<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Letter from President/CEO</td>
</tr>
<tr>
<td>5</td>
<td>About</td>
</tr>
<tr>
<td>10</td>
<td>Rebranding Health Forward</td>
</tr>
<tr>
<td>12</td>
<td>Grantmaking</td>
</tr>
<tr>
<td>17</td>
<td><strong>Spotlight:</strong> Farm Bill Advocacy</td>
</tr>
<tr>
<td>22</td>
<td>Foundation Defined Grants</td>
</tr>
<tr>
<td>29</td>
<td><strong>Spotlight:</strong> Asthma Empowerment</td>
</tr>
<tr>
<td>32</td>
<td>Applicant Defined Grants + Special Initiatives</td>
</tr>
<tr>
<td>37</td>
<td><strong>Spotlight:</strong> Child Development</td>
</tr>
<tr>
<td>42</td>
<td>Consumer Access Survey</td>
</tr>
<tr>
<td>47</td>
<td>Policy + Civic Engagement</td>
</tr>
<tr>
<td>53</td>
<td>Financials</td>
</tr>
<tr>
<td>58</td>
<td>Governance</td>
</tr>
</tbody>
</table>
Forward.

It’s fitting that I can use this one word to describe the work of Health Forward Foundation in 2018.

Obviously, a highlight of our year was the unveiling of a new brand and a new name.

The Health Care Foundation of Greater Kansas City struggled for years with a name that was easily confused. It neither fit what we did nor where we worked.

With this in mind, we decided it was the right time for a new name.

We needed a name that reflected the dynamic momentum happening in our communities. A name that focused on the vision we have for healthy people in healthy communities.

Health Forward keeps our focus where it belongs: on the sustained effort it takes to achieve the promise that health should belong to everyone.

But while our named changed, the core of what we do did not. Serving those most in need. Partnering with the community. Advocating for health and wellness.

Our way forward is also marked with an emphasis on evaluation of our funding. To that end, our theories of change continue to mature and are an excellent tool to help us define what it looks like to move health forward in our region. With the theory of change framework being used in each of our funding rounds, we look forward to sharing the outcomes of our partners’ work in our communities.

While there was no forward progress on expanding Medicaid in Kansas or Missouri, there is a greater recognition that lacking insurance is a critical barrier to health. Health advocates, health systems, and consumers once again called for state lawmakers in Kansas and Missouri to take action to expand Medicaid.
Seeing voters in states like Utah and Nebraska support Medicaid expansion through petition initiatives in 2018 was encouraging and something that those interested in expansion in Missouri are exploring.

With the election of Gov. Laura Kelly in November 2018, there is renewed hope for movement on Medicaid expansion in Kansas. The Alliance for a Healthy Kansas continues to be a voice for the more than 150,000 Kansans that currently fall into a health coverage gap.

Even as I look backward on 2018 with pride, I look forward with mixed emotions. In January 2019, I announced my retirement. It has been an honor to lead Health Forward. I am so proud of Health Forward’s steady commitment to the community, the strong values that formed and continue to guide the foundation, and the ongoing commitment to providing an independent voice for issues affecting those most in need.

I’m so fortunate to work each day with a staff that embodies a deep devotion and fierce commitment to those most in need. To work with a board that brings dedication, guidance, and commitment to this work. And to serve with a community of servant leaders who work every day to improve the lives of others. There is an energy and momentum of collaboration and possibility in our community that is among this area’s greatest assets. Thank you for allowing me to be a part of that.

Each individual involved with this foundation holds dearly the knowledge that we are entrusted with public funds and that comes with great responsibility. It weighs heavily in each decision we make. As we move forward, know that we will continue to uphold the founding principles of compassion, inclusion, diversity, and stewardship. Our way forward will be marked with integrity and an unwavering focus on creating healthy communities for those most in need.

Bridget McCandless, M.D.
President and Chief Executive Officer
By focusing on people most in need, Health Forward works to transform communities so everyone has an opportunity for better health.

Each year we invest more than $20 million toward our goal of healthy people in healthy communities.
We partner with nearly 150 organizations to ensure that our funding has the greatest impact in the region, using our unique position as an independent, informed voice to spark awareness about wellness and prevention where it matters most.
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
Kansas City, Missouri (including portions of Clay and Platte counties)
Lafayette County
FOR CHANGE.
The Health Care Foundation of Greater Kansas City announced in November 2018 its new name to the community — Health Forward Foundation.

When we began the rebranding process two years ago, we knew our name did not fit what we do nor where we work. Our focus goes well beyond health care. It is about transforming communities so that everyone has an opportunity for better health. The Health Care Foundation doesn't do justice to the work our staff and our partners are doing to move health forward.

And our reach extends well beyond Greater Kansas City, as we partner with urban and rural communities on both sides of the state line.

With these points in mind, we decided it was the right time for a new name. We strived to find a name that builds upon the momentum that we are experiencing in our region. A name that brings into sharp focus the vision we have for healthy people in healthy communities.

Health Forward keeps our focus where it belongs: on the promise of a healthier tomorrow for those most in need.
143 organizations funded

199 grants distributed

$20.7M grantmaking total
FOR CONNECTING.
Overcoming common misconceptions about federal food aid programs by amplifying the voices of low-income stakeholders who’ve benefited from the initiatives was a primary goal behind a unique, metro-wide collaboration launched by Health Forward Foundation in 2018.

The effort was supported by a $125,000 grant from the Convergence Partnership Fund of the Tides Foundation, a national funding alliance supporting healthier and more equitable environments for children and families. As one of just seven similar grant recipients nationwide, Health Forward secured the funding on the strength of a proposal that enlisted area grassroots organizations to gather stories documenting the impact of the Supplemental Nutrition Assistance Program (SNAP).

The initiative was designed to help inform the broader policy debate surrounding the 2018 renewal of the Farm Bill, the authorizing legislation for SNAP and other food aid programs. In addition to collecting stories highlighting SNAP’s value, the effort created an opportunity to educate recipients about the importance of the Farm Bill in strengthening food security.

“The information flowed both ways,” said Adriana Pecina, senior program officer with Health Forward. “This grant allowed us to interact with people at laundromats, churches, and barber shops, not only to hear about their experiences first-hand, but also to inform them about what this farm bill means and why advocacy is so important. Too often, programs are created without ensuring that those who benefit are truly part of the development process.”
LIFE-CHANGING POWER

KC Healthy Kids, a regional nonprofit with more than two decades’ experience in improving access to healthy, affordable food, partnered with Health Forward to lead the effort. Also playing key roles were the University of Missouri-Kansas City Center for Neighborhoods in Missouri, and the Community Health Council of Wyandotte County and the Historic Northeast-Midtown Association in Kansas.

Beth Low-Smith, vice president of policy for KC Healthy Kids, said methods for gathering and disseminating personal SNAP narratives included postcard messages from program recipients to legislators, as well as in-depth interviews. The recipient interviews were conducted by StoryCorps and shared on local public radio station KCUR as well as on the KC Healthy Kids website. As part of the grant, artists are being recruited to interpret the stories later this spring.

“One of these stories had me in tears,” said Low-Smith. “They are powerful reminders of the life-changing power of nutrition programs like SNAP.”

One young mother, for example, described how temporary SNAP food assistance helped her escape a physically abusive relationship and continue to provide for two young daughters while completing her college degree.

“Having those benefits was my way out and my way to make a better life for myself and my daughters,” she said.

Another area couple said SNAP was essential in helping feed their children after the father became temporarily unemployed. The couple was enrolled in the program for about nine months.

“You never know what a day may bring,” the father said. “I’m just grateful there are a number of safety nets there, including SNAP, to help people when bad things happen that are out of their control.”

SHIFTING THE NARRATIVE

Brenda Calvin, a senior program officer with Health Forward, said documenting recipient experiences served to help counter inaccurate narratives that are often evoked by critics of SNAP. These include assumptions that SNAP beneficiaries are primarily unemployed, inner-city residents who take advantage of the program for extended periods of time.
In reality, the percentages of households participating in SNAP in Missouri are higher in small towns and rural areas than in urban areas. Similarly, in Kansas, the percentage of participants in small towns is higher, while the portion of SNAP households in metropolitan and rural areas is about equal, at 9 percent. More than three-quarters of SNAP families in both states had at least one working member in the past 12 months.

Low-Smith said the personal stories underscored that SNAP frequently serves as a temporary stop-gap to help families through difficult periods, as opposed to a long-term or lifelong benefit.

“Time and again, we’ve seen it really works as a bridge to opportunity, which allows people to move forward and become more successful in their lives,” she said.

Nationwide, nearly 90 percent of SNAP recipients live in households with a child, senior or person with a disability, all categories of people who cannot reasonably be expected to support themselves. In 2017, the average SNAP household received about $254 per month, while the average recipient receiving about $126 a month, or about $1.40 per meal, according to analysis produced by the Center on Budget and Policy Priorities.

“Time and again, we’ve seen it really works as a bridge to opportunity, which allows people to move forward and become more successful in their lives.”

- BETH LOW-SMITH, VICE PRESIDENT OF POLICY, KC HEALTHY KIDS

AND PHOTOS FROM SNAP RECIPIENTS, EDUCATIONAL PRESENTATIONS ABOUT THE FARM BILL WERE MADE TO VARIOUS GROUPS ACROSS THE COMMUNITY. AREA POLITICAL CANDIDATES ALSO WERE QUESTIONED ABOUT THEIR POSITIONS ON THE FARM BILL AND THE INFORMATION WAS SHARED WITH VOTERS.

“What was great about this was that the stories helped people connect emotionally with how the program impacts lives,” she said. “You can have good data all day long, but unless the information resonates on a personal level, it’s not going to produce the effect you’re seeking in terms of policy change.”

BI-STATE SYNERGY

Rachel Jefferson, executive director of the Historic Northeast Midtown Association in Kansas City, Kansas, said that along with soliciting stories and photos from SNAP recipients, educational presentations about the Farm Bill were made to various groups across the community. Area political candidates also were questioned about their positions on the Farm Bill and the information was shared with voters.
Dina Newman, director of the UMKC Center for Neighborhoods, said one surprising aspect of the advocacy effort was the extent to which the water and land conservation elements of the Farm Bill resonated with urban residents, particularly on Kansas City’s east side.

“There were stories of people who taught their grandchildren to fish on some of these lakes and streams, so conservation was very important to them,” she said.

Both Newman and Jerry Jones, executive director of the Community Health Council of Wyandotte County, said they hoped the bi-state approach created to bolster Farm Bill advocacy could be preserved and replicated in support of other food aid programs, including the Child Nutrition Act, which is overdue for reauthorization.

The Farm Bill was passed by Congress and signed into law in December. Notably, SNAP and other nutrition programs were not changed substantially, with funding remaining stable or increasing for the majority of programs, according to Low-Smith.

“That’s not something that we can take credit for, but I am confident we were able to share hundreds of important stakeholder stories with decision-makers in both states,” she said. “And we also substantially increased awareness about the Farm Bill and the impact it has in our target neighborhoods.”
HEALTHY COMMUNITIES

27
number of grants

$3M
funded in 2018

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

HEALTHY EATING
- After the Harvest
- Cultivate Kansas City Harvesters
- Healing House
- Jewish Vocational Services
- Kansas City Community Gardens
- KC Healthy Kids
- NourishKC
- Reconciliation Services

ACTIVE LIVING
- BikeWalkKC
- Guadalupe Centers
- Heartland Conservation Alliance
- Kansas City University of Medicine and Biosciences
- City of Kansas City, Missouri Parks and Recreation Administration
- Mattie Rhodes Center
- Mid-America Regional Council Community Services Corporation
- The Whole Person
- Thrive Allen County

HEALTHY EATING AND ACTIVE LIVING
- Calvary Community Outreach Network
- Cornerstones of Care
- Covenant Presbyterian Church
- Don Bosco Community Center
- Ivanhoe Neighborhood Council
- Legal Aid of Western Missouri
- reStart
- University of Kansas Center for Research

TOBACCO USE PREVENTION
- Tri-County Mental Health Services

GRANTS ADDRESSED:
- Engagement with community
- Mobilization to influence policy change
- Collaboration with traditional and nontraditional partners
**PURPOSE**

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

**THEORY OF CHANGE**

**EQUITABLE ENGAGEMENT**
Engage community members in the conversation and solutions for developing 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.

Equip individuals and organizations to influence policy, build public awareness, and accelerate the field through the adoption of community-based solutions.

**MULTI-SECTOR COLLABORATION**
Connect with nontraditional partners to create a strong, unified voice that spans fields and sectors.

Align strategically with local, regional, or state coalitions and networks.

**ULTIMATE IMPACT**

Policies and environments optimize choices that support improved health.
MENTAL HEALTH

28
number of grants

$4.45M
funded in 2018

PERCENTAGE OF GRANTS THAT
ADDRESS THESE STRATEGIES*:

- Improved capacity 36%
- Improved access 86%
- Improved quality 75%

IMPROVE ACCESS TO MENTAL HEALTH SERVICES
AND ENABLE PEOPLE TO LIVE HEALTHY AND RESILIENT LIVES.

AdHoc Group Against Crime
Amethyst Place
Belton School District #124
Benilde Hall
Child Protection Center
Children’s Mercy Hospital
The Children’s Place
Children’s Rights
Community Health Center of Southeast Kansas
Compass Health
Comprehensive Mental Health Services
El Centro
Genesis School
Hope House
Jewish Vocational Service
KC CARE Health Center
Legal Aid of Western Missouri
Mattie Rhodes Center
Newhouse
Operation Breakthrough
Reconciliation Services
reStart
Rose Brooks Center
SAFEHOME
Truman Medical Center Charitable Foundation
United Inner City Services
Vibrant Health
Wyandot Center

*Grantees could select one or more of these strategies. Of the 2018 grantees, 64% selected more than one strategy.
**PURPOSE**

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

**THEORY OF CHANGE**

**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 increases 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.

**ULTIMATE IMPACT**

Mental and behavioral health supports will enable people to improve their state of well-being and live healthy and resilient lives in the community.

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

29
number of grants

$4.45M
funded in 2018

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

GRANTS Addressed:
- Increased access
- Improved quality
- Reduced cost

DIRECT MEDICAL CARE
- Caritas Clinics (Duchesne Clinic)
- Community Health Center of Southeast Kansas
- Health Care Collaborative of Rural Missouri
- Health Partnership Clinic
- KC CARE Health Center
- Southwest Boulevard Family Health Care Services of Greater Kansas City
- Truman Medical Center Charitable Foundation
- Vibrant Health – Wyandotte Neighborhood Clinics

ORAL HEALTH CARE
- Cass Community Health Foundation
- Miles of Smiles
- Mission of Hope Clinic
- Seton Center
- Swope Health Services

WRAP-AROUND SERVICES / ANCILLARY CARE
- Missouri Health Care For All
- ReDiscover
- Rose Brooks Center
- SAFEHOME

NAVIGATION AND CONNECTIONS
- Artists Helping the Homeless
- Black Health Care Coalition
- Children’s Mercy Hospital
- El Centro
- Jewish Family Services
- Migrant Farmworkers Assistance Fund
- Mother’s Refuge
- reStart
- Riverview Health Services
- Saint Luke’s Foundation
- Synergy Services
**PURPOSE**
Support access to a safety net of quality health and oral health services that are safe, timely, effective, efficient, equitable, integrated, and affordable.

**STRATEGIES**

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<td>Fund service delivery and core operating support.</td>
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<td>Facilitate greater care coordination and navigation.</td>
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<td>Increase health care coverage that supports quality care.</td>
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<td>Advocate for policies that increase access in underserved communities.</td>
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<td>Provide high-quality care and services.</td>
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<td>Improve patient care, experience, and engagement.</td>
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<td>Integrate and enhance the safety net system through partnerships or innovative models.</td>
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<tr>
<td>Strengthen the capacity of the safety net workforce.</td>
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<td>Advocate and support policies that improve health.</td>
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<th>COST</th>
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<td>Support approaches and policies that reduce costs, promote sustainability, or contain costs for the health delivery system.</td>
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**ULTIMATE IMPACT**
People 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.
FOR MOMENTUM.
Combating an elusive, often-overlooked killer that preys on the youngest and most vulnerable among Kansas City’s African-American community is the objective behind Asthma Empowerment-Kansas City, a far-reaching program supported by Health Forward Foundation.

The three-year-old initiative uses evidence-based strategies to fight the chronic respiratory disease on multiple fronts: in public schools with training, screenings and life-saving interventions; in the home with family education and prevention; and in clinics with tools to improve responsive care and reduce acute episodes.

Asthma disproportionately affects African-Americans in the U.S. but has an even higher burden in Kansas City, with 16 percent of minority children aged 0 to 17 impacted — twice the national average, according to Medicaid data. Emergency room visits for asthma attacks in Kansas City were 13 times higher for black children than white in 2014.

A range of factors increase asthma’s prevalence among African-Americans, including environmental, genetic, and socio-economic triggers. In 2015, black children nationwide died from the illness at a rate 10 times that of white children. Although asthma can’t be prevented and a cure does not exist, people with the disease can lead symptom-free, active lives with appropriate treatment and services.

“Our goal is to get more eyes, ears, and hearts to understand that we have a silent emergency in Kansas City,” said Ben Francisco, a nurse practitioner who heads up Asthma Ready® Communities at the University of Missouri School of Medicine, the lead organization for the Kansas City program. Similar
community-initiated efforts are supported across the state by the Missouri Asthma Prevention and Control program, a Centers for Disease Control-funded initiative.

“We have a lot of kids who are walking around breathing at about 60 percent of normal, and all it takes is one crisis to put them in a life-threatening situation.”

Asthma Empowerment has partnered with 11 area organizations to implement a comprehensive program for reducing risk and improving quality-of-life for asthma patients. Francisco said the central ideas behind the initiative emerged from focus group discussions with more than 40 Kansas City-area asthma family members during the summer of 2016.

“The parent group has really been the guiding force behind what we’re doing,” he said. “They are afraid for their children’s lives, at school, and in the community, and they told us what they need.”

**ASTHMA READY SCHOOLS**

Based on that input, one of the program’s first steps was to equip school nurses in 36 Kansas City-area schools with training and nebulizers that allow them to identify life-threatening asthma events and perform critical interventions. The nebulizers deliver medication to help restore normal breathing.

Along with emergency response preparedness, the school component of the program — known as Asthma Ready Schools — trains school nurses around a standardized curriculum to conduct evidence-based asthma assessments and screenings of students. The initiative also provides equipment to measure lung capacity and impairment and supports multimedia education to promote asthma literacy and appropriate self-care.

**MEDICAID DATA SHOWS THE SCHOOL PROGRAM HAS RESULTED IN LOWER EMERGENCY ROOM USE AND RESULTING ANNUALIZED COST SAVINGS OF APPROXIMATELY $1,300 FOR EACH OF THE 164 SCHOOL CHILDREN WHO PARTICIPATED IN THREE CHECK-UPS BY SCHOOL NURSES OVER THE ACADEMIC YEAR.**

Educational efforts target both the student and family and are aimed at improving day-to-day management of the disease, including medication adherence, as well as mitigating risks that can that worsen the disease. The Center for Environmental Health at Children’s Mercy Hospital is available to program participants for home visits that can help identify external factors that exacerbate asthma, including mold, secondhand smoke, pets, rodents, pests or other allergens.
Paul Foreman, project director of Asthma Empowerment in Kansas City, said Medicaid data shows the school program has resulted in lower emergency room use and resulting annualized cost savings of approximately $1,300 for each of the 164 school children who participated in three check-ups by school nurses over the academic year.

**SUPPORTING CLINICS**

In addition to schools, Asthma Empowerment is teaming up with area safety net clinics that provide care for 85-to-90 percent of the approximately 3,000 children with asthma in the Kansas City public school catchment area.

The program is helping physicians and nurse practitioners adopt best practices for diagnosing, assessing, treating, and monitoring patients with asthma. It also assists clinicians in maintaining their board certification through educational credits for continued improvements in asthma care.

Careful review of Medicaid administrative claims data by Asthma Empowerment is additionally helping the clinics identify children who've recently been to the emergency room or urgent care for their asthma, who've stopped picking up their protective medicine, or who may be overusing medications designed for symptom relief.

“It is a powerful innovation that enables clinicians to see who’s in trouble so they can call them and get them back into the clinic,” Foreman said.

**LOOKING AHEAD**

In the years ahead, Asthma Empowerment hopes to extend its proactive approach to managing the disease deeper into the community. Ultimately, community health workers, home health services, churches, organizations like the YMCA and YWCA, neighborhood associations, and even local gathering places like barbershops could play a role in mitigating emergency events and supporting consistent, appropriate care.

“We want to bring care to where people live, learn, and play, not just to clinics,” Francisco said. “We can have a major impact by collectively trying to do the right thing everywhere.”

Foreman added that beyond providing essential financial support, Health Forward has played a critical role in connecting Asthma Empowerment with the array of area partners that are making the program so effective.

“They have been incredibly helpful,” he said.
APPLICANT DEFINED

APPLICANT DEFINED GRANTS ARE BASED UPON APPLICANTS’ DETERMINATION OF NEED, AND ARE CONSISTENT WITH HEAL TH FORWARD’S MISSION, TARGET POPULATION, AND SERVICE AREA.

THEY FALL INTO FOUR CATEGORIES:

- Advocacy
- Crime prevention
- Family support
- Healthy communities
- Health literacy
- Housing
- Mental health services
- Health care services
- Oral health services
- Workforce
- Technical assistance
- Housing
- Mental health services
- Health care services
- Oral health services
- Workforce
- Technical assistance

CAPACITY BUILDING

Grants enhance or improve the organization through developing skills, ability, and resources (i.e. technology upgrades, strategic planning).

CORE OPERATING SUPPORT

Grants cover day-to-day activities or ongoing expenses (i.e. salaries, utilities, office supplies, technology).

PROGRAM SUPPORT

Grants support specific projects with definite time frames and distinct objectives/outcomes.

INNOVATION

Grants support a new idea, method, or improvement.

TOPICS ADDRESSED

- Advocacy
- Crime prevention
- Family support
- Healthy communities
- Health literacy
- Housing
- Mental health services
- Health care services
- Oral health services
- Workforce
- Technical assistance
Ad Hoc Group Against Crime
After the Harvest
Allen County
Alphapointe
American Heart Association
Amethyst Place
Belton School District #124
Benilde Hall
BikeWalkKC
Bishop Sullivan Center
Blue Springs R-IV School District
BoysGrow
Bright Futures Fund
Calvary Community Outreach Network
Cancer Action
Caritas Clinics (Duchesne Clinic)
Center For Developmentally Disabled
Central Avenue Betterment Association
Children’s Center for the Visually Impaired
City of La Harpe
Community Health Council of Wyandotte County
Community LINC
Comprehensive Mental Health Services
Crossroads Charter Schools
Cultivate Kansas City
Curators of the University of Missouri Developing Potential
Donnelly College
Family Conservancy
Food Equality Initiative
Footprints
Front Porch Alliance
Gilda’s Club Kansas City
Great Circle
Greater Kansas City Affiliate of Susan G. Komen
Guadalupe Centers
Harvesters
Healing House
Health Care Collaborative of Rural Missouri
Heartland Outreach Providers
Hope House
House of Hope
Housing Services of Kansas City
House Foundation
Jewish Family Services
Kansas Action for Children
Kansas City Anti-Violence Project
Kansas City BCycle
Kansas City Community Gardens
Kansas City Kansas Community College
KC CARE Health Center
Kim Wilson Housing
Lafayette County Health Department
Livable Neighborhoods Taskforce
Marlborough Community Coalition
Mercy & Truth Medical Missions
Metro Organization for Racial and Economic Equity
Metropolitan Organization to Counter Sexual Assault
Missouri Budget Project
Missouri Center for Nursing
Missouri Coalition for Oral Health
Missouri Family Health Council
Missouri Health Care For All
Missouri Primary Care Association
Mother & Child Health Coalition
NourishKC
Oral Health Kansas
Planned Parenthood Great Plains
Reconciliation Services
Redemptorist Social Services Center
reStart
Riverview Health Services
Rosedale Development Association
Saint Luke’s Foundation
SAVE, Inc.
Seton Center
Sheffield Place
Start at Zero
Street Medicine Kansas City
Sunflower House
Synergy Services
Thrive Allen County
Tri-County Mental Health Services
Unified School District 258-Humboldt
Uzazi Village
Vibrant Health
Wyandot Inc.
Youth Ambassadors
**SPECIAL INITIATIVES**

- **27** number of grants
- **$4.56M** funded in 2018

**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
- Family support
- Healthy communities
- Health literacy
- Housing
- Mental health services
- Health Care Services
- Oral Health Services
- Workforce
- Technical assistance
City of Kansas City, Missouri, Health Department
Health Department Outreach for Physician Registration with the Prescription Drug Monitoring Program

Aim4Peace
Aim4Peace Violence Prevention Program

Community Care Network of Kansas
The Alliance for a Healthy Kansas

Community Health Council of Wyandotte County
Enroll Wyandotte, Kansas Assisters Network

Curators of the University of Missouri
Asthma Empowerment — Kansas City Phase II

Curators of the University of Missouri
KC Health Core — Year Two

Health Partnership Clinic
Safety Net Capacity Expansion (After Hours) — Year 10

Historic Northeast Midtown Association
Groundwork Initiatives

Jackson County Cares
Seniors Count

Johnson County Mental Health Center
Alive and Well Communities

Kansas City Medical Society
2018 Access to Primary and Specialty Care — Year Nine

Kansas City Medical Society
Project Access and Specialty Care: Associate Director and IT

KC CARE Health Center
Safety Net Capacity Expansion (After Hours) — Year 10

KC Healthy Kids
Missouri Convergence Partnership — Grassroots Neighborhood Organizing (Tides Foundation Collaboration)

KC Healthy Kids
Healthy Kids Bright Futures

Mid-America Regional Council Community Services Corporation
KC Regional CHW Collaborative: Advancing a Regional Workforce

Mid-America Regional Council Community Services Corporation
Systems Building of the Kansas City Managed Services Network

Missouri State Alliance of YMCAs
Missouri Convergence Partnership

Prospects for Missouri
Missouri Medicaid Expansion

PREP-KC
Expanding the HealthStart Initiative

ReDiscover
KC Assessment and Triage Center

Regional Health Reporting Collaboration
Health Reporting

Support Kansas City
Fiscal Agent Services with Expanded Scope: Capacity Assessment and Technical Assistance

Support Kansas City
Advocacy Capacity Initiative

Swope Health
Safety Net Capacity Expansion (After Hours) — Year 10

Unified Government of Wyandotte, Public Health Department
WyCo Smoke-Free Housing Cessation Support

United Way of Greater Kansas City
Promise 100 Collaborative Home Visiting Program — Year 3
FOR GROWTH.
Circumstances beyond a child’s control can shape his or her destiny, for better or worse, far into the future. That’s why helping children avert a cascade of lifelong problems triggered by early adverse experiences is central to two area programs funded by Health Forward Foundation.

Known as Promise 1000 and Healthy Kids Bright Futures, the initiatives take different but complementary paths toward the common goal of strengthening early childhood health and development among at-risk populations. Promise 1000 focuses on families at the earliest stages of childhood and in a home setting; Healthy Kids Bright Futures targets families and toddlers already engaged in center-based care.

Both efforts are informed by a growing body of evidence that points to the profoundly destructive effects negative childhood health and environmental factors can have later in life. Research shows, for example, that excessive or prolonged activation of stress response systems in a child’s body and brain — known as toxic stress and sparked by experiences like psychological, physical, or sexual abuse — can lead to permanent changes in brain architecture that may compromise intellectual development, behavior, and health.

This neurological damage can lead to cognitive challenges, delayed social-emotional development, problem behavior, depression, alcoholism, drug abuse, or smoking, as well as substantially higher risk for serious health problems like heart attack, cancer, diabetes, and stroke.
STRENGTH IN NUMBERS

In the Kansas City region, an array of independent home visiting agencies (HVAs) has long worked to mitigate childhood risks through home visits targeting vulnerable newborns and mothers. Promise 1000 reinforces these efforts by bringing additional resources and greater continuity to the area HVA community.

Now in its seventh year, the program takes its name from the critical first 1,000 days of life and is modeled on a similar initiative started in Cincinnati more than 20 years ago. The local organization — jointly founded by Children’s Mercy Hospital, the United Way of Greater Kansas City, and Health Forward — provides a collaborative network to help 10 regional HVAs maximize their home visit capabilities.

Toward that end, the collaborative has established:

• A centralized referral and intake system for area HVAs to ensure eligible families are connected with the most appropriate program.
• A standardized data collection system for measuring the ongoing efficacy of home visit services, including shared outcomes, standards, and quality measures.
• A formal quality improvement process to help agencies advance their outcomes.
• Consistent professional training for more than 50 area home visitors.
• Culturally responsive home visiting protocols that meet the needs of a diverse population.
• An umbrella funding structure that supports sustainable funding to continually improve quality and expand capacity.

In addition to supporting a range of childhood and maternal health and well-being services, Promise 1000 has developed a program to help home visit mothers overcome depression. Also underway are efforts to fully integrate health care services and home visiting through a collaborative, cohesive approach. This includes the participation of home visitors in well-child checks with the family.

Since Promise 1000 began offering funding to HVAs to participate in structured home visiting activities in 2016, more than 700 families have been served through approximately 13,000 home visits by 10 agencies in seven Missouri and four Kansas counties.

RECENT PROGRAM OUTCOMES INCLUDE A 26 PERCENT YEAR-OVER-YEAR INCREASE IN MOTHERS SCREENED FOR DEPRESSION; A 5 PERCENT INCREASE IN MOTHERS’ BREASTFEEDING; A 36 PERCENT INCREASE IN CHILD SOCIAL-EMOTIONAL DEVELOPMENT AND GROWTH SCREENINGS; AND THE SCREENING OF 71 PERCENT OF FAMILIES FOR FAMILY VIOLENCE PREVENTION.
What’s important about this approach is that the many benefits are not static, but dynamic, and play out over the lifetime of both the parent and the child,” said Mary Moffatt, MD, a pediatric subspecialist at Children’s Mercy Hospital and the medical director for Promise 1000. “From a development standpoint, this is especially true for the children as they move to adulthood, contribute to society through the workforce, and eventually become parents themselves.”

SYNCHRONIZING SUPPORT

The second childhood development initiative funded by Health Forward, Healthy Kids Bright Futures, pursues objectives not unlike those of Promise 1000 but does so through the prism of early care and learning centers.

The project was launched in late 2017 by KC Healthy Kids, a longtime leader in boosting healthy eating and active lifestyles to help reduce childhood obesity. Healthy Kids Bright Futures today works with eight early childhood centers on both sides of the state line to strengthen services provided to more than 200 children of up to two years in age and their families.

Director Rhonda Erpelding said the project emulates the federal Head Start program and was born from an acknowledgment by early education teachers that they were not fully equipped to support optimal child development. At the same time, families shared that they frequently didn’t know where to turn for assistance with everyday challenges that could impact a child’s health and welfare.

Because access to area Head Start programs is limited and the number of children in Missouri and Kansas qualifying for the program far exceeds available positions, Healthy Kids Bright Futures fills an essential need in the community, Erpelding said.

The project focuses on four broad areas:

• Helping provide technical assistance, including professional development for teaching staff, to enhance the quality of education provided at non-early Head Start (non-EHS) care and education centers.

• Assessing centers’ healthy eating and active living practices to optimize opportunities for improving diet and physical activity among young children.

• Supporting parents by helping them address a range of secondary family and home issues that can affect children, such as job loss or problems sustaining housing.

• Helping boost academic programming, including the implementation of appropriate child screening and assessments as well as the establishment of center-specific educational goals. Assessments include social and emotional development in addition to motor, problem-solving, and communications skills.
Erpelding said the latter efforts rely on coaching and technical assistance provided by The Family Conservancy, a Kansas City, Kansas-based nonprofit specializing in early childhood development.

Continuity for children and families involved in the project is provided on a case management basis by community navigators. Trained in community outreach, the navigators conduct an initial visit with families to help them assess needs ranging from dental care to help repairing a vehicle, then connect the families with available resources in the community. The navigators also provide support and conduct child screenings through ongoing monthly visits.

“We’ve tried to build something that is comprehensive in nature,” Erpelding said. “It’s an approach that helps establish best practices within the centers while addressing the needs of both the child and the family on an individualized basis.

“All children deserve to be in a high-quality early learning program, regardless of where they live or their income level, so that they are truly prepared to go to kindergarten and be successful in life.”

In addition to Health Forward, project funding also has been provided by the W.K. Kellogg Foundation, Wyandotte Health Foundation, REACH Healthcare Foundation, and Jackson County Community Children’s Service Fund. The program incorporates a wide range of partners, including Connections – Project Eagle, Maternal and Child Health Coalition of Greater Kansas City, Inc., Children’s Mercy Hospital, Mid-America Regional Council, The Family Conservancy, Start at Zero, Guardian Group, and the University of Kansas Medical Center.
CONSUMER ACCESS SURVEY
In an effort to gain a deeper understanding of health challenges in Kansas and Missouri, Health Forward Foundation — along with partners Kansas Health Foundation, Missouri Foundation for Health, REACH Healthcare Foundation, and United Methodist Healthy Ministry Fund — co-funded the Kansas and Missouri Consumer Health Access Survey (KMHS).

Administered by RTI International, the survey is the most comprehensive data to date on health care access in Kansas and Missouri. The survey primarily focused on health and dental insurance coverage, unmet need for chronic conditions, including mental health diagnoses, and unmet need for serious injury treatment and prescription drugs.

Adults residing in Kansas and Missouri were randomly selected to complete the survey. A total of 4,274 adults and 1,159 children via an adult proxy were interviewed.

We will continue to use and review the data from this survey to better understand the issues within our communities.
Like other states that did not expand Medicaid, Kansas and Missouri are still dealing with a large number (20 percent) of adults who are uninsured. Missouri has generous eligibility levels for children.

The survey revealed racial and ethnic disparities in access to care, particularly for Hispanic adults compared to white, non-Hispanic adults.

Of the uninsured adults in this study, most are under the age of 45 and most are working.

Nearly 20 percent of uninsured adults in this study in Missouri and 14 percent in Kansas report an injury or accident that prevents them from working or working as many hours as they want.
• Among the uninsured, nearly 25 percent tried to purchase insurance in the past two years. Of those, just 3 percent in Kansas and 6 percent in Missouri were able to obtain health insurance, yet all lost coverage at some point. Affordability is the primary reason these individuals can’t purchase insurance.

• Medical debt is pervasive in our region. In Kansas, 28 percent of adults and 34 percent in Missouri live in households that experience problems paying off medical bills. This represents nearly 1.5 million people.

• There is a staggering amount of unmet need. In both states, 60 percent of working-age adults have a diagnosed chronic condition, such as heart disease or diabetes, while one-third have a mental health diagnosis or a substance use disorder. Among those with chronic health care needs, large numbers reported that they are going without needed care due to cost or lack of coverage.

• In regards to emergency room usage, 80 percent of individuals were instructed by a provider to seek emergency care, or perceived their health need as serious and in need of immediate attention.
FOR ACTION.
Throughout each of our focus areas, we recognize the importance of engaging in advocacy and supporting civic engagement. We believe that lasting solutions to many of our challenges will be found through local, state, and regional policy changes, as well as systems reform, that benefit those most in need living in our communities.
2018 ADVOCACY PRIORITIES

TIER ONE

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

- MO HealthNet access was expanded for postpartum women receiving substance abuse treatment within 60 days of giving birth.
- Missouri Senior Farmers Market Nutrition Program was established.
- Missouri General Assembly passed several bills related to opioid addiction.
- Advocates in Missouri and Kansas worked to prevent the addition of burdensome work requirements to multiple social welfare programs.

Ensure adequate reimbursement for school-based health services.

- Administrative rule changes to MO HealthNet now allow for reimbursement of eligible services provided to Medicaid recipients in school settings.

Encourage Cass and Lafayette counties to opt into the regional prescription drug monitoring program.

- Cass, Lafayette, and Clay counties opted into the regional prescription drug monitoring program. Although the state of Missouri does not yet have a statewide program accessible for public health purposes, the entire Health Forward service area is now served by a prescription drug monitoring program.
Support funding of a state infrastructure that is adequate to administer, maintain, and analyze data from Medicaid programs.

- Missouri took the first step to improve infrastructure for MO HealthNet by including $472,000 in the budget, with seven full time employees to begin the process of developing new Medicaid infrastructure.

Explore policies that will enhance access to safe, affordable and healthy housing.

- This incredibly complex issue does not have one easy solution, and coordination is a key component. Policies that enhance access to safe, affordable, and healthy housing vary drastically across cities, regions, and states. Cities that have successfully addressed housing challenges have done so through innovative, multi-sector, and collaborative efforts.

Work with partners to develop a coalition that can advocate for local public health funding.

- Because the very low state funding of public health has led to a very fragile system, Health Forward continued to support the Missouri Public Health Transformation project, known as #HealthierMO through Phase I funding in partnership with the Missouri Foundation for Health. The collaborative effort involves key public health stakeholders from across the state and is focused on developing a foundational public health services model for Missouri as well as unifying the six public health professional organizations in the state. The project will continue in 2019 and 2020 as part of Phase II of the project.
35 Organizations attended Health Forward policy roundtables

FOR

ORG

5 Direct service organizations received mini-contributions for voter engagement

12 Organizations participated in in-district meetings with legislators
13 Organizations participated in the Advocacy Capacity Initiative.

BILIZING.

64 Number of housing-focused meetings attended
## STATEMENT OF FINANCIAL POSITION

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
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<tr>
<td>Cash, Prepaid, Accounts Receivable</td>
<td>2,248,358</td>
<td>13,209,713</td>
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<td>Investments at Market Value</td>
<td>723,447,119</td>
<td>771,680,822</td>
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<td>Net Fixed Assets</td>
<td>196,163</td>
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<td><strong>Total Assets</strong></td>
<td><strong>725,891,640</strong></td>
<td><strong>784,939,990</strong></td>
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### LIABILITIES & NET ASSETS

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<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>Operating Payables &amp; Accruals</td>
<td>576,295</td>
<td>259,235</td>
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<td>Grants Payable</td>
<td>17,793,057</td>
<td>16,825,819</td>
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<td>Line of Credit</td>
<td>0</td>
<td>4,000,000</td>
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<td><strong>Current Liabilities</strong></td>
<td><strong>18,369,352</strong></td>
<td><strong>21,085,054</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>
<td>660,620,188</td>
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<td>Increase (Decrease) since inception</td>
<td>45,972,451</td>
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<td><strong>Unrestricted Net Assets</strong></td>
<td><strong>707,522,287</strong></td>
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<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>725,891,639</strong></td>
<td><strong>784,939,990</strong></td>
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## STATEMENT OF CHANGE IN NET ASSETS

### REVENUES

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<tr>
<th>Description</th>
<th>2018</th>
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<tr>
<td>Net Investment Revenue</td>
<td>(30,445,116)</td>
<td>99,022,670</td>
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<td>Public Support &amp; Contributions</td>
<td>105,204</td>
<td>450,182</td>
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<td>Legal Settlement Income</td>
<td>0</td>
<td>188,074,491</td>
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<td>Other Revenues</td>
<td>1,243</td>
<td>3,000</td>
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<td><strong>Total Revenues</strong></td>
<td><strong>(30,338,669)</strong></td>
<td><strong>287,550,344</strong></td>
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### EXPENSES

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<th>Description</th>
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<tr>
<td>Grants</td>
<td>20,567,835</td>
<td>19,519,661</td>
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<td>Special Initiative Projects</td>
<td>263,863</td>
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<td>Grant Support</td>
<td>919,537</td>
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<td>Operating Expenses</td>
<td>4,242,745</td>
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<td>Other Expenses</td>
<td>0</td>
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<td>Legal – Extraordinary</td>
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<td>12,964,431</td>
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<td>Contingent Legal Fees Paid</td>
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<td>12,576,862</td>
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<td><strong>Total Expense</strong></td>
<td><strong>25,993,980</strong></td>
<td><strong>50,607,074</strong></td>
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**Total Increase (Decrease) in Net Assets**

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<tr>
<th></th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td></td>
<td>(56,332,649)</td>
<td>236,943,270</td>
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1, 3, 5, + 10 YEAR ANNUALIZED TOTAL RETURNS (AS OF 12/2018)

- 25th Percentile
- 50th Percentile
- 75th Percentile
- HF Performance

AVERAGE ANNUAL INVESTMENT RETURNS

- 1 YEAR: -3.8%
- 3 YEAR: 6.0%
- 5 YEAR: 4.8%
- 10 YEAR: 8.3%
- SINCE INCEPTION: 5.2%
OPERATING EXPENSES SUMMARY

ADMINISTRATION
16%

GRANTS + GRANT SUPPORT
84%

ADMINISTRATION EXPENSES AS A PERCENT OF NET ASSETS (IN MILLIONS)

*EXCLUDES ALL EXTRAORDINARY LEGAL EXPENSES

**OUR GOAL IS FOR ADMINISTRATION EXPENSES TO BE LESS THAN ONE PERCENT OF NET ASSETS

CUMULATIVE GRANTS (IN MILLIONS)
TOTAL AWARDED: $273M SINCE 2005
GOVERNANCE

2018 HEALTH FORWARD BOARD OF DIRECTORS

Wayne Powell, Chair
Thomas Carignan, Vice-Chair
Chuck Foudree, Treasurer
Ann Mesle, Secretary

Mary Ann Arnott
Marshaun Butler
Pat Contreras
Tom Cranshaw
Jim Dockins
Alan Flory

Spence Heddens
Garland Land
Michael O'Dell
Jim Pryde
Kim Riley
Roy Robinson

Julia Simmons
Stephenie Smith
Peg VanWagoner
Donnie Wilson
Tonia Wright
2018 COMMUNITY ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Chair</th>
<th>Dee Ann Bowles</th>
<th>Glenna Garcia</th>
<th>Thuylinh Pham</th>
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<tbody>
<tr>
<td>Vice Chair</td>
<td>Nozella Brown</td>
<td>Brian Geary</td>
<td>Lana Perry</td>
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<tr>
<td>Treasurer</td>
<td>Art Chaudry</td>
<td>Aaron Link</td>
<td>Dan Shea</td>
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<tr>
<td>Secretary</td>
<td>John Cottrell</td>
<td>Siobhan McLaughlin Lesley</td>
<td>Tenia Strother</td>
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<tr>
<td></td>
<td>Damon Daniel</td>
<td>Susan Mills-Gray</td>
<td>Yulonda Swanson-Moten</td>
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<tr>
<td></td>
<td>Mike Enos</td>
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</table>

[Image of the 2018 Community Advisory Committee members]
ASSOCIATES

Adriana Pecina
Alicia Araujo
Andres Dominguez
Bradford Hart
Brenda Calvin
Christena Diven
Cori Stites
Donna Bushur

Graciela Couchonnal
Jane Mosley
Jennifer Sykes
Jessica Hembree
Karen Dehais
Karen Guile
Karol Shadle
Keonna Baldwin

Melanie Patek
Paula Cornwell
Rick Zimmer
Ross Jensby
Shannon Morris
Susan Richardson
Tania Hewett