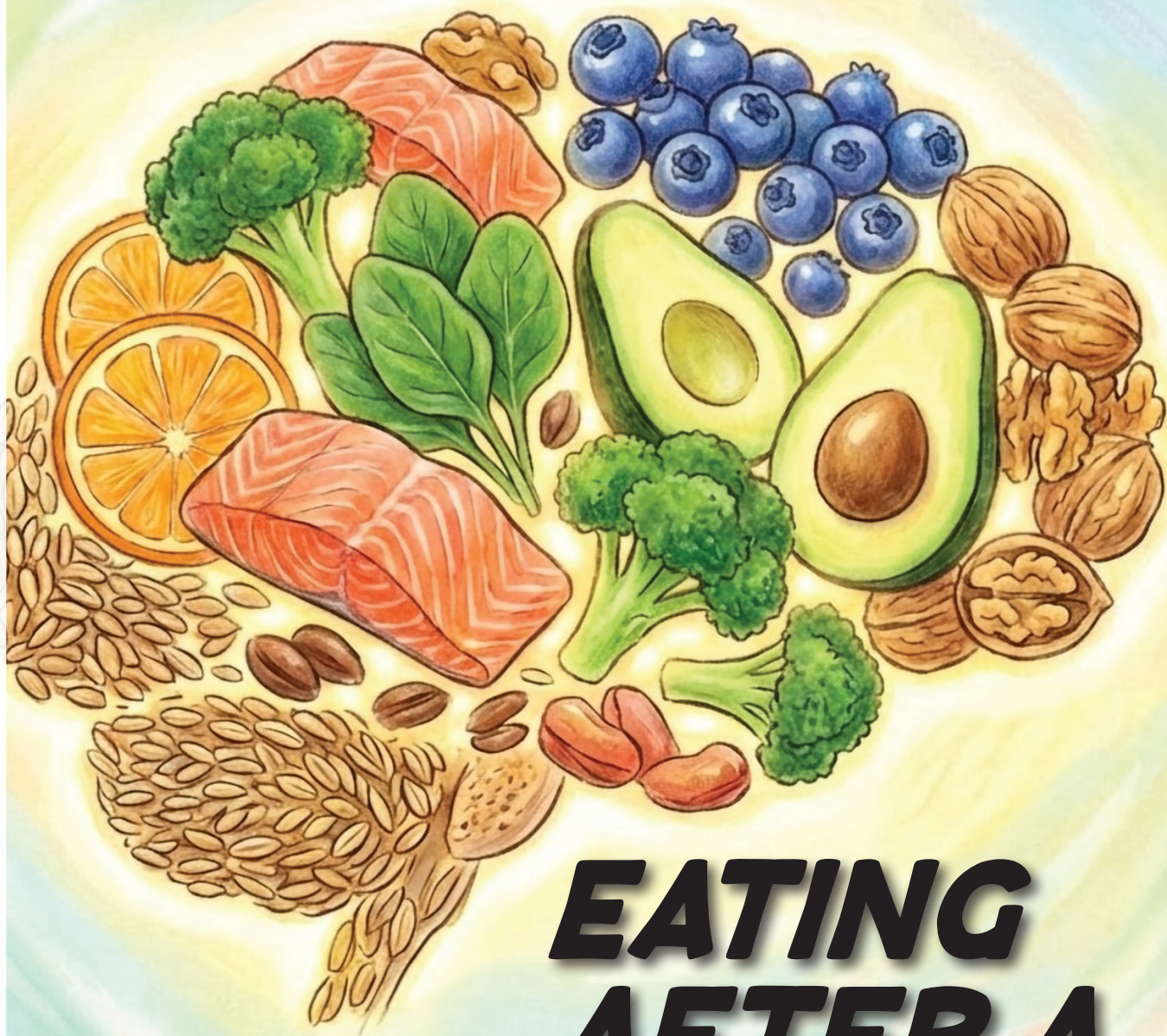


**STROKE MATTERS**

Spring/Summer  
2026

Minnesota  
Stroke  
Association



# **EATING AFTER A STROKE**

Minnesota  
Stroke Association's  
Resource Facilitation  
Team Goes  
International

CHANGE SERVICE REQUESTED

Minnesota Brain Injury Alliance  
Minnesota Stroke Association  
2277 Highway 36 West, Suite 200  
Roseville, MN 55113-3830

Non-Profit Org.  
US Postage  
PAID  
TWIN CITIES MN  
PERMIT NO. 90163

# Letter from the Chief Executive Officer

By Brad Donaldson



Greetings, *Stroke Matters* Readers,

May is Stroke Awareness Month, which means a lot of us spend this time talking about signs, symptoms, prevention, and recovery. And all of that matters.

But if I'm being honest, what I think about most this time of year is people.

The people whose lives change in an instant. The families trying to figure out what comes next. The survivors learning how to navigate a version of life

they never expected. And the community that helps remind them they do not have to do that alone.

That is really what the Minnesota Stroke Association is here for.

This issue of *Stroke Matters* is a great example of that work in action. In these pages, you'll read about our recent presence at the International Stroke Conference, where the Minnesota Stroke Association had the opportunity to share our Resource Facilitation work on a much larger stage. That kind of recognition is exciting, of course, but what struck me most was hearing how many people responded with some version of: "Wait...you have that?"

Having been here since the inception of Resource Facilitation, that reaction means so much. We have really created something special and it's high time we shared it with the world.

Of course, most of the important work we do doesn't happen in a convention center. It happens in conversations, in communities, and in spaces where the stroke community is seen and supported.

That is why I'm especially excited for **Strides for Stroke on Saturday, May 16 at 10 a.m. in Duluth, St. Cloud, and the Twin Cities.**

Strides for Stroke is one of those events that means a little something different to each participant. For some, it is a chance to celebrate how far they've come. For others, it is a way to honor someone they love. For many, it is simply a chance to be around people who get it. And for us as an organization, it is one of the clearest reminders of why this work matters in the first place.

Also, and I say this with all the humility I can muster, it's a really great event. Sign up or donate at [strokemn.org/stridesforstroke](http://strokemn.org/stridesforstroke).

**Stroke Awareness Month** is also one of the most important times of year to support our work financially.

Your donation helps us connect survivors and families to support; provide free and low-cost education and outreach; and continue building a world where stroke survivors are not left to figure everything out on their own.

So whether you choose to walk, donate, share our work, or simply tell someone about the warning signs of stroke this month, thank you.

Thank you for being part of this community. Thank you for caring about this work. And thank you for helping us keep showing up for stroke survivors across Minnesota.

Sincerely,

Brad Donaldson

Chief Operating Officer

Minnesota Stroke Association

## Editorial Policy

*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.

## Letters to the Editor Policy

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Minnesota Stroke Association reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Minnesota Stroke Association.

Articles in *Stroke Matters* are for information purposes only and should not be considered as professional advice.

Address editorial comments/letters and advertising inquiries—  
Attn: Development and  
Communications Manager  
Minnesota Stroke Association  
2277 Highway 36 West, Suite 200  
Roseville, MN 55113-3830  
763-553-0088

*Stroke Matters* is a Bi-yearly publication published by the Minnesota Stroke Association. © 2026 Minnesota Stroke Association. All rights reserved. No part of this publication may be reproduced in whole or in part in any way without the written permission from the publisher and full credit to the publication is given.

**POSTMASTER:** Send address changes to:  
Minnesota Stroke Association  
2277 Highway 36 West Suite 200  
Roseville, MN 55113-3830



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

Storytelling has always been an intrinsic part of my life. Growing up in the South, I was immersed in a culture where stories flowed naturally, shaping the way people connected and communicated.

What began as a habit evolved into a calling during my early days at the Minnesota Children's Museum. There, I witnessed how children blossomed when stories were told to them, rather than simply read aloud. Even the youngest children, unfamiliar with the tales, would mimic my words and gestures, demonstrating the impact storytelling has in awakening creativity and forging connections with life.

My passion for storytelling lead me to unexpected places, from distant journeys to Japan to local classrooms. I worked with STEM to tell fairy

without realizing I'd contracted it, and I'd failed to eat or drink, signaling a struggle to thrive.

Food took on a new significance, becoming as essential to my recovery as the medications I took morning and night. With help, I was able to resume cooking from scratch, and found joy in savoring meals once again.

Although I took a break from performing, my brain still craved a story to tell, It resorted to familiar territory – the fear story. Many of us know those inner voices that insist we are failing, things will only get worse. These silent narratives can be relentless.

Fortunately, I had a secret ally: a lifetime of fairy tales, folk tales, myths, along with personal stories from my past. These stories came to my rescue, giving me a new audience – myself.

*“Your words make no sense.  
You have no color in your face.  
You're having another stroke.”*


tales from cultures who also had strong scientific world heritages. I also collaborated with adult storytellers at Fringe Festivals and other venues, continually exploring the boundless possibilities of this art form.

In 2023, my world was shaken by two brain stem strokes. In a recovery session with an occupational therapist, it was further shaken when she remarked, ‘Your words make no sense. You have no color in your face. You're having another stroke.’ We rushed to the ER. I learned this new stroke had occurred in a different area of my brain. I was unsettled because I'd been unaware that my speech was incoherent.

Recovery from these strokes was a challenging journey marked by falls, concussions, broken bones, stitches as I repeatedly discovered what I did not know. Balance issues appeared unexpectedly and I noticed both new weaknesses and old ones which had come back stronger. When Covid struck, I slept for 48 hours

We need the stories that remind us how we survived difficult times and impossible moments, especially when nothing made sense. Weaknesses in voice, balance all added to the fears that needed to be confronted as I made my way through this briar patch, so to speak.

I have returned to performing my stories. Story Arts of MN has been another ally, as has the American School of Storytelling and Cheap Theatre. Carla Berardi, who works with us on behalf of the Minnesota Stroke Association, has been an invaluable ally with her quarterly check-in calls. It is important to return to what you love, and to pay attention to how the stories are actually working out in your own life. For the latter this requires patience, humility, and honesty.

And through it all, as international teller, Laura Simms, reminds us, we learn to ‘rejoice regardless!’ 



American Heart Association.  
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.

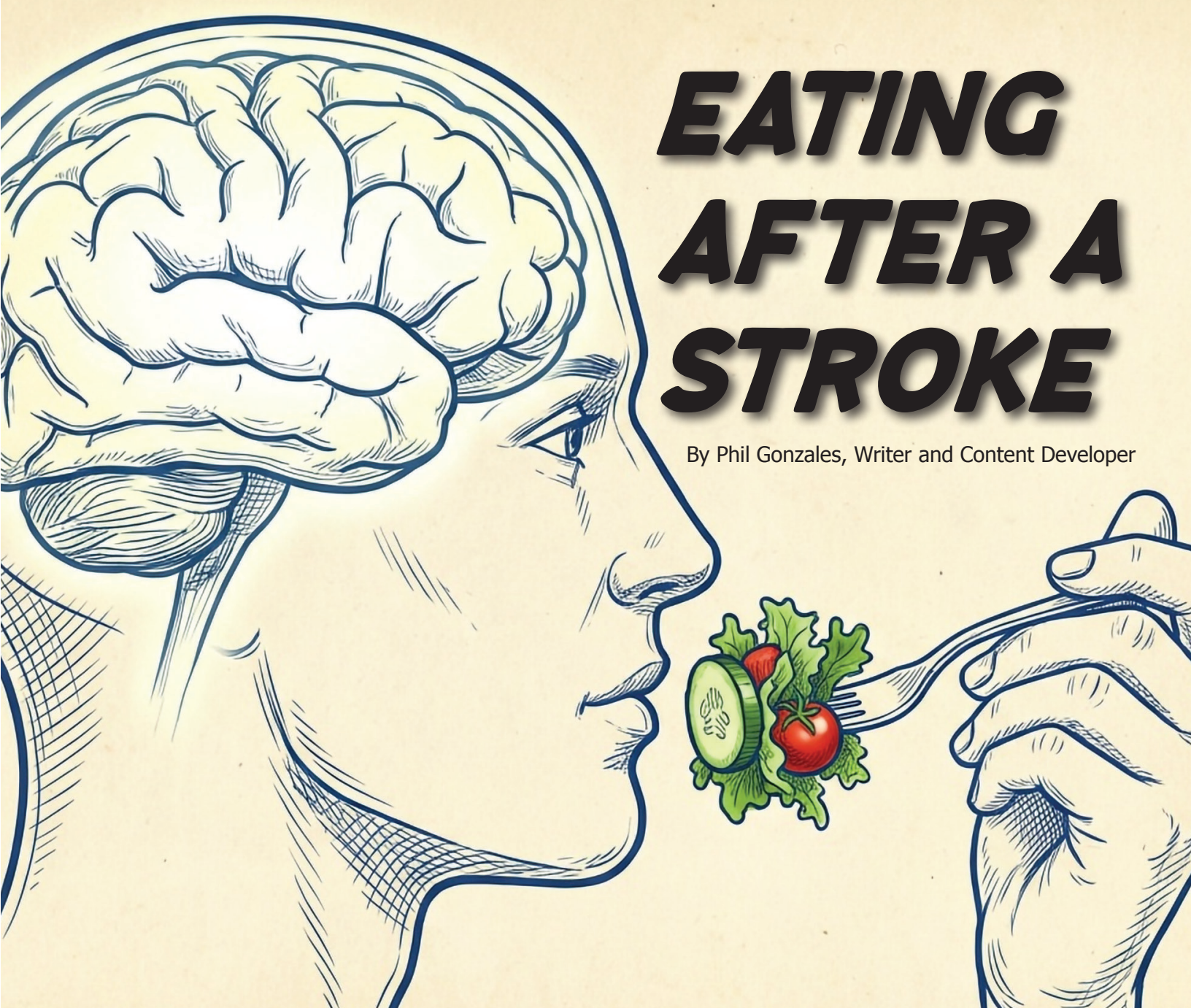
**We are here to help  
you in this journey.**



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](http://www.heart.org/PostAcuteStroke) for more information.



# ***EATING AFTER A STROKE***

By Phil Gonzales, Writer and Content Developer

## **When we talk about life after stroke, we rarely talk about food.**

We talk about the emergency, the hospital stay, the rehab, the therapy that comes after. And all of those things matter. But food can quietly become one of the most complicated parts of life after stroke.

That is partly physical. Swallowing difficulties, fatigue, appetite changes, lower reserves of energy; these are all things that can make the physical act of eating more challenging.

But food is not just fuel, and eating is not just a physical process. Food is also culture, comfort, and routine. It is one of the ways people stay connected

to their family, to their memories, and to themselves. After a stroke, when so many parts of life may feel disrupted, food can become one of the last refuges of familiarity. Which means it can also become one more place where stress, fear, and medical advice all collide.

That matters because for many stroke survivors, eating becomes about recovery and prevention. They are trying to heal from what has already happened while also trying to reduce the risk of it happening again.

And while there is no single “stroke recovery diet,” there is a growing body of evidence suggesting that nutrition matters,

not just for long-term heart and brain health, but for the day-to-day work of healing.

The American Heart Association and American Stroke Association consider diet one of the clearest places where stroke risk can be changed over time. The 2024 guideline for primary prevention and the 2021 guideline for preventing additional strokes both emphasize everyday habits and eating patterns as the intersection where long-term health either quietly improves or quietly worsens.

### **When Eating Itself Becomes Harder**

One of the most immediate changes after stroke is that eating may no longer feel automatic.

“Depending on which part of the brain is affected after a stroke, a person may not be able to safely consume food and/or be placed on a dysphagia diet,” said Megan Nelson, RD/LD, a registered dietitian who works with post-stroke patients in an acute care hospital setting. “Speech language pathology will continue to work with a person on chewing and swallowing strategies and will advance diet accordingly.”

That can mean altered textures, thickened liquids, or even temporary feeding tubes while a person regains function. It can also mean challenges that are less visible but no less disruptive: difficulty feeding oneself, trouble chewing, reduced appetite, nausea, reflux, or constipation.

Nelson noted that after stroke, “there are often challenges with the ability to feed oneself (tremors, balance and posture challenges, difficulty with fine motor skills) and/or

difficulty chewing and/or swallowing (dysphagia).” She added that, due to potential disruption in the gut-brain axis, a person may also experience “decreased appetite, nausea, constipation, and/or reflux (GERD).”

All of that can make eating feel less like nourishment and more like work.



This is not a minor side issue. According to a 2023 study in *Nutrients*, dysphagia after a stroke can certainly contribute to malnutrition, dehydration, and aspiration pneumonia, all of which can complicate recovery and affect quality of life. Other reviews have made the same point for years: swallowing difficulties after stroke are not just frustrating or inconvenient. They can directly shape the course of healing.

### **Nutrition Is Not the Same as “Eating Perfectly”**

One of the more surprising truths about food after stroke is that in the early stages, the goal is not always to eat as “cleanly” or “perfectly” as possible.

Sometimes the priority is simpler than that: getting enough in.

“Calories, protein, and vitamins/minerals are very important for healing the brain and maintaining strength and preserving muscle in the early stages of stroke recovery,” Nelson said.

And in some cases, that means letting go of rigid ideas about what “healthy eating” is supposed to look like.

“This is not necessarily the time to try to eat as healthy as possible,” Nelson said. “It is more important to consume adequate calories/protein to facilitate ongoing healing and preserve muscle/strength for rehab/recovery.”

That distinction matters. Someone recovering may be fatigued, overwhelmed, struggling with swallowing, or simply unable to prepare food the way they used to. If eating becomes too difficult, too restrictive, or too stressful, nutrition can slip at the exact moment the body needs support.

That is one reason oral nutrition supplements, soft foods, convenience foods, or calorie-dense snacks can all have a place in recovery. According to Nelson, strategies like “small frequent meals” or “including oral supplements” can help people meet calorie, protein, vitamin, and mineral needs when full meals feel out of reach.

She also pointed to a number of practical foods that may be easier during this period: “There are also many ‘healthy’ convenience options available that require minimal preparation like kefir, yogurt, smoothies, salad kits, oatmeal, granola bars, hummus, etc.”

In other words: this is not a failure of discipline. It is adaptation.

### **Food, Strength, and Rehab**

After stroke, food is not just about weight or cholesterol numbers. It is also about strength.

The body is recovering from a major neurological event. Rehab may require repeated physical effort. Swallowing itself may require retraining. Muscles can weaken quickly when someone is less mobile or not eating enough.

“Recovery depends more on the ability to receive adequate nutrition in a timely manner rather than how it is delivered,” Nelson said, “orally versus feeding tube.”

That framing can be helpful for stroke survivors and families alike. It reminds people that nourishment is still nourishment, even if it does not look the way it used to.

For some, that might mean oral supplements. For others, it might mean a temporary tube feed. Nelson noted that if a

person has a feeding tube, “there are whole food and plant based tube feeding formulas available.”

Again, the point is not to create an idealized picture of eating after stroke. The point is to support healing in the form that healing requires.

### **Long-Term Eating Patterns Matter**

Once the most immediate phase of recovery has passed, food can also become part of the longer conversation around prevention.

Research has consistently shown that dietary patterns associated with cardiovascular health are also associated with lower stroke risk and better brain health overall. But what is increasingly clear is that the overall pattern matters more than any single “super food” ever will. A 2026 study in *Stroke* found that stronger adherence to healthy dietary patterns, particularly Mediterranean-style eating, was associated with lower stroke risk, reinforcing years of similar findings.

“Research supports following the MIND diet to protect brain health and to slow cognitive decline,” Nelson said.

That brain-health framing is part of why the MIND diet has drawn so much attention in recent years. It was designed specifically around foods associated with cognitive protection, but its broader logic is familiar: what supports the heart often supports the brain, too.

None of that is especially flashy. In fact, its strength may be how familiar and achievable it can be when approached realistically.

“Some people find it easier to make changes as a family and to start by choosing a few of the recommended foods to include in their diet and building up from there,” Nelson said.

That kind of gradual change may matter more than dramatic overhauls. Stroke survivors are often already navigating medications, appointments, fatigue, cognitive changes, and a sense that their life has been turned upside down. Asking someone to reinvent every part of the way they eat overnight is not just unrealistic. It can be counterproductive.

“I approach diet as a balance between health and quality of

life,” Nelson said. “If a person is able to add 2-3 ‘healthy’ foods that they enjoy but were not previously eating, that is a win.”

She continued: “If a person normally consumes red meat five times a week, consider decreasing to three times a week. I feel a lot of people want to change everything in their diet, which can be restrictive and stressful. Small changes are often more successful and sustainable.”

That may be one of the most useful messages for stroke survivors and families to hear: nutrition does not have to begin with perfection. It can begin with one better grocery list, one easier breakfast, one extra source of protein, one more vegetable that actually gets eaten.

### **The Gut-Brain Conversation Is Growing**

In recent years, researchers have also become increasingly interested in the connection between gut health and brain health.

That research is still evolving, but there is growing interest in how the gut microbiome, the community of bacteria and other microorganisms that live in the digestive tract, may influence inflammation, vascular health, mood, and neurological recovery.

A 2024 review in *Surgical Neurology International* described the brain-gut axis as a growing area of stroke research, with mounting evidence that ischemic stroke can disrupt gut balance and that the microbiome may influence inflammation and recovery. But “promising” is not the same thing as settled, and most of this work is still far from giving stroke survivors a simple set of microbiome rules to follow.

In practical terms, that means foods that support a healthy gut may also be worth paying attention to as part of a broader recovery and prevention picture.

“It is recommended to eat a diet rich in fiber (apples, berries, garlic, onions, oats) to feed healthy bacteria and to include fermented foods (yogurt, kefir, kimchi, sauerkraut) for probiotics to promote a healthy gut microbiome,” Nelson said.

That does not mean yogurt is a miracle cure or that everyone recovering from stroke needs to suddenly start fermenting

vegetables in their kitchen. It just means the old boundaries between “heart health,” “brain health,” and “gut health” may not be as separate as we once thought.

### **Beware the Wellness Rabbit Hole**

One of the challenges of writing about nutrition is that food advice is everywhere, and much of it is contradictory, exaggerated, or trying to sell something.

That can become especially dangerous after a stroke, when people are vulnerable, frightened, and understandably looking for anything that might help.

Nelson said that many people do a general internet search on healthy eating after stroke, but “the results and recommendations can be overwhelming and often not supported by clinical research.”

That is especially true when it comes to supplements and over-the-counter products marketed as anti-inflammatory, brain-boosting, or recovery-enhancing.

“I would recommend that prior to taking any over-the-counter alternative medicine/supplements, to check with a physician or dietitian as these could in fact be harmful,” she said. “They may interact with medications and are not FDA regulated.”

That caution is worth repeating. Stroke recovery is already medically complex. The last thing most people need is a list of supplements assembled by algorithm and wishful thinking.

### **Food Can Still Be a Source of Joy**

For most people, food is more than fuel. Food is culture, community, faith, family, and routines that still matter deeply after stroke. Sometimes support means finding a professional. Sometimes it means finding a way to adapt the foods and traditions that already feel like home.

That is where the Minnesota Stroke Association’s Resource Facilitation program comes in. Resource Facilitation can help connect stroke survivors and families to the kinds of support that make these changes more possible.

That may involve medical guidance; but, it may also involve conversations with the people who know your life best. Your family members, caregivers, spiritual leaders, and community

elders are the people who understand what food means in your world. Together, your team can find a way of eating that works with you, supports your health, and still feels like you.

and what still helps you feel like yourself.

Maybe that is the most important part of this conversation.

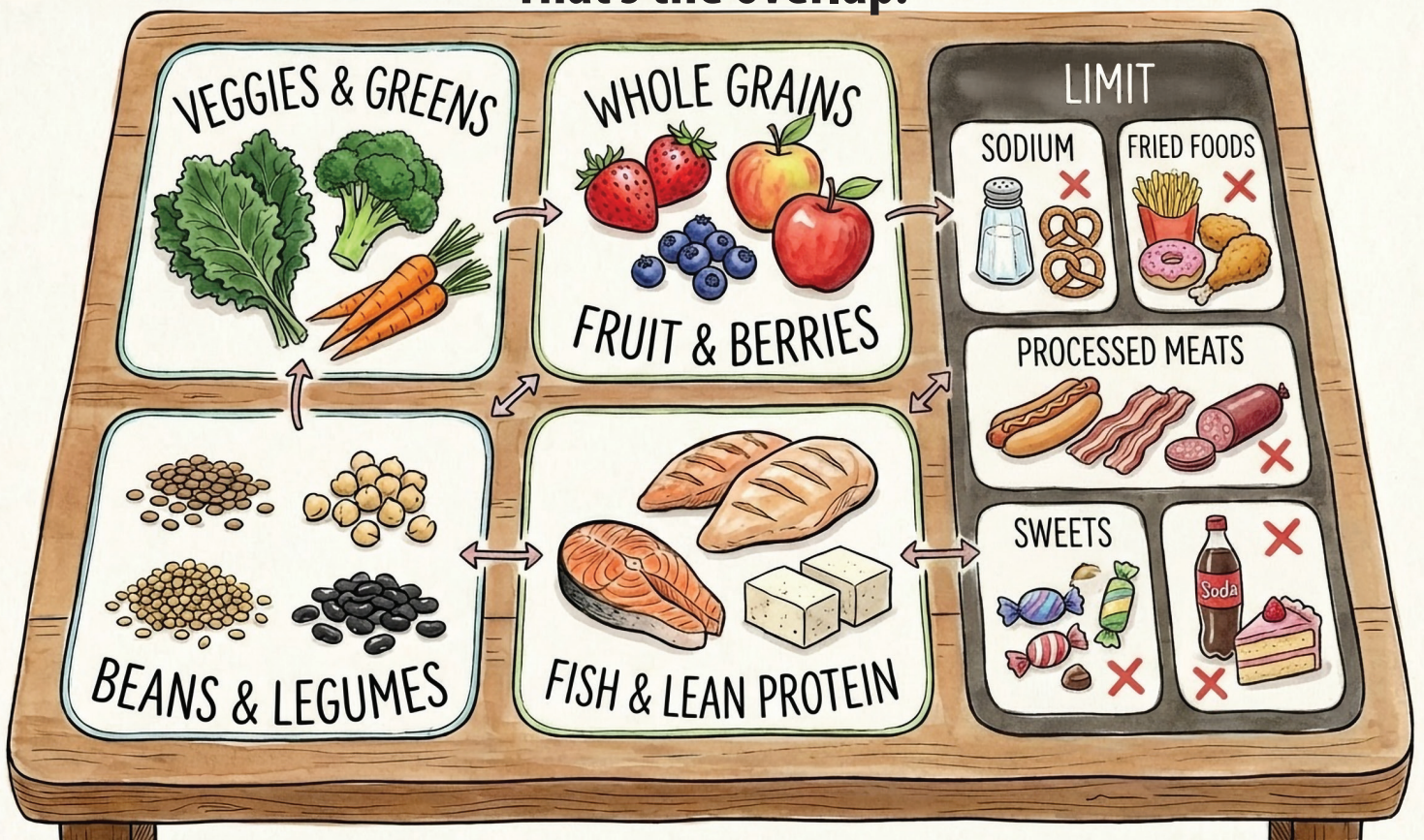
And these conversations do not have to be only about restriction. They can be about connection, memory, adaptation, and finding new ways to hold onto the things that still bring comfort and pleasure. There will be frustrating days and hard adjustments. But there will also be joy in figuring out what still nourishes you, what still feels familiar

Not finding the perfect diet. Finding a way of eating that helps support your health while still leaving room for comfort, identity and even joy. **SM**

For the list of article citations please visit [www.strokemn.org/public-awareness](http://www.strokemn.org/public-awareness)



**The big idea: More plants. More fiber. Less processed food. That's the overlap.**



# Vivistim Therapy<sup>™</sup> for Stroke Recovery

**Achieve 2-3 times more hand and arm  
function than therapy alone!**



Vivistim is a safe and effective implanted medical device that gently stimulates the brain through the vagus nerve, when it's activated during therapy exercises and at-home activities, to improve function in chronic ischemic stroke survivors.

## See if Vivistim could work for you

Complete the qualification quiz at  
[www.vivistim.com/matters](http://www.vivistim.com/matters)

If you qualify, one of our therapy specialists will call you to discuss how Vivistim can help your stroke recovery.



LEARN MORE  
SCAN THIS  
QR CODE  
TO GET  
STARTED

©2023 TIME USA LLC. All rights reserved. Used under license.

The Vivistim<sup>®</sup> Paired VNS<sup>™</sup> System (Vivistim) is intended to be used to stimulate the vagus nerve during rehabilitation therapy to reduce upper extremity motor deficits and improve motor function in chronic ischemic stroke patients with moderate to severe arm impairment. Do not use if you have had a bilateral or left cervical vagotomy. Risks may include, but are not limited to pain after surgery, hoarseness, bruising, swelling, coughing and throat irritation. While not observed in the Vivistim studies, infection leading to explant is a risk associated with any device surgery. For full safety information, please see [www.vivistim.com/safety](http://www.vivistim.com/safety). Individual results may vary.

All rights reserved. Vivistim, Vivistim Therapy and Paired VNS are trademarks of MicroTransponder Inc.



# EXPERTISE LEADS TO ASSURANCE.

Comprehensive stroke center specializing in  
treatment, prevention, research and recovery.



**Hennepin Stroke Center**

[hennepinhealthcare.org/stroke](https://hennepinhealthcare.org/stroke) | For more information 612-873-8712

# RESOURCE FACILITATION

By Phil Gonzales, Writer and Content Developer

# ON AN INTERNATIONAL STAGE



Sara Schlegelmilch and Katrina Meyer

## Katrina Meyer on bringing Minnesota's stroke work to the world

For the first time in its history, the Minnesota Stroke Association had a presence at the International Stroke Conference, the annual gathering hosted by the American Heart Association and American Stroke Association. It's the kind of event where professionals from around the world come together to share innovations in stroke care, emerging research, and the kinds of findings that eventually shape hospital systems, accreditation standards, and broader expectations for care. In other words, this is where major stroke conversations happen.

And this year, Minnesota had something important to say.

I spoke with Katrina Meyer, Community and Social Media Relations Coordinator for the Minnesota Stroke Association, about what it meant for our organization to be there, what made people stop at our newly unveiled poster, and why

Resource Facilitation kept getting the same reaction from conference attendees: Wait. You have what?

**“This is where the big wigs of stroke go. This is cutting-edge science. This is where all that’s presented.”**

Katrina explained that the reason Minnesota was represented this year in New Orleans, LA came out of a collaboration that has been quietly doing very meaningful work.

“What brought us to the conference was our partnership with the Minnesota Department of Health cardiovascular health unit,” Katrina said. “Specifically, we have a grant with them right now where we are working with having the Resource Facilitators do secondary stroke prevention screening. And so what we decided to do was to put forward this abstract about the Resource Facilitation program and this collaboration with the Department of Health on secondary stroke prevention.”

The abstract was accepted.

That may sound like a dry administrative detail, but it's not. It means the work was reviewed, selected, and formally included in one of the field's most visible professional spaces. It also means the abstract is now published in *Stroke*, the American Heart Association's flagship journal.

“A Bridge from Hospital to Home: Connecting Minnesota Stroke Survivors to Individualized Support and Community Resources Post Stroke” is authored by Michelle Gray Ansari, MSW, Jayme Carlson, BS, Sara Schlegelmilch, LSW, Katrina Meyer, MSW, Wendy Hoffman, BSW, and

Josiah Matson. It shows, using program data from nearly 1,800 participants and over 2,360 support calls, that ongoing, personalized support helps improve recovery and provides meaningful, continued assistance for stroke survivors.

From there, the abstract became a poster presentation in the conference’s large education hall, where Katrina, Chief Program Officer Sara Schlegelmilch, and members of the Minnesota Department of Health stroke team – Nicky Anderson, Director of the statewide Minnesota Stroke Program; Jayme Carlson, CVH and Stroke Clinical and Community Planner; and Michelle Gray Ansari, MSW, Stroke System Designation Coordinator – stood with the project and talked with attendees from all over the world.

**“A lot of them were like, ‘How is this possible?’”**

Now, it is exciting to be accepted to a major conference. But what was maybe even more meaningful was the reaction people had once they learned what Resource Facilitation actually is.

“A lot of them were like, ‘How is this possible?’” Katrina told me. “Like, how can you have this great program?”

And if you work around Resource Facilitation long enough, you can almost forget how unusual it really is.

For us, Resource Facilitation is a core part of how we think about helping people after stroke and brain injury. It exists because of course it should exist.

But step outside Minnesota and talk to professionals from other states, and you quickly realize this is not the standard. This is not something everybody has.

People wanted to know how it worked; how it was funded; whether something like Resource Facilitation could exist where they live.

And that matters.

Because what was on display in New Orleans was not just a successful partnership or a single research poster. It was

**A BRIDGE FROM HOSPITAL TO HOME: Connecting Minnesota Stroke Survivors to Individualized Support and Community Resources Post Stroke**

*Michelle Gray Ansari MSW, Jayme Carlson BS, Katrina Meyer MSW, Sara Schlegelmilch LSW, Wendy Hoffman BSW, Josiah Matson BS*

**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.

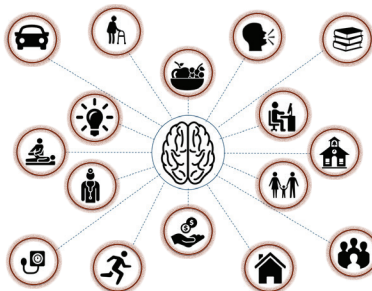


Figure 1: Resource Facilitation Resource Mapping. This image illustrates how changes after stroke don't just impact one area of life but are a part of a complex web.

**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.”*

**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.



**Minnesota Stroke Association**

strokemn.org

**INTERNATIONAL STROKE CONFERENCE 2026  
NEW ORLEANS | FEBRUARY 4-6**

**m DEPARTMENT OF HEALTH  
STROKE PROGRAM**  
health.state.mn.us/stroke



proof that Resource Facilitation itself is worthy of national and international attention.

As Katrina put it, “It was Resource Facilitation on an international stage, which was really cool.”

**“We would have never thought that this would be where we ended up.”**

Resource Facilitation began as a pilot program in 2002. It was developed with the Minnesota brain injury community in mind and relied heavily on the state’s Brain Injury and Spinal Cord Injury database to reach participants. Not even the original developers could have predicted the eventual reach of its scope.

“Especially in the stroke side of things,” Katrina said. “[Stroke] was originally kind of a weaker element of the Resource Facilitation program, and that has really grown.”

Now, she said, the organization receives just as many stroke referrals from hospitals as brain injury referrals, and in some cases more.

That shift happened because hospitals, systems, and providers increasingly recognized what survivors and families already knew: recovery does not end at discharge. They need someone who can help them make sense of services, barriers, fears, logistics, and all the things that don’t fit neatly into a follow-up appointment.

“The Minnesota community is really bought into resource facilitation for stroke,” Katrina said. “Which has been a cool kind of evolution to see.”

That growth is one reason this conference appearance matters so much. It reflects years of trust-building, program development, and proving, over and over again, that this work changes lives.

And maybe most importantly, it reflects something that wasn’t necessarily obvious when the program first began.

**“What you do is really cool. We want to make sure everyone knows about this.”**

That sentence, in a lot of ways, is the heart of this whole story.

Because yes, there is prestige in being at a major conference. Yes, it is exciting to say that our work was published and presented in a major professional setting.

But what matters more is what that visibility can do.

“Having entities like American Heart and the Department of Health reach out and see value in what we do,” Katrina said, “and be like, ‘Oh, what you do is really cool. That’s great for people with stroke. We want to make sure that everyone knows about this and uses it.’”

That kind of validation matters externally because it helps open doors to partners, funding hospitals, and systems that may still be asking why this work matters. It means that when we talk about Resource Facilitation, we are talking about a model that has drawn serious attention from the broader stroke field.

It means we can say, with confidence, that Minnesota is not just participating in the future of stroke care. In some very real ways, we are **helping shape it**.

But it also matters internally.

Because when you’re close to the work, it can be easy to lose sight of just how rare and valuable some of your systems actually are.

**“It helps me also understand what makes us so special,”**

“When I’m talking about, ‘Oh, here’s how we did this,’ and they’re like, ‘What? You have that?’ I’m just kind of like, oh yeah, we’re doing all right in Minnesota.”

That is probably the most clear-eyed recognition that something meaningful has been built here. And that it’s worth strengthening, and sharing.



# UPCOMING EVENTS 2026



## BRAIN INJURY ANNUAL CONFERENCE

April 23

Marriott NW, Brooklyn Park



## STRIDES FOR STROKES

May 16

Duluth, Saint Cloud, and Twin Cities



## WALK FOR THOUGHT

September 19

Duluth and Twin Cities



## BRAIN INJURY SUPPORT CONFERENCE

October 17

Roseville



## STROKE ANNUAL CONFERENCE

November 12

Marriott NW, Brooklyn Park

Visit these websites for more information on the above events.



[braininjurymn.org/events](http://braininjurymn.org/events)



[strokemn.org/events](http://strokemn.org/events)