The mission of the Endowment for Health is: To improve the health and reduce the burden of illness of the people of New Hampshire. This statement, which was the original mission of Blue Cross/Blue Shield New Hampshire, continues the legacy of that organization and its 60-year history as a nonprofit corporation.

An understanding of our mission begins by understanding the meaning of “health.” The term is best defined by the World Health Organization: Health is a state of complete physical, mental and social well-being, not merely the absence of disease.

This definition acknowledges that health care is an important factor in achieving health, but is not the same as health.

The word “people” also has a special meaning in our mission. We are thinking of communities of people rather than individual persons.

While we are concerned about the health of individuals, our primary focus is to encourage improvements in health care systems that will benefit vulnerable populations in New Hampshire.

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Our 2003 Annual Report is dedicated to the life and memory of Charles F. Whittemore
(May 28, 1927 – October 20, 2003)

Throughout our many years of professional collaborations, Charlie was also my mentor and my friend. In addition to bringing extraordinary strategic planning and financial management skills to his professional career, he generously shared these skills with many nonprofit organizations, and was a tireless advocate and fundraiser for causes dear to his heart. I know he will be remembered by many as the person who coaxed and cajoled them to celebrate their good fortune by “giving back” to the community and helping those in need.

Charlie’s resume is long and impressive. Among his most notable professional achievements include his service as Director of the New Hampshire Office of Economic Opportunity in the 1960s, and his work in the 1970s to orchestrate the merger of Sacred Heart and Notre Dame hospitals to form Catholic Medical Center, an organization he then served as president and chief executive officer from 1983–1988.

In his inimitable fashion, his nonprofit work was a fully-integrated part of his life. Service to the community was not something “tacked on” to his career; it was an integral part of who he was as a human being.

His contributions as a member of the Endowment Board were significant. As a member of the Board Finance Committee, he helped us always be the thorough and caring stewards of our assets. Charlie was determined to the end. Even through his illness, he continued to attend “just one more meeting” to support our work.

Charlie cared. He was a man of deep and abiding compassion for others, and a loyal friend. If the measure of a man’s life is measured not only by words and deeds, but also by the love left behind, Charles F. Whittemore was, indeed, a giant among men.

– Sylvio Dupuis, OD
Chair
From the Chair

Humbled by our tasks...and heartened by our achievements

From the very beginning it has been our goal that by working together with community partners we could bring not only new resources, but also new thinking, to the work of improving the health of New Hampshire citizens. Looking back over the past four years, I am humbled by the incredible tasks we took on as an organization, and heartened by our achievements on several fronts.

Through collaboration, creativity, and at times, sheer grit and determination, the Endowment for Health, its funding partners, and grantees have made important strides in improving access to health for New Hampshire's residents, as well as in advocating for positive change in policy at both the state and national level.

Since 2001, our first grantmaking year, the Endowment for Health has awarded a total of 165 grants to 95 organizations, representing over $9 million, and reaching every community in the state.

In searching for new ways to improve the health of New Hampshire’s most vulnerable citizens, one of the substantial accomplishments of the past year was the strengthening of our efforts to improve access to oral health services. We joined with the New Hampshire Department of Health and Human Services (DHHS) and commissioned a much needed, comprehensive study of oral health resources in New Hampshire (see page 7), and published a report: “New Hampshire Oral Health Plan: A Framework for Action.” I encourage you to learn more about this initiative, utilize the data reported, and participate in the ongoing discussion. (The full text of “The New Hampshire Oral Health Plan” is available at the Endowment website: www.endowmentforhealth.org).

In 2002, the Board agreed to identify and invite New Hampshire citizens—who were neither Board nor Advisory Council members—to serve on our committees. This change has been beneficial in many ways, and has greatly enhanced the effectiveness of our Board committees. Most significantly, perhaps, has been the new knowledge that we have been able to bring to our Finance and Investment Committee, which did an extraordinary job this year in managing our assets. By skillfully restructuring our investments (see page 14), the Finance and Investment Committee has put the Endowment for Health on a sound financial footing for the future.

Since our founding, we have worked to demonstrate our commitment to listening, and learning more about the needs of New Hampshire residents, the perspectives of practitioners, and the front-line work of our nonprofit partners. Our “listening sessions” and continuing dialogue with our grantees have been instrumental in fine-tuning our grantmaking priorities and the strategic allocation of our grantmaking resources. We have learned so much over the past few years about the requirements, challenges, and opportunities involved in partnering with stakeholders who share our goals.

This is my final opportunity to thank each and every one of you for your vision, time, and moral support during my tenure as Chair. I have been inspired so many times by the countless hours that the Board, Advisory Council, and staff have devoted to help move us ever forward as an organization, as well as help me grow personally and professionally in ways that I could never have predicted just a few short years ago. I am particularly indebted to James W. Squires MD, and Mary Vallier-Kaplan for their extraordinary leadership in setting the direction and tone of the Endowment during these formative years.

I am confident that the incoming Chair, Susan Chollet, will be a tremendous asset to the Endowment, and the people of New Hampshire, as our work continues to unfold.

Sincerely,

Sylvio Dupuis, OD
Chair
This annual report brings to a close the Endowment for Health’s third year of operations. The processes of receiving, processing and awarding grants became refined and focused and are described clearly in the pages to follow. The improvements were stimulated in part by a series of “listening sessions” held throughout New Hampshire in the fall of 2002 during which the staff, Board members, and members of the Advisory Council listened to dozens of citizens describe their fears of the rapidly expanding gap between the resources available to innumerable local agencies and the needs of thousands of unfortunate New Hampshire citizens. This disparity, we learned, is partly attributed to our state’s economic climate, the high cost of health care and reimbursement formulas that are simply inadequate.

As the year progressed, what we learned from the public proved to be pivotal to our efforts to develop a strategic plan for the coming years and to evaluate ourselves, as well as the results of our grantees. With so much at stake, we must possess a clear understanding of how we will fulfill our mission. Midway through the year the Board and Advisory Council met for a strategic planning retreat and, as a result, reaffirmed four assumptions that serve as a broad basis for everything we do. These four assumptions are

- We focus on learning, communicating, and acquiring a solid base of knowledge.
- We use a systemic approach in all our endeavors.
- We consider “health” to be a state of complete physical, mental, and social well-being.
- We recognize that we must maintain our asset base in perpetuity.

To assist us in turning these words into actions and results, a consultant has helped us understand how to turn activities into strategies that lead to measurable goals. Much of this work will be reflected in the various grant processes in the coming year, as well as in evaluating our board, our governance committee and the operations of our staff.

Two significant undertakings during this year are especially noteworthy. One was the successful development, publication and gradual implementation of an oral health plan for the state of New Hampshire. A comprehensive approach to this devastating problem has long been needed, and we are pleased to have been able to support and participate in this project. In keeping with our second assumption describing the need for systemic change, we have continued to expand our public policy initiative as further described on page 7. We are extremely grateful to the Healthy New Hampshire Foundation, for their collaboration and support and wish to thank their board of directors and their Executive Director, Ms. Sandi Van Scoyoc.

This year we mourned the loss of Mr. Charles Whittemore who faithfully served the Endowment for Health first as a member of the Advisory Council and later as a member of the Board. No one has surpassed Charles Whittemore in his ability to reach out and care for others. Please reflect on the moving tribute offered by our first board chair, Dr. Sylvio Dupuis that appears in this report. And to Dr. Dupuis, we offer a heartfelt thank you for the untold hours devoted to creating, molding and then guiding the Endowment for Health. All of us are grateful.

Each day we remind ourselves that our “business” is simply to help people. Words are important. Words such as “customers,” “clients,” “eligibles,” and the like fail to adequately describe the position people find themselves in when confronting our healthcare system. And so we want to reach out to the people of New Hampshire who often, through no fault of their own, find themselves in circumstances few of us have experienced or understand. People who may face the challenges of mental and physical illness and disability, people who lack financial resources, people who require education about the perplexities of the health care system, or are wracked by the pain and sadness of a wide range of chronic conditions, who go through each day making the best of things hoping that someone, somewhere, cares about them and their family.

Finally, it is essential to acknowledge our staff, each of whom cares deeply about our mission and who constantly remind one another of the human side of our endeavors. New Hampshire is a better place because of the efforts of Ms. Mary Vallier-Kaplan, Ms. Lindsay Josephs, Ms. Jeanne Ryer, Ms. Susan Fulton and Ms. Peg LePage.

James W. Squires MD
President
The Endowment’s Board of Directors fulfills our mission in two primary ways: funding the work of nonprofit organizations through grantmaking, and the funding of public policy initiatives.

In Program Year 2003, the Endowment for Health made 64 awards to 49 organizations totaling $2,900,000.

Most of the projects we fund focus upon our health-related themes. Our current themes are Oral Health, and Geographic, Social-cultural and Economic Barriers to Accessing Health and Health Care. We anticipate that these current grantmaking themes will continue at least through Program Year 2005. Projects that receive Endowment support also prioritize the needs of the most vulnerable and underserved populations in New Hampshire.

We also continually strive to better understand, evaluate, and communicate the learning that our grantees produce through their work, so that others may benefit from our investment. We, too, as a funding organization, benefit greatly from the “lessons learned” by our grantees, and we continually incorporate this learning in our programmatic and funding decisions.

Highlights of Program Development 2003

Program Year 2003 focused on the development of two key program elements of an effective foundation:

- Enhancing technical assistance for nonprofits
- Ensuring the ongoing assessment of the effectiveness of our program

Improving Technical Assistance Through Collaboration

Technical assistance helps our grantees achieve exemplary outcomes in their work, and we have been making individual grants in this area since 2001. Our staff has also continually worked to assist the nonprofit community in general to enhance their own capacity and the capacity of their field. The creation and maintenance of our website as a source of information and technical assistance is one of the results of our work.

Another is the investment of providing access to quality program specialists who work with applicants and grantees to not only have successful projects, but also to develop their capacity in general as a nonprofit in program planning, implementation, evaluation, and funding strategies.

We also discovered early on that several other New Hampshire funders were discussing how to more effectively build organizational capacity through technical assistance, and proposed working together on this issue to benefit the entire New Hampshire nonprofit community. This led to the creation of a groundbreaking collaboration.

In partnership with the New Hampshire Charitable Foundation, the Endowment for Health convened a group of leading New Hampshire funders to develop a plan for strengthening the nonprofit sector through more coordinated delivery of technical assistance services. This unique collaboration, known as the Statewide Collaboration for Enhancing Nonprofit Effectiveness (SCENE), has
Theme Grants are significant grants usually awarded over a multi-year period to develop and implement model solutions to targeted critical health issues in New Hampshire.

**THEME AREA:** Oral Health  
**GRANTEE:** VNA of Manchester and Southern New Hampshire  
**PURPOSE:** To implement a pre-school oral health prevention program at the VNA Child Care & Family Resource Center

Good oral health is achievable for all New Hampshire citizens, and oral health is among the Endowment’s highest priorities. A primary target population for achieving this goal is high-risk, low-income children.

been working for over a year on this project. In 2004 SCENE hopes to forge an active funding partnership with an organization that will lead the effort to provide coordinated capacity-building services for the entire New Hampshire nonprofit community.

This initiative is particularly important given the increasingly complex funding environment in which New Hampshire nonprofits operate. Funds that had been earmarked for community-based services are being cut or shifted to other areas. At the same time, the increasing demand upon the nonprofit sector to increase capacity and provide services—often without a clear mechanism for funding them—is reaching crisis proportions in some areas.

The Endowment plans to make a significant long-term funding commitment to address the issue of capacity building in a coordinated, comprehensive and sustainable way.

**Assessment of the Endowment’s Program**

The Endowment for Health is a learning organization, and places great value on the importance of knowledge—and it dissemination—to achieve our mission. Also, our Board of Directors, as part of its fiduciary responsibility and stewardship, is responsible to ensure that the Endowment performs effectively in all areas of our work.

In addressing this important issue, the Endowment Board, Advisory Council, and staff initiated a multi-year effort to create and implement a clear and viable system to assess the performance effectiveness of the entire foundation. In 2003 and 2004 the development of this system is primarily focusing upon the effectiveness of our program and program infrastructure, as well as that of our grants.

Karen Horsch, a consultant from InnoNet (a national leader in nonprofit and foundation performance evaluation), guided our Board’s newly-formed Strategic Planning Committee and Program Committee in this work on performance effectiveness with Mary Vallier-Kaplan, the Endowment’s Program Director. By the fall of 2003, the basics of the Endowment’s assessment system had been created. General organizational assumptions were thoroughly developed and articulated, and the goals and strategies for one of our theme areas (oral health) were also developed and tested. This system is fully integrated with the Endowment’s strategic planning process, and was approved by the Board of Directors in September 2003.

In the months ahead, goals and strategies for all themes will be created, and the design and implementation for assessing our program infrastructure will be completed. An important aspect of system design will be both a grantee and “declined applicant” assessment of our effectiveness as a foundation.

**Looking Ahead: New for Program Year 2004**

In the year ahead, in addition to continuing the initiatives described above, we will begin to explore the creation of new themes—not necessarily to the exclusion of existing themes—for possible introduction during Program Year 2005. We also will begin to explore how to best manage our rapidly growing knowledge about health-related issues. Our goal is to leverage our investment in the creation of knowledge by making it accessible to our stakeholders and the people of New Hampshire.
Grantmaking

The Endowment for Health made several important changes in its grantmaking program during 2003. One change has involved how Applied Research and Other Initiatives are identified and selected. Another was how the potential funding of a theme grant proposal is assessed. And finally, there was a sudden need to create a new grant category: Emergency Grants.

Letter of Inquiry

In Program Year 2003, preference was given to Applied Research and Other Initiatives grant applicants that were proposing a project related to one (or more) of the Endowment grantmaking themes. We convened key stakeholders to help us identify potential applied research projects that related to each of our themes, and also addressed one (or both) of the following issues:

- The critical gaps in public policy
- The (often related) critical gaps in data collection and analysis that would help us, our stakeholders, and the people of New Hampshire, better understand a theme

As a result of this process, applications for Applied Research grants are now only accepted from organizations that receive an invitation to do so. This change has resulted in developing a more comprehensive body of knowledge around each of our themes.

However, the Endowment welcomes a Letter of Inquiry from any organization with an idea or plan in this area, an action that could prompt an invitation to submit a formal application. Call the Endowment office or visit our website to learn more about the Letter of Inquiry process.

The Endowment also initiated offering potential theme grant applicants an opportunity to voluntarily submit a Letter of Inquiry in order to receive written non-binding feedback from the program staff as to how to strengthen their proposed idea prior to investing in the development of a full proposal to compete for an Endowment Theme Grant. Already this has resulted in more competitive proposals and more satisfied applicants and non-applicants.

Emergency Grants

All agencies and nonprofits that work with the most vulnerable and underserved citizens of our state, and have depended upon state and federal support in the past, are struggling with the impact of a critical realignment of national and state economic priorities.

The Endowment for Health Board of Directors, in response to this situation, created a new category of funding in 2003: Emergency Grants. These grants are similar to Discretionary Grants, but are targeted to New Hampshire’s “safety net” health providers to meet significant emergency needs that threaten the viability of the organization.

Public Policy Initiatives

The Endowment recognizes that lasting, systemic change in health and health systems is required to fulfill our mission. Over the past two years, we have therefore made increasing investment in efforts to address critical gaps in public policy in two of our theme areas: Oral Health and Economic Barriers to Access.

We believe that robust policy discussions, informed by good research and an informed citizenry, are essential to the “healthy” future of our state.

New Hampshire Oral Health Plan: A Framework for Action


The Coalition for New Hampshire Oral Health Action was created through a partnership of the Endowment for Health with the New Hampshire Department of Health and Human Services, and underwritten by the Endowment.

The Coalition that created the New Hampshire Oral Health Plan included representatives from numerous New Hampshire agencies, organizations, and professions who joined with national oral health experts and leaders. Their challenge was not only to identify oral health problems, but also to determine viable solutions. An essential aspect of their work, reflecting the critical importance of assembling a broad-based coalition and coming to consensus, is to begin to take action to bring these solutions to life.

The Endowment is grateful to Healthcare Management Strategies for their exemplary work in leading this model coalition. With continued Endowment support, an Implementation Task Force (consisting of Coalition members) will continue its activities throughout Program Year 2004.
Emergency Grants provide funds to meet the significant emerging needs that threaten the viability of organizations that make up the New Hampshire health safety net for vulnerable and underserved populations.

THEME AREA: Social and Cultural Barriers to Access
GRANTEE: Lutheran Social Services
PURPOSE: To replace an anticipated critical state grant to help fund the coordination of medical interpreters in New Hampshire.

Maintaining reliable access to medical interpretation services to meet the needs of New Hampshire's non-English speaking population is a critical community responsibility. In the current climate of diminishing financial support for critical community services by both state and federal governments, the Endowment for Health is helping “fill the gap” when a New Hampshire “safety net” provider faces an unanticipated financial crisis.

Access to Affordable Health Insurance Initiative

The Endowment for Health has now completed two years of work aimed at helping New Hampshire policymakers and the general public to better understand the reasons for, and the consequences of, the steady rise in the cost of health care.

The New Hampshire Center for Public Policy Studies and DA Kenyon & Associates have completed analyses of two major issues including: the magnitude of “cost shifting” and factors that affect the number of New Hampshire citizens lacking health insurance. As far as we are aware, both of these reports explore new territory in our health policy discussions. Our work with the FrameWorks Institute and the New Hampshire Citizens Alliance has demonstrated a public demand for solutions, along with a general frustration at what is seen as a failure to substantively address the problem by any sector, public or private. New Hampshire Public Radio's quality reporting on health care, supported by the Endowment along with other funders, has helped to increase public awareness and understanding of this issue.

As a result of this groundbreaking work, the Endowment also has new understanding that “the uninsured” are not a distinct group of people, but instead are people who find themselves in situations where—for a month or a year or more—they cannot get or cannot afford health insurance. In other words, situations that any of us could face.

This research tells us that New Hampshire citizens without health insurance represent a symptom of a health care financing system that is, for all intents and purposes, dysfunctional. A range of factors within the system—reimbursement rates, malpractice premiums, medical errors, excessive paperwork, the failure of public entities to pay their share of the costs, and bizarre and opaque relationships between payers and providers—are driving up the cost of health care and making it difficult, if not impossible, for small groups or individuals to afford coverage.

Consistent with its mission, the Endowment is committed to working with policymakers, the health care community, and the public to address these serious concerns. Right now, we have a quality health system, but one that still leaves too many residents with only catastrophic care. However, with New Hampshire's annual health care expenditures expected to rise to $11 billion in 2011, from $6 billion today, we could soon face a crisis.

The Endowment will continue to support efforts to find step-by-step solutions that will include the crucial triad of cost, access, and quality upon which any solution must rest. Additional reports will be available in the coming year that will throw even more light onto the health of the health care system, and help us work together to develop a blueprint for positive change. We will keep you posted.
In the following list of 2003 award recipients, information is reported as follows: The organization name (bold type), the project title (regular type), the geographic area served (italic type), and the amount of the grant award. “HSA” stands for Health Service Area. More information about award recipients and projects can be found at www.endowmentforhealth.org or by calling the Endowment office at 603-228-2448.

**Theme Grants**

Appalachian Mountain Teen Project
Southern Carroll County Collaborative for Child and Adolescent Mental Health
Conway, Laconia and Wolfeboro HSAs
$50,258

Bi-State Primary Care Association
Building Systemic Change to Strengthen and Sustain New Hampshire’s Community Health Centers
State of NH
$195,194

Community Health Access Network
Oral Health Administration for Community Health Centers
Dover, Exeter, Franklin, Manchester, Nashua, Peterborough, Portsmouth and Rochester HSAs
$176,866

Greater Derry-Salem Special Transit Services
Greater Derry-Salem Regional Brokerage Demonstration Project
Derry, Exeter, Manchester and Massachusetts Border HSAs
$90,000

Greater Nashua Dental Connection
Framework for Expansion of Services
Nashua HSA
$32,293

Monadnock Community Hospital
Monadnock Healthy Teeth
Peterborough HSA
$82,800

Monadnock Family Services
In Shape
Keene and Peterborough HSAs
$39,835

New England Network for Child, Youth, and Family Services, Inc.
Reach Out Initiative — New Hampshire
State of NH
$45,000

New Hampshire Area Health Education Center (AHEC)/Dartmouth College Medical Provider Oral Health Education Project
Berlin, Concord, Derry, Keene, Laconia, Littleton, Massachusetts Border and Peterborough HSAs
$117,682

**Discretionary Grants** provide funds for short-term, health-related, urgent needs and opportunities.

**GRANTEE:** Claremont Soup Kitchen and Food Pantry

**PURPOSE:** To replace a broken copy machine and garbage disposal.

Like many small organizations, the Claremont Soup Kitchen and Food Pantry operates on a shoe string. The Endowment for Health makes discretionary grants to meet unplanned expenses to keep critical community organizations open when a crisis occurs.
Applied Research and Other Initiatives provide funds for applied research, data analysis, and other activities that address a critical gap in public policy, and to improve the understanding of health issues in New Hampshire.

**GRANTEE:** Foundation for Healthy Communities

**PURPOSE:** To create a community model to provide better access to prevention and treatment of chronic disease through the use of scientifically-based protocols and interventions.

The Endowment for Health is committed to developing and disseminating scientifically-based “best practice” information, and helping New Hampshire communities learn how to best apply this information to meet local health-related priorities and goals.

- **New Hampshire Minority Health Coalition/Southern New Hampshire AHEC**
  - Medical Interpretation Services
  - Concord, Exeter, Manchester, Nashua and Portsmouth HSAs
  - $151,765

- **North Country Health Consortium**
  - North Country Cares
  - Berlin, Haverhill and Lancaster HSAs
  - $164,914

- **Northeast Deaf and Hard of Hearing Services**
  - Deaf People Accessing Health
  - State of NH
  - $119,500

- **Southern New Hampshire HIV/AIDS Task Force**
  - Searchlight Project
  - State of NH
  - $164,593

- **Strafford County Community Action Committee**
  - Strafford County Dental Program
  - Dover and Rochester HSAs
  - $48,700

- **VNA of Manchester and Southern New Hampshire**
  - VNA Child Care & Family Resource Center—On Site Dental Program
  - Manchester HSA
  - $20,600

- **University of New Hampshire/Family Research Laboratory**
  - Health of New Hampshire’s Foster and Medicaid-Eligible Children
  - State of NH
  - $40,667

- **Bi-State Primary Care Association**
  - Oral Health Workforce Data Project
  - State of NH
  - $74,065

- **Foundation for Healthy Communities**
  - New Hampshire Community Health Prevention & Treatment Initiative
  - Dover, Franklin, Keene, Laconia and Rochester HSAs
  - $78,877

- **New Hampshire Area Health Education Center (AHEC)**
  - New Hampshire Access to Primary Care Indicator Project
  - State of NH
  - $69,243

- **New Hampshire Department of Health & Human Services/Division of Family & Community Health**
  - Medicaid Oral Health Services
  - State of NH
  - $85,000

- **New Hampshire Healthy Schools Coalition**
  - Helping New Hampshire’s Children Become Their Physical Best
  - State of NH
  - $29,181

- **University of New Hampshire/Institute for Health Policy and Practice**
  - Empowering Communities III: Assuring Community Access to Information and Training
  - State of NH
  - $160,000
Convening, Planning, and Technical Assistance Initiatives

**Convening**

Community Action Program Belknap-Merrimack Counties One-Day Transportation Brokerage Conference  
State of NH  
$9,673

New Hampshire Area Health Education Center (AHEC)  
Healthcare Workforce Initiatives in New Hampshire: Profile and Projections  
State of NH  
$8,126

Town of Swanzey  
Town of Swanzey Convening  
Keene HSA  
$8,708

University of New Hampshire/Division of Continuing Education  
The Childhood Obesity Epidemic: Overview, Research, and Best Practices Conference  
State of NH  
$5,000

University of New Hampshire/Institute for Health Policy and Practice  
Convening a Training for New Hampshire Communities on Community Health Improvement  
State of NH  
$4,696

University of New Hampshire/School of Health and Human Services  
Adolescent Health Summit  
State of NH  
$12,295

**Planning**

American Friends Service Committee — New Hampshire  
AFSC-NH Housing & Community Development Project  
State of NH  
$10,000

Caring Community Network of the Twin Rivers  
Housing Economics of the Twin Rivers  
Concord, Franklin, Laconia and New London HSAs  
$17,500

Early Childhood Mental Health Network  
Infant Mental Health Taskforce Lebanon and Plymouth HSAs  
$14,555

National Alliance for the Mentally Ill — New Hampshire  
Improving Access and Treatment for Young Adults with Mental Illness and Substance Abuse  
State of NH  
$10,030

Theme Grants are significant grants usually awarded over a multi-year period to develop and implement model solutions to critical targeted health issues in New Hampshire.

**Theme Grants: Economic Barriers to Access**

**GRANTEES:** Bi-State Primary Care Association  
**PURPOSE:** To strengthen and sustain New Hampshire’s Community Health Centers.

New Hampshire’s Community Health Centers are the health “safety net” for thousands of vulnerable and underserved individuals and families. The Endowment for Health is committed to ensure the financial viability of these front-line providers of primary and preventative health care services.
Planning, Convening, and Technical Assistance Initiatives provide funds to support project planning, health-related symposia and conferences, and technical assistance to organizations.

**GRANT TYPE:** Convening Grant  
**THEME AREA:** Geographic Barriers to Access  
**GRANTEE:** Community Action Program Merrimack-Belknap Counties  
**PURPOSE:** To convene national experts with regional and state leaders in health care, social services, and transportation to develop a New Hampshire transportation model.

For thousands of New Hampshire’s low-income individuals and families, the elderly, and the socially or culturally isolated, transportation to medical appointments can present a significant barrier to receiving care. This is a problem for those living in rural areas of the state, as well as those living in more urban areas. The Endowment for Health is actively engaged in addressing this critical aspect of access to health care, and developing collaborative solutions.

### New Hampshire Community Loan Fund
Health Insurance Study for NH’s Self-Employed  
*State of NH*  
$30,000

### New Hampshire Department of Health & Human Services/Division of Family & Community Health
New Hampshire’s Statewide Sealant Project  
*State of NH*  
$15,859

### NH/VT Schweitzer Fellows Program
Strategic Planning for NH/VT Schweitzer Fellows Program  
*State of NH*  
$3,200

### Northeast Deaf and Hard of Hearing Services
Northeast Deaf and Hard of Hearing Planning & Convening Proposal  
*State of NH*  
$10,385

### Pontine Movement Theatre
A Medical History  
*State of NH*  
$4,950

### Rockingham Planning Commission
Greater Derry-Salem Transit Planning/Implementation  
*Derry, Exeter, Manchester and Massachusetts Border HSAs*  
$29,044

### Spaulding Youth Center
Working Wonders Business Project  
*State of NH*  
$8,313

### West Central Behavioral Health
Sullivan County Needs and Assets Assessment  
*Claremont and Lebanon HSAs*  
$12,570

### Technical Assistance

**Brain Injury Association of New Hampshire**
Brain Injury Guide for Families  
*State of NH*  
$18,000

**Chronic Conditions Information Network of VT & NH**
Printing and Dissemination of New Hampshire Guide for People with Chronic Health Conditions  
*State of NH*  
$11,500

**Family Resource Center of Greater Peterborough**
Under One Roof: Service Integration at the Community Resource Center of Greater Peterborough  
*Peterborough HSA*  
$10,000

**Krempels Foundation**
Integrated Data System  
*State of NH*  
$3,052

### Discretionary Grants

**Alexander Eastman Foundation**
Travel Funds for Attending Interfaces Meeting, Washington DC  
*State of NH*  
$325

**Carroll County Mediation Services, Inc.**
Juvenile Diversion in Southern Carroll County  
*Conway, Laconia and Wolfeboro HSAs*  
$9,554
Children’s Alliance of New Hampshire
Promoting Investments in Early Childhood
State of NH
$10,000

Claremont Soup Kitchen, Inc.
Claremont Soup Kitchen and Food Pantry Meals
Lebanon HSA
$4,146

Community Council of Nashua
Medical Interpreter Program
Nashua HSA
$13,800

Manchester Center for Alcoholism/Farnum Center
Offset Sudden Income Loss
State of NH
$10,000

Manchester Community Health Center
Medical Treatment Room Upgrade/Renovation
Derry and Manchester HSAs
$12,500

Mental Health Center of Greater Manchester
Cultural Competency in Mental Health
Manchester HSA
$1,000

National Alliance for the Mentally Ill-New Hampshire
Relocating of NAMI NH Office
State of NH
$11,266

Safety Health Council of New Hampshire
Attacking Stress
State of NH
$1,900

Emergency Grants
Coös County Family Health Services
Merger of Coös County Family Health Services with Physician Practices of Androscoggin Valley Hospital
Berlin HSA
$83,700

Lutheran Social Services
The Language Bank
State of NH
$80,000

New Hampshire Department of Health & Human Services/Division of Family & Community Health
2004 New Hampshire Third Grade Oral Health Survey
State of NH
$9,990

New Hampshire Minority Health Coalition
Medical Interpretation System Development
State of NH
$64,847

Public Policy Initiatives
Coalition for New Hampshire Oral Health Action
New Hampshire Oral Health Plan: A Framework for Action
State of NH
$20,000

New Hampshire Center for Public Policy Studies
Supporting Workforce Health Insurance in New Hampshire
State of NH
$155,721

New Hampshire Citizens Alliance
Citizens for Health Access
State of NH
$112,500

New Hampshire Minority Health Coalition
Medical Language Services Project Expenses
State of NH
$1,400

University of New Hampshire/Survey Center
Survey of New Hampshire Households
State of NH
$19,600
The dual purposes of our Endowment Fund remain intact. The shorter-term focus is current income to support today’s programs. The longer-term focus is to grow the principal for higher support in the future.

The Investment Committee received $80 million to invest 3 years ago. In hindsight, the Endowment Fund starting point could hardly have been worse. The US stock market declined 27% in the first 15 months of our history. In the middle of 2002 the stock market declined an additional 28%.

Being well diversified and blessed with seven talented money managers, our Endowment Fund saw losses averaging 8.3% per year in fiscal years 2001 and 2002. While those losses were considerably less than our peers, any losses are unpleasant.

By staying focused on the longer-term Strategy, the Committee is pleased to report that during our fiscal year, which ended September 30, 2003, these losses of 2001 and 2002 were completely reversed. Net of fees, our return was +22.5% for the fiscal year. That increased our assets from $63 million to $76.5 million as of September 30, 2003. On this date we were invested 70% in equities and 30% in fixed income investments.

December 31, 2003 ended the first quarter of our new fiscal year 2004, and patience continues to work in our favor. The quarter saw our assets return +9.1%, increasing the total market value to $83.5 million.

Our thanks go to the hard working Investment and Finance Committee, the staff at the Endowment for Health and our consultant, Clifford L. White, Senior Vice President of Morgan Stanley. We look forward to the upcoming year, as always with a cautious yet hopeful view.

Submitted by,

James M. Oates
Treasurer

Statements of Financial Position
For the Year Ended September 30, 2003 and For the Year Ended September 30, 2002

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>560,978</td>
<td>3,864,923</td>
</tr>
<tr>
<td>Investments, at fair market value</td>
<td>76,527,208</td>
<td>63,346,146</td>
</tr>
<tr>
<td>Other receivables</td>
<td>56,329</td>
<td>—</td>
</tr>
<tr>
<td>Prepaid tax</td>
<td>600,000</td>
<td>—</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>12,792</td>
<td>55,310</td>
</tr>
<tr>
<td>Deposits</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>82,441</td>
<td>113,596</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$77,844,748</strong></td>
<td><strong>$67,384,975</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payables and accrued expenses</td>
<td>178,762</td>
<td>143,479</td>
</tr>
<tr>
<td>Grants payable</td>
<td>3,527,094</td>
<td>3,160,360</td>
</tr>
<tr>
<td>Capital lease obligation</td>
<td>7,930</td>
<td>10,593</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>3,713,786</strong></td>
<td><strong>3,314,432</strong></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>74,130,962</td>
<td>64,070,543</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$77,844,748</strong></td>
<td><strong>$67,384,975</strong></td>
</tr>
</tbody>
</table>

Asset Allocation

- US Equities Large Cap (32%)
- US Equities Small/Mid Cap (20%)
- Cash (2%)
- International Equities (16%)
- Bonds (31%)

Diversification of Funds (as of September 30, 2003)
### Statement of Activities

For the Year Ended September 30, 2003 and For the Year Ended September 30, 2002

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Income</td>
<td>698,233</td>
<td>791,908</td>
</tr>
<tr>
<td>Other Income</td>
<td>112,320</td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td>1,000</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$811,553</strong></td>
<td><strong>$796,908</strong></td>
</tr>
</tbody>
</table>

|                      |            |            |
| **Expenses**         |            |            |
| **Program:**         |            |            |
| Grant expense        | 2,963,395  | 3,323,934  |
| Salaries and related expenses | 308,703 | 258,181 |
| Program consultants  | 43,523     | 79,219     |
| Miscellaneous expense| 12,854     | 15,874     |
| Meeting expense      | 9,722      | 13,483     |
| Legal expenses       | 72         | 1,748      |
| Training and conference expense | —     | 3,652     |
| **Total program expenses** | **$3,338,269** | **$3,696,091** |

|                      |            |            |
| **Management and general:** |        |            |
| Investment expenses   | 317,652    | 297,962    |
| Professional fees     | 156,536    | 213,380    |
| Salaries and related expenses | 107,085 | 102,753 |
| Rent and parking      | 40,884     | 39,314     |
| Office expense        | 39,848     | 57,360     |
| Depreciation expense  | 31,155     | 29,791     |
| Employee benefits     | 30,409     | 20,348     |
| Insurance             | 24,937     | 23,749     |
| Meeting expense       | 18,208     | 23,000     |
| Utilities and telephone | 15,062  | 14,551     |
| Payroll tax           | 6,783      | 6,518      |
| Tax expense           | 3,818      | 961        |
| Repairs and maintenance | 3,074    | 3,906      |
| Interest expense      | 563        | 718        |
| **Total management and general expenses** | **$796,014** | **$834,311** |

|                      |            |            |
| **Total Expenses**   | **$4,134,283** | **$4,530,402** |

|                      |            |            |
| **Non-Operating Activities** |      |            |
| Realized (losses) on investments | (9,837,433) | (3,854,153) |
| Unrealized gains (losses) on investments | 23,220,582 | (3,611,524) |
| **Net Increase (Decrease) in Unrestricted Assets** | 13,383,149 | (7,465,677) |

|                      |            |            |
| **INCREASE (DECREASE) IN UNRESTRICTED ASSETS** | 10,060,419 | (11,199,171) |
| **NET ASSETS, beginning of year** | 64,070,543 | 75,269,714 |

|                      |            |            |
| **NET ASSETS, end of year** | 74,130,962 | 64,070,543 |
The Board of Directors is comprised of individuals who have demonstrated interest in, and understanding of, the communities and individuals intended to benefit from the Endowment’s activities. Public Members of the Board include those who are members of the “general public,” defined as 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.

The Board includes two gubernatorial appointments.

Public Members
- Cynthia Dokmo, Governor Appointee
- Sylvio Dupuis, OD, Chairman
- Nury Marquez
- Margaret McClellan
- Laura Monica
- Jane Nisbet, Governor Appointee
- James Oates, Treasurer
- Bishop Gene Robinson
- Martha Van Oot, Secretary
- Charles Whittemore

Non-public Members
- Susan Chollet, Vice Chair
- Deanna Howard
- Gustavo Moral
- Ann Peters
- Donald Shumway

Staff
- James W. Squires, MD, President
- Mary Vallier-Kaplan, Program Director
- Lindsay Josephs, Program Specialist
- Jeanne Ryer, Program Specialist
- Sue Fulton, Executive Assistant
- Peg LePage, Administrative Assistant

The Advisory Council is comprised of 30 to 40 individuals, a majority of whom must be members of the “general public” (see the definition of “general public” under “Board”). To reflect the diversity of the state of New Hampshire, it is our intention that every county be represented on the Advisory Council.

Public Members
- Carroll County
  - Linda Fox Phillips
  - Jeanne Ryer*
- Grafton County
  - Bill Walker
- Hillsborough County
  - Harry Figueroa
  - Robin Gregg
  - Nury Marquez
  - Marie Metoyer
  - Michael R. Ostrowski
- Merrimack County
  - Monica Ciolfi, Secretary
  - Richard L. Klein
  - David Lamarre-Vincent*
  - Thomas Raffio
  - Rod Tenney, Chairman
  - Clyde E. Terry
- Rockingham County
  - Sue Donahue Suter
  - Timothy Phoenix
  - Jackie Weatherspoon

Non-public Members
- Belknap County
  - Thomas Clairmont
- Carroll County
  - Mary Bidgood-Wilson
- Cheshire County
  - Susan R. Chollet
- Coös County
  - Adele Woods
- Grafton County
  - William E. Boyle, MD*
  - Mary E. Ruppert
- Hillsborough County
  - Gina Balkus
  - Selma Deitch, MD, MPH*
- Merrimack County
  - Jennifer L. Frizzell
  - David Robar
  - Richard D. Silverberg
- Sullivan County
  - Claire Bowen
  - Sean Lyon

* Resigned during FY 2003.
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Concord, New Hampshire 03301
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Fax: 603-228-1304
info@endowmentforhealth.org
www.endowmentforhealth.org