A Decade of Touching Lives
Ten Years of Program Work
Our Mission

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

Table of Contents

A Decade of Program Work, An Era From Which To Build ..................... 1
Letter From President and Board Chair ........................................... 2
Letter From Vice President and Chief Operating Officer ...................... 4
Giving Voice to New Hampshire’s People ........................................ 5
The Changing Face of New Hampshire: Inclusive Communities and Health Equity ................................................................. 6
A Reasoned Approach to Health-System Improvement ......................... 7
Coordinated Transportation and Telehealth: New Options to Enhance Health and Community Connections ........................................... 8
Improving the Oral Health of New Hampshire’s People ....................... 10
A System That Can Have a Positive, Life-Long Impact on Our Children ...... 11
A Simple and Approachable Grant Application Process ....................... 12
2010 Grants ....................................................................................... 13
Investment Letter ........................................................................... 15
2010 Financial Statements ............................................................... 16
Board, Investment Committee, Advisory Council, and Staff ................. 17

About This Report

The Endowment for Health photographed its annual report at the Currier Museum of Art. Located in the state’s largest and most diverse City of Manchester, the Currier is home to an internationally respected collection of European and American paintings, decorative arts, photographs and sculpture, including works by Picasso, Matisse, Monet, O’Keeffe and Warhol. Its associated Currier Museum Art Center offers studio classes, art camps, intensive workshops and outreach programs for all ages.
A Decade of Program Work, An Era From Which To Build

2010 marks part two of our ten-year celebration. While last year’s annual report highlighted the anniversary of the Endowment’s formation, this year’s report celebrates a full decade of our program work, including, but not limited to, grantmaking.

In this year’s report, you will read many examples of how the Endowment for Health formed and refined its strategies and priority areas over the years, with an emphasis on a growing collaboration with our community partners.

Throughout these pages, you’ll also notice our “Wall of Honor,” a full list of all the organizations whose work we’ve funded throughout the years, representing many different stakeholder groups and health and service disciplines. Nonprofit organizations provide vital safety-net and support services to New Hampshire’s most vulnerable residents. The Endowment for Health’s investments in the health and human-service nonprofit sector have fostered innovation, strengthened capacity, and enabled replication of best practices.

From the smallest investments meeting an urgent need to the largest attempting to make systemic change, Endowment for Health grants have touched the lives of tens of thousands of the state’s most vulnerable residents.

Our program staff, past and present, reflect on the cumulative body of work, its obstacles, lessons learned and its impact on health-system improvement. While the Endowment for Health does not fund individuals, we know our work touches individual lives and populations within our state and beyond. When the health system is fair and efficient, we all benefit. We remain true to our mission: To improve the health and reduce the burden of illness for the people of New Hampshire – especially the vulnerable and underserved.

Our program staff also recount within these pages their “ah ha” moments – stories and experiences that remind them why the work is important and how it ultimately changes the lives of Granite Staters for the better.

“We know our work touches individual lives and populations within our state and beyond. When the health system is fair and efficient, we all benefit.”
Letter From President and Board Chair

Our First Decade: A Joint Adventure

This Annual Report documents our activities for the fiscal year that ended on September 30, 2010 and takes notice of the fact that we have successfully concluded ten years of program work, including grantmaking. Since 2001, the Endowment for Health has awarded more than $31.5 million to 228 organizations, representing 725 grant awards. Each grant has been in support of our mission, “To improve the health and reduce the burden of illness for the people of New Hampshire” with a particular concern for populations that are vulnerable or underserved. Our understanding of the meaning of health continues to be defined as a state of physical, social, and mental well-being, and not simply the absence of disease.

In the fall of 2000, as the board began to prepare the organization for its first year, its members committed to two concepts which would guide the developing entity. First, an agreement that “integrity” would be our guiding value. Without persistent attention to this value, we would lose the trust and respect of our constituents. In subsequent years, our full values were articulated, including stewardship, fairness, respect, compassion, and courage. Second, the board vowed that it would become a “learning organization” in the true sense of the word. That meant we would participate in ongoing education aimed at constant organizational improvement. Indeed, national foundations, nonprofits, grantees, partners, and consultants have all been among our valued teachers, helping us to form our strategic direction. So while we were directed by the Attorney General to be independent in our thinking, our progress has relied heavily on our ability to listen well.

This has been crucial, since most of us came here with little, if any, experience in how foundations operate. But we have learned because we had to learn. In the months that followed, the board and staff, by necessity, grew up together and cemented a relationship that remains in place today. Our working relationship is one borne from a mutual respect and appreciation.

By the middle of the decade, our program work began to mature. We were adapting to lessons learned, working more closely with an expanding array of community partners, and including government and other funders on mutual issues. We were also targeting our resources more effectively on systems change in each of our themes, as well as learning and using new philanthropic tools beyond grantmaking. These tools include our voice, our knowledge, our opinion and our relationships with others. A survey by the Center for Effective Philanthropy ranked the effectiveness of the Endowment for Health among the top foundations in the country of its size, following an exhaustive assessment by our community partners and our own staff. The grant program became more standardized but, when needed, we could be extremely flexible. Two community health centers (CHCs), for example, received urgent financial support that helped them to continue services. Several states, some as far away as the Midwest, developed programs based on innovations we funded here in New Hampshire. A major theme, Oral Health, was successfully concluded and we said farewell to Lindsay Josephs, whose dedication and commitment left a legacy of four dental clinics around the state and an ongoing program of sealants in the school system. Similar efforts targeted vulnerable or underserved populations and remain in place today.

“The status quo is not an option,” opens a recent paper entitled, What’s Next for Philanthropy. Its premise is that philanthropy’s core practices and principles remain essentially unchanged from the way they were a hundred years ago. But the next ten years will entail more rigorous coordination and adaptation.

“So while we were directed by the Attorney General to be independent in our thinking, our progress has relied heavily on our ability to listen well.”
The Endowment for Health recognized these issues beginning with a strategic retreat in 2009. The world around us is changing rapidly and we will need to change with it. No foundation in New Hampshire has the resources to deal with the multitude of health issues that now lie before us. An example is our new work in mission investing. Our first step took place several years ago by a commitment to the New Hampshire Community Loan Fund and more recently to our low-interest loan fund available to community health centers, mental health centers, community oral health centers, and other key safety-net providers. These program-related investments extended the reach and effectiveness of our resources and will continue to do so for many years to come.

It is difficult to believe that ten years have passed since we crowded into a small room on 14 South Street and deliberated how best to use our resources. There is still the thrill of seeing the requests that come in and the opportunity to reach out and help. The changes that confront us are not to be feared; they are opportunities to continue our mission.

We view the last decade as a joint adventure with satisfaction and the pleasure of being able to bring the resources of the Endowment for Health to an enormous variety of organizations in New Hampshire.

James W. Squires, M.D.        Susan R. Chollet
President                   Board Chair

James W. Squires, M.D.  Susan R. Chollet
President                Board Chair
Focus, Focus, Focus.

MARY KAPLAN
Vice President and Chief Operating Officer

From Day One as a new foundation, our “marching orders” were to focus, focus, focus in order to have impact. Therefore, the board and advisory council created what we still call our “themes” or focus areas. These choices were based on what they had heard during the public hearings on community need across the state, incorporating health status and demographic data. We also searched for best-practice solutions and culled from the experiences of national and peer foundations in other states. A big dose of reality was added as to what we could do as a new and unknown foundation and one with a finite set of resources. Our original focus was primarily about breaking down the barriers that exist in New Hampshire for the vulnerable and underserved to access the health care system. We felt strongly that they should have equitable access to the system on par with most other New Hampshire residents – long known to be some of the healthiest folks in the nation.

As we further peeled back the onion of our work, we recognized that each theme was multi-dimensional and that we needed a variety of tools to have the desired impact, including advocacy, leadership development, helping people work together, infusing knowledge, communication, and leverage. In essence, we needed to do more than just grantmaking. Working with the key stakeholders, we focused on creating a roadmap to impact each theme, clearly defining what we could do as a foundation – while not over-promising or overstepping the appropriate role of philanthropy. With the deft guidance and insight of our evaluation consultant, Karen Horsch, we have also developed systems to document our work and share within grantee organizations as well as externally to national philanthropies.

AH HA MOMENT

A foundation, unlike almost any other entity in the health sector, is an independent institution with an opportunity to be a significant vehicle for social change. We can quickly act to do what we believe is the best course of action. We also realized early that we cannot do our work without our partners who are also part of a complex system, and who have the capacity and readiness to adapt.

LOOKING AHEAD

We will see more coordination with other funders to solve bigger social problems with our partners, including government. We will hone our ability to quickly adapt to the increasingly complex dynamics of the health and health-care systems in New Hampshire and nationally. Our work will be driven more by the health-related needs of communities and populations, such as public health, rather than the health-care system.
Giving Voice to New Hampshire’s People

PEG LEPAGE
Administrative Assistant

The Endowment for Health has provided dollars for projects to increase access to services that enhance lives and focus on physical health and wellbeing as well as the activities of daily living. With the broad definition of health, New Hampshire’s adults, children and families have benefited. This is evidenced by some of our early work to fund new school playgrounds to our longer-term work in community transportation.

We also learned how to develop other philanthropic tools such as advocacy, leadership, helping people work together, infusing knowledge, communication and leveraging. The Endowment has been the sounding board in many communities over the last decade.

Just the fact that Dr. Squires and other members of our team are willing to sit down in church basements, libraries or schools and listen to community concerns is a cathartic exercise in good times or bad. I am reminded of Listening Sessions such as those we held in Groveton, where we heard of mill closures and challenges affording health insurance, to Alstead, where flooding had devastated the community to the Upper Valley where a lack of safe water was brought to our attention.

The Endowment has provided educational opportunities for nonprofits, offered at no cost to organizations that do not have the budget to send staff to workshops, seminars, or conferences.

AH HA MOMENT

I remember an event that happened one summer day. A young man from the Somali community walked into the Endowment office, wanting to know about grant opportunities and if it could help his people. The man was Nasir Arush. Kim Firth took the time out of her busy day to sit on the porch with Nasir and explain the Endowment grant making policy and to learn about the Somali population in New Hampshire. Kim’s action, and many more to follow by other Endowment program directors, gave me a better understanding of the Endowment’s mission and the values we live by.

WHAT’S NEXT

The Endowment will continue to be the voice that can be heard when others can’t speak out – even when our voice must echo in a difficult landscape and despite voicing unpopular truths at times. We will remain committed to doing what is right for the people of New Hampshire and for their overall health and well-being.

“We will remain committed to doing what is right for the people of New Hampshire and for their overall health and well-being.”

A DECADE OF GRANTEE PARTNERS

CAPITAL REGION FAMILY HEALTH CENTER
CAPITOL CENTER FOR THE ARTS
CARING COMMUNITY NETWORK OF THE TWIN RIVERS
CARROLL COUNTY MEDIATION SERVICES
CARSEY INSTITUTE, UNH
CATHOLIC MEDICAL CENTER
CENTER FOR EVALUATIVE CLINICAL SCIENCES, DARTMOUTH
CENTER FOR HEALTH LAW AND ECONOMICS, UMASS
CENTER FOR LAW AND SOCIAL POLICY
CENTER FOR LIFE MANAGEMENT
CENTER OF HOPE
CENTER ON ADOLESCENCE, UNH
CHILD AND FAMILY SERVICES OF NH
CHILD HEALTH SERVICES
CHILDREN’S ALLIANCE OF NH
CHRONIC CONDITIONS INFORMATION NETWORK OF VT AND NH
CLAREMONT SOUP KITCHEN
COALITION OF AFRICAN ORGANIZATIONS
COLLEGE OF DENTAL MEDICINE, UNE
COMMUNITY ACTION PROGRAM – BELKNAP-MERRIMACK COUNTIES
COMMUNITY AND FAMILY MEDICINE, DARTMOUTH
COMMUNITY CATALYST
COMMUNITY COUNCIL OF NASHUA
COMMUNITY DIVERSION PROGRAM
COMMUNITY HEALTH ACCESS NETWORK
COMMUNITY HEALTH INSTITUTE
CONCORD DENTAL SEALANT COALITION
CONCORD HOSPITAL
CONCORD REGIONAL VISITING NURSE ASSOCIATION
CONTIOCOOK VALLEY TRANSPORTATION COMPANY
COOPERATIVE ALLIANCE FOR REGIONAL TRANSPORTATION
COOPERATIVE EXTENSION, UNH

2010 ANNUAL REPORT
The Changing Face of New Hampshire: Inclusive Communities and Health Equity

KELLY LAFLAMME

Program Director, Social Cultural Barriers

The Endowment has improved the lives and health of New Hampshire’s people in many ways. We have focused attention on issues and populations that otherwise may have been neglected or ignored and have used our resources to bring various interests and stakeholders together to work on common goals. We have also worked to build capacity within ethnic-led organizations to provide critical services and culturally appropriate supports to newly-arrived immigrants and refugees. All the while we strive to bring national best practices and resources to New Hampshire.

Over time, we made the decision to focus our limited resources on addressing the social and cultural barriers to health for racial, ethnic and language minorities, with the aim of achieving greater results with our funding in the social cultural theme. For instance, we have seen significant progress in increasing language access for limited English proficient and Deaf or Hard of Hearing populations within the health care setting.

Our investments have helped to increase the cultural effectiveness of the existing health-care workforce and we are now increasingly considering how, with limited resources, we can help New Hampshire grow its own multi-lingual, multi-cultural health-care workforce.

AH HA MOMENT

It is satisfying to know our investments are making a difference, and stunning to know how critically important our limited investments are in moving the state towards greater health equity. Through our investments of time, talent and resources, we have helped to cultivate a growing cadre of advocates and workers for health equity in New Hampshire.

WHAT’S NEXT

Over the past ten years we have learned that addressing social and cultural barriers really requires looking at whole systems. As we go forward we will continue our efforts to expand language access, culturally competent care, and immigrant integration by working through the new NH Health and Equity Partnership. We remain vigilant to ensure that these times of limited resources unite us as diverse communities, rather than divide us.

“We have focused attention on issues and populations that otherwise may have been neglected or ignored.”
A Reasoned Approach to Health-System Improvement

JEANNE RYER
Program Director, Economic Barriers

As a nonpartisan foundation, we believe that data is critical to enhancing knowledge and can lead to better, more informed policy. The Endowment for Health has provided a baseline of quality research about the health system in New Hampshire. We have convened stakeholders through the Pillars Project and the Citizens Health Initiative for conversation and action that have made real progress to improve our health system in the state. We have helped advocates coalesce around important health issues through NH Voices for Health. And we have done a lot of work to shore up our safety net health services – the unsung heroes of our health system. Yet our safety net organizations continue to struggle, and will, until everyone they see is covered in some meaningful way. The cost pressures on all parts of the system are profound and getting worse. But we have a path forward through the Affordable Care Act, if we have the ability as a nation to move forward.

AH HA MOMENT

The county I live in has the highest percentage of people without health insurance in New Hampshire. Many in our state have trouble getting the care they and their kids need, since they have no health insurance and make a barely livable wage. Still today, I have people ask me every week at the post office, the library or the store, how they can get health insurance they can afford or care someone desperately needs. There are still no good answers for them, but within a few years the Affordable Care Act should put health care within financial reach for most of them.

WHAT’S NEXT

The Endowment for Health will continue its work to bring people together on this issue and by presenting reasoned and well researched analysis to help the public and policymakers deal with complicated – but ultimately very fixable – health-system problems. In New Hampshire, we can have a health system that helps people stay healthy, takes good care of them when they’re sick, and does all this in a high-quality, cost-effective manner.

“The Endowment for Health has provided a baseline of quality research about the health system in New Hampshire.”
Coordinated Transportation and Telehealth: New Options to Enhance Health and Community Connections

JEANNE RYER AND KIM FIRTH
Program Directors, Geographic Barriers

It seemed that resources could be better deployed, with less duplication, to create more access to transportation for those who cannot drive themselves. Many areas of New Hampshire were either underserved with transportation or completely left off the map. So our work has become a balance: coordination of all forms of community transportation and helping communities build up systems where none exist. A big challenge is folding in the volunteer networks that so many parts of the state rely upon.

High gas prices, combined with the recession, made more people aware of the need for greater transportation options and willing to try new options. Unfortunately, that kind of behavior change is still very price-sensitive. The advent of the State Coordinating Council for Community Transportation has provided a way to move these discussions to a public sphere. The State of New Hampshire continues to underfund public and community transportation. Many communities leave much-needed federal transportation funds on the table every year because local governments can’t afford the required matching funds. We have to figure out a funding mechanism to get community transportation systems in place and financially sustainable.

As a result of coordination efforts and Endowment for Health-funded projects, we have hundreds of engaged citizens and volunteers around the state who understand these issues and want better, coordinated community transportation – now!

AH HA MOMENT

An Endowment-funded project with the Institute on Disability found that a large percentage of people who now give rides to family members, friends and neighbors, fully expect they themselves will need rides within a few years. At that point we understood the enormity of the challenge and the risk to our state of having so many people not able to get around and do the daily activities of life – in a state that so heavily depends on being able to drive yourself in your own car everywhere you need to go!

WHAT’S NEXT

The Endowment will work to help the state move to the systems it needs to truly coordinate transportation and to ensure that the payment flows to the agency best able to provide it. We need to promote statewide solutions that account for regional needs while helping New Hampshire develop a much more comprehensive community transportation system that all of us would be delighted to use — and then use it!
Bringing Services to People

When the Endowment began its support for telehealth, its potential was not well understood. Rural states across the country were developing innovative telehealth models to increase the quality of and access to an array of health services. Telehealth also includes technologies to support provider and patient education and health administration.

Early investments in telehealth helped New Hampshire to understand best practices, document the feasibility of and understand the barriers to telehealth adoption. Slowly, state-based demonstration projects and associated research have emerged – mostly within mental health and home care agencies. In 2009, major legislation was passed enabling providers using telemedicine to bill private health insurance for these services. This legislation removed one of the major barriers to telehealth adoption. Despite steady forward momentum, telehealth continues to be an under-utilized resource for our rural state.

AH HA MOMENT

Telehealth is merely a tool that allows the health sector to address an unmet need – not an end in itself. In our early work to create a statewide telehealth program, it became clear that the health sector and the individual provider systems must see a business need for deployment of telehealth. We are just not there. Until there are financial incentives for the health sector to deliver the right care, at the right time, to all of New Hampshire’s residents, telehealth will likely remain an untapped resource.

WHAT’S NEXT

The Endowment will continue to respond to the changing health care environment, looking for opportunities to promote telehealth solutions and foster collaboration among early telehealth adopters and with those interested in telehealth.

“Until there are financial incentives for the health sector to deliver the right care, at the right time, to all of New Hampshire’s residents, telehealth will likely remain an untapped resource.”
Improving the Oral Health of New Hampshire’s People

LINDSAY JOSEPHS
Former Program Director, Oral Health

From the outset, the Endowment has worked to raise awareness and a sense of urgency about the issue of oral health and its relation to overall health. The disparities in oral health status, especially among low-income families and the elderly in the state, were alarming. Our early work brought together those who knew the extent of the problem and those who were skeptical - first in informal settings and later more formally, to design the state’s official oral health plan.

While this process was successful in creating a roadmap for future efforts that would improve oral health in New Hampshire, it simultaneously signaled the challenges and pitfalls that would lie ahead in making it a reality. There was a need for ongoing public education, better reimbursement and sustainable funding, as well as expanding the role and independence of hygienists, and creating new public health providers and practice models to improve access.

One of our first strategies was to improve access by funding oral health services in health centers, schools, and community-based settings. We set about removing the cultural and legislative hurdles to accomplish this work and move the theme forward.

While we have been successful in our efforts, challenges remain, progress is slow and endangered by budget shortfalls, but the Endowment was and is patient. The foundation has joined others on the national level and supports coalition efforts to make policy change, as well as investing in a new dental school that promises public health-oriented graduates.

AH HA MOMENT

My greatest epiphany was the story of the unfortunate and preventable death of Deamonte Driver. This poor child, from a poor family in Maryland, died from a brain abscess caused by untreated tooth decay. That story reconfirmed like nothing else the importance of the Endowment’s work in oral health. For me personally, it rekindled the urgency and passion in my work.

WHAT’S NEXT

The Endowment is working to keep oral health care on the overall health reform agenda both in New Hampshire and nationally by participating in and supporting the work of the New Hampshire Oral Health Coalition, which focuses on policy change to improve the oral-health system.
A System That Can Have a Positive, Life-Long Impact on Our Children

KIM FIRTH
Program Director, Children’s Mental Health

When the Endowment for Health’s Board of Directors chose to focus on improving the mental health of New Hampshire’s children and their families, there was a dearth of research and very little momentum to improve access and the quality of mental health care for children in our state. Despite the fact that mental health problems are more common than childhood asthma or obesity, most children in need of mental health treatment still do not receive it.

In addition to significant monetary investment in improving the children’s mental health delivery systems, the foundation’s focus on this important issue has raised awareness and created momentum to make major systemic changes needed to ensure the best possible outcomes for our children. The foundation is increasingly focused on needed public policy changes, making the work more complex. Partnership with government has been key. We see strengthening collaboration among advocates and family organizations and stronger organizational linkages between all child-serving systems.

Initial investments in this theme sought to create a strong baseline of knowledge. A number of reports have been produced which quantified prevalence, service use and current expenditures associated with the children’s mental health delivery system, workforce challenges, and use of evidence-based practices. Research has established the “state-of-the-state” in children’s mental health with emphasis on particularly vulnerable cohorts of children and youth.

AH HA MOMENT

The Endowment has supported efforts to increase the availability of research-based children’s mental health interventions. What really brought it to life for me was hearing from a young woman who shared her heart wrenching story of a childhood no one should have to endure. She shared her experience of the positive impact that an Endowment-funded intervention has had on her life. It cemented my belief that high-quality mental health care, delivered at the right time, based on a young person’s strengths and needs, can have a profound, life-long impact.

WHAT’S NEXT

The Endowment for Health, in partnership with the New Hampshire Charitable Foundation, has convened a Children’s Behavioral Health Collaborative which is currently working to create a “roadmap” or strategic plan for a unified system of care for children with behavioral health problems. This work will produce a concrete set of recommendations for transformative change to the existing children’s behavioral health system. The Endowment for Health can have the greatest impact by partnering with governmental agencies, as well as the advocacy and provider communities, to implement these recommendations through policy and programmatic reform.
A Simple and Approachable Grant Application Process

SUE FULTON
Grants and Financial Manager

Our first round of grant proposals was submitted June 30, 2001. We had no furniture, no experience with philanthropy, and had just installed a top-of-the-line grant management system we were trying to learn. On that day, we received 100 proposals, many hand-delivered to us as we sat in folding chairs by our folding tables and paper boxes for file cabinets. Our president, James Squires, vice president, Mary Vallier-Kaplan, a summer intern and I, worked on our laptops, entering each data point of each proposal into the system – all weekend. Some of the paper proposals took up almost a full file box in space. The work was very tedious, as every detail about an organization and proposal had to be keyed into the system.

Much has changed in the ten years since we began. Our office is now furnished, staff has a good deal of knowledge about philanthropy, and we are proficient with the grantmaking software we had purchased. Grant proposals are now submitted electronically and the data points are brought into our grantmaking software with a click of a button. Today our work is much more focused and strategic than in the past. Although our grantmaking in 2001 made a difference in the lives of the people of New Hampshire, I believe we have a stronger impact today with more systemic and focused grantmaking.

Our work has become much more collaborative, working with nonprofits, government and other funders to improve the health of the people of New Hampshire. We now use the data from these systems to improve how we manage grants and to better understand the lessons learned from our work.

AH HA MOMENT

Connecting people has always been a part of our work, but so much more so today than in our earlier years. For me, it was exciting to collaborate on a project to simplify and streamline the application process for our community partners. The amount of information we require of grant applicants has been significantly reduced so that they can focus on what’s most important. We have also created a shorter application form for requests of $5,000 and less. Additionally, we have formed more partnerships with our community partners, working on projects more collaboratively.

WHAT’S NEXT

What the next ten years bring is unknown, but I would anticipate a continued strategic and focused approach, with many community partners working together to improve the health of the people of New Hampshire.

“I believe we have a stronger impact today with more systemic and focused grantmaking.”
## REDUCING SOCIAL CULTURAL BARRIERS TO HEALTH

**New Hampshire Nursing Diversity Pipeline Project**  
Endowment for Health  
$50,000

**You Have the Power: Small Steps to Better Health Conference**  
Southern NH AHEC  
Lamprey Health Care  
$4,785

**Operational Capacity Need**  
New Hampshire Minority Health Coalition  
$10,000

**African Community Health Education and Empowerment**  
Somali Development Center  
$42,270

**Africans United for Stronger Families**  
Women to Women Coalition  
$125,849

## IMPROVING CHILDREN’S MENTAL HEALTH AND THEIR FAMILIES

**Addressing Children’s Exposure to Trauma and Chronic Stress**  
Child & Family Services of New Hampshire  
$1,875

**N.H. Systems Transformation and Realignment (NH STAR) Project**  
Community Health Institute/JSI Research & Training  
$87,821

**Suicide Prevention Conference**  
Dartmouth Injury Prevention Center/Trustees of Dartmouth College  
$4,000

**The Family Place**  
Families in Transition  
$14,000

**Mental Health Transformation Grant Opportunity**  
Health Strategies of N.H.  
$5,200

## REDUCING ECONOMIC BARRIERS TO HEALTH

**New Hampshire Children’s Behavioral Health Collaborative:**  
Creating a unified system of care  
Health Strategies of NH  
$57,025

**RENEW II Capacity Building Project**  
Institute on Disability  
University of New Hampshire  
$228,466

**Behavioral Health Reform Project**  
Institute on Disability  
University of New Hampshire  
$101,777

**Development of Core Competencies of Personnel Working in Children’s Mental Health in New Hampshire**  
Institute on Disability  
University of New Hampshire  
$64,702

**Sustaining the National Alliance on Mental Illness**  
National Alliance on Mental Illness-New Hampshire  
$25,000

**Behavioral Interviewing for use in Executive Director search**  
National Alliance on Mental Illness-New Hampshire  
$4,000

**Navigating Systemic Change:**  
New Hampshire Partners in Service/North America Family Institute, Inc.  
$34,750

**Autism in New Hampshire-A Special Broadcast from NHPR**  
New Hampshire Public Radio  
$3,600

**Spotlight on Poverty and Opportunity**  
Center for Law and Social Policy  
$10,000

**New Hampshire DSCH Program Redesign**  
Health Strategies of New Hampshire  
$10,000

**Health Reform Implementation Support**  
Health Strategies of New Hampshire  
$20,000

**Health Reform Implementation Support**  
Health Strategies of New Hampshire  
$20,000

**Strengthening the Health Care Safety Net in the Lakes Region**  
Lakes Region Mental Health Center, Inc. (d/b/a Genesis Behavioral Health)  
$10,000

**Community Health Leaders**  
New Hampshire Citizens Alliance  
$5,000

**Health Care for All - Education and Implementation**  
New Hampshire Citizens Alliance  
$30,000

**Re-engineering Riverbend to Meet the Future**  
Riverbend Community Mental Health  
$10,000

**New Hampshire Voices for Health**  
The Public Policy Institute  
$125,000

**New Hampshire Voices for Health**  
The Public Policy Institute  
$18,000

**NH National Health Reform Summit**  
The Public Policy Institute  
$18,089

**Sustaining NH’s Health System - VI**  
Citizens Health Initiative University of New Hampshire  
$75,000

**Coom County Hospital Collaborative**  
Upper Connecticut Valley Hospital  
$20,000
REDUCING GEOGRAPHIC BARRIERS TO HEALTH

Transit Feasibility Study for Plymouth Area
North Country Council, Inc. $3,350

Monadnock TMA Symposium
Southwest Region Planning Commission $2,000

State Coordinating Council for Community Transportation 2010 Annual Summit
State Coordinating Council for Community Transportation/Advance Transit, Inc. $5,000

IMPROVING ORAL HEALTH

New Hampshire Oral Health Coalition
Oral Health Coalition/New Hampshire Public Health Association $25,000

University of New England College of Dental Medicine Planning Grant
University of New England $50,000

NON-THEME GRANTS

The Health Coverage Fellowship
Blue Cross Blue Shield of Massachusetts Foundation $17,000

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

Manchester Health Department - Strategic Planning
City of Manchester Department of Health $5,000

NH Compassionate and Caring Schools Project
Cooperative Extension University of New Hampshire $10,000

Bridge Grant During Difficult Economic Times
Council on Fund Raising New Hampshire (CONFR) $15,000

Development of a Standard of Care for Perinatal Mood Disorders
Elliot Hospital Maternity Center Elliot Hospital $4,905

Support for Strategic Collaboration to Strengthen the Safety Net for NH Children and Families
FamilyStrength $5,000

Salem Dental School Program
Greater Derry Oral Health Collaborative Corporation $5,000

Lead Poisoning Prevention Collaborative
Health Strategies of New Hampshire $20,000

The NH Grants Institute
Health Strategies of NH $1,730

Health Strategies
Health Strategies of NH $3,000

Leadership Development
Health Strategies of New Hampshire $5,000

Sustaining the Institute for Health, Law & Ethics
Institute for Health, Law & Ethics/University of NH School of Law $25,000

Sustaining Leadership NH
Leadership New Hampshire $10,000

Sustaining the NH Center for Nonprofits
New Hampshire Center for Nonprofits $25,000

Creating Nonprofit Advocacy Capacity in NH
New Hampshire Center for Nonprofits $40,000

Strengthening Nonprofit Capacity
New Hampshire Center for Nonprofits $6,000

Nonprofit Resource Platform
New Hampshire Center for Nonprofits $25,000

Sustaining the NH Center for Public Policy Studies
New Hampshire Center for Public Policy Studies $25,000

Ensuring the Future of the NH Coalition to End Homelessness
New Hampshire Coalition to End Homelessness $20,000

Homeless Summit
New Hampshire Coalition to End Homelessness $5,000

Sustaining NH Legal Assistance
New Hampshire Legal Assistance $25,000

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

Facilitated Discussion on Administrative and Fiscal Collaboration
New Hampshire Public Health Association $4,950

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

Sustaining the NH Fiscal Policy Institute
New Hampshire State Fiscal Policy Institute $50,000

Enhanced Care Planning Project
Serenity Place $3,540
Investment Letter

Economic markets have been uncertain and volatile. As the country rebounds from one of the worst recessions in history, the Endowment for Health continues to support health-related programs while ensuring resources are available in perpetuity to improve the health of the people of New Hampshire.

Last year, the Board of Directors approved a program related investment to increase access to flexible and predictable capital financing for New Hampshire nonprofit health-service providers. The Endowment partnered with NCB Capital Impact and is pleased to report the program has been implemented and is available. Program related investments are an effective method to leverage foundation resources to address the mission while maintaining the asset value.

During this most recent fiscal year, financial markets continued their sharp rebound as the global economic environment showed signs of improvement. Consumer confidence steadily increased and investors were encouraged by low interest rates, low inflation, and a strengthening of corporate balance sheets and profits. Uncertainty abounded and fears continued over high unemployment, excess country debt levels — particularly in the Eurozone — and a tepid recovery in the housing market.

While not without inter-period volatility, in general, stock and bond markets around the world advanced high single digits to low double digits over the period ended September 30, 2010. Essentially, all major asset classes posted positive returns for the year, and the level of performance was commensurate with the level of risk inherent in each asset class.

The Endowment Fund was rewarded for maintaining its long-term discipline, generating a fiscal year return of 10.1%. Our Endowment assets ended the year at $76.5 million. By the end of calendar year 2010, amid continued positive returns from the markets, assets reached nearly $80.0 million.

The Investment Committee spent significant time during the fiscal year with our new Portsmouth, NH-based investment consultant, Prime Buchholz, working to enhance the long-term investment strategy. Our primary goal is to generate expected returns that will support and grow future grant-making capability. In doing so, we strive to outpace the rate of inflation to preserve and bolster the purchasing power of the assets while minimizing the volatility of returns and improving capital preservation characteristics. We are pleased with the progress to date and will continue to be diligent and prudent in portfolio construction and investment manager oversight.

We also welcomed Marshall Rowe to the Investment Committee this year. Our special thanks go to the Investment Committee members who serve the interests of the public by providing their insight and expertise without compensation. We are especially appreciative of their enhanced efforts and time commitment during the past year as we restructured the portfolio and changed investment consultants.

We are cautiously optimistic as we head into the coming year and confident that we have the right strategy in place for long-term success.

Greg McConahey
Chair, Investment Committee

Karin Caruso
Treasurer

“We are cautiously optimistic as we head into the coming year, and confident that we have the right strategy in place for long-term success.”
For a full understanding of the Audited Consolidated Financial Statements, including the notes to the financial statements, visit our website at http://www.endowmentforhealth.org/uploads/Endow%20Financials.pdf

In July 2007, Health Strategies of New Hampshire, Inc. (wholly-owned subsidiary of the Endowment for Health, Inc.) was created in order to conduct initiatives, projects, programs, research and data collection and analysis; independently and with others, to address key issues and public policies that promote the health of New Hampshire residents and the health of their health care system.

Endowment for Health, Inc. and Subsidiary
Consolidated Statements of Activities
(For Years Ended September 30, 2010 and 2009)

Revenue and investment gains (losses)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income</td>
<td>$1,194,855</td>
<td>$1,242,201</td>
</tr>
<tr>
<td>Realized gain on investments</td>
<td>7,409,896</td>
<td>(5,163,679)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(2,264,638)</td>
<td>(1,651,538)</td>
</tr>
<tr>
<td>Grant income</td>
<td>76,576</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total revenue and investment gains (losses)</strong></td>
<td><strong>6,416,689</strong></td>
<td><strong>(5,563,016)</strong></td>
</tr>
</tbody>
</table>

Program expenses

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant expense</td>
<td>1,640,164</td>
<td>2,743,142</td>
</tr>
<tr>
<td>Salaries and benefit expense</td>
<td>602,784</td>
<td>621,542</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>157,162</td>
<td>183,095</td>
</tr>
<tr>
<td>Program support expense</td>
<td>22,213</td>
<td>27,465</td>
</tr>
<tr>
<td>Miscellaneous expense</td>
<td>2,670</td>
<td>5,141</td>
</tr>
<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>2,424,993</strong></td>
<td><strong>3,580,385</strong></td>
</tr>
</tbody>
</table>

Management and general expenses

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefit expense</td>
<td>339,745</td>
<td>326,977</td>
</tr>
<tr>
<td>Investment expense</td>
<td>299,755</td>
<td>321,149</td>
</tr>
<tr>
<td>Federal excise tax expense</td>
<td>173,412</td>
<td>183,438</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>152,683</td>
<td>183,095</td>
</tr>
<tr>
<td>Office expense</td>
<td>66,467</td>
<td>68,285</td>
</tr>
<tr>
<td>Administrative support expense</td>
<td>57,147</td>
<td>83,575</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>3,075</td>
<td>3,854</td>
</tr>
<tr>
<td><strong>Total management and general expenses</strong></td>
<td><strong>1,185,795</strong></td>
<td><strong>1,071,927</strong></td>
</tr>
</tbody>
</table>

Increase (decrease) in revenues over expenses from operations

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>3,610,788</strong></td>
<td><strong>4,652,312</strong></td>
</tr>
<tr>
<td>Increase (decrease) in unrestricted net assets</td>
<td>2,805,901</td>
<td>(10,215,328)</td>
</tr>
<tr>
<td><strong>Unrestricted net assets, beginning of the year</strong></td>
<td><strong>70,996,998</strong></td>
<td><strong>80,908,779</strong></td>
</tr>
<tr>
<td><strong>Unrestricted net assets, end of the year</strong></td>
<td><strong>73,802,899</strong></td>
<td><strong>70,996,998</strong></td>
</tr>
</tbody>
</table>

EH Investment Asset Allocation

- Fixed income: 18,592,223 (24%)
- International equity: 11,885,157 (16%)
- Domestic equity: 28,763,312 (38%)
- Cash: 3,078,443 (4%)
- Liquid capital: 7,815,338 (10%)
- Mission investing: 1,600,000 (2%)
- Inflation hedging: 4,728,130 (6%)
- **Total:** 76,462,603

Endowment for Health, Inc. and Subsidiary
Consolidated Statements of Financial Position
(as of September 30, 2010 and 2009)

**Assets**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$3,088,401</td>
<td>$7,240,503</td>
</tr>
<tr>
<td>Cash and cash equivalents, restricted</td>
<td>3,575</td>
<td>8,672</td>
</tr>
<tr>
<td>Investments</td>
<td>71,784,159</td>
<td>66,198,413</td>
</tr>
<tr>
<td>Mission investing</td>
<td>1,600,000</td>
<td>1,350,000</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,715</td>
<td>4,444</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>9,723</td>
<td>9,100</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>6,025</td>
<td>4,444</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>76,493,598</strong></td>
<td><strong>74,853,132</strong></td>
</tr>
</tbody>
</table>

**Liabilities and net assets**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>$2,530,829</td>
<td>$3,672,815</td>
</tr>
<tr>
<td>Accounts payables and accrued expenses</td>
<td>88,331</td>
<td>183,319</td>
</tr>
<tr>
<td>Federal excise tax payable</td>
<td>71,539</td>
<td>6,090,699</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>2,690,699</strong></td>
<td><strong>3,856,134</strong></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>73,802,899</td>
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<td><strong>Total liabilities and net assets</strong></td>
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Endowment for Health Board of Directors

The Board of Directors is composed of individuals who have demonstrated interest in, and understanding of, the communities and organizations intended to benefit from the Endowment’s activities. Public members of the Board also 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
Karin Caruso, Treasurer
Susan Chollet, Chair
Eleanor Dunfy-Freiburger
Eddie Edwards
Randy Foose
Ross Gittell, Ph.D. (partial year)
Cordell Johnston, Vice Chair
Esteban Lopez
Caroline McCarley
Gregory McConahey

NON-PUBLIC MEMBERS
Sanders Burstein, M.D.
Margaret Franckhauser
Sandra Pelletier, Secretary
Richard Showalter, Jr.
Trinidad Tellez, M.D.

Investment Committee
Stephen Handley
Greg McConahey, Chair
James Oates
Marshall Rowe
Richard Showalter
John Snow
Rodney Tenney
Consultants:
William McCarron and Ryan O’Quinn
from Prime Buchholz
and Associates, Portsmouth, NH

Advisory Council Members

The Advisory Council is composed of 20 to 25 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

CARROLL COUNTY
Donna Sargent
Frances Strayer

CHESHIRE COUNTY
Martha Bauman

COOS COUNTY
Margaret McClellan

GRAFTON COUNTY
Eugene Lariviere, M.D.
Norrine Williams

HILLSBOROUGH COUNTY
Randy Benthien
Andrew Dillman

MERRIMACK COUNTY
Thomas Raffio
Rodney Tenney

ROCKINGHAM COUNTY
Jan Nisbet, Ph. D.

STRAFFORD COUNTY
Betsy Andrews Parker

SULLIVAN COUNTY
Deborah Mozden

NON-PUBLIC MEMBERS

COOS COUNTY
Robert Fink
Adele Woods, Secretary

HILLSBOROUGH COUNTY
Gina Balkus

MERRIMACK COUNTY
Richard Silverberg

ROCKINGHAM
Ann Peters, Chair
Donna Tighe (partial year)

STAFF MEMBERS
Karen Ager
Director of Communications

Cheryl Dempsey
Administrative Manager

Kim Firth
Program Director

Sue Fulton
Grants and Financial Manager

Kelly Laflamme
Program Director

Peg LePage
Administrative Assistant

Jeanne Ryer
Program Director

James Squires, M.D.
President

Mary Vallier-Kaplan
Vice President & Chief Operating Officer

Assets

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