

CANYONRANCH *Institute*™

THE POWER & POSSIBILITY OF A HEALTHY WORLD



# Five-Year Strategic Plan 2008 to 2013

*For Approval By:*

**Canyon Ranch Institute Board of Directors**

*Submitted:*

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## Section One: Overview of Canyon Ranch Institute

### 1. Health and Wellness Issues of Our Time

Millions of people worldwide suffer and die from preventable diseases every year. In 2005, 35 million people died from chronic diseases, many of which were preventable. In fact, chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases, and diabetes, are the leading cause of mortality in the world and are the cause of 60 percent of all deaths each year.<sup>1</sup>

In the United States, chronic diseases account for more than 75 percent of the approximately \$2 trillion Americans spend each year on health care.<sup>2</sup> The United States spends more money on health care than any other nation, yet ranks 42<sup>nd</sup> in life expectancy, down from 11<sup>th</sup> just two decades ago.<sup>3</sup> While substantial progress has been made in the development of new medical technologies, the chronic disease burden continues to rise in part because of preventable risk factors such as obesity and exposure to tobacco smoke.

Chronic diseases are prevalent among all populations across the United States. However, underserved communities and racial and ethnic minorities are disproportionately impacted by these diseases and have higher disability and mortality rates and lower life expectancies when compared to other Americans.

All across the world, the growth in the disease burden of chronic disease accelerates the loss of human life, decreases productivity, and increases economic costs to families and nations. The trajectory of these burdens is both unsustainable and preventable. In order to curb the rise in chronic diseases, a cultural transformation is needed to move from a treatment-oriented society to one that promotes disease prevention and the achievement of optimal health and wellness.

Specific factors that contribute to the burden of chronic disease include:

**Obesity:** About two-thirds of adults in the United States are overweight (more than 120 million people), and almost one-third are obese (more than 60 million people).<sup>4</sup> Carrying extra weight increases risk for chronic disease, including asthma, cancer, diabetes, heart disease, and stroke. Every year, about 300,000 American adults die from causes related to excess body weight.<sup>5</sup> Being overweight also affects educational achievement. Among girls, there is a significant association between overweight and behavior problems that impact educational achievement.<sup>6</sup> Today the United States has the highest obesity rates in the world, but the trend toward obesity is accelerating worldwide.

**Disparities:** The presence of health disparities is well documented in the United States. From the beginning of life, children of color are at a disadvantage. The infant mortality rate for children of color is more than twice that of the national average.<sup>7</sup> The situation does not improve as children grow up. For example, American Indians die at higher rates than other Americans from preventable causes, including alcoholism (510 percent higher), diabetes (129 percent higher), and cervical cancer (320 percent higher).<sup>8</sup>

**Tobacco use:** Smoking contributes to one out of every six deaths in the United States<sup>9</sup> including 130,000 deaths each year from cancer, 115,000 from coronary artery disease, 27,500 from cerebrovascular disease, and 60,000 from chronic obstructive pulmonary disease.<sup>10</sup> The preventable worldwide epidemic of tobacco-related disease and death continues to increase as tobacco use spreads. It is predicted that by 2020, smoking will cause about one in three of all adult deaths, and more than 70 percent of tobacco-related deaths will occur in the developing world.<sup>11</sup> More preventable chronic diseases are caused by tobacco than by anything else.

Preventable chronic diseases place a heavy personal burden on individuals, communities, and nations. Today, chronic diseases account for more than 75 percent of the approximately \$2 trillion Americans spend each year on health care.<sup>12</sup> U.S. health care spending is the highest in the world – at more than 16 percent of U.S. gross domestic product (GDP).<sup>13</sup>

With the aging of the Baby Boomer generation and the anticipated concurrent need for *increased* health care services and spending, the United States is facing the possibility of infinite health care needs outpacing finite resources, including economic resources and health care system capacity, as well as the lack of a societal infrastructure to care for people suffering from preventable chronic diseases.

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## 2. Introduction of Canyon Ranch Institute

When Canyon Ranch founders Mel and Enid Zuckerman opened Canyon Ranch Health Resort in Tucson, Arizona, in 1979, a uniquely successful approach to lifestyle change was born. Since then, Canyon Ranch has become the premier life enhancement company in the world, renowned for its medical, nutrition, exercise physiology, and behavioral health staff as well as movement therapists, fitness experts, and other holistic health specialists.

The Canyon Ranch model uses an integrated, individualized approach to wellness and teaches self-responsibility as a means of prevention. At its core is a model of optimal living that helps people make a long-lasting personal and emotional connection to wellness.

From the outset, the Zuckermans have dedicated themselves and Canyon Ranch to sharing knowledge and the power of their mission. By supporting numerous research and intervention projects and providing Canyon Ranch scholarships to thousands of people, they have demonstrated their commitment to improving the health and well-being of people of all ages, walks of life, and backgrounds.

Canyon Ranch Institute (CRI), a 501(c)3 non-profit organization, was founded in 2002 by Mel and Enid Zuckerman and Jerry Cohen, to translate the unique health and wellness philosophy and expertise of Canyon Ranch to communities beyond Canyon Ranch. CRI initiated some projects between 2002 and 2006. In October 2006, Richard H. Carmona, M.D., M.P.H., FACS, joined CRI as president and, with his fellow Board members Mr. and Mrs. Zuckerman and Mr. Cohen, Dr. Carmona determined that CRI should focus on the greatest health issues of our time (see Section One, above). CRI recruited Jennifer Cabe, M.A. as Executive Director in June 2007. Dr. Carmona and Ms. Cabe are the current Executive Team charged with implementing the vision of CRI's founders.

## **Section Two: Strategic Plan**

### **1. Scope of Work**

CRI leadership determined that a strategic planning team should be formed to establish the strategic, operational, and communications plans necessary to define the key partnerships and programs and the success metrics for CRI from 2008 to 2013. The strategic planning team is comprised of experts in the fields of corporate social responsibility, public health programming and measurement, and scientific communications.

This strategic plan contains the results of Phase One of the strategic planning effort, which started in August 2007 when the strategic planning team met with Canyon Ranch and CRI leadership and staff.

#### **A. Phase One Deliverables**

The deliverables for Phase One include:

1. Develop CRI principles, mission, objectives, and strategies;
2. Develop CRI partnerships and programs;
3. Develop CRI partnership guidelines;
4. Develop CRI partnership and program review guidelines;
5. Draft CRI Board of Directors charter;
6. Draft CRI Advisory Council charter;
7. Identify CRI Advisory Council invitees;
8. Draft CRI Kitchen Cabinet charter;
9. Form CRI Kitchen Cabinet;
10. Develop CRI re-branding;
11. Draft CRI key messages, target audiences, communication tools, and visibility tactics; and
12. Launch CRI website to reflect new strategies, branding, partnerships, and programs

#### **B. Phase Two Deliverables**

The second phase of CRI's strategic and operations planning will begin in January 2008, and will focus on additional deliverables needed to support the partnerships and programs in place and further ensure CRI's long-term success. With Board approval, Phase Two deliverables will be complete in March 2008. Those deliverables include:

1. Develop CRI budget planning process;
2. Select accounting firm with expertise in 501(c)3 audit and management;
3. Establish CRI development and fundraising process;
4. Develop CRI staffing overview and organizational chart;
5. Draft CRI position descriptions;
6. Draft CRI stakeholder engagement plan;
7. Develop CRI record keeping policies and protocols;
8. Develop system for evaluating CRI's partnerships and programs;
9. Develop new CRI partnerships and programs to address any gaps in current partnerships;

10. Develop CRI brochure, media kit, fact sheet, newsletter, development brochure, presentation materials, annual report, and regular commentaries and op-eds; and
11. Maintain and update CRI website.

## 2. Methodology

The methodology to develop the Phase One deliverables included work sessions among the strategic planning team and Canyon Ranch and CRI leadership to brainstorm and refine the vision, mission, and other components of the CRI strategy, interviews with members of senior leadership of Canyon Ranch, a benchmarking scan of other non-profit health and wellness organizations, and on-going strategic planning conference calls and team meetings. Senior management interviews were conducted to develop a comprehensive understanding of the Canyon Ranch philosophy and the principles that define it and make it unique. The benchmarking study included a scan of private and operating foundations and other non-profits that had missions or programming potentially similar to CRI's anticipated efforts. The benchmarking report, with synopses of the organizations reviewed, is included in the appendices to this plan.

The strategic planning team summarized and distilled the interview and benchmarking information.

## 3. Research Summaries

### A. Internal Interviews: Summary of Results

#### Overview

Interviewees were selected for their knowledge and areas of expertise, and for their ability to assist the strategic planning team in understanding and internalizing the genesis, philosophy and key characteristics of the Canyon Ranch programming and experience. Interviewees included:

- David Bornstein, M.S.W. – Assistant Director, Canyon Ranch Life Enhancement Center
- Richard Carmona, M.D., M.P.H., FACS – 17th Surgeon General of the United States (2002-2006), Vice Chairman of Canyon Ranch, CEO of Canyon Ranch Health, President of Canyon Ranch Institute, and Distinguished Professor of Public Health at the Mel and Enid Zuckerman College of Public Health of the University of Arizona
- Jerry Cohen – Vice Chairman and CEO, Canyon Ranch; Board Member, CRI
- Jim Eastburn – Director, Canyon Ranch Life Enhancement Center
- Jonathan Ellerby, Ph.D. – Spiritual Programs Director, Canyon Ranch
- Gary Frost, Ph.D. – Former Executive Vice President, Canyon Ranch
- Michael Hewitt, Ph.D. – Research Director for Exercise Science, Canyon Ranch
- Jan McIntire – Special Assistant to the Vice Chairman, Canyon Ranch

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There was remarkable consistency across the interview comments and points of view. A number of repeating themes and concepts emerged. Most or all interviewees noted that:

- A significant differentiation point between Canyon Ranch and other spa programs is the quality and approach of guest services, the way Canyon Ranch staff interact with guests, and the comprehensive health and wellness services offered. The site and environs are considered an important differentiation point as well.
- The Canyon Ranch Life Enhancement Center represents the heart and soul of Canyon Ranch. The program is pivotal to understanding the Canyon Ranch philosophy and experience, and new executives and staff participate in the one-week program as an immersion approach to understanding Canyon Ranch.
- In order to be successful in bringing the Canyon Ranch model and philosophy to underserved communities, CRI must be culturally competent and empowering in its approach, and ask partner organizations and communities for their input regarding what will work, what the perceived barriers are, and other relevant data. As several interviewees noted, “you can’t force a culture into a set of one behaviors.”
- Prevention is a key word, solution, and outcome. CRI should seek to instill the notion of prevention in underserved partner communities.
- Integration is a key concept, whether interviewees were referring to the Life Enhancement Center model; the integration of programs and staff; or integration of spiritual, mental, emotional and physical health.

## **B. External Benchmarking: Summary of Results**

The strategic planning team sought to benchmark other non-profit and funding organizations whose missions address health and wellness, prevention, and chronic diseases issues to understand where these institutions were focusing, in order to ensure that CRI filled unmet needs and to avoid duplication of efforts.

The strategic planning team developed an initial list of over 20 organizations for review. This list was somewhat comprehensive but in no way represented all organizations that operate in the same general sphere and with missions similar to that of CRI. A benchmarking report was produced that captured information regarding programs that could be considered similar to the programs that CRI might seek to accomplish or via strategies CRI may decide to adopt.

None of the organizations benchmarked had funding or community programs that were exactly like those planned or in implementation by CRI. However, there were areas where CRI will be doing similar work with similar intended outcomes. The benchmarking process therefore did enable CRI to identify potential colleagues and peers in its areas of interest. CRI leadership will continue to monitor organizations on the benchmarking list, in order to ensure that its understanding of the industry and sphere in which it operates is current and to ensure that CRI’s work remains unique and critically important.

Benchmarked organizations included:

1. America On the Move Foundation
2. American Institute for Preventive Medicine
3. Annie E. Casey Foundation
4. Center for Health Care Strategies
5. Centers for Disease Control Foundation
6. Commonwealth Fund
7. Doris Duke Charitable Foundation
8. FasterCures
9. Kaiser Family Foundation
10. Lance Armstrong Foundation
11. Nathan Cummings Foundation
12. National Association for Health and Fitness
13. Oral Health Foundation
14. Pew Charitable Trusts
15. Robert Wood Johnson Foundation
16. W.K. Kellogg Foundation

## **4. Recommendations**

### **A. Guiding Principles**

In the course of developing the vision, mission, and other components of the CRI plan, and through the information gleaned from the Canyon Ranch executive interviews, the strategic planning team noted the importance of key concepts and approaches that were deemed critical to CRI's success. The strategic planning team referred to these principles as "the organizational DNA." The importance of the direction they provide is such that the strategic planning team designated that they be embedded in all CRI strategies and partnerships going forward.

#### CRI Principles (our "DNA")

- We believe that personal and emotional connections lead to behavior change that can empower individuals and communities to realize optimal health and wellness.
- Our approaches are proactive, integrative, and evidence-based, and adhere to the highest ethical standards.
- Our passion for the well-being of humanity drives all our actions.
- We approach each person and community as equal collaborators, drawing on our respective strengths to realize a whole that is greater than the sum of its parts.

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## B. Organizational Mission

The CRI mission was devised to describe what CRI is, who it serves, and the scope of the impact it seeks to have. It was designed to be precise and urgent.

### CRI Mission

Canyon Ranch Institute catalyzes the possibility of optimal health *for all people* by translating the best practices of Canyon Ranch and our partners to help educate, inspire, and empower every person to prevent disease and embrace a life of wellness.

## C. Organizational Objectives

CRI objectives describe the outcomes that CRI seeks to achieve. They are designed to support the accomplishment of the mission, and are the *what*, not the *how*, of CRI's work.

### CRI Objectives

CRI will work with its partners to help:

- Accelerate a cultural transformation to redefine individual and community health in terms of disease prevention rather than disease treatment;
- Integrate, translate, document, and share innovative, evidence-based wellness best practices to enhance the fundamental knowledge and capacity for positive change of every community;
- Eliminate health disparities by ensuring that all people have the ability and opportunity to embrace a life of wellness.

## D. Organizational Strategies

CRI strategies describe the approaches that CRI will employ, the actions it will take to achieve CRI's objectives, and are measurable.

### CRI will achieve its objectives by:

- Translating the best available science in a culturally competent way to effect behavioral change;
- Leveraging the accumulated knowledge of Canyon Ranch to develop the culturally competent, integrative, and achievable disease prevention strategies that are required to realize optimal health and wellness for all people;
- Measuring, documenting, and sharing CRI partnership outcomes and impacts in order to increase access to information about, and models for, culturally competent behavior and lifestyle change programs and strategies;
- Increasing health literacy by building on and transforming each community's existing health knowledge base and wellness practices;
- Identifying, capturing, and collaborating with authoritative best-practice programs globally and incorporating that knowledge into all our programs;

- Seeking innovation in CRI partnerships and approaches to help ensure that they are optimally positioned to be successful in creating and sustaining positive lifestyle and behavior change;
- Expanding the reach of CRI through a continuous, consistent, and compelling communications outreach that captures the hearts and minds of an ever-growing “wellness community”;
- Continuously and nimbly evaluating ongoing programs for successful outcomes, and applying and sharing those best practices with our partners and the world;
- Mobilizing as a unit the world’s public health and science leadership, including the “Surgeons General Collective” to improve the health of all people;
- Leveraging the passion and commitment of all friends of Canyon Ranch to empower them as “ambassadors for health and wellness.”

#### **E. Outcomes**

By 2010 to 2013, CRI will measure success as follows –

##### Canyon Ranch Institute:

- has earned a reputation for catalyzing the possibility of optimal health through multi-sector partnerships that measurably improve disease prevention and eliminate health disparities across communities;
- has established best practices that have been successfully replicated across communities through culturally competent methods;
- is recognized as the wellspring for best-practice public health models and partnerships.

### **5. Next Steps for this Strategic Plan**

This plan is being provided to the CRI Board on December 20, 2007. The CRI Board of Directors and Ms. Cabe are scheduled to meet in January 2008 to review this plan, with the expectation that implementation of the plan will begin in January, with Board approval.

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## Section Three: Operations Plan

### 1. Overview

The operations plan provides the specific tools and guidance appropriate to implement the strategic plan. The operations plan includes components such as:

- Charters that describe the goals and responsibilities of the CRI Board, Advisory Council, and Kitchen Cabinet;
- Organizational charts and position descriptions to help describe the Canyon Ranch Institute team that will be needed to implement and drive the Institute's work;
- Guidelines to direct the selection of partners and standardize the review process;
- Draft memorandums of understanding to concretize key policies, deliverables and processes that are to be included in all partnership agreements to help ensure success; and
- Other tactical documents.

The more policy-oriented operations plan components are included below for CRI Board review and approval. Other, more tactical components, such as the staffing plan, will be included in the final operations plan materials to be provided to the Board in March 2008 as Phase Two of the strategic and operations planning.

### 2. Partnerships

#### A. Overview

The CRI partnerships consist of partner organizations and programs with whom CRI can begin to create change in a manner consistent with its principles; that have best practice models and programs that will assist CRI in achieving its objectives; that conduct their work via strategies aligned with those of CRI; that are committed to measuring their progress and health and wellness impacts and documenting and sharing their results; and which embrace the notion of conducting their efforts with CRI and other partners as equal collaborators, drawing on the respective strengths of all to realize a whole that is greater than the sum of its parts.

All CRI partners share in our mission to help educate, inspire, and empower every person to prevent disease and embrace a life of wellness.

#### B. Partnership Guidelines

CRI seeks to create leading-edge, mutually beneficial partnerships with organizations that have a fundamental commitment to, and focus on, creating opportunities for wellness in communities worldwide, including those communities that have been traditionally underserved. CRI is particularly interested in culturally competent programs and efforts which seek to prevent disease, promote health literacy, reduce health disparities, and translate the best available science in order to enable communities to create behavior and lifestyle change. The strategic planning team will

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work in 2008 to provide further definition to the Partnership and Program Guidelines and Review Guidelines as part of the Phase Two deliverables in March 2008 (please see section D below).

**Eligibility**

Organizations eligible for partnership with CRI are typically non-profit in nature, whether through 501(c)3, academic, governmental, or other appropriate designation. Potential partners outside the United States must be charitable in purpose or the equivalent of a tax-exempt non-profit organization. CRI will not support:

- Capital or endowment campaigns;
- Religious groups for religious purposes;
- Individuals;
- Partnerships seeking to lobby elected leaders or promote specific political or legislative activities; or
- Individual study, research or travel grants.

**Geographic Focus**

The CRI mission is to catalyze the possibility of optimal health for all people, and as such, the organization seeks to be global in focus and impact. CRI has initiated partnerships in underserved communities in the United States, and is currently building its capacity and refining its portfolio, which in coming years will include partnerships with global organizations.

**Organizations Seeking Partnerships**

CRI is not currently accepting unsolicited proposals for partnerships or grants, as it is currently fully committed to current partnership efforts. In the future, when opportunities for partnership are available, CRI will issue a Request for Proposals, which will be posted on the CRI website and via other appropriate information channels. Via various CRI communications vehicles, interested organizations will be encouraged to check the CRI website periodically for updates.

**C. New Partnership Review Guidelines**

CRI creates partnerships by identifying and collaborating with evidence-based, innovative best-practice programs globally, evaluating those partnership programs for successful outcomes, and applying and sharing those best practices with its partners and the world. Partnership capacity is partially based on each potential collaborator's willingness to participate in partnership outcomes measurement, documentation and sharing in order to advance knowledge of, and access to, best practice behavior and lifestyle change programs community-wide. Each partnership is unique, with specific and discrete characteristics, communities, and specified outcomes. As a result, no one set of guidelines will serve to adequately direct the development and finalization of partnership efforts between CRI and its community partners. However, all potential CRI partners are reviewed via the following criteria, in order to create common standards across all partnerships and increase opportunities for successful partnerships and outcomes.

### **Organizational Review Criteria**

In considering programs for CRI partnership from 2008 to 2013, the strategic planning team began the development and application of criteria to ensure that partnership opportunities were capable of upholding the principles, achieving the objectives, and employing the strategies that CRI has designated as critical to its success and particularly appropriate to its expertise. The list of criteria will be expanded during Phase II, and as demonstration projects and partnerships are completed and learnings captured. The current Organizational Review Criteria include the following:

- Does the potential partner or program align with the original Canyon Ranch and Life Enhancement Center vision?
- Does the potential partner or program leverage one or more Canyon Ranch strengths?
- Does the potential partner or program focus on or include health literacy as a currency for achieving the objectives?
- Is the potential partner evidenced-based in its approach to creating and implementing lifestyle and behavior change programs?
- Does the potential partner have a commitment to measuring, documenting, and sharing the partnership results to further community knowledge and access to behavior and lifestyle change models?
- Do the strengths of the potential partner or program merely overlap or do they complement Canyon Ranch's strengths (i.e. is the sum greater than the parts)?
- Will the potential partner or program duplicate other organizations' efforts?
- Does the potential partner or program have the potential to transform individual and community health and wellness?
- Is the potential partner innovative and responsive to the specifics of its target communities in the development and implementation of behavior and lifestyle change programs?
- Is the potential partner or program about prevention?
- Does the potential partner or program lead to eliminating health disparities?
- Is the potential partner brand an appropriate association with the brands of CRI and Canyon Ranch, and is the partner committed to a mutually respectful, formalized agreement regarding the use of each partner's brand?

Over the next several years, CRI will conduct case studies that will inform future partnership efforts and further refine the Partnership Guidelines and Partnership Review Guidelines. CRI leadership and the strategic planning committee anticipate that the guidelines will continue to evolve and expand as partnership assessments are conducted.

## **D. Current Partnerships**

### **1. Canyon Ranch Institute Life Enhancement Program**

In 2007, CRI leadership decided to test the concept of transferring the Canyon Ranch Institute Life Enhancement Program (CRI LEP) programming and communications to underserved communities.

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Mission: The Canyon Ranch Institute Life Enhancement Program transfers the best practices of Canyon Ranch to underserved communities in partnership with health organizations to prevent, diagnose, and address chronic diseases through an integrative approach that educates, inspires, and empowers patients and communities to prevent disease and embrace a life of wellness.

The core principles and values for any CRI LEP are detailed below and will be used as a template for all CRI LEP establishment and program development.

#### CRI LEP Principles

*To be embedded in any partnership to establish a CRI LEP*

- We believe that behavior change occurs through a process of engagement on the intellectual, physical, emotional, and spiritual levels, which must be derived from and provided by personal experience.
- We are committed to defining individual and community health in terms of disease and illness prevention and to illustrating the prevention message in all programming elements, including lectures, materials, and activities.
- Our program is integrative and inclusive of a wide range of appropriate health modalities.
- Our approaches seek to prevent, diagnose, and address chronic diseases in an appropriate manner for each participant.

#### **CRI LEP at Urban Health Plan Demonstration Project**

In January 2007, CRI pledged 10 scholarships for Urban Health Plan (UHP) professionals to attend the Canyon Ranch Life Enhancement Program. These scholarships were the first to be awarded under CRI's new Canyon Ranch National Wellness and Prevention Scholarship Program for healthcare professionals from community health centers. Out of this program, the UHP professionals shared their feedback which included the belief that the best practices of Canyon Ranch could be translated in a culturally competent manner to the Urban Health Plan patient population through the establishment of a CRI LEP. This proof of concept launched the development of the first CRI LEP at UHP.

Urban Health Plan is recognized as a premier community health center in the nation, serving over 27,000 patients in the South Bronx, New York. The specific programming elements for the CRI LEP at UHP are under development at UHP and in collaboration with CRI and CR LEC leadership. UHP is targeting the first quarter of 2008 to begin enrollment of individuals into its CRI LEP. The initial draft program seeks to promote health and well being to underserved areas by integrating primary healthcare with wellness principles and tools for healthy living. Approximately 30 individuals interested in improving their health and well-being and committed to participating in the 8-week program will be targeted to enroll.

From November 2007 through January 2008, CRI will develop and enhance the CRI LEP at UHP program to ensure that all of the core principles and values of the CRI LEP are embedded in the partnership.

Potential next steps: This demonstration project is being evaluated for potential to be implemented with other partners in the United States in order to reach other underserved communities who could benefit from an integrated approach to health and wellness. The CRI LEP at UHP could be used as a template to adapt programming to the local community while maintaining the core elements of the CRI LEP.

## **2. Partnership to Fight Chronic Disease**

In May 2007, CRI and the Partnership to Fight Chronic Disease (PFCD) formed a partnership based on mutual interest in raising awareness of policies and practices that save lives through more effective prevention and management of chronic disease. CRI president Richard H. Carmona, M.D., M.P.H., FACS, serves as the national chairperson of the PFCD and is active in bringing the issue of chronic disease to the forefront of the national dialogue on healthcare.

PFCD was formed as a national coalition of patients, providers, and community organizations, business and labor groups, and health policy experts committed to raising awareness of the number one cause of death, disability, and rising health care costs in the United States: rising rates of preventable and treatable chronic diseases.

PFCD believes that rising rates of chronic health problems pose a significant and unsustainable burden on the U.S. healthcare system, and that the viability and strength of the system presently and in the future relies on a willingness to enact policies that help Americans better prevent and manage chronic illnesses.

### **Mission:**

- Educate the public about chronic disease and potential solutions for individuals and communities;
- Mobilize Americans to call for change in how governments, employers, and health institutions approach chronic disease; and
- Challenge policymakers on the health policy changes that are necessary to effectively fight chronic disease.

To fulfill its objectives, the PFCD offers consumers and policymakers best-in-class information and tools on effective disease prevention and management. In addition, the PFCD is bringing its expertise to key communities across the country where partners will lead events and forums, localized research efforts on chronic disease, health screenings, consumer education activities, and briefings with policymakers.

PFCD works to increase access to high-quality health care, including preventive care; promote health and wellness; help reduce health disparities; eliminate bureaucracy in the health system; and enhance health information and encourage innovation.

In September 2007, PFCD announced its “Ideas for Change” policy platform ([www.fightchronicdisease.org/advocate/platform/index.cfm](http://www.fightchronicdisease.org/advocate/platform/index.cfm)), which outlines the need for improvement in chronic disease prevention, detection, and management, and provides recommendations for how to address this devastating epidemic. The PFCD’s platform was developed with the input from more than 90 diverse partner organizations, including CRI.

Next steps: CRI will continue working with the PFCD as a partner and with Dr. Carmona as National Chairperson to offer a united voice on important health care issues and work to bring its expertise to communities throughout the United States, where partners will lead events and health screenings, localized research efforts on chronic disease, consumer education activities, and briefings with policymakers.

### **3. Mel and Enid Zuckerman College of Public Health**

In 2007, CRI and the Mel and Enid Zuckerman College of Public Health at the University of Arizona formed a partnership based on mutual interest in community-based public health research and intervention programs. The first program initiated by the CRI-MEZCOPH Partnership is the Head Start Demonstration Project.

#### **Head Start Demonstration Project**

Mission: Develop, implement, and evaluate a community-based intervention that measurably improves the health and wellness of Head Start children and their families in Southern Arizona.

The CRI-MEZCOPH Head Start Demonstration Project was launched in August 2007 with a collaborative needs and assets assessment with Child Parent Centers Inc. to identify significant issues, concerns, and opportunities for working with Head Start families. Once the assessment was complete, the partnership developed a collaborative initiative with Child Parent Centers, Inc. that focuses increasing physical activity and improving nutrition among Head Start families.

In November 2007, the partnership implemented a 12-week worksite intervention with Child Parent Centers leadership and administrative staff to assist them in becoming role models for healthier lifestyles. The partnership is leveraging this worksite intervention as a mechanism to adapt interventions for Head Start Families through 12 focused discussions following each of the worksite sessions. In February 2008, with feedback from the worksite intervention, the partnership will develop a pilot curriculum to be implemented with Head Start Centers. In February through June 2008, the adapted curriculum will be piloted with two Head Start Centers. Once the pilot phase is complete, the partners will review the outcomes to determine whether to expand the demonstration project.

Potential next steps: This demonstration project is being evaluated for potential to be implemented with Head Start programs throughout the United States.

#### 4. Cleveland Clinic Foundation

In 2007, CRI and the Cleveland Clinic Foundation (CCF) formed a partnership based on mutual interest in increasing prevention and improving wellness through community-based research and interventions, in order to transform the world of health and health care for the benefit of future generations. The first program initiated by the CRI-CCF Partnership is the Cleveland-area HealthCorps Demonstration Project.

##### **HealthCorps Demonstration Project**

Mission: Improve the long-term quality of life of Cleveland-area youth and their families through an educational experience focused on increasing understanding of the health-related implications of behavioral choices.

The CRI-CCF HealthCorps Demonstration Project was launched in fall 2007 as the Cleveland-area chapter of the national HealthCorps program. HealthCorps, which was piloted in New York City and achieved positive results in its initial pilot phase, empowers high school students to become educated consumers and community health advocates, and to make shifts in behavior that may be measured by changes in physical fitness, emotional resilience, and self-esteem. HealthCorps also educates young people about the relationships among the Mind and Body connection; the Chemistry of Emotions; and the Science of Energy. With a format similar to the Peace Corps, HealthCorps trains HealthCorps Coordinators to teach the HealthCorps curriculum for two years in a high school. Coordinators, many of whom are recent college graduates interested in health-related fields, receive a stipend.

In summer 2007, CCF began developing the Cleveland-area HealthCorps through discussions with local education leaders and faith-based leaders. This step was important in part because the HealthCorps Demonstration Project supports Ohio schools with Federal and State wellness compliance; specifically Section 204 of Public Law 108-265 (6/30/04) – the “Child Nutrition and WIC Reauthorization Act of 2004” and Ohio Local Wellness Policy (“LWP”).

Today, HealthCorps is educating Cleveland-area youth in two underserved communities about health and wellness through in-school and after-school seminars.

In 2008, the HealthCorps high schools will sponsor school-wide and community events to deliver the HealthCorps messages to additional people. The CRI-CCF Partnership will also participate in health fairs and other outreach about HealthCorps across the CCF regional health system and main CCF campus.

Potential next steps: This demonstration project is being evaluated for potential to be implemented throughout the United States in order to eventually reach thousands of young people in underserved communities who could benefit from an integrated approach to health and wellness education.

## 5. George Washington University School of Public Health and Health Services' Strategies to Overcome and Prevent Obesity Alliance

In November 2007, CRI formed a partnership with George Washington University School of Public Health and Health Services' Strategies to Overcome and Prevent (STOP) Obesity Alliance. CRI president Richard H. Carmona, M.D., M.P.H., FACS serves as the Health and Wellness Chairperson for STOP Obesity Alliance.

The STOP Obesity Alliance is a collaboration of consumer, provider, business, labor, health insurance and quality organizations united to drive innovative and practical strategies that combat obesity. Nearly two-thirds of American adults are overweight or obese. Obesity is the second highest cause of preventable death in the United States.

Mission: Reverse America's rising trend in obesity and related conditions such as diabetes, heart disease, and certain cancers by:

- Identifying and breaking down cultural and systemic biases around obesity;
- Re-defining success as sustained weight loss based on health rather than only by societal norms;
- Highlighting research-based initiatives and technologies to improve prevention and care; and
- Identifying, recommending, and promoting innovations in community, employer, and healthcare delivery and financing systems.

In November 2007, the STOP Obesity Alliance released a report, *Re-Visioning Success: How Stigma Perceptions of Treatment and Definitions of Success Impact Obesity and Weight Management in America*, that identified barriers to reducing obesity in America. The report also examines the disconnect between scientific data demonstrating the negative health and economic results of overweight and obesity, and public and private efforts to combat the rise in obesity.

Potential next steps:

CRI will continue working with the STOP Obesity Alliance as a partner and with Dr. Carmona as Chairperson to offer a united voice on the important issue of overweight and obesity. The Alliance plans to develop and present specific recommendations that take an innovative and practical approach to the systems that affect obesity.

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### 3. Governance and Advisory Bodies

#### A. Board of Directors Charter

##### **Board of Directors Purpose and Role**

The CRI Board of Directors is the governing body for the organization, and as such establishes policy. Board members make prudent, educated, and independent decisions and place the organization above their personal preferences. Board members dedicate their loyalty to CRI and may not, without permission of the Board, use the position as officer or director to their own advantage. A Board member may not be a designated representative of any organization that presents a conflict of interest with the mission and programs of CRI.

Via twice-annual meetings, the CRI Board will:

- Retain the CRI Executive Director and evaluate his/her performance on an annual basis;
- Call for and oversee the annual CRI audit and take responsibility for retaining and monitoring an auditor;
- Retain legal counsel and take responsibility for overseeing legal services and projects;
- Approve the organization's strategic and operational plans, which are updated every two years;
- Review and approve the annual budget prior to implementation;
- Approve investment policies and review investment reports;
- Approve all action pertaining to the business of CRI;
- Approve all new policies and policy revisions before they are instituted by CRI; and
- Evaluate itself every two years.

Members of the Board meet at least twice per year and may elect to hold special sessions at the request of the President of the Board.

##### **Board Composition**

The CRI Board is comprised of 10 members, and includes an executive committee comprised of the Board Chair, the Vice Chair, the Treasurer, and the Secretary. The primary roles of these elected officials are defined in the Board By-Laws. Brief descriptions of Board Officer roles and responsibilities are also provided below.

Members of the CRI Board will possess three or more of the following attributes:

- Professional background and expertise in wellness promotion and disease prevention or related health field;
- Experience and knowledge in business leadership and management;
- Expertise and professional background in professions of importance to the mission and programs of CRI, including the legal, financial, communications, and technology sectors;
- Diverse backgrounds and points of view;
- Expertise in and recent experience with regard to the needs of the constituents and communities of interest to CRI;

- 
- Capacity for innovative thinking;
  - Enthusiasm for team approach;
  - Capacity for organizational leadership at the national and international levels;
  - Passion for the work of CRI; and
  - Proven success in public health program development, implementation, and evaluation in traditionally underserved communities.

### **Board Officer Roles and Responsibilities**

President: The responsibility of the Board President is, primarily, to ensure the integrity of the Board's process. The President is the spokesperson for the Board itself, other than in specifically authorized instances when others fill that role. The President ensures that the Board operates within its own rules and those legitimately imposed upon it from outside. Board meetings will focus on policy clearly belonging to the Board, not the staff. The President has no authority to make policy decisions for the Board, but is expected to help the Executive Director interpret Board policy.

Vice President: The Vice President provides the board with additional and substitute leadership. The Vice President generally fills in for the President when the President is absent and/or must leave the position permanently and without warning. The Vice President often takes on special projects.

Treasurer: The Treasurer is responsible for overseeing financial operations. The Treasurer works with the CRI accountant and related consultants in carrying out the duties of Treasurer.

Secretary: The Secretary reviews the minutes taken by CRI staff prior to distribution after each Board meeting. In addition, the Board Secretary acts as the custodian of the Board's records, although the Board's important documents are kept in CRI's offices.

### **Board Recruitment**

The sitting Board works with CRI Executive Director and staff to identify, cultivate, and engage Board members as positions become available and terms expire. In locating candidates with passion and expertise appropriate to CRI and its work, the board and leadership may seek advice and counsel, and potentially seek candidate recommendations, from:

- Key donors;
- Advisory Council and Kitchen Cabinet;
- Canyon Ranch and CRI staff;
- Leaders and innovators in the public health and health and wellness arenas; and
- Leaders in aligned areas of the academic and non-profit communities.

The Board conducts a gap analysis to determine which areas of expertise and leadership are most needed at that juncture in CRI's evolution, and a nominations list is created. All Board candidates provide the following information as part of the initial consideration process:

- Name, address, contact information;
- Special skills and expertise;

- Professional background;
- Education;
- Other professional affiliations;
- Other Board service; and
- Special interests.

The Board President vetts the list with the full Board and follows up with a cultivation and invitations process. All new Board recruits are taken through a Board and CRI orientation that introduces them to the organization in depth and describes the role and expectations of each recruit's new Board position. Each Board member serves a term of three years. In special circumstances, members will be invited to serve a second term, based on CRI needs at the time of Board term expiration.

## **B. Advisory Council Charter**

### **Advisory Council Purpose and Role**

The CRI Advisory Council exists to provide thoughtful, informed, and diverse input and advice to CRI leadership.

The CRI Advisory Council acts as a consultative body, providing information and recommendations on strategic direction and program decisions, as well as expert counsel on the status of key health issues, trends, barriers and opportunities, program opportunities, and other topics deemed important to CRI and the successful achievement of CRI objectives.

Via semi-annual meetings and occasional conversations with CRI leadership, CRI Advisory Council members will:

- Serve as liaisons and ambassadors for CRI with key constituencies, organizations, stakeholders, and thought leaders;
- Provide leads and connections for developing and enhancing partnerships and initiatives; and
- Offer expertise and skills not readily available on the CRI Board of Directors.

### **Advisory Council Composition**

The CRI Advisory Council is comprised of 15 members, and is large enough to enable a multiplicity of viewpoints and backgrounds, while still encouraging compelling debate and discussion during Advisory Council meetings. Qualifications for membership include two or more of the following attributes:

- Expertise in wellness promotion and disease prevention;
- Proven success in public health program development, implementation, evaluation and dissemination, particularly targeting traditionally underserved communities;
- Expertise in leading-edge public health issues of importance to CRI;
- Strong reputation and credentials in the public health and prevention arenas;
- Highly credible voice and experience in public health and prevention; and
- Ability to access and influence key thought leaders, stakeholders, and other institutions and individuals in the public health and disease prevention arenas.

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### **Advisory Council Recruitment**

CRI Advisory Council member candidates are identified by the CRI President, Executive Director, and the Board. Current Advisory Council members, CRI partners, and other stakeholders may also make recommendations. When vacancies exist, CRI leaders submit nominations and recommendations and then discuss potential candidates with the Advisory Council at a regularly-scheduled Council meeting. The CRI President then makes final candidate determinations and issues formal letters of invitation to selected invitees. When vacancies occur, potential nominees are discussed at the fall semi-annual Advisory Council meeting. Each Advisory Council member serves a term of three years. In special circumstances, members will be invited to serve a second three-year term, based on CRI needs at the time of Advisory Council term expiration.

## **C. Kitchen Cabinet Charter**

### **Purpose and Role**

The CRI Kitchen Cabinet exists to provide thoughtful, informed, and candid feedback and advice to the CRI Executive Director. The Kitchen Cabinet acts as a consultative body, providing information and recommendations on strategic and operational decisions, as well as knowledgeable counsel on questions of programmatic conception and implementation, health and wellness concepts, policy and current thinking, and other issues of strategic or operational import to CRI.

Via quarterly meetings and occasional consultations with the Executive Director, CRI Kitchen Cabinet members:

- Offer recommendations and feedback of value to CRI's current and future programs and operations, and
- Expand the capacity and body of knowledge available to CRI staff.

### **Composition**

CRI Kitchen Cabinet members are acknowledged leaders in their areas of expertise. The Kitchen Cabinet consists of 10 to 15 volunteer members, some of whom are Canyon Ranch staff and others who are serving in the public health, government, corporate, non-profit, or academic sectors who understand the Canyon Ranch culture and principles and who have expertise that is relevant to CRI's objectives and programs.

### **Recruitment**

Membership in the Kitchen Cabinet is completely voluntary. It is expected that members who commit to join the Kitchen Cabinet do so with a true intention to help CRI meet its important mission. The Executive Director identifies and recruits all candidates for Kitchen Cabinet membership. When a vacancy occurs on the Kitchen Cabinet, the CRI Executive Director consults with the current Kitchen Cabinet membership, as well as the CRI Board, staff, and other advisors to identify competencies, areas of expertise, and/or upcoming projects and partnerships for which the vacant Kitchen Cabinet seat should be recruited. Kitchen Cabinet members serve terms of one year, renewable at the Executive Director's discretion.

## 4. CRI Policies

### Overview

CRI is governed by the CRI Board of Directors (the Board). CRI policies are adopted by the Board to chart a course of action. Policies tell what is wanted and may also include why. Policies are intended to be broad enough to indicate a line of action to be taken by the CRI Executive Team and staff in day-to-day activities. They are intended to be narrow enough to give the CRI Executive Team and staff clear guidance.

The following are all of the current written CRI policies to date. The need for developing additional policies in writing, for adopting new ones, and revising old ones will continually become apparent. CRI takes the view that no matter how well conceived and well developed, a list of policies can never be 100 percent up-to-date. Policy statements will be developed, revised, excepted, and added as needs arise.

### Policies

1. All applicable federal, state, and local laws and regulations are considered mandated Board policy.
2. The CRI conflict of interest statement is considered mandated Board policy.
3. All CRI agreements and contracts signed by the CRI President or CRI Executive Director are considered mandated Board policy.
4. CRI and its vendors give preferential consideration when purchasing goods and services to organizations that support CRI's guiding principles.
5. For vendor contracts, CRI will pay a maximum of 4 percent of indirect costs that apply to institutional or organizational overhead.
6. For pass-through of funding to recipients (e.g. donor-advised funds), CRI will pay a maximum of 4 percent of indirect costs that apply to institutional or organizational overhead.
7. All CRI full-time staff will be hired through an open selection process, with positions being publicly and broadly posted.

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## Section Four: Communications Plan

### 1. Overview

In order to fulfill its mission to catalyze the possibility of optimal health for all people by translating both the innovative and time-tested best practices of Canyon Ranch and our partners to help educate, inspire, and empower every person to prevent disease and embrace a life of wellness, CRI will have a robust, flexible, and comprehensive communications plan that aligns with, supports, and gives voice to CRI's overall strategies and objectives.

Reflecting our fundamental commitment to deep, meaningful and transformative collaborations with our strategic program partners, all of our communications will be fully cognizant of and mutually respectful toward each partner's people, resources, and brand.

The communications plan outlined below is CRI's pathway for providing clear and actionable communications objectives and messages to key audiences, as well as the specific tools appropriate to fulfilling the CRI mission.

The communications plan includes:

- Three communications objectives;
- Key audiences for CRI communications; and
- Discussion of CRI communications tools.

### 2. Communications Objectives

#### **A. Raise awareness of the power and possibility of optimal health and wellness for all people globally**

To achieve its mission of empowering all people to embrace a life of wellness, it is critical that CRI extend its mandate and passion to the wider global audience. This communications need affords the opportunity to leverage CRI's world-class resources and expertise through partnerships with existing and emerging organizations that share CRI's passion for the well-being of all humanity. Examples of such communications "extensions" will include but not be limited to:

1. Identify and build collaborations with leading health and wellness-focused organizations to provide authoritative information (that is, information about health and wellness best practices that is innovative, evidence-based, measurable, documented, and easily shared) to multiple and diverse populations. Such collaborations will allow CRI to share its unique expertise on prevention and wellness issues and best practices through several communications channels;

2. Collaborate with other leading health and wellness organizations to maximize the impact of CRI's expertise through participation and support of appropriate national and international meetings, events, etc., on health and wellness issues;
3. Partner with health leaders and leadership (e.g., Surgeons General) to synergistically expand the reach beyond traditional health-focused audiences and impact of the respective organizations.
4. Engage and collaborate with key stakeholders that influence health (i.e. private sector, employers, and insurers) to create a cultural transformation and realize optimal health and wellness for all people.

**B. Raise visibility of CRI as a leader in empowering global health and wellness**

1. To maximize CRI's reach across a range of communities and on a number of key public health and wellness issues, it is critical that strategic communications efforts leverage CRI's most significant resource – the depth of knowledge and experience of its experts and partners, and the innovative and evidence-based health and wellness findings they make. Communications outreach will leverage the expertise of CRI leaders individually and as a “faculty” through several venues, including but not limited to:
  - A. Presentations at relevant national and international health and wellness conferences;
  - B. CRI sponsorship of significant national and international conferences;
  - C. Commentaries and op-ed pieces that provide thought leadership on health and wellness via appropriate media venues;
  - D. An “expert speakers” bureau;
  - E. A regularly published CRI newsletter on latest research, findings, and news; and
  - F. CRI “white papers” on critical topics in health and wellness, published both on the CRI website and, when appropriate, in leading journals.
2. To ensure consistency and accuracy of media coverage, a preferred reporter/media list with enhanced access to CRI leaders and partners will be developed, with a focus on ensuring that CRI leaders and partners are the first “go to” by top reporters for expert opinion on health and wellness issues. This approach will facilitate:
  - A. Regular placement of general stories about CRI's unique approach and world-class resources in relevant national media (general and health-related);

- B.** A greater ability to control “news flow,” i.e., to proactively manage the anticipated rapid growth in media interest in CRI’s partnerships, programs, and resources.

### **C. Raise the visibility of CRI partnerships and programs**

Although all of CRI’s partnerships are “real life” reflections of CRI’s mission and objectives, it is critical that communications about individual partnerships and programs not only convey the core CRI story, but also capture the unique synergy and value created by these partnerships. It is also necessary that communications outreach be as collaborative as the partnerships and programs themselves, steeped in a deeply held mutual respect for each partner’s unique approach, human and other resources, and brand. Individual communications plans for each partnership and program will include but not be limited to:

- 1.** Language that resonates with all partners’ missions and maintains CRI’s principles, and a communications outreach process that satisfies both the internal requirements of CRI and those of partners;
- 2.** A communications plan tailored to each partnership and program that leverages partners’ existing media activities where possible.

## **3. Key Audiences**

Because the mission and objectives of CRI are based upon the power and possibility of health for *all* people, it is important to realize that every communication from CRI is relevant to multiple audiences, and thus must be consistent and rigorous in its reflection of core CRI values and strategy. The primary audiences for CRI communications include:

- A. Potential Programmatic Partners**  
Private and public organizations and individuals who share the vision of CRI and can collaboratively build specific projects that realize its fulfillment in concrete settings and communities
- B. Canyon Ranch Family**  
Friends, guests and employees who realize first-hand the transformative power of Canyon Ranch and who want to share it with others
- C. Public health practitioners, experts, leadership and organizations**  
The natural allies of CRI, and important communications partners for achieving our global aims
- D. Appropriate medical societies, health scientists, academicians, and practitioners**  
Critical resources for accurately translating the best practices of CRI and CRI’s partners into additional health-related research and regular clinical practice
- E. Public policy makers, regulators, health insurers, health care system providers, and large employer health plans**

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Critical partners in changing the health paradigm from focus on treatment to focus on prevention and wellness

- F.** Philanthropic organizations and individuals  
Potential donors who want to "invest" in CRI's mission
- G.** Interested Public  
Any individuals or communities who seek to realize better health and wellness in their own lives who are seeking an authoritative source of information, guidance, and encouragement

#### **4. Communications Tools**

To address multiple audiences simultaneously with the CRI story requires a collection of discrete yet integrated communications tools that accurately and succinctly capture and relay critical content in a manner consistent with CRI's principles. Communications tools will include but not be limited to:

- A.** The CRI website, the central and authoritative repository for all CRI communications, including those listed below;
- B.** A modular media kit, including fact sheets, backgrounder, published articles, newsletters, and guidelines for press releases;
- C.** Printed and electronic fact sheets (both general CRI and individual programmatic fact sheets as needed);
- D.** A regularly published CRI newsletter that includes news and insights from the Institute, its programs, partners, and people;
- E.** A CRI brochure that succinctly but completely communicates CRI's passion, principles, and mandate;
- F.** A development brochure that reflects the general CRI brochure, but which focuses on the case for philanthropic investment in CRI's mission and invites participation through providing financial support;
- G.** A PowerPoint presentation and template that can be easily adapted according to speaker or venue, but that contains the fundamental content that evokes the experience and mission of CRI; and
- H.** An Annual Report that focuses on progress and opportunities, as well as an accounting of CRI's stewardship of resources.

#### **5. Timelines**

Elements of the communications plan will be implemented in December through March 2008, based on CRI Board direction.

# Appendices

1. **Founding Canyon Ranch Institute Board of Directors**
2. **Founding Canyon Ranch Institute Advisory Council Invitees**
3. **Founding Canyon Ranch Institute Kitchen Cabinet Members**
4. **Benchmarking Data**

## 1. Founding Canyon Ranch Institute Board of Directors

- Enid Zuckerman, Founder of Canyon Ranch
- Mel Zuckerman, Founder and Chairman of Canyon Ranch
- Jerry Cohen, Founder and Vice Chairman and CEO of Canyon Ranch
- Richard H. Carmona, M.D., M.P.H., FACS – 17th Surgeon General of the United States (2002-2006), Vice Chairman of Canyon Ranch, CEO of Canyon Ranch Health, President of Canyon Ranch Institute, and Distinguished Professor of Public Health at the Mel and Enid Zuckerman College of Public Health of the University of Arizona

## 2. Founding Canyon Ranch Institute Advisory Council Invitees

- Lance Armstrong – *Chairman and Founder, The Lance Armstrong Foundation*
- David Brailer, M.D., Ph.D. – *Founder, Health Evolution Partners; Former National Coordinator for Health Information Technology, Department of Health and Human Services*
- Haile DeBas, M.D. – *Executive Director, UCSF Global Health Sciences; Maurice Galante Distinguished Professor of Surgery; Dean Emeritus, School of Medicine; Vice Chancellor Emeritus, Medical Affairs; Chancellor Emeritus*
- William H. Dietz, M.D., Ph.D. – *Director, Division of Nutrition and Physical Activity, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention*
- Jocelyn Elders, M.D., M.S. – *15th Surgeon General of the United States (1993-1994)* C. Everett Koop, M.D. – *13th Surgeon General of the United States (1982-1987); Senior Scholar, Elizabeth DeCamp McInerney Professor of Surgery, C. Everett Koop Institute, Dartmouth College, Dartmouth Medical School*
- Thomas R. Frieden, M.D., M.P.H. – *Commissioner of the New York City Department of Health and Mental Hygiene*
- Francine R. Kaufman, M.D. – *Director, Comprehensive Childhood Diabetes Center; Head of the Center for Endocrinology, Diabetes, and Metabolism, Children’s Hospital Los Angeles*
- Mark McClellan, M.D., Ph.D. – *Senior Fellow, Director, Engelberg Center for Health Care Reform, Leonard D. Schaeffer Chair in Health Policy Studies, Economic Studies, The Brookings Institution*

- Kenneth P. Moritsugu, M.D., M.P.H. – *Chairman, Johnson & Johnson Diabetes Institute*
- Marion Nestle, Ph.D., M.P.H. – *Paulette Goddard Professor of Nutrition, Food Studies, and Public Health, Rutgers University*
- Bill Novelli, M.B.A. – *CEO, American Association of Retired Persons*
- Antonia Novello, M.D. – *14th Surgeon General of the United States (1990-1993)*
- Julius Richmond, M.D., M.S. – *12th Surgeon General of the United States (1977-1981); Professor of Health Policy in the Faculty of Public Health; Professor of Health Policy, Emeritus; John D. Macarthur Professor of Health Policy and Management, Harvard University*
- Rima E. Rudd, M.S.P.H., Sc.D. – *Senior Lecturer on Society, Human Development, and Health, Department of Society, Human Development, and Health, Harvard School of Public Health*
- Eduardo Sanchez, M.D., M.P.H. – *Director, Institute for Health Policy, The University of Texas School of Public Health*
- David Satcher, M.D., Ph.D., FAAFP, FACPM, FACP – *16th Surgeon General of the United States (1998-2002); President and Director, National Center for Primary Care, Morehouse School of Medicine; Director, Satcher Health Leadership Institute*

### 3. Founding Canyon Ranch Institute Kitchen Cabinet Members

- David Bornstein, M.S.W. – *Assistant Director, Canyon Ranch Life Enhancement Program*
- Stephen Brewer, M.D. – *Medical Director, Canyon Ranch*
- Jennifer Cosenza, M.A. – *Vice President, Feinstein Kean Healthcare*
- Jonathan H. Ellerby, Ph.D. – *Spiritual Programs Director, Canyon Ranch*
- Gary J. Frost, Ph.D. – *Chief Executive Officer, Frost and Associates*
- Peggy A. Holt, M.S., CTRS, LPC, NCC – *Behavioral Health Therapist, Canyon Ranch*
- Marcia Kean, M.B.A. – *Chief Executive Officer, Feinstein Kean Healthcare*
- Monique LaRocque, M.P.H. – *Vice President, Feinstein Kean Healthcare*
- Michael Hewitt, Ph.D. – *Research Director for Exercise Science, Canyon Ranch*
- Jan McIntire – *Special Assistant to the Vice Chairman, Canyon Ranch*
- Peter Smith – *Chief Operating Officer, Canyon Ranch*
- Fintan Steele, Ph.D. – *Executive Vice President, Feinstein Kean Healthcare*
- Molly K. White, M.A. – *Principal, Molly White Consulting*

### 4. Benchmarking Report

CRI sought to benchmark other non-profit and funding organizations to understand where other institutions with similar missions were focusing, in order to ensure that CRI fills unmet needs and avoids duplication of efforts.

CRI developed an initial list of organizations for benchmarking. This list does not represent all of the organizations that operate in the same general sphere and with missions similar to CRI's. Of the organizations listed, information regarding programs is included that could be considered similar to goals that CRI seeks to accomplish or via strategies CRI has adopted. None of the organizations benchmarked has community programs that were

exactly like those planned or in implementation by CRI. However, there are areas where CRI will be doing similar work with similar intended outcomes. The benchmarking process enabled CRI to identify potential colleagues and peers in its areas of interest. CRI will continue to monitor the list of benchmarked organizations, as well as others, to ensure that it continues to conduct work that is unique, needed, and compelling.

Note: The information included in the following benchmarking report differs from organization to organization because the report is based upon information made available by the organizations themselves.

### 1. **America On the Move Foundation**

**Mission:** improve health and the quality of life by promoting healthful eating and active living.

**Tactics:** convene scientists and non-scientists together to synthesize and stimulate new knowledge; translate cutting-edge science into accessible information for easy use by individuals/group/communities; empower individuals to take control of their health by making and sustaining small measurable changes to eating and activity; encourage public and private partnership at the national, state and local level to build programs that drive behavior change.

**Program:** Lesson plans for grades 1-2, 3-5, and middle school (6-8), as well as websites for kids and college students, faculty and staff.

### 2. **American Institute for Preventive Medicine**

**Mission:** develop and implement health promotion, wellness, medical self-care and disease management programs and publications. Organization has as clients companies, unions, healthcare institutions, government, education and consumers interested in reducing health care costs and absenteeism, and improving employee health and well being.

**Tactics:** create products designed to educate, motivate and change behavior.

**Programs:** publications, lifestyle change programs, individual tools (Self-Exam Shower Guides, Cold & Flu CareKit, etc.), etc.

### 3. **Annie E. Casey Foundation**

**Mission:** Serving children and families. Building supportive communities. Reforming public systems. Gathering and evaluating data. Promoting equity. Achieving results.

**Tactics:** Multi-year, multi-site commitments that enable them to invest in long-term strategies and partnership that strengthen families and communities.

**Programs:** *Casey Strategic Consulting Group:* combine private sector management consulting strategies with the Foundation's system reform expertise to transform management, accountability structure, operations and front-line practice of public agencies.

*Civic Sites:* (Atlanta, Baltimore, New Haven) where AECF has hometown connections.

*Family to Family:* improve child welfare outcomes in 17 states by advocating for more children to remain in-family or family-like settings, and redesign and reconstruct foster care systems.

*Family Economic Success:* heavy investment in a set of approaches and projects collectively called FES that focus on strengthening families in order to improve child outcomes (via find/keep work, save/grow finances, etc.)

*Juvenile Detention Alternatives Initiative:* policies and programs that help youth in juvenile justice system maximize their chances of success, reduce their likelihood of incarceration and minimize the risk they pose to society.

*KIDS COUNT:* funding and tech. assistance for nationwide network of grantee projects that collect data on and advocate for child wellbeing at state and local levels.

*Leadership Development:* build leadership focused on disadvantaged children and families.

*Making Connections:* multi-year, multi-site effort to improve conditions in toughest national neighborhoods.

*Plain Talk:* neighborhood-based initiative to help adults, parents, and community leaders develop skills to communicate effectively with young people about early sexual activity.

Another 14 ancillary initiatives.

#### 4. Center for Health Care Strategies

**Mission:** CHCS works directly with state and federal agencies, health plans, providers, and consumer organizations to design and implement strategies to improve health care for people with complex and high-cost health care needs. They provide collaborative-learning opportunities where Medicaid and other public and private health care purchasers can work together, share best practices, and design programs that reward high quality care.

**Tactics:** three core initiative areas: Quality Improvement and Financing, Racial and Ethnic Disparities, People with Complex and Special Needs. Issue areas include Children's Health (asthma, oral health, etc.),

**Programs:** *The Bronx Improving Asthma Care for Children Project.* Affinity Health Plan sought to address the widespread problem of childhood asthma in New York City through a collaborative effort to establish an early detection, early intervention process coupled with state-of-art pediatric asthma treatment methods and community- and home-based family.

*Reducing Racial and Ethnic Disparities:* Quality Improvement in Medicaid Managed Care Toolkit. This toolkit details the experiences of a collaborative workgroup of Medicaid managed care organizations, Improving Health Care Quality for Racially and Ethnically Diverse Populations. The workgroup was directed by CHCS and funded by the Robert Wood Johnson Foundation and The Commonwealth Fund;

*SoonerCare: Improving Care for Native Americans with Diabetes.*

*Improving Health Care Quality for Racially and Ethnically Diverse Populations.*

*From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground Level.*

#### 5. Centers for Disease Control and Prevention Foundation

**Mission:** independent, nonprofit enterprise that forges effective partnerships between CDC and others to fight threats to health and safety.

**Tactics:** to expand the world of possibility for the CDC and enable CDC scientists to pursue public health programs that might not otherwise be possible.

**Programs:** Foundation currently manages four strategic initiatives and more than 100 programs in the United States and in 33 countries around the world. *Healthy Workforce U.S.A.:* enhance health and safety programs for employees and their families in select corporations, including assessment, targeted interventions with CDC oversight and evaluation.

*Meta-Leadership Summit for Preparedness:* working with COTPER, Harvard School of Public Health, and RWJF to pilot and institutionalize series of learning and networking experiences for business, governmental and nonprofit leaders to lead during a crisis.

*Corporate/CDC Fellowship and Exchange Initiative:* 3 programs to promote ongoing exchange of expertise and knowledge around areas of shared interest in public health.

*Bloomberg Global Initiative to Reduce Tobacco Use:* establish systematic surveys to monitor global tobacco use among adults via WHO and CDC survey protocol.

Initiative partners also include the Campaign for Tobacco-Free Kids, the World Lung Foundation, the Johns Hopkins Bloomberg School of Public Health and WHO.

*Healthy Lifestyles:* support CDC mission via partnerships designed to promote healthy lifestyles and behaviors, e.g.: grants to states to prevent smoking among urban youth; messages to seniors and their families about fall prevention;

*Healthy Lifestyles for Children;* school-based nutrition and physical activity programs; mobile mammography screening programs; preschool nutrition and PA kits;

*Research and Other Programs:* funding for CDC research, e.g.: air pollution and asthma in children; Zinc Deficiencies in Low Income Children; Osteoarthritis Project.

*Global Health:* protect Americans and eradicate worldwide threats via sharing knowledge and expertise in public health – e.g. Training program in Kenya to help local scientists respond to disease outbreaks, Development and Introduction of Rotavirus Vaccine, Distribution and Mobilization of Safe Water – Afghanistan, Dengue Fever in Indonesia, HIV/AIDS in rural Zimbabwe, Malaria Scholars Project, etc.

## 6. Commonwealth Fund

**Mission:** to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

**Tactics:** The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

**Programs:** various high performance health system efforts; 4 programs for special populations, including *Quality of Care for Underserved Populations\**, *Child Development and Preventive Care*, *Quality of Care for Frail Elders*, *Fellowship in Minority Health Policy*; international program in health policy and practice. \*Goal of the QCUP is to improve quality of health care delivered to low-income Americans and members of racial and ethnic minorities and reduce racial and ethnic health disparities; focus on safety net institutions and other health care settings that serve large numbers of low-income and minority patients. Strategies include finding and promoting high performance health systems; “promoting health care that is culturally competent and patient-centered.” Recent projects include a project led by Bruce Siegel of George

Washington University, and a roundtable entitled “Cultural Competency: Understanding the Present and Setting Future Directions” at Johns Hopkins, etc.

## 7. Doris Duke Charitable Foundation

**Mission:** improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and the prevention of child maltreatment...

**Tactics:** conducts extensive research to identify gaps or needs that the foundation can address in the fields it supports. Typically, this research leads to the development of a grant "initiative," which supports a set of related grants that advance a specific goal or objective. Once an initiative is developed, grants are awarded via foundation-initiated invitations to apply, re-granting competitions that are administered by service organizations, and competitions that are run using request-for-proposal processes. Occasionally, the foundation also supports opportunistic (reactive) grants that are more broadly related to the programs' missions. Usually grants are multi-year and range from \$125K to \$3M.

**Programs:** 4 program areas, two of which are *Medical Research Program*-- seeks to contribute to the prevention and cure of disease by supporting clinical research, and the *Child Abuse Prevention Program* - seeks to protect children from abuse and neglect in order to promote their healthy development.

*Medical Research Program includes as 1 of 3 strategies Improving African Health through Research (global focus) which supports research-based projects that improve health and strengthen regional health systems in sub-Saharan Africa through the following two grant programs: The African Health Initiative, and the Operations Research on AIDS Care and Treatment in Africa Program.*

## 8. FasterCures

**Mission:** identify and implement global solutions to accelerate the process of discovery and clinical development of new therapies for the treatment of deadly and debilitating diseases.

**Tactics:** considers itself an action think tank; outlines as tactics:

1. Evaluating current systems of disease prevention, research, development, and treatment;
2. Identifying barriers to efficiency, effectiveness and expediency in those systems;
3. Creating achievable action plans to improve those systems;
4. Providing leadership and expertise in implementing those action plans in concert with organizations searching for new medical solutions.

**Programs:** *FasterCures Philanthropy Advisory Service:* RWJF and Gates funding to help identify and characterize opportunities to support non-profit medical research and provide that data to foundations, independent philanthropists and their advisors through publications and direct consulting services.

*Innovation in Disease Research (TRAIN):* convening leadership of organizations known for successfully implementing innovative approaches to research initiatives.

*Patients Helping Doctors (PHD):* increase understanding of the critical role patients play in research.

*Nationwide Health Information Network:* co-sponsored with Markle Foundation to highlight importance of including research needs in the Nationwide Health Information Network (NHIN), determine how best to accomplish.

*Think Research -- Electronic Medical Records:* accelerate cures through emerging national health information network.

*Think Research – Healthcare Information Portal (HIP):* create HIP as information portal to healthcare databases, resources and patient care communities.

*BioBank Central:* source of information and news about importance of biospecimens (tissue and blood), how to donate them, how they are collected, how biobanks work.

## 9. Kaiser Family Foundation

**Mission:** non-profit, private operating foundation focusing on the major health care issues facing the U.S., with a growing role in global health. Unlike grant-making foundations, Kaiser develops and runs its own research and communications programs, sometimes in partnership with other non-profit research organizations or major media companies.

**Tactics:** serve as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public. Their product is information, always provided free of charge – from the most sophisticated policy research, to basic facts and numbers, to information young people can use to improve their health or elderly people can use to understand their Medicare benefits.

**Three key tactics:**

**Policy Analysis and Research:** foundation serves as an evidence-based voice for people in the health system, using research and analysis (and often just basic facts) to foster understanding of increasingly complex policy issues in the U.S. Much of their work focuses on the issues and debates affecting those most vulnerable and disadvantaged, including Medicaid and Medicare beneficiaries, the uninsured, people living with HIV/AIDS, low-income women, and racial and ethnic minorities.

**Health News and Information:** clearinghouse for news and information -- providing health policy news and information – giving free and “virtual” access to health policy news to level the playing field for access to information – and assisting working journalists to improve the coverage of health in the mainstream media.

**Public Health Information Campaigns:** developing and helping run large-scale public health information campaigns in the U.S. and around the world. These currently focus on HIV/AIDS, with an emphasis on reaching young people. Foundation campaigns are based on a model of public service programming pioneered by the Foundation – and a multi-platform communications strategy that goes beyond traditional “PSAs.” Current partners in the U.S. include MTV, BET, Univision, Viacom/CBS, and Fox. Kaiser's campaigns reach tens of millions of people annually, and have won Emmy and Peabody awards.

**Programs:** Work focused in three main areas: Health Policy, Media and Public Education, and Health and Development in South Africa.

**Health Policy:** provide facts, analysis and explanation on health policy issues to policymakers, the media and the public; one focus in this program area is

*Race/Ethnicity and Health Care;*

**Health and Development in South Africa:** focused on developing a more equitable health system and a successfully democracy.

## 10. Lance Armstrong Foundation

**Mission:** Improve the quality of life of people living with cancer.

**Tactics:** fund research, community programs and public education and outreach efforts that impact survivors and their families.

**Programs:** *LiveStrong Survivorship Center of Excellence Network:* advances the concept of survivorship through collaboration. Network members provide essential direct survivorship services and address critical issues such as research and new interventions in order to provide the most effective survivorship care.

*Community Program* – LAF awards planning, implementation and evolution grants to community, non-profit organizations to serve the needs of people living with cancer.

*Young Adult Alliance* – group of committed individuals and organizations that have come together to effect positive changes in clinical care, survival rates and quality of life for young adults with cancer.

*National Partnerships* – to help meet the needs of people living with cancer, LAF National Partnerships help LAF identify, evaluate and form long-term cooperative agreements with national non-profit organizations, which leverage the strengths and resources of both organizations.

## 11. Nathan Cummings Foundation

**Mission:** build a socially and economically just society that values and protects the ecological balance for future generations; promotes humane health care; and fosters arts and culture that enriches communities.

**Tactics:** Health Program Area: improve people's health and wellbeing, especially those who confront barriers due to low- to moderate-socioeconomic status, race, ethnicity, and gender. They define health broadly and include within their expanded view the link between physical health and the economic, social, environmental and psychological factors that affect individuals, families, and communities. Special attention is given to efforts that address the health disparities that exist between the rich and the poor, build bridges between the common concerns of disparate constituencies, and recognize the strategic importance of employing a variety of approaches (coalition building, research, litigation, to name a few) to produce institutional change. Priority attention is given to efforts that are national in scope and efforts that have the potential of having a multi-state or statewide impact and can be replicated.

**Programs:** (e.g.) **National Council of La Raza, \$100,000 over 1 year, Health Policy Project**, to support the Health Policy project, an initiative to strengthen the participation of the Latino community in national health policy debates over the availability and structure of publicly financed health programs, as well as in broader health reform efforts on the state and national level.

## 12. National Association for Health and Fitness

**Mission:** ensure that all Americans share in the social, economic, health and environmental benefits that come from living physically active lifestyles. Founded in 1977 by President's Council on Physical Fitness.

**Tactics:** promote physical fitness and healthy lifestyles by fostering and supporting Governor's and State Councils on the promotion of physical fitness, sports and healthy lifestyles in every state and US territory.

### 13. Oral Health Foundation

**Mission:** increase the number of people who receive appropriate care by enhancing access to care for the underserved; promoting effective and innovative models of preventive care; raising awareness of the importance of oral health; strengthening oral health training and education to increase culturally-competent health professionals

**Tactics:** work with community leaders and non-profits to improve oral health in the underserved in MA via community-based prevention and early childhood intervention. Also have focus area on cultural competency for oral health professionals (MA based, but may have oral health best practices that CRI will want to elevate, disseminate).

### 14. Pew Charitable Trusts

**Mission:** “TPCT is driven by the power of knowledge to solve today’s most challenging problems. Pew applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.”

**Tactics:** *BROAD – ED:* partner with a diverse range of donors, public and private organizations and concerned citizens who share their commitment to fact-based solutions and goal-driven investments to improve society.

**Programs:** PCT has 18 focus areas/programs ranging from family financial safety and religion and public life and corrections and public safety and government performance.

**Children and Youth (national):** supports efforts to prevent children from languishing in foster care without safe, permanent families. They work to provide access to high-quality preschool for all three- and four-year-olds. They support a public health initiative that seeks to reduce young people’s exposure to alcohol advertising.

**Health:** initiates programs aimed at improving health policy and exploring the implications of new technologies. They partner with authorities in health care and public health policy and associated fields to conduct research and advance fact-based solutions to compelling problems. – specific Health focuses include *Alcohol, Biomedical Research, Health Care* (aggressive marketing of drugs and devices that raises questions about doctors’ independence, to Medicaid policy reforms to the promise of genetic testing.)

**Public Health:** Pandemic Preparedness Initiative, Health Tracking System

**Science:** programs related to science that are aimed at improving the quality of scientific research as well as making data widely available. These projects are working toward solutions to environmental, health and safety dilemmas. They also have a decades-long commitment to support groundbreaking research by biomedical researchers early in their careers. Specific Science programs include *Agricultural Biotechnology, Biomedical Research, Genetics & Public Policy Center, Nanotechnology.*

### 15. Robert Wood Johnson Foundation

**Mission:** foundation is devoted exclusively to improving the health and health care of all Americans, working with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

**Tactics:** four “goal areas”:

1. To assure that all Americans have access to quality health care at reasonable cost.
2. To improve the quality of care and support for people with chronic health conditions.

3. To promote healthy communities and lifestyles.
4. To reduce the personal, social and economic harm caused by substance abuse tobacco, alcohol and illicit drugs.

**Programs Areas:**

1. Building Human Capital: Fostering a diverse group of promising scholars and professionals through leadership development, training and research to ensure that the U.S. has a sufficient, well-trained workforce to meet its needs.
2. Childhood Obesity: Reversing the childhood obesity epidemic by 2015 by improving access to affordable healthy foods and increasing opportunities for physical activity in schools and communities across the nation.
3. Health Insurance Coverage: Ensuring that everyone in America has stable, affordable health care coverage through the development of policies and programs to expand health coverage and maximize enrollment in existing coverage programs.
4. Pioneer: Supporting innovative projects that may significantly accelerate critical breakthroughs in health and health care.
5. Public Health: Strengthening the practice of public health and the implementation of policies to ensure the system can fulfill its vital role in protecting the safety and health of all Americans.
6. Quality/Equality: Helping communities set and achieve ambitious goals to improve the quality of health care in ways that matter to all patients and their families, and in particular to patients from specific racial and ethnic backgrounds who often experience lower-quality care.
7. Vulnerable Populations: supports promising new ideas to help overcome longstanding health challenges for the people in society who bear an excess of the burden of disease.

**16. W. K. Kellogg Foundation**

**Mission:** supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.

**Tactics:** Grants are made in the four areas of: Health, Food Systems and Rural Development, Youth and Education, and Philanthropy and Volunteerism. All programming in these four interest areas is tailored to meet the needs of each geographic region.

**Programs:** the **Health Program** seeks to “promote health among vulnerable individuals and communities through programming that empowers individuals, mobilizes communities, engages institutions, improves health care quality and access, and informs public and marketplace policy.” Foundation strategies to deliver on the Health program objective are: *Community Voices: HealthCare for the Underserved*; *School-based Health Care Policy Program*; *Health General Grantmaking*.

*Community Voices...* is managed by the National Center for Primary Care (NCPC) at the Morehouse School of Medicine. NCPC coordinates the efforts of several resource groups to assist these eight communities working on this national effort.

*School-based Health Care Policy Program* is managed by the National Assembly on School-Based Health Care (NASBHC) and nine of its state affiliates. SHCP is a 5-year

grant program that works with numerous local school-based health centers, state affiliates or grantees to implement a broad array of strategies to increase the sustainability of school-based health centers, including grassroots advocacy, community organizing, technical assistance, and data collection.

**The Food Systems and Rural Development...** The program goal is to help meet the needs for a safe and nutritious diet, while ensuring that food production systems are environmentally sensitive, economically viable, sustainable over the long term, and socially responsible. NOTE: Kellogg is seeking to support its significant childhood obesity prevention and intervention efforts by doing cross-program work between the Food Systems program and the Health Program.

Kellogg also funds programs in S. Africa, seeking to promote changes in the social and economic systems that make new growth possible, and to support economic advancement for all to include great public participation in policymaking and institutional reform – grants in Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe. Also carries out grant making in Latin America and the Caribbean, focusing on promoting regional development (break cycle of poverty in selected micro-regions) and apply knowledge and best practices with respect to leadership development, citizenship and social responsibility.