



**ALL IT TAKES IS ONE LITTLE MOMENT
TO MAKE A WORLD OF DIFFERENCE**

MEDICA FOUNDATION 2010 ANNUAL REPORT



IT STARTS WITH ONE

One new idea. One person. One vision. It just takes one to ignite a movement that will change the future of an entire community. The Medica Foundation fosters new ideas, helping them come to life.



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MEDICA® FOUNDATION

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The Medica Foundation is a nonprofit, charitable grant-making foundation. It is an affiliate of Medica Health Plans, a Minnesota-based nonprofit HMO. Funding is provided to organizations within Medica's service area in Minnesota, Western Wisconsin, North Dakota and South Dakota.

JoAnn Birkholz, Foundation Manager
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IMPROVING HEALTH REMOVING BARRIERS

A LETTER FROM THE EXECUTIVE DIRECTOR

When you read the following stories about the work of our 2010 grant recipients, you will see the power of collaboration and connection as people come together to solve difficult problems. At the same time, you will see the impact of one person, one idea or one new resource, to spark initiatives that grow exponentially in their ability to reach people and change lives.

It's always been our strategy to look for the one idea, program or organization that could really prosper from a grant. Nothing makes us more satisfied than to hear that our investment has served as a catalyst to bring in additional resources and support. We tell the story of our grant to *The NetWork for Better Futures (The NetWork)* in this report. Medica is by no means the largest funder of this incredible program, but we were one of the founding partners and original funders.

We embrace this approach because we know its power in our own experience. The Medica Foundation has a small and dedicated staff, supported by dozens of Medica employees who give their time and expertise to reviewing proposals and to working with our grantees, as they implement innovative delivery systems, explore new ways of

connecting with people who have health needs and develop solutions to improve the health of our communities.



Glenn Andis, Medica's Senior Vice President

Of all the people at Medica who contribute so much, this year we want to feature one person's passion and commitment. Glenn Andis, Medica's senior vice president of Government Programs, is a psychologist who has practiced in community health, working with children, adolescents and families. When the Medica Foundation was re-established in 2003, Glenn, in his role as head of government programs, was instrumental in setting the direction for the foundation. He continues to be one who is looked to as a seasoned guide and champion for the Foundation.

**“IT'S ALWAYS BEEN
OUR STRATEGY TO
LOOK FOR THE ONE
IDEA, PROGRAM
OR ORGANIZATION
THAT COULD REALLY
PROSPER FROM
A GRANT.”**

– Robert Longendyke
Executive Director
Medica Foundation

Glenn is a strong advocate for better mental health; he served on the Minnesota Mental Health Action Group of the Citizens League, which advised public policymakers about ways to improve mental health access and services in the state. He has been active on the boards of many community nonprofit organizations, such as March of Dimes - Minnesota Chapter, Community Health Charities Minnesota, American Red Cross - Twin Cities Area Chapter, *The NetWork*, and *Hearth Connection*. Glenn believes deeply in working in and with the communities we serve. At Medica, he leads a staff of experienced clinical, administrative and social service professionals who not only do their job of serving Medica members in Minnesota's state health care programs, but also take a personal and professional role in advising and working with organizations that receive Medica Foundation grants.

Thanks to all the "Ones" who enable so much good work. This annual report is a celebration of that work.



A handwritten signature in black ink that reads "Robert Longendyke".

Robert Longendyke
Executive Director

ABOUT THE MEDICA FOUNDATION

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.



MEDICA FOUNDATION BOARD OF DIRECTORS

Pictured left to right: Daryl Durum, Esther Tomljanovich, John Buck, Chair of the Board; Kris Sanda, Vice Chair of the Board; and Burton Cohen.



**ONE GENUINE SUCCESS CAN
SPARK ANOTHER, AND ANOTHER**



OUTREACH PROGRAMS

Health risks can pose daunting challenges. The fact is some young people live in poverty so dire it limits their food and exercise choices, and even obscures their vision of a healthier way to live. Some children have mental health challenges that make it impossible to thrive in school or at home. Some babies are born into unhealthy homes where the potential for abuse or neglect is heart wrenching. Some Latino immigrants who lack health insurance are forced to decide whether to miss work and lose their pay or keep a doctor appointment to take care of their diabetes.

“THESE COMMUNITY PROJECTS HELP MOVE PEOPLE ONE STEP CLOSER TO HEALTHIER, MORE HOPEFUL FUTURES.”

These are some of the challenges our community partners addressed with the help of Medica Foundation grants during 2010.

HELPING YOUNG PEOPLE OVERCOME OBESITY

WEST SIDE COMMUNITY HEALTH SERVICES

Obesity in youth has reached epidemic proportions, affecting more than nine million children in the U.S. This trend is already creating health problems for our young people, but if it continues, the increase in Type 2 diabetes, heart disease, kidney failure and shorter lives could have staggering social and economic costs. However, that is not the whole story: The good news is that obesity and pre-diabetes are reversible with increased physical activity, healthier food choices and weight loss.

With a Medica Foundation grant, West Side Community Health Services expanded its FIT Team program for school-based Health Start Clinics, which provide medical care, mental health and nutrition counseling and health education services for youth regardless of income. Students in the

FIT Team program have high risks for health issues related to obesity. They work with a nurse practitioner, registered dietitian, and new this year, a certified fitness trainer, for individualized assistance making lifestyle changes to improve their health. If students in the program are identified as having depression, eating disorders or family issues, they are referred to a clinical social worker. Students in the program also have regular medical tests to document health improvements, such as reduced cholesterol levels.

“THE TRAINER OPENED UP POSSIBILITIES FOR KIDS NOT ABLE TO BE ON A TEAM OR STUCK AT HOME BECAUSE MANY LIVE IN DANGEROUS NEIGHBORHOODS.”

*– Sharon Windorski, Pediatric Nurse Practitioner
West Side Community Health Services*



IMPROVING OUTCOMES FOR LATINOS WITH DIABETES

ST. MARY'S HEALTH CLINICS

Diabetes is increasing rapidly for low-income Latinos in Minnesota. They are 1.7 times more likely to die from this chronic disease than non-Hispanic whites and 30 percent of those deaths are likely to occur before the age of 65, according to the Minnesota Department of Health. Without treatment, diabetes can lead to very serious health consequences, including stroke, heart disease, blindness and death. With a Medica Foundation grant, St. Mary's Health Clinics was able to expand its effective Diabetes Education Enhancement Program (DEEP) to include one-on-one diabetes consultation at six community clinic sites, instead of just two. This program serves community members who face tremendous disparities in accessing proper medical care, including the working poor and those with no insurance. Patients in the program met with a diabetic nurse educator/coordinator or a specialist care provider to learn how to manage their disease.

All outreach activities, screenings, medical care, medications and diabetic equipment are provided at no cost. Education, screening and materials are presented in Spanish, with translation available at health care appointments.

The DEEP/Eliminating Health Disparities Program has evolved over the past six years and has improved health outcomes for the patients it serves. This program is now offered as one of St. Mary's core services and will continue to be expanded in the future.

“THE DIABETES EDUCATOR HAS A DOMINO EFFECT. ONE YOUNG MAN CALLS HIS FATHER IN MEXICO TO SHARE INFORMATION, SO HIS FATHER CAN BE HEALTHIER, TOO.”

*– Barbara Dickie, Executive Director,
St. Mary's Health Clinics*

● BUILDING CAPACITY

Each year, the Medica Foundation hosts a Grantee Forum focused on professional development and capacity building for nonprofit leaders. For the foundation, it is also an opportunity to learn about the needs, trends, challenges and opportunities facing organizations on the front lines of community service.

BEFRIENDING TEENS LIVING ON THE STREET

LIFE HOUSE

In St. Louis County, children and young people make up 40 percent of all homeless people and on any given night, more than 100 young people are out on the streets, living in cars or subjected to prostituting themselves just to get shelter for the night, according to Wilder Research. Most come from troubled backgrounds and face multiple challenges including mental health issues and parental neglect. About half have been physically or sexually mistreated, and about one-third of them have considered suicide.

For these young people, Life House in Duluth is literally a lifeline. It is the only drop-in center for homeless kids in Northeastern Minnesota, and provides a safe, adult-supervised place for kids to socialize and access health care and community resources to help them break cycles of poverty, homelessness and abuse. Young people work with Life House staff to learn independent living skills and access support services to help them find safe, affordable housing, take care of their health, achieve economic self-sufficiency and care for their children, because about 20 percent are teen parents.

“WHEREVER A MAN
TURNS HE CAN
FIND SOMEONE
WHO NEEDS HIM.”

– Albert Schweitzer (1875-1965),
Physician and Medical Missionary



With a Medica Foundation grant, Life House was able to expand its street-based Kids to Adults Transition Services outreach program to locate and build trusted relationships with these vulnerable young people to help them get needed preventive health care, HIV/AIDS information, emergency care and crisis response. In addition to working directly with young people, outreach workers also conducted surveys to document the challenges and needs of this invisible, high-risk population. This crucial data will help Life House and other organizations develop strategies to help homeless young people stabilize their lives, increase their levels of positive health, gain life skills, get a job and leave the streets.

Young people are looking for someone they can trust. At age ten, Mary moved to Duluth with her mother, who suffers from mental health issues. “Since I was ten years old I’ve been taking care of my mother just as much as she’s been taking care of me,” Mary said. At age 17 after placing her infant daughter for adoption, Mary broke up with her boyfriend and then lived with a friend until that friend’s father was sent to prison. “I was stuck in a hole and didn’t know what to do with my life

or where to go,” she said. So, she turned to Life House for counseling and help developing her self-sufficiency skills. Today, Mary has stable housing and a job as a Life House Peer Outreach worker.

“I WAS STUCK IN A HOLE AND DIDN’T KNOW WHAT TO DO WITH MY LIFE OR WHERE TO GO.”

– Mary, Life House Peer Outreach Worker



PHOTO PROVIDED BY LIFE HOUSE



**ONE INSPIRING CONVERSATION
CAN TRANSFORM RELATIONSHIPS**

COMMUNITY RESOURCES

An American Indian proverb teaches, “Do not judge any person until you have walked two moons in his moccasins.” Encouraging people to change their future requires a balance of trusting relationships and accessible resources. For those with limited or fractured support within their circle of family and friends, it can be difficult to envision a different life.

In 2010, two Medica Foundation grants were awarded to organizations that make person-to-person contact, focusing on people’s strengths to help them overcome the deficits of their circumstances.

**“SETTING AN EXAMPLE IS
NOT THE MAIN MEANS OF
INFLUENCING ANOTHER, IT
IS THE ONLY MEANS.”**

*– Albert Einstein (1879-1955),
Physicist and Nobel Prize Winner*



EDUCATING FAMILIES

NORTHERN DENTAL
ACCESS CENTER

The Northern Dental Access Center is a nonprofit, community dental clinic serving low-income children and families in 15 northern Minnesota towns, where there is a severe shortage of dental care. It is located near three American Indian reservations in Beltrami County, which has the highest percentage of single parent families, high rates of infant mortality and births to teen mothers, highest rate of overall poverty and children in poverty, and the lowest median household income per capita in the State of Minnesota.

“JUST ONE TOOTHBRUSH MAKES A DIFFERENCE.”

— *Jeanne Edevold Larson, Executive Director*

When the clinic first opened, it surveyed new patients and found that 54 percent brushed their teeth once daily or less and 57 percent did not floss. Many parents and caregivers did not know the proper way for children to brush their teeth, or the effects of poor nutrition and

sugary foods on the dental health of their children. Children coming to the clinic already had so many cavities that, for many, it was already too late to apply protective dental sealants.

Northern Dental Access Center was able to address this challenge with a Medica Foundation grant for “Project Prevent,” an oral health education effort focused on young children and parents. A basic curriculum, educational models and take-home materials help dental assistants and hygienists demonstrate good oral hygiene in both community and school settings. Children who attend receive donated toothbrushes, toothpaste and stickers to help them practice what they have learned. In one year, this program reached more than 1,700 children.

CHANGING LIVES OVER DINNER

MARNITA'S TABLE

According to the Centers for Disease Control, more than one in four teenage girls in America has a sexually transmitted disease (STD) or sexually transmitted infection (STI). In the African American and Native American and immigrant communities, infection rates are closer to 50 percent. Minnesota is no exception. Since 2003, the number of new cases of STDs in our state has risen 22 percent each year. Programs and resources to address this sensitive issue are often fragmented and usually delivered only after someone already has an STD, STI or AIDS.

Marnita's Table, an organization that effects social change by bringing people together for three-hour "Feasts and Dialogues," addressed this public health need by inviting 600 teenage girls, ages 13-19, to participate in a Young Women's Initiative and engaging them in an in-depth conversation to increase their health literacy and prevent STDs. The deliberate focus was to invite young women of color living in deep poverty, the most difficult to reach and most vulnerable population. At Marnita's Table people get together to share a delicious meal and participate in "intentional dialogue," focused conversations that encourage everyone to participate and contribute their knowledge and experience on specific topics, such as health and disease, education, access to health care, and other community concerns.

With a grant from the Medica Foundation, Marnita's Table and the Minnesota Department of Health STD/HIV Section brought together young women, parents, faith leaders, public health workers, physicians, civic and business leaders to participate in a series of three-hour conversations about everything from the social expectations of dating, to risks and treatment of STDs and STIs. The candor, connections and insights fostered by an environment everyone at the table valued and respected, sparked life-changing actions. Follow-up showed that each young woman at the table shared her experience and learning with at least four friends through her social network, igniting fresh conversations about this important personal and public health issue.



**“ONE STEP AT A TIME
IS GOOD WALKING.”**

– Chinese Proverb



**ONE BETTER SYSTEM CAN
IMPROVE COUNTLESS LIVES**

NEW SOLUTIONS

A chain is only as strong as its weakest link. Over the years, the Medica Foundation has funded many pilot projects and innovations that allowed our community partners to test new ideas and strengthen their capacity. In many cases, their efforts proved the value of new approaches to improve outcomes system-wide.

In 2010, the Medica Foundation provided grants to three community partners, linking resources that make it easier for people in our community to access the specialized services they need. Common to all of these projects is the philosophy of engaging program participants in making decisions about and taking more responsibility for their own health and well-being.

**“WHAT ONE DOES,
ONE BECOMES.”**

– Spanish Proverb



INTEGRATING CARE FOR PEOPLE IN POVERTY

COMMUNITY-UNIVERSITY HEALTH CARE CLINIC



PHOTO PROVIDED BY CUHCC

The Community-University Health Care Clinic (CUHCC) in the Phillips Neighborhood of South Minneapolis serves more than 10,000 people each year. It provides primary medical care with culturally specific programs for people experiencing poor health outcomes, including preventive and restorative dental care, child psychiatry, social services and pro-bono legal assistance. This clinic is a safety net for people unable to access basic health care services because of poverty and cultural barriers. Some 95 percent of people who come to CUHCC live below the federal poverty level, nearly a third of them lack health insurance, and many are immigrants or refugees with limited English proficiency.

Recent national studies show that people with serious mental illnesses die 25 years sooner than the general population and that more than half of these premature deaths are due to treatable chronic conditions, including cardiovascular, respiratory and infectious diseases. In the past, a behavioral health provider may have seen a patient and referred them for preventive health screenings and care, but there was no follow-up system in place to make sure they actually received this care. With help from a Medica Foundation grant, CUHCC established an Integrated Care Team to ensure that people with serious mental illness receive appropriate care for treatable health

conditions that significantly shorten their lives. This team identified best practices for primary care that address both medical and mental health care, addressed patients' cultural beliefs and practices, and developed patient care protocols for providers and engaged patients and their families in developing their own self-management skills.

Because of this new systems approach to care, people like Sam* are doing better. Sam came to CUHCC for acute medical care and during that visit, mentioned he was suicidal. The CUHCC therapist met with him to create a street safety plan, but when his lab results came back showing his medical need was life-threatening, CUHCC was unable to locate him. The team of medical and mental health providers and concerned family looked for him on the streets. When they finally found Sam, he resisted medical treatment because he did not want to believe his body needed medical treatment. He finally accepted and continues to receive regular medical care and mental health support from CUHCC. Today, Sam is alive, healthier, able to live independently, and volunteers in his community.

** Not real name*

SAVING SMILES OF PEOPLE WITH DISABILITIES

APPLE TREE DENTAL

Mouth disease is serious business. It has been linked to diabetes, pneumonia and heart disease, and in the worst cases, children have died from complications caused by untreated infections of the teeth and gums. These risks can be challenging for anyone, but are doubly challenging for children and adults with behavioral and physical disabilities. There are about 8,000 special needs patients in Minnesota and many never see a dentist at all because their care cannot be managed safely in a traditional clinic. For the most serious cases, the only option has been dental care under general anesthesia in a hospital, a costly solution of last resort. Many times, the only logical course of action has been to extract all of the patient's teeth, which creates other health and nutritional challenges.

“ONE INSPIRED VOLUNTEER TRIGGERED ALL OF THIS GOOD WORK.”

– Michael Helgeson, D.D.S., Co-founder and Chief Executive Officer, Apple Tree Dental

Apple Tree Dental has strong community partnerships with nursing homes, assisted living facilities, group homes, Head Start centers and schools that provide dental care for low-income children and other underserved Minnesotans. But, even Apple Tree was not equipped to serve people with serious behavioral or physical challenges.

That changed when a Medica Foundation grant provided the financial resources to launch a sedation dentistry program for people with special needs. For the first time, children and adults with disabilities were able to receive intravenous sedation in a clinic setting, where their teeth could be restored, rather than extracted. The first patients to receive these new services were children with autism and behavioral disabilities, adults with mental illness, and seniors with dementia. Apple Tree plans to continue offering sedation dentistry for those with special needs. It is also sharing the positive results of the pilot with other dental practices and community clinics.

“EVERYONE IS THE CHILD OF HIS OWN GOOD WORKS.”

– Mexican Proverb

COORDINATING CARE FOR HIGH-RISK MEN

THE NETWORK FOR BETTER FUTURES

In today's economy, getting a job is a challenge. Imagine trying to get a job when you are homeless and have a personal history of incarceration, substance abuse, mental illness or chronic unemployment. These are just a few hurdles men involved in *The NetWork for Better Futures* (*The NetWork*) must face. *The NetWork* was established by a team of Minnesota's leading health care, housing, workforce, community corrections and human service practitioners to develop a model to achieve better results for some of the most challenged people in our community, high-risk men, mostly African American, who are isolated, and in many cases, not connected to family, friends or the community.

The NetWork helps build a community among participants, provides limited-time subsidies for safe, stable housing, and works with participants to help them get and keep a job. Every man in the program receives a physical exam and behavioral assessment to identify the health, recovery and mental health services critical for ensuring long-term stability in housing and employment.

A Medica Foundation grant allowed *The NetWork* to engage a wellness coordinator to work with participants, helping them establish communications with primary care and behavioral health providers in the community. The wellness coordinator also answered questions about medications and care regimens and helped the men follow through with making appointments, accessing services, and managing interventions when a relapse or mental health crisis arose.

Working with the wellness coordinator helped men in *The NetWork* gain the confidence to communicate with their providers and become better advocates for their own health needs. As they transition from years of dependency on institutional care, drugs, alcohol and previously unmanaged mental health issues, wellness coaching has served as an important bridge toward helping these men achieve a productive and self-sustaining lifestyle. The program currently serves about 300 men and its goal is to serve 750 men by 2012.



PHOTO PROVIDED BY THE NETWORK FOR BETTER FUTURES

● CREATING INFRASTRUCTURE

Since 2006, *The NetWork for Better Futures* has received Medica Foundation grants, totaling \$196,000 to create an infrastructure for behavioral assessments and help integrate health care and behavioral health services for high-risk men working to become healthier and more self-sufficient.

LINKING LATINO FAMILIES TO MENTAL HEALTH SERVICES

UNIVERSITY OF MINNESOTA

Latino teens, especially girls, have higher rates of depression, anxiety, suicidal thoughts and attempts than white adolescents do. A Minnesota Student Survey found that 40 percent of ninth grade Latina adolescents said they thought about killing themselves in the past year. The stresses in their lives, including, puberty, peer relations, family conflicts, poverty, crime, and immigration fears can lead to mental health problems that often go unnoticed until there is a crisis.

With help from a Medica Foundation grant, researchers from the University of Minnesota School of Nursing collaborated with West Side Community Health Services and the St. Paul Public Schools to conduct groundbreaking research on mental health challenges and barriers specific to Latino adolescents. The goal of the study was to develop a school-based and culturally-based model to guide communication and outreach, professional training, and strategies for effective evaluation, intervention and care that would be embraced by the Latino community.

Families participating in the study received monthly home visits, phone calls, home- and school-based education programs to help refine delivery strategies to address the mental health needs of our community's Latino youth. This real-life input led to a realistic, replicable model of mental health intervention and care that simply did not exist before.

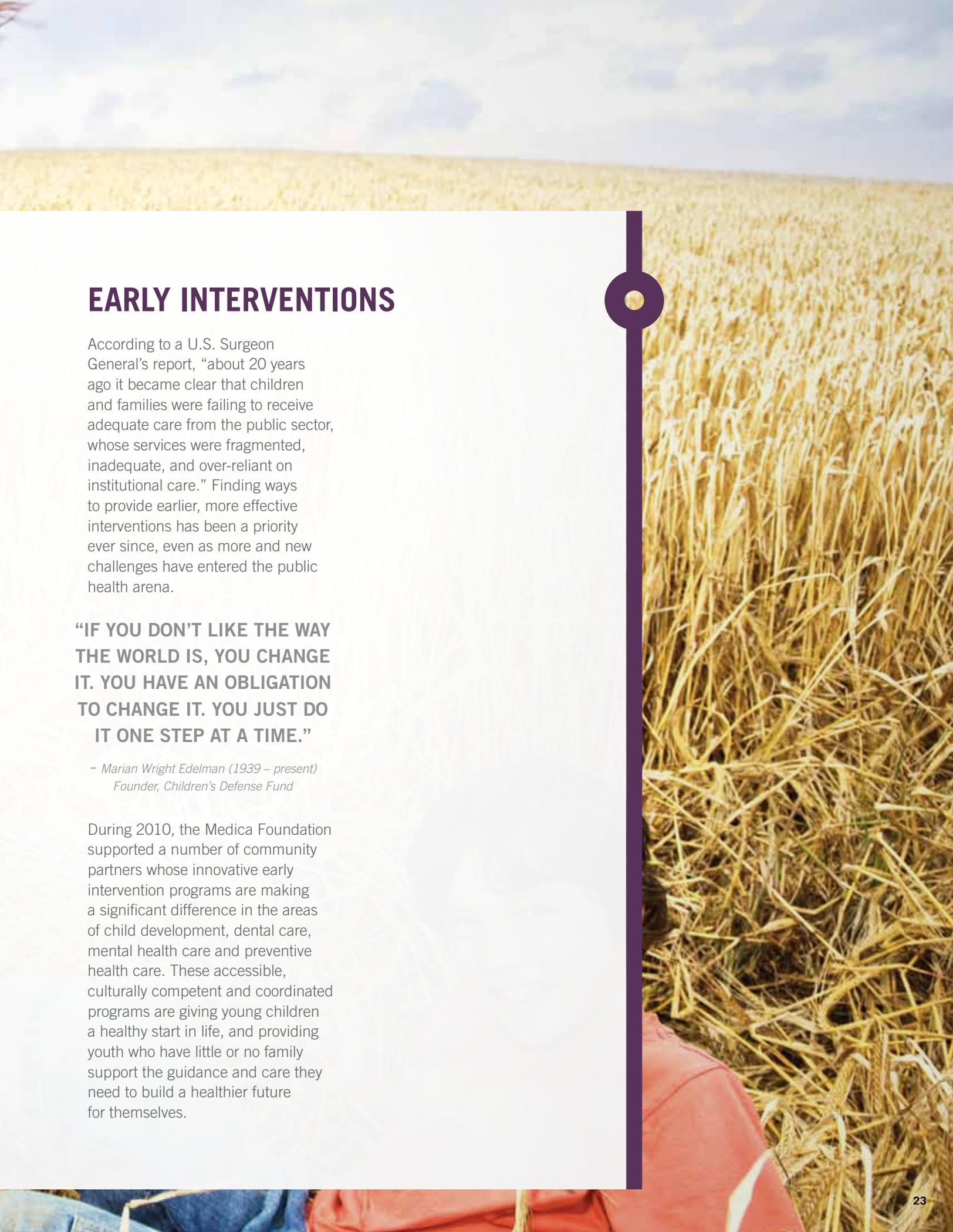
“The life experience parents and teens bring to this process is vital. We share theoretical foundations or principles, and participants can confirm, ‘Here is how it can work in our real life context.’ We could not have done this work without the Medica Foundation. Today, there is pressure to fund projects that will yield tangible, fast outcomes. Interventional programs like this require upfront investment in partnership and collaboration, but down the road, I think there will be a lot of fruit from this deeper process.”

– Carolyn Garcia, Ph.D., Assistant Professor,
University of Minnesota School of Nursing



**ONE CARING FRIEND CAN
CHANGE A CHILD'S FUTURE**





EARLY INTERVENTIONS

According to a U.S. Surgeon General's report, "about 20 years ago it became clear that children and families were failing to receive adequate care from the public sector, whose services were fragmented, inadequate, and over-reliant on institutional care." Finding ways to provide earlier, more effective interventions has been a priority ever since, even as more and new challenges have entered the public health arena.

"IF YOU DON'T LIKE THE WAY THE WORLD IS, YOU CHANGE IT. YOU HAVE AN OBLIGATION TO CHANGE IT. YOU JUST DO IT ONE STEP AT A TIME."

*- Marian Wright Edelman (1939 – present)
Founder, Children's Defense Fund*

During 2010, the Medica Foundation supported a number of community partners whose innovative early intervention programs are making a significant difference in the areas of child development, dental care, mental health care and preventive health care. These accessible, culturally competent and coordinated programs are giving young children a healthy start in life, and providing youth who have little or no family support the guidance and care they need to build a healthier future for themselves.



TEACHING KIDS HOW TO PLAY

PICA HEAD START

A recent study by Hennepin County Human Services found that 3.5 percent of children residing in Minneapolis were reported to have behavioral or mental health conditions expected to last 12 months or longer. Children who have social-emotional disturbances, such as withdrawal, separation anxiety, short attention disorder, aggression, hoarding or anxiety in response to changes in the environment and concerns over getting enough food and sharing toys, often have difficulties in school, in social settings and in the community.

As the largest Head Start and Early Head Start provider in Minnesota, PICA Head Start offered mental health services for screening, prevention and treatment, but still faced challenges helping children with more serious mental health diagnoses. To address this challenge, PICA collaborated with Minneapolis Public Schools and Family Partnership, the oldest mental health agency in Minnesota, to develop a new institutional model for identifying and addressing the needs of these children. The Project CARES (Coaching, Advising and Responding to Educators and Students) team brought together staff from all three

organizations to come to a common understanding of children's mental health, define a common language to describe what they learned, and develop tools to create more positive outcomes. A grant from the Medica Foundation helped to fund this effort during its crucial first year.

The CARES team served more than 900 children over two years, providing access to therapeutic treatment and assisting classroom teachers in supporting children with behavioral challenges. One key outcome was a curriculum that includes a renewed focus on play, which is how children learn best. This Incredible Years curriculum improved the emotional climate in the classroom and teachers' ability to manage children who had emotional and/or behavioral issues in class. Parents reported reduced stress, learned how to communicate better with their children, and were more confident in their ability to handle challenging behaviors. This new institutional model is being expanded to other Head Start programs and shows great promise to help the neediest of children have a more successful transition to grade school.

SUPPORTING STRESSED FAMILIES

CATHOLIC CHARITIES

Catholic Charities expanded its High-Risk Home Visiting program for refugee, immigrant and uninsured families in Hennepin and Ramsey Counties with the help of a Medica Foundation grant. Home Visitors made regular visits, based on need, to families facing great challenges to healthy parenting because of a history of violence in the home, mental illness, threats to physical health of the mom or baby, low-income status, lack of resources, little or no support, isolation, and the stress of being a single or young parent.

This intensive, 12-month program helped improve postnatal and well-child care for children ages 0-5 through information, education, coaching, preventive interventions and referrals to health care and supportive parenting services. The Home Visitors also focused on addressing depression, connecting families to appropriate resources, fostering healthier attachments between parents and their young children and preventing child maltreatment. All families in the program received a public health assessment by a certified public health nurse.



“The most common thread is where families have experienced abuse, trauma and separation. It is surprising how many there are and how isolated they are. The Somali community has a base to connect with one another; but Liberia for example, has many different tribes. People from refugee camps are coming here after rapes, physical violence and unplanned pregnancies. Once they get here, their sponsors are no longer available, so they are on their own. It is very difficult for them to make a connection and the Home Visitor may be the only person they see in the entire week. I can’t imagine how it is to barely speak the language and try to acclimate to such change.”

– Nate Rauschendorfer, Program Supervisor

“HELP ONE PERSON AT A TIME, AND ALWAYS START WITH THE PERSON NEAREST YOU.”

– Mother Teresa (1912-1997), Albanian Missionary Nun and Humanitarian

PREVENTING DENTAL DISEASE IN CHILDREN

UNIVERSITY OF MINNESOTA

Among children eligible for Minnesota's state health care plans, by age two, 30 percent already have cavities. By age five, the number with cavities rises to 60 percent, and many are already suffering from pain, infections and other complications of dental disease. One of the easiest and most effective ways to prevent dental disease in children is to teach caregivers how to provide good oral care from birth and to start regular applications of protective fluoride varnish as soon as the baby tooth emerges, or by age one.

A Medica Foundation grant funded a two-year demonstration project to investigate system changes to make it easier for high-risk children (those on Minnesota's state health care plans and from uninsured, working, poor families) access dental care to avoid these sobering outcomes. Since very young children are more likely to be seen by pediatricians or family doctors for childhood checkups and immunizations, the Primary Caries Prevention project studied the practicality of incorporating a basic dental exam and fluoride varnish application during a regular visit to a medical clinic for a routine, well child checkup.

It also explored infrastructure changes and proposed establishing oral health zones, where multidisciplinary groups of professionals from health care, social services, education, community organizations, clergy and parents could all work together to improve the oral health of these high-risk children and their families.

“ONE DECISION TO OFFER EARLY PREVENTIVE CARE CAN CHANGE A CHILD’S ORAL HEALTH FOR LIFE.”

– Amos Deinard, MD, MPH, Principal Investigator

This project demonstrated that cavity prevention can easily be integrated with checkups. The innovative model tested in the study has been shared with Minnesota legislators and in professional journal articles, health care provider conferences and forums. A web-based training module developed during the first phase of the project is now accessible to any provider in the nation via the University of Minnesota website (www.oralhealthzone.umn.edu). In addition, the Minnesota Department of Health recently announced it will continue this important work by establishing a state oral health plan that incorporates the oral health zone strategy.

“YOU HAVE TWO HANDS, ONE FOR HELPING YOURSELF, THE OTHER FOR HELPING OTHERS.”

– Audrey Hepburn (1929-1993),
British Actress and Humanitarian

TAKING DENTAL CARE TO CENTRAL MINNESOTA

CHILDREN'S DENTAL SERVICE

Children's Dental Service (CDS) is a nonprofit agency established in 1919 to improve the oral health of low-income children, and was a pioneer of portable dental care in the 1960s. When a pilot program in the St. Cloud region revealed an overwhelming need for emergency and restorative care, particularly among refugees from East Africa and Somalia, and Mexican immigrants, CDS received a Medica Foundation grant to expand services for emergency and restorative care to nearly 900 children and pregnant women. Many suffered from serious dental conditions, including rampant dental decay, abscessed teeth, blistering, tissue damage and bleeding gums. With family incomes at or below 200 percent of the poverty line, the children and women served by this program were either in state-sponsored health care plans or uninsured.

“THE SCHOOLS WHERE OUR PROGRAMS ARE LOCATED HAVE A LOWER RATE OF DENTAL DISEASE, SO WE KNOW WE’RE MAKING A BIG IMPACT.”

– Sarah Wovcha, Executive Director,
Children's Dental Service

PHOTO PROVIDED BY CHILDREN'S DENTAL SERVICE



This special project also included oral health education for more than 1,300 students in the St. Cloud, Holdingford, Sauk Rapids and Waite Park school districts to help schoolchildren and their families understand how dental health is affected by nutrition, diabetes, baby bottle syndrome and other factors that cause dental disease. While preventive medicine for other health conditions has made great strides in recent years, many people are unaware that, in addition to affecting physical appearance, oral diseases are progressive and cumulative, and can cause pain that affects eating, a child's ability to concentrate in school, and often leads to lifelong self-esteem and health consequences.

● MAKING A DIFFERENCE

Since 2006, Children's Dental Services has received Medica Foundation grants, totaling \$115,000 for programs that reduce oral health disparities through culturally competent care.

FINANCIAL SUMMARY

DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Cash and Investments	\$20,252,620	\$18,461,417
Other	\$1,235	\$2,797
Total	\$20,253,855	\$18,464,214
LIABILITIES AND NET ASSETS		
Liabilities	\$1,182,734	\$1,192,758
Net Assets		
Unrestricted Net Assets	\$19,071,121	\$17,271,456
Temporarily Restricted Net Assets	\$0	\$0
Total Net Assets	\$19,071,121	\$17,271,456
Total Net Assets and Liabilities	\$20,253,855	\$18,464,214
REVENUE		
Contribution From Affiliate	\$3,500,000	\$5,000,000
Net Investment Income	\$23,620	(\$1,543,512)
Total Revenue	\$3,523,620	\$3,456,488
EXPENSES		
Administrative Expense	\$270,548	\$272,220
Community Funding	\$1,453,407	\$4,352,969
Total Expenses	\$1,723,955	\$4,625,189
UNREALIZED GAINS (LOSSES)		
Unrealized Gains (Losses)	\$0	\$3,255,768
Total Unrealized Gains (Losses)	\$0	\$3,255,768
NET ASSETS AT BEGINNING OF YEAR	\$17,271,456	\$15,184,389
NET ASSETS AT END OF YEAR	\$19,071,121	\$17,271,456

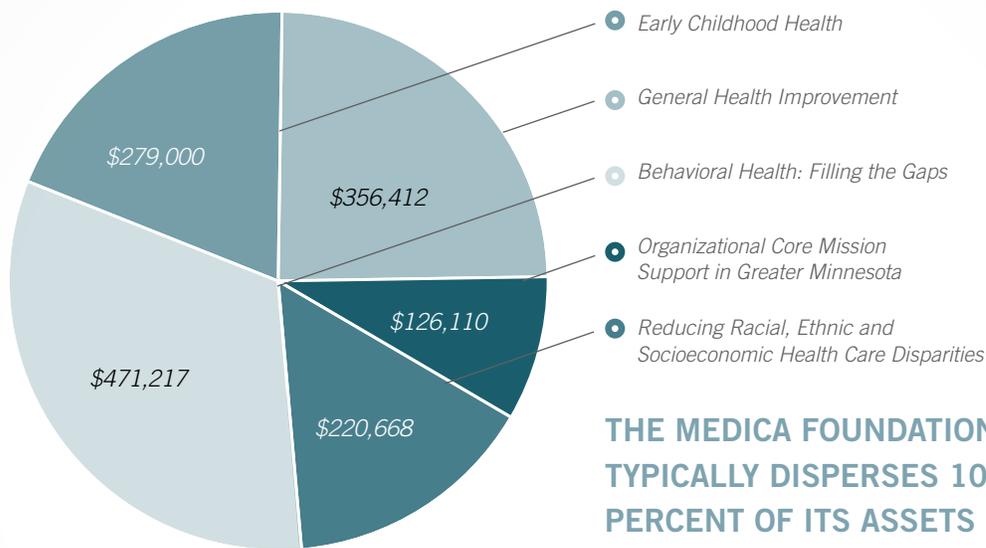
GIVING GUIDELINES

The Medica Foundation offers grants to eligible nonprofit 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, western Wisconsin, North Dakota and South Dakota.

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.

During 2010, the Medica Foundation awarded grants totaling more than \$1.45 million to 89 different initiatives and projects. These projects will be completed in 2011.



**THE MEDICA FOUNDATION
TYPICALLY DISPERSES 10-20
PERCENT OF ITS ASSETS
EACH YEAR IN GRANTS.**

2010 GRANTS

GRANTS EXPENDED
DURING 2010-2011

“INDIVIDUALLY, WE
ARE ONE DROP.
TOGETHER, WE ARE
AN OCEAN.”

— Ryunosuke Satoro
Japanese Poet and Philosopher

● BEHAVIORAL HEALTH: FILLING THE GAPS

CENTER FOR VICTIMS OF TORTURE

Integrate behavioral health assessments into the standard medical screening process for refugees.

HEALTHEAST FOUNDATION

Add trained peer support specialists as role models to increase chances of sustained recovery for patients with frequent inpatient admissions for treatment of addiction and mental illness.

HUMAN DEVELOPMENT CENTER

Develop an agency-wide early childhood mental health program for children ages 0-5 whose parents have been diagnosed with serious mental illness.

INTERMEDIATE SCHOOL DISTRICT 287

Provide sexual behavioral health prevention services to students who are at risk for both sexual abuse and sexual acting out behaviors.

LA FAMILIA GUIDANCE CENTER, INC.

Support placement of La Familia staff in schools to provide clinical mental health services for students and families, as well as social support services for students with special academic challenges.

MCDONOUGH ORGANIZATION WITH RESPECT AND EQUALITY FOR PEOPLE

Expand mental health service capacity for refugee and immigrant counseling and support groups to meet increasing demands.

MILLE LACS COUNTY

Increase access to mental health services in school and home settings for children and families who would not otherwise have access to needed services.

MINNEAPOLIS PUBLIC SCHOOLS

Increase direct service capacity for integrated mental, chemical and physical health services in the school-based clinic; develop an integrated model for delivering multiple services; and pilot test a financing model to determine sustainability.

THE NETWORK FOR BETTER FUTURES

Build a reliable network of behavioral health providers and strengthen capacity to coordinate access to appropriate health care services for high-risk men with histories of incarceration, substance abuse, mental illness, chronic unemployment, and homelessness.

PEOPLE INCORPORATED

Deliver integrated chemical dependency and mental health treatment services for patients in both the inpatient and outpatient settings using a “harm reduction” approach.

THE FAMILY PARTNERSHIP

Provide on-site mental health services to underserved people at high risk of situational or chronic mental health issues through a partnership with emergency assistance/food shelf organizations. Provide staff training for partner organizations.

● REDUCING RACIAL, ETHNIC AND SOCIOECONOMIC HEALTH CARE DISPARITIES

CHILDREN'S DENTAL SERVICES

Provide comprehensive, culturally targeted dental care to low-income, ethnically diverse children and pregnant women in the International Falls region.

DULUTH GRADUATE MEDICAL EDUCATION COUNCIL, INC.

Support development of a fluoride varnish program to prevent dental decay in children and young adults with limited access to dental care.

EMERGENCY & COMMUNITY HEALTH OUTREACH

Create culture- and language-specific media tools to inform ethnic communities about the importance of early and comprehensive prenatal care.

MINNESOTA AFRICAN WOMEN'S ASSOCIATION

Establish an African Teen Outreach Clinic to assure access to culturally specific education and services for teen pregnancy, HIV and STD prevention among West African youth.

OPEN CITIES HEALTH CENTER

Expand educational programming for adolescent and young adult women and men who are at high risk of contracting an STD and/or HIV.

PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA

Offer education on sexually transmitted infections; provide rapid testing and post-test counseling in 23 family planning clinics.

ST. MARY'S HEALTH CLINICS

Provide free, culturally and linguistically appropriate breast and cervical cancer health education, screenings and follow-up care within the Hispanic/Latino community.

VOLUNTEERS OF AMERICA OF MINNESOTA

Offer a 48-week program for diabetes prevention, management and support for low-income, African American/immigrant seniors at four sites.

● EARLY CHILDHOOD HEALTH

CAN DO CANINES

Hire a professional trainer dedicated to the Autism Assist Dog program to support program expansion and reduce waiting times for children with autism and their families.

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES

Expand the organization's mental health expertise, early childhood mental health screening and services into three community-based learning centers in the Twin Cities metropolitan area.

DAKOTA COUNTY

Implement the Veteran Parent model to provide emotional and informational support to parents of children newly diagnosed with mental illness.

GREATER MINNEAPOLIS CRISIS NURSERY

Integrate an innovative childcare model to help children who may have long-term developmental effects from living with chronic stress or short-term anxiety, due to separation from their immediate family.

HUMAN SERVICES INC. IN WASHINGTON COUNTY MINNESOTA

Develop comprehensive, integrated mental health plans for children ages 0-5 who display severe emotional and disruptive behaviors, and provide them with integrated mental health services.

MINNESOTA CHILD CARE RESOURCE AND REFERRAL NETWORK

Provide new resources and training for child care providers who offer respite care for very young children of Minnesota National Guard and Reserve families during deployment.

PILLAGER FAMILY COUNCIL

Offer support to first-time parents through an intensive home visiting program from pregnancy through the first three years of their child's life.

ST. DAVID'S CENTER FOR CHILD & FAMILY DEVELOPMENT

Expand the Early Childhood Mental Health Outreach program in school district and community-based programs for children ages 0-5 who are experiencing or have experienced trauma or chronic stress.

● **ORGANIZATIONAL CORE MISSION SUPPORT**

ABC FOR RURAL HEALTH, INC.

Balsam Lake, Wis.

BECKER COUNTY

Detroit Lakes, Minn.

BENTON COUNTY HUMAN SERVICES

Foley, Minn.

CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN

St. Cloud, Minn.

CLAY COUNTY PUBLIC HEALTH

Moorhead, Minn.

CLOQUET PUBLIC SCHOOLS, ISD 94

Cloquet, Minn.

GENERATIONS HEALTH CARE INITIATIVES

Duluth, Minn.

HELPING HANDS OUTREACH TO ELDERS, INC.

Holdingford, Minn.

ISANTI COUNTY PUBLIC HEALTH SERVICES

Cambridge, Minn.

OTTER TAIL COUNTY PUBLIC HEALTH

Fergus Falls, Minn.

PEARL BATTERED WOMEN'S RESOURCE CENTER

Milaca, Minn.

PROJECT HERO

Fargo, N.D.

RANGE RESPITE PROJECT, INC.

Virginia, Minn.

REACH-UP INC.

St. Cloud, Minn.

THE REFUGE NETWORK

Cambridge, Minn.

RIVERWOOD HEALTH CARE CENTER & COMMUNITY HOSPITAL FOUNDATION

Aitkin, Minn.

RUM RIVER HEALTH SERVICES, INC.

Princeton, Minn.

SHERBURNE COUNTY PUBLIC HEALTH DEPARTMENT

Elk River, Minn.

ST. JOSEPH'S MEDICAL CENTER

Brainerd, Minn.

VILLA ST. VINCENT

Crookston, Minn.

WINONA O.R.C. INDUSTRIES, INC.

Winona, Minn.

● **GENERAL HEALTH IMPROVEMENT**

AMERICAN BIRKEBEINER SKI FOUNDATION

2011 American Birkebeiner.

AMERICAN CANCER SOCIETY

2010 Making Strides Against Breast Cancer, 2011 Relay for Life.

AMERICAN HEART ASSOCIATION

2010 Go Red for Women education seminar in St. Cloud and Duluth.

AMERICAN LUNG ASSOCIATION OF MINNESOTA

2010 Minnesota Asthma Coalition, 2010 Moonlight River Ramble, 2011 Fight for Air Stair Climb and Fight for Air Run/Walk.

AMERICAN RED CROSS, TWIN CITIES CHAPTER

2010 disaster relief, 2011 Heroes Breakfast.

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, MINNESOTA CHAPTER

2010 Dinner of Champions.

ARC GREATER TWIN CITIES

2011 Wear It Well.

BOLDER OPTIONS

2010 Training for Life.

CARLTON COUNTY PUBLIC HEALTH AND HUMAN SERVICES

2011 Operation Community Connect.

CHARITIES REVIEW COUNCIL

2010 annual forum.

CHILDREN'S DEFENSE FUND

2011 Beat the Odds scholarship awards celebration.

CITY OF LAKES NORDIC SKI FOUNDATION

2011 City of Lakes Loppet.

CITY OF MINNEAPOLIS

Minneapolis Skyway Senior Center.

COMMUNITY HEALTH CHARITIES MINNESOTA

2010 annual campaign.

EAST METRO MEDICAL SOCIETY FOUNDATION

2010 Honoring Choices Minnesota.

FAITH COMMUNITY NURSE NETWORK OF THE GREATER TWIN CITIES

Support for older adults to remain safely in their homes.

FARGO MARATHON, INC.

2011 Fargo marathon.

FRASER, LTD.

2010 Festival of Trees.

GREATER TWIN CITIES UNITED WAY

2010 annual campaign.

INNERCITY TENNIS FOUNDATION

2010 Kidspeed benefit.

MARCH OF DIMES

2011 March for Babies.

MEMORIAL BLOOD CENTERS

2011 What's Your Type?

METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION

2010 Celebration of Diversity in Business.

MINNESOTA ASSOCIATION OF COMMUNITY HEALTH CENTERS

2010 Many Faces of Community Health conference.

MINNESOTA PUBLIC HEALTH ASSOCIATION

2010 MPHA special events.

MINNESOTA VISITING NURSE AGENCY

2010 There's No Place Like Home.

MIRACLES OF MITCH FOUNDATION

2010 MiracleKids Triathlon.

NATIONAL ALLIANCE FOR THE MENTALLY ILL – MINNESOTA

2010 NAMI Walks – Minnesota.

NATIONAL KIDNEY FOUNDATION SERVING THE DAKOTAS AND MINNESOTA

2010 Twin Cities Kidney Walk.

NORTH MEMORIAL HEALTH CARE COMMUNITY FOUNDATION

SafeJourney program for victims of domestic violence.

NORTHERN STAR COUNCIL, BOY SCOUTS OF AMERICA

2010 Distinguished Citizen award.

PEASE CHRISTIAN REFORMED CHURCH

Mille Lacs County Operation Community Connect.

RESOURCE, INC.

Achieving Dreams 50th anniversary.

SENIOR COMMUNITY SERVICES

Medicare and health insurance counseling program.

ST. JAMES HOME OF DULUTH

2010 Championing Fore the Kids.

TOUCHSTONE MENTAL HEALTH

2010 Notes of Inspiration.

YOUTH DETERMINED TO SUCCEED

Kids 4 Health program supporting youth in North Minneapolis.

“HOLD YOUR ONE TRUE FRIEND
WITH BOTH YOUR HANDS.”

– Nigerian Proverb

MEDICA[®]
FOUNDATION

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55440-9310

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