MeHAF was created from the sale of Blue Cross and Blue Shield of Maine (a non-profit health care insurer) to Anthem Blue Cross and Blue Shield (a for-profit health care insurer). The sale’s proceeds created the endowment that supports the Foundation’s activities. MeHAF was legally incorporated in April 2000, and the Attorney General appointed the founding Trustees in January 2001. The Foundation currently has assets of approximately $82,000,000.

We support strategic solutions to Maine’s health care needs through grants and other programs and particularly target projects that serve those who are medically uninsured and underserved. Our programs are mission-driven and results-oriented.

The Foundation has five core objectives that guide its operations:

- Act as a catalyst for change;
- Promote innovation and vision;
- Foster community-based collaboration and partnerships;
- Serve as an informed convener and educator; and
- Exercise responsible stewardship.
In January 2001, the Attorney General convened the very first meeting of the Maine Health Access Foundation’s Board of Trustees. The room was filled with an air of excitement, challenge, opportunity, and responsibility as 15 individuals from around the state gathered to assume the task of establishing Maine’s newest and largest nonprofit health care foundation. Fueled by an $82 million endowment, the Trustees were charged to expand access and improve the quality of health care, particularly for the uninsured or underserved, in ways that are strategic, measurable, and sustained.

Calling on the Foundation’s Community Advisory Committee (CAC), the Trustees quickly went to work shaping the governance, framework, and critical tasks that would launch the Maine Health Access Foundation (MeHAF), including defining our mission to promote affordable and timely access to comprehensive quality health care and improve the health of every Maine resident.

The Board knew it was critical to listen to the public and solicit feedback about how MeHAF could make a difference. In early 2002, the Board, members of the CAC, and the staff held regional forums in Presque Isle, Dedham, Dover-Foxcroft, Augusta, Lewiston-Auburn, Portland, and Biddeford to listen and learn. Without exception there was a chorus of concern about the crisis in affordability and access, but the advice was the same: “Be strategic—solve the problem instead of applying a Band-Aid.”

This valuable input helped shape MeHAF’s grant and program initiatives. In July 2002, we proudly announced the first grant awards of $3.7 million for 36 organizations statewide. It is an honor to acknowledge and highlight the important work of this outstanding group of grantees in this annual report. Some of these projects have garnered national attention, while others have quietly improved care in local communities. The efforts of these extraordinary groups move us closer to the goal of universal access to care—one step at a time.

In an era marked by economic uncertainty with looming state and federal budget deficits, the sense of crisis in preserving and expanding access to health care is growing. But a time of crisis can serve as a crucible of opportunity for new collaborations, openness to new ideas, and an enhanced willingness to act. At a strategic planning retreat held last fall, the Trustees affirmed their belief that MeHAF’s rich resources can light the fire under that crucible to spark systemic change in Maine’s health care system. To accomplish this, our future grants and programs must be a catalyst for statewide or community-driven solutions to expand health care and improve well-being.

The Trustees, CAC, and staff are humbled and challenged by the responsibility of the task laid before us and hope our collaborative efforts with community organizations, providers and health care systems, public health officials, insurers, employers, legislators and policymakers, and the public in support of Maine’s movement toward universal access to care engender your continued interest, trust, and support.
Expanding Access to Comprehensive, Quality Health Care

Maine faces many obstacles in expanding and sustaining access to affordable, comprehensive, high-quality care. These obstacles include caring for an aging population with high rates of smoking and chronic illness, assuring access throughout a heavily rural state, coping with the growing erosions in employer-sponsored coverage from rising health insurance costs, and balancing sharp declines in the state revenue base that make expansions of public coverage less likely.

During its first year of operations, the Board of Trustees of the Maine Health Access Foundation worked intensely to form a vision and operating plan for the Foundation. Motivated by the many unmet health care needs in the state, the Trustees developed an aggressive plan to quickly initiate the Foundation’s grantmaking. After a national search, the Trustees recruited MeHAF’s Executive Director, Dr. Wendy Wolf, from the federal Department of Health and Human Services in November 2001. In April 2002, following a highly competitive search process, Dr. Wolf hired David Steven Rappoport as Senior Program Officer and Catherine Luce as MeHAF’s Administrative Assistant.

In July 2002, MeHAF awarded more than $3.7 million dollars to 36 organizations across Maine. These one-year awards ranged from $50,000 to $250,000. In September 2002, MeHAF also initiated a smaller discretionary grants program (awards of $10,000 or less) to support projects that further the Foundation’s mission but fall outside its major priorities. In 2002, MeHAF made seven discretionary awards totaling more than $34,000.

MeHAF’s 2002 grantees were a diverse group, including hospitals, clinics, social service agencies, advocacy organizations, public agencies, and even a community radio station. Yet, all shared a common commitment to opening the doors to the health care system for every Mainer.
Mark Swann never dreamed the sale of Blue Cross and Blue Shield of Maine would have an impact on the Portland homeless center he heads, let alone a positive one.

But that was before Wednesday, when the health care foundation created by the sale of the nonprofit insurer awarded $3.7 million in grants to a range of organizations around the state, including the Preble Street Resource Center.

Drawing from an $88 million endowment for its first round of funding, the Maine Health Access Foundation gave one-time grants to 38 groups addressing the foundation’s goals: taking care of pressing health needs like dental services and expanding health care to those who need it most.

Preble Street Resource Center, which received the largest amount—$250,000—will use the money to develop a new, larger clinic equipped to serve hundreds more people than the old one.

“This couldn’t have been more perfect for us,” said Swann, who called the grant the largest the center has ever received from a foundation.

Josie Huang
Portland Press Herald
July 18, 2002
Maine Health Care System
and Health Security Board, Augusta

This grant helps to fund an assessment of “the feasibility and cost of implementing a universal coverage, single-payer system in Maine,” according to Maine Health Access Foundation (MeHAF) materials describing its first funding cycle. The study is expected to include “an analysis of different funding options and different benefit configurations and [to] model the impact on the economy and individuals of various plan configurations for a single-payer system,” Health Security Board materials explained. In July 2002, the Board, a bipartisan task force set up by the state legislature, contracted with Mathematica Policy Research to do a study.

Two Maine Democratic state legislators who cochair the Board, Senator John Martin and Representative Paul Volenik, are managing this project. “An in-depth and objective analysis of the costs of a single-payer system will help Maine people and policymakers make decisions about health care reform,” Volenik said in a Board press release.

*Health Affairs* “Grantwatch”
January/February 2003
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A Catalyst for Change

In 2002, MeHAF’s major grantmaking had two priority areas:

- Expanding access to general health services for underserved individuals, with a special emphasis on oral health; and
- Promoting initiatives or policy studies that would move Maine toward universal access.

Within these broad categories, MeHAF supported projects across the health care spectrum. Grants included capital projects, such as renovation of clinic space; outreach or education to support primary or secondary prevention; service delivery initiatives in specific clinical settings; and data and research studies to fill existing gaps or to develop new models.

Of particular note was MeHAF’s grant to the Maine Health Care System and Health Security Board to support a study of a single payer system for the state. This award received wide attention both inside and outside Maine and reflected the Foundation’s interest in studying a range of strategies for achieving universal access.

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2002 GRANTS BY TYPE 38 grants totalling $3,740,908

- Direct Service: 10 grants, $920,551
- Capital Projects: 8 grants, $942,426
- Combination: 5 grants, $495,073
- Planning: 4 grants, $425,000
- Outreach, Education, or Related: 10 grants, $900,356
- Other: 1 grant, $57,502

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MeHAF
Maine Health Access Foundation, Inc.
Funding Priorities—Oral Health and Beyond

Certain aspects of health are of particular concern in Maine today, and MeHAF’s funding reflects this. Oral health accounted for the largest number of awards in 2002. Multiple grants were also made to support activities in primary care, mental or behavioral health, and diabetes.

Oral health is a critical concern in Maine—as it is in much of the nation. The Foundation’s 11 oral health grants in 2002—totaling more than $963,000—will help to expand Maine’s inadequate oral health delivery system, particularly for low-income children and adults.

In addition to this direct grant support, MeHAF’s senior staff participate in a regional grantmakers’ oral health action group. The group—which includes colleagues from private foundations, corporate philanthropy programs, and public agencies—works with key stakeholders to develop collaborative solutions to some of the region’s most critical oral health challenges. The group will sponsor an oral health summit in April 2003 to improve the prevention and treatment of oral disease in Maine.

MeHAF’s grantmaking in support of primary care, mental and behavioral health, and diabetes initiatives will also expand access to needed services. The Foundation’s 15 grants in these areas in 2002 represented more than $1,527,400 in total funding. From telemedicine to patient self-management, from renovation of a community health center to peer support, these projects reflect a diversity of approaches to expanding and improving the delivery of needed services throughout the state.

2002 GRANTS BY TOPIC AREA 38 grants totalling $3,740,908
The Child and Youth Board of Washington County Dental Program will increase access to comprehensive health care through the provision of free dental treatment. This fall, the dental program provided services in 22 elementary schools, training 123 classroom teachers to coordinate weekly fluoride rinse programs for 1,176 students. An additional 145 preschool children received oral inspection and education services at eight area Head Start Centers. Thirty-six children were referred to dentists for additional treatment.

Maine Oral Health Solutions’ Early Smiles program is a low-cost, evidence-based prevention program that has been successfully implemented in a majority of the state’s Head Start Programs. MeHAF funds have allowed the program to expand preventive oral health services and case management to children in 22 WIC clinics in Cumberland, Knox, Kennebec, Lincoln, Somerset, and Waldo Counties. This year, the program estimates it will reach 2,000 high-risk children, infants, and women who wouldn’t have otherwise been able to access oral health services.
Public Health Division, Health & Human Services Department, City of Portland

The Public Health Division of Portland’s Health and Human Services Department first offered health services to the community in 1885 and first offered oral health services in 1924. Today, the Public Health Division provides a wide range of direct health care services to low-income, underserved populations when it is evident that no other community resources exist to meet a pressing health need. A MeHAF grant allowed the City of Portland to develop an oral health treatment clinic for low-income, uninsured, and/or homeless persons.

St. Mary’s Regional Medical Center, Lewiston

In an effort to bring comprehensive primary care to some of Lewiston’s most vulnerable residents, St. Mary’s opened Bates Street, a family health center, in 1995. Due to increasing demand, the clinic’s current space has become severely overcrowded. A substantial MeHAF challenge grant helped fund construction of a 3,500-square-foot facility that, in addition to primary care, will provide on-site dental, behavioral health, and case management services.
Innovation and Vision

The Maine Health Access Foundation believes that strategic solutions to today’s problems in health care delivery must draw equally on creative, visionary thinking and evidence-based approaches. Practical innovation requires vision, while a successful vision gives birth to a wealth of innovation. Seeking approaches that unify these two complementary dynamics, the Foundation has funded a compelling range of projects in 2002.

Community-Based Collaboration and Partnerships

For the period 2001–2005, the Maine Health Access Foundation is mandated to conduct semi-annual assessments of the health care needs of medically uninsured and underserved persons in the state. During 2001, MeHAF gathered information which led to our first publication, *A Primer on Health Care Coverage in Maine*. This publication was modeled after a national primer on Americans without health insurance published by the Kaiser Commission on Medicaid and the Uninsured.

MeHAF used the Primer to stimulate and focus discussions about health care coverage in seven regional forums held across the state in January and February 2002. The forums gathered information about people’s perceptions, experiences, and concerns regarding access to health care and gathered ideas about realistic solutions to improving coverage and access in Maine. These contributions helped shape the Foundation’s long-term strategic grant programs.

Our grantmaking in 2002 reflects our encouragement of appropriate collaboration and community-based approaches.
## 2002 Grants

### Major Grants

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<tr>
<th>Organization</th>
<th>Project Title</th>
<th>Amount</th>
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<tr>
<td>Alpine Health Services, Inc. West Enfield</td>
<td>Alpine Health Services Rural Outreach Program</td>
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<tr>
<td>Alzheimer’s Disease and Related Disorders Association, Inc.—Maine Chapter</td>
<td>Improving Statewide Outreach, Access and Service Delivery to Alzheimer’s Families through Technological and Media Enhancements</td>
<td>$90,000</td>
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<tr>
<td>Amistad Peer Support and Recovery Center, Inc. Portland</td>
<td>Peer Support During a Psychiatric Emergency: Creating a Connection to Mental Health Recovery and Continuity of Care</td>
<td>$94,143</td>
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<tr>
<td>Center for Community Dental Health Portland</td>
<td>Critical Dental Equipment Upgrade</td>
<td>$92,176</td>
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<td>Child and Youth Board of Washington County Machias</td>
<td>Washington County Child and Youth Dental Program</td>
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<td>Community Health and Counseling Services Bangor</td>
<td>Teledicine for Rural Maine</td>
<td>$100,000</td>
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<td>Consumers for Affordable Health Care Foundation Augusta</td>
<td>Building Capacity for the Future</td>
<td>$124,960</td>
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<td>Downeast Community Hospital Machias</td>
<td>Down East Community Hospital Diabetes Education and Professional Training Project</td>
<td>$87,551</td>
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<td>Downeast Community Hospital Machias</td>
<td>Down East Community Hospital Help Pad Project</td>
<td>$55,750</td>
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<td>Downeast Health Services, Inc. Ellsworth</td>
<td>Maine Coast Community Dental Clinic</td>
<td>$150,000</td>
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<tr>
<td>Family Planning Association of Maine Augusta</td>
<td>Maximizing Access to Comprehensive Reproductive Health Care Services: A Statewide Multi-Media Approach</td>
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<td>HealthReach Community Health Centers Waterville</td>
<td>Strong Dental Program</td>
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<td>Healthy Community Coalition Wilton</td>
<td>Expanding Enrollment and Preventive Services in the Franklin Health Access Project</td>
<td>$94,925</td>
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<td>Houlton Regional Hospital Houlton</td>
<td>A Team Approach to Accessible High-Quality Rehabilitation Services</td>
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<td>Mabel Wadsworth Women’s Health Center Bangor</td>
<td>Organizational Capacity Building and Infrastructure Program</td>
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<td>Maine Civil Liberties Union Foundation Portland</td>
<td>Prisoner Access to Health Care</td>
<td>$57,502</td>
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<td>Maine Department of Human Services, Bureau of Health, Division of Community Health, Oral Health Program (on behalf of The Maine Dental Access Coalition) Augusta</td>
<td>Early Childhood Caries Prevention and Intervention Program</td>
<td>$50,000</td>
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<tr>
<td>Maine Health Care System and Health Security Board Augusta</td>
<td>Universal Single-Payer Feasibility Study</td>
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<td>Maine Medical Center Portland</td>
<td>Hepatitis C, Prevention, Detection, &amp; Treatment</td>
<td>$75,000</td>
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<td>Maine Oral Health Solutions Hallowell</td>
<td>Bringing Maine Oral Health Solution’s Early Smile Program to the Women, Infants and Children Program</td>
<td>$100,000</td>
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<td>Maine Primary Care Association Manchester</td>
<td>Bridging the Gap: Integrating Diabetes Resources for Patient-Centered Case Management</td>
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<td>Maine Primary Care Association Manchester</td>
<td>Maine Solutions</td>
<td>$150,000</td>
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<tr>
<td>Maine General Medical Center Waterville</td>
<td>Diabetes and Nutrition Center: Recruitment and Training</td>
<td>$65,000</td>
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<td>MileStone Foundation, Inc. Old Orchard Beach</td>
<td>Milestone Foundation, Inc., Expansion</td>
<td>$60,000</td>
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###-discretionary-grants-

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<tr>
<th>Organization</th>
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<td>Town of Bucksport</td>
<td>Medical Transportation Pilot Project</td>
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<tr>
<td>Maine Rural Health Association</td>
<td>Maine Rural Health Conference</td>
<td>$3,500</td>
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<tr>
<td>University of New England</td>
<td>Maine Dental Residency Program</td>
<td>$10,000</td>
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<td>Penobscot Nation Health Department</td>
<td>2002 Health Summit</td>
<td>$1,000</td>
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<tr>
<td>Maine Public Health Association</td>
<td>Gubernatorial Forum</td>
<td>$200</td>
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<td>Prevention Partners</td>
<td>Equipment Support</td>
<td>$4,500</td>
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<td>Downeast Health Services</td>
<td>Equipment Support</td>
<td>$7,965</td>
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<tr>
<td>Consumers for Affordable Health Care</td>
<td>Universal Health Care: Time for Action Conference</td>
<td>$1,000</td>
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</table>

**Total Awards**

$34,165
Convening and Education

The Maine Health Access Foundation believes it can serve most effectively as a neutral organization outside, but supportive, of both public and private sector health care activities. We have the capacity and the resources to convene meetings and conferences and to fund activities that advance the knowledge of both the general public and those in the health care community.

MeHAF also assists its grantees through direct technical assistance activities. In 2002, these included training developed to assist grantees in planning and executing data-driven program evaluations. This outcomes-based performance matrix was designed for MeHAF through a contract with Michele Polacsek, Ph.D., of the Maine Center for Public Health.

Finally, the Maine Health Access Foundation seeks to continually educate itself—both by evaluating its programs and services and by learning from its colleagues in other foundations. MeHAF hired Market Decisions, a Portland-based research firm, to conduct focus groups with both successful and unsuccessful grant applicants from its first round of grantmaking. The results were used to improve procedures and systems.

To learn more about innovations in health care and philanthropy, the Foundation’s Trustees and senior staff attended selected conferences during 2002, including two sponsored by Grantmakers in Health, a national support organization for health care foundations.
Maine Primary Care Association, Statewide

The Maine Primary Care Association provides technical assistance and support to Maine’s 29 federally qualified health centers, Indian health centers, and the Maine Migrant Health Program. MeHAF funds contributed to the Mapping MaineCare Campaign, which seeks to maximize enrollment of eligible seniors and disabled persons into Maine’s Medicaid program. Campaign staff conduct grassroots and mass media outreach activities; train health and social service agency staff in MaineCare benefits, eligibility criteria, and the application process; manage a statewide network of sites where consumers can obtain assistance in completing application and renewal forms; and provide direct consumer services through the Legal Services for the Elderly Hotline. Working closely with the Department of Human Services, Campaign staff identify and resolve problems related to enrollment, retention, and coordination of coverage programs.

St. Joseph Healthcare Foundation, Bangor

St. Joseph Healthcare Foundation, in partnership with the Maine Health Alliance, used MeHAF funds to expand telemedicine services in northern and central Maine. Installing high-speed T1 lines significantly expanded the system’s technical capabilities and reach to include six rural and two hub sites in Aroostook, Penobscot, Piscataquis, Hancock, and Washington Counties.
A hospital emergency room can be a terrifying and lonely place for someone in the throes of a psychotic episode.

Cindy Pratt can empathize. A former nurse, Pratt descended into a deep depression after her 18-month-old daughter was killed in a car accident. Three years ago, an ambulance brought her to Maine Medical Center’s ER, near death following her latest suicide attempt. Now Pratt is serving as a peer supporter in the hospital’s emergency room, working to ease the anxiety of people in crisis as only someone who has been there can.

“You’re left alone quite a bit,” Pratt said of the sometimes lengthy process between arrival in a bustling emergency department and transfer to non-emergency care. “It gives you way too much time to obsess on your thoughts. You get more upset. Our presence is calming and they rapidly de-escalate from whatever state they’re in.”

Pratt and her co-worker Jerrold Bradley are part of an innovative program at the Maine Medical Center emergency department that seeks to help people undergoing a mental health crisis by linking them with someone who knows the ordeal from their perspective. They offer company, comfort, and an understanding of what can be a bewildering experience while also showing that as bleak as life seems, there is a way back from despair.

The program is run by Amistad, a social club for adults with mental illness, in partnership with Maine Medical Center. Maine Health Access Foundation, which was created by the sale of Blue Cross and Blue Shield, provided $94,000 to run the program for a year. After just a month and a half, the program is winning high praise from medical staff and administrators for its success.

David Hench
Portland Press Herald
January 20, 2003
Responsible Stewardship

The Maine Health Access Foundation is fortunate to have two bodies actively engaged in guiding its work: a Board of Trustees and a Community Advisory Committee. Each group includes individuals who represent the broad range of Maine’s health care stakeholders.

Board of Trustees

The operation of the Maine Health Access Foundation is guided by a statewide Board of Trustees comprised of distinguished individuals selected for service on the basis of their widely recognized professional expertise and experience and deep personal commitment to promoting access to health care in Maine. Following an intensive statewide search, the founding Board members were appointed by Maine’s Attorney General, Andrew Ketterer, based on a slate of nominations proposed by MeHAF’s Community Advisory Committee and the general public.

The Trustees are charged in the by-laws with guiding the Foundation toward “improving access to health care and improving the quality of health care to medically uninsured and medically underserved persons within the State of Maine, and to serve other unmet health care needs within the State of Maine, particularly with regard to the medically uninsured and underserved populations of the State.” Qualifications for serving on the Board include demonstrating a clear interest and concern for the Foundation and its mission, applying a broad perspective on health care and society in general, and possessing a sensitivity to the act and need for giving through philanthropy.
The MeHAF Board of Trustees

Wesley Davidson, President
Executive Director,
Aroostook Mental Health Center

Carol Carothers, Vice President
Executive Director, NAMI Maine

Christopher St. John, Treasurer
Executive Director, Maine Center for Economic Policy

Charlene B. Rydell, MSSA, Secretary
Health Policy Advisor, Office of Congressman Tom Allen

Anne Johnson Cole Brown, MD
Community Clinical Services, Sisters of Charity Health System

Kevin Concannon
Commissioner, Department of Human Services

Laurie Eddy, MSN, FNP, NP-C
Director, Penquis CAP Health Services

Lisa Faires
Department of Human Services, Bureau of Child and Family Services

Lani F. B. Graham, MD, MPH

Mary Henderson, Esq.
Executive Director, Maine Equal Justice Partners, Inc.

Warren Kessler, MPH

Richard L. Marston
Manager, Human Resources, Nexfor Fraser Papers, Inc.

Lisa Miller, MPH
Maine Director, The Bingham Program

Jane W. Saxl
Penobscot Nation Health
Department, Old Town

The Penobscot Nation Health Department is an ambulatory care clinic serving members of the Penobscot Nation community, members of other federally recognized tribes, and other eligible persons. Services include medical, pharmacy, laboratory, dental, nutrition, environmental health, community health, home health care, behavioral and mental health services, and disease prevention. MeHAF helped to fund the department's Second Annual Health Summit, a community event to encourage individual empowerment through healthy choices. The Summit's planning process included important dialogue about the role of Penobscot culture and tradition in health care.

WERU Radio, East Orland

In an effort to better understand the health care issues faced by individuals, families, and organizations in Maine, and to collect their ideas for managing Maine's health care challenges, WERU sought funds from MeHAF to initiate a series of community dialogues. These conversations—in the form of call-in radio broadcasts, an interactive web site, and study circles in five communities—raise the level of public discussion of Maine's health care issues. This project also received a major grant from Sound Partners for Community Health.
Franklin Health Access Project, Farmington

The Franklin Health Access Project (FHAP) serves Franklin County and Livermore Falls, which are among Maine’s most rural and economically disadvantaged communities. Uninsured residents with incomes at or below 200% of the federal poverty level may enroll in FHAP, which assigns a health advocate and links them to a comprehensive range of health services offered for free or at a discount by participating providers. FHAP has enrolled more than 750 individuals and referred more than 1,000 for other programs for which they are eligible, and it is estimated that one in five of the region’s uninsured residents have been assisted by FHAP.

Pine Tree Society, Statewide

The Videorelay Project provides sign language interpreting services to hospitals around the state using videoconferencing equipment and high-speed telephone data lines. Currently, 12 hospitals are participating in the project; eight of these sites are on-line, ready to use the technology. December 12, 2002, marked the first of what is hoped to be many interpreted sessions to use the technology. Spring Harbor Hospital launched this initial call. Lois Morin, Project Coordinator, noted in a memo to pilot hospitals that this first session “went well and the client was happy with the service. We hope that there will be more services (provided) soon.”
Community Advisory Committee

A statewide Community Advisory Committee (CAC) provides guidance and professional expertise to the Foundation’s operations. After soliciting broad public input, the Attorney General appointed the founding members of the CAC. Their initial charge was to provide nominees to guide the selection of the first Board of Trustees. The CAC is also charged with guiding the Trustees concerning the conduct of periodic needs assessments and any other issues relating to the activities of the Corporation. Members of the CAC actively participate as members of the Foundation’s Grants, Finance, Nominating, and Strategic Planning Committees. The CAC members serve staggered terms of office, with approximately one-third of the terms expiring each year. The Foundation’s by-laws state that two-thirds of the CAC membership slots be reserved for individuals who represent the interests of the medically underserved and uninsured populations within the state and at least one-third of the members have established expertise in health care with respect to access for medically underserved and uninsured persons.

The MeHAF Community Advisory Committee

Lisa Pohlmann, Chair
Associate Director, Maine Center for Economic Policy

Elinor Goldberg, Vice-Chair
Executive Director, Maine Children’s Alliance

Paul Best, Esq.

Jack Comart, Esq.
Pine Tree Legal Assistance

Dolores Cummins, MSW, LCSW, RN

Deb Curtis, MPH
Associate Director, Maine Equal Justice Partners, Inc.

Peter Doran, PhD

Maroulla Stavrinou Gleaton, MD
Atlee Gleaton Eye Care

Patricia E. Knox-Nicola
Health Services Director, Penobscot Indian Nation

Dorothy Merrick
Senior Advocate

Wayne M. Myers, MD

Luc Nya
Multi-Cultural Coordinator, Department of Behavioral and Developmental Services

Karen O’Rourke, MPH
Program Director, Maine Center for Public Health

Kandyce A. Powell, MSN, RN
Executive Director, Maine Hospice Council, Inc.

Valerie J. Ricker, MSN, MS
Director, Division of Family Health, Maine Bureau of Health

Cheryl Lee Rust
Owner, Le Garage Restaurant

Diana C. Scully, MSW
Vantage Point

Jose Soto
Director, Maine Rural Workers Coalition

Meredith Lentz Tipton, PhD, MPH
Associate Dean, UNE/College of Osteopathic Medicine

Sharon Tomah, MSW
Executive Director, Wabanaki Mental Health Association

Carl M. Toney, PA
Assistant Professor, University of New England, College of Health Professions

Romaine Turyn
Muskie School of Public Service, Health Policy Institute

Bonnie Vaughan, RDH, MEd, MBA

Stephanie Walstedt, RNC, NP
Regional Manager, Planned Parenthood of NNE
Staff

MeHAF’s staff bring considerable health care, philanthropic, and administrative expertise to the Foundation’s operations.

Wendy J. Wolf, MD, MPH, Executive Director, was recruited from the U.S. Department of Health and Human Services, where she worked as a Senior Advisor to the Administrators for both the Health Resources and Services Administration and the Agency for Healthcare Research and Quality.

Dr. Wolf received former Secretary Shalala’s Award for Distinguished Service. Previously, she served as Professor of Pediatrics and Division Director of Pediatric Cardiology at the University of Texas Health Science Center at Houston, where she engaged in clinical practice, teaching, and research.

David Steven Rappoport, MA, Senior Program Officer, has spent his professional life in the non-profit sector. Immediately before joining MeHAF, he consulted throughout the rural United States on AIDS and homeless housing projects and proposals. Previously, he managed clinical trials in Philadelphia and served as an administrator in a New York City hospital.

Catherine Luce, Administrative Assistant, was the Office Manager for Consumers for Affordable Health Care Foundation. Previously, she was a small-business owner, stay-at-home mom, and aquatics director.

Consultants

General Counsel
Elizabeth M. Sellers, Esq.
Bernstein, Shur, Sawyer and Nelson

Tax Accountant
Drew Cheney, CPA
Baker Newman & Noyes, LLC

Accountants
Madeline Kilminster
Al Smith
Maine Health Information Center

External Members, Finance Committee

Peter C. Fackler, MBA, CPA
Vice President for Asset Management, Bates College

Mark D. Kaplan, CFA
Vice President, CEI Ventures, Inc.
Statement of Financial Position

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<td>General fund investments, fair value</td>
<td>$82,652,680</td>
<td>$87,958,685</td>
</tr>
<tr>
<td>Closing Tax Reserve</td>
<td>$2,899,785</td>
<td>$2,875,551</td>
</tr>
<tr>
<td>AHS Liquidating Trust</td>
<td>$224,945</td>
<td>$258,903</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$28,681</td>
<td>$58,862</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$71,435</td>
<td>0</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$85,931,273</td>
<td>$91,199,262</td>
</tr>
</tbody>
</table>

| Liabilities         |            |            |
| Grants payable      | 1,625,515  | 0          |
| Accounts payable and accrued liabilities | $41,108 | $18,328 |
| Total Liabilities   | 1,663,762  | 18,328     |

| Net Assets          |            |            |
| Reserve for Grants - 2001 | 175,442    | 2,400,000  |
| Reserve for Grants - 2002 | 4,000,000  | 0          |
| Unreserved Fund Balance | 76,967,339 | 85,646,480 |
| Closing Tax Reserve  | 2,899,785  | $2,875,551 |
| AHS Liquidating Trust | $224,945  | $258,903   |
| Total Net Assets     | $84,267,511 | $91,180,934 |

| Total Liabilities and Net Assets | $85,931,273 | $91,199,262 |

Statement of Activities and Changes in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support and Revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and bequests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net realized and unrealized gains (losses) on investments</td>
<td>$(4,101,581)</td>
<td>0</td>
</tr>
<tr>
<td>Investment income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General fund</td>
<td>1,641,891</td>
<td>3,529,398</td>
</tr>
<tr>
<td>Closing Tax Reserve</td>
<td>42,605</td>
<td>96,416</td>
</tr>
<tr>
<td>AHS Liquidating Trust</td>
<td>3,781</td>
<td>9,622</td>
</tr>
<tr>
<td>Subtotal</td>
<td>1,688,277</td>
<td>3,635,436</td>
</tr>
<tr>
<td>Other income</td>
<td>2,254</td>
<td>23,512</td>
</tr>
<tr>
<td>Total</td>
<td>$2,411,050</td>
<td>$3,658,948</td>
</tr>
</tbody>
</table>

| Expenses             |            |            |
| Grants and program expenses | 3,809,472  | 0          |
| Administrative expenses |            |            |
| General fund         | 620,792    | 295,435    |
| Closing Tax Reserve  | 18,370     | 48,178     |
| AHS Liquidating Trust | 37,739    | 26,651     |
| Subtotal             | 676,891    | 370,264    |
| Depreciation         | 16,069     | 0          |
| Total                | $4,502,372 | $3,707,264 |

Net activity relative to old AHS:

|                     | 2002       | 2001       |
| Closing Tax Reserve | 0          | 210,044    |
| AHS Liquidating Trust | 0        | $(2,019)   |

| Change in net assets | 6,913,422 | 3,496,709 |

Net Assets

|                     | 2002       | 2001       |
| Beginning of year   | $91,180,934 | $87,684,225 |
| End of year - December 31 | $84,267,512 | $91,180,934 |

Figures in bold black are for Closing Tax Reserve and AHS Liquidating Trust.
For more information about grantmaking and other activities, please contact us.

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