We envision a culture that supports the physical, mental, and social wellbeing of all people—through every stage of life...
The Endowment for Health is a statewide, nonprofit foundation dedicated to improving the health of New Hampshire people — especially the vulnerable and underserved. Learn more about our work at www.endowmentforhealth.org

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New Hampshire is changing in many ways. To successfully meet the challenges that lie ahead, we must look through the windshield rather than the rear-view mirror. In that forward-thinking spirit, this year’s annual report is as much a look ahead as it is a review of last year’s work. Throughout 2013, the Endowment for Health invested more than $2.5 million in mission-related programs and grants and funded important health-policy research and advocacy initiatives. Simultaneously, the Endowment spent much of the past year engaged in the most rigorous strategic planning process since the foundation’s inception (see related article on page 2).

From that groundbreaking work came an important realization shared by our Board of Directors, Advisory Council and Staff: New Hampshire’s prosperity, economic and otherwise, depends directly on the health of its people. That’s because good health is critical to the formation of high-quality human capital—the skills, knowledge and experience that enable people to be productive. Without good health, human potential cannot be realized. It’s as simple as that. To us, the bottom line is clear: Unless we do a better job ‘connecting the dots’ between the health of our people and the health of our economy, we cannot expect to achieve great results.

We firmly believe that, as the Endowment moves its work farther upstream to address the root causes of social problems, a multi-generational, multi-cultural approach within our communities will result in better health outcomes, lower health-care costs, and a more vibrant New Hampshire economy.

Our society is changing and so is the structure of our families and communities. We can no longer define them in the same way we did when Leave it to Beaver aired on television. We must recognize and welcome a variety of situations, including single-parent and same-sex families working hard to make a good life; new ethnic cultures enriching our state; and innovative structures supporting and engaging us as we age.

We must also define health broadly. Health is the state of complete physical, mental and social wellbeing. It’s not just about treating illness or injury. It’s also about the environment in which we are born, live, learn, work, play and age. This understanding must guide our collective work.

The road ahead will present many challenging social, cultural and economic problems to be sure. But, with your partnership, we are up to the task. The keys are in the ignition, our GPS set. Let us journey together toward a shared vision of healthy people, strong families and vibrant communities.

Sincerely,

Steven Rowe, President
Sandra Pelletier, Board Chair
Our new strategic direction

The Endowment for Health recently unveiled a new strategic plan. It sets a new direction to promote the health and wellbeing of all who call New Hampshire home. At its core is the premise of supporting a healthy population at every age and stage of life. The plan builds on connections between healthy people, realized potential and a workforce brimming with energy and creative ideas—all contributing to a vibrant economy.

The Endowment’s new plan calls for directing attention and resources upstream to prevent problems and/or minimize their negative effect. The plan aligns directly with important demographic changes taking place in New Hampshire. Our state’s aging population is growing dramatically, while at the same time, the alarmingly low birth rate is expected to continue. Moreover, an increasing percentage of new births is expected to occur in low-income families. This represents a sea change in the composition of our population and poses future challenges that we must deal with now.

For instance, due to a myriad of factors, a young child born into poverty is more likely to experience social, emotional and behavioral problems than a child born into a middle- or upper-class family. Similarly, elders who lack a strong support network of family, friends and appropriate services, often lose their independence and are unable to do the things that matter most to them. All that unrealized potential comes at a high cost to the state. Yet, if we get it right—if we can start kids ready to learn and support their wellbeing as they grow into adulthood; if we can provide the right support for elders to remain in their homes and communities as they age—we will see realized potential and a brighter future for the State of New Hampshire.

Our strategic plan supports this audacious vision by selecting two new priority areas and continuing the important work of others. That is why we are entering a year of planning for our new priority areas, Ensuring the Healthy Development of Young Children and Ensuring the Health and Dignity of Elders. Along with these new areas, we continue our important work in Children’s Behavioral Health, Health Equity and Health Policy Capacity Building (formerly the Reducing Economic Barriers to Access theme).

Our process

As chair of the Strategic Planning Committee, I have been honored to work with an incredibly talented Board, Council and Staff. They thoughtfully engaged in the work and immersed themselves in a rigorous process. The result is anything but a dust-filled binder languishing on a shelf. Rather, it is an active plan; a road map to
turn our vision of good health and realized potential for all into a reality. And we know we’ll need to travel in the company of (and in close collaboration with) our community partners in order to reach our destination.

Throughout the process, we conducted an exhaustive amount of research that included interviews with scores of community partners. We called upon experts to help us understand the rapidly changing demographic trends of our state. At the same time, we unpacked our own grantmaking trends and examined them. We sought to learn from other foundations across the country about their approaches to solving pressing social issues. All this led to a plan that puts the Endowment’s limited resources to their highest and best use. It also focuses our team’s resources on creating and strengthening the relationships that fortify our collective efforts.

**Our greatest contribution**

Working with other stakeholders, we can collectively create results and social change that is not possible when working alone. Within any given field, there are subject matter experts, service organizations, advocates and others with unique expertise. Time and again, our community partners said that the Endowment’s strength is in its catalytic role. They told us that our greatest strengths are shining a light on problems and bringing people together to solve those problems. In doing so, we seek different perspectives and strive to improve communication and coordinate efforts.

Along the way, we will work with established leaders and others who may not be considered the “usual suspects” for supporting health initiatives. That means we must engage business and education leaders, among others, and encourage them to interact with providers, consumers, and policymakers. This convergence of diverse perspectives toward a common purpose is at the core of field building. When we are all moving in the same direction, we can establish clear standards of practice while building knowledge, leadership, and grassroots support, as well as funding and supporting the necessary policy to move fields forward.

All of these efforts will be key to achieving our plan. Quite simply, when people are well, they do their best, and that is to the long-term economic benefit of our state. This is truly something to get excited about and to work together to achieve.

Our strategic planning led to a refinement of our approach to philanthropy. While we continue to focus on health, particularly for the vulnerable and underserved, we have adopted a “field-building” approach to our work. This means that working with other stakeholders with shared values and focused on a common purpose, we can collectively create results and social change that is not possible when working alone. The stronger the collective field is, the more likely change is possible.
Improving the behavioral health of children and their families

Partnership—with government, the provider community, family, and advocacy organizations—has been a key strategy to charting a new course for the New Hampshire children’s behavioral health system. Much progress has been made, including the development of the state’s first Children’s Behavioral Health Plan, as well as the formation of The Children’s Behavioral Health Collaborative. This coalition is working to lead and coordinate system improvement efforts. As a field, we continue our work to identify and promote research-based practices as well as workforce competencies to enhance access and the quality of care. In addition, these partnerships have allowed the state to leverage more than $24 million in federal grants, which will support implementation of many priorities in the state plan.

A system in crisis
While there has been progress in building needed infrastructure and a coordinated advocacy voice, the children’s behavioral health system remains in crisis. Children and youth languish in hospital emergency rooms across the state due to scarce availability of inpatient psychiatric services and inadequate community-based capacity. There are long waiting lists at our community mental health centers. Early services and supports to prevent and/or address behavioral health problems are under-resourced and difficult to access. Services remain fragmented, varying across the state, and, in some cases, are unavailable.

The state plan, which is endorsed by the Commissioners of Education and Health and Human Services, creates a road map to reform the system. Armed with federal resources and a growing and organized community of advocates demanding change, we are poised to implement the financial and systemic improvements that will begin to make a difference for children and families. We are truly at a tipping point.

Reaffirming our commitment
The Endowment’s strategy for change has been informed by findings from an evaluation of our investments in children’s behavioral health and stakeholder interviews conducted during the Endowment’s strategic planning process. Over the next five years, we will complete our investment in children’s behavioral health by ensuring that a strong field exists to continue system improvement. We will proactively invest in leadership and advocacy, institutionalization of workforce competencies, capacity for research-based interventions, and efforts to reform financing within our public children’s behavioral health systems.
Strengthening Leadership and Advocacy

Successful implementation of the state plan will depend on leadership that brings together the many stakeholders in children’s behavioral health and creates the momentum for practice and policy change. A strong advocacy voice for children’s behavioral health must include those most affected by the issue: young people with behavioral health challenges and their families. The Endowment will support field’s infrastructure by:

- Establishing and providing core support for the Children’s Behavioral Health Collaborative;
- Funding strategic marketing and communications;
- Funding efforts that enhance family and youth leadership and advocacy; and
- Funding targeted efforts to promote children’s behavioral health policy change.

Institutionalizing Standards of Practice

The Endowment has made investments in developing core competencies for the children’s behavioral health workforce and promoting adoption of research-based practices. This work has created consensus regarding the education and professional development needed to improve the quality, consistency, and efficiency of the behavioral health service-delivery system for New Hampshire’s children, adolescents, and their families. The next challenge is to ensure that these competencies are embedded within preparatory curricula in New Hampshire’s institutions of higher education, incentivized through contracting, and financed within the public behavioral health delivery systems. We will promote this by:

- Establishing a sustainable professional development infrastructure; and
- Funding work to institutionalize standards of practice in credentialing systems, contracts, and higher education curricula.

Integrating and Expanding Services and Supports

Children’s behavioral health system reform requires more integrated and better allocated resources. The state plan identifies a best practice financing strategy that would allow public payers to coordinate funding, individualize treatment needs, and offer a fuller array of services and supports to serve children with the most complex needs. Expanding community-based services will also require new resources. Working with others to pursue and leverage grant opportunities has proven an effective strategy and the state plan positions New Hampshire to effectively compete for additional federal and private grant opportunities. The Endowment will use its voice as well as grantmaking by:

- Supporting the Department of Health and Human Services’ commitment to implement an integrated, family-driven approach for children with complex needs; and
- Leveraging federal and national foundation funding.
Advancing health equity for racial, ethnic, and language minorities

New Hampshire has long been regarded as one of the healthiest states in the country, but not everyone who lives here has a fair opportunity to achieve their full health potential. The Health and Equity in NH: 2013 Report Card, produced by New Hampshire Center for Public Policy Studies, documented that serious health inequities exist in our state. These inequities unfairly and disproportionately affect communities of color. Achieving a fair opportunity for health for all of New Hampshire’s people requires understanding why some people in our communities experience unfair differences in health status and collectively acting to advance health equity. We need to stop thinking about health as something we get at the doctor’s office. Rather, our health results from how and where we live, learn, work, play, and age.

The Endowment recognizes that the root causes of these differences in health are deep, the solutions are varied, and change takes time. That is why we reaffirmed our commitment to this priority area for an additional five years. As a foundation, we believe we can best contribute to advancing health equity by supporting the field and its efforts to raise awareness about why equity matters. We also seek to build greater leadership and advocacy capacity, and to educate others about community-based strategies and policies that work to advance health equity. Ultimately, we will move issues of equity from a separate priority area and integrate health equity across all of the Endowment’s work.
**Shared Identity**

We believe that effective field building requires a coalition that brings together the many voices and perspectives in the field and harnesses their energy to move in a common direction. In our work to advance health equity, we have identified the **NH Health and Equity Partnership** as an important vehicle to build a shared identity, that is, a common purpose and shared set of values. Guided by its **Plan to Address Health Disparities and Promote Health Equity in New Hampshire**, the Health and Equity Partnership is working to increase awareness about unfair and avoidable health disparities affecting communities of color and to facilitate collective action to build more equitable, healthier communities.

**Standards of Practice**

The Endowment for Health has always sought to support best practice-models and strategies that are based on research and evidence. In working with our community partners to implement the Nursing Diversity Pipeline Project, we consulted the research on what works to successfully prepare minority workers for health care professions and applied that to the field of nursing in New Hampshire. We tested our ideas by funding community-level interventions, such as the Granite United Way’s **BRING IT Nursing After School Program** in Manchester and the **Southern NH AHEC Nursing Summer Camps**. In collaboration with the Office of Minority Health and Refugee Affairs, we documented best practices for successfully training and employing minority nurses and reached out to nursing leaders at institutions of higher learning, health care centers, hospitals and others to advance these standards of practice.

**Leadership and Grassroots Support**

“Do nothing about us without us” is an important principle for creating community change. Success in advancing health equity in New Hampshire will depend on the greater engagement and inclusion of people directly affected by inequities. For this reason, the Endowment for Health supported grassroots leadership development projects led by ethnic based community organizations. Through the **Bhutanese Women’s Leadership Project**, women are developing skills and voicing their concerns and their hopes for the future. Additionally, **New American Africans** has engaged immigrant parents in dialogue about common challenges and aspirations and to identify community strengths and base solutions on those strengths. When minority communities come together and act collectively on the issues that they deem important, greater health equity will be possible.
Ensuring the healthy development of young children

A growing body of evidence suggests that the conditions in which we are born, grow, live, work and age have a significant impact on our health. Unfortunately, as a nation, we continue to invest 75 percent of our health care spending to treat chronic disease leaving little for prevention and health promotion. In no population is the importance of health more important than our youngest children.

The last two decades have seen a proliferation of scientific research that demonstrates the importance of early childhood experiences to healthy development. Early childhood experiences literally shape the brain’s architecture, establishing either a sturdy or fragile base for all the learning, health and behavior that follows. Eighty-five percent of a child’s brain is formed by age three, including key sensory, language and cognitive functioning. A strong foundation in these early years improves the odds for positive outcomes, and a weak foundation increases the odds of problems later in life.

The future of New Hampshire is dependent upon our ability to raise the next generation to be leaders, to create jobs and build the economy, and to be adaptive in a rapidly changing world. When we invest in systems that ensure all children and their families are healthy, learning and thriving, we are making an investment in New Hampshire’s future.

Planning and Learning

During the Endowment’s strategic planning process we conducted a preliminary scan of the New Hampshire early childhood field. It was clear there is considerable forward momentum. An early childhood advisory council, SparkNH, has spearheaded development of a NH Comprehensive Strategic Plan for Early Childhood and is leading public awareness efforts. Additionally there are promising local pilots. It was also clear that there is much work to be done. New Hampshire’s birth rate is declining and significantly more children are living in poverty. Our state lags behind much of the nation in public early childhood investment. Funding for various early childhood programs has been reduced. Most children in the Granite State do not access high-quality early-learning opportunities. Low compensation for the early childhood workforce contributes to staff turnover, which impacts quality.

Identifying Opportunities

This year the Endowment will convene an advisory committee comprised of state leaders and experts in the early childhood field to help the foundation identify the needs and strengths of our early childhood system. We will conduct a more thorough environmental scan to better understand the strengths and needs of the field. We will learn from other foundations in New Hampshire and nationally, and examine best practice approaches to ensure healthy development for all children. This year of planning will allow us to develop our collective strategies to ensure they are relevant and timely and will make the best use of the Endowment for Health’s limited resources.
Ensuring the health and dignity of elders

The data is clear; New Hampshire is aging and aging quickly. In 2011, the NH Center for Public Policy Studies released its report, *NH’s Silver Tsunami: Aging and the Healthcare System*. It brought issues of aging to the forefront. The last U.S. Census revealed that New Hampshire was the fourth oldest state in the country. By 2030, residents 65 and over are projected to represent approximately one-third of the state’s population.

The reality is that we are all aging and, assuming we live long lives, we will all someday face difficult choices that determine where and how we age. Most of us will need supports from health care professionals, supports for daily living and the support of friends and family as we age. The Endowment believes that people should have adequate, appropriate, affordable and accessible options for where they receive services and by whom. These options should be person-centered and be sensitive to cultural backgrounds and lifestyles. Long-term care supports should promote wellbeing, health, physical comfort and emotional support and be designed to postpone frailty and reinforce continued independence. Family and community caregivers are vital to the quality of health and life of the people for whom they care. These caregivers also require support and need to have their contributions valued.

The truth is that today’s system of care for elders does not work this way for everyone. Transforming the system will require long-term, multi-sector engagement from partners who are committed to ensuring the health and dignity of elders.
Building health policy capacity

Successful advocacy is a critical component of policy change. Without it, health systems cannot be improved and better health outcomes for Granite Staters cannot be realized. The Endowment has historically invested in health policy change efforts through its Economic Barriers theme. This work continues under the auspices of the foundation’s new priority area, Health Policy Capacity Building.

To accomplish these aims, the Endowment employs a proactive strategy that enhances advocacy, knowledge, and leadership. Through these approaches, core capacity can be built within New Hampshire’s health policy and advocacy organizations, leading to stronger and sometimes unlikely alliances between stakeholders as well as a wider network of support. All these components lead to sound health policies aimed at improving the health and wellbeing of New Hampshire’s people, particularly the vulnerable and underserved.

Advocating for Equitable Health Policy

The Endowment has long supported advocacy organizations that provide a vision, build strategic partnerships, monitor policy developments, and engage grassroots constituencies as well as opinion leaders. This aim is accomplished through support of organizations like New Hampshire Voices for Health, whose mission is to bring together health care advocates, consumers and policymakers working to increase access to affordable, quality health care—a key component that enables New Hampshire residents to lead healthy and productive lives.

Facts that Lead to Knowledge

New Hampshire policy makers and key influencers need access to relevant, fact-based information to inform their health-policy decisions. That requires timely, credible, and actionable information that informs policy debate among various stakeholders. Supporting organizations such as the NH Fiscal Policy Institute (NHFPI) is one important approach.

Their mission is to explore, develop, and promote public fiscal policies that protect and strengthen economic opportunity for all New Hampshire residents. Throughout the past year, NHFPI provided policymakers with high-quality fiscal analyses in an array of budget areas, including important analyses of the Medicaid managed care and expansion issues.

Additionally, the Endowment continues to fund research that fills gaps in knowledge, enabling stakeholders to discuss and share perspectives. Over the past year, the Endowment, in partnership with the NH Charitable Foundation and the NH Department of Health and Human Services, funded the Lewin Group to conduct an Evaluation of the Impact of Medicaid Expansion in New Hampshire. The report provided estimates on Medicaid enrollment and costs related to various program design options including the option of not expanding eligibility.

In Program Year 2014 and beyond, another ground breaking study is being designed and implemented. Through its Health Strategies of NH subsidiary, the Endowment has contracted with the Urban Institute to conduct a multi-year analysis. The project will evaluate the effectiveness of the Medicaid managed care implementation in order to better inform the DHHS and state leaders about strengths and the need for possible adjustments to the program going forward.

Chris Porter, a Certified Application Counselor, assists a consumer in understanding her options under the Affordable Care Act.

NH Fiscal Policy Institute Executive Director Jeff McLynch (right) listens to analysis provided by Doug Hall, director of the Economic Analysis and Research Network, at a NHFPI convening.
Responding to opportunities

The Endowment has always recognized the importance of funding responsive programs. Historically, we have funded such projects through a quarterly cycle of responsive grantmaking. The Opportunity Grants program was recently established to meet community needs and opportunities outside the scope of the Endowment’s targeted priority areas. The foundation created Opportunity Grants in recognition of the importance of allocating funding to respond to community needs.

Opportunity Grants provide a responsive pool of funding for projects that address urgent needs and emerging opportunities, innovative projects, and/or projects that build and disseminate knowledge to improve the health of New Hampshire’s people. This grant type has attributes similar to the discretionary, planning, convening and technical assistance grant categories awarded previously.

Recent projects that align with the Opportunity Grants program include a 2013 grant to automate provider training for electronic health records at five community mental health centers that serve a significant area of the state.

Another project that aligns with our responsive grantmaking approach is a recent grant to the Manchester Health Department. Endowment funding leveraged national resources from the Robert Wood Johnson Foundation for an innovative local project that will create healthier and safer neighborhoods in Manchester.

Opportunity Grant Attributes

- Improves the health of New Hampshire’s people, particularly vulnerable and underserved populations
- Supports projects that address urgent needs and emerging opportunities, innovative projects, and/or projects that build and disseminate knowledge
- Responsive and competitive
- One-time commitment and short term (12 months or less)
- The dollar value is typically between $1,000 and $20,000
- Two opportunities each year to apply for funding, December 31 and June 30
- Grant awards are limited to tax exempt nonprofit organizations, government agencies, schools, colleges and universities

Opportunity Grant Selection Criteria

- Advance health equity for people who do not have a fair opportunity to achieve their full health potential for a variety of reasons
- Benefit vulnerable and underserved NH residents
- Leverage resources including other funding
- Present a compelling case regarding the seriousness and urgency of the need
- Identify realistic, attainable and measurable outcomes that address the identified need
- Demonstrate the applicant’s ability to successfully implement the project
- Involve collaboration with other organizations
- Demonstrate sustainability, if applicable
- Serve or have the potential to serve a wide geographic area of New Hampshire and/or a significant population of NH residents
- Address an Endowment targeted initiative

To learn more about the Opportunity Grant program and/or to apply for a grant visit [www.endowmentforhealth.org](http://www.endowmentforhealth.org)
## 2013 Grants

### Health Policy Capacity Building

**The Health Coverage Fellowship**

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<td>Blue Cross Blue Shield of Massachusetts Foundation</td>
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<td>Providing a vision, building strategic partnerships, monitoring policy developments, and engaging grassroots constituencies and opinion leaders.</td>
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**Sustaining the Children's Alliance of NH**

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**Supporting New Hampshire Health Advocacy**

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**Sustaining the NH Disability Rights Center**

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**Connecting Housing Advocacy Project**

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<td>Families in Transition</td>
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**Healthy Eating/Active Living Plan**

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**Transport NH**

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### Medicaid Managed Care Evaluation

**Health Strategies of New Hampshire**

- **Amount**: $200,000
- **Description**: *Grant was issued to Health Strategies of NH, a wholly owned subsidiary of the Endowment for Health, which in turn contracted with the Urban Institute to perform work.*

**Sustaining Leadership NH**

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<td>Leadership New Hampshire</td>
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**Creating Nonprofit Advocacy Capacity in NH**

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**Sustaining the NH Center for Nonprofits**

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**Sustaining the NH Center for Public Policy Studies**

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**Health Care Access and Affordability**

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**Communications**

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**Sustaining the NH Fiscal Policy Institute**

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**Sustaining NH Legal Assistance**

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**Sustaining NH Oral Health Coalition**

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**Sustaining NH Public Health Association**

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**Sustaining New Hampshire Public Radio**

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**New Hampshire Voices for Health**

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**NH Health Roadmap Process**

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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>University of New Hampshire</td>
<td>$50,000</td>
<td></td>
</tr>
</tbody>
</table>

**Sustaining NH Citizen's Health Initiative**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of New Hampshire</td>
<td>$91,028</td>
<td></td>
</tr>
</tbody>
</table>
Advancing Health Equity for Racial, Ethnic and Language Minorities

Bhutanese Women’s Leadership and Access Project

Bhutanese Community of New Hampshire (BCNH)

$13,869

Beyond Supply and Demand: Investigating the Role of Social Networks in Healthcare Workforce Diversity

Brandeis University

$12,729

NH Health & Equity Partnership

Foundation for Healthy Communities

$123,227

GCIR Membership

Grantmakers Concerned With Immigrants and Refugees (GCIR)

$2,000

Emerging Voices of New Hampshire

Journeys in Education

$10,000

Nursing Quest Summer Camps

Lamprey Health Care

$21,555

Building a Center of Excellence for Culturally Effective Care (COECEC)

Manchester Community Health Center

$195,982

Participation in the Massachusetts General Hospital Disparities Leadership Program

Manchester Community Health Center

$3,000

Improving the Behavioral Health of Children and Families

New Hampshire’s Early Childhood and Family Mental Health Competencies

Community Bridges

$12,553

NH Care Management Entity Policy Audit and Analysis

Disabilities Rights Center

$8,280

The New Hampshire Eating Disorders Awareness, Prevention and Treatment Network

Mainely Girls

$18,836

Sustaining the National Alliance on Mental Illness

National Alliance on Mental Illness – New Hampshire

$25,000

Children Exposed To Domestic Violence – Trauma Informed Services

New Hampshire Coalition Against Domestic & Sexual Violence

$72,313

New Hampshire Legal Assistance Youth Law Project

New Hampshire Legal Assistance

$114,176

Raising awareness about why health equity matters, while building leadership, training, and advocacy capacity to advance health equity.
Other

Janice’s House Emergency Appliance Replacement

Bridges: Domestic & Sexual Violence Support Services
$2,000

Roadmaps to Healthy Communities
City of Manchester Department of Health
$25,000

Alliance of Healthy Community Coalitions Summit

Community Health Institute/JSI Research & Training
$14,591

Alliance for Community Transportation (ACT)

Cooperative Alliance for Seacoast Transportation (COAST)
$107,660

Transportation Coordination Service System for New Hampshire

Cooperative Alliance for Seacoast Transportation (COAST)
$60,000

Race to the Top, Early Learning Challenge

Early Learning New Hampshire
$10,000

Spark NH

Early Learning New Hampshire
$62,530

NHRx Connects Pharmacy for Medication Bridge

Foundation for Healthy Communities
$94,601

Goodwin Community Health

Dental Software Training

Goodwin Community Health Center
$4,908

Bridges Out of Poverty for Health Care Professionals

Hitchcock Foundation
$3,500

Media Power Youth Visibility Project

Media Power Youth
$16,680

Seeking Sustainable Funding for the Poison Center

New Hampshire Public Health Association
$4,975

Automated EHR Training Module Development Project

Seacoast Mental Health Center
$20,000

SHARE 360 Environmental Scan

SHARE Outreach
$5,000

Sustaining Tri-County Community Action Program

Tri County Community Action Program
$50,000

NH Child Health Improvement Partnership

University of New Hampshire
$30,354

Opportunity Grants provide a responsive pool of funding for projects that address urgent needs and emerging opportunities…
Letter from the Treasurer

The fiscal year ending September 30, 2013 was a good one for the Endowment for Health. The value of the foundation’s assets rose 9.5 percent (net of fees), outperforming benchmark indices. Year-end assets totaled $81.5 million; up from $78.1 million at the previous year-end.

The Endowment’s Investment Committee continues to employ investment strategies to support grantmaking and program needs, while growing and ensuring the long-term sustainability of the foundation’s assets. The Endowment’s investment portfolio is structured to generate long-term expected returns that will support and grow future grantmaking capability. To preserve the purchasing power of our assets, we strive to outpace the annual draw as well as inflation. In this low interest rate environment, this means taking on risk to achieve the return goal. This risk is managed, however, to control volatility and preserve capital. We are pleased with the progress we have made and will continue to be diligent in investment oversight.

Over the past year, equity markets, particularly within domestic and international developed markets, continued their strong performance. This contributed greatly to the Endowment’s asset growth during the year. While the U.S. economy continued to improve, the key driver was the accommodating measures of the Federal Reserve as well as central banks around the globe. With Europe appearing to turn the corner, developed international markets outperformed the U.S. for the first time since before the 2008 financial crisis. Interest rates began their long-anticipated rise over fears of Federal Reserve tapering. These fears, coupled with moderating growth in China, created weakness in many emerging markets. Inflation fears, however, remained well contained.

In its fiscal oversight role, the Endowment’s Finance Committee recommended revisions to the foundation’s spending policy, which the Board adopted. These revisions will help balance the need for current spending with that of preserving and growing assets over the long term. In fiscal year 2013, almost three-fourths of foundation expenditures were for program and grant investments.

Finally, the foundation is fortunate to have a separate Audit Committee charged with overseeing the performance of the annual financial audit and ensuring the foundation operates in a manner consistent with its charitable mission. We extend our thanks to Dick Showalter who served as Chair of the Audit Committee until retiring from the Endowment Board in September 2013.

Special thanks also go to all members of the Investment, Finance and Audit Committees for their service over the past year. They served the interests of the public by providing insight and expertise without compensation.

Sincerely,

Marshall Rowe
Treasurer and Chairman of the Investment and Finance Committees

Investment Committee Members
Marshall Rowe, Chair
Steve Handley
Greg McConahey
Richard Showalter
John Snow
Rod Tenney

Consultants
William McCarron and Ryan O’Quinn from Prime Buchholz and Associates Portsmouth, New Hampshire

Finance Committee Members
Marshall Rowe, Chair
Randy Foose
Steve Lawlor
Adrienne Rupp
Richard Showalter

Audit Committee
Steve Lawlor, Chair
Yvonne Goldsberry
Randy Foose
Keith Harrison
Cindy Rosenwald
Jackie Sparks
Richard Showalter
Financials

Endowment for Health, Inc. and Subsidiary*
Consolidated Statements of Financial Position
As of September 30, 2013 and 2012

<table>
<thead>
<tr>
<th>Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$840,366</td>
<td>$248,003</td>
</tr>
<tr>
<td>Investments</td>
<td>79,986,667</td>
<td>76,578,258</td>
</tr>
<tr>
<td>Mission investing/program related investments</td>
<td>1,615,502</td>
<td>1,675,000</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>11,721</td>
<td>862</td>
</tr>
<tr>
<td>Prepaid federal excise tax</td>
<td>6,441</td>
<td>25,026</td>
</tr>
<tr>
<td>Other prepaid expenses</td>
<td>10,650</td>
<td>15,142</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>0</td>
<td>3,731</td>
</tr>
<tr>
<td>Total assets</td>
<td>$82,471,347</td>
<td>$78,546,022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and net assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable</td>
<td>1,134,728</td>
<td>$1,458,219</td>
</tr>
<tr>
<td>Accounts payables and accrued expenses</td>
<td>46,991</td>
<td>73,061</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>1,181,719</td>
<td>1,531,280</td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>81,289,628</td>
<td>77,014,742</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$82,471,347</td>
<td>$78,546,022</td>
</tr>
</tbody>
</table>

Investment Asset Allocation
As of September 30, 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic equity</td>
<td>23,061,664</td>
<td>28%</td>
</tr>
<tr>
<td>Fixed income</td>
<td>9,207,637</td>
<td>11%</td>
</tr>
<tr>
<td>Flexible capital</td>
<td>20,360,318</td>
<td>25%</td>
</tr>
<tr>
<td>International equity</td>
<td>14,742,601</td>
<td>18%</td>
</tr>
<tr>
<td>Public real assets</td>
<td>8,223,772</td>
<td>10%</td>
</tr>
<tr>
<td>Private real assets</td>
<td>3,054,701</td>
<td>4%</td>
</tr>
<tr>
<td>Mission investing</td>
<td>1,615,502</td>
<td>2%</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,880,453</td>
<td>2%</td>
</tr>
<tr>
<td>Private equity</td>
<td>295,887</td>
<td>.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$82,442,535</strong></td>
<td></td>
</tr>
</tbody>
</table>

*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.

**A five quarter reporting period, July 1, 2012 to September 30, 2013, was used for Health Strategies of New Hampshire, Inc. for the September 30, 2013 consolidated financial statements.

For a full understanding of the Audited Financial Statements, including the notes to the financial statements, visit our website at [www.endowmentforhealth.org](http://www.endowmentforhealth.org)
Endowment for Health, Inc. and Subsidiary Consolidated Statements of Activities

For Years Ended September 30, 2013 and 2012

<table>
<thead>
<tr>
<th>Revenue and investment gains</th>
<th>2013**</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income</td>
<td>$1,294,295</td>
<td>$1,628,477</td>
</tr>
<tr>
<td>Realized gain on investments</td>
<td>1,055,317</td>
<td>753,955</td>
</tr>
<tr>
<td>Unrealized gain on investments</td>
<td>5,112,323</td>
<td>8,317,493</td>
</tr>
<tr>
<td>Grant income</td>
<td>310,168</td>
<td>21,123</td>
</tr>
<tr>
<td>Other income</td>
<td>6,969</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total revenue and investment gains</strong></td>
<td><strong>$7,779,072</strong></td>
<td><strong>$10,721,348</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program expenses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant expense</td>
<td>$1,741,225</td>
<td>$2,063,621</td>
</tr>
<tr>
<td>Salaries and benefit expense</td>
<td>454,867</td>
<td>457,789</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>274,274</td>
<td>167,535</td>
</tr>
<tr>
<td>Program support expense</td>
<td>42,036</td>
<td>47,057</td>
</tr>
<tr>
<td>Miscellaneous expense</td>
<td>2,672</td>
<td>3,718</td>
</tr>
<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>$2,515,074</strong></td>
<td><strong>$2,739,720</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management and general expenses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefit expense</td>
<td>$345,579</td>
<td>$330,344</td>
</tr>
<tr>
<td>Professional service expense</td>
<td>344,567</td>
<td>220,592</td>
</tr>
<tr>
<td>Building and related expense</td>
<td>80,431</td>
<td>89,254</td>
</tr>
<tr>
<td>Investment management expense</td>
<td>64,316</td>
<td>78,380</td>
</tr>
<tr>
<td>Administrative support expense</td>
<td>42,875</td>
<td>77,467</td>
</tr>
<tr>
<td>Office expense</td>
<td>66,402</td>
<td>68,149</td>
</tr>
<tr>
<td>Federal excise tax expense</td>
<td>43,986</td>
<td>45,457</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>956</td>
<td>1,147</td>
</tr>
<tr>
<td><strong>Total management and general expenses</strong></td>
<td><strong>989,112</strong></td>
<td><strong>910,790</strong></td>
</tr>
<tr>
<td>Total expenses</td>
<td><strong>$3,504,186</strong></td>
<td><strong>$3,650,510</strong></td>
</tr>
</tbody>
</table>

| Increase in unrestricted net assets              | 4,274,886 | 7,070,838 |
| Unrestricted net assets, beginning of year       | **$77,014,742** | **$69,943,904** |
| Unrestricted net assets, end of year             | **$81,289,628** | **$77,014,742** |
Good Health and Realized Potential for All

One Pillsbury Street, Suite 301
Concord, New Hampshire 03301
Phone: 603.228.2448 • Fax: 603.228.1304
www.endowmentforhealth.org

Staff
Steven Rowe, President
Karen Ager, Director of Communications
Cheryl Dempsey, Administrative Manager
Kim Firth, Program Director
Sue Fulton, Director of Grants Management and Finance
Kelly Laflamme, Program Director

Board of Directors
Eddie Edwards
Orville “Bud” Fitch
Randy Foose
Margaret Franckhauser, Vice Chair
Jody Hoffer Gittell
Yvonne Goldsberry, Secretary
Cordell Johnston †
Stephen Lawlor
Kathleen Murphy
Sandra Pelletier, Chair
Ann Peters † ‡
Cindy Rosenwald
Marshall Rowe, Treasurer
Adrienne Rupp
Richard Showalter †
Jackie Sparks ‡
John Wallace ‡

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Scott Bogle ‡
Sanders Burstein
Susan Chollet † ‡
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Christine Frost
Laurie Harding
Keith Harrison
Linda Howard
James Lewis
Jenny Lipfert
Liz Merry
Kate Miller
Dottie Morris ‡
Donna Sargent
Ed Shanshala
Paula Smith ‡
Carol Stamatakis
Lynn Stanley
Frances Strayer
Hector Fabio Urrea

† Completed Board/Advisory Council service in September 2013.
‡ Joined Board/Advisory Council in October 2013.