

RE-IMAGINING HEALTHY COMMUNITIES: Collaborative, Equitable, Sustainable

WESTERN FORUM FOR MIGRANT & COMMUNITY HEALTH

February 26-28, 2014 • Seattle Marriott Waterfront • Seattle, Washington



**NORTHWEST
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PRIMARY CARE
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Dear Forum Attendees:

Welcome to the beautiful Emerald City and our annual Western Forum for Migrant and Community Health! 2014 is a landmark year for healthcare reform. Your presence here during this historic time is truly appreciated. Thank you for your participation and demonstrated commitment to helping advance health equity and community wellness.

This year's theme – Re-imagining Healthy Communities – invokes the spirit of the courageous and visionary leaders that established the first Migrant and Community Health Centers here in the U.S. during the 1960s. From California's Central Valley to the Mississippi Delta, farmworker activists, civil rights activists, and health care professionals joined together to advocate for "health care as a human right."

Fifty years later, with the passage of the Affordable Care Act, we have an unprecedented opportunity to shape the future of our individual and collective health, wellness, and well-being. Once again Migrant and Community Health Centers find themselves at the forefront, pioneering innovative models that integrate a social determinants of health framework within the clinical care setting. We at NWRPCA believe that achieving genuine health equity will require moving beyond health care services alone to address the underlying socioeconomic, environmental, and political factors that impact our health.

I'm confident that you'll find the conference sessions, plenary presentations, and informal networking and discussions to be both informative and inspirational. Please use this occasion to build new relationships, strengthen existing ones, and renew your enthusiasm and commitment to improving the health of our underserved communities.

Thanks again for joining us, and enjoy your time here!



Bruce Gray
Chief Executive Officer
NWRPCA

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- Office of Minority Health and Health Equity
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CONFERENCE EVENTS & HIGHLIGHTS

Wednesday, February 26

OPENING PLENARY

8:30-10:00 am

The Opening Plenary will feature a keynote presentation from Dr. Rishi Manchanda, author of *The Upstream Doctors*. In addition, our partners Israel Garcia from the Health Resources and Services Administration (HRSA) and Joe Gallegos from National Association of Community Health Centers (NACHC) will provide critical federal updates concerning migrant and community health centers.

WELCOME RECEPTION AND POSTER SESSION

5:30-8:30 pm

Come and enjoy great food, music, and drink while viewing a display of posters highlighting best practices, programs, and research in migrant and community health.

Thursday, February 27

MORNING PLENARY

8:30-10:00 am

Thursday's Plenary will feature a presentation from Dr. Seth Holmes, author of *Fresh Fruit, Broken Bodies*. In addition, our partner Julio Dicient Taillepierre from the Centers for Disease Control and Prevention (CDC) will provide an update on CDC initiatives that are supporting health equity for migrant communities.

Friday, February 28

CLOSING LUNCHEON

12:00-1:30 pm

Friday's closing lunch will feature a presentation by Laura Porter from Comprehensive Health Education Foundation, on the importance of investing in early childhood initiatives in order to best support health and wellness across the lifespan. In addition, Health Outreach Partners will present the annual Sister Cecilia B. Abhold award to a health center that has demonstrated excellence in providing outreach programs and services.

Interpretation Services

Simultaneous interpretation services and equipment, provided by UniVerse Language Solutions, will be available in meeting rooms upon request. Check in with the registration desk if needed. Workshops marked with the UniVerse logo will offer interpretation.



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Continuing Education

Continuing Medical Education (CME)

Application of CME credits has been filed with American Academy of Family Physicians. Determination of credits is pending.

Continuing Nursing Education (CNE)

CNE credits will be awarded through Migrant Clinicians Network. Migrant Clinicians Network is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Important information for receiving Continuing Education Credits.

You can earn 1.5 Continuing Medical Education (CME) or Continuing Nursing Education (CNE) credits for each session you attend. You will find a list of sessions and CEUs offered in your conference bag. Moderators will initial this form for you at the conclusion of each session. Please turn in your CEU sheet to the Registration Desk after the last session you attend.

KEYNOTE AND PLENARY SPEAKERS

Keynote Speakers

Rishi Manchanda is a physician, public health entrepreneur, and writer. He practices internal medicine and pediatrics and is the lead physician at a primary care clinic for homeless veterans at the Veterans Health Administration in Los Angeles. He is also the founder and president of HealthBegins, a startup implementing innovative technologies and training to improve care for patients with medical and social needs. He previously practiced primary care at a community health center in South Los Angeles, where he served as the clinic's first director of social medicine and health equity. Dr. Manchanda's recent TED book, *The Upstream Doctors*, argues that the future of our health, and our healthcare system, depends on growing and supporting a new generation of healthcare practitioners who look upstream at the source of our health problems, rather than simply opting for quick-hit symptomatic relief.



Seth M. Holmes is a cultural and medical anthropologist and physician whose work focuses broadly on social hierarchies, health inequalities, and the ways in which such inequalities are naturalized and normalized. His recent book, *Fresh Fruit, Broken Bodies*, is an ethnographic witness to the everyday lives and suffering of Mexican migrants. Based on five years of research in the field (including berry-picking and traveling with migrants back and forth from Oaxaca up the West Coast), his book uncovers how market forces, anti-immigrant sentiment, and racism undermine health and health care. Dr. Holmes is Martin Sisters Endowed Chair Assistant Professor of Public Health and Medical Anthropology at the University of California, Berkeley. Seth Holmes will be in the Ballroom Foyer to sign his book for you Thursday, 10 am to 1 pm.



Plenary Speakers

HRSA:

Israel Garcia, MSSW, LICSW

Lieutenant, United States Public Health Service

Office of National Assistance & Special Populations

NACHC:

Joe Gallegos, MBA

Senior Vice President for Western Operations

National Association of Community Health Centers

CDC:

Julio Dicient Taillepierre, MS

Team Leader, Initiatives and Partnerships Unit

Office of Minority Health and Health Equity

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7:30 – 8:30 am • Registration & Continental Breakfast • Ballroom Foyer

8:30 – 10:00 am • Opening Plenary • Salon D
 HRSA/NACHC updates; Keynote Presentation by Rishi Manchanda, MD – *The Upstream Doctors*

10:30 am – 12:00 pm • Conference Sessions

Healthcare Delivery	Policy/Environment	Outreach	Workforce/Leadership
1 - Migrant Health 101 <i>Alexis Guild, Farmworker Justice; Christina Brito, National Center for Farmworker Health; Kristen Stoimenoff, Health Outreach Partners</i>	2 - Affordable Care Act Panel: Farmworker Benefits and Implications  <i>Susan Gabbard, JBS International; Ed Kissam and Jo Ann Intili, Co-trustees, Werner-Kohnstamm Family Fund; Joel Diringer, Diringer Associates</i>	3 - Building Capacity for Limited English Proficiency: Systems to Support Equity <i>Julio Dicent Tailleppierre, Centers for Disease Control and Prevention</i>	4 -CHW Grassroots Efforts: Expanding Workforce Borders <i>Mary Jo Ybarra Vega, Quincy Community Health Center; Mark Thomas, Providence Hood River Hospital; Lorena Sprager, Nuestra Comunidad Sana</i>
Harbor	Seaport	Salon A & B	Salon E & F

12:00 – 1:30 pm • Lunch on your own

1:30 – 3:00 pm • Conference Sessions

5 - Ten Tips for Meeting Clinical Program Requirements <i>Jennie McLaurin, MD, Migrant Clinicians Network</i>	6 - Immigration Reform: Where Are We Now?  <i>Roger Rosenthal, Migrant Legal Action Program</i>	7 - ACA Outreach and Enrollment: El Bueno, El Malo, y El Feo <i>James O'Barr, Hudson River Healthcare; Xóchitl Castañeda, Health Initiative of the Americas; Penny Lara, Public Health-Seattle & King County</i>	8 - Training Standards for Community Health Workers and Stakeholders <i>Scott Carlson, WA State Dept. of Health; Ty Schwoeffermann, ORCHWA; Alma Esquivel, Vision y Compromiso; Miriam Hernandez, Providence Health System</i>
Harbor	Seaport	Salon A & B	Salon E & F

3:30 – 5:00 pm • Conference Sessions

9 - Community Health Workers and Healthcare Reform: Achieving Health Outcomes and Cost Savings <i>Kathy Burgoyne, Comprehensive Health Education Foundation</i>	10 - Family-Focused Immigration Reform: Better Health for Children and Families <i>Sara Satinsky, Human Impact Partners</i>	11 - ACA Myths vs. Facts: Tools for Community Health Workers  <i>Alexis Guild, Farmworker Justice</i>	12 - Supporting CHWs: Strategies for Supervisors and Managers <i>Melinda Cordero-Barzaga and Maria Lemus, Vision y Compromiso</i>
Harbor	Seaport	Salon A & B	Salon E & F

5:30 – 6:30 pm • Poster Session/Research Reception • Salon D

6:30 – 8:30 pm • Welcome Reception • Salon D

Thursday, February 27, 2014

7:30 – 8:30 am • Registration & Continental Breakfast • Ballroom Foyer			
8:30 – 10:00 am • Plenary Session • Salon D CDC Update; Keynote Presentation by Seth Holmes, MD, PhD – <i>Fresh Fruit, Broken Bodies</i>			
10:00 am – 1:00 pm • Book signing with Seth Holmes • Ballroom Foyer			
10:30 am – 12:00 pm • Conference Sessions			
Healthcare Delivery	Policy/Environment	Outreach	Workforce/Leadership
<p>13 - Boot Camp Translation: A Methodology for Complicated Guidelines and Jargon</p> <p><i>Paige Backlund Jarquin, Colorado School of Public Health</i></p>	<p>14 - Addressing Social Determinants and Health Equity with Public Health Practice</p> <p><i>Amy Smith, Bay Area Regional Health Inequities Initiative</i></p>	<p>15 - The Business Case for Outreach: Meeting the Mission and Margin</p> <p><i>Liberty Day and Kristen Stoimenoff, Health Outreach Partners</i></p>	<p>16 - Building Community Leadership and Engagement</p> <p><i>Christina Brito, National Center for Farmworker Health</i></p> 
Harbor	Seaport	Salon A & B	Salon E & F
1:30 – 3:00 pm • Conference Sessions			
<p>17 - Managing Hospital Use by Connecting to Primary Care</p> <p><i>Tran Miers, James Novotny, and Adriana Rodriguez, Virginia Garcia Memorial Health Center</i></p>	<p>18 - Assessing and Promoting Adoption of the Community-Centered Health Home: California Prevention Institute Findings</p> <p><i>Jeremy Cantor and Rea Pañares, California Prevention Institute</i></p>	<p>19 - Effectively Engaging National and Local Community Action Efforts</p> <p><i>Julio Dient Taillepierre, Centers for Disease Control and Prevention</i></p>	<p>20 - CHWs as Agents of Social Change: The Community Capacitation Center Model</p> <p><i>Beth Poteet and Benjamin Escalante, Community Capacitation Center</i></p> 
Harbor	Seaport	Salon A & B	Salon E & F
3:30 – 5:00 pm • Conference Sessions			
<p>21 - “See Well to Learn Well”: The Lincoln School Vision Project</p> <p><i>Mayra Fabiola Herrera Hernandez and Monica Juarez Hernandez, CHC of Benton and Linn Counties</i></p>	<p>22 - Paying for Prevention: Opportunities under CMS Rule Change</p> <p><i>Carl Rush, University of Texas Institute for Health Policy</i></p>	<p>23 - Creating Educational Materials for Farmworkers: A Community Approach</p> <p><i>Santiago Ventura, Oregon Law Center; Chelly Richards, Farmworker Justice</i></p> 	<p>24 - CHW Integration into Oregon’s Coordinated Care Organizations</p> <p><i>Lizzie Fussell and panel, Oregon Community Health Workers Association</i></p>
Harbor	Seaport	Salon A & B	Salon E & F

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...when you purchase medical supplies from **McKesson**, an NWRPCA member, one percent of your investment comes right back to your Regional PCA to help fund events like this one?

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7:30 – 8:30 am • Registration & Continental Breakfast • Ballroom Foyer			
8:30 – 10:00 am • Conference Sessions			
Healthcare Delivery	Policy/Environment	Outreach	Workforce/Leadership
<p>25 - Ruptured Appendix, Ruptured Care: A Case Study</p> <p><i>Jennie McLaurin, MD, Migrant Clinicians Network; Erica Swenson, Pacific Northwest University</i></p> <p>Harbor</p>	<p>26 - Advancing Health Equity: Opportunities Under the Affordable Care Act</p> <p><i>Charlie Alfero, Hidalgo Medical Services; Pamela Byrnes, John Snow, Inc.</i></p> <p>Seaport</p>	<p>27 - Overcoming Obstacles to Health Care: Transportation Models that Work</p> <p><i>Megan O'Brien and Liberty Day, Health Outreach Partners</i></p> <p>Salon A & B</p>	<p>28 - Promotores(as) Connect: Mobilizing the CHW Workforce through Technology</p> <p><i>Elaine Ezekiel, MHP Inc.; Andrew Lehto, Hudson River Healthcare</i></p> <p>Salon E & F</p>
10:30 am – 12:00 pm • Conference Sessions			
<p>29 - Using Health Technology to Improve Outcomes for Farmworkers</p> <p><i>Terry Yonker, Finger Lakes Community Health Center</i></p> <p>Harbor</p>	<p>30 - Health in All Policies: Identifying Partners to Address the Root Causes of Health Inequities</p> <p><i>Linda Rudolph, MD, Public Health Institute</i></p> <p>Seaport</p>	<p>31 - Medical-Legal Partnerships for Farmworker Health</p> <p><i>Dori Rose Inda, Salud Para La Gente; Alexis Guild, Farmworker Justice; Liam Spurgeon, Health Outreach Partners</i></p> <p>Salon A & B</p>	<p>32 - Know Your Workplace Rights Panel</p> <p><i>William Tamayo, EEO Commission; Carl Wilmsen, Northwest Forest Worker Center; Nicole Kim, Victoria Breckwich Vásquez and Paula Zambrano, UW School of Public Health</i></p> <p>Salon E & F</p>
12:00 – 1:30 pm • Closing Lunch and Raffle • Laura Porter, CHEF • Salon D			

Go Green

Reuse: We will distribute reusable bags to carry conference materials. At the end of the conference, you may choose to drop off your bag at the registration desk so it can be reused/recycled.

Recycle: Please leave your recyclables in designated containers after the conference. We encourage you to drop off your nametag holder at the registration desk for reuse at the next Forum.

Refresh: All presentations and handouts received from speakers may be downloaded at www.NWRPCA.org/forum2014, Username: forum2014, Password: Begin2014!

MANAGING COMPLEX CHRONIC PAIN PATIENTS

It's one of the biggest challenges of the community/migrant health center.

NWRPCA continues to develop partnerships and opportunities to introduce best practices and relevant new wisdom. Look for a substantive workshop on this topic in Seattle soon, with input and instruction from some of our most knowledgeable collaborators.

May 17 and 18 – Pain Management Workshop
Part of our Annual Spring Primary Care Conference

Questions?
lgerlach@nwrpca.org - 206-783-3004 x12

Session Descriptions

Session 1: Migrant Health 101

Track: Healthcare Delivery
CEUs: 1.5 CMEs, 1.5 CNEs

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 who needs a refresher, join us for a look into the fascinating world of the health care program for migrant and seasonal agricultural farmworkers and their families.

In this workshop you will learn the history of agricultural migration, the structure of the migrant health program and the culture of the people who make it work. Learn about farmworkers, their health care needs, and the system of care that works for them.

Acronyms such as DHHS, HRSA, BPHC, OMSP, FHN, RMHC, and more will be explained, and resources will be provided to make your work easier and better.

Learning Objectives:

1. Identify the migrant and seasonal farmworker (MSFW) population and the challenges of farm 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 MSFWs.
3. Describe the multitude of resources available to health centers nationwide to access training and technical assistance.

Panelists: Alexis Guild, Farmworker Justice; Christina Brito, National Center for Farmworker Health; Kristen Stoimenoff, Health Outreach Partners

Session 2: Affordable Care Act Panel: Farmworker Benefits and Implications

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

Using data from the National Agricultural Worker Survey (NAWS), panelists will discuss the likely impacts of the ACA on farmworkers' access to health care and describe strategic approaches to maintain or even improve access to affordable health care. The panel will also discuss the overall implications of ACA for health care systems in rural communities with concentrations of farmworkers.

Learning Objectives:

1. Understand how subpopulations among farmworkers use health care services and whether their current health care is covered by employer-provided, self-paid, or publically funded insurance.
2. Identify which vulnerable subpopulations of farmworkers will be able to secure health insurance as a result of the ACA employer mandate.
3. Describe strategic initiatives designed to provide alternative means of financing low-income farmworker families' health care within the ACA environment.

Panelists: Susan Gabbard, JBS International; Ed Kissam and Jo Ann Intili, Co-trustees, Werner-Kohnstamm Family Fund; Joel Diring, Diring Associates

Session 3: Building Capacity for Limited English Proficiency: Systems to Support Equity

Track: Outreach
CEUs: 1.5 CMEs, 1.5 CNEs

Nearly 25% of all community health center patients nationally are best served in a language other than English. This workshop will review the practices and parameters of the President's Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." A summary of the framework used at the Centers for Disease Control and Prevention (CDC) will be described, including the procedures under development to build national capacity to serve people with limited English proficiency. Challenges to implementation will be described and options available to grant awardees will be discussed and examined.

Learning Objectives:

1. Identify the policy, programmatic and process components for supporting effective language access systems at the organizational level.
2. List at least four programmatic approaches to building language access systems.
3. Describe at least two types of limited English proficiency characteristics that must always be addressed in an effective language access initiative.

Presenter: Julio Dicent Tailleppierre, Centers for Disease Control and Prevention

Session 4: CHW Grassroots Efforts: Expanding Workforce Borders

Track: Workforce/Leadership
CEUs: 1.5 CMEs, 1.5 CNEs

Outreach departments can change lives, improve communities and create fertile ground for successful leaders. This session will cover how two successful efforts in Washington and Oregon have developed future migrant and community-minded health leaders and educators, and expanded CHWs beyond the previous workforce models.

Learning Objectives:

1. Learn how community opinion and partnerships related to CHWs have evolved.
2. Identify success factors that have supported the expansion of the CHW model in broad-based collaborations.
3. Explore steps that can generate similarly effective collaborations with other services and educational entities.

Presenters: Mark Thomas, Providence Hood River Memorial Hospital; Mary Jo Ybarra Vega, Quincy Community Health Center; Lorena Sprager, Nuestra Comunidad Sana

Session 5: Ten Tips for Meeting Clinical Program Requirements

Track: Migrant Health
CEUs: 1.5 CMEs, 1.5 CNEs

There are 19 formal program requirements for Federally Qualified Health Centers and failure to meet them results in grant conditions and other possible operational restrictions. Program requirements cover fiscal, clinical, administrative and governance issues. Although about half of the requirements include clinical components, reviewers often find that health center clinicians are unaware of the program requirements and may have had little training in how to ensure they are implemented. This session will review the clinical aspects of the program requirements, consider criteria used in assessing them on site, share common performance improvement recommendations, and discuss mechanisms for greater clinician input into achieving and sustaining requirements within a center.

Learning Objectives:

1. Identify the 19 program requirements by clinical, administrative, fiscal and governance components.
2. Associate clinical performance requirements with health center process improvement strategies.
3. Learn a tool for linking program requirements with clinical performance measures, PCMH criteria, meaningful use expectations and needs assessments of special populations.

Presenter: Jennie McLaurin, MD, Migrant Clinicians Network

Session 6: Immigration Reform: Where Are We Now?

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

This workshop will examine the current status of immigration reform and review current immigration policy regarding legalization, immigration enforcement, and the prospects for changes in the future. What are migrant health clinics to do in this environment? How do we overcome barriers to effectively provide services to immigrants and their families? How do we structure outreach in this climate of uncertainty?

Learning Objectives:

1. Understand the current status of federal, state, and local immigration policy and proposals as they affect farmworker families.
2. Be able to explain these policies and proposals to farmworkers and their families, and try to correct misunderstandings.
3. Design health programs that maximize immigrant access and participation to better protect health clinics in this climate.

Presenter: Roger Rosenthal, Migrant Legal Action Program

MARK YOUR CALENDAR FOR

NWRPCA 2014 Spring Primary Care Conference and Annual Membership Meeting

May 17-20, Seattle WA

CHAMPS/NWRPCA 2014 Fall Primary Care Conference, October 18-21, Denver CO

Details at www.NWRPCA.org

Session 7: ACA Outreach and Enrollment: El Bueno, El Malo, y El Feo

Track: Outreach

CEUs: 1.5 CMEs, 1.5 CNEs

The ACA's Affordable Insurance Marketplaces (also called Exchanges) opened for enrollment on October 1, 2013. Health centers funded under Section 330 were provided supplemental funding opportunities to be used "to expand outreach and enrollment assistance activities and facilitate enrollment of eligible health center patients and service area residents into affordable health insurance coverage."

This workshop will present the results of an informal national survey of initial outreach and enrollment efforts. It will also cover how understanding cultural values and beliefs can motivate action and behavioral change, and ways to mobilize the community.

Learning Objectives:

1. Understand common challenges and opportunities around ACA enrollment and outreach in the farmworker and Latino communities.
2. Describe three best practices in outreach and enrollment.
3. Define one new approach to outreach and enrollment efforts that you will implement going forward.

Presenters: James O'Barr, Hudson River Healthcare; Xóchitl Castañeda, Health Initiative of the Americas; Penny Lara, Public Health-Seattle & King County

Session 8: Training Standards for Community Health Workers and Stakeholders

Track: Workforce/Leadership

CEUs: 1.5 CMEs, 1.5 CNEs

Community Health Workers are increasingly recognized as an integral workforce in various health and healthcare systems. This workshop will review efforts that are taking place in California, Oregon, and Washington to train CHWs and CHW stakeholders. Presenters will describe CHW training standards and curricula and share various resources that are used to educate different audiences about CHWs and the roles that they play. Presenters will seek feedback from attendees, and discuss opportunities for further collaboration and dissemination across the western region.

Learning Objectives:

1. Identify different models for training the CHW workforce.
2. Describe strategies for educating diverse stakeholders about CHWs and their various roles in healthcare systems.
3. Identify resources and tools, including websites, toolkits, and curricula that are useful for training CHWs.

Presenters: Ty Schwoeffermann, ORCHWA; Scott Carlson, WA State Dept. of Health; Alma Esquivel, Vision y Compromiso; Miriam Hernandez, Providence Health System

Session 9: Community Health Workers and Healthcare Reform: Achieving Health Outcomes and Cost Savings

Track: Healthcare Delivery

CEUs: 1.5 CMEs, 1.5 CNEs

Public Health Seattle and King County (PHSKC) and Comprehensive Health Education Foundation (CHEF) conducted a comprehensive study of CHWs roles related to healthcare reform. Qualitative research was gathered and analyzed via focus groups and interviews with CHWs, CHW supervisors, health plan representatives, health care representatives, and national experts. The session will highlight the study's results, including empirical evidence showing how CHWs can improve health outcomes at a significant cost savings.

Learning Objectives:

1. Identify newly emerging roles for CHWs in the context of healthcare reform.
2. Name various roles and employers for CHWs in Washington state.
3. Understand the policy support that is necessary to effectively integrate CHWs into the healthcare system.

Presenter: Kathy Burgoyne, Comprehensive Health Education Foundation

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Session 10: Family-Focused Immigration Reform: Better Health for Children and Families

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

In June 2013, Human Impact Partners (HIP) released a study examining how the detention and deportation of undocumented immigrants impacts child and family health. An estimated 4.5 million children are U.S. citizens but live in families where one or more of their parents or guardians are not. The study found that such policies result in poorer child physical and mental health and behavioral and educational outcomes; worsened adult health and lifespan; caused higher rates of poverty; and lessened access to food for households. This presentation will describe the findings and recommendations of HIP, and highlight how the research has been used in advocacy efforts.

Learning Objectives:

1. Describe research methods, findings, and recommendations related to the study.
2. Explain the policy and advocacy context of the study, including current proposals around immigration reform and efforts to curb detentions and deportations.
3. Learn about Health Impact Assessment, a public engagement and decision-support tool that examines the health impacts of policy proposals and makes recommendations.

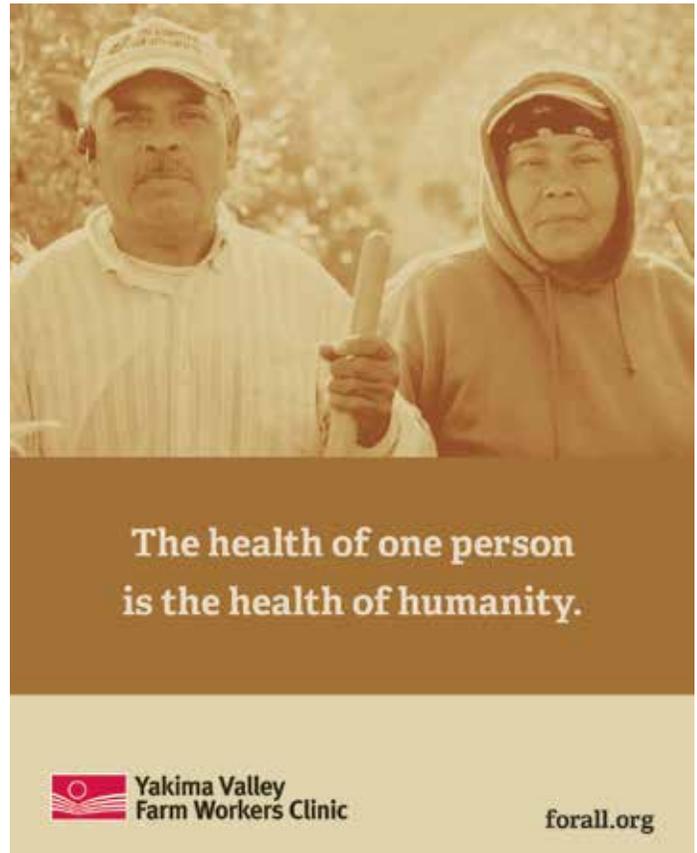
Presenter: Sara Satinsky, Human Impact Partners



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Username: forum2014
Password: Begin2014!



Session 11: ACA Myths vs. Facts: Tools for Community Health Workers

Track: Outreach
CEUs: 1.5 CMEs, 1.5 CNEs

Community Health Workers (CHWs) and promotores de salud play a prominent role in ACA outreach and education. With the right tools and information, they can speak confidently to farmworker communities about the ACA and direct them to local resources for assistance in obtaining insurance coverage. This workshop will focus on strategies to engage CHWs and promotores de salud in ACA outreach.

Learning Objectives:

1. Identify misinformation circulating in farmworker and immigrant communities about their rights and responsibilities under the ACA.
2. Understand the unique challenges to healthcare access and health insurance enrollment experienced by the farmworker population, including H-2A workers and indigenous farmworkers.
3. Develop strategies and acquire tools to educate farmworkers about the ACA through the use of CHWs and promotores de salud.

Presenter: Alexis Guild, Farmworker Justice

A stylized human figure is composed of three overlapping shapes: a green shape at the top, a yellow shape at the bottom left, and an orange shape at the bottom right. The figure is centered on the page.

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Session 12: Supporting CHWs: Strategies for Supervisors and Managers

Track: Workforce/Leadership
CEUs: 1.5 CMEs, 1.5 CNEs

Supervisors of Community Health Workers (CHWs) have a crucial role to play in advancing the CHW workforce model within healthcare systems. Moreover, CHW supervisors are often responsible for ensuring that CHW programs are effective and sustainable. How can managers and supervisors of CHW programs become better advocates for the CHWs who are engaged with their clinics or organizations? What are the skills and competencies that managers and supervisors need to be effective in the recruitment, hiring, supervising and training of CHWs? This session will explore the essential role that CHW supervisors play, and will offer strategies that can help them be successful.

Learning Objectives:

1. Identify effective strategies for cultivating strong relationships between CHWs and CHW supervisors and managers.
2. Describe effective mentoring strategies and tactics for CHW staff and volunteers.
3. Communicate the various roles that CHWs play to senior administrators and other staff to build greater support for CHWs within the organization.

Presenters: Melinda Cordero-Barzaga and Maria Lemus, Vision y Compromiso

Session 13: Boot Camp Translation: A Methodology for Complicated Guidelines and Jargon

Track: Healthcare Delivery
CEUs: 1.5 CMEs, 1.5 CNEs

Scientific medical discoveries, which define health recommendations, often take years to become everyday practice in health care facilities and communities. Additionally, they often use terminology and concepts that are not easily understood by patients and community members. Boot Camp Translation (BCT) is a methodology that supports the development of partnerships between community members and institutional partners to identify prominent health issues in the community, find evidence-based health recommendations and information for those issues, and translate that information into community-relevant language and concepts.

Learning Objectives:

1. Learn how Boot Camp Translation has been used to develop culturally responsive health outreach materials in several rural and urban communities.
2. Describe the six guiding principles of Boot Camp Translation and their link back to Participatory Action Research and popular education, among other theoretical models.
3. Give at least one example of the “translation” of a complicated clinical guideline into community-friendly language and constructs.

Presenter: Paige Backlund Jarquin, Colorado School of Public Health

Session 14: Addressing Social Determinants and Health Equity with Public Health Practice

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

The Bay Area Regional Health Inequities Initiative (BARHII), a collaboration of eleven local public health departments in the San Francisco Bay Area, was formed in 2002 to transform public health practice to achieve health equity and to build healthier communities. Regional and local strategies implemented by BARHII members focus on addressing the social and environmental conditions that account for approximately 70% of disparities in health outcomes, including transportation, housing, employment and education, and discrimination.

Learning Objectives:

1. Describe pathways between disparities in morbidity and mortality and upstream factors such as living conditions and social inequalities using the BARHII framework.
2. Cite examples of local and regional public health department strategies for addressing social and environmental factors that affect health inequities.
3. Discuss best practices and potential barriers in policy, program and collaborative health equity efforts.

Presenter: Amy Smith, Bay Area Regional Health Inequities Initiative



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Session 15: The Business Case for Outreach: Meeting the Mission and Margin

Track: Outreach

CEUs: 1.5 CMEs, 1.5 CNEs

The impact of outreach programs and services on CHC revenues is still not well documented or understood, making them susceptible to limited funding and budget cuts. In October 2012, Health Outreach Partners (HOP) received funding to develop a strategic framework aimed at assisting CHC administrators in determining the business value of an integrated community health outreach program. HOP also collaborated with the California Primary Care Association and the Texas Association of Community Health Centers to develop a quantitative financial calculator for health centers to assess the financial case for investing in eligibility and enrollment outreach activities. During this workshop, HOP and its partners will present the overall methodology and findings from the project.

Learning Objectives:

1. Understand the methodology and key findings from HOP's Outreach Business Value Project.
2. Use the strategic framework and toolkit to make the business case for an integrated health outreach program.
3. Describe the financial calculator tools being developed.

Presenters: Liberty Day and Kristen Stoimenoff, Health Outreach Partners

Session 16: Building Community Leadership and Engagement

Track: Workforce/Leadership

CEUs: 1.5 CMEs, 1.5 CNEs

Health centers have a primary role in building leadership and engagement for community health improvement. They have a responsibility to engage community members and patient populations to serve in leadership roles within the organization and in their communities. Examples of potential community engagement and leadership roles are volunteerism in different areas of the health center, participation in focus groups, serving on steering committees or community leadership teams, and advisory boards.

NCFH has developed a community leadership and engagement training program to build the capacity of community members to serve in leadership roles. This session will provide participants with an overview of the training curriculum lessons, tools and activities.

Learning Objectives:

1. Define "community," what it means to be a community leader, and identify opportunities for leadership and engagement, particularly around health issues.
2. Describe the qualities and skills needed to be an effective leader.
3. Articulate how leaders motivate, practice, and promote change through the 4 Functions of Leadership.

Presenters: Christina Brito, National Center for Farmworker Health

Session 17: Managing Hospital Use by Connecting to Primary Care

Track: Healthcare Delivery

CEUs: 1.5 CMEs, 1.5 CNEs

Virginia Garcia Memorial Health Center has been engaged in a partnership project with Providence St. Vincent Hospital to address high utilization in the hospital setting. The project has had preliminary success in decreasing Emergency Department (ED) use and hospital admission rates, resulting in dramatically decreasing hospital charges.

The team consists of a provider (FNP), a behaviorist, and a community health worker. The team has established a strong relationship with hospital ED navigators and discharge planners, allowing for improved transition of care from hospital to primary care clinic.

Learning Objectives:

1. Describe hospital to primary care model of managing utilization.
2. Identify staffing models to address hospital utilization.
3. Outline the protocols and best practices for hospital to primary care clinic transitions of care.

Presenters: Tran Miers, James Novotny, and Adriana Rodriguez, Virginia Garcia Memorial Health Center

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Session 18: Assessing and Promoting Adoption of the Community-Centered Health Home: California Prevention Institute Findings

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

This workshop will focus on findings from Prevention Institute's (PI) series of site visits and interviews with community clinic leadership across California. The intent of those visits and interviews (part of a project funded by Blue Shield of California Foundation) was to better understand the practice and potential of the Community-Centered Health Home model (CCHH), a three-part framework for health care institutions to actively engage in strengthening their surrounding communities. This work explored questions including, how are community clinics currently engaging in the steps of inquiry, analysis, and action? Are there formal systems and practices in place that supported such activity? How were these activities funded? Which staff members were involved in carrying out these activities? Where did these activities originate and how were they conceptualized? What are the perceived barriers to engaging in CCHH activity? This session will build upon a session introducing the CCHH framework at last year's conference, and identify practices and opportunities that move the CCHH model forward, acknowledge underlying challenges, and provide recommendations that would facilitate wider adoption of the CCHH model among health systems.

Learning Objectives:

1. Define the Community-Centered Health Home model.
2. Identify the staffing and funding resources that are needed for implementing the Community-Centered Health Home model.
3. Identify challenges and opportunities for adopting the Community-Centered Health Home model.

Presenter: *Jeremy Cantor and Rea Pañares, Prevention Institute*

Session 19: Effectively Engaging National and Local Community Action Efforts

Track: Outreach
CEUs: 1.5 CMEs, 1.5 CNEs

This workshop will describe the various community action initiatives supported by the National Partnership for Action (NPA) and the National HIV Prevention Strategy (NHPS). Local community action initiatives will be described and examined by workshop participants. Cases will be summarized, discussed, and shared for adoption by participants in their own communities.

Learning Objectives:

1. Identify the relevance of local prevention planning initiatives and the opportunities they offer to health centers.
2. Explain how health centers can participate in and benefit from these initiatives.
3. Describe at least two strategies for linking these larger efforts to a health center agenda.

Presenter: *Julio Dicient Taillepierre, Centers for Disease Control and Prevention*



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Session 20: CHWs as Agents of Social Change: The Community Capacitation Center Model

Track: Workforce/Leadership
CEUs: 1.5 CMEs, 1.5 CNEs

Current efforts to recognize Community Health Workers (CHWs) contributions and better integrate them into the health care system are welcomed by CHWs and their advocates. However, if these efforts lead to the CHW role being narrowly defined as increasing access to existing services, then the historic role of CHWs as change agents who work for social justice could be lost. For over 10 years, the Community Capacitation Center (CCC) at the Multnomah County Health Department in Portland, Oregon, has used a combination of content, methodology, and values to train CHWs to play multiple roles, including roles as change agents and community organizers. In this interactive workshop, staff from the CCC will provide information about the model they have developed and explore with participants how the model can be adapted and applied in other CHW training programs.

Learning Objectives:

1. Describe successful CHW health education strategies, interventions and programs.
2. Describe the history, current status, and outcomes of the CCC model for training CHWs.
3. Discuss implications of the CCC model for other CHW training programs that wish to preserve CHWs' role as agents of social change.

Presenters: *Beth Poteet and Benjamin Escalante, Community Capacitation Center*

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Session 21: “See Well to Learn Well”: The Lincoln School Vision Project

Track: Healthcare Delivery
CEUs: 1.5 CMEs, 1.5 CNEs

According to the American Optometric Association, 5 to 10 percent of preschoolers and 25 percent of school-aged children have vision problems. Lincoln Elementary School in Corvallis, with a 37 percent Latino student population, collaborated with the Benton County Health Navigators to create the “See Well to Learn Well” project. Its goal was to promote and educate parents and teachers about the importance of comprehensive vision exams for their children.

During the 2012-2013 school year, 42 students out of a class of 65 had an eye exam and five got their first pair of glasses. For the current school year, outreach efforts are expanding to include all students and their families.

Learning Objectives:

1. List the factors that enhanced the collaborative efforts between communities, schools, and health care services.
2. Describe the role of the bilingual, bicultural Health Navigator as an intermediary between health services and the community.
3. Identify strategies and methods for promoting awareness to parents.

Presenters: *Mayra Fabiola Herrera Hernandez and Monica Juarez Hernandez, CHC of Benton and Linn Counties*

Session 22: Paying for Prevention: Opportunities under CMS Rule Change

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

Beginning January 1, 2014, the Center for Medicare and Medicaid (CMS) has broadened the choice of providers under Medicaid. Some non-licensed providers could receive payment for and provide preventive services in addition to physicians and other licensed practitioners at a state's discretion. This rule change provides a potentially significant financing opportunity for Community Health Workers (CHWs), as CHWs contribute to more efficient care delivery, better management of chronic conditions, and capability to address the social determinants of health. This session will explore the potential role for CHWs under this rule change and will identify opportunities and challenges for collaborating with state Medicaid agencies and Managed Care Organizations to pursue inclusion of CHWs under various payment arrangements.

Learning Objectives:

1. Describe the new opportunity for funding of community prevention related to the Medicaid rule change.
2. Identify financing options for CHWs under this rule change.
3. Identify strategies for working with state Medicaid agencies and Managed Care Organizations to pursue this opportunity.

Presenter: Carl Rush, University of Texas Institute for Health Policy

Session 23: Creating Educational Materials for Farmworkers: A Community Approach

Track: Outreach

CEUs: 1.5 CMEs, 1.5 CNEs

Only 20% of farmworkers visit a community/migrant health center each year. There are many reasons for this, including but not limited to, lack of knowledge about health center services and perceived cultural barriers to communication. Moreover, the growing indigenous farmworker population has made it increasingly difficult to provide culturally and linguistically appropriate healthcare services and educational resources. Many community-based organizations serving farmworkers use community health workers (CHWs) or promotores de salud to educate community members and connect them to resources. This workshop will review strategies for engaging the farmworker community in order to develop services and materials that are responsive to farmworkers' needs.

Learning Objectives:

1. Understand the important role CHWs and promotores de salud play in health centers and other community-based organizations
2. Identify ways to effectively work with farmworker community advisory committees to determine what farmworkers know and what they lack.
3. Explain how to involve farmworkers in creating educational materials from the script.

Presenters: Santiago Ventura, Oregon Law Center; Chelly Richards, Farmworker Justice

Session 24: CHW Integration into Oregon's Coordinated Care Organizations

Track: Workforce/Leadership

CEUs: 1.5 CMEs, 1.5 CNEs

Senate Bill 3650, passed in Oregon in 2011, laid the groundwork for the establishment of Coordinated Care Organizations (CCOs) and highlighted the role of CHWs within these CCOs. These CCOs bring together most major health system players and currently serve the Medicaid population. Integrating CHWs into the CCOs presents many opportunities and challenges. Some CHW roles, such as patient navigation, are better understood by mainstream health systems than others. The Oregon Community Health Worker Association (ORCHWA), the Multnomah County Health Department's Community Capacitation Center, and other community-based organizations are working with local CCOs to determine how best to integrate CHWs and increase understanding of all their roles.

Learning Objectives:

1. List ways in which Oregon CHWs have been able to influence CCOs' understanding and appreciation of the CHW role.
2. Compare the CHW roles and anticipated impacts on health outcomes of the different models of CHW programs presented.
3. Describe a case study where the fidelity of the CHW model is being maintained.

Presenter: Lizzie Fussell, Oregon Community Health Workers Association

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Session 25: Ruptured Appendix, Ruptured Care: A Case Study

Track: Healthcare Delivery
CEUs: 1.5 CMEs, 1.5 CNEs

“Health equity,” “social determinants of health” and “patient-centered medical home” are all part of the checklist lingo on a grant application. All who work in migrant health understand that the occupational environment of our patient households determines many of their health disparities. Sometimes the problems are so abstract we don’t measure the concrete impact of care at the individual level. This session presents the case of a seven-year-old boy who experienced multiple complications from appendicitis while living in a migrant camp. It considers the social determinants at play, the issue of health equity, the role of hospitals in discharge practices and ways to avoid such a near-death experience.

Learning Objectives:

1. Describe social determinants of health that impact acute care in a migrant setting.
2. Use at least three bioethical principles or values to advocate for enhanced service provision to migrating populations.
3. Identify at least three health center practices that can reduce risks associated with social determinants of poor health.

Presenters: Jennie McLaurin, MD, Migrant Clinicians Network; Erica Swenson, Pacific Northwest University

Session 26: Advancing Health Equity: Opportunities under the Affordable Care Act

Track: Policy/Environment
CEUs: 1.5 CMEs, 1.5 CNEs

The Affordable Care Act includes numerous provisions that are explicitly intended to reduce health disparities and improve the health of racially and ethnically diverse populations. The most recognized of these provisions is the expansion of health insurance coverage. Lesser known provisions are those that seek to address the underlying socio-economic and environmental conditions, or social determinants of health, that perpetuate health inequities. This session will review the key provisions under ACA that target the achievement of health equity. Opportunities and challenges for leveraging resources under these provisions will be discussed.

Learning Objectives:

1. Identify provisions in the ACA that support health equity.
2. Identify community development strategies and collaborations that can be used to address social determinants of health.
3. Identify strategies that can facilitate the integration of a social determinants of health framework into the primary care setting.

Presenters: Charlie Alfero, Hidalgo Medical Services; Pamela Byrnes, John Snow, Inc.

Session 27: Overcoming Obstacles to Health Care: Transportation Models that Work

Track: Outreach
CEUs: 1.5 CMEs, 1.5 CNEs

Transportation is a key barrier to accessing health care for many underserved populations and community health centers have been tasked with providing a wide range of enabling services, including transportation solutions.

In order to address the need for viable transportation models, Health Outreach Partners (HOP) launched a three-year project to identify and investigate six case study organizations that are addressing transportation in innovative ways.

During this workshop, HOP will review transportation as an access barrier, introduce the project, review relevant case study examples, highlight best practices and considerations for replication, and discuss next steps.

Learning Objectives:

1. Describe the six innovative transportation models used by the case study CHCs and other CBOs across the country.
2. List strategies that can be used to address transportation barriers within your community.
3. Identify three best practices for creating a new or improving an existing transportation program.

Presenters: Megan O'Brien and Liberty Day, Health Outreach Partners



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Session 28: Promotores(as) Connect: Mobilizing the CHW Workforce Through Technology

Track: Workforce/Leadership

CEUs: 1.5 CMEs, 1.5 CNEs

Program evaluation has long been regarded as an important way to demonstrate the effectiveness of Community Health Worker (CHW) programs. However, factors such as data loss and time needed for data entry can inhibit successful evaluation. Through its commitment to improving performance and documenting the impact of CHW programs, Migrant Health Promotion (MHP) initiated Promotores(as) Connect, a pilot project that brings mobile technology into Promotor(a) de Salud or Community Health Worker programs with the goals of analyzing program data, streamlining data entry, and strengthening program evaluation efforts. This session provides an overview of the program and its effectiveness.

Learning Objectives:

1. Describe key Promotores(as) Connect implementation steps.
2. Discuss project successes and challenges.
3. Identify potential opportunities for replication in other CHW programs.

Presenters: Elaine Ezekiel, MHP Inc.; Andrew Lehto, Hudson River Healthcare

Session 29: Using Health Technology to Improve Outcomes for Farmworkers

Track: Healthcare Delivery

CEUs: 1.5 CMEs, 1.5 CNEs

Finger Lakes Community Health (FLCH) has pioneered the use of telehealth and care coordination programs using Health Information Technology (HIT) to improve care to underserved populations. A model of care that uses EMR registries, care managers, community health workers, telemedicine and telehealth, it has significantly improved outcomes for patients with mental health disorders, diabetes, early childhood caries, HIV, Hepatitis C, and children with ADHD and Tourette's. A new telehealth initiative entitled "Virtual Case Management" is in the pilot phase with hopes of improving continuity of care for farmworkers migrating on the East Coast.

Learning Objectives:

1. Describe some clinical applications of telemedicine in primary care.
2. List examples of HIT and telehealth for improving continuity of care and clinical outcomes for mobile populations.
3. Describe an effective and efficient model of care that can be replicated in other migrant health centers.

Presenter: Terry Yonker, Finger Lakes Community Health Center

Session 30: Health in All Policies: Identifying Partners to Address Root Causes of Health Inequities

Track: Policy/Environment

CEUs: 1.5 CMEs, 1.5 CNEs

The health of individuals and communities is largely shaped by the physical, social, economic, and services environments in which people live, work, play, and learn. The decisions and policies that create healthy or unhealthy environments are generally made by agencies outside of the health and healthcare sector. Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. Health in All Policies is a strategy to promote health, equity, and sustainability across the whole of government. This workshop will address the need for Health in All Policies, give examples of Health in All Policies in California and other states, and explore some key approaches to getting started on Health in All Policies implementation.

Learning Objectives:

1. Describe the social determinants of health, and explain how Health in All Policies is a tool to promote health, equity, and sustainability.
2. Identify several strategies for building cross-sectoral relationships and avenues for embedding health and equity into existing government processes
3. Identify some exercises and tools for use in a Health in All Policies initiative.

Presenter: Linda Rudolph, MD, Public Health Institute



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Session 31: Medical-Legal Partnerships for Farmworker Health

Track: Outreach

CEUs: 1.5 CMEs, 1.5 CNEs

Farmworker health is impacted by numerous social and economic factors such as poverty, housing, transportation and working conditions. Often, these determinants of health manifest as legal needs. Medical-legal partnerships (MLPs) address health in a multidisciplinary way that integrates legal services as part of the health team. These partnerships can involve providing legal assistance, transforming health and legal institutions and practices, and advocating for policy change.

During this interactive workshop, participants will learn about the opportunities and challenges of a medical-legal partnership. The workshop will provide an overview of MLPs, and migrant health programs currently engaged in an MLP will participate in a panel discussion. Panelists include representatives from Salud Para La Gente and Quincy Community Health Center.

Learning Objectives:

1. Identify potential medical-legal partnership opportunities in your community.
2. Develop strategies to implement an MLP.
3. Identify available resources to develop, support, and strengthen an MLP.

Presenters: *Dori Rose Inda, Salud Para la Gente; Alexis Guild, Farmworker Justice; Liam Spurgeon, Health Outreach Partners*

Session 32: Know Your Workplace Rights Panel

Track: Workforce/Leadership

CEUs: 1.5 CMEs, 1.5 CNEs

Low-wage immigrant workers, and farmworkers in particular, are highly vulnerable to workplace rights violations and abuses. Unpaid wages and dangerous working and living conditions are common and are difficult for workers to address through legal channels. Moreover, female farmworkers are susceptible to sexual violence and harassment. This panel will review strategies for teaching workers about workplace rights, and will describe the role that health professionals and counselors play in addressing workplace abuses, including sexual violence and harassment.

Learning Objectives:

1. Describe participatory activities for teaching about workplace rights.
2. Define why sexual harassment is an occupational health hazard for women agricultural workers.
3. Identify key prevention strategies to address and prevent sexual harassment.

Panelists: *William Tamayo, Equal Employment Opportunity Commission; Carl Wilmsen, Northwest Forest Worker Center; Nicole Kim, Victoria Breckwich Vásquez and Paula Zambrano, University of Washington School of Public Health*

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