

**Presentation
to**

**Virtual Migrant and
Community Health Forum**

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NACHC

Cesar Chavez in the House!

Yes, the WHITE HOUSE!



COVID Vaccines: This Is Our Shot!

Why Health Centers?

Why You?

Why Now?



Ag-Worker Access Campaign Update

A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Community and Migrant Health Centers.

**We Care.
We serve America's Ag Workers.**

**ASK ME
WHY
I CARE**

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<http://www.ncfh.org/ag-worker-access.html>

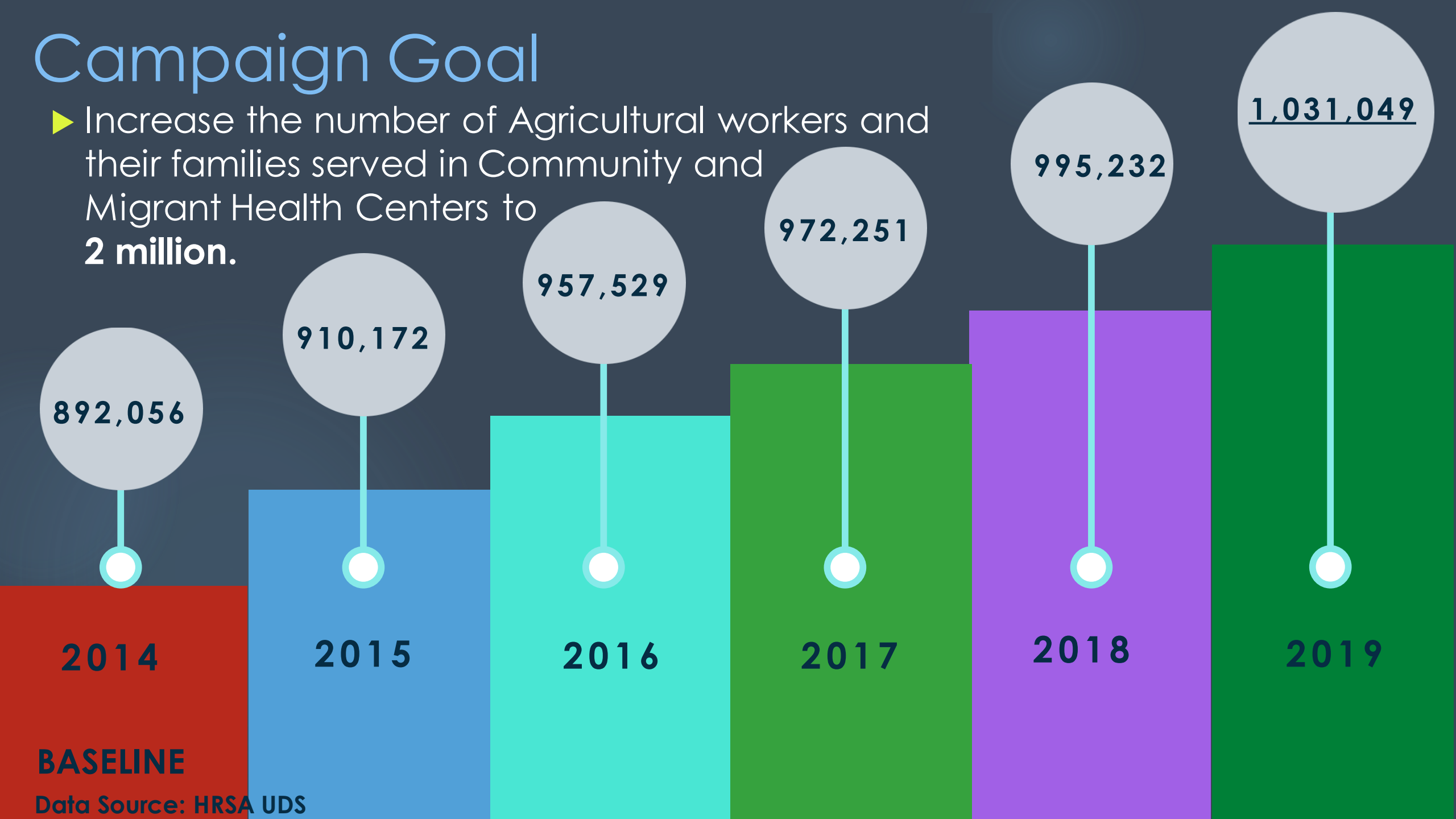
Campaign Focus

The Campaign's primary efforts revolve around:

- 1 Understanding and addressing MSAW's unique needs and the barriers they face related to accessing health care
- 2 Identifying and disseminating promising practices for increasing access to care for MSAWs
- 3 Building capacity of C/MHC staff and other organizations serving agricultural workers through training and technical assistance.
- 4 Supporting local/regional/state coalitions between C/MHCs and other Ag worker-serving entities

Campaign Goal

- ▶ Increase the number of Agricultural workers and their families served in Community and Migrant Health Centers to **2 million.**



BASELINE

Data Source: HRSA UDS

Sign up
to be part of
the
Campaign!

▶ www.ncfh.org/ag-worker-access.html



Policy Priorities and Advocacy Updates

Where We Have Been Since the Election

- NACHC began conversations with the Biden Transition Team to remind them of the role of health centers and provide ideas on ways to operationalize President Biden's campaign pledge to double the federal investment in the Health Center Program.
- In December, Congress passed a three-year reauthorization of the Community Health Center Fund and extensions of the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program.
 - That legislation also included discretionary funding for Health Centers at nearly \$1.7 billion.
 - The bill also included the ability for FQHCs and rural health clinics to receive a new payment for Medicare hospice patients.

What's In the American Rescue Plan

- **\$7.6 billion for Health Centers**, as defined by Section 330 and the Social Security Administration (includes look-alikes) and \$20 million set-aside for Native Hawaiian Health Centers
- **Funds can be used for 6 eligible uses:**
 - To plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines
 - To detect, diagnose, trace and monitor COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation and treatment of COVID-19

Additional Relief in the Legislation

- \$800 million for the National Health Service Corps, \$200 million for the Nurse Corps, and \$330 million for the Teaching Health Center Graduate Medical Education programs, all of which support the health center workforce;
- \$7.6 billion to the Department of Health and Human Services (HHS) to expand the public health workforce;
- \$47.8 billion to HHS to implement a national testing strategy and contact tracing surveillance; and
- \$7.5 billion in funding for the Centers for Disease Control and Prevention for vaccine administration and distribution, to be dispersed to support state, local, tribal, and territorial public health departments, community vaccination centers, and mobile vaccination units.

NACHC's 2021 Policy Priorities

The funding from December and this COVID package are important but do not capture the full needs of FQHCs

- ✓ **2021 Congressional Agenda including COVID-19 Pandemic Funding**
- ✓ **Community Health Center Funding/Appropriations & Mandatory Funding**
- ✓ **Telehealth**
- ✓ **340B**
- ✓ **Infrastructure**
- ✓ **Workforce**
- ✓ **Medicare PPS**

Ensuring Quality Health Center Care

Overview of Key Congressional Actions Needed:

- Supporting Health Center Funding to Address COVID-19 Pandemic
- Protecting 340B to preserve vital savings that are reinvested into health center operations
- Ensuring Telehealth Continues Beyond the Public Health Emergency
- Expanding the Health Center Workforce
- Building on the Success through Continued Funding for Services and Infrastructure

March 2021

Key Issues

Community Health Centers: Delivering Results for the Nation

Ensuring High-Quality, Cost-Effective Care in Every Community

Health Centers are an American success story. They demonstrate that communities can improve health, reduce health inequities, generate taxpayer savings, and effectively address a multitude of costly and significant public health problems, including epidemics of flu and coronavirus, HIV/AIDS, substance use disorders, maternal mortality, veterans' access to care, and natural disasters.

Congress has affirmed the crucial role health centers play in ensuring access to quality primary and preventive care for more than 30 million people by investing in health centers and advancing needed policies. Health centers want to continue to work in partnership with Congress to address the following issues:

- **Responding to the COVID-19 Pandemic.** Health centers are trusted health care providers in their communities and are ready to play a greater role in testing and vaccinating vulnerable patients but need resources to ensure patient care. The Congress has long recognized the record of health centers to deliver results and that is why funding was included in the American Rescue Plan and earlier COVID response packages. Health centers support this flexible funding to restore and expand services as well as to assist with testing and vaccination efforts.
- **Providing Comprehensive Care through the 340B Drug Pricing Program.** Health centers successfully utilize the 340B program, ensuring patients can access medications at affordable prices, and that health centers can reinvest savings into improved quality of care and expanded services. Health centers support protecting 340B and ensuring the continued use of 340B savings to provide more comprehensive care to more underserved patients, as Congress intended.
- **Expanding Access through Telehealth.** Telehealth offers great benefits to patients and providers in both rural and urban areas, including when workforce shortages and geography present barriers to accessing care. Health Centers need adequate reimbursement in Medicare and Medicaid and these policies need to be extended beyond the Public Health Emergency. Health centers support the CONNECT for Health Act, which allows for further utilization of telehealth services alongside sustainable Medicare reimbursement.
- **Meeting the Workforce Needs.** Health centers must recruit, train, and retain an integrated, multi-disciplinary workforce to provide high-quality care. Long-term investments in the nation's primary care workforce are needed to ensure health centers are able to keep pace with the growing and changing needs in their communities. Health centers urge Congress to support at least \$7 billion to address chronic workforce shortages at Community Health Centers. Additionally, we encourage Senators to cosponsor the Strengthening America's Health Care Readiness Act (S. 54) to invest billions into the National Health Service Corps.
- **Expanding Access to Care.** The last significant infrastructure investment in Community Health Centers was the American Recovery and Reinvestment Act of 2009, when health centers served less than 18 million patients. With proper resources to expand facilities and services, health centers will be prepared to serve between 8-11 million additional patients over the next four years. Congress should commit at least \$5.9 billion to meet needed capital projects, begin a four-year effort to double federal investments in the health center program, as well as provide \$2.2 billion in discretionary funding for FY2022.

National Association of Community Health Centers, Public Policy and Research Division, 2021
For more information, please contact: policy@nacha.org

Mandatory & Appropriations Funding

March 2021

Preserve, Strengthen and Expand the Community Health Center System of Care

Building on Success and Ensuring Long-Term Stability

As the largest primary care network in the country, Community Health Centers play an integral role in our nation's health care system. The next step is to build on the successes of the past by Preserving, Strengthening and Expanding the model to more communities and populations.

Preserve the capacity of Community Health Centers to continue to serve our existing 30 million underserved, rural and urban patients by ensuring sufficient long-term, stable funding.

Strengthen the capacity of health centers to serve their current patients by improving quality, bolstering services, strengthening emergency preparedness, integrating community systems to address the social determinants of health, bolster information technology capacity, and launching new innovative clinical and administrative workforce initiatives.

Expand the Health Center Program to serve 8 to 11 million new patients over a 4-year period; and expand access to include critically needed services such as oral health, mental health and substance use disorder (SUD) services like Medication Assisted Treatment (MAT), and school-based health center services. Expansion is also needed to bring services to additional patient groups such as America's growing elderly population, public housing residents, our homeless, agricultural workers, rural residents, and our Veterans among others.

- **Widening the program by extending care into additional communities** most recently revealed by COVID-19 to have clear inequities in health status, as well as caring for the newly uninsured and unemployed due to COVID-19, would yield at least 8 million new patients.
- **Deepening services** at existing sites to include greater access to maternal/newborn health care, COVID long-term issues, mental and behavioral health care, oral health and aging and aging. They also include costs to expand the workforce to deliver these services. As a result of these services, we anticipate that health centers could reach as many as 3 million more people in need.


Health centers deliver an excellent return on this federal investment:

- They reach individuals with the greatest difficulty accessing or affording health care services, including those with chronic diseases at risk for costly health complications, and guarantee them access to high-quality care, improve health outcomes, and narrow health disparities.
- Health centers are efficient and **save the health care system \$24 billion every year**, reducing unnecessary inpatient hospitalizations and Emergency Room use.

How you can help:

- Support a four-year commitment to double mandatory federal investments in Community Health Centers to preserve and strengthen existing sites of care and expand access to millions more Americans.
 - Resources are needed to deepen and widen health center services while also maintaining core services that are currently provided to the 30 million health center patients.
- Support \$2.2 billion in discretionary funding for Community Health Centers through the FY2022 Labor-HHS Appropriations bill.
- Sign on to the House DeGette-Bilirakis letter to the Appropriations Committee requesting "strong funding" for health centers.

National Association of Community Health Centers, Public Policy and Research Division, 2021
For more information, please contact: fedstaffairs@natchc.org



BACKGROUND: Mandatory Funding

President Biden has called for doubling the federal investment in the Community Health Center Fund.

OUR ASK:

- Begin a four-year commitment to double federal investment in the Health Center Program

Make The Asks: Background Telehealth

BACKGROUND: Over 90 percent of Community Health Centers are utilizing telehealth to meet their patients' needs.

OUR ASK:

Co-sponsor the Protecting Access to Post-COVID-19 Telehealth Act (HR 366) and the CONNECT for Health Act (when reintroduced) to:

- **Support legislative and regulatory efforts for audio-only telehealth services.**

March 2021 **Telehealth**

Telehealth Expansion: COVID-19 AND BEYOND

Treating Patients in a Pandemic and in Hard-to-Reach Areas

Over 90 percent of Community Health Centers are utilizing telehealth to meet their patients' needs. Telehealth services help address pandemic, geographic, economic, transportation, and linguistic barriers to health care access. Because Community Health Centers are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, health centers are pioneering the use of telehealth, to expand access to quality health care services.

The Facts

- Telehealth has proven to result in better outcomes for patients, including homeless, veteran, and urban populations, making it a crucial tool to deliver comprehensive primary and preventive health care for all patients.
- Telehealth has emerged as a vital force connecting health centers to their patients during the COVID-19 pandemic. At this point, 98% of health centers nationwide have offered telehealth services, compared to just 43% in 2018.
- Health centers serve 1 in 5 Americans living in rural communities. Telehealth programs are especially critical in rural areas, where many residents can face long distances between home and health provider, particularly specialized providers. In rural communities, before the COVID-19 pandemic, nearly half (46%) of health centers utilized telehealth for services outside the clinic.


The Challenges

- In 2020, Congressional and CMS actions to loosen pre-pandemic Medicare and Medicaid telehealth restrictions enabled health centers to continue serving patients effectively; these critical policies expire with the end of the Public Health Emergency (PHE) and should be made permanent.
- For America's seniors on Medicare, health centers will no longer be permitted to provide telehealth services as "distant sites" (location of the provider), audio-only visits or be paid a rate that reflects the cost of services.
- For low-income individuals covered by Medicaid, states will no longer receive federal matching funds that ensure health centers are paid for audio-only visits and reimbursed at the same rate as in-person care.
- Telehealth has been a safe harbor for health centers – and a lifeline for many – during the pandemic. Ending distant site and audio-only protections will severely impact many of our patients who do not have easy access to broadband and smartphones. Preserving adequate payment for health centers will help keep our doors open.

How you can help:

- Co-sponsor the Protecting Access to Post-COVID-19 Telehealth Act (HR 366) and the CONNECT for Health Act (when reintroduced). These bills modernize Medicare policy by recognizing health centers as both "distant and originating sites", so that health centers will be reimbursed for telehealth coverage wherever the patient or provider is located.
- Support legislative and regulatory efforts to ensure permanent policy changes to Medicare and federal Medicaid matching funds to states, for audio-only telehealth services and that health centers are reimbursed at rates equal to an in-person visit.

National Association of Community Health Centers, Public Policy and Research Division, 2021
For more information, please contact telehealth@nacha.org



Make The Asks: 340B Drug Pricing Program

March 2021

340B Drug Discount

Increasing Pharmacy Access for Underserved Patients

Providing discounted drugs and enhanced services to those in need

Providing access to a full range of affordable comprehensive services, including pharmacy services, is a key component of the community health center model. Established in 1992, the 340B Drug Discount Pricing Program provides health centers access to outpatient drugs at reduced prices, enabling them to ensure that all low-income patients have access to affordable prescription drugs.

In addition, the savings from the 340B program are integral to health centers' ability to sustain ongoing operations. In fact, many health centers report that due to their slim operating margins, without the savings from the 340B program they would be severely limited in their ability to support many of their core services and activities for their patients.

THE FACTS:
Health centers exemplify the type of safety net program that the 340B program was intended to support. By law, all health centers:

- serve only those areas and populations that HHS has designated as high need,
- ensure that all patients can access the full range of services they provide, regardless of insurance status, income, or ability to pay.
- are required to reinvest all 340B savings into activities that are federally-approved as advancing their charitable mission of ensuring access to care for the underserved.

While every health center decides how its 340B savings can best benefit its patients, these savings often support clinical pharmacy programs, extended evening and weekend hours, case management services and sliding fee discounts – ultimately increasing patient access to care.

Health centers are subject to detailed programmatic and reporting requirements as well as federal oversight that they must adhere to, and which guide their participation in the 340B program.

THE IMPACT:
The 340B program is currently under assault on several fronts – and it is crucial that it is protected. Health centers' reliance on 340B is critical to their financial viability and their ability to provide quality comprehensive low-cost health services, including affordable medications, to their patients.

How you can help:

- Make it explicitly clear that 340B covered entities are entitled to purchase outpatient drugs at 340B pricing for eligible patients through each covered
- Prevent implementation of a 340B rebate model by manufacturers and condition of the 340B Drug Pricing Program.
- Prevent private for-profit companies from “pick-pocketing” 340B savings from health centers, by guaranteeing the intent of the program for Health Centers, by guaranteeing a solution by adding an “anti-discrimination” clause

National Association of Community Health Centers, Public Policy and Research Division, 2021.
For more information, please contact info@nacha.org.

Our Asks:

- Make it explicitly clear that **340B covered entities are entitled to purchase all drug manufacturers' covered outpatient.**
- **Prevent implementation of a 340B rebate model.** Health Centers can't afford to pay full price for expensive drugs!
- **Prevent private for-profit companies from “pick-pocketing” 340B savings from health centers.** Congress must guarantee a solution by adding an “anti-discrimination” clause to the 340B statute.



Make The Asks: Infrastructure

March 2021

Infrastructure

Investing in Health Centers – Preparing for the Future

Sustaining and Growing Health Centers to Meet Rising Demand

The last significant infrastructure investment in Community Health Centers was the American Recovery and Reinvestment Act of 2009, when health centers served less than 18 million patients. With 30 million patients currently, America's 1,400 non-profit health centers organizations operated on razor thin margins long before the COVID-19 pandemic and its detrimental impact.

The onset of COVID-19 brought billions of dollars of additional financial losses triggered by site closures, service disruptions, staff quarantine, layoffs and furloughs. These losses were exacerbated by additional unanticipated expenditures such as PPE, testing supplies, and infrastructure expenses (ventilation, tents, IT and telehealth equipment, space reconfigurations.)

Yet, the demand for health center services is greater than ever, especially by the growing number of newly unemployed and uninsured – human casualties of the pandemic economy. The ability of health centers to fund or finance infrastructure remains even more limited, yet the need for infrastructure investment – whether construction, renovation, equipment, IT, telehealth/broadband and other capital infrastructure projects – continues to grow.

Additional space and facilities will be critical for health centers to continue to serve the current 30 million patients and have the capacity to care for 8 to 11 million new patients over a 4-year period. There is substantial need for critically important services such as oral health, mental health and substance use disorder (SUD) services like Medication Assisted Treatment (MAT) and school-based health center services. Expansion is also needed to bring services to additional patient groups such as America's growing elderly population, public housing residents, our homeless, agricultural workers, rural residents and our Veterans, among others.

Health Center capital infrastructure needs total at least \$13.1 billion. Yet, by leveraging other existing programs, such as HRSA Loan Guarantees, and Community Facilities Program.

Health centers have proven their value to local economies again and again. Investment, in 2019 health centers generated 455,000 full time jobs (253,000 jobs created more than \$64.3 billion in economic activity. Further infrastructure investments in health centers will create economic opportunities and jobs for residents of rural and urban areas.

How you can help:

- Support at least \$5.9 billion in dedicated infrastructure funding to address equipment, IT, telehealth and broadband projects when the Congress

National Association of Community Health Centers, Public Policy and Research Division, 2021
For more information, please contact policyaffairs@nachc.org



Support at least \$5.9 billion in dedicated infrastructure funding to address needed:

- Construction
- Renovation
- Equipment
- IT
- Telehealth Broadband projects

Make The Asks: Workforce

March 2021

Workforce

Planning for the Future Health Center Workforce

Growing Today's Primary Care Workforce
to Meet Tomorrow's Health Care Needs

Community Health Centers depend upon a network of over 253,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. Long-term investments in the nation's primary care workforce are needed to achieve the cost-savings the country needs and ensure health centers are able to keep pace with the growing and changing needs in their communities.

Yet severe workforce shortages and growing salary gaps make it difficult for health centers to recruit and retain an integrated, multi-disciplinary workforce to provide high-quality care. For example, the Association of American Medical Colleges estimates a national shortage of between **\$4,100 and 139,000 physicians** by 2033. Additionally, the U.S. Bureau of Labor Statistics projects **175,900 openings** for Registered Nurses each year through 2029 when nurse retirements and workforce exits are factored into the number of nurses needed in the U.S. Moreover, recent health care compensation data shows that **health center primary care physicians earn approximately 30% less** when compared for those same disciplines for physicians who work for hospitals.

Two critical workforce programs - the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program - are slated to receive additional funding in the American Rescue Plan. Yet the remaining workforce needs are significant.

The NHSC supports roughly 16,000 clinicians in urban, rural, and frontier communities. About 60% of all NHSC placements are at health centers.

- Thousands of additional applications to join the NHSC go unfunded each year. The \$800 million for NHSC and \$200 million for Nurse Corps in the American Rescue Plan will boost the number of approved applications, extending this opportunity to additional underserved communities.

The THCGME model directly trains providers at health centers in underserved communities, improving their understanding of the issues facing health center patients and increasing the likelihood they will choose to practice in these communities after they complete their training.

- In the 2018-2019 academic year, THCGME supported the training of 769 residents in 60 health centers in 25 states. Since it began in 2011, the program has supported the training of more than 1,148 new primary care physicians and dentists who have graduated and entered the workforce.
- The American Rescue Plan committed \$330 million to expand the

How you can help:

- Support the American Rescue Plan's investment in the health center workforce.
- Support at least \$7 billion to address chronic workforce shortages.
 - This funding would enable health centers to attract and retain providers on the frontlines, especially in primary care and specialty care.
- Cosponsor the Strengthening America's Health Care Readiness Act (S. 54), from Sen. Dick Durbin (D-IL) and Sen. Marco Rubio (R-FL), to invest \$5 billion in the NHSC, \$1 billion in the Nurse Corps, and \$1 billion in the American Rescue Plan to support the recruitment and retention of members of the NHSC workforce to serve in emergency capacities.

National Association of Community Health Centers, Public Policy and Research Division, 2023.
For more information, please contact policy@nachc.org



BACKGROUND:

HRSA estimates a national shortage of 124,000 to 156,000 physicians by 2025.

OUR ASK:

- Support at least **\$7 billion** to address chronic workforce shortages at Community Health Centers
- Co-sponsor the **Strengthening America's Health Care Readiness Act (S. 54)**, from Sen. Dick Durbin (D-IL) and Sen. Marco Rubio (R-FL)

Public Charge Rule

- As you know, the Trump Administration imposed a controversial rule that allowed federal immigration officials to consider legal immigrants' use of government health, nutrition and housing programs against them in their applications for permanent legal residency.
- After review, the Biden Administration dismissed the Trump Administration's "public charge" rule on March 16, 2021.
- California Primary Care Association (CPCA) and the Association for Asian Pacific Community Health Organizations (AAPCHO), and the National Health Center immigration Work Group, have fought against Public Charge for a host of reasons, not the least of which is that it puts the health and well-being of immigrant families at risk.
- Advocates are now calling for the Biden Administration to formally rescind the rule and promote awareness of the reversal for increased confidence among immigrant communities.

HOT NEWS: House Passes Two Immigration Bills, pero...

- **American Dream and Promise Act and the Farm Workforce Modernization Act** - Creating a pathway to legalization for Dreamers and undocumented farmworkers
- Que hacemos? (What can we do?)

Grassroots Advocacy Updates



Goal:

Expand, equip and mobilize grassroots and grasstops for long-term promotion and protection of CHCs

Guiding Questions:

- Can CHCs Survive and Thrive the Pandemic?
- Is This a Moment or a Movement?
- How Do We Increase Equity?

Messaging and Mobilizing

Unique

- Responding to Public Health Concerns
- Value-based Care
- Patient & Local Control

What CHCs & Communities Could Lose

- Dependable revenue streams
- Clinical and non-clinical Staff
- Ability to serve patients through innovative, integrated care
- Economic loss



CREATE YOUR ELEVATOR PITCH

Succinct. Compelling. Attention Grabbing. Action Making.

IDENTIFY YOUR AUDIENCE:

WHAT DO YOU HOPE TO ACCOMPLISH FROM THIS SPEECH?

CRAFT YOUR SPEECH. IN 60 SECONDS OR LESS, SHARE WHO YOU ARE, WHY YOUR CAUSE MATTERS, AND YOUR CALL TO ACTION.



Tips for a Successful Meeting with Elected Officials

- 1 Make an Appointment**
Schedule a meeting with the District office scheduler.
- 2 Clarify the Audience (*)**
How you frame the question will depend on if you are addressing the elected officials themselves or their staff.
- 3 Identify the Goal of the Group**
E.g. Get your Member of Congress to take action to pass long-term, stable funding with room to grow.
- 4 Bring Leave Behind Materials**
Think about visual aids that will help your members remember why they must vote for long-term and stable funding. Consider bringing data materials specific to your health center. Try using the Vital Impact Estimator (<http://bit.ly/CHCFundImpact>).
- 5 Strategize**
Plan who will speak and who will make which asks based on your group's goals (see other side for example).

REINFORCEMENTS (DATA, STATS, FACTS):



CHCs Get Out The Vote Campaign

- We are partnering with non-profit VotER to build voter registration capacity within the health center movement. Learn more at:

<https://www.hcadvocacy.org/civic-engagement/>

- Email & text outreach only if patients have “opted-in”
- **VOTE COMMUNITY to 34444**

- Find inspiration by listening to our “Vote Like Our Health Depends On It” Spotify playlist: <https://bit.ly/VotERPlaylist>

A graphic with a dark blue header containing the text "REGISTER TO VOTE" in white. Below the header is a QR code with a "SCAN ME" button to its left. Underneath the QR code, the text "TEXT VOTE COMMUNITY TO 34444" is displayed in white. At the bottom of the graphic, a dark blue bar contains the text "YOUR LIFE DEPENDS ON IT" in white. Below this bar are two logos: the National Association of Community Health Centers logo on the left and the VotER logo on the right.

A screenshot of a Spotify playlist titled "Vote Like Our Health De... NACHC". The playlist contains six tracks:

Track Number	Track Name	Artist	Duration
1	Freedom	Pharrell Williams	2:42
2	People Get Ready	The Impressions	2:43
3	The Mexican (feat. Mireya R...)	Stretch And Bobbito, The M...	4:33
4	That's the Way of the World	Earth, Wind & Fire	5:45
5	Rise Up	Andra Day	4:13
6	Unshaken	D'Angelo	3:52

Advocacy Center of Excellence (ACE/HACE) Program Update

- **Goal:** To help CHCs feel empowered to engage in meaningful advocacy efforts
- **Updated criteria:**
 - New point system developed for achieving Silver and Gold status
 - Quarterly calls with ACE affiliates nationwide
 - **HACE** eligibility – ACE Bronze status plus Spanish requirements (see application)



BE RECOGNIZED FOR YOUR
ADVOCACY EFFORTS IN SUPPORT
OF THE HEALTH CENTER MISSION.

LEARN MORE AND APPLY AT WWW.HCADVOCACY.ORG/ACE



HCAadvocacy.org



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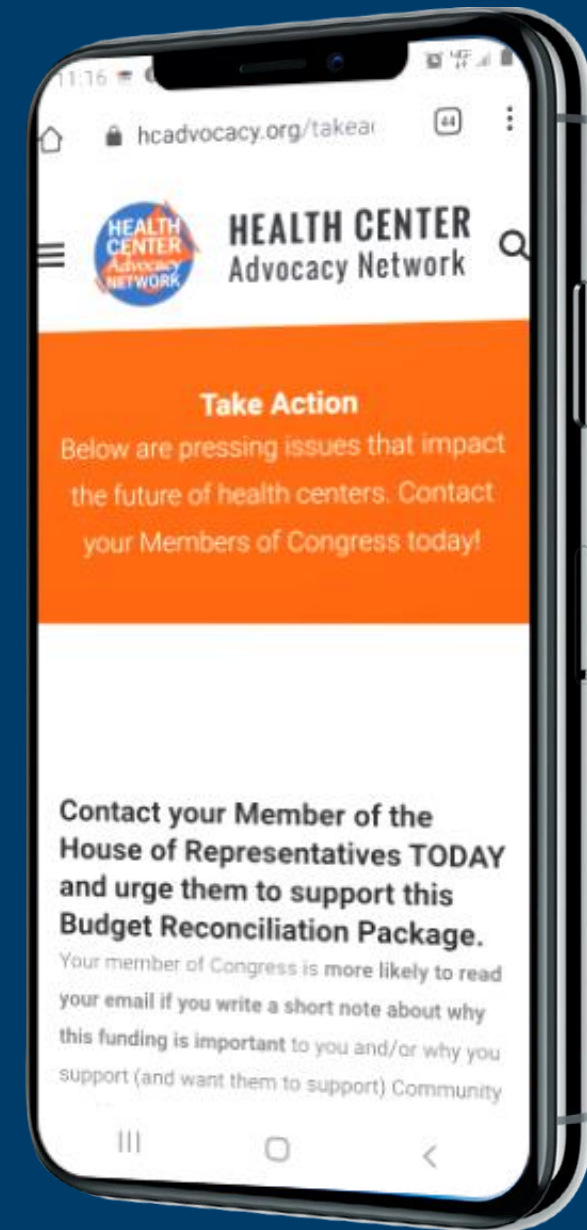
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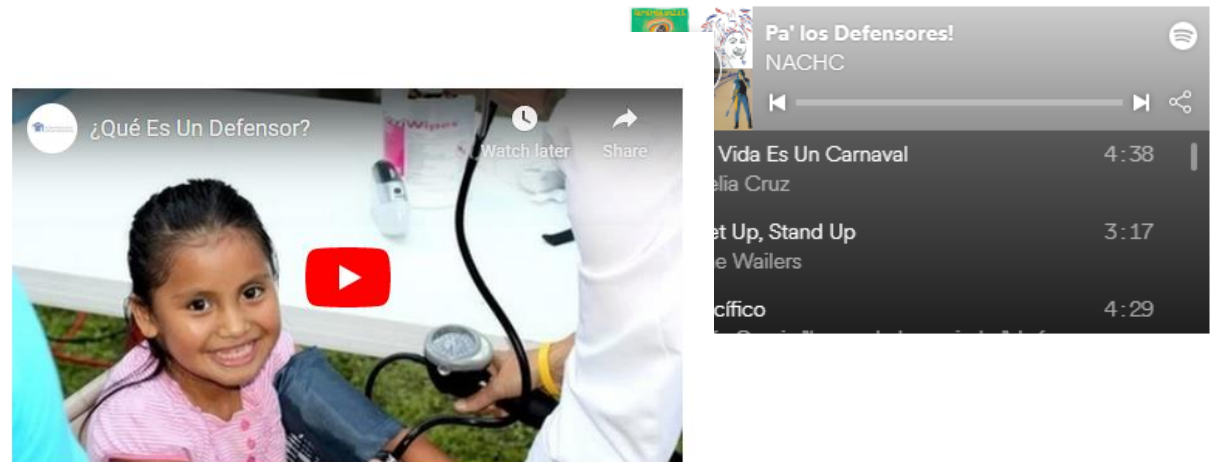


Spanish Resources on HCAAdvocacy.org

- The Washington “Boletin” Spanish advocacy newsletter is returning
 - ‘Defensores’ are encouraged to subscribe <https://www.hcadvocacy.org/sea-un-defensor/>
- Updates to the **HACE** Program application and qualifications are updated on [HCAAdvocacy.org/](https://www.hcadvocacy.org/)
- Contact Shamaal Sheppard at ssheppard@nachc.org with questions.

APLICA AQUI!

Sabias? Los Centros de Salud Comunitarias proporcionan atención medica y comprehensiva a más de 30 millones de pacientes en 14.500 centros de prestación de servicios en todos los estados y territorios.



¿Sabías usted? De todos los pacientes del centro de salud, el 36 % son hispanos.

*Gracias/Thank You
for Caring Enough
To Make a Difference
and
For Taking Action!*

¡Si Se Puede!

Questions/Preguntas?



Further questions? Contact us.

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