

Growing up... and stepping out

The background features a horizontal band across the middle. Above the band, the text 'Growing up... and stepping out' is written in a reddish-brown serif font. The band itself is a solid, muted taupe color and contains several stylized, overlapping 'e' characters. One 'e' in the center is a vibrant red, while the others are light grey. Below the band, the text 'Endowment for Health 2001 Annual Report' is centered in the same reddish-brown serif font. The overall design is clean and professional, with a focus on the 'e' motif.

Endowment for Health
2001 Annual Report



From the President	
A year of rapid transformation, and many lessons	1
From the Chair	
A beautiful hopeful moment	3
Board, Staff, Advisory Council and Committees	4
Our Grantmaking Program	6
Program Year 2001 Award Distribution	7
2001 Grant Awards	
Theme Grants	
Oral Health	8
GRANT PROFILE: Smile and the world smiles with you!	
Healthfirst Family Care Center and LRGHealthcare	9
Economic Barriers to Accessing Health	10
Geographic Barriers to Accessing Health	10
Social/Cultural Barriers to Accessing Health	11
GRANT PROFILE: ¿Puede usted ayudarme? (Can you help me?)	
New Hampshire Minority Health Coalition	12
Applied Research and Other Initiatives	14
GRANT PROFILE: Charting the mind-body-spirit continuum	
Concord Regional Family Health Center	15
Planning, Convening, and Technical Assistance Initiatives	16
GRANT PROFILE: You <i>can</i> get there from here!	
North Country Health Consortium	17
Discretionary Grants	18
GRANT PROFILE: A new model for rural HIV/AIDS education, outreach and testing	
AIDS Services for the Monadnock Region	19
Financials	
From the Finance and Investment Committee	20
Statement of Financial Position	20
Statement of Activities	21

A year of rapid transformation, and many lessons...



JAMES W. SQUIRES

This is the year the Endowment for Health grew up in the sense of passing rapidly through a series of transformations. And so, where are we, and what lessons have been learned?

During our gestational period, the Board of Directors wisely, and with enormous foresight, spent a great deal of time discussing, debating and then refining the Endowment's mission, vision and values.

LESSON NUMBER ONE: These deliberations provided a stable foundation that anchored and guided us through the strain of moving from planning an organization to operating one.

Soon after becoming President of the Endowment for Health, someone said to me: "How hard can it be to give away money – surely it isn't more difficult or stressful than a major surgical procedure!" The response to this observation is that, true, surgery has its own unique and demanding stresses. On the other hand, one spends years of study and supervised performance before becoming responsible for the life of another human being. None of us who suddenly found ourselves in the business of "giving away money" had much experience or background in this somewhat arcane art.

As we proceeded through our adolescent period, it has proved to be surprisingly difficult *if* one seriously attempts to understand a rather astonishing number of conflicting ideas. What is the difference between a *need* and a *want*? What does it mean to be *underserved* or *vulnerable*? What is the difference between the activities of a *charitable* organization as distinct from a *philanthropic* organization? To what degree should we expect our *state government* to address a multitude of health-related issues in New Hampshire versus the role of *foundations*, the business community and private insurers? What is accomplished by *starting* an organization that cannot *sustain* itself?

LESSON NUMBER TWO: These and many other daunting dilemmas make the business of "giving away money" a difficult and challenging proposition.

On June 22, 2001, we received ninety-four theme grant applications requesting \$24,000,000 in support of a variety of projects relating to issues of oral health and barriers to access. At the end of the process, we were only able to fund fourteen grants in these categories in an amount equal to \$2,000,000.

LESSON NUMBER THREE: There are not enough resources in all the not-for-profit entities in New Hampshire, let alone the Endowment for Health, to meet what many perceive to be the health needs of the citizens of this state.

In terms of per capita income, (\$30,905 – Preliminary 1999 data) our state is the 9th wealthiest in the nation. In terms of support of state government, as expressed in terms of state government revenues per capita (\$2,385 – 1997), we are the 2nd lowest. (Source: New Hampshire Data Center). At the present time there are somewhere between 80 and 90 thousand individuals without health insurance. 75 percent of adults in this category are employed. (Source – *Department of Health and Human Services*).

CONTINUES

LESSON NUMBER FOUR: As human beings, we walk through life on a tightrope.

Many of us have sufficient means of security when we slip. Sadly, many lack such resources and when they fall, they will discover a “safety net,” created and managed by dedicated and resourceful people who struggle every day to stay in existence. The question then becomes, should we try to diminish the number of individuals who fall or should we strengthen the safety net? Unfortunately for a number of reasons, New Hampshire finds it difficult to do either one.

Looking toward tomorrow, the Endowment for Health intends to become more proactive in the way we manage our limited resources. We will strongly consider soliciting research proposals that are germane to our theme areas. At the same time, we look forward to guiding New Hampshire citizens who seek information about health systems, health issues, and health resources – each of which touches our lives every day.

This has been a wonderful year. We have learned a great deal about ourselves, about the intricacies of processing grant applications and hopefully, how to add value to our society.



James W. Squires M.D.
President

2001: The year in review

January 8, 2001

James W. Squires M.D. becomes the first president

February 1, 2001

Mary Vallier Kaplan joins the Endowment staff as Program Director

March 12, 2001

Two-day retreat with the Board of Directors and Advisory Council to agree on the four theme areas (oral health, economic, social cultural and geographic barriers to access to health and health care) and allocation of funds

May 1, 2001

Sue Fulton is hired as Executive Assistant

May 2 – 7, 2001

Forums held in Manchester, Keene, Lancaster and Durham to inform organizations about the grant program

June 4, 2001

The staff of the Endowment for Health moves to 14 South Street

June 22, 2001

94 Theme Grants are received and processed. Total amount requested is \$24,000,000

July 3, 2001

First Discretionary Grant approved

August 15, 2001

Applied Research, Planning, Convening and Technical Assistance Initiatives received and processing begun. Total amount requested is \$4,346,166

September 17, 2001

Peg LePage is hired as Administrative Assistant

September 25, 2001

Board of Directors approves 43 Grant awards totaling \$2,800,000

September 30, 2001

Grant recipients notified

From the Chair

A beautiful and hopeful moment...



SYLVIO DUPUIS

As someone who has been involved in community-based work for many years, I have rarely been as proud as I was on October 29, 2001, when the Endowment for Health made the public announcement of our first round of grant recipients.

This event, the culmination of countless hours of work over many months, tirelessly and generously performed by some of the most dedicated and creative minds in our community, was, for me, a beautiful and hopeful moment in a world that had so recently been transformed. Like Americans everywhere, our lives have been fundamentally rattled, and all of us have struggled to make sense of events, reflect on our values, and keep a hopeful eye on the future.

In that context, how does the Endowment for Health fit into the lives of New Hampshire citizens?

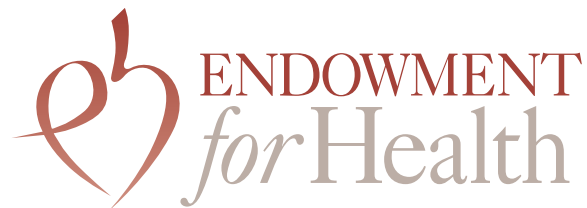
The answer, I believe, is simple: At a time when we must more than ever make the world a better and safer place to live, the Endowment for Health is now one clear starting place.

On behalf of our Board, the important and critical programs and projects that received our support in 2001, and all those who will benefit directly from those efforts, thank you! I also wish to express my thanks to the Board, its committees, and the Endowment staff for an outstanding year of hard work and accomplishment. In spite of the changes and challenges we face as a national and international community, I know that our Endowment for Health community here in New Hampshire is accomplishing many good things.


Cordially,



Sylvio Dupuis, O.D.
Chair



Board, Staff, Advisory Council, and Committees



The Board of Directors of the Endowment for Health was initially appointed by the Charitable Division of the New Hampshire Attorney General's office in 1999 with the exception of two members who were appointed by the Governor. The gubernatorial appointments are for one year. Successor directors are placed into nomination and voted upon by the entire board at one of its regular meetings.

The Board of Directors seeks individuals who have a demonstrated interest in, and understanding of, the community and individuals intended to benefit from the Endowment's activities. The board seeks a wide range of skills and perspectives among its members.

Of particular significance is the requirement that the majority of individuals serving on the board be members of the "general public." The definition of "general public" is anyone who is *not* (1) an employee, officer, or director of an organization that primarily sells health care services, or (2) engaged in the practice of a health care profession.

Directors

Sylvio Dupuis, O.D., *Chair*, Public Member, Manchester

Deanna Howard, *Vice Chair*, Non-Public Member, Dartmouth Hitchcock Regional System

Susan Chollet, *Secretary*, Non-Public Member, Peterborough

James M. Oates, *Treasurer*, Public Member, Elkins

Betsy Abrahams, Public Member, Executive Director, Nashua Youth Council

Tess Stack Kuenning, Non-Public Member, Executive Director, Bi-State Primary Care Association

Gustavo Moral, Non-Public Member, President, Independent Services Network

Jan Nisbet, PhD, Public Member, Governor's Appointee, UNH Institute on Disability

Ann Peters, Non-Public Member, Executive Director, Lamprey Health Care

Msgr. John Quinn, Public Member, Bedford

Y.B. Rhee, Public Member, Grantham

Sr. Monique Therriault, Non-Public Member, Berlin

Georgia Tuttle, MD, Non-Public Member, Skin Care Center

Donald Shumway, Non-Public Member, Governor's Appointee, Commissioner, NH Department of Health & Human Services

Marty Van Oot, Public Member, Orr & Reno P.A.

Staff

James W. Squires, M.D.
President

Mary Vallier-Kaplan, MHSA
Program Director

Sue Fulton
Executive Assistant

Peg LePage
Administrative Assistant

The Advisory Council of the Endowment for Health is composed of 30 to 40 individuals, a majority of whom must be members of the "general public", which is defined as an individual who is *not* (1) an employee, officer, or director of an organization that primarily sells health care services, or (2) engaged in the practice of a health care profession. To reflect the diversity of the State of New Hampshire, every county is represented on the Advisory Council.

The health care interests of Advisory Council members are also diverse and include those of consumers, health care providers, people who lack affordable access to the health care system, and those without any health insurance coverage.

The Charitable Division of the New Hampshire Attorney General's office appointed the initial members of the Advisory Council, and the Advisory Council nominates and elects succeeding members. Unlike the board of directors, there are no gubernatorial appointees to the Advisory Council.



On June 4, 2001 the Endowment for Health moved into its new quarters at 14 South Street in Concord. The Endowment leases the first two floors that constituted the original home. In front, a ramp provides easy access to individuals with disabilities. We have two moderate-sized conference rooms on the first floor and welcome their use by other not-for-profit organizations, as available, during business hours. Anyone interested in using this space should contact Sue Fulton at 228-2448.

The responsibilities of the Advisory Council include: working with the board each year to compile a list of candidates for consideration as board members; serving as a link between the foundation and local New Hampshire communities; and supporting the board's efforts to be accountable to the community.

Advisory Council

Gina Machos Balkus, Hillsborough County
 William E. Boyle, Jr., M.D., Grafton County
 Susan Chollet, Hillsborough County
 Monica A. Ciolfi, *Secretary*, Merrimack County
 Thomas Clairmont, Belknap County
 Selma Deitch, MD, MPH, Hillsborough County
 Juliana Eades, Merrimack
 Jennifer L. Frizzell, Merrimack County
 Rabbi Richard L. Klein, Merrimack County
 Tess Stack Kuenning, Merrimack County
 David Lamarre-Vincent, Merrimack County

Raymond V. Mailloux, Hillsborough County
 Nury Marquez, Hillsborough County
 Marie Metoyer, MD, Hillsborough County
 Michael R. Ostrowski, Hillsborough County
 David Pearson, Strafford County
 Thomas Raffio, Merrimack County
 Jeanne Ryer, Carroll County
 Harvey L. Schwartz, Cheshire County
 Richard D. Silverberg, Merrimack County
 Timothy Soucy, Hillsborough County
 Susan Donahue Suter, Rockingham County
 Rodney E. Tenney, *Chair*, Merrimack County
 Clyde E. Terry, Merrimack County
 Sr. Monique Therriault, Coös County
 William Walker, Grafton County
 Charles F. Whittemore, *Vice Chair*, Hillsborough County
 Adele Woods, Coös County

Committees

Executive Committee

Chair: Syl Dupuis, *Board Chair*
 Betsy Abrahams, Co-Chair of Program Development Committee
 Sue Chollet, *Board Secretary*, Chair of Governance Committee
 Deanne Howard, *Board Vice Chair*
 Gus Moral, Chair of Communications Committee
 Jim Oates, *Board Treasurer*, Chair Finance and Investment Committee
 Ann Peters, Co-Chair of Program Development Committee
 Jack Quinn, Chair of Audit Committee

Finance and Investment Committee

Chair: Jim Oates
 Gus Moral
 Msgr. Jack Quinn
 Y.B. Rhee
 Rod Tenney
 Georgia Tuttle, M.D.
 Charles Whittemore

Audit Committee

Chair: Msgr. Jack Quinn
 Rabbi Richard Klein
 David Lamarre-Vincent
 Y.B. Rhee

Governance Committee

Chair: Sue Chollet
 Jan Nisbet
 Y.B. Rhee
 Msgr. Jack Quinn
 Marty Van Oot

Program Development Committee

Chair: Betsy Abrahams and Ann Peters
 William Boyle, Jr.
 Deanna Howard
 Tess Stack Kuenning
 Jan Nisbet
 Jeanne Ryer
 Don Shumway
 Sr. Monique Therriault
 Sue Suter

Communications Committee

Chair: Gus Moral
 Gina Balkus
 Sue Chollet
 Tim Soucy
 Tess Stack Keuning

Our Grantmaking Program

The Endowment for Health primarily uses grantmaking to achieve its mission to improve the health and reduce the burden of illness of the people of New Hampshire. We are particularly interested in addressing the needs of those most vulnerable in our communities, and those currently underserved by New Hampshire's health system.

The Endowment supports four types of grants and initiatives:

- Theme Grants
- Applied Research and Other Initiatives
- Planning, Convening, and Technical Assistance Initiatives
- Discretionary Grants

These four funding categories address the types of funding identified as needed by the nonprofit organizations of New Hampshire, our primary source of grant applicants. We also strive to complement the grantmaking efforts of other New Hampshire and national health grantmakers and to improve the level of understanding of health issues at the state, regional, and national level.

At any point in time, our grantmaking program focuses on several chosen health-related themes that address critical, unmet, population-based needs affecting a significant number of people in New Hampshire. The current themes are:

- Oral Health
- Economic Barriers to Access Health
- Geographic Barriers to Access Health
- Social-Cultural Barriers to Access Health

Theme Grants must address a current Endowment theme. The other four types of grants and initiatives are health-related and may relate to an Endowment theme.

Program Year 2001 Awards

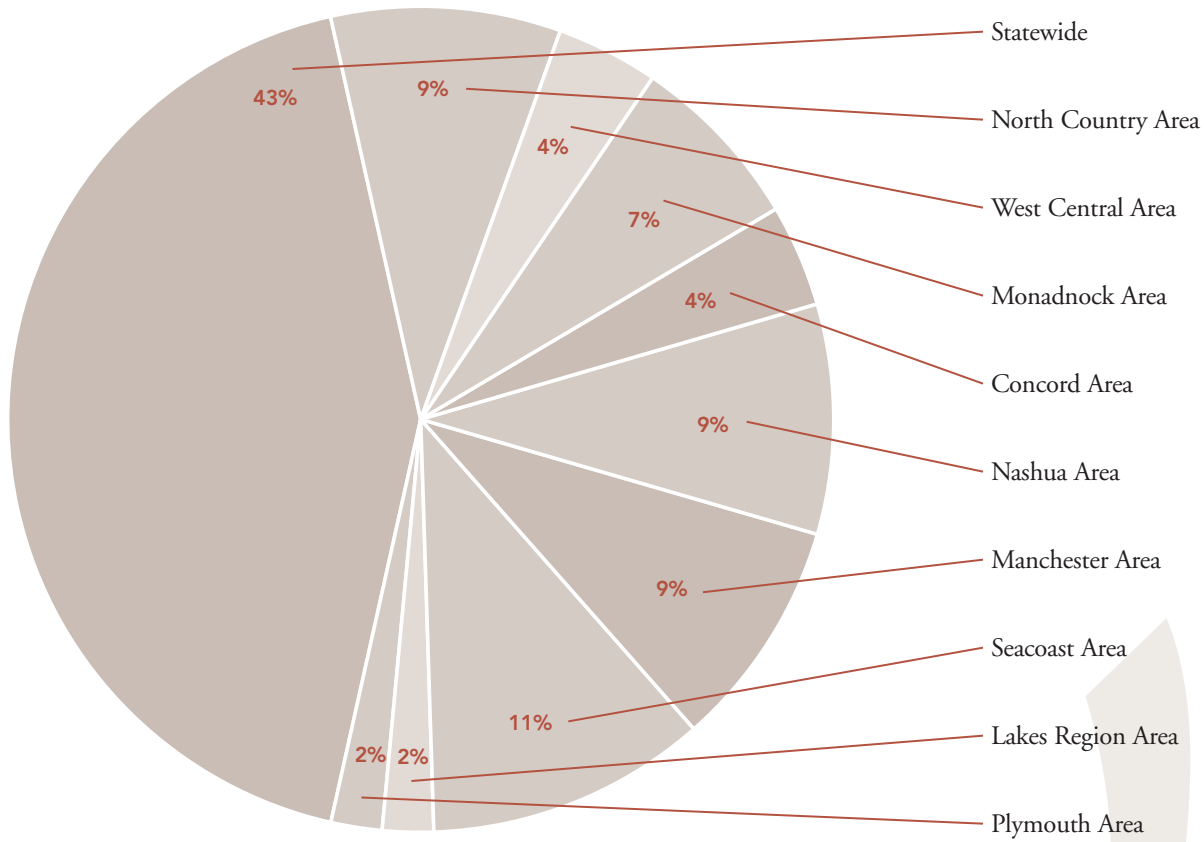
The Endowment for Health awarded \$2,805,000 in grants to 42 organizations in Program Year 2001. These awards were competitively selected from 143 applications requesting over \$24 million.

Our goal was to have 70-80% of the funds address our current themes. The awards achieved a wide geographic distribution of funds throughout New Hampshire with many awards having a statewide impact (see charts on next page).

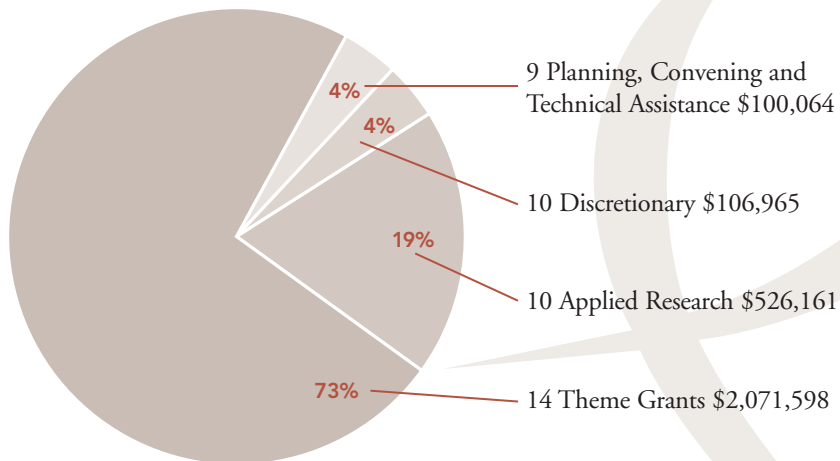


Mary Vallier-Kaplan, Program Director, speaks at an Endowment Educational Forum. The Endowment is committed to supporting grant applicants in understanding its goals, helping develop grant-writing skills, and providing networking opportunities with the growing number of people that make up the Endowment community.

Percent of 42 Awards by Geographic Area: Program Year 2001



Distribution of Awards by Type of Grant: Program Year 2001



Theme Grants

Theme Grants are significant grants usually provided over a multi-year period to research, plan, and implement model solutions to critical health issues in New Hampshire.

Theme Grants: Oral Health

Disparities in oral health and access are related to socio-economic factors such as income, education, and health insurance coverage. In 1999, 48% of uninsured adults in New Hampshire reported not seeing a dentist in the past year, as compared to 18% of adults with an employer-sponsored dental plan. As an integral part of the body's digestive, respiratory, and skeletal systems, diseases of the mouth, teeth, and gums can compromise the overall health of any individual.

The Endowment is committed to support the development of a sustainable oral health system in New Hampshire, which is accessible to all New Hampshire citizens and is an integral part of the New Hampshire health system.

The Endowment's Issue Brief: *Oral Health in New Hampshire* is available by contacting our office, or on-line at www.endowmentforhealth.org

Monadnock Collaborative

Project: Dental Health Works

Grant Amount: \$370,000

Area Served: Monadnock Region

Population Served: Low-income individuals and families

Grant will help provide educational, preventive, and restorative dental services in Cheshire County by creating Dental Health Works, a model comprehensive full time dental clinic, in Keene. The Clinic will serve Medicaid clients, referrals from Cheshire Smiles in-school program, referrals from eight area health

and human service agencies, and others (both children and adults) who are unable to access dental care.

Seacoast Dental Coalition

Project: Dental Access on the Seacoast

Grant Amount: \$100,000

Area Served: Seacoast Region

Grant will help expand *Seacoast Healthy Grins*, a model school-based screening, cleaning and referral program for children in Portsmouth elementary schools (currently K-3); expand screenings at Families First well-child clinics and Head Start; and expand referral and dental case management network of *Seacare Dental Services*. Grant will also help plan for a model Dental Center at *Families First* to serve more low-income patients in the Seacoast area.

Healthfirst Family Care Center, Inc.

Project: Meeting the Oral Health Needs of the Lakes Region and Twin Rivers Region

Grant Amount: \$225,000

Area Served: Lakes Region

Grant will help the *Healthfirst Family Care Center* and *LRGHealthcare* collaboratively develop a model comprehensive system of oral health services for the low-income population of the Lakes and Twin Rivers Region Dental Health Provider Shortage Area (DHPSA), while also training student interns from the Tufts University School of Dentistry. (See *Grant Profile* on next page.)

Smile, and the world smiles with you!



Robert J. Kozlow, DDS; and Gail A. Edson, CDA; help a young patient at the Dental Resource Center, LRGHealthcare, understand the basics of good dental hygiene.

Lack of dental insurance coverage – an issue for thousands of New Hampshire’s low- and mid-income families – has a devastating impact. Particularly for children, untreated tooth decay can cause more than just chronic pain. Untreated childhood dental issues have been linked to dysfunctional speech, poor nutrition, loss of self-esteem, and a future of diminished employability.

In 1999, 26% of all New Hampshire residents had no dental insurance. Equally important, and for reasons not always related to individual choice, 52% of the adults and 42% of the children on New Hampshire Medicaid did not receive the recommended number of dental visits.

Five areas of New Hampshire, collectively representing 20% of the state’s population, have been identified as Dental Health Professional Shortage Areas. These areas are designated based upon a lower than average dentist to population ratio, high rates of poverty, and severe access issues based on geography and/or other socio-economic factors.

Healthfirst Family Care Center and LRGHealthcare are now working collaboratively to develop a comprehensive model for meeting the oral health needs of low-income individuals and families in the Lakes and Twin Rivers Provider Shortage Area.

“Those of us who have always had access to dental services sometimes have difficulty understanding the critical need that exists in our communities,” said Sharon Swanson, Director of the Dental Resource Center, at LRGHealthcare in Laconia.

“The lack of dentists available to care for the uninsured and Medicaid population is one of the greatest barriers for low-income residents of our community,” Swanson continued.

“This grant enabled us to double the size of our clinic, and actively invite student interns from Tufts University School of Dentistry to work in a dynamic, state-of-the-art dental facility during their training. Our hope, other than providing expanded services to our target population, is that these interns will also experience the life style benefits of living in the Lakes Region, and will move to the area after completing their education,” Swanson concluded.

Rick Silverberg, Executive Director of Healthfirst Family Care Center in Franklin provided additional perspective on the critical need for dental care in our communities. “Our initial focus is getting quality dental services to prenatal mothers and children,” Silverberg said.

“Other than the multi-faceted and long-term impact of untreated dental conditions in children, for prenatal mothers, poor dental care has been statistically linked to pre-term birth and developmental delays,” Silverberg continued.

“This grant enables us to take a significant step in addressing *this* issue, as well as begin new educational and outreach initiatives in the local school system. I’m glad to be part of a project that will give future New Hampshire citizens a better start in life, no matter what their income level or insurance status,” Silverberg concluded.

For more information about this collaborative project of Healthfirst Family Care Center and LRGHealthcare, contact Sharon Swanson at 527-2910, or HealthLink at 527-7171.



Theme Grants

Theme Grants: Economic Barriers to Accessing Health

One of the most significant barriers to accessing health and health care in New Hampshire is economic. This barrier is most clearly demonstrated by the alarming number of individuals and families in New Hampshire without health insurance (or without adequate health insurance). The Endowment's Issue Brief: *Economic Barriers to Accessing Health* is available by contacting our office, or on-line at www.endowmentforhealth.org

Bi-State Primary Care Association

Project: Creating Systemic Change to Strengthen and Sustain NH's Community Health Centers

Grant Amount: \$200,000

Area Served: Statewide

Grant will help initiate the creation of more effective funding systems for the eight Community Health Centers in New Hampshire. The project will create model systems of financial sustainability to ensure the delivery of primary and preventive care to the uninsured and underinsured New Hampshire residents.

Theme Grants: Geographic Barriers to Accessing Health

Geographic barriers to obtain timely and appropriate health care exist both in rural *and* urban areas of New Hampshire.

The distribution and the capacity of health care providers, as well as the availability of affordable, accessible, and appropriate public transportation, has a direct impact on the health care of all New Hampshire residents. Many New Hampshire citizens must travel very long distances to reach health services, most of which are located in the southern part of the state.

The Endowment's Issue Brief: *Geographic Barriers to Accessing Health and Health Care in New Hampshire* is available by contacting our office, or on-line at www.endowmentforhealth.org

North Country Health Consortium

Project: North Country Cares

Grant Amount: \$136,458

Area Served: North Country

Grant initiates the first year of a project to help the North Country Health Consortium collaboratively design and implement a care coordination model that covers the entire continuum of health care, and integrates ancillary and social services into the system.

Visiting Nurse Association of Northern New England

Project: Bringing Children Home

Grant Amount: \$175,000

Area Served: Statewide

Grant will help VNA's collaboratively develop a new pediatric home care model in Belknap, Cheshire, Grafton,



Hillsborough, Merrimack, Rockingham and Sullivan counties. The new program will address the gap between the acutely ill pediatric patients' needs and current home care delivery capabilities.

Theme Grants: Social/Cultural Barriers to Accessing Health

The social/cultural barriers to accessing health and health care are numerous and complex: Age, culture, ethnicity, gender, educational level, income, and race are some of the more obvious potential barriers. But, other social/cultural characteristics and issues can also become a barrier: Mental health issues, substance abuse issues, physical disability, and housing status can also create – sometimes in combination with other social/cultural factors – communities of individuals and families who are especially vulnerable to poor health.

Many of these social/cultural barriers to accessing health are becoming more problematic in recent years, as the new minority populations – immigrants and “settled” refugees – in New Hampshire grow. Language and cultural understanding – between those providing health services and those seeking health services – is a very real challenge in many New Hampshire communities today.

The Endowment's Issue Brief: *Social/Cultural Barriers to Accessing Health* is available by contacting our office, or on-line at www.endowmentforhealth.org

ATECH Services

Project: Access to Assistive Technology

Grant Amount: \$230,495

Area Served: Statewide

Grant will help ATECH Services collaboratively provide access to assistive technology (AT) products and services by individuals with severe disabilities. Project will provide a pool of AT equipment, a mobile service delivery unit (for on-site rural outreach), and a resource pool of business and community members to support AT users within local communities.

Area Agency for Developmental Services of Greater Nashua

Project: Assuring Cultural Competence in Southern New Hampshire

Developmental Disability Services

Grant Amount: \$18,600

Area Served: Greater Nashua

Population Served: Developmentally Disabled

A one year planning grant will help address the cultural competency needs of the Area Agency of Nashua and to develop a strategic plan to address barriers to the delivery of service to the developmentally disabled and their families who are of minority ethnicity. Program will be replicated in the other Area Agencies throughout New Hampshire.

Manchester Community Health Center

Project: Adolescent Pregnancy Prevention Project

Grant Amount: \$16,000

Area Served: Greater Manchester

A one-year planning grant to develop and obtain school board approval for a program to screen 7th grade females in the Manchester school system who are identified as high risk for becoming pregnant and then provide pregnancy prevention programs and follow up through high school.

National Alliance for the Mentally Ill – New Hampshire

Project: Program to Increase Access to Mental Health

Grant Amount: \$68,663

Area Served: Greater Manchester
Greater Nashua

Grant will help initiate a new program in Nashua to increase access to mental health care for Nashua's Latino community by building on an established program in Manchester. The program provides outreach and education about mental illness (including interpreter services), and incorporates cultural competency outreach to mental health providers.



¿Puede usted ayudarme? (Can you help me?)



The New Hampshire Minority Health Coalition has assembled a leadership group of professionals from a broad range of organizations and agencies to make medical interpretation services a reality for New Hampshire.

The “face” of New Hampshire is changing rapidly. No matter how culturally homogeneous our state might have been historically, we are now welcoming many new residents from throughout the world into our communities every year. Perhaps at no other time in our history – as a nation, as well as a state – is it more important to appreciate and explore the international aspects of our cities and towns, and the significant contributions that our new neighbors make in enriching our community, economy, and personal experience.

Our ability to welcome new citizens is circumscribed by the fact that language can present a significant barrier. Of particular concern is when individuals and families with limited English language skills need either routine or critical medical services.

With grants from the Endowment for Health and the New Hampshire Community Grants Program, the **New Hampshire Minority Health Coalition** and the Southern New Hampshire Area Health Education Center are collaborating to develop a medical interpretation training program to serve the southern part of the state.

This ambitious and ground-breaking three-year initiative will also include outreach and educational opportunities for New Hampshire’s health care practitioners and consumers about the availability of medical interpretation.

“Most importantly, this grant has funded the creation of the *Medical Interpretation Advisory Committee*,” said Jazmin Miranda-Smith, Executive Director of the New Hampshire Minority Health Care Coalition. “It is this group of professionals from a broad range of organizations and agencies that is working to make medical interpretation services a reality for New Hampshire.”

The *Medical Interpretation Advisory Committee* has brought together representatives from hospitals, primary medical practices, community health centers, academic institutions, state agencies, refugee resettlement organizations, social services, and many other community-based organizations to create an interpretation delivery system that works for New Hampshire.

“We don’t offer direct interpretation services today,” said Miranda-Smith. “But soon, with the continued financial support of our funders, and the inspirational and visionary support of our program partners, New Hampshire will have a interpretation program and *system* that works for *both* medical practitioners, and those who need medical interpretation help.”

For more information about the work of the **New Hampshire Minority Health Coalition**, call 603-627-7703.



Theme Grants:
**Social/Cultural Barriers to
Accessing Health (continued)**

**New Hampshire Minority
Health Coalition**

Project: Medical Interpretation Services
Grant Amount: \$78,032
Area Served: Greater Nashua, Greater Manchester, Seacoast Region
Grant initiates the first year of a project to help provide – through pilot sites in Manchester, Nashua and Portsmouth – the ongoing training of qualified medical interpreters, the development of a program to broker interpreter services, the development of a training program to educate health professionals on cultural competency and use of a medical interpreter, as well as education and outreach to health care consumers with limited English proficiency about medical interpretation. Grant will also help create a formal Medical Interpretation Advisory Committee. (See *Grant Profile* on previous page.)

New London Hospital

Project: Newport Middle High School Health Center
Grant Amount: \$209,000
Area Served: West Central NH
Grant will collaboratively provide adolescents with year-round comprehensive primary and preventive health services through a model middle high school health care center, an integrated referral network, and educational programs.

**Northeast Deaf and Hard of
Hearing Services**

Project: Deaf People Accessing Health
Grant Amount: \$134,350
Area Served: Statewide
Grant will help build a system of support and comprehensive services statewide to allow full and equal access to deaf residents, focusing on the expansion of medical interpreting and health care advocacy in the state.

Respite Child Care Coalition

Project: Respite Child Care Program
Grant Amount: \$110,000
Area Served: West Central NH
Grant helps the Respite Child Care Coalition collaboratively implement, evaluate, and disseminate a pilot model of respite child care for vulnerable families (families that include children with developmental disabilities, mental illness, and other developmental or mental challenges). Program includes education, outreach, and financial assistance.



The Medical Interpretation Advisory Committee is working toward establishing medical translation training programs that will enhance communication between a non-English speaking patient and the medical provider.



Applied Research Grants and Other Initiatives

To better understand the health issues facing New Hampshire citizens, and to address some of the critical information gaps that can impact public policy initiatives, the Endowment provides funds for applied research projects, data analysis, and other initiatives.

Childrens Alliance of New Hampshire

Project: Kids Count

Grant Amount: \$16,000

Area Served: Statewide

Grant will help expand the capacity of the Children's Alliance of New Hampshire Kids Count project by improving its capacity to collect, process and analyze children's health data and to effectively communicate this vital information to a broad audience.

Community Health Institute

Project: Assessment and Dissemination of Community Benefit Information and Practices

Grant Amount: \$83,839

Area Served: Statewide

Grant will help the Community Health Institute analyze how New Hampshire's Health Care Charitable Trust's community benefit plans compare to the community needs assessment, and then to disseminate findings to communities and charitable trusts.

Concord Hospital, Inc

Project: Enhancing Quality Integration of Mental Health into Primary Care

Grant Amount: \$91,000

Area Served: Concord area

Grant will help the Concord Regional Family Health Center design an effective screening process for correlating patients' psychological/social behaviors and their physical health conditions, as related to their functional abilities. The project will furnish medical and mental health providers with information that will facilitate effective interventions that consider the 'whole person', and will share this tool with other New Hampshire community health centers. (See *Grant Profile* on next page.)

Foundation for Healthy Communities

Project: Community Health Prevention and Treatment Initiative

Grant Amount: \$15,000

Area Served: Greater Nashua

Grant will help plan a community health model to provide better access to prevention and treatment, with an emphasis on vulnerable populations by looking at the relationship between community health data and personal medical care.

The Josiah Bartlett Center for Public Policy

Project: Assessing NH North Country Health Data

Grant Amount: \$20,000

Area Served: North Country

Grant will help to locate and critically assess the available data on the health status of New Hampshire residents in the North Country and the availability of health care providers.

New Hampshire Center for Public Policy Studies

Project: Substance-Use Disorders, Crime, and Treatment

Grant Amount: \$50,000

Area Served: Statewide

Population Served: Alcohol and Drug Abuse

Grant will help fund the gathering and analysis of data describing relationships between alcohol and other drug abuse in New Hampshire, in relation to crime and incarceration data. Research will focus on an apparent lack of access to treatment options for those on parole or probation, and rates of recidivism.

Trustees of Dartmouth College

Project: Study of Birth Defects Surveillance System for the State of NH

Grant Amount: \$71,277

Area Served: Statewide

Grant will help lay the groundwork for the development of a birth defects surveillance system in New Hampshire.

The United Way of Greater Nashua, Inc.

Project: Building and Implementing Greater Nashua's Community Agenda

Grant Amount: \$15,000

Area Served: Greater Nashua

Grant will assist the United Way in the development and implementation of locally determined health priorities in greater Nashua by improvements in data collection and measurement.

University System of New Hampshire

Project: TAP 2000/01 Multi-Community Report

Grant Amount: \$10,800

Area Served: Statewide

Grant will help create and examine an aggregate database across 55 New Hampshire communities (previously surveyed by TAP) in order to make timely

Charting the “mind-body-spirit” continuum

For generations, many physicians have noted the relationship between their patient’s emotional and psychological states – and how they feel physically. Until recently there has been little scientific documentation of the mind-body-spirit continuum that might help medical and other health care professionals fully address patient care. William B. Gunn, Ph.D., and his associates at the **Concord Regional Family Health Center**, are working to change this, through an ambitious and comprehensive applied research project made possible through a grant from the Endowment for Health.

“The first phase of our work is to see what might be the most common emotional and psychological conditions that are presented in a primary care medical setting,” said Gunn. “We have developed a survey tool to use with patients who have agreed to participate in our study, and we suspect that this initial phase of our work will provide useful documentation of what doctors have observed anecdotally for some time.”

The survey, which is designed for patients to easily fill-out while they are in the Clinic’s waiting area, seeks to identify some of the most commonly suspected emotional and/or behavioral issues that physicians are presented with in clinical settings: depression, general anxiety, alcohol/drug abuse, panic, eating disorders, and “somaticization” (the bodily expression of emotional states, usually expressed as “aches and pains.”).

“The ultimate goal of our work is not only to identify these issues in a scientific fashion, but to make this information available to physicians electronically so that more effective – and immediate – interventions can be made,” said Gunn.

The second phase of Gunn’s research is to incorporate study results into a patient’s medical records, so a physician can more efficiently identify the emotional and/or psychological issues a patient is dealing with, and begin to link these patients to the services they may need to deal with them.

“The setting at the Concord Regional Family Health Center is ideal for this type of linkage,” said Gunn.

While physicians might recognize that an individual patient needs grief counseling, for example, to deal with mild depression, there are severe limitations in most primary care settings to orchestrate an effective, non-threatening intervention. The limitations of managed care further complicate this situation. Doctors faced with a 15-minute appointment regimen day-in and day-out are looking for help in addressing the emotional and psychological aspects of patient care, not additional duties.

“The services needed to effectively deal with many of these non-medical issues exist right here,” Gunn continued. “An initial consultation can be set up right in the physician’s office.”

Ultimately, it is the intention of the research team to make the data-gathering and response system developed in Concord available to other family health care centers in New Hampshire.

“As researchers, our team owes much to the vision of Michael Green, CEO of Concord Hospital, and Daniel Eubank, M.D., Director of the Family Practice Residency Program,” Gunn said. “It is these individuals who created the Concord Regional Family Health Center as a teaching clinic, and incorporated a vision to deliver health services – in their broadest sense – to the community. This vision has been an important part of what makes our project viable, and so exciting,” Gunn concluded.

For more information about this project, contact Bill Gunn, Director of Primary Care Behavioral Health, at the NH Dartmouth Family Practice Residency Program, 603-225-2711 x 4786.



William B. Gunn, Ph.D., talks with a survey participant at the Concord Regional Family Health Center.

comparisons of teen health risk behavior among communities, and to write and distribute a report of the findings to individuals, organization, and state agencies providing services to adolescents.

University System of New Hampshire
Project: Empowering Communities
with Data

Grant Amount: \$153,245

Area Served: Statewide

Grant will enable researchers to design and develop a business plan, budget, funding

strategy and additional grant initiative to eventually provide communities with access to local population-based health data and information. This will help communities better implement evidence-based community health planning and education.



Planning, Convening, and Technical Assistance Initiatives

Planning, Convening, and Technical Assistance Initiatives provide funds to support project planning, health-related symposia and conferences, and technical assistance to organizations.

Area Agency for Developmental Services of Greater Nashua

Project: Adult Day Service Program Expansion

Grant Amount: \$8,000

Area Served: Greater Nashua

Grant will help develop plans to double the Adult Day Services Program (ADSP) by opening a second site. This grant will also help the Agency address the limitations of current funding streams, transportation, and need for donated space.

Krepmpels Foundation

Project: Steppingstones Evaluation

Grant Amount: \$18,489

Area Served: Seacoast Region

Grant will enable the Krepmpels Foundation to conduct an in-depth evaluation of Steppingstones, a program whose goal is to improve the quality of life for brain injury survivors. The program will identify the program's strengths and weaknesses and develop a plan to improve the program's overall effectiveness.

Monadnock Waldorf School

Project: William Pollack Collaborative

Grant Amount: \$5,000

Area Served: Monadnock Region

Grant will enable the William Pollack Collaborative to effectively respond to a recent local community needs assessment, which includes a better understanding of the issues at the root of youth violence. An open lecture, and workshop training for professionals are planned.

New Hampshire Association for the Blind

Project: Statewide Needs Assessment

Grant Amount: \$5,000

Area Served: Statewide

Grant will assist the Association to conduct a first-ever statewide needs assessment of the blind and visually impaired community, identifying unmet needs, gaps in service and to develop a model for solutions.

New Hampshire Association of Counties' Nursing Home Administrators

Project: NH Nursing Home

Town Meeting

Grant Amount: \$12,500

Area Served: Statewide

Grant will help support a gathering to bring together representatives of County, State and Federal agencies who work in, operate and regulate nursing home facilities, as well as private for-profit and non-profit providers and resident representatives. The goal of the gathering is to engage in an organized public policy dialogue with the State's Congressional Delegation, and learn more about the increasingly complicated relationship between federal, state, and county regulations and funding. Another goal is to build better communication and understanding of all the parties involved.

New Hampshire Celebrates Wellness Association

Project: Livable, Walkable Communities

Grant Amount: \$22,375

Area Served: Statewide

Grant will enable the Association to convene key stakeholders – including representatives from health, planning, conservation, transportation, community development, environmental, business, and disabled communities – to develop an Action Plan to create and promote Livable, Walkable Communities.

New Hampshire Department of Youth Development Services

Project: Health Care for Incarcerated Youths

Grant Amount: \$8,200

Area Served: Statewide

Grant will help YDS implement comprehensive health care program for children who lose Medicaid coverage when incarcerated.

New Hampshire Healthy Kids Corporation

Project: Planning and Staff Development

Grant Amount: \$15,500

Area Served: Statewide

Grant will aid in the development of an updated strategic plan for the NH Healthy Kids Corporation Board, its community and state partners, as well as implement staff development to prepare for implementation of such plan.

New Hampshire Teen Institute

Project: Project Build

Grant Amount: \$5,000

Area Served: Statewide

Grant will enable the planning – in partnership with a pilot school – of Project Build. This community-based leadership development/prevention program for 6th grade students uses the Teen Institute training methodologies, which includes local volunteers.

You can get there from here!



The North Country Rural Transportation Summit, held on January 31, 2002, brought over 130 concerned individuals together to address the critical medical transportation needs of New Hampshire's North Country.

What do you do if you are unable to drive, and need to get to a doctor's appointment? If you are elderly and/or seriously ill, the options – no matter where you live – can be limited. But if you live in Errol or Dixville Notch, and your doctor is 20, 30, or even 100 miles away, you face significant challenges.

The *North Country Rural Transportation Summit*, funded in part by an Endowment for Health grant, brought together over 130 concerned individuals from throughout New Hampshire to address the critical medical transportation issues faced by citizens living in the northern – and most sparsely populated – area of our state.

A project of the **North Country Health Consortium**, the Summit was designed to help Consortium members and other affiliated organizations better understand all the issues surrounding medical transportation in the North Country, and *also* bring to light opportunities for providing more comprehensive medical transportation alternatives.

"Despite winter weather warnings on January 31, this summit was a resounding success," said Martha McLeod, Director of the North Country Health Consortium. "It was the first time in memory that such a comprehensive range of experts and decision-makers were together to listen and learn from each other, and help *us* address this critical issue as a concerned community.

"Our goal, based on all that we've learned, is to develop a reasonable and effective regional transportation system," McLeod added.

Speakers at the Summit included **Charles Rutkowski**, Assistant Director, Community Transportation Association of America; **Gil Rogers**, Assistant Commissioner, New Hampshire Department of Transportation; **Donald Shumway**, Commissioner, New Hampshire Department of Health and Human Services; **Brian Cresta**, Secretary's Regional Representative, U.S. Department of Health and Human Services; **Richard Doyle**, Regional Administrator, Federal Transportation Administration; and **Geoff Dalphonse**, Director, North Country Transportation; and **Sharon Penney**, Regional Transportation Planner, North Country Council.

The day-long event included a professional panel on rural transportation models, and concluded with a work session, moderated by **Maureen Osolnik** and Charles Rutkowski.

"This was a real listening, learning, and *working* event," said featured speaker and participant Geoff Dalphonse. "After a morning of listening and exploring transportation models together, during the afternoon we were able to *work* together and focus on realistic goals for the future, generating specific action steps to move us forward."

The North Country Transportation Summit met its key goal – to convene providers of medical transportation, health and human service providers, funding sources, technical assistance providers, regional planners, government entities, and policy-makers.

"We know that a *regional* approach to this issue is the only effective approach," said McLeod after the Summit.

Now, another kind of work begins: working out the nuts and bolts of broad-based collaboration, and meeting the desperate medical transportation needs of so many North Country citizens.

"We thank the Endowment for Health, and the community of people they helped us bring together, for not only *recognizing* the unique medical transportation needs of northern New Hampshire citizens, but also helping us move into the future with new ideas and options for meeting these needs," McLeod concluded.

For more information about the North Country Transportation Summit, and the work of the **North Country Health Consortium**, contact Martha McLeod, at 603-444-4461 or mmcleod@nchin.org

Discretionary Grants

Discretionary Grants provide funds for short-term, health-related, emergency bridge grants that respond to urgent needs and opportunities.

AIDS Services for the Monadnock Region

Project: Mobile HIV/AIDS Testing Van
Grant Amount: \$10,000
Area Served: Monadnock Region

A Discretionary Bridge Grant to equip a van with HIV/AIDS testing supplies and personnel, to help meet an unanticipated high demand for HIV/AIDS outreach, education, and testing services in the area. (See *Grant Profile* on next page.)

American Red Cross, Concord Area Chapter

Project: Medical Appointment Transportation
Grant Amount: \$9,500
Area Served: Concord Area

This Discretionary Venture Grant will support a pilot 'mileage reimbursement incentive' to volunteer drivers who provide rides to medical appointments. A crisis in driver recruitment precipitated funding.

Artists in Residence

Project: Summer AIR (Artists in Residence)

Grant Amount: \$5,600

Area Served: Seacoast Region

Grant will support the rental of a 15 passenger van for the AIR program.

AIR offers a free, intensive 6-week arts program for economically-disadvantaged teen girls. Unforeseen loss of anticipated funding precipitated funding.

Child Health Services

Project: Child Health Services Operating Expenses

Grant Amount: \$20,000

Area Served: Greater Manchester

This is a one-year Bridge Grant to assist in offsetting an operating deficit for FY2002. Child Health Services provides pediatric medical services for low-income children in greater Manchester. Unexpected decrease in community financial support is one of the factors precipitating this discretionary grant.

Growth Opportunity Alliance of Greater Lawrence

Project: Chamber Health Care Coalition

Grant Amount: \$8,700

Area Served: Statewide

This Discretionary Venture Grant will assist small and medium-size businesses throughout New Hampshire – through survey analysis – to better understand how to provide affordable health insurance to their employees.

New Hampshire Coalition Against Domestic & Sexual Violence

Project: AmeriCorps Victim Assistance Program

Grant Amount: \$20,000

Area Served: Statewide

This is a one-year Bridge Grant to support ongoing operating expenses. Changes in funding formula, and

loss of both in-kind space and no-cost health insurance for employees are among the factors precipitating funding.

North Country Health Consortium

Project: North Country Transportation Summit

Grant Amount: \$5,165

Area Served: North Country

A Discretionary Venture Grant to help NCHC create a forum for members and others to better understand all the issues surrounding medical transportation in the North Country. Plan includes a Rural Transportation Summit Conference in 2002. (See *Grant Profile* on page 17.)

Northern Stafford County Juvenile Court Diversion

Project: CHANCES

Grant Amount: \$18,000

Area Served: Seacoast Region

This Discretionary Venture Grant will help, in combination with other grants, to expand geographic reach of this program, which offers court diversion and intervention services. Not receiving an anticipated grant (which would have resulted in returning other contingent grants) is one of the factors precipitating funding.

Weeks Medical Center

Project: Weeks on Wheels

Grant Amount: \$10,000

Area Served: North Country

A Discretionary Bridge Grant to help leverage dollars to purchase a mobile health care van, improving access to health care in the region.

A new model for rural HIV/AIDS education, outreach and testing



Vincent L. Bosley and Susan MacNeil of AIDS Services for the Monadnock Region, with their mobile testing van.

The National Center for Disease Control (CDC) recently reported that the rate of HIV infection in rural areas (population under 50,000) is potentially three times that of metropolitan areas. How can this be?

“Many of those infected or impacted by HIV/AIDS simply don’t show up on our radar screen,” said Susan MacNeil, Executive Director of AIDS Services for the Monadnock Region (ASMR).

Other than individuals seeking testing and treatment services out of state, the ongoing stigma attached to HIV/AIDS is also a critical factor in evaluating current statistical measures of HIV infection in rural communities.

“We know anecdotally that the number of Cheshire County residents living with HIV is as much as 2-3 times higher than what is officially reported,” said MacNeil.

Another important factor impacting HIV/AIDS prevention awareness and outreach in New Hampshire is that almost all of the current models for HIV/AIDS education, outreach, and testing were developed in metropolitan areas. Program models for rural communities simply don’t seem to exist at this point in time.

“We are just beginning to understand some of the reasons people from this community don’t seek out the traditional testing options available at nearby clinics,” said MacNeil. “Any organization dealing with this issue in a rural community must be more creative and flexible in developing HIV/AIDS education, outreach, and testing options.”

In late 1999, ASMR received a donation of a van from another New Hampshire AIDS service organization. With a grant from the Gill Foundation (established by QUARK Software developer Tim

Gill), ASMR was able to put the van on the road. Because ASMR’s outreach efforts included the education and testing of people in recovery from substance abuse, one of the five priority populations identified by the State, the STD/HIV Prevention Bureau then agreed to designate ASMR as an official mobile testing site.

Since ASMR is not a clinic site, the state provided an oral HIV testing method known as “Orasure,” for their use with recovery populations. However, as the community-at-large became more informed, it was clear that the need for testing was expanding while dollars swindled. In an effort to meet the CDC goal of raising the number of people who know their HIV status from 70% to 95%, ASMR wrote to the Endowment for Health to request discretionary grant funding to continue the program.

In their grant request, ASMR proposed to use an innovative testing protocol by Calypte Biomedical known as the “Sentinel Urine Test,” which can test not only for HIV, but also chlamydia and gonorrhea. After six months of testing, ASMR’s outreach data yielded the distressing fact that most of their testing audience did not know their STD status. Therefore, the Sentinel “three-in-one” approach provided a comprehensive way to fully inform testers.

ASMR feels that the Sentinel Urine Test, and the agency’s ability to schedule a *completely* private testing environment (i.e. one that doesn’t involve strict office hours *or* a waiting room setting where one might encounter ‘neighbors’) is making it easier for some individuals to be tested.

“Many people who would have been very reluctant to walk into a clinic – no matter how ‘at risk’ they might have perceived themselves to be – have responded well to the Orasure and Sentinel tests, as well as our willingness to meet with them outside regular ‘business’ hours,” said MacNeil.

For ASMR, a very small AIDS service organization serving residents in three southwestern New Hampshire counties, the opportunity to apply for a discretionary grant with a 30-Day turnaround was the answer to a difficult dilemma. According to MacNeil, “Without Endowment funding, we would have lost the momentum of our mobile van outreach program. Their support has enabled us to continue and expand our HIV testing efforts, and we are grateful for their real world pragmatism and accessibility.”

For more information about AIDS Services for the Monadnock Region, feel free to call their office at 603-357-6855, or e-mail: aidsmonadnock@monad.net. You can also learn more about ASMR through their website: www.asmronline.org.



*From the
Finance and
Investment
Committee*

The year ended September 30, 2001 turned out to have been an extremely difficult 12-month period. Unfortunately, the markets were not kind to the investing public during this time frame. The Endowment's investable assets began the year at \$84 million and ended the year at \$74 million, a decrease of 10.1%. During the year we were invested approximately 54% in equities and 46% in fixed income.

Our rate of return target of 9% requires a higher level of equity exposure. The funds are well diversified and correctly positioned as we hope the markets begin to show some turn around.

The returns have improved significantly in our first quarter, October through December, but there remains much uncertainty in the economic world. Hopefully, as the year unfolds we shall see gradual improvement in the market which will show in our 2002 results.

Our thanks to the hard working investment and finance committee, the staff of the Endowment for Health and our consultants, New England Pension Consultants.

We look forward to the upcoming year with a cautious, yet hopeful view.

Submitted by,

James M. Oates
Treasurer

Finance and Investment Committee

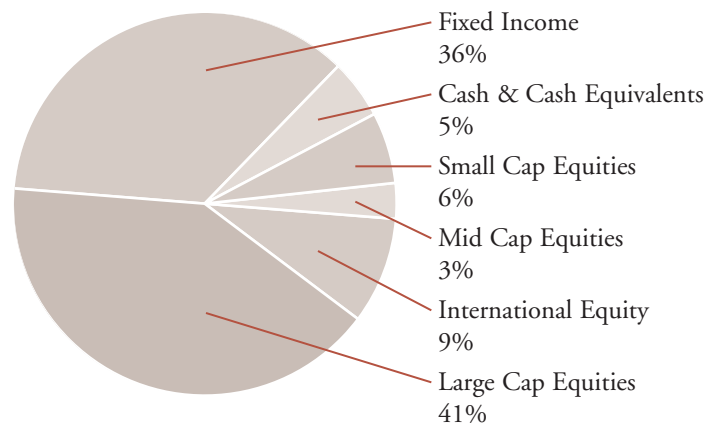
Chair: Jim Oates
Gus Moral Rod Tenney
Jack Quinn Charles Whittemore

Statements of Financial Position

September 30, 2001 and 2000

	<u>2001</u>
ASSETS	
Cash and cash equivalents	7,583,103
Prepaid expenses	52,126
Property and equipment, net	122,997
Investments, at fair market value	70,369,487
Deposits	<u>5,000</u>
Total	<u><u>\$ 78,132,623</u></u>
LIABILITIES AND NET ASSETS	
Accounts payable and accrued liabilities	108,620
Accrued excise tax	-
Grants payable	2,741,188
Capital lease obligation	<u>13,101</u>
Total liabilities	2,862,909
Unrestricted net assets:	
Board designated	<u>75,269,714</u>
Total	<u><u>\$ 78,132,623</u></u>

Asset Allocation



Diversification of Funds
(as of September 30, 2001)

Statements of Activities For the Year Ended September 30, 2001 and
For the Period from the Date of Inception (October 26, 1999) through September 30, 2000

2000		2001	2000
	REVENUE AND SUPPORT		
7,198,467	Contributions - Anthem/Blue Cross		
6,860	Blue Shield of New Hampshire	4,411	84,140,239
-	Investment income	3,225,048	4,414,609
80,252,220	Realized gains on investments	691,255	21,975
-	Total	<u>\$ 3,920,714</u>	<u>\$ 88,576,823</u>
<u>\$ 87,457,547</u>			
	EXPENSES		
	Program:		
121,125	Grant expense	2,804,788	-
87,549	Program consultants	89,335	16,025
-	Salaries and related costs	129,211	-
-	Legal expenses	6,069	-
-	Meeting expense	5,843	-
208,674	Advertising and design costs	24,535	-
	Miscellaneous expense	1,312	-
87,248,873		<u>\$ 3,061,093</u>	<u>\$ 16,025</u>
<u>\$ 87,457,547</u>			
	Management and general:		
	Salaries	54,404	-
	Payroll tax	3,789	-
	Employee benefits	3,108	-
	Investment expenses	289,067	85,855
	Insurance	16,209	6,860
	Professional fees	264,182	416,897
	Executive search	-	44,937
	Meeting expense	17,435	2,640
	Miscellaneous office expenses	50,327	817
	Excise tax	36,256	87,549
	Rent and parking	12,933	-
	Utilities and telephone	7,966	-
	Depreciation	8,337	-
	Repairs and maintenance	5,205	-
	Interest	203	-
		<u>\$ 769,421</u>	<u>\$ 645,555</u>
	Total expenses	3,830,514	661,580
	Unrealized loss on investments	(12,069,359)	(666,370)
	INCREASE (DECREASE) IN NET ASSETS	(11,979,159)	87,248,873
	NET ASSETS - beginning of period	87,248,873	-
	NET ASSETS - end of period	<u>\$ 75,269,714</u>	<u>\$ 87,248,873</u>



14 South Street
Concord, New Hampshire 03301

*Improving the health and reducing the burden
of illness of the people of New Hampshire*

PRSR STD
U.S. POSTAGE
PAID
PERMIT NO.375
NASHUA NH