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 populations of New Hampshire.
Knowledge (nəlˈij) n.
The sum or range of what has been perceived, discovered or learned.*

The definition of knowledge can easily be found in any dictionary, but unlike most nouns, it is something that is intangible, a force that cannot be seen. Knowledge cannot be found on a library shelf, nor can it be solely created through research and information sharing. Knowledge is something that encompasses all of these elements but that also transcends them.

How, then, do foundations set about the daunting task of enhancing and fostering knowledge? How do we advance it as one of our organizational strategies at the Endowment for Health, and how do we work together with our community partners to create and disseminate it? More importantly, what do we do with our hard-won knowledge so that it leads to real and lasting systemic change?

In our 2007 Annual Report, we examine the issue of enhancing knowledge as the third installment in our Annual Report series on organizational strategies:
- Fostering networking and collaboration;
- Advancing leadership;
- Enhancing knowledge; and
- Strategically funding critical services.

In reviewing this report, we encourage you to delve into the examples we share on enhancing knowledge. We do not work in isolation. In every instance, you will find common threads that involve partnership with others: collaboration, shared mission, and mutual goals—all culminating in the important work of so many individuals and organizations throughout the State of New Hampshire and beyond.

To all of our community partners, we thank you for your passion and commitment. We applaud your efforts to enhance the knowledge that will ultimately lead to improving the health and reducing the burden of illness for the people of New Hampshire.

Endowment for Health seeks to enhance something that lacks a clear definition? We do this because the antonym of knowledge is ignorance. Surely, to adopt a course of action based on observations, facts, and awareness of our environment and an appreciation of our culture is a sensible approach. As this report documents, this approach has produced results.

Knowledge, as we understand the term, is a derivative of collected facts and analyses. Paul Spiess, our Board Treasurer has observed: “From information comes knowledge. From knowledge comes understanding, enabling solutions.” This succinct and insightful phrase places knowledge within a sequence of activities. Therefore, enhancing knowledge really means enhancing this process for ourselves and for our grantees. This, of course, must be balanced with action. We must determine the time when we know enough to act, acknowledging that we will continue to learn through the course of our work.

### What does knowledge mean?

It must be recognized that, after two and a half centuries of thinking about knowledge, there is no agreement as to what the word means. This, despite the existence of a complex and arcane field of scholarly endeavor known as epistemology. So how is it that the Endowment for Health is uniquely positioned to help enhance knowledge about issues that impact the health of New Hampshire’s people. We begin building this knowledge with the two fundamental assertions on which our foundation rests: Our values (Integrity, Stewardship, Fairness, Respect, Compassion, Courage) and our mission (To improve the health and reduce the burden of illness for the people of New Hampshire, especially the vulnerable and underserved). Our values are a compass, the mission our goal. In the pages that follow, we reflect on our strategy of enhancing knowledge in pursuit of our mission.
Building knowledge together

Examples of knowledge enhancement abound. The Endowment has worked with others on a broad range of issues that will affect the cost and quality of health care in our state. We have also collaborated with others to fund groundbreaking research and to work with others to move forward important matters of public policy.

We firmly believe that these efforts will lead to a healthier New Hampshire that includes all of its people—no matter where they live, their income or their social cultural background. Additionally, we will continue our work to support and strengthen the state’s safety net, such as in the case of New Hampshire’s Community Health Centers.

Using knowledge to make strategic choices

A foundation such as the Endowment for Health is both robust and fragile. We are robust because of the size of our assets, fragile because these resources cannot meet all of the needs reflected by our mission.

And so we must make choices based on our values and our knowledge of the environment in which we exist. This is an extraordinarily difficult task and presents us with challenges every day. We hope we have done it well.

Sincerely,

Cynthia Dokmo
Chair

James W. Squires, M.D.
President
Our ability as a foundation to create and disseminate information to enhance knowledge creates an enduring impact—about health and health care throughout our state, as well as regionally and even nationally.

Knowledge is packaged in many different ways

Ideally we strive to create significant systemic change through knowledge building, typically from our theme implementation and public policy projects. For example, a grant this year resulted in tougher standards to protect New Hampshire’s children from lead poisoning. The New Hampshire Lead Poisoning Prevention Collaborative built the knowledge and awareness that made this happen, and the Endowment was proud to co-fund the group with The New Hampshire Charitable Foundation. However, finding solutions to small but important operational challenges is equally important. One such example is building the one and only safe playground for youth to gather in the Mascoma area.

Sometimes knowledge is enhanced with factual, quantitative information, often from our applied research and data grants. Other times, knowledge is gained through experiences with others that build relationships and understanding of one another.

What better way to gain insights into refugee youth, for instance, than for an adult to spend time each week with young people—on a field trip, playing soccer or breaking bread? We view this type of knowledge as qualitative or experiential and practice-based in nature. Both approaches to knowledge enhancement are equally important.

Enhancing knowledge through our program work

The Endowment’s grantmaking strategies to create knowledge are many. We support convenings to help our community partners learn together. We also provide technical assistance—access to experts, leaders, and best practices. For instance, we partnered this year with the New Hampshire Dental Society to bring together oral health providers to learn more about evidence-based caries prevention. Underwriting and publicizing key research reports is also critical, such as the 2007 series of research reports on children’s mental health in New Hampshire, conducted by the New Hampshire Center for Public Policy Studies. These reports have been widely disseminated within our state as well as shared with other states and regions.

We also invest in building and sustaining the capacity of New Hampshire’s knowledge-producing
We invest in building and sustaining the capacity of New Hampshire’s knowledge-producing infrastructure.
Building a Baseline of Knowledge

Our Children’s Mental Health Goals

- Mental health care for children and their families is integrated, co-located and/or coordinated within a system of care
- Children and their families’ mental health care is of high quality and utilizes research-based interventions
- The capacity to advocate for children and their families’ mental health is strengthened

Enhancing knowledge is not the sole interest of foundations, nor is it a new concept. Even Benjamin Franklin, an icon of practical wisdom, said, “An investment in knowledge always pays the best interest.”

One out of every five children are affected

The Endowment for Health made an important investment in knowledge in 2007. It underscored the need to improve the mental health service delivery system in New Hampshire—a well-documented statewide and national need. Yet the task is daunting.

The research we funded through the New Hampshire Center for Public Policy Studies showed that one in five New Hampshire children between ages five and nineteen have a diagnosable mental health disorder. These disorders are more common than childhood asthma or obesity, yet most children in need of care do not receive it.

The high cost of inaction

Access to mental health care is inhibited by workforce shortages, stigma surrounding mental illnesses, discriminatory insurance coverage, and limited state capacity to deliver care that works.

Untreated mental health issues can lead to school failure, incarceration, economic insecurity, and unnecessary disability. The costs to society for neglecting the mental health needs of our children and families are tremendous.

What knowledge-building can do

Where can a statewide health foundation leverage the greatest, sustainable impact? Learning from the Foundation’s work in oral health taught us some important lessons. We learned that setting a course for the Endowment’s multi-year investment requires a baseline of knowledge and input from key stakeholders. This learning has been directly applied to our new theme: Improving the mental health of
New Hampshire’s children and their families.

Investment in knowledge development was the most important accomplishment for this theme during the last program year.

Grant-funded research analyzed the prevalence of child mental health disorders in New Hampshire, private and public service use, children’s mental health workforce capacity, an analysis of effective treatment, and the extent to which New Hampshire providers are using evidence-based practices.

Recognizing the importance of family inclusion, the Endowment partnered with the National Alliance on Mental Illness–New Hampshire (NAMI–NH), to collect input from families. We wanted to hear their perspective on the state’s delivery system for children’s mental health services. NAMI–NH elicited input from more than 200 parents and primary caregivers through web-based surveys and focus groups conducted across the state.

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FEATURED GRANT:
New Hampshire Center for Public Policy Studies

CHILDREN’S MENTAL HEALTH IN NEW HAMPSHIRE

Type of Grant: Applied Research

The New Hampshire Center for Public Policy Studies (NHCPPS) has provided research for the last two years to the state’s Mental Health Commission—an important legislative group with more than 100 members. Armed with many of the needed datasets and with a capacity to analyze claims data, the NHCPPS was uniquely qualified to conduct additional research to help guide our strategic planning process as we embarked on this new theme. In concert with Endowment staff and a small group of experts from the Theme Advisory Committee, a research agenda was established, focusing on four key areas concerning children’s mental health: prevalence of disorders; service use in the public and private systems; workforce status; and the use of evidence-based practices.

The research provided the most comprehensive analysis ever conducted in New Hampshire on children’s mental health services. A willingness on the part of the NHCPPS to complete the research with an expedited timeline allowed the Endowment to use the research for theme decision-making and to share the results of the data with our community partners at the annual kick-off event. It also served as the foundation of an effective communications campaign that included extensive media outreach.
Additional research investments were made to better understand the gaps and opportunities to improve services to vulnerable and underserved populations including immigrant and refugee youth, and children who experience domestic or sexual violence.

Valuable information for all
The results of our investments in research, data collection, and strategic planning serve as an important baseline of knowledge in children’s mental health. It is invaluable information for us as a foundation, for governmental agencies, policymakers, and for all our community partners interested in children’s mental health policy.

Using an effective communications strategy, the research was widely disseminated and generated significant media interest. These efforts helped to educate the public about the importance of children’s mental health care and the need to increase access and improve quality.

These investments informed our theme priority decisions and, with input of a Theme Advisory Committee, allowed us to develop consensus for our grantmaking and non-grantmaking work. The research will help us benchmark progress and evaluate our impact as theme work evolves in the years to come.

**Applied Research Grants**

*Frameworks Youth Suicide Prevention Project*
National Alliance on Mental Illness-New Hampshire
Berlin & Exeter HSAs
$109,927

*Children’s Mental Health in NH*
New Hampshire Center for Public Policy Studies
State of NH
$52,180

*Exploratory Study of the Social Adjustment Needs of Young People from Immigrant and Refugee Families in NH*
New Hampshire Minority Health Coalition
State of NH
$45,000

**Data Grant**

*Collecting Family Voices on Children’s Mental Health*
National Alliance on Mental Illness–New Hampshire
State of NH
$25,463

**Operating Grant**

*Sustaining the National Alliance on Mental Illness–NH*
National Alliance on Mental Illness–New Hampshire
State of NH
$25,000

**Convening Grant**

*The 7th Annual Erik Cogswell Memorial Bipolar Conference*
Seacoast Mental Health Center
State of NH
$5,000

**Planning Grants**

*Child and Family Mental Health Programming for The Family Willows Families in Transition*
State of NH
$37,990

*A Center of Excellence Plan to Promote Evidence-Based Practice in Community Mental Health*
Mental Health Center of Greater Manchester
State of NH
$62,720

*Mental Health Needs of Children Planning Project*
New Hampshire Coalition Against Domestic & Sexual Violence
State of NH
$70,110

**Technical Assistance Grant**

*NHLA Youth Law Project*
New Hampshire Legal Assistance
Derry, Exeter, MA Border, & Nashua HSAs
$22,200

**Discretionary Grant**

*Best Practices in Collaborative Healthcare*
North Country Health Consortium
State of NH
$6,100

*Greater Seacoast Girl’s Initiative United Way of the Greater Seacoast*
Dover, Exeter, MA Border, Portsmouth & Rochester HSAs
$1,400

*National Child Traumatic Stress Network Funding Opportunity*
Wellesley Centers for Women
C/o Wellesley College
State of NH
$6,999
The past six years have been a journey in advancing knowledge that will help us reduce economic barriers to health. It has been a journey taken in small steps, great leaps, and interesting detours. We try to ground all of our efforts in sound and specific information and knowledge, and to share that knowledge broadly.

Taking education and advocacy to a new level

The Program Year just past was a building year, where the many applied research and data grants of previous years were used to develop policy proposals that took education and advocacy about economic barriers to health in New Hampshire to a new level. Advocacy coalitions used Endowment-funded research to expand the knowledge base about the importance of making health insurance coverage available after divorce and to young adults who are just getting started in their work life. Another coalition of labor groups and contractors on public works projects explored ways to level the playing field for contractors offering health insurance when they bid on public projects.

Examples from the field

In the city of Manchester, committed community stakeholders have been using their knowledge of their community—data collected over years—to develop better services and capacity in the health system there. Their focus is to better serve the most vulnerable and underserved residents of the city, and they are enhancing statewide knowledge about the best ways to organize care and services. We may also learn from them how to develop the kinds of strong working relationships that can help a city pull together to address its health problems.

The New Hampshire Citizens Health Initiative (CHI) continues to be a centerpiece of the Endowment’s work to remove economic barriers to health. From its origins in the Pillars Project, this effort developed its own momentum in enhancing knowledge about our state’s health system and how the interrelated parts of the system work together—as well as how to keep them from working at cross purposes. A hallmark of the CHI is its ability to bring all stakeholders

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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
One of the more intriguing projects this past year was a pilot to learn how the field of Systems Dynamics might be applied to addressing the challenges to our health care system. Experts from the engineering field journeyed with us as we explored health care as a complex, dynamic system. Through this work, we are learning how to look at these systems through a powerful new lens.

The Endowment for Health takes a total-system view of health care. To that end, the discipline of Systems Dynamics will help us understand the cause and effect of the economic barriers to health and health care that face so many of our residents. It is impossible to solve the current challenges by addressing any one element of the health system alone. Improving coverage, quality and access; reducing cost—none of those alone will do the job, but must be achieved together.

The ongoing work of the New Hampshire Citizens Health Initiative will continue to advance knowledge and progress in a coordinated effort in all of these spheres to improve health and reduce illness. The Endowment for Health will likely continue to explore the use of this valuable tool with our other theme areas. We invite our community partners to join in learning how to “think differently” about the challenges that face us all in our work.
Beyond “technical fixes”

As we look ahead at the Endowment’s work in this theme, we face the realization that technical “fixes” alone—to health care reimbursement, workforce supply, the organization of care and coverage—will never erase all of the economic barriers to health.

The hard fact still remains that our income and education levels have a lot to do with our health—more so than an egalitarian society such as ours may find comfortable. The causes are complex and intertwined; it’s not just a matter of having better access to care, though that counts, or knowing about good prevention and health habits. Nor is it a matter solely of having access to decent housing, healthy affordable food, and safe places for physical activity, which are also important. Some research suggests that the chronic stress of poverty and the lack of social connectedness also play a strong role. The evidence is starting to add up—if you want to improve health, you can do a lot by increasing education, incomes, and community connectedness.

This is going to be a challenging area for the Endowment to explore, and is ripe for enhancing our collective knowledge. We look forward to the thoughtful explorations, learning, research, and engaged discussions with our communities as we start down this path.

**ECONOMIC BARRIERS TO ACCESS GRANTS: 2007 PROGRAM YEAR**

<table>
<thead>
<tr>
<th>Theme Implementation Grants</th>
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<tbody>
<tr>
<td>Health First Family Care Center, Second Site, Laconia, NH</td>
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<tr>
<td>Health First Family Care Center, Inc.</td>
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<tr>
<td>Laconia HSA</td>
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<td>$30,000</td>
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<tr>
<td>Manchester Sustainability Access Project</td>
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<td>c/o Mental Health Center of Greater Manchester</td>
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<tr>
<td>Manchester HSA</td>
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<td>$520,236</td>
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**Public Policy Grants**

Crossing the Public Policy Divide
Institute of Health, Law & Ethics at Franklin Pierce Law Center
State of NH
$25,000

The Impact of Construction Procurement Decisions on Workers’ Access to Health Care
New Hampshire AFL-CIO
EAP Services
State of NH
$84,995

Divorce-Health Access Project
The Public Policy Institute
State of NH
$76,622

Health Care Expansion Coalition
The Public Policy Institute
State of NH
$20,000

**Convening Grant**

Securing the Future of the Primary Care Medical Home
Crotched Mountain Foundation
State of NH
$49,993

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<th>Planning Grants</th>
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<tbody>
<tr>
<td>StraffordCare</td>
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<tr>
<td>Avis Goodwin Community Health Center</td>
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<tr>
<td>Dover &amp; Rochester HSAs</td>
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<td>$24,618</td>
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<tr>
<td>Leadership Development</td>
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<tr>
<td>Bi-State Primary Care Association</td>
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<td>State of NH</td>
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<td>$35,100</td>
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<tr>
<td>Academic Detailing Planning Initiative</td>
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<tr>
<td>Prescription Policy Choices</td>
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<td>State of NH</td>
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<tr>
<td>$24,880</td>
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<tr>
<td>Systems Dynamics Simulation for Healthcare Modeling</td>
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<td>Thayer School of Engineering/Dartmouth College</td>
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<td>State of NH</td>
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<tr>
<td>$29,551</td>
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<tr>
<td>Technical Assistance Grant</td>
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<tr>
<td>Electronic Medical Record Implementation Technical Assistance</td>
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<td>Indian Stream Health Center</td>
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<tr>
<td>Berlin, Colebrook, Conway, Lancaster, Littleton &amp; Rochester HSAs</td>
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<tr>
<td>$8,000</td>
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<tr>
<td>Emergency Grant</td>
</tr>
<tr>
<td>Emergency Grant Funding</td>
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<tr>
<td>Health First Family Care Center, Inc.</td>
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<tr>
<td>Franklin &amp; Laconia HSAs</td>
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<tr>
<td>$31,000</td>
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<tr>
<td>Discretionary Grants</td>
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<tr>
<td>New England Alliance for Children’s Health: SCHIP &amp; Medicaid Survey Project</td>
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<tr>
<td>Community Catalyst, Inc.</td>
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<tr>
<td>State of NH</td>
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<tr>
<td>$5,000</td>
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<tr>
<td>Uninsured Primary Care</td>
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<tr>
<td>Mid-State Health Center</td>
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<td>Plymouth HSA</td>
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The Endowment for Health is taking two approaches to reducing geographic barriers to health: improving access to transportation that is essential to maintaining health; and improving telehealth infrastructure to access health services.

1. Improving transportation

The first approach entails getting people to the services they need through transportation solutions. The Endowment for Health has made a major investment in helping communities coordinate their transportation resources and expand access to services. Currently, the Endowment funds work in six regions with projects to plan for improved coordination of transportation services and to expand services and access.

Each project has built on the learning from others and tailors its approach to the specific needs and resources in its communities. Changes in state and federal policy are encouraging the coordination of transportation services, and with the Endowment’s help, more New Hampshire communities are getting ready to respond.

Because so much of New Hampshire is rural, public transit will likely never meet the needs of all of our residents. The Endowment for Health recently made a planning grant to Bonnie CLAC (Car Loans and Counseling) to evaluate new service sites, make its services more culturally accessible, and to look at policy changes that would allow TANF recipients to take advantage of Bonnie CLAC’s services. Bonnie CLAC helps lower-income families become more self-sufficient through financial education and access to loans to buy reliable, fuel efficient, new cars at affordable interest rates.

2. Improving telehealth access options

The second approach to reducing geographic barriers to health employs best practices in telehealth. The Endowment for Health invested in the creation of a statewide New Hampshire Telehealth Program (NHTP). The group works collectively to overcome systemic barriers while...
Leaders across the state share their knowledge to improve access to transportation. From left to right, back row: Kelly Murphy, Sullivan County Community Mobility Project; and Sönke Dornblut, University of New Hampshire. Front row: Beverly Raymond, Tri-County Community Action; Rebecca Harris, Contoocook Valley Transportation Cooperative; and Andrea Gilbert, Contoocook Valley Project/Under One Roof.

**FEATURED GRANTS:**
Regional Transportation Coordinators

**WORKING TOGETHER TO IMPROVE TRANSPORTATION**

**Type of Grants:** Theme Implementation and Planning

Across New Hampshire, community partners are working together to improve access to transportation by coordinating their services and expanding to new areas. Endowment-funded projects in Carroll County, Contoocook Valley, Greater Derry-Salem Area, Souhegan Valley, Strafford County, Eastern Rockingham Counties, and Sullivan County, share their knowledge to develop community-tailored solutions to coordinate existing transportation resources and expand their reach. They also work to develop new services that can be sustained over time.

- The Cooperative Alliance for Regional Transportation (CART)—building on the work of the Regional Transportation Council—is a state-chartered transit provider that coordinates van resources throughout the suburban and rural towns around Derry and Salem.
- In Strafford County, the Alliance for Community Transportation now works with its regional transit agency, COAST, to develop a coordinated transportation plan for all of Strafford and Eastern Rockingham counties—from the Rochester region to the Exeter area.
- In the Contoocook Valley (the greater Peterborough area), partners are building a multi-town transportation cooperative to serve this particularly challenged rural region that has very few transportation resources.
- A faith-based advocacy group in the Souhegan Valley towns around Milford is using education and advocacy to bring more resources for non-emergency transportation to its communities—and to find local funds to support it.
- Carroll County residents are working with North Country Transit to develop new transportation routes and services for this large Northern New Hampshire county with few services—and an overworked volunteer transportation system.
- Sullivan County has had an intensive planning process to coordinate services as well.

With Endowment support, all of these project partners have developed a better knowledge of their communities’ transportation needs, worked with state and national experts, and unstintingly shared their own knowledge and learning with each other.

**Videoconferencing to address workforce shortage**

Additionally, the use of videoconferencing technologies are helping to mitigate the state’s mental health workforce shortages by “plugging in” rural communities.

Last year, the Endowment co-funded a videoconferencing network connecting all ten of New Hampshire’s community mental health centers, exchanging technical information and implementation experience.

Support for pilot projects have proven to be an effective strategy to demonstrate the potential of telehealth to improve access, quality of care, and operational efficiency.

Where telehealth applications have been used widely—in tele-radiology and home monitoring, for example—organizations have demonstrated improvements in operational efficiency and quality and have sustained their telehealth infrastructure through normal business operations.

**Continued on page 14**
health centers with the Dartmouth Trauma Interventions Research Center and New Hampshire Hospital. Initially, the network will be used to train clinicians in evidence-based treatment for children who experienced trauma. Some community mental health centers are already planning for other telehealth applications using the equipment and existing telecommunications infrastructure.

Addressing telecommunications infrastructure

Lack of telecommunications infrastructure in NH’s rural communities has been a major barrier to telehealth adoption. In partnership with Maine and Vermont, New Hampshire was the recipient of nearly $25 million in federal funds to create a telecommunication infrastructure for telemedicine. With adequate telecommunications infrastructure, we anticipate growing interest in telehealth as a tool to improve the quality of care and to increase operational efficiency.

Ongoing work

Our ongoing work in both transportation and telehealth will continue to help reduce the geographic barriers in our state—by helping the people of New Hampshire get where they need to go and by helping bring expert advice into underserved areas using the latest technology.

**Theme Implementation Grants**

- **Greater Derry-Salem Regional Brokerage Demonstration Project**
  - Cooperative Alliance for Regional Transportation (CART)
  - Derry, Exeter & MA Border HSAs
  - $90,552

- **The NH Child/Adolescent Trauma Telehealth Project**
  - Dartmouth Trauma Interventions Research Center/Dartmouth Medical School
  - c/o Dartmouth College
  - State of NH
  - $450,538

- **New Hampshire Telehealth Program**
  - New Hampshire Telehealth Program
  - c/o Community and Family Medicine/NH AHEC/Dartmouth College
  - State of NH
  - $145,719

- **Strafford Network**
  - Transportation Brokerage for Strafford and Eastern Rockingham Counties
  - Dover, Exeter, Portsmouth & Rochester HSAs
  - $18,288

**Planning Grants**

- **Work Plan to Expand Bonnie CLAC’s Transportation Services**
  - Bonnie CLAC
  - State of NH
  - $30,000

- **GSOP Souhegan Valley Non-Emergency Medical Transportation Project**
  - Granite State Organizing Project
  - Nashua HSA
  - $20,000

**Transportation Brokerage for Strafford and Eastern Rockingham Counties**

**Strafford Network**

Dover, Exeter, Portsmouth & Rochester HSAs

$18,288

**Transportation for Everyone: Contoocook Valley Transportation Cooperative**

**Under One Roof c/o Monadnock Community Hospital**

Peterborough HSA

$55,900

**Community Mobility Project**

United Way of Sullivan County

Claremont, Keene, Lebanon & New London HSAs

$19,910

**Discretionary Grant**

Carroll County Transportation Project

Tri-County Community Action Program, Inc.

Conway, Plymouth, Rochester & Wolfeboro HSAs

$10,000
We are becoming increasingly aware of the social and cultural barriers that inhibit some of our most vulnerable residents from living healthy lives. In this theme area, the Endowment is fully aware that our community partners are the “on the ground experts” who are transferring their knowledge and experiences to us.

Through strategic investment we are helping to strengthen the capacity of grassroots organizations to collect and disseminate information. As we build our knowledge base, we seek to collaboratively identify creative strategies for reducing these barriers. For as Johann Wolfgang Von Goethe once said, “Knowing is not enough. We must apply!”

Gathering qualitative information

The Endowment has invested in numerous projects that gather information to understand social and cultural barriers and to inform program and policy choices to overcome such barriers. These grants include scientifically based, quantitative studies, such as the Manchester Health Disparities Study. But to date, most social-cultural projects have relied on gathering qualitative information and anecdotal evidence at the grassroots level.

One example is a survey conducted by New American Africans, an ethnic based organization, to identify the needs and hopes of African refugee youth in Southern New Hampshire. Other examples include a needs assessment to determine the state’s readiness for a Community Health Worker Training Institute and a survey of low-income and immigrant workers who have dealt with workers’ compensation issues.

Bringing stakeholders together

In addition to supporting the information gathering, we also value the importance of convening people to share knowledge and ideas that address social and cultural barriers.

One such convening brought recognized experts to the state from the African Community Center of Indianapolis. They came to inform and inspire our community partners from refugee communities to work collaboratively. Another example is our work with the New Hampshire Charitable Foundation and Grantmakers Concerned with Immigrants and Refugees (GCIR). Together we sponsored a day-long workshop on immigrant integration for New Hampshire’s funders.

Continued on page 16
FEATURED GRANT:
The New Hampshire Coalition for Occupational Safety and Health

INCREASING ACCESS TO WORKERS’ COMPENSATION MEDICAL BENEFITS FOR LOW-INCOME AND IMMIGRANT WORKERS

Type of Grant: Planning

The NH Coalition for Occupational Safety and Health (NHCOSH) has worked for years to improve injured workers’ access to the medical benefits associated with workers’ compensation. Through an Endowment for Health planning grant, an 18-month research project was launched. The objective was to gain better knowledge about the problems of immigrant, refugee, and low-income workers related to on-the-job injuries and workers’ compensation claims.

The findings of the study were powerful and began to create an understanding of the challenges. Injured workers in New Hampshire frequently have trouble accessing workers’ compensation medical benefits and often lack knowledge of the workers’ compensation system. Information is often absent in the appropriate language. The study also pointed to workers who did not think they could file for workers’ compensation benefits—as well as those who were not aware that they could appeal the denial of a claim. Crucial “disconnects” in communication on the part of providers and insurers were also spotlighted in the research.

Based on this new knowledge, recommendations were made to increase worker education, and to provide information in more languages. Coalition work with health care providers will help to prompt and document work-related causes of injury. Better connections with existing legal-assistance services will also help workers know their rights and boost their confidence in acting upon them.

Supporting community partner learning opportunities

We have also supported learning for community partners by providing scholarship funds for a number of conferences and by funding a peer-to-peer exchange. In this exchange, Lutheran Social Services and the Spring Institute for Intercultural Learning of Colorado explored new models and ideas regarding medical interpretation.

Educating the public

There are many different ways that we can support the dissemination of information to the larger public. During the 2007 Program Year, the Endowment supported the development of communication campaigns and the use of film to enhance understanding of social cultural barriers to health.

A grant to Friends of Women’s Supportive Services enables focus groups and the development of messages and media outreach. The goal is to increase reporting and accessing services among victims of sexual assault.

In addition, support for Including Samuel, a locally produced documentary, is helping the public to better understand the challenges and benefits of inclusion for children with disabilities.

Much to learn

We still have much to learn about those who face social and cultural barriers to health in New Hampshire and how we address these challenges.

It is the Endowment’s current tactical plan to go to the “experts”
SOCIAL-CULTURAL BARRIERS TO ACCESS GRANTS: 2007 PROGRAM YEAR

Theme Implementation Grants
In SHAPE Program IV
Monadnock Family Services
Keene & Peterborough HSAs
$84,601

Manchester Child Law Program
New Hampshire Legal Assistance
State of NH
$157,408

Community Health Worker Training Institute
New Hampshire Minority Health Coalition
State of NH
$198,389

Somali Woman Health Educator
Somali Development Center
Manchester HSA
$70,493

Applied Research Grant
Evaluation for Health Promotion Intervention for Persons with Severe Mental Illness III
Dartmouth Psychiatric Research Center c/o Dartmouth College
Concord, Keene & Manchester HSAs
$107,953

Public Policy Grant
HIV/AIDS Action
AIDS Response Seacoast
State of NH
$11,000

Convening Grants
New England Regional Minority Health Conference
New England Regional Minority Health Committee c/o Welcoming Light, Inc.
State of NH
$5,000

Reducing Cancer Disparities of Vulnerable Populations: A Comprehensive Approach
New Hampshire Minority Health Coalition
State of NH
$5,000

Planning Grants
Creating A Communication Model To Address Barriers That Inhibit Victims From Reporting Sexual Assault And Accessing Services
Friends of Women’s Supportive Services, Inc.
Claremont & Lebanon HSAs
$30,000

GNHCC Medical Interpretation Pilot
Greater Nashua Healthy Community Collaborative c/o Foundation for Healthy Communities
Nashua HSA
$17,150

Health Education–Youth Empowerment
New American Africans, Inc. c/o Open Arms Outreach, Inc.
State of NH
$34,213

Technical Assistance Grants
African Community Technical Assistance
African Community International, Inc.
State of NH
$1,868

Including Samuel
Granite State Independent Living
State of NH
$10,000

Discretionary Grants
GCIR Funders Workshop: The Changing Face of NH Grantmakers Concerned With Immigrants and Refugees (GCIR)
State of NH
$3,000

Medical Interpretation Services
Peer-to-Peer
Lutheran Social Services of Northern New England
State of NH
$4,138

Native American Health Tent
Lutheran Social Services of Northern New England
State of NH
$9,952

Manchester Health Disparities Survey
New Hampshire Minority Health Coalition
State of NH
$5,000

Managing Major Change
New Hampshire Minority Health Coalition
State of NH
$8,500

Leadership Development for Women for Women Coalition
Women for Women Coalition of NH c/o The Way Home
Manchester HSA
$2,065

—those at the grassroots level—who face these challenges on a daily basis. Through strategic investments we are nurturing these grassroots organizations, helping them to increase their knowledge, and strengthening their potential to grow into community leadership to improve the health and well-being of our most vulnerable residents.
The Endowment for Health, like every foundation seeking meaningful impact, needs to focus its limited resources on only a few key issues or themes. However, it also is important to give some level of support to other important health issues that face New Hampshire’s residents. It may be the priority investment of other funders. It may be an issue in the fragile formative stage of development. Often it is an issue that requires the collaborative support of New Hampshire’s statewide advocacy, knowledge, and capacity-building organizations. Or, it may be the need to quickly address critical, unexpected needs and opportunities which other funders are unable or unwilling to support.

This “other” category of our work often represents the earliest learning about an issue but it can later result in major system changes. We anticipate just such an outcome from the Commission to Develop a Comprehensive State Mental Health Plan. Building the knowledge and public awareness of New Hampshire’s residents on important social issues is often the key strategy necessary for a system change. This is illustrated by our support this year of a senior citizens’ theater group working with health professionals to act out and discuss pain management.

While everyone wants to act as wisely as possible in all of their work, nonprofits often cannot afford the cost of outside expert assistance or the staff time to learn. Therefore, a funding priority for the Endowment is to help health-related organizations obtain outside technical assistance, as well as to fund convenings where people can learn, plan, and evaluate together. In 2007 these investments offered a range of support, such as assistance to explore a merger between two

OTHER GRANTS TO IMPROVE HEALTH

KNOWLEDGE IS CRITICAL TO ADDRESS ALMOST EVERY HEALTH RELATED ISSUE
We also underwrote a broad range of key leaders to come together and strategize on lead poisoning prevention in our state. The Endowment also joined this year with other funders to support a major educational and planning meeting to address the prevention of obesity through healthy eating and active living.

The ultimate goal for a statewide foundation like the Endowment is to disseminate the knowledge from the work in one community to another through solid evaluation. Our multiyear investment in the work of the Foundation for Healthy Communities, for instance, has developed a groundbreaking model for community-based prevention and treatment in pilot communities. Now this work has been applied to a range of conditions—including childhood obesity—and has spread to every region of the state.

**FEATURED GRANT:**

**New Hampshire Center for Nonprofits**

**NEW HAMPSHIRE NONPROFIT LEADERSHIP SUMMIT**

**Type of Grant:** Convening

On September 10, 2007, more than 300 nonprofit leaders from across the state met together for the first NH Nonprofit Leadership Summit. It was a day filled with information sharing and knowledge building orchestrated by the NH Center for Nonprofits. For many, this was participants’ first time learning alongside nonprofits from other sectors. The group explored nonprofit best practices that they share in common with topics that included collaboration, creative income generation, partnerships across sectors, mergers and acquisitions, and taking an organization to scale. Presentations included a nationally-recognized keynote speaker, case studies, discussion groups, and a panel that examined how to share knowledge across the New Hampshire nonprofit sector as a whole. Summit materials were available on CD for each attendee to take home to share with their staff and others. A detailed feedback survey was used to gather information about the impact of the summit.

The Endowment’s planning and convening grant was one resource from a variety of foundations, corporations, and other businesses that made this day of learning possible. The grant paid for the expense of a project coordinator that allowed the NH Center for Nonprofits to allocate the time and resources necessary to produce case studies of five nonprofit organizations. At the end of the day, the participants were better informed, and the Center was strengthened as a knowledge builder for NH nonprofits.
O T H E R  G R A N T S :  
2 0 0 7  P R O G R A M  Y E A R

Applied Research Grant
Community Prevention & Treatment Initiative (CPTI) Phase 3
Foundation for Healthy Communities
Conway, Derry & Wolfeboro HSAs
$50,022

Data Grant
Child Protection Oversight
Children’s Alliance of New Hampshire
State of NH
$17,357

Public Policy Grants
Lead Poisoning Prevention Collaborative
Child Health Services
State of NH
$45,820

Commission to Develop a Comprehensive State Mental Health Plan
c/o Endowment for Health
State of NH
$77,500

Communicating the Importance of Public Health to Key Stakeholders
New Hampshire Public Health Association
State of NH
$100,508

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

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

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

Sustaining Leadership New Hampshire Leadership New Hampshire
State of NH
$6,500

Sustaining NH Center for Nonprofits New Hampshire Center for Nonprofits
State of NH
$25,000

Sustaining the New Hampshire Minority Health Coalition
New Hampshire Minority Health Coalition
State of NH
$25,000

Sustaining New Hampshire Public Health Association
New Hampshire Public Health Association
State of NH
$25,000

Sustaining New Hampshire Public Radio
New Hampshire Public Radio
State of NH
$25,000

Convening Grants
Healthy Eating/Active Living Forum
Healthy New Hampshire Foundation
State of NH
$15,441

Statewide Nonprofit Summit
New Hampshire Center for Nonprofits
State of NH
$12,000

Literature & Medicine: Humanities at the Heart of Healthcare
New Hampshire Humanities Council
Concord, Derry, Lancaster, Littleton & Nashua HSAs
$10,000

Planning Grants
Lobbying Training Planning Grant
New Hampshire Center for Nonprofits
State of NH
$6,850

Regional Collaboration Management
United Way of the Greater Seacoast
Dover, Exeter, Portsmouth & Rochester HSAs
$30,000

Technical Assistance Grants
Planning for a Stronger Mental Health Care Safety Net in the Seacoast
Alliance for Community Health/Families First of the Greater Seacoast
Dover, Exeter & Portsmouth HSAs
$28,803

Targeted Prevention for Girls
New Hampshire Task Force on Women & Recovery
c/o Odyssey House, Inc.
State of NH
$13,806

OTHER GRANTS:
2007 PROGRAM YEAR
Discretionary Grants

A Safe Place and Sexual Assault Support Services Collaboration Feasibility Study
A Safe Place–Seacoast Task Force on Family Violence, Inc
Derry, Dover, Exeter, MA Border, Portsmouth & Rochester HSAs
$10,000

Wrecked Capitol Center for the Arts
State of NH
$5,000

Project IRS: Rebuild Recess
Mascoma Valley Regional School District: Indian River Middle School
Lebanon HSA
$10,000

“Pain is a Drain; Exploring Barriers to Quality Pain Management”
New Hampshire Hospice and Palliative Care Organization
State of NH
$7,745

EMS Transition Work
Upper Connecticut Valley Hospital
Colebrook HSA
$2,616

Youth Empowerment Services (YES)
West Central Behavioral Health
Claremont & Lebanon HSAs
$10,000

Grant Implementation

Tamworth Dental Center
Tri-County Community Action Program, Inc.
Conway & Wolfeboro HSAs
$298,809

Public Policy Grant

Coalition for New Hampshire Oral Health Action: Public Policy Work
Coalition for NH Oral Health Action c/o Bi-State Primary Care Association
State of NH
$101,090

Convening Grant

Evidence Based Caries Prevention
NH Dental Society
State of NH
$5,150

Planning Grants

Oral Health Education Programs for Cancer Center & Wound Healing Institute Patients
Cancer Center & Wound Healing Institute at Wentworth-Douglass Hospital
Dover & Exeter HSAs
$35,000

Manchester Dental Program
Healthy Manchester Leadership Council/Catholic Medical Center
Manchester HSA
$5,882

The Molar Express Planning Initiative
North Country Health Consortium
Berlin, Colebrook & Littleton HSAs
$30,119

Discretionary Grants

Tamworth Dental Center
Management Agreement
Avis Goodwin Community Health Center
Conway, Dover, Laconia, Plymouth & Rochester HSAs
$4,500

Oral Health Conference
Bi-State Primary Care Association
State of NH
$1,000

Enhance Oral Health Opportunities
Sullivan County Oral Health Collaborative c/o Valley Regional Hospital
Claremont HSA
$5,000
The dual purposes of our Endowment Fund remain intact. The shorter-term focus is current income which provides cash to support current programs. The longer-term focus is to grow the principal to assure increasing levels of support in the future.

Seven years ago, the Investment Committee received $80 million to invest. 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. By staying focused on the longer-term strategy, the Committee is pleased to report that the initial setbacks are well behind us. Over the past five years ending September 30, 2007 the Endowment Fund has achieved an average annualized return of 16.3%. For the past fiscal year our return of +19.4% is substantially ahead of our peers.

The conservative nature of our investment policy prevents us from involvement in higher risk investments. Accordingly and appropriately, we have virtually no exposure to some of the mortgage securities that have recently experienced considerable losses.

While continuously and generously funding health care initiatives throughout the state, our Endowment Fund has grown to $106 million at our fiscal year end. This growth will allow even more monies to be granted to help our fellow residents in future years.

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

Submitted by,

Greg McConahey
Investment Committee Chair

Paul Spiess
Treasurer

FROM THE INVESTMENT COMMITTEE

Asset Allocation
Diversification of Funds (as of September 30, 2007)

US Equities Large Cap (29%)
US Equities Small/Mid Cap (18%)
International Equities (27%)
Bonds (6%)
Alternative Investments (12%)
Cash & Cash Equivalents (7%)
Program-Based Investments (1%)

Statements of Financial Position
For the Year Ended September 30, 2007 and
For the Year Ended September 30, 2006

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>989,298</td>
<td>2,076,907</td>
</tr>
<tr>
<td>Cash and cash equivalents, restricted</td>
<td>2,758,892</td>
<td>2,639,370</td>
</tr>
<tr>
<td>Investments, at fair market value</td>
<td>104,237,491</td>
<td>90,540,243</td>
</tr>
<tr>
<td>Loan receivables</td>
<td>1,350,000</td>
<td>1,350,000</td>
</tr>
<tr>
<td>Other receivables</td>
<td>26,291</td>
<td>15,106</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>34,971</td>
<td>8,498</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>14,622</td>
<td>25,271</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>109,411,565</td>
<td>96,655,395</td>
</tr>
</tbody>
</table>

| **LIABILITIES AND NET ASSETS** |          |          |
| Accounts payable and accrued expenses | 225,654  | 239,634  |
| Grants payable                  | 4,093,711| 3,248,651|
| **Total liabilities**           | 4,319,365| 3,488,285|
| Net assets                      | 105,092,200| 93,167,110|
| **Total liabilities and net assets** | 109,411,565 | 96,655,395|
### Statements of Activities
For the Year Ended September 30, 2007 and For the Year Ended September 30, 2006

#### REVENUE AND SUPPORT

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment Income</td>
<td>1,867,887</td>
<td>1,723,800</td>
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<tr>
<td>Realized gain on investments</td>
<td>5,491,191</td>
<td>7,755,640</td>
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<tr>
<td>Unrealized gain (loss) on investments</td>
<td>10,655,751</td>
<td>(745,052)</td>
</tr>
<tr>
<td>Total Revenue and Support</td>
<td>18,014,829</td>
<td>8,734,388</td>
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</table>

#### EXPENSES

**Program:**

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant award</td>
<td>4,088,653</td>
<td>3,290,830</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>571,921</td>
<td>509,743</td>
</tr>
<tr>
<td>Professional service</td>
<td>102,953</td>
<td>80,084</td>
</tr>
<tr>
<td>Meeting expense</td>
<td>21,210</td>
<td>22,358</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>19,608</td>
<td>32,997</td>
</tr>
<tr>
<td>Training and conference</td>
<td>3,752</td>
<td>5,110</td>
</tr>
<tr>
<td>Total program expenses</td>
<td>4,808,097</td>
<td>3,941,122</td>
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</tbody>
</table>

**Management and general:**

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment fees</td>
<td>531,389</td>
<td>559,964</td>
</tr>
<tr>
<td>Professional service</td>
<td>208,446</td>
<td>153,166</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>199,737</td>
<td>207,739</td>
</tr>
<tr>
<td>Excise tax</td>
<td>74,806</td>
<td>88,175</td>
</tr>
<tr>
<td>Office expense</td>
<td>54,157</td>
<td>69,357</td>
</tr>
<tr>
<td>Rent and parking</td>
<td>53,262</td>
<td>51,216</td>
</tr>
<tr>
<td>Meeting expense</td>
<td>50,279</td>
<td>40,496</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>39,017</td>
<td>39,487</td>
</tr>
<tr>
<td>Insurance</td>
<td>24,228</td>
<td>19,187</td>
</tr>
<tr>
<td>Utilities and telephone</td>
<td>16,271</td>
<td>13,934</td>
</tr>
<tr>
<td>Payroll tax</td>
<td>12,572</td>
<td>13,618</td>
</tr>
<tr>
<td>Depreciation</td>
<td>10,649</td>
<td>16,246</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>6,829</td>
<td>4,239</td>
</tr>
<tr>
<td>Total management and general expenses</td>
<td>1,281,642</td>
<td>1,276,824</td>
</tr>
</tbody>
</table>

#### Total Expenses

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>6,089,739</td>
<td>5,217,946</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (decrease) in unrestricted assets</td>
<td>11,925,090</td>
<td>3,516,442</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>93,167,110</td>
<td>89,650,668</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>105,092,200</td>
<td>93,167,110</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 two gubernatorial appointments.

Public Members
Richard Chevrefils
(untiil February 2007)
Susan Chollet, Ex-officio
Cynthia Dokmo, Chair
Sylvio Dupuis, O.D.
Arthur Froburg
Ross Gittell
Caroline McCarley
(Appointed March 2007)
Margaret McClellan
Gregory McConahey
Paul Spiess, Treasurer
Martha Van Oot, Secretary
William Walker

Non-public Members
Sanders Burstein, M.D.
Michael Coughlin, Vice Chair
Deanna Howard
Ann Peters
Trinidad Tellez, M.D.

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 and that members serve as community liaisons on behalf of the foundation.

Public Members

Belknap County
Charlotte Dubois

Carroll County
Victoria Blodgett

Cheshire County
Martha Bauman
Elizabeth Fox

Hillsborough County
Randy Benthien
Andrew Dillman
Harry Figueroa
Michael Ostrowski

Merrimack County
Monica Ciolfi
Rabbi Richard Klein
Thomas Raffio
Rodney Tenney

Rockingham County
Thomas Grebouski
Jan Nisbet
Timothy Phoenix
Jackie Weatherspoon

Strafford County
Betsy Andrews Parker
Alan Reed-Erickson

Non-public Members

Belknap County
Thomas Clairmont

Carroll County
Mary Bidgood-Wilson

Coos County
Robert Fink
Adele Woods

Grafton County
Eugene Lariviere, M.D.

Hillsborough County
Gina Balkus, Chair

Merrimack County
Jennifer Frizzell
David Robar
Richard Silverberg

Rockingham County
Donna Tighe

Strafford County
Gregory Walker

Sullivan County
Claire Bowen

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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 and Chief Operating Officer
We celebrated something important last June. The Endowment, its grantees, and its partners marked the close of the foundation’s Oral Health theme work and looked back on six years of groundbreaking achievement. Investments totaling nearly 5 million dollars helped strengthen the oral health delivery system and supported the policy work of the state’s Oral Health Coalition. Work was done to enhance public awareness of the connection between oral health and overall health. Support was also given to foster the leadership needed to carry the work forward.

The evolution of the Endowment’s work in the oral health theme area reflects the evolution of the foundation itself and provides many valuable lessons for future work in other themes.

Primary among those lessons was the importance for the Endowment to clearly articulate the goals and strategies that would be used to guide its work and achieve its stated outcomes. The Endowment’s decision to play a greater role in effecting change resulted in the creation of the oral health theme goals and strategies in 2004. This “mid-course correction” resulted in stronger proposals, clearer evaluation measures, and more specific opportunities for public policy work. It also led to a more constructive and supportive relationship between the Endowment and its grantees. This created a clear direction and was then applied to a year-long process in preparation for the new mental health theme.

Another valuable lesson was the importance of project planning. Many of our early oral health grants were directed toward the implementation of new delivery sites to enhance access. These grants were carefully selected and have proven successful. Building on this work, the Endowment initiated the Letter of Inquiry process, providing grantees the chance to more fully explore their project ideas before submitting a full proposal. A planning phase is now viewed as an almost essential component of theme implementation grant approval. This emphasis on planning prior to the implementation for oral health projects served both the grantee and the Endowment by providing time to gather reliable data to establish need, research best practices, establish the necessary partnerships, and begin the thoughtful deliberation of activities required for a smooth transition to project start-up, evaluation, and sustainability.

The importance of competent, sustainable leadership cannot be overestimated. We needed to identify capable individuals and organizations willing to stay in the game for the long haul—even after the funding ended. This proved doubly important because there is a protracted time frame involved in creating, moving, and sustaining both projects and public policy. Knowledge, best practices, and policy can take years to evolve before they are embraced and become entrenched.

While the Endowment for Health will no longer accept proposals for oral health project implementation, we welcome applications for research, planning, convening, public policy, and technical assistance. We will still be available to discuss project ideas, needs, and challenges. The Endowment for Health will continue to fund the New Hampshire Oral Health Coalition to work on substantive public policy initiatives that promise to enhance access, build on the public health infrastructure, and integrate oral health with primary care. The membership is growing and will require engagement from all segments of the health field to draw the attention of decision and policy makers.