LISTEN FIRST. THEN RESPOND.

At the Sunflower Foundation, we believe that to be effective in our work we must be good listeners.

We must listen to the people in need and to those working on solutions. Only then can we understand how best to respond.

In this year’s Annual Report, we are pleased to introduce you to the kind of people we listen to every day. You will meet people in government, health care, education and society at-large who are dealing with the challenges associated with our three primary focus areas: expanding access to health care, strengthening the capacity of the health care safety net, and reducing the prevalence of obesity.

This report also details our response for the time period from July 1, 2003, through June 30, 2004, in the form of grants we have made to organizations that are working to implement long-term, sustainable solutions to these challenges.

As we look to the future, we will continue to celebrate and champion those who are seeking solutions. We will also listen for new opportunities to be of service.

Billie G. Hall       Greg Unruh
President & CEO      Board Chair
MISSION
To serve as a catalyst for improving the health of Kansans

VISION FOR HEALTH
To direct our resources toward helping people and communities achieve and maintain optimal health by improving access to health care and information, eliminating barriers, emphasizing prevention and promoting healthy environments that enable and support personal responsibility for health

ORGANIZATION
The Sunflower Foundation: Health Care for Kansans was created in 2000 as the result of a $75 million settlement from litigation involving the Kansas Attorney General, the Kansas Insurance Commissioner and Blue Cross Blue Shield of Kansas. The settlement agreement charged the foundation with serving the health needs of Kansans.

The foundation is governed by nine trustees who represent diverse backgrounds and regions of the state. Eight members of our Board of Trustees are appointed through a process overseen by the Kansas Attorney General. One trustee is appointed by Blue Cross Blue Shield of Kansas.

Additionally, nine individuals from across the state are appointed by the Kansas Attorney General to serve as members of our Community Advisory Committee. Their responsibility is to serve as the nominating body for the Sunflower Foundation Board of Trustees.

Four Legislative Advisors are appointed by the leadership of the Kansas House and Senate to serve as liaisons between the foundation and the Kansas Legislature.

GRANTMAKING PROCESS
The Sunflower Foundation provides funding in our focus areas through multiple strategies, including requests for proposals (RFPs), foundation initiatives and special projects. We believe it is important to share information about our priority areas and our grantmaking process with all interested organizations. To achieve that, we announce our funding opportunities through a direct mail database, which is open to anyone requesting to be included, and media notices. We also post this information on our Web site, www.sunflowerfoundation.org.

FOCUS
While foundations sometimes draw the headlines, it is the hard-working, dedicated people providing the direct service and leadership that truly deserve the recognition. These are the individuals who live the challenge...every day.

This is something the Sunflower Foundation works to keep clearly in focus as we evaluate the many requests we receive for funding support. In that process, we seek to go beyond the need...to get to know and understand the people and the important work they do.

That is why we have chosen to feature in this Annual Report some of the people who are involved in the challenges we endeavor to serve. From the working single parent who cannot afford health insurance, to the physicians seeking solutions to the obesity epidemic, to the clinic manager serving growing numbers of patients with fewer resources, to the local and state government leaders looking for meaningful answers...these are the people we wish to honor by presenting their stories in these pages.
EXPANDING ACCESS TO HEALTH CARE

We know from U.S. Census data that 10% of Kansans are uninsured or underinsured. For those individuals, access to quality and affordable health care is a struggle. We also know that other factors are barriers to access, such as geography, transportation, race, ethnicity, culture and health care work force shortages. Improving the health status of Kansas requires improving access to services.

The Sunflower Foundation is interested in evaluating and supporting health care systems change at a state level that will result in expanded access to affordable and quality care. We recognize that any meaningful dialogue in this area must bring all stakeholders to the table with a common goal of improving health and access to health care for all Kansans.

JEAN RYAN

Think you know the profile of an “uninsured person”? Meet Jean Ryan. Ryan is a single mother of two boys, ages four and seven, who holds a Master’s Degree in Elementary Education from Northern Arizona University in Flagstaff. She works part-time at the Topeka Zoo. She’s also working with a colleague to start “Family Foundations, Inc.”, a family education and counseling service for low-income residents that includes counseling, family education and nonviolent communication training.

And, she can’t afford health insurance.

“My children are covered through the HealthWave program that’s managed by the state, but I just don’t have any viable options right now,” said Ryan. “My employer offers health insurance, but the cost for the family is more than I earn as a part-time employee, so it isn’t practical.”

She and her Family Foundations, Inc. colleague have even looked into the possibility of joining a group that buys health insurance for small businesses. Even with that level of buying clout, the cost for Ryan and her boys would be about $700 per month, or $350 a month for just Ryan herself; both amounts that are simply out of reach.

Such is the plight of many single parents in Kansas: Work full-time to secure health benefits, and you have the cost and scheduling headaches of getting children to and from school or daycare. Work part-time to be available to your children, and health insurance is either too expensive, or unavailable.

“I’ve been working all my adult life, but for the past four years I haven’t had health insurance,” says Ryan. “It’s a real concern for me.”
It’s a good thing that Bob Day, Ph.D., likes a challenge. As the Director of the new Office of Health Planning & Finance, his task is to bring together the divergent groups that make up the health care system to try and figure out how to keep costs under control while providing coverage to more people. With the annual price tag for health care in Kansas at $12 billion, it’s a daunting task.

“The simplest solution would be to expand coverage for the uninsured,” says Dr. Day. “But we just don’t have the resources. So, we’re taking it piece by piece, looking at where these costs are coming from.”

Such costs are only part of the problem. “Health care is a very fragmented system, and the participants sometimes don’t talk to each other very well,” says Dr. Day. “In addition to gathering research and offering ideas, the job of this office is to get all parties talking and thinking creatively about solutions. That’s the only way we can hope to solve this.”
Kansans without health insurance have to make some very unappealing and difficult choices, according to a study funded by the Health Resources Services Administration, and directed by Barb Langner, Ph.D., a professor/researcher in the KU School of Nursing.

“We learned that people without health insurance delay getting health care services —both for acute care and for prevention—because they can’t afford it,” says Dr. Langner. “That means they are sicker when they finally enter the system, and that adds to the cost that we all bear. Also, those whose children don’t have insurance go so far as to make choices regarding their kids’ activities based on how likely they are to become injured by participating.”

While other states have more uninsured persons, Dr. Langner says that a recent study shows the numbers in Kansas are still concerning: 10.5 percent of those under 65 years old. That translates to 188,000 adults, and 56,000 children. Most are low income, but most are working. The question is not one of desire, but of access.

“Kansas isn’t unusual; many small employers can’t afford the premium, so they don’t offer health insurance to their employees,” says Dr. Langner. “Employees then have to make a choice, ‘Do I work here and hope to be able to pay my own medical bills, or do I switch jobs just for health insurance?’”

The public and private sectors need to work together to find solutions, says Dr. Langner. And both will see the benefit. “Healthy employees are more productive employees. That’s good for employers, and for the state as a whole.”

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STRENGTHENING THE CAPACITY OF THE HEALTH CARE SAFETY NET

Because of the growing numbers of uninsured and underinsured, the demand on the often already fragile health care safety net provider network has continued to increase. Being uninsured is associated with a range of adverse health, social and economic consequences for uninsured persons and their families, for the health care systems in their communities, and for the state.

To address this growing burden, the Sunflower Foundation is working with individual providers to help them build organizational capacity, and at a state level to identify gaps in the safety net system.

KARLA FINNELL

In a state as diverse—geographically, economically and ethnically—as Kansas, one solution will not fit all when dealing with the challenge of those who lack adequate health care.

That's the view of Karla Finnell, CEO of the Kansas Association of the Medically Underserved (KAMU), a non-profit organization with the mission to improve access to health care for those who are considered underserved. “People who fit that description find themselves in this predicament due to a variety of factors, including lack of access to health insurance, poverty, educational limitations, language barriers and transportation,” says Finnell.

What makes the challenge even greater is the state’s unique blend of major metropolitan areas and wide open spaces. “In some cases, it’s a question of capacity. In some communities, we have safety net facilities, we just need more professional staff to provide the care,” says Finnell. “In some regions, it’s a matter of geography; the facilities are few, and the distance between them is great.”

Faced with this reality, KAMU believes one answer is to seek federal dollars to create and fund safety net clinics, while also supporting traditional physician practices that work together with safety net providers to ensure access regardless of ability to pay.

In Salina, such a partnership is already underway, as 97 specialists have agreed to accept referrals from the local safety net clinic. Such a solution not only demonstrates caring, it also makes good financial sense, says Finnell. “If you provide care on the front end, people are more likely to recover, and the ultimate expense to all of us will be lower.”

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In her role as a Commissioner in Harvey County, and her other life as the owner of a small retail establishment in Newton, Marge Roberson has a deep understanding of the importance of community-based health care clinics.

“Like a lot of small businesses, we simply can’t afford to offer our employees health insurance,” says Roberson. “We try to pay a little more to help them out, but health insurance is so expensive that it’s just not possible.”

Roberson’s business is not alone. Employees of small businesses make up the majority of those without health insurance in the state. When funds dwindle, they turn to safety net providers like the Harvey County Health Department for preventive services, or the Health Ministries Clinic for acute care.

While such providers do “an outstanding job,” most are at—or beyond—their capacity to serve those in need. To help these providers, Harvey County is engaged in a health care needs assessment project, in hopes of securing federal funds for a Community Health Center. But, Roberson says, they’ve been told to expect to wait at least three years before any funds would arrive.

As a County Commissioner, such a situation is challenging for Roberson. “This is a great community, and we step up whenever we can. It’s just that there are so many demands for the funds we have available. But when health insurance becomes a luxury that people either can’t get or can’t afford, something has to be done.”

“Like a lot of small businesses, we simply can’t afford to offer our employees health insurance.”
At the United Methodist Mexican-American Ministries Community Care Centers and Health Clinics in Western Kansas, Executive Director Penney Schwab finds life to be a series of balancing acts.

“There’s so much need, but only so many dollars and not enough staff,” says Schwab. “We seem to always be dealing with a shortage somewhere.”

With facilities in Garden City, Dodge City, Liberal and Ulysses, Schwab juggles a staff of one full-time physician and seven “mid-level” providers, such as physician’s assistants and nurse practitioners. These professionals offer more than just the traditional acute care services one might expect to find at a safety net clinic; the menu includes prenatal care, well and acute child care, and services for those suffering from diabetes or hypertension.

The population the clinics serve also challenges the stereotypical picture of those who would use such facilities. “Ninety-four percent of our clients are working, but only 25 percent are covered by some kind of insurance—either private or state-funded,” says Schwab. “That’s just the way it is with the jobs in our marketplace.”

The clinic charges fees on a sliding scale, based on the patient’s ability to pay. Funding to make up the difference comes from a variety of sources, public and private. Even so, there’s never enough.

“We don’t turn anyone away,” says Schwab. “But we’re really at the limit of what we can do without any additional funding.”
According to the Centers for Disease Control and Prevention, the prevalence of obesity among adults in Kansas increased from 15.8% in 1995 to 21.0% in 2001. This means more individuals are at increased risk for a host of physical ailments, including stroke, coronary heart disease, Type 2 diabetes, etc. This alarming statistic mirrors national trends and gives evidence to the seriousness of this problem both in terms of individual health risk and health care costs.

During this past year, the Sunflower Foundation’s approach focused on innovative ideas in a variety of settings, such as schools, communities and worksites. Additionally, the foundation brought together public and private leaders to discuss ideas on how to respond to this complex problem. The Sunflower Foundation is committed to seeking and supporting promising practices to promote increased physical activity and healthy eating, as well as increasing knowledge and understanding of the issue and its impact on Kansans.

JAMES EARLY, M.D.

James Early, M.D., Director of Clinical Preventive Medicine at the Kansas University School of Medicine in Wichita, has been treating overweight and obese adults for more than 20 years, the last 10 in Wichita. And he doesn’t like the trends he is seeing.

“Fewer people in Kansas are at their ideal weight, more and more are overweight and even obese than ever before.” says Dr. Early. “The number of obese adults in America has risen 74 percent in the last 10 years. What’s worse, adults are continuing to gain weight during their middle years when fitness and normal body weight are critical for good health. It is truly an epidemic.”

Dr. Early traces these trends to two primary factors. “First, we’ve become more sedentary in our work and in our leisure time. Second, our food choices are often driven by quantity rather than by quality. Many Kansans in urban areas don’t have easy access to high quality foods like fresh fruits and vegetables, and even rural Kansas towns have become havens for fast and fried foods. The foods that are most accessible often have a staggering number of calories for relatively little cost. That’s a combination that almost always leads to obesity.”

Reversing this trend will take both education and action, says Dr. Early. “We have to have programs in place that help us understand how to make better food and exercise choices, and that’s tough in a sedentary society where we’ve developed a taste for high fat foods. We also need broader access to fruits, vegetables and whole-grain food wherever we are—at home, at work, in school and out in the community. After all, it does us no good to know what the right choices are if they are not available!”

“Fewer people in Kansas are at their ideal weight, more and more are overweight and even obese than ever before.”
“Children are inundated with television advertising for fast food restaurants, high-fat snacks and other food options that can be unhealthy.”
While others may see obesity as a personal failing, Rod Bremby, Secretary of the Kansas Department of Health and Environment, sees it as a public health crisis.

“In a 1992 article in the Journal of the American Medical Association (JAMA), tobacco use was the number one cause of death, and obesity was not even on the list,” says Secretary Bremby. “This past spring, JAMA reported that by the year 2000 obesity had risen to number two and was expected to be number one within five to 10 years. This alarming change calls for action by individuals, by foundations and by government.”

Programs which stress the value of physical activity and which help people understand how to make healthy eating choices are critical, says Secretary Bremby. However, a lasting solution will require more meaningful—and more systemic—change.

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“While we need to champion short-term gains, we must also work toward long-term answers,” says Secretary Bremby. “For example, we have to address issues such as the increase in serving sizes, the lack of access to fresh fruits and vegetables in urban areas, the impact of added substances on the nutritional value of food, and the teaching of good nutrition to all our citizens. This is more than just a societal issue; it’s a public policy concern.”

While some of the solutions are obvious, Secretary Bremby says that others are yet to be discovered. “We must be open to new ideas. There’s a lot we are still learning about obesity.”
As adults, many of us find it tough to stay fit and eat right. But Vickie James, RD, LD, the director of Healthy Kids Challenge, says it’s even tougher for children.

Consider the challenges: Some schools are using vending machine revenue to supplement sagging budgets and cutting back on physical education to make ends meet. Sedentary activities have nudged out unstructured play, while encouraging high-fat snacking. Families on the go often bypass traditional dinner time for the drive-through lane, where nutritious choices are few.

The solution? “We need to create healthy eating and physical activity opportunities everywhere that kids live, learn, work and play,” says James. “At home, at school and in the community, we have to live the message of healthy eating and physical activity in everything we do.”

Healthy Kids Challenge has its roots in Kansas Lean, a program funded in the early 1990s by the Kansas Department of Health and Environment and the Kansas Health Foundation. Then, James headed up a pilot program for Cooking Light magazine that focused on nutrition in schools. That program eventually evolved into Healthy Kids Challenge.

Today, James answers calls from schools, communities, health care systems and others offering advice, support and programs to fit the needs and the level of interest. Some start small, while others are looking for a comprehensive solution. However it begins, James has the same destination in mind, “For real, sustainable change, this can’t just be a project; it has to be a way of life.”
GRANTS/INITIATIVES

ACCESS TO HEALTHCARE
Office of Health Planning and Finance, Topeka—$250,000 to help support this new state initiative designed to engage stakeholders in a process to look for options to address health care costs, access, coverage and quality
University of Kansas Medical Center Research Institute, Inc., Kansas City—$10,000 to support a Kansas-based study to examine health insurance costs and incentives that influence decisions by small business employers and their employees to offer and participate in health insurance

CAPACITY BUILDING
Caritas Clinics, Inc., Leavenworth—$13,913 for new telephone systems at two clinic sites
Catholic Charities, Archdiocese of Kansas City, Kansas City—$19,000 for technology upgrades
Central Kansas Foundation, Salina—$9,085 to evaluate client admissions and develop strategies to enhance access to care
Cloud County Health Center, Concordia—$20,000 for technology upgrades
Douglas County Dental Clinic, Inc., Lawrence—$5,000 for new telephone system
Guadalupe Clinic, Wichita—$4,721 for needs assessment and strategic planning
Harvey County Health Department, Newton—$15,000 for a community healthcare access needs assessment
Hays Medical Center, Hays—$19,577 to assess technology status among 20 Critical Access Hospitals in Western Kansas
Health Ministries Clinic, Newton—$13,996 for telephone and technology upgrades
Heartland Regional Alcohol and Drug Assessment Center, Roeland Park—$15,000 to evaluate organizational mission and develop systems to measure the impact of core programs and services
Iroquis Center for Human Development, Inc., Greensburg—$19,973 for technology upgrades
Kansas Association for the Medically Underserved, Topeka—$19,675 to help support training and technical assistance addressing the application process for community health center funding
Kansas Association for the Medically Underserved, Topeka—$41,000 to support the Kansas Community Health Corps program
Kansas University Endowment Association – JayDoc Free Clinic, Kansas City—$13,496 for patient management technology
Lawrence Memorial Hospital Endowment Association, Lawrence—$9,520 for an assessment of services provided to persons over age 65
New Frontiers Health Services, Oakley—$8,150 for a needs assessment of those in the community who are uninsured and underinsured
Pioneer Health Network, Garden City—$9,900 to provide strategic planning and leadership training for network members (17 hospitals in Southwest Kansas)
Prairie View, Inc., Newton—$19,831 for technology upgrades
Sedgwick County Health Department, Wichita—$16,253 to assess current programs and the capacity to expand services provided to vulnerable populations
Southwest Boulevard Family Health Care, Kansas City—$19,460 for telephone and technology upgrades
Sunflower HIV/AIDS Fund, Inc., Wichita—$13,200 for board development and activities to strengthen community relations and donor support
Tylospaye, Inc., Wichita—$19,974 for board development and fund development training
Turner House Clinic for Children, Kansas City—$9,176 for technology upgrades

REDUCING THE PREVALENCE OF OBESITY
Barton County Health Department, Great Bend—$20,009 for a four-county project to promote walking and healthy eating through multiple intervention sites
Boy Scouts of America, Coronado Area Council, Salina—$22,403 to promote and implement a new Physical Fitness BSA Award program in 32 counties
Community Health Coalition for Reno County, Hutchinson—$50,000 to implement and evaluate a worksite wellness program
Family Service and Guidance Center of Topeka, Inc., Topeka—$10,810 to implement the ‘Get Moving’ program for children 6-12 and their families
Girl Scouts of Mid-Continent Council, Kansas City—$9,611 to support the ‘A Healthier You’ program to improve physical fitness and nutrition behaviors among Kansas girls 8-12
Highland Park United Methodist Church, Topeka—$3,627 for a church-based neighborhood program to provide exercise and nutrition classes
Hodgeman Community Foundation, Jetmore—$28,842 to develop a community wellness facility and promote walking within two small, rural communities
Holton Community Hospital, Holton—$29,084 to create a partnership between a rural community hospital and two rural school districts to promote healthy eating and physical activity among elementary school children
Kansas Department of Health and Environment, Bureau of Health Promotion, Topeka—$242,892 for a school-based data collection project to determine the prevalence of overweight and obesity among children and adolescents K-12 in Kansas
Kansas Health Institute, Topeka—$55,337 to identify and assess policy initiatives in state legislatures that target obesity and physical inactivity
Kansas Health Institute, Topeka—$113,775 to conduct and analyze data from a statewide telephone survey to provide statistically valid, state-specific estimates of obesity prevalence and related health behaviors and chronic disease burden, including special attention to minority households
Kansas Learning Center for Health, Halstead—$16,381 to enhance and develop student curricula related to obesity prevention
Kansas State Department of Education, Topeka—$197,000 to expand the number of schools participating in the Coordinated School Health Program
Kansas State Research and Extension (Southwest Area), Liberal—$113,775 to conduct and strengthen four physical activity and weight control programs in 15 Southwest Kansas counties
Kansas State University, Manhattan—$80,487 for a project to survey obesity/overweight status of a targeted community and apply findings to a city redevelopment planning process to influence designs that promote physical activity
Kansas State University, Counseling Services, Manhattan—$112,209 to assess university freshmen regarding exercise, nutrition and stress and to provide an intervention for those at risk
Kearny County Hospital, Lakin—$6,924 to conduct a countywide survey regarding health trends and barriers to physical activity and to create educational programs and interventions to reduce the identified barriers
National Kidney Foundation of Kansas & Western Missouri, Westwood—$17,372 for a four-county pediatric-focused pilot project addressing treatment skills in the prevention and management of childhood obesity
Ottawa County Health Planning Commission, Inc., Minneapolis—$44,039 for a multi-agency, countywide program to support healthy eating and physical activity
Take Charge Challenge, Shawnee Mission—$50,000 to help start a community-based worksite behavior modification program, focusing on physical activity, nutrition and stress management
University of Kansas Center for Research, Inc., Lawrence—$214,098 to expand the ‘Kansas Get Moving!’ a program focused on increasing physical activity and better nutrition, to six additional sites across the state, with an emphasis on outcomes measurements among an estimated 10,000 elementary student participants.

University of Kansas Medical Center Research Institute, Inc., Kansas City—$165,761 to test the effectiveness of an intervention designed to promote the adoption of Centers for Disease Control and Prevention and the National Institutes of Health (CDC/NIH) clinical practice guidelines regarding overweight and obesity in adults in eight primary care medical clinics in rural Kansas.

University of Kansas School of Medicine-Wichita, Department of Preventive Medicine, Wichita—$139,299 to implement and evaluate a walking promotion program in an existing community coalition of youth organizations.

USD 416, Louisburg—$19,550 for a project to promote and measure walking among 1,400 students grades 1-12 and 250 staff members.

USD 431 Education Foundation, Hoisington—$1,063 for teaching tools to augment physical activity and nutrition curriculum of 10th-12th grade students.

Via Christi Foundation, Inc., Wichita—$24,809 to introduce in two parochial schools a daily walking program into the school day and to bring nutrition education into school lunch rooms and during evening sessions with parents.

Washburn University, Division of Continuing Education, Topeka—$17,145 to expand ‘KAN Be Healthy’ statewide training to include an exercise and nutrition component.

Wichita YMCA, Wichita—$82,665 to fund activities of a community health and wellness coalition, including a healthy community comparison study and research regarding the status of physical activity and healthy eating in the community.

Our funding for special projects this year has included partnering with two major national foundations (the American Legacy Foundation and the Commonwealth Fund), collaborating with our health foundation colleagues in Kansas, and helping to meet matching requirements that leverage significant external resources.

Tobacco Use Prevention Program/KDHE and the Tobacco Free Kansas Coalition, Statewide—$450,000 to be directed in FY 2005 to community grants programs, youth mini-grants and a statewide program evaluation; the Sunflower Foundation received a $150,000 grant from the American Legacy Foundation, which was matched by a $300,000 Sunflower Foundation grant.

Hutchinson Community Foundation, Hutchinson—$14,456 for the development of a state community foundation association.

Kansas Dental Charitable Foundation, Topeka—$10,000 to help support the Southeast Kansas Mission of Mercy.

Kansas Public Radio, Lawrence—$106,119 to help support the Kansas Health: A Prescription for Change radio health series.

Kansas Statewide Homeless Coalition, Wichita—$1,500 to help support a homelessness in Kansas.

Let’s Help, Inc., Topeka—$25,000 to provide matching funds to help leverage a Mabee Foundation grant for facility construction and renovation.

Meadowsfield Retirement Community, Manhattan—$150,000 in collaboration with The Commonwealth Fund and other funders to help create a resident-directed care training program for long term care facilities.

SPECIAL PROJECTS

The Sunflower Foundation seeks to advance our mission by seeking opportunities to participate in partnerships, collaborations and leveraging.

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The above amounts are from the Foundation’s Fiscal Year 2004 audited financial statements.

A copy of the Foundation’s audited financial statements is available upon request.

At the end of FY 2004, approximately $2 million of grant projects were under development and pending for completion in FY 2005.
LISTEN. RESPOND. AND LEARN.

Listening to the personal stories of those we serve is our way of understanding the needs and the solutions that are being sought. As these needs evolve, so, too, will our response.

And perhaps the most important part of our work is the learning that comes from our listening and responding—learning that helps us develop more effective grantmaking programs.

Listen, respond and learn: our commitment to those we serve—and to ourselves—as we seek to become a more effective grantmaker and partner.