BREAKING barriers
HOW RESPONSIVE PHILANTHROPY CAN PROPEL SYSTEMIC CHANGE

SHINING THROUGH P.4
PUTTING RECOVERY WITHIN REACH P.6
FROM HIGH RISK TO HIGH HOPES P.10
A BRIDGE IN CARE P.12
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.

This year the Medica Foundation awarded more than $1.2 million in 98 grants to nonprofit and government agencies.
The Foundation’s mission is clear and straightforward: improving people’s health and removing barriers to getting health care. The path, however, is not so clear and straightforward. Our well-being depends on many things, many of which we take for granted — a place to live, a secure environment, a helping hand, people who understand us.

Having a place to call home is foundational. But the barriers to having a home are not always financial. Fraser, Ltd. in Fargo, North Dakota, reported that 100 percent of homeless young adults, walking through their door seeking help, self-reported having a mental health diagnosis. Their well-being depends on access to mental health treatment and other supportive services.

Proximity to care is something we take for granted in Minnesota, but maybe we shouldn’t. In the midst of an opioid crisis in the United States (U.S.), patients in Duluth were forced to travel up to 200 miles daily to receive medication-assisted therapy. Our funding helped increase access to services and supported the establishment of the Clear Path Clinic at the Center for Alcohol and Drug Treatment in Duluth.

Karen refugees settling in Minnesota from Myanmar (formerly Burma) left behind lives marked by war, ethnic cleansing and refugee camps. But they didn’t leave the memories of those traumas behind. Their well-being depends on help and support from people who can know and understand their experience. We highlight the work of Dr. Shana Sniffen, who visited with refugees living in camps along Thailand’s border to learn firsthand about their experiences with drugs, alcohol, trauma and other mental health issues.

As these examples and many others you will read about suggest, well-being depends on a variety of social factors – what we often refer to as the social determinants of health, each of which influences the others. What it comes down to is the imperative to improve the health of those in need across differences in cultures and life experiences. That’s the kind of work you’ll read about in this report and that we are proud to support.

**HOW WE RESPOND MATTERS**

**Robert Longendyke**
*Executive Director*

**JoAnn Birkholz**
*Foundation Director*

**BOARD OF DIRECTORS**

*Pictured left to right: Samuel Leon, M.D.; Esther Tomljanovich, Vice Chair of the Board; Burton Cohen and John Buck, Chair of the Board*
Young people, age 24 and younger, are most likely to experience homelessness.* They face challenges like lack of housing, unemployment, chronic health conditions, abuse and systemic inequities, such as racial disparities.

*2015 Minnesota Homeless Study, Wilder Research

**CREATING SAFE PLACES FOR HEALING**

**ESCAPING SEX TRAFFICKERS**

One cold February night in 2013, 19 year-old Brittany Clardy never returned home. She was violently raped and murdered after being lured by a predator. The police investigation revealed she was a victim of sexual exploitation. In her memory, Brittany's Place, Minnesota’s first shelter for exploited children, was established on the 180 Degrees Youth Development Campus. It provides a safe haven for girls escaping or at risk for sex trafficking, some of them as young as 10 years old.

Sexually exploited youth have a high risk of post-traumatic stress disorder (PTSD), which only complicates their other challenges. Many have undiagnosed learning disabilities, mental health and chemical dependency issues. With our grant, 180 Degrees launched an initiative to help...
THE TWIN CITIES WERE IDENTIFIED AS 1 OF 13 HIGH INTENSITY CHILD PROSTITUTION AREAS IN THE U.S., ACCORDING TO THE FBI.

exploited young women transition toward mental health recovery. They also received assistance with affordable housing, education, employment and job skills training. When safe and appropriate, they were reunited with their families.

GAINING SELF-SUFFICIENCY

Fraser, Ltd. of Fargo, North Dakota, knew mental health played a role in the lives of transition-age youth experiencing homelessness. They didn’t realize how significant a role it played until learning that 100 percent of young people walking through their door reported having a mental health diagnosis.

Fraser’s Stepping Stone Resource Center used our grant dollars to hire a mental health practitioner to serve transition-age youth ages 16–26, providing the therapy and assessments needed to offer permanent, supportive mental health services and housing. This important first step established an environment where youth could learn harm reduction and goal-setting strategies and get the support to achieve self-sufficiency. As a result of this grant, 61 young people received therapy services.

Susan’s Victory

A few years ago, Susan* was homeless, couch-hopping and sleeping in cars. Growing up on the Devil’s Lake Reservation, she had known abuse all her life. When Susan was four, her mother’s parental rights were terminated due to neglect, physical abuse and sexual assault. Susan was sent to a psychiatric residential treatment program for children. As a teen, violent outbursts landed her in the North Dakota Youth Correctional Center. There, she attended school and received treatment for PTSD. After her release, she worked with a case manager in Stepping Stone’s Transitional Living Program, which transformed her life. Susan went on to earn her high school diploma and is studying to become a nurse.

*Name changed to protect privacy.

THE COST OF NOT REACHING OUT

A 2015 YouthLink study of 1,451 homeless youth found if one young person does not receive the help necessary to become self-sufficient by age 25, it will cost taxpayers an extra:

$248,182 OVER THAT PERSON’S LIFETIME THAN THEIR FINANCIALLY INDEPENDENT PEERS

youthlinkmn.org
“The opioid problem is worse in the U.S. than anywhere else in the world. We consume 80 percent of the world’s opiates and three quarters of people who use the street drug heroin started out by taking prescription drugs.”

— EMERGENCY PHYSICIANS’ PROFESSIONAL ASSOCIATION (EPPA)

“In 2000, there were fewer than 30 opioid-related deaths in Minnesota. In 2015, we had 330, an increase of 1,000 percent.”

— DR. CHRIS JOHNSON, HENNEPIN COUNTY MEDICAL CENTER
Our nation is in the middle of an unprecedented opioid crisis. This serious public health issue is affecting communities and families across the nation. Every day, more than 1,000 people in the U.S. are treated in emergency rooms for inappropriate use of prescription opioids.* Hospitals are being overwhelmed by the large number of patients.

INVESTING IN PEOPLE SUFFERING FROM ADDICTION HELPS REMOVE THE BARRIERS TO TREATMENT

A PUBLIC HEALTH DISASTER

Opioids like morphine, codeine, hydrocodone and oxycodone block pain receptors and directly affect the respiratory center of the brainstem. Accidental overdoses happen when people try to wean themselves off the drug or turn to street drugs for pain relief. According to the most recent statistics from the Agency for Healthcare Research and Quality, some 1.3 million Americans needed emergency care for opioids in 2014 — and it’s only getting worse, with no end in sight.

The National Institute of Drug Abuse reports that tobacco, alcohol and illicit drug use costs our nation more than $740 billion each year in costs related to crime, lost work productivity and stress on the health care system.

SURVIVING ADDICTION

When the only treatment program in Duluth couldn’t take new patients, 200 people were forced to travel up to two and a half hours (one-way) to get their medication. The daily trip became overwhelming for those already struggling to hold onto families and jobs.

We responded to this urgent public health need with a strategic grant to help the Center for Alcohol & Drug Treatment open Clear Path Clinic, a medication-assisted therapy program. Focused on people with high risks, including pregnant women and injecting drug users, this program reduced stress on the community by helping to lower criminal activity, decrease drug-seeking behavior and reduce infectious diseases.

cadt.org

*Centers for Disease Control
War is hell. Few know this better than Karen refugees from Myanmar (Burma), isolated in a civil war since 1948. Haunted by generations of war, ethnic cleansing, torture and years in Thailand’s refugee camps, many turn to alcohol and drugs to bury their troubles. This only leads to new ones, like DUI arrests, domestic violence and family conflicts.

Our grant helped the Karen Chemical Dependency Collaborative (KCDC) develop and field test the nation’s first culturally specific, chemical dependency intervention program to address the trauma Karen refugees face. The HealthEast Roselawn Clinic expanded its outpatient treatment program and developed a bilingual resource of mental health and medical terms to help interpreters communicate with patients and their doctors.

To disseminate this information to the Karen people locally and throughout the world, a website was launched in both English and Karen languages. Videos on the site also provide education on common health screenings, such as mammograms and colonoscopies. Patients view them before seeing their doctor, which saves time and leaves more time to discuss other health concerns.

Pictured above, left to right: Paw Wah Toe, Dr. Shana Sniffen and Ehtaw Dwee
DR. SHANA SNIFFEN, HONORING THE KAREN PEOPLE BY HIGHLIGHTING THEIR VOICE AND RESILIENCE

Raised in California, Shana Sniffen was born to work with people from other cultures. Her heritage is a blend of Hawaiian, Anglo and Chinese traditions.

Dr. Sniffen’s vision to create a collaborative cross-cultural learning network is changing lives. Together with Karen leaders, she co-founded KCDC, the first Karen-focused chemical dependency organization in the United States.

After earning her undergraduate degree, Dr. Sniffen spent nine years working to address homelessness, poverty and violence. In medical school, she worked with HIV-AIDS patients in Africa. In her practice at the HealthEast Roselawn Clinic, she observed an alarming rate of alcoholism, leading her to confer with Karen community leaders about possible solutions. When she was awarded a Bush Foundation fellowship to study tropical medicine in Thailand and Cambodia, Dr. Sniffen visited with refugees in camps all along the Thai-Myanmar border. She learned firsthand about their experiences with drugs, alcohol, trauma and other health issues.

Her work has impassioned the community to help their own. A diverse group of people, including the Karen Organization of Minnesota, law enforcement, church leaders, health care providers, public health and Karen community leaders have come together to mobilize resources that guide and support the health needs of Karen refugees.

Dr. Sniffen believes that building authentic relationships and trusting indigenous strengths and ways of problem solving creates new opportunities and approaches. What makes the community collaboration of KCDC innovative and meaningful is their approach and guiding principles, the “Six Cs” — Community-Driven, Culturally-Responsive, Collaborative, Compassionate, Comprehensive, and Capacity-Building.

tohmoo.org
Homelessness and poverty increase a child’s risk for developmental delays and decrease access to medical and mental health care and educational services. Families are so focused on the daily struggle to survive that their children’s developmental needs are often overlooked.

**TEACHING FAMILIES HOW TO HEAL**

**MEETING PEOPLE WHERE THEY ARE**

Parents experiencing homelessness face significant stress, isolation and low levels of self-esteem because they’re unable to provide proper safety, housing or nutrition for their children. Their children have four times the rate of developmental delays, twice the rate of learning disabilities, and three times the rate of emotional and behavioral problems, including anxiety and depression. Many are exposed to violence and demonstrate signs of traumatic stress in their early years.

**HIGH HOPES**

**INVESTING IN FAMILIES HELPS PREVENT AND REDUCE THE EFFECTS OF CHILDHOOD ADVERSITY**

**from high risk to**

**650 HOME VISITS SUPPORTED SIMPSON FAMILIES**

**180 CHILDREN REFERRED TO KINDERGARTEN-READY SERVICES**

Simpson Housing Services’ Parent Home Visiting Program helps families transition from homelessness to supported housing by working with them.
one-on-one. Our grant supported on-site visits from early childhood specialists. With this help, 75 families with children up to age five were able to complete developmental and health screenings for their children, attend life skills and parenting workshops, and access quality child care and health care services. Engaging parents where they live increases the likelihood that their children will become healthier, better prepared for school, and able to break free from the cycle of poverty.

simpsonhousing.org

A HEALTHY START

Adverse Childhood Experiences (ACES), such as abuse, neglect and toxic stress have a direct impact on health. The more ACES children experience, the more likely they are to engage in long-lasting health risk behaviors, such as drug or alcohol use.

Churches United in Ministry (CHUM) helps provide a sense of community and caring to mitigate the effects of ACES. Our grant helped them fund a “Healthy Start” program for chronically homeless parents and their young children. The program provides on-site mental health services, interventions, child development, community support and permanent housing for families. Young mothers in the program helped develop a curriculum to aid in the transition from homelessness, which proved so effective it’s now used statewide.

8

NEW BABIES WERE WELCOMED HOME TO CHUM’S STEVE O’NEIL APARTMENTS

Learning How to Thrive

A mother with two young children had a history of mental health issues, including addiction, eating disorders and anxiety. These issues made simple parenting tasks, such as changing, bathing and feeding her children a daily struggle. Staff members noticed that her 18-month old daughter wasn’t getting the care she needed to thrive.

With quick response and on-site support from CHUM, as well as daily visits from a family coach, this mother was increasingly able to complete parenting duties. This intensive program helped the family stay together.

chumduluth.org

FOCUS ON THE FUTURE

Young children usually get a vision screening before entering school. What happens to those who don’t have access due to language barriers, low income, or lack of transportation or health insurance? With our grant A Chance To Grow’s Mobile Vision program was able to bring free vision screenings for young children to Hennepin and Ramsey County neighborhoods — where there was clearly an unmet need for this basic service.

actg.org
Social connections are important for people of all ages, but especially for older people who live alone in rural areas. Our grants supported community service agencies who provide transportation, caregiver support, friendly visits and housekeeping — all of which help seniors live independently, stay socially connected and maintain their quality of life.
VINE FAITH IN ACTION
_Mankato, Minnesota_

VINE provides older adults with wrap-around services and caregiver support, including an on-site adult day respite program. Our grant supported hiring a full-time activity coordinator to serve older adults in the community who experienced memory loss, a progressive illness or social isolation.

vinevolunteers.com

$650,000 PRESCRIPTION SAVINGS

SOUTH CENTRAL ADULT SERVICES COUNCIL, INC.
_Fargo, North Dakota_

Low-income and uninsured members in the community and those in the Medicare Part D coverage gap can’t always afford the medications they need to maintain their health. Fargo’s Prescription Assistance Program is a free service for those who don’t have prescription coverage or cannot afford their medication. With this help, clients don’t have to choose between paying for medication or buying food.

southcentralseniors.org

INTERFAITH CAREGIVERS
_Faribault and Martin Counties, Minnesota_

Interfaith Caregivers organized volunteers to offer friendly visits, classes in physical well-being and coordinate use of a personal safety device called ALERTLINK. Arthur*, a former school bus driver, was no longer able to drive. He was encouraged to accept homemaking services and an ALERTLINK system. Three months later, he suffered a heart attack in the middle of the night and said the alert system helped save his life. Our funding helped extend these services to Martin County.

interfaithcaregivers.net

“I could not afford the inhalers and other medicine I was prescribed. I truly did not know from one day to the next if I would end up on a ventilator.”

– PRESCRIPTION ASSISTANCE PATIENT

PRESCRIPTION SAVINGS
$650,000

240 PEOPLE RECEIVED AN ALERTLINK
900 HOURS OF HOUSEKEEPING
21,000 MILES OF TRANSPORTATION

1,000 NEW VINE MEMBERS
3,000 HOURS OF RESPITE CARE
36,000 HOURS IN DIRECT SERVICES

*Name changed to protect privacy.
## FINANCIAL SUMMARY

### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Investments</td>
<td>29,290,892</td>
<td>26,540,615</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>29,290,892</strong></td>
<td><strong>26,540,615</strong></td>
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### LIABILITIES AND NET ASSETS

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<tr>
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<tbody>
<tr>
<td>Liabilities</td>
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<td>1,432,707</td>
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<tr>
<td>Net Assets</td>
<td>28,086,878</td>
<td>25,107,908</td>
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<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>29,290,892</strong></td>
<td><strong>26,540,615</strong></td>
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### REVENUE

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<th>2015</th>
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<tbody>
<tr>
<td>Affiliate Contribution</td>
<td>2,500,000</td>
<td>4,000,000</td>
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<tr>
<td>Investment Income</td>
<td>810,399</td>
<td>868,342</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>3,310,399</strong></td>
<td><strong>4,868,342</strong></td>
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### EXPENSES

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<th>2015</th>
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<tbody>
<tr>
<td>Administrative Expenses</td>
<td>421,177</td>
<td>436,970</td>
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<tr>
<td>Investment Management Fee</td>
<td>155,279</td>
<td>148,515</td>
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<tr>
<td>Community Funding</td>
<td>1,208,112</td>
<td>1,489,500</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>1,784,568</strong></td>
<td><strong>2,074,985</strong></td>
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<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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<tbody>
<tr>
<td>Excess of Revenue over Expenses</td>
<td>1,525,831</td>
<td>2,793,357</td>
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### NET ASSETS AT BEGINNING OF YEAR

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<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
<td><strong>25,107,908</strong></td>
<td><strong>23,928,595</strong></td>
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### NET ASSETS AT END OF YEAR

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td><strong>28,086,878</strong></td>
<td><strong>25,107,908</strong></td>
</tr>
</tbody>
</table>

During 2016, the Medica Foundation awarded grants totaling more than $1.2 million to support 98 different initiatives and projects.

### GRANTS

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
<td>Behavioral Health</td>
<td>360,000</td>
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<tr>
<td>Early Childhood Health</td>
<td>296,869</td>
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<tr>
<td>General Community Health</td>
<td>225,000</td>
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<tr>
<td>Nonprofit Core Mission</td>
<td>200,000</td>
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<tr>
<td>Strategic Grants – Healthy Aging</td>
<td>140,000</td>
</tr>
<tr>
<td><strong>Total Grants</strong></td>
<td><strong>1,221,869</strong></td>
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</table>

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 10 percent of the total grant, or sports events or athletic groups.
2016 GRANT RECIPIENTS

BEHAVIORAL HEALTH
C.A.R.E. Clinic
Catholic Charities of St. Paul & Minneapolis
Domestic Abuse Project
Hazelden Betty Ford Foundation
Holy Rosary Church
Life House, Inc.
North Metro Pediatrics, LLC
The Mental Health Collective
White Earth Land Recovery Project

EARLY CHILDHOOD HEALTH
Centro Tyrone Guzman
Children’s Dental Health Services
Community Violence Intervention Center
Exchange Club Center for Family Unity
Headway Emotional Health Services
Hmong American Partnership
Isanti County Public Health Services
Lutheran Social Service of Minnesota
Myers-Wilkins Community School Collaborative
 Neighborhood Health Source
Northland Foundation
Ready, Set, Smile
University of Minnesota Foundation
YMCA of the Greater Twin Cities
YWCA of Mankato

GENERAL COMMUNITY HEALTH
African Immigrants Community Services
Alzheimer’s Association
Minnesota – North Dakota
American Cancer Society
American Heart Association
American Lung Association
American Red Cross
Arthritis Foundation
Charities Review Council
Community Health Board
Community Health Charities
Des Moines Valley Health and Human Services
Greater Twin Cities United Way
Guild Incorporated
MAP for Nonprofits, Inc.
March of Dimes
Minnesota Association of Community Mental Health Programs, Inc.
Minnesota Community Healthcare Network
Minnesota Public Health Association
Mower County Health and Human Services
National Alliance on Mental Illness – Minnesota
Nobles County Community Services
Nonprofits Assistance Fund
Northwest Hennepin Human Services Council
Olmsted County
Prairie Five Community Action Council
Rainbow Health Initiative
Reach for Resources, Inc.
Senior Community Services
St. Louis County
State of Minnesota – Department of Education
The Arc Greater Twin Cities
West Broadway Business and Area Coalition

NONPROFIT CORE MISSION
African Women’s Center
Boys and Girls Club of the Sioux Empire
Care Partners of Cook County
Catholic Social Services
Central MN Task Force on Battered Women
Churches United in Ministry
Community Partners Two Harbors Living at Home/Block Nurse Program
Duluth Lighthouse for the Blind, Inc.
Family Pathways
Family Resource Center St. Croix Valley, Inc.
Feeding our Communities Partners
Free Clinic of Steele County
H.O.P.E., Healthcare Equipment Recycling Organization
Heritage Outreach
HERO, Healthcare Equipment Recycling Organization
Hispanic Outreach Program of Goodhue County
Home and Away Ministries
HOPE Coalition
Just Kids Dental, Inc.

Lakes Area
Interfaith Caregivers
LeSueur County
Lutheran Social Service Minnesota
Mesabi Family YMCA
Midwest Parkinson’s Initiative
Monticello Christian Social Services, Inc.
North Dakota Association for the Disabled, Inc.
Northern Dental Access Center
Northfield Union of Youth, Inc.
Northwoods Care Partners
Project Care Free Clinic
Project Lulu
Range Respite Project, Inc.
Rice Health Foundation
Senior Citizen’s Services Inc.
Sharehouse, Inc.
The Evergreen House
Third Street Clinic
VINE Faith in Action
Women’s Health Center of Duluth, PA
Zumbro Valley Health Center

STRATEGIC GRANTS
Metropolitan Area Agency on Aging
Volunteers of America Minnesota
“What you do makes a difference, and you have to decide what difference you want to make.”

– DAME JANE GOODALL

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FOR MORE INFORMATION:
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Email foundation@medica.com
Or call 952-992-2060

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