

# Health Care Foundation of Greater Kansas City 2014 Performance Review



A Report by the Community Advisory Committee

*“Things are going pretty well for me right now. I know if anything changes it can quickly go from complicated to impossible. It would be nice to not need to be as lucky as I have been to be alright.”*

*Comment from a community member at the Community Conversation on Health, October 2014*

## Letter

It gives me great pleasure to introduce the 2014 Performance Review, a report from the Community Advisory Committee summarizing the activities of the Health Care Foundation of Greater Kansas City for the year 2014.

As we prepared this report it became apparent that this is a labor of love by not only the administrative staff of HCF and CAC but also all the board members of HCF and CAC.

So many individuals contributed to this report, in so many different ways, that it is impossible to give thanks, other than to all.

Though the format of this year’s report differs slightly from previous years’, I believe it will continue to communicate the information necessary to impart a sense of compassion and love for the ones we serve and a sense of pride in a job well done.

In the short time I have been a member of CAC I have come to realize that it is love and caring that determine our success and the success of those we serve.

To those that contributed to this review I offer a great debt of gratitude, and to all of us I extend the challenge to continue to improve in the years to come.



Alan E. Powell, M.D.  
Chairman of the Review Committee  
Community Advisory Committee

*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.*

# Table of Contents

Introduction.....	2
Concerns and Commendations .....	3
Emerging Issues .....	10
Finances.....	15
Grant Making.....	19
Governance .....	26
Evaluation.....	29
Advocacy.....	31
Communications.....	34
Community Conversation on Health .....	36
Organizational Issues .....	40
Summary .....	42

# Appendix

HCF History .....	A-1
HCF in Perspective .....	A-2
HCF Grant Making Key Statistics 2007-14 .....	A-3
2014 Grant Making Comprehensive Listing .....	A-4
Stepping Out: Lessons Learned .....	A-12
HCF Leadership .....	A-14

# Community Advisory Committee

The Community Advisory Committee consists of community members selected by appointing authorities. The number and appointing authorities were established when HCF was organized. The 2015 members who reviewed and approved this report are listed.

## Missouri

<i>Belton</i>	David Clark
<i>Harrisonville</i>	Susan Mills-Gray
<i>Independence</i>	Mary Jo Moore; Thuylinh Pham, M.D; Terry Trafton
<i>Lee's Summit</i>	Dee Ann Bowles; Alan Powell, M.D.;
<i>Lexington</i>	Terry Thompson, chair
<i>Jackson County</i>	Leslie Fields, M.D.; Jill Kanatzer
<i>Kansas City, Mo</i>	Thomas Alber; LaTetra Collins, DDS; Niki Lee Donawa; Mike Enos; Josephine Njoroge; Melissa Robinson; Daniel Shea, treasurer; Kelvin L. Walls, M.D.

## Kansas

<i>Iola</i>	Mary Ann Arnott
<i>Johnson County</i>	Melissa Berg Harmon, vice chair; Shani Tate
<i>Wyandotte County</i>	Nozella Brown



Health Care  Foundation  
OF GREATER KANSAS CITY

### 2014 Community Advisory Committee

BACK ROW (from left to right): Melissa Robinson, Terry Thompson, Mary Zimmerman, Ph.D., Terry Trafton, Nozella Brown, Ed.D., David Michael Enos, Vickie Massey, M.D., Dan Shea, Mary Ann Arnott.

FRONT ROW (from left to right): Melissa Harmon, Josephine Njoroge, Dee Ann Bowles, Jill Kanatzer, Alan Powell, M.D.

Not Pictured: Shani Tate, Thomas Alber, David Clark, Ramona Farris, Leslie Fields, M.D., Marcia Milner, Mary Jo Moore, Kelvin Walls, M.D.

# Executive Summary

The Health Care Foundation of Greater Kansas City ends its first decade with significant accomplishments and a well-earned reputation for providing collaborative leadership and support on health-related matters.

This report reviews HCF's performance for the calendar year 2014.

HCF provided \$19.5 million in grants – well below the \$26.9 million it allocated in 2008 at the peak of the stock market. There is less money available in grants, but HCF is being thoughtful in what it funds and looking to leverage existing efforts, supporting what works or providing funding to promising efforts.

Two efforts, which took considerable time and effort in 2014, deserve special mention.

First, HCF settled on criteria for a High Impact Initiative Fund to address broad systemic outcomes that are opportunistic and sustainable even without long-term funding. This approach can strengthen HCF's position as a health care leader and advocate by allowing it to make a few selective, clearly identified and agreed-upon investments.

Second, HCF actively explored ways to significantly expand its advocacy efforts.

HCF has a strong commitment to advocacy, but this is difficult work given the highly partisan nature of health care debates at the state capitol and strong political and public regional opposition to the Affordable Care Act.

The year saw disappointing investment returns relative to comparable national endowments which had higher-risk asset allocations. HCF's overall investment performance is average, at best, when looked at over a one-year, five-year or 10-year period.

The HCF board remains active, engaged and deeply committed to the work. The staff is hard-working and knowledgeable.

The organization is developing better data, regularly evaluating results and willing and able to change course when things don't work.

HCF has been extremely thoughtful in engaging the community in the work and trying to determine local strategies that make sense and can achieve results.

There has been a successful leadership transition and HCF is well-positioned to achieve important outcomes in the years to come.



## Introduction

The CAC has an annual obligation to “review, evaluate and report to the Board on the performance of the Health Care Foundation of Greater Kansas City.

This is the 11th annual performance review.<sup>1</sup> Previous reports are available on the HCF website.

The Health Care Foundation of Greater Kansas City (HCF) 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 A: A Short History of the Health Care Foundation of Greater Kansas City).**

The report is a broad overview of the Health Care Foundation of Greater Kansas City (HCF) including grant making, financial performance, governance and organizational issues.

The report specifically covers HCF performance for calendar year 2014, but relevant community and health-related information from 2015 has been included.

The report includes two sections of particular interest – **Concerns and Commendations** and **Emerging Issues**.

The **Concerns and Commendations** section are matters the CAC believe merit particular attention or deserve to be highlighted. It also provides updates on concerns listed in the prior year report, 2013 concerns in this instance.

The **Emerging Issues** section shares health-related matters which the CAC believes are of broad interest to the larger community and the general public served by HCF.

Significant information is also included in the Appendix including a complete listing of all 2014 HCF grants made.

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

---

<sup>1</sup> The first report reviewed calendar year 2004 and was a nine-page report.

# Concerns and Commendations

For 2014, the CAC offers these concerns and commendations.

While there are relatively few organizational concerns, the larger public policy environment is of considerable concern given HCF's strong interest in advocacy.

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

## Concerns (2014)

### HCF Investment Returns

The 2014 investment returns were 4.7% — well below the 8.2% target and lower than the returns for endowments of comparable size. Consistent market returns are difficult to obtain, and perhaps meeting the 8.2% benchmark is an unrealistic proposition without accepting greater investment risk.

***Concern:** Low returns, over time, will significantly affect future HCF grant making. Other comparable endowments are earning higher returns, but are willing to assume higher investment risks.*

### Missouri Tobacco Tax

Serious efforts are underway to place a tobacco tax increase on the November 2016 ballot through an initiative petition. This would be the fourth statewide vote since 2002. Each measure narrowly failed.

Missouri easily has the lowest tobacco tax in the nation at 17 cents per pack, followed by Virginia at 30 cents per pack. The proposed 2016 initiative petition would raise the Missouri cigarette tax by 50 cents per pack – still among the lowest in the nation.

Proponents believe that increasing the tax more than 50 cents will doom the measure to yet another loss. Health advocates believe the amount is insufficient to move individuals to quit smoking or discourage them from starting.<sup>2</sup>

Organizational and financial leadership on the 2006 and 2012 issues came from the state's two largest health care foundations, which will have to determine what role, if any, they intend to play in the latest effort.<sup>3</sup>

***Concern:** The proposed tobacco tax rates, if approved, would be still be among the lowest in the nation and may not be high enough to discourage tobacco use. The measure, if it fails, would be the fourth statewide failure of this important health issue.*

### Failure to Expand Medicaid

The failure of both Missouri and Kansas to expand Medicaid remains troubling. Both states, especially Kansas, face significant fiscal challenges; expansion of Medicaid received some discussion in Kansas, little to none in Missouri. Failure to expand leaves many of those below

---

<sup>2</sup> ["Missouri cigarette tax hike advocates split on strategy,"](#) Flatland, Hale Center at KCPT, June 24, 2015.

<sup>3</sup> The Missouri Health Care Foundation took the lead on the 2006 Amendment 3 proposal, which would have raised the tobacco tax by 80 cents per pack. That measure failed 48.6% to 51.4%. The Health Care Foundation took the lead on the 2012 Proposition B proposal, which would have raised the tobacco tax by 73 cents per pack. That measure failed 49.2% to 50.8%. An assessment of why the 2012 tobacco increase failed is covered in the 2012 CAC Annual Performance report advocacy section.

138% of the federal poverty level without health insurance – an estimated 191,000 individuals in Missouri and 77,000 in Kansas. Only four states have more potentially eligible uninsured Medicaid individuals than Missouri.<sup>4</sup>

Twenty states<sup>5</sup> have declined to expand Medicaid. Neighboring states that have expanded include Arkansas, Kentucky, Illinois, Iowa and Colorado.

Failure to expand Medicaid is putting significant pressure on the health care system, particularly rural and urban hospitals with high levels of uncompensated care and bad debt.<sup>6, 7</sup>

Financial pressures on hospitals will become more acute as federal “disproportionate share” (DSH) payments face dramatic reductions in upcoming fiscal years.<sup>8</sup> The DSH payments are made to hospitals that serve a large number of Medicaid or low-income uninsured patients. In short, the valued payments help cover the expense of uncompensated care.

In effect, it is a “double whammy” financially – failure to provide insurance through expanding Medicaid and DSH payment reductions reduce revenue available to provide for uncompensated or charity care.<sup>9</sup>

The Affordable Care Act, anticipating more individuals would have health insurance, included structured reductions in the DSH payments. That policy decision did not anticipate that states – by virtue of a U.S. Supreme Court decision upholding the ACA – would be given the choice whether to expand Medicaid. States which have not expanded Medicaid, such as Missouri and Kansas, face a double financial whammy: not taking the significant federal funding for Medicaid expansion and the yet-to-come reduction in DSH payments.<sup>10</sup>

**Concern:** *The failure to expand Medicaid in Missouri and Kansas leaves over 350,000 low-income individuals in both states without health insurance. Concerted advocacy efforts had little impact on the willingness to debate the issue in either state legislature.*

---

<sup>4</sup> The states are Texas (1,107,000), Florida (750,000), North Carolina (313,000) and Louisiana (193,000). [States Refusing to Expand Medicaid Will Leave 4.3 Million Americans Uninsured](#), White House, June 4, 2015. Health and economic impacts of the failure to expand Medicaid are discussed in the White House report [Missed Opportunities: The Consequences of State Decisions Not to Expand Medicaid](#), The Council of Economic Advisors, July 2014.

<sup>5</sup> As of July 2015.

<sup>6</sup> [Where Medicaid expansion matters: Small Illinois hospital expands while Missouri counterparts cut back.](#) Modern Healthcare, June 6, 2015.

<sup>7</sup> Truman Medical Center CEO Charlie Shields, a former Missouri State Senate Leader, discussed the consequences of not expanding Medicaid in Missouri in “Hospital CEO Contends with Medicaid Conundrum,” Wall Street Journal, Nov. 11, 2014. He encouraged lawmakers to seek a federal waiver and develop a “Missouri-specific solution.”

<sup>8</sup> [The Protecting Access to Medicare Act of 2014 \(Sec. 221\)](#) delayed implementation of the reductions from federal fiscal year ending 2014 to fiscal year 2017. The amount of the reduction has increased from \$18.1 billion over a seven-year period to \$43 billion over an eight-year period. Slide provided by the Missouri Hospital Association.

<sup>9</sup> One study of the issue commented: “Policy makers should recognize that many hospitals that will be affected by cuts in Medicaid DHS payments are already financially weak, and that decreases in revenues may affect their ability to provide vulnerable populations with access to care.” [Identifying Hospitals That May Be at Most Financial Risk From Medicaid Disproportionate-Share Hospital Payment Cuts](#), Health Affairs, November 2014. Regionally, this is a major issue for Truman Medical Center. Charlie Shields, TMC president and CEO, commented that the Jackson County public hospital provided 12% of all uncompensated care in Missouri (at a cost of \$134 million) and that 41,000 out of its 113,000 patients annually are unable to pay for the care received. “ACA ruling helps Truman Medical; issues remain.” *The Examiner*, June 26, 2015.

<sup>10</sup> The ACA calls for annual aggregate reductions of federal DSH payments of \$16 billion over the five-year period FY 2016-2020. [How Do Medicaid Disproportionate Share Hospital \(DSH\) Payments Change Under the ACA?](#) Nov. 18, 2013, Kaiser Family Foundation. These developments will put significant financial pressure on large urban hospitals, less on rural hospitals designated as Critical Access Hospitals, which receive cost-based reimbursement.

## Public Opposition to the Affordable Care Act

Neither state embraced all of the opportunities of the Affordable Care Act.<sup>11</sup> Missouri and Kansas were among 34 states that opted for a federally-operated health insurance exchange rather than developing and operating its own state health insurance exchange.

Those federal exchanges enrolled over 6.4 million Americans in health insurance plans. The premium tax credits provided by the IRS under the ACA make out-of-pocket health insurance more affordable for those who enrolled.

Those federal tax health insurance subsidies were at risk until the U.S. Supreme Court ruled in the case *King v. Burwell*. The high court ruled that insurance premium tax credits issued by federally-operated state health insurance exchanges (such as those in Missouri and Kansas) were legal and what Congress intended.<sup>12</sup> Advocacy groups estimate potentially 198,000 individuals in Missouri and 70,000 in Kansas potentially would have lost private health insurance subsidies if the court took the plaintiff's position – health insurance tax subsidies were only available to individuals who enrolled through state-operated health insurance exchanges.<sup>13, 14</sup>

HCF hailed the Supreme Court decision.

**Concern:** *The U.S. Supreme Court has provided two key decisions upholding key provisions of the Affordable Care Act but the federal health care law continues to face significant public opposition which diverts attention from accepting it as the law of the land.*

## State Fiscal Policies

Kansas' fiscal situation is dire. Income tax cuts approved by the legislature in 2012 and 2013 did not produce the economic growth promised by the cuts' proponents. Faced with the loss of significant state revenue, Kansas lawmakers struggled on a plan to fund state government. Their answer was to adopt a "Band-Aid" budget including significant spending cuts combined with the largest tax increase in state history. Additional revenue is to be raised by an increase in the state sales tax, eliminating state deductions for most charitable contributions, and increasing cigarette taxes by 50 cents per pack starting July 1, 2015.<sup>15</sup>

Missouri's fiscal situation is better but, like Kansas, Missouri also approved changes to the state income tax structure so that the current rate of 6.0% will be reduced to 5.5% if annual net general revenue is at least \$150 million higher than one of the three prior years.

**Concern:** *Both states will lack financial resources making it difficult to adequately fund health and mental health services resulting in unserved and underserved populations.*

---

<sup>11</sup> Missouri voters actually approved a ballot measure (Proposition E) in November 2012 prohibiting the Missouri from establishing a state-based health insurance exchange. The measure passed by 61.7% with over 2.5 million votes cast. [Missouri Secretary of State. 2012 ballot measures.](#)

<sup>12</sup> The US Supreme Court ruled 6-3 to support the health insurance subsidies to those enrolled through federally-operated exchanges. Chief Justice John Roberts Jr., in a [much-quoted section](#) of his majority opinion wrote: "Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them."

<sup>13</sup> [King v. Burwell Fallout: 6.4 Million at Risk of Losing Health Insurance](#), FamiliesUSA, June 2015.

<sup>14</sup> The average monthly premium subsidy in Missouri is \$278; \$210 in Kansas. On an annualized basis the premium subsidies total \$835 million in the two states — \$659 million in Missouri and \$176 million in Kansas. [State-by-State Effects of a Ruling for Challenges in King v. Burwell](#), Kaiser Family Foundation.

<sup>15</sup> ["Kansas legislators approve 'Band-Aid' budget with largest tax increase in state history,"](#) Lawrence Journal World, June 12, 2015.

# Commendations (2014)

## Community Engagement

In October 2014 HCF and United Way of Greater Kansas City hosted a remarkable event, the Community Conversation on Health, which was well worth the considerable effort, energy and time that went into organizing it. The event engaged the participants in meaningful health discussions by inviting them to share their own perspectives, to consider local data and the many aspects of developing healthy individuals and communities. The daylong conversation shared successes, discussed barriers and identified strategies for achieving results as collectively determined by the over 300 participants.



## Health Advocacy

While others shied away, HCF continued to offer strong advocacy and support for Missouri and Kansas residents taking advantage of the Affordable Care Act. Much was learned in the difficult work of organizing the effort and through direct contact with low-income communities.

HCF's willingness to explore broader and more effective ways to engage in effective advocacy is warranted. HCF funds are limited, and investment in public policy changes that improve health outcomes are sound investments. The detrimental effect of increasing partisanship on civil discourse — evident in national and state politics — makes the public policy arena a difficult place. Nevertheless, policy advocacy involving community-level change offers many opportunities. The local food policy work – community gardens and urban farming, supporting grocery stores in underserved area, improving school nutrition – is a great example of what advocacy can achieve.

## Missouri Medicaid Adult Dental Services

Dental services for adults on Medicaid were restored after being cut in 2005. This is an excellent case study of what persistence, advocacy and coalition building can truly achieve. In the failure to expand Medicaid, this success story can easily be overlooked.

HCF efforts supported a significant outcome – the restoration of state funding for a critical health need that has not been available to Medicaid eligible adults for the past decade.

## High Impact Initiative

HCF defined criteria for a High Impact Initiative Project to address broad systemic outcomes that are opportunistic and sustainable even without long-term funding. This kind of initiative can strengthen HCF's position as a health care leader and advocate by allowing it to make a few selective, clearly identified and agreed-upon investments in programs. This is an important development in HCF's maturation.

## Public Safety

The Kansas City, Mo. murder rate has the dubious distinction of being consistently one of the highest in the nation.

HCF played an instrumental role in promoting the idea that crime is a disease with tragic health consequences – lives lost, avoidable injuries and exceedingly high social costs to individuals, families and communities. HCF also provided grants to key organizations involved.

The general trend toward a lower murder rate is truly encouraging.

## Healthy KC Commission

[Healthy KC](#) is a partnership with the Kansas City Chamber of Commerce to promote general health wellness among employees and the general community. Areas of focus include healthy eating, active life style, tobacco cessation, workplace wellness and behavioral health. This kind of cross-sector partnership provides intriguing opportunities to work on wellness for the entire community by engaging employers directly in the effort.<sup>16</sup>

## Ethics Policy and Non-Discrimination

While HCF's consistent adherence to its ethics policy might be taken for granted, it always deserves commendation. Continued strict adherence to the high standard of this model policy — which includes a rigorous independent review process, transparency and full disclosure — assures the integrity of the grant selection and awards process. Also exemplary is HCF's policy that requires grantees to attest to non-discrimination policies in service delivery, employment, promotion or governance.<sup>17</sup>

---

<sup>16</sup> ["Kansas City group wants answers: How do we fight smoking, obesity?"](#) *Kansas City Star*, June 25, 2014. ["Healthier community = new business? KC initiative hopes so,"](#) June 25, 2014, *Kansas City Business Journal*.

<sup>17</sup> More details are available on the HCF website at [Who Can Apply?](#) The categories covered in gender, race, color, ethnicity, religion, national origin, disability, sexual orientation or veteran status.

# 2013 Concerns Update

The table below shows the 2013 Concerns from the prior year’s report and provides a 2014 update from the HCF staff.

2013 Concern	HCF 2014 Update
<b>Failure to Expand Medicaid</b>	
<p>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 in Kansas, but neither state acted to fill this “coverage gap,” unlike 27 others including some neighboring states – Iowa, Illinois, Kentucky, Arkansas and Colorado. Failure leaves about 300,000 adults in Missouri and Kansas uninsured.</p>	<p>While 30 states (as of July 2015) have chosen to expand Medicaid, the polarization in Kansas and Missouri has made negotiation and conversation much harder.</p> <p>The difficulties that Missouri is experiencing with its Medicaid enrollment and the financial crisis in Kansas have further hampered efforts to find solutions that are possible in our states. Despite this, work will continue at the Foundation level as well as at the advocate level for movement on this issue. We recognize that for Missouri and Kansas the path to increased coverage may be much longer than for surrounding states.</p>
<b>State Fiscal Policies</b>	
<p>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 or forecasting significant revenue.</p>	<p>Kansas will continue to be faced with the need to have severe budgetary cuts in 2015 and 2016. The full impact on school aged children and social services for families and vulnerable populations is yet to be realized. A core tenet of the foundation is not to supplant government funds; however there is no doubt that these cuts will affect organizations that serve the neediest in Kansas.</p> <p>While Missouri did not make such dramatic cuts to revenue as in Kansas, the cuts in Missouri will be much harder to reverse because revenue increases require a public vote.</p> <p>The foundation continues to communicate the ramifications of budgetary decisions both directly and through support of partners working on fiscal issues.</p>

2013 Concern	HCF 2014 Update
<b>Investment Returns</b>	
<p>Investment returns are improving, but achieving the 8.2% investment target may be difficult to sustain over time. The nine-year return was 4.9% though the most recent five-year return was 11.7%.</p>	<p>The advantage of time is that the corpus has continued to grow so that a smaller gain will still generate enough dollars to provide grant funding to the community. The foundation is examining its asset allocation and fee structure to be sure to maximize returns and yet protect against excess risk.</p> <p>Good stewardship of funds with a balance of immediate and future growth continues to be a primary focus of the foundation.</p>
<b>Board Diversity</b>	
<p>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.</p>	<p>The bylaws of the foundation limit the representation from Kansas to a maximum of 5. There are currently 3 Johnson, 1 Wyandotte and 1 Allen County representatives. The 2014 election cycle resulted in 4 women being elected bringing the total of women to 8.</p>
<b>Care of Immigrants</b>	
<p>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.</p>	<p>While the Affordable Care Act specifically leaves out immigrant residents, HCF has made it a point to continue to support an array of direct and support services that address immigrant health care needs.</p>

# Emerging Issues

Since 2007, this annual performance report has provided a view of “emerging issues” deserving of attention.<sup>18</sup> This report continues that practice.

HCF has the adaptability and flexibility to identify opportunities, organize collaborators, and address significant community health issues.

While HCF’s resources may seem substantial – nearly \$500 million in assets – its annual income for granting (approximately \$20 million) is limited compared to public and private resources spent on health care.

This report briefly explores eight emerging issues.

## 1 Public Health Department Funding

Sound state and local public health departments are the foundation of solid community health. These public health agencies provide indispensable, largely unappreciated public services; public health workers are unsung heroes. They make sure that water and food supplies are safe, plan and prepare for medical emergencies, and provide early detection of outbreaks and in many states provide the leadership to address health issues affecting the broader population.

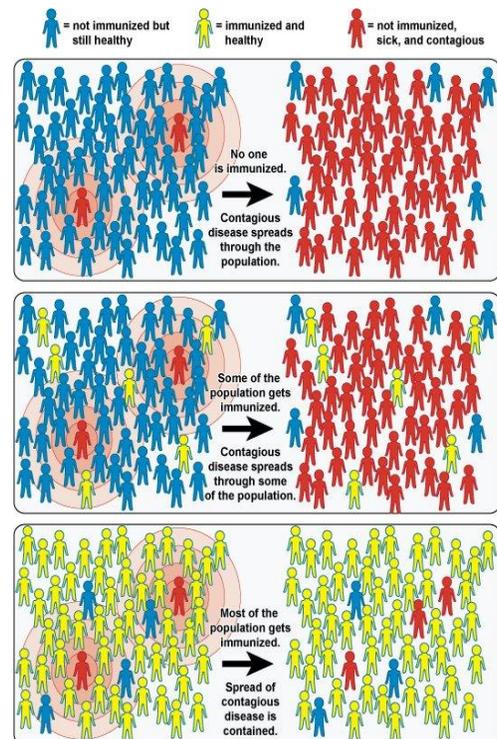
Sadly, state public health funding lags, particularly in Kansas and Missouri. Kansas ranked 46<sup>th</sup> and Missouri ranked 50<sup>th</sup> out of 51 on a per capita basis.<sup>19</sup>

## 2 Potential Health Effects of Vaccination Denial

Growing anti-vaccination sentiment may, if it takes root, effectively erode one of the most important health developments ever: the achievement of broad, community-level protection against contagious diseases.

This outbreak of “public health illiteracy” has grown from a strong sense of personal freedom and widely available pseudo-science which encourages families, particularly of young children, to seek legal exemptions to avoid vaccination.<sup>20</sup>

Failure to vaccinate has the potential for a community to lose “herd immunity”– the case where sufficient numbers of individuals are vaccinated to provide immunity. One challenge is that many younger physicians, as well as families, have not seen or have had little experience with diseases like measles.<sup>21</sup>



"Community Immunity" by National Institutes of Health (NIH) - National Institutes of Health

<sup>18</sup> The annual list of “emerging issues” discussed in these annual performance reports.

<sup>19</sup> *Investing in America’s Health: A State-by-State Look at Public Health Funding and*

*Trust for America’s Health, April 2015. Kansas per capita expenditure in 2013-14 was \$12.40 and Missouri was \$5.67. It was one thing to rank low, but the amounts pale in comparison to the national median of \$31.06.*

<sup>20</sup> “The Dangers of Vaccination Denial,” by Nicholas Kristof, *New York Times*, Feb. 7, 2015

<sup>21</sup> “Measles outbreak misses St. Louis but spurs renewed calls for vaccinations,” Feb. 4, 2015, *St. Louis Post-Dispatch*.

Many states provide religious and philosophical exemptions from vaccination requirements.<sup>22</sup> Missouri provides religious and personal belief exemptions; Kansas only religious exemptions.<sup>23,24</sup>

This is similar to ardent opposition to fluoridation, but in that case the health outcome is limited to the individual, resulting in higher rates of dental caries (tooth decay).

### **3 Effects of Hospital Consolidation**

The Kansas City hospital market is now dominated by for-profit chains, though the development and emergence of the University of Kansas Medical Center as a major regional health care center is a welcome development.

Two additional hospitals – St. Mary’s of Blue Springs and St. Joseph Medical Center – were purchased by the for-profit hospital chain Prime Healthcare Services, which entered the Kansas City market in 2013 with the purchase of Providence Medical Center (Kansas City, Kan.) and Saint John Hospital (Leavenworth, Kan.)<sup>25</sup>

Hospital consolidation is affecting the regional health care systems. Physician practices are being purchased, increasing the focus on profitability. As physicians become salaried employees, the culture of the medical profession undergoes changes, including less time or ability to provide voluntary care.

There is growing evidence that this leads to higher health care costs.

---

<sup>22</sup> [“States with Religious and Philosophical Exemptions from School Vaccination Requirements,”](#) National Conference of State Legislators. Accessed May 5, 2015.

<sup>23</sup> The 2015 Missouri General Assembly passed a law ([HB 976](#)) which requires day care centers, preschools and nursery schools to notify parents, upon request, if there are any children attending who are not immunized. It is unclear what practical effect the bill will have on overall immunization rates. [“Missouri bill would require day cares to tell parents if they enroll unvaccinated kids,”](#) April 15, 2015, St. Louis Post-Dispatch.

<sup>24</sup> California decided to end religious and personal exemptions in 2015. [California Set to Mandate Childhood Vaccines Amid Intense Fight](#), New York Times, June 25, 2015.

<sup>25</sup> [“Prime Healthcare complete purchase of St. Joseph, St. Mary’s”](#) Feb. 13, 2015. Kansas City Business Journal. The two hospitals have a licensed capacity of 456. Missouri Attorney General Chris Koster, as [condition of the sale](#), required Ascension Health (the seller) to put \$20 million into a restricted account until their future use could be agreed upon. The sale of non-profit hospitals to for-profits requires approval by the Attorney General.



This is a new “emerging opportunity” if those involved see it as a way to hear from and engage the community, as opposed to an onerous compliance provision of federal health care reform.

Copies of the CHNA are supposed to be readily available on the non-profit hospital’s website, available for public inspection, and included on the non-profit IRS Form 990 filing under Schedule H.

Examples of “community building activities” reported on Schedule H include: physical improvements and housing, economic development, community support, environmental improvements, leadership development and training for community members, coalition building, community health improvement, advocacy and workforce development.

## 6 Proposals to Increase Minimum Wage Rates

The “living wage” campaign has come to the Midwest with organized efforts in both Kansas City, Mo. and St. Louis that are gaining considerable attention and public debate.<sup>31</sup> Kansas City, Mo., in July 2015, approved an ordinance to increase the minimum wage to \$13 per hour by 2020.<sup>32</sup>

The campaigns are direct efforts to increase, through local ordinances, the minimum wage payable to hourly workers.

The current federal minimum wage is \$7.25 per hour, or \$15,080 for a year-round worker, and is not indexed to inflation, so low-wage workers have lost purchasing power since 2009, when the wage was last raised. Approximately 30 states have set minimum wage rates higher than federal rate. Missouri’s 2015 minimum wage rate is \$7.65 and increases annually. Kansas uses the federal minimum hourly rate.

Typical expenses for this area

Monthly expenses	1 adult	1 adult, 1 child	1 adult, 2 children	2 adults, 2 children
Food	\$242	\$357	\$538	\$713
Child care	\$0	\$400	\$729	\$0
Medical	\$125	\$364	\$386	\$335
Housing	\$605	\$834	\$834	\$834
Transportation	\$306	\$595	\$686	\$736
Other	\$71	\$159	\$208	\$180
Required monthly income after taxes	\$1,349	\$2,709	\$3,379	\$2,798
Required annual income after taxes	\$16,188	\$32,508	\$40,548	\$33,576
Annual taxes	\$2,374	\$4,738	\$5,917	\$4,913
Required annual income before taxes	\$18,562	\$37,246	\$46,465	\$38,489
Hourly wage needed to cover expenses	\$8.92	\$17.91	\$22.34	\$18.50

Table shows Kansas City area living expenses. Taken from [A Living Wage: Making the Economy Work for Everyone](#). Mid-Continent Public Library Local Issues Project. 2015.

Organizers in Kansas City and St. Louis are seeking a \$15 per hour minimum wage, phased in over time. Local political leaders appear to be willing to raise the wage rate but less than \$15.

This is a significant community and social issue because low incomes affect access to housing, transportation, food security and overall health outcomes.

<sup>31</sup> “[St. Louis and Kansas City Join the Fight for a \\$15 Minimum Wage](#),” CityLab, June 3, 2015.

<sup>32</sup> The matter is not entirely resolved and may be subject to a court challenge or petitions to put the measure on the ballot. “[Kansas City Council votes for minimum wage increase to \\$13 per hour by 2020](#),” Kansas City Star, July 16, 2015.

## 7 Regulating Electronic Cigarettes

Electronic cigarettes – billed as a safer alternative to tobacco products – have experienced exponential growth over the past decade.

Public use is outpacing a full understanding of the long-term health effects, and their use has gone largely unregulated by public health agencies. The growth is fueled by the tremendous marketing power of the industry, which promotes vaping and lollipop-flavored liquids that are appealing to children and young adults.

Without regulatory oversight, some public health agencies are responding with anti-vaping campaigns declaring e-cigarettes a “public health hazard.” The effort poses significant regulatory challenges.<sup>33</sup>

The U.S. Food and Drug Administration has issued a proposed rule that would allow them to regulate electronic cigarettes.<sup>34</sup>

There has been little, if any, regulation of electronic cigarettes by state, county or local health departments.

## 8 Abuse of Opioid Painkillers

Missouri has a serious problem with the over prescription and abuse of opioid pain killers such as oxycodone and hydrocone. The problem of “pill mills” received major national media attention and most states responded with laws, regulation and major efforts to curb abuse.

Not Missouri.

The state earned the dubious distinction of being the only state in the U.S. which refused to establish a prescription drug database – an effective tool to identify people who obtain addictive painkillers and tranquilizers in quantities not justified by medical need.<sup>35</sup>

Failure to have a database fails to protect those in Missouri, but also attracts others from neighboring states making Missouri a “haven” for those looking to score the highly addictive drugs. One news account dubbed Missouri the “new epicenter of pill mills.”<sup>36</sup>

The issue is practice patterns – physicians in some states over prescribe painkillers – and the lack of an effective database makes obtaining multiple prescriptions relatively easy.

Health care providers wrote over 259 million prescriptions for painkillers in 2012 – enough to provide every American adult a bottle of pills. Several states, particularly those in the South, have painkiller prescription rates per thousand that were almost three times higher than the lowest states.<sup>37</sup>

---

<sup>33</sup>One medical journal outlined these broad challenges: E-cigarettes as nicotine delivery system, product evolution, potential toxicity and health effects, potential health benefits, potential population harm and advertising and marketing. “The Regulatory Challenge of Electronic Cigarettes.” *Journal of American Medical Association*, Aug. 21, 2013.

<sup>34</sup>The [proposed FDA rule](#) deems tobacco use a leading cause of preventable deaths and wants to regulate new tobacco products such as electronic cigarettes. “[FDA proposes to extend its tobacco authority to additional tobacco products, including e-cigarettes.](#)” FDA news release, April, 24, 2014. The FDA believes the potential risks of e-cigarettes has not been evaluated, how much nicotine or other harmful chemical are inhaled not the potential benefits associated with use.

<sup>35</sup>“[Missouri Alone is Resisting Prescription Drug Database.](#)” *New York Times*, July 20, 2014.

<sup>36</sup>“[With No Monitoring Program, Missouri Is a Haven for Prescription Drug Addicts.](#)” *VICE*, Aug. 2, 2014.

<sup>37</sup>[Opioid Painkiller Prescribing: Where You Live Makes a Difference](#), Centers for Disease Control, July 2014.

# Finances

In 2014 HCF endowment investment returns were 4.7% – a significant decline from the 14.9% return from the prior year.

The 2014 performance demonstrates the difficulty of achieving consistent returns year-over-year despite best efforts to construct a high-performing portfolio.

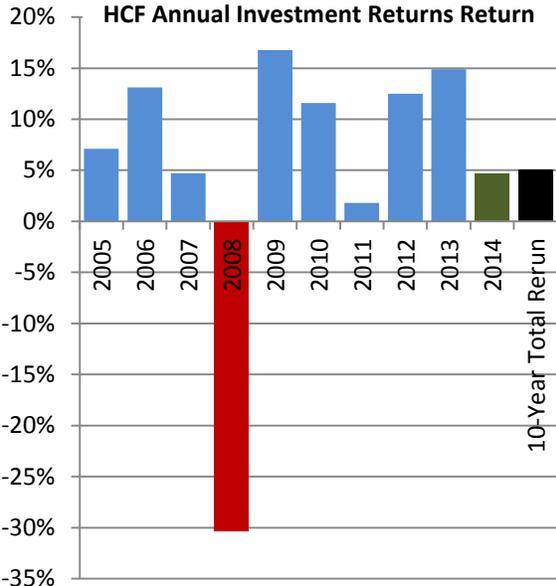
HCF investment advisors projected a 7.2% endowment return early in 2014, but the actual returns by year end were lower.<sup>38</sup>

For the three-year period 2012-14 the HCF endowment earned a total return of 11.2%; for the five-year period 2009-2014 it earned 9.5%. (See chart following page.)

The 2015 HCF budget assumes investment returns of 6.2%.

HCF’s target benchmark is an 8.2% annual return – a figure initially developed based on three considerations:

- 5.0% Earnings for grants
- 1.0% Administrative costs
- 2.2% Adjustments for inflation<sup>39</sup>
- 8.2% HCF Investment Benchmark



## Investment Performance

The 2014 endowment performance was modest compared to other large private foundations based on an annual survey.<sup>40</sup> The survey compared endowment returns of 171 foundations for 2014 based on one-year, three-year, five-year and 10-year returns.

The chart on the following pages shows returns by percentile with HCF performance denoted by a star (★). The HCF endowment has been in existence only 10 years weakening the 10-year comparison since the endowment was not fully invested for the first couple of years.

This is a different comparative survey than those used in prior year reports.<sup>41</sup>

Even if other reports showed a higher HCF comparative ranking, the basic point remains the same – it is difficult, if not unrealistic, to achieve annualized returns of 8.2% or higher.

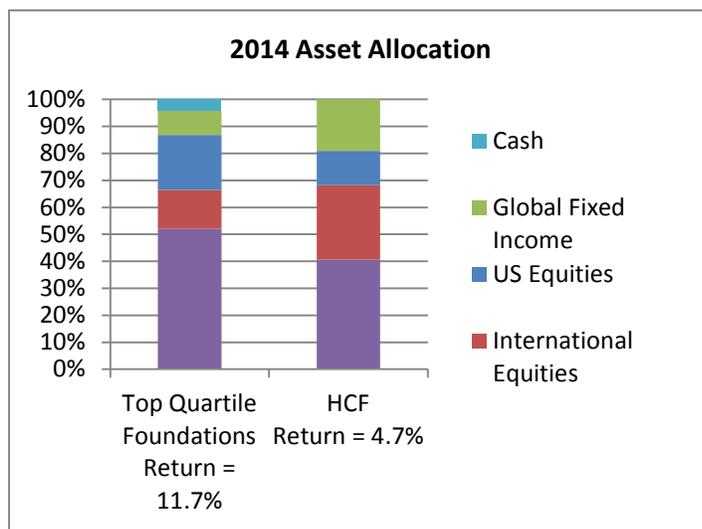
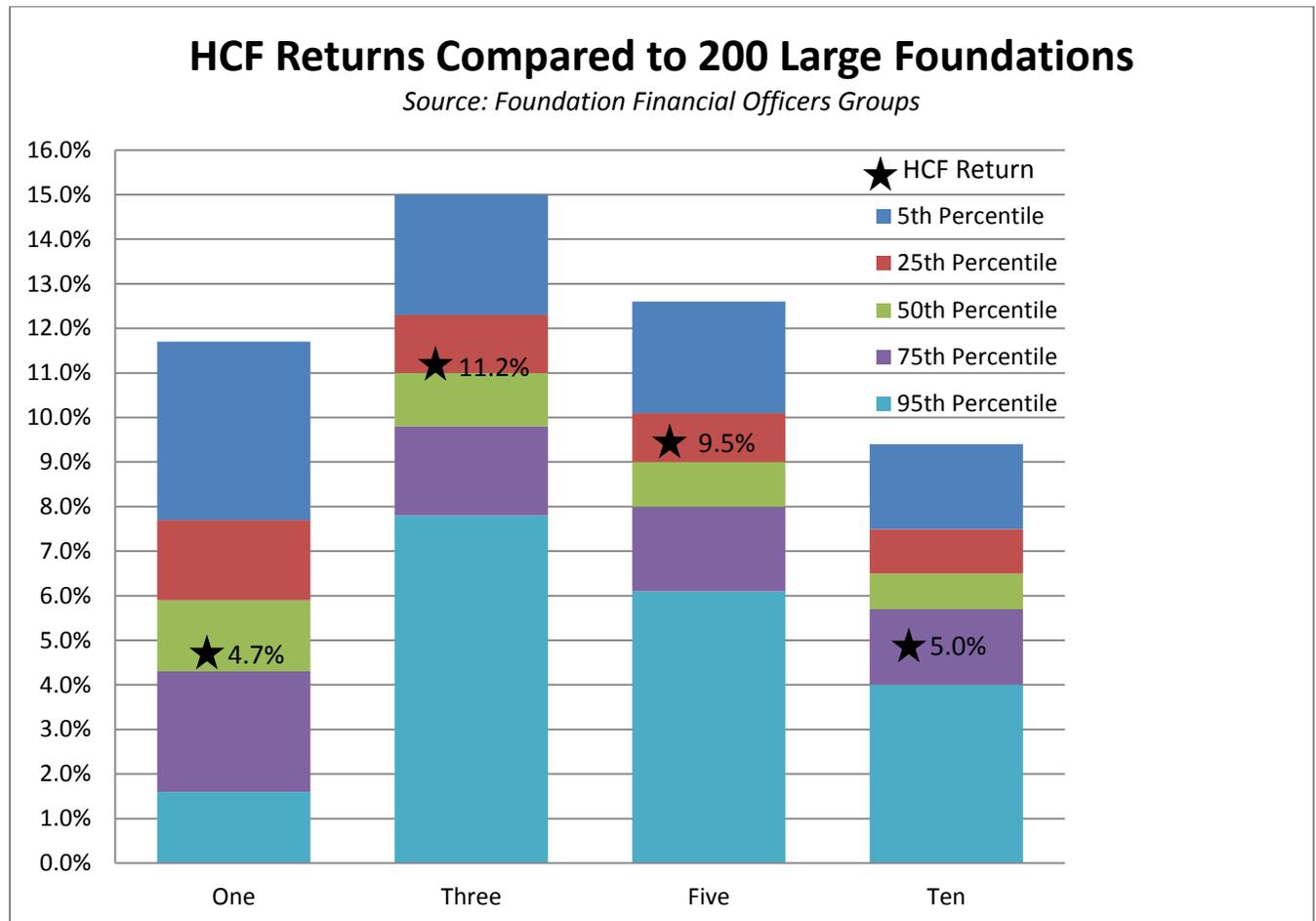
<sup>38</sup> Finance & Investment Committee minutes, March 17, 2014, page 8.

<sup>39</sup> The 8.2% goal historically has not been adjusted by HCF to reflect Consumer Price Index for All Urban Consumers (CPI-U) the general inflation rate. HCF Finance & Investment Committee, Feb. 3, 2014, page. 5. Inflation rate during this period actually has been lower than 2.2%.

<sup>40</sup> The survey was done by the Foundation Financial Officers Group which includes over 200 foundations in the US and internationally.

<sup>41</sup> Prior year reports included a comparison of financial returns by Kansas City area health care foundations, but that survey is no longer available. The 2013 report included an investment return report provided by Hewitt EnnisKnupp, the investment advisor, which included a large number of portfolios.

The committee actively discussed whether they were willing to assume higher risks in an effort to achieve higher returns and generally agreed on the current asset allocation.<sup>42</sup> HCF also is willing to sell off poorly performing investments.<sup>43</sup>



The highest performing endowments (the top quartile) had a significantly different asset allocation than HCF in 2014.

The top performing endowments were heavily invested in alternative assets such as hedge funds, private equity and private real estate.

These higher-risk asset classes performed well in 2014, particularly when compared to investment return for the HCF asset allocations.

<sup>42</sup> Only one HCF endowment asset class (private equities) has projected returns exceeding 8.2% over the 10-year period. Finance & Investment Committee, March 17, 2014, page 8.

<sup>43</sup> During 2014, HCF decided to sell off \$13.8 million in Mellon Capital Management assets because of high fees, low performance and loss of confidence in the fund managers. HCF Board of Directors minutes, Aug. 13, 2014, page 6.

## Investment Management

The Finance and Investment Committee actively monitors the performance of its various investment managers through periodic reviews and face-to-face meetings with fund managers. The meetings are extensive, thorough and well documented.

HCF continues to use outside independent investment advisors, who help select investment managers based on agreed-upon asset allocation and HCF investment objectives.<sup>44</sup> Many large endowments are looking to increase investment returns by reducing investment management fees – cutting the number of outside investment advisors and taking other measures.<sup>45</sup>

In the five-year period (2010-14), HCF has paid \$14 million in investment fees.<sup>46</sup>

<b>Contributed Capital and Year End Net Assets (\$000s)</b>			
<b>Year</b>	<b>Contributed Capital Value</b>	<b>Year End Net Assets</b>	<b>Difference</b>
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	\$431,577	-\$47,250
2012	\$479,828	\$465,855	-\$13,973
2013	\$480,628	\$518,312	\$37,684
2014	\$483,028	\$518,763	\$35,735

<sup>44</sup> Aon Hewitt EnnisKnupp has been HCF's investment advisor from the outset. HCF's projected investment fees for 2014 are approximately \$2.7 million. Per HCF policy, a new investment consultant request for proposal will be issued in 2015 for services beginning in 2016. The HCF policy requires that professional services (auditors, investment consultants, compensation advice and legal) be put out for bid every five years.

<sup>45</sup> Large endowments are paying more attention on reducing the costs of investing to improve net returns on assets. The best example is the efforts by CalPERS, the largest U.S. public pension fund, which reduced fees to investment managers by reducing the number of external fund managers. "[Calpers to Cut External Money Managers by Half](#)," Wall Street Journal, June 8, 2015.

<sup>46</sup> The yearly amounts are: \$2.7 million (2010); \$2.2 million (2011); \$3.8 million (2012); \$2.6 million (2013) and \$2.7 million (2014). The 2012 investment management fee included a \$914,000 payment to PIMCO for carried interest which will be a larger factor in the future as an expense of the private equity portfolio.

## Contributed Capital

“Contributed capital” once had important legal and operational considerations.<sup>47</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 the amount of contributed capital.<sup>48</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.

The 2014 year-end report shows a loss of \$76.5 million in purchasing power since inception of the endowment in 2007. During that same period, HCF awarded \$179.1 million in grants.

## Other

HCF continues to use its Line of Credit to financial advantage and gain.

With an interest rate of less than 1%, the line of credit allows HCF to preserve equity holdings and other investments rather than liquidate them to meet cash requirements for periodic grant payments or operating needs.<sup>49</sup>

## 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.<sup>50</sup>

Operating Expenses as a Percent of Net Assets (\$000s)								
	2007	2008	2009	2010	2011	2012	2013	2014
Total Assets	548,997	349,379	384,225	445,964	431,577	465,855	518,312	518,783
Operating Expenses	1,502	1,838	2,018	2,214	2,415	2,931	3,916	5,730
Operating Expense %	<b>0.27%</b>	<b>0.53%</b>	<b>0.53%</b>	<b>0.50%</b>	<b>0.56%</b>	<b>0.63%</b>	<b>0.76%</b>	<b>0.73%</b>

<sup>47</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>48</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](#).

<sup>49</sup> The Line of Credit is held with UMB and provides nearly 10 months of liquidity if needed. Minutes Audit Committee, July 23, 2014.

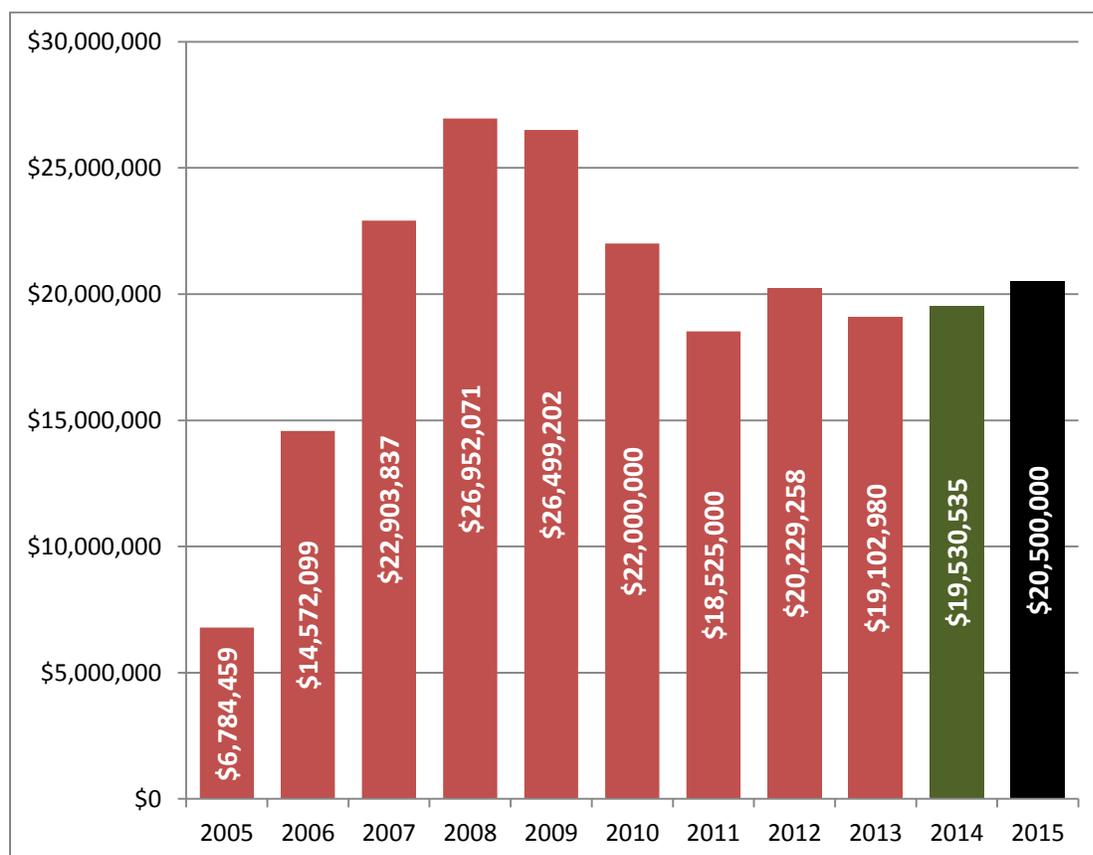
<sup>50</sup> Since 2009, there have been significant extraordinary legal expenses mostly related to the HCA litigation.

# Grant Making

Total grant making in 2014 totaled \$19.1 million – less than the peak of \$26.9 million granted in 2008.

Over the 10-year period 2005-2014, HCF made 1,834 grants totaling **over \$198 million**.

HCF currently has an active grant portfolio of 307 grants including initiative projects.<sup>51</sup>



## Spending Policy Change

Historically HCF calculated grants based on 5% of total net assets on an eight-quarter rolling average. After extensive review and discussion, HCF in 2012 adopted a new spending policy.<sup>52</sup>

The “banded inflation method” takes the prior year grant dollars times the Consumer Price Index-Urban bounded by an upper and lower band (not less than 4% and no more than 6%).<sup>53</sup>

This approach is being adopted by more foundations and endowments in response to the recent volatility of the market, which resulted in significant variations in annual allocations when a rolling average was used.

Based on the “banded inflation method” the 2014 grant allocations were 4.7% of net assets.<sup>54</sup>

<sup>51</sup> Active grants total is as of Aug. 11, 2015.

<sup>52</sup> See discussion in HCF Finance & Investment Committee meeting minutes, Sept. 17, 2012

<sup>53</sup> The “banded inflation method”, as applied for 2013 grants was 2012 grants of \$20.5 million times the CPI-U of 1.66% equaling \$20.8 million.

<sup>54</sup> The “banded inflation method” resulted in 2013 grant allocation of \$20.8 or 4.7% of net assets.

There were 208 grants awarded in 2014. A comprehensive listing of 2014 grants is included in the Appendix. **(See Appendix A-3: 2013 Grant Making Consolidated List)**

The average grant in 2014 was \$93,897. There were 122 grants under \$75,000 awarded in 2014 – of which 85 were Applicant Defined Grants.<sup>55</sup>

There were 360 total grant applications submitted in 2014 – an increase over the prior year. The 2014 grant dollar amount requested was \$44.1 million. **(See Appendix A-4: HCF Grant Making Key Statistics 2007-14).**

The largest single grant during 2014 was a \$500,000 special initiative grant made to support access to primary and specialty care through CARE, Northland Health Care Access and WyJo Care.

The HCF board reaffirmed its long-held position not to fund brick and mortar projects.<sup>56</sup>

## Special Initiatives – Larger Impact Fund

HCF continued to grapple with the challenge of organizing strategic grant making to fund “far-reaching, systems-level, larger impact grants.”<sup>57</sup> These grants would be strategic investments to improve health outcomes for targeted populations.

HCF budgeted \$1 million in 2014 for the new impact fund grants, but none were made. Instead \$850,000 was reallocated to other grant making and \$150,000 was carried over to 2015.

The Programs/Grants Committee took considerable time discussing, developing, and adopting criteria for this new kind of grant making.<sup>58</sup> The criteria are:

- focus on health needs and benefits that consumers and providers recognize as important; particularly, well-known contributors to death and disability
- when possible take advantage of compelling windows of opportunity that improve the odds of project success
- draw on a solid research base that substantiates problem identification, potential solutions and outcomes evaluation
- yield durable results that can be sustained in the future without ongoing HCF investment
- may not be risk-free but the risks are identified and manageable and are far outweighed by rewards
- engage appropriate partners, including people from the population(s) to be served, in project design and implementation.

The plan is to develop two to three ideas for future consideration.

---

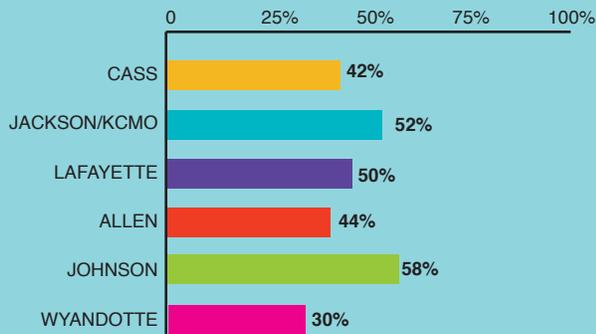
<sup>55</sup> Applicant Defined Grants (ADG) are capped at \$75,000. Each organization can submit one application annually.

<sup>56</sup> TMC Charitable Foundation requested funding for construction of a grocery store at 27<sup>th</sup> and Troost in Kansas City, Mo. Minutes Program/Grants Committee meeting, July 8, 2014. The estimated cost of the 35,000 square-foot grocery store is \$11.5 million. Hospital Hill Economic Development Corporation Grocery Store Project Moves into Development Phase, PRNewswire, March 7, 2013. The hospital dropped its plans after difficulty raising the funds and plans for a new nearby grocery store were announced. [Plans for Truman Medical Centers grocery store concept at 27<sup>th</sup> and Troost set aside](#). Kansas City Star, June 26, 2015.

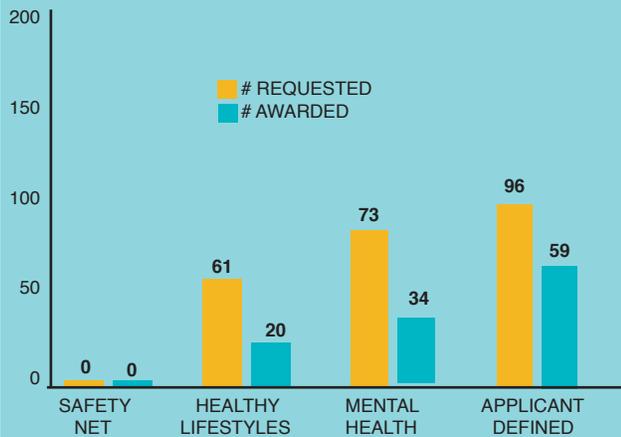
<sup>57</sup> The matter was discussed by HCF for three years and extensively reviewed by the Program/Grants Committee. Minutes Program/Grants Committee, Sept. 10, 2013, page. 2.

<sup>58</sup> The high impact initiative criteria were approved by the Program/Grants Committee and the HCF board. HCF Board of Directors minutes, Aug. 13, 2014.

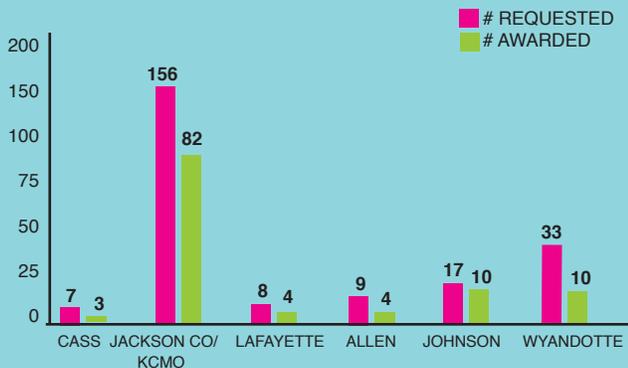
### 2014 % of Grant Success By County



### 2014 Number of Requests vs Awards By Funding Round



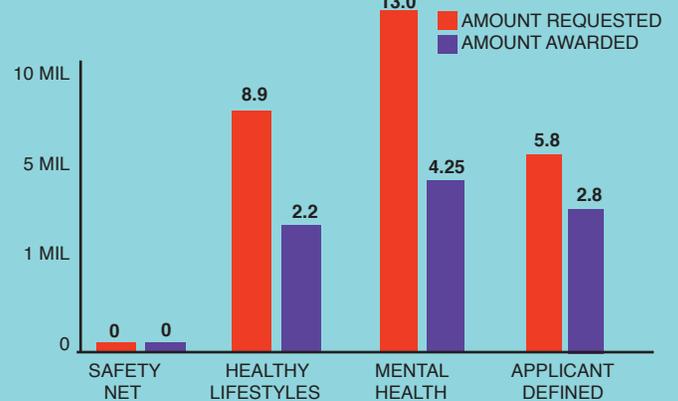
### 2014 Number of Grants Requested vs Awarded By County



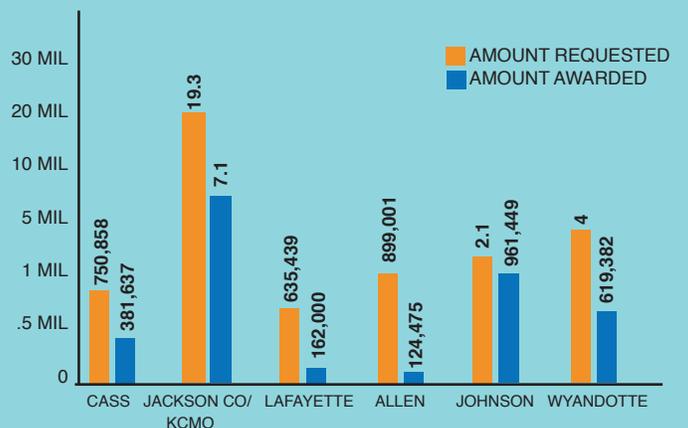
### 2014 Special Initiatives Funding

Initiatives:	Approved Amount
Access to Primary/Specialty Care	\$500,000
Children's Mercy Hospital, "Support for Missouri Children's Services Subcommittee on Childhood Obesity"	\$15,000
City of KCMO, "Aim4Peace 2014 Funding"	\$300,000
Community Conversation on Health	\$161,123
**ConnectCass	\$200,000
Crittenton, "Head Start Trauma Smart"	\$200,000
Enroll America	\$50,000
Episcopal Community Services, "After the Harvest"	\$160,000
Health Care Coalition of Lafayette County, "FQHC	
New Site: Waverly & Concordia"	\$93,000
Health Literacy Initiative	\$25,000
HIE Primary Care Collaborative	\$50,000
High Impact Initiative Research	\$150,000
Kansas Children's Service League, "Kansas Power of the Positive"	\$75,000
**Kansas City Metropolitan Crime Commission, "KC NOVA"	\$250,000
Kansas City Quality Improvement Consortium, "Kansas City Teaming Up for Asthma Control (KC-TUAC)"	\$176,392
Kansas City Quality Improvement Consortium, "Transitions of Care Registry"	\$100,000
Kansas Grantmakers in Health (KGIH) "ACA Opportunity Fund"	\$50,000
Kansas Public Radio	\$10,000
**Legal Aid of Western Missouri, "Medical-Legal Partnership at St. Luke's"	\$142,178
MARC, "2014 Regional Health Care Initiative"	\$150,000
MARC, "2014 Community Transformation Grant"	\$85,000
Marketplace Coverage Initiative (Year 2)	\$300,000
Medicaid Expansion Initiative	\$175,000
Regional Health Reporting Collaboration, "Media Hub"	\$300,000
Safety Net Capacity Expansion (Year 6)	\$472,844
Sierra Club Foundation, "Kansas City Clean Air Project"	\$20,000
Support Kansas City	\$25,000
**Truman Medical Center Charitable Foundation, "TMC Behavioral Health Emergency Department"	\$400,000
Unified Government of Wyandotte/KCK, "Healthy Campus Project"	\$150,000
Urban Neighborhood Initiative (UNI), "Bancroft II Implementation Plan"	\$50,000
Urban Neighborhood Initiative (UNI), "Core Operations Support"	\$20,000
<b>2014 Initiative Total to Date:</b>	<b>\$4,855,537</b>

### 2014 Amount of Requests vs Awarded By Funding Round (in millions)



### 2014 Amount of Grants Requested vs Awarded By County



## Significant grants

Following are examples of 2014 grants with broad scope or impact.

### The Missouri Medical Home Collaborative

The Affordable Care Act (ACA) provided states with a new Medicaid option – to provide “health home” services for enrollees with chronic conditions. Health homes are designed to be person-centered systems of care that facilitate access to and coordination of the full array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports. Missouri was among six “early adopter” states to enroll Medicaid beneficiaries in health homes.

MO HealthNet practices who agreed to become Health Homes received reimbursement for services. However, no funding was available to provide technical assistance to facilitate the process of becoming a Home Health. HCF partnered with MO-HealthNet and the Missouri Foundation for Health (MFH) to implement the Missouri Medical Home Collaborative in HCF’s service area.

The purpose of the MMHC initiative was to support the development of an integrated approach for delivering Health Home services for Primary Care Practices (PCP’s) and Community Mental Health Centers (CMHC’s). HCF and MFH funds helped support the implementation of a Medical Home Learning Collaborative for practices undertaking the transformation process to become a Health Home.



### Kansas City Quality Improvement Consortium

Asthma is a big and growing problem especially among children. The CDC estimates that asthma costs an estimated \$56 billion in health care costs and lost productivity. In Missouri, 10.2 percent of children suffer from Asthma compared to 9.1 percent nationally. In Kansas City the numbers are even higher at 18.7 percent.

The problem of uncontrolled asthma disproportionately affects the poor and racial/ethnic minority groups. A Safety Net grant from HCF to Kansas City Quality Improvement Consortium helped launch a pilot program aimed at improving pediatric population health of persistent asthmatics.

The *Teaming Up for Asthma Control (TUAC)* program was developed by *Asthma Ready Communities* at the University of Missouri at Columbia to link children, parents, schools, physicians and payers into a web of Asthma diagnosis treatment and support. The program delivered standardized self-management education to students aged 5-11 in seven local school districts along with national asthma guideline training for health professionals in neighboring clinics, schools and hospitals. The program included multimedia asthma control literacy education at school and for families.

### St. Luke’s Health System/ Kansas City Care Clinic

Community Health Workers (CHW) are recognized in the Affordable Care Act (ACA) as important members of the health care workforce that can be a vital support to efforts to restructure the delivery of primary health care and promote community-based preventive and wellness care and the use of community-based health teams. The evidence shows that CHW can help improve health care access and outcomes; strengthen health care teams; and enhance quality of life for people in poor, underserved, and diverse communities.

An HCF grant allowed five Safety Net Clinics, two large hospital systems and several community-based organizations to contract with Kansas City Care Clinic's Community Health Workers. The program served approximately 900 unduplicated patients through 5,000 encounters. Through engagement with CHW in the Care Coordination program patients were to connect to and stay engaged with a medical home for ongoing, coordinated, and preventive care; access needed services and resources to decrease barriers to care; become active participants in their own care, improve their health outcomes and reduce unnecessary ED utilization.

## **Crime Prevention**

HCF invested over \$500,000 in two significant grants to groups dealing with violent crime and murder – \$300,000 to Aim4Peace and \$250,000 to support the Kansas City No Violence Alliance (KC NOVA).

During 2014, there were 76 murders in Kansas City, Mo. – the lowest number in years – a surprising reduction from prior years, which consistently recorded 100 or more murders and marked the city as one of the most violent in the nation.<sup>59,60</sup>

These collaborative efforts involved law enforcement, prosecutors and community-based organizations working to reduce the cycle of violence and disrupting social networks of violent offenders by connecting them to alternative resources and supports.

The significant reduction in crime brought regional and national attention and additional federal funding from the U.S. Department of Justice.<sup>61</sup>

## **Healthy Communities Leadership Academy**

This is an important effort to develop community-based leadership capacity and skills to improve access to healthy eating, active living and preventing tobacco use.

The year-long effort focuses on developing individual competency in four areas – civic leadership, policy and system change, community collaboration and resource leveraging. The program develops leadership skills but connects individuals who can effectively collaborate and coordinate on larger scale projects related to Healthy Communities – one of HCF's foundation defined grant areas of focus.

Two groups have graduated and helped shape efforts for new participants.

## **HIE Behavioral and Primary Care Collaboratives**

Growing attention has been placed on the advancement of health information technology (HIT) as holding the promise of increasing efficiency in the health care system; reducing costs for payers, providers, and patients; and most importantly improving quality of care for patients and their families. However, most safety net organizations, lack the resources needed to adopt new technologies, keep up with changes in the health care field.

---

<sup>59</sup> A Kansas City Star editorial asked: "Was 2014 a blip on a screen or the year **Kansas City** got serious about stopping murders? Time will tell, but chances are it's the latter. Systems are now in place that should allow the city to make more headway in reducing its homicide numbers, which as recently as 2013 had equaled or exceeded 100 and landed **Kansas City** high on the list of most violent cities." Jan. 3, 2015. As of June 30, 2015, Kansas City, Mo. had reported 37 murders for the first six months of the year. "[Kansas City is keeping a nervous eye on the homicide count.](#)" Kansas City Star editorial, July 2, 2015. The effort is ex

<sup>60</sup> "St. Louis officials get firsthand look at Kansas City's No Violence Alliance." Kansas City Star, Feb. 23, 2015.

<sup>61</sup> Kansas City, Mo. received [\\$1.3 million grant](#) from The US Dept. of Justice, Office of Justice Programs. Six communities were selected for the community-based violence prevention program grants. [U.S. Dept. of Justice media release, Sept. 23, 2013.](#)

Two grants awarded by HCF provide support for the adoption and development of HIT and HIE projects among safety net organizations. The HIE Behavioral Health Collaborative Initiative will cover the costs of creating a technology solution that enables participating safety net organizations to receive notifications when Health Home participants who are high utilizers show up at the Emergency Department. The project involves five Community Mental Health Center, one substance abuse service center, and one regional managed care and crisis intervention center.

The HIE Primary Care Collaborative provides support to three safety net clinics and a hospital in HCF's service area to link and share health information data for the purpose of coordinating care of vulnerable populations. Access to real time comprehensive patient health information at the point of care is critical for the uninsured and consumers that lack a regular source of care and will result in better-informed medical decisions, referrals, care coordination and improved overall health.

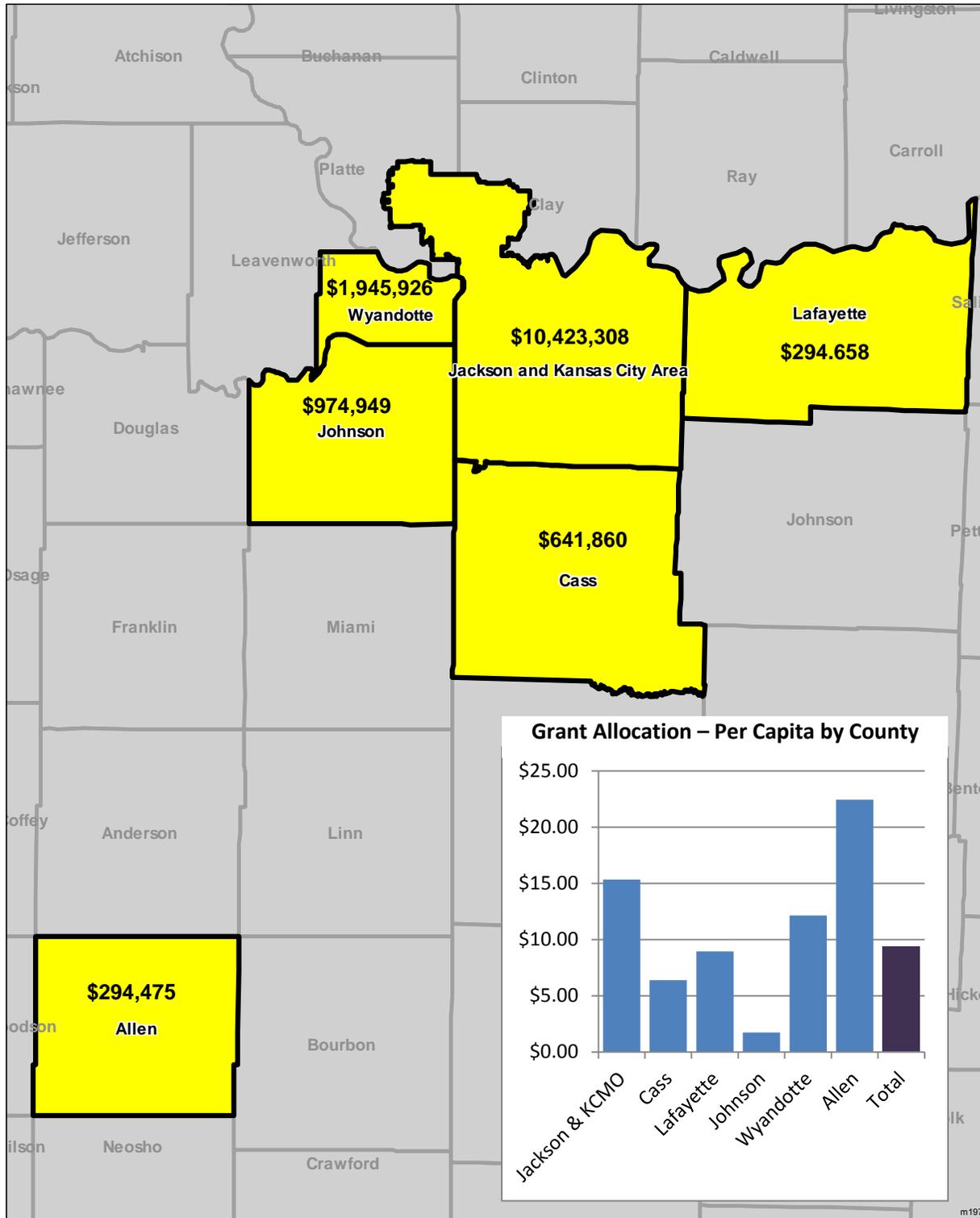
### **Additional data**

The following pages include an HCF service area map showing grants awarded in 2014 by county.

HCF now treats Jackson County and the City of Kansas City, Mo., as a single entity.

An eight-year grant-making summary with key data on geography, grant awards, grant requests and percentage of grant requests funded is included in the Appendix.

# 2014 Grants by County and Percent



# Governance

HCF board attendance and participation is exceptional.

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. There is no monetary compensation for board service.

In February 2015, seven persons were elected to the board – two individuals to a second three-year term and five new board members.

This is the single largest influx of new board members and represents approximately a quarter of the board.<sup>62</sup>

This is a “working board,” with strong expectations for participation and regular attendance at both board and committee meetings.<sup>63, 64</sup>

Every board member serves on at least one standing committee.<sup>65</sup>

The three rural counties are represented.

The HCF board chair is from Cass County, a growing rural/suburban county. There is an Allen County representative and the current CAC chair is from Lafayette County and is an ex officio board member.

Women remain underrepresented on the HCF board – eight women are on the 2015 board, down from 10 on a 21-member board in 2011.

<b>HCF Board Member Attendance</b>			
	<b>2014 Meetings</b>		
	<b>Board</b>	<b>Committee</b>	<b>Total</b>
<b># of Meetings</b>	<b>5</b>	<b>29</b>	<b>33</b>
Total attendance	92	191	283
Total absence	4	34	38
<b>Total</b>	<b>96</b>	<b>225</b>	<b>321</b>
<b>% Attendance</b>	<b>96%</b>	<b>85%</b>	<b>88%</b>

<sup>62</sup> The new board members elected were Marhauns Butler, Sukumar Ethirajan, Roy Robinson, Donna Valponi and Peg VanWagoner. Ethiragan is the first individual of Asian-origin elected to the HCF board.

<sup>63</sup> Four HCF board members had perfect attendance for all director and committee meetings. The lowest attendance rate was 65%.

<sup>64</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>65</sup> HCF had six different board committees during 2014: Administration & Logistics, Audit, Executive, Finance & Investment, Nominating, and Programs & Grants. In addition, there was an Ad Hoc Committee to Review the Nominating Process and an Ad Hoc Tax Committee that met twice in 2014.



**Health Care Foundation**  
OF GREATER KANSAS CITY

**2014 HCF Board of Directors**

**BACK ROW** (from left to right): Garland Land; Ken Stremming; Bridget McCandless, M.D.; Alan Flory; Tom Cranshaw; Jon Gray; Juan Rangel; Wayne Powell; Jim Nunnally.  
**FRONT ROW** (from left to right): Marie McCarther, Ed.D; Dan Couch; Kenny Southwick, Ed.D; Roberta Coker; Karen Cox, Ph.D; Al Mauro; Susan Garrett.  
 Not Pictured: Kimberly Young; Tom Carignan; Gena Clouch; Sheilahn Davis-Wyatt; Ann Mesle; Zori Rodriguez.

## 2014 HCF Board Members Demographics

(data as of March 2015)

		Caucasian		African American		Latino		Asian		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
Missouri	Jackson	4	3	2	3	1	1	0	0	14
	Cass	1	0	0	0	0	0	0	0	1
	Lafayette	0	0	0	0	0	0	0	0	0
Kansas	Johnson	1	0	0	0	1	0	1	0	3
	Wyandotte	0	0	1	0	0	0	0	0	1
	Allen	0	0	0	1	0	0	0	0	1
<b>Total</b>		<b>6</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>20</b>

## HCA Litigation

HCF has ongoing litigation against Hospital Corporation of America (HCA) – a major matter which we have covered in prior year reports.

HCF initiated the legal action, filing a lawsuit in October 2009.<sup>66</sup> The HCF lawsuit challenged whether the HCA had met specific covenants related to charity care, capital improvements to hospitals, and other provisions contained in the \$1.3 billion 2003 purchase agreement to acquire Health Midwest, a non-profit health care organization<sup>67</sup>

In April 2014, a Jackson County judge added another \$77 million to a previous \$162 million judgment filed in January 2013.<sup>68</sup> The \$77 million judgment concerned whether HCA had met its commitment to make \$450 million in capital improvements in “*existing*” Health Midwest hospitals.

HCA has indicated it will appeal the judgment.<sup>69</sup>

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 charity portion of the case was settled for \$15 million in February 2015. That settlement does not affect the other claims related to capital improvements. HCF said it would use the additional funds to “continue our mission of improving health for the uninsured and underserved in the Kansas City community.”<sup>70</sup>

The litigation is complex and expensive.<sup>71</sup>

---

<sup>66</sup> The Jackson County civil case is 0916-CV30692 Health Care Foundation v. HM Acquisition LLC

<sup>67</sup> These mostly are contained in the Post-Closing Operating Covenants contained in the Health Midwest-HCA sale agreement.

<sup>68</sup> The two judgments totaling \$239 million have not been paid but accrue interest charges of 9% annually.

<sup>69</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.”

<sup>70</sup> “HCA Midwest Health agrees to pay \$15 million to Health Care Foundation of Greater Kansas City,” *Kansas City Star*, Feb. 11, 2015. “HCA, foundation settle charity-care dispute for \$15M,” *Kansas City Business Journal*, Feb. 11, 2015

<sup>71</sup> HCA, in a May 5, 2015, 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, *Health Midwest Litigation Form 10-Q*. HCF has budgeted \$2 million in 2014 for legal expenses including costs for its general counsel.

# Evaluation

HCF consistently has shown a willingness to evaluate its organizational processes and the health outcomes achieved, and then put the information to good use.

Lots of hard work went into making progress on major, time-consuming projects.

HCF has a small evaluation staff, and uses outside independent evaluators to assist with the work.

## Ten-Year Retrospective

In 2014, HCF began initial work on developing a 10-year retrospective of its three major areas of foundation-defined grant making: Healthy Lifestyles, Mental Health, and Safety Net Health Care.

This is an ambitious undertaking.

The effort is looking at lessons learned and changes in systems over the past decade. It is being informed by conducting focus groups and interviews and exploring secondary data points. This is a broader approach than merely doing a narrow data analysis.

The project is expected to be completed in September 2015. Plans are to share the report in engaging ways, including timeline, videos, digitally, and in print.

This report can become a foundational document showing how health has changed in our region and can help inform future HCF grant making.

## High Impact Special Initiatives

The desire to make data-driven, high impact strategic grants that achieve sustainable systemic change is understandable.

Getting the data to do so is challenging.

The health issues in the six-county HCF service area vary from place to place in accordance with different demographics, health resources and geography.

There are challenges to achieving data integrity and collecting consistent and comparable data that illuminates significant health trends over time.

In a world of “big data,” is it possible to find appropriate data that can help inform strategic grant making? Much important work was done on this question during 2014.<sup>72</sup>

## Marketplace Evaluation

An independent evaluation of the HCF-funded Marketplace Initiative determined how effective the effort was in getting eligible individuals coverage through the new health insurance exchanges created by the Affordable Care Act.

The evaluation looked at the outreach effort and highlighted the difficulties of identifying, connecting and getting individuals enrolled. HCF supported an extensive outreach effort that included canvassing over 60,000 households and five different mailings to 70,000 households.

---

<sup>72</sup> HCF has engaged Jarron M. Saint Onge, Ph.D. an associate professor at the University of Kansas. His primary research interest is social determinants of population health and health disparities by race/ethnic and socioeconomic status.

To assist those interested, HCF funded the training of over 70 Certified Application Counselors who helped interested individuals get enrolled through the insurance marketplace.

The summary of key lessons learned was that enrollment was difficult because of several factors: lack of transportation, inability to access the internet, and not understanding insurance concepts.<sup>73</sup> Results were presented in Washington, D.C. to the National Tax Association and to Centers for Medicare and Medicaid Services.

**Discover health insurance,  
from any location.**



## **Organizational Evaluation**

In 2014, the Center for Effective Philanthropy (CEP) evaluated HCF's performance by conducting a confidential survey of stakeholders.

Those interviewed included local and state 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.<sup>74</sup>

## **Grant Reporting**

HCF helped grantees by providing online reporting forms and making them more specific to the foundation-defined grant goals. This effort started with the Mental Health grants and will be extended to include Healthy Communities and Safety Net Health Care grants.

This approach makes reporting easier on the grantees and also provides HCF with more consistent data for future evaluation.

---

<sup>73</sup> HCF Marketplace Coverage Initiative Evaluation, page 10.

<sup>74</sup> The Center for Effective Philanthropy HCF Stakeholder Assessment Report is an interesting document. Like many other evaluations, the report is available on the HCF website.

# Advocacy

Advocacy is difficult, but increasingly an important part of HCF's work.

Highlights for 2014 include advocating for Medicaid expansion, achieving significant accomplishments in oral health, supporting area enrollment efforts through the federal health insurance exchanges, and exploring other ways to more aggressively advocate on critical issues.

## Expansion of Medicaid

HCF has not shied away from tackling tough issues and committing significant organizational resources, whether to increase the tobacco tax in Missouri in 2012 or, in recent years, to expand Medicaid in Kansas and Missouri.<sup>78</sup>

There is not the political will in either Missouri or Kansas to expand Medicaid to cover those below 138% of poverty. HCF worked closely with health advocates, met with business groups, and lobbied legislators — to no avail. The issue is very polarizing and highly partisan in both states.

Although HCF prepared excellent materials to support Medicaid expansion and made an ardent effort to promote it in both states, it did not come up for a vote in either state legislature (Missouri did not even debate it).

Even apparent policy “wins” can be undercut when they get lost in state fiscal matters or other political considerations, as in the case of adult Medicaid dental services in Missouri.

In 2014, HCF partners secured an additional \$48 million for adult Medicaid dental services, only to see the funds withheld by the Missouri governor.<sup>79</sup> But persistence pays, and in 2015 the adult Medicaid dental benefits were approved again, though funded at a lower amount.<sup>80</sup>

## CoverKC Initiative

Neither state has been supportive of the federal Affordable Care Act, leaving the task of consumer education and enrollment in the federally-operated health insurance exchanges in Missouri and Kansas to others.

HCF organized and provided significant funding to a regional community outreach and enrollment effort initiative called CoverKC. Many were enrolled though the effort and much was learned about the challenges of contacting, convincing and enrolling newly insured individuals into health insurance plans. The effort suffered significantly from the disastrous rollout of the federal enrollment website [www.healthcare.gov](http://www.healthcare.gov).<sup>81</sup> There were 253,000 persons enrolled in Missouri; 96,000 in Kansas.

An independent evaluation of the HCF initiative highlighted the difficulty of the work.

---

<sup>78</sup> HCF took a major leadership role in the November 2012 tobacco tax campaign which narrowly lost. It invested over \$1.5 million in the statewide campaign. <sup>78</sup> [“Stepping Out: One Foundation’s Lessons Learned from Leading a Ballot Initiative,”](#) Jessica Hembree and Jane Mosley PhD, *Views from the Field, Grantmakers in Health*, May 19, 2014. Also found in the Appendix.

<sup>79</sup> The funds would have increased dental Medicaid reimbursement rates and restored some services that were cut in 2005. [“Dental benefits for Missouri’s low-income adults still on hold”](#) St. Louis Post-Dispatch, Sept. 20, 2014.

<sup>80</sup> The new bill included a 3% provider rate increase starting Jan. 1, 2015, and Medicaid dental services to over 250,000 adults starting July 1, 2015. [“Missouri May Expand Dental Care to Poor Adults,”](#) *Governing*, June 8, 2015. The Missouri Dept. of Health, [in a 2014 report](#), estimated there were about 60,000 emergency room visits due to nontraumatic dental problems costing approximately \$17.5 million per year. [“Poor adults in Missouri may get better access to health care,”](#) St. Louis Post-Dispatch, May 30, 2015.

<sup>81</sup> The first enrollment period ran from October 2013 through March 2014 for 2014 coverage. The 2015 enrollment period ran from Nov. 15, 2014 to Jan. 15, 2015. Open enrollment for 2016 starts Nov. 1, 2015.

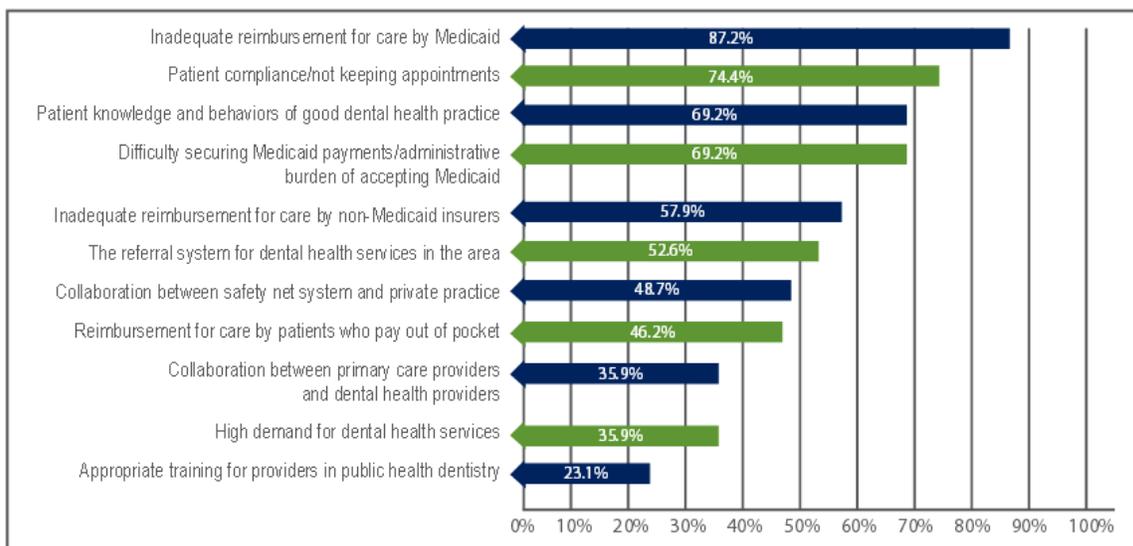
## Oral health needs

HCF remains an effective advocate for oral health needs in Missouri and Kansas.

In Kansas, HCF along with several funding partners, supported a coalition working to address a dental workforce shortage by encouraging the broader use of Registered Dental Practitioners, dental hygienists who have advanced education and training.<sup>82</sup> In Missouri, the restoration of adult Medicaid dental benefits (discussed above) was a major success.

HCF also completed a thorough regional oral health assessment. Key findings were: lack of coordination between oral health and primary care, lack of dental services for low-income adults, need for lower-cost dental services, more community-based dental services and a greater priority on prevention.<sup>83</sup>

Figure 2: Provider Challenges for Treating Low-Income Patients in Community Perceived by Direct Service Provider Survey Respondents, 2013 (n=49)  
Data Source: Greater Kansas City Oral Health Assessment survey, 2013



## New forms of lobbying

HCF has an active public policy agenda and supports both advocacy and lobbying, which is permitted under its 501(c)3 status as a public charity.<sup>84</sup>

As a 501(c)3, HCF is limited by IRS regulations to spending no more than \$1 million per year in grassroots and direct lobbying – a limit which HCF bumped up against given its significant financial support for the Missouri tobacco tax campaign in 2012.

<sup>82</sup> [Kansas Dental Project](#) wants to develop mid-level dental providers to make access to basic dental care easier. The coalition contends that 95 out of Kansas' 105 counties lack an adequate dental workforce. KDP briefing paper.

There are dental schools in 38 different states. Kansas does not. [Registered Dental Practitioners: Growing businesses. Creating jobs. Increasing access to care.](#) Kansas Dental Project briefing paper.

<sup>83</sup> [Oral Health Greater Kansas City Oral Health Assessment, Executive Summary](#) Health Care Foundation of Greater Kansas City. Some policy recommendation included supporting water fluoridation policies, integrating medical and dental billing codes and developing alternative models for oral health providers. The Registered Dental Practitioner would be one example.

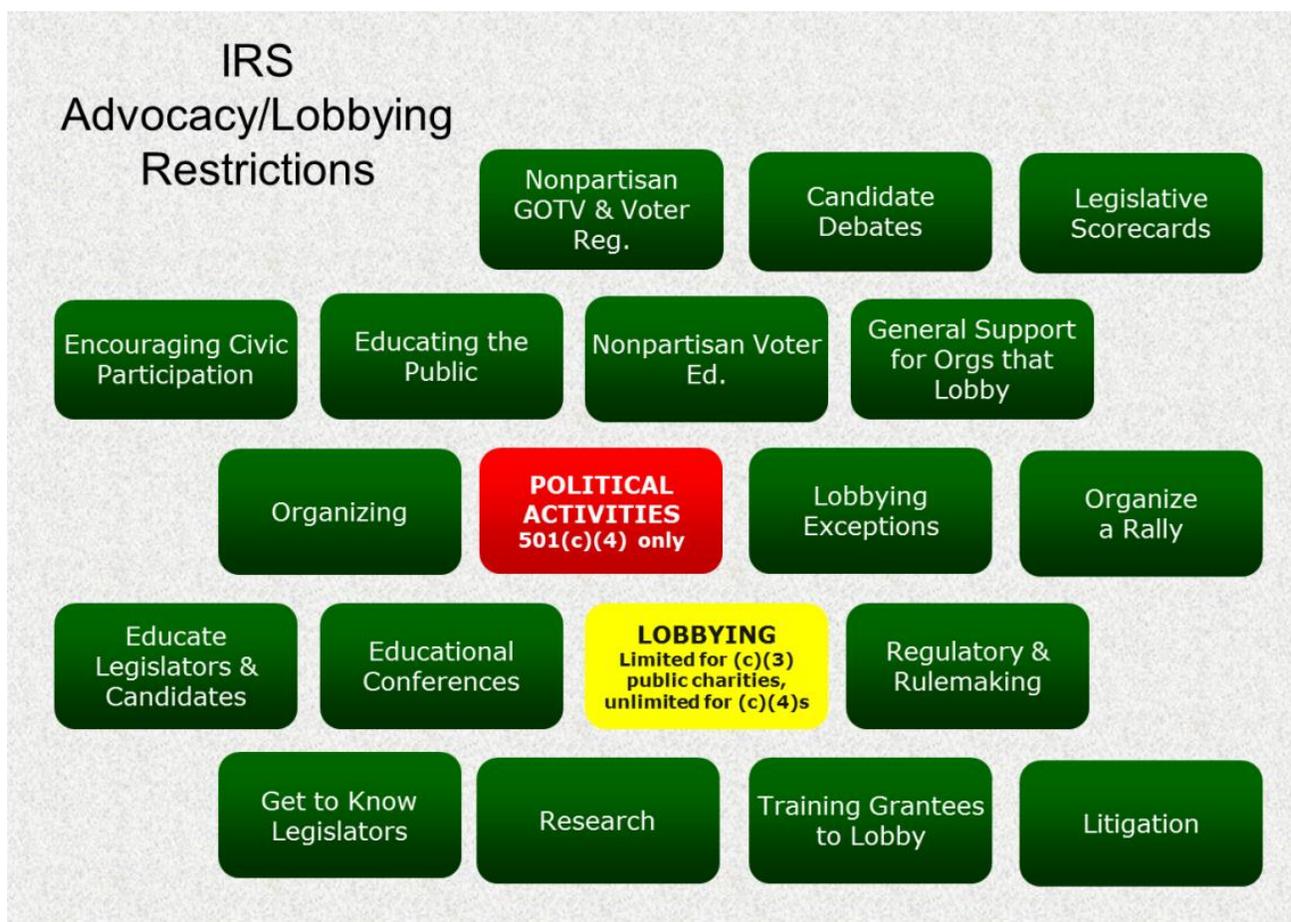
<sup>84</sup> The [HCF policy agenda](#) is reviewed and approved annually by the HCF Executive Committee. A set of broad priorities were initially adopted in 2007 and modified in 2012 to provide more focus by establishing Tier I and Tier II priorities.

In 2014, HCF explored the possibility of forming a separate 501(c)4 – a development that would permit HCF to engage in more active advocacy and lobbying especially in response to increased initiative activity.<sup>85, 86</sup>

The matter was thoroughly explored with the assistance of outside legal counsel, engaging technical assistance, and talking with stakeholders about the possibility and propriety of the idea. This would be a major shift for HCF.<sup>87</sup>

The HCF board subcommittee, assigned to the task, recommended that HCF not form a separate 501(c)4. Stakeholders suggested there were additional activities that HCF could undertake within the existing 501(c)3 guidelines. Substantial work went into this effort.

Some organizations were unfamiliar with what is permissible as a 501(c)3 illustrated by the green boxes (*diagram below*).



<sup>85</sup> The group BolderAdvocacy provides this [simple explanation](#) of a 501(c)4: "Similar to 501(c)(3) organizations, a 501(c)(4) social welfare organization generally pays no taxes on its income. However, unlike a 501(c)(3) organization, contributions to 501(c)(4)s are not tax deductible to donors. 501(c)(4) organizations may conduct unlimited lobbying. In addition, they may engage in partisan political campaign work, but only as a secondary activity."

<sup>86</sup> The example often cited was a 501(c)4 created by the Colorado Foundation for Health. The Denver-based health care foundation provided \$10 million in seed funding to create Healthier Colorado, a 501(c)4 with a legislative agenda of making health insurance more affordable and reducing childhood obesity among minority children. "[Colorado advocacy group hoping to bring down health-care costs.](#)" Denver Business Journal, Sept. 15, 2014.

<sup>87</sup> The idea was discussed extensively by the HCF board at its June 11, 2014, board meeting. An Ad Hoc Committee to Explore 501(c)4 Opportunities was formed. The committee held two meetings in 2014. HCF engaged [Alliance for Justice](#) to hold stakeholder meetings to explore the idea during 2014. Alliance for Justice has an initiative [BolderAdvocacy](#) which includes extensive resources on the legal and practical considerations and limitations associated with advocacy and lobbying.

# Communications

HCF takes a strong leadership role in communicating issues, its work and sharing important information with the larger community.

HCF is a major funder and enthusiastic supporter of the Heartland Health Monitor – an innovative cooperative reporting effort involving four non-profit news organizations.<sup>75</sup> The approach provides broad health coverage across multiple platforms.

In a blog post, the HCF communications director commented:

*“Although many people, pointing to the rise of the internet and social media, have predicted the demise of journalism, we’ve yet to truly see that happen. In fact, the internet, long the culprit of this gloomy forecast, has actually brought a new level of energy to the news industry not seen in a long time, leaving us with many reasons to be optimistic about the future of journalism.”<sup>76</sup>*

HCF makes a diligent effort to connect and inform the community, stakeholders, elected officials and interest parties through regular communications efforts including the very informative *HCF’s Week in Review* and the monthly *HCF’s Pulse eNewsletter*, which focuses more on organizational news.

In addition, HCF also publishes locally written blogs by community members and staff, which are available through the HCF’s main website.

HCF also has made extensive use of infographics to share visually informative data spotlighting a grantee, focusing on an issue or pulling together data around a specific geography.

There has been tremendous growth in visits to the HCF website which has become an important portal for health information, policy briefs, health data and providing online tools for grant applications.

The communication efforts are tracked closely as seen on the summary sheet on the following page.

HCF produced an attractive online interactive 2014 HCF Year in Review and is involved in planning major 2015 events to celebrate HCF’s first decade.



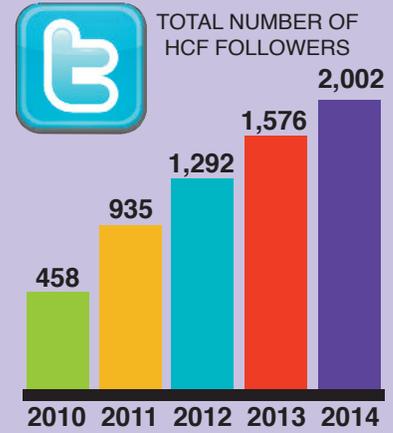
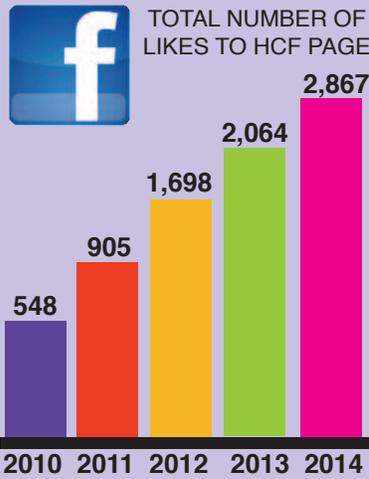
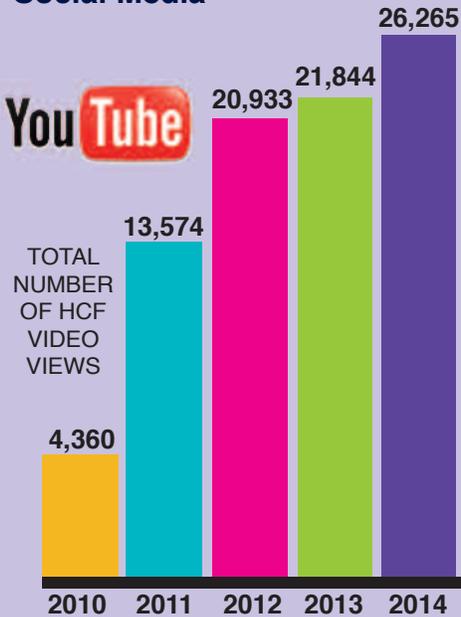
<sup>75</sup> The news organizations are KCUR public radio, the Hale Center for Journalism at KCPT public television, the Kansas Health Institute News Services and Kansas Public Radio. The approach is modeled on the successful Harvest Public Media which covers agricultural issues.

<sup>76</sup> "Heartland Health Monitor: Transforming health news in Kansas City", Jennifer Sykes, Dec. 11, 2014.

## Media

	Kansas City Star	Kansas City Business Journal	Allen County	Cass County	Lafayette County	Johnson County	Wyandotte County	Eastern Jackson County	Ethnic Papers	Radio	Television	Misc	TOTAL
2007	27	7	3	7	5	0	3	16	4	9	10	40	131
2008	23	11	4	11	20	2	13	12	6	9	5	37	153
2009	20	12	3	10	31	3	1	8	4	4	4	26	126
2010	57	8	12	17	14	2	4	10	9	5	5	32	175
2011	56	4	2	13	25	2	11	17	17	6	7	55	210
2012	74	14	1	29	21	0	3	12	11	8	14	55	242
2013	33	21	2	15	8	0	2	5	6	5	37	42	176
2014	28	9	6	11	5	0	1	9	5	8	18	26	126

## Social Media



COMMUNICATIONS

## Website

HCFGKC.org

kchealthmatters.org

	2013	2014
VISITS	969	2264
PEOPLE	649	1668
NEW VISITS	65%	71%

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Total Visits	5,491	4,882	4,853	4,750	4,188	4,999	4,860	4,999	5,129	4,691	4,937	3,720	39,973
Unique Visits	3,614	3,236	3,864	3,350	2,987	3,443	3,292	3,443	3,292	3,527	3,385	2,740	23,586
New Visits	52%	52%	56%	57%	58%	56%	55%	56%	55%	57%	54%	54%	55%
Top Pages	Types of Grants 1,723	Types of Grants 1,430	Types of Grants 1,155	Types of Grants 1,023	Types of Grants 815	Types of Grants 1011	Types of Grants 1017	Types of Grants 987	Types of Grants 950	Types of Grants 684	Types of Grants 831	Types of Grants 764	Grants 12,389
	Online Application 1,286	Online Application 1,196	Online Application 1,037	Online Application 801	Online Application 310	Online Application 470	Online Application 846	Online Application 685	Online Application 802	Online Application 244	Online Application 300	Online Application 252	Online Applications 8,229
	History 824	History 744	History 700	History 748	History 605	History 745	History 827	History 702	History 802	History 827	History 585	History 671	History 8,780
	News 2,038	News 1,137	News 1,369	News 1,460	News 1,358	News 1,311	News 1,326	News 1,268	News 1,379	News 1,382	News 1,102	News 1,115	News 16,245
	Resources 471	Resources 622	Resources 521	Resources 435	Resources 544	Resources 435	Resources 450	Resources 469	Resources 152	Resources 497	Resources 333	Resources 307	Resources 5,236
	Events 243	Events 79	Events 201	Events 203	Events 173	Events 246	Events 382	Events 511	Events 218	Events 240	Events 296	Events 207	Events 2,999
	Local Health Buzz Blog 479	Local Health Buzz Blog 632	Local Health Buzz Blog 488	Local Health Buzz Blog 781	Local Health Buzz Blog 649	Local Health Buzz Blog 1,100	Local Health Buzz Blog 696	Local Health Buzz Blog 864	Local Health Buzz Blog 1,176	Local Health Buzz Blog 1,195	Local Health Buzz Blog 1,389	Local Health Buzz Blog 1,625	Local Health Buzz Blog 11,074
								Publications 355	Publications 186	Publications 194	Publications 252	Publications 137	Publications 1,124

# Community Conversation on Health

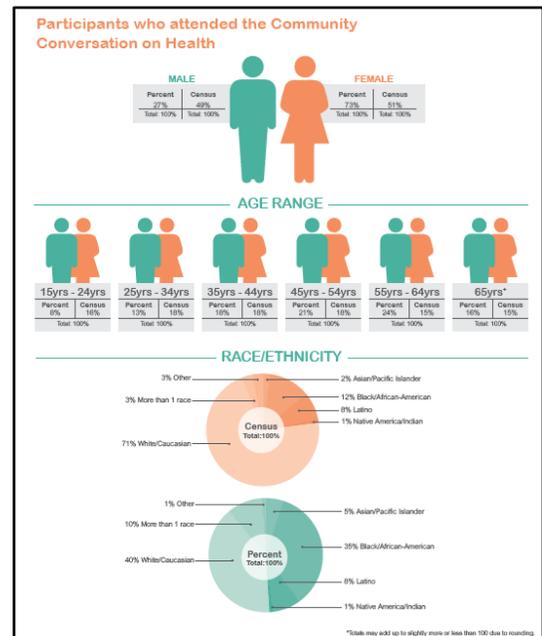
A signature 2014 event was the Oct. 11 Community Conversation on Health.

The event, done in conjunction with the United Way of Greater Kansas City and the CAC’s Community Advisory Committee, involved nearly 300 participants from across the region in a structured, but open dialogue on how to improve health outcomes in the community.

The event was well-documented and over 37,000 different comments received.<sup>77</sup>

The diverse group spent the day looking at community data and exploring “What is a healthy individual and healthy community?”

The intense, daylong effort culminated with development of **Strategies for Achieving the Results** which follows on the next two pages. This is a key document which can inform HCF’s effort.



The Community Conversation on Health was attended by over 270 individuals from across the Kansas City region. The event actively solicited, captured and shared community voices on health issues.

<sup>77</sup> Comments, photos, data and the report from the event are available at [www.kcconversations.org](http://www.kcconversations.org). The transcribed comments are included in a 142-page report.

“I got Medicare but do not have prescription coverage. I waited two years for this coverage and have mounting medical bills and meds I cannot afford.”



“I was working in food service as a production worker and had to deny my raise because it would have taken my children off Medicaid.”



“I am a mother to a disabled child. It is a constant struggle to get her basic medical needs covered. I am always praying for a better solution.”



“It takes a village. We need to communicate. Plan out ideas. Apply yourself. We don't work together. Nobody knows their neighbor. Care for each other.”



“Health care is a right not a privilege. We need comprehensive health care from cradle to grave, with less emphasis on the business side.”



“The violence in our communities are unacceptable. People are in survival mode on a grander scale than we ever realized.”



“There is such great disparity. How can one county have a number one ranking and the next be at the bottom?”



## Strategies for Achieving the Results

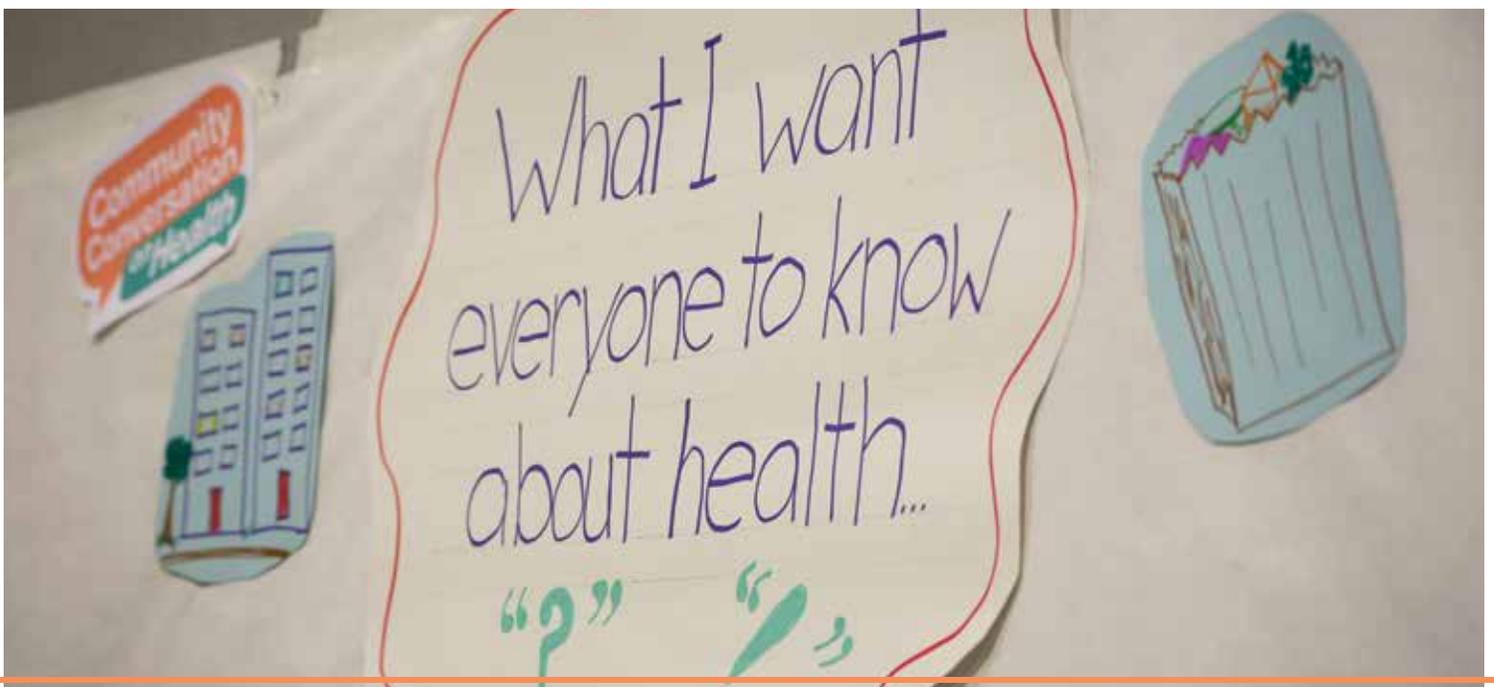
During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Affordable healthcare for all (including immigrants).	<ul style="list-style-type: none"> <li>• Advocate expansion of Medicaid outside the metro KC area, including all state representatives in KS and MO.</li> <li>• Foster collaboration among healthcare interest groups &amp; other stakeholders working toward affordable health care for all.</li> <li>• Push for health care policies that will regulate the health care system and standardize fees for equitable health care. Voting will be promoted to pass these policies.</li> </ul>
Policy makers and community members are working together to address health issues.	<ul style="list-style-type: none"> <li>• Hold politicians accountable and publicize votes.</li> <li>• Require participation at town hall meetings.</li> <li>• Institute campaign finance reform by eliminating special interest influence.</li> </ul>
Reduction in prevalence of chronic diseases – cancer, obesity, autism, HIV, dementia, lupus, heart disease.	<ul style="list-style-type: none"> <li>• Teach healthy food choices and portions to children.</li> <li>• Increase physical education activities in schools and centers.</li> <li>• Promote development of home and community gardens.</li> <li>• Use marketing, media to educate about chronic disease.</li> </ul>
Communities are safer and violence is reduced	<ul style="list-style-type: none"> <li>• Build positive relationships between communities and police.</li> <li>• Involve communities in neighborhood watch programs.</li> <li>• Create alternatives for youth activities.</li> <li>• Use public-private partnerships to improve safety.</li> </ul>
Reduction in tobacco, drugs and alcohol use.	<ul style="list-style-type: none"> <li>• Increase tobacco and alcohol taxes to fund prevention and treatment.</li> <li>• Institute prescription drug monitoring system in Missouri.</li> <li>• Include substance abuse and smoking cessation treatment in all insurance coverage.</li> </ul>
Stigma of mental illness is erased.	<ul style="list-style-type: none"> <li>• We need to find ways to change the language in such a way that mental health challenges can be easily recognized and treated with compassion.</li> <li>• More public stories of what a person with mental illness “looks” like. Educating parents about what mental illness looks like.</li> <li>• Treatment programs should incorporate job corps. and/or volunteer opportunities so that users can feel a sense of self-worth.</li> </ul>
Improvements in youth health (reduction in obesity, mental health, teen pregnancy).	<ul style="list-style-type: none"> <li>• Train parents on how to talk to their kids about sex, pregnancy and mental health.</li> <li>• Teach kids early in school how to eat healthy and exercise.</li> <li>• Educate youth on making the good food choices instead of restricting foods. Substituting not restricting. For example: one oatmeal cookie instead of two chocolate chip cookies.</li> <li>• Provide more safe things for kids to do outside of school.</li> </ul>

## Strategies for Achieving the Results, cont.

During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Increased access to quality in-home health care, more seniors staying in their homes.	<ul style="list-style-type: none"> <li>• Make sure that in-home healthcare provider for seniors, are educated, honest, accountable and affordable.</li> <li>• Provide financial support so seniors can remain in home, such as tax breaks and modifications to Medicare.</li> </ul>
Increased access to healthy foods.	<ul style="list-style-type: none"> <li>• Provide a tax structure that incentivizes for urban grocery stores and farms; re-appropriate National Farm Bill funds.</li> <li>• Offer a property tax break to individuals growing their own food.</li> <li>• Offer classes in communities on how to cook and prepare healthier meals.</li> </ul>
Electronic medical records are accessible and portable.	<ul style="list-style-type: none"> <li>• All patient records will be kept by the “medical care home” (or primary care physician’s office) with proper security measures implemented. The patient then, has one account to view all medical records and one password electronically.</li> <li>• Develop a ‘micro-dot’ to be placed on individual’s ID cards including driver’s license. Something small enough that it is handy when people go to the doctor’s office and hospitals.</li> </ul>



# Organizational Issues

HCF underwent a significant leadership change with the selection of Bridget McCandless, M.D., MBA, FACP, as the new President/CEO in July 2013. McCandless had prior experience with HCF serving as a founding board member.

McCandless offered this self-assessment of her first full year leading HCF:

*I have seen a marked shift in the nation — our health no longer just depends on us as individuals but on each other. Whether they are living in a rural, urban or suburban area, people want to be involved in making their community a better place to live.*

*But it hasn't been all sunshine and rainbows. As easy as foundation work may look from the outside, the truth is that it is hard. While our mission is great — eliminating barriers and promoting quality health — it certainly isn't easy.*

*It is a privilege and obligation to work toward this mission, but it is hard to know how to best go about the work. How do you strike the best balance? How do you balance investing in proven programs and yet encourage innovation and creative problem solving? How do you balance the different needs of urban and rural neighborhoods? How do you balance prevention vs. intervention? How do you make finite resources result in long-lasting, health-supporting opportunities for the most people?<sup>88</sup>*



<sup>88</sup> [A look back at my first year as President/CEO of HCF](#), Sept. 11, 2014

HCF has a small but hard-working staff. Approval was given to hire up to four additional staff based on an organizational needs assessment. Two were hired.

HCF staff received 3% salary increases in 2014.<sup>89</sup>

### **Offices**

HCF has a two-year lease on its office at the Pioneer Campus of the Metropolitan Community College, but the present space imposes significant limitations on office configuration and IT infrastructure. Potential new office spaces, within a five-mile radius of the current location, are being explored.<sup>90</sup>

### **Strategic Plan Progress**

The HCF staff regularly reviewed progress on the board-approved HCF 2012-13 Strategic Plan which listed six different categories, 19 strategies and 60 tactics.

HCF staff reported progress on 57 out of the 60 tactics, with no activity on three tactics.<sup>91</sup>

The board retreat was held in May 2015 to update the HCF Strategic Plan.

---

<sup>89</sup> The salary increases were recommended and approved in the 2015 budget. A full staff compensation review was completed in early 2015. HCF salaries were deemed comparable to other foundations, but HCF provided higher contribution towards family health insurance coverage. A recommendation to increase the HCF employer 401-K contribution match from 6% to 10% was approved. HCF Administration and Logistics Committee minutes, Sept. 19, 2014 and March 19, 2015.

<sup>90</sup> Management of the building on July 1, 2015, reverted from Metropolitan Community College to the property owner, the City of Kansas City, Mo. HCF Administration & Logistics minutes, Jan. 15, 2015 and May 21, 2015.

<sup>91</sup> The items were: 1) expanding HCF publication distribution, 2) better use of board and committee time, 3) helping the CAC Community Input Committee establish ongoing communications with uninsured and underserved consumers. HCF Administration & Logistics Committee, Jan. 23, 2014.

# Summary

The 2014 annual performance review documents another solid year for HCF, which is poised to start its second decade committed to identifying and tackling significant high impact health-related issues.

Lackluster investment returns are a cause of some concern, particularly if HCF investments continue to dramatically underperform relative to comparable foundations.

HCF settled one aspect of its HCA litigation and realized \$15 million; the more significant part of the litigation remains unresolved, and an HCA appeal is likely.

Of greatest concern, however, is the growing evidence of lagging political state-level support and concern for public policies that improve health outcomes for those without health insurance or access to services.

Both states are replete with examples.

Kansas and Missouri both failed to expand Medicaid, shortened lifetime welfare benefits, adopted stricter eligibility requirements and made obtaining benefits more difficult.

“Kansas and Missouri may be ground zero in an approaching, state-centered war on poverty programs – at least as they exist today,” the *Kansas City Star* observed.<sup>92</sup>

These are dramatic changes – difficult to reverse or even modify.

There are encouraging developments, but they tend to be found in what communities can do for themselves – reduce the murder rate, improve food access, encourage healthy lifestyles, and foster greater cooperation and coordination among the wide array of institutions involved in better health.

The first decade included a remarkable set of accomplishments; the next offers new challenges and opportunities for which HCF is well positioned to play a constructive leadership role.

The community is interested and engaged. The community conversation on health care provided ample evidence.

It will be critical to identify strategies that work.

---

<sup>92</sup> [“Welfare cuts in Kansas, Missouri could be a hint of things to come,”](#) *Kansas City Star*, May 24, 2015.

# Appendix



# 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>

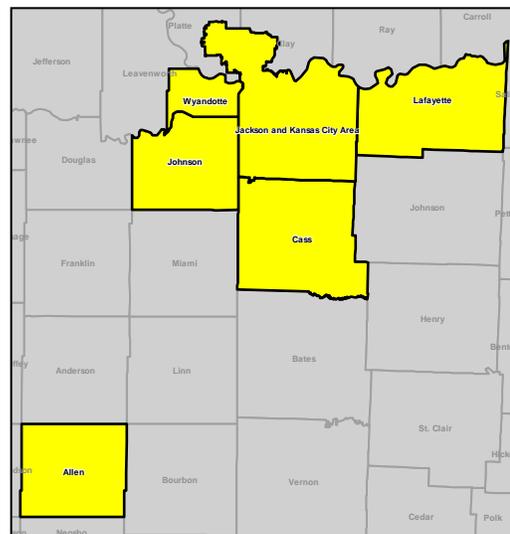
By agreement, HCF<sup>2</sup> received 80% of the net proceeds and REACH received 20%. The Health Midwest-HCA purchase price, at the time, was the largest amount ever paid for a non-profit hospital system.

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.

# HCF in Perspective

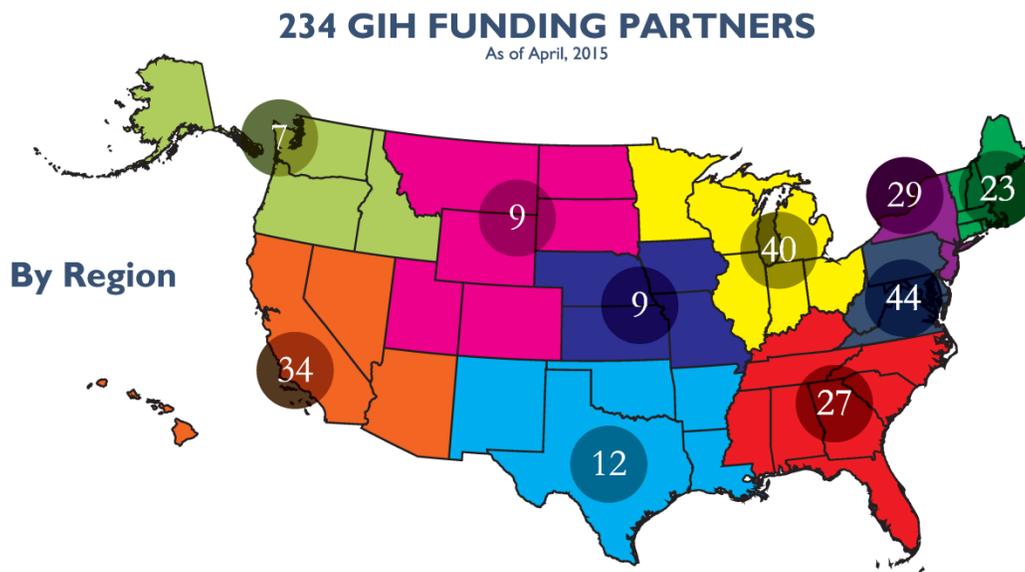
The Grantmakers in Health graphic puts HCF in a larger perspective.

With over \$518 million in 2014 assets, HCF is a relatively large health care foundation nationally and one of the largest regional health care foundations.

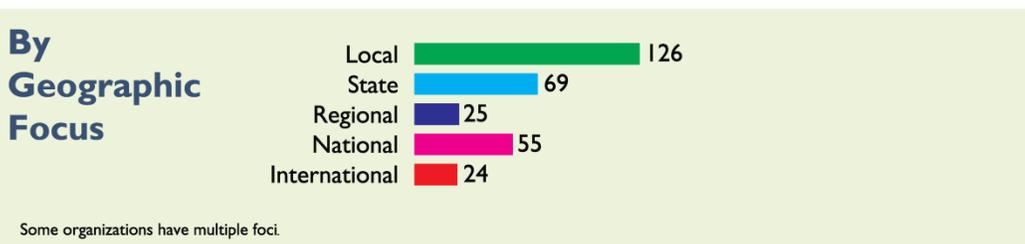
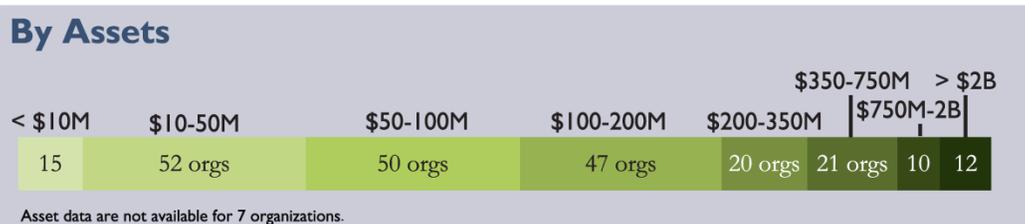
There are only nine Grantmakers in Health partners in the four-state Midwest (Missouri, Kansas, Iowa and Nebraska).

The other two large Midwest health care foundations are Missouri Foundation for Health (\$1.1 billion in 2013 assets) and the Kansas Health Foundation (\$510 million in 2014 assets).

The REACH Healthcare Foundation, also created by the sale of Health Midwest, had assets of \$135 million in 2014.



States are grouped by U.S. Department of Health & Human Services Region.



# HCF Grant Making Key Statistics 2007-2014

County	2007	2008	2009	2010	2011	2012	2013	2014	Total
Jackson & KCMO	\$15,060,639	\$14,028,224	\$15,448,083	\$13,371,582	\$11,015,578	\$11,727,488	\$9,605,199	\$10,423,308	\$100,680,101
Cass	\$622,800	\$537,312	\$593,002	\$475,000	\$369,224	\$547,218	\$688,056	\$641,860	\$4,474,472
Lafayette	\$431,500	\$593,707	\$539,551	\$159,500	\$266,233	\$527,886	\$258,070	\$294,658	\$3,071,105
Johnson	\$740,428	\$1,330,231	\$807,360	\$500,094	\$1,030,196	\$1,263,863	\$1,231,706	\$974,949	\$7,878,827
Wyandotte	\$2,763,450	\$2,331,429	\$2,957,314	\$2,550,613	\$2,611,769	\$1,875,451	\$2,431,435	\$1,945,926	\$19,467,387
Allen	\$249,419	\$182,296	\$426,918	\$423,211	\$207,000	\$257,370	\$419,114	\$294,475	\$2,459,803
<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>\$14,575,176</b>	<b>\$138,031,695</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>\$4,955,359</b>	<b>\$37,661,189</b>
<b>Total grant dollars awarded</b>	<b>\$22,903,837</b>	<b>\$26,902,071</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>\$19,530,535</b>	<b>\$175,692,884</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	\$44,151,533	\$396,918,372
% Total dollar requests funded	49.3%	54.9%	38.9%	38.7%	42.7%	40.1%	49.4%	44.2%	44.3%
<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>208</b>	<b>1,605</b>
Total applications received	344	294	451	405	397	397	346	360	2,994
% grant applications funded	58.7%	58.5%	49.2%	49.4%	50.1%	51.4%	57.2%	57.8%	53.6%
<b>Average Grant Amount</b>	<b>\$113,385</b>	<b>\$156,407</b>	<b>\$119,366</b>	<b>\$110,000</b>	<b>\$93,090</b>	<b>\$99,163</b>	<b>\$96,480</b>	<b>\$93,897</b>	<b>\$109,466</b>

# 2014 Grant Making Comprehensive Listing

This appendix is a consolidated list of 211 grants totaling \$20.1 million awarded during 2014.

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
Access to Primary/Specialty Care	2014 Access to Primary & Specialty Care (Year 4) - MetroCare, Northland Care & Wylo Care	Special Initiatives	\$500,000
Truman Medical Center Charitable Foundation	TMC Behavioral Health Emergency Department	Special Initiatives	\$400,000
2014 Healthy Lifestyles Technical Assistance	2014 Technical Assistance	Healthy Lifestyles	\$300,000
Kansas City CARE Clinic	General Medicine and Oral Healthcare	Safety Net	\$300,000
City of Kansas City, Missouri, Aim4Peace	Violence Prevention Project 2014	Special Initiatives	\$300,000
Marketplace Coverage Initiative (Year 2)	Marketplace Coverage Initiative (Year 2)	Special Initiatives	\$300,000
Regional Health Reporting Collaboration "Media Hub"	Media Hub	Special Initiatives	\$300,000
First Call Alcohol Drug Prevention and Recovery	Kansas City Recovery-Oriented System of Care (KCROSC)	Mental Health	\$275,000
2014 Safety Net Technical Assistance	2014 Safety Net Technical Assistance	Safety Net	\$250,000
Seton Center Family & Health Services	Providing Oral Health Care to the Uninsured and Vulnerable Project V	Safety Net	\$250,000
SW Blvd. Family Health Care Services of Greater Kansas City	Safety Net Health Care	Safety Net	\$250,000
Kansas City Metropolitan Crime Commission	Kansas City No Violence Alliznce (KC NOVA) Years 2 & 3	Special Initiatives	\$250,000
Belton School District #124	ACCESS (Appropriate Clinical Care Engaged in a School Setting)	Mental Health	\$243,637
Mattie Rhodes Center	Latino Mental Health	Mental Health	\$237,697
Kansas City Community Gardens, Inc.	Schoolyard Gardens	Healthy Lifestyles	\$225,000
Duchesne Clinic	Healthcare for the Uninsured Poor of Wyandotte County	Safety Net	\$225,000

Organization or Initiative		Project Title		Type	Amount
Turner House Clinic Inc.	Health Care for Underserved Children			Safety Net	\$225,000
Hartwig Legacy Foundation d/b/a KC Healthy Kids	Advocacy for Healthy Eating and Active Living			Healthy Lifestyles	\$216,239
BikeWalkKC	Safe Routes to School: A Comprehensive Approach to Policy, Planning and Public Engagement			Healthy Lifestyles	\$203,764
Kansas City CARE Clinic	Behavioral Health Program			Mental Health	\$200,000
KidsTLC, Inc. (formerly known asTLC for Children and Families, Inc.)	The Sanctuary: Crisis Stabilization and Respite Unit			Mental Health	\$200,000
ReDiscover	Health Homes for Underserved			Safety Net	\$200,000
Saint Lukes Hospital of Kansas City	Care Coordination Program			Safety Net	\$200,000
Samuel U. Rodgers Health Center	Community-Centered Care Initiative			Safety Net	\$200,000
ConnectCASS	2015-16 Development Initiative			Special Initiatives	\$200,000
Crittenton Children's Center	Head Start Trauma Smart Replication			Special Initiatives	\$200,000
ReDiscover	Capacity Expansion			Mental Health	\$199,578
SAFEHOME, Inc.	Trauma Informed Care for Survivors of Domestic Violence			Mental Health	\$184,910
Kansas City Quality Improvement Consortium, Inc.	Kansas City Teaming Up for Asthma Control (KC-TUAC)			Special Initiatives	\$176,392
Tri-County Mental Health Services, Inc.	Integrated Behavioral Health and Chronic Health Care			Mental Health	\$175,000
Medicaid Expansion Initiative	Medicaid Expansion Initiative			Special Initiatives	\$175,000
Community Health Center of Southeast Kansas Inc	Meeting the Health Needs of the Uninsured and Underserved of Allen County.			Safety Net	\$170,000
Harvesters - The Community Food Network	Healthy Eating and Hunger Advocacy			Healthy Lifestyles	\$162,890
Community Conversation on Health	HCF 2014 Community Conversation on Health (10th Anniversary Public Engagement)			Special Initiatives	\$161,123
After the Harvest	After the Harvest			Special Initiatives	\$160,000
Riverview Health Services Inc.	Riverview Health Services, Inc.			Safety Net	\$155,021
Child Protection Center, Inc.	Forensic Interview and Family Support Programs			Mental Health	\$155,000
Child Advocacy Services Center, Inc., dba The Children's Place	Clinical Services			Mental Health	\$152,700
Episcopal Community Services Inc	Nutrition-Based Food Access in the Homeless and At-Risk Community, Part Two			Healthy Lifestyles	\$150,000
Kansas Association Of Child Care Resource And Referral Agencies dba Child Care Aware of Kansas	Step It Up: A Collaboration for Change			Healthy Lifestyles	\$150,000
Metropolitan Organization to Counter Sexual Assault	Sexual Violence Counseling			Mental Health	\$150,000
Cornerstones of Care	Nurse Case Management for Children in Foster Care			Safety Net	\$150,000
High Impact Initiative Research	High Impact Initiative Research			Special Initiatives	\$150,000
Kansas City CARE Clinic	Safety Net Capacity Expansion Initiative (Year 6)			Special Initiatives	\$150,000
Mid-America Regional Council Community Services Corporation	Regional Health Care Initiative (RHCI) 2014			Special Initiatives	\$150,000

Organization or Initiative		Project Title	Type	Amount
Unified Government of Wyandotte County/Kansas City, KS -- Mayor's Office	Healthy Campus Project (Years 2 & 3)	Special Initiatives	\$150,000	
Gillis Center Inc.	Intake/Assessment Center	Mental Health	\$140,000	
reStart, Inc.	reStart Mental Health Services	Mental Health	\$135,000	
El Centro, Inc.	Health Navigation	Safety Net	\$133,613	
Tri-County Mental Health Services, Inc.	Tobacco Prevention Program	Healthy Lifestyles	\$130,000	
Legal Aid of Western Missouri	Mental Healthcare Access Project	Mental Health	\$130,000	
Communities Creating Opportunity Organization	Healthy Communities KC: Healthy Lifestyles	Healthy Lifestyles	\$120,000	
Synergy Services, Inc.	Children's Mental Health Services	Mental Health	\$120,000	
Hope House, Inc.	Adult Mental Health Project	Mental Health	\$116,092	
Truman Medical Center Charitable Foundation	Complex PTSD: Preparing to Heal	Mental Health	\$115,063	
West Central Missouri Community Action Agency	Women's Health Services	Safety Net	\$115,000	
Synergy Services, Inc.	Homeless Youth Campus Integrated Health Clinic	Safety Net	\$114,000	
Legal Aid of Western Missouri	Advocates for Family Health	Safety Net	\$113,010	
Cass Community Health Foundation	Cass County Dental Clinic - Belton Site	Safety Net	\$111,853	
Operation Breakthrough, Inc.	Child & Family Behavioral Health Services	Mental Health	\$103,895	
Upper Room, Inc.	Mary Kelly Center Community Health Initiative	Healthy Lifestyles	\$100,000	
Jewish Vocational Service	JVS Wrap Project	Mental Health	\$100,000	
PACES	School-based Family Outreach and Therapy Services	Mental Health	\$100,000	
The Children's Mercy Hospital	Kansas City Regional Home Visitation Collaborative: Piloting and Formalizing Sustainable Funding	Mental Health	\$100,000	
KU Health Partners, Inc.	Silver City Health Center Safety Net Services	Safety Net	\$100,000	
Saint Lukes Hospital of Kansas City	Cancer Care for the Uninsured	Safety Net	\$100,000	
Samuel U Rodgers Health Center FOUNDATION, Inc.	Prenatal Care for Indigent Women	Safety Net	\$100,000	
The Children's Mercy Hospital	Beacon Program	Safety Net	\$100,000	
Health Partnership of Johnson County	Safety Net Capacity Expansion Initiative (Year 6)	Special Initiatives	\$100,000	
HIE Primary Care Collaborative	HIE Primary Care Collaborative	Special Initiatives	\$100,000	
Kansas City Quality Improvement Consortium, Inc.	Transitions of Care Registry	Special Initiatives	\$100,000	
Kansas University Endowment Association	Training a New Generation of Providers for Integrated Primary Care	Mental Health	\$98,975	
Swope Health Services	Safety Net Capacity Expansion Initiative (Year 6)	Special Initiatives	\$97,084	
Truman Medical Center Charitable Foundation	Perinatal Community Initiative (PCI)	Safety Net	\$96,956	
reStart, Inc.	Healthy Starts	Safety Net	\$93,810	
Migrant Farmworkers Assistance Fund	Medical Case Management Project for Migrant Farmworkers	Safety Net	\$92,658	
Associated Youth Services	Accessible Mental Health Services	Mental Health	\$91,509	

Organization or Initiative		Project Title	Type	Amount
Midwest Foster Care & Adoption Association	30 Days to Family		Mental Health	\$91,286
Niles Home for Children	Niles Home Neighborhood Access to Healthy Foods		Healthy Lifestyles	\$90,332
DeLaSalle Education Center	Team of Care		Mental Health	\$90,182
Developmental Disability Services of Jackson County -- EITAS (EITAS)	Developmental Disabilities Health Initiative - Year 3		Healthy Lifestyles	\$90,000
Greater Kansas City LINC Inc.	Healthy Foods		Healthy Lifestyles	\$86,200
reStart, Inc.	Healthy Choices		Healthy Lifestyles	\$85,000
Cancer Action Inc	Patient Services Program		Safety Net	\$85,000
Mid-America Regional Council Community Services Corporation	Community Transformation Grant, Year 3		Special Initiatives	\$85,000
Mattie Rhodes Center	Northeast and Westside Community Health Program		Safety Net	\$83,732
Crittenton Children's Center	The Crittenton Response to Co-occurring Disorders: A Trauma Smart Approach		Mental Health	\$81,049
Sheffield Place	Strong Tomorrows: Providing Quality, Evidence-Based Mental Health Services for Homeless, Mother-led Families		Mental Health	\$77,534
Southwest Boulevard Family Health Care Services of Greater Kansas City	Safety Net Capacity Expansion (Year 6)		Special Initiatives	\$75,760
Baptist-Trinity Lutheran Legacy Foundation	Kansas City's Medicine Cabinet		Applicant Defined	\$75,000
Cancer Action Inc	Patient Services Program		Applicant Defined	\$75,000
Cass Community Health Foundation (formerly Research Belton)	Cass County Dental Clinic - Site Expansion to Harrisonville, Missouri		Applicant Defined	\$75,000
Children's Center for the Visually Impaired	Infant/Therapy Program		Applicant Defined	\$75,000
Health Partnership of Johnson County	Expanded Dental Outreach Services		Applicant Defined	\$75,000
Kansas City CARE Clinic	Healthcare Transformation		Applicant Defined	\$75,000
Missouri Budget Project	Strengthening Health Care Access Through Policy Analysis and Advocacy		Applicant Defined	\$75,000
ReDiscover	Health IT Expansion		Applicant Defined	\$75,000
SAFEHOME, Inc.	The Children's Program		Applicant Defined	\$75,000
Secondary Trauma Resource Center	Secondary Trauma Training Initiative		Applicant Defined	\$75,000
Menorah Legacy Foundation	The Kansas City Beans&Greens Program		Healthy Lifestyles	\$75,000
National Alliance for the Mentally Ill of Greater Kansas City	Navigation/Linkage Support Through The Complex Mental Health System		Mental Health	\$75,000
Baptist-Trinity Lutheran Legacy Foundation	Kansas City's Medicine Cabinet		Safety Net	\$75,000
Health Care Coalition of Lafayette County	FQHC New Site - Waverly and Concordia		Special Initiatives	\$75,000
Kansas Children's Service League	Kansas Power of the Positive		Special Initiatives	\$75,000
The Whole Person Inc	Mental Health Services Program		Applicant Defined	\$71,636
Redemptorist Social Services Center Inc	Emergency Client Assistance/Medical Matters		Applicant Defined	\$70,000

Organization or Initiative		Project Title		Type	Amount
Jewish Vocational Service	JVS Global Gardens	Healthy Lifestyles	\$69,835		
Turner House Clinic Inc.	Core Salary Support	Applicant Defined	\$69,136		
Rosedale Development Association Inc	Rosedale Healthy Kids	Healthy Lifestyles	\$69,051		
Rose Brooks Center, Inc.	Trauma-Informed Mental Health Support	Applicant Defined	\$68,000		
Ivanhoe Neighborhood Council	Grown in Ivanhoe Project	Healthy Lifestyles	\$65,553		
Child Abuse Prevention Association	Safe Children, Strong Families: Enhanced Treatment and Prevention Services for Child Victims of Abuse and Families at Risk of Child Maltreatment	Applicant Defined	\$65,000		
Lazarus Ministries of Grand Avenue Temple	Sojourner Health Clinic and Lazarus Ministries Supportive Services	Applicant Defined	\$65,000		
Maternal and Child Health Coalition of Greater Kansas City	Breastfeeding KC	Applicant Defined	\$65,000		
University of Kansas Medical Center Research Institute, Inc.	A partnership between an obesity program and a primary care organization: Healthy Hawks at Turner House Children's Clinic	Applicant Defined	\$65,000		
Spofford	Residential Treatment	Mental Health	\$65,000		
University of Missouri Extension Council of Jackson County	Improving Youth and Family Health with Nutrition and Gardening Education and Community Action	Applicant Defined	\$64,561		
Niles Home for Children	Behavioral Health Services Program	Mental Health	\$63,706		
Hope Haven of Cass County	Nurturing Hope	Applicant Defined	\$63,000		
Kansas University Endowment Association	The Virtual Bulldoc Clinic Project	Safety Net	\$60,176		
Kansas Action for Children, Inc.	Kansas Action for Children General Operating Grant	Applicant Defined	\$60,000		
Missouri Coalition for Oral Health	Building Capacity: Oral Health Policy	Applicant Defined	\$60,000		
Partnership for Regional Educational Preparation-Kansas City	KC HealthStart	Applicant Defined	\$60,000		
Reconciliation Services	RS Opening Doors	Applicant Defined	\$60,000		
reStart, Inc.	reStart Adult Emergency Shelter	Applicant Defined	\$60,000		
Southwest Boulevard Family Health Care Services of Greater Kansas City	Mental Health Care for Safety Net Patients	Applicant Defined	\$60,000		
Spofford	Residential Treatment - Psychiatric Care	Applicant Defined	\$60,000		
Thrive Allen County Inc.	Allen AHEAD II	Applicant Defined	\$60,000		
United Community Services of Johnson County	Expanding and Strengthening Trauma Informed Systems in Johnson County Kansas	Applicant Defined	\$60,000		
Missouri Health Advocacy Alliance	Strategic Leadership and Policy Advocacy	Applicant Defined	\$58,000		
Cristo Rey Kansas City	Staying Healthy at Cristo Rey	Applicant Defined	\$55,000		
Genesis School, Inc.	A Winning Game Plan: Connecting education and healthy lifestyles to tennis	Healthy Lifestyles	\$55,000		
Jewish Family Services	Older Adult Care Management	Safety Net	\$54,547		
Developing Potential, Inc.	Increase Access to Services	Applicant Defined	\$53,066		

Organization or Initiative		Project Title		Type	Amount
Black Health Care Coalition, Inc.	Healthy Generations			Applicant Defined	\$50,000
Dismas House of Kansas City, Inc.	Care Coordination Expansion and Capacity Building			Applicant Defined	\$50,000
Health Care Coalition of Lafayette County	Rural Cultural Competence and Health Literacy			Applicant Defined	\$50,000
Kansas City Consensus	Creating Community Solutions-Kansas City			Applicant Defined	\$50,000
Metropolitan Organization to Counter Sexual Assault	Ensuring Access to Services: Sexual Violence Victim Advocacy and Crisis Line			Applicant Defined	\$50,000
Mid-America Regional Council Community Services Corporation	Building a Unified System for Homeless Services and Supports in Metro Kansas City			Applicant Defined	\$50,000
Unified Government of Wyandotte County/Kansas City, KS -- Mayor's Office	Healthy Campus			Applicant Defined	\$50,000
Lafayette County Health Department	Smoke free is the New Normal - Tobacco Prevention, Cessation, and Policy			Healthy Lifestyles	\$50,000
Comprehensive Mental Health Services, Inc.	Crisis Services Case Management program			Mental Health	\$50,000
Health Partnership of Johnson County	Behavioral Health Integration at HPC			Mental Health	\$50,000
Swope Health Services	Dental Care for Low-Income, Uninsured & Underinsured Families			Safety Net	\$50,000
Cultural Competency Initiative	Cultural Competency Initiative Year 5			Special Initiatives	\$50,000
Curators of the University of Missouri - UMKC	Planning Effort to Prevent Type 2 Diabetes Mellitus			Special Initiatives	\$50,000
Enroll America	ACA Outreach and Enrollment			Special Initiatives	\$50,000
Kansas Action for Children, Inc.	Kansas Center for Economic Growth (KCEG) 2014 - As a Matter of Fact: Balanced State Policies Ensure All Kansans Prosper			Special Initiatives	\$50,000
Safety Net Capacity Expansion Initiative Year 6	Evaluation Costs			Special Initiatives	\$50,000
Topeka Community Foundation	KGIH Opportunity Fund			Special Initiatives	\$50,000
Urban Neighborhood Initiative Inc	Bancroft II Implementation Plan			Special Initiatives	\$50,000
Mattie Rhodes Center	Internship Program			Applicant Defined	\$49,066
NEWHOUSE, Inc.	Breaking the Cycles			Applicant Defined	\$48,787
Community Mediation Center	Peace by Piece: Solving our Differences for Safe and Healthy Communities			Applicant Defined	\$47,000
City of Independence, Health Department	Assessing Health Impacts in Northwest Independence to Create Safe Environments for Physical Activity			Healthy Lifestyles	\$46,136
Kansas City Anti-Violence Project	LGBTQ Anti-Violence Capacity Building			Applicant Defined	\$46,000
Benilde Hall	Treatment of Mental Illness in Adult Homeless Males			Mental Health	\$45,648
Kansas City Community Gardens, Inc.	The Giving Grove - Edible Tree Gardens to Improve Access/Health of Underserved Neighborhoods in KC			Applicant Defined	\$45,000
Kansas City, Kansas Community College	KUMC Medical Camp and Internships			Applicant Defined	\$45,000
Oral Health Kansas, Inc.	Oral Health Kansas Operations 2014-15			Applicant Defined	\$45,000
Jewish Vocational Service	Refugee-Immigrant Health Access Project			Safety Net	\$45,000

Organization or Initiative	Project Title	Type	Amount
Cultivate KC, Inc. (formerly KC Center for Urban Ag)	Organizational Development	Applicant Defined	\$44,710
Children's Therapeutic Learning Center, Inc., dba Children's TLC	Early Therapeutic Intervention	Applicant Defined	\$43,583
Sunflower House, Inc.	Child Assessment Program	Applicant Defined	\$42,000
Homeless Services Coalition of Greater Kansas City	Chronic Inebriate Outreach Coordinator	Applicant Defined	\$40,266
DeLaSalle Education Center	Healthy Lifestyles/Farm to School	Applicant Defined	\$40,000
House of Hope, Inc.	Family Support Specialist	Applicant Defined	\$40,000
Inclusion Missouri d/b/a Recreation Council of Greater Kansas City	Asset Mapping Project	Applicant Defined	\$40,000
Ivanhoe Neighborhood Council	General Operating Support	Applicant Defined	\$40,000
Jewish Family Services	Mental Health Counseling	Applicant Defined	\$40,000
Lee's Summit Cares, Inc.	Mental Health Care for Underserved Children	Applicant Defined	\$40,000
Missouri Jobs With Justice, dba Kansas City Jobs with Justice	Health Care Organizing Project	Applicant Defined	\$40,000
Pathways Community Behavioral Healthcare, Inc.	2014-2015 Mental Health Programming for Concordia and Santa Fe School Districts	Applicant Defined	\$40,000
Truman Medical Center Charitable Foundation	Healthy Harvest Mobile Market	Applicant Defined	\$40,000
Unified School District 258-Humboldt	Health Innovations	Applicant Defined	\$37,000
Sunflower House, Inc.	Child Assessment Program-Family Advocacy	Mental Health	\$36,539
Kansas University Endowment Association	JayDoc Free Clinic	Safety Net	\$35,800
Benilde Hall	Benilde Hall Safe Haven	Applicant Defined	\$35,000
Gillis Center Inc.	Gillis Mental Health Services Access Project	Applicant Defined	\$35,000
Mother's Refuge	Coordinated Health Care and Outreach for Homeless, Pregnant and Parenting Young Women and Babies	Applicant Defined	\$35,000
Synergy Services, Inc.	Recreation and Resilience (R&R) Program	Applicant Defined	\$35,000
Wyandot Inc.	Expanding Mental Health First Aid in the Kansas City area	Applicant Defined	\$35,000
Kansas Association for the Medically Underserved	2015 Health Reform Resource Project	Special Initiatives	\$35,000
N2N	Part-time social worker for health issues of homeless neighbors and support for prescriptions/health emergencies	Applicant Defined	\$34,000
Belton School District #124	Early ACCESS	Applicant Defined	\$33,370
Alphapointe	Senior Adult Rehab Services	Applicant Defined	\$31,422
Freewheels For Kids Inc	Bike Club continuation	Applicant Defined	\$30,847
Jackson County CASA	Youngest Victims Project	Applicant Defined	\$30,000
Shawnee Mission Education Fdn	Safe and Healthy Schools	Applicant Defined	\$28,000
City of Independence, Health Department	Open Airways: Asthma Education and Policy Change to Promote Better Health	Applicant Defined	\$26,000

Organization or Initiative		Project Title	Type	Amount
City of Iola, Kansas		Building Healthy Places, Iola.	Applicant Defined	\$25,000
COVERSA		Capacity Building and Program Expansion	Applicant Defined	\$25,000
Metro Organization For Racial And Economic Equity Inc		Documenting Health Disparities for Metro Area Immigrants	Applicant Defined	\$25,000
Mid America Chapter, National Multiple Sclerosis Society		Navigating MS Direct Financial Services for Individuals Living with MS	Applicant Defined	\$25,000
Health Literacy Initiative		Health Literacy Summit in Kansas City	Special Initiatives	\$25,000
Missouri Coalition for Primary Health Care, dba Missouri Primary Care Association		ICD-10 Educational Trainings - 3-part Series	Special Initiatives	\$25,000
Support Kansas City Inc.		SKC 2013-2014 Capacity Building Campaign (Year 2)	Special Initiatives	\$25,000
Chwc Inc		My Healthy Neighborhood	Applicant Defined	\$24,000
Operation Breakthrough, Inc.		Electronic Mental Health Records System	Applicant Defined	\$22,877
Lafayette County Health Department		Saving Smiles	Applicant Defined	\$22,000
Hope Network Of Raytown - DO NOT ADD REQUESTS TO THIS ORG, Changed name to "Mission of Hope"		Meeting Medical and Dental Needs at the Mission of Hope Clinic	Applicant Defined	\$20,400
Hope House, Inc.		Accessibility Measures to Meet the Needs of Domestic Violence Survivors with Disabilities	Applicant Defined	\$20,000
Sierra Club Foundation		Kansas City Clean Air Project	Special Initiatives	\$20,000
Urban Neighborhood Initiative Inc		Core Operations Support	Special Initiatives	\$20,000
The Children's Mercy Hospital		Support for Missouri Children's Services Subcommittee on Childhood Obesity	Special Initiatives	\$15,000
Partners In Public Health, Inc.		Clean Air Metro KC	Applicant Defined	\$13,500
Kansas Legal Services Inc		Kansas-Focused Medical-Legal Partnership	Applicant Defined	\$12,798
Kansas Public Radio		Bryan Thompson's Health Reporting	Special Initiatives	\$10,000
Pets For Life, Inc.		Animal Assisted Therapy for the Underserved and Uninsured	Applicant Defined	\$7,500
Allen County		Allen County Drug Court Video	Applicant Defined	\$2,475
		<b>TOTAL</b>		<b>\$20,080,535</b>

## Stepping Out: One Foundation's Lessons Learned from Leading a Ballot Initiative

JESSICA HEMBREE

*Program Officer, Health Care Foundation of Greater Kansas City*

JANE MOSLEY, PH.D.

*Program Officer, Health Care Foundation of Greater Kansas City*

On July 1, 2010, the South Carolina legislature increased its tobacco tax from \$.07 per pack to \$.57 per pack. Prior to that date, the state of Missouri had been clinging to the second lowest tobacco tax in the nation. Once South Carolina increased its tax, Missouri, at \$.17 per pack, earned the distinguished position of the lowest tobacco tax in the country, which provided momentum toward a campaign to increase the state's tobacco tax.

In Missouri, tax increases are severely limited by the Hancock Amendment, which prohibits tax increases beyond a certain threshold without a vote of the people. Increasing the tobacco tax via a ballot initiative had been attempted and failed twice in the 10 years leading up to the 2012 campaign.

While the Health Care Foundation of Greater Kansas City (HCF) had been involved in the previous tobacco campaign in a funding capacity, the 2012 tobacco tax campaign marked one of the first times when HCF stepped into the public sphere in support of an issue; by and large, our advocacy work had been advanced through our grantees. HCF is a 501(c)3 public charity, which allows us to lobby, in contrast to private foundations.

The 2012 campaign was marked by significantly more involvement from HCF, including \$1.5 million of funding, sitting on and recruiting others for the campaign's steering committee, and acting as a behind-the-scenes broker to help develop ballot language for maximum support. In addition, HCF was present in the media and civic community advocating for the passage of the tobacco tax ballot initiative. HCF's more vocal and public role was borne from both necessity and readiness. It took us time to develop the political capital and civic presence to assume a public leadership role on this issue. Additionally, since HCF did not stand to gain financially from the added revenue generated by an increase in the tobacco tax, our public support for the initiative was viewed as "pure" and lent the initiative significant credibility.

At the time, Missouri had the fourth highest adult smoking rate in the nation and increased pricing stood to most strongly change this number. High school seniors reduce their cigarette consumption by 6.5 percent for every 10 percent price

increase. Thanks to this clear public health case, we received very little criticism for supporting the increased tax. Perhaps surprisingly, we were more likely to be criticized by the "good guys," not for supporting the issue but for our approach, with some of our colleagues questioning the timing, Missouri's readiness level, or the campaign's efficacy.

On November 6, 2012, Missouri voters rejected the tobacco tax increase by a margin of just 40,419 votes out of 2.5 million cast. It was a tough defeat. HCF, which is committed to evaluation for learning, funded a retrospective evaluation of the effort, which included a post-election public survey. Although evaluating advocacy is more difficult since it occurs in a highly dynamic context that is influenced by many contextual factors, we felt a strong evaluation was necessary to inform HCF's future advocacy work. Here are a few key learnings from the evaluation.

### PICK YOUR ALLIES CAREFULLY

A small group of stakeholders representing public health and education groups oversaw the campaign, a strategic move to keep the day-to-day decisions manageable. While HCF was interested in the public health benefit of tobacco taxes, countless others were primarily interested in the anticipated revenue. In determining how the revenue would be dedicated, HCF used public opinion surveys and focus groups to guide this decision. The coalition ultimately landed on education and tobacco control for the additional revenue.

As a result, HCF and our key partner, the American Cancer Society, needed to secure the education sector's support. While we received some support from that sector, it never fully engaged with the effort. This was in part because HCF was not familiar with the education advocates and ended up with key partners who did not have sufficient capacity. While the momentum of local tobacco control efforts was a support to the tax campaign, the evaluation showed that we did not sufficiently incorporate those coalitions, and offered grassroots outreach as a key area for improvement.

## LET THE PROFESSIONALS HANDLE IT

The evaluation commended the campaign's legal team and signature collection firm. HCF contracted with a signature collection firm to get the issue on the ballot. Simultaneously, two unrelated issues fielded signatures almost entirely with volunteers but did not qualify for the ballot due to under-collection. At the same time, a volunteer signature collection effort could have helped generate public support for the initiative.

The campaign committee contracted with a campaign manager, public relations firm, direct mail firm, and paid media firm to execute the campaign plan. Supporters of the tax spent roughly \$5 million on the effort, relative to just \$2.4 million spent by the opposition. The campaign supporting the tobacco tax focused its paid media on television, while the opposition relied heavily on radio and billboards. Despite spending less than half as much, the opposition's communications tactics were very effective. Their paid media questioned whether the additional revenue would be used as the ballot language promised and portrayed the tax as a general tax increase that would apply to all Missourians.

## BE PRACTICAL

The ballot language to increase Missouri's tobacco tax included items that were specifically intended to reduce opposition. The first was language to close a legal loophole that was giving small tobacco manufacturers a competitive edge over large ones. Missouri is the only state that has not enacted language to close this loophole, which was created as a byproduct of the 1998 master settlement agreement. Big Tobacco was very invested in seeing this loophole closed. This meant that Big Tobacco stayed out of the fight entirely, leaving the small tobacco manufacturers and convenience stores as the primary opposition.

## LIVE YOUR MISSION

According to the evaluation, the campaign had too many key messages, hitting on both the importance of education funding and the public health value of increasing tobacco taxes. Our messaging was further complicated when opposition ads portrayed the tax as a general tax increase. In retrospect, HCF's value proposition was that we were supporting the tax purely for the public health benefit. Our messaging should have pushed the public health message, rather than attempting to sell the tax based on the added revenue. The evaluation also suggested that the campaign did not sufficiently play up the "good guys versus bad guys" dynamic, wherein all the public health groups supported the tax and only small tobacco companies opposed it.

Much of the campaign messaging attempted to assure voters that additional revenue from the tobacco tax would truly be dedicated to education and health. This was in response to a widespread mistrust that dollars would be spent as intended, due in large part to previous revenue increases that were diverted from their original purposes. Despite messaging to

the contrary, post-election surveys showed that voters never really believed that the revenue would be spent appropriately. This mistrust was so high and heavily entrenched that none of our messaging alleviated these concerns.

## BE MINDFUL OF YOUR ENVIRONMENT

This campaign was lost on such a narrow margin that every single decision could have made the difference. According to precampaign polling, we did not have a lot of wiggle room. The tobacco tax was being considered in a relatively toxic political environment where voters, recovering from an economic recession, had no appetite for tax increases of any kind. These prevailing political winds, far outside HCF's control, played a strong role in this campaign. This is an important lesson learned for HCF—watch for windows of opportunity that coincide with our goal of advancing health policy. Factor in political context and prevailing public sentiment, and be selective about expending financial and political capital.

## KNOW YOUR OWN PLAYBOOK

While not surfaced through the campaign evaluation, we would like to add one internal lesson learned.

Following the wake of the tobacco tax campaign, HCF has a whole new set of tools and tactics at our disposal. When we consider how to engage on a policy issue, we are now more comfortable leading and even lobbying. While this latitude is important, it also means that we need to be clear internally and with our board about how we will be positioned on any given issue. Not every issue we take on is going to look like the tobacco tax campaign, as there are multiple other roles HCF might fill, including being a silent backer, directly lobbying legislators, and building up grantees over the long haul. As a result, we have an explicit conversation internally and with our board whenever we take on an issue to determine what role we are playing. This helps line up internal resources and ensures that we have a shared understanding of HCF's particular role in moving an issue forward.

We hope these lessons will help our peers in the philanthropic field. Advocacy and policy development is certainly an emerging area of practice, and ballot initiatives are one of many important ways to advance public health.

*VIEWS FROM THE FIELD* is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Osula Rushing at 202.452.8331 or [orushing@gih.org](mailto:orushing@gih.org).



# Health Care Foundation

OF GREATER KANSAS CITY

## 2014 Board Officers & Committee Assignments

### Officers

Chair: Kenneth E. Southwick, Ed.D.<sup>15\*</sup>  
 Vice Chair: Kimberly C. Young<sup>14/17</sup>  
 Secretary: Jon R. Gray<sup>14/17</sup>  
 Treasurer: Thomas C. Carignan<sup>16\*</sup>  
 President/CEO: Bridget McCandless, MD

### Executive Committee

Kenneth E. Southwick, Ed.D., Chair<sup>15\*</sup>  
 Kimberly C. Young, Vice Chair<sup>14/17</sup>  
 Jon R. Gray, Secretary<sup>14/17</sup>  
 Thomas C. Carignan, Treasurer<sup>16\*</sup>  
 Sheilahn Davis-Wyatt, Chair  
 Administration & Logistics Committee<sup>14\*</sup>  
 Juan M. Rangel, Jr., Chair Audit<sup>14/17</sup>  
 Kenneth P. Stremming, Chair Finance & Investment<sup>15\*</sup>  
 S. Marie McCarther, Ed.D., Chair Program/Grants<sup>15\*</sup>  
 Alan Flory, At Large<sup>15/18</sup>  
 Karen Cox, RN, Ph.D., Former Chair<sup>14\*</sup> (non-Voting)

### Administration & Logistics

Sheilahn Davis-Wyatt, Chair<sup>14\*</sup>  
 Roberta Austin Coker<sup>14\*</sup>  
 Tom Cranshaw<sup>16/19</sup>  
 Susan Garrett<sup>16/19</sup>  
 Jon R. Gray<sup>14/17</sup>  
 Ann Mesle<sup>16/19</sup>  
 James T. Nunnally<sup>16\*</sup>

### Audit

Juan M. Rangel, Jr., Chair<sup>14/17</sup>  
 Gena Clouch<sup>16\*</sup>  
 Dan Couch<sup>14\*</sup>  
 Albert P. Mauro, Sr.<sup>15\*</sup>  
 James T. Nunnally<sup>16\*</sup>

### Ad Hoc Committee to Review

#### Nominating Process

Alan Flory, Chair<sup>15/18</sup>  
 Roberta Austin Coker<sup>14\*</sup>  
 Jon R. Gray<sup>14/17</sup>  
 Albert P. Mauro, Sr.<sup>15\*</sup>  
 Kimberly C. Young<sup>14/17</sup>

#### Ad Hoc Tax Committee

Kimberly C. Young, Chair<sup>14/17</sup>  
 Thomas C. Carignan<sup>16\*</sup>  
 Roberta Austin Coker<sup>14\*</sup>  
 Dan Couch<sup>14\*</sup>  
 Karen Cox, RN, Ph.D.<sup>14\*</sup>  
 James T. Nunnally<sup>16\*</sup>  
 Kenneth P. Stremming<sup>15\*</sup>  
 Norman Siegel, Special Advisor

#### ByLaws Sub-Committee

Garland Land, Chair<sup>15/18</sup>  
 Gena Clouch<sup>16\*</sup>  
 Alan Flory<sup>15/18</sup>  
 Jon R. Gray<sup>14/17</sup>  
 Wayne Powell<sup>16/19</sup>  
 Jill Kanatzar, Chair CAC

### Finance & Investment

Kenneth P. Stremming, Chair<sup>15\*</sup>  
 Thomas C. Carignan<sup>16\*</sup>  
 Dan Couch<sup>14\*</sup>  
 Tom Cranshaw<sup>16/19</sup>  
 Sheilahn Davis-Wyatt<sup>14\*</sup>  
 Alan Flory<sup>15/18</sup>  
 Albert P. Mauro, Sr.<sup>15\*</sup>  
 S. Marie McCarther, Ed.D.<sup>15\*</sup>  
 Wayne Powell<sup>16/19</sup>  
 Kimberly C. Young<sup>14/17</sup>

### Nominating

Alan Flory, Chair<sup>15/18</sup>  
 Thomas C. Carignan<sup>16\*</sup>  
 Roberta Austin Coker<sup>14\*</sup>  
 Karen Cox, RN, Ph.D.<sup>14\*</sup>  
 Susan Garrett<sup>16/19</sup>  
 Jon R. Gray<sup>14/17</sup>  
 Zori Rodriguez<sup>15/18</sup>

### Program/Grants

S. Marie McCarther, Ed.D., Chair<sup>15\*</sup>  
 Roberta Austin Coker<sup>14\*</sup>  
 Alan Flory<sup>15/18</sup>  
 Garland Land<sup>15/18</sup>  
 Ann Mesle<sup>16/19</sup>  
 James T. Nunnally<sup>16\*</sup>  
 Juan M. Rangel, Jr.<sup>14/17</sup>  
 Zori Rodriguez<sup>15/18</sup>

2014 Current Board Member	Male	Female	County	Race	Accounting/ Auditing	Advocacy	Behavioral Science	Education	Faith Based	Finance/ Management	Community/ 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

# 2015

## Current Board Member

	Male	Female	County	Race	Accounting/ Auditing	Advocacy	Behavioral Science	Education	Faith Based	Finance/ Management	Community/ 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		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		
Wayne Powell, Secretary	X		Jackson, MO	African American	X	X				X	X		X			X		
Donna Valponi Brookhart		X	Jackson, MO	Caucasian			X	X		X				X		X	X	X
Marshaun Butler		X	Jackson, MO	African American	X				X	X	X			X	X	X	X	
Gena Clounch		X	Allen, KS	African American					X		X					X	X	
Tom Cranshaw	X		Johnson, KS	Caucasian		X	X		X	X				X	X	X	X	
Sukumar Ethirajan, M.D.	X		Johnson, KS	Asian			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
Juan M. Rangel, Jr.	X		Jackson, MO	Latino		X	X	X	X		X			X		X	X	
Roy Robinson	X		Wyandotte, KS	African American	X	X	X	X			X						X	
Kenneth P. Stremming	X		Jackson, MO	Caucasian	X	X		X			X	X		X	X	X	X	X
Peg VanWagoner		X	Jackson, MO	Caucasian	X					X	X	X				X	X	



**Health Care  Foundation**  
OF GREATER KANSAS CITY

2700 East 18th Street, Suite 220, Kansas City, MO 64127

