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

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

Over 500 Attend National Conference on Community Building

Speakers and Presenters Deliver Results

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

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

The Promise, the Power, the Proof: Building Community to Improve Health

Continued on page 7

Learning Circles

Funding Awarded

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

A Learning Circle is a group of individuals with a common interest that meets regularly to learn from each other and others about a self-identified topic and in a format the group has decided upon. Learning Circles are flexible, peer-directed learning experiences, and are built upon the idea that every member has something to contribute and that every member has something to learn.

Learning Circles are usually facilitated by a group leader. This leader can be an expert on the subject of the circle, or not. The leader can be someone from within or outside the circle. The leader’s job is to facilitate the discussion, not to determine subject matter, set the agenda or drive the discussion to a prejudged outcome. Outside experts can be invited to address the group, but the emphasis is on the members of the group participating as teachers and students.

The Health Leadership Program

Session I Begins for Class II

Twenty-seven people from health-related nonprofit organizations and public agencies from across northern California have been chosen to participate in the second year of Sierra Health Foundation’s Health Leadership Program. Class II began on November 6, 2002. Participants are from a wide variety of organizations: some large, urban organizations with a large client base, others come from small rural organizations that serve a wide geographic area.

Created in 2001, the Health Leadership Program is designed to strengthen the leadership skills of current and future leaders of nonprofit organizations and public agencies whose mission is dedicated to improving the health of northern Californians.

The Sacramento Center of the University of Southern California (USC) School of Policy, Planning, and Development and the Marshall School of Business deliver the course curriculum. These institutions combine a diversity of expertise in health, public policy, nonprofit management, board development and private-sector best practices. The six-month program is taught through a combination of classroom sessions, team action-learning projects and Web-based distance learning.

Continued on page 7
Sierra Health Foundation was recently invited by the Northern Valley Community Foundation to a “Meet the Grantmakers” event in Chico, California, to speak to a group of 160 nonprofit organizations serving Glenn, Tehama and Butte counties. We were happy to be on a list of presenters that included the Great Valley Center, The California Endowment, The California Wellness Foundation, The S.H. Cowell Foundation, the Women’s Foundation and the Community Technology Foundation.

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

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

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

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

Thanks again to the North Valley Community Foundation for this special opportunity to invest in nonprofit leaders and organizations.

Katherine Kerr, a friend of Sierra Health Foundation, a member of the initial class of the Health Leadership Program and Director of the Alpine County Health and Human Services Agency, died in an automobile accident on September 13, 2002 near her home in Markleville, California. She was 44. Katherine graduated summa cum laude from the University of California, Chico, with a bachelor’s degree in social work in 1990. In 1992 she moved to Alpine County and began work in the child and adult protective services program there. In 1995 she was appointed as Director of Social Services for Alpine County and was named Director of the Alpine County Health and Human Services Agency in 2000. She was also Chair of the Alpine County Children and Families Commission, the Family Support Council and the Child Abuse Prevention Council.

Friends and colleagues remember Katherine as a friend, a mentor, a leader, a counselor and a source of inspiration. In her Health Leadership Program application she explained what attracted her to her career of helping others, “I intended to become a lawyer, but after being an intern in a law office I was both disappointed and disillusioned. I stumbled into the social work field, literally, when a LCSW (Licensed Clinical Social Worker) was a guest teacher in one of my classes. I changed majors and graduated three years later, never once regretting my decision. I am devoted to social work and public health because both fields are based on empowering the person or family.”

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

Her work will be remembered; Alpine County has dedicated the county’s new Health and Human Services building in her memory. Katherine’s life was an offering of service. The positive impact of her spirit is made evident by the profound loss her friends all feel.

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

— Len McCandliss
A Refreshing “Refresher”

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

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

Lesson 1 – Mission Matters
A strong mission statement describes your organization’s purpose for existing. A well-conceived mission statement will direct your efforts, keep you focused, and inspire you in your work. If your mission statement doesn’t accomplish these things, consider changing it.

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

Lesson 2 – Focus is Critical
If your organization has adopted a focused strategy, you will be less tempted by what I euphemistically call the “issue du jour” or the issue that is current and fashionable. Philanthropists and sometimes nonprofits fall under the spell of “popular trends in giving” causing them to lose sight of where and how they can make the greatest impact. A focused approach to your goals and objectives will help dispel any tendency to veer from them. Take time to look at your organization to see if it’s spread too thin over multiple issues. Are your steps to success out of sync with your defining strategy? Give your organization a thorough “check-up.” It’s always worth having.

Lesson 3 – Execution Trumps Strategy
We all agree with Dr. Schroeder that developing a sound strategy for your organization is vital to success. Developing a complementary plan of execution is equally important. Directors and administrators spend long hours pondering theories of change, logic models, and work plans that will help create a powerful impact on their programs. However, the resulting “punch” to their game plan will be diminished if it is not trumped by an equally sound strategy for execution. To guarantee a sound execution of your strategies, your organization must invest in skilled leaders who are not afraid to apply lessons learned while implementing and monitoring well-rafted strategies.

Lesson 4 – Change Comes Hard
Many of the nonprofit organizations we fund, or hope to fund, are focused on addressing huge societal problems, such as lack of access to health care, alcohol or substance abuse, and dysfunctional families. The underlying causes of these conditions are complex and answers and solutions don’t come easily. We all need to recognize that this work takes time and large “doses” of support to produce the right results.

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

Lesson 5 – Know When to Hold ’em, Know When to Fold ’em
Our operating environments are constantly in flux. While our mission statement should stay relatively constant, our strategies need to be more dynamic. What if the environment you’re operating in changes because societal needs expand or shrink? What if resources are being wasted? What if programs are becoming ineffective? These kinds of situations are not uncommon for any organization. Healthy operators understand this and will, when necessary, perform a self examination. A frank analysis of each program and strategy will determine how you’re hitting or not hitting “the mark.”

On the flip side, letting go of approaches or programs that have been a part of an organization’s identity can be very difficult. For example, Sierra Health Foundation did a lengthy self examination before we decided to suspend our unsolicited and mini-grant programs for the past two years (and at least through 2003.) The decision was not popular with many of our past and current grantees. However, the philanthropic environment the Foundation operates in has changed materially over the past years compelling us to consider new and innovative ways to best serve our constituents. As tough as it was, we knew we needed to make some fundamental changes in our strategy and redirect our resources to areas where we believe we can make the greatest impact.

Lesson 6 – Establish a Strong Internal Culture
The word “culture” comes from the Latin verb, cohere, to cultivate. Dr. Schroeder stated strongly that well-run organizations have a responsibility to cultivate culture: “The key is to build a culture that will reinforce mission; stimulate and reward performance; and help with recruitment and retention.” The principles projected by the leadership of an organization have a great deal to do with creating a sustainable culture. Personally, and speaking from this side of the “funding fence,” I think humility, accessibility and respect are the principles that make the greatest contribution to our organization’s culture. What are the principles your organization holds dear? How are these reflected in the work you do?

Lesson 7 – Pursue Accountability
Sierra Health Foundation, like all foundations and nonprofit organizations, has made great strides in recent years in the area of accountability. No longer do we see measuring units of service as sufficient; we now try to measure outcomes when it is feasible and affordable. And we ask ourselves more frequently how we can determine when something is effective. Pursuing the answer to this question is ongoing, so don’t stop asking the question. The right answer to the question could make the difference between receiving, or not receiving, future funding. More importantly, by asking the question, you’ll know if you are indeed making positive changes in someone’s life.

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

Continued from previous page

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

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

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

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

Continued on next page
Frausto says by beginning with core values, the problem was easier to tackle because time was not wasted in discussing options that were never going to be embraced. “Before, we would have just thrown the problem on the table and everyone would have been all over the place, trying to solve it,” she says. “This approach of identifying core values and desirable outcomes really clarifies the discussion and helps focus on what is important. It helps you understand what is sacred and what you won’t give up. People are able to see the big picture, “looking at everything from 30,000 feet up rather than down at the surface where the details can overwhelm you.” The second speaks to the whole concept of leadership: “Leadership is something that is beneficial when you give it away,” she says. “It’s an opportunity to share with others and to expand your leadership by giving it to others through mentoring.”

Each of the four graduates say they plan to remain active in their communities in the continuing effort to improve the lives of northern Californians.

A Rigorous Checkup for Organizations

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

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

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

Similarly, Fernandez says the lessons she learned have helped the Redwoods Rural Health Center as it goes through a major expansion driven by an annual $600,000 federal grant the group received after she completed the leadership training. Two points in particular stand out for her. The first is that leaders need to see the big picture, “looking at everything from 30,000 feet up rather than down at the surface where the details can overwhelm you.” The second speaks to the whole concept of leadership: “Leadership is something that is beneficial when you give it away,” she says. “It’s an opportunity to share with others and to expand your leadership by giving it to others through mentoring.”

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

Successful, healthy and productive community collaborations are all about change — taking the conditions they find and making them into something better. This can happen through a one-time event like a park cleanup day, or a continuing effort, like an after-school program for at-risk youth. However, most collaborations involved in the Community Partnerships for Healthy Children (CPHC) initiative believe that their biggest successes will come through policy change — systemic reform with broad effect and ongoing impact.

Policy change isn’t easy and isn’t quick. CPHC collaborations have been focusing their efforts on policy change for several years now. In April 2002, people involved in the CPHC initiative came together in Sacramento for two days of continued education and training on how to most effectively work for policy change. The CPHC collaborations currently have deep policy connections within their local communities and county governments but this gathering presented collaborative members the opportunity to meet and discuss public policy with elected officials at the state government level.

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

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

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

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

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

For example, in the Alkali Flats neighborhood in downtown Sacramento, the Children First–Flats Network, in cooperation with other Sacramento-based collaboratives, developed and implemented a dental sealant program in schools, funded by the Foundation’s breath4MILES program. As a result of three years of work, Sacramento County replicated the program in schools across the county and also bought a mobile dental treatment van with a resultant increase in the number of children with healthy teeth.

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

CPHC collaborative members serving on local decision-making bodies such as county Children and Families Commissions help to address several factors affecting a community’s health and demonstrate increased willingness to intervene for the public good.

The Foundation believes the CPHC collaboratives have successfully made the connection between community building and policy work. This connection has been a major contributor to the sustainability of successful collaboratives and their efforts.

The latest issue of Spotlight, Sierra Health Foundation’s newsletter focusing on health policy issues, looks at policy changes being pursued by the CPHC collaboratives under the guidance of the CPHC Leadership Council. (You can read Spotlight online at www.sierrahealth.org or www.cphconline.org.)
Neal Halfon, Professor of Pediatrics in the School of Medicine, Professor of Community Health Sciences, and director of the UCLA Center for Healthier Children, Families and Community, spoke on Tuesday morning and provided a framework for understanding the role of community building in improving health and demonstrated the limited research that has been done to evaluate the effects of the link between the two.

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

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

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

Participants had abundant opportunity to reflect on and share what they heard, the relevance of that action and outcomes.

Participants had abundant opportunity to reflect on and share what they heard, the relevance of that action and outcomes.

For the Foundation, hosting a national conference as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a pleasure to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening. "It was a delight to see so many friends and colleagues and to establish such as this was a new experience that was challenging, satisfying and enlightening.

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Health Leadership Program

Class II Program participants include:
- Darla Clark, Clinical Administrator, Chapa-De Indian Health Program, Inc.
- Lucinda Lyon, Director, Dental Hygiene Program, University of Pacific School of Dentistry
- Audrey Flower, Executive Director, Madrone Hospice
- Nicole Bateman, Executive Director, Community Living Centers
- Sr. Cora Salazar, Executive Director, Families in Self Help, Inc.
- Lisa Bertecci, Chief of Child and Family Mental Health Services, Sacramento County Division of Mental Health
- Una Zytokhy, Health Program Manager, Sacramento County Department of Health and Human Services
- Carol Roberts, Executive Director, Valley Oak Children’s Services
- Sharon Elliott, Health Promotions Division Manager, El Dorado County Public Health Department
- Teresa Jacques, Administrator, Modoc Medical Center
- Shirley Dickard, Executive Director/Coordinator, Campionville Community Partnership
- Valerie Thompson, Program Manager, Center for Human Services
- Bob David, Regional Vice President, Hospital Council of Northern and Central California
- Susan Sells, Deputy Director of Community Programs, Amador-Tuolumne Community Action Agency
- Lao Ly, Site Coordinator, Community Partnership for Families of San Joaquin
- Robina Augur, Site Coordinator, Community Partnership for Families of San Joaquin
- Herma Taylor, Community Programs Coordinator, Community Action Agency of Butte Co., Inc., Escalon House

Learning Circles

Alpine County Health and Human Services – To develop a vision and plan for the Community Wellness Project for the Hung-a-lel-y southern band of the Washoe Tribe.
Amador-Tuolumne Community Action Agency – To support the initial Leadership class participants to continue education efforts related to cutting edge concepts of leadership, learning strategies and best practices applications.
Colusa County Department of Mental Health – To develop a plan for the Community Wellness Project for the Hung-a-lel-y southern band of the Washoe Tribe.

Continued from page 1

Learning Circle funding:
- Alpine County Health and Human Services – To develop a vision and plan for the Community Wellness Project for the Hung-a-lel-y southern band of the Washoe Tribe.
- Colusa County Department of Mental Health – To develop a plan for the Community Wellness Project for the Hung-a-lel-y southern band of the Washoe Tribe.
- Shasta Regional Community Foundation – To discuss the problems of childhood overweight and obesity.
- Sacramento County Division of Mental Health – To develop a plan for the Community Wellness Project for the Hung-a-lel-y southern band of the Washoe Tribe.
- United Way California Capitol Region (Sacramento ENRICHES) – To support community leaders and Sacramento ENRICHES to discuss the problems of childhood overweight and obesity.

Community Service Planning Council, Inc. (Youth Services Provider Network) – To increase understanding among participants about youth development principles and applications on a communitywide basis and across various systems and disciplines.
Eastern Sierra Family Resource Center – To improve access to services that promote the health and wellness of Mono County Latino residents and develop grassroots community leadership and advocacy for health and wellness issues.
Glenn County Office of Education – To identify and provide a non-duplicated system of services to underserved Hispanic senior population of Glenn County.

The Health Leadership Program is a Sierra Health Foundation grant program and as such is offered at no cost to participants or their organizations. It is designed for current and/or potential executives of health-related nonprofit organizations and public agencies. Sierra Health Foundation defines health broadly and generally considers most human-service agencies as health-related. (See Graduate Pul Leaun for on page 4 for more on the program from participants in the first Health Leadership Program class.)
Foundation Hosts National Community Building Conference
See page 1

Real Families Rally for Real Changes
See page 6