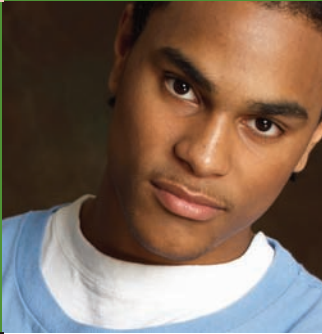
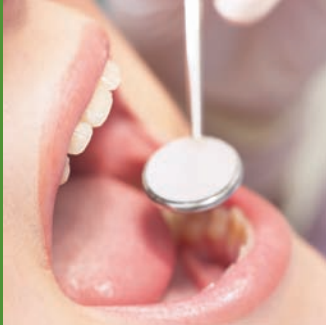


FIVE YEAR GRANTMAKING REPORT



Health Care  Foundation
OF GREATER KANSAS CITY



2005 - 2009



Letter from the President/CEO

On February 17, 2005, the Health Care Foundation of Greater Kansas (HCF) awarded its first grant, a \$25,000 special initiative to support the Kansas City, MO health levy campaign. Through December 2009, HCF awarded nearly \$100 million to nonprofit organizations who are working toward eliminating barriers to health.

HCF firmly believes that better information is the basis for making better decisions. This report was designed to take you inside the grants awarded between 2005-2009 to provide you with brief, yet useful data to show the what, when, where and how our resources have been spent in the first five years.

It is important to note that the bulk of the quantitative information in this report include Applicant Defined Grants (ADGs) and Foundation Defined Grants (FDGs) only. In addition to the ADG and FDGs, HCF invested over \$18 million into special initiatives that address gaps in the health care system by bringing together key stakeholders to find solutions to complex health-related problems. Although this money is not included in most graphs, pages 17-19 in this report highlight some of the key initiatives.

It is also worth noting that there was no mental health funding round in 2005 and no healthy lifestyles funding round in 2008, which will be reflected throughout the data in this report.

Because we are a learning and transparent organization, our hope is that our Board, CAC, Associates and other stakeholders will use this assessment of HCF grantmaking to become more prepared to make informed decisions to help those in greater Kansas City lead healthier lives in the future.

Steve Roling
HCF President/CEO

GRANT FUNDING OVERVIEW

The following charts (Chart A and B) illustrate HCF grantmaking by year and priority area in both total number and dollars. HCF awarded a total of \$80 million in applicant defined grants (ADG) and foundation defined grants (FDG) from 2005-2009. FDGs comprised the majority of these awards at \$66.7 million, which include HCF's three priority areas of healthy lifestyles, mental health and safety net health care. ADG funding from 2005-2009 was approximately \$13.3 million. Initiative funding of \$18.8 million is not included.

Chart A: Grants Types Funded 2005-2009 (Millions)

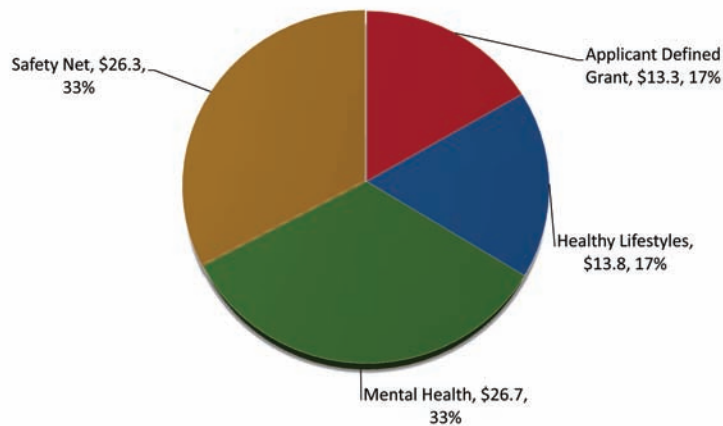


Chart does not include initiative funding

HCF awarded 774 FDGs and ADGs from 2005-2009. Yearly amounts and number of grants are found below in Chart B.

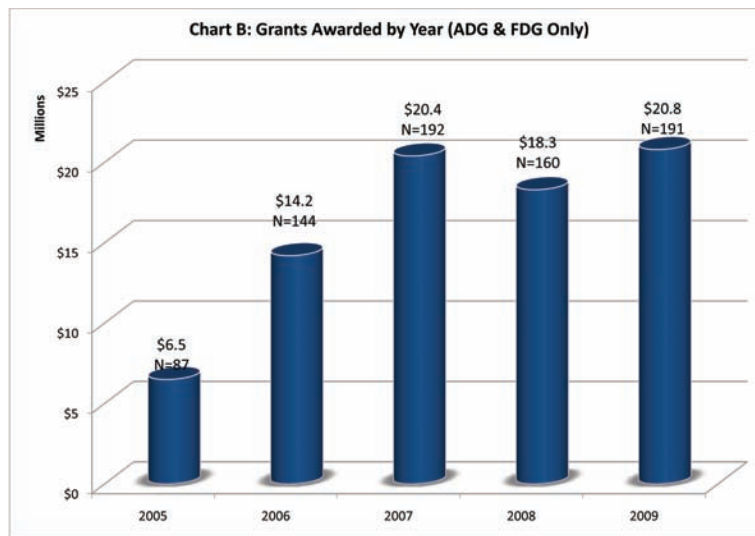


Chart does not include initiative funding

GRANTMAKING TRENDS

As set forth by the Board of Directors, HCF 's annual giving objective is to distribute five percent of the Foundation's investment assets based on a rolling average of the previous eight quarters. Annual giving hit a high point in 2008 when the Foundation awarded \$26.9 million, but funding decreased in 2009 due to the recession and its impact on the eight rolling quarter average.

The five-year grantmaking trend lines of both numbers of grants awarded and grant amounts awarded tell a similar story (Charts C and D). Both show a significant increase in ADG grantmaking each year, which is up fourfold from 2005 to 2009. The increase in number of funded ADG grants was striking in 2009, when it reached a peak of 87 grants funded – nearly double the next category, safety net grants, and nearly equaling all FDG grants awarded (87 ADGs awarded to 104 FDGs in 2009).

Mental health grantmaking decreased in total number of grants each year, but remained fairly steady in average amount awarded. The total number of safety net grants increased slightly, yet the amount awarded each year has increased significantly, from a low of \$3.1 million in 2005 to a high of \$7 million in 2008. Healthy lifestyles grantmaking remained constant, averaging 30 grants and \$3.5 million per round.

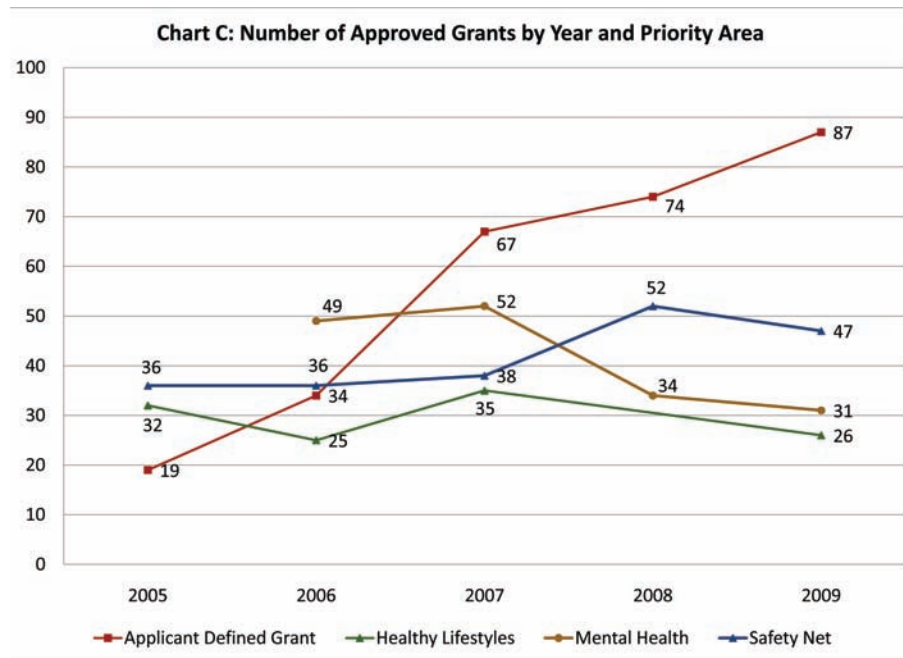


Chart does not include initiative funding

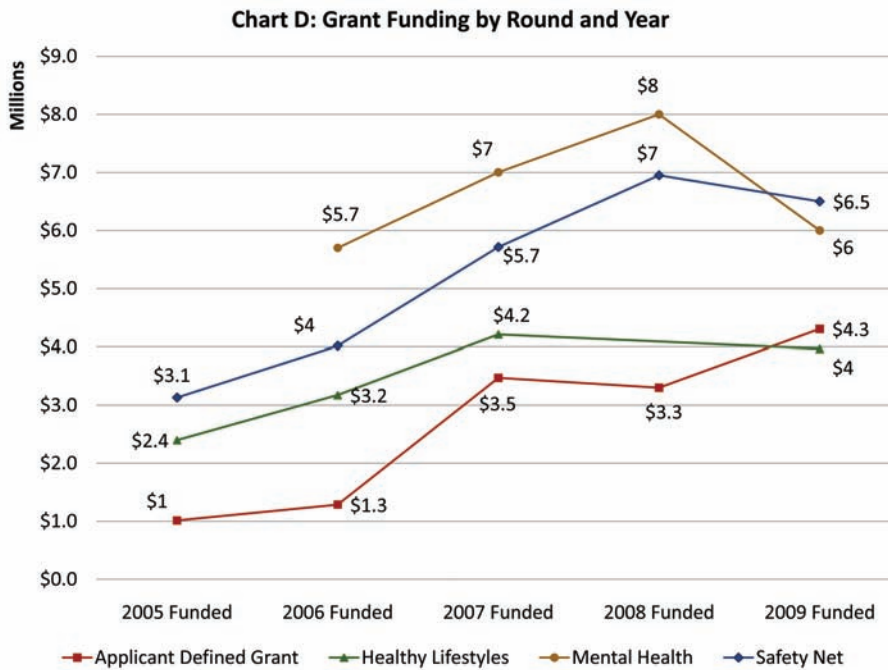


Chart does not include initiative funding

Chart E displays median awarded grant amounts, which shows generally constant award amounts in ADGs, and a slight increase in safety net grants. Mental health and healthy lifestyles median award amounts have both increased the past few years.

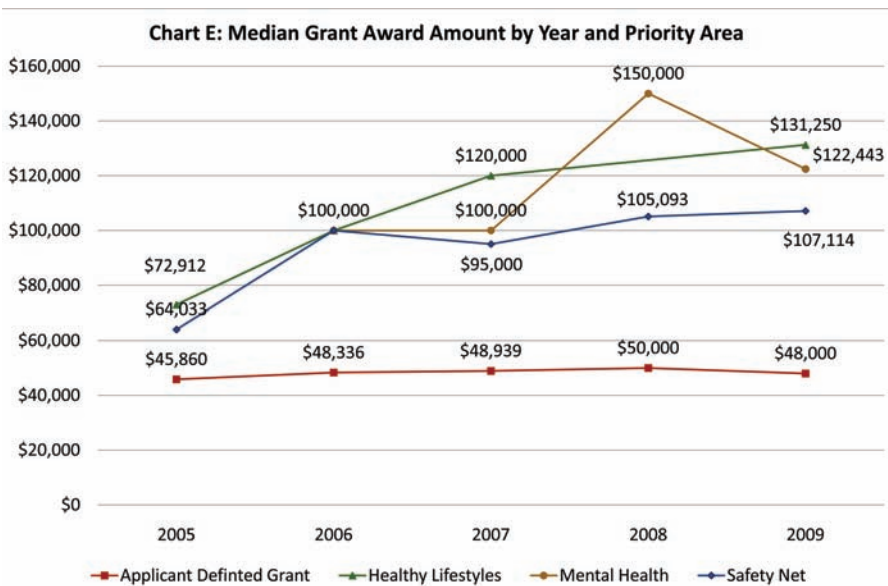
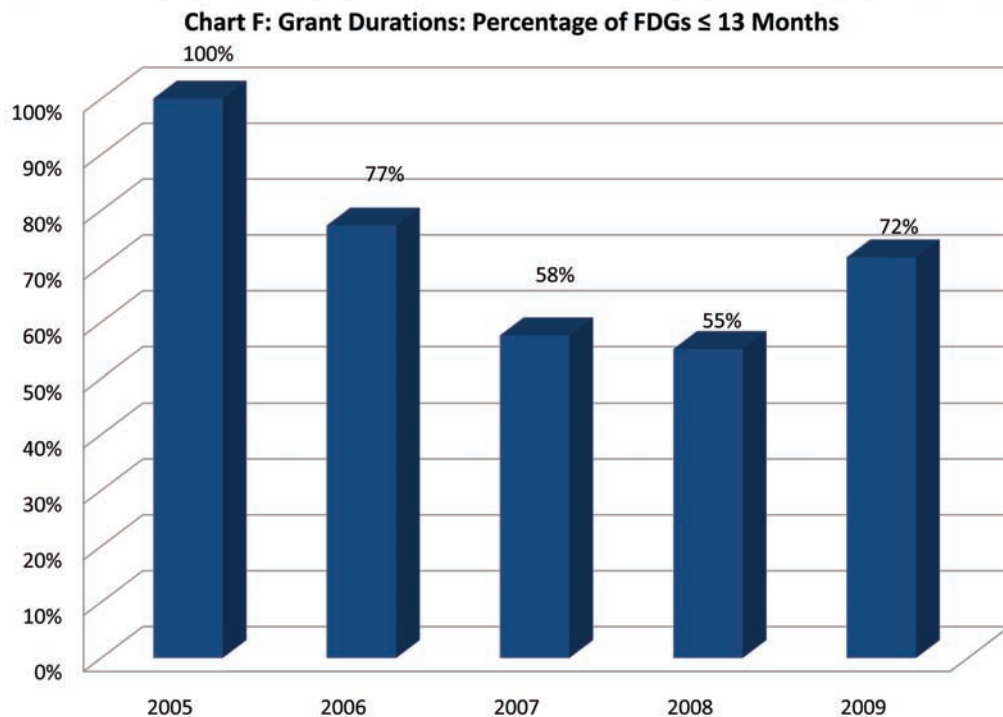


Chart does not include initiative funding

DURATION OF GRANTS

Chart F presents the percentage of FDG grants that are funded 13 months or less, as a good portion of FDG grants are funded at either 12 or 13 months. To note, all ADGs are funded for 12 months or less, therefore they are not included in this graph.

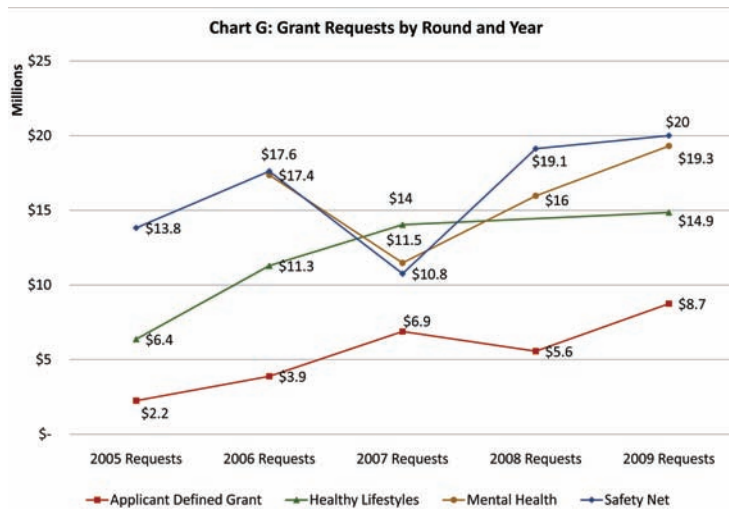
In 2005, all funded grants were less than 13 months in duration. The percentage of shorter grants gradually decreased as HCF increased the number of multiyear grants it funded. By 2008, only 55 percent of FDG grants were funded for 13 months or less. This trend changed abruptly in 2009, when there was a significant increase in the number of short-term FDG grants.



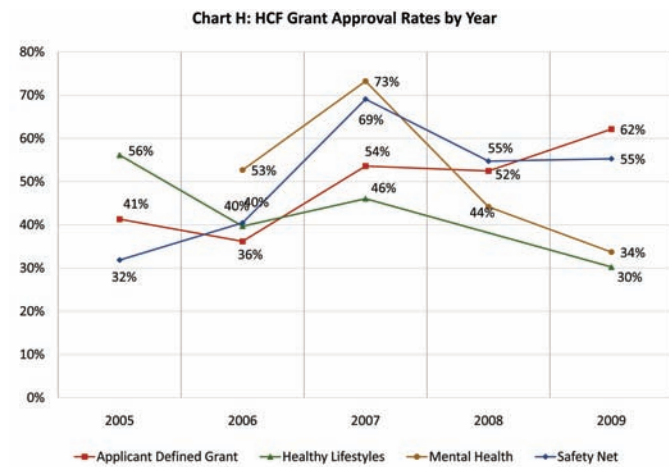
GRANTEE FUNDING REQUESTS

The following charts present total amount of HCF grant requests (Chart G) and grant approval rates (Chart H) by priority area and year.

When looking at total grant requests (Chart G), it is clear that grant requests are increasing across all priority areas each year – most likely a function of increased need as well as community awareness about HCF. The chart also indicates that safety net health care and mental health are the two most requested priority areas, with requested amounts increasing in 2008 and 2009.



The data in Chart H indicates that applicant defined grants and safety net grant approval rates have increased since 2005, while mental health and healthy lifestyles grant approval rates have decreased since 2005. The large decline in mental health approval rates reflect increased grant requests (see Chart G above).



GRANT FUNDING BY EMPHASIS AREA

The following chart (Chart I) illustrates ADG and FDG topic areas that HCF has funded from 2005-2009 (774 total grants). Each grant is coded depending on the topic area(s) it serves. It is important to note that grants can be coded in multiple topic areas. For instance, grants providing prescription assistance for HIV patients would be coded as prescription assistance and HIV. It is not surprising that key safety net and mental health topic areas are the highest-funded grants. Types of activities, such as advocacy and education, are detailed on page 13.

The five-year trend line data (five-year trend lines not included due to formatting considerations) indicated steady yearly increases in the topic areas of family support, family violence, oral health, health literacy, corrections, and other chronic diseases. Tobacco cessation and tobacco prevention decreased, as these topic areas have been more recently included in special initiative funding.

Chart I: Funding Amounts by Emphasis Area

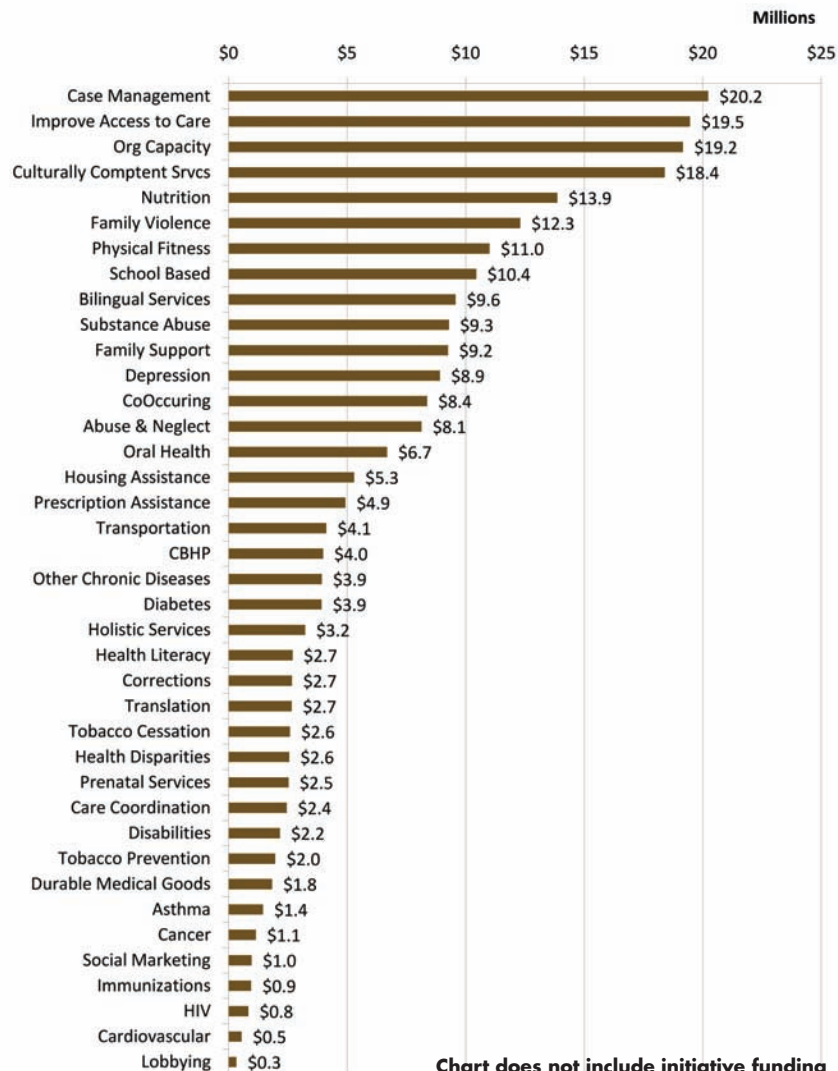


Chart does not include initiative funding

GRANT FUNDING BY ORGANIZATIONAL TYPE

Each awarded grant is classified by organizational type, which is represented in Chart J by both total funding and number of grants awarded from 2005-2009. The amounts and number of grants funded are closely correlated, with the primary exception being religiously affiliated organizations, which received 49 grants totaling \$3.7 million.

The data indicates that 'other community organizations' are the most funded in number and amount. This exemplifies HCF's broad definition of health and illustrates our willingness to fund programs that go beyond direct treatment. Other community organizations comprise a diverse group of organizations that do not fit in other organizational categories. They include social service agencies such as West Central Missouri Community Action Agency or Guadalupe Center, and grassroots organizations such as the Bethel Neighborhood Center.

Community health agencies, our second most funded type of organization, are defined as organizations whose primary focus is health.

Chart J: Amount and Number of Grants Funded by Organizational Type 2005-2009

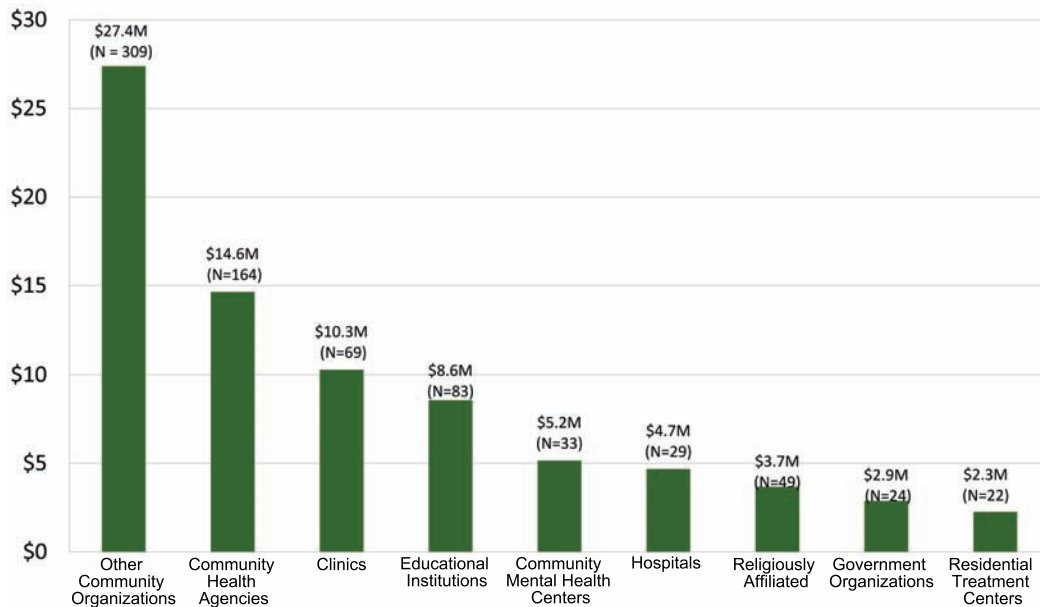


Chart does not include initiative funding

GRANT FUNDING TO GRASSROOTS ORGANIZATIONS

HCF funding to grassroots organizations (defined as organizations with an annual budget <\$500K) is an organizational priority. Chart K displays the percentage of approved grassroots grants by funding round and year. Overall, the percentage of the total number of HCF funded grants to grassroots organizations has increased, with the exception of 2005; likely an outlier given the uniqueness of the first funding year.

Funding to grassroots organizations peaked in 2009 when 25% of HCF funding went to grassroots agencies. These agencies receive a higher percentage of ADG grants than FDGs, a trend that is continuing to increase.

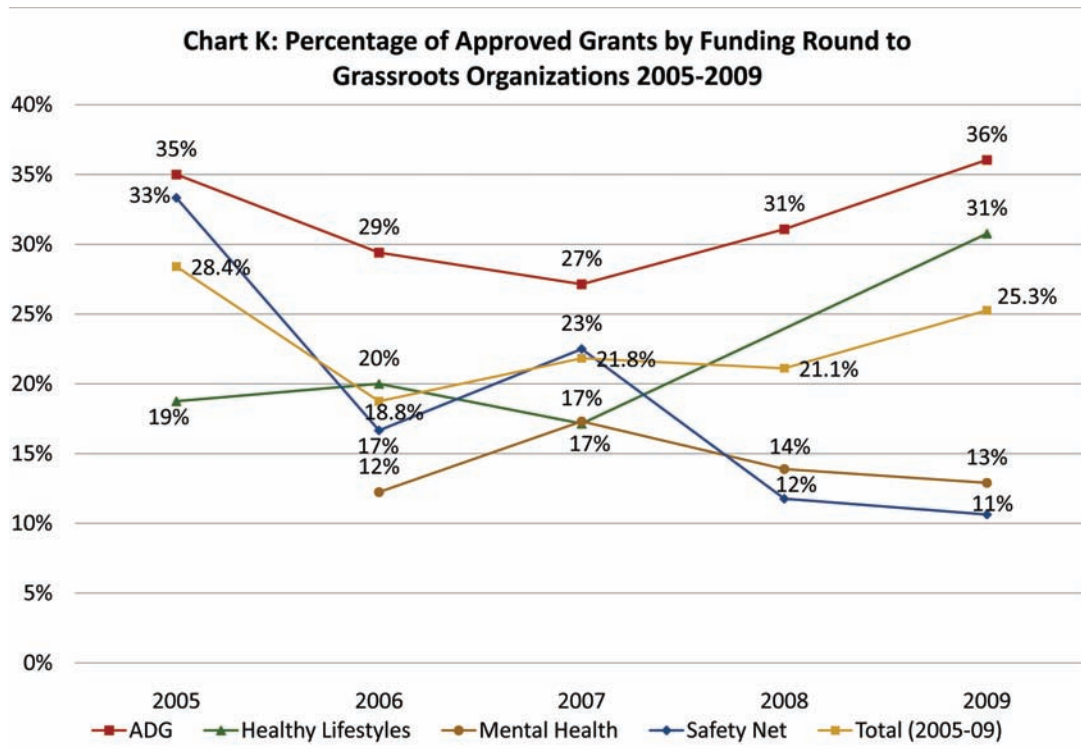


Chart does not include initiative funding

TOTAL VALUE OF PROJECT FUNDING

Through 2009, HCF awarded nearly \$100 million. However, HCF generally doesn't fund more than 75 percent of a grantee organization's project, therefore the total value of the projects funded through HCF grants is \$382 million. This figure includes HCF funding, in-kind contributions and other funding.

It is also worth noting that HCF does not track the amount leveraged through its funding. However, we know that HCF's support of ballot initiatives such as the Kansas City health levy and the COMBAT anti-drug tax has alone leveraged over \$30 million annually for safety net health care and mental health in our community.

The following Chart L breaks down the total project value of ADG and FDG funding rounds.

Chart L: Total Project Value in Millions 2005-2009 (Includes HCF Funding)

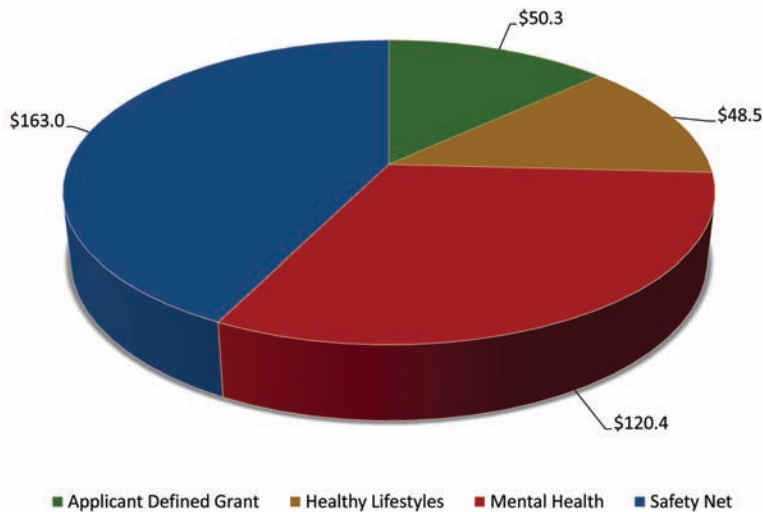


Chart does not include initiative funding

GRANT EXPENDITURES: COSTS AND ACTIVITIES

In order to track how grant dollars awarded to organizations are spent, expenditures were grouped into two domains, costs and major activities. Grant costs can fall within any of six categories including:

- Staff
- Salaries and Benefits
- Indirect Costs
- Equipment
- Supplies
- Other Direct Costs

Major activities include advocacy, community education, direct service/treatment, prevention, and training. HCF also tracks the more general categories of core and programmatic support. For most grants these categories were mutually exclusive, but there were a few instances in which a program is coded across multiple categories. Additionally, there are several grants that are not included in these charts because their component expenditures do not fall within any of the categories.

DEFINITIONS

Advocacy: Build public will toward a choice/public policy

Community Education: Education around a specific topic

Prevention: Intervention to help a target population who does not yet have a certain disease/condition

Direct Service/Treatment: Services to help a target population who already have a disease/condition

Training: Training or professional development directed at staff or very specific audience

The primary costs associated with funded grants from 2005-2009 have been used for staff, salaries and benefits, which has totaled \$46 million (see Chart M).

Chart M: Total Grant Expenditures 2005-2009

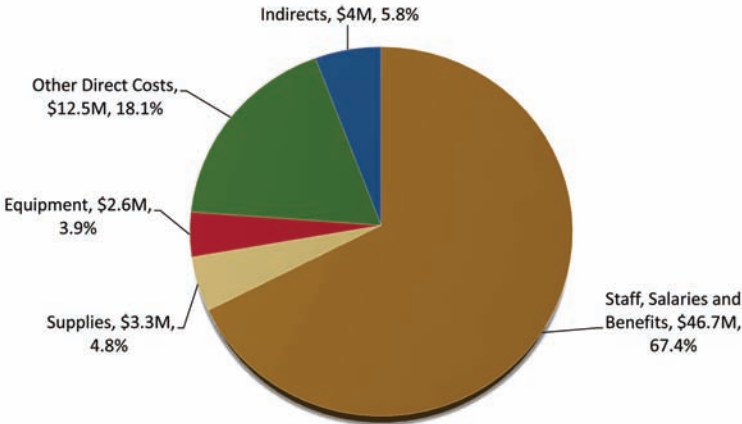


Chart does not include initiative funding

Expenditures on major activities consist primarily of direct service/treatment at \$41.8 million, followed by community education at \$9.9 million (see Chart N). HCF has also distributed over \$2 million in grants to organizations for policy advocacy and lobbying. Much of this funding has focused on increasing access to health insurance and reducing the health burden of tobacco.

Chart N: Grant Expenditures on Major Activities 2005-2009

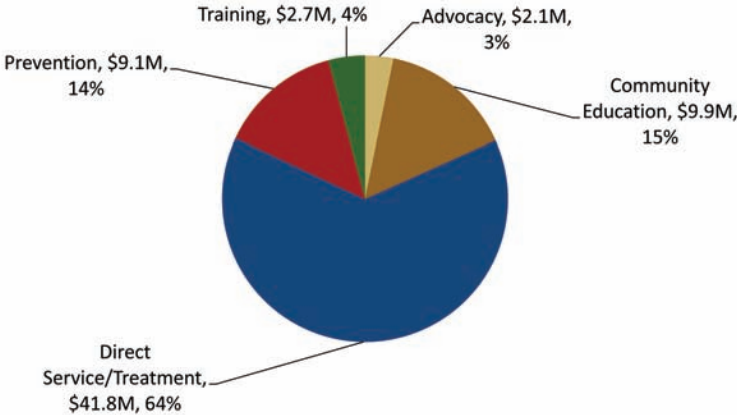
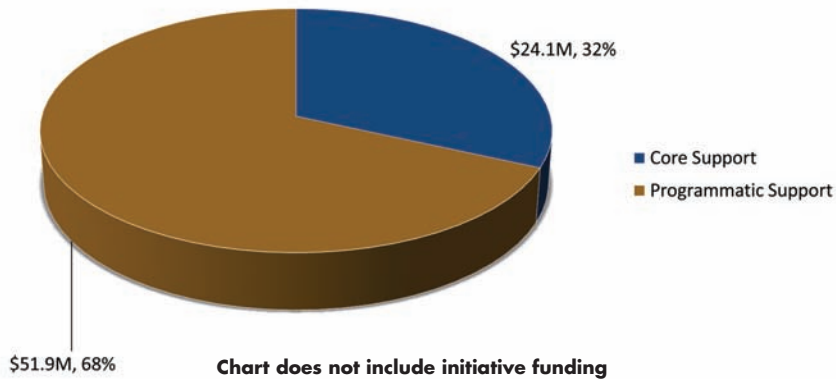


Chart does not include initiative funding

Chart O provides details on core and programmatic support in both number of grants funded as well as amounts funded. Core operating support includes investment into organization's ongoing activities or infrastructure, while programmatic support references new programs or expansions/incremental changes to existing programs.

Chart O: Core vs. Program Funding 2005-2009



DEMOGRAPHICS OF GRANT SERVICE POPULATION

When applying for HCF funding, organizations are asked to note the target population that the grant will serve. This is listed by race and ethnicity, geographic region and age. For this report, HCF took the primary population served for each grant when considering demographic data. Thus, a program that served a 60% African American population would be coded as African-American, even though the grant may also serve other races. Similarly, a grant that primarily served Jackson County residents would be coded Jackson County, even though it may have also served Cass County residents.

- Seventy one percent of HCF funding from 2005-2009 was provided to agencies primarily providing services in Jackson County and/or the city of Kansas City, Missouri (see Chart P), which has nearly 80,000 people living in poverty, the highest county in our service area.
- Grants primarily providing services in Wyandotte County received the second most funding from HCF at 12 percent, a county that also has the second most number of people living in poverty in our service area (25,000 people).
- Johnson County, Kansas was the third highest region primarily served by HCF grants, despite the perception by some that it is an area not generally thought of as "uninsured or underserved." There are approximately 15,000 people living in poverty in Johnson County.
- Our rural county service areas also have significant numbers of people living in poverty; 5,000 in Cass County, 3,000 in Lafayette County and 1,500 in Allen County.

Chart Q below presents the same data, primary geography served, presented by each state served (Missouri and Kansas).

These numbers were generally stable over the five years 2005-2009, with the exception of the rural counties, which showed small yearly increases from 2005.

Chart P: Primary Geography Served by Funded Grants (by County)

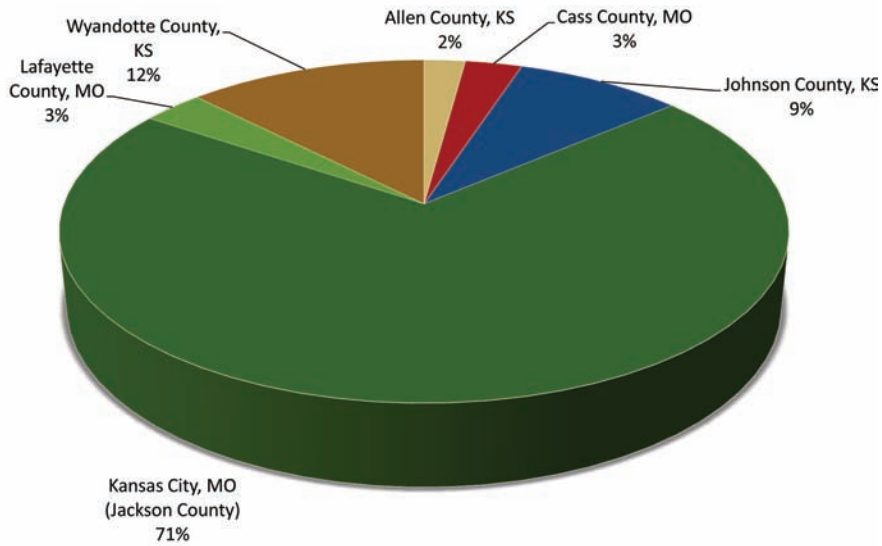


Chart does not include initiative funding

Chart Q: Primary Geography Served by Funded Grants (by State)

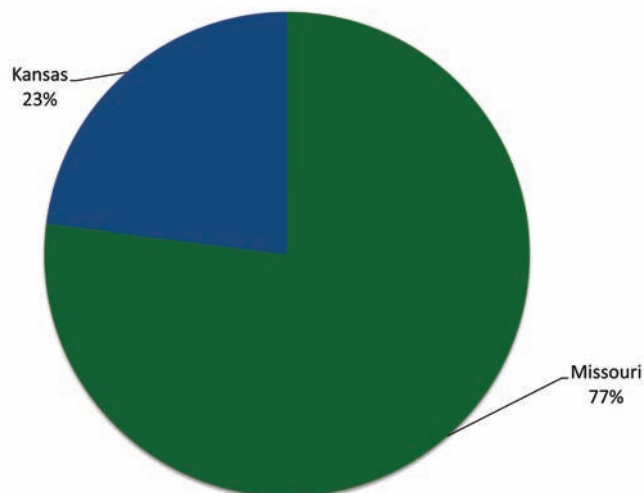


Chart does not include initiative funding

DEMOGRAPHICS OF GRANT SERVICE POPULATION

HCF grant funding by primary race/ethnicity served was consistent from 2005-2009, with an average of 46.7 percent of grants primarily targeting Caucasians and 40.7 percent primarily targeting African Americans. A smaller percentage of grants (12.2 percent) primarily targeted Hispanics, and a much smaller percentage of grants primarily targeted Asians and American Indians (see Chart R). When comparing the race and ethnicity in HCF's service area to the race and ethnicity targeted in programs funded by HCF, the distribution is very similar, with a slight underemphasis in grant making to the Caucasian population.

Chart R: Primary Race/Ethnicity Served by Funded Grants (2005-2009)

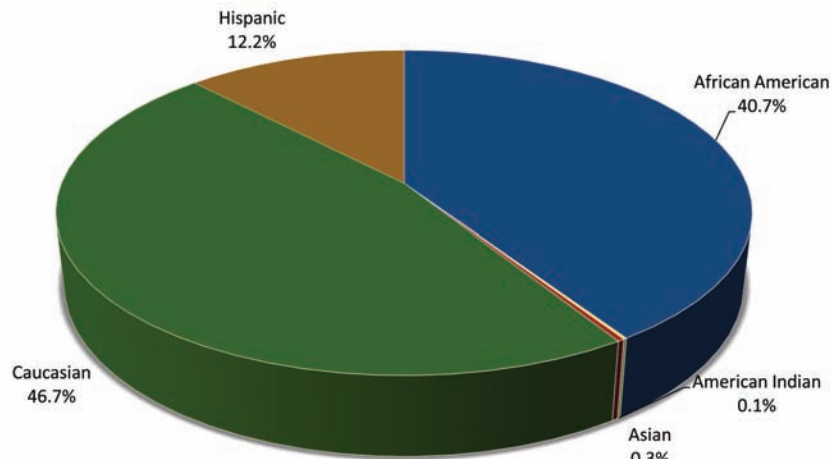
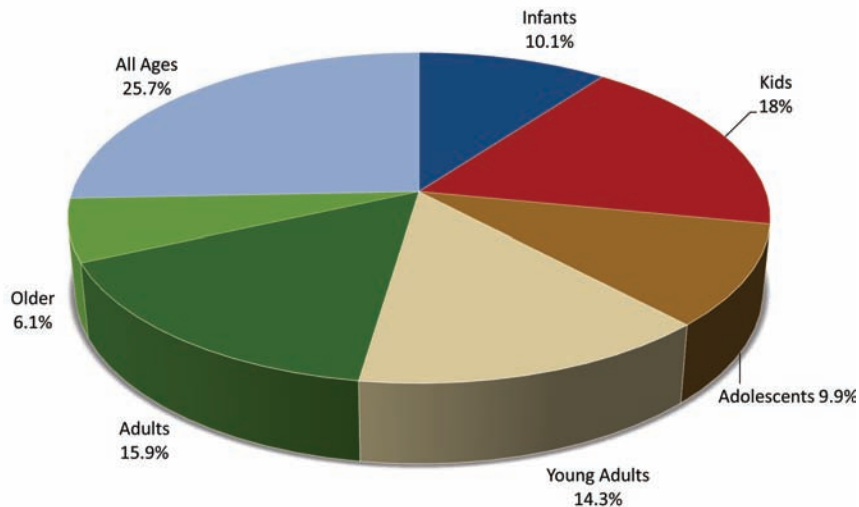


Chart S displays HCF grant funding by primary age groups funded, which indicates that HCF grants are generally distributed equally across age groups.

Chart S: Primary Age Group Served by Funded Grants (2005-2009)



HCF SPECIAL INITIATIVES SUMMARY

Through 2009, HCF funded 50 special initiatives and projects totaling approximately \$18.8 million. These funds were used to address the needs of the uninsured and underserved in the greater Kansas City. Below is a brief summary of the major initiatives funded.

Healthcare Safety Net (\$25,000)

Lobbying funds were provided in support of an increase to the Kansas City, Missouri Health Levy tax equaling \$0.22 per \$100,000 of assessed value to support indigent care at community health centers including Truman Medical Center, as well as support for ambulance services.

American Lung Association of Missouri (\$206,266 over two years)

Funding supported a project to build a statewide advocacy, communication and public awareness plan with the ultimate goal of passing an increase to the cigarette tax in Missouri.

Advocates for a Healthy Independence (\$32,050)

HCF contributed to an educational campaign for the elimination of second-hand smoke in public places in eastern Jackson County.

Special Funds to Support Evacuees from Hurricane Katrina (\$50,000)

HCF granted funds to four area community clinics for serving the medical and behavioral health needs of displaced survivors of Hurricane Katrina in our service area.

Partners Investing in Nursing (\$1,131,589 over three years)

HCF partnered with the REACH Healthcare Foundation and initiated the planning and implementation of a three-year, bi-state Nursing Shortage initiative focused on improving the health and health care of the regional indigent and underserved populations. The initiative had the following goals: 1) to increase retention of minority and/or first time students in area public schools of nursing, and 2) to improve the cultural competency of Schools of Nursing faculty and students.

Vote Yes for Clean Air Lee's Summit (\$30,000)

HCF contributed to a public education and election campaign for smoke-free restaurants and bars in Lee's Summit, Missouri.

Kansas City Metropolitan Health Access Project – Mid-America Regional Council (\$380,000)

Multi-year funding from HCF supported the implementation of recommendations outlined in the Kansas City Metropolitan Health Access Policy Assessment Report to address barriers that interfere with access to health care services for the medically indigent and underserved populations.

Midwest Health Journalism Fellowship Program (\$127,739 over three years)

HCF partnered with five foundations in the State of Kansas to support due diligence planning to outline potential establishment of a media training program for selected journalists could be established and to include recommendations on the subject matters that will be taught to the journalists. HCF then contributed funds in 2007 to enable five journalists from Missouri and five journalists from Kansas to be selected annually for the Midwest Health Journalism Fellowship Program. This three year fellowship educates key journalists about critical health and health care issues while encouraging more coverage of those issues.

HPV Vaccine Initiative (\$2,800,000 over three years)

HCF partnered with the Reach Healthcare Foundation to ensure that approximately 4,000 - 5,000 uninsured and underinsured females in our service area, ages 9-26, have access to the HPV vaccine, reducing their risk of cervical cancer.

Oral Health Initiative (\$235,000 over three years)

HCF partnered with the Reach Healthcare Foundation to plan and implement a regional multi-year oral health initiative, Project Ready Smile, to reduce the incidence of dental disease in children of low-income families entering kindergarten.

Missouri Department of Health & Senior Services (\$154,000)

HCF funding contributed to a campaign to improve consumer awareness and knowledge of risk factors associated with chronic diseases, by creating common prompts for preventive practices and health behaviors through media placements and the development and distribution of consumer materials throughout HCF's three county Missouri coverage area.

Breathe Easy KC (\$50,000)

Funds were provided for lobbying towards a smoke-free ordinance that prohibits smoking in all public places and workspaces, including bars and restaurants.

Health Management Associations (\$95,472)

Funds were provided to hire consultants to design and operate publicly-financed health care systems.

Kansas Health Institute (\$50,000)

Funding provided a comprehensive analysis of underinsurance in the state of Kansas.

Truman Medical Center Initiative (\$7,500,000 over three years)

Provides improved inpatient care to seriously ill patients who need closer monitoring, while reducing congestion in the emergency department.

PE4LIFE (\$1,400,000 over two years)

Funds were used to combat the rise in child-hood obesity by increasing student physical activity in two school districts (Kansas City, Missouri School District and Kansas City, Kansas School District).

Rural Health Initiative (\$177,000)

Funds were used to increase HCF's grantmaking presence in the smaller rural areas it serves. Funding included \$35,000 to the Allen County Health Department of, \$65,000 to the Cass County Health Department, and \$50,000 to the Lafayette County Health Department. Additional funds were used to develop health newsletters for Allen and Lafayette Counties and a postcard mailer for Cass County.

Unnatural Causes (\$56,400)

HCF contributed to this initiative to draw attention to the root causes of health, or social determinants, by airing a four hour documentary on local PBS television affiliate KCPT, and holding community action poverty simulations.

Visiting Nurse Association (\$250,000)

HCF contributed to an RWJ Foundation grant to enable emergency responders to make a direct referral from the patient's home to the Visiting Nurse Association to schedule a health assessment and case management. The coalition serves a metro area across two states spanning urban, suburban and rural areas with people of diverse incomes, races and languages.

Crisis Grants (\$1,026,333)

In response to the economic downturn, HCF offered crisis funding to provide emergency support necessary for organizations to avoid the interruption of services that address basic human health/mental health needs in the Foundation's service area.

Sunflower Foundation (\$100,000)

HCF contributed towards advocacy efforts to enact a statewide smoking ban in Kansas that protects people from exposure to secondhand smoke in public places, including bars and restaurants.

Safety Net Capacity Expansion Proposal – Mid-America Regional Council (\$500,000)

HCF supported the development and implementation of a regional network of care that aims to increase access to primary and preventative health care and decrease barriers to health care. This is being accomplished by adding new evening and weekend hours in safety net clinics and sustaining existing services.

Truman Medical Center (\$338,872)

HCF contributed to a new approach developed by Truman Medical Centers and the UMKC School of Medicine to better serve vulnerable patient populations. This approach will assure that medical care is based on recognized evidence-based guidelines, and will work proactively with patients and their families to address family, social and community support issues.

Citizens for Crime Reduction (\$50,000)

Funding supported an advocacy campaign to renew Jackson County's COMBAT (Community Backed Anti-Drug Tax).

“Technical Design: Kansas City Bi-State Health Information Exchange” – Mid-America Regional Council (\$105,000)

HCF provided the remaining funding necessary to complete the technical design and build the infrastructure of the Kansas City Bi-State Health Information Exchange (KCBHIE), which will improve care coordination, reduce medical errors, cut costs, and allow eligible providers to access reimbursements through Medicaid and Medicare.

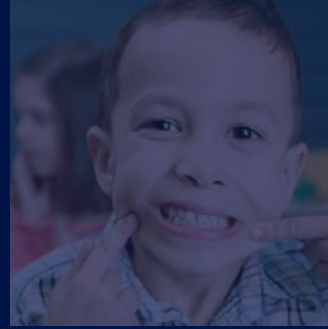
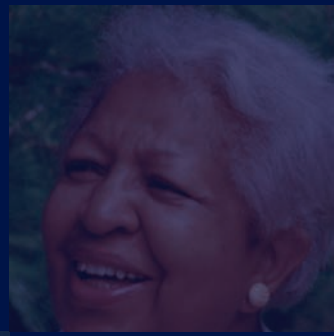
Menorah Legacy Foundation (\$50,000)

Funding helped launch a demonstration of the Double Value Coupon project, where ten area farmers markets partner with health education/social service providers to provide financial incentives that enable low-income families eligible for food subsidies to easily purchase locally grown fresh fruit and vegetables.

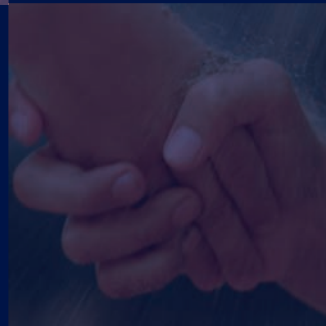
Kansas City Public Library (\$111,000)

HCF funding contributed to the pilot program of an expanded and more accessible approach to health information at the Lucile H. Bluford Branch library.

Health Care  Foundation
OF GREATER KANSAS CITY



www.healthcare4kc.org



2700 E. 18th Street, Suite 220
Kansas City, MO 64127
816.241.7006 or 1.877.241.7006