



INSIGHT IN ACTION

Creating healthier communities together
2007 Annual Report

MEDICA[®]
MEDICA FOUNDATION



EXPLORING NEW IDEAS

Trying new ideas takes courage, especially when tackling the challenging social, economic and health issues facing our community today. In 2007, the Medica Foundation supported a wide range of projects that put years of grantee experience, expertise and insight into action within our community. It has been a great privilege to invest in projects that illustrate a willingness to try new strategies, the strength to push innovations into the mainstream and the confidence to test bold ideas with promising potential.

Six funding priorities were addressed through \$1.2 million in grants awarded during 2007. These grants will be completed during 2008:

- Behavioral Health: Filling the Gaps
- Cover All Kids Outreach
- Empowerment & Self Management of Chronic Diseases
- Healthy Living for Children
- Partnership for Prevention
- General Health Improvement

Highlights of grants completed during 2007

Great things happen when individuals feel empowered and capable of advocating for their health and the health of their loved ones. When new mothers at risk for mental health issues receive early intervention and follow-up care focused on building their mothering skills, their babies thrive. By exploring a creative home-based approach to intervention, Carlton County's public health nurses are helping mothers break through barriers created by depression and other issues that interfere with their ability to be good parents.

It is life-changing when Native American children at high risk for obesity and diabetes have the opportunity to experience the pride of country living, grow traditional foods and learn how to cook them. The lessons learned at the Dream of Wild Health Education Center in Hugo are empowering young people by instilling pride in their heritage and accomplishments, and teaching important life skills and knowledge they can share with their families and the entire community.

Communities are strengthened when critical mental health services are available close to home from providers who understand small town life and values. A groundbreaking project of the Minnesota Consortium for Advanced Rural Psychology Training is not only bringing much-needed mental health services into small communities, but also opening new career paths for recent graduates of doctoral psychology programs.

This report summarizes the impact from just a few of the Medica Foundation grants completed during 2007, and previews those scheduled for completion during 2008. Every grant has a story — of daunting challenges, inspiring achievements, revealing insights and promising discoveries. These are the stories of community life, inspired by individuals and organizations willing to put their insight into action to create a healthier future for us all.

Robert Longendyke
Executive Director



“A moment’s insight is sometimes worth a life’s experience.”

Oliver Wendell Holmes, American physician and author (1809-1984)

The Medica Foundation is a nonprofit, charitable grant-making foundation. Our mission is to fund community-based initiatives and programs that support the needs of Medica’s customers and the greater community by improving their health and removing barriers to health care services.

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CALMING FORCES
HELP PEOPLE HEAL



Reducing the health and mental health impact of violence on families

Imagine struggling with life on the streets or adjusting to living with other family members because your parents are incarcerated. Or, consider how empowering it would be for a case worker to compliment you on finding the strength to keep your family together against all odds, even though “home” is a homeless shelter.

The *Connections Program* of Family & Children’s Service is an innovative pilot program that helps families identify their strengths, and then connects them with community-based, culturally relevant interventions to prevent violence and trauma. The program serves low-income children and their families; immigrant children and their families; and gay, lesbian, bisexual or transgender youth and their families — all of whom have a high risk for exposure to violence, victimization, and the health and mental health repercussions complicated by extraordinarily stressful life situations.

With a grant from the Medica Foundation, Family & Children’s Services was able to provide screening, assessment and connections to health, mental health and social services designed to help these families address problems early, before they escalated to serious health and mental health issues requiring emergency care — or resulted in personal tragedy.


The *Connections Program* proved the effectiveness of delivering screening services at partner agencies, places where vulnerable individuals and families have established trusted relationships. Families served by the program are African American, Latino, Asian/Hmong, Multicultural and Caucasian. The Medica Foundation recently approved a 2008 grant to expand upon this well-accepted community services model.

“People in the community are the experts on what they need, and they have strengths to build upon. Our goal is to identify those assets.”

Molly Greenman, President & CEO, Family & Children’s Service



Karina Altoro, Zayed Lamu and Gao Vang (pictured left to right), staff members at Family & Children’s Service.



RESEARCH FROM A FIVE-YEAR EPIDEMIOLOGICAL STUDY OF SOMALI AND OROMO ETHIOPIAN REFUGEES IN MINNESOTA SHOWS A TORTURE PREVALENCE RATE OF 50 PERCENT AMONG ALL ADULTS.

SOURCE: AMERICAN JOURNAL OF PUBLIC HEALTH, APRIL 2004

Reaching out to new neighbors with hidden scars

Over the past five years, some 20,000 refugees from the war-torn African countries of Liberia, Somalia, Ethiopia, Eritrea, Kenya, Nigeria, Togo and Sierra Leone resettled in Brooklyn Park and Brooklyn Center. Today, they comprise 20 percent of the entire population in these western Twin Cities suburbs. With a grant from the Medica Foundation and six other foundations, the Center for Victims of Torture set out to help these two communities build the capacity needed to effectively address the many health and social needs of these refugees and torture survivors.

The *New Neighbors/Hidden Scars Project* focused on creating education and support groups, building capacity for immigrant-run assistance organizations, and fostering inter-agency links among community social and human services organizations, the schools, police and primary health care providers. The project goal was to equip the community to adapt quickly and meet the needs of incoming survivors without overwhelming existing services.

Today, there are seven school-based trauma treatment programs for youth; police, attorneys, social workers and human services staff who work with refugees have received training; a provider network, co-led by local mainstream service providers and an African leader is exploring how to address the needs of war/torture survivors; and leaders from 13 African-led nonprofit organizations have been trained in grant-seeking. Much work still needs to be done, but the important lessons learned from this successful landmark project are being widely shared through written project model descriptions and journal articles. In July of 2007, the Center for Victims of Torture presented the model and results at the National Consortium of Torture Treatments Programs which has 34 centers in the United States. ✱

"If doctors don't ask, 'Have you been in a war?' survivors won't tell."

Patricia Shannon, Psychologist and Project Manager
Center for Victims of Torture

Integrating behavioral health services into primary care clinics

There's still a stigma attached to receiving behavioral health services in a small town. That is, if those services are even available. Because patients have limited access to behavioral health services, they may experience less desirable outcomes and the costs for care may be higher for both patients and providers. With a Medica Foundation grant, St. Mary's Duluth Clinic was able to pilot a program that integrates behavioral health services in primary care clinics to improve outcomes for medically underserved people in the upper Iron Range area of northeastern Minnesota.

The Duluth Clinic-Ely *Integrated Behavioral Health Project* relies on registered nurses to provide care

management for patients, along with part-time services from a medical director and consulting liaison psychiatrist. During the grant period, 600 patients were served in clinic settings. The most important lesson revealed by this project is that an integrated services model is well accepted by patients. The project also confirmed that there are still significant barriers to overcome. Clinics may only break even, and often lose money, on mental and behavioral health services, which tend to be more time-intensive. Another barrier, the critical shortage of rural practitioners, won't be resolved overnight. Knowledge gained from this pilot project will contribute to efforts to reshape the future of mental and behavioral health programs in the state.

Creating psychology fellowships in rural settings

It is typical for psychologists to get their education and training in urban settings. Why not invite them to experience the unique realities of living and practicing in a small town? This is the approach the Minnesota Consortium for Advanced Rural Psychology Training tested in the Detroit Lakes area, with a grant from the Medica Foundation. The grant funded a year-long fellowship program for recent graduates of doctoral psychology programs to receive orientation and training in 11 different clinical rotation sites, and to participate in clinic service, teaching and consultation in a variety of community agencies and area clinics.

The program's first graduate chose to practice in Thief River Falls after completing this unique fellowship, the first of its kind in the nation. The

two fellows who followed also want to practice in rural areas. While this immersion approach won't immediately solve the critical shortage of mental health practitioners in small towns and rural areas, it proves that a small town fellowship program can help attract behavioral health providers to practice in areas of critical need.

The encouraging results of this project were shared at the Minnesota Psychological Association's 2007 Annual Conference, the Minnesota Department of Health Innovations in Rural Health Conference in Duluth in June of 2008, and the prestigious Conference of the National Association of Rural Mental Health in Vermont in August of 2008.



MENTAL HEALTH DISORDERS ARE THE FIFTH LEADING CAUSE OF HOSPITALIZATIONS IN ALL OF MINNESOTA AND THE NINTH LEADING CAUSE OF EMERGENCY ROOM TREATMENT.

SOURCE: MINNESOTA DEPARTMENT OF HEALTH



THE BARRIERS OF TIME AND DISTANCE
CAN BE CONQUERED



ONLINE LEARNING IS, BY FAR, THE FASTEST TOOL IN MEDICAL EDUCATION TODAY. BY THE END OF 2006, ONLINE LEARNING FOR MEDICAL EDUCATION GREW TO 2.1 MILLION, AND IT CONTINUES TO GROW AT A RATE OF 25 PERCENT A YEAR, ACCORDING TO THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME).



Training doctors online



The Critical Care Conference Web site allows emergency room doctors to study the latest developments in critical care 24 hours a day.

Emergencies never happen on schedule, so physicians can't always travel to conferences to learn about the latest developments in critical and trauma care and equipment. Now a Web site developed with a grant from the Medica Foundation, and supplemental grants from the Minnesota Medical Research Foundation and Hennepin County Medical Center, allows doctors to confer in real time via streaming video over the Internet, view archived conferences 24 hours per day, and earn professional education credits for advanced critical care training.

A groundbreaking *Critical Care Conference* Web site is helping doctors improve critical emergency care in life-threatening trauma, cardiac, stroke, pediatric and obstetric emergencies. This innovative site was developed by physicians of the Department of Emergency Medicine at Hennepin County Medical Center, one of the nation's most respected Level 1 adult and pediatric trauma centers. Launched as a regional resource for improving critical care services at hospitals in Brainerd, Aitkin, Shakopee, Waconia, Hutchinson, Wilmar and Alexandria, the site now has 184 regular users in 11 hospitals statewide.

By June of 2008, some 2,000 viewers participated in live video conferences, where access is strictly controlled to protect patient confidentiality. Non-confidential information is available to doctors around the world, with viewers from as far away as Shanghai, China. The training methods, security protocols and technology behind this innovative Web site have inspired other departments at Hennepin County Medical Center and other teaching hospitals to explore ways to leverage Internet-based conferencing and training to improve patient care and outcomes in other clinical practice areas.

Helping small town refugees access health care

When Lutheran Social Services (LSS) in Pelican Rapids received a Medica grant to provide a part-time outreach worker to help Somali refugees access health care, the goal was to have a native speaker on-site to help with routine services, such as making clinic appointments, arranging for transportation and translators, and connecting individuals and families to social services.

No one thought that the outreach worker, a 19-year-old college student, whose main job was to assist other Somalis in navigating the health care system, would also find himself helping others who were encountering life-threatening situations. But he did. And thanks to his ability to quickly assemble tribal elders, a young Somali woman was convinced to accept a life-saving blood transfusion after giving birth to a stillborn baby. By coordinating services, a high school student suffering two to three seizures a day was able to return to school, with

the condition regulated and the school nurse and teachers trained in what to do. And finally, a woman who fled to the U.S. with a bullet lodged in her head and a needle in her elbow was able to finally get them removed. Along with these dramatic events, this program helped 260 refugees access regular medical and dental services in Pelican Rapids, Fergus Falls and Fargo — and in special cases, at Twin Cities specialists or hospitals.

“Imagine being sent to the middle of a strange country with no knowledge of how to communicate so that people will understand you. Then, add the element of fear of deportation to the dangerous country from which you fled. That’s what it’s like to be a refugee.”

Dianne Kimm, Program Manager,
Lutheran Social Services Refugee Program, Pelican Rapids





WHAT HAPPENS IN THE EARLY YEARS AFFECTS THE COURSE OF DEVELOPMENT ACROSS ONE'S LIFE SPAN. EARLY CHILDHOOD MENTAL HEALTH IS THE CAPACITY OF A CHILD, FROM BIRTH TO AGE FIVE, TO EXPERIENCE, REGULATE AND EXPRESS EMOTIONS; FORM CLOSE AND SECURE INTERPERSONAL RELATIONSHIPS; AND EXPLORE THE ENVIRONMENT AND LEARN.

MINNESOTA THRIVE INITIATIVE

Creating a statewide system to support healthy child development

Exposure to abuse, neglect, or violent circumstances in the home has a significant impact on how the brain develops. Other factors that create an unhealthy environment for children's social and emotional development, are exposure to toxins, drugs, alcohol, or a mother's inability to bond with her child because of postpartum depression. The Minnesota Initiative Foundations received a grant from the Medica Foundation and several other foundations to help communities remove barriers and provide social and emotional health care services for young children and their families.

The *Minnesota Thrive Initiative* set out to: (1) create six local mental health action teams throughout greater Minnesota; (2) establish a statewide early childhood mental health learning community to share evidence-based practice models and 3) create a statewide early childhood mental health agency partnership team including, among others, the University of Minnesota, Minnesota Department of Human Services, Minnesota Head Start Association and Minnesota Childcare Resource and Referral Network.

This grass-roots approach was designed to strengthen the quality, quantity and accessibility of mental health care resources and services to families of young children at risk for developing mental or behavioral health issues. The successful pilot project built the foundation for a seamless, community-based system that will offer information and opportunities to all Minnesota children and their families.

Educators, providers and practitioners now have tools and resources that increase their ability to effectively address the social and emotional needs of young children and families who need help. Parents and caregivers have resources to increase their knowledge, skills and capacity for nurturing the social and emotional well-being and development of their young children. Children and their families can access a variety of inter-connected resources focused on helping families prepare their children to learn, succeed and thrive by the time they enter kindergarten — and for the rest of their lives. As this new system continues to evolve, it promises to improve the future for tens of thousands of Minnesota children and their families.



THE QUEST FOR BETTER HEALTH
IS EMPOWERING

Helping low-income parents gain confidence and decision-making skills

You speak little English and your child has a high fever. Should you call the clinic or rush to the emergency room? What will you say to the doctor when you get there? How can you verify that you understand what the doctor wants you to do? These are some of the questions low-income parents of young children explored in a workshop designed to build their confidence, communication, and decision-making skills. A Medica Foundation grant enabled 200 parents of children, from birth through five years old, who live in Hennepin County and below the poverty level to participate in the *Navigating Family Health: Confidence, Communication and Decision-Making Skills Training for Low-Income Parents* project. Simultaneous translation via Language Line allowed this workshop to be delivered in four languages at once: English, Spanish, Somali and Hmong.

A project of Parents In Community Action, Inc. Head Start, the workshop helps parents learn how to better communicate with health care providers, understand

health care options and make informed decisions about their health and the health of their children. The program goal was for 70 percent of participants to report improved confidence, knowledge and ability to apply their new skills (behavior) by the end of the course. This goal was exceeded by seven to fifteen percent in each skill area, ensuring that parents completing the course acquired skills to help them use healthcare resources appropriately, wherever they live. With more and more families facing homelessness, 32 parents living at Mary's Place homeless shelter also received training, which was tailored to reflect common situations for homeless families.*

“Everyone wants to properly care for their children. There is a certain universality to this goal that is really bonding, regardless of cultural background.”

Rico Alexander, Director of Operations
Parents In Community Action, Inc. Head Start

Giving workers the coaching and tools to make healthier lifestyle choices

Consumers are encouraged to take a more active role in their health care, but some people aren't sure just where to begin. With a grant from the Medica Foundation, nurse consultants from Ridgeview Medical Center's Business Health Department were able to provide one-to-one on-site consultation and education to 50 employees at the worksite of a Minneapolis-area kitchen cabinet manufacturer. This pilot project was designed to inspire employees to develop a five-month health action plan for themselves, participate in lunchtime health education presentations, continue or begin an exercise regimen, adopt healthy eating habits, and learn how to make wise health care choices. Participants measured their progress using Web-based resources on www.myHealthManager.com. At the end of the program, 100 percent of participants had selected a primary care physician and 75 percent of participants adopted at least one healthier

lifestyle, including losing weight and quitting smoking. An unexpected positive outcome was that participants achieved noteworthy improvements in chronic health issues, including low back pain, stress and sleep problems, and moderate improvements in perceptions of overweight and depression.



Ridgeview Medical Center nurse Linda Carlson checks an employee's blood pressure.



LEARNING TO MAKE HEALTHY CHOICES
CHANGES LIVES



Tapping into the healthy *Power of the Pyramid*

Kids learned about four basic tools they need to live a healthier lifestyle through a Medica Foundation grant that helped support school and community performances of a play developed by the National Theater for Children with support from the Minnesota Medical Association Foundation. The year-long program reached out to teachers and more than 6,000 kids in 23 Duluth-area schools, along with their families and some 275 physicians. It addressed the root causes of childhood obesity and actions to take for a healthier lifestyle. Over time, the Minnesota Medical Association Foundation hopes this program will foster social change similar to the positive results achieved through tobacco education efforts over the past 30 years.



Actors from the National Theater for Children explain how to read a nutrition label.

Introducing American Indian youth to their native foods and heritage

Summer is the traditional time to send children off to the fresh air and sunshine of camp. A grant from the Medica Foundation helped Peta Wakan Tipi bring 120 Indian youth, ages eight to seventeen, and their families to the Dream of Wild Health Education Center to learn about indigenous food and medicine plants, and traditional Indian life, ceremonies and customs. Kids discovered the serenity and lessons of nature at a unique 10-acre farm, just 17 miles from downtown St. Paul. Parents were invited to volunteer and attend special events to celebrate their children's success.

The majority of young people in the program are considered at risk, come from low-income areas in the cities of Minneapolis and St. Paul, and are affiliated with the Ojibwe, Dakota and Lakota tribes. Most have never seen live buffalo, venison or pheasant, or tasted a purple Cherokee tomato. At the farm, they leave their radios and telephones in the van and

discover the freedom of summer days working in the garden, cooking and eating healthy foods, journaling and playing outdoors. In the context of Indian culture, they learn to understand the link between healthy eating, physical activity and the prevention of obesity and diabetes. Older boys learn the rites and passages for young males, life-changing experiences that have helped many of them avoid the pressure to join a gang or get involved in drugs. Through food donations from the farm, the project also changed the way students are fed at the American Indian Magnet School in Mounds Park and at the Ain Duh Yung (Our Home) Center in Minneapolis. ✱

DIABETES IS THE SIXTH LEADING CAUSE OF DEATH IN MINNESOTA AND IS RISING. BUT FOR AMERICAN INDIANS IN MINNESOTA, THE DEATH RATE FROM DIABETES IS NEARLY FIVE TIMES AS HIGH AS FOR NON-HISPANIC WHITES.

SOURCE: MINNESOTA DEPARTMENT OF HEALTH

“Kids are learning how to save their health — save our people. We grow all the old Indian foods, foods most people have never seen. There is a pride in growing that food, it's our food, and because we grow such rare foods, we have to hand pollinate the seeds so they don't cross. The kids are learning how to do all of these things.”

Sally Auger, Executive Director
Peta Wakan Tipi, Dream of Wild Education Center

Providing resources to help Cambodian elders live independently

Today, more than 250 Cambodian elders, along with new refugees from war-torn Burma, are able to continue living independently because of help from the *Cambodian Elders Independent Living Project* in Ramsey, Hennepin, Dakota, Scott and Washington counties. A Medica Foundation grant for this project enabled the United Cambodian Association of Minnesota to address a crucial need to help elders schedule medical appointments, participate in quarterly health screenings, and receive education to help them learn how to take medications, learn about the importance of nutrition, exercise and find positive ways to reduce stress. Daily and weekly group exercise sessions were offered in easily accessible community locations, such as Mall of America, Como Park, and

Southeast Asian Ministry, with many sessions led by the elders themselves. Participants reported becoming physically, mentally, intellectually and spiritually healthier. Most felt they could take care of themselves better than before participating in the program. ✱

“Most of the elderly have needs that are very similar. They don’t drive, they don’t go to see the doctor frequently, they don’t take care of themselves as well as they should and sometimes, traditional food is not good food because it has a lot of salt.”

Yorn Yan, Executive Director
United Cambodian Association of Minnesota



ELDERS FLOURISH
WITH THE RIGHT SUPPORT

Encouraging Hmong elders to exercise and take care of their health

Isolation is common among elders, whose children and grandchildren are busy with work and school activities. Yet, it is common knowledge that people are more likely to participate in regular exercise when they can exercise with friends. With a grant from the Medica Foundation, the Volunteers of America–Minnesota developed the Hmong Elder Connections *Healthy Lifestyle Program* to encourage 245 Hmong elders ranging in age from 50 to 89, to improve their health and well-being in a social setting where they were among peers and felt comfortable. The program offered educational seminars on exercise, weight management and nutrition; health screenings; transportation; and, equally important, the opportunity for elders to make new friends.

The program achieved outstanding results: 94 percent reported participating in physical activity versus 74 percent at the beginning of the program; 88 percent reported improved eating habits; 86 percent now understand weight-management strategies and 96 percent reported an increased use of doctors and prescribed medications to help them prevent disease and manage chronic conditions, such as high blood pressure. Because of this program, life-threatening conditions were identified in four elders. Health screenings revealed they had dangerously high blood pressure or blood sugar, and the program staff helped them access the medical care they needed. ✱



EVERYONE
DESERVES A HEALTHY SMILE

Promoting oral health

A Medica Foundation grant helped Children's Dental Services provide oral health care to low-income children and pregnant women in north and northeast Minneapolis and northwest Hennepin County. This project focused on providing preventive visits, emergency dental care within 24 hours, and oral health education. The results exceeded the goals and provided general dentistry services to 825 new patients and emergency dental care to more than 400 patients. Additionally, some 500 new patients learned how to take better care of their oral health. Children's Dental Services will share the best practices and lessons learned from this project with other agencies and partners to help reduce racial and ethnic disparities in dental health care.



Dental hygienist Elizabeth Branca
with a young patient.



SELF-CONFIDENCE
AND CHILD CARE SKILLS CAN BE MASTERED



Nurturing secure attachments between moms and their babies

Early in the last century, visiting public health nurses helped young mothers learn how to take better care of themselves, their babies and their families. A Medica Foundation grant funded a new program founded on the wisdom of this relationship-based model to support at-risk families by fostering secure attachments between moms and their babies, helping them overcome postpartum depression, and encouraging parenting skills that improve chances for the healthy physical, social and emotional development of children. The *Prenatal, Postpartum and Well Baby Mental Health Program* was a program of the Carlton County Public Health & Human Services Department. The program is based upon the philosophy that it is the parents' responsibility to provide for their children's basic needs, respond sensitively to their child's cues and communication, provide encouragement and security, care for themselves and each other, and reach out for help when needed. This approach empowers families to have the confidence and skills to succeed in caring for and raising their children.

This program served 54 mothers, with a total of nearly 400 home visits. Through postpartum depression

assessments, the nurses identified 13 clients who had suicidal thoughts and four clients who required referral to an emergency room, mental health professional or primary care physician — as well as others, who required ongoing support.

A unique component of the program was the use of *Seeing is Believing* videotapes of mothers interacting with their babies during feeding time. Nurses used the videos as a tool to coach the mothers, encouraging them to problem-solve and identify how they could improve their ability to notice and respond to their child's cues. The home visits and videos also provided tools for the nurses to share information about milestones in normal child development, observe the home situation and provide referrals to needed follow-up services.

At-risk individuals typically drop out of programs at a high rate. In this program, a remarkable 65% of enrollees completed the entire program. This project revealed that an asset-building approach to working with at-risk mothers is effective at helping people recognize their strengths and weaknesses and learn how to become better parents for their children.

2007 GRANTS (GRANTS EXPENDED DURING 2007-2008)

BEHAVIORAL HEALTH: FILLING THE GAPS

Achieve!Minneapolis

Provide on-site mental health services for students and families in two Minneapolis public schools.

Family & Children's Service

Provide increased access to child psychiatric services for children and families identified through professional assessment and diagnosis.

Fraser

Partner with Minneapolis Public Schools to open a new day treatment satellite for pre-schoolers at the Nellie Stone Johnson School.

Lifetrack Resources

Provide a Spanish-speaking home visitor for the *Beginnings Program*, a crucial therapeutic and developmental program for highly at-risk children ages 0-3 who have received a mental health diagnosis.

Mental Health Consumer-Survivor Network of Minnesota

Provide peer-based services to support the recovery and reduce the use of chemical elements within the mentally ill populations of Minnesota.

Tasks Unlimited, Inc.

Design and implement program enhancements to support independent living for persons age 65 and older who have had lifelong mental illness.

The Network

Promote the recovery, resiliency and prosperity of high-risk African American males through the integrated delivery of five core components: behavioral and medical health care, housing, employment, and community/family re-engagement.

YouthLink

Develop an integrated service model to provide clinical case management services and group support, targeted at homeless youth ages 16-21.

COVER ALL KIDS OUTREACH

Children's Defense Fund

Support outreach efforts to reach and assist residents applying for MinnesotaCare and other Minnesota Health Care Programs through the purchase of a Web-based enrollment and client management tool.

EMPOWERMENT & SELF MANAGEMENT OF CHRONIC DISEASES

Amherst H. Wilder Foundation

Offer and expand the availability of the *Chronic Disease Self-Management Program* for low-income and culturally diverse seniors in the east metropolitan area.

Indian Health Board of Minneapolis, Inc.

Hire a registered nurse to work specifically with the underserved populations with diabetes served by the Indian Health Board.

Minneapolis Medical Research Foundation

Enhance three existing asthma education and management tools and evaluate them for suitability and acceptance among families and providers.

Open Cities Health Center

Provide a community health worker to support education for the African American and Hmong communities to promote early detection of diabetes and hypertension, and encourage self-management practices.

St. Mary's Duluth Clinic Health System

Implement an interdisciplinary, palliative care project with teams to serve patients, increase home care options and link patients to other resources in the community.

Washington County Department of Public Health & Environment

Support improved asthma control and chronic disease self-management through home assessments, interventions and providing education and resources to patients with asthma, and for their families.

HEALTHY LIVING FOR CHILDREN

Bolder Options

Expand the *Healthy Habits Mentoring Program* to a satellite office in North Minneapolis to support youth health and academic performance.

City of Lakes Nordic Ski Foundation

Incorporate a new year-round youth program to educate youth and promote physical activity and involvement in the *Tri-Loppet* and *Trail Loppet* events for Minneapolis Public School students.

Duluth Area Family YMCA

Provide the *Running Buddies* mentoring program for at-risk youth ages 5-17.

Illusion Theater and School, Inc.

Develop a peer education model for middle school students to enhance the *Ready. Set. Action!* program.

Little Earth Residents Association

Utilize nutrition awareness and structured physical activity to address and reduce health disparities in American Indian youth.

Marshall Area Young Men's Christian Association

Provide an educational program for parents and children to develop and learn ways of creating a healthy approach to lifetime weight management.

National Institute on Media and the Family

Implement the SWITCH™ program in two Burnsville, Minn. elementary schools. SWITCH promotes increased physical activity, sound nutritional choices and moderated screen time to support positive health lifestyles and optimal health status in youth and their families.

Plymouth Christian Youth Center

Expand health and wellness activities for at-risk students in grades 9-12 through completion of a health assessment, referrals to a nutritionist, health educator, social worker or on-site clinic – and offering healthy food choices.

West Side Community Health Services

Expand the *Health Start* school-based clinic to implement a comprehensive health and fitness program for low-income students at risk for obesity in three St. Paul high schools.

PARTNERSHIP FOR PREVENTION

Annex Teen Clinic

Provide a "males only" clinic every two weeks for an STD-prevention, screening, treatment and an education program aimed at young males ages 12-23.

City of Minneapolis

Partner with pediatric clinics to increase blood lead level testing of Minneapolis youth at risk for lead poisoning.

Neighborhood Health Care Network

Improve breast cancer screening among low-income patients, both insured and uninsured, in identified network clinics.

Regents of the University of Minnesota

Reduce the incidence of dental caries in low-income, high-risk children by integrating fluoride varnish applications and education for the prevention of dental caries into the current Child & Teen Checkup examinations provided by Minnesota medical providers.

Youth Coordinating Board

Expand the scope of the family liaison's work to include follow-up services to assist and track non-English speaking families as their children enter school, and support them in choosing a primary care provider.

GENERAL HEALTH IMPROVEMENT**American Heart Association**

2007 *Go Red for Women* Education Seminars in the Twin Cities and St. Cloud, Minn.

American Lung Association of Minnesota

2008 *Asthma Walk and Race UP the Place to Fight Lung Disease*.

American Red Cross Twin Cities Chapter

Local disaster relief.

Citizens League

2008 *Minnesota Mental Health Innovations Conference*.

Communities Investing in Families

Provide access to medical services that facilitate compliance with medically advised treatment for low-income families that face severe and multiple barriers to stability and employment.

Community Health Charities

2007 Annual Campaign.

Crohn's & Colitis Foundation of America, Inc.

Support *Camp Oasis*, and children ages 7-17 with inflammatory bowel disease.

Family Housing Fund

2008 *Project Homeless Connect*.

Fremont Community Health Services, Inc.

Fremont Community Health Services 2nd Annual Gala.

Greater Twin Cities United Way

2007 Annual Campaign.

Hmong Cultural Center

2007 *Hmong Resource Fair*.

La Oportunidad

2007 *La Feria* – Latino Family Resource Fair.

Majestic Hills Ranch Foundation

Provide therapeutic horseback riding for children with disabilities ages 12-18, living in the Minneapolis-St. Paul metropolitan area.

March of Dimes

2008 March of Dimes *Walk for Babies* campaigns in Minneapolis, Duluth, and St. Cloud Minn.; Sioux Falls, S.D.; and Fargo, N.D.

Medtronic Twin Cities Marathon, Inc.

2007 *Medtronic Twin Cities Marathon* and its programs to promote fitness and health for those of all ages and abilities.

Melanoma Awareness

Provide statewide informational presentations detailing important facts about melanoma for students, employees and other community members.

Mental Health Association of Minnesota

2007 *Fiesta Latina* Annual Gala.

Minnesota AIDS Project

2007 *Minnesota AIDS Walk*.

Minnesota Counties Research Foundation

Develop programming for two health-related videos to ensure that people with limited-English proficiency receive life-saving health, safety and general health information.

Minnesota Institute of Public Health

2007 *Minnesota Cancer Summit*.

Minnesota News Council

Provide funding support to promote fair media through educational programs for both the public and media.

Minnesota Ovarian Cancer Alliance

2007 *Silent No More Walk Run for Ovarian Cancer*.

Minnesota Visiting Nurse Agency

2007 annual breakfast fundraising event.

Pancreatic Cancer Action Network

2007 *Purple Ride Minnesota*.

Partners for Violence Prevention

2007 Partners for Violence Prevention Fall Event.

Ramsey County

Provide gap funding for the East Metro Adult Crisis Stabilization program to support mobile mental health crisis assessment, intervention and stabilization services

Ramsey County

Provide facilitation and coordination of the Metro Children's Crisis Service effort to create a collaborative mental health crisis service infrastructure.

Regents of the University of Minnesota

Support planning grants in the *Health Disparities Research Grant Program*.

Ridgeview Medical Center

Implement pilot worksite health care literacy initiative.

Rum River Interfaith Caregivers

2007 Mille Lacs County *Operation Community Connect*.

St. Paul Public Schools

Develop collaborative projects that address health disparities with St. Paul Public School students.

Somali Family Resources

Fourth Annual *Somali Family Resource Conference*.

The Center for Hope and Compassion

2007 *Health & Hoops Fest* Annual Health Fair.

Twin Cities Gay Men's Chorus

Support the Twin Cities Gay Men's Chorus performances of *Through a Looking Glass, Darkly*, addressing methamphetamine addiction.

University YMCA of Metropolitan Minneapolis

Annual *University YMCA 5K Run and Walk* event.

Well Within

Becoming Well Within: A Musical Tribute to Women with Breast Cancer.

West Side Community Health Services

2007 Hmong Health Fair.

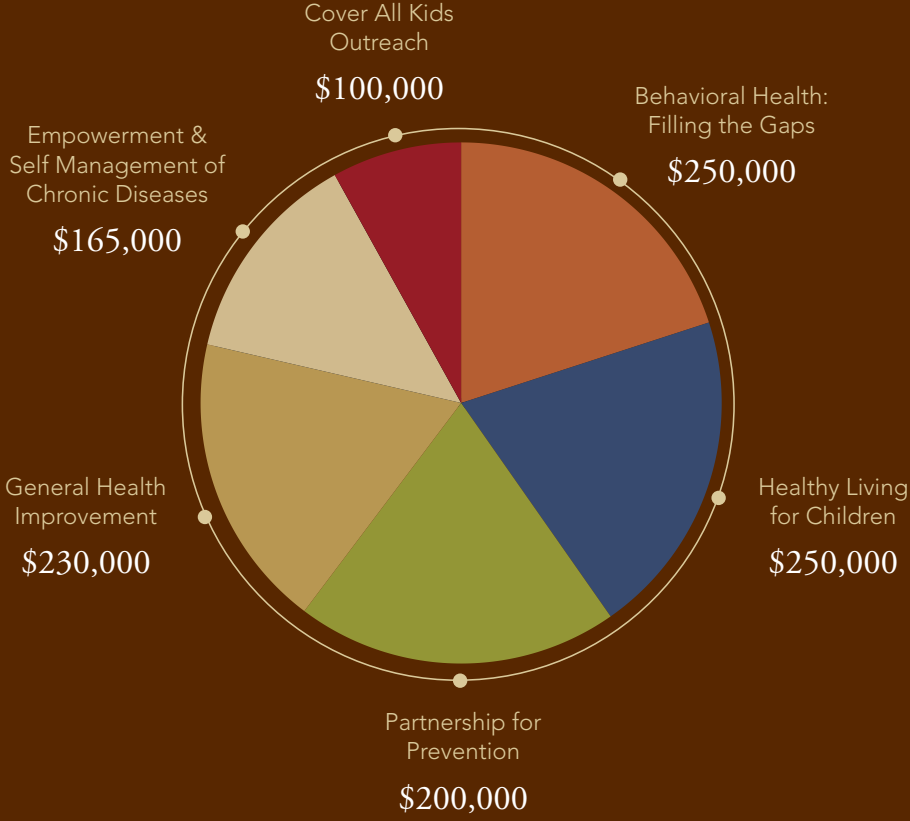
West Side Community Health Services

35th Anniversary Celebration of West Side Community Health Services.

MEDICA FOUNDATION FINANCIAL SUMMARY
DECEMBER 31, 2007 AND 2006

	2007	2006
Assets		
Cash and Investments	\$12,636,568	\$16,594,959
Other	\$10,971	\$55,922
Total	\$12,647,539	\$16,650,881
Liabilities and Net Assets		
Liabilities	\$1,132,707	\$1,624,622
Net Assets		
Unrestricted Net Assets	\$9,421,409	\$10,003,487
Temporarily Restricted Net Assets	\$2,093,424	\$5,022,772
Total Net Assets	\$11,514,833	\$15,026,259
Total Net Assets and Liabilities	\$12,647,540	\$16,650,881
Revenue		
Net Investment Income	\$795,868	\$1,060,375
Total Revenue	\$795,868	\$1,060,375
Expenses		
Administrative Expense	\$183,627	\$160,305
Community Funding	\$4,077,736	\$1,361,504
Total Expenses	\$4,261,363	\$1,521,809
Unrealized Gains (Losses)		
Unrealized Gains (Losses)	(\$45,932)	\$304,442
Total Unrealized Gains (Losses)	(\$45,932)	\$304,442
Net Assets at Beginning of Year	\$15,026,259	\$15,183,251
Net Assets at End of Year	\$11,514,833	\$15,026,259

During 2007, the Medica Foundation awarded grants totaling almost \$1.2 million to more than 60 different initiatives and projects:



TOTAL: \$1,195,000

Giving guidelines

The Medica Foundation offers grants to non-profit organizations that are 501(c)(3) legal entities or governmental agencies. Only single-year grant requests are considered and organizations are not eligible to receive more than one grant within a calendar year.

Eligible organizations must be located within Medica's service area of Minnesota, North Dakota, South Dakota and western Wisconsin.

Grants are not available for capital campaigns or capital expenditures, general or ongoing operations, long-term financial support, projects where other viable funding sources are available, religious groups for religious purposes, lobbying or political projects, projects in which administrative expenses exceed ten percent of the total grant, sports events or athletic groups.



THE MEDICA FOUNDATION

For more information:
visit www.medica.com,
e-mail foundation@medica.com
or call 952-992-2060

"With a stout heart, a mouse can lift an elephant."

Tibetan proverb

MEDICA[®]
MEDICA FOUNDATION

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