

Building Bridges to Better Health





This 10th Anniversary Report is dedicated to the memory of R. Isabelle Chenoweth, R.N., our first Chairman of the Board. Isabelle, who passed away April 25, 2007, was committed to making the Community Health Fund an important resource for this community and her initial leadership guided us toward that goal. Isabelle served on the Board from 1997 - 1999 and 2001 - 2005 and she brought compassion and good judgment to our grantmaking deliberations.



A Health Fund for the Community

Our Grantmaking Mission

John Muir/Mt. Diablo Community Health Fund’s mission is to improve the health and well being of residents living within central and east Contra Costa County communities, with an emphasis on uninsured, underserved and overlooked populations. Our goal is to expand access to affordable, quality health care and to promote health education and wellness. Our objective is to achieve fundamental improvements in the health status of families, children and youth, seniors and other vulnerable adults.

Our Guiding Principles

Making a Difference:

Be innovative and proactive in grantmaking in order to make a genuine difference in the health of underserved and overlooked people and communities.

Empowering People:

We encourage people to assume responsibility for their health and to participate in the development and assessment of all health-related programs that we fund.

Valuing Diversity:

Our grants and outreach respond to and reflect the rich diversity of the local communities and people we serve.

Valuing Connections:

We seek to develop and participate actively in partnerships with those who share our health-related mission and guiding principles.

Building Capacity:

We are committed to investing in the capacity of individuals and nonprofit organizations to achieve their goals.

Valuing Learning:

We practice and promote continuous learning by being open to new ideas and different points of view, and by promoting the best practices of others.

Our Commitment to Nondiscrimination

In accordance with nondiscrimination policies adopted by the John Muir/Mt. Diablo Health System and its hospitals, the Community Health Fund is committed to conducting its grant programs free of any type of discrimination. This includes, but is not limited to, discrimination against any applying or funded organization based on the sex, color, religion, national origin, ancestry, age, marital status, medical condition, physical disability (including HIV & AIDS), sexual orientation, handicap, or any other protected characteristic of the organization’s clientele.



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Our History

In 1997 John Muir Medical Center, a Walnut Creek-based not-for-profit hospital, and Mt. Diablo Medical Center, a Concord-based public district hospital, agreed to a merger ratified by local voters. This merger created the John Muir/Mt. Diablo Health System, a new and expanded not-for-profit health system within Contra Costa County.

A requirement in the merger agreement called for creating and funding a “community health benefit nonprofit corporation” as a supporting organization to the Health System that would operate independently with its own governing board. Set up in 1997 as a new grantmaking foundation, the John Muir/Mt. Community Health Benefit Corporation (CHBC) dedicated itself to funding programs that improve the health of medically uninsured and underserved populations within central and east Contra Costa County communities.



The Health System has given the CHBC \$1 million annually to implement its grantmaking mission, plus additional funding for its operating budget. A ten-member board of directors all of whom are appointed annually by two other entities governs the CHBC. The Mt. Diablo Health Care District, the publicly-elected former governing board for Mt. Diablo Hospital, and the John Muir Association, an entity affiliated with the former John Muir Medical Center, each appoint five of the ten-member governing board.

Early in 1998, the CHBC obtained tax-exempt status as a 501(c)(3) nonprofit public benefit corporation.

In 2002, the board of directors changed the CHBC’s name to the John Muir/Mt. Diablo Community Health Fund to more closely reflect the nature of its work. From 1997 through 2006, John Muir Health (the new name the Health System adopted in 2005) has given the John Muir/Mt. Diablo Community Health Fund \$10 million to fund its annual responsive grantmaking and five important health initiatives. In addition, through its public charity status, the Community Health Fund



has been able to apply for and receive a total of \$1.1 million in grants from The California Endowment, The California Wellness Foundation, Y & H Soda Foundation and Contra Costa County’s Employment & Human Services Department. These funders added resources that increased funding for our two largest multi-year initiatives: aging and Latina health. In total, the Community Health Fund has invested over \$11 million of its resources, as well as grants from other entities, in community-based projects and health initiatives described in this report that have improved the health of people throughout central and east Contra Costa County.

The people who came together in 1997 from the Mt. Diablo and John Muir Medical Centers had a vision for healthcare and community benefit that formed the basis for the merger and the expanded and enhanced health system. John Muir Health has distinguished itself by including in that vision the creation and funding of the John Muir/Mt. Diablo Community Health Fund, a lasting philanthropic gift for improving the health of our community.

Annual Message from the Chairman and President/CEO



Linda Best
Chairman for 2007



Grace Caliendo
President/CEO

After a decade of hard work, we felt this year merited more than a traditional annual report. Though you'll find that these pages do indeed document our work in 2006, we've placed that work in the context of a 10-year retrospective, a reflection on what we've done and what we've become.

The theme for this report – **Building Bridges to Better Health** – emerged as we began to see that all of our work has been about helping people and communities cross the many obstacles that keep them from reaching what we all deserve: good health and access to affordable health care when we need it. What we've tried to do, always, is to build bridges appropriate to the challenge, bridges that people can trust and use. Doing so begins with a deep devotion and connection to the communities in which we live and work.

The concept of "community" is not an abstraction for us. Our board and staff live and work in Contra Costa County. We see the people we fund and those they are striving to serve every day: shopping for groceries, taking their children to school, and doing the countless other activities that bind us together in our daily lives. We need to be able to look our neighbors in the eye, confident that we've kept our promise to improve the health and well-being of overlooked, uninsured, and underserved people in central and east Contra Costa County.

With an eye toward that promise, we've spent the last decade carefully developing our approach to grantmaking by learning from every funding experience. Three beliefs now characterize how we conduct our work.

First, we forge lasting relationships with individuals and organizations that enable us to understand where the needs exist and the types of bridges we need to build. Through a spirited give and take about how to most effectively facilitate lasting change, our staff and board members – and those of the organizations we fund and their clientele – are engaged in a perpetual learning process about community health issues.

Second, we view health as a complex concept, not just one associated with annual check-ups and medical care. Effective prevention and treatment, for example, means understanding the social, cultural, and environmental context in which people live and in which they approach health care services. This is not as simple as translating a few brochures into Spanish or Chinese. Rather, it involves hard, ongoing work and the courage to acknowledge our own prejudices and blind spots.

Finally, we know that to build bridges we have to use every tool at our disposal—not just money. Partly, this is born of necessity; the money we have can only go so far. Yet even if we had unlimited funds, we've learned that it is by being an active, hands-on funder – convening groups, building partnerships, encouraging interagency collaborations – that the best work gets done and the whole becomes more than the sum of its parts.

The story of our first decade would not be complete without acknowledging several key ingredients we have found in every successful venture we have had the privilege to support:

- The leadership of executive directors and governing boards. When they work together, challenge themselves to achieve extraordinary goals, commit to learning and applying new skills, and consistently support each other they create an unbeatable combination for achieving success.
- Organizations that have a vision of how people could be better served possess a readiness to risk moving in that direction, and have the stamina and commitment to prevail until the goal is achieved. This is critical, because accomplishing systemic change creates exceptional organizational challenges.
- People and organizations that are closely tied to their communities and the people who live in them. These people structure their organizations to be accessible, they are always listening to the community, and they see their mission as service to others, not themselves. High quality service and management – staffed and governed by people from the community served – make these organizations trusted resources in their communities.

In short, this annual report celebrates ten years of learning, accountability, and community. It celebrates successes that are inextricably entwined with the successes achieved by our partners: the people and organizations we have funded. Each of the stories herein is about visionary leadership and enthusiasm that engaged others in a struggle to accomplish needed change. We salute the leaders we have funded over ten years, for their commitment, compassion and accomplishments. They are the architects, engineers, and construction workers that are doing all the hard work in building those bridges to better health. We are honored to work alongside them.

The Responsive Grants

When we began this foundation, the bulk of our grantmaking came in the form of Responsive Grants, smaller grants for programs designed to respond to immediate and targeted health needs.

Though much of this kind of grantmaking has given way to larger initiatives, over the past decade we've given over \$4 million to organizations in the form of responsive grants.

In addition to addressing specific needs, these grants opened our eyes to an array of important health concerns. In the process, we've built new and lasting relationships with organizations and people throughout central and east county. They have given us the lay of the land, showing us where change needs to happen and who is ready to make those changes.

Responsive Grant Recipients 1997–2006

Alcohol & Drug Abuse Council of Contra Costa, <i>Martinez</i>	JFK University at the Orin Allen Youth Facility, <i>Pleasant Hill</i>
Ally Action, <i>Concord</i>	La Clínica de La Raza, <i>Oakland</i> , Monument Corridor & <i>Pittsburg</i>
Anka Behavioral Health, <i>Concord</i>	Las Trampas, Inc., <i>Lafayette</i>
Antioch Middle School, <i>Antioch</i>	Lincoln Child Center, <i>Oakland</i>
Barbara Milliff Center, <i>Concord</i>	Loaves & Fishes of Contra Costa, <i>Danville</i>
Bay Area Crisis Nursery, <i>Concord</i>	Lutheran Social Services of Northern California, <i>Concord</i>
Bay Area Health Ministries, <i>Walnut Creek</i>	Mental Health Consumer Concerns, Inc., <i>Concord</i>
Boy's & Girl's Club of Martinez, Inc., <i>Martinez</i>	Mentoring Youth at Risk Program, <i>Pittsburg</i>
Brentwood P.A.L. Program, <i>Brentwood</i>	Multiple Sclerosis Society of Northern California, <i>Oakland</i>
CALSTAR, <i>Concord & Hayward</i>	New Bridge Foundation, <i>Albany</i>
Catholic Charities of the East Bay, <i>Oakland</i> , <i>Concord</i> & <i>Brentwood</i>	New Connections, <i>Concord</i>
Center for Human Development, <i>Pleasant Hill</i>	New Directions Counseling Center, <i>Concord</i>
Community Violence Solutions, <i>San Pablo</i>	Northern California Family Center, <i>Martinez</i>
Concord Police Department Life Skills Program, <i>Concord</i>	Ombudsman Services, <i>Concord</i>
Contra Costa Association for Retarded Citizens, <i>Martinez</i>	One Day at a Time, <i>Brentwood</i>
Contra Costa Crisis Center, <i>Walnut Creek</i>	Operation Access, <i>San Francisco</i>
Contra Costa Food Bank, <i>Concord</i>	Parkside Healthy Dental Start Program, <i>Pittsburg</i>
Contra Costa Health Services, Children's Dental Program, <i>Martinez</i>	Pittsburg Pre-School & Community Council, <i>Pittsburg</i>
Contra Costa Interfaith Supporting Organization, <i>Martinez</i>	Planned Parenthood: Shasta-Diablo, <i>Concord</i>
Contra Costa Jewish Community Center, <i>Walnut Creek</i>	REACH Project, Inc., <i>Antioch</i> , <i>Oakley</i> & <i>Brentwood</i>
Court Appointed Special Advocates, <i>Walnut Creek</i>	Rehabilitation Services of Northern California, <i>Pleasant Hill</i>
Diablo Respite Center, <i>Walnut Creek</i>	Rubicon Services, Inc., <i>Richmond</i>
Diablo Valley AIDS Foundation, <i>Martinez</i>	Senior Helpline Services, <i>Lafayette</i>
Diablo Valley Foundation for the Aging, <i>Walnut Creek</i>	Senior Outreach Services, <i>Walnut Creek</i>
Discovery Bay Elementary School, <i>Discovery Bay</i>	Shelter, Inc., <i>Martinez</i>
Elder Abuse Prevention, <i>Richmond</i>	St. Vincent de Paul Society, <i>Concord</i>
Familias Unidas, <i>Richmond</i>	STAND! Against Domestic Violence, <i>Concord</i>
Family Stress Center, <i>Concord</i>	Stoneman Village, <i>Pittsburg</i>
Holy Shepherd Lutheran Church, <i>Orinda</i>	The Perinatal Council, <i>Oakland</i> & <i>Pittsburg</i>
Hospice of Contra Costa, <i>Pleasant Hill</i>	Tony La Russa's Animal Rescue Foundation, <i>Walnut Creek</i>
Independent Adoption Center, <i>Pleasant Hill</i>	Village Resource Center, <i>Brentwood</i>
Jewish Family & Children's Services of the East Bay, <i>Berkeley</i> & <i>Walnut Creek</i>	Walnut Creek School District, <i>Walnut Creek</i>

2006 Responsive Grant Recipients

The recipients of this year’s responsive grants, Ally Action and La Clínica de la Raza, are exemplary partners. They never fail to provide essential insights into how the Community Health Fund can support their efforts to serve diverse communities.



Julie Lienert
Executive Director, Ally Action

Ally Action

Since 2002 we have provided over \$150,000 to Ally Action (formerly GLSEN SF-East Bay), which is making schools in central and east Contra Costa County safer and more inclusive for all students, regardless of sexual orientation or gender identity/expression. The money includes a \$50,000 grant in 2006 to help Ally Action expand its Respect Program (training and on-site consultation for educators) and its Pryde Program, which focus on youth peer education and leadership.

Executive Director Julie Lienert has seen enormous progress and is grateful for the help the Community Health Fund has provided. “Frankly, even though school safety is considered a major health and safety issue, there are a lot of people that wouldn’t fund us because they see (funding a group that focuses on sexual orientation and gender identity/expression) as too risky,” she says.

She also believes the Community Health Fund’s hands-on approach to grantmaking has played a role in the progress made. “They really ensure the integrity behind the work, that the services land in local communities the way local people want and need,” says Lienert.

La Clínica de La Raza

This year we extended our nearly decade-long relationship with La Clínica de la Raza, providing funding for La Clínica to add a pharmaceutical support program for some 4,000 low income, uninsured and underinsured clients in East County.

The program was the latest in a series of grants that go back to 1999 and total \$373,400. These grants have supported:

- improved access to health care for clients of La Clínica’s Pittsburg Medical Clinic
- the doubling of dental services for uninsured and underinsured families in Pittsburg
- health education for diabetic patients
- care management for patients with chronic health conditions (diabetes, heart disease, asthma, hypertension and obesity)

- a dentist to staff La Clínica’s Dental Care Mobile Collaborative, which brings dental services directly to school sites
- affordable, linguistically and culturally appropriate dental services for low-income residents in the Monument Corridor area
- expansion of the Monument Clinic’s prenatal program

This long and cherished relationship with La Clínica rests on two very strong pillars. First, La Clínica understands the concept of accountability; it delivers and invites us to hold them to their word. And, second, its history and its reputation give La Clínica unique access to a Spanish-speaking population that is growing rapidly in Contra Costa – a population that at least historically has been underserved by the more mainstream health system.

Consequently, La Clínica’s value goes far beyond the care it delivers at its clinics. Its ability to understand and communicate emerging health needs in the county’s Latino communities has been an invaluable aid to the way we approach our grantmaking.



The Initiatives

The Community Health Fund has supported five initiatives over the past ten years. The goal for all of them was to foster sustainable, systemic change in how services are provided to improve the health of underserved populations.

The five initiatives have strengthened crisis support services for a changing, more diverse population; exposed the often hidden mental health needs of developmentally disabled adults; supported efforts to stabilize families and get at-risk youth back on track in underserved east county communities; brought together a coalition of organizations to ensure underserved Latinas would get the timely breast cancer detection and treatment they need; and convened local nonprofits to meet the mental and physical health needs of an elder population poised to double over the next twenty years.

Each of these initiatives was important in its own right and each taught us something, not just about a health problem, but also about how, as a funder, we can affect and sustain systemic change. The learning has neither been linear nor simple, but it has allowed us to generate results that are well beyond what we might expect, given the funds we have to deliver.



Making the Long Trek Toward Cultural Proficiency

Total Funding

\$138,550 from 1998 – 2001

Learning About Strategies
for Achieving Organizational
Cultural Competency

- ◆ *To improve health status institutional practices must acknowledge and act on human characteristics like race and ethnicity, cultural attitudes about health and health care, language, gender and sexual orientation, age, and physical and mental abilities.*
- ◆ *It takes visionary and committed leadership to challenge and transform institutional attitudes and practices that marginalize underserved populations.*



John Bateson
Contra Costa Crisis Center
Executive Director

Successful organizations sometimes fall into the trap of believing they have no need to change. If not for determined and visionary leadership, the Contra Costa Crisis Center might have fallen into that trap.

Since 1963, when it opened one of the country’s first suicide prevention hotlines, the Contra Costa Crisis Center has been a highly successful piece of Contra Costa County’s mental health continuum. Today its crisis support services include its original hotline, as well as grief counseling, homeless services, and youth violence prevention.

Serving a More Diverse County

Nevertheless, by 1998 the county was changing. “I became concerned that our services were not relevant to more than half our population,” says Crisis Center Executive Director John Bateson. In 1998, he received a Community Health Fund grant to begin the process of ensuring the center’s services are valued and used by everyone in the community and that the agency looks like the people they serve.



Roberto Almanzán

One of Bateson’s first steps was to hire cross-cultural trainer Roberto Almanzán, a man with a national reputation for helping organizations become more diverse and culturally sensitive. Together, they quickly determined that the Crisis Center was only at step three of a six-step cultural competence continuum. “Despite striving to serve everyone equally, our services were so ethnocentric that they were useless to all people of color except those who are most assimilated,” says Bateson. “For a long time

I believed that the way to end racism was to ignore differences. . . . This has been the hardest lesson for me to unlearn.”

Start with Achievable Goals

Rather than try to do everything at once, Almanzán and Bateson began with some initial, achievable goals. Using more culturally sensitive recruitment methods than they’d used in the past, they successfully recruited more African-American and Spanish-speaking volunteers. They created a Spanish-language version of their grief line. And they began to



implement some new guidelines that ensured callers had the opportunity to speak with a volunteer whose cultural understanding and ability to speak the language would make the caller more able to hear and use the help the center offered.

Those initial changes began a process that continues to this day. Staff has clearly changed over time; not only is there more diverse cultural representation, but Almanzán conducts regular in-services, informal discussions, and diversity movie nights with follow-up discussions.

These sessions frequently offer revelatory moments, as when the center’s homeless manager, an African-American woman, told of coming to work on the weekend and finding a police car trailing her into the parking lot, something less likely to happen were she Caucasian. Another time, the group uncovered concrete evidence that different cultures have different definitions of terms that can affect job advancement. “For one Latina employee, being a team player meant taking work off other people’s plates so they could be more productive,” says Almanzán. “But in her evaluation she was downgraded by her supervisor for not working well with others.”

“This process only works if you can create a safe environment where people can speak openly and leadership is supportive,” says Almanzán. “From the moment I walked in here, (Executive Director Bateson) has been the backbone of this process.”

Following Through

The process continues. When our grant ended in 2001, the Crisis Center successfully pursued a three-year California Endowment grant to continue its efforts. Bateson and Almanzán believe they’re just now approaching step five of the Cultural Competency continuum, having made significant service jumps for people of color and successfully recruited increasing numbers of multicultural, multilingual volunteers and staff. “It’s the Community Health Fund that really kick-started this process,” says Bateson.

Despite the good start, Bateson will not be satisfied until his organization reaches step six. “I want to know that when anyone of any race or culture walks in our front door, he or she feels immediately welcome, . . . that when people seek service from our agency, they feel understood, respected, and valued whatever their ethnicity or culture.”

Addressing Unmet Needs in the Face of Historical Barriers

Total Funding

\$120,000 from 1999 - 2003

**Learning About
the Complex Challenges
of Systemic Change**

- ◆ *There are populations so marginalized and misunderstood that their unmet health needs are persistently ignored.*
- ◆ *Sometimes even the best of intentions and the most professional approaches cannot crack institutional barriers that prevent needed changes. This is not an organization's failure; it's the larger system's failure to meet everyone's need for good health.*



Sandra Jackson
Executive Director, Las Trampas, Inc.

Despite suffering from more trauma and victimization and having a higher prevalence of mental health concerns than the general population, developmentally disabled adults rarely get the mental health treatment they need.

There are many reasons. Both mental health professionals and the general population tend to perceive these adults—whose challenges range from mental retardation and autism to cerebral palsy and epilepsy – as lacking a “normal” range or depth of feelings. Without training in how to recognize mental health problems in this population, providers sometimes attribute reported problems to cognitive limitations or poor behavior. In addition, many developmentally disabled adults are on Medi-Cal, a form of insurance many community mental health providers don’t accept. The struggles over reimbursement have led to the typical assessment lasting only 15 minutes, not nearly enough time to evaluate patients who in most cases struggle to express their thoughts.

Few understand this more intimately than Sandra Jackson, Executive Director of Las Trampas, a Lafayette-based organization that has long been dedicated to helping adults with developmental disabilities lead fuller lives.

A Novel Approach

Believing there was a need for a more thorough, interdisciplinary mental health assessment for developmentally disabled adults, in 1999 Jackson and behaviorist Cathy Deikman applied for a Community Health Fund grant to test their idea. The countywide grant would support a series of assessments, some counseling, provider training, and opportunities for the mental health and developmental disability systems to collaborate.

Jackson and Deikman began by drawing on personal contacts to find three psychiatrists willing to join their team. They then set out to make key players aware of the program. Jackson contacted case managers, attended public meetings, handed out brochures, posted announcements on bulletin boards, and pursued every word-of-mouth lead. “We didn’t expect the marketing issue to take so much time,” she says. Yet the work paid off; by the end of the grant period, there was a waiting list of patients and families.

More important, the 61 assessments yielded results. For example, they uncovered numerous questions about people’s medication regimens, leading to recommended changes in over half the cases. In addition, after a pattern emerged during the assessments of patients opening up about trauma and victimization, they were referred to and received counseling. In one such case, a woman revealed that a close relative had sexually abused her as a little girl – something the woman had never told anyone before. After counseling, the woman and her provider reported that she was calmer, and handling stressful situations better.

Sustainability Stymied by Systemic Barriers

Energized by their results, Jackson and Deikman hoped that the combination of successful outcomes and provider training might generate sustained expansion of mental health services for their clients.

“We did a presentation at the end, which the grant paid for,” says Jackson. “Over 50 people attended, including representatives from county mental health, the Regional Center, and colleges. Everyone left enthused, but the follow-up never happened, in part because key people retired and no one had the time or could make it a high enough priority to keep it going.”

Since that time, unfortunately, there’s been no collaboration between the leadership of the mental health and developmental disability systems. Nor have universities responded to suggestions that they include the developmentally disabled in counselor training curriculum and clinics.

“Still, we chipped away,” says Jackson. “And what the Community Health Fund did to support us is exceptional. They listened and they created an opportunity for us to meet an unmet need and to invite others to collaborate.” Nevertheless, better mental health services for developmentally disabled adults remains a need that deserves a lasting resolution.



Sustaining Services to the Underserved

Total Funding	\$261,000 from 1999 - 2000
Learning About Interagency Collaboration	<ul style="list-style-type: none">♦ Challenging health problems are often rooted in some aspect of a community's history and become more noticeable and problematic over time.♦ Collaboration among a variety of community entities is often the path to needed change. A funder can foster the needed collaborations.



Mickie Marchetti
Executive Director, REACH Project, Inc.

Since 1970, REACH Project, Inc. has been helping troubled youth in Contra Costa County through programs that include after-school peer and family education, juvenile crime diversion, truancy prevention, and youth treatment and recovery for drug and alcohol abuse. The theory is simple: catch the problems early, as these youth are the most likely to end up with the entire litany of adult health problems from depression to heart disease, diabetes, and various smoking-related illnesses.

In 1999, however, REACH Executive Director Mickie Marchetti recognized that in the far reaches of East County – from Brentwood and Bethel Island to Discovery Bay and Byron – “there was only a sparse collection of organizations that were attempting to do something for these kids.” He came to the Community Health Fund with a proposal to create an East County Family Alliance that would help the existing organizations expand and collaborate on what they had to offer.

A Two-Pronged Approach

Two central programs emerged. First, the Alliance set up and staffed a series of after-school skills building programs, where youth (who had been referred by their school) worked on skills like age-appropriate decision-making, positive peer group development, and self-awareness.

“The programs are client driven,” says Marchetti. “We ask the kids to let us know if anything in our programs is unrealistic in the real context of their lives. . . in the end, I think, we offer them an additional, positive adult relationship in their lives – and some get turned on by it,” he says.

The other program is a distinctive feature of all the work REACH does: multi-family groups with parents and children both attending. “We have always believed it’s important to help parents and the kids realize the resources they have within their own families,” says Marchetti.

Today, nearly seven years after the grant’s conclusion, the Alliance continues to serve 300-400 troubled youth annually in these previously underserved areas in East County. The model has proven to be so successful that REACH has extended it to Oakley.

A Model of Sustainability

Marchetti has kept these programs alive by employing his time-tested approach to sustainability; prove the program’s worth, build alliances with police departments and school districts, and contract with them to provide important, ancillary services.

For example, through the Brentwood Police Department, the Alliance has expanded its work since the conclusion of the grant, counseling first-time offenders in a juvenile diversion program. The police department has been so pleased with the service that when it moved to its new state-of-the-art facility, it offered the Alliance office space and its own entrance. This allowed the group to move from a storefront to a brand-new facility with two well-equipped classrooms. In addition, REACH now has a Medical Director and a contract with Contra Costa Health Services.

The reward in building and sustaining programs that reach out to individuals in underserved communities comes in watching young people get their lives on track. “We have limited resources to conduct outcome measurement,” says Marchetti, “but we have found less than 10 percent recidivism in the one-year period after our programs end. More important, we get very positive feedback from our kids who come back to see us all the time.”



Forging Alliances to Address a Widespread Health Concern

Total Funding	\$1.7 million from 2001 - 2004
Learning How Public-Private Collaborations Can Alleviate Health Disparities	<ul style="list-style-type: none">◆ Addressing significant health problems among uninsured and underserved populations involves multifaceted systemic change that can include overcoming institutional cultural and linguistic barriers.◆ A funder can help convene and support a collaborative well-suited to creating needed and lasting systemic change that addresses a major health disparity.



Jane Garcia
CEO of La Clínica de la Raza

In the late '90's, health indicators pointed to a high incidence of cancer in Contra Costa County, with uninsured Latinas experiencing higher mortality rates. Evidence indicated that barriers in the healthcare system and poorer screening rates contributed to later detection and thus poorer treatment outcomes for Latino women.

This fact was not lost on the Community Health Fund. We had already provided responsive grants for several Spanish-speaking patient navigators in the County Health Department, but soon became convinced that a more substantive effort was needed. This seemed like a perfect health issue to build a multi-agency collaborative around – and the best bet for helping Latinas get earlier detection and treatment for breast and cervical cancer. That's how the Spanish-Speaking Women's Cancer Initiative was born.

Expertise Paired with Cultural and Linguistic Competence

“The Community Health Fund pulled together different components of a continuum of care,” says Jane Garcia, CEO of La Clínica de la Raza. In addition to La Clínica, the group included the American Cancer Society, Anna's Program of Hospice of the East Bay, the Contra Costa Health Services Department Patient Navigator Program, The Wellness Community, and the Women's Cancer Resource Center.

“All of our partners had expertise – strength in delivery of cancer treatment or services – but they had limited experience in working with the Latina population,” says Garcia. “That's one of the things we brought to the table. We brought our cultural and linguistic competence in outreach to the community and delivery of primary care to underserved communities.”

The initiative provides a continuum of services – community outreach and education, navigation through the healthcare system, and emotional and practical support – to help monolingual Spanish-speaking women live with, through, and beyond cancer.

Here's how it works. To prevent late diagnosis, the collaborative – with the leadership of La Clínica – conducts outreach and education to motivate women to seek regular screening. La Clínica and the County provide primary care and screening, as well as referrals to diagnostic services. The County Patient Navigators assist monolingual patients to access services through the county system.

Then the organizations work together to meet the needs of these patients. The American Cancer Society, for example, provides transportation to appointments and helps with wigs, turbans, and prostheses. If a woman has emergency financial needs or needs emotional support at the hospital, the Women's Cancer Resource Center is available to help. For therapeutic support, the Wellness Community provides the only cancer support groups in Spanish in the county. Finally, Anna's Program and Hospice provides care for those with advanced cancer.



Left to right, the women from the six organizations that collaborated on the Spanish-speaking Women's Cancer Initiative: Sandy Gregory, RN, Sue Guest, RN, Kathy Tabor, Harriett Karis, Jane Garcia, Alaina Cantor, Viola Lujan, Eleanor Schwartz, Dolores Moorehead, Myrna Forestiere, Iris Villegas, Peggy McGuire, Patty Espino, Millie Ruiz, Maria Padilla, Alejandrina Estrada, Pat Ramirez, Mariana Moore, Blanca Crovetto-Avencena, and Katherine Perez.

Overcoming Challenges

Though the results were encouraging from the beginning, there were a number of challenges.

For example, initially we asked Garcia to take the lead, because La Clínica had the infrastructure and because of the long-standing relationship between our two organizations. Yet when Garcia became concerned that the arrangement was causing some tension, we decided to take a more active role. “(The Community Health Fund) hired a facilitator which made it easier for all of us to put issues on the table,” says Garcia. For Garcia, this was a clear demonstration of the value of a hands-on approach to funding.

Another challenge was developing formal interfaces among the organizations that people could rely on – a challenge made especially difficult by the degree of turnover that nonprofits tend to experience. “We found that we each had to make regular presentations to our respective staffs to keep them up to speed,” says Garcia.

An Unqualified Success

Despite such challenges, the initiative has been an unqualified success. A formal, outside evaluation wrote that the initiative:

- Developed a successful, culturally relevant model that promotes early detection of cancer among Latinas.
- Increased the availability of culturally relevant cancer-related services for Latinas with little or no English-language skills living in east and central Contra Costa County
- Improved the responsiveness of the health care system and each organization to the needs of Latinas for early detection of cancer and cancer treatment services.
- Enhanced the quality of life and perceived potential for recovery of Latinas diagnosed with cancer who utilized the services offered through the collaboration.
- Developed a strong public/private partnership that integrates services and maximizes use of resources to provide a continuum of cancer-related care and services.

Willingness to Change

For Garcia, one of the most impressive achievements was the willingness of participating organizations to make changes that would allow them to be more responsive to the county’s Latina population. “I found myself really respecting the way these groups were talking among themselves about changes they needed to make,” she says. “And we’ve been able to leverage opportunities that we learn about from each other; that’s an important form of system change.” The initiative remains a functioning entity, and is looking at ways to expand its efforts.

Garcia believes the Community Health Fund was at the very heart of the initiative’s success. “Organizations developed relationships that wouldn’t have happened without them,” she says. “We just wouldn’t have been at the table breaking bread without the Community Health Fund bringing us together.”



Applying the Lessons Learned

Total Funding	\$6.1 million from 2001 - 2006
Learning To Be Proactive On An Unprecedented Scale	<ul style="list-style-type: none">◆ Private funders are a unique resource because we can visualize coming changes, and proactively invest in actions to prepare for those changes.◆ Preparing Contra Costa County for its aging population requires a massive collaborative effort, not just among nonprofits, but among representatives from all walks of Contra Costa life.◆ Civic engagement – supporting communitywide opportunities for citizens to coalesce around issues of importance to them—is a new and critical skill for furthering proactive, systemic change.

The six-year Healthy Aging Initiative drew substantially on the lessons learned in the initiatives that preceded and overlapped with it. It tapped deep community relationships, convened collaborations, created an innovative funding partnership, called on the funders to play an active role, and reached out to the underserved. Together, those actions fostered sustainable, community-wide changes to address one of the most significant health challenges facing Contra Costa County: how to serve its rapidly aging population.

First, a Funding Partnership

In 2001, the Community Health Fund became concerned about the number of Baby Boomers approaching retirement age. It convened some of the county’s leading nonprofits to assess the services available to meet seniors’ health needs. One of the first realizations was that filling existing and future service gaps would demand collaboration and the committed and continuous involvement of all stakeholders – from client through board member.

In that spirit, the Community Health Fund reached out to the Y. & H. Soda Foundation to form an innovative funding partnership that would launch and sustain the Healthy Aging Initiative for six years. By combining resources, the partners supplied \$5.5 million for new programs, nonprofit capacity building and, an award-winning civic engagement movement. We also successfully pursued additional funding from The California Endowment (\$175,000), the California Wellness Foundation (\$175,000) and Contra Costa County Employment and Human Services (\$150,000).

Two approaches distinguished the Funding Partnership from the outset. First, by actively involving our own boards and pressing for substantial involvement from the grantee’s boards, we garnered buy-in for a tailored set of funding guidelines that would sustain programs beyond the life of the initiative. Most notably, those guidelines insisted upon a commitment to capacity building focused on sustaining rapid and continued growth in services.

And, second, we carved out an unusually active, hands-on role for ourselves as funders: we convened groups, made site visits, and demanded ongoing and detailed accountability.



Judy Murphy
Executive Director/ CEO
Y. & H. Soda Foundation

Grace Caliendo
President/CEO
Community Health Fund

Meeting its Goals

One of the most important outcomes of the Healthy Aging Initiative was the formation of the Partnership for Healthy Aging, which emerged from the original group of nonprofits. (The members of the Partnership are pictured on pages 27, 30, and 31.)

The results of these collaborative efforts speak for themselves. An evaluation we commissioned at the end of the initiative found that we had substantially met all of our initial goals. Participating agencies created sustainable new services for thousands of seniors who were not receiving services before. The agencies also raised awareness of existing resources. Seniors discovered improved transportation options and more opportunities for socialization and service. Many of the new services were multi-lingual and culturally sensitive, from Vietnamese peer companions to Promotoras (Spanish-speaking health educators and liaisons) in the Latino community.

In short, through a carefully conceived and executed initiative – yet one that remained open to change through close collaboration with the agencies providing the services – the Aging Initiative created a successful model for any type of initiative that aims for swift and dramatic community change.

Equally important, the Initiative’s support for capacity building provided agencies with training in strategic planning, fundraising, accounting systems, and cultural competence so they could grow appropriately to meet changing needs. And our emphasis on partnership spawned three collaboratives that live beyond the life of the grant: The East County Healthy Aging Collaborative, The Partnership for Healthy Aging, and Contra Costa for Every Generation.



Carol Louisell
John Muir Health
Caring Hands

Kathleen Cody
Foundation for
Osteoporosis Research
& Education

Geoffrey Payton
Pittsburg Pre-
School &
Community
Council

Viola Lujan
La Clínica de
La Raza

Lynn Baskett
John Muir Health
Community Health
Alliance

Patti Sparks
Pittsburg
Pre-School &
Community
Council

Healthy Aging Initiative Funded Organizations 2001 – 2006

Organizations listed alphabetically with the total amount approved for the programs funded.

Alzheimer’s Association of Northern California:	
Latino Outreach Program	\$166,900
Catholic Charities of the East Bay:	
Southeast Asian Seniors Programs	\$267,490
Contra Costa Jewish Community Center:	
Millman Respite Center	\$149,044
Culture to Culture Foundation:	
Chinese-American Senior Center	\$288,800
Diablo Valley Foundation for the Aging:	
Assist In Money Management Program	\$ 55,059
Elder Abuse Prevention:	
Assist in Money Management & Fraud Fighter Programs	\$212,695
Foundation for Osteoporosis Research & Education:	
Osteoporosis Outreach, Education & Screening Program	\$428,658
Contra Costa Interfaith Supporting Community Organization:	
Health-Interfaith Partnership Program	\$326,725
Holy Shepherd Lutheran Church:	
Lamorinda Adult Respite Center	\$ 42,350
Jewish Family & Children’s Services of the East Bay:	
Multilingual Senior Connections Program	\$605,600
La Clínica de La Raza:	
Senior Promotoras	\$195,000
Ombudsman Services of Contra Costa:	
Assist in Money Management Program	\$184,100
Pittsburg Pre-School & Community Council:	
Seniors for Children	\$519,938
Seniors on the Go	\$580,100
East County Healthy Aging Collaborative	\$635,925
Rehabilitation Services of Northern California:	
Adult Day Services Network	\$153,453
Senior Helpline Services:	
Reassurance & Rides for Seniors Programs	\$430,008
Volunteer Center of Contra Costa:	
Home Safety for Seniors Program	\$194,161



Viola Lujan
La Clínica de
La Raza

Frances Greene
Pittsburg Pre-School
& Community Council

The East County Healthy Aging Collaborative
The East County Healthy Aging Collaborative (ECHAC) received one of the last Healthy Aging Initiative grants: three years (2006-2008) and \$1.1 million when combined with a California Endowment grant. It is one of the Healthy Aging Initiative’s proudest success stories.

Originally, the collaborative brought together three nonprofits – Pittsburg Pre-School & Community Council (PPSCC), La Clínica de la Raza, and Jewish Family & Children’s Services for the East Bay – to provide seamless services and service referrals to isolated, low-income seniors in East County. It grew out of the Partnership for Healthy Aging, where the three organizations became aware of ways they could work together. (At the end of 2006, Jewish Family & Children’s Services found it difficult to sustain its work in East County, but PPSCC and La Clínica are moving forward without any interruption.)

Based on the model that the Spanish-Speaking Women’s Cancer Initiative used, the ECHAC employs a central number and a central intake form. Once the person taking the call identifies the need, they refer the person to the appropriate case manager at either PPSCC or La Clínica. The organizations provide an array of free supportive services for seniors, including medical care, transportation, and exercise activities. Outreach, which has been hugely successful, is done door to door and at churches, grocery stores, and businesses throughout East County.

After serving approximately 500 new clients in its first year of operation, the group is already looking at every opportunity to continue its work past 2008. The two agencies meet twice a month to discuss sustainability, as well as any changes or decisions that need to be made. “You can’t operate something like this without trust,” says PPSCC’s Executive Director Frances Greene.

The Partnership for Healthy Aging

As stated previously, The Partnership for Healthy Aging played a central role throughout the Healthy Aging Initiative. With minimal funding, but with an enormous investment of time, the Funding Partners convened local organizations and created a forum for networking, service collaborations, and opportunities to coalesce and advocate for issues around aging. Prior to the Initiative, the members of the Partnership rarely collaborated; today, they continue to refer clients amongst themselves and support and network with each other to help dramatically strengthen the senior safety net.

“The Partnership built trust among organizations, opened up lines of communication, and made us more willing to take risks,” says Frances Greene, Executive Director of the Pittsburg Pre-School & Community Council and a founding member of the Partnership. Since the initiative ended, the Partnership continues to meet quarterly, and is pursuing nonprofit 501(c)(3) tax-exempt status.



Carlos Torres
Jewish Family & Children
Services of the East Bay

Arlene Phillips
John Muir Health
Senior Services

Bau Ta
Catholic Charities
of the East Bay

Beverly Tracewell
Foundation for Osteoporosis
Research & Education

Frances Greene
Pittsburg Pre-School
& Community Council

Contra Costa for Every Generation

Contra Costa for Every Generation (CCEG) emerged in 2004 when the funding partners recognized that true systemic change could not be the sole responsibility of the nonprofit sector. A civic engagement movement with a mission to “make our local communities good places to age — supporting our aspirations to stay healthy, live independently and lead full and productive lives,” CCEG enlisted a diverse group of volunteers drawn from business, nonprofits, public agencies, and private citizens who promote and advocate for more aging-friendly practices in all aspects of Contra Costa life.

In its first two years, with \$485,534 of support from the Healthy Aging Initiative (including grants from the Funding Partnership, The California Endowment, The California Wellness Foundation, and Contra Costa County Employment and Human Services), CCEG conducted a comprehensive survey of the needs of seniors in the county and developed and began implementing a strategic plan focused on six areas of concern that the survey identified. It also created an award-winning website (www.foreverygeneration.org) and substantially raised awareness of senior’s concerns by garnering front page headlines and an editorial in the *Contra Costa Times*, interest from state and local lawmakers, and recognition from the National Council on Aging.

The Community Health Fund remained the group’s convener through the summer of 2006, when CCEG set off on its own. It is now pursuing 501(c)(3) tax-exempt status.



Debbie Toth
Mt. Diablo Center
for Adult Day
Health Care

Elaine Welch
Senior Health Line
Services

Solomon Belette
Catholic Charities
of the East Bay

Etta Maitland
Ombudsman Services
of Contra Costa

Hilda Newell
The Bedford
Center

Chia-Chia Chien
Culture to Culture
Foundation

The Next Decade: Building More Enduring Bridges

Over the past ten years, we have learned a tremendous amount about the health needs of underserved communities throughout Contra Costa – and about the role of a funder in helping organizations to meet those needs. Here’s one of the most important things we’ve learned: if there are still people failing to get the health services they need, then we have to draw on a decade’s worth of experience and get better at what *we* do. Consequently, we have changed our grantmaking process.

The Focus for 2007

At first glance, the change may seem subtle. In 2007, our grantmaking will focus on two broad and familiar issues: health and aging. In pursuing these issues, we will continue to emphasize the connected strategies of systemic change, collaborations and partnerships.

More specifically, The Grant Program for Health Partnerships focuses on achieving our mission to improve the health and well-being of residents in Central and East Contra Costa County, with an emphasis on uninsured, underinsured and overlooked populations. Funding for health partnerships can support primary care, health education, prevention, or early intervention programs, projects or initiatives. Grantees should strive to increase access to and use of quality, affordable and competent healthcare and related services for populations identified as most at risk for poor health in relation to this county’s leading health indicators and disparities.

The Grant Program for Healthy Aging addresses service gaps for seniors that remain after the conclusion of the 6-year Healthy Aging Initiative. Our emphasis is on services that enable seniors to age in the place they consider home for as long as possible. More specifically, we seek to fund: programs that extend services to seniors in their homes and nearby neighborhoods; interagency collaborations that strengthen and update responses to the changing needs and aspirations of prior generations of seniors and aging baby boomers; and collaborations that advocate for and promote aging-friendly programs, policies and best practices within the nonprofit, private and public sectors. We are especially interested in organizations whose executives and governing boards see an opportunity to add services for seniors.



Linda Best Chairman	Bruce Cockerham Vice Chairman	Grace Ellis Board member	Tom Noble Board member	Gladys Grassini, RN Board member
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Let's Talk

Those who know us will recognize familiar themes in the above programs, but will also notice that for the first time we are not publishing specific guidelines in our annual report. Leaders of nonprofits who are interested in funding should call us, not just for the guidelines, but to begin a conversation.

The reason is simple: we are taking advantage of our position as a small, local funder to create a more informal grantmaking process, one that involves a series of conversations before moving toward a formal proposal. The conversations explore the feasibility of a true partnership for creating sustainable, systemic change around an important health issue.

The first thing we do in these conversations is take money off the table – something only a funder can do. Once you take money off the table and focus the discussion on the health issue and the processes by which you deal with it, people's minds open up. They realize what they're capable of doing. Then, and only then, is it worth discussing the money they'll need to make it happen.

The conversations include bringing together our board with those of potential grantees. This is essential, because it is how we can best assess an organization's readiness to implement its ideas and its commitment to capacity building and sustainable change.

Make no mistake: the conversations are time-consuming and labor-intensive, but we believe they enable us to strengthen our existing relationships and explore new ones. We're convinced that over the next decade these relationships are the raw materials that will enable us to build stronger and more enduring bridges to better health.



The Community Health Fund's grants are limited to programs and organizations serving central and east Contra Costa County communities.



Nick Adler, RN
Secretary

Bob Schroder
Treasurer

Joan Weber, RN
Board member

Linda Stephenson, RN
Board member

John Toth, MD
Board member

