Stabilizing New Hampshire’s health care safety net
The mission of the Endowment for Health is: To improve the health and reduce the burden of illness of the people of New Hampshire.

An understanding of our mission begins by understanding the meaning of “health.” The term is best defined by the World Health Organization: Health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

This definition acknowledges that health care is an important factor in achieving health, but is not the same as health.

While we are concerned about the health of individuals, our primary focus is to encourage improvements in health and health care systems that will benefit the vulnerable and underserved populations of New Hampshire.
Stabilizing New Hampshire’s health care safety net

Our 2008 Annual Report marks the fourth and final installment in our series exploring our organizational strategies:

- Fostering networking and collaboration (2005)
- Advancing leadership (2006)
- Enhancing knowledge (2007)
- Strategically funding critical services (2008)

Our focus this year is about strategically funding critical services — New Hampshire’s health care “safety net.” This is, ironically, very well timed. Even before the global economic collapse in the fall of 2008, a growing number of New Hampshire residents have been living without health and health care access for many years and the needs of vulnerable populations are growing. As access to affordable health care has been decreasing throughout our nation, millions of Americans turn to what is known as the safety net for their health needs.

These safety net providers are those who maintain an open door to people needing health care services — regardless of their ability to pay. At the core of New Hampshire’s (and our nation’s) safety net are Community Health Centers, Community Mental Health Centers, and Oral Health Clinics, to name a few. All are lifelines in the safety net in their communities. For those it catches, the safety net has made an enormous difference.

However, as important as it is, there is much more involved in protecting New Hampshire’s health care safety net than access to services. As you review this annual report, we hope that you will experience the multi-faceted approach that the Endowment for Health has always taken as a foundation exploring and defining access to services for the residents of our state, and how all of our organizational strategies are involved in addressing this need.
One of the ironies of an economic downturn is the fact that as the size and scope of the public’s need for assistance increases, public support declines as state and federal budgets are cut. We saw this phenomenon unfold in 2008 and will obviously see it continued with historic intensity in the coming year and beyond. To put it another way, when people most need government assistance, government finds it difficult to respond. Such is the situation with New Hampshire’s Community Health Centers, an important component of our safety net and one that the Endowment for Health has supported since 2001.

Going forward, we intend to explore some new and exciting approaches to stabilize and sustain these organizations in accordance with our mission and values. It is also part of a national debate over the role of foundations in assuming some of the responsibilities of government.

Us and Them

The utilitarian doctrine of doing “the most good for the most people” was set forth by John Stuart Mill in the mid nineteenth century. The doctrine leaves unanswered the question, “What happens to those individuals who are not in the class of the “most people?” History suggests that Americans, like many other cultures, created new categories of people described in general terms as “them” or “those people.”

During the 19th century and the first half of the 20th century, the State of New Hampshire and the twelve counties assumed responsibility for many of “them” by establishing the phenomenon of institutional care.

In 1906, for example, Hillsborough County, at a cost of $30,000, erected a public hospital in Grasmere (then and now part of Goffstown) about which it was said:

“This convenient, commodious and first-class hospital will prove a blessing to the sick and poor of Hillsborough County, and reflects creditably upon the officials having the erection in charge. The provision of such a suitable and durable building was wise economy.”

This “hospital” contained 400 beds. In reality, it was more a glimpse into the era of the Poor House in which were placed the “poor, the unfortunate, the sick, the insane, and the idiotic.” Other counties created similar institutions.

Specialized “hospitals” provided services to “them” for 150 years, including The New Hampshire Asylum for the Insane in Concord chartered by the legislature in 1838; later the name was changed to the New Hampshire State Hospital.

Finally, in 1901 the legislature provided funding for a “special home and school for feeble-minded children” that later became the Laconia State School. Ninety years later, in 1991, following a 1978 class action lawsuit (Garrity vs. Gallen) the school closed, leaving behind countless ruined lives, appalling legislative indifference and a general public ignorant of the cruelty and injustice done to “them” within sheltered and secretive walls.
New Hampshire’s Model of Care

Slowly, but surely, New Hampshire has moved away from institutions to community-based care. Indeed, during the 1990s, our state was seen as a model for others to emulate. Today, a few basic systems of care comprise what we call the safety net:

- Residents with disabilities receive services from the Area Agency system and are ably supported by the NH Developmental Disability Council and the Institute on Disabilities at UNH;
- People living with mental illness have access to the Community Mental Health Center system; and
- Individuals and families who either lack health coverage or are underinsured receive care from the Community Health Center system.

These three systems, along with oral health clinics, comprise most of the state’s safety net that is increasingly under pressure to meet growing need.

A Strained Safety Net

The current economic crisis puts these three systems of care in danger because of their dependency on public funding. These pressures are particularly acute for the Community Health Centers because of the rapid increase in those lacking health coverage, the difficulty recruiting providers, and Medicaid reimbursements that leave much to be desired.

Our Resolve

The Endowment for Health is determined to use its voice and its funds to remind us of what history taught us and what current events portend. Terrible things can happen when our thinking is solely guided by partisanship and political expediency, “bottom line” thinking, and self interest. As public funding is reduced, individuals and groups without a strong voice will fall to the bottom of the pile.

We intend, to the best of our ability, to do everything we can to reduce the burden of illness and improve the health of New Hampshire’s most vulnerable people. Ultimately, our safety net will only be secure when “us” includes everyone.

Cynthia Dokmo  James W. Squires, M.D.
Chair  President

1 The History of Goffstown at: http://www.usgennet.org/usa/nh/county/hillsborough/goffstown
A SAFETY NET IN CRISIS: It Shouldn’t Have to Be This Way

The United States spends more for health care than any other nation on earth, yet ranks 37th in overall performance and 72nd in overall health. Additionally, New Hampshire ranks 8th in the nation in per capita personal income. Yet the nation and the state face serious problems with the health care safety net. If we had a more inclusive health care system for all of our residents, perhaps we wouldn’t need a safety net at all. But until the country adopts a system of care that covers everyone, the safety net is our best solution to providing high-quality care for the most people.

Our Role

A foundation’s role is generally to advocate for and experiment with systemic solutions to large-scale societal problems. Therefore, we take great care not to supplant government funding responsibilities even as we collaborate with the leaders and systems that provide health and human services to the State of New Hampshire.

Further, the Endowment for Health does not serve as an ongoing funding stream to pay for services that are the responsibility of public and private health care systems. But when a community or region is in danger of suddenly losing its health-related safety net, the delineations of responsibility become a moot point.

New Hampshire’s Safety Net

The Endowment’s mission to improve the health and reduce the burden of illness for New Hampshire’s people, makes it imperative that we respond to critical and emerging needs.

Here in New Hampshire, the safety net is defined as Community Health Centers, Community Mental Health Centers, oral health clinics, and even emergency rooms—the safety net to the safety net.

When a community or a region stands to lose health facilities or clinics, the Endowment often steps in to provide a short-term fix and help formulate a long-term solution. For the past seven years, that has entailed discretionary and emergency grants as well as technical assistance to help address immediate and unanticipated financial needs for local safety net providers.

In exchange for this rapid-response assistance, we have required our grantees to work with technical experts and advisors to identify root causes and to improve the day-to-day business practices of their organizations. The end game: to prevent future emergencies from occurring.

Sharing Knowledge, Addressing Systemic Issues

We also ask our safety net grantees to share their learning with other organizations facing similar circumstances. In this way, the state can capitalize on the knowledge that can strengthen the entire safety net—not just mend a tear in one part of it. The data we collect is also shared with the state and other interested parties as we work to partner with all the pillars of the system.

In addition to our rapid response and organizational analysis, we look for the larger systemic causes of the problem. This is what led us in 2008 to fund a study of Acute Care Hospitals and Community Health Centers. This work identified payor mix, reimbursement, and workforce issues that contribute to the fragility of the system. (See related information in the Economic Barriers section). We see such research and data collection efforts as central to sound health policy that is coordinated on a state and federal level.

1 World Health Organization year 2000 health care ranking among 191 member nations.
2 US Census Bureau 2007 per capita personal income comparisons state-by-state.
For instance, we know that several surrounding New England states have stronger federal and state partnerships that help to sustain their Community Health Centers. By analyzing the overall forces that weaken New Hampshire’s safety net and comparing our situation to our neighboring states, we can better advocate for more effective and financially sound approaches.

Stabilizing the System

While the Endowment for Health cannot assure the survival of the state’s safety net providers, we can and do step in to stabilize the system and better understand the larger forces at play.

And so we will continue to face the dilemma between what a foundation is supposed to do and what it has to do when few other players are able to step up to the plate. At the same time, we continue to keep sight of the bigger picture—what an overall health care system should look like to meet the needs of everyone.

Until such time as our federal government assures fair and equal access to health and health care, we have the safety net, and we cannot allow its holes to drop vulnerable populations onto the pavement.

In each of our themes there are safety nets. These nets protect and serve populations such as the mentally ill, immigrants and refugees, those living in rural areas, and those in need of community transportation options, not to mention the growing ranks struggling to make a living wage and afford adequate health coverage.

A high-quality model

Any one of us, if faced with an unexpected situation, could find ourselves in need of this safety net. Any one of us would be in good hands using it. These providers offer high-quality care. In fact, many private practices are trying to emulate the achievements of Community Health Centers, including their adoption of electronic medical records; effective care coordination; integrated mental health, oral health, and primary care; and medical interpretation for those with communication access issues. All of these elements are the makings of a patient-centered medical home.

So the basic issue is not the quality of our safety net providers. It is the acknowledgement that they will accept the privately insured but will never turn anyone away—even those in situations with no insurance. It is no wonder that those on a federal level are looking to the Community Health Centers as a model to replicate and a fundamental component of health care reform.

No, it shouldn’t be that such high-quality, inclusive care should face so many obstacles. But until we have a stronger safety net, the Endowment for Health will carefully, with great due diligence, be there when all else fails.

In the list of grants on the following pages, information is reported as follows: The project title (italic type), the organization name (bold type), followed by the geographic area served, and the amount of the award. “HSA” stands for Health Service Area. More information about our grant awards, publications, and projects in each theme area can be found at www.endowmentforhealth.org or by calling the Endowment office.

Until there is equal access to health and health care, we have the safety net.
There is no one safety net for children’s mental health care in New Hampshire. Instead, we have a fragmented and regionally inconsistent patchwork of publicly and privately funded organizations, programs, and services.

In addition to lacking coordination, this system struggles with severe workforce shortages, relentless funding shortfalls, and is years behind in implementing some of the most promising research-based interventions to improve outcomes.

The bureaucracy of access
According to national and state-specific research, most children in need of mental health care do not receive it. Access to mental health care is dependent upon a range of factors, but is mostly determined by whether a family has public or private health insurance, and the eligibility requirements within the provider system in which a family attempts to access care.

Annually, publicly funded children’s mental health care accounts for approximately $60 million of all mental health expenditures for the pediatric population. This care is delivered and paid for through separate provider systems that are managed by different Departments and Bureaus across state and federal governments.

In numerous studies, families consistently describe their experience with the mental health delivery system as fragmented, difficult to access, and frustrating to navigate.

Ultimately, uncoordinated and fragmented care is not only inefficient (and too often ineffective); it can eventually result in an even greater burden of illness, school failure, and criminal justice involvement.

The economics of mental health
Federal and state budget reductions over the past decade have led to a debilitating erosion of the community-based mental health care system in general. As we struggle with economic turmoil on both the state and national levels, it is more important than ever to make better use of our limited resources.

Investment in the community-based system of care for children and youth with mental health problems is essential to improve outcomes and long-term cost containment within our Medicaid program.

Protecting the “safety net”
The Endowment for Health, in partnership with our governmental and community partners, has employed a number of strategies to begin to create a more integrated and coordinated system of care for children with mental health needs. These strategies include:

Planning efforts to strengthen the organizational linkages among schools, mental health centers, private providers, courts, juvenile justice, and child protective services to create a more seamless delivery system for families and youth.
Research-based interventions to increase the quality of care with a focus on particularly vulnerable populations – infants and young children, homeless and transition-age youth, and kids who suffer from trauma-related mental health problems.

Demonstration projects to identify innovative, community-based, and replicable approaches that build coordinated and individualized services and supports for children with complex behavioral health needs.

Operating grants and technical assistance to assist our public mental health system plan for needed upgrades in its crumbling infrastructure.

Advocacy for the development of a more rational and client-centered system for children’s mental health care. For example, the Mental Health Commission report, Fulfilling the Promise: Transforming New Hampshire’s Mental Health System, creates a roadmap for future public policy improvement and an infrastructure for coordinated advocacy efforts.

**FEATURED GRANT:**
New Hampshire Community Behavioral Health Association

**ELECTRONIC MEDICAL RECORDS FEASIBILITY IN COMMUNITY BEHAVIORAL HEALTH**

**Type of Grant:** Technical Assistance

New Hampshire’s 10 Community Mental Health Centers (CMHCs) provide the majority of mental health services to children and adults in the state. Today, CMHCs operate on a variety of different information systems with varying levels of technology.

With a national and statewide push for the adoption of electronic medical records (EMR), a better understanding of current systems within the CMHC environment is critical. The Endowment for Health is funding a technical assistance project to analyze how each Community Mental Health Center is structured from an information technology perspective.

The project will help foster a better understanding of the needs of CMHC stakeholders and will serve as the basis for future recommendations to establish unified systems or systems with common components throughout the CMHC delivery system. By assessing the various investments in EMR to date, all stakeholders can better determine the future requirements for a more coordinated system.

In order to achieve these goals, the project takes into account the information needs of mental health professionals, the State Hospital, the Bureau of Behavioral Health, and each of the CMHC’s existing systems, including those used for billing.

The Endowment’s technical assistance grant will make possible higher standards of care as well as more robust and methodical study of clinical outcomes. Additionally, a more unified IT system could enable the future integration of primary care with mental health services in the state, while creating mechanisms for patients to move from center to center with portable information. More unified systems would also enable mental health professionals to track potential drug interactions between medications, thus increasing patient safety and efficacy of treatment.

Finally, a more unified mental health IT system could significantly reduce the overwhelming paperwork involved in clinical practices, thereby freeing clinicians and staff to focus on what’s most important: patients.
Theme Implementation Grants
Child and Family Mental Health Care at the Family Willows
Families in Transition
State of NH
$256,256

Building Capacity to Provide RENEW Institute on Disability/University of New Hampshire
Concord, Keene, Laconia, Lebanon, Manchester and Nashua HSAs
$216,423

Healthy Babies/Healthy Children
PathWays of the River Valley
Lebanon HSA
$112,665

Wraparound Infrastructure
Strafford Learning Center
Dover and Rochester HSAs
$182,864

Applied Research Grant
Frameworks Youth Suicide Prevention Project
National Alliance on Mental Illness-New Hampshire
Berlin and Exeter HSAs
$163,817

Analysis of NH School-Based Mental Health
New Hampshire Center for Public Policy Studies
State of NH
$62,625

Convening Grants
Mental Illness Awareness Week
National Alliance on Mental Illness-New Hampshire
State of NH
$4,000

Central New Hampshire Eating Disorder Conference
Plymouth State University
State of NH
$9,450

Operating Grant
Sustaining the National Alliance on Mental Illness
National Alliance on Mental Illness-New Hampshire
State of NH
$25,000

Planning Grants
Nashua School/Mental Health Collaborative
Community Council of Nashua
Nashua HSA
$19,557

Building on Strengths: Developing a Plan to Support the Mental and Physical Health of Dover’s Kids
Center on Adolescence/University of New Hampshire
Dover HSA
$28,905

Improving Access to Mental Health Services for Abused Children in NH
Crimes Against Children Research Center/University of New Hampshire
State of NH
$47,617

Improving Outcomes for NH’s Neglected and Abused Children
Dartmouth Trauma Interventions Research Center/Trustees of Dartmouth College
State of NH
$30,903

Planning for Infant Mental Health Services in Strafford County
Developmental Services of Strafford County, Inc.
Dover and Rochester HSAs
$9,057

Schools and Mental Health: An Integrated Approach
Monadnock Family Services
Keene HSA
$55,000

Advancing Children’s Mental Health Care
New England Network for Child, Youth & Family Services, Inc.
State of NH
$15,900

Mental Health Services for NH’s Young Children and their Families: Planning to Improve Access and Outcomes
New Hampshire Association for Infant Mental Health
State of NH
$69,421

Increasing resiliency through after-school programs and mental health centers
New Heights/Seacoast Mental Health Center
Exeter and Portsmouth HSAs
$21,802

Planning a Continuum of Care For Adolescents With Mental Health and Substance Use Disorders
Odyssey House, Inc.
Dover, Exeter and Portsmouth HSAs
$16,806

The North Country Child Psychology/Psychiatry Project: A Planning Initiative
Weeks Medical Center
Lancaster HSA
$75,908

Technical Assistance Grant
Electronic Medical Record Feasibility Study for NH’s Community Mental Health Centers
New Hampshire Community Behavioral Health Association
State of NH
$42,700

Discretionary Grant
ASNH Strategic Planning and Infrastructure
Autism Society of New Hampshire
State of NH
$5,950
This year, our work to stabilize the health care safety net has taken on added urgency. New Hampshire’s Community Health Centers, Mental Health Centers, and Oral Health Clinics are providing quality services to ever more individuals and families who are in situations where they can no longer get health coverage.

All these safety net providers are experiencing much greater patient loads and decreasing revenues. The challenge of a shrinking workforce of primary medical care, mental health, and oral health providers is an acute concern for the safety net— and a serious issue for the rest of the state.

The Endowment for Health has a long-term strategy to help our Community Health Centers to develop sustainable funding and business practices in a continually evolving funding climate. But this year, as in years past, we were also prepared to step in with emergency funding and technical assistance when needed.

Advocacy partners make a difference

When we look at our more proactive opportunities to reduce economic barriers to health we see that our advocacy partners, including the NH Voices for Health Coalition, have developed strong coalitions that have solidified recent expansions in coverage. As a result, more than 3,000 young adults now have extended health coverage through the preservation of recent legislation. The same coalitions supported the reauthorization of the State Children’s Health Insurance Program, preserved access to health insurance after divorce, and supported a new, more affordable health insurance product for small businesses that promotes prevention and wellness. Stabilizing health coverage promotes economic stability in uncertain times.

The New Hampshire Citizens Health Initiative’s work positions our state to benefit from the health reform opportunities in the coming few years through their work to promote transparency in our health system financing, the use of health information technology, and payment reform.

Through the work of the Medical Home Improvement project, in conjunction with the Citizens Health Initiative, a group of primary care practices across the state are now participating in a national pilot project to help practices better coordinate patient-centered care.

Also, the Prescription Policy Project is helping practices with evidence-based prescriber information to counter marketing pressures.

Prepared to respond

Just as change is the only certainty, we expect that we will continue to see these challenges and opportunities emerge and unfold in the year ahead. We expect that our proven strategies will stand us in good stead, but are prepared, as always, to respond to changing needs in a changing environment.
New Hampshire’s Community Health Centers (CHCs) and Critical Access Hospitals are the very definition of the health care safety net for our residents.

The thirteen CHCs around the state offer complete primary care and related services on a sliding fee scale. For people in situations where they can’t get health coverage, the CHCs provide a stable medical home and high quality care. Similarly, New Hampshire’s 13 Critical Access Hospitals provide services in communities where the demographics create challenges for financial sustainability.

But the Community Health Center business model has distinct challenges due to a growing number of patients who can’t pay the full cost of care, especially in a pinched economy. The Critical Access Hospitals, with a disproportionate share of Medicare and Medicaid patients, rely increasingly on shrinking investment income to make their books balance.

This year, Health Strategies of New Hampshire, the operating foundation of the Endowment for Health,
Michael Kane, JD, MBA of Kane Consulting Group (left), and Howard Rivenson, Ph.D. and Nancy Kane, D.B.A., of the Harvard School of Public Health, conducted research examining the underlying factors that create financial challenges for some safety net providers.

with the Department of Health and Human Services, funded a study by Nancy Kane, D.B.A., and Howard Rivenson, Ph.D., of the Harvard School of Public Health. The study examined the financial health of the state’s CHCs and hospitals, updating another study by the same researchers conducted nearly ten years ago. The findings will help the health care sector and policymakers understand the full financial picture of these health care institutions.

Strategic Business Planning
Families First of the Greater Seacoast
Portsmouth and Exeter HSAs
$6,025

Coös County Hospital Collaborative
Upper Connecticut Valley Hospital
Colebrook HSA
$70,000

Technical Assistance Grants
Long Range Planning
Health First Family Care Center, Inc.
Franklin and Laconia HSAs
$8,000

Financial Analysis of New Hampshire’s Community Health Centers and Critical Access Hospitals
Health Strategies of New Hampshire
State of NH
$27,500

Systems Dynamics Training as a Strategy to Address Complex Health System Challenges—Phase 1
Health Strategies of New Hampshire
State of NH
$19,000

Development of a Long Term Sustainability Plan to Assure the Continued Delivery of Primary Care in Northern Coös County
Indian Stream Health Center
Berlin, Colebrook, Lancaster and Littleton HSAs
$12,000

Long Range Planning
Mid-State Health Center
Plymouth HSA
$8,000

Space and Business Review
White Mountain Community Health Center
Wolfeboro HSA
$7,000

Emergency Grants
Emergency Funding in Support of Indian Stream Health Center, Colebrook NH
Indian Stream Health Center
Berlin, Colebrook, Lancaster and Littleton HSAs
$75,000

Emergency Operational Funding
Mid-State Health Center
Plymouth HSA
$20,000

Discretionary Grants
AVH—Adapting to Change Proposal
Androscoggin Valley Hospital
Berlin HSA
$10,000

Cost Report Analysis and Assistance
Avis Goodwin Community Health Center
Dover HSA
$5,000

Spotlight on Poverty and Opportunity Center for Law and Social Policy
State of NH
$20,000

Direct Care Workforce Compensation
New Hampshire Community Loan Fund
State of NH
$7,000

Collaborative Interfaith Health Care Reform Meeting
New Hampshire Council of Churches
State of NH
$500

2 0 0 8 A n n u a l R e p o r t
Reducing geographic barriers to health is about getting people to services and services to people. Whether that’s a ride to somewhere important or using a technology that connects patients to care, the Endowment is committed to exploring innovative ways to shrink the geographic barriers that stand in the way of health and well being.

**Community Transportation**

The state’s many community transportation projects are gaining momentum as they converge with federal and state policy to create “more wheels on the road.” In a state with vast rural geographies, a large percentage of New Hampshire’s residents can’t or don’t drive.

Economic and environmental concerns are growing as well. During 2008, we saw monumental fluctuations in fuel prices and growing environmental concerns over the use of fossil fuels. In response, we have been working to find more innovative community transportation solutions.

Transportation options are crucial to the health of New Hampshire’s people who must get to and from health and human service appointments as well as to grocery stores, pharmacies and community gatherings that enhance one’s sense of well-being and social connectedness.

**Where state and federal policy meet**

Federal policy to promote coordination of transportation has been steadily making its way into practice at the state level. Federal funding has become available for rural community transportation, allowing already established transportation projects to develop greater capacity and coordination, and gain traction in local communities.

The Statewide Coordinating Council for Community Transportation now solidifies the network of community transportation efforts. The Endowment for Health has funded transportation projects in six such regions across the state, assisting with planning, networking, and convenings. The Cooperative Alliance for Regional Transportation (CART) in the Derry/Salem area is an example of working together to provide community-tailored...
FEATURED GRANTS:
Antioch University New England

EVALUATING APPROACHES TO RURAL INTEGRATIVE CARE

Type of Grant: Applied Research

A large number of patients with mental health concerns seek treatment with their primary care professional. Yet primary care doctors must respond to these concerns within strict time constraints and with little training. Additionally, patients who must travel long distances for care—or who may have transportation problems—seek appropriate care and referrals at their first point of contact.

Clinical trials have proven that the integration of behavioral health and primary care produce improved outcomes for the patient and also increase satisfaction for the health care team. The Endowment for Health is funding further research to assess integrative care approaches in rural settings.

The research for this project will begin with a cross-site evaluation of five New Hampshire health clinics where various approaches to integrative care are already being employed. The project will seek to create a body of evidence for methods that produce effective and cost-efficient outcomes that could be replicated and sustained in other locations.

The research will also be crucial in educating policymakers and insurance providers about financially viable integrative care models. Currently, many insurers will not allow billing for mental health and primary care provided in the same location on the same day. Additionally, coordination of care, which is essential to the model, is inadequately reimbursed. By demonstrating the efficacy of existing integrative care models, data could be used to advocate for better reimbursement policies.

Data to be collected will measure the clinical outcomes of integrated care, examine the cost offsets and look at the prevention of costs and treatment further downstream (such as keeping people out of the ER, and avoiding unnecessary specialty procedures).

Sites that will be studied for their unique approaches to integrative care include Mid-State Health Center and the Center for Adolescent Health, both in Plymouth, as well as Families First on the Seacoast, Dartmouth-Hitchcock Keene, and the Newport Health Center.
home care field to better manage patients living with chronic diseases. This technology allows professionals to remotely record and monitor vital information like weight, blood pressure, heart rate, and blood sugar and identify trends that may warrant an immediate intervention.

Use of home telemonitoring has reduced emergency room visits, enhanced medication compliance, and allowed home care providers to better triage patients.

Bringing innovation to a new safety net system

Riverbend Community Mental Health is one of the state’s ten community-based centers serving as the safety net for people with serious mental illness and emotional disorders. They are currently piloting the use of home telemonitoring for patients living with co-morbid medical conditions.

As part of our strategy to enhance knowledge and support demonstration projects that reduce geographic barriers to access, the Endowment is evaluating the impact of this tool on improved mental and physical health outcomes as well as the utilization of services.

The results of this research may inform the field nationally as well as in New Hampshire. As the health care safety net becomes more overburdened, innovative technologies with potential to improve quality and reduce costs are likely to be more readily adopted.
Over the past several years, the Endowment has made significant investments to ensure that persons with limited English proficiency—as well as the Deaf and Hard of Hearing—do not slip through the safety net.

To date, our investment has supported the development of a training program for medical interpreters, a statewide “language bank” of interpreters, a state plan to increase the access to and quality of medical interpretation, and a strong coalition of professionals—the Medical Interpretation Advisory Board—committed to expanding communication access and cultural effectiveness in New Hampshire’s health care system.

Supporting new grassroots resources

We have learned over the years that ethnic-based organizations and volunteers expand the safety net for refugees resettling in our state. These organizations address needs that the resettlement agencies—with limited federal funds—cannot. The Endowment has supported the formation of the Coalition of African Organizations to strengthen and sustain this neighbor-to-neighbor model of crucial safety net services.

We have also funded the state’s first municipal immigrant integration project to improve the way public and private agencies provide culturally effective care and services to refugees and immigrants settling in Nashua.

The Gate City Immigrant Integration Initiative is working with national leaders to develop a more effective integration plan for immigrants and refugees, and improve communication between agencies and the coordination of care.

This work ultimately promises to enhance services for all low-income and vulnerable people in the greater Nashua area, while influencing the way communities across New Hampshire welcome and receive newcomers.

The importance of social inclusion

There is a strong base of literature and research that highlights the importance of social connectedness and inclusion in establishing and sustaining overall physical and mental health. We believe that mutual understanding and dialogue between newcomers and native-born residents are vital to building communities that welcome and support racial, ethnic, and linguistic minorities.

To help facilitate this process, the New Hampshire Humanities Council, with Endowment support, has worked with various community stakeholders to develop a multifaceted humanities program that—through information sharing and dialogue—will enhance social connectedness between and among newcomers and native-born persons.

Recognizing that persons with disabilities also face social and cultural barriers to inclusion and access, the Endowment supported the screening and discussion of the locally-produced documentary examining the educational and social inclusion of youth with disabilities.

Continued on page 16
**FEATURED GRANT:**
New Hampshire Legal Assistance

NEW HAMPSHIRE HEALTH LAW COLLABORATIVE

**Type of Grant:** Planning

Families who have stable housing, a safe environment, fair working conditions, and access to benefits, programs and services, are often better able to care for themselves and follow through on treatment plans, thereby reducing health problems.

People living in poverty face social-cultural and geographic barriers to health that require special intervention to ensure that their needs are met. Sub-standard housing, lack of health insurance, denial of needed income or nutritional benefits, domestic violence, or improper discharge from a nursing home, all can profoundly and negatively impact health and threaten family stability.

Despite laws designed to ensure that families have access to the services they need, government bureaucracies, school officials and landlords often treat them unfairly. Low-income families and health care providers don’t have the time or the resources to negotiate with these institutions.

In Manchester and the North Country, the NH Health Law Collaborative, a partnership between health care providers and New Hampshire Legal Assistance (NHLA), is working to address health care problems which have legal solutions. Working together, health care providers and public interest attorneys are removing social and environmental barriers that directly impact health and affect the prevention and treatment of illness among those living in poverty.

Based on a best-practice medical-legal model, the NH Health Law Collaborative began at Child Health Services in Manchester and expanded—in partnership with the North Country Health Consortium—to Indian Stream Health Center in Colebrook, Coos County Family Health Services in Berlin and Ammonoosuc Community Health Services in Littleton.

**SOCIAL-CULTURAL BARRIERS TO ACCESSING HEALTH,**
continued

disabilities, *Including Samuel,* among health care providers.

**Culturally-sensitive mental health intervention**

Many refugees and immigrants arriving in our communities face significant challenges when adjusting to American life. Some are emerging from horrific situations involving war, oppression, and fear that few of us could imagine.

The Endowment has funded research to examine what specific mental health issues refugees and immigrants are dealing with, and how our mental health safety net might better support them.

Preliminary results reveal the need for additional training and resources for mental health centers, schools, and primary care providers to ensure more culturally effective mental health interventions. The research also shows that basic family supports, language acquisition, and youth programming would go a long way to help stabilize refugee and immigrant families in distress.

*Continued, bottom of page 17*

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![Image](image.png)

*Indian Stream Community Health Center client, Dan Cass, thanks Brenda Golden Hallisey (left) and Gisele Lemieux (center) of the New Hampshire Health Law Collaborative. Chronic illness forced Mr. Cass to leave his job, resulting in mounting financial pressures and the threat of losing his home. Through the Collaborative, Mr. Cass won an appeal for state disability benefits that qualified him for cash assistance and medical coverage. The Collaborative also negotiated with the Town of Colebrook and a landlord, preventing Mr. Cass from being evicted.*
SOCIAL-CULTURAL BARRIERS TO ACCESSING HEALTH, continued

Refining the work of the theme

At the core of the Endowment’s mission is a specific concern for “vulnerable and underserved” persons in New Hampshire. This past year, the Endowment made the decision to focus the resources of this theme specifically on racial, ethnic, and linguistic minorities—populations that include some of New Hampshire’s most vulnerable and underserved persons.

For the next three to five years, the Endowment will target resources to improve access to and ensure the quality of culturally and linguistically appropriate health care and health-related services; increase social inclusion and social connectedness for minority populations; and improve state, local and organizational policies that enhance the health and well-being of racial, ethnic and linguistic minorities.

SOCIAL-CULTURAL BARRIERS TO ACCESSING HEALTH: 2008 PROGRAM YEAR

**Theme Implementation Grants**

- The Gate City Health & Wellness
  Immigrant Integration Initiative
  City of Nashua Division of Public Health and Community Services
  Nashua HSA
  $134,000

**Cultural Effectiveness and Quality Health Care**

- Foundation for Healthy Communities
  State of NH
  $245,904

**Public Policy Grant**

- Advocating Implementation of LEP Services for Injured Immigrant and Refugee Workers
  New Hampshire Coalition for Occupational Safety and Health
  State of NH
  $10,000

**Operating Grant**

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

**Convening Grant**

- Improving NH’s Health Care Delivery for Children with Disabilities
  Institute on Disability/University of New Hampshire
  State of NH
  $30,000

**Planning Grants**

- Southern NH Forensic Nurse Examiner Consortium
  Elliot Hospital
  Derry, Manchester, Massachusetts
  Border and Nashua HSAs
  $25,920

- Health Education–Youth Empowerment
  New American Africans, Inc./New Hampshire Minority Health Coalition
  State of NH
  $27,155

- Portraits of The New Americans
  New Hampshire Humanities Council
  State of NH
  $20,000

- Coalition of African Organizations
  Somali Development Center
  State of NH
  $28,665

**Technical Assistance Grant**

- Interpreter Referral Technology Project
  Northeast Deaf and Hard of Hearing Services
  State of NH
  $18,000

**Discretionary Grants**

- Managing Major Change Part II
  New Hampshire Minority Health Coalition
  State of NH
  $1,800

- NHMHC Conference Scholarship
  New Hampshire Minority Health Coalition
  State of NH
  $1,279

- Undoing Racism Workshop
  UJIMA Collective
  State of NH
  $1,000

- National Child Traumatic Stress Network Funding Opportunity
  Wellesley Centers for Women/Wellesley College
  State of NH
  $1,100

- Reducing Barriers to Access Health Services
  Women to Women/The Way Home
  State of NH
  $8,107
At first glance, the Endowment’s “other grants” category can seem a potpourri of topics and issues. They are generally not theme related and are not directly associated with the provision of health care. However, they all represent components of the safety net. Our grants to organizations supporting homeless populations are a perfect example, as is funding of projects such as EMS services in Coös County or our grant to enhance understanding of the state’s public health system.

Additionally, work in the “other” category includes important public policy projects and operating grants aimed at strengthening nonprofit organizations that are pivotal to New Hampshire and the health issues it faces.

Some of the Endowment’s work is focused on infusing funds, but our support doesn’t stop there. We often provide leadership and visibility when no other organizations are able to step in to advocate for vulnerable populations or speak out about controversial issues.

Quite often, individuals bring grassroots issues to our attention, representing organizations and efforts that operate on a shoestring. The Endowment’s involvement can help build the knowledge base about these issues while providing an environment where larger, statewide conversations can take place.

Other examples of our off-theme work include our involvement in implementing stricter lead poisoning standards as well as our support of the Healthy Eating, Active Living initiative. Because we support a broad definition of health that includes the notion of physical, mental, and social well-being, many initiatives in the “other grants” category are very much central to our overall philosophy and mission.
FEATURED GRANT:
The New Hampshire Coalition to End Homelessness

HOMELESSNESS AND HEALTH

Type of Grant: Emergency

The close relationship between homelessness and poor health is of great concern to the Endowment. Homelessness inevitably leads to health issues and conversely, health problems can lead to job loss and medical debt which, in turn, can cause homelessness.

Many who are homeless struggle with chronic mental illness, substance abuse, or are dually diagnosed. There are also many homeless families in New Hampshire — often with at least one parent working but unable to afford housing. In fact, one out of every five people who stay in NH state-supported shelters are children. Additionally, the length of time that individuals stay in state-sponsored shelters has risen from 31 days to 49 days.

The New Hampshire Coalition to End Homelessness has made significant strides in advocacy for this vulnerable population. Since its inception in 2001, the Coalition has brought the issues of homelessness to the forefront of policy debates, legislation and local community action. Through advocacy, education, and community organizing, the Coalition has actively worked toward eliminating the causes of homelessness in New Hampshire.

The Coalition works closely with the Governor’s Interagency Council on Homelessness, charged with the task of ending homelessness in New Hampshire within ten years. The Endowment for Health has provided an emergency grant to fund operations while the state determines how to sustain the work of the statewide advocacy coalition to address homelessness from a systems perspective.

Robert Waters is homeless, but that by no means defines him. He is also a father and an aspiring illustrator who, with his preschool-age son, has received support from the Friends Emergency Housing Program in Concord for the past six months. The program provides families with the support, education and training to assist them in acquiring long-term skills and accessing resources to find and maintain permanent housing.
### Applied Research Grant
Community Food Security in New Hampshire  
**Carsey Institute/University of New Hampshire**  
State of NH  
$36,095

### Public Policy Grants
Commission to Develop a Comprehensive State Mental Health Plan  
**Mental Health Council/Endowment for Health**  
State of NH  
$33,500

Implementing the NH Mental Health Plan  
**Mental Health Council/New Hampshire Public Health Association**  
State of NH  
$50,000

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

Lead Poisoning Prevention Collaborative  
**New Hampshire Lead Poisoning Prevention Collaborative/Child Health Services**  
State of NH  
$56,873

### Core Operating Support Grants
The Health Coverage Fellowship  
**Blue Cross Blue Shield of Massachusetts Foundation**  
State of NH  
$15,000

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

### Technical Assistance Grants
Public Health Regionalization in New Hampshire  
**Community Health Institute/JSI Research & Training**  
State of NH  
$49,313

Increasing Public Health Data Analysis Capacity  
**Community Health Institute/JSI Research & Training**  
State of NH  
$21,156

### Convening Grants
2008 Primary Care Conference  
**Bi-State Primary Care Association**  
State of NH  
$800

Mindful Things: Exploring Memory Loss Through Science and Art  
**Grafton County Senior Citizens Council, Inc.**  
Claremont and Lebanon HSAs  
$5,000

New Hampshire Nonprofit Leadership Summit  
**New Hampshire Center for Nonprofits**  
State of NH  
$5,000

Manchester Healthy Home Program Improvement Project  
**The Way Home**  
State of NH  
$19,130

### Planning Grants
The New Hampshire Grants Institute  
**Council on Fund Raising**  
New Hampshire (CONFR)  
State of NH  
$11,095

Sustaining Leadership New Hampshire  
**Leadership New Hampshire**  
State of NH  
$10,000

Direct Care Workforce Compensations  
**New Hampshire Center for Public Policy Studies**  
State of NH  
$25,000

Sustaining New Hampshire Legal Assistance  
**New Hampshire Legal Assistance**  
State of NH  
$25,000

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

Policy Leadership Development  
**Health Strategies of New Hampshire**  
State of NH  
$5,000

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

Sustaining Leadership New Hampshire  
**Leadership New Hampshire**  
State of NH  
$10,000

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

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

Sustaining New Hampshire Nonprofit Leadership Summit  
**New Hampshire Center for Nonprofits**  
State of NH  
$5,000

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

Sustaining New Hampshire Lead Poisoning Prevention Collaborative/Child Health Services  
**New Hampshire Lead Poisoning Prevention Collaborative/Child Health Services**  
State of NH  
$56,873

Sustaining Leadership New Hampshire  
**Leadership New Hampshire**  
State of NH  
$10,000

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

Sustaining New Hampshire Nonprofit Leadership Summit  
**New Hampshire Center for Nonprofits**  
State of NH  
$5,000

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

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

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

Sustaining the Children’s Alliance of New Hampshire  
**Children’s Alliance of New Hampshire**  
State of NH  
$25,000
State of NH
$5,000

New Hampshire Public Radio
State of NH
$23,000

Granite State Independent Living
Strategic Planning
Granite State Independent Living
State of NH
$6,000

Emergency Grant
Ensuring the Future of the NH Coalition to End Homelessness
New Hampshire Coalition to End Homelessness
State of NH
$40,000

Discretionary Grants
“Wrecked!”
Capitol Center for the Arts
State of NH
$1,363

Challenge Match for Development/Accounting Software
Children’s Alliance of New Hampshire
State of NH
$10,000

Rural Health Issue Dialogue
Grantmakers in Health
State of NH
$5,000

Creating a Plan for a State Fiscal Analysis (SFAI) in New Hampshire
Institute of Health Law & Ethics/Franklin Pierce Law Center
State of NH
$15,000

CCAT Organizational Assessment Scholarship Fund
New Hampshire Center for Nonprofits
State of NH
$3,500

EMS Transition Work
Upper Connecticut Valley Hospital
Colebrook HSA
$16,000

GRANTS TO IMPROVE ORAL HEALTH: 2008 PROGRAM YEAR

Theme Implementation Grant
Sullivan County Oral Health Collaborative
Sullivan County Oral Health Collaborative, Inc.
Claremont HSA
$145,000

Public Policy Grant
Coalition for New Hampshire Oral Health Action
Bi-State Primary Care Association
State of NH
$91,442

Discretionary Grant
Hillsboro-Deering Elementary School Dental Screening and Treatment Program
Hillsboro-Deering School District
Concord HSA
$5,000
The past fifteen months, from the close of our fiscal year in September 2007 through the end of our first quarter in December 2008, represents a period of unprecedented market turbulence, disruption and disintermediation which has resulted in a severe shock to the global economy and a significant loss in the value of financial assets. It is hard to even remember that the stock markets reached their all-time highs just 15 months ago in October 2007.

For the year ended September 30, 2008, the value of the Endowment’s investment portfolio dropped $25.6 million or 24.6% from $104,237,491 to $78,577,545. The first quarter of the current fiscal year has been a continuation of the overall market retreat with invested assets down another $17 million. There have been no safe havens for investors or investment managers in this environment, unless they had the foresight or good luck to be fully invested in cash or government securities. The investment landscape has been literally repainted with unprecedented volatility and uncertainty.

As this market has evolved, the Investment Committee has enhanced its scrutiny and oversight of our investment advisors. Since September 2008, we have met monthly to review portfolio investment performance relative to the broader market and appropriate indices. We have increased the liquidity of the Endowment’s investments and set aside cash to provide for full funding of operations and grant obligations for fiscal 2009. We have begun a formal review of the Endowment’s Investment Policy, and an organizational review of the Endowment’s tolerance for risk in a more uncertain financial environment.

Despite these uncertain times, we remain committed to the long-term view that the mission of the Endowment for Health, Inc. and Subsidiary*...

### Endowment for Health, Inc. and Subsidiary*

**Consolidated Statements of Financial Position**

As of September 30, 2008 and 2007

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>516,742</td>
<td>989,298</td>
</tr>
<tr>
<td>Cash and cash equivalents, restricted</td>
<td>9,960,548</td>
<td>2,758,892</td>
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<tr>
<td>Investments</td>
<td>78,577,545</td>
<td>104,237,491</td>
</tr>
<tr>
<td>Loan receivables</td>
<td>1,350,000</td>
<td>1,350,000</td>
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<tr>
<td>Inter company receivable</td>
<td>786</td>
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<tr>
<td>Other receivables</td>
<td>27,389</td>
<td>34,971</td>
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<tr>
<td>Prepaid expenses</td>
<td>2,025</td>
<td>3,227</td>
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<tr>
<td>Property and equipment, net</td>
<td>4,923</td>
<td>14,622</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>90,437,933</td>
<td>109,411,565</td>
</tr>
</tbody>
</table>

|                      |            |            |
| **LIABILITIES AND NET ASSETS** |            |            |
| Grants payable       | 4,800,100  | 4,093,711  |
| Accounts payable and accrued expenses  | 261,594    | 225,654    |
| Other liability**    | 4,467,460  |            |
| **Total liabilities** | 9,529,154  | 4,319,365  |
| Net assets           | 80,908,779 | 105,092,200|
| **Total liabilities and net assets** | 90,437,933 | 109,411,565|

**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.**

**The Endowment for Health’s predecessor, New Hampshire–Vermont Health Services dba Blue Cross Blue Shield of New Hampshire (BCBS-NH), was under audit by the Internal Revenue Service (IRS) with respect to the basis of assets at the time BCBS-NH sold its assets to Anthem Insurance Companies, Inc., the amortization of certain intangible assets, the charitable deduction taken on BCBS-NH final tax return, and the value of certain tobacco-related claims. The settlement is almost complete and a favorable settlement has been reached. The Endowment for Health received funds from the IRS settlement, of which approximately $4,467,460 will be allocated to Anthem Insurance Companies, Inc.**

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*Greg McConahey, Chair
Paul Spiess, Treasurer

**INVESTMENT COMMITTEE**

Stephen Handley
Harvey Hill
Harold Janeway
Greg McConahey, Chair
James Oates
John Snow
Paul Spiess
Richard Showalter
Rodney Tenney
Consultant: Clifford White,
Senior Institutional Consultant,
Morgan Stanley–Boston
Investment Committee is to prudently invest funds in perpetuity to support the dual purposes of providing short-term income to support today’s programs while growing principal to generate higher levels of support in the future.

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.

We look forward to the coming year with a cautious yet hopeful view.

Submitted by,

Greg McConahey
*Investment Committee Chair*

Paul Spiess
*Treasurer*

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**Asset Allocation**

Diversification of Funds (as of September 30, 2008)

- **US Equities Large Cap** (26%)
- **US Equities Small/Mid Cap** (19%)
- **International Equities** (23%)
- **Alternative Investments** (16%)
- **Bonds** (8%)
- **Cash & Cash Equivalents** (5%)
- **Program-Based Investments** (2%)

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**Endowment for Health, Inc. and Subsidiary**

**Consolidated Statements of Activities**

As of September 30, 2008 and 2007

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Income</td>
<td>1,824,881</td>
<td>1,867,887</td>
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<tr>
<td>Realized gain on investments</td>
<td>3,792,968</td>
<td>5,491,191</td>
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<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(25,738,260)</td>
<td>10,655,751</td>
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<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>(20,120,411)</td>
<td>18,014,829</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
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<tr>
<td>Program expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant expense</td>
<td>4,660,987</td>
<td>4,088,653</td>
</tr>
<tr>
<td>Salaries and benefit expense</td>
<td>620,541</td>
<td>571,921</td>
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<tr>
<td>Professional service expense</td>
<td>95,247</td>
<td>102,953</td>
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<td>Program support expense</td>
<td>41,972</td>
<td>28,338</td>
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<tr>
<td>Miscellaneous expense</td>
<td>9,507</td>
<td>16,232</td>
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<tr>
<td><strong>Total program expenses</strong></td>
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<td>4,808,097</td>
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<tr>
<td>Management and general expenses:</td>
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<tr>
<td>Investment expense</td>
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<td>531,389</td>
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<tr>
<td>Salaries and benefit expense</td>
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<tr>
<td>Professional service expense</td>
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<tr>
<td>Tax and interest expense</td>
<td>90,064</td>
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<tr>
<td>Office expense</td>
<td>84,978</td>
<td>71,810</td>
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<tr>
<td>Building and related expense</td>
<td>82,442</td>
<td>68,993</td>
</tr>
<tr>
<td>Administrative support expense</td>
<td>79,453</td>
<td>64,224</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>9,699</td>
<td>10,649</td>
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<tr>
<td><strong>Total management and general expenses</strong></td>
<td>1,373,952</td>
<td>1,281,642</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>6,802,206</td>
<td>6,089,739</td>
</tr>
</tbody>
</table>

Deficiency of revenues over expenses from operations | (26,922,617) | 11,925,090 |

Tax settlement with the Internal Revenue Service 2,739,196

(Decrease) increase in unrestricted net assets (24,183,421) 11,925,090

Net assets, beginning of year 105,092,200 93,167,110

Net assets, end of year 80,908,779 105,092,200

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The Board of Directors

The Board of Directors is composed of individuals who have demonstrated interest in, and understanding of, the communities, and individuals intended to benefit from the Endowment’s activities. Public members of the Board include those who are members of the “general public,” defined as anyone who is not (1) an employee, officer, or director of an organization that primarily sells health care services, or (2) engaged in the practice of a health care profession. The Board includes two gubernatorial appointments.

Public Members

Susan Chollet, Vice Chair
Cynthia Dokmo, Chair
Eleanor Dunfey-Freiburger, Secretary
Sylvio Dupuis, O.D.
Arthur Froburg
Ross Gittell, Ph.D.
Cordell Johnston
Caroline McCarley
Margaret McClellan
Gregory McConahey
Paul Spiess, Treasurer
William Walker

Non-public Members

Sanders Burstein, M.D.
Richard Showalter Jr.
Trinidad Tellez, M.D.

The Advisory Council

The Advisory Council is composed of 30 to 40 individuals, a majority of whom must be members of the “general public” (see definition under “Board”). To reflect the diversity of the State of New Hampshire, it is our intention that every county be represented on the Advisory Council and that members serve as community liaisons on behalf of the foundation.

Public Members

Belknap County
Charlotte DuBois
Carroll County
Victoria Blodgett
Cheshire County
Martha Bauman
Elizabeth Fox
Hillsborough County
Randi Benthiem
Andrew Dillman
Harry Fiqueroa
Michael Ostrowski
Merrimack County
Monica Ciolfi
Thomas Raffio
Rodney Tenney
Rockingham County
Thomas Grebouski
Jan Nisbet
Timothy Phoenix
Jackie Weatherspoon
Strafford County
Betsy Andrews Parker, Chair
Alan Reed-Erickson

Non-public Members

Belknap County
Thomas Clairmont
Carroll County
Mary Bidgood-Wilson
Coös County
Robert Fink
Adele Woods
Hillsborough County
Gina Balkus
Merrimack County
David Robar
Richard Silverberg
Rockingham County
Donna Tighe
Sullivan County
Claire Bowen
Sean Lyon, Secretary

Staff

Karen Ager, Director of Communication
Kim Firth, Program Director
Sue Fulton, Grants Manager/Financial Manager
Lindsay Josephs, Program Director
Kelly Laflamme, Program Director

Peg LePage, Administrative Assistant
Jeanne Ryer, Program Director
James Squires, M.D., President
Mary Vallier-Kaplan, Vice President and Chief Operating Officer
A MESSAGE TO OUR GRANTEES AND
COMMUNITY PARTNERS

In the midst of uncertain economic times, the Endowment for Health is taking measures to bolster the nonprofit community and to continue funding work critical to improving the health of New Hampshire’s people. In December, 2008, the Endowment for Health Board of Directors approved several recommendations aimed at addressing the unique needs of our community partners during these difficult times.

The unprecedented and protracted economic crisis will have far-reaching impact on New Hampshire’s organizations. The Endowment for Health, like most organizations, has also experienced a significant impact on its investments.

However, this setback does not deter us from our mission to improve the health of New Hampshire’s people—especially the vulnerable and underserved. The numerous nonprofit organizations that serve New Hampshire must be bolstered and supported during this time of overwhelming need.

The Endowment’s staff and Board of Directors have thoughtfully deliberated on this situation, and have initiated a plan of action to proactively address the situation.

- Most importantly, the Board of Directors decided to exceed the 5% distribution level as required by the Internal Revenue Service. The increased funding level is effective for Program Year 2009. This decision to deploy more funds than legally required will allow the Endowment to maintain and uphold all current grant commitments for Program Year 2009 as well as support some new work in all of our current themes.

- The Endowment will increase the availability of funds to address public policy issues—especially related to the state budget crisis and health care reform. However, we will not initiate as much new program work as in the past until the environment stabilizes. Discretionary grants to rapidly respond to unexpected needs and opportunities will be available.

- We will continue to speak and act thoughtfully and respectfully as we advocate for a health and health care system in New Hampshire that improves the health and reduces the burden of illness of all NH residents.

- In the meantime, we will look for ways to control our operational spending and administrative costs.

- In the near future, we will also have a great variety of vehicles to more effectively sustain New Hampshire’s critically important safety net. For example, we anticipate piloting an emergency loan program for the state’s safety net providers early in 2009. This is part of a new, long-term strategy for Mission Related Investing and will be available in addition to our grantmaking work.

- Our staff and Board will continue to monitor economic changes and assess options that balance our stewardship of Endowment assets with the need to support our grantees, community partners and the nonprofit community as a whole.

- Additionally, we continue to work closely with the New Hampshire Funders Group to identify collective ways in which we can support the nonprofit community in New Hampshire.

- Although future grantmaking cycles will become increasingly competitive for applicants, we remain committed to the Endowment’s mission and its priority areas (themes).

We are confident that this crisis will ultimately make us a more unified and effective nonprofit community and that many ideas for collaboration will result. Throughout this challenge, the Endowment for Health will continue to provide major support for New Hampshire’s health and safety net needs.