



PARTNERSHIPS

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

Volume 12, Number 2
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"Because so much is already known about dental problems and what works in treating them, the philosophy behind brightSMILES is straightforward and service-oriented: provide dental care wherever it is needed."

brightSMILES Grant Program Targets Dental Health Neglect

Thirty-four percent of Americans no longer have any of their natural teeth. More than half of California's children aged six to eight, particularly in rural areas, have untreated tooth decay. And across the nation, dental-related illnesses cause the loss of 20 million workdays and 51 million school hours each year.

These chilling statistics (taken from the 1997 report, *The Oral Health of California's Children: A Neglected Epidemic*) speak to the dimensions of a health issue that is often overlooked or casually dismissed as a cosmetic problem. But the consequences of poor dental care are not simply marred smiles. Children can suffer eating, digestive, learning and speech problems caused by excessive tooth decay, pain and infection. Embarrassment and diminished self-esteem are less visible consequences of poor dental health and can have a powerful effect on children as they grow up. Adults may continue to suffer throughout their lives when they lose teeth, suffer pain from ulcerated gums and have their immune systems weakened by constant untreated dental infections.

In response to this problem, Sierra Health Foundation, in collaboration with The Dental Health Foundation and The California Dental Association,

formed a specially targeted funding partnership called *brightSMILES*. An initial Request for Proposal was issued by the *brightSMILES* Partnership in the spring of 1999. In recognition of the need for additional funding, and the effectiveness of collaborative efforts, The California Endowment joined the *brightSMILES* Partnership in October 1999, contributing \$1,000,000. That same month, grants totalling \$800,000 were awarded to nine organizations in 26 northern California counties, and a second round Request for Proposal was issued that expanded the geographic scope of the *brightSMILES* program to six additional counties in northern California. Phase Two grants will be awarded in March 2000.

Because so much is already known about dental problems and what works in treating them, the philosophy behind *brightSMILES* is straightforward and service-oriented: provide dental care wherever it is needed. Implementation, rather than planning or evaluation, is the emphasis of the program. The formal funding criteria list the following preferences for project funding:

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Future of CPHC

In 1993, the Sierra Health Foundation Board of Directors made a 10-year, \$20 million commitment to improving the lives and health of children from birth through age eight in its 26-county funding region of northern California. The Community Partnerships for Healthy Children (CPHC) initiative was created to help communities launch collaboratives, develop plans and then implement those plans at the grass roots level.

This vision, so far, has been successful beyond expectations in many different aspects. Dorothy Meehan, Sierra Health Foundation Vice President said, "We never thought there would be 24 collaboratives still at work at this point in the initiative. Members have overcome difficult challenges in organizing, deciding strategies, and meeting goals. It is thrilling to see so many people working and making changes for the better in their communities."

A recent survey by SRI International, the organization responsible for independent evaluation of the CPHC initiative, showed that collaborative members also believe positive changes are underway in their neighborhoods. Seventy-eight percent of survey respondents said there has been moderate to significant improvement in communication among neighborhood residents. Eighty-two percent said they have seen a moderate to significant increase in the number of organizations in their area concerned about the well being of children. Seventy-nine percent of respondents say they see a significant or



Layne Montgomery

CPHC representatives and coordinators review the goals of Phase IV of the CPHC initiative.

moderate change in their community's ability to respond to local needs since their collaborative began its work.

At its annual retreat this past fall the Foundation's Board of Directors committed to continuing direct support of the collaboratives for two additional years, creating Phase IV of the initiative. It also committed to support the development of the CPHC Leadership Council, a body of CPHC leaders that will define, and ultimately assume, the leadership of the movement after the Foundation's direct grant commitment ends.

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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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Bill Santos

“Several of these brightSMILES grants will support dental sealant programs benefiting second and sixth grade children at individual schools in 11 different counties.”

– Len McCandliss

LETTER from the PRESIDENT

“Over the last seven years, the collaboratives have steadily increased their effectiveness in local communities, with many of them finding ways to influence new or improved policies affecting the health of children and families at state and local levels.”

This new year brings many opportunities for Community Partnerships for Healthy Children (CPHC). Entering the fourth and final phase of this 10-year initiative, CPHC community collaboratives are becoming very focused on expanding their efforts for greater impact on children and families in our region. The article on page one details the future of the CPHC initiative.

Over the last seven years, the collaboratives have steadily increased their effectiveness in local communities, with many of them finding ways to influence new or improved policies affecting the health of children and families at state and local levels. As an example, 29 collaborative members from 17 different counties are participating on their county Prop. 10 commissions — countywide appointed commissions charged with allocating state tobacco tax monies to benefit the health and welfare of California’s children. We think this is very exciting.

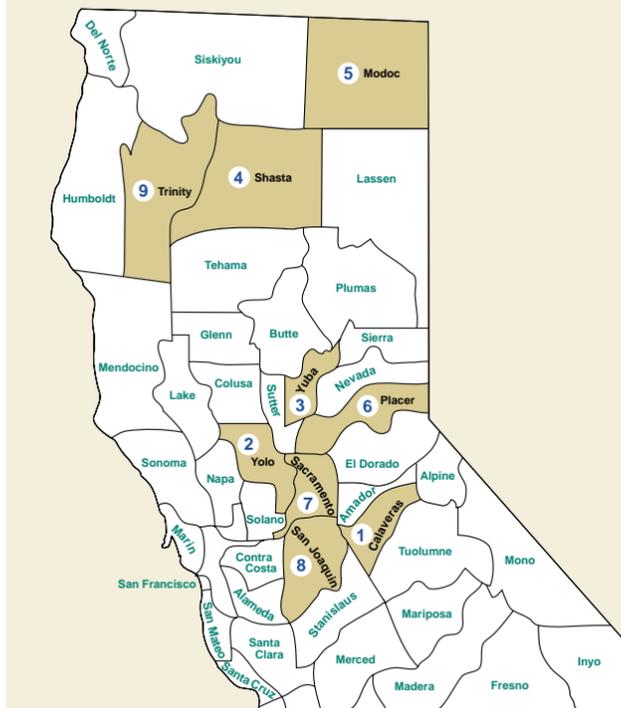
In the previous (Fall 1999) issue of *Partnerships*, I shared with you the Foundation’s recent decision to focus some funding in the area of dental health with the *brightSMILES* Partnership. Since that time, a great deal has happened, all of which is good and exciting news for northern California.

In early October, with a financial contribution from The California Endowment, nine grants totaling \$805,781 were awarded in the first round of funding. Several of these grants will support dental

sealant programs benefiting second and sixth grade children at individual schools in 11 different counties. Some of these programs are profiled in detail on page 4. There are many organizations in this region working toward improving dental health for northern Californians. The California Dental Health Foundation and its Chair, Dr. Jared Fine, are valuable partners in this effort. The California Dental Association’s 32 local dental societies provide community outreach programs, many involving children, equating to tens of thousands of hours of pro bono services. With the participation of all of our partners, we feel confident that other organizations will recognize the need to focus on the dental health of Californians, and we will begin to see some real progress in the area of improved dental health.

What’s next for *brightSMILES*? A review committee is currently assessing a second round of grant proposals, assuring that additional *brightSMILES* monies are appropriated to a larger pool of grantees this spring. U.S. Surgeon General, Dr. David Satcher will also release his report on the State of Oral Health in the United States which I believe will do a great deal to bring a critical public health problem closer to the forefront of a national health policy agenda. We are very pleased to be addressing this important issue and urge everyone to look for opportunities in their communities to improve the dental health of our children.

brightSMILES Grants



Phase One brightSMILES grantees

- 1 Calaveras County Office of Education
Angels Camp, CA
- 2 CommuniCare Health Centers
Davis, CA
- 3 Del Norte Clinics, Inc.
Olivehurst, CA
- 4 Grassroots for Kids
Shingletown, CA
- 5 ISOT Canby Family Practice Clinic
Canby, CA
- 6 Placer County Community Dental Clinic
Auburn, CA
- 7 Sacramento Dental Sealants in Schools
North Highlands, CA
- 8 Stockton Unified School District
Stockton, CA
- 9 Trinity County Office of Education
Weaverville, CA



Bill Santos

“Helping you achieve success is fundamental to Sierra Health Foundation’s mission. The Foundation believes sound leadership is an underpinning to success and has defined leadership as an essential, internal value of our staff and board of directors.”

– Dorothy Meehan

GRANTWise

Across the Board

By Dorothy Meehan,
Vice President
Sierra Health Foundation

“Proposals to Sierra Health Foundation must include a roster of the sitting board of directors. Any additional information that articulates the quality and commitment of the organization’s leadership is even more desirable.”

When I was asked recently how I ranked the importance of nonprofit boards of directors to the success of winning grant proposals, I had to stop and think for a moment. Philanthropy, after all, is a very “different” kind of business. However, as in the for-profit sector, many nonprofit organizations follow business models in which their boards often influence or determine programmatic and economic decisions.

In the profit-making world, the make up of a company’s board of directors will usually affect the success or failure of a business. The nonprofit sector is no different. Why should it be? A common thread linking all organizations engaged in the business of people, goods, and services is a desire to succeed. Fundamental to success is putting in place the kind of leadership needed to ensure that success. The composition of your board communicates a strong message to your potential funder. It is too significant to ignore.

Well-constructed boards are the cornerstone of any organization because they are the strategic visionaries, the navigators, if you will, of the course the organization will take to achieve success.

Philanthropists analyze requests for grants with a critical eye toward a project’s outcome and sustainability. Sustained success for any project requires dedicated leadership from qualified staff, and just as importantly, from boards of directors. Without question, proposals that clearly demonstrate the value their boards will bring to an endeavor stand a better chance of being funded.

Helping you achieve success is fundamental to Sierra Health Foundation’s mission. The Foundation believes sound leadership is an underpinning to success and has defined leadership as an essential, internal value of our staff and board of directors. Naturally, we look for this value in other organizations when considering funding options.

Proposals to Sierra Health Foundation must include a roster of the sitting board of directors. Any additional information that articulates the quality and commitment of the organization’s leadership is even more desirable.

When staff or I read a proposal, a quick, first pass of the board roster sometimes reveals easily recognized flaws, even before the application is read thoroughly (possibly predisposing your proposal to failure.) For example, a quick examination of a board’s make up might indicate a board that is too small for an endeavor; or too homogeneous in gender, age or ethnic affiliation; or, perhaps, the board is made up of a majority of first-time members new to the organization.

Some funders, in addition to compulsory information, require further explication of board members, such as members’ biographies and statements of commitment. It is incumbent on you, the grantwriter, to clearly demonstrate the board’s commitment by taking the initiative to assure your potential funder that the board members understand their responsibilities to protect and enhance the organizations and programs they have been selected to lead.

Board commitment can be reflected in a number of ways. For instance, you could illustrate how the membership is individually and collectively involved in the mission. Are the members informed and knowledgeable about the goals and objectives of the project? Are they well trained, compelled, and challenged? Are they accountable? What level of monetary commitment will they make? (This last question is especially important when the request is related to a capital campaign.)

Indeed, this last question alludes to a major responsibility placed on a large number of nonprofit board members, fiduciary responsibility. The National Center for Nonprofit Boards, an organization dedicated to increasing the effectiveness of nonprofit organizations by strengthening their boards of directors, has written a booklet, *Financial Responsibilities of the Nonprofit Board*, which addresses this all-important board responsibility.

The introduction in the booklet clearly states, “Board members are responsible for the corporate survival, financial viability, and program success of the organization.” Additionally, “Board members must understand the issues important to financial integrity and solvency, safeguards and procedures to protect the organization, and signs of financial trouble ... and enhance the nonprofit organization’s capacity to serve the community.”

Fiduciary duties, as well as overall project responsibilities, obviously require sound board leadership. Matching nonprofit organizations with the

Continued on page 9

What are the key duties of the board?

From “Ten Basic Responsibilities of Nonprofit Boards,” published by the National Center for Nonprofit Boards, Washington, DC 20036. www.ncnb.org

- Determine the organization’s mission and purposes
- Select the executive staff through an appropriate process
- Provide ongoing support and guidance for the executive; review his/her performance
- Ensure effective organizational planning
- Ensure adequate resources
- Manage resources effectively (the buck stops with them, ultimately)
- Determine and monitor the organization’s programs and services
- Enhance the organization’s public image
- Serve as a court of appeal
- Assess its own performance

The BOARDLINK Mission

Strengthen the effectiveness of Sacramento-area nonprofit boards to lead and to govern.

BOARDLINK goals and objectives

- Broaden the pool of qualified individuals available for nonprofit board service.
- Increase business and government support for area nonprofits through individual participation.
- Enhance the capacity of nonprofit organizations to serve the community.

BOARDLINK is a program of the Nonprofit Resource Center

828 I Street, Sacramento, California 95814

Fax: (916) 264-2787 Phone: (916) 264-2719

brightSMILES Grants

More than \$800,000 in grants has been awarded to nine organizations to expand the availability of dental health services in Northern California.

**CALAVERAS
COUNTY OFFICE OF
EDUCATION
CALAVERAS
COUNTY**
\$95,655

To expand to four grades school-based dental education, assessment and preventive treatment programs and to include cleaning, topical fluoride treatment and sealants for uninsured children.



Dr. Richard White, DDS, one of the dentists working with the Sacramento Dental Sealants in Schools Partnership, checks the teeth of a second-grader at Hagginwood Elementary School.

Layne Montgomery

**COMMUNICARE
HEALTH CENTERS
INC.
YOLO COUNTY**
\$84,975

To expand an existing screening and education program to offer sealants to low-income children and to provide dental treatment in rural counties that do not have a resident dentist.

**DEL NORTE
CLINICS INC.
BUTTE, COLUSA,
GLENN, SUTTER,
TEHAMA AND YUBA
COUNTIES**
\$115,000

To expand school-based dental screening and sealant services in 17 schools that are in low-income neighborhoods or have migrant education summer programs.

School-Based Programs Taking Dental Care on the Road

They giggle and whisper and poke each other while they are waiting. Then they climb into the mobile dentist's chair, obediently open their mouths and listen as the dentist tells an assistant what to write in their charts. "Two fillings baby teeth, three cavities baby teeth, no fillings permanent teeth, one cavity permanent teeth, no sealants." The litany, dismal as it is, is repeated often.

Charts complete, the children are sent back to class, and volunteer coordinators begin the task of communicating with parents about what needs to be done. Many will be asked to sign permission slips for sealants to be applied at school; some will be offered help in obtaining follow-up appointments with dentists to take care of cavities or more severe problems.

This is a school-based dental program. The fit between problem and opportunity is exciting. California's children need dental screening and preventive services. Children are gathered together already in schools everyday. Put these two realities together and you have the basis for many of the programs being funded by the *brightSMILES* project.

One of the grantees in the first round of *brightSMILES* funding is the Sacramento Dental Sealants in Schools Partnership. Using its \$125,000 grant over the

next two years, the Partnership will rely on the organizational capabilities and volunteer efforts of five neighborhood collaboratives to bring dental services to 3,800 children in 17 elementary schools. This represents the continuation and expansion of a prior two-year effort, funded by grants from The Dental Health Foundation, that covered 10 schools.

"Some of the kids have teeth so bad that they need immediate care. You hear about ones with 10, 12, 14 cavities," Linda Andersen, coordinator of the Sacramento Dental Sealants in Schools Partnership, says. "These kids probably wouldn't get dental care without us coming to the schools. Everyone agrees it's a fabulous program we ought to have everywhere."

Andersen says there are several keys to a successful program: working closely with school staff to keep out-of-class time to a minimum, having a parent coordinator at each site who knows the school and the families, and doing plenty of follow-up checking to make sure that students who need immediate care get it.

"We're very excited about getting this grant and being able to continue the service," Andersen says. "We will continue to be able to make a difference in that our program will reach more kids and be far more effective."

Reaching more children with dental services is also the goal of Del Norte Clinics, another *brightSMILES* grant recipient. Del Norte will be using its two-year grant of \$115,000 to help provide dental screening to 1,700 children in 17 schools, dental sealants to 1,080 children and up to 300 hours of dental education — all in a six-county, extensively rural area of northern California.

Harold Carlson, the grant writer and planner for Del Norte Clinics, says the targeted children come from some of the lowest-income families in the state. "We've been doing an outreach health program for migrant kids for several years," Carlson says. "When we screen these kids during the migrant summer school program, we find that a very high percentage have cavities and other untreated dental problems."

Carlson says Del Norte is already seeing that sealants work. "We started applying sealants several years ago and now we actually see these kids come back and they have fewer cavities. So we are taking both our experience and the existing scientific research and applying that to a population that has a real problem accessing service."

As often as possible, Del Norte looks for local dentists to partner with in providing the school screenings. But in many of the communities in the rural counties Del Norte covers — Butte, Colusa, Glenn, Sutter, Tehama and Yuba — dentists are either in short supply or non-existent. In those cases, Del Norte provides its own staff.

"We just look at it as a real basic health issue," Carlson says. "These families have so many other problems, the whole issue of dental care is pretty far down on their list. So we are trying to fill in that gap. The grant will allow us to expand into a larger base of low-income children."

A Neglected Epidemic

Statistics from the 1997 report by The Dental Health Foundation on the dental health of California's children:

- Almost one-third of preschoolers and two-thirds of elementary and high school children have experienced tooth decay.
- Twenty-one percent of tenth-graders are in urgent need of dental care for extensive decay, pain or infection.
- More than half of all school-age children have untreated tooth decay.
- Sixty-one percent of tenth-graders have gum disease requiring professional treatment.

Building Capacity

Grants Help Expand Dental Services Infrastructure

In Modoc County, in the extreme northeast corner of California, there are no orthodontists at all; families have to take their children across the border to other states (Oregon and Nevada) to get braces. The few dentists can be counted on one hand, are booked solid, and have long waiting times for appointments. Dental equipment is often out-of-date and second-hand. Sophisticated surgery and treatment simply aren't available.

The impact on people with dental problems is obvious. But sometimes Greta Elliott, the administrator for the ISOT Canby Family Practice Clinic, thinks the subtle effect on efforts to develop good dental health care is even worse. Her point: It is hard to get and keep a dentist in Modoc County.



The Canby Family Practice Clinic in Modoc County.

“In 1994, we lost our dentist to a state job down in Folsom — better working conditions, better salary, better retirement,” Elliott says. “We were pretty desperate, borrowing a dentist from another county on weekends.”

Advertising in the Bay Area and other locations brought plenty of phone calls — but just as many hang-ups when the dentists heard about the remote location. “Finally, we hired a woman from a family of dentists in San Leandro,” Elliott says. “Her father, also a dentist, brought her up here to move in — and when he saw how rural it is, how tiny our clinic is and what shape our equipment is in, he talked her out of it.”

Then after almost a year, the clinic hired sight unseen a dentist practicing in Canada on the eastern seacoast. Now Elliott is determined to keep Dr. Amin Zahirfar.

“He really spends a lot of time with patients, teaching them about teeth, about brushing and about taking care of their mouths. He does oral surgery,

root canals and endodontics — and he has great rapport with children,” Elliott says. In addition, she says, Zahirfar is interested in orthodontics and is taking continuing education.

“I could see that the little clinic we have just wasn't going to keep him. The only way to keep someone here with that kind of skill would be to develop a clinic where he could use those skills,” Elliott says.

The answer is an expanded medical and dental clinic to replace the cramped Victorian where even the closets have been turned into exam rooms. While the \$35,192 *brightSMILES* grant is officially listed as support for Canby Clinic to complete construction of the new 5,000-square-foot clinic, Elliott sees it as her best hope of keeping Zahirfar in place. With larger examination rooms, updated operating facilities and new equipment, the clinic will be able to expand its dental services. But Elliott knows that, just as importantly, the grant is a key ingredient to building a sustainable infrastructure of dental health.

Grant program targets dental health neglect

Continued from page 1

- Promote dental health through the application of proven prevention measures;
- Increase access to dental health services;
- Promote integration of preventive and treatment services; and
- Positively impact the dental health of underserved populations.

The hands-on, direct-care focus of *brightSMILES* targets the key problems behind poor dental health: high cost and low availability of services. While regular teeth cleaning, dental sealants and fluoridation treatments are powerful preventive tools, many northern California residents cannot afford them or do not have access to them. When the lack of preventive measures allows dental disease to flourish, the costs rise higher. The Coalition for Oral Health reports that for every dollar invested in preventive care, between \$8 and \$50 of more costly care is avoided.

Another barrier to dental service is access. Only a few dentists choose to serve Medi-Cal patients, so

service is difficult to find for low-income people. In rural California the problem goes much deeper. Some areas have no dentists at all and others have only a few with crowded schedules and limited services. The problem is one of distribution rather than supply, according to state officials. For instance, San Francisco has one dentist for every 664 residents while Butte County has only one dentist for every 4,500 residents.

brightSMILES addresses both the cost and accessibility issues by supporting programs that bring services to people who need them. The stories on the following pages take a closer look at three of the grantees from the first phase of *brightSMILES* funding.

More information about the *brightSMILES* partnership and the current grant process can be obtained by contacting Sierra Health Foundation, 1321 Garden Highway, Sacramento, CA 95833, (916) 922-4755, or at www.sierrahealth.org.

GRASSROOTS
FOR KIDS
SHASTA COUNTY
\$27,953

To expand the existing school-based dental education, assessment and preventive treatment programs at Black Butte School from second grade to preschool through 6th grade.

ISOT CANBY FAMILY
PRACTICE CLINIC
MODOC, SISKIYOU
AND LASSEN
COUNTIES
\$35,192

To purchase dental equipment needed to complete the construction of a new medical and dental clinic in Modoc County.

PLACER COUNTY
COMMUNITY CLINIC
PLACER COUNTY
\$116,452

To increase availability of dental services through the renovation of two dental clinics and the addition of a dental operatory.

SACRAMENTO
DENTAL SEALANTS
IN SCHOOLS
SACRAMENTO
\$125,000

To expand mobile school-based dental screening and sealant services to 17 elementary schools from the 10 now served.

STOCKTON UNIFIED
SCHOOL DISTRICT
SAN JOAQUIN
\$115,000

To expand school-based dental screening and sealant services to three Healthy Start sites in the Stockton area.

TRINITY COUNTY
OFFICE OF
EDUCATION
TRINITY COUNTY
\$90,554

To expand school-based dental education, assessment and preventive treatment programs and to equip a dental operatory at the Trinity County Health Clinic

This profile of Sierra & Nevada counties is the seventh in a series that will focus on rural counties in Sierra Health Foundation's 26-county funding region in northern California.

Sierra Health Foundation Funding in Sierra & Nevada Counties

1989 – 1999 (Partial List)

AREA 4 AGENCY ON AGING
\$9,750

To support the Youth-at-Risk program of the Retired and Senior Volunteer Program of Nevada County.

COURT-APPOINTED SPECIAL ADVOCATES, NEVADA COUNTY
\$9,632

To implement and maintain the Health and Education Passport program for foster children in Nevada County.

FOUNDATION OF RESOURCES FOR EQUALITY AND EMPLOYMENT FOR THE DISABLED
\$30,000

To support construction of a swimming pool accessible to physically disabled individuals.

NEVADA JOINT UNION HIGH SCHOOL DISTRICT
\$10,000

To implement tobacco prevention and cessation programs in five high schools.

SIERRA ADOPTION SERVICES
\$95,395

To support an outpatient psychotherapy clinic to address needs of adoptive families.

SIERRA NEVADA MEMORIAL-MINERS HOSPITAL
\$30,000

To support a new prenatal care services clinic.

TAHOE WOMEN'S SERVICES
\$40,000

To support operation of the battered women's shelter.

WESTERN SIERRA MEDICAL CLINIC, INC.
\$25,000

To purchase clinical equipment and hire an additional nurse practitioner.

Sierra & Nevada Counties Share Rural Beauty, Hidden Challenges

Communities Use Creativity, Tenacity to Solve Problems

It would be easy to be misled by the quiet and empty spaces that fill rural counties — surely life is calm, slow and peaceful. But in Sierra and Nevada counties, underneath the pastoral surface is a story of extremes, uncontrollable change and daily challenges.

Take Nevada County. The Extreme: The county has the highest proportion of senior citizens of any county in California — about 29 percent, which is more than double the state average. The Uncontrollable Change: The statistic reflects not only a population that is aging in place, but also a large influx of retirees who come to escape urban/suburban lives, causing a huge boom in what once were tiny, sleepy villages. The Daily Challenges: Coming with the resources garnered in successful careers, the incoming retirees gentrify rustic areas and push prices up for everyone. They also come with big-city expectations for access to services, creating demand where there is very little supply.

Or take Sierra County. The Extreme: The county has a population of 3,300, fit for a tiny village rather than for a 950-square-mile expanse spreading between Nevada and Plumas counties. The Uncontrollable Change: A boom area from the gold rush days through the start of the Depression, Sierra County has watched its economy erode for the past 70 years as mining and lumbering options dried up and few alternative

“Mato” shares Native American traditions with some of the young people attending Peace Camp 1999, hosted by the Community Network for Children and Families in Nevada County.



(L-R) Kathleen Kerrigan, R.N., Program Director; C.J. Lefler, Social Worker; Deanna Jones, Physical Therapy Assistant; and, Sarah Heinzl, Director of Nursing are some of the staff of the Larry G. Lutz Center in Grass Valley.

economic opportunities developed. The Daily Challenges: Cut in half by the Sierra Nevada mountains, Sierra County has the basics but few frills or specialized services. People at one end of the county drive an hour to Grass Valley and people at the other end gravitate to Truckee or Reno — metropolitan feasts in comparison to Sierra County's relative famine.

What the counties share in common are people with tenacity and creative energy who focus on making the most of what is available and leveraging any help that comes along. Nowhere is that more clear than in projects in the two counties that Sierra Health Foundation has seeded, given a gentle nudge to, or supplied a big push for. Some examples:

The Larry G. Lutz Center

The typical desire of senior citizens is that they age in place — an expression in the elder care world that means people stay in their own houses, living more or less independently until they die. The reality is that as people age, they quickly run out of options that will allow them to remain at home. Even if they only need a small amount of assistance to remain on their own, they may not be able to afford in-home care.

The Larry G. Lutz Center is designed to prolong the ability of seniors to live at home, and to do so in an affordable manner, according to Liz Mantle, executive director and administrator. Two adult day care programs are run side by side within the center. One offers respite to daily caregivers, often an aging spouse. The other program is a medical model that stresses therapy and treatments that help people maintain the skills they need for

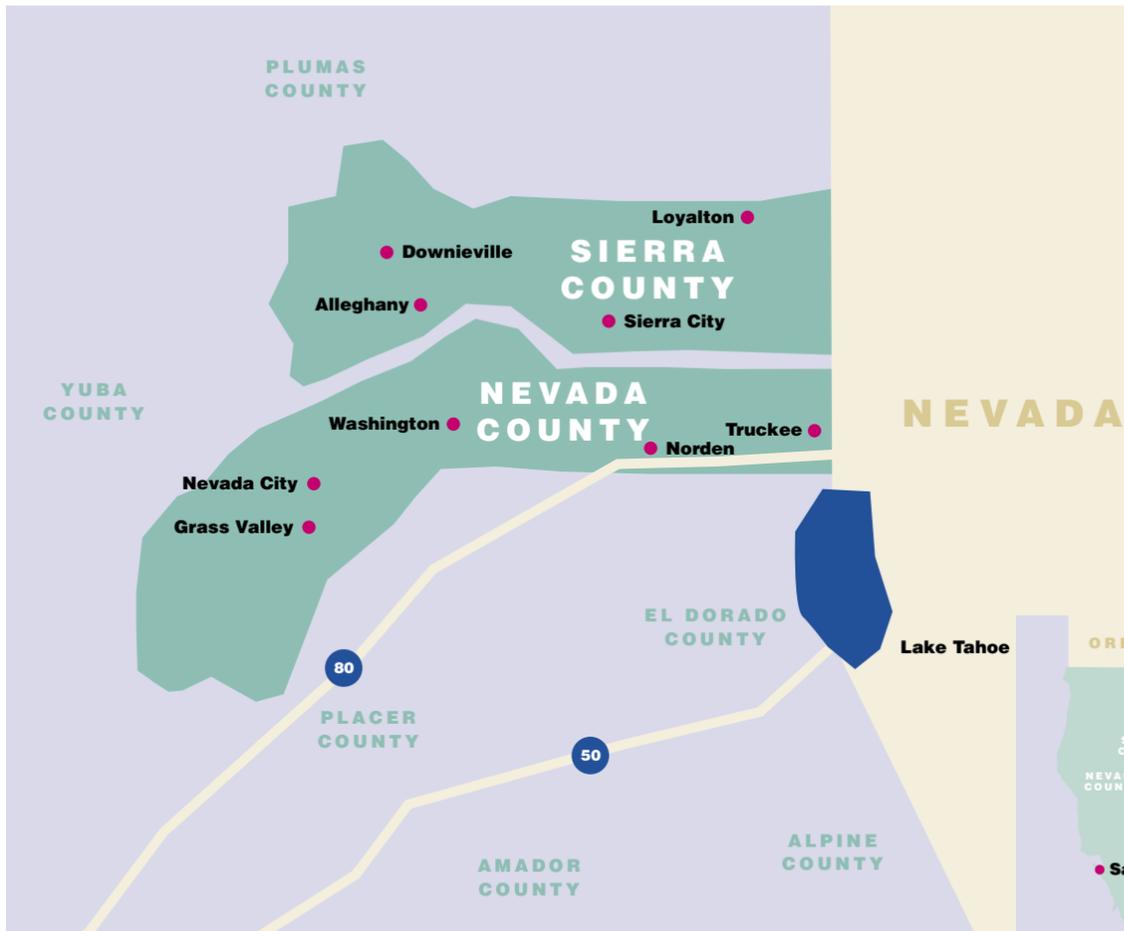


independent living, such as walking and using bathroom facilities. Through grants, fund raising and subsidies, both programs offer services at a rate that comes to a little more than a dollar an hour for the lowest income seniors.

“The center helps people stay healthy enough to remain at home,” Mantle says. “If a person can stay ambulatory or be strong enough to stand up when transferring from a wheel chair, that can make all the difference in the ability of a spouse to care for someone at home.” Another focus for the center is helping caregivers, giving them a break, providing training and answering questions. It’s an important function because, Mantle says, “about half of all caregivers give out before the person they are caring for because of the stress and strain.”

The center, which serves about 45 seniors on any given day, is a valuable resource for today’s seniors in Nevada County — but it is also a work in progress. Mantle says the center is an outgrowth of the Senior Citizens Foundation of Western Nevada County, which was jump-started in 1984 with a \$60,000 Sierra Health Foundation grant. Originally, the center operated out of a church social hall, packing up its equipment each night and opening up only on days the hall was available. It was a good beginning, but as the center grew more popular the limitations became more obvious, Mantle says.

By 1997, the center had located a facility that would provide a large permanent home ... if other non-profit agencies would rent the unneeded space ... if volunteers would provide the sweat equity needed to remodel the building ... if a down payment could be borrowed from a generous volunteer. The “ifs” came together, Mantle says, and were greatly helped along by an \$85,000 Sierra Health Foundation grant that underwrote the effort to meet building codes and licensing standards. Today the building is a one-stop arena for social services, including the Del Oro



Nevada County Facts

POPULATION
88,800

UNEMPLOYMENT RATE
6.1%

MEDIAN HOME VALUE
\$167,500

INDUSTRIES
Tourism, Services, Retail, Technology

Caregiver Resource Center, the Retired Senior Volunteer Program, Legal Services of Northern California, the Literacy Council, the Alliance for the Mentally Ill and Al-Anon.

A work in progress, however, never is completely finished, Mantle notes. In the case of the center, the next big challenge is to help the county become a model program in California’s effort to untie state and federal funds that today are restricted to services in skilled nursing facilities. Mantle says senior care in the future will emphasize community-based services, single-stop applications for multiple programs and case management that taps into a broad range of resources — all powered by funding that now is untouchable until a person is too ill for anything but an out-of-home placement. The center, with the help of a \$5,000 Sierra Health Foundation grant that seeded the effort in 1996, is playing a key role in the collaborative planning to develop the model program and secure state and federal funding.

“Sierra Health Foundation was there really, really early,” Mantle says, “The Foundation has helped position us to handle the growth we are experiencing today. From the small grants to the large ones, the help has been timely and often essential for us to be effective.”

The Western Sierra Medical Clinic

While the uninsured worry about their next health care dilemma and policy makers wring their hands, the western end of Sierra County simply tackles the problem with the resources at hand. At the Western Sierra Medical Clinic, people get health care regardless of their ability



Activities Director Helen Wood leads a Tai Chi exercise group at the Larry G. Lutz Center in Grass Valley.

Continued on page 9

Sierra County Facts

POPULATION
3,360

UNEMPLOYMENT RATE
10.4%

MEDIAN HOME VALUE
\$135,000

INDUSTRIES
Tourism, Retail, Government



Layne Montgomery

Katy King from the Center for Collaborative Planning leads a discussion of possible objectives for the CPHC Leadership Council.

Future of CPHC

Continued from page 1

The CPHC Leadership Council is currently in its formative stage. Representatives from the collaboratives have met twice so far at Foundation headquarters to discuss the form and substance of how the Council will come together. Collaborative members are also formulating the mission, goals, and objectives of the Council.

Collaborative members can look at how the initiative has changed and developed since 1993 as they make plans for the future. Phase I, Community Development, was devoted to recruiting members, building a collaborative, assessing community strengths, evaluating assets and needs, and selecting one or more issues to address. Thirty-one grants were awarded during Phase I.

In Phase II, Program Planning, grants were awarded to communities that had been successful in organizing a collaborative and identifying critical issues impacting the health of infants, children and their families. This phase allowed up to 18 months for collaboratives to create a strategic plan of action around their identified issues. Twenty-nine planning grants were approved.

The third and current phase of the initiative, Implementation, is devoted to carrying out the strategic plans. Twenty-four CPHC collaboratives are currently implementing grass-roots efforts to promote children's health in 16 northern California counties.

The goals of the initiative as defined in 1993 have remained consistent since the beginning of the project.

They are:

- To improve the health and well-being of children and their families in the Sierra Health Foundation region;
- To assist the communities in the region to identify needs of children and families and pursue new opportunities to address these needs;
- To develop and strengthen the organizations and systems that respond to the needs of young children and families;
- To develop solutions to the needs of children and families by maximizing the use of existing financial resources and services through increased efficiencies, and/or the reallocation of some resources, and where necessary, by developing new resources; and
- To achieve a lasting, positive impact on the ability of communities to respond to and organize around children's needs.

For this fourth phase of funding, the Foundation has added three more goals:

- Increase the number of children and families whose health is positively affected by the initiative's efforts;
- Increase the sustainability of viable and vital CPHC community collaboratives; and
- Lay the groundwork for sustaining CPHC principles and goals beyond 2003.

A major purpose of the Council is to help the collaboratives meet these new Phase IV goals. Future issues of *Partnerships*

will bring the reader new information on how this is accomplished.

The Foundation believes the ability to broaden the impact of the CPHC initiative and meet the goals of Phase IV will come by increasing the effectiveness of the collaborative in the local community, as well as influencing new or improved policies at the local or state level.

Collaboratives have options for participation in the initiative from this point forward. Collaboratives can apply for grants of up to \$50,000 per year, or may elect to be unfunded partners — being reimbursed for participating in training and policy-related efforts, but not receiving direct grant dollars. A collaborative may wish to pursue different objectives and can elect to withdraw from the initiative while maintaining a positive relationship with the Foundation and continuing to be eligible for funding through other Foundation grantmaking programs.

Since the beginning of the initiative, building capacity for positive change in the local community has been the underlying strategy of the grantmaking effort. In fact, to date, for every dollar spent on direct community support, the Foundation has spent a dollar directly on the collaborative leadership and members, teaching and developing skills in community mobilization, planning and evaluation of their efforts. The Foundation has found this capacity building to be very worthwhile and will continue this strategy in Phase IV. Further justification for this is seen in the recent collaborative member survey. Sixty-five percent of collaborative members say they see a moderate or significant change in "child-friendly" decisions made by local policy makers such as city councils or county supervisors since the initiative was started.

Technical support and day-to-day monitoring for the collaboratives will continue through the Center for Collaborative Planning (CCP). With responsibilities for assistance on community building and increasing program impact, CCP will add support in the crucial area of policy and sustainability. SRI International will continue its role as independent evaluator in Phase IV. A large part of SRI staff efforts will continue to be devoted to building evaluation capacity at the local level. Sierra Health Foundation's role in Phase IV is focusing on increasing resources and opportunities for the collaboratives to broaden their impact on policy decisions at the state and local levels, and to share lessons learned with other foundations and organizations who wish to do this type of funding.

In Phase IV, the return on seven years of investment will dramatically increase — for the Foundation as well as the CPHC communities. "It's truly amazing what the collaboratives have accomplished thus far," says Dorothy Meehan. "But now comes the payoff in how the collaboratives broaden their impact and strengthen their ability to positively affect the health of large numbers of children in their communities. We are really looking forward to the next two years."

Since the beginning of the initiative, building capacity for positive change in the local community has been the underlying strategy of the grant making effort.

to pay — and the aim is quality care despite a lack of specialized medical facilities and personnel.

The clinic is in Downieville, about an hour's drive from Loyalton's hospital in one direction and an hour's drive from Grass Valley's specialists in a different direction. Care is provided by a team of nurse practitioners who are on call 24 hours a day, seven days a week. They network closely with Grass Valley doctors, use the UC Davis tele-medicine program and do whatever it takes to get the job done.

Frank Lang, the lead nurse practitioner who came to the county with the National Health Service Corps more than 20 years ago, says the clinic sees about 400 patients a month. Services range from taking X-rays and putting on casts to providing ongoing care when people return from hospitals. "We can provide the full range of medical services that a physician could provide in this setting," Lang says. "We just don't have a hospital, so we don't do surgery."

The goal, Lang says, is to provide an integrated health care system that rises above the rural isolation, spans the lack of resources and bridges the differences in medical expertise. "We can move patients back and forth in these systems and make it work," Lang says. "We work together."

Expenses are covered from a variety of sources — sometimes patient fees, often state and federal program funding, with the occasional grant and frequent donations. "The idea here is that this is a community facility. It's run by a nine-member board of directors from this community," Lang says. "It's a partnership between the community and the staff and the agencies that are interested in our story and who like what we do."

One of those supportive agencies has been Sierra Health Foundation. A \$25,000 grant in 1998 helped the clinic hire the second nurse practitioner and funded a new X-ray machine. "Our machine was more than 40 years old and when we fired it up, there was an electric arc that people could see," Lang says. "It worked, but there was more exposure to X-rays than we like to see today. Now we have better efficiency and a better quality developer."

An earlier Sierra Health Foundation grant helped rebuild the rickety staircase in the remodeled home the clinic is housed in. The staircase is the main route down to the two-chair dental office. Originally

built in the late 1800s, the building is a one-stop service center, bringing the clinic, the community food bank, mental health services and social services staff to one location in Downieville.

"Our relationship with Sierra Health Foundation has been very positive," Lang says. "They've been there to help when we've really needed it."

Children's Initiatives

Community Partnerships for Healthy Children, a Sierra Health Foundation initiative, has two programs in Nevada County. The Tahoe-Truckee Children's Network is at the eastern end and the Community Network for Children and Families covers the western end of the county. Both are in the third year of \$150,000 grants to implement community-based, collaborative efforts to strengthen families and improve the health and well being of children.

In Grass Valley, coordinator Jamie Cook-Tate says the top priorities identified by the community were conflict management skills and affordable, accessible youth activities. The collaborative is developing a Neighbor-to-Neighbor Network that trains people to make connections with each other in helpful ways, a mentoring program Cook-Tate says is less formal and paternal and more natural and empowering than traditional-style programs. In addition, the collaborative is working with the local senior citizen foundation and a group of skateboarding advocates to create a multi-generational community center.



Young members of the "Garden Club" sponsored by the Children's Collaborative of Tahoe Truckee at Truckee Pines Apartments in Truckee show off their produce.

The funding from Sierra Health Foundation has prodded the community to get involved in solving its own problems, Cook-Tate says. "They put their resources into the community and challenged the community to do something," she says. "They didn't just put the money in tried-and-true programs. Change only happens from the ground up — and they invested in the future from the ground up."

In the Tahoe-Truckee area, the Foundation's funding has also made a big impact on that community's top priority of making sure children are ready for school, according to Phebe Bell. Some evidence is in the programs, including a quarterly newsletter, parenting classes and kindergarten screenings that track children's school readiness. A less obvious impact is the regional model the collaborative has demonstrated as a powerful approach to solving problems. "We've been incredibly successful in bridging county and state lines and taking a regional approach," Bell says. "That's been a really important trend to set as an example for housing, transportation and other issues."

But perhaps the most important achievement, according to Bell, is one that could be echoed by all of the different grant recipients in Nevada and Sierra counties: giving resource-lean communities a head start on whatever it is that they need to accomplish. For Bell, the key word is leverage. "The funding has really poised us to take advantage of the opportunities coming up from the state and federal governments that focus on children. So it's not just what we've been able to do with the grant money, but also what it has allowed us to do in leveraging other resources."

Across the Board

Continued from page 3

right leaders can be challenging. Locally, however, Jan Stohr, Director of the Nonprofit Resource Center in Sacramento, has designed a program called BOARDLINK, which trains and matches board candidates and nonprofit organizations in the Sacramento region.

According to Jan, "The effectiveness of a nonprofit organization is directly related to the strength of its board of directors." BOARDLINK strives to connect capable, dynamic, and fiscally responsible members with nonprofit organizations to meet the myriad of challenges that threaten a nonprofit's viability and subsistence. (See sidebar on page three for more information about this important endeavor.)

Getting back to the original question about the importance of boards to the success of your proposals ... Clearly, boards play an important role in enhancing your funding opportunities. If you do not have a recruitment plan developed to acquire board members who are strong leaders with diverse backgrounds and program or financial skills; or if you do not have a method designed for rejuvenating the existing pool of leaders, get one as soon as possible.

Don't ignore these critical steps to success. And don't underestimate the influence a group of dedicated,

trained and focused individuals can have on the success of your funding requests. Across the board, the benefit to all is realized by "getting the grant."

One of the ways Sierra Health Foundation assists nonprofit boards of directors is providing in-kind meeting space in our conference facility for board meetings and retreats. Look for more information regarding this in-kind service in the next issue of *Partnerships* or contact Jacquie Segersten, conference manager, at the Foundation.

Mini-Grants Have Maximum Impact

Preference is given to smaller projects that bring immediate results, community-based projects, health education and prevention efforts, and proposals that expand existing projects.

At Sierra Health Foundation, Health Grants come in two sizes; there's the Large Grants program and the Mini-Grants program. Large grants, those for more than \$10,000, tend to be higher profile than those funded through the \$10,000 and under Mini-Grants program, but the impact made by the smaller projects can be significant.

For example, Newborns in Need, Central California Chapter, makes clothing for premature babies; gowns, hats, booties, and receiving blankets. Anita Hatfield, Chapter President, says the clothing produced is, for all practical purposes, impossible to find in stores and, if you can locate it, is five to six times the price of similar items for normal-term infants. The clothing is donated to hospitals that in turn give it to parents of premature infants. The most unique aspect of this program is that the clothing is made by juveniles who are serving sentences at the Preston Youth Correctional Facility in Ione in Amador County. "The grant was for \$2,500. We purchased three sewing machines and three sergers that should last at least six years in this environment," says Hatfield, "Just last Saturday the young men made 250 blankets and 20 gowns. I can't count how many families will be affected by this project over the next few years." The program creates rehabilitation opportunities for young men in the

correctional system. Participants also appreciate the opportunity to make a positive contribution. "They learn what it feels like to be of value to society, to someone in need," Hatfield said.

In July 1999, a Mini-Grant of \$9,927 was awarded to the Easter Seals Society of Superior California to launch a short-term pilot program teaching parents and

caregivers techniques of occupational therapy. Lynnette Goldstein, Director of Prevention Services and Program Development, says 52 families were involved in the program. "Children with Attention Deficit Disorder, or who are autistic, or who have orthopedic disabilities are in therapy while in school, but during the summer months, the therapy stops. The program taught parents and caregivers how to reinforce that therapy at home during the summer," Goldstein said. "Because of this program, the children's skills do not regress during the summer."

Sierra Health Foundation's Board of Directors created the Mini-Grants Program in 1996 as a high-impact, responsive-to-immediate-need, alternative to the larger grants. It wanted to create funding opportunities for smaller organizations intimidated by a complex application and reporting process, or who simply didn't need a large amount of money. The Mini-Grants program offers organizations a simpler

application to request funds and a streamlined reporting process for projects ranging from \$500 to \$10,000. Mini-Grant dollars can be used for short-term or multi-year projects, expansion of current programs, equipment purchases, building acquisition or renovation, the list of approved grant requests is very diverse. The only limitations are the standards outlined in the Mini-Grants Application.

Projects the Foundation finds most attractive meet specific criteria. First, support from Sierra Health Foundation must be essential to the project. Second, Foundation funds should comprise at least 50 percent of the proposed project budget. The project should 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.

These criteria are in place to ease the oft-times difficult choices the Board must make when deciding what projects to support. The criteria also provide a framework to the applicant for deciding whether their proposal will be competitive. Last year only one out of four applications were funded, primarily because of the limitation of available funds. Another reason funding is denied are sustainability issues, that is, the lack of a plan for continuing the project once initial funding is spent.

Preference is given to smaller projects that bring immediate results, community-based projects, health education and prevention efforts, and proposals that expand existing projects. As with the Large Grants program, the proposed project must serve the population in the Foundation's 26-county funding region. The Foundation will consider funding organizations based outside the funding region as long as the program has a significant impact on people within the 26-county area. For more information on funding requirements, refer to the Mini-Grants application form, available on the Foundation web site at www.sierrahealth.org, or by calling (916) 922-4755.

Another organization with a project suited to the objectives of the Mini-Grants Program is Big Brothers Big Sisters of the Greater Sacramento Area. The grantee's mission is to mentor children as they grow to become confident, competent, and caring individuals. To do this, adult mentors are matched with youth from single-parent homes. Through the relationship developed between the adult and the young person, the youth in the program have a positive role model to emulate and have more opportunity to develop healthy and positive lifestyles. As of December 1, 1999, 86 boys were waiting to be matched with an adult mentor. "We realized there was a valuable untapped resource out there, men aged 50 and older, who would be great mentors because they have experience with kids, they've raised a family and they have the discretionary time available," said Dann Ingram, Executive Director, "Our problem is reaching them." A \$5,000 grant from the Foundation has allowed the expansion of the mentor recruitment program with a special effort called the Elders Program. "The Elders Program is a model for the rest of the Big Brothers Big Sisters organizations across the country," Ingram said. "We will have at least 35 more mentors trained and matched with a boy by spring 2000 because of this grant."

Continued on page 11

Jose Sanchez and Jose Rangel work on clothing items for the Newborns In Need program.

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

recent GRANTS

Mini Grants

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

Organization	County	Project Description	Grant Amount
American Medical Support Flight Team Los Angeles	Sacramento	To support expansion of the Angel Flight program in underserved communities in northern California.	\$10,000
American Red Cross, Yolo County Chapter	Yolo	To purchase 25 manikins to expand current education programs.	\$10,000
Delta Health Care and Management Services Corporation	San Joaquin	To support nursing and outreach services to Edison High School students.	\$10,000
Esplanade House Children's Fund, Inc.	Butte	To provide health services such as substance abuse counseling, nutrition classes and doctor visits for homeless families.	\$10,000
Family Service Agency of the Greater Sacramento Area	Sacramento	To increase crisis line services to 24 hours a day, seven days a week.	\$10,000
Meadows Depot, Inc.	San Joaquin	To support renovation of five halfway homes for women and children.	\$10,000
Sacramento Hearing Services Center, Inc.	Sacramento	To fund replacement of a telephone system serving the deaf and hearing-impaired.	\$10,000
Sacramento Loaves and Fishes	Sacramento	To support the purchase of a vehicle to be used to collect food and supplies for Sacramento homeless families.	\$10,000
Shingletown Medical Center	Shasta	To support technical assistance for the Federally Qualified Health Center application process and managerial accounting services.	\$10,000
University of California, Davis	Yolo	To support focus groups to assess barriers to prenatal care experienced by Latina women and to design preventative activities in collaboration with Stockton area providers.	\$10,000
Wellspring Women's Center	Sacramento	To support construction of a surround wall and parking lot to increase safety for volunteers, staff and clients.	\$10,000
Yolo County	Yolo	To support training volunteers to be car seat installation inspectors and conduct car seat safety inspections.	\$10,000
Yolo Family Service Agency	Yolo	To support facility expansion and furnishing of two therapy rooms.	\$10,000
Easter Seals Society of Superior California, Inc.	Sacramento	To support a summer program providing occupational therapy to children with disabilities and training for parents and care providers.	\$9,927
Resources for Independent Living	Sacramento	To support education programs about living independently with post-polio.	\$9,850
Wild Iris Women's Services of Bishop, Inc.	Mono	To upgrade telephone equipment.	\$9,000
Folsom Project for the Visually Impaired	Sacramento	To support equipment acquisition and increased distribution of donated glasses to underserved vision-impaired people in the greater Sacramento area.	\$9,706
American Lung Association of California, Valley Lode Branch	San Joaquin	To teach asthmatic youth how to best manage their condition.	\$8,197
Sacramento Area Emergency Housing Center	Sacramento	To purchase laundry equipment for use at the Family Shelter.	\$8,240
AirLifeLine	Sacramento	To provide necessary air transportation services for patients unable to afford it.	\$5,000
Big Brothers Big Sisters of the Greater Sacramento Area, Inc.	Sacramento	To support the Elders Program, increasing the number of mentors working with single-parent youth.	\$5,000
Boys and Girls Club of Paradise Ridge	Butte	To support facilities renovation and expansion of the "Kids in the Kitchen" program.	\$5,000
California State University, Chico Research Foundation	Butte	To support creation of the "Nursing Center Without Walls" resource center.	\$5,000
Christmas in April, Sacramento	Sacramento	To support a home and a SWAT team during Christmas in April 1999.	\$5,000
Diamond Springs-El Dorado Fire Protection District	El Dorado	To support the purchase of semi-automatic defibrillators, training and implementation.	\$5,000
Senior Gleaners, Inc.	Sacramento	To support the Basic Baby Needs program.	\$5,000
Mono County Multi-Disciplinary Response Team	Mono	To support development of a forensic interview room for victims of child abuse.	\$4,500
The Effort, Inc.	Sacramento	To purchase air conditioning equipment for the medical clinic examination rooms.	\$3,400
Tri Visual Services	Sacramento	To support information projects serving the visually impaired and blind in 28 counties in northern California.	\$3,000
Newborns in Need, Inc.	Amador	To support production of layettes and comfort items for premature and newborn infants to be donated to hospital neonatal intensive care units by youth in the criminal justice system.	\$2,500

Continued from page 10

In Mono County, the Mono County Multi-Disciplinary Response Team was awarded \$4,500.00 this past summer for a small capital project, equipping and furnishing an interview room for victims of child abuse. Rather than making a child relive and retell their story of abuse, now the child must undergo the experience only once with one interviewer. The interview is videotaped for distribution to the court system, police, attorneys, and child protective service agencies. "We purchased video equipment, a sound system, furniture, and even toys," says Tamara Raftevoid, Victim/Witness Coordinator from the Mono County District Attorney's Office, "This room allows us to conduct one thorough interview and greatly decrease the trauma a child has to endure when testifying. Not having to meet a deadline when applying for a mini-grant really helped us out on meeting our project timeframe," she added.

That brings up one of the most appreciated features of the Mini-Grants Program, the application process. What is it like applying for a Mini-Grant? Lynnette

Goldstein says, "It was fun. It wasn't easy, but the application was fairly straightforward and user-friendly. It was difficult to convey the passion you feel for your project within the space constraints dictated by the process, but I understand the need for that." She continued, "We applied on June 3 and were able to receive funding and start our program by July 13. I wouldn't do it again within such a short time frame, but I really appreciate the responsiveness demonstrated by Sierra Health Foundation staff."

The Mini-Grants application has recently been updated to further streamline the process and is currently available on the Foundation's web site at 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. On average, you can expect to know whether your request is approved within eight weeks of submitting an application. Funded Mini-Grant projects will have a considerable impact on improving the health of northern Californians for a much longer time.

Second grade students at Hagginwood Elementary School in Sacramento wait for their turn in the dentist's chair.



Layne Montgomery

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Inside Partnerships

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

PARTNERSHIPS

SIERRA HEALTH FOUNDATION
An Endowment for Northern California



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

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www.sierrahealth.org

Address Correction Requested

**Mini-Grants Have
Maximum Impact**
See page 10

**A Visit to Sierra &
Nevada Counties**
See pages 6 & 7

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