Igniting
A CULTURE OF HEALTH

Health Care Foundation
OF GREATER KANSAS CITY
Be the spark that ignites a flame in the lives of others.
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No one can dispute that we are in a time of unprecedented change. But despite challenges, we have seen dynamic momentum in our area. Agencies are igniting a culture of health on a number of fronts.

- We’re seeing an explosion of creativity in solutions to food insecurity in our region. Our recent campaign and development of a cost of food insecurity calculator helped highlight this issue and the Kansas City agencies that are leading the nation in this fight.

- School-based health services continue to expand as more districts recognize the important intersection between health and success in schools. We are working with these groups to best leverage government reimbursement.

- The introduction of a region-wide prescription drug monitoring program in Missouri was an important achievement. More doctors and pharmacies will be able to help patients who are truly in need of medication, while also allowing them to help those who could be at risk of developing an addiction.

- On the Kansas side, elected officials failed to override Gov. Sam Brownback’s veto to expand Medicaid to cover low-income adults. While we hoped for a different outcome, we are taking a small victory in knowing that the support is there. We hope more health coverage for Kansans is on the horizon.

Although our grants are the most visible part of our work tackling pressing health issues in the community, we use a combination of leadership, advocacy, and resources to fully realize our mission of helping those in need.
LEADERSHIP

We work to convene and connect diverse segments of the community to explore creative ways to align our resources. It’s only when we all work together that we can truly make a greater difference.

In 2017, we embarked on a community dialogue project — one that took us to every county in our service area — to hear and learn from community leaders, organizations, and community members who work and serve those in need. In addition to the opportunity for us to report back on how our dollars are being invested in communities, we also saw these interactions as a chance to ensure we have a good pulse on what is happening locally.

It is sobering to hear of the challenges — new and old — that face neighborhoods and communities. And yet, while we discussed these challenges, it wasn’t what energized our conversations. It filled my heart to watch the magic of connections across ideas, solutions, projects, and people that happened at the breakout tables.

Thank you for sharing your observations, passions, and leadership. We continue to benefit from your wisdom to shape how we approach our funding and advocacy work.

ADVOCACY

Advocacy is critical to our work — especially since we are in a unique position to see and speak to health issues on a broad scale. We’ve been proud to support advocacy capacity building in service organizations; the Jackson County Children’s Services Fund to support the mental health needs of youth; Enroll Wyandotte’s effort to encourage sign-up and participation in the health insurance marketplace; and the Alliance for a Healthy Kansas and their progress to expand KanCare.

RESOURCES

We partner with more than 150 organizations across our region and support them in the evolutionary work they are doing. We are working to be a better partner through clearer articulation of our goals. We debuted our theories of change that better state outcomes we want to see in our communities. We appreciate the willingness of organizations to embrace this framework and are grateful for the patience, creativity, and dedication we see not only in their projects but also the dedication they have to their clients and community.

In late January 2017, HCF was awarded $162 million in additional resources to invest in the community through the conclusion of the lawsuit with HCA. As we invest and grow those dollars, we will be able to enhance our grantmaking capabilities.

Even with additional resources, HCF as an individual entity cannot remove barriers alone. The cost is beyond millions. We will continue to do our part in partnering and advocating, but to truly address these barriers and build a culture of health in this community, it will require many agencies and sectors coming together toward the shared goal of health for all.

We thank you for being part of that essential work. There is a palpable momentum in our area that emboldens me for the work to come.

Wayne Powell
Chairman of the HCF Board of Directors

Bridget McCandless, M.D.
President and Chief Executive Officer
The Health Care Foundation of Greater Kansas City is igniting a culture of health by tackling the pressing health issues facing our community.

**WE DO THIS BY**

FOCUSED ON THOSE MOST IN NEED

PARTNERING WITH THE COMMUNITY

ADVOCATING FOR HEALTH AND WELLNESS
VISION
Healthy people in healthy communities

MISSION
Provide leadership, advocacy, and resources to eliminate barriers and promote quality health for the uninsured and underserved

SERVICE AREA
The geographical areas of funding were established by the Missouri State Attorney General in 2003

KANSAS
Allen County
Johnson County
Wyandotte County

MISSOURI
Cass County
Jackson County
Lafayette County
Kansas City, Missouri (including portions of Clay and Platte counties)
HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

152
ORGANIZATIONS FUNDED

202
NUMBER OF GRANTS

$20.2m
GRANTMAKING TOTAL

grantmaking
2017
COMMITTED TO REDUCING FOOD INSECURITY

THE IMPACT of food insecurity is insidious and pervasive. It lurks at the core of many health and societal problems. That’s why HCF has made it a priority to fund efforts designed to improve access to quality foods, boost nutritional education, and solidify the link between food security and improved health.

Food insecurity is about more than hunger. It’s the chronic state of limbo that exists for individuals and families who do not possess the financial means to sustain reliable access to affordable, nutritious food. Put another way, food insecurity means you don’t know where your next meal is coming from.

Nationwide, it’s estimated that at least 42 million people, or 13 percent of households, live with food insecurity. The cost of inadequate nutrition in the United States has been projected to be between $160 billion and $178 billion annually, and includes not just higher hospitalization rates and health care costs but more mental health problems, lost productivity, and poor educational outcomes.

GOING HUNGRY IN KANSAS CITY

Among the 1.5 million people living in the six counties served by HCF, about 12 percent regularly contend with food insecurity. That means approximately 150,000 adults and 41,000 children frequently miss meals or are otherwise unable to consistently access appropriate nutrition. Food-insecure population rates range from a high of more than 17 percent in Allen and Wyandotte counties to 9 percent in Johnson County.

Research increasingly suggests the connections between food insecurity, poor health, and downstream societal ills are significant and long-lasting. Inadequate nutrition can negatively affect brain and cognitive development, school readiness, and academic performance. Physical, mental, and social development likewise can be impeded, along with quality of life and perceived happiness.

More directly, food insecurity raises the risk for obesity and a host of other chronic conditions, from anemia and asthma to diabetes and oral health problems.

Beyond increased health costs, secondary impacts include increased work and school absenteeism and lost productivity.
CALCULATING THE DAMAGE

HCF was among the earliest regional investors to grasp the implications of food insecurity and pursue strategies aimed at mitigating the core problem. To that end, we’ve supported a range of programs that cross cultural, geographic, and socio-economic lines. The strategy reflects an understanding of the complex, persistent nature of the issue and the varied approaches needed to address it.

Most recently, HCF funded the development of the cost of food insecurity calculator. This tool allows local policymakers and policy influencers to quantify the cost of the problem regionally, within specific municipalities and in local entities like school districts. The calculator also is designed to be used by employers to measure food insecurity’s economic impact on their businesses.

For the metro area, the calculator estimated the annual toll of food insecurity at a staggering $1 billion in health care costs and more than 377,000 missed school days. The cost of lost productivity for area employers was pegged at $730 million annually.

By illuminating the local impact of this often-invisible condition, the calculator is expected to raise awareness about food insecurity and further solidify Kansas City’s role as a leader in the development of solutions to the challenges of chronic hunger and poor dietary habits.

A SUSTAINED EFFORT

Our commitment — coupled with the remarkably creative efforts of individuals and groups across the community — has already positioned the region as a pioneer in addressing food insecurity. Since 2005, HCF has awarded nearly $35 million to efforts that address healthy communities.

The solutions grantees have developed are broad and varied. From incentivizing the purchase of fresh fruits and vegetables for families reliant on food assistance, to finding ways to make vacant lots bloom, our region is continually developing practical solutions for dealing with one of America’s most intractable problems.

“Given the fundamental connection between health and diet, we think it is essential to support those programs that can enhance food security and the many preventive benefits it produces,” said Brenda Calvin, HCF program officer. “We’re fortunate to be partnering with so many dynamic individuals and organizations, all of whom understand that healthy eating is, on many levels, imperative.”
HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

24 GRANTS

$2.65m FUNDED IN 2017

PROMOTE ACTIVE LIVING, HEALTHY EATING, AND TOBACCO USE PREVENTION SO THAT HEALTHY HABITS BECOME THE NORM.

Grants Addressed:
• Engagement with community
• Mobilization to influence policy change
• Collaboration with traditional and nontraditional partners
HEALTHY EATING
After the Harvest
Cultivate Kansas City
Harvesters
Health Care Collaborative of Rural Missouri
Jewish Vocational Service
Kansas City Community Gardens
NourishKC
Reconciliation Services
The Urban Farming Guys

ACTIVE LIVING
Legal Aid of Western Missouri
Thrive Allen County
Unified Government of Wyandotte County/Kansas City, Kansas

HEALTHY EATING & ACTIVE LIVING
Argentine Neighborhood Development Association
Cornerstones of Care
El Centro
Ivanhoe Neighborhood Council
Kansas University Endowment Association
KC Healthy Kids
Rosedale Development Association
Samuel U. Rodgers Health Center
Upper Room
Urban Neighborhood Initiative
Young Women on the Move

TOBACCO USE PREVENTION
American Lung Association of the Upper Midwest
Young Women on the Move
In 2017, HCF introduced applicants to the healthy communities theory of change. Grant applicants were asked to align requested projects with the theory of change. The healthy communities team and evaluation team also worked with consultants to finalize indicators to use in future grant applications and reporting. Those indicators were introduced in the fall and will be used in 2018 applications.

HEALTHY COMMUNITIES THEORY OF CHANGE

PURPOSE
Support environments and policies that promote equitable opportunities for healthy eating, active living, and tobacco use prevention

GUIDING PRINCIPLES
• Decisions made using an equity lens improve community health
• Approaches to healthy communities rely on multisectoral collaborations that lift the voices and honor the assets of those communities
• Efforts that are upstream — addressing prevention, sustained wellness, environmental context, and policy — are vital for long-term community health
• The values of transparency, cultural sensitivity, inclusion, and engagement are integral to healthy communities

PARTNERS
• Community residents, community leaders, and policymakers
• Community-based organizations, government entities, and educational institutions serving the uninsured and underserved in our service area

BARRIERS
• There is inadequate access to affordable healthy foods, coupled with an overabundance of unhealthy messages and access to unhealthy food choices
• Physical safety and adverse neighborhood conditions are obstacles to active living
• There is a need for under-resourced community members to increase their awareness, knowledge, and/or prioritization of how to make healthy lifestyle choices
• Community partners need leadership development, community mobilization support, and commitment to building healthier environments
• There are insufficient policies and public and private financial investment dedicated to supporting healthy communities, including developing healthy food systems, tobacco use prevention, and safe physical environments
**STRATEGIES**

**EQUITABLE ENGAGEMENT**
- Engage community members in the conversation and solutions for building healthier communities, environments, and policies
- Support inclusive efforts that promote community-based solutions

**MOBILIZATION FOR ACTION**
- Strengthen core organizational operations and sustainability of systems
- Increase awareness and skills of individuals and communities through culturally relevant education
- Organize and equip individuals and organizations to take action or influence policy
- Build public support that catalyzes and accelerates the field

**MULTI-SECTOR COLLABORATION**
- Reach out to nontraditional partners across multiple fields and sectors (public, private, nonprofit) to create alignment and a stronger unified voice
- Align strategically with local, regional, or state coalitions and networks

**SHORT-TERM OUTCOMES**

**FOR INDIVIDUALS**
- Increased knowledge and awareness of issues affecting community health
- Increased engagement in health-related efforts that elevates the community
- Increased use of programs, services, and environments that contribute to overall improved health

**FOR ORGANIZATIONS & COMMUNITIES**
- Strengthened collaborative networks that increase awareness of and support for healthy communities
- Increased community action based on public will and community input
- Increased affordability and accessibility to healthy foods
- Greater access to safe environments that promote healthy living

**FOR ENVIRONMENTS & POLICIES**
- Policies that support active, healthy, tobacco-free, and safe living (including organizational and municipal)
- Increased public resources and investment in infrastructure for healthy living
- Physical environments that support active, healthy, tobacco-free, and safe living

**LONG-TERM OUTCOMES**

More individuals are engaged in healthy practices
Healthy environments are maintained and used by a mobilized community
Policies that support healthy communities are sustained through ongoing, collaborative multisectoral efforts

**ULTIMATE IMPACT** Policies and environments optimize choices that support improved health
mental health

30 GRANTS

$4.25m FUNDED IN 2017

ENABLE PEOPLE TO LIVE HEALTHY AND RESILIENT LIVES.

Grants addressed*:
- Improved Capacity — 47%
- Improved Access — 80%
- Improved Quality — 67%

*Grantees could select one or more of these strategies
Amethyst Place
Belton School District #124
Child Abuse Prevention Association
Child Protection Center
Community Health Center of Southeast Kansas
Compass Health
Cornerstones of Care
DeLaSalle Education Center
Footprints
Genesis School
Guadalupe Educational Systems
Hope House
Jewish Vocational Service
Kansas City CARE Clinic
KidsTLC
Mattie Rhodes Center

Metropolitan Organization to Counter Sexual Assault
Open Options
Poetry for Personal Power
Reconciliation Services
reStart
Rose Brooks Center
SAFEHOME
Sheffield Place
Sunflower House
The Family Conservancy
Tri-County Mental Health Services
Turner House Clinic
Unified School District 258-Humboldt
YMCA of Greater Kansas City
In February, HCF introduced applicants to the mental health theory of change at its Mental Health Pre-Proposal Conference. Grant applicants were asked to align requested projects with the theory of change.

The mental health team and evaluation team also worked with consultants to finalize indicators to use in future grant applications and reporting. Those indicators will be used in 2018 applications.

**Mental Health Theory of Change**

**Purpose**
To improve the availability and quality of mental / behavioral health services.*

**Guiding Principles**
- Understanding the conditions and adverse experiences a person has gone through can help guide treatment and care
- Services need to be culturally responsive and equitable
- The continuum of services includes being responsive to prevention, treatment, and recovery over the lifespan
- Effective systems of care integrate mental/behavioral health with medical care
- Stable, healthy organizations provide better care and services

**Partners**
- All uninsured, underserved, and vulnerable populations in our service area
- Community mental health centers, community-based organizations, and public systems

**Barriers**
- Individuals lack adequate access to and coverage for services
- Services are difficult to navigate and often fragmented
- Consumers can have complex clinical and practical needs
- The current financial environment does not match funding needs of systems and providers
- Perpetual workforce gaps impede service stability
- Stigma associated with mental illness

* Mental/behavioral health services may be referred to as “services”.

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**MENTAL HEALTH THEORY OF CHANGE**

**Guiding Principles**

- Understanding the conditions and adverse experiences a person has gone through can help guide treatment and care
- Services need to be culturally responsive and equitable
- The continuum of services includes being responsive to prevention, treatment, and recovery over the lifespan
- Effective systems of care integrate mental/behavioral health with medical care
- Stable, healthy organizations provide better care and services

**Partners**

- All uninsured, underserved, and vulnerable populations in our service area
- Community mental health centers, community-based organizations, and public systems

**BARRIERS**

- Individuals lack adequate access to and coverage for services
- Services are difficult to navigate and often fragmented
- Consumers can have complex clinical and practical needs
- The current financial environment does not match funding needs of systems and providers
- Perpetual workforce gaps impede service stability
- Stigma associated with mental illness
STRATEGIES

IMPROVE CAPACITY
• Advance strategies that deepen workforce and leadership capacity
• Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability
• Develop strategic and accountable partnerships that lead to enhanced continuum of care

IMPROVE ACCESS
• Promote policies, practices, and technology that increase coverage, affordability, and availability of services
• Support place-based services and strategies
• Encourage coordinated care and linkages among multiple agencies and partners
• Support outreach strategies to inform and engage target populations

IMPROVE QUALITY PRACTICE
• Encourage the use of emerging or best practices that are evidence-based
• Support services that are family focused, person-centered, culturally responsive, and trauma-informed
• Support the integration of services into primary care settings

SHORT-TERM OUTCOMES

IMPROVE CAPACITY
• Increased retention of quality staff and leadership
• Improved organizational structures that promote sustainable, high-quality service
• Enhanced partnerships that improve efficiency and sustainability

IMPROVE ACCESS
• More affordable, available, and convenient preventive and treatment services
• Consumers successfully navigate through service delivery systems
• Improved individual and community engagement in mental/behavioral health wellness

IMPROVE QUALITY PRACTICE
• Improved mental/behavioral health outcomes for consumers
• Improved use of evidence-based practices in service delivery
• Consumer satisfaction with service delivery
• Greater integration of services

LONG-TERM OUTCOMES
Better Health

Better Care

ULTIMATE IMPACT
Mental/behavioral health supports will enable people to improve their state of well-being and live healthy and resilient lives in the community.
HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

25 GRANTS
$4.5m
FUNDED IN 2017

IMPROVE ACCESS TO QUALITY HEALTH CARE AND PREVENTIVE CARE WHEN OUR FRAGMENTED SYSTEM LEAVES GAPS.

Grants addressed:
- Improved Access
- Improved Quality
- Reduced Cost
DIRECT MEDICAL CARE
Community Health Center of Southeast Kansas
Health Partnership of Johnson County
Kansas City CARE Clinic
Kansas University Endowment Association /JayDoc Clinic
Samuel U. Rodgers Health Center
Southwest Boulevard Family Health Care Services of Greater Kansas City
Synergy Services
Truman Medical Center Charitable Foundation
Turner House Clinic

ORAL HEALTH CARE
Cass Community Health Foundation
Developmental Disability Services of Jackson County – EITAS
Miles of Smiles
Seton Center Family & Health Services
Swope Health Services

WRAP-AROUND SERVICES/ANCILLARY CARE
Baptist-Trinity Lutheran Legacy Foundation
Migrant Farmworkers Assistance Fund
Mother’s Refuge
Riverview Health Services
The Children’s Mercy Hospital

NAVIGATION AND CONNECTIONS
El Centro
Jewish Family Services
Jewish Vocational Service
Rose Brooks Center
Saint Luke’s Hospital Foundation
The Children’s Mercy Hospital
In May, HCF shared its revised reporting guidelines and indicators with its safety net grantees. The first set of final reports that map to the safety net theory of change were completed. A report on these grants is available at hcfgkc.org/safety-net.

**SAFETY NET THEORY OF CHANGE**

**GUIDING PRINCIPLES**

- Patient engagement in health care will result in better patient experience and health outcomes
- The continuum of health care includes prevention, treatment, and maintenance
- Health equity is a core value of a high-quality health care delivery system
- People are best served when systems of care are patient-centered, integrated, and coordinated
- Using the Triple Aim Framework: Better Health, Better Care and Lower Costs will improve the health care delivery system and health outcomes

**PARTNERS**

- The uninsured, under-insured, and underserved in our service area
- Safety Net clinics, community health centers, and safety net hospitals
- Community-based organizations that support health care services

**BARRIERS**

- The health care delivery system is fragmented and difficult to navigate
- Health care services are not always patient-centered, integrated, and coordinated
- Individuals lacking adequate health insurance have difficulty accessing services
- The cost burden of health care is very high
STRATEGIES

INCREASE ACCESS
• Fund service delivery and core operating support
• Facilitate greater care coordination and navigation
• Increase health care coverage that supports quality care
• Advocate for policies that increase access in underserved communities

IMPROVE QUALITY
• Implement evidence-based, practice-based and promising practices in service delivery
• Improve patient care experience, engagement, and satisfaction
• Promote system transformation through implementation of innovative care models, practices, and workforce
• Advance the use of health data and health information technology
• Promote integrated systems of care across safety net clinics, hospitals, providers, and key, community-based services
• Develop strategic partnerships through formal agreements that lead to system transformation
• Advance leadership and workforce development opportunities
• Advocate for and support policies that improve health

REDUCE COSTS
• Support approaches and policies that reduce costs, promote sustainability, or contain costs

SHORT-TERM OUTCOMES

ACCESS
• Increased number of individuals receive quality care and services
• More individuals have insurance coverage
• Patients successfully navigate through the health care system

QUALITY
• Increased capacity to deliver high quality care
• Improved health outcomes
• Improved patient care experience, engagement, and satisfaction
• Increased use of evidence-based, practice-based, promising practices, and patient-centered strategies in service delivery
• Increased formalized and meaningful partnerships between health care delivery providers and social services
• Greater integration of care
• Multisector groups work together to produce systems level change
• Policies are established that improve health

COST
• Lowered or maintained health care costs for safety net organizations
• More affordable health care for individuals

ULTIMATE IMPACT
People are able to live healthier lives because they have access to a health care delivery system that includes preventive care and provides regular, affordable, and high-quality health and oral health care.
COMMUNITY HEALTH WORKERS BENEFIT UNDERSERVED AND SYSTEM AS A WHOLE

FOR VULNERABLE populations, identifying available safety net providers frequently is only half the battle when it comes to accessing health care. Additional challenges — from language barriers and transportation gaps to uncertainty about financial obligations — often conspire to undermine consistent and effective care.

Community health workers help families and individuals overcome societal and structural hurdles to engage more effectively with the care system. This relatively new role in health care is designed to strengthen the link between members of the community, and health and social service agencies to support better care coordination, improved quality, and the enhanced cultural competence of service delivery.

TIGHTENING THE SAFETY NET

Because these efforts not only improve care quality and consistency but also reduce the financial impact of deferred care and high-cost interventions like emergency room visits, HCF is committed to expanding the role of community health workers in Kansas and Missouri.

This commitment had its origins in HCF’s long-standing goal of strengthening the region’s safety net infrastructure. In 2008 HCF was instrumental in helping extend after-hours care at four area health clinics. The longer hours made it easier for working people to set up care visits. But it was apparent that without better coordination and guidance, many patients would continue to struggle with their health care encounters.

Funding from HCF helped establish community health worker positions at the clinics and led to improved patient engagement and better outcomes. Since that initial success, HCF has continued to look for opportunities to increase capacity across the region. Today, approximately 400 community health workers are employed in the Kansas City area. Many are supported directly or indirectly by HCF grants.

More broadly, HCF has provided financial support and strategic guidance to the KC Regional Community Health Worker Collaborative. This entity was founded in 2011 under the direction of the Mid-America Regional Council (MARC) and includes a range of stakeholders working toward more effectively integrating community health workers into the fabric of Kansas City’s health and human services support system.
Among the collaborative’s successes has been to advise in the development and continued enhancement of the area’s first community health worker training curriculum at Metropolitan Community College in Kansas City, Missouri. Since its inception four years ago, the program has trained nearly 100 health workers.

QUANTIFYING THE BENEFIT

HCF also has partnered with the University of Kansas’ Department of Health Economics to evaluate the roles health workers play, with the goal of more precisely defining their scope of responsibilities and best practices. As part of this initiative, KU economists are working with Saint Luke’s Health System to quantify the return-on-investment (ROI) community health workers can produce.

The latter effort is critical, since widespread acceptance of the health worker role will only occur when both providers and employers become convinced the position generates a predictable return. Indeed, developing sustainable funding sources remains one of the greatest challenges to extending the reach of community health workers deeper into the safety net system, both locally and nationwide. The good news is that results from the ROI study are encouraging and should be published later this year, according to Graciela Couchonnal, Ph.D., vice president of programs at HCF.

LOOKING AHEAD

On the funding front, HCF separately has partnered with a national consulting firm to pursue advocacy efforts aimed at developing and sustaining Medicaid reimbursement for preventive services provided by community health workers in both Missouri and Kansas. Significantly, the Missouri Medicaid program recently rolled out a health worker pilot as part of its Primary Care Health Home initiative.

HCF also is continuing to work alongside the Community Health Worker Collaborative to raise awareness among managed care firms about the role community health workers can play in strengthening cost-effective care as part of outreach and engagement teams. Part of these efforts involve working to ensure that health workers are effectively trained and accredited, as well as appropriately compensated.

BLAZING A TRAIL

The growing prevalence of community health workers in the Kansas City region and the number of initiatives underway have established the area as a national leader in translating the promise of the community health worker into a sustainable reality. For its part, HCF has committed in excess of $626,000 toward various health worker initiatives.

“I think everyone in the community is excited about the progress being made,” said Couchonnal. “There’s a recognition that community health workers can play a critical role in supporting more effective coordinated care, not only to benefit patients but to reduce costs.”
**Applicant Defined**

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Applicant-defined grants are based upon applicants’ determination of need, and are consistent with HCF’s mission, target population, and service area.

**Topics Addressed**

- Advocacy
- Crime Prevention
- Support for Disabilities
- Family Support
- Healthy Communities
- Health Literacy
- Housing
- Mental Health Services
- Health Care Services
- Oral Health Services
- Workforce
- Technical Assistance
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<td>Rose Brooks Center</td>
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<tr>
<td></td>
<td>Rosedale Development Association</td>
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<td></td>
<td>SAFEHOME</td>
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<tr>
<td></td>
<td>Samuel U. Rodgers Health Center</td>
</tr>
<tr>
<td></td>
<td>Seton Center Family &amp; Health Services</td>
</tr>
<tr>
<td></td>
<td>Shepherd’s Center of Kansas City Central</td>
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<tr>
<td></td>
<td>Sunflower House</td>
</tr>
<tr>
<td></td>
<td>Synergy Services</td>
</tr>
<tr>
<td></td>
<td>The Children’s Mercy Hospital</td>
</tr>
<tr>
<td></td>
<td>The Greater Kansas City Affiliate of Susan G. Komen</td>
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<td></td>
<td>The University of Kansas Center for Research</td>
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<td></td>
<td>Thrive Allen County</td>
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<tr>
<td></td>
<td>UMKC Foundation</td>
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<td></td>
<td>Unified School District 258-Humboldt</td>
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<td></td>
<td>Welcome House</td>
</tr>
<tr>
<td></td>
<td>Westside Housing Organization</td>
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</table>
special initiatives

33
GRANTS LISTED BELOW

$4.7m
FUNDED IN 2017

INITIATIVES ADDRESS HEALTH GAPS OR SYSTEM FRAGMENTATION BY BRINGING TOGETHER KEY STAKEHOLDERS TO FIND SOLUTIONS TO COMPLEX HEALTH-RELATED PROBLEMS.

TOPICS ADDRESSED

ADVOCACY
CRIME PREVENTION
SUPPORT FOR DISABILITIES
FAMILY SUPPORT
HEALTHY COMMUNITIES
HEALTH LITERACY

HOUSING
MENTAL HEALTH SERVICES
HEALTH CARE SERVICES
ORAL HEALTH SERVICES
WORKFORCE
TECHNICAL ASSISTANCE
<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Description</th>
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<tbody>
<tr>
<td>ArtsTech</td>
<td>Kansas City No Violence Alliance (KC NOVA)</td>
</tr>
<tr>
<td>City of Iola, Kansas</td>
<td>The Washington Street Pedestrian Bridge Project</td>
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<tr>
<td>Civic Engagement Pilot</td>
<td>Civic Engagement Pilot</td>
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<tr>
<td>Community Health Council of Wyandotte County</td>
<td>Health, Equity and Action for Transformation (HEAT)</td>
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<tr>
<td>Community Health Council of Wyandotte County</td>
<td>Enroll Wyandotte</td>
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<tr>
<td>Crittenton Children’s Center</td>
<td>Trauma Smart: Elementary School Model Extension</td>
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<td>Asthma Empowerment – Kansas City (Phase I)</td>
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<tr>
<td>Curators of the University of Missouri</td>
<td>KC Health Core – UMKC Center for Economic Information</td>
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<tr>
<td>Children’s Mercy Hospital</td>
<td>General operating support</td>
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<tr>
<td>Kansas Action for Children</td>
<td>Health Reform Resources Project (2017 – 2019)</td>
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<tr>
<td>Kansas Association for the Medically Underserved</td>
<td>KGIH Opportunity Fund</td>
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<tr>
<td>Kansas City CARE Clinic</td>
<td>Open Enrollment Initiative</td>
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<tr>
<td>Linwood Property</td>
<td>Social Service Plan for Affordable Housing Residents at Linwood Gardens</td>
</tr>
<tr>
<td>Medical Society of Johnson &amp; Wyandotte Counties Foundation</td>
<td>Technical Assistance to Merge Three c3 Patient-Access &amp; Programs</td>
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<tr>
<td>MetroCare</td>
<td>2017 Access to Primary &amp; Specialty Care (Year 8) – MetroCare, Northland Care &amp; WyJo Care</td>
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<td>Mid-America Regional Council Community Services Corporation</td>
<td>Business Plan for Managed Services Network (MSN) for Kansas City Metropolitan Area</td>
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<tr>
<td>Mid-America Regional Council Community Services Corporation</td>
<td>Outreach Services for Health Insurance Marketplace Navigators and CACs in Greater Kansas City (aka ‘Cover KC’</td>
</tr>
<tr>
<td>Mid-America Regional Council Community Services Corporation</td>
<td>Regional Community Health Worker (CHW) Initiative</td>
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<tr>
<td>Missouri Budget Project</td>
<td>Strengthening Health Care Access Through Policy Analysis and Advocacy</td>
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<tr>
<td>Missouri Primary Care Association</td>
<td>Improvement &amp; Strategic Implementation Initiative for Samuel U. Rodgers Health Center (SURHC)</td>
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<tr>
<td>Missouri Health Care for All</td>
<td>Statewide Grassroots Leadership, Policy Leadership, Organizing and Storybanking</td>
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<tr>
<td>NourishKC</td>
<td>Wyandotte County Mobile Market</td>
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<tr>
<td>Oral Health Kansas</td>
<td>General operating support</td>
</tr>
<tr>
<td>Partnership for Regional Educational PREP-KC</td>
<td>PREP-KC HealthStart Expansion</td>
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<tr>
<td>Regional Health Reporting Collaboration</td>
<td>Health reporting</td>
</tr>
<tr>
<td>Safety Net Capacity Expansion Initiative</td>
<td>Safety Net Capacity Expansion (After Hours Care)</td>
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<tr>
<td>Samuel U. Rodgers Health Center</td>
<td>Certified Application Counselors (CACs) for Open Enrollment</td>
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<tr>
<td>Southwest Boulevard Family Health Care Services of Greater Kansas City</td>
<td>FQHC Look-A-Like</td>
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<tr>
<td>Support Kansas City</td>
<td>2017 Fiscal Agent Services</td>
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<tr>
<td>Support Kansas City</td>
<td>Advocacy Capacity Project</td>
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<td>Synergy Services</td>
<td>Clay4Kids – Children’s Service Fund Ballot Initiative</td>
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<tr>
<td>The Children’s Mercy Hospital</td>
<td>Impacts of Kansas City Area Tobacco 21 Initiative</td>
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<tr>
<td>Turner House Clinic</td>
<td>WCHC Merger</td>
</tr>
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</table>
STUDY IDENTIFIES WAYS TO UNLOCK AND EXPAND SCHOOL-BASED HEALTH SERVICES

ACCESS TO HEALTH CARE for young people in low-income and rural areas too often can be a hit-or-miss affair. Regular primary care and preventive services may be unaffordable or hard to reach. Mental health services in particular — vital for those facing psychological or substance use problems at home or at school — often are not available at all.

The good news is that school-based physical and mental health care programs offer a powerful means for delivering services to where they’re needed most.

• In-school services allow students to address a range of health needs promptly and conveniently. For some, it may be their only option for receiving care.

• School-based care can also reduce school absences, help coordinate behavioral health plans with the teaching plan, and relieve parents from taking time from work to get kids to and from appointments.

HCF understands how essential mental and physical wellness are to success in school and in life. For that reason, we’ve supported school-based health services with nearly $7 million in grants over the past 12 years. Many of these grants have focused primarily on mental health services.

Yet even with this level of commitment, it is clear that organizations like ours cannot address the need alone or forever. HCF estimates that if the totality of our contributions in support of school-based health programs over the past decade had been used to leverage matching federal Medicaid dollars, schools would have had an additional $11 million to use for children’s well-being.

WHAT ARE THE BARRIERS TO FUNDING?

Unfortunately, grantees in Missouri have repeatedly pointed to a variety of structural barriers that prevent them from reliably accessing state and federal dollars in support of in-school health services. To better understand these constraints, HCF in 2017 partnered with the Washington, D.C.-based School-Based Health Alliance to explore how Missouri schools could more effectively navigate the current regulatory landscape and how existing state regulations might be improved.

The resulting report drew from interviews with a wide range of stakeholders, including district and school administrators, community-based medical, behavioral, and oral health organizations, state agency leaders, and organizations representing school boards, charter schools, community health centers, and state health plans.
The interviews highlighted the complex and seemingly arbitrary regulations schools must deal with for school-based health care funding.

Until recently, Missouri schools were unable to be reimbursed by the Medicaid program for providing care to a student covered by Medicaid. Yet a clinic located next door to that school providing the same service to the same student could be paid by Medicaid. Similarly, clinics and mental health centers were not reimbursed if they provided care but showed the place of service as a school. They would be paid if that same service was billed from their own place-of-service code.

The only way Medicaid would reimburse a school for health services is if the student in question had an individualized education plan (IEP) as provided for by the federal Individuals with Disability Act (IDEA). But the use of IEPs has not been fully realized by most schools. In fact, none of the schools interviewed for the report had incorporated emotional or behavioral health issues into their IEPs, even though many students served by grantees have disabilities related to mental health or substance use diagnoses.

Thankfully, Missouri experienced a major breakthrough in early 2018 when the Missouri Department of Social Services released a provider bulletin adding schools as a location offering Medicaid services and allowing them to bill without an individualized education plan in place.

Another critical issue identified in the report was the failure of grantees to access funds that are available to support Medicaid administrative activities, such as outreach, enrollment, and referral coordination. The study also revealed that Missouri, unlike several of its neighboring states, provides no state-level funding to support the planning, startup, and ongoing clinical operations of school-based health services.

HOW DO WE BOOST ACCESS TO SCHOOL BASED SERVICES?

To address these roadblocks, HCF has identified several policy objectives to increase reimbursement for critical, school-based health services in Missouri. These include:

- Amending the state’s Medicaid plan to allow reimbursement for all school-based services outside of an IEP, provided that the patient, service, and provider all are Medicaid-eligible. (This was addressed in the 2018 provider bulletin.)
- Allowing community mental health centers, hospitals, federally qualified health centers, and other providers to use schools as a valid location code for Medicaid claims when they provide services on school property. (This was addressed in the 2018 provider bulletin.)
- Providing new state funding for school-based health clinic planning, startup, and ongoing clinical operations.
- HCF is partnering with area schools and health providers to facilitate training regarding school health financing policies and procedures, including coding and claims.

Moving forward, we plan to continue exploring opportunities to collaborate with others interested in supporting and scaling up school-based health services throughout both Missouri and Kansas. By working to ensure that all children have access to mental and physical health care — when and where they need it — we’re helping young people get a solid start in life. That, in turn, will strengthen our citizens and our communities, today and for years to come.
HCF PLACES a high emphasis on using data to learn and make decisions. Evaluation helps us determine what part of a project was successful, and just as importantly, what part needs improvement. It leads us to fine-tune and improve our approaches, and in doing so, it helps us better serve our communities.

We want to be sure that we are continually improving or maintaining high standards within our organization, and that’s why in 2017, we turned to our grantees for their input.

In May, we released the results of our latest grantee perception survey conducted by the Center for Effective Philanthropy. Active grantee organizations were asked to complete the survey in fall 2016.

**GRANTEE PERCEPTION SURVEY**

**HIGHLIGHTS**

The survey asked grantees to use one word to describe HCF. The results were placed in a word cloud that features words, such as supportive, responsive, partner, supportive, and committed — all values that are priorities for HCF.

Grantees rated HCF highly on our impact on grantees’ fields and communities, clarity and consistency of our communications, transparency, and approachability.

In their suggestions for HCF, grantees requested refinements to HCF’s selection process. A number of grantees also requested support of organizations beyond grant funding, as well as opportunities that allow for more gatherings of like-minded organizations.

While our communication was noted as a strength in this survey, the frequency of interactions with staff and staffing contact changes remain opportunities for growth. Over the past few years, HCF has added associates, and the survey reflected some of the challenges of maintaining consistency while transitioning new associates into their roles.

We value our relationships with our partners and sincerely appreciate the honest feedback. It helps us to continue to be the best partner as we all work together to create a culture of health.

You can download and read both the full 2016 CEP grantee perception report and the report summary online on our What We Learn page.
RESOURCES, LEADERSHIP, AND ADVOCACY are essential for fulfilling our mission. Achieving that mission takes listening. Over the course of 10 months, HCF associates, board of directors, and Community Advisory Committee members listened through the community dialogue project.

HCF contracted with consultant Bob Hill to design dialogue opportunities to convene community members and key HCF stakeholders throughout our six-county service area. Those stakeholders included nonprofit organizations, health and social service providers, and business and civic leaders.

There were three different opportunities for individuals to provide feedback to HCF during this process.

**Individual meetings** Consultant Bob Hill met with over 400 individuals representing more than 300 organizations

**Stakeholder meetings** Nine stakeholder meetings were held throughout the HCF service area. Community organizations hosted the meetings attended by community leaders (grantees and non-grantees), with an average attendance of 15 people.

**Community forums** HCF held 10 community forums throughout our service area. We determined the forum locations based on the number of uninsured in our service area, with a higher concentration in the urban core of Kansas City, Missouri. More than 550 community members attended at least one community forum.

THE PROJECT CENTERED ON THREE GOALS:

- **Understand how and what others are doing to strengthen health in the region**
- **Share updates on HCF**
- **Seek feedback on how HCF can partner with communities to improve health**
KEY FINDINGS

Over the course of the community dialogue project, conversations revealed important insights on health challenges and areas of opportunity. In all, we heard more than 1,000 ideas about how to best meet the health challenges of those community members in need. The following are the common themes that emerged throughout our listening sessions.

A BASE LEVEL OF ANXIETY REGARDING THE FUTURE OF HEALTH CARE

Policy changes on the federal and local levels were consistently mentioned for the impacts they have on vulnerable populations. Uncertainties and troublesome decisions in the political realm compound this base level of anxiety felt across the region.

USE OF SCHOOLS FOR HEALTH CARE DELIVERY

Schools were on the minds of many participants, as seven of the 10 community forums evoked the use of schools as locales to offer and provide physical and mental health preventive services and treatment.

CREATIVE SOLUTIONS TO TRANSPORTATION CHALLENGES

Transportation was a common barrier. Urban, suburban, or rural — all areas mentioned that transportation was a challenge when accessing services.

RESPONDING TO OPIOID CRISIS, SUBSTANCE ABUSE

Abuse of opioids and other substances were referenced as a challenge plaguing communities. Some of the most fervent discussion about how best to respond to the opioid crisis happened in rural counties.

INCREASED FOCUS ON TRAUMA-INFORMED CARE

Trauma continues to plague families and communities. Many of the participants in the community forums pointed to schools as a place where trauma-informed care could and should take place.

INCREASED FOCUS ON HEALTHY HOUSING

Communities want safe public environments and homes that are free from physical hazards. In particular, we heard about the concentration of substandard housing in less advantaged neighborhoods and how it further compounds health disparities across racial, ethnic, and socioeconomic lines.

NEED FOR SHARED INFORMATION

The forums highlighted the never-ending need for frequent communication. Several times participants commented that they were not aware of the services or programs discussed in the forums. While some talked specifically about the need for shared data collection among providers throughout the region, others talked about how to use data to better tell the story of health or to better connect with one another.
HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

ADVOCACY

TIER 1

Maintain and advance access to health insurance for low-income, vulnerable, and uninsured residents of Kansas and Missouri.

Prevent youth tobacco initiation through local policy priorities that will be identified while planning for the tobacco prevention project.

Work with the MO HealthNet Division to secure reimbursement for school-based services that are delivered to MO HealthNet beneficiaries.

TIER 2

Support statewide and regional policy efforts to reduce opioid abuse through the development of a prescription drug monitoring program.

Promote state participation in, and implementation of, federal nutrition assistance programs.

Elevate local public health agencies through enhanced infrastructure and increased appropriations.

2017 ADVOCACY PRIORITIES
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>7</td>
<td>Policy Infographics and/or reports published</td>
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<tr>
<td>11</td>
<td>Organizations from HCF’s service area applied for the Civic Engagement/Integrated Voter Engagement proposal</td>
</tr>
<tr>
<td>23</td>
<td>Organizations engaged in our research work around school-based health policies</td>
</tr>
<tr>
<td>250</td>
<td>Local and state lawmakers received monthly communications from HCF regarding our grantmaking and policy work</td>
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</table>
## HEALTH CARE FOUNDATION OF GREATER KANSAS CITY

### STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2016</th>
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<td>Cash, Prepads, Accounts Receivable</td>
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<td>1,775,027</td>
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<td>Investments at Market Value</td>
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<td>Net Fixed Assets</td>
<td>49,456</td>
<td>35,407</td>
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<td><strong>Total Assets</strong></td>
<td><strong>784,939,990</strong></td>
<td><strong>552,831,104</strong></td>
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<tr>
<td><strong>LIABILITIES &amp; NET ASSETS</strong></td>
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<tr>
<td>Operating Payables &amp; Accruals</td>
<td>259,235</td>
<td>558,807</td>
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<td>Grants Payable</td>
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<td>Line of Credit</td>
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<td>8,000,000</td>
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<td><strong>Current Liabilities</strong></td>
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<td><strong>25,919,437</strong></td>
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<td>Board Designated Initiatives</td>
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<td>Contributed Capital Historical Value</td>
<td>660,620,188</td>
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<td>Increase (Decrease) since inception</td>
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<td>27,646,468</td>
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<td><strong>Unrestricted Net Assets</strong></td>
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<td><strong>526,911,667</strong></td>
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<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>784,939,990</strong></td>
<td><strong>552,831,104</strong></td>
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## STATEMENT OF CHANGE IN NET ASSETS

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<th>2017</th>
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<td><strong>REVENUES</strong></td>
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<td>Net Investment Revenue</td>
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<td>Public Support &amp; Contributions</td>
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<td>Legal Settlement Income</td>
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<td>Other Revenues</td>
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<td><strong>Total Revenues</strong></td>
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<td>36,986,029</td>
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<td><strong>EXPENSES</strong></td>
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<td>Grants</td>
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<td>Grant Support</td>
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<td>Other Expenses</td>
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<tr>
<td>Legal – Extraordinary</td>
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<td><strong>Total Expense</strong></td>
<td>50,607,074</td>
<td>24,786,390</td>
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<td><strong>Total Increase (Decrease) in Net Assets</strong></td>
<td>236,943,270</td>
<td>12,199,639</td>
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1, 3, 5, + 10 YEAR ANNUALIZED TOTAL RETURNS
(As of 12/2017)

AVERAGE ANNUAL INVESTMENT RETURNS
OPERATING EXPENSES SUMMARY

ADMINISTRATION EXPENSES AS A PERCENT OF NET ASSETS ($000s)
*EXCLUDES ALL EXTRAORDINARY LEGAL EXPENSES

CUMULATIVE GRANTS (IN MILLIONS)
TOTAL AWARDED: $252M SINCE 2005
2017 HCF BOARD OF DIRECTORS

Wayne M. Powell, Chair
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Ann Mesle, Secretary
Mary Ann Arnott
Marshaun Butler
Tom Cranshaw
Jim Dockins
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Chuck Foudree
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Garland Land
John Martin
Julie Meyer
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Juan Rangel
Kim Riley
Julia Simmons
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Peg VanWagoner
Kimberly Young

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Cindy Chang, M.D.
Art Chaudry
John Cottrell
Niki Lee Donawa
Mike Enos
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Glenna Garcia
Aaron Link
Siobhan McLaughlin Lesley
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Melissa Robinson
Dan Shea
Terry Thompson
Terry Trafton
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Tania Hewett
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Bridget McCandless
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Melanie Patek
Adriana Pecina
Susan Richardson
Cori Stites
Jennifer Sykes
Rick Zimmer