MANY FACES: BEYOND THE CONFERENCE

SESSIONS BROCHURE

2026- 2027

MANY FACES of COMMUNITY HEALTH

Many Faces of Community Health: Beyond the Conference

6-Session Webinar Series

Thank you for joining us for the 21st annual Many Faces of Community Health Conference on September 29, 2026!

We received an overwhelming number of session proposals this year, with so many great topics and presentations that we weren't able to include them all in the in-person conference. We're excited to continue the conversation through our first-ever **Many Faces of Community Health: Beyond the Conference** webinar series!

From November 2026 through May 2027, we'll host monthly, one-hour virtual sessions via Zoom from **12:00 PM – 1:00 PM.** Each session will offer another opportunity to learn, share ideas, and connect around topics relevant to Minnesota's community health centers.

We hope you'll join us! Read on for the full schedule, session descriptions, and speaker information.

- Many Faces Learning Objectives
- Agenda at a Glance
- Session Descriptions
- Speaker Bios



MANY FACES LEARNING OBJECTIVES

Upon completion of this conference, participants will be able to:

- Describe the impact of healthcare reform on safety net providers and underserved populations in Minnesota, as well as how changes at the national and state levels are affecting access, quality, and reimbursement.
- Recognize the role safety net providers and communities play in improving health outcomes, preventing and managing chronic disease, and assuring access to all.
- Identify strategies and resources to help adapt to the challenges of operating within our changing environment.
- Summarize clinical interventions that have the potential for improving health.

AGENDA AT A GLANCE

Many Faces of Community Health: Beyond the Conference Agenda-At-A-Glance	
November 2026	
November 24, 2026 **12:00 - 1:00 PM**	**Building a Culture Where Quality Belongs to Everyone** Southside Community Health Services **Alyssa Palmer**
December 2026	
December 14, 2026 **12:00 - 1:00 PM**	**AI for Rural and Safety Net Organizations** Great Plains Telehealth Resource & Assistance Center **Jonathan Neufeld, PhD**
January 2027	
January 7, 2027 **12:00 - 1:00 PM**	**Bridging the Coverage Gap: A Data-Driven Look at Minnesota Communities** State Health Access Data Assistance Center (SHADAC); Blue Cross and Blue Shield of Minnesota Foundation **Christina Andrews Worrall, MPP & Majra Mucić Gibbons**
February 2027	
February 16, 2027 **12:00 - 1:00 PM**	**Patient-Centered Pain Management for IUD Procedures: Implementation of Current Best Practices and Lessons Learned from Exploratory Pilot** Upstream USA **Dr. Lisa Goldthwaite, MD, MPH, FACOG**
***No session in March 2027**	
April 2027	
April 19, 2027 **12:00 - 1:00 PM**	**Strengthening Community-Based Vision Health Care to Improve Population Health at the Local and State Level** Vision Health Minnesota **Cindy Hillyer, PHN, MPA**
May 2027	
May 11, 2027 **12:00 - 1:00 PM**	**Normalizing Buprenorphine in Primary Care: Organizational Culture Change and Low Barrier MOUD Integration in a Homeless Health Care Program** Hennepin County Health Care for the Homeless **Cherisse Sardon Garrity, MSN, APRN & Martha Trevey, DNP, MPH, APRN**

SESSION DESCRIPTIONS

November 24, 2026

Building a Culture Where Quality Belongs to Everyone

Alyssa Palmer, Southside Community Health Services

Description

Safety-net providers face increasing demands to improve patient outcomes, manage chronic diseases, and adapt to a rapidly evolving healthcare environment. Building a culture of continuous quality improvement (QI) can help organizations move beyond regulatory compliance to make quality everyone's responsibility. Drawing on Southside Community Health Services' experience, this session will explore practical strategies to strengthen staff engagement, reduce resistance to change, and embed sustainable QI processes into everyday workflows. Participants will learn how to engage frontline staff and interdisciplinary teams in workflow redesign, use Plan-Do-Study-Act (PDSA) cycles to test changes, establish routine quality scorecard reviews, and foster psychological safety and accountability through relational leadership. Presenters will also share lessons from value-based care arrangements, including how accessible data and analytics support health center engagement, ongoing performance monitoring, and improved financial outcomes. Participants will leave with actionable approaches to foster organizational resilience, strengthen team collaboration, and advance patient-centered care and quality outcomes.

Learning Objectives

By the end of the session, participants will be able to:

1. Identify the data, analytics, and operational competencies required for FQHCs to succeed in VBC arrangements, including monitoring performance metrics, managing attribution, and taking targeted interventional action.
2. Describe the shift toward value-based care (VBC) in Medicare and Medicaid and explain how these arrangements create financial incentives for improving cost and quality performance.
3. Outline practical strategies to engage staff, reduce resistance to change, and integrate sustainable quality improvement processes into everyday workflows.

December 14, 2026

AI for Rural and Safety Net Organizations

Jonathan Neufeld, PhD; Great Plains Telehealth Resource & Assistance Center

Description

Artificial intelligence (AI) is rapidly transforming healthcare delivery, from administrative functions such as revenue cycle management to direct patient care. As these technologies evolve, healthcare organizations need to understand their potential benefits, limitations, risks, and implications for clinical practice and operations. This session will provide an overview of current AI tools and services, relevant regulations, and emerging controversies surrounding AI in healthcare. The Great Plains Telehealth Resource & Assistance Center, an HRSA-funded technical assistance resource, will share an objective framework to help safety-net organizations assess AI technologies, make informed decisions about adoption, and establish responsible practices for AI governance and implementation.

Learning Objectives

By the end of the session, participants will be able to:

1. Discuss the potential benefits of the deployment of AI technologies for various clinic functions.
2. List some of the necessary and recommended governance structures/processes for assuring effective AI management.
3. Evaluate several current areas of sensitivity when AI is used with vulnerable populations.

January 7, 2027

Bridging the Coverage Gap: A Data-Driven Look at Minnesota Communities

***Christina Andrews Worrall**, MPP; State Health Access Data Assistance Center (SHADAC), Division of Health Policy and Management, School of Public Health, University of Minnesota*
***Majra Mucic Gibbons**; Blue Cross and Blue Shield of Minnesota Foundation*

Description

The Minnesota Community and Uninsured Profile, developed by the State Health Access Data Assistance Center (SHADAC) with support from the Blue Cross and Blue Shield of Minnesota Foundation, is an interactive data tool and map that helps organizations better understand the communities they serve and identify gaps in health insurance coverage and access to care. This session will feature a demonstration of the tool's key features, including how to explore uninsured populations, community demographics, and social vulnerability across Minnesota at the ZIP code, county, and other geographic levels. Participants will learn how health centers and community-based organizations can use these data to identify underserved populations, inform outreach and enrollment efforts, strengthen grant applications, and target resources to local needs. The session will also explore how these data can establish a baseline for monitoring changes in coverage and access to care amid evolving state and federal policies, including anticipated changes to public coverage. Participants will leave with practical strategies for using local data to support planning, advocacy, funding opportunities, and efforts to improve health care access across Minnesota communities.

Learning Objectives

By the end of the session, participants will be able to:

1. Use the information in the Minnesota Community and Uninsured Profile and Map to explore characteristics of the communities you serve and to target resources to fill coverage gaps.
2. Understand how federal survey data and methods can continue to be used to inform state and local decision making. SHADAC is a technical assistance resource for survey and other data to inform health decisions.
3. Learn how to navigate the profile and map to optimize use and create efficiencies in research.

February 16, 2027

Patient-Centered Pain Management for IUD Procedures: Implementation of Current Best Practices and Lessons Learned from Exploratory Pilot

Dr. Lisa Goldhwaite, MD, MPH, FACOG, Upstream USA

Description

Pain management is an essential component of high-quality, patient-centered contraceptive care. Recent CDC and American College of Obstetricians and Gynecologists (ACOG) guidance emphasizes counseling patients about potential pain during IUD placement and developing individualized pain management plans based on patient preferences. This session will review current best practices and practical, evidence-based strategies that interprofessional care teams can implement in primary care and community health settings. Topics will include pre-procedure counseling, nonpharmacologic techniques, local and systemic pharmacologic options, and individualized approaches for patients at increased risk of pain. Presenters will also share lessons learned from an exploratory Upstream USA pilot using virtual simulation training to build primary care clinicians' skills in administering paracervical blocks. Qualitative findings will highlight the training's impact, implementation of skills in practice, and ongoing barriers to providing this evidence-based pain management option. Participants will gain practical strategies to support informed decision-making, expand pain management options, and improve the patient experience during IUD procedures.

Learning Objectives

By the end of the session, participants will be able to:

1. Apply CDC and ACOG guidance on pain management best practices to IUD procedures, including counseling patients effectively and delivering evidence-informed care.
2. Develop comfort with a range of nonpharmacologic and pharmacologic pain and anxiety management strategies for IUD procedures and determine which approaches are already accessible or could be easily adopted into primary care settings, versus those that will require referral for care.
3. Evaluate the potential of virtual simulation training as a scalable intervention for integrating paracervical blocks into primary care.

April 19, 2027

Strengthening Community-Based Vision Health Care to Improve Population Health at the Local and State Level

Cindy Hillyer, PHN, MPA; Vision Health Minnesota

Description

Access to timely, quality eye care is essential to children's health, learning, and development, yet many children in underserved and rural communities face barriers to screening, diagnosis, and treatment. This session will highlight Minnesota's cross-sector efforts to strengthen children's vision health through community-led strategies, culturally responsive care, and improvements to the eye care system. Presenters will share findings from school-based screening initiatives demonstrating substantially increased identification of vision problems through instrument-based screening, particularly among children whose first language is not English and Indigenous children. Participants will learn how partnerships among schools, healthcare organizations, state agencies, and community coalitions can advance early identification, improve care coordination, and increase access to needed treatment. The session will also highlight practical approaches to tracking screening, referral, examination, and treatment outcomes, along with examples of successful initiatives across Minnesota communities. Participants will leave with strategies to strengthen local partnerships, address disparities in vision health, and improve access to culturally responsive eye care for children and families.

Learning Objectives

By the end of the session, participants will be able to:

1. Identify three barriers to eye care access for underserved populations.
2. Analyze gaps in eye care services in education and health care settings.
3. Design three strategies to increase access to resources through a collaborative care coordination model (i.e., identify who are your likely partners?)

May 11, 2027

Normalizing Buprenorphine in Primary Care: Organizational Culture Change and Low Barrier MOUD Integration in a Homeless Health Care Program

Cherisse Sardon Garrity, MSN, APRN; Hennepin County Health Care for the Homeless
Martha Trevey, DNP, MPH, APRN; Hennepin County Health Care for the Homeless

Description

Buprenorphine is an effective, evidence-based treatment for opioid use disorder, yet stigma and fragmented care systems continue to limit access, particularly for people experiencing homelessness. Beginning in 2020, Hennepin County Health Care for the Homeless (HCH) transformed its approach to

medication for opioid use disorder (MOUD), expanding from a single expert prescriber to all 17 prescribers offering buprenorphine as part of routine primary care. This session will explore the cultural, operational, and clinical strategies that supported this transformation, including provider education, peer-to-peer support, standardized prescribing tools, and low-barrier, nonjudgmental care environments. Presenters will share data on prescriber participation, prescriptions, and patient access, along with lessons learned about improving treatment access, reducing delays, and strengthening continuity of care. The session will also highlight an unexpected benefit: reduced provider burnout through shared responsibility, increased clinical confidence, and a more supportive team culture. Participants will leave with practical strategies to integrate MOUD into primary care workflows, reduce stigma, and advance equitable, sustainable care for patients with substance use disorders.

Learning Objectives

By the end of the session, participants will be able to:

1. Describe barriers patients experience when attempting to access buprenorphine.
2. Analyze the organizational culture change strategies—including prescriber normalization, clinical education, and supportive care environments—that enabled full integration of buprenorphine prescribing within a primary care.
3. Apply practical, low barrier clinical workflows and infrastructure tools (e.g., standardized intake agreements, smart sets, and dot phrases) to expand MOUD access within their own safety net or primary care settings.

SPEAKER BIOS

Jonathan Neufeld, PhD; Great Plains Telehealth Resource & Assistance Center
AI for Rural and Safety Net Organizations

Jonathan Neufeld is a licensed clinical psychologist and the director of gpTRAC. Dr. Neufeld joined gpTRAC in 2017, having previously served as the Clinical Director of the Upper Midwest Telehealth Resource Center in Indiana. He has consulted on many rural health and telehealth projects over the past 15+ years. He has presented at numerous regional and national conferences and published peer-reviewed articles in the fields of telemedicine, clinical decision support, and mental health services evaluation.

Christina Andrews Worrall, MPP; State Health Access Data Assistance Center (SHADAC), Division of Health Policy and Management, School of Public Health, University of Minnesota
Bridging the Coverage Gap: A Data-Driven Look at Minnesota Communities

Christina A. Worrall, MPP is a Senior Research Fellow at SHADAC who has almost 30 years of experience as a researcher, evaluator, and consultant. Since 2023, Ms. Worrall instructs Master of Public Health students in evaluation practices. Currently, she leads an effort to explore the feasibility of a new national data resource focused on health equity in Medicaid.

Ms. Worrall has led multiple qualitative research and evaluation efforts involving Medicaid, including supporting states as they transform to value-based care delivery and payment as well as plan for required evaluations of Section 1115 demonstrations; and conducting case studies on SNAP and Medicaid coordination opportunities as well as on MAGI Medicaid eligibility, enrollment, and renewal processes and systems. Past evaluation projects include the evaluation of Minnesota's State Innovation Model (SIM) and an evaluation of the federal Rural Health Network Development Program.

In 2020, Ms. Worrall received an Equity and Diversity Certificate from the University of Minnesota for the completion of several interactive educational workshops. Before joining SHADAC, she was Vice President of The Lewin Group and an independent consultant for strategic planning and health and human services research and evaluation. Ms. Worrall holds a Bachelor of Arts in Economics from Skidmore College and a Master of Public Policy from the Kennedy School of Government at Harvard University.

Majra Mucić Gibbons; Blue Cross and Blue Shield of Minnesota Foundation
Bridging the Coverage Gap: A Data-Driven Look at Minnesota Communities

Majra Mucić Gibbons is a senior program officer at the Foundation, which she joined in 2022. Majra brings more than a decade of experience in improving livelihoods of global communities pushed to the margins. Born in Bosnia, Majra came to Minnesota as a refugee of war, and began her career as a humanitarian worker in Sudan and South Sudan. Prior to joining the Foundation, she managed large-scale agricultural economic development programs in East and Southern Africa, MENA region, the Caucasus and parts of Asia. She holds a bachelor's degree in international studies and economics from Macalester College.

Dr. Lisa Goldthwaite, MD, MPH, FACOG, Upstream USA
Patient-Centered Pain Management for IUD Procedures: Implementation of Current Best Practices and Lessons Learned from Exploratory Pilot

Dr. Lisa M. Goldthwaite, MD, MPH, FACOG, is an obstetrician-gynecologist, complex family planning specialist, and healthcare leader. She serves as a Clinical Advisor at Upstream USA and an Adjunct Clinical Assistant Professor of Obstetrics and Gynecology at Stanford University School of Medicine. Her expertise includes complex contraception, immediate postpartum long-acting reversible contraception (LARC), and reproductive healthcare. Throughout her career, Dr. Goldthwaite has combined clinical practice with medical education, simulation-based training, and quality improvement initiatives to expand access to comprehensive, patient-centered family planning services. At Upstream USA, she provides clinical guidance to support the integration of sustainable, evidence-based contraceptive care into health centers nationwide.

Dr. Goldthwaite completed her Complex Family Planning fellowship and MPH at the University of Colorado and Colorado School of Public Health, respectively, following her medical degree and OB/GYN residency at Oregon Health & Science University. She earned her BA in Biology from Carleton College.

Alyssa Palmer, Southside Community Health Services

Building a Culture Where Quality Belongs to Everyone

Alyssa Palmer is the Director of Operations and Integration at Southside Community Health Services, a community health center recognized by HRSA as a Gold Health Center Quality Leader for ranking among the top 10% of health centers nationwide in clinical quality performance. With more than 20 years of healthcare leadership experience in private practice and nonprofit community health, Alyssa focuses on strengthening organizational culture, improving patient and staff engagement, and advancing quality improvement. As an educator and trained improvement coach, she partners with staff to develop practical, sustainable policies and workflows that support organizational goals. Alyssa is passionate about continuous improvement and fostering a culture of psychological safety, collaboration, and positive relationships where staff feel empowered to learn, grow, and drive meaningful change.

Cindy Hillyer, PHN, MPA; Vision Health Minnesota
Strengthening Community-Based Vision Health Care to Improve Population Health at the Local and State Level

Cindy Hillyer, PHN, MPA, is a public health leader with more than 20 years of experience in the public and nonprofit sectors. A public health nurse with a Master of Public Administration, Cindy serves as Board Chair and President of Vision Health Minnesota (VHMN), a statewide partnership working to improve vision health among underserved young children through policy and practice changes. VHMN brings together 11 partners across philanthropy, healthcare, education, government, and community organizations to expand access to eye care. Cindy has a strong track record of translating strategy into measurable community impact and advancing maternal, child, and community vision health initiatives.

Cherisse Sardon Garrity, MSN, APRN; Hennepin County Health Care for the Homeless
Normalizing Buprenorphine in Primary Care: Organizational Culture Change and Low Barrier MOUD Integration in a Homeless Health Care Program

Cherisse Sardon Garrity is a Nurse Practitioner at Hennepin County Health Care for the Homeless (HCH) in Minneapolis. HCH reduces barriers to care by bringing healthcare services directly to people experiencing homelessness where they access shelter and other community resources. Through a mobile, interdisciplinary team, HCH provides healthcare and care coordination in area shelters, drop-in centers, and other community agencies.

Martha Trevey, DNP, MPH, APRN; Hennepin County Health Care for the Homeless
Normalizing Buprenorphine in Primary Care: Organizational Culture Change and Low Barrier MOUD Integration in a Homeless Health Care Program

Martha Trevey is a Family Nurse Practitioner and the Clinical Services Manager at Hennepin County Health Care for the Homeless (HCH) in Minneapolis. HCH reduces barriers to care by bringing healthcare services directly to people experiencing homelessness where they access shelter and other community resources. Through a mobile, interdisciplinary team, HCH provides healthcare and care coordination in area shelters, drop-in centers, and other community agencies.