



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  
Winter 1999

## Project Gives Kids a Boost

What do almonds and immunizations have in common? Nothing, really. Except in the Alkali and Mansion Flats neighborhoods of downtown Sacramento, where local businesses have teamed up with community and health organizations to develop a new way of immunizing children against childhood disease.

The project began when Walt McDaniel, Director of Corporate Planning and Purchasing at Blue Diamond Growers, the largest almond processor in the world, attended a presentation by Shots for Tots on the immunization rates of children in Sacramento County. "I didn't think the statistics could be right, and when I found out they were, I was shocked," McDaniel says.

But what he learned later was that in the Alkali and Mansion Flats neighborhoods, where Blue Diamond has been in business since 1910, the statistics were even worse — only 21 percent of the children in the neighborhood were properly immunized against childhood disease, one of the lowest rates in Sacramento County. "We're located in an area that has a fair amount of poverty, and we were interested in doing something that would create lasting change," McDaniel says.

And things have changed. Since the Toddler Immunization Outreach Project was launched in August 1997, the number of immunizations given now totals 944, resulting in a 47 percent immunization rate for the area. Their goal is to immunize 90 percent of children by 2000.

The project has been successful because of its strong ties to the community it serves. Since the majority of the residents are Hispanic, a bi-lingual outreach nurse was hired to not only administer the immunizations, but to follow-up with parents and children when it's time for more immuniza-



Frank LaRosa

tions. Additionally, the outreach nurse attends local neighborhood events as a way to market the project and get the word out. "We try to make it as easy as possible for the kids to get their immunizations," says Beatrix Jamison, Nurse Manager of the Capitol Health Center. "One of the benefits of having the same person administer the shot is that the children begin to recognize and know her, so they are less afraid."

The Toddler Immunization Outreach Project is truly a collaborative effort between Children First-Flats Network, a Sierra Health Foundation Community Partnerships for Healthy Children collaborative, Shots for Tots, Capitol Health Center, Washington Elementary School and Blue Diamond Growers. Each organization has contributed either services or funding and is highly committed to the project. "The health of children is our foremost concern," says Peggy Tapping, coordinator of the Toddler Immunization Outreach Project and also coordinator of Children First-Flats Network. "We hope that other communities will be able to replicate it for their children."

**"Getting an immunization doesn't have to be a painful experience," says Rhonda Ando-Ernest, L.V.N. (right) at the Capitol Health Center.**

### Coming Soon...

Sierra Health Foundation is preparing a series of reports, entitled *Spotlight*, that illustrate how community collaboratives participating in the Foundation's Community Partnerships for Healthy Children (CPHC) initiative are effectively tackling a variety of child health issues plaguing neighborhoods in northern California.

The first issue of *Spotlight* will address the issue of substance abuse, and subsequent issues will look at how CPHC communities are dealing with dental health, safety, liability issues and underinsured children.

So look for *Spotlight* coming soon in your mailbox, or call Sierra Health Foundation at 916-922-4755 to request a copy.





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

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**PARTNERSHIPS**

A publication of  
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Bill Santos

**LETTER from the PRESIDENT**

**“The greatest lesson learned has been that the one-size-fits-all approach to community building does not work for us. With a great deal of flexibility built into the program, a much greater reservoir of energy has been tapped to get us this far.”**

Through several funding initiatives over the years, the Foundation has learned about asset-based, community building and development. Community Partnerships for Healthy Children (CPHC) has been our classroom for that learning. For the last five years, our financial support of the CPHC collaboratives has only been part of our commitment. We have also supported their growth through training programs that help them adopt a collaborative spirit when approaching the health issues in their communities.

CPHC is designed to inspire and energize communities to focus on children’s health. They have done that by recruiting and sustaining people who care about their issues and can identify and understand the resources at their disposal.

CPHC currently embraces 26 community collaboratives in 16 northern California counties. CPHC is still considered an “experiment,” and an evaluation is in process that will tell us whether or not CPHC collaboratives are making a difference in children’s health in their own communities. There is evidence in most of these communities that collaborative efforts are creating positive change.

Foundation staff has learned a few lessons from this process. For example, for a collaborative to be successful, it is imperative that community decision makers

*“The Community Partnerships for Healthy Children initiative is designed to inspire and energize communities to focus on children’s health.”*

*– Len McCandliss*

and community members are at the table. In addition, experience has shown that every community is in need of a full-time coordinator who can provide the glue that holds the group together, maintain the focus of the people involved, and do the necessary follow-up to keep the collaborative on track.

We’ve learned that the provision of education is essential to help our collaborative members develop the skills necessary to analyze problems, clarify desired outcomes, and manage activities that are valuable to the community.

Finally, the greatest lesson learned has been that the one-size-fits-all approach to community building does not work for us. With a great deal of flexibility built into the program, a much greater reservoir of energy has been tapped to get us this far.

In this issue of *Partnerships*, you will read about some of our collaboratives and other grantees, a success story involving several organizations working together to improve immunization rates in a downtown Sacramento neighborhood, and a combination of groups and organizations working together in multiple communities to make things better. One thing we know for sure is true, community partnerships are the key to success.

*Len McCandliss*  
Len McCandliss

**Trading a Hammer for a Stethoscope**

Eric Schwartz spent many years hitting nails as a partner in a construction company, but he’s now hitting the books as the newest scholar in the University of California, Davis MD/MBA Scholars Program.

Through a partnership among the schools of medicine and management at UC Davis, Sierra Health Foundation has funded the MD/MBA Scholars Program to train several distinguished medical students who will provide clinical and business leadership within the managed care environment in northern California, particularly among underserved populations.

Scholars are chosen competitively based on academic excellence, a demonstrated interest in health care economics, a commitment to northern California, and a focus on providing health care to the underserved. In addition to four years of medical school, the MD/MBA scholars will invest two years in a rigorous MBA program with an emphasis on finance and management.

For Schwartz, his selection as an MD/MBA scholar at UC Davis comes after a convoluted road that led him to medical school. He began his career as a partner in a construction company, building it from the ground up into a thriving business. Along the way he also served as a teaching assistant in the chemistry department at the University of California, San Diego and was active on the board of directors of a cooperative preschool.

Eric’s interest in helping others hasn’t stopped since he entered medical school at UC Davis in 1996. He is co-president of the Class of 2000, co-creator of a mentor program that pairs physicians with medical students for friendship, counseling and advice, and is co-founder of the HealthPower Program, designed to teach elementary school students in Davis, CA about important health issues.

“No matter what I’ve been involved in, I have tried to make a positive impact in people’s lives,” Schwartz says. “I believe a combined MD/MBA degree will give me the tools necessary to take on larger projects that will help an even greater number of people.”

*Scholars are chosen competitively based on academic excellence, a demonstrated interest in health care economics, a commitment to northern California, and a focus on providing health care to the underserved.*

## Successful Evaluation Practices

by Dorothy Meehan, Vice President, Sierra Health Foundation



Bill Santos

“As you write your proposal, you will want to assure your funders that you do indeed share a common goal with them in improving people’s lives.”

Dorothy Meehan

In the last issue of *Partnerships*, my column stressed the importance of the evaluation process and why it is a key ingredient to the success of your proposals. I also said that I would define the components of a successful evaluation strategy in the next installment. So, if you didn’t get a chance to read the last column, here’s a brief synopsis.

An emerging trend in philanthropy today is reemphasizing the importance of evaluation in the grantmaking process. Funders want to know how their grant dollars and your creativity are generating changes in people’s lives. More and more, grantmakers are asking grant recipients to be highly accountable for their projects. Why? Because funders want to award organizations that are focused on achieving measurable results.

What’s being accomplished and the value of those accomplishments are key concerns for most grantmakers. So, if “value added” is the goal of a project, an evaluation plan becomes a key tool for measuring how well you are doing at attaining that goal.

Successful efforts result from thoughtful and practical program strategies. Well-developed evaluation plans test the logic of your strategies. Once implemented, evaluation plans provide useful information on what’s working (should we continue?) and what’s not working (what should be changed?), throughout the life of your project and possibly beyond.

As you write your proposal, you will want to assure your funders that you do indeed share a common goal with them in improving people’s lives. Your proposed evaluation plan is the appropriate confidence-building tool to do just that. Evaluation is a comprehensive tool that helps you assess the degree of change (improvement) your efforts are producing. Furthermore, you can apply your evaluation plan during each stage of your project from conception to conclusion.

So let’s take a look at the A, B, C’s of “E”valuation ...

To begin you must first understand what’s at the core of evaluation. In a nutshell, it is the logic that **if you follow your proposed strategy of applying resources (inputs) to specific activities (process), certain changes (outcomes) will occur — a domino effect, if you will.**



Your evaluation plan stipulates how you will assess your activities. However you design your evaluation plan, whether pages long or a paragraph, the underlying logic intrinsic to the program should be clear and simply explained. If your plan details how you hope to measure the outcomes of your activities (domino by domino), you’ll probably stand a better chance of getting the grant.

Having laid the groundwork for the importance of evaluation, let’s take a rudimentary look at developing an evaluation plan. The steps are simple even if the terminology funders and evaluation experts use is not. (See page five for frequently used terms and the sidebar on the right for an explanation of the types of evaluation.)

Step one is to develop a program work plan. Work plans are blueprints of projected activities, goals, and objectives and should be straight-forward and to the point:

- Articulate your goals and objectives (What problems are you addressing? What do you want to accomplish?);
- Identify the necessary activities to achieve these objectives (process); and
- Identify resources needed to conduct the activities.

Once you have a well-thought-out work plan, you can begin to develop an evaluation plan.

Your evaluation plan should follow the strategy of your work plan. (Remember the dominoes!) How well you are able to reach your goals can be tested (evaluated) by measuring how resources (inputs) applied to activities (processes) result in conclusions (outcomes) within a predetermined time line.

As I mentioned earlier, an evaluation plan can be complex or consist of a couple of paragraphs only. If your evaluation plan supports a moderate project, you might consider using the sample format depicted on page four. For larger efforts or demonstration projects, pre-designed evaluation tools such as surveys, interview guides, and program questionnaires are recommended.

*Continued on page four*



### Types of Evaluation

Taken from *Grantmakers in Health Workshop Report*

There are several types of evaluation, and most evaluations use a combination of these approaches:

**Needs assessment** looks at the needs and resources of a particular community. Generally it is the first step in planning a program.

**Process evaluation** is used to understand and document how a program was implemented. It is especially useful for demonstration programs but can be used for any program that is just getting underway.

**Outcomes evaluation** measures the extent to which the program’s goals and objectives were achieved and determines unintended consequences — positive or negative — of implementing the program.

**Formative evaluation** provides frequent feedback on how to improve and refine the project or program during its formative period.

**Summative evaluation** provides an overall assessment of the program quality and impact at the end of the program.

### Reasons to do Evaluations

Taken from *Grantmakers in Health Workshop Report*.

**Accountability.** Was the program implemented as planned? Were the expectations met? If not, why not? Was the grant money well spent?

**Program improvement.** An evaluation can provide regular feedback that will help make a program more effective.

**Increased knowledge.** An evaluation can increase knowledge about the services being provided and any problems the services are addressing.

**Dissemination.** Information gathered in an evaluation can be disseminated to others, including people who are interested in replication or want to know how a program was conducted and what pitfalls to avoid.

## Resource Listing

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## Resource Centers

### Nonprofit Resource Center

Sacramento Public Library  
828 I Street  
Sacramento, CA 95814  
(916) 264-2772  
fax: (916) 264-2787

### Grant & Resource Center of Northern California

2280 Benton Drive,  
Building C, Suite A  
Redding, CA 96003  
(916) 244-1219

*The finger is pointed at you to develop a strategy that will measure adequately and responsibly the value of your dedicated efforts.*

### GrantWise

*Continued from page three*

If you're not sure about how much to include in your proposal, give us a call at the Foundation. Always feel free to ask those questions that will help make your life easier while making your proposal a winner.

Unfortunately, there isn't enough space on this page to give you all the information you need to understand and apply evaluation techniques. Please look at the sidebars for reference material and resources you can draw upon to add to your information portfolio of grantwriting hints.

Keep this in mind too! If you, the grantwriter, can clearly articulate to your funder how you will answer the following two questions, you will have already taken a giant step toward writing a successful proposal:

- How will you measure the success of each workstep in your work plan?
- Will your efforts result in making a difference in someone's life?

*(Making a "difference" in someone's life is the underpinning of grantmaking endeavors. But what happens after the work is done and evaluations are complete? How do you communicate the results to your funders? Look for the next issue of Partnerships for tips on how to tell your story.)*

I believe there's stiff competition out there for grant dollars. This is why grantmakers are asking tough questions. So don't cheat yourself or your potential recipients from funds that funders want to award. The finger is pointed at you to develop a strategy that will measure adequately and responsibly the value of your dedicated efforts. And, remember, Sierra Health Foundation is here to help you do just that.

Finally, and most importantly, when funders ask you "What's it all about?", make sure you tell them it's about making a difference. It might make all the "difference" in the world!

## Sample Program and Evaluation Work Plans

A strong evaluation plan flows from a solid work plan.

Following is an illustration of these two plans for a fictitious smoking cessation program.

### Smoking Cessation Program Work Plan

Goal Number 1: Reduce smoking of participants attending smoking cessation classes.

Measurable Objective(s)	Activities/Process	Resources/Inputs	Time Line	Outputs	Outcome Targets
Increase attendance in sessions through improved outreach	<ul style="list-style-type: none"> <li>• Promote in local papers, community service bulletins</li> <li>• Distribute flyers</li> <li>• Follow up calls to papers</li> </ul>	<ul style="list-style-type: none"> <li>• Communications director</li> <li>• Press release/ad</li> <li>• Printed materials</li> </ul>	• March 1999	<ul style="list-style-type: none"> <li>• Posted in community calendars</li> <li>• Posted at 30 sites</li> </ul>	Both sessions filled
Increase graduation rate of attendees	<ul style="list-style-type: none"> <li>• Conduct sessions</li> <li>• Track attendance</li> <li>• Calculate graduation rates</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteer trainers (2)</li> <li>• Handouts</li> <li>• Attendance sheets</li> </ul>	• April and May 1999	• Two eight week sessions held	80 percent or more graduation rate
Graduates are smoke-free six months after graduation	<ul style="list-style-type: none"> <li>• Follow up calls to all participants</li> <li>• Calculate rates</li> </ul>	<ul style="list-style-type: none"> <li>• Phone survey</li> <li>• Letter if necessary</li> </ul>	• December 1999	• Survey summary	50 percent or more smoke free

### Smoking Cessation Evaluation Work Plan

Objective	Outcome Indicator/Measure	Source of information	Responsibility to Collect Data	Time Line
Increase attendance in sessions through improved outreach	• Attendance at each session	• Completed attendance sheets	• Volunteer trainers	April and May 1999
Increase graduation rate of attendees	• Number of attendees completing program and smoke free	<ul style="list-style-type: none"> <li>• Survey of participants</li> <li>• Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Health educator</li> <li>• Volunteer trainers</li> </ul>	End of sessions May 1999
Graduates are smoke free six months after graduation	• Graduates are still not smoking	• Personal testimony of participants through phone or mail survey	• Health educator	December 1999

## recent GRANTS

### 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.

## 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
Boys and Girls Club of Greater Sacramento	Sacramento	To support a capital campaign to construct a new youth center in downtown Sacramento.	\$225,000
La Familia Counseling Center, Inc.	Sacramento	To further implement a youth violence prevention project in collaboration with adult and youth residents and the agencies that serve them in the Franklin/Fruitridge area of Sacramento.	\$193,749
Yuba-Sutter School Based Health Clinics	Yuba/Sutter	To expand an existing school-based health clinic program.	\$108,005
Roseville Community Hospital Foundation	Placer	To provide in-home companion and support services to seniors living in their homes.	\$107,162
Yolo Connections, Inc.	Yolo	To support the Sister/Friend Project, providing parenting support and education services to pregnant teens and high-risk families.	\$99,559
Lassen Community Hospital	Lassen	To further develop senior services with integrated case management and a resource and referral program for seniors.	\$87,818
We Insist on Natural Shapes	Sacramento	To develop and test elementary school level curricula on natural body shapes and body changes, aimed at reducing eating disorders.	\$74,750
El Dorado County Public Health Department	El Dorado	To improve access to health care services for those in rural, isolated areas via the purchase and renovation of a mobile health clinic.	\$70,000
Tuolumne Family Health Services, Inc.	Tuolumne	To purchase dental equipment and remodel a second treatment room in the "Miles for Smiles" mobile dental treatment van.	\$50,000
Northeastern Rural Health Clinics	Lassen	To support repairs, maintenance, and renovations of two family practice clinics.	\$50,000
Aide Corps for the Elderly	Sacramento	To support a collaboration that recruits, orients, and refers volunteers to agencies that provide services to seniors.	\$23,879
Shingletown Medical Center	Shasta	To support medical service delivery and board development.	\$22,000
Gold Rush Classic, Inc.	Regional	To support volunteer dental services for the Children's Dental Program.	\$15,000

## Managed Care Grants

Organization	County	Project Description	Grant Amount
Public Health Institute	Regional	To develop and implement a series of three convenings related to managed care and public health.	\$25,350
Community Health Resource and Development Center	Regional	To develop and implement a series of conferences relating to managed care and safety net providers.	\$24,950
University of California, San Francisco	Sacramento	To describe and analyze the area's physician organizations, including management design, financial position, relationships with health plans, and data and information systems.	\$24,000

## Mini Grants

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

Organization	County	Project Description	Grant Amount
Children First-Flats Network	Sacramento	To support toddler immunization outreach to low-income families.	\$10,000
Mental Health Association of Sacramento	Sacramento	To support the Information Referral Program that serves indigent, low-income, and Medi-Cal clients.	\$10,000
Society for the Blind	Sacramento	To replace existing telephone system and to improve services for blind and visually impaired clients.	\$10,000
Susanville Library District	Lassen	To expand English and Spanish language, medical and health related books and videos for public use.	\$10,000
Interfaith Service Bureau	Sacramento	To support the Welfare Reform Interfaith Coalition	\$9,994
Northern Valley Catholic Social Service	Shasta	To support outreach to junior high school students and their families to encourage healthy lifestyles, school performance, and health.	\$9,710
Fremont-Rideout Health Group	Sutter	To link isolated at-risk seniors to a variety of health and wellness services through a network of senior volunteer groups.	\$9,400
Family Service Agency of Tehama County	Tehama	To support family counseling outreach services to Los Molinos and Gerber.	\$9,350
The Good News Rescue Mission	Shasta	To provide care for acute episodic illness, health counseling, and tuberculosis testing to the homeless and needy.	\$8,612
Community Services Planning Council	Sacramento	To replace the InfoLine's phone system.	\$8,072
The Friendship Club	Nevada	To support a summer educational camp for at-risk adolescent women in Nevada County.	\$8,040
Diabetes Society of Santa Clara Valley	Santa Clara	To provide scholarships to needy, diabetic youth to attend educational summer camps at Lake Tahoe or Sequoia Lake.	\$6,000
Camp Fire Boys and Girls, Sacramento Sierra	Sacramento	To support the prevention of child abuse by providing education and awareness classes to 750 elementary school students.	\$5,000
Association for Retarded Citizens	Placer	To procure developmental equipment for the lending library's infant program.	\$4,000

## Frequently Used Evaluation Terms

*Courtesy of Jan Stohr, Nonprofit Resource Center*

**Activities** are what a program does with its inputs — the services it provides — to fulfill its mission. Examples are sheltering homeless families, educating the public about child abuse, or providing adult mentors for youth. Program activities result in outputs.

**Assumptions** are guesses about how things work. The strategies are linked to your outcomes by one or more assumptions.

**Inputs** are resources a program uses to achieve program objectives. Examples are staff, volunteers, facilities, equipment, curricula, and money. A program uses inputs to support activities.

**Outcomes** are benefits for participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, getting a job, and having greater financial stability.

**Outcome Indicators** are the specific items of information that track a program's success or outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome. For example, a program whose desired outcome is that participants pursue a healthy lifestyle could define "healthy lifestyle" as not smoking; maintaining a good weight, blood pressure, exercise, etc. The number and percent of program participants who demonstrate these behaviors then is an indicator of how well the program is doing.

**Outcome Targets** are numerical objectives for a program's level of achievement. After a program has had experience with measuring outcomes, it can use its findings to set targets for the number and percent of participants expected to achieve desired outcomes in the next reporting period. It also can set targets for the amount of change it expects participants to experience.

**Outputs** are products of a program's activities, such as the number of meals provided, classes taught, brochures distributed, or participants served. Another term for "outputs" is "units of service." A program's outputs should produce desired outcomes for the program's participants.

*This profile of San Joaquin County is the fourth in a series that will focus on counties in Sierra Health Foundation's 26-county funding region in northern California.*

Sierra Health Foundation Funding in San Joaquin County 1987-1998 (Partial List)

AMERICAN LUNG ASSOCIATION OF CA, VALLEY LODGE BRANCH \$24,000

To teach children with asthma, their parents and school personnel disease management skills.

CHILD ABUSE PREVENTION COUNCIL, SAN JOAQUIN COUNTY \$35,000

To maintain the respite care crisis nursery services in Lodi and Stockton

COUNCIL FOR THE SPANISH SPEAKING OF THE DIOCESE OF STOCKTON \$10,000

To support emergency flood relief assistance to the Spanish speaking community in San Joaquin Co.

HANOT FOUNDATION \$500

To procure materials and equipment for seniors' activities at a residential facility for the developmentally disabled.

*Continued opposite*

## San Joaquin County Effort

### Bringing Health Care to the Schools

**T**housands of students in San Joaquin County are now receiving primary health care at their schools, thanks to a pioneering step taken in 1993 at Edison High School in south Stockton.

That was when a local nonprofit organization known as Delta Health Care opened the Edison Health Center, with the help of a Sierra Health Foundation grant.

Surveys at the time revealed that one-third of Edison's students were not receiving any health care, and one-third effectively missed up to a day of school every time they saw a doctor, due to transportation and other problems. As of last year, the clinic was caring for 1,156 students (about 40 percent of the student body) and handling 3,000 visits annually.

Since 1993 the concept of taking primary health care directly to schools has grown and there are nine school-linked or school-based clinics in San Joaquin County, including five in the Stockton Unified School District, three in Lodi and one in Tracy.

"Edison's health center was the pioneer for this county," said Gayle Asuncion, administrator of health services for the Stockton Unified School District. "It's had a significant impact for the county and for the students being served."

In the Stockton Unified School District, clinics have been established at Edison and Stagg High Schools, King Elementary School, Taylor School (off campus) and El Dorado School. Last year Stagg saw about 1,100 students who made nearly 4,900 visits to the clinic (for mental health counseling only —

medical services will be added this spring). The elementary school clinics handled between 400 and 500 students each. The district next hopes to establish a clinic at Franklin High School.

Many of the California clinics (and some in San Joaquin County) have been established as part of Healthy Start legislation which was adopted in 1991. Healthy Start set up a competitive process where single schools or clusters of schools can apply for planning and operational grants, working with parental and commu-

nity involvement to improve school readiness, academic success, health and mental health, and family functioning.

Such work is vital, and schools are ideal sites for health clinics, according to Asuncion.

"I believe that the problems we're facing in education in terms of student achievement are linked to other parts of children's lives," she explained. "Our role is to support the teacher in the classroom and bring these kids to class ready to learn. In the process we are addressing some of the barriers

families have to face in obtaining good health care, such as transportation and access. Instead of sending them all over the city we now can bring the appropriate resources to the school. This is about empowering families. And children must be healthy in order to learn."

The concept of bringing representatives from many health and social service agencies to a school site is well illustrated at the Edison Health Clinic.

James Griffith, M.D., administrator, described an ongoing stream of professionals who visit the clinic to see student residents in adolescent medicine from San Joaquin General Hospital, a nurse practitioner, a school nurse, a speech therapist, various counseling professionals and a Medi-Cal eligibility worker are among those who keep appointed hours there.

"The idea was to establish a place where students could get services and get back into class," said Irwin Staller, executive director at Delta Health Care. "Our goal was not to be the medical provider at every site, but to encourage other providers to move into the arena."

One of Delta Health Care's key concerns was that students had limited access to reproductive health care and counseling services. Emphasis is placed on such counseling at the Edison High School clinic. There has been measurable success.

"We've seen a 13 percent drop in teen pregnancy in the county," Mr. Staller said. "Eighty percent of the young women who have had babies have remained in school, indicating we've had an impact also on self-esteem."

### Oasis Under the Freeway

Cars hiss and flare as they go by; trucks rumble overhead like great, thudding storms. A trembling, noisy world rushes in all directions as you stand in the strange, arching hollow underneath Interstate 5 and its connecting ramps to the Crosstown Freeway, off South Lincoln Street just a few blocks from downtown Stockton.

Down here, beneath the freeways, the world seems to be an okay place. Homeless men wander around, or sit and stare, or talk, or sleep using a rumpled jacket as a thin comfort against the hard cement of sidewalks. Mothers with hardened faces push tots in old strollers. People gather here for free meals, free clothes, free food, medical care, a place to spend the night.

It's the site of St. Mary's Interfaith Dining Room, which is much more than that, and of the Stockton Shelter for the Homeless, where families or single men can find temporary comfort. These places are oases for the poor, the homeless, the down-on-their-luck, the drifting workers, the men who seem to be going nowhere even though they're always on the sidewalks. Thanks to immeasurable amounts of love that still exist in the world, down here under the rushing freeway people can be safe and taken care of, at least for a while. Here, the world isn't as mean as it seems. Unseen as most of the world hurries by, love rolls up its sleeves and gets to work.



A group of Edison High School students attend a counseling session on campus.

At St. Mary's Interfaith Dining Room, an interdenominational organization that has been serving the poor of San Joaquin County since 1955, homeless people can receive free medical and dental care, get clean clothing, eat well-balanced meals, find referrals to other community programs and even find a well-organized school for their children. They also find they are treated with dignity here.

Guiding a visitor through the site, Operations Manager Edward Figueroa talks with pride about the 1,500 people who get free dental care, the 3,000 visits to the medical clinic last year, 2,300 children educated there over the years at the Transitional Learning Center, the tons of clothing donated by local residents to be issued to people who can't afford to buy such clothes, and the fact that 80 percent of St. Mary's support comes from the community — money, food from farmers and restaurants, services from professionals. But he pauses at one of many brightly-planted flower beds that decorate the compound.

"One of the things we're proud of is our gardens," he said. "They uplift people's spirits. This is our first way of providing a welcoming atmosphere. We treat each individual with respect and dignity."

David Brewer, executive director, expands on that thought. "We feel it's just as important for poor people not to be denied beauty," he explained. "That's one of our freedoms. So often when organizations help the poor, the esthetics are the last thing to be taken into consideration. We try to keep a year-round garden so there is always beauty here. It sort of softens the place. It helps people regain the dignity that all people need."

Sierra Health Foundation has assisted by equipping the volunteer dental clinic, buying other equipment, and helping build a new medical clinic now under construction. Next door, at the Stockton Shelter for the Homeless, a grant paid for mattress pads to help house and sleep anywhere from 115 to 180 single men each night. The facility also provides a place for women and children.

Other organizations also serve as oases for services or information.

Medical care is provided to about 50 people a week at the Lodi Memorial Hospital Clinic for the Homeless, located in the Salvation Army building in Lodi. Started by Walter Reiss, M.D., it was taken on by the hospital and opened last June at its new location because so many people go to the Salvation Army for assistance.

"It fits our mission to try and serve the community, particularly the most needy," said Joseph Harrington, hospital CEO.

"We see street people, homeless, and also people who are medically indigent, who have jobs but no health insurance," Dr. Reiss said. He continues to volunteer at the new clinic, which was supported by a Sierra Health Foundation grant.

The foundation also assisted the Women's Center of San Joaquin County with a grant to help them open



the VINE House in Lodi, according to Joelle Gomez Dawson, executive director.

"VINE stands for Violence Is Not Excusable. VINE is a 24-hour safe house, a place to stay for up to a week following domestic violence or sexual assault," Dawson said. "It provides safety for our clients and time for us to assess the situation and seek long-term shelter."

The safe house is a collaboration of the Women's Center, Lodi Police Department, Lodi Memorial Hospital and the San Joaquin County Sheriff's Department, she noted. It was opened in April and can house up to six victims at any one time.

"It's the only shelter for women in north San Joaquin County," Ms. Dawson explained. Lodi Memorial sees about 15 cases of domestic violence a month in its Emergency Department.

Multi-agency cooperation is continuing through the San Joaquin County Healthy Children's Collaborative, according to Coordinator Gloria Nomura. Working with educators, the county, city officials and nonprofit organizations, they are establishing neighborhood centers to respond to health and education needs.

"We see ourselves as facilitators," Nomura said.

This kind of cross-agency collaboration is being furthered by the United Way of San Joaquin County. Working with a Sierra Health Foundation grant, the United Way is establishing a community-wide data base that will index the county's resources, and help match needs or avoid duplications of services, according to Pat Patrick, senior vice president at the United Way.

"We brought together county and city governments, health care providers, chambers of commerce, the Council of Governments, United Way, University of the Pacific, grass roots organizations, the sheriff's department, schools and business people," Patrick explained. "We're pooling all of this data into one cooperative that will be maintained at UOP and continually updated and made available to the community."

Paul Tarbell, development and program coordinator for the Salvation Army in Lodi, pointed out that the clinic now run by Lodi Memorial Hospital was first located at the Fellowship in Action Homeless Shelter. Fellowship in action seem to be the words guiding the people of San Joaquin County.

*"We see street people, homeless, and also people who are medically indigent, who have jobs but no health insurance."*

Walter Reiss, M.D., Founder, Lodi Memorial Hospital Clinic

## San Joaquin County Facts

<b>POPULATION</b>	535,400
<b>UNEMPLOYMENT RATE</b>	13.3 percent
<b>MEDIAN HOME VALUE</b>	\$97,000
<b>INDUSTRIES</b>	Government, Agriculture, Healthcare, Public Works, Wholesale/Retail, Services
<b>WOMEN'S CENTER COALITION</b>	\$5,000
To support a safe house program for victims of domestic violence.	
<b>THE TRIPLET CONNECTION</b>	\$5,000
To provide general support to an organization that provides information and support services for families expecting multiple birth pregnancies.	
<b>VOLUNTEER CENTER OF SAN JOAQUIN</b>	\$7,618
To support the Volunteer Center to help the county's human services agencies recruit, train, utilize and retain volunteers.	

A young patient receives  
a wellness check-up at  
the newly constructed  
Lodi Memorial Hospital  
Clinic (page 6).



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

# PARTNERSHIPS

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