

East Coast Migrant Stream Forum



October 4-6, 2018 | Portland, Maine | ncchca.org

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Dear Friends,

Welcome to the 2018 East Coast Migrant Stream Forum! Thank you for joining us for our 31st annual conference and our first visit to the Pine State.

The East Coast Migrant Stream Forum planning committee and NCCHCA staff have put together an excellent program for you this year. Guided by Health Resources and Services Agency (HRSA) priorities, the Forum offers 26 breakout sessions organized into five conference tracks: clinical, outreach/lay health/Community Health Workers, policy, programmatic/administrative, and research. This year, Thursday intensive conference sessions are organized into four HRSA priority areas – mental health, childhood obesity, opioid and other substance use disorders, and diabetes and chronic disease management – with two 90-minute sessions under each topic.

I would also like to highlight the four compelling plenary sessions you will experience throughout the conference. On Friday morning, Roger Rosenthal, Executive Director of Migrant Legal Action Program, will provide timely information and updates in his session “Welcoming and Serving All Patients, Including the Foreign-Born: What Staff Working for Health Centers Serving Agricultural Workers Need to Know.” Next, we will hear from Maine agricultural and seafood workers about their experiences in health care and beyond in a panel discussion facilitated by the Maine Mobile Health Program. To kick off our final conference day, Jana Eubank, Associate Vice President of the Public Policy & Research Division at the National Association of Community Health Centers will share national policy updates and encourage us all to sharpen our skills as health center advocates. Berthine Crèvecoeur West, a nationally certified interpreter, author, podcast host, and corporate trainer, will close the conference in our last keynote session on delivering culturally competent care to patients with limited English proficiency.

Thank you to the those who made this weekend possible – our funders at the Bureau of Primary Health Care and the National Center for Farmworker Health, conference sponsors and exhibitors, planning committee members, NCCHCA staff, presenters, speakers, and attendees. Enjoy Portland!

Sincerely,

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

2018 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

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Anabel Paniagua-Doyle, Charlotte Community Health Clinic, Charlotte, NC

Meghan Rolley-Neville, Eastern Shore Rural Health System, Onancock, VA

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

Amy Shepherd, Connecticut River Valley Farmworker Health Program, Boston, MA

Antonio Tovar, Farmworker Association of Florida, Apopka, FL

Lisa Tapert, Maine Mobile Health Program, Augusta, ME

*If you would like to be considered as a future planning committee member,
please indicate this on your post-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. **To receive credits, you must:**

- 1) Sign in and check the Continuing Education Credits box at the NCCHCA registration desk**
- 2) Complete all session evaluations**
- 3) Complete the Overall Conference TTS Evaluation (must include contact/email information for credit certificate); information and link will be in your Conference App under “Info”.**

This Live activity, 2018 East Coast Migrant Stream Forum, with a beginning date of 10/04/2018, has been reviewed and is acceptable for up to 10.00 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 durante toda la conferencia. 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 new and innovative practices and strategies from successful programs and organizations. **Research** workshops introduce the latest findings about agricultural workers’ health and social needs and introduce methods for how 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” session evaluations throughout the conference, and the Overall TTS Evaluation at the conclusion of the event, to tell us about your conference experience. Your participation is crucial in helping us to improve future training opportunities. Thank you in advance for your help.

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.

THURSDAY, OCTOBER 4, 2018

7:30AM – 4:30PM	Registration Open	West Foyer
8:30AM – 12:00PM	Voucher Program Meeting (Private Meeting)	Lighthouse B
7:45AM – 12:30PM	Local Site Visit/Tour (Meet at registration table in West Foyer at 7:45AM. Bus will leave the hotel at 8AM sharp) Separate registration fee required. Space is limited. Lunch will be provided. Join us for a special half-day excursion to Beth’s Farm Market in Warren, Maine! We will enjoy a scenic drive up the coast from Portland to Warren while learning about Maine’s agricultural worker communities and the state’s only Migrant Health Center, the Maine Mobile Health Program. Once in Warren, we will tour the fields at Beth’s Farm Market and learn about the community of Jamaican agricultural workers in the area, some of whom have returned to work there annually for over two decades. We will also tour one of Maine Mobile Health Program’s mobile units and discuss the unique attributes of working with agricultural workers in a rural and sparsely populated state. Before enjoying lunch on the bus back to Portland, we will have time to shop for fresh, local produce and homemade baked goods at Beth’s Farm Market. Don’t miss this unique excursion to kick off your conference experience!	
12:00PM – 1:00PM	Sponsor and Exhibitor Set-Up	West Foyer
1:00PM – 6:00PM	Exhibitor and Sponsor Hall Open	West Foyer
1:00PM – 4:30PM	Concurrent Intensive Trainings <i>This year, Intensive Trainings consist of two 90-minute sessions with a 30-minute Networking Break with Sponsors & Exhibitors in between.</i>	
1:00PM – 2:30PM	<u>Mental Health Intensive Part I: Single Session Therapy: An Approach to Working with Migrant Workers</u> Room: Sebago The session will focus on providing mental health services to migrant workers and the farmworker communities of South Georgia. Faculty from the Valdosta State University Marriage and Family Therapy program will discuss their joint effort with Emory University to provide care to the farmworkers in South Georgia. Each summer, Valdosta State University Marriage and Family Therapy students and faculty join with Emory University physician assistant students and faculty to participate in the Farmworker Health Project. The Farmworker Health Project visits the fields and packing houses of South Georgia agri-businesses where migrant workers spend 12-hour days tending, picking, and packing the food that America eats. There, teams of students provide medical and mental health services to the migrant farmworkers, many of whom have never received medical or psychotherapeutic services of any kind. Therapeutic contact is limited to one session, often while clients are simultaneously receiving medical services. In addition, therapeutic intervention often takes place with clients who did not anticipate receiving therapeutic services when they decided to come to the field clinic for medical concerns. Presenters from Valdosta State University will teach	

participants the assumptions that underpin the practice of successful single session psychotherapeutic intervention, how one-session therapy sessions can be used to collaborate with clients to create therapeutic change, and how to use languaging techniques to foster useful shifts in perceptions and self-agency in clients, despite not sharing a common spoken language.

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

- 1) Describe how meaningful therapeutic change can be created in one session,
- 2) Describe the assumptions that underpin the practice of single session therapy, and
- 3) Describe how the use of languaging techniques fosters useful shifts in perception and self-agency in clients.

Kate Warner, PhD, LMFT, Professor & Department Head, Family Therapy Program, Valdosta State University

Tabitha McCoy, MS, LMFT, Clinic Director, Family Therapy Program, Valdosta State University

Childhood Obesity Intensive Part I: Using Promotores(as) de Salud to Prevent Childhood Obesity *(This session will be conducted in Spanish)*

Room: Lighthouse B

Adult and childhood obesity are high priority public health concerns in the United States, especially among certain groups. Hispanics have the highest rate of childhood obesity among all ethnic groups in the United States at 22.4%, and only 16% of Hispanic adults meet physical activity guidelines. Niños Saludables, Familias Alegres is a community-based, Promotor(a)-led program designed to address this problem through the promotion of physical activity among rural youth and families. In this session participants will learn about the development and outcomes of this program and will walk away with strategies and free resources to implement similar programs in their communities.

This breakout session will begin with a discussion of the challenges to incorporating physical activity in Latino agricultural communities. The session facilitator will walk participants through the development of Niños Saludables, Familias Alegres, and will present outcomes from its implementation in Starr County at the Rio Grande Valley of Texas. Participants will learn how the program addresses access to opportunities for physical activity at the community level and will become familiar with the content included in the program's interactive sessions. The facilitator of this breakout session will follow a format similar to the one used by Promotores(as) during the interactive sessions of Niños Saludables, Familias Alegres, including an introductory Dinámica, interactive activities for content delivery, and some form of physical activity. Session attendees will walk away with firsthand experience of the program's format, as well as concrete strategies and free resources to implement similar programs in their communities. The information presented in this session has been developed in coordination with the Community Health Workers and Program Managers who originally implemented this program.

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

- 1) Identify barriers to youth and family physical activity experienced in agricultural worker communities and how it relates to the prevalence of childhood obesity,
- 2) Describe the benefits of utilizing a community-based, Promotor(a) led program to address physical activity among youth and families in agricultural worker communities, and
- 3) Identify culturally appropriate strategies and activities to promote physical activity among youth and families in rural/agricultural worker communities.

Jennifer Bishop, CCHW, Program Director, MHP Salud

Opioid & Other Substance Use Disorders Intensive Part I: Addressing the Opioid Crisis through Nursing Education: A Model for Outreach Workers

Room: Cumberland

Data from both national and state-level sources document the opioid crisis as a public health concern. Consequences from opioid use include increasing rates of opioid-related overdose deaths, more frequent emergency department visits, higher incidence of comorbid health conditions, and higher economic burden. Addressing the opioid crisis is even more important among disparate populations since they are likely to experience the most negative outcomes. Despite these known consequences, the professional healthcare workforce does not currently have sufficient educational preparation to address the issue, especially among individuals living in rural and/or medically underserved areas. In addition, issues such as stigma, fear, and lack of knowledge may limit the extent to which outreach workers may be prepared to address the opioid crisis at the local level. The first purpose of this session will be to describe efforts within a college of nursing in Georgia to address the education of all nurses and nurse practitioners to provide safe, effective care for individuals at risk for health problems related to substance use. The second purpose will be to demonstrate a process that community-based outreach workers can use to reach individuals at risk for opioid-related health problems. The session will use a combination of didactic content, simulated patient interviews, and discussion to demonstrate how and why healthcare professional and community workers can function synergistically to address this important public health concern. Session participants will also receive educational material related to motivational interviewing skills for later use. Throughout the entire session, presenters will give special attention to addressing the opioid crisis as a health disparities issue.

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

- 1) Identify at least two statistics reflecting the extent of the opioid crisis among disparate populations,
- 2) Describe at least one reason for integrating substance use screening and brief intervention content into a nursing program, and
- 3) Demonstrate four steps community-level providers can use to deliver a brief intervention to individuals at risk for opioid abuse.

*Pamela Cromer, DNP, FNP-BC, Nursing Professor, Augusta University College of Nursing
Caroline McKinnon, PhD, PMHCNS-BC, Nursing Professor, Augusta University College of Nursing*

Diabetes & Chronic Disease Management Intensive Part I: Diabetes and Migratory Agricultural Workers: Partnerships to Promote Testing, Treatment, and Management
Room: Whaleback

Migratory agricultural worker families face many obstacles to diabetes testing, treatment, and management. These obstacles include: food insecurity and lack of control over food choices; limited understanding of the disease; and stress from migration, including continuity of care. Partnerships are crucial to ensure that these families can access the care they need wherever they live and work. In South Carolina and Virginia, migrant health centers partner with East Coast Migrant Head Start Project to promote health access for agricultural workers and their children. During this workshop, presenters will highlight this partnership and strategies to promote testing, treatment, and management of diabetes among migratory agricultural worker families. We will begin with an overview of the families served by the health centers and East Coast Migrant Head Start Project, including their health care challenges specifically related to diabetes. We will then have a discussion with panelists from East Coast Migrant Head Start Project, Beaufort Jasper Hampton Comprehensive Health Services (South Carolina), and Eastern Shore Rural Health (Virginia) who will share their partnership strategies and challenges. Participants will be encouraged to ask questions and share their own experiences.

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

- 1) Understand the challenges to diabetes testing, treatment, and management faced by migratory agricultural worker families,
- 2) Identify partnership opportunities with migrant head start and other community organizations, and
- 3) Share strategies to promote diabetes management among their agricultural worker patients.

Mercedes Hernández, MPH, CHES, Child and Family Health Manager, East Coast Migrant Head Start Project

Maridolores Valentín Gonzalez, Outreach Coordinator, Beaufort Jasper Hampton Comprehensive Health Services

Meghan Rolley Neville, Director of Outreach Services, Eastern Shore Rural Health

2:30PM – 3:00PM

Networking Break with Sponsors & Exhibitors

West Foyer

3:00PM – 4:30PM

Mental Health Intensive Part II: Computers & Connectivity

Room: Sebago

Migrant farmworkers are a structurally vulnerable population with a high prevalence of poor mental health (anxiety, depression, and alcohol misuse) documented for 20% to 50% of migrant farmworkers (Alderte et al., 2000; Arcury et al., 2012; Grzywacz et al., 2006). Farmworkers face a constellation of stressors that affect mental health including poverty, prolonged separation from family, social marginalization, acculturative stress, discrimination, poor housing and living conditions, strenuous work, lack of control of their social and environmental circumstances, and documentation problems (Grzywacz et al., 2006; Hiott et al., 2006; Hovey & Magaña, 2000, 2002; Magaña & Hovey, 2003; Ramos et al., 2015; Vega et al., 1985).

In response to the mental health needs of migrant farmworkers, Student Action with Farmworkers (SAF) has increasingly embedded behavioral health messages into its theater and documentary outreach to farmworkers and provided resources for self-care and stress relief to the camps such as sports equipment and musical instruments. In the summer of 2017, SAF fellows conducted focus groups with farmworkers around technology use. The results of these focus groups guided the choice of a behavioral health intervention, Computers and Connectivity, implemented in the summer of 2018. SAF supplied desktop computers for four labor camps that host SAF's theater and documentary groups and provided an orientation to the farmworkers on how to operate the computers, connect with families back home, and utilize the resources available on the computers including occupational health and employee rights videos, ESL materials, and the Conectate Carolina app for information on local resources.

SAF is working with an outside evaluator and health fellows to evaluate the impact of technology on mental health. We are using both a process and outcomes design to capture whether the initiative is implemented as intended and to assess progress on the short-term and intermediate outcomes. We will share both the mental health intervention that we tested, as well as the results of evaluation results with participants.

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

- 1) Describe the impact that the Computers & Connectivity project has on migrant farmworkers,
- 2) Adapt a new mental health intervention for their communities, and
- 3) Apply theater and documentary tools to their health education and outreach with farmworkers.

Ramón Zepeda, BA, Program Director, Student Action with Farmworkers

Childhood Obesity Intensive Part II: Service Learning and Elementary School Partnership to Combat Childhood Obesity

Room: Lighthouse B

The purpose of this session is to focus on interventions to target childhood obesity in low-income Latino children at a public elementary school. This session will demonstrate the six-year collaboration of academia (a Nurse Practitioner-led Service Learning Project) with bilingual school health personnel (school nurse, counselors, and teachers) working with elementary school children and their families to combat obesity.

According to the Centers for Disease Control and Prevention (CDC, 2017) the prevalence of childhood obesity remains the highest for Hispanic/Latino children, especially those from low-income families. In 2012, more than 33% of Latinos were under the age of 18 years old; Latino children have higher incidences of asthma, dental cavities, malnutrition (including obesity), diabetes, and trauma, problems generally exacerbated by low socio-economic status. Cultural and language barriers combined with lack of access to otherwise largely available resources increase these health disparities. Schools, as trusted institutions where children spend most of their waking time, are positioned to assuage these social determinants of health. Children are frequently purveyors of health information to their parents. Offering family programs at a trusted school site in areas of healthy cooking, physical activity, stress reduction, and counseling are some ways to improve healthy living, reduce childhood obesity, and improve family interactions. Latin

Dance Family Nights” with an “Ask the Doctor” session at the end of each event, Cooking Matters curriculum with Virtual Grocery Store, the Walking Classroom, and a mindfulness focus throughout the school day are just some of the interventions used at this elementary school that will be shared with participants at the session.

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

- 1) Discuss the complexity of the synergistic interactions of culture, socio-economic status, environment, genetics, and life style that contribute to Latino childhood health disparities, later seen in Latino adults with increased prevalence of type 2 diabetes and other obesity related diseases,
- 2) Improve their knowledge, skills, and attitudes in culturally competent interventions to combat childhood obesity and meet the healthcare needs of the rapidly growing school age Latino population working in collaboration with community partnerships, and
- 3) Identify and implement evidence-based programs and interventions to improve childhood and family health habits, utilizing the culturally and linguistically appropriate services (CLAS) standards to advance health equity, improve quality of life and help eliminate the outstanding health disparities seen in childhood obesity with lifelong health ramifications.

Jean Davison, DNP, Family Nurse Practitioner, Clinical Associate Professor and Family Nurse Practitioner, University of North Carolina at Chapel Hill
Janice Anderson, MSN, Registered Nurse, School Nurse, Frank Porter Graham Elementary Bilingual School

Opioid & Other Substance Use Disorders Intensive Part II: Substance Use Among Agricultural Workers: Report on a Needs Assessment in Maine

Room: Cumberland

In comparison to the general population, minimal data exists related to the prevalence of substance use among migrant and seasonal farmworkers (MSFW). Most articles are outdated in comparison to recent trends, particularly with the rise of opioid addiction. Researchers focused on Latino migrant men concluded that social and environmental factors often affect levels of substance use and that community connectedness may directly correlate to decreases in misuse (Kissinger et al., 2013). These conclusions appear to be relevant to farmworkers, as well as the community at large. The Access Increases in Mental Health and Substance Abuse Services (AIMS) grant, sponsored by HRSA/BPHC, supports health centers in their efforts to expand services related to substance use and behavioral health, and advance research in this field. During the last year, the Maine Mobile Health Program (MMHP) used the AIMS grant to conduct a needs assessment, surveying patients about substance use, binge drinking, and access to community resources.

This session will start with an overview of substance use disorders and highlight common risk factors. From there, MMHP staff will break it down to focus on farmworkers, particularly those working in Maine. Looking at the results, participants will learn about the trends and how MMHP used this information to improve outreach strategies and education materials focused on topics like tobacco, alcohol, and prescription medication. The session will conclude with a broader discussion on health education and direct service delivery related to substance use among farmworkers.

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

- 1) Define substance use disorders and identify common risk factors,
- 2) Describe the correlation and prevalence of substance use among MMHP's patients, and
- 3) Summarize how MMHP used the results to improve service delivery for their patients.

Hannah Miller, Program Manager/Community Health Worker, Maine Mobile Health Program

Laura Valencia Orozco, LMSW-CC, Behavioral Health Coordinator, Maine Mobile Health Program

Diabetes & Chronic Disease Management Intensive Part II: Understanding How Social Determinants of Health Impact Chronic Disease in Agricultural Communities

Room: Whaleback

According to the CDC, social determinants of health (SDOH) account for about 75% of individuals' health, with biology and health behaviors only accounting for 25%. This makes these social determinants, or the conditions in which people are born, grow, live and work, extremely important in ensuring positive health outcomes for individuals from all walks of life. Among agricultural workers and their families, economic instability, lower levels of education, physical isolation, and dangerous environmental conditions are often the norm, making it indispensable to address these upstream conditions when thinking about improving health conditions in these communities. In this session, we will facilitate an exercise adapted from a methodology developed by Just Health Action (www.justhealthaction.org) called "Causes of the Causes." Participants will have the opportunity to explore social determinants of health through a diagramming exercise in which they map the social determinants of health that influence chronic disease (specifically diabetes) among agricultural communities. In an equally interactive way, participants will apply this same exercise to explore what resources are already available in their communities, which are still missing, and possible avenues to address these issues. Participants will walk away with an intricate understanding of the social determinants of health that affect their communities as well as resources to address them.

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

- 1) Understand social determinants of health and their importance in comprehending and impacting health, specifically applied to diabetes and chronic disease,
- 2) Recognize major social determinants of health that impact their communities' health, and
- 3) Identify local resources available to them that can help address social determinants of health.

Jennifer Bishop, CCHW, Program Director, MHP Salud

5:00PM – 6:00PM

Welcome Reception

Lighthouse Ballroom A

6:00PM

Dinner on Your Own

Ask the Concierge about Portland's best restaurants!

FRIDAY, OCTOBER 5, 2018

8:00AM – 4:00PM

Registration Open

West Foyer

8:00AM – 5:00PM

Exhibitor and Sponsor Hall Open

West Foyer

8:00AM – 8:30AM

Breakfast

Lighthouse Ballroom A

8:30AM – 10:00AM

Opening Plenary

Lighthouse Ballroom A

Welcome

Local Greetings

Keynote Address: Welcoming and Serving All Patients, Including the Foreign-Born: What Staff Working for Health Centers Serving Agricultural Workers Need to Know

As the population served by Community and Migrant Health Centers has become more diverse, it is important for health center staff to better understand how to ensure access to and delivery of services to all patients. This session will focus on explaining step-by-step the complex world of law and policies that impacts many foreign-born patients served by health centers. The presenter will review the agencies responsible for various programs, and the policies impacting these patients, including some migratory and seasonal agricultural workers and their families. Time will be spent discussing patient privacy concerns, public vs. private space in a clinic, and the need to bridge the access gap for certain populations. The goal of this session is to provide health center staff with clear and basic information that will allow them to better assist foreign-born patients and their families. This information will be immediately usable in undertaking outreach, intake, and planning health center programs.

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

- 1) Understand the current status of policies impacting the MSAW patient, including the foreign-born,
- 2) Identify misunderstandings that can occur and how to protect families from unscrupulous individuals, and
- 3) Know how to maximize patient access and participation.

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

10:00AM – 10:30AM

Networking Break with Sponsors & Exhibitors

West Foyer

10:30AM – 12:00PM

Concurrent Educational Sessions

Agricultural Worker Health 101: An Introduction to Agricultural Worker Health

Track: Programmatic/Administrative

Room: Cumberland

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.

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

Sonia Lee, MPH, Senior Manager, Client Services and Communications, Health Outreach Partners

Amy Liebman, MPA, MA, Director of Environmental and Occupational Health, Migrant Clinicians Network

The Promise of Telehealth in Rural Communities

Track: Policy

Room: Monhegan

Many farmworkers in rural areas experience significant challenges in accessing quality healthcare. Distances to reach specialty providers can be lengthy, long work days make scheduling and attending appointments difficult, and linguistic and cultural barriers present additional challenges. Telehealth is a compelling topic and provides one promising strategy for increasing access to care in rural communities. However, many patients and providers are reluctant to move away from more traditional models of care, fearing a breakdown in the relationship between the health professional and the patient. In this workshop we will explore telehealth, identifying potential benefits and challenges in your communities, and discuss ways that telehealth can best serve farmworkers. We will use the recent report “The Promise of Telehealth: Strategies to Increase Access to Healthcare in Rural America” jointly published by Harvard’s Center for Health Law and Policy Innovation and Farmworker Justice to deepen our understanding of the complexities surrounding this topic, discussing how telehealth should be an integral part of a larger system of well-coordinated care and should support and enhance other best practices and evidence-based strategies that have been successful in improving healthcare in rural areas. Additionally, we will explore ways we can advocate for policy change that will encourage and increase responsible use of telehealth to improve the health outcomes and healthcare experience of those living in rural communities. This interactive workshop will provide ample opportunities for group discussions and activities to enhance our understanding of the important topic of telehealth.

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

- 1) Have a concrete understanding of telehealth and its potential benefits and challenges,
- 2) Identify ways that telehealth could enhance access to care in their home communities, and
- 3) Identify areas for advocacy around the topic of telehealth.

Rebecca Young, MA, Senior Project Director, Farmworker Justice

Sarah Downer, JD, Associate Director, Center for Health Law and Policy Innovation

Recent Findings on Farmworkers' Knowledge of Cancer and HPV: Implications for Patient Education and Clinician Training

Track: Research

Room: Whaleback

Cancer is the leading cause of death among Latinos in the United States and a major health equity concern. Farmworkers are exposed to several carcinogens in the workplace putting them at elevated risk for some cancers. Due to limited healthcare access, farmworkers may underutilize preventive care and cancer screenings. Quality cancer treatment is difficult to obtain due to high rates of uninsurance. Migration results in poor continuity of care and loss to follow-up.

Knowledge is a key factor in cancer screening utilization, which affects early detection and treatment. However, research on farmworkers' knowledge of cancer is limited. This session will present results of recent studies on farmworkers' knowledge of three types of cancer that disproportionately burden Latinos in the US: colorectal, breast, and testicular. Research on farmworkers' knowledge and reported uptake among their children of the human papilloma virus (HPV) vaccine, an effective but underutilized cancer prevention tool, will also be presented. Farmworkers had low to moderate knowledge about colorectal, breast, and testicular cancer; they had limited knowledge of HPV and the HPV vaccine.

The session will conclude with a discussion about the implications of these findings for patient health education, clinician training, and interventions to improve cancer knowledge and HPV vaccine initiation among farmworkers and their families. Attendees will have the opportunity to share their experiences and best practices for cancer and HPV vaccine education and provide feedback on directions for future research. This session will provide useful insights for community health workers and clinical providers interested in conducting cancer education and promoting cancer screening and prevention services with farmworker patients.

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

- 1) Identify key cancer-related knowledge gaps among farmworkers,
- 2) Understand factors influencing HPV vaccine utilization among farmworkers and their children, and
- 3) Share strategies for promoting cancer screening and prevention with farmworker patients/clients.

Kate Furgurson, MPH, Project Manager, Wake Forest School of Medicine

Integrating Oral Health into Primary Care

Track: Clinical

Room: Sebago

Integration of Medical and Dental services has long been a challenge as both disciplines historically operate in silos, yet the benefits of integration and potential harm to the patient if not established may have significant consequences. Zufall Health Center has established medical/dental collaborations focused on key patient services. Zufall identified different areas where it could apply quality improvement processes, including pediatric well child and group visits. Because knowing the patient's risk status is a critical step to providing risk-based care, Zufall regularly conducts caries risk assessments on medical and dental patients. Zufall's data shows that 95% of dental patients received a caries risk assessment in 2017. As a result of dental/medical integration, the pediatric team has reduced new caries rates among children from 77% in 2014 to 30% in 2017. Staff trainings on caries risk assessment as well as patient engagement topics such as cultural competency, and motivational interviewing are important drivers of this process.

Participants will be trained to identify high risk individuals and provide them with targeted education, screenings, and preventive services. The presentation will include a discussion of relevant measures such as risk assessments, risk status, referrals, appointments made, incidence of new caries, and dental sealant application, among others. This presentation will focus on how being able to coordinate preventive treatments such as fluoride varnish, during both medical and dental visits, improves access to effective oral health preventive services. Through integration, medical and dental providers are able to coordinate fluoride varnish applications at proper intervals to optimize a child's oral and physical health. Additionally, the presenter will discuss strategies on how patients can be engaged in a conversation about risk factors and protective behaviors by family physicians, pediatricians, medical assistants, case managers, and patient navigators during medical and case management visits.

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

- 1) Review the key concepts about dental caries and oral health,
- 2) Discuss Bright Futures and AAP recommendations for practitioners, and
- 3) Share tips and tools for implementing oral health risk assessments into your practice.

Sam Wakim, DMD, Chief Dental Officer, Zufall Health Center

Michelle Blanchfield, MPH, Director of Outreach, Zufall Health Center

Navigating Identities: Identifying Social Determinants of Health in Cross-Cultural Settings *(This session will be conducted in English and Spanish)*

Track: Research & Outreach/Lay Health/CHW

Room: Lighthouse B

Demographic, sociopolitical, and labor changes on agriculture have impacted the East Coast Migrant Stream. Clinicians face increasingly diverse patient populations while seeing a decline in migrant worker patients. This diversity represents new challenges for outreach and service practices. This session will address strategies, personal experiences, and theoretical positions regarding multicultural interactions. Breaking

social constructions of race and ethnicity require historical context and cultural humility. From an anthropological and clinical research perspective, this session is intended to provide participants with tools for outreach, consent, data collection, transmission, and referrals.

Social determinants of health are the conditions in people's environment that affects their health outcomes and susceptibility. Cultural health combines a community's shared values and beliefs with health information and access that is culturally and linguistically appropriate. The ability to navigate cross-cultural studies cannot be accomplished without being mindful of those cultural differences. Session presenters have been active outreach workers, educators, and researchers in diverse communities: from rural Texas, Georgia, and Florida to urban Houston, Atlanta, and Miami.

From these experiences, presenters will outline the theoretical framework of culture, race, and class to contextualize their field experience and the rapid changes that face the agricultural industry. We will cover strategies such as building relationships with the community, involving and training community members, and building partnerships with local organizations as key components in recruitment. These strategies help participants feel a sense of trust when joining the study and impact participant retention and how often participants recommend the study to others.

In addition to sharing cross-cultural experiences, we will touch on some of the power struggles that organizations and professionals may face in the planning and implementation of projects and some steps to reduce these conflicts. Finally, we will share some tools for human subject protections, and for safely collect and transmit health data. Participants will engage in role play throughout the training.

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

- 1) Differentiate concepts like race, ethnicity, class, and culture and how they impact interactions,
- 2) Describe effective professional, inter-agency, and client relationships based on equality and social justice, and
- 3) Generate ethical research interactions and secure personal information.

Estefani Ignacio Gallegos, BA, Project Coordinator, Emory University

Antonio Tovar, PhD, Co-Principal Investigator, Farmworker Association of Florida

12:00PM – 12:15PM

Transition Break

12:15PM – 12:45PM

Lunch

Lighthouse Ballroom A

12:45PM – 2:15PM

Plenary Session: Maine Agricultural & Seafood Workers Panel Lighthouse Ballroom A

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

Plenary Session: Maine Agricultural & Seafood Workers Panel

Join us for a special panel discussion facilitated by the Maine Mobile Health Program, Maine's only agricultural worker health program. In this session, agricultural and

seafood workers from Warren, Lewiston, and Portland, Maine will share their experiences about working in the most rural state in the U.S., accessing health care, and more. Please bring thoughtful questions to ask our panelists.

2:15PM – 2:45PM

Networking Break

West Foyer

2:45PM – 4:15PM

Concurrent Educational Sessions

To be healthy, information is not enough: the case for SDOH

Track: Programmatic/Administrative

Room: Lighthouse B

Every day, mass media broadcasts thousands of health-related messages; if information is all it takes to be healthy, we would be a very healthy population. Unfortunately, information is not enough; there are physical, socio-economic, and environmental factors that play an important role in the health of an individual or group. These factors, called Social Determinants of Health (SDOH), include food insecurity, housing status, income level, lack of transportation, communication challenges, level of stress, and social interaction, among others. To increase access to care and the impact of the services provided, health centers need to assess new and established patients for SDOH and develop a plan for addressing these needs. In this workshop, participants will have the opportunity to: first, learn about SDOH that impact agricultural worker populations; second, using a self-assessment tool, determine whether their health centers are screening for and addressing SDOH; and third, working in small groups, explore strategies, including community collaboration, for addressing SDOH for agricultural workers.

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

- 1) Increase their knowledge about SDOH,
- 2) Determine whether health centers are screening for and addressing SDOH, and
- 3) Identify a minimum of two strategies for addressing SDOH for agricultural worker patients.

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

Amy Shepherd, MPH, Program Manager, Connecticut River Valley Farmworker Health Program, Massachusetts League of Community Health Centers

Protecting Farmworkers and Their Families: Examining New Requirements to Minimize Pesticide Exposure

Track: Policy

Room: Whaleback

In 2015 and 2016, the Environmental Protection Agency (EPA) issued improvements to the Agricultural Worker Protection Standard (WPS) and the Certification of Pesticide Applicators (CPA) rule to protect farmworkers, their families, and rural communities from harmful pesticide exposures. The revised rules were a culmination of a twenty-year effort from farmworkers, advocacy groups, public health organizations, clinicians, and other stakeholders to help prevent pesticide-related illness and injury. This year, the EPA announced its intent to roll back several key provisions of the new WPS and CPA

rule. While there is confusion among stakeholders given the shifting policy direction, the new WPS and CPA rules are currently in effect, and understanding the new requirements remains critical for key stakeholders, including health centers, clinicians and outreach and community health workers, to provide quality care to farmworkers and their families.

This workshop will 1) provide an overview of the key points in the new WPS and CPA rule relevant to the health and safety of farmworkers and their families; 2) discuss the three WPS provisions – the 18 year old minimum age for handling pesticides, the designated representative for a worker to access pesticide application information, and the Application Exclusion Zone around a pesticide application site - that the EPA is proposing to change; 3) review medical evaluation and fit testing requirements for pesticide handlers; 4) provide examples of respirators and fit-testing techniques; and 5) demonstrate, through interactive, participatory activities, how to complete the required medical evaluation and conduct respirator fit testing.

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

- 1) Identify key points in the new WPS and CPA rule relevant to the health and safety of farmworkers and their families and become familiar with provisions of these rules which the EPA is proposing to change,
- 2) Assist patients who handle pesticides to complete a medical evaluation form, and
- 3) Recognize the components of respirator fit testing.

Carolyn Sheridan, RN, Founder and President, Ag Health and Safety Alliance

Amy Liebman, MPA, MA, Director of Environmental and Occupational Health, Migrant Clinicians Network

How does the changing demographics of domestic (non-H-2A) crop workers affect our patient population's health status and healthcare needs?

Track: Research

Room: Cumberland

There has been a demographic shift within the domestic (non-H-2A) crop workforce over the past 20 years. Today's domestic crop workers are less migrant and more often women, older workers, and parents. This presentation uses findings from the Department of Labor's National Agricultural Workers Survey (NAWS) to look at how today's crop workers differ from those in the past and the implications for health status, health insurance coverage, and healthcare utilization. In collaboration with HRSA and other Federal agencies, the NAWS collects data across the United States on up to 3,000 migrant and seasonal crop workers each year. The presenter will share findings from the survey showing the trends that make up the demographic shift and looking at current demographics including household and family characteristics and employment characteristics for women and men, younger and older workers, and migrant and seasonal workers that make up the current crop workforce. Additionally, the presenter will look at these groups' social determinants of health including language use, housing, poverty, insurance status, employment, transportation, use of social services, and, for parents, child care arrangements. The presenter will then examine these groups' health insurance status, healthcare utilization rates, and current prevalence of chronic disease in light of the other findings. Important differences across the East Coast, Midwest and

Western migrant streams will be discussed. Throughout the presentation, the presenter will engage the audience in a discussion of the changes they have seen in crop worker patient demographics, healthcare needs, and how their organizations are responding to the changing patient population.

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

- 1) Identify the demographic shift in the domestic crop worker population,
- 2) State at least three ways in which healthcare needs differ because of the shift, and
- 3) Find additional information online about domestic crop workers.

Susan Gabbard, PhD, Vice President, JBS International

Managing Patients with Chronic Illness during and after Disasters: Lessons Learned from Hurricane Maria *(This workshop will be conducted in Spanish)*

Track: Clinical

Room: Sebago

Recent natural disasters in Puerto Rico exposed a number of systemic problems which made it difficult to meet even the most basic needs of the island's population. The most vulnerable community members were hit particularly hard by system failures. Across Puerto Rico, the 2017 hurricanes killed over three thousand people, wiped away homes and farms, destroyed roads and bridges, and crippled the electrical grid. Thousands remain without power. Hurricane Maria also underscored the resiliency of many communities. At the center of this resilience, community health centers (CHC), even those damaged by the storm, served as a lifeline, particularly for the most vulnerable. The session will share the experience of Hurricane Maria of a CHC serving communities in central Puerto Rico and the perspective of this CHC's medical director. The session will describe basic strategies to support the management and control of chronic disease with an emphasis on patients with diabetes, hypertension, and chronic obstructive pulmonary disease (COPD). It will provide an overview of how established guidelines and protocols were modified in the aftermath of the hurricanes and present case studies. The session will also facilitate a participatory exercise where participants are given an opportunity to apply presented content and develop components of a disaster plan with an emphasis on the role of the clinician, the role of the health center, and the role of the community.

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

- 1) Describe best practices for patient care regarding chronic illness such as diabetes, hypertension, and chronic obstructive pulmonary disease,
- 2) Identify lessons learned in the aftermath of Hurricane Maria regarding the management of chronic illness, and
- 3) Apply strategies adapted for natural disaster in the emergency preparedness process.

José O. Rodríguez, MD, Medical Director, Hospital General Castañer

Alma R. Galván, MCH, Senior Program Manager, Migrant Clinicians Network

Collecting and Reporting SO/GI Data of Agricultural Worker Patients

Track: Outreach/Lay Health/CHW

Room: Monhegan

Health centers are mandated to report their patients' sexual orientation and gender identity (SO/GI). However, there are many challenges to collecting this data, especially in agricultural worker communities. The National LGBT Health Education Center at the Fenway Institute and Farmworker Justice created a learning collaborative of health centers to develop strategies to successfully collect and report SO/GI data from agricultural worker patients. During this workshop, we will share lessons learned from the collaborative, including challenges, successes and identified TA needs from health centers for reporting SO/GI data. Participants will have the opportunity to share their experiences implementing SO/GI data collection.

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

- 1) Understand the importance of implementing systems to collect SO/GI data,
- 2) Identify methods to engage and educate health center staff (administrators, clinicians, and outreach staff) in the collection of SO/GI data, and
- 3) Share tools to overcome challenges when collecting SO/GI data among agricultural worker patients.

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

Alex Keuroghlian, MD, MPH, Director of Education and Training Programs, The Fenway Institute, National LGBT Health Education Center

4:15PM

Dinner on your own – Enjoy Portland!

5:00PM – 6:00PM

Focus Group (Private Meeting)

Cumberland

SATURDAY, OCTOBER 6, 2018

7:30AM – 10:45AM

Registration Open

West Foyer

7:30AM – 12:15PM

Sponsor and Exhibitor Hall Open

West Foyer

7:30AM – 8:00 AM

Breakfast

Lighthouse Ballroom A

8:00AM – 9:00AM

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

Room: Lighthouse Ballroom A

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

- 1) Understand current federal health care policy as it pertains to migrant and community health centers;
- 2) Identify tools to provide culturally and linguistically appropriate advocacy resources in migrant and community health centers; and
- 3) Describe the impacts of federal health care policy and national advocacy efforts on the wellbeing of migrant and seasonal agricultural workers.

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

9:00AM – 9:15AM

Transition Break

Concurrent Educational Sessions**Adverse Childhood Experiences and Toxic Stress among Agricultural Worker Families: The Role of Primary Care & Promotores(as)**

Track: Clinical

Room: Lighthouse B

Toxic Stress is defined as strong, frequent, and/or prolonged adversity during childhood without adequate support. This would include adverse life experiences, such as physical or emotional abuse, exposure to violence, parental separation, complicated grief, or economic hardship. The occupation of agricultural workers fosters a lifestyle that places their children at particular risk for toxic stress. For instance, while most farmworkers are married and/or have children, almost 60% live apart from immediate family members. Addressing the stress associated with such lifestyle challenges is imperative to a child's health. Many studies have found correlations between adverse childhood experiences (ACEs) and specific diseases, both physical and mental. This session will provide information on toxic stress among agricultural worker families and will describe common physiological and psychosocial pathways that explain why individuals who suffer multiple ACEs are at much greater risk for illness. An introduction to the role of Primary Care in addressing toxic stress will be provided.

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

- 1) Define toxic stress and list its childhood and adult health consequences as they apply to agricultural worker families,
- 2) List three pathways that explain how ACEs increase risk of disease development, and
- 3) Understand the role of primary care and promotores(as) in addressing Toxic Stress.

Javier I. Rosado, PhD, Associate Professor & Clinical Director, Florida State University Center for Child Stress & Health

Structural Competency

Track: Clinical, Outreach/Lay Health/CHW, Programmatic/Administrative

Room: Whaleback

Healthcare workers working with vulnerable and underserved communities require a comprehensive understanding of the social determinants of health and cultural competency and humility in order to provide nuanced care to their patients and the broader community. The Structural Competency framework provides health center staff with the capacity to recognize and address patient health and illness not solely as the outcome of individual actions, but rather as the product of the broad social, political, and economic systems in which people live, work, and spend their time.

In this 90-minute workshop, participants will be introduced to the Structural Competency framework. The presenters will address how the framework complements and expands upon traditional cultural competency and cultural humility trainings. Participants will learn how they can leverage the framework to enhance their knowledge of the social determinants of health and provision of responsive holistic care to patients through individual interactions and community-level interventions.

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

- 1) Identify the structures that shape clinical interactions using patient cases,
- 2) Develop and practice using an extra-clinical language of structure,
- 3) Rearticulate cultural “formulation” in structural terms, and
- 4) Explain the process of observing and imagining structural interventions.

Sonia Lee, MPP, Senior Manager, Client Services and Communications, Health Outreach Partners

Cheryl Seymour, MD, Medical Director, Maine Mobile Health Program

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

Deliana Garcia, MA, Director of International Projects, Research, and Development, Migrant Clinicians Network

Creating Transportation Partnerships *(This workshop will be conducted in both English and Spanish)*

Track: Outreach/Lay Health/CHW

Room: Cumberland

Eastern Shore Rural Health conducted a needs assessment among its migrant patients in 2014. One of the main findings of that assessment was that migrants lack access to transportation, and that lack of transportation is one of the primary barriers to attending medical appointments.

Eastern Shore Rural Health’s CSB Transportation program allows its patients to be transported to and from visits for their appointments. Patients are charged on a sliding scale for the service. While this system is not perfect, it has helped Eastern Shore Rural Health make big strides in reducing the no-show rates for patients, which, in turn, improves overall health outcomes. Presenters will discuss what they have learned and will offer guidance on avoiding similar challenges.

This session will outline Eastern Shore Rural Health’s partnership, the process of starting its transportation program, and best practices for similar initiatives at your location.

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

- 1) Identify transportation barriers for their patient populations,
- 2) Identify 2-3 local organizations who may have access to needed resources and a similar mission, and
- 3) Design a plan to address transportation barriers.

Meghan Rolley Neville, Director of Outreach Services, Eastern Shore Rural Health

Sharon Panuco, LPN, Outreach Worker, Eastern Shore Rural Health

Macrina Guzman, Outreach Worker, Eastern Shore Rural Health

**Integrating Education and Health Services for Migrant Children:
Collaboration between Migrant Education and Migrant Health to Increase
Access during Maine’s Wild Blueberry Harvest**

Track: Programmatic/Administrative

Room: Sebago

This session will demonstrate how a strategic partnership between Migrant Health and Migrant Education increases access to services for children and youth from migrant families. Starting in 2016, the Maine Mobile Health Program (MMHP) collaborated with Mano en Mano (MeM) to staff the Blueberry Harvest School (BHS) by providing a summer school nurse (CNA) for 6 weeks. This partnership provides services to children of families working during the blueberry harvest across the northern coast of Maine. MMHP is an all-mobile community health center, providing clinics at work camp sites. MeM administers the statewide Migrant Education Program and runs the experiential summer school.

MMHP received a site addition from HRSA to place the school nurse, an MMHP employee, in the BHS building. The nurse staffs the school during the school day, and a Family Nurse Practitioner provides office hours. All children receive a health screening, nursing services, plus voucher referrals to outside services, if necessary. The team provides dental screening at the school to triage the need for care and children are referred to blocked appointments at a local dentist. MMHP Community Health Workers (CHW) and MeM Community Liaisons provide transportation and interpretation during those appointments. In 2018, the BHS will include on-site behavioral health services. Staff will develop appropriate behavioral health screening for children and a referral process for children with learning disabilities. The BHS team works behind the scenes to ensure a seamless transition for children and families from school to accessing health services. A central challenge is ensuring that both MMHP and MeM have access to reporting data while also protecting patient privacy and complying with HIPAA.

By expanding the partnership to include other organizations, MMHP and MeM increase access to legal, workforce, trafficking, domestic violence, and labor services for workers and their families. This work is coordinated through a highly committed Farmworker Resource Network (FRN) that meets quarterly to share information and coordinate services. Participants will receive an in-depth explanation of how this collaboration has created a model for providing culturally and linguistically appropriate integrated services for children of migrant families, along with methods to explore this type of collaboration in their own states.

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

- 1) Identify opportunities in their state for migrant health/education collaboration,
- 2) Learn strategies for successful migrant health/education collaboration including shared staffing and appropriate data sharing, and
- 3) Identify other areas of collaboration to maximize services offered including legal, workforce, trafficking, domestic violence and labor.

*Lisa Tapert, MPH, Executive Director, Maine Mobile Health Program
Ian Yaffe, AB, Executive Director, Mano en Mano*

10:45AM – 11:00AM

Transition Break

11:00AM – 12:30PM

Concurrent Educational Sessions

Let Us Speak the Same Language: Language Access Strategies

Track: Programmatic/Administrative

Room: Cumberland

Communication is a vital component of seeking and providing health care services. As communities became more ethnically and linguistically diverse, health centers are adapting and exploring strategies to increase their culture and language capacity to meet their community's needs. Providing language access can be challenging, but there are several strategies that health centers can explore and implement to meet their needs. In this session, and through a combination of lecture, brainstorming, small group interaction and role playing, participants will have the opportunity to explore: the importance of communication, why language access is not a choice, and a variety of language access strategies, as well as related information resources and tools.

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

- 1) Understand the importance of language access in health care,
- 2) Become familiar with requirements for language access, and
- 3) Increase their awareness of language access strategies, tools and resources.

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

The Integration of Community Health Workers into Health Care Teams: A Conversation between Outreach Worker, Provider and Administrator

Track: Clinical/Outreach

Room: Sebago

Interdisciplinary care teams are integral to improving health care, especially in addressing the social determinants of health. Health organizations often struggle to change their model of care and find new effective models. Providers, overwhelmed by their patient's medical and social problems, often lack the time and training to address their patient's critical social needs. Community Health Workers (CHWs) are experts in evaluating and addressing these social determinants of health. However, for their expertise to be helpful, they need to be closely integrated into the health care team. Barriers to successful integration may include a lack of understanding of CHW roles and expertise by clinicians and clinic staff. Administrators may question the value of hiring CHW's as they do not always provide billable or easily quantifiable services. Because of the late-night demands of outreach to farmworkers, CHW's are frequently invisible to their clinical teammates and unavailable to speak directly to providers and administrators to share their valuable patient insights.

In the two parts of this session, we will present two different models of CHW integration in the clinical setting. We will first describe the elements of one clinic's journey to better integrate the work of the farmworker-focused CHW with the clinical team. We will have a provider, a CHW, and an administrator discuss the changes needed to create an integrated model of care at their clinic and how this has even helped to close performance gaps. In the second part, we will describe a data informed method for integration of CHWs in a community health center using a patient assessment tool to best select the complex patients living with chronic conditions who are most likely to benefit from CHW services. This use of CHWs can decrease the costs of care by decreasing hospital admissions and readmissions rates.

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

- 1) Analyze and identify several successful ways to better integrate CHWs into a clinical care team,
- 2) Outline best practices for using CHWs to address health disparities, improve access to healthcare and perform social need screening among vulnerable patients, and
- 3) Strategize ideas for organizational workflows that maximize communication between CHWs and clinical providers.

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

Bryan Parrish, BS, Farmworker Health Outreach Manager, Piedmont Health Services

Ashley Brewer, RD, LDN, Director of Health Support Services, Piedmont Health Services

Dominique Jones, MPA, Community Health Worker Program Coordinator, North Carolina Community Health Center Association

Krystal Mayberry, LPN, Community Health Worker, Gaston Family Health Services

Educating Farmworkers about Health Insurance Using Popular Education *(This session will be conducted in Spanish)*

Track: Outreach

Room: Whaleback

In this session, presenters will share how outreach and community health workers can teach H2A farmworkers to utilize the health insurance they purchased through the marketplace using popular education techniques. The session will cover material related to farmworker enrollment and health insurance as well as topics farmworkers need to understand to utilize their insurance, including health insurance vocabulary; how to understand “in-network” and “out-of-network” services; when to use the emergency room, urgent care, and primary care; maintaining their insurance; and other information like monthly payments, choosing a provider, correspondence, making appointments, and referrals. This session will also cover how outreach workers at the NC Farmworkers’ Project created this material and how participants can use principles of popular education to create presentations covering a range of topics in their own organizations. Presenters will share all materials created and talk about the process. Participants will also have a chance to practice planning their own popular education presentations.

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

- 1) Understand some of the benefits of health insurance for H2A farmworkers,
- 2) Understand how to incorporate principles of popular education into their own work and how to begin designing a popular education curriculum for a complex topic, and
- 3) Practice creating popular education curriculum for topics in their own work.

Neissly Tapia, Community Educator, NC Farmworkers’ Project

Ana Beltran, Outreach Worker, NC Farmworkers’ Project

East Coast Migrant Head Start Project and Community Health Centers: Joining Forces for Healthy Children and Families

Track: Programmatic/Administrative

Room: Lighthouse B

Agricultural workers and their children have some of the poorest health statuses of any groups in the United States. Constant moves in search of work, language barriers, poor living conditions, lack of insurance, and low income are just a few of the many barriers migrant families face when trying to maintain good health. Despite this, children at East Coast Migrant Head Start Project are healthier when they leave our centers than when they arrive. At the end of the program 85% of children are up-to-date with all recommended health screenings, immunizations, well-child- exams, and oral health care. How do we do this? Community Health Centers and ECMHSP have developed strong partnerships to address barriers to health care, address social determinants of health, and provide health services to children and their families. We believe that children need to be healthy before they can learn, and parents need to be healthy in order to be strong advocates for the healthy development of their children.

During this session, presenters will discuss the challenges in providing health care to migrant children and families, and how they overcome those challenges through these partnerships. Presenters will discuss opportunities for collaborations that benefit both Community Health Centers and Migrant Head Start Centers. They will share case studies that highlight best practices of partnerships in different states and will provide tools to facilitate the development of partnerships.

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

- 1) Identify at least 3 opportunities for collaboration that benefit migrant head start and community health centers,
- 2) Identify at least 3 characteristics of successful partnerships, and
- 3) Identify the location of tools to facilitate the development of strong partnerships.

Mercedes Hernández, MPH, CHES, Child & Family Health Services Manager, East Coast Migrant Head Start Project

Renee AboAmshe, LPN, CHES, South Carolina Health/Disability Services Specialist, East Coast Migrant Head Start Project

Maridolores Valentín, Outreach Coordinator, Beaufort Jasper Hampton Comprehensive Health Services, Inc.

12:30M – 12:45PM

Transition Break

12:45PM – 2:30PM

Closing Lunch Program

Lighthouse Ballroom A

Keynote Address: Methods for Delivering Culturally Competent Care to Agricultural Workers

Berthine Crèvecoeur West is a nationally certified interpreter, corporate trainer, and author. Berthine is the first nationally-certified medical interpreter for Haitian Creole in the state of Georgia. She established Westbridge Solutions, LLC, a corporate and interpreter and training company, in 2013, and hosts 'In Other Words,' a national podcast focused on Diversity and Healthcare.

In this dynamic keynote address, Berthine will share methods for delivering culturally competent care to migrant agricultural workers. She will discuss the LEARN Model, a communication framework that can be used to help healthcare providers overcome

communication and cultural barriers to successful client/patient education. Berthine will also share her experiences as a volunteer Healthcare Interpreter for migrant agricultural workers and their effect upon her life and worldview. Lastly, Berthine will also discuss how to work effectively with healthcare interpreters when serving Limited English Proficiency Persons (LEPs).

Grand Raffle Prize