

transforming care

A DECADE OF IMPROVING LIVES



2010 ANNUAL REPORT

MEHAF
MAINE HEALTH ACCESS FOUNDATION

A DECADE OF IMPROVING LIVES

MEHAF

The Maine Health Access Foundation's mission is to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.

As the state's largest health care foundation, the Maine Health Access Foundation supports strategic solutions to Maine's health care needs through grants and other programs, particularly targeting those who are uninsured and medically underserved.



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“trans-form”

*make a thorough or dramatic change
in the form, appearance, or character of*

Close your eyes for a quick mental journey back to 2000. What issues captured your attention? What have you accomplished since then that has touched the lives of others? Are there lessons from the last ten years that will carry you through the next decade? These questions guided our thinking as we prepared to look back at the Maine Health Access Foundation’s first ten years of grantmaking and operations in this Annual Report.

At their first meeting in January 2001, the fifteen leaders on the founding Board of Trustees were charged by the Attorney General to start a new health foundation that would expand access to the uninsured and medically underserved. Since then MeHAF has strived to balance the challenges of meeting “real time” health care needs with an eye on the long-term goal of transforming care in Maine. At the ten-year mark we believe the Foundation has forged a balanced path to meet those dual expectations.

From the start, our Board has consistently directed our philanthropic resources to fundamentally and thoroughly change the character of health care delivery in ways that benefit those who are most vulnerable. We hypothesized that if the system could work well for the most vulnerable, it should work well for everyone in Maine. In our first decade, MeHAF awarded over \$40 million to nonprofits across Maine to advance this type of transformative change, focusing on public policy and program initiatives that have:

- Partnered with primary and behavioral health professionals to help them adopt new models of seamless, integrated team-based care
- Spearheaded the development of one of the nation’s first statewide electronic health information exchanges
- Advanced new payment reform strategies aimed at reining in the cost of care
- Strengthened and expanded Maine’s community health centers to promote greater access to high quality care
- Facilitated a professional network of small rural hospitals to develop enhanced patient safety practices



Cheryl L. Rust
CHAIR, BOARD OF TRUSTEES



Wendy J. Wolf, MD, MPH
PRESIDENT & CEO

- Expanded oral health services for low-income people
- Provided philanthropic leadership with new standards for transparency and accountability

Some of these initiatives have proven truly transformative, whereas others, such as addressing the oral health needs of low income people, seem stubbornly intractable despite substantial investments of time, resources and new strategies. Transformative work is tough; it requires patience, persistence and often, unflinching optimism. Yet, it’s the work that Maine people expect us to do – and we’re up to that challenge!

From the outset, MeHAF’s work has been guided by many: visionary Trustees, a committed Community Advisory Committee, a talented staff, and input from our nonprofit partners. Yet our collective efforts have been primarily guided by the input, advice and needs of Maine people from all sectors, spanning geographic and political boundaries. Our touchstone of truth, their voices ensure our work has been grounded in the reality of everyday challenges and reflect the priorities they feel need to be tackled.

Reflecting back on our first decade naturally calls us to look ahead to the future: what do we hope to accomplish in the next ten years? The new federal health reform law offers unprecedented opportunities to improve health and transform health care in Maine and across the nation, yet a lot of hard work lies ahead. Much more needs to be done to achieve the promise of a more accessible, higher quality, patient-centered, affordable health care system. It is this vision that Maine people have consistently told us to aim for, leaving no one behind. It sounds like excellent guidance for MeHAF’s next ten years.

Cheryl L. Rust

Wendy J. Wolf

WARREN KESSLER

RETIRED CEO OF MAINEGENERAL MEDICAL CENTER, AND FOUNDING MeHAF BOARD CHAIR

setting the stage for a solid start

Imagine walking into a meeting with fifteen strangers where a prominent public official hands you a check for \$82 million and tells you to use the funds wisely to address one of Maine's most vexing issues.

Warren Kessler, retired CEO of MaineGeneral, vividly remembers that day ten years ago when Maine's Attorney General called the first meeting of the Maine Health Access Foundation's Board of Trustees. "There were fifteen brilliant leaders, and it was my job to get them into a cohesive group," Kessler, who served as the founding Board Chair, recalls.

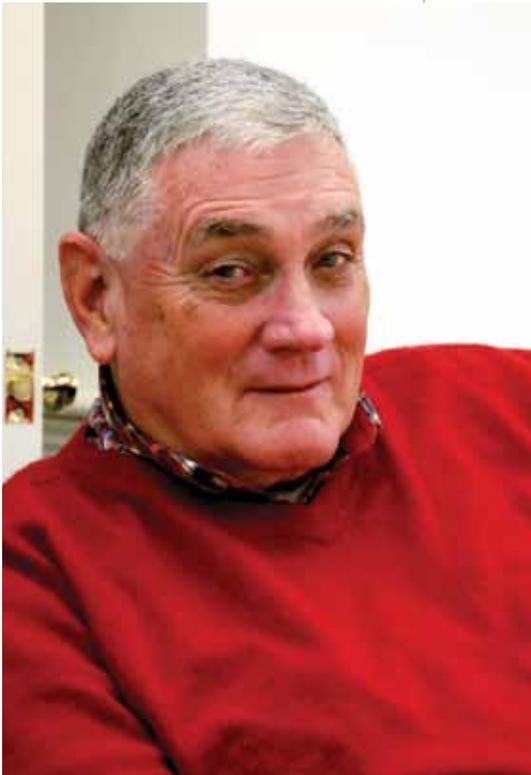
He was mindful that while \$82 million is a lot of money, it represented only one-tenth of 1% of

all health care spending in Maine. Kessler understood the importance of using the endowment responsibly, "so we had to agree on priorities." The Trustees agreed it was imperative to make wise investments as opposed to plugging holes.

In the first year, Kessler recalled, the Board started out addressing obvious needs. "One was dental health care, which has shown up again and again as one of MeHAF's priorities." The Foundation also supported greater access to primary care through Maine's network of community health centers.

"THERE WERE FIFTEEN BRILLIANT LEADERS, AND IT WAS MY JOB TO GET THEM INTO A COHESIVE GROUP."

Kessler cites more groundbreaking contributions such as investing in structured, systematic free care programs for low-income, uninsured Maine people. One program, CarePartners, has repeatedly demonstrated that providing guidance and answers to those who need help navigating a complex system will eventually reduce costs and emergency room use. As a founder of CarePartners, Kessler had to recuse himself from funding decisions but notes, "That population now uses services a lot like privately insured people do, whereas previously they had higher use of medical care and resources."



HealthInfoNet is another far reaching investment that Kessler values. "The health data system has made a significant difference and has the potential for changing the face of medicine in Maine. We are recognized as a leader in the nation in health information technology right now."

From the start, the Board encouraged the Foundation to also be a leader in its approach to philanthropy. "MeHAF has required grantees to work with other organizations... That has caused a change in behavior over time. For example, the three major health systems in the state have formed an organization to work together, and that had never happened before."

Kessler is quick to point out that all of MeHAF's grant dollars are generated from the investment earnings of that original \$82 million. Even during challenging economic times, he's proud that careful stewardship enabled the Foundation to keep its commitments steady.

MeHAF's ability to set priorities to guide the best minds in health care is what it takes to "work on quality issues, and deal with the cost of health care." Warren Kessler is confident these strengths will give MeHAF what it needs to guide Maine through health care reform in the next decade.

listening to maine people

For a decade, MeHAF has been governed by a visionary statewide Board of Trustees. But even before creating the Board, Maine's Attorney General tapped another group of leaders to guide MeHAF's very first steps. "I was there from the beginning," recalls Luc Nya. "Before MeHAF was created, I was part of the original Community Advisory Committee."

The experiences, expertise and diverse perspectives of people on the Community Advisory Committee (CAC) have lent greater breadth and depth to the Foundation's efforts. Ensuring that MeHAF's work is informed and shaped by the diverse voices and perspectives of Maine people is something Nya knows a lot about. As the former Multicultural Services Coordinator in the Office of Multicultural and Immigrant Services, Nya had considerable experience in listening to the needs of vulnerable people and building alliances and partnerships around common goals to meet them.

"When MeHAF first started out there were lots of questions and confusion about what the Foundation would be. Would it be an arm of government? A policy organization? Would it fund traditional programs, or think about doing something different with funding?" Determining

"MEHAF HAS REMAINED TRUE TO WORKING ON THE TOPICS THAT HAVE COME DIRECTLY FROM THE CITIZENS OF MAINE."



the right answers to these challenging questions was critical to getting the Foundation started on the right path.

So the Board and CAC turned to Maine people for advice. "MeHAF started out with community forums to communicate who they are and what they do, and get feedback from people about which issues to cover." Nya was proud that this process brought forward advice "from the grassroots." With this approach, MeHAF gained buy-in and support to start addressing important issues.

Over the years, Nya notes, "MeHAF has remained true to working on the topics that have come directly from the citizens of Maine." By staying engaged with the public, the Foundation keeps fresh ideas and innovation flowing, and makes sure new programs and interventions are meeting the needs of everyday people.

Nya feels that "MeHAF has pushed people to look at people and things differently than they had in the past." For example, "as a result of MeHAF's work, the issue of integrating psychiatric care into the primary care setting is at the forefront in Maine. Not long after MeHAF began looking seriously at the benefits of this approach, SAMHSA [the federal Substance Abuse and Mental Health Services Administration] did something similar. This shows that MeHAF is being innovative and doing needed projects even before there is a national trend to look at them."

True to its original role, the CAC continues to keep MeHAF's ear tuned to the needs of Maine people. Nya is confident that the Foundation can continue to meet the challenge of finding ways to help all people achieve optimal health and well being. "MeHAF is out there in the community, making sure that everyone's voice is included."

KEVIN GILDART

FORMER VICE PRESIDENT OF HUMAN RESOURCES AT BATH IRON WORKS

rewarding innovation

When the Legislature established MeHAF ten years ago, Kevin Gildart was watching closely. Although he thought it was a good idea at the time, he now realizes how prescient and wise it was.

“The Maine State Legislature was the force behind pushing to set aside the money for MeHAF after the sale of [nonprofit] Blue Cross and Blue Shield to Anthem. I don’t think they knew how smart they were. It was a decision that was wise beyond its years. MeHAF, in its short life, has gone way beyond what people may have anticipated when the Legislature originally pushed for this.”

Gildart had several reasons for keeping tabs on health care. As Vice President for Human Resources at Bath Iron Works, he knew the growing expense of offering care to employees strained BIW’s bottom line. “It was more and more of a struggle because of rising costs, which forced us to learn more about outcome-based health care. I had to learn a lot about our medical system in this country and Maine specifically, and find ways to help my company without just taking coverage away. There are things you can do to control costs, but we’re dealing with a system that’s not really a system. It’s a culture that’s very set in its ways, and it’s compensated in ways that don’t reward innovation.”

When he became a MeHAF Trustee, Gildart shared how Maine’s business community was struggling to maintain employee health coverage at reasonable costs. He advocated for MeHAF to go



“THERE ARE THINGS YOU CAN DO TO CONTROL COSTS, BUT WE’RE DEALING WITH A SYSTEM THAT’S NOT REALLY A SYSTEM.”

beyond grantmaking to push real innovation – to challenge traditional health care models and call upon organizations that were just staying afloat in the old system to become leaders in a new one.

Gildart cites MeHAF’s leadership for developing a statewide health information technology system as the single most important investment the Foundation has made. “The ability for providers to share information and have a library of accessible information in real time is priceless. I don’t think it would have happened if MeHAF hadn’t been willing to give resources and been forceful in driving the project. The implications of this are still underestimated, in my opinion.”

He challenged MeHAF to bring people together to address tough issues. “The change I observed over time was an understanding of what an influential role [MeHAF] could play in changing the health care landscape in Maine. There was not a common ground for talking about health care. I wanted to convince MeHAF that they could be the convener to bring people to a neutral place, not to spend time arguing about their differences, but looking at where there was agreement or a willingness to have agreement.”

Thinking back to the Legislature’s action Gildart says, “It was a wise decision then, but has become something more beneficial than anything that was expected. [It] has paid great benefits, and will pay those benefits for many years to come.”

CATHERINE RYDER

ACTING CEO AND DIRECTOR OF CLINICAL SERVICES AT TRI-COUNTY MENTAL HEALTH SERVICES

impact in communities and beyond

When Catherine Ryder talks about Tri-County Mental Health Services' work to integrate behavioral health with primary care, her face lights up. Her excitement about the emerging work to treat "the whole patient" and Tri-County's accomplishments on this front is clear – and infectious.

Through contractual arrangements, Tri-County behavioral health professionals are now working in primary care offices. They're on-hand to assist immediately when a doctor realizes a patient might benefit from counseling about lifestyle changes. They can offer depression counseling or connect patients with other mental health services. People are getting healthier as a result.

"We are seeing people come forward to receive needed services earlier, allowing us to resolve mental health issues in far less time," observes Ryder. "This change in patterns and outcomes is nothing short of miraculous." In addition, clinicians are responding favorably and revenues have exceeded expectations, leading Ryder to believe they may have "cracked the nut" with this model of care integration.

"MY WORK WITH MEHAF SHOWED ME THAT 'IMPOSSIBLE' CHANGE REALLY IS POSSIBLE WITH THE RIGHT PLAYERS."

"The work we do and the models Tri-County has created have an impact beyond my community," Ryder notes. Her organization's partnership with MeHAF and other grantees working on the integration of care has expanded interest and advocacy for the many advantages achieved by this approach.

"One of the things I love about working with MeHAF is they're so hands on and positive. They provide us with resources, they are available as needed and when needed and have a huge resource library for technical assistance." She notes that MeHAF has helped her through some difficult times and puzzling problems by drawing on its vast and carefully-tended network.

"Inclusive" is the word Ryder uses to describe this partnership. "MeHAF leaves no stone unturned. In efforts to share what works or to seek expert input, the Foundation goes beyond an individual, beyond a community, beyond a state, to what can be done in a country. MeHAF is expansive in both their awareness and their goals."

She explains that removing the stigma of behavioral health care through an integrated approach is complex, demanding strategic thinking and the ability to think analytically about policy and delivery systems. Ryder says that many foundations, including MeHAF, do that part well. She adds that MeHAF also has something many foundations don't: roots in the ground.

"Grant funders often sit in an 'ivory tower' but they don't understand what happens at the service delivery level. MeHAF gets it," says Ryder. To successfully shift systems and infrastructure to a new model takes both a high-level analysis and a close connection to tactics. It's a challenging balance, but one that Ryder sees coming to life through the partnerships she's made. "My work with MeHAF showed me that 'impossible' change really is possible with the right players."





PATRICIA KNOX-NICOLA

DIRECTOR, PENOBSCOT NATION HEALTH DEPARTMENT

communities defining their own needs

Strategic priorities. RFPs. Applications. Reporting requirements. There is a lot about philanthropy that is standard, predictable – and sometimes fixed and inflexible. Foundations are used to doing things their way. Yet that approach doesn't always get people engaged, or lead to the best results.

Patricia Knox-Nicola has made a thirty-year career of finding the resources needed to offer quality health services to the Penobscot Nation. Over the course of her career, she's been no stranger to rigid federal and state grant requirements. Meeting funding request deadlines and reporting requirements kept her busy with little time to learn how to work with other funders. But in 2002, when MeHAF offered its first grant funding, Knox-Nicola did something new and applied for a grant. "We were able to expand our dental services as a direct outcome of that grant."

Because of her work as a tribal health director, Knox-Nicola was later invited to serve as a member of MeHAF's Community Advisory Committee. This statewide group helps connect the Foundation with people of diverse perspectives and experiences. "This was the first time I had worked with a foundation," Knox-Nicola recalls. As she

"MEHAF BROADENED OUR BASE OF SUPPORT AND POSSIBILITIES FOR OUR PROJECTS."



began developing a relationship with MeHAF as a prospective grantee and advisory committee member, both the Foundation staff and Pat realized they could learn a lot from each other.

"Many years ago, MeHAF reached out and said, 'Here's what we have to offer. Tell us how we can help you.' MeHAF staff has come to personally sit down and

meet with those of us providing health care for the native population, to find out what the needs are." Over time, MeHAF has provided funding for a health education fair on Indian Island and equipment for a dental clinic serving Native Americans.

Knox-Nicola knows that tribal communities have a lot of different needs, making it hard to know where to most effectively direct the health centers' limited resources. With MeHAF's support, the four Maine tribes in five tribal communities came together to work on a unique survey that would assess the health needs of the people in their communities. Knox-Nicola is coordinating this work.

MeHAF has learned that to successfully meet the needs of all cultures and communities, it is important to determine how best to work with the people to be served. What are their expectations? Traditions? Cultural experiences and perspectives? Productive relationships need nurturing. MeHAF understands that improved health results among the Maine tribes can be better achieved by a community-driven process where the people manage the process and data; in this case an assessment that was "developed by native people, created for native people, and implemented by native people."

Knox-Nicola has learned that some funders can listen and adapt their funding approaches to meet the needs of specific cultures. "They have shown me that there are different avenues for finding funds and support... MeHAF broadened our base of support and possibilities for our projects."

PETER DRISCOLL

EXECUTIVE DIRECTOR OF THE AMISTAD PEER SUPPORT AND RECOVERY CENTER

the importance of the patient voice

When Peter Driscoll received word that MeHAF planned to fund Amistad's peer support program for people with mental illness who are in crisis, he was shocked. In his experience "peer programs are not usually funded and taken seriously." But this time was different.

As Amistad's Executive Director, Driscoll knew that many of his organization's members who needed crisis services were often critical of those very services for a variety of reasons. Crisis calls often got local police involved. Many times a call for help resulted in long, unpleasant hours in emergency departments waiting for a consultation from a psychiatrist or other mental health professional.

"We knew we could make it easier and less scary for people by having a program where peers would stay with the person in the ER," notes Driscoll. Amistad applied for a grant to improve that experience through peer support. He was pleasantly surprised that the Foundation not only approved the program but agreed to fund it completely.

Over the years MeHAF has funded several projects developed by Amistad. The organization currently participates in the Foundation's work to integrate behavioral and primary care health services to serve the whole person. It's an idea that makes sense in theory, but as Driscoll notes, there are significant challenges to connecting professional communities that have not traditionally worked together. Amistad's approach offered an excellent avenue to learn about and help mitigate these professional challenges.



Like other behavioral health professionals, Driscoll didn't consider himself a part of the health care world. Amistad worked with different systems and care models than those grounded in physical health. But to treat the whole person, it was necessary to step into his or her world and better understand it, "to connect the head back to the body." Driscoll believes MeHAF's value to Amistad is much greater than the funding it provides. "MeHAF gave us funding, but they've also given us 'weight' – our organization is more recognized and respected in the state."

"WE KNEW WE COULD MAKE IT EASIER AND LESS SCARY FOR PEOPLE BY HAVING A PROGRAM WHERE PEERS WOULD STAY WITH THE PERSON IN THE ER."

The Foundation's commitment to bring these sectors together gave primary care providers and specialists a chance to understand Driscoll's world too. He has spoken at MeHAF's learning collaboratives and partnered with people he wouldn't have worked with in the past. The process of connecting behavioral health and health care organizations is not easy, but Driscoll feels this initiative "has pushed the envelope," particularly in ways that bring patients and their families into the conversation. "MeHAF truly understands the importance of patient voice, and they don't just give it lip service, they make it happen."

Because this work requires close partnerships, Amistad has had the chance to enter rooms whose doors were previously closed. "MeHAF dragged us, not always willingly, into the health care world and hasn't let us stay in our silo. There's more work to do, but now it's happening."

BARBARA BOSSIE

DIRECTOR OF OUTPATIENT SERVICES AND REGULATORY COMPLIANCE, HOULTON REGIONAL HOSPITAL

building networks

Imagine you are responsible for the emergency department and all outpatient services of a small rural hospital; one that serves the largest county east of the Mississippi River. Although it's the sole source of care for many people who live there, your small hospital doesn't have a lot of resources – money to spend, buildings to use, technology to move ahead or colleagues for collaboration.

Welcome to Barbara Bossie's world.

As the Director of Outpatient Services and Regulatory Compliance for Houlton Regional Hospital, Bossie faces the daily challenges associated with delivering quality health care in a rural

area. Her job provides an insider's view of the comprehensive health care needs of her community, and she knows first-hand how hard it can be to meet those needs.

Over the years, MeHAF has been a key partner for Bossie in building resources for Houlton Regional Hospital as it plans how to best address uniquely rural issues. In 2002, the hospital received a grant to provide three new services: hand therapy, a continence program for women and equipment needed for children with autism, brain injury and developmental disorders to help them communicate. These are minor changes on the surface, but for those who no longer have to drive over two hours each way for hand therapy, it is nothing short of life-changing.

“WE WERE ABLE TO NETWORK, SHARE IDEAS AND KNOWLEDGE, AND PROVIDE SUPPORT TO EACH OTHER...”

The Foundation's investment in Houlton Regional Hospital and other rural hospitals has also strengthened Bossie's professional network. In 2008, her hospital participated in a statewide Safety Collaborative for Critical Access Hospitals in Maine. Together with the Office of Rural Health, the University of Southern Maine's Muskie Institute, and the Maine Quality

Forum, MeHAF provided support for Bossie and counterparts from across Maine to take on the common denominators important to enhancing patient safety.

Bossie and her peers learned best practices and shared their experiences and expertise in a facilitated, open process that focused on common challenges and framed potential policy and practice solutions. “We were able to network, share ideas and knowledge, and provide support to each other as we worked to implement programs at our hospitals to promote medication safety,” says Bossie. “As a result, we became a very cohesive group and continue to work closely together today.”

The project helped Houlton Regional Hospital implement a new Computerized Physician Order Entry system, jumpstarting their use of electronic medical records. Used initially by physicians in the emergency room to manage medication, the system reduces variability in care, prevents drug interactions and ensures correct dosages. “It supports our hospital's mission to provide safe, high quality, compassionate care to the communities we serve.”

Bossie still faces the day-to-day challenges of rural health care delivery, but her work with other small hospitals has made her feel better connected to the resources and support needed to address them.



KEVIN LEWIS

CHIEF EXECUTIVE OFFICER, MAINE PRIMARY CARE ASSOCIATION

solution-driven

For over 25 years, the Maine Primary Care Association (MPCA) has helped its community health center members improve health care access, quality and service in underserved, rural areas across the state. Serving more than 160,000 people annually, these centers provide a whole range of services including primary care, behavioral health and even oral health care. Keeping health centers on the cutting edge of delivery system improvements and policy change is a tough job, but CEO Kevin Lewis feels up to the task.

Lewis knows the issues facing Maine in the coming decade are challenging. He points out that Maine will have to address how health care delivery will meet the needs of a rural and aging state, and figure out how quality services can be offered without exceeding the state's ability to pay for them. Yet, with MeHAF's help, he's optimistic Maine can continue being a national thought leader in transforming care approaches.

"MeHAF asks everyone to be solution-driven rather than problem-driven." When it comes to some of the most pressing issues in health care, such as health disparities, integration of services and payment reform, MeHAF has acted as an unofficial "think tank" driving change to new levels and

"MEHAF ASKS EVERYONE TO BE SOLUTION-DRIVEN RATHER THAN PROBLEM-DRIVEN."



then spreading the learning broadly through the state. This approach helped MPCA's health centers improve diabetes care, expand oral health care services and promote better integration of primary care with behavioral health.

Lewis insists that it's more than funding that positions Maine as a thought leader. "One way that our connection to MeHAF has furthered our progress in meeting our mission is simply networking." He feels the Foundation "has energized the field, and seeded efforts with money" so groups can move the dial on important issues.

He also credits the "virtual common green," created by MeHAF, with generating the big ideas for solving some of the most intractable problems. "MeHAF holds meetings and convenes agencies doing good work on behalf of Maine people, which breaks down some of the boundaries that can otherwise impede communication. It is a creative and welcoming space to examine and test our own assumptions and work across settings of care."

When those assumptions are tested, interesting things begin to happen. New ideas to shape a better health care landscape are encouraged, piloted, critiqued and improved. This rapid-cycle learning quickly moves organizations beyond the question of "what should we do?" to "how can we do it?" Lewis cites this generative process as the reason that Maine's progress is watched carefully by the rest of the nation.

Looking down the road, Lewis remains upbeat, knowing that MeHAF will continue to cultivate the "virtual common green," where new ideas can help inform and guide his members' work to provide better care in the challenging years ahead.

taking risk for higher reward

Computers. Smartphones. Tablets. Information is now shared instantly through Facebook, Twitter, YouTube and a universe of internet links. The electronic revolution has touched our lives and changed the way business is conducted around the world.

Yet the health care sector, while on the leading edge of technical prowess for diagnostics and surgery, is still mired in the 20th century when it comes to sharing electronic information. Enter Dev Culver, founding CEO of HealthInfoNet, an independent nonprofit, whose sole focus is to provide health care professionals with electronic medical records enabling more targeted and appropriate care to patients.

With MeHAF's support, Culver has led visionary health care leaders in Maine to tap into 21st century information storage, access and sharing to improve the quality and

efficiency of care around the state from the largest hospitals to the most rural clinics and pharmacies.

Early efforts to computerize records were glacially slow, costly and the individual systems could not be linked to share records. For patient care to become more cohesive, efficient and inexpensive, providers needed a way to receive and share up-to-date information at the touch of a computer screen.

This vision prompted MeHAF to embark on a high-stakes process to support the development of a first-in-the-nation health information exchange. Eight years later, "Maine is one of only four or five states in the country operating a statewide health information exchange," says Culver. He credits MeHAF's sustained leadership in advocating for the expansion of electronic patient records with positioning Maine squarely as a national leader in moving health care into the electronic age.

"MAINE IS ONE OF ONLY FOUR OR FIVE STATES IN THE COUNTRY OPERATING A STATEWIDE HEALTH INFORMATION EXCHANGE."

"Back in 2006-07, I was able to negotiate an agreement among the four [major hospital] delivery networks to support information exchange." This degree of cooperation was pretty powerful, noted Culver, who persuaded early adopters that in the field of information sharing, cooperation was more strategic than competition. HealthInfoNet now connects 15 hospitals, one large primary care organization, and about 50 percent of all clinical care activity in Maine. More hospitals and provider offices continue to come on board.

Collaboration on this scale is hard to achieve. When Dr. David Blumenthal, the National Coordinator for Health Information Technology, visited Maine, he observed that Boston hospitals across the street from each other weren't yet able to share information, while HealthInfoNet was already linking sites across a large rural state.

MeHAF's early funding positioned HealthInfoNet to compete for new federal dollars that are now supporting the wide-spread adoption of health information technology. Culver attributes this success to MeHAF's clear sense of purpose. "[They] know how to articulate that purpose effectively, and most important, deliver on that mission."

With statewide expertise in shepherding health system changes in Maine, and HealthInfoNet's capabilities, Culver believes Maine is well positioned to stay in the lead over the next ten years, ensuring that the power and promise of better health information is a reality.



KNEKA SMITH

ASSOCIATE DEAN FOR PLANNING, UNIVERSITY OF NEW ENGLAND COLLEGE OF DENTAL MEDICINE

catalyzing meaningful change

"It would be easier for me to stay healthier if I had access to better, low cost, preventive dental health, such as a professional cleaning, dental x-rays, and cost-controlled fillings."

"It would be good to have other dental benefits besides having tooth extractions."

These unprompted responses from participants in a MeHAF-funded 2009 collaborative survey entitled, *Improving the Health of Maine People: Getting Down to Basics*, are stark reminders that access to oral health care remains as much a challenge for many people across the state today as it was ten years ago.

From its inception, MeHAF has persistently worked to remind practitioners and policy makers that the mouth must stay connected to the rest of the body. Supporting programs that address unmet health care needs aren't providing the true care people need if they don't include oral health. This is a message that rings true to Kneka Smith, Associate Dean of Planning at the University of New England College of Dental Medicine, which is slated to open in 2012.

"UNE is an established organization with a long history," says Smith. "MeHAF has connected us to the broader health care field and to what's going on in the state in new ways." She believes that UNE's partnership with MeHAF has given the school a renewed connection to the challenges and opportunities Maine faces by act-



ing as a catalyst and convening the right people to address entrenched problems.

MeHAF has also partnered with UNE on meeting more immediate needs. A recognized shortage of oral health providers prompted the Foundation to support UNE's efforts to recruit Maine people to become future dentists. MeHAF also offered UNE resources to build relationships with dental clinics across Maine – so students may gain the clinical experience they need in places that need to attract new dentists.

"MEHAF HAS CONNECTED US TO THE BROADER HEALTH CARE FIELD AND TO WHAT'S GOING ON IN THE STATE IN NEW WAYS."

Smith is gratified to join an array of advocates, including dentists, hygienists, other health care providers, business leaders, consumers and policymakers who are working together to identify and address important, unmet health care needs in Maine. Only by working side-by-side on both the clinical level and at a broader policy level, will MeHAF, UNE and others be successful at tackling the oral health workforce and access issues once and for all.

Smith values MeHAF's efforts to keep oral health in the forefront of its focus on better and more integrated care. "Even when they're co-located, health care professionals don't always work together. At UNE we are looking at how we can educate people in the different health disciplines in a new way so they can learn more about one another's disciplines and work together better to affect health care outcomes."

Advancing Health Reform

| ORGANIZATION | PROJECT TITLE | 2010 AMOUNT | TOTAL AWARD |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| PUBLIC EDUCATION/CONSENSUS BUILDING | | | |
| Consumers for Affordable Health Care Foundation | Train The Trainer: PPACA Boot Camp | \$40,000 | \$40,000 |
| Eastern Agency on Aging | EAAA Health Care Reform Education Plan 2010 | \$40,000 | \$40,000 |
| Healthy Community Coalition | Why Wellness, Why Now - How Healthcare Reform Affects You! | \$37,152 | \$37,152 |
| Legal Services for the Elderly | Informing Maine's Seniors About Health Reform | \$40,000 | \$40,000 |
| Maine Development Foundation | Health Care Reform: Making it Work for Maine's Businesses | \$37,000 | \$37,000 |
| Maine Equal Justice Partners | Informing, Engaging, and Educating Adults with Low Income About Health Care Reform | \$32,062 | \$32,062 |
| Maine Medical Education Trust | Engaging Physicians and Informing Patients of the Patient Protection and Affordable Care Act (PPACA) Coverage Opportunities | \$39,853 | \$39,853 |
| Maine People's Resource Center | Patient Protection and Affordable Care Act (PPACA) Education Project | \$40,000 | \$40,000 |
| Maine Primary Care Association | Spreading the Word about Health Reform | \$35,650 | \$35,650 |
| MaineHealth CarePartners/MedAccess | Practical Strategies for Implementation of Health Reform | \$39,775 | \$39,775 |
| Western Maine Community Action WMCA ON CALL | Informing, Engaging, and Educating Maine People about Health Reform | \$40,000 | \$40,000 |
| FrameWorks Institute | Technical Assistance: How to Talk about Health Care Reform | \$10,000 | \$20,000 |
| Pivot Point, Inc. | MeHAF's Public Education Effort | \$9,745 | \$19,800 |
| Pivot Point, Inc. | Facilitation of Collaborative Strategies to Strengthen the Understanding, Impact and Value of MaineCare for its Members | \$1,117 | \$24,760 |
| Total Public Education/Consensus Building Grants and Contracts (14) | | \$442,354 | |
| POLICY & LEADERSHIP DEVELOPMENT | | | |
| Center for Health Policy Development | 23rd Annual State Health Policy Conference - 'Implementing Health Reform: When the States go Marching In' | \$11,175 | \$11,175 |
| Daniel Hanley Center for Health Leadership Health Leadership Development Partnership | Health Leadership Scholarship Program | \$17,000 | \$52,000 |
| Grantmakers In Health | The GIH Health Reform Resource Center Fund | \$25,000 | \$75,000 |
| Maine Development Foundation | Raising Statewide Awareness of Health Care as an Economic Driver for Leadership Maine Participants, including Alumni | \$24,950 | \$123,949 |
| Total Policy and Leadership Development Grants (4) | | \$78,125 | |
| Total Grants and Contracts: Advancing Health Reform (18) | | \$520,479 | |

Promoting Patient & Family-Centered Care

| ORGANIZATION | PROJECT TITLE | 2010 AMOUNT | TOTAL AWARD |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| INTEGRATION INITIATIVE | | | |
| Acadia Hospital | Integration of Primary Care and Addiction Specialist Treatment | \$89,926 | \$325,000 |
| Acadia Hospital | A Medical Home at a Psychiatric Specialty Hospital | \$100,000 | \$300,000 |
| Amistad , Inc. | Peer Patient Navigator Project | \$109,986 | \$324,577 |
| Aroostook Mental Health Services, Inc. (dba AMHC) | Behavioral and Physical Health Integration | \$100,000 | \$325,000 |
| Community Counseling Center | School-based Health Center Care Coordination Project | \$121,431 | \$317,110 |
| Community Dental | Western Maine Health Access and Integration Initiative | \$22,400 | \$325,000 |
| DFD Russell Medical Center | Mental Health Access at the Center of Health (MATCH) Project: Matching Community Needs with Access and Advancing Patient Centered Care in our Communities through Integration | \$56,580 | \$286,926 |
| Downeast Health Services, Inc. | Helping Partners | \$100,000 | \$300,000 |
| Franklin Memorial Hospital | The Whole Child Project: Integrating Services to Establish Comprehensive, Family and Patient-Centered Care | \$100,000 | \$299,047 |
| Hitchcock Foundation | Integrated Care for Veterans: Community and VA Partnerships | \$105,540 | \$324,958 |
| Maine Children's Alliance | Data for Decision Making: Developing a System for Annual Reporting of Mental Health Data for Maine's Children | \$59,994 | \$179,955 |
| Maine-Dartmouth Family Medicine Residency | Transitioning Families | \$50,264 | \$232,777 |
| Pen Bay Healthcare Foundation Mid-Coast Mental Health Center | Mid-Coast Mental Health Center Integrated Care Project | \$100,000 | \$325,000 |
| Penobscot Community Health Center | The Capehart Community Clinic Project | \$100,000 | \$325,000 |
| Quality Counts | Building the Patient-Centered Medical Home | \$99,377 | \$299,362 |
| Rosscare Nursing Home, Inc. | Northeast Integrated Geriatrics Care: Supporting Primary Care in Long Term Care Settings | \$99,067 | \$297,426 |
| Sacopee Valley Health Center | Integrated Primary Care | \$119,747 | \$324,999 |
| Spring Harbor Hospital | Improving Patient Care Through Mental Health/Primary Care Integration | \$91,970 | \$324,697 |
| Spring Harbor Hospital | Integrating Child Psychiatry and Primary Care - A Pilot Program | \$99,948 | \$294,753 |
| St. Andrews Hospital & Healthcare Center | CarePartners PLUS: Integrated Care for the Uninsured in Lincoln County | \$99,807 | \$299,618 |
| St. Mary's Health System | Great Falls Integrated Care Initiative | \$85,575 | \$325,000 |
| State of Maine, DHHS, Office of Quality Improvement | Systems Transformation to Advance Integrated Care | \$99,987 | \$299,985 |
| Tri-County Mental Health Services | Tri-County/Swift River Integration Pilot | \$100,000 | \$300,000 |
| York County Community Action Corporation | Seeking High Level Wellness: Providing an Integrated Model of Clinical Practice that Responds to the Needs of Vulnerable Populations | \$100,000 | \$324,000 |
| Brenda Joly | Integration Initiative State-level Evaluation Key Informant Interviews and Analysis | \$6,000 | \$6,000 |
| Holly Korda | Consultant Services to Support MeHAF Program Evaluation | \$1,207 | \$3,600 |
| John Snow, Inc. (JSI) | Evaluation of Integration Initiative | \$187,455 | \$197,560 |
| National Council for Community Behavioral Healthcare | Maine Learning Community Social Media Website | \$600 | \$1,200 |
| Paddling the Rapids LLC | Facilitation of MeHAF's Patient and Family-centered Care Integration Initiative Policy Committee (IIPC) Strategic Work Plan Development | \$13,185 | \$14,650 |
| PolicyEdge | Facilitation of MeHAF's Patient and Family-Centered Care Integration Initiative Policy Committee Strategic Work Plan | \$12,500 | \$50,000 |
| Public Health Consulting, LLC | Support of MeHAF's Patient and Family-centered Care Integration Initiative | \$38,000 | \$38,000 |
| Scheirer Consulting | Evaluation Planning and Support for MeHAF's Integration Initiative | \$14,228 | \$14,228 |
| Total Integration Initiative Grants and Contracts (32) | | \$2,484,774 | |
| Total Grants and Contracts: Promoting Patient & Family Centered Care (32) | | \$2,484,774 | |

Strengthening Maine's Safety Net

| ORGANIZATION | PROJECT TITLE | 2010 AMOUNT | TOTAL AWARD |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| MEDICATION ASSISTANCE & MANAGEMENT | | | |
| USM/Edmund S. Muskie School of Public Service, Cutler Institute for Health & Social Policy | Critical Access Hospital Medication Safety Technical Assistance & Promoting Medication Assistance Technical Assistance | \$25,000 | \$142,584 |
| Total Medication Assistance & Management Contracts (1) | | \$25,000 | |
| GETTING DOWN TO BASICS | | | |
| City of Bangor Health & Community Services Department | Healthy Homes Asthma Project | \$30,000 | \$30,000 |
| City of Calais, Blue Devil Health Center | Working On Wellness (WOW!) | \$28,625 | \$28,625 |
| Community Concepts, Inc. | Learning how to get useful 'Stress Reduction/Management' and 'Getting Health Information in Common Places' to target community members conveniently. | \$30,000 | \$30,000 |
| Maine Primary Care Association | Networking for Better Health | \$30,000 | \$30,000 |
| People Plus | Making Connections to Good Health | \$30,000 | \$30,000 |
| Sacopee Valley Health Center | SVHC - Getting Down to Basics | \$30,000 | \$30,000 |
| St. Mary's Health System, Nutrition Center of Maine | Local Food for Lewiston | \$28,000 | \$28,000 |
| Western Maine Community Action WMCA Health Services | Facebooking Our Way to Reproductive Health: Youth and Young Adults Explore the Use of Social Media in Health Promotion | \$29,972 | \$29,972 |
| Western Maine Health Care Corporation Healthy Oxford Hills | Head Start Health Coaching and Vegetable Prescriptions | \$29,245 | \$29,245 |
| Total Getting Down to Basics Grants (9) | | \$265,842 | |
| ORAL HEALTH | | | |
| Cambridge Concord Associates | Creating a Dialogue about Increasing Access to Quality Oral Health Care in Maine | \$63,430 | \$78,633 |
| DentaQuest Foundation | Oral Health Funders Policy Group | \$5,000 | \$5,000 |
| DentaQuest Institute, Inc. | Oral Health Safety Net Capacity Building & Practice Enhancement | \$30,000 | \$60,000 |
| Dala Consulting | Oral Health Consultant | \$32,064 | \$32,064 |
| Total Oral Health Grants and Contracts (4) | | \$130,494 | |
| MAINECARE | | | |
| Maine Equal Justice Partners | Medicaid Managed Care Stakeholder Engagement | \$9,919 | \$9,919 |
| Maine Equal Justice Partners | Engaging Stakeholders in Managed MaineCare | \$10,132 | \$10,132 |
| State of Maine, Dept. of Health and Human Services | Engaging Stakeholders in Managed MaineCare | \$186,899 | \$186,899 |
| Total MaineCare Grants (3) | | \$206,950 | |
| Total Grants and Contracts: Strengthening Maine's Safety Net (17) | | \$628,286 | |

Other Funding

| ORGANIZATION | PROJECT TITLE | 2010 AMOUNT | TOTAL AWARD |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|
| FUND FOR THE FUTURE | | | |
| People's Regional Opportunity Program Communities Promoting Health Coalition | The West End Health Connection: Strengthening the Community by Reducing Substance Abuse in South Portland's West End | \$25,000 | \$50,000 |
| Town of Bucksport, Maine Bucksport Bay Healthy Communities Coalition | Community Wellness Guide Program | \$25,000 | \$50,000 |
| Total Fund for the Future Grants (2) | | \$50,000 | |
| DISCRETIONARY GRANTS | | | |
| Daniel Hanley Center for Health Leadership | What Can Maine Learn From One Man's Search For Quality and Affordable Health Care | \$2,000 | \$2,000 |
| Division of Public Health, HHS Dept., City of Portland / Minority Health Program | The 5th Annual Multicultural Exercise for Health and Love (MEHL 2010) | \$2,000 | \$2,000 |
| Downeast Health Services, Inc. Maine Coast Community Dental Clinic | Clinic Relocation | \$4,200 | \$4,200 |
| Eastern Maine Medical Center | Pediatric Preparedness Survey of Maine Emergency Departments | \$5,000 | \$5,000 |
| Kennebec Valley Mental Health Center | Behavioral Health at the Confluence: Inspired Hearts, Solid Science and Organizational Excellence | \$2,000 | \$2,000 |
| Maine Association of Area Agencies on Aging | The Next Decade of Health Care Reform, Impact and Opportunities for Maine Seniors | \$1,500 | \$1,500 |
| Maine Coast Memorial Hospital | Improving Service on the Front Line 2010 | \$2,000 | \$2,000 |
| Maine Development Foundation | 5-2-1-0 Goes to School: Key Information Interviews with School Administrators | \$10,000 | \$10,000 |
| Maine Health Management Coalition Foundation | Quality Concerns in a Maine Hospital, Nursing Home or Physician's Office | \$5,280 | \$5,280 |
| Maine Medical Education Trust | Life Transitions for Patients, Families and Communities | \$2,000 | \$2,000 |
| Maine Osteopathic Educational Foundation | 3rd Annual Quality Symposium: Healthcare Reform and Quality Improvement: Strategies for Maine Hospitals and Physicians | \$1,500 | \$1,500 |
| Maine People's Resource Center | Health Care Storyteller Leadership Project | \$10,000 | \$10,000 |
| Maine Public Health Association | Mosaic of Public Health: Putting the Pieces Together | \$2,000 | \$2,000 |
| Maine Sea Coast Mission | Island Elder Care Conference | \$2,000 | \$2,000 |
| Maine Transgender Network Inc | Transforming Health and Wellness | \$750 | \$750 |
| MaineGeneral Health Prevention Center | Maine Voices for Recovery: Audio Clips of People Successful in Recovery Using Medication Assisted Treatment | \$5,000 | \$5,000 |
| MaineHealth Learning Resource Centers | Clear Health Communications Skill Building Conference: Improving Health Professional Skills to Meet Patient Needs | \$2,000 | \$2,000 |
| Pen Bay Healthcare Foundation | Pen Bay Islands Health Care Network | \$3,000 | \$3,000 |
| Preble Street Resource Center | Homeless Outreach and Mobile Emergency Team Evaluation | \$8,331 | \$8,331 |
| Prescription Policy Choices | Incorporating Health Care Reform Policy Initiatives into Strategic Planning | \$1,000 | \$1,000 |
| Quality Counts | Quality Counts 7 Annual Conference: Transforming Health and Healthcare in Maine's Communities | \$10,000 | \$10,000 |
| York County Community Action Corporation York County Community Health Care | New Access Points | \$8,500 | \$8,500 |
| Total Discretionary Grants (22) | | \$90,061 | |

Other Funding

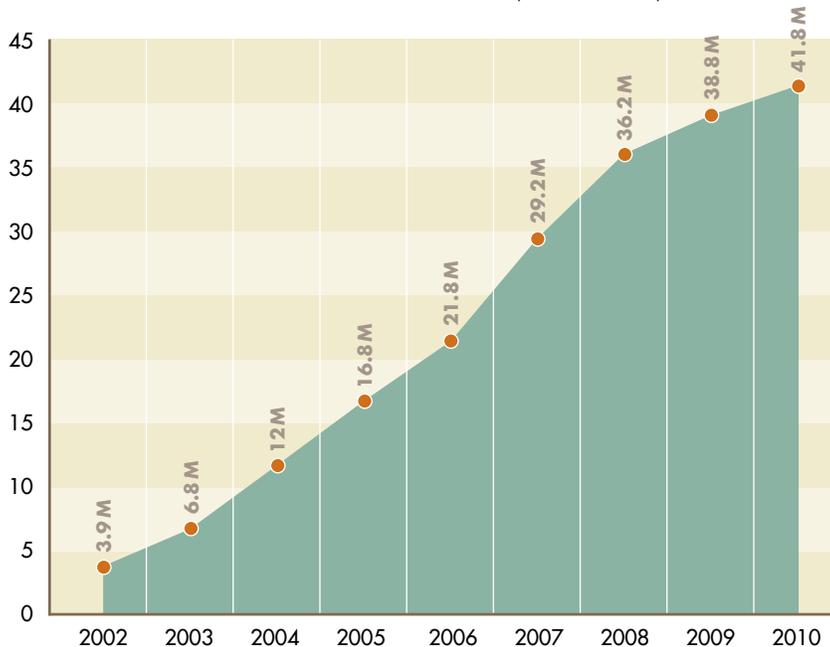
| ORGANIZATION | PROJECT TITLE | 2010 AMOUNT | TOTAL AWARD |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|-------------|
| CHARITABLE GIFTS | | | |
| American National Red Cross - Mid Coast Chapter of the American Red Cross | Charitable Gift for Board Service | \$1,000 | \$1,000 |
| Husson University | Charitable Gift for Board Service | \$900 | \$900 |
| Maine Initiatives | Watering Can Awards Celebration 2010 | \$5,000 | \$5,000 |
| Maine Philanthropy Center | Support for 2010 Philanthropy Partners Conference | \$5,000 | \$5,000 |
| Maine Women's Fund | 2010 Maine Women's Fund Leadership Luncheon - Women's Leadership: Creating Opportunity in Maine | \$1,000 | \$1,000 |
| Muskie Fund for Legal Services | 2010 Muskie Access to Justice Award | \$500 | \$500 |
| Nasreen & Alam Sher Foundation | Charitable Gift for Board Service | \$800 | \$800 |
| Northern Maine Medical Center The Edgar J. Paradis Cancer Fund | Charitable Gift for Board Service | \$1,600 | \$1,600 |
| Susan G. Komen Breast Cancer Foundation Maine Affiliate | Charitable Gift for Board Service | \$900 | \$900 |
| The Center for Effective Philanthropy | Better Philanthropy: From Data to Impact Conference Support | \$5,000 | \$5,000 |
| Total Charitable Gifts (10) | | \$21,700 | |

Total Grants, Contracts and Gifts (101)

\$3,795,300.00

Grants by Year

Cumulative MeHAF Grant Awards (In Millions)



Statement of Financial Position

Unaudited 2010

2009

ASSETS

| | | |
|----------------------------------------|----------------------|----------------------|
| General fund cash and cash equivalents | \$ – | \$93,284 |
| General fund investments, fair value | 110,625,132 | 102,987,521 |
| Program-related investments | 750,000 | 750,000 |
| Prepaid income taxes | 105,000 | 130,000 |
| Other receivables | 7,560 | – |
| Prepaid expenses and deposits | 29,323 | 25,493 |
| Property and equipment - net | 34,281 | 35,994 |
| Total Assets | \$111,551,296 | \$104,022,292 |

LIABILITIES AND NET ASSETS

Liabilities

| | | |
|------------------------------------------|------------------|------------------|
| Grants payable | \$3,119,751 | \$4,141,931 |
| Cash overdraft | 26,278 | – |
| Accounts payable and accrued liabilities | 81,048 | 58,641 |
| Total Liabilities | 3,227,077 | 4,200,572 |

Net Assets

| | | |
|-------------------------------------------|----------------------|----------------------|
| Unreserved Fund Balance | 108,324,219 | 99,822,260 |
| Total Net Assets | 108,324,219 | 99,822,260 |
| Total Liabilities & Net Assets | \$111,551,296 | \$104,022,832 |

Statement of Activities and Changes in Net Assets

SUPPORT AND REVENUES

| | | |
|------------------------------------|-------------------|-------------------|
| Investment returns, net of fees | \$12,418,697 | \$19,168,611 |
| Contribution | 55,100 | 12,500 |
| Other income: Miscellaneous | 80 | 562 |
| Total Support & Revenue | 12,473,877 | 19,181,673 |

EXPENSES

| | | |
|----------------------------------------------------------------|------------------|-------------------|
| Grants and program expenses, net of refunds of unspent amounts | 2,907,839 | 2,638,627 |
| Administrative expenses | 1,023,356 | 985,656 |
| Depreciation | 15,723 | 19,381 |
| Excise tax expense | 25,000 | 249,000 |
| Total Expenses | 3,971,918 | 3,892,664 |
| Change in net assets | 8,501,959 | 15,289,009 |

| | | |
|--------------------------------------|--------------------|-------------------|
| MeHAF Net Assets, January 1 | 99,822,260 | 84,533,251 |
| MeHAF Net Assets, December 31 | 108,324,219 | 99,822,260 |

Consultants

GENERAL COUNSEL

Elizabeth M. Sellers, Esq.
Bernstein Shur

TAX ACCOUNTANT

Drew Cheney, CPA
Baker Newman & Noyes, LLC

ACCOUNTANT

Margo Beland
Maine Development Foundation

AUDITORS

Linda Roberts, CPA, Principal
Sarah Belliveau, CPA
Berry Dunn McNeil & Parker

INVESTMENT ADVISORS

Greg Johnson
Michael Soares
Prime, Buchholz & Associates, Inc.

Note: The Board of Trustees engaged the firm Berry Dunn McNeil & Parker of Portland, Maine to perform the annual audit. To obtain a copy of the 2010 audit report, contact the MeHAF office.

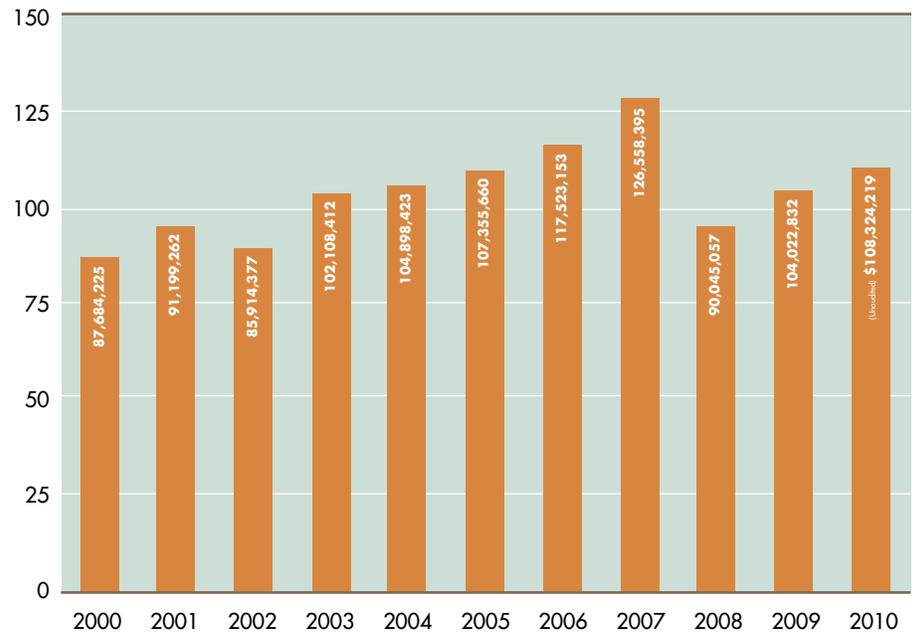
Investments

MeHAF's grants, program funding and operating expenses are derived from the revenue generated by the wise investment of the Foundation's endowment. MeHAF's Finance Committee has been consistently conscientious, disciplined and transparent in framing and executing the Board-approved investment strategy, designed to achieve long-term investment returns above spending requirements (5% plus inflation). To achieve this goal the investment program remains equity-oriented, with asset class diversification employed to control risk. The Committee strives to be strategic in nature, and avoid tactical bets or "market timing." Over the last decade, the investment policy has de-emphasized domestic equities and fixed income in favor of greater global exposure, along with increased commitments to flexible capital and inflation-hedging assets. Through exemplary stewardship, the members of MeHAF's Finance Committee, working in consultation with our investment advisors, Prime Buchholz and Associates, made it possible for the Foundation to award over \$40 million in grants over the last decade, while preserving the value of MeHAF's assets over the long term.

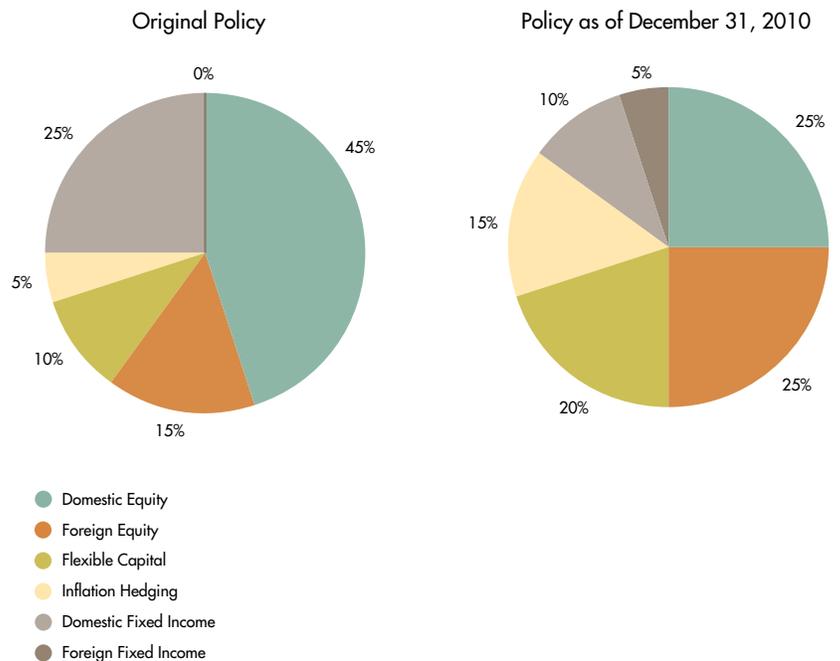
Finance Committee

| | |
|---------------|----------------|
| Ed Cervone | Warren Kessler |
| John Edwards | Robin Mayo |
| Peter Fackler | Karen O'Rourke |
| Ken Hews | Lee Webb |
| Mark Kaplan | |

Asset Growth (In Millions)



Asset Allocation Then and Now



Board of Trustees

MeHAF is fortunate to have been guided by exceptionally visionary, experienced leaders from across the state who have brought recognized expertise in health policy and advocacy, health care delivery, public health, business, finance and philanthropy. Since the appointment of the founding Board by the Attorney General in 2001, the Trustees have consistently ensured the Board includes at least three individuals who represent the interests of our priority populations, “the medically uninsured and underserved,” as specified in the Foundation’s by-laws.

Over the last decade, our statewide Board has consistently strived to represent the professional, philosophical and demographic diversity of Maine. In guiding MeHAF’s work to meet our mission, the Trustees have solicited ideas, strategies and solutions from every sector, transcending politics and partisanship. The work of the Board is enriched and deepened by the input and advice of the Foundation’s statewide Community Advisory Committee. It is a testament to their collaborative working relationship that the majority of current Board members have previously served on the Community Advisory Committee. We extend our deepest appreciation to the outstanding individuals who have served to guide the Foundation’s formation and work during our first decade.

2010 Trustees

Sara Gagné-Holmes, Esq.

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Christopher St. John

Steve Tremblay

Community Advisory Committee

Even before the founding of the first Board of Trustees, the Foundation's formation was guided by a statewide Community Advisory Committee (CAC). This broadly representative group solicited nominations for the founding Board, and worked hand-in-hand with the Attorney General to ensure the Foundation's first steps were on the right path. CAC members represent many sectors and geographic areas across Maine. Over the last decade, they have provided wise guidance to the Foundation's operations shaped by their deep professional expertise. MeHAF's by-laws stipulate that two-thirds of the CAC membership be reserved for individuals who represent the interests of the medically underserved and uninsured populations. At least one-third of the members must have established expertise in health care with respect to access for medically underserved and uninsured persons. Many individuals serving on the CAC have eventually stepped forward to also serve as Board members.

Over the last ten years, MeHAF has been fortunate to have the advice and counsel of the many leaders listed who have generously volunteered to support our quest to meet our mission and serve those who are most vulnerable.

2010 Members

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NORTH YARMOUTH

Edmund (Ed) Cervone
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MACHIAS

Carter Friend, JD
PORTLAND

Ruth Frydman, MD
CUMBERLAND

Sophia (Sophie) E. Glidden
PALERMO

Megan Hannan
BATH

Carrie Horne
APPLETON

Lisa Kavanaugh, FACHE, MBA
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Evelyn Kieltyka, MSN, FNP
WINTHROP

L. Berell (Bery) Kornreich, PhD
PENOBSCOT

Victoria L. Kuhn, MBA
FALMOUTH

Simonne Maline
SOUTH PORTLAND

Robin Mayo, MPH, RN
MILO

Edward Miller
HALLOWELL

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PORTLAND

Peggy Pinkham, RN, MBA
EAST BOOTHBAY

David White
BAR HARBOR

C. Shawn Yardley, MS
BANGOR

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Paul Best

David Burt

Alan Cartwright

Dolores Cummins

Deborah Curtis

Joanne D'Arcangelo

Peter Doran

Betty Forsythe

Dan K. Foster

Sara Gagné-Holmes

Barbara Ginley

Mary Ann Gleason

Maroulla Gleaton

Elinor Goldberg

Karen Heck

Kenneth Hews

Mary Jude

Patricia E. Knox-Nicola

Tonya Labbe

Elizabeth Mahoney

Dorothy Merrick

Dora Anne Mills

Wayne W. Myers

Elizabeth Neptune

Luc Nya

Karen O'Rourke

Lisa Pohlmann

Kandyce Powell

Valerie Ricker

Cheryl Lee Rust

Constance Sandstrom

Diana C. Scully

Lisa Sockabasin

Jose Soto

Jonathan Sprague

Meredith Tipton

Sharon Tomah

Carl M. Toney

Romaine Turyn

Bonnie Vaughan

Stephanie Walstedt

Ann Woloson

MeHAF Staff

There's no doubt that grant funding can help make good things happen. But great things are possible when you add the knowledge and expertise of a highly talented, visionary staff to grantmaking. From the start, the MeHAF staff has been consistently committed to excellence, transparency, and true partnership in all aspects of our work with the Board, Community Advisory Committee, our nonprofit grantees and, most importantly, the people of Maine.

Len Bartel Program Officer I

Becky Hayes Boober, PhD Program Officer I

Kim Crichton, JD Program Officer II

Morgan Floyd Program Associate

Dani Kalian Administrative Assistant

Barbara A. Leonard, MPH Vice President for Programs

Catherine Luce, MBA Grants Manager

Wendy J. Wolf, MD, MPH President and CEO



MEHAF
MAINE HEALTH ACCESS FOUNDATION
PROMOTING ACCESS. IMPROVING HEALTH.