

CONVERSION: A TEN-YEAR JOURNEY OF LEARNING

1995
Conversion
Hospital to foundation

2000
Conversion
SLCHT to SLHI

2005
Conversion
Healthcare



OUR MISSION

TO IMPROVE THE HEALTH OF PEOPLE AND THEIR COMMUNITIES IN ARIZONA,
WITH AN EMPHASIS ON HELPING PEOPLE IN NEED
AND BUILDING THE CAPACITY OF COMMUNITIES TO HELP THEMSELVES.

A CORE SET OF ORGANIZATIONAL IMPERATIVES

Seek opportunities to engage and connect people, organizations and communities.

Inform and enrich the public policy dialogue.

Invest in and leverage constructive change.

Model and promote a culture of strength, hope and compassion.

CORE AREAS OF ENGAGEMENT

Increase the resilience of Arizona's health care system ➔ Access, information, integration

Promote individual and community resilience ➔ Community-based connections and projects

CORE STRATEGIES OF ENGAGEMENT

Community Innovation and Development ➔ Strength-based organizing, partnerships and technical assistance

Public Policy ➔ Research, education and advocacy





*“There will stretch out before you an ever lengthening, ever ascending, ever improving path.
You will never get to the end of the journey.
But this, so far from discouraging, only adds to the joy and the glory of the climb.”*

WINSTON CHURCHILL

CONVERSION: A TEN-YEAR JOURNEY OF LEARNING

When the Board of Trustees of the St. Luke's Health System sold its medical facilities in Phoenix and Tempe in 1995 to a for-profit health corporation and converted its assets to a public foundation, none of us could have predicted where we would end up ten years later.

But that's the beauty of not knowing the future: We have no choice but to be open to surprise, discovery and learning.

What a wonderful journey it has been. We have been blessed with many good things: a clear mission and a vision of being in, and connected to, the communities we serve; a spirit of compassion, commitment and caring that we inherited from almost 90 years of operating as a hospital system; a dedicated and adventurous volunteer Board of Trustees, and a resourceful and creative staff.

Most of all, we have been blessed with hundreds of dear friends and community partners who work with us every day to improve the health of all Arizonans, and especially those in need. Nothing works if we don't stay connected to each other. That is the single, most important thing we've learned in our first decade as a public foundation.

Ours is a journey of conversion and learning:

- In the first phase of converting from the St. Luke's Health System to St. Luke's Charitable Health Trust, we learned about community grantmaking and the value of being grounded in practice and partnerships.
- In the second phase of converting from St. Luke's Charitable Health Trust to St. Luke's Health Initiatives (SLHI), we created *Arizona Health Futures* and learned how to better respond to a growing need for public education and advocacy to address critical health issues.
- In the third phase of converting from a focus on needs and deficiencies to a strength-based model of assets and resilience, we are beginning to learn how to more effectively promote the development of healthy communities in a *New Key* (see page 19).
- With any luck, the journey will never end. On the occasion of our tenth anniversary we are pleased to tell the SLHI story. We remain accountable to the communities we serve, and we will stay deeply connected.



Robert A. Applewhite
Chair



Roger A. Hughes
Executive Director



whether the glass is half-empty or half-full depends on
whether you are drinking or pouring. We all need to be
about you

CONVERSION ONE
1995

CONVERSION TWO
2000

CONVERSION THREE
2005

HOSPITAL TO
FOUNDATION

Grantmaking

Practice

Connectivity



SLCHT
TO SLHI

Arizona Health
Futures

Discovery

Adaptability

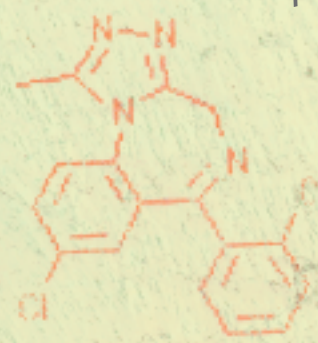


HEALTH IN
A NEW KEY

Community
Development

Clarity

Learning



people and organization
maximum community in





WHAT IS A HEALTH CONVERSION FOUNDATION?

As a result of the changing dynamics of delivering health care in an increasingly competitive market environment, a number of traditional nonprofit hospitals, health facilities and health plans have chosen to sell their assets to a for-profit company or another nonprofit organization and use the net proceeds to endow a new or existing foundation. There are many different models and approaches, but generally they are all referred to as *health conversion foundations*.

Today, there are more than 170 health conversion foundations in the U.S., with assets totaling \$18.3 billion. St. Luke's Health Initiatives (SLHI) is one of these.

SLHI has been an Arizona nonprofit corporation since 1907, when The Right Reverend J. W. Atwood, Bishop of the Episcopal Diocese of Arizona, founded "St. Luke's Home,"

a tuberculosis sanitarium made up of second-hand tenant houses that sheltered twenty patients and a tiny administration building. Most of the doctors were volunteers, and the businessmen who offered their financial support and business expertise became the first Board of Trustees. The hospital grew and prospered in Arizona for the next 87 years, at which point the Board of Trustees took a hard look at the economics of the health care industry and decided that the best course of action for the future of both their medical facilities and the communities they served was to sell the assets to a for-profit corporation and endow a public foundation to continue the core mission of improving the health of Arizonans and their communities.

In February, 1995, the sale to a for-profit corporation was completed. The trustees set out to continue their journey as St. Luke's Charitable Health Trust.

ABOVE: THE ST. LUKE'S "TENTS" FOR TUBERCULOSIS PATIENTS, CIRCA 1907.



CONVERSION I ➔ 1995 – 2000

HOSPITAL TO FOUNDATION

Grantmaking Practice Connectivity

“ONLY CONNECT.” E.M. FORSTER

St. Luke’s Charitable Health Trust began in the traditional way in early 1996 by conducting a community needs assessment. The Board asked a variety of people and organizations for advice on how to invest their resources for maximum community impact. Suggestions on areas of focus and grantmaking strategies varied widely, but literally everyone stressed three central principles:

- Listen
- Be relentless in fostering community connections
- Help people to help themselves

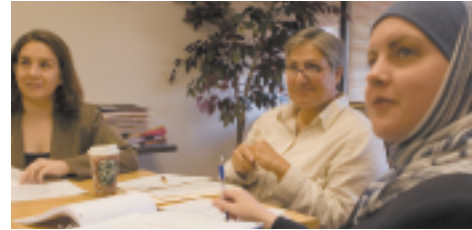
The Board decided that the best way to incorporate these principles into practice was to establish a *responsive* community grants program with general guidelines and encourage nonprofit organizations to apply. Rather than mounting specific program initiatives around areas of interest to themselves, the trustees concluded that the wiser course to follow, at least initially, was to *listen* to communities through the grant application process and *learn* from them how to more effectively promote community health.

The word got out, and grant requests started to come in. The Board began to assemble a staff who were knowledgeable about various health issues and had extensive community connections. More importantly, they encouraged staff to *get out* into the community and *discover* opportunities for leveraging the Trust’s assets.

That’s when things started to change.



PARTICIPANTS AND THEIR CONSULTANT SHARE IDEAS AND EXPERIENCES AT A TAP TRAINING SESSION.



“TAP provides an outstanding forum for motivated nonprofits to acquire basic tools for success. We’ve funded several projects that got their start in TAP.”

LOIS SAVAGE, THE LODESTAR FOUNDATION

TAP – TECHNICAL ASSISTANCE PARTNERSHIP

In 1997 two enterprising nonprofit consultants came to St. Luke’s Charitable Health Trust with an innovative idea: create and support coalitions of small and midsize nonprofit agencies to develop the skills and resources to increase organizational and community capacity to address health and social issues.

This was the beginning of the *Technical Assistance Partnership*, or *TAP*. Eight years later, TAP is still going strong, and has been nationally recognized as a model collaborative capacity building program.

Teams of three to ten organizations commit to working together in a self-initiated, self-selecting and self-sustaining process to identify and implement solutions for common organizational, technical and program development issues. Teams are matched with consultants who help them collaboratively work through the challenges. To date, 421 organizations have participated in TAP, with 56 of those agencies participating more than once.

- TEAM: 18 small community-based nonprofits.
SUCCESS: Learned how to create, maintain and enhance a web site.
- TEAM: 7 domestic violence shelters.
SUCCESS: Developed a common database with reporting functions that allow them to monitor bed availability throughout the system.
- TEAM: 6 organizations with an interest in promoting organ donation for health and research.
SUCCESS: Designed a plan for an electronic statewide donor intent registry.

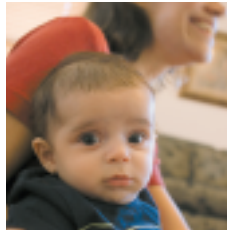


WHAT WE LEARNED

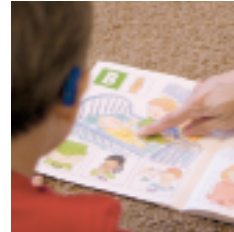
It’s not about money. It’s about *bringing people together* and giving them some basic tools to *help them help themselves*. People are hungry for connection, communication and information. Resources flow from this.

TECHNICAL ASSISTANCE PARTNERSHIP

Funding 1997-2005 ➔ \$400,000



THESE CHILDREN AND THEIR PARENTS HAVE BEEN PART OF THE HEAR FOR KIDS PROGRAM SINCE BIRTH.



HEAR FOR KIDS

A HEALTH SYSTEM SUCCESS STORY

Today, newborn hearing screening is available to more than 98 percent of all babies born in Arizona hospitals. That wasn't the case in 1997, when the EAR Foundation of Arizona came to St. Luke's Charitable Health Trust with some ideas on how to address the issue. Through a series of meetings with Trust staff and other interested parties, the *HEAR For Kids* project began to emerge.

Eight years later, with the help of a dedicated partnership of stakeholder organizations and the voluntary participation of Arizona hospitals, a system is in place throughout the state to screen newborns for hearing loss and follow up to address the needs of infants and their families. In addition to providing the initial funding for technical assistance and system design, SLHI continues to support the *HEAR For Kids* program by partnering with the EAR Foundation to fund "loaner" hearing aids for infants until permanent ones can be fit, as well as funding the purchase of permanent aids for infants in low income, uninsured families.

To date, more than 1,400 children have been identified with a hearing loss, and approximately 250 take advantage of early intervention services in any given year. This is three times the number in 1997. The system works – and it's voluntary. More importantly, these children have the opportunity to develop normally and reach their potential. It's a beautiful thing to hear!



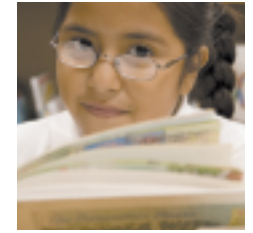
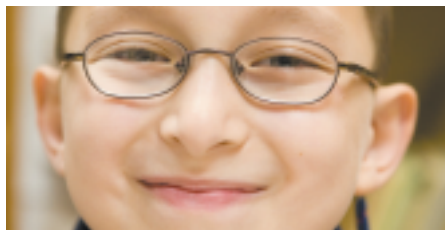
WHAT WE LEARNED

Not everything has to be mandated or written into a piece of legislation. People of enormous goodwill, energy and dedication abound. It's possible to change large and complex systems of care voluntarily. The key is being focused, flexible and persistent.

HEAR FOR KIDS

Funding for Core System Development, 1998-2000 ➔ \$651,400

Funding for Ongoing Medical Assistance ➔ \$1,062,212



OUR COMMUNITY PARTNERS

ALHAMBRA SCHOOL DISTRICT • AREA AGENCY ON AGING • ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED • ARIZONA FOUNDATION FOR WOMEN • ARIZONA STATE SCHOOL FOR THE DEAF AND BLIND • ASU COMMUNITY HEALTH SERVICES • BOYS & GIRLS CLUB OF METROPOLITAN PHOENIX • CLINICA ADELANTE • COMMUNITY HEARING AID PROGRAM • EAR FOUNDATION OF ARIZONA • FOUNDATION FOR BLIND CHILDREN • GOMPERS CENTER FOR THE HANDICAPPED • JOHN C. LINCOLN DENTAL CLINIC • MARICOPA PEDIATRIC FOUNDATION • MESA SENIOR SERVICES • MISSION OF MERCY • MOUNTAIN PARK HEALTH CENTER • NEW FOUNDATION • PEDIATRIC FOUNDATION OF ARIZONA • PELMS HOUSE/NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE • PHOENIX MEMORIAL HOSPITAL FOUNDATION • PHOENIX UNION HIGH SCHOOL • SOCIETY OF ST. VINCENT DE PAUL • TERROS

MEDICAL ASSISTANCE

In the conversion of the St. Luke's Hospital System to a public foundation, a number of funds from the St. Luke's Foundation — the fundraising arm of the nonprofit St. Luke's Hospital System — were transferred to St. Luke's Charitable Health Trust. For the most part, these were funds restricted to the provision of medical services for those in need or for a particular program area such as heart disease, vision and hearing.

These funds continue to be used for the purpose specified by the donor. Together with monies from the general unrestricted fund, they constitute a broad-based medical assistance program for individuals who need specific medical services and devices but are often unable to pay for them. The funds are distributed through a network of community nonprofit health providers and agencies. They represent SLHI's core *charity care* program.



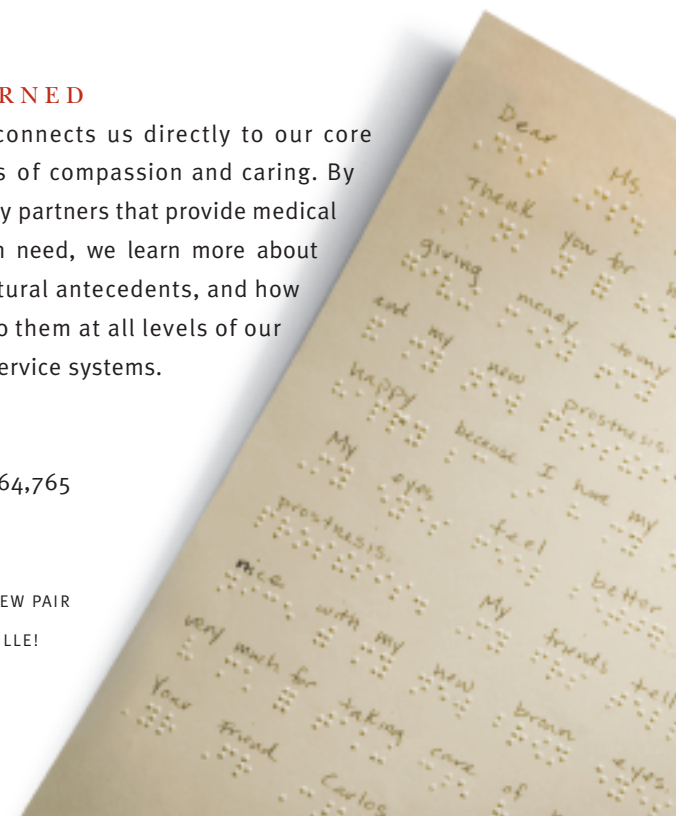
WHAT WE LEARNED

Medical assistance connects us directly to our core organizational values of compassion and caring. By supporting community partners that provide medical services to persons in need, we learn more about those needs, their social and cultural antecedents, and how we can more effectively respond to them at all levels of our community's health and social service systems.

MEDICAL ASSISTANCE

Total Funding 1996-2005 ➔ \$4,664,765

UPPER LEFT: PATIENTS AT THE ST. VINCENT DE PAUL VIRGINIA G. PIPER DENTAL CLINIC GET THE CRITICAL DENTAL CARE THEY NEED. UPPER RIGHT: A NEW PAIR OF GLASSES IMPROVES SIGHT AND LEARNING FOR CHILDREN IN THE ALHAMBRA SCHOOL DISTRICT. RIGHT: AN SLHI THANK YOU LETTER – IN BRAILLE!





LEFT TO RIGHT: STEVE LEE ACCEPTS HIS AWARD AT THE 2004 HON KACHINA VOLUNTEER RECOGNITION EVENT. BOARD OF VISITORS' MEMBERS SHAN FRANCIS AND ANN RATHWELL, WITH CHILDREN AT HOMEWARD BOUND, A BOARD OF VISITORS GRANT RECIPIENT. REVELERS AT THE 2005 GOVERNOR'S BALL LIVE IT UP — AND RAISE MONEY FOR A GOOD CAUSE.



AFFILIATE ORGANIZATIONS

Three core groups of committed community volunteers raised funds and public awareness for the former St. Luke's Health System. Unlike many other conversion foundations, which eventually severed ties with their volunteer support organizations after they sold their medical facilities, these affiliate organizations remain a vital and important part of the SLHI family, and continue to actively address significant community health issues through their fund-raising and public education activities. SLHI is proud to actively support their work.

THE BOARD OF VISITORS

Founded in 1908, four years before Arizona became a state, The Board of Visitors is the oldest charitable organization in Arizona. Beginning as a volunteer organization of women who visited patients at the first "St. Luke's Home" for tuberculosis patients, the organization grew and prospered along with the hospital system, to which it donated over \$6 million through its 87-year affiliation. When the hospital was sold in 1995, The Board of Visitors became an independent organization.

Sponsors of Arizona's oldest charity ball and other community events, this group of 50 active members and 130 associate members has distributed in excess of \$250,000 annually since 1995 to community nonprofits in support of health-related needs of women, children and the elderly.

THE HON KACHINA COUNCIL

In 1970 the Luke's Men was formed as a men's membership organization to support the St. Luke's Health System. Several years later in 1977, the organization initiated the Hon Kachina Volunteer Awards to honor people making significant contributions to the health

care field. Since then, the *Hon* — or "healing" Kachina — has been awarded to hundreds of volunteers from all sectors who have made extraordinary contributions in their communities.

In 2002 the organization changed its name to the Hon Kachina Council and began to admit women as members. Today, this vital organization of over 40 active members pursues its mission of recognizing and promoting volunteerism in Arizona through the annual Hon Kachina Volunteer Awards program. Over its 28-year history, this has come to be regarded as the most prestigious volunteer recognition event in Arizona.

THE GOVERNORS

The Governors is a nonprofit, volunteer organization originally established in 1984 by Tempe St. Luke's Hospital to help raise funds for the expansion of its facilities. Initially called The Tempe St. Luke's Governors, it was renamed The Tempe Governors in 1997 shortly after the hospital converted to for-profit status.

In early 2004, the membership reconfirmed their mission of supporting agencies that seek to improve community health. They increased their service area to better accommodate the Valley's expanding population and shortened their name to *The Governors*. They continue to sponsor the annual Governor's Ball — the "best party in the Valley" — to raise money for selected area nonprofit agencies and programs.

SLHI AFFILIATES

Funding 1996-2005 ➔ \$1,481,908

(INCLUDES DIRECT SUPPORT, MATCHING GRANTS FOR SELECTED AFFILIATE GRANTEEES AND DISTRIBUTIONS FROM AFFILIATE DONOR-ADVISED FUNDS)



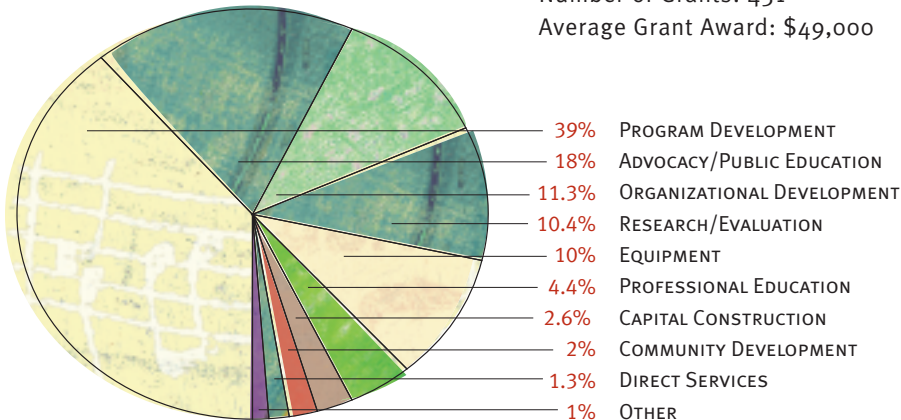
CLIENTS AT THE ARIZONA REFUGEE COMMUNITY CENTER BENEFIT FROM SLHI COMMUNITY PARTNERSHIPS.

COMMUNITY GRANTS

SLHI has invested over \$21 million in community grants through the beginning of a formal grants program in FY 1997 through FY 2005. This includes only grants made to community nonprofit organizations through an open proposal process. It does not include SLHI's Bridge (small grants) program, medical assistance, Arizona Health Futures and other SLHI-initiated projects, or support for affiliate organizations.

COMMUNITY GRANTS FY 1997 – FY 2005

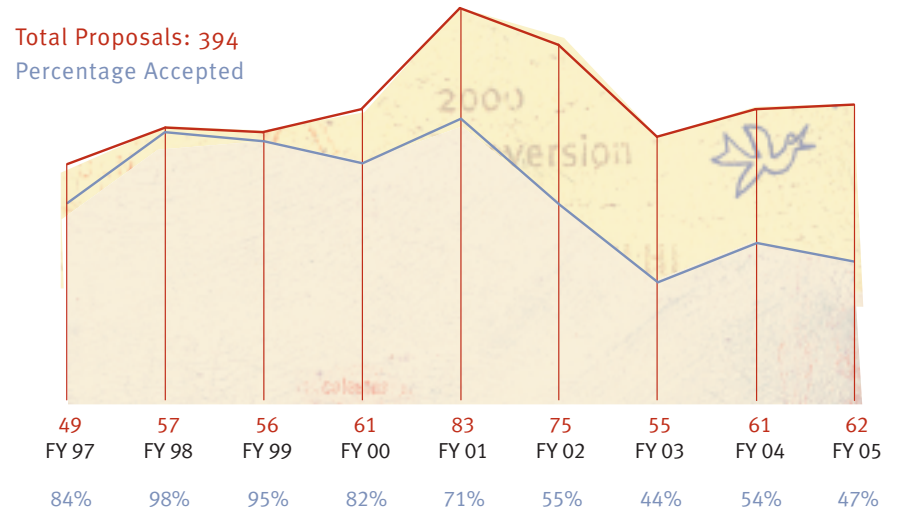
Total Dollars: \$21,784,571
Number of Grants: 431
Average Grant Award: \$49,000



TREND: THE ENTIRE AMOUNT AWARDED IN COMMUNITY DEVELOPMENT OCCURRED IN THE FY 05 YEAR. THIS WILL BE AN INCREASING FOCUS FOR COMMUNITY GRANTS IN THE FUTURE.

PROPOSALS SUBMITTED FY 1997 – FY 2005

Total Proposals: 394
Percentage Accepted



TREND: PROPOSALS SUBMITTED REACH THEIR PEAK IN FY 01 AND FY 02 AND BEGAN TO DECLINE AS SLHI SHIFTED PART OF ITS RESOURCES AND ATTENTION TO ARIZONA HEALTH FUTURES PROJECTS.

TREND: PROPOSAL ACCEPTANCE RATES HAVE DECLINED IN DIRECT PROPORTION TO A SHIFT TO SLHI-DIRECTED PROJECTS AND A DECLINING/STATIC ENDOWMENT SINCE ITS PEAK IN FY 2000.

BRIDGE GRANTS

Bridge Grants began in 1997 as a small grants program (\$10,000 and less) focused on smaller nonprofits and emerging issues, where a modest amount of funds might serve as a “bridge” to greater organizational and community impact. Bridge grants were discontinued in 2004, as more resources were directed to SLHI's highly successful TAP program and emerging community development activities.

Total Funding 1997-2004 ➔ \$1,416,000

Number of Grants ➔ 200

Average Grant Amount ➔ \$7,078



CONVERSION II ➔ 2000 – 2005

SLCHT TO SLHI

ARIZONA HEALTH FUTURES

Discovery
Adaptability

BRANDED!

In our initial years of operating as a public foundation, the trustees were frustrated by people continuing to associate the foundation with the St. Luke's Medical Center. This led to the emotional minefield of dropping the St. Luke's name and finding another name. An astute board member pointed out that this was really a *perceptual management* issue, and what we needed to do was to undertake a *branding exercise*.

To everyone's surprise, this turned out to be a move that literally transformed — and is still transforming — how we think about our work and future direction.

WHAT WE LEARNED



- Grants are one means, but not the ends, of our work. Fundamentally, we aren't in the grantmaking business. We're in the *relationship business*.
- Our greatest asset is not our endowment, but our people. We can't always come up with money, but we can come up with connections, ideas, energy and a willingness to work with almost anyone to improve community health.
- Our desired "brand" is rooted in community partnerships, creativity and excellence in service and communication.

So it was that we became St. Luke's Health Initiatives — SLHI. It turned out that the branding process wasn't about changing the name but about establishing a crystal clear perception of ourselves, what we wanted to do, and how we wanted to convey that perception to others.

ARIZONA HEALTH FUTURES

Arizona Health Futures is SLHI's health policy and public education arm. Its purpose is to conduct relevant and timely research; provide balanced, nonpartisan information and perspectives on health issues in Arizona; serve as a convener and forum for the critical discussion of those issues in an independent setting; and translate good ideas into action through the support of community-based initiatives.

The genesis of *Arizona Health Futures* illustrates the importance of discovery and adaptability in any learning organization.

In one of our early newsletters on community grants, we featured a small section on school-based health centers. To our surprise, a number of people requested additional copies and remarked on how useful it was in terms of presenting concise information on an important component of the health safety net and outlining key policy issues the state ought to consider.

"What are you going to do next?" more than a few people asked.

It began to dawn on us that there was a need for high quality, independent information and analysis on key health policy choices in Arizona. We saw an opportunity and gradually began to produce issue briefs and reports on emerging health issues related to our mission.

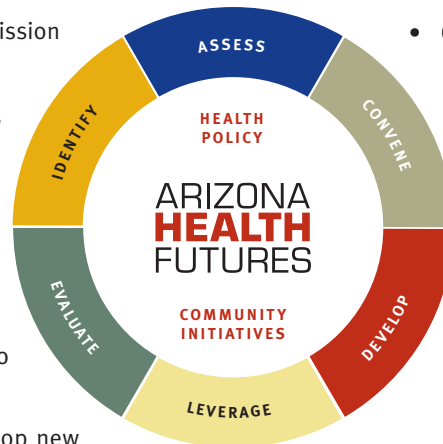
This led to the conscious decision to create *Arizona Health Futures* in 2000 and earmark a significant portion of our resources to health policy research and analysis, public education and advocacy activities, and an agenda for translating research into action through targeted community initiatives directed at health system improvement.



THE PUBLIC POLICY WHEEL

In Arizona Health Futures we:

- IDENTIFY current and emerging health issues related to our mission where SLHI can conceivably make a difference.
- ASSESS what we know and don't know about the issues, research and analyze gaps in our collective knowledge and suggest strategies for action.
- CONVENE others who know something about the issues, have a stake in them and are potential partners to address them.
- DEVELOP action initiatives and community projects to address the issues in partnership with others.
- LEVERAGE existing human and financial resources to develop new opportunities and promote constructive change.
- EVALUATE the results of our actions to determine what's working, what isn't and how to move forward more effectively.



Evaluation, Communication and Dissemination occur at every step of the process!

ARIZONA HEALTH FUTURES 2000-2005

- Over fifty published research reports, issue briefs and policy primers
- Hundreds of formal and informal community meetings, conferences and workshops
- Program initiatives in mental health, aging, oral health, access to care and data integration

AHF/SLHI-DIRECTED PROGRAMS

Total Funding ➔ \$11,004,640



MESSAGE AND ADVOCACY TRAINING

SLHI CONVENED SEGMENTS OF THE HEALTH PROVIDER AND ADVOCACY COMMUNITY FOR A SERIES OF WORKSHOPS ON HOW TO FRAME MESSAGES FOR GREATEST IMPACT ON INCREASING HEALTH CARE COVERAGE AND ACCESS. STAFF FROM THE FRAMEWORKS INSTITUTE, A NATIONAL NON-PROFIT ORGANIZATION WITH EXPERTISE IN *STRATEGIC FRAME ANALYSIS*, PROVIDED HELPFUL TECHNIQUES AND EXAMPLES OF HOW LOCAL ORGANIZATIONS CAN INCREASE THE EFFECTIVENESS OF THEIR COMMUNICATION CAMPAIGNS AND FOSTER BETTER PUBLIC DISCOURSE ABOUT HEALTH AND SOCIAL PROBLEMS AND OPPORTUNITIES. THESE POPULAR AND EFFECTIVE WORKSHOPS CONTINUE IN 2005-2006.

ARIZONA CAN — COVERAGE AND ACCESS NOW

FRAMING THE MESSAGE

Arizona CAN — Coverage and Access Now — is a public education and advocacy effort to increase health insurance coverage and access to affordable, high quality care for all Arizonans.

STRATEGIES

- Conduct research and analysis on issues of health access, quality and cost.
- Tap into public opinion to gauge support for various alternatives to addressing these issues through health system change.
- Initiate and support community partnerships to increase health insurance coverage and access to care.

SLHI initiated *Arizona CAN* in 2003-2004 by modeling four distinct approaches to increase health insurance coverage in the state and testing citizens' understanding of, and receptivity to, these models. We learned that while Arizonans were open to reform, we needed to fundamentally *reframe* our messages from a focus on the uninsured alone to more situation-, prevention- and community health-focused approaches if we wanted to enlist public support and involvement.

Arizona CAN continues in 2005-2006 with a more concentrated focus on the desired characteristics of a basic health benefit package available to all — the *what* of coverage — and how it ought to be optimally structured for maximum buy-in and support.

WHAT WE'RE LEARNING



Effective message framing is easier said than done in a culture dominated by the *consumer logic* model, where people are consumers first and citizens second. We continue to appreciate the importance of old fashioned technical assistance, training and grassroots advocacy when it comes to building support for better ways to increase health insurance coverage and access to care. These core strategies remain central to both our *Arizona Health Futures* and community development work.

ARIZONA CAN

Total Funding 2003-2005 ➔ \$663,000



TRANSLATING INFORMATION INTO PRACTICE

Information. Accurate, timely, relevant information on population health and health system access, quality and cost. Without it, we're flying blind.

Arizona HealthQuery (AzHQ) is an ambitious — and voluntary — project to develop an integrated community health data system that houses essential health information for all Arizona residents with complete confidentiality and privacy. It is designed to be a comprehensive community resource — a tool — for assessing the health care needs of the state and informing solutions to a wide range of population health and health system issues.

SLHI is the principal convener and funder of AzHQ in this early state of its development. The design and implementation of the data system itself are under the direction of the Health and Disability Research Group in the School of Health Management and Policy at ASU's W.P. Carey School of Business. Voluntary data partners include Arizona hospitals and outpatient clinics, AHCCCS (the state's Medicaid program), the Arizona Department of Health Services, community health centers, various health clinics and others. To date, the data system contains over five million records.

AzHQ is a powerful and far-reaching tool. With it, we can:

- Accurately assess health insurance coverage and simulate the effects of changes in public and private insurance on the demand for care.

- Provide comprehensive community health assessments (incidence of disease, access to care, etc.)
- Identify best practices in health care and inform health quality studies.
- Signal changes in the patient population and predict consequent changes in need for, and cost of, care.
- Provide benchmarking/forecasting opportunities for data partners.

That's just for starters. It's no exaggeration to say that we can't begin to imagine all the ways in which a comprehensive and integrated database of this type could be used to help improve health and health care in Arizona.



WHAT WE'RE LEARNING

Information wants to be free, but people invariably interpret that freedom in the context of their own interests and needs. We're relearning the importance of *building trust* between parties with often divergent agendas by bringing them to a common table for an open and frank discussion of the issues, and by moving forward deliberately — and patiently.

ARIZONA HEALTHQUERY

Total Funding FY 2003-2005 ➔ \$857,168



CHILDREN AT THE FAMILY INVOLVEMENT CENTER HAVE FUN WHILE THEIR PARENTS SHARE EXPERIENCES AND LEARN FROM EACH OTHER.



FAMILY INVOLVEMENT CENTER

TIMING, ADAPTABILITY AND LEARNING

Following publication of SLHI's *Into The Light* report in 1999, which presented an analysis of Arizona's public mental health system and strategies for implementing changes to improve care, we focused our mental health efforts over the next five years on core support of public education and advocacy for system change, as well as collaborating with private and public stakeholder groups on specific system-focused projects.

One of these was identifying ways to improve services for children with significant emotional and behavioral disorders — an issue of contention between families of these children, public agencies and providers, and the courts. SLHI staff spent considerable time working with various individuals and groups on this issue and facilitating dialogue between fragmented and divergent interests to build a solid base of mutual trust and cooperation.

The timing was propitious. One of the goals was to significantly increase the ongoing involvement of family members in their child's care within the system. The state of Arizona drafted family involvement principles and goals, and others identified SLHI as a temporary and politically neutral organization to host the start-up phase. We realized this wasn't something that could be done with one "neat and tidy" one-year grant, so

the Board committed to supporting the development of a Family Involvement Center in Maricopa County for a three-year period.

Four years later, the transition to an independent agency is complete. The Family Involvement Center is operating on significant contracts from Maricopa County's Regional Behavioral Health Provider to provide training not only to family members of children in the system, but also to mental health providers and agency representatives on ways to integrate families into their common work. The result is healthier children, engaged families and a more responsive behavioral health system.



WHAT WE LEARNED

We learned that the traditional assessment and planning-focused program model didn't work for us. We learned to be open to surprises as they developed, and to quickly adapt to opportunities on the "street" of daily practice. This has become part of SLHI's organizational culture.

FAMILY INVOLVEMENT CENTER

Total Funding 2002-2004 ➔ \$150,000



WALKERS FROM THE GREATER BETHEL AME CHURCH ENJOY FELLOWSHIP AS THEY GET PHYSICALLY FIT.



HEART AND SOUL

A COALITION FOR COMMUNITY HEALTH

African-Americans die from cardiovascular disease at one-and-a-half times the rate of Anglo-Americans. In Phoenix, SLHI helped to bring together a coalition of the African-American Faith Partnership, the Black Nurses Association and, more recently, the Tanner Community Development Corporation and other local churches to do something about it.

The result is *Heart and Soul*, a health promotion program focused on reducing the incidence of heart disease among African-Americans through church outreach and education activities. At the heart of the program are the liaisons — lay health advisers — within the churches who teach members of their congregation how to prevent and control risk factors associated with cardiovascular disease.

The work began in 2003 with six participating churches. The Black Nurses Association provided training for the liaisons, health information was included in church newsletters and bulletins, and blood pressure screenings were implemented. Soon the churches were sponsoring other activities such as health fairs and needs assessments. Over 4,000 people were reached in the first year alone.

In 2004 an additional seven churches were added, and coalition members initiated *Walking in the Spirit* — a walking exercise program for congregants. *Heart and Soul*

continues to develop new partnerships: one with the Arizona Department of Health Services to implement a tobacco prevention effort targeted to the African-American community, and another with the American Heart Association for blood pressure education through local barber and beauty shops.

Future plans include the development of a farmer’s market to increase the availability of fresh produce in low income neighborhoods and a physical activity program targeting youth.



WHAT WE LEARNED

Inviting people to a common table is one thing — keeping them there is another. Issues concerning personalities, power and ownership crop up just as frequently in the pursuit of a “good cause” as they do in the world of everyday business and politics. We’ve learned that in building coalitions, as in life generally, it takes time and patience to develop the relationships that sustain our common purpose.

HEART AND SOUL

Total Funding 2003-2005 ➔ \$205,000



CONVERSION III → 2005 AND BEYOND

HEALTH IN A NEW KEY

Community Development Clarity Learning

FROM RISK TO RESILIENCE

In 2003, some of us at SLHI had an epiphany: There was a disconnect between our talk and our walk — the way we *described* our work and the way we actually *worked*. We were wrapped up in a language and culture of deficits, risk and needs, but the community engagement strategies we tried to employ — and the ones that proved to have the greatest impact — were focused first on tapping into existing strengths and assets.

This led to an exploration of the concepts and techniques of strength-based community development and resilience, which culminated in the Arizona Health Futures issues brief, *Resilience: Health in a New Key*. We began to experience a paradigm shift: Instead of starting with what was missing, we needed to start with what was already there — the strengths and assets that communities have to bounce back from adversity and thrive in a world of turmoil and change.

As SLHI moves forward into its second decade, we commit ourselves to exploring ways to identify, encourage and leverage our collective strengths and opportunities to develop healthier communities *in a new key*.

RESILIENCE

The capacity to recover from, and adapt to, life's difficulties. A kind of individual and community buoyancy — to stay afloat in a sea of misfortune and change. A kind of elasticity — the ability to snap back after being bent and stretched.

Community resilience is related to:

- The magnitude of shock a system can absorb and remain within a given state.
- The degree to which the system is capable of self-organization.
- The degree to which the system can build capacity for learning and adaptation.

Components of resilient communities:

- DIVERSITY — of species, functions, response, opportunity and economic conditions, all of which maintain and encourage adaptation and learning.
- REDUNDANCY — in the sense of overlapping types, functions and institutions that diffuse disturbances. Resilient communities self-organize and adapt over time.
- FEEDBACK LOOPS — robust and stable connectivity, both in a biological and social sense, that allows us to monitor and adapt to change.



WHAT WE'RE LEARNING

For SLHI, clarity emerges from practice, rather than practice emerging from clarity. Areas of focus and the strategies to achieve our mission have consistently emerged from the day-to-day practice of establishing community connections in often unexpected — and even transforming — ways.

things started to change.



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HEALTHY A NEW KEY



community
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learning



“Whether the glass is half-empty or half-full depends on whether you are drinking or pouring.”

Health in a New Key is a five-year, \$5 million program initiative sponsored by St. Luke’s Health Initiatives in celebration of our 10th Anniversary as a public foundation dedicated to improving the health of all Arizonans, with an emphasis on helping people in need and building the capacity of communities to help themselves.

GOALS

- To invest in strength-based community development and capacity building, and to demonstrate its power to improve practice and outcomes in community health.
- To reinforce, support and extend a culture of proactive community health and resilience in Arizona.

OUTCOMES

- Improved community health and well-being.
- Increased levels of civic participation.
- Stronger and more pervasive formal/informal community networks focused on improving health outcomes.
- More robust community service and support systems.
- Strong community leadership and engagement at all levels. A greater sense of optimism in a proactive approach to community development and planning.

THE STANDARD KEY

HEALTH: Proceeds through diagnosis and treatment based on science, evidence and best practices. Illness, pathology, needs and deficiencies are identified. Treatment and services are provided. Patients and communities are “restored” to health.

A NEW KEY

HEALTH: The harmonious integration of mind, body and spirit within a responsive community. Diagnosis and treatment, yes, but the focus shifts to strengths and assets first, not just deficits.

Health is not either-or. It’s both.

STANDARD KEY	A NEW KEY
Risk ◀	▶ Resilience
Problems ◀	▶ Opportunities
Deficits and Needs ◀	▶ Strengths and Assets
Diagnosis and Treatment ◀	▶ Prevention and Wellness
Medicine ◀	▶ Public Health
Individual ◀	▶ Community
Drill Down ◀	▶ Connect Across
Fix It ◀	▶ Adapt to It
Centralization ◀	▶ Decentralization



TEN RULES OF THE ROAD

We all need to be about the business of building more resilient, healthy and thriving communities. Here are ten “rules of the road” collected from fellow travelers:

1 Building resilient communities takes more than the usual three-or five-year initiatives. Be prepared for a long-term commitment.

2 Resilience grows through the support and extension of natural caring relationships. Nurture these wherever possible.

3 Resilience starts with strengthening the natural helping institutions in neighborhoods and other geographical settings. Build bottom-up.

4 Be a coach and an ally, not an expert.

5 Social change requires confrontation as well as collaboration. Don't be afraid to invest in organizing.

6 Power responds to pressure. Be an advocate.

7 You can't motivate others by focusing first on what they lack. Start with strengths, with assets.

8 Build social support through peer-to-peer learning networks.

9 Don't be a control junkie. Community resilience arises from self-organization, active learning, surprise and adaptation. Self-control arises from mastery. Develop that first.

10 Disappear into leadership. Encourage the light in others. The world will roll at your feet.

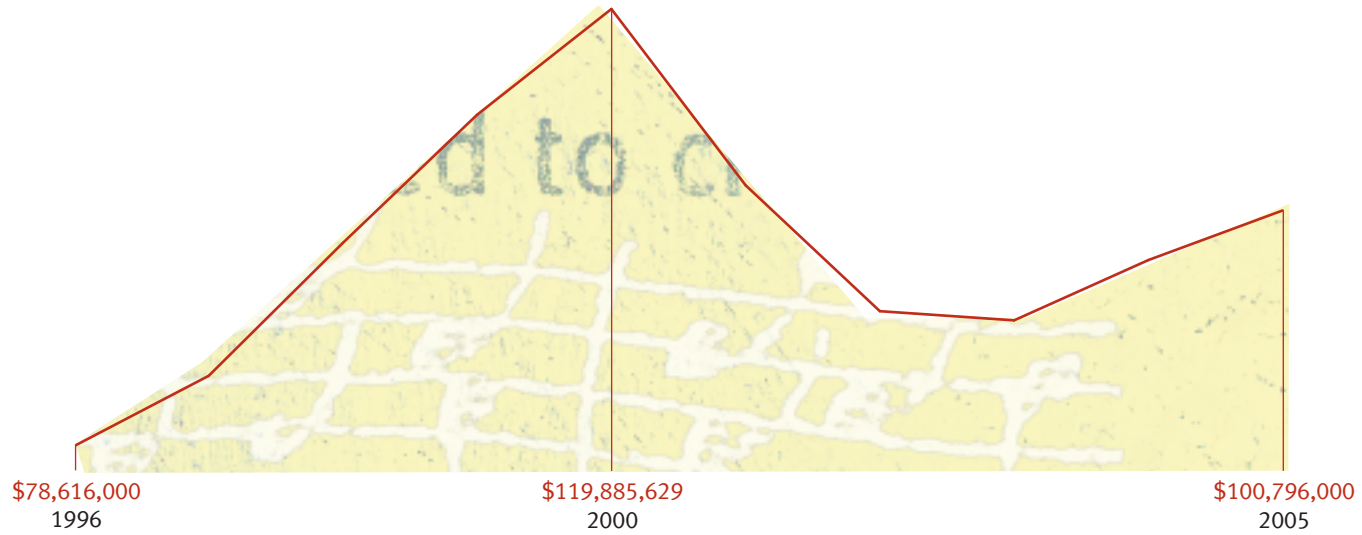
STATEMENT OF FINANCIAL POSITION
JUNE 30

	1996*	2005
ASSETS		
Cash and Investments	\$78,616,000	\$100,887,000
Other Assets	765,000	114,000
TOTAL ASSETS	\$79,381,000	\$101,001,000
LIABILITIES		
Payables and Other Liabilities	\$2,601,000	\$928,000
Grants Payable	-	702,000
TOTAL LIABILITIES	\$2,601,000	\$1,630,000
TOTAL NET ASSETS	\$76,780,000	\$99,371,000
TOTAL LIABILITIES AND NET ASSETS	\$79,381,000	\$101,001,000



* ALTHOUGH THE SALE OF THE ST. LUKE'S HEALTH SYSTEM WAS COMPLETED IN FEBRUARY 1995, THE GRANTMAKING PROGRAM DIDN'T OFFICIALLY GET UNDERWAY UNTIL JULY 1996. IN THE FIRST YEAR FOLLOWING THE SALE, THE BOARD OF TRUSTEES ADDRESSED A NUMBER OF FINANCIAL AND ADMINISTRATIVE ISSUES STILL OUTSTANDING, HIRED A CEO TO SET UP OPERATIONS OF THE RESULTING PUBLIC FOUNDATION, CONDUCTED A COMMUNITY NEEDS ASSESSMENT AND COMPLETED AN INITIAL STRATEGIC PLAN.

ENDOWMENT PERFORMANCE AND RESOURCE ALLOCATION



\$23,200,571
COMMUNITY
GRANTS

\$11,004,640
SLHI
PROGRAMS

\$4,664,765
MEDICAL
ASSISTANCE

\$1,481,908
AFFILIATES

\$5,401,346
ADMINISTRATIVE
EXPENSES

\$3,061,547
INVESTMENT
EXPENSES



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WE MOVED!

SLHI staff stand outside the new office location just north of the Phoenix downtown area in the Phoenix Plaza. Come see us!

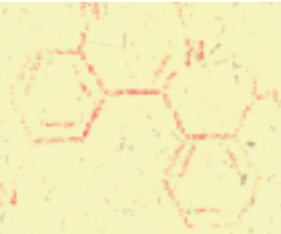
SLHI STAFF

Roger A. Hughes, Ph.D., *Executive Director*
 Jane Pearson, RN, BSN, *Associate Director, Programs*
 Elizabeth Hernandez McNamee, MPH, FACHE,
Associate Director, Community Development
 Jill Jamison Rissi, RN, MPA, *Associate Director, Research & Policy*
 Roy Pringle, MBA, *Associate Director, Finance & Administration*
 Doretta Leake, *Program Associate*
 Inese Santaromita, *Office Administrator*
 Stephanie Gallegos, *Program Associate*

SLHI STAFF FROM LEFT TO RIGHT: INESE SANTAROMITA, JILL JAMISON RISSI (SEATED), ELIZABETH HERNANDEZ MCNAMEE, DORETTA LEAKE, ROY PRINGLE, JANE PEARSON, ROGER A. HUGHES, STEPHANIE GALLEGOS.

1995
Conversion

SLHT



2000
Conversion



2005
Conversion

Hospital to foundation

SLHT to SLHI

Health Initiatives



St. Luke's Health Initiatives

A Catalyst for Community Health

2929 N CENTRAL AVE SUITE 1550 PHOENIX ARIZONA 85012

WWW.SLHI.ORG

INFO@SLHI.ORG

602.385.6500

602.385.6510 FAX