



COMMUNITY CENTERED CARE AND THE PEOPLE WE SERVE

October 26-27, 2017

Many Faces of Community Health is a two-day conference on improving care and reducing health disparities in underserved populations and among those living in poverty.

The focus of our 12th annual conference is *Community Centered Care and the People We Serve*. Join us as we examine new community care innovations and health care delivery models that promote health equity, prevent and manage chronic diseases, and assure access for those facing significant health disparities.

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CONFERENCE AGENDA

**Speakers and sessions subject to change*

Thursday, October 26, 2017

6:30–7:30 AM Exhibitor Registration and Set-up

7:30–8:30 AM Registration and Continental Breakfast

7:30–8:30 AM Exhibit Hall Open

8:30–9:45 AM Welcome and Keynote

Welcome & Introductions

Rhonda Degelau, Executive Director, Minnesota Association of Community Health Centers (MNACHC)

Keynote: Images of the Underserved: Through the Eyes and Voices of Actors and Musicians
Hippocrates Cafe featuring Jon Hallberg, MD, et al.

Be ready to activate your right brain! Hippocrates Cafe is a live inspired-by-radio show that explores complex health care topics through story and song. In this opening keynote, Hippocrates Cafe will focus on health disparities and the safety net. Creator and director Jon Hallberg, MD, serves as host, providing context for performances by talented Twin Cities artists. Come be inspired by this thoughtful, creative, and intensely moving portrayal of the people we care for.



10:00–11:00 AM Breakout Sessions #1**1A. Self-Care is Health Care: Improving Wellbeing through Mind-Body Medicine**

Nicole Winbush, MD, and Ashley Johnson, MPP, NorthPoint Health and Wellness Center

Mind-Body Medicine practices have the potential to benefit staff, patients, and clients by increasing the ability to handle stress and reduce anxiety, depression, and the impacts of trauma. Mind-Body Medicine interventions and practices are designed to facilitate the mind's capacity to affect bodily functions and symptoms. NorthPoint Health and Wellness Center will share lessons learned from their Mind-Body Medicine training experiences and efforts to integrate this learning for benefits of patient and staff wellbeing.

1B. How to Talk About Smoking without Starting a Fire

Sarah Horst Evans, MA, Institute of Clinical Systems Improvement (ICSI), Kathryn Beth Macias RD, LD, CWHC, and Nora Alexander, CWHC, HealthPartners

Engaging with patients about tobacco use has come a long way, baby. Learn how using motivational interviewing can help patients think differently about quitting and move your conversation from “I’m not ready” to “I think about it sometimes” and more. Working in partnership with Clearway MN, ICSI has hosted a series of workshops that have encouraged providers and staff at MN health systems to re-engage in tobacco cessation work by thinking about what they CAN do to support patients and get patients talking about the quit process. During this session, you will hear lessons-learned from the field and practice simple scripting techniques that are sure to provide ideas and tips for overcoming your conversational sticking points.

1C. Links of Care: An Innovative Colorectal Cancer Screening Program

Chris Singer, MAN, RN, CNN, CPHQ, West Side Community Health Services, and Roshan Paudel, MPH, American Cancer Society

Colorectal cancer screening is disproportionately low at community health centers nationwide. In order to increase access for underserved and underinsured patients, the National Colorectal Cancer Screening Roundtable launched the Links of Care national pilot. West Side is one of the three Links of Care sites improving access to colorectal cancer screening and diagnostic colonoscopies for their patients. In less than four years, they saw colorectal cancer screening rates increase from 17% to 60%. This session will highlight strategies and impacts of creating greater access to specialists and follow-up care, especially for uninsured, underinsured, and low-income adults.

1D. The Future of Quality Reporting in Minnesota

Jonathan Watson, MPA, Minnesota Association of Community Health Centers (MNACHC), Michael Scandrett, MS Strategies/Safety Net Coalition, Julie Sonier, MPA, Minnesota Community Measurement, Diane Rydrych, Minnesota Department of Health, Heather Petermann, Minnesota Department of Human Services

Minnesota clinics and hospitals have been reporting health care quality measures since 2010. The purpose of this effort is to enhance market transparency and drive health care quality improvement through an evolving measurement and reporting strategy. The measurements incorporate social determinants of health, but only on a limited basis, and therefore do not accurately reflect care provided by safety net providers. Minnesota’s Legislature recognized this and in 2017 modified state quality reporting criteria. This session will focus on these changes and how they will impact safety net providers.

11:00–11:30 AM Break in Exhibit Hall**11:30 AM–12:30 PM Breakout Sessions #2****2A. Narrative Health: Using Story to Better the Patient/Provider Experience**

EmmaLee Pallai, MFA, and Kim Tran, Pharm.D., Community-University Health Care Center (CUHCC)

Narrative health asks us to critically examine the stories we witness in ourselves, our patients, our professions, our clinics, and our communities. This process helps us recognize and act upon dominant narratives that reinforce structuralized health inequity. This development occurs while learning to open ourselves to and empowering the stories of our patients and community. Presenters will discuss ways that CUHCC has developed and implemented a narrative health program for their learners, staff, and patients. They will share strategies for incorporating narrative health into practice.

2B. Managing Pain with Limited Resources

Audrey Hansen, MBA, BSN, PMP, PHN, and Jeyn Monkman, MA, BSN, NE-BC, Institute for Clinical Systems Improvement (ICSI)

Managing pain is difficult. Managing pain when patients have limited access to treatment modalities is even harder. The truth is that treatment options with proven effectiveness are limited. Opioids are not a long-term solution; so what can be done? This presentation will highlight non-opioid options for pain management and share how you can incorporate them into patient care. Presenters will demonstrate how to use improved communication skills and a chronic condition management model for chronic pain and long-term use of opioids based upon ICSI's *Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management* guideline.

2C. Insured Yet Underserved: How Community Clinics Can Better Care for the Elderly

Edward Ratner, MD, University of Minnesota

People ages 65 to 85 are the fastest growing population in Minnesota. Urban community clinics serve relatively few elderly patients, missing opportunities to address unmet health needs among isolated, frail, and indigent patients. Rural community clinics serve growing numbers of elderly but may lack the geriatrics expertise required to address issues such as multi-morbidity, end of life issues, and complexities of Medicare rules. This presentation will describe Minnesota's elderly residents and offer strategies to expand services to this population as well as approaches to common health issues among the elderly, including techniques for maximizing Medicare revenue.

2D. Collaborative Governance: Mobilizing Community Leaders for Community Health

James A. Rice, PhD, FACHE, Integrated Healthcare Strategies, and Brian Osberg, MPH, Southside Community Health Center

As community clinics work to create new partnerships that impact the social determinants of health of their patients, they must find new structures and strategies that enable effective governance of partnerships with schools, employers, housing, food, and public safety organizations. This interactive session will share insights, tools, and case studies from 25 years of experience with community partnerships from the Foster McGaw Award Program.

12:30–1:20 PM Lunch and 2017 MNACHC Community Health Awards**1:20–2:20 PM Plenary: Increasing Resilience through Stress Management and Resiliency Training (SMART)**

Amit Sood, MD, MSc, FACP, Mind-Body Medicine Initiative, Mayo Clinic, Rochester, MN

Come hear Dr. Amit Sood discuss the neuroscience and behavioral aspects of human experience in respect to stress, resiliency, performance and wellness. Dr. Sood has developed SMART, Stress Management and Resiliency Training, a structured approach to enhancing engagement and emotional intelligence based on cutting-edge advances in neurosciences. SMART is scientifically proven to decrease symptoms of stress and anxiety, and increase well-being, resilience, self-regulation, mindfulness, happiness, and positive health behavior. It addresses two aspects of human experience: attention and interpretation. Dr. Sood will offer useful insights into human stress, well-being, resiliency, and happiness.

**2:20–2:50 PM Recess!****Healthy Break with Mehdi Kennar**

Get active to recharge yourself for the rest of the day.

2:20–3:00 PM Break in Exhibit Hall**3:00–4:00 PM Breakout Sessions #3****3A. Improving Asthma Control through Asthma Action Plans and Quality Improvement Strategies**

Laila Akhter, DNP, APRN, PHN, FNP-C, University of Minnesota, Jairo Molina, RN AEC, HCMC East Lake Clinic, and Jeyn Monkman, MA, BSN, NE-BC, Institute for Clinical Systems Improvement (ICSI)

East Lake Clinic, a safety net clinic of Hennepin County Medical Center serving a primarily Hispanic population, had poor asthma outcomes compared the Minnesota state averages. While evidence supports use of asthma action plans

(AAPs), the majority of asthma patients at this clinic had not received one. To make a significant improvement in their patients' health, the clinic's interdisciplinary group implemented workflow changes via practice facilitation and Plan-Do-Study-Act cycles. Asthma control rates increased from 23% to 58% in adults and 45% to 63% in children in just one year. Learn how you can replicate their outstanding success in your setting.

3B. The Story of Hooyo: A Group Prenatal Care Program for East African Immigrants

Christine Rangen, DNP, APRN, CNM, Nawal Hirsi, People's Center Health Services, and Anjali Madeira, MPH, RN, MN, University of Minnesota School of Nursing

This presentation will discuss a group prenatal care program "Hooyo" (meaning "Mother" in Somali) aimed at increasing East African immigrant women's empowerment, knowledge, and satisfaction in their health care experience. Hooyo's founding principle is that women are stronger together, when learning from and supporting each other. Come learn how People's Center employs a high-touch, low-tech approach to providing comprehensive care to women in pregnancy.

3C. Silos: Good for Corn, Bad for People (Care Team Collaborations)

Meghan Scully, JD, Southern Minnesota Regional Legal Services

Professional "silos" (i.e. medical, legal, social work, behavioral health, dental, etc.) can limit how effectively we can address the social determinants of health of low income individuals and families. This interactive session will engage participants in first-hand learning about how different professionals may evaluate and address the same problem scenario. Participants will learn to recognize the benefits of a holistic provision of services through inter-professional collaboration, as well as the different problem-solving approaches and communication styles of other professions.

4:10–5:10 PM Breakout Sessions #4

4A. Blind Spot: How Current Vision Screenings Are Failing Us

Matthew Bauer, OD, and Jessica Schara, OD, Open Cities Health Center

In primary care clinics and schools, vision screening is often completed only for distance vision. Yet most learning is done on tablets, computers or phones – not at a distance. The National Eye Institute estimates that only one in three children with a known eye problem are identified during a standard vision screening. Visual deficits reduce focus, class/society participation, quality of life, and academic/learning performance while also increasing behavioral problems. For minority and refugee populations, inadequate vision screening is especially detrimental. This discussion will focus on strategies Open Cities Health Center has implemented for improving vision screening within a diverse population, including how we integrated eye care within the health care team.

4B. Success Story: Universal HIV and Hepatitis Screening in a Community Health Center

Chris Singer, MAN, RN, CNN, CPHQ, and Paige Anderson Bowen, MPH, West Side Community Health Services

With competing preventive health care priorities, HIV and hepatitis screening can sometimes get lost. West Side Community Health Services will share its process to routinize universal HIV and hepatitis screening at its largest ambulatory care clinics. Preliminary results show a positively trending systemic improvement in the number of HIV and hepatitis screenings completed for patients 13-65 years old. The presenters will share their challenges and successes and help you plan to make universal HIV and hepatitis screenings routine at your clinic.

4C. Delivering Mental Health Care to People Experiencing Homelessness

Alison Johnson, RN, MBA, DNP, Molly Dolan, RN, PHN, Jade Erickson, LICSW, Sarah Jane Keaveny, RN, PHN, and Susannah King, LICSW, Hennepin County Healthcare for the Homeless

Roughly 60% of people who are homeless experience mental illness. This panel/team including psychiatric social workers, public health nurses, and a psychiatric nurse practitioner will discuss the needs and characteristics of the metropolitan adult homeless population. They will also review successful engagement strategies for this population including ways of delivering psychotherapy and medication management to those experiencing homelessness.

4D. State and Federal Policy Update

Jonathan Watson, MPIA, MNACHC, and Phil Griffin, JD, Griffin Government Consulting

In 2017, the Minnesota Legislature developed its two-year spending plan and divided up a \$1.6 billion budget surplus. On the federal level, health care has dominated the Congressional schedule with debates about the future of the Affordable Care Act (ACA) law. This update will focus on changes to Minnesota and federal laws and their impact on safety net providers. It will also preview next year's Minnesota Legislative Session that begins in February 2018.

5:10–6:30 PM Reception: Networking, Live Music, & Light Refreshments (Cash Bar)

Don't sit in traffic – unwind, network with your colleagues!



CONFERENCE AGENDA

*Speakers and sessions subject to change.

Friday, October 27, 2017

7:30–8:30 AM Registration (*Breakfast on your own*)

7:30–8:30 AM Exhibit Hall Open (*Coffee and tea available*)

8:30–9:30 AM Breakout Sessions #5

5A. A One-Stop Shop: Integrated Medical and Dental Pediatric Health Care

Andi Jordan, BS, MSADT, RDH, ADT, Debbie Olson, MA, PNP, and Ahmed Sougneh, People's Center Health Services

By providing high quality dental care to children at a young age, lifelong oral health improves, thus reducing disparities. People's Center developed an integrated care model to provide same-day, combined medical and dental care services for children using care coordination and a dental therapist to better serve their disadvantaged patient population. Under this new model, they have increased the number of pre-school fluoride varnishes from 270 to 847 and the number of pediatric patients receiving dental sealants from 91 to 141 in just one year. Come learn about their workflows, follow-up procedures, staff roles, and data collection methods for this integrated medical/dental model.

5B. Problem Solving Coaching: Integrating Mental Health Counseling and Community Outreach

Kathy A. Roberts, BS, MS, RN, and Cristina Fernandez, CHS, MNSURE Navigator, Community Health Service, Inc.

The traditional out-patient counseling model presents many challenges for clinicians with referring patients to community resources, often resulting in fragmented care. The Problem Solving Coaching model teams a registered nurse with a community health/outreach worker to assist patients with life stressors. In addition to performing standard symptom assessment, medication management and counseling, this team collaborates with patients to successfully navigate healthcare systems and connect with community resources. This session will discuss how community health centers can use a Problem Solving Coaching model to coordinate care, decrease barriers to care, and improve the health of their patients.

5C. Affirmative Care: Working with People Who Are Transgender, Intersex, or Gender Non-Conforming

Caroline Woods, MS, PA-C, University of Iowa, and Jasmine Sronkoski, BA, Community Foundation of Greater Dubuque

Data shows the LGBTQ population experiences health inequities at a higher rate than their heterosexual, cis-gender counterparts. These inequities are linked to a history of stigma and discrimination, yet can be addressed by practicing affirmative care to become an inclusive professional. Using a cultural humility approach, this presentation will offer strategies to help provide a more inclusive environment for those who are transgender, intersex, or gender non-conforming.

5D. The Future of Integrated Health Partnerships

Jonathan Watson, MPIA, MNACHC, Steve Knutson, Neighborhood HealthSource, Mathew Spaan, MPA, Minnesota Department of Human Services

Minnesota has been testing an alternative health care delivery system for Medical Assistance patients since 2013. The goal of the effort – known as the Integrated Health Partnership (IHP) program – is to deliver higher quality and lower cost health care through innovative approaches to care and payment. Currently the Minnesota Department of Human Services (DHS) has contracted with 21 provider organizations serving 465,000 Minnesotans in the IHP program. Beginning in 2018, DHS will be expanding and enhancing the IHP program in several important ways. This session will focus on these changes and provide a discussion on how safety net providers can participate in the IHP model.

9:30–10:00 AM Break in Exhibit Hall

10:00 AM–11:00 AM Breakout Sessions #6

6A. How to Integrate Community Health Workers into Public Housing

Lara Pratt, MPH, Minneapolis Health Department, Deqa Adan, Volunteers of America (VOA), and Megan Ellingson, MHA, CHW Solutions

Volunteers of America (VOA) is the social service provider in Minneapolis Public Housing high rise buildings. The Minneapolis Health Department partners with VOA and CHW Solutions to provide community health workers (CHWs) in eight buildings to address social determinants of health, help residents prevent and manage hypertension, and improve residents' quality of life. Public housing residents are generally elderly, disabled, single, and/or low-income. Many have language barriers as well as complex health challenges. Presenters will describe how the VOA added CHWs to their team, share their experiences using the Pathways model to manage their services, and describe their bi-directional relationships with clinics and community pharmacists serving the residents. In addition, they will outline successful third party reimbursement strategies for sustaining CHWs beyond grant funding.

6B. Collaborative Care in Medication Assisted Therapy for Opioid Abuse in Primary Care

Roli Dwivedi, MD, Community University Health Care Center (CUHCC), Kari Rabie, MD, and NACC MAT Team panel, Native American Community Clinic (NACC)

Three community health centers, CUHCC, NACC, and IHB, together have launched a substance abuse program whose goal is to increase patient access to medication assisted therapy to counter opioid abuse. While many of their concerns were similar, each clinic faced unique challenges. Collaborating gave them an opportunity to learn together and develop programs tailored to each clinic. They have seen positive changes in patient access to enhanced services as well as developed new models of integrated care. CUHCC, for example, exceeded its first year patient enrollment goal and is now holding a monthly Suboxone clinic. This session will share lessons, challenges, and success stories from implementing this project across three clinics.

6C. Starting the Conversation: Tobacco Use among Individuals Living with Mental Illness

Catherine Gangi, MPH, CHES, NAMI Minnesota

Smoking is the number one cause of early death and disease for individuals living with mental illness. While the rest of the nation has seen significant declines in smoking rates over the past decade, people living with mental illnesses are predominantly left out. Almost half of adults in Minnesota who live with a mental illness smoke cigarettes, compared to one in seven adults who do not live with a mental illness. Learn how to open up the conversation on tobacco use among individuals living with mental illness through engagement activities, strategies, and resources for quitting with unique considerations for this population.

6D. Reimagine Wellness

Samantha Nelson, MA, Southern Prairie Center for Community Health Improvement, and Wendy Foley, MBA, Blue Cross Blue Shield of Minnesota Center for Prevention

Reimagine Wellness is a new, fully inclusive approach to wellness. It provides an alternative to evidence-based curricula that often do not fit the needs of the diverse communities we serve. Daily movement, healthy eating, and mindfulness are lifestyle change experiences of Reimagine Wellness that reduce, prevent, and/or delay the onset of chronic disease. By integrating this approach with health centers and community champions, diverse communities can take greater ownership of a healthier lifestyle. This presentation will focus on best practices in education, teaching, and lifestyle changes that can be embedded into health care practice.

11:10–12:40 PM Closing Plenary: Fruitful Conversations in a Divided World

Richard Carlbom, United Strategies

Richard Carlbom has successfully led challenging, issue focused campaigns. “Vote No” helped Minnesota become the first state in the nation to defeat a constitutional amendment banning same-sex marriage in 2012. He then led Minnesotans United for All Families to successfully secure the freedom to marry for all committed couples in Minnesota in 2013. Who better than Richard to inspire us to engage with others of different opinions and positions to talk about hard issues? Come listen and end this year’s Many Faces Conference on a note of optimism!



GOVERNANCE ACADEMY

For Federally Qualified Health Center (FQHC) Leadership (by invitation only)

FQHC Board Members and CEOs are invited to participate in a series of breakout sessions designed to strengthen governing board capacity in areas critical to success in a rapidly changing health care environment.



Thursday

1:20-4:00 PM

Strategy Development for Community Health Centers (CHCs) in Challenging Times: Practical Tools to Maximize Stakeholder Engagement and Success

James A. Rice, PhD, FACHE, Integrated Healthcare Strategies

This session will introduce participants to new techniques and tools for CHC boards to work with their clinical, community, and center manager partners to develop enhanced strategic and financial plans yielding positive results. Participants will receive a flash-drive with worksheets, case studies, and materials for immediate use by CHC leaders to strengthen the vitality of their community health services and financial well-being. The session will share and apply best practices in health center planning and marketing from across the US, Latin America, and Europe.

Managing Clinical, Financial, and Legal Risk: Roles of Board and Staff

Brian Osberg, MPH, and Jenny Messner, Southside Community Health Center

This session will cover the respective roles of the board and staff in managing the CHC's clinical, financial and legal risks. It includes the presentation of organizational strategies in mitigating and insuring against these risks. The presentation will explore the role of the board in adopting related policies and mediating organizational disputes. In addition, it will share the role of staff in implementing these policies and managing compliance requirements. Topics will include cyber security, professional liability, employment law, and regulatory compliance.

Participants are Encouraged to Attend these Recommended Breakout Sessions:

11:30 AM-12:30 PM

2D. Collaborative Governance: Mobilizing Community Leaders for Community Health

James A. Rice, PhD, FACHE, Integrated Healthcare Strategies, and Brian Osberg, MPH, Southside Community Health Center

As community clinics work to create new partnerships that impact the social determinants of health of their patients, they must find new structures and strategies that enable effective governance of partnerships with schools, employers, housing, food, and public safety organizations. This interactive session will share insights, tools, and case studies from 25 years of experience with community partnerships from the Foster McGaw Award Program.

4:10-5:10 PM

4D. State and Federal Policy Update

Jonathan Watson, MPIA, MNACHC, and Phil Griffin, JD, Griffin Government Consulting

In 2017, the Minnesota Legislature developed the state's two-year spending plan and divided up a \$1.6 billion budget surplus. On the federal level, health care has dominated the Congressional schedule with debates about the future of the Affordable Care Act (ACA) law. This update will focus on changes to Minnesota and federal laws and their impact on our state's safety net providers. It will also preview next year's Minnesota Legislative Session that begins in February 2018.

AGENDA AT A GLANCE

Thursday, October 26, 2017				
6:30-7:30 am	Exhibitor Registration			
7:30-8:30 am	Registration + Breakfast in Ballroom Foyer + Exhibit Hall Open (Registration and Exhibit Hall Open All Day)			
8:30-9:45 am	Welcome & Keynote: Hippocrates Cafe, Images of the Underserved			
	Clinical		Innovations / Policy	
10:00 - 11:00 am	1A. Self-Care is Health Care: Improving Wellbeing through Mind-Body Medicine	1B. How to Talk About Smoking Without Starting a Fire	1C. Links of Care: An Innovative Colorectal Cancer Screening Program	1D. The Future of Quality Reporting in Minnesota
11:00-11:30 am	Break in Exhibit Hall			
11:30 - 12:30 pm	2A. Narrative Health: Using Story to Better the Patient/Provider Experience	2B. Managing Pain with Limited Resources	2C. Insured Yet Underserved: How Community Clinics Can Better Care for the Elderly	2D. Collaborative Governance: Mobilizing Community Leaders for Community Health
12:30-1:20 pm	Networking Lunch + MNACHC Community Health Awards			
1:20-2:20 pm	Plenary: Dr. Amit Sood: Increasing Resilience			Governance Academy Invitation Only
2:20-2:50 pm	Recess! Healthy Break with Mehdi Kennar			
2:20-3:00 pm	Break in Exhibit Hall			
	Clinical		Innovations / Policy	
3:00-4:00 pm	3A. Improving Asthma Control through Asthma Action Plans and QI Strategies	3B. The Story of Hooyo: A Group Prenatal Care Program for East African Immigrants	3C. Silos: Good for Corn, Bad for People (Care Team Collaborations)	
4:10-5:10 pm	4A. Blind Spot: How Current Vision Screenings are Failing Us	4B. Success Story: Universal HIV and Hepatitis Screening in a CHC	4C. Delivering Mental Health Care to People Experiencing Homelessness	4D. State and Federal Policy Update
5:10-6:30 pm	Reception: Networking + Live Music + Refreshments (cash bar)			
Friday, October 27, 2017				
7:30-8:30 am	Registration + Breakfast on your own + Exhibit Hall Open (Exhibit Hall Open All Day)			
	Clinical		Innovations / Policy	
8:30-9:30 am	5A. A One-Stop Shop: Integrated Medical and Dental Pediatric Health Care	5B. Problem Solving Coaching: Integrating Mental Health Counseling and Community Outreach	5C. Affirmative Care: Working with People Who Are Transgender, Intersex, or Gender Non-Conforming	5D. The Future of Integrated Health Partnerships
9:30-10:00 am	Break in Exhibit Hall			
10:00 - 11:00 am	6A. How to Integrate Community Health Workers into Public Housing	6B. Collaborative Care in Medication Assisted Therapy for Opioid Abuse in Primary Care	6C. Starting the Conversation: Tobacco Use Among Individuals Living with Mental Illness	6D. Reimagine Wellness
11:10-12:40 pm	Closing Plenary: Richard Carlbom: Fruitful Conversation in a Divided World 2017 MNACHC Community Health Awards			

OVERALL CONFERENCE OBJECTIVES

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

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

WHO SHOULD ATTEND

The Many Faces Conference brings together clinicians and students; community clinic management and staff; professionals from public health, social services, health plans, and government; lay health educators, community health workers, and health coaches; policy makers; and others working to improve health and health equity.

For the past 12 years more than 95% of attendees have expressed satisfaction with Many Faces:

"Concrete examples from real people doing the work. Great networking!"

"High energy, informative – a good blend of health affairs/policy and clinical sessions."

"This was a great conference and I am excited how it has inspired my own professional growth."

CONTINUING EDUCATION CREDITS AND CONTACT HOURS AVAILABLE

Attendees are responsible for determining if this program meets the criteria for licensure or recertification for their discipline.

AMA PRA Category 1 Credit™

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Minnesota Medical Association (MMA) through the joint sponsorship of Stratis Health and Many Faces of Community Health Conference partners. Stratis Health is accredited by the MMA to provide continuing medical education for physicians.

Stratis Health designates this educational activity for a maximum of **9.25 hours** (6 hours on Thursday and 3.25 hours on Friday) of *AMA PRA Category 1 Credit™*. Physicians should claim credit commensurate with the extent of their participation in the activity.

Speaker and Planning Committee Disclosure: To comply with ACCME Standards for Commercial Support, Stratis Health requires presenters to disclose the existence of any significant financial interest or other relationship with companies whose products or services are related to the subject matter of the presentation. Each presenter will submit a signed disclosure form prior to the conference. No presenter or planning committee member involved with Many Faces will have a financial relationship that could be perceived as a real or apparent conflict of interest in the context of their presentation; nor will any speaker discuss research or unlabeled uses of commercial products.

CME certificates will be emailed after completion of these steps:

1. Each conference day, sign the attendance form and indicate the hours attended. Provide a current email address, clearly printed
2. An online evaluation survey will be emailed after the conference for you to complete
3. A CME certificate will be emailed to you from Stratis Health

Continuing Education Credits and Contact Hours for other Health Professionals

Attendees will receive a certificate of attendance following completion of a post-conference online evaluation survey. Licensed professionals may claim up to **9.25 instructional hours** (6 hours on Thursday and 3.25 hours on Friday) for this educational activity. Those with a 50 minute educational credit hour may claim up to **11.1 credits** (7.2 hours on Thursday and 3.9 hours on Friday).

LOCATION

Hyatt Regency Bloomington

3200 E 81st St, Bloomington, MN 55425

<https://bloomington.regency.hyatt.com>

Book your reservation by calling: 952-922-1234

Reference "Many Faces of Community Health Conference"

Room rates: \$189/night plus tax for reservation dates October 25-27, 2017

Cut-off date for the conference rate is October 16, 2017.



REGISTRATION

DON'T DELAY - Early Bird Rates apply through end of day
October 5, 2017

Register online at
<http://manyfacesconference.org/registration/>



Online registration accepts all major credit cards as well as notation for payment by check and/or request for an invoice to pay registration fees.

		Full Conference	Thursday Only	Friday Only
General Registration	Early Bird (through 10/5)	\$250	\$200	\$75
	As of 10/6	\$300	\$250	\$100
MNACHC Members	Early Bird (through 10/5)	\$200	\$175	\$75
	As of 10/6	\$250	\$225	\$100
Full-Time Students		\$55	\$40	\$30
FQHC Board Member		\$55		

Scholarship applications will be available from August 14 until September 11.

See the [registration](#) page for more information.

Media Policy

Those requesting media registration must be currently employed by a publication or news organization and provide a business card and/or a letter of assignment. **Inquiries must be made prior to October 23.** Media representatives must pre-register to be given special consideration.