

IN ONE YEAR STROKE SUPPORT CALLS LOOK LIKE THIS



1,790

PEOPLE WITH A
HISTORY OF STROKE
ENROLLED IN OUR
FREE SUPPORT PROGRAM



2,360

CALLS WERE SUPPORTED
BY RESOURCE
FACILITATION
FROM THOSE ENROLLED



71%

WANTED SUPPORT
CALLS TO CONTINUE

BEYOND THE STANDARD
FREE TWO-YEAR
FOLLOW-UP PERIOD

WE'RE HERE TO HELP YOU!

WHAT A YEAR WE'VE HAD!

Letter from the Chief Executive Officer

By Brad Donaldson



Welcome, *Stroke Matters* Readers,

Hope can sound like a soft word, especially during a hard year.

Many Americans are feeling squeezed by the rising cost of groceries, housing, health care and other necessities. News of violence, division and unrest can leave us worried about our communities and uncertain about what comes next. People affected by stroke carry those concerns while also navigating appointments, rehabilitation, changing

abilities, family responsibilities and the many questions that accompany recovery.

Yet hope is one of the things I encounter most often in Minnesota's stroke community.

Hope does not mean believing we will succeed every time. We won't. Recovery includes setbacks, and some problems resist our first, second, or even third attempts to solve them. Hope means refusing to let setbacks have the last word. When one approach fails, we look for another way forward. Hope is not a feeling; hope is an action.

I see that action in survivors who continue to work toward their goals, caregivers who find the strength to ask for help and people who use their own experiences to help someone else. I also see it in the professionals and community organizations that keep searching for better ways to support life after stroke.

The Minnesota Stroke Association is built around that kind of hope. Our **Resource Facilitation** staff listen closely and help people find information, services and support. Our **Public Policy** staff train advocates to lead us into a better future. Our partners help us reach more communities. Survivors and families show up and remind us why that work matters.

This issue of *Stroke Matters* offers many other examples of hope in action. You will read about new research, educational resources, community partnerships and recognition for work taking place across our organization. Each accomplishment began with people deciding that something could be improved and working together to make it happen.

That spirit will also be present at the **2026 Minnesota Statewide Stroke Conference** on Thursday, November 12, at the Marriott Northwest Hotel and Conference Center in Brooklyn Park. Laura Lehman, MD, MPH, of Boston Children's Hospital and Harvard Medical School, will deliver the keynote, "Children Are Not Small Adults: Acute Treatment for Pediatric Stroke." The conference will also feature 18 breakout sessions covering subjects such as rehabilitation, rural stroke care, peer support, aphasia, young stroke and artificial intelligence. If your work touches stroke care, please join us. Registration information is available at [StrokeMN.org](https://strokeMN.org).

None of us can solve every problem facing our neighbors or our country. We can listen to the person in front of us. We can share what we know. We can make a connection that helps someone move forward.

We will not succeed every time. But we cannot give up hope, because hope is what allows us to try again.

Thank you for being part of this community. I hope to see you on November 12.

Sincerely,

Brad Donaldson

Chief Operating Officer, Minnesota Stroke Association

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Stroke Matters is published biannually by the Minnesota Stroke Association. The editor reserves the right to edit submitted materials for style and space. The Minnesota Stroke Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.

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Address editorial comments/letters and advertising inquiries—

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Minnesota Stroke Association is a proud member of Community Health Charities Minnesota. Community Health Charities Minnesota is an alliance of leading nonprofit health research and service organizations whose mission is to improve lives affected by chronic illness by investing in health research, services and education.

PAINT STROKES

painting a picture from the perspective of ones personal journey-By Ann Reay

As we learn our new story as we recover from our stroke(s), we often surprise ourselves. At the beginning of the year I was asked to contribute to our public housing newsletter, which is subtitled 'The Voice of the 5,000', and I wrote about how much better things go when we collaborate. I ended with, "so, let's learn to enjoy the surprises that come when we work together." This is my story about how those words became a reality.

Early stages of recovery involved coming to terms with eye-hand coordination. I'd been a technical typist and a senior secretary in my wage-earning years but accuracy vanished with the strokes and retrieving those skills has been a three-year, ongoing process.

Another issue involved learning to ask for help and to receive it. Among my duties in the public housing community I belong to, was managing a security program for my building which included collecting the hours/minutes of volunteers who served by documenting visitors and surroundings. Suddenly,

club in an uninsulated open space between buildings on First Avenue. Ours wasn't the only residential building disturbed by the loud 'entertainment', but we had in our population many, like myself, who are elderly and/or are recovering from medical issues. For us, rest was a necessity for recovery. Vibrating furniture and shouting made that impossible.

When I talked to the manager of the club, she told me, "This is what a city sounds like. If you're ill, you don't belong here." Considering our building was here long before their business was, and the commitment the city gives to housing low-income folks, I decided to rise to the challenge she and her club presented.

At our final Resident Council meeting before our summer break, I started a petition to bring this noise issue before the City Council of Minneapolis. Our public housing has a Representative Council that organizes around our needs as a community. This is the same group that invited me to

"so, let's learn to enjoy the surprises that come when we work together."

monthly tabulations became so difficult for me that I grew nauseous as I tried to perform something that had once been easy. Luckily, a neighbor volunteered to help me so folks got credit for the work they did. I almost submitted my first batch of tabulations with a post-it saying I had not thrown up once getting these numbers together. I did not do this.

It was through this work with the security program that I began to work with the City Council, partially because of the gunfire in our downtown location. We invited our Council Member to our building, but to my surprise the crowded meeting that we convened revealed that folks weren't so upset about the neighborhood shootings as they were about the noise coming from an adjacent building, long into the night. If you happened to live on one side of our building, your walls throbbed with over-amped sounds because someone had given permission to establish a karaoke rap

write for them at the beginning of the year! This remarkable group swept in, gathered signatures for the petition – far more than I had gathered – and assembled a formal petition that engaged the attention of the elected officials and the city staff, including licensing staff for businesses.

We collaborated over the summer, using the Environmental Health department to measure and document sound. All of the 311 calls from our building and others (who did not know about our petition) helped make the sound cease.

We residents finally feel how much stress that uninsulated sound had on us, as we all slowly begin to relax. In this new season, we celebrate working together to make a difference in our own lives, and for our neighbors. We began the year with the hope that we would enjoy the surprises that came our way. Success is a wonderful surprise. 



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Mission:Lifeline®
Stroke

REHABILITATION IS KEY TO RECOVERY AFTER STROKE. IT HELPS YOU RELEARN OR CHANGE HOW YOU LIVE.

More than 7 million stroke survivors live in the United States. But not all strokes are the same. Recognizing that your life and your loved ones' lives have changed overnight and that it can be overwhelming to be so quickly faced with an important decision about your recovery is not easy.

**We are here to help
you in this journey.**



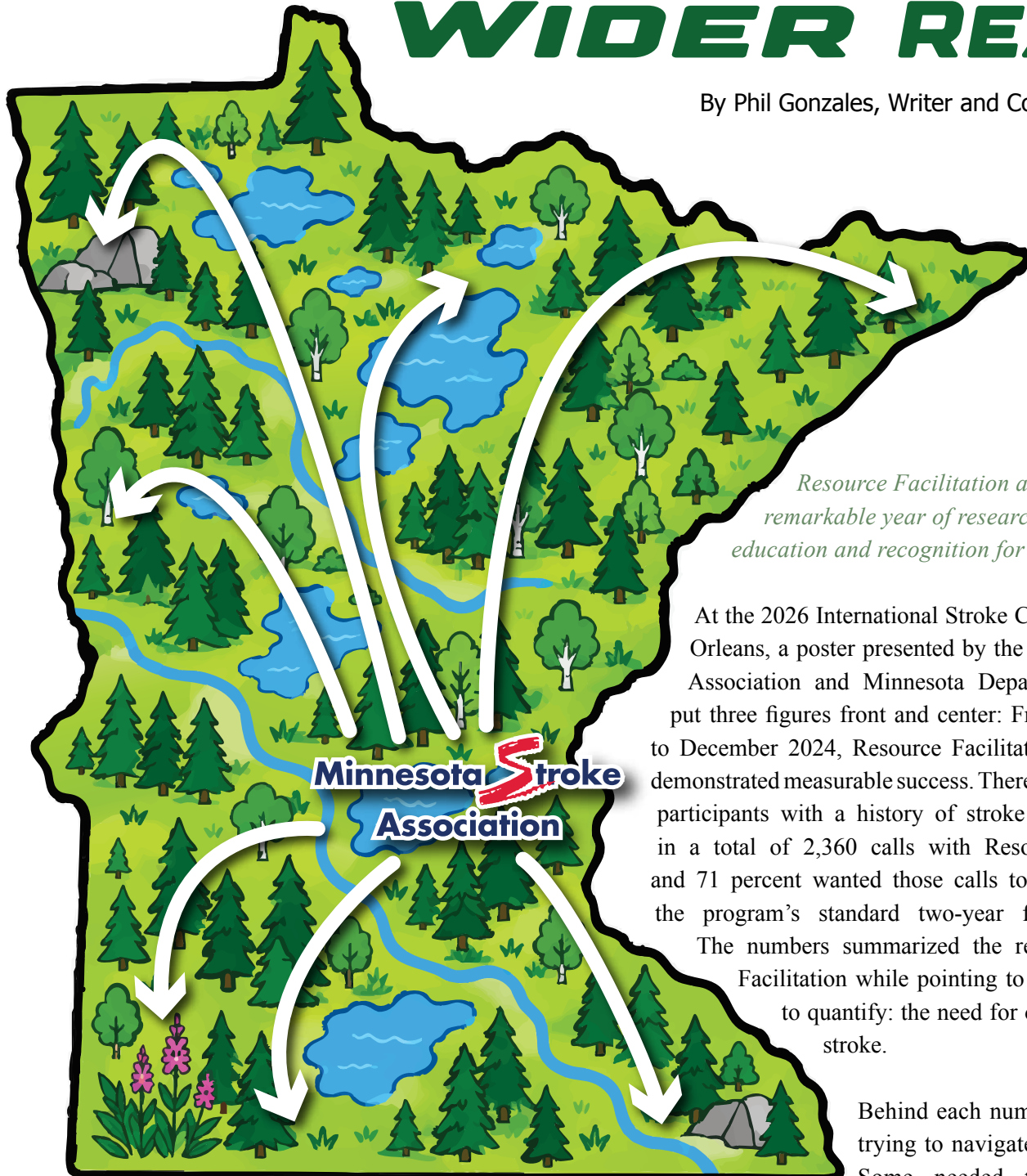
Download our **FREE Making Rehabilitation Decisions Guide** to help make the best decisions for you or your loved one's rehabilitation.

Take your stroke care to the next level. Learn more about the American Heart Association's Mission: Lifeline Stroke Post Acute Care Initiative.

Visit www.heart.org/PostAcuteStroke for more information.

STRONGER CONNECTIONS, WIDER REACH

By Phil Gonzales, Writer and Content Developer



Resource Facilitation anchors a remarkable year of research, collaboration, education and recognition for MSA.

At the 2026 International Stroke Conference in New Orleans, a poster presented by the Minnesota Stroke Association and Minnesota Department of Health put three figures front and center: From January 2023 to December 2024, Resource Facilitation program data demonstrated measurable success. There were 1,790 active participants with a history of stroke who participated in a total of 2,360 calls with Resource Facilitation, and 71 percent wanted those calls to continue beyond the program's standard two-year follow-up period. The numbers summarized the reach of Resource Facilitation while pointing to something harder to quantify: the need for ongoing help after stroke.

Behind each number was a person trying to navigate life after stroke. Some needed transportation or housing assistance. Others were

looking for a support group, help returning to work or information about reducing their risk of another stroke. Often, they needed someone who understood the system and could help them determine what to do next.

The poster, "A Bridge from Hospital to Home: Connecting Minnesota Stroke Survivors to Individualized Support and Community Resources Post Stroke," was developed by staff from the Minnesota Department of Health and the Minnesota Stroke Association. It introduced an international audience to a free, statewide service that has been helping Minnesotans for years.

BACKGROUND

There are over 100,000 stroke survivors living in Minnesota (MN) and recovery after stroke can vary greatly from person to person.

Addressing the post-stroke needs of stroke survivors is an essential component of the stroke continuum of care.

MN Stroke Registry data illustrates that 22.6% of reported stroke cases in 2024 had a documented history of prior stroke. In response, the MN Department of Health (MDH) partners with the MN Stroke Association's long standing Resource Facilitation (RF) program to improve stroke survivors' recovery and quality of life through timely and consistent post-discharge outreach – with a new initiative on introducing secondary stroke prevention strategies within this priority population.

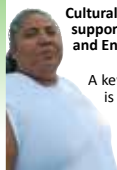


Figure 1: Resource Facilitation Resource Mapping. This image illustrates how changes after stroke don't just impact one area of life but are a part of a complex web.

METHODS

RF is a free, statewide, phone-based support service that originates from evidence-based research and is available as part of the rehabilitation process post-stroke. Enrollees receive two years of individualized support, connection to community resources, and secondary stroke prevention education including hypertension awareness.

Cultural considerations are also integrated into RF with support calls and resources provided in Hmong, Spanish and English.



A key intervention, and strength, of the RF program is in the interview process. RF staff are trained to utilize person-centered, strength-based, trauma informed care models during calls to assess and address individual barriers to better health and quality of life.

CONCLUSIONS

RF program data illustrates that a community-based program providing consistent support can have a meaningful impact on an individual's recovery post stroke. It is recommended that the RF program remain an essential service available to stroke survivors as part of their rehabilitation journey and prevention of secondary stroke.

ACKNOWLEDGEMENTS

A broad base of collaborative stakeholders help ensure this vital service is available to MN stroke survivors: MSA, MDH Stroke Program, MDH Injury and Violence Prevention program, and the many statewide hospital and community partners committed to establishing standardized referral processes into the RF program.

OUTCOMES

From January 2023 to December 2024, RF program data demonstrated measurable success. 1,790 active participants with a history of stroke received a total of 2,360 calls.

Calls covered a wide range of needs and referrals including connection to support groups, housing, transportation and stroke prevention education and resources.

Resource Facilitation Support	Percent Agree/Strongly Agree
The printed materials about stroke were useful	85%
The verbal information about stroke was useful	92%
The staff person who called you was supportive	97%
The RF Program helped with problem solving and resources	85%
Requested extended support past 2 years	71%

"My Resource Facilitator was helpful in keeping me informed. It's nice to know there is an organization like MSA out there dealing with stroke."

"It was nice to know that my Resource Facilitator is thinking about me, letting me know what to expect as far as symptoms are concerned and that I'm not alone."



"It was obvious that Pachia, my Resource Facilitator, cared, was concerned and wanted to offer help."

"Carla, my Resource Facilitator, took her time explaining things. She was very helpful and very supportive. She had good understanding and listening skills."



Minnesota **Stroke Association**
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Through its partnership with the Minnesota Brain Injury Alliance's Resource Facilitation program, the Minnesota Stroke Association helps stroke survivors, family members and professionals find individualized information and services. Participants may be referred when they leave a hospital or rehabilitation program, but people can contact the program whenever they need guidance. Resource Facilitators remain in touch for up to two years, helping with needs that can change throughout recovery.

From January 2023 through December 2024, the program provided support in English, Hmong and Spanish. Among the most common referrals were support groups, housing, transportation and stroke-prevention education. The finding that 71 percent of participants wanted continued contact after two years suggests that the need for knowledgeable, community-based support does not follow a tidy recovery timeline.

"Stroke recovery doesn't end when someone's two years in the program does," said Sara Schlegelmilch, Chief Program Officer at the Minnesota Stroke Association. "Resource Facilitation is a vital part of that process. The

"Stroke recovery
doesn't end when
someone's two years
in the program does,"

Sara Schlegelmilch, LSW, Chief Program Officer

connections made, support provided and encouragement given continue to help people as they move forward.”

Earning the trust of statewide partners

The conference in New Orleans, presentation was one sign of how MSA’s role has grown over the years. Learning from and building on the Minnesota Brain Injury Alliance’s statewide structure and relationships, the Minnesota Stroke Association has developed its own reach and expertise. MSA now works with public health agencies, health systems, rehabilitation providers, researchers and community organizations across Minnesota.

Those relationships allow MSA to respond when partners identify an unmet need and to bring projects into communities previously outside the reach of smaller and metro-based organizations. They have also made MSA a trusted partner for statewide work.



With support from the American Heart Association and in partnership with the Minnesota Department of Health, MSA translated and printed its Stroke Resource Guide in Spanish.

“The American Heart Association looked to the Minnesota Stroke Association and reached out to provide funding to do the work because they knew we could do it,” said Brad Donaldson, Chief Executive Officer.

As part of this ongoing collaboration, work has begun on a Hmong translation. Funding has supported outreach, education and professional training throughout Minnesota, including communities outside the Twin Cities.

For Donaldson, the continuing relationship reflects the confidence partners have placed in MSA. “We already had the staff, community connections and educational experience needed to put their support to work,” he said.

The partnership also reflects a larger reality about stroke care. Medical treatment may begin in an ambulance or hospital, but recovery continues at home, at work and in the community. Closing the gaps between those settings requires organizations that know how to work together.

Recognition for collaboration and leadership

MSA’s partnerships and leadership also received recognition from the Minnesota Social Service Association through two Metro Region awards.

Circle of Life Home Care and the Minnesota Stroke Association were selected to receive the 2026 MSSA Metro Region Community Collaboration Award. The award recognizes a partnership between agencies that benefits both the community and Minnesota’s human-services system.



The partnership began after Circle of Life Home Care’s outreach manager connected Jae England-Sullivan with Alec Wendelboe, Education and Community Outreach Coordinator at the Minnesota Stroke Association. Wendelboe initially provided brain injury training for Circle of Life’s administrative staff, but the two organizations soon recognized that they had complementary strengths. MSA brought its experience in stroke and brain injury education, while Circle of Life brought years of lived and community knowledge about serving culturally diverse populations, people with disabilities, older adults and people who are medically fragile.

England-Sullivan explained that culturally responsive health education requires more than substituting words

from one language for another. Some medical concepts do not have a direct equivalent, and cultural beliefs can shape how information is understood.

“We’re trying to give education and knowledge, not tell someone, ‘Here’s how you should believe,’” he said.

The resulting resource gathered community-specific stroke information and statistics, including data about Asian American and Somali communities, into a single document. Wendelboe contributed MSA’s stroke expertise, England-Sullivan and his colleagues provided the community context, and Marina Olson turned their material into the finished resource.

“We all took our strengths and skills and built one document that puts it all into one space,” England-Sullivan said. “People who need this information don’t want to look in ten different places.”

Alec Wendelboe will accept the award on behalf of MSA alongside representatives of Circle of Life.

At the same ceremony, Sara Schlegelmilch will receive the 2026 MSSA Metro Region Outstanding Supervisor Award. The award recognizes an individual who provides excellent supervision to human-services staff. Schlegelmilch was nominated by Wendelboe and is recognized through both the Minnesota Brain Injury Alliance and Minnesota Stroke Association.

Wendelboe’s nomination describes a supervisor who pays attention to individual employees while continuing to look for ways the organization can improve. One example was Schlegelmilch’s creation of facilitated staff roundtables about training and onboarding. She brought newer and longtime employees together to discuss their experiences and suggest improvements. Their feedback led to major changes in the onboarding process, and newer employees have since described a more successful and welcoming introduction to the organization.

Her concern for staff is also personal. When Wendelboe’s apartment flooded several years ago, he called Schlegelmilch in tears, worried that she would be angry because he had missed the end of the workday. Her first question was simple: “Are you okay?” She told him to put away his computer and attend to his life.

For Wendelboe, the response captured Schlegelmilch’s belief that employees’ physical and mental health matter more than any individual work assignment. It also reflected her understanding that supporting staff ultimately strengthens the services they provide to others.

“Getting to know people and building relationships with people is one of the most important things, not just in work, but in life,” she said. “As a leader, getting to know people is your first job; it’s more important than your task list. If you get to know people, everything else will be easier in life.”

Both awards will be presented November 5 at the MSSA Metro Region Fall Conference at the Minnesota Masonic Heritage Center in Bloomington.

Listening before deciding what comes next

Another new partnership will help MSA learn more about the kinds of support stroke survivors value in different parts of Minnesota.



In August, the University of Minnesota announced that Dr. Emily Kringle and the Disability and WELLness Laboratory had received a Community Partnership Seed Grant. Kringle and her team will work with Wendelboe and Katrina Meyer, Community and Social Media Relations Coordinator at the Minnesota Stroke Association to develop a community-driven research agenda for long-term stroke support.

The project will include focus groups in the Twin Cities and three Greater Minnesota communities. Participants will identify the community supports they value, compare those priorities with existing research and help determine what questions future projects should examine.

The approach gives stroke survivors and local communities a role in deciding what should be studied instead of asking them to respond to decisions that have already been made. “Community-engaged research is about doing research not just to people or for people, but really engaging with the community from the start,” said Dr. Kringle, “deciding what the research question should be and what the important

outcome should be. Those decisions should come from the community, not from the researcher.”

Sharing knowledge across Minnesota

MSA will also bring professionals together to share knowledge at the 2026 Minnesota Statewide Stroke Conference on November 12 at the Marriott Northwest Hotel and Conference Center in Brooklyn Park. The annual conference brings together more than 300 health professionals and providers working in stroke care throughout Minnesota.

This year’s keynote speaker is Laura Lehman, MD, MPH, an associate professor at Harvard Medical School and attending neurologist with the Stroke and Cerebrovascular Center at Boston Children’s Hospital. In “Children Are Not Small Adults: Acute Treatment for Pediatric Stroke,” Lehman will explain how pediatric arterial ischemic stroke differs from stroke in adults, how it can be recognized and evaluated, and where established adult treatment approaches can and cannot be applied to children.

The rest of the program reflects the range of knowledge required across the full course of stroke care. Sessions will address artificial intelligence in rehabilitation, sex- and gender-related stroke risks, intracerebral hemorrhage, neuromodulation, peer support, rural stroke care, aphasia, young stroke and other clinical and community concerns. Together, they provide professionals with practical information they can bring back to their hospitals, rehabilitation programs and communities.

Protecting a program that already works

These accomplishments come during a period of financial uncertainty for Resource Facilitation.

The program has historically benefited from stable state funding. Recent changes have significantly reduced that support and made it less predictable. Without replacement funding, the reduction could eventually affect staffing and the number of people the program can serve.

Resource Facilitation is already in place. After nearly a quarter-century of experience, RF serves Minnesota with multiskilled staff, a statewide network and established relationships with hospitals, rehabilitation providers and community organizations. Additional support can be put to work immediately to maintain service quality, strengthen culturally

responsive outreach and protect access for communities that already face barriers to stroke care and recovery.

MSA’s existing partnerships demonstrate several ways organizations can help. HealthPartners & Regions Hospital, Community Health Charities, the University of Minnesota and Mayo Clinic have contributed expertise, educational opportunities, community connections and financial support.

Vivistim is among the organizations that have supported MSA’s professional education. In 2026, the company provided \$10,000 to help sustain Resource Facilitation and MSA’s work to share current rehabilitation information with stroke survivors and providers throughout Minnesota.

Donaldson hopes more organizations will begin similar conversations.

“The Minnesota Stroke Association is always looking to connect with other entities that are leaders in this field,” he said. “If you know of an organization that has a benefit to the stroke community, MSA would love to talk and see what kinds of partnerships and collaborations can be built moving ahead.”



2,360

THIS MANY CALLS
RECEIVED—NEEDING
SOME SORT OF
HELP FROM CLIENTS

The figures presented in New Orleans were impressive, but every one of those 2,360 calls began with one person listening to another and helping identify the next step.

MSA’s work in 2026 showed how far those individual connections can reach. They can lead from a hospital to a home, from a translated Stroke Resource Guide to a better-informed community and from one working relationship to a statewide program.

Resource Facilitation remains the link between that work and the people it is meant to serve.

The free, statewide program provides two years of individualized phone support, helping survivors and families solve problems, locate services and navigate life after stroke. Minnesotans may be referred by a professional or contact the program directly. To learn more or get connected, visit strokemn.org/resources/ or call us at 763-553-0088 or 800-669-6442. **SM**

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“

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kitchen again.

Alex

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November 12, 2026
Marriott NE Hotel
Brooklyn Park, MN

To register and see full session descriptions



[www.strokemn.org/
conference/](http://www.strokemn.org/conference/)

Minnesota Statewide Stroke Conference Schedule

8 – 9 a.m. — Registration and Exhibits Open

Exhibits are open daily 8 a.m. to 3:30 p.m.

8:45 – 9 a.m. — Opening Remarks

8:45 – 9 a.m. — The State of Stroke Care in Minnesota

Nicky Anderson, RN, BSN, SCR.N, Minnesota Department of Health

9:15 – 10:30 a.m. — Keynote Address

Children are Not Small Adults: Acute Treatment for Pediatric Stroke

*Laura Lehman, MD, MPH, Associate Professor, Harvard Medical School, Attending in Neurology, Outpatient Medical Director, Stroke and Cerebrovascular Center, Department of Neurology, Boston Children's Hospital
Harvard Medical School, Boston Children's Hospital*

10:30 – 11 a.m. — Session Break – Exhibits Open

11 a.m. – 12 p.m. — Breakout Sessions I

A. Pediatric Moyamoya Arteriopathy: Not Just a Puff of Smoke

Laura Lehman, MD, MPH, Associate Professor, Harvard Medical School

B. Artificial Intelligence (AI) and Stroke Rehabilitation: Practical Applications for the Interprofessional Team

Crystal Gateley, PhD, OTR/L, FAOTA, Associate Chair, Program Director, Teaching Professor, University of Missouri

C. Stroke Coordinator Connections: Strengthening ASRH Programs

Nicky Anderson, SCR.N, ASC-BC, Stroke Program Director, Minnesota Department of Health

Michelle Gray Ansari, MSW, Stroke System Designation Coordinator, Minnesota Department of Health

Sarah Meissner Hinck, PT, Stroke System Evaluation Specialist, Minnesota Department of Health

D. The Impact of Sex and Gender on Cerebrovascular Health

Carlee Oakley, M.D., M.S., Assistant Professor of Neurology, Mayo Clinic

E. Optimizing Acute ICH Management: Building and Implementing a System-Wide ICH Care Pathway

Praveen Hariharan, MD, RPNi, Assistant Professor, University of Minnesota

Hemanth Kumar Arumugam, MBBS, Stroke Research Fellow, University of Minnesota

F. New Horizons in Stroke Recovery and Rehabilitation--Neuromodulation

Zafer Keser, Vascular Neurologist, Associate Professor of Neurology, Mayo Clinic & University of Minnesota

12 – 1 p.m. — Lunch



Keynote Address: Laura Lehman, MD, MPH, Associate Professor; Attending in Neurology, Outpatient Medical Director, Harvard Medical School; Stroke and Cerebrovascular Center, Department of Neurology, Boston Children's Hospital

In this session, we will discuss why pediatric arterial ischemic stroke differs from adult stroke and how to recognize and evaluate acute stroke in children. Next, we will discuss acute treatment for children with arterial ischemic stroke. Finally, we will consider where adult stroke paradigms can be applied and where they cannot.

1 – 2 p.m. — Breakout Session II

A. Documentation to Support Stroke Rehabilitation

Sydney Marshman, OTD, OTR/L, BCG, Chief Executive Officer, Happy at Home Consulting

B. BEFAST, Be Ready: Empowering Young Learners

Chelsey Kuznia, BSN, RN, SCR, ASC-BC, Stroke Program Manager, Essentia Health

Molly Murch, MSN, RN-BC, SCR, CBIS, Stroke Program Educator, Essentia Health

C. The Power of Peer Connection After Stroke: Leveraging Lived Experience to Support Recovery and Community Reintegration

Julie Gebhardt, CTRS, Lead Stroke Rehab Care Guide, Courage Kenny Rehabilitation Institute - Part of Allina Health

Liz Friederich, MSW, LICSW, CBIS, Manager of Courage Kenny Care Management, Courage Kenny Rehabilitation Institute - Part of Allina Health

D. From Recognition to Rescue: Implementing an Elevated Intracranial Pressure and Brain Herniation Response Process

Stacy Jepson, MSN, RN, ACNS-BC, CCRN, APRN, Clinical Nurse Specialist, Ridgeview

Kelly Kabat, PharmD, BCP, Pharmacist, Clinical Coordinator, Ridgeview

E. Lifetime Costs Associated with Disability in People with Pediatric Stroke

Mark Gormley, MD, Medical Director of Ped PMR, Gillette Children's

Nanette Aldahondo, MD, Medical Director Inpatient Rehabilitation Gillette Children's, Gillette Children's

F. From Plateau to Progress: Integrating Vivistim (paired VNS) into occupational therapy practice and revolutionizing chronic stroke rehabilitation

*Emily Salveson, Occupational Therapist State and Nationally Certified, Occupational Therapist, Allina Health
Courage Kenny Rehabilitation Institute*

2 – 2:30 p.m. — Session Break – Exhibits Open

2:30 – 3:30 p.m. — Breakout Session III

A. Dysphagia After Stroke

Sarah Maul, Speech-Language Pathologist, Madonna Rehabilitation Hospital Omaha

B. What's Going on Inside That Head? Why Every Stroke Doesn't Present the Same Way

Joan Somes, RN - BC, PhD, CEN, CPEN, FAEN, NRP Critical Care Educator, MDH Acute Stroke Ready Hospital Site Reviewer, Regions Hospital EMS, MN Dept. Health

C. Using Poetry and Crop Art to Recover from Aphasia

Rochelle M. Anderson, Stroke Survivor

D. "Small Facility, Big Impact: Achieving Stroke Excellence in Rural Settings"

Shaina Madrid, MA, CPHQ, LSSGB, Quality Consultant, Rural, American Heart Association

E. From Brain to Heart: A Neurocardiology Approach to Stroke Workup and Prevention

Nida Akram, MD, Assistant Professor, University of Minnesota

F. The Many Faces of Young Stroke: Survival, Severity, and Recovery

Terri Kopka, DNP, MSN-NE, RN, PHN, Nurse Educator

Kate Fayer, DNP, MSN-NE, SCR, RN, Nurse Educator

Each **Brain Injury and Stroke Support Conference** is a great chance to *meet other individuals and families navigating life after a brain injury/stroke*. It's also a place to hear updates on policies that affect you, experience personal brain injury/stroke stories and learn about brain injury/stroke care and support.



**SATURDAY
OCTOBER 17, 2026**

12:00 PM – 3:45 PM

LOCATION:
North Heights Church
2701 Rice St., Roseville, MN 55113

Roseville Conference Schedule

12:00 PM – 1:00 PM Registration and Time with Vendors

1:00 PM – 1:30 PM Words Matter

Presented by **Alec Wendelboe**, Education and Community Outreach Coordinator, Minnesota Brain Injury Alliance and Minnesota Stroke Association

This session will highlight the importance of using consistent and clear language when talking about brain injury, to both survivors and professionals. The words we use truly matter, and can have a significant influence over eligibility, plans for rehabilitation, and how survivors understand their injury. Join this session to learn the new standards when communicating about brain injury.

1:30 PM – 2:30 PM Reading, Reconnected: What We're Learning About Reading and Confidence After Brain Injury

Presented by **Natalie Covington**, PhD CCC-SLP, Assistant Professor, University of Minnesota; **Natalie Becker**, MS CCC-SLP, Speech-Language Pathologist, Courage Kenny Rehabilitation Institute, Allina Health; **Katy O'Brien**, PhD CCC-SLP, Senior Scientific Advisor-Courage Kenny Rehabilitation Institute, Adjunct Associate Professor- University of Georgia

In this presentation, you'll hear about how reading habits change after a brain injury and what that might mean for everyday life. We'll share findings from our research comparing over 200 adults living with TBI to a similar group without brain injury, including what stayed the same (texting and emailing remained central to everyone's day, brain injury or not) and what shifted, like a dip in reading for fun and a turn toward more practical reading, like recipes and instructions, to manage daily tasks. We'll also talk about confidence: our newer research shows that how confident someone feels about their reading is related both to how much they read and how well they understand what they're reading. Most importantly, we'll talk about what this means for you: what to ask for, what to expect, and where there's real room to rebuild reading in your life.

2:30 PM – 2:45 PM Visit with Vendors, Snack Break

2:45 PM – 3:45 PM Two Lives Changed

Presented by **Debbie Vick**, Lived experience as a TBI Caregiver; Caregiver Visibility Founder; TBI Caregiver Connection Support Group Leader; State of MN TBI Advisory Council Member

When a brain injury occurs, more than one life is changed. This interactive and thought-provoking session invites survivors to reflect on the relationships and support systems that shape their recovery journey. Through guided discussion and audience participation, attendees will explore both the survivor and caregiver experience, gaining new perspectives on connection and resilience.



**SATURDAY
OCTOBER 24, 2026**

12:00 PM – 3:45 PM

LOCATION:
Sanford Bemidji Medical Center, Education AB
1300 Anne St NW, Bemidji, MN, 56601

Greater MN Conference Schedule

12:00 PM – 12:35 PM Registration and Time with Vendors

12:45 PM Opening Remarks

12:55 – 1:10 PM Overview of the Minnesota Brain Injury Alliance and Minnesota Stroke Association Programs and Policy Work

Presented by **Katrina Meyer, MSW**, Community and Social Media Relations Coordinator, Minnesota Brain Injury Alliance and Minnesota Stroke Association

This session will cover information about the supports and services offered by the Minnesota Brain Injury Alliance and Minnesota Stroke Association and how the organization is advocating for the stroke and brain injury community on the policy level.

1:15 PM – 2:00 PM Ambiguous Loss and Coping

Presenter **Erin Kossivi, RN CT, GC-Support Services**, Hospice Bereavement Coordinator

This session will review why ambiguous grief and loss are such common feelings for survivors and families after brain injury and stroke. Attendees will learn additional strategies for coping skills and finding motivation despite uncertainty. This presentation will help to empower survivors and caregivers to adapt to their new environment and embrace hope in their recovery.

2:15 – 2:30 PM Visit with Vendors, Snack Break

2:35 – 3:30 PM Words Matter

Presented by **Katrina Meyer, MSW**, Community and Social Media Relations Coordinator, Minnesota Brain Injury Alliance and Minnesota Stroke Association

This session will highlight the importance of using consistent and clear language when talking about brain injury, to both survivors and professionals. The words we use truly matter, and can have a significant influence over eligibility, plans for rehabilitation, and how survivors understand their injury. Join this session to learn the new standards when communicating about brain injury.

Register at www.braininjurymn.org

As always, the cost is FREE but a donation is always appreciated. If you have any additional questions-contact Alec W, email alecw@braininjurymn.org, phone 612-378-2742 or 800-669-6442.

Acknowledgements of donations received April 1, 2026 through September 31, 2026

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The Minnesota Stroke Association has expanded its services to reach more Minnesotans than ever before. Through online resources, remote support, and innovative educational tools, we've made sure that no matter where someone lives or what challenges they face, they have access to the care, knowledge and guidance they need. But we still have a long way to go, and your involvement is crucial to keeping these life-changing services accessible and available to those who need them.

As demand for our services increases, so do the costs of maintaining and expanding these vital resources. We are determined to continue being there for every Minnesotan affected by stroke — but we need your help to make that happen.

A gift of \$50, \$100, \$250, or whatever feels meaningful to you can make a world of difference. Your contribution ensures that our advocacy efforts, educational programs, and volunteer training continue to reach communities across the state. With your support, we can empower individuals to navigate the challenges of stroke recovery with confidence.



Minnesota Stroke Association



www.Strokemn.org/donate

UPCOMING EVENTS 2026/27



STROKE ANNUAL CONFERENCE

November 12

Marriott NW, Brooklyn Park



BRAIN INJURY ANNUAL CONFERENCE

April 18

Marriott NW, Brooklyn Park



STRIDES FOR STROKES

May 15

Duluth and Twin Cities



WALK FOR THOUGHT

September 18

Duluth and Twin Cities



BRAIN INJURY AND STROKE SUPPORT CONFERENCE

March St. Paul and Greater Minnesota



Visit these websites for more information on the above events.



braininjurymn.org/events



strokemn.org/events