

Funding over 100 Maine nonprofits, educational and governmental organizations

Nearly \$12 million in grant awards since 2002

Investing in Maine

2004 Annual Report

More than a dozen grantwriting workshops and trainings

Support for 21 oral health projects across the state

Drawing down \$1.8 million in new federal dollars to support Maine's safety net

Strategic solutions for Maine's health care needs

Founded in April 2000, the Maine Health Access Foundation (MeHAF) is Maine's largest health care foundation. **The Foundation's mission is to promote affordable and timely access to comprehensive, quality health care, and improve the health of every Maine resident.** MeHAF supports strategic solutions to address Maine's health care needs through grants and other programs, with an emphasis on targeting the uninsured and medically underserved.



As a philanthropic organization, MeHAF's successes largely depend on the accomplishments of our grantees and the talented individuals who work in these organizations. In 2004, Maine lost two visionary and passionate individuals: Phebe King, Program Director for CarePartners, and John Eppich, Executive Director of Community Dental Health. Each was an outstanding leader and a tireless advocate for people in need. This Annual Report is dedicated to the legacy of their outstanding work on behalf of Maine's most vulnerable people.

Welcome from the Executive Director & President of the Board



Carol Carothers
President of the Board



Wendy Wolf, MD, MPH
Executive Director

How do you measure the value of an investment? As Maine's largest nonprofit health care foundation, we are constantly challenged to answer this important question by demonstrating that the Board and staff are thoughtful stewards of the Foundation's considerable resources. MeHAF's investments should be strategic and produce the type of long term changes that improve the health and health care of our primary target group: those who are uninsured and medically underserved.

In 2004, MeHAF's third year of grantmaking, the Foundation awarded \$4,977,622 to 53 organizations across the state. Over the last three years, MeHAF has awarded nearly \$12 million in grant support to more than 100 nonprofit, educational and governmental organizations from every sector of Maine. This fiscal investment is significant, but more importantly, MeHAF's support for these grantee organizations has improved the health and health care of many Mainers. In some cases it has been easy to assess the impact of these grants; in other instances, the effects are more difficult to quantify. Investing in systemic change takes deep resources, passionate individuals, unwavering commitment – and time.

Another measure of value for MeHAF's investment comes from partnering with key organizations over the span of several years. Some of our grantees have received support for their innovative and excellent work every year since 2002. As MeHAF works with these groups over time, we see firsthand how organizations build on successive projects in a way that promotes a deeper, more focused, and refined approach to complex and challenging health care issues.

In this Annual Report, we highlight how MeHAF has been "Investing in Maine" through strategic program investments that touch the lives of every person in our state. Not only are these projects transforming Maine's health care system, many have garnered national attention for their innovative work.

In evaluating each grantee's performance, we've seen how important it is to listen to constituents, think deeply about how groups can strategically address challenging problems, and then be open to learning from both success and failure.

Like our grantees, the Foundation has been undergoing the same process. In 2004, MeHAF completed a detailed seven-month strategic planning effort to define how we should develop greater focus and effectiveness. Many of you contributed to this process by providing advice, guidance and expertise through interviews or surveys. We are grateful for your feedback and candor on how MeHAF has performed, and how we can invest with greater precision, focus and value as we move forward.



Policy, Strategy and Advocacy

“Now we’ll be able to provide the full range of services, including primary care, mental health, substance abuse and dental services – all in one location.”

– *Durward Humphrey, CEO
Katahdin Valley Health Center*

While the most public aspect of the Foundation’s activities in 2004 continued to be grantmaking, MeHAF understands that advancing strategic policy is at the core of an effective health care system. In 2004, the Foundation supported several key initiatives and provided opportunities for dialogue and action focused on policy development and strategic change, especially for Maine’s uninsured and medically underserved.

Strategically Expanding Maine’s Safety Net

Across Maine, dozens of federally qualified health centers (FQHCs) and so-called “look alike” community health centers provide critical access for affordable, quality primary care. These health centers serve anyone who walks through their doors, regardless of insurance status or ability to pay. For this reason, they serve as a vital health care safety net for Maine’s most vulnerable patients.

Every year, the U.S. Department of Health and Human Services awards grants that provide significant fiscal support to a select number of FQHCs throughout the country. Over the past few years, Maine’s health centers have either not applied for these grants or submitted unsuccessful applications. To address this problem, MeHAF partnered with the Maine Primary Care Association to provide a coordinated program of workshops, technical assistance and grant writing to health centers applying for federal support. In spite of significant competition for these limited federal funds, this project resulted in successful awards to three Maine FQHCs. These grants provide \$1.8 million in new federal dollars in Maine, and represent a \$45 return for each \$1 MeHAF invested in the project.

With the new funds, Penobscot Community Health Center anticipates expanding its services and reach from 18,000 people and 60,000 visits a year to 25,000 people and 70,000 visits a year. Katahdin Valley Health Center will use the funds to eliminate the barriers to access that have existed in Millinocket, East Millinocket, Medway, Woodville, Brownville and surrounding unorganized territories. York County Community Action’s funding will establish a clinic that expands medical, dental, mental health and preventive services to the homeless and underserved in their area.



Governor John E. Baldacci (left) and Penobscot Community Health Center President, Reverend Robert T. Carson (right), receive a grant check from HHS Regional Director, Brian Cresta (center).

Supporting State-wide Initiatives to Expand Access

Both MeHAF and Maine's new Dirigo Health Plan focus on achieving universal access to care for all Maine people. Like any new major initiative, the Dirigo Health Plan has had its challenges and successes. Yet, as the national health reform effort of the early 1990's demonstrated, if key groups fail to support major initiatives, opportunities to make significant change may not occur for some time. In this spirit, the Foundation provided substantial grant support for a number of key Dirigo activities, including work to facilitate the design of a state health plan; research, analysis and logistical support for the Commission to Study Maine's Hospitals; and communication and marketing for DirigoChoice and the Dirigo Health reform effort during its initial rollout.

However, it's important to note that MeHAF's support for Dirigo goes beyond assistance to the Governor's Office of Health Policy and Finance. As Dirigo unfolds, an array of stakeholders must provide thoughtful, constructive input if this program hopes to expand access for the uninsured. For this reason, MeHAF also provided grants to key organizations to support advocacy on behalf of their constituent groups during Dirigo's rulemaking and implementation. Grantees, including three consortia representing consumers, safety net providers, and public health professionals, provided research, analysis, and constructive criticism and suggestions for alternative strategies for Dirigo's implementation.

Additionally, MeHAF has taken a lead role in advancing information technology to improve quality and patient safety while decreasing duplication of services and costs. Teaming up with the Bureau of Health and Maine's new Quality Forum, MeHAF co-funded a statewide project to determine the feasibility of implementing a uniform, patient-centric health information technology system. This innovative approach would allow providers to access clinical information from all

Maine hospitals, clinics and other sites. Under the direction of the Maine Health Information Center, the Maine Health Information Network Technology feasibility study has engaged key stakeholders, evaluated the array of interconnectivity models, and developed the business case for moving forward with such an ambitious project.



Journalists at the Health Coverage Fellowship Program in Boston, with Maine journalist Charlotte (Renner) Albright third from right.

Educating, Engaging and Sharing Strategy

Throughout 2004, MeHAF's Executive Director, Dr. Wendy Wolf, was invited to discuss the role of health care foundations in advancing effective state policy. Dr. Wolf's engagements included a presentation in Kansas at the Governor's HealthCare Roundtable; a Grantmakers in Health national panel and audioconference titled "The Nuts and Bolts of Public Policy Work for Health Funders"; and an invitation to speak before a gathering of *Portland Press Herald* writers and editors at their "Newsroom University." In her talk to the *Press Herald*, Dr. Wolf presented the case for a nuanced approach to health care reporting, reflecting the complexities that Maine, as well as the nation, faces in the delivery of quality, comprehensive health care.

In order to improve public education, engagement and debate on health care issues, MeHAF and several other funders co-sponsored a Maine journalist to participate in an intensive nine-day Health Coverage Fellowship program in Boston. Organized through the Blue Cross and Blue Shield of Massachusetts Foundation, Inc. the program immerses New England journalists in an intensive classroom and field study of critical health care issues through conversations and interactions with 50 policy leaders, health care officials and researchers. In 2004, the Health Coverage Fellowship Program selected Charlotte (Renner) Albright from Maine Public Broadcasting as one of a dozen New England participants.



Making a Difference in Maine Communities

Strategic Investments

In 2004, the Foundation awarded \$4,977,622 in grant support to 53 organizations for 61 projects. The majority of these grants target specific communities, but many serve the entire state. Some projects required only modest support – several thousand dollars – while others needed hundreds of thousands of dollars to carry out the proposed work. Yet, all of MeHAF’s funded projects focus on the common goal of bringing about systemic improvements in health and how health care is delivered and accessed throughout Maine.

Since 2002, MeHAF’s first year of grantmaking, the Foundation has awarded \$11,834,090 in grant and program support to more than 100 nonprofit, educational and governmental organizations across the state. Many projects funded in MeHAF’s first round of grantmaking served as a foundation for more sophisticated strategic activities that MeHAF was proud to fund in subsequent years. The next few pages highlight some of the grantee organizations with whom MeHAF has worked on a number of projects over the last few years. These profiles illustrate how the Foundation’s investments percolate through grantee organizations to promote effective changes in health and health care for Maine’s most vulnerable people, the uninsured and medically underserved.

Expanding Access

Help for the Homeless: *York County Shelters*

Most Mainers envision York County as a bustling coastline with ocean view homes and businesses. But York County has another face, one that is heavily rural and so economically stressed that some families slide into homelessness. Providing high quality health care for the homeless is particularly challenging. In 2002, MeHAF funded a new nurse-managed medical clinic for homeless families and

individuals living at York County Shelters. The program was such a success that the Shelter staff looked beyond addressing acute health needs to design ways to promote health and wellness. In 2004, MeHAF funded the creation of a Healthy Habits Center, designed to help homeless people improve their family’s health habits and choices.



“Some folks write off these people, but MeHAF gave us the ability to create the Healthy Habits Center. It’s something that will make a big difference in the lives of those we serve.”

*Don Gean
Executive Director*

Bringing People the Care They Need: Eastern Maine Healthcare Systems (EMHS)

“Each of these initiatives had been talked about for a long time, but without the MeHAF funding, we would never be this far along.”

*Jean Mellett
Director of Planning*

Providing high quality comprehensive health care is more than just knowing the science behind medical treatment. More often, it involves listening to patients outline what they truly need to be healthy and get the care they need. MeHAF has funded two projects at EMHS, one to improve tobacco treatment services for low-income pregnant women and the other to develop a plan for transporting chronically ill seniors from rural areas to health care facilities for non-emergency procedures. The former grant assists practices and agencies that provide prenatal services

to low-income pregnant women who have not responded to traditional smoking cessation therapies. EMHS offers tobacco treatment services to these high risk women using programs that are designed specifically to address their needs. The other project recognizes that as our population ages, simply getting to the next health care appointment can be a true barrier to access, especially in rural Maine. Each grant brings together numerous partners to attack issues that make a difference in people’s everyday lives.

Engaging Adolescents in Health: Family Planning Association of Maine

Teenagers lead busy lives, so questions about health and health care often get pushed aside until a problem arises. The Family Planning Association of Maine has received four MeHAF grants over the last three years to support an array of projects focused on youth. These include a statewide outreach campaign to encourage utilization of

family planning services; a program to build reproductive health care services into a high school health center; facilitating collaborative partnerships between pharmacists and providers to expand access to emergency contraception services; and support for a conference promoting healthy development of young men.



“Teens can talk to the people they know, get the care they need and have a conversation about birth control – with people right there who are trained, compassionate and informative.”

*Sue McPhee
Vice President of External
Relations and Development*

Planning Tomorrow’s Workforce: University of New England (UNE)

Hospitals and clinics don’t provide health care: people do. But many Mainers who need care can’t find providers in their local area. MeHAF has funded two projects at UNE that focus on building a better provider workforce for Maine. As Maine’s only medical school, UNE received Foundation funding to develop a comprehensive plan for building

Maine’s health professions workforce – including doctors, nurses, and other allied professionals. This project brings experts together to build a comprehensive strategy that will not overlook the needs across urban and rural Maine. The second UNE grant focuses on improving the role and application of ethics committees in hospitals and long term care settings.

“We’ve got to get kids thinking about health careers when they’re in first or second grade. If we recruit people from rural communities, they’ll stay in these communities once they’re trained.”

*Meredith Tipton
Project Director*



Making a Difference in Maine Communities

Improving Health

Improving the Diagnosis and Care of Chronic Disease: *Franklin Health Access Project and Rumford Community Hospital*

Like the rest of the nation, Maine is experiencing an explosion in the prevalence of chronic disease. In 2002, MeHAF provided a grant to Franklin Health Access to support using the ScoreKeeper tool for low-income and uninsured residents. In this project, Franklin County residents are screened for cholesterol, blood pressure, weight, physical activity and other health indicators. Franklin Health Access, a program for the uninsured and

underinsured residents of greater Franklin County, provided over 200 free screenings in the first year. In 2003, a second MeHAF grant allowed Franklin Health Access to expand the program to include more participants. Rumford Hospital received a grant in 2004 to replicate a variation of the ScoreKeeper model in their area. Rumford's Cardiovascular Health Improvement Program (CHIP) has already screened 500 people.

"We're trying to make long term change, not just do a screening and then leave. We want to weave CHIP into the community, to become part of the social fabric by stimulating other activities. I think we're starting to leave behind a bigger wake, a bigger change."

*Robert Armstrong
Director of Rural Health
Planning and Long Term
Care, Central Maine
Healthcare*



"Physicians see the epidemic of obesity every day, but most of them didn't know what to do. Creating this partnership between public health and medical care standardizes treatment, engages the patient in the process and yields better behavioral outcomes."

*Joan Orr
Project Director*

Battling Maine's Growing Bulge: *Maine Center for Public Health (MCPH)*

With nearly 60% of adults either overweight or obese, Maine faces an epidemic of obesity. The prevalence of overweight among children and adolescents has doubled in the last decade. Obesity increases the risk of developing many chronic illnesses, especially diabetes. Unless Maine develops a strategy to combat obesity now, the state will inherit a growing population of adults with costly

chronic disease. Since 2003, MeHAF has funded three projects guided by MCPH, including the Maine Youth Overweight Collaborative. The Collaborative brings together clinical experts, primary care practices, and community partners to work with overweight youth and their families to develop effective strategies to combat obesity.

Caring for Kids in School: *Maine Children's Alliance (MCA)*

When a child has an asthma attack in school, some Maine children can get the help they need right down the hall from their classroom. For several years, the MCA has brought school administrators, doctors and nurses, health care insurers and policy leaders together to strengthen Maine's school-based health care centers. MeHAF provided a multi-year grant to support a thorough evaluation of how private insurance

reimbursement can improve the cost, quality and access to services provided in school-based settings. This innovative public-private partnership has caught the attention of national funders and school health leaders from other states. MeHAF has also provided support to MCA for a new project that analyzes how children's mental health is being measured and supported.

"We're trying to prove that preventive medicine costs less, or is at least neutral. Meanwhile, kids are healthier! That will help insurers stay in the loop, while improving the quality of school-based health centers in Maine."

*Elinor Goldberg
Executive Director*

Empowering Patients and Families

Someone to Help, Someone to Listen: *Amistad*

When someone has a health problem, it can be comforting to talk to a person who's coped with the same issue. Amistad is Maine's largest member-run organization dedicated exclusively to adults with severe and persistent mental illness. In 2002, MeHAF supported an innovative peer counseling program in which Amistad members assist people in psychiatric crisis seeking care at Maine Medical Center's emergency room. The program was a great success with both patients and doctors. Building on the notion

that peer-to-peer communication is a powerful therapeutic tool, Amistad realized that people with serious mental health issues would benefit from an overnight "warm line." Unlike a "hot line," this telephone service provides peer support for people who may be feeling lonely or having a difficult time but aren't in an actual crisis. This approach addresses patient needs before they require medical intervention and reduces expensive emergency room visits for non-emergency needs.



"We're in the business of keeping people out of the hospital – and each of these programs has been successful in this regard. For many of these peer supporters, this is the first time in their lives that they've had a steady, reliable job."

Simonne Maline
Warm Line Coordinator



"There was very little support available to Alzheimer's caregivers in Washington and Piscataquis Counties. But with this grant, staff has made more than 120 personal visits to people who come into contact with family caregivers. We've talked with Rite-Aid pharmacists who are now distributing our materials; given a presentation at a farm in Piscataquis County; worked with the Cooperative Extension domestic violence programs; as well as all sorts of other groups."

Eleanor Goldberg
Executive Director

Caring for the Caregivers: *Maine Alzheimer's Association (MAA)*

Compared to other states, Maine has a relatively high proportion of people over age 65. As Maine's elderly population grows, more and more Mainers are caring for parents and loved ones with Alzheimer's disease. Three MeHAF grants over four years have helped the MAA reach out to people with Alzheimer's and their caregivers.

In 2002, a MeHAF grant allowed the MAA to expand its toll-free Helpline to a 24/7 status. Now anyone can call any time to seek assistance or emotional support.

Subsequent research showed that while Alzheimer's strikes indiscriminately throughout Maine's population, residents of Washington and Piscataquis Counties were less likely to reach out for needed assistance. In response, the MAA received MeHAF support in 2004 to expand targeted Alzheimer's outreach and services to these largely rural counties.



2004 Grantees

Major Grants

Organization	City	Project Title
Alzheimer's Disease and Related Disorders Association, Inc - Maine Chapter	Portland	Creating Alzheimer's Supportive Communities in Washington and Piscataquis Counties
Alzheimer's Disease and Related Disorders Association, Inc - Maine Chapter	Portland	Assessing and Enhancing the Clinical Practices of Primary Care Physicians regarding Alzheimer's Disease
Amistad, Inc.	Portland	772-WARM Amistad Peer Warm Line
Aroostook Mental Health Services, Inc.	Caribou	Behavioral and Physical Health Integration
Bangor Nursing and Rehabilitation Center	Bangor	North Central Maine Long Term GeroPsych Project
Blue Cross and Blue Shield of Massachusetts Foundation, Inc.	Boston, MA	Health Coverage Fellowship
Co-Occurring Collaborative of Southern Maine	Portland	The Institute for Quality Behavioral Health Care
Division of Public Health, HHS Dept., City of Portland	Portland	Oral Health Expansion for Children, and the Care Management Model and Evaluation Project
Eastern Maine Healthcare Systems	Bangor	Tobacco Treatment for Low Income Pregnant Women
Eastern Maine Healthcare Systems	Bangor	Eastern Maine Transportation Collaborative
Family Planning Association of Maine	Augusta	Emergency Contraception Collaborative Agreement Project
Governor's Office of Health Policy & Finance	Augusta	Leading the Way - The Implementation of the Dirigo Health Reform Initiative
Grantmakers In Health	Washington, DC	Health and Fiscal Policy: What Every Funder Should Know
HealthWays/Regional Medical Center at Lubec, Inc.	Lubec	Northern Maine Health Network
KMHA Foundation, Inc.	Waterville	Getting It Together: Integrating Primary Health and Mental Health Care
LifeFlight of Maine	Union	Trauma & Critical Care Advanced Human Patient Simulator Training
Maine Center for Public Health	Augusta	Maine Youth Overweight Collaborative
Maine Equal Justice	Augusta	Improving the Delivery of Behavioral Health Services to Prison Inmates in Maine: A Quality Assurance Initiative
Maine Health Information Center, Inc.	Manchester	Maine Health Information Network Technology (MHINT)
Maine Health Information Center, Inc.	Manchester	Maine Oral Health Utilization Study
Maine Lighthouse Corporation	Bar Harbor	Needs Assessment for a Therapeutic Community
Maine Medical Education Trust, The Dan Hanley Memorial Trust	Augusta	Hanley Trust Healthcare Forum, Leadership Award and Fellows Program
Maine Oral Health Solutions	Augusta	The Maine Smiles Program
Maine Primary Care Association	Augusta	Obesity Prevention & Treatment Initiative for Maine (OPTIME)
Maine Primary Care Association	Augusta	Community Health Center Grant Application Technical Assistance Project
Maine Sea Coast Mission	Bar Harbor	Regional Health Care Plan for Mid-Coast/Downeast Islands
MaineHealth	Portland	Improving Access to Quality Asthma Care in Greater Portland Through an AH! (Asthma Health) Community Collaborative
NAMI-Maine	Augusta	Crisis Intervention Team Evaluation
Pine Tree Legal Assistance	Portland	KIDS Family Advocacy Project
Preble Street Resource Center	Portland	Community Team for Street Youth
Rumford Community Hospital	Rumford	Cardiovascular Health Risk Analysis and Reduction
State of Maine, Department of Human Services	Augusta	Turning Data Into Access: Developing an Integrated Set of Mental Health Indicators for Maine's Children
Sweetser	Saco	Physician Assistant Training Program in Child Psychiatry
The Jason Program	Saco	Improving Access to Pediatric Palliative Care in Rural Maine
University of Maine, Center on Aging	Orono	Maine Health Partners for Elder Protection
University of New England, Area Health Education Center Network (AHEC)	Biddeford	Planning Year for the Maine Health Careers Recruitment & Retention Project
University of New England, College of Health Professions	Biddeford	Maine Ethics Committee Design Project
USM/Center for Continuing Education	Portland	Pathways to Higher Education - Health Care Professions In Lewiston
Women In Need, Inc.	Portland	Whose Life Is It Anyway? A Reproductive Health Project for the New American Women in Southern Maine
York County Shelters, Inc.	Alfred	Shaker Ridge Clinic Healthy Habits Center
Youth & Family Services, Inc.	Skowhegan	Integrated Healthcare in County Jails
Youth Alternatives, Inc.	Portland	Reach Out - A Prevention Program Serving the Health Needs of Homeless GLBTQ Youth and GLBTQ Youth at Risk for Homelessness

Total

Amount

\$75,000.00

\$40,000.00

\$173,125.00

\$132,884.00

\$39,675.00

\$2,000.00

\$199,896.00

\$176,488.00

\$197,840.00

\$35,969.00

\$40,000.00

\$887,133.00

\$5,000.00

\$40,000.00

\$187,000.00

\$200,000.00

\$200,000.00

\$39,904.00

\$40,000.00

\$9,900.00

\$28,710.00

\$112,500.00

\$199,280.00

\$38,708.00

\$45,000.00

\$39,714.00

\$188,916.00

\$50,250.00

\$200,000.00

\$199,640.00

\$182,796.00

\$199,881.00

\$40,000.00

\$40,000.00

\$200,000.00

\$26,892.00

\$39,829.00

\$34,992.00

\$39,986.00

\$197,880.00

\$18,913.00

\$40,000.00

Major Grants \$4,885,701



Discretionary Grants

Organization	City	Project Title	Amount
Cary Medical Center	Caribou	Benzodiazepine Prescription Drugs Conference	\$5,000.00
Child and Youth Board of Washington County	Machias	Additions to the "The Tooth Ferry"	\$4,500.00
Consumers for Affordable Health Care Foundation	Augusta	Health Action 2004: Coming Together to Make Dirigo Health Work	\$5,000.00
Down East AIDS Network	Ellsworth	Merger Investigation Process for Down East AIDS Network and Eastern Maine AIDS Network	\$5,000.00
Hospice Volunteers In Mid Coast Maine	Brunswick	Living Hope - Creating Peace and Acceptance in the Face of Life Threatening Illness	\$500.00
Kennebec Valley Community Action Program	Waterville	Purchase of a Colposcope	\$5,389.00
Maine Citizen Leadership Fund	Portland	Prescription Drug Education for Maine's Seniors and People with Disabilities	\$4,000.00
Maine Hospice Council	Augusta	A Listening Conference: Consumer Protection and End-of-Life Care	\$5,000.00
Maine Humanities Council	Portland	Literature & Medicine: Humanities at the Heart of Health Care for Mental Health Care Workers	\$9,968.00
MaineHealth	Portland	Quality Counts, Part 2	\$4,600.00
Massachusetts Society For The Prevention of Cruelty To Children	Boston, MA	National Conference on Child Abuse and Neglect (NCCAN)	\$3,000.00
Planned Parenthood of Northern New England	Scarborough	Train the Trainer: Sexuality and the Developmental Disabilities Workshop	\$10,000.00
Resources for Organizing and Social Change	Waldoboro	AbilityMaine's Disabled Guide	\$7,125.00
Sebasticook Valley Hospital	Pittsfield	Sebasticook Valley Dental Health Program X-ray Equipment Purchase	\$7,599.00
The Aroostook Medical Center	Presque Isle	Survivor Aroostook: Health Careers Exploration Camp	\$2,000.00
The National Academy of Sciences, Institute of Medicine	Washington, DC	Kellogg Health of the Public Fund	\$2,000.00
University of New England	Biddeford	New England Regional Minority Health Consortium – Assessing our Impact, Meeting the Challenge	\$5,000.00
USM/College of Nursing and Health Professions	Portland	2004 Maine Nursing Summit	\$2,500.00
Women In Need, Inc.	Portland	2nd Annual Greater Portland Festival of Nations	\$3,740.00

Total Discretionary Grants \$91,921

Making a Difference in Oral Health

Organizations Awarded Oral Health Funding, 2002-2004

- Child and Youth Board of Washington County
- City of Portland, Division of Public Health
- Community Dental
- Downeast Health Services, Inc.
- HealthReach Community Health Centers
- Maine Dartmouth Family Practice Residency
- Maine Department of Human Services, Bureau of Health, Division of Community Health, Oral Health Program
- Maine Oral Health Solutions
- Maine Health Information Center
- Penobscot Community Health Center
- Penobscot Indian Nation/Penobscot Nation Health Department
- Penquis C.A.P., Inc
- Prevention Partners, Inc
- Regional Medical Center at Lubec, Inc.
- St. Andrews Hospital & Healthcare Center
- Sebasticook Valley Hospital
- University of New England
- Waldo County Committee for Social Action

More and more, an individual's oral health is seen as key to overall health, self-esteem, and even workplace advancement. The Academy of General Dentistry notes that "oral health means more than just an attractive smile. Poor oral health and untreated oral disease and conditions can have a significant impact on quality of life."

Since the inception of MeHAF's grantmaking, the Foundation has awarded \$1,607,133 to support 21 oral health projects across Maine. These grants tackle lack of access to oral health services across the state in a number of ways, including support for the purchase of new dental equipment, the building of new dental operatories and mobile units, as well as educating primary care physicians in the management of preventive and emergency oral health care.

An external evaluation of MeHAF's oral health funding in its first grantmaking cycle noted that the Foundation had "created permanent additional oral health service capacity in Maine." The grantees profiled on these two pages illustrate some of the ways in which MeHAF funds have expanded Maine's oral health resources.



“We’ve seen about 2,000 patients in the first two years of the clinic’s operation, but every day we still see patients who have either never seen a dentist, or have been unable to find a dentist since relocating to this area. The gratitude expressed by our patients has been humbling.”

*Katherine Heer, DMD
Strong Area Dental Center
(HealthReach Community
Health Centers)*

“Since our first clinic in March 2002, we have provided preventive oral health services to 6,102 underserved patients from Kittery to Lincoln in over 475 clinics. These portable clinics were held in WIC’s, Head Starts, nursing homes, hospitals, physicians’ offices, schools, group homes, churches, soup kitchens and VA Stand Downs for homeless Vets. The American Dental Hygienists’ Association highlighted our program in ACCESS—their nationwide professional journal—as one of the nation’s pioneers in providing preventive oral health services to the underserved.”

*Linda Wacholtz, RDH
Prevention Partners*

“The addition of just one dental chair dramatically increased access at the Penobscot Nation Health Department. From 2002 to 2004, the number of dental patients increased from 347 to 530, and the number of patient visits increased from 566 to 912.”

*Newell Lewey, Planner/Computer
Systems Manager, Penobscot Nation
Health Department*

“Our dental clinic clientele is mainly adult and adolescent homeless individuals in Portland. Since 2002, when MeHAF funded equipment for our clinic, we have seen 595 patients and have generated 945 encounters with these patients. We can now better serve this huge unmet need within our community.”

*Linda Porterfield, City of Portland
Division of Public Health*

“Our mobile dental unit, nicknamed the “Tooth Ferry,” is amazing. Children like the kid-friendly atmosphere and the providers like the ease of the unique delivery system. Among the many visits we’ve made are trips to eight Head Start Centers, where we saw a total of 226 children, screened and gave preventive dental services to 167, and identified 43 with unmet dental needs and referred them to dentists for additional treatment.”

*Teresa Alley, Washington County
Children’s Program, Child & Youth
Dental Program*



Measuring Impact

“The Foundation’s first year was more focused on access across the whole spectrum. Then MeHAF determined they really need to provide access to the right care with quality.”

– *Maine Health Care Leadership Interviews, Foundation Strategy Group*

Partial Impact of 2002 Major Grants

\$716,763 in new equipment purchased
18,031 patients served
4,580 individuals trained or educated
989 screenings or tests administered
442 sites participating in projects
266 referrals to dentists and oral surgeons
64 staff hired
16 new structures or operatories

MeHAF is committed to measuring the impact of its strategic activities. Some aspects of foundation operations have clear, quantifiable outcomes, but others are more challenging to assess. It is relatively straightforward to analyze the accomplishments of grants individually or in thematically-related clusters, and to examine the effectiveness of grantmaking and other processes. However, the overall impact of a foundation’s funding is often elusive since it is difficult to claim the results flow directly from MeHAF’s grant support rather than the myriad other variables impacting outcomes across populations or systems.

To try to capture its results as comprehensively as possible, MeHAF has employed an array of evaluation strategies for its grantmaking, including:

Overall Assessment

Crescendo Consulting Group, LLC, and Casco Passage reviewed the reported outcomes of each grantee’s project in MeHAF’s first (2002) grantmaking cycle. They concluded that MeHAF’s initial grants:

- Contributed in a measurable and substantive manner to the oral health infrastructure and access to health care for the uninsured and underinsured in Maine;
- Established, utilized and made improvements in key grantmaking and evaluation processes; and
- Increased the understanding of Maine’s health care nonprofit community in the role of “innovative” and “strategic” approaches to health care and expanding access as opposed to directly addressing health care needs.

Several organizations cited problems with MeHAF’s grant reporting. As a result, MeHAF’s program staff has refined the reporting processes and procedures to address these concerns.

National Effectiveness Study

MeHAF also participated in a national survey of foundation effectiveness sponsored by the Center for Effective Philanthropy (CEP). Results of the study, which assessed the satisfaction of applicants and grantees with individual foundations, indicated that:

- MeHAF’s overall performance is comparable to equivalent health care foundations in New England;
- MeHAF applicants (successful and unsuccessful) and major grantees are generally satisfied with the Foundation, but those receiving smaller discretionary grants are generally less satisfied with MeHAF’s grant process. In response to this feedback, the Foundation has reconfigured the discretionary grants application and review process.

Selected Key Findings from the CEP Survey of MeHAF Grantees (Scale is from a low of 1 to a high of 7)

Indicator	MeHAF Major Grantee Average Rating	MeHAF Discretionary Grantee Average Rating	Comparable Health Care Foundation Average Rating
Overall Satisfaction	6.4	5.5	6.1
Clarity of MeHAF Communication of Goals and Strategy	6.0	5.6	5.7
MeHAF Impact on the Field	5.4	4.1	5.4
MeHAF Impact on the Grantee Organization	5.9	4.6	5.8
MeHAF Reporting and Evaluation Process	4.2	4.8	4.9

Survey of Attitudes Regarding the Foundation

As part of a larger needs assessment, the Boston-based Foundation Strategy Group conducted in-depth interviews with over 25 key health leaders across Maine and gathered survey feedback from 295 respondents regarding their perception of MeHAF’s performance. Foundation Strategy Group reported that people and organizations are generally positive about the Foundation, with high expectations that MeHAF can make a significant difference in improving health and expanding access to high quality care. According to the interview and survey results, the Board, Community Advisory Committee and staff communicate MeHAF’s funding opportunities very well, but many respondents were unclear about how the Foundation reaches grantmaking decisions. In response, MeHAF has added descriptive information on the website and in every Request for Proposals (RFP) about how grant evaluation and funding decisions are made.



The Leadership Behind MeHAF

Board of Trustees

MeHAF is governed by a statewide Board of Trustees, each of whom brings considerable experience and expertise to the organization. The majority of Trustees have served MeHAF since the Attorney General appointed the founding Board in January 2001. The Foundation's bylaws specify the Board, as a whole, should represent the geographic, ethnic, gender, age and socioeconomic diversity of Maine's population. Furthermore, the Board must include persons with special knowledge, expertise and skills in investments and asset management, health care finance, non-profit administration and delivery of health care services.

MeHAF is fortunate to have a diverse Board comprised of distinguished individuals representing the interests of consumers, providers, public health, business, health policy and philanthropy. Starting a new foundation from the ground up is a labor intensive but extremely rewarding experience. Board members feel privileged to serve the people of Maine as thoughtful stewards of MeHAF's resources.



Carol Carothers, MS, LCPC, LADC
Board President,
Executive Director, NAMI
Maine



Lisa Miller, MPH
Board Vice President,
Senior Program Officer,
Bingham Program



Wesley Davidson
Board Secretary,
Executive Director,
Aroostook Mental
Health Center



Warren Kessler, MPH
Board Treasurer



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



Jack Comart, Esq.
Litigation Director,
Maine Equal Justice
Partners



Laurie Eddy, MSN, FNP, NP-C
Executive Director,
Eastern Maine AIDS
Network



Kevin Gildart
Vice President,
Human Resources,
Bath Iron Works



Maroulla Gleaton, MD
Atlee Gleaton Eye Care



Lani F.B. Graham, MD, MPH
Medical Director of
Office of Public Health
Emergency Preparedness



Richard Marston,
Manager,
Human Resources,
Nexfor Fraser Papers



Christopher St. John, Esq.
Director,
Maine Center for
Economic Policy



Diana Scully, MSW
Manager for Adult Mental
Health Services,
Department of Health and
Human Services

Charlene Rydell, MSSA
Health Policy Advisor,
Office of Congressman Tom Allen
No photo available.

Wendy Wolf, Lulu, Maggie Ricker, David Steven Rappoport, Kimberly Crichton, and Catherine Luce



The MeHAF Staff

MeHAF's staff brings an array of professional experience and expertise in health care, philanthropy and administration to the Foundation's operation. As a state-wide philanthropy, the MeHAF staff travel throughout the state, meeting new and established grantees, providing technical assistance and providing training seminars in grant writing. The staff is committed to working closely with grantees and other key constituents to move MeHAF closer to attaining our mission.

Wendy J. Wolf, MD, MPH, Executive Director, has guided MeHAF since November 2001. Prior to joining the Foundation, Dr. Wolf served as a Senior Advisor in both the Health Resources and Services Administration and the Agency for Healthcare Research and Quality within the U.S. Department of Health and Human Services. Dr. Wolf is a pediatric cardiologist who practiced, taught and conducted research at the University of Texas medical school system for nearly twenty years. She has authored numerous scientific publications and is highly regarded as an educator and speaker on health care issues.

David Steven Rappoport, MS, MA, Senior Program Officer, joined MeHAF in 2002. Prior to joining MeHAF, he was part of a consulting firm that worked with clients throughout the U.S. on AIDS and homeless housing. David served as an administrator in a public hospital and managed clinical trials. In 2004, he completed a degree in management at Antioch New England Graduate School.

Kimberly Crichton, JD, Program Officer, previously worked as an advocate on health care policy issues. She enjoys working with people and feels this is one of the best parts of her current position. Kim is a proud Maine native who grew up in Bangor and attended college in Lewiston.

Catherine Luce, Grants Associate, has been with MeHAF since spring 2002. Prior to joining the Foundation, she served as the Office Manager for the Consumers for Affordable Health Care Foundation. Cathy, a native Mainer, has also been a small-business owner, aquatics director, and stay-at-home mother for her three children.

Margaret (Maggie) Ricker, Administrative Assistant, previously worked for the Maine Commission for Women, Catholic Charities Maine, and Maine Children's Alliance. She has also served as Board President for the statewide Maine Coalition Against Sexual Assault.

Lulu, a Miniature Schnauzer, works as MeHAF's mental health consultant. As a member of the staff, Lulu's job description reads: "dispenses love and carries out anti-stress projects as needed." She also assists her human companion, Dr. Wolf, by greeting visitors and providing security.

Community Advisory Committee

MeHAF is fortunate to have a statewide Community Advisory Committee (CAC) comprised of individuals with established expertise in health care, especially with respect to access for medically underserved and uninsured persons. The CAC assists the Trustees with periodic needs assessments and other activities. Members serve with Trustees on the Foundation's Grants, Emerging Issues, Finance, Nominating and Strategic Planning Committees. Two-thirds of the CAC membership is reserved for individuals who represent the interests of the medically underserved and uninsured populations within the state.



Deborah Curtis, MPH*
Associate Director,
Maine Equal Justice
Stephanie Walstedt, RNC, NP**
Independent Nurse Practitioner
Paul Best, Esq.
Peter Doran, PhD
Barbara L. Ginley, MPH
Executive Director, Maine Migrant
Health Program
Mary Ann Gleason
Director of Health Services, York
County Community Action
Corporation
Kenneth A. Hews, FHFMA, CHE
Executive Vice President, Eastern
Maine Healthcare Systems
Mary Jude, FNP-C, PA, MSN, MPH
Director of Development, Penobscot
Community Health Center and
Tribal Infectious Disease &
Bioterrorism Epidemiologist

Elizabeth Mahoney, JD
Health Policy Consultant
Dorothy Merrick
Senior Advocate
Wayne W. Myers, MD
Luc Nya
Multi-Cultural Coordinator,
Department of Health and
Human Services
Karen O'Rourke, MPH
Vice President, Operations
Maine Center for Public Health
Lisa Pohlmann
Associate Director, Maine Center
for Economic Policy
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

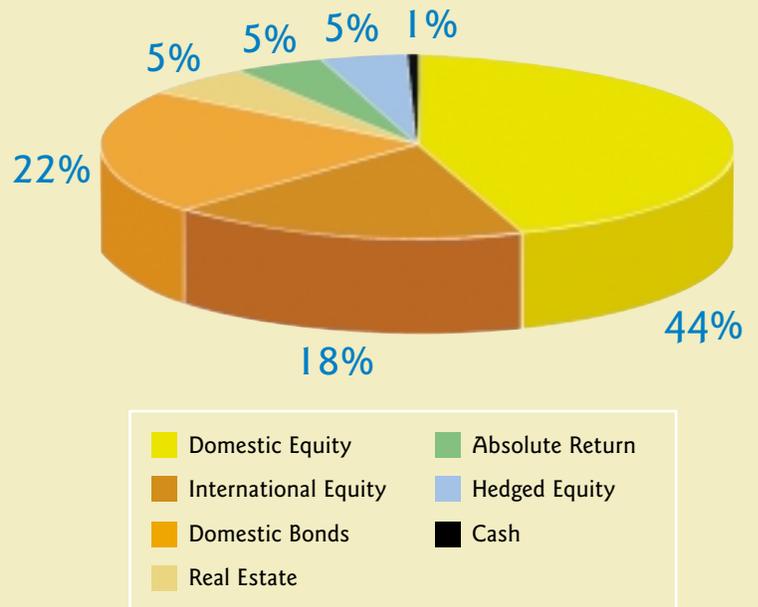
Cheryl Lee Rust
Owner, Le Garage Restaurant
Jonathan C. Sprague
President, Rocky Coast Consulting
Meredith L. Tipton, PhD, MPH
Associate Dean, UNE/College of
Osteopathic Medicine
Carl M. Toney, PA
Assistant Professor, University
of New England College of
Health Professions
Romaine Turyn
Research Associate,
Muskie School of Public Service,
Institute of Health Policy
Bonnie Vaughan, RDH, M.Ed., MBA

* CAC Chair
** CAC Vice Chair

2004 Financial Summary

MeHAF Investments

The objective of MeHAF's investment program is to provide for current grantmaking needs and preserve the fund's purchasing power over the long term. Under the direction of the Finance Committee, the Foundation employs a diversified mix of asset classes to meet long-term return goals, provide for current liquidity requirements, and minimize risk. Currently, the Foundation allocates approximately 45% to domestic equities, 15% to foreign equities, 25% to fixed income, and 15% to alternative investments such as real estate, long/short equity and absolute return strategies. Multiple investment managers are employed to implement the Foundation's investment program.



Back row (left to right): Greg Johnson*, Mark Kaplan, Kit St. John, Peter Fackler, Warren Kessler
 Front: Barbara Ginley, Ramelle Hieronymus*
 Not pictured: Ken Hews, Bonnie Vaughan

*Investment Consultants, Prime Buchholz & Associates

Finance Committee

MeHAF's Finance Committee is responsible for establishing the Foundation's investment policy, guiding the strategic investment of the endowment and overseeing the Foundation's investment and financial performance.

MeHAF receives investment consultant services from Prime, Buchholz and Associates. Mr. Drew Cheney of Baker, Newman and Noyes serves as the Foundation's tax accountant and accounting services are provided by John Davison and Al Smith at the Maine Health Information Center. MeHAF extends its sincere appreciation to the accounting expertise of Ms. Madeline Kilmister who served as MeHAF's lead accountant until her retirement in 2004.

Statement of Financial Position

	2004	2003
Assets		
General fund cash and cash equivalents	\$ 77,474	\$ 102,795
General fund investments, fair value	104,653,552	97,478,865
Accounts receivable	87	7
Prepaid expenses	14,186	11,741
Property and equipment—net	44,190	53,446
Total Assets	\$ 104,789,489	\$ 97,646,854
Liabilities and Net Assets		
Liabilities		
Grants payable	\$ 1,670,167	\$ 900,457
Accounts payable and accrued liabilities	163,674	226,062
<i>Total liabilities</i>	<i>\$ 1,833,841</i>	<i>\$ 1,126,519</i>
Net Assets		
Unreserved Fund Balance	102,955,648	96,520,335
<i>Total Net Assets</i>	<i>\$ 102,955,648</i>	<i>\$ 96,520,335</i>
Total Liabilities & Net Assets	\$ 104,789,489	\$ 97,646,854

Statement of Activities and Changes in Net Assets

	2004	2003
Support and Revenues		
Net realized and unrealized gains (losses) on investments	\$ 8,371,400	\$ 17,792,401
Investment income	2,887,550	1,711,675
Other income: Fund transfer from AHS Liquidating Trust	\$ 1,659,876	0
<i>Total Support & Revenue</i>	<i>\$ 12,918,826</i>	<i>\$ 19,504,076</i>
Expenses		
Grants and program expenses	\$ 5,468,358	\$ 2,998,417
Administrative expenses	987,880	1,123,700
Depreciation	27,275	23,654
<i>Total Expenses</i>	<i>\$ 6,483,513</i>	<i>\$ 4,145,771</i>
Change in Net Assets	\$ 6,435,313	\$ 15,358,305
Net Assets, Beginning of year	\$ 96,520,335	\$ 81,162,030
Net Assets, End of year	\$ 102,955,648	\$ 96,520,335

Consultants

General Counsel

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

Tax Accountant

Drew Cheney, CPA
Baker Newman & Noyes, LLC

Accountants

John Davison and Al Smith
Maine Health Information Center

Communications

John Spritz
Graphic Design and Production
Ariel Creative



