



Egg Artists Raise Funds for Shriners Children's Hospital

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Dignity Health Named to Newsweek's America's Greatest Workplaces

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THE NEWS

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FEBRUARY 23, 2024

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Failing Our Newborns

She opened a business to deliver babies, then California policies drove her out of the country



Midwife Madeleine Wisner evaluates Chloé Mick's belly during a maternal care consultation at Mick's home in Sacramento on Feb. 6, 2024. Photo by Miguel Gutierrez Jr., CALMatters

By **Kristen Hwang, CALMatters.org**

CALMATTERS - Madeleine Wisner dreamed of making community midwife services available to all expecting parents regardless of their income when she opened Welcome Home Community Birth Center in south Sacramento.

But 451 births and five years later, Wisner is packing up her family and moving from California to New Zealand, where government policies are far more favorable to midwifery. She closed her birth center in October.

Wisner was the only licensed community midwife who took Medi-Cal

patients in the greater Sacramento region, but she's leaving, she said, because it was impossible to sustain the birth center. Insurance refused to pay two out of every three claims she submitted for services including prenatal visits, labor and delivery, at-home postpartum check ups, and lactation consultations, Wisner said.

"The entire system is not made for us," Wisner said. "I look at Medi-Cal as the standard of care, and midwives should be part of the standard of care."

Her experience and decision to leave reflects larger problems for California midwives highlighted in a new study released today from UC San Francisco's Osher Center for

Integrative Health. It focuses on community midwives who work outside of hospitals but have licenses and training to perform much of the same reproductive care doctors provide to women with low-risk pregnancies.

The report warns that access to maternity care will worsen in California if the state does not increase the number of community midwives who are Medi-Cal providers at a time when hospitals are shutting down labor and delivery wards and maternal mortality is trending upwards.

Seventy-five community midwives are registered with Medi-Cal, according to data provided by the state.

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Sacramento New Home Sales Start With a Bang

North Side Building Industry Association News Release

SACRAMENTO, CA (MPG) - New home sales in the greater Sacramento area started off with a bang in January, fueled by continued strong demand, a scarcity of existing homes for sale and declining mortgage interest rates, the North State Building Industry Association reported today.

BIA members sold 580 new homes during the month, which is 40% higher than December, 32% above January 2023, and 28% higher than the average January in the region.

Chris Norem, the BIA's political director and senior policy advisor, said the robust sales totals should bode well for the home-buying public in the region.

"New homes continue to hold a larger-than-normal share of total sales because they offer high-quality options and because builders can provide incentives such as mortgage buy-downs that aren't available when you're buying an existing home," he said.

"We'd also like to thank Sacramento County officials for working with us to lower their water connection fees for apartments and other multifamily housing options. One of the best ways we can continue to tackle the housing crisis is to reduce unnecessary building fees, and more jurisdictions need to be open to taking a fresh look at whether their fee programs are truly necessary as the regional average is already approximately \$100,000 per home. The only way to restore affordability is to reduce fees and incentivize builders to build more homes to meet the ongoing need."

As always, communities in Sacramento and Placer counties accounted for the vast majority of sales, with 259 sales reported in Sacramento County and 218 in Placer. Roseville saw the highest number of sales of any submarket with 147, followed by Elk Grove, Sacramento, Rancho Cordova, and Lincoln. (See below for detailed charts.)

The BIA's sales figures cover nearly 190 active new home communities in Sacramento, Placer, Yolo, El Dorado, and Yuba counties. ★

Camellia Show Celebrates 100 Years

Story by **Carol Feineman, photos by Julie Vierra, Camellia Society of Sacramento**

SACRAMENTO REGION, CA (MPG) - It's not every day that nonprofit organizations celebrate a centennial so Camellia Society of Sacramento members are especially excited about its Camellia Show on March 2 and March 3.

The nonprofit gardening organization's first Camellia Show, highlighting the plant that is a member of the tea family, was in 1924.

This year's 100th show includes hundreds of camellias to view, floral arrangements, camellia waxing, plants for sale, raffle, collectable camellia buttons and a Matsuyama, Japan display. The Japanese city is the organization's sister city. The Sacramento History Center will have an informational table with memorabilia about camellias, the show and the former Camellia



The Pink Perfection camellia is featured in this year's Camellia Show sponsored by the Camellia Society of Sacramento. The photo contest is focused on this particular variety.

Festival. "Our 100th is going to be a big deal for us! We are hoping lots of people attend," said Camellia Society of Sacramento President Julie Vierra this week.

Vierra has more than 100 of the flowering plants in

her West Sacramento front and backyard.

"Did you know the flower of Sacramento is the camellia?," Vierra stated. "We will be going to the State Capitol on the 29th. Our 100th resolution will be presented to us by Kevin McCarty (California

Assemblymember, 6th District)."

New this year is a partnership between the camellia society and the Camellia Coffee Roasters at 12th and R streets in Sacramento. That includes Camellia Coffee Roasters

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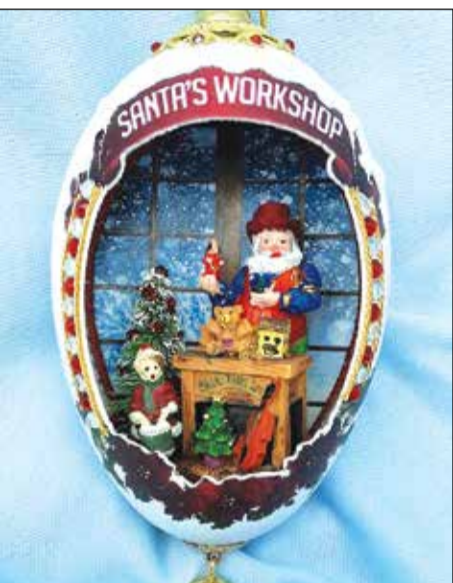


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Egg Artists Raise Funds for Shriners Children's Hospital



These eggs and more will be featured in 11 classes on making egg art. Preregister for the classes at www.norcaleggshow.com or Northern California Eggstravaganza on Facebook. Photos courtesy of Diana Macias

By Carol Feineman

SACRAMENTO REGION, CA (MPG) - Local fine artists are invited to be in the 32nd annual Northern California Eggstravaganza Egg 'N' Art Show and Sale that benefits the Shriners Children's Northern California hospital for children in Sacramento.

The show and sale runs from April 12 to April 14 in Elk Grove. All proceeds from the event go to the Shriners Children's prosthetic department.

The Northern California Egg Artists ran the show as a club activity for years and Diana Macias, a club member and a Wilton egg artist, now

organizes the show.

Macias expects that a few hundred eggs will be on exhibit from regional and national artists at the event.

"Some people have never seen egg art and they will be surprised and astonished to see what can be done with an egg and the types of art possible with eggs," Macias said. "It's not what you think when you think of dying eggs for Easter eggs; it's real fine arts. Everything that artists have done in art, all of those arts can be done on an egg. There's no limit to what you can do."

According to the Library of Congress, egg art is one of the oldest

decorative arts. In 2010, a University of Bordeaux (France) team led by Pierre-Jean Texier found etched ostrich eggs in South Africa dating back 65,000 years ago.

Each year, egg artists at the Northern California Eggstravaganza Egg 'N' Art Show and Sale donate artwork that will be raffled with all proceeds benefitting the children's hospital. Show genres include porcelain, carving, beading, jewels, miniaturists and sculpting.

Last year's show in West Sacramento included artists from Berkeley and New York, Texas, Washington and Idaho. This year's show will be in Elk Grove's SES

Hall, with artists from throughout the United States, according to Macias.

Public viewing hours will be from 10 a.m. to 5 p.m. April 13 and from 10 a.m. to 3 p.m. April 14. Admission is free. The SES Hall is at 10428 E. Stockton Blvd., Elk Grove.

While finding out more about egg art, viewers can also learn more about the Shriners Children's Hospital. Shriners volunteers will provide pamphlets and signage about the nonprofit hospital and answer questions.

Event attendees can also make egg art at a "learning table" for \$5 with all proceeds going to the Shriners Hospital. The learning table will be

open from 11 a.m. to 1 p.m. on April 12 and April 13. Children at least 6 years old up to adults can work on the projects designed for beginners. All materials are supplied.

Eleven classes on making different types of egg art will also be offered April 12 to April 14. Class preregistration is required at www.norcaleggshow.com or Northern California Eggstravaganza on Facebook.

Artists and the public can contact Macias for more information about the upcoming Northern California Eggstravaganza Egg 'N' Art Show and Sale at leggantdesigns@frontier.net or at 916-230-9811. ★



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PROPERTY MANAGEMENT

Failing Our Newborns

Continued from page 1

More than 1,000 nurse midwives are registered with Medi-Cal, but the majority of those providers work in hospitals and not in community settings, researchers said.

Outdated licensing requirements, tortuous state regulations and cumbersome insurance policies make it nearly impossible for community midwives to accept Medi-Cal patients, the UCSF report found.

Medi-Cal is the state's health insurance program for extremely low-income residents. It pays for 40% of all births statewide, and midwife care is a guaranteed benefit for expecting mothers.

On paper, the benefit includes community midwifery, which focuses on providing care close to where people live either at a birth center or in the home. But the reality is different, researchers and providers say.

"So many people who have taken Medi-Cal in the past have had to stop or close their practices, and so many people who want to have not been able to make it happen," said Ariana Thompson-Lastad, lead author of the study.

California's 'Mommibus' Act

The UCSF findings come at a time when the state is trying to make inroads against persistent maternal and infant health disparities, particularly among Black families. Statewide surveys show Black mothers are the most interested in alternative birth support through doulas and midwives, which have been shown to improve a variety of birth outcomes.

Doulas are birth workers who provide non-medical social and emotional support during and after pregnancy while licensed midwives are clinically trained professionals who can provide a range of independent reproductive care for low-risk moms and babies.

In an effort to chip away at inequities, state lawmakers passed the "California Mommibus Act" three years ago. It required Medi-Cal to cover postpartum care for a full year after birth

— the period when most maternal deaths happen — and added doula benefits. In January, rate increases for California doulas made them the highest-paid in the nation.

But state regulations simply aren't designed to accommodate the services community midwives provide, UCSF researchers found.

For example, the Medi-Cal application until recently asked midwives to list a supervising physician even though licensed midwives are authorized to practice independently. Providers also said most community midwives conduct home visits during pregnancy and especially after birth, but Medi-Cal billing policies make it difficult to get reimbursed for services that happen outside of a clinical facility.

"The overarching policy issue for licensed midwives in California is that we continue to be regulated under a very dysfunctional arrangement," said Rosanna Davis, president of the California Association of Licensed Midwives.

Wisner, who served mostly Medi-Cal patients, said on average insurance reimbursed just 17% of her costs — roughly \$1,451 out of \$8,500 for a full course of prenatal, birth and postpartum care — and frequently took months to pay her.

"We've had people have two or three babies with us before we get paid for the first one," Wisner said.

The state is trying to make improvements, said Holly Smith, co-lead of the California Midwifery Learning Collaborative, but the system is still "failing a lot of people." The midwifery learning collaborative is a five-state initiative aimed at improving access to midwife care. The state agency that oversees Medi-Cal recently joined, Smith said.

In an emailed statement, the Department of Health Care Services said it is working closely with the midwifery learning collaborative to help midwives "successfully navigate and work within Medi-Cal." The department is using a document drafted by the collaborative to "continue making program and



Midwife Madeleine Wisner uses a fetal doppler on Chloé Mick's belly during a maternal care consultation at Mick's home in Sacramento on Feb. 6, 2024. Wisner is listening to the fetal heartbeat. Photo by Miguel Gutierrez Jr., CalMatters

policy improvements" on issues related to billing and applications, the statement said.

Midwives Could Help Fill Maternity Gaps

Large studies of birth center and at-home birth outcomes show that when trained midwives care for low-risk patients, cesarean section and preterm birth rates decrease while breastfeeding rates and reports of satisfactory birth experiences increase. Severe outcomes and deaths of mother and baby are exceedingly rare and similar to the rates found in planned hospital births. UCSF researchers also found that community midwives see patients more frequently before and after birth and are able to catch complications early.

The majority of Medi-Cal births — more than 80% — are babies of color. They and their mothers suffer some of the worst infant and maternal health outcomes. Even though the state has made improvements overall, it has struggled to curb severe pregnancy complications and death among Black women and babies. Black women of all income levels are more than four times as likely as white women to die from pregnancy-related

complications and their babies are nearly three times as likely to die within a year, according to state data.

Physicians deliver the vast majority of babies in California, and while the percentage of babies delivered by certified nurse midwives has increased slightly in the past decade most certified nurse midwives work in hospital maternity wards under doctors. Often when maternity services end, providers leave the area.

At least 46 hospitals have closed maternity wards since 2012, leaving a dozen counties without a single hospital delivering babies, a CalMatters investigation found.

Smith, with the midwifery learning collaborative, said historically state laws and policies have supported physician-only maternity care.

"It's not safe anymore to do that," Smith said. "We have a maternity desert situation. Literally hospitals are closing, and birth centers will be a necessary strategy for that."

One of Her Last California Patients

In a cozy house in Sacramento's Oak Park neighborhood, Wisner has Chloé Mick lie back

on her couch while her kids and husband play outside. Wisner measures the length of Mick's uterus, feels for the baby's position and the baby's heartbeat. Mick is 25 weeks pregnant and tired. "I feel the most depleted probably just from having two other children that I hope I have the inner strength to not get a bad attitude during the process and make it through," Mick tells Wisner.

Wisner responded, "Has it occurred to you that having a bad attitude is OK?"

Mick is planning a home birth, and Wisner assures her that going to the hospital would not be "giving up." It would be listening to her body's needs and responding appropriately. They make plans for what to do if the baby is breech or if Wisner's New Zealand visa comes before Mick gives birth. When Mick's second child was born, she was on Medi-Cal and Wisner was the only midwife who would take her.

"(The hospital) really feels like a business. You're in and out, and you don't have a rapport or relationship with them...It feels like your

bodily autonomy is taken away," Mick said. "And then you look back, and you wish you had done things different."

Wisner wishes her birth center's story had ended differently. Her practice finally had enough patient volume to maybe be sustainable, she said, but the other community midwives who worked with her didn't want to argue with Medi-Cal insurers day in and day out. Over the past five years, Wisner estimates she poured \$250,000 into the birth center to keep it open. It's a big reason why she's leaving California for another country where she'll make \$60,000 a year working four days a week with a team of other midwives.

"There was always this promise that the system would be reformed, you know, Medi-Cal is gonna get reformed," Wisner said. "I was really let down."

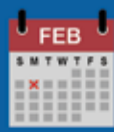
Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more. ★



Election Information

March 5, 2024 – Presidential Primary Election

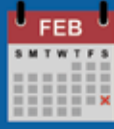
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Rio Linda Community Update

Prop 1: A Tale of More Empty Promises



By County Supervisor Sue Frost
Through the generosity of the The Rio Linda News, this column serves to provide an update about matters affecting the community of Rio Linda.

As we navigate through the heart of election season, with ballots distributed and, I hope, making their way to the Election's Office, we stand on the cusp of the March 5 Primary Election. It's a pivotal time for our community, and I feel compelled to share my thoughts on Proposition 1, slated for the March 2024 ballot.

This measure, which proposes a \$6.4 billion bond aimed at enhancing mental health treatment and housing, presents several concerns in our ongoing battle against homelessness in California.

While the initiative's provision for 6,800 treatment beds and 4,350 housing units, including dedicated support for veterans, is noteworthy, it doesn't fully meet the needs of the estimated 180,000 homeless individuals in our state. Of all the state's dysfunctions, none is more damaging to California's attempts to "make the pitch" to tax payers than the State's worst in the nation homelessness.

California's homelessness crisis is a glaring challenge, one that Proposition 1, despite its good intentions, might not fully address. It seems to focus on a specific part of the problem, potentially

leaving many in need without adequate support.

A concerning aspect of Prop 1 is its mandate for counties to use 30% of their Mental Health Services Act funds for housing. This could significantly cut into the budget for crucial mental health services, especially for preventing homelessness and providing early mental health support.

In Sacramento, where resources are already stretched thin, this could lead to a decrease in vital services. One has to wonder, why hasn't the original Mental Health Services Act of 2004, funded by a tax on millionaires, been able to curb our mental health and homelessness issues.

Adding to our challenges, Prop 1's implementation, particularly in financially strained counties like ours, could be difficult. Redirecting funds might mean cutting back on other essential services, compromising the quality and reach of mental health care.

While building new facilities and homes is important, Prop 1 misses a key piece: ongoing support services like job training, education, and continuous mental health care, all critical for successfully helping homeless individuals reintegrate into society.

Moreover, Prop 1 doesn't fully consider the varied needs of the entire homeless population, which includes diverse groups like families, youth, and the elderly, many of whom don't suffer from severe mental health conditions

or substance abuse issues. We need a broader strategy that addresses the unique challenges faced by all homeless individuals.

While Proposition 1 demonstrates a commitment to addressing homelessness and mental health issues in California, it is not a comprehensive solution. The state needs a more holistic approach that includes a broader range of services and caters to the diverse needs of all homeless individuals.

This should include not only funding for treatment beds and housing but also investment in preventative services, workforce development, and long-term support mechanisms. Such an approach would ensure a more sustainable and effective solution to the complex issues of homelessness and mental health in California.

I do believe in reform, redemption, and rehabilitation. However, for a real change to occur, it's crucial for politicians and their activist partners to shift their focus from unchecked spending to taking decisive, early actions such as enforcing basic laws. This approach could have significantly slowed the homelessness crisis.

Sacramento County Supervisor Sue Frost represents the 4th District, which includes the communities of Citrus Heights, Folsom, Orangevale, Antelope, North Highlands, Rio Linda, Elverta, and Rancho Murietta. ★



100 Ways To Overcome Shyness

No, I can't include all 100 in this column, but I can get you started going from self-conscious to self-confident. You say no way? Way, if you check in with **Dr. Barton Goldsmith** and his "100 Ways To Overcome Shyness." Dr. Goldsmith is a multi-award-winning psychotherapist, syndicated columnist, author, and former NPR radio host, and a top blogger for "Psychology Today." He shared a powerful collection of useful information, so maybe a few of them will get started.

1. DO YOU OBESERVE NOT ENGAGE? Want to change that? It's not going to help one bit if you dwell on how your shyness negatively impacts your life. Accept that being shy is something that has held you back, knowing that now you are choosing to overcome that fear of social judgement.

2. GET SOME EMOTIONAL SUPPORT. The energy you get from people who care about you is a gift. It's important to remember that people who have close relationships and friendships generally live longer and fuller lives.

3. POSTURE CAN HELP YOU BEAT SHYNESS. Remember your parents and teachers always told you to sit up straight and stand with your shoulders back and your head held high? They weren't trying to train you for the military. They probably knew that practicing good posture would have a positive effect on how you perceived yourself and how others perceived you.

4. SELF-CARE MAKES YOU CONFIDENT. Do you go out of your way to avoid drawing attention to yourself? Do you eschew makeup, bright

colors, and fashionable clothes? Is your favorite color gray? Grooming and adorning yourself can affect your mood in a positive way, so don't be too shy or afraid to experiment.

5. NONVERBAL COMMUNICATION. There are many ways to communicate that do not involve speaking like gestures, posture, and facial expressions. Shy people often avoid communicating through eye contact and facial expressions, and physical touch. Nonverbal forms of communication are easier to practice. Use facial expressions like nods and smiles to send positive messages to others. Facial expressions have the same meanings across many, if not most cultures.

6. FEELING ALL ALONE. Mother Teresa said that "the greatest disease in the West today is not disease, it's being unwanted, unloved, and uncared for." Have you ever felt so lonely that you thought your heart would break in two? It's very important to make connections with other people. Isolating yourself is only going to make you feel worse.

7. GIVING TO OTHERS HELPS ALLEVIATE SHYNESS. When Dr. Goldsmith was young, he wanted to be a philanthropist, but had no money to start a foundation. Writing has made a difference in his life...a way of giving back. All you need to do is find a way to give from your heart. It's hard to feel shy when someone or something you care about is in need.

Want more? Then check out www.BartonGoldsmith.com for more information and "100 Ways to Overcome Shyness." You have to make the decision to move forward. **YOU CAN DO IT!!!★**

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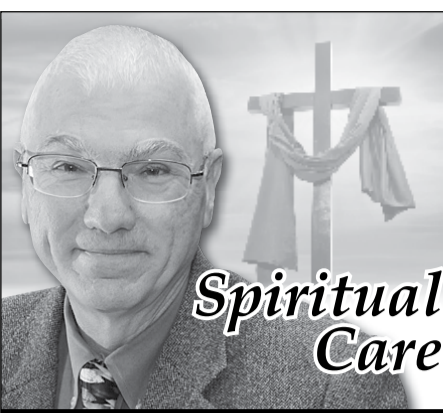
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Something Stinks? Is it I?



BY NORRIS BURKES

Yes, apparently when it comes to spiritual care, oral cleanliness is next to godliness.

Lisa continued her teaching moment. “We work in close quarters,” she said, struggling to smother her erupting smile.

“Chaplains often whisper to nursing staff and lean close in their patient visits. These patients may be sensitive to certain odors, so please make sure you are well acquainted with these products.”

I can tell you we all searched the faces around the table, wondering which chaplain inspired Lisa to bring the toothbrushes.

Was it our Catholic priest who drank too much coffee?

Was it I, the one who loved the cafeteria onion rings?

Was it the new intern snacking on tuna crackers?

We all had a side-splitting laugh over Lisa’s artful presentation of such a personal matter, but I couldn’t help but remember a gathering of 12 — the Last Supper when Jesus predicted one of his disciples (Judas) would betray him.

Like the disciples who muttered, “Is it I, Lord?” we chaplains blew into our cupped hands, taking a quick whiff and wondering, “Is it me, Lisa? Am I the reason you are saying this?”

There are times in our exchanges with people that we become pretty sure something stinks. On those occasions, what is our first reaction? Do we lean close to our friends and examine their smell first? Or do we check our own breath?

We’re not perfect and we certainly won’t always smell perfect, but our imperfection gives us two choices.

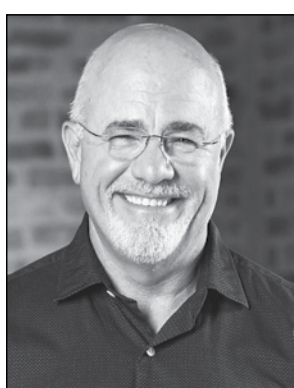
We can deny it and make others suffer or we can celebrate that we are all in the same boat. We’re all human and we all have the potential to, well, there’s no other way to say it... stink.

The truth is, we are pretty human and the spirit we breathe on people may not always be the freshest one.

It’s something we should keep in mind as we enter the Lenten season. Take a hard look at yourself, check your spirit. Examine your intentions. And question your motives.

Ask yourself, “Am I the one who has caused the problem?” or “Am I the one who holds the solution?” These must be among the first questions we ask when we smell something not quite right.

Which leads me to my final paraphrase of Matthew 18:20 – “Wherever two or more are gathered in his name, there will always be imperfections.” ★



A Big Mess

Dear Dave,

I’m a single mom, and I opened my own small business last year. The business isn’t growing at all, and my mom and dad are helping me with the bills. On top of all this, I don’t receive any child support payments from my ex-husband. But my biggest concern is our home. I bought it four years ago, and when I opened my business, I did it with a home equity loan. Do you have any advice?

– Tammy

Dear Tammy,

You need to close up your business, at least temporarily, and go find some money-making work. I’m sorry

Dave Ramsey Says

to be so blunt, but you’ve got a really big mess on your hands.

Long story short, the money you make at another full-time job is likely to decide whether you can stay in your home. If you’ve got a mortgage, home equity loan and business debts hanging over your head, the chances of this are slim. You probably need to consider the idea moving into a small, affordable apartment for a while, too. If you do this, get your debts paid off and your finances back in order—which includes living on a budget and saving—you might be able to buy a house again in a few years.

I know the idea of giving up your home and business is hurtful, but sometimes when you have a serious illness, extensive surgery is needed to fix the problem. And right now, you’ve got a very serious financial illness.

I want you to understand how I’m looking at this,

Tammy. The house alone is not the problem. You borrowed money to open a business, and that was your first mistake. You also have no savings, which is another mistake, and now your business isn’t making a profit. See how all of it combined adds up into one big mess?

I love your spirit, and the fact that you want to be an entrepreneur. But you’ve got to get control of your money first. If you don’t, this thing will eat you alive.

– Dave

Dave Ramsey is an eight-time national bestselling author, personal finance expert and host of The Ramsey Show. He has appeared on Good Morning America, CBS This Morning, Today, Fox News, CNN, Fox Business and many more. Since 1992, Dave has helped people take control of their money, build wealth and enhance their lives. He also serves as CEO for Ramsey Solutions ★

It seems that whenever pastors preach to a sparse crowd, they often begin by quoting Matthew 18:20. However, they remove the verse from its context to passively express their disappointment for the low numbers.

“This reminds me of what Jesus said,” they’ll jest. “For where two or three are gathered in my name, I am there among them.”

During my years as a hospital chaplain, I often paraphrased this verse to convey my frustration for yet another staff meeting.

“Wherever there are two or more chaplains gathered in his name, there will be a chaplain staff meeting.”

Nevertheless, our hospital staff meetings at Sutter Medical Center could occasionally be interesting.

They were led by our Spiritual Care supervisor, Lisa Nordlander. Lisa was a petite, fiftyish woman who supervised a staff consisting of a secretary, three full-time chaplains and six chaplain interns.

One day, she sent out a message: “All hands on deck for a joint meeting of staff and interns.”

A few hours later, we assembled in a conference room where I’d like to tell you we looked like Jedi Knights perched on chairs waiting for divine wisdom from Obi-Wan Kenobi.

But on this particular day, things took a surprise turn when Lisa tossed white plastic bags on the table and asked her chaplains to each claim one. Taking the bags, we spilled their contents onto the table — a toothbrush, toothpaste, mouthwash, tongue brush and dental floss.

Ooohh kaaay. The supervisor’s husband was a dentist, but given her professional demeanor, product endorsement seemed a little beneath her.

“This is a friendly reminder,” she managed to say among the giggles, “that good dental hygiene is a part of good spiritual hygiene.”



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<p>LIFEPOINTE FAMILY OF CHURCHES 7200 Rio Linda Blvd. lifepointenaz.com (916) 991.4624</p> <p>SUNDAY 9:30AM COFFEE & FELLOWSHIP 10AM ALL AGE CONNECTION GROUPS 11AM WORSHIP SERVICE NURSERY (0-3YRS) KIDZ CLUBHOUSE (4YRS - 6TH GRADE)</p>	<p>ZION LUTHERAN CHURCH 3644 Bolivar Ave. North Highlands (LCMS) (916) 332-4001</p> <p>ZionLutheranNH.org Sunday Schedule 9 a.m. Traditional Worship 10:30 a.m. Praise Band Worship</p> <p>OR, if you prefer, you can worship in your car in the parking lot Tune your radio to 88.7</p>	<p>Calvary Lutheran Church 5th and L Streets Rio Linda Pastor Kirsten Moore</p> <p>Sunday Worship 10:30 a.m.</p> <p>Children’s Bible stories & crafts during adult worship (916) 991-2135 www.clcrl.org Mail@clcrl.org Open Arms, Open Hearts</p>
<p>Church of Christ Worship God’s Way Minister Eric Smith</p> <p>6818 4th Avenue Rio Linda, CA 95673 (916) 991-2668</p> <p>Church 10:30 a.m.</p>	<p>LOOKING FOR A PLACE TO WORSHIP?</p> <p>Check out one of these churches in your community.</p>	<p>NEW BEGINNINGS FELLOWSHIP Pastor Deonte Walters</p> <p>10th and O Streets (916) 991-2918</p> <p>Sunday School 9 a.m. Sunday Worship 10:30 a.m.</p>
<p>Rio Linda Seventh Day Adventist Church 7535 - 10th St. and U Rio Linda Sabbath School 9:15 a.m. Worship Services 11 a.m.</p>	<p>North Metro Church of Christ 4191 Norwood Ave., Sacramento 95838 (916) 923-1147 Minister Pete Savage</p> <p>SUNDAY Bible Classes: 10 a.m. Worship: 11 a.m. Worship: 6 p.m. Wed. Bible Classes: 7 p.m.</p>	<p>LIBERTY MINISTRIES CHRISTIAN FELLOWSHIP Pastor Shannon Fannin Liberty Ministries extends an invitation to come and join us for Celebration Worship Sunday 9 a.m. Youth Extreme & Food Closet</p> <p>(916) 922-6442 4840 Marysville Blvd. www.libertymcf.net</p>
	<p>NEW LIFE CHRISTIAN CHURCH 2037 Elkhorn Boulevard (916) 991-3001</p> <p>Adult Sunday School: 9 a.m. Sunday: 10 a.m. Sunday Evening: 6 p.m. Wednesday: 6 p.m.</p> <p>Pastor Jeff Duncan</p>	



NOTICE OF VACANCY

Interested persons are hereby notified that pursuant to Government Code 1780 there is (1) one vacancy on the Rio Linda Elverta Recreation and Park District Board of Directors

The position shall be appointed by the Rio Linda Elverta Recreation and Park District Board of Directors and will serve until December 1, 2024. This seat will be up for election at the November 5, 2024 general election to serve a two-year term.

Interested persons should submit a statement of qualifications and the reasons they wish to be appointed to the Board. Participation in Board Training and Community Relations through programs offered by the California Special District Association and the California Association of Recreation and Park Districts is offered to all Board Directors. In order to be considered for appointment you must be registered to vote within the District.

Please submit your statement of qualifications and letter of interest to:


Mike Heller, General Manager Director Appointment
Rio Linda Elverta Recreation and Park District
810 Oak Lane | Rio Linda, CA 95673
Phone: (916) 991-5929
Website: www.rleparks.com

Applications are due by: 4:00pm on March 8, 2024

This district has 60 days from the date the board is notified of the vacancy or the effective date of the vacancy, whichever is later, to fill the vacancy by appointment or call a special election.

Gov Code § 1780

Pursuant to Government Code 1780, this notice will be posted for 15 days in 3 or more conspicuous locations in the district
from February 21, 2024 to March 8, 2024.



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Social Security Matters

How Can I Get Details about My Social Security Payment?



By Russell Gloor,
AMAC Certified Social
Security Advisor

Dear Rusty: How do I find the actual breakdown of the Medicare insurance that I have auto deducted and my actual Social Security payment? I was just looking at a video which explained the 3% Cost of Living Adjustment we will be receiving this year, and it compared the current payout to the new payout. There seems to be a big difference in what I am getting and what they said in the video. Currently my Social Security payments are \$1,431. My Medicare insurance is supposed to be \$165, which means my total Social Security is about \$1,596. On the video it said all retired workers are getting \$1,848 with the new increase to take it to \$1,938.00. There are a couple hundred dollars there that I seem to be missing out on. Can you help me understand that difference? **Signed: Confused Senior**

Dear Confused Senior: What you're asking for is an itemized breakout of your gross Social Security benefit, any deductions being taken therefrom (e.g., your Medicare Part B premium), the amount of your COLA increase, and your net Social Security payment for 2024. If that is the case, the best

way to get this detail is in your personal "my Social Security" online account, which provides all the information mentioned. You can access your online account at www.ssa.gov/myaccount, and if you don't already have that online account set up, you'll need to first establish your online access credentials (instructions for how to do that will be at that website).

I'm not sure which video you watched, but "all retired workers" do not get \$1,848 (or \$1,938). Everyone's Social Security benefit is different, based on their lifetime earnings record and the age at which they claimed benefits. The numbers you heard in the video were likely average Social Security payments, not the actual amount you should personally be receiving. Here's how it works:

- Your personal benefit is based on your Primary Insurance Amount (PIA) which is the amount you get if you claim for your benefits to start at your full retirement age (FRA), which is somewhere between 66 and 67 depending on the year you were born. Claim before your FRA your benefit is permanently reduced; claim after your FRA it is higher. Your personal maximum benefit is achieved if you claim at age 70.

- The Medicare Part B premium (for outpatient healthcare services) is automatically deducted from your Social Security payment. Although the standard 2023 Part B premium was \$164.90, the standard 2024 Part B premium is \$174.70. You may also have other things (e.g., income tax) withheld from your monthly Social Security

payment.

- The annual Cost of Living Adjustment (COLA) for 2024 is 3.2%. That means your gross Social Security benefit goes up by that percentage starting in 2024. But there was also a \$9.80 increase in your Medicare Part B premium starting in 2024, which means that you won't see all of the COLA increase in your Social Security payment. Since your Medicare premium is deducted from your Social Security, that Medicare increase will also be taken from your SS payment, so you won't see the full 3.2% COLA increase in your 2024 Social Security payment.

To see all of this detail for you personally, I suggest you access your online "my Social Security" account as described above. As an alternative, you can also call Social Security at 1.800.772.1213 and request a Benefit Verification Letter which will include all the information you seek about your Social Security payment.

This article is intended for information purposes only and does not represent legal or financial guidance. It presents the opinions and interpretations of the AMAC Foundation's staff, trained and accredited by the National Social Security Association (NSSA). NSSA and the AMAC Foundation and its staff are not affiliated with or endorsed by the Social Security Administration or any other governmental entity. To submit a question, visit our website (amacfoundation.org/programs/social-security-advisory) or email us at ssadviser@amacfoundation.org. ★

California Should Not Tolerate Having So Many Children Struggling To Read



By Dan Walters,
CALMatters.org

Of all the skills that children may acquire in school, none surpasses reading in importance.

The ability to read and comprehend what's read is the key to all other learning, either formal or personal, and the students in California's schools are not doing well.

Results from the state's latest academic achievement tests, released last October, revealed that fewer than half met standards in English language skills and scarcely a third met those in mathematics.

California's overall score in the National Assessment of Educational Progress, the federal government's program of measuring academic achievement, is equally bleak, ranked seventh from the bottom.

One reason the state fares so poorly is that for decades, California embraced trendy theories of teaching them to read, such as "whole language," while spurning strong evidence that using phonics, a more traditional method, would produce better results.

The conflict, dubbed the "reading wars," was not confined to California, but the state was one of the major battlegrounds given its size.

Ultimately, phonics-based instruction, recast as "the science of reading," won out, at least on paper. But the state has not been insistent on its adoption, and many local school systems have continued to use less effective teaching methods.

Last month, the National Council on Teacher Quality released a report on how well states are implementing the science of reading and California achieved only a mediocre score, once again falling behind other states, such as Texas, Florida, Arkansas, Louisiana and Alabama, that many would regard as regressive.

California won plaudits in some areas, such as setting reading standards in teacher training and including skills in its licensing process, but fell behind in requiring ongoing literacy training and overseeing teacher preparation programs to ensure that the science of reading is being stressed.

"In California, only 58% of fourth grade students can read at a basic level based on the most recent National Assessment of Education Progress (NAEP)," according to the report. "That number falls precipitously for California's historically underserved students.

"Students who are not reading at grade level by the time they reach fourth grade are four times more likely to drop out of high school, which in turn leads to additional challenges for them as adults: lower lifetime earnings, higher rates of unemployment, and a

higher likelihood of entering the criminal justice system.

"These alarming statistics can be largely attributed to inequities in access to effective reading instruction, a problem that strong state policy and bold state leaders can solve."

The brighter side of the picture is that within a few months, California will require teacher preparation programs to stress the science of reading with an eye on meeting the state's new literacy standards.

Newly introduced legislation would make the science of reading mandatory. In the absence of such a mandate, it could take years for full implementation, if ever, because many liberal school districts will continue to resist, falsely believing that phonics are incompatible with educational equity.

California has an odd policy on overseeing what happens in local school systems. It closely monitors their finances and will essentially seize districts that are in danger of becoming insolvent, but takes a more hands-off stance regarding educational outcomes.

Reading is too important to allow local school systems to decide if and when they will adopt the science of reading. As the report on teacher quality points out, a child who can't read is likely to fall behind for the remainder of his or her life.

Dan Walters has been a journalist for more than 60 years, spending all but a few of those years working for California newspapers. ★

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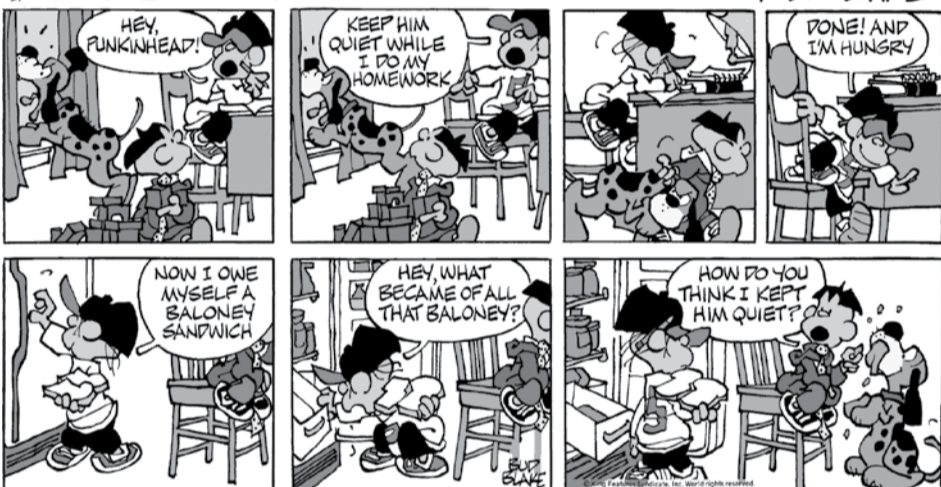
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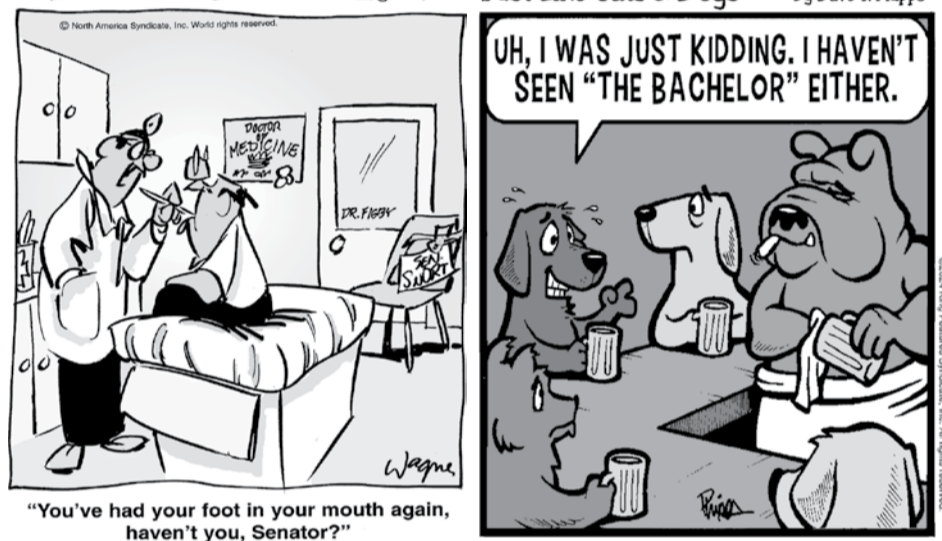
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- ____ Pérignon, Champagne
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- Prefix for earliest
- Call to Maria
- Bob and ____
- "Peter, Peter Pumpkin ____"
- "Le ____ des cygnes"
- Like yesteryear
- *Greta Gerwig's Oscar nominated movie
- *He's nominated for playing Leonard Bernstein
- Nothing
- White ____ shopping event
- Federal food safety agency, acr.
- It ran away with the spoon
- ROTC happenings
- Figure skating jump
- Grad
- Arrogant one
- Archaic preposition
- Passé
- Scrubbed
- Sugarcoating
- Money in Mexico City
- What DJs do
- Trickery
- Swerves
- Sigma Alpha Epsilon
- *Typical number of nominations in one Oscar category
- Emergency responder, acr.
- **"Nyad" nominee
- *"What kind of moon?"
- "Finnegan's Wake" author
- Mother load offering
- Java cotton tree
- Artemis' companion
- Fat of olives
- *What actors do
- Spinner's product
- Wisecrack
- Like Phoenix

DOWN

- Cornelius of the movies
- Snap up
- 'I' in Greek alphabet
- Howard of radio fame
- Death-related
- One of the Earnhardts
- Spermatozoa counterparts
- Muhammad's birthplace
- Review service, with .com
- Use a ladle
- At any time
- **"No Country for Old ____" multi Oscar winner
- Suitors
- Trojan War story
- "Just an ____-fashioned love song"
- Slumber
- Fl., as in fl. oz.
- "A Confederacy of ____" sing.
- Place above a ceiling
- Dueler's strike
- Overnight lodgings
- Shoelace bunny ears
- Divine saying

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Dignity Health Named to Newsweek's America's Greatest Workplaces

Dignity Health News Release

SACRAMENTO REGION, CA (MPG) - Dignity Health announced recently that it has been recognized for the second consecutive year as one of America's Greatest Workplaces for Diversity 2024 by Newsweek and Plant-A Insights Group. This survey of over 220,000+ individuals included representation at over 1.5 million companies in America.

The esteemed list features the top large and mid-size companies recognized by their employees, via an anonymous online survey, for genuinely respecting and valuing individuals from different walks of life.

"Dignity Health has long been dedicated to creating a workplace that values equity and inclusion," shares Julie J. Sprengel, California Region President, CommonSpirit Health. "By fostering diversity within our workforce, we are better equipped to meet the needs of the unique communities we serve."

Many different genders,

racess, nationalities, sexual orientations, and identities are represented at Dignity Health hospitals and clinics, but the focus and commitment around diversity is more than that. Diversity, Equity, Inclusion, and Belonging (DEIB) ensures everyone has the opportunity to be involved, developed, empowered, and trusted by Dignity Health.

Being recognized on Newsweek's list underscores Dignity Health's belief that a diverse workforce brings a variety of perspectives, leading to innovative solutions and better outcomes for both employees and patients. Some of our proudest achievements include:

-Dignity Health hospitals have been recognized by the Healthcare Equity Index (HEI), a program of the Human Rights Campaign. The HEI is the nation's foremost benchmarking survey of healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors, and employees.

-CommonSpirit Health

has entered into a historic 10-year, \$100 million dollar partnership with Morehouse School of Medicine that will increase development of Black and minority physicians by ensuring that a minimum of 300 additional underrepresented providers complete their residency training. Three new residency programs are under development in Dignity Health's California Region.

-Dignity Health prioritizes cultural competency training for all employees to provide care that is highly sensitive to the concerns of those who are marginalized.

"Diversity is a widely discussed topic – and it remains a crucial factor as people look for an employer or a business partner. Newsweek and market-data research firm Plant-A Insights are proud to introduce "America's Greatest Workplaces for Diversity 2024," highlighting companies that are committed to offering diverse and inclusive work environment," shared Nancy Cooper, Global Editor in Chief for Newsweek. ★

Camellia Show Celebrates 100 Years



Camellia Society of Sacramento members will dip fresh flowers into paraffin to make the flowers last longer at the Camellia Show on March 2 and March 3 in Sacramento.

Continued from page 1

Instagram "infomercials" with club members describing how to care for the plants. The cafe and coffee wholesaler company has also named one of its coffee blends in the society's honor. The Camellia Coffee Roasters will be at the Camellia Show on March 3.

Camellia Show hours are from 3 to 6 p.m. March 2 and from 10 a.m. to 5 p.m. March 3 at the Scottish Rite Temple, 6151 H St., Sacramento.

Admission is free both days.

"If you enjoy gardening, you will love the show. We are all gardeners," Vierra said.

The Camellia Society of Sacramento meets once a month from October to April. Northern California Camellia Society President Justin Bergamini will speak about grafting techniques at



The trophy table in the 2022 show included yard art and gardening items. In honor of the 100th-year celebration, this year's trophies will be crystal and cut glass.

the Feb. 25 2 p.m. meeting at Sierra 2, 2791 24th St., Room 12, Sacramento.

The society's 60 members are from Sacramento, Orangevale, West Sacramento, Fair Oaks, Carmichael, Folsom, Davis, Elk Grove, Rancho Cordova, Roseville, Gold River, Lincoln and Woodland. New members

are always welcome.

"We have fun, we have food and we have lots of knowledgeable camellia people if you have any questions," Vierra said.

For more information about the 100th Camellia Show or the organization, call Vierra at 916-812-3202 or visit <https://camelliasocietyofsacramento.org>. ★

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