

# *Our strategies...*

*to improve health and reduce the burden of illness of the people of New Hampshire*

## **ENDOWMENT for Health**

2004 ANNUAL REPORT



*Advance  
leadership*



*Enhance knowledge*



*Strategically  
fund critical services*



*Foster networking  
and collaboration*



James "Jim" Oates

*Jim...*

*Our 2004 Annual Report is dedicated to Mr. James "Jim" Oates.*

**T**he Board of Directors of the Endowment for Health, with great pleasure, admiration, and respect, dedicate the 2004 Annual Report to Mr. James "Jim" Oates. Jim was a member of the original board of directors that responded to a request by the Attorney General of New Hampshire to serve on the new foundation that resulted from the sale of Blue Cross/Blue Shield of New Hampshire to the Anthem Corporation.

From that point until September 30, 2004, Jim faithfully carried out his responsibilities as a board member and as the Endowment for Health's Treasurer. At the same time, Jim served as the Chair of the Finance and Investment Committee. In this role, all of the policies that govern the management of our investments were developed—a task that included choosing investment advisors, the allocation of our assets, faithful and diligent tracking of the performance of the portfolio and, when necessary, changing fund managers and consultants when the circumstances warranted these difficult decisions.

In retrospect, 2001 was probably one of the most difficult times to enter the market in recent years. Shortly thereafter, and for the following thirty months, Jim managed and guided the Finance and Investment Committee—never losing sight of the need for a long-term view. As a consequence of his leadership and the collective wisdom of the committee, our portfolio has recovered all of the losses during the market downturn and today exceeds the value of the initial investment in 2001. This feat has made it possible for the Endowment for Health to carry out its mission to the benefit of all the residents of New Hampshire.

Going forward, Jim has kindly agreed to continue on as a member of the committee—an act of dedication that provides us with optimism in the coming years. Thank you, Jim, for all you have done, for your collegial and friendly manner, for your character, and for the lessons you have imparted to us all.

*– The Board of Directors*



The mission of the Endowment for Health is: *To improve the health and reduce the burden of illness of the people of New Hampshire.*

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 or infirmity.*

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

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

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### Endowment for Health

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### On the cover:

Each of the four strategic organizational goals of the Endowment for Health is illustrated on our cover, and in our grant to Monadnock Family Services (also see pages 4–5). Pictured on our cover:

**Advance leadership:** The success of the In SHAPE program involved local and national leadership, (l-r): John Hoffman, The Hoffman Family Foundation; Yvonne Goldsberry, PhD, Director of Community Health, Cheshire Medical Center; Kate McNally, Project Coordinator, Cheshire Coalition for Tobacco Free Communities; Ken Jue (speaking), CEO, Monadnock Family Services; and Frank Dobisky, Board Chair, Monadnock Family Services.

**Enhance knowledge:** Stephen Bartels, MD, MS, Director of Aging Services Research, New Hampshire-Dartmouth Psychiatric Research Center presents current research linking physical health to mental health to In SHAPE stakeholders. Pictured here are (l-r) Ken Jue, CEO, Monadnock Family Services; and Dr. Anita Everett, Senior Medical Advisor, Substance Abuse and Mental Health Services Administration.

**Strategically fund critical services:** In SHAPE participants now have better access to critical health services. Pictured here are Pam Buffum, In SHAPE Medical Liaison and Health Mentor, Monadnock Family Services, and Matt, an In SHAPE participant.

**Foster networking and collaboration:** The In SHAPE project brought together a wide range of local, regional, and national stakeholders (l-r): Robin Grainger, Fitness Coordinator, Keene Family YMCA; Mary Vallier-Kaplan, Vice President of Program, Endowment for Health; Ken Jue, CEO, Monadnock Family Services; Jean and John Hoffman, The Hoffman Family Foundation; Carol Batchelder, Executive Director, The Moving Company Dance Center; and Karen Balnis, RD, LD, Assistant Director, Keene State College Dietetic Internship.

# Our strategies...

As a result of our organizational performance assessment and strategic planning process this year, our Board of Directors articulated four strategies that the Endowment believes most effectively achieve our mission to improve the health and reduce the burden of illness of the people of New Hampshire—especially the vulnerable and underserved. These strategies are to: enhance knowledge, advance leadership, foster networking and collaboration, and strategically fund critical services.

In SHAPE, a project of Monadnock Family Services, and supported this past year by the Endowment in collaboration with other local, state, and national funders, exemplifies these four strategies and is featured on the cover. What follows is a brief overview of the In SHAPE program, and the comments of some of those involved.

## Why In SHAPE?

Studies show that people living with a severe or persistent mental illness tend to die 10-15 years earlier than the average person. This vulnerable population faces a range of identifiable, but preventable, physical health issues. Hypertension, diabetes, obesity, and smoking are just a few of the health issues involved, and often not sufficiently addressed by the health care system.

In SHAPE is the first program of its type in the state—as well as the nation—that empowers the individual and the community to prevent these health issues in this vulnerable population.

What's the program about? Each In SHAPE participant, in partnership with a personal mentor, develops a personal fitness plan. The fitness plan includes such activities as access to regular physical exercise, nutrition and education counseling, and tobacco cessation classes. Participants also work together to achieve and celebrate their personal goals.

*“ This initiative, funded by the Endowment for Health, has enlightened, inspired, and brought new insight and hope to both service providers and consumers throughout New*

*Hampshire and potentially to the nation. When I first heard about In SHAPE, I knew that this was a very special project. Our research group is privileged to be conducting an evaluation of the effectiveness of this innovative program. We anticipate that findings from this project will improve health care in New Hampshire's community-based mental health system, and will also have potential implications and impact as a 'best practice' model for integrated mental health promotion in mental health services across the United States. ”*

– Stephen Bartels, MD, MS, NH-Dartmouth Psychiatric Research Center



*Enhance knowledge*



*Advance Leadership*

*“ In SHAPE empowers the individuals participating in this program, the project's mentor staff at our community mental health center, and the many individuals and organizations who are our partners. The community partners include students and faculty at Keene State*

*College, who are assisting the project's participants in their fitness training and nutrition education; the Keene Family YMCA and The Moving Company Dance Center, a local dance and fitness center; Granite State Monarchs (the local peer agency); the Dartmouth-Hitchcock Clinic-Keene; Cheshire Medical Center; the Keene Community Kitchen; the Wyman Way Cooperative; as well as our many local funders. As a result of this project, all those involved have become better leaders in our collaborative effort to improve everyone's health in the most cost-effective way possible. Sharing this model with others across the United States—both through the associated evaluation project and through the national funding network—provides us all with a range of new skills and learning opportunities. ”*

– Ken Jue, CEO, Monadnock Family Services



*“We value the broad-based and cooperative team of professionals and community leaders who came together to develop the In SHAPE program. It is energizing to see this remarkable shared vision of behavioral and medical care providers, mental health advocacy groups, community-based nonprofits and fitness organizations and the local college, with the support of community, family, and regional grantmakers. It is a privilege to partner with the Endowment for Health and the other funders to invest in In SHAPE as a potential new national model of wellness programming for some of our most vulnerable citizens.”*

– Pauline M. Seitz, Director, Local Initiative Funding Partners,  
a National Program of The Robert Wood Johnson Foundation



## *Strategically fund critical services*



*“In SHAPE has changed my life. Never before has anyone really cared about the details of my physical health like they do about my mental health. Like others, I now too have access to community programs that prevent disease and encourage me to live a healthy lifestyle. I better understand the importance of my chronic ‘blood-pressure’ problem as well as my mental illness.*

*In SHAPE helps me understand that I am in charge of my overall health. With the In SHAPE program, I learn and practice what I need to do to be healthier. Exercise and learning how to shop and cook for healthy foods, are totally new to me, and I love everything about it. I enjoy the experience of exercising with others. I belong, and people care that I am healthy.”*

– Matt, an In SHAPE participant



Susan R. Chollet, Chair

## From the Chair

### *Our work to be ethical, accountable, and strategic*

**A**sks anyone who works at the Endowment and they will tell you that this has been the year of many meetings and much work. While there will always be more to accomplish, I greatly appreciate the hours that staff, Board and Advisory Council members have contributed towards furthering our mission: *To improve the health and reduce the burden of illness of the people of New Hampshire.*

#### What does it mean to be ethical?

From the very beginning, a high ethical standard has been the fundamental principle of our decisions and actions in order to ensure fairness and equal access to our resources. The Board is committed to transparency so that everyone who deals with the Endowment is clear about how we go about our work. No member of the Board, the Advisory Council, or staff is allowed to advocate for any potential grantee, contractor, or consultant.

### *A high ethical standard has been the fundamental principle of our decisions and actions...*

On a national level, there is a heightened concern among all foundations to develop practices consistent with the requirements of the Sarbanes-Oxley Act. While this act was a direct result of abuses in the for-profit sector, we believe it is only a matter of time before similar oversight will be demanded of private foundations.

We are especially aware of the fact that our assets belong to the people of New Hampshire and are held in trust. This fact creates an extraordinary obligation to be accountable to the public. I am proud of the compliment paid to the Endowment in the July, 2004 issue of the *New Hampshire Bar Journal*. Here, Michael S. DeLucia, Director of the Charitable Trust Division of the Office of the New Hampshire

Attorney General cited the Endowment for Health for, among other things, our accountability to its constituents through our annual Listening Sessions throughout the state.

Because of ethical considerations, our Audit Committee functions independently of staff, the Finance and Investment Committee, the Board Chair and the Endowment for Health's Treasurer as they work with our auditors to complete the annual audit. An Advisory Council member sits on this committee. We received an unqualified opinion that the financial statements are fairly stated and in accordance with Generally Accepted Accounting Principals this year, and our staff has followed their recommendations.

The Finance and Investment Committee has succeeded in restoring the value of our investments following the severe market decline beginning in 2001. At the close of our fiscal year on September 30, 2004, the value of our portfolio exceeded that which existed in 2001. In this same period of time, our grant awards totaled approximately \$12 million, a sum we believe has benefited countless numbers of New Hampshire residents.

#### Strategic planning and evaluation

A significant amount of time and work this year was focused on setting up a strategic planning and evaluation cycle that helps us remain responsive to a constantly changing environment of health care and how it is financed. Our consultant, Karen Horsch, led us through this complicated process and kept us on track.

The Endowment also participated in a national independent assessment of our programs and procedures—from the grantee point of view—conducted by the Center for Effective Philanthropy. This examination has allowed us to learn about how we are seen by this core constituency in comparison to other foundations.

### *In all areas, we are committed to an ongoing improvement process.*

## *We have an extraordinary obligation to be accountable to the public.*

As a result of this undertaking, it became obvious that, in many instances, our procedures were too stringent, particularly for applicants requesting small amounts of funding. Therefore, we have modified some of our requirements to better reflect the size and type of grant being requested, while still maintaining our fiduciary responsibility. A synopsis of this study is available on our website. In addition, the Board conducted an independent board assessment and found areas where we could improve our work as directors. In this, and in all areas, we are committed to an ongoing improvement process.

At our April 2004 Board/Advisory Council strategic retreat, members adopted four organizational strategies for the Endowment that we will use to focus our future efforts and to form a basis for the ongoing evaluation of our work. These organizational strategies are:

- Enhance Knowledge
- Advance Leadership
- Foster Networking and Collaboration
- Strategically Fund Critical Services

If we were to look at our work this year retrospectively through the lens of our four strategies, we enhanced knowledge when the first *New Hampshire Oral Health Plan* was presented to the public, and by a report prepared and presented by Attorney Cindy Mann of Georgetown University about the ramifications of a federal block grant for future Medicaid monies. In addition, a number of reports commissioned by the Endowment and prepared by New Hampshire Center for Public Policy met the same goal.

Working to find new, creative, and effective ways of reducing health care costs in New Hampshire, we gathered together a group of about 25 stakeholders to foster the development of new leadership to address this complex issue (see pages 14 and 15).

By working with the Local Initiative Funding Partners program of The Robert Wood Johnson Foundation and five other local and state foundations to fund the In SHAPE initiative of Monadnock Family Services, which in turn worked with nine other local community partners, we both modeled and fostered collaboration (see pages 2 and 3).

Our response to an emergency request by the Ammonoosuc Community Health Services in Littleton is a clear example of strategic funding of critical services. This grant helped keep this essential community health care resource viable while awaiting delayed state Medicaid reimbursements.

## *...we have our incredibly dedicated and hard working staff to thank.*

The Endowment for Health accomplished a great deal in 2004. For that we have our incredibly dedicated and hard working staff to thank. I never cease to be amazed at their capacity to get the job done. I would particularly like to acknowledge the intelligent, knowledgeable, and effective leadership of James W. Squires and Mary Vallier-Kaplan. Their vision and passion for learning—and through this learning, to continually envision new ways to make a difference—are an example to us all.

Sincerely,



Susan R. Chollet  
*Chair*



James W. Squires MD,  
President

## From the President

### *Our work to be grounded in reality*

Perhaps the greatest paradox of our times is our inability to comprehend reality: this, in spite of unfettered access to enormous volumes of information on virtually every conceivable subject—information that even a few years ago was the exclusive purview of scholars and scientists. True, we know a great deal about the reality of Mars and one of Saturn's moons and have in our possession rocks taken by human hands from the moon. But compare this awareness to our understanding of the circumstances in which millions of the world's inhabitants live or, for that matter, the issues that confront an untold number of our fellow residents in New Hampshire.

Nowhere is this problem more evident than when questions of "health" arise for anyone outside of ourselves and our immediate circle of family and friends. We are often reminded by pollsters that New Hampshire is the "healthiest" state in America. But we also know that the use of illegal substances is higher in New Hampshire than in many of our neighboring states. It is also well known that 25% of second and third graders in our state suffer from untreated tooth decay and that a significant proportion of elementary school students are overweight. Many of our health care facilities are able to offer the latest in technology and therapy, but large numbers of people with mental illness cannot find treatment. We are urged to adopt "market solutions" to address the costs of health care whereas it is equally plausible to suggest that health care and its financing have little or none of the characteristics of a "market." So which is it? What is the reality of the "health" of New Hampshire's residents?

If there is a "reality" of health in New Hampshire, the only way to understand this paradox is the knowledge that a population possesses many characteristics that exist at the same time, in varying proportions and severity. To trumpet only one point of view prohibits rational discourse. To profess a disdain for facts limits our knowledge and our ability to address the needs of the people who cannot—for a host of reasons—surmount problems of access to health and health care services. And perhaps most important of all, to view the world through the lens of our own experience obscures any willingness to understand and act in accord with the views of others.

These reflections helped to shape the Endowment for Health's strategic plan. By trying to understand the complexity of the word "health"

and how health services are financed and delivered, our work and the use of our funds has become more sharply focused. This approach has been called by some in the field of philanthropy as being "adaptive." Being adaptive means that our target is constantly moving, requiring us to be agile and thoughtful as we try and carry out our mission of improving the health and reducing the burden of illness of the people of New Hampshire.

Ms. Susan Chollet, the chair of our board of directors, has outlined the strategies that we have adopted to understand and then meet the needs of the difficult and challenging environment in which we are operating (see page 4). I will not repeat them here except to point out that these four strategies seem well suited to both raising and addressing the concepts of the common good. In particular, the emphasis the Endowment for Health places on collaboration will require a coming together of many different parties and stakeholders.

Our goal is to eliminate the barriers to receiving health care services—including the obstacles of cost, social-cultural differences, and geography—for the "good" of us all. If collaboration and cooperation succeed, the public, the government, the business community, the industries of health care financing and health care services, along with the private sector will have to give up something for the common good. Otherwise, by staying as we are, we become like lemmings, marching lockstep toward serious consequences, each believing that the problems are someone else's and that the reality of the world around us is precisely as we happen to see it.

This past year has been a major transition period for the Endowment for Health. The efforts by the Board of Directors, our Advisory Council, and our staff have been extraordinary. The recovery of our asset base to a point exceeding the value of our portfolio in 2001 is worthy of note and is an extraordinary accomplishment. I look forward to the coming year with confidence and excitement knowing that so many talented people are willing to devote their time and energy to address issues of health and health care that play such a major role in the lives of countless residents of New Hampshire.

James W. Squires MD  
President

# Program Report

## Our maturing work as a foundation

Our program is what we refer to as the work of the Endowment: the interface of the foundation with nonprofit organizations, providers, and leaders of the health and health care systems, as well as the people we serve together—the residents of New Hampshire. The program consists of our initiatives, projects, and activities with these leaders, coalitions, and communities to realize our mission.

The Endowment program is primarily—though not exclusively—realized through our work with residents and health care leaders to prioritize critical health issues, which we call themes, which the Endowment can then help address through our leadership, and our responsive and proactive grant-making. These themes currently are: improving oral health, and reducing the economic, geographic, and social-cultural barriers to accessing health and health care.

During our first four years—or what we refer to as the Endowment’s “childhood”—we were focused upon developing our basic skills and identity as a new foundation in New Hampshire’s nonprofit and health care environment. For much of this period it was our collective instincts, our professional wisdom and experience as nonprofit health leaders, and our continual learning from community partners that provided us with our focus and direction.

In 2004, we were approaching “adulthood,” and it was time to more clearly determine and articulate our direction as a rapidly maturing foundation. We initiated an assessment of not only our organization as a whole (see Chair Message, page 4), but also our program. How has our program fulfilled our organizational mission? What has been the effectiveness of this work?

Based on this assessment, and our ongoing learning about foundation “best practices,” we have modified the Endowment’s program to enhance its effectiveness by bringing our work into better alignment with the needs of our grantees, community partners, and collaborators.

Building on our four organizational strategies (knowledge, leadership, collaboration and strategic funding), we also developed goals and strategies for each of our theme areas. These theme goals and strategies—articulated with help from leaders in their respective fields—reflect more than the knowledge and “best practice” information we have gathered to date for each theme area. More importantly, these goals and strategies represent the impact we

believe we can have as the major private health foundation in New Hampshire.

Our program is now less focused on the production of grants in our theme areas, and more focused upon using our resources to more effectively address the most critical issues in these theme areas, and to be continually more effective by measuring the health outcomes of this work. Our program infrastructure—our application systems, evaluations, reports, etc.—have also been redesigned to become more effective in addressing these themes. Program Specialists in each theme area now manage the development and implementation of these goals and strategies by collaborating with others—in New Hampshire, in New England, and nationally—to successfully achieve the desired outcomes.

This enhanced program structure has allowed us to set clearer expectations, to more strategically and cost-effectively use our resources, and, most importantly, to measure the impact of our work to improve the health of New Hampshire’s residents. Many individuals have been involved in the work of designing, testing, implementing, and constantly reassessing and improving this program structure. A special thank you to the Program and Strategic Planning Committees of the Board, the entire Program Staff, our grantees, our consultants Karen Horsch and Ed Tomey, and last but not least to our President who provides a nurturing environment to do this innovative and meaningful work each day.

We look forward to presenting to you, each year, the progress we have made in addressing these important issues, and the improvements we have made to do even better by evaluating the outcomes of these goals and strategies. Our work is meaningless without the collective wisdom of our growing community of local, regional, and national community partners. We welcome your input and feedback.



Mary Vallier-Kaplan,  
Vice President of Program

In the list of grants on the following pages, information is reported as follows: The **organization name** (bold type), the project title (regular type), the *geographic area served*, and the *amount of the award* (italic type). “HSA” stands for Health Service Area. More information about our grant awards and projects can be found at our website, or by calling the Endowment office at 603-228-2448.



Lindsay Josephs,  
Program Specialist

# To improve oral health

## Our Oral Health Goals

- A comprehensive and sustainable body of science- and evidence-based knowledge about oral health and oral health care in New Hampshire, New England, and the United States.
- An oral health delivery system that is more comprehensive, more coordinated, and integrated into New Hampshire's general health system.
- Strengthened state and local capacity to deliver high-quality oral health services to all New Hampshire residents.
- Increased access to oral health and oral health care for all residents of New Hampshire, especially the vulnerable and underserved.
- Strengthened state and local policies that support quality oral health for all New Hampshire residents, especially the vulnerable and underserved.

## Our Progress

Since 2001, the Endowment has invested over \$2.8 million (through September 30, 2004) in projects to improve oral health in New Hampshire.

The US Surgeon General's report in 2000 described oral health disease as a "silent epidemic" that disproportionately affects our most vulnerable residents—the economically disadvantaged, the very young, the old, and the disabled. In spite of great advancements over the past 50 years in public water fluoridation, the application of sealants, technology, and enhanced public awareness, many New Hampshire residents have yet to benefit.

We realized early in our grantmaking program that New Hampshire lacked the essential data and knowledge about oral health "best practices" to guide our decisions. If we were to be truly strategic, develop new leadership, and move toward the goal of ongoing improvement in oral health, we needed a plan.

In 2002, the creation of the Coalition for New Hampshire Oral Health Action, in collaboration with the New Hampshire Department of Health and Human Services, and the subsequent publication of the "New Hampshire Oral Health Plan: A Framework for Action" in the fall of 2003, was a very significant step forward. This evidence-based action plan—researched, debated, written, and endorsed—by a broad-based coalition of stakeholders, serves as a blueprint for improving the oral health of all New Hampshire residents.

Since its publication, the goals and strategies outlined in the Oral Health Plan have assisted service providers, nonprofit partners, as well as New Hampshire's policymakers in shaping public priorities and implementing an impressive array of community programs and statewide interventions.

Overall, significant progress has been made in assessing needs; engaging stakeholders; improving linkages across disciplines; and expanding the capacity, strength, and sustainability of the oral health "safety net" for New Hampshire's most vulnerable citizens. These efforts have also resulted in a much higher level of collaboration and cooperation between dentists, medical providers, and the community.

## What's next?

The 2005 program year is the final year for this Endowment theme. In the year ahead, we plan to prioritize support for programs and projects that serve highly-vulnerable populations as well as programs and projects that target high-need and underserved areas of the state.

Also on the horizon is a statewide media campaign, "Watch Your Mouth" which will be launched later this year. This campaign, funded in part with an Endowment grant, will raise general awareness about the importance of oral health, and the connection between oral health and general health.

The Endowment will also be developing an "exit strategy" for this theme over the coming months. In doing so, it is our aim to assure that our progress, as well as the energy and enthusiasm that has been generated over the past several years, will be sustained.

**Find out more.** For a more detailed summary of our oral health strategies, a copy of the "New Hampshire Oral Health Plan," or to review our grants in this theme area since 2001, please see our website or call the Endowment office.

## Oral Health Grants: 2004 Program Year

### Theme Implementation Grants

**Avis Goodwin Community Health Center**  
Dental Care of Strafford County  
Dover and Rochester HSAs  
\$69,215

**Greater Derry Community Health Services, Inc.**  
CHS-Dental Access  
Derry, Exeter and Massachusetts Border HSAs  
\$50,448

**New Hampshire Statewide Sealant Project**  
NH Statewide Sealant Project  
State of NH  
\$70,000

**North Country Health Consortium**  
North Country Mobile Dental Services  
Berlin, Colebrook, Haverhill, Lancaster and Littleton HSAs  
\$249,284

**White Mountain Community Health Center**  
Mount Washington Valley  
Dental Project  
Conway HSA  
\$60,000

### Public Policy Initiative

**Coalition for NH Oral Health Action c/o Delta Dental Plan of New Hampshire**  
Implementation of NH Oral Health Plan II  
State of NH  
\$20,000

### Planning Grants

**Bi-State Primary Care Association**  
Building Relationships to Recruit Dentists for NH  
State of NH  
\$78,591

**Catholic Medical Center**  
Manchester Dental Program  
Manchester HSA  
\$25,525

**Coalition for NH Oral Health Action c/o Childrens Alliance of New Hampshire**  
Watch Your Mouth!  
State of NH  
\$114,300

**New Hampshire Minority Health Coalition**  
Oral Health Behavior Change Prevention Pilot  
Manchester HSA  
\$22,272

### Discretionary Grants

**New Hampshire Health Care Association**  
Survey of Nursing Home Resident's Dental Health  
State of NH  
\$14,884

**New Hampshire Pediatric Society**  
Oral Health Conference  
State of NH  
\$4,013

**North Country Health Consortium**  
North Country Oral Health Working Group  
Colebrook, Lancaster and Littleton HSAs  
\$7,530

## Featured Grant

**Catholic Medical Center**

## Manchester Dental Program

### Type of Grant: Planning

One of the most fundamental and challenging elements of facilitating any kind of systemic change is the planning process. Designing a new or improved health care delivery system takes a broad base of stakeholder support, the ability to put politics and other differences aside, and the desire to do the right thing for the right reasons.

The Manchester Dental Program, established under the auspices of the Health Manchester Leadership Council, received an important Planning Grant in September, 2004. The goal was to develop "a community-based, long-term, strategic plan to increase access to oral health care, and to promote the need for good oral health as a component of total health."

Since then, a broad-based group of individuals—representing Manchester's community health and dental centers, hospitals, physicians,

dentists, minority health advocates, and the health department—have been meeting to brainstorm, strategize, and develop a plan to more effectively deliver oral health services to our state's largest and most culturally diverse city. The strategic plan that evolves from this effort will help create a sustainable solution that addresses the unmet need for better oral health services in Manchester.

While specific to the needs of Manchester, it is hoped that the planning process and project design will be replicable in other New Hampshire communities.





Kim Firth,  
Program Specialist

# To reduce social-cultural barriers to accessing

## Our Social-Cultural Access Goals

- A comprehensive and sustainable body of science- and evidence-based knowledge about the social and cultural barriers to health and health care in New Hampshire, New England, and the United States.
- A health system in New Hampshire that recognizes social and cultural differences and addresses them.
- Strengthened state and local policies that reduce the impact of social and cultural barriers to health and access to health care in New Hampshire.

### Our Progress

Since 2001, the Endowment has invested over \$2.3 million (through September 30, 2004) in projects that address the social-cultural barriers to accessing health and health care in New Hampshire. Many New Hampshire residents face social or cultural barriers that prevent them from accessing health care and achieving overall health. Cultural differences, language barriers, and stigma complicate health practices and can impede the delivery of quality health services. Vulnerable populations—such as new immigrants, refugees, the mentally ill, the disabled, or homeless individuals and families—face unique and sometimes complex needs and access barriers to health and health care. To remove these barriers, the health system must continue to identify evidence-based practices, adopt new models, and strengthen state and local policies.

Much of the Endowment's work in this theme area has focused on building New Hampshire's knowledge base, developing leadership, and increasing awareness of social and cultural barriers to access. This new knowledge is being used to develop coalitions, improve services, and pilot new models to overcome these barriers. Progress has been significant in several areas.

For example, an applied research grant to the University of New Hampshire Family Resource Lab continued to develop much needed information about the unique health needs of New Hampshire's foster children, including "action steps" to help our health system more effectively address these needs. This grant also reflects the multi-faceted nature of our grantmaking in this theme area, as well as the power of enhancing knowledge to improve service delivery.

Facilitated by our continued support, a range of community partners has successfully developed new statewide and community-based leadership to bring medical interpretation services to consumers and health care providers (See Featured Grant at right).

Several of our grants this year have brought together a range of consumers, health care professionals, and social service providers, for the very first time to build new, cooperative, and sustainable learning and resource networks to more effectively address a wide range of social-cultural access problems. One example in 2004 was our planning grant to Child Health Services, which helped a range of stakeholders in the health care and legal services communities to explore and improve this critical interface. This example of new coalition-building and planning is essential to achieve health improvement for some of New Hampshire's most vulnerable children and their families.

As new models, policies, and procedures begin to emerge from these projects, our work to reduce the social and cultural barriers to health is beginning to have measurable local and statewide impact.

### What's next?

Significantly reducing the impact of social and cultural barriers to accessing health care—and achieving overall health for New Hampshire's most vulnerable populations—is a long-term commitment. We anticipate this to remain a theme area for the foreseeable future. As our knowledge, coalition-building, and leadership support increases, additional opportunities to "pilot" new projects—including policy initiatives to create sustainable change and improvement—will emerge.

The Endowment continues to welcome opportunities for advancing evidence-based knowledge about social and cultural barriers, including proposals that help us to more effectively disseminate the "lessons learned" from this work.

**Find out more.** For a more detailed summary of our strategies to address the social and cultural barriers to health and health care, and to review our grants in this theme area since 2001, please see our website or call the Endowment office.

## Social-Cultural Barriers to Access Grants: 2004 Program Year

### Theme Implementation Grants

**Lutheran Community Services  
of New Hampshire**  
Language Bank II  
Concord, Franklin and Laconia HSAs  
\$71,034

**Monadnock Family Services**  
In SHAPE Program II  
Keene and Peterborough HSAs  
\$33,715

**National Alliance for the  
Mentally Ill-New Hampshire**  
Latino Access to Care  
State of NH  
\$47,139

**New Hampshire Minority  
Health Coalition**  
Medical Interpretation Training II  
State of NH  
\$100,000

**Northeast Deaf and Hard of  
Hearing Services**  
Deaf People Access Health Project III  
State of NH  
\$70,240

### Applied Research Grants

**NH Dartmouth Psychiatric  
Research Center**  
c/o Trustees of Dartmouth College  
Evaluation of Pilot Health Promotion  
Intervention for Persons with  
Severe Mental Illness  
Keene HSA  
\$66,589

**University of New Hampshire  
Family Research Lab**  
Health of NH's Foster and  
Medicaid Eligible Children II  
State of NH  
\$44,092

### Convening Grant

**New Hampshire Minority  
Health Coalition**  
NHMHC 10th Anniversary  
Celebration Breakfast  
State of NH  
\$7,000

### Planning Grants

**Child Health Services**  
Medical-Legal Collaborative to  
Improve the Health of Children  
in Poverty  
Manchester HSA  
\$15,718

**Easter Seals New Hampshire, Inc.**  
Seniors Count, Changing the  
Face of Aging  
Manchester HSA  
\$15,000

**Healthy At Home, Inc.**  
Healthcare for the Homeless  
Nashua HSA  
\$10,427

## Featured Grant

**New Hampshire Minority  
Health Coalition**

## Medical Interpretation Project

**Type of Grant:  
Theme Implementation**

There are over 100,000 individuals currently living in New Hampshire where a language "other than English" is spoken at home. When people with limited English language skills require critical or routine medical services, where can they—and their health care provider—turn for help?

In 2004, an Endowment grant to the New Hampshire Minority Health Coalition helped our health care system take an important step toward bringing reliable medical interpretation services to New Hampshire. As part of a multi-year initiative, this grant was primarily aimed at increasing the number of trained medical interpreters available to health care providers.



In addition to the identification, recruitment, and training of more medical interpreters; this grant funded support and training for health care providers about medical interpretation services, and how to use them effectively.

# To reduce geographic barriers to accessing health



Kim Firth,  
Program Specialist

## Our Geographic Access Goals

- A comprehensive and sustainable body of science- and evidence-based knowledge about geographic barriers in New Hampshire, New England, and the United States.
- A health system in New Hampshire in which geography is not a limiting factor in health or access to health care.
- Strengthened state and local policies that reduce the impact of geographic barriers to health and access to health care in New Hampshire.



Jeanne Ryer,  
Program Specialist

## Our Progress

Since 2001, the Endowment has invested over \$2.1 million (through September 30, 2004) in projects that address the geographic barriers to accessing health and health care in New Hampshire.

The very features that make New Hampshire special—our significant rural areas to the north and our rapidly growing urban and suburban centers to the south—make access to health and health care difficult for a considerable portion of

our residents. The frail elder living in downtown Manchester who cannot navigate a two-block walk or a steep set of stairs faces as profound a “geographic barrier” to access as an individual living 50 or 60 miles from needed services in the north.

The general reliance on private transportation throughout the state—coupled with an insufficient public transportation infrastructure—make access to health care difficult in all areas: urban, suburban, and rural. Also, the increasing growth of our southern tier and the depopulation of northern areas have led to a skewed and inequitable distribution of both specialty care and primary care health resources.

To strategically address these problems, the Endowment has supported projects that seek better ways of connecting the consumer to essential services, as well as projects that make services more accessible to consumers. To date, significant progress has been made in three key areas:

**Transportation.** Through research and evaluation of existing transportation resources, consumers in some areas of the state are now enjoying improved transportation options in accessing essential medical services. The success of model projects in several communities has also stimulated promising policy discussions with state and federal agencies, and more effective and ongoing collaborations between a range of public/private partners.

**Care Coordination.** The development of new care coordination models has helped individuals and families, as well as service providers, make the best use of existing health services in all geographic areas.

**Telehealth.** Telehealth—the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration—holds great promise for addressing the geographic barriers to health and health care for all New Hampshire residents (see Featured Grant, right).

A statewide convening of stakeholders—and subsequent research—has raised interest, enhanced knowledge and increased awareness of the potential for telehealth applications in New Hampshire. This work has served as the impetus for the development of a statewide telehealth planning committee.

## What's next?

The 2006 program year will be the final year for the “transportation” component of this Endowment theme. Over the next two years, we plan to prioritize support for programs and projects that strengthen and expand the promising health transportation models that have already been created in several communities.

We will continue to encourage grant inquiries for initiatives that expand telehealth, case management, and care coordination options in New Hampshire, at least through program year 2007. The telehealth white paper, funded in 2004, will serve as a blueprint for future planning and the development of a statewide NH Telehealth Program.

**Find out more.** For a more detailed summary of our strategies to address the geographic barriers to health and health care; and to review our grants in this theme area since 2001, please see our website or call the Endowment office.

## Geographic Barriers to Access Grants: 2004 Program Year

### Theme Implementation Grants

**Appalachian Mountain Teen Project**  
Southern Carroll County  
Collaborative for Child and  
Adolescent Mental Health  
Conway, Laconia and Wolfeboro HSAs  
\$80,605

**North Country Health Consortium**  
North Country Cares II  
Berlin, Colebrook, Haverhill and  
Littleton HSAs  
\$58,139

**North Country Health Consortium**  
North Country Transportation  
Implementation Project  
Lancaster and Littleton HSAs  
\$176,661

**Par Tech Network**  
c/o North Country Health  
Consortium  
NH ParTech Network:  
ParTech Connection  
State of NH  
\$125,017

### Convening Grant

**North Country Health Consortium**  
Telehealth NH: Technology in Practice  
State of NH  
\$13,355

### Planning Grants

**Caring Community Network  
of the Twin Rivers**  
Coordinated Transportation &  
System Improvement  
Concord, Franklin, Laconia and  
New London HSAs  
\$24,220

**Granite State Organizing Project**  
Phase I: Improving Health Care  
Access in the Souhegan Valley  
Nashua and Peterborough HSAs  
\$20,000

**Home Healthcare, Hospice and  
Community Services, Inc.**  
Homecare-Based Chronic Disease  
Management Model for Rural NH  
Keene and Peterborough HSAs  
\$20,000

**HUB Family Resource Center**  
McConnell Center Project  
Dover HSA  
\$12,500

**Stafford Network**  
Stafford County  
Transportation Collaborative  
Dover and Rochester HSAs  
\$5,602

### Discretionary Grants

**Greater Derry/Greater Salem  
Regional Transportation Council**  
Greater Derry/Greater Salem  
Transportation Council  
Derry HSA  
\$12,000

**North Country Health Consortium**  
NH Telehealth White Paper  
State of NH  
\$8,068

## Featured Grant

**North Country Health  
Consortium**

## Telehealth NH: Technology in Practice

### Type of Grant: Convening

The Endowment is currently exploring, evaluating, and supporting a statewide collaborative to create a "New Hampshire Telehealth Program." This initiative, we believe, holds great promise for reducing geographic barriers to health and health care in New Hampshire.

Our 2004 grant to the North Country Health Consortium took a major step toward creating a viable telehealth system in New Hampshire. This grant brought together, for the first time, a wide range of health care professionals and community leaders who were committed to the improvement of health care delivery in New Hampshire through the full use of available telecommunications technology.





Jeanne Ryer,  
Program Specialist

# To reduce economic barriers to accessing health

## Our Economic Access Goals

- A comprehensive and sustainable body of science- and evidence-based knowledge about economic barriers to health and health care in New Hampshire, New England, and the United States.
- A cost-effective health system in New Hampshire in which health care and coverage are available, affordable, and of high quality.
- Strengthened state and local policies that reduce the impact of economic barriers to health and access to health care in New Hampshire.

## Our Progress

Since 2001, the Endowment has invested over \$2.2 million (through September 30, 2004) in projects that address the economic barriers to accessing health and health care in New Hampshire.

The economic barriers to health, and to accessing health care, are arguably among the greatest challenges facing our state and nation. In New Hampshire, health care costs are growing faster than our state's economy. These growing costs, the resulting pressures on the state's small businesses and their employees, and the increasing number of people living with inadequate health insurance coverage—or none at all—reflects a system that is in severe distress.

Our strategic funding of critical services—particularly to communities who are doing their best to meet the health care needs of a growing number of residents living without coverage—has been only one part of our plan to address the economic barriers to access. It was clear to us from the beginning that other approaches would be necessary if this critical issue in our complex health care delivery system were to be fully addressed.

In 2002 the Endowment launched a comprehensive research and analysis initiative to enhance knowledge by evaluating public opinion, health policy, and health services in New Hampshire. This is a long-term initiative, and will be among our grantmaking priorities for the foreseeable future. The scope of this work is wide-ranging—encompassing the review and analysis of health system finances, insurance status and options for expanding coverage, and the public perception of this complex issue. The emerging results are already helping to focus our policy discussions on “facts and figures,” rather than assumptions.

Arising from the research, and as an integral part of the work on this theme, the Endowment has developed “The Pillars Project” initiative to move from research and assessment to taking definitive action—an exciting challenge and opportunity for the Endowment and its partners, as well as for the

people of New Hampshire. The name, “Pillars Project,” is based on seeing the health care system as a structure supported by “pillars” of revenue. The pillars are insured individuals who pay into the system. As more individuals are dropped from insurance, they still need health care, but are “missing pillars.” The result is that the entire health care structure is becoming unstable as more and more pillars are removed from the system. The convening of the Citizens Roundtable in September 2004 (see featured grant, right), and the recommendations of this group, has been a significant step forward in moving from the “research and assessment” phase of this initiative, to taking definitive and collaborative action.

The Endowment also worked with a variety of targeted grantees to build coalitions among concerned citizens and stakeholders about this issue, develop new leadership committed to finding solutions, and has funded work on local, regional, and statewide efforts to address economic barriers to access.

## What's next?

The Endowment's funding priorities in this theme area remain focused on policy level projects that explore the links between cost, coverage, and quality in health care, and recommendations for systemic change.

While this essential research, assessment, and public policy work continues, the Endowment maintains its commitment to strengthen, through strategic grantmaking, the “safety net” providers of health care services throughout the state, particularly in areas not currently served by federally-funded community health centers.

**Find out more.** For a more detailed summary of our strategies to address the economic barriers to health and health care; to review our research and analysis to date, including a preliminary analysis of the GraniteCare proposal; and to review our grants in this theme area since 2001, see our website or call the Endowment office.

## *Economic Barriers to Access Grants: 2004 Program Year*

### **Theme Implementation Grants**

**Bi-State Primary Care Association**  
Improving the Sustainability of NH  
Community Health Centers  
*State of NH*  
\$151,875

**Foundation for Healthy  
Communities**  
NH Health Access Network  
*State of NH*  
\$30,000

**Lutheran Community Services  
of New Hampshire**  
Smart Care  
*Concord, Franklin, Laconia,  
Rochester and Wolfeboro HSAs*  
\$41,076

### **Public Policy Initiatives**

**FrameWorks Institute**  
Health Care Communications  
*State of NH*  
\$10,000

**Franklin Pierce Law Center Institute  
of Health, Law & Ethics**  
Bridging NH's Public Policy Gap  
*State of NH*  
\$40,000

**Georgetown University**  
Medicaid Waiver Analysis Issue Brief  
*State of NH*  
\$50,000

**HNHfoundation**  
Health Insurance Coverage for Children  
*State of NH*  
\$5,000

**New Hampshire Citizens Alliance**  
Citizens for Health Access  
*Concord, Conway, Exeter and  
Manchester HSAs*  
\$75,000

**The Pillars Project**  
Citizens Round Table  
*State of NH*  
\$75,000

### **Planning Grant**

**White Mountain Community  
Health Center**  
Carroll County Planning Project  
*Conway and Wolfeboro HSAs*  
\$33,887

### **Emergency Grants**

**Ammonoosuc Community  
Health Services, Inc**  
Emergency Funds  
*Littleton HSA*  
\$100,000

**Ammonoosuc Community  
Health Services, Inc**  
Emergency Funds II  
*Littleton HSA*  
\$20,000

## *Featured Grant*

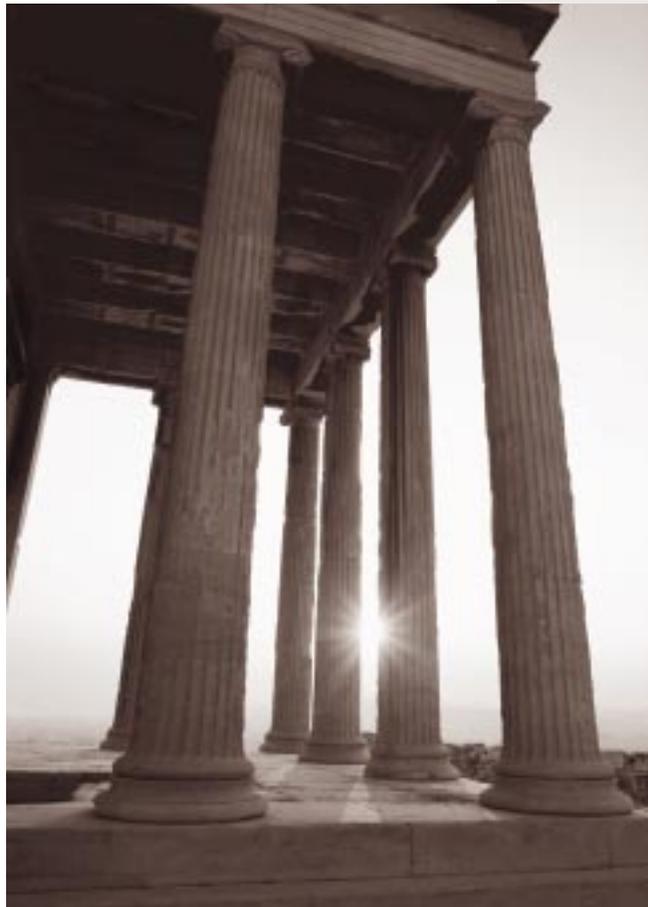
### **Citizens Roundtable**

## **The Pillars Project**

### **Type of Grant: Public Policy**

In 2004, the Endowment convened a Citizens Roundtable to assess the growing challenges to New Hampshire's health care system. The Citizens Roundtable included a broad spectrum of people from both inside and outside the health care system who were concerned about the issues and committed to finding solutions. Their task was to assess the growing challenges to the health system in New Hampshire and make recommendations for positive change. "The Pillars Project," (see page 14) is the name adopted by the Citizen's Roundtable for this initiative.

The report of this coalition, "Stepping up to the Future," will be published in early Spring of 2005. It will serve as an action plan that New Hampshire's policy-makers, employers, health care providers, and individual citizens can use to address the issues of rising health care costs, access, and quality.



# Other grants to improve health

While our themes enable us to realize the foundation's "best practice" imperatives of focus, our work to improve health and health care for New Hampshire residents embraces much more than what can be captured by our themes. We believe it is important for us to be able to respond to the "real life," day-to-day, and unpredictable opportunities (and emergencies) that impact the health of New Hampshire residents, and the health-related organizations they depend upon.

An unpredictable opportunity may be to leverage funds—such as our grant this year to New Hampshire Public Radio that matches funds from a national funder. An emergency may be to respond quickly to assure critical services—like the need to replace the failing food freezer at a food bank in southern Carroll County.

Grants in this "other" category also include projects that address several of our themes simultaneously as well as other important health and health care issues—such as our funding for the development of community models connecting prevention and treatment, which resulted in more effective delivery systems to address chronic disease. Our grants in this "non-theme" area have also brought New Hampshire residents and health care leaders together to learn about and discuss important and emerging health and health care issues, and plan improvements.

By helping us identify and learn more about the emerging health issues and needs throughout our state, some of these "other" grants also provide a valuable compass to help guide our future work.

## Other grants to improve health: 2004 Program Year

### Applied Research Grants

#### **Foundation for Healthy Communities**

Community Prevention & Treatment Initiative (CPTI) Phase II  
*Berlin, Claremont, Manchester and Portsmouth HSAs*  
\$122,614

#### **New Hampshire Healthy Schools Coalition**

Helping NH's Children Become Their Physical Best: Phase II  
*State of NH*  
\$34,100

#### **University of New Hampshire**

Empowering Communities IV: Building Community Capacity to Reduce Health Disparities and Improve Health in NH  
*State of NH*  
\$71,690

### Public Policy Initiative

#### **New Hampshire Public Radio**

Project: Health II  
*State of NH*  
\$25,000

### Convening Grants

#### **Concord Regional Visiting Nurse Association**

Harnessing Community Care Trends Workshop  
*State of NH*  
\$10,717

#### **New Hampshire Children's Trust Fund**

FOCUS on Prevention  
*State of NH*  
\$3,500

### Planning Grants

#### **Center for Life Management**

Exploring the Integration of Mental/Primary Healthcare  
*Derry, Manchester and Massachusetts Border HSAs*  
\$24,826

#### **Childrens Alliance of New Hampshire**

Children's Agenda Building Process and Annual Children's Summit  
*State of NH*  
\$15,350

### Technical Assistance Initiatives

#### **New Hampshire Reproductive Health Association**

Planning for the Future: The NH Reproductive Health Association  
*State of NH*  
\$11,985

#### **Seacoast Mental Health Center**

Improving Outcomes for Adolescents  
*Portsmouth HSA*  
\$12,815

### Discretionary Grants

#### **Agape Ministries Servants, Inc.**

Refrigerator/Freezer Purchase  
*Conway and Wolfeboro HSAs*  
\$9,000

#### **ATECH Services**

Pressure Mapping Technology for the Management of Pressure Ulcers  
*State of NH*  
\$5,500

#### **Blue Cross/Blue Shield of Massachusetts Foundation**

The Health Coverage Fellowship  
*State of NH*  
\$10,000

#### **Center for Evaluative Clinical Sciences**

c/o Trustees of Dartmouth College  
New Hampshire Nursing Workforce—  
Web-based Survey  
*State of NH*  
\$8,416

#### **Fall Mountain Regional School District Healthy Youth Initiative**

Program Coordinator for the Fall Mountain Healthy Youth Initiative  
*Claremont and Keene HSAs*  
\$5,000

#### **Medication Bridge Program at Huggins Hospital Medication Bridge Program**

Medication Assistance for Those in Need  
*Concord, Conway, Exeter, Laconia, Rochester and Wolfeboro HSAs*  
\$7,609

#### **Mental Health Center of Greater Manchester**

Air Exchange Replacement  
*Derry and Manchester HSAs*  
\$10,294

#### **Nashua High School South**

Heart Safe Program  
*Nashua HSA*  
\$2,500

#### **New Hampshire Business Partners for Early Learning NH**

Early Learning NH Professional Development Conference  
*State of NH*  
\$1,600

#### **Pathways**

Peer Support  
*Concord and Franklin HSAs*  
\$5,000

#### **Riverbend Community Mental Health**

Beta Testing Mobile Technology  
*Concord and Franklin HSAs*  
\$7,727

#### **SeaCare Health Services**

Training for Asperger Syndrome and High-Functioning Autism  
*Derry, Exeter, Massachusetts Border and Portsmouth HSAs*  
\$1,236

#### **Seacoast Mental Health Center**

Applied Behavioral Analysis Certification  
*State of NH*  
\$4,900

#### **TRAIL**

Transportation Project  
*Claremont, Keene, Lebanon and Peterborough HSAs*  
\$6,000

## Featured Grant

### New Hampshire Healthy Schools Coalition

## Helping NH's Children Become Their Physical Best Project

### Type of Grant: Applied Research

In 2004, our grant to the New Hampshire Healthy Schools Coalition will enable them to comparatively measure the impact of "best practice" interventions regarding physical activity and food environment in our schools. The research focus is on the highest risk children in grades K-2 and 5-7, at twenty New Hampshire schools.

The results of this research, and its dissemination, will not only help guide public policy decisions in the future. It also is hoped that this research will leverage interest and investment from national funders.



# Financials

## From the Investment and Finance Committee:

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 and Finance Committee received \$80 million to invest 4½ 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 the past two fiscal years have completely reversed those initial setbacks. Net of fees, our return for our fiscal year ending September 30, 2004 was +13.6%. Our investment assets increased from \$76.5 million to \$82.0 million.

Our return of +13.6% last fiscal year ranks in the top quartile of balanced endowment funds across the country. Yet we have achieved strong returns while declining less in down markets.

December 31, 2004 ended the first quarter of our new fiscal year 2005, and patience continues to work in our favor. The quarter saw our assets return +9.8%, increasing the total market value to \$87.8 million.

In 4½ difficult years, we have grown the endowment while simultaneously funding the grantmaking activities of the organization.

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*

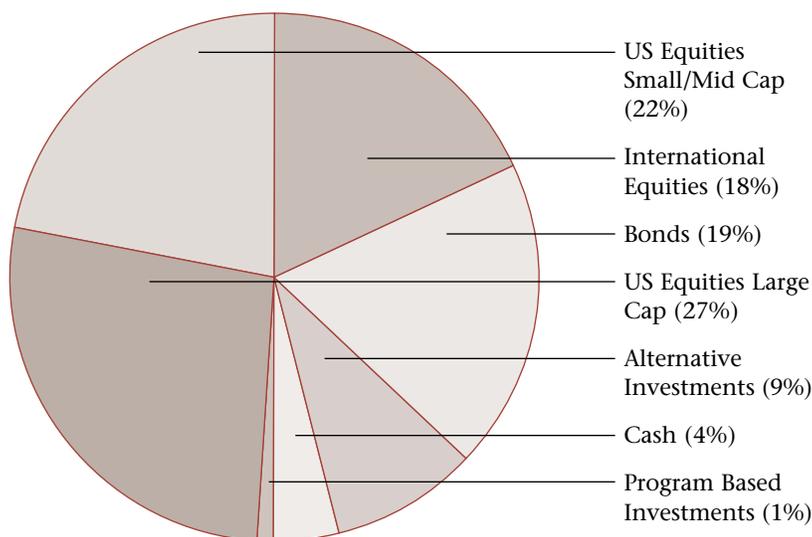
James M. Oates  
Treasurer

## Statement of Financial Position

For the Year Ended September 30, 2004 and  
For the Year Ended September 30, 2003

	2004	2003
<b>Assets</b>		
Cash and cash equivalents	589,483	560,978
Cash and cash equivalents, restricted	2,493,659	
Investments, at fair market value	80,961,788	76,527,208
Loan receivables	1,000,000	
Other receivables		56,329
Prepaid tax expenses		600,000
Prepaid expenses	3,498	12,792
Deposits	5,000	5,000
Property and equipment, net	54,671	82,441
<b>Total Assets</b>	<b>\$85,108,099</b>	<b>\$77,844,748</b>
<b>Liabilities and Net Assets</b>		
Accounts payables and accrued expenses	159,860	178,762
Grants payable	2,951,068	3,527,094
Capital lease obligation	5,104	7,930
<b>Total liabilities</b>	<b>3,116,032</b>	<b>3,713,786</b>
Unrestricted net assets	81,992,067	74,130,962
<b>Total</b>	<b>\$85,108,099</b>	<b>\$77,844,748</b>

## Asset Allocation



Diversification of Funds (as of September 30, 2004)

## Statement of Activities

For the Year Ended September 30, 2004 and For the Year Ended September 30, 2003

	2004	2003
<b>Revenue and Support</b>		
Investment Income	1,343,720	698,233
Income Tax Refund	2,487,508	
Other Income	39,519	112,320
Donations	2,000	1,000
Total Revenue	<u>\$3,872,747</u>	<u>\$811,553</u>
<b>Expenses</b>		
Program:		
Grant expense	2,736,640	2,963,395
Salary and related expense	386,642	308,703
Program consultant expense	70,338	40,839
Miscellaneous expense	11,902	11,799
Professional fee expense	10,852	2,756
Meeting expense	9,105	9,722
Training and conference expense	4,255	1,055
Total program expenses	<u>\$3,229,734</u>	<u>\$3,338,269</u>
Management and general:		
Investment expense	358,172	317,652
Professional fee expense	171,310	156,536
Salary and related expense	112,954	107,085
Office expense	52,370	39,848
Rent and parking expense	43,864	40,884
Meeting expense	32,620	18,208
Insurance expense	30,448	24,937
Depreciation expense	27,770	31,155
Employee benefit expense	25,482	30,409
Excise tax expense	17,489	3,818
Utilities and telephone expense	14,820	15,062
Repairs and maintenance expense	7,125	3,074
Payroll tax expense	6,817	6,783
Interest expense	399	563
Total management and general expenses	<u>\$901,640</u>	<u>\$796,014</u>
Total Expenses	<u>\$4,131,374</u>	<u>\$4,134,283</u>
<b>Non-Operating Activities</b>		
Realized (losses) on investments	773,199	(9,837,433)
Unrealized gains (losses) on investments	7,346,533	23,220,582
	8,119,732	13,383,149
INCREASE (DECREASE) IN UNRESTRICTED ASSETS	7,861,105	10,060,419
NET ASSETS, beginning of year	74,130,962	64,070,543
NET ASSETS, end of year	<u>81,992,067</u>	<u>74,130,962</u>

## Investment and Finance Committee

Stephen Handley  
Harvey Hill  
Harold Janeway  
James Oates, *Chair*  
John Snow, III  
Rodney Tenney

# Board, Advisory Council, and Staff

## The Board of Directors

The Board of Directors is composed 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 one gubernatorial appointment.

### Public Members

Susan Chollet, *Chair*  
Terry Conner, *Governor Appointee*  
Cynthia Dokmo, *Vice Chair*  
Sylvio Dupuis  
Harvey Hill  
Nury Marquez  
Margaret McClellan  
Jane Nisbet  
James Oates, *Treasurer*  
Bishop Gene Robinson  
Martha Van Oot, *Secretary*

### Non-public Members

Michael Coughlin  
Deanna Howard  
Ann Peters  
Donald Shumway

## The Advisory Council

The Advisory Council is composed 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

**Belknap County**  
Charlotte Dubois  
Philip McLaughlin  
**Carroll County**  
Linda Fox Phillips  
**Cheshire County**  
Elizabeth Fox  
Molly Kelly  
**Grafton County**  
Bill Walker, *Secretary*  
**Hillsborough County**  
Harry Figueroa  
Robin Gregg  
Marie Metoyer  
Michael R. Ostrowski  
**Merrimack County**  
Monica Ciolfi, *Chair*  
Rabbi Richard L. Klein  
Thomas Raffio  
Rod Tenney  
Clyde E. Terry  
**Rockingham County**  
Sue Donahue Suter  
Tom Grebouski  
Timothy Phoenix  
Jackie Weatherspoon  
**Strafford County**  
Alan Reed Erickson

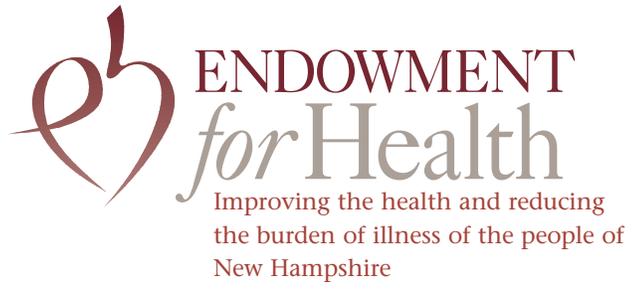
### Non-public Members

**Belknap County**  
Thomas Clairmont  
**Carroll County**  
Mary Bidgood-Wilson  
**Coös County**  
Adele Woods  
**Grafton County**  
Mary E. Ruppert  
**Hillsborough County**  
Gina Balkus  
**Merrimack County**  
Jennifer L. Frizzell  
David Robar  
Richard D. Silverberg  
**Sullivan County**  
Claire Bowen  
Sean Lyon

## *Our Staff*



Front Row (l-r): Peg LePage, *Administrative Assistant*; James W. Squires, MD, *President*; Kim Firth, *Program Specialist*.  
Back Row (l-r): Jeanne Ryer, *Program Specialist*; Mary Vallier-Kaplan, *Vice President of Program*; Sue Fulton, *Executive Assistant*; Lindsay Josephs, *Program Specialist*.



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