

Healthy Child Initiative Questions and Answers

Why is the JLC changing its Focus Areas?

The JLC has a long history of responding to needs in the community and reviewing our focus areas relative to those needs every five to seven years. Our current focus areas were originally introduced in 1997 after careful consideration of the issues facing Charlotte at the time. Results from a survey conducted by Focus Advisory in the 2002-03 League year indicated that the majority of our membership was interested in changing our existing focus areas to better align with current community needs and JLC volunteer preferences.

What is Healthy Child Initiative?

Healthy Child Initiative (“HCI”) is the proposed single focus area for the Junior League of Charlotte. HCI will address the physical and mental health needs of children aged 0-17 years and their families in the Charlotte community via trained volunteers. If approved by the JLC membership, HCI will become the first five year “rotating” focus area of the JLC as outlined in the new strategic plan.

How will the JLC address the physical and mental health needs of children and their families?

HCI will consist of two primary areas for volunteerism and advocacy, Physical Health and Mental Health. Our programs, placements and advocacy will be focused on preventative programs and education around specific topics such as childhood obesity and eating disorders, physical fitness, healthy lifestyle choices and dental health. Mental health efforts will focus on education, support and removing the stigma of children’s mental health issues. We will also support families of children with physical and mental health needs through our direct volunteerism and advocacy.

What will happen to our current focus areas?

If approved by the membership, our formal transition to Healthy Child Initiative will begin with the next League year (June 1, 2005 to May 31, 2006). During that time, the current focus areas will be phased out and will be replaced with Healthy Child Initiative, which will become the single, five-year focus area of the JLC beginning June 1, 2006.

What does the “Transition Year” entail?

If approved by the membership, the JLC will begin its formal transition to HCI beginning June 2005. During the 2005-06 League year, we will continue to have our existing focus areas (Family Preservation, Adolescent Issues, and Early Childhood), but we will also begin to introduce placements and projects related to Healthy Child Initiative. We will begin actively working with organizations focused on health-related issues for children to develop placements for the 2006-07 league year. At the end of the 2005-06 year, we will officially “sunset” the current focus areas to change our focus area to Healthy Child Initiative.

How long will HCI be the sole focus area of the JLC?

If approved, HCI will be the sole focus area of the JLC from June 1, 2006 until May 31, 2011.

Why will we have only one focus area?

As outlined in the strategic plan, the JLC is moving to a five year “rotating” focus area to allow us to allow us to better align our focus areas with current community needs. By focusing on one topic for five years, the JLC will be able to better align our resources to address areas of need in our community and have an impact on those areas.

Do we have a plan to address our existing community partners?

The Community Impact Council is developing a transition plan for our existing community partners, and will be working closely with the Management Team, the Board of Directors and our Community Advisory Board to develop the message that will be delivered to the community concerning our decision this year.

Does HCI change the nature of our placement opportunities?

HCI may actually expand the scope and diversity of placement opportunities for JLC volunteers. There are a number of not-for-profits currently engaged in healthcare issues in Charlotte with which to partner to develop placement opportunities. Further, our community contacts have told us a critical area for leadership and volunteerism is in education and support programs, which can be developed by the JLC in partnership with health-care professionals and implemented in the community via trained volunteers.

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Will there be enough variety in the placement schedule to meet membership needs?

The issue of children's health is a 24/7 type of challenge. There will be choices for weekend and evening placements. There are specific opportunities for volunteers to work with children and needs for volunteers for education, family support, research and development of prevention-based approaches and community consensus building. Whether your talents lie in working with children or developing educational partnerships within the community, you are needed!

What will happen to all the agencies with whom we currently partner if they do not fit into the Healthy Child Initiative?

Each year, the JLC works with ALL our community partners to offer the best ideas for placements and projects to the membership. Every placement and project is up for review each year. Our community partners are aware of our process, as they must reapply and if chosen, sign a ONE-year contract with us. Keeping in mind what our process is, our community partners have been informed that the JLC is voting on Healthy Child Initiative and what that may mean for their placement. Our community partners know that the Junior League of Charlotte never promises a long-term commitment or relationship.

What are the placement agencies?

There will be a limited number of placements in the 2005-2006 year under HCI as part of the transition year. Assuming Healthy Child Initiative is passed, these offerings will be introduced at the February membership meeting at the Community Expo. Members will have the opportunity to vote on new projects and placements associated with HCI and others that fall into our current focus areas at the April general membership meeting.

Will these new placement offerings provide enough variety to meet the interests of JLC membership?

There will be a tremendous variety of placement opportunities for JLC volunteers. A number of health-related not-for-profits will serve as potential placement partners. Additionally, the JLC may work actively with current JLC community partners to develop new placements centered on Healthy Child Initiative. Finally, great potential exists for the Junior League of Charlotte to actively create programs to address certain community needs related to children's health, which we can implement directly.

Will mentoring/tutoring be involved in the Healthy Child Initiative? What about working with disabled or older adults?

The volunteer opportunities offered under HCI will be focused in the areas of children's physical, mental and dental health, as well as support for families of children with physical and mental health issues. While opportunities for informal mentoring and tutoring may arise among volunteers and children, these activities will not be the primary focus for HCI. However, a Special Placements option has and will continue to be offered to our members who apply for it. Special Placements do not have to fall under the JLC focus area(s). To apply for a Special Placement, please click on "online forms" found in the "members only" section of the JLC web site.

Is there a place for children who are living with physical and mental challenges due to Autism, Down syndrome, Cerebral Palsy, etc. under the Healthy Child Initiative? What about child abuse and neglect in our community? This is an imperative part of a Healthy Child!

The primary focus of HCI will be on education, prevention, and family support and community consensus building in the areas of physical, mental and dental health for children. To the extent that specific health-related issues such as these fit under one of these areas, they will be considered as potential placements.

Will there still be a diverse selection of placements for volunteers who may not want to work with children directly or do not have any background in healthcare?

Healthy Child Initiative will provide many opportunities for those volunteers who do not want to work directly with children to actively participate in community-focused placements. Specific examples include developing education programs with health-care providers, researching and developing prevention based programs, providing family support and helping to build community consensus for long-term change. These initiatives are as important to the success of HCI as working directly with children.

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Does decreasing the focus to 1 rather than 3 initiatives affect the diversity of volunteer placements?

There will be an increased diversity of placement options in the sense that HCI covers 3 very broad topics of children's healthcare-physical, mental and dental health. These topics will offer many opportunities for volunteers to engage directly with children and their families, the community and health care providers to address the health care needs of ALL children in our community.

If the next research phase determines that the needs are greatest in the adult population, will JLC members approve?

Healthy Child Initiative was developed based on the community needs and JLC volunteer's preferences at this time. The community needs and volunteer preferences are essential to the success of the work we do now and in the future.

When the five-year tenure is over and a new initiative is chosen that might be completely different, will the child-based placements be discontinued? If so, will it polarize important agencies that count on the JLC for volunteer hours?

Our community partners are always made aware of any change the Junior League of Charlotte makes with enough time to ensure an orderly and professional transition. Should the next Focus Area Research phase indicate that the greatest community needs are in areas other than children's issues and the JLC membership approves a change, the JLC may move away from child-based placements. Though our community partners do depend on the JLC to execute tasks and programs that they may not have the capacity to implement alone, they are aware that the Junior League's commitment is for one year.

Will the change in focus areas reduce the number of leadership positions and help balance the in-league/community volunteer ratio?

It is hoped that Healthy Child Initiative will help balance the in-league/community volunteer ratio by providing the opportunity for additional flexible, community-based placement alternatives for our volunteers. It is likely the number of leadership positions, especially among community placements, will be reduced.

It seems advocacy will be an increasing part of our activities. Will this endanger our 501 (C) (3) tax-exempt status?

While advocacy and public awareness will increase in prominence for the JLC in years to come, our primary activity will remain providing trained volunteers for community service. A non-profit organization's tax-exempt status is only at risk if a substantial part of its activities are directed to influence legislation (commonly known as lobbying). However, non-profit organizations may involve themselves in issues of public policy without the activity being considered lobbying. For example, they might organize educational meetings, distribute educational materials, and otherwise consider public policy issues in an educational manner without jeopardizing their tax-exempt status. Historically, the role of the JLC has been educational in nature and we expect that to continue in the future.