Creating A World Without Heart Disease

30 Years Strong

2012 Annual Report
In 1982, I was one of thirteen physicians practicing cardiovascular medicine at Abbott Northwestern Hospital. All of the physicians had received their medical training at large academic research institutions and all maintained a high level of interest in continuing with clinical research and medical education. However, we lacked the infrastructure and funding necessary to support such activities. In an initial effort to build this infrastructure these physicians committed one million dollars and created the Minneapolis Heart Institute Foundation (MHIF). Our goal was to create a foundation through a partnership with the physicians, Abbott Northwestern Hospital and the community. Fortunately for all, that goal has been realized.

Physicians. Since 1982 the research physician members of MHIF have donated twelve million dollars and volunteered countless hours of clinical research to support the mission of the Foundation. In return, the Foundation, with its world-class clinical research program, has enabled us to attract outstanding nationally prominent research physicians to join us in our efforts.

Abbott Northwestern Hospital. Abbott Northwestern Hospital has been a strong and generous supporter of our research and education efforts since inception. The large number of cardiovascular patients in the practice and at Abbott Northwestern Hospital has contributed greatly to the high quality of the clinical research studies undertaken at the Foundation.

The community. Ray Plank, the first chairman of the board of directors of the Foundation, guided us in creating a board that would provide extensive community interest, involvement, and financial support. Without this support of the community at large the Foundation could not exist.

Importantly, the founders always viewed education as a primary goal of the Foundation. We believe that education of medical professionals and the public, including young children, is a critically important mission of the Foundation.

One can never know how many lives have been improved or saved by the clinical research conducted at the Foundation. None of this could have been achieved without the partnership of research physicians, the hospital, and the greater Minnesota community. On behalf of the research physicians, I want to thank all of you who have so generously supported our mission with your time, counsel, and money over these thirty years. I am excited to see what the next 30 years will bring.

Sincerely,

Robert Van Tassel, MD, FACC
MHIF Board of Directors, emeritus

Looking Back 30 Years

Minneapolis Heart Institute Foundation Mission Statement

To improve people’s lives through the highest quality cardiovascular research and education.

Our research physicians believe that part of their duty as caregivers is to advocate for the safe use of medical interventions. The work of the Patient Safety and Advocacy Center of Distinction involves identifying and reporting on safety issues and identifying safer uses of medical technology. Its work is unique and recognized throughout the country and internationally. The center has disseminated more information on performance of implantable cardioverter-defibrillator (ICD) systems than any other institution.

2012 Highlights

In January 2012, MHIF hosted the Riata ICD Lead Summit to better understand how and why certain ICD leads were failing. The high profile meeting was attended by 61 clinical professionals from 22 states. As a result of the summit, studies to gather additional data were undertaken by MHIF, by other independent research organizations and by the industry.

Key publications and presentations by Robert Hauser, MD, Raed Abdelhadi, MD and staff included the results of an independent multicenter study to analyze data on lead failures, an analysis of patient deaths associated with certain lead failures and a description of a statistical tool for identifying ICD performance problems earlier.

In conjunction with Children’s Hospitals and Clinics of Minnesota, researchers developed techniques to reduce the amount of radiation needed to produce CT scans that are of sufficient quality for diagnosing heart disease in newborns and older children.
Advances in Stem Cell Therapy
The Minneapolis Heart Institute Foundation has treated 339 cardiovascular patients using adult stem cell therapy – more than any other center in the nation. It is a world leader in the investigation of stem cell therapy for heart attack, heart failure, angina, peripheral arterial disease, and stroke. Stem cell therapy is being investigated as a potential solution for the highest risk, sickest patients with cardiovascular disease, for whom few or no other treatment options exist. Research focuses on the safety, effectiveness, optimal delivery methods, and long-term outcomes of using a patient’s own stem cells or cells from a young, healthy donor to enhance the regeneration of heart muscle and blood vessels.

2012 Highlights
In 2012, MHIF was the only Minnesota institution of the seven U.S. Centers of Excellence that make up the Cardiovascular Cell Therapy Research Network (CCTRN). This network will receive funding from the National Institutes of Health over the next seven years. Currently the members of CCTRN drive a significant amount of the stem cell therapy research in the USA and the Foundation is participating in some of the most noteworthy of those research projects.

In 2012, papers resulting from these stem cell research studies were published in peer reviewed journals, including the Journal of the American Medical Association. The papers documented the benefits of stem cell therapy in improving heart muscle function but noted that the quality of the stem cell makes a difference in the outcome. Ongoing research is looking at ways to improve the quality of stem cells from research patients so they are as effective as possible.

2003: The Level One Heart Attack Program was developed

2004: The first stem cell procedure was performed

2007: MHIF was named one of the original five stem cell network sites funded by the NIH

Patient Story
Stan Cravatt
Heart Attack Patient
Austin, Texas

On a Saturday in 1990, Stan Cravatt’s father died of a heart attack. On Monday, the day of the funeral, Stan woke up with chest pain. “I remember telling the nurse at the hospital, ‘When you’re through checking me out, I have a funeral to go to.’ And she said, ‘It’ll be your own funeral if you leave here today.’”

Despite exercising faithfully and following what he calls the “if it tastes good, don’t eat it” diet plan, Stan went on to experience four more heart attacks over the next 23 years. Over that time, he received just about every coronary intervention in the book – bypass surgery, angioplasty, placement of a stent, and implantation of an ICD.

Then he heard about the stem cell research being done at MHIF. “I figured I had nothing to lose,” he said. “My two boys are prime candidates for heart attacks because of their genetics. If trying something new can help them avoid what I’ve had to go through, then I’m all for it.”

The study Stan is participating in involves using liposuction to remove fat from the abdomen. The fat is then processed to remove the stem cells from the fat. The stem cells are then injected into the heart muscle. Although it is too early for him to know any results, Stan is hopeful that the research will show that fat-derived stem cells can help grow new, healthy heart tissue. “If nothing else, I got a tummy tuck out of the deal,” he joked.

But he’s serious when he talks about all he has to live for. “Earlier in my life, my goal was to live to see my sons born, then to see them become Eagle Scouts. Now my boys are in college and I want to see them graduate,” he said. “One of my sons is studying pre-med. I hope he becomes a cardiologist.”

“...patients were usually in the hospital for two weeks. Today, we can safely send selected heart attack patients home in two days. Most patients return to full activity levels.”

-Dr. Van Tassel

More people are surviving heart attacks and recovering well today. This is not just because of new technology but is also because of efficient care delivery systems and people working together to improve outcomes through networks such as MHIF’s Level One Heart Attack Program. MHIF pioneered the Level One program, a set of protocols and networks connecting rural hospitals without cath labs to larger hospitals with more advanced capabilities. The goal is to provide people who are having a heart attack within a 200-mile radius of a major hospital with the same access to life-saving care as those living a few blocks away. The Level One program is just one example of how research and education supported by MHIF have dramatically changed the way heart attacks are treated in the U.S. and around the world.

2012 Highlights
Ongoing clinical research and analysis of the Level One patient database enables MHIF research physicians to continually improve treatment protocols. Work is ongoing to expand the Level One protocol-driven network approach to other life-threatening conditions, including cardiac arrest, shock, acute coronary syndrome, unstable angina and aortic dissection.

MHIF researchers have published more than 80 papers on the treatment of heart attack and other acute cardiovascular emergencies. Nearly 4,000 patients with acute heart attacks (STEMI) have been enrolled in MHIF studies over the last 10 years. Current studies are underway to evaluate techniques to reduce the size of the area of the heart damaged by heart attack, to investigate the use of biomaterials to mitigate damage after a heart attack, and to develop optimal techniques for restoring blood flow in the heart after a heart attack.
Advancements in Treating Valve Disease

Disease of the heart valves is largely degenerative in nature and therefore more common in older patients. Many older patients who need valve replacement or repair are not able to withstand open-heart surgery. MHIF researchers are investigating less-invasive ways to treat valve disease using balloons, new types of bioprosthetic valves, and other devices that can be placed through catheters. Results of this research are helping lengthen and improve lives of patients across the country.

2012 Highlights

MHIF plays a strong role in delivering research into transcatheter aortic valve replacement (TAVR) for inoperable and high risk patients. This technique involves replacing the valve through a catheter inserted into blood vessels in the groin and threaded to the heart. MHIF research physicians have completed more than 75 TAVR procedures since the clinical trials began in 2011. More research is underway to study the effectiveness of this technique in intermediate-risk patients.

Research is also investigating technology and techniques that enable doctors to repair rather than replace the mitral valve. These studies may further extend the use of these technologies to broader groups of patients.

Patient Story

Ed Lamoureux, Mitral Valve Repair Patient
Salix, Iowa

Thanks to a stubborn wife and a research study involving an investigational device at MHIF, Ed Lamoureux is finally experiencing the retirement he wished for.

Back in 1980, at age 46, strong discomfort in his left arm led Ed to consult a cardiologist. After completing a treadmill test, he was given the choice of having a heart catheterization or going home. “I wanted to go fishing, but my wife insisted I have the heart cath,” Ed recalled. “It was a good thing my wife was so stubborn – the catheterization showed a 95% blockage.”

That led to a bypass operation, which was repeated 13 years later after blockages returned. In that year, Ed retired early due to health problems. He and his wife, Dorothy, began spending winters near Lake Havasu City, Ariz. But Ed was not able to completely enjoy retirement.

“One of the other snowbirds put up a sign on the golf course there that says ‘Cardiac Hill.’ I would have to rest at the top of that hill every time,” Ed said. Even climbing stairs was difficult.

By 2006, a sleepless night with breathing difficulties landed Ed in the hospital. Doctors told him he had significant mitral valve regurgitation and needed to have something done. Because of his health history, a traditional surgical valve replacement procedure would be risky. So the self-described “computer nut” started researching some other options.

He finally happened on information about a clinical trial for a device that enables doctors to repair the mitral valve using a catheter rather than replacing it through open-heart surgery. He came to the Minneapolis Heart Institute Foundation.

Research physician Wes Pedersen did the procedure, which required just two nights in the hospital, and virtually no recovery time.

“Right away I felt so much better,” Ed recalled. “Even now, six years later, I still have no shortness of breath. Dr. Pedersen says I’m still as good as I was right after the procedure. At almost 77, I feel better now than when I was 62.”

“I have nothing but praise for how Dr. Pedersen and Sara Olson, his research nurse, treated my wife and me every time we went there for follow-ups. I feel so lucky we were able to have this procedure. And I feel lucky that my wife is so stubborn, otherwise I wouldn’t be here today!”

“In 1982, valves could only be repaired or replaced by an open-chest procedure, requiring patients to be on a heart-lung machine. That is especially risky for older patients. Quite often there was nothing we could do to help them.”

-Dr. Van Tassel
Advancements in Treating HCM

Hypertrophic cardiomyopathy (HCM) affects one in 500 people, making it the most common genetic heart disease. The complications of HCM—arrhythmias, heart failure and stroke—can cause sudden death or a course of progressive symptoms leading to death. Under the guidance of Barry Maron, MD, the main interventions that MHIF’s HCM Center has investigated over the years—implantable cardioverter-defibrillators to prevent sudden death and surgical myectomy to relieve obstructive heart failure—now enable patients with HCM to enjoy a normal lifespan without disability.

2012 Highlights

Barry Maron, MD, published several key clinical papers, bringing the total number of papers he has published on HCM in his lifetime to well over 800. The title of a paper in Circulation, the journal of the American Heart Association, says it all: “Evolution of Hypertrophic Cardiomyopathy to a Contemporary Treatable Disease.”

Young people are another focus of Dr. Maron’s work related to HCM. His paper “Prevention of Sudden Cardiac Death with Implantable Cardioverter-Defibrillators in Children and Adolescents with HCM,” published in the Journal of the American College of Cardiology, describes a multicenter registry that tracked the effectiveness of ICDs in high-risk pediatric patients from 1987 to 2011.

In 2012, MHIF research physicians and staff were involved in 163 different clinical research studies—an all-time high for a single year.

Karen Newstrom lost her first brother to HCM at age 20 in 1976 and her second brother at age 34 in 1986. But thanks to changes prompted by Dr. Barry Maron’s pioneering research into the value of ICDs for HCM patients, HCM’s toll on her family would end there.

Karen, her father, her middle son, and her niece, all diagnosed with HCM, have received ICDs. Since Karen’s ICD was implanted in 2002 by Adrian Almquist, MD, her device has saved her life not once, but seven times.

Karen began to see the things she loved to do being taken away by her disease. She could no longer muster the breath to play her oboe with the community band she had been part of for 28 years. And she was forbidden to go to Pilates classes (“I argued with Dr. Maron on that one, but once again he was right!” she said.)

She was relieved when her doctors recommended a surgical procedure called a myectomy to relieve the obstruction. Even though it required opening her chest, she found herself looking forward to it—and it did relieve her symptoms.

Now she is back in her chair in the oboe section, she is shepherding her kindergarteners up and down the stairs—and she’s back to her beloved Pilates, twice a week.

“If it weren’t for Dr. Maron and Dr. Almquist, I wouldn’t be here. I owe my life to them,” she said. “I am not only alive today, but I am living a full life.”

Patient Story

Karen Newstrom, HCM patient Duluth, Minnesota

“HCM patients who are prone to develop life-threatening arrhythmias would have certainly died back in 1982, but research on the use of ICDs in this patient population has created much improved chances for a positive outcome.”

-Dr. Van Tassel

In 2012, MHIF research physicians and staff were involved in 163 different clinical research studies—an all-time high for a single year.
Advancements in Treating Peripheral Artery Disease (PAD)

Peripheral artery disease (PAD) involves blood vessels outside the heart and brain. PAD often involves the narrowing of vessels that carry blood to the legs and feet, arms, stomach, or kidneys. When PAD is severe, it can manifest as critical limb ischemia, a condition characterized by pain at rest and non-healing wounds in the affected limb.

MHIF research physicians and vascular specialists are working to identify the best ways to diagnose and treat vascular disease in order to avoid life-altering measures such as amputation. The goals are to prevent disease progression, preserve patients’ independence, and improve quality of life.

2007: Research begins on gene therapy to address critical limb ischemia

In 1982, there were no vascular surgery specialists and no technology for treating PAD. Patients with critical limb ischemia were much more likely than today to deteriorate to eventual amputation.

-Dr. Van Tassel

2012 Highlights

The summer of 2012 brought a new cohort of research interns to the Minneapolis Heart Institute Foundation. MHIF hosted 13 research interns, mostly pre-med undergraduates, who worked with physician and research staff mentors on clinical research projects and gained real-world experience shadowing cardiovascular healthcare professionals in the hospital. Intern projects included a collaboration with the Vascular Anomalies Clinic at Children’s Hospitals and Clinics of Minnesota that resulted in published papers on infantile hemangiomas, tumors made up of blood vessels that may be present at birth. These early-career experiences are essential in creating the next generation of physician-researchers. During 2012, the 11th year of the program, MHIF surveyed all former interns and found that more than 90% of students who have participated in the program have gone on to careers in healthcare and more than 50% have had a publication as the result of their work at MHIF.

Patient Story

Gary “Ozzie” Moonen, PAD Patient

Waconia, Minnesota

Ozzie Moonen knows only too well the toll that diabetes and smoking can take on your life.

In the early ’70s while in his 20s, a life-insurance physical revealed that Ozzie had diabetes. Over the decades, he suffered a heart attack and a stroke. By 2007, his health problems had cut short his career as a chef. Feeling “absolutely terrible” and experiencing chest pains, he came in for an evaluation.

In addition to seeing several heart specialists, he had a vascular specialist look at an ulcer on his big toe that wouldn’t heal. Although Ozzie’s entire foot was in jeopardy, doctors amputated only his toe. To improve circulation and save the rest of his toes and foot, Jason Alexander, a research physician at the MHIF and a vascular surgeon at Minneapolis Heart Institute at Abbott Northwestern Hospital, placed a stent in a blood vessel in his leg. “They told me that if I had never smoked, I wouldn’t be in this situation,” Ozzie said.

Today Ozzie still has all his remaining toes but continues to have problems with non-healing foot wounds. In April he was hospitalized at Abbott Northwestern, where he used a compression therapy machine to improve blood flow. He describes it as being like a big blood pressure cuff around his leg that inflates, squeezes hard and then deflates.

Dr. Alexander got him a compression device for home use, which Ozzie uses for three hours each day while watching his favorite TV shows — Gunsmoke, Dr. Phil and the local news. “I can feel the difference in my legs after using the machine. I can walk without pain,” he said.

In December, he learned about a clinical study designed to investigate whether stem cells of patients with critical limb ischemia could grow productive blood vessels. Jo Anne Goldman of the MHIF research staff explained the study to him.

“Dr. Alexander wanted me to think about it, but I decided to do it before Jo Anne even walked out of the room,” Ozzie said. “The way she explained it, I might benefit myself, but I would also be involved in research that might benefit other people.”

The research protocol involves frequent follow-up visits. “I look forward to going in,” Ozzie said. “They make me feel like a celebrity.”

Despite the long road he has been on, Ozzie is upbeat. “Little by little, it’s getting better for me,” he said. “When you have diabetes, every day you hear about something new. Everything I’ve tried is doing a great job.”

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-Dr. Van Tassel
Empowering people with tools and education to transform communities, families and individuals

Transforming Communities

Hearts Beat Back: The Heart of New Ulm Project

Hearts Beat Back: The Heart of New Ulm Project is in its fourth year of a 10-year research and demonstration project designed to reduce heart attacks among the residents of New Ulm, Minn. As a population-based prevention demonstration project, it applies evidence-informed health improvement practices in the community, health care system, worksites and the environment. New Ulm residents are working to reduce their risk for heart attack by making healthful lifestyle changes, such as being more physically active, making healthier eating choices, maintaining a healthy weight, managing stress and quitting smoking.

2012 Highlights

To date, the project has shown improvements in key cardiovascular risk factors that have exceeded national averages. Analysis of New Ulm Medical Center Electronic Health Record two-year data showed the following results:

- High blood pressure decreased 20.6% to 17.9%
- High cholesterol decreased 10.8% to 8.6%
- High triglycerides decreased 33.9% to 31.9%

National Attention

Hearts Beat Back: The Heart of New Ulm Project was one of the sponsors of the Day of Play on September 29th at Martin Luther College in New Ulm. More than 500 attendees had the opportunity to hear keynote speaker Vice Admiral Regina Benjamin, MD, Surgeon General of the United States, speak about how closely the project aligns with the national prevention strategy she is advocating across the nation.

Hearts Beat Back: The Heart of New Ulm Project received a Farmers Market Promotion Program grant from the U.S. Department of Agriculture. Hours were expanded at the main farmers market location, the number of vendors increased, and an additional location opened downtown.

Recognition from the Centers for Disease Control

To expand the project’s impact, MHIF became the only organization in Minnesota to receive a highly competitive grant from the Centers for Disease Control to support small-community transformation. The funding is being used for two projects in Brown County: Complete Streets policy work and an expansion of the SWAP IT to DROP IT campaign.

Hearts Beat Back: The Heart of New Ulm Project launched the SWAP IT to DROP IT Community Health Challenge to encourage people to make easy food, beverage and activity swaps during the day that reduce or bum about 100 calories each. A social marketing and media campaign by the same name featured advertising throughout the community, grocery store tours and cooking demonstrations and messaging in restaurants and in convenience and grocery stores.

The project received two grants totaling more than $1 million from UnitedHealth Group to fund weight management and nutrition initiatives, including a Community Health Challenge that is launching in June 2013. If the town succeeds in meeting its goal, it will earn $100,000 worth of new outdoor fitness equipment for New Ulm parks and bicycle improvements such as bicycle racks.

In addition, Hearts Beat Back: The Heart of New Ulm Project was highlighted in feature stories in two national magazines: EatingWell and Diabetic Living.

The project’s staff shared information about the program with the scientific community through a number of presentations and papers including a recent article in the Journal of the American Heart Association (AHA). This article compares cardiovascular health metrics of Hearts Beat Back: The Heart of New Ulm Project participants with AHA’s “ideal cardiovascular health” model.

2009: The Heart of New Ulm Project began

2012: The Food Explorers pilot began

Transforming Families

Girls & Their Moms

The Girls and Moms on the Move® program encourages girls ages 8-12 and their moms or other female role models to be healthy and active. It provides a way to help connect girls to their families and form healthy habits.

In 2012, the program invested in more tools to expand this successful program, including a new website (www.girlsandmoms.org) to help recruit, train and support group leaders, as well as educational videos for use in program sessions.

School Kids & Their Families

In October 2012, MHIF launched the first component of a school-based initiative to encourage heart-healthy habits in childhood, so children grow up to lead long, healthy lives free of heart disease. Called Food Explorers, the program features trained parent volunteers who lead simple cooking and tasting activities in the classroom to increase acceptance, build cooking skills and create support for a healthy food environment at school and at home.

The program was piloted in two Twin Cities elementary schools, reaching about 500 students.

“Kids discovered more fruits and vegetables they liked and parents reported their children were more willing to try new foods and help with cooking at home. All of the participating teachers and parent volunteers said they would participate again.”

2012: The Food Explorers pilot began
MHIF’s partnership with WomenHeart: The National Coalition for Women with Heart Disease marked its third year in 2012. Together, MHIF and WomenHeart developed a comprehensive set of educational videos and curriculum used by volunteer-led networks across the country. WomenHeart has more than 100 active support networks in 37 states, reaching over 5,000 women in 2012. The MHIF’s Embrace program completed its second year. The program connects women hospitalized with a cardiac diagnosis at Abbott Northwestern Hospital in Minneapolis with relevant MHIF programs through trained volunteers who are members of the Women’s Only Cardiac Support Group. Embrace volunteers reached more than 60 people in 2012.

The Women’s Only Cardiac Support Group, sponsored by MHIF, expanded to 180 members in 2012. This group meets weekly to provide information about living a healthy lifestyle for women with heart disease and those who wish to prevent heart disease. MHIF staff and volunteers shared the message about women and heart disease at 23 events in 2012 that reached more than 8,000 individuals across Minnesota.

Patient Story
Wayne Laitinen, Heart of New Ulm participant
New Ulm, Minnesota

As he turned 60, Lutheran minister Wayne Laitinen pondered his grandfathers’ fate: Both had died of heart attacks at age 64. “I was beginning to think to myself, ‘Is a heart attack a foregone conclusion or is there something I can do about it?’” he said.

The results of his heart health screening through Hearts Beat Back: The Heart of New Ulm Project confirmed his cause for concern. His cholesterol, blood pressure and triglycerides were all significantly high. In addition, he was obese and had been diagnosed with pre-diabetes. After talking with his doctor and considering whether to take a recommended cholesterol-lowering medication, Wayne decided to first try to lower his risk through exercise and better nutrition.

He received a call inviting him to participate in the HeartBeat Connections program through Hearts Beat Back: The Heart of New Ulm Project, which provides free phone coaching for people at high risk for heart attack. His phone coach, Theresa, provided information, support, encouragement and, importantly, accountability to keep him focused and on track. Within four months, Wayne’s numbers improved dramatically, and almost all were within a healthy range. “Had it not been for the Heart of New Ulm, I wouldn’t have gotten the phone call offering me help, and I wouldn’t be in the good place where I am today,” he said. “I’m not saying that a heart attack won’t happen to me, but it’s a lot less likely to happen with the changes I’ve made.”

To learn more about the heart-healthy lifestyle changes Wayne has made, check out his story in the July 2012 edition of heartsbeatback E-NEWS: http://www.heartsbeatback.org/e-newsletters.
Summary of Revenue and Expenses — 2012

- Contributions, Sponsorships and Grants: $5,945,064 (48%)
- Research Study Revenues: $3,433,592 (28%)
- Investments/Trusts change in value: $2,131,095 (17%)
- Licensing Fees: $783,475 (6%)
- Income from services: $171,684 (1%)

Sources of Revenue: $12,464,910 (100%)

Balance Sheet Summary — December 31, 2012

- Assets
  - Cash and Equivalents: $2,602,402
  - Investments: $18,210,552
  - Contributions Receivable: $170,285
  - Pledges Receivable: $1,839,259
  - Other Receivables: $1,612,491
  - Other Assets: $60,871
  - Fixed Assets (net): $41,173
  - Total Assets: $24,907,596

- Liabilities
  - Accounts Payable: $331,239
  - Accrued Payroll: $324,409
  - Accrued Pension: $395,885
  - Other Accrued Expenses: $321,766
  - Annuity Payment Liability: $136,074
  - Accrued Rent: $192,598
  - Deferred Revenue: $155,642
  - Total Liabilities: $1,857,613

- Net Assets
  - Unrestricted: $1,299,648
  - Unrestricted - Board Designated Endowment: $3,575,066
  - Temporarily Restricted: $5,325,292
  - Permanently Restricted: $12,849,977
  - Total Net Assets: $23,049,983
  - Total Liabilities and Net Assets: $24,907,596

- Total Program Services: $7,538,855 (77%)
  - Education: $1,759,534 (18%)
  - Research: $5,779,321 (59%)

- Total Supporting Services: $2,229,182 (23%)
  - Fund Raising: $841,168 (9%)
  - Administration: $1,388,014 (14%)

- Total Expenses: $9,768,037 (100%)
Physicians

Minneapolis Heart Institute® at Abbott Northwestern Hospital and the Minneapolis Heart Institute Foundation

Raed H. Abdelhadi, MD
Peter B. Alden, MD
Jason Q. Alexander, MD
Adrian K. Almquist, MD
Richard Y. Bae, MD
Mosi Bennett, MD
John E. Bernhardson, MD
M. Nicholas Burke, MD
Durand E. Burns, MD
Barry M. Cabuay, MD
Alex Campbell, MD
Ivan J. Chavez, MD
Andrew H. Cragg, MD
Timothy G. Dirks, MD
Frazier Eales, MD
David S. Feldman, MD
Björn P. Flygenring, MD
James Furda, MD
Charles C. Gornick, MD
John N. Graber, MD
Elizabeth Z. Grey, MD
B. Kelly Han, MD
Kevin Harris, MD
Robert G. Hauser, MD
Timothy D. Henry, MD
William T. Hesson, MD
Mark A. Houghland, MD
Kasia Hryniewicz, MD
David G. Hurrell, MD
Desmond Jay, MD
Randall K. Johnson, MD
William T. Katsiyiannis, MD
Thomas Knickelbine, MD
Vibhu R. Koherty, MD
Casey M. Lawler, MD
John R. Lesser, MD
David Lin, MD
Daniel Lips, MD
Terence F. Longe, MD
James D. Madison, MD
Barry J. Maron, MD
Daniel Melby, MD
Michael Miedema, MD
Michael R. Mooney, MD
Richard R. Nelson, MD
Marc C. Newell, MD
Maria-Teresa Olivari, MD
Quirino G. Orlandi, MD
Luis A. Pagan-Carlo, MD
Wesley R. Pedersen, MD
Anil K. Poulisse, MD
Adnan Z. Rizvi, MD
Michael Samara, MD
Robert S. Schwartz, MD
Jay Sengupta, MD
Scott W. Sharkey, MD
Nedda Skeik, MD
Paul Sonajja, MD
Peter J. Skolman, MD
Gay G. Straus, MD
Timothy M. Sullivan, MD
Benjamin C. Sun, MD
Daniel Lips, MD
Terence F. Longe, MD
James D. Madison, MD
Barry J. Maron, MD
Daniel Melby, MD
Michael Miedema, MD
Michael R. Mooney, MD
Richard R. Nelson, MD
Marc C. Newell, MD
Maria-Teresa Olivari, MD
Quirino G. Orlandi, MD
Luis A. Pagan-Carlo, MD
Wesley R. Pedersen, MD
Anil K. Poulisse, MD
Adnan Z. Rizvi, MD
Michael Samara, MD
Robert S. Schwartz, MD
Jay Sengupta, MD
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Ann Bentdahl
As 2012 President, Ann brought the Benddahl family’s passion for the Foundation and its mission to her role as chief executive. Under Ann’s guidance, the Foundation made major strides that position the organization well for continued growth.

Jerry Johnson
Jerry’s passion for the Foundation is professional and personal. As Board Chair, and a person with a family history of heart disease, he understands the important role the Foundation plays in the business and health care communities.

As chairman of the Foundation board years ago, Dr. Bob Van Tassel put out a challenge to us: “You can’t dream big enough.”

Today we are seeing big dreams come true. For example, nobody ten years ago thought we would be replacing aortic valves using a catheter instead of open-chest surgery. Nobody thought we would be prescribing a $200 test to rule out a genetic arrhythmic condition, thereby saving a lifetime of worry and tens of thousands of dollars in medical appointments. More exciting work is ahead of us. Stem cell therapy is in its infancy and needs to be thoroughly evaluated. Innovations in technology are within our reach to enable us to provide older and sicker patients with new treatment options associated with fewer risks and shorter recovery.

Innovative approaches to prevention are also critically important for us to pursue. The epidemic of obesity and type 2 diabetes in this country threatens to erase the progress we have made toward creating a world without heart disease. The Heart of New Ulm Project is a living “petri dish” with an ambitious goal of preventing heart attacks in an entire community. The results of that project so far have been shockingly successful. We need to do more.

Thirty years ago, advances happened over decades, now they happen in mere years. In the next five years, not the next 30 years, we will do things that we haven’t even thought of yet. The researchers and staff of the Foundation have the talent, enthusiasm and work ethic that’s needed to develop what is beyond our biggest dreams.

Sincerely,
William Katsiyiannis, MD
Vice Chair, MHIF Board of Directors