



Health Care  **Foundation**
OF GREATER KANSAS CITY

2007
GRANT MAKING
Progress Report





Steve Roling

MESSAGE FROM HCF PRESIDENT/CEO

Whether creating a metro-wide initiative or through direct funding for programs providing support to individuals working on their path to healthier lifestyles, the Health Care Foundation of Greater Kansas City works each day to create healthy communities. The value of our work is far reaching, enhancing the lives of thousands of uninsured and underinsured individuals through the organizations that we fund.

In 2007, HCF was proud to award over \$23 million in funding. This report focuses on the \$19 million given in the form of Applicant Defined Grants (ADGs) and Foundation Defined Grants (FDGs). While the ADGs covered a broad area of topics, the FDGs focused on HCF's three funding priorities - mental health (\$7 million), safety net health care (\$6 million) and healthy lifestyles (\$4 million).

As set forth in our strategic direction, HCF places a high value on self-reflection and analysis of data to inform and enhance our grantmaking to ensure maximum impact on our community. Therefore, HCF is proud to present this initial Progress Report on grant activity for the year 2007. This report is designed to take you beyond the numbers and illustrate the areas, organizations and demographics served by the grants awarded.

Over the last year we've compiled the following information on our ADG and FDG grants (not including initiative funding). Each grant was classified along several dimensions including area of emphasis, type of organization, type of activity, distribution of funds and target population. Though it is not an exact science, it is a fair representation of how grant money was spent during one calendar year. This report is important for our leaders and decision makers to determine if there are specific target groups that have not benefited from HCF funds and to look at what issues we are or are not funding.

While this report details who we provide grants to, what type of grants and demographic information on populations served, it does not answer questions about outcomes. Under HCF Program Officer Jane Mosley's leadership, we are excited about an upcoming research and evaluation project that will provide information on community level outcomes in 2009.

My thanks to our dedicated staff, including those who helped put this report together. We hope you find this information useful and as always, we appreciate your leadership and look forward to your feedback.

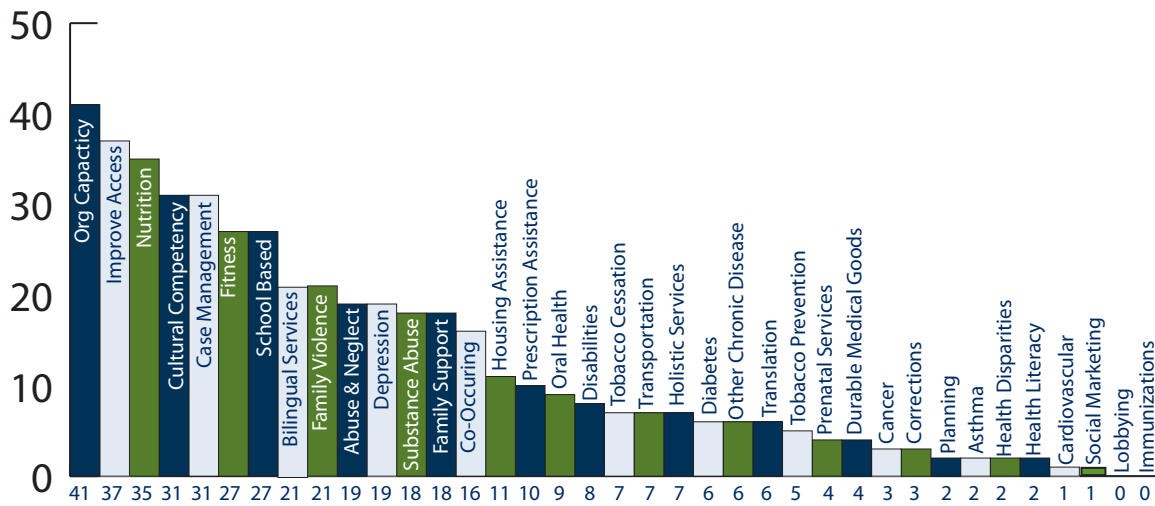


2007 GRANTS APPROVED BY AREAS OF EMPHASIS

Good health is about more than health care. While it is crucial to receive quality treatment when you are sick, it is equally important to have access to preventive services. Since its inception, the Health Care Foundation of Greater Kansas City has taken a broad definition of health, emphasizing grantmaking to include mental health, healthy lifestyles, oral health, advocacy and other social services such as case management.

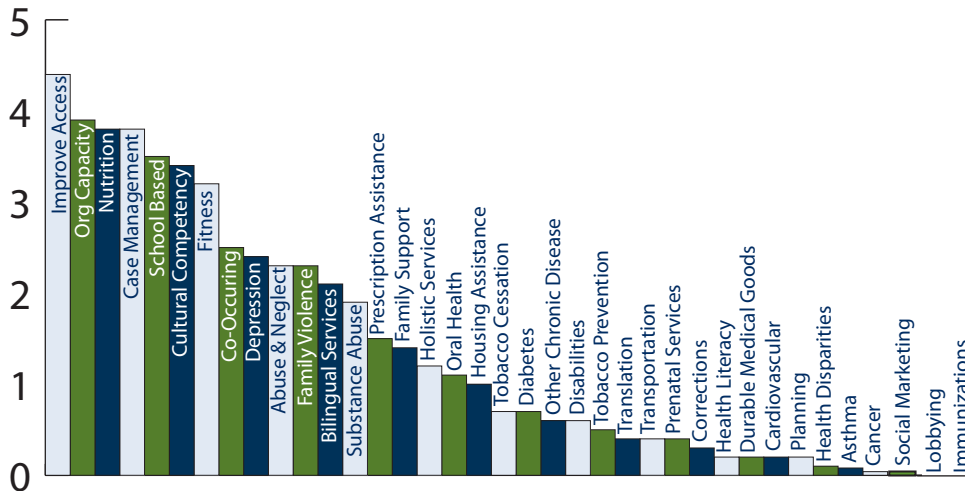
The following graphs illustrate the vast areas of health that HCF funded in 2007. HCF staff coded all 193 approved grants by areas of emphasis. It was common for grantees to be classified in multiple areas. For example, programs could provide transportation and prescription assistance or offer both fitness and nutrition components. Because it was impossible to determine expenditures by each separate subject area, if a grant contained more than one topic area, the full amount of the grant was counted under each area.

BY NUMBER OF GRANTS



BY DOLLAR AMOUNT

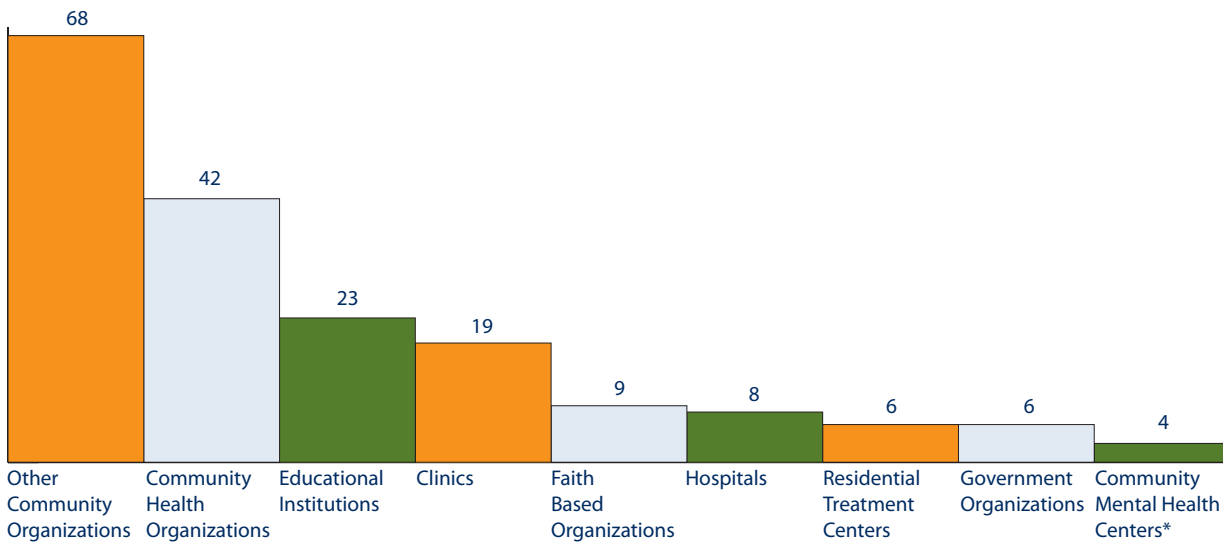
(in millions)



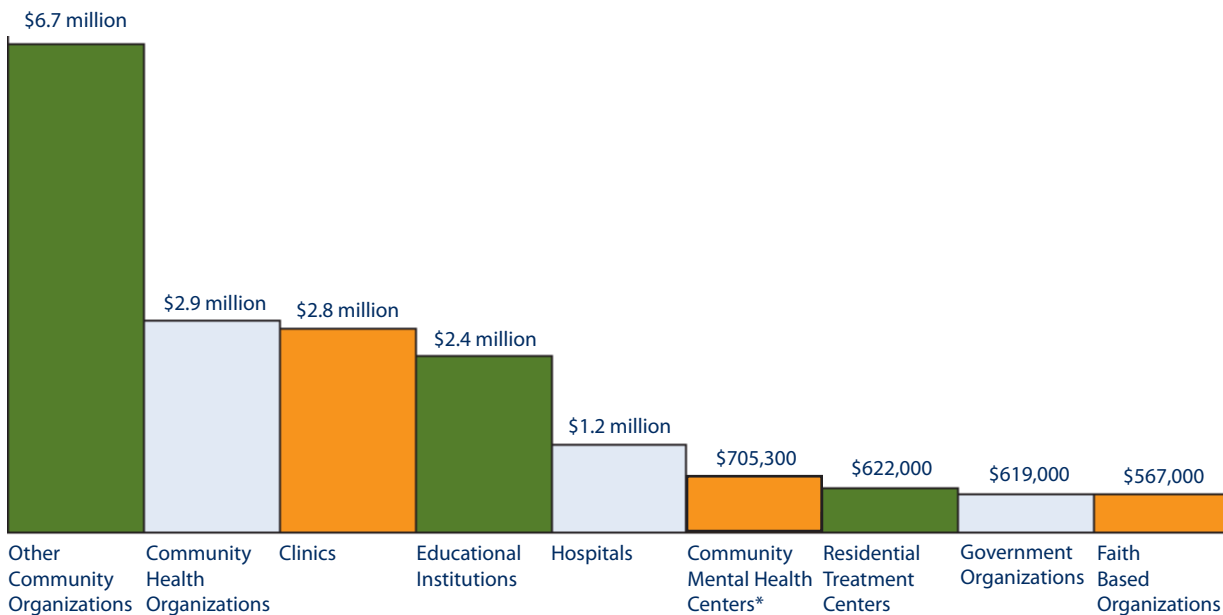
2007 GRANTS APPROVED BY ORGANIZATION TYPE

When analyzing the 193 grants awarded in 2007, each grantee was classified by organizational type. More than \$19 million has been awarded through ADGs and FDGs to these entities. By far, the largest number of grants have been awarded to other community organizations, further illustrating HCF's willingness to fund programs that go beyond direct treatment. These organizations (i.e. - social services agencies, grass-roots organizations) received 68 grants totaling nearly \$7 million. Community health agencies (i.e. - YWCA, American Lung Association) and educational institutions (i.e. - all levels of education ranging from early childhood program to universities) also topped the chart before traditional health care service organizations such as clinics and hospitals. A small number of grants were included in multiple categories.

BY NUMBER OF GRANTS



BY DOLLAR AMOUNT



*Some CMHCs are coded under other categories such as hospitals and clinics

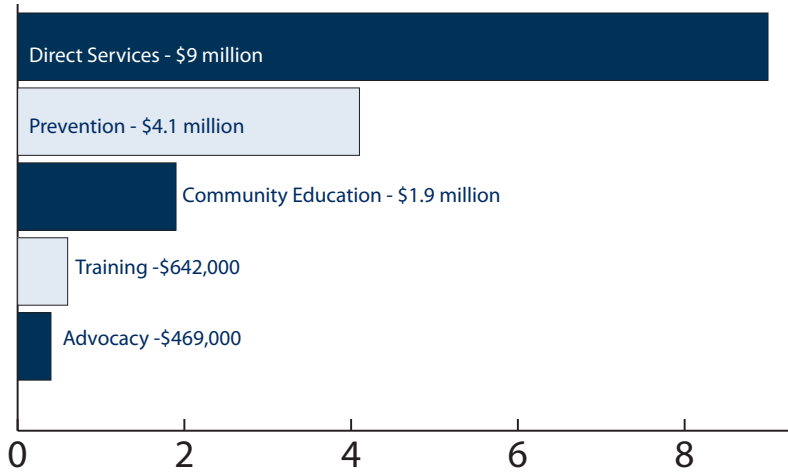
2007 GRANTS APPROVED BY MAJOR ACTIVITIES

In order to track how our dollars are spent, expenditures were grouped into two domains :

Direct Service, Community Education, Prevention, Training or Advocacy (see definitions below).

Ideally these categories would be mutually exclusive, but there were exceptions. A fitness and nutrition program would be coded both as education and prevention. In a small number of grants, it was impossible to classify expenditures in this way, therefore the data from those grants were not included in these charts.

BY DOLLAR AMOUNT (in millions)



DEFINITIONS

ADVOCACY

Build public will toward a choice/public policy

COMMUNITY EDUCATION

Education around a specific topic

CORE OPERATING SUPPORT

Investment into organization's infrastructure

PREVENTION

Intervention to help a target population who does NOT yet have a certain disease/condition

PROGRAM SUPPORT

Supports new programs in development or expansions/incremental changes to existing programs

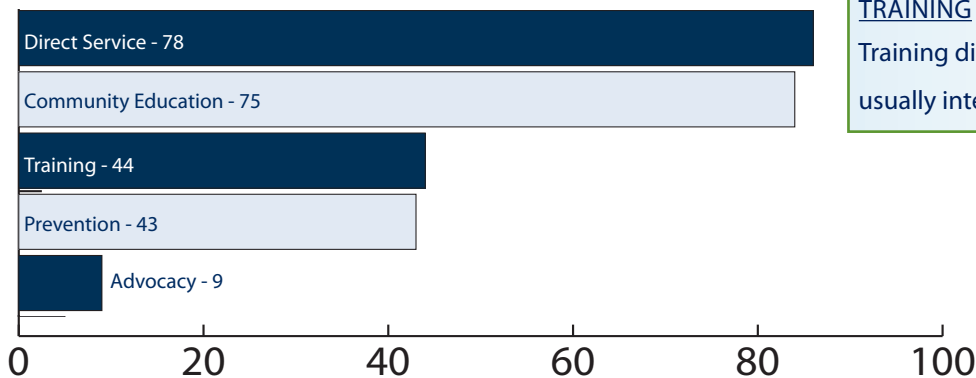
SERVICES

Services to help a target population who already have a disease/condition

TRAINING

Training directed at staff or very specific audience usually internal

BY NUMBER OF GRANTS

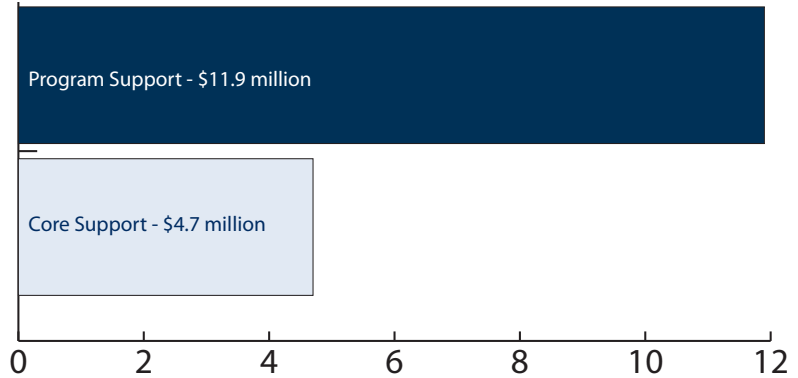


2007 GRANTS APPROVED BY MAJOR ACTIVITIES (cont.)

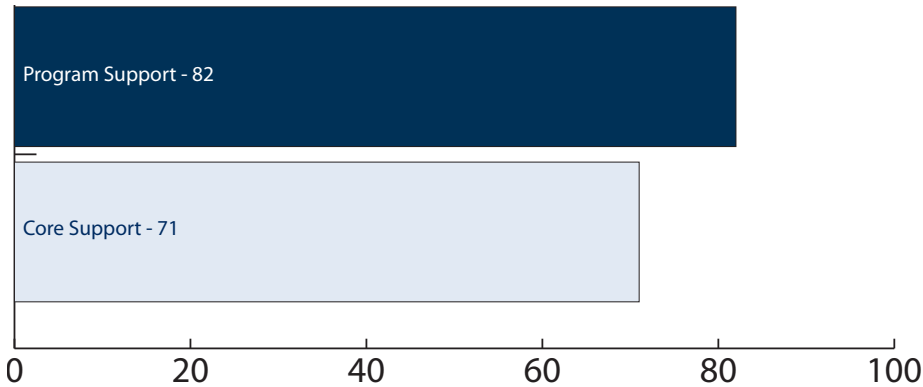
Program Dollars or Core Dollars

Please note, some grants had expenditures in each of these categories. For example, a \$200,000 grant to implement a new program around oral health care could allocate \$182,000 toward program cost, while allocating the remaining \$18,000 of indirect cost to core dollars.

BY DOLLAR AMOUNT (in millions)

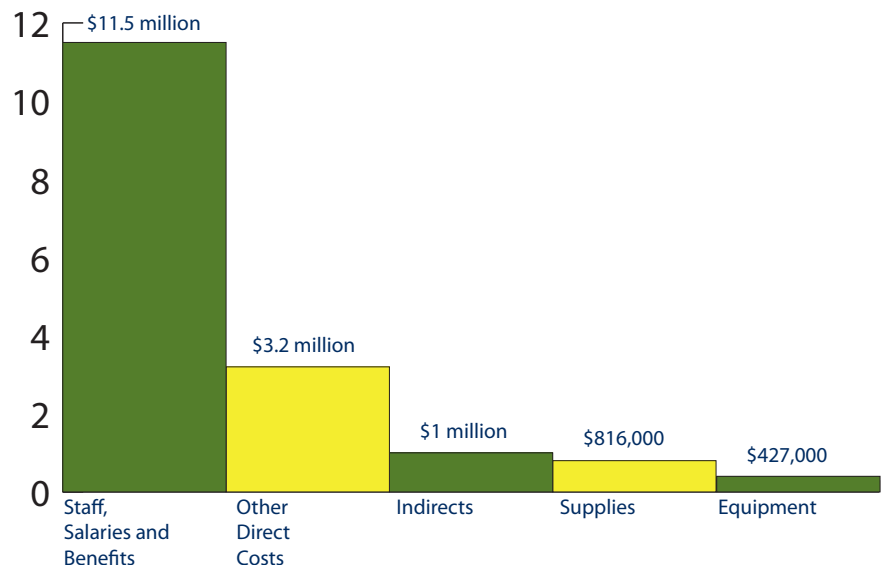


BY NUMBER OF GRANTS



2007 GRANT EXPENDITURES BY CATEGORY (BY DOLLAR AMOUNT)

Grantees report expenditures to HCF across five major categories: salaries and benefits, supplies, equipment, other direct costs, and indirect expenses. By far, the majority of HCF funding was allocated to salaries and benefits, \$11.5 million out of the \$16.7 million. One million was allocated to indirect expenses across the agencies.



The total value of these grants, including in-kind support and other dollars leveraged is over \$90 million.

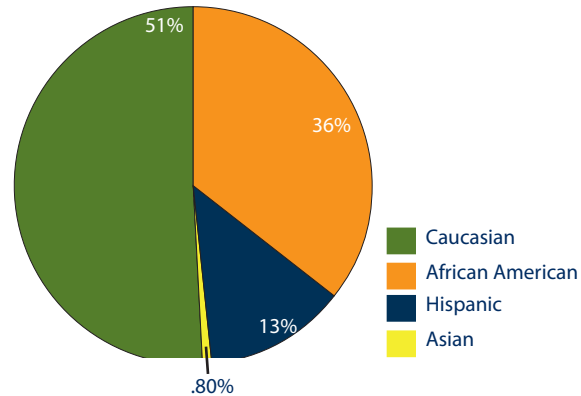
2007 GRANTS APPROVED BY DEMOGRAPHICS

When grantees apply for funding, they note the grant target population by race and ethnicity, geographic region and age. Grants are then classified by primary category for each of these areas. Thus, a program that served 60% African-Americans would be coded in this pie chart as African-American only even though other races and ethnicities were served with that funding.

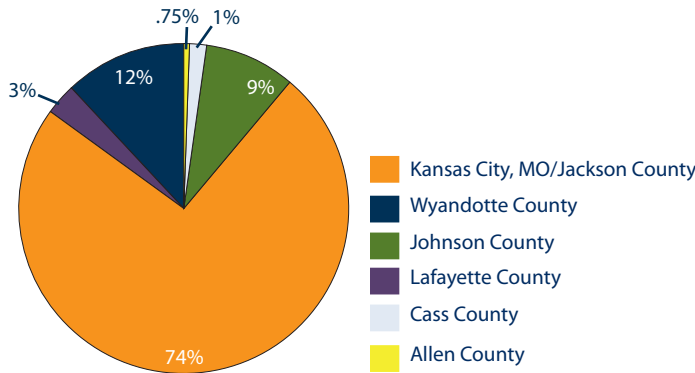
PERCENTAGES BY TARGETED RACE AND ETHNICITY

Just over half of the approved grants had a primary focus on Caucasians, while 36% primarily targeted African-Americans. A far smaller amount, 13%, focused on the Hispanic population.

When comparing the race and ethnicity in HCF's service 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.



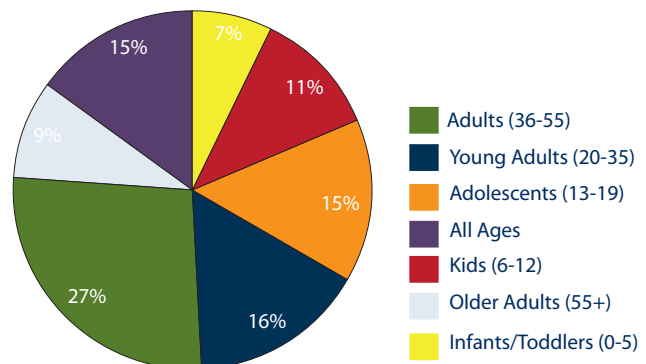
PERCENTAGES BY PRIMARY GEOGRAPHIC REGION

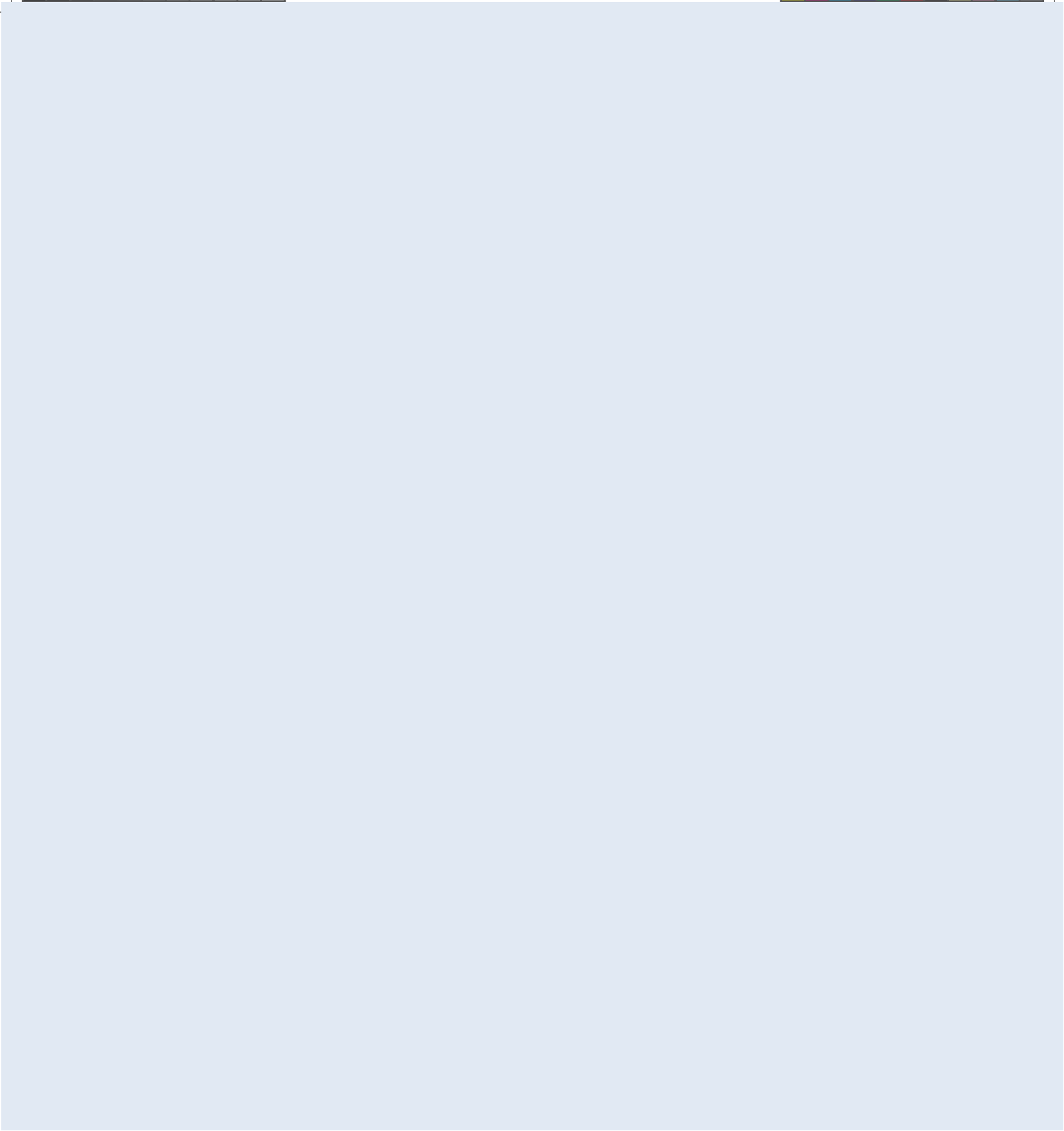


Almost 75% of grants approved had a primary focus on either the city of Kansas City, MO or Jackson County. The distribution of grant money to this particular area is slightly higher than the pattern of low-income individuals, while numbers indicate Wyandotte County was slightly under represented with grant dollars compared to its number of low-income individuals. Each of the rural counties had a low number of grants targeted, due primarily to a low level of applications. While less than 1% of the grants targeted Allen County, just over 1% of the poor in our service area live in that county, while Lafayette has 2% and Cass 3%).

PERCENTAGES BY TARGETED AGE GROUP

The majority of grants approved had a primary focus on children and adolescents. This number reflects, in part, the age restrictions of HCF's Healthy Lifestyles funding round (0-25), although this pattern was shown throughout all grant rounds. Fifteen percent of grantees report serving all ages equally, while only 9% served primarily older adults (55 and above).





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www.healthcare4kc.org

816-241-7006

