

2021 Virtual Forum for Migrant and Community Health

March 22 - 26, 2021

May 24 - 25, 2021

Recognizing and Honoring Our Essential Workers



Dear Colleagues,

Welcome to the 2021 Virtual Forum for Migrant and Community Health!

For the first time ever, the three Regional Stream Forums hosted by the **National Center for Farmworker Health (NCFH)**, **North Carolina Community Health Center Association (NCCHCA)**, and **Northwest Regional Primary Care Association (NWRPCA)** will be joining efforts to host a Virtual National Stream Forum. This virtual event will take the place of the 2020-2021 in-person Stream Forum events.

The Virtual Forum to be held on **March 22–26, 2021** will also include two follow-up sessions scheduled on **May 24-25, 2021** for education and training, information and resource sharing, coalition building, and program and policy development for community-centered health professionals and their partners. And **there are no registration fees!**

Attendees of the annual Forum include multiple disciplines, such as health care providers, administrators, board members, health educators, lay health professionals including Community Health Workers and Promotores(as), students, researchers, agricultural workers, and co-sponsors. All are invited to assemble and share new ideas, learn innovative strategies, and enhance their skills in health care delivery for the migratory and seasonal agricultural worker population.

Individuals and organizations working with the Agricultural Worker community, as well as rural populations and/or other vulnerable populations, will also find benefit in the educational content offered. With the purpose of supporting champions in increasing quality and access to care for Agricultural Workers, the Forum emphasizes the exchange of information on model programs, new resources and tools, and the latest research and trends in agricultural work.

We look forward to seeing you at the Virtual Forum presented by NWRPCA, NCFH and NCCHCA.

Sincerely,

NWRPCA, NCFH, NCCHCA Staff

To view the session recordings, click on the titles for each session on pages 6 - 28.

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Schedule-at-a-Glance

MONDAY, MARCH 22			
8:00 AM - 9:30 AM PT 9:00 AM - 10:30 AM MT 10:00 AM - 11:30 AM CT 11:00 AM - 12:30 PM ET	OPENING PLENARY SESSION		
	Update from the Bureau of Primary Health Care - <i>Jim Macrae, MA, MPP, Associate Administrator, BPHC</i> CDC Presentation - <i>Dr. Alfonso Rodriguez Lainz, Epidemiologist, Division of Global Migration and Quarantine</i>		
9:30 AM - 10:30 AM PT 10:30 AM - 11:30 AM MT 11:30 AM - 12:30 PM CT 12:30 PM - 1:30 PM ET	LUNCH & VIRTUAL VENDOR VISIT		
10:30 AM - 12:00 PM PT 11:30 AM - 1:00 PM MT 12:30 PM - 2:00 PM CT 1:30 PM - 3:00 PM ET	Breakout Sessions #1		
	Data & Farmworker Research	Agricultural Communities	Emergency Response
	1. Digital & Health Access for Agricultural Workers & Their Families <i>Susan Gabbard, JBS; Ana Carolina Loyola Briceno, HRSA</i>	2. Starting from the Beginning: Ag Worker Health 101 <i>Robyn Barron, Health Outreach Partners; Colleen Reinert, MHP Salud; Gladys Carrillo, National Center for Farmworker Health, Inc.</i>	3. Crisis & Emergency Risk Communication (CERC): Effective Practices for Communicating Health Emergency Information to Agricultural Workers <i>Lisa Briseño, CDC</i>
12:00 PM - 12:30 PM PT 1:00 PM - 1:30 PM MT 2:00 PM - 2:30 PM CT 3:00 PM - 3:30 PM ET	BREAK & VIRTUAL VENDOR VISIT		
12:30 PM - 2:00 PM PT 1:30 PM - 3:00 PM MT 2:30 PM - 4:00 PM CT 3:30 PM - 5:00 PM ET	Breakout Sessions #2		
	4. Building the Pillars Critical to Successfully Increasing Access to Care for Ag Workers <i>Lisa Miller & Gladys Carrillo, National Center for Farmworker Health, Inc.; Rocio Valdez, Ampla Health</i>	5. U.S. Immigration Policy - Today & Tomorrow: What Migrant Health Providers Should Know to Better Serve their Patients <i>Roger Rosenthal, Migrant Legal Action Program</i>	6. COVID-19 Supporting Farmworker Communities Panel <i>Jackie Chandler, MPCA; Dale Flores Freeman, MDHHS; Audra Fuentes, Michigan Department of Health and Human Services; Jose Pedro Ibarra, NC Farmworkers' Project; Lisa Tapert & Hannah Miller, Maine Mobile Health Program</i>
TUESDAY, MARCH 23			
8:00 AM - 9:30 AM PT 9:00 AM - 10:30 AM MT 10:00 AM - 11:30 AM CT 11:00 AM - 12:30 PM ET	MORNING PLENARY SESSION		
	Update from the National Association of Community Health Centers (NACHC) - <i>Rachel A. Gonzales-Hanson, Sr. Vice-President for Western Operations</i> Keynote Speaker - <i>Maria Hinojosa, Emmy Award-Winning Journalist & Host of "Latino USA", National Public Radio</i>		
9:30 AM - 10:30 AM PT 10:30 AM - 11:30 AM MT 11:30 AM - 12:30 PM CT 12:30 PM - 1:30 PM ET	LUNCH & VIRTUAL VENDOR VISIT		
10:30 AM - 12:00 PM PT 11:30 AM - 1:00 PM MT 12:30 PM - 2:00 PM CT 1:30 PM - 3:00 PM ET	Breakout Sessions #3		

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	SOCIAL DETERMINANTS OF HEALTH	DIABETES & WELLNESS	INNOVATIVE INTEGRATION
	7. Structural Competency: A Framework to Analyze & Address Health Inequities <i>Sonia Lee & Liam Spurgeon, Health Outreach Partners</i>	8. Advancing Agricultural Worker Health: Lessons Learned from Diabetes Prevention & Diabetes Self-Management Education & Support <i>Angela Forfia & Sacha Uelmen, Association of Diabetes Care & Education Specialists; Elvia Granados, Gateway Community Health Center, Inc.</i>	9. Implementation of Integrated Care in Primary Care Clinics: What Administrators Need to Know <i>Dr. Elena Reyes, Florida State University; Courtney Whitt, Healthcare of Immokalee</i>
12:00 PM - 12:30 PM PT 1:00 PM - 1:30 PM MT 2:00 PM - 2:30 PM CT 3:00 PM - 3:30 PM ET	BREAK & VIRTUAL VENDOR VISIT		
12:30 PM - 2:00 PM PT 1:30 PM - 3:00 PM MT 2:30 PM - 4:00 PM CT 3:30 PM - 5:00 PM ET	Breakout Sessions #4		
	10. Social Determinants of Health Panel <i>Alexis Laboy & Gladys Carrillo, National Center for Farmworker Health, Inc; Hannah Mesa, Hansel Ibarra, & Selenia Gonzalez, MHP Salud; Mayra Reiter, Farmworker Justice; Gabriela Castillo, Outreach Partners</i>	11. Using GIS & CHWs to Address Comorbid Diabetes & Depression <i>Logan Rost, Bastyr University; Alicia (Liza) Lugo, Family Health Centers</i>	12. Integrated Care: The Nuts & Bolts of How Primary Care Providers Can Work with Behavioral Health <i>Dr. Javier Rosado, Florida State University; Jose Salazar, Healthcare Network of Immokalee</i>
WEDNESDAY, MARCH 24			
8:00 AM - 9:00 AM PT 9:00 AM - 10:00 AM MT 10:00 AM - 11:00 AM CT 11:00 AM - 12:00 PM ET	Breakout Sessions #5		

	AGRICULTURAL COMMUNITIES	POLICY & ENVIRONMENT	MENTAL WELLNESS	EMERGENCY RESPONSE
	13. Honoring Indigenous Leadership & Farm-Worker Communities <i>Mario Ivan Banuelos, Latino Community Fund; Michelle Maria Di Miscio, Public Health - Seattle & King County</i>	14. Federal Protections in Healthcare for LEP Individuals & Their Families <i>Eric Press, U.S. Department of Health and Human Services, Office for Civil Rights, Pacific Region</i>	15. Integrated Health Care: A Holistic Approach to Deliver Health Services <i>Jose Gerardo Pacheco, Brittany Ruiz; Alma Mowry, Valley View Health Center</i>	16. Innovative Strategies for Expanding Health Care Access to Farmworkers <i>Yissette Rivas, Finger Lakes Community Health; Mary Jo Dudley, Cornell University</i>
9:00 AM - 10:00 AM PT 10:00 AM - 11:00 AM MT 11:00 AM - 12:00 PM CT 12:00 PM - 1:00 PM ET	LUNCH & VIRTUAL VENDOR VISIT			
10:00 AM - 11:00 AM PT 11:00 AM - 12:00 PM MT 12:00 PM - 1:00 PM CT 1:00 PM - 2:00 PM ET	Breakout Sessions #6			
	17. H-2A Agricultural Worker Program: Trends in Health Care Access and Employer Visa Certification <i>Jennifer Scott, Louisiana State University; Bethany Alcauter, National Center for Farmworker Health, Inc.; Iris Figueroa, Gabriela Hybel, Farmworker Justice</i>	18. Immigration Policy: How are Health Centers Responding to Patient Needs? <i>Elizabeth Oseguera, California Primary Care Association; Gabrielle Lessard, National Immigration Law Center</i>	19. “The Village Approach” Patient-Centric Care Amidst a Pandemic <i>Judith Gaudet & Casey Squier, Generations Family Health Center</i>	20. Salud Mental: Integrated Healthcare, Mental Health Education, & Program Development <i>Kenneth H. Parmenter, Vecinos Farmworker Health Program</i>
11:00 AM - 11:30 AM PT 12:00 PM - 12:30 PM MT 1:00 PM - 1:30 PM CT 2:00 PM - 2:30 PM ET	BREAK & VIRTUAL VENDOR VISIT			

Schedule-at-a-Glance (continued)

11:30 AM - 12:30 PM PT 12:30 PM - 1:30 PM MT 1:30 PM - 2:30 PM CT 2:30 PM - 3:30 PM ET	Breakout Sessions #7			
	21. Hot Topics in ADA's Standards of Medical Care in Diabetes <i>Sandra Leal, SinfoniaRx; Eden Miller, High Lakes Health Care</i>	22. A.I.M.E.S for Health <i>Erika Herrejon, Gateway Community Health Center, Inc.</i>	23. Fostering Fortalezas: Resiliency Building Skill Practices During Stressful Times <i>Ruth Zúñiga, Pacific University; Daisy Bueno, Children's Program</i>	24. Telehealth Outreach During the COVID19 Pandemic: Transforming NC Farmworkers' Health <i>Gabriela V. E. Hernandez, NC Farm Workers Project; Betty Martinez, Sophie Draffin & Leonora Tisdale, UNC Chapel Hill; Jean Ann Davison, Community Partners</i>
12:30 PM - 1:00 PM PT 1:30 PM - 2:00 PM MT 2:30 PM - 3:00 PM CT 3:30 PM - 4:00 PM ET	BREAK & VIRTUAL VENDOR VISIT			
1:00 PM - 2:00 PM PT 2:00 PM - 3:00 PM MT 3:00 PM - 4:00 PM CT 4:00 PM - 5:00 PM ET	Breakout Sessions #8			
	25. HIV: Patient Centered Approaches, Strategies & Responses <i>Victor Ramirez, Mountain West AETC; Aldonza Milian, Sun River Health</i>	26. CDC COVID Vaccine Updates & Strategies <i>Dr. Tiffany Brunson & Reid Harvey, Centers for Disease Control and Prevention</i>	27. Using Traditional Curanderismo Healing for Stress & Anxiety <i>Eliseo Torres, University of New Mexico</i>	28. Innovative CHC Responses for COVID-19 Outbreaks <i>Emily Sinnwell & Claudia Corwin, University of Iowa; Netzali Pacheco Rojas, La Clinica Community Health Center</i>
THURSDAY, MARCH 25				
8:00 AM - 9:00 AM PT 9:00 AM - 10:00 AM MT 10:00 AM - 11:00 AM CT 11:00 AM - 12:00 PM ET	Breakout Sessions #9			
	AGRICULTURAL COMMUNITIES	INNOVATIVE PARTNERSHIPS	MENTAL WELLNESS	CHWS & PROMOTORXS
	29. Protecting Agricultural Workers from Pesticide Exposure & Illness <i>Iris Figueroa, Farmworker Justice; Amy Liebman, Migrant Clinicians Network</i>	30. Developing, Sustaining, & Leading Resilient Teams <i>Cheryl Petersen, East Valley Community Health Center</i>	31. Outreach, Advocacy, & Collaboration in Meeting Community Emotional Health Needs <i>Alex Keene, Ruth Zúñiga, Savannah Leyda, Joanna Sendejo & Alejandra Ferris, Pacific University</i>	32. How Promotores & Community Health Workers Can Promote Mental Health in Agricultural Communities & Bridge Patients to Integrated Care <i>Javier Rosado, Florida State University; Cathy DeVito, Florida State University Center for Child Stress & Health</i>
9:00 AM - 10:00 AM PT 10:00 AM - 11:00 AM MT 11:00 AM - 12:00 PM CT 12:00 AM - 1:00 PM ET	LUNCH & VIRTUAL VENDOR VISIT			
10:00 AM - 11:00 AM PT 11:00 AM - 12:00 PM MT 12:00 PM - 1:00 PM CT 1:00 PM - 2:00 PM ET	Breakout Sessions #10			
	33. Improving Farmworker Health through Handwashing <i>Catherine Elizabeth LePrevost, North Carolina State University; AnneMarie L. Walton, Duke University School of Nursing</i>	34. Producing Powerful Partnerships to Optimize Patient Outcomes <i>Sarah Ridinger, Idaho Primary Care Association; Barbara Gordon, Idaho State University; Paul Melinkovich, RCHN Community Health Foundation; Rae Krick, Terry Reilly Health Services; Lindsay Grosvenor, Valley Family Health</i>	35. Promotores & Psychologists Address Stigma & Barriers to Mental Health <i>Ruth Zúñiga, Pacific University; Delfina Hernandez-Morales & Claudia Ramirez, Providence Health and Services</i>	36. Promotor-Led Program Insights to Reduce Infection & Transmission of Sars-Cov-2 <i>Luis A Gomez, Luz M Martinez, Elva Beltra & Olawunmi (Wunmi) Ilesarime, Texas A&M University School of Public Health</i>

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11:00 AM - 11:30 AM PT 12:00 PM - 12:30 PM MT 1:00 PM - 1:30 PM CT 2:00 PM - 2:30 PM ET	BREAK & VIRTUAL VENDOR VISIT			
11:30 AM - 12:30 PM PT 12:30 PM - 1:30 PM MT 1:30 PM - 2:30 PM CT 2:30 PM - 3:30 PM ET	Breakout Sessions #11			
	37. 'Empowered' Health - Reforming a Dismissive Health Care System <i>Scheagbe Mayumi "Umi" Grigsby, Office of the City Clerk, Chicago; Wendy Thompson, Friend Health</i>	38. Strengthening Health Center's Collaboration with Migrant & Seasonal Head Start <i>Guadalupe Cuesta, National Migrant and Seasonal Head Start Collaboration Office; Alexis Guild, Farmworker Justice</i>	39. Intimate Partner Violence <i>Anisa Ali & Abby Larson, Futures Without Violence</i>	40. Hybridizing Musculoskeletal Health Education for CHW & MSAW <i>John A. Carzoli, Western Carolina University</i>
12:30 PM - 1:00 PM PT 1:30 PM - 2:00 PM MT 2:30 PM - 3:00 PM CT 3:30 PM - 4:00 PM ET	BREAK & VIRTUAL VENDOR VISIT			
1:00 PM - 2:00 PM PT 2:00 PM - 3:00 PM MT 3:00 PM - 4:00 PM CT 4:00 PM - 5:00 PM ET	Breakout Sessions #12			
	41. Immigrant Dairy Worker Health & Safety Trainings – Wisconsin & Minnesota <i>Chela Vázquez & Jeff Bender, University of Minnesota; Jonathan Kirsch, University of Minnesota Medical School; Amy Liebman, Migrant Clinicians Network</i>	42. Effective Health Center Board Orientation & Ongoing Education <i>Mario Garza, National Center for Farmworker Health; Emily Heard, National Association of Community Health Centers</i>	43. Psychology of Recovery: Serving Latinxs Affected By COVID-19 & Wildfires <i>Natalia Figueroa Casiano, Claire Flemming & Ruth Zúñiga, Pacific University</i>	44. Promotorxs & Pesticide Drift, Protocols Post Exposure & Future Advocacy <i>Mary Jo Ybarra-Vega, Quincy Community Health Center; Joanne Bonnar Prado, Washington State Department of Health</i>
FRIDAY, MARCH 26				
8:00 AM - 9:00 AM PT 9:00 AM - 10:00 AM MT 10:00 AM - 11:00 AM CT 11:00 AM - 12:00 PM ET	Breakout Sessions #13			
	INNOVATIVE PARTNERSHIPS	AGRICULTURAL COMMUNITIES	INNOVATIVE INTEGRATION	MENTAL WELLNESS
	45. Assessing Opioid Misuse in Agricultural Worker Communities <i>Mayra Reiter, Farm Worker Justice; Hansel Ibarra, MHP Salud; Patricia Avila-Garcia, Health Outreach Partners; Laszlo Madaras, Migrant Clinicians Network</i>	46. Connecting With Farmworkers: Elevating Their Voices Through Research <i>Cheryl Holmes, University of Kansas; Suzanne Gladney, Migrant Farmworkers Assistance Fund; Ricardo Garay, University of Texas; Athena Ramos, University of Nebraska</i>	47. Nutrition, Health, & Fitness: Key Cornerstones in Preventing Chronic Conditions <i>Kenneth Smith, Chickasaw Nation Medical Center; Rocio Castillo-Foell & Michael Vieyra, Sea Mar Community Health Centers</i>	48. Importance of Value-Based Contracts in Community Health Centers (CHCs) <i>Gil Muñoz, Virginia Garcia Memorial Health Center</i>
9:00 AM - 10:00 AM PT 10:00 AM - 11:00 AM MT 11:00 AM - 12:00 PM CT 12:00 PM - 1:00 PM ET	LUNCH & VIRTUAL VENDOR VISIT			
10:00 AM - 11:00 AM PT 11:00 AM - 12:00 PM MT 12:00 PM - 1:00 PM CT 1:00 PM - 2:00 PM ET	CLOSING PLENARY SESSION:			
	Inspirational Speaker - Roberto Dansie, PhD, World-Renowned Maya & Ancient Wisdom Scholar			

2021 VIRTUAL FORUM FOR MIGRANT AND COMMUNITY HEALTH DAILY SCHEDULE AND SESSION DESCRIPTIONS

March 22-26, 2021

To view the session recordings, click on the titles for each session on pages 6-28.

MONDAY, MARCH 22

Opening Plenary

Time: 11:00 AM – 12:30 PM EST

Welcome

Update from the Bureau of Primary Health Care

Jim Macrae
Associate Administrator
Bureau of Primary Health Care
Health Resources and Services Administration

CDC Presentation- COVID Response for Agricultural Workers

Alfonso Rodriguez Lainz, PhD, DVM, MPVM
Deployment Globally Mobile Populations Team
(Global Migration Task Force)
COVID-19 Response
Epidemiologist
CDC/DGMQ/US-Mexico Unit

Title: 1. Digital and Health Access for Agricultural Workers and Their Families

Time: 1:30 PM – 3:00 PM EST

Presenter(s): Susan Gabbard, JBS International; Ana Carolina Loyola Briceno, Health Resources and Services Administration (HRSA)

Beginning in 2018, the Employment and Training Administration, within the Department of Labor, and the Health Resources and Services Administration, within the Department of Health and Human Services sponsored supplements to the National Agricultural Workers Survey (NAWS) that looked at digital access and health access for agricultural workers and their family members. More than 3,500 agricultural workers responded to the health and digital access questions. The session will begin with an introduction to the NAWS, a Federal survey that annually interviews a nationally representative random sample of U.S. crop workers. Next, the presentation will report findings on crop workers' digital access, an increasingly critical component of obtaining healthcare during the pandemic, and thus, an important social determinant of health. The session will provide information on agricultural workers' and their spouses' and children's access to digital devices and crop workers' use of those devices to obtain information on health and health insurance, employment,

childcare, social services, and other needs. The presenters will then discuss findings from the supplemental health questions that asked each crop worker whether they had used any type of healthcare service in the last 12 months for an illness, including mental health problems, injury, preventive care, and dental care. The presenters will examine whether crop workers, their spouses, and children used each of these four types of healthcare and report the type of provider visited (community/migrant health center, a private clinician, the emergency room, a hospital, or other), the source of payment, and satisfaction with services they received. For those who did not obtain care, the presenters will report the reasons given for not seeking care, including barriers to obtaining care. Finally, the presentation will break down major healthcare and digital access findings for the Eastern, Midwest and Western migrant streams, key demographics, and type of provider. The key demographics will include age, gender, primary language, and household, migratory, and chronic disease status. Active adult learning activities will be included in the session, including polling, an interactive question and answer session, and small group discussion focusing on how the information presented could influence audience members work in the areas of information campaigns, outreach, healthcare, and other areas.

Learning Objectives

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

1. Understand how crop workers and their family members access preventive, dental, injury, and illness healthcare
2. Understand how crop workers' families use health center access and digital devices, a key social determinant of healthcare and healthcare equity
3. Identify ways in which information on agricultural workers and their family's access to digital devices can inform communications, outreach, and healthcare services

Title: 2. Starting from the Beginning: Ag Worker Health 101

Time: 1:30 PM – 3:00 PM EST

Presenter(s): Robyn Barron, Health Outreach Partners; Colleen Reinert, MHP Salud; Gladys Carrillo, National Center for Farmworker Health

This workshop offers a comprehensive orientation to the migrant health program in the United States. Whether you are new to the migrant health field or someone that needs a refresher, join us for a look into the fascinating world of the health care program

MONDAY, MARCH 22

for agricultural workers and their families. In this workshop you will learn the history of agricultural migration, the structure of the migrant health program, and the people that make it work. Learn about agricultural workers, their health care needs, and the system of care that works for them. Acronyms such as DHHS, HRSA, BPHC, ONTASP, FHN, PCMH, etc. will be deciphered, and available resources to make your work easier and better will be provided.

Learning Objectives

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

1. **Identify the agricultural worker population and the challenges of agricultural work in the U.S.**
2. **Understand the history, structure, and requirements of the federal migrant health program, and explain the system of care for agricultural workers**
3. **Describe the multitude of resources available to Health Centers nationwide to access training and technical assistance**

Title: 3. Crisis and Emergency Risk Communication (CERC): Effective Practices for Communicating Health Emergency Information to Agricultural Workers

Time: 1:30 PM – 3:00 PM EST

Presenter(s): Lisa Briseño- Centers for Disease Control and Prevention (CDC)

The right message at the right time from the right person can save lives. CDC's Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication to help health communicators prepare and deliver effective messages under extremely challenging circumstances. Participants will learn about CDC's CERC resources and basic principles, engage in discussions about best practices for reaching agricultural worker communities, and learn about COVID-19 information resources for both agricultural workers and community health workers.

Learning Objectives

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

1. Name at least three recommended practices to promote clear communication during a public-health crisis
2. Name at least two practices they feel would be effective in reaching their clients, patients, and audiences
3. Navigate CDC's COVID-19 website to access resources most useful to them and their audiences

Title: 4. Building the Pillars Critical to Successfully Increasing Access to Care for Ag Workers

Time: 3:30 PM – 5:00 PM EST

Presenter(s): Lisa Miller and Gladys Carrillo, National Center for Farmworker Health; and Rocio Valdez, Ampla Health

The Ag Worker Access Campaign was launched in 2015 as a national initiative to increase the number of Migratory and Seasonal Agricultural Workers (MSAWs) accessing health care in Community and Migrant Health Centers (C/MHCs). The NCFH Increase Access to Care (IAC) for Ag Workers Program and associated training opportunities were launched in collaboration with the Ag Worker Access Campaign, to assist C/MHC staff in accurately identifying and reporting their MSAW patients in UDS. According to the 2019 UDS Data, approximately 1,031,049 MSAWs and their families were served by C/MHCs across the country out of the estimated 4.5 million Ag workers and their families in the U.S projected by the National Agricultural Workers Survey (NAWS) and the National Legal Defense Association (NLDA). This clearly shows that an opportunity remains for C/MHCs to increase and broaden the scope of their outreach efforts to Ag workers and their families. Presenters will provide an overview of three main IAC pillars critical to health center success in increasing access to care for MSAWs (staff training, policy, and outreach), as well as related challenges identified by health centers. Participants will be divided into 3 breakout groups to brainstorm strategies for addressing challenges around these focus areas. 2020 Promising Practices Award (PPA) Recipient, Ampla Health, will share their success in increasing access through Migrant Health Action Planning/Strategic Planning. Participants will receive links to IAC tools and resources to assist them with Migrant Health Program success. Breakout session format will allow for valuable peer-to-peer exchange of information and strategies. Testimonial from PPA recipient health center will provide real-world example of Migrant Health Program success and steps to achieve it.

Learning Objectives

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

1. Describe key pillars of the Increase Access to Care Program critical to Migrant Health Program success, as well as associated challenges
2. Participate in peer-to-peer exchange of information and strategies to increase access to care for MSAWs and their families, focused on three main areas: staff training, policy, outreach
3. Learn about one health center's Promising Practice to achieve Migrant Health Program success through Migrant Health Action Planning/Strategic Planning, and receive access to tools and resources to learn about training opportunities to achieve Migrant Health Program success

Title: 5. U.S. Immigration Policy - Today and Tomorrow: What Migrant Health Providers Should Know To Better Serve Their Patients

Time: 3:30 PM – 5:00 PM EST

Presenter(s): Roger Rosenthal, Migrant Legal Action Program

Immigrants and their families are a critically important part of the population served by health centers. Therefore, it is essential for health center staff to understand how to ensure access to and fully deliver services to all eligible patients. This session will explain step-by-step the complex world of current immigration law and policies that impact many patients served by health centers. We will start with a review of government agencies responsible for immigration issues and explain basic concepts in the field. We will also review legalization, immigration enforcement issues, public charge, and review the status of the Deferred Action for Deferred Arrivals (DACA) program. We will then move to possible changes in this area as we move forward in the new Administration. Finally, in order to maximize patient access, time will be spent discussing patient privacy concerns and how to overcome fears of getting health services as a result of immigration concerns. This information will be immediately usable in undertaking outreach, intake, and planning programs, ensuring services to all eligible patients.

Learning Objectives

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

1. Understand the current status of immigration policy as it affects their patients and their patients’ families; also, what possible changes may be coming
2. Explain those policies to their patients and their families and try to correct misunderstandings, with the goal of encouraging greater, continuing access to health services
3. Design the delivery of services to foreign born communities and undertake intake and outreach activities to maximize patient access and participation

Title: 6. COVID-19 Supporting Farmworker Communities Panel

Time: 3:30 PM – 5:00 PM EST

Presenter(s):

Abstract 1: Jackie Chandler, Michigan Primary Care Association; Dale Flores Freeman and Audra Fuentes, Michigan Department of Health and Human Services

Abstract 2: Jose Pedro Ibarra, North Carolina Farmworkers’ Project

Abstract 3: Lisa Tapert and Hannah Miller, Maine Mobile Health Program

Abstract 1: How Michigan Brought Low-Barrier COVID-19 Testing to Agricultural Workers

Join the Michigan Department of Health and Human Services Office of Migrant Affairs and the Michigan Primary Care Association as they discuss the events leading up to the issuance of an emergency order

mandating COVID-19 testing protocols, the implementation of mass testing events, support services that wrapped around testing, and the adaptations along the way. Special attention will be given to how community health centers were able to operationalize successful testing services, how the initiative responded to challenges, and the impacts that were captured from workers and partnering agencies.

Learning Objectives

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

1. Describe two reasons for the issuance of the emergency orders mandating testing, preventative measures, and safe housing for agricultural workers
2. Explain Michigan’s approach to mass COVID-19 testing, including partnerships among state agencies and community-based organizations
3. List wrap-around services that were offered in addition to COVID-19 testing

Abstract 2: The Farmworker Experience during COVID-19: Barriers to Testing and Resources

This session will highlight the barriers that farmworkers face during the current COVID19 pandemic in Eastern NC and what community health workers are doing in the field to facilitate access to resources. Through personal stories, real-life scenarios, and data collected directly from camps, the audience will experience COVID19 through the eyes of the farmworkers and response coordinators. Learn more about factors to testing, educational strategies, and lack of resources for farmworkers.

Learning Objectives

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

1. Convey the importance of testing to Farmworkers via educational strategies
2. Access resources available to Farmworkers during and after testing
3. Better identify COVID19 clusters

Abstract 3: Universal COVID-19 Testing for Incoming Migratory Farmworkers- Maine’s Experience

In 2020, the Maine Mobile Health Program (MMHP), the statewide all-mobile farmworker FQHC, launched a proactive COVID-19 testing strategy for all incoming agricultural workers. This proactive testing resulted in no outbreaks on Maine’s farms. Partnerships with workers, growers, housing, agricultural, labor, and health authorities were developed. Community Health Workers (CHWs) and partner community organizations with long-time worker relationships formed the backbone of the testing strategy. Housing before and after testing, along with social supports were provided at each testing site. We will highlight the state-level advocacy that led to this successful testing model, as well as collaborations with social service partners and

growers that created an inclusive, welcoming, and safe environment for farmworkers and their communities while learning from other states and their experience with COVID-19 testing.

Learning Objectives

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

1. Understand Maine's multi-partner model for rapid COVID-19 testing for farmworkers
2. Describe the importance of and strategies for addressing housing and other wrap-around services before and after testing
3. Identify strategies that can improve current testing programs based on other health centers' experiences

TUESDAY, MARCH 23

Morning Plenary

Time: 11:00 AM – 12:30 PM EST

Welcome

Update from the National Association of Community Health Centers (NACHC)

Rachel A. Gonzales-Hanson
*Sr. Vice President for Western Operations
National Association of Community Health Centers*

Keynote Address

Maria Hinojosa
*Emmy Award-Winning Journalist & Host of "Latino USA," National
Public Radio*

Title: 7. Structural Competency: A Framework to Analyze and Address Health Inequities

Time: 1:30 PM – 3:00 PM EST

Presenter(s): Sonia Lee and Liam Spurgeon, Health Outreach Partners

Health center efforts to advance health equity and address health disparities must include an analysis of the structural factors—social, economic, and political systems that impact the health and quality of life of their patients and communities. Approaches related to cultural competency and social determinants of health are touted as effective ways to explain and address health disparities. Yet they are limited and often do not include an analysis of the root causes of poverty and inequities, which are largely due to policies, systems, and social hierarchies of structural racism, power, and privilege.

In this workshop, participants will be introduced to the Structural

Competency framework and related key concepts, including defining and discussing structural racism, structural violence, and vulnerability. Participants will develop a broader understanding of structures and have a lens and shared language to use in order to be better advocates for their patients and communities.

Learning Objectives

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

1. Define the Structural Competency framework and key concepts of structural violence, structural racism, structural vulnerability, and implicit frameworks
2. Analyze how health is influenced by structural factors
3. Conceptualize how to deliver care and advocate for communities using a structural competency lens

Title: 8. Lessons Learned from Diabetes Prevention and Diabetes Self-Management Education & Support

Time: 1:30 PM – 3:00 PM EST

Presenter(s):

Abstract 1: Angela Forfia and Sacha Uelmen- Association of Diabetes Care & Education Specialists (ADCES)

Abstract 2: Abstract 3: Elvia Granados, Gateway Community Health Center, Inc.

Abstract 1: Advancing Agricultural Worker Health: Lessons Learned from Diabetes Prevention and Diabetes Self-Management Education & Support

The number of adults with type 2 diabetes has quadrupled worldwide since 1980. In the United States alone, more than 34 million adults have diabetes while 88 million adult Americans, nearly 1 in 3, have prediabetes, a high-risk state for developing type 2 diabetes characterized by higher-than-normal blood glucose levels. Although the total prevalence of prediabetes and type 2 diabetes among agricultural workers is unknown, U.S. farm workers have significant genetic, environmental, social, and cultural risk factors that increase their risk of developing prediabetes and type 2 diabetes. National estimates for diabetes prevalence among all Hispanic/Latino groups was 17% with higher prevalence among those of Mexican, Dominican and Puerto Rican, and Central American descent. As in the general U.S. population, risk of type 2 diabetes increases with age, affecting half of Latina women and 44% of Latino men by age 70. In addition, socioeconomic status, education level, pesticide exposure, gestational diabetes, healthcare access, stress, and obesogenic environments—communities with limited access to healthy foods and safe places to be active—drive the development of prediabetes and type 2 diabetes. To prevent, delay, and manage type 2 diabetes, the Association of Diabetes Care & Education Specialists works to advance diabetes prevention programs as well as accrediting Diabetes Self-Management Education and Support (DSMES) programs. Although diabetes prevention and DSMES engage participants with a variety of cardiometabolic conditions—overweight, obesity, prediabetes,

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and diabetes—they rely on common approaches to develop healthy self-care behaviors long-term. This interactive workshop describes how to engage and retain participants in both diabetes prevention and diabetes self-management education and support (DSMES,) drawing from best practices across both programs, to improve health outcomes for people living with prediabetes or diabetes. This workshop will discuss how to increase quality referrals from clinicians, provide empowering and participant-centered education, utilize data to improve care, and address health-related social needs that are barriers to healthy eating, physical activity, and other self-care behaviors. Workshop participants will leave with a deeper understanding of both prevention and DSMES programs as well as opportunities to integrate evidence-based approaches into their health education and patient care within their health centers.

Learning Objectives

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

1. Define the National Diabetes Prevention Program and the National Standards for DSMES
2. Discuss strategies to enroll, engage, and retain participants in both services, highlighting best practices for clinical referrals, community engagement, and leveraging other health education resources
3. Identify approaches to address health-related social needs that are often barriers to retention and adoption of healthy self-care behaviors

Abstract 2: The Journey of Health Education during COVID-19 Pandemic: Prevent T2

Gateway Community Health Center, Inc. (Gateway) is a federally qualified health center that provides services at Webb, Zapata, and Jim Hogg counties in the South Texas area. Gateway offers services to a predominantly Hispanic uninsured population. In 2019, Gateway initiated a collaboration with the American of Diabetes Care & Education Specialists (ADCES) and was granted funding for the implementation of the National Diabetes Prevention Program-Prevent Type 2 Diabetes. ADCES in conjunction with the National Center for Farmworker Health have supported Gateway to promote health education to target populations. During the COVID-19 pandemic, Gateway encountered challenges to continue offering the Prevent T2 sessions in face-to-face modality. Quarantine, participants' limited technology access and knowledge, and emotional distress were challenges addressed during new strategies implementation. Gateway's new approach included communication via phone conference calls, WhatsApp Web and Zoom platforms. The virtual modality used to deliver the Prevent T2 sessions helps to accomplish program goals and objectives.

Learning Objectives

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

1. Receive information about the Prevent T2 Program
2. Analyze the strategies implemented to increase engagement and participation during Prevent2 virtual sessions
3. Receive information about tools available to assist participants to navigate virtual platforms

Title: 9. Implementation of Integrated Care in Primary Care Clinics: What Administrators Need to Know

Time: 1:30 PM – 3:00 PM EST

Presenter(s): Elena Reyes, Florida State University; Courtney Whitt, Director of Behavioral Health, Healthcare Network of Immokalee

Primary care is an important gateway to behavioral health services and the more integration there is of mental health services into existing care processes – the better equipped community health centers will be to screen and treat patients that present with both behavioral and physical health needs. This is particularly true for migrant health programs that treat agricultural workers who often rely on community health centers for the bulk of their healthcare needs. In addition to improving clinical outcomes, integrated care is also cost-effective, and often aids with the recruitment and retention of rural health care providers. This presentation will provide information for administrators of community health centers around the implementation of integrated care. Participants will receive information to help evaluate their organization's readiness for initiating or expanding integrated care programs. Common integrated care models will be presented along with information on implementation barriers and solutions.

Learning Objectives

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

1. Assess their organization's readiness for initiating or expanding integrated care
2. List resources and infrastructure needed for a successful integrated care program
3. Differentiate between the different types of behavioral health providers and their role in the implementation of integrated care programs

Title: 10. Social Determinants of Health Panel

Time: 3:30 PM – 5:00 PM EST

Abstract 1: Mayra Reiter, Farmworker Justice; Gabriela Castillo, Health Outreach Partners; Hansel Ibarra and Selenia Gonzalez, MHP Salud

Abstract 2: Hannah Mesa, MHP Salud

Abstract 3: Alexis Laboy and Gladys Carrillo, National Center for Farmworker Health

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Abstract 1: Best Practices: Social Determinants of Health Screening Among Migratory Workers

This presentation will provide an overview of best practices in screening and documenting Social Determinants of Health (SDOH) among Migratory and Seasonal Agricultural Workers (MSAWs) at health centers. Attendees will learn about prevalent SDOH factors impacting this population, how such factors affect the health outcomes of MSAWs, and best practices health centers are utilizing to screen and document SDOH. The presentation will also include highlights from the Farmworker Health Network's (FHN's) SDOH Learning Collaborative, to inform attendees on current practices and challenges that health centers have faced in implementing SDOH screening tools. Participants will have opportunities to share their experiences and engage in interactive activities.

Learning Objectives

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

1. Identify prevalent SDOH factors impacting the MSAW community
2. Understand how these factors affect the health outcomes of MSAWs
3. Describe at least one best practice currently utilized to screen and/or document for SDOH in health centers

Abstract 2: CHW's Are Key to Screening for Social Determinants of Health (SDOH) Among Agricultural Workers

This presentation will provide an overview of the importance of screening for SDOH, how CHW programs can be incorporated to improve screening among CHW populations, and promising practices for CHW programs addressing SDOH. Participants will obtain a better understanding of how CHW programs can positively impact screening efforts for SDOH in health care settings.

Learning Objectives

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

1. Define SDOH and how they impact health outcomes among Migratory & Seasonal Agricultural Worker (MSAW) communities
2. Understand how SDOH screening helps identify important barriers to care and enables health centers to provide more well-rounded care to patients
3. Identify the role of CHWs in screening, identifying, and addressing SDOH among MSAW communities

Abstract 3: Social Determinants of Health Screening Tools Showcase

Through this round virtual round table discussion, the National Center for Farmworker Health (NCFH) wants to present and receive feedback on how health centers are addressing screening for Social Determinants of Health (SDOH) on their practices. NCFH will share results and peer to peer discussion on how participants from Increase

Access to Care Plus (NCFH's SDOH Learning Collaborative) were able to implement or adapt SDOH screening tools and their results on health services for Ag Worker populations. Additional attendees will be able to share which SDOH screening tools and resources they utilize in order to improve and enhance health services for Ag Worker populations.

Learning Objectives

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

1. Learn about different SDOH Screening tools utilized and how to create effective SDOH action plans
2. Exchange strategies and resources to improve service delivery for screening and documenting SDOH
3. Identify at least one additional effective SDOH screening tool utilized by health centers with Agricultural workers

Title: 11. Using GIS & CHWs to Address Comorbid Diabetes and Depression

Time: 3:30 PM – 5:00 PM EST

Presenter(s): Logan Rost, Bastyr University; Alicia (Liza) Lugo- Family Health Centers

This presentation will showcase the utility of Geographic Information System (GIS) in identifying and addressing inequitable patterns of chronic disease among patients of Family Health Centers (FHC) and the work done to address chronic disease by community health workers at FHC. The focus of both of these endeavors is to address type 2 diabetes and depression within the patient population of a rural community health center in north central Washington. As part of an ongoing initiative of the North Central Accountable Communities of Health that Family Health Centers was participating in from September 2019 – September 2020, GIS research was conducted in order to identify geographic distribution of co-morbid type 2 diabetes and depression among their patient population. Results show that areas in the county where Latinx are a predominant ethnic group are ones that bear the highest burden of type 2 diabetes and worse diabetic outcomes, although they did not bear the highest burden of comorbid type 2 diabetes and depression as expected. The role of GIS in addressing inequitable distribution of chronic disease, as well as implications of these results and next steps will be discussed. Ongoing, aside from the above research, is the work that the team of community health workers at FHC has been doing, in regards to diabetes and depression. The outreach coordinator and CHW for FHC will discuss her diabetes and mental health programming, as well as the process of becoming an integrated part of the primary care team at FHC. Furthermore, participants will learn about reducing the progression and deterioration of chronic disease by integrating the Whole Person Health model and identifying factors that are limiting the patient's ability to engage with their health in specific ways. Participants will leave the session with a better understanding of how GIS is an invaluable tool for examining chronic disease distribution, as

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well as knowledge of the critical work that CHWs have done in north central Washington to address chronic disease in the population. Participants will also have the chance to network with each other and the presenters via the chat throughout the presentation, and there will be time at the end reserved for brainstorming and discussion of ideas that came up during the presentation.

Learning Objectives

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

1. Articulate the relationship between comorbid type 2 diabetes and depression and what populations are at increased risk
2. Articulate the importance of Geographic Information System in identifying and addressing inequitable disease distribution
3. Define the Whole Person Health model and utilize the wellness wheel in patient/client visits

Title: 12. Integrated Care: The Nuts & Bolts of How Primary Care Providers Can Work with Behavioral Health

Time: 3:30 PM – 5:00 PM EST

Presenter(s): Javier Rosado, Florida State University; Jose Salazar, Healthcare Network of Immokalee

Community Health Centers actively work to provide patient-centered and prevention-oriented care to their patients in an effort to simultaneously treat and prevent chronic diseases. The integration of behavioral health is an essential component of improving healthcare outcomes and providing comprehensive care for patients. This is particularly true for agricultural populations who often rely on community health centers for the bulk of their healthcare needs and who tend to have greater behavioral health needs than typical primary care patients. With limited resources, primary care providers hold the important role of seeing medical appointments that oftentimes are for problems stemming from psychosocial issues. Integrated care results in professionals working from a unified framework, often side-by-side, to address a variety of factors that are important to health promotion – including psychological, biological, and social factors. This collaborative work yields increased access to behavioral health care, positive health outcomes and results in care that is efficient, cost-effective, and fulfilling to healthcare workers. This presentation will give primary care providers information on how behavioral health services can effectively be integrated into routine care – including several examples of integrated care workflows for both prevention/screening and treatment of common chronic health conditions seen in primary care.

Learning Objectives

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

1. Recognize several interdisciplinary models for collaborative integrated care
2. Understand how integrated behavioral health can help increase

access to care through increased preventive mental health screenings in community health centers and short-term interventions

3. Identify how integrated care can contribute to the treatment and prevention of chronic health conditions typically treated in primary care

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Title: 13. Integrated Care: Honoring Indigenous Leadership and Farmworker Communities

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Mario Ivan Banuelos, Latino Community Fund; Michelle Marias Di Miscio, Public Health Seattle-King County

Community Health Workers play a dual role of cultural ambassadors and mediators. This session will demonstrate popular education strategies by creating real-situation dilemmas that Community Health Workers face when conducting outreach in farmworker and/or Indigenous communities. The Washington CHW Association invites Indigenous, First-Nation people, farmworkers and CHWs with lived farmworker experience and those CHWs serving these communities to share their expertise and help guide a dialogue through popular education methods about centering those currently, and/or historically marginalized. Meaningful inclusion models, in-language equity, cultural humility/competence, the CHW vertical line for educating up, moment-taking and creating actions for messaging, and how CHWs play a dual role of cultural ambassadors and mediators will be discussed. This presentation will highlight the importance of effective communication, inclusion, and cultural humility through popular education methods. Participants will obtain community-outreach strategies to make small meaningful change utilizing important moments and opportunities using community-organizer tactics.

Learning Objectives

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

1. Identify two ways to meaningfully include farmworker and Indigenous leadership and wisdom in their various CHW strategies on the job or in their affiliations/associations
2. Understand the importance of in-language work at all levels and two things they can do to practice inclusion/cultural humility or awareness in their circle
3. Challenge themselves, others and systems for inclusion using community organizer's tactics

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Title: 14. Federal Protections in Healthcare for LEP Individuals and Their Families

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Eric Press, U. S. Department of Health and Human Services, Office for Civil Rights (OCR)

This interactive presentation will provide participants with an overview of Federal regulations that address disparities in access to health services experienced by individuals with Limited English Proficiency (LEP). The presentation will discuss the specific protections available to LEP individuals in healthcare and apply these rules to a variety of real-life scenarios. The presenter will identify the core components of a Language Access Plan, cultural competency, and provide guidance in creating policies and procedures that promote effective communication with LEP persons. This presentation will also explain the basic requirements of the HIPAA Privacy Rule, which safeguards patients' health information, and how these requirements harmonize with the requirements for meaningful language access.

Learning Objectives

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

1. Identify potential violations of Title VI and Section 1557 Language Access requirements
2. Understand the interplay between Language Access requirements and the requirements of the HIPAA Privacy Rule
3. Identify the basic components of a language access plan and develop policies that promote effective communication with LEP individuals

Title: 15. Integrated Health Care: A Holistic Approach to Deliver Health Services

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Jose Gerardo Pacheco, Brittany Ruiz, and Alma Mowry-Valley View Health Center

Valley View Health Center implements a collaborative model of care with Medical, Dental, Pharmacy, Psychiatry, and Behavioral Health. This model is focused on working together for the best, measured, clinical outcomes for our patients. By employing integrated health care, we aim to provide services for marginalized, underserved, and underinsured populations; ensuring access to quality health care services in rural Lewis county. Integrated health care also brings psychiatric services through telehealth to rural areas where such services are limited or in-existent in some cases. Integrated health care is an effective practice that helps to reduce barriers and disparities in rural communities by making efficient use of limited resources and promoting evidence-based practices. With integrated health care, all services are provided in the same location where patients attend to their medical and dental appointments. Patients are referred to this

program via internal referral, mainly by their primary care provider, which is as simple as expressing interest about the program to their primary care providers. There has been a high acceptance and positive feedback about how convenient it is “having all services in a one-stop shop.” At the same time, patients are more engaged in services which increases the chances for treatment success and positive outcomes, while reducing stigma in a friendly environment. Overall, Valley View Health Center continues to expand services not only geographically but also in various other services that the community may need. Our collaborative team members are always looking forward to serve our community respecting their unique cultural aspect, and providing patient-centered services. It is Valley View's mission to ensure that people of all backgrounds receive the quality of care they deserve.

Learning Objectives

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

1. Become familiar with how integrated health care is an effective practice to deliver services in underserved rural areas
2. Learn how integrated health implements PCPs, psychiatrist, dental, pharmacy, and behavioral health care to ensure services access to uninsured and underserved populations
3. Address health care disparities implementing a patient-centered model that respects patients' cultural backgrounds

Title: 16. Innovative Strategies for Expanding Health Care Access

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Yisette Rivas, Finger Lakes Community Health; Mary Jo Dudley, Cornell University

COVID-19 Innovative Strategies: Expanding Health Care Access to Farmworkers

Deemed by the federal government as “essential” workers, farmworkers were instructed to keep working despite statewide stay-at-home directives in New York State. Due to the nature of their working and living conditions, social distancing among farmworkers was nearly impossible and farmworkers were not provided personal protective equipment (PPE) until infections were at an alarmingly high rate. Once infected, farmworkers were directed to contact County Health Departments that were often unfamiliar with this population and lacked the necessary language or cultural competency skills to provide services to farmworkers. This workshop will address how Finger Lakes Community Health created a COVID response team, continued farm outreach and testing and new practices to address farmworker's critical health needs. In partnership with the Cornell Farmworker Program (CFP) our team provided several Spanish language calls/webinars with medical providers, coordinated mask and food distribution, and conducted virtual outreach to 3,000 farmworkers for whom the CFP had personal cell phone numbers.

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Learning Objectives

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

1. Gain insights on how community health providers created new practices and procedures to accommodate pandemic conditions
2. Learn how partnerships among service providers expanding outreach to farmworkers by tapping into diverse social networks
3. Identify successful practices to reach a vulnerable and often low-literacy population with critical health information incorporating new information on a regular basis

Title: 17. H-2A Agricultural Worker Program: Trends in Healthcare Access and Employer Visa Certification

Time: 1:00 PM – 2:00 PM EST

Presenter(s):

Abstract 1: Jennifer Scott, Louisiana State University; Bethany Alcauter, National Center for Farmworker Health

Abstract 2: Iris Figueroa, and Gabriela Hybel, Farmworker Justice

Abstract 1: Trends in the H-2A Guest Worker Program- 2008-2019

The COVID-19 pandemic has highlighted the importance of essential workers in sectors such as food production and healthcare who are critical to collective survival. Media reports of case clusters and outbreaks on farms have shown that H-2A workers are especially vulnerable, as they often share crowded housing with large numbers of workers and many lack access to health care services. The H-2A program has ballooned in recent years, with the number of applications increasing by 83% from 2008 to 2019, and the number of workers increasing by 170%. Violations of H-2A standards monitored by the Wage and Hour Division of the Department of Labor have also surged as the total number of violations increased by 261% from 2008 to 2019.

Learning Objectives

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

1. Understand how broad trends vary by demographic, geographic and occupational factors
2. Know how wages for H-2A workers increased over time
3. Identify where there are large concentrations of H-2A workers and how these spots coincided with COVID-19 outbreaks

Abstract 2: Ensuring H-2A Worker Access to Health Care

Every year, the number of H-2A workers, agricultural workers in the U.S. on temporary work visas, continues to grow. Between 2016 and 2019, the number of H-2A workers increased 55% from 165,741 to 257,667 in 2019. H-2A workers tend to be more isolated than the general agricultural worker community; they tend to live in separate employer housing, rely on their employers for transportation, and have few ties to the communities in which they live and work. This

isolation creates additional barriers to health care access. H-2A workers also tend to be less familiar with the U.S. health care system and are more vulnerable to exploitation due to their non-immigrant status. During this workshop, we will share information and tools to promote H-2A worker access to health care. We will discuss the H-2A program (including any program changes), responsibilities of H-2A employers, the rights of H-2A workers, and strategies for outreach. We will also discuss the impact of COVID-19 on H-2A workers. There will be opportunities for questions and discussion throughout the workshop.

Learning Objectives

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

1. Understand the H-2A program, including employer responsibilities and worker rights while in the United States
2. Learn how H-2A workers are impacted by policies and the COVID-19 pandemic
3. Share strategies to conduct outreach and connect H-2A workers to information about COVID, the health center, and other resources in their communities

Title: 18. Immigration Policy: How are Health Centers Responding to Patient Needs?

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Elizabeth Oseguera, California Primary Care Association; Gabrielle Lessard, National Immigration Law Center

Health center patients and their families have been impacted by various policies that create high levels of toxic stress, fear and anxiety to children and families, childcare centers, and schools. Consequently, health center patients are cancelling routine appointments, disenrolling from public programs for which they are eligible and health center staff are seeking ways to educate and help their patients deal with an uncertain future. This session, featuring subject matter experts from the National Immigration Law Center, the California Primary Care Association, and a health center, will share information about various immigration policies, provide resources to help health centers respond to patient needs and best practices used at community health centers.

Learning Objectives

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

1. Gain basic knowledge and understanding of key federal policies affecting agricultural worker families and broader communities of foreign-born families
2. Learn what specific strategies and plans health centers have developed to alleviate these conditions
3. Identify key resources, webinars, toolkits available from the Protecting Immigrant Families Campaign and other partners

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Title: 19. “The Village Approach” Patient Centric Care Amidst a Pandemic

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Judith Gaudet and Casey Squier- Generations Family Health Center, Inc.

Providing Quality care to agricultural workers during a pandemic crisis can be difficult. “The Village Approach” is putting the patient at the center of whole person, by providing managed and coordinated care. It utilizes the healthcare team to improve access, increase support and to prevent, manage and decrease the impact of acute and chronic illnesses. This presentation engages participants in Patient-Centered Medical Home (PCMH) and the 6 Key Criteria for recognition. It outlines the care team, defines roles and how they work together to meet patient needs. We will show how Generations Family Health Center, Inc. utilizes care teams for coordinating services. Care Coordinators (CC’s) and Community Health Workers (CHW’s) work closely with providers and clinical support staff. They identify SDOH, develop goals and interventions with the Ag Workers to achieve optimal health. Care Coordinators and Community Health Workers are a singular contact for coordinating care and services. A disparity in patient experience as it relates to Ag Workers and Diabetes will be shared in this session. CHWs will present strategies for outreach during the pandemic that enabled the Ag Workers to maintain control of their Diabetes. The session will show how applying PCMH to the work we do impacts our performance improvement and reduces the number of Ag Workers with uncontrolled Diabetes.

Learning Objectives

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

1. Gain general knowledge of the six key criteria for a PCMH
2. Understand the workflow of team-based care
3. Identify a disparity in patient experience and how a PCMH impacts patient health outcomes

Title: 20. Salud Mental: Integrated Healthcare, Mental Health Education, & Program Development

Time: 1:00 PM – 2:00 PM EST

Presenter: Kenneth H. Parmenter, Vecinos Farmworker Health Program

Mental health services for agricultural workers are unique and have specific challenges, which can be addressed by integrated health care facilities. Farmworkers face obstacles to health care including transportation, language, privacy, confidentiality, and the cultural stigma of seeking services. That cultural stigma casts shame, disbelief, and disapproval to those who openly seek mental health services or resources. Farmworkers also struggle to access services due to their geographical locations. The resources and services of far-Western North Carolina continue to be severely limited for non-English speaking clientele, particularly in mental health. How can a clinic

dedicated to farmworker health overcome so many obstacles to provide such a needed service? Vecinos is a non-profit organization who serves MSAW with integrated health care through a mobile clinic and a weekly static clinic. With funding from the North Carolina Farmworker Health Program and personnel support from Western Carolina University’s Department of Psychology and Department of Social Work, Vecinos assembled a mental health program with a framework suitable for the needs and particular situations of MSAW, including substance abuse counseling. Program planning began in outreach clinics in October 2018, with implementation in static clinics in January 2019, and the process has continued through 2020. In this session, our integrated health care model will be discussed. This process includes building the framework, recruiting providers, meeting patients where they are both geographically and emotionally, providing culturally sensitive services, the effectiveness of mental health treatment for MSAW, and our plan for longevity of the program. We will present the effectiveness of mental health services provided in the clinic through data collected with the Multidimensional Behavioral Health Screen. The results and outcomes of 2019 will be shared with participants in order to learn effective program development and implementation techniques for mental health needs of MSAWs. Participants will learn different approaches to both migratory and seasonal workers.

Learning Objectives

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

1. Establish integrated healthcare for migratory and seasonal agricultural workers
2. Gain knowledge about mental health education and implementation of services for migratory and seasonal agricultural workers
3. Understand the outcomes of this approach to offering mental health services

Title: 21. Hot Topics in ADA’s Standards of Medical Care in Diabetes

Time: 2:30 PM – 3:30 PM EST

Presenter(s): Sandra Leal, SinfoniaRx; Eden Miller, High Lakes Health Care

During this interactive session, the presenters will provide an overview of the American Diabetes Association’s Medical Standards of Care (SOC), focusing on elements most relevant to community health workers. Using a case-based approach, the presenters will then discuss how these standards are applied in a real-world scenario. Special attention will be put on the CHWs role in supporting SOC implementation and on how CHWs can address barriers to diabetes care plan adherence like social determinants, diabetes distress, and medication affordability. The value of a team-based approach to diabetes care will also be discussed.

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Learning Objectives

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

1. Apply current ADA Standards of Medical Care in Diabetes to treat people with prediabetes and diabetes
2. Tailor treatment of diabetes for cultural, environment and social context
3. Identify how to refer patients to community resources

Title: 22. A.I.M.E.S for Health

Time: 2:30 PM – 3:30 PM EST

Presenter: Erika Herrejon, Gateway Community Health Center, Inc.

The A.I.M.E.S. for Health is a Substance Use Disorder (SUD) and Pain Management guide created to educate at risk individuals and the communities on the health dangers associated with the abuse and misuse of prescription drugs, process of behavior change, and support pain management practices. The A.I.M.E.S guide is a seven-week program that combines group and individual sessions. The program's objectives are for participants to learn to evaluate their own risk of developing SUD, practice goal setting, and use alternative pain management techniques. The guide provides group activities which include meditation techniques, art therapy and pain management exercises. During individual sessions, participants are given an Opioid Risk Tool and are encouraged to share their concerns in a more private setting. This curriculum may be implemented in English or Spanish by community health workers, health educators, and healthcare professional in different settings.

Learning Objectives

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

1. Receive information about the A.I.M.E.S guide and additional educational resources related to SUD and Pain Management
2. Recognize the risk of developing SUD and strategies to prevent it
3. Review a goal-setting technique that can be implemented to reach a healthier lifestyle

Title: 23. Fostering Fortalezas: Resiliency Building Skill Practices during Stressful Times

Time: 2:30 PM – 3:30 PM EST

Presenter(s): Ruth Zúñiga, Pacific University; Daisy Bueno, Children's Program

During times of stress and uncertainty individuals serving Black, Indigenous, People of Color (BIPOC) communities can experience significant pressures and stressors, which ultimately can affect their emotional and physical health. More recently, throughout the COVID-19 pandemic and wildfires many systemic inequities have been highlighted in nearly every sector, particularly for BIPOC communities. For community helpers and individuals who serve

BIPOC communities, witnessing the suffering of these marginalized populations can contribute to high emotional stress in their workplace. Furthermore, individuals in the helping profession who identify with marginalized or oppressed groups, can experience high distress in their daily lives due to the feelings of duty, and responsibility to care for their communities. These ongoing feelings of distress that accompany those in the helping professions of BIPOC communities, can contribute to a sense of 'burnout' as well as poor emotional and physical health. One method of coping with the emotional distress experienced in the workplace, is by focusing on building strength and resiliency; however, there are minimal resources and supports focused on promoting the emotional wellness and positive psychological well-being of individuals working in helping professions that support BIPOC communities. Due to the high needs and demands required from individuals in helping professions, it is common for these individuals to place their own needs to one side, therefore forfeiting any time or space for engaging in self-care and wellness. This practice skills session will provide individuals with the opportunity to join an interactive group activity where the focus will be to engage in culturally adapted self-care skills focused on stress release, relaxation, and resiliency building. Participants will engage in discussions on how to prioritize resiliency in oneself and how to provide these resources to the community.

Learning Objectives

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

1. Practice a culturally adapted self-care skills focused on stress release, relaxation, and resiliency building
2. Discuss how to incorporate self-care in participants' work with BIPOC communities
3. Provide a space for forum participants to focus on self-care and have a break during the conference

Title: 24. Telehealth Outreach during the COVID-19 Pandemic: Transforming North Carolina Farmworkers' Health

Time: 2:30 PM – 3:30 PM EST

Presenter(s): Jean Ann Davison, Betty Martinez, Sofie Draffin, and Leonora Tisdale, University of North Carolina Chapel Hill; Gabriela V. E. Hernandez, North Carolina Farm Workers Project

There are over 80,000 migratory and seasonal farmworkers in NC during agricultural season. Farmworkers are considered essential workers. They are at increased risk for developing COVID 19 due to several factors. These include crowded living and working conditions, unsanitary housing, being uninsured and having language barriers when seeking health care. Their low wages and fear of losing work if reporting feeling sick with COVID 19 like symptoms are also concerns for reporting symptoms or being tested for COVID 19. (NC Health News and Migrant Clinicians Network). The NC Farmworkers Project (NCFWP, <https://ncfw.org/>) is a non-profit 501c3 organization of Community Health Workers (CHWs) that serves an average of

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3,000 migratory and seasonal workers a year in five counties around Benson, NC. The NCFWP CHWs have established themselves as trusted providers of health education and case management with farmworkers over the past 20 years. They provide support to a mobile health clinic one evening per week during the agricultural season working with physicians, NPs, PA, medical and nursing students from UNC- Chapel Hill, NC under the direction of the medical director of the NC Farmworker Health Program (<https://www.ncfhp.org/>). This mobile clinic had to be cancelled due to the lack of PPE and health workers availability in the spring of 2020. In its place, telehealth was implemented. With the COVID 19 pandemic spreading, and a shortage of PPE for CHWs and healthcare workers, it was decided that the healthcare outreach for the 2020 Agricultural season working with the NCFWP would begin in April with telehealth visits. CHWs identified farmworkers who needed a health care visit and a Nurse Practitioner and NP students provided telehealth visits using WhatsApp – mobile video application that allowed for several callers on the line. The purpose of this workshop is to present and discuss best practices for implementing and using telehealth to screen farmworkers for COVID 19 and improve health outreach during a pandemic. The workshop will be an interactive presentation with the NCFWP CHW, NP faculty and DNP-FNP students that provided telehealth.

Learning Objectives

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

1. Discuss why farmworkers are at risk for contracting COVID 19 and how to decrease the risk of infection
2. Strategize on how to set up telehealth for farmworkers working with CHWs and healthcare providers and nurses
3. Screen for COVID 19 symptoms and decrease barriers to testing along with education for prevention

Title: 25. HIV Updates: Patient Centered Approaches, Strategies & Responses

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Victor Ramirez, Mountain West AETC; Aldonza Milian, Sun River Health

Latinx are a very heterogeneous ethnic group with multiple backgrounds. The United States Census Bureau estimated that the Latinx population reached 60.6 million in 2019, most of Mexican origin, followed by Puerto Rican, Cubans, Salvadorans, and Dominicans. These numbers are underestimated, as there are many Latinx with an undocumented status throughout the country. Compared with the general U.S. population, Latinx in the country have a greater proportion of foreign-born individuals, are younger, hold a lower level of educational attainment, are less likely to be proficient in English, are less likely to be U.S. citizens, have lower annual household income, have higher poverty rates, and are less likely to

have health insurance. These demographic characteristics along with other social determinants of health—living in densely populated areas, racial housing segregation, living in neighborhoods with limited access to medical facilities, greater use of public transportation, living with multifamily households, and overrepresentation in jails, prisons, shelters, and detention centers—makes Latinx more susceptible to acquire and develop worse outcomes with HIV and COVID-19. Over the past decade, rates of engagement along the HIV care continuum have improved significantly across the country. Yet, a substantial proportion of persons living with HIV (PLWH) face serious barriers in access to care. Throughout 2020 as COVID-19 hit underserved communities at greater rates, healthcare providers serving people living with HIV and those at-risk encountered tremendous challenges in providing HIV prevention and care while adjusting to the reality of COVID-19 in the community they served, as well as in the community where they lived. Due to this, through innovative practices, providers have been able to adjust the way they provide healthcare services that address the needs of persons living with HIV while keeping public health protocols implemented due to COVID -19. This session will explore the current state of HIV and COVID-19 within the Latinx community, including the economic and social impact that affect the delivery of healthcare, discuss the successful strategies that have been developed and implemented by providers, and explore healthcare delivery for persons living with HIV and individuals at-risk going forward.

Learning Objectives

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

1. Review the current state of the HIV epidemic and impact of COVID among Latinx
2. Discuss successful strategies and practices to engage and retain Latinx patients in care
3. Review the benefits of utilizing tele-health, social media, and other information-technology platforms for patient and care provider engagement

Title: 26. CDC COVID Vaccine Updates & Strategies

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Dr. Tiffany Brunson and Dr. R. Reid Harvey, Centers for Disease Control and Prevention

Vaccination is a critical tool in bringing this unprecedented pandemic to an end. In the one year since SARS-COV-2 infections were first identified, multiple COVID-19 vaccines have been developed and put through clinical trials with the support of the United States government. CDC continues to work with states to address barriers and overcome challenges in distribution and administration to ensure that we are getting vaccines into arms as quickly and safely as possible. CDC's Advisory Committee on Immunization Practices (ACIP) has prioritized essential workers, including those considered

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“frontline,” such as food and agricultural workers, for COVID-19 vaccine receipt during limited vaccine supply. This is because of their work in sectors essential to the functioning of society and their substantially higher risk of exposure to SARS-CoV-2 while performing their work duties. However, some essential workers may be hard to reach or experience barriers to or lack confidence in vaccination. It is critical that we address barriers to vaccination in this population, including problems with access to vaccination sites and the unique challenges in vaccinating a mobile agricultural workforce. It is also critical that we address vaccine hesitancy in this population by identifying workers for outreach and building vaccine confidence. As part of CDC’s response to COVID-19, the Vaccine Task Force (VTF) has dedicated staff in key areas of the COVID-19 vaccine rollout. The Essential Workers team is dedicated to vaccine implementation for essential workers through communication and partnerships with workers, industry, labor, jurisdictions, and other stakeholders. To implement and support effective vaccination strategies for essential workers, CDC develops and disseminates information to jurisdictions, employers, workers, and community-based organizations. Through CDC’s Vaccinate with Confidence strategy, we promote confidence and uptake in COVID-19 vaccines in the United States among people who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards and with a focus on three pillars: reinforcing trust, empowering healthcare personnel including community health care workers and engaging communities and individuals. In this session, we will discuss CDC’s COVID-19 vaccination implementation, including recommendations from ACIP for vaccine prioritization during limited vaccine supply and how these recommendations apply to essential workers. We will also cover special considerations, challenges, and potential solutions for vaccinating essential food/agricultural workers, along with COVID-19 vaccine basics. Finally, we will share CDC resources that employers, community-based organizations, and community health workers can use to educate agricultural workers on the importance of COVID-19 vaccination.

Learning Objectives

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

1. Understand the strategies behind U.S. COVID-19 vaccination efforts and the current status of vaccination in the U.S.
2. Understand how essential workers, like agricultural workers and migratory workers, fit into Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine prioritization
3. Learn about best practices and resources, including communication tools, for employers of essential workers to encourage COVID-19 vaccination among their workforce

Title: 27. Using Traditional Curanderismo Healing for Stress & Anxiety

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Eliseo Torres, University of New Mexico

This session will offer a description and influences of Hispanic/Latinx traditional healing, “curanderismo”. Discussed and demonstrated will be a number of traditional rituals and medicinal plants used by curanderos/as during these stressful COVID times. The methods of healing will be an energetic/spiritual cleansing, “limpia”. A number of medicinal herbs for certain ailments, especially stress, a demonstration of laugh therapy. “risaterapia “ and more. The presentation will define curanderismo and its influences. The presenter will explain how this topic offers four short free online courses on healing the body using a number of techniques, using medicinal herbs for certain ailments, healing our spiritual/energetic self, and the global perspectives of healing in the Afro-Hispanic cultures such as Afro-Cuban, Afro-Puerto Rican and Mexican-Mayan. Three video snippets are included demonstrating a spiritual/energetic cleansing “limpia” by a Oaxacan curandero, Laurencio Nuñez and a curandera, Leticia Amaro from Cuernavaca, Mexico demonstrating medicinal plants and a facial massage for stress and anxiety. The video snippets are in Spanish with English translations. The presenter will conclude the presentation with a short video Tedx snippet on how he has studied this topic and will demonstrate a laugh therapy, “risaterapia”, exercise. There will be questions, answers, and comments from the participants.

Learning Objectives

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

1. Understand the traditional belief and usage of Curanderismo in the Hispanic/Latinx culture
2. Appreciate the ritual of an Energetic/Spiritual Cleansing “Limpia” and medicinal plants in the Hispanic/Latinx culture
3. Obtain information on the free online bilingual classes developed by the presenter on different ways of healing body, mind, and spirit

Title: 28. Innovative Community Health Center (CHC) Responses for COVID-19 Outbreaks

Time: 4:00 PM – 5:00 PM EST

Presenter(s):

Abstract 1: Emily Sinnwell, University of Iowa; Claudia Corwin, University of Iowa Hospitals and Clinics

Abstract 2: Netzali Pacheco Rojas and Chloe Billstrom, Family Health La Clinica Community Health Center

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Abstract 1: Preparedness and Response for COVID-19 Outbreaks in the Midwest

This presentation describes a COVID-19 outbreak among migratory agricultural workers in Iowa. The authors describe the role that Proteus, Inc., an Iowa-based private, 501(c)3 nonprofit organization, played in the mitigation and response to this outbreak. As a federally qualified mobile community health clinic, Proteus provides primary care to 1500 migratory agricultural workers annually. Early during the pandemic, Proteus adapted a new model of care, utilizing telemedicine primary care visits, followed by in-person visits, to provide services and resources such as physical exams and medications, when necessary. As the pandemic progressed, Proteus pivoted to providing increased pandemic-related support to agricultural employers and migratory agricultural workers across the state. Migratory and seasonal agricultural workers are a vulnerable population with unique health and safety challenges related to the entire spectrum of the social determinants of health. This presentation describes how these ever-present challenges have been severely compounded by the lack of preparedness for and response to the COVID-19. This presentation will assist the learner to better prepare and respond to COVID-19 outbreaks and other infectious disease outbreaks among migratory and seasonal agricultural workers.

Learning Objectives

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

1. Identify health and safety challenges specific to migratory and seasonal agricultural workers during the COVID-19 pandemic
2. Describe factors that played in the mitigation and response to a COVID-19 outbreak among migratory agricultural workers in rural Iowa
3. List examples of how our traditional model of care can be adapted to serve migratory and seasonal agricultural workers

Abstract 2: Wisconsin's Migratory & Seasonal Agricultural Workers & COVID-19: A Community Health Center Mobile-Rapid Response Project

Family Health La Clinica (FHLC) is the only Migrant Health Center in Wisconsin and has served migratory and seasonal agricultural worker (MSAW) needs in Wisconsin since the early 1970s. FHLC was uniquely poised to develop this pandemic response project given its long history of serving MSAWs throughout Wisconsin, its existing agricultural partnerships, and its participation in the Wisconsin Farm Worker Coalition (WFC). Through its initial mobile rapid response pilot project, FHLC encountered and transcended multiple barriers to virus mitigation amongst this population. It also experienced success in outbreak prevention and in supporting the overall health and wellbeing of the project's target populations. This session will provide an overview of the Family Health La Clinica (FHLC) community health center's mobile MSAW COVID-19 risk mitigation project. This project

was targeted to serve Wisconsin's MSAW population, their employers, and the surrounding communities. Participants will learn the primary strategies used to mitigate risk of virus infection and transmission such as housing, worksite assessments and recommendations, symptom screening, SARS-CoV-2 testing, and education sessions regarding virus symptoms, infection prevention, and testing overview. All of this and more will be summarized in this presentation session.

Learning Objectives

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

1. Identify virus risk mitigation strategies employed by this project
2. Summarize the project's overview and optimal approach
3. Describe project successes, challenges, and opportunities

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Title: 29. Protecting Agricultural Workers from Pesticide Exposure and Illness

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Iris Figueroa, Farmworker Justice; Amy Liebman, Migrant Clinicians Network

This workshop will focus on a major threat to agricultural workers' health and safety: pesticide exposure and illness. Agricultural work is one of the most dangerous occupations in the U.S. Each year, thousands of agricultural workers and their family members are exposed to pesticides, and these exposures are largely preventable. However, several factors contribute to the underestimation of this occupational and environmental health threat, including the inability and reluctance of injured workers to get medical care, fear of retaliation by their employer, and medical misdiagnosis. The Environmental Protection Agency's (EPA) Worker Protection Standard (WPS) is the main federal regulation that aims to protect workers from pesticide exposure. First implemented in 1992, it was revised in 2017 to strengthen protections for workers. This session will provide an overview of 1) how agricultural workers are exposed to pesticides and the risks they pose; 2) changes in the new WPS 3) how these changes in the WPS impact agricultural workers and their families; and 4) the roles and responsibilities of clinicians and other stakeholders regarding worker protection. Additionally, this session will provide participants with resources to help educate agricultural workers and their families about the WPS and pesticide exposure and to assist clinicians in the recognition and management of pesticide exposures, including a clinician's guide to the WPS recently published by the presenters. Throughout the workshop, there will be opportunities for discussion and questions.

Learning Objectives

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

1. Understand the risks from pesticides and routes of exposure for agricultural workers and their families

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2. Be familiar with federal policy relating to protecting workers from pesticide exposure, including recent changes and existing challenges for its effective implementation
3. Obtain resources and information for strategies to better identify and address this occupational and environmental health threat

Title: 30. Developing, Sustaining and Leading Resilient Teams

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Cheryl Petersen, East Valley Community Health Center

A resilient team is able to effectively respond to unforeseen challenges and agilely pivot when confronted with crisis. These teams are made up of confident and self-managed individuals able to focus their attention on the right things at the right time. They are better equipped to perform in an environment of continuing uncertainty and uncontrollable change. Decisions must be made in the moment. Leaders need to be adaptive and, often working remotely and trust the actions of their workforce on the ground. Leaders must also strengthen the environment that supports their front-line teams to be present and, despite challenges, adversity, and constant changes, meet the demands of the organization ensuring care of patients, as well as themselves. During this session we will discuss factors that define resilience, exercises to develop a resilience practice, the unique components of a resilient team and steps for development. Participants will obtain tools to improve communication and build trust, build adaptive leadership skills, and engage diverse perspectives and increase inclusivity across their organization.

Learning Objectives

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

1. Understand the 7 Cs of team resilience and how that translates to team members' resilient factors, as well as how to mitigate obstacles in development
2. Develop key communication skills creating an organization that responds thoughtfully, not react emotionally, to change, challenges & crisis both effectively & with empathy
3. Learn the principles of adaptive leadership and how to apply the framework

Title: 31. Outreach, Advocacy and Collaboration in Meeting Community Emotional Health Needs

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Alex Keene, Ruth Zúñiga, Savannah Leyda, Joanna Sendejo, and Alejandra Ferris, Pacific University

Latinxs and migratory farmworkers face rapidly increasing barriers to accessing culturally responsive mental health services which have intensified during the COVID-19 pandemic. Community outreach is a vital way to support community mental health that can be

thoughtfully transitioned online. In this session we will explore meeting the challenges facing the Latinx community through an innovative community centered outreach program. By providing education about mental health topics, information about resources, and bringing mental health to the people, this program reduced barriers to care, increased service use, and reaches nearly 3000 people yearly. Attendees will learn about the process of demystifying mental health in the community and will learn about strategies to support community resiliency and community-provider collaboration through outreach. They will also learn about utilizing accessible online platforms to continue serving the community via outreach during the pandemic. This presentation will also include an overview of the challenges and rewards related to providing mental health education and awareness to Latinxs and migratory farmworkers through outreach and advocacy, versus the traditional approach of asking the community to come to the providers. This presentation will also include a review of data summarizing graduate student mental health clinicians' perceptions and experiences regarding outreach and how they see their role in removing stigma and barriers to care for Latinxs. This presentation will conclude with a group discussion on ways to integrate outreach and service learning into community health centers and community-based organizations to meet the behavioral and mental health needs of the Latinx and the migratory farmworker community.

Learning Objectives

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

1. Identify barriers and challenges regarding mental health services utilization among the Latinx and migratory farmworker communities
2. List challenges, rewards and best practices in outreach activities and the efforts of bringing mental health to the community
3. Discuss how community health centers can create similar programs to meet the behavioral and mental health needs of their community

Title: 32. How Promotores & Community Health Workers Can Promote Mental Health in Agricultural Communities & Bridge Patients to Integrated Care

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Javier Rosado, Florida State University; Cathy DeVito, Florida State University Center for Child Stress & Health

The gap between individuals who need mental health care and those who receive it is significant and particularly greater for vulnerable populations – such as agricultural workers. While the limited availability of services is a barrier, there are a wide range of factors that impact whether someone accesses or seeks care – including low mental health literacy and mental health stigma. Furthermore, individuals from some cultures may conceptualize their mental health

symptoms as being related to spiritual or other factors and may prefer to seek care from religious leaders or other healers as opposed to mental health professionals. Promotores and community health workers are well positioned to build trust and address barriers to seeking care among agricultural communities. This presentation will provide promotores and community health workers with information on how to teach communities to recognize common mental health symptoms and will introduce strategies for addressing stigma associated with mental health/illness. Participants will also access resources that can be utilized for the promotion of mental health.

Learning Objectives

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

1. List strategies that promotores and community health workers can utilize to address stigma associated with mental illness
2. Identify approaches for teaching communities how to recognize common mental health presentations
3. Access resources that can be utilized for the promotion of mental health

Title: 33. Improving Farmworker Health through Handwashing

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Catherine Elizabeth LePrevost, North Carolina State University; AnnMarie L. Walton, Duke University School of Nursing

Farmworkers experience health disparities as a result of their exposure to physical and chemical hazards. Pesticides are a chemical hazard and are associated with both short and long-term health effects. Because the dermal route of pesticide exposure (that is, skin and eyes) is the most significant for agricultural workers, handwashing is a simple and cost-effective strategy to reduce pesticide exposure. Handwashing benefits for farmworkers extend beyond controlling exposure to pesticides and include infection prevention. In a research study of North Carolina agricultural workers' use of protective behaviors in the field, agricultural workers significantly over-reported handwashing prior to eating and drinking. Agricultural workers rarely washed their hands in the field. No agricultural workers consistently washed their hands before drinking and only 17% consistently washed their hands before eating. During this session, participants will learn about the pesticides most frequently identified on hand wipes collected from a small subset of agricultural workers during the 2019 growing season in North Carolina. Because we intend to collect hand wipe samples in future research studies, participants will work in small groups to propose solutions to problems that may arise during collection of hand wipe samples. The session will also introduce a handwashing educational toolkit as one strategy to improve handwashing in the field. The toolkit is the product of a participatory development approach, an innovative process that engaged community health workers (CHWs) at every stage—from needs assessment to method and message selection and,

ultimately, educational material development. Consisting of training guides for a set of complementary pesticide residue activities and fluorescent tracer supplies purchased from a national supplier, the toolkit is affordable and accessible. The toolkit has been well-received by CHWs and is currently in use in North Carolina. Participants will learn how to access the handwashing educational toolkit for future use. Through small and whole group discussion, participants will brainstorm additional strategies to improve handwashing and will identify ways they can facilitate handwashing through use of the educational toolkit.

Learning Objectives

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

1. Access the handwashing educational toolkit and implement it with agricultural workers
2. Identify pesticides most frequently identified on hand wipes collected from a small subset of agricultural workers during the 2019 growing season in North Carolina
3. Propose strategies to improve handwashing, including through the implementation of the educational toolkit

Title: 34. Producing Powerful Partnerships to Optimize Patient Outcomes

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Sarah Ridinger, Idaho Primary Care Association; Barbara Gordon, Idaho State University; Paul Melinkovich, RCHN Community Health Foundation, Rae Krick, Terry Reilly Health Services; Lindsay Grosvenor, Valley Family Health

Is it a challenge for your patients to consume diets rich in fruits and vegetables because of what appear to be insurmountable social determinants of health? Does this reality pose tangible challenges for managing chronic conditions like diabetes? Using interactive polling to drive the discussion, this session will provide insights on the partnership of five disparate organizations uniting to leverage each other's expertise in helping to address health disparities among medically underserved populations. Those entities included the RCHN Community Health Foundation, Idaho Primary Care Association (IPCA), Terry Reilly Health Services (TRHS), Valley Family Health Care (VFHC), and Idaho State University. Through dynamic power point presentation delivery, TRHS and VFHC will share two different implementation approaches for a Fruit and Vegetable Prescription (FVRx) program aimed at helping to reduce A1C levels among individuals with type 2 diabetes. TRHS implemented the program at two sites in Nampa Idaho, an agricultural community in southwestern Idaho. Many of TRHS clients are members of populations at high risk for diabetes, e.g., Hispanics/Latinos, low socioeconomic individuals, and seniors. VFHC participants hailed from Payette, a small, rural community on the border of Oregon and Idaho, and Ontario, a city in eastern Oregon. The patients were

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primarily Caucasian or Hispanic/Latino members of the working poor also at high risk for diabetes and other chronic conditions. A combined 333 patients (46.2% Caucasian/White and 45.0% Latino/Hispanic). Overall, both programs were successful in educating and impacting health behaviors leading to improved diabetes control. Both programs were funded by the IPCA through grant funds provided by the RCHN Foundation. Idaho State University evaluated each program, analyzing both process and health outcomes. Presenters from the RCHN, IPCA and ISU will provide their insight into the administrative and evaluation components of the project. Representatives from each of these organizations will also offer tips on working with partnering organizations to help secure funding, gain management support and technical assistance, and embrace evidence-based solutions aimed at positioning organizations for future grant opportunities. All members of the panel will share lessons learned; however, before sharing these insights, audience members will be asked to discuss the strengths and weaknesses of each approach and comment on the relevance of each model for their communities.

Learning Objectives

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

1. Explain the impact of food insecurity as a SDOH on management of type 2 diabetes
2. Identify best practices for optimizing access to produce among medically underserved populations with type 2 diabetes
3. Identify the strengths and weakness of implementing community nutrition programming among medically underserved populations

Title: 35. Promotores and Psychologists Address Stigma and Barriers to Mental Health

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Ruth Zúñiga, Pacific University; Delfina Hernandez-Morales, Providence Health and Services; Claudia Ramirez, Providence Health and Services

Latinxs experience significant barriers to mental and emotional health. In an effort to remove these barriers, a partnership between a graduate psychology program and a hospital community health program was created. This partnership includes a) offering mental health trainings for promotores de salud and b) delivering community charlas. The goals of the trainings are to increase the knowledge, comfort and skills of promotores to address community emotional needs. The charlas' aims are to start conversations about mental health, to reduce stigma and to connect community members with mental health resources. The trainings are taught in Spanish by bilingual bicultural mental health professionals, using popular education methods and emphasize applicable skills, self-care, community empowerment and access to resources. Upon completion of the training, promotores and students co-lead charlas

about emotional wellness on how to take care of one's family and community. Since the pandemic, this program transitioned to online community friendly platforms.

Learning Objectives

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

1. Discuss the application of cultural and linguistic appropriate techniques to promote community's emotional wellbeing in partnership with promotores de salud
2. Explore how community organizations can work together with CHW and mental health experts to promote emotional health and wellness within the community
3. List how promotores can be empowered to and engaged in tearing down barriers, reaching and supporting mental and behavioral health within underserved communities

Title: 36. Promotor-Led Program Insights to Reduce Infection and Transmission of Sars-Cov-2

Time: 1:00 PM – 2:00 PM EST

Presenter(s): Luis A Gomez, Luz M. Martinez, Elva Beltran, and Olawunmi (Wunmi) Ilesarime) Texas A&M University School of Public Health

In this "hands-on" workshop, we will describe the development of our Sé el Héroe [Be the Hero] program and key lessons learned using interactive virtual activities (breakout sessions, polling, case studies, etc.) with the aim of empowering participants in the implementation of culturally, linguistically, and socioeconomically responsive mitigation strategies to help reduce the infection and transmission of SARS-CoV-2 among P/CHWs, MSAWs, and the community in general. Our journey will interactively inform and share testimonies of how MSAWs, their families, and the community in general, including P/CHWs, have had to change their personal and professional life to adapt to the CDC COVID-19 guidelines. We will also be exploring and discussing the pros and cons of using different approaches and delivery platforms that can be adapted, given the current pandemic situation, to provide trainings to P/CHWs, MSFWs, and the community in general.

Learning Objectives

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

1. Determine cultural, traditional, and language-appropriate alternatives to reduce infection and transmission of SARS-CoV-2 among migratory & seasonal agricultural workers and their families
2. Compare multiple delivery platforms for training P/CHW, migratory & seasonal agricultural workers, and their families in the mitigation of infection and transmission of SARS-CoV-2
3. Apply lessons learned in real life situations (case studies) that could be implemented in the future as mitigation strategies for migratory & seasonal agricultural workers and their families

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Title: 37. “Empowered Health”- Reforming the Health Care System for Positive Maternal Health Outcomes

Time: 2:30 PM – 3:30 PM EST

Presenter(s): S. Mayumi “Umi” Grigsby, Author, Health Equity Advocate; Wendy Thompson, Friend Health

This session will highlight health disparities in maternal health and access to quality healthcare for communities of color. Health care professionals are less likely to take women of color health concerns seriously. As an example of rampant health disparities in Black Women’s health, Black women are up to four times more likely to die in childbirth than their White counterparts. The presenter will discuss how the “Empowered” Health model involves using equity informed methods to address health inequity and will discuss the need for culturally competent health care providers. Challenges and lessons learned will be discussed and how they can be adapted with special and vulnerable populations.

Learning Objectives:

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

1. Describe the landscape of health disparities based on characteristics such as race and gender
2. Assess the impact of a lack of cultural competency on women of colors access to health care
3. Establish the need for cultural competency in federally qualified health centers

Title: 38. Strengthening Health Center’s Collaboration with Migrant & Seasonal Head Start

Time: 2:30 PM – 3:30 PM EST

Presenter(s): Guadalupe Cuesta, National Migrant and Seasonal Head Start Collaboration Office; Alexis Guild, Farmworker Justice

Migrant and Seasonal Head Start (MSHS) sites and migrant health centers are dedicated to improving the health and well-being of farmworker families. Many health centers partner with their local Migrant and Seasonal Head Start site but the strength of that collaboration varies widely. Farmworker Justice and the National Migrant and Seasonal Head Start Collaboration Office have been working with MSHS grantees and health centers across the country to strengthen their collaborations to serve not just MSHS children but also their families. During this session, we will discuss different levels of partnership so participants can assess their collaboration as well as strategies around the development of memoranda of understanding (MOUs) with the local Migrant Head Start site. Participants will engage in discussion to share their own experiences working with Migrant Head Start.

Learning Objectives

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

1. Assess their partnership with Migrant Head Start
2. Understand elements of successful MOUs between Migrant Head Start and their health center
3. Develop strategies to strengthen their health center’s partnership with their local Migrant Head Start

Title: 39. Intimate Partner Violence

Time: 2:30 PM – 3:30 PM EST

Presenter(s): Anisa Ali and Abby Larson, Futures Without Violence

Addressing and Preventing Intimate Partner Violence Among Agricultural Workers and Promoting Community Health Center and Domestic Violence Program Partnerships

Experiences of intimate partner violence (IPV) and subsequent health consequences among migrant farmworkers is common. This group often experiences additional disparities and barriers to preventive and supportive services. Community health centers can partner with domestic violence programs to address these barriers, promote prevention, and provide a bridge to ongoing support as needed. During this presentation, Futures Without Violence will describe the prevalence and dynamics of IPV among migrant farmworkers, as well as barriers to supportive services. The presenters will discuss the health impacts of domestic violence and what providers can do to address the intersecting and systemic challenges many farmworkers face when accessing care. We will explore strategies to develop meaningful and effective collaboration between community health centers and local domestic violence programs to better address the needs of farmworker survivors, as well as clinical response strategies. Finally, we will explore the value of virtual care coordination for migrants, particularly in the era of COVID-19 restrictions. Presenters will present specific and practical tools that providers can implement to promote prevention as well improve their community health center response.

Learning Objectives

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

1. Learn about the prevalence and dynamics of intimate partner violence among migratory agricultural workers
2. Understand common health issues impacting migratory agricultural workers experiencing intimate partner violence
3. Promote meaningful and effective collaboration between domestic violence advocates and community health centers as a critical strategy to support migratory agricultural worker survivors

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Title: 40. Hybridizing Musculoskeletal Health Education for Community Health Workers (CHWs) and Migratory & Seasonal Agricultural Workers (MSAWs)

Time: 2:30 PM – 3:30 PM EST

Presenter(s): John A. Carzoli, Western Carolina University

Migratory and seasonal agricultural workers (MSAW) face a number of barriers to accessing healthcare and preventive education related to musculoskeletal health, especially during the COVID-19 pandemic. Challenges also exist to ensure that CHWs have adequate training and awareness of existing resources related to MSAW musculoskeletal health. Because of these challenges, a hybrid educational delivery model consisting of various combinations of online, remote, and face-to-face mediums may be an effective method for increasing access to musculoskeletal health education for key agricultural health stakeholders. This educational session will 1) share newly developed video-based online educational resources related to preventive musculoskeletal health intended for multiple audiences including MSAWs and CHWs, 2) discuss challenges and successes learned from recent hybrid delivery efforts, and 3) facilitate participant co-construction of potential hybrid use models in their own work settings.

Learning Objectives

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

1. Recognize avenues to access newly developed online musculoskeletal health education resources developed for CHWs and MSAWs
2. Discuss strategies to increase CHW and MSAW access to existing evidence-informed musculoskeletal health education resources using various hybrid delivery options
3. Describe the potential implementation of contextually informed hybrid health education delivery model in the participants own work settings

Title: 41. Immigrant Dairy Worker Health and Safety Trainings- Wisconsin and Minnesota Experiences

Time: 4:00 PM – 5:00 PM EST

Presenter(s):

Abstract 1: Chela Vázquez, Upper Midwest Agricultural Safety and Health Center, University of Minnesota; Jeff Bender, University of Minnesota

Abstract 2: Jonathan Kirsch- University of Minnesota Medical School

Abstract 1: Immigrant Dairy Worker Health and Safety Trainings- Wisconsin and Minnesota

Upper Midwest Agricultural Safety and Health Center (UMASH) members, Migrant Clinicians Network, and the National Farm Medicine Center, developed a culturally appropriate safety and health curriculum in Spanish for foreign-born dairy workers to

increase knowledge, encourage safe behavior, and reduce worker communication inequalities to prevent occupational injury and disease. The curriculum was piloted in Wisconsin from 2012 to 2015 and currently is being implemented in Minnesota. This session reviews current implementation of safety training and efforts to engage farms during the COVID-19 pandemic. In Minnesota, a mobile clinic component was added that would travel to dairies and provide basic health screenings to foreign-born workers. Also, veterinarians were engaged to help identify safety risks on Minnesota Farms. To date, evaluation efforts have documented a significant increased change in worker knowledge among dairy workers. Community Health Workers in Wisconsin dairies indicated that activities helped reduce farm hazards. The curriculum has been globally disseminated.

Learning Objectives

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

1. Recognize occupational hazards facing foreign-born dairy workers
2. Be familiar with challenges both workers and employers face in addressing the health and safety on dairy farms
3. Identify resources and strategies to address the health and safety needs of foreign-born dairy workers

Abstract 2: Dairy Biosecurity Resilience in the Age of COVID

Dairy Farms are generally isolated geographically in rural areas away from large population centers serving as both a risk and an asset in a pandemic such as COVID-19. Despite being distant from dense urban centers, dairy farmworkers tend to be Spanish speaking, live on the farm, have low-health literacy, and live and work in relatively high density setting on the farm. Furthermore, they need to leave the farm to shop and they often do not have access to adequate personal protective equipment (PPE) to prevent viral infections to themselves and others on the farms. Community Health Workers that speak Spanish and are trained in farm safety can be a major asset on dairy farms. In this session, we will present data from interviews of farmers about biosecurity resilience on dairy farms and the materials used to educate farmworkers about personal safety from COVID-19.

Learning Objectives

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

1. Describe dairy farmers perceptions about worker biosecurity
2. Understand role of Community Health Workers in education of peers for COVID-19 infection prevention
3. List effective infection containment strategies on dairy farms

THURSDAY, MARCH 25

Title: 42. Effective Health Center Board Orientation and Ongoing Education

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Mario Garza, National Center for Farmworker Health; Emily Heard, National Association of Community Health Centers

Ensuring robust board orientation and ongoing board education ensures all members of a health center board feel comfortable contributing to board oversight and strategic deliberations. The purpose of this session is to provide an overview of general roles and responsibilities using NACHCs Governance Guide, showcase the Financial Module, obtain feedback from the Learning Collaborative participants, discuss the Learning Collaborative content, and initiate Health Centers to begin thinking about an on-going board development plan. To provide a variety of tools and resources, NCFH has partnered with the National Association of Community Health Centers (NACHC) to develop Spanish language e-learning training program modules on financial responsibility. These modules on financial responsibilities and general roles are standalone, independent learning educational modules that can be viewed individually or in a group setting. Additionally, NCFH will establish a Learning Collaborative with staff and consumer board members of ten Health Centers (HCs), develop discussion guides and reinforcement activities. Various resources available to support health center boards will be highlighted and time will be dedicated for participants to consider components of a board training plan and effective modes of delivery.

Learning Objectives

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

1. Increase knowledge and active engagement of consumer board members
2. Understand the Integration of Board member e-learning programs into health centers' (HCs) training plan for Board Members
3. Obtain resources available to support health center boards

Title: 43. Psychology of Recovery: Serving Latinxs Affected By COVID-19 and Wildfires

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Carolina Ekonomo, Natalia Figueroa Casiano, Claire Flemming, and Ruth Zúñiga, Pacific University

This session will focus on the mental health challenges experienced by Latinxs and migratory farmworkers during the COVID-19 pandemic and wildfires. This session will also introduce a telehealth treatment model to support these communities. We will address common stressors that increase risk for mental health challenges within these communities, such as poor working conditions, lack of insurance, low physician availability, and limited access to culturally or linguistically competent providers. We will then introduce the

Skills for Psychological Recovery (SPR) model used to support patients through a phone-based behavioral health program called the Rapid Response Treatment Team (RRT) that we developed to address patient concerns in a bilingual and culturally appropriate way. Throughout the session, we will engage in interactive activities and group discussions regarding how providers and organizations can implement similar strategies to reduce barriers and increase access to care for our Latinx and migratory farmworker community members.

Learning Objectives

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

1. Describe three basic concepts of the psychological recovery model to address the behavioral, emotional, and mental health needs of Latinxs and Migratory farmworkers
2. Explain how to create, plan, develop, and implement a treatment program aimed at the mental health needs of Latinxs and migratory farmworkers affected by COVID-19 and wildfires
3. Explain how community-based organizations can partner with psychology programs to develop similar behavioral health programs for their communities

Title: 44. Promotoras and Pesticide Drift, Protocols Post Exposure and Future Advocacy

Time: 4:00 PM – 5:00 PM EST

Presenter(s): Mary Jo Ybarra-Vega, Quincy Community Health Center; Joanne Bonnar Prado, Washington State Department of Health

Exposure to pesticides that have drifted away from the intended crop onto workers and other bystanders continues to be a problem in agricultural communities. Washington State Department of Health investigates hundreds of pesticide illness reports each year and has identified agricultural pesticide drift as an ongoing source of acute pesticide-related illness. In this session, co-presenters will drill-down into an acute pesticide-illness event that impacted community health promoters in 2020. The incident summary is: Three “promotores de salud” reported that pesticides drifted onto them while they were preparing for a prevention education session regarding COVID-19 at a farmworker housing site. They experienced symptoms of illness following the exposure and sought medical care. The eleven H2-A Visa farmworkers assembled for the session did not report symptoms to the State Department of Agriculture official investigating the report, or (as far as is known) seek medical treatment after this drift incident. One of the three promotores involved, the Outreach Coordinator at Quincy Community Health Center, will co-present this session. She will expand on the details of this event from her uniquely informed perspective, identify the health and emotional impact this had on them, and say how her co-workers and she used this incident to build momentum in their outreach endeavors and vitalize their work. The Pesticide Illness Surveillance Epidemiologist from WA State Department of Health will add context to this discussion by

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presenting an overview of acute pesticide-related illness and identify risk factors and common exposure scenarios for prevention. She will describe pesticide-illness reporting and barriers to reporting. Advancing the public health goal found in both community health promotion and illness surveillance work, co-presenters will invite participants to help draft an outline on steps to reduce pesticide-related illness and to identify actions needed to prevent similar exposures to workers and others.

Learning Objectives

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

1. Describe positive outcome or actions involving this team of promotoras and their work process during the exposure (what did they do right)
2. List actions health centers and staff may consider to reduce the incidents of pesticide drift exposure onto people living and working in agricultural communities
3. Identify State and Federal entities that regulate pesticides, and how to report problems if they happen

FRIDAY, MARCH 26

Title: 45. Assessing Opioid Misuse in Agricultural Worker Communities

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Mayra Reiter, Farmworker Justice; Hansel Ibarra, MHP Salud; Sonia Lee, Health Outreach Partners; Laszlo Madaras, Migrant Clinicians Network

Opioid misuse is a major public health challenge in rural communities, yet the extent of opioid misuse among agricultural workers is unknown. In 2019, the Farmworker Health Network conducted an assessment with migrant health centers (MHCs) to understand how opioids affect agricultural worker communities. The assessment included an online survey, individual in-depth interviews, and focus groups at the 2019 East Coast Migrant Stream Forum and Midwest Stream Forum for Agricultural Worker Health. Nearly a quarter of MHC staff who participated in the survey (22.7%) reported being aware of opioid misuse among migratory and seasonal agricultural workers (MSAWs). Others who also participated in individual interviews and focus groups shared concerns about opioids in over-the-counter medications purchased in Mexico, dealers selling opioids in workplaces, and the ease of obtaining opioids from family and friends. During this workshop, we will share the findings from the opioid assessment, including the prevalence of opioids in agricultural worker communities, root causes, and training and technical assistance needs.

Learning Objectives

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

1. Learn about the trends around opioid misuse in agricultural

worker communities

2. Understand root causes of opioid misuse among agricultural workers and identify strategies and training needs to address opioid misuse among agricultural workers
3. Identify strategies and training needs to address opioid misuse among agricultural workers

Title: 46. Connecting With Farmworkers: Elevating Their Voices Through Research

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Cheryl Holmes, University of Kansas School of Social Welfare; Suzanne Gladney, Migrant Farmworkers Assistance Fund; Ricardo Garay, University of Texas at Austin Dell Medical School; Athena Ramos, University of Nebraska Medical Center

Research serves as an important method for filling information gaps, informing practice, and documenting the need for a more equitable delivery system. Yet, finding ways for farmworkers, community partners and research to collaborate effectively can be challenging in the best of times and most difficult during a pandemic. Researchers at three Midwestern universities and a community partner providing in-person healthcare case management will share strategies and lessons learned from their use of social media, technology, and an in-person approach during the pandemic to engage farmworkers in research and service utilization. Attendees will then discuss ways to promote participation in research and its use to address topics critical to the health and well-being of farmworkers in the U.S.

Learning Objectives

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

1. Identify the five steps of the research process
2. Describe strategies to support farmworkers participating in research
3. Recall two lessons learned for helping researchers, farmworkers and community partners collaborate effectively in the research process

Title: 47. Nutrition, Health, and Fitness: Key Cornerstones in Preventing Chronic Conditions

Time: 11:00 AM – 12:00 PM EST

Presenter(s):

Abstract 1: Kenneth Smith- Chickasaw Nation Medical Center
Abstract 2: Rocio Castillo-Foell and Michael Vieyra, Sea Mar Community Health Centers

Abstract 1: Health and Fitness Education in FQHC Patients

Adverse health outcomes related to Type II diabetes, Obesity, Hypertension are abnormally high in certain demographics of FQHCs.

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Specifically, migratory workers from Latin and South America are at a much higher risk for developing these diseases per capita than other populations in the same area. Much of this is due to lack of education and resources about preventative health and wellness. We will learn how to utilize that low-to-no cost staff position of “Health Educator” to help these at-risk populations to develop habits and practices that will prevent and reverse their risk for these diseases. We will also brainstorm various resources and methods for both incorporating this education and this staff position into clinics in a timely and effective fashion.

Learning Objectives

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

1. Identify characteristics of demographics that predispose patient populations to abnormally high poor health outcomes
2. Understand the “how and why” of incorporating health and fitness education into patient care at an FQHC in a timely and effective manner
3. Identify multiple ideas on how to incorporate health and fitness education into patient care at their own clinic

Abstract 2: Food FARMacia Project in Whatcom County

Sea Mar Community Health Centers (Sea Mar), founded in 1977, is a community-based organization committed to providing quality, comprehensive health, human, housing, educational and cultural services to diverse communities, specializing in service to Latinos in Washington. As an organization committed to serving diverse communities, Sea Mar continues to assess its patients' needs and attempt to create solutions to the economic, social, and cultural barriers. The Food FARMacia is a program designed by the Health Education program to provide patients with access to fresh produce at no cost and offer brief health education interventions. This program runs on in-kind donations from community partners interested in aiding the food insecurity crisis in Whatcom County amplified during the COVID-19 pandemic. Our goal is to continue the program by building a pool of volunteers, establishing sustainable partnerships with local farms through grant funding, assessing/prioritizing patient needs in Whatcom County, and increasing health education literacy around healthy eating habits and disease prevention.

Learning Objectives

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

1. Become familiarized with the importance of culturally sensitive veggie prescriptions to prevent chronic conditions
2. Identify potential solutions to serve minority groups to increase food access and health education
3. Develop and/or replicate similar programming in their communities.

Title: 48. Importance of Value Based Contracts in Community Health Centers (CHCs)

Time: 11:00 AM – 12:00 PM EST

Presenter(s): Gil Muñoz, Virginia Garcia Memorial Health Center

Join us in learning about the importance of value-based contracting and the financial impacts it has on community health centers. In this session, the presenter will discuss how value-based care, and that level of financial stability, has helped during the pandemic. Not only has it helped from a cash flow perspective, but also in allowing systems to maintain a workforce that can be redirected to deal with the needs of the community. The session will also highlight the adaptation of the workforce and response, such as the role of community health workers, in addressing the needs of the community. In addition, the presenter will discuss and draw connections between the impact of value-based care on Social Determinants of Health (SDOH) and payment models such as value-based care/alternate payment methods.

Learning Objectives

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

1. Understand how to maintain a value-based system viable under a pandemic such as Covid-19 or other emergency situation impacting entire communities
2. Identify how to use contracted resources effectively during a pandemic alleviating financial strain in the community health center world
3. Share best practices to support and maintain a viable workforce that can be activated as front-line respondents to a pandemic

Closing Plenary

Time: 1:00 – 2:00 PM EST

Inspirational Speaker

Roberto Dansie, PhD,
World-Renowned Maya & Ancient Wisdom Scholar

**2021 VIRTUAL FORUM FOR MIGRANT AND COMMUNITY HEALTH
FOLLOW-UP SESSIONS AND DESCRIPTIONS
May 24-25, 2021**

MONDAY, MAY 24

Title: Building COVID-19 Vaccine Confidence: Communication Tips and Strategies

Time: 1:30 PM – 2:30 PM, ET

Presenter(s): Robyn Correll, MPH, CHWI, Adjuvant Media

This 1-hour session will discuss research-aligned strategies to build vaccine confidence and talk about vaccination with those who might have questions or concerns. During the presentation, the facilitator will also share information and talking points about common concerns, such as what science says about the potential for long-term side effects, what's known about blood clots following vaccination, and how vaccines are tested and monitored for safety.

Learning Objectives:

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

1. Explain factors that contribute to vaccine decisions.
2. Respond to questions or concerns about COVID-19 vaccines.
3. Discuss what is known about the risks and benefits associated with COVID-19 vaccines.
4. Describe how health experts test and monitor COVID-19 vaccines for safety.

TUESDAY, MAY 25

Title: Integrated Care: Honoring Indigenous Leadership in Farmworker Communities, Part Two

Time: 11:00 AM – 12:30 PM, ET

Presenter(s): Mario Ivan Bañuelos, Latino Community Fund; Antonio Flores Quin, General Coordinator of Ireta P'urhépecha and Community Navigator, King County Health Department; Gloria Ramirez, Community Navigator

Community Health Workers play a dual role of cultural ambassadors and mediators. This session will return with more popular education strategies by addressing real-situation dilemmas that Community Health Workers face when conducting outreach in farmworker and/or Indigenous communities. This presentation will once again highlight the importance of effective communication, inclusion, and cultural humility through popular education methods. Participants will obtain community-outreach strategies and resources to make small meaningful change utilizing important moments and opportunities using community-organizer tactics.

Learning Objectives

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

1. Identify two ways to meaningfully include farmworker and Indigenous leadership and wisdom in their various CHW strategies on the job or in their affiliations/associations.
2. The importance of in-language work at all levels and two things they can do to practice inclusion/cultural humility or awareness in their circle.
3. They can challenge themselves, others and systems for inclusion using community organizer's tactics.



Jim Macrae, MA, MPP

Associate Administrator, Bureau of Primary Health Care (BPHC)

Mr. Macrae has led the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) for more than 10 years. He manages a \$5.6 billion budget supporting nearly 13,000 health center service delivery sites, which provide high-quality primary health care to nearly 30 million people nationwide. He also served as the HRSA Acting Administrator from April 2015 to April 2017. Prior to his years in BPHC, Mr. Macrae served as Associate Administrator for HRSA's Office of Performance Review from 2000 to 2006, where he oversaw the work of staff in regional divisions across the country, working to improve HRSA-supported programs in states and communities. Mr. Macrae has received numerous awards, including the Secretary's Award for Distinguished Service (2019), Hubert H. Humphrey Award for Service to America (2015), the HRSA Administrator's Award for Equal Opportunity Achievement (2014), and the Presidential Meritorious Executive Rank Award (2010). He earned a Bachelor of Arts degree in Sociology from Illinois Wesleyan University, a Masters of Arts in Sociology from Duke University, and a Master of Public Policy degree from Harvard University.



Dr. Alfonso Rodriguez Lainz, PhD

Epidemiologist, Division of Global Migration and Quarantine

Dr. Rodriguez Lainz is an epidemiologist at the Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine, US-Mexico Unit. Dr. Rodriguez's main responsibilities include acting as a liaison, planner and coordinator for Latino migrant health activities for the Division, in collaboration with other federal, state, and international partners. In that role, he leads efforts to increase awareness and evidence about health disparities experienced by Latino migrants in the U.S. Two main areas of focus have been enhancing public health surveillance of Latino migrants and emergency communication with non-English speaking populations. Since March 2020 Dr. Rodriguez has led CDC initiatives to address farmworkers' needs related to the COVID-19 pandemic. Prior to joining CDC, Dr. Rodriguez was the senior epidemiologist for the Office of Binational Border Health, California Department of Public Health. Dr. Rodriguez received his Ph.D. in Epidemiology and Masters in Preventive Veterinary Medicine from the University of California at Davis, and his DVM from the School of Veterinary Medicine in Cordoba, Spain. He has coauthored many peer-reviewed publications and reports on border and Latino migrant health issues.



Rachel A. Gonzales-Hanson

Sr. Vice-President for Western Operations, National Association of Community Health Centers (NACHC)

A life-long resident of Uvalde, Texas, Rachel joined the staff of the National Association of Community Health Centers (NACHC) in January 2020 as the Senior Vice-President for Western Operations. Prior to joining NACHC, she served as CEO of Community Health Development, Inc. (CHDI). Rachel's involvement with CHDI began while serving as one of its founding board members in 1983. In 1984, she accepted the position of Executive Secretary and in 1986, was appointed CEO.

In addition to overseeing CHDI's operations and significant growth, Rachel focused on improving access to affordable, quality health care for people from all walks of life, including those from rural areas, agricultural workers and veterans. Over her 37 years with Health Centers, she served as a board member for the Texas Association of Community Health Centers including being elected to officer positions of Secretary, Treasurer, Vice-President, and President. She was also an engaged member of NACHC, having served as chair of various committees, and, in 1996, was elected as Chair of the Board of Directors, with the distinct honor of being the first Hispanic female to serve in that position.

Rachel has been appointed to national advisory committees, including by the Secretary of Health & Human Services in 1999 and the Secretary of Veterans' Affairs in 2008. In 2011, she was named the Geiger Gibson Distinguished Visitor in Community Health Policy at the George Washington University School of Public Health.

Rachel remains committed to the advancement of the "Community Health Center" primary care delivery model. This model espouses the philosophy that every patient is treated respectfully, in a wholistic approach, and where the patient is a partner with the health care team in determining their treatment plan.



Maria Hinojosa

Emmy Award-Winning Journalist & Host of “Latino USA,” National Public Radio

As a reporter who was the first Latina in many newsrooms, Maria Hinojosa dreamt of a space where she could create independent, multimedia journalism that explores and gives a critical voice to the diverse American experience. She made that dream a reality in 2010 when she created Futuro Media, an independent, nonprofit newsroom based in Harlem, NYC with the mission to create multimedia content from a POC perspective. Futuro does this in the service of empowering people to navigate the complexities of an increasingly diverse and connected world.

As the Anchor and Executive Producer of the Peabody Award-winning show *Latino USA*, distributed by NPR, as well as Co-Host of *In The Thick*, the Futuro Media’s award-winning political podcast, Hinojosa has informed millions about the changing cultural and political landscape in America and abroad. Her new book, *Once I Was You: A Memoir of Love and Hate in a Torn America*, Hinojosa tells the story of immigration in America through her family’s experiences and decades of reporting, painting an unflinching portrait of a country in crisis. She is also a contributor to the long-running, award-winning news program *CBS Sunday Morning* and a frequent guest on MSNBC.

Hinojosa’s nearly 30-year career as an award-winning journalist includes reporting for PBS, CBS, WNBC, CNN, NPR, and anchoring the Emmy Award winning talk show from WGBH *Maria Hinojosa: One-on-One*. She is the author of two books and has won dozens of awards, including: four Emmys, the John Chancellor Award, the Studs Terkel Community Media Award, two Robert F. Kennedy Awards, the Edward R. Murrow Award from the Overseas Press Club, and the Ruben Salazar Lifetime Achievement Award from the NAHJ. She has been honored with her own day in October by New York City Mayor Bill De Blasio and has been recognized by *People En Español* as one of the 25 most powerful Latina women. Additionally, Hinojosa was the first Latina to anchor a PBS FRONTLINE report: “Lost in Detention” which aired in October 2011 and was the first to explore abuse at immigrant detention facilities, garnering attention from Capitol Hill as well as both the mainstream and Spanish-language media.

As a reporter for NPR, Hinojosa was among the first to report on youth violence in urban communities on a national scale. During her eight years as CNN’s urban affairs correspondent, Hinojosa often took viewers into communities rarely shown on television and continued that work longform on *Now on PBS*. At Futuro Media, Hinojosa continues to bring attention to experiences and points of view that are often overlooked or underreported in mainstream media, all while mentoring the next generation of diverse journalists to delve into authentic and nuanced stories. In 2018 she was a Fellow at Shorenstein Center at the Harvard Kennedy School and is a frequent speaker across the country. In 2019, she was named the inaugural Distinguished Journalist in Residence at her Alma Mater, Barnard College. She lives in New York City with her husband and two children.



Roberto Dansie, PhD

Nationally Renowned Psychologist, Motivational Speaker, Rural/Migrant/Indian Health & Education Expert

Robert Dansie, is widely regarded as the most eloquent and accessible contemporary authority on cultural diversity. He is a nationally renowned speaker and Clinical Psychologist. He is an author and humanitarian. A dynamic speaker, each one of his presentations is like a Navajo sand painting, created for the specific healing of those who receive it. Born to a healing tradition, by the age of 13 Roberto began his initiation in Native Medicine as assistant to his grandmother, Exiquia Vallejo. His life service of healing trauma began when she introduced him to Toltec and Mayan medicines. These included methods for healing susto & espanto (shock & trauma) – the two key modalities of psychosocial Narrative Healing.

Roberto founded his speaking, consulting, and community development company Cultural Wisdom™ in 1998 based on a need he saw to preserve the wisdom of our ancestors. As a Toltec Tribal member with a professional background as executive director of rural, migrant, and Indian health organizations such as Pit River Health Services (Indian Health) and Del Norte Clinics (Migrant Health), Roberto has a unique perspective on rural health and communities of color. As Executive Director of the Urban League he has served the urban African American community in Florida helping to combat the drug abuse epidemic through cultural community rich programs such as celebration of Kwanzaa and cultural ambassador programs with different African countries.

Roberto is the recipient of several awards including: Humanitarian of Year from The International Medical & Education Trust of Columbia Missouri University, the distinguished “Mounted Medallion Award” from The National Indian Health Board, The Cesar Chavez Award from National Migrant Education, The Federal Award from the Administration on Aging and The Illinois Association of Agencies and Community Organizations Migrant Advocacy Award for Exemplary Dedication to IAACOMA and it’s mission (The largest rural health organization in the nation.)

CONTINUING EDUCATION

Continuing Medical Education (CME)

The AAFP has reviewed 2021 Virtual Forum for Migrant and Community Health and deemed it acceptable for up to 17.50 Online Only, Live AAPF Elective credit. Term of Approval is from 3/22/2021 to 3/26/2021 and 5/24/2021 to 5/25/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education (CNE)

The Migrant Clinicians Network is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity meets Type I criteria for mandatory continuing education requirements towards re-licensure.

Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists

This program has been approved for continuing education credits for Social Workers (SW), Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT) by the Texas Chapter of the National Association of Social Workers. Texas

Certified Community Health Workers (Texas only)

This program is approved for non-certified CEUs for promotor(a)s /community health workers by the Texas Department of State Health Services (DSHS). As per DSHS, one contact hour is 50 minutes of attendance and participation. Requirements for certification include receipt of a certificate of attendance from each session attended.

Traditional Health Worker (Oregon only)

The Oregon Health Authority has approved this event to offer up to 17.50 THW continuing education credits. Oregon only.

Certified Health Education Specialists (CHES)

"Sponsored by The National Center for Farmworker Health, Inc., a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 17.50 total Category I contact education contact hours.

STREAM FORUM PLANNING COMMITTEES

We could not have organized the first-ever joint conference by NWRPCA, NCFH and NCCHCA without your time, energy and support. Thank you colleagues for leading the work and investing in the community!

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