

# Health Care Foundation

OF GREATER KANSAS CITY



2013 PERFORMANCE REVIEW  
*A Report by the  
Community Advisory Committee*





## The Community Advisory Committee

### Vision Statement

Healthy People in Healthy Communities

### Mission Statement

The Community Advisory Committee provides leadership to the Health Care Foundation of Greater Kansas City by identifying and electing its directors, assessing its performance annually, and providing input about the health needs of the uninsured and underserved in its service area.



### Vision Statement

Healthy People in Healthy Communities

### Mission Statement

Provide leadership, advocacy and resources to eliminate barriers and promote quality health for the uninsured and underserved in our service area.

*The extensive nature of this report was made possible by the assistance of the HCF associates who were unfailingly responsive to various requests for information and data. Every effort has been made to assure the accuracy of information contained within this report. The opinions expressed are those of the Community Advisory Committee.*



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## Introduction

The Community Advisory Committee (CAC) shares this review of the Foundation’s performance for the 2013 calendar year.

This report also includes some discussion of the HCF lawsuit against HCA – an action initiated in October 2009 with a judgment entered in January 2013 and a stipulated judgment in May 2014.

The CAC has an annual obligation to “review, evaluate and report to the Board on the performance of the Corporation and the Health Care Foundation of Greater Kansas City.”<sup>1</sup> **(See Appendix A: Community Advisory Committee Members)**

Our report shares major achievements, developments, ideas, and emerging issues or concerns of broad interest to the larger community and the general public served by the Foundation.

The Foundation service area is six counties – Jackson, Cass and Lafayette counties (Missouri) and Wyandotte, Johnson and Allen counties (Kansas) – and all of the City of Kansas City, Mo. which includes portions of Clay and Platte counties. **(See Appendix B: A Short History of the Health Care Foundation of Greater Kansas City)**

The report is based on a thorough review of committee minutes, financial statements, the annual audit, IRS Form 990 and interviews and questions of senior HCF associates.

This is the 10th annual performance review.

Previous reports are available on the HCF website.

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<sup>1</sup> Section 6.1.6 of the revised bylaws of the Community Advisory Committee.

## Concerns and Commendations

The heart of the Performance Report in recent years has been the **Concerns and Commendations** section.

This section reflects general matters – often already known and acknowledged – that deserve additional attention, effort or special recognition. Many of these matters are not easily resolved or rectified.

Each year, we revisit our list of prior year concerns to gauge how the HCF board and associates responded to those matters.

### Responses to 2012 concerns

The following table provides the concerns of the 2012 Performance Report (left column) and the HCF response (right column).

| 2012 CAC Concern   | HCF 2013 Action/Response  |
|--|---|
| <p><b>Succession</b></p> <p>In December 2012, HCF president and CEO Steve Roling announced his plan to retire. Roling has been HCF’s only president and chief executive officer. The legitimate concern was who would replace Roling and how will that affect (or not) HCF’s strategic direction and organizational culture.</p>   | <p>Dr. Bridget McCandless was selected president and CEO in September 2013. Having served on the inaugural Board of Directors, she has strong organizational ties to HCF. She has worked in poverty medicine for the last 15 years and has a strong background in health care policy.</p>   |
| <p><b>HCF Litigation</b></p> <p>HCF won a major circuit court decision against the for-profit HCA hospital company concerning its failure to fully perform on covenants included in its purchase agreement of the former Health Midwest system. (More details are in the governance section of the report.) The concern is this will become protracted litigation, leaving an indeterminate outcome and accumulating legal expenses.</p> | <p>In April 2014, HCA stipulated it owes HCF \$77 million in addition to the \$162 million previously awarded for its failure to make required capital expenditures. With accrued interest and attorney’s fees awarded, this brings the total now owed to HCF in excess of \$275 million. The final portion of the case concerning charity care will be heard later in 2014. Final judgment is not anticipated until late 2014 or 2015. At that point, either party can appeal. The annual costs of litigation will be sharply lower once the trial phase is concluded.</p> |

| 2012 CAC Concern  | HCF 2013 Action/Response   |
|---|--|
| <p><b>State Policy</b></p> <p>The Kansas and Missouri legislative sessions were discouraging. Given the opportunity to expand Medicaid and have the federal government bear over 95% of the costs for the first five years, both state legislatures avoided the issue despite diligent, aggressive and well-organized advocacy efforts in both states. Both states are neglecting the opportunity to provide a state-operated health insurance exchange in favor of a federally-operated exchange. In the current political environment, HCF seems to have limited ability to positively affect wide-ranging healthcare policies in either state. (See also Tobacco Tax.)</p> | <p>While Kansas and Missouri chose not to expand Medicaid during the 2013 legislative sessions, there has been very productive work around these issues.</p> <p>There were productive efforts during the 2014 legislative session providing a solid foundation for 2015.</p> <p>A partial win was achieved in Missouri when the Legislature acted to restore prior service cuts again allowing adults to receive most dental services, and increased the rate of reimbursement for oral health care.</p> <p><i>[Note: Missouri Gov. Jay Nixon withheld these and other appropriated funds in June 2014 citing concerns about state revenues and tax cuts]</i></p> <p>HCF participated in health insurance marketplace enrollment efforts through partner organizations as well as a targeted outreach campaign called CoverKC. Lessons learned from this effort will help inform outreach efforts when Medicaid expansion is achieved as well as the 2015 insurance exchange signup.</p> |
| <p><b>Tobacco Tax</b></p> <p>The concern is straightforward. Given the close failure of three statewide efforts to increase the tobacco tax in Missouri (2002, 2006 and 2012), will HCF and others find the courage and the resolve to try again? The Missouri tobacco excise tax is 17 cents per pack, the lowest in the nation, a dubious distinction unlikely to change. HCF has undertaken a thorough review of the election results and gleaned lessons that could contribute to a successful outcome when and if this issue is tackled again.</p>   | <p>HCF completed an evaluation related to the 2012 campaign effort. There were political climate issues that impacted the success as well as issues with messaging. Future efforts will focus on the health-related effects of preventing teens from becoming smokers. HCF will continue to seek other partners and consider the best time to approach the issue again.</p>  |

## 2013 CONCERNS AND COMMENDATIONS

For 2013, the CAC offers the concerns and commendations summarized below.

These issues are discussed in greater detail in the remainder of the performance report.

### CONCERNS (2013)

#### Failure to Expand Medicaid

The failure of both Missouri and Kansas to expand Medicaid is unsettling. The federal government would have paid 100% during the initial three years to cover adults who do not qualify for health insurance tax credits. Efforts in Missouri were more encouraging than Kansas, but neither state acted to fill this “coverage gap” unlike 27 other states including some neighboring states – Iowa, Illinois, Kentucky, Arkansas and Colorado. Failure leaves about 300,000 adults in Missouri and Kansas uninsured.

#### State fiscal policies

Both Kansas and Missouri enacted substantial income tax cuts that will lower future state revenue. It is yet to be determined what effect these cuts will have on health and social service funding for vulnerable populations but both states are experiencing significant revenue shortfalls from budget forecasts.

#### Investment Returns

Investment returns are improving, but achieving the 8% investment target may be difficult to sustain over time. The nine-year return is 4.9% though the most recent five-year return was 11.7%.

#### Board Diversity

There are seven women HCF directors – down from 10 in 2007 – and there is no representative from Wyandotte County. The lack of a Wyandotte County director is a significant omission given its population and significant HCF grant making in the county. Diversity, inclusiveness and broad representation are important HCF values. With a small, 21-member board serving such a huge area and diverse population, achieving this goal can be challenging and necessarily will fluctuate from year to year.

#### Care for immigrants

The Affordable Care Act precluded the enrollment of undocumented immigrants through the insurance marketplace. Safety net systems are assessing the best way to continue to serve this important portion of the uninsured.

## **COMMENDATIONS (2013)**

### **Health insurance coverage**

Cover KC was a major HCF effort to reach the uninsured in the six-county area. This was a strategic decision to act in the absence of significant federal or state efforts. The targeted outreach included 39,000 phone calls, 340,000 mail pieces, and 58,000 door knocks. HCF partnered with agencies to accept referrals for in-person assistance around insurance options. The effort included partner agencies whose existing staff were trained and certified to work with and enroll hard-to-reach populations.

### **Oral Health**

Oral health was an area of great success this year, particularly the Missouri Coalition for Oral Health. A key accomplishment was appointment of a Missouri state dental director – the first director in over a decade. Missouri Legislature reinstated \$48.2 million in Medicaid for coverage of adult dental needs and to increase dental provider reimbursement rates. The governor has withheld the new spending.

### **KC Health Matters**

HCF, in partnership with the Healthy Communities Institute and the Kansas Health Institute, developed and deployed an informative website with comparable health data for the six-county area. The website includes publicly available data from the U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), Information for Community Assessment and others. The data is generally available at the county level and can be tracked over a period of years. Data can be sorted based on the community, the population or the condition, and is updated regularly. The website also includes a national data base highlighting promising or evidence-based practices that can serve as models for other agencies. Several local best practices are included.

### **Rural Representation**

The 2014 HCF chair is from Cass County – the first from one of the three smaller HCF counties (Cass, Allen and Lafayette). This is significant given earlier issues with smaller county representation on the HCF board.

### **Foundation Collaboration**

Several Missouri and Kansas health-related foundations have developed a collaborative approach to grant making and advocacy. HCF is a partner in the Kansas Grant Makers in Health and this year contributed to the Opportunity Fund which allowed for collective funding of opportunities in Kansas, particularly related to the federal Affordable Care Act. HCF also partnered with Missouri Foundation for Health and The REACH Healthcare Foundation for insurance enrollment outreach. These kinds of productive geographic-based relationships are unusual.

### **Kansas City Health Care Levy**

Voters in Kansas City, Mo. overwhelmingly approved renewal of a health care levy that provides approximately \$15 million annually to support safety net institutions including Truman Medical Centers. This effort enjoyed HCF support and is indicative of the strong HCF commitment to advocacy.



### **Non-Profit Journalism**

HCF continued to work to support the development of a media backbone that would allow collaborative development of health-related news stories in multiple media—radio, television, print, and electronic media. This is an ongoing, emerging, important development that informs local policy development, health education and marketplace knowledge.

### **Ethics Policy**

This is a perennial commendation. While it might be taken for granted, consistent adherence to HCF’s model ethics policy always deserves commendation. Continued strict adherence to this tough standard – a rigorous independent review process, transparency and full disclosure – assures confidence in the grant selection and awards process.

### **Special Initiatives Fund**

The 2013 decision to set aside \$1 million in grant monies for a “high impact initiatives” is significant. The fund will support “far-reaching, systems-level, larger impact grants” to be selected based on careful staff review and board approval. This is further evidence of the maturation of the foundation.

### **Successful CEO transition**

The HCF board was able to successfully implement a thoughtful succession plan and select a highly-regarded, skilled new leader from hundreds of candidates. The leadership transition has gone smoothly with HCF sustaining its focus and momentum.

### **Cultural Competency**

The HCF board has supported many organizations with cultural competency training. This is an important area for health care providers, non-profits and community-based organizations who are serving diverse populations. The effort was undertaken in partnership with three other local funders – The REACH Healthcare Foundation, Jackson County Mental Health Fund and the Schumaker Foundation.

### **Self-Evaluation**

The HCF is committed to periodic self-evaluation of its effectiveness as a philanthropic organization by tapping the national expertise of outside organizations. The Center for Effective Philanthropy, in the past two years, has done a Grantee Perception Report and a Stakeholder Assessment Report. HCF is commended for benchmarking its performance against other foundations and its willingness to share the results. Both reports are available on HCF’s website.

## HCF FINANCES: *Strong returns*

The overall strength of the 2013 financial markets is evident in the performance of the HCF endowment.

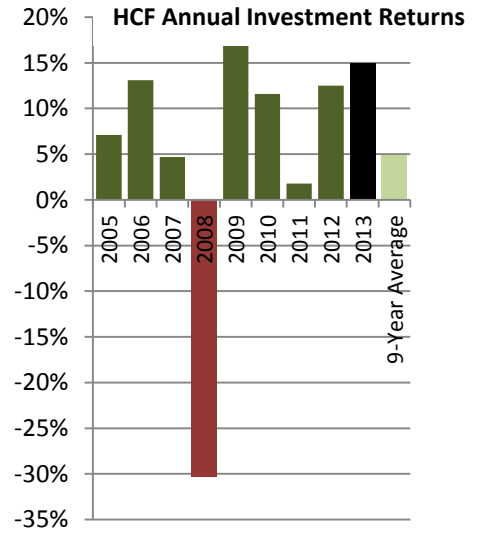
In 2013 the HCF endowment had its second-best performance year, with a 14.9% return.<sup>2</sup>

It also appears the long-term investment policy is starting to show results based on a strategy of increased diversification, higher investment returns and less volatility.<sup>3</sup>

The overall investment portfolio now includes fewer publicly traded stocks and new commitments to private equity, emerging market debt and potential infrastructure investments. HCF historically has not invested in commodities or in “frontier” emerging markets.<sup>4</sup>

For the three-year period 2011-13, the HCF endowment earned an average 9.9% return – the top-performing portfolio among regional healthcare foundations.

(See Table, Financial Return for Area Healthcare Foundation Endowments)



| Financial Return for Area Healthcare Foundation Endowments |                         |             |              |             |                |
|--|-------------------------|-------------|--------------|-------------|----------------|
| Organization   | Annual Compound Returns |             |              |             | 12/31/13       |
|  | 1-Year                  | 3-Year      | 5-Year       | 9-Year      | NET ASSETS     |
|  | 2013                    | 2011-13     | 2009-13      | 2005-13     | In (M's)*      |
| Kansas Health Foundation                                   | 14.2%                   | 7.1%        | 12.0%        | 6.5%        | \$519.5        |
| The REACH Healthcare Foundation                            | 13.9%                   | 7.6%        | 11.4%        | 6.5%        | \$135.6        |
| Research Foundation  | 16.9%                   | 9.0%        | 10.8%        | 6.4%        | \$61.6         |
| Greater Kansas City Community Foundation                   | 14.5%                   | 7.7%        | 10.1%        | 5.9%        | \$606.3        |
| Wyandotte Health Foundation                                | 14.8%                   | 8.0%        | 10.9%        | 5.0%        | \$42.5         |
| Healthcare Foundation of Greater KC                        | 14.9%                   | 9.9%        | 11.7%        | 4.9%        | \$514.2        |
| Missouri Foundation for Health                             | 14.2%                   | 8.2%        | 12.2%        | 4.7%        | \$1,099.0      |
| Sunflower Foundation                                       | 13.2%                   | 6.0%        | 8.3%         | 4.2%        | \$93.1         |
| United Methodist Health Ministry Fund                      | 11.3%                   | 5.3%        | 8.9%         | 4.0%        | \$57.9         |
| <b>AVERAGE RETURN PER YEAR</b>                             | <b>14.2%</b>            | <b>7.7%</b> | <b>10.5%</b> | <b>5.2%</b> | <b>\$347.7</b> |

<sup>2</sup> The best year was 2009, with a 16.9% investment return.

<sup>3</sup> HCF investment advisors Hewitt EnnisKnupp offered this assessment: “The fund performed very well both in absolute terms and relative to peers, allowing plan assets to grow even as grants were awarded to various organizations through the year.” Hewitt EnnisKnupp memo Nov. 25, 2013.

<sup>4</sup> “Frontier” emerging markets are those with lower market capitalization and liquidity as compared to developed emerging markets which includes the likes of Brazil, China, India, Indonesia, Mexico, Russia, South Korea and Turkey. See HCF Finance & Investment Committee minutes, July 25, page 3.

The more appropriate comparison is how HCF performed relative to major national endowments. The group included both private and public endowments with an average endowment size of \$557 million – roughly the size of the HCF endowment.

The 10.2% return for the two-year period 2011-13, ranked HCF performance among the top performers (11<sup>th</sup> percentile), but dropped to the 39<sup>th</sup> percentile based on the 2013 investment returns.<sup>5</sup> The “rank” in the table is percentile rank compared to all the endowments included with one being the best and 99 the worst.

The Finance and Investment Committee actively monitors the performance of its various investment managers through periodic reviews and face to face meetings.

| <b>HCF Investment Returns: Comparison to National Endowments</b> |              |                   |                        |               |                            |                        |
|--|--------------|-------------------|------------------------|---------------|----------------------------|------------------------|
| <b>Time Period</b>   | <b>Years</b> | <b>HCF Return</b> | <b>25th Percentile</b> | <b>Median</b> | <b>HCF Percentile Rank</b> | <b># of Portfolios</b> |
| <b>2013</b>  | 1            | 15.8%             | 17.1%                  | 14.8%         | 39                         | 383                    |
| <b>2011 - 2013</b>   | 3            | 10.2%             | 9.2%                   | 8.2%          | 11                         | 350                    |
| <b>2009 - 2013</b>   | 5            | 11.9%             | 12.6%                  | 11.4%         | 38                         | 288                    |

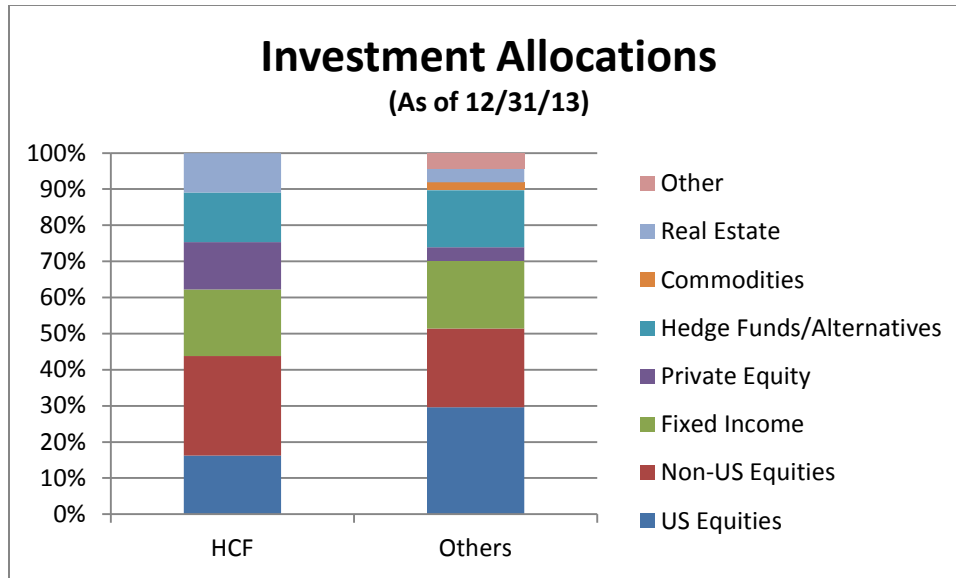
HCF also received a significant \$1.3 million settlement related to litigation involving a 2007 investment in a structured hedge fund in mortgage-based securities.<sup>6</sup>

The HCF asset allocation differs from other area health care foundations.<sup>7</sup> **(See HCF Endowment Historic Allocation, Appendix C)**

<sup>5</sup> Information is from a report by Hewitt EnnisKnupp based on investment returns as of 12/31/13.

<sup>6</sup> The investment was made in 2007 with Highland Opportunity Fund in 2007. In 2008, HCF and took a major loss in the fund. There was a resulting litigation which resulted in a \$1.3 million settlement in August 2013. Overall there was a 62.1% recovery on the initial investment. A detailed discussion on the investment and the “lessons learned” is found in HCF Finance & Investment Committee meeting minutes, Sept. 16, 2013.

<sup>7</sup> Many of the smaller foundations do not have outside independent investment advisors assisting the investment strategy.



HCF continues to use outside independent investment advisors who help select investment managers based on agreed-upon asset allocation and HCF investment objectives.<sup>8</sup>

The strong investment returns pushed the HCF’s portfolio above its “contributed capital” for the first time since 2007. (See table following page) “Contributed capital” is the sum of the original endowment created from the proceeds of the Health Midwest sale and any additional proceeds later received.<sup>9 10</sup>

“Contributed capital” once had important legal and operational considerations.<sup>11</sup> Its importance diminished with Missouri’s adoption of the 2009 Uniform Prudent Management of Institutional Funds Act (UPMIFA), which provides greater flexibility in making distributions when values drop below that amount.<sup>12</sup>

Each year, HCF calculates its net asset value based on the “contributed capital” as adjusted by the Consumer Price Index. This practice calculates the potential loss of purchasing power based on net assets and the effect of inflation since HCF’s inception.

<sup>8</sup> Hewitt EnnisKnupp has been HCF’s investment advisor from the outset. HCF’s investment fees for 2013 were \$3.5 million – \$226,000 for Hewitt EnnisKnupp and \$3.2 million for investment advisory fees and about \$27,000 in interest fees on a line of credit.

<sup>9</sup> In prior years, this was referred to as “historic dollar value.”

<sup>10</sup> An \$800,000 contribution was received from Community Health Group which managed the wind down of Health Midwest.

<sup>11</sup> Expenditures that would cause net assets to drop below the “historic dollar value” – now called “contributed capital” – previously required approval by two-thirds of the board.

<sup>12</sup> HB 239 was signed into Missouri law July 10, 2009. More information is available at [www.upmifa.org](http://www.upmifa.org) and [UPMIFA: A Summary](#). The pertinent section states: *UPMIFA builds upon UMIFA’s rule on appreciation, but it eliminates the concept of “historic dollar value.” UPMIFA states that the institution “may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established.” Seven criteria guide the institution in its yearly expenditure decisions: “1) duration and preservation of the endowment fund; 2) the purposes of the institution and the endowment fund; 3) general economic conditions; 4) effect of inflation or deflation; 5) the expected total return from income and the appreciation of investments; 6) other resources of the institution; and, 7) the investment policy of the institution.”* The HCF bylaws were amended in June 2011 to reflect these changes. See [First Amendment to the Fourth Amended and Restated Bylaws](#).

| Contributed Capital and Year End Net Assets |                                    |                              |            |
|---|------------------------------------|------------------------------|------------|
| Year  | Contributed Capital Value (\$000s) | Year End Net Assets (\$000s) | Difference |
| 2004  | \$405,041                          | \$435,114                    | \$30,073   |
| 2005  | \$405,478                          | \$457,453                    | \$51,975   |
| 2006  | \$445,503                          | \$544,517                    | \$99,014   |
| 2007  | \$445,503                          | \$548,997                    | \$103,494  |
| 2008  | \$445,484                          | \$349,379                    | -\$96,105  |
| 2009  | \$445,484                          | \$384,255                    | -\$61,299  |
| 2010  | \$478,828                          | \$445,965                    | -\$32,863  |
| 2011  | \$478,828                          | \$429,882                    | -\$48,946  |
| 2012  | \$479,828                          | \$461,964                    | -\$15,864  |
| 2013  | \$480,628                          | \$513,644                    | \$33,016   |

The 2013 year-end report shows a loss of \$67.8 million in purchasing power since inception of the endowment. (See Appendix D, Review of Inflation on Historic Dollar Values).

During that same period \$161.5 million in grants were paid.

### Other

HCF continues to use its Line of Credit to financial advantage and gain. A \$20 million line of credit was extended in April 2012 at a low interest rate of slightly less than 1%.<sup>13</sup> At this rate it makes sound financial sense to preserve equity holdings and other investments, rather than to liquidate them to meet cash requirements for periodic grant payments or operating needs.

### Administrative Costs

Overall HCF administrative costs are less than 1% of net assets in any given year. This reflects an intentional effort to run a low-cost, no-frills foundation dedicated to putting as much funding into programs and grant making as practical.

| Operating Expenses as a Percent of Net Assets (\$000s) |         |         |         |         |         |         |         |         |
|--|---------|---------|---------|---------|---------|---------|---------|---------|
|  | 2007    | 2008    | 2009    | 2010    | 2011    | 2012    | 2013    | 2014*   |
| Total Net Assets                                       | 548,997 | 349,379 | 384,255 | 445,964 | 431,578 | 465,855 | 518,312 | 495,700 |
| Operating Expenses                                     | 1,502   | 1,943   | 2,328   | 2,902   | 4,346   | 2,931   | 3,279   | 3,373   |
| Operating Expense %                                    | 0.27%   | 0.53%   | 0.53%   | 0.50%   | 0.56%   | 0.63%   | .63%    | .78%    |

\*Net assets as of Sept. 2013 with projected 2014 budgeted amount. The projected 2014 operating expenses ratio is 1.17% when anticipated legal expenses are included

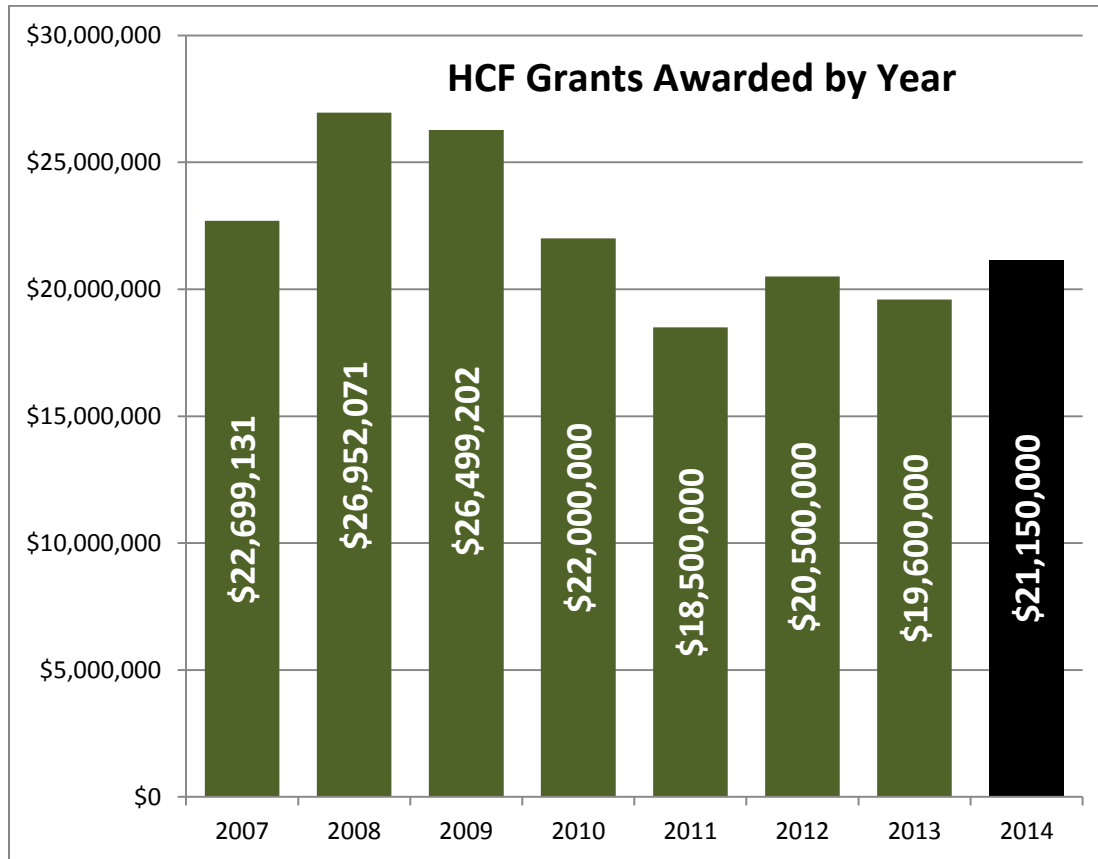
<sup>13</sup> The line of credit interest rate is 75 basis points plus 30-day LIBOR (London Interbank Offered Rate)

## GRANT MAKING: *Supporting others*

Grant making in 2013 totaled \$19.6 million, less than the peak of \$26.9 million granted in 2008.

Over the seven-year period 2007-2013 HCF made 1,119 grants totaling over \$156 million. (See [HCF Key Statistics 2007-13, next page](#))

Budgeted grants for 2014 are \$21.15 million, an increase over 2013.



There were 198 grants awarded in 2013. A comprehensive listing of 2013 grants is included in the Appendix. (See [Appendix E: 2013 Grant Making Consolidated Listing](#))

The average grant in 2013 was \$96,480. There were 72 grants under \$50,000 awarded in 2013, of which 53 were Applicant Defined Grants.<sup>14</sup>

There were 346 total grant applications submitted in 2013, fewer than in prior years. The 2013 total grant dollar amount requested was \$38.6 million.

In the last two years, there have been refinements to the Foundation Defined Grant (FDG) process. These shifts were made in response to the advice of external reviewers and the request of grantees for clarification of expectations. These changes required considerable work and expertise on the part of HCF staff:

- Healthy Lifestyles RFP changes included a heavier emphasis on policy evolution related to healthy communities rather than only personal change in healthy eating and active living.

<sup>14</sup> Applicant Defined Grants (ADG) are capped at \$75,000. Each organization can submit one application annually.

# HCF Grant Making Key Statistics 2007-2013

| County                             | 2007                | 2008                | 2009                | 2010                | 2011                | 2012                | 2013                | Total                |
|------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|
| Jackson & KCMO                     | \$15,060,639        | \$14,028,224        | \$15,448,083        | \$13,371,582        | \$11,015,578        | \$11,727,488        | \$9,605,199         | \$90,256,793         |
| Cass                               | \$622,800           | \$537,312           | \$593,002           | \$475,000           | \$369,224           | \$547,218           | \$688,056           | \$3,832,612          |
| Lafayette                          | \$431,500           | \$593,707           | \$539,551           | \$159,500           | \$266,233           | \$527,886           | \$258,070           | \$2,776,447          |
| Johnson                            | \$740,428           | \$1,330,231         | \$807,360           | \$500,094           | \$1,030,196         | \$1,263,863         | \$1,231,706         | \$6,903,878          |
| Wyandotte                          | \$2,763,450         | \$2,331,429         | \$2,957,314         | \$2,550,613         | \$2,611,769         | \$1,875,451         | \$2,431,435         | \$17,521,461         |
| Allen                              | \$249,419           | \$182,296           | \$426,918           | \$423,211           | \$207,000           | \$257,370           | \$419,114           | \$2,165,328          |
| <b>HCF Service Area Total</b>      | <b>\$19,868,236</b> | <b>\$19,003,199</b> | <b>\$20,772,228</b> | <b>\$17,480,000</b> | <b>\$15,500,000</b> | <b>\$16,199,276</b> | <b>\$14,633,580</b> | <b>\$123,456,519</b> |
| <b>Initiatives/Advocacy</b>        | <b>\$3,035,601</b>  | <b>\$7,898,872</b>  | <b>\$5,726,974</b>  | <b>\$4,520,000</b>  | <b>\$3,025,000</b>  | <b>\$4,029,983</b>  | <b>\$4,469,400</b>  | <b>\$32,705,830</b>  |
| <b>Total grant dollars awarded</b> | <b>\$22,903,837</b> | <b>\$26,952,071</b> | <b>\$26,499,202</b> | <b>\$22,000,000</b> | <b>\$18,525,000</b> | <b>\$20,229,259</b> | <b>\$19,102,980</b> | <b>\$156,212,349</b> |
| Total grant dollars requests       | \$46,417,399        | \$48,990,142        | \$68,101,202        | \$56,859,811        | \$43,335,838        | \$50,418,705        | \$38,643,742        | \$314,123,097        |
| % Total dollar requests funded     | 49.3%               | 54.9%               | 38.9%               | 38.7%               | 42.7%               | 40.1%               | 49.4%               | 49.7%                |
| <b>Total grant awarded</b>         | <b>202</b>          | <b>172</b>          | <b>222</b>          | <b>200</b>          | <b>199</b>          | <b>204</b>          | <b>198</b>          | <b>1,199</b>         |
| Total applications received        | 344                 | 294                 | 451                 | 405                 | 397                 | 397                 | 346                 | 2,288                |
| % grant applications funded        | 58.7%               | 58.5%               | 49.2%               | 49.4%               | 50.1%               | 51.4%               | 57.2%               | 52.4%                |
| <b>Average Grant Amount</b>        | <b>\$113,385</b>    | <b>\$156,698</b>    | <b>\$119,366</b>    | <b>\$110,000</b>    | <b>\$93,090</b>     | <b>\$99,163</b>     | <b>\$96,480</b>     | <b>\$130,286</b>     |

- Mental Health RFP has encouraged a greater use of evidence based and promising practices from the field.
- Safety Net RFP has focused on the Triple Aim goals of better care, better health and lower costs.

## Marketplace Coverage Initiative

The largest single grant during 2013 was a \$736,000 initiative grant to support enrollment in the Affordable Care Act.<sup>15</sup>

This was an ambitious and challenging undertaking. There was little or no support in Missouri or Kansas to promote enrollment, few organizations had the capacity to take on the challenge of guiding eligible individuals through the enrollment process, and confusion abounded.<sup>16</sup>

COVERKC Home | Coverage Checklist | Events Calendar

## The **New** Health Insurance Marketplace

**There is a new way to get health insurance that fits your needs and your budget.**

**Here's what you get**  
All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care and prescriptions.

**Financial help is here**  
Financial assistance is available to help cover the cost of your premiums and some may qualify for low-cost or free plans.

**You can only buy marketplace health insurance during an open enrollment period. The marketplace is currently CLOSED but will open again on November 15, 2014.**

To buy marketplace insurance when the market is closed you must have a qualifying life event such as marriage, divorce, birth, adoption of a child or loss of a job.

**See if you can still get coverage through the Marketplace or Medicaid/CHIP.** [CLICK HERE](#)

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En Español

Efforts focused on the federal health insurance marketplace initial open enrollment period Oct. 1, 2013, to March 30, 2014. HCF estimated approximately 100,000 individuals in the HCF service area were eligible for coverage through the marketplace.

Within a very tight time frame, HCF developed a systematic approach to accelerating enrollment and expanding awareness through an outreach campaign called CoverKC.<sup>17</sup>

<sup>15</sup> The HCF board initially approved \$325,000 in August 2013, but later agreed to an additional request of \$410,448 for a period of 12 months. See Program/Grants Committee, Sept. 10, 2013, page 4.

<sup>16</sup> Several Kansas City area organizations applied for federal “health care navigator” grants but none were selected.



HCF President/CEO Bridget McCandless, in a blog announcing the HCF initiative, wrote:

*“The Foundation will invest more than \$700,000 to support outreach, education and enrollment in the health insurance marketplace. Our hope is that this initiative will build awareness of available insurance options through HCF’s existing channels and build a network of trusted and strong community organizations to provide in person assistance. HCF will directly contact uninsured residents of our service and encourage them to sign up via the federal website, hotline and area non-profit organizations....*

*“Of course, there will be some challenges as we move forward but there were challenges in 1966 when the first Medicare beneficiaries signed up and in 2006 when they signed up for Medicare Part D. Both of these required refinements, revisions and a learning curve. Both of these have resulted in significant improvements in the health of those who participate and have come to benefit seniors across all backgrounds.”<sup>18</sup>*



The difficulty of the effort was highlighted in a front-page *Kansas City Star* Sunday story on the grassroots door-to-door effort to sign individuals up prior to the March deadline.

The story quoted one Wyandotte County public health worker:

*“The process is not complicated, but people don’t know about insurance or the ACA. The complicated part is we have to explain to them how it works.”<sup>19</sup>*

### Significant grants

HCF currently has an active grant portfolio of 250 grants. Following is a very small sample of grants identified by HCF associates as having a broad scope or impact.

### Cultivate KC – Get Growing

In the summer of 2011, three local organizations including Cultivate KC, Kansas City Community Gardens, and Lincoln University Extension formed a new partnership to help people grow food in Kansas City. The goal of the collaboration was three-fold: deliberate and cooperative learning; streamlining efforts; and building capacity. Since that time the group has:

<sup>17</sup> HCF President/CEO Bridget McCandless observed that the initiative “stretches the definition of who we serve but that outreach is essential to success of the Marketplace.” See Program/Grants Committee, Sept. 10, 2013, page 5.

<sup>18</sup> “October launch of marketplace is an opportunity to finally afford insurance,” Bridget’s Blog, Sept. 11, 2013.

<sup>19</sup> “With a week left in open enrollment period, Obamacare canvassers comb neighborhoods,” *Kansas City Star*, March 23, 2014

- **Informed** 2,800 about urban agriculture as a strategy for promoting health, community building, and economic development;
- **Provided** more than 1,500 hours of technical assistance to growers and food projects;
- **Awarded** 33 grants to organizations seeking to improve infrastructure and horticultural practices in order to expand production and distribution of healthy fruits and vegetables;
- **Helped** start 25 community gardens, 15 urban farms, and five food projects; 21 of these in food desert communities considered uninsured and underserved;
- **Addressed** food policy and systems needs with creation of new collaborations: H2O to Grow, FreshRx, and Your Neighborhood Market;
- **Laid** groundwork for a city-wide initiative to help growers have increased access to water and improve water management;
- **Initiated** development of comprehensive planning and implementation of neighborhood-based food projects.

Investment in this project not only supports sustainability for the organizations served but for the community food system as well.

### **LISC – Neighborhoods NOW Health Advocacy Initiative**

HCF has supported LISC's *NeighborhoodsNOW* Health Advocacy Initiative since 2010.

LISC provided the tools and technical assistance to six under-resourced neighborhoods in Jackson and Wyandotte Counties to build broad support for policies that improve the built environment, encourage physical activity, and increase access to healthy foods.

LISC has been in the forefront of the following policy/environmental change efforts:

- **Adopted** the *KCMO Land Bank*, allowing the City of Kansas City, Mo. to create a Land Bank to help address vacant property issues that are impacting resident health and community environments;
- **Passed** the *Livable Streets Resolution* in the Kansas legislature to encourage infrastructure which supports physical activity and healthy lifestyles;
- **Conducted** a benchmark study that shows a direct correlation between comprehensive community redevelopment efforts and the health of low-income residents.

## **Crittenton – Head Start Trauma Smart**

Head Start Trauma Smart (HSTS) was started in 2008 (funded as initiative by HCF 2010-present) from a clear recognition that a more comprehensive approach to the trauma and its effects was needed after one Kansas City, KS, Head Start experienced 40 deaths of children, staff and family members in 36 months.

Whether seeing a family member die or be arrested, witnessing prolonged community or domestic violence, experiencing child abuse, or living in an environment laden with untreated substance abuse or mental illness, trauma has profound and devastating effects on children, families and their communities.

The HSTS model provides an integrated solution addressing mental health, physical health, and capacity to learn and develop socially. HSTS is creating opportunities for children to enter kindergarten healthy, confident and ready to learn by providing all children, caretakers and teachers with practical skills for effectively addressing trauma.

HCF funding has helped Crittenton leverage funding from the RWJ Foundation, Missouri Dept. of Social Services, Missouri Foundation for Health and other potential funders. This project has been featured in the *New York Times* and other national media.

## **Wyandot Inc.**

Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) are evidence-based courses designed to give the general public skills to respond to a mental health crisis.

HCF funding has allowed Wyandot, Inc. (in conjunction with the seven area community mental health centers) to train 23 individuals as MHFA & YMHFA instructors, doubling the capacity for teaching MHFA in the KC region. Over 40 sessions have been conducted training over 600 participants, most with organizations serving the underserved and uninsured.

Current HCF funding will assist with funding two high profile MHFA Days. These events are designed to attract a large number of participants (up to 250 a day) and to generate public enthusiasm for MHFA & Youth MHFA.

The trainings will also involve the Missouri Department of Mental Health and will also be partially funded by the Jackson County Mental Health Levy.

## MetroCare

MetroCare connects uninsured patients with willing specialty care providers.

MetroCare staff help uninsured patients with eligibility screening, preliminary testing, and other wrap around services to maximize specialists' time and resources, which are provided on a voluntary basis and at no charge.

The organizations involved are Northland Care Access, MetroCare, WyJo Care, the Metropolitan Medical Society of Greater Kansas City and the Medical Society of Johnson and Wyandotte Counties.

The program has identified and sought out primary care and specialty services as well as the hospitals and other facilities willing to participate on a no-fee basis. The value of donated services since program inception exceeds \$40 million.



## Special Initiatives – Larger Impact Fund

In developing the 2014 grants budget, HCF decided to allocate \$1 million within the Special Initiative Fund to fund “far-reaching, systems-level, larger impact grants.”<sup>20</sup>

Projects to be considered are those that would

- Directly address systems change
- Directly address social determinants of health
- Exist over multi-year periods
- Address a clear need within the HCF service area
- Address attainable goals
- Be based upon collaborative effort
- Have an exit strategy and long-term sustainability
- Be programmatic not just operational

Work in the area is preliminary and HCF associates are developing several ideas for consideration during 2014-15.

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<sup>20</sup> See Program/Grants Committee, Sept. 10, 2013, page 2.

## Other developments

HCF specifically amended its grants guidelines to allow contributions to health issue campaign committees.<sup>21</sup>

HCF also provided a special initiative grant to Support KC, a non-profit which serves as fiscal agent for many small HCF grantees.<sup>22</sup>

## Additional data

The following pages include an HCF service area map showing grants awarded in 2013 by county. HCF now treats Jackson County and the City of Kansas City, Mo. as a single entity.

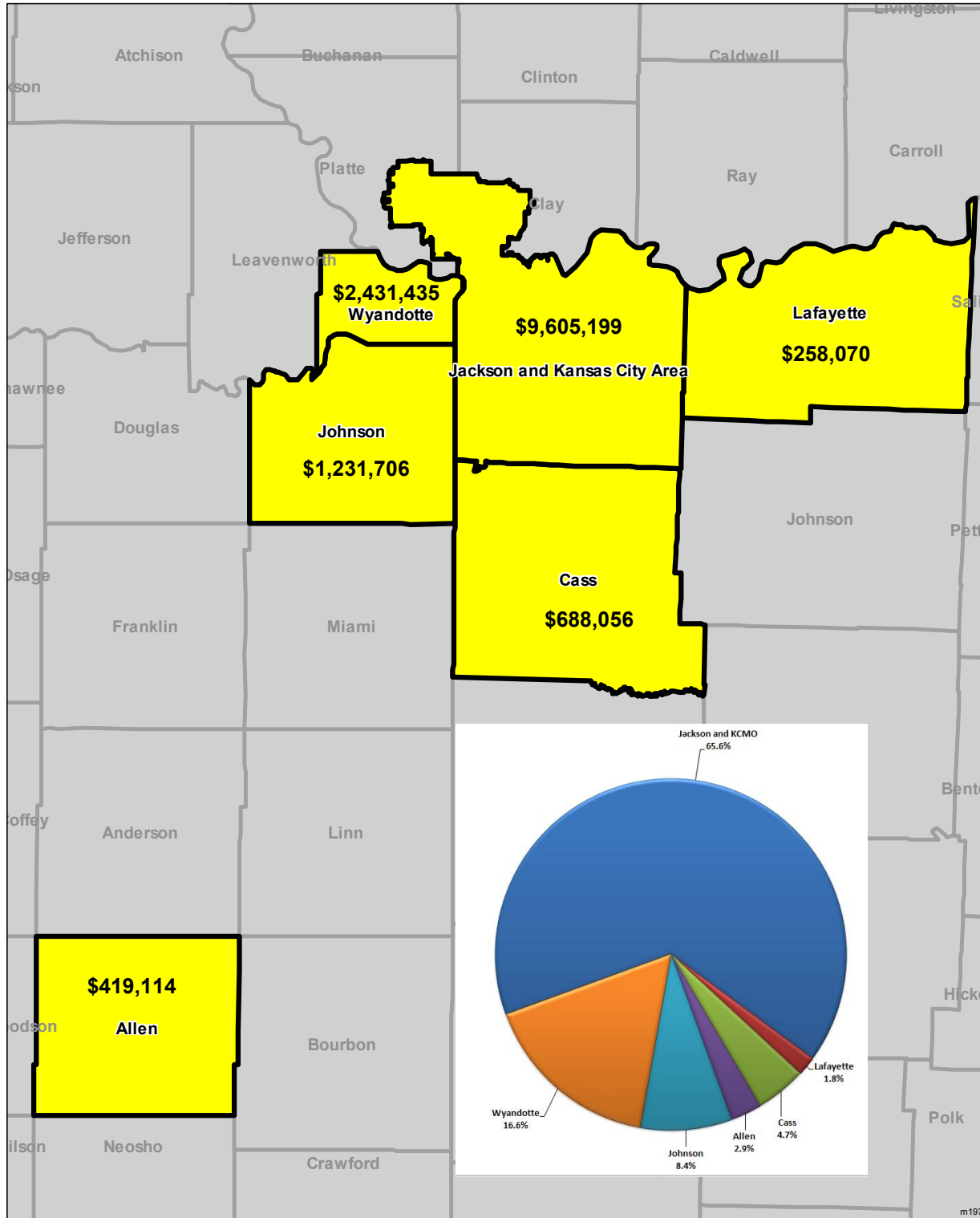
Additional pages show key health statistics for the HCF service area and a seven-year grant-making summary including key data on geography, grant awards, grant requests and percentage of grant requests funded.

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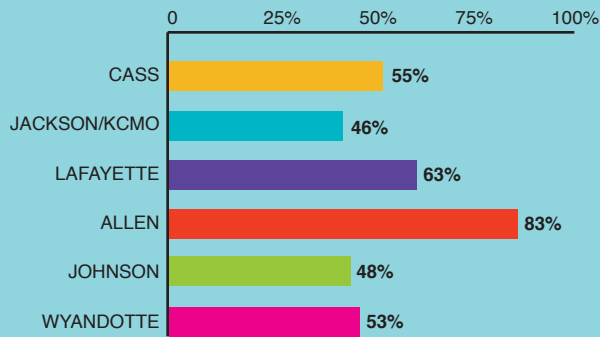
<sup>21</sup> This reflects an expanded advocacy role through supporting election efforts. The amended language permits contribution to “a health or health-related: citizen initiative, grass-roots organization or campaign committee.” See Program/Grants Committee, March 23, 2013, page 2.

<sup>22</sup> Support KC has dispersed over \$5 million in HCF grants to over 40 organizations over the years. See Program/Grants Committee, March 12, 2013, page 2.

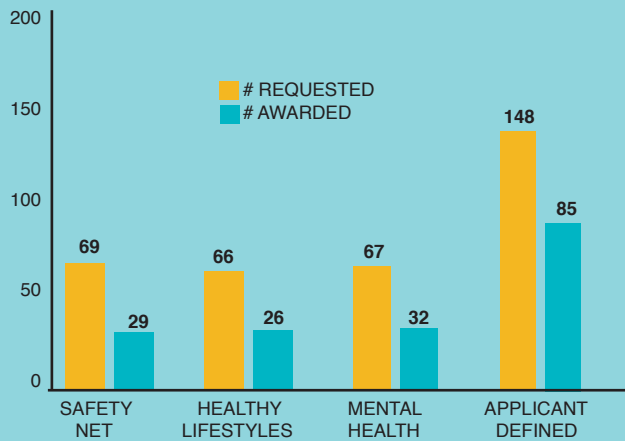
## 2013 Grants by County and Percent



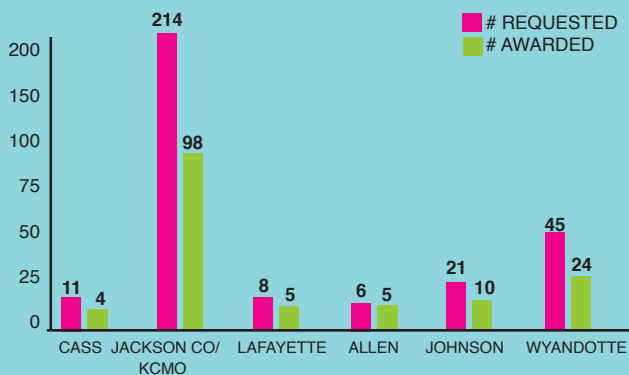
### 2013 % of Grant Success By County



### 2013 Number of Requests vs Awards By Funding Round



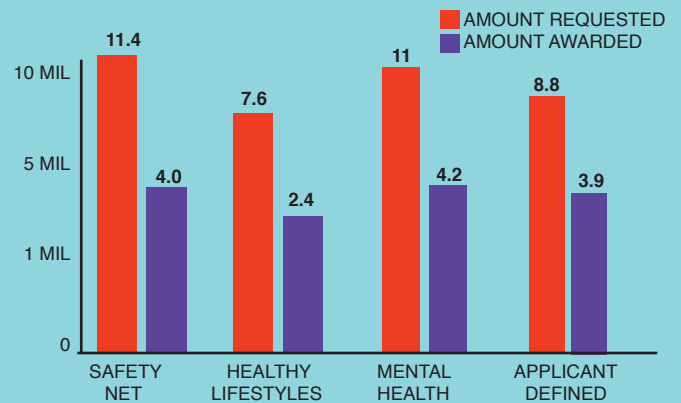
### 2013 Number of Grants Requested vs Awarded By County



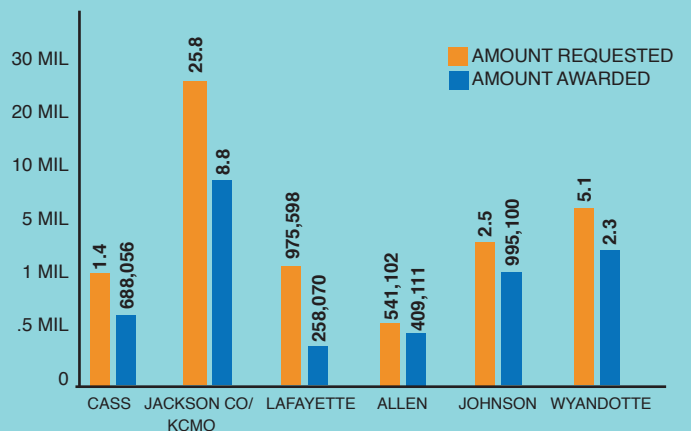
### 2013 Special Initiatives Funding

| Initiatives:   | Approved Amount    |
|--|--------------------|
| 10-Year Reflections Project  | \$75,000           |
| 2013 Health Levy Initiative  | \$125,000          |
| 2013 Trauma Initiative   | \$364,000          |
| Access to Primary & Specialty Care (2012)  | \$500,000          |
| Cass Community Health Foundation, "Cass Co. Dental Clinic - Year 3                   | \$186,000          |
| Center for Practical Bioethics, "Relieving Pain in Kansas City Project (PAINS-KC)"   | \$10,000           |
| ConnectCass, "2013 Cass Co. Development Initiative"                                  | \$196,900          |
| Cultural Competence Initiative (Year 4)  | \$100,000          |
| Elm Creek Community Garden   | \$8,000            |
| Health Literacy - 2013 Funding   | \$20,000           |
| Incarinate Word Foundation, "Convergence Innovation Fund"                            | \$40,000           |
| Insurance Exchange Consultant  | \$24,000           |
| Kansas City Consensus, "National Dialogue on Mental Health"                          | \$50,000           |
| KC Metro Crime Commission, "KC NoVA"   | \$148,879          |
| Medicaid Expansion Initiative  | \$450,000          |
| MARC - Community Transformation Grant  | \$93,000           |
| MARC - Children's Services Needs Assessment  | \$49,500           |
| Marketplace Coverage Initiative  | \$736,448          |
| Missouri Dept. of Mental Health, "Creating a Mental Health Informed School District" | \$200,000          |
| PREP-KC, "2013 Healthcare Workforce Initiative - Health Sciences Academy"            | \$177,673          |
| Regional Health Care Initiative  | \$200,000          |
| Safety Net Capacity Expansion Initiative (Year 5)                                    | \$380,000          |
| Support Kansas City "2013-2014 Capacity Building"                                    | \$25,000           |
| Swope Health South   | \$300,000          |
| <b>2013 Initiative Total to Date:</b>  | <b>\$4,459,400</b> |

### 2013 Amount of Requests vs Awarded By Funding Round (in millions)



### 2013 Amount of Grants Requested vs Awarded By County



# HCF Service Area Population and Key Health Statistics

| County         | HCF Service Area |                | Poor or Fair Health Days* |                | Uninsured    |                | Children Living in Poverty |                | Smoking Rate |        |         |
|----------------|------------------|----------------|---------------------------|----------------|--------------|----------------|----------------------------|----------------|--------------|--------|---------|
|                | Population       | Number         | Percent                   | Number         | Percent      | Number         | Percent                    | Number         | Percent      | Number | Percent |
| Jackson & KCMO | 679,996          | 101,999        | 15%                       | 122,399        | 18%          | 183,599        | 27%                        | 149,599        | 22%          |        |         |
| Cass           | 100,641          | 15,096         | 13%                       | 18,115         | 13%          | 27,173         | 13%                        | 22,141         | 23%          |        |         |
| Lafayette      | 32,943           | 4,941          | 9%                        | 5,930          | 15%          | 8,895          | 21%                        | 7,247          | 23%          |        |         |
| Wyandotte      | 160,384          | 24,058         | 21%                       | 28,869         | 23%          | 43,304         | 35%                        | 35,284         | 25%          |        |         |
| Johnson        | 566,933          | 85,040         | 8%                        | 102,048        | 10%          | 153,072        | 8%                         | 124,725        | 13%          |        |         |
| Allen          | 13,124           | 1,969          | 19%                       | 2,362          | 14%          | 3,543          | 28%                        | 2,887          | 19%          |        |         |
| <b>Total</b>   | <b>1,554,021</b> | <b>233,103</b> | <b>15.0%</b>              | <b>279,724</b> | <b>18.0%</b> | <b>419,586</b> | <b>27.0%</b>               | <b>341,885</b> | <b>22.0%</b> |        |         |

## Sources

### County Health Rankings

<http://www.countyhealthrankings.org/app/missouri/2014/rankings/lafayette/county/outcomes/overall/snapshot>

### US Census Bureau Quick Facts

<http://quickfacts.census.gov/qfd/states/29/29107.html>

\* **Poor or Fair Health Days:** Self-reported health status is a general measure of health-related quality of life in a population. This measure is based on survey responses to the question: *“In general, would you say that your health is excellent, very good, good, fair, or poor?”* The value reported in the *County Health Rankings* is the percent of adult respondents who rate their health “fair” or “poor.” The measure is age-adjusted to the 2000 US population.



## GOVERNANCE: *Guiding change*

The HCF board undertook the challenge of selecting a new President and CEO – an arduous task that was done exceptionally well.

Selection of new leadership was important to the development and maturation of HCF.

This took extensive time and effort by the HCF board – initially a board committee and then the entire board. The result was three additional HCF board meetings during 2013.

In general, HCF board attendance and participation are exemplary. (*See HCF Board Member Attendance, below*)

Selection to the board is highly competitive, with at least two nominees required for each open board position.

Nominees submit a formal application, and the applicant pool includes many willing, skilled and qualified individuals.<sup>23</sup> There is no monetary compensation for board service.

This is truly a “working board,” with strong expectations for participation and regular attendance at both board and committee meetings.<sup>24</sup>

Every board member serves on at least one standing committee.<sup>25</sup> (**See Appendix F: 2014 Board Officers and Committee Assignments**)

Many HCF board members had prior service on the CAC which can provide important continuity and knowledge.

Service on the CAC has proven to be an effective “pipeline” to later selection to the HCF board.<sup>26</sup>

Term limits have also opened up the board to the selection of new members who bring other perspectives. The continual development and renewal of the HCF board has been an important and remarkable achievement.

In previous performance reports the CAC, given its responsibility for board nominations, has paid particular attention to board composition with respect to geography, gender and ethnicity (see table on following page). This can be difficult given a 21-member board.

In 2014, Kenneth Southwick was selected as the HCF board chair – the first ever from Cass County – following extensive service on the CAC and as HCF board vice chair.

| HCF Board Member Attendance |               |            |            |
|-----------------------------|---------------|------------|------------|
|                             | 2013 Meetings |            |            |
|                             | Board         | Committee  | Total      |
| <b># of Meetings</b>        | <b>9</b>      | <b>32</b>  | <b>41</b>  |
| Attendance                  | 162           | 238        | 400        |
| Absence                     | 25            | 37         | 62         |
| <b>Total</b>                | <b>187</b>    | <b>275</b> | <b>462</b> |
| <b>% Attendance</b>         | <b>87%</b>    | <b>87%</b> | <b>87%</b> |

<sup>23</sup>For the February 2014 board election, 23 individuals were considered for seven board positions. Four persons were elected to second three-year terms. Three persons were newly elected to the HCF board – Tom Cranshaw, Susan Garrett and Wayne Powell. Susan Wilson, Ph.D. resigned from the HCF board in April 2014 and Edwin Galan in June 2014. The latter were replaced in June 2014 with the appointment of Ann Mesle and Zori Rodriguez increasing the number of women on the board by one.

<sup>24</sup> HCF board bylaws specify that members are expected to attend at least 60% of all board and committee meetings. Fourth Amended and Restated Bylaws, Section 4.4.8

<sup>25</sup> HCF had six different board committees during 2013: Administration & Logistics, Audit, Executive, Finance & Investment, Nominating and Programs & Grants. In addition, there was a special President/CEO Search Committee that met.

<sup>26</sup> Former CAC members on the 2013 HCF board include Gena Clouch, Roberta Austin Coker, Jon Gray, James Nunnally, Juan Rangel Jr., Norm Siegel, Kenneth Southwick and Kenneth Stremming. Former CAC members make up over one-third of the total board.

**Health Care  Foundation**  
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**2013 HCF Board of Directors**

Back Row (left to right): Shellahn Davis-Wyatt, Bernard Franklin, Ph.D., Garland Land, Jon Gray, Alan Flory, Norm Siegel, Thomas Carignan, Jim Nunnally.  
Middle Row (left to right): Dan Couch, Betty Drees, M.D., Kimberly Young, Ken Stremming, Edwin Galan.  
Front Row (left to right): Roberta Coker, Bridget McCandless, M.D., Karen Cox, Ph.D., Steve Roling, Marie McCarther, Ed.D., Susan Wilson, Ph.D., Gena Clouch and Albert Mauro.  
Not Pictured: Kenny Southwick, Ed.D. and Juan Rangel.

**2014 HCF Board Members Demographics**

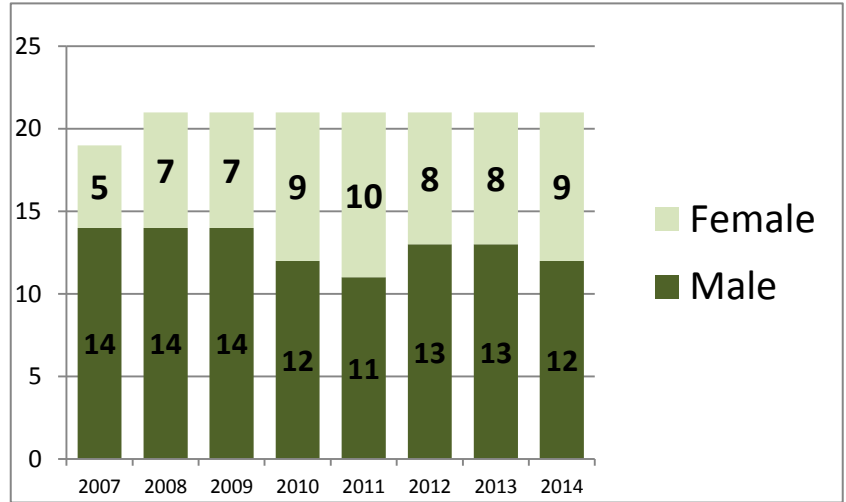
(data as of July 2014)

|              |           | Caucasian |          | African American |          | Latino   |          | Total     |
|--------------|-----------|-----------|----------|------------------|----------|----------|----------|-----------|
|              |           | Male      | Female   | Male             | Female   | Male     | Female   |           |
| Missouri     | Jackson   | 5         | 3        | 3                | 3        | 1        | 2        | 17        |
|              | Cass      | 1         |          |                  |          |          |          | 1         |
|              | Lafayette |           |          |                  |          |          |          | 0         |
| Kansas       | Johnson   | 1         |          |                  |          | 1        |          | 2         |
|              | Wyandotte |           |          |                  |          |          |          | 0         |
|              | Allen     |           |          |                  | 1        |          |          | 1         |
| <b>Total</b> |           | <b>7</b>  | <b>3</b> | <b>3</b>         | <b>4</b> | <b>2</b> | <b>2</b> | <b>21</b> |

There is no board representation from Wyandotte County – a county with a significant population and high needs – nor from Lafayette County, though the other two rural counties (Allen and Cass) have board representatives.

Women on the HCF board have declined from the 2011 peak even as they are being encouraged to seek positions of higher responsibility in business, government and civic organizations.<sup>27</sup>

The changed legal relationship between the HCF board and the CAC – done explicitly so that HCF could retain its public charity status and avoid becoming a private foundation – has gone well.



The executed 2010 Supporting Organization Agreement says the “CAC and HCF will exchange information, cooperate with each other and work together for the fulfillment and accomplishment of their mutual purposes.”<sup>28</sup>

The two groups enjoy a close, collaborative relationship – not always the case with other health care foundations similarly organized.

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<sup>27</sup>Two women were appointed to the HCF Board in June 2014 increasing the number to nine women. The challenges of women holding leadership roles was highlighted in the [Women’s Empowerment](#) initiative which seeks to increase the number of women in high-ranking municipal government positions and boards and commissions that impact urban life. See “[Kansas City mayor promotes Women’s Empowerment initiative](#),” Washington Post She the People blog, April 3, 2014 and “[Kansas City takes on dearth of women in politics with board appointment](#),” Mary Sanchez, *Kansas City Star*, June 9, 2014.

<sup>28</sup>The Supporting Organization Agreement was approved in November 2010.

# Litigation

There were additional developments in the HCF lawsuit against Hospital Corporation of America (HCA) in the last year.

In April 2014, a Jackson County judge added another \$77 million to a previous \$162 million judgment filed in January 2013.<sup>29</sup>

HCF initiated the legal action, filing a lawsuit in October 2009.<sup>30</sup> The lawsuit challenged whether the buyer of Health Midwest had met specific covenants related to charity care, capital improvements to hospitals and other provisions contained in the sales agreement.<sup>31</sup>

The \$77 million judgment concerned whether HCA had met its commitment to make \$450 million in capital improvements in “*existing*” Health Midwest hospitals.

A separate hearing began in July 2014 on whether HCA met its commitment to provide for 10 years the same level of charity care Health Midwest was providing before the sale.

The litigation is complex and expensive.<sup>32</sup>

HCA has indicated it will appeal the judgment.<sup>33</sup>



<sup>29</sup> The two judgments totaling \$239 million have not been paid but accrue interest charges of 9% annually.

<sup>30</sup> The Jackson County civil case is 0916-CV30692 Health Care Foundation v. HM Acquisition LLC

<sup>31</sup> These mostly are contained in the Post-Closing Operating Covenants contained in the Health Midwest-HCA sale agreement.

<sup>32</sup> HCA in a May 6, 2014 Form 10-Q filed with the Security and Exchange Commission notes the court has awarded HCF attorney fees of approximately \$12 million and that it had reserved \$253 million in potential legal claims related to the case. (See note 9). HCF has budgeted \$2 million for legal expenses in 2014 including costs for its general counsel.

<sup>33</sup> HCA issued this statement account the case: "We intend to appeal that ruling. HCA stands by the considerable resources it has put into a community we value. These capital expenditures include construction of two new hospitals; advanced technology in all facilities; expansion of existing facilities to better serve the community; and more, which far exceeds HCA's initial commitment of \$450 million. HCA is eager to move this litigation forward to conclusion."

## EVALUATION: *Expanding efforts*

HCF is adopting a different general approach to evaluation.

Rather than the “typical approach” HCF is embracing a “conversation approach.” The differences are nicely contrasted in the table below from a presentation on the topic.<sup>34</sup>

| <b>Evaluation Typical Approach</b>          | <b>Evaluation Conversation Approach</b>          |
|---|--|
| Evaluation focused on measurement           | Evaluation focused on inquiry                    |
| Evaluation as specialist’s responsibility   | Evaluation as leader’s responsibility            |
| Evaluation as discrete, outsourced function | Evaluation as ongoing, collective responsibility |
| Evaluation at final stage of grant making   | Evaluation at every stage of grant making        |
| Evaluation on the margins                   | Evaluation at the center of everything we do     |

This “conversation approach” has long-term considerations for HCF. The same evaluation presentation included other aspects which merit sharing: measuring health versus health care, helping develop grantee organizational capacity, willingness to provide core operating support, trying to gain information that can shape practice, and having grantees choose meaningful measures that allow them to learn from and modify their own work.

This is a constructive approach to the work. The typical insistence on “evidence,” while understandable, can be highly problematic because the information may be incomplete, premature or inconclusive. As the evaluation presentation observed: “Evaluation is not the same as due diligence. We may never see the long-term health impact of our grantmaking because it can take decades to be determined.”

### **Evaluation efforts**

One significant evaluation effort is a project to look at health, particularly at the system level, within the HCF service area and how it has changed in the past 10 years – the same period of HCF grant making.

For each of the HCF major grant areas, the project will collect and compile data, gathering primary data through interviews and focus groups and supplementing the effort with additional information.

The broad review will provide HCF valuable perspective on its first decade of work, showing how health issues are changing and laying a solid foundation for future grant making. The project should be completed in mid 2015.

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<sup>34</sup> This approach was shared at the May 14, 2013 Program/Grants Committee at by HCF staff and was well-received by the committee.

Other significant evaluative efforts included: Regional Health Care Initiative, the Tobacco Tax campaign, Marketplace Enrollment and Safety Net Expansion/After Hours. These are significant HCF initiatives intended to address broad community health needs.

These evaluations are important because they can shape, organize and focus future efforts.

Efforts were made to improve the key metrics for mental health grants, and a major community needs assessments on oral health issues in the region was undertaken.

Also notable is HCF's practice of making evaluation summary and reports available on its website.<sup>35</sup>



## Sharing data

Efforts to develop a community health data website came to fruition with the October 2013 launch of KC Health Matters – a one-stop shop for data, promising practices, national reports and funding opportunities.

# Community Health Data and Resources



A project of the Health Care Foundation of Greater Kansas City (HCF), the KCHealthMatters website aims to provide information and data on health determinants and indicators for communities in the HCF service area. We invite health providers, nonprofit organizations, policy makers, educational institutions and residents to use this site to see how your county fares both statewide and nationally. We hope you can use this tool to better understand health issues in your community and develop strategies for improvement.

## Community Dashboard

Explore a variety of health and quality of life indicators in the [Community Dashboard](#) or click on one of the indicators below.

|  |  |  |  |   |
|--|--|--|--|---|
| <br><a href="#">Influenza and Pneumonia Death Rate</a> <b>NEW</b> | <br><a href="#">Infant Mortality Rate</a> | <br><a href="#">Alzheimer's Disease Death Rate</a> <b>NEW</b> | <br><a href="#">Colorectal Cancer Incidence Rate</a> | <br><a href="#">Physical Environment Ranking</a> |
|--|--|--|--|---|

The website ([www.kchealthmatters.org](http://www.kchealthmatters.org)) shows comparative health data for the HCF six-county service area using publicly available data from a diverse set of sources: US Census, the

<sup>35</sup> A cursory review of several health care foundation websites found that while many provided access to policy documents, white papers and other reports, few provided direct access to evaluations.

Behavioral Risk Factor Surveillance System (BRFSS), Information for Community Assessment and other sources. Data is generally available at a county level over a multi-year period.

This readily accessible local data is helpful for neighborhood-focused health efforts. It can also help organizations quickly obtain needs and trend data required for competitive government health care grants.

The website provides data on demographics, health disparities and even a “community dashboard” of a variety of health and quality of life indicators.<sup>36</sup> An onsite tool allows users to create customized comparison reports involving multiple indicators from different locations (state, county, zip code, etc.).

This is a major undertaking and deserves broad dissemination.

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<sup>36</sup> Community dashboard indicators include a wide variety of indicators organized around eight broad categories: health, economy, education, environment, public safety, social environment, transportation and government.

## COMMUNICATIONS: *Major developments*

Significant effort and attention have gone into expanding HCF's communications.

HCF has been instrumental in supporting and promoting non-profit health care journalism by providing core support for health care reporting KCUR and KCPT – local public radio and television stations – and the Kansas Health Institute.

The five-year effort has provided operating support for these media outlets allowing them to hire full-journalists dedicated to health care coverage.

HCF approved a \$300,000 initiative (\$150,000 in 2014 and \$150,000 in 2015) to provide seed funding for development of a “media hub” to promote regional and cooperative coverage of health-related issues. Housed at KCUR, the “hub” has a two-person editorial team providing leadership, content direction and project oversight for expanded health care coverage. Beyond its current core partners, the “media hub” hopes to expand to include other regional National Public Radio partners to provide coverage of rural health issues in Missouri and Kansas.<sup>37</sup>

There may be opportunities to share content developed by the “media hub” with local media and national outlets such as the PBS NewsHour and the Kaiser News/NPR partnership.<sup>38</sup>

This effort has been several years in development and is a major accomplishment in promoting broader coverage of health-related matters.

### **Social media**

HCF is making more extensive use of infographics – an effective way to graphically represent information related to topics of HCF interest and work. The infographics are widely shared through the HCF website, electronic newsletter, social media and grantees. These are invaluable in helping provide solid information about significant health care and health policy issues. HCF has created infographics on Medicaid, mental health, oral health, school wellness and other topics, with versions available for Missouri and Kansas in many instances. **(Several examples are shared on following pages)**

HCF also is actively expanding its reach through the social media outlets it manages. The significant growth of its social media tools – YouTube, Facebook and Twitter – reflects active promotion and a commitment to providing new fresh content. **(See HCF Communications summary, following page)** Pinterest has also been added, and an Instagram account is being created to share pictures and infographics.

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<sup>37</sup> This effort is modeled after the highly successful [Harvest Public Media](#) which is based on KCUR in Kansas City. The media collaborative covers agricultural topics through an expanding network of reporters and partner stations throughout the Midwest. The health media hub is yet unnamed.

<sup>38</sup> Several new cooperative/collaborative models of journalism are being developed. One of the better known ones is ProPublica which is an independent non-profit supporting investigative journalism which regularly produces and shares stories with national media organizations.



## **Growing efforts**

Ongoing, thoughtful, informed discussions about health care will be increasingly important.

HCF also does an excellent job of regularly communicating with the community through its weekly HCF Week in Review news email, monthly electronic newsletters, and monthly reports to the HCF board and CAC.

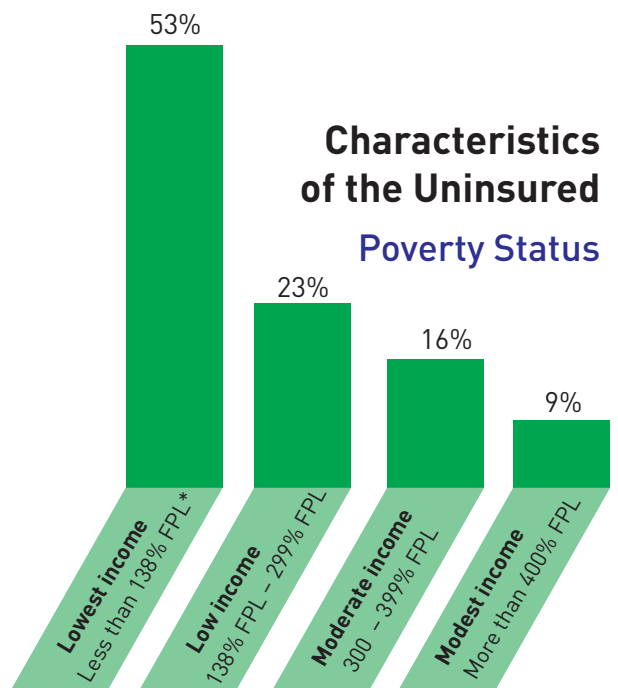
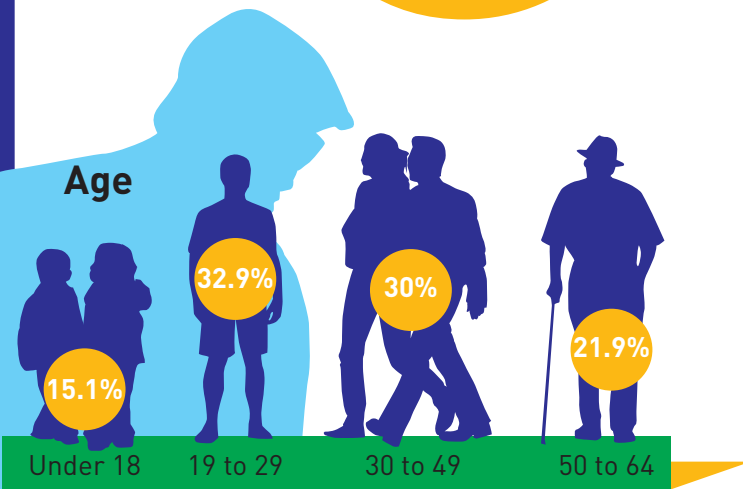
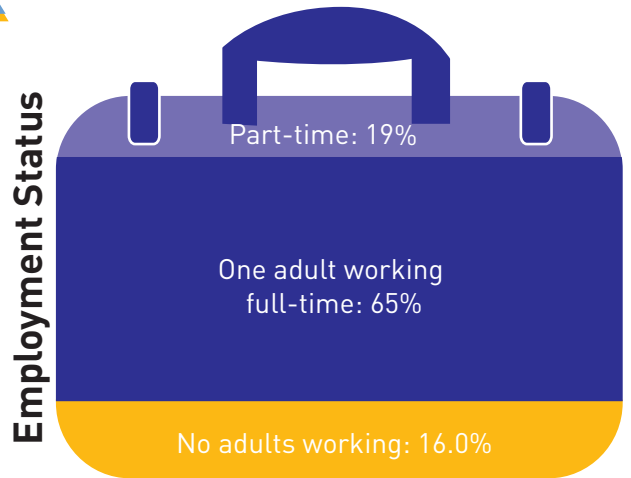
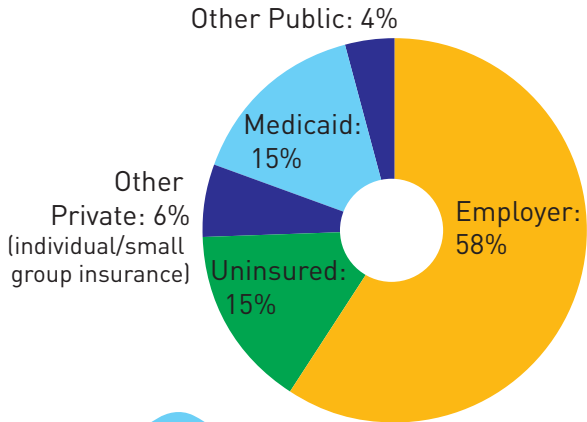
The importance of communications will only increase over time, particularly given HCF's commitment to leadership and advocacy. HCF is taking advantages of existing opportunities and creating new ones – the “media hub” – which should prove invaluable in the future.

# LEFT BEHIND:

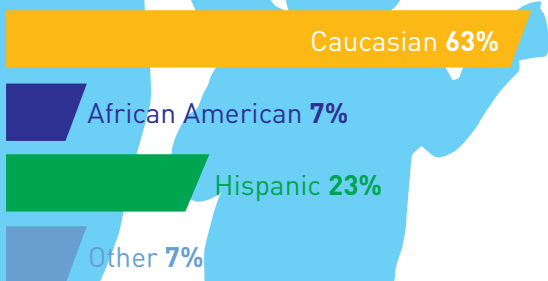
## UNINSURED IN KANSAS

A profile of Kansas' uninsured population

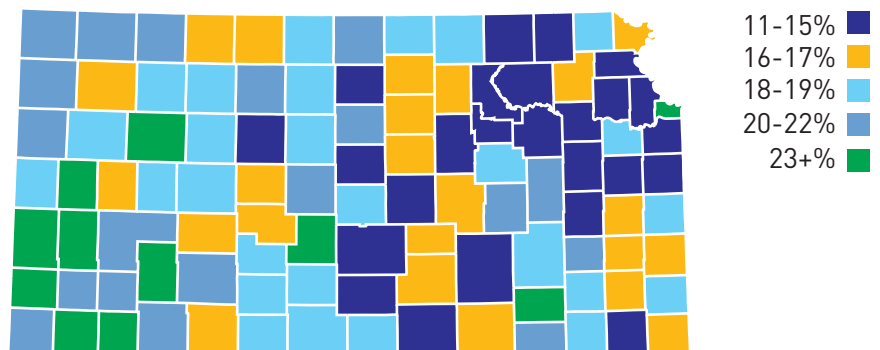
### Insurance Status of KS Residents <65



### Race



### Percentage of Kansans Under 65 Who Were Uninsured in 2013, by County



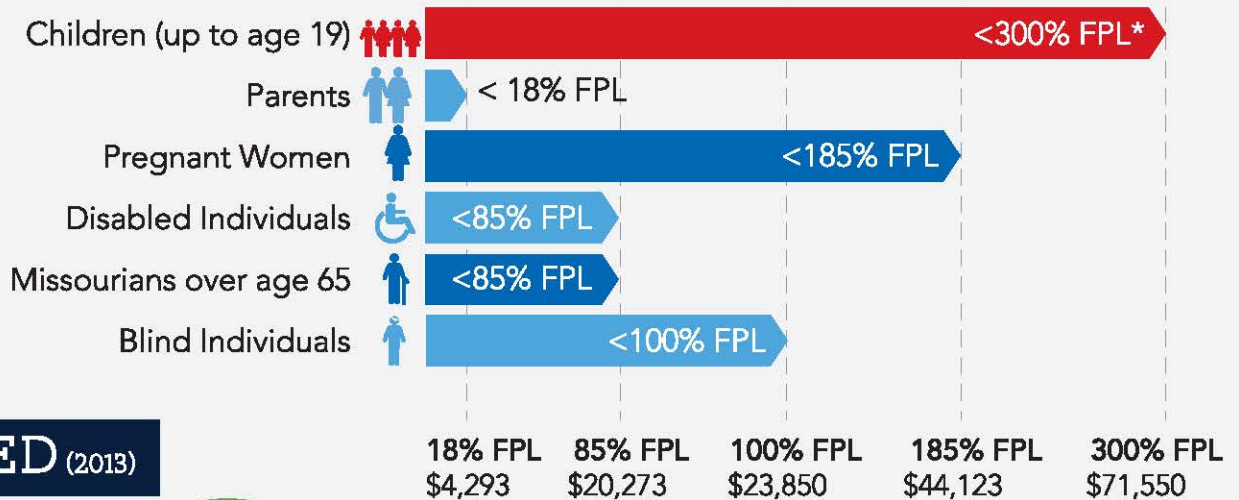
\*FPL = Federal Poverty Level. In 2014 FPL for a family of 4 is \$23,850.

# MISSOURI MEDICAID 101

Medicaid is a federal-state partnership that provides health coverage for low-income people. The federal government offers matching funds to states to support the financing of Medicaid. In general, for every dollar spent on Medicaid, \$.62 comes from the federal government and \$.38 comes from the state. MO Health Net is the name of the Medicaid program in the state of Missouri.

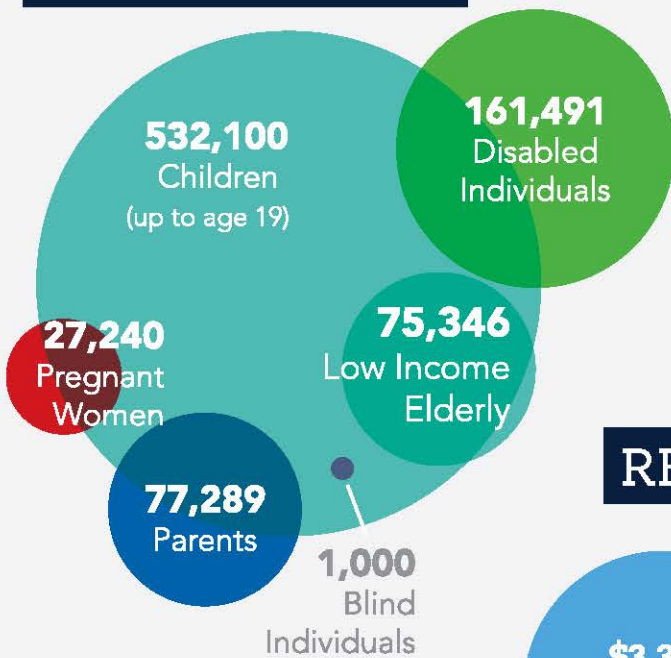
## COVERED POPULATIONS

In general, MO Health Net covers low-income children and their parents, aged, blind, or disabled individuals.

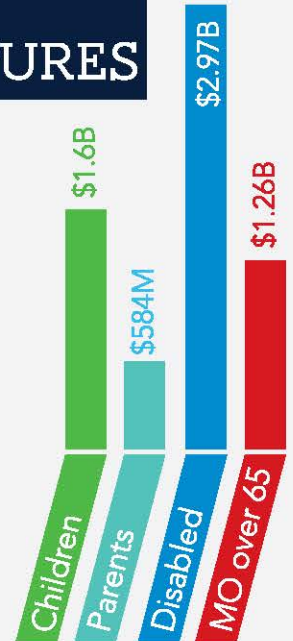


\*FPL = Federal Poverty Level. In 2014 FPL for a family of 4 is \$23,850.

## # ENROLLED (2013)

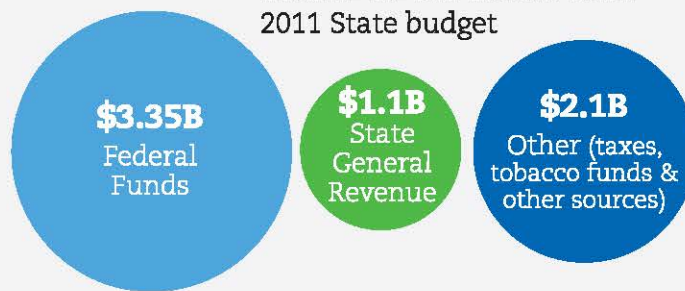


## ANNUAL EXPENDITURES



## REVENUE SOURCES

Sources for MO Health Net's 2011 State budget



## AVERAGE MONTHLY EXPENSES PER ENROLLEE

|                               |               |                              |                             |
|-------------------------------|---------------|------------------------------|-----------------------------|
| \$258 Children (up to age 19) | \$442 Parents | \$1,541 Disabled Individuals | \$1,358 Missourians over 65 |
|-------------------------------|---------------|------------------------------|-----------------------------|

# COST OF UNTREATED MENTAL ILLNESS

# KANSAS



## 1 IN 10 ADULTS

residing in Kansas has a serious mental illness (SMI). Without treatment, these can lead to unemployment, increased hospital and emergency room use, incarceration, suicide, and early death due to chronic medical conditions.



**Major Depression**



**Schizophrenia**



**Bipolar Disorder**



**Anxiety Disorders**

# 40%

of cases with serious mental illnesses like these are generally untreated.

An economic model was developed by The HSM Group to estimate the costs of untreated SMI among adults, using Census data combined with prevalence rates.

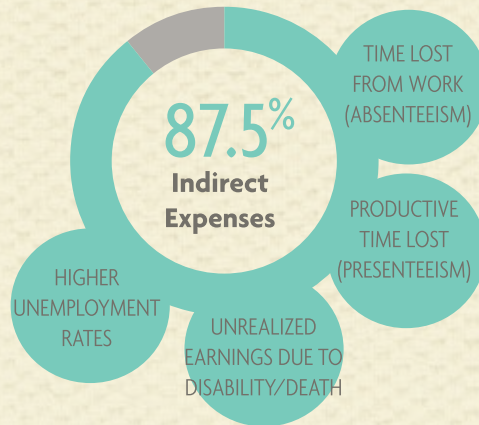


Overall, the annual cost burden of untreated serious mental illness to the state of Kansas is estimated to be **\$1.17 billion**.

## WHAT ARE THE COSTS OF SERIOUS MENTAL ILLNESS?



duplicated cases of untreated SMI in the state of Kansas.

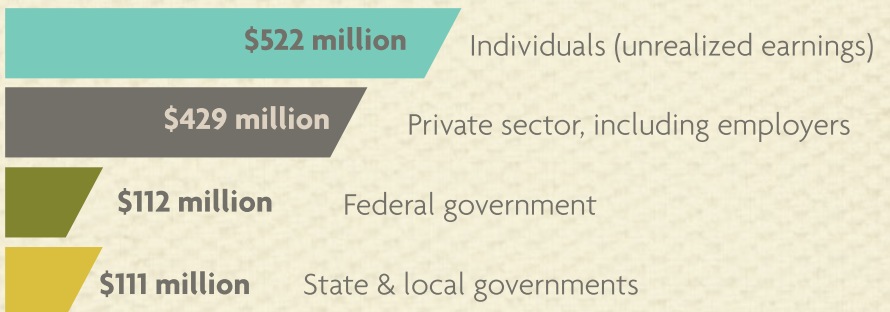


\*The remaining costs are due to criminal activity, Social Security disability, and social welfare administration costs.

IN KANSAS, UNTREATED SMI IS ASSOCIATED WITH



## WHO PAYS FOR UNTREATED SERIOUS MENTAL ILLNESS?



Mental illness also affects many other lifestyle factors that, although very important and often preventable, could not be quantified in this model.

To use the calculator, visit [hcfgkc.org/costs-untreated-mentalillness](http://hcfgkc.org/costs-untreated-mentalillness)

# DOING THE MATH ON MEDICAID

The Missouri legislature is considering solutions to fill a health coverage gap. The following information represents the costs of covering this gap in 2022, when federal matching funds are at 90%.



**-\$189 MILLION**

costs associated with covering those who are currently left behind, largely parents and childless adults.

**+\$202 Million**

some people currently covered by Medicaid are mostly covered by state dollars but would be covered by federal dollars.

It covers people with mental health care needs who up to this point had no options.

The largest categories of savings are those who are disabled and pregnant women.



**+\$20 MILLION**

efficiencies gained by reforming Medicaid delivery

INCLUDES COORDINATED CARE, HEALTH HOMES, AND FRAUD DETECTION

**+\$40 Million**

Increased revenue due to additional dollars in the economy (no multiplier)



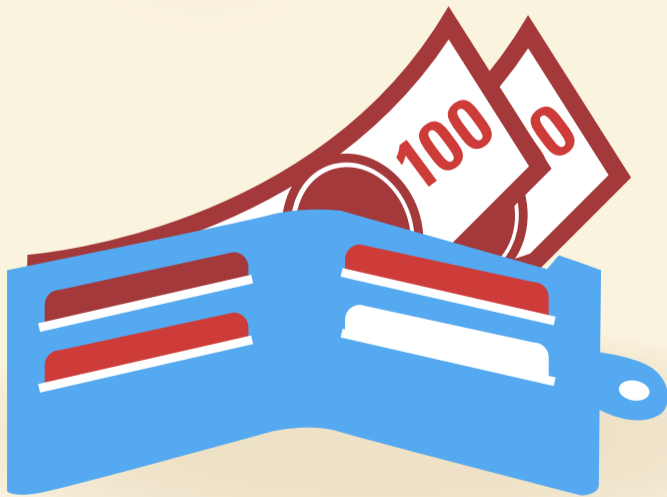
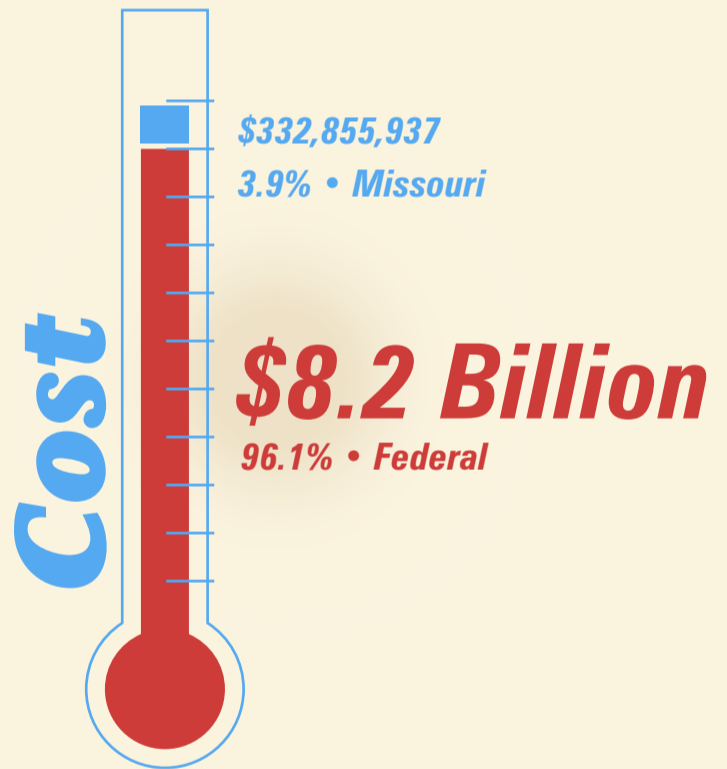
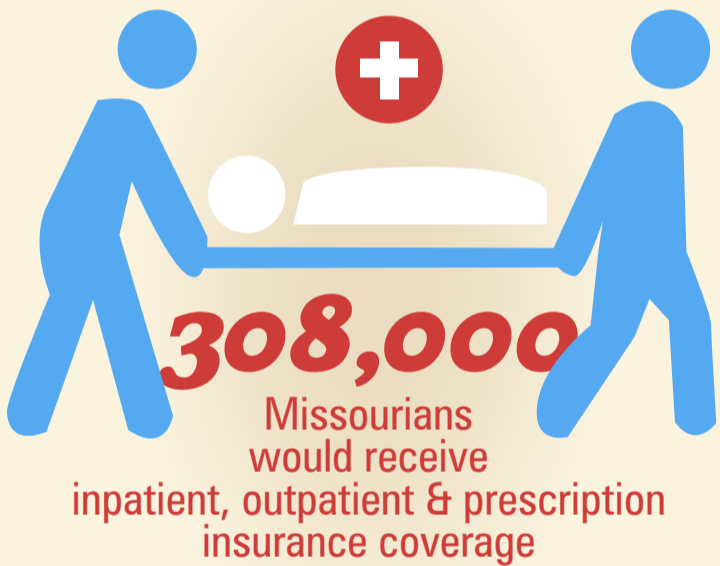
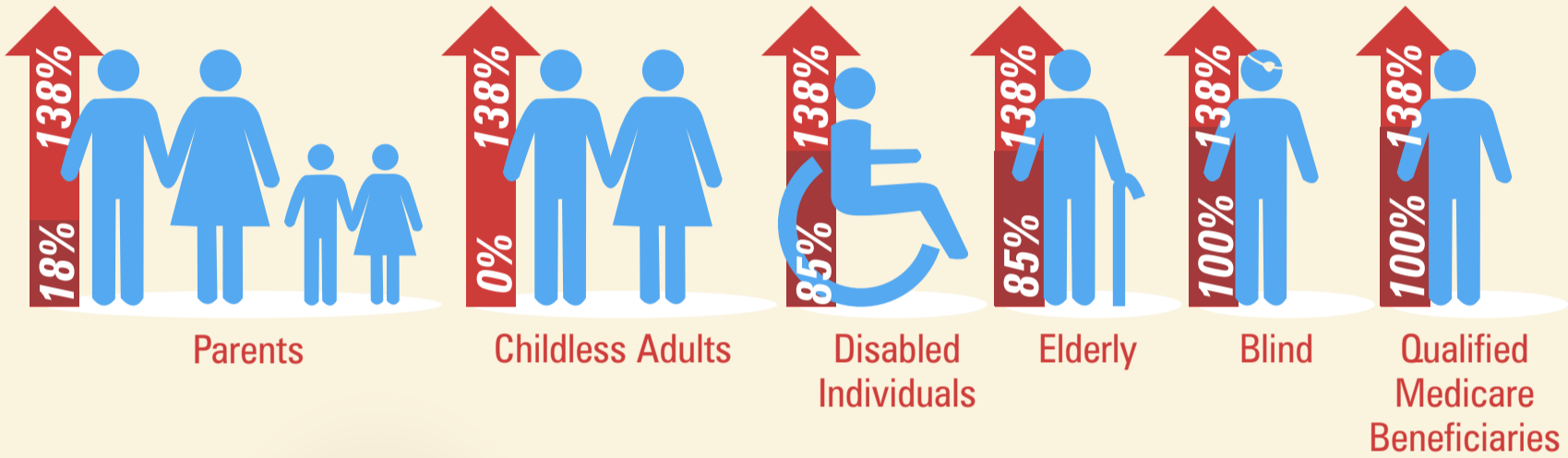
**\$73 MILLION TOTAL SAVINGS**  
in general revenue in FY2022

What you need to know about

# MEDICAID EXPANSION in Missouri

In June 2012, the U.S. Supreme Court left it up to states to decide whether to expand their Medicaid programs.

## Income Eligibility Limits Increase



## \$1 Billion Saved

Cost-shifting is the "hidden health care tax," where the costs of providing care to the uninsured are shifted to those with private insurance.



Bring **20,000** jobs into Missouri in 2014

## ADVOCACY: *Making the case*

HCF continues to provide significant leadership in advocating for health issues, promoting policy positions, lobbying, and contributing to health issue election campaigns.

The 2013 highlight was the overwhelming renewal by Kansas City, Mo., voters of the health care levy that was set to expire in 2014. The levy will generate approximately \$15 million annually for an additional nine years –\$135 million over the period.<sup>39</sup>

The 22-cent property tax levy, initially approved in 2005, supports safety-net institutions including Truman Medical Centers, ambulance services and emergency medical services. HCF was the largest contributor to the campaign, which had no organized opposition.<sup>40</sup>

The health levy generates \$50 million each year, \$15 million of which would have expired without renewal. The health levy funds care for the uninsured through seven safety-net health providers.<sup>41</sup>

The seven agencies provided services to over 42,841 unduplicated patients amounting to 149,998 patient visits. The Kansas City, Mo., Health Department also receives Health Levy funding enabling the Department to provide over 100,000 direct service encounters each year, including immunizations, and supports various clinics, disease reporting, and disease surveillance.

An important arena for advocacy is the Kansas and Missouri legislatures. States are major funders and providers of health services and social assistance to low-income

communities. The past year, both Kansas and Missouri considered whether to expand Medicaid for adults – a decision states were given the opportunity to make following the U.S. Supreme Court decision regarding the federal Affordable Care Act.

Expansion of Medicaid proved difficult in both states, though developments in Missouri were more encouraging, as the effort enjoyed strong support from hospitals, business interests and



<sup>39</sup> The measure received a 76% favorable margin. “[Health levy passes, extended for 9 years](#),” KHI News Service, April 5, 2013.

<sup>40</sup> HCF contributed \$125,000 to the Continue to Care Committee, roughly one-third of the total campaign’s overall budget. The campaign spent \$350,000. Missouri Ethics Commission campaign disclosure reports

<sup>41</sup> The seven institutions are Truman Medical Center, Samuel U. Rodgers Health Center, Swope Health Services, Children’s Mercy Hospital, Kansas City Free Clinic, Cabot Westside Clinic and Northland Health Access.

major editorials. Tracking legislation in state capitols is difficult, and HCF made arrangements for additional assistance monitoring legislative developments.<sup>42</sup>

HCF has a clearly articulated public policy agenda which is reviewed and approved annually.

The public policy agenda reflects key “lessons learned” during 2013 and the development of a broader, comprehensive approach to advocacy and the various forms it can take.

“HCF’s evolving concept of what constitutes ‘policy and advocacy’ manifests itself in these policy goals,” the policy agenda states. “Rather than focusing exclusively on specific policy targets that we support or oppose, this agenda is more expansive, including work that falls into the field building, advocacy niche, and individual response approaches.”

There is also an explicit recognition that HCF “can’t take on everything.” This shapes the advocacy effort by focusing on a “limited number of high priority policy goals” on which HCF believes it can have an impact and strategically supporting efforts of others who already may be engaged in advocacy on an issue.

And the 2012 loss of the statewide tobacco tax – a disappointing narrow loss – drove home the point that “policy change is risky.”

The policy agenda states: “HCF will not shy away from fighting to do the right thing for our constituents. We will be vigilant that all of our policy [advocacy work] consider(s) the political environment and public will, as well as potential impact on our target population. This is a delicate balancing act that we will approach thoughtfully.”

HCF board members, to varying degrees, also become involved in advocacy with elected officials and other key decision makers. All but two of the HCF board list “advocacy” as one of their skills on the board matrix.



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<sup>42</sup> HCF has four registered lobbyists in Missouri – HCF associate Jessica Hembree and three other contracted individuals who helped monitor legislation. HCF reported no direct lobbying expenditures in Missouri.



## ORGANIZATIONAL: *New leadership*

HCF selected a new president and chief executive officer during 2013 – a significant organizational effort that took considerable time and effort by the HCF board and staff.

After an extensive process, HCF in July selected Bridget McCandless, M.D., MBA, FACP. She assumed her responsibilities in September 2013.

The leadership transition has gone well, in part due to her familiarity with HCF and an extensive background in medical care and health policy.

Steve Roling, who retired as HCF president and CEO, provided invaluable assistance with the transition.

McCandless was a founding HCF board member, serving from 2003-08, and chaired HCF's Program and Grants committee. She was critical in the development of HCF's guiding principles, ethics policy, funding focus areas, funding guidelines and grant review process.



*Dr. Bridget McCandless*

McCandless offered this six-month reflection on her new role:

*I am frequently asked what it feels like to be on the other side of the desk — the change from grantee to grantor. Though no one will believe me, it is harder.*

*When I was in the position of asking for grants, I had a singular focus: the service of my patients. While the Foundation's focus of serving the underserved and uninsured is the same, the path to that wellness takes so many forms that it is harder to choose wisely.*

*None of the health issues we address exists in isolation, and we continue to face the choices to make about what, how many and in what way to tackle these issues. As funders, we have to balance the need for what has been proven to work against what could be on the horizon as a thoughtful solution to complex problems.<sup>43</sup>*

HCF has a small staff of 17 full-time associates, but it manages hundreds of grants, complicated initiatives and provides significant local and regional leadership on health matters.

The hard-working HCF staff received 3% salary increases in 2014. Approval has been given to hire four additional staff in key areas based on an organizational needs assessment.<sup>44</sup>

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<sup>43</sup> ["Reflections on six months."](#) Bridget's Blog, March 26, 2014

<sup>44</sup> Health Care Foundation of Greater Kansas City Budget Assumptions Year 2014, page. 3



**2013 HCF Associates**

Back Row (left to right): Jennifer Sykes, Andres Dominguez, Rhonda Holman, Rick Zimmer, Bridget McCandless, M.D., Steve Roling, Tracy Skidgel, Jessica Hembree, Melanie Patek, Jane Mosley, Ph.D., Brenda Calvin. Front Row (left to right): Adriana Pecina, Graciela Couchonnal, Ph.D., Karen Waller, Mary Kettlewell, Tywana Brown, Liana Riesinger, Karen Guile

### Strategic Plan Progress

The HCF staff regularly reviews progress on the board-approved HCF 2013 Strategic Plan which listed six different categories, 19 strategies and 60 different tactics.

Staff reported “completion” or “in progress, on schedule or ongoing” for all but two of the 60 tactics.<sup>45</sup>

The strategic plan is scheduled to be updated in 2015.

| Category                 | Strategies | Tactics   |
|--------------------------|------------|-----------|
| Advocacy                 | 2          | 6         |
| Communications           | 4          | 10        |
| Human Capital            | 4          | 14        |
| Performance Assessment   | 4          | 11        |
| Programs and Grantmaking | 2          | 9         |
| Stewardship              | 3          | 10        |
| <b>Total</b>             | <b>19</b>  | <b>60</b> |

<sup>45</sup> Health Care Foundation of Greater Kansas City, Strategic Plan 2013, Progress Chart, Nov. 15, 2013

## HCF Stakeholder Survey

The Center for Effective Philanthropy (CEP) conducted a confidential survey of stakeholders of HCF's performance.

Those interviewed included local and state level elected officials, educational leaders, business and civic leaders, health providers, other local and regional funders, advocacy organizations and non-HCF funded nonprofit organizations.

The study was designed to develop a deeper understanding of HCF's strengths and weaknesses and how to improve performance and effectiveness.

When asked how the Foundation could improve, stakeholders most frequently suggested that the Foundation should focus more energy on collaboration with community leaders, funders and other partners.

Other key findings include:

- Overall, HCF stakeholders have a favorable impression of HCF and rate its effect on health policy and understanding of key issues positively.
- Stakeholders agree that HCF plays a leadership role in improving the health of community members, is a neutral and credible source of health policy information, and has a role in supporting and/or implementing health reform.
- Ninety-four percent of stakeholders agree HCF has chosen the right goals, but were mixed on how effective it was in accomplishing them.
- HCF's communications/visibility is seen as a weakness because HCF is "quiet," "not seen," and "unknown."
- Impressions of HCF's staff and board are positive. Stakeholders rate their impressions of HCF staff more positively than 90 percent of foundations in CEP's comparative dataset and impressions of the board are positive.

## EMERGING ISSUES

Health care in the U.S. faces extraordinary changes – much of it related to implementation of the Affordable Care Act.

The new federal health care law was designed to increase access, provide new consumer protections and improve quality and lower costs. Key provisions are yet to be implemented.

With respect to its implementation at the state level, in Missouri and Kansas the landmark law has received scant support when it has not faced outright opposition.

But locally, there are emerging issues which are perhaps less apparent. Broadly speaking these are, first, trends in organized medicine (how health care is financed, organized and delivered) and, second, broader population-based approaches to health.

### Health care developments in organized medicine

Among the significant issues for organized medicine are finances, marketplace consolidation and health information technology. These are other emerging trends which we choose to highlight because of their impact on the local health system and market.

#### Changing fiscal fortunes

Extension of health care coverage to low-income Kansas and Missouri families through expansion of Medicaid appears unlikely. Moreover, both states are pursuing fiscal policies which might effectively impair the existing programs.

In addition, both states face real budget concerns that even an improving economy may not remedy. Missouri and Kansas, in the near-term, face state revenue shortfalls relative to expenses fueling pressure to cut spending.

Some suggest the Kansas state budget is already “running on fumes,” while Missouri may be heading down the same road.<sup>46</sup>

The states’ resistance to expanding Medicaid – even when it would be funded at 100% by the federal government – and their ardent efforts to cut taxes will have far-reaching consequences for their ability to fund education, health care, mental health services, and other assistance to low-income families.

#### Changing marketplace

There are significant changes in the marketplace.

After announcing plans in May 2013 for HCA to acquire the two Carondelet hospitals – Saint Joseph Medical Center in Kansas City and St. Mary’s Medical in Blue Springs – the two hospital organizations announced in January 2014 that the sale would not happen after all.<sup>47</sup> In July 2014,

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<sup>46</sup> [“Kansas budget is running on fumes, and it could get worse,”](#) *Kansas City Star* editorial, June 8, 2014 and [“Tax cuts threaten the quality of Missouri’s public services,”](#) *Kansas City Star* editorial, June 15, 2014. Kansas took in \$338 million, or 5.8%, below state projected revenues for the fiscal year ending June 30, 2014. [“Kansas falls \\$338 million short of revenue estimates over past year,”](#) *Kansas City Star*, July 1, 2014.

<sup>47</sup> The transaction required approval by Federal Trade Commission given HCA’s already existing Kansas City market share. In January 2014, HCA and Carondelet jointly announced plans to discontinue the sale because “a timely, supportive decision from the FTC will not be forthcoming.” See media release, [“Carondelet Health, HCA Midwest Health System Discontinue Plans for](#)

Carondelet Health announced the two hospitals would be sold to the for-profit Prime Healthcare Services. The prior year, Prime Healthcare paid \$60 million to purchase two other area hospitals – Providence Medical Center in Kansas City, KS, and Saint John Hospital in Leavenworth, KS.<sup>48</sup>

Even so, the future of the major facilities remains uncertain, and consolidation remains a continuing trend, with health care systems continuing to acquire primary care practices. Pressures to consolidate will continue. While these changes may help with integration of care, there is evidence this will drive up prices.

The changing landscape may make it more challenging for those who are navigating insurance and out-of-pocket costs for the first time. As health insurance coverage expands, promoting health insurance literacy will be a new challenge. Health insurance is complicated, raising questions even for those who have enjoyed employer-based coverage for years. How do you access care? How can you make choices based on costs and quality? One of the challenges to the successful use of insurance will be the degree to which purchasers understand the nuances of deductibles, co-pays, coinsurance, restricted networks etc.

Many area health care institutions are changing their rules on charity care related to deductibles and out of pocket expenses.

A continued outreach effort will be needed at many levels in the health care and health insurance system to educate new and returning insurance purchasers on the requirements for successful use of these products.<sup>49</sup>

## Health Information Technology

Shifting to electronic medical records has been a promising goal but a challenge to implement. The federal Health Information Technology for Economic and Clinic Health Act (HI-TECH) provides dollars to encourage health care providers to convert from paper to electronic systems. This is a significant development but involves difficult issues of technology, data standards and patient privacy.

The basic idea is to develop electronic health records which are interoperable (able to be shared between different data systems). This work is particularly challenging for safety net systems. Smaller organizations likely will have to partner with others in order to benefit from the large scale use of data. The effort provides real opportunities for internal improvement, increasing quality of care and internal efficiencies.

This supports an increased focus on outcomes-based care rather than the traditional fee-for-service (paid for each episode of care) model.

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[Sale](#),” Jan. 31, 2014. See also [“What a sale of KC’s Carondelet hospitals could look like,”](#) Kansas City Business Journal, May 28, 2014.

<sup>48</sup> [Top Deals 2013: Prime Healthcare-Sisters of Charity health system](#), Kansas City Business Journal, Jan. 24, 2014

<sup>49</sup> The federal government continues to release more publicly available information on hospitals charges. One example is the Inpatient Prospective Payment System (IPPS) Provider Summary for the Top 100 Diagnosis-Related Groups. The information has significant limitations in helping consumers make informed choices. Disclosed charges do not reflect actual reimbursements which are significantly lower as insurers negotiate lower actual prices. The Kansas City area showed significant variations for the same procedures. [“Data Show Vast Disparities in Kansas City Area Hospital Charges,”](#) KCUR, June 4, 2014.

## The community and population health

More attention is being given to population health, or “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”<sup>50</sup>

In this approach, the focus shifts from individual health outcomes to larger social determinants of health including environment, academic achievement, economic opportunity and many others. As Centers for Disease Control director Tom Frieden said, “Your longevity and health are more determined by your ZIP code than they are by your genetic code.”<sup>51</sup>

These three emerging community and population health issues merit comment.

### Child poverty and social mobility

The increase in child poverty is troubling.

Childhood poverty is at record-level in Kansas and worsening in Missouri.<sup>52</sup>

In the HCF service area, there is significant childhood poverty in Wyandotte, Jackson and Allen counties.

The region is highly segregated. The poor are isolated and concentrated in neighborhoods that have poor access to health care resources, fresh food and economic opportunity, and limited access to public transportation.

Some policy makers are questioning the extent of social mobility within the United States based on several factors – family structure, racial and economic segregation, school quality, social capital and income inequality.<sup>53</sup> Some argue the American dream is in trouble.<sup>54</sup>

A widely cited study ranked social mobility among the nation’s 100 largest “community zones.” Kansas City ranked 59<sup>th</sup>, St. Louis was 76<sup>th</sup>, while Des Moines was 4<sup>th</sup>.<sup>55</sup>

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<sup>50</sup> See “What is Population Health?” American Journal of Public Health, March 2003, David Kindig and Greg Stoddart.

<sup>51</sup> [“Up to 40 percent of annual deaths from each of five leading US causes are preventable,”](#) May 1, 2014, media release, Centers for Disease Control and Prevention. [“Your longevity and health are more determined by your ZIP code than by your genetic code,”](#) commented CDC director Tom Frieden, “CDC: Lifespan more to do with geography than genetics,” USA Today, May 1, 2014.

<sup>52</sup> [“The numbers don’t lie – childhood poverty reaching record highs in Kansas,”](#) Hillary Gee, Kansas Action for Children, Dec. 10, 2013.

<sup>53</sup> This issue is explored in a Kansas City special report [“Economic mobility: the chance to move from poverty to wealth defines the American dream.”](#) Kansas City Star, Dave Helling, June 1, 2014. More details and resources are available at [The Equality of Opportunity Project](#).

<sup>54</sup> See [“If You Really Care About Ending Poverty, Stop Talking About Inequality,”](#) The Atlantic Monthly, W. Bradford Wilcox, Jan. 8, 2014.

<sup>55</sup> Commuting zones are groups of counties that are defined based on community patterns. Details on overall ranking available at [The Equality of Opportunity Project](#).

## Violent crime as health issue

The Kansas City region continues to work on and understand violent crime as a serious community health issue.<sup>56</sup>

Murder rates are declining in other major U.S. cities, but not in Kansas City, Mo., where murders consistently top 100 victims annually. The community faces the dubious distinction of becoming the “murder capital of America.”<sup>57</sup>

The Kansas City *Star*, devoting considerable editorial attention to the issue, reviewed Kansas City, Mo. murders from 2008 through June 2014. The statistics are grim: 572 homicides of which 84% involved guns, 82% of the victims were male, 75% were African-Americans and 35% of the victims were between ages 17 to 24.

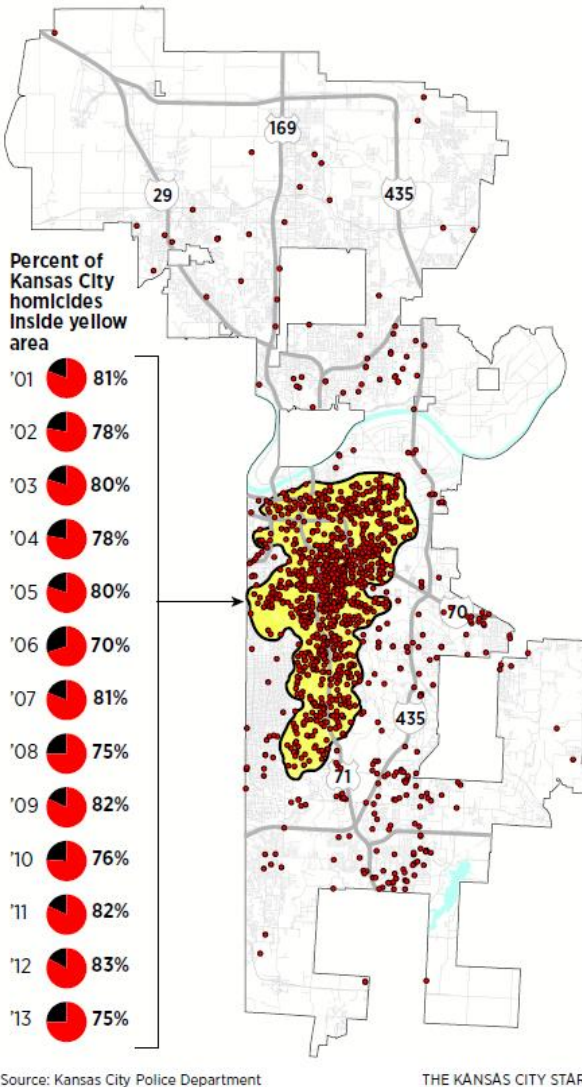
The editorial writers noted: “The numbers pull no punches: Kansas City still has a murder problem. It’s concentrated in certain parts of the city. And it involves a relatively small part of the population.”

The problem is graphically represented in a map produced by a Kansas City Police Department analyst and printed in the *Star*. A 34-square mile area of Kansas City has accounted for more than 75% of all murders over the past 13 years.<sup>58</sup>

HCF has provided significant funding to community efforts to reduce violence. Significant community resources are being spent by law enforcement agencies on emerging strategies including several innovative approaches proven to be effective by sustained reduction in murders.

There are some encouraging developments.<sup>59</sup>

It is hard to know exactly what HCF might do, but these are the same neighborhoods with significant health care needs.<sup>60</sup>



<sup>56</sup> Kansas City, Mo Health Director Rex Archer commented: “This is a disease issue, not just crime and punishment.” See [“Aim4 Peace program attacks violent crime in Kansas City with mixed results,”](#) Kansas City Star editorial, May 30, 2014.

<sup>57</sup> See [“Kansas City’s murder statistics are worse than you think.”](#) Yael Abouhalkah, Kansas City Star, Feb. 19, 2014.

<sup>58</sup> “KC’s violent crimes are clustered in one area, and police respond by reorganizing,” Kansas City Star, March 31, 2014.

<sup>59</sup> For the first six months of 2014, Kansas City (Mo.) reported 34 homicides. If the trend continues for the remainder of the year, it would be the lowest homicide total since 1967. [Kansas City homicide rate down in first half of 2014.](#) Kansas City Star, July 13, 2014.

<sup>60</sup> [“Kansas City moves in the right direction on murder, gunshot numbers,”](#) Kansas City Star editorial, July 1, 2014.

## Environmental issues

The connection between geography and personal health is supported by the growing recognition of the environmental impacts on individual and community health outcomes including exposure to lead, soil containments, pesticide exposure, toxins and air quality.<sup>61</sup>

Climate change is a major topic of scientific research and public policy debate. This is not only an environmental issue, but also a health related issues as some researchers have documented the local health impacts of “the toll from coal.”<sup>62</sup> The Kansas City region has several coal-fired plants which studies suggest are “ripe for replacement” based on the age, operating costs and anticipated expenditures necessary to meet increasingly stringent environmental regulations.<sup>63</sup>

These are difficult debates and an unfamiliar policy venue for HCF, but an important consideration when addressing population health.

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<sup>61</sup> [Geomedicine: Geography and Personal Health](#), Bill Davenhall, March 2012, ERSI. Mapping tools allow an individual to map potential environmental impacts on an individual’s health history by entering information of where the person lived or worked over a multi-year period.

<sup>62</sup> [“The Toll From Coal: An Updated Assessment of Death and Disease from America’s Dirtiest Energy Source,”](#) Clean Air Task Force report. The NAACP issued a national report saying most African-Americans live near a coal-fired plant adversely affecting their health and also their property values. [Just Energy Policies: Reducing Pollution and Creating Jobs](#), NAACP, December 2013.

<sup>63</sup> [“Ripe for Replacement: The Case for Closing America’s Costliest Coal Plants,”](#) Union of Concerned Scientists. The report lists several coal-fired plants within the HCF service area – Nearman Creek and Quindaro (Board of Public Utilities, Kansas City, KS), and Blue Valley and Missouri City (Independence Power & Light, Independence, Mo.)



## SUMMARY

The 2013 annual performance review documents a strong year marked by significant changes and accomplishments.

Investments performed well. Leadership succession went smoothly. A small staff continues to support significant initiatives and grant funding.

The HCA litigation appears promising, but it is still early and an appeal is likely.

The board is active and engaged.

Evaluation and communications efforts are expanding.

HCF remains committed to advocacy. State-level accomplishments are difficult, but the efforts are necessary.

Tax cuts in Missouri and Kansas may force local governments and foundations to pick up a greater share of funding for the poor and uninsured; health disparities may increase.

HCF is still relatively young, but now is reaching maturity and capable of delivering on a clearly defined mission:

*Provide leadership, advocacy and resources to eliminate barriers and promote quality health for the uninsured and underserved in our service area.*

While facing considerable challenges, perhaps its best days are ahead.

# **Supplemental Information**

# Appendix A

| <b>2014 Community Advisory Committee</b> |                                   |                                |
|--|-----------------------------------|--------------------------------|
|  | <b>Appointing Authority</b>       | <b>CAC Member</b>              |
| <b>Missouri</b>                          | <b>Belton</b>                     | David Clark                    |
|  | <b>Harrisonville</b>              | Marcia Milner                  |
|  | <b>Independence</b>               | Harry Jonas, M.D.              |
|  |                                   | Mary Jo Moore                  |
|  |                                   | Terry Trafton                  |
|  | <b>Jackson County</b>             | <b>Jill Kanatzar (Chair)</b>   |
|  |                                   | Leslie Fields, M.D.            |
|  |                                   | Kelvin Walls, M.D.             |
|  | <b>Kansas City, MO</b>            | Thomas Alber                   |
|  |                                   | David Michael Enos             |
|  |                                   | Ramona Farris                  |
|  |                                   | Vickie Massey, M.D.            |
|  |                                   | Josephine Njoroge              |
|  |                                   | Mother Nicole Oakes            |
| Melissa Robinson                         |                                   |                                |
| Daniel Shea                              |                                   |                                |
| <b>Lee's Summit</b>                      | Dee Ann Bowles                    |                                |
|  | Alan Powell M.D.                  |                                |
| <b>Lexington</b>                         | <b>Terry Thompson (Treasurer)</b> |                                |
| <b>Kansas</b>                            | <b>Iola</b>                       | Mary Ann Arnott                |
|  | <b>Johnson County</b>             | Melissa Berg Harmon            |
|  |                                   | <b>Shani Tate (Vice-Chair)</b> |
|  |                                   | Mary K. Zimmerman, Ph.D.       |
| <b>Wyandotte County</b>                  | (vacant)                          |                                |

# Appendix B

## A Short History of the Health Care Foundation of Greater Kansas City

HCF was created by the 2002 sale of Health Midwest, a regional nonprofit health care provider that owned or leased 11 general acute care and behavioral health centers in Missouri and Kansas, to Hospital Corporation of America (HCA).

The transaction resulted in two new healthcare conversion foundations – the Health Care Foundation of Greater Kansas City (incorporated in Missouri) and the [REACH Healthcare Foundation](#) (incorporated in Kansas). The Health Midwest-HCA sale was one of many newly created conversion health care foundations.<sup>1</sup>

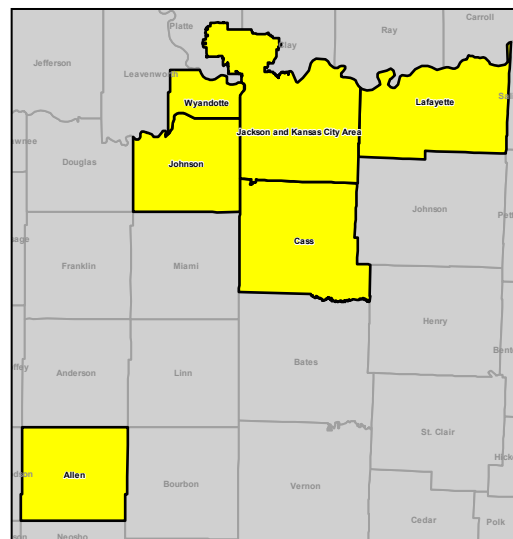
By agreement, HCF<sup>2</sup> received 80% of the net proceeds and REACH received 20%. The Health Midwest-HCA purchase price, at the time, was the largest amount ever paid for a non-profit hospital system.

HCF was incorporated as a not-for-profit corporation in July 2003; an initial 25-person board was established by the Attorney General of Missouri. Effective Jan. 1, 2004, HCF was recognized as a public charity under Section 501(c)(3) of the Internal Revenue Code. HCF operates under Missouri open meeting/public record laws.<sup>3</sup>

The new foundation has a comparatively small service area – six counties and the city of Kansas City, Mo. – and a relatively small population (approximately 1.5 million) compared to other similar-sized conversion foundations.<sup>4</sup>

When HCF was created on July 23, 2003, there were only four larger U.S. health care conversion foundations. Each was created by the for-profit purchase of a non-profit hospital system or mutual insurance company. Each has a substantially larger service area and population to serve.<sup>5</sup>

For HCF, these considerations – substantial assets, compact geography, and relatively small population – have substantial bearing on the potential effect HCF can have on community health outcomes compared to other health foundations.<sup>6</sup>



<sup>1</sup> Grantmakers in Health conducts an annual survey A Profile of Foundations Created from Health Care Conversions. Its [2009 report](#) identified 197 foundations with assets (as of Dec. 31, 2008) ranging between \$2.4 million and \$3.5 billion.

<sup>2</sup> Originally HCF was known as The Rising Tide Foundation but later changed its name.

<sup>3</sup> Revised Missouri Statutes Sec. 610. A helpful [summary of the law and its requirements](#) has been prepared by the Missouri Attorney General.

<sup>4</sup> The service area was based on where Health Midwest had hospital operations. HCF's service area includes three Missouri counties (Jackson, Cass and Lafayette, and three Kansas counties (Johnson, Wyandotte and Allen) and the portions of Kansas City, Mo. which are in Clay and Platte counties.

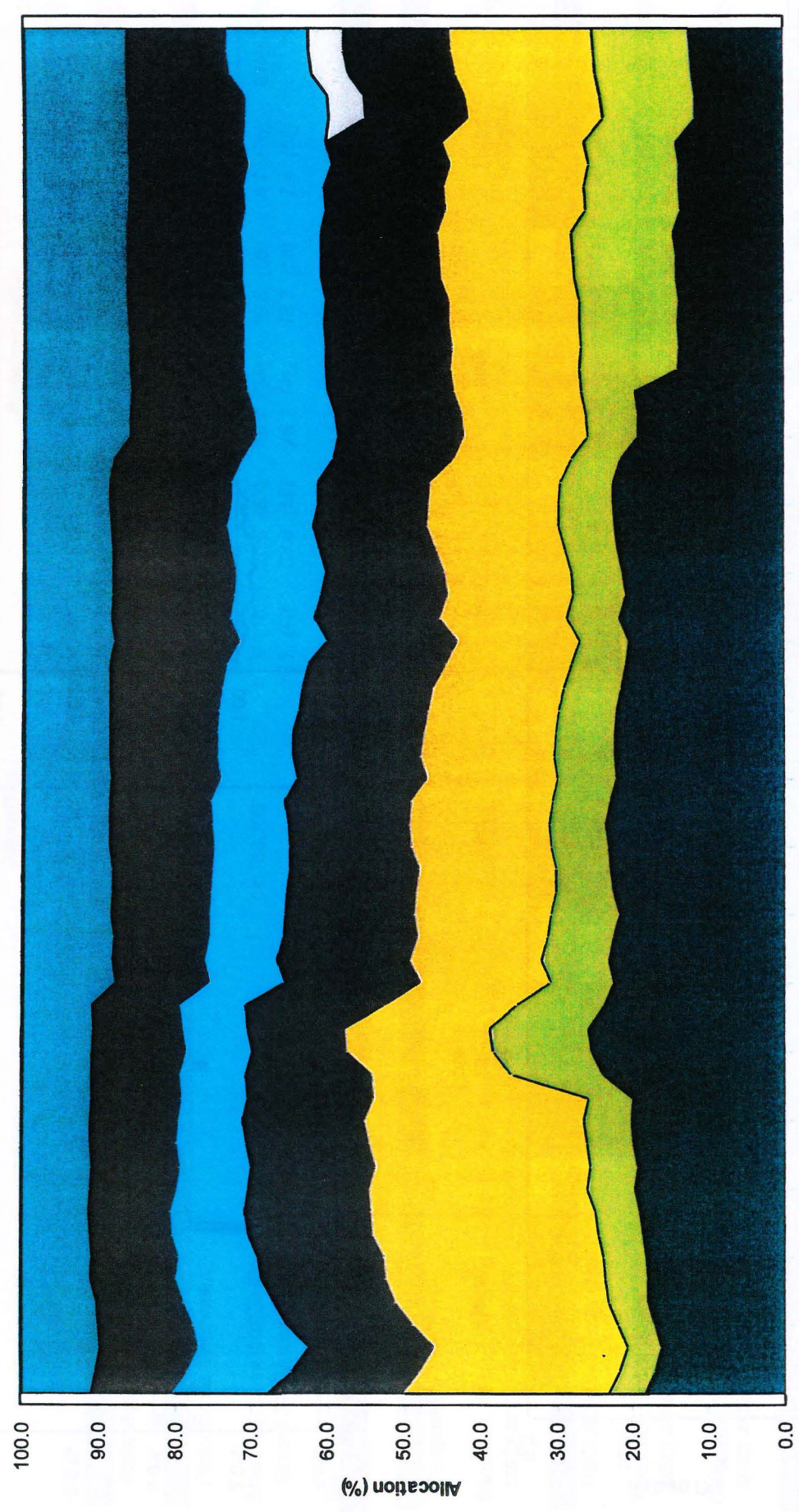
<sup>5</sup> The four conversion foundations including year established and 2003 assets were: [The California Endowment](#) – 1996 (\$2.887 billion); [The California Wellness Foundation](#) – 1996 (\$985 million); [Missouri Foundation for Health](#) – 2000 (\$830 million); and [California HealthCare Foundation](#) – 1996 (\$723 million).

<sup>6</sup> For example, the Missouri Foundation for Health had approximately \$900 million in assets when it was created but serves the City of St. Louis and 84 Missouri counties – the previous service area of Blue Cross and Blue Shield of Missouri.

Historical Asset Allocation by Asset Class

Appendix C

Total Fund



- US Equity
- US Fixed Income
- Private Equity
- International-Emerging Fixed Income
- Cash
- International Equity
- International-EM Real Estate
- US Private Real Estate
- Hedge Fund
- Global Equity

# Appendix D

## REVIEW OF INFLATION ON CONTRIBUTED CAPITAL VALUES

December 2013

2013 Strategic Plan – Stewardship

**Goal 1: Maintain a solid financial base for the Foundation which provides adequate funds to meet its established mission while preserving and growing this needed regional asset for future generations.**

**Tactic: Establish a goal of having investment values at least 5% above Contributed Capital when submitting the proposed budget for the next year. The Foundation's commitment to maintaining a current high gifting policy may take priority over achieving this tactic.**

**Tactic: Annually review the investment values to determine the impact of inflation on the purchasing power of our assets. In keeping with language adopted in HCF's by-laws and in accordance with UPMIFA (Uniform Prudent Management of Institutional Funds Act), the foundation's net assets should be maintained over time so that future generations are neither advantaged nor disadvantaged by today's spending policies.**

### INFLATION INDICES AND TIMING OF CHG DISTRIBUTIONS

The CPI-U is being utilized as the broadest measure of inflation for all items. It is a measure of the average change in consumer prices over time for a fixed market basket of goods and services, including food, clothing, shelter, fuels, transportation, charges for doctors' and dentists' services, and drugs. Below are the amount of CHG transfer and the CPI-U Index (1982 Base = 100) at the time of the transfer:

| <u>DATE</u>   | <u>CHG TRANSFERS</u> | <u>CPI-U INDEX</u> |
|---------------|----------------------|--------------------|
| JULY 2004     | \$ 405,041,658       | 189.7              |
| OCTOBER, 2005 | \$ 427,011           | 199.2              |
| JULY, 2006    | \$ 40,015,067        | 203.5              |
| MAY, 2010     | \$ 30,144,330        | 218.2              |
| OCTOBER, 2010 | \$ 3,200,000         | 218.7              |
| AUGUST, 2012  | \$ 1,000,000         | 230.4              |
| JUNE, 2013    | \$ 800,000           | 233.5              |

### INFLATION CALCULATION METHODOLOGY USING THE CPI-U INDEX:

By taking the most currently available CPI-U Index number (December 2013 = 233.049) and dividing it by the index at the time of transfer from CHG, you will have the percent of inflation applicable to each dollar transfer from CHG. When multiplying the inflation percentage by the dollar transfer and summing the answers, the total inflation adjustment can be determined for the Historical Contributed Capital to HCF.

### INFLATION IMPACT CALCULATION:

|   |                            |                        |   |                |
|---|----------------------------|------------------------|---|----------------|
| July, 2004  | $233.049/189.7 = 22.85\%$  | $\times \$405,041,658$ | = | \$ 92,552,019  |
| October, 2005   | $233.049/199.2 = 16.99\%$  | $\times \$427,011$     | = | \$ 72,040      |
| July, 2006  | $233.049/203.5 = 14.52\%$  | $\times \$40,015,067$  | = | \$ 5,910,225   |
| May, 2010   | $233.049/218.178 = 6.82\%$ | $\times \$30,144,330$  | = | \$ 2,122,161   |
| October, 2010   | $233.049/218.711 = 6.56\%$ | $\times \$3,200,000$   | = | \$ 216,960     |
| August, 2012  | $233.049/230.379 = 1.16\%$ | $\times \$1,000,000$   | = | \$ 13,800      |
| June, 2013  | $233.049/233.504 = .0\%$   | $\times \$800,000$     | = | \$ 000         |
| Total amount needed to cover inflation at 12/31//2013 |                            |                        |   | \$ 100,887,205 |
| Net Assets above Contributed Capital at 12/31/13      |                            |                        |   | (33,016,068)   |

**LOSS OF PURCHASING POWER OF FUND CORPUS  
INCLUDING THE IMPACT OF INFLATION – 12/31/2013**

**(67,871,137)**

# Appendix E

## 2013 Grant Making Comprehensive Listing

This appendix is a consolidated list of 200 grants totaling \$19.6 million awarded during 2013.

Grants are rank ordered by dollar amount awarded to show the largest financial investments made by HCF.

Details of individual grants, including grants by county, are available on the HCF website.

The table shows the wide variety of grants supported by HCF – both large-scale initiatives as well as smaller grants supporting grassroots organizations.

Colors indicate grant category – Special Initiatives, Mental Health, Safety Net, Healthy Lifestyle and Applicant Defined. Grant category summaries (taken from the HCFGKC website) follow. More details are available at [www.hcfgkc.org/types-grants](http://www.hcfgkc.org/types-grants)

| Legend to Grant Categories |                                  |
|----------------------------|----------------------------------|
|                            | Special Initiatives/Other Grants |
|                            | Mental Health                    |
|                            | Safety Net                       |
|                            | Healthy Lifestyle                |
|                            | Applicant Defined                |

| Organization or Initiative   | Project Title   | Type                | Amount    | % of Total | Rank |
|--|---|---------------------|-----------|------------|------|
| Marketplace Coverage Initiative  | Marketplace Coverage Initiative   | Special Initiatives | \$736,448 | 3.75%      | 1    |
| Access to Primary and Specialty Care Initiative                        | 2013 Access to Primary & Specialty Care (Year 3) - MetroCare/Northland Care & WyJo Care   | Special Initiatives | \$500,000 | 2.54%      | 2    |
| Medicaid Expansion Initiative  | Medicaid Expansion Initiative   | Special Initiatives | \$450,000 | 2.29%      | 3    |
| Safety Net Capacity Expansion Initiative                               | Safety Net Capacity Expansion Initiative (Year 5)   | Special Initiatives | \$380,000 | 1.93%      | 4    |
| 2013 Trauma Initiative   | 2013 Trauma Initiative - Crittenton, MOCSA, & United Community Services of Johnson County   | Special Initiatives | \$364,000 | 1.85%      | 5    |
| KidsTLC, Inc.  | KidsTLC Integrated Care   | Mental Health       | \$350,000 | 1.78%      | 6    |
| 2013 Healthy Lifestyles Technical Assistance                           | 2013 Technical Assistance (These dollars were set aside from 2013 HLs RFP to be used for Healthy Lifestyles planning and field building within our service area.) | Healthy Lifestyles  | \$300,000 | 1.53%      | 7    |
| Hartwig Legacy Foundation KC Healthy Kids                              | Healthy Food, Healthy Communities Initiative  | Healthy Lifestyles  | \$300,000 | 1.53%      | 8    |
| Kansas City CARE Clinic  | General Medicine and Oral Health Care   | Safety Net          | \$300,000 | 1.53%      | 9    |
| Southwest Boulevard Family Health Care Services of Greater Kansas City | Safety Net Health Care  | Safety Net          | \$300,000 | 1.53%      | 10   |
| Swope Health Services  | Swope Health South 2013 Funding - Year 4 Operational Support  | Special Initiatives | \$300,000 | 1.53%      | 11   |
| ReDiscover   | Triage Clinic and Assertive Response Model  | Mental Health       | \$263,776 | 1.34%      | 12   |

| Organization or Initiative                                   |  | Project Title   |  |                      | Type      | Amount | % of Total | Rank |
|--|--|---|--|----------------------|-----------|--------|------------|------|
| Kansas City Free Health Clinic                               |  | Behavioral Health   |  | Mental Health        | \$250,000 | 1.27%  | 13         |      |
| 2013 Safety Net Technical Assistance                         |  | 2013 Safety Net Technical Assistance (Because HCF is shifting the direction of the RFP to include a triple aim of better healthcare, better health, and reduced costs, HCF is reserving \$250,000 of the \$4.25M RFP budget to be allocated to technical assistance.) |  | Safety Net - Project | \$250,000 | 1.27%  | 14         |      |
| Samuel U Rodgers Health Center                               |  | Bi-Lingual Spanish/English Health Care for Latinos  |  | Safety Net           | \$250,000 | 1.27%  | 15         |      |
| Belton School District                                       |  | ACCESS  |  | Mental Health        | \$239,221 | 1.22%  | 16         |      |
| Cornerstones of Care   |  | Nurse Case Management   |  | Safety Net           | \$232,000 | 1.18%  | 17         |      |
| Samuel U. Rodgers Health Center                              |  | Community Centered Care Initiative  |  | Safety Net           | \$230,000 | 1.17%  | 18         |      |
| The Children's Mercy Hospital                                |  | Improving Child Abuse Prevention and Mental Health Services to Children and Families Exposed to Violence  |  | Mental Health        | \$224,146 | 1.14%  | 19         |      |
| Cultivate KC, Inc.   |  | Get Growing Kansas City   |  | Healthy Lifestyles   | \$220,000 | 1.12%  | 20         |      |
| Community Health Center of SE Kansas Inc                     |  | CHC/SEK Iola -- Expanding to Meet the Medical Needs of the Underserved/Uninsured.   |  | Safety Net           | \$200,000 | 1.02%  | 21         |      |
| Missouri Department of Mental Health                         |  | Creating a Mental Health Informed School District   |  | Special Initiatives  | \$200,000 | 1.02%  | 22         |      |
| Regional Health Care Initiative (RHCI)                       |  | 2013 Regional Health Care Initiative  |  | Special Initiatives  | \$200,000 | 1.02%  | 23         |      |
| ConnectCASS  |  | 2013 Cass County Development Initiative   |  | Special Initiatives  | \$196,900 | 1.00%  | 24         |      |
| Cass Community Health Foundation                             |  | Cass County Dental Clinic - Year 3  |  | Special Initiatives  | \$186,000 | 0.95%  | 25         |      |
| Tri-County Mental Health Services, Inc.                      |  | Evidence-based Behavioral Health Services for Uninsured Children and Adults of Kansas City (North), Missouri  |  | Mental Health        | \$183,020 | 0.93%  | 26         |      |
| Mid-America Regional Council Community Services Corporation  |  | Year 4 Care Coordination Project  |  | Safety Net           | \$177,835 | 0.90%  | 27         |      |
| Partnership for Regional Educational Preparation-Kansas City |  | 2013 Healthcare Workforce Initiative: Health Sciences Accelerated Academy   |  | Special Initiatives  | \$177,673 | 0.90%  | 28         |      |
| Harvesters - The Community Food Network                      |  | Healthy Eating and Hunger Advocacy  |  | Healthy Lifestyles   | \$175,000 | 0.89%  | 29         |      |
| Metropolitan Organization to Counter Sexual Assault          |  | Providing Critical Access to Behavioral Health Services to Victims of Sexual Violence   |  | Mental Health        | \$168,310 | 0.86%  | 30         |      |
| NEWHOUSE, Inc.   |  | Breaking the Cycle at all Ages  |  | Mental Health        | \$165,173 | 0.84%  | 31         |      |
| Menorah Legacy Foundation                                    |  | The Kansas City Beans&Greens Program  |  | Healthy Lifestyles   | \$165,000 | 0.84%  | 32         |      |
| Ozanam   |  | Ozanam's O-ACES for Emotional Safety  |  | Mental Health        | \$165,000 | 0.84%  | 33         |      |



| Organization or Initiative                            |   | Project Title |  |                     | Type      | Amount | % of Total | Rank |
|---|---|---------------|--|---------------------|-----------|--------|------------|------|
| Comprehensive Mental Health Services, Inc.            | Health Care Home Expansion to Uninsured and Underinsured Low-Income Individuals |               |  | Safety Net          | \$163,632 | 0.83%  | 34         |      |
| Cass Community Health Foundation                      | Cass County Dental Clinic   |               |  | Safety Net          | \$157,000 | 0.80%  | 35         |      |
| Swope Health Services                                 | Dental Care for the Uninsured and Underinsured                                  |               |  | Safety Net          | \$155,137 | 0.79%  | 36         |      |
| Mattie Rhodes Center                                  | Latino Mental Health  |               |  | Mental Health       | \$150,000 | 0.76%  | 37         |      |
| Midwest Foster Care & Adoption Association            | Family Connections Intake and Assessment Shelter                                |               |  | Mental Health       | \$150,000 | 0.76%  | 38         |      |
| Duchesne Clinic                                       | Coordinated Health Care for the Uninsured of Wyandotte County                   |               |  | Safety Net          | \$150,000 | 0.76%  | 39         |      |
| Health Partnership of Johnson County                  | Chronic Care Team   |               |  | Safety Net          | \$150,000 | 0.76%  | 40         |      |
| Kansas City Metropolitan Crime Commission Inc         | Kansas City No Violence Alliance (KC NoVA)                                      |               |  | Special Initiatives | \$148,879 | 0.76%  | 41         |      |
| The Children's Place                                  | Clinical Services   |               |  | Mental Health       | \$142,670 | 0.73%  | 42         |      |
| Riverview Health Services Inc.                        | Riverview Health Services, Inc.   |               |  | Safety Net          | \$141,163 | 0.72%  | 43         |      |
| Mattie Rhodes Center                                  | Gente Sana (Healthy People)   |               |  | Healthy Lifestyles  | \$140,000 | 0.71%  | 44         |      |
| Child Protection Center, Inc.                         | Forensic Interview and Family Support Programs                                  |               |  | Mental Health       | \$140,000 | 0.71%  | 45         |      |
| ElCentro, Inc.  | Health Without Barriers Health Navigation for the Latino Community              |               |  | Safety Net          | \$137,379 | 0.70%  | 46         |      |
| Rose Brooks Center, Inc.                              | Project SAFE  |               |  | Mental Health       | \$135,000 | 0.69%  | 47         |      |
| Child Abuse Prevention Association                    | Strengthening Families Program  |               |  | Mental Health       | \$130,000 | 0.66%  | 48         |      |
| Kansas University Endowment Association               | KU HealthPartners Silver City Health Center                                     |               |  | Mental Health       | \$125,000 | 0.64%  | 49         |      |
| Synergy Services, Inc.                                | Homeless Youth Campus Onsite Integrated Health Clinic                           |               |  | Safety Net          | \$125,000 | 0.64%  | 50         |      |
| Healthcare Safety Net                                 | 2013 Health Levy Initiative   |               |  | Special Initiatives | \$125,000 | 0.64%  | 51         |      |
| The Children's Mercy Hospital                         | Kansas City Regional Home Visiting Collaborative Project                        |               |  | Mental Health       | \$121,737 | 0.62%  | 52         |      |
| The Society Of St. Andrew                             | Society of St. Andrew's Western Headquarters ('SoSA West')                      |               |  | Healthy Lifestyles  | \$121,000 | 0.62%  | 53         |      |
| Episcopal Community Services                          | Establishing a Nutritionally Sensitive 'Hunger Relief Food System'              |               |  | Healthy Lifestyles  | \$120,000 | 0.61%  | 54         |      |
| Communities Creating Opportunity Organization         | Health Opportunity KC   |               |  | Safety Net          | \$120,000 | 0.61%  | 55         |      |
| West Central Missouri Community Action Agency         | Women's Health Services   |               |  | Safety Net          | \$116,164 | 0.59%  | 56         |      |
| Argentine Neighborhood Development Association (ANDA) | Argentine Healthy Food Initiative Phase II                                      |               |  | Healthy Lifestyles  | \$110,000 | 0.56%  | 57         |      |
| reStart, Inc.   | reStart Mental Health Services  |               |  | Mental Health       | \$104,857 | 0.53%  | 58         |      |

| Organization or Initiative                                  | Project Title  | Type                | Amount    | % of Total | Rank |
|---|--|---------------------|-----------|------------|------|
| The Children's Mercy Hospital                               | Integrating Efforts to Increase the Proportion of Children at a Healthy Weight               | Healthy Lifestyles  | \$100,000 | 0.51%      | 59   |
| The University of Kansas Center for Research, Inc.          | Community mobilization to Assure Health-Promoting Latino Neighborhoods                       | Healthy Lifestyles  | \$100,000 | 0.51%      | 60   |
| ElCentro, Inc.  | Si, Se Puede!  | Mental Health       | \$100,000 | 0.51%      | 61   |
| SAFEHOME, Inc.  | Mental Health Services for Survivors of Domestic Violence                                    | Mental Health       | \$100,000 | 0.51%      | 62   |
| Kansas University Endowment Association                     | Silver City Health Center: a Patient Centered Medical Home Safety Net Clinic                 | Safety Net          | \$100,000 | 0.51%      | 63   |
| Legal Aid of Western Missouri                               | Expansion of Advocates for Family Health (AFH) Project                                       | Safety Net          | \$100,000 | 0.51%      | 64   |
| Seton Center Family & Health Services                       | Providing Oral Health Care for the Uninsured and Vulnerable Project IV                       | Safety Net          | \$100,000 | 0.51%      | 65   |
| Turner House Clinic Inc.                                    | Fully Implementing the Patient Centered Medical Home   | Safety Net          | \$100,000 | 0.51%      | 66   |
| Cultural Competency Initiative                              | Cultural Competence Initiative - Year 4  | Special Initiatives | \$100,000 | 0.51%      | 67   |
| Miles of Smiles, Inc.                                       | Safety Net Portable Dental Care  | Safety Net          | \$98,000  | 0.50%      | 68   |
| Hope House, Inc.  | Adult Mental Health Project  | Mental Health       | \$94,000  | 0.48%      | 69   |
| Mid-America Regional Council Community Services Corporation | 2013 Support for Community Transformation Grant Program                                      | Special Initiatives | \$93,000  | 0.47%      | 70   |
| DeLaSalle Education Center                                  | Team of Care   | Mental Health       | \$90,202  | 0.46%      | 71   |
| Marillac Center   | Co-Occurring Disorders Program for Adolescents   | Mental Health       | \$88,000  | 0.45%      | 72   |
| Turner House Clinic Inc.                                    | Behavioral Health-Primary Care Integration Project   | Mental Health       | \$87,290  | 0.44%      | 73   |
| reStart, Inc.   | Healthy Choices  | Healthy Lifestyles  | \$85,000  | 0.43%      | 74   |
| Niles Home for Children                                     | Niles Home Neighborhood Access to Healthy Foods  | Healthy Lifestyles  | \$80,000  | 0.41%      | 75   |
| Baptist-Trinity Lutheran Legacy Foundation                  | Kansas City's Medicine Cabinet   | Applicant Defined   | \$75,000  | 0.38%      | 76   |
| Community Health Center of Southeast Kansas Inc             | CHC/SEK --- Expanding to Meet the Medical Needs of the Uninsured/Underserved of Allen County | Applicant Defined   | \$75,000  | 0.38%      | 77   |
| Harvesters - The Community Food Network                     | BackSnack  | Applicant Defined   | \$75,000  | 0.38%      | 78   |
| KU Health Partners, Inc.                                    | A Collaborative Approach to Care Transitions   | Applicant Defined   | \$75,000  | 0.38%      | 79   |
| Missouri Budget Project                                     | Strengthening Health Care Access Through Policy Analysis and Advocacy                        | Applicant Defined   | \$75,000  | 0.38%      | 80   |
| reStart, Inc.   | Home For Good Program Support  | Applicant Defined   | \$75,000  | 0.38%      | 81   |
| Thrive Allen County Inc.                                    | Allen AHEAD (Achieving Health Advances)  | Applicant Defined   | \$75,000  | 0.38%      | 82   |

| Organization or Initiative  | Project Title  | Type                | Amount   | % of Total | Rank |
|---|--|---------------------|----------|------------|------|
| Jewish Vocational Service   | Refugee-Immigrant Social Integration Project                               | Mental Health       | \$75,000 | 0.38%      | 83   |
| Baptist-Trinity Lutheran Legacy Foundation                                  | Kansas City's Medicine Cabinet   | Safety Net          | \$75,000 | 0.38%      | 84   |
| Health Options that Matter  | Maternal Options that Matter (MOM)   | Safety Net          | \$75,000 | 0.38%      | 85   |
| HCF 10 Year Reflections Project   | HCF 10 Year Reflections Project  | Special Initiatives | \$75,000 | 0.38%      | 86   |
| Seton Center Family & Health Services                                       | Serving the Uninsured and Vulnerable Through Professional Oral Health Care | Applicant Defined   | \$73,150 | 0.37%      | 87   |
| Kansas Head Start Association   | Parent Health Literacy   | Applicant Defined   | \$73,106 | 0.37%      | 88   |
| Developmental Disability Services of Jackson County -- EITAS (EITAS)        | The Developmental Disabilities Health Initiative                           | Healthy Lifestyles  | \$72,232 | 0.37%      | 89   |
| Mental Health Association of the Heartland                                  | Recovery Enhanced Shelter Plus Care  | Mental Health       | \$71,889 | 0.37%      | 90   |
| Rosedale Development Association Inc  | Rosedale Healthy Kids  | Healthy Lifestyles  | \$71,194 | 0.36%      | 91   |
| Kansas City Free Health Clinic-INACTIVE-DO NOT ADD NEW REQUESTS TO THIS ORG | Behavioral Health Funding  | Applicant Defined   | \$70,000 | 0.36%      | 92   |
| Synergy Services, Inc.  | Homeless Youth Campus onsite Mental, Medical, and Dental Health Clinic     | Applicant Defined   | \$70,000 | 0.36%      | 93   |
| Greater Kansas City Local Initiatives Support Corporation (LISC)            | Neighborhoods NOW Health Advocacy Initiative (2013-2014)                   | Healthy Lifestyles  | \$70,000 | 0.36%      | 94   |
| Episcopal Community Services Inc  | Healthy Foods Social Enterprise  | Applicant Defined   | \$69,211 | 0.35%      | 95   |
| Visiting Nurse Association (VNA Corporation)                                | Visiting Pharmacist In-home Program  | Safety Net          | \$68,750 | 0.35%      | 96   |
| Ivanhoe Neighborhood Council  | The Grown in Ivanhoe Project   | Healthy Lifestyles  | \$68,725 | 0.35%      | 97   |
| SAFEHOME, Inc.  | The Children's Program   | Applicant Defined   | \$68,000 | 0.35%      | 98   |
| Crittenton Children's Center  | Crittenton Psychiatric Response for Uninsured Children in Need             | Applicant Defined   | \$67,000 | 0.34%      | 99   |
| National Alliance for the Mentally Ill of Greater Kansas City               | Access to Mental Health Treatment and Supports                             | Applicant Defined   | \$67,000 | 0.34%      | 100  |
| Health Partnership of Johnson County  | Dental Team Expansion  | Applicant Defined   | \$65,000 | 0.33%      | 101  |
| Kansas Action for Children, Inc.  | General Operating Support for Kansas Action for Children                   | Applicant Defined   | \$65,000 | 0.33%      | 102  |
| Kansas Health Consumer Coalition  | KHCC Grassroots Leadership and Coalition-Building                          | Applicant Defined   | \$65,000 | 0.33%      | 103  |
| Redemptorist Social Services Center Inc                                     | Emergency Client Assistance-Medical Matters                                | Applicant Defined   | \$65,000 | 0.33%      | 104  |
| Rediscover  | Healthcare Improvements through Stabilized Housing                         | Applicant Defined   | \$65,000 | 0.33%      | 105  |
| EiCentro, Inc.  | Many Voices, One Goal - Healthy Living                                     | Healthy Lifestyles  | \$65,000 | 0.33%      | 106  |
| Truman Medical Center Charitable Foundation                                 | Transition Coordinator   | Mental Health       | \$65,000 | 0.33%      | 107  |

| Organization or Initiative   |  | Project Title  |  |  | Type               | Amount   | % of Total | Rank |
|--|--|--|--|--|--------------------|----------|------------|------|
| Southwest Boulevard Family Health Care Services of Greater Kansas City |  | Integrated Mental Health Care  |  |  | Mental Health      | \$63,750 | 0.32%      | 108  |
| MetroCare  |  | Charity Care Provider Recruitment & Retention  |  |  | Applicant Defined  | \$63,700 | 0.32%      | 109  |
| Hope Haven of Cass County  |  | Nurturing Hope   |  |  | Applicant Defined  | \$63,671 | 0.32%      | 110  |
| El Centro, Inc.  |  | Health Without Barriers - Health Navigation  |  |  | Applicant Defined  | \$63,200 | 0.32%      | 111  |
| Cristo Rey Kansas City   |  | CRKC Staying Healthy   |  |  | Applicant Defined  | \$60,000 | 0.31%      | 112  |
| Spofford   |  | Residential Treatment  |  |  | Applicant Defined  | \$60,000 | 0.31%      | 113  |
| Tri-County Mental Health Services, Inc.                                |  | Outpatient Therapy Services  |  |  | Applicant Defined  | \$60,000 | 0.31%      | 114  |
| United Way of Greater Kansas City, Inc.                                |  | Connecting Low-Income Families to the Health Care Safety Net 2013-2014                       |  |  | Applicant Defined  | \$60,000 | 0.31%      | 115  |
| Legal Aid of Western Missouri  |  | Legal Aid representation for Mental Health Court participants in Kansas City Municipal Court |  |  | Mental Health      | \$60,000 | 0.31%      | 116  |
| Lexington R-V School District  |  | Brighter Futures Consortium  |  |  | Mental Health      | \$58,449 | 0.30%      | 117  |
| University of Missouri Extension Council of Jackson County             |  | Eating from the Garden: A Community Resource for Youth Gardening and Nutrition               |  |  | Healthy Lifestyles | \$58,289 | 0.30%      | 118  |
| Jewish Vocational Service  |  | Refugee-Immigrant Health Access Project  |  |  | Safety Net         | \$58,100 | 0.30%      | 119  |
| Northland Health Care Access   |  | Northland Clinic Critical Staff  |  |  | Applicant Defined  | \$58,000 | 0.30%      | 120  |
| Health Care Coalition of Lafayette County                              |  | HCC of Rural MO, Expanded Services   |  |  | Applicant Defined  | \$56,000 | 0.28%      | 121  |
| Reconciliation Services  |  | Reconciliation Services-Strengthened for the Future  |  |  | Applicant Defined  | \$54,636 | 0.28%      | 122  |
| S A V E Foundation Inc   |  | Supportive Housing Services Program  |  |  | Safety Net         | \$53,700 | 0.27%      | 123  |
| Guadalupe Center, Inc.   |  | Guadalupe Center's Outpatient Substance Abuse Treatment Program                              |  |  | Applicant Defined  | \$53,500 | 0.27%      | 124  |
| Lee's Summit Cares, Inc.   |  | Mental Health Care for Underserved Children  |  |  | Applicant Defined  | \$53,090 | 0.27%      | 125  |
| Truman Medical Center Charitable Foundation                            |  | TMC Hospital Hill Breastfeeding Support Network  |  |  | Healthy Lifestyles | \$53,000 | 0.27%      | 126  |
| Amethyst Place   |  | Family Support Therapist   |  |  | Mental Health      | \$52,510 | 0.27%      | 127  |
| Duchesne Clinic  |  | Implementation of Electronic Medical Records for Quality and Efficiency                      |  |  | Applicant Defined  | \$50,443 | 0.26%      | 128  |
| Amethyst Place   |  | Supportive Housing Program   |  |  | Applicant Defined  | \$50,000 | 0.25%      | 129  |
| DeLaSalle Education Center   |  | Team of Care   |  |  | Applicant Defined  | \$50,000 | 0.25%      | 130  |
| Developing Potential, Inc.   |  | Increase Access to Services  |  |  | Applicant Defined  | \$50,000 | 0.25%      | 131  |
| Metropolitan Organization to Counter Sexual Assault                    |  | Ensuring Access to Services  |  |  | Applicant Defined  | \$50,000 | 0.25%      | 132  |
| Turner House Clinic Inc.   |  | Core Salary Support  |  |  | Applicant Defined  | \$50,000 | 0.25%      | 133  |
| Truman Medical Center Charitable Foundation                            |  | Healthy Harvest Mobile Market  |  |  | Healthy Lifestyles | \$50,000 | 0.25%      | 134  |

| Organization or Initiative                                    |  | Project Title   |  |  | Type                | Amount   | % of Total | Rank |
|---|--|---|--|--|---------------------|----------|------------|------|
| Kansas City Consensus   |  | National Dialogue on Mental Health: Creating Community Solutions - Metro Kansas City                              |  |  | Special Initiatives | \$50,000 | 0.25%      | 135  |
| Mid-America Regional Council Community Services Corporation   |  | Children's Services Needs Assessment  |  |  | Special Initiatives | \$49,500 | 0.25%      | 136  |
| Artists Helping The Homeless                                  |  | BE THE CHANGE Program   |  |  | Applicant Defined   | \$45,000 | 0.23%      | 137  |
| Heart To Heart International Inc                              |  | Kansas City Programs  |  |  | Applicant Defined   | \$45,000 | 0.23%      | 138  |
| Missouri Health Advocacy Alliance                             |  | Consumer Education, Consumer Engagement and Policy Advocacy   |  |  | Applicant Defined   | \$45,000 | 0.23%      | 139  |
| Missouri Jobs With Justice, dba Kansas City Jobs with Justice |  | Health Care Organizing Project  |  |  | Applicant Defined   | \$45,000 | 0.23%      | 140  |
| Niles Home for Children                                       |  | Emergency Funding to meet 03.08.13 payroll  |  |  | Applicant Defined   | \$45,000 | 0.23%      | 141  |
| Oral Health Kansas, Inc.                                      |  | Oral Health Kansas Operations 2013-2014   |  |  | Applicant Defined   | \$45,000 | 0.23%      | 142  |
| Rose Brooks Center, Inc.                                      |  | Core Operating Support  |  |  | Applicant Defined   | \$45,000 | 0.23%      | 143  |
| S A V E Foundation Inc  |  | Housing Support Project   |  |  | Applicant Defined   | \$45,000 | 0.23%      | 144  |
| City of Garden City   |  | Active, Healthy, & Safe Garden City   |  |  | Healthy Lifestyles  | \$45,000 | 0.23%      | 145  |
| Jewish Family Services  |  | Outpatient Counseling   |  |  | Applicant Defined   | \$40,931 | 0.21%      | 146  |
| House of Hope, Inc.   |  | Family Support Specialist   |  |  | Applicant Defined   | \$40,621 | 0.21%      | 147  |
| Head Start of Shawnee Mission, Inc.                           |  | A Healthy Head Start  |  |  | Applicant Defined   | \$40,000 | 0.20%      | 148  |
| Kansas City Community Gardens, Inc.                           |  | The Giving Grove  |  |  | Applicant Defined   | \$40,000 | 0.20%      | 149  |
| Ozanam  |  | Courage to Change   |  |  | Applicant Defined   | \$40,000 | 0.20%      | 150  |
| Pathways Community Behavioral Healthcare, Inc.                |  | 2013-2014 Mental Health Programming for Concordia and Santa Fe School Districts                                   |  |  | Applicant Defined   | \$40,000 | 0.20%      | 151  |
| Sheffield Place   |  | Core Operating to Support Treatment and Transitional Living Services  |  |  | Applicant Defined   | \$40,000 | 0.20%      | 152  |
| The Plaza Academy   |  | The continuation of mental health services to at risk teens through clinical care and collaborative endeavors.    |  |  | Applicant Defined   | \$40,000 | 0.20%      | 153  |
| Urban League Of Greater Kansas City                           |  | Mental Health Counseling and Education Initiative   |  |  | Applicant Defined   | \$40,000 | 0.20%      | 154  |
| DeLaSalle Education Center                                    |  | DeLaSalle Healthy Lifestyles Program  |  |  | Healthy Lifestyles  | \$40,000 | 0.20%      | 155  |
| Incarinate Word Foundation Missouri                           |  | Convergence Innovation Fund: Promoting Health and Equity through Built Environment and Healthy Food Access Policy |  |  | Special Initiatives | \$40,000 | 0.20%      | 156  |
| Unified School District 258-Humboldt                          |  | Support for Healthier and Safer Student Bodies  |  |  | Applicant Defined   | \$37,974 | 0.19%      | 157  |
| Hope Family Care Center LLC                                   |  | After Hours Health Care   |  |  | Applicant Defined   | \$37,500 | 0.19%      | 158  |

| Organization or Initiative                                     |  | Project Title   |  | Type               | Amount   | % of Total | Rank |
|--|--|---|--|--------------------|----------|------------|------|
| Community Mediation Center                                     |  | Peace by Piece: Mediating Our Differences for a Safer Kansas City                                   |  | Applicant Defined  | \$37,000 | 0.19%      | 159  |
| Sunflower House, Inc.  |  | Child Assessment Program - Family Advocacy  |  | Mental Health      | \$36,000 | 0.18%      | 160  |
| Alphapointe Association for the Blind                          |  | Senior Adult Services   |  | Applicant Defined  | \$35,000 | 0.18%      | 161  |
| Child Advocacy Services Center, Inc., dba The Children's Place |  | Clinical Services   |  | Applicant Defined  | \$35,000 | 0.18%      | 162  |
| Coalition of Hispanic Women Against Cancer                     |  | MAM - Mujeres Ayudando Mujeres (Women Helping Women)  |  | Applicant Defined  | \$35,000 | 0.18%      | 163  |
| Hope Network Of Raytown  |  | Mission of Hope Clinic  |  | Applicant Defined  | \$35,000 | 0.18%      | 164  |
| Recovery Lighthouse, Inc.                                      |  | Housing with Residential Supportive Services  |  | Applicant Defined  | \$35,000 | 0.18%      | 165  |
| University of Missouri Extension Council of Jackson County     |  | Nutrition Education Resource Center   |  | Applicant Defined  | \$35,000 | 0.18%      | 166  |
| KU Endowment Association                                       |  | JayDoc Free Clinic/Medical-Legal Partnership Clinic   |  | Safety Net         | \$35,000 | 0.18%      | 167  |
| N2N  |  | Part-time resource specialist for health issues of homeless neighbors and support for prescriptions |  | Applicant Defined  | \$34,000 | 0.17%      | 168  |
| Sunflower House, Inc.  |  | Child Assessment Program  |  | Applicant Defined  | \$33,100 | 0.17%      | 169  |
| Planned Parenthood of Kansas and Mid-Missouri                  |  | Growing and Sustaining Sexual Health Education Program Model  |  | Applicant Defined  | \$32,859 | 0.17%      | 170  |
| Kansas City Anti-Violence Project                              |  | LGBT Anti-Violence and Education  |  | Applicant Defined  | \$32,784 | 0.17%      | 171  |
| Bike Share KC  |  | Bike Share Phase 2 Expansion  |  | Healthy Lifestyles | \$32,000 | 0.16%      | 172  |
| Thrive Allen County Inc.                                       |  | Health Organization & Mobilization for Equity 2014 (HOME 2014)                                      |  | Safety Net         | \$31,140 | 0.16%      | 173  |
| Comprehensive Mental Health Services, Inc.                     |  | Making It All Work Properly--Electronic Infrastructure Upgrades                                     |  | Applicant Defined  | \$30,531 | 0.16%      | 174  |
| Ad Hoc Group Against Crime                                     |  | Support Services for Families Affected by Homicides   |  | Applicant Defined  | \$30,000 | 0.15%      | 175  |
| Ivanhoe Neighborhood Council                                   |  | General Operating Support   |  | Applicant Defined  | \$30,000 | 0.15%      | 176  |
| Saint Lukes Hospital of Kansas City                            |  | Discharge Needs of the Uninsured  |  | Applicant Defined  | \$30,000 | 0.15%      | 177  |
| YMCA of Greater Kansas City                                    |  | Building a Culture of Wellness  |  | Applicant Defined  | \$28,012 | 0.14%      | 178  |
| Migrant Farmworkers Assistance Fund                            |  | Medical Case Management Project for Migrant Farmworkers   |  | Applicant Defined  | \$28,000 | 0.14%      | 179  |
| Cabot Westside Health Center                                   |  | Cabot Cares Connection Program for Low-Income Patients  |  | Applicant Defined  | \$27,728 | 0.14%      | 180  |
| City of Independence, Health Department                        |  | Asthma Education  |  | Applicant Defined  | \$26,732 | 0.14%      | 181  |

| Organization or Initiative                                     | Project Title   | Type                | Amount              | % of Total     | Rank |
|--|---|---------------------|---------------------|----------------|------|
| Hope House, Inc.   | Fund Development Capacity Building to Benefit Domestic Violence Survivors   | Applicant Defined   | \$25,000            | 0.13%          | 182  |
| Partners in Public Health, Inc.                                | Clean Air Metro KC  | Applicant Defined   | \$25,000            | 0.13%          | 183  |
| Mother's Refuge  | Promoting Healthy Lifestyles and Environments for Homeless, Pregnant Young Women and Babies   | Healthy Lifestyles  | \$25,000            | 0.13%          | 184  |
| Support Kansas City Inc.                                       | SKC 2013-2014 Capacity Building   | Special Initiatives | \$25,000            | 0.13%          | 185  |
| Health Insurance Exchange Consultant Initiative                | Health Insurance Exchange Consultant  | Special Initiatives | \$24,000            | 0.12%          | 186  |
| Kansas Department of Health and Environment                    | Kansas School Sealant Program   | Applicant Defined   | \$20,000            | 0.10%          | 187  |
| Mattie Rhodes Center   | Latino Mental Health Services   | Applicant Defined   | \$20,000            | 0.10%          | 188  |
| Medical Society Of Johnson & Wyandotte Counties Foundation Inc | Wy/Jo Care Recruitment Specialist   | Applicant Defined   | \$20,000            | 0.10%          | 189  |
| Missouri Coalition Against Domestic And Sexual Violence        | Public Policy Advocacy Project  | Applicant Defined   | \$20,000            | 0.10%          | 190  |
| Health Literacy Initiative                                     | 2013 Health Literacy  | Special Initiatives | \$20,000            | 0.10%          | 191  |
| Center School District Parents As Teachers Program             | Safe Outdoor Play Is Critical to Success  | Healthy Lifestyles  | \$19,400            | 0.10%          | 192  |
| Kansas Legal Services Inc                                      | Kansas-Focused Medical-Legal Partnership  | Applicant Defined   | \$17,856            | 0.09%          | 193  |
| Freewheels For Kids Inc  | FreeWheels Ride Clubs   | Healthy Lifestyles  | \$14,160            | 0.07%          | 194  |
| Center for Practical Bioethics, Inc.                           | Relieving Pain in Kansas City Project (PAINS-KC)  | Special Initiatives | \$10,000            | 0.05%          | 195  |
| Miles of Smiles, Inc.  | Dental-Optimized Laptops  | Applicant Defined   | \$9,245             | 0.05%          | 196  |
| Elm Creek Community Garden                                     | Preparation of Soil for 2014 Community Garden   | Special Initiatives | \$8,000             | 0.04%          | 197  |
| Pets For Life, Inc.  | Animal Assisted Therapy for the Underserved and Uninsured   | Applicant Defined   | \$5,000             | 0.03%          | 198  |
| 2013 Healthy Cass Award  | 2013 Healthy Cass Award/Recipient: Dr. Christine Moore. Requested \$5,000 award go to the Salvation Army.   | Special Initiatives | \$5,000             | 0.03%          | 199  |
| 2013 Healthy Lafayette Award                                   | 2013 Healthy Lafayette Award/Recipient: Marsha Corbin of Lafayette Healthy Lifestyle Initiative. Requested award go to the Lafayette County Extension Council to further expand their efforts for active living and healthy eating in Lafayette County. | Special Initiatives | \$5,000             | 0.03%          | 200  |
| <b>GRAND TOTAL</b>   |   |                     | <b>\$19,652,980</b> | <b>100.00%</b> |      |

**Health Care  Foundation**  
OF GREATER KANSAS CITY

**2013 Board Officers & Committee Assignments**

**Officers**

Chair: Karen Cox, RN, Ph.D.<sup>14\*</sup>  
Vice Chair: Kenneth E. Southwick, Ed.D.<sup>15\*</sup>  
Secretary: Jon R. Gray<sup>17</sup>  
Treasurer: Dan Couch<sup>14\*</sup>  
President/CEO: Steve Roling

**Executive Committee**

Karen Cox, RN, Ph.D., Chair<sup>14\*</sup>  
Kenneth E. Southwick, Ed.D., Vice Chair<sup>15\*</sup>  
Jon R. Gray, Secretary<sup>14/17</sup>  
Dan Couch, Treasurer<sup>14\*</sup>  
Bernard Franklin, Ph.D., Chair Administration & Logistics Committee<sup>13\*</sup>  
Albert P. Mauro, Sr., Chair Audit<sup>15\*</sup>  
Sheilahn Davis-Wyatt, Chair Finance & Investment<sup>14\*</sup>  
Roberta A. Coker, Chair Program/Grants<sup>15\*</sup>  
Betty M. Drees, M.D., At Large<sup>13/16</sup>  
Norman Siegel, Former Chair<sup>13\*</sup> (non-Voting)

**Administration & Logistics**

Bernard Franklin, Ph.D., Chair<sup>13\*</sup>  
Thomas C. Carignan<sup>13/16</sup>  
Roberta Austin Coker<sup>14\*</sup>  
Sheilahn Davis-Wyatt<sup>14\*</sup>  
Edwin M. Galan, MA, MSN, ARNP<sup>13/16</sup>  
Jon R. Gray<sup>14/17</sup>  
James T. Nunnally<sup>13/16</sup>  
Kenneth P. Stremming<sup>15\*</sup>  
Susan B. Wilson, Ph.D.<sup>15\*</sup>

**Audit**

Albert P. Mauro, Sr., Chair<sup>15\*</sup>  
Gena Clouch<sup>13/16</sup>  
Dan Couch<sup>14\*</sup>  
Alan Flory<sup>15/18</sup>  
S. Marie McCarther, Ed.D.<sup>15\*</sup>  
James T. Nunnally<sup>13/16</sup>  
Juan M. Rangel, Jr.<sup>14/17</sup>  
Kenneth E. Southwick, Ed.D.<sup>15\*</sup>

**ByLaws Sub-Committee**

Norman Siegel, Chair<sup>13\*</sup>  
Gena Clouch<sup>13/16</sup>  
Betty M. Drees, M.D.<sup>13/16</sup>  
Alan Flory<sup>15/18</sup>  
Garland Land<sup>15/18</sup>  
Jill Kanatzar, Chair CAC

**Finance & Investment**

Sheilahn Davis-Wyatt, Chair<sup>14\*</sup>  
Thomas C. Carignan<sup>13/16</sup>  
Dan Couch<sup>14\*</sup>  
Betty M. Drees, M.D.<sup>13/16</sup>  
Albert P. Mauro, Sr.<sup>15\*</sup>  
S. Marie McCarther, Ed.D.<sup>15\*</sup>  
Norman Siegel<sup>13\*</sup>  
Kenneth E. Southwick, Ed.D.<sup>15\*</sup>  
Kenneth P. Stremming<sup>15\*</sup>  
Kimberly C. Young<sup>14/17</sup>

**Nominating**

Kenneth P. Stremming, Chair<sup>15\*</sup>  
Thomas C. Carignan<sup>13/16</sup>  
Gena Clouch<sup>13/16</sup>  
Jon R. Gray<sup>14/17</sup>  
Garland Land<sup>15/18</sup>  
Kimberly C. Young<sup>14/17</sup>

**Program/Grants**

Roberta Austin Coker, Chair<sup>14\*</sup>  
Alan Flory<sup>15/18</sup>  
Bernard Franklin, Ph.D.<sup>13\*</sup>  
Edwin M. Galan, MA, MSN, ARNP<sup>13/16</sup>  
Garland Land<sup>15/18</sup>  
S. Marie McCarther, Ed.D.<sup>15\*</sup>  
James T. Nunnally<sup>13/16</sup>  
Juan M. Rangel, Jr.<sup>14/17</sup>  
Susan B. Wilson, Ph.D.<sup>15\*</sup>



# Appendix G

| <b>2013</b> | <b>Current Board Member</b>                | <b>Male</b> | <b>Female</b> | <b>County</b> | <b>Race</b>      | <b>Accounting/<br/>Auditing</b> | <b>Advocacy</b> | <b>Behavioral<br/>Science</b> | <b>Education</b> | <b>Faith Based</b> | <b>Finance/<br/>Management/<br/>Community/<br/>Neighborhood</b> | <b>Investment</b> | <b>Law</b> | <b>Marketing/PR</b> | <b>Medical</b> | <b>Non-profit</b> | <b>Public Health</b> | <b>Research</b> |
|-------------|--|-------------|---------------|---------------|------------------|---------------------------------|-----------------|-------------------------------|------------------|--------------------|---|-------------------|------------|---------------------|----------------|-------------------|----------------------|-----------------|
|             | Karen S. Cox, RN, Ph.D.,<br>Chair          |             | X             | Jackson, MO   | Caucasian        |                                 | X               |                               | X                |                    | X   |                   |            |                     | X              | X                 | X                    | X               |
|             | Kenneth E. Southwick, Ed.D.,<br>Vice Chair | X           |               | Cass, MO      | Caucasian        | X                               | X               |                               | X                |                    | X   | X                 |            |                     |                | X                 |                      | X               |
|             | Jon R. Gray, Secretary                     | X           |               | Jackson, MO   | African American |                                 | X               |                               |                  | X                  |   |                   | X          |                     |                | X                 |                      |                 |
|             | Daniel M. Couch,<br>Treasurer              | X           |               | Jackson, MO   | Caucasian        | X                               | X               |                               |                  |                    | X   | X                 |            |                     | X              | X                 | X                    |                 |
|             | Thomas C. Carignan                         | X           |               | Johnson, KS   | Latino           |                                 |                 |                               |                  |                    | X   | X                 |            |                     |                | X                 |                      |                 |
|             | Gena Clouch                                |             | X             | Allen, KS     | African American |                                 |                 |                               |                  | X                  |   |                   |            |                     |                | X                 |                      |                 |
|             | Roberta Austin Coker                       |             | X             | Jackson, MO   | Caucasian        |                                 | X               |                               | X                |                    |   |                   |            | X                   |                | X                 |                      |                 |
|             | Sheilahn Davis-Wyatt                       |             | X             | Jackson, MO   | African American |                                 | X               |                               |                  |                    | X   | X                 |            | X                   | X              | X                 | X                    |                 |
|             | Betty M. Drees, M.D.                       |             | X             | Johnson, KS   | Caucasian        |                                 | X               |                               | X                |                    | X   | X                 |            |                     | X              | X                 | X                    | X               |
|             | Alan Flory                                 | X           |               | Jackson, MO   | Caucasian        |                                 | X               | X                             |                  |                    | X   | X                 |            |                     |                | X                 | X                    | X               |
|             | Bernard Franklin, Ph.D.                    | X           |               | Wyandotte, KS | African American |                                 | X               | X                             | X                | X                  | X   |                   |            |                     |                | X                 | X                    | X               |
|             | Edwin M. Galan                             | X           |               | Jackson, MO   | Latino           |                                 | X               | X                             | X                | X                  |   |                   |            |                     | X              | X                 | X                    | X               |
|             | Garland Land                               | X           |               | Jackson, MO   | Caucasian        |                                 | X               | X                             |                  | X                  |   |                   |            |                     |                | X                 | X                    | X               |
|             | Albert P. Mauro, Sr.                       | X           |               | Jackson, MO   | Caucasian        |                                 | X               | X                             | X                |                    | X   | X                 |            | X                   |                | X                 | X                    |                 |
|             | S. Marie McCarther, Ed.D.                  |             | X             | Jackson, MO   | African American |                                 | X               |                               | X                |                    | X   | X                 |            | X                   |                | X                 | X                    | X               |
|             | James T. Nunnally                          | X           |               | Jackson, MO   | African American |                                 | X               | X                             | X                | X                  |   |                   |            |                     |                | X                 | X                    | X               |
|             | Juan M. Rangel, Jr.                        | X           |               | Jackson, MO   | Latino           |                                 | X               | X                             | X                | X                  |   |                   |            | X                   |                | X                 | X                    |                 |
|             | Norman Siegel, Chair                       | X           |               | Jackson, MO   | Caucasian        |                                 | X               |                               |                  |                    |   | X                 | X          |                     |                | X                 |                      |                 |
|             | Kenneth P. Stremming                       | X           |               | Jackson, MO   | Caucasian        | X                               | X               |                               | X                |                    |   |                   |            | X                   | X              | X                 | X                    | X               |
|             | Susan B. Wilson, Ph.D.                     |             | X             | Jackson, MO   | African American |                                 | X               | X                             | X                |                    |   |                   |            |                     |                | X                 | X                    | X               |
|             | Kimberly C. Young                          |             | X             | Jackson, MO   | African American |                                 | X               |                               | X                | X                  |   |                   |            |                     | X              | X                 | X                    | X               |

# 2014

## Current Board Member

| Current Board Member               | Male | Female | County      | Race             | Accounting/<br>Auditing | Advocacy | Behavioral<br>Science | Education | Faith Based | Finance/<br>Management | Community/<br>Neighborhood | Investment | Law | Marketing/PR | Medical | Non-profit | Public Health | Research |
|------------------------------------|------|--------|-------------|------------------|-------------------------|----------|-----------------------|-----------|-------------|------------------------|----------------------------|------------|-----|--------------|---------|------------|---------------|----------|
| Kenneth E. Southwick, Ed.D., Chair | X    |        | Cass, MO    | Caucasian        | X                       | X        |                       | X         |             | X                      | X                          | X          |     |              |         | X          |               | X        |
| Kimberly C. Young, Vice Chair      |      | X      | Jackson, MO | African American |                         | X        |                       | X         | X           | X                      | X                          |            |     |              | X       | X          | X             | X        |
| Thomas C. Carignan, Treasurer      | X    |        | Johnson, KS | Latino           |                         |          |                       |           |             | X                      | X                          | X          |     |              |         | X          |               |          |
| Jon R. Gray, Secretary             | X    |        | Jackson, MO | African American |                         | X        |                       |           | X           |                        | X                          |            | X   |              |         | X          |               |          |
| Gena Clouch                        |      | X      | Allen, KS   | African American |                         |          |                       |           | X           |                        | X                          |            |     |              |         | X          |               |          |
| Tom Cranshaw                       | X    |        | Johnson, KS | Caucasian        |                         | X        | X                     |           | X           | X                      |                            |            |     | X            | X       | X          | X             |          |
| Roberta Austin Coker               |      | X      | Jackson, MO | Caucasian        |                         | X        |                       | X         |             | X                      | X                          |            |     | X            |         | X          |               |          |
| Daniel M. Couch                    | X    |        | Jackson, MO | Caucasian        | X                       | X        |                       |           |             | X                      | X                          | X          |     |              | X       | X          | X             |          |
| Karen S. Cox, RN, Ph.D.            |      | X      | Jackson, MO | Caucasian        |                         | X        |                       | X         |             | X                      |                            |            |     |              | X       | X          | X             | X        |
| Sheilah Davis-Wyatt                |      | X      | Jackson, MO | African American |                         | X        |                       |           |             | X                      | X                          | X          |     | X            | X       | X          | X             |          |
| Alan Flory                         | X    |        | Jackson, MO | Caucasian        |                         | X        | X                     |           |             | X                      | X                          | X          |     |              |         | X          | X             | X        |
| Susan Garrett                      |      | X      | Jackson, MO | Latino           |                         | X        |                       |           |             |                        | X                          |            |     |              |         | X          | X             | X        |
| Garland Land                       | X    |        | Jackson, MO | Caucasian        |                         | X        | X                     |           | X           | X                      |                            |            |     |              |         | X          | X             | X        |
| Albert P. Mauro, Sr.               | X    |        | Jackson, MO | Caucasian        |                         | X        | X                     | X         |             | X                      | X                          | X          |     | X            |         | X          | X             |          |
| S. Marie McCarther, Ed.D.          |      | X      | Jackson, MO | African American |                         | X        |                       | X         |             | X                      | X                          | X          |     | X            |         | X          | X             | X        |
| Ann Mesle, J.D.                    |      | X      | Jackson, MO | Caucasian        |                         |          |                       | X         |             | X                      |                            |            | X   |              |         |            |               | X        |
| James T. Nunnally                  | X    |        | Jackson, MO | African American |                         | X        | X                     | X         | X           |                        | X                          |            |     |              |         | X          | X             | X        |
| Wayne Powell                       | X    |        | Jackson, MO | African American | X                       | X        |                       |           |             | X                      | X                          |            | X   |              |         | X          |               |          |
| Juan M. Rangel, Jr.                | X    |        | Jackson, MO | Latino           |                         | X        | X                     | X         | X           |                        | X                          |            |     | X            |         | X          | X             |          |
| Zoraida ("Zori") Rodriguez         |      | X      | Jackson, MO | Latino           |                         | X        | X                     | X         |             |                        | X                          |            |     |              |         | X          | X             |          |
| Kenneth P. Stremming               | X    |        | Jackson, MO | Caucasian        | X                       | X        |                       | X         |             |                        | X                          | X          |     | X            | X       | X          | X             | X        |

(As of June 25, 2014)



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