**Nursing Scholars**

**Staying True to the Mission**

In December 1999, Sierra Health Foundation’s Board of Directors allocated $200,000 over eight years to cover ten, four-year scholarships for students studying in health and health-related fields at California State University, Sacramento (CSUS) and California State University, Chico (CSUC).

The inspiration for these grants was twofold: the region was experiencing an increasing shortage of nurses and health practitioners, and both universities were having difficulty attracting top students in health-related studies. Scholarship opportunities provided by the California State University System pale in comparison to those of private universities and University of California campuses. And, while many students come to CSUS from surrounding counties, nearly one third of the freshman class comes from outside the northern California region. CSUC has similar challenges. Research shows that those students who come from outside the northern California region tend to go back to where they came from or go elsewhere after they graduate.

The scholarship application and selection process ensures the two existing needs: that of attracting top students, and that of capturing those students who are interested in remaining in the region’s healthcare workforce after they graduate.

Over the next couple of years, Partnerships will highlight the Foundation’s scholarship recipients. To begin, we would like to introduce Aida Felix, a second year nursing student at California State University, Sacramento. Most of the information to follow was taken from Aida’s application to the scholarship program which includes an essay on “Why did you choose the health profession as your area of study?”

Aida grew up poor in a migrant farm labor camp in Ceres, California. From an early age, her family’s health care consisted of a team of nurses and physicians that were brought in to “el campo,” as it was called, in vans and cars with mobile supplies. When Aida was young she didn’t realize that this was not the standard for everyone — she was in sixth grade.

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**CPHC — Building Community in Cyberspace**

Sierra Health Foundation and the Community Partnerships for Healthy Children (CPHC) Leadership Council are pleased to announce that the Community Partnerships for Healthy Children Web site is online.

The site was developed to share information about the community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community building work in which the CPHC collaboratives are engaged, collaborative success stories and community 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he deadline for application to Sierra Health Foundation’s new Health Leadership Program was August 15. By close of business August 13, we had received approximately 28 applications to fill 25 slots, and most of the applications were from the Sacramento Metropolitan area. During the final 48 hours an additional 98 applications came in from all over the region. Needless to say, up until the deadline, we were curious as to what kind of response we would actually have, and in the end, we were quite pleased.

For us, the participant selection process for the inaugural class was both stimulating and difficult. The screening and review of applications inspired us to hold a number of personal interviews. Though we knew many of the applicants through their community involvement — there were many applicants we did not know. The individuals we met and spent time with are thirsty for knowledge and for interaction with others who share their mission to lead those around them. This left an impression on us — that creating the Health Leadership Program to build the capacities of the nonprofit and public sectors is the right thing.

The inaugural class has been selected and notified, with sessions beginning November 7. And, I think the Foundation and the participants share a vision — that this leadership development and mentoring experience will supply cutting-edge professional development and an opportunity to learn and work alongside others who value individual and collective experiences and perspectives. Ultimately, it is our hope that this program will contribute considerably to a better, stronger nonprofit network of providers and resources in northern California.

For those of you who applied to the Health Leadership Program and did not get selected this year, I encourage you to keep focused on increasing your individual capacities and the capacities of your organization, and to apply again. In the work that we’ve done over the years with nonprofit organizations, and in the recent research we’ve completed with some of those same organizations, we find a constant thread: there is a wealth of existing and potential leaders who are deeply passionate about their work and who have the will and capacity to achieve great success. You will read an extraordinary story from one of these gifted people in the article below.

I would like to express my thanks to our partners in the region who assisted us in getting the word out about the Health Leadership Program and to everyone who showed interest. We look forward to learning, along with the first class, about the benefits of building individual capacities using what we think is an innovative program design, and we look forward to sharing our lessons learned with the nonprofit and public sectors along the way.

I would like to express my thanks to our partners in the region who assisted us in getting the word out about the Health Leadership Program and to everyone who showed interest in the program.

— Len McCandliss
“...think outside the box. Use as much forthright creativity as you can to get the funding you require.”

Survival of the Fittest

The unique needs of the nonprofit sector require that funders and organizational leaders understand the benefits of capacity building.

Are you looking for funding fitness? If so, here's another question to ponder: What do nonprofit organizations (NPOs) have in common with people who diet and exercise? The answer is nonprofits, like most people, want long and healthy lives.

Sierra Health Foundation is interested in helping both people and organizations keep fit. Much of our grantmaking efforts over the past 17 years have been made with this goal in mind. Recently, however, the Foundation has cast its eye more toward organizational fitness, with the sole purpose of keeping organizations vital and sustained. The required regimen toward this goal is called capacity building.

I wrote about capacity building in the fall/winter 2000 Partnerships and defined it as “a process funders use to assist nonprofit organizations in strengthening their internal operations to become more efficient and effective for those they serve.” If the phrase “capacity building” sounds a little too academic or constructional, substitute “capability building” instead. The active word here is “building” — helping nonprofits build a fortified, well-funded and fit future.

Today a growing number of private funders (some public funders too) are re-thinking how they can best support NPOs. Supporting program services is most often the primary focus of a large number of funders. An emerging trend, however, confirms that funders now recognize without a rock-solid infrastructure, NPOs are not as effective in accomplishing their programmatic goals and objectives. Fortunately, this evolution in philanthropic philosophy is getting attention throughout California and around the nation.

In California a number of foundations are stepping up to the plate with increased funding for capacity-building efforts. For example, The California Wellness Foundation recently announced it would fund a number of requests for general operating support, and The California Endowment is examining how it can assist grantees in new ways around organizational fitness. On a national level, a related association of foundations promoting funding organizational development has grown large enough to warrant a permanent home and staff. This new direction of thought around funding is good news for all engaged in philanthropic service.

Sierra Health Foundation recognizes the benefits of marrying a fit organization with well-developed programs. These benefits are most often realized through continued funding support for fundamental programs and services. To this end, we too have been exploring new opportunities to support our region’s NPOs.

Over the summer, we conducted a number of focus groups throughout our funding region to determine the capacity-building needs of our current and potential grantees. We interviewed a cross section of that community — over 60 people representing local and rural NPOs. Also included in the interview process were other funders, local government agencies, and a number of consultants to nonprofit organizations. All of the participants were generous with their time and collective experience, and we garnered invaluable information from them. The consensus revealed that the nonprofit sector believes a funder’s money is well spent on building up viable organizations from within to serve better those “without.”

(Take a look at the sidebar for a synopsis of our findings. If you would like to “second” any of these ideas or share additional thoughts around your organization’s capacity-building needs, send me an e-mail at programs@sierrahealth.org and title your correspondence “GrantWise.” I welcome any new ideas or suggestions.)

Gathering information around capacity building is a good thing; having Sierra Health Foundation incorporate that information into a funding program is a better thing; but having your organization use that information to advance its mission is a great thing!

For the present, Sierra Health Foundation is using the collected data for a plan of action to build a program around capacity building. At this time we’re still in a design mode, so I can’t give you a lot of information about the plan other than it’s on the drawing board and progressing. Keep reading upcoming issues of this newsletter and check our Web site, www.sierrahealth.org, for updates.

I urge you to take advantage of this heightened interest in capacity building when you’re soliciting support from other private and public funders. Following are some tips to consider next time you approach a potential funder for direct program assistance:

- Don’t assume funders aren’t interested in helping you shore up your organization’s infrastructure.
- Don’t be reluctant to let funders know you too need administrative support. Most funders understand as well as you that good programs can’t happen without good management and assistance.
- When you are preparing program budgets for multiple-year grants, build in salary increases so you can retain qualified staff over the life of the project.
- Build training funds into your proposed budget. If you have high expectations for your organization, you will need an effective and well-trained staff and board. A tangential benefit of a training program is everyone involved will feel more valued for their efforts.
- Share the successes of your board and management team with your funders. Leaders who create successes also create interest from their funders. Your job is to demonstrate how your organization’s leadership and continuing professional development is worthwhile and critical to the successful outcome of the project.

Continued on page 7

Effective NPOs Have:

- Strong leadership
- Strong business practices & systems
- Strong programming
- Heavy community involvement

Assistance to NPOs can best be provided via:

- Local resource centers
- Ongoing training programs
- Online resources
- Consultant pool for referrals
- Leadership/training academy
- Individualized assessment and ongoing development support
- Development grants
- Direct underwriting of key personnel
- Direct provision of administrative support
- Crisis funding: Interim EDs; ED searches; Bridge funding

Focal Group

Conclusions

There is a consensus on need for:

- Ongoing and accessible training for NPOs
- Access to technical assistance
- Individualized and thorough assessment services
- Individualized development support

A capacity building program would be well received in the region.

An archive of past GrantWise columns is on the Foundation’s Web site, www.sierrahealth.org
This profile of El Dorado and Amador Counties is the eleventh in a series highlighting the counties in Sierra Health Foundation’s 26-county funding region in northern California.

El Dorado, Amador Counties
Plug Gaps in Services

From one extreme to another. It’s a fitting phrase for Amador and El Dorado counties, although at first glance they look not only similar to each other but also uniform within their boundaries — lots of rugged countryside, small population spread thinly, little economic development, and strong historic roots in California’s Gold Rush era. But both can provide examples that reach beyond the median to extremes at both ends of the scale.

Amador County, for instance, rises gently from low, which sits close to sea level, all the way up to Kirkwood at the 12,000-foot elevation. With a scant 35,000 population and plenty of small rural communities, Amador County — which only recently saw the installation of the third stoplight in the whole county — seems the perfect example of rural, independent, simple living. But 5,000 of that population are incarcerated in two state facilities, introducing a level of employment and bureaucracy that is urban in flavor. And the crowds drawn to Kirkwood for skiing each winter are more focused on a resort lifestyle than roughing it in the wilds.

El Dorado County offers rural life at its best, with tacked-away cabins in isolated foothills amid breath-taking scenery and rich, productive farm areas. But the county's rural middle is flanked by the fast-multiplying Sacramento-bound commuters who have taken up residence on the west end of the county and the recreation-minded crowds that cluster near Lake Tahoe at the east end. Both create population centers that have little in common with the county’s center.

The challenges that face both counties are similar: too many people for too few jobs, too many demands on inadequate social services, and not enough infrastructure to grow local solutions without support from outside. Grants provided by Sierra Health Foundation are helping several organizations in each county provide examples that reach beyond the median to extremes at both ends of the scale.
to open a permanent clinic in Pollack Pines,” Hathaway says those who doubted how effective the mobile unit would be have been won over and now see the need for a more permanent solution.

**Tooth Mobile**

Another on-the-move effort that has been well received is the Tooth Mobile, a nonprofit agency that operates in 20 northern California counties and brings dental care to children at school sites. With the help of a $10,000 Sierra Health Foundation grant in 2000, the Tooth Mobile extended its reach into El Dorado County.

Community leaders and school officials have lauded the Tooth Mobile for making a huge difference for children. One principal wrote about a student who was in so much pain from rotten teeth that she couldn't concentrate well enough to learn. Four months after the Tooth Mobile's visit, the girl had made almost two years' progress academically and had become a happy, radiant child. “I know you look at how you can physically help someone, but I look at how you academically help,” the principal wrote. “If a child is without pain, we can nurture and teach them.”

**Elder Care Health Ministry**

At the other end of the age spectrum, the El Dorado County Federated Church received $85,000 in 1999 to develop services for isolated elderly people through a Health Ministry Program. The result has been an integrated program that has been shared with other churches in California and throughout the country, according to Karen Shelnutt, Health Ministry coordinator and parish nurse.

“Social isolation is the number one indicator for physical decline as people grow older,” Shelnutt says. “We wanted to address isolation and also help people with the spiritual journey of understanding how they can continue to be be a meaningful part of society and the community as they grow older.”

Services and activities have included exercise classes geared to both active older adults and the frail elderly; workshops about depression, medication management, mental health awareness and other issues; home visits to isolated older adults; and preventive health screenings. Altogether, services have reached more than 450 older adults.

As the development-and-start-up grant money winds down, Shelnutt says the program has proven its value. As a result, the church and other funding sources are expected to step in to underwrite activities that are not fully self-sustaining. “We used the money to develop the program and get it off the ground,” she says. “And we've also met another main objective by sharing the program and the tools we use so that others will benefit from what we've learned.”

**Amador County**

Like any other hospice program, Hospice of Amador specializes in helping patients and families cope with terminal illness. But because of a scarcity of county resources, the hospice program is branching out with the help of a $33,112 grant from Sierra Health Foundation. “We realized we were seeing children among our patient families, but that we did not have anybody trained to deal with children in grief,” says Jan Houghton, volunteer coordinator for the hospice program. “And in the community, there is such a void — not even a suicide prevention program or counselors in our schools. This is an added dimension not only to our program but to the entire community.”

Using the funding, Hospice of Amador volunteers traveled to Monterey for training with Hospice of Central Coast, the creators of the Griefbusters program for children. The volunteers returned with materials, permission to use the logo and plenty of guidelines for how to work one-on-one with children in need. About 40 people have gone through the training and almost two dozen children have received services.

“This is very much an individualized program,” Houghton says. “Depending on the age of the child and what connects with them, the volunteer may use art, writing, journaling, reading together or playing games — whatever it takes to build trust.” At the same time, Houghton says the program is ready to deal not only with grief but also with children in trouble or a school crisis.

Continued on page 7
September 11 2001

By now it is apparent that the events of September 11 have dramatically affected the lives of Americans everywhere. People across the country are more aware now of how closely linked and interconnected we are. It seems that everyone has a friend or loved one, or has a connection to someone with a friend or a family member, who was directly involved in the tragic events of that day in New York City and Washington, D.C.

Representatives from Grass Roots Organizing for Welfare Leadership (GROWL) who were interviewed by Cathy LeBlanc, were in Washington, D.C. on September 10 and 11. On Monday, September 10, Cathy led a group of six on a trip to the Radisson House Office Building. They visited 27 offices and met with staffers, urging them to attend the press conference the next day in the Capitol building to hear that message on welfare reform. More than 50 congressional staffers from four U.S. Representatives and 30 members of the media were expected. The next day Cathy was part of the greeting team for the press conference. As people were lining up for the 9:00 a.m. start, a reporter came up to Cathy, apologized for leaving and asked what was happening in New York.

A television in a meeting room across the hall was communicating the pictures of the World Trade Center on fire. As the reality of what was happening took hold it seemed there would be no press conference that day. Then security guards started rushing everyone out. The frightened faces, the confusion, people on the verge of panic drove home the seriousness of the situation. As they exited the Capitol building carrying their belongings, they could see smoke rising from the Pentagon. Police and Army personnel lined the streets to keep the crowd from moving too far. Cathy said they felt lucky they were out even though they were two hours late to return to their hotel. By Thursday, September 13, they realized they would not be flying home that night, a decision they decided their best option to get home to California was a bus. A four-day cross-country bus trip is an amazing way to see the country. Cathy enjoyed paraphrasing one of her favorite songs, "What a long, strange trip it was." She says the bus was packed with families, all strangers, used to the convenience of flying, but as they traveled west they became almost family. It was indeed a bonding together by the event.

Two weeks after returning home Cathy was on September 11 radio. "I was asked if I would ever go to Washington, D.C. again," she said. "I told them if you had any friends in New York after that bus ride I would have said ‘NO!’ But I realize that it is important that our government hear our voices, the voices of the people of September 11, and that we go back in the future to finish what we started. Wish me luck!"

By wanting what is best for my children I was beginning to see how that first blind step was now leading me down a path of believing in myself, and the start of my career as a community advocate.

Cathymoons go to Washington, D.C. (from left) Mariiah Sullivan, Cathy LeBlanc and Jennifer Bliss in front of Union Station.

Cathymoons go to Washington, D.C. Continued from page 2

had in our community, and then input them into a computer. I explained to Shirley I was very limited office skills. The keyboard was unfamiliar ground. My past occupations had been a forklift driver, a bartender, a silversmith and a singer in a rock ‘n roll band, no quite what I thought qualified me. Shirley assured me I could do it, it was fairly easy and she would teach me. Then I remembered back that I had in high school I had group discussions as a teen counselor and was used to speaking and being in front of people from my experience with the rock band. And I did want to learn how to use a computer. "OK," I said.

I found out that parents in our community were concerned about the lack of childcare and transportation, and that our young children wanted to socialize. I explained to the parents why YCCCH wanted to share information. That we are (all of us in the community) were a part of the collaborative, which in turn was a part of Sierra Health Foundation’s Community Partnerships for Healthy Children Initiative (CPHC) and that Sierra Health Foundation sponsored us. With the data we collected we could make a difference in our children’s lives. At that time I was not quite sure myself about how the whole thing worked, but I had been assured that every voice counted.

After that project came others. I took a lead in developing a local newspaper. The Cathymoons Counter, first publication in 1999. I was part of a Cathymoons presentation at the national AA-American City Conference in 1997. In 1998 I became the Twilight School Coordinator. I was also attending workshops through Sierra Health Foundation. I found myself elbow to elbow with some of the most powerful community leaders in northern California (we just didn’t know it yet).

Then something wonderful happened. I was given a 1967 Ford two-door hardtop. I had transportation. I could enroll my twin boys, now three years old, in Headstart, located in the next small town eight miles away. Other families in the community were not so fortunate. They had no transportation. With the collaborative helping me, I became a licensed school bus driver and was able to bring Cathymoons' young kids to Headstart. There I was able to hear the voices of more parents.

At Shirley’s suggestion I started a discussion group to talk about our goals. We called it “MoMo’s Supporting Moms” (MSM). This was about the time welfare reform and “welfare to work” programs became popular. Because of our distances from services, we were exempt from anything Health and Human Services had to offer. We were labeled “hard to serve” and left alone. Yet we still had dreams. Many of us needed childcare and wheels in order to get mobile, upwardly or otherwise. Many of us were in such low wage jobs that even though we worked, we were still eligible for welfare benefits. Then because the group had no funding after a year, it stalled.

By wanting what is best for my children I was beginning to see how that first blind step was now leading me down a path, of believing in myself, and the start of my career as a community advocate.

Continued from page 2

For more information about "Cathymoons in Camptonville" in Contact Cathy LeBlanc at (530) 288-9355.

September 14, 2001

When you think of the word welfare recipient, what do you see? A man or woman with children, through education and a lot more. It is made up of past to work that we all have received, or are working on various forms of higher education (from GEDs to PhDs.) They have already changed policy stated on TANF regulations concerning education. (For more information contact LifeTime at (510) 452-5192 or Diana Spatz via email at depa@jhotmail.com.)

Through this connection LifeTime staffers came to a “CanWORK” meeting in July to discuss educational opportunities and our role in affecting policy. They invited us to be a part of a statewide leadership conference on TANF reauthorization held in Oakland in August 2001. This three time of us from Cathymoons participated; Mariiah Sullivan, a current CanWORK member, Jennifer Bliss, and myself. During this conference we developed a position paper to use as a tool to inform the press and the House Subcommittee for Human Resources of the views of actual welfare recipients.

The real exciting news: we were invited (by CTWO and GROWL) to go to Washington, D.C. in September. We planned to visit legislators to discuss our views from the rural perspective on TANF reauthorization, while others would be testifying before Rep. Herger’s sub-committee. There would be representatives from 53 organizations from 34 states going on the trip. This is to be an unprecedented event, a true grassroots effort. This will be the very first time that former and current welfare families have ever been well enough organized to speak in a united voice to Congress about welfare reform.

Wow, what a fun ride! My advice to anyone is to follow your passion and do what you feel passionate about. Do what excites you. These are your strengths. Above all believe in yourself and take one small step in that direction whenever you can. I have a friend and neighbors, been journeying who started a volunteer home hospice here in Camptonville. She was telling me about her dream,” She said, “Cathy my this week have had experiences in speaking with legislators as I walk. When I take a step it’s as though something solid forms underneath.”
In 1993 she began college at UC Davis where she was given the opportunity to fulfill part of her dream. She became a member of Clinica Tepati in the fall of 1993. This is a clinic run by under-graduate students with the support of the Department of Family Practice from the UC Davis School of Medicine. Together with medical students and a couple of licensed physicians, every Saturday was spent volunteering to run a free clinic in the Washington neighborhood of downtown Sacramento. While they treated people of all backgrounds, their patients were mainly of Mexican-American descent. For many of the patients, the clinic has been their only source of health care for many years. They felt safe coming to a clinic where people spoke their language and were genuinely interested in their well-being.

Throughout her time with the clinic, her responsibilities changed. She first began as a translator and intake person — taking the patient's blood pressure, temperature, height and weight, blood sugar, and hemocotrit, and verifying their chief complaint. The next position she would hold was in the laboratory. Here she learned to prepare specimens for transfer, perform urinary analysis and pregnancy tests, operate the centrifuge, and prepare and view specimens on slides. Her final position was a clinic manager. In this position she was responsible for the daily operation of the clinic. Her responsibilities included training patients, assigning patients to intake people and medical students, reviewing charts, writing referrals, dispensing medications, and being able to take the place of an absent volunteer. She performed this position for 18 months until leaving the university in December of 1997 to pursue a nursing degree. During Aida's four years at UC Davis she had been a pre-med student, but it was her own childhood experience and experience at Clinica Tepati that ultimately helped her make the decision that nursing was a better fit. She admired the compassion and dedication of the nurses she had met and became convinced that as a nurse she could have a positive influence on her patients while maintaining the flexibility to return to her community.

Aida is currently in her third semester of nursing school, is working on her own time as a student nurse "extern" at UC Davis Medical Center in the ICU, while in the middle of her clinical rotation in the labor and delivery unit at Methodist Hospital in Sacramento. Aida is married, has a three year old son, and is expecting her second child in March. Aida will graduate from the CSUS nursing program in August 2002. Aida Felix is an exemplary benefactor of the Sierra Health Foundation/CSUS scholarship for health professions, and we are proud to be able to assist in her mission to learn and give back to her community.

Continued from page 3
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• Lastly, think outside the box. Use as much forthright creativity as you can to get the funding you require. One innovative attendee of our focus groups told how he incorporated training expenses into his organization's benefits package. That way he was able to cover training within the benefits rate limitations. Smart and honest creativity!

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You can find past GrantWise columns on our Web site — www.sierrahealth.org.

Continued from page 1

Staying True to the Mission

El Dorado and Amador Counties
Continued from page 4

Establishing an accessible community resource was also the goal of Gold Country Health and Wellness Center, which received $6,500 from Sierra Health Foundation in 2000. Mary Ellen Welsh, co-director of the group, says the funding has been used to buy consumer-oriented health reference books, a new computer, health newsletters, CD-ROMs and other materials for a special Health Resource Library in the main county library in Jackson.

“We have subjects covered from A to Z, and we’ve done a lot of research to make sure what we provide is reliable and accessible,” says Welsh.

“We also have a brochure, bookmarks and other materials that help make people aware of where they can find information.”

Welsh says the librarians have noted an increase in the number of people coming in and asking for the health reference material. As the other organizations in both El Dorado and Amador Counties have found, the demand for services is pressing. With a jump-start from outside funding, some of those needs are beginning to be met.

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Survival of the Fittest
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A profile of the Foundation’s ongoing effort to create a healthy northern California

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See page 1

A Visit to El Dorado and Amador Counties
See page 4