Health Rights Hotline:
Helping Consumers Resolve Health Care Problems

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

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

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

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

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

Continued on page 6

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

The Health Rights Hotline is open from 9:00 a.m. to 5:00 p.m., Monday through Friday PST, and can be reached toll-free by consumers in the four-county service area by calling (888) 354-4474 or (916) 351-2100. Their Web site address is www.hrh.org.

We Did It Ourselves
Guidelines for Successful Community Collaboration

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

More extensive information and a detailed description of each Guide Book is available on Sierra Health Foundation’s Web site, www.sierrahealth.org.

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

Order forms are also available at www.sierrahealth.org.

Volume 12, Number 4
Fall/Winter 2000
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, Tulare, Yolo, and Yuba Counties

COMPANY NAME
Sierra Health Foundation

PARTNERSHIPS
Carol G. Whiteside
Albert R. Jonsen, Ph.D.
Wendy Everett, Sc.D.
J. Rod Eason,
Len McCandliss,
Yolo, and Yuba Counties

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Capacity-building for Nonprofits”

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

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

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Again, I extend my wishes for a happy and prosperous New Year.
Sierra Health Foundation Funding in Shasta County 1995–2000 (Partial List)

SHASTA COMMUNITY HEALTH CENTER $500,000
To support purchase and renovation of a new clinic facility to house the Shasta Community Health Center.

THE GOOD NEWS RESCUE MISSION $8,612
To provide care for acute episodic illness, health counseling, and tuberculosis testing to the homeless and needy.

MERCY MEDICAL CENTER MOUNT SHASTA $150,000
To develop a long-term business plan for the Community Health Plan of Siskiyou County.

SHINGLETOWN MEDICAL CENTER $75,000
To support construction of a new rural, primary health care clinic.

MERCY FOUNDATION NORTH $100,000
To increase neonatal services available by establishing a Level II Neonatal Intensive Care Unit at Mercy Redding Hospital.

HELP, INC. $9,957
To computerize referral systems thereby improving access to appropriate referrals given by Help, Inc., volunteer counselors.

SOUTHEAST ASIAN CHRISTIAN MINISTRY $5,000
To provide classes in culturally appropriate, assertive parenting for parents of Southeast Asian juvenile offenders.

SHASTA COUNTY, DEPARTMENT OF HOUSING AND COMMUNITY ACTION PROGRAMS $50,000
To hire a full-time, services coordinator to arrange for the provision of various nutrition and health programs offered at the senior center in Anderson.

COMMUNITY ACTION HOUSING AND ECONOMIC OPPORTUNITIES

Grassroots for Kids

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

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

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

Lori Juszak
Executive Director,
Grassroots for Kids

A Visit to Shasta County

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

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

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

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

For the people who have stayed, the boom-and-bust economy is the backdrop for a way of life that balances rugged individualism with a neighborhood spirit. This can be seen in the Grassroots for Kids organization in tiny Shingletown, in Shasta Community Health Center's outreach philosophy to surrounding counties and in Prevent Blindness Northern California's community-by-community approach. All focus on leveraging limited resources to benefit the broadest range of people.
commitment of $375,000 over four years from The California Endowment and the Public Health Institute to evaluate and address health needs in the community.

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

**Shasta Community Health Center**

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

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

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

The Center has also been able to broaden services, such as increasing access to dental care. Collaborating with nearby Shasta College, which wanted to start a dental hygiene training program, and the local chapter of the Northern California Dental Society, the Center was able to attract grants — including almost $50,000 from Sierra Health Foundation — to expand its dental clinic. Today, the Center has 11 dental operators, nine of them equipped through grants.

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

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

**Prevent Blindness Northern California**

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

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

The group, which is based in San Francisco but provides services throughout Northern California, recently received a $150,000 grant from Sierra Health Foundation to set up a permanent operation in Redding. Jamgochian says a full-time director and program assistant are getting the program going with the goal of screening 3,000 children in four counties in the first year.

“We’re really grateful to Sierra Health Foundation for the grant,” Jamgochian says. “We’re a small agency and that was a big grant for us. We’re already strong in the San Francisco Bay area, Sacramento and Sonoma. Now we’ll be strong in the Shasta County area as well.”
You Isn’t Only Your Health

"What’s New" section.

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

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

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

She tells the story of a woman who needed a wheelchair for easier mobility. “She had a borrowed chair, but it fit poorly, and was heavy and awkward for her,” Rouillard explained, “plus, since it was borrowed, she was nervous about using it and unsure how long she would have it.” She called the Hotline, inquiring about help in purchasing one of her own.

The counselor, after talking with the woman, suggested she talk to her doctor about the problem. Her doctor was able to quickly help her obtain a wheelchair through coverage offered by her insurance plan. “We try to help resolve problems at the lowest possible level,” Rouillard says.

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

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

The report emphasizes that the problems identified are from the consumer’s perspective. Hotline counselors do not judge whether a problem or complaint is “justified.” As Rouillard notes, “We help people understand their rights, responsibilities and options, and direct people to the best resources to resolve their problems.” The Health Rights Hotline sometimes does not know how, or if, a consumer’s problem was resolved. “We can’t always solve the problem in favor of the consumer,” Rouillard says, “But we do know from follow-up surveys with many of our callers that 80 percent are satisfied with the resolution of their problem or they came away with something positive from their experience with the Hotline.”

Advice for Consumers: Take Charge of Your Health Care

AVOIDING PROBLEMS

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

RESOLVING PROBLEMS

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

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

The complete report is available on the Health Rights Hotline Web site, www.hrh.org in the “What’s New” section.
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.sierrahsf.org.

Health Grants

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

### Grants of More than $10,000

**Organization**

- **Sacramento**
  - **Faith in Action Interfaith/Volunteer Caregivers of Sacramento County:** To provide nonmedical, nonclinical support to frail elderly, the chronically ill and persons with disabilities. $176,979
  - **Mercy Foundation:** To support the construction and staffing of a community education and healthcare resource center for residents of the Bishop Francis A. Quinn Campus. $390,000
- **Los Angeles**
  - **Nonprofit Resource Center:** To provide capacity building training, grantwriting training and technical assistance to community-based, health-focused collaborations. $67,000
  - **Foresthill Safety Club:** To purchase a four-wheeler, ambulance and specialized equipment. $89,000
- **San Diego**
  - **Sacramento Health Services Center:** To support hearing loss screening and provide assistive listening devices. $22,669
- **San Francisco**
  - **The Dental Health Foundation:** To promote recommendations of the Surgeon General’s Report on Oral Health and the Children’s Dental Health Initiative report. $10,000
  - **Hospital of Avalon:** To provide training through a Gribwortt Program for Amador to support children suffering a loss due to death or dying. $35,112

**Grants of $10,000 or Less**

- **Sierra Family Medical Clinic, Inc.**
  - **Senior Gleaners, Inc. Sacramento:** To support the Basic Baby Needs program that supplies families with baby food and hygiene products. $5,000
- **Eastern Plumas Hospital District Plumas:** To purchase and install a dispatch radio/phone system for answering emergency (911) medical requests. $8,700
- **The El Dorado County Boys and Girls Club El Dorado:** To implement a SMART Moves educational program designed to teach resistance skills in the areas of drugs, alcohol and early sexual involvement for youth. $9,870

**Mini-Grants**

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

### Grants of $10,000 or Less

**Organization**

- **Sacramento**
  - **Public Health Institute:** To support implementation of the California Adolescent Health Collaborative’s Strategic Plan. $10,000
  - **Gold Country Health and Wellness Center**
    - **Aimiler:** To support the installation of an emergency generator to allow Happy Camp Health Services, Inc. to power the clinic for 24 hours during power outages. $10,000
  - **Tooth Middle:** To purchase dental supplies for a mobile dental service for low-income, uninsured school children at schools in El Dorado, Mono, Sutter and Yuba counties. $10,000
  - **One-Call Resource Conservation and Development Area Council:** To support the improvement of an emergency generator to allow Happy Camp Health Services, Inc. to power the clinic for 24 hours during power outages. $10,000
  - **Clean & Share Sacramento:** To support the purchase of a minivan to transport residents and move equipment and supplies. $10,000
  - **Community Partners Plumas:** To support the purchase of a minivan to transport residents and move equipment and supplies. $10,000
  - **Sacramento Leases and Flies Sacramento:** To support the installation of an emergency generator to allow Happy Camp Health Services, Inc. to power the clinic for 24 hours during power outages. $10,000
  - **Placer County Department of Health and Human Services, Addict System of Care Placer:** To support the purchase and installation of new medical equipment. $10,000
  - **The El Dorado County Boys and Girls Club El Dorado:** To implement a SMART Moves educational program designed to teach resistance skills in the areas of drugs, alcohol and early sexual involvement for youth. $9,870
  - **Parent Resource Center Stanislaus:** To provide additional foster parent support, infant parenting programs and health education to at-risk families. $5,544
  - **Eastern Plumas Hospital District Plumas:** To purchase and install a dedicated radio/phone system for answering emergency (911) medical requests. $6,195
  - **Merry Foundation Regional:** To support the development of a public health campaign educating parents of children about the dangers of texting while driving. $8,000
  - **Tahoe/Lake Family Bank Sacramento:** To purchase and install a dedicated radio/phone system for answering emergency (911) medical requests. $6,195
  - **Health For All Sacramento:** To promote the services available at Health For All through the production of a brochure for distribution to underserved populations. $5,000
  - **Senior Gleaners, Inc. Sacramento:** To support the Basic Baby Needs program that supplies families with baby food and hygiene products. $5,000
  - **Sutter County Family Medical Clinic, Inc. Nevada:** To support the implementation of a Collaborative for Healthy Children. $5,000

### Community Partnerships for Healthy Children Grants

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

At the heart of CPHC is the idea that communities have the capability to resolve most of their own problems and a long-term funding strategy leads to long-term solutions. Evaluation data gathered to date shows the ten-year, $20-million effort to improve the 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.

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

### Phase I, Community Development

- **26 grants, $685,832**

### Phase II, Program Planning

- **29 grants, $1,571,373**

### Phase III, Implementation

- **26 grants, $3,389,882**

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

- **15 grants, $1,377,601**

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

- **$6,376,534**

### These collaborative are full participants in Phase IV of the initiative.

- **Modoc County**
  - **Modoc Collaborative — Families Matter**
- **Nevada County**
  - **Children’s Collaborative of Tahoe Truckee Community Network for Children & Families**
- **Plumas County**
  - **Plumas Children’s Network**
- **Sacramento County**
  - **Childrens Network Community Collaborative for Healthy Children and Families**
  - **Children First — Flatir Network**
  - **Tahoe/Columbia Collaborative**
- **Shasta County**
  - **Grassramps for Kids**

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

- **Calaveras County**
  - **Calaveras Partnerships for Healthy Children**
- **El Dorado County**
  - **El Dorado County Children and Families Network**
- **Sacramento County**
  - **Haggenwood Community Collaborative North Highlands Children’s Coalition**

### Community Partnerships for Healthy Children (CPHC) Initiative

- **Sierra Health Foundation**
  - **Ceres Partnership for Healthy Children**
  - **Modesto Airport Neighbors United**
  - **Oak Valley Family Support Network**
  - **West Modesto/King-Nehemiah Neighborhood Collaborative**
  - **Trinity County**
  - **Trinity — Kids First**
  - **Tuolumne Community**
  - **Tuolumne YES Partnership**
  - **Yuba County**
  - **Yuba Community Collaborative for Healthy Children**
  - **San Joaquin County**
  - **San Joaquin County Healthy Children’s Collaborative**
  - **Sutter County**
  - **United for Healthy Families**
A profile of the Foundation’s ongoing effort to create a healthy northern California

Health Rights Hotline: Helping Consumers Resolve Health Care Problems
See page 1

A Visit to Shasta County
See page 4