

30th Annual
East Coast
Migrant Stream Forum



#ECMSF • Atlanta, Georgia • October 12-14, 2017



Produced by the North Carolina
Community Health Center Association

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Dear Friends,

Welcome to the 30th annual East Coast Migrant Stream Forum in Atlanta, Georgia! Thank you for joining us as we reflect on the past three decades since the first group of East Coast Migrant Stream Forum attendees convened in Asheville, North Carolina. We honor the leaders who gathered at that first conference in 1988, and the leaders before them whose efforts catalyzed the Migrant Health Center program in 1962, at the height of the Civil Rights Movement. Without their vision and commitment, we might not be here together today.



This year, take advantage of intensive trainings and educational sessions - organized into five tracks: clinical, policy, outreach/lay health/CHW, programmatic/administrative, and research. We continue to offer foundational topics including Agricultural Worker Health 101, providing health insurance to H-2A workers, protecting workers from pesticide exposure, and timely immigration policy updates. We have also added sessions on emerging trends and priority topics, such as substance abuse and integrated behavioral health services, medical-legal partnerships, Community Health Workers, and a special young professionals round table discussion.

You'll hear from three incredible keynote speakers throughout the conference. Steve Shore, NCCCHA's second Executive Director and Founder of the East Coast Migrant Stream Forum, will set the focus for our weekend during his opening plenary session on Friday morning – "Legacy, Leadership, and Compassion: A Chronicle of the Migrant Health Movement." Later on Friday, Dr. Ramón Resa will share his journey from child agricultural worker to pediatrician, and we will see an exclusive sneak-peak from the soon-to-be-released documentary film about his life, Ramón Rising. Daisy Hernández, nationally renowned author and journalist, will provide an inspiring conclusion to the conference on Saturday afternoon.

I hope our sessions and speakers reenergize you for your return to the front lines of our common mission: to support the health and well-being of agricultural workers and their families! I hope you will also use this time to connect with your colleagues for some much-needed fellowship and self-care. Many thanks to our funders at the Bureau of Primary Health Care for their ongoing commitment to supporting the East Coast Migrant Stream Forum, our planning committee whose guidance and expertise helped shape the incredible weekend ahead of us, the NCCCHA staff members working tirelessly behind the scenes, and you, our East Coast Migrant Stream Forum family, for your service to agricultural workers across the Eastern United States.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Benjamin Money, Jr.", written in a cursive style.

E. Benjamin Money, Jr., MPH
President and Chief Executive Officer
North Carolina Community Health Center Association

2017 East Coast Migrant Stream Forum Planning Committee

North Carolina Community Health Center Association Staff

Rosa Navarro, Director of Training & Technical Assistance, Raleigh, NC
Mel Goodwin, Community Development & Special Populations Coordinator, Raleigh, NC

Bureau of Primary Health Care, Office of Quality Improvement

Gladys Cate, Rockville, MD

Centers for Disease Control and Prevention, Office of Minority Health and Health Equity

Julio Dicient Taillepierre, Team Leader, Initiatives and Partnerships Team, Atlanta, GA

Patria Alguila, MHP Salud, Brandenton, FL

Michelle Blanchfield, Zufall Health, Dover, NJ

Hilda Bogue, National Center for Farmworker Health, Buda, TX

Alexis Guild, Farmworker Justice, Washington, D.C.

Tiffany Hardin, Georgia State Office of Rural Health, Cordele, GA

Mercedes Hernández, East Coast Migrant Head Start Project, Raleigh, NC

Kathy Jennings, Carolina Health Centers, Greenwood, SC

Alice Larson, Larson Assistance Services, Vashon Island, WA

Sonia Lee, Health Outreach Partners, Oakland, CA

Allison Lipscomb, NC Farmworker Health Program, Raleigh, NC

Thomas Painter, Centers for Disease Control and Prevention, Atlanta, GA

Roger Rosenthal, Migrant Legal Action Program, Washington, D.C.

Beverly Sirvent, Finger Lakes Community Health, Penn Yan, NY

Gayle Thomas, NC Farmworker Health Program, Raleigh, NC

Alisha Thym, Physician Assistant Program, Emory University, Atlanta, GA

Naomi Wolcott-MacCausland, Bridges to Health: UVM Extension, Burlington, VT

The planning committee is by invitation. If you would like to be considered as a future planning committee member, please indicate on your conference evaluation form.

Continuing Education Credits

Physicians and Nurses will be awarded continuing education credits from recognized accrediting bodies. Only registered participants are eligible for continuing education credits. Those interested in receiving credits must: 1) Sign the Continuing Education Credits sign-in sheet at the NCCHCA registration desk, and 2) Complete the “Tracking to Success” online survey at <https://tinyurl.com/2017ECMSF>. Upon completion of the online evaluation, which will close on Friday, November 3rd, you will be prompted to enter the information needed for your CEU certificate.

This Live activity, 2017 East Coast Migrant Stream Forum, with a beginning date of 10/12/2017, has been reviewed and is acceptable for up to 11.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education credits have been requested from the Migrant Clinicians Network (MCN) and are currently pending approval. Migrant Clinicians Network is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Interpretación

Brindamos servicios de interpretación simultánea el viernes y sábado únicamente. Visite la mesa de registro para más información.

Selecting Your Workshops

Workshops at the East Coast Migrant Stream Forum are organized into five tracks: **Clinical, Outreach/Lay Health/CHW, Policy, Programmatic/Administrative** and **Research**. Workshops in the **Clinical Track** are geared toward health care providers or those who are interested in the direct provision of health care. **Outreach/Lay Health/CHW** workshops will update participants on the latest tools for outreach workers, lay health workers, and Community Health Workers/Promotores(as) de Salud. **Policy** workshops update participants on the latest state or federal policies impacting agricultural workers. **Programmatic/Administrative** workshops expose participants to innovative new practices and strategies from successful agricultural worker health programs. **Research** workshops introduce the latest findings about agricultural workers’ health and social needs and introduce methods for how agricultural worker health professionals can translate research findings into their own work.

Tracking to Success

Tracking to Success (TTS) is a system the North Carolina Community Health Center Association uses to understand and measure the impact of our trainings. The goal of TTS is to identify what participants will remember from intensive training and educational sessions, and even more importantly, what participants will *do* with their new knowledge and skills. We hope these questions will motivate participants to implement the knowledge they have gained to improve their own programs.

Please be sure to complete the “Tracking to Success” at the end of the conference to tell us about your overall conference experience. Your participation is crucial in helping us to improve future training opportunities. Thank you in advance for your help! <https://tinyurl.com/2017ECMSF>

Raffle Prizes

NCCHCA wants to give special thanks to the organizations that donated raffle prizes. Prizes are raffled during most networking breaks to provide participants with time to mingle with sponsors and exhibitors, so be sure to stick around! Thank you for following these three rules during raffle drawings: 1) You must be present to win; 2) Your name will only be called three times; and 3) Only the person whose name is called should claim the prize.

be immediately usable in undertaking outreach, intake, and planning health center programs.

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

- 1) Understand the current status of immigration policy and proposals as they affect agricultural worker families;
- 2) Explain those policies and proposals to farmworkers and their families, try to correct misunderstandings and protect families from unscrupulous individuals, and encourage continuing access to health center services; and
- 3) Design health program/service delivery, intake, and outreach activities to maximize immigrant access and participation.

Roger C. Rosenthal, JD, Executive Director, Migrant Legal Action Program

Serving H-2A Workers and Agricultural Workers: Innovative Models for Community Outreach

Track: Outreach/Lay Health/CHW

Room: Wilton

Agricultural workers continue to face many challenges and barriers to accessing healthcare which are exacerbated by our broken immigration system. Increasing uncertainty about immigration policy is contributing to the continued rise in the use of the H-2A temporary agricultural worker visa program as well as increased vulnerability and isolation in agricultural worker communities. This workshop will discuss recent immigration and labor law developments affecting agricultural communities as well as key components of the H-2A program, including resources for finding H-2A workers in specific states. The session will then focus on strategies to better serve agricultural workers and maximize their access to healthcare and other resources, including the development of community strategies with key local partners. The first part of the workshop will provide a summary of the H-2A program as well as recent immigration and labor developments. Iris Figueroa, Staff Attorney at Farmworker Justice, will share this information as well as current trends in the use of the H-2A program and tools for conducting outreach to these workers. The second part of the workshop will highlight community strategies and partnerships to better serve H-2A workers and agricultural workers. Solimar Mercado-Spencer, Senior Staff Attorney at Georgia Legal Services will share her challenges and successes in serving agricultural workers in Georgia, including lessons learned from the recent creation of a local “task force” of key community partners.

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

- 1) Understand and share basic information about the H-2A program, including immigration and labor protections under the program and current trends in use of the program;
- 2) Understand existing barriers and challenges for agricultural workers and H-2A workers in accessing healthcare and other needed services; and
- 3) Identify potential partners and community-based strategies to promote healthcare and community resource access for H-2A workers and agricultural workers.

Iris Figueroa, JD, Staff Attorney, Farmworker Justice

Solimar Mercado-Spencer, JD, Senior Staff Attorney, Georgia Legal Services

Applying Transportation Solutions to Address Missed Appointments & Improve Access to Care: Findings from the Rides to Wellness Community Scan Project

Track: Research

Room: Tyndall

Transportation is essential for access to and utilization of care; yet, transportation barriers persist for many communities, including agricultural workers. For health centers, missed medical appointments cause a disruption of care, impact clinical outcomes, and result in a loss of revenue.

Health Outreach Partners (HOP) conducted the Rides to Wellness Community Scan Project to examine the intersection of transportation barriers and missed medical appointments, and the associated costs for health centers. Data for this research project was collected through a national survey administered online to 188 representatives from HRSA-funded Health Centers.

In this workshop, HOP will provide an overview of the findings from the National Missed Appointments and Transportation Barriers Survey, including the scope of the problem and the costs associated with missed medical appointments. In addition, HOP will provide concrete examples from community-based organizations that demonstrate the financial benefits of investing in transportation initiatives. In a small group activity, participants will use a quality improvement tool to measure the costs of missed appointments and find patient-centered solutions to transportation barriers.

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

- 1) Explain the relationship between transportation barriers and missed appointments, including the associated costs;
- 2) Identify examples of transportation efforts that demonstrate financial benefits; and
- 3) Use a quality improvement process to find patient-centered solutions to transportation barriers.

Liam Spurgeon, Project Manager, Health Outreach Partners

Diana Lieu, Senior Manager of Technology and Digital Media, Health Outreach Partners

Keeping it CLASy: Implementation of the Cultural and Linguistic Appropriate Services Standard (CLAS) in Health Centers

Track: Programmatic/Administrative

Room: Waverly

In today's fast paced world, when we're rushing from one task to another, one can easily slip into a way of being that could be perceived as a bit less "CLASy" than what was intended. Not to worry, help is here! In 2013, the Department of Health and Human Services updated the Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care. These fifteen standards are intended to improve the quality of services, reduce health disparities, and advance health equity. Any organization that receives funding from the federal government is required to understand and adhere to these fifteen standards. Ultimately, the overall goal is to welcome all individuals with respect

and provide the highest quality care services to all. This interactive session will walk participants through each of the fifteen standards and discuss implementation techniques, best practices, and resources. Participants will get started on developing their own CLAS implementation plan that can be further developed at their health organization.

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

- 1) Identify and describe the 15 CLAS Standards;
- 2) Learn a variety of strategies that can be put in place to adhere to the standards; and
- 3) Develop a CLAS implementation plan for their organization.

Alicia Gonzales, MSW, Director of Consulting and Professional Development Services, National Center for Farmworker Health

5:00PM – 6:00PM **Welcome Reception** Habersham Ballroom

6:00PM **Dinner on Your Own**
Ask the Concierge about Atlanta’s best restaurants!

FRIDAY, OCTOBER 13, 2017

8:00AM – 5:00PM **Registration Open** Lobby

8:00AM – 5:00PM **Exhibitor and Sponsor Hall Open** Lobby

8:00AM – 8:30AM **Breakfast** Kennesaw Ballroom

8:30AM – 10:00AM **Opening Plenary** Kennesaw Ballroom

Welcome

Local Greetings

Steve Shore Community Catalyst Award presented by the North Carolina Community Health Center Association

Keynote Address: Steve Shore, MSW – Legacy, Leadership, and Compassion: A Chronicle of the Migrant Health Movement

Steve Shore served in the Community Health Center movement for nearly two decades, first in various administrator positions with Caswell and Person Family Medical Centers in rural North Carolina, then as the second Executive Director of the North Carolina Community Health Center Association from 1987-1997.

Deeply committed to improving the health and lives of migrant and seasonal agricultural workers, Shore founded the East Coast Migrant Stream Forum (ECMSF) in 1988. Soon after its inception, the ECMSF model was replicated in the Midwest and in the western United States, all three conferences still in existence today.

Shore's career spans 38 years and includes the founding of five rural health practices, administration of two rural community medical practices, and 26 years in statewide health care association management.

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

- 1) Identify milestones of the American migrant health movement;
- 2) Demonstrate the attributes of a shared culture of advocacy, service delivery and professional association as a dynamic change agent; and
- 3) Explore the role of compassion as a means of gaining better outcomes for patients and providers in the context of a more efficient and effective health care system.

10:00AM – 10:30AM

Networking Break with Sponsors & Exhibitors

Atrium A/Lobby

10:30AM – 12:00PM

Concurrent Educational Sessions

Fusing Innovative Health Education & Clinical Measures to Improve Agricultural Worker Health: A Focus on Colorectal Cancer Screenings

Track: Outreach/Lay Health/CHW

Room: Ansley

In comparison with the general population, certain diseases, such as cancer, appear to be higher among the agricultural worker population. This could be due to exposures that are common in agricultural work environments, including pesticides, solvents, dusts, animal products, viruses, fertilizers, fuels, microbes, and other hazards. To maximize agricultural worker health, specific planning must be done to integrate innovative health education and preventive clinical measures into primary care services.

According to a new vital signs report from the Centers for Disease Control and Prevention, about one in three adults aged 50 to 75 years have not been tested for colorectal cancer as recommended by the United States Preventive Services Task Force (USPSTF). Among non-white Hispanic individuals and African Americans, that fraction drops significantly. In North Carolina, nearly 95% of farmworkers originate from Latin American or African American communities. To combat these disparities, Piedmont Health Services developed a community health clinical measure focusing specifically on colorectal cancer screenings with a goal of matching or exceeding national rates among farmworkers age 50+. The Piedmont Farmworker Health Program expanded these efforts by creating outreach methods for screening colorectal cancer in farmworkers and innovative, bilingual, low-literacy health education methods.

This session will demonstrate an adaptable and successful experience with colon cancer tests and follow-ups with farmworkers and will help provide a blueprint for identifying each organization's specific clinical improvement measures to incorporate them into their health outreach and education. Attendees will brainstorm barriers to farmworker care that affect community health clinics, such as transportation, payment, and language, and formulate ways to overcome them. Lastly, participants will think of ideas for collaboration with community partners to facilitate outreach and compliance with the marginalized farmworker populations (e.g., HIV testing, colorectal cancer testing, diabetes screening, nutrition classes, etc.).

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

- 1) Identify specific clinical improvement measures that affect farmworker health, such as colon cancer screening, diabetes screening, and HIV testing;
- 2) Understand barriers to primary care services that prevent farmworker access to identified clinical measures and how to overcome those barriers by communicating and planning with clinical staff; and
- 3) Integrate health education and outreach resources into daily clinical services and future clinical improvement measures.

Bryan Parrish, Farmworker Health Outreach Manager, Piedmont Health Services
Xavier Joyner, Farmworker Health Lead Outreach Specialist, Piedmont Health Services
Rosa Miranda, MS, Farmworker Health Outreach Specialist, Piedmont Health Services
Anamim Gomez, Farmworker Outreach Specialist, Piedmont Health Services

Protecting Workers and their Families from Pesticide Exposure

Track: Policy

Room: Waverly

Agricultural workers are routinely exposed to pesticides. Pesticide exposure is one of the greatest health risks associated with agricultural work. In the short-term, pesticide exposure can cause rashes, dizziness, and nausea. In the long-term, it can cause cancer, asthma, and impact reproductive health, including infertility and birth defects. Federal standards, most notably the Environmental Protection Agency's (EPA) Worker Protection Standard (WPS), ensure workplace protections for agricultural workers from pesticide exposure. These protections have recently been revised. It is important that clinicians and other health and safety professionals understand these changes and as well as their role in helping to prevent and recognize pesticide exposures among agricultural workers and their families. There are requirements about pesticide safety training, access to information for workers and health care providers about the pesticide used in the fields, decontamination, and the provision of personal protective equipment for pesticide applicators and handlers.

This workshop will use a variety of learning approaches to share important information about pesticide policy and best practices. It will include a case study of a health center with an award-winning program regarding pesticide safety. There will also be a review of educational and clinical tools to assist clinicians and other health and safety professionals prevent, recognize and manage pesticide exposures. Participants will understand the current status of pesticide safety regulations, including the WPS and the certified pesticide applicator regulations. We will also share strategies and resources to educate workers about pesticide safety and improve recognition of pesticide-related illness.

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

- 1) Know the current status of federal standards related to pesticide safety, including the Worker Protection Standard;
- 2) Understand the important role of health care providers in pesticide education and the recognition of pesticide illness; and
- 3) Access resources to support pesticide safety.

Alma Galvan, MCH, Senior Program Manager of Environmental and Occupational Health, Migrant Clinicians Network
Iris Figueroa, JD, Staff Attorney, Farmworker Justice
Jose Rodriguez Ramos, MD, Medical Director, Hospital General Castañer, Inc.

Agricultural Worker Health 101: An Introduction to Agricultural Worker Health

Track: Programmatic/Administrative

Room: Tyndall

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 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. We will decipher acronyms such as DHHS, HRSA, BPHC, ONTASP, FHN, PCMH, etc. and provide resources to make your work easier and better.

By the end 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; and
- 3) Describe the multitude of resources available to Health Centers nationwide to access training and technical assistance.

Bonnie Hough, MPA, Program Director, MHP Salud

Hilda Ochoa Bogue, RN, MS, CHES, Research & Development Director, National Center for Farmworker Health

Alexis Guild, MPP, Senior Health Policy Analyst, Farmworker Justice

Haitian Farmworkers in Florida: HRI, BMI, Chronic Diseases and Mental Health

Track: Research

Room: Chancellor

The composition of immigrants in the United States is changing. There has been a sharp decline in Mexican newcomers, while numbers for Caribbean and Central American migrants is on the rise. Although most foreign-born farmworkers in the U.S. are still of Mexican origin, this shift will impact this proportion over time. Historically, there has been a steady migration of Haitian farmworkers to Florida with periodic spikes, such as is going on currently, caused by political and economic instability, or catastrophic events like the 2010 earthquake. A heat related illness (HRI) study of these workers in Immokalee was conducted in 2016 as part of Los Girasoles project, a Community-based Participatory Research Study between the Farmworker Association of Florida and the School of Nursing at Emory University.

Results of this study show that despite having lower Body Mass Index (BMI), Haitian farm workers consistently showed higher fasting glucose or blood pressure levels compared to the Mexican farmworkers surveyed in the same locale. Haitian interviewers of that project suggested that the extraordinary levels of depression

Haitian workers endure due to post-migration stressors and conditions back in their homeland may be responsible for their poor health assessment. The observation is consistent with previous studies on the mental health of Haitian migrants.

This presentation will outline the diversity of the farmworker migration in Florida, particularly from the Caribbean. It will show preliminary results from the HRI study in Immokalee; and will explore potential reasons for these results in light of other studies, proposing some solutions to improve workers' conditions and health outcomes.

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

- 1) Enhance their knowledge of non-Hispanic farmworkers in Florida;
- 2) Identify health differences between Hispanic and non-Hispanic farmworkers in Florida; and
- 3) Explore alternative explanations and solutions to chronic diseases.

*Antonio Tovar, PhD, Co-Principal Investigator, Farmworker Association of Florida
Valerie Mac, RNA, MS, PhD, Postdoctoral Researcher, Emory University*

All Hands on Deck! An Integrated Care Clinical Model to Address the Substance Abuse Crisis in Our Communities (*Special session on opioids and behavioral health*)

Track: Clinical

Room: Hallmark

This session will provide an overview of prevalence and diagnostic criteria for patients with substance use disorders, with an emphasis on identification and treatment in healthcare settings. Cherokee Health Systems (CHS), a Federally Qualified Health Center providing comprehensive community healthcare across 13 counties in East Tennessee, has a long history of providing behavioral health and substance abuse services in the context of a nationally recognized integrated primary care model. Over 30 years ago, CHS recognized the benefit of integrated care as a superior model that provides the holistic care indicated to address the unique and complex needs of the underserved. The opioid crisis in the United States has devastated communities in East Tennessee, and in response, Cherokee Health Systems has adapted its integrated care model to provide addiction medicine and recovery services. This session will explain concepts of best practice integrated care and the innovative application the clinical model implemented by CHS in order to respond to the needs of the community.

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

- 1) Learn prevalence, diagnostic criteria, and effective identification of substance use disorders;
- 2) List goals and key components of best practice Integrated Care; and
- 3) Describe how the Integrated Care clinical model can be applied to complex population of individuals with substance use disorders.

Jean Cobb, PhD, Behavioral Health Consultant, Cherokee Health Systems

12:00PM – 12:15PM

Transition Break

12:15PM – 12:45PM

Lunch

Kennesaw Ballroom

12:45PM – 2:15PM

Keynote Address: Ramón Resa, MD

Kennesaw Ballroom

Abandoned by his single mother who had 5 children before she turned 20, Ramón was given to a farm working couple in Central Valley, California. He was raised as one of 15 children in the couple's household. It was a Dickensian environment of extreme poverty, physical and sexual abuse, alcoholism and total disregard for education. Ramón's often lonely and frustrating struggle intensified in elementary school. He suffered from a severe speech impediment and struggled to learn to speak English. But it was in elementary school that one of his teachers awakened him to the hope of getting an education so he could make a better life for himself.

It wasn't easy. Ramón had to overcome low self-esteem, recurring depression and racism. He was told by a school counselor that he wasn't smart enough to go to college. His guardians tried to kill his desire to get an education using guilt. They forbade Ramón to leave for college and insisted he get a factory job to pay them back for taking him in. But Ramón triumphed, armed only with a stubborn belief in himself and the refusal to admit that the odds were impossibly stacked against him.

After graduating from UC Santa Cruz, he attended UC Irvine Medical School, completed his pediatric residency at UCSF Fresno and opened his private practice in the Central Valley where he's been treating children of farm working families for over 30 years. Dr. Resa is living, breathing proof to his young patients they too can make their lives better. Ramón is a father, pediatrician, keynote speaker and author of *Out of the Fields: My Journey from Farmworker Boy to Pediatrician*.

2:15PM – 2:45PM

Networking Break

Atrium A

2:45PM – 4:15PM

Concurrent Educational Sessions

Community Health Workers Preventing CKDu in Farmworkers (*This session will be conducted in English & Spanish*)

Track: Outreach/Lay Health/CHW

Room: Ansley

With emerging trends of chronic kidney disease across the globe and now in the US, it is important to have trained community health workers (CHW) to help further characterize and detect chronic kidney disease of unknown etiology (CKDu) in the farmworker population. Farmworkers in California were the first to be documented showing deterioration of kidney function consistent with CKDu. A concerted and consistent methodology for screening and monitoring farmworkers through CHW could provide the foundation for detecting the development of CKDu at an early stage. The etiology of CKDu has not yet been fully elucidated; however, several hypotheses have been proposed based on preliminary studies and identified risk factors. The leading hypothesized cause of CKDu is recurrent episodes of occupational heat stress leading to volume depletion and electrolyte loss along with multiple other exposures that may further exacerbate or contribute to the web of causation of this disease. The risk factors that have been identified are strenuous manual labor in hot and humid temperatures, infrequent breaks and shade to rest, and limited access to hydration. If this leading hypothesis is correct, this is a disease of climate change that has the potential to be

detrimental to the health of migrant farmworkers who have strenuous occupations in hot environments.

CKDu is asymptomatic disease where individuals become aware of their condition only when they begin to manifest signs of uremia and are in advance stage renal disease. Farmworkers' access to primary care is limited in this population, which already lacks health resources. Further exacerbating this problem are healthcare providers who do not perform routine occupational health screening for risk factors that contribute to the development of CKDu. Community Health Workers are well positioned to lead outreach efforts to educate workers and to conduct and advocate for occupational health screenings that may increase early detection of CKDu and mitigate its devastating consequences.

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

- 1) Differentiate between CKDu and CKD;
- 2) Describe 3 risk factors that contribute to the development of CKDu; and
- 3) Design an outreach effort to bring awareness to CKDu modifiable risk factors that can attenuate the development and progression of CKDu.

Roxana Chicas, BSN, RN, Doctoral Student, Emory University

Claudia Gonzalez, BA, CHW, Health and Safety Coordinator, Farmworker Association of Florida

Elvira Carvajal, Community Organizer, Farmworker Association of Florida

Health Insurance among Agricultural Workers: Increasing Access & Utilization

Track: Policy

Room: Waverly

According to the most recent National Agricultural Workers Survey (NAWS), 36% of agricultural workers have some form of health insurance. Health insurance is a key factor in health care access. Comprehensive health insurance encourages greater utilization of health care services. Health centers play an important role in helping workers apply for, understand, and use their health insurance.

During this workshop, we will discuss efforts at the national, state, and local levels to assist agricultural workers in enrolling and utilizing health insurance. Participants will be encouraged to share their experiences and strategies. We will also discuss current policy relevant to health insurance enrollment and agricultural workers. Alexis Guild, Senior Health Policy Analyst at Farmworker Justice, will provide an update on the latest developments at the national and state level. The workshop will be highly interactive with both large and small group discussions.

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

- 1) Identify the current state of health insurance enrollment among agricultural workers, including relevant policy updates;
- 2) Develop and adapt strategies to increase health insurance access in their states and communities; and
- 3) Share resources around health care and health insurance.

Alexis Guild, MPP, Senior Health Policy Analyst, Farmworker Justice

Using GIS Mapping Software to Facilitate Farmworker Outreach (*This session will be conducted in English & Spanish*)

Track: Programmatic/Administrative

Room: Tyndall

How do you keep track of where and when to visit migrant and seasonal farmworkers? BRCHS is piloting the use of GIS mapping software to track key data about migrant farmworker sites and help staff know where to focus their outreach efforts. Data is entered into a GIS mapping tool from a phone/tablet app using the device's GPS. Farmworker locations are plotted on a map and color coded so that outreach workers know which sites have been visited and which ones still need to be visited during a season. We collect additional data, such as dates that farmworkers are expected to arrive and leave the site each year, type of housing, and services provided at a visit. The app allows us to take a picture of each site to enable future outreach staff to identify where farmworkers are residing, as many locations do not have street numbers or names. BRCHS will share specifics on our implementation costs and the benefits and challenges to setting up your own GIS mapping program using free or low cost software tools.

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

- 1) Learn about GIS mapping tools that can record where outreach staff have visited;
- 2) Collect additional data about farmworker sites via a GIS mapping tool; and
- 3) Plan for future outreach efforts using the geographic and other data collected.

Lance Goller, MPA, Advocacy and Community Initiatives Coordinator, Blue Ridge Community Health Services

Medical/Legal Collaboration for Farmworker Rights on Work Related Injuries

Track: Clinical

Room: Chancellor

This session will focus on collaborative relationships between medical and legal advocates for farmworkers around documenting workforce injuries and the protection of farmworkers' rights related to injuries and ongoing health issues. The presentation will provide clinicians and advocates with tips on important aspects of history taking and documentation when interviewing and examining an injured farmworker as well as resources regarding occupational injuries and injury prevention. Presenters will also share information on legal rights connected to health-related laws, including the Family and Medical Leave Act, the Americans with Disabilities Act, and workers' compensation, disability, and unemployment benefits. Attendees will leave with a greater understanding of the benefits of medical-legal collaborations and how health care and civil legal aid organizations can work together to support the health of farmworkers.

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

- 1) Provide clinician and advocate tips on important aspects of history taking and documentation when interviewing and examining an injured farmworker;
- 2) Provide information and resources for clinicians, farmworkers, and advocates on injuries and ongoing health issue rights and benefits,

- including the Family and Medical Leave Act, Americans with Disabilities Act, reasonable accommodation tips, rights to benefits including workers' compensation, disability, and unemployment benefits; and
- 3) Provide suggestions for medical and legal cooperation in assisting farmworkers with injuries and ongoing health issues.

Lori Talbot, MD, Physician, South Cumberland Medical Associates
Keith Talbot, JD, Chief Counsel/Senior Counsel, Legal Services of New Jersey

A Bilingual Train the Trainer for CHWs on Zika

Track: Outreach/Lay Health/CHW

Room: Hallmark

As a population, farmworkers may be at increased risk of Zika virus infection (Zika) due to various actors. These can include exposure to mosquitoes while working, exposure to mosquitoes in or near their housing, unprotected sex with a Zika-infected partner, and travel to and from areas with Zika. Some may experience difficulties obtaining appropriate information about Zika due to language barriers, low literacy, or a lack of trusted and linguistically-appropriate information sources. Promotores de salud and other public health practitioners can play an important role in developing and implementing communication strategies for Zika prevention among farmworkers, an important strategy for responding to the international public health emergency posed by Zika. This interactive workshop provides community health workers and others providing health information to farmworkers with basic strategies for disseminating prevention information on Zika transmission, symptoms, and prevention. Special focus will be on how to adapt emerging Zika information to fit the information needs of communities that speak Spanish. The bilingual training session will consist of a mixed didactic presentation, interactive discussions, and hands-on activities that will ultimately result in farmworkers receiving culturally and linguistically-appropriate education about Zika from trainees. This training is essential for community health workers and promotores, who can serve as key players in responding to this international public health emergency, to prevent the spread of Zika among migrants and farmworker communities.

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

- 1) Understand why Zika is a concern for migrant farmworkers and communities;
- 2) Teach migrant farmworkers and communities about Zika transmission, symptoms, and prevention; and
- 3) Take concrete actions in their homes and communities to prevent and control the spread of Zika. Understand effective Zika prevention strategies to undertake while traveling to Zika affected countries.

Julio Dicent Taillepierre, MS, Public Health Analyst, Centers for Disease Control and Prevention

4:15PM

Dinner on your own – Enjoy Atlanta!

4:15PM – 6:15PM

Focus Group (Private Meeting)

Tyndall

4:30PM – 5:30PM

Young Professionals Roundtable Discussion

Chancellor

Migrant and Community Health Centers served nearly one million agricultural workers in 2016 and reached more than 1 in 12 Americans overall. Health centers are now more than ever looking to the next generation of leaders to continue the mission of high-quality, cost-effective, accessible health care for all. We invite young leaders from across the agricultural worker health and Migrant/Community Health Center movements to share some of the benefits, challenges, and opportunities for development related to developing a career in the health center world. Join us for this roundtable discussion and networking opportunity with your peers!

Alexandra Harris, MSPH, Deputy Director for National Advocacy, National Association of Community Health Centers

Katie Comando, Project Manager, HRHCare

SATURDAY, OCTOBER 14, 2017

7:30AM – 10:45AM	Registration Open	Lobby
7:30AM – 12:15PM	Sponsor and Exhibitor Hall Open	Atrium A
7:30AM – 8:00 AM	Breakfast	Kennesaw Ballroom
8:00AM – 9:00AM	National Update Plenary	Kennesaw Ballroom

Policy & Program Update from the National Association of Community Health Centers

Jana Eubank, MPH, Associate Vice President, Public Policy & Research Division, National Association of Community Health Centers

9:00AM – 9:15AM **Transition Break**

9:15AM – 10:45AM **Concurrent Educational Sessions**

Championing Your Community: Developing the Advocacy Skills You Need to Promote Healthier Communities *(This session will be conducted in English & Spanish)*

Track: Policy

Room: Ansley

In a world of every-changing policies, uncertain funding, and greater understanding of the myriad of social factors that affect health, it is more important than ever that you, as health center advocate, have the tools and resources at your fingertips to be a champion of your health center and your community's health. This session will cover advocacy basics and best practices for spreading the word and taking action on behalf of agricultural worker health. Participants will create tailored advocacy plans and discuss innovative and effective strategies to engage your community in advocating for what it needs.

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

- 1) Understand advocacy basics, including rules for advocating at non-profits;
- 2) Identify best practices for engaging others in advocacy; and
- 3) Develop strategies for leading advocacy efforts back home.

Alexandra Harris, MSPH, Deputy Director for National Advocacy, National Association of Community Health Centers
Katie Comando, Project Manager, HRHCare

Worksite Health Fairs Provide Healthcare Access to Farmworkers in SE Georgia

Track: Research/Clinical

Room: Waverly

In the Southeast, the Hispanic population has grown more than 148% over the past ten years. Many of these individuals are farmworkers employed in agricultural industries. Their work is typically seasonal and is among the most dangerous of all occupations. Issues with healthcare access and a lack of preventive care places farmworkers at risk for accidents and overall poor quality of health.

A community outreach partnership between the College of Nursing/Augusta University Medical Center and Costa Layman Inc. provides the point of care contact for workers to engage in health awareness, education, and referral services that serve as medical homes for many farmworkers. A bilingual medical directory is also provided to reduce emergency room usage. Led by the College of Nursing, this biannual outreach has evolved over a decade. It brings together an interprofessional team of accomplished healthcare providers, faculty and students, designed with a training mission in public health awareness, community outreach, and professional responsibilities for sustainment of health promotion among approximately 400 farmworkers, the majority (60%) of whom are Hispanic. Over the past decade, approximately 5,000 Latino farmworkers have received comprehensive health screenings, medical examinations and preventive care/services at our summer worksite health fair and a fall women's clinic, managed by dedicated healthcare teams and overseen by medical specialists.

This free annual health fair outreach program has built a sense of confidence in the farmworkers for our healthcare providers. Evidenced by repeated and large numbers of farmworker participation in our program(s), this outreach is highly valued by these workers, many who report this event as their annual check-up and/or reports of gratitude for finding a primary care or specialty practice for follow-up. In addition, over 85% of these workers are participating in an IRB research study "Cardiometabolic Risks of the Hispanic Farmworker in the Southeast USA" (CHARM). This community outreach model promotes an improved quality of life for farmworkers with little or no medical care, and challenges with healthcare access.

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

- 1) Identify 3 unique challenges to healthcare access facing farmworkers employed on a border state in southeast Georgia;
- 2) Name 4 health risk factors found among the Latino farmworkers in the Georgia Prevention Institute's CHARM Study findings; and
- 3) List 3 strategies used by Augusta University to promote sustained health among Latino farmworkers employed at the Costa Layman Farms in southeast Georgia.

Pam Cromer, DNP, FNP-BC, Family Nurse Practitioner/Professor of Nursing, Augusta University – College of Nursing

*Mary Lou Davis, PhD, PNP-C, Assistant Professor and Pediatric Program Director,
Augusta University – College of Nursing
Yutong Dong, Medical Student, Augusta University – Georgia Prevention Institute*

**Collaborating with Local CHW Networks to Expand Health Center Resources & Develop
Community Health Work Leadership**

Track: Programmatic/Administrative

Room: Tyndall

Community Health Worker (CHW) programs, also known as Promotora de Salud programs, have long been a cornerstone in many Health Center's strategies for providing accessible and quality health services to agricultural workers and their families. A key to these programs' success has been a CHW's ability to act as a bridge from the community to service providers and vice versa. This role requires the CHW to have a robust network of resources and to continually build upon their natural leadership capabilities. As agricultural workers encounter continually changing social environments, it is more important than ever to support CHWs in this role by ensuring they have a strong network of resources and leadership development opportunities.

Health centers can increase their resource network and provide leadership development opportunities specifically tailored towards the unique roles CHWs play by collaborating with local CHW networks. Across the country CHW networks have played a pivotal role in connecting CHWs and other stakeholders to expand their resource networks, promote and support the CHW profession, and develop CHW leadership. In this session, participants will look at some lessons learned from select CHW initiatives at Health Centers in Michigan. Specifically, they will learn about the participation of CHWs from Health Centers in the state's CHW alliance and its core competency training. Through brainstorming and small group discussions, participants will discover the benefits of tapping into local CHW networks to increase their profile with other community organizations, build community partnerships, and support the professional and leadership development of CHWs.

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

- 1) Describe how CHWs can identify patients' wide and varied needs related to both healthcare and non-healthcare needs;
- 2) Understand the benefits of connecting to local CHW networks to expand Health Center community partners and develop CHW leadership; and
- 3) Identify strategies for collaboration with local CHW networks.

*Bonnie Hough, MPA, Program Director, MHP Salud
Sornia Joseph, CCHW, Health Navigator/Community Health Worker, Jesse
Trice Community Health Center*

WPS Respiratory Protection Compliance

Track: Outreach/Lay Health/CHW

Room: Chancellor

The purpose of this presentation is to provide participants with an understanding of the new Worker Protection Standard (WPS) respiratory protection requirements. Participants will learn what the requirements are, when requirements apply, and how

they can assist growers and farmworkers with compliance. Step-by-step guidance will be provided along with examples of documentation and equipment. Discussion will include completion of the OSHA Respirator Medical Evaluation Questionnaire, medical review by a licensed health care professional, how to complete a respirator fit test, required training and selection, care and use of respirators. This information is important as not only are the respiratory requirements new to farmworkers, they are new to farmers, healthcare providers, and migrant health outreach staff. Given the significant learning curve for both the agricultural and healthcare communities, it is imperative that communities come together to develop workable solutions for implementation. Examples of partnerships that have been developed among migrant health programs, Cooperative Extension, growers, the NC Agromedicine Institute, and others around respiratory protection will be shared. Participants will leave the session with tools that they can use or share with others to make respiratory protection compliance a reality.

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

- 1) Understand WPS respiratory protection requirements and when they apply;
- 2) Answer farmworker questions about completion of OSHA respirator medical evaluation questionnaire and respirator fit test; and
- 3) Recognize different types of respirators.

Robin Tutor Marcom, EdD, MPH, OTR/L, Director, NC Agromedicine Institute

10:45AM – 11:00AM

Transition Break

11:00AM – 12:30PM

Concurrent Educational Sessions

Common Skin Diseases of the Agricultural Worker

Track: Clinical

Room: Ansley

Our skin is in constant contact with our environment. Farmworkers frequently present with dermatologic complaints. This session is to help health care providers understand and recognize common agriculturally related skin conditions and how to treat them.

By the end of the session, participants will be able to:

- 1) Describe how to differentiate between irritant and contact dermatoses and how this affects management;
- 2) Name and describe the three most common skin cancers found in agricultural workers; and
- 3) Describe how to recognize the most common zoonotic dermatoses found in agricultural workers.

Gayle Thomas, MD, Medical Director, NC Farmworker Health Program

How You Can: Increase Access to Care for Agricultural Workers through Practical Tactical Planning

Track: Programmatic/Administrative

Room: Waverly

The Ag Worker Access 2020 Campaign, which was launched two years ago, is a national campaign designed to significantly increase the number of Agricultural Workers served by Community and Migrant Health Centers. During this time, many health centers, organizations, and individuals have been successful in developing a variety of strategies to help them reach and better serve more agricultural workers in their communities. Using some of these strategies, you will have an opportunity to create an organization-wide tactical plan to layout the steps needed to reach your Ag Worker Access 2020 Campaign goal.

During this session, you will learn why this Campaign matters, what changes have been made to the interpretation of agriculture in the Migrant Health Program, which strategies have been successful, and how to create a tactical plan that works. You'll walk away with resources, tools and a new or revamped tactical plan. After all, 2020 is just around the corner!

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

- 1) Describe why the Ag Worker 2020 Campaign is so important;
- 2) Identify strategies and best practices to increase access to care for agricultural workers; and
- 3) Initiate the development of a tactical plan to achieve realistic goals to increase the number of agricultural workers served.

Alicia Gonzales, MSW, Director of Consulting and Professional Services, National Center for Farmworker Health

Enhancing the Delivery of Care: The Promotor(a) de Salud/CHW Role on Clinical Care Teams

Track: Clinical

Room: Tyndall

By 2030, the number of Americans living with one or more chronic conditions is expected to rise to 163 million people. Navigating the health care system can be challenging for individuals with chronic conditions, particularly those who also face cultural and linguistic barriers, such as agricultural workers. Community-based outreach efforts through Promotores(as) de Salud/Community Health Workers (CHWs) have achieved documented success in improving health outcomes for agricultural workers. In recent years, to accommodate these trends in population health, the CHW role has expanded to include participation on clinical care teams. When successfully integrated, CHWs enhance care coordination efforts to improve service delivery and health outcomes for underserved populations. However, confusion regarding the role of the CHW on the team can act as a significant barrier to achieving these results.

During this workshop, Health Outreach Partners and MHP Salud will present the benefits of including CHWs as members of the clinical care team. Case studies, strategies and tools, and group discussion will be used to illustrate how CHWs can successfully be integrated into clinical care teams. All participants will receive a digital copy of MHP Salud's toolkit, 'Making the Case for Community Health Workers on Clinical Care Teams' and HOP's Outreach Reference Manual Chapter, 'The Role of Outreach in Care Coordination.'

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

- 1) Understand the definition of care coordination and the specific outreach functions that support care coordination;
- 2) Identify at least three benefits to including a CHW as a member of the clinical care team; and
- 3) Use at least one tool to advocate for CHWs on clinical care teams.

*Diana Lieu, Senior Manager of Technology and Digital Media, Health Outreach Partners
Bonnie Hough, MPA, Program Director, MHP Salud*

HIV, Zika, and Type 2 diabetes: potential health threats to migrant and seasonal farmworkers, state of prevention/treatment, and new developments.

Track: Research

Room: Chancellor

This workshop will provide an overview of the potential health threats posed by HIV, Zika, and type 2 diabetes to farmworkers and describe approaches for preventing these diseases.

HIV - HIV infection data for farmworkers in the US are limited, but risk behavior studies suggest that they are vulnerable to HIV. Hispanics/Latinos make up an estimated 80% of farmworkers. HIV diagnoses among female Hispanics/Latinos in the US declined by 35% from 2005 to 2014, but increased by 24% among men who have sex with men. A 5-state, CDC-funded study of Hispanic/Latino migrant workers found that 24% of male study participants reported sex with other men during the previous 12 months. This presentation will provide information on pre-exposure prophylaxis (PrEP), a new and extremely effective biomedical HIV prevention intervention that may be appropriate for use with some Hispanic/Latino farmworkers.

Zika – Farmworkers may be at increased risk of Zika infection because of exposure to mosquitoes while working, their living conditions, unprotected sex with a Zika-infected partner, or travel to areas with Zika. They may also experience difficulties obtaining information about Zika due to language barriers, low literacy, or a lack of trusted information sources. Promotores de salud and other public health practitioners can play an important role in developing and implementing communication strategies for Zika prevention among farmworker populations and responding to this public health emergency.

Type 2 diabetes – Some 30 million US adults have type 2 diabetes; 84 million more have prediabetes. Public health data on diabetes prevalence among farmworkers is limited. However, Hispanic/Latino farmworkers may be particularly vulnerable to this health threat because of limited access to healthy foods due to low pay and poverty, and limited access to health care providers due to language barriers, work-related mobility, and isolated work locations. Type 2 diabetes can be prevented or delayed by using a proven, cost effective structured lifestyle intervention. In order to bring this compelling lifestyle intervention to communities across America, Congress authorized the CDC to establish and lead the National Diabetes Prevention Program. Several aspects of the etiology of type 2 diabetes suggest that strategies addressing high-risk population are necessary to make a major impact on the diabetes epidemic.

We will use available epidemiologic data to provide an overview of the potential health threats posed by HIV, Zika, and type 2 diabetes to farmworkers and describe current and new developments in approaches for preventing these diseases. We will also provide participants with copies of CDC information concerning these health threats and approaches to prevention.

By the end of the workshop, participants will be able to:

- 1) Describe how the use of behavioral interventions and PrEP can help persons avoid HIV infection;
- 2) Identify actions they can take in their homes and communities to increase awareness about effective Zika prevention strategies and help prevent and control Zika; and
- 3) Describe the benefits of implementing the National Diabetes Prevention Program intervention as a means of preventing or delaying the onset of type 2 diabetes in those with prediabetes or at high risk.

Thomas M. Painter, PhD, Behavioral Scientist, Centers for Disease Control and Prevention

CAPT Kenneth L. Dominguez, MD, MPH, Medical Epidemiologist, Centers for Disease Control and Prevention

Julio Dicent Taillepiere, MS, Public Health Analyst, Centers for Disease Control and Prevention

Betsy Rodríguez, MSN, CDE, Public Health Advisor, Centers for Disease Control and Prevention

12:30M – 12:45PM

Transition Break

12:45PM – 2:30PM

Closing Lunch Program

Kennesaw Ballroom

Keynote Address: Daisy Hernández, MA, MFA

Daisy Hernández is the author of *A Cup of Water Under My Bed: A Memoir* and coeditor of *Colonize This! Young Women of Color on Today's Feminism*. The former editor of *ColorLines*, a newsmagazine on race and politics, she has written for *The Atlantic*, *The New York Times*, *NPR*, and *Slate*. She is a regular contributor to the Buddhist magazine *Tricycle*, and she teaches creative writing at Miami University in Ohio. To see more of her work, visit www.daisyhernandez.com.

Grand Raffle Prize

Keep an eye out for information about next year's East Coast Migrant Stream Forum!