INTRODUCTION
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In late February, COVID-19 began to spread from Europe and into major international airport cities in the U.S. The leadership team (LT) began to research past KHF responses to public health emergencies and the 911 terrorist attacks, and considered potential needs and responses based on the limited information available.

As individual school districts and universities began to close in early March, and with the subsequent closure of all schools and widespread shutdown of businesses and organizations, the LT set out to focus on strategies to address the most urgent public health needs in Kansas. The situation posed challenges as the needs were not the same for all communities across the state—some counties had an immediate COVID-19 breakout, while others didn’t report cases for weeks or months, yet they were trying to prevent being overwhelmed by COVID-19 cases.

For many of our grantees, the uncertainty of how the virus spread, the additional costs and steps to prevent spread, and shutdown conditions made it impossible to carry out their grant objectives. They were faced with new challenges of delivering services under extreme safety precautions or while working remote. The immediate loss of jobs from businesses shutting down created additional challenges for their clients (many who are underserved or lower income), including significant food insecurity for many Kansas families.

KHF took a multi-phased approach to consider both response and recovery efforts. In addition, the foundation turned to integrated administrative, grantmaking and communications strategies. Overall, KHF looked at existing grant resources and repurposed over $10.4 million to support grantees and communities with COVID-19 response needs, and the KHF Board approved an additional $10 million from the KHF asset base to support COVID-19 response and recovery.
KHF COVID-19 APPROACH, BY THE NUMBERS

1. Grantee support and capacity
   a. Delay reporting requirements
   b. Early release payments to existing grantees .................................................. $6,982,224
   c. Repurpose existing grants for operations/support ........................................... $1,301,315
   d. Impact & Capacity re: COVID-19 .................................................................... $2,000,000
   e. Communications to grantees and nonprofits

2. Public health response to COVID-19
   a. Safety net clinics .............................................................................................. $2,500,514
   b. Contact Tracing (KHI/KDHE) ......................................................................... $50,000
   c. Lawrence/Douglas Co. COVID Response evaluation ....................................... $40,000
   d. Red Cross (proposed) ..................................................................................... $265,118
   e. Communications on COVID-19 and public health

3. Basic needs
   a. Food security
      i. Food Banks .................................................................................................. $1,000,000
      ii. School districts/Feeding Kids ..................................................................... $1,000,000
      iii. Food security (proposed) .......................................................................... $900,000
   b. United Way of the Plains ............................................................................... $500,000
   c. Education support (Garden City Public Schools) ......................................... $23,000
   d. KAC (Convergence Partnership match) ........................................................... $50,000
   e. Communications Resources Awareness in English/Spanish

   Total COVID response to-date (spent/planned) .................................................. $16,612,171
   Total 2020 funds used .......................................................................................... $10,446,539
   Total additional funds used (out of $10 million BOD commitment) ................. $6,165,632
   Total uncommitted ............................................................................................. $3,834,368
GRANTEE SUPPORT AND CAPACITY
1. Grantee Support and Capacity
Total: $10,283,539

a. Delay grantee reporting requirements

KHF offered immediate administrative relief and increased flexibility to grantees to allow them to work on urgent needs:

- Grant extensions: All 120 active grants were proactively extended by six-months.
- Relaxed reporting: KHF waived any interim grant status reports due and extended all final report deadlines by six months for all 120 active grants in 2020.

Examples:
- **KSDE Physical Education Curriculum Update** ($181,736)
  To update the physical education curriculum and make it web-based for distribution to K-12 school teachers.
- **Youth Risk Behavior Survey (YRBS) Incentives** ($120,000)
  To provide incentives for high schools to participate in the Youth Risk Behavior Survey to ensure Kansas has statistically significant statewide data.

Grant extensions were given for both due to the pandemic (no grant dollars repurposed). “The pandemic has delayed some grant work and our timeline for expenditures tied to that work has changed. Specifically, for both, we’d likely be looking at 6-month extensions.” (Mark Thompson, KSDE).

b. Early release of payments

In early May, any KHF grantee with scheduled payments through the end of December 2020 received their payments in advance. Accelerated payments were approved for 29 organizations.

Examples:
- Healthy Communities Initiative: Improving Health Equity in Kansas (17 grantees)
- Tobacco Treatment and Recovery in the Behavioral Health System Phase II (7 grantees)
c. Repurpose existing grants................................................................. $1,301,315

To ensure our grantees were equipped to meet rapidly changing needs, KHF allowed grantees to repurpose active grant dollars, if or as necessary, to address challenges and opportunities that emerged as a result of the pandemic.

Examples:

**Strengthening Safety Net Clinics ($325,000 repurposed)**

These grant dollars were used in connection with new COVID funds to provide COVID support to safety net clinics throughout the state (see Public Health Response below).

**Healthy Communities Initiative: Health Equity (HCI:HE)**

- Reno County Health Department $262,500 grant/repurposed ($65,000)

  To build advocacy skills to support and advocate for policy change and increase participation in programs to improve the physical infrastructure/environment in the Lincoln Neighborhood for minority and low-income populations.

  Reno County Health Department repurposed their grant funds in response to COVID toward their local Voluntary Organizations Active in Disaster (VOAD) through United Way of Reno County. Part of the funds have been used for rent/utility assistance for residents in the Lincoln Neighborhood.
Other funds are working with organizations like the Salvation Army for further emergency assistance; the Pathways to Hope program, to move from crisis to stability with job training and employment; and the Circles of Hope program, designed to move residents from stable to thriving.

The health department is using the remaining grant funds to coordinate services through map link software to better coordinate how clients are being served among agencies.

- **HCI-HE Technical Assistance/repurposed ($340,344)**
  Administrative funding (for technical support, convenings, speakers and other expenses) was repurposed in the form of COVID-19 mini-grants to provide additional flexibility and support to the HCI-HE grantees. Each of the 18 communities received $18,908:

  **Central Kansas Community Foundation**
  For emergency mental health services, funds for tele-med and internet access, a community garden and food for high-risk individuals and those without transportation in Newton.

  **Mitchell County Regional Medical Foundation**
  For food pantry freezers, Helping Hands and Meals on Wheels programs to strengthen the food supply options in Mitchell, Smith, Jewell, Lincoln and Republic counties.

  **Finney County Community Health Coalition**
  For technology and transportation for laid-off workers and for repairs to the La Comunidad annex to be used as a community food distribution site.

  **Community Foundation of Southeast Kansas/Live Well Crawford County**
  To maintain project momentum, pursue additional food systems improvements and plans for sustaining health food access in Arma.

  **Liberal Area Coalition for Families**
  To purchase food, freezers, shelving and supplies to establish a food bank and delivery services for the Prairie View Elementary School Neighborhood.
LiveWell Northwest Kansas
For temporary housing/hotel stays; therapy services from the Northwest Kansas Education Service Center; Attachment, Biobehavioral, Catch-up and Play and Learning Strategies coaches; and for Options staffing and operations for Thomas, Rawlins, Cheyenne and Sherman counties.

United Way of El Dorado
To pay for meal gift cards, food distribution to Quail Ridge Apartments and for electricity, internet and prescription co-pays.

The Young Men’s Christian Association of Wichita Kansas
To provide a volunteer stipend to organize and support the expansion of community gardens and operate a neighborhood food access location in Evergreen neighborhood.

Great Plains Health Alliance for NWKS Health Equity Partnership
To provide healthy foods to Rawlins County residents, fund technology and internet access for Cheyenne County Health Department, support two summer community events, and provide rent, utilities and food assistance for Cheyenne County residents.

Reno County Health Department
To support partnership among Smith’s Market, the Boys and Girls Club of Hutchinson and the HEAL Reno County Coalition to distribute boxes of fresh food every two weeks to Lincoln area residents.

Lawrence-Douglas County Public Health
To support Lawrence Mutual Aid Network and Sanctuary Alliance for rent, utilities, food and child care assistance for vulnerable and immigrant Lawrence residents, and for volunteer administrative support.
Kearny County Hospital
To provide Kearney County residents with grocery store gift certificates, quarantine care packages, translation services and basic needs (including utilities).

Community Health Council of Wyandotte County
For staff costs to plan and implement a Wyandotte County specific mutual aid campaign to assist with connecting residents in need with those who express a desire to help.

United Community Services of Johnson County
To provide Johnson County residents with housing assistance, in partnership with the Salvation Army of Olathe.

Riley County Health Department as fiscal agent for the Flint Hills Wellness Coalition
To provide mutual aid/housing; distribute community meals; stock blessing boxes with food and support the Flint Hills Community Care Team for Northview Rising community.

Barton County
To purchase a commercial-grade refrigerator and freezer for the Great Bend Senior Center food program to support the increased food demand.

Thrive Allen County
To support the HCI community liaison; provide basic needs to La Harpe Residents and for a health and wellness coordinator position to provide residents with COVID education.

Friends of Kiowa District Hospital
Support for utilities and access to food for unemployed Hardtner residents.
Repurposed 2019 ICGs:

- **Kansas InterFaith Action**-serving as fiscal agent for Kansas Poor People’s Campaign ($25,000/repurposed $3,000)
  This 2019 ICG was to organize and coordinate community and state-wide actions supporting Medicaid expansion and other elements of the People’s Healthcare Bill for low-income, disabled, and working-class residents across Kansas.

  Repurposed **unspent travel/food dollars** to focus on voter engagement via the Voter to Voter project.

- **Kansas State Research and Extension-Wildcat Extension District**: ($24,332/repurposed $3,200)
  Provide **technical assistance** to Labette County and Live Healthy Montgomery County to engage leadership and increase community conversation facilitation skills to build the capacity of these two developing coalitions to ultimately move the health needle.

  Part of this grant was to hold community health conversations in 18 communities within Labette and Montgomery counties. Due to COVID-19, these in-person conversations became virtual. **Reallocated travel and food dollars** for drawings at each of the virtual meetings for gift cards for gas, groceries and foods from local farmers/markets, and asked for those who attended the community conversation to nominate a local organization (nonprofit, school, government entity) who was lifting up people in their community during these hard times to receive a $200 Hero mini-grant to then be used to purchase more supplies, food items, etc. Other unused funds were provided to Wilson County through a Hero mini-grant to start their own coalition and residents from Labette and Montgomery counties developed a Community of Inclusion Coalition and were provided a Hero mini-grant to help cover technical assistance costs expenses of working with WSU CEI.
- **Legacy Ministries**: ($24,750/repurposed $15,000)
  To organize trauma-informed training workshops, enhance outreach efforts and evaluate the success of programs for socially disadvantaged youth and their families in Wichita’s urban core. Funds were repurposed to pay the remainder of AmeriCorps fees, supplement youth payroll and better equip team members to work remotely.

d. 2020 Impact & Capacity (ICG) - COVID-19 ................................................ $2,000,000

  Recognizing the challenges faced by so many organizations and communities in the wake of COVID-19, the 2020 ICG Initiative was repurposed to support nonprofits as they attempted to respond to emergent needs or for recovery. Normally focused on our four impact areas, these ICGs were intended to help nonprofits not only respond to basic needs for those they serve but to also help these organizations survive in this unprecedented time of economic strain.

  There were 477 proposals through the 2020 ICG - COVID-19 (representing $10,515,481 in requests). Geographically, applicants were from all around the state (at least one proposal from 86 different Kansas counties. Douglas, Riley, Sedgwick, Shawnee and Wyandotte counties, and the KC metro area, submitted the highest number of proposals.

  Of the 477 proposals received, 91 ICG proposals were funded ($2 million); of these 91 grant awards, organizations were primarily focused on:

  • Core operating support;
  • Personal protective equipment for front line workers, medical staff and patients;
  • Technology necessary to implement telework and telehealth services;
  • Emergency response funds for at-risk individuals to address basic needs;
  • Additional staff support necessary to meet the increased need for services; and
  • Prevention education and awareness of COVID-19.
Examples:
- **PPE for Miami County** ($3,000)
  To purchase 3D printers and supplies to make personal protective equipment for Miami County first responders and residents during and after the pandemic to meet supply needs.

  As the COVID-19 pandemic swept across the globe, municipalities and health care providers struggled to acquire the Personal Protective Equipment (PPE) needed to keep citizens and workers healthy. Peter Trull, Paola Free Library technology manager, stepped up to offer the assistance of 3D printed face shields and masks. The CDC and NIH had come out with recommendations about groups getting together and printing needed materials,” Trull said. “There was a group of us who already had access to 3D printers, and we saw an opportunity to get people what they needed to stay safe.” The partnership began with a call to the local sheriff’s office, and was bolstered by a grant from the Kansas Health Foundation. Within weeks, more than a thousand shields and masks had been produced and distributed. Video Link: https://youtu.be/LUoAvI_HxCU

- **Goodwill of Western Missouri & Eastern Kansas** ($25,000)
  Goodwill was able to use the grant to sew and donate 3,000 face masks to vulnerable populations in Wyandotte and Johnson counties, where rates of cases have been relatively high. Masks were distributed in partnership with other organizations that were already holding events and serving people in person, such as Catholic Charities and El Centro (providing face masks to 70 families). The masks were individually wrapped and sealed to reduce contamination, and every package included an insert with more information on proper mask usage and washing.

- **Kansas Big Brothers Big Sisters** ($25,000)
  For costs associated with assuming additional responsibilities, providing special supports and continuing virtual case management services for at-risk children.
across Kansas during COVID-19. Allocated the grant to counties based upon the 2,149 matches served in each county as of Dec. 31, 2019. County allocations ranged from $244 to $9,841.

- High Plains Mental Health Center ($22,496)
  In order to connect with patients during extraordinary times, HPMHC turned to telehealth as a way to meet the needs of their 6,000 annual patients from across northwest Kansas.

"When COVID began, we saw a fairly dramatic decrease in the number of people coming in for services," said David Anderson, director of clinical services for HPMHC. "We were concerned that, because they weren’t coming in, some of them would end up in significant crisis if we didn’t reach out to them."

"Without telehealth, situations would have been a lot worse, as no one would have had access to us, so they could get help managing their anxiety, managing the depression, and knowing that they’re going to be okay and can cope through a situation no one has control over," said Crista Geyer, an outpatient therapist.

e. Communications to grantees and nonprofits

As KHF grantmaking and reallocation provided much needed funding and flexibility for grantees and nonprofits, communications efforts kept the same constituents informed of organizational changes. KHF identified a strategy to also serve as a clearinghouse for public health information, how to access federal stimulus programs and links to state agencies for support and assistance.

The KHF website was a “landing site” for content and resources, using other communications strategies to direct audiences to the site. We immediately created a COVID-19 page from the homepage, with a specific page for KHF grantees and one for nonprofits. We updated these pages daily as new CDC guidelines, Governor’s orders and
KDHE graphics and videos were developed. As the federal government approved and released economic incentive packages, we provided simplified explainers for the CARES Act and Families First initiatives for nonprofits and grantees. These pages were viewed more than 1,100 times in the first three months, as a result of multi-directional communication tactics.

KHF also developed a new targeted email option to send mass emails to all current grantees, as well as any organizations that had received funding in the past three years. This strategy resulted in more than 9,000 opens of KHF-sent emails. This targeted approach allowed us to actively engage our grantee partners with information regarding changes to our KHF processes and the pivot to the abbreviated 2020 ICG – COVID-19 program.

The 2020 ICG - COVID-19 process presented us the opportunity to engage this targeted and intense outreach strategy through direct communication with grantees, social media channels, e-news and kansashealth.org. These efforts contributed to record response rates and are demonstrated through metrics, such as digital “shares” and website pageviews. When compared to the 2019 ICG cycle, these numbers show percentage gains and increases across every tracked metric. For instance, in 2019, all ICG-related social media posts had a combined reach of approximately 7,000 during a 75-day span. During 2020, the reach number exceeded 54,000 Kansans in a 12-day span. Similar increases are present on website metrics, with one example being pageviews. Though the 2020 cycle was shorter by nearly three full months, the ICG opportunity page on the KHF website saw 23 percent more pageviews in 2020 when compared to 2019. Communications staff also provided additional outreach support to grantees in announcing their 2020 ICG grants/efforts.
While COVID-19-related content was critical to share with grantees, communication about their ongoing work and challenges during the pandemic was essential. We continued to explain why Medicaid expansion is needed, especially with COVID and the importance of rural health and community health centers. We supported and encouraged donations to community foundations, the “Giving Tuesday Now” effort to support nonprofits, and through volunteer efforts (like giving blood, donating food, making masks, etc). We shared our grantees’ good news stories and simple acts of kindness whenever we could through social media to encourage more civic engagement.
PUBLIC HEALTH RESPONSE TO COVID-19
2. Public Health Response to COVID
Total: $2,855,632

a. Safety Net Clinics................................................................. $2,500,514

KHF is providing emergency core operating support to the 19 federally qualified health centers (FQHCs) in Kansas (see list below). FQHCs are health clinics that connect low-income or uninsured Kansans to care.

Federally Qualified Health Centers: Counties served
Atchison Community Health Clinic (Atchison): $67,500
Community Health Center in Cowley County (Cowley): $73,855
Community Health Center of Southeast Kansas (Allen, Cherokee, Crawford, Labette and Montgomery): $315,000
First Care Clinic (Ellis): $115,000
Flint Hills Community Health Center (Lyon and Greenwood): $165,000
Genesis Family Health (Finney, Ford, Grant and Seward): $207,040
GraceMed Health Clinic (Sedgwick and Shawnee): $148,521
HealthCore Clinic (Sedgwick): $291,598
Health Ministries Clinic (Harvey): $180,000
Health Partnership Clinic (Franklin and Miami): $145,000
Heart of Kansas Family Health Care (Barton): $75,000
Heartland Community Health Center (Douglas): $110,000
Hoxie Medical Clinic (Sheridan): $75,000
Hunter Health Clinic (Sedgwick): $180,000
Kansas Statewide Farmworker Health Program (KDHE) (Statewide): $65,000
Konza Prairie Community Health Center (Geary and Riley): $140,000
Prairiestar Health Center (Reno): $162,000
Salina Family Healthcare Center (Saline): $160,000
Turner House Clinic (dba Vibrant Health) (Wyandotte): $150,000

Denise Cyzman, CEO of the Community Care Network of Kansas, said primary care, mental health, and substance use disorder visits were reduced by more than 50 percent at the FQHCs. Dental visits were reduced by more than 90 percent. Although patients were not visiting the FQHC clinics for ongoing primary, dental and behavioral health care services during that stage of the pandemic, the need for care did not subside. Clinics used the grants to shift from in-person visits to telehealth services.
All Kansas community health centers now provide telemedicine, and nine out of ten provide tele-behavioral health services for patients needing mental health or substance use assistance. The funding also helped with operational support to help keep clinic doors open, purchase telemedicine equipment and provide COVID-19 testing and education.

Examples:

- **Hoxie Medical Clinic** ($75,000)
  In northwest Kansas, Hoxie Medical Clinic saw a 60 percent decrease in patient visits during the peak of the COVID-19 pandemic, as those who were not acutely ill delayed care or canceled appointments altogether.
  
  “The KHF funds will allow us to continue to operate at our current capacity, allow for our patients to continue to get the high-quality health care that they have come to expect from the providers and staff at the Hoxie Medical Clinic, as well as to give us a cushion that allows our financial status to remain solvent while we navigate the short- and long-term impacts that the COVID-19 epidemic will have on our industry and the community that we serve,” said Kevin Johnson, chief operations officer at Hoxie Medical Clinic.

  Due to COVID-19, the clinic has added telehealth services to increase access to care, and now screens patients and staff for COVID-19 symptoms upon arrival. And, to minimize spread of infection, it has created separate areas for acutely ill patients and patients with routine or follow-up appointments.

- **HealthCore Clinic** ($291,598)
  HealthCore Clinic, located in Wichita, implemented a screening process and telemedicine services. It also created a "car-side respiratory clinic" to care for patients experiencing symptoms of the common cold, flu, seasonal allergies and COVID-19 – to help reduce the risk of exposure to healthy patients and staff. The clinic also conducted a 12-day COVID-19 mobile testing site in northeast Wichita, to
provide public awareness and outreach based on CDC and Sedgwick County data that African-American population is three times more likely to become infected with COVID-19 and eight times more likely to die from it.

“During the month of May, HealthCore Clinic utilized our integrated mobile medical clinic to provide drive-thru and walk-up COVID-19 testing with no cost to the patient, no need for symptoms, and regardless of insurance status,” said Teresa Lovelady, CEO of HealthCore Clinic. “Through this initiative (made possible in part with KHF funding), we tested 1,728 people with a positive test rate of 2.14 percent. This was a unique and extremely impactful opportunity to serve our community that was disproportionately being affected by the virus."

KHF funding was also used to purchase critical PPE for staff, distribute thousands of COVID-19 fact sheets from the CDC and offer telehealth services to those experiencing behavioral health challenges.

b. Contact Tracing Presidential Grant

The Kansas Health Foundation provided a $50,000 grant to the Kansas Health Institute to work with the Northwest Center for Public Health Practice at the University of Washington to develop a curriculum to train COVID-19 contact tracers in Kansas and beyond.

Through this training, public health professionals with little to no contact tracing experience are able to take a free, 90-minute course to learn how to be successful in reaching out to community members likely exposed to the virus. Since May, more than 6,260 individuals in all 50 states plus Washington D.C., Guam and Puerto Rico have taken the course, including nearly 500 people in Kansas. This averages to $7.99 per trainee. Training contributions were made by partners from the Kansas Department of Health and Environment and the Kansas Health Institute.
c. Lawrence/Douglas County COVID-19 Response Evaluation - Presidential Grant ................................................................. $40,000

Lawrence-Douglas County Public Health is leading the Unified Command with LMH Health, the City of Lawrence, and Douglas County in COVID-19 response efforts. Documenting the COVID-19 response and its associated contribution to flattening the curve will help us better understand what it takes to respond to the current pandemic and to prepare for future outbreaks.

Project activities to date and next steps:
- Set up a collaborative "WorkStation" site for document and information sharing, as well as a customized COVID-19 Response M&E System.
- Completed 13 key informant interviews with leaders from Douglas County Emergency Management, Douglas County government, Heartland Clinic, KU Emergency Management, Lawrence-Douglas County Public Health, LMH Health, Unified Command, USD 497, and the City of Lawrence.
- Completed document data abstraction from scores of documents provided by these stakeholders and media resources, with 418 COVID-19 response accomplishments being documented to date.
- Engaged colleagues at Lawrence-Douglas County Public Health in sensemaking sessions–reviewing data of COVID-19 cases, as well as COVID-19 response efforts, and associated critical events.
d. American Red Cross South Central and Southeast Kansas Chapter .......................................................... $265,118 (proposed)

Staff recommend KHF respond affirmatively to the request from the American Red Cross South Central and Southeast Kansas chapter (ARC/SCEKS) for their immediate need of $265,118 for COVID-19 antibody testing of all whole blood and platelets donated in Kansas, with the goals of:

- Increasing blood donations during a time they are desperately needed;
- Helping donors determine if they have been exposed to the COVID-19 virus by testing for antibodies;
- Identifying donors who could offer convalescent plasma to treat other seriously ill COVID-19 patients; and
- Sharing aggregate data with public health agencies to help them understand the prevalence of COVID-19 in our communities.

e. Public Health Awareness

Part of KHF’s public health response at the outset of the pandemic centered on the ability to provide accurate, credible health and wellness information to all Kansans. Given the sudden and uncertain nature of pandemic, misleading, inaccurate and agenda-driven information was prevalent online. In an attempt to combat mounting misinformation, KHF utilized communications strategies to drive Kansans to official sources of information like the Kansas Department of Health and Environment, CDC, World Health Organization and local health departments.

Communications retooled the bimonthly ICYMI e-news to a weekly COVID-19-focused edition for April and May. Each week, the special edition ICYMI featured 10+ available resources or related news stories on topics such as: Resources for teaching children at home; operational resources for nonprofits; slowing the spread of COVID and how to support your community when it reopens; preparing for what’s next; staying physically active during the pandemic; delayed
healthcare visits and how to get back on track; and summer reading programming. These special editions resulted in approximately 6,100 opens.

Additionally, a multi-page COVID-19 section of the KHF website kept Kansans informed about the latest safety guidelines, emergency response efforts, and how everyone could play a role to limit the spread of the virus. These pages combined for more than 5,000 pageviews in a five-month span. There was an intentional research component every day to assure that we were tracking and sharing the latest and most accurate, credible information.

We repurposed our Health Happenings storytelling to focus videos and stories about grantees stepping up to provide PPE, shifting to telehealth services for physical and mental health service, and creating drive-thru COVID-19 testing for at-risk populations. Grantees can send these resources to their networks to increase awareness of their services.

Americans also became deeply reliant upon social media as a primary source of news and information during the pandemic. KHF used these social tools as an essential part of our outreach efforts to reach broader audiences, averaging 34 posts per week, mainly related to COVID-19. We also connected with our partners on other KHF grant-related work (Census, voting and literacy) to help use their social channels and networks to share the most credible public health information available.
BASIC NEEDS
3. Basic Needs

Total: $3,473,000

a. Food Security .................................................................................................................. $2,900,000
   i. Food Banks ................................................................................................................. $1,000,000

KHF provided $1 million for emergency support that will focus primarily on funding three of the state’s major food banks – the Kansas Food Bank, Harvesters Community Food Network, and Second Harvest Community Food Bank. These agencies are experiencing increasing demand for assistance and significant operational challenges. Large-scale donations from food wholesalers and agribusiness have plummeted, and volunteer capacity has reduced as physical distancing has limited the ability to package and distribute food.

Examples:

- Harvesters Community Food Network ($450,000)
  From May 1 through August 31, 2020, Harvesters distributed more than 11 million pounds of food to people facing hunger in its Kansas service area. During that same period last year, Harvesters distributed 7.4 million pounds of food to Kansas counties, meaning that 50% more food was distributed in response to COVID-19. KHF’s gift empowered Harvesters to procure and distribute 1,620,000 of those pounds, which equates to 1,350,000 meals for community members facing hunger. This was noted as a substantial portion of Harvesters’ work to respond to the significant spike in food insecurity that has arisen as a direct result of COVID-19 and its subsequent economic impact.
BASIC NEEDS

- Kansas Food Bank ($450,000)
  Second Harvest has expended $16,000 through food and distribution costs by increasing mobile distributions in Kansas and providing Kansas agencies more food. As the Coronavirus Food Assistance Program ends, they expect to quickly utilize all remaining funds.

- Second Harvest Community Food Bank ($100,000)
  Second Harvest has expended $16,000 through food and distribution costs by increasing mobile distributions in Kansas and providing Kansas agencies more food. As the Coronavirus Food Assistance Program ends, they expect to quickly utilize all remaining funds.

ii. School Districts/Feeding Kids

KHF awarded $1 million in partnership with Sunflower Foundation (that provided an extra $200,000) to 118 Kansas school districts/community partners to help feed Kansas kids and families over the summer. With school building closures and physical distancing guidelines, it became more difficult and costly for school districts to provide meals for students who participate in free- or reduced-price lunch programs.

A survey of grant participants indicated that a majority of grantees used the funds for grab and go supplies, food distribution containers, extra staff and Personal Protective Equipment, among other things. Their most pressing summer food service challenges included staffing, food...
availability consistent meal counts (higher or lower demand than anticipated) and meal distribution/transportation issues, particularly in rural areas.

iii. **Food insecurity** $900,000 (proposed)
To address the significant food insecurity caused by the COVID-19 crisis, staff recommend $900,000 to strengthen available benefits and expand access to Federal Nutrition Programs in Kansas.

**Examples:**
- **Outreach and enroll those eligible in our frontline defense:** SNAP Outreach Expansion - Provide the Association of Kansas Food Banks up to $750,000 to expand Harvesters Call Center to become a statewide Supplemental Nutrition Assistance Program (SNAP) Outreach Call Center that will promote SNAP and provide direct assistance on how to apply for SNAP. This center will serve every county in Kansas over the next two years.

- **Strengthen and expand available benefits to fight food insecurity:** Kansas Appleseed Anti-Hunger Advocate - Provide Kansas Appleseed (Appleseed) with $150,000 designated for pandemic response to secure an Anti-Hunger Advocate located in southwest Kansas for two years. This advocate will help Appleseed leverage several opportunities that have presented themselves as a result of the COVID-19 pandemic. Access to healthy foods could be dramatically impacted by acting quickly and using this moment to make a few current changes to federal food programs permanent.

b. **United Way of the Plains** $500,000
KHF’s mission and focus are statewide, but we are based in Wichita. That is our corporate home; it’s where we live. As a result, we believe that KHF has a particular responsibility, as corporate citizens of that community, to provide focused support to Wichita/Sedgwick County during this remarkably challenging time.
In south central Kansas, the impacts from COVID-19 are compounded by significant aviation industry layoffs from early 2020. According to the Kansas Department of Labor, more than 41,000 initial unemployment claims were filed during the week ending April 4 for Sedgwick, Butler, Sumner and Cowley counties.

Beyond the four-county area in south central Kansas, KHF funding supported 2-1-1, the United Way of the Plains’ statewide resource and referral system. Through this one-stop phone resource, Kansans can access information for health and social service programs, including child care, health and mental health care information, food assistance and questions about COVID-19.

c. Education Access Support (Garden City Public Schools)
   Presidential Grant ........................................................................................................ $23,000
   Provided connectivity between Garden City Public Schools and households for students in grades 2 through 12, for the months of April and May 2020, enabling students to engage in electronic learning required as a result of the state’s COVID-19 school building closing and stay-at-home orders.

d. Convergence Partnership Match (Kansas Action for Children)
   Presidential Grant ........................................................................................................ $50,000
   This supports KAC to scale up grassroots organizing and advocacy capacity for equitable COVID-19 recovery efforts focused on community power building.

e. Awareness of Resources in English and Spanish
   As the term “coronavirus” made its way into all of our vocabularies, families in Kansas and beyond immediately found their worlds turned upside down. Some faced the loss of jobs and income. Many faced the prospect of not only working from home, but also becoming full-time teachers with schools closed.

   “Family time” went from an evening and weekend idea, to a 24-hour-a-day way of life. To best serve Kansans during this time, KHF utilized the kansashealth.org website and social media to provide as many resources as possible to Kansas
families. A specific “families” page was created (https://kansashealth.org/family-covid-19/) to include resources for parents.

To continue an emphasis on reaching out to the growing Latino population of Kansas, KHF created a special COVID-19 page completely in Spanish (https://kansashealth.org/recursos-en-espanol/). This has become the most-viewed Spanish resource in KHF history. We have since learned through national studies, and data from KDHE, that the Latino populations have a higher incidence of COVID-19. This makes it even more important to have information about prevention and available resources accessible in their language.

For all parents trying to double as educators, we utilized information from KSDE, the Kansas State Library, community libraries and other reputable education organizations, with links pointing to reading (including our KHF readwiththem.org site), science and math activities. Links were also included for family games and virtual field trips. Perhaps most importantly, this page also included links to many health and wellness sites and support lines, most notably for mental health. This page has become one of the 10 most-viewed kansashealth.org webpages of 2020.

To help school children and families once the school year “ended,” we modified our literacy outreach efforts to focus on virtual and bilingual summer reading programs. Through video and social media efforts, we highlighted different community libraries each week, promoting their adaptability and flexibility to continue to deliver literacy programs during the pandemic. We highlighted programs in Emporia, Liberal, Ashland, Hays, Cimarron, Wichita, Hamilton County, Hutchinson, Concordia, Pittsburg, Finney County, Lawrence and Arkansas City. Several of these partners focused on their bilingual literacy programs, as we continue our work to address disparities for Latino children and families. These videos can be viewed on the Kansas Health Foundation’s Facebook page at: https://www.facebook.com/watch/131838311319/592137371506922/