THE MISSION OF THE CALIFORNIA ENDOWMENT IS TO EXPAND ACCESS TO AFFORDABLE, QUALITY HEALTH CARE FOR UNDERSERVED INDIVIDUALS AND COMMUNITIES, AND TO PROMOTE FUNDAMENTAL IMPROVEMENTS IN THE HEALTH STATUS OF ALL CALIFORNIANS.

The Endowment believes that fulfilling its mission of improving the health of Californians depends primarily on three factors:

1. all Californians must have access to health services; 2. health systems must provide culturally competent, high-quality health services; and 3. individuals and families must reside in communities that support health promotion and disease prevention.

From this belief we developed three overarching goals:

- ACCESS TO HEALTH
- CULTURALLY COMPETENT HEALTH SYSTEMS
- COMMUNITY HEALTH AND ELIMINATION OF HEALTH DISPARITIES.
BREAKING GROUND is an apt theme for this annual report, reflecting a year in which we launched new statewide initiatives and literally broke ground on construction of our new multipurpose facility in downtown Los Angeles. This annual report explores the groundbreaking work we have supported and presents information concerning our governance, grant making and resource management for fiscal year 2004–2005.

In the last fiscal year, ending Feb. 28, 2005, The California Endowment awarded 1,422 grants totaling more than $165 million. Our grant making supports efforts that contribute to California becoming a place where everyone has the opportunity to be healthy and reach his or her full potential.

Healthy Eating, Active Communities and the Children’s Coverage Program, launched by The Endowment and profiled in these pages, are prime examples of ways in which we have increased our support of local and statewide advocacy for meaningful policy and systems change on behalf of California’s underserved communities. With our partners and grantees, we have been at the forefront of expanding the public discussion beyond an emphasis simply on health care. We join with others in asserting that an investment in prevention at the community level, and addressing health lifestyles and behaviors and the conditions where people live and work, are just as important to address as access to quality, affordable health care.

In this past year, we revisited our five-year strategic plan and implemented a midcourse modification to make us even more effective as a foundation in the rapidly changing, complex health environment. We tightened our focus on the three goals we believe are essential to the health of Californians: access to health, culturally competent health systems, and community health and the elimination of health disparities. These will lead us to better focus our resources in making a strong impact on health and health care for communities that most need change.

Last year, as well, the foundation broke ground on construction of our new home, a 118,000 usable-square-foot multipurpose facility in downtown Los Angeles. The complex includes our administrative offices, Los Angeles program office and the new Center for Healthy Communities. The Center and its programs are designed to mobilize community leaders, advocates and public policymakers to engage in collaborative action to improve the health and health care of California’s underserved communities. You can read more about the Center in this report.

Through its offices in the Central Valley and Sacramento, The Endowment made a major commitment to a regional strategy to support community-based responses to some of the urgent health-related needs of 5,087 Hmong refugees who resettled in California at the end of 2004, after being forced to leave Thailand. The Hmong Resettlement Health Project builds on the leadership and voice of the Hmong community and builds bridges among the community, service providers and the multiple counties that will experience the greatest impact as a result of the resettlement.
In Oakland on Sept. 16-17, 2004, The Endowment joined more than 250 participants in The Power of Community in Health: A Showcase of Community Health Center Advances, a conference to celebrate the progress of the community health center movement, acknowledge the achievements of health centers’ community board members and to discuss the future role of community-based health centers in the 21st Century. Born out of the civil rights movement more than 30 years ago, community-based health centers have become the backbone of the health care safety net and a leading example of how to provide culturally competent quality health care to low-income communities across the United States.

Given the state’s continuing budget crisis, it is important that The Endowment, among other funders, support groundbreaking research publications, including “Stretched Thin: State Budget Cuts Threaten California’s Health and Human Services Programs,” based on surveys of 11 counties’ health and human service programs by the California Budget Project. Also published was “The State Budget and Local Health Services in California: Surveys of County Officials,” a report by the Public Policy Institute of California, analyzing how local health programs in California fared in the context of the state’s budget situation in fiscal year 2003-2004.

Though we face serious challenges, we are proud to collaborate with grantees and other partners committed to profound changes in the systems, policies and organizations that influence the health of Californians. In the following pages you will get a sense of the sweep of such efforts and their impact on communities and individual lives. These stories are about farm workers in north Santa Barbara County, young people in Oakland’s inner city, Baldwin Park residents in Los Angeles County, immigrant health professionals in San Francisco, refugees from the Horn of Africa in San Diego, and children and their families in Santa Cruz County. They are a testament to the groundbreaking, visionary community leadership that is contributing to better health around our state.

Sincerely,

Cynthia Ann Telles, Ph.D  
Chair of the Board of Directors

Robert K. Ross, M.D.  
President and CEO
“The play teaches good eating choices so we can be healthy.”
TRANSFORMING ENVIRONMENTS TO REDUCE OBESITY

IN SOME AREAS OF LOS ANGELES COUNTY, nearly 60 percent of the children are obese or overweight. Lack of exercise, too much television and junk foods often get blamed for the rise in obesity, diabetes and the fact that more than half of the students in the 7th and 9th grades fail their physical fitness test for aerobic capacity. No matter what the cause, the result is the same: 63 percent of Californians die from heart disease, stroke, diabetes and some cancers related to unhealthy eating and inactivity.

To prevent chronic disease and disparities in health that plague certain populations and places throughout the state, in October 2004 The California Endowment launched the four-year, $26 million Healthy Eating, Active Communities (HEAC) Initiative. HEAC assumes that reversing the obesity epidemic will take more than encouraging personal action, like starting a diet or a daily exercise routine. The Endowment’s groundbreaking approach is based on the belief that to change deeply ingrained behaviors, like habits of eating and activity, you must also change the environmental conditions that shape choices and opportunities where people live, work and go to school.

A MICROCOSM OF CHANGE
The mostly Latino city of Baldwin Park (pop. 80,200) is located 20 miles east of downtown Los Angeles. It is home to a community coalition with six years of experience working to prevent obesity and diabetes. The coalition includes the California Center for Public Health Advocacy, the Baldwin Park Unified School District, the Los Angeles County Department of Health Services, the city of Baldwin Park, Kaiser Permanente, Citrus Valley Health Partners, the CHOICES Program and their teen sub-committee. They received a total of $1.8 million over four years from The Endowment for the People on the Move project, which will create better conditions for healthy eating and physical activity in schools, after-school programs, neighborhoods, health care, and in the media and marketing of products to children. The coalition advocates for change in local and state policies and shares its experiences with community groups throughout the state.

“The Baldwin Park area has the youngest population in the county, so our focus is on children and teens,” says Jeanette Flores, a volunteer with the California Center for Public Health Advocacy and a Project Manager for Government and Community Relations at Kaiser Permanente. “A big part of what we do relies on strategies for building youth leadership so they can advocate for needed changes in their environment.”

In 2003, Baldwin Park became the first city in California whose City Council adopted a requirement that healthy snacks and beverages must be available in municipal facilities where teens congregate. The policy mirrors the standards set by SB 19 and SB 677 for healthy snack foods and beverages sold to children during school hours. The Baldwin Park Unified School District has also expanded implementation of the state legislation to grades K-12.

A MESSAGE RECEIVED
At a production of “Play H.E.A.L.S: The Amazing Food Detective,” dozens of Baldwin Park Pleasant View Elementary School pupils watch fellow students take the stage with professional actors. Kids in the audience eagerly respond when the food detective finds an on-stage character having soda and chips for breakfast. Produced by Kaiser Permanente, the interactive theater production results from a partnership with the school district, the city and other HEAC partners. Marcela Ruiz and her two sons David, 11, and Alejandro, 10, watch the food detective recommend a school breakfast program to replace junk food meals. Says David, summing up the day’s message, “The play teaches good eating choices so we can be healthy.”
“We have to have this sort of program so immigrants can use their skills.”
WELCOME BACK, DOCTOR

WHEN HE ARRIVED IN SAN FRANCISCO IN 2001, Dr. Eugene Karamurzin was a Russian-trained OB-GYN with five years of medical practice. With a wife and baby, limited English and limited funds, he spent the next two years working construction and driving taxis to make ends meet. Ironically, Karamurzin was living amidst an immigrant community that would have welcomed a Russian-speaking physician. Research shows that a diverse and culturally competent health care work force could help reduce the disproportionate degree of chronic and acute illness among underserved immigrant and ethnic populations.

This understanding is the driving force behind Welcome Back, a groundbreaking initiative that is “building a bridge between untapped resources and unmet needs,” in the words of the program’s founder, Dr. José Ramón Fernández-Peña. In October 2004, Welcome Back received a nearly $700,000 grant from The California Endowment to continue helping internationally trained health professionals use their hard-earned skills while helping to address critical shortages in the health work force.

OVERCOMING BARRIERS TO ENTRY

Like others, Karamurzin faced significant barriers to entering the American health care field. He struggled with the language. He had limited financial resources and time. He was unfamiliar with the U.S. health care system. And U.S. educational systems don’t fully credit the credentials of his home country. Nevertheless, he was determined to find his way back into health care. “I was wasting my experience and knowledge,” says Karamurzin.

Fernández-Peña had a similar experience 20 years ago. A physician in his native Mexico, Fernández-Peña realized there was a wealth of immigrant health professionals in the U.S. After finding his own way back into health care by receiving a Master’s of Public Administration and ultimately joining the Health Education Department at San Francisco State University, he decided to assist others.

Today, there are three Welcome Back centers funded by The California Endowment, located in San Francisco, Los Angeles at Mt. San Antonio College and at Grossmont College in San Diego. In San Francisco, a partnership between City College of San Francisco and San Francisco State University extends health education courses to Welcome Back Center participants. The program helps immigrant health professionals develop career pathways to bring them back into the health sector, supporting them as they pursue credentialing requirements in the professions they practiced in their home country or in alternative health care careers. Since its inception, Welcome Back has met with more than 5,400 professionals in California. “Of those, more than 560 people are already working in health care who were not there four years ago,” says Fernández-Peña.

EXPANDING TO POLICY

“As we’ve begun to see results, we’ve learned that there are larger structural elements that affect what we do,” Fernández-Peña points out. So, the program works with educators, regulators, employers and legislators to identify opportunities to expedite licensing processes while ensuring that professional standards are maintained.

Through Welcome Back, Eugene Karamurzin first secured a job as a blood drawing technician and then moved on to become a pathologist’s assistant. He also recently passed Step One of his U.S. medical licensure exam and expects to begin his medical residency in 2006, a boon for both his family and the underserved patients he will be able to see.

When asked why this arduous effort is worth it, he responds, “We have to have this sort of program so immigrants can use their skills.”
COVER CALIFORNIA’S KIDS

HEALTH INSURANCE FOR ALL CALIFORNIA

children is closer to becoming a reality as county after county across the state takes on the responsibility for making sure every eligible child is covered.

Through its $45-million, five-year Children’s Coverage Program, The California Endowment is investing in the grassroots coalitions, public education and policy reform that will help California become the first state in the country to provide publicly funded health coverage for all its children, including the nearly 800,000 who are without health coverage now. Research studies show that having health insurance contributes to better health and that children who are covered have better school attendance and socialization skills. As momentum grows, most people agree that providing health coverage for California’s kids is the right thing to do.

In October 2004, the local Healthy Kids of Santa Cruz County coalition received a $500,000 grant from The California Endowment to provide premium subsidies for children ages 6 to 18 enrolling in the Healthy Kids program. By building on lessons learned, Santa Cruz County’s efforts are contributing to the statewide momentum for children’s coverage.

BUILDING ON SUCCESS

As in other counties, Healthy Kids of Santa Cruz County enrolls eligible children in Medi-Cal and Healthy Families, two state-sponsored health coverage programs. And it provides health coverage for children who don’t qualify for state sponsored programs. In Santa Cruz County the coverage is offered to children in families with incomes below 300 percent of the federal poverty level. For a family of four, that’s a yearly income of $58,050.

In its first year, Healthy Kids dramatically exceeded its goal of enrolling 1,000 kids, signing up 1,500 children of the 2,300 believed eligible in the county. “In addition, we’ve also enrolled more than 2,000 children into Medi-Cal and Healthy Families,” says Theresa Winterbauer Martinez, the program manager for Healthy Kids of Santa Cruz.

“One of the primary factors for success was that we had the benefit of experiences from Santa Clara and San Mateo,” says Christina Cuevas of The Community Foundation of Santa Cruz County, the fiscal overseer for the Healthy Kids program. “They’ve been extremely generous with their expertise.”

CRITICAL SUPPORT

The coalition’s team of 50 certified application assistants (CAAs), many of them Spanish-speaking and housed at agencies throughout the county, aggressively seek out those who will benefit from this initiative. “They already know the families, and they’ve built trust in the community,” says Martinez. And Santa Cruz County was able to take immediate advantage of One-e-App, a one-stop, Web-based enrollment system. One-e-App streamlines data collection from a family and then transmits the family’s application for coverage electronically to all relevant agencies.

Martinez recalls hearing a man who was recently laid off speak of how grateful he was for the Healthy Kids program. “Certainly for the families of men like him, who aren’t working, the program is essential,” she says. “But even for working parents, many employers are no longer able to offer affordable health care coverage for dependents. It makes a program like ours that much more important.”
... Health coverage for California’s kids is the right thing to do.
“The health center is one of the best programs we have here.”
THREE YEARS AGO, a series of violent incidents rocked East Oakland’s Castlemont High. In the aftermath, neighborhood teens gathered to figure out why. Young people pointed to inadequate educational resources, insufficient employment opportunities, limited health resources and a lack of “things to do.” The young people came up with their mission: “a youth empowerment center that supports youth leadership in transforming their lives and communities through full integration of health, culture, safety, employment and arts programming.” In response, Alameda County, with the guidance of county social worker Olis Simmons, helped pull together the alliances and resources needed to fulfill the young people’s mission and start Youth UpRising.

In early 2005, in a once abandoned supermarket adjacent to the troubled high school, the teens and their sponsors unveiled a gleaming 25,000-square-foot center that includes performance stages, video production space, music and dance studios, classrooms, a computer lab and a youth-run cyber café that offers healthy, reasonably priced food. A health clinic run by Children’s Hospital Oakland provides free mental health and primary care to the teens, five days a week, all day long.

HOW IT WORKS

The groundbreaking concept is unique and deceptively simple. Young people are attracted to the center’s arts and culture offerings, such as hip-hop classes and music production, because they are relevant to their own interests. Once inside they can avail themselves of the career and entrepreneurial training, educational support, and health and wellness services that are part of a comprehensive approach to supporting youth empowerment.

“The services are linked. If a troubled young person isn’t ready to go directly to a therapist, they might be ready to begin the process through a spoken word performance or a video. Our team is trained to recognize the signs that someone might need additional help,” says Omana Imani, coordinator of Youth UpRising’s RiseUp program.

In July 2004, The California Endowment funded RiseUp’s health center, supporting a team of 12 young people (ages 13 to 24) who are peer counselors and leaders, along with two nonclinical case managers. The group is charged with getting teens in the door, convincing them to invest in the center’s success, and helping them get their health care needs met. Available services include the health clinic and wellness programs, such as immensely popular massage and chiropractic sessions offered by the UPAYA Center for Wellbeing.

EXPANDING ACCESS

RiseUp team members go door-to-door handing out flyers and introducing themselves and the program. They also provide the orientation for teens who want to join the center. RiseUp’s goal is to reach 4,000 youth in three years and encourage 1,500 to undergo the orientation and join. (There’s no fee, but all teens have to commit to abiding by the center’s zero-tolerance approach to drugs, alcohol and violence.) In its first three months, the group already has more than 700 members.

“The health center is one of the best programs we have here,” says RiseUp member Brian Hutton, 17. Tall and soft-spoken, Hutton was a member of the group that planned Youth UpRising and credits his involvement in the project with giving his own life new direction. “It’s part of what makes us different. If you’re a teen mother, you’re still a teen and there’s a place for you here. This whole program is one of the best things to come out of Oakland in a long time.”
DESCRIBED AS THE “AMERICAN RIVIERA” for its golden beaches and luxury homes, the Santa Maria Valley – just 90 miles north of Santa Barbara – is also renowned for its agriculture and thousands of farm workers harvesting strawberries, broccoli and other year-round crops. Home to many of these farm workers, the city of Guadalupe (pop. 5,659) is “the poorest city in the county,” in the words of Jeanette Duncan, Executive Director of Peoples’ Self-Help Housing Corporation.

Guadalupe’s per capita income is $8,248. About a quarter of the population lives below the poverty line. Affordable housing for many is out of the question. Many families, mostly underserved farm workers, are forced to live in squalor – overcrowded apartments, homes and trailers – and health care is often a luxury or a last-ditch effort.

But the situation at the Riverview Townhomes, a newly constructed low-income rental community in Guadalupe, is different. “Today if you drove by Riverview, you wouldn’t think it was low-income housing,” says Duncan. A development of People’s Self-Help Housing, Riverview offers its residents a safe, affordable, attractive place to live with access to health services and, most of all, hope.

STATEWIDE INITIATIVES

Riverview is one of dozens of similar complexes in agricultural communities around the state built through The California Endowment’s groundbreaking $31 million, five-year Agricultural Worker Health and Housing Program. The program, funded through the Rural Communities Assistance Corporation (RCAC), provided grants to build affordable housing with integrated medical services for farm worker families across the state.

“When you have mold on walls, no safe drinking water and waste scattered around, it doesn’t matter if you lead a healthy lifestyle,” says RCAC Rural Development Manager Hector Fernandez. “The same goes if you have the best housing conditions but don’t have access to health services.”

The state of California based its Prop. 46 – Joe Serna Jr. Farmworker Health and Housing Set-Aside Grant program – on The Endowment’s Agricultural Worker Health and Housing initiative. In 2004, RCAC received another $2.6 million grant from The Endowment to administer Prop. 46 funds to develop more affordable housing. The latest grant also helps RCAC provide management assistance, training and related technical support with a primary focus on improving local community infrastructure and housing for agricultural workers in California.

HEALTHY ENVIRONMENTS FOR FAMILIES

Juan Zarate, his wife Susana and his two daughters, Natyle, 6, and Camila, 4, are one of Riverview’s first families. The community has 80 one- to four-bedroom town homes. The complex also features a community center with a health clinic, and a learning center offers education assistance like ESL, GED and citizenship classes and tutoring for kids grades K-12. The amenities are open to all residents, who on average pay about $575 a month in rent. Juan drives a tractor trailer at a farm to support the family and before moving, they had lived in a “small, dirty, old, unhealthy apartment,” he says through a translator. “We like the apartments because they are new and comfortable and they are a healthy environment for our children,” he adds.
“We like the apartments... they are a healthy environment for our children.”
“We wanted to break the stigma, while respecting our culture.”
EASING TROUBLED MINDS

AS A CULTURAL PSYCHOLOGIST working among the estimated 24,000 East African immigrants and refugees in the San Diego area, Dr. Gebaynesh Gashaw-Gant understands that the last thing she should do is ask her clients about “mental health issues.” “There is a high stigma for mental health in all these communities,” says Gashaw-Gant. “People with mental illness are viewed as individuals who cannot be whole or functional. We wanted to break the stigma,” she says resolutely, “while respecting our culture.”

BREAKING DOWN BARRIERS TO SERVICE
In 2004, Project ESSEA was one of the 46 mental health programs in 15 counties profiled in a monograph, “Breaking Down the Barriers to Service,” published by The California Endowment. The programs were funded under The California Endowment’s $24-million Special Opportunities in Mental Health Funding Initiative in 2001. The three-year mental health initiative helped The Endowment gain greater understanding of the barriers that limit access to effective mental health care services and find ways to break through those barriers.

According to The California Endowment’s Senior Program Officer Gwen Foster, who coordinated the Special Opportunity in Mental Health Funding Initiative, “Each grantee has contributed to the field’s collective knowledge of how to more effectively promote mental health and provide mental health services to populations that have been described as ‘hard to reach.’ We found that these populations will accept and effectively use services when the services are flexible, culturally and linguistically responsive, and when providers are open to learning from consumers and the community.”

CULTURAL RESPONSIVENESS IN ACTION
Dr. Gashaw-Gant started Project ESSEA – Ethiopia, Somalia, Sudan and Eritrea to America – in 2001 to provide mental health services to refugees and immigrants. A native of Ethiopia herself, she understood the depression and stress caused by adapting to life in a new country and new cultures. She also knew that to address the mental health needs of the population meant addressing these issues in a culturally relevant way.

Instead of directly asking about psychological issues, Project ESSEA first guides refugees and immigrants through a basic needs assessment and helps them through the labyrinth of the American system, including ESL classes, day care options and housing. The project also helps coordinate medical services and medication monitoring for their clients.

Many East Africans follow Muslim or Christian Orthodox traditions and believe that religion is a source of healing. Project ESSEA works with churches and mosques to erase some of the stigma associated with mental health treatment.

“We have satellite offices at several places of worship,” Gashaw-Gant explains. “Our clients are not used to psychologists or psychiatrists; they are accustomed to treatment from their religious organizations. We work with the priests, imams and pastors because religion is important in treatment, and services need to be integrated with spiritual practices.”

According to the findings in “Breaking Down the Barriers to Service,” Project ESSEA is an example of how groundbreaking partnerships improve mental health outcomes among underserved individuals in California.
Youth-run cyber café at Youth UpRising in Oakland, CA
IN AN EFFORT to be more fiscally and environmentally minded, The California Endowment has placed this fiscal year’s (ended Feb. 28, 2005) comprehensive grant listing online at www.calendow.org. On the Web site, visitors are able to access the Grant Finder, a searchable database of all of The Endowment’s funded projects by grantee name, year, county or health area of focus. Should you need a printed list of this year’s grantees, please e-mail us at publications@calendow.org.

We hope that you will find this research tool helpful to you and your work within California’s communities.
IN AN EFFORT to be more fiscally and environmentally minded, The California Endowment has placed its Audited Financial Statements (as of Feb. 28, 2005 and Feb. 29, 2004) online at www.calendow.org.

A printed version of the financial statements is available if you e-mail us at publications@calendow.org.
IN MAY 2004, The California Endowment broke ground on its new multipurpose facility in downtown Los Angeles near the city’s historic core, at the intersection of Alameda and Main streets. The new complex will house The Endowment’s administrative headquarters, its Los Angeles regional program office and the new Center for Healthy Communities.

The vision for The Endowment’s new home revolves around the Center for Healthy Communities. It is hoped that the Center will become the premier venue for mobilizing community and civic leaders, health providers, advocates and policymakers in their search for solutions to California’s most pressing health and mental health concerns. To accomplish that, the Center will provide a range of programs including:

ENGAGING COMMUNITIES AND BUILDING COALITIONS
The development of coalitions and multi-sector collaborations is a critical factor in creating social change. The Center will help create activities for collaboration and dialogue that advance The Endowment’s overall mission and goals.

STRENGTHENING THE NONPROFIT SECTOR
The Center’s programs are aimed at building the capacity of nonprofits to make changes in the systems that influence health. The Center will offer training to help organizations be more effective advocates and will work with partners to provide a wide variety of these opportunities for training.

EXCHANGING KNOWLEDGE AND LEARNING
Center activities will allow The Endowment to collect, analyze and disseminate timely information as well as foster an environment for exchanging knowledge and ideas. Programs will support researchers and community leaders to pursue projects related to The Endowment’s work at the Center.

HEALTH RESOURCE
The Center’s community facilities will house a unique library of books and periodicals on health issues, advocacy, leadership, philanthropy and the nonprofit sector. State-of-the-art technology (including a computer training classroom) will make the Center's programs available throughout the state, allowing The Endowment’s regional offices and staff to serve as a resource for constituencies statewide.

For more information please visit: www.calendow.org.
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