PARTNERSHIPS

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

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brightSMILES
Grant Program Targets Dental Health Neglect

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

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

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

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

Because so much is already known about dental problems and what works in treating them, the philosophy behind brightSMILES is straightforward and service-oriented: provide dental care wherever it is needed. Implementation, rather than planning or evaluation, is the emphasis of collaborative efforts, The California Endowment joined the brightSMILES Partnership in the spring of 1999. In recognition of the need for additional funding, and the effectiveness of collaborative efforts, The California Endowment joined the brightSMILES Partnership in October 1999, contributing $1,000,000. That same month, grants totalling $800,000 were awarded to nine organizations in 26 northern California counties, and a second round Request for Proposal was issued that expanded the geographic scope of the brightSMILES program to six additional counties in northern California. Phase Two grants will be awarded in March 2000.

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Future of CPHC

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

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

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

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

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LETTER from the PRESIDENT

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

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

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

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

In early October, with a financial contribution from The California Endowment, nine grants totaling $805,781 were awarded in the first round of funding. Several of these grants will support dental sealant programs benefitting second and sixth grade children at individual schools in 11 different counties.

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

By Dorothy Meehan, Vice President, Sierra Health Foundation

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

Across the Board

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

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

Well-constructed boards are the cornerstone of any organization because they are the strategic visionaries, the navigators, if you will, of the course the organization will take to achieve success. Philanthropists analyze requests for grants with a critical eye toward a project’s outcome and sustainability. Sustained success for any project requires dedicated leadership from qualified staff, and just as importantly, from boards of directors.

Well-constructed boards are the cornerstone of any organization because they are the strategic visionaries, the navigators, if you will, of the course the organization will take to achieve success. Philanthropists analyze requests for grants with a critical eye toward a project’s outcome and sustainability. Sustained success for any project requires dedicated leadership from qualified staff, and just as importantly, from boards of directors. Without question, proposals that clearly demonstrate the value their boards will bring to an endeavor stand a better chance of being funded.

Helping you achieve success is fundamental to Sierra Health Foundation’s mission. The Foundation believes sound leadership is an underpinning to success and has defined leadership as an essential, internal value of our staff and board of directors. When staff or I read a proposal, a quick, first pass of the board roster sometimes reveals easily recognized flaws, even before the application is read thoroughly (possibly predisposing your proposal to failure). For example, a quick examination of a board’s make up might indicate a board that is too small for an endeavor; or too homogeneous in gender, age or ethnic affiliation; or, perhaps, the board is made up of a majority of first-time members new to the organization.

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

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

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

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

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

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The BOARDLINK Mission

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

BOARDLINK goals and objectives

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

BOARDLINK is a program of the Nonprofit Resource Center

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What are the key duties of the board?


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

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**School-Based Programs Taking Dental Care on the Road**

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

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

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

One of the grantees in the first round of brightSMILES funding is the Sacramento Dental Sealants in Schools Partnership. Using its $125,000 grant over the next two years, the Partnership will rely on the organizational capabilities and volunteer efforts of five neighborhood collaboratives to bring dental services to 3,800 children in 17 elementary schools. This represents the continuation and expansion of a prior two-year effort, funded by grants from The Dental Health Foundation, that covered 10 schools.

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

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

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

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

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

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

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

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

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**A Neglected Epidemic**

Statistics from the 1997 report by The Dental Health Foundation on the dental health of California’s children:
- Almost one-third of preschoolers and two-thirds of elementary and high school children have experienced tooth decay.
- Twenty-one percent of seventh-graders are in urgent need of dental care for extensive decay, pain or infection.
- More than half of all school-age children have untreated tooth decay.
- Sixty-one percent of seventh-graders have gum disease requiring professional treatment.
Building Capacity
Grants Help Expand Dental Services Infrastructure

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

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

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

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

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

“He really spends a lot of time with patients, teaching them about teeth, about brushing and about taking care of their mouths. He does oral surgery, root canals and endodontics — and he has great rapport with children,” Elliott says. In addition, she says, Zahirfar is interested in orthodontics and is taking continuing education.

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

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

Grant program targets dental health neglect
Continued from page 1

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

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

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

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

More information about the brightSMILES partnership and the current grant process can be obtained by contacting Sierra Health Foundation, 1321 Garden Highway, Sacramento, CA 95833, (916) 922-4755, or at www.sierrahealth.org.
Sierra & Nevada Counties Share Rural Beauty, Hidden Challenges
Communities Use Creativity, Tenacity to Solve Problems

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

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

Or take Sierra County. The Extreme: The county has a population of 3,300, fit for a tiny village rather than a population that is aging in place — an expression in the elder care world of the staff of the Larry G. Lutz Center in Grass Valley. (L-R) Kathleen Kerrigan, R.N., Program Director; C.J. Lefler, Social Worker; Deanna Jones, Physical Therapy Assistant; and, Sarah Heinzel, Director of Nursing are some of the staff of the Larry G. Lutz Center in Grass Valley.

The Larry G. Lutz Center
The typical desire of senior citizens is that they age in place — an expression in the elder care world that means people stay in their own houses, living more or less independently until they die. The reality is that as people age, they quickly run out of options that will allow them to remain at home. Even if they only need a small amount of assistance, the ability of seniors to live at home, and to do so more or less independently until they die. The Larry G. Lutz Center is designed to prolong the ability of seniors to live at home, and to do so in an affordable manner, according to Liz Mantle, executive director and administrator. Two adult day care programs are run side by side within the center. One offers respite to daily caregivers, often an aging spouse. The other program is a medical model that stresses therapy and treatments that help people maintain the skills they need for economic opportunities developed. The Daily Challenges: Cut in half by the Sierra Nevada mountains, Sierra County has the basics but few frills or specialized services. People at one end of the county drive an hour to Grass Valley and people at the other end gratefully to Truckee or Reno — metropolitan feasts in comparison to Sierra County’s relative famine.

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

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

This profile of Sierra & Nevada counties is the seventh in a series that will focus on rural counties in Sierra Health Foundation’s 26-county funding region in northern California.
independent living, such as walking and using bathroom facilities. Through grants, fund raising and subsidies, both programs offer services at a rate that comes to a little more than a dollar an hour for the lowest income seniors.

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

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

By 1997, the center had located a facility that would provide a large permanent home … if other non-profit agencies would rent the unneeded space … if volunteers would provide the sweat equity needed to remodel the building … if a down payment could be borrowed from a generous volunteer. The “ifs” came together, Mantle says, and were greatly helped along by an $85,000 Sierra Health Foundation grant that underwrote the effort to meet building codes and licensing standards. Today the building is a one-stop arena for social services, including the Del Oro Caregiver Resource Center, the Retired Senior Volunteer Program, Legal Services of Northern California, the Literacy Council, the Alliance for the Mentally Ill and Al-Anon.

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

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

The Western Sierra Medical Clinic

While the uninsured worry about their next health care dilemma and policy makers wring their hands, the western end of Sierra County simply tackles the problem with the resources at hand. At the Western Sierra Medical Clinic, people get health care regardless of their ability
The CPHC Leadership Council is currently in its formative stage. Representatives from the collaboratives have met twice so far at Foundation headquarters to discuss the form and substance of how the Council will come together. Collaborative members are also formulating the mission, goals, and objectives of the Council.

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

In Phase II, Program Planning, grants were awarded to communities that had been successful in organizing a collaborative and identifying critical issues impacting the health of infants, children and their families. This phase allowed up to 10 months for collaboratives to create a strategic plan of action around their identified issues. Twenty-nine planning grants were approved.

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

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

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

For this fourth phase of funding, the Foundation has added three more goals:
- Increase the number of children and families whose health is positively affected by the initiative’s efforts;
- Increase the sustainability of viable and vital CPHC community collaboratives; and
- Lay the groundwork for sustaining CPHC principles and goals beyond 2003.

A major purpose of the Council is to help the collaboratives meet these new Phase IV goals. Future issues of Partnerships will bring the reader new information on how this is accomplished.

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

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

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

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

In Phase IV, the return on seven years of investment will dramatically increase — for the Foundation as well as the CPHC communities. “It’s truly amazing what the collaboratives have accomplished thus far,” says Dorothy Meehan. “But now comes the payoff in how the collaboratives broaden their impact and strengthen their ability to positively affect the health of large numbers of children in their communities. We are really looking forward to the next two years.”
to pay — and the aim is quality care despite a lack of specialized medical facilities and personnel.

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

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

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

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

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

An earlier Sierra Health Foundation grant helped rebuild the rickety staircase in the remodeled home the clinic is housed in. The staircase is the main route down to the two-chair dental office. Originally built in the late 1800s, the building is a one-stop service center, bringing the clinic, the community food bank, mental health services and social services staff to one location in Downieville.

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

Children’s Initiatives

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

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

Across the Board

Continued from page 3

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

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

Getting back to the original question about the importance of boards to the success of your proposals … Clearly, boards play an important role in enhancing your funding opportunities. If you do not have a recruitment plan developed to acquire board members who are strong leaders with diverse backgrounds and program or financial skills; or if you do not have a method designed for rejuvenating the existing pool of leaders, get one as soon as possible. Don’t ignore these critical steps to success. And don’t underestimate the influence a group of dedicated, trained and focused individuals can have on the success of your funding requests. Across the board, the benefit to all is realized by “getting the grant.”

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

Young members of the “Garden Club” sponsored by the Children’s Collaborative of Tahoe Pines Apartments in Truckee show off their produce.
Mini-Grants Have Maximum Impact

A t Sierra Health Foundation, Health Grants come in two sizes; there’s the Large Grants program and the Mini-Grants program. Large grants, those for more than $10,000, tend to be higher profile than those funded through the $10,000 and under Mini-Grants program, but the impact made by the smaller projects can be significant.

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

In July 1999, a Mini-Grant of $9,927 was awarded to the Easter Seals Society of Superior California to launch a short-term pilot program teaching caregivers techniques of occupational therapy. Lynnette Goldstein, Director of Prevention Services and Program Development, says 52 families were involved in the program. “Children with Attention Deficit Disorder, or who are autistic, or who have orthopedic disabilities are in therapy while in school, but during the summer months, the therapy stops. The program taught parents and caregivers how to reinforce that therapy at home during the summer,” Goldstein said. “Because of this program, the children’s skills do not regress during the summer.”

Sierra Health Foundation’s Board of Directors created the Mini-Grants Program in 1996 as a high-impact, responsive-to-immediate-need, alternative to the larger grants. It wanted to create funding opportunities for smaller organizations intimidated by a complex application and reporting process, or who simply didn’t need a large amount of money. The Mini-Grants program offers organizations a simpler application to request funds and a streamlined reporting process for projects ranging from $500 to $10,000. Mini-Grant dollars can be used for short-term or multi-year projects, expansion of current programs, equipment purchases, building acquisition or renovation, the list of approved grant requests is very diverse. The only limitations are the standards outlined in the Mini-Grants Application.

Projects the Foundation finds most attractive meet specific criteria. First, support from Sierra Health Foundation must be essential to the project. Second, Foundation funds should comprise at least 50 percent of the proposed project budget. The project should improve the delivery of health services, expand the use and availability of health services, or positively impact the health of underserved populations in the Foundation’s funding region.

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

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

Another organization with a project suited to the objectives of the Mini-Grants Program is Big Brothers Big Sisters of the Greater Sacramento Area. The grantee’s mission is to mentor children as they grow to become confident, competent, and caring individuals. To do this, adult mentors are matched with youth from single-parent homes. Through the relationship developed between the adult and the young person, the youth in the program have a positive role model to emulate and have more opportunity to develop healthy and positive lifestyles. As of December 1, 1999, 86 boys were waiting to be matched with an adult mentor. “We realized there was a valuable untapped resource out there, men aged 50 and older, who would be great mentors because they have experience with kids, they’ve raised a family and they have the discretion- ary time available,” said Dann Ingrin, Executive Director, “Our problem is reaching them.” A $5,000 grant from the Foundation has allowed the expansion of the mentor recruitment program with a special effort called the Elders Program. “The Elders Program is a model for the rest of the Big Brothers Big Sisters organizations across the country,” Ingrin said. “We will have at least 35 more mentors trained and matched with a boy by spring 2000 because of this grant.”
Mini Grants
Grants for $10,000 and under are accepted and reviewed on an ongoing basis.

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Project Description</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Support Flight Team Los Angeles</td>
<td>Sacramento</td>
<td>To support expansion of the Angel Flight program in underserved communities in northern California.</td>
<td>$10,000</td>
</tr>
<tr>
<td>American Red Cross, Yolo County Chapter</td>
<td>Yolo</td>
<td>To purchase 20 mandalas to expand current education programs.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Delta Health Care and Management Services Corporation</td>
<td>San Joaquin</td>
<td>To support training and outreach services to Gilroy High School students.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Excalibur House Children's Fund, Inc.</td>
<td>Butte</td>
<td>To provide health services such as substance abuse counseling, nutrition classes and doctor visits for homeless families.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Family Service Agency of the Greater Sacramento Area</td>
<td>Sacramento</td>
<td>To increase crisis line services 24 hours a day, seven days a week.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Meadowood, Inc.</td>
<td>San Joaquin</td>
<td>To support renovation of five halfway homes for women and children.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Sacramento Hearing Services Center, Inc.</td>
<td>Sacramento</td>
<td>To fund replacement of a telephone system serving the deaf and hearing-impaired.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Sacramento Levine and Fisher</td>
<td>Sacramento</td>
<td>To support the purchase of a vehicle to be used to collect food and supplies for Sacramento homeless families.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Shingletown Medical Center</td>
<td>Siskiyou</td>
<td>To support technical assistance for the Federally Qualified Health Center application process and managerial accounting services.</td>
<td>$10,000</td>
</tr>
<tr>
<td>University of California, Davis</td>
<td>Yolo</td>
<td>To support focus groups to assess barriers to prenatal care experienced by Latino women and to design preventative activities in collaboration with Stockton area providers.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Welping Women's Center</td>
<td>Sacramento</td>
<td>To support construction of a surround wall and parking lot to increase safety for volunteers, staff and clients.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Yolo County</td>
<td>Yolo</td>
<td>To support training volunteers to be car seat installation inspectors and conduct car seat safety inspections.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Yolo Family Service Agency</td>
<td>Yolo</td>
<td>To support facility expansion and furnishing of two therapy rooms.</td>
<td>$10,000</td>
</tr>
<tr>
<td>Easter Sealy Society of Superior California, Inc.</td>
<td>Sacramento</td>
<td>To support a summer program providing occupational therapy to children with disabilities and training for parents and care providers.</td>
<td>$8,007</td>
</tr>
<tr>
<td>Resources for Independent Living</td>
<td>Sacramento</td>
<td>To support education programs about living independently with post-polls.</td>
<td>$8,600</td>
</tr>
<tr>
<td>Wild Within Women's Services of Bishop, Inc.</td>
<td>Mono</td>
<td>To upgrade telephone equipment.</td>
<td>$7,000</td>
</tr>
<tr>
<td>Folsom Project for the Visually Impaired</td>
<td>Sacramento</td>
<td>To support equipment acquisition and increased distribution of donated glasses to underserved vision-impaired people in the greater Sacramento area.</td>
<td>$7,706</td>
</tr>
<tr>
<td>American Lung Association of California, Valley Isle Branch</td>
<td>Sacramento</td>
<td>To teach asthmatic youth how to best manage their condition.</td>
<td>$8,197</td>
</tr>
<tr>
<td>Sacramento Area Emergency Housing Center</td>
<td>Sacramento</td>
<td>To purchase laundry equipment for use at the Family Shelter.</td>
<td>$8,240</td>
</tr>
<tr>
<td>ArtLine</td>
<td>Sacramento</td>
<td>To provide necessary air transportation services for patients unable to afford it.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Big Brothers Big Sisters of the Greater Sacramento Area, Inc.</td>
<td>Sacramento</td>
<td>To support the Bigs program, increasing the number of mentors working with single-parent youths.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Boys and Girls Club of Paradise Ridge</td>
<td>Butte</td>
<td>To support facilities renovation and expansion of the &quot;Kids in the Kitchen&quot; program.</td>
<td>$1,000</td>
</tr>
<tr>
<td>California State University, Chico Research Foundation</td>
<td>Butte</td>
<td>To support creation of the &quot;Nurturing Center Without Walls&quot; resource center.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Christmas in April, Sacramento</td>
<td>Sacramento</td>
<td>To support a home and a SWAT team during Christmas in April 1999.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Diamond Springs-Dixon Fire Protection District</td>
<td>El Dorado</td>
<td>To support the purchase of replacement family helmets, training and implementation.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Senior Grocers, Inc.</td>
<td>Sacramento</td>
<td>To support the Basic Baby Needs program.</td>
<td>$1,000</td>
</tr>
<tr>
<td>Mono County Multi-Disciplinary Response Team</td>
<td>Mono</td>
<td>To support development of a bimonthly interview room for victims of child abuse.</td>
<td>$4,500</td>
</tr>
<tr>
<td>The Effort, Inc.</td>
<td>Sacramento</td>
<td>To purchase air conditioning equipment for the medical clinic examination rooms.</td>
<td>$3,400</td>
</tr>
<tr>
<td>On Visual Services</td>
<td>Sacramento</td>
<td>To support information projects serving the visually impaired and blind in 26 counties in northern California.</td>
<td>$3,000</td>
</tr>
<tr>
<td>Mendocino in Need, Inc.</td>
<td>Amador</td>
<td>To support production of layettes and comfort items for premature and newborn infants to be donated to hospital neonatal intensive care units by youth in the criminal justice system.</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

ABOUT HEALTH GRANTS
Sierra Health Foundation is committed to addressing a broad range of health issues in the 26 northern California counties in which it funds. The Foundation pursues this commitment through its Health Grants Program. Emphasis is placed on projects that improve the delivery of health care services, expand the use and availability of existing health care resources, and have a positive and lasting impact on the health of underserved populations.

For grants of $10,000 or less, interested applicants are encouraged to apply through the Mini-Grants Program. Requests are accepted and reviewed on an ongoing basis. Please allow eight weeks for a Mini-Grant funding decision.

Grants of more than $10,000 require more detailed proposals and are considered by the Foundation Board of Directors three times each year. Deadlines for requests are February 1, August 1, and November 1. Please allow four to six months for the Foundation to respond to your funding request for more than $10,000.

For more information on how to apply for funding, please call (916) 922-4755, or visit www.sierrahealth.org

Continued from page 10

In Mono County, the Mono County Multi-Disciplinary Response Team was awarded $4,500.00 this past summer for a small capital project, equipping and furnishing an interview room for victims of child abuse. Rather than making a child relive and retell their story of abuse, now the child must undergo the experience only once with one interviewer. The interview is videotaped for distribution to the court system, police, attorneys, and child protective service agencies. “We purchased video equipment, a sound system, furniture, and even toys,” says Tamara Raftevold, Victim/Witness Coordinator from the Mono County District Attorney’s Office. “This room allows us to conduct the interview in a way that the topic is presented in a way that is not as intrusive.”

That brings up one of the most appreciated features of the Mini-Grants Program, the application process. What is it like applying for a Mini-Grant? Lynnette Goldstein says, “It was fun. It wasn’t easy, but the application was fairly straightforward and user-friendly. It was difficult to convey the passion you feel for your project within the space constraints dictated by the process, but I understand the need for that.” She continued, “We applied on June 3 and were able to receive funding and start our program by July 13. I wouldn’t do it again within such a short time frame, but I really appreciate the responsiveness demonstrated by Sierra Health Foundation staff.”

The Mini-Grants application has recently been updated to further streamline the process and is currently available on the Foundation’s web site at www.sierrahealth.org. Just go to the Grants section to download the application. You can also obtain an application by calling the Foundation at (916) 922-4755. On average, you can expect to know whether your request is approved within eight weeks of submitting an application. Funded Mini-Grant projects will have a considerable impact on improving the health of northern Californians for a much longer time.
Second grade students at Hagginwood Elementary School in Sacramento received dental examinations during a visit from the Foundation.

Mini-Grants Have Maximum Impact
See page 10

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