A leader navigates the path to the future, including other leaders on the journey...
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.
In 2004 the Endowment for Health articulated its four key organizational strategies, which were presented to the State of New Hampshire in our 2004 Annual Report:

- Foster networking and collaboration
- Advance leadership
- Enhance knowledge
- Strategically fund critical services

At that time we also decided to focus on one of these strategies in future annual reports. In 2005 we explained how we fulfilled our mission through fostering networking and collaboration. In this Annual Report we undertake the concept of leadership.

So many of you, whether working in the public or private sector, working nationally or locally, and regardless of where your name may appear on an organizational chart, are leaders in a very real sense of the word. Leadership is no longer the province of the special few. “Leader” is a designation that can be legitimately and proudly owned by millions.

As you review our 2006 Annual Report, we challenge you to think about who you are as a leader in your organizations and communities. We also encourage you to learn more about the work of the Endowment to advance leadership in our State, and how this work is so critical to addressing the diverse and complex issues involved in improving the health and reducing the burden of illness of the people of New Hampshire.
What is this thing called leadership? “The very essence of leadership is that you have to have a vision. It’s got to be a vision you articulate clearly and forcefully on every occasion”—Fr. Theodore Hesburgh, President Emeritus of the University of Notre Dame. Although not specifically stated, we must presume that Father Hesburgh’s vision respects all humans and is free of violence.

An achievable vision

In periods of suffering and despair, prophets illuminate a vision far in the future such as a time when “the wolf will dwell with the lamb.”¹ The issues that the Endowment for Health is attempting to address in New Hampshire are less dramatic. But no conqueror has imposed his will upon the State. The problems we confront have evolved from our collective decisions and actions.

So our vision of improving the health and reducing the burden of illness for all those who live in New Hampshire is eminently achievable. Further, these goals are singularly important for those who are underserved or vulnerable and who find the systems of health care financing and delivery incomprehensible and, for many, because of costs, out of reach.

The importance of informed dialogue

The resources of the Endowment for Health are frequently directed toward improving the systems that deliver and finance health care; we do not, except in extreme emergencies, fund the status quo. Leadership, as we envision it, must be combined with thoughtful reflection, an understanding about what can and cannot be accomplished, and a willingness by all parties (providers, health insurers, government, business, and the general public) to enter into an informed dialogue as opposed to either political posturing or promoting self-interest. We believe leadership is a privilege, carrying with it a responsibility to act for the common good of our society.
Planning, collaboration, and courage

“It is essential when working with a complex, dynamic system to develop at least a provisional picture of what partial goals we want to achieve...Seizing on obvious or readily solved problems leads not to planned action but to helter-skelter responses first to one grievance, then to another.”

This statement has considerable merit and reflects our thinking. By itself, however, it is not sufficient because leadership without understanding is unlikely to produce permanent or substantive change. Further, leadership in isolation is also unlikely to succeed which is why we are intent on developing leaders throughout our State while encouraging collaboration among our funders. We are increasing our support for those who, in many communities, have labored for many years to address the needs of their fellow residents.

These efforts, summarized in this report, reflect our understanding of leadership and the environment in which we are working. We do not intend this to be a tribute to ourselves; we can do little without those who use our resources for the common good. To change the health care system requires persistence, dedication, understanding, respect for every human being, and great courage to continue when the odds of success seem insurmountable.

“Courage is not something to be gauged in a poll or located in a focus group. No adviser can spin it. No historian can back-date it. In the age old contest between popularity and principle, only those willing to lose for their convictions are deserving of posterity’s approval”—Gerald R. Ford.

The organizations that use our resources are possessed of great courage; they justly deserve posterity’s approval.

Leadership transitions

The leadership of the Endowment for Health is beginning to change as those who comprised our original Board of Directors complete their maximum years of service. Those who were “present at the beginning” are slowly and thoughtfully being replaced by equally energetic and enthusiastic people, and in that spirit we welcome Cynthia Dokmo as our new board chair and Michael Coughlin as our new vice-chair. Saying goodbye is difficult; saying hello is gratifying. In a similar vein, the composition of the Advisory Council is changing, but this group of dedicated individuals continue to serve as our “eyes and ears” into New Hampshire communities.

Appreciating our internal leaders

And what would the Endowment for Health be without our investment committee whose members have so skillfully built our assets? The resources of the Endowment for Health would be far less than they are today, the ability to affect change in New Hampshire diminished, and the ability to articulate the vision less effective.

Finally, we wish to acknowledge our wonderful staff. To Mary, Jeanne, Lindsay, Kelly, Kim, Peg, and Sue, your work is what makes possible the challenge to reduce the burden of illness for the residents of New Hampshire, particularly those who are underserved and vulnerable. Your efforts are an inspiration to all who are fortunate enough to know you.

Sincerely,

Susan R. Chollet
Chair, Board of Directors

James W. Squires, M.D.
President

FROM THE CHAIR AND PRESIDENT

1 Isaiah 11:6

It is essential to support the leadership potential in the nonprofit sector

FROM THE VICE PRESIDENT OF PROGRAM

In 2006 the Endowment for Health continued to invest in its theme initiatives, projects, and activities to further our mission to improve the health of the people of New Hampshire, especially the vulnerable and underserved. This work was accomplished through grant awards of $3.3 million and partnering in 179 active projects, of which 93 were initiated in 2006.

Evaluating the sustainability of Endowment grant projects

This year for the first time, the Endowment for Health studied the sustainability of the projects in which it has invested since its first grantmaking year (2001). We learned that in most cases, services continue to be offered at the same or greater level, even after funding decreased with the conclusion of our grant.

Early project planning, support from the host organization, and dynamic and strong leadership were key internal factors for success. Also, community support, committed partners, funding availability from other sources, and some good luck all contributed to the sustainability of the projects we supported over our first five grantmaking years.
Leadership a critical factor for sustainability

The few national studies that have been done to date support our experience that leadership is a major—and measurable—factor in successfully sustaining the work of nonprofits. A leader who is competent and passionate, who initiates a project and remains with it throughout its life cycle—including after a grant ends—appears to be one of the most important factors in long-term sustainability.

Unfortunately, as we become more aware of this critical factor, the nonprofit field is facing a critical leadership shortage. A recent survey indicated that three-quarters of the surveyed nonprofit executive directors plan to leave their jobs within the next five years—not only due to retirement, but often because of job stress—especially fundraising. Furthermore, the data raises important concerns about the talent pool available to replace them, particularly in small and mid-sized nonprofits.

As a result of these findings, all foundations are being encouraged to invest in leadership development at all levels of the nonprofit workforce. It is imperative that current leadership support the leadership potential of mid-level managers currently in the system, and implement effective strategies to retain these individuals in the nonprofit sector.

We also are encouraged to examine our grantmaking practices, such as the greater use of operating grants and multi-year support, and adequate funding to meet our expectations of grantees, especially regarding the planning and evaluation of projects.

Investing in leadership development in 2006

In response to the leadership problem, in 2006 the Endowment implemented several new strategies and projects to support the advancement of leadership.

We continue to invest in building the leadership capacity of New Hampshire’s nonprofit sector through our long-term commitment to the revitalization of the NH Center for Nonprofits. In 2006 this organization received an operating grant as well as several new project grants. We also began work with the Carsey Institute to explore how best to support emerging nonprofit leaders who work in rural communities, and we continue to invest, when needed, in management technical assistance for those working in our State’s “safety net” organizations.

The leadership strengths and gaps for emerging organizations that support New Hampshire’s growing refugee and immigrant communities are being explored by staff with other local funders. Coalition and collaborative leadership was underwritten in several theme areas and in several communities. Funding to support public policy leadership was initiated, and we continue to support the development of media leaders in the State.

Finally, our annual program workshop for health-related nonprofits provided an opportunity for free training in Adaptive Leadership by Cambridge Leadership Associates.

In the pages that follow, you’ll read about several new projects that were funded in 2006 by different types of grants. Each one demonstrates a different type of leadership in each of the Endowment themes.

Improving grantmaking practices that impact leader burnout

Changes to our grantmaking program were implemented to address some of the identified concerns. Our operating grant pilot project added three new nonprofit organizations to receive multi-year operational support. We have initiated an optional online grant application process to save time and money for applicants. We have also reduced application and reporting requirements.

In addition, we have continued our policy to provide unlimited free technical assistance to grantees from our evaluation consultant, as well as making planning grants to support the costs of developing large projects. We also have continued our policy to determine the duration of a grant by considering the needs of the project rather than an arbitrary fixed amount of time.

Leadership is critical

Advancing leadership is one of the four core strategies that the Endowment for Health believes is critical to achieve our mission as New Hampshire’s statewide health foundation. We remain committed to work with others in New Hampshire—and in other states—to understand and help implement best practices to support the exemplary and important leadership of New Hampshire’s health-related nonprofit community.

The 2006 grantmaking in oral health embodies the scope, depth, and maturity that the theme and our grantees have attained over the past five years. This year’s work builds upon and sustains the safety-net infrastructure, engages the dental community in efforts to recruit a new generation of providers, creates training opportunities for providers, and furthers the “Watch Your Mouth” oral health awareness campaign’s effort to raise the public’s understanding of the critical role oral health plays in children’s overall health. Research on the oral health status of homebound seniors offers New Hampshire a unique opportunity to scientifically document the needs of a highly vulnerable population. Planning efforts in the State’s largest cities, Manchester and Nashua, will secure an enhanced and more stable system of care.

The diversity and richness of this year’s grants is representative of the overall legacy the Endowment for Health hopes to leave behind as its work in this theme area ends.

The work that remains

An important element of our effort this year has been developing a strategy for ending our work in this theme. Foremost in preparing our exit strategy has been identifying the leadership needed to support the work that remains to be done: implement strong public policies that encourage the expansion, capacity, and quality of the public health delivery system; advance the ability and willingness of the oral health workforce to participate in the care of vulnerable populations; and promote the integration of oral health with overall health.

With renewed leadership and a membership that includes many of our past and current grantees, professional associations, providers, policymakers and advocates, the NH Oral Health Coalition is the most natural and effective vehicle to move the needed policy recommendations forward and safeguard the progress made over the past five years.
Leading the way
Under the watchful eye of the Oral Health Coalition, the “Watch Your Mouth” campaign swung into full gear this year in its regional effort to increase the visibility of children’s oral health. As the campaign’s message spread, the Coalition harnessed the momentum to build a strong public policy strategy and agenda for the long term. The Endowment For Health is confident that the Coalition’s energy, commitment, and leadership will continue to move forward the mission and plan outlined in the NH Oral Health Plan: A Framework for Action.

Also safeguarding past and future progress is the Community Health Access Network (CHAN). CHAN will serve as the convener for the Annual Oral Health Forum, which has attracted an enthusiastic following of public health professionals, dentists, and hygienists who share and learn from one another.

CHAN will also serve as a technical assistance advisor for start-up

FEATURED GRANT:
Avis Goodwin Community Health Center

ORAL HEALTH STATUS OF HOMEBOUND SENIORS

Type of Grant: Applied Research

While much of the Endowment for Health’s attention and focus has gone toward developing systems that prevent the incidence of tooth decay and periodontal disease in children and adults, the oral health needs of special populations has always been a priority. Among the most vulnerable are the elderly—especially those who are home bound or residing in long term care facilities. Given the fact that more Americans are living longer and keeping their own teeth as they reach old age, it is imperative that caretakers and health care providers understand the role oral hygiene and accessible restorative care plays in the overall health and comfort of the elderly.

Janet Atkins, Executive Director of Avis Goodwin Health Center, recognized that the health center’s dental center was not reaching the elderly in their catchment area and wanted to do something about it. Following in the footsteps of B.J. Brown, R.D.H., and Gilda Pronych, D.D.S., two independent New Hampshire providers who have taken a leadership role in geriatric dentistry and the retraining of nursing home personnel, Avis Goodwin Health Center now is partnering with two county-wide visiting nurse associations to conduct an evidenced-based study of the oral health needs of homebound seniors.

The findings will be shared with other community partners and used to develop a plan that addresses the identified needs. Building on the historical leadership found at Avis Goodwin, Janet will use this project to help others initiate a more inclusive system of care to improve the oral health of the elderly and other special needs populations in their care.

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Dr. Gilda Pronych (left) discusses the importance of good oral health to overall health with Barbara Ripley at the Webster Nursing Home in Rye, New Hampshire.
and growing community-based dental centers while continuing to provide back-office, electronic-medical record, and quality-assurance support. We appreciate CHAN’s leadership role over the course of the theme and their willingness to continue to assist with the inevitable challenges that lie ahead.

Ongoing involvement
As the program director for the oral health theme, I am proud and excited to be part of the work to improve the oral health of New Hampshire residents. Each and every project has served as a lesson learned, and by sharing those lessons, the early stakeholders and those that followed created greater access, capacity, and effective leadership.

While the Endowment for Health will continue to accept oral health related planning, convening, technical assistance, and public policy proposals in the years to come, this is our last official theme grantmaking year. It has been my privilege and pleasure to work with you, our grantees and partners. Thank you for persevering with us over the past five years to make oral health a priority in our State.

**ORAL HEALTH GRANTS: 2006 PROGRAM YEAR**

**Theme Implementation Grants**

**Bi-State Primary Care Association**
Engaging the Dental Community to Strengthen and Expand NH’s Oral Health Workforce
State of NH
$167,540

**Coalition for NH Oral Health Action/NH Public Health Association**
Watch Your Mouth!
State of NH
$25,420

**Community Health Institute/JSI Research & Training**
Training Oral Health Providers to Motivate Patients to Quit Smoking
State of NH
$60,942

**North Country Health Consortium**
Molar Express
Berlin, Colebrook, Haverhill, Lancaster, & Littleton HSAs
$161,477

**Applied Research and Data Grant**

**Avis Goodwin Community Health Center**
Oral Health Status of Homebound Seniors
Dover HSA
$34,000

**Planning Grants**

**Bi-State Primary Care Association**
Planning Grant to Assist Manchester Veteran’s Administration General Practice Dental Residency Program
State of NH
$34,333

**City of Manchester Department of Health**
Manchester Dental Program
Manchester HSA
$5,882

**Discretionary Grant**

**City of Nashua Division of Public Health & Community Services**
The Future of Oral Health for Nashua’s Children
Nashua HSA
$3,837
As the Endowment for Health continues to work to “reduce economic barriers to health” in New Hampshire, we recognize the essential role of our partners in leading us toward change. So often we think that we can make a better world by just a little adjustment here, a turn of the dial there, that we fail to recognize the long and sustained effort that lasting systems change requires, and the leaders who get us there.

Our complex health system presents us with clear examples of where unplanned and “helter-skelter” attempts at change will take us. When we look at the systems that support the health of our residents and deliver health care, we realize we will need good ideas, great leaders, sustained effort, and hard work to create health systems that work well for all New Hampshire residents.

Many challenges, many leadership styles

The portfolio of 2006 grants in the Economic Barriers theme represents the work of many types of leaders and styles of leadership.

Our work on sustaining our safety-net health providers depends on the leadership of our time-tested community health center leaders and their community-based boards, who together do the heavy lifting of assuring a health system for our residents who would otherwise be without care. As we work with our partners on New Hampshire’s Citizens Health Initiative and other policy initiatives, we witness how groups of leaders move a whole state and its health care system towards change.

Some of these talented leaders take charge and lead from the front of the action; others more subtly shepherd ideas and initiatives from the center of public policy discussions. Both are just two of the successful leadership strategies that match the task and the participants to the challenge at hand.

Just as gratifying is the emergence of new leadership voices through our growing dialogue and work with groups of New Hampshire residents who experience difficulty accessing health coverage—self-employed micro-entrepreneurs, construction workers, and families after a divorce.

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FEATUEED GRANT:
The Public Policy Institute

DIVORCE HEALTH ACCESS PROJECT

Type of Grant: Public Policy

Solving the health care puzzle requires both big-picture thinking and step-by-step change. While we must do the slow work of big systems solutions, we can also work now to address the situations where people lose health insurance.

One of those situations is divorce. Every year about 5,000 couples divorce in New Hampshire, and families who get their health insurance through an employer automatically lose coverage for one of the spouses involved. While New Hampshire’s COBRA and continuation coverage laws are strong, that kind of insurance is often too expensive to keep up. Divorce is tough enough for individuals and families—it shouldn’t turn an emotional loss into a loss of health care as well.

With Endowment support, fresh leadership has stepped forward and said, “We can fix this.” A new broad-based and bipartisan coalition has been formed to address this coverage gap in New Hampshire. The coalition-building experience of the Public Policy Institute and the on-the-ground network of the NH Women’s Lobby have created the Divorce Health Access Project. Working together, this new coalition is actively reaching out to other organizations, exploring legislative initiatives that have worked in other states, and articulating a practical solution that works for New Hampshire.

Providing the tools for leadership

We are always mindful that our partners have the tools they need. Sometimes that means up-to-date data and analysis or a new way of looking at community assets through geographic information systems and mapping; sometimes it might be technical assistance or training to benefit from new technology.

And, we hear you—our partners and communities—as you remind us not to underestimate the importance of Endowment funding. We realize that Endowment support often provides the “oxygen” that helps great ideas thrive and grow and provides leaders with the time they need to step forward.

Looking ahead

As we have said from our inception, the Endowment for Health is committed to this theme area for the long haul. That is what true systems change requires.

We will continue to seek out and welcome new voices and new leaders to help reduce the economic barriers to health in our State. We will also continue to invest in the tested strategies that move this important issue forward, and in our partners who make it happen.
Theme Implementation Grants

Health First Family Care Center, Inc.
Health First Family Care Center, Second Site, Laconia, NH
Laconia HSA
$85,000

NH Community Loan Fund
Understanding the Market
State of NH
$20,052

Data Grant

Carsey Institute/UNH
An Analysis of the NH Healthy Kids Program
State of NH
$44,853

Public Policy Grants

Institute of Health Law & Ethics/ Franklin Pierce Law Center
Crossing the Public Policy Divide
State of NH
$55,000

Institute for Health Policy & Practice/UNH
Sustaining NH’s Health System—II
State of NH
$75,000

Institute for Health Policy & Practice/UNH
Sustaining NH’s Health System—III
State of NH
$75,000

NH Center for Public Policy Studies
Understanding NH’s Healthcare System: Structure and Finance
State of NH
$49,500

NH Center for Public Policy Studies
Understanding NH’s Healthcare System: Structure and Finance
State of NH
$71,500

NH AFL-CIO EAP Services
Public Works Procurement Policies and Health Care Access
State of NH
$55,337

The Public Policy Institute
Divorce-Health Access Project
State of NH
$4,000

The Public Policy Institute
Divorce-Health Access Project
State of NH
$72,520

Convening Grants

Cooperative Extension/UNH
Community Assets for People Mapping Collaborative
State of NH
$34,983

Dartmouth Rural Health Program/Trustees of Dartmouth College
NH Health Professionals Loan Program
State of NH
$15,000

Planning Grants

Families First of the Greater Seacoast
Space Planning
Portsmouth HSA
$10,500

Institute for Health Policy & Practice/UNH
Planning for NH’s Health Care Future
State of NH
$20,000

NH Health Information Center/UNH
The NH Health Care Interconnectivity Project
State of NH
$25,000

Technical Assistance Grants

Ammonoosuc Community Health Services, Inc
Technical Assistance Lancaster & Littleton HSAs
$21,500

Avis Goodwin Community Health Center
Technical Assistance on Space Planning
Dover & Rochester HSAs
$7,500

Coös County Family Health Services
Operational Assessment
Berlin HSA
$17,572

Emergency Grant

Ammonoosuc Community Health Services, Inc
Emergency Grant
Littleton HSA
$30,000

Child Health Services
Teen Health Clinic
Manchester HSA
$25,000

Discretionary Grants

City of Manchester Department of Health
Manchester Health Link
Manchester HSA
$7,800

Coös County Family Health Services
Coding Training
Berlin HSA
$8,800

Fellowship Housing Opportunities, Inc.
Pleasant Street Project
Concord HSA
$10,000
Leadership brings people to services... and services to people

The Endowment for Health continues its two-pronged strategy to “reduce geographic barriers to health” for the people of New Hampshire with work on both sides of the problem: getting people to needed services and bringing needed services to where the people can use them.

Building community transportation systems

The Endowment continues to work in several communities around the State to develop more coordinated and cost-effective community transportation systems, particularly in areas where services are very limited. We are encouraged to see continued interest from the New Hampshire Departments of Transportation and Health and Human Services in promoting more coordinated transportation for communities.

In 2006 we have supported ongoing implementation of improved community transportation in the Greater Derry-Salem area. We also supported planning efforts in several communities, including Sullivan County and the Peterborough area, where community leaders have taken on access to transportation as a key issue.

In the Mascoma Valley, the community public health network has taken a leadership role to look at how to create a balance between bringing — and retaining — needed services in their communities, while also developing effective transportation to services in larger communities nearby. In the Mascoma community—as in many of our rural areas—lack of access to wireless and broadband technology makes implementing technological solutions more complicated, and the planning process is addressing service provision, transportation, and telehealth possibilities.

Bridging gaps with telehealth technologies

The New Hampshire health sector is only beginning to harness the potential of technology to increase access to — and the quality of — health services and education.
Using video-conferencing technology, Stan Rosenberg, Ph.D.; Craig Donnelly, M.D.; and Kay Jankowski, Ph.D.—from the Project for Adolescent Trauma Treatment—consult with staff working with children and families at one of New Hampshire’s community mental health centers.

**FEATURED GRANT:**

*Dartmouth Trauma Interventions Research Center*

**THE NH CHILD/ADOLESCENT TRAUMA TELEHEALTH PROJECT**

**Type of Grant:** Technical Assistance

The exposure of children to trauma—experiencing abuse or neglect, encountering a disaster, or witnessing severe accidents or violence—can have immediate and long-term effects on children’s mental and physical health. The Dartmouth Trauma Interventions Research Center was awarded a multi-year federal grant in 2005 to implement evidence-based treatment for adolescents and their families that have experienced trauma. In 2006 the Endowment awarded a complementary grant to bring this nationally recognized work to community mental health center leaders in our State.

Through education and training, provided through the Project for Adolescent Trauma Treatment (PATT), child and family mental health providers will soon be able to screen for and assess trauma exposure, increase outreach to adolescents and their families, and implement effective treatment for children receiving services at New Hampshire’s community mental health centers.

Bringing child and family providers together for training presented a significant challenge, especially given the geography of the State and current provider shortages. The PATT staff began exploring the potential of videoconferencing technology, to help New Hampshire’s mental health providers adopt this exciting best practice treatment.

Endowment funds were used for consultants to provide expertise in tele-psychiatry design and network audits of each of the ten community mental health centers. This Technical Assistance Grant allows the PATT to design an integrated telehealth network among all of the centers that will have the capacity to disseminate the adolescent and family trauma treatment statewide.

This telehealth network will be the largest of its kind in the State, with tremendous potential to reduce geographic barriers to mental health access and to enhance the quality of care. The organizational leadership—the vision, the conviction for children’s mental health systems improvement, and the understanding of what is and is not able to be accomplished—provided by the Dartmouth Trauma Interventions Research Center has made this initiative a reality.

Providers, patients, and administrators are increasingly considering how cost-effective telehealth technologies can be utilized through collaborative partnerships.

Home care organizations have led the way with home monitoring devices to better monitor patients with chronic diseases. Faced with significant shortages of mental health professionals, Community Mental Health Centers have initiated partnerships to increase access to specialty care, reduce patient waiting time, and to maximize the utilization of specialists who are located in more concentrated areas of the State.

Continued expansion of telehealth technologies to increase both access and quality depends on changes to reimbursement and other public policies, strong collaborations, and additional federal resources.

Recognizing the importance of leadership to achieve these goals, the Endowment for Health has supported the NH Telehealth Program, building the capacity to support

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providers and to overcome barriers to telehealth adoption. In 2006 the NH Telehealth Program completed a comprehensive needs assessment and a number of other reports, all of which can be found on their website, www.nhtelehealth.org.

Telehealth, as well as our work in the Economic Barriers theme on Health Information Technology, depends on New Hampshire’s telecommunication infrastructure. It is critical that health sector leaders work with those from other sectors of the economy to ensure that the infrastructure is sufficient to meet the growing needs. In addition to our grantmaking, the Endowment for Health has worked to bring the health sector into the telecommunications conversation though its roles as a convenor and as an information resource for programs and for policymakers.

**GEOGRAPHIC BARRIERS TO ACCESS GRANTS: 2006 PROGRAM YEAR**

**Theme Implementation Grants**

**Greater Derry-Salem Regional Transportation Council**
Greater Derry-Salem Regional Brokerage Demonstration Project
Derry, Exeter, Manchester, and Massachusetts Border HSAs
$71,057

**Trustees of Dartmouth College**
NH Telehealth Program
State of NH
$134,299

**Planning Grants**

**Antioch University New England**
ANE Rural Collaborative Care Planning Project
Claremont, Lebanon, & New London HSAs
$42,123

**Mascoma Valley Health Initiative**
Reducing Geographic Barriers to Health Care Access in the Mascoma Valley
Lebanon HSA
$38,383

**Technical Assistance Grant**

**Dartmouth Trauma Interventions Research Center/Trustees of Dartmouth College**
The NH Child/Adolescent Trauma Telehealth Project
State of NH
$25,861

**Discretionary Grant**

**VNA Community Services**
VNA Parent Baby Adventure
Manchester HSA
$8,000
Leadership inspires others to learn more... and do more

John Quincy Adams once said, “If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.” In the Endowment’s theme area of “reducing social and cultural barriers to health,” there is a wealth of people and projects whose work does just this.

Reducing the linguistic barriers to health care

Our community partners are inspiring others to seek change in systems to remove social-cultural barriers to health and health care. The Medical Interpretation Advisory Board is working to improve and expand provision of medical interpreters for persons with limited English proficiency or who are Deaf or hard of hearing. The Language Accessibility Advocacy Project of New Hampshire Legal Assistance is another effort focused on reducing linguistic barriers to critical health services, specifically accessibility to the services of the State Department of Health and Human Services.

Addressing workers’ compensation medical benefits

Inspiring others to learn more and do more is just what the New Hampshire Coalition for Occupational Safety and Health is accomplishing through its project to increase access to workers’ compensation medical benefits for low-income and immigrant workers. Adult education teachers, immigrant rights advocates, and ethnic community leaders are building their understanding of the workers’ compensation process and collecting stories of individuals who have faced challenges in accessing workers’ compensation.

Supporting mutual assistance initiatives

As New Hampshire grows increasingly more diverse, ethnic-based community organizations and/or mutual assistance associations are emerging to meet the unique needs of our State’s minority residents. Small, strategic grants to organizations such as New American Africans, the Somali Development Center and Ndakinna (a Native American organization) have helped these organizations channel the energy, skill and good will of dynamic people to improve the health and well-being of vulnerable populations.

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OUR SOCIAL-CULTURAL ACCESS GOALS

- A comprehensive and sustainable body of science- and evidence-based knowledge about social-cultural barriers in New Hampshire, New England, and in 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-cultural barriers on health and access to health care in New Hampshire
Endowment for Health

FEATURED GRANT:  
Somali Development Center

SOMALI COMMUNITY HEALTHCARE NEEDS

Type of Grant: Planning

In December 2005 Nasir Arush came to the Endowment for Health looking for help with addressing the needs of Somali refugees living in Manchester. Staff members sat down with Nasir and heard his story of phone calls day and night to assist Somali families struggling with reading their mail, negotiating the health care system, and other aspects of integration into the American culture.

That day a partnership was born that developed into the first-ever grant for the Somali Development Center in Manchester, to conduct a needs assessment on the barriers to health for the city’s Somali refugees.

The partnership between the Endowment and the Somali Development Center went beyond grant funding and included technical assistance, training in research and evaluation, and connections to other local funders. While the Endowment was helping the Somali Development Center to build its capacity, the Somali Development Center was in turn helping the Endowment to build an understanding of the experience and challenges of Somali refugees.

In less than a year, the Somali Development Center has emerged as a “go-to” organization, articulating the perspective of refugees to decision makers and helping to bridge the cultural divide between families and the nonprofit organizations, government agencies, and others who serve them.

Recently named to the Union Leader’s “40 Under 40” list, Nasir is one of the rising stars from within the refugee and immigrant communities of our State. He and other ethnic community leaders are doing critical work to ease the integration process and improve the overall health and well-being of our State’s newest residents.

Encouraging organizational leadership

Sometimes community leadership begins by leading effective change within an organization. The Greater Manchester Family YMCA has used a planning grant from the Endowment to improve its programming, procedures, and facility to be a more inclusive and welcoming community resource for the increasingly diverse Manchester community. Their internal work is a model that can inform and inspire other community organizations to action.

Inspiring others to leadership

As funders, there are times when our role is to inspire others to action. Working with our local funding colleagues—the New Hampshire Charitable Foundation and the Bean Foundation—the Endowment has encouraged and supported local and State leaders to address issues such as immigrant integration and reduction of childhood lead poisoning in our State.

By nurturing emerging leaders, supporting efforts to empower vulnerable populations to help themselves, recognizing organizations that are in the forefront of reducing social and cultural barriers to health and well-being of vulnerable populations, and by initiating creative partnerships to address unmet needs or issues, the Endowment realizes the potential of John Quincy Adams’ words.
SOCIAL-CULTURAL BARRIERS TO ACCESS GRANTS: 2006 PROGRAM YEAR

**Theme Implementation Grants**

**Foundation for Healthy Communities**
- Cultural Competency and Quality Healthcare
- State of NH
  - $162,342

**Lutheran Social Services of Northern New England**
- LanguageBank
  - State of NH
    - $70,835

**Monadnock Family Services**
- In SHAPE Program III
  - Keene & Peterborough HSAs
    - $66,483

**Applied Research Grant**

**NH Dartmouth Psychiatric Research Center/Trustees of Dartmouth College**
- Evaluation for Health Promotion Intervention for Persons with Severe Mental Illness II
  - Keene HSA
    - $49,117

**Convening Grant**

**Foundation for Healthy Communities**
- 2nd Annual MIAB conference—“Culturally Competent Care: From Theory to Practice”
  - State of NH
    - $7,500

**Planning Grants**

**Greater Manchester Family YMCA**
- Activate America and Diversity—Building Inclusive Organizations
  - Manchester HSA
    - $30,450

**NH Coalition for Occupational Safety and Health**
- Increasing Access to Workers’ Compensation Medical Benefits for Low-Income and Immigrant Workers
  - State of NH
    - $19,142

**NH Legal Assistance**
- Language Accessibility Advocacy Project
  - State of NH
    - $19,357

**Somali Development Center**
- Somali Community Healthcare Needs
  - Manchester HSA
    - $12,650

**Emergency Grant**

**Lutheran Social Services of Northern New England**
- Interfaith Refugee Resettlement Program—Emergency
  - State of NH
    - $90,000

**Discretionary Grants**

**Monadnock Family Services**
- In SHAPE Program III
  - Keene & Peterborough HSAs
    - $20,000

**Ndakinja, Inc.**
- Waolowzi Program
  - State of NH
    - $7,150

**Open Arms Outreach, Inc.**
- New American Africans
  - State of NH
    - $7,627

**The Way Home**
- Steps to Safe Housing for Resettled Immigrants & Refugees
  - Manchester HSA
    - $13,750
Like many foundations, the Endowment for Health focuses its work on several critically important issues in New Hampshire, known as “themes,” in order to maximize the impact of its investments. However, we believe that it is also our responsibility to respond to needs and opportunities around any important issue that impacts the health of New Hampshire’s residents. For example, other grants in 2006 addressed such issues as childhood obesity, public health, homelessness, the elderly, criminal justice, and even the arts.

We believe that New Hampshire’s health-related nonprofits must be supported by a strong statewide infrastructure of knowledge, advocacy, and capacity building. Therefore, we provided operating grants to fund a network of statewide organizations that included two important and developing advocacy organizations that focus on public health and minority health.

We believe it is important to respond to emergencies that threaten the viability of safety-net organizations that serve New Hampshire’s most vulnerable and underserved populations. To this end, our support of community health centers in the North Country continued this year.

Other grants help us to identify areas for potential new themes, such as children’s mental health (see page 25). Our other grants also leverage our funds with other funders, such as in the training of regional media on health issues or the apparent unequal distribution of philanthropic dollars to rural states. Grants in this category often allow small nonprofits access to grant funds to improve their work.

These other grants often result in advancing the leadership of New Hampshire’s health-related organizations and workforce—a critical capacity of any successful organization or system. In 2006 the Endowment continued to invest in an innovative program to train and support collaborative leadership in communities statewide, linking prevention with treatment.
For the first time we funded staffing for a legislative commission as a vehicle to lead New Hampshire into a new era of mental health by creating a new comprehensive mental health plan for our State. We also chose to collaborate with other funders nationally to support the work of effectively reframing mental health to reduce the long-standing issue of the stigma of mental illness.

Leadership support of new organizations is critical. One of our new operating grants funds the transition of the NH Public Health Association from a volunteer organization to a public health advocacy organization. We continue to support the development of a stronger voice on the issue of homelessness. Community leadership received funding to support “emerging” rural leaders in communities often lost in current New Hampshire systems, as well as the development of an innovative network of community leaders on the seacoast with innovative leadership from the United Way.

Our grant to create the Northern New England Public Policy Leadership Institute brought together public policy leaders from Maine, New Hampshire, and Vermont, in the fall of 2006.

**FEATURED GRANT:**

**Carsey Institute at the University of New Hampshire**

**POLICY LEADERSHIP FOR A CHANGING REGION**

**Type of Grant:** Public Policy

Sound public policy is a key strategy to create and sustain the systemic change that improves the health of a community. The Endowment for Health invests in helping individuals and organizations, at all levels of the health care system, to develop the knowledge and skills that will enable them to advance health-related public policy in New Hampshire.

In 2006 the Endowment joined with other regional foundations to fund the Carsey Institute at the University of New Hampshire to create a Northern New England Public Policy Leadership Institute. The Institute is built on the assumption that by learning and working together, a team of public policy leaders from Maine, New Hampshire, and Vermont will, over time, be better able to have a positive impact on public policy in their respective states. The expectation, as well, is that this team of leaders from across the three states will be able to leverage their collective wisdom and influence on national issues, resulting in an improved quality of life for families, children, and communities in northern New England.

More than fifty nonprofit leaders, foundation representatives, and national and regional faculty joined together in the fall of 2006 for several days of intensive sessions to learn, discuss, and strategize on how best to use public policy to improve the quality of the health and human service systems in our State and Nation. The participants will continue to meet and learn over a three-year period emerging with stronger capacities in strategy, leadership, collaboration, and research and analysis.

The Endowment for Health applauds the leadership of Mil Duncan, Director of the Carsey Institute and Andrea Colnes, Project Director, to create this important new leadership training that will positively impact public policy both in New Hampshire and in the northern New England region.
OTHER GRANTS: 2006 PROGRAM YEAR

Applied Research Grants

Foundation for Healthy Communities
Community Prevention & Treatment Initiative (CPTI) Phase 3
Berlin, Claremont, Manchester, & Portsmouth HSAs
$50,022

National Alliance on Mental Illness-NH
Frameworks Youth Suicide Prevention Project
Berlin, Exeter, Lebanon, & Plymouth HSAs
$154,762

Public Policy Grants

Carsey Institute/UNH
Policy Leadership for a Changing Region Initiative
State of NH
$20,000

Commission to Develop a Comprehensive State Mental Health Plan/Endowment for Health
Commission to Develop a Comprehensive State Mental Health Plan
State of NH
$125,000

Easter Seals NH, Inc.
Seniors Count Public Policy Improvement
Manchester HSA
$40,000

FrameWorks Institute
Making the Public Smarter About Mental Health and Related Issues: A Proposal to Support Communications Research
State of NH
$70,000

The Hitchcock Foundation
End of Life
State of NH
$30,000

Convening Grants

Division of Public Health, NH Dept of Health and Human Services/Community Health Institute
Improving the Public's Health in NH
State of NH
$32,813

NH Coalition for Citizens with Disabilities
Collaborate for Autism North Country
Berlin, Colebrook, Conway, Haverhill, Lancaster, & Littleton HSAs
$35,235

Technical Assistance Grants

NH Coalition to End Homelessness
Initiating NH’s 10 Year Plan to End Homelessness
State of NH
$20,000

United Way of the Greater Seacoast
Mental Health Center
There is a Tomorrow: Addressing Depression in Elders through the Medium of Theatre
State of NH
$6,900

New Futures
NH Strategy to Reduce Underage Alcohol Problems
State of NH
$20,000

Planned Parenthood of Northern New England
NH Emergency Contraception Access Project
State of NH
$25,000

United Way of the Greater Seacoast
Regional Collaboration Management
Rochester HSA
$50,000

NH Falls Risk Reduction Task Force/Safety and Health Council of Northern New England
Evidence-Based Falls Risk Reduction in the Elderly
State of NH
$7,319

NH Humanities Council
Literature & Medicine: Humanities at the Heart of Healthcare
State of NH
$10,000

NH Public Health Association
Policy Matters—A Non-Partisan Look At Public Health
State of NH
$4,000

Planning Grants

Carsey Institute/UNH
Emerging Leaders in Rural Communities
State of NH
$30,542

New Futures
NH Strategy to Reduce Underage Alcohol Problems
State of NH
$20,000

Children’s Alliance of NH
NH CAN Frameworks Training 2006
State of NH
$500

FrameWorks Institute
Making the Public Smarter About Mental Health and Related Issues: A Proposal to Support Communications Research
State of NH
$30,000

NH Public Television
Healthy Families NH
State of NH
$29,146

Discretionary Grants

Big Sky Institute for the Advancement of Nonprofits
Philanthropic Divide Initiative
State of NH
$5,000

Blue Cross Blue Shield of Massachusetts Foundation
The Health Coverage Fellowship
State of NH
$12,000

Community Diversion Program
Emergency Bridge Grant
Exeter & Portsmouth HSAs
$10,000

Easter Seals NH, Inc.
Seniors Count Public Policy Improvement
Manchester HSA
$40,000

NH Falls Risk Reduction Task Force/Safety and Health Council of Northern New England
Evidence-Based Falls Risk Reduction in the Elderly
State of NH
$7,319

NH Humanities Council
Literature & Medicine: Humanities at the Heart of Healthcare
State of NH
$10,000

NH Public Health Association
Policy Matters—A Non-Partisan Look At Public Health
State of NH
$4,000

Planning Grants

Carsey Institute/UNH
Emerging Leaders in Rural Communities
State of NH
$30,542

New Futures
NH Strategy to Reduce Underage Alcohol Problems
State of NH
$20,000

Children’s Alliance of NH
NH CAN Frameworks Training 2006
State of NH
$500

Community Diversion Program
Emergency Bridge Grant
Exeter & Portsmouth HSAs
$10,000
**Easter Seals NH, Inc.**
Flood Related Repairs
Manchester HSA
$10,000

**Farmington Community Preservation**
Corporate Fund Institute on Fundraising
Dover & Rochester HSAs
$1,050

**Grapevine Family and Community Resource Center**
The People’s Service Exchange
Peterborough HSA
$5,375

**Manchester Community Health Center**
Aegis Medical Vaccine Refrigerator
Manchester HSA
$5,350

**NH Center for Nonprofits**
Web-based Program Training
Transition Grant
State of NH
$15,000

**NH Coalition to End Homelessness**
Mosquito Repellent for Homeless Individuals
State of NH
$1,000

**Visiting Nurse Association - Hospice of Southern Carroll County**
New Executive Director Project
Laconia & Wolfeboro HSAs
$2,013

**Operating Grants**

**Children’s Alliance of NH**
Sustaining the Children’s Alliance of NH
State of NH
$25,000

**Franklin Pierce Law Center Institute of Health Law & Ethics**
Sustaining the Institute for Health, Law & Ethics
State of NH
$25,000
The dual purposes of our Endowment Fund remain intact. The shorter-term focus is current income to support today’s programs. The longer-term focus is to grow the principal for higher support in the future.

The Investment Committee received $80 million to invest 4½ years ago. In hindsight, the Endowment Fund starting point could hardly have been worse. The US stock market declined 27 percent in the first 15 months of our history. In the middle of 2002 the stock market declined an additional 28 percent.

Being well diversified and blessed with nine talented money managers, our Endowment Fund saw losses averaging 8.3 percent 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 we completely reversed those initial setbacks in the middle of 2004.

Net of fees, our return for our fiscal year ending September 30, 2006 was +9.0 percent. That puts our average return over the last three fiscal years at +13.4 percent/year. Our investment assets increased to $91.9 million as of September 30th.

Our modest commitment of 3 percent of Endowment Fund assets to a diversified portfolio of commercial real estate in late 2005 is starting to produce a nice income stream, and one building was already sold at a nice profit.

Since our inception in October of 2000, the Committee is pleased to report that not only has the Endowment Fund performed well relative to our peers but it has done so with a below-average level of risk. We will strive to maintain that prudent investment profile.

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

Statements of Financial Position
For the Year Ended September 30, 2006 and For the Year Ended September 30, 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>2,076,907</td>
<td>1,669,406</td>
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<tr>
<td>Cash and cash equivalents, restricted</td>
<td>2,639,370</td>
<td>2,539,318</td>
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<tr>
<td>Investments, at fair market value</td>
<td>90,540,243</td>
<td>87,610,531</td>
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<tr>
<td>Loan receivables</td>
<td>1,350,000</td>
<td>1,000,000</td>
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<tr>
<td>Other receivables</td>
<td>15,106</td>
<td>14,463</td>
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<tr>
<td>Prepaid expenses</td>
<td>25,271</td>
<td>31,872</td>
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<tr>
<td>Property and equipment, net</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>96,655,395</td>
<td>92,865,590</td>
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<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
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<tr>
<td>Accounts payables and accrued expenses</td>
<td>239,634</td>
<td>306,751</td>
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<tr>
<td>Grants payable</td>
<td>3,248,651</td>
<td>2,908,171</td>
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<td><strong>Total liabilities</strong></td>
<td>3,488,285</td>
<td>3,214,922</td>
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<tr>
<td>Net assets</td>
<td>93,167,110</td>
<td>89,650,668</td>
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<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>96,655,395</td>
<td>92,865,590</td>
</tr>
</tbody>
</table>

Asset Allocation

- US Equities Small/Mid Cap (18%)
- International Equities (26%)
- US Equities Large Cap (29%)
- Bonds (12%)
- Alternative Investments (10%)
- Program Based Investments (1%)
- Cash & Cash Equivalents (4%)

Diversification of Funds (as of September 30, 2006)
**Statements of Activities**

For the Year Ended September 30, 2006 and For the Year Ended September 30, 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized gain on investments</td>
<td>7,755,640</td>
<td>5,083,365</td>
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<tr>
<td>Investment Income</td>
<td>1,723,800</td>
<td>1,421,262</td>
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<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(745,052)</td>
<td>6,108,685</td>
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<tr>
<td><strong>Total Revenue and Support</strong></td>
<td><strong>8,734,388</strong></td>
<td><strong>12,613,312</strong></td>
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<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program:</td>
<td></td>
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<tr>
<td>Grant award expense</td>
<td>3,290,830</td>
<td>3,324,381</td>
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<tr>
<td>Salaries and benefit expense</td>
<td>509,743</td>
<td>470,211</td>
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<tr>
<td>Professional service expense</td>
<td>80,084</td>
<td>87,742</td>
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<tr>
<td>Office expense</td>
<td>30,886</td>
<td>15,721</td>
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<tr>
<td>Program support expense</td>
<td>29,579</td>
<td>12,103</td>
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<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>3,941,122</strong></td>
<td><strong>3,910,158</strong></td>
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<tr>
<td>Management and general:</td>
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<tr>
<td>Investment expense</td>
<td>559,964</td>
<td>458,587</td>
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<tr>
<td>Salaries and benefit expense</td>
<td>260,844</td>
<td>163,362</td>
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<tr>
<td>Professional service expense</td>
<td>153,166</td>
<td>143,574</td>
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<tr>
<td>Tax and interest expense</td>
<td>88,175</td>
<td>63,837</td>
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<tr>
<td>Office expense</td>
<td>79,617</td>
<td>88,197</td>
</tr>
<tr>
<td>Building and related expense</td>
<td>63,161</td>
<td>60,692</td>
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<tr>
<td>Administrative support expense</td>
<td>55,650</td>
<td>48,393</td>
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<tr>
<td>Capital and depreciation expense</td>
<td>16,246</td>
<td>17,911</td>
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<tr>
<td><strong>Total management and general expenses</strong></td>
<td><strong>1,276,824</strong></td>
<td><strong>1,044,553</strong></td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>5,217,946</strong></td>
<td><strong>4,954,711</strong></td>
</tr>
<tr>
<td>Increase (decrease) in unrestricted assets</td>
<td>3,516,442</td>
<td>7,658,601</td>
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<tr>
<td>Net assets, beginning of year</td>
<td>89,650,668</td>
<td>81,992,067</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>93,167,110</td>
<td>89,650,668</td>
</tr>
</tbody>
</table>

**INVESTMENT COMMITTEE**

Susan Chollet  
Stephen Handley  
Harvey Hill, Chair  
Harold Janeway  
Gregory McConahey  
James Oates  
John Snow  
Rodney Tenney  
Consultant: Clifford White, Senior Institutional Consultant, Morgan Stanley–Boston
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 two gubernatorial appointments.

<table>
<thead>
<tr>
<th>Public Members</th>
<th>Non-public Members</th>
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</thead>
<tbody>
<tr>
<td>Richard Chevrefils, Governor Appointee</td>
<td>Belknap County</td>
</tr>
<tr>
<td>Susan Chollet, Chair</td>
<td>Thomas Clairmont</td>
</tr>
<tr>
<td>Cynthia Dokmo, Vice Chair</td>
<td>Carroll County</td>
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<tr>
<td>Sylvio Dupuis, O.D.</td>
<td>Mary Bidgood-Wilson</td>
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<tr>
<td>Arthur Froburg, Governor Appointee</td>
<td>Coös County</td>
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<tr>
<td>Harvey Hill, Treasurer</td>
<td>Robert Fink</td>
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<tr>
<td>Margaret McClellan</td>
<td>Adele Woods</td>
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<td>Gregory McConahey</td>
<td>Hillsborough County</td>
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<tr>
<td>Jane Nisbet, Ph.D.</td>
<td>Gina Balkus, Chair</td>
</tr>
<tr>
<td>William Walker</td>
<td>Merrimack County</td>
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<td></td>
<td>Jennifer Frizzell</td>
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<td>David Robar</td>
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<td>Richard Silverberg</td>
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<td>Rockingham County</td>
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<td>Donna Tighe</td>
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<td>Strafford County</td>
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<td>Gregory Walker</td>
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<td>Sullivan County</td>
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<td></td>
<td>Claire Bowen</td>
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<td></td>
<td>Sean Lyon, Secretary</td>
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</tbody>
</table>

Note: To contact the Board of Directors, e-mail Cynthia Dokmo at cyndokmo@aol.com. Please write “Endowment for Health” in the subject line.

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.

<table>
<thead>
<tr>
<th>Public Members</th>
<th>Non-public Members</th>
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<tbody>
<tr>
<td>Belknap County</td>
<td>Belknap County</td>
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<tr>
<td>Charlotte DuBois</td>
<td>Thomas Clairmont</td>
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<td>Carroll County</td>
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<tr>
<td>Edwina Drummond Boone</td>
<td>Mary Bidgood-Wilson</td>
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<tr>
<td>Cheshire County</td>
<td>Coös County</td>
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<tr>
<td>Elizabeth Fox</td>
<td>Robert Fink</td>
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<tr>
<td>Molly Kelly</td>
<td>Adele Woods</td>
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<tr>
<td>Hillsborough County</td>
<td>Hillsborough County</td>
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<tr>
<td>Randy Benthien</td>
<td>Gina Balkus, Chair</td>
</tr>
<tr>
<td>Andrew Dillman</td>
<td>Merrimack County</td>
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<tr>
<td>Harry Figueroa</td>
<td>Jennifer Frizzell</td>
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<tr>
<td>Michael Ostrowski</td>
<td>David Robar</td>
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<td>Merrimack County</td>
<td>Richard Silverberg</td>
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<td>Monica Cioffi</td>
<td>Rockingham County</td>
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<tr>
<td>Rabbi Richard Klein</td>
<td>Donna Tighe</td>
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<td>Thomas Raffio</td>
<td>Strafford County</td>
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<tr>
<td>Rodney Tenney</td>
<td>Gregory Walker</td>
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<tr>
<td>Rockingham County</td>
<td>Sullivan County</td>
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<tr>
<td>Susan Donahue Suter</td>
<td>Claire Bowen</td>
</tr>
<tr>
<td>Thomas Grebouski</td>
<td>Sean Lyon, Secretary</td>
</tr>
<tr>
<td>Timothy Phoenix</td>
<td></td>
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<tr>
<td>Jackie Weatherspoon</td>
<td></td>
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<tr>
<td>Strafford County</td>
<td></td>
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<tr>
<td>Betsy Andrews Parker</td>
<td></td>
</tr>
<tr>
<td>Alan Reed-Erickson</td>
<td></td>
</tr>
</tbody>
</table>

Staff

| Kim Firth, Program Director                         |
| Sue Fulton, Director of Administrative Services    |
| Lindsay Josephs, Program Director                  |
| Kelly Laflamme, Program Director                   |
| Peg LePage, Administrative Assistant               |
| Jeanne Ryer, Program Director                      |
| James Squires, M.D., President                     |
| Mary Vallier-Kaplan, Vice President of Program     |
Improving the mental health of children and families

When the Endowment for Health’s Board of Directors selected the new theme, Improving the Mental Health of New Hampshire’s Children and Families, they knew there would be no clear and easy solutions. Community stakeholders, Advisory Council members, families and professionals from the field have described a patchwork of services with limited coordination, waiting lists, difficulties accessing family-centered services, categorical funding, and a range of financial barriers.

Also, a pervasive stigma surrounds mental illness and often prevents families from getting the care they need for themselves or their children. The same attitudes prevent our society from recognizing the importance of good mental health and its relationship to overall health.

The Endowment has made a substantial five-year commitment to improving the mental health of New Hampshire’s children and their families; yet our financial contributions to the field will be modest compared to public funding sources and the scope of need. For the Endowment for Health to have measurable, sustainable, and systemic impact, we must identify clear, focused outcomes and strategies that we hope to achieve. We are working in partnership with New Hampshire’s nonprofit community, as this work cannot be accomplished in isolation.

In Program Year 2006, we sought diverse, multi-disciplinary expertise and input through the creation of a Theme Advisory Committee, which enhanced our collective understanding of the field across the “silos of service:” health care delivery, social services, and financing systems. More than sixty individuals actively participated in a rich dialogue that established a collective vision for an ideal system of support. The committee identified opportunities and barriers to care in multiple domains: for the child and the family, at the point of care, for the health care organization, and in the environment within which these organizations operate.

Through a Public Policy Grant, the Endowment has also funded staffing and consultant costs associated with an important legislative commission: the New Hampshire Commission to Develop a Comprehensive State Mental Health Plan. The Mental Health Commission has engaged over 100 participants into five Work Teams: consumer and family driven services, quality services practice, eliminating disparities, integrated health care, and integrated electronic information network. The recommendations made by the Commission will have significant impact on the New Hampshire mental health system in the areas of children’s and families’ mental health services, financing, and other systemic issues.

Improving the systems that promote mental health and deliver behavioral health services for New Hampshire’s children and their families will require continuous, informed dialogue. The identification of outcomes and strategies with potential to yield the greatest impact will be tremendously challenging as we develop this new theme. These difficult decisions will require the continued leadership of the same groups that the foundation has been so fortunate to learn from during Program Year 2006: the participants of the Theme Advisory Committee, the Mental Health Commission, and the Endowment’s Advisory Council and Board of Directors.