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REQUEST FOR PROPOSALS

Better Self-Management of Diabetes

2006 Funding Cycle

Submissions due in MFH offices by 4:00 p.m. Thursday, July 13, 2006.



MISSOURI FOUNDATION FOR HEALTH

Better Self-Management of Diabetes Priority Area Grant

Summary

The Missouri Foundation for Health (MFH) has designed the Better Self-Management of Diabetes Priority Area Grant (PAG) to support the implementation and expansion of the nationally recognized Chronic Care Model developed (<http://www.improvingchroniccare.org>) for the management of chronic illness at the primary care level. Specifically, MFH is focusing on the Self-Management component of the model and its application to improving diabetes care. The intent of this PAG is to demonstrate that collaborative, multi-component, self-management diabetes programs can be delivered in a variety of health care and community settings.

This request for proposals (RFP) targets populations of individuals diagnosed with Type II diabetes, particularly those from high-risk, low-income, uninsured, underinsured, or underserved populations.

The Foundation's goals for this PAG are to support organizations that:

- Improve outcomes through evidenced-based interventions
- Integrate self-management support
- Leverage resources that improve patient care through collaborations and partnerships
- Develop replicable models for the treatment of chronic illnesses

A total of \$4 million is allocated for program funding in 2006.

Background

Diabetes is the seventh leading cause of death in Missouri. Over 300,000 adult Missourians have been diagnosed with diabetes and an estimated 115,000 of all ages remain undiagnosed. The cost is staggering—diabetes and related complications account for \$2 billion in expenditures per year in Missouri. The prevalence of adults with Type II diabetes in Missouri is higher than the national average (6.9% vs. 6.7%), with some regions within the MFH service region as high as 9%. Between 1998 and 2003, diabetes in Missouri accounted for 55,734 hospitalizations and 45,735 emergency room visits, and between 2000 and 2002, diabetes as an underlying cause accounted for a mortality rate in Missouri of 25.9 per 100,000.

Evidence is growing that self-management interventions for a variety of chronic diseases lead not only to improvements in health outcomes and health status, but also to increased patient satisfaction, and in some cases, to reductions in utilization and costs. The American Diabetes Association recognizes self-management education as “the cornerstone of care for all individuals with diabetes who want to achieve successful health-related outcomes.” People with diabetes, especially the uninsured and underserved, are the ones who need to make and sustain the life changes (at-home testing and monitoring, appropriate medication use, diet, exercise, etc.) necessary to manage their condition. Given that many people with diabetes also experience difficulties accessing health care, self-management training and support would be especially valuable in improving health status and avoiding costly emergency care and hospitalizations.

The most successful self-management programs are those that incorporate long-term behavior change and develop the necessary systems to maintain that change. Review of the literature on the self-management of chronic diseases and consultation with chronic disease experts identified several key core elements of self-management programs. For example, successful programs address the following areas:

- *The combination of disease and health management.* Programs that address both the clinical care needs and the preventive behaviors and disease management aspects of a chronic condition.
- *Patient role management.* Programs that help patients maintain daily functions of life, emphasize patient empowerment, merge both the clinician's and patient's ideas, and perform regular follow-up with patients.
- *Patient emotional management.* Programs that address a patient's psychological factors, adaptation to change, and maintaining interpersonal relationships.
- *Cultural appropriateness.* Programs that address different cultural, language, and learning styles.
- *System-wide organizational change and support.* Programs that visibly support improvement at all levels of the health care organization, from senior management to front-line staff, from clinical operations to information management systems.

Program Design

Applicants can apply for MFH funding to develop and implement a comprehensive diabetes self-management program that is fully integrated into the organization's operations. Programs funded through this PAG must contain the following elements in order to be considered responsive. Successful applicants will provide detailed plans and activities that clearly articulate:

- *Educational and Skills Training Programs for Patients.* Provide educational and skills training programs for patients that include teaching and empowering patients on how to set short and long-term personal goals, how to access provider and community health resources, and how to develop and maintain healthy behaviors and habits.
- *Training Programs for Providers and Care Teams.* Train providers and health care teams on methods to assist patients in developing goals and plans, to practice effective follow-up communication with patients to reinforce and support self-management skills, and to track clinical health outcomes of patients (registries, patient satisfaction, utilization of medical resources, etc.)
- *Collaboration with Community Partners.* Demonstrate strong collaborations and partnerships that increase providers' and patients' access to medications and medical supplies, improve patient care through in-home assistance or transportation to clinics, and improve access to alternative community resources that increase patient opportunities for exercise and healthy eating. Evidence of such relationships should include memorandums of understanding, letters of agreement, and letters of support.
- *Follow-up Care and Communication.* Demonstrate capacity and describe methods to provide patient follow-up care, screenings, and monitor clinical outcomes and continuity of care.
- *Sustainability.* Demonstrate the integration of self-management into the ongoing delivery of care, and strategies that will promote sustainability beyond MFH funding.

Program Evaluation

Evaluation of diabetes management will focus on a continuum of immediate, intermediate, and long-term outcomes.

Applicant Program Evaluation

Applicants are responsible for evaluating, at a minimum, immediate and intermediate outcomes that address a participant's clinical measures, learning capacities, behavior changes, and self-management success. These measures should appropriately apply to the applicant's proposed objectives and activities. Missouri Foundation for Health will require applicants to collect data (either individually or collaboratively) and monitor changes in the following:

- Patient clinical measures such as glycemic and lipid controls, BMI, and blood pressure over a sustained period
- Clinical procedures that reduce the risks of diabetes complications (eye exams, foot exams, dental exams, etc.)
- Goal setting and goal attainment for patients
- Education, problem solving, and coping strategies for patients
- Process indicators that document the implementation of diabetes self-management

Examples of data collected from proposed interventions should correspond with recommended measures from evidence-based sources such as CDC's *Healthy People 2010* (<http://www.cdc.gov>), the American Association of Diabetes Educators (<http://www.aadenet.org>), and the American Diabetes Association (<http://www.diabetes.org>).

Funded grantees must demonstrate the capacity to collect baseline and interval data on performance measures specific to the proposed interventions related to diabetes self-management. MFH will consider up to 10% of the subtotal of direct expense requested from MFH by applicants to support evaluation activities required of funded grantees.

External Evaluation

Throughout the duration of this PAG, an MFH external evaluator will evaluate the impact of the overall Diabetes Self-Management Program. Funded organizations and the external evaluator will work together to evaluate measures related to diabetes self-management that will assess a continuum of outcomes that include patient learning, provider and patient behavior change, clinical improvement, self-efficacy, and overall health status.

Funded organizations will be expected to:

- Work collaboratively with all partners and the external evaluator contracted by MFH to collect data and evaluate the combined impact of all programs funded under this PAG.
- Participate in meetings with MFH staff, external evaluators, and all partners funded under this PAG.

Selection Criteria

Submitted proposals that meet minimum requirements will be assigned to an internal MFH staff review team and advisory review panel (see eligibility criteria and the *MFH Grantmaking Guidelines* at <http://www.mffh.org>). Submitted proposals will be assessed on how well applicants demonstrate capacity for organization-wide, fully integrated diabetes self-management care, improved patient involvement, and sustainable community collaborations and partnerships.

Points will be allocated to the completed Project Summary, Project Plan, Organizational Profile, and Background Information provided in the proposal narrative. Further details can be found in the Proposal Narrative Instructions.

Eligibility

Eligible organizations include primary health care centers, clinics, or hospitals that demonstrate:

- the capability to carry out required elements as defined in the RFP
- the ability to recruit patients, track them and monitor clinical and behavioral outcomes
- partnerships with community based organizations that leverage other resources that improve patient care

The following requirements also apply:

- Applicants must either be a government agency or a non-profit organization exempt from federal tax under Section 501(c)(3) of the IRS code.
- Applicants that are non-profit organizations must be registered with the Secretary of State to conduct business in Missouri and classified by the state as being in good standing. Applicants not classified by the state as being in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.
- Applicants and the majority of the targeted population served must be located within the MFH service region
- Foundation funding cannot exceed 25% of an organization's annual expense budget. All current MFH grants and contracts are considered in calculating an organization's 25% limit.
- In-kind expenses are not considered in determining the size of an annual expense budget.

Only one response to the Better Self-Management of Diabetes RFP will be accepted per applicant organization as determined by federal tax ID.

Funding

A total of \$4 million has been allocated for this funding program in 2006. Applicants may apply for funding for a period of up to 3 years to cover costs directly related to activities under this program. See the budget narrative instructions (pages 12-15 of this packet) and the *MFH Grantmaking Guidelines* (http://www.mffh.org/funding_guidelines.html) for further details on allowable costs and activities.

Timetable

Application Available: May 22, 2006

Pre-Application Conference: June 21, 2006

Application Deadline: July 13, 2006, 4:00 pm (**actually received by the MFH office**)

Committee Review: November 2006

Anticipated Award: November 2006

How to Apply

See the Application Checklist on page 7 for complete application requirements. ***Proposals for this program must be received by MFH no later than 4:00 pm on July 13, 2006. Applications must be mailed or hand-delivered to MFH offices—faxed or e-mailed applications will not be accepted.*** Applications can be mailed to:

Missouri Foundation for Health
 Attn: Better Self-Management of Diabetes
 Grand Central Bldg, Suite 400
 1000 St. Louis Union Station
 St. Louis, MO 63103

Please direct all questions about the application process to Terry Plain, Program Officer, at 314.345.5542 (toll-free 800.655.5560) or vplain@mffh.org.

Missouri Foundation for Health

Application Checklist

General requirements:

- **Applications that do not contain all of the required documentation upon submission to Missouri Foundation for Health *will not be reviewed* unless an applicant has contacted and obtained approval from the Foundation *prior to submission* to explain why certain documentation is unavailable.**
- Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- Do not staple the application or use any special folders or bindings to enhance the presentation of your proposal.

Submit three sets of the following required documents:

- Application coversheet.** Submit a one-page form located on page 8 of this packet with all spaces completely filled in.
- Proposal narrative.** Submit a narrative up to six (6) pages long detailing the proposed program. Instructions for required content are included in this packet (pages 9-10).
- Project budget worksheet.** Submit a one-page table showing the request amount for each line item. An Excel spreadsheet to input this information is available on page 11 of this document or as a separate download on the MFH website (<http://www.mffh.org>).
- Budget narrative.** Submit a narrative that details each line item request. Instructions for required content are included in this packet (pages 12-15). Be sure to include vendor quotes for each major equipment item (items over \$5000).

Submit two sets of the following required documents:

- Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1-877-829-5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.* Government agencies have a tax exemption under a different code section.
- List of board members.** Submit a list of all current board members.
- Memorandum(s) of understanding (MOUs).** Include signed MOU(s) that outline roles and responsibilities between the applicant and its partner organization(s). *An MOU as outlined in the eligibility requirements must be submitted if working with partner organizations.* A sample MOU is included in this packet (page 16).
- Letters of support.** Include no more than 3 letters from other organizations that express support for the proposal submitted in this application.
- Annual audit report.** Provide the most recent (issued less than 15 months prior to date of application submission) audit report prepared by a CPA. Send the complete report including audit letter, financial statements, and notes to the financial statements.
Note: If a recent audit report is unavailable, provide the most recent IRS Form 990 tax return (without supporting schedules).
- Annual budget.** Provide the current fiscal year's approved expense budget. The budget must show detailed annual expense by type of expense.
- Current financial statements.** Provide current (issued less than 60 days prior to the date your application is submitted) unaudited financial statements (income statement and balance sheet

Missouri Foundation for Health
Better Self-Management of Diabetes
2006 Application Coversheet



Name of Applicant Organization: _____

Address: _____

Tel. (area code): _____

Fax (area code): _____

City: _____

State: _____

ZIP: _____

E-mail Address: _____

County: _____

Federal Tax ID Number: _____

Primary Contact and Title: _____

County(ies) where project will be implemented (list all): _____

Project Title: _____

Target Population(s) (check all that apply to this project within each category)

Ethnicity(ies):

- African American _____ %
- American Indian/Alaska Native _____ %
- Asian/Pacific Islander _____ %
- Caucasian _____ %
- Hispanic/Latino _____ %
- Immigrants/Refugees _____ %
- Other _____ %

Geographic Area Served:

- Rural _____ %
- Suburban _____ %
- Urban _____ %

Economic Status:

- Below Federal poverty level [FPL] _____ %
- FPL up to 2X FPL _____ %
- >2X FPL up to 3X FPL _____ %
- Above 3X FPL _____ %
- Unknown/Not captured _____ %

Insurance Status:

- Medicare _____ %
- Medicaid _____ %
- Private Insurance/Commercial _____ %
- Uninsured/Self Pay _____ %
- Unknown/Not Captured _____ %

Organizational Profile

Age of organization (years): _____

Number of FTE staff: _____

Number of volunteers: _____

Organizational Financial Profile

Annual Expense Budget: _____

Total Amount of Project: _____

Total Amount Requested from MFH: _____

Duration of Project (in months): _____

Tax Status

- Exempt under 501(c)(3) of the IRS code
- Exempt governmental unit
- Other (specify): _____

Printed name and title of person authorized by organization's governing board to sign a grant award agreement if application is approved by MFH Board.

Name: _____ **Title:** _____

Printed name and title of organization's Chief Executive Officer (CEO).

Name: _____ **Title:** _____

Signature of CEO: _____ **Date:** _____

Missouri Foundation for Health Proposal Narrative Instructions

The maximum length of the Proposal Narrative under this initiative is six (6) pages.

The Proposal Narrative must be typed on standard white paper, single spaced with at least a 10 point font size and one-inch margins.

Follow the Proposal Narrative requirements by typing the corresponding headings that reflect each lettered section.

I. OVERVIEW OF YOUR PROGRAM

A. PROGRAM SUMMARY (10 total points):

- Provide a one-paragraph synopsis of the proposed program. In this paragraph, include a rationale for the program, interventions, and activities planned.
- Specify the total program budget and the amount of funding requested from the Foundation.
- Specify the per person served annual cost of the program.

B. PROGRAM PLAN (40 total points):

- Provide specific data that describe the target population.
- Describe the current availability of services similar to those proposed for the target population.
- Describe the unique barriers in the targeted community that limits implementing a diabetes self-management program.
- Describe how the barriers found in implementing a diabetes self-management program will be addressed.
- Outline the project's key objectives and activities with specific timelines.
- Specify for each objective the anticipated results, methods of measurement, and key staff responsible for project implementation.
- Estimate the number of individuals to be served or directly affected by the program.
- Describe how diabetes self-management will be integrated and maintained in the organization's daily operations.

C. PROGRAM EVALUATION (20 Points):

- Describe your current or identified staff responsible for data collection.
- Describe your quantitative and qualitative measures that will determine achievement of diabetes self-management objectives

II. OVERVIEW OF YOUR ORGANIZATION

A. ORGANIZATIONAL PROFILE (30 total points):

- State the mission(s) of the organization(s) involved.
- Describe applicant's experience and qualifications for conducting programmatic activities in the targeted community.

- Describe any collaboration and/or partnerships and their role, such as linkages with public health departments, voluntary organizations, institutional and/or individual providers, or related services.
- Describe the applicant's previous experience in chronic disease management and that of partnering organizations (if applicable).
- Discuss the role and qualifications of key staff that have the skills and experience to conduct and evaluate the proposed activities. Include the time commitment expectations of these staff.

B. FINANCIAL PROFILE:

- Describe applicant's state or federal funding sources (if any).
- Describe the other funding sources and strategies used to maintain or increase organizational revenue.
- List any in-kind services for the proposed program.
- Describe funding strategies that will sustain the proposed program after MFH support ends.

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Missouri Foundation for Health Project Budget Worksheet

(Double click on worksheet to begin entering numbers.)

BETTER SELF-MANAGEMENT OF DIABETES

PROJECT TITLE: Enter Name of Project

	TOTAL PROJECT BUDGET				FUNDING REQUESTED FROM FOUNDATION			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Net Revenue								
Enter Type of Revenue	0	0	0	0	0	0	0	0
Total Net Revenue	0	0	0	0	0	0	0	0
Expense								
Salary	0	0	0	0	0	0	0	0
Benefits & Payroll Taxes	0	0	0	0	0	0	0	0
Total Compensation	0	0	0	0	0	0	0	0
Conferences	0	0	0	0	0	0	0	0
Equipment, Major	0	0	0	0	0	0	0	0
Equipment, Minor	0	0	0	0	0	0	0	0
Printing	0	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0	0
Travel	0	0	0	0	0	0	0	0
Other Direct Expense	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Evaluation Expense	0	0	0	0	0	0	0	0
Indirect Expense	0	0	0	0	0	0	0	0
Total Expense	0	0	0	0	0	0	0	0
Net Project Cost	0	0	0	0	0	0	0	0

PROJECT TITLE
Better Self-Management of Diabetes
Budget Assumptions/Justification Instructions

General Instructions

The [Project Budget Worksheet](#) contains two sides. The left side, Total Project Budget, must contain total project revenue and expense. The right side, Funding Requested from Foundation, is limited to revenue that results from Foundation funding, and expenses for which Foundation reimbursement is being requested.

Under no circumstances may the net project cost on the 'Foundation' side be greater than the net project cost on the 'Total Project' side.

Instructions for 'Funding Requested from Foundation' Side of Worksheet

Revenue and expense assumptions/justifications are to be provided **only** for that portion of the total project for which funding from the Foundation is requested.

Each year's revenue and expense must be fully explained as outlined below, with a total provided by line item for each year of expense. The line item totals in the narrative must correspond to the line item totals on the Project Budget Worksheet.

Net Revenue

Net Revenue: List any type of **new** revenue (e.g. Medicare/Medicaid Reimbursement, fee-for-service, client fees, etc.) for this project **that will result** from Foundation funding. If additional rows are needed, insert on worksheet. Explain how each type of revenue is calculated.

Example: Medicaid. 2,000 patient visits @ \$15 average reimbursement per visit. Total \$30,000. 5% increase in patient visits annually with reimbursement per visit fixed with no increase.

Note: The figures on the budget worksheet would appear as follows:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Medicaid	\$30,000	\$31,500	\$33,075

Expense

Salary: Salary is for staff that will be **employed** by your organization. Consulting and/or contracted positions must be listed in Other Direct Expense. For each employed staff position, state the position title, annual salary, full time equivalency applicable to this project and project cost by year.

Example:

<u>Position</u>	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Psychiatrist	\$150,000	.1	\$15,000	\$15,300	\$15,606
LPN	30,000	.6	<u>18,000</u>	<u>18,360</u>	<u>18,727</u>

Total Salary	\$33,000	\$33,660	\$34,333
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Note: In this example, salaries are increased 2.0% annually to reflect merit increases.

Benefits & Payroll Taxes: The Foundation recognizes that benefits such as health insurance, life insurance, retirement, etc. are commonly provided to full-time employees, and that payroll taxes are required by statute. Accordingly, benefits and payroll taxes expense can be included in a project subject to the limits stated below.

State your organizations standard benefit and payroll tax rate expressed as a percentage of salary, not to exceed the following maximum percentage rates:

- Full-time employee with annual salary up to \$30,000: up to 32% of salary
- Full-time employee with annual salary \$30,001-\$60,000: up to 25% of salary
- Full-time employee with annual salary over \$60,001: up to 15% of salary
- Part-time employees: up to 10% of salary

For each position supported in whole or in part with Foundation funds, show the calculations that equate to the benefits & payroll tax funding request as follows:

Example: (assumes an established organizational rate of 20%)

<u>Position</u>	<u>Annual Salary</u>	<u>Benefit/Tax Rate</u>	<u>Subtotal</u>	<u>FTE</u>	<u>Year 1 Total</u>
Psychiatrist	\$150,000	.15	\$22,500	.1	\$2,250
LPN	30,000	.20	6,000	.6	<u>3,600</u>
Total Benefits & Payroll Taxes					\$5,850

Note: Most examples below this point provide an example for only year one. If additional years' funding is requested, repeat the narrative for the subsequent year.

Conferences: List name of conference(s) proposed to be attended and registration fee(s) required. (Note: travel related to conferences such as airfare, hotel, meals, etc. is listed under Travel)

Example: Year 1: Annual ABC Conference: \$200 registration fee for 2 staff Members = \$400.

Total Conference for Year 1: \$400

Equipment, Major: (For equipment with single item value over \$5,000): List each item of equipment and item cost. Attach vendor quote for each item of major equipment.

Example: Year 1: Ford van with wheelchair lift: \$24,950

Total Major Equipment for Year 1: \$24,950

Equipment, Minor: (For equipment with single item value under \$5,000): List item, quantity, unit cost and total cost.

Example: Year 1

<u>Item</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
Dell Dimension computer	3	\$1,000	\$3,000
Hewlett Packard laserjet printer	1	400	<u>400</u>
Total Minor Equipment for Year 1			\$3,400

Printing: Explain how printing costs are calculated.

Example: Year 1: Print 5,000 brochures for medical care at \$1.50 per brochure.

Total Printing for Year 1: \$7,500.

Supplies: Explain how supplies costs are calculated.

Example: Year 1: Medical supplies for 6,000 patients at \$2.07 per patient = \$12,420

Total Supplies for Year 1: \$12,420.

Travel: Explain how travel costs are calculated.

Example: Year 1: Four trips weekly by nurse, average 40 miles per trip, at Missouri standard reimbursement per mile. 52 weeks X 4 trips per week X 40 miles per trip X \$.345 per mile totals \$2,870.

Example: Two staff attending (name of) conference:

Airfare: \$200 X 2 staff = \$400

Hotel: \$100 per night X 2 nights X 2 staff = \$400

Meals: \$40 per day X 2 days X 2 staff = \$160

Total Travel for Year 1: \$3,830

Other Direct Expense: Describe in detail any other type of direct expense not specifically listed above or not included in Indirect Expense as defined below and explain how the costs are calculated for each year requested.

Evaluation Expense: Evaluation expense includes cost associated with evaluating the success of the project and achievement of project objectives.

The Foundation will consider evaluation expense up to a maximum of 10% of the sub-total of Salary through Other Direct Expense (excluding Indirect Expense) on the right hand side of the budget worksheet – Funding Requested from Foundation.

If evaluation is outsourced, provide the name of the contractor or organization that will perform the evaluation services.

Indirect Expense: Indirect expense includes general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. in support of employees that provide health care services directly related to the project.

The Foundation will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits and payroll taxes).

If indirect expenses are requested, state the percentage of indirect expenses and show the calculation as follows:

Indirect expense rate: 7%

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Salary expense	\$33,000	\$33,660	\$34,333
Indirect Rate	<u>.07</u>	<u>.07</u>	<u>.07</u>
Indirect Expense	\$ 2,310	\$ 2,356	\$ 2,403

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Missouri Foundation for Health
Sample Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

between

(Insert name of Applicant Organization)
("hereinafter referred to as Applicant Organization")

and

(Insert name of Partner Organization)
("hereinafter referred to as Partner Organization")

Applicant Organization agrees to:

- A.
- B.

Partner Organization agrees to:

- A.
- B.

(Insert Authorized Signature Name)
(Applicant Organization)

(Insert Authorized Signature Name)
(Partner Organization)

Date

Date

|

Missouri Foundation for Health Chronic Care Model and Self-Management Resources

<http://www.healthdisparities.net/hdc/html/home.aspx>

<http://www.improvingchroniccare.org/>

<http://www.cdc.gov/diabetes/index.htm>

<http://www.centerforhealthstudies.org/chshome.html>

http://www.doh.wa.gov/cfh/wsc/Model_Info/Self_Management_Support/SMSpage1.htm

<http://www.thecommunityguide.org/diabetes>

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About MFH

The Missouri Foundation for Health is an independent nonprofit organization that focuses on bridging the gaps in health care services to uninsured and underinsured citizens and funding health care programs that address the needs of underserved populations.

Our mission is to empower the people of the communities we serve to achieve equal access to quality health services that promote prevention and encourage healthy behaviors.

<http://www.mfh.org>