OUR MISSION IS TO PROMOTE AND IMPROVE
CARDIOVASCULAR HEALTH, QUALITY OF LIFE AND
LONGEVITY FOR ALL
When I was given the opportunity to lead the Minneapolis Heart Institute Foundation (MHIF) as the new President and CEO in October of 2011, I was honored and truly humbled. My relationship with this Foundation—its core values and purpose—has held a great meaning to me personally.

Like many of you, our family has been significantly impacted by heart disease. My father suffered his first heart attack at the age of thirty-three. This was at a time in the history of cardiovascular medicine when there were no ace inhibitors, no defibrillators, no drug coated stents, or imaging as we know it today. In the years that followed, he went on to have two additional heart attacks, each of which required quadruple by-pass surgery. He also had surgery on his carotid artery and eventually, a life-saving ICD implant.

To me, the thirty years that the Minneapolis Heart Institute Foundation has been helping people like my father represent the number of additional years of wonderful experiences I have had with him. Following his first heart attack he was in the hospital for one entire month! His recovery time following that was equally as long.

In these thirty years we have continued to expand our life saving initiatives in breadth of treatment options and in geographic reach. Today, the Level 1 protocol developed by the Minneapolis Heart Institute Foundation is a life-saving solution for people living in rural communities who have a heart attack. For most of these cases, time to treatment is a critical factor and distance is a major obstacle. Patients with certain types of heart attacks are much more likely to recover if treated with angioplasty within 90 minutes.

Timothy D. Henry, MD, MHIF Director of Research, created a standardized system that quickly and efficiently moves a patient from their local hospital to a Level 1 hospital for fast intervention. The result: people who live within a 210-mile radius of a Level 1 catheterization lab can now experience the same care as those who live next door. The Level 1 protocol has now become a nationally recognized standard for emergent care delivery in the United States. And compared to my father’s one-month hospital stay after his first heart attack, today’s average hospitalization for a heart attack patient is three days.

Outcomes like these illustrate the value the Minneapolis Heart Institute Foundation brings to our families and community. We are so thankful for the dedicated team of physicians, research clinicians, statisticians, educators, dietitians and their staff who continue to make these medical advances possible.

The Minneapolis Heart Institute Foundation works as a catalyst that brings together those who have been touched by heart disease with cutting edge clinical research and life-improving education to have a profound impact that redirects the course of cardiovascular health for generations. We work in collaboration with the cardiologists and surgeons at the Minneapolis Heart Institute® at Abbott Northwestern Hospital to discover the most innovative and impactful cardiovascular drug therapies, devices, protocols, and procedures. We also work to find preventative measures that will have the greatest effect on cardiovascular literacy and support the efforts of communities and families to have better heart health through education and wellness.

**2011 At A Glance**

We are at a significant juncture in the history of the Minneapolis Heart Institute Foundation. The end of 2011 marked the completion of our 29th year of operation. What began as the desire of thirteen cardiologists and surgeons to have an independent non-profit Foundation dedicated to cardiovascular clinical research and education to support their life-sustaining work has become much more. When the Minneapolis Heart Institute Foundation was formed in 1982 the Founders personally and collectively committed $1MM to begin the groundbreaking research we have all benefited from. Today we have grown to $22.2MM in assets.

With annual revenues of $9.6MM we are proud to report that $7.4MM was directly allocated to research and education programming in 2011.

The Minneapolis Heart Institute Foundation is one of the nation’s top centers for cardiovascular research and education. Publishing more than 120 peer-reviewed studies annually, MHIF is a recognized research leader in a broad range of cardiovascular medicine including: hypertrophic cardiomyopathy, adult stem cell therapy, acute myocardial infarction, electrophysiology, heart failure, imaging, peripheral artery disease and prevention.

At any given time we are participating in approximately 150 industry-sponsored cardiovascular clinical research studies. Additionally, we are engaged in supporting physician-initiated clinical research studies that are supported through generous funds donated to the Foundation and awarded through a rigorous, peer-reviewed granting process.

Our main objective is to conduct more innovative research and to share what we learn with physicians and the public to have the greatest impact on improving cardiovascular health for everyone. The best way to accomplish this objective is for physicians to have protected time to do more clinical research at the Minneapolis Heart Institute Foundation while at the same time maintaining a robust clinical practice at the MHI®, which promotes the best outcomes for healthcare delivery.
CENTERS OF EXCELLENCE—OUR VISION FOR THE FUTURE

Building on our Centers of Excellence is at the core of our vision for the future. The delivery of innovative research studies in a safe, deliberate and cost-effective manner with the dedicated commitment to share that knowledge with physicians and the public is our driving force.

The Minneapolis Heart Institute Foundation exists to ask questions and to look for answers. What discoveries will we make this year? What new and better devices will we find? What drugs have better outcomes? What medical protocols save more lives? What prevention strategies have the greatest impact on reducing mortality rates? Who can we collaborate with to achieve the greatest outcomes? These questions and many more weave their way into the fabric of the work that we pursue.

With your generous support we are able to build upon the cornerstones of hypothesis that become the basis of factual knowledge. That translates into better heart health for us all. Just as I was fortunate to have the gift of a lifetime of experiences with my father, I know that many of you have been involved in the Minneapolis Heart Institute Foundation because you have been touched by the advances made in research here within these walls. Perhaps the next life we will affect will be a young girl a world away who will have a chance to have a lifetime of experiences with her father. We are here to serve. Thank you for helping us in furthering our mission to create a world without heart disease.

Sincerely,

Ann Bentdahl
President and CEO

Well, it has been another amazing year for the Minneapolis Heart Institute Foundation (MHIF). In every area, we are firing on all cylinders.

EDUCATION

We have added Rob Schwartz, MD, as our medical director of education, complementing the talents of Jackie Boucher and her team. Rob has a long history in medical education and has been the director of several national meetings, so it is a great fit. Hearts Beat Back: The Heart of New Ulm Project (HONU) is making a real and measurable impact on the cardiovascular health of an entire community. Tom Knickelbine, MD, has assumed the reins as the medical director of HONU and has quickly become an important and integral part of the project. Our summer intern program continues to attract some of the best and the brightest and, if imitation is the sincerest form of flattery, we're flattered.

RESEARCH

I am amazed that we can keep doing more and more each year, but Tim Henry, MD, with the help of Joe Cosico, manages to do it. More studies, more presentations at national meetings, and more publications occur each year. Both Jay Traverse, MD, and Dan Melby, MD, presented their work in the “Late Breaking Clinical Trials” sections at major national meetings, which is by far the most prestigious place to present. Additionally, MHIF is among the world’s leading cardiac stem cell programs and continues to be one of the five National Institute of Health’s Cardiac Stem Cell Centers.

ADMINISTRATION

We have had the great fortune to have Jim Toscano’s strong but gentle hand at MHIF’s tiller for the past several years. Jim brought our organization into the 21st century and put together a management team of rock stars. Jim deservedly retired this January, but we didn’t have to look far for his replacement. Our very own Board vice chair, Ann Bentdahl, became MHIF’s President and CEO in October 2011, and I’m a little worried we won’t be able to keep up with her.

PERSONAL

This has been my last year as board chair. I want to take this opportunity to say what an honor it has been to work with this amazingly talented group of men and women. MHIF is an extraordinary organization, and we are so lucky to have it in our community. I also need to acknowledge the time, energy, wisdom, and generosity of one of our non-physician founders, Ray Bentdahl, who died recently at his home in Scottsdale. Ray has been a personal inspiration to me and will be sorely missed.

Sincerely,

M. Nicholas Burke, MD
Board Chair
# Milestones & Events of 2011

## January
- **Symplicity HTN-3**
- **Stress Management**
- **Community Health Challenge Take Five! Launch**
- **American Heart Association Go Red for Women Luncheon**
- **University of Minnesota Go Red for Women Gala**

## February
- **Abbott Northwestern Go Red for Women Celebration**
- **EMS Conference**
- **HeartWare DT**
- **Conversations of the Heart, Smart Series for Women**
- **Scottsdale Interventional Forum**
- **What You Need to Know about Coronary Disease**
- **Heart Health Screening**
- **Heart to Heart Presentation, Woman’s Club of Minneapolis**
- **Second Jingle Bell Jam 4-mile walk/run**

## March
- **Women’s Heart Health Presentation, Women’s Wellness Event**
- **Heart Health Screening**
- **FoodWorks Restaurant Program Event**

## April
- **American College of Cardiology Scientific Sessions**
- **American College of Cardiology Scientific Sessions**
- **Women’s Heart Health Program, Labor Care Convention**
- **AC6 for CHF**
- **International Society for Heart & Lung Transplantation**
- **Conversations of the Heart, Monticello Women’s Day**
- **HFQRS**
- **PARTNER II Trial**

## May
- **Be Heart Savvy—Know Your Risk, Savvy in the City**
- **Heart Rhythm Society**
- **Women’s Heart Health Program, Northern Nursing Conference**
- **Society for Cardiovascular Angiography & Interventions**
- **Healthy Eating for a Healthy Heart**
- **Second Health Screening season begins**

## June
- **Your Heart and You**
- **EVAR Gate Study**
- **Heart Health Screening**

### Women’s-Only Cardiac Support Group

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### Event Descriptions
- **Milestones & Events of 2011**: A comprehensive list of events and milestones for the year 2011.
- **Women’s-Only Cardiac Support Group**: A section highlighting specific events and milestones for women’s cardiac health.

### Color Coding
- **Yellow**: Scientific / Professional Presentations
- **Red**: Women’s Heart Health Program
- **Green**: Hearts Beat Back: The Heart of New ULM Project
- **Blue**: Research (Studies Initiated in 2011)*
- **Light Green**: Names as Published at ClinicalTrials.gov

### Notes
- *Names as Published at ClinicalTrials.gov* indicates events and milestones that have been published at ClinicalTrials.gov, a site for tracking clinical research studies.
### Research Internship Program
- **July**: CSA in HF, Minneapolis Heart Institute® 5K, Heart Healthy Eating on the Run, Juventas CLI JTCS-200
- **August**: SMART-AF, Listen to Your Heart: Allina Cardiovascular Nursing Conference, American Dietetic Association, Food & Nutrition Conference & Expo, PREVAIL, Women’s Heart Health Program, Allina Cardiovascular Nursing Conference, Stress Management, Ken Rome 5K
- **September**: Heart Healthy Eating on a Budget, Community Health Challenge Six-Week Jump Start to Losing Weight Launch, Allina Cardiology Forum, Women’s Heart Health, The Marsh Physician Lecture Series, Ranolazine Registry II, OMEGA Bare Metal Stent, Grant for USDA grant for Farmers Market Promotion Program
- **October**: Manage Stress and Eat Well for a Healthy Heart, Transcatheter Cardiovascular Therapeutics, American Heart Association, Scientific Sessions, Conversations of the Heart, Westin Galleria, Fourth Annual Community Summit and Food Expo, Aastrom REVIVE IT, Third Jingle Bell Jam 4-mile walk/run
- **November**: Healthy Strategies for a Heart-Warming Winter
- **December**: Twenty-Ninth Annual Gala
RESEARCH

Research Innovations

The Minneapolis Heart Institute Foundation is one of the nation’s premier cardiovascular research facilities. We are committed to improving heart health through research that evaluates and develops leading-edge therapy and diagnostic methods. With the goal of improving quality of life, our researchers seek improved methods of preventing, diagnosing and treating cardiovascular disease.

MHIF researchers conducted more than 150 studies in 2011, resulting in nearly 120 scholarly publications and more than 1,000 presentations at scientific/professional meetings.

As a result, MHIF research participants are offered more treatment options and hope for a better future.
MHIF is a member of the National Institutes of Health-funded Cardiovascular Cell Therapy Research Network (CCTRN), dedicated to studying stem cell therapy for treating heart disease, leading to more effective treatments and shared knowledge with the healthcare community.

2011 RESEARCH HIGHLIGHTS

NIH MINNESOTA CARDIOVASCULAR CELL THERAPY NETWORK
MHIF is a member of the National Institutes of Health-funded Cardiovascular Cell Therapy Research Network (CCTRN). This consortium of five centers across the United States is dedicated to studying stem cell therapy as an alternative mode of therapy in the treatment of heart disease for individuals who may have limited options. MHIF research physicians, Timothy D. Henry, MD and Jay H. Traverse, MD, led the Minnesota CCTRN in becoming the most productive regional network during the past five years, positioning MHIF well in the competitive re-application for seven additional years of funding. MHIF’s leadership role will continue through 2020.

NOVEL HIGH RISK VALVE THERAPIES
MHIF was invited to participate in a highly selective multi-center trial studying a non-surgical approach for aortic valve replacement. The study, led by Wesley R. Pedersen, MD, resulted in the creation of novel approaches to opening severely narrowed or diseased heart valves. The study demonstrated the efficacy and safety of a less invasive approach to treat valvular heart disease. This research allows patient access to technology that is not widely available.

THE MINNESOTA CCTRN WAS THE MOST PRODUCTIVE STEM CELL NETWORK OVER THE PAST FIVE YEARS

MHIF has one of the most active clinical stem cell research programs in the United States with more than 300 research participants treated for refractory angina, acute myocardial infarction, heart failure and peripheral arterial disease.
Hypertrophic Cardiomyopathy

Barry J. Maron, MD, published 21 peer-reviewed articles in 2011 in Circulation: Journal of the American College of Cardiology and Heart Rhythm, continuing his pioneering work with hypertrophic cardiomyopathy (HCM) and sudden death in athletes. In 2011, he was notified that he would be the recipient of the 2012 Simon Dack Award for Outstanding Scholarship by the American College of Cardiology.

INDIVIDUALS THROUGHOUT THE UNITED STATES WHO HAVE CONSULTED WITH DR. BARRY J. MARON AT MHIF AND BENEFITED FROM HIS RESEARCH
Research Publications

NEARLY 100 PEER-REVIEWED PUBLICATIONS IN 2011

In 2011, Minneapolis Heart Institute Foundation researchers and staff continued to make significant contributions in cardiovascular medicine by sharing results in peer-reviewed publications. Our work has also been featured in several news media outlets including The New York Times and The Wall Street Journal. Below are some highlights of nearly 100 publications from 2011.

Visit www.mplsheart.org/scientific-innovation for a complete list of current research/studies and publications.

ROBERT G. HAUSER, MD, & LINDA M. KALLINEN
"Longevity of Sprint Fidelis implantable cardioverter-defibrillator leads and risk factors for failure: implications for patient management."
Circulation, February 2011.

MARC C. NEWELL, MD, JASON T. HENRY*, TIMOTHY D. HENRY, MD, SUE DUVAL, PhD, JOSEPH A. BROWNING, MD, ELLEN C. CHRISTIANSEN* & DAVID M. LARSON, MD
"Impact of age on treatment and outcomes in ST-elevation myocardial infarction."
American Heart Journal, April 2011.

DAVID S. FELDMAN, MD
"Effect of nesiritide in patients with acute decompensated heart failure."

JOHN R. LESSER, MD, TAMMY HAAS, RN, CRC, & BARRY J. MARON, MD
"Mitral valve abnormalities identified by cardiovascular magnetic resonance represent a primary phenotypic expression of hypertrophic cardiomyopathy."
Circulation, July 2011.

NADER MOAZAMI, MD, BENJAMIN SUN, MD, & DAVID S. FELDMAN, MD
"Stable patients on left ventricular assist device support have a disproportionate advantage: Time to re-evaluate the current UNOS policy."
The Journal of Heart and Lung Transplantation, September 2011.

JOSEPH COSICO, JOANNE GOLDMAN, RT, RACHEL E. OLSON, RN, & TIMOTHY D. HENRY, MD
"A clinical research operational model for a changing cardiovascular research landscape."
The Monitor, October 2011.

SCOTT W. SHARKEY, MD, JOHN R. LESSER, MD, & BARRY J. MARON, MD
"Tako-subo (stress) cardiomyopathy."
Circulation, November 2011.

KEVIN M. HARRIS, MD, & CRAIG E. STRAUSS, MD
"Correlates of delayed recognition and treatment of acute type A aortic dissection: The international registry of acute aortic dissection (IRAD)."
Circulation, November 2011.

TIMOTHY D. HENRY, MD
"Benefit of transferring ST-segment-elevation myocardial infarction patients for percutaneous coronary intervention compared with administration of onsite fibrinolytic declines as delays increase."
Circulation, December 2011.

SCOTT W. SHARKEY, MD, JOHN R. LESSER, MD, & BARRY J. MARON, MD
"Why not just call it tako-tsubo cardiomyopathy: a discussion of nomenclature."
Journal of the American College of Cardiology, March 2011.

BARRY J. MARON, MD, TAMMY S. HAAS, RN, JOSEPH DOERER* & MICHAEL R. MOONEY, MD
"Successful therapeutic hypothermia in patients with hypertrophic cardiomyopathy."
Journal of the American College of Cardiology, June 2011.

ROBERT G. HAUSER, MD, & LINDA M. KALLINEN
"Impact of implanted recalled Sprint Fidelis leads on patient mortality."
Journal of the American College of Cardiology, July 2011.

MICHAEL R. MOONEY, MD, BARB T. UNGER, RN, LORI L. BOLAND, M. NICHOLAS BURKE, MD, KALIE Y. KEBED*, KEVIN J. GRAHAM, MD, TIMOTHY D. HENRY, MD, WILLIAM T. KATSIYANNIS, MD, PAUL A. SATTERLEE, MD, SUE SENDELBACH, RN, JIM S. HODGES, PhD, & WILLIAM M. PARKHAM, MD
"Therapeutic hypothermia after out-of-hospital cardiac arrest: Evaluation of a regional system to increase access to cooling."
Circulation, July 2011.

MICHAEL M. MIEMEGA, MD, MARC C. NEWELL, MD, SUE DUVAL, PhD, ROSS GARBERICH, MD, CHAUNCEY HANDRAN, DAVID M. LARSON, MD, STEVE MULDER, MD, YALE L. WANG, MD, DANIEL LIPS, MD, & TIMOTHY D. HENRY, MD
"Delays in transfer from primary percutaneous coronary intervention in ST-elevation myocardial infarction."
Circulation, October 2011.

JAY H. TRAVERSE, MD, TIMOTHY D. HENRY, MD, & RACHEL E. OLSON, RN
"Effect of intracoronary delivery of autologous bone marrow mononuclear cells 2 to 3 weeks following acute myocardial infarction on left ventricular function: the LateTIME randomized trial."

TIMOTHY D. HENRY, MD, & JAY H. TRAVERSE, MD
"Circadian dependence of infarct size and left ventricular function after ST-elevation myocardial infarction."
Circulation Research, November 2011.

BARRY J. MARON, MD
"2011 ACCF/AHA guidelines for the diagnosis and treatment of hypertrophic cardiomyopathy."

* denotes research intern
Direct involvement of cardiologists in research is one of the primary reasons why lives are saved, lifetimes are extended, and complications and heart disease itself are prevented. When physicians and their teams are engaged in continuous learning, patients benefit through access to the latest state-of-the-art treatments and therapies.”

JAMES V. TOSCANO, PRESIDENT, 2005 – 2011
In January 2011, during the “Zoom! Yah! Yah!” Indoor Marathon at St. Olaf College in Northfield, Minnesota, Greg collapsed on the track, having gone into cardiac arrest. Fortunately, a physician was trailing just 100 yards behind him and immediately came to his aid, administering CPR. After resuscitation, Greg was airlifted to the Minneapolis Heart Institute® at Abbott Northwestern Hospital.

“If it weren’t for the processes developed by the Foundation’s research, I wouldn’t be here today.”

COLLABORATING FOR LIFE
The Level One and Cool It programs, developed by researchers at the Minneapolis Heart Institute Foundation, allowed Greg to safely arrive at the hospital and receive streamlined cardiac treatment.

The Level One heart attack protocol involves a high level of collaboration among emergency responders, community hospitals and the Minneapolis Heart Institute® at Abbott Northwestern Hospital. In addition to setting national standards for responding to cardiovascular emergencies, ensuring efficient and effective care, the program has cut mortality rates for heart attack victims by 50 percent.

The Cool It program, under the leadership of Michael R. Mooney, MD, utilizes therapeutic hypothermia to cool a patient’s core body temperature and brain, greatly reducing the risk of neurological damage. The survival rate of cardiac arrest patients treated with therapeutic hypothermia is significantly higher than without the treatment.

These clinical innovations allowed Greg to recover from his heart episode with minimal damage and finish the same marathon… one year, five hours and 18 minutes later.


GIVING BACK
Greg’s cardiac event and the resulting care he received have propelled him to spread the message about the importance of cardiovascular research and AEDs (automated external defibrillators) at marathon sites.

“I had an ICD implanted two weeks after collapsing and I was running two weeks later!” Greg proclaimed. “If it weren’t for the processes developed by the foundation’s research, I wouldn’t be here today.”

Because the cause of his cardiac arrest is unknown, Greg chooses to forgo swimming due to the risks associated with the additional variables. He laughs, “So, I guess I can’t do an Ironman!” With almost 60 marathons currently under his belt, and only four races to complete before he reaches his goal, Greg has already created quite a splash.

“I’m not the inspiring one, it’s all of the people who helped keep me alive. My obligation now is to share with others.”

Keep an eye out for Greg in the 2012 Medtronic Twin Cities Marathon.
Excellence in Education

The Minneapolis Heart Institute Foundation hosts programs for health professionals to improve patient care in our neighborhoods and worldwide. Our expert physicians and educators help health care providers incorporate the latest research best practices into their work.

2011 PROFESSIONAL EDUCATION HIGHLIGHTS

ALLINA CARDIOLOGY FORUM
A conference for primary care physicians including case presentations to illustrate clinical concerns, their evaluation and therapy options. The forum focused on practical approaches to common cardiovascular dilemmas encountered by primary care physicians, family physicians and internists. Sessions also included hands-on learning and audience participation. mplsheart.org/ACF

LISTEN TO YOUR HEART
A conference for cardiovascular nurses taking care of complex patients in acute and chronic care settings. Listen to Your Heart featured the Raymond Plank Keynote Lecture by Dr. Henry Emmons, author of The Chemistry of Joy and The Chemistry of Calm. Attendance nearly doubled at the 2011 conference, to more than 330 participants. mplsheart.org/nursing

RESEARCH INTERNSHIP PROGRAM
The research internship program offers undergraduate pre-med students and those studying healthcare disciplines a professional experience in the areas of research and cardiovascular healthcare. In 2011, the research internship program celebrated its ten-year anniversary. mplsheart.org/internship

CARDIOLOGY GRAND ROUNDS
More than 30 Cardiology Grand Rounds sessions were offered to physicians and other health care providers in 2011, providing an opportunity to stay up-to-date on the latest developments in cardiology. Topics included:

- congestive heart failure
- electrophysiology
- cardiac imaging
- interventional cardiology
- heart disease prevention
- cardiac surgery

mplsheart.org/grand-rounds

2011 marked the 10th anniversary of the Foundation’s research internship program

2011 MHIF RESEARCH INTERNSHIP PROGRAM PARTICIPANTS.
Intern Program Inspires Next Generation of Researchers

Each summer, the Minneapolis Heart Institute Foundation (MHIF) selects interns via a competitive application process to join the research team. Up to 15 students, usually pre-med undergraduates, work first-hand on projects with senior staff cardiologists and research staff mentors to gain practical clinical research experience.

“I got an early start in research at MHIF and plan to continue it throughout my career,” said Katie Pastorius Benzinger, an intern in internal medicine at the University of Washington in Seattle and a 2004 participant in the MHIF Research Internship Program.

Timothy D. Henry, MD, Director of Research at MHIF, founded the program with the aim of inspiring bright students to explore careers in medicine and cardiology that include clinical research. “Our program gives undergraduate students the opportunity to do something they can’t do elsewhere—participate in clinical cardiovascular research,” said Henry.

Each student is paired with a physician mentor and a research staff person who guide them through clinically significant research projects. In addition to their research work, interns engage in a variety of clinical shadowing and observation opportunities, participate in off-site educational sessions, attend weekly cardiology lectures and reflect on their experience through weekly journal submissions.

“I thought it was so fascinating and everyone I worked with loved their job and made me want to be like them. This internship made me want to go into internal medicine and pursue a career in cardiology,” said Benzinger.

During her time at MHIF, Benzinger worked with Kevin M. Harris, MD, on a project regarding the survival of patients undergoing percutaneous coronary intervention who had mitral regurgitation. “Dr. Harris was a great mentor,” she said. “He sat down with me early in my internship and gave me the idea and the tools, and then I was able to be fairly independent throughout the project.”

One of the things Benzinger valued most about her experience as an intern at MHIF was being able to understand how research works from start to finish. “I learned the whole process of research, from IRB approval to revising the final manuscript,” she said.

An additional opportunity that resulted from Benzinger’s internship at MHIF was a poster presentation she participated in at the American College of Cardiology (ACC) Scientific Session. This meeting is one of the largest conferences in cardiology, with thousands of people in attendance. “Presenting at ACC was exhilarating!” said Benzinger. “I met some very influential cardiologists and received a lot of great feedback. Overall it was a great experience and I was eager to submit another abstract the next year.”

The vast majority of MHIF interns, including Benzinger, go on to careers in medicine. “I hope to work with underserved populations locally and abroad as part of my career,” she said.

Though she has had many great opportunities and accomplishments since her time at MHIF as an intern, Benzinger recognizes that her experience that summer was pivotal in shaping her future career. “I can honestly say that without this research experience early in my training, I would not be where I am today,” she said.
Transforming Communities

Through our community programs, screenings and presentations, we educate diverse audiences about heart health. The goal of community outreach is to increase personal awareness of risk factors and provide the tools necessary to assist individuals in their pursuit of heart-healthy lifestyles. The Foundation offers a variety of programs and services designed to help individuals and communities develop and maintain healthier lifestyles to prevent and manage risk factors for heart disease.

2011 COMMUNITY EDUCATION HIGHLIGHTS

COMMUNITY PRESENTATIONS
In 2011, presentations in community settings included topics such as stress management, heart-healthy eating and heart disease and diabetes. Community presentations reached more than 2,100 people.

WORKSITE PRESENTATIONS
Presentations at worksites support employee wellness efforts. Topics presented included stress management, healthy eating on a budget, healthy eating on the run and information for wellness champions. Several presentations were conducted via the “Health Matters at Work” program through our partnership with Community Health Charities.

HEALTH FAIRS
Approximately 3,500 people were reached with interactive displays at health fairs. These events were used to disseminate information on healthy eating, physical activity, and stress management, as well as to promote upcoming community education events.

HEART HEALTH SCREENINGS
Health screenings helped attendees become aware of their risk factors, including blood pressure, body mass index (BMI), blood cholesterol and blood glucose. Individuals also received counseling on improving their risk factors.

200 people received
Heart Health screenings
COMMUNITY EDUCATION

Support Group Nurtures New Advocates

Ethel Kay Livingston was diagnosed with a valve condition three years ago while living in Florida. When she and her husband moved back to Minneapolis to be closer to family, her primary care doctor referred her to Dr. Kevin Harris at the Minneapolis Heart Institute® at Abbott Northwestern Hospital. Dr. Harris encouraged Ethel Kay to attend the Women’s-Only Cardiac Support Group, and she has been an active support group member ever since.

Ethel Kay talks about living with heart disease as a condition that impacts every aspect of one’s life. After her diagnosis, she became more concerned with “how her heart works.” She feels empowered by her increased knowledge and understanding of procedures, even if she hasn’t had them. She has undergone a cardioversion twice, and credits the information she received at the support group with minimizing her stress and anxiety when she had to undergo an additional procedure. She was originally drawn to the group for the expertise of those who present on a weekly basis, but she says, “The holistic approach to health and well-being keeps me coming back every week.” She credits the information from the support group with giving her the knowledge to be a better advocate for herself. She says the support group is a safe environment to have questions answered, and to share thoughts and feelings with other women with heart disease.

Ethel Kay is also a volunteer with the Women’s Heart Health Program and reaches out to other women with heart disease through the Embrace program. This program is designed to offer support and connect hospitalized women struggling with heart disease to the resources available through the Women’s Heart Health Program. Ethel Kay feels privileged to be able to offer support and resources that can make such a big difference in women’s lives, especially when they need them most.

Research shows that a healthy lifestyle can significantly reduce the risk of developing heart disease

Girls & Moms on the Move™ has reached 500+ girls and their caregivers since inception

340 people reached via worksite presentations

More than 2,100 people reached via community presentations
Hearts Beat Back: The Heart of New Ulm Project

Hearts Beat Back: The Heart of New Ulm Project (HONU) is a 10-year initiative to significantly reduce heart attacks among residents in the rural southwestern community of New Ulm so they can live longer, healthier lives. The project, now in year four, is a collaborative partnership of Allina Health, the Minneapolis Heart Institute Foundation, New Ulm Medical Center (NUMC) and the community.

The project involves interventions in the community, health care system and worksites through individual and environmental changes. The goal is to ensure a culture of health will be sustainable in New Ulm once the project team is gone, and that the programs and initiatives can successfully be replicable in other communities. To help plan and promote health initiatives, the project has an established 36-member steering committee. Members include representatives from a broad, multi-sector base, including local employers, the City of New Ulm, Chamber of Commerce, churches, school districts, local colleges, NUMC, Brown County Public Health and the general community.

Nearly seven in 10 participants said the Take Five Challenge helped them overcome barriers to improve their heart health.

Volunteer leaders across 23 neighborhood districts help engage their neighbors in events and activities, such as the Bavarian Blast 5K walk/run.
New Ulm residents come together for a Community Health Challenge kickoff event.

KEY HIGHLIGHTS FROM 2011

- Received a grant from the United States Department of Agriculture to expand the availability of fresh, locally grown fruits and vegetables in New Ulm
-Partnered with local restaurants that are committed to serving great-tasting food, while making it easier for people to eat healthier
- Launched a year-long community health challenge, Take Five, that focused on five key behaviors for weight management
-Increased to 38 the number of New Ulm employers who had active wellness programming, ranging from a formal wellness committee, to tobacco free campuses, to participation in a lifestyle challenge program

- Continued our partnership with the Chamber of Commerce by offering a “Hot Topics” breakfast series on how to impact worksite culture
- Formed a clinical leadership team at NUMC to increase the involvement within the health care community in order to expand and inform clinical interventions
- Supported the launch of the NUMC Heart and Vascular Prevention Clinic, which provides more intensive clinical care for complex patients
- Expanded the HeartBeat Connections phone-based coaching program to include patients with diabetes and heart disease who are referred by their primary care provider
PROJECT IMPACT
In 2011, HONU completed its second round of community heart health screenings, conducting screenings at worksites, NUMC, and several community sites. Nearly 3,200 adults completed a screening. When comparing the data from 2011 to 2009 data, significant health improvements were observed. The results:

• According to 2009 data, 73 percent were overweight or obese. In 2011, this had decreased by 2 percent.
• In 2009, 44 percent had high cholesterol, 24 percent had high blood pressure and 28 percent had high blood glucose; in 2011, these decreased to 41 percent, 20 percent, and 23 percent, respectively.
• In 2009, only 16 percent ate five or more servings of fruits/vegetables daily; in 2011 this had increased to 25 percent, exceeding the national average.
• In 2009, 66 percent were getting the recommended 150 weekly minutes of physical activity; in 2011 this increased to 74 percent.

“While the famous Framingham Heart Study gathered the data, HONU is showing the world how to act on the data.”

“A lot of people making small changes can have a greater impact on the rate of heart attacks than a few people making great changes.”

Since HONU began, we have published several articles in professional journals and presented at many national conferences. To learn more, visit heartsbeatback.org and click on “Research Publications and Presentations” in the lower right-hand corner of the home page.
Positive Lifestyle Changes Score a Perfect 10

A few months back, John Holmquist was helping his wife with some music-related duties for an event she was chairing. As he carried in two amplifiers for the event, he noticed something surprising.

“When I was in my 30s, those amplifiers used to be really heavy, and I had plenty of trouble just carrying one,” explained John. “But I noticed as I was carrying everything in—even though I had the flu and wasn’t feeling well that day—I was easily carrying not just one amp, but two. I realized that as a result of working out, I am actually physically stronger—in my late 50s—than I was in my 30s. That was a real win for me.”

John’s increase in functional strength is just one of the many wins of his health transformation over the last couple years. When we first introduced John as one of our Heart of New Ulm casting call winners in late 2010, his goals were to lose weight and lower his blood pressure and cholesterol.

He started working out regularly and has maintained his commitment to it. He typically does aerobic exercise five to six days a week on an exercise bike or elliptical and adds strength training exercises on four days.

Today, he’s not only stronger, but 35 pounds lighter—holding steady at about 200 pounds. Although John has achieved the initial goals he set for himself, he would ideally like to lose another 10 to 15 pounds. Still, he’s careful to make sure he doesn’t get too hung up on the number on the scale, as he knows that he’s added muscle to his frame, which weighs more than fat.

After his 2009 heart health screening, John was getting close to needing medication to help lower his blood pressure. After he lost weight, however, his blood pressure showed a huge improvement—from as high as 160/110 mmHg on occasion to now around 115/75 (less than 120/80 mmHg is optimal).

His recent lab tests have also improved as a result of his lifestyle changes. His triglyceride level (fat in the blood) decreased by half and his HDL (good) cholesterol has improved by more than 30 percent. Despite these improvements, his LDL (bad) cholesterol was still slightly high, so he recently started a statin medication, prescribed by his doctor, to keep his heart healthy.

“What’s great about the Heart of New Ulm is that we’re actually monitoring and tracking these numbers,” stressed John, “whereas for a lot of people, the first inkling that they have any issues is a heart attack. That’s why I think the screening process is so valuable—it keeps you focused and involved with your heart health.”

At his follow-up heart health screening in 2011, John was pleased to achieve a perfect 10 on his Heart of New Ulm Lifestyle Score."

“The struggle for everybody is maintaining the changes. Anything that involves a ‘diet’ for any length of time is simply not going to be workable—you have to make changes in the way that you eat and live. Although I exercise a lot, it’s not as if I just can’t wait to get into the gym. It’s really the change in the way that I feel that motivates me and keeps me going.”

*The Heart of New Ulm Lifestyle Score is a reflection of lifestyle behavior choices. A higher score means healthier lifestyle choices and, as a result, better overall health. Your score is calculated from 0 to 10 points based on five lifestyle factors that influence your overall health. To calculate your score, visit www.heartsbeatback.org/honu-lifestyle-score-online.*
**AUDITED SUMMARY OF 2011 REVENUE AND EXPENSES**

### REVENUES

<table>
<thead>
<tr>
<th>Source</th>
<th>Operations</th>
<th>Funds with Time or Purpose Restrictions</th>
<th>Endowments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, Sponsorships and Grants</td>
<td>34%</td>
<td>$3,294,708</td>
<td>$ (155,332)</td>
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<tr>
<td>Research Study Revenues</td>
<td>40%</td>
<td>$3,837,294</td>
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<tr>
<td>Investments/Trusts Change in Value</td>
<td>0%</td>
<td>$ (4,778)</td>
<td>$ (266)</td>
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<tr>
<td>Licensing Fees</td>
<td>8%</td>
<td>$ 766,793</td>
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<tr>
<td>Income from Services</td>
<td>1%</td>
<td>$ 128,801</td>
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<tr>
<td>Payout from Endowments</td>
<td>6%</td>
<td>$ 526,184</td>
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<tr>
<td>Release of Time and Purpose Restricted Funds</td>
<td>11%</td>
<td>$1,063,725</td>
<td>$(1,063,725)</td>
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</table>

**SOURCES OF REVENUE**

| Total Revenues                              | $9,612,727 | $ (198,119) | $(1,213,472) |

### EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Operations</th>
<th>Funds with Time or Purpose Restrictions</th>
<th>Endowments</th>
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<tr>
<td>Education</td>
<td>13%</td>
<td>$ 1,271,960</td>
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<tr>
<td>Research</td>
<td>66%</td>
<td>$ 6,186,964</td>
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</table>

**TOTAL PROGRAM SERVICES**

| Total Program Services                        | $7,458,924 |

| Fund Raising                                  | 9%         | $ 852,922                               |             |
| Administration                                | 12%        | $ 1,117,869                             |             |

**TOTAL SUPPORTING SERVICES**

| Total Supporting Services                     | $1,970,791 |

| Board Designated Funds                        | $ 95,596   | $ (95,596)                             |             |

**CHANGE IN NET ASSETS**

| Change in Net Assets                          | $ 278,608  | $(293,715) | $(1,213,472) |
# FINANCIAL HIGHLIGHTS

**AUDITED BALANCE SHEET, DECEMBER 31, 2011**

**ASSETS**
- Cash and Equivalents: $2,987,560
- Investments: $15,997,170
- Contributions Receivable: $185,370
- Pledges Receivable: $1,393,630
- Other Receivables: $1,295,680
- Other Assets: $30,130
- Fixed Assets (net): $376,990

**TOTAL ASSETS** $22,266,530

**LIABILITIES**
- Accounts Payable: $326,840
- Accrued Payroll: $383,220
- Accrued Pension: $347,270
- Other Accrued Expenses: $390,530
- Annuity Payment Liability: $141,080
- Accrued Rent: $185,540
- Deferred Revenue: $138,940

**TOTAL LIABILITIES** $1,913,420

**NET ASSETS**
- Unrestricted: $1,844,888
- Unrestricted - Board Designated Endowment: $3,101,483
- Temporarily Restricted: $3,066,787
- Permanently Restricted: $12,339,952

**TOTAL NET ASSETS** $20,353,110

**TOTAL LIABILITIES & NET ASSETS** $22,266,530

79% OF THE FUNDS WE EXPENDED SUPPORTED RESEARCH AND EDUCATION
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Community Health Charities Minnesota
Kenneth and Judy Dayton
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The individuals and organizations listed have made financial contributions between the dates of January 1, 2011, and December 31, 2011.

MHIF is grateful for all of our donors’ contributions, and we are pleased to recognize their generosity. If you notice any errors or omissions, please call us at 612.863.3833, and we will correct the mistake.
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<th>Ann K. Bentdahl</th>
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<td>Gillianna Madison</td>
<td>Eilard Malecha</td>
<td>Melvin Martin</td>
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### IN HONOR

<table>
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<tr>
<th>Rolf L. Andreassen</th>
<th>Noel M. Bennett</th>
<th>Ray E. Bentdahl</th>
<th>Shirley A. Bentdahl</th>
<th>Ann K. Bentdahl</th>
<th>Harold Bergstrom</th>
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<th>Thomas F. Flavin, MD</th>
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<td>Robert G. Hauser, MD</td>
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<td>Donna Hillman</td>
<td>Leonad E. Hinze</td>
<td>Ruth Lindquist</td>
<td>Harvey B. Mackay</td>
<td>Barry J. Maron, MD</td>
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<td>George Matthew</td>
<td>Daniel Melby, MD</td>
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<td>Wayne L. Micka</td>
<td>Timothy L. Sawyer</td>
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<th>Mr. and Mrs. Louis Neiste</th>
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<th>Mr. and Mrs. John J. Spillane</th>
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<td>Mrs. Paul J. Seyer</td>
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<td>Mr. and Mrs. Richard J. Haag</td>
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