Working together to reach common goals.
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 of New Hampshire.
Working together to reach common goals.

Our 2005 Annual Report

The Endowment for Health’s 2005 Annual Report recognizes and celebrates the spirit of partnership and collaboration that is central to our vision and values.

Today, for any business or nonprofit organization—including a foundation—the path to the future is full of complexities and challenges that were unknown only a few short decades ago. The path is no longer clear or smooth, nor is it linear.

Inclusiveness is a value and an essential strategy to be successful in an ever-changing environment. In order to move social issues forward, it is essential to bring together a wide variety of people, information, and ideas.

Today, the most effective organizations are coalition-builders. This includes having a genuine interest in what others are thinking. In a society that is at the same time increasingly open and increasingly fearful, we cannot be isolated. To move forward, an organization must continually demonstrate concern that transcends self-interest, have vision that overcomes the fear of change, and demonstrate the willingness to take well-informed risks.

An organization must take responsibility for creating and managing the path to the future, while always inviting and including others on the journey. This includes integrating new beliefs about how work gets done and being open to opportunities to learn from others.

Each of us who is involved in organizations that seek social change must continually risk articulating the way to go, and be committed to the ongoing pursuit of discovering how to get there...together.
From the Chair

Susan R. Chollet
Chair

Collaboration, partnerships, and networking! No doubt, some might be tired of hearing us repeat our mantra. Nevertheless, there is a history and rationale behind our insistence.

Recognizing the “systems change” imperative

In 2001, the founding Board of the Endowment for Health understood clearly the importance of systems change in our work. Early on, we realized the ineffectiveness of spending our resources on the systems of health care delivery and financing that were considered by many to be fragmented to the point of becoming dysfunctional. To do so would, in all likelihood, frustrate our mission of improving the health and reducing the burden of illness of the people of New Hampshire.

Furthermore, we recognized the need to become a true learning organization. This required having to go outside our own walls to listen and learn from our stakeholders and other foundations.

Establishing our vision and values

With our mission in mind, the Board developed the Endowment’s vision and values. We could not work alone. Recognizing that the state is populated with many smart people with good ideas, our vision was to partner with others to accomplish our mission.

The Endowment’s values were designed to foster ethical, responsible and accountable stewardship. Therefore, based on the belief that we were acting as stewards of public funds, Integrity came first. Independence of thinking came next, followed by Stewardship meaning we would invest and spend our revenues wisely, always feeling a sense of accountability to the public.

Asserting visionary, yet adaptable Leadership would define our work including the development of new leaders throughout our state. Understanding that we could not accomplish our mission alone, Partnerships and Networking were going to be essential to our success.

By working with others...we gain a broad understanding which leads to collective action
Creating our strategies

If nothing else, we are consistent. Four years later, at our annual strategic planning retreat, the Board and Advisory Council realized that we needed to further formalize our work so that all were clear on how we operate. Thus, four key organizational strategies were adopted.

The strategies are: **enhance knowledge, advance leadership, foster networking and collaboration, and strategically fund critical services.** All four strategies are rooted in our values, and built upon our early decisions to improve systems and become a learning organization.

Working with others for collective action

Networking and collaboration are basic to our four organizational strategies. Because we believe that the best work is done when individuals, government agencies and community and regional groups work together, we encourage our grantees to network, partner and collaborate when applying to the Endowment for a grant, when it is appropriate.

By working with others, we gain a broad understanding and a collective wisdom leading to collective action. Working alone to improve the health care system in New Hampshire would be like turning around the HMS Queen Elizabeth with a paddle.

In a system that already suffers inefficiencies from duplication and fragmentation, collaboration between all stakeholders not only makes sense; it is critical to making progress.

All of us are stakeholders

By “stakeholders” I don’t mean just the usual players involved in improving health. I mean all of us. We are all a part of the health care system in this country. Therefore, we must be interdependent when it comes to forging solutions.

While we will continue to look to health and health care providers, researchers, public health officials and others to work on system improvements, we also have to look outside the health care system. Employers from all sectors of our economy, schools, parents, prisons, towns—all parts of our society—have to begin working together to solve our biggest health problems. The Endowment for Health, in its role of convener, seeks to bring a comprehensive range of diverse partners together to share knowledge, expand understanding, and discover solutions **together.**

Focusing on the goal

Our experience demonstrates that when the common goal is compelling, competing parties are likely to set aside their seemingly conflicting agendas to discover a solution for the common good.

Two exciting examples of successful collaboration are the work of the Coalition for New Hampshire Oral Health Action that produced the first *New Hampshire Oral Health Plan: A Framework for Action,* and The Citizens Roundtable that produced *The Pillars Project: A Report to NH from The Citizens Roundtable on Health Costs & Coverage.* You will learn more about these collaborations in this report (see pages 8 and 17).

The process in each of these initiatives was nothing short of magical. Once the problems were stated in clear terms, everyone understood that change was imperative and set personal agendas aside for the common good.

Appreciating you…

We are most grateful to you, our partners, for all of the time and effort required of you to help the Endowment with its work. The strength of our partnerships with you will be even more important to the future of health and the health care system in New Hampshire as our work goes forward.

Sincerely,

Susan R. Chollet
Chair
The mission and values of the Endowment for Health, clearly stated in the message from the Chair, remain as much in place today as in 2001. But since that time, as our knowledge has expanded, we have come to understand the need to consider not only what we do (grantmaking) but, what we wish to be.

Grantmaking is not enough

Orosz¹ has addressed this question by dividing foundations and grantmaking into four categories: (1) Grants that are philanthropic and address “root causes” as distinct from immediate needs. (2) Grants that support innovation as opposed to ongoing support. (3) Grants that leverage other sources of funding. (4) Grants that support new ideas instead of supporting tried and tested approaches.

Today, these categories are blurred because of the magnitude and the rapidity of change that is taking place in our society, our nation, and the world. Why is this so?


Collaboration is crucial

“Societal ills generally increase at an exponentially greater rate than does return on capital.”2 If this is true, and I believe it to be the case, then no matter how careful we are about our investments, no matter how rapidly we can grow the investment portfolio, with each passing year the Endowment for Health, as a single foundation, will be less successful in achieving its mission than it was in 2000.

This gloomy and foreboding conclusion can be avoided if we acknowledge what is happening to the environment that surrounds us and adopt an approach already underway in some of America’s great companies.

Thomas Friedman in his current best-selling book entitled The World is Flat3 writes: “The best companies are the best collaborators. In the flat world, more and more business will be done through collaborations within and between companies for a very simple reason. The next layers of “value creation”—whether in technology, marketing, biomedicine, or manufacturing—are becoming so complex that no single firm or department is going to be able to master them alone.” This premise applies to the Endowment for Health.

Our convening role

The problems we are trying to address—whether in economic, social/cultural, or geographic barriers to access, oral health, or mental health—are so complex that no foundation, agency, government entity, charitable service organization or volunteer group is able to master them alone.

Our role in the coming years will be to become a leader in New Hampshire that brings people and organizations together, and asks them to sit down at a table in a rational atmosphere that emphasizes the “common” good as opposed to the “institutional” or “personal” good.

The need for new thinking

The old ways of thinking about health care delivery and financing simply will not solve today’s problems. Transportation is a case in point. Regardless of the quality of care that is being offered, if a patient cannot travel to receive it then for that patient, the services may as well not exist. Also, as New Hampshire becomes more diverse, without an understanding of the culture and languages that new residents bring to our state, we may fail in the best-intentioned efforts to provide services.

This is just a sample of the many reasons why the board and staff of the Endowment for Health are pushing hard to bring about collaboration and cooperation among our grantees. We intend to accomplish this by disseminating information, joining as partners with other foundations, and insisting that “health” is not defined by the absence of disease but by a complete state of physical, mental, and social well-being.

Communicate…and keep moving

As we go forward, it is our intention to support the development of new leaders in our state who recognize the destructive power of the fragmented and uncommunicative systems of health care and financing whose costs are increasing faster than our state’s economy.

Will Rogers is said to have observed, “Even if you are on the right track, if you don’t keep moving you’ll get run over.”

The Endowment for Health invites and encourages all organizations and residents to move down the track of collaboration and cooperation in the belief that hesitation and obstruction will not only damage our society but perhaps more importantly, diminish our desire to reach out to one another.

Sincerely,
James W. Squires, MD
President
The work of the Endowment for Health—our program—is our ever-evolving collection of initiatives, projects, and activities to fulfill our mission, and to achieve the goals and implement the strategies of our current themes. We strategically use our financial resources to underwrite this program, primarily through our grantmaking. In 2005 this totaled $3,362,573.

To effectively participate as a foundation in health improvement, we have developed a highly skilled team of seven program staff, worked with a variety of talented consultants, built a committed and knowledgeable Board and Advisory Council to provide leadership, and worked closely with other foundations. Nevertheless, given the current health and health care challenges facing our state and nation, we recognize and embrace the critical need to build new coalitions and partner with a much larger community.
...as a Foundation
Our core organizational strategy—to foster networking and collaboration—is evident throughout our organization. Each day we interface with New Hampshire residents, communities, nonprofit organizations, providers of health care, leaders in health and health care systems, as well as other foundations in New Hampshire, New England, and the nation.

Our partnerships with other New Hampshire funders—private, community, corporate, and family foundations; United Ways; state and federal governments—has enabled us to participate in several funding collaborations, as well as provide networking opportunities and other kinds of support for our grantees.

Our work with regional and national health foundations and professional associations—such as the Robert Wood Johnson Foundation and Grantmakers in Health—has also enabled the Endowment to leverage additional funds to support the work of New Hampshire’s health-related nonprofit community, as well as help us develop a regional and national philanthropic strategy.

...as a grantmaker
We strategically make grants that enable a wide array of stakeholders to work together to address a range of critical issues. Our staff serves as facilitators to convene these key stakeholders, and brings to the table the best expertise and creative thinking available today.

Our grantmaking process itself has a built-in expectation for grantees. Whenever appropriate, we expect our grantees to work together to identify and build on the work of others in their own community, in New Hampshire, and even with those in other states who are doing related work or creating best practices. The Endowment staff often facilitates networking between grantees and others so that they can learn and address issues collaboratively.

...as a member of the community
Our most important partners are New Hampshire’s communities and residents. As a private foundation, we are accountable to you. The partnership among our Advisory Council—with representation from each New Hampshire county; our Board—of which over half are “public” members; and our staff is critical to set our direction and to evaluate our effectiveness. But this is just part of fulfilling our partnership goals.

We believe that it is you, the “public,” who can best provide us with insight about your health-related needs, as well as give us feedback about how effective we are in addressing them. It is critical to hear your voice at our annual community Listening Sessions, which are held in communities throughout New Hampshire each spring.

Our presence at important public meetings regarding health issues also provides vital input. Our annual review of the reports from every New Hampshire community regarding the assessment of community needs—and how New Hampshire nonprofits are responding—is also an important part of determining our strategic plan.

Our annual focus groups and our performance evaluation every three years are valuable opportunities for you to provide us feedback about our work. We also welcome you to attend our Annual Meeting in March, which is a wonderful opportunity to join with others to learn together and help set the strategy for your health foundation.

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, publications, and projects in each theme area can be found at www.endowmentforhealth.org, or by calling the Endowment office.
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 in the United States
- An oral health 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

Coalitions...shape systems change where it matters most.

Continually building on existing partnerships and helping to create new ones has been fundamental in our work to improve the oral health of New Hampshire residents. While funding support has played an important role in improving the systems of care throughout the state, this reflects only a part of our efforts. It has been our work to facilitate and create new leadership and collaborations—at a grassroots level—that promises ongoing and sustainable change for the future.

We have learned that sustainable change is dependent upon a committed core of partners—organizations, community leaders, and funders—who are willing to step back from personal agendas and see the common goal, and then respond cooperatively to reach it. The coalitions that we have worked with have shown themselves to be very effective voices for shaping and implementing systems change where it matters most: the local level.

Information...and statewide planning

As important as community-based coalitions are in creating sustainable change, there has also been a critical need for statewide information and planning to inform responsible action.

In 2002, the Endowment for Health and the New Hampshire Department for Health and Human Services joined together to convene a diverse group of stakeholders to create a plan for improving the oral health status of all New Hampshire residents. It wasn’t an easy process—there was disagreement and differences in priority setting, philosophy, and practice. Sometimes ruffled feathers and egos required smoothing but these tensions enriched the discussion and helped individual Coalition members set aside their own agendas in order to create a new vision and forge needed alliances. The result was the publication of the New Hampshire Oral Health Plan: A Framework for Action.
This document is a master plan that will guide the work of providers, policymakers, and community-based health planners in the years ahead. It is designed to be used by state agencies as well as local coalitions to enhance access to preventative and restorative care, maximize workforce availability, and build greater cost efficiencies into our delivery systems.

Continued on page 10.
Taking the next steps

The public/private coalition that created the Oral Health Plan laid the groundwork for ongoing collaborations. In 2004 the Coalition identified children’s oral health as its first priority. Our funding of the public awareness campaign—called *Watch Your Mouth!*—is aimed at raising general awareness about the connection between oral health and general health, particularly for children. This campaign provides clear and attainable solutions for preventing childhood tooth decay, including improved access to preventative measures as well as improved access to sealant technology, fluoride supplements, and the facilitation of healthier food choices.

In 2007, as the Endowment completes its work in the Oral Health theme, we hope our legacy will not simply be the funds that we granted but the collaborations that we helped foster. Improved cooperation and collaboration among all the stakeholders, including dentists, other dental professionals and physicians, advocacy and professional associations, policymakers, and insurers, will assure future progress, improved outcomes, and lasting leadership.

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**Oral Health Grants: 2005 Program Year**

### Theme Implementation Grants

- **Avis Goodwin Community Health Center**
  - Dental Care of Strafford County
  - *Dover and Rochester HSAs*
  - $186,785

- **Capital Region Family Health Center**
  - Medical-Dental Collaborative Care for Children and Pregnant Women
  - *Concord HSA*
  - $25,000

- **Coalition for NH Oral Health Action/NH Public Health Association**
  - *Watch Your Mouth!*
  - *State of NH*
  - $306,100

- **Families First of the Greater Seacoast**
  - Seacoast Dental Coalition
  - Dental Center
  - *Dover, Exeter, Portsmouth, and Rochester HSAs*
  - $100,000

- **Greater Derry Community Health Services, Inc.**
  - CHS-Dental Access Program
  - *Derry HSA*
  - $119,504

- **NH Department of Health & Human Services**
  - NH Statewide Sealant Project
  - *State of NH*
  - $130,800

- **Sullivan County Oral Health Collaborative/West Central Behavioral Health**
  - Sullivan County Oral Health Collaborative
  - *Claremont and Lebanon HSAs*
  - $145,000

- **White Mountain Community Health Center**
  - Mount Washington Valley Dental Project
  - *Conway HSA*
  - $40,000

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### Applied Research and Data Grant

- **NH Health Care Association**
  - Improving the Integration of Oral Health Care into General Health Care in NH’s Long-term Care Facilities
  - *State of NH*
  - $61,800

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### Convening Grant

- **NH Dental Society**
  - Forum for Public Health Dentistry
  - *State of NH*
  - $6,100

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### Planning Grants

- **Community Health Institute/JSI Research & Training**
  - Oral Health Providers Motivate Patients to Quit Smoking
  - *State of NH*
  - $18,029

- **Sullivan County Oral Health Collaborative Planning**
  - *Claremont and Lebanon HSAs*
  - $23,248

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### Discretionary Grant

- **Good Beginnings of Sullivan County**
  - Sullivan County Oral Health Collaborative
  - *Claremont HSA*
  - $5,742
Overcoming barriers by working together

The Endowment for Health envisions a statewide community where social and cultural barriers—language, culture, and stigma—do not impede the delivery of high quality health care services or equal access for all residents. An increasing body of knowledge about social and cultural barriers to accessing health care is emerging. This body of knowledge identifies best practices, new models to make health services more linguistically and culturally appropriate, and national research quantifying the costs of failing to do so. In collaboration with our community partners, the Endowment has worked to build New Hampshire's knowledge base about social and cultural barriers to accessing health care and to identify and promote solutions that are responsive to the diverse needs of our most underserved communities.

Delivering culturally and linguistically appropriate care

The Endowment has continued to support the creation of an infrastructure to deliver culturally and linguistically appropriate care to the deaf and hard of hearing and limited English proficient populations. Our community partners have developed systems to broker interpretation services; recruit, train and support high quality interpreters; and to increase the cultural awareness of health care and social service providers. This work has been strengthened by the shared learning and collaboration between the deaf and hard of hearing community and the communities for whom English is not a primary language. Moreover, it has been supported by research and collaboration through the Medical Interpretation Advisory Board (MIAB).

Sharing resources and advocating together

The MIAB was created by organizations committed to and working toward improving minority health and refugee resettlement. The Endowment has used its voice to encourage participation from a broader array of key stakeholders and partners within and outside of the health field. The challenges of institutionalizing culturally and linguistically appropriate services in our health care and social support systems are complex and can only be overcome by working together, sharing ideas and resources, and advocating with concerted and coordinated efforts. The Foundation for Healthy Communities is assuming a leadership role to make the health care delivery system more culturally and linguistically appropriate to enhance the quality of health services for all residents.

Defining “culture”

The Endowment for Health uses the term “culture” broadly to include race, ethnicity, national origin, primary

Continued on page 12.
language, gender, age, sexual orientation, and physical and mental ability. As Caribbean poet, playwright, author and politician, Aime Cesair describes: “Culture is everything.”

During 2005, our community partners explored new models to reduce social and cultural barriers to health and health care by tackling a number of important issues: youth suicide prevention, depression in older adults, and substance abuse. They have led the way in making systemic changes for underserved populations such as people living with HIV/AIDS, the homeless, and families living in poverty and sometimes in response to crisis and dramatic reductions in federal and/or state funding. New research will add to our knowledge base about the health needs of hard-to-reach immigrant and homeless girls; and gay, lesbian, bisexual, and transgendered youth.

Disseminating knowledge
The Endowment’s work as a convener disseminates knowledge around a number of issues—from the affects of adverse childhood experiences and domestic violence to cultural competency—to pave the way for further progress in understanding and overcoming social and cultural barriers in our state.

Social-Cultural Barriers to Access Grants: 2005 Program Year

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...to reduce social-cultural barriers, continued
### Featured Grant:

**Foundation for Healthy Communities**

**Cultural Competency and Quality Healthcare Project**

**Type of Grant:** Theme Implementation

**The need for culturally sensitive care**

In 2005, the Endowment for Health was pleased to award a Theme Implementation Grant to the Foundation for Healthy Communities (FHC) for the Cultural Competency and Quality Healthcare Project. The FHC is a partnership involving New Hampshire’s acute care hospitals, clinicians, home care agencies, health insurers, and government leaders. Utilizing these partnerships, the Project embarked on a multi-year initiative to improve access to quality health services for the state’s deaf and hard of hearing and limited English proficient communities. The Cultural Competency and Quality Healthcare Project promotes cultural awareness and the development and institutionalization of models and systems to ensure the delivery of culturally sensitive and appropriate care.

New Hampshire’s racial and ethnic populations more than doubled in the last decade, with the largest growth in Hillsborough County. Since the 1980s, more than 5,000 refugees from all over the world have made the state their home. According to the report, *Assessing Language Interpretation Capacity Among NH Health Care Providers* (available at www.accessproject.org), the number of linguistic minorities and people who are deaf and hard of hearing will continue to grow as the state ages, immigration continues, and birth rates of linguistic minorities outpace those of the general population.

While a growing body of research guides the project’s work, collaboration and shared learning among NH health care providers, interpreters, advocacy organizations, health insurers, and government is critical for moving this knowledge into action. The Medical Interpretation Advisory Board (MIAB) and the newly created Health Care Workgroup are vehicles for this collaboration.

Created in 2000, the MIAB continues to evolve, broadening its membership and focusing its efforts on the *NH Medical Interpretation Strategic Plan: A Roadmap for Linguistically Appropriate Services*. The Strategic Plan was released in December 2005 at an Endowment for Health sponsored conference entitled *Cultural Awareness in Healthcare*. Using the Strategic Plan as a guide, the MIAB is working to make medical interpretation universally available to and utilized by all individuals in need of those services.

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### Emergency Grant

**Community Health Institute/ JSI Research & Training**

NH HIV/AIDS Care Service

Delivery System Planning Grant

*State of NH*

$48,940

### Discretionary Grants

**City of Manchester Department of Health**

Manchester Health Link

*Manchester HSA*

$5,000

**Foundation for Healthy Communities**

Medical Interpretation Statewide Strategic Plan Kickoff

*State of NH*

$9,000

**Harvard Pilgrim Health Care Foundation/ University of New England**

New England Regional Minority Health Conference

*State of NH*

$6,000

**New Hampshire Minority Health Coalition**

Medical Interpretation Advisory Board Retreat

*State of NH*

$5,598

**New Hampshire Public Television/UNH**

Seeing Seniors

*State of NH*

$10,000
...to reduce geographic barriers to accessing health

Partnering to creatively build our transportation infrastructure...and utilize technology.

The very features that make New Hampshire special—lakes, mountains, rural areas, and historic urban centers—make access to health and health care difficult for a significant portion of our residents. The geographic barriers themselves can be as big as Lake Winnipesaukee or as small as a two-block walk and a steep set of stairs to a frail elder living in an old building in downtown Manchester. With its rapidly suburbanizing southern tier, depopulation in the north, and reliance on private transportation, access to health resources can be a challenge that inhibits good health and health care. Partnerships are key to our ability to make a difference in this theme area.

Knowing that we can’t change our geography, the Endowment has approached the issue of geographic barriers by focusing on both ends of the problem—seeking better ways of moving the patient or user of services to the services, and seeking better ways of getting the services to where the patient or user can access them. Partnerships are key to developing systemic change in the two issue areas that have emerged as priorities for this theme: transportation to medical and other needed services, and technology-based strategies, such as telehealth, to connect people and health care.

Partnering for better transportation options

We have been particularly involved in the models that test the value added by community-based transportation brokerages—a partnership solution that puts all of the community’s transportation resources to work by coordinating rides through a community-based broker who fields all of the requests and arranges the most efficient service that matches the client’s needs. Community-based brokerages don’t just talk collaboration—they require full-fledged partnerships between the agencies that put their vans and buses into the system to better serve their clients. We prize the work that our community partners do and the strong collaborations that they develop.

Exploring the potentials of telehealth to overcome geography challenges

The Endowment first explored the potentials of “telehealth” in 2004, when we convened a diverse group of stakeholders to explore how the...
use of available technology could help reduce the geographic barriers to health care access, particularly in the large areas of our state designated as “underserved.”

In 2005, with assistance from the Maine and Arizona telehealth programs, the planning committee completed a White Paper to guide their work. A needs assessment is underway to help us understand provider and consumer acceptance, and prioritize implementation. As part of this assessment process, we will be evaluating the current barriers to developing a statewide telehealth network, as well as barriers to establishing “site specific” telehealth programs.

Some of these barriers—reimbursement, communication infrastructure, licensing/credentialing, privacy and confidentiality, liability, and sustainability—would be extremely difficult for an individual organization to overcome alone. Collaboration allows us to coordinate efforts, share resources and learning, and to have a stronger voice for needed systemic changes.

Can we “get there from here?”

Born in a Franconia Notch blizzard, the North Country Transportation Initiative project exemplifies the true nature of partnership. The effort to coordinate and expand transportation resources in the North Country grew out of the North Country Transportation Summit in 2002, a conference that brought together more than 130 stakeholders to address the issue of transportation—or the lack thereof. The summit was funded through a partnership of the Endowment for Health and the Northern New Hampshire Foundation.

The Initiative that grew out of this summit has brought together all of the stakeholders in the North Country’s Committee for Public Transportation—now 28 members strong. Funded in 2004 with a multi-year theme implementation grant, the initiative includes representatives from the agencies involved in transportation, health care, human services, employment, economic development, and government. The group is currently exploring the creation of a transportation brokerage service.

The Initiative has also leveraged additional funding from the state and federal government, and private foundations, to establish a new type of transit route between Littleton and Lancaster. The new service, called a “deviated fixed route service,” started in January 2006. The service runs on a standard schedule and route, but can go up to 3/4 of a mile out of its way on either side of the fixed route to transport someone who cannot get to a bus stop. The new vehicle, equipped for two wheelchairs, 16 ambulatory passengers, and two bikes, will greatly expand the transportation options for residents in this area who face transportation barriers to accessing health and health care.

A new transportation service between Littleton and Lancaster helps eliminate some of the geographic barriers to health faced by elders, those living with disabilities, and others.

Featured Grant:
North Country Transportation Initiative
Type of Grant: Theme Implementation

With comparatively few resources...we partnered to establish a transportation network that would otherwise be impossible.

— Martha McLeod,
Executive Director
North Country Health Consortium

North Country Health Consortium
North Country Transportation Initiative
Type of Grant: Theme Implementation

Can we “get there from here?”

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Geographic Barriers to Access Grants: 2005 Program Year

Theme Implementation Grant
Greater Derry/Greater Salem Regional Transportation Council
Greater Derry-Salem Regional Brokerage Demonstration Project
Derry HSA
$67,220

Applied Research and Data Grant
Community Action Program - Belknap-Merrimack Counties
Transportation Study
State of NH
$12,722

Planning Grant
Northern NH AHEC/Trustees of Dartmouth College
Planning A New Hampshire Telehealth Program
State of NH
$92,975

Discretionary Grants
American Red Cross–NH West Chapter
Red Cross Transportation Program
Claremont and Keene HSAs
$7,500

Community Action Program - Belknap-Merrimack Counties
Lakes Region Public Transportation
Laconia HSA
$15,000

New England Rural Health RoundTable
Rural Data for Action
State of NH
$7,000

United Way of Sullivan County
Transportation Summit
Claremont, Keene, and Lebanon HSAs
$2,000

...to reduce economic barriers to accessing health

Collaborating to plan for systemic change in the future... and address current needs

Our Economic Access Goals
- A comprehensive and sustainable body of science- and evidence-based knowledge about economic barriers in New Hampshire, New England, and in 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 on health and access to health care in New Hampshire

Addressing the economic barriers to health and health care presents some of our greatest challenges and opportunities. Our health system depends on a payment infrastructure of employer-based insurance, public insurance, and private payment. These funding “pillars” are showing signs of crumbling, as private employers find it difficult to pay increasing premiums and public insurers (Medicare and Medicaid) pay less than the cost of care.

A collaborative, statewide, step-by-step plan is needed to address spiraling costs; a system that doesn’t adequately promote health, prevent disease, or provide the highest quality care; and to make sure that quality health care and good health are available to all of our residents.

Proactive grantmaking
Traditional responsive grantmaking offers only a few opportunities to make real impact in this area. Therefore, the Endowment has emphasized initiatives that focus upon public policy research, awareness, and advocacy. We are committed to moving toward systems-level change in the state, primarily by
addressing the issues at a policy level. We also anticipate Economic Barriers remaining a theme for the foreseeable future.

Facilitating broad discussion
Our partnership with the members of the Citizens Roundtable, and collaboration with researchers at the New Hampshire Center for Public Policy Studies, has created a new and vigorous conversation on the most challenging health care issues facing New Hampshire—a conversation that will continue over the coming decade. In 2005, research from the New Hampshire Center for Public Policy Studies continued to break new ground in our discussions of public policy on health care in New Hampshire.

Ongoing challenges
In addition to policy level work, the Endowment is deeply concerned about the challenges some of our most vulnerable residents face in accessing health care and maintaining their health. We continue to use grantmaking to encourage grantees to address the economic barriers to health,

Continued on page 18.

Featured Grant:

Data leads to information, which creates knowledge, which leads to understanding, which results in solutions.
— Paul Spiess, former State Representative, Citizens Health Initiative member

NH Citizens Health Initiative
Sustaining NH’s Health System
Type of Grant: Public Policy

Solving the health care puzzle: Putting the pieces together
When you have a big problem and the solution is not clear, what is the best way to begin? Most of us would start by getting the best information we could find and then gather family and friends together around the table to sort through the facts, determine the best way to proceed, and build support to take action. In New Hampshire, that kind of process is often the way we approach our civic challenges as well.

The NH Citizens Health Initiative is the result of four years of extraordinary partnerships with providers, policymakers, national experts, business and community leaders, researchers, and concerned residents.

In 2004, the Citizens Roundtable on Health Costs and Coverage brought stakeholders from all sectors and parts of the state together to review current research, meet with experts, and develop a plan to avert a crisis in our health care system. In 2005, this collaborative group released its report: Stepping Up to the Future; A Healthier Health Care System for New Hampshire. This report began a public discussion that continues to grow and deepen: how are we going to improve and maintain the health of New Hampshire and how will we assure that we all have access to a quality and cost-effective health system when we need it?

The Endowment has engaged additional partners in funding the next phase of this important work, the New Hampshire Citizens Health Initiative, which has emerged from the Citizens Roundtable effort. The task underway: to develop a viable blueprint for our health system, create a shared vision of the outcomes we are seeking, and promote a greater understanding of the impact of change on our residents, their health, and the health system as a whole.

The NH Citizens Health Initiative builds on the partnerships forged at the Citizens Roundtable, where together we created a shared vision of the outcomes we are seeking, and a greater understanding of the impact of change on our residents, their health, and the health system as a whole.
especially those initiatives that model promising new approaches that contribute to systemic change and support our health care system.

A significant illustration of our work in this area has been our five-year partnership with Bi-State Primary Care Association and its members. This association has helped the state’s Community Health Centers (CHC) achieve financial sustainability. The increasing visibility of the CHCs—and the greater public understanding of their essential role in our communities’ health systems—is a testament to the work done by Bi-State and its members.

The fruits of partnership

Every project funded through the Economic Barriers theme has developed new partnerships and enhanced existing collaborations. Projects have developed collaborations between nonprofit organizations trying to develop new solutions, partnerships between business and community stakeholders trying to assure the financial sustainability of our community health centers, collaborations between researchers that improve the quality of data and information we need to make good choices for our system, and partnerships between family and community members trying to assure access to the care that will allow someone to remain in their own home.

Also, the close working relationship we have with our grantees allows us to share information, ensure that the data needed to make good decisions gets where it’s needed, and place our financial resources where they can do the most good—in the hands of our community partners.

### Economic Barriers to Access Grants: 2005 Program Year

#### Theme Implementation Grants

**Bi-State Primary Care Association**
To Improve the NH Community Health Centers’ Financial Sustainability

*State of NH*

$130,617

**New Hampshire Community Loan Fund**
Understanding the Market

*State of NH*

$44,948

#### Applied Research and Data Grant

**SBDC Office of Economic Initiatives/UNH**
NH Basic Needs and a Livable Wage

*State of NH*

$30,000

#### Public Policy Grants

**NH Citizens Health Initiative/Endowment for Health**
Sustaining NH’s Health System

*State of NH*

$75,000

**New Hampshire Center for Public Policy Studies**
Supporting Workforce Health Insurance in New Hampshire

*State of NH*

$126,775

### Planning Grants

**Area Agency of Greater Nashua, Inc.**
Southern NH Time Exchange

*Nashua HSA*

$10,000

**Healthy Manchester Leadership Council/Manchester Department of Health**
Manchester Sustainability Access Project

*Manchester HSA*

$20,000

**New Hampshire AFL-CIO EAP Services**
NH AFL-CIO EAP Services, Inc.

*State of NH*

$19,876

**The Center for the Evaluative Clinical Sciences/Trustees of Dartmouth College**
Using Clinical Process Cost Analysis to Eliminate Waste in Health Care

*State of NH*

$24,651

### Discretionary Grants

**New Hampshire Community Loan Fund**
QCP & State Planning Meetings

*State of NH*

$2,138
Other grants to improve health

Responding to “real time” needs and opportunities

While the Endowment for Health focuses its work on funding its designated themes, we are also actively engaged with the full spectrum of health and health care issues in New Hampshire. The level of engagement is often relative to our leadership role in working with others to better understand and improve health, and the health care system, on an ongoing basis. Moreover, the Endowment responds to the “real time” opportunities and emergencies that impact the health of New Hampshire residents and the health-related organizations that they depend upon.

In 2005, the Endowment piloted the use of Core Operating Support Grants. This type of grant provides us with a better way to invest in the long-term sustainability of key New Hampshire advocacy, knowledge development, and capacity building organizations.

In all of our day-to-day engagements for these types of grants, the Endowment partners with others through leadership and funding. In 2005, for example, we were able to address the important issue of childhood obesity by being a funding partner for research and evaluation with the HNHfoundation. The HNHfoundation funded the school-based programs and the Endowment funded the research component for this statewide intervention program. Some of the other grants made outside our theme areas created new funding partnerships with existing coalitions to address critical work involving homelessness, and the needs of the elderly.

In addition, through partnerships with other foundations and nonprofit health consultants, the Endowment continued to support capacity-building in the nonprofit sector. We also partnered with two professional organizations to fund learning opportunities—one in New Hampshire, and one national. These non-theme related projects foster new partnerships and new learning that may lead to future opportunities for the Endowment and for New Hampshire’s health system in general. They are critical to improving the quality and sustainability of New Hampshire’s health-related nonprofits by enabling them to survive an unforeseen financial crisis, as well as identifying new and emerging health-related opportunities and needs in our state.

2005 Program Grants on page 20.
Other grants to improve health: 2005 Program Year

Theme Implementation Grant
NH Public Radio
Project: Health II
State of NH
$25,000

Applied Research and Data Grants
Foundation for Healthy Communities
Community Prevention & Treatment Initiative (CPTI) Phase 3
Berlin, Claremont, and Manchester HSAs
$63,870

NH Healthy Schools Coalition/UNH Department of Health Management and Policy
NH Child Health Assessment Project
State of NH
$71,150

Convening Grants
Grantmakers in Health
The Art and Science of Grantmaking
United States
$5,000

NH Public Health Association
Policy Matters—a Non-Partisan Look at Public Health
State of NH
$6,368

Planning Grants
Community Health Institute/JSI Research & Training
Community Benefit Planning and Assistance
State of NH
$65,229

NH Center for Non-profits
SCENE
State of NH
$25,000

NH Coalition to End Homelessness
Statewide Analysis for Affordable Housing
State of NH
$15,000

Technical Assistance Grants
Familystrength
Technology Improvement Project
State of NH
$20,000

Grafton County Senior Citizens Council, Inc.
Electronic Connectivity Project
Franklin, Haverhill, Lebanon, Littleton, and Plymouth HSAs
$16,000

Northeast Deaf and Hard of Hearing Services
Technical Assistance Training
State of NH
$4,810

Emergency Grant
National Alliance on Mental Illness—NH
Emergency Funding
State of NH
$19,545

Discretionary Grants
Area Agency of Greater Nashua, Inc.
Adult Day Service Program
Nashua HSA
$1,800

BC/BS of Massachusetts Foundation
The Health Coverage Fellowship
State of NH
$12,000

Boys and Girls Club of Greater Nashua
Emergency First Aid Readiness
Nashua HSA
$1,528

Chronic Conditions Information Network of VT & NH
Flu Prevention
State of NH
$8,553

Community Diversion Program
Nonprofit Management Professional Development
Portsmouth HSA
$495

Falls Risk Reduction Task Force/Safety Health Council of NH
Evidence-Based Falls Risk Reduction in the Elderly
State of NH
$4,500

Grantmakers in Health
Health and Fiscal Policy: What Every Funder Should Know
United States
$5,000

Hillsborough County–South Child Advocacy Center/Bridges:
Domestic & Sexual Violence Support Services
Raising More Money™ Training
Manchester, Nashua, and Peterborough HSAs
$8,500

Pilot Core Operating Support Grants
Children’s Alliance of NH
State of NH
$25,000

Institute for Health, Law & Ethics at the Franklin Pierce Law Center
State of NH
$25,000

NH Center for Non-Profits
State of NH
$25,000

NH Center for Public Policy Studies
State of NH
$25,000
Public Health: A Nonpartisan Overview for Policymakers

Type of Grant: Convening

“Public Health 101” for Policymakers

Public health is a critical area of public policy in New Hampshire. But unlike other states, we lack a statewide public health system. Most policymakers in New Hampshire do not have a deep knowledge of public health: the importance of prevention; the nature of population-based health; and the important roles that poverty, education, geography, etc. play in the overall access to health care—and good health—in a New Hampshire community.

Such knowledge is critical to understanding the attributes of good public health policy in our state and in our local communities. Therefore, the Endowment recognized and responded to an important partnership and learning opportunity when the NH Public Health Association (NHPHA), a membership organization, approached us to join with them to fund a pilot nonpartisan “Public Health 101” conference for policymakers.

In the fall of 2005, seventy-five policymakers and members of the New Hampshire public health community came together to learn and engage with one another about public health and public health policy. State representatives, senators, legislative assistants, representatives from the Governor’s Office, public health advocates, practitioners, educators, and funders were in attendance.

Measured results from this event included increased knowledge, especially for policymakers, on public health principles and New Hampshire’s current public health policy. New interest by policymakers in the NH Public Health Association—and the significant role they can provide in creating New Hampshire’s public health policy—was also generated. Another outcome was new and heightened interest in the capacity of our state university to produce new public health professionals.

There was a high degree of “first time” networking among policymakers and public health care professionals at this important convening event. Everyone, including legislative leadership, wanted a conference like this to be conducted annually, so everyone could continue networking and learning together.

Featured Grant:

We seldom recognize the need to educate and keep policymakers informed about public health. The simple act of convening and sharing information benefits everyone.

—— Katherine Duffy Mandeville, RN, MS
NH Public Health Association

Katherine Duffy Mandeville, of the NH Public Health Association, at the Endowment’s grantee “kick-off” event in the fall of 2005.
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 greater support in the future.

The Investment Committee received $80 million to invest five 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 three fiscal years have completely reversed those initial setbacks. Net of fees, our returns for the last three fiscal years ending September 30, 2005 averaged +17.9% per year.

Our most recent fiscal year’s return of +18.6% ranked in the top 5% of balanced endowment funds across the country. Simultaneously, our Endowment Fund has declined considerably less than most in down-market environments.

While continuously and generously funding health care initiatives throughout the state, our Endowment Fund has rebounded to $90 million. This growth allows even more monies to be granted to help our fellow residents.

Our thanks go to the hard working Investment Committee and the staff at the Endowment for Health. We look forward to the upcoming year, as always, with a cautious yet hopeful view.

Submitted by,

Harvey Hill
Treasurer
## Statement of Activities

For the Year Ended September 30, 2005 and For the Year Ended September 30, 2004

### Revenue and Support

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment Income</td>
<td>1,421,262</td>
<td>1,343,720</td>
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<tr>
<td>Income Tax Refund</td>
<td>2,487,508</td>
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<tr>
<td>Other Income</td>
<td>39,519</td>
<td>39,519</td>
</tr>
<tr>
<td>Donations</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>1,421,262</strong></td>
<td><strong>3,872,747</strong></td>
</tr>
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</table>

### Expenses

**Program:**

<table>
<thead>
<tr>
<th>Expense</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefit expense</td>
<td>470,211</td>
<td>386,642</td>
</tr>
<tr>
<td>Administrative/program support expense</td>
<td>12,103</td>
<td>13,509</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>87,742</td>
<td>81,190</td>
</tr>
<tr>
<td>Grant award expense</td>
<td>3,324,381</td>
<td>2,736,640</td>
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<tr>
<td>Office expense</td>
<td>15,721</td>
<td>11,753</td>
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<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>3,910,158</strong></td>
<td><strong>3,229,734</strong></td>
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</tbody>
</table>

**Management and general:**

<table>
<thead>
<tr>
<th>Expense</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefit expense</td>
<td>163,362</td>
<td>145,253</td>
</tr>
<tr>
<td>Administrative/program support expense</td>
<td>48,393</td>
<td>49,691</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>143,574</td>
<td>171,310</td>
</tr>
<tr>
<td>Investment expense</td>
<td>458,587</td>
<td>358,172</td>
</tr>
<tr>
<td>Office expense</td>
<td>88,197</td>
<td>73,201</td>
</tr>
<tr>
<td>Building and related expense</td>
<td>60,692</td>
<td>58,355</td>
</tr>
<tr>
<td>Capital and depreciation expense</td>
<td>17,911</td>
<td>27,770</td>
</tr>
<tr>
<td>Tax and interest expense</td>
<td>63,837</td>
<td>17,888</td>
</tr>
<tr>
<td><strong>Total management and general expenses</strong></td>
<td><strong>1,044,553</strong></td>
<td><strong>901,640</strong></td>
</tr>
</tbody>
</table>

**Total Expenses**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>4,954,711</strong></td>
<td><strong>4,131,374</strong></td>
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### Non-Operating Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realized gains (losses) on investments</td>
<td>5,083,365</td>
<td>773,199</td>
</tr>
<tr>
<td>Unrealized gains (losses) on investments</td>
<td>6,108,685</td>
<td>7,346,533</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,192,050</strong></td>
<td><strong>8,119,732</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (decrease) in unrestricted assets</td>
<td>7,658,601</td>
<td>7,861,105</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>81,992,067</td>
<td>74,130,962</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td><strong>89,650,668</strong></td>
<td><strong>81,992,067</strong></td>
</tr>
</tbody>
</table>
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, OD
Harvey Hill, Treasurer
Margaret McClellan
Jane Nisbet, Ph.D.
Bishop Gene Robinson,
Resigned 1/05
Martha Van Oot, Secretary
William Walker

Non-public Members
Sanders Burstein, MD
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 definition 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
Carroll County
Linda Fox Phillips
Cheshire County
Elizabeth Fox
Molly Kelly
Grafton County
Bill Walker
Hillsborough County
Harry Figueroa
Robin Gregg
Michael R. Ostrowski
Merrimack County
Monica Ciolfi, Chair
Rabbi Richard L. Klein
Thomas Raffio
Rod Tenney
Rockingham County
Sue Donahue Suter
Tom Grebouski, Ph.D.
Timothy Phoenix
Jackie Weatherspoon
Strafford County
Alan Reed Erickson

Non-public Members
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Thomas Clairmont
Carroll County
Mary Bidgood-Wilson
Coös County
Adele Woods
Grafton County
Mary E. Ruppert, Resigned 5/05
Hillsborough County
Gina Balkus
Merrimack County
Jennifer L. Frizzell
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Rockingham County
Donna Tighe
Strafford County
Greg Walker
Sullivan County
Claire Bowen
Sean Lyon, Secretary

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Sue Fulton, Director of Administrative Services
Lindsay Josephs, Program Specialist
Peg LePage, Administrative Assistant
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