

ROOTS AND WINGS  
2009 ANNUAL REPORT



*“There are two lasting  
bequests we can give our children:  
one is roots, the other is wings.”*

**MEDICA**<sup>®</sup>  
FOUNDATION

## ABOUT THE MEDICA FOUNDATION



Pictured left to right: Burton Cohen; Esther Tomljanovich; John Buck, chair of the board; Kris Sanda, vice chair of the board and Daryl Durum.

*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.*

# VICTIMS OF CIRCUMSTANCE. OR NOT.

It's the lucky person who has abundant opportunities and favorable circumstances. For many, circumstances conspire to limit opportunities. The wings to fly are elusive for many of us.

However, circumstances can be changed.

The Medica Foundation is committed to funding programs and initiatives that strengthen the health of individuals and communities. That means finding innovative programs that don't take circumstances for granted, but work to change them so that people have the opportunity to thrive.

In 2009 we were fortunate to fund programs that were doing just that. In this report you will read about how the initiatives we supported are:

- Helping refugees and refugee families build new and healthy lives in our communities by addressing the challenges of language, dislocation and traumatic stress.
- Promoting the identification and treatment of behavioral health issues at pivotal points in people's lives — early childhood, young adulthood — when effective help can create change that lasts a lifetime.
- Bringing the promise of health and health care directly to people who are separated from it by circumstances of homelessness, poverty or differences of language and culture.
- Making the "system" work better for patients by integrating fragmented services and leveraging the whole range of community-based services for their better health.
- Discovering and harnessing the power that individuals and families have to make healthy changes when they are challenged to attempt things they thought were beyond them.

When you read the stories that follow, I believe you will be struck by the power of targeted and oftentimes small interventions to have a transformative effect on people's lives. In addition to achieving specific program goals, these activities are creating a positive and lasting momentum. They foster new opportunities by caring for people, supporting families, strengthening communities, building the capacity to communicate, exhibiting confidence in people, and above all, by not taking circumstances for granted.



A handwritten signature in black ink that reads "Robert Longendyke". The signature is fluid and cursive.

Robert Longendyke  
Executive Director



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*“Kids often get picked on because of body size, but now they’re in a group where they’re not the odd person out. It’s a really new experience that empowers them to continue their fitness and health journey.”*

**BARBARA SCHUBRING**

*Associate Director of Advancement — YWCA of Minneapolis*

## DISCOVERING THE STRENGTH WITHIN

YWCA of Minneapolis | Strong Fast Fit Youth

Inner city youth of Latino and Native American heritage learned about fitness — walking, running, games and swimming — and how to incorporate traditional ethnic foods into a healthy diet as participants in the Strong Fast Fit Youth Program of the YWCA of Minneapolis. With a grant from the Medica Foundation, the YWCA was able to expand the three-year fitness and nutrition demonstration model to include culturally-specific components that improved health for young people with a clinical risk of developing obesity and type 2 diabetes.

Youth were often referred to the program by their medical clinic because they exhibited health issues or had a family history of obesity or type 2 diabetes. They attended two-hour nutrition and fitness classes twice a week and the parents/caregivers in their family attended a monthly nutrition class. Classes featured cooking demonstrations and incorporated recipes with traditional ethnic ingredients, such as Native American cedar tea. Participants also received free family

memberships to the YWCA and were encouraged to use the facilities at least twice a week, an important benefit for low income families who live in inner-city neighborhoods that may not offer a safe environment for their children to play outdoors unsupervised. This program was so successful that the YWCA has plans to expand and offer it to other cultural/ethnic groups and locations in the future.



STRONG FAST FIT YOUTH WAS SO SUCCESSFUL THAT THE YWCA HAS PLANS TO EXPAND AND OFFER THE PROGRAM TO OTHER CULTURAL GROUPS AND LOCATIONS IN THE FUTURE.

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## STARTING A DANCE REVOLUTION

Echo Park Elementary School | Fitness Fever

Educators know that healthy relationships, healthy activities and learning readiness go hand-in-hand. With a Medica Foundation grant, Apple Valley, Rosemount, Eagan School District #196 was able to promote *Fitness Fever* by adding the popular *Dance Dance Revolution* (DDR) program to its after-school study buddy program for high-risk children in grades K-5. DDR was offered four times a week, two days at the school and, two days at an Echo Park neighborhood location, and led by teachers

and volunteers from Echo Park Elementary School. In addition to dancing, the kids also played kickball and other supervised activities. This popular program not only helped build friendships and trust among teachers, community volunteers, kids and parents, but also helped to improve the fitness levels of the students in the program. That wasn't the only benefit: absences decreased, and discipline and behavior referrals at the school also decreased by more than 50 percent from the previous year.

## TAKING A HEART-TO-HEART WALK

Minneapolis Heart Institute Foundation | Girls and Moms on the Move

Is it possible for middle school girls and their mothers to experience the value of a heart healthy lifestyle through nutrition and fitness education while preparing for their first 5K walk or run together? The Minneapolis Heart Institute Foundation wanted to find out, and a Medica Foundation grant helped provide resources to test a

pilot program called *Girls and Moms on the Move* in Minnesota. Fifteen unique groups of girls and their moms participated, ranging from an urban group at the American Indian Center in Minneapolis to suburban and small town groups. During the six-week program, girls and their moms learned about goal setting and journaling, healthy eating, self-esteem, healthy body image, sensible snacks and beverages, stress management and eating for performance and energy — all while training with a health coach to complete a 5K walk/run.

With the focus on fun and spending time together, girls and their moms gained self confidence and better cardiovascular health. The results of this program — designed to be delivered in parks and community centers, through local Girl Scout troops, and in a variety of other community settings — were shared at the Annual Meeting for the Society of Nutrition Education in Reno, Nevada, in July. Information gleaned from the pilot is being used to refine an interactive website the Minneapolis Heart Institute Foundation will use to bring this new program to communities across the nation.



## A HEALTHY AFTER-SCHOOL ADVENTURE

Park Nicollet Foundation | Healthy Living for Meadowbrook Children Grades 1-6

Many children living in low-income housing at the Meadowbrook Collaborative in St. Louis Park return home from school to an empty house. Some families can't afford to put food on the table for supper, and others consume only soft drinks and highly-processed snacks in the after school hours, which contributes to obesity. So when the Park Nicollet Foundation, the St. Louis Park School District and the City of St. Louis Park sought funding to deliver a hands-on healthy living program for grade school children right where they live, the Medica Foundation offered a grant.

Students in the after-school program signed up to earn rollerblades and safety gear for completing their "job," which included showing up on time, actively participating, being respectful, dressing appropriately and reporting to the staff when they were ill or unable to attend. With the spotlight on learning by doing, kids learned about nutrition, teamwork and taking

care of their health while preparing healthy snacks and cooking meals. They also took home the ingredients to prepare a family meal, worked with volunteer tutors to keep up on their homework and participated in regular physical fitness activities.



## THE CONFIDENCE TO CONQUER FEAR

Wilderness Inquiry | Healthy Adventures Program

With a grant from the Medica Foundation, a unique pilot project demonstrated the positive effect of a wilderness experience on the recovery and personal growth of adolescents and young women in the latter stages of recovery from eating disorders. The idea for the Healthy Adventures Program grew from a unique partnership of the Eating Disorders Clinic at the University of Minnesota; the Emily Program, a leading eating disorders treatment program; and Wilderness Inquiry, an organization that provides access to outdoor experiences for people of all ages, backgrounds and abilities. The goal was to develop an intervention program that incorporated a wilderness experience into a treatment program to facilitate recovery and field-test the theory that a wilderness experience had the potential to help improve outcomes and self-image for individuals with anorexia, bulimia and binge eating disorders.

Participants in the program took part in one of two canoeing day-trips within the Twin Cities or a three-day kayak trip in the Apostle Islands. Each group was led by experienced wilderness guides and



accompanied by a registered dietitian and mental health professional. Participants reported that being in the wilderness reduced their anxieties and helped them develop confidence, cooperation and a healthier body image. Wilderness Inquiry, the Emily Program and the University of Minnesota hope to expand and build upon the breakthrough learning achieved by this successful pilot program.

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## TEACHING THE FUNDAMENTALS OF HEALTHY EATING

MeritCare Medical Group | We Can! Program

In Fargo-Moorhead, the students at Ben Franklin Middle School and Horace Mann Elementary School brought their parents to school to learn how to improve food choices, increase physical activity and reduce screen time, all while cooking and eating a meal together. With a grant from the Medica Foundation, MeritCare Medical Group introduced an innovative national learn-by-doing program called *We Can!* to the region. The program teaches children how to maintain a healthy weight through hands-on learning and activities, such as *Nutrition Jeopardy*. Students also attended before-school sessions focused on media distortions of body image, product marketing and positive self-image. After-school sessions with parents covered nutrition,

making healthy snacks, trying new food items, portion sizes and experimenting with recipes. The sessions were presented by registered dietitians and exercise physiologists from MeritCare Health System.

Schools also asked MeritCare for help incorporating other nutrition and fitness topics into the regular school curriculum, which led to innovative ideas like a before-school walking club and student-created commercials on nutrition topics for in-school newscasts. Every week a registered dietitian from MeritCare visited a school lunchroom to tell about a new fruit or vegetable. They coordinated with the cafeteria to serve the highlighted food and encourage students to try it. A day camp version is also being developed so kids can sign-up for fun, fitness and food on non-school days. This pilot curriculum proved so engaging that MeritCare plans to offer expanded versions of the *We Can!* curriculum to other Minnesota and North Dakota schools in 2011.

THE PROGRAM TEACHES CHILDREN HOW TO MAINTAIN A HEALTHY WEIGHT THROUGH HANDS-ON LEARNING AND ACTIVITIES.

# UNCOVERING WHAT CAN'T BE SEEN

Catholic Charities of the Archdiocese of Minneapolis-St. Paul | Pediatric Integrated Care

Children removed from troubled homes and who move from shelter to shelter, or live in one foster home after another, often have significant physical and mental health challenges. An unstable home life and fragmented services mean they are also likely to fall through the cracks of the social welfare system. Because information about them is incomplete or scattered, even experienced professionals find it difficult to get a comprehensive picture of the true social, emotional and physical health care needs of these children during the short time they spend in an emergency shelter.

*“It’s usually the quiet ones who are depressed or get ignored. This tool gives us a way to notice those kids.”*

**JON STUMBRAS**

*Clinical Director — St. Joseph’s Community Health Clinic*



THE INTEGRATED CARE PROJECT  
LED TO FASTER, MORE APPROPRIATE  
INTERVENTIONS AND SERVICES FOR  
THESE HIGHLY VULNERABLE CHILDREN.

In 2009, more than 1,200 children ages 0-17 were referred to St. Joseph’s Home for Children for emergency shelter intake. There, shelter and intake services are provided for the children in Hennepin County removed from their homes due to abuse or instability. Many of them have witnessed or experienced domestic violence or substance abuse and they arrive stressed, frightened and with a variety of health care needs, including serious emotional and behavioral problems, chronic physical disabilities, developmental delays and poor school achievement.

Studies indicate that between 50 and 80 percent of children in out-of-home placement situations like this have a mental illness serious enough to cause significant impairment, yet less than 20 percent receive help from a qualified mental health professional<sup>1</sup>. The staff at St. Joseph’s believes that integrating physical and mental health assessments into one process, increasing collaboration among care teams, and improving the information gathered from parents, children and care providers, could help improve the effectiveness and consistency of care for all of the children passing through its doors. A Medica Foundation grant offered clinicians a chance to test the viability of a standardized screening tool, the *Strengths and Difficulties Questionnaire (SDQ)*, which proved effective in identifying the need for further mental health screening, treatment or referral among children ages 11 and older. Along with other aspects of the Integrated Care project, use of the tool led to faster, more appropriate interventions and services for these highly vulnerable children.

<sup>1</sup>American Journal of Orthopsychiatry, 2006.

# HEALING THE WOUNDS OF WAR

Center for Victims of Torture | Child-Family Initiative

Refugees settling in the United States (U.S.) after surviving war or torture in their homeland face significant challenges, not the least of which is reunification with their families. The Center for Victims of Torture, recognized worldwide for its healing work, received a Medica Foundation grant to develop a school-based mental health study designed to serve as the basis for a new therapy model for families. It focused on helping families struggling to reintegrate children who endured long periods of separation from their parents and have witnessed or experienced torture, rape or other wartime horrors. The study is providing breakthrough information on best-practices for treating children and families with a range of behavioral and mental health issues arising from their traumatic life experiences.

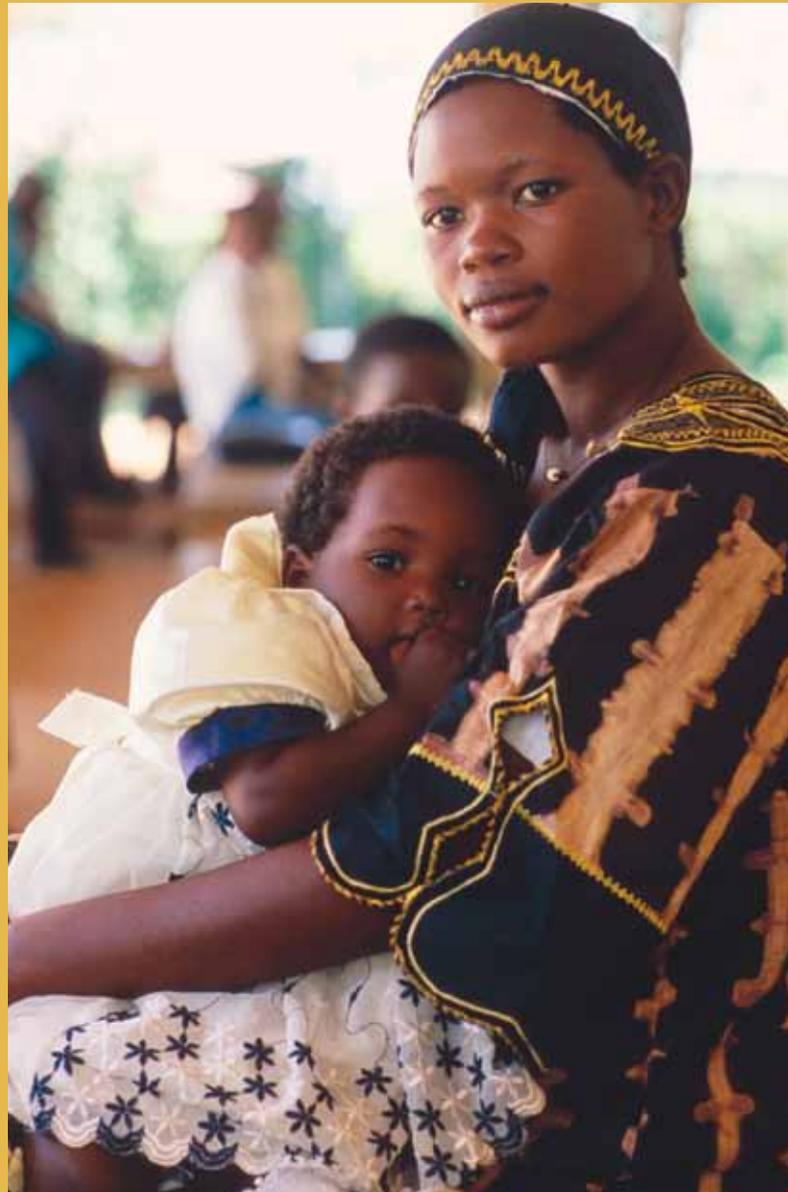
In war zones, children are often left in hiding with a relative or friend when their parents flee for their lives. Sometimes, the children are completely on their own or with a group of children where the

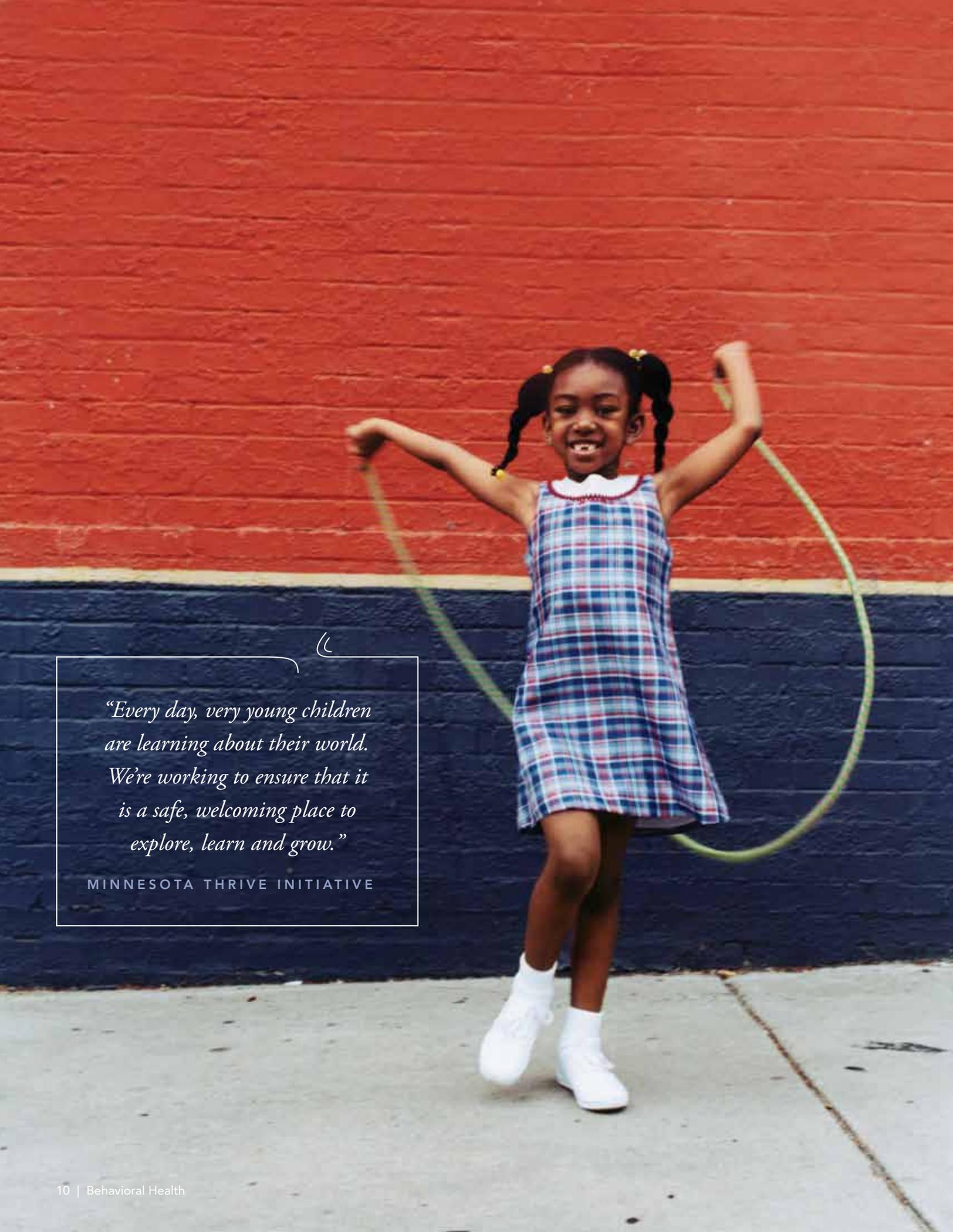
oldest child assumes the role of parent. When families reunite, often after years apart, these children may act out in school and at home, either with anger or by being timid and fearful. Many parents carry tremendous shame and guilt for not being able to protect their children.

The Child-Family Initiative model continues to be refined and expanded to help refugees from war-torn countries, such as Cameroon, the Democratic Republic of the Congo, Kenya, Uganda, Cambodia, Iraq and Burma (Karen refugees from the Thai-Burma border).

*“The emphasis on self regulation affects every single aspect of functioning, giving these children an opportunity to have a future in society.”*

**ANDREA NORTHWOOD**  
Director of Client Services — Center for Victims of Torture





“Every day, very young children  
are learning about their world.  
We’re working to ensure that it  
is a safe, welcoming place to  
explore, learn and grow.”

MINNESOTA THRIVE INITIATIVE

# THE ART AND SCIENCE OF PLAY

Minnesota Initiative Foundations | Minnesota Thrive Initiative

Children develop healthier social and emotional relationships when they learn to regulate their emotions, form close and secure relationships and explore their world through play. A growing body of research indicates that when children fail to meet emotional milestones from birth to age five, a domino effect leads to problems later in life for the children, their families and the community. An intense, three-year pilot project of the Minnesota Initiative Foundations, which is called the Minnesota Thrive Initiative, made ground breaking strides in defining early childhood mental health issues and best-practices for early intervention and care.

LEARNING TO REGULATE THEIR EMOTIONS, FORM CLOSE AND SECURE RELATIONSHIPS AND EXPLORE THEIR WORLD THROUGH PLAY WILL PROVIDE THE SOLID FOUNDATION CHILDREN NEED FOR A HEALTHIER FUTURE.

Knowing that early help is crucial and having the skill and resources to deliver appropriate interventions for these at-risk children are two completely different challenges.

With a grant from the Medica Foundation, the Minnesota Initiative Foundations were able to share what they learned with communities and professionals statewide through regional *Integrated Medical and*



*Mental Health Training* sessions. More than 700 people, including primary medical and mental health care providers, attorneys and professionals in the fields of law enforcement, emergency services, early childhood education, special education, social services and public health, attended the regional training programs led by Dr. Read Sulik, who is recognized as one of the world's leading experts in early childhood mental health.

The Medica Foundation grant also helped fund a special issue of *Initiative Quarterly* devoted to exploring the emerging field of early childhood mental health. Some 20,000 copies were distributed statewide and an equal number of *Thrive Guides* were distributed to communities that are seeking to establish their own early childhood mental health programs.





## SPEAKING THE LANGUAGE OF HEALTH

Open Cities Health Center | Primary Care — Behavioral Health Connection

There is no word for “mental health” in the Hmong language. Yet — like many other patients of community health clinics who cope with limited financial resources and chronic health conditions, such as diabetes, heart disease or asthma — Hmong families also experience

*“What we’re trying to do is mesh Western culture values with Hmong values, the value system they grew up with. Putting knowledge into context provides freedom.”*

**DORII GBOLO**

*Executive Director — Open Cities Health Center*

depression, stress, alcohol or chemical abuse and bipolar disorder. How can a medical professional help someone deal with life-altering challenges unless there is a way to verify that doctor and patient both have a clear understanding about what is at stake?

A Medica Foundation grant helped Open Cities Health Center fund a project to integrate behavioral health services into its primary medical care clinic. The goal was to support better communication between care providers and patients, coordinate care and put health care literacy information into a cultural context patients could understand and act upon. During the project, the clinic also completed requirements for a state certification that permits Open Cities to deliver mental health services in a community setting, including homes and churches, so that patients can receive the combination of medical and mental health services they need in locations near their homes, from providers they already know and trust.

## THE JOURNEY TOWARDS INDEPENDENCE

Resource, Inc. | Spectrum Intensive Community-Based Services for Young Adults

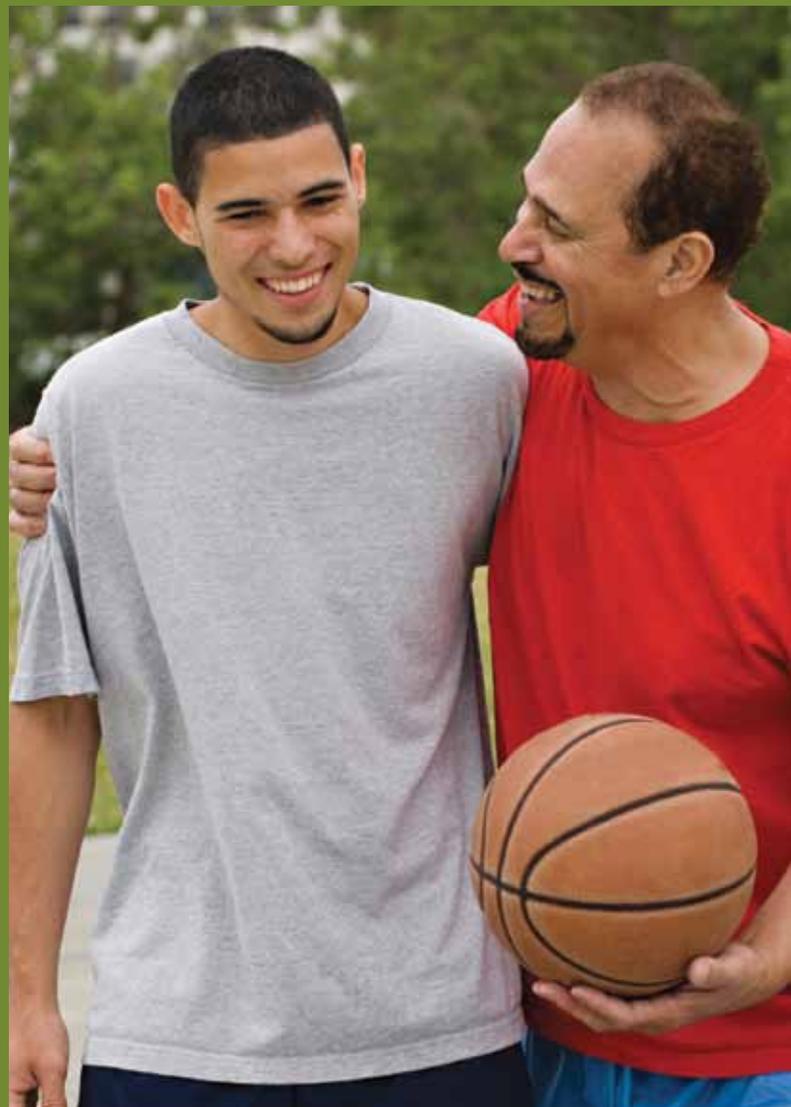
When young people are diagnosed with mental illness and/or chemical dependency, they and their families struggle to accept what it means. Initially, these illnesses can be very destabilizing. Hospitalization and short-term treatment may not be sufficient to help young adults learn to manage the illness and grow toward independence. With a Medica Foundation grant, a community-based mental health treatment team was able to extend the duration of mental health services for a high-risk group of 32 young adults, ages 18-26, to determine whether longer-term support could help them stabilize, improve their level of functioning and avoid hospitalization.

The Spectrum Intensive Treatment Team, a specialized team of medical and mental health experts, provided early intervention, intensive case management and worked closely with a number of state and county agencies and hospitals to problem-solve, share resources and provide continuity of care. The team also worked with the Minnesota Chapter of the National Alliance for the Mentally Ill to help families access resources and support. The goal of all Spectrum

programs is to provide mental health care services and leverage community-based resources to help clients manage — and ultimately recover from — their illness and go on to lead productive lives. By extending the length of services through this grant, 27 program participants avoided re-hospitalization and three of the five who did need hospitalization had shorter hospital stays than previous admissions. This innovative project yielded strong evidence for the value of community-based aftercare, strategies that are being shared with state agencies and other organizations that provide mental health services.

*“Young adults are more committed to follow through when they’re making the choices about who they want to see and what they want to do with their mental health plan.”*

HOLLY SANDEFER  
Young Adult Case Manager —  
Spectrum Intensive Treatment Team





“Sometimes the change we make is as significant as helping an 18-year-old secure health insurance and visit a dentist for the first time in his or her life.”

**DEENA MCKINNEY**

*Homeless Youth Programs Director — The Bridge for Youth*

# BRINGING HEALTH CARE TO THE STREET

The Bridge for Youth | Health Care Literacy for Homeless Youth

Young people living on the streets are in great danger of sexual exploitation, prostitution and violence because they have no one looking out for them. They also face a high risk of complications from chronic conditions such as asthma, diabetes and HIV/AIDS. Primarily low income youth of color, few possess the maturity or skills to anticipate or plan ahead for their health care needs, and many live with untreated or undiagnosed mental health conditions. Despite the variety of social services available, homeless youth remain the most under-served members of our community. The Bridge for Youth (The Bridge) excels in reaching this vulnerable population with effective, respectful and youth-friendly services.

A GRANT HELPED THE BRIDGE EXTEND ITS FRONTLINE WORK WITH RUNAWAY, HOMELESS AND ABANDONED YOUTH AGES 10-20 BY ENGAGING THEM IN CONVERSATIONS AND HANDS-ON LEARNING ABOUT THEIR HEALTH.

A grant from the Medica Foundation helped The Bridge extend its frontline work with runaway, homeless and abandoned youth ages 10-20 by engaging them in conversations and hands-on learning about their health. One of the elements of the grant was to test-pilot an *Adolescent Health Skills Checklist*, a tool designed to provide health professionals and their young clients with a reference point for planning, motivating and tracking each youth's progress and growth in their ability to manage their own health.



Public Health Nurse Cheree Langmade of The Bridge for Youth is a familiar and trusted resource for young people surviving life on the streets.

Young people received help accessing and maintaining health insurance and received health education about sexually transmitted diseases, safe sex and healthy relationships. The grant also helped fund street outreach by a registered public health nurse, who offered information, basic supplies and discreet support in accessing health care and housing services available through The Bridge and other youth-serving agencies.



## THE PROMISE OF A BETTER LIFE

Lutheran Social Services of South Dakota | Wellness and Prevention for Newly Arrived Refugees

Imagine leaving a refugee camp, in which everyday life is highly regimented, and landing halfway across the world where the language, social customs and health practices are completely unfamiliar. This was the reality for more than 500 refugees and their families who resettled in South Dakota from Afghanistan, Burundi, Bhutan, Burma (Karen and Karrenni refugees), Republic of the Congo, Eritrea, Ethiopia, Iraq, Somalia and the Sudan (Darfurians). The U.S. provides social services for refugees for a short period of time, during which time refugees and their families must get immunized, learn how to navigate the health care system, master a new language, get a job and find a home. At Lutheran Social Services of South Dakota (LSS), they receive a warm welcome and help learning how to live in America.

*“Refugees become more empowered when you model that it’s okay to ask questions when you don’t understand something.”*

**DONNA MAGNUSON**

*Director, Refugee & Immigration Center —  
Lutheran Social Services of South Dakota*

One of the greatest challenges for many new residents is learning how the U.S. health care system works. Routine preventive services, such as dental care, mammograms or prostate exams may be unfamiliar procedures. People with chronic health conditions, such as diabetes or asthma, may not be aware of the health benefits of ongoing care and education. In their home countries, going to a hospital may have been the only familiar way of accessing medical care.

With a Medica Foundation grant, LSS was able to hire a health services coordinator to work directly with refugee and immigrant families, develop health information programs and bring in speakers and translators to present information on health topics ranging from typhoid to flu shots, and prenatal care to smoking cessation. This effort led to stronger partnerships with area clinics, schools and communities, and — for the first time ever — 100 percent of new arrivals received initial immunizations and physicals within their first year. This service model developed by LSS will help others who work with refugees improve their efficiency and effectiveness.

# MEDICA FOUNDATION FINANCIAL SUMMARY

December 31, 2009 and 2008

	2009	2008
<b>ASSETS</b>		
Cash and Investments	\$18,461,417	\$16,103,902
Other	\$2,797	\$2,761
<b>Total</b>	<b>\$18,464,214</b>	<b>\$16,106,663</b>

<b>LIABILITIES AND NET ASSETS</b>		
Liabilities	\$1,192,758	\$922,274
Net Assets		
Unrestricted Net Assets	\$17,271,456	\$15,184,389
Temporarily Restricted Net Assets	\$0	\$0
<b>Total Net Assets</b>	<b>\$17,271,456</b>	<b>\$15,184,389</b>
<b>Total Net Assets and Liabilities</b>	<b>\$18,464,214</b>	<b>\$16,106,663</b>

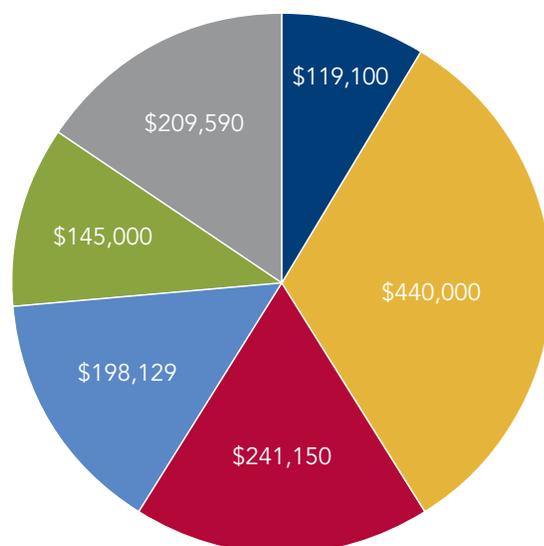
<b>REVENUE</b>		
Contribution From Affiliate	\$5,000,000	\$10,000,000
Net Investment Income	(\$1,543,512)	\$601,729
<b>Total Revenue</b>	<b>\$3,456,488</b>	<b>\$10,601,729</b>

<b>EXPENSES</b>		
Administrative Expense	\$272,220	\$184,897
Community Funding	\$4,352,969	\$3,232,997
<b>Total Expenses</b>	<b>\$4,625,189</b>	<b>\$3,417,894</b>

<b>UNREALIZED GAINS (LOSSES)</b>		
Unrealized Gains (Losses)	\$3,255,768	(\$3,514,278)
<b>Total Unrealized Gains (Losses)</b>	<b>\$3,255,768</b>	<b>(\$3,514,278)</b>

<b>NET ASSETS AT BEGINNING OF YEAR</b>	<b>\$15,184,389</b>	<b>\$11,514,833</b>
<b>NET ASSETS AT END OF YEAR</b>	<b>\$17,271,456</b>	<b>\$15,184,389</b>

During 2009, the Medica Foundation awarded grants totaling more than \$1.35 million for 67 different initiatives and projects. These projects will be completed in 2010.



- Addressing the Healthcare Needs of Greater Minnesota
- Behavioral Health
- General Health Improvement
- Healthy Living
- Prevention and Health Care Literacy
- Reducing Health Care Disparities

## GIVING GUIDELINES

The Medica Foundation offers grants to eligible 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, religious groups for religious purposes, lobbying or political projects, projects in which administrative expenses exceed 10 percent of the total grant, sporting events or athletic groups.

# 2009 GRANTS

(GRANTS EXPENDED DURING 2009-2010)



Photo courtesy of Park Nicollet Foundation

## Addressing the Healthcare Needs of Greater Minnesota Communities

**Lifehouse, Inc.** Provide quality street-based services to Duluth's homeless youth ages 14-20.

**Northland Foundation** Build the capacity of rural communities to support the healthy social and emotional development of young children ages 0-5.

**Pine County Public Health and Human Services** Increase preventive services for seniors, teens and low-income families in Pine County. Form new collaborations with organizations that offer health services.

**Program for Aid to Victims of Sexual Assault** Provide off-site therapy at partnering locations for young people who are seeking therapy as a result of sexual violence.

**West Central Initiative** Provide oral health education and accessible dental prevention services to children in the Fergus Falls area, especially those served by Minnesota Health Care Programs and the uninsured.

## Behavioral Health: Filling the Gaps

**Fraser** Connect multidisciplinary autism experts with families, health professionals, and education professionals throughout Minnesota through the Telehealth Initiative.

**Mental Health Consumer-Survivor Network of Minnesota** Train and provide peer advocates in the emergency room of Regions Hospital to support and educate people with mental illness.

**Regents of the University of Minnesota (Community University Health Care Center)** Integrate outpatient behavioral health with primary care services through an Integrated Care Team to ensure that those with serious mental illness receive appropriate preventive care.

**Network for Better Futures** Develop and establish a full-time clinical care coordinator position to help program participants access primary care and behavioral health care screening and services.

**Parents in Community Action, Inc. (PICA)** Provide accessible therapeutic treatment to low-income children and assist classroom teachers in working with children who have behavioral challenges.

**Regents of the University of Minnesota (Duluth)** Compare medical outcomes for patients with mental illness and underlying medical conditions, such as diabetes, through one-on-one medication therapy intervention.

**St. David's Center for Child & Family Development** Improve early identification of behavioral health issues. Develop capabilities within the early childhood system to meet a wider range of needs in young children.

**Tubman Family Alliance** Establish drop-in and pre-intake mental and chemical health support groups for clients on the wait list or who are in danger of leaving therapy due to missed appointments. Expand case management services to clients with multiple barriers to care.

**Washburn Center for Children** Improve access to mental health services for children and adolescents, regardless of their ability to pay.

## General Health Improvement

**Alzheimer's Association Minnesota & North Dakota** Provide rural residents access to the support and health services they need to face Alzheimer's and related diseases and remain in the community through the Community Dementia Networks project.

**American Cancer Society** 2009 Vivere event.

**American Heart Association** 2010 Go Red for Women education seminars in Duluth and St. Cloud.

**American Lung Association of Minnesota** 2010 Fight for Air Climb and Lung Walk.

**American Red Cross Minn-Kota Chapter** 2009 disaster relief for the Minnesota and North Dakota floods.

**American Red Cross Twin Cities Chapter** 2010 Heroes Award Breakfast.

**ARC Greater Twin Cities** 2010 Arcademy event.

**Bolder Options** 2009 annual dinner.

**Community Health Charities Minnesota** 2009 annual campaign.

**Crohn's & Colitis Foundation of America, Inc.** 2010 Camp Oasis.

**Emergency & Community Health Outreach** Health education programming.

**Family Housing Fund** 2009 Project Homeless Connect.

**Fremont Community Health Services, Inc.** 2009 annual fundraiser.

**Greater Twin Cities United Way** 2009 annual campaign.

**Hearing and Service Dogs of Minnesota** 2009 Fetching Ball 20th anniversary celebration and benefit.

**Hmong Cultural Center** 2009 Hmong Resource Fair.

**InnerCity Tennis Foundation** 2009 annual Benefit for Kidspeed.

**La Oportunidad** 2009 La Feria Latino Family Resource Fair.

**MacPhail Center for Music** Support of the music therapy program for people with mental health and other health needs.

**March of Dimes** 2010 March for Babies.

**Mental Health Association of Minnesota** 2009 70th Birthday Education event.

**Minnesota AIDS Project** 2010 Minnesota AIDS Walk.

**Minnesota Association of Community Health Centers** 2009 Many Faces of Community Health Conference.

# 2009 GRANTS

(GRANTS EXPENDED DURING 2009-2010)

**Minnesota Visiting Nurse Agency** 2009 There's No Place Like Home!

**Minnesota Women's Consortium** Support for the Emerging Leaders Network of Minnesota.

**National Alliance for the Mentally Ill – Minnesota** 2009 NAMI-Minnesota Walk.

**National Multiple Sclerosis Society – Minnesota Chapter** 2009 Walk-MS.

**Ronald McDonald House Charities** Support for the Ronald McDonald House Charities' Mobile Dental Unit.

**Senior Community Services** Medicare and health insurance training for clients and caregivers.

**The Amyotrophic Lateral Sclerosis Association, MN Chapter** 2009 Dinner of Champions.

**The Center of Hope and Compassion** 2009 Health Fair.

**The Minneapolis Foundation** 2010 Engaged Philanthropy Conference.

**Vibha – MN** 2009 Cricket Carnival Tournament and Dream Mile 5K Walk/Run.

## Healthy Living

**Amherst H. Wilder Foundation** Implement a behavioral weight loss program for individuals living with serious mental illness.

**Bolder Options** Planning grant for expanding an activity-based mentoring program to Rochester, Minnesota.

**CentraCare Health Foundation** Expand the Sājai® Wise Kids Two® program at Lincoln Elementary School.

**City of Lakes Nordic Ski Foundation** Expand the cross-country ski program to Loring Elementary School and support the 2010 Loppet events.

**Duluth Area Family YMCA** Expand the Five Points mentoring program.

**Opportunity Partners** Launch a new physical activity and nutrition initiative to modify and enhance the lifestyles of people with developmental disabilities to improve their health and quality of life.

**Volunteers of America of Minnesota** Improve the health of seniors through a 12-week fitness and nutrition program that uses weekly education and exercise classes, health assessments and an incentive program.

**West Side Community Health Services** Provide Health Start school-based Fit Team services for high school students in the St. Paul public schools.

## Prevention and Health Care Literacy

**Catholic Charities of St. Paul & Minneapolis** Improve family health by providing the High Risk Home Visiting program for at-risk families and their newborn babies.

**Center for Cross-Cultural Health** Bring Somali women together to learn about body anatomy and function and reduce social isolation. Provide health education to help them navigate the medical system, access preventive care and learn how to make informed decisions about health care.

**Marnita's Table** Bring together peer groups of teen girls and young women of color for education on reproductive health.

**Parent Advocacy Coalition for Educational Rights (PACER)** Provide innovative resources and information to families of children with disabilities. Ensure they are knowledgeable about health care and how to access screening services and other preventive benefits.

**YouthLink** Increase the capacity of homeless youth to address their physical and mental health care needs. Increase their motivation and skills to apply for health care coverage and access preventive services.

## Reducing Health Care Disparities

**Apple Tree Dental** Implement a new sedation program to provide advanced restorative procedures for persons with disabilities who would otherwise need general anesthesia and hospitalization to receive dental care.

**Children's Dental Services** Provide comprehensive, culturally-targeted dental care to low-income, ethnically diverse children and pregnant women in the St. Cloud region.

**HealthFinders Collaborative, Inc.** Screen, enroll and provide care for low income, uninsured individuals in the HealthFinders Collaborative diabetic program.

**Minnesota Department of Health** Train volunteers and provide community-based presentations to American Indians about the risk factors and warning signs and symptoms of a heart attack.

**Mississippi Headwaters Area Dental Health Center** Provide oral health education visits to children and parents throughout the region who are served by the new community access dental clinic.

**NorthPoint Health & Wellness Center, Inc.** Develop a patient-centered, data-driven Health Care Home Project for adult clients with diabetes, with or without the complication of depression.

**St. Mary's Health Clinics** Provide a continuum of culturally and linguistically appropriate health care services for the Latino community through the Diabetes Education Enhancement Program.

**Wilderness Inquiry** Collaborate with the University of Minnesota to examine the role of wilderness trip experiences in helping women who are recovering from eating disorders.

**YWCA of Minneapolis** Expand the Strong Fast Fit Youth Program, providing a year of culturally-specific fitness and health education programming for Latino and Native American youth.



Photo courtesy of Park Wilderness Inquiry

*“Until you spread your wings,  
you’ll have no idea how far  
you can fly.”*

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