Minnesota Partners in Public Health Conference

Breakout Session Descriptions

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- 1B: The power of collaboration: Rural, urban, and coalition perspective on improving immunization attitudes and access
- 1C: Building community resilience through trusted partnerships: Public health interventions during Operation Metro Surge
- 1D: Lead in drinking water in schools and childcare: Past to present

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- 2B: The next chapter: Moving from the community health assessment to a community health improvement plan
- 2C: Stronger together: Before, during, and after June 21
- 2D: Where there's smoke there's summer: Preparing for extreme heat and wildfire smoke due to climate change
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- 3C: Before it becomes a case number: What public health and criminal justice keep missing about trauma
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Breakout sessions 1: Wednesday, Nov. 18, 11 a.m. to 12 p.m.

1A: From principle to policy: Advancing Tribal Data Sovereignty at MDH

Julie Raslston Aoki, Senior Advisor on American Indian Policy, Office of American Indian Health and Tribal Relations; An Garagiola, MPP, Senior Advisor on American Indian Data and Analytics, MDH Office of American Indian Health and Tribal Relations

Location: TBD

Tribal Data Sovereignty is not simply about protecting data. It is about recognizing Tribal Nations' inherent authority to govern how data about their peoples, lands, communities, and resources are collected, accessed, interpreted, shared, and used. This session shares how the Minnesota Department of Health's Office of American Indian Health and Tribal Relations is translating Tribal Data Sovereignty from principle into agency practice. Presenters describe an agency-wide work group using the CARE Principles for Indigenous Data Governance, real-world workflow scenarios, and staff experience to identify opportunities to establish Tribal data governance across the public health data lifecycle. Participants will learn how this process is informing practical guidance, policy development, staff training, and systems change while moving MDH beyond compliance toward relational, accountable, sovereignty-aligned public health practice.

1B: The power of collaboration: Rural, urban, and coalition perspective on improving immunization attitudes and access

Holly Blilie, BSN, RN, PHN, Nursing Supervisor, Polk County Public Health; Annie Halland, MPH, Coalition Coordinator, Immunize Minnesota

Location: TBD

Northwest Minnesota's eight-county region developed a collaborative model for Uninsured and Underinsured Adult Vaccination (UUAV) funding, maximizing limited resources while expanding equitable vaccine access across a vast rural area. This regional approach demonstrates how partnership and shared stewardship can strengthen public health infrastructure and reach.

Hennepin County Community Immunization Clinics started in new arrival shelters and expanded to libraries and schools to break down barriers to immunizations. The presentation will cover keys to collaboration and strategies for maximizing community participation.

Immunize Minnesota coalition formed in April 2026 to address the root causes of declining vaccine confidence and to counteract harmful narratives impacting public policy and vaccine uptake. The presentation will discuss the coalition formation and next steps in statewide advocacy and education.

1C: Building community resilience through trusted partnerships: Public health interventions during Operation Metro Surge

Christine Lees, Population Health Program Manager, City of Bloomington Public Health; Nadira Mohamed, Substance Use Prevention, Well Being, and Policy Supervisor, City of Bloomington Public Health; Jill Collins Mattson, Public Health Outreach Coordinator, City of Bloomington Public Health

Location: TBD

From January through April 2026, Operation Metro Surge required an accelerated and coordinated public health response across the Bloomington, Richfield and Edina area. Bloomington Public Health, in collaboration with community partners, implemented a number of targeted interventions designed to enhance community preparedness, support essential needs, maintain access to care, and provide community wellbeing sessions. This session will examine four initiatives developed during the surge: emergency preparedness go-kits to strengthen household readiness; distribution of food packs for residents experiencing transportation or economic constraints; expanded telehealth resources to sustain medical and behavioral health services; and Spanish-language well-being sessions delivered with a trusted partner to promote mental health and resilience. The session will present key strategies, operational insights, and lessons applicable to future emergency response planning.

1D: Lead in drinking water in schools and childcare: Past to present

Anna Schliep, Lead in Drinking Water State Program Coordinator, Minnesota Department of Health; Caroline Olstad, Lead in Drinking Water Specialist, Minnesota Department of Health, Johanna Hayden, Communications Specialist, Minnesota Department of Health

Location: TBD

Join us for a look at how Minnesota schools and child care programs check their drinking water for lead. This session covers how testing has changed over time and how state programs help early care and education settings meet state and federal rules to reduce lead exposure from drinking water. We will review existing testing programs, remediation grant, and the results reporting process. The Minnesota Department of Health (MDH) will share real-world tips,

challenges, success stories, and lessons learned from years of testing. Finally, we will preview what the future looks like in a changing regulatory environment.

Breakout sessions 2: Wednesday, Nov. 18, 1:30 to 2:45 p.m.

2A: We are the ones we've been waiting for

Jaclyn Litfin, Community Health Services Administrator/Public Health Director, Benton County; Brittany Pfannenstein, Manager Health Equity and Community Health, CentraCare; Peggy Sammons, Public Health Planner, Sherburne County; Caleb Frauendienst, Central Minnesota Alliance Coordinator, RnC Consulting; Corinne Dahl, Human Services Supervisor, Stearns County

Location: TBD

This three-act play will reinforce what public health has known all along: that lasting community change comes through collective ownership of solutions. This presentation will have three acts: How the history, evolution, and collaborative structure of the Central Minnesota Alliance (CMA) provide the foundation for stronger regional partnerships and sustainable community change. How intentional partnerships, shared data and Results Based Accountability (RBA) are creating a coordinated framework for improving community health outcomes. How applying a new mindset for community change through the cultivating of "citizen agencies" will help shift from organizations solving problems for communities to where residents create their own future and become part of the solution.

2B: The next chapter: Moving from the community health assessment to a community health improvement plan

Spencer Crawford, Public Health Planner, Nicollet County Public Health; Kiona Hermanson, Community Health Strategist, Countryside Public Health.

Location: TBD

In 2025, we explored innovative approaches to creating equitable, community driven Community Health Assessments (CHA). This session continues that journey by following the next phase of the cycle- transforming assessment into action through a Community Health Improvement Plan (CHIP). Learn who your CHIP is really for, what belongs in the final document, and practical strategies for creating a living plan that drives continuous improvement. Discover how intentional community partnership development builds trust, shared ownership, and sustained engagement needed to shift from an agency led process to a community led CHA-CHIP cycle while keeping partners at the table from assessment through implementation and ongoing evaluation.

2C: Stronger together: Before, during, and after June 21

Christopher Muller, Director/PIO, Beltrami County Emergency Management; Amy Bowles MSN, PHN; Public Health Director and Community Health Services Administrator

Location: TBD

The June 21 storm demonstrated that strong partnerships are built before an emergency and strengthened through response and recovery. This session highlights how public health, emergency management, local government, healthcare, Tribal partners, and community organizations worked together to coordinate services, communicate with the public, and support community recovery. Presenters will share innovative approaches, lessons learned, and opportunities to strengthen future collaboration. Attendees will gain practical strategies for building sustainable partnerships, improving emergency preparedness, enhancing communication and accountability, and integrating Foundational Public Health Responsibilities into emergency response. This session showcases how collaboration advances Community Partnership Development, Organizational Competencies, Emergency Preparedness, Communications, and Accountability while building more resilient communities prepared for future disasters.

2D: Where there's smoke there's summer: Preparing for extreme heat and wildfire smoke due to climate change

Brenna Doheny, PhD, MPH, Minnesota Department of Health, Climate and Health Epidemiologist; Crystal Myslajek, Master of Public Policy, Minnesota Department of Health, Climate and Health Analyst

Location: TBD

Climate change is changing Minnesota summers. Extreme heat is becoming increasingly common and may become more severe and longer lasting. Hazardous smoke from large wildfires in Canada increasingly impacts Minnesota. In July 2026, wildfire smoke from Canada and northern Minnesota caused multiple days of very poor air quality — some of the worst the state has measured since monitoring began. These climate-related hazards are expected to continue and even worsen in the years to come.

The Minnesota Climate & Health Program at the Minnesota Department of Health has developed resources to explain the health risks of climate change and health protection strategies for individuals and communities. In this session, we will give an overview of current and projected climate-related health risks and share tools to help public health and emergency planners prepare their communities to weather these events.

2E: After County Health Rankings: Rebuilding your county profile from public sources

Melissa Degidio, Co-founder, Stratum Health

Location: TBD

Robert Wood Johnson Foundation funding for County Health Rankings & Roadmaps ends in December 2026. The annual data release has already shifted to rolling updates, and continuation beyond this year is unresolved. Minnesota local and Tribal health departments have built CHA/CHIP reporting, grant narratives, and board presentations on CHR&R measures for 15 years.

This session provides a working path forward. We trace where commonly used CHR&R measures originate, which are directly reproducible from public federal and state sources, which require methodological substitution, and which have no clean equivalent. We address constraints specific to Minnesota: small-population cell suppression, mismatched update cadences across sources, and the loss of a shared peer-comparison framework.

Participants will leave with a measure-by-measure crosswalk and a defensible plan for their next assessment cycle.

Breakout sessions 3: Wednesday, Nov. 18, 3:15 to 4:15 p.m.

3A: When health concerns point back to the building: Navigating moisture and mold as a public health concern

Craig Sandok, Founder and Handler, Clarity Canine Inspections

Location: TBD

When health concerns point back to a building, understanding its moisture history is often the first step. This session examines how water intrusion, humidity, plumbing, roofing, HVAC and building-envelope problems can create conditions for mold growth - and why the source can be difficult to locate.

Craig Sandok and his trained mold detection dog, Loki, will compare visual inspection, moisture evaluation, air sampling and K9 odor detection. Through practical examples and a live demonstration, they will show how canine detection can narrow a search, complement other methods and help guide appropriate follow-up.

Craig will also discuss the pending bipartisan MOLD Act and related congressional proposals addressing mold inspection, remediation and accountability in military housing. Although

focused on military housing, these efforts may influence future expectations for public buildings, businesses, landlords and homeowners in Minnesota and elsewhere.

3B: From statewide expectations to local practice: A regional approach to FPHR annual reporting

Erika Guenther (she/her), MPH, Public Health Planner, Aitkin-Itasca-Koochiching Community Health Board; Anne Graves (she/her), MHI, RN, PHN, CIC, Contracted Project Manager, St. Louis County Public Health and Human Services, Public Health Division; Mary Parsatoon (she/her), MPH, Public Health Planner, Carlton-Cook-Lake-St. Louis Community Health Board; Ann March (she/her), Systems and Strategy Planning Director, Minnesota Department of Health, Public Health Strategy and Partnership Division

Location: TBD

Minnesota's transition to FPHR-based annual reporting created a shared implementation challenge: translating statewide reporting expectations into clear, practical guidance for local public health staff. In Northeast Minnesota, public health leaders and infrastructure staff across seven counties collaborated to develop regionally consistent time-reporting guidance grounded in local operational realities. This session brings regional and statewide perspectives together to explain the purpose of the annual reporting transition and demonstrate how the Northeast region moved from statewide expectations to implementation-ready tools. Presenters will share the collaborative development process, examples of the resulting guidance, and lessons learned about convening leaders, gathering staff feedback, navigating ambiguity, and supporting consistent reporting practices across jurisdictions. Participants will leave with tools and strategies they can adapt within their own agencies or regions.

3C: Before it becomes a case number: What public health and criminal justice keep missing about trauma

Eric Uddin, Community Corrections Supervisor, Dakota County Community Corrections

Location: TBD

Public health, behavioral health, schools, courts, and corrections often serve the same people at different points in the same story. When trauma, family instability, mental health needs, and service gaps are missed early, they do not disappear. They return later as crisis, hospitalization, homelessness, court involvement, or a probation case number.

Drawing from more than 20 years across corrections, education, residential treatment, and treatment courts, this session examines what systems repeatedly miss about trauma and why disconnected responses create predictable failure. Participants will explore practical strategies for building stronger cross-system partnerships, recognizing survival-driven behavior, improving

referral and communication pathways, and intervening before crisis becomes someone else's problem.

3D: Restorative session: Addressing burnout and chronic stress in public health

Ben Cahill, Regional Health Equity Network Coordinator. Minnesota Department of Health; Sonja Fernández (they/them), Founder and Owner of Punto Medio Restorative Services

Location: TBD

The presentation will provide information on the mission and offerings of the Health Equity Networks, in particular their new Restorative Session offerings. It will also include participant discussions on burnout and chronic stress, and spotlight Networks partner Sonja Fernandez (They/Them) a Restorative Practitioner and owner of Punto Medio Restorative Services. Fernandez will join the discussion and provide information regarding emotional wellness training. Fernandez will also facilitate a restorative session designed to support a healthy workplace culture, prevent burnout, reduce workforce turnover, and improve job and life satisfaction. A question and answer session will close the session.

Breakout sessions 4: Thursday, Nov. 19, 9 to 10 a.m.

4A: Shaping today's cannabis narrative: Regional strategies for effective public health communication

Maggie Cichosz, MPH, Planner and Healthy Communities Team Lead, Goodhue County Health and Human Services; Jessica Seide, MS, Communications Specialist and PIO, Goodhue County Health and Human Services

Location: TBD

As cannabis legalization reshapes Minnesota's public health landscape, this session highlights how multiple CHBs coordinated a unified communication approach rooted in accreditation best practices. The Southeast region amplified the Speaking of Cannabis campaign developed by the Carlton-Cook-Lake-St. Louis Community Health Board with paid and organic strategies from February-June 2026. Presenters will share lessons learned in structuring regional collaboration, including agreements, roles, and shared decision-making. Participants will gain insights into amplifying existing media campaigns, engaging priority populations, and applying PHAB-aligned strategies for message design, translation, and evaluation. Grounded in foundational responsibilities—communications, equity, and accountability & performance management—the session offers practical tools and replicable models to inspire future innovation.

4B: Beyond evidence-based: Recognizing Tribal knowledge in public health evaluation

Angie Nason, Programs Specialist, Office of American Indian Health and Tribal Relations; Raquel DeHerrera, Programs Specialist, Office of American Indian Health and Tribal Relations; An Garagiola, MPP, Senior Advisor on American Indian Data and Analytics, MDH Office of American Indian Health and Tribal Relations

Location: TBD

Public health often privileges "evidence-based" programs and practices, yet definitions of evidence rarely reflect Tribal knowledge, Indigenous methodologies, or practices that have supported Native health and wellbeing for millennia. This session explores what evaluation can look like when public health broadens its understanding of evidence and trusts Tribal Nations and Urban Native communities to define their own drivers of wellness. Using the American Indian Special Emphasis grant as a case study, the Minnesota Department of Health's Office of American Indian Health and Tribal Relations will share a two-eyed approach that brings Indigenous and Western evaluation practices together. Grounded in the belief that culture, relationships, and community knowledge are evidence, this approach centers communities as the experts in defining wellness, success, and meaningful change.

4C: Language access in public health: The role of plain language and transcreation

Lissee Thao, Hmong Cultural Communicator, MDH Communications Division; Mohamed Bulhan, Somali Cultural Communicator, MDH Communications Division; Kee Vang, Cultural Communications Coordinator, MDH Communications Division

Location: TBD

This presentation will discuss why language access is a critical component of equity and effective communication in public health. It will cover the principles of plain language, the concept of transcreation and best practices for implementing both approaches.

By the end of this presentation, participants will be able to:

- Define language access
- Explain why language access matters in public health
- Describe health literacy
- Understand principles of plain language
- Differentiate translation from transcreation
- Identify best practices for developing culturally appropriate health communications

4D: Olmsted County fall prevention

Brenna San Angelo, B.S., NCMA, Environmental Health Analyst, Olmsted County; Lauri Clements, R.S., M.S., Environmental Lab Manager, Olmsted County

Location: TBD

Ongoing efforts are underway to reduce 911 calls for lift assists and fall related injuries in Olmsted County, where falls remain the leading cause of accidental death. Work began in 2020 when the Fall Prevention Coalition explored fall related data collection and the creation of a public website with prevention resources. The website launched in 2022, supported by multiple partners, and helped older adults access information to stay safe at home. Additional data from 911 dispatch was incorporated into an interactive GIS dashboard, revealing gaps in rural areas. In 2024, a multi agency referral app was developed and piloted with several volunteer fire and EMS partners. Healthy Homes staff now conduct in home safety assessments and connect residents with resources within the community to prevent future falls and support independence.