public health a distinct opportunity to examine how managed care and community health issues converge — and to further identify which issues are of specific concern.

Finally, of the nearly 100 recommendations reported by the Governor’s Managed Health Care Improvement Task Force, two relating to quality of care were identified as potentially having the greatest impact in the Sacramento market. The recommendations put forth in the Task Force report suggest that there are ways the health care community at large can collaborate to improve the system. In June 1998, nearly one hundred representatives from the health care industry attended a one-day conference devoted to discussion of these recommendations. Comments and ideas resulting from this meeting are being considered now, as are next steps in addressing this topic.

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Sierra Health Foundation Welcomes New Board Member

Sierra Health Foundation is pleased to announce that Manuel A. Esteban, Ph.D., President of California State University, Chico, has joined the Foundation’s Board of Directors.

Over the course of the last several years, Dr. Esteban has been a leader in the California State University System and the philanthropic community in northern California and in the Central Valley. “Manuel shares the Foundation’s philosophy that there are many components of health,” said Foundation President Len McCandliss. “The Board feels strongly that Manuel’s experience as an educator will bring added value to the overall vision of the Foundation.”

Dr. Esteban received his Ph.D. from the University of California, Santa Barbara and went on to teach French and Spanish at the University of Michigan, Dearborn, where he later became Associate Dean and Acting Dean of the College of Arts, Sciences

and Letters. In 1987, he accepted the position of Dean of the School of Arts and Sciences at California State University, Bakersfield where he also taught French and Spanish. From 1990–1993, Dr. Esteban served as Provost and Vice President for Academic Affairs at California State University, Humboldt, where he was also a faculty member and President of the University’s Foundation. He became President of California State University, Chico in 1993, where he continues to enjoy the challenge of the role technology is playing in higher education, and an increasingly more diverse student population.

A native of Barcelona, Spain, Dr. Esteban also holds a Bachelor of Arts degree in French and a Master’s Degree in Romance Studies from the University of Calgary.



Manuel A. Esteban, Ph.D.

Telemedicine

Continued from page one

and specialist. But it can be useful in other ways, too — diagnostic test data can be stored and forwarded, to be read later by a far away specialist who will offer his or her opinion on the patient's problem and how to deal with it. Or, as Bland pointed out, telemedicine can be as simple as faxing an EKG test strip to a specialist for interpretation of test results.

Right now there are an estimated two-dozen telemedicine sites within the northern California counties served by Sierra Health Foundation, according to Molly French, acting director of the California Telehealth and telemedicine Center. Many of those are designed specifically to transmit radiological images for remote reading, and are not equipped for live, doctor-to-doctor television transmissions.

Sharon Avery, executive director of the California Healthcare Association's Rural Healthcare Center and the California Telehealth and telemedicine Center, believes many more sites will be developed with funds provided by Sierra Health Foundation and the James Irvine Foundation. Together, the two foundations are helping the center improve and expand telehealth and telemedicine programs to rural areas and even to medically underserved urban populations. In June, \$225,000 in grant funds were awarded to five northern California sites.

"We see some very practical applications of this technology for rural areas. This technology will also be a boon to home health care, where elderly people will be able to stay in their homes, contacting nurses through monitors that will allow nurses to take and read vital signs, as well as communicate with their patients," Avery said.

Tom Nesbitt, M.D., medical director of Telemedicine and Rural Health for UCDMC, said rural patients have adapted well to telemedicine. In one example, an elderly woman had a lesion inside her lip that could have been cancerous. She didn't want to drive the 45 miles to UCDMC to visit with a physician. Instead, an ear-nose-throat specialist saw her via a telemedicine link and was able to establish a relationship with her that allowed him to diagnose her problem.

But telemedicine is not just limited to helping patients who have physical problems, Dr. Nesbitt noted.

"We had a case where a bilingual, bicultural psychologist on our staff was able to help a Spanish-speaking woman with a psychological problem in a community several hours north of our campus," he explained. "The local practitioner had been using an interpreter but had been unable to help the patient resolve her problems. Our specialist helped her dramatically and there were at least several levels involved, including understanding the language and the culture. Through telemedicine, we helped this patient in a way she could never have been helped in her own community."

UCDMC is establishing links with Tuolumne General Hospital in Sonora, and Plumas District Hospital in Quincy, and upgrading the program at Colusa, Dr. Nesbitt said.

There are, however, barriers to broad use of telemedicine, Avery pointed out. Many rural communities don't have the high-tech telecommunications infrastructure required for some telemedicine equipment. There may also be issues involving patient consent, interstate credentialing, licensing and malpractice. Legislation in 1996 paved the way for reimbursement for telemedicine consultations.

"I think telemedicine is going to spread like computers did 10 years ago," Avery said. "As costs go down and technology improves, we'll see a quantum leap in terms of what can be done."

"It's too soon to say telemedicine is an integral part of rural medicine," Dr. Nesbitt stated. "Teleradiology is pretty well established in that regard, but we haven't gone that far with interactive video consultations. But there is a tremendous amount of interest. Most rural clinics and hospitals are aware of the technology and are planning to use it."

In Colusa, Bland said his hospital was struggling financially, partly because of the loss of OB business, which came back with the help of their telemedicine link. He believes that as the cost of using telemedicine goes down, "the financial health of rural hospitals will be significantly changed by the introduction of computer-assisted telemedicine."

It will have a positive impact on rural physicians, Bland said. "Our doctors will tell you that they appreciate having quick access to specialists at UCDMC right there behind them."

Avery and French are involved in educating people about telemedicine, as well as helping to establish expanding sites where rural and underserved populations can take advantage of this technology. They held a series of conferences in 1997 in Fresno, Sacramento, Eureka and Redding, and discovered a wide range of interest. At the Sacramento conference, French said, the audience was about 30 percent hospital-based, 30 percent county health department-based, 30 percent libraries and community organizations and 10 percent Native American health care providers.

The telehealth aspect of their activities will see access to health information greatly expanded in libraries, schools, county and public health programs, hospitals and even institutions like prisons, Avery said.

"Part of our function is to expand the use of telecommunications for educational purposes," she said. "With improved capacity to transfer information and data, health care providers and consumers at all levels will be able to take advantage of the age of telemedicine."

New Staff At the Foundation

Melinda Michael Eppler joined Sierra Health Foundation as Communication Officer this Spring. A native Sacramentan and graduate of the University of California, Santa Barbara, Melinda joins the Foundation after serving as Director of the Public Affairs Unit at the California Health and Welfare Agency's Office of State-wide Health Planning and Development (OSHPD) for the past two and a half years. Prior to her appointment at OSHPD, she was co-founder and Managing Editor of California Health Policy Newsletter, a non-partisan, subscription-funded newsletter focused on emerging policy issues facing the health care industry in California.

And joining the Foundation's Community Partnerships for Healthy Children (CPHC) staff as Program Associate is Faye Kennedy. Faye has more than 15 years of experience in the child development field as well as an extensive background in public policy, community organizing and planning. She has worked as a pre-school teacher, community organizer, parent educator, health educator, program manager and community college instructor.

Faye earned her Bachelor's Degree in Child Development from California State University, Sacramento.

Joining the Foundation staff as Controller is Steve Vorous, MBA, CPA. Steve was most recently Manager of Financial Operations for FPA Medical Group of Northern California and has extensive experience in health care management and accounting. He graduated with honors from the California State University, Sacramento and earned his MBA from City University in Seattle, WA. As Controller, Steve will oversee the financial reporting and processing of financial information, assure optimal return on the Foundation's investment portfolio, and work with the Foundation's President, Vice President and Board of Directors on policy and operational issues.

"I think telemedicine is going to spread like computers did ten years ago. As costs go down and technology improves, we'll see a quantum leap in terms of what can be done."

Sharon Avery

Sierra Health Foundation Funding in Sutter & Yuba Counties 1987-1998 (Partial List)

YUBA-SUTTER ALLIANCE FOR THE MENTALLY ILL
\$10,000

To conduct a community-wide education program on mental illness.



Frank LaRose

Sutter & Yuba Counties Join Together To (Re)Build a Healthy Community

Communities now thriving above water

The clouds were every shade of purple and gray, and for a week there had been no end to them. Underneath, in a whipping wind, on earth soaked by tons of rain, Ed Anderson was in earnest, private conversation. The rains had let up this day in March, but the woman, her face tired, her arms protectively wrapping around her lean body, listened intently, searching for whatever hope his words might offer.

"People are scared," Anderson explained later. "Some of them have just moved back into the homes they lost in the flood last year. Now they're afraid it's going to flood again. What can I tell them?" he asked. "I just tell them if it floods again we can't do anything about that, and we'll just start all over again."

Starting all over is what Ed Anderson of Disaster Relief Interfaith (DRI) is all about. A collaborative made up of 38 churches and 35 community-based organizations, it was created immediately after the 1997 flood that threatened downtown Yuba City and wiped out

some 850 homes south of there when the Feather River burst its banks. Their purpose was to help people clean up and get back into their homes. Anderson, a volunteer assistant pastor at North Valley Calvary Chapel in Yuba City, left his job to be executive director.

Now, in a two-county area beset by high unemployment and hard times as well as frequent flooding, Anderson and his army of helpers symbolize the heart of a population determined to make things better.

"Once we set response priorities, the real need was to channel all the people and all the resources that came to our aid," Anderson said. "During the first five months of rebuilding, we had 900 to 1,000 volunteers every month. We've raised \$700,000 plus \$1.5 million in donated labor and in-kind services."

Of the 850 families that lost their homes to the flood, 374 registered with DRI. All but 38 were back in their homes by February 1998, and the remainder were scheduled for completion by June. Two-hundred homes had to be completely reconstructed by DRI's volunteers, and many of those homeowners then volunteered to work on other people's homes.

Helen Primer, whose house on Ella Avenue in Arboga was under more than seven feet of muddy water, was one person whose life was rebuilt.

"We told her the place was too far gone and it should be knocked down," Anderson said. "But she wouldn't hear of it. She insisted we rebuild."

At 76, Primer had seen a lot of life in that home. It's where she raised her five children, along with

two grandchildren. It's where she took care of her paraplegic husband from the time he was injured in 1969 until he died in 1994.

"I have not had an easy life," Primer said. "I've had challenges from the time I was young. I learned to try to cope, and I have faith. But it was devastating to come back and see what seven-and-a-half feet of water did to the house. I was more or less unable to make decisions. I had no place to live. I kind of went through a period of depression. Even now, I try not to be nervous, but it's hard not to feel uneasy when it rains."

DRI helped Primer receive the counseling she needed, and sent the volunteer Craftsmen for Christ to rebuild her home.

"They did a beautiful job," Primer said. "My house is better than it was before."

Sierra Health Foundation was one of several organizations that helped by donating funds to the rebuilding effort. The Foundation also funds two collaboratives working under the auspices of its Community Partnerships for Healthy Children (CPHC) initiative, and has made grants to several medical clinics that serve the counties of Yuba and Sutter.

In Camptonville, for example, the collaborative created to focus on children's health issues has become the closest thing that community — with no mayor or municipal structure — has to a local government. Located on Highway 49 in the foothills at the eastern tip of Yuba County, Camptonville is a gold rush town that became a timber town. Now, with neither gold nor timber revenues available, it's a town trying to survive.

"There is very little economic base here now," explained Shirley Dickard, co-coordinator of the Yuba Community Collaborative for Healthy Children. "We're in a forgotten part of the county, and we have no services and feel geographically isolated."

Her group, which originally began as part of the collaborative also serving the community of Linda, just south of Marysville, has implemented a five-point plan to improve their community.

"We formed action teams, which are almost like a grassroots form of government," Dickard explained. A health team is trying to establish a wellness center at the Camptonville School because the community has no health services. The team for younger children has developed child care and after school care which is staffed by volunteers. A recreation team coordinates a Twilight School program that provides Friday night recreation for older children. A team focusing on economic development is seeking grants to search for a new economic base. But Dickard said the communication action team has been the most successful to date.

"They started a community newspaper," she said. "Our volunteers gather information and put it together every month, partially financed with business card ads. It's been publishing for ten months."

"People are scared, some of them have just moved back into the homes they lost in the flood last year. Now they're afraid it's going to flood again."

Ed Anderson

PATHWAYS
\$23,000

To expand and implement a program that promotes healthy birth outcomes among high-risk teens.

YUBA-SUTTER GLEANERS FOOD BANK, INC.
\$10,000

To upgrade the Food Bank's kitchen to meet the Sutter County Health Department requirements.

YUBA COUNTY
\$19,600

To support the addition of an otolaryngologist at Yuba General Clinic.

DEL NORTE CLINICS
\$50,000

To expand existing clinic space to improve accessibility for farm workers, their families and other low-income residents.

“Everybody reads *The Camptonville Courier*,” said Roger Rapp, one of the volunteer editors. “We distribute it through mailboxes, and the circulation ranges from 325 to 450 every month.”

The Twilight School established at Camptonville School is another success, Dickard said. Addressing its finding that the community lacked a community center and children’s recreation, the collaborative is using the school building weekly every other month for activities that include recreation, enrichment, education and socialization. Classes are held as people volunteer to run them.

“It’s based on the premise that everybody in the community has something to offer,” Dickard said. “People step forward as they feel safe or are cajoled.”

Started three years ago, the Camptonville Twilight School now averages nearly 80 people every night it’s open — this in a community of only 650.

Inge Nelson is the collaborative coordinator in the community of Linda, just below Marysville, targeting the neighborhood served by Cedar Lane School. While Linda and Camptonville share many common issues related to children’s health, Linda has a very different ethnic/cultural mix with 53 percent of the students at Cedar Lane registered as Asian (many of them Hmong immigrants), 30 percent Hispanic and the rest a mixture of Caucasian and African American.

“Many of the kids who come to Cedar Lane speak no English at all,” Nelson explained. “The children learn as they progress through school, but it’s hard to get parental involvement, and parents have trouble accessing community services, because they don’t speak the language.”



Sutter County Facts

POPULATION	74,700
UNEMPLOYMENT RATE	18.2 percent
MEDIAN HOME VALUE	\$106,250
INDUSTRIES	Government, Wholesale/Retail, Services, Agriculture

Although her collaborative has begun a Twilight School program at Cedar Lane similar to that in Camptonville, Nelson’s group is also organizing a community garden. There, they hope Hmong and other parents will find a place where they can interact with others, as well as pass their knowledge of gardening along to children.

Mike Schlusser, a kindergarten teacher at Cedar Lane, said of the garden, “I see community members being involved in a way I’ve never seen them get involved before.”

The garden, Nelson explained, is on Yuba County park land, and is large enough for 50 families, along with a 50x180 ft. area for the school’s use. Nelson and her collaborative members also work in the county seat of Marysville with the Marysville Youth & Civic Center. Located across from Marysville High School, the center is being transformed from a 20,000-square-foot building that used to house a skating rink.

Just north of Marysville/Yuba City, Rich King coordinates the Sutter County CPHC collaborative, United for Healthy Families in the community of Live Oak. His group helped open the Live Oak Wellness Center at the local school, staffed by county health representatives and physicians from the Fremont Rideout Medical Group in Marysville. With low income levels and high unemployment, Live Oak’s population of about 5,000

Yuba County Facts

POPULATION	60,500
UNEMPLOYMENT RATE	13.2 percent
MEDIAN HOME VALUE	\$100,383
INDUSTRIES	Government, Wholesale/Retail, Services, Agriculture

Continued on page six

Frank LaRosa



Volunteers from Craftsmen for Christ were an integral part of the rebuilding efforts in Sutter and Yuba counties.



Bill Santos

“Properly armed, evaluation can be a ‘slam dunk.’ So don’t run for cover yet — just charge ahead!”

— Dorothy Meehan

GRANTWise

Evaluation: A Key Ingredient to Success

*by Dorothy Meehan,
Vice President
Sierra Health Foundation*

“Yes, evaluation can be intimidating, but it’s critical to achieving ongoing success. If you don’t measure results, you can’t tell success from failure. The success barometer in charitable giving rises exponentially when grantees show they have simple, but sufficient, assessment tools in place.”

It’s time to sound the battle cry and talk about the project evaluation process. I suspect some grantees would rather do battle than be burdened with project evaluation. (Caesar might have felt that way too if he had ever applied for grants). But evaluation is a battle that can be won. Properly armed, evaluation can be a “slam dunk.” So don’t run for cover yet — just charge ahead!

What’s the big fuss about evaluation, anyway? First of all, the whole point of writing grant proposals is to get the funds that will support your projects. However, smart funders want assurances that their investments will be well managed and assessed before they’ll invest in your projects. Indeed, Sierra Health Foundation’s grant application requires a description of how the progress and ultimate success of a proposed project will be measured.

Today there’s an emerging trend in philanthropy that reemphasizes the value of project evaluation. Don’t decompress over this. Philanthropists simply want to know that their charitable contributions are being directed to organizations that are results-oriented. Funders want to see increased accountability.

In other words, foundations are placing less emphasis on how project goals are being met and greater emphasis on what is being accomplished. Long-term benefits alone make the evaluation process worthwhile.

If you approach the evaluation process as you would a classroom, you can learn valuable information about the strengths and weaknesses of your program.

For example, project evaluation can help you learn how to improve the quality of your program and consequently validate its existence. You also might learn that you have to alter your goals and objectives or even terminate your project altogether.

Once validated, however, a systematic evaluation can become the underpinning for promoting your project. While celebrating your project’s strategic success based on sound and resourceful investment, you can now approach additional funding sources for further support. A critical evaluation reflects your interest and commitment to your project — and that’s what funders like to see!

Yes, evaluation can be intimidating, but it’s critical to achieving ongoing success. If you don’t measure results, you can’t tell success from failure. The success barometer in charitable giving rises exponentially when grantees show they have simple, but sufficient, assessment tools in place.

Funders understand that not all outcome-based programs are able to demonstrate results until long after a program’s in place. You can, however, evaluate your progress by using interim measures along the way. Either way, these measures should be predetermined long before the project begins.

In my next column, I’ll highlight and define the components of a successful evaluation strategy.

Let me assure you that your grant application will be more competitive if you include an evaluation strategy that is focused on results. Simply put, funders want to know that grantees have developed methods to measure progress and outcomes. This is a battle plan marked for success.

Sierra Health Foundation wants assurance that our grant and your strong leadership and strategic planning are forces joined to guarantee your project’s success. Why? Because success means we are making strides to improve health and health care in the Foundation’s funding region. Now, that’s a campaign worth winning!

Sutter & Yuba Counties *Continued from page five*

includes 22 percent who are not United States citizens, 17 percent who speak no English and 30 percent who have an eight grade education or less.

Grants from Sierra Health Foundation have helped to expand the Yuba-Sutter School-Based Health Clinics program started by Dr. Arnold Gold in 1992 and operated by Gould Sutter Medical Foundation for underserved elementary children in the Marysville area.

“We serve eight schools and average 3,000 children a year,” said Carol Ramirez, director of community relations for Sutter North Medical Foundation.

Del Norte Clinics, Inc., a not-for-profit group that operates nine medical clinics and four dental clinics in a five-county area, has received grants for an AIDS prevention education program and is now working on a challenge grant to renovate and expand its Yuba City clinic. Clinics in Oliverhurst, Yuba City and Marysville handle 44,000 medical visits and 8,400

dental visits annually. Seventy-five percent of the patients are on Medicare or Medi-Cal and most others are uninsured, according to William Denney, executive director.

“Our mission is improving the health care of low income people,” Denney explained. “We don’t have a huge cash reserve and pretty much live from month-to-month.”

The group is seeking to expand its Richland Clinic in Yuba City, which was designed to handle 700 patients a month but now sees over 1,000.

“We don’t turn anyone away,” Denney stated.

Digging out after disastrous flooding in 1986 and 1997, Yuba County has the lowest per capita income in California, an unemployment rate of over 13 percent, the highest teen pregnancy rate in the state and the third lowest compliance rate for first grade physical exams.

With low income levels and high unemployment, Live Oak’s population of about 5,000 includes 22 percent who are not United States citizens, 17 percent who speak no English and 30 percent who have an eight grade education or less.

Evaluation Facts

FACT ONE

Foundations are placing less emphasis on how project goals are being met and greater emphasis on what is being accomplished.

FACT TWO

Project evaluation can help you learn how to improve the quality of your program and consequently validate its existence.

FACT THREE

Funders understand that not all outcome-based programs are able to demonstrate results until long after a program’s in place.

FACT FOUR

Your grant application will be more competitive if you include an evaluation strategy that is focused on results.

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.

recent GRANTS

Health Grants

The Health Grants Program aims to improve 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
Mental Health Association of Yolo County	Yolo	To support a life skills project targeted at young offenders and their families.	\$98,784
Lodi Memorial Hospital	San Joaquin	To support the development of a free clinic providing integrated health and human services.	\$56,680
Del Norte Clinics, Inc.	Sutter	To expand clinic space to improve access for farm workers and others with low income.	\$50,000
American Lung Association of California, Superior Branch	Butte	To support Open Airways, a school-based asthma health-education curriculum.	\$28,745
United Way of San Joaquin County	San Joaquin	To establish a sustainable, comprehensive network of community health and quality of life data.	\$25,000
Western Sierra Medical Clinic, Inc.	Sierra, Yuba, Nevada	To enhance primary care services in rural Sierra, Yuba, and Nevada Counties by hiring an additional nurse practitioner and by purchasing clinical equipment.	\$22,500

Mini Grants

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

Organization	County	Project Description	Grant Amount
Nevada Joint Union High School District	Nevada	To implement tobacco prevention/cessation programs in five high schools.	\$10,000
Yolo Family Service Agency	Yolo	To establish play therapy rooms at two sites.	\$8,500
David Lubin Parent and Teacher Group	Sacramento	To improve achievement of at-risk students and to encourage family participation in students' scholastic performance.	\$8,150
Assist One Foundation, Inc	Sacramento	To contribute to the endowment of this philanthropic organization supporting foster children and their placement.	\$5,000
Stockton Shelter for the Homeless	San Joaquin	To replace 125 mattresses at the homeless shelter.	\$4,500
Innovative Health Care Services	Butte	To enhance the record keeping system.	\$3,500
Mercy Foundation	Sacramento	To support the 1998 Family Asthma Faire.	\$3,000
City of Willows Public Library	Glenn	To purchase up to 300 medical and health-related books and videos for public use.	\$2,500
California State University, Sacramento, Foundation	Sacramento	To design a teaching tool for pediatric radiological services.	\$2,000
Hanot Foundation, Inc.	San Joaquin	To procure materials and equipment for seniors' activities at a residential facility for the developmentally disabled.	\$500

Community Partnerships for Healthy Children Grants

The 26 Community Partnerships for Healthy Children (CPHC) Community Collaboratives that have continued with the initiative have all been awarded third phase or Implementation grants as listed in the Winter 1997 issue of *Partnerships*. To date, Sierra Health Foundation has awarded grants totalling more than \$9 million through CPHC. The Foundation continues to support these collaboratives through grants that enhance as well as complement their implemented programs aimed at improving the health and well-being of children ages 0–8 and their families. The following are recently awarded grants.

Organization	Project Description	Grant Amount
Shots for Tots	To support implementation of the organization's Strategic Action Plan with the goal of having 90 percent of the Sacramento region's children fully immunized by 2000.	\$50,000
California Consortium to Prevent Child Abuse	To support regional training concerning best practice and resource information, help strengthen cooperative participation between CPHC collaboratives and local child abuse councils, and provide consultant services concerning child abuse prevention and intervention issues.	\$25,000
Children's Defense Fund	To sponsor the Children's Defense Fund's Annual Children's Policy Conference. CPHC collaborative representatives attended and participated.	\$25,000
The California Budget Project	To train CPHC collaboratives about the new Children's Health Insurance Program.	\$8,000
The Dental Health Foundation	To support a series of dental health seminars to educate collaborative members about children's dental health and best practices in California, provide training on networking with existing dental health resources, and share current collaborative dental health projects.	\$8,000
The University of San Diego	To provide technical assistance, advocacy training, and information regarding the new Children's Health Insurance Program to CPHC collaboratives.	\$6,000
Safe Moves	To provide CPHC communities with hands-on demonstration of best practice childhood injury prevention training.	\$4,000

Letter from the President

Continued from page two

In addition to our own meetings, the Foundation has played a role in other health grants directly related to managed care. Coming to a conclusion is the Foundation's grant to the University of Washington School of Medicine. This grantee conducted two ethics forums held one year apart to discuss a specific set of ethical concerns faced by physicians in managed care.

Proceedings from all of these convenings are being prepared to give those who are unable to directly participate the chance to share in the progress of

this unique and important part of our Managed Care Program. We look forward to sharing these reports with you.

I would also like to draw your attention to our new staff appointments and offer a warm welcome to Manuel Esteban to our Board of Directors. I am looking forward to working with all of them.



Len McCandliss

A farmer reaps the harvest at a community garden in Yuba County (see story on pages 4 and 5).



Frank LaRosa

PARTNERSHIPS

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

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An Endowment for Northern California



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**A Visit to
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See pages 4 & 5

**CPHC Shines
at National
Conference**

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Telemedicine Page 1

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