



2010 Grant Report

This report is designed to provide a summary of grants awarded by the Health Care Foundation of Greater Kansas City (HCF) in 2010. The data included throughout this report provides an overview of the who, what and where of HCF's Foundation Defined Grants (FDGs) and Applicant Defined Grants (ADGs) that were deployed in 2010. It is important to note that HCF initiative spending is not included in the data. There is a summary that highlights the 2010 key initiatives at the end of this report.

GRANT FUNDING OVERVIEW

The following chart (Chart A) illustrates HCF's 2010 Foundation Defined and Applicant Defined grantmaking in both total number of grants and dollars awarded. In 2010, HCF awarded 88 FDG grants in three priority areas (Healthy Lifestyles, Mental Health and Safety Net), totaling \$13.5 million. HCF also awarded 84 ADG grants in 2010 totaling \$4 million.

Chart A: Grant Types Funded

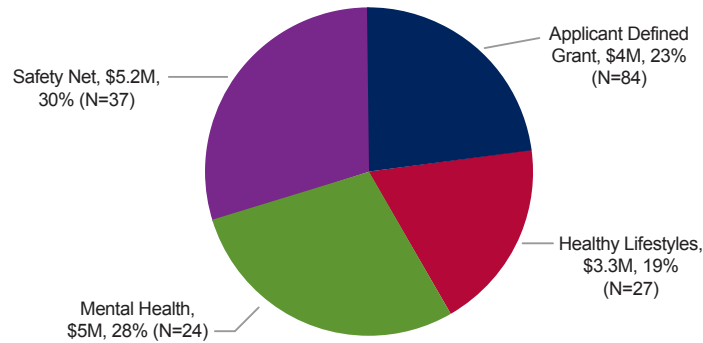
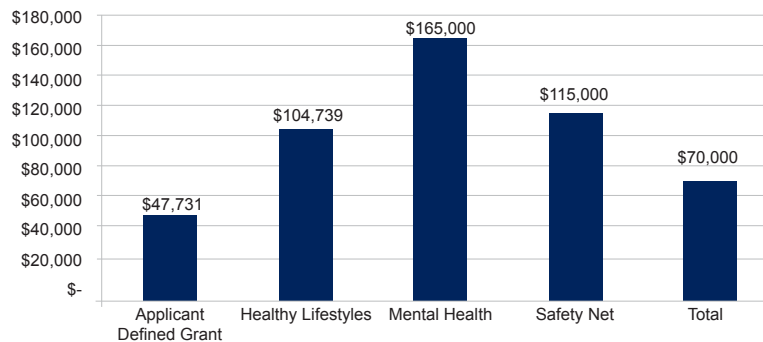


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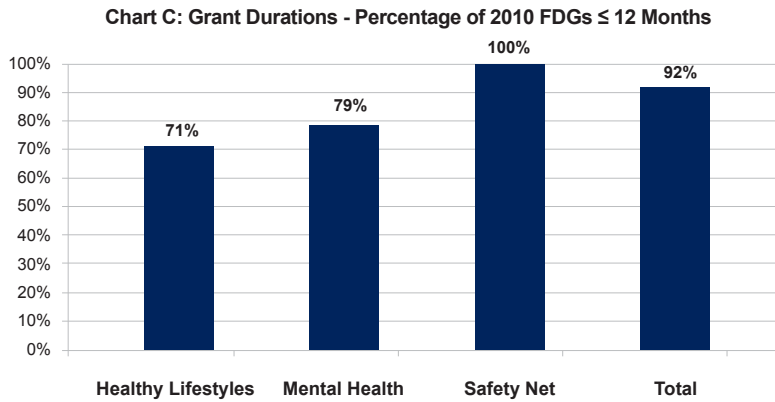
Chart B examines the median grant awarded in the three FDG rounds (Healthy Lifestyle, Mental Health, Safety Net) and through ADG funding. There are no caps on the amount of grants funded through FDGs. The largest median grant amounts were awarded through mental health funding, which was significantly higher than any other funding round. Also of note, although the ADGs have a cap of \$75,000, the average amount awarded in 2010 was \$47,731.

Chart B: Median Grant Award



DURATION OF FOUNDATION DEFINED GRANTS

Chart C presents the percentage of 2010 FDGs that were funded for 12 months or less. Applicants in the 2010 Healthy Lifestyles and Mental Health funding rounds were allowed to request grants of up to three-years in duration; applicants were allowed to request grants of up to two-years in duration in safety net funding. No multi-year grants were awarded in the safety net funding round in 2010. Please note, ADGS are not included in the chart because they cannot exceed 12 months.



FUNDING REQUESTS

Chart D presents the amount of requests for funding of HCF. By far, HCF received the most amount of requests for mental health. This is the first year since 2007 that the amount requested for mental health funding was larger than the amount requested for safety net funding. Of these requests, 9.1 percent were from new organizations that had not applied before for HCF funding. Also to note, 6 percent of the grants awarded were to new organizations.

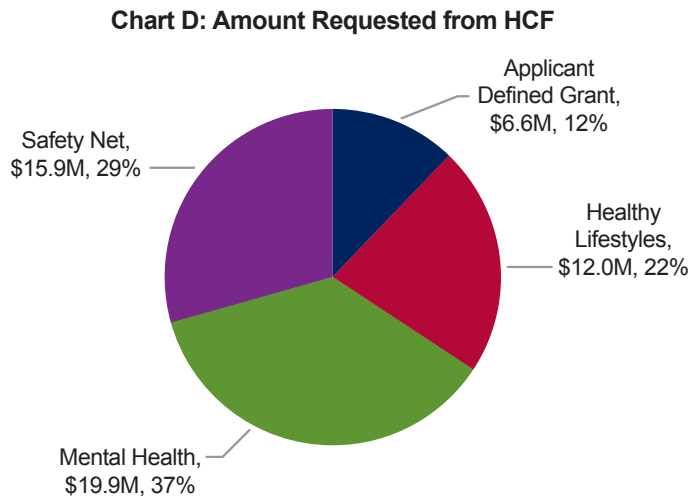


Chart E presents the total number of 2010 HCF grant requests and approvals along with approval rates, and number of fully funded grants. Of the four funding opportunities, ADGs were the most requested and the most funded grants in total number, in addition to having the highest grant approval percentage at 62 percent. Often, HCF will fund a grant request at an amount lower than requested by the applicant. Applicant defined grants had the highest percentage of fully funded grants awarded with 21 percent. In mental health, only 4 grants were fully funded.

Chart E: Number of Grant Requests and Grants Funded

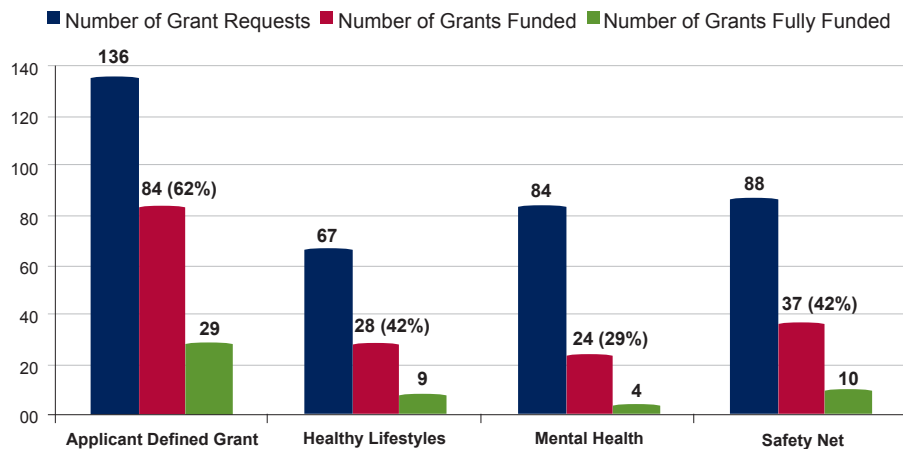


Chart does not include initiative funding

HCF also examined the number of grants that received reduced funding. Chart F shows the percentage of grants that the organization received. For example, if an applicant requested \$100,000 but was awarded only \$75,000, they would be shown* as receiving 75% of their request. The greatest reductions (in terms of percent) were clearly in mental health, followed by healthy lifestyles. ADG applicants saw the lowest number of grant reductions.

Chart F: Median Percentage of Grant Amount Received Based on Request Amount

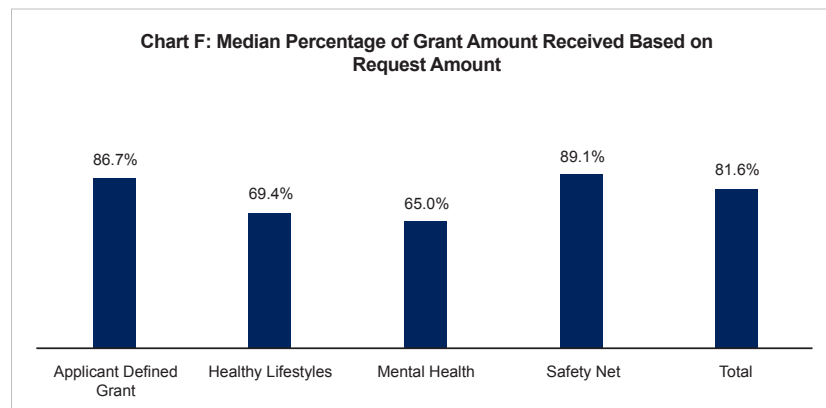
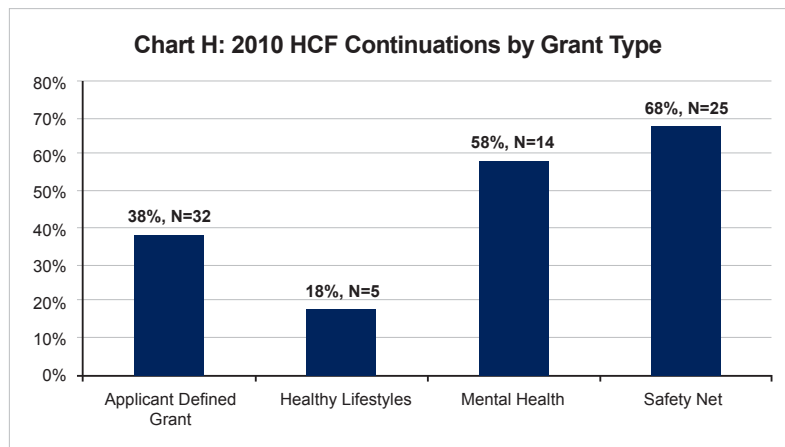
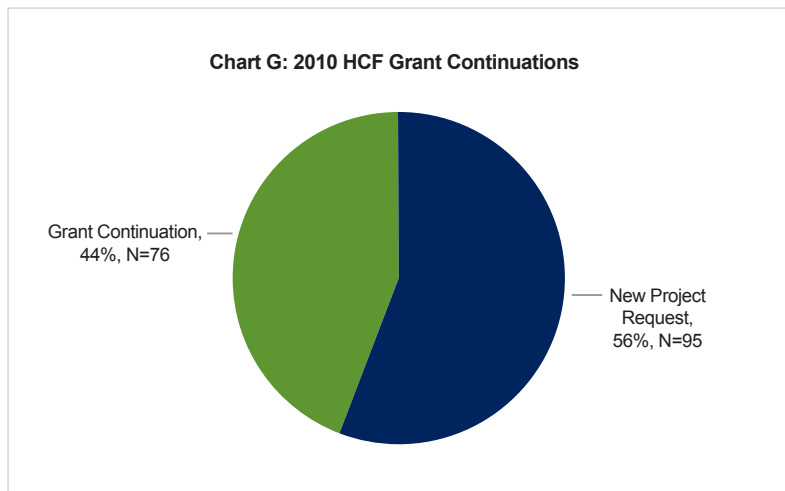


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CONTINUATION GRANTS

Applicants are allowed to resubmit requests for programs and services that have previously received funding. Of the grants awarded in 2010, nearly half were continuations of past funding (Chart G). Looking by funding round (Chart H), the majority of these fell within the mental health and safety net funding rounds.



GRANT FUNDING BY EMPHASIS AREA

The following chart (Chart I) illustrates ADG and FDG topic areas that HCF funded in 2010 (172 total grants). Each grant is coded depending on the emphasis area(s) it serves. It is important to note that grants are often coded in multiple topic areas. For instance, grants providing transportation assistance for immigrants would be coded as transportation and immigrants/refugees. To note, even though HCF focuses its funding in three priority areas, the amount of topics within those areas are very broad.

Chart I: 2010 Grant Funding by Emphasis Area

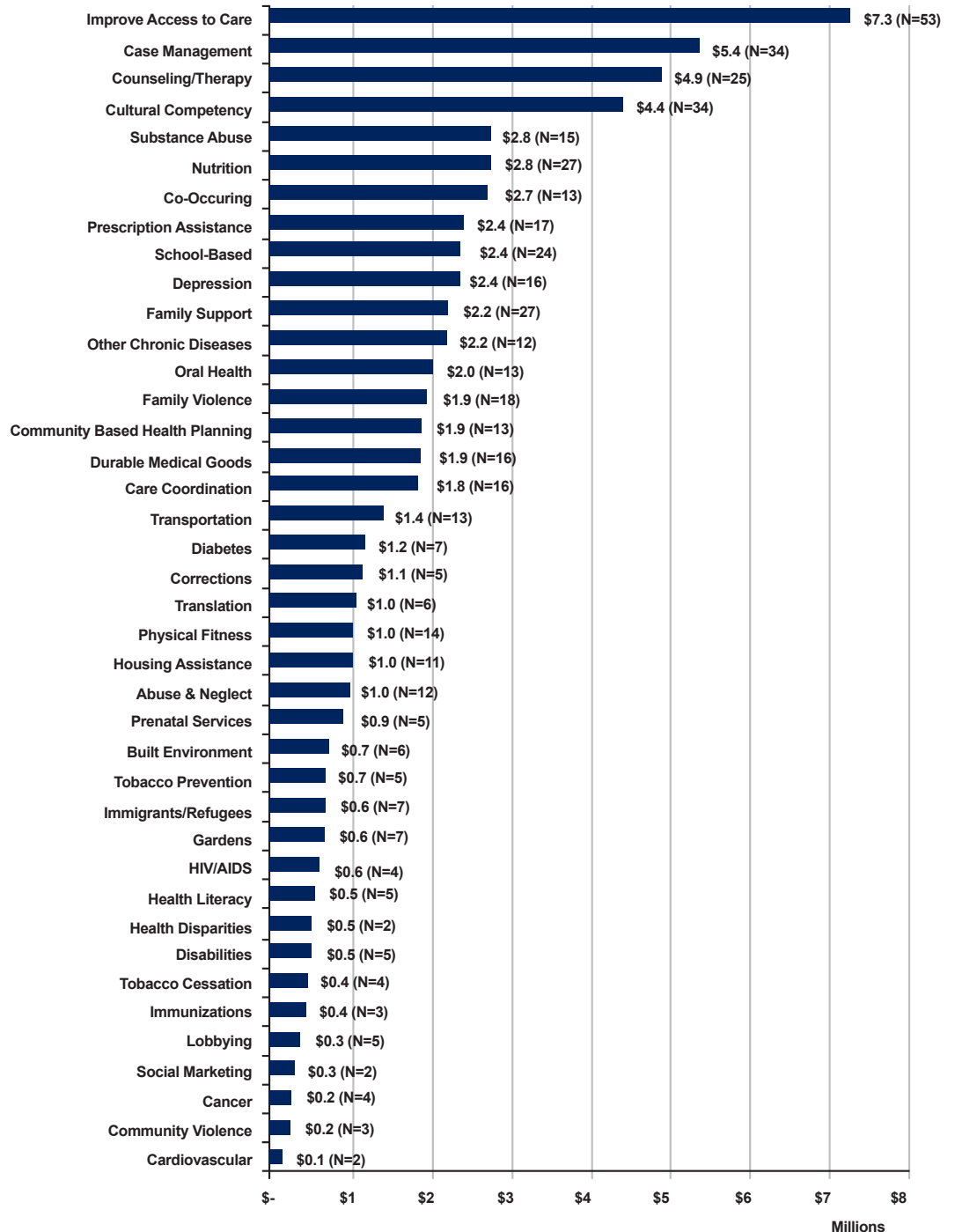


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GRANT FUNDING BY ORGANIZATIONAL TYPE

Each awarded grant is classified by organizational type. The amounts and number of grants funded are closely correlated. 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. In fact, of the \$17.5 million awarded in FDGs and ADGs in 2010, only \$2.75 were given to clinics and hospitals.

For the purpose of this report, Other Community Organizations are defined as a diverse group of organizations that do not fit in other organizational categories. They include social service agencies such as Seton Center Family and Health Services, and organizations such as Kansas City Center for Urban Agriculture.

Community health agencies, our second most funded type of organization, include organizations whose primary mission is health (such as the MS Society or Coalition of Hispanic Women Against Cancer). Educational institutions comprise all educational levels from pre-K programs to universities. Government organizations can include county health departments or correctional institutions.

Chart J: Amount and Number of Grants Funded by Organizational Type 2010

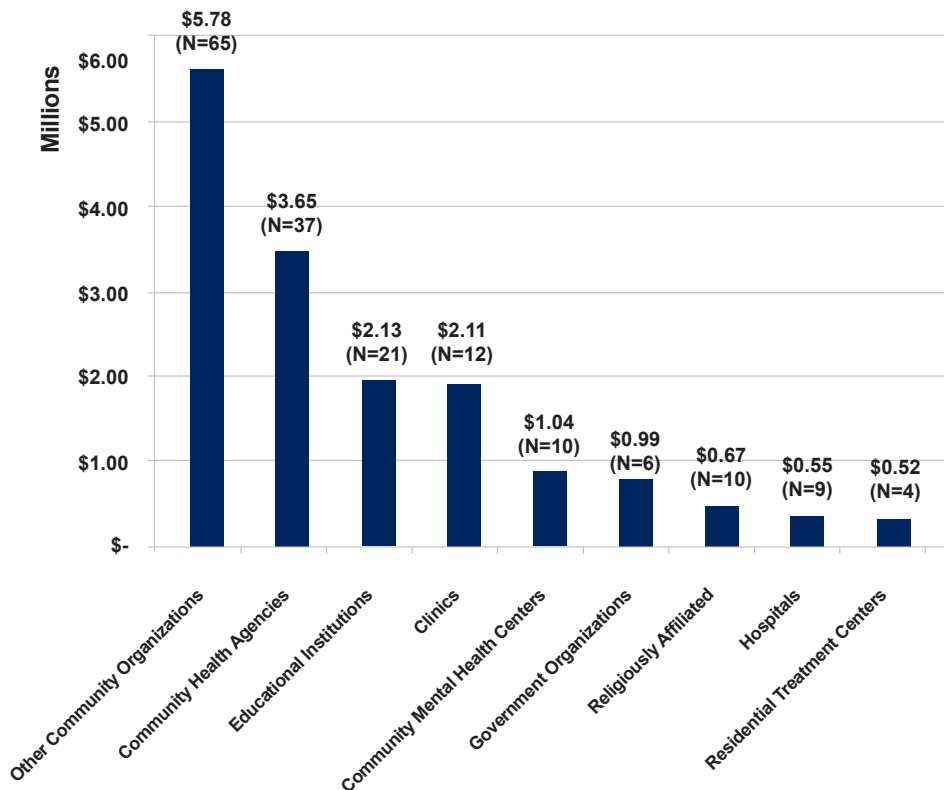


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GRANT FUNDING TO GRASSROOTS ORGANIZATIONS

HCF is committed to funding all sizes of organizations, particularly grassroots organizations. For the purpose of this report, a grassroots organization is defined as an organization with an annual budget that is less than \$500,000. Across all funding rounds in 2010, grassroots organizations made requests for a total of \$7.64 million. Of those 91 applications, a total of 30 grants were awarded to grassroots organizations totaling \$1.72 million (See Chart K).

Chart K: Grant Amounts Requested by and Funded to Grassroots Organizations in 2010

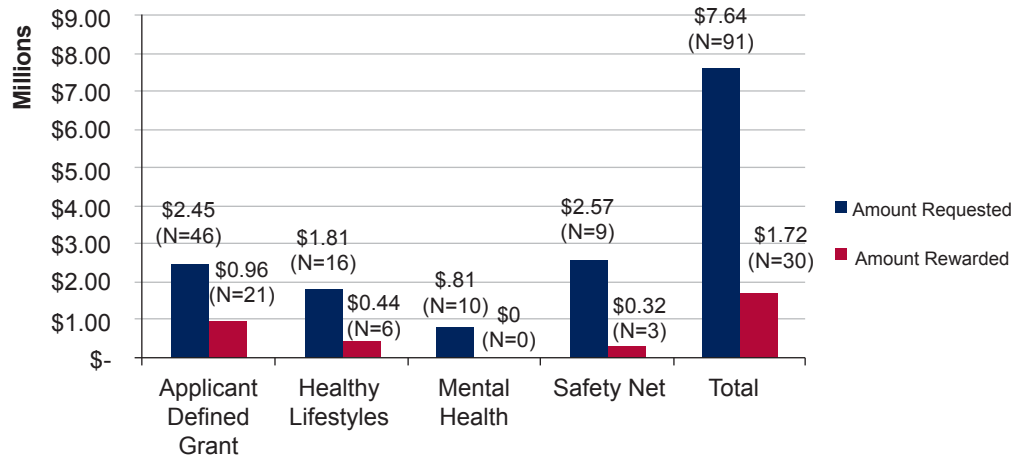


Chart L displays the percentage of approved grants by funding round that were awarded to grassroots organizations in 2010. In total, 17 percent of grants awarded were to grassroots organizations. This percentage is down from previous years, when it averaged approximately 25 percent.

It is not surprising that ADGs are the highest percentage of grassroots awards at 25 percent. Of the FDG funding rounds, grassroots organizations had the greatest chance of receiving funding in the Healthy Lifestyle round. A small number of grant requests in the mental health funding round led to no grants awarded to grassroots organizations.

Chart L: Percentage of Approved Grants Awarded to Grassroots Organizations by Priority Area in 2010

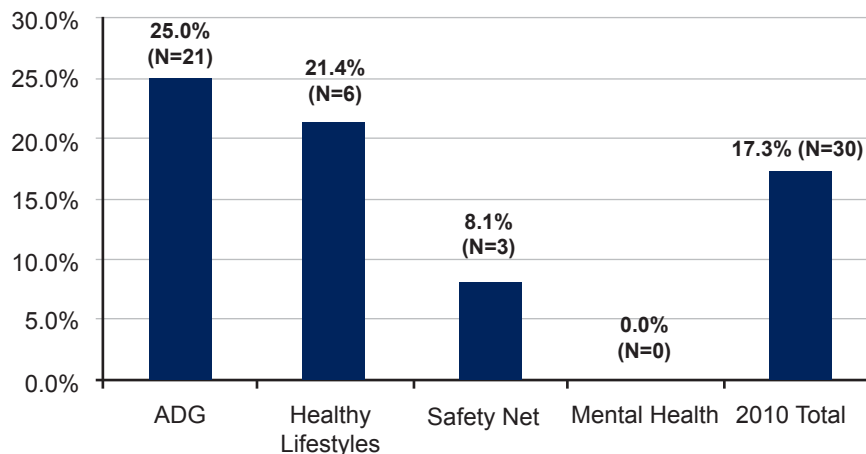


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TOTAL VALUE OF PROJECT FUNDING

In 2010, HCF funded \$17.5 million in ADG and FDG grants. However, when including other cash and in-kind donations, the total value of the projects funded through ADGs and FDGS was over \$109 million. This includes other grantee contributions and other funding sources in addition to HCF funding.

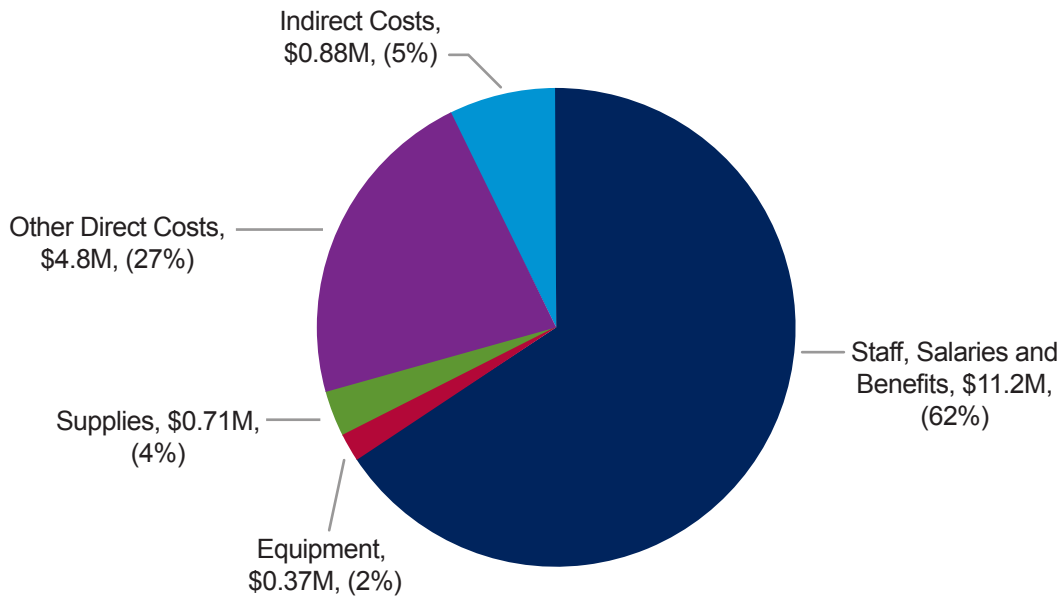
GRANT EXPENDITURES: COSTS AND ACTIVITIES

In order to determine how grant dollars were spent, expenditures of the grants awarded in 2010 were grouped into two domains: costs and major activities. Grant costs can fall within any of the following six categories:

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

The primary costs associated with funded grants in 2010 have been used for staff, salaries and benefits, which has totaled nearly \$11 million (see Chart M).

Chart M: Total 2010 Grant Expenditures



Grants awarded in 2010 were also grouped into five major activity categories that included advocacy, community education, direct service/treatment, prevention, and training. 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.

Of the data presented throughout this report, this is perhaps the hardest to categorize. The data is designed to give a general idea of the types of activities the grant funds are being used to support.

DEFINITIONS

Advocacy: Build public will toward a choice/ public policy.

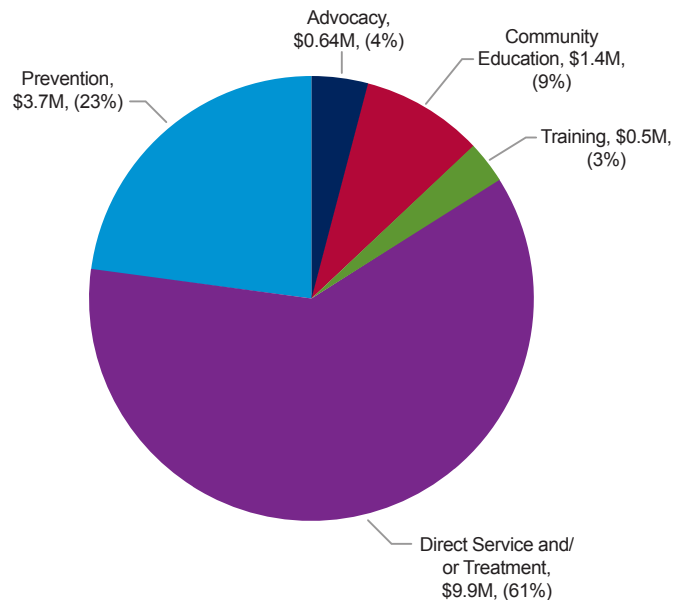
Community Education: Education around a specific topic.

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. Not just direct medical care.

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

Chart N: Grant Expenditures on Major Activities



HCF also tracks if grant funding was used for either core or programmatic support. 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 provides details on core and programmatic support in both number of grants funded as well amounts funded.

Chart O: 2010 Grant Funding; Core and Program Support

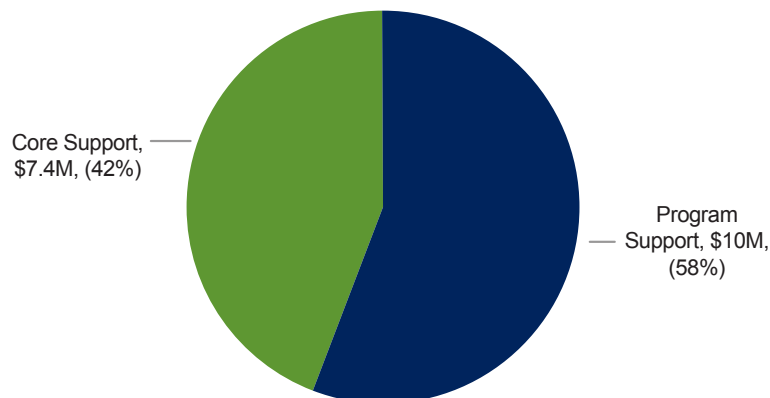


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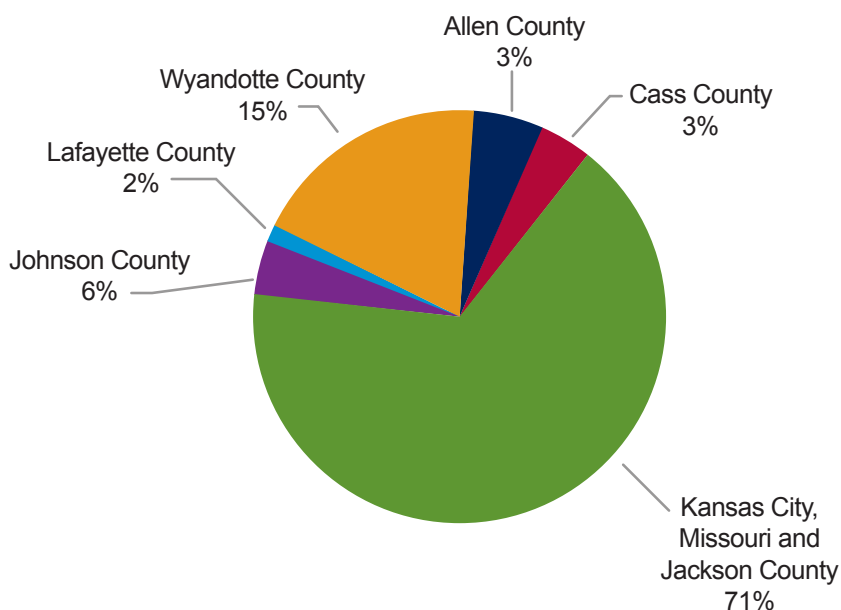
DEMOGRAPHICS OF GRANT POPULATION

When applying for HCF funding, organizations are asked about the target population that the grant will serve. Requested demographics include 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 70% Hispanic population would be coded as Hispanic, even though the grant may also serve other races or ethnicities. Similarly, a grant that primarily served Johnson County residents would be coded Johnson County, even though it may have also served Jackson County residents.

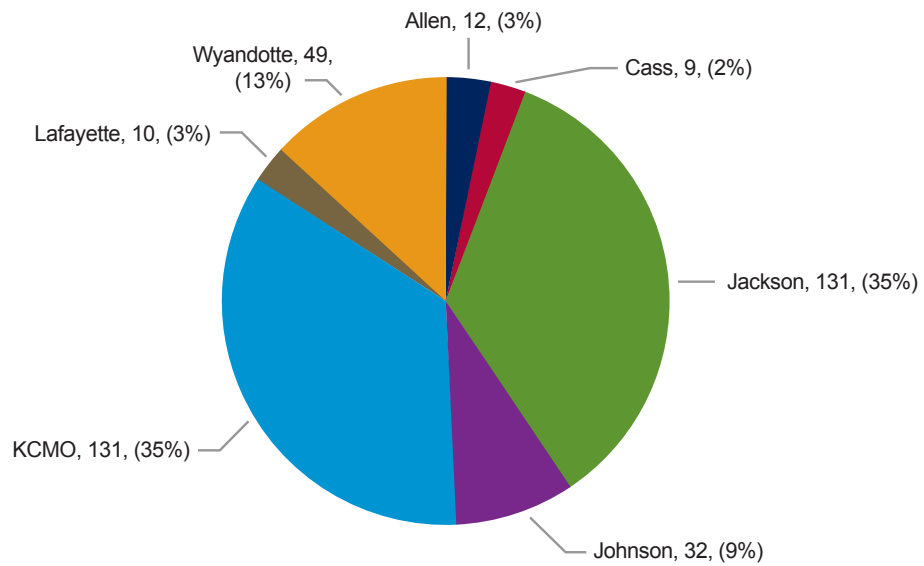
Seventy one percent of HCF funding in 2010 was provided to agencies primarily providing services in Jackson County and/or the city of Kansas City, Missouri (see Chart P), which has 103,000 people living in poverty (15.3%) (U.S. Census Bureau State and County QuickFacts, 2010). Grants primarily providing services in Wyandotte County received the second most funding from HCF at 15%, a county that has the third most number of people living in poverty in our service area (33,000 people of 21.4%).

Johnson County, Kansas was the third highest region primarily served by HCF grants, despite the perception that it is an area not generally thought of as “uninsured or underserved.” In fact, the 2010 Census numbers placed Johnson County as HCF’s second highest service area with total number of people living in poverty, with just over 37,000 people (6.8%). Our rural county service areas also have significant numbers of people living in poverty - 9,000 in Cass County (9%); 3,500 in Lafayette County (10.6%); and 2,100 in Allen County (16.2%).

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



2010 Grant Requests by Geographic Area



2010 Grant Approval Rates by Geographic Area

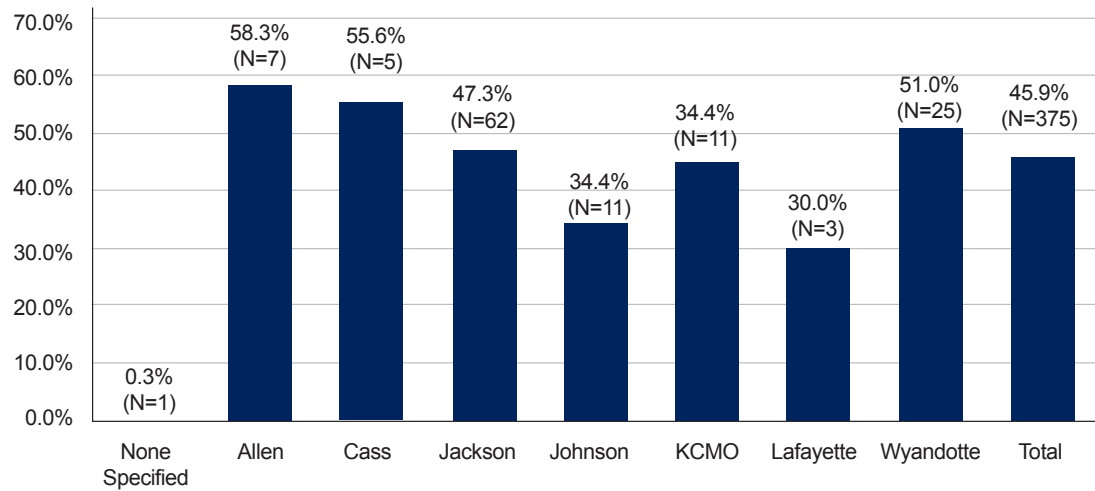


Chart Q: Primary Race/Ethnicity Served by 2010 Funded Grants

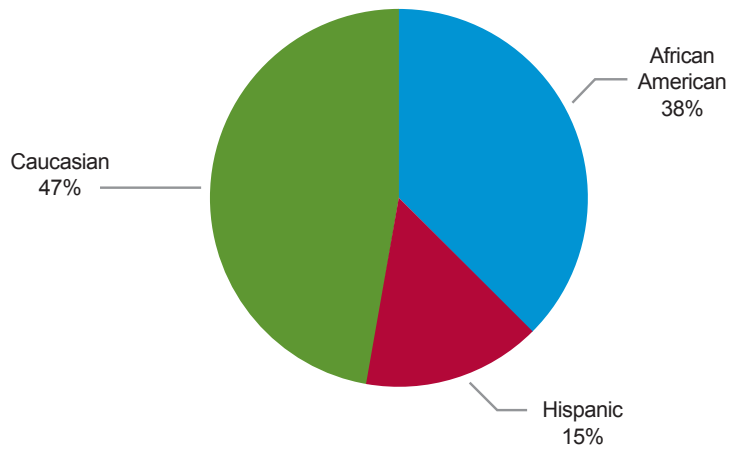


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Chart R: Primary Age Group Served by 2010 Funded Grants

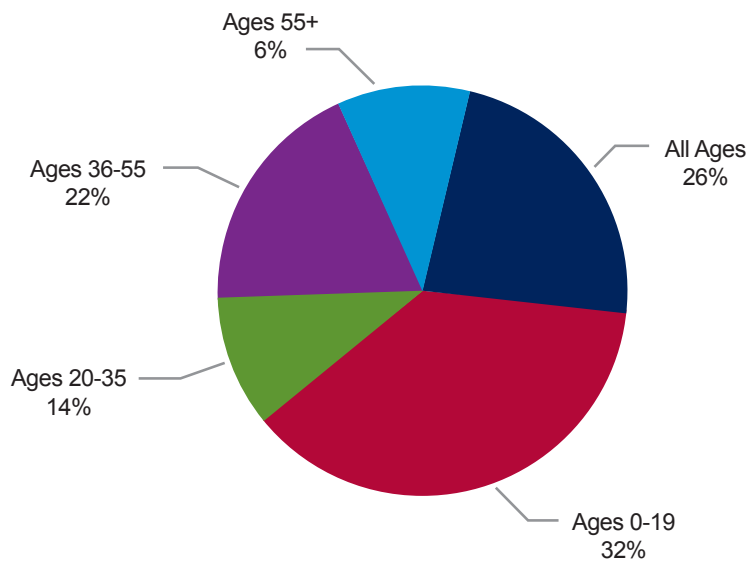


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HCF SPECIAL INITIATIVES SUMMARY

In 2010, HCF funded 29 special initiatives and projects totaling approximately \$4.5 million. These funds were used to address the needs of the uninsured and underserved in the greater Kansas City area. Below is a brief summary of the major initiatives funded.

Oral Health

Total Contribution: \$376,525

HCF partnered with the Reach Healthcare Foundation to plan and implement a regional multi-year oral health initiative to reduce the incidence of dental disease in children of low-income families entering kindergarten. The initiative, **Project Ready Smile**, has received several contributions from HCF, including \$25,000 in 2008, \$10,000 in 2009 and **\$100,000 in 2010**.

Also in 2010, HCF embarked on a new initiative to establish a full-time dental clinic for low-income and uninsured children in Cass County, Missouri. HCF allocated **\$250,000** towards the **Cass County Dental Clinic Initiative** in 2010. Funding supports salaries, equipment and some space renovation.

And, because there has not been a strong oral health advocacy presence in the state of Missouri, HCF allocated **\$26,525** towards **Oral Health Advocacy in Missouri**. A consultant was hired with the funding to oversee a three-phase process with the ultimate goal of creating a sustainable force for oral health advocacy. Phase I will focus on rebuilding collaboration among oral health stakeholders. Phase II will bring those groups together to coalesce around a shared policy agenda. Finally, phase III will offer ongoing support as the stakeholders formalize their operating structure.

Safety Net Health Care

Total Contribution: \$1,043,339

In 2006, HCF allocated \$380,000 over three-years to help Mid-America Regional Council (MARC) implement some of the recommendations outlined in the Kansas City Metropolitan Health Access Policy Assessment Report. This report addressed barriers that interfere with access to health care services for the medically indigent and underserved populations. The goals were to put more “system” into the safety net system, to leverage more resources, and to develop new coverage options. The initiative became known as the **Regional Health Care Initiative (RHCI)**, and with continued support from HCF, it has blossomed and formed offshoots, or workgroups: the Safety Net Collaborative (SNC), the Behavioral Health Initiative, and the Regional Health Information Exchange. 2010 HCF funding in the amount **\$241,339** is helping to continue the development of system-level changes through these three groups.

In 2009, HCF supported the Safety Net Collaborative (SNC) with \$500,000 in initiative funding to develop and implement a project that would expand access to safety net health care services through the

provision of increased evening and weekend hours. In 2010, HCF continued funding the **Safety Net Clinic Capacity Expansion Initiative** at a level of **\$382,000** for a second year. The safety net clinics will continue to provide the set of services established in the first year with a focus on primary care, including laboratory and pharmaceutical services. The clinics have also agreed to provide an additional 12 hours per week over what was proposed in the first year of the initiative. This represents a total of 75 hours of care on evenings and weekends in 2010.

HCF also allocated **\$420,000** to the **Access to Primary and Specialty Care Initiative**. This initiative provides referral services to medically indigent patients in Greater Kansas City for donated primary and specialty care by physicians and coordinated through WyJo Care and MetroCare.

Health Information Exchange (HIE)

Total Contribution: \$975,000

Funding in the amount of **\$50,000** went to support the **Kansas City Bi-State Health Information Exchange (KCBHIE)**. The mission of KCBHIE is to enhance access, quality, safety, and the efficiency of health care through the implementation of a health information exchange that supports the data needs of authorized users across organizational boundaries for over 1.9 million people in the greater Kansas City region. Initiative funding helped to implement start-up activities that are required before building the core technology infrastructure.

HCF then allocated **\$825,000** to **eHealthAlign** (the 501(c)3 that supports the KCBHIE) to support the technical and infrastructure necessary to allow the KCBHIE to begin exchanging real time clinical data across organizations. This technology will provide the venue through which hospitals, safety net providers and physicians exchange data and meet the “meaningful use” requirements that are necessary to access the enhanced reimbursement from Medicare and Medicaid.

HCF provided **\$100,000** for the **Missouri HIE/Health Care Reform Communications Outreach Initiative** for consultation to help guide the Missouri Health Care Cabinet with their public relations and strategic communications outreach efforts regarding Health Care Reform.

Health Reform Implementation - \$500,000

HCF dedicated special initiative funds to ensure that federal health reform is faithfully and fully implemented in our service area. The initiative goals were to provide the public accurate information on the contents of the health reform package and to equip state government leaders and legislators with the information and tools needed to implement health reform.

Workforce Development - \$333,136

Due to the looming nursing shortage, HCF made nursing workforce development a key priority. In 2006, HCF began a nursing workforce shortage initiative with the development of an Advisory Board for

future projects. In 2007-2010, HCF awarded grants to five area public schools of nursing to increase retention of minority/underserved students and to provide cultural competence training to nursing faculty. In 2008, HCF received a two-year Partners Investing in Nursing's Future (PIN) grant from the Robert Wood Johnson (RWJ) Foundation to increase retention of nurses in the workforce and to increase nurses' involvement in leadership in their workplace setting. HCF funding for and involvement in both of these initiative grant projects ended in December 2010.

At the end of 2010, our focus on nursing and other health careers continued with a new initiative that provides funding for the planning and implementation of projects designed to respond to the current and projected nursing and allied health shortages. The proposed projects are in partnership with the FEC and PREP KC and seek to continue the previous initiative efforts in increasing the nursing workforce and also address the workforce shortage in other health professions.

Social Determinants of Health

Total Contribution: \$500,000

HCF's mission is to eliminate barriers and promote quality health for the uninsured and underserved in our service area. Safety and security is acknowledged in economics literature as being a positive contributor to well-being. HCF built on a \$300,000 core capacity grant to **Aim4Peace** in 2009 with a **\$400,000** special initiative grant in 2010 to help them continue their violence prevention efforts that offer community mediation and a comprehensive public health strategy in the urban core of KCMO.

HCF also supported Communities Creating Opportunities (CCO), the Federal Deposit Insurance Corporation (FDIC) and Kansas City metro stakeholders with a **\$100,000** investment in the **Small Dollar Loan Alternative Project**. This coalition has designed a financial strategy that will offer an alternative source of short term lending options to reduce the dependency on high interest options. The project is a community wide effort that has designed a financial mechanism that addresses the issue of asset stripping and disinvestment.

Advocacy for the Tobacco Tax - \$150,000

HCF supported the **American Cancer Society, High Plains Division** with a special initiative award in 2010 to provide seed funding for a ballot measure to increase Missouri's cigarette tax, which is currently the lowest in the nation.

Cass County Health Initiative - \$50,000

This initiative focused on assessing the health and wellness needs in Cass County and conducting a capacity inventory. The information was used to work with an existing health coalition to create an actionable strategic agenda for improved overall organizational capacity for service providers and quality of life for residents in the county.

Crittenton Children's Center - \$250,000

HCF partnered with RWJ, the REACH Healthcare Foundation, the Hall Family Foundation, and Bank of America in support of this three-year project, which calls for collaboration with early childhood education partners to intervene with approximately 325 preschool staff and 1,085 three to five-year-old children and their parents in Wyandotte and Jackson counties. The goal is to create a cohesive, trauma-informed culture and caregiver skill base that becomes self-sustaining and results in school readiness as well as healthy and age-appropriate social and cognitive development for every child in the program.

Healthy Eating and Active Living

Total Contribution: \$65,000

Special initiative funding of **\$50,000** allowed HCF to partner with the Missouri Foundation for Health and other funders in Missouri to provide core infrastructure support to the **Missouri Convergence Partnership (MCP)**. MCP is an initiative consisting of investors, collaborators and advisors that seek to coordinate and leverage resources among philanthropic, public and private organizations in Missouri to advance the Healthy Eating-Active Living (HEAL) fields across the various sectors (i.e. health, sustainable agriculture, land use/transportation, economic development, community development, and public policy).

HCF contributed **\$15,000** to **Building a Healthier Heartland (BHH)**, an initiative begun by more than 100 individuals from across the region in 2009 to reduce and prevent obesity and other related chronic diseases. BHH partners recognize that tackling America's health risks requires cross-cutting strategies that incorporate evidence-based changes into communities and the health and wellness programs of work sites, faith-based organizations, neighborhoods, and school communities. No single organization could do it alone, and BHH offers a "super-coalition" opportunity to maximize the reach, impact, and shared lessons-learned of strategies that work to address obesity. HCF funding supported a part-time consultant to help to support this group as it moves toward action. The contracted individual will help to create a presence for the coalition in regional healthy eating and active living and advance the policy agenda.

Ladder to Leadership - \$50,000

HCF collaborated with the Robert Wood Johnson Foundation and the Center for Creative Leadership to implement the **Ladder to Leadership Program**, a comprehensive 16-month, three-phase leadership development initiative designed for emerging leaders in health-related nonprofits. This program is designed to increase the future leadership capacity of community-based health and health-related nonprofit organizations to sustain and enhance community health services in targeted communities. Full scholarships will be awarded to as many as 30 emerging leaders of health-related and government nonprofits in our service area.



Health Care  Foundation
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